



County of Sacramento Behavioral Health Services

CULTURAL COMPETENCE PLAN UPDATE

FISCAL YEAR 2022/2023

COVER SHEET

**An original, three copies, and a compact disc
of this report (saved in PDF [preferred]
or Microsoft Word 1997-2003 format)
due March 15, 2011, to:**

Department of Mental Health
Office of Multicultural Services
1600 9th Street, Room 153
Sacramento, California 95814

Name of County: Sacramento

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CHECKLIST OF THE CULTURAL COMPETENCE PLAN REQUIREMENTS MODIFICATION (2010) CRITERIA

- ☒ **CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE**
- ☒ **CRITERION 2: UPDATED ASSESSMENT OF SERVICE NEEDS**
- ☒ **CRITERION 3: STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES**
- ☒ **CRITERION 4: CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM**
- ☒ **CRITERION 5: CULTURALLY COMPETENT TRAINING ACTIVITIES**
- ☒ **CRITERION 6: COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF**
- ☒ **CRITERION 7: LANGUAGE CAPACITY**
- ☒ **CRITERION 8: ADAPTATION OF SERVICES**

CRITERION 1

COUNTY MENTAL HEALTH SYSTEM

COMMITMENT TO CULTURAL COMPETENCE

Rationale: An organizational and service provider assessment is necessary to determine the readiness of the service delivery system to meet the cultural and linguistic needs of the target population. Individuals from racial, ethnic, cultural, and linguistically diverse backgrounds frequently require different and individual Mental Health Service System responses.

I. County Mental Health System commitment to cultural competence

The county shall have the following available on site during the compliance review:

- A. Copies of the following documents to ensure the commitment to cultural and linguistic competence services are reflected throughout the entire system:
 - 1. Mission Statement;
 - 2. Statements of Philosophy;
 - 3. Strategic Plans;
 - 4. Policy and Procedure Manuals;
 - 5. Other Key Documents (Counties may choose to include additional documents to show system-wide commitment to cultural and linguistic competence).

II. County recognition, value, and inclusion of racial, ethnic, cultural, and linguistic diversity within the system

The CCPR Modification (2010) shall be completed by the County Mental Health Department. The county will hold contractors accountable for reporting the information to be inserted into the CCPR. **Note:** The DMH recognizes some very small counties do not have contracts.

The county shall include the following in the CCPR Modification (2010):

- A. Provide a copy of the county's CSS plan that describes practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, linguistic, and other relevant small county cultural communities with mental health disparities.

- B. A one-page description addressing the county's current involvement efforts and level of inclusion with the above identified underserved communities on the advisory committee.
- C. Share lessons learned on efforts made on the items A and B above and any identified county technical assistance needs. Information on the county's current MHSA Annual Plan may be included to respond to this requirement.

III. Each county has a designated Cultural Competence/Ethnic Services Manager (CC/ESM) person responsible for cultural competence

The CC/ESM will report to, and/or have direct access to, the Mental Health Director regarding issues impacting mental health issues related to the racial, ethnic, cultural, and linguistic populations within the county.

The county shall include the following in the CCPR Modification (2010):

- A. Detail who is designated the county's CC/ESM responsible for cultural competence and who promotes the development of appropriate mental health services that will meet the diverse needs of the county's racial, ethnic, cultural, and linguistic populations.

IV. Identify budget resources targeted for culturally competent activities The county shall include the following in the CCPR Modification (2010):

- A. Evidence of a budget dedicated to cultural competence activities which may include, but not be limited to the following:
 - 1. Budget amount spend on Interpreter and translation services;
 - 2. Reduction of racial, ethnic, cultural, and linguistic mental health disparities;
 - 3. Budget amount allocated towards outreach to racial and ethnic county-identified target populations;
 - 4. Special budget for culturally appropriate mental health services; and
 - 5. If applicable, financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers.

CRITERION 1
SACRAMENTO COUNTY MENTAL HEALTH SYSTEM
COMMITMENT TO CULTURAL COMPETENCE

I. County Mental Health System commitment to cultural competence

The county shall have the following available on site during the compliance review:

- A. Copies of the following documents to ensure the commitment to cultural and linguistic competence services are reflected throughout the entire system:
1. Mission Statement;
 2. Statements of Philosophy;
 3. Strategic Plans;
 4. Policy and Procedure Manuals;
 5. Other Key Documents (Counties may choose to include additional documents to show system-wide commitment to cultural and linguistic competence).

Items I.A.1-4. Will be available on site during the compliance review.

Other key documents include our service system continuums of care.

Please see appendix for:

- MHP Adult Continuum (Appendix 1)
- MHP Child and Family Continuum (Appendix 2)
- Substance Use Prevention and Treatment (SUPT) Continuum (Appendix 3)

Please note that each continuum includes culture-specific programs. Ongoing planning and evaluation efforts continue to be consistent with our Assurance of Cultural Competence Compliance (Appendix 4).

The Human Resources Survey was not conducted in 2022. As to not burden the community-based agencies with multiple surveys, it was decided to conduct an Agency Self-Assessment of Cultural Competence in 2022 and the Human Resources Survey in 2023. The Self-Assessment was only provided to Mental Health providers but will include SUPT providers in 2024. The Agency Self-Assessment was conducted in February 2022. The purpose of the Assessment is to capture the

community-based providers' level of cultural competency from their perspective. Please refer to Criterion 6 for a thorough overview.

In FY 2023-24, BHS introduced the completion of the Self-Assessment for Modification of Anti-Racism Tool (SMART) as one of the incentives for eighteen of the MHP providers. The incentive was included in the contracts of eighteen of the MHP providers. BHS will work in collaboration with the California Institute for Behavioral Health Solutions (CIBHS) to offer training and technical assistance on completion of the SMART as well as the development of policies and procedures to guide racial equity improvements based on the assessment results. Earning the incentive payment requires completing the SMART, as well as designing Racial Equity Improvement Plan policies, procedures, and projects to promote change, advance equity, and counter structural racism.

BHS works to continuously improve our systems to be more culturally responsive. Each competitive procurement process, whether a Request for Application (RFA) or Request for Proposal (RFP) includes Cultural Competence Requirements as well as the inclusion of cultural brokers in planning and evaluating services. For example, in Adult Mental Health Services, the entire system was rebid in the Community Outreach Recovery Empowerment (CORE) redesign. CORE programming was designed to site services in convenient, accessible locations throughout the community. CORE services are flexible and use a "no wrong door" approach to maximize choice for consumers and cultural responsiveness is a value embedded in the CORE system. Details regarding the CORE system may be found in Criterion 3.

Substance Use Prevention & Treatment (SUPT) and Children's Mental Health, as well as the Cultural Competence Unit are in the process of completing similar procurement processes to ensure cultural responsiveness. For example, the Cultural Competence Unit recently completed a process to contract with a community-based organization to provide a Supporting Community Connections (SCC) program to serve the Farsi-speaking community. Farsi-speaking community members were represented on the evaluation committee to recommend an awardee. Current processes include an SCC program developed to serve the growing Afghan Community with a provider with linguistic expertise in both Dari and Pashto.

II. **County recognition, value, and inclusion of racial, ethnic, cultural, and linguistic diversity within the system**

The CCPR Modification (2010) shall be completed by the County Mental Health Department. The county will hold contractors accountable for reporting the information to be inserted into the CCPR. **Note:** The DMH recognizes some very small counties do not have contracts.

Every BHS MH and SUPT contract continues to have a reference to Cultural Competency in the Sacramento County Department of Health Services (DHS) Agreement and in Exhibit D of the contract. Instructions for reporting with templates are sent to contractors and contract monitors follow up to ensure that reports are submitted.

There is general boilerplate language in all BHS contracts for reporting as required:

CONTRACTOR shall upon reasonable request and, without additional compensation, therefore, make further fiscal, statistical, program evaluation, and progress reports as required by DIRECTOR or by the CA DHCS concerning contractor's activities as they affect the contract duties and purposes herein. COUNTY shall explain procedures for reporting the required information.

The county shall include the following in the CCPR Modification (2010):

- A. Provide a copy of the county's CSS plan that describes practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, linguistic, and other relevant small county cultural communities with mental health disparities.

Sacramento County continues to be known for its multicultural diversity. Penetration rates, however, indicate disparities in access for cultural, racial, and ethnic communities throughout Sacramento County. Due to the degree of marginalization and distrust of government institutions experienced by many of these communities, BHS has continued to pursue intentional partnerships with the diverse communities in Sacramento County and thereby improve the wellness of community members. In keeping with the community development strategy of engaging individual and community resources, BHS staff have continued to cultivate and expand meaningful relationships with key community leaders and cultural brokers from racial, cultural, ethnic, 3LGBTQ, faith-based, and

emerging refugee communities. We seek input for specific interventions, strategies for outreach, and service delivery approaches that work for their communities. The Sacramento County Mental Health Services Act (MHSA) community planning processes have built upon these relationships and provided additional opportunities to ensure that viewpoints of individuals from cultural, racial, ethnic, and LGBTQ groups were incorporated. Starting with the MHSA Community Services and Supports (CSS) component, BHS staff reached out and contacted key community leaders from racial, cultural and ethnic populations to enlist assistance and support in informing members of their community about the community planning process and to facilitate their meaningful participation in the process. Flyers were translated into multiple languages and distributed widely, including self-help centers, cultural and ethnic-specific programs, refugee resettlement programs, and other natural settings in the community. Interpreters in all of the Sacramento County threshold languages in addition to American Sign Language are provided to ensure active participation of all attendees at all community-planning meetings. Captioning at real time has been added to many of our virtual community meetings when requested. Culturally, racially, ethnically, and linguistically diverse staff conduct county-wide outreach to the community and utilize multiple media outlets used by diverse populations.

The executive summary of the MHSA Three Year Program and Expenditure Plans and MHSA Annual Updates are posted online in English and in the threshold languages. The public hearing announcements for the MHSA Three Year Plans and Annual Updates are translated into the threshold languages and distributed via diverse ethnic media outlets to ensure that the community is aware of opportunities to provide comments on the information contained in the MHSA Three Year Plans and Annual Updates:

<https://dhs.saccounty.gov/BHS/Pages/GI-BHS-Reports.aspx>

A description of the practices and activities demonstrating outreach, engagement and involvement with diverse communities with mental health disparities is included in the MHSA FY 2023-24 Annual Update:

<https://dhs.saccounty.gov/BHS/Pages/MHSA/Plans-and-Updates/GI-MHSA-FY2023-24-Annual-Update.aspx>

- B. A one-page description addressing the county's current involvement efforts and level of inclusion with the above identified underserved communities on the advisory committee.

Representation of Sacramento underserved communities is included in the Cultural Competence Committee. Please refer to Criterion 4 for a complete description of participant representation.

BHS is committed to seeking Alcohol and Drug Advisory Board, Mental Health Board and committee members who are reflective of the cultural, racial, ethnic, and LGBTQ diversity in Sacramento County since these bodies are responsible for representing all of the consumers residing in this county and making recommendations to the Board of Supervisors and BHS leadership.

The Sacramento County Mental Health Board (MHB) conducted intentional outreach to diverse communities to diversify representation on the board (Appendix 5). For example, a Crisis Wellness Response Team Advisory Committee was empaneled, composed of MHB members and community members with diverse community, ethnic, and linguistic representation, as outlined the MHB Bylaws. In addition, the MHB voted to amend its Bylaws to grant voting rights to Youth members.

When making recommendations to Behavioral Health Services or the Board of Supervisors, the MHB purposely includes diversity considerations. For example, the Full Service Partnership Employment Services recommendations include specific outreach to non-English speaking, Transition Age Youth, and Older Adults. Similarly, the School-Based Mental Health recommendations promote outreach to Black Indigenous People of Color (BIPOC), LGBTQ+, and linguistically diverse populations, and require implicit bias training for teachers and other school personnel.

The Sacramento County Alcohol and Drug Advisory Board continues to conduct intentional outreach efforts to increase diversity of its members using the "Your Voice Matters" flyer with contact information that has been distributed widely in the Sacramento community (Appendix 6). As a result, a Public Member, representing the Latinx population, has been appointed to this advisory board.

- See Criterion 4 A and B for examples of additional community engagement.
- BHS has actively enlisted the assistance from local community

organizations serving cultural, racial and ethnic communities in recruiting for consumers, family members or community members who may be interested in serving on the Mental Health Board, the Alcohol and Drug Advisory Board or the MHSA Steering Committee. Over half of the members of the MHSA Steering Committee are consumers or family members, including one of the current Co-Chairs of the MHSA Steering Committee and most of the members of the MHSA Steering Committee Executive Team. Another member of the Executive Team is also a member of the Cultural Competence Committee (CCC).

Practices and activities demonstrating outreach, engagement and involvement with diverse communities with a focus on substance use prevention and treatment disparities are summarized below:

Providing intentional and targeted outreach and education to African American/Black/African Descent (AA/B/AD) communities throughout Sacramento County. Some of the events SUPT has participated in include The Kings and Queens Basketball Tournament, Black History Month Event, Juneteenth, Roberts Family Development Center (RFDC) Parenting Night, MLK Event, and Pride. SUPT has expanded our Gone Too Soon project to be very intentional in adding individuals from diverse backgrounds. SUPT has added a Diversity Panel for our upcoming Fentanyl Awareness Summit to hear what's happening in our AA/B/AD community from their perspective regarding fentanyl.

Building community connections with AA/B/AD led organizations. Attending events (big or small), being responsive, listening, and developing new partnerships (added over approximately 25 new partnerships). SUPT has collaborated with CPS and created Embracing Equality for Early Intervention Family Treatment Court (EIFTC) Families; this is a grant-funded program to add Cultural Brokers to the EIFTC program to provide culturally specific support to the B/AA/AD families involved in EIFTC.

In June 2023, Omni Youth Programs, kicked off their multi-part Cultural Orientation Series, Working Effectively with Diverse Cultures: One Size Does Not Fit All.

Part 1: Russian and Ukrainian Refugees

Tatiana Schevchenko, RISS Director, was the presenter. Tatiana was

born in the Soviet Union and came to Sacramento as a religious refugee from Kiev, Ukraine in 1992. As a non-English speaking immigrant, she raised four young children in her new society, learned English, overcame domestic violence, found her place, became a US citizen, and graduated college. She is now a mental health social worker.

Tatiana has conducted over 10,000 hours of training governments, nonprofits, universities, and medical clinics on her work with Russian-speaking adult and youth clients with mental health and social service needs.

Topics included:

- Cultural diversity, socio-cultural, and historical influences from the former Soviet Union.
- Experiences and difficulties of recent immigrants during initial years in the U.S.
- Experiences in their home country that influences their perception of non-profits, schools and governments who offer mental health and substance abuse services.
- Signs of intergenerational trauma and impact on 1st and 2nd generation immigrants, including the recent war in Ukraine.
- Effective ways to engage and provide services to Russian language youth and adults to foster acceptance of drug prevention and mental health services when needed.
- Using translation services sensitively with traumatized immigrants.

PRO Youth and Families, Inc. (PRO) hosted the following events:

April 29, 2023: At the Wyndam Crossings apartment complex in the 95823 zip code, PRO set up a food stand and tabling to provide resources to the community. PRO and several prevention partners attended with freebies and marijuana information cards to promote prevention to hand out the residents of the apartment complex. There was live music and a barber giving haircuts to youth and adult residents. Photos illustrate the diversity of attendees.



May 11, 2023: Resources and support for student physical and mental wellness were provided at the Luther Burbank High School Wellness Fair (also, 95823 zip code). PRO Youth and Families, Inc. and supporting partners promoted their programs and the promotion of Healthy Choices at the Wellness Fair. PRO had a Self-Image lesson from Life Skills curriculum, and youth completed a Peer Substance Use Survey to inform PRO's social norms campaign. Photos illustrate the diversity of attendees.

On March 24, 2023, Sacramento County Office of Education (SCOE) staff provided an in-person presentation on the effects and signs of vaping to students who attended the Foster Youth College & Career Readiness Conference at CSU, Sacramento. Youth received information on how to acquire Vaping Quit Kits in both English and Spanish to meet the needs of this community.

At the Sacramento County Prevention Summit on March 24, 2023, a workshop was provided for attendees titled "Working Effectively with Diverse Cultures" providing culture-specific information from panelists from the Hmong, Hispanic, Russian/Ukrainian and Afghanistan/Persian communities.

SCOE staff provided an in-person presentation on the effects and signs of vaping to Calvine High School parents on March 28, 2023. Parents also received information on how to acquire Vaping Quit Kits in both English and Spanish in order to meet the needs of this community.

SCOE staff coordinated the "Escape the Vape" presentation to Delta High School parents, community members, and students on April 18, 2023. The California Youth Advocacy Network (CYAN) presented on the effects and signs of vaping. The presentation was translated in Spanish. Parents received information on how to acquire Vaping Quit Kits in both English and Spanish in order to meet the needs of this community.





SCOE staff presented at the Health, Education, and Career Foster Youth College & Career Readiness Conference located at CSU, Sacramento on July 14, 2022. Youth received information on the effects of vaping and on how to acquire Vaping Quit Kits in both English and Spanish to meet the needs of this community.

SCOE staff presented to Sacramento City Unified School District Foster and Homeless youth on August 22, 2022. The presentation was located at the Sacramento City Unified School District office. The event was a foster youth event/mini conference for female identifying students. Youth received information on the effects of vaping.

SCOE staff coordinated the “Escape the Vape” event presented to Rio Vista High School parents, community members and students on November 9, 2022. The California Youth Advocacy Network (CYAN) presented on the effects and signs of vaping. Parents received information on how to acquire Vaping Quit Kits in both English and Spanish in order to meet the needs of this community.

In November 2022, Dan Newton (Sacramento County Coalition for Youth facilitator) and Joelle Orrock (SCOE) trained the following organizations on the *Future Forward* Marijuana Prevention curriculum (6th grade curriculum, but can be used for 6th – 12th graders) to the following organizations:

- Feed Sacramento Homeless
- H.O.P.E. Helping Our People Eat
- Hmong Youth and Parents United
- South Sacramento Homeless Assistance Resource Team (HART)

Family Meal Kits, through the Sacramento County Coalition for Youth, have been developed in English. These kits include a cup, place mat, and icebreaker questions to open discussions between parent and children to talk about substance use. Studies have shown that parents have a significant influence on a young person’s decision about alcohol and drug use, and families that eat together create time to interact and discuss these important topics. The Family Meal

Kits have been translated in Sacramento County's seven threshold languages and distributed to families throughout the County.



See Her Bloom: a program focused on reducing stigma and providing resources for Black women with an opioid disorder. This program is now holding virtual focus groups for Black women. Examples have included:

- Substance use prevention and treatment services
- Black women who experience stimulant use disorder/misuse
- Community-based organizations provide support services such as housing, health, employment, etc.

Through the **Future Forward** substance use prevention campaign, two new Public Service Announcements (PSAs) aimed at a teen audience were created, which included Latinx and African American/Black teens. The PSAs were played on local TV station KCRA 3 and posted on social media platforms and YouTube.

- <https://www.youtube.com/watch?v=kvwX-aaakE>
- <https://www.youtube.com/watch?v=vMALIRm2ZAw>

Please see response to Criterion 1, III A for a description of the Behavioral Health Racial Equity Collaborative (BHREC) Steering Committee and membership composition.

The Sacramento County MHSA Steering Committee (SC) is the core recommending body for MHSA funded programs and activities in Sacramento County and serves as the hub of the MHSA Community Program Planning Process (CPPP). The Committee is a thirty (30) member body comprised of one primary member seat and one alternate from the following groups: Sacramento County Mental Health Board; Sacramento County Behavioral Health Services (BHS) Director; three (3) Service Providers (Children, Adults, and Older Adults); Law Enforcement; Senior and Adult Services; Education; Department of Human Assistance; Substance Use Prevention and Treatment; Cultural Competence; Child Welfare; Primary Health; Public Health, Juvenile Court; Probation; Veterans; two (2) Consumer

- Transition Age Youth (TAY); two (2) Consumer - Adult; two (2) Consumer - Older Adult; two (2) Family Member/Caregiver of Child age 0 – 17; two (2) Family Member/Caregiver of Adult age 18 – 59; two (2) Family Member/Caregiver of Older Adults age 60+; and one (1) Consumer/Family Member At-Large. Some members of the committee have volunteered to represent multiple stakeholder interests, including Faith-based/Spirituality.

The MHSA SC role is to: (1) Effectively and respectfully engage clients, family members, and other community stakeholders through a broad participation process, including the creation of workgroups that include community input and recommendation development, to develop Sacramento County's MHSA Plans and Annual Updates; (2) Review and approve program proposals developed with stakeholder and community input; and, (3) Make specific program recommendations to BHS consistent with MHSA goals, guidelines, and requirements.

MHSA SC members and BHS actively recruit consumers/peers, and family members/caregivers with lived mental health experience for committee membership. The member application is posted on the BHS MHSA webpage:

<https://dhs.sacounty.gov/BHS/Pages/Advisory-Boards-Committees/Mental-Health-Services-Act-Committee/BC-MHSA-Steering-Committee.aspx>

In FY 2023-24, the SC formed a Selection Subcommittee comprised of SC members who review completed applications for the applicants' lived experience, diversity, and advocacy experience associated with behavioral health services. Applicants are notified about their application status 30 days post review.

MHSA SC meetings are held the third Thursday of each month and are open to the public, with time allotted for Public Comment at each meeting. To encourage meeting attendance from diverse community members and stakeholders, BHS offers interpreter, captioning, and ASL services to SC members and members of the public. SC members representing consumers and family member stakeholders are provided with stipends for each meeting they attend.

Sacramento County's Division of Behavioral Health Services values the input and involvement of consumers (youth and adults) and family members in developing, managing, implementing, and

providing mental health services. This value is in alignment with the Mental Health Services Act (MHSA) General Standards. In promoting the value of involving consumers and family members, the Division supports the practice of compensating consumers and family members for their participation. Through the Divisions' Advocate Leadership Stipend program, Family and Youth Advocates are compensated for MHSA related activities such as outreach, membership on MHSA Steering Committee, workgroups, service as a panel member for Request for Application evaluation process, and advisory and planning committees.

- C. Share lessons learned on efforts made on the items A and B above and any identified county technical assistance needs. Information on the county's current MHSA Annual Plan may be included to respond to this requirement.

We continue to build upon what we have learned with each community planning process in order to ensure that subsequent processes include diverse consumer, family member and community stakeholder input. We have also learned to build in sufficient time to engage, educate and inform the community at the beginning of community planning processes. Please refer to the MHSA FY 2023-24 Annual Update:

<https://dhs.saccounty.gov/BHS/Pages/MHSA/Plans-and-Updates/GI-MHSA-FY2023-24-Annual-Update.aspx>

III. Each county has a designated Cultural Competence/Ethnic Services Manager (CC/ESM) person responsible for cultural competence

The CC/ESM will report to, and/or have direct access to, the Behavioral Health Director regarding issues impacting mental health issues related to the racial, ethnic, cultural, and linguistic populations within the county.

The CC/ESM HPM reports to the Behavioral Health Deputy Director and sits on the Management Team/MHP Quality Policy Council as well as the Behavioral Health Services Executive Team.

The county shall include the following in the CCPR Modification (2010):

- A. Detail who is designated the county's CC/ESM responsible for cultural competence and who promotes the development of appropriate mental health services that will meet the diverse needs of the

county's racial, ethnic, cultural, and linguistic populations.

The CC/ESM HPM continues to be responsible for ensuring that cultural competence is integral to all functions of the Behavioral Health System and is the lead system-wide on issues that affect racial, ethnic, cultural and linguistic populations, including the elimination of disparities in behavioral health care in Sacramento County. The CC/ESM HPM is responsible for the development and implementation of the annual Sacramento County Cultural Competence Plan (CCP) update to ensure that county behavioral health services comply with current federal and state statutes, and regulations. Furthermore, the CC/ESM HPM ensures that MH services comply with the DHCS policy letters related to the planning and delivery of specialty mental health services for a highly diverse cultural, ethnic and linguistic community. The CC/ESM HPM also works with SUPT administration to ensure that SUPT provision complies with DHCS policy letters and federal regulations. The CC/ESM HPM is the chair of the Sacramento County Behavioral Health Services Cultural Competence Committee and reports to the Quality Improvement Committee.

The CC/ESM HPM reports to the Behavioral Health Deputy Director and sits on the Management Team/MHP Quality Policy Council as well as the Behavioral Health Services Executive Team. In addition to the creation of a full time CC/ESM HPM position, Sacramento County continues to fund a Cultural Competence unit headed by the CC/ESM HPM that provides supervision to the following staff: 2.0 Full Time Equivalent (FTE) Mental Health Program Coordinators, 2.0 FTE Human Service Program Planners, 1.0 FTE Senior Office Assistant, and 1.0 FTE Administrative Services Officer 1 position. (See Appendix 7 for Cultural Competence Unit Organizational Chart.)

At the start of FY 2020-21, the CC/ESM HPM, with support from the BHS Director, began working with a facilitation/planning team from California Institute for Behavioral Health Solutions (CIBHS) to implement a [Behavioral Health Racial Equity Collaborative \(BHREC\)](#) pilot to address behavioral health equity. The BHREC pilot utilized a targeted universalism approach that focused on the African American/Black/African Descent (AA/B/AD) Community. BHS provided updates on the BHREC in the CCP update for FY 2021-22. The BHREC pilot concluded in December 2022, however BHS is committed to continuing the intentional work with the AA/B/AD Community and will be providing opportunities that nurture the

transformational relationships developed between community members and BHS leadership. The BHREC Steering Committee will become an Ad Hoc Committee of the BHS Cultural Competence Committee and will continue to focus on the needs of AA/B/AD community members. Additionally, BHS will continue to work on the Racial Equity Action Plans that BHS developed during the BHREC pilot.

BHREC's initial focus on the AA/B/AD was based on the long-standing behavioral health inequities among this community; lack of trust necessary for authentic relationships that support the implementation of behavioral health equity; and the growing awareness of the unique experiences of racism experienced by this community. In FY 2023-24, BHS announced the focus on the Latino/Latinx/Hispanic (L/LX/H) community. This is based on the low utilization of specialty mental health or substance use prevention and treatment services despite the percentage (24%, US Census. 2021: ACS 5-Year Estimates Data) of Hispanic or Latinos residing in Sacramento County; the need for bilingual BHS providers and staff to serve this community; as well as the need to tailor engagement strategies and services to a community that is expansively ethnically and demographically diverse.

Part of the BHREC process to eliminate racial inequities in behavioral health includes documenting the voices of various community groups through community forums, focus groups, as well as capturing the voices of interested key community members through key informant interviews. Insights gained from the forums, focus groups, and key informant interviews will be used to develop themes, strategic directions, and recommended goals for the L/LX/H BHREC.

BHREC will include BHS leadership, BHS mental health and substance use disorder provider organizations, interested L/LX/H community representatives, and community organizations led by and for L/LX/H people. A new website has been developed to highlight BHREC activities and outcome reports:

<https://dhs.saccounty.gov/BHS/Pages/BHREC.aspx>

IV. Identify budget resources targeted for culturally competent activities The county shall include the following in the CCPR Modification (2010):

- A. Evidence of a budget dedicated to cultural competence activities which may include, but not be limited to the following:
1. Budget amount spend on Interpreter and translation services;
 2. Reduction of racial, ethnic, cultural, and linguistic mental health disparities;
 3. Budget amount allocated towards outreach to racial and ethnic county-identified target populations;
 4. Special budget for culturally appropriate mental health services;
 5. If applicable, financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers.

The chart on the following page depicts the cultural competence activity expenditures for BHS's county operated and county contracted MH and SUPT providers. The amount for each provider's cultural competence activity expenditures includes: the annual costs of interpreters and/or translation services; annual staffing costs of all bilingual/bicultural staff employed; and the costs of all cultural competence training registration fees paid for staff. The chart only reflects programs that are operational. There are a number of programs that have been approved and are in the implementation phase and are therefore not included in the chart. The programs in the chart do not reflect a true picture of the extent of expenditures for cultural competence, including interpreters, as many program budgets include these items in other categories. Some contracts are 100% dedicated to serving a particular ethnic or cultural group so their entire contract amount is reflected.

Budget Dedicated to Cultural Competence			
Activities Expenditures – FY 2022-2023			
Program/Description	Amount	Translation / Interpretation	Bilingual / Bicultural Staff
A Church For Us, dba A Church For All - Supporting Community Connections - African American Community	\$149,479		
Allocation for BHS staff receiving a bilingual differential	\$144,088		

Program/Description	Amount	Translation / Interpretation	Bilingual / Bicultural Staff
Asian Pacific Community Counseling	\$1,591,395	\$40,795	\$1,550,000
Asian Pacific Community Counseling - Supporting Community Connections - Hmong, Vietnamese, Cantonese	\$184,789		
Bay Area Community Services, Inc.	\$1,889,385		\$1,883,235
Behavioral Health Racial Equity Collaborative, Behavioral Health Interpreter Training and additional CC Trainings	\$302,500		
BHS Cultural Competence Unit Staff – 7 FTE	\$1,110,062		
Bi-Valley Medical Clinic, Inc. (BAART) - Harris (Norwood)	\$87,589		\$87,589
Bridges Professional Treatment Services, Inc	\$298,849		\$298,849
C.O.R.E. Medical Clinic, Inc.	\$459,863		\$459,863
Cal Voices - Supporting Community Connections - Consumer Operated Warmline	\$149,479		
Cal Voices - Supporting Community Connections - Older Adults	\$173,490		
Cal Voices -SAFE Program	\$129,206		\$129,206
Capitol Star Crisis Residential Program	\$923,067	\$4,317	\$918,750
Children's Receiving Home of Sacramento – Supporting Community Connections - Youth/TAY	\$149,479		
Consumers Self Help Center	\$149,541	\$669	\$148,872
Dignity Medical Foundation (Valley Hi)	\$1,125,452	\$10,000	\$1,115,452

Program/Description	Amount	Translation / Interpretation	Bilingual / Bicultural Staff
El Hogar Community Services, Inc.	\$446,267	\$14,804	\$388,190
HeartLand Child & Family Services	\$1,427,401	\$27,401	\$1,400,000
Interpreter/Translation Services – Countywide Vendors	\$314,292		
Iu-Mien Community Services - Supporting Community Connections - Iu Mien Community	\$141,829		
La Familia Counseling Center, Inc.	\$1,186,997		\$1,180,397
La Familia Counseling Center, Inc.- Supporting Community Connections - Latinx/Spanish Speaking Community	\$224,807		
Mental Illness: It's not always what you think" Project	\$1,080,000		
Omni Youth Programs	\$63,800	\$800	\$63,000
Paradise Oaks Youth Services	\$45,945	\$1,042	\$43,680
Recover Medical Group DBA Recover	\$554,000		\$554,000
River Oak Center for Children, Inc.	\$656,119	\$107,318	\$548,801
Sacramento Children's Home	\$452,234	\$21,902	\$430,332
Sacramento City Unified School District	\$43,475		\$40,261
Sacramento Cultural & Linguistic Center - Assisted Access Program	\$998,961		
Sacramento LGBT Community Center	\$548,232	\$800	\$43,680
Sacramento Native American Health Center - Supporting Community Connections - Native American Community	\$149,479		
Safety Center	\$578,749		\$578,749
San Juan Unified School District - White House Counseling	\$270	\$270	

Program/Description	Amount	Translation / Interpretation	Bilingual / Bicultural Staff
Sierra Health Foundation: Community Responsive Wellness Program for the Black Communities of Sacramento	\$1,550,500		
Slavic Assistance Center - Supporting Community Connections - Russian-speaking/Slavic Community	\$149,479		
Slavic Assistance Center: Ukrainian Phone Support	\$85,693		
Telecare (ARISE, EMPOWER, OASIS, SOAR)	\$676,265	\$2,255	\$672,158
TLCS, Inc. (Hope Cooperative)	\$428,318	\$17,708	\$373,264
Turning Point Community Programs (Abiding Hope Respite House)	\$262,466	\$66,441	\$18,843
Turning Point Community Programs (MHUCC)	\$1,830,911	\$9,809	\$1,821,101
UC Davis Medical Center - SacEDAPT	\$620,552	\$2,249	\$618,303
UC Davis Medical Center Child Protection - UCD CAARE	\$790,600		\$780,600
TOTAL	\$24,325,354	\$328,580	\$16,147,175

As indicated on the chart above, during FY 2022/2023, BHS county-operated and contract providers spent **\$24,325,354** on cultural competence related activities. From that figure, the total costs spent in FY 2022/2023 for interpreting/translations was **\$328,581** and the hiring of bilingual/bicultural staff was **\$16,147,175**.

This includes the total budget of the Assisted Access Program, operated by Sacramento Cultural & Linguistic Center (SCLC) that provides interpretation services system-wide. The Assisted Access Program also provides cultural brokerage for clinicians, helping them to be more culturally responsive to the people they serve.

In addition to what is indicated in the chart, annual costs of providing or assisting consumers to access natural healers or traditional healing

practices were nominal this year at \$125.01 from Turning Point Community Programs, Abiding Hope Respite House.

At the time of the 2010 CCP, two programs, the Transcultural Wellness Center (TWC), a Full-Service Partnership program, serving API communities, and the Assisted Access Program providing interpreters, were specifically designed to reduce racial, ethnic, cultural and linguistic behavioral health disparities. Since that time, additional MHSA Prevention and Early Intervention (PEI) component activities such as the Respite and the Supporting Community Connections (SCC) programs included in the chart above have been implemented. They are specifically designed to reduce LGBTQ+, racial, ethnic, cultural, and linguistic behavioral health disparities. Full Service Partnership programs' budgets included allocations for providing or assisting consumers in accessing traditional healing providers.

SCC programs are focused on the following racial, cultural, ethnic, sexual and gender diverse communities: youth/transition age youth (TAY) (focusing on LGBTQ+, foster and homeless youth); Native Americans; African Americans; Latinx; Cantonese, Vietnamese, Hmong, Iu Mien; Arabic-speaking; and Russian-speaking/Slavic. The other SCC programs include the Consumer operated Warmline and Older Adult Programs. These ethnic/cultural specific programs are part of the Suicide Prevention effort and have strong outreach components. The Respite Programs listed in the chart also have strong outreach components to diverse LGBTQ communities. These programs are included in this section because their program budgets are clearly dedicated for activities and services that reduce disparities in diverse communities. All BHS programs, however, are expected to work towards reduction of disparities through CCP 2010 goals that include 1) increase by 5% annually the percentage of staff that speak threshold languages 2) increase penetration by 1.5% as measured for ethnicity, language and age. Bilingual county staff who pass a test are paid a differential for their language skills (Appendix 8). Contractors are encouraged to provide appropriate compensation for their bilingual staff.

In addition to the aforementioned TWC, the Peer Partner Program continues to offer culturally appropriate peer services and peer staff are included as members of a multi-disciplinary team that provide behavioral health services through county-operated programs. These bilingual/bicultural staff provide cultural and language specific services to a diverse group that includes but is not limited to Latinx,

Hmong, Vietnamese, Cambodian and African Americans. La Familia Counseling Center has bilingual/bicultural staff who provide children's outpatient behavioral health services to many Latinx, as well as Black/African American and Hmong children and youth.

Behavioral Health Information Notice No.: 20-070, informed all Medi-Cal Managed Care Health Plans (MCP) of the updated dataset for threshold languages and identified the threshold languages for each MCP. An additional threshold language, Farsi, was added for Sacramento County according to the dataset from December 2020. Therefore, the threshold languages for Sacramento County now include Arabic, Cantonese, Hmong, Russian, Spanish, Vietnamese, and Farsi. We have translated materials available in all our current threshold languages, including Farsi. All translated versions of the Handbook are complete, community-reviewed, and posted.

Several SUPT documents have recently been translated into Farsi and are listed in (Appendix 9)

Given the changes in power and leadership in Afghanistan that occurred throughout the summer of 2021, numerous Afghan evacuees have been fleeing the country and Sacramento County has been welcoming many Afghan refugees. BHS continues to support outreach and engagement efforts as well as compiling and sharing resources. This coordination ensures that the services that will be provided to the Afghan arrivals are culturally responsive and linguistically appropriate. BHS has continued to collaborate with several local agencies that provide culturally and linguistically appropriate services to Afghan community members to discuss the best way to serve not only the new arrivals, but also Afghans who have already settled in Sacramento over the past few years, and who are trying to help their family members and friends who are still in Afghanistan. These agencies include Refugees Enrichment and Development Association (REDA) and Muslim American Society – Social Services Foundation (MAS-SSF), and other community-based organizations that serve Afghan community members. The newly expanded Afghan community is indicative of the continually emerging needs of Sacramento County. The MHSA Steering Committee supported the creation of two additional Supporting Community Connections programs to serve the Afghan Community and the Farsi speaking Community. The war in Ukraine has also resulted in many refugees from Ukraine resettling in Sacramento County. In May of 2022, BHS contracted with a local agency to operate a Ukrainian Phone Support Line to provide culturally and linguistically appropriate

support to Ukrainian community members in Sacramento who were concerned for their family and friends still in the Ukraine. This contract was renewed for FY 2023/24. The number of languages and the number of people speaking languages other than English continues to increase. Efforts to recruit, train and retain bilingual/bicultural staff and to increase capacity for interpreting are needed. Sacramento County has a 30+ year history of welcoming refugees to the community. Behavioral Health has developed a number of programs that include a focus on the needs of refugees. Historically, refugees from Southeast Asia, Russia/Former Soviet Union/Eastern Europe first arrived in Sacramento. Sacramento County has ranked in the top three counties in California for newly arriving refugees for several years. Recently, Sacramento County has resettled more refugees and Special Immigrant Visa holders combined than any other county in California.

CRITERION 2

COUNTY MENTAL HEALTH SYSTEM

UPDATED ASSESSMENT OF SERVICE NEEDS

Rationale: A population assessment is necessary to identify the cultural and linguistic needs of the target population and is critical in designing, and planning for, the provision of appropriate and effective mental health services.

Note: All counties may access 2007 200% of poverty data at the DMH website on the following page:

http://www.dmh.ca.gov/News/Reports_and_Data/default.asp within the link titled "Severe Mental Illness (SMI) Prevalence Rates". Counties shall utilize the most current data offered by DMH.

Only small counties, as defined by California Code of Regulations 3200.260, may request Medi-Cal utilization data from DMH by submitting the appropriate form to DMH, no later than five calendar months before plan submissions are due. To complete the Data Request Form, counties must contact the Office of Multicultural Services at 916- 651-9524 to have a DMH staff person assist in the completion of the proper form.

Eligible counties may be provided data within thirty calendar days from the data request deadline; however, all requests are first-come first-serve and provided according to DMH staff availability and resources.

I. General Population

The county shall include the following in the CCPR Modification (2010):

- A. Provide a description of the county's general population by race, ethnicity, age, gender, and other relevant small county cultural populations. The summary may be a narrative or as a display of data (other social/cultural groups may be addressed as data is available and collected locally). If appropriate, the county may use MHSA Annual Update Plan data here to respond to this requirement.

II. Medi-Cal population service needs (Use current CAEQRO data if available.) The county shall include the following in the CCPR Modification (2010):

- A. Summarize the following two categories by race, ethnicity, language, age, gender, and other relevant small county cultural populations:
 - 1. The county's Medi-Cal population (County may utilize data provided by DMH. See the Note at the beginning of Criterion 2

regarding data requests.)

2. The county's client utilization data
- B. Provide an analysis of disparities as identified in the above summary. This can be a narrative discussion of the data. Data must support the analysis.

III. 200% of Poverty (minus Medi-Cal) population and service needs.
(Please note that this information is posted at the DMH website at http://www.dmh.ca.gov/News/Reports_and_Data/default.asp).

The county shall include the following in the CCPR Modification (2010):

- A. Summarize the 200% of poverty (minus Medi-Cal population) and client utilization data by race, ethnicity, language, age, gender, and other relevant small county cultural populations.
- B. Provide an analysis of disparities as identified in the above summary. This can be a narrative discussion of the data. Data must support the analysis.

IV. MHSA Community Services and Supports (CSS) population assessment and service needs

The county shall include the following in the CCPR Modification (2010):

- A. From the county's approved CSS plan, extract a copy of the population assessment and summarize population and client utilization data by race, ethnicity, language, age, gender and other relevant small county cultural populations.
- B. Provide an analysis of disparities as identified in the above summary. This can be a narrative discussion of the data. Data must support the analysis.

V. Prevention and Early Intervention (PEI) Plan: The process used to identify the PEI priority populations

The county shall include the following in the CCPR Modification (2010):

- A. Describe which PEI priority population(s) the county identified in their PEI plan and describe the process and rationale used by the county in selecting them. PEI Plan sections should be used to respond to priority populations identified by the county.

CRITERION 2
SACRAMENTO COUNTY MENTAL HEALTH SYSTEM
UPDATED ASSESSMENT OF SERVICE NEEDS

I. General Population

The county shall include the following in the CCPR Modification (2010):

- A. Provide a description of the county's general population by race, ethnicity, age, gender, and other relevant small county cultural populations. The summary may be a narrative or as a display of data (other social/cultural groups may be addressed as data is available and collected locally). If appropriate, the county may use MHSA Annual Update Plan data here to respond to this requirement.

Note: the data utilized in this section is 2021 American Community Survey data from the US Census. The 2020 US Census data is currently unavailable as it is still being compiled. The percentages provided were rounded to the nearest tenth.

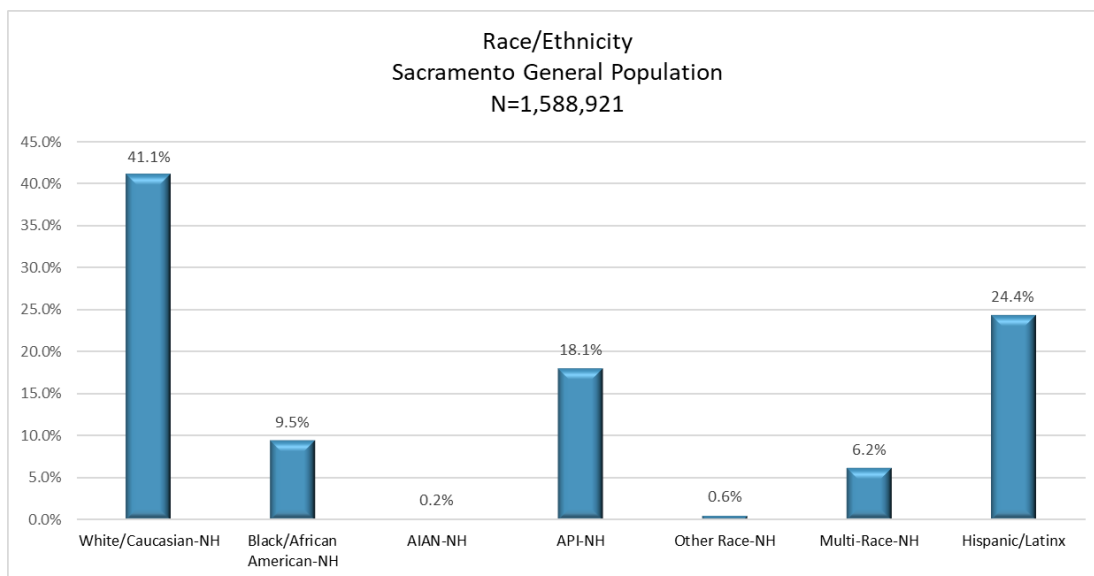
Race/Ethnicity - The Census Bureau, American Communities Survey (ACS) collects Hispanic/Latinx origin separately from race, as does Sacramento County. Additionally, the Census Bureau reports on seven racial categories: White, Black/African American, American Indian/Alaskan Native (AIAN), Asian, Native Hawaiian/Other Pacific Islander, Some other race, Two or more races. Data comparison using race and ethnicity is often challenging due to the difference in data collection across data sources. For example, data sources, such as the California Department of Social Services, Medi-Cal Statistics Division and the California External Quality Review Organization (CAEQRO) do not report race and Hispanic/Latinx origin separately.

In order to allow for comparisons across data sources, it was necessary to combine racial categories and include Hispanic/Latinx origin by race. When Hispanic origin is reported by race, all other race categories are reported as Non-Hispanic (NH). For example, "Caucasian-NH" refers to individuals who report as Caucasian only, Non-Hispanic. When race categories are reported as Non-Hispanic, numbers in these race categories may be underrepresented. For example, if a person reports that they are of Hispanic origin and report a race, their response is reported as Hispanic, and the race is not captured.

The chart below illustrates Sacramento County’s general population broken down by racial categories and Hispanic/Latinx origin by race that can be compared across data sources.

Please note the “API” category includes all Asian/Pacific Islander races and ethnicities (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Cambodian, Hmong, Laotian, Thai, Other Asian, Native Hawaiian, Guamanian, Samoan, and Other Pacific Islander) and the “Other” category represents all other races not included in the listed categories.

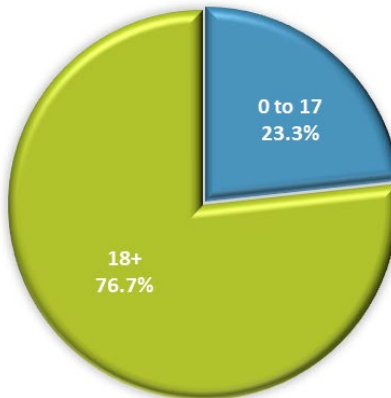
As the chart below indicates, just over 40% (41.1%) of the general population is White-NH. This illustrates the diversity in the general population of Sacramento County.



Source: 2021 U.S. Census, American Communities Survey (ACS)

Age - As with race/ethnicity, age is reported differently across data sources. For most data sources we have to limit ourselves to 2 age categories, 0 to 17 and 18+. In the ACS estimates, less than 24% of the Sacramento County general population is between the ages of 0 and 17 years and just over 76% are 18 years and older.

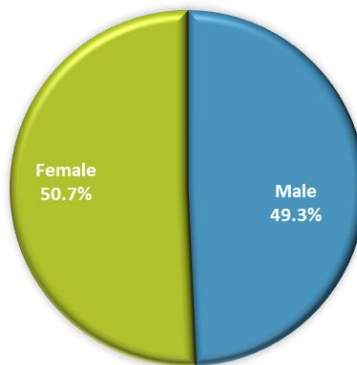
AGE
SACRAMENTO COUNTY GENERAL POPULATION
N=1,588,921



Source: 2021 U.S. Census, American Communities Survey (ACS)

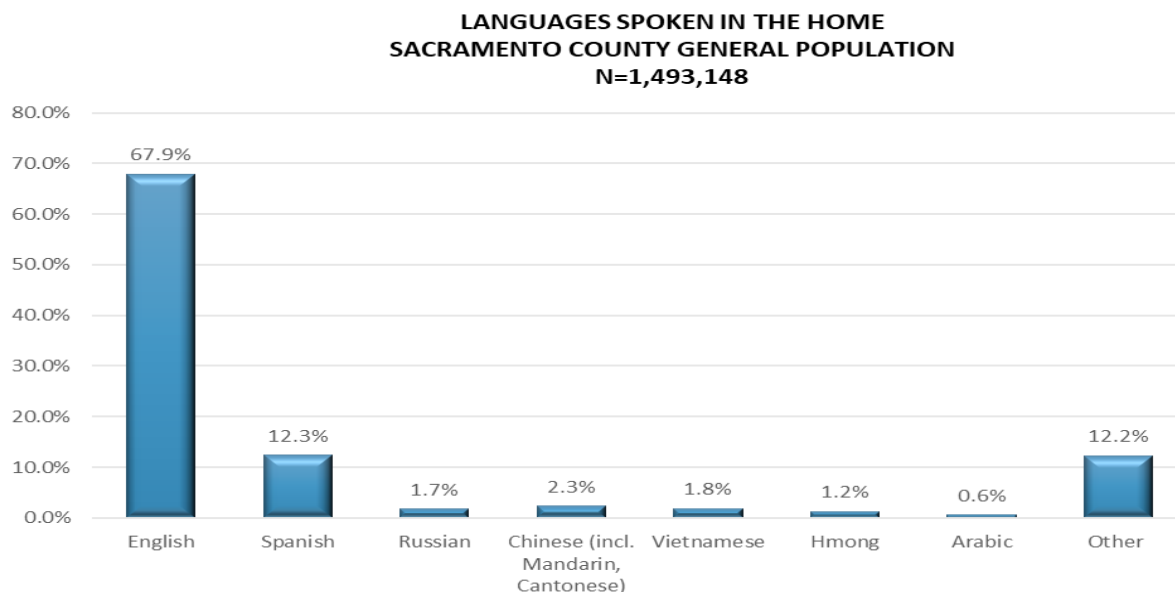
Gender – The gender breakdown of the general population in Sacramento County is almost equally distributed with slightly more females (50.7%) than males (49.3%).

GENDER
SACRAMENTO COUNTY GENERAL POPULATION
N=1,588,921



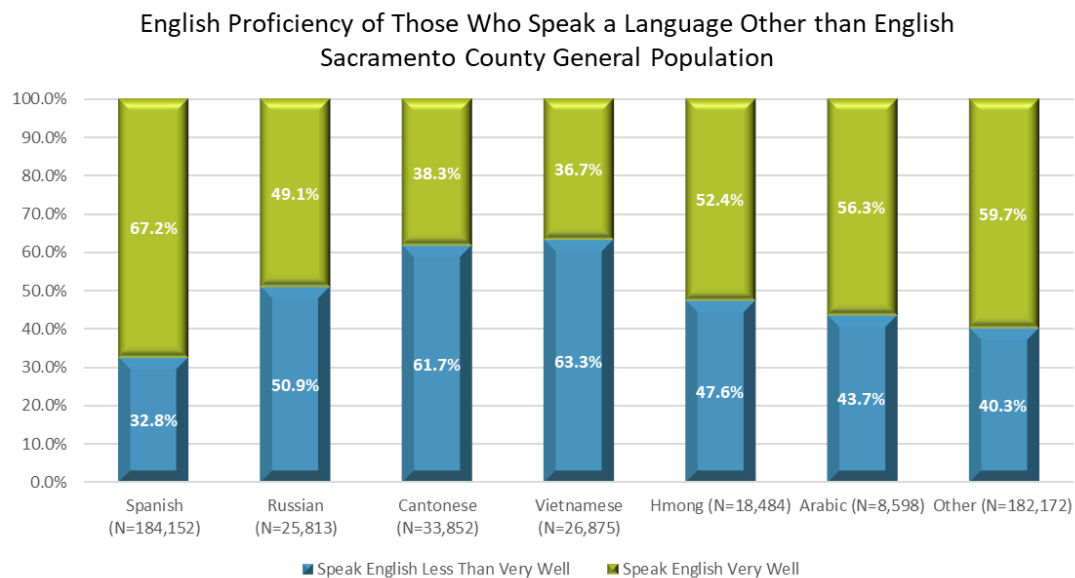
Source: 2021 U.S. Census, American Communities Survey (ACS)

Language Spoken - The language categories depicted in the charts that follow represent Sacramento County’s threshold languages, English, and all other languages. The data speak to the language that is spoken in the home for individuals over the age of five. Most of the general population over the age of five speaks English (67.9%). The ACS does not currently have data specific to Farsi, so we were not able to include this language in the charts related to language spoken.



Source: 2021 U.S. Census, American Communities Survey (ACS)

The English proficiency of those who speak a language other than English in the general population is shown in the following chart for each of Sacramento County’s threshold languages and then all non-English languages spoken. There are differences among English proficiency among the different languages. With the exception of Vietnamese and Cantonese, the majority of threshold languages indicated speak English “very well”.



Source: 2021 U.S. Census, American Communities Survey (ACS)

II. Medi-Cal population service needs (Use current CAEQRO data if available). The county shall include the following in the CCPR Modification (2010)

Please note that Medi-Cal population, unless specifically mentioning Substance Use Prevention and Treatment (SUPT) Services, refers to MH data only.

- A. Summarize the following two categories by race, ethnicity, language, age, gender, and other relevant small county cultural populations:
 - 1. The county's Medi-Cal population (County may utilize data provided by DMH. See the Note at the beginning of Criterion 2 regarding data requests.)
 - 2. The county's client utilization data

Data provided by the CAEQRO for Calendar Year 2022 was used to summarize Medi-Cal population and client utilization data for this section. From those data, the following descriptions of ethnicity/race, age, gender and language are drawn. There were 634,910 Medi-Cal eligible beneficiaries in the CAEQRO data and 25,325 Medi-Cal beneficiaries receiving services in the MHP were identified using Avatar data.

Medi-Cal Eligible Population

Race/Ethnicity - The ethnic breakdown of Medi-Cal eligible beneficiaries is presented in the penetration table on page 29. As the table indicates, race/ethnicity of the Medi-Cal eligible population is very diverse. Just over

20% (20.1%) of the population is Caucasian. Other ethnic groups comprising notable proportions of the population include Hispanic/Latinx (21.4%), Other Races (32.6%) and African American (12.8%).

Age – Just over two-thirds of the population (66.5%) are 18 years or older and almost 24% are youth between the ages of 6 and 17.

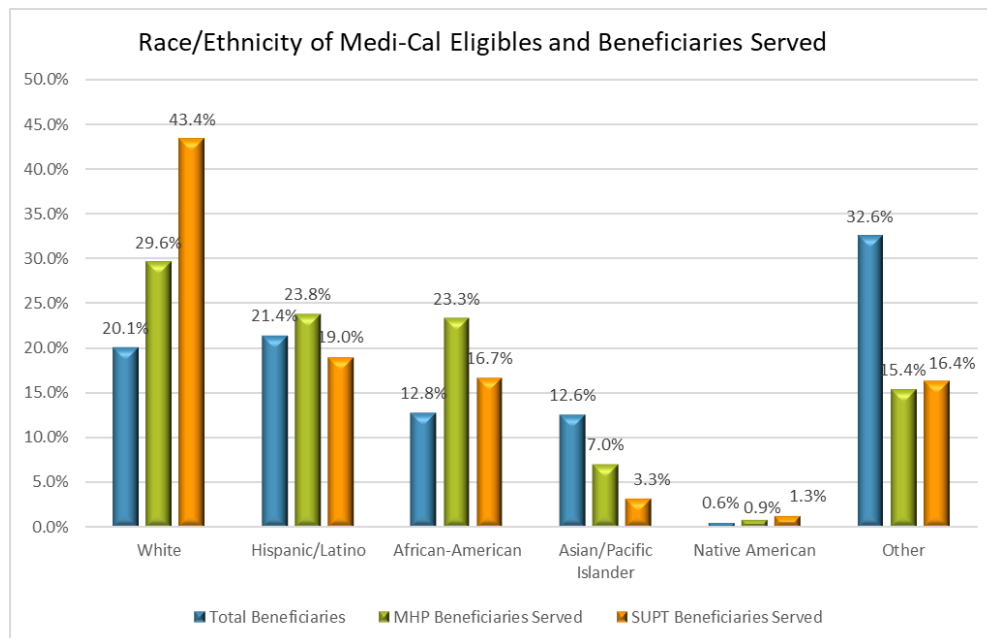
Gender - More than half the population (52.5%) is female, while males account for 47.5% of the population.

Language Spoken - Data provided by the EQRO did not contain information related to language spoken. We feel the inclusion of language data is important and will continue to explore ways to include language data in future plans.

Medi-Cal Beneficiaries Receiving Specialty Mental Health Services and Substance Use Prevention and Treatment Services

Race/Ethnicity –

This section provides percentages of the Medi-Cal eligible clients receiving mental health specialty services (MHP clients) and SUPT services compared to the percentages of the overall Medi-Cal eligible population by race. Caucasians (29.6% vs. 20.1%) African Americans (23.3% vs. 12.8%) and Hispanics (23.8% vs 21.4%) are overrepresented in the

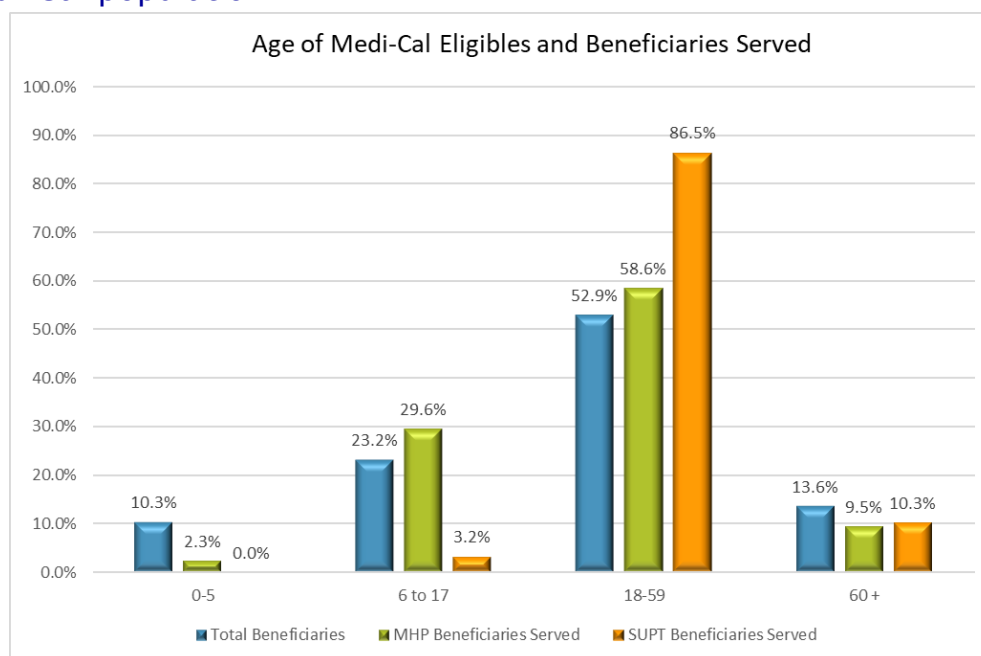


Source: 2022 External Quality Review Organization (EQRO) Report

specialty mental health system compared to the overall Medi-Cal eligible

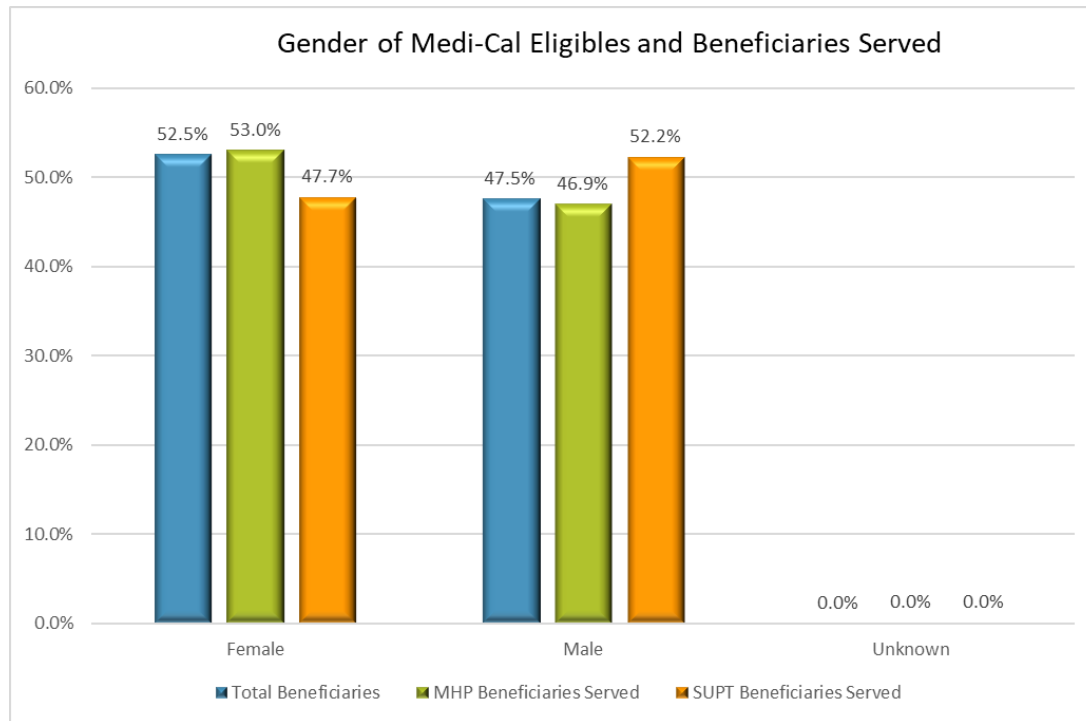
population. Likewise, Caucasians (43.4% vs 20.1%) and African Americans (16.7% vs. 12.8%) are overrepresented in the SUPT service system. Asian/Pacific Islanders (3.3% vs. 12.6%) and Hispanic/Latinx (19.0% vs. 21.4%) are underrepresented in the SUPT system. Both the MHP and SUPT have a much lower population of “Other” as compared to the overall Medi-Cal population (15.4% and 16.4% vs 32.6%).

Age –The majority of the specialty mental health clients are adults, between the ages of 18 and 59 (58.6%), slightly higher than the adults of the same age in the general Medi-Cal population (52.9%). Children ages 6 to 17 represent just under 30% and older adults represent 9.5% of the MHP population. The data shows strong differences in percentages served between younger and older children. The percentage of children 0 to 5 is higher in the Medi-Cal population than in the MHP (10.3% vs. 2.4%), whereas the percentage of children and youth 6 to 17 is higher for MHP beneficiaries served than children of the same age in the Medi-Cal population (29.6% vs. 23.2%). Older adults are also underrepresented in the MHP compared to their share of the Medi-Cal population (9.5% vs. 13.6%). The percentage of Adults receiving SUPT services is over 33 percentage points higher than adults of the same age in the overall Medi-Cal population and almost 30 percentage points higher than the MHP, while youth of all ages make up a smaller percentage of those receiving SUPT services. Older adults receive SUPT services at a slightly higher rate than the MHP, but a lower percentage of the overall Medi-Cal population.



Source: 2022 External Quality Review Organization (EQRO) Report

Gender – The majority of the mental health population served is female (53.0%), as with the general Medi-Cal eligible population (52.5%), whereas those receiving SUPT services are majority male (52.2%).



Source: 2022 External Quality Review Organization (EQRO) Report

Language Spoken - Data on language spoken was not provided nor available for the Medi-Cal population. However, we feel the inclusion of language data is important and will continue to explore ways to include language data in future plans.

Penetration Rates – MHP and SUPT

The table below summarizes the populations and demonstrates the penetration rates based on Medi-Cal eligible for Calendar Year (CY) 2020 and 2021. The Medi-Cal eligible beneficiary numbers were obtained utilizing the *EQRO – All Approved Claims Report – CY20 and CY21*, while the Medi-Cal Clients were extracted from the Sacramento County BHS electronic health record (Avatar).

Note, penetration rates only reflect beneficiaries enrolled in the MHP and who have received at least one Medi-Cal billable service. Rates do not include beneficiaries served in the local Geographic Managed Care Plans (GMCs) who are not enrolled in the MHP.

Penetration Rates		Calendar Year 2021								Calendar Year 2022									
		A		B		B/A				A		B		B/A		C		C/A	
		Medi-Cal Eligible Beneficiaries		MHP Medi-Cal Beneficiaries			SUPT Medi-Cal Beneficiaries			Medi-Cal Eligible Beneficiaries		MHP Medi-Cal Beneficiaries			Percent Change	SUPT Medi-Cal Beneficiaries			Percent Change
		N	%	N	%	%	N	%		N	%	N	%	%	%	N	%	%	
Age Group	0 to 5	64,795	10.9%	782	2.9%	1.2%	0	0.0%	0.0%	65,607	10.3%	595	2.3%	0.9%	-25.0%	1	0.0%	0.0%	0.0%
	6 to 17	139,618	23.5%	8,091	30.5%	5.8%	163	3.0%	0.1%	147,093	23.2%	7,496	29.6%	5.1%	-12.1%	177	3.2%	0.1%	0.0%
	18 to 59	308,422	52.0%	15,280	57.6%	5.0%	4,669	85.6%	1.5%	336,063	52.9%	14,836	58.6%	4.4%	-12.0%	4,733	86.5%	1.4%	-6.7%
	60+	80,087	13.5%	2,395	9.0%	3.0%	623	11.4%	0.8%	86,147	13.6%	2,398	9.5%	2.8%	-6.7%	563	10.3%	0.7%	-12.5%
	Total	592,922	100%	26,548	100%	4.5%	5,455	100%	0.9%	634,910	100%	25,325	100%	4.0%	-11.1%	5,474	100%	0.9%	0.0%
		N	%	N	%	%	N	%		N	%	N	%	%	%	N	%	%	%
Gender	Female	312,661	52.7%	14,223	53.6%	4.5%	2,669	48.9%	0.9%	333,193	52.5%	13,431	53.0%	4.0%	-11.1%	2,613	47.7%	0.8%	-11.1%
	Male	280,260	47.3%	12,316	46.4%	4.4%	2,785	51.1%	1.0%	301,716	47.5%	11,888	46.9%	3.9%	-11.4%	2,859	52.2%	0.9%	-10.0%
	Unknown	1	0.0%	9	0.0%	N/A	1	0.0%	100%	0	0.0%	6	0.0%	N/A		2	0.0%	N/A	N/A
	Total	592,922	100%	26,548	100%	4.5%	5,455	100%	0.9%	634,909	100%	25,325	100%	4.0%	-11.1%	5,474	100%	0.9%	0.0%
		N	%	N	%	%	N	%		N	%	N	%	%	%	N	%	%	%
Race	White	125,072	21.1%	7,926	29.9%	6.3%	2,225	40.8%	1.8%	127,384	20.1%	7,491	29.6%	5.9%	-6.3%	2,375	43.4%	1.9%	5.6%
	Hispanic	129,839	21.9%	6,176	23.3%	4.8%	970	17.8%	0.7%	135,960	21.4%	6,027	23.8%	4.4%	-8.3%	1,041	19.0%	0.8%	14.3%
	African American	80,207	13.5%	6,197	23.3%	7.7%	805	14.8%	1.0%	81,429	12.8%	5,910	23.3%	7.3%	-5.2%	912	16.7%	1.1%	10.0%
	Asian/Pacific Islander	77,156	13.0%	1,838	6.9%	2.4%	158	2.9%	0.2%	79,867	12.6%	1,777	7.0%	2.2%	-8.3%	181	3.3%	0.2%	0.0%
	American Indian/Alaskan Native	3,604	0.6%	251	0.9%	7.0%	58	1.1%	1.6%	3,572	0.6%	220	0.9%	6.2%	-11.4%	70	1.3%	2.0%	25.0%
	Other	177,044	29.9%	4,160	15.7%	2.3%	1,239	22.7%	0.7%	206,699	32.6%	3,900	15.4%	1.9%	-17.4%	895	16.4%	0.4%	-42.9%
	Total	592,922	100%	26,548	100%	4.5%	5,455	100%	0.9%	634,911	100%	25,325	100%	4.0%	-11.1%	5,474	100%	0.9%	0.0%

Penetration – Foster Youth

Data were compiled to calculate penetration rates for youth served in the Foster Care system during CY 2020 and 2021. EQRO claims data was utilized to determine the total number of foster youth with Medi-Cal. Data from Sacramento County CPS were matched with Avatar data to determine the number of foster youth served in the MHP during CY 2020. We know foster care penetration rates need to be addressed and we are working on 2 different projects to increase:

1. Broadening the role of the embedded CPS-Mental Health team to include remote virtual consultation hours in addition to CANS completion. The CPS-MH team is co-located in CPS DCFAS offices, yet increased telework among CPS personnel has impacted the opportunities for CPS social workers to consult with CPS-MH team clinicians face to face. It is hoped that adding a virtual consult option will increase collaboration, consultation, and referrals to behavioral health services. The team is also now able to directly refer CPS children and families to Sacramento County Mental Health Plan providers in the SmartCare Electronic Health Record. This should remove barriers and steps for youth and families in connecting to services.
2. Increased referrals directly from CPS Emergency Response. BHS is open and available to partner with the new Circle Clinic in Primary Care that serves foster youth. Outreach has been conducted to Circle Clinic to continue this collaboration. The table below demonstrates the penetration rates of foster youth in the

Penetration Rates		CY 2020					CY 2021					Percent Change
		A		B		B/A	A		B		B/A	
		Medi-Cal Eligible Beneficiaries - Foster Youth		Total Receiving MH Services		Foster MH Penetration Rates	Medi-Cal Eligible Beneficiaries - Foster Youth		Total Receiving MH Services		Foster MH Penetration Rates	
		N	%	N	%	%	N	%	N	%	%	%
Age Group	0 to 5	634	22.9%	196	15.5%	30.9%	601	21.6%	167	15.1%	27.8%	-10.0%
	6+	2,137	77.1%	1,067	84.5%	49.9%	2,181	78.4%	937	84.9%	43.0%	-13.8%
	Total	2,771	100.0%	1,263	100.0%	45.6%	2,782	100.0%	1,104	100.0%	39.7%	-12.9%
		N	%	N	%	%	N	%	N	%	%	%
Gender	Female	1,356	48.9%	669	53.0%	49.3%	1,372	49.3%	599	54.3%	43.7%	-11.3%
	Male	1,415	51.1%	594	47.0%	42.0%	1,410	50.7%	505	45.7%	35.8%	-14.8%
	Total	2,771	100.0%	1,263	100.0%	45.6%	2,782	100.0%	1,104	100.0%	39.7%	-12.9%
		N	%	N	%	%	N	%	N	%	%	%
Race	White	707	25.5%	304	24.1%	43.0%	783	28.1%	275	24.9%	35.1%	-18.4%
	African American	759	27.4%	406	32.1%	53.5%	722	26.0%	368	33.3%	51.0%	-4.7%
	American Indian/Alaskan Native	43	1.6%	18	1.4%	41.9%	41	1.5%	13	1.2%	31.7%	-24.3%
	Asian/Pacific Islander	81	2.9%	50	4.0%	61.7%	73	2.6%	39	3.5%	53.4%	-13.5%
	Other	942	34.0%	176	13.9%	18.7%	956	34.4%	137	12.4%	14.3%	-23.5%
	Hispanic	239	8.6%	309	24.5%	129.3%	207	7.4%	272	24.6%	131.4%	1.6%
	Total	2,771	100.0%	1,263	100.0%	45.6%	2,782	100.0%	1,104	100.0%	39.7%	-12.9%

Note: The percentage of Hispanic foster youth receiving services in the MHP in both CY 2020 and CY 2021 was much higher than their percentage in the total Medi-Cal foster youth population. This may be due to different recoding methodologies and/or services rendered to beneficiaries that did not result in an approved claim.

- B. Provide an analysis of disparities as identified in the above summary. This can be a narrative discussion of the data. Data must support the analysis.

The table below illustrates Sacramento County's Medi-Cal penetration rate compared to the overall Large County and statewide penetration rates for calendar years 2021 and 2022. In CY21 Sacramento County had a slightly higher overall penetration rate than Large County rates but was somewhat lower than the statewide rate. In CY22 Sacramento County rates were lower than Large County and Statewide rates. Sacramento County rates were lower than Large County and Statewide for youth, ages 0 to 5 in CY21. For youth ages 6 to 17, Sacramento had higher penetration rates than both Large County and Statewide, rates in CY21 Adults, ages 18 to 59 were higher than Large County but lower than Statewide in CY21. Older adult rates were higher than Large County and Statewide. In CY22, with the exception of older adults, penetration rates were lower in all age groups compared to Large County and Statewide. In CY21 Sacramento County's rate for females was higher than Large County, and Statewide, but only slightly higher than Large County for CY22. In CY21 Sacramento County's rate for males was slightly higher than Large County, but lower than Statewide. In CY22, males were lower than Large County and Statewide rates. Penetration rates decreased in all race categories from CY21 to CY22. With the exception of Hispanic (higher than Larger County) in CY21, Sacramento County penetration rates for all races were also lower than Large County and Statewide rates in CY20 and CY21. Note: penetration rates for Sacramento County are different from the penetration table referenced above.

In order to compare across Large County and Statewide, the EQRO data was used for the analysis. So, the Sacramento County data is based on paid claims data obtained by the EQRO, as opposed to Avatar data. Note: the comparisons below only reference the Sacramento County MHP as SUPT data was not available across Large County and Statewide.

Medi-Cal Penetration: Sacramento County Penetration Rates Compared to Large County and State Penetration Rates.

		Sac County CY20	Large County CY20	Statewide CY20	Sac County CY21	Large County CY21	Statewide CY21
Total		4.23%	4.13%	4.55%	3.79%	3.47%	3.85%
Age Group	0 to 5	1.21%	1.64%	2.00%	1.04%	1.29%	1.59%
	6 to 17	5.91%	5.51%	6.22%	5.27%	4.65%	5.20%
	18 to 59	4.54%	4.50%	4.82%	3.99%	3.71%	4.03%
	60+	2.77%	2.50%	2.84%	2.63%	2.24%	2.59%
Gender	Female	4.23%	3.84%	4.26%	3.92%	3.35%	3.74%
	Male	4.24%	4.47%	4.89%	3.62%	3.61%	3.97%
Race	White	5.81%	6.31%	6.27%	5.15%	5.24%	5.32%
	African American	5.89%	6.76%	7.98%	5.44%	5.75%	6.83%
	AI/AN	6.47%	7.13%	6.76%	5.80%	5.90%	5.58%
	API	1.67%	1.96%	2.13%	1.57%	1.74%	1.90%
	Other	3.96%	4.43%	4.68%	3.47%	3.58%	3.72%
	Hispanic	3.43%	3.31%	3.83%	3.14%	2.84%	3.29%

	CALENDAR YEAR 2021			CALENDAR YEAR 2022		
	SACRAMENTO	LARGE	STATEWIDE	SACRAMENTO	LARGE	STATEWIDE
	Penetration Rate	Penetration Rate	Penetration Rate	Penetration Rate	Penetration Rate	Penetration Rate
OVERALL	3.79%	3.47%	3.85%	3.44%	3.60%	3.96%
AGE GROUP						
0-5	1.04%	1.29%	1.59%	0.86%	1.50%	1.82%
6-17	5.27%	4.65%	5.20%	4.84%	5.01%	5.65%
18-59	3.99%	3.71%	4.03%	3.59%	3.72%	4.00%
60 +	2.63%	2.24%	2.59%	2.39%	2.31%	2.63%
GENDER						
Female	3.92%	3.35%	3.74%	3.51%	3.50%	3.89%
Male	3.64%	3.61%	3.97%	3.35%	3.71%	4.04%
RACE/ETHNICITY						
White	5.15%	5.24%	5.32%	4.73%	5.38%	5.45%
Hispanic/Latino	3.14%	2.84%	3.29%	2.93%	3.06%	3.51%
African American	5.44%	5.75%	6.83%	4.96%	6.00%	7.08%
Asian/Pacific Islander	1.57%	1.74%	1.90%	1.43%	1.75%	1.91%
Native American	5.80%	5.90%	5.58%	5.63%	6.21%	5.94%
Other	3.47%	3.58%	3.72%	3.11%	3.57%	3.57%

The overall penetration rate in Sacramento County for CY 2022, based on Medi-Cal eligible beneficiaries is 3.44%, compared to 3.60% for Large County and 3.96% statewide. Penetration rates in all areas have decreased from 2021. Differences are found when comparing different demographic categories. Sacramento County is a Geographic Managed Care (GMC) county with bifurcated mental health benefits that are provided through the plans and MHP. As a result, several other organizations are providing mild to moderate mental health services to Medi-Cal beneficiaries in Sacramento County. It is possible that penetration rates for some age, race, cultural and ethnic groups are underreported due to services being delivered in the community by community partners that are not part of the MHP, such as Federally Qualified Health Centers (FQHC) and health plans' subcontractors.

Race/Ethnicity – Sacramento County penetration rates for race/ethnicity range from 1.43% to 5.63%. Asian/Pacific Islander and Hispanic account for the lowest penetration rates at 1.43% (API) and 2.93% (Hispanic). On the other hand, Native Americans, Caucasians and African Americans account for the highest penetration rates (5.63% Native American, 4.96% African American and 4.73% Caucasian). Sacramento County has lower penetration rates in all ethnic groups compared to large county and statewide penetration rates.

Age - The penetration rates for age range from 0.86% to 4.84%. Children under the age of 5 represent the lowest penetration rate at 0.86%, while children between the ages of 6 and 17 represent the highest penetration rate at 4.84%. With the exception of the 60+ age group (higher than large county), penetration for all age groups are lower than large county and statewide penetration rates.

Gender - The penetration rate for males was lower than that of females. the female penetration rate was 3.51%, whereas male was 3.35%. The Sacramento County penetration rate for females is slightly higher compared to large counties, but lower statewide, while the rate for males is lower than large county and statewide rates.

Language Spoken - Penetration rates were unable to be calculated due to the lack of available Medi-Cal data. However, we feel the inclusion of language data is important and will continue to explore ways to include language data in future plans.

Medi-Cal Penetration – Foster Youth: According to the EQRO claims data, Sacramento County penetration rates are lower than large counties and statewide in all areas.

	CALENDAR YEAR 2021			CALENDAR YEAR 2022		
	SACRAMENTO	LARGE	STATEWIDE	SACRAMENTO	LARGE	STATEWIDE
	Penetration Rate	Penetration Rate	Penetration Rate	Penetration Rate	Penetration Rate	Penetration Rate
TOTAL						
	33.39%	40.07%	43.54%	32.72%	44.06%	46.00%
AGE GROUP						
0-5	19.30%	34.51%	42.84%	19.57%	37.76%	42.34%
6 +	37.28%	41.89%	43.77%	36.46%	46.41%	47.39%
GENDER						
Female	34.04%	40.68%	44.50%	34.02%	45.55%	47.31%
Male	32.77%	39.48%	42.62%	31.44%	42.62%	44.75%
RACE/ETHNICITY						
White	37.68%	42.43%	42.98%	35.24%	45.09%	45.67%
Hispanic/Latino	26.09%	37.97%	44.66%	26.63%	41.99%	46.69%
African-American	29.22%	40.61%	43.22%	27.20%	44.39%	46.10%
Asian/Pacific Islander	26.03%	43.16%	41.23%	24.05%	43.14%	42.94%
Native American	24.39%	35.66%	30.56%	39.53%	45.73%	33.81%
Other	35.45%	40.38%	42.84%	36.25%	46.52%	45.73%

III. 200% of Poverty (minus Medi-Cal) population and service needs.

The county shall include the following in the CCPR Modification (2010):

- A. Summarize the 200% of poverty (minus Medi-Cal population) and client utilization data by race, ethnicity, language, age, gender, and other relevant small county cultural populations.
- B. Provide an analysis of disparities as identified in the above summary. This can be a narrative discussion of the data. Data must support the analysis.

A comparison cannot be done because the number of Medi-Cal beneficiaries is larger than the number of individuals who are at 200% of poverty.

Sacramento County Retention Rates (MHP Only) – Fiscal Year 21/22

Retention rates are calculated annually as a part of Sacramento County's Annual Workplan. The table below depicts the retention rates for beneficiaries receiving outpatient Medi-Cal billable services in the MHP, utilizing the EQRO methodology. The data was extracted from Avatar and represents all mental health services rendered, not approved claims.

For the purposes of this document, retention rate is defined as:

*Retention of individuals in the system of care, as evidenced by the number of specialty mental health services, unduplicated by service date, a beneficiary receives in the year. A beneficiary is considered retained if they receive four or more services in the year. Note: the number is lower than the overall MHP utilization mentioned above because retention is based on those receiving Medi-Cal claimable services, whereas overall utilization may include other non-billable services. Percentages are based on 4 or more services. **This includes the total unduplicated counts from the 5-14 services plus the 15 or more services.***

Race/Ethnicity - As demonstrated below, Sacramento County's retention rates for children (0-17) of any race/ethnicity are relatively high for the total system (range, 63.1%-83.7%). With the exception of unknown/not reported, adults are retained at a high level across race/ethnicity, ranging from 70.1 for the Hispanic to 77.2% for Asian/Pacific Islanders (API), and Native American 73.0%

Gender -Females are retained at a slightly higher rate than males (71.3% vs 69.4%).

Age -Children 0-17 are retained in the system at a higher rate than adults. Children's retention rate for the total system is almost 76.2%, whereas the adult rate is just over 67.1%.

Language -With the exception of unknown/not reported, the retention rates for all languages are high, ranging from 70.1% (English) to 87.3% (Hmong).

Sacramento County Mental Health Plan														
Retention - FY 21/22														
FY 20/21		Total Served	1 Service		2 Services		3 Services		4 Services		5 to 15 Services		>15 Services	
			N	%	N	%	N	%	N	%	N	%	N	%
Race (0-17.9)	API	399	56	14.0	17	4.3	15	3.8	21	5.3	115	28.8	175	43.9
	Black	1,847	223	12.1	95	5.1	88	4.8	73	4.0	496	26.9	872	47.2
	Hispanic	3,101	303	9.8	137	4.4	88	2.8	104	3.4	840	27.1	1629	52.5
	Nat-Amer	58	11	19.0	5	8.6	2	3.4	2	3.4	11	19.0	27	46.6
	White	1,899	162	8.5	96	5.1	52	2.7	61	3.2	486	25.6	1042	54.9
	Other	771	75	9.7	36	4.7	28	3.6	21	2.7	221	28.7	390	50.6
	Unk/NR	951	255	26.8	55	5.8	41	4.3	29	3.0	243	25.6	328	34.5
Race (≥18)	API	1,445	160	11.1	72	5.0	54	3.7	43	3.0	530	36.7	586	40.6
	Black	3,787	594	15.7	276	7.3	192	5.1	162	4.3	1243	32.8	1320	34.9
	Hispanic	2,825	385	13.6	196	6.9	161	5.7	103	3.6	938	33.2	1042	36.9
	Nat-Amer	152	21	13.8	9	5.9	7	4.6	4	2.6	53	34.9	58	38.2
	White	5,496	831	15.1	389	7.1	257	4.7	205	3.7	1719	31.3	2095	38.1
	Other	1,001	169	16.9	77	7.7	44	4.4	42	4.2	346	34.6	323	32.3
	Unk/NR	1,161	507	43.7	120	10.3	80	6.9	53	4.6	234	20.2	167	14.4
Age	0-17.9	9,026	1085	12.0	441	4.9	314	3.5	311	3.4	2,412	26.7	4,463	49.4
	≥ 18	15,867	2,667	16.8	1139	7.2	795	5.0	612	3.9	5,063	31.9	5,591	35.2
Sex	Male	11496	1802	15.7	743	6.5	535	4.7	442	3.8	3303	28.7	4671	40.6
	Female	13392	1948	14.5	837	6.3	572	4.3	481	3.6	4171	31.1	5383	40.2
	Unk/NR	5	2	40.0	0	0.0	2	40.0	0	0.0	1	20.0	0	0.0
Language	English	22,215	3,339	15.0	1,438	6.5	1010	4.5	847	3.8	6,570	29.6	9,011	40.6
	Spanish	1256	155	12.3	70	5.6	48	3.8	37	2.9	400	31.8	546	43.5
	Russian	211	14	6.6	6	2.8	5	2.4	3	1.4	91	43.1	92	43.6
	Hmong	205	15	7.3	1	0.5	6	2.9	4	2.0	75	36.6	104	50.7
	Vietnamese	143	12	8.4	5	3.5	7	4.9	8	5.6	50	35.0	61	42.7
	Cantonese	59	5	8.5	3	5.1	2	3.4	1	1.7	18	30.5	30	50.8
	Arabic	100	11	11.0	3	3.0	6	6.0	1	1.0	48	48.0	31	31.0
	Other	416	50	12.0	26	6.3	11	2.6	10	2.4	175	42.1	144	34.6
	Unk/NR	288	151	52.4	28	9.7	14	4.9	12	4.2	48	16.7	35	12.2
TOTAL		24,893	3,752	15.1	1,580	6.3	1,109	4.5	923	3.7	7,475	30.0	10,054	40.4

IV. MHSA Community Services and Supports (CSS) population assessment and service needs

The county shall include the following in the CCPR Modification (2010):

- A. From the county's approved CSS plan, extract a copy of the population assessment and summarize population and client utilization data by race, ethnicity, language, age, gender and other relevant small county cultural populations.
- B. Provide an analysis of disparities as identified in the above summary. This can be a narrative discussion of the data. Data must support the analysis.

The following is a response to questions A and B.

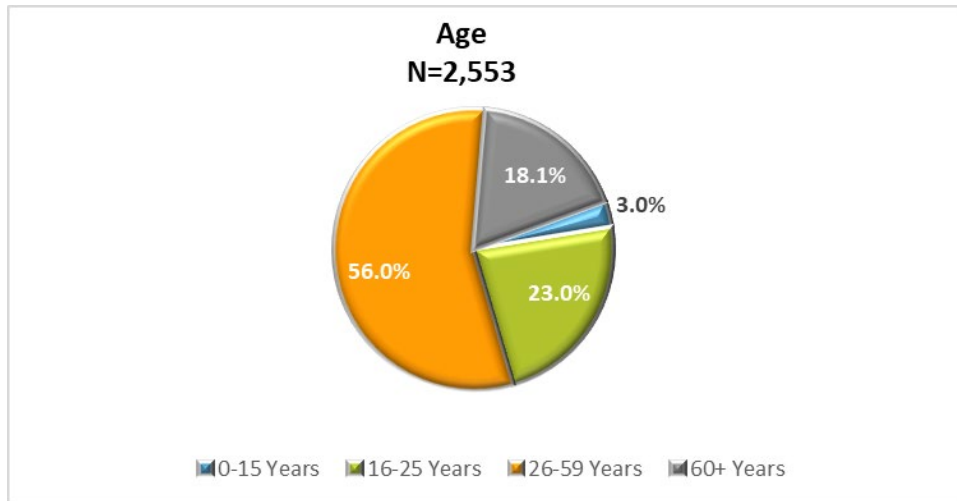
MHSA Demographics – Clients Served

Due to the fact that the data from the approved CSS plan is outdated, we are providing data on the participants served rather than the population assessment. The data provided below is based on data reported in the most recent MHSA Annual Update, which includes all clients served in an MHSA funded programs for FY 21/22.

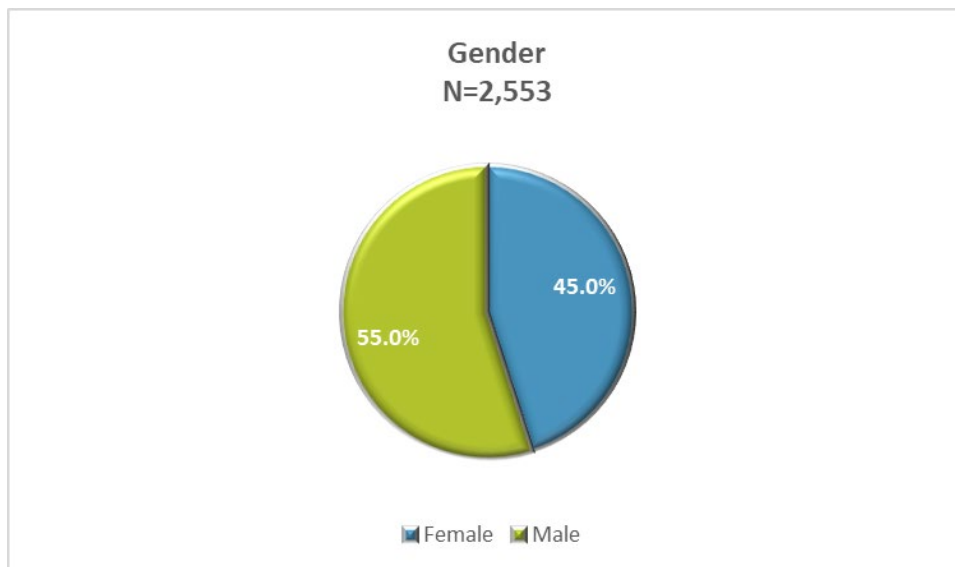
Community Services and Supports (CSS) – Full Service Partnerships (FSP)

The FSPs served a total of 2,553 partners in FY 21/2022. The charts below examine demographics of the partners served.

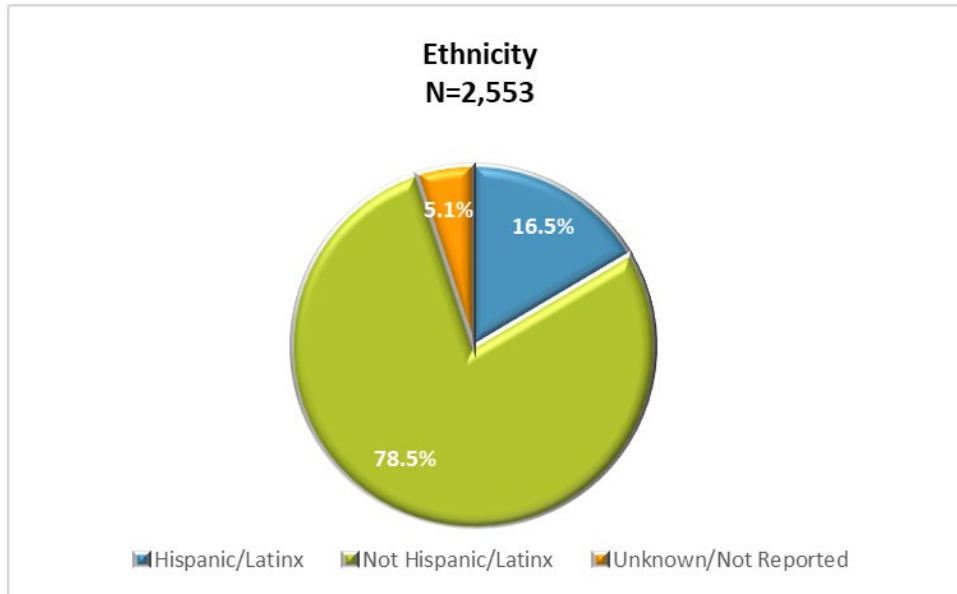
Age – The FSPs served an array of age groups, but over half (56.0%) were adults ages 26 to 59. Transition Age Youth (TAY) were the next highest age group served at 23.0%. Clients ages 0 to 15 represented the lowest percentage of the population served (3.0%) since many of our FSP partners focus on the adult and TAY populations.



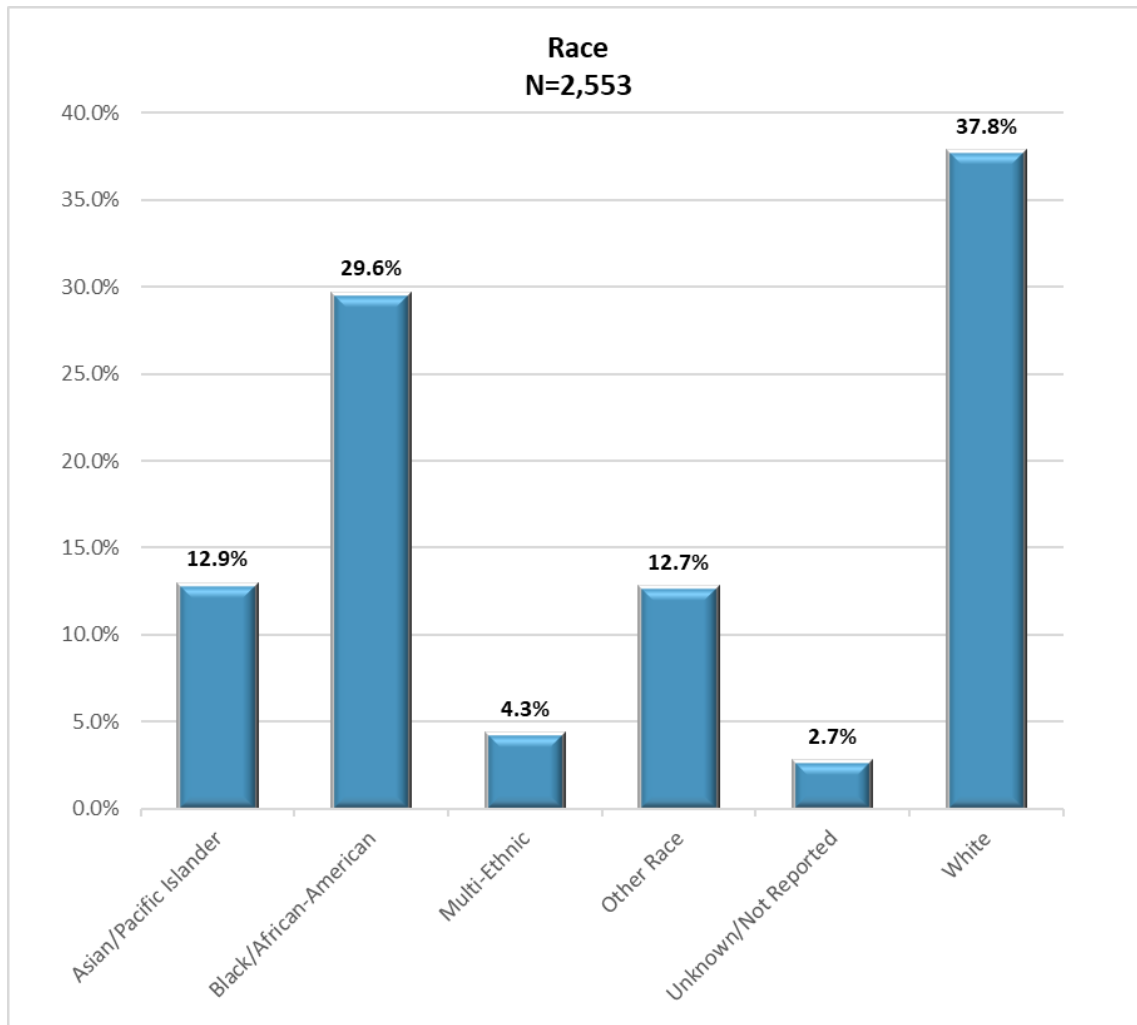
Gender – The FSPs served a slightly higher percentage of males than females (55.0% vs 45.0%). This differs from the overall MHP where more females are served than males.



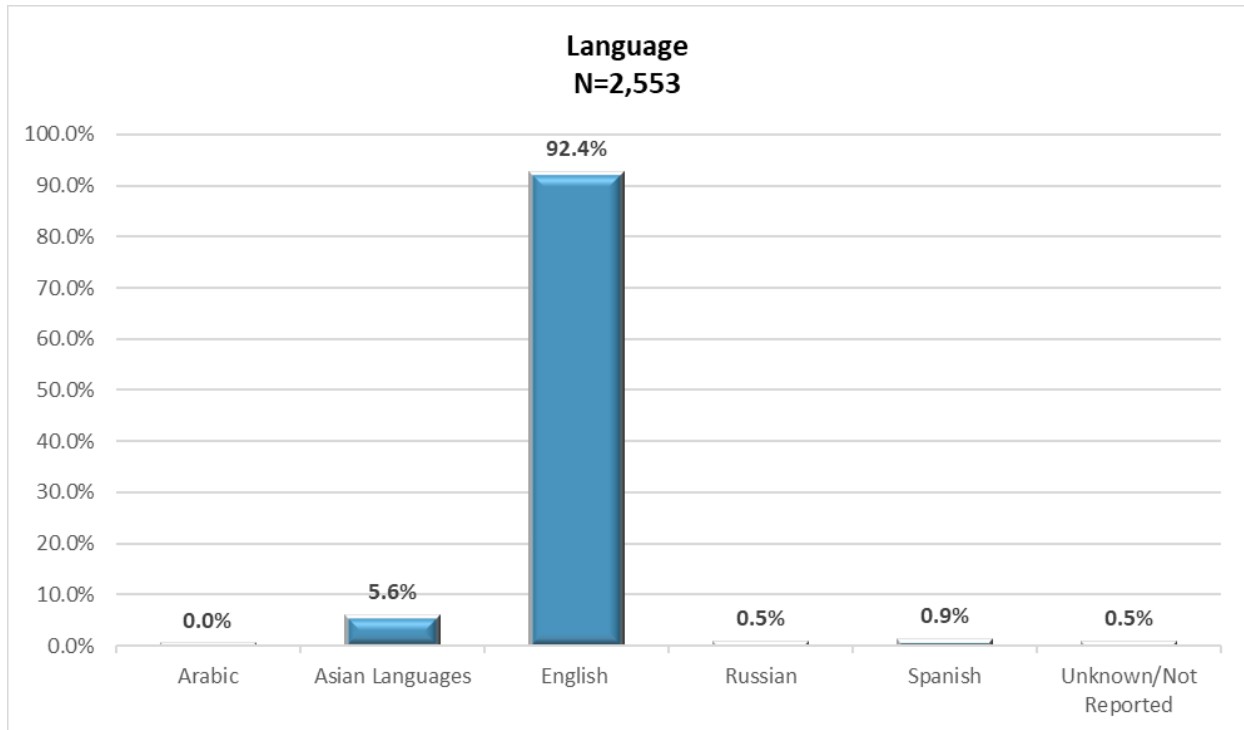
Ethnicity – Just over 16% (16.5%) of partners served in the FSPs identified as Hispanic/Latinx. This percentage of FSP partners is lower than the percentage of Medi-Cal beneficiaries and could indicate that further outreach efforts are needed to increase enrollment.



Race –37.8% of the partners served in the FSPs were Caucasian, followed by African American at 29.8%. This could indicate that further outreach efforts are needed to reach other vulnerable groups and advance behavioral health equity for all community members.



Primary Language – The majority (92.4%) of partners identified English as their primary language. Although many of our clients are English speakers, interpreters are still offered for clients who speak languages other than English to ensure equity in providing mental health services. The low number of partners identifying a language other than English as their primary language could also suggest that further outreach efforts are needed to reach underserved community members.



Community Services and Supports – General System Development (GSD)

There was a total of 21,337 clients served in GSD programs in FY 21/22. This is a slight decrease of 1,228 clients from the previous year.

Data in the charts on the following pages reflect that for many of the programs, “unknown/not reported” continues to be entered in the electronic health record for “race”, “ethnicity”, “sexual orientation” and “gender identity.” This suggests that further training may be needed to equip staff with the skills and knowledge to be able to elicit this information from the client. BHS focused on providing cultural humility training and training focused on Sexual Orientation, Gender Identity and Expression (SOGIE) affirming behavioral health care in FY 2022-23 as part of the annual cultural competence training requirement. We will continue to monitor the reporting of SOGIE data since the training has concluded. We plan to offer office hours for staff to meet with the instructor of the SOGIE affirming behavioral health care training.

Total Number Served in General System Development Programs – FY 2021-22																												
	APSS		TCORE		Regional Support Teams		Guest House		Wellness and Recovery Center		Peer Partners		Consumer and Family Voice - SAFE		Crisis Residential Program-Adults (CRP 1)		Crisis Residential Program-Adults (CRP 2)		Crisis Residential Program-Adults (CRP 3)		Crisis Residential Program-TAY (CRP 4)		Flexible Integrated Treatment (FIT)		Consultation, Support and Engagement Teams (CSET)		Total	
Characteristic	N=491	%	N=1,019	%	N=6,781	%	N=461	%	N=1,807	%	N=181	%	N=164	%	N=172	%	N=102	%	N=131	%	N=94	%	N=7,859	%	N=85	%	N=19,347	%
Age																												
0 to 15	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	83	51.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5,900	75.1%	21	24.7%	6,006	31.0%
16 to 25	9	1.8%	51	5.0%	741	10.9%	16	3.5%	71	3.9%	9	5.0%	61	37.2%	13	7.6%	3	4.9%	10	7.6%	81	86.2%	1,959	24.9%	63	74.1%	3,089	16.0%
26 to 59	329	67.0%	823	80.8%	4,938	72.8%	398	86.3%	1,374	76.0%	143	79.0%	0	0.0%	154	89.5%	93	93.1%	119	90.8%	13	13.8%	0	0.0%	0	0.0%	8,386	43.3%
60 and Over	153	31.2%	145	14.2%	1,101	16.2%	47	10.2%	361	20.0%	29	16.0%	0	0.0%	5	2.9%	2	2.0%	2	1.5%	0	0.0%	0	0.0%	0	0.0%	1,845	9.5%
Unknown/Not Reported	0	0.0%	0	0.0%	1	0.0%	0	0.0%	1	0.1%	0	0.0%	18	11.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.2%	21	0.1%
Gender																												
Female	338	68.8%	447	43.9%	3,952	58.3%	205	44.5%	993	55.0%	107	59.1%	78	47.6%	65	37.8%	41	40.2%	51	38.9%	47	50.0%	4,308	54.8%	80	94.1%	10,712	55.4%
Male	153	31.2%	572	56.1%	2,829	41.7%	256	55.5%	810	44.8%	74	40.9%	68	41.5%	107	62.2%	61	59.8%	80	61.1%	47	50.0%	3,551	45.2%	4	4.7%	8,612	44.5%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	0.2%	0	0.0%	18	11.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.2%	23	0.1%
Ethnicity																												
Non-Hispanic	57	11.6%	171	16.8%	4,842	71.4%	341	74.0%	343	19.0%	130	71.8%	70	42.7%	32	18.6%	22	21.6%	20	15.3%	25	26.6%	2,879	36.6%	19	22.4%	8,951	46.3%
Hispanic	369	75.2%	773	75.9%	1,252	18.5%	86	18.7%	1,270	70.3%	33	18.2%	69	42.1%	117	68.0%	74	72.5%	96	73.3%	52	55.3%	3,738	47.6%	47	55.3%	7,976	41.2%
Unknown/Not Reported	65	13.2%	75	7.4%	687	10.1%	34	7.4%	194	10.7%	18	9.9%	25	15.2%	23	13.4%	6	5.9%	15	11.5%	17	18.1%	1,242	15.8%	19	22.4%	2,420	12.5%
Race																												
White	171	34.8%	460	45.1%	2,624	38.7%	192	41.6%	687	38.0%	74	40.9%	31	18.9%	76	44.2%	39	38.2%	65	49.6%	39	41.5%	2,213	28.2%	22	25.9%	6,693	34.6%
Black	58	11.8%	273	26.8%	1,606	23.7%	189	41.0%	493	27.3%	34	18.8%	27	16.5%	41	23.8%	30	29.4%	31	23.7%	26	27.7%	1,624	20.7%	35	41.2%	4,467	23.1%
Asian/Pacific Islander	118	24.0%	71	7.0%	715	10.5%	18	3.9%	132	7.3%	12	6.6%	7	4.3%	5	2.9%	7	6.9%	4	3.1%	5	5.3%	373	4.7%	2	2.4%	1,469	7.6%
Am Indian/Alaskan Native	6	1.2%	14	1.4%	104	1.5%	8	1.7%	58	3.2%	1	0.6%	1	0.6%	3	1.7%	2	2.0%	3	3.8%	3	3.2%	73	0.9%	3	3.5%	281	1.5%
Multi-Race	14	2.9%	44	4.3%	343	5.1%	13	2.8%	83	4.6%	11	6.1%	21	12.8%	15	8.7%	10	9.8%	10	7.6%	3	3.2%	780	9.9%	8	9.4%	1,355	7.0%
Other	70	14.3%	105	10.3%	954	14.1%	28	6.1%	191	10.6%	32	17.7%	50	30.5%	16	9.3%	10	9.8%	11	8.4%	14	14.9%	1,917	24.4%	6	7.1%	3,404	17.6%
Unknown/Not Reported	54	11.0%	52	5.1%	435	6.4%	13	2.8%	163	9.0%	17	9.4%	27	16.5%	16	9.3%	4	3.9%	5	3.8%	4	4.3%	879	11.2%	9	10.6%	1,678	8.7%
Primary Language																												
English	313	63.7%	954	93.6%	6,019	88.8%	458	99.3%	1,688	93.4%	157	86.7%	119	72.6%	164	95.3%	99	97.1%	128	97.7%	91	96.8%	6,888	87.6%	77	90.6%	17,155	88.7%
Spanish	20	4.1%	15	1.5%	183	2.7%	2	0.4%	33	1.8%	11	6.1%	26	15.9%	1	0.6%	1	1.0%	1	0.8%	1	1.1%	844	10.7%	1	1.2%	1,139	5.9%
Other	151	30.8%	39	3.8%	526	7.8%	1	0.2%	56	3.1%	12	6.6%	0	0.0%	2	1.2%	1	1.0%	0	0.0%	2	2.1%	100	1.3%	0	0.0%	890	4.6%
Unknown/Not Reported	7	1.4%	11	1.1%	53	0.8%	0	0.0%	30	1.7%	1	0.6%	19	11.6%	5	2.9%	1	1.0%	2	1.5%	0	0.0%	27	0.3%	7	8.2%	163	0.8%

General System Development (GSD) Respite Programs - FY 2021-22 Cont.								
Characteristic	Mental Health Respite Program for Women & Children		Mental Health Crisis Respite Center		Abiding Hope Respite House		Total	
	N=60	%	N=1,839	%	N=91	%	N=1,990	%
Sexual Orientation*								
Gay or Lesbian	1	1.7%	94	5.0%	2	2.2%	97	4.8%
Heterosexual or Straight	52	86.7%	1013	53.9%	76	83.5%	1,141	56.2%
Bisexual	4	6.7%	153	8.1%	6	6.6%	163	8.0%
Questioning or unsure	0	0.0%	12	0.6%	0	0.0%	12	0.6%
Queer	0	0.0%	13	0.7%	0	0.0%	13	0.6%
Another sexual orientation	0	0.0%	190	10.1%	4	4.4%	194	9.6%
Unknown/Not Reported	3	5.0%	404	21.5%	3	3.3%	410	20.2%
Current Gender Identity*								
Male	0	0.0%	895	47.9%	57	62.6%	952	47.1%
Female	57	95.0%	726	38.8%	30	33.0%	813	40.2%
Transgender	0	0.0%	26	1.4%	4	4.4%	30	1.5%
Genderqueer	0	0.0%	19	1.0%	0	0.0%	19	0.9%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another gender identity	0	0.0%	31	1.7%	0	0.0%	31	1.5%
Unknown/Not Reported	3	5.0%	173	9.3%	0	0.0%	176	8.7%
Veteran Status								
Yes	0	0.0%	77	4.2%	3	3.3%	80	4.0%
No	60	100.0%	1762	95.8%	88	96.7%	1,910	96.0%
Decline to answer	0	0.0%	0	0.0%	0	0.0%	0	0.0%

*Totals are higher than other categories as clients select multiple categories

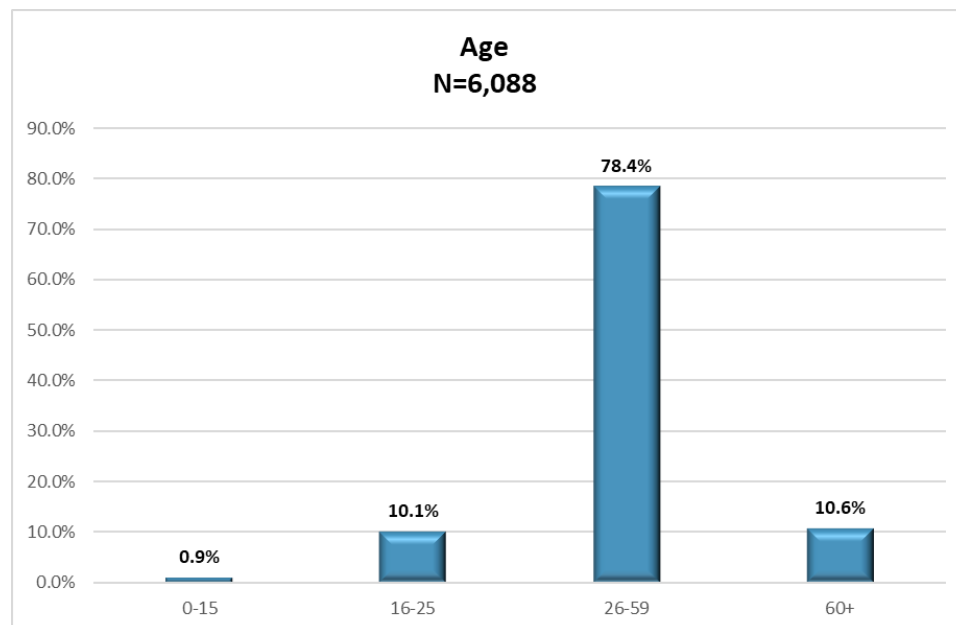
General System Development (GSD) Respite Programs - FY 2021-22								
Characteristic	Mental Health Respite Program for Women & Children		Mental Health Crisis Respite Center		Abiding Hope Respite House		Total	
	N=60	%	N=1,839	%	N=91	%	N=1,990	%
Age Group								
Children/Youth (0-15)	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TAY (16-25)	9	15.0%	189	10.3%	6	6.6%	204	10.3%
Adults (26-59)	44	73.3%	1404	76.3%	81	89.0%	1,529	76.8%
Older Adults (60+)	0	0.0%	138	7.5%	4	4.4%	142	7.1%
Unknown/Not Reported	7	11.7%	108	5.9%	0	0.0%	115	5.8%
Ethnicity								
Hispanic or Latino	12	20.0%	285	15.5%	23	25.3%	320	16.1%
Non-Hispanic/Non-Latino	37	61.7%	704	38.3%	61	67.0%	802	40.3%
Unknown/Not Reported	11	18.3%	850	46.2%	7	7.7%	868	43.6%
Race								
American Indian or Alaska Native	1	1.7%	49	2.7%	1	1.1%	51	2.6%
Asian	1	1.7%	37	2.0%	3	3.3%	41	2.1%
Black or African American	19	31.7%	503	27.4%	20	22.0%	542	27.2%
Native Hawaiian/Pacific Islander	0	0.0%	11	0.6%	0	0.0%	11	0.6%
Multi-Racial	4	6.7%	237	12.9%	11	12.1%	252	12.7%
White	22	36.7%	622	33.8%	36	39.6%	680	34.2%
Other	8	13.3%	139	7.6%	13	14.3%	160	8.0%
Unknown/Not Reported	5	8.3%	241	13.1%	7	7.7%	253	12.7%
Primary Language								
Arabic	0	0.0%	6	0.3%	0	0.0%	6	0.3%
Cantonese	0	0.0%	1	0.1%	0	0.0%	1	0.1%
English	58	96.7%	1647	89.6%	89	97.8%	1,794	90.2%
Hmong	0	0.0%	2	0.1%	0	0.0%	2	0.1%
Other	0	0.0%	24	1.3%	0	0.0%	24	1.2%
Russian	0	0.0%	1	0.1%	0	0.0%	1	0.1%
Spanish	0	0.0%	15	0.8%	0	0.0%	15	0.8%
Vietnamese	0	0.0%	1	0.1%	0	0.0%	1	0.1%
Unknown/Not Reported	2	3.3%	142	7.7%	2	2.2%	146	7.3%

Substance Use Prevention and Treatment (SUPT)

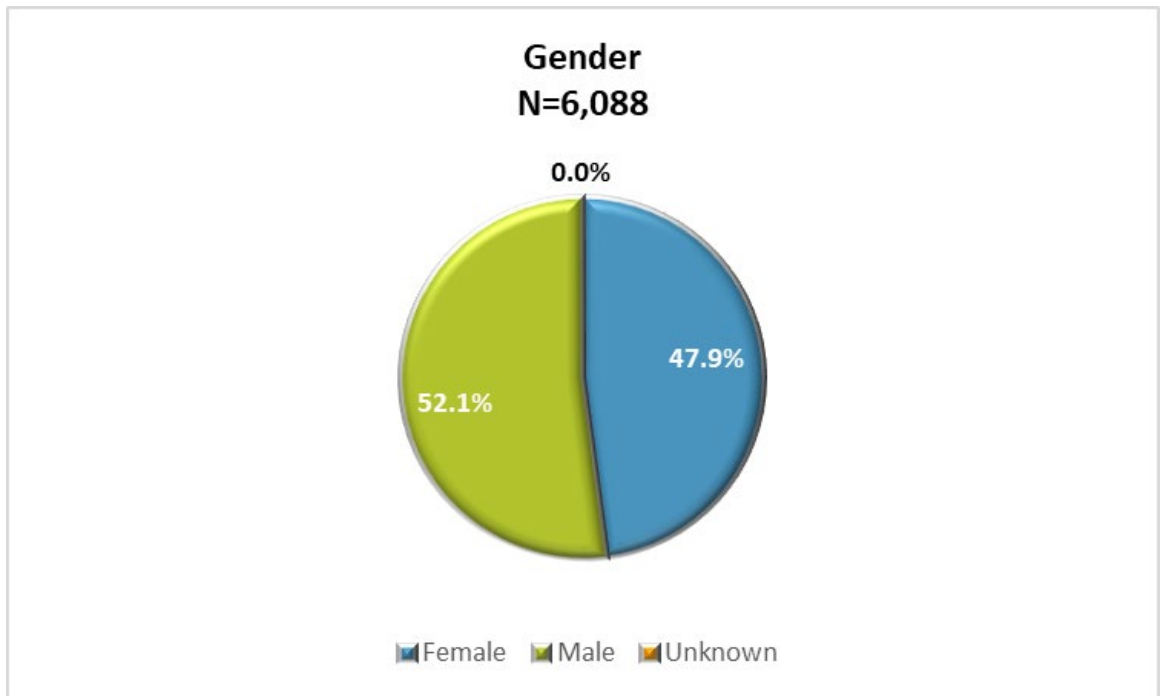
The SUPT system of BHS serves Drug Medi-Cal clients in a variety of settings, including residential, withdrawal management, medication assisted treatment (MAT), outpatient and intensive outpatient.

There was a total of 6088 unduplicated Medi-Cal beneficiaries served in SUPT programs in FY 21/22

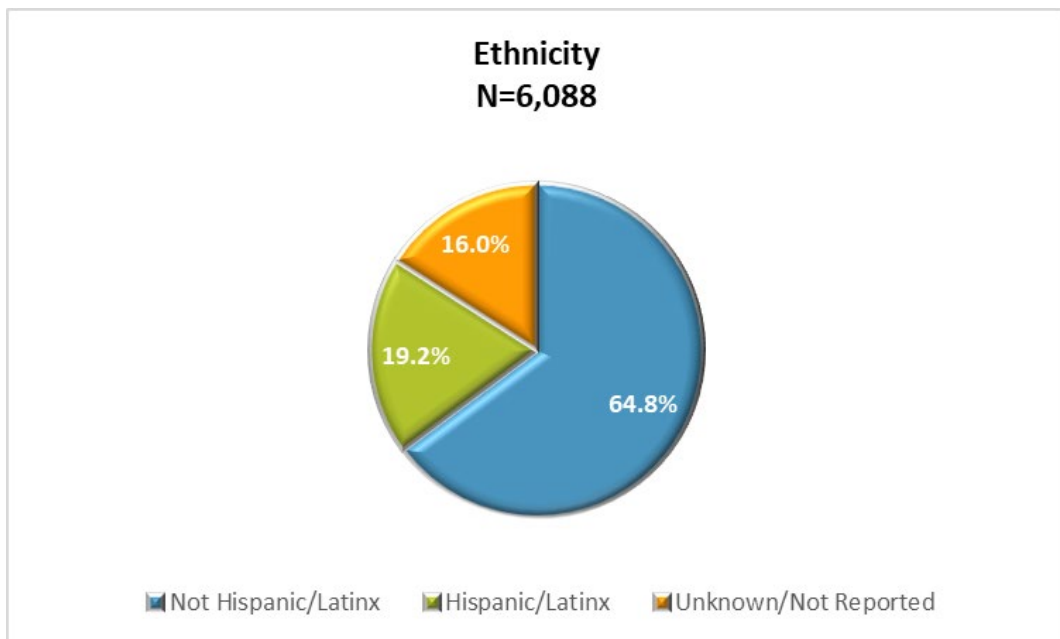
Age – The majority of beneficiaries served in SUPT are between the ages of 26 and 59, representing over 78% of the population served. Clients ages 0 to 25 represent only about 11% of clients served, which could indicate that a greater effort is needed to reach out to younger age groups about available SUPT services in the county.



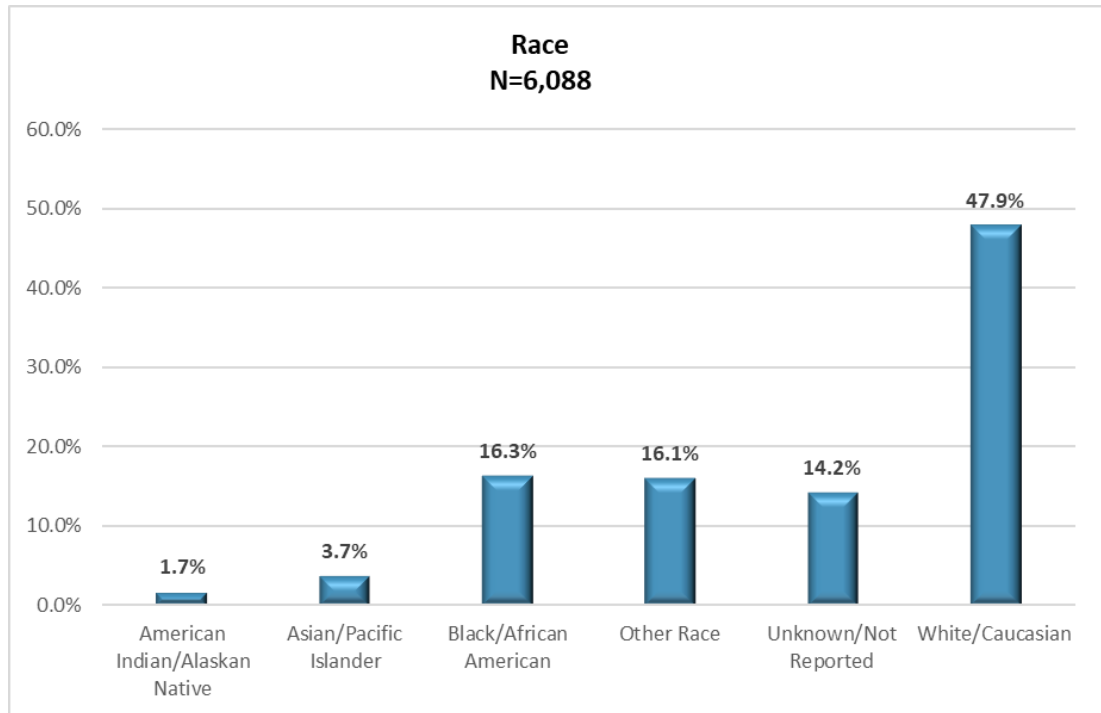
Gender – A slightly higher percentage of males are served than females, at 52.1%.



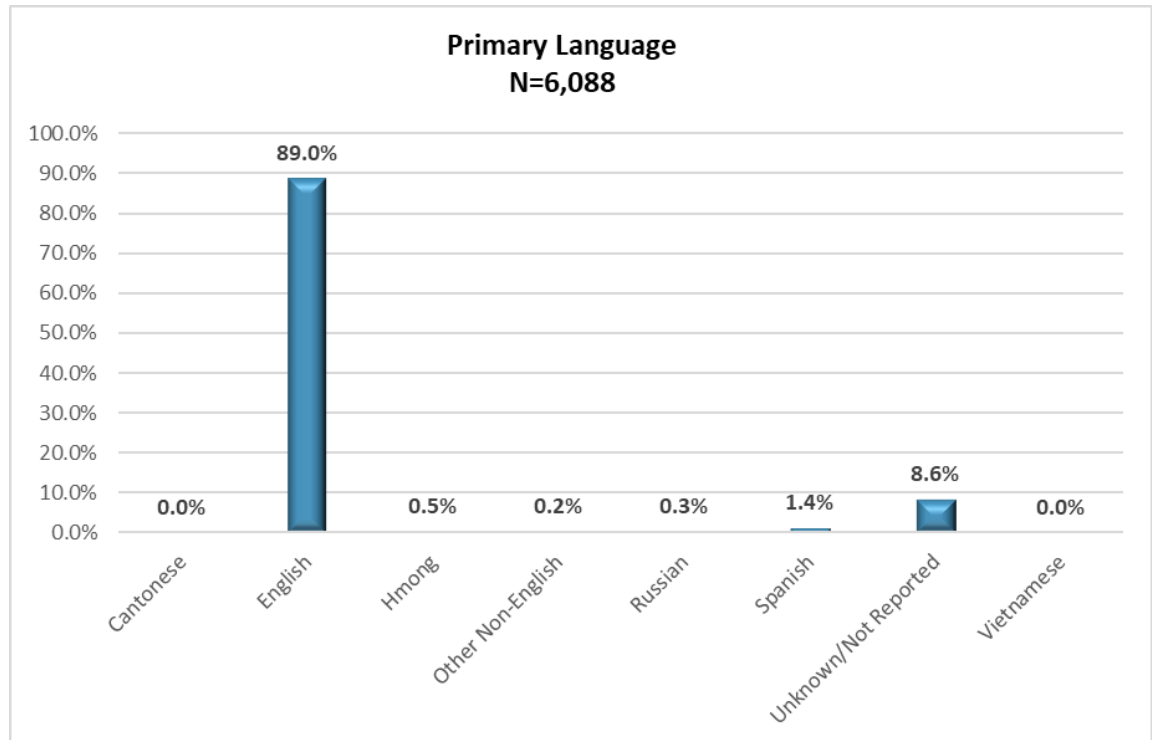
Ethnicity – Just over 19% (19.2%) of SUPT clients identified as Hispanic/Latinx.



Race— Of the beneficiaries reported, just over 47.9% reported Caucasian, followed by Black/African American at 16.3% and Other Race at just over 16.1%. Unknown/not reported accounted for 22% served. This could indicate that further outreach efforts are needed to reach other underserved groups and advance behavioral health equity for all community members.



Primary Language – The majority (89.0%) of beneficiaries served in SUPT reported English as their primary language. Although many of our clients are English speakers, interpreters are still offered for clients who speak languages other than English to ensure equity in providing SUPT services. The low number of clients identifying a language other than English as their primary language could also suggest that further outreach efforts are needed to reach underserved community members.



V. Prevention and Early Intervention (PEI) Plan: The process used to identify the PEI priority populations

The county shall include the following in the CCPR Modification (2010):

- A. Describe which PEI priority population(s) the county identified in their PEI plan and describe the process and rationale used by the county in selecting them. PEI Plan sections should be used to respond to priority populations identified by the county.

Prevention and Early Intervention (PEI)

During FY 21/22, there were a total of 68,039 individuals served in select PEI programs and 345,142 adults, children, parents/caregivers and education staff in universal prevention (Supporting Community Connections outreach and information/referral, Respite outreach, Bullying Prevention) and over 38,491,775 impressions in Mental Health Promotion (print ads, social media, radio, speakers' bureau, Mental Health Matters)

There are four (4) PEI programs each comprised of several activities. The PEI programs include: Integrated Health and Wellness, Strengthening Families, Suicide Prevention, and Mental Health Promotion. The activities in each program serve different communities or age ranges; therefore, demographics vary greatly depending on the activity. For example, within the Integrated Health and Wellness Program, the Senior Link activity serves older adults, while eVIBE serves school age children and their families. Supporting Community Connections serves many different underserved populations, including Arabic speaking, Asian/Pacific Islander, Iu Mien, African-American, Latinx, Native American, Russian/Ukrainian, transition-age youth, older adults, and consumers. Because of the uniqueness of the programs and activities, comparisons cannot be made in relation to the overall MHP.

As noted in the FY 2021-22 MHSA Annual Update, the PEI program categories were updated. These changes will be reflected in future Cultural Competence Plan Updates.

Mental Health Promotion Program: "Mental Illness: It's not always what you think" project and speakers bureau has a large reach and targets messaging to multiple diverse communities in the Sacramento Region. Please see samples of messaging below. For a

complete selection of diverse messaging, click on the following link:

<https://www.stopstigmatasacramento.org/about/collateral/>



Messaging is conducted across multiple mediums and advertising placements, including TV, radio, online, and outdoor. For more examples, please see the [MHSA FY 2022-23 Annual Update](#).

In addition to printed messaging, MHSA has funded a number of diverse public service announcements that are in-language and are specific to each of the project's communities of focus.

The Project's YouTube channel contains several Public Service Announcements and other videos available for viewing:

<https://www.youtube.com/@StopStigmaSacramento/videos>

Prevention and Early Intervention (PEI) – Respite Programs

PEI Suicide Prevention - Respite activities were added in FY 2015-16. The goal of the respite programs is to provide a safe environment for participants to increase their knowledge of available supports and how to access them, improve well-being, reduce stress, increase connectedness, reduce feelings of isolation and decrease risk of harm.

There was a total of 2,155 individuals served in PEI Suicide Prevention Respite activities in FY 21. Respite activities demographics also vary greatly, as some activities serve specific groups. Example, Caregiver Crisis Respite serves caregivers, while the Sacramento LGBT Community Center's Lambda Lounge serves adults in the LGBTQ community. Because of the uniqueness of these activities, comparisons cannot be made in relation to the overall MHP.

INTEGRATED HEALTH AND WELLNESS - FY 2021-22								
	SacEDAPT		Senior Link		Community Responsive Wellness Program (CRWP)		Total	
Characteristic	N=137	%	N=174	%	N=577	%	N=888	%
Age Group								
Children/Youth (0-15)	32	23.4%	0	0.0%	105	18.2%	137	15.4%
TAY (16-25)	97	70.8%	0	0.0%	155	26.9%	252	28.4%
Adults (26-59)	8	5.8%	17	9.8%	85	14.7%	110	12.4%
Older Adults (60+)	0	0.0%	126	72.4%	25	4.3%	151	17.0%
Unknown/Not Reported	0	0.0%	31	17.8%	207	35.9%	238	26.8%
Ethnicity								
Hispanic or Latino	42	30.7%	26	14.9%	19	3.3%	87	9.8%
Non-Hispanic/Non-Latino	71	51.8%	105	60.3%	308	53.4%	484	54.5%
Other	12	8.8%	0	0.0%	0	0.0%	12	1.4%
More than one ethnicity	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	12	8.8%	43	24.7%	250	43.3%	305	34.3%
Race								
White	31	22.6%	65	37.4%	13	2.3%	109	12.3%
Black or African American	38	27.7%	33	19.0%	318	55.1%	389	43.8%
Asian	11	8.0%	4	2.3%	2	0.3%	17	1.9%
American Indian or Alaska Native	4	2.9%	3	1.7%	2	0.3%	9	1.0%
Native Hawaiian or other Pacific Islander	0	0.0%	2	1.1%	5	0.9%	7	0.8%
More than one race	23	16.8%	1	0.6%	0	0.0%	24	2.7%
Other	24	17.5%	22	12.6%	20	3.5%	66	7.4%
Unknown/Not Reported	6	4.4%	44	25.3%	217	37.6%	267	30.1%
Primary Language								
English	123	89.8%	126	72.4%	361	62.6%	610	68.7%
Spanish	9	6.6%	15	8.6%	6	1.0%	30	3.4%
Vietnamese	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cantonese	2	1.5%	0	0.0%	0	0.0%	2	0.2%
Russian	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Hmong	0	0.0%	2	1.1%	0	0.0%	2	0.2%
Arabic	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	3	2.2%	0	0.0%	0	0.0%	3	0.3%
Unknown/Not Reported	0	0.0%	31	17.8%	210	36.4%	241	27.1%
Sexual Orientation								
Heterosexual or Straight	30	21.9%	120	69.0%	2	0.3%	152	17.1%
Gay or Lesbian	0	0.0%	4	2.3%	195	33.8%	199	22.4%
Bisexual	6	4.4%	0	0.0%	2	0.3%	8	0.9%
Questioning or unsure	0	0.0%	2	1.1%	0	0.0%	2	0.2%
Queer	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another sexual orientation	1	0.7%	0	0.0%	135	23.4%	136	15.3%
Unknown/Not Reported	100	73.0%	48	27.6%	243	42.1%	391	44.0%
Current Gender Identity								
Female	55	40.1%	118	67.8%	235	40.7%	408	45.9%
Male	80	58.4%	25	14.4%	133	23.1%	238	26.8%
Transgender	1	0.7%	0	0.0%	1	0.2%	2	0.2%
Genderqueer	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another gender identity	1	0.7%	0	0.0%	0	0.0%	1	0.1%
Unknown/Not Reported	0	0.0%	31	17.8%	208	36.0%	239	26.9%
Veteran Status								
Yes	0	0.0%	6	3.4%	4	0.7%	10	1.1%
No	0	0.0%	0	0.0%	354	61.4%	354	39.9%
Unknown/Not Reported	137	100.0%	168	96.6%	219	38.0%	524	59.0%

STRENGTHENING FAMILIES - FY 2021-22														
	QCCC		CPS Mental Health Teams		eVIBE		Adoptive Families Respite		The Source		Safe Zone Squad		Total	
Characteristic	N=61	%	N=648	%	N=1,629	%	N=416	%	N=115	%	N=651	%	N=3,520	%
Age Group														
Children/Youth (0-15)	26	42.6%	539	83.2%	1486	91.2%	213	51.2%	76	66.1%	651	100.0%	2,991	85.0%
TAY (16-25)	10	16.4%	45	6.9%	34	2.1%	16	3.8%	38	33.0%	0	0.0%	143	4.1%
Adults (26-59)	17	27.9%	61	9.4%	51	3.1%	161	38.7%	0	0.0%	0	0.0%	290	8.2%
Older Adults (60+)	5	8.2%	1	0.2%	5	0.3%	14	3.4%	0	0.0%	0	0.0%	25	0.7%
Unknown/Not Reported	3	4.9%	2	0.3%	53	3.3%	12	2.9%	1	0.9%	0	0.0%	71	2.0%
Ethnicity														
Hispanic or Latino	8	13.1%	94	14.5%	629	38.6%	71	17.1%	36	31.3%	246	37.8%	1,084	30.8%
Non-Hispanic/Non-Latino	34	55.7%	157	24.2%	665	40.8%	342	82.2%	44	38.3%	0	0.0%	1,242	35.3%
Other	0	0.0%	17	2.6%	0	0.0%	0	0.0%	9	7.8%	0	0.0%	26	0.7%
More than one ethnicity	7	11.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7	0.2%
Unknown/Not Reported	12	19.7%	380	58.6%	335	20.6%	3	0.7%	26	22.6%	405	62.2%	1,161	33.0%
Race														
White	31	50.8%	117	18.1%	255	15.7%	249	59.9%	21	18.3%	104	16.0%	777	22.1%
Black or African American	12	19.7%	172	26.5%	152	9.3%	71	17.1%	31	27.0%	195	30.0%	633	18.0%
Asian	6	9.8%	13	2.0%	266	16.3%	0	0.0%	6	5.2%	74	11.4%	365	10.4%
American Indian or Alaska Native	0	0.0%	8	1.2%	5	0.3%	6	1.4%	1	0.9%	19	2.9%	39	1.1%
Native Hawaiian or other Pacific Islander	0	0.0%	11	1.7%	20	1.2%	0	0.0%	4	3.5%	13	2.0%	48	1.4%
More than one race	5	8.2%	41	6.3%	319	19.6%	42	10.1%	17	14.8%	0	0.0%	424	12.0%
Other	2	3.3%	34	5.2%	433	26.6%	22	5.3%	15	13.0%	246	37.8%	752	21.4%
Unknown/Not Reported	5	8.2%	252	38.9%	179	11.0%	26	6.3%	20	17.4%	0	0.0%	482	13.7%
Primary Language														
English	52	85.2%	451	69.6%	1206	74.0%	413	99.3%	111	96.5%	0	0.0%	2,233	63.4%
Spanish	1	1.6%	9	1.4%	124	7.6%	0	0.0%	3	2.6%	0	0.0%	137	3.9%
Vietnamese	0	0.0%	1	0.2%	8	0.5%	0	0.0%	0	0.0%	0	0.0%	9	0.3%
Cantonese	0	0.0%	0	0.0%	18	1.1%	0	0.0%	0	0.0%	0	0.0%	18	0.5%
Russian	0	0.0%	0	0.0%	8	0.5%	0	0.0%	1	0.9%	0	0.0%	9	0.3%
Hmong	3	4.9%	0	0.0%	12	0.7%	0	0.0%	0	0.0%	0	0.0%	15	0.4%
Arabic	0	0.0%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Other	4	6.6%	5	0.8%	17	1.0%	0	0.0%	0	0.0%	0	0.0%	26	0.7%
Unknown/Not Reported	1	1.6%	182	28.1%	235	14.4%	3	0.7%	0	0.0%	651	100.0%	1,072	30.5%
Sexual Orientation														
Heterosexual or Straight	24	39.3%	70	10.8%	39	2.4%	312	75.0%	30	26.1%	0	0.0%	475	13.5%
Gay or Lesbian	0	0.0%	3	0.5%	5	0.3%	23	5.5%	2	1.7%	0	0.0%	33	0.9%
Bisexual	3	4.9%	5	0.8%	1	0.1%	14	3.4%	3	2.6%	0	0.0%	26	0.7%
Questioning or unsure	0	0.0%	13	2.0%	0	0.0%	20	4.8%	4	3.5%	0	0.0%	37	1.1%
Queer	1	1.6%	0	0.0%	0	0.0%	3	0.7%	0	0.0%	0	0.0%	4	0.1%
Another sexual orientation	0	0.0%	0	0.0%	0	0.0%	20	4.8%	0	0.0%	0	0.0%	20	0.6%
Unknown/Not Reported	33	54.1%	557	86.0%	1584	97.2%	24	5.8%	76	66.1%	651	100.0%	2,925	83.1%
Current Gender Identity														
Female	37	60.7%	46	7.1%	799	49.0%	207	49.8%	66	57.4%	0	0.0%	1,155	32.8%
Male	22	36.1%	25	3.9%	806	49.5%	192	46.2%	48	41.7%	0	0.0%	1,093	31.1%
Transgender	0	0.0%	0	0.0%	0	0.0%	5	1.2%	1	0.9%	0	0.0%	6	0.2%
Genderqueer	1	1.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another gender identity	0	0.0%	0	0.0%	7	0.4%	8	1.9%	0	0.0%	0	0.0%	15	0.4%
Unknown/Not Reported	1	1.6%	577	89.0%	17	1.0%	4	1.0%	0	0.0%	651	100.0%	1,250	35.5%
Veteran Status														
Yes	0	0.0%	0	0.0%	N/R	N/R	2	0.5%	0	0.0%	0	0.0%	2	0.1%
No	61	100.0%	292	45.1%	N/R	N/R	412	99.0%	0	0.0%	0	0.0%	765	21.7%
Unknown/Not Reported	0	0.0%	356	54.9%	1629	100.0%	2	0.5%	115	100.0%	651	100.0%	2,753	78.2%

Prevention and Early Intervention (PEI) Respite Programs - FY 2021-22														
Characteristic	Caregiver Crisis Intervention		Rejuvenation Haven		Ripple Effect		Danelle's Place		Q-Spot		Lambda Lounge		Total	
	N=173	%	N=552	%	N=257	%	N=73	%	N=479	%	N=621	%	N=2,155	%
Age Group														
Children/Youth (0-15)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	54	11.3%	2	0.3%	56	2.6%
TAY (16-25)	1	0.6%	188	34.1%	7	2.7%	23	31.5%	130	27.1%	22	3.5%	371	17.2%
Adults (26-59)	54	31.2%	0	0.0%	147	57.2%	27	37.0%	3	0.6%	220	35.4%	451	20.9%
Older Adults (60+)	118	68.2%	0	0.0%	17	6.6%	0	0.0%	0	0.0%	74	11.9%	209	9.7%
Unknown/Not Reported	0	0.0%	364	65.9%	86	33.5%	23	31.5%	292	61.0%	303	48.8%	1,068	49.6%
Ethnicity														
Hispanic or Latino	23	13.3%	26	4.7%	24	9.3%	16	21.9%	45	9.4%	36	5.8%	170	7.9%
Non-Hispanic/Non-Latino	149	86.1%	163	29.5%	159	61.9%	37	50.7%	149	31.1%	402	64.7%	1,059	49.1%
Unknown/Not Reported	1	0.6%	363	65.8%	74	28.8%	20	27.4%	285	59.5%	183	29.5%	926	43.0%
Race *														
American Indian or Alaska Native	0	0.0%	6	1.1%	9	3.2%	3	3.6%	11	2.2%	3	0.5%	32	1.5%
Asian	3	1.7%	2	0.4%	1	0.4%	0	0.0%	6	1.2%	4	0.6%	16	0.7%
Asian Indian	0	0.0%	0	0.0%	1	0.4%	4	4.8%	4	0.8%	5	0.8%	14	0.6%
Black or African American	14	8.1%	83	14.9%	72	26.0%	7	8.3%	26	5.1%	40	6.4%	242	11.2%
Mexican	0	0.0%	9	1.6%	6	2.2%	6	7.1%	3	0.6%	0	0.0%	24	1.1%
Native Hawaiian/Pacific Islander	4	2.3%	7	1.3%	8	2.9%	3	3.6%	23	4.5%	1	0.2%	46	2.1%
White	140	80.9%	43	7.7%	92	33.2%	28	33.3%	118	23.2%	141	22.6%	562	25.9%
Other	11	6.4%	50	9.0%	11	4.0%	4	4.8%	26	5.1%	91	14.6%	193	8.9%
Unknown/Not Reported	1	0.6%	358	64.2%	77	27.8%	29	34.5%	292	57.4%	339	54.3%	1,096	50.6%
Primary Language														
English	172	99.4%	200	36.2%	184	71.6%	51	69.9%	190	39.7%	401	64.6%	1,198	55.6%
Spanish	0	0.0%	1	0.2%	0	0.0%	1	1.4%	6	1.3%	1	0.2%	9	0.4%
Vietnamese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cantonese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Russian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Hmong	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Arabic	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	1	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	2	0.1%
Unknown/Not Reported	0	0.0%	351	63.6%	73	28.4%	21	28.8%	283	59.1%	218	35.1%	946	43.9%

*Note: The race total percentages are greater than 100%, and the Ns greater than the unduplicated number of clients, because clients can select multiple races.

Prevention and Early Intervention (PEI) Respite Programs FY 2021-22 Cont.														
Characteristic	Caregiver Crisis Intervention		Rejuvenation Haven		Ripple Effect		Danelle's Place		Q-Spot		Lambda Lounge		Total	
	N=173	%	N=552	%	N=257	%	N=73	%	N=479	%	N=621	%	N=2155	%
Sexual Orientation														
Gay or Lesbian	2	1.2%	9	1.6%	5	1.9%	8	11.0%	39	8.1%	99	15.9%	162	7.5%
Heterosexual or Straight	170	98.3%	139	25.2%	157	61.1%	7	9.6%	17	3.5%	47	7.6%	537	24.9%
Bisexual	1	0.6%	26	4.7%	2	0.8%	11	15.1%	55	11.5%	6	1.0%	101	4.7%
Questioning or unsure	0	0.0%	1	0.2%	0	0.0%	1	1.4%	17	3.5%	9	1.4%	28	1.3%
Queer	0	0.0%	1	0.2%	0	0.0%	12	16.4%	13	2.7%	35	5.6%	61	2.8%
Another sexual orientation	0	0.0%	19	3.4%	4	1.6%	10	13.7%	49	10.2%	18	2.9%	100	4.6%
Unknown/Not Reported	0	0.0%	357	64.7%	89	34.6%	24	32.9%	289	60.3%	407	65.5%	1,166	54.1%
Current Gender Identity														
Male	33	19.1%	111	20.1%	97	37.7%	14	19.2%	43	9.0%	95	15.3%	393	18.2%
Female	140	80.9%	79	14.3%	81	31.5%	8	11.0%	44	9.2%	92	14.8%	444	20.6%
Transgender	0	0.0%	2	0.4%	0	0.0%	6	8.2%	32	6.7%	42	6.8%	82	3.8%
Genderqueer	0	0.0%	0	0.0%	0	0.0%	2	2.7%	3	0.6%	4	0.6%	9	0.4%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	1	1.4%	5	1.0%	3	0.5%	9	0.4%
Another gender identity	0	0.0%	7	1.3%	0	0.0%	17	23.3%	60	12.5%	19	3.1%	103	4.8%
Unknown/Not Reported	0	0.0%	353	63.9%	79	30.7%	25	34.2%	292	61.0%	366	58.9%	1,115	51.7%
Veteran Status														
Yes	20	11.6%	1	0.2%	9	3.5%	1	1.4%	1	0.2%	9	1.4%	41	1.9%
No	153	88.4%	200	36.2%	176	68.5%	52	71.2%	196	40.9%	435	70.0%	1,212	56.2%
Decline to answer	0	0.0%	351	63.6%	72	28.0%	20	27.4%	282	58.9%	177	28.5%	902	41.9%

CRITERION 3

COUNTY MENTAL HEALTH SYSTEM

STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

Rationale: “Striking disparities in mental health care are found for racial and ethnic populations. Racial and ethnic populations have less access to and availability of mental health services, these communities are less likely to receive needed mental health services, and when they get treatment they often receive poorer quality of mental health care. Although they have similar mental health needs as other populations, they continue to experience significant disparities, if these disparities go unchecked they will continue to grow and their needs continue to be unmet...” (U.S. Department of Health and Human Services, Surgeon General Report, 2001).

Note: The purpose of this section is to use this CCPR Modification (2010) as a logic model by continuing the analyses from Criterion 2 and to correlate the county’s defined disparities with targeted activities to address them.

The county shall include the following in the CCPR Modification (2010):

- I. List the target populations with disparities your county identified in Medi-Cal and all MHSA components (CSS, WET, and PEI)**
 - A. Briefly describe the process and rationale the county used to identify and target the population(s) (with disparities) in its PEI population.
- II. Then list disparities in each of the populations (Medi-Cal, CSS, WET, and PEI).**
- III. Then list strategies for the Medi-Cal population as well as those strategies identified in the MHSA plans (CSS, WET, and PEI) for reducing those disparities described above.**
- IV. Then discuss how the county measures and monitors activities/strategies for reducing disparities.**
- V. Share what has been working well and lessons learned through the process of the county’s development and implementation of strategies that work to reduce disparities (within Medi-Cal, CSS, WET, and PEI).**

CRITERION 3

SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

The following section answers both I. and II. as underserved are part of our target population:

- I. **List the target populations with disparities your county identified in Medi-Cal and all MHSA components (CSS, WET, and PEI)**
 - A. Briefly describe the process and rationale the county used to identify and target the population(s) (with disparities) in its PEI population.
- II. **Then list disparities in each of the populations (Medi-Cal, CSS, WET, and PEI).**

Medi-Cal

Race - Sacramento County penetration rates for race/ethnicity range from 1.43% to 5.63%. Asian/Pacific Islander and Hispanic account for the lowest penetration rates at 1.43% (API) and 2.93% (Hispanic). On the other hand, Native Americans, Caucasians, and African Americans account for the highest penetration rates (5.63% Native American, 4.96% African American and 4.73% Caucasian). Asian/Pacific Islanders are under-represented in the MHP compared to their percentage of Medi-Cal beneficiaries (7.0% vs 12.6%). This is also seen in our penetration rates, as Sacramento County's mental health penetration rate for the API population is lower than the Large Counties and Statewide penetration rates. Sacramento County has lower penetration rates in all ethnic groups compared to large county and statewide penetration rates.

Age –The majority of the specialty mental health clients are adults, between the ages of 18 and 59 (58.6%), slightly higher than the general Medi-Cal population at 52.9%. Children ages 6 to 17 represent just under 30% and older adults represent 9.5% of the MHP. The data shows strong differences in percentages served between younger and older children. Children 0 to 5 make up 10.3% of the Medi-Cal population but only 2.4% of the MHP. Children and youth 6 to 17 comprise 29.6% of the MHP, while making up only 23.2% of the Medi-Cal population. Older adults are also under-represented in the MHP compared to the Medi-Cal population (9.5% vs. 13.6%). The percentage of Adults receiving SUPT services is over 33 percentage points higher than adults of the same age in the overall Medi-Cal population and almost 30 percentage points higher than the MHP, while youth of all ages make up a smaller percentage of those receiving SUPT services. Older adults receive SUPT services at a slightly higher rate than the MHP, but a lower percentage of the overall Medi-Cal population.

Gender – The majority of the mental health population served is female (53.60%), as with the general Medi-Cal eligible population (52.7%), whereas those receiving SUPT services are majority male (51.12.2%).

Community Services and Supports (CSS) – Full Service Partnerships (FSP)

Race – Caucasians and African Americans are over-represented in FSP programs compared to the general Medi-Cal population and the MHP population (Caucasian – 37.8% vs 29.6 % for MHP and 20.1% Medi-Cal; African American - 29.8% vs 23.3% for MHP and 12.8% for Medi-Cal). With that said, the majority (59.5%) of races served in FSPs are of a race other than Caucasian.

Age - There were no disparities identified in the FSP programs. Older adults are over-represented compared to the overall Medi-Cal beneficiaries in the MHP (13.6% vs. 9.5%). Older adults have traditionally been an underserved population, so this is indicative of a reduction in disparity. With older adults' higher level of needs, it makes sense that they are served in FSPs, especially in our older adult-specific program. – The FSPs served an array of age groups, but over half (56.0%) were adults ages 26 to 59. Transition Age Youth (TAY) were the next highest age group served at 23.0%. Clients ages 0 to 15 represented the lowest percentage of the population served (3.0%) since many of our FSP partners focus on the adult and TAY populations.

Gender – There are less females served in FSPs compared to the MHP and Medi-Cal beneficiary population (45.0% vs 53.0% for MHP and 52.7% for Medi-Cal), whereas those receiving SUPT services

are majority male (52.1%). The FSPs served a slightly higher percentage of males than females (55.0% vs 45.0%). This differs from the overall MHP where more females are served than males.

CSS – General System Development (GSD)

Gender – The majority of clients served in both the GSD programs and overall MHP are female, although slightly higher in the overall GSD (53.0% vs 55.4%).

Age – Adults ages 26 to 59 represent the highest percentage (43.3%) of those served in the GSD programs.

Race – The percentage of Caucasians served in GSD programs is higher than Caucasians served by the MHP overall and by the Medi-Cal beneficiary population (34.6% vs 29.6% and 20.5%). The percentage of African Americans (23.1% vs 23.3%) and Asian/Pacific Islander (7.6% vs 7.0%) served in GSD programs is virtually the same in the overall MHP.

Ethnicity – The percentage of those identifying as Hispanic served by GSD programs is much higher than the overall MHP and the Medi-Cal beneficiary population (41.5% vs 23.8% and 21.4%)

Primary Language - The majority (88.7%) of clients in the GSD programs identified their primary language as English. Primary language penetration rates were unable to be calculated due to the lack of available Medi-Cal data. However, we feel the inclusion of language data is important and will continue to explore ways to include language data in future plans.

PEI

Demographics vary greatly as each PEI program activities serves a defined group or age range. Example, Senior Link serves older adults, while eVIBE serves school age children. Supporting Community Connections (SCC) serves many different unserved and underserved populations, including Asian/Pacific Islander; Iu Mien; African-American; Latinx; Native American; Russian/Ukrainian; Arabic speaking; Transition-Age Youth (TAY); older adults; and consumers. Currently, BHS is expanding the SCC program to include Afghan and Farsi speaking communities. Because of the uniqueness of each PEI program, comparisons cannot be made in relation to the overall MHP or overall Medi-Cal population.

III. Then list strategies for the Medi-Cal population as well as those strategies identified in the MHSA plans (CSS, WET, and PEI) for reducing those disparities described above.

Our MHSA plans are integrated into our overall mental health system. MHSA funds are used to leverage other funding where feasible. The following table displays all relevant programs along with their implementation status, and demonstrates Sacramento County efforts to reach the unserved, underserved, and inappropriately served populations in the county.

Program Type	Program Name	Implementation Status
CSS – Full Service Partnerships	Pathways	Fully Implemented
	Sierra Elder Wellness Program	Fully Implemented
	Transcultural Wellness Center	Fully Implemented
	Sacramento Outreach Adult Recovery (SOAR)	Fully Implemented
	Integrated Services Agency	Fully Implemented
	New Directions	Fully Implemented
	Juvenile Justice Diversion and Treatment Program	Fully Implemented
	Transition Age Youth	Fully Implemented
	Sacramento Adults Recovering in a Strength-based Environment (ARISE)	Fully Implemented
	Family FSP	Fully Implemented
	Outpatient Assisted Services and Integration Support (OASIS)	Fully Implemented
CSS - General System Development	Adult Residential Treatment	Fully Implemented
	Augmented Board and Care	Fully Implemented
	Adult Psychiatric Support Services	Fully Implemented
	Peer Partners	Fully Implemented
	Consumer and Family Voice including SAFE Program	Fully Implemented
	Community Outreach Recovery Empowerment (CORE)	Fully Implemented

Program Type	Program Name	Implementation Status
CSS - General System Development	Mental Health Urgent Care	Fully Implemented
	Mental Health Crisis Respite Center	Fully Implemented
	Abiding Hope Respite House	Fully Implemented
	Crisis Residential Programs	4 Fully Implemented
	Consultation Support and Engagement Teams	Fully Implemented
	Flexible Integrated Treatment	Fully Implemented

Program Type	Program Name	Implementation Status
Suicide Prevention	Suicide Crisis Line	Fully Implemented
	ED Follow-up Postvention Services	Fully Implemented
	Suicide Bereavement Support Groups and Grief Services	Fully Implemented
	Consumer Operated Warmline	Fully Implemented
	Community/System Partner Training	Implemented and Completed
	Community Support Team	Fully Implemented
	Mobile Crisis Support Team	Fully Implemented
	Crisis Navigation Program	Fully Implemented
	Caregiver Crisis Intervention Respite Program	Fully Implemented
	Rejuvenation Haven	Fully Implemented
	The Ripple Effect Respite Program	Fully Implemented
	Q-Spot Youth/Transition Age Youth Respite Program	Fully Implemented
	Danelle's Place	Fully Implemented
	Lambda Lounge Adult Mental Health Respite Program	Fully Implemented
Timely Access	Supporting Community Connections	10 Fully Implemented
Strengthening Families	Quality Child Care Collaborative	Fully Implemented
	CPS/MH Team	Fully Implemented
	Bullying Prevention Education and Training Program	Fully Implemented
	Early Violence Begins with Education (eVIBE)	Fully Implemented
	Adoptive Families Respite Program	Fully Implemented
	Independent Living Skills for Teens and TAY	Implemented and completed
	Safe Zone Squad	Fully Implemented
	The Source	Fully Implemented
	Student Mental Health and Wellness	Fully Implemented

Program Type	Program Name	Implementation Status
Integrated Health and Wellness	Collaborative	
	SeniorLink	Fully Implemented
	Sacramento Early Diagnosis and Preventative Treatment	Fully Implemented
	Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis	In Development
	Screening, Assessment, Brief Treatment	Implemented and completed
	Peer Support and Treatment	Implemented and completed
	Community Responsive Wellness Program for the Black Communities of Sacramento	Fully Implemented
Mental Health Promotion Campaign	Multi-Media Campaign	Fully Implemented
	Speakers Bureau	Fully Implemented
	Community Education	Fully Implemented
	Outreach and Engagement	Fully Implemented
	Mental Health Matters	Fully Implemented
Training	System Training Continuum	Fully Implemented
	Consumer and Family Member Employment and Stipends for Individuals, Especially Consumers and Family Members, for Education Programs to Enter the Mental Health Field	Implemented
	High School Training	Fully Implemented
	Psychiatric Residents and Fellowships	Fully Implemented
	Multidiscipline Workforce Recruitment and Retention	Implemented
	Consumer Leadership Stipends	Implemented
	Strengths Model Care Management	Fully Implemented

Program Type	Program Name	Implementation Status
	ProACT	Fully Implemented
	Enhanced Illness Management and Recovery	In Development
	Dialectic Behavioral Therapy	In Development pending funding
	Motivational Interviewing	Activities Partially Implemented
	Feedback Informed Treatment	To Be Implemented in FY 2023-24
	Individual Placement and Support	To Be Implemented in Spring 2023
	ASIST	In Development
	Stipends for Consumer Leadership	Fully Implemented
	Stipends for Individuals, Especially Consumers and Family Members, for Education to Enter the Mental Health Field	Fully Implemented
SUPT: Treatment Services	Residential Services for Youth	Planning: Goal December 2023
SUPT: Outreach	Building community connections with B/AA/AD lead organizations. Attending events (big or small), being responsive, listening, and developing new partnerships (added over approximately 25 new partnerships).	Implemented and continuing efforts
SUPT: Outreach	Collaborated with Child Protective Services and created Embracing Equality for Early Intervention Family Treatment Court (EIFTC) Families, this is a grant-funded program to add Cultural Brokers to the EIFTC program to provide culturally specific support to the B/AA/AD families involved in EIFTC.	Implemented and continuing efforts
SUPT: Outreach	Providing intentional and targeted outreach and	Implemented and continuing efforts

Program Type	Program Name	Implementation Status
	<p>education to B/AA/AD communities throughout Sacramento County. Some of the events SUPT has participated in are The Kings and Queens Basketball Tournament, Black History Month Event, Juneteenth, RFDC Parenting Night, MLK Event, and Pride. SUPT has expanded our Gone Too Soon project to be very intentional in adding individuals from diverse backgrounds.</p>	
SUPT: Outreach	<p>SUPT is currently working with the CA Opioid Overdose Prevention Network on an intentional plan to meet the needs of the B/AA/AD communities in Sacramento County in reference to overdoses. We are in the process of gathering leaders in the community from such organizations as the Urban League, NADCP, AAHN, Black Chamber of Commerce, Faith Communities, Brother Be Well, Impact Sac, Voice of Youth, and Neighborhood Wellness Foundation. We are planning a “supper and discussion” evening with these leaders to hear how we can better reach their respective communities.</p>	In process
SUPT: Outreach/Education	<p>Added “REACHING DIVERSE COMMUNITIES” as a standing agenda item for the Sacramento County Opioid Coalition</p>	Implemented/on-going

Program Type	Program Name	Implementation Status
	and Sacramento County Methamphetamine Coalition.	
SUPT: Outreach/Education	In collaboration with Arrive Alive, SUPT has conducted assemblies at schools throughout the County to educate diverse youth about the dangers of Fentanyl use as well as other substances.	Implemented/on-going
SUPT: Outreach	Future Forward Campaign: Targeted multi-cultures in low socio-economic neighborhoods	Implemented
SUPT: Outreach	As part of the "Talk. They Hear You." Prevention Campaign, family meal kits are being distributed to the community to open discussions between parent and children to talk about substance use. Meal Kits include a cup, place mat, and ice breaker questions to encourage children and parents to openly discuss substance use. Family Meal Kits have been translated in Spanish, Russian, Hmong, Farsi and Arabic.	Implemented
SUPT: Outreach/Education	Sacramento County's Let's Talk Meth website has been redesigned to include pictures of diverse populations. https://letstalkmeth.org/	Implemented
Children's MH	Therapeutic Behavioral Services Wraparound Psychological Testing Therapeutic Foster Care Short Term Residential Therapeutic Program	All Implemented

Program Type	Program Name	Implementation Status
Early Intervention	Grace-Giving Resources and Care	Implemented
Outreach & Engagement	Youth Help Network Youth Drop In Center Family Respite Center	Implemented In Development In Development
Innovation – Project 5 Forensic	Community Justice Support Program	Fully Implemented
Innovation- Project 6	allcove™ Sacramento	Pending MHSOAC and BOS Approval
Innovation- Project 7	Community-Defined Mental Wellness Practices for the African American/Black/African Descent Unhoused	Pending MHSOAC and BOS Approval

Please see Appendices 1-3 for the BHS Child and Family Mental Health and Adult Mental Health Service Continuums and SUPT Continuum. These include all programs and services regardless of funding source.

For a description of each MHSA-funded program, please refer to the MHSA FY 2023-24 Annual Update.

We strive to have culturally sensitive and responsive programming throughout our system. Below are examples of BHS community engagement strategies to achieve culturally responsive and sensitive programming.

[“Mental Illness: It’s not always what you think” project:](#)

Mental Health Promotion Program: “Mental Illness: It’s not always what you think” project and speakers bureau has a large reach and targets messaging to multiple diverse communities in the Sacramento Region. Please see samples of messaging below. For a complete selection of diverse messaging, click on the following link:

<https://www.stopstigmasacramento.org/about/collateral/>

Messaging is conducted across multiple mediums and advertising placements, including TV, radio, online, and outdoor. For more examples, please see the MHSA FY 2022-23 Annual Update:

<https://dhs.saccounty.gov/BHS/Pages/MHSA-Updates/GI-MHSA-FY2022-23-Annual-Update.aspx>

In addition to printed messaging, MHSA funds several diverse public service announcements which can be found on the Stop Stigma Sacramento web page:

<https://www.stopstigmasacramento.org>

MHSA Engagement:

Through Sacramento County's MHSA Community Program Planning Processes, we have engaged community members, specifically our diverse cultural communities, in providing input and feedback relating to incorporating effective community defined practices into MHSA-funded programming and projects. Additionally, our Mental Health Plan (MHP) programs track cultural responsiveness and now our Substance Use Prevention and Treatment (SUPT) programs are prioritizing cultural responsiveness. Examples of specific strategies focused on specific cultural communities are outlined below.

African-American Outreach Strategy Includes:

In July 2023, BHS hosted a Focus Group to hear from the African American/Black/African Descent (AA/B/AD) community to inform the writing of the MHSA Innovation (INN) Component Project 7 Plan: Community-Defined Mental Wellness Practices for the AA/B/AD Unhoused. Through this proposed project, BHS will partner with trusted community sites to learn from the AA/B/AD community the strategies, methods and practices that will help expand access to and engagement/retention in mental health services for community members who are unhoused or at risk of becoming unhoused. The proposed project services will also include co-locating peer specialists at trusted community-based sites that have not historically provided mental health services to expand access to and engagement in behavioral health services for the focus population.

The MHSA Steering Committee supported this proposed plan and were highly supportive of reaching out to the AA/B/AD community for further input and feedback. Focus Group participants were asked if they would support the proposed plan. Participants were cautiously excited to learn that the County wanted to involve the community early in the development and design of project services meant to serve their demographic. Many individuals remarked that the County has been talking about involving the community more and that this was the first time they have seen steps taken for true involvement in the development of an array of mental health services. The community also offered

invaluable advice, such as ensuring that spiritual leaders are involved in efforts to reduce stigma, as well as acknowledgement of generational racial trauma in services to get to core issues. They encouraged BHS to reach out to individuals who are currently homeless to ensure that their voices are heard.

This proposed INN Plan will be reviewed by the Sacramento County Board of Supervisors and the Mental Health Services Oversight and Accountability Commission for approval towards the end of calendar year 2023.

In response to considerable feedback from the African American/Black community regarding perceived gaps in mental health and wellness services, Sacramento County collaborated with Sierra Health Foundation: Center for Health Program Management (The Center) to implement the Trauma Informed Wellness Program (TIWP) for the African American/Black Community (AABC). This program launched in February 2021 and includes several strategies identified by AABC members that would help improve their mental health and wellness. These strategies include community education around trauma, mental health conditions and Adverse Childhood Experiences; assistance with navigating complex systems of care; and supportive services such as support groups/healing circles, Cultural Brokering, peer support and advocacy, life skills coaching, and age-appropriate mentoring. In 2022, TWIP underwent a name change to the Community Responsive Wellness Program for the Black Communities of Sacramento (CRWP). The program serves approximately 300 AABC members in Sacramento County each year, including all ages and genders. and will assist with linking community members to services during and after the COVID-19 crisis.

Please see response to Criterion 1, III A for a description of the Behavioral Health Racial Equity Collaborative (BHREC) and the targeted universalism approach BHS utilized to work on achieving behavioral health equity for individuals who identify as African American/Black/of African Descent and Latino/Latinx/Hispanic community. Please see response to Criterion 7 I A 1 for a description of the actions taken by BHS in response to community feedback from the BHREC-hosted focus groups about community members being unfamiliar with how to apply for a county job.

Substance Use Prevention and Treatment (SUPT) has continued to improve outreach to cultural communities to increase access to services:

The Sacramento County Coalition for Youth (SCCY), a group of caring community members working together to make Sacramento a safe place for young people to grow up, free from the influences of substances that

are addictive and harmful, developed a cannabis prevention video and two Public Service Announcements. The video and Public Service Announcements include diverse teens (Arabic, African American/Black, Latinx, Asian/Pacific Islander).



Cannabis Prevention – Big Deal

This prevention video is posted on SCCY YouTube channel:

<https://www.youtube.com/watch?v=9SzVx7053FY&t=17s>



Public Service Announcements

The two Public Services Announcements listed below are posted on the SCCY YouTube channel and were broadcast on television through KCRA Channel 3

Future Forward, It's my choice, it's my future (1)

<https://www.youtube.com/watch?v=vMALIRm2ZAw>

Future Forward, It's my choice, it's my future (2)

<https://www.youtube.com/watch?v=kvwX-aaakE>

To foster substance use treatment outreach efforts to diverse populations, an informational brochure has been developed and translated into the following languages: Arabic, Chinese, Farsi, Hmong, Russian, Spanish, and Vietnamese (Appendix 72). The brochure includes the type of services offered through Sacramento County Prevention and Treatment (SUPT) Services, those eligible for services, how to access services, and overdose information.

Sacramento County Let's Talk Meth Website

<https://letstalkmeth.org/resources/support-groups/>

A website that includes drug education, resources, and support for individuals struggling with methamphetamine addiction. This webpage includes support group resources such as:

- LifeRing Secular Recovery California Meetings
- Celebrate Recovery® Christ-Centered 12-Step Groups
- Refuge Recovery
- Sacramento Native American Health Center Recovery Services

SUPT Services – “Cultural and Language Needs” Webpage

<https://dhs.saccounty.gov/BHS/Pages/SUPT/Cultural-and-Language-Needs.aspx>

This webpage explains that SUPT embraces the cultural and linguistic diversity in our community and understand the importance of providing services that meet the cultural and language needs of our clients. It also explains that interpreters for a wide range of languages, including American Sign Language, are available and services that meet clients' cultural and language needs will be provided free of charge and will be included as part of clients' treatment plan.

Additionally, the webpage includes verbiage in 16 different languages that explains that free language assistance services are available and provides the contact phone number.

For individuals who are hard of hearing, California Relay Service information is provided. Service documents in alternate formats are offered at no charge to beneficiaries upon request.

SUPT Services – Beneficiary Handbook

The Drug Medi-Cal Organized Delivery System (DMC-ODS) Beneficiary Handbook was revised in accordance with new CalAIM standards and is available in Sacramento County's seven threshold languages: Arabic, Chinese, Farsi, Hmong, Spanish, Russian, and Vietnamese. This handbook is to help beneficiaries understand what services are available, how to access services, and other pertinent information. The handbook, in all seven languages, is available at all provider locations and available on the Sacramento County website:

<https://dhs.sacounty.gov/BHS/Pages/SUPT/DMC-ODS/DMC-ODS-Member-Handbook.aspx>

SUPT Services – Provider Directory

The DMC-ODS Provider Directory now includes translations in Sacramento County's seven threshold languages: Arabic, Chinese, Farsi, Hmong, Spanish, Russian, and Vietnamese. This directory includes provider location, contact information, service modalities, practitioner information, etc. The directory is updated each month.

<https://dhs.sacounty.gov/BHS/Documents/SUPT/LI-BHS-SUPT-DMC-ODS-Provider-Directory.pdf>

SUPT Services: Service Brochure

Our SUPT service brochure is now available in Sacramento County's seven threshold languages: Arabic, Chinese, Farsi, Hmong, Spanish, Russian, and Vietnamese. This brochure explains services provided, target population served, and how to access services. (Appendix 31)

Our Homeless Outreach Program has continued to improve outreach to diverse cultural communities to increase access to services:

The most recent [Sacramento County Point in Time \(PIT\) homeless count](#) in 2022 indicated Black and American Indian individuals are disproportionately represented in the population experiencing homelessness. Blacks/African Americans are disproportionately represented in the county's homeless population (31% vs 11% of Sacramento County) and American Indian/Alaska Native individuals are also overrepresented in Sacramento County (7% vs. 2% of Sacramento County). This mirrors national trends. BHS is working to address these disparities as referenced in an earlier section discussing MHSA Innovation (INN) Component Project 7 Plan: Community-Defined Mental Wellness

Practices for the AA/B/AD Unhoused.

One of the Sacramento County Homeless Shelter Access Clinician, who is a longtime Sacramento area resident, identifies as a Native American male. He is reflective of the diversity within Sacramento County, extensively trained in cultural competence, and very experienced with cultural humility. Using a person centered “no shame, no blame” approach, he comes from a place of cultural humility. Realizing the distrust some populations may have of services, especially those struggling with housing, he focuses first on building rapport with individuals in homeless shelters or homeless encampments. He addresses practical material needs like resources for benefit application or obtaining housing related documents for those in shelters and when in encampments, he may provide water, snacks, and culturally appropriate hygiene items as needed. Many individuals who are unhoused experience challenges seeking and engaging with services due to a myriad of issues like transportation, the elements, and stigma, but also functional impairment due to mental illness. Meeting individuals where they are reduces disparities with access to behavioral health services. The clinician can personally educate them about treatment options, assess them for treatment need, and link them to a provider. The staff member can do it face to face without the individual needing access to technology or transportation and therefore the individual would not need to risk leaving their belongings and pets unattended. The staff member also actively promotes access to mental health treatment services for those experiencing homelessness to shelter staff, homeless navigators and other system partners. An additional Homeless Shelter Clinician has been added. She identifies as Latina from the bay area with extensive experience working with the forensic population.

MHP Community Outreach Recovery Empowerment (CORE), formerly the Adult Outpatient Services Transformation, includes multiple strategies to reach underserved populations.

In an ongoing effort to increase access and improve the quality of outpatient MH Services, Sacramento County released two Request for Applications (RFA) on August 25, 2021, and January 31, 2022, with the intent of redesigning and transforming the Adult Outpatient Specialty Mental Health Services system (Appendix 29).

The Adult Outpatient Services Transformation incorporated community stakeholder input to serve our community effectively and enhance the overall adult outpatient mental health service delivery system. The previous outpatient system, which had remained relatively unchanged since the 1990s, included walk-in centers providing site-based low-to-

moderate level of care, site-based regional clinics providing low-to-moderate level of care, and flexible site-based and community-based services providing moderate-to-high level of care. Through analysis of stakeholder input, Sacramento County BHS prioritized this system to transform and modernize by utilizing known strengths and addressing challenges identified by community stakeholders.

Beginning in 2019, Sacramento County BHS convened several stakeholder input sessions, including focus groups, town halls, smaller cultural-specific community conversations, key informant interviews, and online surveys to gather feedback and ideas about the current system of care from consumers, family members of consumers, system partners, and community members. Feedback-driven goals were established for the Adult Outpatient Services Transformation (<https://dhs.sacounty.gov/BHS/Documents/Advisory-Boards-Committees/Mental-Health-Services-Act-Committee/MHSA-SC-2021/MA-MHSA-SC-2021-04-15--Att-B-Report-Back-on-Community-Stakeholder-Input-for-Adult-Outpatient-Svcs-Transformation.pdf>) through common themes identified in stakeholder input ([Behavioral Health Services Town Hall](#), [Adult Outpatient Mental Health System Feedback Sessions Report](#), and [Report Back on Community Stakeholder Input for Adult Outpatient Services Transformation](#)).

Additionally, Recovery Oriented Leadership (ROL), a best practice approach to increase hope, commitment, and action across the system of care, guides the Adult Outpatient Services Transformation. This practice involves the following four principles:

- Hope: Having a vision that is worth working towards and believing that things can improve.
- Healing: Acknowledgement that people need healing, compassion and encouragement as they work towards finding wholeness and health.
- Community Engagement: People are encouraged to be a part of the community and their contributions are promoted, while they are accepted for who they are.
- Authority: People with psychiatric disabilities have the power to decide their future and take meaningful action based on their beliefs and desires.

With insight gathered from specific stakeholder populations and the community, Sacramento County BHS developed the transformative model called Community Outreach Recovery Empowerment (CORE), formerly the Adult Outpatient Services Transformation.

Examples of Outreach efforts for CORE planning and community engagement through Open House events, include the following:

CORE Informational Documents

- November 18, 2022, Monthly CORE Program Presentation: [slide deck](#), [recorded presentation with Q&A](#)
- October 27, 2022, Monthly CORE Program Presentation: [slide deck](#), [recorded presentation with Q&A](#)
- August 28, 2022, Monthly CORE Program Presentation: [slide deck](#), [recorded presentation with Q&A](#)
- August 18, 2022, CORE Transition Plan at MHSA Steering Committee: [slide deck](#), [Q&A \(item VI, page 4 of minutes\)](#)
- August 12, 2022, CORE Presentation at the Cal Voices Expert Pool: [slide deck](#), [recorded presentation](#)
- June 10, 2022, CORE Presentation at the Cal Voices Peer Empowerment Conference: [slide deck](#), [Q&A](#), [recorded presentation](#)
- Community Invitation flyers for 1/25/2022 presentation: [English](#), [Arabic](#), [Chinese](#), [Farsi](#), [Hmong](#), [Russian](#), [Spanish](#), and [Vietnamese](#)
- CORE information flyer (released 6/2022): [English](#), [Arabic](#), [Chinese](#), [Farsi](#), [Hmong](#), [Russian](#), [Spanish](#), and [Vietnamese](#)
- CORE Phases of Treatment (released 6/2022): [English](#), [Arabic](#), [Chinese](#), [Farsi](#), [Hmong](#), [Russian](#), [Spanish](#), and [Vietnamese](#)
- December 2, 2022, from 10 am - 12 pm, BACS CORE Cedar: [View Flyer](#)
- February 15, 2023, from 2 - 4 pm, El Hogar CORE Mariposa: [View Flyer](#)
- February 22, 2023, from 1 - 3 pm, Turning Point CORE Rosin: [View Flyer](#)
- March 7, 2023, from 10 am - 12 pm, BACS CORE Sycamore: [View Flyer](#)
- March 15, 2023, from 1 - 3 pm, Turning Point CORE Madison: [View Flyer](#)
- May 10, 2023, from 2 - 4 pm, El Hogar CORE Marigold: [View Flyer](#)
- May 17, 2023, from 1 - 3 pm, Turning Point CORE Elk Grove: [View Flyer](#)

- June 15, 2023, from 2:30 - 4:30 pm, Hope Cooperative CORE Marconi: [View Flyer](#)

These materials are also available to the public on the CORE Program, formerly the Adult Outpatient Services Transformation, website:

<https://dhs.saccounty.gov/BHS/Pages/Adult-Outpatient-Services-Transformation.aspx>

The CORE Program combines previous community stakeholder-supported MHSA CSS component programs such as Wellness & Recovery Program, Transitional Community Opportunities for Recovery (TCORE) Program, Guest House, and the Regional Support Teams. By combining these programs, BHS focuses on increasing access and equitable distribution of Adult Outpatient Mental Health services and creates flexibility within the program to adjust intensity of services. This allows clients to maintain the intensity of services that are clinically indicated without transferring to a different provider, preserving client relationships with their service provider as their needs fluctuate or change. The CORE Program supports flexibility in its service delivery, ease of access, and emphasizes a client centered, recovery focused, outcome-driven, system of care. CORE Program services are continuously informed and improved by ongoing site-based feedback sessions from clients, stakeholders, and community members.

Through the transformation and expansion of policies through CalAIM, walk-in access will increase from three sites to eleven (11) sites expected to be in operation by November 2023. To ensure ease of access and equitable distribution of outpatient services, BHS completed a geographic analysis of adults served throughout Sacramento County. From this analysis, geographic boundaries were identified and mapped along with the population density of adults served. Specific regions were identified to assure the eleven (11) CORE sites are sited in the areas of greatest need, have shortened distance parameters to services, and balance the geographic distribution of outpatient mental health services throughout Sacramento County. Two specific zip codes, 95828 and 95842, were identified by the County Behavioral Health Racial Equity Collaborative team as home to a high percentage of African American/Black/African decent residents with an absence of behavioral health programs. While unable to directly site within the two zip code borders, two CORE Provider sites are located just over a mile outside the targeted zip codes. Providers sited near targeted zip codes continue to work to build relationships with key community stakeholders to meet the needs of those communities and provide community-based services allowing additional ease of access. Providers are also exploring co-location of services within trusted community settings to engage community members residing within those

specific zip codes.

For the purpose of providing culturally and linguistically responsive care, community defined practices, and cultural brokerage services through the CORE Program, CORE Providers have the opportunity to subcontract with grassroots and community-based organizations with knowledge, expertise and familiarity in working with the cultural, racial, ethnic, linguistic, sexual, and gender diversity of Sacramento County neighborhoods and communities. One (1) of the four (4) Providers awarded are specifically subcontracting with a Peer led organization for their CORE peer-run community wellness center program component for enrolled participants. CORE Providers continue to shape the community wellness centers to be reflective of the communities they are sited in and solicit on going feedback to be responsive to needs that are identified.

Many of Sacramento County BHS' MHSA CSS FSP programs utilize an integrated supported housing and team-based treatment approach to do "whatever it takes" to improve housing stability and mental health outcomes for individuals living with a serious mental illness, at risk of or experiencing homelessness. These FSPs provide intensive, coordinated support, and mental health services to clients residing in Sacramento County's MHSA Program units.

Adding the new Family FSP will allow more capacity and a full array of FSP services to support intensive services for families, caregivers and youth with complex family dynamics who need frequent contact and support to maintain their lives safely in the community. If needed The Family FSP will allow for children and their caregivers to receive behavioral health services concurrently. The adults (parents, caregivers) and youth, who may also be at risk of involuntary psychiatric hospitalization or institutionalization, will receive support from the Family FSP. The Family FSP will also employ MHSA Steering Committee's recommendation for FSP program elements:

1. Easy access to services, such as sustained engagement of clients in the field, reaching out to clients as they are discharging or being released from other services or systems, and offering services outside standard business hours.
2. Mental health treatment includes providing services in the community, coordination of care with system partners, skills building, benefits acquisition, and transportation.
3. Develop and maintain collaborations and partnerships with housing partners to better serve children under 21 years of age and their families that are at risk of or experiencing homelessness.

The new FSP will:

1. Outreach to families and successfully engage them in services.
2. Provide recovery-oriented, trauma and culturally informed specialty mental health services and peer support services.
3. Provide full spectrum of community services and supports that includes a full array of mental health and non-mental health services and supports.
4. Provide housing supports/assistance.

FSPs use the “whatever it takes” philosophy to service delivery which means finding the methods and means to engage the client and family, determine their need for recovery and create collaborative services and supports to meet those needs. These services may be provided by a team 24 hours per day/7 days per week, as needed.

FSP tenets emphasize that the MHSA General Standards are integrated into the FSP model. These tenets include: client and family-driven FSP services within the context of a partnership between the client and provider; accessible, individualized services and supports tailored to a client’s readiness for change that leverage community partnerships; and delivery of culturally and linguistically responsive services with a focus for wellness, outcomes and accountability.

Youth at clinical high risk for psychosis (CHR-P) are under-recognized in community mental health (CMH) settings, and identified youth do not have adequate access to evidence-based care. The UC Davis CHR-P Project closes this critical gap for CHR-P youth (Ages 12-25) in Sacramento County through: 1) large-scale electronic screening to identify youth experiencing CHR-P symptoms followed by expert assessment to clarify CHR-P status and 2) linkage to stepped-care intervention to prevent or mitigate negative outcomes supported by expert training and supervision. Project goals are to: 1) Increase capacity of Sacramento County CMH services to identify and link youth experiencing CHR-P symptoms by implementing a universal screening and referral protocol; 2) Increase capacity of Sacramento County CMH services to provide evidence-based care for CHR-P youth via stepped-care of evidence-based assessment and treatment services. Key measurable objectives include: implement universal screening for CHR-P in CMH; implement comprehensive assessment and linkage to stepped-care services for youth who screen positive for CHR-P; train CMH partners in evidence based practices (EBPs) for CHR-P; and support ongoing training needs via bi- monthly consultation calls. As most CHR-P youth will either see remission of risk- symptoms in the first 12 months, stepped care approaches place initial assessment and treatment in the community

while reserving specialized services, like coordinated specialty care - the evidence based practice for psychosis symptoms that is provided by the UC Davis EDAPT clinic - for youth who do not improve with typical community care.

Previous screening research indicates that roughly 30% of those seeking care in similar health systems meet psychosis risk screening criteria and UCD has successfully supported implementation of CHR-P screening in multiple Sacramento sites during a prior NIMH study. As estimates suggest prevalence rates of CHR-P as high as 4-8% (van Os, Linscott et al. 2009), at least 30,000 individuals in Sacramento County may show signs of psychosis-risk that warrant assessment and possibly monitoring or intervention. Currently, UC Davis EDAPT is the only specialty mental health clinic focused on identifying and treating early psychosis, including CHR-P and threshold psychosis within 2 years of onset. Current staffing supports a capacity to treat roughly 80 Medicaid eligible clients/families and 100 private insurance clients/families at any time, meaning the vast majority of those at-risk for psychosis are not currently being identified or receiving specialized services. This new grant program will leverage UCD's prior experience using electronic psychosis screening to increase identification of CHR-P in the Sacramento community (Niendam, Loewy et al. 2018) and successful implementation of a CHR-P stepped care protocol (Hartmann, Nelson et al. , Nelson, Amminger et al. 2018) in the EDAPT clinic (Shapiro, Grattan et al.) In preparation to increase CHR-P services in CMH settings UCD is uniquely positioned to carry out this work: UC Davis is nationally recognized as leaders in the development and implementation of EBPs for youth with psychosis in diverse settings. Over the 4-year project, UCD anticipates screening a total of 2700 individuals in CMH, conducting 716 comprehensive assessments with youth who screen positive for psychosis, and an estimated 198 youth will receive CHR-P services over the course of the project. By the end of the project, UCD will have increased CHR-P service capacity from 22 to 66 individuals annually, tripling Sacramento County capacity to provide evidence-based care to youth with CHR-P. This project will also build the necessary screening, assessment, and training infrastructure to support ongoing expansion of CHR-P services in Sacramento County and across the US.

BHS has multiple County-operated programs that provide mental health services to adults, children and youth, at home, in the community, in the office, in jails, or at the Youth Detention Facility. BHS developed an Evidence Based Practice (EBP) training program for direct service providers and administrative staff to raise the level of awareness and competency for direct service providers who directly interact with beneficiaries. The EBP training program includes the following:

Enhanced Illness Management and Recovery (E-IMR): is an evidenced-based practice designed to provide mental health consumers with knowledge and skills necessary to cope with aspects of their mental illness while maintaining and achieving goals in their recovery. IMR is a curriculum in which a trained mental health practitioner or trained peer specialist uses psycho-education, behavioral tailoring, relapse prevention training, and coping skills training to assist in symptom management and goal formulation. E-IMR can be delivered either in individual or group formats. This modality is appropriate for clients aged 18 and up. Designed for a wide variety of mental health populations, E-IMR is appropriate for use with individuals who are experiencing severe mental illness, psychosis, and substance abuse.

Strengths Model Care Management: is an evidence-based practice which helps people build or rebuild lives that by their own definition have meaning, purpose, and valued identity. The Strengths Model is both a philosophy of practice and a set of tools and methods designed to help people (1) identify and achieve meaningful and important life goals; and (2) increase the person's ability to exercise power related to both how they view themselves and how they interact with their environment.

ASIST: [Applied Suicide Intervention Skills Training \(ASIST\) | Suicide Prevention Resource Center \(sprc.org\)](https://www.sprc.org/) is an evidence-based practice which teaches clinicians specific interventions to prevent suicide by recognizing signs, providing a skilled intervention, and developing a safety plan to keep someone alive. ASIST can also provide professional development to formal supports to ensure that they are prepared to provide suicide first aid help as part of the care they provide. The emphasis is on teaching suicide first-aid to help a person at risk stay safe and seek further help as needed. Participants learn to use a suicide intervention model to identify persons with thoughts of suicide, seek a shared understanding of reasons for dying and living, develop a safety plan based upon a review of risk, be prepared to do follow-up, and become involved in suicide-safer community networks.

ProACT: is an evidence-based practice which aims to improve safety and enhance treatment outcomes. The primary purpose of PRO-ACT is to teach clinicians and healthcare professionals the ability to safely de-escalate clients therefore removing or reducing the need for physical or chemical restraints. Based on principles drawn from evidence-based practices and tested in a wide variety of healthcare, behavioral health, residential, and educational settings, Pro-ACT is a training program for organizations and agencies seeking to reduce or eliminate the use of restraint. With an emphasis on critical thinking and continued

assessment, Pro-ACT looks beyond the topography of behavior to identify and address client needs. It's this distinctive problem-solving approach for creating safety that Pro-ACT users find valuable and effective.

Dialectic Behavioral Therapy (DBT): is a cognitive behavioral treatment that was originally developed to treat chronically suicidal individuals diagnosed with borderline personality disorder (BPD) and it is now recognized as the gold standard psychological treatment for this population. DBT can also be used to treat the following mental health disorders: suicidality, self-harm, individuals with substance use disorders, eating disorders, Post Traumatic Stress Disorder symptoms, suicidal adolescents; individuals with comorbid HIV and substance use disorders; developmentally delayed individuals; older adults with depression and one or more personality disorders; individuals with schizophrenia; families of patients; women experiencing domestic violence; violent intimate partners; individuals who stalk; inpatient and partial hospitalization settings for adolescents and adults; forensic settings for juveniles and adults. DBT has been implemented across a multitude of settings: inpatient, outpatient, standalone programs and as a modality within other programs, and in many countries.

Motivational Interviewing (MI): is a client-centered, goal-oriented method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. It is creating a safe and non-judgmental space where an individual feels they can explore change. MI was initially developed to be used with adults and research indicates it can be used with younger individuals. Additionally, MI is used globally. Also, MI emphasizes working within clients' values and is therefore conducive to understanding cultural differences. MI is being used, or can be used, in any situation where there is ambivalence to any type of change in regards to a behavior or way of thinking. MI can also be used to address clients experiencing the following conditions: substance abuse and connectivity, suicidality and self-harm, personality traits impairing functioning (trauma reactive), homelessness or housing issues related to mental health challenges.

Feedback-Informed Treatment (FIT): is a pan-theoretical, evidenced-based approach to evaluating and improving behavioral health outcomes. It was developed by psychologist, Scott D. Miller, and is a pan-theoretical approach to evaluating and improving behavioral health outcomes. FIT operationalizes the American Psychological Association's (APA) definition of evidence-based practice: The integration of the best available research and monitoring of patient progress (and any changes in the patient's circumstances – e.g., job loss, major illness) that may suggest the need to adjust the treatment (e.g., problems in the therapeutic relationship or in the implementation of the goals of treatment) (APA Task Force on

Evidence-Based Practice, 2006). FIT was developed as a concrete strategy to routinely monitor both the strength of the therapeutic alliance and outcomes for the purpose of preventing a negative outcome by adjusting treatment in real time. To do this, FIT practitioners use two short measures to gather client feedback in each session and they use the feedback they gain to adjust the treatment actively and transparently in collaboration with the client.

Individual Placement and Support (IPS) is a model of supported employment for people with serious mental illness (e.g., schizophrenia spectrum disorder, bipolar, depression). IPS supported employment helps people living with behavioral health conditions work at regular jobs of their choosing. Although variations of supported employment exist, IPS refers to the evidence-based practice of supported employment. IPS is based on the 8 principles consisting of: competitive employment, systematic job development, rapid job search, integrated services, benefits planning, zero exclusion time-unlimited supports, and worker preferences. The number of studies showing IPS effectiveness continues to grow. To date, 28 randomized controlled trials of IPS (See Recommended Readings below) have shown a significant advantage for IPS. Across the 28 studies, IPS showed an average competitive employment rate of 55% compared to 25% of individuals part of the control group. A meta-analysis of 17 randomized controlled trials found that people receiving IPS services were 2.4 times more likely to be employed than individuals in the control group (Modini, 2016).

BHS has implemented a new grant program to support a collaboration between the County and all local school districts to increase access to mental health services, support student mental health and wellness and improve social emotional learning. This new program will leverage an existing wellness app called Grace-Giving Resources and Care. Grace was developed by Sacramento City Unified School District (SCUSD) for their over 40,000 students. This program will allow the developer to add more youth friendly features and expand access and customization for any participating Sacramento County school districts and the County Office of Education serving approximately 213,015 school age students per year. The purpose of this program will be to improve social emotional wellness to prevent and reduce suicide attempts.

IV. Then discuss how the county measures and monitors activities/strategies for reducing disparities.

The County tracks demographics and penetration rates by language, culture, age and gender that informs planning strategies. As part of the work of the BHREC, the County BHREC team identified the following goal

in our BHS Racial Equity Action Plan: Build trust with the community through equitable resource distribution across different areas of Sacramento County. It was discovered that there are two zip codes in Sacramento County (95828 and 95842) that are home to a high percentage of the county's African American/Black/African Descent residents, and that do not have any behavioral health outpatient service providers sited in those zip codes. The proposed improvement is to site behavioral health programs in the two identified zip codes, equitably fund these new and existing agencies that serve the AA/Black/AD community, and serve at program capacity. Please see the narrative in Criterion 3, Section III for the discussion of the CORE Program, formerly the Adult Transformation, and the efforts made in this goal. While sites were not able to be located in those two zip codes for the CORE Programs, BHS continues to explore opportunities for siting new programs within these zip codes. BHS continues to be mindful of these zip codes as we expand programming. Additionally, BHS will be initiating a Latino/Latinx/Hispanic (L/LX/H) Behavioral Health Racial Equity Collaborative (BHREC) in FY 2023/24 in partnership with the community to develop a better understanding of barriers that may be preventing community members from accessing BHS services and strategies for mitigating these barriers.

V. Share what has been working well and lessons learned through the process of the county's development and implementation of strategies that work to reduce disparities (within Medi-Cal, CSS, WET, and PEI).

The work to reduce disparities is ongoing. BHS tracks demographics and penetration rates and consults with advocates and peer mentors to develop community informed solutions. PEI Supporting Community Connections (SCC) programs have developed relationships with cultural brokers in underserved communities. SCC Programs include cultural and linguistic expertise in:

- Arabic, Cantonese, Spanish, Hmong, Mien, Vietnamese, Russian, Ukrainian, most recently Farsi and soon to include Dari and Pashto.
- Cultural Communities also include Transition Age Youth (TAY) especially LGBTQ+ and former foster youth, Older Adults, and Consumers.
- Their outreach and referrals are being tracked to determine if that is improving our penetration rates in underserved communities.

An example of what is working well is our outreach to the community through both word-of-mouth outreach conducted by trusted cultural brokers and community members and the dissemination of flyers for our community input events that have been translated into our threshold

languages. BHS offered real time captioning for virtual events to accommodate hard of hearing individuals who may not have specifically requested this during their registration. BHS also provided interpreters for the languages requested by registrants, which included American Sign Language. Examples of the community input flyers include but are not limited to: [Community Wellness Response Team – formerly known as Alternatives to 911 for Mental Health Calls](#), and [Assisted Outpatient Treatment \(AOT\)](#):

Given the low penetration rates within our BHS specialty mental health and SUPT services for the API and Hispanic/Latinx communities, BHS is continuing to work in partnership with cultural brokers in order to improve access for community members. BHS continues the robust work in partnership with the community to design culturally and linguistically appropriate messages that promote hope and wellness and decrease stigma around mental illness for the diverse communities within our county that also experience lower penetration rates. For FY 2023-24, BHS is initiating a Latino/Latinx/Hispanic (L/LX/H) Behavioral Health Racial Equity Collaborative (BHREC). The framework emphasizes community engagement and co-design with community members and community leaders to reduce and ultimately eliminate behavioral health inequities. Following are the links for the virtual community forums hosted in July 2023:

[Latino Latinx Hispanic Community Forum July 12th Flyer \(English\)](#)

[Latino Latinx Hispanic Community Forum July 12th Flyer \(Spanish\)](#)

[Latino Latinx Hispanic Community Forum July 13th Flyer \(English\)](#)

[Latino Latinx Hispanic Community Forum July 13th Flyer \(Spanish\)](#)

CRITERION 4

COUNTY MENTAL HEALTH SYSTEM

CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM

Rationale: A culturally competent organization views responsive service delivery to a community as a collaborative process that is informed and influenced by community interests, expertise, and needs. Services that are designed and improved with attention to community needs and desires are more likely to be used by patients/consumers, thus leading to more acceptable, responsive, efficient, and effective care (CLAS, Final Report).

- I. The county has a Cultural Competence Committee, or similar group that addresses cultural issues, has participation from cultural groups, that is reflective of the community, and integrates its responsibilities into the mental health system.**

The county shall include the following in the CCPR Modification (2010):

- A. If so, briefly describe the committee or other similar group (organizational structure, frequency of meetings, functions, and role). If the committee or similar group is integrated with another body (such as a Quality Improvement Committee), The so inclusive committee shall demonstrate how cultural competence issues are included in committee work.**
- B. If so, briefly describe how the committee integrates with the county mental health system by participating in and reviewing MHSA planning process.**

CRITERION 4

SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM

- I. The county has a Cultural Competence Committee, or similar group that addresses cultural issues, has participation from cultural groups, that is reflective of the community, and integrates its responsibilities into the mental health system.**

The county shall include the following in the CCPR Modification (2010):

- A. If so, briefly describe the committee or other similar group (organizational structure, frequency of meetings, functions, and role). If the committee or similar group is integrated with another body (such as a Quality Improvement Committee), The so inclusive committee shall demonstrate how cultural competence issues are included in committee work.**
- B. If so, briefly describe how the committee integrates with the county mental health system by participating in and reviewing MHSA planning process.**

The following is a response to questions A and B.

The Cultural Competence Committee (CCC) is included in the Sacramento County Phase II Consolidation of Medi-Cal Specialty Mental Health Services Plan and is described as a sub-committee of the Quality Improvement Committee. From the beginning, membership was an open process in which a balance was maintained of consumers and family members, community members, community-based organizations (CBOs), and county and contract provider line staff and management, all of whom were reflective of the diverse LGBTQ, cultural, linguistic, racial, and ethnic communities of Sacramento County. Meetings are open to everyone. Agenda design allows for inclusion of off agenda items. Periodically, membership is assessed for changing demographics and/or gaps and new membership is solicited. This

process was formalized in 2010 when the CCC membership, along with the Mental Health Board and the MHSA Steering Committee were disaggregated to assess diversity in the annual Human Resource Survey.

Maintaining its advisory/oversight role, in 2000 the CCC sanctioned an ad hoc committee devoted to planning for the first Latino Behavioral Health Week during the third week of September of that year. The success of that planning effort led to the establishment of the System-wide (System-wide Committee) Community Outreach and Engagement Committee in 2002. This committee functions as a working committee to plan and execute tailored outreach activities based on data highlighting disparities in cultural, racial, and ethnic communities. This includes penetration rates reviewed by the CCC. Members of the committee generally represented individuals who have skill and interest in developing and staffing outreach activities and have ties in the community. Both the CCC and System-wide Committee meet monthly with some members serving on both committees (Appendix 11). BHS has continued to integrate the work of the System-wide Committee within the work of the CCC for the past several years. The CCC takes seriously its charge to ensure that the mental health system follows a systemic, systematic, and strategic approach to eliminating disparities for cultural, racial, and ethnic communities in a system that practices and promotes a stance of cultural humility and is culturally and linguistically competent at all levels. The CCC believes that the system should be sensitive and responsive to diversity and cultural issues throughout the system at the policy, administrative/executive, and service level and is committed in its role to advise on issues that support these beliefs.

The CCC is a task-oriented committee that assists and advises the behavioral health system to implement culturally and linguistically competent practices and services through oversight of the CCP. The following domains outline the charge of the committee and set the parameters for goals and objectives:

- Governance and organizational infrastructure (CCP plan development, policy development and review of accountability structures)
- Impacting service and supports

- Meaningful involvement in planning activities and continuous quality improvement
- Community collaboration
- Communication
- Workforce development

To support the efforts of the CC Committee and convey the goals, objectives, and new initiatives of the Committee to the Substance Use Prevention and Treatment (SUPT) service system, a Program Planner continues to serve as the liaison between the SUPT service system and the CC Committee. The Program Planner serves on the CC Committee and participates in the monthly meetings. The SUPT Program Planner provides cultural competence updates at the weekly SUPT Administration Meeting, which includes the Division Manager, Program Manager, other Program Planners, Program Coordinators, and administrative/clerical staff. Additionally, "Cultural Competence Update" is a standing agenda item for the monthly SUPT Executive Director Meeting, which includes all contracted prevention and treatment providers and County SUPT staff.

The CCC, chaired by the Cultural Competence and Ethnic Services Manager, assists BHS with ensuring sustained stakeholder involvement from diverse cultural, racial, and ethnic community members during the various community planning processes. CCC members often encourage diverse community stakeholders to participate in BHS-sponsored community planning processes. BHS presents the draft MHSA Three Year Plan and subsequent draft MHSA Annual Updates to the CCC to receive their collective comment and input prior to finalization, Board of Supervisors approval, and submission to DHCS and MHSOAC. All MHSA Three Year Plans and Annual Updates contain information about all Sacramento County MHSA component work plans, programs, and activities. When MHSA funded programs and activities are procured (i.e., Request for Applications or Proposals [RFA/RFP]), BHS always includes at least one cultural competence representative on all competitive bid evaluation processes to support culturally and linguistically responsive service design and delivery. Finally, one voting member seat on the MHSA Steering Committee is occupied by a cultural competence subject matter

expert recommended by the Cultural Competence Committee. The charge of the MHSA Steering Committee is to make MHSA funded program recommendations to BHS.

These are some examples of CCC accomplishments this year:

- CCC members have been providing feedback, suggestions, and other contributions to the 2023 Cultural Competence Plan.
- CCC provided feedback to the “Mental Illness: It’s not always what you think” project regarding outreach to faith communities and business organizations, especially as it relates to diverse communities in Sacramento County. The project asked CCC to provide them with contacts with trusted leaders and influencers in the community so that they can expand their outreach efforts, with the goal of reducing stigma and discrimination related to mental illness.
- BHS formed a workgroup made up of CCC members and BHS program and administrative staff to review the Sexual Orientation Gender Identity and Expression (SOGIE) data currently being collected and reported to the state. As the workgroup reviewed the various behavioral health reports and data issued by the state, as well as the data report on sexual orientation and gender identity issued by the county, it became apparent that different responses were available to select due to the varying state reporting requirements. The workgroup members analyzed the language used regarding SOGIE questions and the corresponding answers and they provided extensive feedback and culturally responsive suggestions. Additionally, they recommended that training be offered to staff who may not know how to ask for SOGIE information from their clients. Feedback regarding data collection, current practices and training needs was also collected from meetings with organizations serving the LGBTQ+ community, including Sacramento LGBT Community Center and Gender Health Center, providers of all levels, and client advocates (youth, family, and adult). While Sacramento County has been gathering LGBTQ+ client data in all its programs it has begun gathering data that is more reflective of the gender and sexually diverse community members who are being served

in PEI programs. In September 2021, BHS incorporated the CCC data collection recommendations into our Avatar electronic health record; moving forward, gender and sexually diverse communities will be more accurately reflected in the data reporting throughout the MHP in future reports. The workgroup recommendations helped create this year's SOGIE Sacramento County required annual Cultural Competence training.

- At the CCC November meeting, for Native American Heritage Month, Julie Fuentes, from Sacramento Native American Health Center (SNAHC), opened the meeting with our first Land Acknowledgment, and gave a presentation about Native American Heritage Month, including history and resources. We worked in partnership with SNAHC to identify an elder who works for the County and is a member of the Sacramento Native American Caucus to open our CCC meeting with a Land Acknowledgment. We continue to begin our meeting in this way. In addition to starting each meeting with a Land Acknowledgement, we also share a Labor Acknowledgement. (<https://snahc.org/land-acknowledgement/>) and <https://www.csulb.edu/sites/default/files/document/labor-acknowledgment.pdf>)
- The CCC provided collective comment for consideration (see attachment Appendix 12) regarding the Draft Mental Health Services Act (MHSA) Fiscal Year 2022-23 Annual Update. A member volunteered to present the collective comment about the Draft MHSA Fiscal Year 2022-23 Annual Update on behalf of the CCC at the public hearing on April 5, 2023.
- Several CCC members are Steering Committee members; and two CCC members serve on the MHSA Steering Committee Executive Committee. (<https://dhs.sacounty.gov/BHS/Pages/Advisory-Boards-Committees/Mental-Health-Services-Act-Committee/BC-MHSA-Steering-Committee-Meetings---2023.aspx>)
- CCC also gave the following feedback regarding the BHS Human Resource Survey:

- Include Hispanic as a response in a revised question that asks about Race and Ethnicity. We want to make sure our workforce reflects the communities we serve.
- Sexual Orientation, we expanded to include responses we have received based on the committee recommendations.
- Gender Identity, we expanded the list of responses.
- Consumer question: the prior question was "I am a current consumer of mental health or substance use treatment;" we have revised the question to: "I am a current or former recipient of mental health or substance use treatment services."
- Revised question: Are you a parent or caregiver of youth who is a current or former recipient of mental health or substance use treatment services?
- Question about living with a disability contains a text box for an individual to write in their response if they wish to share. This recommendation was received from the County's Disability Advisory Committee. CCC Members are often invited to participate in community meetings and workgroups to share cultural expertise to inform service delivery planning. One example is participation on the Innovation Sub-Committee regarding MHSA Innovation Projects.

CRITERION 5

COUNTY MENTAL HEALTH SYSTEM

CULTURALLY COMPETENT TRAINING ACTIVITIES

Rationale: Staff education and training are crucial to ensuring culturally and linguistically appropriate services. All staff will interact with clients representing different countries or origins, acculturation levels, and social and economic standing. Staff refers not only to personnel employed by the organization but also its subcontracted and affiliated personnel (CLAS, Final Report).

I. The county system shall require all staff and shall invite stakeholders to receive annual cultural competence training.

The county shall include the following in the CCPR Modification (2010):

- A. The county shall develop a three year training plan for required cultural competence training that includes the following: (The county may submit information from the county's WET plan provisions for training. The county shall describe how training efforts are integrated and can reasonably be expected to create and maintain a culturally competent workforce).
 - 1. Steps the county will take to provide required cultural competence training to 100% of their staff over a three-year period.
 - 2. How cultural competence has been embedded into all trainings.
 - 3. A report list of annual training for staff, documented stakeholder invitation. Attendance by function to include: Administration/Management; Direct Services, Counties; Direct Services, Contractors, Support Services; Community Members/General Public; Community Event; Interpreters; Mental Health Board and Commissions; and Community- based Organizations/Agency Board of Director, and if available, include if they are clients and/or family members.
- B. Annual cultural competence trainings topics shall include, but not be limited to the following:
 - 1. Cultural Formulation;
 - 2. Multicultural Knowledge;
 - 3. Cultural Sensitivity;
 - 4. Cultural Awareness; and
 - 5. Social/Cultural Diversity (Diverse groups, LGBTQ, SES, Elderly, Disabilities, etc.).
 - 6. Interpreter Training in Mental Health Settings

7. Training Staff in the Use of Mental Health Interpreters

Use the following format to report the previous requirement:

Training Event	Description of Training	How long and often	Attendance by Function	No. of Attendees and Total	Date of Training	Name of Presenter
Example <i>Cultural Competence Introduction</i>	<i>Overview of cultural competence issues in mental health treatment settings.</i>	<i>Four hours annually</i>	<i>* Direct Services * Direct Services Contractors * Administration * Interpreters</i>	15 20 4 2 Total: 41	<i>1/24/10</i>	

II. Counties must have a process for the incorporation of Client Culture Training throughout the mental health system.

The county shall include the following in the CCPR Modification (2010):

- A. Evidence of an annual training on Client Culture that includes a client's personal experience inclusive of racial, ethnic, cultural, linguistic, and relevant small county cultural communities. Topics for Client Culture training are detailed on page 18 of the CCPR (2010) from DMH Information Notice 10-02.
- B. The training plan must also include, for children, adolescents, and transition age youth, the parent's and/or caretaker's, personal experiences with the following:
 1. Family focused treatment;
 2. Navigating multiple agency services; and
 3. Resiliency.

Use the following format to report the previous requirement:

Training Event	Description of Trainings	How long and often	Attendance by Function	No. of Attendees and Total	Date of Training	Name of Presenter
<i>Example</i> <i>Cultural Competence Introduction</i> <i>*see Appendix 13 for complete list of training</i>	<i>Overview of cultural competence issues in behavioral health treatment settings.</i>	<i>Four hours annually</i>	<i>*Direct Services *Direct Services Contractors *Administration *Interpreters</i>	15 20 4 2 Total: 41	<i>1/24/10</i>	

CRITERION 5

SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

CULTURALLY COMPETENT TRAINING ACTIVITIES

I. The county system shall require all staff and shall invite stakeholders to receive annual cultural competence training.

A. The county shall develop a three year training plan for required cultural competence training that includes the following:

1. Steps the county will take to provide required cultural competence training to 100% of their staff over a three-year period.

Sacramento County Behavioral Health Services worked with California Institute for Behavioral Health Solutions (CIBHS) to develop a training tracking system for our county. Utilizing an online registry, BHS staff and BHS contract providers submitted the names and contact information for the staff involved with providing direct services, their supervisors, and administrative/leadership; these individuals are required to take the annual cultural competence training. CIBHS entered the staff names into their learning management system and assigned the training to staff who are required to take and successfully complete the training. The system includes a mechanism to identify which staff members have not yet taken the training so that CIBHS can send a reminder notice to the individual(s). Below is a breakdown of attendance for the FY 2022-23:

Role ¹	Invited	Attended	Completed	Average % Complete ²
Administration/Management	461	311 (67.5%)	93 (20.2%)	52%
Direct Services: County Staff	489	249 (50.9%)	109 (22.3%)	57%
Direct Services: Contractors	1,565	877 (56.0%)	297 (19.0%)	54%
Support Services	309	213 (68.9%)	92 (29.8%)	57%

¹ The numbers in this table are calculated based on the unduplicated list of invited attendees provided by Sacramento County BHS.

² For individuals who started but did not complete the training series

Interpreters	6	6 (100%)	2 (33.3%)	65%
Community-Based Organizations/Agency Board of Directors (client)	5	3 (60.0%)	1 (20.0%)	50%
Community-Based Organizations/Agency Board of Directors (family member)	1	1 (100%)	0 (0%)	80%
Another Role ³	5	4 (80.0%)	1 (20.0%)	60%
Role Not Listed	233	29 (12.4%)	7 (3.0%)	63%
TOTAL	3,074	1,693 (55.1%)	602 (19.6%)	54%

Total attendance at each training was calculated based on the number of evaluations completed for that training. Attendees could choose to attend each training live via Zoom or watch the recording afterwards. Over half of the attendees chose to view the recorded training for each session. As is often the case, training attendance dropped as the series progressed, with nearly 1,500 attendees for the first two sessions and fewer than 1,000 attendees for later sessions. The figure above depicts training attendance and training format attended for each individual training.

2. How cultural competence has been embedded into all trainings.

We continue to embed cultural competence in all training. The Cultural Competence Unit reviews the WET component embedded in the [MHSA FY 2022-23 Annual Update](#) ensure that cultural competence is referenced in all training plans. Since 2007, through the WET component, BHS has utilized the evidence-based California Brief Multicultural Competence Scale (CBMCS) training curriculum to provide the required annual cultural competence training to our county and contract provider staff. Evaluations from attendees throughout the years have indicated improved knowledge and skills in attendees' ability to communicate and interact effectively across cultures. Beginning in Fiscal Year 2020/21, BHS shifted focus to training that advances behavioral health equity.

³ Other roles include: Community Event, Community Members/Public

3. A report list of annual training for staff, documented stakeholder invitation.

We compile the list of cultural competence training from all the providers and this list contains information broken out by attendance by function for each training – please reference the 2022/23 CC Training Log (Appendix 13). All of the cultural competence trainings, including the Cultural Humility series and the Behavioral Health Interpreter Trainings are included in the Cultural Competence Training log using the format provided in the CCPR. In addition, please see copies of the training flyers/announcements for our Behavioral Health Interpreter Training and invitation (Appendix 14).

B. Annual cultural competence trainings topics include:

1. Cultural Formulation;
2. Multicultural Knowledge;
3. Cultural Sensitivity;
4. Cultural Awareness; and
5. Social/Cultural Diversity (Diverse groups, LGBTQ, SES, Elderly, Disabilities, etc.).
6. Interpreter Training in Mental Health Settings
7. Training Staff in the Use of Mental Health Interpreters

Between February and May 2023, Sacramento County Behavioral Health Services with the California Institute for Behavioral Health Solutions (CIBHS) hosted five cultural humility training courses. The courses fulfill the County's annual training requirements under the Cultural Competence Plan for Fiscal Year 2022-23. Participants could attend the courses live via Zoom at the time they were held, or they could watch a recording afterward.

Participants were required to attend or watch the recordings for each of the following three sessions:

- Training 1 – February 8, 2023 – Increasing Understanding of Cultural Humility I
- Training 2 – February 15, 2023 – Increasing Understanding of Cultural Humility II
- Training 5 – May 4, 2023 – Sexual Orientation and Gender Identity Expression (SOGIE)

Participants were also required to attend or watch the recordings for two of the following three sessions:

- Training 3 – March 22, 2023 – Practicing Cultural Humility I
- Training 3b – April 5, 2023 – Practicing Cultural Humility I (repeat)
- Training 4 – April 19, 2023 – Practicing Cultural Humility II

Trainings 1-4 were facilitated by Holiday Simmons, MSW, the founder of Southern Soul Wellness. Holiday is an expert in somatic coaching, trauma-informed and resilience-centered care, Black Diasporic and Indigenous medicine ways, and providing services from a strengths-based perspective. The final training was facilitated by Koby Rodriguez of the Sacramento LGBT Community Center. Koby is an expert in supporting the health and wellness of LGBTQ+ individuals, advocating for equality and justice, and working to build a culturally rich LGBTQ+ community.

Since FY 2020-21, BHS decided to focus more on strategies to advance behavioral health equity for the annual required cultural competence training. In partnership with California Institute for Behavioral Health Solutions (CIBHS), BHS identified that five of the 1.5-hour Eliminating Inequities virtual webinars that were held in FY 2020-21 would fulfill the annual training requirements specified in the Cultural Competence Plan Requirements (see Department of Mental Health Information Notice 10-17).

Behavioral Health Interpreter Training for Interpreters I was provided via Zoom. This intensive training is intended for bilingual staff who are fluent in English and at least one other language and who use their linguistic skills to provide interpreting services. This training is required for direct service staff, clinicians, administrative support staff, bilingual community members, contractors, consumers, case management staff and others who are currently serving as language interpreters in either mental health and/or substance use prevention and treatment programs or who want to become interpreters. In addition to Behavioral Health Interpreter Training for Interpreters, one session of Behavioral Health Interpreter training for Monolingual Providers was provided virtually (via Zoom) as well. This workshop offers practitioners an opportunity to increase cross cultural

communication in clinical interactions. Communicating with consumers through language interpreters in clinical settings is discussed in this training. Strategies to improve communication and service delivery when working with a language interpreter are outlined and practiced. This training creates a structure for participants to understand the complex roles of the behavioral health interpreter.

Twenty-eight participants attended Introduction to Interpreting in Behavioral Health Settings, and thirty-five participants attended Therapeutic Cross-Cultural Communication during FY 2022/23. This is an increase in participants from the previous year of twenty participants attending Behavioral Health Interpreter Training for Interpreters and twelve participants for Behavioral Health Interpreter training for Monolingual Providers.

II. Counties must have a process for the incorporation of Client Culture Training throughout the mental health system.

- A. Evidence of an annual training on Client Culture that includes a client's personal experience inclusive of racial, ethnic, cultural, linguistic, and relevant small county cultural communities. Topics for Client Culture training are detailed on page 18 of the CCPR (2010) from DMH Information Notice 10-02.

See Peer Empowerment Conference Summary Report and Program (Appendix 15 & Appendix 16, respectively)

We continue to partner with Cal Voices to provide client culture training throughout the system. An excellent example is the Annual Peer Empowerment Conference. The Peer Empowerment Conference took place at Sacramento State University on June 09, 2023. There were 251 unique participants. This was the 27th annual conference and the first year that it was held in person since the COVID-19 Pandemic. There were a variety of presenters and panelists which were well received and welcomed by attendees.

This year's theme was: Getting Inside Homelessness. The keynote speaker was Donald Whitehead, one of the County's leading experts on homelessness and an Emmy Award winner. He walked up to the podium in dirty and torn clothing, appearing as though he were homeless. As he disclosed his own personal story about experiencing homelessness, he started removing layers of the dirty clothing, revealing a clean suit and tie underneath. By the

end of his speech he appeared as a well-dressed business man, bringing to life his story of how people judged and dismissed him based on his appearance while he was homeless, how he pushed through, overcame the challenges of homelessness, and looked past society's judgments to get where he is today – a respected Executive Director of the National Coalition for the Homeless and an Emmy Award winner. He provided the audience with an inspiring message about the importance of the work we do. He reaffirmed that anyone, from any background, experiencing any struggles with homelessness, mental health or substance issues can change their life with the right services, resources and supports.

Our expert panel discussed various aspects of the theme. A peer advocate from the Homeless Engagement and Response Team (HEART) shared her personal journey from being unhoused, misusing substances, and being a victim of domestic violence to how she was able to access resources and change her life. She was the first Behavioral Health Peer Specialist hired by Sacramento County. Working in this role has allowed her the opportunity to help others and provide information on the current needs of the unhoused in our community. A skills trainer from River Oak Center for Children spoke about the juvenile justice re-entry process and the housing struggles many face once they are released; these struggles often make it difficult to meet probation requirements and be successful. The founder of Safe Ground talked about his experience being unhoused which led him to organizing a self-run outdoor community for the undomiciled until they could find housing. Safe Ground Sacramento was founded in 2007. He is a trailblazer for the homeless population in Sacramento County.

The annual consumer awards received 20 nominations and 4 people were recognized as the winners. 309 people registered for the conference and 251 people attended.

- B. The training plan must also include, for children, adolescents, and transition age youth, the parent's and/or caretaker's, personal experiences with the following:
1. Family focused treatment;
 2. Navigating multiple agency services; and
 3. Resiliency.

Use the following format to report the previous requirement:

Training Event	Description of Trainings	How long and often	Attendance by Function	No. of Attendees and Total	Date of Training	Name of Presenter
<i>Example</i> <i>Cultural Competence Introduction</i> <i>*see Appendix 13 for complete list of training</i>	<i>Overview of cultural competence issues in behavioral health treatment settings.</i>	<i>Four hours annually</i>	<i>* Direct Services</i> <i>* Direct Services Contractors</i> <i>* Administration</i> <i>* Interpreters</i>	15 20 4 2 Total: 41	1/24/10	

All the training described above are included in the annual training log. The training log contains information about training with an emphasis on Family focused treatment; Navigating multiple agency services; and Resiliency. Training is intended to improve cultural responsiveness throughout the system. In FY 22/23, 12,716 people received one or more cultural competence trainings inclusive of the categories listed above (Appendix 13).

CRITERION 6

COUNTY MENTAL HEALTH SYSTEM

COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

Rationale: The diversity of an organization's staff is necessary, but not a sufficient condition for providing culturally and linguistically appropriate health care services. Although hiring bilingual individuals from different cultures does not in itself ensure that the staff is culturally competent and sensitive, this practice is a critical component to the delivery of relevant and effective services for all clients. Staff diversity at all levels of an organization can play an important role in considering the needs of clients from various cultural and linguistic backgrounds in the decisions and structures of the organization. (CLAS, Final Report).

I. Recruitment, hiring, and retention of a multicultural workforce from, or experienced with, the identified unserved and underserved populations

The county shall include the following in the CCPR Modification (2010):

- A. Extract and attach a copy of the Mental Health Services Act (MHSA) workforce assessment submitted to DMH for the Workforce Education and Training (WET) component. Rationale: Will ensure continuity across the County Mental Health System.
- B. Compare the WET Plan assessment data with the general population, Medi-Cal population, and 200% of poverty data. Rationale: Will give ability to improve penetration rates and eliminate disparities.
- C. Provide a summary of targets reached to grow a multicultural workforce in rolling out county WET planning and implementation efforts.
- D. Share lessons learned on efforts in rolling out county WET implementation efforts.
- E. Identify county technical assistance needs.

CRITERION 6

SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

Rationale: The diversity of an organization's staff is necessary, but not a sufficient condition for providing culturally and linguistically appropriate health care services. Although hiring bilingual individuals from different cultures does not in itself ensure that the staff is culturally competent and sensitive, this practice is a critical component to the delivery of relevant and effective services for all clients. Staff diversity at all levels of an organization can play an important role in considering the needs of clients from various cultural and linguistic backgrounds in the decisions and structures of the organization. (CLAS, Final Report).

I. Recruitment, hiring, and retention of a multicultural workforce from, or experienced with, the identified unserved and underserved populations

- A. Extract and attach a copy of the Mental Health Services Act (MHSA) workforce assessment submitted to DMH for the Workforce Education and Training (WET) component. Rationale: Will ensure continuity across the County Mental Health System.

The MHSA Annual Update FY 2022-23 includes our progress on our WET Plan activities.

<https://dhs.saccounty.gov/BHS/Documents/Reports--Workplans/MHSA-Reports-and-Workplans/RT-2023-24-MHSA-Annual-Update--Sacramento-County.pdf>

- B. Compare the WET Plan assessment data with the general population, Medi-Cal population, and 200% of poverty data. Rationale: Will give ability to improve penetration rates and eliminate disparities.
- C. Provide a summary of targets reached to grow a multicultural workforce in rolling out county WET planning and implementation efforts.

The following includes responses from B – C:

Due to the very diverse population of Sacramento County, the MHP strives to retain a diverse workforce. In order to assess the diversity of the workforce, staff rosters are collected on a quarterly basis. The rosters collect current staff, position, as well as language

capabilities of staff. Staff-specific language capability information is submitted to the state through the county's response to the Network Adequacy Certification Tool.

As to not burden the community-based agencies with multiple surveys, the Human Resources Survey was not conducted in 2022. Therefore, it was decided to conduct an Agency Self-Assessment of Cultural Competence in 2022 and the Human Resources Survey in 2023. The Self-Assessment was only provided to Mental Health providers but will include SUPT providers in 2024.

Beyond the staff rosters utilized for ongoing monitoring, the County surveys BHS staff, BHS committee/steering members, and contracted providers (direct, indirect, administrative, management and volunteers) on an annual basis to analyze staff composition as compared to the community we serve. The purpose of the surveys is to assess demographic and linguistic information for those who provide services in our county to determine whether it is reflective of the diversity of the community. The information collected focuses on staff ethnicity, language proficiencies, consumer/family member status, gender, sexual orientation, lived experience, disability, and veteran status. In February of 2023, BHS disseminated the Human Resources (HR) and Linguistic survey. The findings will be summarized in a report that will be available in the next FY 2023-24 report.

Outreach and Recruitment

BHS Mental Health and SUPT have used intentional outreach and recruiting mechanisms to increase diversity among our staff to match the Sacramento County demographics of clients we serve.

BHS MH and SUPT County operated teams have engaged in numerous job fairs with the WET Planner to promote career opportunities in BHS. A detailed list is outlined in section D. Additionally, MH and SUPT County operated teams share BHS employment opportunity flyers when supporting community outreach events. For example, advertising employment opportunities at the Sacramento Steps Forward, Sacramento Pride, and Behavioral Health Racial Equity Collaborative.

BHS is more diverse than a year ago. BHS has developed and implemented equity internal meetings for diverse staff to have a safe

space to discuss concerns, issues, and provide insight into their experience as an employee within a specific unit and BHS as a whole. Lastly, BHS has a newly established Racial Equity Advocates committee which meets monthly to discuss strengthening diversity, equity, and inclusions in BHS workforce. Conversations focus on the inclusion of lived experience as education, increasing outreach/access to job openings, application process, career pathways, and retention and leadership development of AA/B/AD staff.

2022 Agency Self-Assessment of Cultural Competence

The Agency Self-Assessment was conducted in February 2022. The purpose of the Assessment is to capture the community-based providers level of cultural competency from their perspective.

The Cultural Competence Mental Health Agency Self-Assessment Scale is based on a SAMHSA/CMHS funded project in which measures of cultural competence in Behavioral Health Services settings were selected and benchmarked. In a description of their work, the researchers indicated "...the use (of the scale) is expected to move and promote organizations and their personnel toward culturally competent behaviors in the delivery of Behavioral Health Services. The Cultural Competence Mental Health Agency Self-Assessment Scale is fully compatible with the CLAS standards (Culturally and Linguistically Appropriate Services Standards in Health Care).

The Agency Self-Assessment assesses 15 areas of cultural competence, and agencies are asked to rate themselves on a scale from 1-5 in 14 of those areas. The rating of "5" on an item represents the ideal condition that the expert panel that developed the scale felt was attainable. The 14 CLAS Standards that are rated are:

Standard 2 Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
Standard 3 Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
Standard 4 Educate and train governance, leadership, and workforce in culturally

and linguistically appropriate policies and practices on an ongoing basis.
<p>Standard 5</p> <p>Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.</p>
<p>Standard 6</p> <p>Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.</p>
<p>Standard 7</p> <p>Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.</p>
<p>Standard 8</p> <p>Provide easy-to-understand print and multimedia materials and signage in languages commonly used by the populations in the service area.</p>
<p>Standard 9</p> <p>Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.</p>
<p>Standard 10</p> <p>Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.</p>
<p>Standard 11</p> <p>Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and inform service delivery.</p>
<p>Standard 12</p> <p>Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.</p>
<p>Standard 13</p> <p>Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.</p>
<p>Standard 14</p> <p>Create conflict grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.</p>
<p>Standard 15</p> <p>Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.</p>

Summary Findings

The following information is based on agencies' responses to the Agency Self-Assessment of Cultural Competence (CC). A total of 32 contracted providers submitted the Self-Assessment, and providers are asked to rate themselves on a scale from 1-5, with the rating of "5" representing the ideal condition. (See Appendix 17 for information reflecting how individual agencies rated themselves in each of the areas).

Highlights

- The median total rating was 53 (of a possible 70) and individual agencies rated themselves between 34 and 70.
- For the 14 areas agencies rated themselves on, the average area rating was 3.8.
- Across all respondents the following two areas were rated highest:
 - Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services at 4.4.
 - Standard 3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area at 4.2.
- Across all respondents, the following two areas were rated lowest:
 - Standard 15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public at 3.3.
 - Standard 10: Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities at 3.1.
- Many agencies agreed that the self-assessment process was helpful, and made them aware of the need to focus on areas that scored lower on the assessment scale and re-focus on specific

services and CLAS standards.

Results

The table below contains an aggregate average score for each CLAS Standard. The average is based on data that was received from the thirty-two (32) providers.

CLAS STANDARD	AVERAGE SCORE (1-5) N=32
Standard 1: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.	Do not rate Standard 1
Standard 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	4.0
Standard 3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	4.2
Standard 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	3.7
Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.	4.4
Standard 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	3.8
Standard 7: Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	4.1
Standard 8: Provide easy-to-understand print and multimedia materials and signage in languages commonly used by the populations in the service area.	3.7
Standard 9: Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.	4.0
Standard 10: Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	3.1

Standard 11: Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and inform service delivery.	3.7
Standard 12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.	3.4
Standard 13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	3.6
Standard 14: Create conflict grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	4.0
Standard 15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.	3.3

- D. Share lessons learned on efforts in rolling out county WET implementation efforts.

The County of Sacramento Behavioral Health Services (BHS) has had very few issues with the implementation of WET Component Actions. However, there have been some challenges that we have learned from, including the need to advance our diversity recruitment efforts and developing strategic plans around measuring long-term outcomes data to determine if our efforts are effective in accomplishing our diversity recruitment goals.

Countywide Efforts

The County of Sacramento is an equal opportunity employer, and, in the past, BHS has relied heavily on the Department of Personnel Service (DPS) to perform recruitment and hiring efforts. In FY 2022-23, DPS and BHS partnered extensively to increase the pool of culturally and linguistically diverse candidates, which are needed to effectively work with the diverse populations we serve in our various systems of care.

Given the unprecedented number of vacancies within BHS, BHS and DPS hosted an in-person hiring and career fair on Sept. 15 and 16, 2022. BHS worked collaboratively on the advertisement, press release, and logistics of the event, including 86 BHS and DPS volunteers for the two-day event. The press release was sent to numerous media outlets inclusive of ethnic media outlets. BHS purchased an advertisement to run in The Sacramento Observer the week before the event and The Sacramento Observer ran the press release in their paper days before the event. Electronic versions of the BHS Hiring Event flyer were also shared with groups such as the Behavioral Health Racial Equity Collaborative focus group participants and the online Sacramento Sister Circle. The hiring event flyer was also shared with numerous community-based organizations that work with diverse community members to help make the community aware of the hiring event. The hiring event provided job seekers the opportunity to interview with hiring managers. Additionally, Division representatives shared information on job openings, how to apply, and insights to County careers. An estimated 60-80 individuals participated daily, and 32 job seekers were offered and accepted positions with BHS.

Additionally, BHS and DPS worked collaboratively to develop two recruitment brochures for clinician positions. These brochures are extensive and include a listing of the County operated programs who hire the classification; following are links to those brochures:

- Senior Mental Health Counselor - <https://personnel.saccounty.net/Documents/SeniorMentalHealthCounselorBrochure.pdf>
- Mental Health Counselor - <https://personnel.saccounty.net/Documents/MentalHealthCounselorBrochure.pdf>

With the assistance of the Public Information Officer (PIO), two recruitment videos were developed to recruit nursing and behavioral health professions. Both videos emphasized career paths and work-life-balance and can be found at the following links:

- Nursing Team - <https://www.youtube.com/watch?v=rExG1BsBLCQ>
- Behavioral Health Career Ladders - <https://www.youtube.com/watch?v=GFHD0Wn8AK8>

WET Planner Efforts

For FY 2022-23 WET Program Planner supported an additional 15 job fairs or presented at targeted recruitment events. This included community events, Professional associations, colleges and universities, job fairs, and individual job seeker support. Please see the list and description below of our recruitment outreach efforts in FY 2022-23:

- Community Events: WET Planner has presented on careers in behavioral health at other community events such as the Latino Behavioral Health Week.
- Professional Associations: WET Planner has presented to Sacramento Career Development Association about careers in BHS and resources to job seekers. Shared career opportunities with the Sacramento Valley Psychological Association.
- Colleges and Universities: WET Planner has presented to numerous classrooms, sharing BHS Hiring Event flyers with staff from local colleges and talked about careers in behavioral health with students.
- Job Seeker/Internship Support: WET Planner has provided over a dozen one-on-one consultations with job seekers or students seeking internships in public behavioral health. This included directing job seekers to the newly developed BHS Employment webpage, sharing resources, vacant positions, application steps or referring students to contracted providers who have clinical internship programs. WET Planner surveyed county operated

and contract providers to develop a chart that shows which agencies/programs accept which types of student internships.

- Job Fairs: WET planner and other BHS staff have participated in a job fair hosted by the Sacramento LGBT Community Center, Health Education Council/Midtown Church Job Fair, and numerous of elected official Job Fairs.

Additionally, the WET Planner worked with local universities to host webinars regarding applying to 1) California State University, Sacramento Social Work Program (BSW and MSW) 2) California State University, Sacramento master's in counseling Program and 3) University of Pacific Social Work Program (MSW). These webinars were shared with BHS staff and contracted providers seeking to advance careers in public behavioral health. The WET Planner developed a new robust BHS employment webpage on the BHS website. The website includes an updated list of vacant positions, application resources, list of benefits, overall application steps, and recordings of various helpful webinars, including careers in behavioral health and the university webinars mentioned above. The link to the webpage can be found here:

<https://dhs.sacounty.gov/BHS/Pages/Employment/Jobs-in-Behavioral-Health.aspx>

Lastly, in FY 2022-23, BHS approved FY 2021/2022 Sacramento County Mental Health Loan Repayment Program (LRP) Round 1 awards for 125 individuals who work in either a Sacramento County Behavioral Health County-operated mental health setting or in a contracted, community-based mental health agency. Individual awards ranged from \$25,000, \$12,500, and \$10,000 to approved applicants, totaling \$1,485,000 in funds. Awardees were notified by California Mental Health Services Authority (CalMHSA) of the amount and terms. Awardees received 100% of the award amount at the beginning of the contract and in return, LRP awardees are required to work 24 months (two years) in a hard-to-fill or hard-to-retain position in Sacramento County's Public Mental Health System to be eligible for program participation. The Division of Behavioral Health Services received over 150 applications.

Behavioral Health Racial Equity Collaborative (BHREC)

Throughout the BHREC pilot, BHS worked intentionally with community partners to increase outreach to diverse communities, including the African American/Black/African Descent (AA/B/AD)

community, regarding job openings. BHS and the County Department of Personnel Services (DPS) partnered with the Sacramento LGBT Community Center to hold a Facebook Live event with the focus being on employment opportunities within BHS. BHS also shared employment flyers at community events that focused on diverse communities such as Pride and Juneteenth and Minority Mental Health Awareness Month. On June 2, 2023, BHS hosted two seniors from Howard University, a Historically Black University, via a virtual externship. The virtual externship provided an overview of services and careers in Behavioral Health field, as well as how to obtain employment in Sacramento County.

BHREC's initial focus on the AA/B/AD was based on the long-standing behavioral health inequities among this community, lack of trust necessary for authentic relationships that support the implementation of behavioral health equity, and the growing awareness of the unique experiences of racism experienced by this community. In FY 2023-24, BHS announced the focus on the Latino/Latinx/Hispanic (L/LX/H) community. This is based on the low utilization of specialty mental health or substance use prevention and treatment services despite the percentage (24%, US Census. 2021: ACS 5-Year Estimates Data) of Hispanic or Latinos residing in Sacramento County, the need for bilingual BHS providers and staff to serve this community, as well as the need to tailor engagement strategies and services to a community that is expansively ethnically and demographically diverse.

Part of the BHREC process to eliminate racial inequities in behavioral health includes documenting the voices of various community groups through community forums and focus groups, as well as capturing the voices of interested key community members through key informant interviews. Insights gained from the forums, focus groups, and key informant interviews will be used to develop themes, strategic directions, and recommended goals for the L/LX/H BHREC.

BHREC will include BHS leadership, BHS mental health and substance use disorder provider organizations, interested L/LX/H community representatives, and community organizations led by and for L/LX/H people.

E. Identify county technical assistance needs.

One of our WET actions involves partnering with two local high

schools with very diverse student bodies that have incorporated behavioral health into their existing health career pathways. Partnering with these local high schools is a way to plant seeds in the hearts and minds of diverse young people and provide learning opportunities to increase their exposure to behavioral health careers. Providing work-based learning opportunities has proven to be challenging as our providers are reluctant to provide internships to minors and college students. The County would greatly benefit from some Technical Assistance to address this challenge.

CRITERION 7
COUNTY MENTAL HEALTH SYSTEM
LANGUAGE CAPACITY

Rationale: Accurate and effective communication between clients, providers, staff, and administration is the most essential component of the mental health encounter. Bilingual providers and other staff who communicate directly with clients must demonstrate a command of both English and the threshold language, and that include knowledge and facility with the terms and concepts relevant to the type of encounter (CLAS, Final Report). The DMH will provide threshold language data to each county.

I. Increase bilingual workforce capacity

The county shall include the following in the CCPR Modification (2010):

A. Evidence of dedicated resources and strategies counties are undertaking to grow bilingual staff capacity, including the following:

1. Evidence in the Workforce Education and Training (WET) Plan on building bilingual staff capacity to address language needs.
2. Updates from Mental Health Services Act (MHSA), Community Service and Supports (CSS), or WET Plans on bilingual staff members who speak the languages of the target populations.
3. Total annual dedicated resources for interpreter services in addition to bilingual staff.

Counties shall document the constraints that limit the capacity to increase bilingual staff.

II. Provide services to persons who have Limited English Proficiency (LEP) by using interpreter services.

The county shall include the following in the CCPR Modification (2010):

A. Evidence of policies, procedures, and practices for meeting clients' language needs, including the following:

1. A 24-hour phone line with statewide toll-free access that has linguistic capability, including TDD or California Relay Service, shall be available for all individuals. **Note:** The use of the

language line is viewed as acceptable in the provision of services only when other options are unavailable.

2. Least preferred are language lines. New technologies such as video language conferencing should be considered as resources are available. Use new technology capacity to grow language access.
 3. Description of protocol used for implementing language access through the county's 24-hour phone line with statewide toll-free access, including staff training protocol.
- B. Evidence that clients are informed, in writing and in their primary language, of their rights to language assistance services.**
 - C. Evidence that the county/agency accommodate persons who have LEP by using bilingual staff or interpreter services.**
 - D. Share historical challenges on efforts made on items A, B, and C above. Share lessons learned.**
 - E. Identify county technical assistance needs. (DMH is requesting counties identify language access technical assistance needs, so that DMH may aggregate information and find solutions for small county technical assistance needs.)**

III. Provide bilingual staff and/or interpreters for the threshold languages at all points of contact.

Note: The use of the language line is viewed as acceptable in the provision of services only when no other options are available. Counties should train their staff for the proper use of language lines, but should seek other options such as training interpreters or training bilingual community members as interpreters.

The county shall include the following in the CCPR Modification (2010):

- A. Evidence of availability of interpreters (e.g. posters/bulletins) and/or bilingual staff for the languages spoken in the community.**
- B. Documented evidence that interpreter services are offered and provided to clients, and the response to the offer is recorded.**
- C. Evidence of providing contract or agency staff that are linguistically proficient in threshold languages during regular**

day operating hours.

- D. Evidence that counties have a process in place to ensure that interpreters are trained and monitored for language competence (e.g., formal testing).**

IV. Provide services to all LEP clients not meeting the threshold language criteria who encounter the mental health system at all points of contact.

The county shall include the following in the CCPR Modification (2010):

- A. Policies, procedures, and practices that include the capability to refer and otherwise link clients who do not meet the threshold language criteria (e.g., LEP clients), and who encounter the mental health system at all key points of contact, to culturally and linguistically appropriate services.**
- B. Provide a written plan for how clients who do not meet the threshold language criteria are assisted to secure, or linked to, culturally and linguistically appropriate services.**
- C. Policies, procedures, and practices that comply with the following Title VI of the Civil Rights Act of 1964 (see page 27) requirements:**

- 1. Prohibiting the expectation that family members provide interpreter services;
- 2. Allowing a client to choose to use a family member or friend as an interpreter, after being informed of the availability of free interpreter services; and
- 3. Not using minor children as interpreters.

V. Requiring translated documents, forms, signage, and client informing materials

The county shall have the following available for review during the compliance visit:

- A. Culturally and linguistically appropriate written information for threshold languages, including the following, at minimum:**
 - 1. Member service handbook or brochure;
 - 2. General correspondence;
 - 3. Beneficiary problem, resolution, grievance, and fair hearing

- materials;
 - 4. Beneficiary satisfaction surveys;
 - 5. Informed Consent for Medication form;
 - 6. Confidentiality and Release of Information form;
 - 7. Service orientation for clients;
 - 8. Mental health education materials, and
 - 9. Evidence of appropriately distributed and utilized translated materials.
- B. Documented evidence in the clinical chart that clinical findings/reports are communicated in the clients' preferred language.**
 - C. Consumer satisfaction survey translated in threshold languages, including a summary report of the results (e.g., back translation and culturally appropriate field-testing).**
 - D. Report mechanisms for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and culturally appropriate field-testing).**
 - E. Report mechanisms for ensuring translated materials are at an appropriate reading level (6th grade).**

Source: Department of Health Services and Managed Risk Medical Insurance Boards.

CRITERION 7
SACRAMENTO COUNTY MENTAL HEALTH SYSTEM
LANGUAGE CAPACITY

I. Increase bilingual workforce capacity

The county shall include the following in the CCPR Modification (2010):

A. Evidence of dedicated resources and strategies counties are undertaking to grow bilingual staff capacity, including the following:

1. Evidence in the Workforce Education and Training (WET) Plan on building bilingual staff capacity to address language needs.

There are several areas in the Sacramento County WET Plan that address building staff language capacity. The WET Planner is leading efforts for continuous improvement (pipeline program with high school etc.).

The original Workforce Needs Assessment identified the following issues in the Language Proficiency section:

- The need for additional staff representing the language diversity of our client population; and
- The need to develop career pathways that lead bilingual staff into higher direct care and supervisory positions.

The following is in the "Comparability of Workforce, by Race/Ethnicity, to Target Populations Receiving Public MH Services" section of the WET Plan:

- The need for additional staff representing the racial/ethnic diversity of our client population; and
- The need to develop career pathways that lead diverse staff into higher direct care and supervisory positions.

Lastly, the "Positions Designated for Individuals with Consumer and/or Family Member Experience" section of the WET Plan states:

There is a need for career pathways that allow consumers and family members to pursue a variety of undergraduate and graduate educational opportunities so that they can be educated

to a level necessary to provide direct services, especially in licensed positions. While this does not specifically state multicultural consumers and family members, they are included in this statement.

The County developed a Behavioral Health Peer Specialist series (Appendix 18) in FY 2020/21 which includes the creation of Behavioral Health Peer Specialist, Senior Behavioral Health Peer Specialist, and Behavioral Health Peer Specialist Program Manager classifications within the County employment system. These positions are responsible for providing peer support and services based on lived experiences to consumers of behavioral health services and their families/caregivers. Given the rich linguistic, cultural, racial, ethnic, sexual, and gender diversity of the population in Sacramento County, BHS wanted to be intentional in informing potential applicants about available positions, particularly for our newly created Peer positions. The first Sacramento County Civil Service Behavioral Health Peer Specialist employee started work in the BHS Homeless Response Team in March 2022. Since then, other BHS programs have expanded and hired Behavioral Health Peer Specialists including, the ACCESS team, Community Wellness Response Team, and Community Support Team.

2. Updates from Mental Health Services Act (MHSA), Community Service and Supports (CSS), or WET Plans on bilingual staff members who speak the languages of the target populations.

The County surveys all BHS staff, BHS committee/steering members, and contracted providers (direct, indirect, administrative, management and volunteers) on an annual basis to analyze staff composition as compared to the community we serve. The purpose of the survey is to assess demographic and linguistic information for those who provide services in our county to determine whether it is reflective of the diversity of the community as a whole. The information collected focuses on staff ethnicity, language proficiencies, consumer/family member status, gender, sexual orientation, lived experience, disability, and veteran status. In February of 2023, BHS disseminated the Human Resources (HR) and Linguistic survey. The findings will be summarized in a report that will be available in the next FY 2023-24 report.

3. Total annual dedicated resources for interpreter services in

addition to bilingual staff.

The total amount of expenditures for interpretation/translation services and bilingual staff employed throughout BHS MH and SUPT county-operated and county contracted providers is **\$16,475,756**. BHS staff who are bilingual and can provide services in one of the languages recognized by the County or who possess lived cultural expertise can take an exam and receive a wage differential upon successful completion of the exam. Several contract providers also compensate their staff who possess linguistic and cultural expertise.

Counties shall document the constraints that limit the capacity to increase bilingual staff.

Please refer to response for Criterion 5, II. E.

II. Provide services to persons who have Limited English Proficiency (LEP) by using interpreter services.

The county shall include the following in the CCPR Modification (2010):

A. Evidence of policies, procedures, and practices for meeting clients' language needs, including the following:

1. A 24-hour phone line with statewide toll-free access that has linguistic capability, including TDD or California Relay Service, shall be available for all individuals. Note: The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable.

Sacramento County Behavioral Health Services (BHS) is committed to ensuring language access for all callers. BHS operates a 24-hour statewide toll-free access line with linguistic capabilities for all individuals. The toll-free telephone number is (888) 881-4881; Deaf callers may use video relay service and Hard of Hearing callers may choose to use California Relay Services to contact us. The telephone greeting includes access to both mental health and substance use disorder treatment services as well as prompts for different languages. Most recently, prompts in Farsi, Sacramento County's newest threshold language, have been added to the phone menu. During the day, calls are routed to the MH Access Team or the SUPT System of Care, and after hours, calls are answered by MH Treatment Center staff. We have updated our outreach materials

to reflect all threshold languages.

2. Least preferable are language lines. The use of new technologies such as video language conferencing should be considered as resources are available. Use new technology capacity to grow language access.

BHS is required to use particular interpreter service providers due to the nature of County-wide contracts. The Cultural Competence / Ethnic Services Manager provides input with special provisions involving MH/Behavioral health interpreting into the contract requirements and other aspects of the contracting process for the County-wide interpreting and translation contracts. These contracts with various interpreting agencies are for a multi-year period. The County amended the scope of several of the county-wide contracts to include Video Remote Interpreting (VRI) technology during Fiscal Year 2018/19. During the pandemic and post-pandemic, some interpreting services have been provided by phone instead of in person. Quality Management issued guidelines to ensure that confidentiality is maintained whether services are delivered virtually or in person.

3. Description of protocol used for implementing language access through the county's 24-hour phone line with statewide toll-free access, including staff training protocol.

It is BHS's practice to utilize bilingual staff to respond to callers whose preferred language is other than English. When such staff is unavailable, the Assisted Access program can request an interpreter. The Assisted Access program continues to employ bilingual/bicultural staff who function as cultural brokers and interpreters to assist BHS consumers and potential clients to access treatment from MH or SUPT service providers. Their goal is to assist in cross-cultural communication to facilitate a mutual understanding of both the consumer's and provider's beliefs and practices. Languages spoken by Assisted Access interpreters are as follows:

- Arabic
- Cantonese
- Cambodian
- Dari
- Farsi

- Hindi
- Hmong
- Mandarin
- Mien/Lao
- Pashto
- Punjabi
- Russian
- Ukrainian
- Spanish
- Vietnamese

If the caller speaks a language that is not covered by interpreters from the Assisted Access program, or if Assisted Access staff are not available, staff will request an interpreter from a vendor that has a county-wide contract to provide face to face interpreters. If the caller requires immediate assistance and a bilingual staff or interpreter is unavailable (either from the Assisted Access program or through a county-wide contract with an interpreting vendor), an over-the-phone interpreter service is used as a last resort.

Employees working for BHS or one of the contract provider agencies all receive training and ongoing supervision about how to meet the client's linguistic capability whether by utilizing bilingual staff or an interpreter. To test the accessibility to services and responsiveness of the system, BHS staff provide training to staff who answer the 24-hour phone line and later conduct test calls to all established Access entry points to the system. The test calls have been made to the Mental Health Treatment Center Crisis Unit and the Access Team. These test calls were made in all of the threshold languages for Sacramento County: Spanish, Hmong, Cantonese, Russian, Arabic, Farsi, and Vietnamese. As part of the efforts to test the accessibility to services and responsiveness of the system, Quality Management and Cultural Competence staff conduct test calls to all established Access entry points to the system throughout the year. Following the calls, feedback was collected regarding accessibility across cultures. Training and feedback were given to all providers to improve cultural responsiveness in fielding business hour and after-hour calls.

Test calls to SUPT System of Care (SOC) began in January 2020. Calls were made to the SUPT System of Care during business hours, and to the Sacramento County Mental Health Treatment Center (MHTC) Intensive Services Unit (ISU) after-hours line.

Test calls pointed out that staff answering the line were prompt, courteous, client oriented, and provided correct information to callers. Test call training was provided to staff working in the ISU responsible for answering the line afterhours.

Quality Management will continue making test calls and provide test call trainings, as well as ongoing staff orientations in the use of language line access services for non-English speakers, to ensure high quality MHP and SUPT services.

BHS has found an increasing comfort level on the part of staff to respond to Limited English Proficiency speakers with bilingual staff or the use of the over-the-phone interpreter services. BHS continues its efforts to recruit bilingual staff at the entry points to the MH and SUPT systems. The language proficiency of staff is reported to REPO and Cultural Competency on a quarterly basis for network adequacy and annually through the completion of the HR Survey and Language Proficiency Survey.

Through our partnership with NorCal Services for Deaf & Hard of Hearing we have transitioned from TTY to Video Relay Service since this is what the Deaf Community uses.

B. Evidence that clients are informed, in writing and in their primary language, of their rights to language assistance services.

During the initial session with all BHS beneficiaries, staff provide a variety of documents to the beneficiary and explain them in detail (See Appendix 19 for Acknowledgement of Receipt). If the beneficiary is receiving mental health and/or SUPT services, they receive a document referred as a "Member Handbook".

Mental Health Member Handbook:

<https://dhs.saccounty.gov/BHS/Documents/Provider-Forms/Acknowledgment-of-Receipt/FM-BHS-SUPT-Acknowledgment-of-Receipt-ENGLISH.pdf>

SUPT/DMC-ODS Member Handbook:

<https://dhs.saccounty.gov/BHS/Pages/SUPT/DMC-ODS/DMC-ODS-Member-Handbook.aspx>

The Member Handbooks for MH and SUPT contain the following information:

- How a member is eligible for services;
- How to access services;
- Who the service providers are;
- What services are available;
- What a member's rights and responsibilities are;
- BHS's Grievance and State Fair Hearing process; and
- Important phone numbers

BHS has translated threshold language versions of the Member Handbook, which are posted on the County website. The threshold languages include Arabic, Chinese, Farsi, Hmong, Spanish, Russian, and Vietnamese. Staff clarify the contents of the Member Handbook to the beneficiary and explain that interpreter services are available at no charge to the member. BHS committed to ensuring accurate and effective communication between clients and service providers. If a service provider is unable to communicate in a client's preferred language, all contracted prevention and treatment providers, and direct service County staff, have access to interpreter services through the County's Assisted Access Program. The Assisted Access Program provides in-person interpretation services. The Member Handbook, service brochures, and other written materials include the BHS 24-hour phone line with statewide toll-free access that has linguistic capability, and California Relay Service information.

The following is an excerpt from both Member Handbooks:

Interpreters for non-English speaking clients and telephone devices for the hearing impaired or deaf are available free of charge to the member. (Page 4 of Member Handbook)

Behavioral Health Services (BHS) has translated all the required materials and brochures into the threshold languages, with inclusion of taglines listed below in the prevalent non-English languages in the State, as well as large print, explaining the availability of oral interpretation or written translation services. The translated documents and taglines can be found on the BHS website.

The following links include examples of MH translated materials:

- <https://dhs.saccounty.gov/BHS/Pages/GI-Provider-Resources-Forms.aspx>

- <https://dhs.saccounty.gov/BHS/Pages/GI-Mental-Health-Providers.aspx>
- <https://dhs.saccounty.gov/BHS/Pages/Members-Handbook/GI-Members-Handbook-Mental-Health.aspx>

The Sacramento County Drug Medi-Cal Organized Delivery System (DMC-ODS) Informing Materials listed below are available in Sacramento County's seven threshold.

- Member Handbook:
<https://dhs.saccounty.gov/BHS/Pages/SUPT/DMC-ODS/DMC-ODS-Member-Handbook.aspx>
- Acknowledgement of Receipt:
<https://dhs.saccounty.gov/BHS/Pages/GI-Provider-Resources-Forms.aspx><https://dhs.saccounty.gov/BHS/Documents/Provider-Forms/Acknowledgment-of-Receipt/FM-BHS-SUPT-Acknowledgment-of-Receipt-ENGLISH.pdf>
- Member Rights and Problem Resolution Guide:
<https://dhs.saccounty.gov/BHS/Pages/GI-Provider-Resources-Forms.aspx>
- Advance Medical Directive:
<https://dhs.saccounty.gov/BHS/Pages/GI-Provider-Resources-Forms.aspx>
- Appeal Forms: <https://dhs.saccounty.gov/BHS/Pages/GI-Provider-Resources-Forms.aspx>
- Grievance Forms: <https://dhs.saccounty.gov/BHS/Pages/GI-Provider-Resources-Forms.aspx>
- Member Suggestion:
<https://dhs.saccounty.gov/BHS/Pages/GI-Provider-Resources-Forms.aspx>
- Provider Directory:
<https://dhs.saccounty.gov/BHS/Documents/SUPT/LI-BHS-SUPT-DMC-ODS-Provider-Directory.pdf>

The above Informing Materials have been posted to the County website. Additionally, all Informing Materials and Language Assistance Posters, in 16 languages, that describe how to request language assistance have been displayed in lobbies of all provider locations (Appendix 20). This is true for both MH and SUPT provider locations.

[The DMC-ODS Provider Directory](#) is currently available in all seven threshold languages on the SUPT website and includes the following for all service providers within the DMC-ODS service network:

- Provider's office/facility has accommodation for people with physical disabilities
- Status of cultural competency training for licensed, certified, and registered clinical staff

C. Evidence that the county/agency accommodate persons who have LEP by using bilingual staff or interpreter services.

We continue to employ bilingual staff at all MH and SUPT program sites. When this is not feasible, interpreters and/or interpreter services are utilized.

Also found on page 4 of the MH member handbook is the following excerpt:

A list of providers including alternatives and options for cultural and linguistic services is available from the ACCESS Team at (888) 881-4881 in the person's language of preference.

Page 9 of the DMC-ODS Member Handbook includes the following excerpt:

As A Member Of Your County DMC-ODS Plan, Your County Plan Is Responsible For...

- *Providing you services in your language or by an interpreter (if necessary) free of charge and letting you know that these interpreters are available.*
- *Providing you with written information about what is available to you in other languages and formats, or the following threshold languages, upon request:*
 - *Arabic*
 - *Cantonese*
 - *Farsi*
 - *Hmong*
 - *Russian*
 - *Spanish*
 - *Vietnamese*

(Please see <https://dhs.saccounty.gov/BHS/Pages/GI-Mental-Health-Providers.aspx> for the list of mental health providers and the cultural and linguistic services they provide. Please see <https://dhs.saccounty.gov/BHS/Documents/SUPT/LI-BHS-SUPT-DMC-ODS-Provider-Directory.pdf> for the list of SUPT providers. This list is discussed with the client and is provided upon request. The language list is used by County staff to assign clients to a particular provider when the client has special language or cultural accommodations.)

D. Share historical challenges on efforts made on items A, B, and C above. Share lessons learned.

BHS recognizes the importance of recruitment and retention of bilingual/bicultural staff as being the best way of engaging and retaining clients and this is an expectation of every contract. Survey responses from LEP clients have indicated the importance of bilingual staff. Prior client satisfaction surveys have underscored that increased satisfaction was correlated with the presence of bilingual staff on site. There is a continuing challenge to recruit and retain highly skilled bilingual/bicultural staff as they are in greater demand. Due to the limited number of highly skilled bilingual/bicultural staff in this region, BHS is faced with the challenge of competing with other agencies and institutions outside of the public behavioral health sector that can offer salaries that are more competitive. For example, salaries offered by hospitals, health plans, and the California Department of Corrections and Rehabilitation tend to be higher, which results in competition in urban areas like Sacramento County. Although BHS has authorized contract providers to increase the salaries of their direct service staff, the competitive job market continues to result in staff departures for private or school settings, thus affecting retention in the public behavioral health system.

The pandemic and statewide requirements have also impacted BHS and contract providers' ability to hire and retain staff throughout our programs, especially staff from culturally and linguistically diverse communities. BHS intends to utilize strategies and approaches related to recruitment, hiring, promotion and retention to increase the diversity of our workforce to be more reflective of the communities that we serve. BHS seeks to offer Workforce Education and Training financial incentive programs administered by the Department of Health Care Access and Information (HCAI) to support the ongoing workforce shortages in the public mental health system. Through our membership in the Regional Partnership for the Central Region, BHS will be able to participate in the Undergraduate

Scholarship Program, Graduate stipend program, and Loan Repayment Program. BHS approved awards to 125 individuals through Round 1 of the Loan Repayment Program.

Given the high degree of stigma around mental and behavioral health in many diverse cultural, racial, and ethnic communities, BHS introduced a speaker with lived mental health experience as part of our panel to a diverse college student group. We have received feedback from members of the public, particularly high school students, about how much they learned about mental health after hearing a speaker share their story as part of our Stop Stigma Speakers Bureau efforts (through the “Mental Illness: It’s not always what you think” project referenced in Criterion 2 V. A). BHS convened an in-person panel to Valley High students. The members included the BHS Workforce Education and Training Planner, two Stop Stigma Sacramento Speakers Bureau members who work in the behavioral health field (who shared their stories of living with a mental illness while also being mental health professionals), and four youth advocates who also shared about the work they do. The intention was to help expand attendees’ knowledge and awareness of careers in mental health and substance use prevention and treatment by introducing them to the perspectives shared by the diverse panelists. Presenters also spoke to the importance of recruiting staff who reflect the cultural, linguistic, ethnic, sexual, and gender diversity of the community we serve throughout our BHS programs.

BHS plans to continue to include speakers who can share their lived experience as we continue our recruitment efforts and will be focusing on presenting to culturally diverse student groups.

E. Identify county technical assistance needs. (DMH is requesting counties identify language access technical assistance needs, so that DMH may aggregate information and find solutions for small county technical assistance needs.)

None at this time.

III. Provide bilingual staff and/or interpreters for the threshold languages at all points of contact.

Note: The use of the language line is viewed as acceptable in the provision of services only when no other options are available. Counties

should train their staff for the proper use of language lines but should seek other options such as training interpreters or training bilingual community members as interpreters.

The county shall include the following in the CCPR Modification (2010):

A. Evidence of availability of interpreters (e.g. posters/bulletins) and/or bilingual staff for the languages spoken in the community.

Every attempt is made for all MH and SUPT services to be available in both threshold or non-threshold languages to the extent possible by on site bilingual staff. During the initial session, staff provide a variety of documents to the consumer and explain them in detail to the consumer. One of the documents is the Member Handbook. The following is an excerpt from page 4 of the MHP Member Handbook:

Interpreters for non-English speaking clients and telephone devices for the hearing impaired or deaf are available free of charge to the member.

The Assisted Access Program is available to assist, link and provide interpreter services for all clients of MH or SUPT programs, regardless of whether they meet the threshold language criteria.

The availability of interpreters for non-English speaking clients including the Deaf and Hard of Hearing (DHOH) are provided free of charge for all services. This is written on the promotional materials that BHS uses to inform the community about MH and SUPT services. SUPT revised outreach brochures to reflect a recent name change and re-designed the outreach brochures to make them more user-friendly and engaging. The re-designed brochures have been translated into the seven threshold languages. Samples of the revised brochures can be found on our website:

<https://dhs.saccounty.gov/BHS/Pages/GI-Provider-Resources-Forms.aspx>

In addition, for all major public planning meetings, BHS uses standard wording as follows to notify attendees that interpreters are available at no charge:

If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Anne-Marie Rucker one week prior to the event at (916) 875-3861 or Ruckera@saccounty.gov.

B. Documented evidence that interpreter services are offered and provided to clients, and the response to the offer is recorded.

From the point at which staff begin providing MH or SUPT services to a client, they provide a copy of the Member Handbook to the client and explain the rights to which the client is entitled. One of the rights is access to an interpreter at no cost to the client. To further support these efforts, the following is in place for training and supervision of the BHS MH and SUPT workforce.

Staff receive Documentation training from BHS when they begin working for either a contracted MH or SUPT provider or a County operated clinic. During the training, staff are reminded that interpreter services are to be made available free of charge to the client. According to documentation standards in the Policy No. 10-30 "Progress Notes (Mental Health)" (See Appendix 21), staff should include the following information in the introductory Progress Note:

"The clinical introductory progress note is written at the first face to face contact, or very soon thereafter, providing an overview of the client and his/her MH condition. A complete note includes but is not limited to: the identity of the client, including age, ethnicity, and other significant demographic information, the referral source, presenting condition, including symptoms, behaviors, and level of functioning, need for services/medical necessity justification, client strengths, supports, and a plan for subsequent services. If a client indicates a primary language other than English, or a physical disability, the provider will offer an accommodation to provide culturally and linguistically competent services and note this in the clinical introductory progress note. If a client refuses such accommodation, this refusal will be documented in the clinical introductory progress note."

Staff will document in the client's chart what cultural services are available and shall record their response to the offer of an interpreter. Currently, in SmartCare the need for and provision of interpreter services is entered into each progress note, including the agency and/or individual providing interpretation. If a need is identified, then the method of the interpretation and the language provided are recorded in the progress note. For reference, see excerpt below from *Cultural Competence & Ethnic Services Policy and Procedure - Procedure for Access to Interpreter Services (Appendix 22 Access to*

Interpreter Services.)

“Cultural and linguistic accommodations must be offered to the client and on behalf of the family/caregiver. This must be documented in every note when a language other than English is indicated. If the provider is trained and proficient in English and the target language, then the progress note must specify the language spoken during the session. When an interpreter is necessary, the progress note shall include the following: the language the session was conducted in, language services offered, the name of the interpreter, and how interpretation was conducted. If a provider is using a client’s family member for interpretation, document the emergency situation and circumstances where no other means of interpretation or communication was available. Should the client elect a family member as the interpreter, there must be documentation of the clinical decision-making informing that decision and documentation demonstrating efforts to offer an independent interpreter. Sacramento County prohibits the use of children as interpreters under all circumstances.”

Staff will conduct follow-up to their offer and document the results in the chart. These standard processes are reviewed as part of the Sacramento County Documentation Training curriculum. Documentation is also reviewed throughout the Utilization Review process, both internally at the agency and externally by BHS. According to the Electronic Utilization Review/Quality Assurance Activities Policy QM-09-05 (See Appendix 23 for complete list of review tools).

“It is the policy of the Sacramento County MHP to conduct reviews of mental health services authorized and provided by all county operated, county contracted and out of county service providers. The MHP Quality Improvement Committee (QIC) charges the Utilization Review Committee (URC), the Quality Management (QM) unit and affiliated working committees to complete these oversight, monitoring and quality assurance functions. Qualified staff and appropriate tools are to be utilized to review medical necessity, quality, quantity and appropriateness of care provided in accordance with contractual and regulatory requirements. The URC/QM

submits annual findings of reviews, trends and recommendations to the QIC chair, the QM Manager for the MHP, who maintains operational direction for Utilization Review (UR) and QA activities. These findings are reviewed and analyzed by the QIC for the purpose of identifying possible Performance Improvement Projects or other QA/QI activities. The policy applies to county operated, county contracted and out of county providers and outlines their responsibility for monitoring and quality assurance activities assigned within its organizational structure.”

The goal of the EUR/QA process is to conduct concurring and retrospective electronic chart reviews that 1) monitor type and quality of service delivery within MHP established standards of care; 2) ensure adherence to documentation and authorization standards and requirements; and 3) verify and validate accurate, timely charting to support service claims.

As part of the EUR/QA monthly process, a Utilization Review Tool (see Appendix 24) is used to review documentation standards.

All SUPT contracted providers have completed documentation training facilitated by BHS Quality Management clinical staff. SUPT clinical staff, in collaboration with Quality Management clinical staff, have revamped and will continue to refine the Site Review and Utilization Review monitoring tools to align with DMC-ODS, Minimum Quality Drug Treatment Standards, and Prevention standards as well as national culturally and linguistically appropriate standards (CLAS). Monitoring tools include:

- CLAS (Standards 1-15)
- Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public. California Relay in place to support hearing impaired.
- Services are accessible to the disabled at no additional cost.
- Materials/devices available to serve persons with disabilities at no charge (e.g., Braille/large print/signing interpreter/wide doors/ramps, etc.)
- The Informing Materials are placed in the lobby in English and threshold languages: Arabic, Chinese, Farsi, Hmong, Spanish, Russian, Vietnamese
- Personnel Records/Staff training: American with Disabilities Act (ADA) Training, Cultural Competency Training, etc.

- Intake/Initial Assessment, the client's cultural and language needs were explored, accommodated (e.g., the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
- Treatment Plan Development: the client's cultural and language needs were explored, accommodated (e.g., the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
- Re-Assessment/Updated Treatment Plan: Any changes in client's cultural and language needs were accommodated (e.g., the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
- Currently, SUPT Program Coordinators and Quality Management staff conduct utilization reviews of client charts annually, which is then reviewed with providers. Over this past year, a Utilization Review Committee has been convening on a monthly basis for SUPT and QM staff to provide technical assistance and guidance to contracted providers.

C. Evidence of providing contract or agency staff that are linguistically proficient in threshold languages during regular day operating hours.

As stated in III A. above, every attempt is made for all MH and SUPT services to be available in both threshold or non-threshold languages to the extent possible by on site bilingual staff. All providers are encouraged to employ bilingual/bicultural staff who can provide services in the preferred language of the consumer. In cases where bilingual program staff are not available, staff continue to enlist the services of interpreter staff from the Assisted Access Program. Assisted Access Program staff are available during regular day operating hours for interpreting throughout the system. Please see Criterion 7, II A. 1–3 for a more detailed description of the Assisted Access Program. If needed, staff may contact additional interpreting agencies to schedule a face-to-face interpreter.

D. Evidence that counties have a process in place to ensure that interpreters are trained and monitored for language competence (e.g., formal testing).

BHS has sponsored numerous interpreter training sessions over the years and has adopted the use of Behavioral Health Interpreter Training (BHIT, formerly known as Mental Health Interpreter Training, or MHIT) to train interpreters. All interpreter staff were trained during the pilot of the MHIT in 2007, and we have been offering a session annually to train additional interpreters who have joined the workforce since the pilot and subsequent training sessions. To date, 330 bilingual staff have completed the BHIT and 253 staff have attended the training intended for staff who utilize interpreters in MH/behavioral health settings. Additionally, select staff from the Assisted Access program who have completed the forty-hour Health Interpreter Training and BHIT are available for consultation with agencies as the need arises.

Sacramento County utilizes a formal process for determining language proficiency of staff employed by the county who may function as an interpreter. While the County cannot test the proficiency of contract provider staff, we advise them to develop means for testing the language proficiency of staff. Some have set up their own testing by using in-house resources, while others have chosen to contract with outside agencies for language proficiency testing.

BHS uses a systematic method for collecting language proficiency of staff employed in a behavioral health setting in Sacramento County. This systematic data collection is conducted through the administration of the annual HR Survey. The Human Resource Survey contains a Language Proficiency Survey section (See Appendix 25) that solicits information from provider agencies about language proficiency testing. The following is an excerpt from the Human Resource Survey:

Please state languages you are proficient in in the space provided below.

1. Language: _____
Check all that apply
☐ Speak ☐ Read ☐ Write
2. Did you take a formal test to determine Proficiency?
☐ Yes ☐ No

IV. Provide services to all LEP clients not meeting the threshold language criteria who encounter the mental health system at all points of contact.

The county shall include the following in the CCPR Modification (2010):

- A. Policies, procedures, and practices that include the capability to refer, and otherwise link, clients who do not meet the threshold language criteria (e.g., LEP clients) who encounter the behavioral health system at all key points of contact, to culturally and linguistically appropriate services.**

The process that BHS uses to provide services in the preferred language of the client is the same whether the client speaks a threshold language or another language. BHS compiles a database of the responses from the HR Survey and Language Proficiency Survey responses. From this database, a report is generated that lists all of the staff employed by a county operated or contract provider who are proficient in a language other than English. Many of the languages reflected are beyond the scope of the seven threshold languages currently identified for Sacramento County. Access staff review the language list and consider the presence of bilingual staff when making referrals to providers if a client is LEP. The language proficiency of staff is also reported on a quarterly basis on provider staff rosters, and also in the quarterly submission of the network adequacy standards.

Many of the MH and SUPT providers employ bilingual staff who speak a language outside of one of the threshold languages. In the instance when a bilingual staff member is not available, providers will request an interpreter from the Assisted Access Program. For a more detailed description of the Assisted Access Program, please see Criterion 7, II A. 1–3. If an interpreter is not available through Assisted Access, then staff will request an interpreter from an interpreting agency. Only as a last result would staff use an over-the-phone interpreter to provide services.

- B. Provide a written plan for how clients who do not meet the threshold language criteria are assisted to secure or linked to culturally and linguistically appropriate services.**

BHS provides a streamlined access process for all individuals, which begins at the initial contact with a client. The process that BHS uses to provide services in the preferred language of the client is the same whether the client speaks a threshold language or another language. As stated in III C above, every attempt is made for all MH and SUPT services to be available in threshold and non-threshold languages to the extent possible by on-site bilingual staff.

Access Team staff use the provider list that contains information about languages spoken by staff when assigning individuals to providers for continued outpatient MH services:

<https://dhs.saccounty.gov/BHS/Pages/GI-Mental-Health-Providers.aspx>

If on-site bilingual staff are not available, staff enlist the services of interpreter staff from the Assisted Access Program, many of whom speak languages that do not meet the criteria to be considered a threshold language. Assisted Access Program staff are available during the hours of program operation for interpreting throughout the system. If needed, staff may contact additional interpreting agencies to schedule a face-to-face interpreter.

The SUPT System of Care team use The Sacramento County DMC-ODS Provider Directory which includes pertinent information to meet the diverse needs of our clients. The Provider Directory includes information such as, specialty (i.e.: LGBTQ+, veterans, criminal justice population, trauma), cultural competence training status, and physical disabilities accommodations:

<https://dhs.saccounty.gov/BHS/Documents/SUPT/LI-BHS-SUPT-DMC-ODS-Provider-Directory.pdf>,

C. Policies, procedures, and practices that comply with the following Title VI of the Civil Rights Act of 1964 (see page 27) requirements:

1. Prohibiting the expectation that family members provide interpreter services;
2. A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services; and
3. Minor children should not be used as interpreters.

BHS has enacted policies that comply with Title VI of the Civil Rights Act of 1964 and addresses interpretation services by family members (See Appendix 26 for Policy No. 01-03 Interpretation Services by Family Members and Appendix 22 for Policy No. 01-02 Procedure for Access to Interpreter Services). According to these policies, the use of family members as interpreters is prohibited except in rare or extenuating circumstances. The following is an excerpt from the policy 01-03:

Family members can be used as interpreters only in the following situations:

- 1. In emergencies where no other means of interpretation or communication are available.*
- 2. When a consumer specifically chooses not to use a MHP interpreter and elects to use a family member for interpretation services, a Release of Information form must be signed by the consumer before the family member may be used as an interpreter. (See attached release form). Continued offers to provide an independent interpreter must not be excluded by this initial decision. Clinical decisions must always inform these efforts and may involve utilizing both family and independent interpreters in specific circumstances.*

The MHP prohibits the use of children as interpreters in any circumstance. *In the event of emergency situations, providers are always responsible to access alternative interpreter services to ensure that children are not placed in a position to make this decision.*

The following is an excerpt from Policy 01-02: Procedure for Access to Interpreter Services:

- A. The MHP and SUPT generally prohibit the use of family members as interpreters except in rare or extenuating circumstances:*
 - 1. In emergencies where no other means of interpretation or communication are available.*
 - 2. When a consumer specifically chooses not to use an interpreter provided by the MHP or SUPT and elects to use a family member for interpretation services, a Release of Information form must be signed by the consumer before the family member may be used as an interpreter. (See attached release form). Continued offers to provide an independent interpreter must not be excluded by this initial decision. Clinical decisions must always*

inform these efforts and may involve utilizing both family and an independent interpreter in specific circumstances.

The MH and SUPT prohibit the use of children as interpreters in any circumstance. In the event of emergency situations, providers are always responsible to access alternative interpreter services to ensure that children are not placed in a position to make this decision.

V. Required translated documents, forms, signage, and client informing materials

The county shall have the following available for review during the compliance visit:

A. Culturally and linguistically appropriate written information for threshold languages, including the following, at minimum:

1. Member service handbook or brochure;
2. General correspondence;
3. Beneficiary problem, resolution, grievance, and fair hearing materials;
4. Beneficiary satisfaction surveys;
5. Informed Consent for Medication form;
6. Confidentiality and Release of Information form;
7. Service orientation for clients;
8. Behavioral health education materials, and
9. Evidence of appropriately distributed and utilized translated materials.

All the materials listed above are available for review in English and the Sacramento County's threshold languages (Arabic, Cantonese, Farsi, Hmong, Russian, Spanish, and Vietnamese) during a compliance visit.

B. Documented evidence in the clinical chart that clinical findings/reports are communicated in the clients' preferred language.

Documented evidence in the clinical chart that clinical findings/reports are communicated in the client's preferred language will be available for review during the compliance visit. All providers in both MH and SUPT have assessments recorded in our Avatar billing

system, which includes a demographics screen/form which asks the client's preferred language, etc. As of July 1, 2023, this is now entered in SmartCare Electronic Health Record and clinicians identify the interpreting agency.

C. Consumer satisfaction survey translated in threshold languages, including a summary report of the results (e.g., back translation and culturally appropriate field-testing).

The Treatment Perception Survey (TPS) is administered to SUPT youth and adult clients for a specific sample period, which is distributed by service providers in English and all seven threshold languages. SUPT service providers administered the TPS September 20-24, 2021, which included race, ethnicity, cultural sensitivity, understood communication, and treated with respect. Survey results are currently being compiled by the University of California, Los Angeles. Below depicts the demographics of those who completed the survey compared to those served during the survey collection week. The majority of youth served during the week completed a survey (71%) while only 16.7% of adults completed a survey. Asian and Other races had the highest completion rates at just 36% while Mexican/Latinx was had the lowest. Note: Gender with the exception of Male and Female, categories were not comparable due to the wording on the survey and data available in the EHR.

	2021 TPS Demos (N=570)		All SUPT Clients Served during Sampling Week (N=2,906)		Percent Surveyed
Age	#	%	#	%	%
0-17	22	3.9%	31	1.1%	71.0%
18+	480	84.2%	2875	98.9%	16.7%
Decline to answer/missing	68	11.9%	0	0.0%	N/A
Gender					
Female	266	46.7%	1471	50.6%	18.1%
Male	239	41.9%	1435	49.4%	16.7%
Other gender identity	9	1.6%	0	0.0%	N/A
Transgender	1	0.2%	0	0.0%	N/A
Decline to answer/missing	55	9.6%	0	0.0%	N/A
Race					
American Indian/Alaskan	12	2.1%	34	1.2%	35.3%

Native					
Asian	28	4.9%	76	2.6%	36.8%
Black/African American	85	14.9%	348	12.0%	24.4%
Mexican/Latinx	58	10.2%	508	17.5%	11.4%
Native Hawaiian/Pacific Islander	6	1.1%	20	0.7%	30.0%
Other	29	5.1%	79	2.7%	36.7%
Unknown/missing	52	9.1%	542	18.7%	9.6%
White	304	53.3%	1299	44.7%	23.4%
Primary Language*					
English	565	99.1%	2494	85.8%	22.7%
Spanish	5	0.9%	41	1.4%	12.2%
Other Non-English	N/R	N/R	35	1.2%	N/A
Russian	N/R	N/R	8	0.3%	N/A
Arabic	N/R	N/R	0	0.0%	N/A
American Sign Language (ASL)	N/R	N/R	0	0.0%	N/A
Vietnamese	N/R	N/R	0	0.0%	N/A
Unknown/Not Reported	N/R	N/R	328	11.3%	N/A

Note: the survey was only offered in Spanish and English in 2021

The Consumer Perception Survey is distributed by MH service providers in all threshold languages to MH clients. The state provides BHS with translated versions of the two consumer satisfaction surveys referenced above.

D. Report mechanisms for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and culturally appropriate field-testing).

See V E. response below.

E. Report mechanisms for ensuring translated materials are at an appropriate reading level (6th grade). Source: Department of Health Services and Managed Risk Medical Insurance Boards.

This response applies to D and E:

All MH and SUPT brochures are translated by County approved

contracted interpreters/translators and undergo culturally appropriate field testing. The BHS policy for document translation is available and applies to both MH and SUPT (Appendix 27). The policy requires the following:

- i. All BHS programs and BHS contract providers shall utilize qualified translators or individuals who have passed a written language proficiency test to translate written materials.*
- ii. If an individual who has not passed a written language proficiency test translates a document, then the completed document must be forwarded to BHS for review prior to use.*
- iii. The translation should be done at a 5th grade reading level.*
- iv. The forward and back method of translation shall be used for all documents requiring translation.*
- v. The layered review should be completed by a second and third translator reviewing the documents.*
- vi. A review shall also be conducted with consumers/ community members to ensure that the document is clear and meets the education level of the community.*

Source: Department of Health Services

CRITERION 8
COUNTY MENTAL HEALTH SYSTEM
ADAPTATION OF SERVICES

Rationale: Organizations should ensure that clients/consumers receive from all staff members, effective, understandable, and respectful care, provided in a manner compatible with their cultural health beliefs and practices and preferred language (CLAS Final Report).

I. Client driven/operated recovery and wellness programs

The county shall include the following in the CCPR Modification (2010):

- A. List client-driven/operated recovery and wellness programs and options for consumers that accommodate racially, ethnically, culturally, and linguistically specific diverse differences.

II. Responsiveness of mental health services

The county shall include the following in the CCPR Modification (2010):

- A. Documented evidence that the county/contractor has available, as appropriate, alternatives and options that accommodate individual preference, or cultural and linguistic preferences, demonstrated by the provision of culture-specific programs, provided by the county/contractor and/or referral to community-based, culturally-appropriate, non-traditional mental health provider.

(Counties may develop a listing of available alternatives and options of cultural/linguistic services that shall be provided to clients upon request. The county may also include evidence that it is making efforts to include additional culture-specific community providers and services in the range of programs offered by the county).

- B. Evidence that the county informs clients of the availability of the above listing in their member services brochure. If it is not already in the member services brochure, the county will include it in their next printing or within one year of the submission of their CCPR.
- C. Counties have policies, procedures, and practices to inform all Medi-Cal beneficiaries of available services under consolidation of specialty mental health services.

(Counties may include **a.)** Evidence of community information and

education plans or policies that enable Medi-Cal beneficiaries to access specialty mental health services; or **b.**) Evidence of outreach for informing under-served populations of the availability of cultural and linguistic services and programs (e.g., number of community presentations and/or forums used to disseminate information about specialty mental health services, etc.)

- D. Evidence that the county has assessed factors and developed plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services. Such factors should include:
1. Location, transportation, hours of operation, or other relevant areas;
 2. Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds (e.g., posters, magazines, décor, signs); and
 3. Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and /or partnerships, such as primary care and in community settings. (The county may include evidence of a study or analysis of the above factors, or evidence that the county program is adjusted based upon the findings of their study or analysis.)

III. Quality Assurance

Requirement: A description of current or planned processes to assess the quality of care provided for all consumers under the consolidation of specialty mental health services. The focus is on the added or unique measures that shall be used or planned in order to accurately determine the outcome of services to consumers from diverse cultures including, but not limited to, the following:

The county shall include the following in the CCPR Modification (2010):

- A. Grievances and Complaints: Provide a description of how the county mental health process for Medi-Cal and non-Medi-Cal client Grievance and Complaint/Issues Resolution Process data is analyzed and any comparison rates between the general beneficiary population and ethnic beneficiaries.

CRITERION 8
SACRAMENTO COUNTY MENTAL HEALTH SYSTEM
ADAPTATION OF SERVICES

I. Client driven/operated recovery and wellness programs

The county shall include the following in the CCPR Modification (2010):

- A. List client-driven/operated recovery and wellness programs and options for consumers that accommodate racially, ethnically, culturally, and linguistically specific diverse differences.

A Church For All – Supporting Community Connections (SCC) program provides culturally informed support services to African American community members across genders and all age groups. The program provides multi-faceted outreach and engagement activities that are intended to promote and support community connections and improve access to mental health and other needed services. These activities include participating in community outreach events and conducting presentations in faith-based and community-based organizations serving African American community members such as in schools, afterschool programs, and youth programs. The program has also implemented a social media strategy to provide program, suicide prevention, and resource information.

The program also provides suicide prevention support services to African American community members. These services include offering individual listening sessions for individuals who are at risk of suicide or are experiencing an emotional crisis; providing linkage and referral to mental health or other needed resources; facilitating ongoing or topic-oriented support groups; and offering trainings such as Mental Health First Aid (MHFA) and SafeTALK. Support services are provided in person, over the phone, virtually, and in the community. To promote trust and ease of access, support services are co-located two days per week at two different locations within the African American community.

Cal Voices - Consumer-Operated Warmline is a non-crisis telephone support service available to all Sacramento County adult residents during the specific (peak) hours of Monday thru Friday from

9:00 AM to 5:00 PM. Warmline goals are to support individuals with increasing access and linkage to needed services; improving self-reported life satisfaction and wellbeing; and reducing suicide risk factors including isolation and the need for crisis services while enhancing protective factors including connectedness and knowledge of available resources.

Warmline callers receive culturally/linguistically appropriate services which may include but are not limited to: supportive listening, coaching, mentoring, linkage and referral to behavioral health services and other needed resources, skill building, and social networking. The Warmline also provides support services including Wellness Recovery Action Plan (WRAP) workshops; community outreach and engagement; one-on-one peer support; community education and training about mental health issues; and volunteer training, development, and support.

Central Star Peer Support Services is available to clients of the Adult Psychiatric Support Services (APSS) Clinic on a voluntary basis.

Peer Support Services is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer Support Services is about fostering a connection with a client based on similar lived experiences. It is about making a connection that leads into honest conversations about challenges and hope in a client's life. It is about recovery in a person-centered approach with emphasis on a strengths-based model leading to empowerment and independence.

Peers are recruited for both their life experience and their cultural background, and they reflect the cultural diversity of the Sacramento County community.

Peers can talk to clients in empathetic ways, sharing their lived experience to foster hope and a sense of community. Peers can meet with clients and discuss hope, strategies for change, ideas for growth, and goals/dreams. Peers also facilitate several groups a week in an effort to keep clients connected and active with other peers and resources.

CORE Program Community Wellness Centers:

The CORE Program, currently in implementation phase (Please reference the new program implementation outlined in detail in Criterion 3.), includes eleven (11) co-located peer-run Wellness Center sites geographically located throughout the Sacramento County community that are operated by four (4) providers: Turning Point Community Programs operating three (3) sites; El Hogar Community Services operating two (2) sites; Bay Area Community Services (BACS) operating three (3) sites, and Hope Cooperative operating three (3) sites. Turning Point Community Programs subcontracts with Consumers Self Help Center (CSHC) to operate their three (3) Community Wellness Centers.

The focus of the Community Wellness Centers is to connect individuals, ages 18 and older to peer led meaningful groups, activities and additional support resources by acting as a drop-in center for all interested community members. They act as the front door for individuals interested in mental health services and have the ability to connect those who qualify to their Outpatient program for assessments for ongoing mental health services. Community Wellness Centers are shaped by ongoing feedback from community, stakeholders and clients to create a space that is welcoming, culturally responsive and client centered. Some of the sites will have access to shower and laundry facilities. With Board of Supervisors approval in June 2023, all 11 sites will have 2 Community Outreach Workers to support in connecting our unhoused community members to the Wellness Centers and support in getting connected to ongoing mental health services should they be interested and qualify. These programs are partially operational with the goal of having all sites open by November 2023. All locations are working toward offering extended hours.

II. Responsiveness of mental health services

The county shall include the following in the CCPR Modification (2010):

- A. Documented evidence that the county/contractor has available, as appropriate, alternatives and options that accommodate individual preference, or cultural and linguistic preferences, demonstrated by the provision of culture-specific programs, provided by the county/contractor and/or referral to community-based, culturally-

appropriate, non-traditional mental health provider.

(Counties may develop a listing of available alternatives and options of cultural/linguistic services that shall be provided to clients upon request. The county may also include evidence that it is making efforts to include additional culture-specific community providers and services in the range of programs offered by the county).

The County of Sacramento has community-based programs serving culture and language-specific groups. Leveraging PEI funding, we contract with culturally specific providers to offer culturally responsive and linguistically appropriate Prevention and Early Intervention and mental health respite programs. For a listing of these programs, please view the list found at this site:

<https://dhs.saccounty.gov/BHS/Documents/MHP-MediCal-Providers/LI-PEI-and-MH-Respite-Services-Provider-List-English.pdf>

We also offer time-limited community driven Prevention and Early Intervention grants that enable multiple community-based organizations to provide culturally informed support services to the community. To view the list of programs funded in Round 2, please go to this site:

<https://dhs.saccounty.gov/BHS/Documents/MHSA/GI-BHS-MHSA-Sacramento-County-Community-Driven-PEI-Grant-Awardees-Round-2.pdf>

The Consumer-Operated Warmline operated by Cal Voices and the Peer Support Services Program, administered by Central Star, are examples of client driven/operated recovery and wellness programs. The Consumer-Operated Warmline is open to all Sacramento County adults, age 18+, including consumers, family members, and friends and provides non-crisis telephone support services including, coaching, supportive listening, mentoring, skill building, social networking, and linkage and referral to behavioral health services and other needed resources. The Warmline also provides support services including Wellness Recovery Action Plan (WRAP) workshops; community outreach and engagement; one-on-one peer support; community education and training about mental health issues; and volunteer training, development, and support.

The Peer Support Services Program will be a collaborative and integrated program within the following County operated programs:

- Adult Psychiatric Support Services (APSS)
- Child and Adolescent Psychiatric Services (CAPS)
- Mental Health Treatment Center (MHTC)
- Youth Detention Facility (YDF)
- Interagency Placement Committee (IPC)
- Community Support Team (CST)

To further support the recovery process, Peer Support Services are provided to clients and their families receiving services within these County operated programs. These efforts are accomplished through a variety of interventions, including informing clients about recovery and services, advocating, connecting to resources, decreasing isolation and risk for suicide, reducing unnecessary use of psychiatric hospitalization, law enforcement, and jail, increasing individual/family and natural support persons' knowledge of available resources, experiential sharing, relationship building, socialization/self-esteem building, group facilitation and assisting consumers with overcoming barriers to seeking services due to racial, ethnic, cultural or language barriers, which are key strategies contributing to successful outcomes.

The Prevention and Early Intervention (PEI) component provides funding for programs and activities designed to prevent mental illness from occurring or becoming more severe and disabling. Sacramento County's PEI Plan is comprised of four (4) previously approved programs designed to address suicide prevention and education; strengthening families; integrated health and wellness; and mental illness stigma and discrimination reduction.

Included in PEI programming are respite programs, all of which involve peers.

Respite program goals include providing a safe environment in which participants increase their knowledge of available supports and how to access them, improve well-being, reduce stress, increase connectedness, and reduce feelings of isolation, decrease risk of harm, and reduce visits to the emergency room and psychiatric hospitals. There are currently 5 respite programs:

- **Caregiver Crisis Intervention Respite Program** – Del Oro Caregiver Resource Center: Administered by Del Oro Caregiver

Resource Center, helps decrease hospitalizations due to mental health crises of family caregivers of dementia patients. The program provides respite care, family consultation, home visits and an assessment with a Master's level clinician to develop a care plan focused on services, supports, and wellness. The program serves adult caregivers of all age groups with the majority of caregivers being in the 60+ age range.

- **Homeless Teens and Transition Age Youth (TAY) Respite Program** – Administered by Wind Youth Services, Rejuvenation Haven program provides mental health crisis respite care via a drop-in center or pre-planning to transition age youth age 13-25 years old who are experiencing overwhelming stress due to life circumstance and homelessness. Services include screening, planning, crisis intervention, enriching workshops, health screenings, groups, crisis counseling and case management.
- **Ripple Effect Respite Program** –Administered by A Church for All, this program provides planned mental health respite care designed to prevent acute mental health crisis from occurring for adults ages eighteen and older, with an emphasis on people of color who may identify as LGBTQ. The program utilizes a peer run structure to increase social connectedness and operates a daily support group that helps participants overcome suicide risk factors.
- **Lambda Lounge Adult Mental Health Respite Program** - Administered by Sacramento LGBT Community Center, this program provides drop-in mental health respite care designed to prevent an acute mental health crisis from occurring, as well as suicide prevention support services to unserved and underserved adults ages twenty-four (24) and older who identify as LGBTQ+. The program offers a variety of support groups focused on mitigating risk factors, building healthy relationships, health, and wellness, etc.
- **Q Spot Youth/Transition Age Youth (TAY) Respite Program** –Administered by Sacramento LGBT Community Center, this program provides drop-in mental health respite care and supportive services to unserved and underserved youth/TAY ages thirteen (13) through twenty-three (23) who identify as LGBTQ+. In FY 2016-17, several new youth groups were implemented to focus on decreasing suicide risk, promoting healthy relationships and life skill development.

Every September, Sacramento County celebrates **National Recovery Month** to increase awareness and understanding of mental health and substance use disorders and celebrate the people in recovery.



In September of each year, this annual event is organized by the California Consortium of Addiction Programs and Professionals and in collaboration Sacramento County Substance Use Prevention and Treatment (SUPT) Services and community-based service providers, host this event at the California State Capitol. The event includes a recovery walk, pancake breakfast, provider fair, sobriety countdown, keynote speakers, advocacy, entertainment and giveaways. Individuals in recovery and their peers in recovery share their diverse experiences and stories of healing while also meeting new peers to support their continued journey in recovery. This event emphasizes that individuals in recovery and their support systems can be change agents in our communities.

- B. Evidence that the county informs clients of the availability of the above listing in their member services brochure. If it is not already in the member services brochure, the county will include it in their next printing or within one year of the submission of their CCPR.

The MHP informs clients of the availability of the above listing in our Member Services Brochure. It is provided to clients in all threshold languages, noted in the case file, and checked in Quality Management case reviews. The same is true for SUPT.

For example, resources in all threshold languages and are available online:

<https://dhs.saccounty.gov/BHS/Pages/Resources.aspx>

- C. Counties have policies, procedures, and practices to inform all Medi-Cal beneficiaries of available services under consolidation of specialty mental health services.

(Counties may include **a.**) Evidence of community information and education plans or policies that enable Medi-Cal beneficiaries to access specialty mental health services; or **b.**) Evidence of outreach for informing under-served populations of the availability of cultural and linguistic services and programs (e.g., number of community presentations and/or forums used to disseminate information about specialty mental health services, etc.)

Outreach to underserved linguistic and cultural groups is integrated into our practice. For example, outreach materials are available in all of the Sacramento County threshold languages and outreach is conducted by BHS in partnership with our Supporting Community Connections programs and PEI respite programs, all of whom have trusted relationships with the communities they serve. Please see Appendix 28 for a compiled Outreach Log from MHP providers, SUPT providers and PEI providers as well as the county operated programs.

For example, many program brochures that are used at outreach events are available in all threshold languages and are available online:

<https://dhs.saccounty.gov/BHS/Pages/Resources.aspx>

- D. Evidence that the county has assessed factors and developed plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services. Such factors should include:
1. Location, transportation, hours of operation, or other relevant areas;
 2. Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds (e.g., posters, magazines, décor, signs);
 3. Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and /or partnerships, such as primary care and in community settings. (The county may include evidence of a study or analysis of the above factors, or evidence that the county program is adjusted based upon the findings of their study or analysis.)

In an ongoing effort to increase access and improve the quality of outpatient MH Services, Sacramento County released a Request for Application with the intent of redesigning the Adult Outpatient Specialty Mental Health Services (Appendix 29).

The Adult Outpatient Services Transformation is an opportunity to incorporate community stakeholder input to effectively serve our community and enhance the overall adult outpatient mental health services delivery system. The current outpatient system, which has remained relatively unchanged since the 1990s, includes walk-in centers providing site-based low-to-moderate level of care, site-based regional clinics providing low-to moderate level of care, and flexible site-based and community-based services providing moderate-to-high level of care. Through the gathering of stakeholder input, Sacramento County BHS prioritized this system to transform and modernize utilizing known strengths and addressing challenges identified by community stakeholders.

Beginning in 2019, Sacramento County BHS convened several stakeholder input sessions, including focus groups, town halls, smaller cultural-specific community conversations, key informant interviews, and online surveys to gather feedback and ideas about the current system of care from consumers, family members of consumers, system partners, and community members. Feedback-driven goals were established for the Adult Outpatient Services Transformation through common themes identified in stakeholder input (see Behavioral Health Town Hall, Appendix 30), Adult Outpatient Mental Health System Feedback Sessions, and Report Back on Community Stakeholder Input for Adult Outpatient Services Transformation:

<https://dhs.saccounty.gov/BHS/Documents/Advisory-Boards-Committees/Mental-Health-Services-Act-Committee/MHSA-SC-2021/MA-MHSA-SC-2021-04-15--Att-B-Report-Back-on-Community-Stakeholder-Input-for-Adult-Outpatient-Svcs-Transformation.pdf>

Additionally, Recovery Oriented Leadership (ROL), a best practice approach to increase hope, commitment, and action across the system of care, guides the Adult Outpatient Services Transformation. This practice involves the following four principles:

- Hope: Having a vision that is worth working towards and believing that things can improve.
- Healing: Acknowledgement that people need healing, compassion and encouragement as they work towards finding wholeness and health.

- **Community Engagement:** People are encouraged to be a part of the community and their contributions are promoted, while they are accepted for who they are.
- **Authority:** People with psychiatric disabilities have the power to decide their future and take meaningful action based on their beliefs and desires.

With insight gathered from specific stakeholder populations and the community, Sacramento County BHS developed the transformative model called Community Outreach Recovery Empowerment (CORE). The CORE Program combines community stakeholder supported MHSA CSS component programs such as Wellness & Recovery Program, Transitional Community Opportunities for Recovery (TCORE) Program, Guest House, and the Regional Support Teams. By combining these programs, BHS intends to increase access, equitably distribute Adult Outpatient Mental Health services, while meeting California's network adequacy standards for Medi-Cal and create flexibility within the program to adjust intensity of services. This will allow clients to maintain the intensity of services that are clinically indicated without transferring to a different provider, preserving client relationships with their service provider as their needs fluctuate or change. The CORE Program supports flexibility in its service delivery, ease of access, and emphasizes a client centered, recovery focused, outcome-driven system of care.

For the purpose of providing culturally and linguistically responsive care, community defined practices, and cultural brokerage services through the CORE Program, RFA awardees will have the opportunity to subcontract with grassroots and community-based organizations with knowledge, expertise and familiarity in working with the cultural, racial, ethnic, linguistic, sexual, and gender diversity of Sacramento County neighborhoods and communities. Awardees may choose to subcontract for the CORE peer-run community wellness center program component for enrolled participants.

As stated, the CORE Program, takes into account the County's MHP need to meet California's network adequacy standards as defined and established by the Centers for Medicare & Medicaid Services (CMS) and California Department of Health Care Services (DHCS) <http://www.dhcs.ca.gov/formsandpubs/Pages/NetworkAdequacy.aspx>. In February 2018, California DHCS informed all MHPs that they must meet network capacity requirements to serve the population of adults and children/youth Medi-Cal beneficiaries. Network capacity standards require that counties demonstrate timely access to care,

reasonable time and distance from provider sites to beneficiary residences, and an adequate number of outpatient psychiatrist and clinical providers for Medi-Cal beneficiaries. Each MHP is required to submit at minimum, an annual Network Adequacy Certification Tool (NACT) detailing the MHPs' providers, site locations, services provided, staff composition, and language capacity. MHPs are required to submit supporting documentation such as policies and procedures relating to meeting and monitoring network capacity requirements, timeliness data, Geographic Information System (GIS) maps, and data demonstrating use of interpreters.

In April 2021, DHCS provided notification that Sacramento County was in compliance with all network adequacy standards. These standards require that County MHP be responsible for ensuring (1) timely access to care for Medi-Cal beneficiaries that includes offering non-urgent mental health outpatient services appointments within 10 days of request, as defined by the Sacramento County BHS Policy and Procedure QM-20-04 Timely Access (<https://dhs.saccounty.gov/BHS/Documents/BHS-Policies-and-Procedures/PP-BHS-QM-20-04-Timely-Access.pdf>); and (2) that outpatient mental health services are accessible no more than 15 miles or 30 minutes from a beneficiary's residence.

For the purpose of improving timely access to services, shortening distance parameters to services and collaborating with adult-serving systems and organizations (such as housing providers, transportation Sacramento County systems, probation, health care, etc.), the CORE Program adult outpatient mental health service sites shall be geographically distributed throughout Sacramento County.

III. Quality Assurance

Requirement: A description of current or planned processes to assess the quality of care provided for all consumers under the consolidation of specialty mental health services. The focus is on the added or unique measures that shall be used or planned in order to accurately determine the outcome of services to consumers from diverse cultures including, but not limited to, the following:

The county shall include the following in the CCPR Modification (2010):

- A. Grievances and Complaints: Provide a description of how the county mental health process for Medi-Cal and non-Medi-Cal client

Grievance and Complaint/Issues Resolution Process data is analyzed and any comparison rates between the general beneficiary population and ethnic beneficiaries.

Quality Management Member Services (QM) is currently reviewing the grievance and complaints for the FY 2022-23. At this time, the collection and analysis are not available for the FY 2022-23 report but will be available at the time for the next Cultural Competence Plan.

The following is the FY 2021-22 grievance summary for SUPT and MHP beneficiaries:

During fiscal year 2021-2022, DMC-ODS Substance Use Prevention and Treatment (SUPT) served 5,929 Medi-Cal beneficiaries, which is 450 more beneficiaries than the prior year. This increase is likely due to the decrease in COVID-19 restrictions, which more fully allowed beneficiaries to participate in a wider range of services.

Quality Management Member Services (QM) received nine grievances, representing 0.15% of SUPT beneficiaries. Adults submitted all grievances. Eight of the nine beneficiaries ethnically identify as White. The ethnic identity of the remaining beneficiary is unknown. There were various types of issues brought to the attention of QM. Two related to Case Management, five involved Quality of Care issues, one was a request for reimbursement of out-of-pocket Medi-Cal expenses, and one was about medical health care. SUPT resolved grievances in favor of the beneficiary, whenever possible.

SUPT received one Standard Appeal and zero Expedited Appeals and State Fair Hearings. The Standard Appeal resulted from a Termination Notice of Adverse Benefit Determination Notice (NOABD). The member, who ethnically identifies as Spanish, was not allowed to return to the program where the termination occurred, but was referred to the Sacramento County System of Care for linkage to appropriate SUPT services.

The number of SUPT grievances received this fiscal year as compared to last year remained steady at nine. BHS continues to educate SUPT providers and beneficiaries about member rights through training, informing materials and direct communications. BHS offers providers training opportunities on a quarterly basis. Providers continue to discuss member rights with beneficiaries during their initial appointments to educate them about the grievance, appeal, and

State Fair Hearing processes. Member Rights informing materials are on display in the providers' lobbies and on the County website. Informing materials are readily available to beneficiaries in threshold and prevalent languages and alternative formats, upon request, at no cost to the beneficiary.

The California Department of Health Care Services (DHCS) requires Mental Health Plans (MHP) to submit an annual accounting of grievances and appeals filed by Medi-Cal beneficiaries regarding their provision of mental health services. This year, DHCS made changes to the name of the report and the categories for identifying the types of grievances received. The Annual Beneficiary Grievance and Appeal Report (ABGAR) is now the Managed Care Plan Annual Report (MCPAR). Due to the change in categories, this report will not compare grievances received this year to last year in this area.

During fiscal year 2021-2022, the MHP served 25, 611 Medi-Cal beneficiaries. This is slightly more than the 24,532 beneficiaries served during FY 2020-2021. Approximately 2% of MHP beneficiaries file grievances on an annual basis, or about 2 out of every 100 MHP members.

This year, the MHP received 264 MCPAR grievances and 51 standard appeals, for a total of 315 MCPAR issues.

The majority of grievances were in response to dissatisfaction with outpatient services (260). Four involved inpatient psychiatric services. The largest categories of concern were in the areas of Quality of Care (145) and Case Management (85). The remaining grievance categories include Customer Service (5); Access to Care (3), Payment/Billing issues (3). Issues without a specified category fall into the category of Other (19). With regard to standard appeals, beneficiaries filed appeals in response to the receipt of a Notice of Adverse Benefit Determination (NOABD). The types of NOABDs that elicited an appeal were the Reduction, Suspension, or Termination of a Previously Authorized Service NOABD (33) and the Denial or Limited Authorization NOABD (17). Table 20 below illustrates a comparison of the number of grievances and appeals brought to the attention of the MHP by beneficiaries during fiscal year 2020-2021 versus those received during fiscal year 2021-2022. There were shifts in the age groups that filed a grievance, but the total number of grievances remained relatively steady. The number of standard appeals received during FY 21-22 is double the amount received in FY 20-21. This year, the MHP has been more diligent about issuing

NOABDs to beneficiaries when adverse actions occur involving their services. Along with the notice, beneficiaries are advised of their right to appeal the decision, should they disagree with the action. This has resulted in an increase in appeals.

Table 20

Sacramento County Mental Health Plan						
Annual Problem Resolution Summary/Analysis Report						
Category	Adults		Children		Total	
Fiscal Year	20-21	21-22	20-21	21-22	20-21	21-22
Grievances	219	153	66	111	285	264
Standard Appeal	19	31	6	20	25	51
Expedited Appeal	0	0	0	0	0	0
Total	238	184	72	131	310	315

Grievance Issues by Ethnicity

The MHP predominantly provides services in English. Beneficiaries whose primary language is other than English receive services either by staff competent in the beneficiary's language or by interpreters. Auxiliary aids are also available, upon request and at no cost to the beneficiary, to ensure clear and accurate communication. Table 21 reflects the race/ethnicity of beneficiaries whom have submitted grievances, appeals or State Fair Hearings during FY 2021-2022. As seen below, those identifying as White/Caucasian have the highest percentage of grievances (33%). African American/Black has the second largest number of filed grievances (27%) and Spanish/Hispanic have the third largest number of filed grievances (17%). The majority of grievances received were in the areas of Quality of Care and Case Management. The numbers of grievances received by the different ethnic groups are proportionate to their overall numbers within the MHP. However, African American/Black have submitted more appeals than any other ethnic group and almost twice as many as White/Caucasian, who has the largest population within the MHP. This is the only area where African American/Black disproportionately contact QM for assistance. The MHP must monitor this area to ensure that African American/Black are not denied disproportionately access to, or terminated from, MHP services.

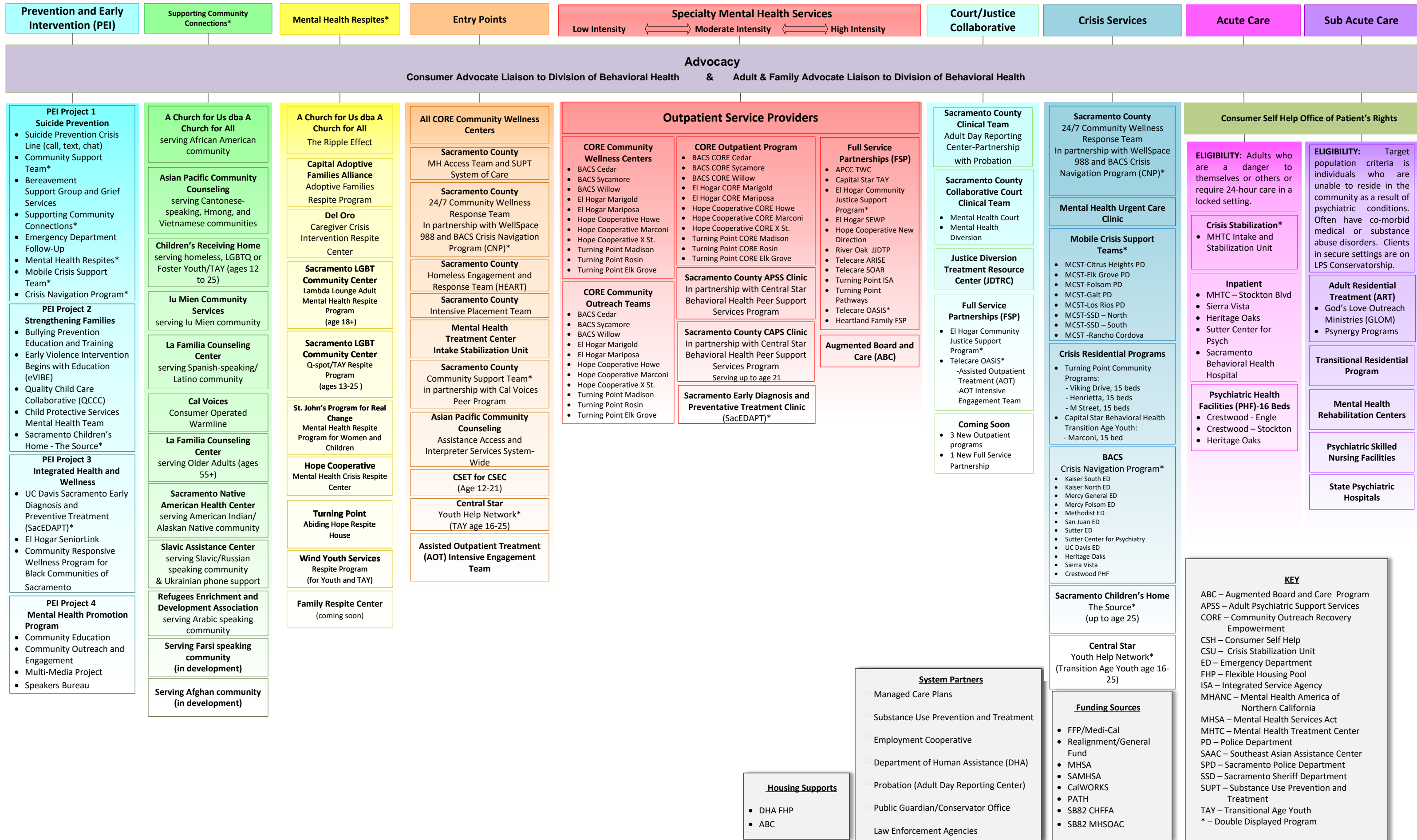
Table 21

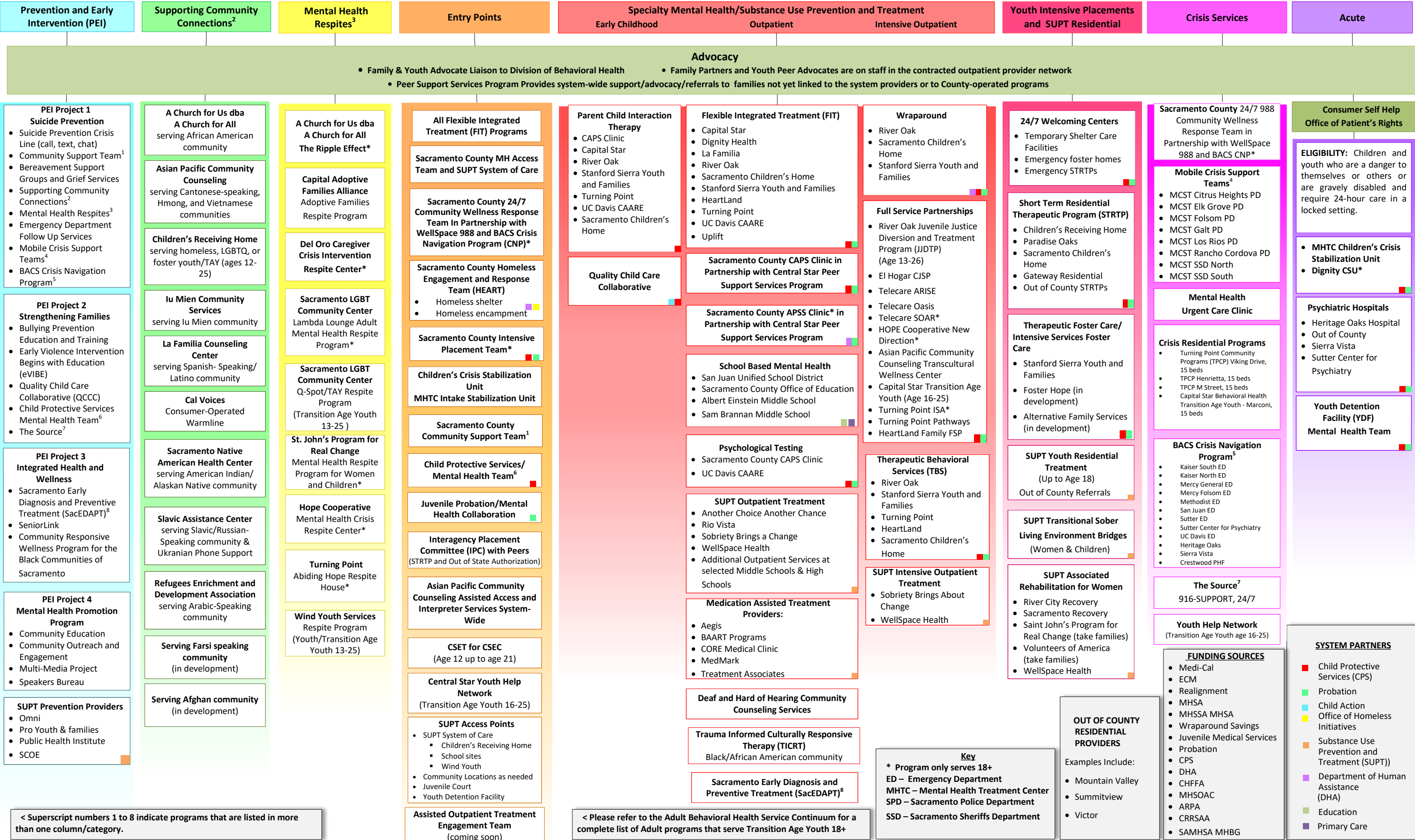
FY 21-22 Grievances, Appeals, SFH by Type and Ethnicity												
Ethnicity	Access	Case Management	Customer Service	Inpatient	Payment or Billing	Quality of Care	Other MCPAR Grievances	Other MHP Grievances	Appeals	SFH	Total	
African American	0	17	3	0	1	33	8	0	22	0	84	27%
American Indian	0	2	0	0	0	8	0	0	1	0	11	4%
Arab	0	0	0	0	0	1	0	0	0	0	1	0.3%
Cambodian	0	1	0	0	0	0	0	0	0	0	1	0.3%
Chinese	0	0	0	0	0	2	0	0	0	0	2	0.6%
Filipino	0	2	0	0	0	0	0	0	1	0	3	1%
Hmong	0	0	0	0	0	0	0	0	1	0	1	0.3%
Mien	0	0	0	0	0	1	0	0	0	0	1	0.3%
Multiple	0	5		2	0	14	1		4	0	26	8%
Other	0	4	0	0	0	2	2	0	3	1	12	4%
Other Asian	0	2	0	0	0	0	0	0	1	0	3	1%
Spanish	0	19	1	0	1	25	1	0	6	0	53	17%
Unknown	0	3	0	1	0	6	1	0	0	0	11	4%
Vietnamese	0	2	0	0	0	3	0	0	0	0	5	2%
White	3	28	1	1	1	50	6	0	12	1	103	33%
Total	3	85	5	4	3	145	19	0	51	2	317	100%

*Numbers at or above one is rounded to the nearest whole number.

Sacramento County Behavioral Health Services
Cultural Competence Plan Update - Fiscal Year 2022 - 2023

Appendix Number	Appendix Name
01	FY 23-24 ADULT BH Service Continuum
02	FY 23-24 Child and Family BH Service Continuum
03	SUPT FY 23-24 Continuum of Care
04	BHS Assurance of CC Compliance
05	Mental Health Board Recruitment Letter
06	Sacramento County Alcohol and Drug Advisory Board Recruitment Flyer
07	Cultural Competence - Organizational Chart
08	Selective Certifications Policy
09	Various documents translated to Farsi
10	SUPT Brochures
11	Cultural Competence Committee Roster 2023
12	Cultural Competence Committee Collective Comment
13	BHS Cultural Competence Training Log FY 2022-23
14	FY 22-23 BHS Interpreter Training Flyers
15	Peer Empowerment Conference
16	Peer Empowerment Conference Handouts
17	Human Resource Agency Self Assessment Summary Report 2022F
18	Behavioral Health Peer Specialist Series
19	Acknowledgement of Receipt Form
20	Language Assistance Poster
21	Progress Notes (Mental Health) Policy (P&P BHS-QM-10-30)
22	Access to Interpreter Services Policy (P&P BHS-CCES-01-02)
23	Electronic Utilization Review Quality Assurance Activities Policy (P&P BHS-QM-09-05)
24	SUPT Site Review and UR Tools
25	Mental Health Human Resource Survey and Language Proficiency Survey
26	Interpreter Services Family Members Policy (P&P BHS-QM-01-03)
27	Document Translation Method and Process Policy (P&P BHS-CCES-01-03)
28	Outreach Log 22-23
29	RFA MHSA071 Adult Outpatient Services Transformation CORE Program
30	Summary of Community Input





< Superscript numbers 1 to 8 indicate programs that are listed in more than one column/category.

< Please refer to the Adult Behavioral Health Service Continuum for a complete list of Adult programs that serve Transition Age Youth 18+

Key
 * Program only serves 18+
 ED – Emergency Department
 MHTC – Mental Health Treatment Center
 SPD – Sacramento Police Department
 SSD – Sacramento Sheriffs Department



PREVENTION SERVICES	TREATMENT ACCESS POINTS	OUTPATIENT SERVICES	MEDICATION ASSISTED TREATMENT	RESIDENTIAL TREATMENT SERVICES	WITHDRAWAL MANAGEMENT SERVICES	PERINATAL SERVICES	RECOVERY RESIDENCES	COLLABORATIVE COURT PROGRAMS	DRIVING UNDER THE INFLUENCE PROGRAMS
<p>PREVENTION PROVIDERS</p> <ul style="list-style-type: none">• Arrive Alive• Omni Youth Programs• PRO Youth and Families• Public Health Institute• Sacramento County Office of Education <p>PROGRAMS</p> <ul style="list-style-type: none">• Leadership and Advocacy Project• Youth Engaged in Action• Community Education for Drug-Free Youth• Families and Communities Together• Active Parenting of Teens• Family Matters• Teens in Action• Friday Night Live• Club Live <p>CAMPAIGNS</p> <ul style="list-style-type: none">• Talk. They Hear You• Future Forward• 1 Pill Can Kill• Safer Sacramento• Healthy Beginnings• Let’s Talk Meth	<p>SYSTEM OF CARE</p> <p><i>Primary access point for treatment services. Substance Use Disorder (SUD) Assessment, medical necessity, level of care determination, and referral to network provider</i></p> <p>Monday – Friday 8 am – 5 pm Telephone 916-875-9754 After-Hours (888) 881-4881</p> <p>SUD Assessments also conducted at:</p> <ul style="list-style-type: none">• Child Protective Services• Collaborative Courts• Community Justice Service Program• Crisis Response for Behavioral Health• El Hogar CORE• Juvenile Delinquency Court• Probation Dept.• Rio Consumnes Correctional Center• Sacramento County Main Jail• Sacramento County Mental Health• Sacramento County Health Center• Youth Detention Facility	<p>ADULT SERVICES</p> <p><i>Outpatient and Intensive Outpatient services for adults 18+ years of age</i></p> <p>PROVIDERS</p> <ul style="list-style-type: none">• Another Choice, Another Chance• Bridges Professional Treatment Services• Recover Medical Group (telehealth only)• TLCS, Inc.• Towns Health• UC Davis• WellSpace Health <p>YOUTH SERVICES</p> <p><i>Outpatient and Intensive Outpatient services for youth up to 18 years of age</i></p> <p>PROVIDERS</p> <ul style="list-style-type: none">• Another Choice, Another Chance• Stanford Sierra Youth and Families• WellSpace Health	<p>ADULT SERVICES</p> <p><i>Medication-assisted treatment for adults 18+ years of age</i></p> <p>PROVIDERS</p> <ul style="list-style-type: none">• Aegis Treatment Centers, LLC• Bi-Valley Medical Clinics, Inc.• C.O.R.E. Medical Clinic, Inc.• MedMark Treatment Centers• Sunrise Health and Wellness Center• Treatment Associates, Inc. <p>YOUTH SERVICES</p> <p><i>Medication-assisted treatment for youth up to 18 years of age</i></p> <p>PROVIDER</p> <p>C.O.R.E. Medical Clinic, Inc.</p> <p>COALITIONS</p> <p>Sacramento County Coalition for Youth Community members working together to make Sacramento a safe place for young people to grow up, free from the influences of substances that are addictive and harmful.</p> <p>Sacramento County Opioid Coalition Collaboration of healthcare professionals, community based organizations, law enforcement, county agencies, and concerned citizens determined committed to saving lives by preventing overdoses through expanding treatment access, promoting safe disposal, encouraging early intervention, treatment and recovery, enhancing opioid surveillance, and expanding public education and media outreach.</p> <p>Sacramento County Methamphetamine Coalition The goal of the Methamphetamine Coalition is to identify and implement initiatives addressing the methamphetamine use problem and reducing meth use and its impact in Sacramento County.</p>	<p>ADULT SERVICES</p> <p><i>Residential treatment for adults 18+ years of age</i></p> <p>PROVIDERS</p> <ul style="list-style-type: none">• Associated Rehabilitation• Progress House• River City Recovery• Sacramento Recovery House• Saint John’s Program for Real Change• Yolo Wayfarer Center, dba Walter’s House• WellSpace Health <p>YOUTH SERVICES</p> <p><i>Residential treatment for youth up to 18 years of age</i></p> <p>PROVIDERS</p> <p>Out-of-Network Referral</p>	<p>ADULT SERVICES</p> <p><i>Withdrawal management/detox for adults 18+ years of age</i></p> <p>PROVIDERS</p> <ul style="list-style-type: none">• WellSpace Health• Emergency Departments <p>YOUTH SERVICES</p> <p><i>Withdrawal management/detox for youth up to 18 years of age</i></p> <p>PROVIDERS</p> <p>Out-of-Network Referral</p>	<p>OPTIONS FOR RECOVERY PROGRAM</p> <p><i>Treatment services for pregnant and parenting women</i></p> <p>OUTPATIENT PROVIDER</p> <p>WellSpace Health</p> <p>RECOVERY RESIDENCE</p> <p>Volunteer of America</p> <p>MEDICATION-ASSISTED TREATMENT PROVIDERS</p> <ul style="list-style-type: none">• Bi-Valley Medical Clinic, Inc.• C.O.R.E. Medical Clinic, Inc. <p>RESIDENTIAL PROVIDERS</p> <ul style="list-style-type: none">• Progress House• Saint John’s Program for Real Change	<p><i>Alcohol and drug-free cooperative living in which all residences are in recovery. Some facilities are for individuals, 18+ years of age and other facilities are family-oriented in which minor children can live on the premises with their recovering parent/guardian</i></p> <p>PROVIDERS</p> <ul style="list-style-type: none">• Bridges Professional Treatment Services• Sacramento Recovery House• Saint John’s Program for Real Change• TLCS, Inc.• Volunteers of America	<p><i>Problem-solving courts that combine judicial supervision with behavioral health services, which are rigorously monitored and focused on recovery to reduce recidivism and improve offender outcomes</i></p> <p>COURT PROGRAMS</p> <ul style="list-style-type: none">• Chronic Offender Rehabilitation Effort (CORE)• Dependency Family Treatment Court• Driving Under the Influence Treatment Court• Drug Diversion Program• Early Intervention Family Treatment Court• Mental Health Treatment Court• Prop 36 Court• Re-Entry Court• Recovery Court• Veterans Court	<p><i>State-licensed DUI programs for DUI offenders. Education programs include:</i></p> <ul style="list-style-type: none">• Wet & Reckless• First Offender: 3, 6, and 9-Month Programs• Multiple Offenders: 18-Month Program <p>PROVIDERS</p> <ul style="list-style-type: none">• Bridges Professional Treatment Services• Safety Center• Terra Nova <p>FUNDING SOURCES</p> <ul style="list-style-type: none">• Drug Medi-Cal• Enhanced Care Management• Realignment 2011• Substance Abuse Block Grant• ARPA• CalWORKS• Opioid Settlement Funds• State General Fund• Mental Health Block Grant• DUI Revenue



**DIVISION OF BEHAVIORAL HEALTH SERVICES
ASSURANCE OF CULTURAL COMPETENCE COMPLIANCE**

This document assures compliance with various federal, state and local regulations, laws, statutes and policies related to culturally and linguistically competent services to diverse populations as outlined in the Sacramento County Division of Behavioral Health Services (DBHS) Cultural Competence Plan Objectives and the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

In a culturally and linguistically competent system, each provider organization shows respect for and responds to individual differences and special needs of the community. Services are provided in the appropriate cultural context and without discrimination related to, but not limited to race, ethnicity, national origin, income level, religion, gender identity, gender expression, sexual orientation, age, or physical disability. Culturally competent providers are aware of the impact of their own culture on their relationships with consumers and know about and respect cultural and ethnic differences. They adapt their skills to meet each family's values and customs. Cultural competence is a developmental and dynamic process – one that occurs over time.

Cultural Competence Definition

Cultural Competence is defined as a set of congruent practice skills, knowledge, behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers, family members, and professionals that enables that system, agency, or those professionals and consumers, and family member providers to work effectively in cross-cultural situations. (Adapted from Cross, et al., 1989)

Cultural Competence Guiding Principles

Cultural Competence is an ongoing process that is critical to eliminating cultural, racial and ethnic disparities in the delivery of quality mental health and substance use disorder services. Cultural Competence enhances the ability of the whole system to incorporate the languages, cultures, beliefs and practices of its clients into the service and should be incorporated into all aspects of policy-making, program design, administration, service delivery, data collection and outcome measurement. The County Behavioral Health Directors Association of California developed the following guiding principles and corresponding strategies for counties to use in operating a culturally and linguistically competent system of care to eliminate disparities.

- Commitment to Cultural Competence and Health Equity
 - Address cultural competence at all levels of the system including policy, programs, operations, treatment, research and investigation, training and quality improvement. (CLAS Standard 1)
 - Demonstrate commitment to cultural and linguistic competence in all agency policy and practice documents, including the mission statement, statement of values, strategic plans, and policy and procedural manuals. (CLAS Standard 2)
 - Provide easy to understand print and multimedia materials and signage in languages commonly used by the population in the service area to inform them of the availability of language assistance services offered at no cost to them. (CLAS Standards 8 & 6)

- Identification of Disparities and Assessment of Needs and Assets

- Collect, compile and analyze population statistics across language, ethnicity, age, gender, sexual orientation, socio-economic status markers and evaluate the impact of County Client Services Information data across same statistical areas. (CLAS Standard 11)
- Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area. (CLAS Standard 12)
- Implementation of Strategies to Reduce Identified Disparities
 - Develop, implement, and monitor strategies for elimination of identified disparities (including upstream approaches that address the social determinants of health) and track impact of those strategies on disparities. (CLAS Standard 9)
 - Utilize a quality improvement framework to monitor and evaluate Cultural Competence Plans and disparity elimination activities, and share improvement targets and progress with stakeholders. (CLAS Standards 10 & 15)
- Community Driven Care
 - Develop formal and informal relationships with community members, community organizations, and other partners to maximize the delivery of effective culturally, ethnically and linguistically appropriate care, and monitor the outcomes of these partnerships. (CLAS Standard 13)
 - Ensure representation of consumers, individuals with lived mental health/behavioral health experience; family members of a consumer; children; youth; parent/caregivers of youth with serious emotional disturbance; and representatives from unserved/under-served/inappropriately served communities including Limited English Proficient (LEP) individuals on their advisory/governance body/committee to develop service delivery and evaluation (with a recommended minimum of 50%).
 - Establish and implement a transparent and inclusive process for obtaining client, community, and staff input related to cultural competence planning, implementation, monitoring and evaluation. Create and utilize culturally and linguistically appropriate conflict grievance resolution processes. (CLAS Standard 14)
- Workforce Development
 - Establish workforce recruitment strategies that ensure adequate levels of consumer/peer (persons with lived experience), community (navigators, community health workers), administrative, support, and professional staff, reflective of the diversity of the populations served. Emphasize professional development opportunities, self-care strategies to address stress and micro-aggressions, and other retention efforts. Develop corrective measures to address severe shortages impacting ability to serve county populations (WIC 4341, CLAS Standard 3).
 - Provide ongoing cultural competence and quality improvement training to consumer/peer (persons with lived experience), community (navigators, community health workers), administrative, support and professional personnel (trained behavioral health interpreters, bilingual staff) in order to effectively address the needs of cultural, racial and ethnic populations, including linguistic capability. (CCR Title 9 Section 1810.410, CLAS Standards 4 & 7)
- Provision of Culturally and Linguistically Appropriate Services
 - Ensure access to culturally and linguistically appropriate services (treatment interventions, engagement strategies, outreach services, assessment approaches, community defined practices) and offer language assistance at no cost to them, for all diverse unserved, underserved and inappropriately served populations by making them: available, accessible, acceptable, accommodating, and sensitive to historical, cultural,

spiritual and/or religious experiences, values, and traditional healing practices and ceremonies. (CLAS Standards 1 & 5)

- Make available behavioral health services that are responsive to the numerous stressors and social determinants of health experienced by cultural, racial and ethnic populations which have a negative impact on the emotional and psychological state of individuals and make every attempt to provide greater access to services, e.g. evenings/weekend hours and in less stigmatizing settings (primary care, faith-based organizations, community organizations, etc).

“While culturally competent service delivery systems will continue to have primary goals around ongoing elimination of inequities for specific racial, ethnic, and cultural communities, culturally competent systems must be sufficiently flexible in order to promote improved quality and effectiveness of services for all community members...” (County Behavioral Health Directors Association of California Framework for Advancing Cultural, Linguistic, Racial and Ethnic Behavioral Health Equity, Updated 2016, page 2).

CONTRACTOR hereby agrees that it shall comply with the principles and guidelines set forth as outlined above, and shall:

1. Promote and support the attitudes, behaviors, knowledge, and skills necessary for staff to work respectfully and effectively with clients and each other in a culturally diverse work environment. Support evidence-based, community-defined, promising and emerging practices that are congruent with ethnic/racial/linguistic/cultural group belief systems, cultural values, traditional healing practices, and help-seeking behaviors. Support the county’s goal to reduce disparities to care by increasing access, decreasing barriers, and improving services for unserved, underserved, and inappropriately served communities.
 - Provide an emotional environment that ensures people of all cultures, ages, sexual orientation, gender identity, and gender expression feel welcome and cared for. This shall include: respect for individual preferences for traditional healing practices, alternative, spiritual and/or holistic approaches to health; a reception staff that is proficient in the different languages spoken by clients; bilingual and/or bicultural clinical staff that is knowledgeable of cultural and ethnic differences, needs, and culturally accepted social interactions and healthy behaviors within the client’s family constellation or other natural support system and is able and willing to respond to clients and their natural support system in an appropriate and respectful manner.
2. Have a comprehensive management strategy to address culturally and linguistically appropriate services, including strategic goals, plans, outcomes, evaluation, policies, procedures, and designated staff responsible for implementation.
 - As outlined in the Sacramento County Division of Behavioral Health Services Cultural Competence Plan Objectives:
Ensure progress in the delivery of culturally competent services through the biennial completion and analysis of a system-wide Agency Self-Assessment of Cultural Competence.
3. Develop and implement a strategy to recruit, retain and promote qualified, diverse culturally and linguistically competent administrative, clinical, and support staff, reflective of the

community, that are trained and qualified to address the needs of the racial and ethnic communities being served.

- As outlined in the Sacramento County Division of Behavioral Health Services Cultural Competence Plan Objectives:
Increase the percentage of direct service staff by 5% annually to reflect the racial, cultural and linguistic makeup of the county until the makeup of direct services staff is proportionate to the makeup of Medi-Cal beneficiaries plus 200% of poverty population.
4. Require and arrange for ongoing education and training for administrative, clinical, and support staff in culturally and linguistically competent service delivery. In addition to ensuring that staff members participate in required cultural competence trainings offered by Sacramento County Division of Behavioral Health Services, CONTRACTOR shall provide cultural competence training to all employees.
 - As outlined in the Sacramento County Division of Behavioral Health Services Cultural Competence Plan Objectives:
75% of direct service (including ADS) staff and supervisors will have completed the California Brief Multicultural Competence Scale (CBMCS) and/or equivalent cultural competence training approved by DBHS.
 5. Provide all clients with limited English proficiency access to bilingual staff or interpretation services at no cost to the client.
 6. Provide oral and written notices, including translated signage at key points of contact, to clients in their primary language informing them of their right to receive no-cost interpreter services.
 7. Translate and make available signage and commonly-used written client educational material and other materials for members of the predominant language groups in the service area.
 - Create a physical environment that ensures people of all cultures, ages, sexual orientation, gender identity and gender expression feel welcome and cared for. This shall include: decorating waiting and treatment areas with pictures that reflect the diverse cultures of Sacramento County; providing reading materials, resources, and magazines in varied languages that are at appropriate reading levels and are suitable for different age groups, including children and youth; considering cultural differences and preferences when offering refreshments; ensuring that any pictures, symbols or materials on display are not unintentionally disrespectful to another culture.
 8. Ensure that interpreters and bilingual staff can demonstrate bilingual proficiency and receive training that includes the skills and ethics of interpreting, and knowledge in both languages of the terms and concepts relevant to clinical or nonclinical encounters.
 - As outlined in the Sacramento County Division of Behavioral Health Services Cultural Competence Plan Objectives:
Maintain the standard that 98% of staff identified as interpreters complete the approved mental health/behavioral health interpreter training and receive certification. Include system partners in training to expand pool of trained interpreters in emerging language populations.
 9. Ensure that the clients' primary spoken language and self-identified race/ethnicity are included in the provider's management information system as well as any client records used by provider staff.

10. Promote equity in behavioral health service utilization by actively engaging and sustaining meaningful participation of representatives from unserved, underserved and inappropriately served communities at every step of program planning, implementation, outcome measurement and evaluation. Collaborate with diverse cultural, racial, ethnic, LGBTQ, and emerging refugee communities to learn more about how they define and view culturally and linguistically competent outreach, engagement, and behavioral health wellness and recovery services.

Dissemination of these Provisions: CONTRACTOR shall inform all its officers, employees, agents, and subcontractors providing services hereunder of these provisions.

By my signature below, as the authorized representative of the CONTRACTOR named below, I certify acceptance and understanding for myself and the CONTRACTOR of the above provisions.

Contractor (Organization Name)

Signature of Authorized Representative

Name of Authorized Representative (Printed)

Date

Title of Authorized Representative



Sacramento County Mental Health Board

Dear Consumers and Family Members:

The Sacramento County Mental Health Board (MHB) is recruiting consumers with lived mental health experience and family members to join our board. The mission of the MHB is to enable children and youth with serious emotional disturbances and their families and adults with mental illness to access services and programs that assist them, in a manner tailored to each individual, to better manage symptoms of their illness, to achieve their personal goals, and to develop skills and supports that lead to living healthy, productive, and satisfying lives in the least restrictive settings.

Members of the MHB are appointed by the Sacramento County Board of Supervisors. We currently have consumer member vacancies to represent Supervisor Susan Peters, District 3; Supervisor Sue Frost, District 4; and Supervisor Don Nottoli, District 5. We also have family member vacancies to represent Supervisor Susan Peters, District 3 and Supervisor Sue Frost, District 4. The consumers and family members would have to live in those districts respectively. You can go to <https://bos.saccounty.net/Pages/AbouttheBoard.aspx> to obtain maps of those districts.

Members are expected to attend and actively participate in our monthly meetings, which are held the first Wednesday of the month from 6:00 p.m. to 8:00 p.m. via telephone call-in and Zoom. In person meetings will resume after the COVID-19 crisis has concluded, at the County Administration Building located at 700 H Street, Sacramento, CA, 95814. Members are also required to serve as a liaison to other committees or community groups and serve on one committee working to implement our annual goals.

We are especially interested in increasing the ethnic and racial diversity of our board to more closely reflect the diversity of our community. You can obtain additional information about the MHB by going to our website at

<https://dhs.saccounty.net/BHS/Pages/Advisory-Boards-Committees/Mental-Health-Board/BC-Mental-Health-Board.aspx>

You can obtain an application by going to

<https://sccob.saccounty.net/Documents/BoardsandCommissions/Bds%20%20%20Comms%20App%20rev%2012-3-15.pdf>

For additional information, please contact Jason Richards at RichardsJa@saccounty.net (916) 875-6482 or me at ann@arneill.com (916) 668-7371.

Sincerely,

A handwritten signature in blue ink that reads "Ann Arneill".

Ann Arneill, Ph.D.
Chairperson, Sacramento County Mental Health Board



YOUR

VOICE

MATTERS!

Apply to become a member of the Sacramento County Alcohol and Drug Advisory Board!

Help us make recommendations on policies and goals for Sacramento County alcohol and drug prevention and treatment services.

How To Apply?

Call: 916-875-2050

Email: DHS-SUPT@saccounty.net

The Advisory Board has a strong commitment to diversity and inclusion. Applicants of underrepresented groups are encouraged and desired.

Join the



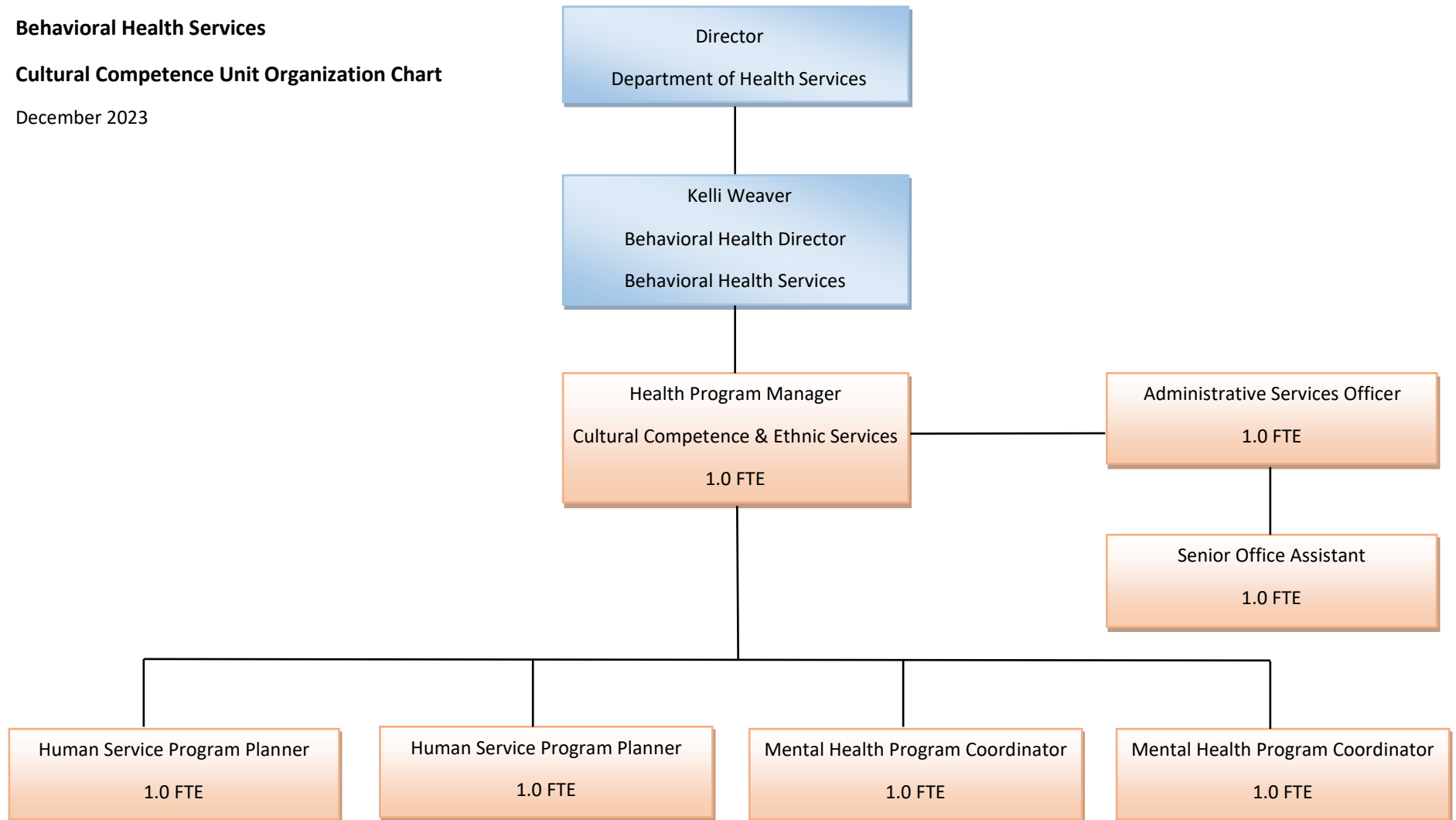
Alcohol and Drug Advisory Board


The Sacramento County Alcohol and Drug Advisory Board is committed to promoting a healthy community and reducing the harmful effects associated with alcohol and drug use.

Behavioral Health Services

Cultural Competence Unit Organization Chart

December 2023



		Policy # 102
Subject: Selective Certifications		
Responsible Department: Personnel Services		
Effective Date: 12/1973		Revision Date: N/A
David Devine Director of Personnel Services		Navdeep S. Gill County Executive

1. **Purpose**

To govern selective certification for special skills, language and cultural skills, and certifications based on gender.

2. **Authority**

Sacramento County Civil Service Rule 7.9 – Selective Certification for Special Skills

Sacramento County Civil Service Rule 7.11 – Certification Based on Gender
The Civil Rights Act, Title VII, Section 2000e-2 – Unlawful Employment Practices

Code of Federal Regulations Section 1604.2 – Sex as a Bona Fide Occupational Qualification

California State Penal Code, Section 4021 – County Jails

3. **Scope**

This policy applies to each of the County agencies and departments requesting certification of candidates based on special skills, language and cultural skills, and gender.

Special Skills

Selective certification for special skills shall be recommended to the Sacramento County Civil Service Commission (CSC) when such special skills are required in some, but not all, positions in a class. Selective certification based on special skills is an exception to the rules of certification.

With the exception of defined certification requirements within the class specification, operating departments are required to justify the need for

Selective Certifications, Policy # 102

special skills for specific positions to the Department of Personnel Services (DPS) for review and approval. Requests must demonstrate the need for specialized skills, specifically define the special duties required, develop a separate description for each position affected, and demonstrate that the special skills in the performance of routine or typical duties are needed in some, but not all, positions in the class.

The CSC reviews all DPS supported selective certification for special skills requests. Upon confirmation of the CSC's approval of special skills, selective certification of the approved special skills can be applied to specific positions in the class without further Commission action.

A provisional appointment may be made to a position requiring a special skill provided there is not an established special skills eligible list.

In the event that a special skills list does not exist and a certification is needed, DPS will certify the regular list for the class based on the following: a vacancy exists, leaving the position vacant is the only alternative, and, DPS has received and approved a written memo from the requesting department explaining the extenuating circumstances.

Language and Cultural Skills

The Department Head, or designated authority, determines if language and/or cultural skills are required for specific positions and seeks authorization approval. Positions that are approved for language and/or cultural skills must be in writing and reviewed by the operating department on an annual basis.

Language and Cultural Skills Evaluation Packages are developed and approved by DPS. Language and Cultural Skills Evaluation Packages are administered by DPS approved Language/Culture Skills evaluators and proctors. The Language and Cultural Skills Package must be used to determine eligibility for placement on applicable eligible lists as well as eligibility for appointment to language/cultural skills specific positions. Applicants evaluated using any other method will not be considered eligible for placement on the eligible list and/or appointment to language/cultural skills specific positions. Employees who fail a Language/Cultural Skills Evaluation are eligible to retest after six (6) months.

Selective Certifications, Policy # 102

Employees receiving a Language/Cultural Skills Differential are expected to provide quality service utilizing their language and/or cultural skills as necessary while performing their regular job duties.

County employee candidates remain eligible for the duration of the language/culture skills assignment, or until appointed from the applicable list, whichever comes first. Candidates who are not current County employees remain eligible for certification for the duration of the corresponding language/culture skills specific eligible list, or until appointed from the applicable list.

Certifications Based on Gender

Provisions regarding certifications based on gender apply only to the Sheriff's Department and the Probation Department.

Certification by gender is a form of discrimination prohibited by law. Hiring authorities must prove that gender is a "bona fide occupational qualification" (BFOQ) necessary for the normal operation of the agency. The burden of proof is on the operating department to establish the basis for the gender specific certification need.

Requests for certification based on gender must be approved by DPS for each position. Granted authorizations apply only to one specific position, not to other positions in the class. Granted authorizations apply only to the vacant position at the time of approval. In the event that a position which was approved for a gender specific certification becomes vacant in the future, approval of a new gender specific certification is required.

Definitions

Bona Fide Occupational Qualification (BFOQ): Employment qualifications which allow for the hiring of individuals based on race, sex, age, and national origin provided the characteristics are bona fide occupational qualifications.

Certification: The submission of names of persons from an appropriate eligible list to an appointing authority by the Director of Personnel Services or the delegated authority.

Language/Culture Skills Differential (Oral): The amount paid to the County employee for the following oral language/cultural skills: culture knowledge

Selective Certifications, Policy # 102

only (Native American, African American, or Sign Language), and the speaking of approved language skills (See Civil Service Approved Language/Cultures for Pay Differential).

Language/Culture Skills Differential (Oral and Written): The amount paid to the County employee for speaking, reading, and writing approved language (See Civil Service Approved Languages/Cultures for Pay Differential).

Language/Culture Skills Evaluation Package: A set of questions, suggested responses, and rating guidelines/forms provided by DPS to be used to evaluate language/cultural skills.

Language/Culture Skills Evaluator: A current County employee holding permanent status in a language/culture skills specific classification, i.e. Human Services Specialist –Spanish Language/Latin Culture, approved to evaluate language/culture skills.

Note: If County employee meeting the above criteria is not available, DPS may approve a non-County evaluator. All non-County evaluators must be approved by DPS.

4. Procedures Not Applicable

5. Review Not Applicable



خدمات جلوگیری استفاده از
مواد و درمان کاونتی
سکرامنتو

راهنمای حقوق اعضا و حل مشکلات

مدافع حقوق بیماران 333-3800 (916)

خدمات جلوگیری استفاده از مواد و درمان کاونتی
سکرامنتو مدیریت کیفیت خدمات - خدمات اعضا

(916) 875-6069

شماره تلفن رایگان 1-888-881-4881 (916)

TDD California Relay Service: 711

County Board of Supervisors

Phil Serna, District 1

Patrick Kennedy, District 2

Rich Desmond, District 3

Sue Frost, District 4

Don Nottoli, District 5

County Executive

Ann Edwards

Health Director

Chevon Kothari

Behavioral Health Director

Ryan Quist, Ph.D

خدمات جلوگیری استفاده از مواد و درمان کاونتی
سکرامنتو قوانین حقوق مدنی فدرال را رعایت میکند و
اعمال تبعیض بر اساس نژاد، رنگ پوست، تابعیت، سن،
معلولیت یا جنسیت را ممنوع میداند.

منتشر شده توسط: بخش خدمات صحت روانی کاونتی
سکرامنتو

February 2022

راهنمای حل مشکلات و حقوق اعضا

اعضای خدمات جلوگیری استفاده از مواد و درمان
کاونتی سکرامنتو (SUPT) از موارد زیر برخوردار
هستند:

- برخورد محترمانه از سوی همه ارائه دهندگان SUPT.
- خدمات در یک محیط محفوظ ارایه میشود.
- رضایت آگاهانه برای درمان و رضایت آگاهانه برای داروهای تجویز شده و گزینه های موجود.
- حفاظت از اطلاعات بهداشتی شخصی.
- شرکت در برنامه ریزی های درمانی.
- درخواست جهت تغییر سطح مراقبت، تغییر مشاور و نظر دوم.
- بررسی یک مشکل یا نگرانی در مورد خدمات توسط شخص کارمند یا سازمان ارائه دهنده خدمات مراقبتی.
- درج شکایت در مورد خدمات.
- درج پرونده دادرسی عادلانه دولتی پس از نتیجه درخواست
- درج درخواست تجدیدنظر در مورد اطلاع از حکم رد مزایا (NOABD)
- تعیین شخص دیگر تا در طول فرآیند شکایت، درخواست تجدید نظر و یا دادرسی عادلانه به نمایندگی از آنها اقدام کند.
- خدمات مرتبط با حساسیت فرهنگی.
- استفاده از مترجم به صورت رایگان.
- درخواست و دریافت نسخه کاپی از سوابق پزشکی خود، و درخواست اصلاح یا تصحیح آنها.
- مسئولیت از هر نوع خویششننداری یا انزوا که به عنوان ابزاری برای زورگوئی، تنبیه، آسودگی یا انتقام جویی استفاده میشود.

خدمات جلوگیری استفاده از مواد و درمان کاونتی سکرمانتو
خدمات سوء استفاده از مواد مخدر را به کودکان و
بزرگسالان واجد شرایط میدی-کل Medi-Cal ارائه میدهد.

مدافعان

منابع زیر جهت کمک برای تکمیل فرم ها و حل شکایات،
درخواست تجدید نظر و دادرسی عادلانه دولتی موجود است

حقوق بیماران 333-3800 (916)

خدمت اعضا 875-6069 (916)

اعضا می‌توانند یک نماینده تعیین کنند تا در هر زمانی در
طول فرآیند شکایت، درخواست تجدیدنظر یا دادرسی
عادلانه دولتی به نمایندگی از آنها اقدام کند.

**درج شکایت، تجدیدنظر و یا درخواست دادرسی عادلانه
دولتی بر خدمات الکل و مواد مخدر شما تأثیر نمی‌گذارند**

شکایت

شکایت به معنای ابراز نارضایتی نسبت به هر مسئله به جز
از اطلاعیه حکم رد مزایا (NOABD) میباشد.

یک شکایت می‌تواند با تماس با خدمات اعضا یا تکمیل فرم
شکایت ثبت شود

- اعضا درمورد اینکه شکایت ایشان توسط خدمات
اعضا دریافت شده یک پیام تاییدی کتبی دریافت
می‌کنند
- اعضا در ظرف نود (90) روز تقویمی نتیجه کتبی
را دریافت خواهند کرد.

* تحت شرایط خاص ممکن است امکان تمدید 14 روزه
وجود داشته باشد.

درخواست تجدید نظر معیاری

درخواست تجدیدنظر به معنای تقاضا برای بازنگری بر
اطلاع حکم رد مزایا است. اطلاع حکم رد مزایا وقتی اتفاق
می‌افتد که کاونتی خدمات مجاز قبلی را رد، کاهش، به حالت
تعلیق یا خاتمه میدهد؛ پرداخت برای خدمات را رد میکند؛
موفق به ارائه خدمات به موقع نمیشود؛ یا این که در
مهلت‌های تعیین شده برای رسیدگی به شکایات، درخواستهای
تجدیدنظر معیاری و یا تجدیدنظر تسریع شده* عمل نمی‌کند،
یا درخواست اعتراض به مسئولیت مالی را رد می‌کند.

- عضو می‌تواند درخواست تجدیدنظر را به
صورت شفاهی یا کتبی ارائه دهد. درخواستهای
شفاهی باید با درخواستهای کتبی امضا شده
پیگیری شود
- اعضا تأییدیه کتبی مبنی بر دریافت درخواست
تجدید نظر توسط بخش خدمات اعضا را دریافت
خواهند کرد.
- درخواست تجدیدنظر باید ظرف ۶۰ روز از تاریخ
اطلاع حکم رد مزایا دریافت شود
- اعضا ظرف ۳۰ روز تقویمی نتیجه کتبی را
دریافت خواهند کرد*

درخواست تجدیدنظر تسریع شده

این درخواست زمانی درج می‌شود که جان، سلامتی یا
توانایی اعضا برای داشتن یا حفظ حداکثر قوه عملکرد در
معرض خطر باشد

- اعضا ظرف 72 ساعت نتیجه کتبی را دریافت
خواهند کرد.
- در صورت رد درخواست تجدید نظر تسریع شده،
یک اطلاعیه کتبی برای عضو ارسال میشود و روند
درخواست تجدیدنظر معیاری (استاندارد) آغاز
میشود.

پیشنهادهای

پیشنهادهای اعضا برای ارائه خدمات موثر و با کیفیت مهم
است. ارائه دهندگان در محل ارائه خدمات از صندوق
پیشنهادهای برخوردار هستند. از پیشنهادهای اعضا استقبال
میشود و میتوان آنها را در این صندوق‌ها انداخت، یا اینکه
میتوان آنها را مستقیماً به کارکنان بخش سلامت روان و یا
مدافعان ارائه کرد.

دادرسی عادلانه دولتی

اگر جزء ذینفعان Medi-Cal هستید، از حق درج
درخواست برای دادرسی عادلانه دولتی برخوردار هستید.
پیش از این که بتوانید درخواست دادرسی عادلانه دولتی را
تنظیم کنید، شما ملزم به طی کردن روند حل مشکل خدمات
جلوگیری استفاده از مواد و درمان کاونتی سکرمانتو برای
درخواست تجدیدنظر هستید.

قاضی قوانین اداری که مسئولیت رسیدگی به دادرسی را
برعهده دارد تنها مجاز به رسیدگی به مسائل مطرح شده
مربوط به این اقدام است. این تصمیم نهایی خواهد بود.

برای درخواست دادرسی عادلانه دولتی درخواست خود را
به بخش زیر ارسال کنید:

**بخش دادرسی عادلانه دولتی سازمان خدمات اجتماعی
کالیفرنیا**

**P.O. Box 944243, Mail Station 19-37
Sacramento, CA 94244-2430**

روش دیگری برای درخواست دادرسی تماس با شماره تلفن
رایگان زیر است: 1-800-952-5253. اگر ناشنوا هستید
و از TDD استفاده می‌کنید، با شماره 1-800-952-8349
تماس بگیرید.

فرم‌ها

فرم‌های شکایت و درخواست تجدیدنظر در تمام مراکز
ارائه دهنده موجود هستند و یا میتوان آنها را با تماس با
بخش خدمات اعضا به شماره 875-6069 (916) و یا
مراجعه به <https://dhs.saccounty.net> دریافت کرد

فرم تکمیل شده را به آدرس زیر ارسال کنید:

**خدمات جلوگیری استفاده از مواد و درمان کاونتی
سکرمانتو**

مدیریت کیفیت - خدمات اعضا

**7001A East Parkway, Suite 300M
Sacramento, CA 95823**



Department of Health Services
Division of Behavioral Health Services

Substance Use Prevention and Treatment Services



بهبودی امکان پذیر است!



کمک در دسترس است!



اطلاعات مصرف بیش از حد

در موارد اضطراری/مصرف بیش از حد الکل و
یا مواد مخدر حتماً با **911 تماس بگیرید**.

Narcan® دارویی است که می‌تواند اثرات
مصرف بیش از حد مواد شبه افیونی یا هروئین
را خنثی کند. پرسنل اورژانس آن را با خود همراه
دارند. **Narcan®** همچنین در داروخانه‌های
منتخب بدون نسخه قابل تهیه است.

Board of Supervisors

Phil Serna—1st District
Patrick Kennedy—2nd District
Rich Desmond—3rd District
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County Executive

Ann Edwards

Department of Health Services

Chevon Kothari, Director

Division of Behavioral Health

Ryan Quist, Ph.D.
Behavioral Health Director

Substance Use Prevention and Treatment Services

Lori Miller, LCSW
Division Manager

نشانه‌های هشدار اختلال سوء مصرف مواد

تغییرات شدید در روحیه یا رفتار.

تغییر در عادات خوردن و یا خوابیدن.

مشاجره کردن با خانواده یا دوستان
در باره سوء مصرف الکل یا مواد
مخدر.

مشکلات حافظه/انسدادها.

بی‌اعتنایی به مسئولیت‌های خانگی یا
کاری.

ارتباط با همسالانی که الکل/مواد
مخدر مصرف می‌کنند.

تمایل شدید یا فکر کردن مداوم به الکل
و یا مواد مخدر.

رانندگی تحت تأثیر دارو و
الکل/بازداشت بخاطر مصرف الکل و
یا مواد مخدر.



سیستم مراقبت برای درمان سوء مصرف مواد

لطفاً برای ارزیابی اختلال سوء مصرف مواد و ارجاع خدماتی با کارمندان سیستم مراقبتی ما تماس بگیرید.



**تماس و درمان شما محرمانه
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از دوشنبه تا جمعه
8:00 صبح تا 5:00 عصر.

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مراقبت مداوم برای پیشگیری و درمان سوء مصرف مواد برای ساکنان 12 سال به بالای کانتی ساکرامنتو ارائه می‌شود.

خدمات پیشگیری، محیط‌های خانوادگی مثبت و پشتیبانی از پرهیز و بازگشت به حالت عادی را تقویت می‌کند.

خدمات درمانی بصورت رایگان برای اکثر ساکنان واجد شرایط Medi-Cal ساکرامنتو ارائه می‌گردد.

کارمندان سیستم مراقبت سؤالات ساده‌ای درباره سوء مصرف الکل و مواد مخدر از شما می‌پرسند تا بهترین میزان مراقبت را برای شما مشخص کنند و شما را به یکی از ارائه‌دهندگان درمانی محله خودتان معرفی کنند. کارمندان دوزبانه و مترجمان شفاهی بصورت رایگان در خدمت شما هستند.

ما درک می‌کنیم که دستیابی به کمک ممکن است دشوار باشد. خدمات پیشگیری و درمان از سوء مصرف مواد برای کمک شما اینجا آماده است!

خدمات ما

خدمات پیشگیری

درمان سرپایی

خدمات قبل از تولد برای زنان باردار و شیرده

مدیریت ترک اعتیاد/خدمات سم زدایی

درمان مبتنی بر دارو (متادون، بوپرنورفین، نالتروکسون و دی‌سولفیرام، (Narcan®)

درمان به همراه اقامت

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خدمات بهبودی/خدمات پس از مراقبت

برنامه‌های رانندگی تحت تأثیر دارو و الکل

دادگاه‌های اشتراکی

پیشگیری و درمان مصرف مواد
بهبودی ممکن است - ما می‌توانیم کمک کنیم!



DMC-ODS

Drug Medi-Cal Organized Delivery System Plan Member Handbook

توجه

برای افرادی که مشکل
خواندن، اختلال شنوایی یا
بینایی دارند

میتوانید این کتابچه را در قالبی
جایگزین مانند چاپ بزرگ یا
صوتی درخواست کنید، تماس
بگیرید:

1-916-874-9754
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Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-916-874-9754

Farsi (فارسی)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
1-916-874-9754 تماس بگیرید

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-916-874-9754

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-916-874-9754

ਪੰਜਾਬੀ (Punjabi)

ਸ਼੍ਰੋਮਣੀ ਗੁਰਦੁਆਰਾ ਪ੍ਰਬੰਧਕ ਕਮੇਟੀ ਦੀ ਸੇਵਾ ਵਿੱਚ,
ਸਾਡੇ ਸੇਵਾਗਤਾਂ ਨੂੰ ਸਹਾਇਤਾ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਸਾਡੇ ਸੇਵਾਗਤਾਂ ਨੂੰ
1-916-874-9754

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-916-974-9754

हिन्दी (Hindi)

सर्वोच्च प्राथमिकता: यदि आप हिन्दी में बातचीत करना चाहते हैं, तो हम आपको निशुल्क भाषा सहायता प्रदान कर सकते हैं।
1-916-874-9754

ภาษาไทย (Thai)

โปรดทราบ: หากคุณพูดภาษาไทย, เรามีบริการช่วยเหลือทางภาษาฟรี
1-916-874-9754

ខ្មែរ (Cambodian)

សូមកត់សម្គាល់: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, យើងអាចផ្តល់សេវាជំនួយភាសាឥតគិតថ្លៃ
1-916-874-9754

انتخاب یک ارائه دهنده خدمات	
17	چگونه می‌توانم یک ارائه دهنده برای خدمات درمانی SUD مورد نیاز پیدا کنم؟
17	DMC-ODS Plan من کدام ارائه دهندگان خدمات را استفاده می‌کند؟
17	فهرست ارائه دهنده خدمات
18	آیا DMC-ODS Plan می‌تواند به ارائه دهنده بگوید چه خدماتی دریافت می‌کنم؟
18	چگونه ارائه دهنده خدمات خود را تغییر دهم؟

انتقال درخواست مراقبت	
18	آیا می‌توانم درخواست کنم که ارائه دهنده قبلی و خارج از شبکه خود را حفظ کنم؟
19	اگر بعد از ورود به Sacramento County DMC-ODS Plan با ارائه دهنده خود ادامه دادم چه؟
19	چگونه می‌توانم درخواست کنم که ارائه دهنده خارج از شبکه خود را حفظ کنم؟
19	درخواست من با چه سرعتی پیش می‌رود؟
19	اگر درخواست انتقال مراقبت من تأیید شود چه اتفاقی می‌افتد؟
19	در پایان دوره مراقبت انتقالی من چه اتفاقی می‌افتد؟
19	چرا DMC-ODS Plan درخواست انتقال مراقبت من را رد می‌کند؟
20	اگر درخواست انتقال مراقبت من رد شود چه اتفاقی می‌افتد؟

اطلاعیه تعیین سود نامطلوب	
20	اطلاعیه تعیین سود نامطلوب چیست؟
20	چه زمانی اطلاعیه تعیین سود نامطلوب دریافت خواهم کرد؟
21	اطلاعیه تعیین سود نامطلوب به من چه خواهد گفت؟
21	وقتی اطلاعیه تعیین سود نامطلوب دریافت می‌کنم چه باید بکنم؟
21	اگر با اطلاعیه تعیین سود نامطلوب مخالفم چه کنم؟

فرآیندهای حل مشکل	
22	اگر خدماتی را که می‌خواهم دریافت نکنم چه می‌شود؟
22	شکایت، درخواست تجدید نظر State Fair Hearing چیست؟

فرآیند شکایت	
22	شکایت چیست؟
23	چه زمانی و چگونه می‌توانم شکایت کنم؟
23	آیا ضرب الاجل برای ثبت شکایت وجود دارد؟
23	چگونه بدانم که DMC-ODS Plan شکایت من را دریافت کرده است؟
23	چه زمانی شکایت من به نتیجه می‌رسد؟
23	چگونه بفهمم تصمیمی گرفته شده است؟

فرآیند تجدید نظر	
23	تجدید نظر استاندارد چیست؟
24	چه زمانی می‌توانم درخواست تجدید نظر کنم؟
25	چگونه می‌توانم درخواست تجدید نظر کنم؟
25	چگونه می‌توانم بفهمم که درخواست تجدید نظر من به نتیجه رسیده است؟
25	چه زمانی درباره درخواست تجدیدنظر من تصمیمی گرفته خواهد شد؟
25	اگر نتوانم 30 روز برای تصمیم تجدیدنظر خود منتظر بمانم چه؟
25	درخواست تجدیدنظر سریع چیست؟
25	چه زمانی می‌توانم درخواست تجدید نظر سریع کنم؟

فرآیند State Fair Hearing	
26	State Fair Hearing چیست؟
26	حقوق State Fair Hearing من چه هستند؟
27	چه زمانی می‌توانم برای یک State Fair Hearing اقدام کنم؟
27	آیا ضرب الاجل برای اقدام به یک State Fair Hearing وجود دارد؟
27	چگونه یک State Fair Hearing را درخواست کنم؟
27	آیا می‌توانم در حالی که منتظر تصمیم هستم به خدمات ادامه دهم؟
27	چه می‌شود اگر نتوانم 90 روز برای تصمیم State Fair Hearing خودم صبر کنم؟

کلاهبرداری، سوءاستفاده و اتلاف	
28	کلاهبرداری چیست؟
28	چگونه از کلاهبرداری جلوگیری کنم؟
28	سوءاستفاده و اتلاف چیست؟
28	چگونه سوء استفاده، کلاهبرداری، و/یا اتلاف را گزارش کنم؟

حقوق و مسئولیت‌های شما	
29	محرمانه بودن و اطلاعیه از شیوه های حفظ حریم خصوصی
29	حقوق من چیست؟
30	مسئولیت‌های من چیست؟
30	اگر احساس کنم مورد تبعیض قرار گرفته‌ام با چه کسی تماس بگیرم؟

اطلاعات عمومی

خدمات اورژانسی 24 ساعت در روز، 7 روز در هفته و 365 روز در سال تحت پوشش قرار می‌گیرند. اگر فکر می‌کنید که در رابطه با سلامتی دچار یک اورژانس هستید، برای کمک با 911 تماس بگیرید یا به نزدیکترین اتاق اورژانس بروید.



خدمات اورژانسی خدماتی هستند که برای یک وضعیت پزشکی غیرمنتظره، از جمله وضعیت پزشکی اورژانسی روانپزشکی و سوءمصرف، ارائه می‌شوند. یک وضعیت پزشکی اورژانسی زمانی وجود دارد که علائمی دارید که باعث درد شدید یا یک بیماری جدی یا آسیب می‌شود، که یک فرد عامی محتاط (یک فرد غیرپزشکی مراقب یا محتاط) معتقد است که بدون مراقبت پزشکی می‌تواند انتظار داشته باشد:

- سلامتی شما را در معرض خطر جدی قرار دهد، یا
- اگر باردار هستید، سلامت فرزند متولد نشده شما را در معرض خطر جدی قرار دهد، یا
- باعث آسیب جدی به نحوه عملکرد بدن شما شود، یا
- باعث آسیب جدی به هر عضو یا قسمتی از بدن شود.

شما حق دارید در مواقع اورژانسی از هر بیمارستانی استفاده کنید. **خدمات اورژانسی هرگز نیاز به مجوز ندارند.**

سوءمصرف: برای فوریت های پزشکی مربوط به مصرف مواد در تماس گرفتن با 911 دریغ نکنید. اگر شما یا کسی که می‌شناسید سوءمصرف کرده‌اید، تماس با 911 در اسرع وقت می‌تواند به نجات یک جان کمک کند. **Naloxone (Narcan®)** دارویی است که می‌تواند فوراً با اثرات یک سوءمصرف افیونی/هروئین مقابله کند. شما می‌توانید آن را به فردی که سوءمصرف می‌کند تجویز کنید و باید فوراً با 911 تماس بگیرید. بسیاری از پرسنل اورژانس آن را با خود حمل می‌کنند و همچنین از داروخانه های منتخب بدون نسخه در دسترس هستند. برای اطلاعات بیشتر از ارائه دهنده مراقبت های بهداشتی یا داروخانه محلی خود بپرسید.



وقتی افکار خودکشی دارم با چه کسی تماس بگیرم؟

اگر شما یا کسی که می‌شناسید در بحران هستید، لطفاً با این شماره تماس بگیرید **National Suicide Prevention Lifeline** در 1-800-273-TALK (8255).

از کجا می‌توانم خدمات تخصصی بهداشت روانی دریافت کنم؟

Sacramento County خدمات تخصصی بهداشت روانی برای کودکان، جوانان، بزرگسالان و سالمندان ارائه می‌دهد. اگر زیر 21 سال سن هستید، برای **Early and Periodic Screening, Diagnostic and Treatment (EPSDT)**، واجد شرایط هستید که ممکن است شامل پوشش و مزایای اضافی باشد. برای کسب اطلاعات بیشتر در مورد خدمات بهداشت روانی که ممکن است برای شما یا فرزندتان در دسترس باشد، لطفاً با **Mental Health Access Team** تماس بگیرید به:

1-916-875-1055 8:00 صبح تا 5:00 بعد از ظهر

تلفن رایگان/بعد از ساعت کاری: 1-888-881-4881 5:00 بعد از ظهر تا 8:00 صبح

علائم هشدار اختلال مصرف مواد

- تغییرات شدید در خلق و خو یا رفتار مانند:
 - ◀ خشم
 - ◀ زود رنجی
 - ◀ خصومت
 - ◀ تکانشگری
 - ◀ خشونت
 - ◀ اضطراب
 - ◀ خستگی
 - ◀ درون گرا
 - ◀ افسرده
- تغییر در عادات غذایی و/یا خوابیدن
- مشکلات حافظه (غش)
- بی توجهی به مسئولیت ها در محل کار، خانه، مدرسه
- مشاجره با خانواده یا دوستان در مورد مصرف مواد
- معاشرت با همسالانی که از الکل/مواد مخدر استفاده می کنند
- هوس / نیاز شدید به استفاده
- افکار مکرر در مورد الکل و/یا مواد مخدر
- رانندگی تحت تاثیر
- دستگیری های مرتبط با الکل یا مواد مخدر



ما می خواهیم کمک کنیم!

چرا خواندن این کتابچه مهم است؟

این کتابچه به شما کمک می کند تا بفهمید چه خدماتی در دسترس شما هستند. این مهم است که شما درک کنید چگونه Sacramento County DMC- ODS Plan کار می کند تا بتوانید مراقبت های لازم را دریافت کنید. این کتابچه مزایای شما و نحوه دریافت مراقبت را توضیح می دهد. همچنین به بسیاری از سوالات شما پاسخ خواهد داد. این کتابچه از طریق ارائه دهنده خدمات شما در دسترس است و در وب سایت Sacramento County موجود است.

شما یاد خواهید گرفت:

1. الزامات واجد شرایط بودن
2. چه مزایای خدماتی برای شما در دسترس است
3. نحوه دریافت خدمات درمان SUD
4. اگر سوال یا مشکلی دارید چه باید کرد
5. حقوق و مسئولیت های شما به عنوان عضوی از DMC-ODS Plan

از این کتابچه به عنوان مکملی برای **Medi-Cal کتابچه راهنمای اعضا خود** استفاده کنید که هنگام ثبت نام برای **Medi-Cal Managed Care Plan** یا **Medi-Cal Fee for Service Plan** فعلی خود دریافت کرده اید.

خوش آمدید به Sacramento County Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

این سیستم تحویل برای افراد مبتلا به اختلال مصرف مواد (SUD) است که در آن ثبت نام کرده اند یا برای **Medi-Cal** واجد شرایط هستند. این سیستم تحویل زنجیره ای از خدمات را ارائه می دهد که بر اساس معیار **American Society of Addiction Medicine (ASAM)** مدل سازی شده است. معیارهای **ASAM** راهی برای تطبیق افراد مبتلا به اعتیاد با خدمات و ابزارهای مورد نیاز برای بهبود موفقیت آمیز و طولانی مدت فراهم می کند.

خدمات DMC-ODS چه هستند؟

خدمات DMC-ODS مراقبت های بهداشتی برای افرادی است که حداقل یک SUD دارند که پزشک معمولی شما نمی تواند آن را درمان کند.

مسئولیت DMC-ODS Plan شما چیست؟

- تعیین اینکه آیا برای خدمات DMC-ODS Plan یا شبکه ارائه دهنده آن واجد شرایط هستید یا خیر.
- هماهنگی مراقبت شما.
- ارائه یک شماره تلفن رایگان که 24 ساعت در روز، 7 روز در هفته و 365 روز در سال پاسخ داده می شود و می تواند به شما بگوید چگونه از خدمات DMC-ODS Plan بهره ببرید.
- داشتن ارائه دهندگان کافی برای اطمینان از اینکه می توانید خدمات درمان SUD تحت پوشش DMC-ODS Plan را دریافت کنید اگر به آنها نیاز دارید.
- اطلاع رسانی و آموزش شما در مورد خدمات موجود از طریق DMC-ODS Plan.
- ارائه خدمات به زبان شما یا توسط مترجم (در صورت لزوم) رایگان و اطلاع دادن به شما که این خدمات مترجم در دسترس هستند.
- ارائه اطلاعات مکتوب در مورد آنچه در دسترس شما به زبان ها یا قالب های دیگر است.
- ارائه هر گونه تغییر مهم در اطلاعات مشخص شده در این کتابچه حداقل 30 روز قبل از تاریخ لازم برای تغییر. تغییر زمانی قابل توجه تلقی می شود که مقدار یا نوع خدمات موجود افزایش یا کاهش یابد، یا اگر تعداد ارائه دهندگان شبکه افزایش یا کاهش یابد، یا هر تغییر دیگری که بر روی مزایایی دریافتی از طریق DMC-ODS Plan تاثیر بگذارد، قابل توجه تلقی می شود.
- اطلاع رسانی شما اگر یکی از ارائه دهندگان قراردادی به دلیل مخالفت های معنوی، اخلاقی یا مذهبی از انجام یا پشتیبانی از خدمات تحت پوشش امتناع ورزند و اطلاع رسانی شما به ارائه دهندگان جایگزینی که خدمات تحت پوشش را ارائه می دهند.
- اطمینان بر این که اگر تغییر ارائه دهندگان باعث آسیب رساندن به سلامت شما یا افزایش خطر بستری شدن در بیمارستان شود، برای مدتی به ارائه دهنده قبلی و اکنون خارج از شبکه خود دسترسی دارید.

DMC-ODS Plan بررسی اجمالی

DMC-ODS Plan شامل شبکه ای قوی از آژانس ها/ارائه دهندگان و خدمات برای کمک به شما و/یا کودک/نوجوانتان برای بهبودی از اختلال مصرف مواد (SUD) است. خدمات شامل خدمات سرپایی، مسکونی، مدیریت ترک (سم زدایی)، درمان با مواد افیونی/درمان به کمک دارو، مدیریت مورد، و خدمات پشتیبانی بهبودی است که بعداً در این کتابچه توضیح داده شده است. شبکه خدمات DMC-ODS:

ماموریت ما

برای ترویج یک جامعه سالم و کاهش اثرات مضر مرتبط با مصرف الکل و مواد مخدر، در عین حال پاسخگو بودن و بازتاب تنوع در افراد، خانواده ها و جوامع.

یک شماره تلفن 24 ساعته رایگان ارائه می‌دهد

شماره تلفن رایگان ما (1-888-881-4881) 24 ساعت در روز، 7 روز در هفته و 365 روز در سال پاسخ داده می‌شود.

مراقبت بیمار محور را ارائه می‌دهد

شما می‌توانید به ارائه دهنده درمان کمک کنید تا مشخص کند چه خدماتی به بهترین وجه نیازها و ترجیحات فردی شما را برآورده می‌کند. به همین دلیل، مراقبت شما ممکن است در همان برنامه با بقیه متفاوت باشد.

خدمات فرهنگی مناسب ارائه می‌دهد

شما می‌توانید از یک ارائه‌دهنده درمانی درخواست کنید که خدماتی را ارائه دهد که به طور خاص برای برآوردن نیازهای فرهنگی، پیشینه نژادی و قومیتی یا گرایش جنسی شما طراحی شده است. اگر برنامه‌ای نمی‌تواند نیازهای شما را برآورده کند، یا از جایی که می‌خواهید خدمات دریافت کنید بسیار دور است، لطفاً بدانید که همه ارائه‌دهندگان خدمات شبکه موظفند خدمات حساس فرهنگی و مناسب را برای همه مشتریان ارائه دهند.

خدمات زبانی مناسب ارائه می‌دهد

شما می‌توانید از یک ارائه دهنده درمانی درخواست کنید که خدمات را به زبان دلخواه شما ارائه دهد. اگر برنامه ای نمی‌تواند نیازهای شما را برآورده کند، می‌توانید بدون پرداخت هزینه، یک مترجم درخواست کنید. مواد نوشتاری کلیدی نیز به همه رایج‌ترین زبان‌های رایج در Sacramento County موجود است که به آنها "زبان‌های آستانه" نیز می‌گویند.

خدمات مناسب سن و رشد را ارائه می‌دهد

شما می‌توانید از یک ارائه دهنده درمانی درخواست کنید که خدماتی را برای یک گروه سنی خاص (جوانان، بزرگسالان جوان، بزرگسالان و بزرگسالان مسن تر) ارائه دهد. اگر برنامه ای مطابق با درخواست شما در دسترس نیست، یا از جایی که می‌خواهید خدمات دریافت کنید بسیار دور است، برنامه های دیگری در دسترس هستند که به بیش از یک گروه سنی خدمت می‌کنند.

سوء مصرف مواد را به عنوان یک وضعیت مزمن درمان می‌کند

یک بیماری مزمن برای مدت طولانی یا شاید حتی یک عمر (به عنوان مثال، آسم، دیابت) طول می‌کشد در حالی که یک بیماری حاد برای مدت کوتاهی، معمولاً چند روز یا چند هفته (یعنی عفونت گوش) طول می‌کشد. از آنجایی که سوء مصرف مواد می‌تواند افراد را برای مدت طولانی تحت تاثیر قرار دهد و عود بیماری شایع است، به عنوان یک بیماری مزمن در نظر گرفته می‌شود. به همین دلیل، ارائه دهندگان شبکه می‌توانند حتی پس از اتمام برنامه درمانی شما با شما همکاری کنند تا در صورت نیاز به شما کمک کنند تا مجدداً وارد درمان شوید.

خدمات سلامت، سلامت روان و اختلال مصرف مواد را به هم متصل می‌کند

بسیاری از افرادی که به خدمات SUD نیاز دارند همچنین برای رسیدگی به سایر شرایط سلامت جسمی (به عنوان مثال، دیابت، نفس تنگی، بیماری قلبی، بیماری کبد) یا بهداشت روانی (یعنی اضطراب، افسردگی، دوقطبی) به خدمات نیاز دارند یا خدمات دریافت می‌کنند. مهم است که با سایر ارائه دهندگانی که به نیازهای مراقبت های بهداشتی شما خدمت می‌کنند، ارتباط برقرار کنید تا مراقبت های شما را بهتر هماهنگ کنند و به شما در دستیابی به تمام اهداف سلامتی شما کمک کنند.

به بیماران و جوامع برای دستیابی به سلامتی آموزش می‌دهد و توانمند می‌سازد

افراد سالم و جوامع سالم از طریق فداکاری و تعهد و اشتراک اهداف برای کاهش اثرات نامطلوب مصرف الکل و مواد مخدر به دست می‌آیند. شما می‌توانید نقشی کلیدی برای بهبود سلامت خود و جامعه خود داشته باشید و این می‌تواند با شرکت در خدمات درمانی و بهبودی آغاز شود.

برای افزایش مراقبت از مشتری، همیشه برنامه را بهبود ببخشید

Sacramento County و ارائه دهندگان شبکه آن به ارائه خدمات با کیفیت به مشتری اختصاص داده شده‌اند که به شما در دستیابی به اهدافتان کمک می‌کند. این به معنای نگاه کردن به نحوه ارائه خدمات امروزه و یافتن راه هایی برای بهبود آنها از طریق شیوه های مبتنی بر شواهد، کارکنان موثر و فناوری است.

Sacramento County DMC-ODS Plan Services

در زیر شرح خدمات که ممکن است از طریق DMC-ODS Plan در دسترس شما باشد، آمده است.

خدمات سرپایی

- خدمات سرپایی شامل دریافت و ارزیابی، برنامه ریزی درمان، مشاوره فردی، مشاوره گروهی، درمان خانوادگی، خدمات جانبی، آموزش اعضا، خدمات دارویی، خدمات مداخله در بحران و برنامه ریزی ترخیص است.
- خدمات سرپایی توسط یک متخصص دارای مجوز یا یک مشاور خبره به صورت حضوری، از طریق تلفن یا از طریق بهداشت از راه دور در هر محیط مناسب در جامعه ارائه می‌شود.
- خدمات سرپایی به اعضا تا نه ساعت در هفته برای بزرگسالان و حداکثر تا شش ساعت در هفته برای نوجوانان در صورتی که از نظر پزشکی ضروری و مطابق با یک برنامه مشتری فردی تشخیص داده شود، ارائه می‌شود.

خدمات سرپایی فشرده

- خدمات سرپایی فشرده شامل اجزای مشابه خدمات بیماران سرپایی است. افزایش تعداد ساعات خدمات تفاوت اصلی است.
- خدمات سرپایی فشرده به اعضای بزرگسال حداقل نه ساعت با حداکثر 19 ساعت در هفته و حداقل شش ساعت با حداکثر 19 ساعت در هفته برای جوانان در صورتی که از نظر پزشکی لازمی تشخیص داده شود و مطابق با برنامه مراجعه کننده فردی باشد.
- خدمات سرپایی فشرده توسط یک متخصص دارای مجوز یا یک مشاور خبره به صورت حضوری، از طریق تلفن یا از طریق بهداشت از راه دور در هر محیط مناسب در جامعه ارائه می‌شود.

درمان مسکونی (مجوز قبلی توسط DMC-ODS Plan الزامی است)

- درمان مسکونی یک برنامه غیرسازمانی 24 ساعته غیرپزشکی و کوتاه مدت است که خدمات توانبخشی را به اعضای مبتلا به تشخیص SUD در صورت تشخیص ضروری پزشکی و مطابق با یک برنامه درمانی فردی ارائه می‌دهد.
- هر یک از اعضا باید در محل زندگی کنند و در تلاش‌هایشان برای بازیابی، حفظ، بکارگیری مهارت‌های زندگی بین فردی و مستقل و دسترسی به سیستم‌های پشتیبانی جامعه مورد حمایت قرار خواهند گرفت. ارائه دهندگان و ساکنان برای تعریف موانع، تعیین اولویت‌ها، تعیین اهداف، ایجاد برنامه‌های درمانی و حل مشکلات مربوط به SUD با یکدیگر همکاری می‌کنند.
- اهداف شامل حفظ پرهیز، آماده شدن برای محرک‌های عود، بهبود سلامت فردی و عملکرد اجتماعی و درگیر شدن در مراقبت مداوم است. همه ارائه دهندگان درمان‌های مسکونی ملزم به پذیرش و حمایت از مشتریانی هستند که تحت درمان‌های کمک دارویی هستند.
- خدمات اقامتی شامل دریافت و ارزیابی، برنامه‌ریزی درمان، مشاوره فردی، مشاوره گروهی، درمان خانوادگی، خدمات جانبی، آموزش اعضا، خدمات دارویی، داروهای حفاظتی (این تسهیلات شامل تمامی داروهای ساکن و کارکنان مراکز درمانی می‌شود که می‌توانند به خودمدیریتی اداره دارو کمک کنند)، خدمات مداخله در بحران، حمل و نقل (تهیه یا ترتیبی برای حمل و نقل به و از درمان ضروری پزشکی)، و برنامه ریزی ترخیص است.
- طول خدمات مسکونی بر اساس نیاز پزشکی از 1 تا 90 روز متغیر است. تمدید و اقامت اضافی بر اساس نیاز پزشکی تایید می‌شود.

مدیریت بازگیری (دفع مسمومیت)

- خدمات مدیریت بازگیری شامل دریافت و ارزیابی، مشاهده (برای ارزیابی وضعیت سلامت و پاسخ به هر گونه داروی تجویز شده)، خدمات دارویی، و برنامه ریزی ترخیص است.
- خدمات مدیریت بازگیری زمانی ارائه می‌شود که از نظر پزشکی ضروری باشد و مطابق با یک برنامه فردی مشتری باشد.
- هر یک از اعضا در صورت دریافت خدمات مسکونی باید در مرکز اقامت کنند و در طول فرآیند سم زدایی تحت نظارت قرار خواهند گرفت.
- خدمات توانبخشی ضروری پزشکی مطابق با یک برنامه فردی مشتری که توسط یک پزشک مجاز یا تجویز کننده دارای مجوز تجویز شده و مطابق با الزامات State of California تایید و مجاز شده است، ارائه می‌شود.

درمان مواد افیونی/درمان به کمک دارو

- خدمات برنامه درمان مواد افیونی (مواد مخدر) (OTP/NTP) در مراکز دارای مجوز NTP ارائه می‌شود. خدمات توانبخشی ضروری پزشکی مطابق با یک برنامه فردی مشتری که توسط یک پزشک مجاز یا تجویز کننده دارای مجوز تجویز شده و مطابق با الزامات State of California تایید و مجاز شده است، ارائه می‌شود.
- یک عضو باید حداقل 50 دقیقه جلسات مشاوره با یک درمانگر یا مشاور به مدت حداکثر 200 دقیقه در ماه تقویم دریافت کند، اگرچه ممکن است خدمات اضافی بر اساس نیاز پزشکی ارائه شود.
- خدمات درمان مواد افیونی شامل همان اجزای خدمات درمان سرپایی است، با اضافه روان‌درمانی پزشکی که شامل یک بحث رو در رو است که توسط یک پزشک به صورت انفرادی با اعضا انجام می‌شود.
- خدمات درمان با کمک دارو (MAT) خارج از کلینیک OTP در دسترس است. MAT استفاده از داروهای تجویزی، در ترکیب با مشاوره و درمان های رفتاری، برای ارائه رویکردی کامل برای درمان SUD است. ارائه این سطح از خدمات برای شهرستان های شرکت کننده اختیاری است.
- خدمات MAT شامل سفارش، تجویز، مدیریت و نظارت بر همه داروها برای SUD است. به ویژه وابستگی به مواد افیونی و الکل، گزینه‌های دارویی ثابت شده‌ای دارد.
- درمان مواد افیونی / درمان با کمک دارو ممکن است شامل موارد زیر باشد (وابسته به کلینیک متفاوت است): methadone, buprenorphine, buprenorphine-Naloxone (Suboxone®), Naloxone (Narcan®), and disulfiram.

خدمات بهبودی

- خدمات بهبودی برای بهبود و تندرستی اعضا مهم هستند. جامعه درمان به یک عامل درمانی تبدیل می‌شود که از طریق آن اعضا برای مدیریت سلامت و مراقبت های بهداشتی خود توانمند و آماده می‌شوند. بنابراین، درمان باید بر نقش محوری اعضا در مدیریت سلامت خود تأکید کند، از راهبردهای حمایتی مؤثر خود مدیریتی استفاده کند، و منابع داخلی و جامعه را سازماندهی کند تا حمایت خود مدیریتی مستمر از اعضا ارائه شود.
- خدمات بهبودی شامل مشاوره فردی و گروهی، نظارت بر بهبودی / کمک به سوءمصرف مواد (مربوبگی بهبودی، پیشگیری از عود، و خدمات هم‌تا به هم‌تا)؛ و مدیریت پرونده (ارتباط با حمایت های آموزشی، حرفه‌ای، خانواده، حمایت های مبتنی بر جامعه، مسکن، حمل و نقل و سایر خدمات بر اساس نیاز) است.

خدمات مدیریت پرونده

- خدمات مدیریت پرونده شامل ارزیابی جامع و ارزیابی مجدد دوره ای نیازهای فردی برای تعیین نیاز به ادامه خدمات؛ انتقال به سطوح بالاتر یا پایین تر مراقبت SUD؛ توسعه و بازنگری دوره ای یک طرح مشتری که شامل فعالیت های خدماتی است؛ ارتباطات، هماهنگی، ارجاع و فعالیت های مرتبط؛ نظارت بر ارائه خدمات برای اطمینان از دسترسی اعضا به خدمات و سیستم ارائه خدمات؛ نظارت بر پیشرفت اعضا؛ حمایت از اعضا؛ ارتباط با مراقبت از سلامت جسمی و روانی، و حفظ در خدمات مراقبت های اولیه است.
- خدمات مدیریت پرونده به یک عضو کمک می‌کند تا به خدمات مورد نیاز پزشکی، آموزشی، اجتماعی، حقوقی، مالی، پیش‌حرفه‌ای، حرفه‌ای، توانبخشی یا سایر خدمات اجتماعی دسترسی پیدا کند. این خدمات بر هماهنگی مراقبت های SUD، ادغام در مراقبت های اولیه به ویژه برای اعضای مبتلا به SUD مزمن، و تعامل با سیستم عدالت کیفری، در صورت نیاز، تمرکز دارند.

لطفاً توجه داشته باشید: هر جوان (زیر 21 سال) یا بزرگسال (بالای 21 سال) که در "معرض خطر" مبتلا به SUD ارزیابی می‌شود و معیارهای ضروری پزشکی را برای خدمات DMC-ODS برآورده نمی‌کند، ممکن است واجد شرایط خدماتی دیگر غیر DMC ODS مانند خدمات پیشگیری/ مداخله اولیه باشد.

واجد شرایط بودن برای خدمات DMC-ODS Plan خدمات



جوانان (زیر 18 سال)، بزرگسالان جوان (18 تا 20 سال)، و بزرگسالان (21 سال و بالاتر) که شرایط واجد شرایط بودن زیر را دارند، می توانند خدمات درمانی SUD را از طریق DMC-ODS Plan دریافت کنند:

1. شما باید در Medi-Cal ثبت نام کنید (نحوه اعمال در ادامه این کتابچه توضیح داده شده است).
2. شما باید ساکن Sacramento County باشید (ممکن است مدرک لازم باشد اگر مزایای Medi-Cal شما به یک California county دیگر واگذار شده باشد).
3. شما باید نیازهای پزشکی را برآورده کنید، که توسط کارکنان بالینی تعیین می شود (که در ادامه این کتابچه توضیح داده شده است).

درخواست دادن برای Medi-Cal به صورت حضوری:
Sacramento County Department of Human Assistance
1725 28th Street, Sacramento, CA 95816
Phone: 1-916-874-3100
<https://ha.saccounty.gov/Pages/default.aspx>



برای درخواست آنلاین از طریق California Department of Health Care Services:
<https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>

آیا برای Medi-Cal باید پرداخت کنم؟
پوشش Medi-Cal بر اساس مقدار پولی است که هر ماه دریافت می کنید یا به دست می آورید.

- اگر درآمد شما کمتر از محدودیت Medi-Cal با توجه به اندازه خانوادهتان است، شما مجبور نخواهید بود برای خدمات Medi-Cal هزینه کنید.
- اگر درآمد شما بیشتر از محدودیت Medi-Cal با توجه به اندازه خانوادهتان است، شما باید مقداری پول برای خدمات درمانی پزشکی یا مصرف مواد خود بپردازید. مبلغی که پرداخت می کنید "سهم هزینه" نامیده می شود. هنگامی که "سهم هزینه" خود را پرداخت کردید، Medi-Cal مابقی قبض های پزشکی تحت پوشش شما را برای آن ماه پرداخت خواهد کرد. در ماه هایی که هزینه های درمانی ندارید، مجبور نیستید چیزی بپردازید.

آیا Medi-Cal حمل و نقل را پوشش می دهد؟
برنامه Medi-Cal برای کمک به حمل و نقل به قرار ملاقات های پزشکی و/یا درمان مصرف مواد مورد نیاز است. اگر برای رسیدن به قرار ملاقات های خود مشکل دارید، Medi-Cal Program می تواند به شما در یافتن وسایل حمل و نقل کمک کند.

تماس:

Sacramento County Department of Human Assistance
1725 28th Street, Sacramento, CA 95816
Phone: 1-916-874-3100
Monday – Friday, 8:00 AM – 5:00 PM (به استثنای تعطیلات شهرستان)
<https://ha.saccounty.gov/Pages/default.aspx>

یا Medi-Cal Program مستقیماً در:
<https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>

ضرورت پزشکی

ضرورت پزشکی چیست و چرا اینقدر مهم است؟

یکی از شرایط لازم برای دریافت خدمات درمان SUD از طریق DMC-ODS Plan چیزی است به نام "ضرورت پزشکی". این بدان معناست که یک پزشک یا دیگر متخصصان دارای مجوز تصمیم خواهند گرفت که آیا نیاز پزشکی به خدمات وجود دارد یا خیر.

اصطلاح ضرورت پزشکی مهم است زیرا به تصمیم گیری کمک می‌کند که آیا شما یا فرزند/جوانان شما برای خدمات DMC-ODS واجد شرایط هستید یا خیر، و چه نوع خدمات DMC-ODS مناسب هستند. تصمیم گیری در مورد ضرورت پزشکی بخش بسیار مهمی از فرآیند دریافت خدمات DMC-ODS است.

معیارهای ضرورت پزشکی برای پوشش خدمات درمانی SUD چیست؟

کارکنان بالینی DMC-ODS Plan برای تعیین اینکه آیا شما یا فرزند/نوجوانتان معیارهای "ضرورت پزشکی" را مطابق با فهرست زیر برآورده می‌کنید، ارزیابی می‌کنند:

- دارای تشخیص اختلالات مرتبط با مواد و اعتیاد از طرف *Diagnostic and Statistical Manual of Mental Disorders* است؛ و،
- به تعریف معیار "ضرورت پزشکی" (ASAM) American Society of Addiction Medicine برای خدمات صدق می‌کند.

چگونه می‌توانم خدمات DMC-ODS Plan را دریافت کنم؟

خدمات را می‌توان از طریق خود ارجاع یا توسط درخواست خدمات از دیگران برای شما درخواست کرد.

- خود ارجاع (درخواست خدمات برای خود)
- ارجاع توسط:
 - پزشکان و دیگر ارائه دهندگان مراقبت های اولیه/مراقبت های مدیریت شده
 - ادارات رفاه کودکان
 - بخش خدمات اجتماعی
 - اعضای خانواده
 - محافظان / نگهبانان
 - سازمان های اجرای قانون

ارجاع برای بزرگسالان، تماس بگیرید:

دوشنبه تا جمعه (به استثنای تعطیلات شهرستان)

8:00 صبح تا 5:00 بعد از ظهر

تلفن: 1-916-874-9754

تلفن رایگان/بعد از ساعت کاری: (888) 881-4881

California Relay Service: 711

ارجاع برای جوانان، تماس بگیرید:

دوشنبه تا جمعه (به استثنای تعطیلات شهرستان)

8:00 صبح تا 5:00 بعد از ظهر

تلفن: 1-916-875-2050

تلفن رایگان/بعد از ساعت کاری: (888) 881-4881

California Relay Service: 711

انتخاب یک ارائه دهنده خدمات

چگونه می‌توانم یک ارائه دهنده برای خدمات درمانی SUD مورد نیاز پیدا کنم؟

یک بار کارکنان بالینی DMC-ODS Plan ارزیابی SUD را انجام می‌دهند، حداقل دو ارائه‌دهنده در اختیار شما قرار می‌گیرند که در اولین شروع خدمات، از بین آنها انتخاب کنید، مگر اینکه DMC-ODS Plan دلیل خوبی داشته باشد که چرا نمی‌تواند حق انتخاب دهد. به عنوان مثال، تنها یک ارائه دهنده وجود دارد که می‌تواند سرویس (های) مورد نیاز شما را ارائه دهد.

گاهی اوقات، ارائه دهندگان خدمات قراردادی، DMC-ODS Plan را از طرف خود یا بنا بر درخواست شهرستان ترک می‌کنند. وقتی این اتفاق می‌افتد، DMC-ODS Plan با حسن نیت تلاش خواهد کرد تا ظرف 15 روز پس از دریافت یا صدور اخطار فسخ، اخطار کتبی فسخ ارائه دهنده قراردادی را به شما اعلام کند.

DMC-ODS Plan من کدام ارائه دهندگان خدمات را استفاده می‌کند؟

فهرست ارائه‌دهنده ما شامل فهرست کاملی از ارائه‌دهندگان خدمات، اطلاعاتی درباره محل استقرار ارائه‌دهندگان، خدمات درمانی SUD که ارائه می‌کنند و خدمات فرهنگی و زبانی موجود است. فهرست ارائه دهنده را می‌توان با تماس تلفنی درخواست کرد:

**Sacramento County Substance Use
Prevention and Treatment
Administration**
1-916-875-2050

**Sacramento County
System of Care for Substance Use Disorder
Treatment**
1-916-874-9754

تلفن رایگان/بعد از ساعت کاری: 888-881-4881

فهرست ارائه دهنده را می‌توان به صورت آنلاین در آدرس زیر نیز مشاهده کرد:

<https://dhs.saccounty.gov/BHS/Pages/SUPT/Substance-Use-Prevention-and-Treatment.aspx>

چگونه ارائه دهنده خدمات خود را تغییر دهیم؟

ارائه دهنده درمان فعلی شما می‌تواند به شما کمک کند آژانس دیگری را پیدا کنید که می‌تواند نیازهای شما را بهتر برآورده کند یا می‌توانید تماس بگیرید با:

Sacramento County System of Care

8:00 صبح تا 5:00 بعد از ظهر
دوشنبه تا جمعه (به استثنای تعطیلات شهرستان)
تلفن: 1-916-874-9754
رایگان: 888-881-4881

Sacramento County Substance Use Prevention and Treatment Administration

8:00 صبح تا 5:00 بعد از ظهر
روز دوشنبه تا جمعه
(به استثنای تعطیلات شهرستان)
1-916-875-2050

DMC-ODS Plan همچنین باید به شما امکان تغییر ارائه دهندگان را بدهد. هنگامی که شما درخواست تغییر ارائه دهندگان را دارید، DMC-ODS Plan حداقل دو ارائه دهنده را به شما پیشنهاد می‌کند تا از بین آنها یکی را انتخاب کنید، مگر اینکه دلیل موجهی برای انجام این کار وجود نداشته باشد. به عنوان مثال، تنها یک ارائه دهنده وجود دارد که می‌تواند سرویس (های) مورد نیاز شما را ارائه دهد.

وقتی یک ارائه دهنده پیدا کردم، DMC-ODS Plan می‌تواند به ارائه دهنده بگوید چه خدماتی دریافت می‌کنم؟

شما، ارائه دهنده شما، و کارکنان بالینی DMC-ODS Plan با پیروی از معیارهای ضرورت پزشکی و لیست خدمات تحت پوشش، همه در تصمیم‌گیری در مورد خدماتی که باید دریافت کنید، دخیل هستند. گاهی اوقات DMC-ODS Plan تصمیم‌گیری را به شما و ارائه دهنده واگذار می‌کند. زمان‌های دیگر، DMC-ODS Plan قبل از ارائه خدمات باید دلایلی را که ارائه دهنده فکر می‌کند شما به خدمات نیاز دارید را بررسی کند. DMC-ODS Plan برای انجام بررسی باید از یک متخصص باصلاحیت استفاده کند. این فرآیند بررسی فرآیند صدور مجوز پرداخت DMC-ODS Plan نامیده می‌شود. فرآیند صدور مجوز پرداخت DMC-ODS Plan باید از جدول زمانی خاصی پیروی کند. برای یک مجوز استاندارد، DMC-ODS Plan باید ظرف 14 روز تقویمی در مورد درخواست ارائه دهنده شما تصمیم‌گیری کند. اگر DMC-ODS Plan فکر می‌کند دریافت اطلاعات بیشتر از ارائه دهنده خود به نفع شماست، جدول زمانی را می‌توان تا 14 روز تقویمی دیگر تمدید کرد. اگر خط زمانی تمدید شود، DMC-ODS Plan یک اطلاعیه کتبی در مورد تمدید برای شما ارسال خواهد کرد.

اگر DMC-ODS Plan در خط زمانی مورد نیاز برای یک درخواست مجوز استاندارد یا سریع تصمیم‌گیری نمی‌کند، DMC-ODS Plan برای شما اعلامیه ای درباره تعیین منافع نامطلوب ارسال می‌کند تا به شما اطلاع دهد که خدمات رد شده است. اگر با تصمیم DMC-ODS Plan's موافق نیستید، می‌توانید درخواست تجدید نظر کنید.

انتقال درخواست مراقبت

آیا می‌توانم درخواست کنم که ارائه دهنده قبلی و خارج از شبکه خود را حفظ کنم؟

پس از پیوستن به DMC-ODS Plan، شما می‌توانید درخواست کنید که ارائه دهنده خارج از شبکه خود را نگه دارید اگر:

- انتقال به یک ارائه دهنده جدید به سلامت شما آسیب جدی وارد می‌کند یا خطر بستری شدن در بیمارستان یا نهادینه شدن شما را افزایش می‌دهد؛ و

- شما قبل از تاریخ انتقال خود به DMC-ODS Plan تحت درمان ارائه‌دهنده خارج از شبکه بودید.

اگر پس از انتقال به **DMC-ODS Plan Sacramento County** به دیدن ارائه‌دهنده خارج از شبکه خود ادامه دادم چه؟ شما می‌توانید درخواست انتقال عطف به ماسبق مراقبت را ظرف سی (30) روز تقویمی پس از دریافت خدمات از یک ارائه دهنده خارج از شبکه درخواست کنید.

چگونه می‌توانم درخواست کنم که ارائه دهنده خارج از شبکه خود را حفظ کنم؟ شما، نمایندگان مجاز، یا ارائه‌دهنده فعلی‌تان، می‌توانید درخواستی کتبی برای نگه داشتن ارائه‌دهنده خارج از شبکه خود ارسال کنید:

Sacramento County System of Care for Substance Use Disorder Treatment
3321 Power Inn Road, Suite 120
Sacramento, California 95826

DMC-ODS Plan تأییدیه کتبی دریافت درخواست شما را ارسال می‌کند و ظرف سه (3) روز کاری پس از دریافت، رسیدگی به درخواست شما را آغاز می‌کند.

درخواست انتقال مراقبت من چقدر سریع پیش می‌رود؟
DMC-ODS Plan بررسی درخواست انتقال مراقبت شما را ظرف سی (30) روز تقویمی از تاریخ دریافت درخواست تکمیل خواهد کرد.

اگر درخواست انتقال مراقبت من تأیید شود چه اتفاقی می‌افتد؟
ظرف هفت (7) روز پس از تأیید درخواست انتقال مراقبت شما DMC-ODS Plan به شما ارائه خواهد کرد:

- تأیید درخواست؛
- مدت زمان انتقال ترتیبات مراقبت؛
- فرآیندی که برای انتقال مراقبت شما در پایان دوره تداوم مراقبت رخ می‌دهد؛ و
- حق شما برای انتخاب ارائه دهنده متفاوت از شبکه ارائه دهنده DMC-ODS Plan در هر زمان.

در پایان دوره مراقبت انتقالی من چه اتفاقی می‌افتد؟
DMC-ODS Plan سی (30) روز تقویمی قبل از پایان دوره انتقال مراقبت، روندی را که برای انتقال مراقبت شما به یک ارائه دهنده درون شبکه در پایان دوره انتقال مراقبت رخ می‌دهد، به شما اطلاع خواهد داد.

چرا درخواست انتقال مراقبت من رد می‌شود؟
DMC-ODS Plan ممکن است درخواست شما برای حفظ ارائه دهنده قبلی و اکنون خارج از شبکه شما را رد کند، اگر - DMC-ODS Plan مشکلات کیفیت مراقبت را با ارائه دهنده تجربه و مستند کرده است یا اگر DMC-ODS Plan نتوانست با ارائه دهنده شما در یک دوره 30 روزه پس از تلاش با حسن نیت ارتباط برقرار کند.

اگر درخواست انتقال مراقبت من رد شود چه اتفاقی می‌افتد؟

اگر DMC-ODS Plan درخواست انتقال مراقبت شما را رد می‌کند، به شما:

- کتباً اعلام خواهد شد؛
- حداقل یک ارائه‌دهنده جایگزین درون شبکه ارائه خواهد شد که همان سطح خدمات را با ارائه‌دهنده خارج از شبکه ارائه می‌کند؛ و
- از حق شما برای ارائه درخواست تجدیدنظر در صورت مخالفت با رد مطلع خواهید شد.

اگر DMC-ODS Plan چندین گزینه ارائه دهنده در شبکه را به شما ارائه می‌دهد و شما انتخابی نمی‌کنید، سپس DMC-ODS Plan شما را به یک ارائه دهنده درون شبکه ارجاع می‌دهد یا منصوب می‌کند و آن ارجاع یا تکلیف را به صورت کتبی به شما اطلاع می‌دهد.

اطلاعیه تعیین سود نامطلوب

اطلاعیه تعیین سود نامطلوب چیست؟

اطلاعیه تعیین سود نامطلوب یک نامه است که DMC-ODS Plan برای اطلاع دادن شما می‌فرستد هنگامیکه تصمیمی در مورد خدمات DMC-ODS شما گرفته شده است یا زمانی که اقدامات خاصی انجام می‌شود.

چه زمانی اطلاعیه تعیین سود نامطلوب دریافت خواهم کرد؟

شما یک اعلان از تعیین سود نامطلوب دریافت خواهید کرد:

- ◀ اگر DMC-ODS Plan یا یکی از ارائه دهندگان خدمات DMC-ODS تصمیم می‌گیرند که شما واجد شرایط دریافت خدمات درمانی Medi-Cal SUD نیستید زیرا معیارهای ضروری پزشکی را برآورده نمی‌کنید.
- ◀ اگر DMC-ODS Plan نمی‌تواند برای تکمیل ارزیابی اولیه با شما تماس بگیرد یا اطلاعات کافی برای تصمیم‌گیری در مورد اینکه آیا شما نیاز پزشکی را برای خدمات درخواستی برآورده می‌کنید یا خیر ندارد. این شامل درخواست‌هایی برای تغییر در سطح خدماتی است که شما دریافت می‌کنید.
- ◀ اگر ارائه دهنده خدمات DMC-ODS شما فکر می‌کند که شما نیاز به تغییر در سرویس SUD دارید و از DMC-ODS Plan درخواست تایید می‌کند، اما DMC-ODS Plan موافقت نمی‌کند و درخواست ارائه دهنده شما را رد می‌کند، یا نوع، سطح یا تکرار خدمات درخواستی ارائه دهنده را تغییر می‌دهد.
- ◀ اگر یک ارائه دهنده خدمات از DMC-ODS Plan برای پرداخت خدماتی که قبلاً دریافت کرده اید، مانند بستری شدن در بیمارستان درخواست می‌کند، و DMC-ODS Plan تمام یا بخشی از هزینه را پرداخت نمی‌کند، شما مجبور نخواهید بود برای خدماتی که قبلاً دریافت کرده اید پرداخت کنید.
- ◀ اگر ارائه دهنده خدمات DMC-ODS شما از DMC-ODS Plan درخواست مجوز کرده است، اما DMC-ODS Plan برای تصمیم‌گیری به اطلاعات بیشتری نیاز دارد و طی 30 روز پس از درخواست خدمات، فرآیند مجوز را تکمیل نمی‌کند.
- ◀ اگر DMC-ODS Plan خدماتی را بر اساس استانداردهای به موقع DMC-ODS Plan به شما ارائه نمی‌کند.
- ◀ اگر شما شکایت ثبت می‌کنید و DMC-ODS Plan با تصمیم کتبی در مورد شکایت شما ظرف 90 روز تقویمی، درخواست تجدیدنظر استاندارد ظرف 30 روز یا تجدیدنظر سریع ظرف 72 ساعت به شما پاسخ نمی‌دهد.
- ◀ اگر ارائه دهنده خدمات DMC-ODS شما یا DMC-ODS Plan خدماتی را که در حال حاضر دریافت می‌کنید کاهش می‌دهد، تعلیق می‌کند یا خاتمه می‌دهد.
- ◀ اگر با صورت حساب که برای خدمات DMC-ODS دریافت کرده اید مخالف هستید و DMC-ODS Plan تصمیمی به نفع شما نمی‌گیرد.

اطلاعیه تعیین سود نامطلوب به من چه خواهد گفت؟

اعلامیه تعیین سود نامطلوب به شما می‌گوید:

- ◀ چه اقدامی DMC-ODS Plan گرفت که روی شما تاثیر می‌گذارد.
- ◀ تاریخ لازم الاجرا شدن تصمیم و دلیلی که DMC-ODS Plan تصمیم خود را گرفت.
- ◀ شهرستان، ایالت یا فدرال که بر DMC-ODS Plan حاکم است هنگام تصمیم گیری دنبال می‌شود.
- ◀ اگر با تصمیم DMC-Plan موافق نباشید، چه حقوقی دارید.
- ◀ نحوه ثبت درخواست تجدیدنظر با DMC-ODS Plan.
- ◀ نحوه درخواست یک State Fair Hearing.
- ◀ نحوه درخواست تجدیدنظر سریع یا State Fair Hearing سریع.
- ◀ نحوه دریافت کمک برای ثبت درخواست تجدیدنظر یا درخواست یک State Fair Hearing.
- ◀ چه مدت باید درخواست تجدید نظر یا درخواست State Fair Hearing بدهید.
- ◀ اگر تا زمانی که منتظر تصمیم بر تجدید نظر یا State Fair Hearing هستید، واجد شرایط ادامه دریافت خدمات هستید.
- ◀ زمانی که باید درخواست تجدیدنظر خود یا درخواست State Fair Hearing را ثبت می‌کنید اگر می‌خواهید تا زمانی که منتظر تصمیم هستید، خدمات ادامه یابد، درخواست کنید.

وقتی اطلاعیه تعیین سود نامطلوب دریافت می‌کنم چه باید بکنم؟

هنگامی که اعلامیه تعیین سود نامطلوب دریافت می‌کنید، باید تمام اطلاعات موجود در نامه را به دقت بخوانید. اگر نامه را متوجه نشدید، DMC-ODS Plan می‌تواند به شما کمک کند.

هنگام ارسال درخواست تجدیدنظر یا درخواست State Fair Hearing، می‌توانید ادامه خدمات را درخواست کنید. شما باید حداکثر 10 روز تقویمی پس از تاریخی که اعلامیه تعیین سود نامطلوب به شما علامت گذاری شده است یا شخصاً به شما داده شده است، یا قبل از تاریخ لازم الاجرا شدن تغییر، ادامه خدمات را درخواست کنید.

اگر با اطلاعیه تعیین سود نامطلوب مخالفم چه کنم؟

اگر شما بیمه Medi-Cal دارید و ارائه دهنده خدمات شما یا DMC-ODS Plan یکی از اقدامات ذکر شده در بالا را انجام داد، همچنان می‌توانید با DMC-ODS Plan درخواست تجدید نظر ارسال کنید اگر با اقدام انجام شده مخالف هستید. همچنین می‌توانید درخواست State Fair Hearing کنید. اطلاعات مربوط به نحوه ثبت درخواست تجدیدنظر یا درخواست رسیدگی عادلانه در ادامه این کتابچه گنجانده شده است. اطلاعات همچنین باید در دفتر ارائه دهنده خدمات شما موجود باشد.

روش حل مشکل

شما می‌توانید از **State of California** کمک بگیرید اگر در یافتن افراد مناسب در شهرستان برای کمک به شما در یافتن راه خود در سیستم مشکل دارید.

شما می‌توانید از کمک حقوقی رایگان در دفتر کمک حقوقی محلی خود یا دیگر گروه ها کمک بگیرید. شما می‌توانید در مورد حقوق شنوایی یا کمک حقوقی رایگان خود از واحد تحقیق و پاسخ عمومی سؤال کنید:

تماس رایگان:

1-800-952-5253

711California Relay Service:

اگر خدماتی را که از **DMC-ODS Plan** خودم می‌خواهم دریافت نکنم چه؟
DMC-ODS Plan می‌تواند به شما کمک کند تا مشکل مربوط به هر موضوع مرتبط به خدمات درمانی **SUD** که دریافت می‌کنید را حل کنید. این فرآیند حل مشکل نامیده می‌شود و می‌تواند شامل روش های زیر باشد:

- **روش شکایت** - ابراز نارضایتی از هر چیزی در مورد خدمات درمانی **SUD** شما، به غیر از اعلامیه تعیین سود نامطلوب.
- **روش درخواست تجدید نظر** - بررسی یک تصمیم (انکار یا تغییرات در خدمات) که در مورد خدمات درمان **SUD** شما توسط **DMC-ODS Plan** یا ارائه دهنده شما گرفته شده است.
- **روش State Fair Hearing** - بررسی یک درخواست تجدیدنظر برای اطمینان از دریافت خدمات درمانی **SUD** که بر اساس برنامه **Medi-Cal** حق دریافت آن را دارید.

ثبت شکایت، تجدیدنظر یا یک **State Fair Hearing** در مقابل شما حساب نمی‌شود و بر خدماتی که دریافت می‌کنید تأثیری نخواهد داشت. وقتی شکایت یا درخواست تجدیدنظر شما کامل شد، **DMC-ODS Plan** نتیجه نهایی را به شما، نماینده مجاز شما و ارائه دهنده (های) دخیل اعلام می‌کند. وقتی شما **State Fair Hearing** شما کامل شد، **State Hearing Office** شما و سایر افراد دخیل را از نتیجه نهایی مطلع خواهد کرد.

روش شکایت

شکایت چیست؟

شکایت بیان نارضایتی از هر چیزی در مورد خدمات درمانی **SUD** شما است که یکی از مشکلات تحت پوشش فرآیندهای درخواست تجدید نظر و **State Fair Hearing** نیست.

روش شکایت:

- روش های ساده و به راحتی قابل درک که به شما امکان می‌دهد شکایت خود را به صورت شفاهی یا کتبی ارائه کنید را فراهم می‌کند.
- به هیچ وجه بر علیه شما یا ارائه دهنده شما حساب نمی‌کند.
- به شما این امکان را می‌دهد که به شخص دیگری از جمله یک ارائه دهنده، اجازه دهید تا از طرف شما اقدام کند. اگر به شخص دیگری اجازه دهید از طرف شما اقدام کند، **DMC-ODS Plan** ممکن است از شما بخواهد که برای اجازه دادن **DMC-ODS Plan** به انتشار اطلاعات به آن شخص فرمی را امضا کنید.
- اطمینان می‌دهد که افرادی که تصمیم می‌گیرند، واجد شرایط انجام این کار هستند و در هیچ سطح قبلی بررسی یا تصمیم گیری دخالت ندارند.
- نقش ها و مسئولیت های شما، **DMC-ODS Plan** و ارائه دهنده شما را مشخص می‌کند.
- راه حل برای شکایت در بازه های زمانی مورد نیاز ارائه می‌دهد.

چه زمانی و چگونه می‌توانم شکایت کنم؟

شما می‌توانید شکایت خود را در هر زمانی با DMC-ODS Plan ثبت کنید اگر از خدمات درمانی SUD که دریافت می‌کنید ناراضی هستید یا نگرانی دیگری در مورد DMC-ODS Plan دارید. شما برای کمک در مورد یک شکایت می‌توانید با DMC-ODS Plan خود در 1-888-881-4881، 1-916-875-6069، یا 711 برای TDD، تماس بگیرید. پاکت‌های مهر شده با نشانی شخصی در همه سایت‌های ارائه‌دهنده خدمات موجود است تا شکایت خود را پست کنید. شکایات را می‌توان به صورت شفاهی یا کتبی ثبت کرد. شکایات شفاهی نیازی به پیگیری کتبی ندارند.

آیا ضرب الاجل برای ثبت شکایت وجود دارد؟

شما می‌توانید در هر زمانی شکایت خود را ثبت کنید.

چگونه بدانم که DMC-ODS Plan شکایت من را دریافت کرده است؟

DMC-ODS Plan شما با ارسال یک تأییدیه کتبی به شما اطلاع خواهد داد که شکایت شما را دریافت کرده است.

چه زمانی شکایت من به نتیجه می‌رسد؟

DMC-ODS Plan باید در مورد شکایت خود به سادگی و سریع‌ترین زمان ممکن تصمیم‌گیری کنید اما حداکثر تا 90 روز تقویمی از تاریخی که شما شکایت خود را ثبت کرده‌اید. در صورت درخواست تمدید، یا در صورتیکه DMC-ODS Plan معتقد است که نیاز به اطلاعات اضافی وجود دارد و تاخیر به نفع شماست، بازه‌های زمانی ممکن است تا 14 روز تقویمی تمدید شود. یک مثال از زمانی که تاخیر ممکن است به نفع شما باشد، زمانی است که DMC-ODS Plan معتقد باشد که ممکن است بتواند شکایت شما را حل کند اگر DMC-ODS Plan برای دریافت اطلاعات از شما یا دیگر افراد دخیل، کمی زمان بیشتری می‌داشت.

چگونه می‌دانم که آیا DMC-ODS Plan در مورد شکایت من تصمیمی گرفته است یا خیر؟

هنگامی که تصمیمی در مورد شکایت شما گرفته شده است، DMC-ODS Plan تصمیم را به صورت کتبی به شما یا نماینده مجاز شما اطلاع خواهد داد. اگر DMC-ODS Plan شما یا هر یک از طرف‌های متضرر را از تصمیم شکایت به موقع مطلع نکند، در این صورت یک اخطار تعیین سود نامطلوب به شما ارائه می‌شود که در آن توصیه به حق شما برای درخواست State Fair Hearing می‌شود. DMC-ODS Plan شما در تاریخ انقضای بازه زمانی، اعلامیه تعیین سود نامطلوب را به شما ارائه خواهد داد.

فرآیند تجدیدنظر (استاندارد و تسریع شده)

DMC-ODS Plan مسئول این است که به شما اجازه درخواست بررسی تصمیم در مورد خدمات درمان SUD شما، اتخاذ شده توسط ارائه دهنده خدمات DMC-ODS Plan یا DMC-ODS را بدهد. دو راه برای درخواست بررسی وجود دارد. یکی از راه‌ها استفاده از فرآیند تجدیدنظر استاندارد است. راه دوم استفاده از فرآیند تجدیدنظر سریع است. این دو شکل تجدیدنظر مشابه هستند؛ با این حال، شرایط خاصی برای واجد شرایط بودن برای درخواست تجدیدنظر سریع وجود دارد. شرایط خاص در زیر توضیح داده شده است.

تجدید نظر استاندارد چیست؟

درخواست تجدیدنظر استاندارد درخواستی برای بررسی عدم موافقت شما با DMC-ODS Plan است که شامل رد یا تغییراتی در خدمات شما می‌شود. اگر درخواست تجدیدنظر استاندارد دارید، DMC-ODS Plan برای بررسی آن و تصمیم‌گیری ممکن است تا 30 روز تقویمی وقت بگیرد. اگر فکر می‌کنید انتظار 30 روز تقویمی سلامت شما را به خطر می‌اندازد، می‌توانید درخواست تجدیدنظر سریع کنید.

روش تجدیدنظر استاندارد:

- به شما این امکان را می‌دهد که به صورت حضوری، تلفنی یا کتبی درخواست تجدیدنظر کنید. اگر درخواست تجدیدنظر خود را به صورت شفاهی ارسال می‌کنید، باید با یک درخواست تجدیدنظر کتبی امضا شده پیگیری کنید. با این حال، تاریخی که شما درخواست تجدیدنظر شفاهی را ارسال کرده اید، تاریخ تشکیل پرونده است. در صورت درخواست می‌توانید برای نوشتن درخواست کمک بگیرید.
- به هیچ وجه بر علیه شما یا ارائه دهنده شما حساب نمی‌کند.
- به شما این امکان را می‌دهد که به شخص دیگری از جمله یک ارائه دهنده، اجازه دهید تا از طرف شما اقدام کند. اگر به شخص دیگری اجازه می‌دهید از طرف شما اقدام کند، DMC-ODS Plan از شما می‌خواهد که فرمی را امضا کنید که اجازه انتشار اطلاعات برای آن شخص می‌دهد تا اطلاعات محرمانه را دریافت کند. ارائه دهندگان و نمایندگان مجاز نمی‌توانند ادامه مزایا را درخواست کنند.
- در صورت درخواست، مزایای خود را در صورت درخواست در ظرف 10 روز تقویمی از تاریخ اعلامیه تعیین سود نامطلوب یا قبل از تاریخی که DMC-ODS Plan می‌گوید خدمات شما در آن متوقف می‌شود، ادامه دهید. تا زمانی که درخواست تجدیدنظر در حال بررسی است، مجبور نیستید برای ادامه خدمات هزینه ای بپردازید. اگر درخواست ادامه مزایا را دارید و تصمیم نهایی درخواست تجدیدنظر، تصمیم به کاهش یا توقف خدماتی را که دریافت می‌کنید تأیید می‌کند، ممکن است از شما خواسته شود که هزینه خدمات ارائه شده را در زمانی که درخواست تجدیدنظر در جریان بود، بپردازید.
- اطمینان می‌دهد افرادی که تصمیم می‌گیرند، واجد شرایط انجام این کار هستند و در هیچ سطح قبلی بررسی یا تصمیم‌گیری دخالت ندارند.
- به شما یا نماینده‌تان اجازه می‌دهد تا در صورت درخواست، پرونده شما، از جمله سوابق پزشکی، و دیگر اسناد یا سوابق در نظر گرفته شده در طول فرآیند تجدیدنظر، قبل و در طول فرآیند تجدیدنظر را بررسی کنید.
- به شما این امکان را می‌دهد که فرصت معقولی برای ارائه شواهد و ادعاهای واقعی یا قانونی، حضوری یا کتبی داشته باشید.
- به شما، نماینده شما یا نماینده قانونی دارایی یکی از اعضای متوفی اجازه می‌دهد که به عنوان طرفین درخواست تجدیدنظر در نظر گرفته شوند.
- شما را کتباً از دریافت درخواست تجدیدنظر و حل و فصل آن مطلع می‌کند.
- شما را از حق درخواست یک State Fair Hearing، در صورت نارضایتی از تصمیم پس از تکمیل فرآیند تجدیدنظر، مطلع می‌کند.
- اگر نامه حل و فصلی از طرف DMC-ODS Plan در مورد نتیجه درخواست تجدیدنظر خود ظرف 30 روز دریافت نکردید، می‌توانید State Fair Hearing را درخواست کنید و قاضی پرونده شما را بررسی خواهد کرد.

چه زمانی می‌توانم درخواست تجدیدنظر کنم؟

اگر با اعلامیه تعیین سود نامطلوب مخالف هستید، می‌توانید با DMC-ODS Plan در عرض 60 روز از تاریخ اعلامیه تعیین سود نامطلوب یا ظرف 10 روز از تاریخ نامه تعیین سود نامطلوب درخواست تجدیدنظر کنید اگر تمایل به دریافت خدمات دارید و می‌خواهید در طول فرآیند تجدیدنظر به دریافت خدمات ادامه دهید.

چگونه می‌توانم درخواست تجدید نظر کنم؟

شما می‌توانید با تماس تلفنی به DMC-ODS Plan شما در 1-888-881-4881، 1-916-875-6069، درخواست تجدید نظر کنید یا به 711 برای TDD، تماس بگیرید تا در مورد درخواست تجدید نظر کمک دریافت کنید. همچنین می‌توانید درخواست تجدیدنظر خود را به صورت کتبی ثبت کنید. درخواست های شفاهی باید به صورت کتبی پیگیری شود. فرم‌ها در همه سایت‌های ارائه‌دهنده، با پاکت‌های مهر شده با آدرس خود در همه سایت‌های ارائه‌دهنده خدمات موجود است و در Sacramento County وب سایت در: <https://dhs.saccounty.gov/BHS/Pages/Problem-Resolution/GI-Problem-Resolution.aspx> در دسترس است

چگونه می‌توانم بفهمم که درخواست تجدید نظر من به نتیجه رسیده است؟

DMC-ODS Plan به شما یا نماینده شما کتباً در مورد تصمیم آنها برای درخواست تجدیدنظر شما اطلاع خواهد داد. این اطلاعیه دارای اطلاعات زیر خواهد بود:

- ◀ نتایج فرآیند حل و فصل تجدید نظر.
- ◀ تاریخی که تصمیم تجدیدنظر گرفته شد.
- ◀ اطلاعیه همچنین حاوی اطلاعاتی در مورد حق شما برای یک State Fair Hearing و در صورت لزوم مراحل تشکیل پرونده یک State Fair Hearing، است.
- ◀ در صورتی که DMC-ODS Plan به الزامات اعلامیه و زمان بندی پایبند نباشد، تلقی می‌شود که ذینفع فرآیند تجدید نظر طرح را تمام کرده است و می‌تواند یک State Fair Hearing را آغاز کند.

چه زمانی درباره درخواست تجدیدنظر من تصمیمی گرفته خواهد شد؟

DMC-ODS Plan باید ظرف 30 روز تقویمی از زمانی که DMC-ODS Plan درخواست تجدید نظر شما را دریافت می‌کند، در مورد درخواست تجدید نظر شما تصمیم گیری کند. در صورت درخواست تمدید، یا در صورتیکه DMC-ODS Plan معتقد است که نیاز به اطلاعات اضافی وجود دارد و تاخیر به نفع شماست، بازه‌های زمانی ممکن است تا 14 روز تقویمی تمدید شود. یک مثال از زمانی که تاخیر به نفع شماست زمانی است که DMC-ODS Plan معتقد است که ممکن است بتواند درخواست تجدیدنظر شما را تأیید کند در صورتی که DMC-ODS Plan زمان بیشتری برای دریافت اطلاعات از شما یا ارائه دهنده شما داشت.

اگر نتوانم 30 روز برای تصمیم تجدیدنظر خود منتظر بمانم چه؟

اگر 30 روز انتظار سلامتی شما را به خطر می‌اندازد، ممکن است درخواست تجدیدنظر شما واجد شرایط فرآیند تجدیدنظر سریع باشد.

درخواست تجدیدنظر سریع چیست؟

درخواست تجدیدنظر سریع راه سریع تری برای تصمیم گیری در مورد درخواست تجدیدنظر است. روند تسريع درخواست تجدیدنظر از روندی مشابه با فرآیند تجدیدنظر استاندارد پیروی می‌کند. با این حال، درخواست تجدیدنظر سریع باید ظرف 72 ساعت پس از این که DMC-ODS Plan درخواست تجدیدنظر را دریافت می‌کند، حل و فصل شود. در صورت درخواست تمدید، یا در صورتیکه DMC-ODS Plan معتقد است که نیاز به اطلاعات اضافی وجود دارد و تاخیر به نفع شماست، بازه‌های زمانی ممکن است تا 14 روز تقویمی تمدید شود. اگر DMC-ODS Plan شما بازه های زمانی را افزایش می‌دهد، DMC-ODS Plan توضیح کتبی در مورد علت تمدید بازه های زمانی به شما خواهد داد.

چه زمانی می‌توانم درخواست تجدید نظر سریع کنم؟

پس از دریافت اعلامیه تعیین سود نامطلوب، اگر فکر می‌کنید که انتظار حداکثر 30 روز تقویمی برای فرآیند تجدیدنظر استاندارد سلامت یا توانایی شما را به خطر می‌اندازد، می‌توانید سریعاً درخواست تجدیدنظر کنید.

اگر DMC-ODS Plan تصمیم می‌گیرد که درخواست تجدیدنظر شما واجد شرایط درخواست تجدیدنظر سریع نیست، -DMC ODS Plan باید تلاش‌های معقولی انجام دهد تا اطلاعات شفاهی سریع به شما بدهد و ظرف 2 روز تقویمی از دلیل تصمیم‌گیری به شما اطلاع کتبی بدهد. سپس درخواست تجدیدنظر شما از بازه‌های زمانی استاندارد تجدیدنظر که قبلاً در این بخش ذکر شد، پیروی می‌کند. اگر با تصمیم DMC-ODS Plan's که درخواست تجدیدنظر شما معیارهای تجدیدنظر سریع را برآورده نمی‌کند مخالف هستید، می‌توانید شکایتی را ثبت کنید.

وقتی که DMC-ODS Plan شما درخواست تجدیدنظر سریع شما را حل می‌کند، به شما و همه طرف‌های متضرر به صورت شفاهی و کتبی اطلاع‌رسانی خواهد شد. تنها یک سطح درخواست تجدیدنظر وجود دارد. اگر با تصمیم تجدیدنظر موافق نیستید، می‌توانید یک State Fair Hearing درخواست کنید.

فرآیند State Fair Hearing

آیا می‌توانم برای ثبت درخواست تجدیدنظر، شکایت یا State Fair Hearing کمک دریافت کنم؟

ما می‌توانیم به شما کمک کنیم مشکلی را به‌عنوان شکایت، درخواست تجدیدنظر یا به‌عنوان یک درخواست State Fair Hearing گزارش کنید. ما همچنین می‌توانیم به شما کمک کنیم تصمیم بگیرید که آیا شما صلاحیت آنچه که فرآیند "تسریع" نامیده می‌شود دارید یا خیر، به این معنی که سریع‌تر بررسی می‌شود زیرا سلامت یا ثبات شما در خطر است. همچنین می‌توانید به شخص دیگری از جمله ارائه‌دهنده درمان SUD شما، اجازه دهید تا از طرف شما اقدام کند.

**Sacramento County
Behavioral Health Services
Member Service
1-916-875-6069**

State Fair Hearing چیست؟

یک State Fair Hearing یک بررسی مستقل است که توسط California Department of Social Services انجام داده می‌شود تا اطمینان حاصل شود که خدمات درمانی SUD را که بر اساس آن Medi-Cal Program به شما تعلق می‌گیرد، دریافت کنید.

حقوق State Fair Hearing من چه هستند؟ شما حق دارید که:

- ◀ قبل از جلسه شنوایی California Department of Social Services (همچنین یک State Fair Hearing نامیده می‌شود) داشته باشید.
- ◀ در مورد نحوه درخواست State Fair Hearing به شما گفته شود.
- ◀ در مورد قوانین حاکم بر نمایندگی در State Fair Hearing گفته شود.
- ◀ مزایای شما بر اساس درخواست شما در طول فرآیند State Fair Hearing ادامه دارد اگر شما در بازه‌های زمانی لازم یک State Fair Hearing را درخواست می‌کنید.

- ◀ درخواست State Fair Hearing سریع بکنید اگر فکر می‌کنید تا 90 روز صبر، سلامتی شما را به خطر می‌اندازد.
- ◀ در State Fair Hearing خودتان حرف بزنید یا یک نماینده، مانند خانواده، دوستان، و مدافع، وکیل و غیره تعیین کنید تا از طرف شما اقدام کند.
- ◀ یک مترجم بدون هزینه.
- ◀ با تماس با برنامه کمک حقوقی محلی در شهرستان خود به شماره 1-888-804-3536، کمک حقوقی رایگان بدست آورید.

چه زمانی می‌توانم برای یک State Fair Hearing اقدام کنم؟
شما می‌توانید درخواست یک State Fair Hearing کنید:

◀ بعد از اینکه فرآیند تجدید نظر DMC-ODS Plan را کامل کردید.
◀ اگر طی 30 روز پس از ثبت درخواست تجدیدنظر، اعلامیه برای تصمیم تجدیدنظر دریافت نکردید.

آیا ضرب الاجل برای اقدام به یک State Fair Hearing وجود دارد؟

شما 120 روز تقویمی فرصت دارید که یک State Fair Hearing را درخواست کنید. دوره 120 روزه یا یک روز بعد از اینکه DMC-ODS Plan شخصاً اخطار تصمیم تجدیدنظر خود را به شما دهد، یا یک روز بعد از تاریخ مهر پستی اعلامیه تصمیم تجدیدنظر DMC-ODS Plan شروع می‌شود. اگر اعلامیه تعیین سود نامطلوب را دریافت نکردید، می‌توانید در هر زمانی یک State Fair Hearing را درخواست کنید.

چگونه یک State Fair Hearing را درخواست کنم؟

شما می‌توانید یک State Fair Hearing به طور مستقیم از California Department of Social Services را درخواست کنید. شما می‌توانید یک State Fair Hearing درخواست کنید با نوشتن به:

State Hearings Division
California Department of Social Services
744 P Street, Mail Station 9-17-37
Sacramento, California 95814

همچنین می‌توانید به شماره 1-800-952-8349 یا برای TDD به 1-800-952-8349 تماس بگیرید.

شما می‌توانید درخواست خود را به صورت آنلاین در California Department of Social Services در وب سایت:
<https://secure.dss.cahwnet.gov/shd/pubintake/cdss-request.aspx> ثبت کنید

آیا می‌توانم خدمات را در حالی که منتظر تصمیم یک State Fair Hearing هستم ادامه دهم؟

بله، اگر در حال حاضر تحت درمان هستید و می‌خواهید در حین درخواست تجدیدنظر به درمان خود ادامه دهید، باید یک State Fair Hearing ظرف 10 روز از تاریخ درخواست تجدیدنظر نامه یا قبل از اینکه DMC-ODS Plan شما می‌گوید خدمات متوقف می‌شود یا کاهش می‌یابد، درخواست کنید. هنگامی که شما برای یک State Fair Hearing، درخواست می‌کنید باید بگویید که خواهان ادامه درمان خود هستید. علاوه بر این، شما مجبور نخواهید بود هنگامیکه State Fair Hearing در حال بررسی است برای خدمات دریافتی هزینه‌ای بپردازید.

در صورت درخواست ادامه مزایای خود، و تصمیم نهایی State Fair Hearing تصمیم برای کاهش یا توقف خدماتی که دریافت می‌کنید را تأیید می‌کند، ممکن است از شما خواسته شود که هزینه خدمات ارائه شده را در زمانی که جلسه دادرسی منصفانه ایالتی در انتظار بود، بپردازید.

چه می‌شود اگر نتوانم 90 روز برای تصمیم State Fair Hearing خودم صبر کنم؟

شما ممکن است درخواست State Fair Hearing تسریع (سریعتر) کنید اگر فکر می‌کنید محدوده زمانی 90 روز معمول تقویمی مشکلات جدی از جمله مشکلاتی در توانایی شما برای به دست آوردن، حفظ، یا بازیابی عملکردهای مهم زندگی برای سلامتی شما ایجاد می‌کند. Department of Social Services, State Hearings Division، درخواست برای State Fair Hearing سریع شما را بررسی می‌کند و تصمیم می‌گیرد که آیا صلاحیت دارد یا خیر. اگر درخواست دادرسی سریع شما تأیید شود، یک جلسه

دادرسی برگزار می‌شود و تصمیم دادرسی ظرف 3 روز کاری از تاریخ دریافت درخواست شما توسط State Hearings Division صادر می‌شود.

تنها یک سطح درخواست تجدید نظر وجود دارد. اگر تصمیم افسر دادرسی به نفع شما باشد، DMC-ODS Plan مطابق با تصمیم قضایی به شما خدمات ارائه خواهد داد. اگر State Fair Hearing تصمیم به نفع شما نیست، تصمیم نهایی است.

تقلب، سوءاستفاده و اتلاف

تقلب، سوءاستفاده و اتلاف با هدر دادن میلیون‌ها دلار سرمایه و منابعی که می‌تواند برای ارائه مراقبت‌های بهتر به شما و سایر مشتریان نیازمند مصرف شود، تأثیر گسترده‌ای دارد.

تقلب چیست؟

تقلب زمانی است که فردی عمداً اطلاعات نادرست یا ناقصی را برای فریب شخص دیگری به نفع خود یا دیگری می‌دهد. به عنوان مثال، ممکن است ارائه‌دهنده درمان مصرف مواد شما عمداً صورت حساب خدماتی را که دریافت نکرده‌اید یا به آن نیاز ندارید، پرداخت کند، یا از شماره تامین اجتماعی شخص دیگری برای واجد شرایط بودن به Medi-Cal استفاده کنید.

چگونه از کلاهبرداری جلوگیری کنم؟

- ✓ اجازه ندهید کسی کارت شناسایی یا کارت Social Security شما را قرض بگیرد؛
- ✓ آیا شماره کارت شناسایی یا شماره Social Security خود را به کسی جز پزشک، ارائه دهنده مراقبت‌های بهداشتی یا برنامه بهداشتی خود می‌دهید؟
- ✓ فرم‌های خالی مانند فرم‌های خسارت بیمه یا برگه‌های ورود به سیستم برای خدماتی که دریافت نکرده‌اید یا برای تاریخ‌های آینده امضا نکنید؛
- ✓ در ازای شرکت در خدماتی که به آنها نیاز ندارید یا دریافت نمی‌کنید، پول یا هدیه نپذیرید؛
- ✓ علاوه از خدمات Medi-Cal مراقب پیشنهادات خدمات پزشکی رایگان در ازای کارت شناسایی‌تان نیز باشید؛ و،
- ✓ اقداماتی را که به نظر شما درست نیست گزارش دهید.

برای گزارش کلاهبرداری، سوءاستفاده و اتلاف

Sacramento County
Office of Compliance

تلفن:

1-916-874-2999

رایگان: 1-866-234-6883

TTY: 1-877-835-2929

HIPAAOffice@sacounty.net

سوءاستفاده و اتلاف چیست؟

سوءاستفاده و اتلاف اقدامات عمدی یا سهل انگارانه‌ای هستند که منجر به هزینه‌های غیرضروری برای برنامه‌های ما می‌شود. سوءاستفاده می‌تواند شامل استفاده بیش از حد از اتاق‌های اورژانس برای موقعیت‌های غیر اورژانسی، درخواست تجهیزات پزشکی که برای خود نیازی ندارید، یا سایر اقداماتی باشد که از خدمات و منابع برنامه به روشی خارج از هدف مورد نظر استفاده می‌کنند. اتلاف می‌تواند شامل تجویز داروی بیش از آنچه از نظر پزشکی لازم است باشد.

محرمانه بودن

ما ماهیت حساس مبارزه از یک SUD را درک می‌کنیم. مطمئن باشید که ارائه دهندگان خدمات شبکه DMC-ODS Plan سایر متخصصان مراقبت‌های بهداشتی از استانداردهای قانونی و اخلاقی رازداری پیروی می‌کنند. قوانین و مقررات فدرال و ایالتی وجود دارد که از محرمانه بودن سوابق شما و در صورت لزوم از هویت شما محافظت می‌کند. همه ارائه دهندگان DMC-ODS Plan موظف هستند خط مشی‌ها و رویه‌هایی را در خصوص محرمانگی ایجاد کنند و آنها را با استانداردهای Title 42, Chapter I, Subchapter A, Part 2 of the Code of Federal Regulations, Part 2 (42 CFR Part 2), the 45 CFR, Part 164 Health Insurance Portability and Accountability Act of 1996 (HIPAA)، و قانون California State در مورد محرمانه بودن اطلاعات مربوط به سوابق پزشکی شما، از جمله موارد مربوط به مصرف الکل و مواد مخدر وفق دهند.

اطلاعیه اقدامات حریم خصوصی

اطلاعیه اقدامات حریم خصوصی نشان می‌دهد که چگونه اطلاعات سلامت محافظت شده در مورد یک فرد ممکن است مورد استفاده قرار گیرد و افشا شود و تحت چه شرایطی اجازه خاص فرد لازم باشد یا نباشد. ارائه‌دهنده خدمات شما می‌تواند نسخه‌ای از اعلان را در اختیار شما قرار دهد یا می‌توان به آن در آدرس زیر دسترسی داشت:

<https://compliance.saccounty.gov/Pages/Notice-of-Privacy-Practices-2013.aspx>

حقوق من به عنوان دریافت کننده DMC-ODS Services چیست؟

به عنوان یک فرد واجد شرایط برای Medi-Cal و با اقامت در شهر Sacramento County، حق دریافت خدمات درمانی ضروری SUD از نظر پزشکی را از DMC-ODS Plan دارید. شما حق دارید که:

- ✓ با شما با توجه به حق شما برای حفظ حریم خصوصی و نیاز به حفظ محرمانه بودن اطلاعات پزشکی شما با احترام رفتار شود.
- ✓ اطلاعات در مورد گزینه‌های درمانی موجود و گزینه‌های جایگزین، ارائه شده به شیوه‌ای مناسب با شرایط و توانایی درک اعضا دریافت کنید.
- ✓ در تصمیم‌گیری‌های مربوط به مراقبت SUD خود، از جمله حق امتناع از درمان، شرکت کنید.
- ✓ دسترسی به موقع به مراقبت، از جمله خدمات در دسترس 24 ساعته، 7 روز هفته، در مواقعی که از نظر پزشکی برای درمان یک وضعیت اورژانسی یا یک وضعیت فوری یا بحرانی ضروری است، دریافت کنید.
- ✓ اطلاعات این کتابچه در مورد خدمات درمان SUD تحت پوشش DMC-ODS Plan، دیگر تعهدات DMC-ODS Plan و حقوق شما همانطور که در اینجا توضیح داده شده است دریافت کنید.
- ✓ اطلاعات محرمانه‌ی سلامتی‌تان محافظت شده است.
- ✓ یک کپی از سوابق پزشکی خود را درخواست و دریافت کنید، و درخواست کنید که مطابق با مشخص شده در CFR 45 §164.524 and 164.526 در آن اصلاح یا تصحیح شود. برای دریافت کپی یا اصلاح سوابق خود، می‌توانید فرم‌های مناسب را از ارائه‌دهنده خدمات خود درخواست کنید.
- ✓ مطالب مکتوب را در قالب‌های جایگزین (شامل خط بریل، چاپ با اندازه بزرگ و فرمت صوتی) در صورت درخواست و به‌موقع متناسب با قالب درخواستی دریافت کنید.
- ✓ خدمات ترجمه شفاهی را برای زبان دلخواه خود دریافت کنید.
- ✓ خدمات درمان SUD DMC-ODS Plan که از الزامات قرارداد خود با دولت در زمینه‌های در دسترس بودن خدمات، تضمین ظرفیت و خدمات کافی، هماهنگی و تداوم مراقبت، و پوشش و مجوز خدمات پیروی می‌کند را دریافت کنید.
- ✓ اگر اقلیت هستید، به Minor Consent Services، دسترسی پیدا کنید.

- ✓ به خدمات پزشکی ضروری خارج از شبکه به موقع دسترسی پیدا کنید، اگر DMC-ODS Plan کارمند یا ارائه دهنده قراردادی ندارد که بتواند خدمات را ارائه دهد. "ارائه دهنده خارج از شبکه" به معنای ارائه دهنده‌ای است که در لیست ارائه دهندگان خدمات DMC-ODS Plan حضور ندارد. DMC-ODS Plan باید اطمینان دهد که شما برای دیدن یک ارائه دهنده خارج از شبکه هیچ هزینه اضافی پرداخت نمی‌کنید.
- ✓ نظر دوم را از یک متخصص مراقبت های بهداشتی باصلاحیت در چارچوب شبکه Plan DMC-ODS، یا یکی خارج از شبکه، بدون هزینه اضافی برایتان درخواست کنید.
- ✓ شکایات خود را به صورت شفاهی یا کتبی در مورد سازمان یا مراقبت های دریافتی ثبت کنید.
- ✓ پس از دریافت اعلامیه تعیین سود نامطلوب، به صورت شفاهی یا کتبی درخواست تجدید نظر کنید.
- ✓ یک Medi-Cal دولت دادرسی منصفانه، شامل اطلاعاتی در مورد شرایطی که تحت آن رسیدگی عادلانه سریع ممکن است درخواست کنید.
- ✓ از هر گونه محدودیت یا انزوا که به عنوان وسیله‌ای برای اجبار، انضباط، راحتی، یا تلافی استفاده می‌شود، آزاد باشید.
- ✓ در استفاده از این حقوق بدون تأثیر منفی نحوه رفتار ارائه دهندگان DMC-ODS Plan، یا ایالت با شما آزاد باشید.

مسئولیت‌های من به عنوان گیرنده خدمات DMC-ODS چیست؟

به عنوان دریافت کننده خدمات یک DMC-ODS، مسئولیت شماست که:

- مطالب اطلاع رسانی اعضا را که از DMC-ODS Plan دریافت کرده‌اید با دقت مطالعه کنید. این مواد به شما کمک می‌کند تا بفهمید که کدام خدمات در دسترس هستند و در صورت نیاز چگونه می‌توانید درمان شوید.
- طبق برنامه در درمان خود شرکت کنید. اگر برنامه درمانی خود را دنبال کنید بهترین نتیجه را خواهید داشت. اگر لازم باشد یک قرار ملاقات را از دست بدهید، حداقل 24 ساعت قبل با ارائه دهنده خود تماس بگیرید و برای روز و ساعت دیگری برنامه ریزی کنید.
- هنگام حضور در درمان همیشه کارت شناسایی و عکس شناسایی Sacramento County Medi-Cal خود را همراه داشته باشید.
- اگر به مترجم نیاز دارید قبل از قرار ملاقات، به ارائه دهنده خود اطلاع دهید.
- تمام نگرانی‌های پزشکی خود را به ارائه دهنده خود بگویید تا برنامه درمانی شما دقیق باشد. هرچه اطلاعات کامل تری در مورد نیازهای خود به اشتراک بگذارید، درمان شما موفقیت آمیزتر خواهد بود.
- هر سوالی دارید حتماً از ارائه دهنده خود بپرسید. بسیار مهم است که برنامه درمانی خود و سایر اطلاعاتی را که در طول درمان دریافت می‌کنید کاملاً درک کنید.
- برنامه درمانی که شما و ارائه دهنده تان بر آن توافق کرده‌اید را دنبال کنید.
- با ارائه دهنده‌ای که شما را درمان می‌کند مایل به ایجاد یک رابطه کاری قوی باشید.
- اگر در مورد خدمات خود سوالی دارید یا با ارائه دهنده خود مشکلی دارید که قادر به حل آن نیستید به DMC-ODS Plan تماس بگیرید.
- اگر تغییری در اطلاعات شخصی خود دارید به ارائه دهنده خود و DMC-ODS Plan بگویید. این شامل آدرس، شماره تلفن و هرگونه اطلاعات پزشکی دیگری است که می‌تواند بر توانایی شما برای شرکت در درمان تأثیر بگذارد.
- با کارکنانی که درمان شما را انجام می‌دهند با احترام و ادب رفتار کنید.
- اگر مشکوک به کلاهبرداری یا تخلف هستید، آن را گزارش دهید.

اگر احساس کنم مورد تبعیض قرار گرفته‌ام با چه کسی تماس بگیرم؟

تبعیض خلاف قانون است. State of California و DMC-ODS Plan از قوانین حقوق مدنی فدرال پیروی می‌کنند و بر اساس نژاد، رنگ، منشأ ملی، اصل و نسب، مذهب، جنسیت، وضعیت تأهل، جنسیت، هویت جنسی، گرایش جنسی، سن یا ناتوانی تبعیض قائل نیستند. DMC-ODS Plan کمک ها و خدمات رایگان را به افراد دارای معلولیت ارائه می‌دهد، مانند:

◀ مترجمان زبان اشاره دارای صلاحیت

- ◀ اطلاعات نوشتاری در فرمت‌های دیگر (بریل، چاپ با حروف بزرگ، فرمت‌های دسترسی‌پذیر الکترونیک و سایر فرمت‌ها)
- ◀ خدمات رایگان زبان را برای افرادی که زبان اصلی آنها انگلیسی نیست، مانند مترجمان شفاهی باصلاحیت و اطلاعات به زبان‌های آستانه ارائه می‌کند

اگر احساس می‌کنید مورد تبعیض قرار گرفته‌اید، لطفاً تماس بگیرید با:

اگر Sacramento County Behavioral Health Services, Member Services به: 1-916-875-6970. اگر Members Services مشکل را با موفقیت حل نمی‌کند، شما همچنین می‌توانید یک شکایت حقوق مدنی را به صورت الکترونیکی با U.S. Department of Health and Human Services, Office for Civil Rights through the Office for Civil Rights Complaint Portal، موجود در: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> درخواست کنید

می‌توانید شکایت حقوق مدنی را از طریق پست یا تلفن به آدرس زیر ارسال کنید:

U.S. Department of Health and Human Services
Independence Avenue, SW 200
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

فرم‌ها: <https://www.hhs.gov/ocr/filing-with-ocr/index.html>

بخش خدمات بهداشتی
بخش خدمات سلامت رفتاری
خدمات درمان و پیشگیری از مصرف مواد

تاییدیه وصول

اینجانب موارد زیر را با آغاز خدمات این ارائه‌دهنده دریافت کرده‌ام. من مطلع هستم که می‌توانم هر یک از اطلاعات زیر را در صورت درخواست دریافت خواهم کرد.

<p>تمام موارد مربوطه را علامت بزنید ✓</p>				<p>اسناد ارائه شده</p>
<p>اطلاعیه حریم خصوصی</p> <p>اطلاعیه حریم خصوصی مربوط به ارائه‌دهندگان خدمات بهداشتی و درمانی ساکرامنتو به شما اطلاع می‌دهد که چگونه سازمان ما ممکن است از اطلاعات شما استفاده کند یا آن‌ها را افشا سازد. همه شرایط توصیف خواهند شد. سازمان ما موظف است اطلاعیه حریم خصوصی ما در مورد اطلاعاتی که در مورد شما جمع‌آوری و نگهداری می‌کنیم و همچنین نحوه دسترسی به این اطلاعات را در اختیار شما قرار دهد.</p>				
<p>کتابچه راهنمای اعضای سیستم تحویل داروی سامان‌دهی شده Medi-Cal ساکرامنتو کانتی</p> <p>این کتابچه راهنما حاوی اطلاعاتی در مورد چگونگی واجد شرایط بودن یک عضو برای دریافت خدمات مربوط به مشروبات الکلی و مواد مخدر، نحوه دسترسی به خدمات مربوط به مشروبات الکلی و مواد مخدر، اینکه ارائه‌دهندگان خدمات ما چه کسانی هستند، چه خدماتی در دسترس هستند، حقوق و مسئولیت‌های شما، روند رسیدگی به شکایات و دادرسی عادلانه دولتی، و شماره تلفن‌های ضروری مربوط به برنامه سیستم تحویل داروی Medi-Cal می‌باشد.</p>				
<p>بروشور دستورالعمل پزشکی از پیش تعیین شده</p> <p>این بروشور حقوق شما برای تصمیم‌گیری در مورد درمان پزشکی شما را توضیح می‌دهد. این امر شامل نحوه تعیین یک نماینده مراقبت‌های بهداشتی است که می‌تواند از طرف شما تصمیم بگیرد و نحوه تغییر زیست خواست‌های شما در هر زمان را در برمی‌گیرد.</p>				
<p>آیا شما دارای یک زیست خواست پزشکی از پیش تعیین شده هستید؟</p>	<p>بله</p>	<p>خیر</p>	<p>صدق نمی‌کند</p>	
<p>اگر پاسختان مثبت است، آیا می‌توانید نسخه‌ای از پرونده پزشکی خود را ارائه دهید؟</p>	<p>بله</p>	<p>خیر</p>	<p>صدق نمی‌کند</p>	
<p>راهنمای ارائه‌دهنده خدمات درمانی مصرف مواد ساکرامنتو کانتی</p> <p>این راهنما شامل سازمان‌های قرارداد است که خدمات درمانی مربوط به مصرف مشروبات الکلی و مواد مخدر و سایر منابع جامعه ما را ارائه می‌دهند. سیستم تیم مراقبتی ساکرامنتو کانتی کلیه خدمات و ارجاعات به مکان‌های ارائه‌دهنده خدمات را مجاز می‌داند. برای کسب اطلاعات بیشتر در مورد این راهنمای ارائه‌دهندگان، می‌توانید با سیستم تیم مراقبتی ساکرامنتو کانتی از طریق شماره‌های 916-874-9754 یا 1-888-881-4881 تماس بگیرید. برای دسترسی به راهنمای ارائه‌دهنده خدمات درمانی به صورت آنلاین: https://dhs.saccounty.net/BHS/Documents/SUPT/GI-BHS-SUPT-DMC-ODS-Provider-Directory-English.pdf</p>				

اینجانب، _____ (نام مراجعه‌کننده با حروف خوانا و درشت)، یک نسخه از اسناد فوق علامت‌زده شده را دریافت کرده‌ام و فرصت آن را داشته‌ام در مورد این اسناد سوالات خود را مطرح کنم.

امضای مراجعه‌کننده:	شناسه مراجعه‌کننده:	تاریخ:
نماینده حقوقی یا شخصی مراجعه‌کننده (در صورت وجود):	نسبت با مراجع:	تاریخ:



خدمات پیشگیری و درمان مصرف
مواد ساکرامنتو کانتی

دستورالعمل پزشکی از پیش تعیین شده



حق شما برای تصمیمگیری در مورد
درمان پزشکی

مدافع حقوق بیماران
(916) 333-3800

بخش سلامت رفتاری ساکرامنتو کانتی
مدیریت کیفیت - خدمات اعضا

(916) 875-6069

شماره تلفن رایگان 1-888-881-4881

TDD California Relay Service: 711

County Board of Supervisors

Phil Serna، منطقه اول
Patrick Kennedy، منطقه دوم
Rich Desmond، منطقه سوم
Sue Frost، منطقه چهارم
Don Nottoli، منطقه پنجم

County Executive
Ann Edwards

Health Services Director
Chevon Kothari

Behavioral Health Director
Ryan Quist, Ph.D.
سرپرست خدمات سلامت رفتاری

خدمات پیشگیری و درمان مصرف مواد ساکرامنتو کانتی
قوانین حقوق مدنی فدرال را رعایت می‌کند و اعمال
تبعیض بر اساس نژاد، رنگ پوست، تابعیت، سن،
معلولیت یا جنسیت را ممنوع می‌داند.

منتشر شده توسط کانتی ساکرامنتو
وزارت خدمات بهداشتی،
بخش خدمات سلامت رفتاری
February 2022

منابع زیست خواست پزشکی از پیش تعیین
شده

منابع زیر ممکن است در تصمیمگیری در مورد
خواسته‌های مربوط به مراقبت‌های بهداشتی و تهیه زیست
خواست پزشکی از پیش تعیین شده به شما کمک کنند.

ارائه‌دهنده خدمات درمانی اولیه
(Primary Healthcare Provider)

خدمات حقوقی کالیفرنیا شمالی
(Legal Services of Northern California)
515 12th Street
Sacramento, CA 95814
(916) 551-2150

برنامه خدمات حقوقی داوطلبانه
(Volunteer Legal Services Program)
517 12th Street
Sacramento, CA 95814
(916) 551-2102

خط تلفن حقوقی سالمندان (Senior Legal Hotline)
(916) 551-2140

دانشکده حقوق مک جورج
(McGeorge School of Law)
خدمات حقوقی جامعه

(Community Legal Services)
3130 Fifth Avenue
Sacramento, CA 95817
(916) 340-6080

ذینفعان می‌توانند شکایتی را در مورد عدم انطباق با
الزامات زیست خواست پزشکی از پیش تعیین شده نزد
این موارد مطرح کنند:

سازمان صدور مجوز و گواهینامه خدمات انسانی
کالیفرنیا

P.O. Box 997413
Sacramento, CA 95899-1413
یا تماس با-

1-800-236-9747

دستورالعمل پزشکی از پیش تعیین شده بهترین راه برای اطمینان از این امر است که اگر به هر دلیلی قادر به تصمیمگیری برای خود نباشید، خواسته‌های مربوط به مراقبت‌های بهداشتی جسمی شما شناخته شده و مورد توجه قرار می‌گیرد. برای تصمیمگیری در این باره نیازی نیست تا بیمار شدن شدید خود صبر کنید. قانون فدرال ما را ملزم می‌کند که این اطلاعات را به شما ارائه دهیم. شما می‌توانید هر دو و یا یکی از کارهای زیر را انجام دهید یا هیچ اقدامی نکنید:

- شما می‌توانید شخص دیگری را به عنوان «نماینده» مراقبت‌های بهداشتی خود منصوب کنید. اگر قادر به تصمیمگیری نباشید، این شخص از حق قانونی تصمیمگیری در مورد مراقبت‌های پزشکی شما برخوردار خواهد بود.
- می‌توانید خواسته‌های مراقبت‌های بهداشتی خود را در فرم دستورالعمل مراقبت‌های بهداشتی از پیش تعیین شده بنویسید.

چه کسی می‌تواند دستورالعمل پزشکی از پیش تعیین شده را ایجاد کند؟

هر کسی که بالای 18 سال سن داشته باشد (یا یک فرد زیر سن قانونی آزاد) که توانایی تصمیمگیری پزشکی برای خود را دارد می‌تواند یک دستورالعمل پزشکی از پیش تعیین شده ایجاد کند.

چه کسی در مورد درمان من تصمیم می‌گیرد؟

پزشک اصلی شما در مورد درمان به شما اطلاعات و مشاوره ارائه می‌دهد. شما حق انتخاب دارید. شما حق دارید به درمان «بله» یا «نه» بگویید - حتی اگر این درمان باعث زنده ماندن شما برای مدت طولانی‌تری شود.

چگونه می‌توانم بفهمم چه می‌خواهم؟

پزشک اصلی شما باید در مورد وضعیت پزشکی شما و گزینه‌های مختلف درمان و کنترل درد به شما اطلاع دهد. علاوه بر این پزشک شما باید هرگونه عوارض جانبی ناشی از درمان یا داروها را به شما اطلاع دهد. در بعضی مواقع، ممکن است بیش از یک درمان به شما کمک کند و پزشک می‌تواند در مورد گزینه‌های مختلف به شما مشاوره دهد.

ممکن است بخواهید گزینه‌های خود را با اعضای معتمد خانواده یا دوستان در میان بگذارید تا به شما در تصمیمگیری کمک کنند. در نهایت تصمیم بر عهده شما خواهد بود که تعیین کنید کدام گزینه درمانی برای شما مناسب است.

چه کسی را می‌توانم به عنوان نماینده مراقبت‌های بهداشتی خود تعیین کنم؟

شما می‌توانید هر فرد بالغی را به عنوان نماینده خود منصوب کنید. مهم است که با نماینده خود صحبت کنید تا مطمئن شوید که او خواسته‌های شما را می‌فهمد و قبول می‌کند این مسئولیت را بپذیرد. نوشتن خواسته‌های مراقبت‌های بهداشتی خود نیز برای نماینده شما مفید خواهد بود.

اگر بیش از حد بیمار شوم به حدی که نتوانم در مورد خودم تصمیمگیری کنم چه می‌شود؟

اگر نماینده‌ای را تعیین کرده‌اید، او از طرف شما تصمیمات پزشکی را اتخاذ می‌کند. در غیر اینصورت، پزشک از نزدیکترین اقوام یا دوست شما می‌خواهد در تصمیمگیری در مورد بهترین کار برای شما کمک کند.

اگر من یک دستورالعمل پزشکی از پیش تعیین شده نداشته باشم، آیا باز هم درمان می‌شوم؟

بله. شما همچنان تحت درمان پزشکی قرار خواهید گرفت. اگر به شدت بیمار شده‌اید و قادر به تصمیمگیری برای خود نیستید، شخص دیگری باید این تصمیمات را برای شما اتخاذ کند. تعیین آن شخص در یک دستورالعمل پزشکی از پیش تعیین شده راهی است که شما می‌توانید شخصی را که به او اعتماد دارید مشخص کنید تا به عنوان نماینده شما اقدام کند.

اگر پس از تکمیل دستورالعمل پزشکی از پیش تعیین شده نظر خود را تغییر دهم چه می‌شود؟

شما می‌توانید هر زمان که بخواهید دستورالعمل پزشکی از پیش تعیین شده را تغییر دهید یا آن را فسخ کنید. تکمیل فرم زیست خواست جدید، کلیه دستورالعمل‌های قبلی را لغو می‌کند. شما باید تغییرات را به پزشک خود اطلاع دهید.

چگونه می‌توانم اطلاعات بیشتری در مورد ایجاد یک دستورالعمل پزشکی از پیش تعیین شده کسب کنم؟

از پزشک اصلی، پرستار، مددکار اجتماعی یا ارائه‌دهنده مراقبت‌های بهداشتی خود بخواهید تا اطلاعات بیشتری را به شما ارائه دهند. می‌توانید از یک وکیل بخواهید دستورالعمل پزشکی از پیش تعیین شده را برای شما بنویسد، یا اینکه خودتان می‌توانید با پر کردن فرم خالی آن را تکمیل کنید. برای قانونی شدن زیست خواست خود نیازی به وکیل ندارید، اما باید امضای شاهد داشته باشید. پرسنل ارائه‌دهنده خدمات شما در صورت درخواست شما فرم‌های خالی را ارائه می‌دهند.



خدمات پیشگیری و درمان مصرف
مواد ساکرامنتو کانتی

فرم
تجدید نظر

استاندارد/تسریع شده

فرم تجدید نظر - Farsi

تعبیر نیاز
است

Sacramento County Substance Use Prevention and Treatment Services
Quality Management, Member Services
7001A East Parkway, Suite 300M
Sacramento, CA 95823

Sacramento County Substance Use Prevention and Treatment Services
Quality Management – Member Services
7001-A East Parkway, Suite 300M
Sacramento, CA 95823

اگر برای تکمیل این فرم به کمک نیاز دارید:
شما می‌توانید از کارکنان خدمات پیشگیری و درمان
مصرف مواد درخواست کنید تا به شما کمک کنند.

شما می‌توانید با بخش خدمات اعضا (Member Services)
تماس بگیرید.

(916) 875-6069

تلفن رایگان 1-888-881-4 881

TDD California Relay Service: 711

شما می‌توانید با مدافع حقوق بیمار
(Patient Rights Advocate) تماس بگیرید.

(916) 333-3800

County Board of Supervisors

Phil Serna, منطقه اول

Patrick Kennedy, منطقه دوم

Rich Desmond, منطقه سوم

Sue Frost, منطقه چهارم

Don Nottoli, منطقه پنجم

County Executive

Ann Edwards

Health Services Director

Chevon Kothari

Behavioral Health Director

Ryan Quist, Ph.D.

خدمات پیشگیری و درمان مصرف مواد ساکرامنتو کانتی قوانین
حقوق مدنی فدرال را رعایت می‌کند و اعمال تبعیض بر اساس
نژاد، رنگ پوست، تابعیت، سن، معلولیت یا جنسیت را ممنوع
می‌داند.

منتشر شده توسط:

کانتی ساکرامنتو

بخش خدمات سلامت رفتاری

February 2022

فرم تجدید نظر

توجه داشته باشید که: تنظیم درخواست تجدیدنظر به دنبال حکم رد مزایا، بر خدمات شما نزد خدمات پیشگیری و درمان مصرف مواد ساکرامنتو کانتی تأثیر منفی نخواهد داشت. خدمات اعضا ظرف سی (30) روز تقویمی برای درخواست تجدیدنظر استاندارد یا 72 ساعت برای درخواست تجدید نظر تسریع شده پاسخ می‌دهد. در صورت رد درخواست تجدید نظر تسریع شده، یک اطلاعیه کتبی برای عضو ارسال می‌شود و روند درخواست تجدیدنظر استاندارد آغاز می‌شود. لطفاً کادر مربوطه را علامت بزنید:

☐ درخواست تجدید نظر استاندارد ☐ درخواست تجدید نظر تسریع شده

لطفاً با حروف خوانا درج کنید یا بنویسید.

تاریخ: _____ مکان خدمات: _____

نام مراجعه‌کننده: _____ تاریخ تولد: _____

اگر مراجعه‌کننده زیر سن قانونی است، نام سرپرست قانونی را درج کنید که از طرف فرد زیر سن قانونی این درخواست را تنظیم می‌کند: _____

آدرس (شهر/ایالت/منطقه): _____

شماره تلفن (لطفاً بهترین زمان برای تماس را مشخص کنید): _____

1. موضوع درخواست تجدید نظر شما چیست؟ لطفاً این مسئله را با جزئیات دقیق شرح دهید. در صورت لزوم، صفحات اضافی را ضمیمه کنید.

2. اگر کادر تسریع شده را علامت زده‌اید، بگویید به چه علت فکر می‌کنید این درخواست تجدید نظر باید تسریع شود؟ لطفاً تا آنجا که ممکن است اطلاعات دقیق را درج کنید. در صورت لزوم صفحات اضافی را ضمیمه کنید.

3. آیا در مورد این مسئله با ارائه‌دهنده خدمات خود (همانگ‌کننده خدمات، درمانگر، مشاور، روانپزشک و غیره) صحبت کرده‌اید؟ ☐ بله ☐ خیر

4. دوست دارید در زمینه حل و فصل این درخواست تجدیدنظر چه اتفاقی بیفتد؟

امضای شخصی که درخواست تجدید نظر را ارائه می‌دهد: _____ تاریخ امروز: _____



خدمات پیشگیری و درمان مصرف
مواد ساکرامنتو کانتی

فرم شکایت

Sacramento County Substance Use Prevention and Treatment Services
Quality Management – Member Services
7001-A East Parkway, Suite 300M
Sacramento, CA 95823

Sacramento County Substance Use Prevention and Treatment Services
Quality Management, Member Services
7001A East Parkway, Suite 300M
Sacramento, CA 95823

اگر برای تکمیل این فرم به کمک نیاز دارید:

شما می‌توانید از کارکنان خدمات پیشگیری و درمان مصرف مواد درخواست کنید تا به شما کمک کنند.

شما می‌توانید با بخش خدمات اعضا (Member Services) تماس بگیرید.
(916) 875-6069

تلفن رایگان 1-888-881-4881
TDD California Relay Service: 711

شما می‌توانید با مدافع حقوق بیمار (Patient Rights Advocate) تماس بگیرید.
(916) 333-3800

County Board of Supervisors

منطقه اول, Phil Serna
منطقه دوم, Patrick Kennedy
منطقه سوم, Rich Desmond
منطقه چهارم, Sue Frost
منطقه پنجم, Don Nottoli,

County Executive

Ann Edwards

Health Director

Chevon Kothari

Behavioral Health Director

Ryan Quist, Ph.D.

خدمات پیشگیری و درمان مصرف مواد ساکرامنتو کانتی قوانین حقوق مدنی فدرال را رعایت می‌کند و اعمال تبعیض بر اساس نژاد، رنگ پوست، تابعیت، سن، معلولیت یا جنسیت را ممنوع می‌داند.

منتشر شده توسط:
کانتی ساکرامنتو
بخش خدمات سلامت رفتاری
February 2022

تلفن: ۷۰۰۱-۸۸۱-۴۸۸۱

شکایت

توجه داشته باشید که: تنظیم شکایت بر خدمات شما نزد خدمات پیشگیری و درمان مصرف مواد ساکرامنتو کانتی تأثیر منفی نخواهد داشت. خدمات اعضا با این عضو تماس می‌گیرد و ظرف نود (90) روز تقویمی پاسخ کتبی را برای آن‌ها ارسال می‌کند. لطفاً این فرم را تکمیل کنید، سپس آن را تا کرده و در پاکت قرار دهید، تمبر بزنید و پست کنید.

لطفاً با حروف خوانا درج کنید یا بنویسید.

مکان خدمات:

تاریخ:

تاریخ تولد:

نام مراجعه‌کننده:

اگر مراجعه‌کننده زیر سن قانونی است، نام سرپرست قانونی

را درج کنید که از طرف فرد زیر سن قانونی این فرم را تکمیل کرده است:

آدرس (شهر/ایالت/منطقه):

شماره تلفن (لطفاً بهترین زمان برای تماس را مشخص کنید):

دلایل درخواست شکایت را بیان کنید.

لطفاً در صورت امکان اسامی، تاریخ‌ها و زمان‌های مربوطه را مشخص کنید.

تاریخ حادثه:

1. شکایت یا ماهیت شکایت را شرح دهید. لطفاً در صورت لزوم صفحات اضافی را ضمیمه کنید:

2. آیا قبل از درخواست شکایت برای حل مشکل (مشکلات) تلاش کرده‌اید؟

☐ بله لطفاً توضیح دهید در زمینه تلاش برای حل مشکل چه کاری انجام داده‌اید و نتایج را درج کنید:

☐ خیر، من قبلاً تلاشی برای حل و فصل شکایت نکرده‌ام.

3. دوست دارید جهت حل این شکایت چه اتفاقی بیفتد؟

من مطلع هستم که ظرف سی (30) روز تقویمی در رابطه با این درخواست با من تماس گرفته می‌شود

امضای شخصی که این

شکایت را مطرح می‌کند:

تاریخ امروز:

مدافع حقوق بیماران 333-3800 (916)

خدمات جلوگیری استفاده از مواد و درمان کاونتی سکراننتو
مدیریت کیفیت خدمات - خدمات اعضا

(916) 875-6069

TDD California Relay Service: 711

County Board of Supervisors

Phil Serna, District 1
Patrick Kennedy, District 2
Rich Desmond, District 3
Sue Frost, District 4
Don Nottoli, District 5

County Executive

Ann Edwards

Health Director

Chevon Kothari

Behavioral Health Director

.Ryan Quist, Ph.D

خدمات جلوگیری و درمان مصرف مواد کاونتی سکراننتو
قوانین حقوق مدنی فدرال را رعایت میکند و اعمال تبعیض
بر اساس نژاد، رنگ پوست، تابعیت، سن، معلولیت یا
جنسیت را ممنوع میداند.

منتشر شده توسط: بخش خدمات صحت روانی کاونتی
سکراننتو

February 2022

Sacramento County Substance Use Prevention and Treatment Services
Quality Management – Member Services
7001-A East Parkway, Suite 300M
Sacramento, CA 95823

Sacramento County Substance Use Prevention and Treatment Services
Quality Management, Member Services
7001A East Parkway, Suite 300M
Sacramento, CA 95823



خدمات جلوگیری استفاده از مواد و
درمان کاونتی سکراننتو

پیشنهاد اعضا



فرم پیشنهاد - فارسی

تعبیر نیاز
است

پیشنهاد اعضا

توجه داشته باشید که: خدمات جلوگیری استفاده از مواد و درمان کاونتی سکراننتو از پیشنهادات شما برای بهبود خدمات استقبال می‌کند و تمایل دارد تا باز دیده‌های شما هرچه بیشتر مثبت و مفید واقع شوند.

لطفاً چاپ ویا به طور خوانا بنویسید.

تاریخ: مکان خدمات:

اسم مراجعه کننده: تاریخ تولد:

اگر مراجعه کننده خورد سال (صغیر) است، اسم وکیل قانونی را درج کنید که از جانب صغیر فرم آتی را تکمیل میکند:

آدرس (شهر/ایالت/زپ کد):

شماره تلفن (لطفاً بهترین زمان برای تماس را مشخص کنید):

پیشنهادهات: لطفا در صورت لزوم صفحات اضافی را ضمیمه کنید.

[illegible]

آیا می‌توانیم در مورد پیشنهاد شما با شما تماس بگیریم؟

□ **بله**، در مورد این پیشنهاد با من تماس بگیرید

☐ خیر، در مورد این پیشنهاد با من تماس نگیرید

امضای شخصی که پیشنهاد را ارائه می‌دهد: تاریخ امروز:

藥物濫用警示跡象

情緒或行為出現劇烈變化。

飲食和(或)睡眠習慣改變。

與家人或朋友就酗酒和(或)吸毒問題發生爭執。

記憶障礙/短暫性記憶缺失。

置家庭責任於不顧或者工作中玩忽職守。

與酗酒/吸毒的同齡人交往。

強烈渴望或頻繁想起酒精和(或)毒品。

酒後駕駛/因酒精或毒品相關原因而被捕。

藥物過量資訊

發生與酒精和(或)藥物有關的緊急醫療情況/過量服用時，請隨時撥打**911**。

Narcan®是一種能夠立即拮抗阿片類或海洛因藥物過量所致症狀的藥物。緊急救助人員經常隨身攜帶。您也可以指定藥房獲得Narcan®，無需處方。

Board of Supervisors

Phil Serna—1st District
Patrick Kennedy—2nd District
Rich Desmond, 3rd District
Sue Frost—4th District
Don Nottoli-5th District

County Executive

Ann Edwards

Department of Health Services

Chevon Kothari, Director

Division of Behavioral Health

Ryan Quist, Ph.D.
Behavioral Health Director

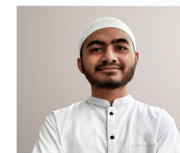
Substance Use Prevention and Treatment Services

Lori Miller, LCSW
Division Manager



Department of Health Services
Division of Behavioral Health Services

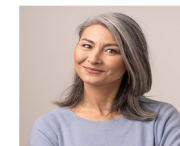
Substance Use Prevention and Treatment Services



您有可能康復！



您可以得到幫助！



我們的服務項目

預防性服務

門診治療

為孕婦和育兒婦女提供圍產期服務

戒斷症狀處理/戒毒服務

藥物輔助治療(美沙酮、丁丙諾啡、納曲酮和雙硫崙、Narcan®)

住院治療

康復住所/無酒精或毒品的生活環境

康復服務/戒毒後服務

醉酒駕駛計劃

合作法院



為12歲以上的Sacramento縣居民提供預防和治療藥物濫用的持續護理。

預防服務有助於培養積極的家庭環境，並對戒酒和康復提供支持。

我們為大多數符合Medi-Cal資格的Sacramento居民提供免費治療服務。

「System of Care」工作人員會詢問您一些與飲酒和吸毒有關的簡單問題，以確定最適合您的護理水平，並將您轉介至社區治療機構。我們免費提供雙語工作人員和口譯員。

我們知道尋求援助對您來說可能很艱難。「藥物濫用的預防和治療服務」在此為您提供幫助！



如需藥物濫用評估和服務轉介，請致電我們的「System of Care」工作人員。



我們會對您的電話和治療保密。

週一至週五
上午8:00至下午5:00

聯繫電話
(916) 874-9754

California中繼服務711

非辦公時間電話
(888) 881-4881



Substance Use Disorder Warning Signs

Drastic changes in mood or behavior.

Changes in eating and/or sleeping habits.

Arguing with family or friends about alcohol and/or drug use.

Memory problems/blackout.

Neglecting home or work responsibilities.

Associating with peers that use alcohol/drugs.

Strong cravings or frequent thoughts about alcohol and/or drugs.

Driving under the influence/alcohol or drug related arrests.

Overdose Information

Do not hesitate to **call 911** for medical emergencies/overdose involving alcohol and/or drugs.

Narcan® is a medication that could immediately counter the effects of an **opioid or heroin overdose**. Emergency personnel often carry it with them. Narcan® is also available at select pharmacies without a prescription.

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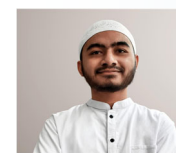
Substance Use Prevention and Treatment Services

Lori Miller, LCSW
Division Manager



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Division of Behavioral Health Services

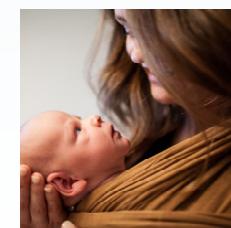
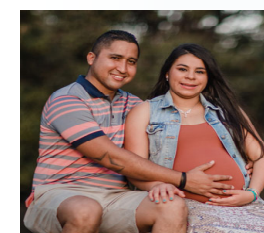
Substance Use Prevention and Treatment Services



Recovery is possible!



Help is available!



Our Services

Prevention Services

Outpatient Treatment

Perinatal Services for pregnant and parenting women

Withdrawal Management/
Detoxification Services

Medication-Assisted Treatment (methadone, buprenorphine, naltrexone and disulfiram, Narcan®)

Residential Treatment

Recovery Residences/Sober Living Environments

Recovery Services/After Care Services

Driving Under the Influence Programs

Collaborative Courts



Sacramento County residents ages 12+ are provided a continuum of care for substance use prevention and treatment.

Prevention services foster positive family environments and support abstinence and resiliency.

Treatment services are offered at no cost for most Medi-Cal eligible Sacramento residents.

System of Care staff will ask you simple questions about your use of alcohol and drugs to determine the best level of care for you and refer you to a treatment provider in your community. Bi-lingual staff and interpreters are available to you at no charge.

We understand that reaching out for assistance can be difficult. Substance Use Prevention and Treatment Services is here to help!



System of Care for Substance Use Treatment

Please call our System of Care staff for a substance use disorder assessment and service referral.



*Your call and treatment
will be kept confidential.*

Monday through Friday
8:00 a.m. to 5:00 p.m.

Telephone Number
(916) 874-9754

California Relay Service
711

After Hours
(888) 881-4881





Department of Health Services
Division of Behavioral Health Services
**Substance Use Prevention
and Treatment Services**



بهبودی امکان پذیر است!



کمک در دسترس است!



Appendix 10- SUPT Brochures

اطلاعات مصرف بیش از حد

در موارد اضطراری/مصرف بیش از حد الکل و
یا مواد مخدر حتماً با **911 تماس بگیرید**.

Narcan® دارویی است که می‌تواند اثرات
مصرف بیش از حد مواد شبه افیونی یا هروئین
را خنثی کند. پرسنل اورژانس آن را با خود همراه
دارند. **Narcan®** همچنین در داروخانه‌های
منتخب بدون نسخه قابل تهیه است.

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Ryan Quist, Ph.D.
Behavioral Health Director

Substance Use Prevention and Treatment Services

Lori Miller, LCSW
Division Manager

نشانه‌های هشدار اختلال سوء مصرف مواد

تغییرات شدید در روحیه یا رفتار.

تغییر در عادات خوردن و یا خوابیدن.

مشاجره کردن با خانواده یا دوستان
در باره سوء مصرف الکل یا مواد
مخدر.

مشکلات حافظه/انسدادها.

بی‌اعتنایی به مسئولیت‌های خانگی یا
کاری.

ارتباط با همسالانی که الکل/مواد
مخدر مصرف می‌کنند.

تمایل شدید یا فکر کردن مداوم به الکل
و یا مواد مخدر.

رانندگی تحت تأثیر دارو و
الکل/بازداشت بخاطر مصرف الکل و
یا مواد مخدر.



سیستم مراقبت برای درمان سوء مصرف مواد

لطفاً برای ارزیابی اختلال سوء مصرف مواد و ارجاع خدماتی با کارمندان سیستم مراقبتی ما تماس بگیرید.



**تماس و درمان شما محرمانه
نگهداری خواهد شد.**

از دوشنبه تا جمعه
8:00 صبح تا 5:00 عصر.

شماره تلفن
(916) 874-9754

سرویس رله کالیفرنیا 711

پس از ساعات اداری
(888) 881-4881



مراقبت مداوم برای پیشگیری و درمان سوء مصرف مواد برای ساکنان 12 سال به بالای کانتی ساکرامنتو ارائه می‌شود.

خدمات پیشگیری، محیط‌های خانوادگی مثبت و پشتیبانی از پرهیز و بازگشت به حالت عادی را تقویت می‌کند.

خدمات درمانی بصورت رایگان برای اکثر ساکنان واجد شرایط Medi-Cal ساکرامنتو ارائه می‌گردد.

کارمندان سیستم مراقبت سؤالات ساده‌ای درباره سوء مصرف الکل و مواد مخدر از شما می‌پرسند تا بهترین میزان مراقبت را برای شما مشخص کنند و شما را به یکی از ارائه‌دهندگان درمانی محله خودتان معرفی کنند. کارمندان دوزبانه و مترجمان شفاهی بصورت رایگان در خدمت شما هستند.

ما درک می‌کنیم که دستیابی به کمک ممکن است دشوار باشد. خدمات پیشگیری و درمان از سوء مصرف مواد برای کمک شما اینجا آماده است!

خدمات ما

خدمات پیشگیری

درمان سرپایی

خدمات قبل از تولد برای زنان باردار و شیرده

مدیریت ترک اعتیاد/خدمات سم زدایی

درمان مبتنی بر دارو (متادون، بوپرنورفین، نالتروکسون و دی‌سولفیرام، (Narcan®)

درمان به همراه اقامت

اقامت‌گاه‌های بهبودی/محیط‌های دارای زندگی هوشیارانه

خدمات بهبودی/خدمات پس از مراقبت

برنامه‌های رانندگی تحت تأثیر دارو و الکل

دادگاه‌های اشتراکی

Cov Yeeb Yam Qhia Txog Tias Quav Yeeb Tshuaj

Muaj kev hloov pauv rau lub siab lub ntsws los sis tus cwj pwm ntau heev.

Muaj kev hloov pauv tus cwj pwm kev noj haus thiab/los sis kev pw tsaug zog.

Nrog tsev neeg los sis tej phooj ywg sib cav sib ceg txog kev haus dej haus cawv thiab/los sis kev haus yeeb tshuaj.

Muaj teeb meem txog kev cim xeeb/tswv yim tws tas.

Tsis ua yus lub luag hauj lwm hauv vaj hauv tsev los sis tom chaw ua hauj lwm.

Ntaus phooj ywg nrog cov phooj ywg uas haus dej cawv/yeeb tshuaj.

Huam yees heev los sis muaj kev xav tuab ntwg txog kev haus dej cawv thiab/los sis yeeb tshuaj.

Tsav tsheb thaum qaug tshuaj/qaug dej cawv los sis raug ntes vim yog muaj feem cuam tshuam nrog yeeb tshuaj.

Cov Lus Qhia Paub Txog Kev Noj Tshuaj Ntau Dhau Lawm

Tsis txhob ua siab deb hu **rau 911** los mus thov kev kho mob ti tes ti taw/ kev noj tshuaj ntau dhau lawm uas cuam tshuam nrog dej cawv thiab/los sis yeeb tshuaj.

Narcan® yog ib yam tshuaj uas tuaj yeem daws kho kev mob huam leej huam ceem los ntawm kev noj **tshuaj opioid los sis heroin ntau dhau lawm**. Cov neeg ua hauj lwm kho mob ti tes ti taw hom kheev nqa nrog nraim lawv. Narcan® kuj tseem muaj nyob hauv cov khw muag tshuaj uas xaiv tseg yam tsis tas muaj daim ntawv yuav tshuaj li.

Board of Supervisors

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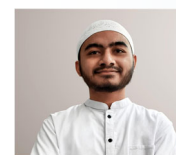
Substance Use Prevention and Treatment Services

Lori Miller, LCSW
Division Manager



Department of Health Services
Division of Behavioral Health Services

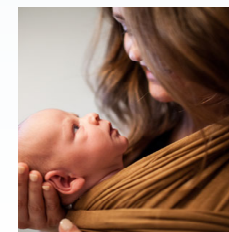
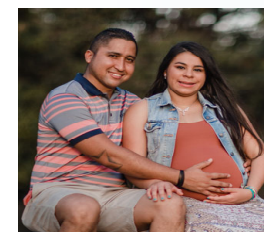
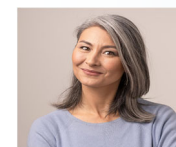
Substance Use Prevention and Treatment Services



Tuaj yeem kho kom



Muaj kev pab!



Peb Cov Kev Pab Cuam

Kev Pab Cuam Tiv Thaiv

Kev Kho Cov Neeg Mob Sab Nrauv

Kev Pab Cuam Perinatal rau cov poj niam xeeb tub thiab cov coj me nyuam mos

Kev Pab Cuam Thim Tshuaj/Txhaus Tshuaj Tawm

Kev Siv Tshuaj Kho Mob Los Pab Kho (tshuaj methadone, tshuaj buprenorphine, tshuaj naltrexone thiab tshuaj disulfiram, tshuaj Narcan®)

Kev Mus Kho Tom Chaw Nyob

Chaw Nyob Kho Kom Zoo Rov Qab/ Cov Chaw Nyob Uas Nyob Ntsiag To

Kev Pab Cuam Kho Kom Zoo Rov Qab/Kev Pab Cuam Tom Qab Kho Zoo Lawm

Cov Khoo Kas Tsav Tsheb Thaum Qaug Dej Cawv

Kev Sib Koom Tes Nrog Cov Tsev Hais Plaub



Cov niam txiv pej xeeb nyob hauv Nroog Sacramento uas muaj hnub nyoog 12+ xyos tau txais kev saib xyuas sib txuas zus txog kev tiv thaiv thiab kev kho kev quav yeeb tshuaj.

Cov kev pab cuam tiv thaiv yuav pab txhawb nqa cheeb tsam ib puag ncig hauv tsev neeg thiab pab txhawb kev txiav yeeb tshuaj thiab kev nyob kom tus.

Cov kev pab cuam kho mob yog yuav muaj pub dawb rau cov niam txiv pej xeeb hauv Sacramento feem coob uas muaj cai tsim nyog tau txais Medi-Cal.

System of Care cov neeg ua hauj lwm yuav nug koj txog ib co lus nug yooj yooj yim txog kev haus dej haus cawv thiab haus yeeb tshuaj los mus txiav txim xyuas txog qib kev kho mob uas zoo tshaj plaws rau koj thiab xa koj mus rau tus kws kho mob hauv koj lub zej zog. Muaj cov neeg ua hauj lwm uas hais tau ob hom lus thiab cov neeg pab txhais lus rau koj yam tsis tau them nqi.

Peb nkag siab tias kev ncav tes mus thov kev pab yog ib qho nyuaj. Kev Tiv Thaiv Kev Haus Yeeb Tshuaj thiab Kev Pab Cuam Kho Mob nyob ntawm no tos pab koj lawm!



System of Care rau Kev Kho Cov Neeg Quav Yeeb Tshuaj

Thov hu rau System of Care cov neeg ua hauj lwm los mus thov kev ntsuam xyuas txog kev quav yeeb tshuaj thiab kev pab xa koj mus kho kom zoo.



Koj tsab xov tooj thiab qhov kev kho mob rau koj yuav raug npog zais tsis pub lwm tus paub.

Hnub Monday txog Hnub Friday
8:00 teev sawv ntxov txog 5:00
teev tsaus ntuj

Naj Npawb Xov Tooj
(916) 874-9754

Cov Siv California Relay
Service 711

Tus Xov Tooj Tom Qab Sij
Hawm Ua Hauj Lwm
(888) 881-4881



Настораживающие признаки расстройства, вызванного употреблением психоактивных веществ

Резкие смены настроения или поведения.

Изменение привычек питания или сна.

Ссоры с членами семьи или друзьями из-за употребления алкоголя и (или) наркотиков.

Проблемы с памятью (провалы в памяти).

Пренебрежение домашними или рабочими обязанностями.

Общение с людьми, которые также употребляют алкоголь или наркотики.

Сильная тяга к алкоголю или наркотикам либо частые мысли о них.

Вожделение в состоянии алкогольного или наркотического опьянения и связанные с ним задержания.

Информация о передозировке

Если необходима экстренная медицинская помощь в связи с употреблением или передозировкой алкоголя или наркотиков, сразу же **звоните по номеру 911.**

Narcan® — это лекарственный препарат, который сразу же устраняет побочные эффекты от передозировки опиоидами или героином. Персонал службы экстренной помощи часто имеет его при себе. Narcan® также доступен в некоторых аптеках без рецепта.

Board of Supervisors

Phil Serna—1st District
Patrick Kennedy—2nd District
Rich Desmond, 3rd District
Sue Frost—4th District
Don Nottoli-5th District

County Executive

Ann Edwards

Department of Health Services

Chevon Kothari, Director

Division of Behavioral Health

Ryan Quist, Ph.D.
Behavioral Health Director

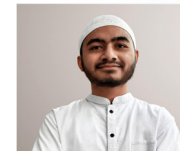
Substance Use Prevention and Treatment Services

Lori Miller, LCSW
Division Manager



Department of Health Services
Division of Behavioral Health Services

Substance Use Prevention and Treatment Services



Лечение возможно!



Помощь доступна!



Наши услуги

Профилактическое обслуживание.

Амбулаторное лечение.

Перинатальные услуги для беременных и рожениц.

Услуги по лечению абстинентного синдрома и детоксикации.

Заместительная терапия (метадон, бупренорфин, налтрексон и дисульфирам, а также Narcan®).

Стационарная реабилитация.

Реабилитация в нестационарных условиях (общежития для реабилитации).

Услуги по реабилитации (последующее наблюдение).

Программы по предотвращению вождения в состоянии опьянения.

Специализированные суды по делам нарко- и алкозависимых.



Жителям округа Сакраменто в возрасте от 12 лет предоставляется непрерывное обслуживание для профилактики и лечения расстройства, связанного с употреблением психоактивных веществ.

Профилактическое обслуживание способствует созданию позитивной атмосферы в семье, воздержанию и стойкости духа.

Услуги по лечению предоставляются бесплатно большинству жителей округа Сакраменто, которые соответствуют критериям участия в программе Medi-Cal.

Персонал системы обслуживания задаст вам простые вопросы относительно употребления алкоголя и наркотиков, определит наиболее подходящий для вас уровень ухода и направит на лечение в соответствующее заведение в вашем сообществе. К вашим услугам бесплатно предоставляется двуязычный персонал и устные переводчики.

Мы понимаем, что обратиться за помощью бывает сложно. Служба по профилактике и лечению расстройства, связанного с употреблением психоактивных веществ, готова помочь вам!



Система обслуживания для лечения от расстройства, связанного с употреблением психоактивных веществ

Позвоните нашим сотрудникам системы обслуживания, чтобы получить направление на диагностику и лечение расстройства, связанного с употреблением психоактивных веществ.



Сведения о вашем звонке и лечении будут конфиденциальными.

С понедельника по пятницу
с 8:00 до 17:00

**Номер телефона
(916) 874-9754**

**Калифорнийская служба
коммутируемых
сообщений 711**

**Нерабочие часы
(888) 881-4881**



Señales de alerta ante trastornos por consumo de sustancias

Cambios drásticos en el estado de ánimo o comportamiento.

Cambios en la alimentación o en los hábitos del sueño.

Discusiones con la familia o amigos sobre el consumo de alcohol o drogas.

Problemas de memoria/lagunas.

Descuido de las responsabilidades en el hogar o en el trabajo.

Relación con personas que consumen alcohol o drogas.

Deseo intenso o pensamientos frecuentes sobre alcohol o drogas.

Arrestos por conducir bajo los efectos del alcohol o las drogas.

Información acerca de la sobredosis

No dude en **llamar al 911** en caso de emergencias médicas o sobredosis que impliquen alcohol o drogas.

El **Narcan®** es un medicamento que puede contrarrestar inmediatamente los efectos de una **sobredosis por opioides o heroína** y el personal de emergencias suele llevarlo consigo. El Narcan® también está disponible en algunas farmacias sin receta médica.

Junta de Supervisores

Phil Serna—1st District
Patrick Kennedy—2nd District
Rich Desmond, 3rd District
Sue Frost—4th District
Don Nottoli-5th District

Ejecutiva del condado

Ann Edwards

Departamento de Servicios de Salud

Chevon Kothari, Director

División de salud conductual

Ryan Quist, Ph.D.
Behavioral Health Director

Servicios de tratamiento y prevención del uso de sustancias

Lori Miller, LCSW
Division Manager

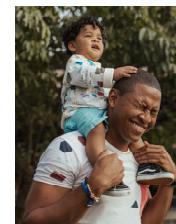


Departamento de Servicios de Salud
División de Servicios de Salud del
Comportamiento

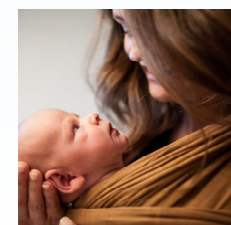
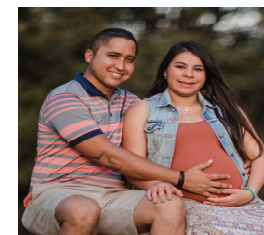
Servicios de tratamiento y prevención del uso de sustancias



¡La recuperación es posible!



¡Hay ayuda disponible!



Nuestros servicios

Servicios de prevención

Tratamiento ambulatorio

Servicios perinatales para embarazadas y madres

Servicios de gestión de la desintoxicación

Tratamiento asistido con medicamentos (metadona, buprenorfina, naltrexona, disulfiram y Narcan®)

Tratamiento residencial

Residencias de recuperación/ambientes de vida sobria

Servicios de recuperación/de atención de seguimiento

Programas para la prevención de la conducción bajo los efectos del alcohol

Tribunales de resolución de disputas



Los residentes del condado de Sacramento mayores de 12 años reciben atención continua para la prevención y el tratamiento relacionados con el consumo de sustancias.

Los servicios de prevención promueven los entornos familiares positivos y apoyan la abstinencia y la resiliencia.

Los servicios de tratamiento se ofrecen de manera gratuita a la mayoría de los residentes de Sacramento que cumplan con los requisitos de Medi-Cal.

El personal del sistema de atención le hará preguntas sencillas sobre su consumo de alcohol y drogas para determinar el nivel de atención más adecuado para usted y para remitirlo a un proveedor de tratamiento en su comunidad. Los servicios del personal bilingüe e intérpretes no tienen costo alguno para usted.

Entendemos que pedir ayuda puede ser difícil. Cuenta con el sistema de atención para el tratamiento por el consumo de sustancias para ayudarlo.



Sistema de atención para el tratamiento por el consumo de sustancias

Llame al personal del sistema de atención para una evaluación del trastorno por uso de sustancias y la remisión a servicios.



Tanto su llamada como su tratamiento se mantendrán confidenciales.

De lunes a viernes
De 8:00 a. m. a 5:00 p. m.

Número de teléfono
(916) 874-9754

Servicio de retransmisión de California 711

Fuera del horario de trabajo
(888) 881-4881



Những Dấu Hiệu Cảnh Báo Rối Loạn Sử Dụng Chất Gây Nghiện

Những thay đổi lớn trong tâm trạng và hành vi.

Thay đổi về thói quen ăn uống và/hoặc giấc ngủ.

Cãi nhau với gia đình hoặc bạn bè về sử dụng rượu và/hoặc ma túy.

Có vấn đề về trí nhớ/thoảng mất trí nhớ.

Bỏ mặc trách nhiệm ở nhà/nơi làm việc.

Kết bạn với những người cũng nghiện rượu/ma túy.

Lên cơn thèm hoặc thường xuyên nghĩ về rượu và/hoặc ma túy.

Lái xe khi bị ảnh hưởng/bị bắt liên quan đến rượu hoặc ma túy.

Thông Tin Sử Dụng Quá Liều

Xin đừng ngần ngại **gọi 911** đối với cấp cứu y tế/sử dụng quá liều rượu và/hoặc ma túy.

Narcan® là loại thuốc có thể gây lập tức chống lại những ảnh hưởng của **quá liều opioid hoặc heroin**. Nhân viên cấp cứu thường mang theo họ. Narcan® cũng có bán tại một số nhà thuốc mà không cần toa thuốc.

Ban giám sát

Phil Serna—1st District
Patrick Kennedy—2nd District
Rich Desmond, 3rd District
Sue Frost—4th District
Don Nottoli—5th District

Điều hành quận

Ann Edwards

Sở Y tế

Chevon Kothari, Director

Bộ phận Sức khỏe Hành vi

Ryan Quist, Ph.D.
Behavioral Health Director

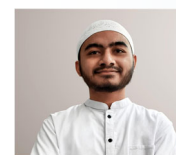
Dịch vụ Phòng ngừa và Điều trị Sử dụng Chất gây nghiện
Lori Miller, LCSW
Division Manager



Sở Y tế

Bộ phận Dịch vụ Sức khỏe Hành vi

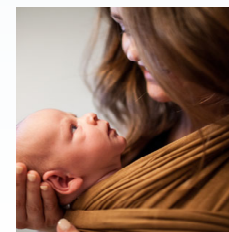
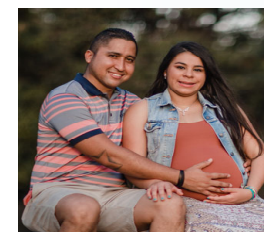
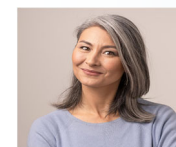
Dịch vụ Phòng ngừa và Điều trị Sử dụng Chất gây nghiện



Có thể phục hồi!



Luôn sẵn sàng giúp đỡ!



Các Dịch Vụ Của Chúng Tôi

Dịch Vụ Phòng Ngừa

Điều Trị Ngoại Trú

Các Dịch Vụ Tiền Sản đối với phụ nữ mang thai và làm mẹ

Các Dịch Vụ Quản Lý Rút Tiền/Tiêu Độc

Điều Trị Có Hỗ Trợ Bằng Thuốc (methadone, buprenorphine, naltrexone và disulfiram, Narcan®)

Điều Trị Nội Trú

Phục Hồi Nội Trú/Môi Trường Sống Chuẩn Mực

Dịch Vụ Phục Hồi/Dịch Vụ Sau Chăm Sóc

Chương Trình Lái Xe Có Ảnh Hưởng

Tòa Án Hòa Giải



Cư dân Quận Sacramento từ 12 tuổi trở lên được chăm sóc liên tục đối với phòng ngừa và điều trị sử dụng chất gây nghiện.

Các dịch vụ phòng ngừa nuôi dưỡng các môi trường gia đình tích cực và ủng hộ cai rượu và ma túy và phục hồi.

Các dịch vụ điều trị được cung cấp miễn phí cho hầu hết các cư dân Sacramento đủ điều kiện hưởng Medi-Cal.

Các nhân viên của System of Care sẽ hỏi quý vị những câu hỏi đơn giản về việc sử dụng rượu và ma túy để xác định mức độ chăm sóc tốt nhất cho quý vị và giới thiệu quý vị đến một nhà cung cấp điều trị tại cộng đồng của quý vị. Các nhân viên song ngữ và thông dịch viên luôn sẵn sàng phục vụ quý vị miễn phí.

Chúng tôi hiểu rằng việc liên hệ để xin trợ giúp có thể khó khăn. Dịch Vụ Phòng Ngừa và Điều Trị Sử Dụng Chất Gây Nghiện luôn sẵn sàng giúp đỡ quý vị!



Hệ Thống Chăm Sóc đối với Điều Trị Sử Dụng Chất Gây Nghiện

Xin gọi cho nhân viên System of Care của chúng tôi để đánh giá rối loạn sử dụng chất gây nghiện và giới thiệu dịch vụ.



Cuộc gọi và việc điều trị của quý vị sẽ được giữ bí mật.

Từ Thứ Hai đến Thứ Sáu
8:00 giờ sáng đến 5:00 giờ chiều

Số Điện Thoại
(916) 874-9754

Dịch Vụ Chuyển Tiếp
California 711

Ngoài Giờ Làm Việc
(888) 881-4881





Department of Health Services
Division of Behavioral Health Services

Substance Use Prevention and Treatment Services



التعافي ممكن!



المساعدة متاحة!



Appendix 10- SUPT Brochures

معلومات عن الجرعة المفرطة

لا تتردد في **الاتصال بالرقم 911** من أجل حالات الطوارئ الطبية أو حالات تناول الجرعات المفرطة من الكحول و / أو المخدرات.

Narcan® ناركان هو عقار يمكن أن يكافح آثار تناول جرعة مفرطة من الأفيون أو الهيروين على الفور. يحمله أحياناً موظفو الطوارئ معهم. عقار **Narcan®** ناركان متاح أيضاً في صيدليات محددة دون وصفة طبية.

Board of Supervisors مجلس المسؤولين

Phil Serna—1st District

Patrick Kennedy—2nd District

Rich Desmond, 3rd District

Sue Frost—4th District

Don Nottoli—5th District

County Executive

Ann Edwards

Department of Health Services

Chevon Kothari, Director

Division of Behavioral Health

Ryan Quist, Ph.D.

Behavioral Health Director

Substance Use Prevention and

Treatment Services

Lori Miller, LCSW

Division Manager

علامات إنذار الإصابة باضطراب تعاطي المواد المخدرة

تغييرات جذرية في الحالة المزاجية أو السلوك.

تغييرات في عادات تناول الطعام و / أو النوم.

التشاجر مع أفراد الأسرة أو الأصدقاء بسبب تعاطي الكحول و / أو المخدرات.

مشاكل / تعثيم في الذاكرة.

إهمال مسؤوليات المنزل أو العمل.

الإختلاط بالأقران المتعاطين للكحول أو المخدرات.

الرغبات الشديدة في تعاطي الكحول و / أو المخدرات أو التفكير المتكرر فيها.

القيادة تحت تأثير الكحول أو المخدرات و التي تؤدي إلى الإعتقال.

نظام رعاية للعلاج من تعاطي المواد المخدرة

يُرجى الإتصال بموظفي نظام الرعاية لتقييم حالات إضطراب تعاطي المواد المخدرة وخدمات الإحالة.



المعلومات الخاصة بمكالماتك وعلاجك سرّية.

من يوم الإثنين إلى يوم الجمعة
من الساعة 8:00 صباحاً إلى الساعة 5:00 مساءً

رقم الهاتف
(916) 874-9754

خدمات ربط الإتصالات في كاليفورنيا 711

بعد ساعات إنتهاء العمل
(888) 881-4881



يحصل سكان مقاطعة ساكرامنتو الذين تزيد أعمارهم عن 12 عامًا على رعاية مستمرة للوقاية من تعاطي المخدرات و علاجها.

تعزز الخدمات الوقائية بيئات الأسر الإيجابية وتدعم الإمتناع عن التعاطي والقدرة على التكيف.

يتم تقديم خدمات العلاج مجانًا
لمعظم سكان ساكرامنتو المؤهلين

من Medi-Cal

سيسألك موظفو نظام الرعاية أسئلة بسيطة عن تعاطيك الكحول والمخدرات ليحددوا أفضل مستوى للرعاية بالنسبة لك ويحيلك على موفر خدمات العلاج في مجتمعك. الموظفون ثنائيي اللغة والمترجمون الفوريون متاحون لمساعدتك مجانًا.

نعلم أن التواصل من أجل الحصول على المساعدة قد يكون صعبًا. الخدمات الوقائية المتعلقة بتعاطي المواد المخدرة وعلاجها متوفرة للمساعدة!

خدماتنا

الخدمات الوقائية

العيادة الخارجية

الخدمات الصحية لفترة ما قبل الولادة للنساء الحوامل والأمهات الحاضنات

خدمات إدارة الانسحاب أو إزالة السموم

العلاج بمساعدة الأدوية (ميثادون، بوبرينورفين، نالتريكسون، دايسلفيرام، و Narcan® ناركان)

الإقامة العلاجية

مسكن للتعافي أو بيئات معيشية رابضة

خدمات التعافي أو خدمات فترة ما بعد الرعاية

برامج القيادة تحت التأثير

محاكم تعاونية

Cultural Competence Committee/System Wide Community Outreach and Engagement Committee Roster for Fiscal Year 2022/2023

Jessie Armenta	Mary Nakamura
Robin Barney	Leslie Napper
Nathan Blacksmith	Marc Perdue
Rachel Brillantes-Jimenez	Katie Quarles
Erica Cambern	Sadia Rajput
Carl Colegrove	Jen Reiman
Vanessa Cuevas-Romero	Erin Reynolds
Stephanie Dasalla	Theresa Riviera
Linda Ford	Virginia Robello
Julie Fuentes	Koby Rodriguez
Mykel Gayent	Roman Romaso
Ajna Glisic	Anne-Marie Rucker
Hafsa Hamdani	Alexandria Russell
Don Lee Hanaumi	Susan Saechao
Ru Hansen	Romeal Samuel
Andrea Housley	Abid Stanekzai
Maurine Huang	Alondra Thompson
Amira Kotb	Maksim Tsymbal
Vinder Lallian	Melissa Viscarra
Lakshmi Malroutu	Kyle Wiesenthal
Asher Martini	Mary Ann Wong
Jayna Mislang	

The combined Cultural Competence Committee/System-Wide Community Outreach and Engagement Committee consists of individuals representing the diverse cultural, racial, and ethnic groups in Sacramento County and includes consumers and family members, county and contractor providers, community based organizations, community advocates and other behavioral health stakeholders. The broad-based committee is committed to assisting in the improvement of behavioral health services to our diverse communities.

The following agencies/programs/boards are affiliated with the committee: A Church For All, Asian Pacific Community Counseling, Behavioral Health Services (Community Support Team, Community Wellness Response Team, Cultural Competence, Mobile Crisis Team, Research Evaluation and Performance Outcomes, Substance Use, Prevention and Treatment), CAL Voices, CSU Sacramento, Disability Rights of California, El Hogar Community Services, Health Education Council, Iu Mien Community Services, La Familia Counseling Center, Mental Health Board, M.F.

Revised 08/22/2023

Huang Consulting, Muslim American Society - Social Services Foundation, My Sister's House, OMNI Youth Programs, NAMI Sacramento, NorCal Services for the Deaf and Hard of Hearing, Sacramento County Public Health, Sacramento County Department of Human Assistance, Refugees Enrichment and Development Association (REDA), Resources for Independent Living, Sacramento Cultural and Linguistic Center, Sacramento Native American Health Center, Sacramento LGBT Center, Slavic Assistance Center, Stanford Sierra Youth & Families, and Visions Unlimited.

Revised 08/22/2023

**Sacramento County Cultural Competence Committee
Collective Feedback for the Public Hearing on the Mental Health Services Act (MHSA) Draft
Fiscal Year 2021-22, 2022-23, 2023-24 Three-Year Plan Collective Feedback
June 2, 2021
6 pm**

On May 25, 2021, members of the Cultural Competence Committee (CCC) provided the following collective comments in response to the Mental Health Services Act (MHSA) Fiscal Year 2021-22, 2022-23, 2023-24 Three-Year Plan Collective Feedback. The Committee's comments are fully outlined below.

- The committee supports the three-year plan and appreciates the array of programs available for consumers and family members in Sacramento County.
- The Committee noted that many of the community driven programs funded by MHSA are time-limited programs that serve cultural, racial, ethnic, sexual and gender diverse communities who are often marginalized and closest to oppression. The Committee encourages BHS to consider creative solutions once the time limit has been reached so that we do not lose the clientele who have been served by these programs.
- The committee would like to see more of affordable housing units meet the needs of individuals living with disabilities, including physical disabilities. Currently, many shelters and agencies are unable to serve individuals with disabilities due to a lack of accessibility.
- It is great that BHS has funded community based organizations to provide culturally responsive support services available in many languages. The Committee recommends that BHS continue to increase the cultural and linguistic diversity of its workforce and partner with trusted community partners to reach out to even more underserved community members.
- The Committee recommends that BHS increase its efforts to reach out and support various refugee communities particularly since Farsi was recently added as a threshold language.
- The Committee recommends that BHS continue to support community defined, culturally responsive peer support. It is difficult to generalize and define what peer mentorship means to different communities. The CCC's experience with peer programs underscores the fact that the way lived experience is defined in the general population vs. in underserved and diverse communities is very different. The Committee recommends that BHS promote and support a diverse and robust peer workforce by supporting culturally and linguistically competent community-based organizations who are trusted by the communities they serve and are able to engage with unserved, underserved and inappropriately served community members from cultural, racial, ethnic, sexual and gender diverse communities.
- The Committee encourages BHS to increase collaboration with grass-roots organizations that have close ties to the communities they serve. COVID-19 vaccination efforts have shown that relationships with trusted community based organizations are very important to

building trust in unserved, underserved, and inappropriately served cultural, racial, ethnic, sexual and gender diverse communities.

- The committee has questions about the impact of the COVID-19 pandemic on data collection, including future data. For example, can the decrease in hospitalizations be attributed to the impact of COVID-19 pandemic?

Respectfully submitted,

On behalf of the Sacramento County Division of Behavioral Health Services Cultural Competence Committee

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Cultural Competence - CLAS STANDARDS	Understanding of the CLAS Standards for Sacramento County	2 hours/Annually	Administrative/Management; Direct Services: Contractors	7/1/2022	99	John R. Durbin, CADC II SUDCC II/ONLINE CLASS
Cultural Competence	Cultural Humility	This training is a brief video summarizing the dimensions of cultural humility, which focuses on unique interpersonal relationships rather than the academic model of cultural competence.	0.1 hour/Once	Administration/Management; Direct Services: Contractors	7/1/2022	3	Relias eLearning
Cultural Competence	Cultural Humility - The Danger of a Single Story	This supplemental training in cultural humility is the personal story of novelist Chimamanda Ngozi Adichie.	0.32 hours/Once	Direct Services: Contractors	7/1/2022	1	Relias eLearning
Cultural Competence	Your Role in Workplace Diversity	To understand and appreciate diversity in the workplace, you must develop an understanding of yourself and the ways in which you and others view the world. Your ability to use a variety of strategies to effectively deal with diverse situations is very important. Equally important is the ability to share these effective strategies openly and leverage the diversity that exists within the organization. In this course, you'll explore strategies to help you become aware of your attitudes toward diversity, increase your acceptance of diverse cultures, people, and ideas, and become an advocate for diversity within the workplace.	0.5 hour/Once	Administration/Management; Direct Services: Contractors; Interpreters	7/1/2022	174	Relias eLearning
Cultural Competence	Implicit Bias: Recognizing Its Harmful Impact and Taking Actions to Counter Unconscious Bias	Cultural Competence Training	1.5 hours/One time	Direct Services: Contractors	7/1/2022	1	Online Training
Cultural Competence	A Culture-Centered Approach to Recovery	Cultural Competence Training	1 hour/One time	Direct Services: Contractors	7/1/2022	1	Online Training
Cultural Competence	Affirmative Action in the Workplace	Affirmative Action in the Workplace	1 hour/One time	Direct Services: Contractors	7/1/2022	1	Online Training
Cultural Competence	Child Focused Exposure Treatment for Anxiety in Diverse Cultural Contexts	Anxiety through a cultural lens	1.5 hours/One time	Direct Services: Contractors	7/1/2022	1	Online Training
Cultural Competence	Consumer Civil Rights	Civil rights	1 hour/Annually	Direct Services: Contractors	7/1/2022	20	Online Training
Cultural Competence	Cultural Responsiveness in Clinical Practice	Cultural responsiveness	1.5 hours/One time	Direct Services: Contractors	7/1/2022	1	Online Training
Cultural Competence	Substance Use Treatment & Relapse Prevention for Racial and Ethnic Minorities	Recovery in a multicultural lens	1.5 hours/One time	Direct Services: Contractors	7/1/2022	1	Online Training
Cultural Competence	Understanding Human Trafficking	Understanding Human Trafficking	1 hour/One time	Direct Services: Contractors	7/1/2022	1	Online Training
Cultural Competence	Working More Effectively with LGBTQ+ Children and Youth	LGBTQ youth in care	1.25 hours/One time	Direct Services: Contractors	7/1/2022	1	Online Training
Cultural Competence	Working More Effectively with the LGBTQ+ Community	LGBTQ in the community	2 hours/One time	Direct Services: Contractors	7/1/2022	3	Online Training
Cultural Competence	Sexual Orientation and Gender Identity/Expression (SOGIE)	SOGIE overview	1.5 hours/One time	Direct Services: Contractors	7/1/2022	1	Online Training
Cultural Competence	Cultural Competence	Understanding cultural competence in the population that we serve	1 hour/Annually	Administrative/Management; Support Services	7/1/2022	24	Relias
Cultural Competence	Cultural Competence	This training discusses cultural competence issues in the workplace and promotes cultural awareness	0.5 hours/One time	Administration/Management; Direct Services: Contractors	7/1/2022	82	Relias
Cultural Competence	Working More Effectively with the LGBTQ+ Community	This training discusses gender, gender identity, sexual orientation and how awareness and validation are effective in working with members of the LGBTQ+ community.	2 hours/One time	Administration/Management; Direct Services: Contractors	7/1/2022	71	Relias

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Cultural Competence	Customer Service in Behavioral Health Part 2	Developing relationships with clients by treating them with dignity and respect	1 hour/Annually	Administration/Management; Direct Services: Contractors	7/1/2022	22	My Learning Point
Cultural Competence	Commercial Sexual Exploitation Identification Tool (CSE-IT)	Understanding the culture and dynamics of SEC	8 hours/Monthly	Direct Services: Contractors	7/1/2022	7	Carter Rose and Jessica Jurkovich
Resiliency - Youth	Motivational Interviewing	Client ownership in the change process during treatment	1 hour/Annually	Administration/Management; Direct Services: Contractors	7/1/2022	25	My Learning Point
Resiliency - Youth	Motivational Interviewing for the Substance Affected Client for Change	Client ownership in the change process during treatment	1 hour/Annually	Administration/Management; Direct Services: Contractors	7/1/2022	23	My Learning Point
Cultural Competence	Cultural Competence Training	As workplaces become more diverse, effective and successful employees must become more knowledgeable of other cultural norms, be respectful of the wide range of cultural behaviors, and effectively communicate with people of various backgrounds. This course provides important information about becoming more respectful and culturally competent.	0.5 Hours/Annually	Administration/Management; Direct Services: Contractors	7/1/2022	134	Relias
Recovery - Adult	Danger to Self/Danger to Others: Telecare's Risk Assessment Training	This curriculum covers the importance of assessing and understanding risk to better predict behavior. Danger to Self/Danger to Others: Telecare's Risk Assessment Training discusses the Risk Assessment policies at Telecare. Participants will learn how to identify risk factors and implement interventions to reduce risk behaviors.	2 hours/Annually	Administration/Management; Direct Services: Contractors	7/1/2022	15	Relias
Recovery - Adult	Introduction to Co-Occurring Conditions	The module provides information about the substance use that often 'co-occurs' with a mental health diagnosis.	1 hour/Annually	Administration/Management; Direct Services: Contractors	7/1/2022	30	Relias
Recovery - Adult	Supporting Recovery & Change COEG 1	In this module you will learn ways to support and inspire the individuals who are receiving services in our programs. Specifically, you will learn: the meaning of several words frequently used in Telecare programs, including 'Recovery', 'Stigma', and 'Trauma'; about the 5 Awarenesses of Telecare's Recovery Centered Clinical System (RCCS); how these RCCS Awarenesses apply to your work with someone whose life has been impacted by mental illness and substance use; why it's hard for any of us to make a change in our lives; and how you can help when someone you're working with may (or may not) be considering a change in his life.	1 hour/Annually	Administration/Management; Direct Services: Contractors	7/1/2022	30	Relias
Recovery - Adult	Be Direct: A Safe Approach to Community Work	This online training course provides participants with knowledge and skills regarding how to remain safe while performing community work. Utilizing the eight components, staff will learn how to understand how to build and maintain a recovery partnership while keeping people safe.	1 hour/Annually	Administration/Management; Direct Services: Contractors	7/1/2022	32	Relias
Recovery - Adult	Motivational Interviewing	In this course, you will learn about the Motivational Interviewing approach to helping people discover their own desire and ability to make difficult changes. Motivational Interviewing (MI) is a way of communicating that draws out people's own thoughts and beliefs in order to help them resolve ambivalence about change. In addition to examining the underlying spirit of MI, you will learn specific skills and techniques that will support the MI processes of engaging, focusing, evoking, and planning with clients as they discover their own reasons for change. You will also learn about the varied settings in which MI is currently being practiced.	1.75 hours/Once	Administration/Management	7/1/2022	1	Relias

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Recovery - Adult	SBIRT: Screening and Interventions for Individuals with Substance Use Issues	Professionals in a variety of healthcare settings witness the consequences experienced by individuals who engage in excessive drinking or drug use. Integrating Screening and Brief Intervention and Referral for Treatment (SBIRT) in a general medical setting can provide early identification and treatment to individuals engaging in risky alcohol and substance use who many not be seeking services otherwise.	1.25 hours/Annually	Administration/Management; Direct Services: Contractors	7/1/2022	4	Relias
Cultural Competence	CHEI Cultural Humility Equity & Inclusion Committee	Trainings that spark celebrations, remembrances, and conversations around what makes our programs, teams, and members diverse.	1 hour/Annually	Administration/Management; Direct Services: Contractors	7/1/2022	48	Relias
Recovery - Adult	About Trauma Informed Care	Identify types of traumatic events and triggers that may be present. Describe ways to implement trauma informed care. Recognize the impact that a traumatic event can have on an individual.	1 hour/Annually	Direct Services: Contractors	7/1/2022	6	Relias
Cultural Competence	Becoming a Trauma Sensitive Workforce	This 4-hour training is focused on guiding staff on becoming a trauma sensitive workforce. The training focuses on the six key principles of a trauma informed systems approach including: Understanding Trauma & Stress; Safety & Stability; Compassion & Dependability; Cultural Humility & Responsiveness; Collaboration & Empowerment; and Resilience & Recovery.	4 hours/Once	Direct Services: Contractors	7/1/2022	1	Relias
Recovery - Adult	Boundaries in the Treatment Relationship	Recall the meaning of a therapeutic boundary and the difference between boundary crossings and boundary violations. Indicate how to avoid the red flags of boundary violations. Discuss current standards for use of social media and other technology pertaining to maintaining therapeutic boundaries.	1.25 hours/Annually	Administration/Management; Direct Services: Contractors	7/1/2022	17	Relias
Recovery - Adult	Caring for Caregivers: Supporting Individuals that are Supporting Others	Define compassion fatigue, burnout, moral injury, and vicarious trauma, and how each can impact caregivers. Explain methods for supporting resilience in clients who are caregivers. Describe instruments used when assessing for compassion fatigue, burnout, moral injury, vicarious trauma, and related behavioral health concerns. Identify effective approaches you can use to assist caregivers who are experiencing traumatic reactions.	1.25 hours/Annually	Direct Services: Contractors	7/1/2022	1	Relias
Recovery - Adult	CPI: Crisis Prevention Intervention 2nd Edition, Part 1 Online Course	Safety Training: CPI - Blended Learning: No Holding Skills	2.5 hours/Every 2 years	Administration/Management; Direct Services: Contractors	7/1/2022	5	Relias
Recovery - Adult	Telecare's Basic Behavioral Health (BBH): Anxiety Disorders and Recovery	There are five modules in Telecare's Basic Behavioral Health (BBH) Series. This course focuses on Anxiety Disorders and Recovery.	1 hour/Annually	Direct Services: Contractors	7/1/2022	2	Relias
Recovery - Adult	Telecare's Basic Behavioral Health (BBH): Intellectual and Developmental Disabilities (IDD) and Recovery	There are five modules in Telecare's Basic Behavioral Health (BBH) Series. This course focuses on Intellectual and Developmental Disabilities (IDD) and Recovery.	1 hour/Annually	Direct Services: Contractors	7/1/2022	3	Relias
Recovery - Adult	Telecare's Basic Behavioral Health (BBH): Mood Disorders and Recovery	There are five modules in Telecare's Basic Behavioral Health (BBH) Series. This course focuses on Mood Disorders and Recovery.	1 hour/Annually	Direct Services: Contractors	7/1/2022	3	Relias
Recovery - Adult	Telecare's Basic Behavioral Health (BBH): Personality Disorders and Recovery	There are five modules in Telecare's Basic Behavioral Health (BBH) Series. This course focuses on Personality Disorders and Recovery.	1 hour/Annually	Direct Services: Contractors	7/1/2022	1	Relias

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Recovery - Adult	Telecare's Basic Behavioral Health (BBH): Psychosis Disorders and Recovery	There are five modules in Telecare's Basic Behavioral Health (BBH) Series. This course focuses on Psychosis Disorders and Recovery.	1 hour/Annually	Direct Services: Contractors	7/1/2022	1	Relias
Recovery - Adult	Telecare's BE DIRECT Training: A Safe Approach to Community Work	This online training course provides participants with knowledge and skills regarding how to remain safe while performing community work. Utilizing the eight components, staff will learn how to understand how to build and maintain a recovery partnership while keeping people safe.	1 hour/Annually	Administration/Management; Direct Services: Contractors	7/1/2022	13	Relias
Recovery - Adult	Telecare's Danger to Self and Others (DTS-DTO) Risk Assessment Annual Refresher	Telecare's Risk Assessment Training Parts 1 & 2: The Suicide and Violence Screen, and Telecare's Risk Assessment Training Part 3: the SAFE-T 5-Step Assessment	0.5 hours/Annually	Direct Services: Contractors	7/1/2022	2	Relias
Recovery - Adult	Telecare's Introduction to Co-Occurring Conditions (COEG 2)	The module provides information about the substance use that often 'co-occurs' with a mental health diagnosis.	1 hour/Annually	Direct Services: Contractors	7/1/2022	6	Relias
Recovery - Adult	Telecare's Risk Assessment Part 3: The SAFE-T 5-Step Assessment	The purpose of the training is to better identify those at risk for suicide and violence in order to apply interventions to save lives, reduce injuries, and prevent violence.	1.5 hours/Annually	Direct Services: Contractors	7/1/2022	3	Relias
Recovery - Adult	Telecare's Risk Assessment Parts 1 & 2: The Suicide and Violence Screen	This e-learning module covers the suicide and violence screens, which are the first two parts of the 3-part Telecare Risk Assessment. Part 1 is the Columbia Suicide Severity Rating Scale, a suicide risk screen that uses plain-language questions that anyone can ask; and Part 2 is the Violence Severity Rating Scale, a violence screen that assesses someone's risk of harming others. This course is a prerequisite to Telecare's Risk Assessment Training Part 3: The SAFE-T 5-Step Assessment. Part 3 is intended for qualified risk assessors. It offers a comprehensive review of the SAFE-T 5-Step Assessment, a tool for assessing suicide and violence risk and determining interventions.	0.75 hours/Annually	Administration/Management; Direct Services: Contractors	7/1/2022	12	Relias
Recovery - Adult	Telecare's Screening, Brief Intervention and Referral to Treatment (SBIRT) Training	This three-part online training course provides participants with knowledge and skills regarding Screening, Brief Intervention, and Referral for Treatment (SBIRT). Utilizing the three components, Screening, Brief Intervention and Referral to Treatment, staff will learn the skills to reach individuals with substance use disorders and/or an unhealthy use of alcohol and drugs.	1 hour/Annually	Direct Services: Contractors	7/1/2022	3	Relias
Recovery - Adult	Telecare's Supporting Recovery and Change (COEG 1)	In this module you will learn ways to support and inspire the individuals who are receiving services in our programs. Specifically, you will learn: the meaning of several words frequently used in Telecare programs, including 'Recovery', 'Stigma', and 'Trauma'; about the 5 Awarenesses of Telecare's Recovery Centered Clinical System (RCCS); how these RCCS Awarenesses apply to your work with someone whose life has been impacted by mental illness and substance use; why it's hard for any of us to make a change in our lives; and how you can help when someone you're working with may (or may not) be considering a change in his life.	1 hour/Annually	Direct Services: Contractors	7/1/2022	8	Relias

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Recovery - Adult	The RCCS Conversations: Awakening Hope	This course is a part of Telecare's Recovery Centered Clinical System (RCCS), the framework that Telecare staff use to engage individuals in recovery services. The RCCS has five conversation areas to help engage staff with clients and begin building relationships that will support an individual's recovery journey. Staff at Telecare have these conversations using conversational tools intended to help re-awaken hope and resume an individual's recovery journey.	0.5 hours/Annually	Direct Services: Contractors	7/1/2022	8	Relias
Recovery - Adult	The RCCS Conversations: Choice-Making	his course is a part of Telecare's Recovery Centered Clinical System (RCCS), the framework that Telecare staff use to engage individuals in recovery services. The RCCS has five conversation areas to help engage staff with clients and begin building relationships that will support an individual's recovery journey. Staff at Telecare have these conversations using conversational tools intended to help re-awaken hope and resume an individual's recovery journey. Steering in the right direction is critical for a journey. In recovery, an individual's choices helps steer one in the right direction. However, many of the individuals served at Telecare have had choices made for them for many years. Their skill in learning how to make choices has been lost. Using a structure called SOAR (Situation, Options, Action, Review), staff will learn how to learn to teach clients the skill of making choices and reviewing the outcomes of their choices.	0.5 hours/Annually	Direct Services: Contractors	7/1/2022	6	Relias
Recovery - Adult	The RCCS Conversations: Exploring Identity	This course is a part of Telecare's Recovery Centered Clinical System (RCCS), the framework that Telecare staff use to engage individuals in recovery services. The RCCS has five conversation areas to help engage staff with clients and begin building relationships that will support an individual's recovery journey. Staff at Telecare have these conversations using conversational tools intended to help re-awaken hope and resume an individual's recovery journey. Like any journey, we need a vehicle of some sort to take us there. In recovery, that vehicle is who we are. Conversations that help individuals explore their identity can be the beginning of the re-awakening of possibilities and a meaningful future. Learners of this module will identify how to guide an individual in describing their identity now and in the future, explore their unique and guiding values and tell their story to reveal their strengths and resilience.	0.5 hours/Annually	Direct Services: Contractors	7/1/2022	7	Relias
Recovery - Adult	The RCCS Conversations: Making Connections	This course is a part of Telecare's Recovery Centered Clinical System (RCCS), the framework that Telecare staff use to engage individuals in recovery services.	1 hour/Annually	Direct Services: Contractors	7/1/2022	11	Relias

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Recovery - Adult	The RCCS Conversations: Reducing Harm	his course is a part of Telecare's Recovery Centered Clinical System (RCCS), the framework that Telecare staff use to engage individuals in recovery services. The RCCS has five conversation areas to help engage staff with clients and begin building relationships that will support an individual's recovery journey. Staff at Telecare have these conversations using conversational tools intended to help re-awaken hope and resume an individual's recovery journey. When individuals reduce harm in their lives it helps them stay on course in their recovery. The conversations titled My Past Hurts, My Resilience, My Strengths, My Triggers and My Readiness all help individuals understand their unique strengths and how to recognize and reduce personal risk as they move forward. Learners of this module will identify the basics of Dialectical Behavior Therapy and how to teach mood regulation skills to individuals to increase their mindfulness and decrease harm in their lives.	1 hour/Annually	Direct Services: Contractors	7/1/2022	8	Relias
Recovery - Adult	Vicarious Trauma and Staff Resiliency Training	In this 3-hour training, we will learn to recognize the effects of vicarious trauma we, as staff, experience. We'll also learn a framework for understanding how it affects us. We will maintain a focus on building staff resiliency as we explore research-defined dimensions of resiliency and devote a significant amount of time to connecting and healing. This is an interactive session which includes breakout rooms, work in pairs, didactic learning and handouts.	3 hours/Once	Direct Services: Contractors	7/1/2022	4	Relias
Cultural Competence	Customer Service in Behavioral Health Part 1	Developing relationships with clients by treating them with dignity and respect	1 hour/Annually	Administration/Management; Direct Services: Contractors; Support Services	7/5/2022	24	My Learning Point
Cultural Competence	Diversity in the Workplace	The diverse effects of culture and society on mental health, mental illness, and mental health services.	1 hour/Annually	Administration/Management; Direct Services: Contractors	7/5/2022	25	My Learning Point
Resiliency - Youth	Trauma and Anxiety: Neurobiology and Best Practices	Helping clients manifest resilience in the aftermath of traumatic experiences.	1 hour/Annually	Direct Services: Contractors	7/5/2022	2	My Learning Point
Resiliency - Youth	Question, Persuade, Refer	EBP Suicide Prevention Training	10 hours/Annually	Administration/Management; Direct Services: Contractors	7/5/2022	28	My Learning Point
Resiliency - Youth	Trauma-focused CBT	Training on trauma-informed care and specific EBP for treating trauma in youth	16 hours/Annually	Direct Service: Contractors; Community Members/General Public	7/7/2022	54	Brandi Liles, PhD; Dawn Blacker, PsyD
Cultural Competence	Cultural Awareness	Topics in cultural competency	1 hour/Annually	Administration/Management; Direct Services: Contractors	7/7/2022	23	Neng Vang
Cultural Competence	Rights of Residents in SUD Facilities History of DMC	History of DMC-ODS residents rights; stigma and bias; grievances and appeals; collaboration with providers	1 hour/Once	Administration/Management; Direct Services: Contractors	7/7/2022	6	JFS Patients Advocacy Program
Resiliency - Youth	Re-imagining Connection Through An Infant Mental Health Lens	Overview of social factors relevant in supporting infant mental health	1 hour/Annually	Administration/Management; Direct Services: Contractors; Support Services	7/8/2022	13	Richelle Long, PhD
Cultural Competence	Cultural Humility LGBTQ+ training	<ul style="list-style-type: none"> Sexual Orientation, Gender Identity and Gender Expression (SOGIE) Pronouns and gendered language LGBTQ+ health disparities and barriers to access Transgender, gender diverse and intersex clients Best practices for diversity, equity, and inclusion 	1 hour/Once	Administration/Management; Direct Services: Contractors; Support Services	7/13/2022	80	Alexis Sanchez

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Recovery - Adult	ATOD: Advanced Issues in Substance Abuse Treatment	This training focuses on supporting individuals with substance issues	3 hours/Annually	Administration/Management; Direct Services: Contractors	7/13/2022	7	Dr. Smith
Cultural Competence	Partnership Health Plan Cultural Competency Training	Cultural competency for providers	1 hour/Annually	Administration/Management; Direct Services: Contractors	7/13/2022	4	Online Training
Resiliency - Youth	Crisis De-escalation Strategies	Skills and best practices for de-escalating a client crisis situation	1 hour/Annually	Direct Services: Contractors	7/13/2022	3	My Learning Point
Recovery - Adult	Customer Service/Americans with Disabilities Act (ADA)	Customer Service in substance use disorder treatment, addressing ADA	1 hour/Annually	Administration/Management; Direct Services: Contractors	7/14/2022	28	Marshall Stenson
Cultural Competence	Development LGBTQ+	Supporting identity formations for adolescents and young adults	8 hours/Annually	Administration/Management	7/15/2022	1	Training for Adoption Competency
Cultural Competence	Autism Spectrum – The Personal Experience	Autism Spectrum – The Personal Experience	1.5 hours/Once	Administration/Management	7/16/2022	1	My Learning Point
Cultural Competence	Culturally Respectful & Relevant Services	Cultural Competence Training	3 hours/Annually	Direct Services: Contractors	7/18/2022	14	Maria Ramirez, Jennifer Wong
Cultural Competence	Self-Assessment for Modification of Anti-Racism Tool (SMART)	A tool to provide metrics specific to disparity, inequity in MH, build cultural competency.	1 hour/Once	Direct Services: Contractors	7/19/2022	1	College of Behavioral Health
Recovery - Adult	ASAM	Cultural considerations in substance use treatment	5 hours/Once	Administration/Management; Direct Services: County Staff	7/22/2022	5	ASAM
Cultural Competence	Cultural Responsiveness in Clinical Practice	As a healthcare professional, you have undoubtedly worked with individuals from many different cultures. However, you may or may not be aware of the impact that a person's culture can have on overall health and well-being. In this course, you will learn how culturally responsive practice can have a positive effect on your service delivery. This training introduces you to several models to enhance your communication with individuals from a range of diverse backgrounds. You will also learn about cultural barriers to treatment, several health belief systems, and factors to consider in a culturally responsive assessment. It is worth noting that culture is always at play, regardless of the healthcare provider's capacity to recognize and/or respond to it appropriately.	1.5 hours/Once	Administration/Management; Direct Services: Contractors	7/22/2022	11	Relias eLearning
Resiliency - Youth	Addictions: Adolescent Addiction Part 1 (R)	Addictions: Adolescent Addiction Part 1 (R)	1 hour/Annually	Direct Services: Contractors	7/25/2022	2	My Learning Point
Resiliency - Youth	Addictions: Adolescent Addiction Part 2 (R)	Addictions: Adolescent Addiction Part 2 (R)	1 hour/Annually	Direct Services: Contractors	7/25/2022	1	My Learning Point
Resiliency - Youth	Addictions: Motivational Interviewing - An Introduction	Addictions: Motivational Interviewing - An Introduction	1 hour/Annually	Direct Services: Contractors	7/25/2022	1	My Learning Point
Cultural Competence	Cultural Competency	5 Key Elements of Cultural Competency in an individual: 1. Awareness and acceptance of difference 2. Awareness of own cultural values 3. Understanding the dynamics of difference 4. Development of cultural knowledge 5. Ability to adapt practice to the cultural context of the client	3 hours/Quarterly	Administration/Management; Direct Services: Contractors; Support Services	7/26/2022	24	Shelley Keeble and Ebony Chambers
Cultural Competence	Latinx Cultural Considerations	Cultural humility; important common practices and factors to consider when working with Latinx families	2 hours/Annually	Direct Services: Contractors; Support Services	7/26/2022	11	Karina Muro, PhD

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Cultural Competence	Bridging the Diversity Gap	Recent movement toward diversity, equity, and inclusion (DEI) is encouraging for historically overlooked individuals. It brings a variety of frequently ignored perspectives and experiences, but it has also uncovered the depth of implicit biases. Biases are among the most significant factors for healthcare. This course presents the impact of implicit biases and other forms of discrimination on the provision of healthcare, as well as best practices to reduce implicit bias. The goal of this course is to provide healthcare employees with training about implicit bias in healthcare.	0.4 hours/Once	Administration/Management; Direct Services: Contractors	7/26/2022	3	Relias eLearning
Cultural Competence	Training Academy: Week 09 - Day 1 Increasing Cultural Awareness	Participants will learn the definition of culture and be able to define their own cultures, become familiar with a cultural awareness of working with the unhoused and underserved populations, become familiar with ways to decrease the stigma around living with a mental health diagnosis, learn that cultural humility is one construct for understanding and developing a process-oriented approach to competency, be educated around discrimination, racism, implicit and explicit bias with regard to age, gender, differently abled, religion, sexual orientation, etc., and be introduced to the Cultural Formulation Interview found in the back of the DSM.	3 Hours/Biannually	Administration/Management; Direct Services: Contractors	7/26/2022	27	Preeya Roe, LCSW
Navigating Systems - Youth	Working with Systems Involved Youth: General Overview	Understanding the justice system and actors relevant in treating youth who are involved	1 hour/Annually	Direct Services: Contractors; Support Services	7/27/2022	10	Tori Galvez, PsyD
Resiliency - Youth	Dialectical Behavior Therapy	Introduction to DBT	1 hour/Once	Administration/Management; Direct Services: Contractors	7/27/2022	3	My Learning Point
Recovery - Adult	Non-Violent Crisis Intervention - CPI: Crisis Prevention Intervention	This course is a safe and effective behavior management system designed to help human service professionals provide for the best care, welfare, safety, and security of disruptive, assaultive, and out-of-control individuals—even and especially during their most violent moments. LEARNING OBJECTIVES • Identify the behavior levels that contribute to the development of a crisis and choose an appropriate staff intervention for each level.	6 hours/Every 2 years	Administration/Management; Direct Services: Contractors	7/28/2022	60	Sydney Muns
Family Focused - Youth	Providing Assessment Feedback and Welcome Session	How to provide psychoeducation on psychosis to diverse clients accessing care for the first time	5.5 hours/Annually	Direct Services: Contractors	7/29/2022	6	Laura Tully, PhD; Sabrina Ereshefsky, PhD
Navigating Systems - Youth	Chemical Dependency and Substance Abuse: The Disorder and Its Treatment	Chemical Dependency and Substance Abuse: The Disorder and Its Treatment	15 hours/Once	Direct Services: Contractors	7/30/2022	2	My Learning Point
Cultural Competence	Human Sexuality: Diverse Populations-Diverse Considerations	Human Sexuality: Diverse Populations-Diverse Considerations	10 hours/Once	Direct Services: Contractors	7/30/2022	2	My Learning Point
Cultural Competence	Working more effectively with LGBTQ+ Community	Practice more affirmatively by addressing behavioral health needs of the LGBTQ populations	2 hours/Annually	Support Services	7/30/2022	80	Relias (online training)
Cultural Competence	Training Academy: Week 10 - Day 2 Increasing Cultural Awareness	Participants will learn about the LGBTQIA+ communities, learn the language used by the LGBTQIA+ communities to include appropriate pronouns, learn about gender: identity, expression, assignment at birth, physical attraction to and emotional attraction to, and learn how to work with members in an affirming way	3 Hours/Biannually	Administration/Management; Direct Services: Contractors	8/2/2022	44	Stephanie Wilson, AMFT, APCC

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Cultural Competence	Equity in Inpatient Mental Health Safety for Transgender Nonconforming Patients	Discuss current conditioned bias in facilities; Rights of individual; Trauma	3 hour/Once	Administration/Management; Direct Services: Contractors	8/3/2022	8	California Office of Patients Rights
Resiliency - Youth	Adolescent Depression and Suicide	Adolescent Depression and Suicide	1.5 hours/Once	Direct Services: Contractors	8/3/2022	2	My Learning Point
Cultural Competence	Creating a Dialogue on Culture	Discussion on framework of cultural humility in conceptualizing the mental health needs of children and families	1.5 hours/Annually	Administration/Management; Direct Services: Contractors	8/4/2022	16	Michele Ornelas Knight, Psy.D
Cultural Competence	Systemic Racism and Structural Racialization: Examining the Impact of Behavioral Health Disparities	Eliminating Inequity Training Series	1.5 hours/Annually	Direct Services: Contractors	8/5/2022	2	Sacramento Children's Home
Resiliency - Youth	Trauma-Focused CBT	Pre-treatment assessment; psychoeducation; engagement of families and caregivers; skills and strategies to teach children and families relaxation; affective expression; and cognitive coping, in addition to processing of specific and complex traumas.	12 hours/Once	Direct Services: Contractors	8/8/2022	6	Brandi Hawk and Daniela Barrera-Barajas, UC Davis
Cultural Competence	Talking About Race and Racism with Clients: Challenges, Benefits & Strategies for Fostering Meaningful Dialogue	Strategies for increase skills to effectively engage in conversations about race with their clients that is healing, and ultimately, promotes racial equity.	1.5 hours/Once	Direct Services: Contractors	8/8/2022	1	Adele James, Gloria Morrow, Alice Washington, CIBHS
Cultural Competence	Talking About Race and Racism with Clients: Challenges, Benefits & Strategies for Fostering Meaningful Dialogue	Strategies for increase skills to effectively engage in conversations about race with their clients that is healing, and ultimately, promotes racial equity.	1.5 hours/Once	Direct Services: Contractors	8/8/2022	1	Adele James, Gloria Morrow, Alice Washington, CIBHS
Recovery - Adult	Strengths Model Case Management Training	Builds upon the client's strengths, specifically seeing the client as resourceful and resilient	4 hours/Once	Direct Services: Contractors	8/9/2022	27	Ally Mabry & Rick Gosha
Resiliency - Youth	Addictions: Suicide and Substance Use Disorders (R)	Addictions: Suicide and Substance Use Disorders (R)	1 hour/Annually	Direct Services: Contractors	8/9/2022	1	My Learning Point
Cultural Competence	Commercially Sexually Exploited Children and Youth 101	Strategies for assessing, engaging CSEC youth, interventions and resources.	3 hours once	Administration/Management; Direct Services: Contractors; Support Services	8/9/2022	24	Chanel Du Plessis, Monica Turner @ Capital Stars
Cultural Competence	LGBTQ 101	Understanding LGBTQ populations and proper pronoun use	1 hour/Once	Administration/Management; Direct Services: County Staff; Direct Services: Contractors; Support Services	8/10/2022	12	Alexis Sanchez
Family Focused - Youth	Family Psychoeducation: A model for Supporting Consumers	Psychoeducation practice principles and steps to support clients	2 hours/Once	Administration/Management	8/10/2022	1	My Learning Point
Recovery - Adult	Wellness Recovery Action Plan (WRAP)	Wellness Recovery Action Plan (WRAP) is a simple and powerful process for creating the life and wellness you want.	16 hours/Quarterly	Direct Services: Contractors; Support Services; Community Members/General Public	8/11/2022	22	Maksim Tsymbal and Robert Salinas
Cultural Competence	Out of the Mouths of White Children: Sharing, Caring, and the Curriculum of Whiteness	Training on how race perception develops and how to address system issues maintaining ideas of white superiority	1 hour/Annually	Administration/Management; Direct Services: Contractors; Support Services	8/12/2022	10	Lindsay Olson, PsyD
Resiliency - Youth	Coping Cat	Cognitive-behavioral treatment to reduce anxiety disorder in children and youth	4 hours/Bi-annually	Administration/Management; Direct Services: Contractors	8/12/2022	23	ROCC - Tina Traxler

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	River Oak Child Abuse Mandated Reporter Booster	Reviews mandated reporter requirements and various cultural practices to avoid inaccurate reporting	2 hours/Quarterly	Administration/Management; Direct Services: Contractors; Support Services	8/12/2022	48	ROCC- Tina Traxler
Cultural Competence	Confronting Your Assumptions	Defines what assumptions are, describes how different kind of assumptions may be changed, and covers the importance of seeking out other people's perspective	20-30 minutes/Annually	Support Services	8/13/2022	80	Relias (online training)
Cultural Competence	The Importance of Parent/Child Attachment in Latino Community	The Importance of Parent/Child Attachment in Latino Community	2 hours/One time	Direct Services: County Staff	8/15/2022	2	IDA California
Recovery - Adult	Narcan Saves Life	The impact of opioid and how to start discussion to promote safety - Once we bring clients to the safe spot we can encourage for harm reduction and carrying Narcan	1 hour/Every other quarter	Administration/Management; Direct Services: Contractors	8/18/2022	20	Michelle Besse
Family Focused - Youth	River Oak - Vicarious Trauma & Compassion Fatigue	River Oak - Vicarious Trauma & Compassion Fatigue	6 hours/Quarterly	Administration/Management; Direct Services: Contractors	8/19/2022	13	ROCC- Betty Knight
Recovery - Adult	RCCS Basics	Telecare staff are introduced to the basic history and development of Telecare's Recovery Centered Clinical System and how each member of a team can contribute to creating and developing a program culture that in-of-itself is a primary intervention. Participants are introduced to the five Awarenesses of the program culture as well as the five Conversations of the RCCS. The course covers concepts and skills that support recovery-oriented services in mental health care. Format includes short lectures, interactive discussions, and hands-on practice.	4 hours/One Time	Direct Services: Contractors	8/19/2022	1	Maxine Yuen
Recovery - Adult	Trauma Informed Care	How do we become a more trauma informed agency	5.5 hours/Once	Direct Services: Contractors	8/30/2022	6	Lisa Friederiksen & K. Brockopp
Cultural Competence	Understanding the Community We Service	Discussion on demographics of clients served in Sacramento County from a cultural perspective integrating the MH Pathways service model	1.5 hours/Annually	Administration/Management; Direct Services: Contractors	9/1/2022	16	Michele Ornelas Knight, Psy.D
Recovery - Adult	Trauma-Informed CBT for Psychosis	Training on trauma-informed care for adults with psychosis and specific treatment for treating trauma in youth	6 hours/Annually	Direct Service: Contractors	9/2/2022	6	Dawn Blacker, PsyD; Laura Tully, PhD; Tori Galvez, PsyD
Recovery - Adult	Parents Who Are CPS-Involved	Special circumstances of substance use disorder patients involved in CPS	1 hour/Annually	Direct Services: Contractors	9/8/2022	14	John Durbin
Cultural Competence	Gender & Sexuality 101: Part 1	What does LGBTQIA+ mean? How does someone know they are transgender? We will focus on defining and exploring gender identity, gender expression, and how to use inclusive language.	2 hours/Annually	Administration/Management; Direct Services: Contractors	9/14/2022	34	Kenna Cook
Family Focused - Youth	Prevention Suicides: Supporting the Teens in Your Life	Presenter will share how parents and caring adults can identify warning signs of mental health crisis and suicide, communicate with teens about suicide prevention, and encourage teens to seek help.	1 hour/Once	Administration/Management	9/15/2022	1	Dr. Kiara Alvarez
Resiliency - Youth	TF-CBT Training	Concepts and techniques of TF-CBT to resolve trauma	10 hours/Annually	Direct Services: Contractors	9/16/2022	5	Medical University of South Carolina (online)
Resiliency - Youth	Psychotropic Medications with Children and Youth	Developing an understanding of various categories of medication and their use with children and youth	2 hours/Annually	Direct Services: Contractors	9/16/2022	1	Dr. Stewart Teal
Resiliency - Youth	PC-CARE Trauma Informed Care Training	Using PC-CARE as a trauma-informed training and how to incorporate trauma-informed practices	1 hour/Once	Direct Services: Contractors	9/20/2022	1	Awk and Daniela Barrera-Barajas, UCD
Family Focused - Youth	Opioid Pandemic and Impact on Families	Early interventions and preventions to prevent risk of death. How does Harm Reduction can be practiced at family and professional sites.	1 hour/Once (at hire) and as needed	Administration/Management; Direct Services: Contractors	9/22/2022	24	Severine Hollingsworth
Resiliency - Youth	River Oak Transition to Independence Program (TIP) Model Orientation and Training	Engage youth in their own futures planning process. Prepares and facilitates their independence and self-reliance.	1 hour/Bi-annually	Direct Services: Contractors	9/22/2022	3	ROCC- Noelani Villaseñor

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Navigating Systems - Youth	Improving Pathways to Care for Individuals Experiencing Early Psychosis	Research on facilitators and barriers to psychosis care among traditionally underserved populations	1 hour/Annually	Administration/Management; Direct Services: Contractors; Support Services	9/23/2022	12	Mark Savill, PhD
Cultural Competence	Cultural Competence	Understanding difference in culture and becoming more culturally competent	30 minutes/Annually	Support Services	9/24/2022	80	Relias (online training)
Recovery - Adult	Trauma Informed Care	How do we become a more trauma informed agency	5.5 hours/Once	Direct Services: Contractors	9/27/2022	4	Lisa Friederiksen & K. Brockopp
Cultural Competence	Radical Racial Stress and Trauma Part 1	Understanding & confronting systemic racism	4 hours/Once	Administration/Management; Direct Services: Contractors; Support Services	9/28/2022	51	Dr. Kristee Haggins
Cultural Competence	Gender & Sexuality 101: Part 2	We will focus on defining the terms for sexual and romantic attraction, the positive impacts of affirming adults, and resources for supporting the LGBTQIA+ community	2 hours/Annually	Administration/Management; Direct Services: Contractors	9/28/2022	33	Kenna Cook
Family Focused - Youth	Fentanyl Communications: Overcoming Overdose Misconceptions No One is Talking About	False depictions of the realities of a fentanyl overdose, how to identify the signs of an overdose, how quickly fentanyl overdose can happen & what to do if it does occur, research and evidence-based behavior change strategies for effective fentanyl overdose awareness messaging, misconceptions and shortcomings of media's depiction of overdose, and tailoring communications to be credible and responsive to youth and young adult's current knowledge.	1 hour/Once	Administration/Management	9/28/2022	1	Penny Norman
Cultural Competence	Crisis Intervention of Individuals with Disabilities	How crisis occurs and general strategies to manage	0.75 hours/Once	Direct Services: Contractors	10/1/2022	5	Katy Kunst MBA QIDP
Cultural Competence	Understanding and Addressing Racial Trauma	5 impacts of racial trauma implicit bias and its impact as it affects treatment	1.5 hours/Once	Administration/Management; Direct Services: Contractors	10/1/2022	2	Stephanie Furness Kraft LCSW CCTP
Cultural Competence	Community Inclusion	Define community integration, inclusion, and recovery.	1.25 hours/Once	Direct Services: Contractors	10/1/2022	2	Barry Delquist MSW, CPRP
Cultural Competence	Cultural Competence	To become more knowledgeable about other cultural norms effectively communicate	0.5 hours/Once	Administration/Management; Direct Services: Contractors	10/1/2022	4	Benjamin Reese Jr. PSY D
Cultural Competence	Cultural Competence Training	Cultural Competence Cultural Awareness Training	4 hours/Annually	Administrative/Management; Direct Services: Contractors	10/1/2022	29	Relias (online training)
Cultural Competence	Special Education Considerations	Understanding the needs of special education clients and appropriate considerations	2 hours/Annually	Administration/Management; Direct Services: Contractors	10/5/2022	25	ROCC- Mary Bush
Cultural Competence	Race, Racial Trauma & Racial Socialization Parts 1 & 2	Defining and understanding the impact of racial trauma on children and families and the importance of assessment and tailoring treatment interventions to address it.	3 hours/Annually	Administration/Management; Direct Services: Contractors;	10/6/2022	32	Michele Ornelas Knight, Psy.D
Family Focused - Youth	Impact of Youth Substance Use on the Adolescent Brain	This training will highlight the incredible work community coalitions and school officials do to transform the lives of young people through prevention. To kick-off the month, ONDCP invites you to participate in a webinar titled "Understanding the Impact of Youth Substance Use on the Adolescent Brain" by Dr. Ruben Baler from the National Institute on Drug Abuse (NIDA).	1 hour/Once	Administration/Management	10/6/2022	1	Dr. Ruben Baler
Recovery - Adult	Wellness Recovery Action Plan (WRAP)	Wellness Recovery Action Plan (WRAP) is a simple and powerful process for creating the life and wellness you want.	16 hours/Quarterly	Direct Services: Contractors; Support Services; Community Members/General Public	10/6/2022	20	Maksim Tsymbal and Robert Salinas
Resiliency - Youth	Advanced TFCBT: Tips for Trauma Narration and Cognitive Processing	Strategies for cognitive processing in the narrative portion of TFCBT	8 hours/Once	Direct Services: Contractors	10/6/2022	2	Brandi Hawk and Dawn Blacker, UC Davis

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Family Focused - Youth	Domestic Violence Effects on Children: Building Resilience	Psychoeducation regarding impact DV has on children and strategies for reinforcing resilience	2 hours/Once	Direct Services: Contractors	10/7/2022	4	Christina McQuillan with the Central Coast Family Violence Prevention Initiative
Cultural Competence	Latinx Cultures	Discussion of values/traditions and practices	1.5 hours/Annually	Administration/Management; Direct Services: Contractors;	10/12/2022	16	Michele Ornelas Knight, Psy.D
Recovery - Adult	Recovery Orientation With a Strength Based Approach	Recovery oriented approaches to ensure client receiving appropriate and trauma informed care.	1hr/Monthly	Administration/Management; Direct Services: Contractors	10/12/2022	26	Sunjung Cho
Cultural Competence	Challenges and Rewards of Culturally Informed Approaches to Mental Health	Focuses on the challenges that can come into client care when we do not do our work with a cultural lense.	2 hours/Annually	Administration/Management; Direct Services: Contractors	10/13/2022	43	Dr. Robertson
Cultural Competence	New Developments in Intergenerational Transmission in Psychiatry	Discussion of inter-generational trauma child trauma assessment and treatment	1 hour/Annually	Administration/Management; Direct Services: Contractors; Support Services; Community Members/General Public	10/14/2022	40	Christiane Duarte, PhD
Cultural Competence	English Acquisition for Refugees	Things teachers need to know while teaching English to refugees	4 hours/One time with new hires	Support Services	10/17/2022	1	Neveen Ali
Cultural Competence	Crisis Intervention: What's Going On & How to Help When There is Racial & Community Trauma	Effective assessment strategies and brief interventions to address crisis situations.	1 hour/Annually	Administration/Management	10/19/2022	1	My Learning Point
Navigating Systems - Youth	System Navigation Training	Overview of the SAFE Program @ the CAPS Clinic	1 hour/Annually	Administration/Management; Direct Services: County Staff; Direct Services: Contractors; Support Services	10/20/2022	20	Andrea Housley
Cultural Competence	Cultural Competency	5 Key Elements of Cultural Competency in an individual: 1. Awareness and acceptance of difference 2. Awareness of own cultural values 3. Understanding the dynamics of difference 4. Development of cultural knowledge 5. Ability to adapt practice to the cultural context of the client	3 hours/Quarterly	Administration/Management; Direct Services: Contractors; Support Services	10/21/2022	18	Ebony Chambers and Debbie Wender
Recovery - Adult	Substance Use	Alcohol and other drugs (AOD) and harm reduction	3 hours/Once	Direct Services: Contractors	10/21/2022	10	William Schneider
Cultural Competence	International Human Trafficking and Social Justice Conference 2022	Risks, resiliencies and intervention associated with human trafficking	8 hours/Once	Direct Services: County Staff	10/21/2022	1	Multiple presenters
Cultural Competence	An Introduction to Cultural and Linguistic Competency	Learn what culture has to do with behavioral health care	1 hour/Annually	Administration/Management; Direct Services: Contractors	10/25/2022	2	Online
Navigating Systems - Youth	Coaching Institute for Supervisors	The model of coaching discussed in this training is skills-based, and focused on improved practices which leads to improved outcomes for the diverse populations we serve	11 hours/Annually	Administration/Management	10/25/2022	6	UC-D Continuing Education; Peggi Cooney, Tammy Sandoval
Recovery - Adult	Trauma Informed Care	How do we become a more trauma informed agency	5.5 hours/Once	Direct Services: Contractors	10/25/2022	18	Lisa Friederiksen & K. Brockopp
Cultural Competence	Overcoming Barriers to LGBTQ +	Concerns of LGBTQ+ communities concerning behavioral health needs specific road blocks and affirming access to services; Delivery of care in a culturally competent manner; Care in the Federally Qualified Health Care (FQHC)	1.5 hours/Once	Administration/Management; Direct Services: Contractors	10/26/2022	5	Stephanie Furness Kraft LCSW CCTP
Resiliency - Youth	Human Trafficking Webinar Series - Protecting Young People from Online Exploitation	Education regarding trafficking and strategies for knowing warning signs, protective factors and boundaries	1.5 hours/Once	Direct Services: Contractors; Support Services	10/26/2022	6	NCSSLE

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Resiliency - Youth	Building Resilience in the Face of Trauma	Strategies for identifying protective factors, creating natural supports and reinforcing resilience	3 hours/Once	Direct Services: Contractors; Support Services	11/1/2022	3	Amy Groessl, Sacramento County BHS
Cultural Competence	Refugee Intake and Case Management	Overview of the process to enroll refugees in support services	2 hours/One time with new hires	Support Services	11/2/2022	2	Amira Kotb
Cultural Competence	Refugee Intake and Case Management	Overview of the process to refer refugees to culturally sensitive providers	2 hours/One time with new hires	Support Services	11/2/2022	2	Rima Karzon
Cultural Competence	Refugee Service Tracking and Documentation	Overview of the process to track and document refugee services	2 hours/One time with new hires	Support Services	11/3/2022	2	Amira Kotb
Cultural Competence	"Understanding Trauma and African American Cultural Norms"	Review of adverse childhood experiences/impact in the black community	2.5 hours/Once	Administration/Management; Direct Services: Contractors; Support Services	11/3/2022	8	John Still Elementary
Resiliency - Youth	Assessment, Treatment and Discharge Planning	Importance of a cohesive, culturally sensitive approach to the treatment process from intake to discharge.	7 hours/Annually	Administration/Management; Direct Services: Contractors	11/4/2022	31	Gary Suits, LCSW
Cultural Competence	Patient Cultural Competency for Non-Providers	Delivery of care in a cultural competent manner	1 hour/Once	Direct Services: Contractors	11/7/2022	1	David Wagoner M.H.C.M
Cultural Competence	Understanding and Minimizing Cultural Bias for Paraprofessionals	Evaluate the impact of stigma	1 hour/Once	Direct Services: Contractors	11/8/2022	1	Bryn Davis CPC MAC
Cultural Competence	Cultural Competency - Working with Hmong Families	Strategies for providing cultural competent services within the Hmong Community	1 hour/Once	Administration/Management; Direct Services: Contractors; Support Services	11/8/2022	26	Metta Xiong, Hmong Youth and Parents United
Cultural Competence	Comparison of Mother's Perceptions and Treatment	Discussion of youth internalizing symptoms in a cross-cultural context	1.5 hours/Annually	Administration/Management; Direct Services: Contractors; Support Services	11/9/2022	48	Yen-Ling chin, Pre-Doctoral Intern
Cultural Competence	Providing 2SLGBTQIA+ Youth Equitable Care	Understanding challenges faced by 2SLGBTQIA+ diverse youth and provide equitable care provision	2 hours/Once	Direct Services: County Staff	11/10/2022	1	Judah Joslyn
Resiliency - Youth	Assessment, Treatment and Discharge Planning	Importance of a cohesive, culturally sensitive approach to the treatment process from intake to discharge.	7 hours/Annually	Direct Services: Contractors	11/11/2022	22	Gary Suits, LCSW
Resiliency - Youth	River Oak - Co-Occurring Disorders & Drug Trends	River Oak - Co-Occurring Disorders & Drug Trends	4 hours/Bi-annually	Administration/Management; Direct Services: Contractors	11/15/2022	7	ROCC- Rene Oliver
Cultural Competence	Diverse Clients and Their Needs	Providing culturally congruent services to both families, youth, and adult, as evidenced by appropriate coping skills and resources.	1 hour/Monthly	Administration/Management; Direct Services: Contractors	11/16/2022	14	Sunjung Cho
Recovery - Adult	Clinical Assessment: Strengths and Challenges for API clients	Better understanding of assessment and phases of treatment for API clients	3 hours/Annually	Administration/Management, Direct Services: Contractors	11/17/2022	12	Jeannette Setiawan, LMFT Beverly Johnson, LCSW
Navigating Systems - Youth	Mental Health Services in Sacramento County	Overview of treatment programs in Sacramento County	1 hour/Annually	Direct Services: Contractors; Support Services	11/18/2022	12	Josephine Lumaquin, Andy Aguilar, Dan Shapiro, PhD
Cultural Competence	Homework Assistance for Refugees	Things teachers need to know while providing academic support to middle and high school refugees	4 hours/One time with new hires	Support Services	11/18/2022	1	Neveen Ali
Cultural Competence	Youth Mentoring for Refugees	Designing mentorship programs for refugee youth	4 hours/One time with new hires	Support Services	11/18/2022	2	Neveen Ali

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Cultural Competence	A Culture-Centered Approach to Recovery	Welcome to the course, A Culture-Centered Approach to Recovery. In this course, you will learn about the values, beliefs, and principles that are the foundation of psychosocial rehabilitation and recovery-oriented practice. This training describes the many ways in which culture is central, not peripheral, to recovery. In addition, it includes a review of the many dimensions of culture, the impact of worldview on psychosocial rehabilitation (PSR) practice, as well as the steps to becoming a culturally competent service provider. You will complete exercises that will help you to explore your own culture and worldview, as well as identify biases that could impact your relationships with others.	1 hour/Once	Administration/Management; Direct Services: Contractors	11/19/2022	3	Relias eLearning
Cultural Competence	Lived Experience Panel	Three peer clinicians describing the role of the peer and the experience of living with or supporting a loved one with psychosis	1 hour/Annually	Administration/Management; Direct Services: Contractors; Support Services	11/28/2022	13	Stephanie Rivera, Josephine Lumaquin, Andy Aguilar
Cultural Competence	Influence of Culture on Care in Behavioral Health for Paraprofessionals	What cultural competent care entails identify ways cultural, racial, and ethnic variations are associated with health disparities	1.5 hours/Once	Administration/Management	11/30/2022	1	Bryn Davis CPC MAC
Cultural Competence	Refugee Mental Health	Screening refugees' mental health	2 hours/One time with new hires	Support Services	12/2/2022	2	Dr. Hammad Khan
Cultural Competence	Your Role in Workplace Diversity	Explore strategies to help you become aware of your attitude towards diversity, increase your acceptance of diverse culture, people, and ideas	30 minutes/Annually	Support Services	12/3/2022	80	Relias (online training)
Resiliency - Youth	DBT Certification	Teaching theory and techniques of DBT for certification	21 hours/Annually	Direct Services: Contractors	12/6/2022	6	Lane Peterson; PESI
Recovery - Adult	Peer Support with Co-occurring Disorders	Recovery support co-occurring disorders	0.13 hours/Once	Direct Services: Contractors	12/6/2022	3	Jennifer Niles
Cultural Competence	Cultural Responsiveness	Psychoeducation on increasing personal awareness of bias and privilege in the workplace, increasing an ability to approach the workplace and population served through an improved lense of cultural responsiveness.	4 hours/Once	Direct Services: Contractors	12/6/2022	1	Linda Ray, Sacramento Children's Home
Cultural Competence	Youth (in)Justice and Techquity	Pathways to care for youth involved in justice system	1 hour/Annually	Administration/Management; Direct Services: Contractors; Support Services; Community Members/General Public	12/9/2022	41	Marina Tolou-Shams, PhD
Navigating Systems - Youth	The Source and Crisis Management Services in Sacramento County	Description of crisis services in Sacramento and strategies for engaging youth in crisis services	1 hour/Annually	Administration/Management; Direct Services: Contractors; Support Services	12/9/2022	10	Chris McCarty, Daniel Douglas
Cultural Competence	Sacramento County DHS LGBTQ+ Representation	Best practices in media and communications related to LGBTQ+ community	1.5 hours/Once	Administration/Management	12/12/2022	1	Sacramento County Healthy Beginnings
Cultural Competence	Advanced Clinical Interventions for Sexually Exploited Youth	Advanced Clinical Interventions for Sexually Exploited Youth	8 hours/Once	Direct Services: Contractors	12/12/2022	1	My Learning Point
Cultural Competence	Radical Racial Stress and Trauma Part 2	Exploring whiteness and understanding black racial stress and trauma	6 hours/Once	Administration/Management; Direct Services: Contractors; Support Services	12/14/2022	51	Dr. Kristee Haggins
Cultural Competence	Sexual Orientation, Gender Identity/Expression (SOGIE)	Youth acceptance project model and the needs of LGBTQ youth in systems of care	2 hours/Annually	Administration/Management	12/14/2022	1	Vida Khavar
Cultural Competence	Centering Communities to Advance Maternal Child Health Equity in Sacramento	Centering Communities to Advance Maternal Child Health Equity in Sacramento	1.5 hours/One time	Administration/Management; Direct Services: County Staff; Direct Services: Contractors	12/14/2022	30	Jessica Walker, Shannon Shaw-Pace and Donyale Abe

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Cultural Competence	Sexual Orientation, Gender Identity & Expression	Psychoeducation regarding sexual orientation, gender identity/expression and strategies for providing culturally responsive services	2 hours/Once	Direct Services: Contractors	12/14/2022	2	Vida Khavar, SOGIE
Cultural Competence	Culturally-Responsivity in TF-CBT	Discussion of culturally-modified TF-CBT; TF-CBT for Latino Children & Families, American Indians, and Alaskan Natives	1.5 hours/Annually	Administration/Management; Direct Services: Contractors;	12/15/2022	16	Brandi Liles, PhD
Cultural Competence	Refugee Mental Health	Detecting trauma and Post-Traumatic Stress Disorder (PTSD) among refugees	2 hours/One time with new hires	Support Services	12/19/2022	2	Dr. Hammad Khan
Cultural Competence	Cultural Competence	As workplaces become more diverse, effective and successful employees must become more knowledgeable of other cultural norms, be respectful of the wide range of cultural behaviors, and effectively communicate with people of various backgrounds. This course provides important information about becoming more respectful and culturally competent.	0.5 hours/Once	Administration/Management; Direct Services: Contractors	12/31/2022	2	Relias eLearning
Cultural Competence	Overcoming Unconscious Bias in the Workplace	It's not just individuals who face unconscious biases in the workplace; teams and organizations can also operate with shared institutionalized biases. Ensuring a diverse workplace requires seeing past these biases. In this course, you'll learn about the process of overcoming organizational biases and how to function as an inclusive leader. You'll also learn specific tactics for combating unconscious biases in the workplace.	0.4 hour/Once	Administration/Management; Direct Services: Contractors	12/31/2022	2	Relias eLearning
Cultural Competence	Cultural Humility and Competence	How to engage with mental illness in a culturally competent and humble manner	1.23 hours/Annually	Direct Services: County Staff	1/1/2023	10	MHTTC
Recovery - Adult	Working with Individuals Experiencing Homelessness and Substance Use Disorder	Education physical and mental health disparities/explain nature of relationship	1.25 hours/Once	Administration/Management; Direct Services: Contractors	1/1/2023	5	Lauren Quicken Graham
Cultural Competence	Cultural Competence	Understanding cultural competence in the population that we serve	1 hour/Annually	Administrative/Management; Support Services	1/1/2023	26	Relias (online training)
Cultural Competence	Cultural Competence	Understanding cultural differences and dynamics in life. This course provides important information about becoming more respectful and culturally competent.	1 hour/Annually	Direct Services: Contractors	1/1/2023	22	Relias
Cultural Competence	Becoming Trauma-Sensitive to Commercially Sexually Exploited Children and Youth	Working with sexually exploited youth trauma informed	3 hours/One time	Direct Services: Contractors	1/3/2023	1	Online Training
Navigating Systems - Youth	CPS/KTA Cases	Understanding the CPS/KTA System of Care	2 hours/Annually	Direct Services: Contractors	1/4/2023	8	Gary Suits, LCSW
Cultural Competence	How Culture Impacts Communication	With so much business happening on a global scale, cross-cultural communication is more important than ever before. Communication is always a challenge, and when diverse cultures interact, good communication can be even more challenging. In this course, you'll learn about the importance of achieving a proper mindset for cross-cultural communication. You'll explore aspects of cultures that affect how people communicate across cultural boundaries. You'll learn also considerations for speaking and writing in cross-cultural environments.	0.5 hours/Once	Administration/Management; Direct Services: Contractors	1/4/2023	98	Relias eLearning
Cultural Competence	Overcoming Your Own Unconscious Biases	Part of understanding the role of unconscious bias in the workplace is admitting to yourself that you have biases too. Once you've accepted it, you can take steps to overcome those biases and embrace workplace diversity. In this course, you'll learn how to recognize and observe your own biases. You'll also learn how to stop, collaborate, and move past your biases. Finally, you'll learn what to do if a bias flares up again.	0.4 hours/Once	Administration/Management; Direct Services: Contractors	1/4/2023	96	Relias eLearning

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Latinx Families and Trauma Part 1 & 2	Mental Health Therapy with Latinx Families presentation focuses on briefly exploring the Latinx culture, history, and language as well as Latinx interactions with mental health services. Finally, we discuss providing mental health services: connecting with Latinx families, how to assess for trauma, common types of trauma experiences, and effective interventions, all with cultural considerations at the forefront	3 hours/Annually	Administration/Management; Direct Services: Contractors;	1/5/2023	32	Elizabeth Mota-Garcia, LCSW
Cultural Competence	Cultural Competency	5 Key Elements of Cultural Competency in an individual: 1. Awareness and acceptance of difference 2. Awareness of own cultural values 3. Understanding the dynamics of difference 4. Development of cultural knowledge 5. Ability to adapt practice to the cultural context of the client	3 hours/Quarterly	Administration/Management; Direct Services: Contractors; Support Services	1/10/2023	19	Daniel Sederquist and Debbi Wender
Cultural Competence	New Employee Orientation --DEI	Introducing new employees to HeartLand's Cultural Diversity, Equity and Inclusion Policies and Procedures	2 hours/Annually	Direct Services: Contractors	1/10/2023	6	Deborah Hicks, LCSW
Resiliency - Youth	Addictions: Effective Treatment of Young Adults to Improve Outcomes	Addictions: Effective Treatment of Young Adults to Improve Outcomes	1 hour/Annually	Direct Services: Contractors	1/11/2023	1	My Learning Point
Family Focused - Youth	Lessons from the Field - Knowing the Facts About Fentanyl Part 1	During the first webinar of this two-part miniseries, you will learn what fentanyl is and why it is so addictive and deadly. You will learn how students get it and in what different forms. You will hear from families impacted by the fentanyl crisis and the hopes they have for implementing more robust prevention efforts with students.	1 hour/Once	Administration/Management	1/17/2023	1	Multiple Presenters
Resiliency - Youth	Culturally Competent Assessment, Treatment Planning, and Discharge	Creating a cohesive course of treatment from assessment to discharge within a culturally informed context that is meaningful to the client and family.	6 hours/Annually	Direct Services: Contractors	1/17/2023	9	Gary Suits, LCSW
Cultural Competence	Beacon Health Options Cultural Competency Training	Cultural competency for providers	1 hour/Annually	Direct Services: Contractors	1/17/2023	3	Online Training
Cultural Competence	Consumers As Service Providers	Evaluate the impact of stigma/history of movement	1 hour/Once	Administration/Management; Direct Services: Contractors	1/20/2023	8	Marianne Baptista MA MFT CPRD
Recovery - Adult	Boundaries for Peers with Lived Experience	Peer support and other lived experience	0.5 hours/Once	Administration/Management; Direct Services: Contractors	1/20/2023	5	Lauren Quicken Graham
Recovery - Adult	Recognizing and Responding to a Person in Crisis	How crisis develops and moves through 5 phases appropriate response plans	1.5 hours/Once	Administration/Management; Direct Services: Contractors	1/20/2023	4	Monique Kahn PsyD
Recovery - Adult	Consumers as Service Providers in the Behavioral Health Work Place	Evaluate the impact of stigma/history of movement	1 hour/Once	Administration/Management; Direct Services: Contractors	1/20/2023	8	Marianne Baptista MA MFT CPRD
Recovery - Adult	COEG Leadership Implementation Workshop	Program Managers will learn what COEG is and why it's an important service for our members. The COEG Fidelity will be reviewed and leaders will learn how to implement and sustain Co-Occurring Education Groups (COEG) at their programs. Many resources will be shared, including a COEG Leadership Implementation Guide and important "lessons learned" from experienced leaders to help make implementation successful.	1.5 hours/Once	Administration/Management	1/24/2023	1	Deanna Beeson
Cultural Competence	On Track Presentation: More Black Peer Supports, Please!	Cultural competence training	1 hour/Annually	Community Event	1/26/2023	88	Angelina Woodberry

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Recovery - Adult	Trauma Informed Care	How do we become a more trauma informed agency	5.5 hours/Once	Direct Services: Contractors	1/26/2023	15	Lisa Friederiksen & K. Brockopp
Cultural Competence	Queer and Trans Youth Mental Health: Trauma-Informed & Anti-Racist Co-Conspiratorship	Comprehensive approach to queer and transgender care with a focus on trauma-informed care for trans youth.	1.25 hours/Annually	Direct Services: County Staff	1/31/2023	6	Ryan Kin Tieu
Cultural Competence	Queer and Trans Youth Mental Health: Trauma-Informed & Anti-Racist Co-Conspiratorship	Drawing from historical and current perspectives, this webinar introduced a comprehensive approach to queer and transgender care with a focus on trauma-informed care for trans youth. Centering anti-racism, community lived experience, and an interdisciplinary framework. Also explored strengths, weaknesses, and best practices of TIC for trans youth.	1.25 hours/Once	Administration/Management; Direct Services: Contractors; Support Services	1/31/2023	7	NTTAC, Evelyn Clark
Cultural Competence	LGBTQ Gender Affirming Care/Practices Sensitivity Part 1	Understanding our clients and how to serve them without being bias	2 hours/Annually	Administration/Management; Direct Services: Contractors; Support Services	2/1/2023	11	Dr. Ebony Williams
Cultural Competence	Working More Effectively with LGBTQ	Explain necessary components of competent practice, non discriminating. practicing more affirmative approaches as well as addressing BH needs	2 hours/Once	Administration/Management; Direct Services: Contractors	2/1/2023	6	Amanda Gayle PHD
Cultural Competence	A Closer Look at Work, Data and Improvements to Health	CA Reducing Disparities Project	3 hours/One time	Direct Services: County Staff	2/1/2023	1	CIBHS
Cultural Competence	California Reducing Disparities Project: A Closer Look At The Work, The Data, And The Improvements To Health Equity	Update on effective strategies for engaging for African American's in care and treatment	3 hours/Once	Direct Services: Contractors	2/1/2023	2	ONTRACK Program Resources
Recovery - Adult	Wellness Recovery Action Plan (WRAP)	Wellness Recovery Action Plan (WRAP) is a simple and powerful process for creating the life and wellness you want.	16 hours/ Quarterly	Direct Services: Contractors; Support Services; Community Members/General Public	2/2/2023	18	Maksim Tsymbal, Katie Quarles, and Virginia Robello

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	DEI: Multicultural Care for the Clinician	<p>In recent decades, the behavioral health field has begun prioritizing diverse, equitable, and inclusive services. Despite improvements, mental health professionals can do more to provide multicultural care. The most current effective approach is to assume a multicultural orientation. This framework will allow you to assess and treat diverse clients flexibly and competently.</p> <p>This course provides strategies and knowledge to help you approach the therapeutic relationship, assessment, and treatment with a multicultural orientation. You will learn to identify and reduce implicit bias. The course reviews ways to be culturally humble while navigating issues diverse clients face. Lastly, you will learn ways to adapt treatment to provide culturally responsive care to the populations you serve.</p> <p>The goal of this course is to provide knowledge to addictions, behavioral health counseling, marriage and family therapy, psychology, and social work professionals in health and human services settings to deliver multicultural care to their clients.</p> <p>This course assumes you have a foundational knowledge of multicultural care, such as basic definitions of culture, behavioral health disparities, and acculturation. For more information on other topics related to multicultural care, including organizational interventions and social determinants of health, search the Relias course library.</p>	1 hour/Once	Administration/Management; Direct Services: Contractors	2/2/2023	23	Relias eLearning
Cultural Competence	Implicit Bias for the Healthcare Professional	<p>Recent movement toward diversity, equity, and inclusion (DEI) is encouraging for historically overlooked individuals. It brings a variety of frequently ignored perspectives and experiences, but it has also uncovered the depth of implicit biases.</p> <p>Biases are among the most significant factors for healthcare. This course presents the impact of implicit biases and other forms of discrimination on the provision of healthcare, as well as best practices to reduce implicit bias.</p> <p>The goal of this course is to provide healthcare employees with training about implicit bias in healthcare.</p>	1 hour/Once	Administration/Management; Direct Services: Contractors	2/2/2023	21	Relias eLearning
Cultural Competence	Affirming Neurodiversity with Strengths and Abilities-Based Interventions	Understanding challenges of neurodivergent population and using strength-based approach in treatment	1.5 hours/Once	Direct Services: County Staff	2/4/2023	1	Shephen Shore, PESI
Cultural Competence	Cultural Responsiveness Webinar	Cultural Responsiveness from NAMI CA will equip community members and mental health professionals with tools and information to engage diverse communities.	1 hour/Once	Administration/Management	2/8/2023	1	Ragini Lal
Family Focused - Youth	COPN: Youth Overdose Prevention Part 1: Opportunities for Early Childhood	Series on youth overdose prevention strategies. This first session in the series will focus on opportunities for early childhood and feature examples on whole child school-based systems of care.	1 hour/Once	Administration/Management	2/8/2023	1	Multiple Presenters

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Cultural Competence	California Institute for Behavioral Health Solutions (CIBHS): Increasing Understanding of Cultural Humility I	This course defined key concepts related to cultural humility, privileges, and oppressions through the lens of a holistic care model.	1.5 hours/Once	Administration/Management; Direct Services: County Staff; Direct Services: Contractors; Support Services; Interpreters; MH Board and Commissions; Community Based Organizations/Agency Board of Directors	2/8/2023	1625	Holiday Simmons, MSW
Navigating Systems - Youth	Substance Use Prevention and Treatment Services in Sacramento County	Description of substance use services Sacramento County	1 hour/Annually	Administration/Management; Direct Services: Contractors; Support Services	2/10/2023	17	Briana O'Daniel, ASW
Recovery - Adult	A Comparative, Global Approach to the Dissemination and Implementation of Screening and Intervention for Post-Traumatic Stress Disorder (PTSD) in Trauma Care Systems	Overview of screening and intervention for PTSD	1 hour/Annually	Administration/Management; Direct Services: Contractors; Community Members/General Public	2/10/2023	51	Douglas Zatzick, MD
Cultural Competence	Overcoming Barriers to LGBTQ+ Affirming Behavioral Health Services	<p>A 2020 Gallup poll found that 5.6% of adults in the U.S. identify as lesbian, gay, bisexual, transgender, queer, questioning, or another sexual or gender identity (LGBTQ+; Jones, 2021). This is an increase from 4.5% in 2017 (Newport, 2018). When these increasing numbers are considered in light of health disparities found among LGBTQ+ populations (e.g., increased rates of mental health problems, suicidality, and substance use disorders), the critical need for trained professionals who can deliver competent, culturally relevant, affirming care becomes apparent. Yet sadly, the need for such training has not translated to a behavioral health workforce that is confident to routinely meet the needs of sexual and gender diverse individuals.</p> <p>This course will help you to improve your ability to understand the unique needs of LGBTQ+ populations and provide affirming care that addresses those needs. We will review some foundational terms and issues pertaining to inclusive language, discuss the barriers that individuals frequently encounter when attempting to access healthcare, and strategies you can implement to help individuals overcome such barriers.</p> <p>The goal of this course is to provide addictions, behavioral health counseling, marriage and family therapy, nursing, psychology, and social work professionals in health and human services settings with information on understanding, supporting, and advocating for individuals who identify as LGBTQ+.</p>	1.5 hours/Once	Administration/Management; Direct Services: Contractors	2/10/2023	43	Relias eLearning

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Family Focused - Youth	Overdose Prevention Messages That Saves Lives: An Evidence-based Communications Framework	Share our evidence-based communications framework for changing these difficult-to-change behaviors. You'll learn how to: Determine the specific information your audience needs to motivate behavior change while avoiding common messaging missteps. Implement intentionally equitable communications campaigns that deliver maximum impact in the lives of your target audience. Reinforce behavior change communications campaigns to improve health outcomes in your community.	1 hour/Once	Administration/Management	2/14/2023	1	Multiple Presenters
Cultural Competence	Serving From the Heart: A Look Into Native Teachings Connected to Self Care and Humility	Serving From the Heart: A Look Into Native Teachings Connected to Self Care and Humility	2 hours/One time	Direct Services: County Staff	2/14/2023	1	IDA California
Recovery - Adult	The Intersection of HIV, Substance Use & Mental Health	Addressing sexual health and health conditions commonly associated with persons with substance use disorder	3 hours/Once	Administration/Management; Direct Services: Contractors; Support Services	2/15/2023	52	Judy Vang
Family Focused - Youth	Zeroing In On Xylazine	This training will provide knowledge regarding Xylazine, a CNS depressant, which has been linked to an increasing number of overdose deaths in the US. This training will discuss the physiologic effects of Xylazine, manifestations of Xylazine intoxication, overdose, communicable infections associated with Xylazine use, and wound care for persons injecting Xylazine.	1 hour/Once	Administration/Management	2/15/2023	1	Raagini Jawa
Cultural Competence	LGBTQ Gender Affirming Care/Practices Sensitivity Part 2	Understanding our clients and how to serve them without being bias	2 hours/Annually	Administration/Management; Direct Services: Contractors; Support Services	2/15/2023	9	Dr. Ebony Williams
Cultural Competence	TAC Module 11: Race Ethnicity In Adoption	Cultural considerations in adoption	7.5 hours/One time	Direct Services: Contractors	2/15/2023	1	Online Training
Cultural Competence	California Institute for Behavioral Health Solutions (CIBHS): Increasing Understanding of Cultural Humility II	This course continued to examine the body as a site of trauma and transformation by deepening participants' understanding of stress responses or Safety Shaping.	1.5 hours/Once	Administration/Management; Direct Services: County Staff; Direct Services: Contractors; Support Services; Interpreters; MH Board and Commissions; Community Based Organizations/Agency Board of Directors	2/15/2023	1593	Holiday Simmons, MSW
Cultural Competence	Self-Care and Cultural Sensitivity	Self-care through the multi cultural lens	1 hour/Quarterly	Administration/Management; Direct Services: Contractors	2/16/2023	18	Tina Bruno
Recovery - Adult	START	Therapeutic approach for adults with Intellectual and Development Disabilities (IDD) with understanding of cultural impact.	2 hours/Every other quarter	Administration/Management; Direct Services: Contractors	2/16/2023	15	Jana Cooper
Cultural Competence	For the Culture (AARD & Black Recovery Movement)	Culturally informed practice	1 hour/Annually	Administration/Management; Direct Services: County Staff	2/16/2023	12	Center for African American Recovery Development
Cultural Competence	Bay Race, Equity and Justice Round Table Talk	Cultural Competence Training	1.5 hours/Annually	Direct Services: Contractors	2/16/2023	1	Anjelica Cortez, Ariana Rivera
Cultural Competence	Veteran Culture for First Responders	Appropriately identify veteran and military members, recognize signs and symptoms of veterans with mental health issues, identify veterans in crisis	8 hours/Once	Direct Services: County Staff	2/17/2023	1	Folsom Police Department
Recovery - Adult	Sex Trafficking	The impact and rise of human trafficking and how it affects our youth	2 hours/Annually	Administration/Management; Direct Services: Contractors; Support Services	2/22/2023	12	Leander (WEAVE)

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Cultural Competence	Museum of Tolerance	Examining and understanding racism and prejudice around the world	16 hours/Annually	Administration/Management; Direct Services: Contractors	2/23/2023	12	Tour Guide (Unknown)
Cultural Competence	It Takes a Village	Addressing behavioral health disparities in the Black community	1.5 hours/Once	Direct Services: Contractors	2/26/2023	1	SAMHSA
Recovery - Adult	Strengths Model Care Management Workshop	The use of empathic communication to build the working alliance with clients	12 hours/Once	Direct Services: Contractors	2/27/2023	18	Rick Goscha PhD
Family Focused - Youth	Influencers 101: Best Practices and Practical Approaches for Public Health	Experts from FDA CTP and Rescue Agency will share lessons from the guide to show you how to: Discuss how public health practitioners can work with influencers for their program goals. Describe key steps for managing an influencer program. Understand how influencer marketing fits into a larger communications plan.	1 hour/Once	Administration/Management	2/28/2023	1	Multiple Presenters
Cultural Competence	Gender Identity & Orientation	Understanding our clients and how to serve them without being bias	2 hours/Annually	Administration/Management; Direct Services: Contractors; Support Services	3/1/2023	12	Dr. Ebony Williams
Cultural Competence	Cultural Centered Approach to Recovery	Recognize culture in relation to recovery and services	1 hour/Once	Administration/Management; Direct Services: Contractors	3/1/2023	6	Marianne MA MFT CPRD
Cultural Competence	Cultural Humility Training Pt. 1	Native American Community	1.5 Hours/Annually	Administration/Management; Direct Services: Contractors; Support Services	3/1/2023	173	Veronica Willeto
Cultural Competence	Culturally Responsive Services for BIPOC Youth and Families and How to Implement Anti-Racist Practices in Treatment and Services	Explored incorporating anti-racist practices and culturally responsive services within mental health services and other system of care applications.	1 hour/Once	Support Services	3/2/2023	1	NTTAC, Evelyn Clark
Navigating Systems - Youth	Coordinated Entry System Referral Training for Housing by Steps Forward	Describes how households and clients move through the 5 elements of the coordinated entry system	1.5 hours/Once	Direct Services: Contractors	3/2/2023	2	Steps Forward
Cultural Competence	Affirming Mental Health Treatment-Working with LGBTQ+ Youth Part 1 & 2	Seminar on the defining and understanding what affirming mental health treatment is and specific strategies for parents and affirming assessments and interventions for children and youth.	3 hours/Annually	Administration/Management; Direct Services: Contractors;	3/3/2023	32	Michele Ornelas Knight, Psy.D
Cultural Competence	New Employee Orientation --DEI	Introducing new employees to HeartLand's Cultural Diversity, Equity and Inclusion Policies and Procedures	2 hours/Annually	Direct Services: Contractors	3/7/2023	11	Deborah Hicks, LCSW
Cultural Competence	Enhancing the Effectiveness of Public Safety-Led Overdose Prevention in Black, Indigenous and People of Color Communities	This webinar will present a new approach to enhance the effectiveness of public safety-led overdose prevention in Black, Indigenous and people of color (BIPOC) communities. It combines three proven models to enhance overdose prevention and response: trauma-informed care, recovery-oriented systems of care and procedural justice.	1 hour/Once	Administration/Management	3/8/2023	1	Multiple Presenters
Recovery - Adult	Trauma Informed Care	How do we become a more trauma informed agency	5.5 hours/Once	Direct Services: Contractors	3/8/2023	21	Lisa Friederiksen & K. Brockopp
Cultural Competence	Americans With Disabilities Act	Understanding the ADA and providing competent services	7 hours/Once	Direct Services: Contractors	3/9/2023	1	Southeast ADA Center
Cultural Competence	Mental Health Stigma	Experiences of stigma regarding mental health across cultures, and considerations for treatment providers	1 hour/Annually	Administration/Management; Direct Services: Contractors; Support Services	3/10/2023	15	Dan Shapiro, PhD
Cultural Competence	Cultural Humility	How to remain culturally humble	4 hours/Once	Direct Services: Contractors	3/10/2023	10	Marja Hunt LMFT
Cultural Competence	Autism, LGBTQIA+, and the Intersectionality of Gender and Sexuality	Understanding the impact of Autism and LGBTQIA+	1 hour/Once	Direct Services: County Staff	3/11/2023	1	Wenn Lawson, PESI

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Cultural Competence	Developing Core Competencies as an Autism Specialist through Neurodiversity Lens	Understanding neurodiversity	2 hours/Once	Direct Services: County Staff	3/11/2023	1	Jeffrey Guenzel, PESI
Resiliency - Youth	River Oak Transition to Independence Process (TIP)	Engage youth in their own futures planning process. Prepares and facilitates their independence and self-reliance.	7 hours/Bi-annually	Direct Services: Contractors	3/13/2023	9	ROCC- Noelani Villaseñor
Cultural Competence	Racial Disparities and Neurodivergence in Autism	Understanding disparities and neurodivergence in Autism	1.5 hours/Once	Direct Services: County Staff	3/14/2023	1	Robert Naseef, PESI
Navigating Systems - Youth	Collaborating with Alta California Regional Center	Overview of eligibility, referrals, services provided by Alta California Regional Center	2 hours/Annually	Administration/Management; Direct Services: Contractors; Support Services	3/14/2023	79	Herman Kothke, Alta California Regional Center
Resiliency - Youth	Opioid Overdose Prevention	Opioid Overdose Prevention	1 hour/Once	Administration/Management; Direct Services: Contractors; Support Services	3/14/2023	43	Sacramento County SUPT
Cultural Competence	Cultural Humility Training Pt. 2	Native American Community	1.5 Hours/Annually	Administration/Management; Direct Services: Contractors; Support Services	3/15/2023	173	Veronica Willeto
Resiliency - Youth	River Oak Transition to Independence Process (TIP)	Engage youth in their own futures planning process. Prepares and facilitates their independence and self-reliance.	17 hours/Bi-annually	Direct Services: Contractors	3/20/2023	20	ROCC- Noelani Villaseñor
Cultural Competence	Cultural Competence and Healthcare	Cultural competence in healthcare refers to the delivery of quality care. It refers to meeting the needs of people with disabilities, members of the LGBTQ+ community, and those from diverse socioeconomic and cultural backgrounds. Cultural competence must be a two-way system to benefit people with differing beliefs, attitudes, values, and behaviors. This course discusses cultural competence and how organizations can use cultural competency to create an atmosphere of inclusion.	0.5 hours/Once	Direct Services: Contractors	3/21/2023	2	Relias eLearning
Cultural Competence	Radical Racial Stress and Trauma Part 3	Being an ally/advocate/anti-racist as a provider	3 hours/Once	Administration/Management; Direct Services: Contractors; Support Services	3/22/2023	51	Dr. Kristee Haggins
Cultural Competence	Understanding Gender for Family and Friends	Supporting parents and caregivers with a gender expansive person	2 hours/Annually	Direct Services: Contractors	3/22/2023	1	Naomi Cruz, Gabby Fernandez, Jenna Redmond
Family Focused - Youth	Understanding and Preventing Student Marijuana Use	The U.S. Department of Education is hosting a webinar series to address hot topics that are on the top of educators' minds. After sharing federal updates, the series features lessons learned and best practices from faculty, staff, schools, districts, institutions of higher education, and other places of educational instruction. It also shares a variety of useful resources.	1 hour/Once	Administration/Management	3/22/2023	1	Multiple Presenters
Cultural Competence	Responding to Veterans in Crisis	Understanding of military training, lifestyle and events which may trigger stressors often experienced by veterans to assist with rapport building and information gathering.	4 hours/Once	Administration/Management; Direct Services: County Staff	3/22/2023	4	Training Force

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	California Institute for Behavioral Health Solutions (CIBHS): Practicing Cultural Humility I	This course allowed participants to practice the skills learned in Trainings 1 and 2.	1.5 hours/Once	Administration/Management; Direct Services: County Staff; Direct Services: Contractors; Support Services; Interpreters; MH Board and Commissions; Community Based Organizations/Agency Board of Directors	3/22/2023	1250	Holiday Simmons, MSW
Cultural Competence	California Institute for Behavioral Health Solutions (CIBHS): Practicing Cultural Humility I (repeated)	This course allowed participants to practice the skills learned in Trainings 1 and 2.	1.5 hours/Once	Administration/Management; Direct Services: County Staff; Direct Services: Contractors; Support Services; Interpreters; MH Board and Commissions; Community Based Organizations/Agency Board of Directors	3/22/2023	460	Holiday Simmons, MSW
Recovery - Adult	Crisis Intervention Training (CIT) Evidenced-Based Strategies for Assessing Lethality, Collaborative Engagement, and Linkage to Community Resources	Crisis intervention training	6 hours/Once	Direct Services: Contractors	3/23/2023	8	K. Dempsey LMFT, LPCC, EdD
Cultural Competence	Community Engagement: From Faux-Design to Co-Design	Mental health service innovation, increasing engagement of consumers, using a whole person approach to mental health care	1 hour/Annually	Administration/Management; Direct Services: Contractors; Community Members/General Public	3/24/2023	45	Keris Myrick, MA, MBA
Cultural Competence	HeartLand Fables and Myths	Dispelling cultural misunderstandings and stereotypes about working with diverse populations	1 hour/Annually	Administration/Management; Direct Services: Contractors; Support Services	3/24/2023	52	Jerri Ford, LMFT
Resiliency - Youth	Culturally Competent Assessment, Treatment Planning, and Discharge	Creating a cohesive course of treatment from assessment to discharge within a culturally informed context that is meaningful to the client and family.	6 hours/Annually	Administration/Management; Direct Services: Contractors; Support Services	3/27/2023	25	Gary Suits, LCSW
Cultural Competence	HeartLand Fables and Myths	Dispelling cultural misunderstandings and stereotypes about working with diverse populations	1 hour/Annually	Administration/Management; Direct Services: Contractors; Support Services	3/28/2023	48	Jerri Ford, LMFT
Cultural Competence	Countering Bias and Promoting Black Joy in Infant and Early Childhood Mental Health consultation	Countering Bias and Promoting Black Joy in Infant and Early Childhood Mental Health consultation	2 hours/One time	Direct Services: County Staff	3/29/2023	2	Center of Excellence for Infant and Early Childhood Mental Health Consultation
Cultural Competence	Cultural Competency	6 Key Elements of Cultural Competency in an individual: 1. Awareness and acceptance of difference 2. Awareness of own cultural values 3. Understanding the dynamics of difference 4. Development of cultural knowledge 5. Ability to adapt practice to the cultural context of the client	4 hours/Quarterly	Administration/Management; Direct Services: Contractors; Support Services	3/30/2023	23	Ebony Chambers and Thomisha Wallace
Resiliency - Youth	Crisis Prevention Intervention	Managing crisis situations, de-escalation skills and education on crisis intervention techniques.	7 hours/Annually	Direct Services: Contractors	3/31/2023	3	ROCC- Jamie Swanton
Navigating Systems - Youth	Access for Collaborative Services	Educate staff about various collaborative services available to meet client needs and referral process for accessing these services	0.5 hours/Annually	Direct Services: Contractors	4/4/2023	25	Karen Thompson

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Recovery - Adult	Trauma Informed Care	How do we become a more trauma informed agency	5.5 hours/Once	Administration/Management; Direct Services: Contractors	4/5/2023	21	Lisa Friederiks & K. Brockopp
Recovery - Adult	Learning Differences Training	Working with learning differences in substance use disorder counseling	1 hour/Annually	Direct Services: Contractors	4/6/2023	16	John Durbin, Lori Durbin
Cultural Competence	Dear Black Male	Recognizing the cultural mistrust, issues faced, and perceptions of black males	1.5 hours/Annually	Administration/Management	4/13/2023	1	Anthony Gay and Qur-an Webb
Recovery - Adult	Progressive Engagement	Overview of progressive engagement best practices	2 Hours/Annually	Administration/Management; Direct Services: Contractors	4/19/2023	4	Maurice Bailey
Cultural Competence	California Institute for Behavioral Health Solutions (CIBHS): Practicing Cultural Humility II	This course allowed participants to practice the skills learned in Trainings 1 and 2.	1.5 hours/Once	Administration/Management; Direct Services: County Staff; Direct Services: Contractors; Support Services; Interpreters; MH Board and Commissions; Community Based Organizations/Agency Board of Directors	4/19/2023	1009	Holiday Simmons, MSW
Recovery - Adult	Buprenorphine Training	Buprenorphine/Medication Assisted Treatment (MAT)	1 hour/Annually	Administration/Management; Direct Services: Contractors	4/20/2023	24	Katelyn Sharp
Cultural Competence	Anti-Racist Practice: Implicit Bias & Microaggressions	Anti-Racist Practice: Implicit Bias & Microaggressions	7 hours/One time	Administration/Management; Direct Services: Contractors	4/20/2023	20	Northern Ca. Training Academy
Recovery - Adult	Pro Act Training	Training on improving safety and enhancing treatment outcomes utilizing a problem solving approach to identify and address client needs.	40 hours/Once	Direct Services: Contractors	4/24/2023	10	Bille Mazak & Diana Berkheimer
Family Focused - Youth	Helping Teens Heal From Trauma - Webinar	Defines trauma and discusses its impact on long-term wellness including the signs of trauma in teens, effective treatment approaches, and practical strategies that caring adults can use to encourage teen mental wellness.	1 hour/Once	Administration/Management	4/25/2023	1	Deborah Vinall
Recovery - Adult	Motivational Interviewing	Motivational interviewing (including culturally relevant tips)	3 hours/ Twice Annually	Administrative/Management; Direct Services: Contractors	4/28/2023	22	John R. Durbin, CADCC II SUDCC II/In Person
Recovery - Adult	The Neurobiology of Addiction in 2023	Course objectives for this Psychiatry Grand Rounds presentation include: Explain the basic elements of reward and cognition in the neurobiology of addiction; Identify the role of the insula in the addictive process; Discuss the clinical implications of the neurobiology of addiction in treating substance use disorders and behavioral addictions	1 hour/Annually	Administration/Management; Direct Services: Contractors; Support Services; Community Members/General Public	4/28/2023	60	Petros Levounis, MD, MA
Recovery - Adult	National Counsel for Mental Wellbeing Conference: Integrating Peer Recovery Services & Substance Use Crisis Care	Train on promoting a greater understanding of mental wellbeing as a core component of comprehensive health and health care.	16 hours/Annually	Administration/Management	5/1/2023	4	Multiple presenters
Cultural Competence	California Institute for Behavioral Health Solutions (CIBHS): Sexual Orientation and Gender Identity Expression (SOGIE)	This course provided participants with a foundational knowledge of sexual orientation, gender identity, and gender expression, and examined ways in which systems of care can provide a more affirming approach to service delivery for Queer and Trans community members.	1.5 hours/Once	Administration/Management; Direct Services: County Staff; Direct Services: Contractors; Support Services; Interpreters; MH Board and Commissions; Community Based Organizations/Agency Board of Directors	5/4/2023	1048	Koby Rodriguez
Cultural Competence	Cultural Competence Training	Overview of cultural competency	1 Hour/Annually	Administration/Management; Direct Services: Contractors	5/9/2023	10	Dedra Russell

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Family Focused - Youth	CMHACY	Annual conference for advocates in promoting the policies, programs, and practices that enhance the well-being of vulnerable children, youth and families.	3 days/Annually	Direct Services: Contractors	5/10/2023	15	Various presenters
Recovery - Adult	The AMPD: Developmental Aspects and Implications for Treatment	Course objectives for this Psychiatry Grand Rounds presentation include: To provide an update on the latest advances psychiatric nosology of personality disorder; To discuss the latest research on diagnosis of personality disorder in adolescents; To discuss treatment implications of advances in psychiatric nosology and developmental aspects	1 hour/Annually	Administration/Management; Direct Services: Contractors; Support Services; Community Members/General Public	5/12/2023	70	Carla Sharp, Ph.D.
Cultural Competence	Social Determinants of Psychosis and Using the DSM-V Cultural Formulation Interview	Training in the administration and use of the cultural formulation interview	1 hour/Annually	Administration/Management; Direct Services: Contractors; Support Services	5/12/2023	18	Sabrina Ereshefsky, PhD & Karina Muro, PhD
Cultural Competence	Transcultural Engagement with the African American Community	Developing cultural humility and effectively engaging clients from the African American community to overcome stigma associated with mental health.	6 hours/Annually	Administration/Management; Direct Services: Contractors; Support Services	5/12/2023	92	Andre' Chapman
Cultural Competence	Understanding Unconscious Bias	Increasing focus on the importance of diversity in the workplace has shed light on another concept: unconscious bias. Though it's rooted in human nature, it's important to understand what unconscious bias is in order to overcome it and build strong, diverse teams. In this course, you'll learn about the different kinds of unconscious bias and how to recognize them in action. You'll also learn about the importance of addressing unconscious bias in the workplace.	0.4 hour/Once	Direct Services: Contractors	5/15/2023	1	Relias eLearning
Cultural Competence	Using Communication Strategies to Bridge Cultural Divides	It takes time to build working relationships with people from other cultures, but it only takes a second to alienate them by accidentally breaking the rules of intercultural protocols. That's why relationships are so important in the current global business context, where you have to share objectives and working space with people with diverse cultural backgrounds. In this course, you will learn about dealing effectively with cultural difference to improve cross-cultural communication and build rapport. You'll also learn about the misunderstandings and behaviors that can hinder good communication and ways to overcome them. Finally, you'll learn strategies to give effective presentations to people from low- and high-context cultures.	0.5 hour/Once	Direct Services: Contractors	5/15/2023	1	Relias eLearning
Cultural Competence	YouTube: Bringing Cultural Awareness to Working with Afghan Families	YouTube: Bringing Cultural Awareness to Working with Afghan Families	2 hours/One time	Administration/Management; Direct Services: Contractors	5/15/2023	2	First 5 Alameda
Cultural Competence	Bias in Healthcare	All healthcare professionals must be aware of bias and the challenges that bias can create in healthcare. This includes knowing some of the challenges people face with the healthcare system. In this course, you will learn best practices to help recognize and manage bias. The goal of this course is to provide healthcare employees with an overview of bias in healthcare.	0.5 hour/Once	Administration/Management; Direct Services: Contractors	5/16/2023	2	Relias eLearning
Cultural Competence	LGBTQ Gender Affirming Care/Practices	Understanding our clients and how to serve them without being bias	2.5 hours/Annually	Administration/Management; Direct Services: Contractors; Support Services	5/17/2023	11	Dr. Ebony Williams
Cultural Competence	Silence the Shame	Eliminate mental health stigma	0.5 hours/Annually	Administration/Management	5/17/2023	1	Danielle Terry

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	DEI: An Introduction to Multicultural Care	<p>The U.S. has a history of attracting diverse populations to live within its borders. Inhabitants currently represent hundreds of cultural, ethnic, and linguistic groups.</p> <p>Increasing awareness of cultural diversification has challenged traditional institutions and practices. This includes the delivery of treatment services. Outcome studies have consistently demonstrated the need for change in the way that healthcare and other services operate. Awareness of and sensitivity to cultural issues are critical to establishing a positive relationship with the people you are serving and ensuring beneficial treatment outcomes.</p> <p>Unfortunately, persons of various races, ethnicities, cultural, and social identities are often underserved by the healthcare system. Treatment services are impacted by provider bias, institutional bias, and inadequate support. This can change with ongoing cultural humility training, such as the education provided by this course.</p> <p>The goal of this course is to help Addictions, Behavioral Health Counseling, Case Management/Care Management, Marriage and Family Therapy, Non-Licensed Direct Care, Nursing, Psychology, and Social Work Professionals in health and human services settings understand the importance of providing multicultural care.</p>	1 hour/Once	Direct Services: Contractors	5/17/2023	1	Relias eLearning
Recovery - Adult	Wellness Recovery Action Plan (WRAP)	Wellness Recovery Action Plan (WRAP) is a simple and powerful process for creating the life and wellness you want.	16 hours/ Quarterly	Direct Services: Contractors; Community Members/General Public	5/18/2023	20	Katie Quarles, Virginia Robello, and Sarah Tam
Recovery - Adult	Pregnancy Training	Special needs of pregnant patients in substance use disorder	1 hour/Annually	Direct Services: Contractors	5/18/2023	21	Cyndi Giddings

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	DEI: Multicultural Care for the Organization	<p>Historically, behavioral health organizations have not effectively met the needs of the diverse U.S. population. Without access to culturally responsive care, there are barriers to services and significant health disparities for diverse populations. Training, staffing, and operational practices within behavioral health organizations must reflect those needs. They should support care that is culturally responsive and embraces inclusivity and diversity.</p> <p>This course will provide you with specific strategies your organization can use to provide effective multicultural care and improve outcomes for all individuals.</p> <p>The goal of this course is to provide knowledge to addictions, behavioral health counseling, case management/care management, marriage and family therapy, nursing, psychology, and social work professionals in health and human services settings to create culturally responsive and inclusive organizations.</p> <p>This course assumes you have a foundational knowledge of multicultural care, such as an understanding of diversity, equity, inclusion, cultural competence, bias, minority stress, trauma-informed care, etc. If you need more in-depth information about these topics, search the Relias course catalog.</p>	1 hour/Once	Direct Services: Contractors	5/18/2023	1	Relias eLearning
Cultural Competence	The Rhythm is my Blanket: Race, Understanding, and Clinical Care	Case presentation and discussion	1.5 hours/Annually	Direct Services: Contractors	5/30/2023	1	Julian Ford, Rocio Chang, Monique Khumalo
Cultural Competence	A Young Black Man's Dilemma's : Loss, Loyalty, and Family Relationships	Case presentation and discussion	1.5 hours/Annually	Direct Services: Contractors	5/30/2023	1	Rocio Chang, Monique Khumalo, Ernestine Briggs-King, Wizdom Powell
Cultural Competence	Partnership Health Plan Cultural Competency Training	Cultural competency for providers	1 hour/Annually	Administration/Management; Direct Services: Contractors	5/31/2023	6	Online Training
Recovery - Adult	Trauma Informed Care	How do we become a more trauma informed agency	5.5 hours/Once	Administration/Management; Direct Services: Contractors	5/31/2023	21	Lisa Friederiksen & K. Brockopp
Cultural Competence	Understanding Refugee Challenges in the US	Overview of challenges and needs in the refugee community	3 hours/One time	Direct Services: County Staff	6/2/2023	3	Usama Khalil
Cultural Competence	Commercial Sexual Exploitation of Children (CSEC)	Improve the juvenile justice and dependency system response to child abuse, neglect, CSEC, and sex trafficking of minors and related cases.	2 hours/Annually	Support Services	6/7/2023	80	Relias (online training)
Resiliency - Youth	Resiliency Training	Pride month in Sacramento County	1 hour/Annually	Direct Services: County Staff; Community Based Organizations/Agency Board of Directors	6/8/2023	20	Ru Hansen and Kyle Wiesenthal
Cultural Competence	Cultural Competency	<p>5 Key Elements of Cultural Competency in an individual:</p> <ol style="list-style-type: none"> 1. Awareness and acceptance of difference 2. Awareness of own cultural values 3. Understanding the dynamics of difference 4. Development of cultural knowledge 5. Ability to adapt practice to the cultural context of the client 	3 hours/Quarterly	Administration/Management; Direct Services: Contractors; Support Services	6/9/2023	12	Erin Reynolds and Sydney Bice
Recovery - Adult	Peer Empowerment Conference	Getting inside homelessness	6 hours/Annually	Community Event	6/9/2023	250	Kyle Wiesenthal and Marcell Martinez

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Resiliency - Youth	Attachment in Adolescence: Current Clinical Practices and Future Directions	Course objectives for this Psychiatry Grand Rounds presentation include: Explain why interventions using attachment theory can help support adolescent mental health; Identify and describe four attachment theory-based interventions currently developed for adolescents and caregivers; Identify ways that clinicians and psychiatrists can adapt attachment-based interventions into their conceptualizations and treatment models	1 hour/Annually	Administration/Management; Direct Services: Contractors; Support Services; Community Members/General Public	6/9/2023	50	Hannah Ewert, PsyD
Navigating Systems - Youth	The START model: Strengthen Efficiencies and Service Outcomes for People with Intellectual and Development Disabilities (IDD) and Mental Health Needs in the Community	Description of START model and services	1 hour/Annually	Direct Services: Contractors; Support Services	6/9/2023	15	Jana Cooper, AMFT (ALTA)
Family Focused - Youth	SCCY Youth Summit	The Teen Brain: What's On Your Mind? - The teen brain is an amazing machine. It has the most efficient ability to adapt and respond to new experiences and situations, but it also experiences stress and emotions more severely than an older brain. During this session you will learn about the critical stages of brain development that occur during the pre-teen and teen years and find answers to questions like, "Why do 90% of people addicted to substances start using before age 18?". We will also look through the lens of new technology that allows us to view brain scans of pre - teens and teens to understand the unique effects alcohol and other drugs have on the young brain.	1 hour/Once	Administration/Management	6/10/2023	1	Multiple Presenters
Family Focused - Youth	Uplifting Supports, Strengths & Healing for Refugees from War	How to sensitively respond to refugees from current and previous political crises, hear lived experiences on the impact of war, and war-recovery needs. How to work with individuals who have survived wars and navigated traumas from the experience.	1 hour/Once	Administration/Management	6/12/2023	1	Multiple Presenters
Resiliency - Youth	QPR Training	Competence in Suicidality Assessment and Prevention: Question, Persuade, Response Techniques	2 hours/Annually	Direct Services: Contractors	6/12/2023	25	Jerri Ford, LMFT
Cultural Competence	Rising Practices & Policies Revisited - Uplifting Supports, Strengths, and Healing for Refugees from War with the Panelists	Practical strategies for increasing diversity, equity, and inclusion in your mental health organization or agency	1.5 hours/Annually	Administration/Management	6/12/2023	1	MHTTC
Resiliency - Youth	QPR Training	Competence in Suicidality Assessment and Prevention: Question, Persuade, Response Techniques	2 hours/Annually	Direct Services: Contractors	6/13/2023	30	Jerri Ford, LMFT
Cultural Competence	Culturally Responsive Evaluation: TIP 59	Exploring culturally responsive evaluations and exercises	3 hours/Bi-Annually	Administrative/Management; Direct Services: Contractors	6/15/2023	11	John R. Durbin, CADC II SUDCC II/In Person
Cultural Competence	Cultural Orientation 1: Russia/Ukraine	Cultural Orientation Series - Part 1: Russia and Ukraine - One Size Doesn't Fit All: Working Effectively With Diverse Cultures' Presenter: Tatiana Schevchenko - Presentation for agencies and individuals seeking to build meaningful relationships with immigrant and refugee cultures in Sacramento to provide youth drug prevention and other behavioral health and educational services.	2 hours/Once	Administration/Management	6/15/2023	3	Multiple Presenters
Cultural Competence	From Crisis to Care: Trauma-Informed Treatment Strategies for Supporting Afghan Refugees - World Refugee Day Webinar	Trauma-informed treatment strategies for supporting Afghan refugees	1.5 hours/Annually	Administration/Management; Direct Services: County Staff	6/21/2023	4	Lotus Project

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Enhancing the Mental Health and Wellbeing of Immigrant Families	Enhancing the Mental Health and Wellbeing of Immigrant Families	2 hours/One time	Direct Services: County Staff	6/21/2023	1	First 5 Alameda
Cultural Competence	NTTAC Event: Black 365 - "Warriors in the Garden:" Creating Balance for the Black Man	Session that will address the struggles and nuances of defining Black male identity and healthy Black masculinity, both in and out of the workplace	2 hours/Annually	Administration/Management	6/26/2023	1	Christopher Warren, PhD & Uwezo Sudan
Cultural Competence	Meeting the needs of LGBTQ+ Youth in Foster Care	Connecting the dots between the individual story, the research, and policy to inform the need for legislation	2 hours/Annually	Direct Services: Contractors	6/27/2023	1	California Alliance Catalyst Center
Cultural Competence	Counseling Lesbian Gay Bisexual and Transgender (LGBT) Clients v.2	Counseling Lesbian Gay Bisexual and Transgender (LGBT) Clients v.2	1 hour/Once	Direct Services: Contractors	6/27/2023	1	My Learning Point
Cultural Competence	Preparing for the Pride Party: Addressing Club Drugs	This one-hour course will review current epidemiological trends related to club or party drug consumption for gender and sexuality diverse people. There will be a brief overview of the types and classes of drugs consumed in club and party settings by GSD populations. Signs of intoxication, dependence, withdrawal, and crash will be reviewed as well as harm reduction strategies for patients using club or party drugs from GSD populations. Screening and treatment models will be reviewed with special considerations for culturally responsive strategies for GSD populations.	1 hour/Once	Administration/Management	6/28/2023	1	Multiple Presenters
Cultural Competence	Anti-Racist Practice: Implicit Bias & Microaggressions	Causes implicit bias & how implicit bias affects attitudes and behaviors	4 hours/One time	Direct Services: County Staff	6/30/2023	1	Dr. Bryant T. Marks, Sr. UCD Academy



Behavioral Health Interpreter Training for Monolingual Providers

Online Course

Primary Presenter:

Dr. Jana Spalding works as a behavioral health consultant, educator, and Spanish interpreter/translator. Born and raised in Panama, she is bilingual in English and Spanish, and is familiar with the diversity of practices and approaches to mental health in diverse Spanish speaking communities. A graduate of the Stanford University School of Medicine, she pursued her Pediatric residency at UCLA and at the Children's Hospital of Orange County. Dr. Spalding has enjoyed collaborating with several projects of the National Latino Behavioral Health Association since 2014, always working to facilitate increased access to behavioral health services in the US. Dr. Spalding lives in Tucson, Arizona. She is blessed with an extensive extended family and is the proud mother of a senior soon to be receiving his bachelor's degree in public health at the New Mexico State University.

April 17, 2023 - Day 1: 8:30 am to 12:15 pm (PDT)

April 18, 2023 - Day 2: 8:30 am to 12:15 pm (PDT)

We will be facilitating this training via a secure Zoom video conference. If Zoom is not already loaded onto your computer, please do so *by the day before your first day of training*. **Please join by computer or a smart phone. We need to see engagement for CEU purposes and your camera must be on throughout the training.** We will open the room 30 minutes before the beginning of class for any of you that have additional questions about Zoom, or you're an early bird; both are ok with us. **Otherwise, the training will begin promptly at 8:30AM (PDT). You must be present for the entire training to receive CE credits. Partial CE credits will not be issued.**

Self-paced Learning

- 1/2 hour approximately
- Participants will download the course materials, complete the pre and post-test, and the course evaluation. These engagements are external to the classroom experience. (Asynchronous self-paced learning)

Target Audience

- Monolingual clinicians working with language interpreter's services.

Course Format

- Online teaching, polls, breakout rooms, lecture, interactive exercises, and videos.

Learning Objectives

Upon completion of training, participants can be expected to:

1. Understanding the importance of interpreting in behavioral health settings and populations.
2. Identify key federal and state legislation that requires language access to services.
3. Describe difference between high context and low context forms of communication.
4. Describe the role of culture and language in the interpreting process.
5. Identify three cultural beliefs for the causes of mental health conditions.
6. Know the four roles of an interpreter.
7. Know the major models of interpreting.
8. Be familiar with the relationships found in the therapeutic triad.
9. Understand preferred seating arrangement.
10. Explain the purpose of the pre-session, in-session, and post-session.

Abstract Of Course

Properly trained mono-lingual providers who use interpreters can fill a critical role in improving the quality of care to clients whose first language is not English, ensuring accurate and complete communication to minimize risk and maximize appropriate care. This workshop offers practitioners practical information on how to maximize ways to best use interpreters by exploring communication variables such as language, culture, verbal and non-verbal communication, and low and high context communication. Strategies to improve communication and service delivery when working with a language interpreter are outlined and practiced. This training creates a structure for participants to understand the complex roles of the behavioral health interpreter.

Due to the interactive nature of this training, the class size is limited to **35** individuals. **If you are interested in participating in the training, please email your interest as soon as possible to Ajna Glisic at DHSCCUnit@saccounty.net as the class may fill up quickly. Please note that if you have already taken this training in previous years, you have completed this requirement.**

Training and CE Hours free of charge

All staff members who participate in the training will be given a certificate of completion and CE hours as appropriate at the end of the training. This course has been approved by NLBHA as a NAADAC Approved Education Provider, for 7 CEs. NAADAC Provider #185072, NLBHA is responsible for all aspects of its programing.

Questions, Concerns, or Grievances:

Quality training is the goal of Sacramento County; please direct any questions to Ajna Glisic (glisica@saccounty.gov). For concerns or grievances regarding this training, please send correspondence to: QMTraining@saccounty.gov.

ADA and Interpreter Needs:

If you wish to attend and need to arrange for an interpreter of a reasonable accommodation, please contact Ajna Glisic one week prior to the event at GlisicA@saccounty.gov.

This program is funded by the Sacramento County Division of Behavioral Health Services through the voter approved Proposition 63, Mental Health Services Act (MHSA).



Behavioral Health Interpreter Training for Interpreters Online Course

Primary Presenters:

Dr. Jana Spalding works as a behavioral health consultant, educator, and Spanish interpreter/translator. Born and raised in Panama, she is bilingual in English and Spanish, and is familiar with the diversity of practices and approaches to mental health in diverse Spanish speaking communities. A graduate of the Stanford University School of Medicine, she pursued her Pediatric residency at UCLA and at the Children's Hospital of Orange County. Dr. Spalding has enjoyed collaborating with several projects of the National Latino Behavioral Health Association since 2014, always working to facilitate increased access to behavioral health services in the US. Dr. Spalding lives in Tucson, Arizona. She is blessed with an extensive extended family and is the proud mother of a senior soon to be receiving his bachelor's degree in public health at the New Mexico State University.

Ms. Tram Bui is a refugee from Vietnam who emigrated to the US in 1975 when she was 6 years old. She has been a Vietnamese <> English interpreter and translator since 2004 and has earned her CMI (Certified Medical Interpreter) certification with the National Board of Certification for Medical Interpreters since 2013. Before becoming an interpreter, she taught Junior High ESL (English as a Second Language) for 5 years for Mesa Public Schools and taught 2nd and 3rd grade for the Riverside Unified School District in California. She earned her BS in Social Ecology/Criminology from UCI (University of California, Irvine). She actively works toward Language Justice through her work as a consultant for HIV organizations looking to provide interpretation and translation in their work. She is the moderator for the SE Asian Language Division Special Interest Group of the American Translators Association (ATA). She is raising her 17-year-old son in Phoenix, AZ. She believes that hard work pays for itself and that we are born on this earth to help our fellow man and in doing so, we help ourselves. Her favorite quote is from Mother Teresa, "We can do no great things, only small things with great love".

May 22-25th Four half days from 8:30 am to 12:15 pm (PDT) each day

We will be facilitating this training via a secure Zoom video conference. If Zoom is not already loaded onto your computer, please do so *by the day before your first day of training*. **Please join by computer or a smart phone. We need to see engagement for CEU purposes and your camera must be on throughout the training.**

The training will begin promptly at 8:30AM (PDT). **You must be present for the entire training to receive CE credits. Partial CE credits will not be issued.**

Self-paced Learning

- 1-2 hours approximately
- Participants will download the course materials, complete the pre and post-test, complete homework assignments, and the course evaluation. These engagements are external to the classroom experience. (Asynchronous self-paced learning)

Target Audience

Direct service staff, clinicians, administrative support staff, community members, contractors, consumers, case managers and others who use their bilingual skills to interpret for agencies.

Course Format

- Online teaching, polls, breakout rooms, lecture, interactive exercises, and videos.

Learning Objectives

Upon completion of training, participants can be expected to:

- Understanding the history of interpreting
- Understand the importance of interpreting in behavioral health settings and services
- Identify key federal and state legislation
- Describe difference between high context and low context forms of communication
- Describe the role of culture and language in the interpreting process
- Expand behavioral health terminology
- Know the four roles on an interpreter
- Know the major models of interpreting
- Be familiar with the relationships found in the therapeutic triad
- Understand preferred seating arrangement
- Explain the purpose of the pre-session, in-session and post-session
- Understand the need for self-care and setting limits
- Understanding the ethical principles
- Key elements of the code of ethics & professional conduct

Abstract Of Course

Properly trained interpreters can fill a critical role in improving the quality of care to clients whose first language is not English, ensuring accurate and complete communication to minimize risk and maximize appropriate care. This workshop offers practical information on communication variables such as language, culture, verbal and non-verbal communication, and low and high context communication. Strategies to improve communication and service delivery when working as a language interpreter are outlined and practiced. This training creates a structure for participants to understand and practice the complex roles involved when serving as a behavioral health interpreter.

Due to the interactive nature of this training, the class size is limited to **35** individuals. **If you are interested in participating in the training, please email your interest as soon as possible to Ajna Glisic**

at DHSCCUnit@saccounty.net as the class may fill up quickly. Please note that if you have already taken this training in previous years, you have completed this requirement.

Training and CE Hours free of charge

All staff members who participate in the training will be given a certificate of completion and CE hours as appropriate at the end of the training. This course has been approved by NLBHA as a NAADAC Approved Education Provider, for 14 CEs. NAADAC Provider #185072, NLBHA is responsible for all aspects of its programming.

Questions, Concerns, or Grievances:

Quality training is the goal of Sacramento County; please direct any questions to Ajna Glisic (glisica@saccounty.gov). For concerns or grievances regarding this training, please send correspondence to: QMTraining@saccounty.gov.

ADA and Interpreter Needs:

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This program is funded by the Sacramento County Division of Behavioral Health Services through the voter approved Proposition 63, Mental Health Services Act (MHSA).

Cal Voices 26th Annual Peer Empowerment Conference

How to Access Community Assistance Using Peer Based Case Management and Advocacy

By Dr. B J Davis

1

Choice Theory & Five Basic Needs

• As individuals, we have these needs in different degrees. For example, one person may have a high need for Fun but a low need for Power. In practice however, the most important need is often love and belonging, as closeness and connectedness with the people we care about can be a requisite for satisfying all of the needs.

• Choice Theory tells us that we are all born with these five basic needs. All our behavior is always our perceived best choice to satisfy one or more of these needs. Whenever we feel bad it is because one or more of these needs are not being met.

FIVE BASIC NEEDS

- Survival: Physical needs, food, water, security
- Love and belonging: connecting with other people that are important to you
- Power: success, acknowledgement from others, achievements
- Freedom: to have choice and control in your life...freedom from...And freedom to...
- Fun: laughter, the genetic reward for learning

2

Peer Based Case Management Functions

- Assesses - Identifies service(s) the client needs
- Arranges - Makes plans to get service(s)
- Coordinates - Makes sure that service(s) are received
- Monitors - Follows the progress of client - service(s) interactions
- Evaluates - Makes sure that client gets services as intended
- Advocates - Intervenes to assure that client gets the services they needed

3

Duration of Case Management

- On-going support of clients over a protracted period of time; long-term support of mental health clients reintegrated into community
- AND/OR
- Support in achieving specific, short-term goals; assisting clients to link with services

4

Strengths Perspective

5

CASE MANAGEMENT

Persons who
have
substance
abuse
problems &
are HIV
positive



Barriers to Treatment

Personal

- Practical
 - Transportation
 - Financial
 - Childcare
- Lifestyle
 - Substance abuse & mental health behaviors
 - High risk
 - Homeless
 - Incarceration
- Internal
 - Fear of discovery
 - Stigma
 - Denial
 - Fatalism
 - Embarrassment
 - Lack of trust

System

- Location
- Rural providers
- Affordability
- Eligibility criteria
- Inflexible hours
- Admission process
- Cultural competence
- Impersonal
- Intimidating
- Staff skills
- Waiting lists

Substance
abuse
treatment &
medical
care



STRENGTHS PERSPECTIVE

6

Principle I: Focus on Client Strengths

- Emphasize client strengths, positives, assets, skills, abilities, etc.
- De-emphasize client recounting of what they've done wrong
- Recognize motivation and personal efforts
- Base goal-setting on past assets

7

Principle II: Client Driven

- Establish client as responsible for identifying own goals and path to accomplish those goals
- Increase client investment in goals
- Promote self-determination
- Reduces resistance and denial

8

Principle III: Case Manager as Primary Relationship

- Development of working alliance, relationship is critical
- Provides the short-term foundation for client taking risks
- Primary, but not exclusive relationship

9

Principle IV: Community as a Resource

- Selective use of formal, informal, and created resources
- Formal - specialized, entitlements
- Informal - day to day functioning and community involvement
- Created - Expand personal interests, skills

10

Principle V: Assertive Outreach

- Encourages understanding of client's life
- Helps case manager to help client formulate plans
- Promotes relationship between client and case manager

11

Combining Case Management & Strengths Perspective

12

Strengths-Based Case Management

- A value-added intervention in that:
 - Case management provides concrete support in getting resources
 - Strengths perspective provides emotional support in identifying abilities

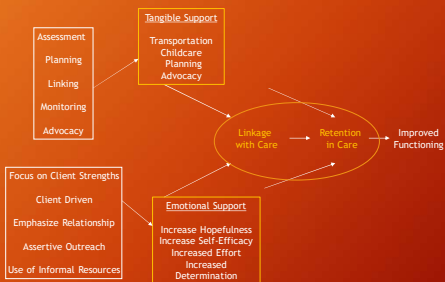
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Case Management + Strengths Focus

- | <u>Case Management</u> | <u>Strengths Perspective</u> |
|------------------------|------------------------------|
| • Assessment | • Focus on strengths |
| • Planning | • Client driven |
| • Linking | • Primary relationship |
| • Coordinating | • Assertive outreach |
| • Advocacy | • Creative use of resources |

14

STRENGTHS-BASED CASE MANAGEMENT



15

Strengths Perspective and Medical Model

Strengths Perspective

- Basic position is to find strengths, assets, and abilities
- Diagnosis and labeling is avoided
- Full discussion of client's story is encouraged

Medical/Disease Model

- Basic position is to find sickness, problems, disease & pathology
- Diagnosis is required; labeling is frequent
- Client/patient usually seen as less capable, needs to be helped/fixed

16

Strengths Perspective and Medical Model

Strengths Perspective

- Individual is asked about needs
- Individual seen as "able" and necessary participant in addressing needs
- Active involvement encouraged
- Goals are (almost) always supported

Medical/Disease Model

- Worker supports "party line" and agency role
- Client/patient goes to services
- Solutions usually involve formal resources
- Doctor-patient relationship

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Advocacy

- Importantly, a significant part of Peer Support is advocacy, but...
- Advocacy is more than good intentions. It also takes knowledge and skills!

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Advocacy

- Advocacy is a core concept of the human rights movement terminology.
- It refers to a process through which people/groups of people who face structural disadvantage whether through disability, socio-economic status or
- An advocate's role is to support people express their views/wishes by providing them with information necessary to explore the options in a certain situation so that informed decisions are being made

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Types of Advocacy



- 3 kinds of advocacy:
- Self-advocacy
- Individual advocacy
- Systems advocacy

20

Education



- Research your position and the situation.
- Read
- Gather statistics
- Talk to experts
- Survey others for opinions
- Research all relevant available resources

21

Plan and Negotiate




- Positive goals and ideas
- Negotiate
- Strategy development
- Influencers/Alliances
- Messaging

22



23

Communication Strategies



- In person
- Phone
- Written

24

Communication Strategies

- | | |
|---|--|
| <ul style="list-style-type: none"> • Be direct Do • Be assertive • Connect feelings with behaviors • Listen • Talk to the appropriate people • Prepare ahead of time | <ul style="list-style-type: none"> • Being Avoided passive or submissive • Using aggression • Using guilt • Losing our composure • Using sarcasm, character assassination, or absolutes • Acronyms and jargon |
|---|--|

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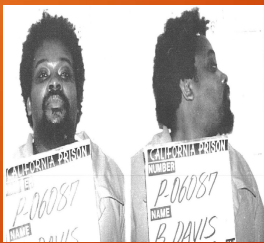
Stay Positive, Stay Focused

- Keep in touch
- Celebrate accomplishments
- Give credit where credit is due
- Thank people publicly
- Compromise where necessary
- Be persistent



26

Personal Experience



27

Putting Advocacy and Peer Support Into Action - My Personal Efforts

- I was able to prompt the county to stop treating co-occurring disorders in silos but rather simultaneously,
- I created the first "skill development" group to reduce the number of individuals with developmental disabilities getting discharged from SA treatment,
- I was instrumental in pushing the county to expand its treatment philosophy to include harm reduction, and to stop being ok with providers kicking clients out of their treatment programs for relapsing,
- I pressed the state into adding case management and recovery services (peer support) as a reimbursable component of treatment,
- As part of the Governors Advisory Board, I advocated to end prosecuting teenagers under 15 as adults,
- And both as a peer and a subject area expert I continue to advocate for a reduction in "racial and ethnic disparity" in criminal justice outcomes (arrests, bail, sentences, incarceration, etc.)



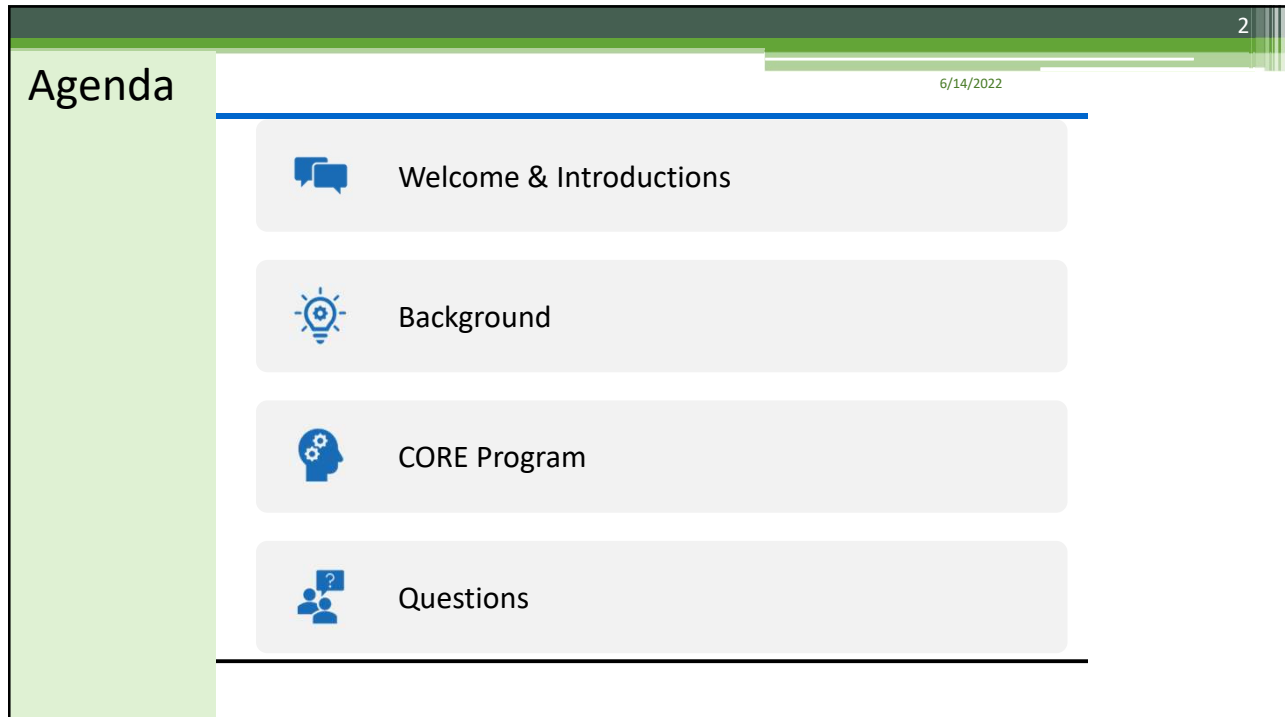
CORE
Community Outreach Recovery Empowerment

Behavioral Health Services
 June 10, 2022
 Allison Williams, LCSW, Health Program Manager
 Michael Amenyro, Program Planner

SACRAMENTO
 COUNTY

Funded by the Sacramento County Division of Behavioral Health Services through the voter-approved Proposition 63, Mental Health Services Act (MHSA).

1



Agenda

6/14/2022

- Welcome & Introductions
- Background
- CORE Program
- Questions

2

3

Background

6/14/2022

The *Adult Outpatient Transformation* is an opportunity to integrate community stakeholder input to refine our outpatient system to more effectively serve our community and to enhance the overall adult outpatient mental health services delivery system.

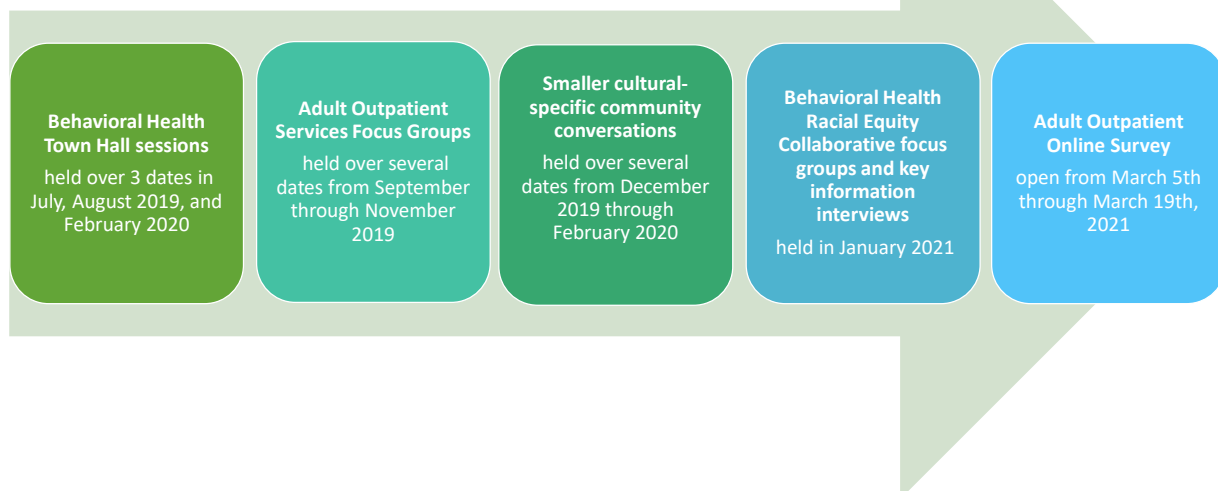


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Community Planning/Stakeholder Input Sessions

6/14/2022




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Recovery Stepping Stones

Journey To Wellness And Optimal Health



6/14/2022

CORE

Community: Increase community engagement and connections, belonging and supportive

Outreach: Inclusive, Inviting, welcoming, educational and inspirational

Recovery: Intentional progression towards optimal health and wellbeing

Empowerment: Client and family driven goals and outcomes, independent, confident, courageous and resourceful

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CORE Program Goals

6/14/2022

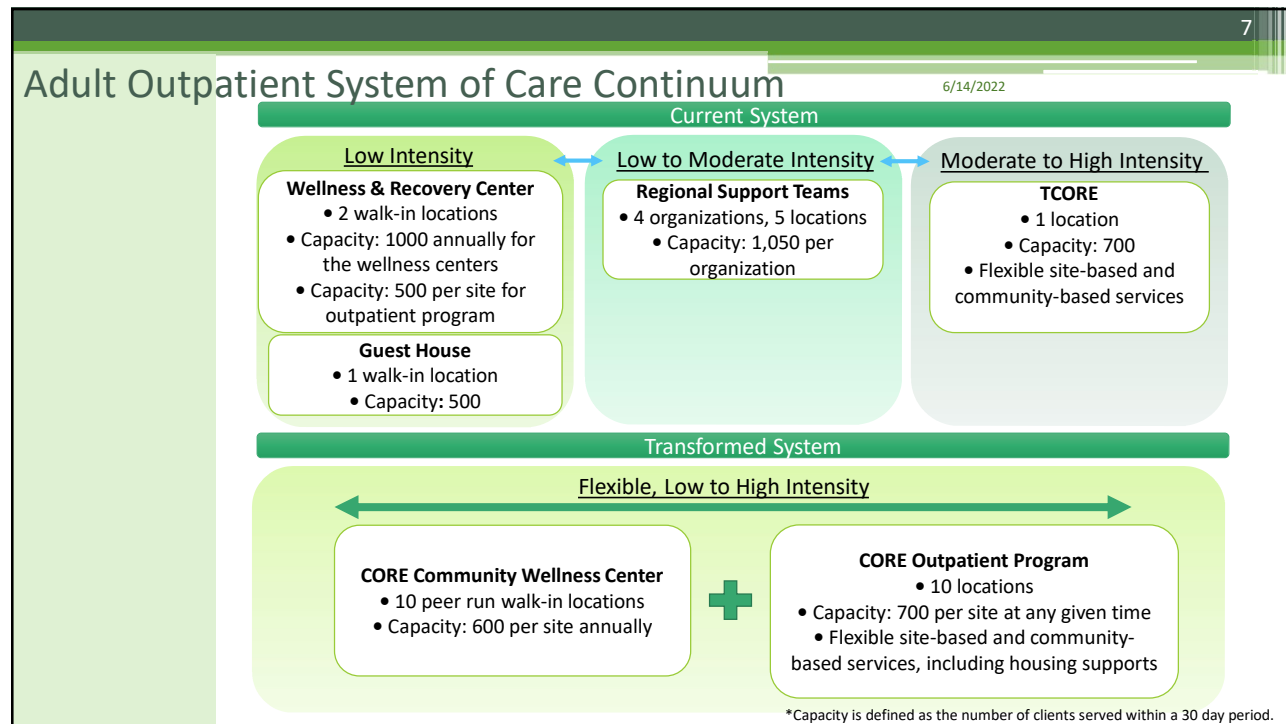
- Practice values and principles that enhance culturally responsive services, recovery and resilience.
- Increase treatment effectiveness through a strength-based and recovery focus model
- Promote housing stability
- Expand access points, including peer support
- Increase successful discharges defined as meeting treatment goals
- Increase successful linkage to primary care or geographic managed care provider when appropriate
- Increase effectiveness of evidence based practices, community defined practices, and promising practices
- Ensure sufficient, equitable, and efficient capacity

6

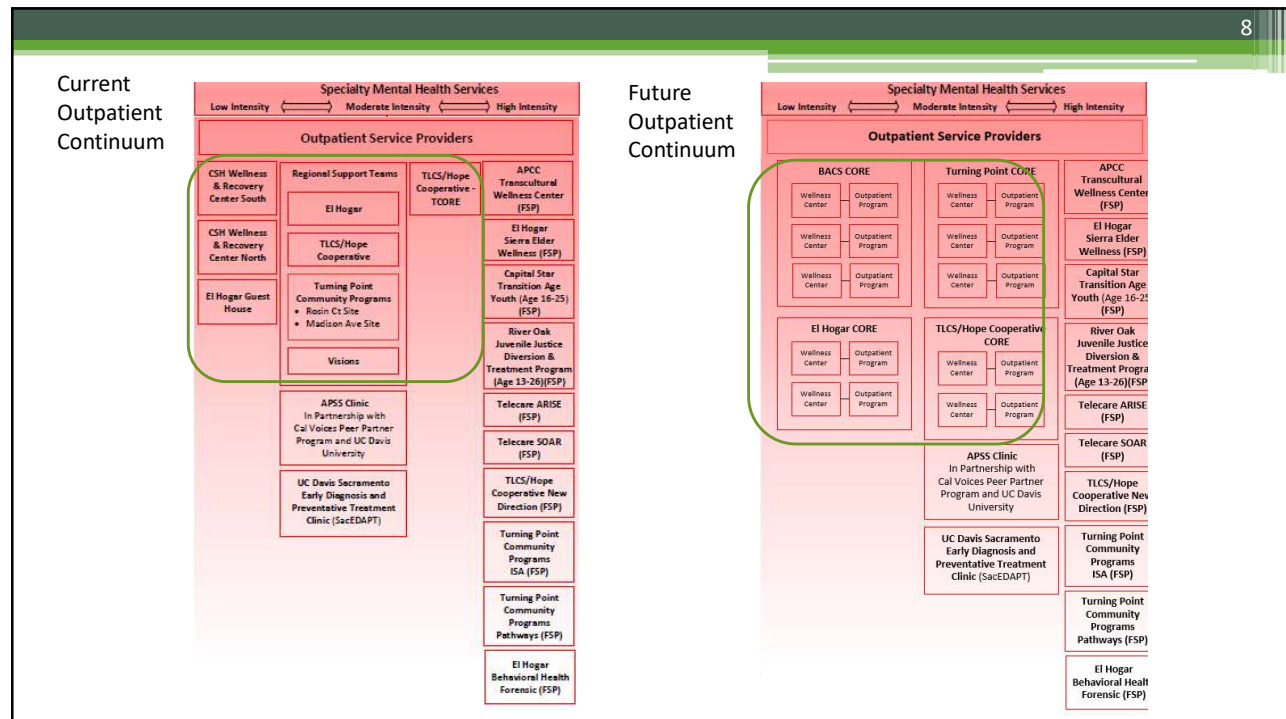
Adult Outpatient System of Care Continuum

6/14/2022

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Who is eligible?

6/14/2022

- **CORE Outpatient Program:**
 - Individuals 18 and older who are eligible for Specialty Mental Health Services in Sacramento County, per BHS Policy and Procedure [QM-01-07](#) Determination for Medical Necessity and Target Population
- **CORE Community Wellness Center**
 - All Sacramento County adult community members, age 18 years or older, seeking meaningful activities offered by the Center



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Service Delivery Approaches

6/14/2022

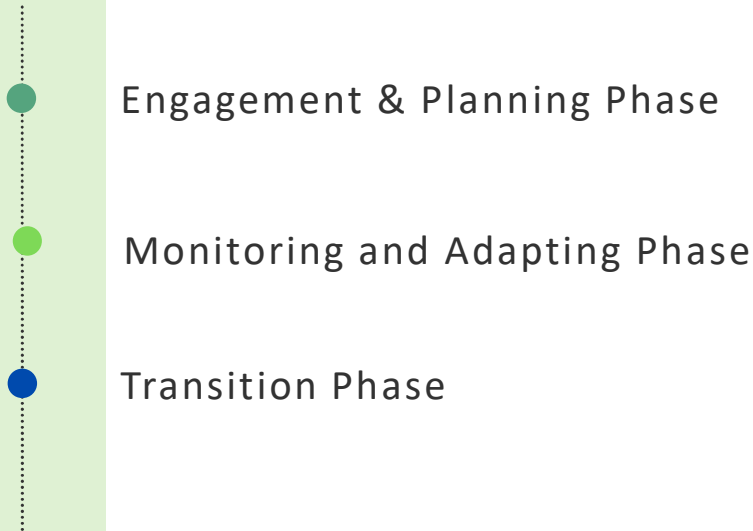
1. Trauma informed care, based on the Center of Health Care Strategies' core principles and key ingredients of trauma-informed approach described in Key Ingredients for Trauma-Informed Care
2. Culturally and linguistically responsive and recovery-oriented care.
3. The "Strengths Model," a recovery-oriented practice model that will guide outpatient program practices and service delivery, exemplified in the Strengths Model Fidelity Scale [Evidenced-Based]
4. Provide focused, time-limited, individual and/or group mental health services using best practices, community defined practices, evidence based practices, curriculum based practices and/or promising practices to all clients.
5. The "SSI/SSDI Outreach, Access, and Recovery (SOAR)" program model increases access to Social Security disability benefits for people experiencing or at risk of homelessness
6. Peer Support Services, a system of giving and receiving help based on key principles that include shared responsibility, and mutual agreement of what is helpful
7. Flexible, community/field-based specialty mental health service level of intensity and phase of treatment that matches the needs of the client.



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CORE Phases of Treatment

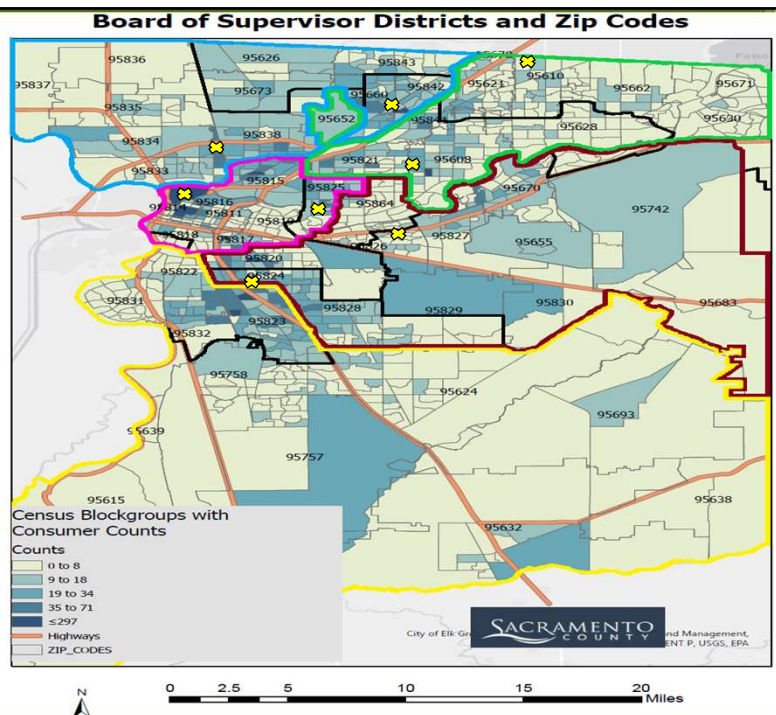
6/14/2022



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Where is CORE?

The CORE map features a general overview of the five areas with geographic boundaries identified by color along with the population density of adults served throughout Sacramento County in various shades of blue.



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CORE Program Staffing

6/14/2022

In addition to standard Medi-Cal requirements for staffing, CORE Program staffing will be:

- Reflective of the cultural, racial, ethnic, linguistic, sexual, and gender diversity of Sacramento County
- An array that includes a combination of education and experience, ranging from persons with lived experience, to licensed team members
- Specialized, relevant to program implementation and practices, such as those specialized in housing supports, benefit acquisition, and employment resources



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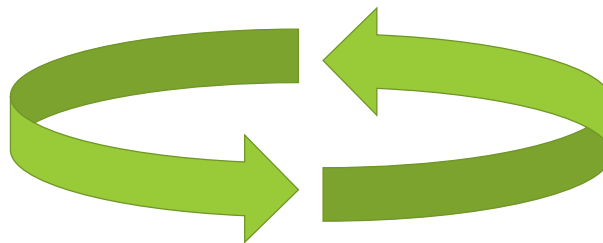
14

CORE On-going Stakeholder Input

6/14/2022

Community member
input to develop
meaningful, culturally
relevant programing and
activities

Robust performance
data, client progress, and
feedback



Inform and improve
management and
delivery of services, and
future program planning

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Transformation to CORE Timeline*

*subject to change



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Resources

6/14/2022

- Adult Outpatient Services Transformation website:
 - <https://dhs.saccounty.gov/BHS/Pages/Adult-Outpatient-Services-Transformation.aspx>
- CIBHS Strengths Model
 - [Introduction to the Strengths Model](#)
 - [Strengths Model Case Management](#)
- Trauma Informed Care
 - [Key Ingredients for Trauma Informed Care](#)
- SAMHSA SOAR Initiative
 - [SSI/SSDI Outreach, Access, and Recovery \(SOAR\) Overview](#)
 - [Implementing State and Local SOAR Initiatives](#)
 - [SOAR Online Course Catalog](#)

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Questions?

6/14/2022





Can Americans Look Away Again at Racial Harms?

Critical Questions About CARE Court

- 1) Why does SB 1338 claim to solve homelessness but does not provide for permanent housing or long-term mental health care?
- 2) Why does SB 1338 ignore community defined evidence practices for mental health treatment and instead jumps to court ordered treatment based on unproven care?
- 3) Why does SB 1338 want to further institutionalize racism when the entire court system does not have the expertise to determine the appropriate care for people with mental health disabilities, especially Black and Brown people?
- 4) How is a court petition filed against a person with mental health disabilities considered a voluntary process?
- 5) Why is SB 1338 primarily a vehicle to supply tens of millions of dollars to the Judicial Council and not to key housing or services programs that will end homelessness?
- 6) Why are there no protections in SB 1338 that will protect people with mental health disabilities from being abused by this brand-new court system?

CARE Court Will Enact Serious Racial Harms

Only 6.5% of all Californians identify as Black or African-American compared to 40% of the unhoused Californians who identify as Black or African-American. Unhoused Black Californians will be more than likely to be subject to a CARE Court petition.

According to Mental Health America, clinicians overemphasize psychotic symptoms and overlook non-psychotic symptoms, such as major depression, when treating clients of other racial or ethnic background. This has led to Black men in particular being over-diagnosed with schizophrenia compared to white counterparts. Unhoused Black Men will be more than likely to be subject to a CARE Court petition.

Domestic violence is the third leading cause of homelessness in the United States. Research shows that housing is one of the main needs identified by survivors. Under CARE Court, a broad scope of people, including family members who may be the perpetrator of domestic violence, can file a petition creating a system ripe for abuse.

It is “fiscally irresponsible, as well as inhumane” not to provide permanent housing for Californians experiencing homelessness. CARE Court does not provide housing, solve homelessness, nor is it fiscally responsible.

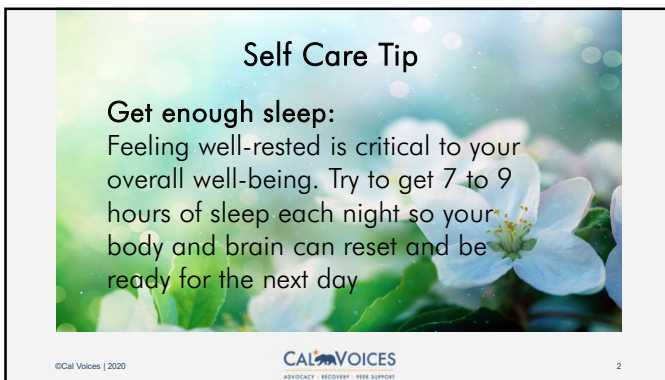
Vote No on SB 1338

For More Information:

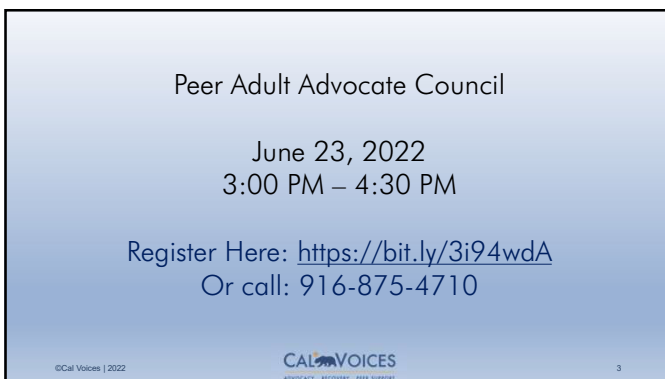
Please contact us at Eric.Harris@DisabilityRightsca.org



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6

Adult Access

Connect to services. Get the help you need.

Monday – Friday 8 am – 5 pm
 (24/7 for Mental health Crisis Calls)
 916-875-1055 or toll free 888-881-4881
[Mental Health Service Request.saccounty.gov](http://MentalHealthServiceRequest.saccounty.gov)

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Complete the survey for a chance to win a raffle prize

Click here to access the survey

40 prizes available!

ALWAYS BE BRAVE & STRONGER THAN YOUR FEARS

WIN!

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Just need someone to talk to?
 Individuals with lived experience offer supportive listening, referrals to mental health resources, and more.

Consumer-Operated Warmline

Monday - Friday, 9 am - 5 pm
 (916) 366-4668

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Self Care Tip

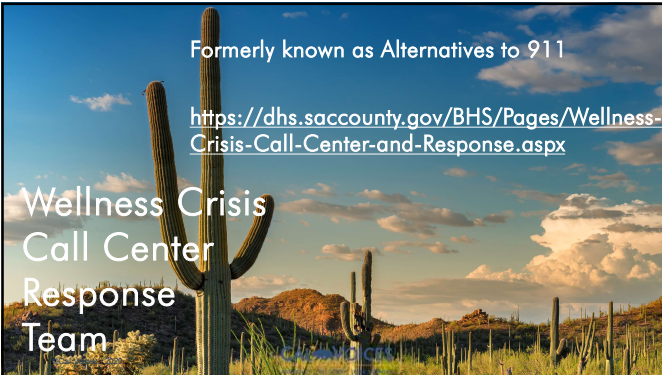
Eat healthy food:
Dealing with busy and stressful days requires energy and eating the right kinds of foods can improve your mood and ability to function.

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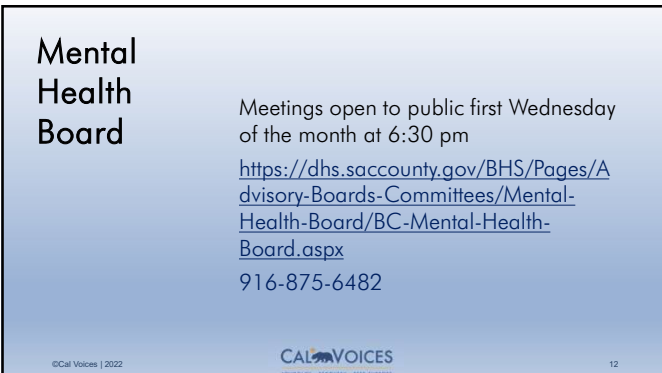
Formerly known as Alternatives to 911

<https://dhs.saccounty.gov/BHS/Pages/Wellness-Crisis-Call-Center-and-Response.aspx>

**Wellness Crisis
Call Center
Response
Team**

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**Mental
Health
Board**

Meetings open to public first Wednesday of the month at 6:30 pm

<https://dhs.saccounty.gov/BHS/Pages/Advisory-Boards-Committees/Mental-Health-Board/BC-Mental-Health-Board.aspx>

916-875-6482

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MHSA Steering Committee

Meets the third Thursday of the month from 6:00 pm

<https://dhs.saccounty.gov/BHS/Pages/Advisory-Boards-Committees/Mental-Health-Services-Act-Committee/BC-MHSA-Steering-Committee.aspx>

916-875-6472

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Alcohol and Drug Advisory Board

Meets on the second Wednesday of the month at 5:30 pm

<https://dhs.saccounty.gov/BHS/Pages/Advisory-Boards-Committees/Alcohol-and-Drug-Advisory-Board/BC-Alcohol-and-Drug-Advisory-Board.aspx>

916-875-6482

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<https://www.wellspacehealth.org/>

916-737-5555

Wellspace
Health

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Cal Voices Consumer & Family Voice

Angelina Woodberry
Adult Consumer Advocate Liaison
woodberryan@saccounty.net
916-875-4710

Robin Barney
Adult Family Advocate Liaison
barneyr@saccounty.net
916-875-5644

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19

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YOUTH ANGER MANAGEMENT
ES&E for youth ages 13 - 18 who are Sacramento County residents

MUST REGISTER TO ATTEND
Join us for an 8-week course to learn strategies in managing anger by developing new skills and learning how to express anger in a healthy way. This course offers a certificate of completion.

JOIN US VIRTUALLY!
Now meeting online and by phone via Zoom
Try your luck at one of our randomized calls!

SESSIONS ARE OFFERED QUARTERLY
All meetings take place on Wednesdays from 5:00 PM - 7:00 PM.

If you would like to register or have questions, contact:
916.855.5427 or safangem@calvoices.org

The program is funded by Sacramento County Department of Behavioral Health and Recovery Services, a division of Behavioral Health and Recovery Services, a division of Behavioral Health and Recovery Services, a division of Behavioral Health and Recovery Services.

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Community Support Team
Phone: 916.874.6015
Fax: 916.854.8929
California Relay Service: 711

Hours of Operation
Monday - Friday: 8:30 AM - 5:00 PM

Are you or someone you know feeling depressed, angry, stressed, fearful, anxious or alone?

Call the Community Support Team for support!

The Community Support Team is staffed by mental health counselors and peer specialists who provide free community-based services to community members experiencing mental health distress, which can include:

- Assessments
- Crisis intervention
- Safety planning
- Linkage to ongoing services and supports

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ADVOCACY RECOVERY PEER SUPPORT

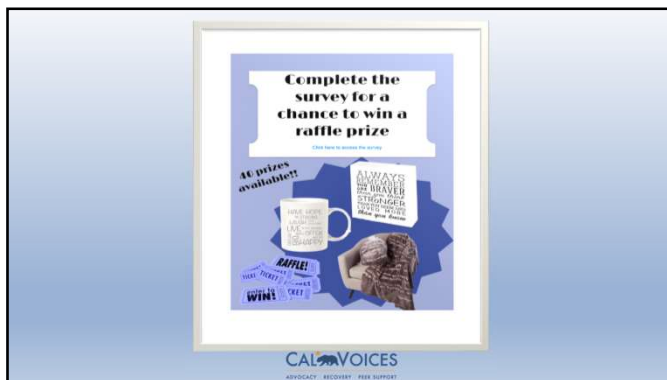
The program is funded by the Director of Behavioral Health Services through the Long-Term Support Services for Mental Health Services and Recovery Services.

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NO CARE Court Coalition

SB 1338 – Community Assistance, Recovery, and Empowerment (CARE) Court

Updated May 25, 2022

Concerns

- ***SB 1338 is coerced treatment, which violates human rights.***

CARE Court begins with an involuntary referral to the court by a family member, police officer, or government official. Treatment is imposed by a judge and enforced with sanctions, such as hospitalization, medication, or conservatorship. Given the frequency of misdiagnoses and the lack of efficacy for psychotropic medication, this proposal is ineffective for long term health and recovery.

- ***CARE Court does not provide housing.***

Housing is the foundation for mental health recovery and the ultimate solution to homelessness. But, this bill does not provide long term, stable housing. Involuntary treatment administered under coerced conditions will not be effective for people living on the streets.

- ***SB 1338 is a path to conservatorship.***

Under existing law, a person who is “gravely disabled” or a danger to themselves or others, may be conserved. CARE Court creates a pipeline to conservatorship – the ultimate loss of autonomy, dignity and liberty. If a person violates their CARE plan, under the broad conditions listed, those violations will form the basis for a referral to conservatorship, with a presumption that no community-based alternative is suitable.

- ***CARE Court does not increase access to voluntary behavioral health care.***

Californians suffer from inadequate access to voluntary mental health treatment. SB 1338 diverts existing resources from voluntary community-based services to court ordered care. Rather than funding California’s social safety

net, the State is funding judges, lawyers, and court orders. Unhoused individuals need homes, services, and supports, not state-imposed care, public defenders, and court orders.

- ***CARE Court will disproportionately harm Black and Brown communities.***

Because of a long history of discrimination in housing, employment, healthcare, policing and others, California’s Black and Brown people represent most of the unhoused population. They are routinely misdiagnosed or over-diagnosed with schizophrenia or other psychotic disorders at much higher rates than their white counterparts. Rather than addressing structural racism within the behavioral health system, CARE Court strips Black and Brown people of their liberty by placing them under court ordered State control.

Solutions

- ***Fund permanent supportive housing.***

The State must fund permanent, affordable housing for all Californians. Reports for the State Auditor and Little Hoover Commission show the State is short two million homes. This cannot stand. We must invest in permanent housing that features stability, security and privacy for an individual while providing the support necessary to maintain their health and success.

- ***Invest in voluntary community based behavioral health services.***

Every dollar invested in involuntary care is one less dollar for voluntary care. We must do better. California must develop an effective trauma-informed, community-based, behavioral health system of care for all people. Such a system would focus on prevention and early intervention, to prevent people from reaching a crisis. It would be voluntary and respectful of the treatment needs and wishes of the individual seeking treatment.

Contact: Eric Harris, Director of Public Policy
Disability Rights California | Eric.Harris@disabilityrightsca.org | (916) 504-5940



Wellness Crisis Call Center and Response Team (WCCCRT)

Department of Behavioral Health Services

June 10, 2022

Alondra L. Thompson, LCSW
Robert Kesselring, LPCC
Behavioral Health Program Managers

6/9/2022

Sacramento County Health Services

Development of the WCCCRT

- Sacramento County Behavioral Health is building a new and innovative 24/7 Wellness Crisis Call Center and Response Team that will change the lives of individuals experiencing a crisis due mental illness or substance abuse.
- Name was developed in collaboration with community members and advocates. **Broader community feedback suggested reconsidering name.**
- Community Listening Sessions and Survey (October - November 2020)
- Board of Supervisors Budget Hearings (June 2021)
- Community Stakeholder Workgroup (August 2021)
- Community Report Back (December 2021)

All of the information is available at:

<https://dhs.sacounty.gov/BHS/Pages/Wellness-Crisis-Call-Center-and-Response.aspx>

What is Behavioral Health Services (BHS)?


- Sacramento's Behavioral Health Services (BHS) includes the promotion of health and wellness; resilience, wellbeing, and healing from traumatic experiences; prevention, support, and treatment for mental health and/or substance use challenges; and support of those who experience and/or are in recovery from these conditions, along with their families and communities.

WCCCRT Program Summary:

- The Wellness Crisis Call Center and Response Team (WCCCRT) will receive calls from community members requesting behavioral health services or when they are experiencing a mental health crisis.
- Clinicians and staff with lived experience can be dispatched to respond immediately to locations throughout the County.
- These Call Center and Response Teams staff provide immediate, 24/7 crisis intervention and de-escalation services, assess needs and risks, and create safety plans.
 - This includes identifying and leveraging individual strengths and natural supports; coordinating with existing Mental Health Plan (MHP) and Substance Use Prevention and Treatment (SUPT) providers as appropriate; linking to services; voluntary transport to urgent/emergency resources and accessing alternate response teams or emergency responders when necessary.

Goals from Community Input Sessions




- Safely **de-escalate** crises
- Provide linkages to **accessible and affordable mental health** resources to decrease repeat crises and emergency department visits
- Offer a **response team that does not include law enforcement staffing**
- Ensure the model is **community-based**
- **Decrease criminalization** of mental health and homelessness



Division of Behavioral Health

Wellness Crisis Call Center & Response Team

**Fulltime Employment Opportunity **

Join a Team That Will Make a Meaningful Difference in Our Community!

Currently Recruiting Bilingual Candidates

Wellness Crisis Call Center (CCC) & Response Team (RT) program will provide crisis intervention services and supports to individuals who are experiencing a behavioral health related crisis in the community. Behavioral Health is defined as: the promotion of health and wellness, resilience, wellbeing, and healing from traumatic experiences. It includes prevention, support, and treatment for mental health and/or substance use challenges and the support of those who experience and/or are in recovery from these conditions, along with their families and communities. BHS is committed to hiring a workforce that reflects the diversity of our community. As such, BHS is seeking to interview a wide-ranging pool of applicants from diverse backgrounds and different levels of clinical, professional, and/or lived behavioral health experience, with high energy, compassion, and enthusiasm for public service.

Description:
The 24/7 Behavioral Health Crisis Call Center and Response Team will be a combination of the following civil service classifications:

Mental Health Program Coordinator (Licensed): provides supervisory and administrative duties, including administration of the Wellness Crisis Call Center and Response Team. This is a continuous filing exam.

Behavioral Health Peer Specialist: provides peer support such as sharing their recovery story, identifies wellness goals, and provides emotional support to consumers of behavioral health services and their families. In partnership with a clinician, provides in-person response as part of the Response Team. This is a continuous filing exam.

Senior Behavioral Health Peer Specialist: provides peer support, oversees and coordinates the work of Peer Specialist, ensures completion of tasks in accordance with established policies and procedures; communicates policies, procedures and job expectations; and provides training to staff. This is a continuous filing exam.

Senior Mental Health Counselor (Licensed): serves in a lead role, which may include providing clinical consultation to peers or Mental Health Counselors. Also provides licensed behavioral health treatment services, including assessment, diagnosis, and crisis intervention. May also include assessing level of care needs and linking individuals to ongoing services and or community supports. Services may be delivered via call center and/or in-person response as part of the Response Team. This is a continuous filing exam.

Mental Health Counselor: provides professional behavioral health treatment services, including screening, assessment, and crisis intervention. May also include assessing level of care needs and linking individuals to ongoing services and or community supports. Services may be delivered via call center and/or in-person response. This is a continuous filing exam.

For classification descriptions and salary information, please visit:
<https://www.governmentjobs.com/careers/sacramento>

6/9/2022

Sacramento County Health Services

Contact Information

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**Cultural Competence Agency Self
Summary Report for the Mental Health Services System
2022**

Cultural Competence Agency Self Summary Report for the Mental Health Services System

Overview

Sacramento County Division of Behavioral Health Services (DBHS) is committed to providing high quality, effective services that are responsive to the needs of the diverse individuals, families and communities in Sacramento County. Given the rich diversity with respect to culture, race, ethnicity, LGBTQ, and language and the importance of providing services that are equitable to all communities, it is important for DBHS to establish a system-wide baseline of cultural competence. The last Cultural Competence Mental Health Agency Self-Assessment was conducted in 2019.

The Cultural Competence Mental Health Agency Self-Assessment Scale is based on a SAMHSA/CMHS funded project in which measures of cultural competence in Behavioral Health Services settings were selected and benchmarked. In a description of their work, the researchers indicated "...the use (of the scale) is expected to move and promote organizations and their personnel toward culturally competent behaviors in the delivery of Behavioral Health Services. The Cultural Competence Mental Health Agency Self-Assessment Scale is fully compatible with the CLAS standards (Culturally and Linguistically Appropriate Services Standards in Health Care).

This scale is applicable to any agency delivering Mental Health services. It is proactive in the sense that it is intended to suggest ways for an agency to progress along the cultural competence continuum. Between February and April 2022, thirty-two (32) Mental Health providers completed this scale for their agency. Data from the individual agency self-assessment scales has been aggregated to establish a system-wide baseline of cultural competence. This baseline information highlights collective areas of strength and improvement across the Mental Health system and will inform DBHS of areas where technical assistance and training may be needed. Some of the technical assistance may be agency specific and will be discussed in coordination with the DBHS contract monitor, whereas other types of technical assistance may be provided system-wide. Prominent themes that were expressed by agencies across the system are outlined in this report.

Cultural Competence Agency Self Summary Report for the Mental Health Services System

The scale assesses 15 areas of cultural competence, and agencies are asked to rate themselves on a scale from 1-5 in 14 of those areas. The rating of “5” on an item represents the ideal condition that the expert panel that developed the scale felt was attainable. The 14 CLAS Standards that are rated are:

Standard 2 Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
Standard 3 Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
Standard 4 Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
Standard 5 Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
Standard 6 Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
Standard 7 Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
Standard 8 Provide easy-to-understand print and multimedia materials and signage in languages commonly used by the populations in the service area.
Standard 9 Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization’s planning and operations.
Standard 10 Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
Standard 11 Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and inform service delivery.
Standard 12 Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
Standard 13 Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
Standard 14 Create conflict grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
Standard 15 Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Cultural Competence Agency Self Summary Report for the Mental Health Services System

Summary Findings

The following information is based on agencies' responses to the Agency Self-Assessment of Cultural Competence (CC). A total of 32 contracted providers submitted the Self-Assessment, and providers are asked to rate themselves on a scale from 1-5, with the rating of "5" representing the ideal condition. (See Appendix A for information reflecting how individual agencies rated themselves in each of the areas).

Highlights

- The median total rating was 53 (of a possible 70) and individual agencies rated themselves between 34 and 70.
- For the 14 areas agencies rated themselves on, the average area rating was 3.8.
- Across all respondents the following three areas were rated highest:
 - Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services at 4.4.
 - Standard 3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area at 4.2.
 - Standard 7: Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided at 4.1.
- Across all respondents, the following three areas were rated lowest:
 - Standard 12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area at 3.4.
 - Standard 15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public at 3.3.
 - Standard 10: Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities at 3.1.
- Many agencies agreed that the self-assessment process was helpful, and made them aware of the need to:
 - Focus on areas that scored lower on the assessment scale and re-focus on specific services and CLAS standards.

Cultural Competence Agency Self Summary Report for the Mental Health Services System

The table below contains an aggregate average score for each CLAS Standard. The average is based on data that was received from the thirty-two (32) providers.

CLAS STANDARD	AVERAGE SCORE (1–5) N=32
Standard 1: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.	Do not rate Standard 1
Standard 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	4.0
Standard 3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	4.2
Standard 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	3.7
Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.	4.4
Standard 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	3.8
Standard 7: Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	4.1
Standard 8: Provide easy-to-understand print and multimedia materials and signage in languages commonly used by the populations in the service area.	3.7
Standard 9: Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.	4.0
Standard 10: Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	3.1
Standard 11: Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and inform service delivery.	3.7
Standard 12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.	3.4
Standard 13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	3.6
Standard 14: Create conflict grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	4.0
Standard 15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.	3.3

Cultural Competence Agency Self Summary Report for the Mental Health Services System

Overview of the narrative questions

1. What has your agency learned by participating in this process? N=32	N	%
Strength/weaknesses and areas for improvement	18	56.3%
Improve data collection efforts	4	12.5%
The CLAS standards that are measured	2	6.3%
Services needed for additional threshold CLAS	2	6.3%
The need to provide translation, interpretation and ongoing training to staff.	2	6.3%
Nothing	2	6.3%
Importance of policy and procedure review to enhance service delivery	1	3.1%
Improve recruitment efforts to provide culturally and linguistics services	1	3.1%

2. What goals will you set for your agency as a result of completing this self-assessment scale? N=32	N	%
Improve on CLAS standards	7	21.9%
Training	5	15.6%
Written materials in additional languages	5	15.6%
Build relationships, expand outreach and partnerships	4	12.5%
Hire diverse staff	3	9.4%
Discuss results with executive director and management team	3	9.4%
Review policies and procedures	2	6.3%
Outreach to other cultures and expand services	2	6.3%
Develop an Advisory Board	1	3.1%

Cultural Competence Agency Self Summary Report for the Mental Health Services System

3. Describe any revisions to current policies or practices you plan to make as a result of completing this self-assessment scale. N=30	N	%
Staff training	7	23.3%
None	7	23.3%
Revise processes, policies and procedures to reflect CLAS standards	5	16.7%
Other	4	16.7%
Policies and procedures already in line with CLAS standards	2	6.7%
Look at additional resources to improve CLAS standards	2	6.7%
Board development and partnerships	2	3.3%
Signage in lobbies about CLAS standards	1	3.3%

4. Describe any new policies or practices you intend to implement. N=32	N	%
Update employee handbook and develop agency policy or processes	10	31.3%
None	8	25.0%
Other	4	12.5%
Develop process to analyze patient demographics	3	9.4%
Develop and implement inclusive policies and practices	2	6.3%
Offer written materials and signage in additional languages	2	6.3%
Outreach	2	6.3%
Increase opportunities for staff to receive CLAS training	1	3.1%

Cultural Competence Agency Self Summary Report for the Mental Health Services System

Conclusion

DBHS appreciates the thoughtful processes taken by each agency to conduct the Cultural Competence Mental Health Agency Self-Assessment. Throughout this process, agencies have identified their individual strengths and areas where they can improve. The following highlights reflect the Mental Health system, as a whole.

- The areas where agencies tended to score themselves the highest were in the following areas:
 - ❖ Standard 3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
 - ❖ Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
 - ❖ Standard 7: Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- The areas where agencies tended to score themselves the lowest were in the following areas:
 - ❖ Standard 10: Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
 - ❖ Standard 12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
 - ❖ Standard 15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

DBHS will utilize the information in this report to further inform technical assistance and training opportunities for the Mental Health system. Contract monitors shall work with individual agencies to monitor and provide technical assistance specific to their needs.

Cultural Competence Agency Self Summary Report for the Mental Health Services System

Appendix A Cultural Competence Mental Health Agency Self-Assessment Scale based on Culturally and Linguistically Appropriate Services (CLAS) Standards

Section I

CLAS STANDARD	SCORE (1–5)	COMMENTS: Primary factors leading to scoring choice; challenges; barriers associated with each domain.
<u>Principal / Overarching Standard</u> Standard 1: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.	Please Do NOT RATE this standard	
<u>Governance , Leadership and Workforce</u> Standard 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. <i>(Advance and maintain equity and health fairness through policies, practices, and financial resources.)</i>		
Standard 3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. <i>(Recruit, promote, and support a culturally and linguistically diverse workforce at all levels (including Board of directors, administrators, line level, and peers) that are responsive to the population in the service area).</i>		
Standard 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. <i>(Educate and train all staff (including Board of directors, administrators, line level, and peers) on cultural and linguistic appropriate policies and practices on an ongoing basis).</i>		
<u>Communication and Language Assistance</u> Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.		
Standard 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.		
Standard 7: Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.		

Cultural Competence Agency Self Summary Report for the Mental Health Services System

CLAS STANDARD	SCORE (1–5)	COMMENTS: Primary factors leading to scoring choice; challenges; barriers associated with each domain.
Standard 8: Provide easy-to-understand print and multimedia materials and signage in languages commonly used by the populations in the service area. <i>(Provide easy-to-understand print and multimedia materials and signs in languages commonly used by the populations in the service area.)</i>		
<u>Engagement Continuous Improvement, and Accountability</u> Standard 9: Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization’s planning and operations. <i>(Establish culturally and linguistically appropriate goals, policies, and instill them throughout the programs organization, operations, planning, and management for accountability purposes.)</i>		
Standard 10: Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities. <i>(Conduct ongoing assessments of the organization’s culturally and linguistically competent activities and standards into measurements and ongoing quality improvement activities.)</i>		
Standard 11: Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and inform service delivery. <i>(Collect and maintain demographic data to monitor and evaluate health equity and outcomes in order to impact service delivery.)</i>		
Standard 12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area. <i>(Conduct regular assessments of health related community resources and needs and use the results to plan and implement services that are responsive to the cultural and linguistic diversity in the service area.)</i>		
Standard 13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.		
Standard 14: Create conflict grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.		
Standard 15: Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public. <i>(Communicate the organization’s progress in implementing and sustaining culturally and linguistically competent standards and services to all stakeholders, constituents, and the general public.)</i>		
TOTAL SCORE		

**Cultural Competence Agency Self
Summary Report for the Mental Health Services System**

Section II

Please answer the following questions:

1. What has your agency learned by participating in this process?
2. What goals will you set for your agency as a result of completing this self – assessment scale?
3. Describe any revisions to current policies or practices you plan to make as a result of completing this self- assessment scale.
4. Describe any new policies or practices you intend to implement.
5. Please list all of the individuals by name and title that participated in the group discussion in completing this scale.

Cultural Competence Agency Self Summary Report for the Mental Health Services System

Appendix B Section II - Narrative Responses

Q1. What has your agency learned by participating in this process?
The process of completing this survey has reaffirmed that the county is committed to CLAS and the agency has a greater awareness of ensuring its ongoing implementation at all levels.
We learned that while we are constantly improving on these measures, we can implement more policies and practices that can affirm these values and create more diversity and inclusion in our workforce.
We still have a lot of work to do!
We need to review areas in which CLAS standards are already incorporated, and other areas that need to be updated.
We realized that we are not as familiar with the CLAS standards specifically or their related measurements/tools. There are areas where we could improve our communication to our constituents and community specifically in more linguistically comprehensive ways. While we provide and monitor training of all levels of staff this is not being provided at the board level.
Ongoing awareness.
Our program realized how hard it is to put into words everything we do to support diversity, equity and inclusion with our clients and staff.
We have learned that we have been following some CLAS standards as a natural progression of our culture and CARF requirements.
Areas that need improvement.
This gave me time to reflect further on where our organization is lacking in terms of cultural competency, although it is something I have thought about often already.
We have successfully accommodated the cultural and linguistic needs of our residents. We are doing generally well with upholding CLAS standards. One area of growth would be to provide translation/interpretation training to our bilingual staff to ensure competent translation services occur when we do not utilize our contract with Language World Services.
This was helpful in clarifying where we are in our progression toward becoming a fully CLAS provider. The process highlighted some areas that we can easily implement to see immediate gains for our clients.
I've learned that we may need to make a more systemize approach in regard to training.
There are areas of opportunities in which our agency can grow.
We need to do a better job at being more consistent and incorporating demographics of the population we serve as well as provide more material.
We are proud to be an organization that provides culturally and linguistically services to our patients. We are looking ways to be even better at that.
We do well in a number of areas but could do more with the data we collect and in the ways we display and advertise our capacities.
We can better utilize our demographic data and that we can be more vigilant in ensuring that all staff are aware of the services that are available and how to connect a youth or family to those services.

Cultural Competence Agency Self Summary Report for the Mental Health Services System

Q1. What has your agency learned by participating in this process?
There are things we do well and some things to improve. We have made progress in some areas over the past few years and may need to implement more intentional CLAS specific strategies. There are times when the community needs may be immediate, so it may be beneficial to position our agency to be better prepared for these times.
Increased our awareness of our culturally and linguistic practices and areas for improvement.
I am not sure I have learned anything. This funding is a very small component of our overall budget, so we would rarely adapt anything for this program specifically.
We are already well versed in providing services to a diverse population and have the resources to do so built in.
There is always space for improvement.
Learning what resources we have, and our philosophy and perspective on how we interact with our families. In depth review of the CLAS Standards ratings/scale as a way to show evidence to demonstrate that we are meeting the standards. Reviewing the CLAS Standards has created opportunities for ongoing cultural competency and racial equity conversations and assessment. Opportunity to get direct care staff input. Provided an opportunity to fact check (are we doing what we say what we're doing). Our agency is the most deficient in translated print and multimedia materials and signage. We need more clarification on the language proficient testing qualifications and how we access information. Need to explore certification process for proficiency. We need to obtain feedback from the Limited English proficient (LEP) community on the effectiveness of our language assistance services. More formal structure to gather feedback on this area. Training on how to utilize an interpreter effectively; Gather feedback from families on what they need/what is available; Greater community outreach and impact. We need to report out on number of staff who speak another language and languages spoken by the families (per program). Not all forms are available in all threshold languages. Need to translate all documents (consents, ROIs, program fact sheets) in the threshold languages. This to include posters; general signage in the lobbies.
Our agency, as a whole, does a great job at ensuring culturally and linguistically services are being met.
Our agency has always kept cultural competency at the forefront.
Additional efforts will require a dedicated focus of representatives from across the agency. We are currently establishing that body to better support and monitor agency efforts in this area.
The agency has a longstanding history with valuing diversity, equity, and inclusion and compliance with CLAS standards to ensure successful program outcomes.
How to better detail and explain the work we do to uphold the CLAS standards.

Cultural Competence Agency Self Summary Report for the Mental Health Services System

Q2. What goals will you set for your agency as a result of completing this self – assessment scale?
Our agency will address some of the areas where we could make more improvement.
Board training re: inclusion, diversity and cultural competency; More comprehensive conflict resolution processes; More safe places to share issues around equity with our leadership; Continuous data collection and improvement as well as retention and hiring of more diverse staff.
To focus more on our grievance process. Also, how can we offer support groups that are linguistically supportive.
Better familiarize the agency with CLAS standards and review policies & procedures to incorporate CLAS standards.
Learn more about the specifics of the CLAS standards including measurements and tools. Evaluating and addressing what signage is posted and what is needed. Improve alignment of data collection and communication with the CLAS standards. Explore opportunities for training at the board level.
Additional outreach and partnerships.
Continue building relationships with other providers to help support cultural inclusion for all.
We will work to utilize the language of CLAS in our annual documents and committee meetings. We will look at ways to increase the accessibility of signage and media.
To conduct our annual survey regarding the satisfaction of services, including access to cultural and linguistic services, and incorporate outcomes into quality improvement plans.
While I have limited power to set agency goals, I can continue to advocate for changes that promote increased cultural competency and access.
Elevate discussion and evaluation of CLAS within Leadership Team and also within All Staff meetings. Implement CLAS awareness as part of staff orientation.
A goal would be to be more open to other cultures, even though our target audience is Iu-Mien and providing service for them.
Complete CLAS assessments on a regular basis.
Our goal is to make sure that everyone is aware the process and initiatives to improve services.
We will determine agency wide goals at next director/board meeting.
To ensure that staff are aware of services and how to engage them or help a family engage those services.
Broaden-reinforce interpretation and translation access/processes; Staff fully representative at all levels of the communities we serve.
None.
Increase our written materials in languages beyond English and Spanish. Develop an analytic plan for data we collect on demographic and culture related data points.
Take the outcomes from the assessment and share with agency leadership to review and decide upon goals for the future.
Increase understanding of CLAS Standards and how they intersect with CDE and other LEA requirements for increasing cultural and linguistic responsive practices.

Cultural Competence Agency Self Summary Report for the Mental Health Services System

Q2. What goals will you set for your agency as a result of completing this self – assessment scale?
Again, given the small fraction of funding that this represents for our agency, it is unlikely we would set agency wide policies as a result of the self-assessment. We are driven to create policies by our accreditation standards and internal organization.
We will continue to try to hire a diverse workforce.
Extend our services to refugees from Afghanistan who speak English and Russian.
Our agencies Career Pathways Coordinator and Human Resources Department plans to continue to strategize and partner in developing a targeted workforce plan that supports a career pipeline and ladder, which leverages cultural resources and incorporates target.
We are in the process of onboarding new hires at the program. Leaders will ensure that all new staff are familiar with the language line and how one would access interpreters should the need arise.
Continue to partner with community agencies that promote equality and equity regarding cultures and diversity.
Establishment of agency DEI Advisory Board; Increase in materials available in threshold languages; Launch of new website with better access for non-English speakers; Training of Board Members in CLAS Standards; Re-institute CLAS training.
More signage in different languages, measure management accountability; assess linguistic competence; advocate for funding to implement changes identified through this process such as outreach, community assessment, and implementation.
The agency will continue to use our existing DEI plan to meet objectives related to promoting a diverse workforce and ensuring equitable service delivery.
Better detail and explain the work done around CLAS standards.

Q3. Describe any revisions to current policies or practices you plan to make as a result of completing this self- assessment scale.
Improve our community needs assessment of mental health by partnering with other API community organizations.
Our agency intends to update our Board training related to diversity and inclusion as well as our conflict resolution/grievance process, particularly as it reflects inclusion and equity.
Unknown at this time; agency is in the process of revising its employee handbook and will likely incorporate CLAS standards into new edition of handbook.
Will review current P&P to determine which ones will need to include update for CLAS standards incorporation.
Add items to the annual strategic plan already in motion to better incorporate some of the CLAS standards and create a mechanism for monitoring and accountability. Utilize demographic data that is gathered in a more meaningful way.
Board development.
Add a specific agenda item in our monthly leadership meetings (which includes clinical supervisors, leadership, and advocates) regarding cultural inclusion to assess where we are and what we can do to improve.

Cultural Competence Agency Self Summary Report for the Mental Health Services System

Q3. Describe any revisions to current policies or practices you plan to make as a result of completing this self- assessment scale.
Our agency will continue to look at ways to increase client voice in policy and program structure.
Schedule meetings.
No planned revisions at this time; however, if something were to happen to our interpretation services, then our agency would revise policies to ensure bilingual staff are trained in interpretation services prior to provision of services.
As mentioned, I don't have the power to make final policy changes or practices. But, I can advocate for increased language options, formal cultural competency trainings, and a recognition that fluency in a language does not mean someone is a qualified interpreter.
Provide signage in lobbies informing about CLAS, particularly interpreting services available. Integrate CLAS training as part of our new staff orientation.
All staff will be trained using the Cultura de Salud (Culture of Health) approach. These principles will further engrained into the work that is conducted by staff on a daily basis.
We are working to increase staff training.
We will discuss in next directors meeting.
None at this time.
We already have EDI goals and this is a good reminder of other items related to translation and written materials.
None.
Plan to include line item in next year's budget for written translation.
Talk to agency leadership and consider revisions of our current policies.
None at this time.
That would be a very large overhaul for a small program for us.
None.
Currently all our policies are effective.
During our initial CLAS Standards assessment, the recognition of Cultural Brokers was identified as a need. We have since implemented P&P to recognize and compensate Cultural Brokers who serve as intermediaries (i.e. peer advocates and support) bridging.
Doing any committee or group that address, teaches and develops these skills.
No changes to specific policies. Changes in practices as written in #18.
Our agency was already in the process of evaluating P&Ps related to agency involvement and recommendations from DEI Committee. Related to assessment, we will evaluating information related to increased implementation of CLAS standards and outreach.
The agency will put more focus on actively reviewing existing policies to ensure they are in line with current CLAS standards.
To be more thorough in addressing CLAS standards specifically in multiple policies & procedures.

Cultural Competence Agency Self Summary Report for the Mental Health Services System

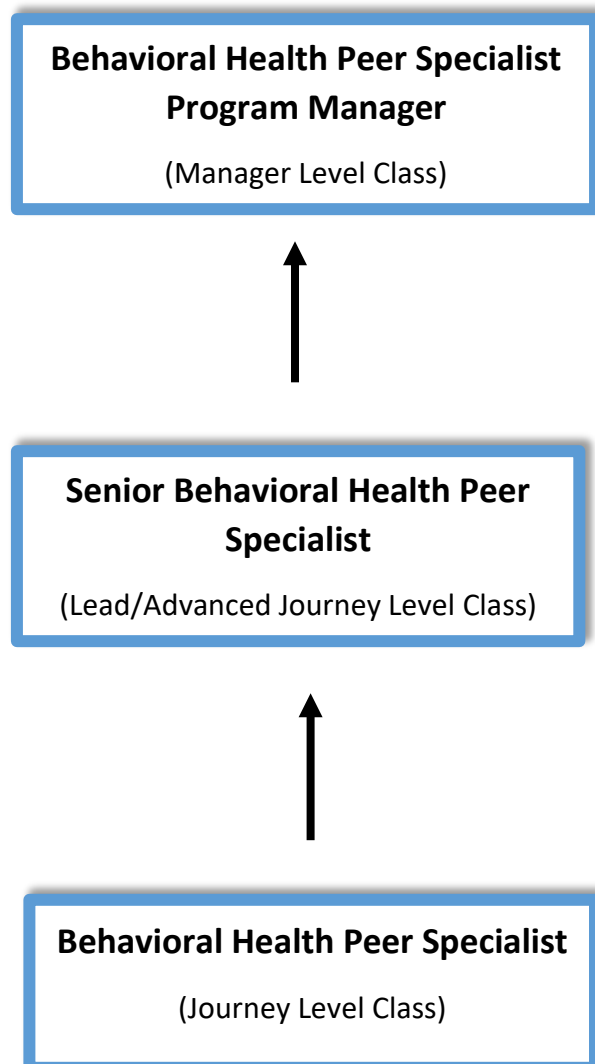
4. Describe any new policies or practices you intend to implement.
Not at this time.
We plan to develop a more comprehensive cultural competency plan in the next 12 months that specifically addresses issues of equity, inclusion in our hiring and service delivery.
A grievance process.
Unknown at this time.
Add practices around collection of demographic data in alignment with the CLAS standards. Integrate the CLAS standards into practices where needed. Seek feedback from community partners and stakeholders in the area of practices and policies.
We are in the process of updating our employee handbook and will of course look at it through this lens.
Post signage regarding no cost for interpretation services for those in need. Develop a process to analyze patient demographic data and compare to internal staffing language capabilities and cultural backgrounds to inform hiring decisions.
No new policies that we have identified yet.
Foreign language translation.
N/A.
My answer is the same as number 19.
Ask our Manager of QI to report regularly to the Leadership Team regarding agency demographics and outcomes related to CLAS. Consider involving Board of Directors in CLAS training.
Create specific surveys for different topics to see where we can improve.
The policies or practices we intend to implement include: stress and trauma, community violence, oppression, discrimination, and disconnection of family and cultural values.
Our agency is implementing LGBTQ training.
To be determined.
None at this time.
Policy on qualifications for bi-lingual staff, standard assessment of competency.
None.
Better advertise didactics.
Take to agency leadership and consider revisions of our current policies.
Continue to work on developing and implementing inclusive policies and practices.
None.
None.
If needed.
We are in the process of creating processes (P&P) for staff to respond to telephone calls from LEP individuals. Our agency is also excited to begin implementation of our action plans focused on strengthening diversity, equity, and inclusion.
N/A.
Nothing new at the moment.

**Cultural Competence Agency Self
Summary Report for the Mental Health Services System**

4. Describe any new policies or practices you intend to implement.
Practices described in #18.
See #19.
Our agency is looking to add new policies to address outreach to more diverse applicants.
None new this year, more revising others.



Behavioral Health Peer Specialist Series



This information is intended to highlight a potential path for career advancement. For full job descriptions and associated minimum qualifications, please visit www.personnel.sacounty.net. Please note, job descriptions are subject to change. We encourage candidates to fully explore the opportunities available to them, and look forward to working together in service of all Sacramento County residents.

COUNTY OF SACRAMENTO

DHHS/DIVISION OF BEHAVIORAL HEALTH SERVICES

Acknowledgement of Receipt

I have received the following items at the start of service with this Provider; in addition, I understand that I may receive any of the following information upon request:

Document Provided (✓ Check all that apply)							
<input checked="" type="checkbox"/>	Sacramento County Mental Health Plan Notice of Privacy Practices The Notice of Privacy Practices tells you how the County of Sacramento may use or disclose protected health information about you. Not all situations will be described. You may ask questions about the Notice of Privacy Practices. The County of Sacramento is required to give you a notice of our privacy practices for the information we collect and keep about you.	For County Use Only: Inability To Obtain Acknowledgement If the County is <u>not able to obtain the patient's acknowledgement</u> , record the good-faith effort made to obtain acknowledgement, and the reason acknowledgement was not obtained. <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Effort to obtain acknowledgement: <input type="checkbox"/> In-person request <input type="checkbox"/> Request via mail (send copy of letter to EMR for inclusion in patient's record) <input type="checkbox"/> Other, please describe below: _____ <div style="text-align: center; border-top: 1px solid black; margin-top: 5px;">Program Staff Signature</div> </td> <td style="width: 50%; vertical-align: top;"> Reason acknowledgement was not obtained: <input type="checkbox"/> Patient refused to sign <input type="checkbox"/> Patient did not return acknowledgement receipt form. <input type="checkbox"/> Other, please describe below: _____ <div style="text-align: center; border-top: 1px solid black; margin-top: 5px;">Print Name MM/DD/YY</div> </td> </tr> </table>				Effort to obtain acknowledgement: <input type="checkbox"/> In-person request <input type="checkbox"/> Request via mail (send copy of letter to EMR for inclusion in patient's record) <input type="checkbox"/> Other, please describe below: _____ <div style="text-align: center; border-top: 1px solid black; margin-top: 5px;">Program Staff Signature</div>	Reason acknowledgement was not obtained: <input type="checkbox"/> Patient refused to sign <input type="checkbox"/> Patient did not return acknowledgement receipt form. <input type="checkbox"/> Other, please describe below: _____ <div style="text-align: center; border-top: 1px solid black; margin-top: 5px;">Print Name MM/DD/YY</div>
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<input type="checkbox"/>	Provider Notice of Privacy Practices Provider/Agency Name: _____ The Provider/Agency Notice of Privacy Practices tells you how our agency may use or disclose information about you. Not all situations will be described. Our agency is required to give you a notice of our privacy practices for the information we collect and keep about you.						
<input type="checkbox"/>	Sacramento County MHP "Guide to Medi-Cal Mental Health Services" The MHP "Guide to Medi-Cal Mental Health Services" contains information on how a member is eligible for mental health services, how to access mental health services, who our service providers are, what services are available, what your rights and responsibility are, our Grievance and State Fair hearing process and includes important phone numbers regarding our Mental Health Plan.						
<input type="checkbox"/>	Advance Directive Brochure The Advance Directive Brochure explains your rights to make decisions about your medical treatment. It includes how to appoint a health care agent who can make decision on your behalf and how to change your directive at anytime.	Do you have an Advance Directive?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
		If YES, can you provide a copy for our Medical Records?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
<input type="checkbox"/>	Sacramento County MHP Provider List The MHP Provider list is a list of contracted MHP Providers in our community. The County ACCESS Teams authorize all outpatient non-emergency services. You may contact the MHP County ACCESS Teams for further information regarding this list of Providers.						
<input type="checkbox"/>	Voter Registration Information Voter Registration forms enable an eligible citizen to vote in scheduled elections. Voter Preference Forms indicate whether or not an individual is registered to vote, would like to register to vote, or does not want to register to vote. The completed form will be kept in the record for two years. An individual may request assistance with registering to vote and all information is confidential.						

I, _____, (print client's first & last name) have been given a copy (if required) of the above checked documents and have had a chance to ask questions regarding these documents.

<div style="background-color: yellow; display: inline-block; padding: 2px 5px;">Client Signature</div>	<div style="background-color: yellow; display: inline-block; padding: 2px 5px;">Client ID</div>	<div style="background-color: yellow; display: inline-block; padding: 2px 5px;">Date (MM/DD/YY)</div>
Legal or Personal Representative of Client Signature (If applicable)	Relationship to Client	Date (MM/DD/YY)

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 916-875-6069 or TDD at 711.

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call 916-875-6069 or TDD 711

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 916-875-6069 or TDD 711.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 916-875-6069 TDD 711

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-916-875-6069 TDD 711

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [1-916-875-6069 TDD 711 번으로 전화해 주십시오.

繁體中文(Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-916-875-6069] (接力服務TDD 711。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-916-875-6069 TDD 711

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-916-875-6069 TDD 711

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. ب (1-916-875-6069 TDD 711 تماس بگیرید.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-916-875-6069 TDD 711まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-916-875-6069 TDD 711

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 916-875-6069 TDD 711 'ਤੇ ਕਾਲ ਕਰੋ।


العربية (Arabic)
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 916-875-6069 TDD 711

हिंदी (Hindi)
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 916-875-6069 TDD 711 पर कॉल करें।

ภาษาไทย (Thai)
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 916-875-6069 TDD 711

ខ្មែរ (Cambodian)
យកចិត្តទុកដាក់:ប្រសិនបើអ្នកនិយាយភាសាខ្មែរសេវាកម្មជំនួយភាសាដោយមិនគិតថ្លៃអាចរកបានសម្រាប់អ្នក។ ទូរស័ព្ទទៅ ៩១៦-៨៧៥-៦០៦៩ ឬសេវាបញ្ជូនតាមលេខ ៧១១ ។

ພາສາລາວ (Lao)
ໂປດລາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 916-875-6069 TDD 711

 <p align="center">County of Sacramento Department of Health and Human Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-10-30
	Effective Date	
	Revision Date	4-22-2016
Title: Progress Notes (Mental Health)		Functional Area: Chart Review – Non-Hospital Services
Approved By: (Signature on File) Signed version available upon request Alexandra Rechs, LMFT Acting Program Manager, Quality Management		

BACKGROUND/CONTEXT:

The Sacramento County Division of Behavioral Health Services and Mental Health Plan (MHP) requires that Progress Notes accurately record all service contacts. Progress Notes are a description of direct and indirect service activities including billable and non-billable contacts. Progress Notes also convey information from collateral resources, consultation contacts, and coordination with other system providers and agencies.

PURPOSE:

The purpose of this policy is to establish guidelines, requirements, and timelines for the completion and submission of Mental Health progress notes.

In the Avatar Clinician Workstation (CWS) system and other electronic health record systems, the submission of a progress note is also the mechanism for service billing.

DETAILS:

It is the policy of Sacramento County MHP that Progress Notes are completed for all service contacts.

1. Progress Notes must support the applicable service but should be brief and succinct. Long narratives and lengthy descriptors should be avoided.
2. County approved abbreviations may be used in Progress Notes (see *BHS Abbreviations and Acronyms*).
3. The clinical introductory progress note is written at the first face to face contact, or very soon thereafter, providing an overview of the client and his/her mental health condition. A complete note includes, but is not limited to: the identity of the client, including age, ethnicity, and other significant demographic information, the referral source, presenting condition, including symptoms, behaviors, and level of functioning, need for services/medical necessity justification, client strengths, supports, and a plan for subsequent services. If a client indicates a primary language other than English, or a physical disability, the provider will offer an accommodation to provide culturally and linguistically competent services and note this in the clinical introductory progress note. If a client refuses such accommodation, this refusal will be documented in the clinical introductory progress note.
4. Cultural and linguistic accommodations must be offered to the client and on behalf of the family/caregiver. This must be documented in every note when a language other than English is indicated. If the provider is trained and proficient in English and the target language then the progress note must specify the language spoken during the session. When an interpreter is

necessary the progress note shall include the following: the language the session was conducted in, language services offered, the name of the interpreter, how interpretation was conducted. If a provider is using a client's family member for interpretation document the emergency situation and circumstances where no other means of interpretation or communication was available. Should the client elect a family member as the interpreter there must be documentation of the clinical decision making informing that decision and documentation demonstrating efforts to offer an independent interpreter. Sacramento County prohibits the use of children as interpreters under all circumstances. See *Cultural Competence & Ethnic Services Policy and Procedure "Procedure for Access to Interpreter Services for more information.*

5. A description of the interventions used and progress made toward treatment goals by the client and family (when applicable) must be reflected in the notes. Each progress note claimed must describe how services provided reduced impairment, restored functioning or prevented significant deterioration in an important area of life functioning, allowed a child to progress developmentally as individually appropriate or for client's under the age of 21, corrected or ameliorated the condition. Each progress note claim must relate to the qualifying diagnosis and identified functional impairments and should be medically necessary.
6. Progress Notes must be completed in a timely manner according to the following guidelines:
 - a. Progress notes should be completed on the same day a service was provided but will be considered "on time" if completed within 3 business days of the service. (Example: If a service was provided on Tuesday, the note could be completed no later than Friday and still be considered "on time").
 - b. Progress notes will be considered late but accepted if completed within 4 and not more than 5 business days from the date of service. (Example: If a service was provided on Tuesday, the note would be considered late if it was completed the following Monday or Tuesday). Supervisors may be notified of this late entry.
 - c. A progress note later than 2 weeks from the date of service may be subject to non-reimbursement for the service provided.
7. Progress Notes are considered final once submitted into Avatar CWS and electronic health record systems. If critical content or information is left out, notes must be "appended" (Append Note function in Avatar CWS).
8. Corrections for open charge services must be submitted to QM on the Open Charge Deletion Request (OCDR) form. Corrections for services already claimed must be submitted to DBHS Fiscal on the Claims Correction Spreadsheet. In some cases services may need to be re-entered as a non-billable activity so that documentation exists for completed service activities.
9. Any Progress Notes that are hand written and not entered through an Electronic Health Record must be legible, including legible signature and professional classification or printed name along with signature and professional classification, as well as include the date of service in order to be considered a complete progress note.

Procedure:

Progress Notes shall contain the following elements:

1. Date of Service

Enter the date the service occurred. Note that "entry date" is recorded in Avatar and electronic health record systems. Entry date is used to confirm timely submission of progress notes.

2. Service Start Time/Service End Time

Start and End times are not currently required for most MHP services. This may be a requirement at a later date or currently for specific programs.

3. Service Charge Code

Enter or select the applicable Service Charge Code. See *Sacramento County Service Code Definitions/Training Guide* for updated list of Service codes, code definitions, and training information. A separate progress note must be written for each service billing (i.e. multiple notes may be needed for different service activities occurring during one client contact or session).

4. Service Location

Enter or select the applicable Service Location. Location options are predefined through Department of Health Care Services (DHCS) Client Services Information (CSI) data requirements.

5. Practitioner Name and Signature

Practitioner name and professional classification (i.e. MHA-I, MHRS, LPHA) are automatically entered in Avatar CWS and most electronic health record systems. The practitioner's signature or electronic signature is required on all notes.

6. Duration

Enter total duration of service time in minutes. Direct service time, Travel time, and Documentation time must be entered separately, if applicable. Avatar CWS users enter Documentation and Travel time under "Non Service Related Time". Documentation time includes the time of completion of the progress note for the service. Travel time is the round-trip travel time from agency office to service location. Travel time can only be counted for services where a billable activity occurs.

7. Service was Face to Face

Select "yes" or "no" as appropriate. Select "yes" if a service was provided to the client face to face.

8. Co-Practitioner Fields

The use of co-practitioners is limited to services where it is necessary and appropriate for two staff to provide the same service at the same time (i.e. Group Services where the non-duplicative role of the second staff is documented and Case Management/Brokerage for Consultation purposes). Enter Co-Practitioner Name, ID, and Durations (Direct, Documentation, and Travel). Note that for Consultations the Co-Practitioner does not complete a progress note and Documentation time should not be entered. Please see Quality Management handout, "*Co-billing Case Consultations for Avatar*" for more information.

9. Evidence-Based Practices/Service Strategies (CSI) and Additional SS/EBP

Evidence-Based practices (EBP) are effective clinical practices supported by extensive literature and data. Coding of EBPs must be pre-approved by the Sacramento County MHP. See Policy and Procedure *Review Process for Implementation of New Clinical Practices* for more information. The listing of EBPs is defined by the MHP and the State DHCS.

Service Strategies (SS) are general service descriptions for specific interventions. Service Strategies do not require pre-approval and should be coded for all applicable services. The listing of Service Strategies is defined by the State DHCS.

10. Note Type (Avatar CWS users)

Select the applicable Note Type (i.e. Standard, Discharge, Injection). Note Type should be "Standard" unless a specialized service that fits another category is provided. Note Type is independent of Service Charge and does not affect billing.

11. Language in Which Service Was Provided

Select the language the service was provided in. If multiple languages are spoken during a service please clarify in the progress note narrative.

12. Was Interpreter Used

Select “yes” or “no” as appropriate. If the staff providing the direct service is providing interpretation “yes” should be selected.

13. Group Services

Group services must indicate the number of clients participating in the group. In Avatar CWS, “Number of Clients in Group” must be used to identify the number of participants so that duration can be accurately apportioned to each client.

If a group is co-facilitated, the second facilitator can only bill and be identified as “Co-Practitioner” if his or her non-duplicative role is defined in the narrative of the note.

Note: “Preparation time” is no longer accepted as billable time for group services.

14. Discharge Notes

Discharge progress notes should include information summarizing the course of treatment, the reason for discharge, and recommendations for follow-up care and referral. The Discharge Note Type should be selected and the applicable Service Charge Code used for the service is selected. Discharge notes are billable only if a billable service is provided in that final contact (i.e. case closed with final Therapy service). If no contact has been made with the client for an extended period then the Discharge note is considered “administrative” and the Non-billable Service code (11111) should be selected. See Policy and Procedure “**Discharge Process**” for more information.

REFERENCE(S)/ATTACHMENTS:

- Mental Health Plan Contract

RELATED POLICIES:


- QM 00-08 Deletion of Open and Closed Charges
- QM 10-28 Discharge Process
- CC 01-02 Procedure for Access to Interpreter Services

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff		
X	Mental Health Treatment Center		
X	Adult Contract Providers		
X	Children’s Contract Providers		

CONTACT INFORMATION:

- Quality Management
QMInformation@saccounty.net

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	Cultural Competence & Ethnic Services
	Policy Number	01-02
	Effective Date	6/20/2014
	Revision Date	5/15/19
Title: Procedure for Access to Interpreter Services		Functional Area: Access to Care
Approved By: Signed version available upon request		

Background/Context:

All Sacramento County Mental Health Plan (MHP) and Alcohol and Drug Services (ADS) providers and County operated programs shall ensure that clients who are Limited English Proficient (LEP) or are Deaf/Hard of Hearing will be provided with an interpreter **at no cost** to the client. Division of Behavioral Health Services provider staff rely primarily on verbal and non-verbal communication to engage clients, form a therapeutic relationship, conduct assessments and provide treatment. A language barrier can lead to miscommunications, which can significantly impact engagement, assessment and treatment (adapted from “Cross-Cultural Communication & Therapeutic Use of Interpreters in Mental Health”, March 2003, Lee, Evelyn, Ed.D., LCSW, Romero, Josie T., MSW, LCSW).

Definitions:

"Limited English Proficient" - Individuals who speak a language other than English as their primary language and who have a limited ability to read, write, speak or understand English are considered limited English proficient (adapted from US Department of Health & Human Services, Office for Civil Rights, “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons”, 2004).

“Interpreter” - An interpreter is an individual who has been assessed for professional skills, demonstrates a high level of proficiency in at least two languages, and has the appropriate training and experience to render a message spoken or signed in one language into a second language and who abides by a code of professional ethics (The Department of Health and Human Services LANGUAGE ACCESS PLAN, 2013). In addition to the linguistic interpretation of the message given, the interpreter can provide cultural information and a necessary cultural framework for understanding the message (adapted from “Cross-Cultural Communication & Therapeutic Use of Interpreters in Mental Health”, March 2003, Lee, Evelyn, Ed.D., LCSW, Romero, Josie T., MSW, LCSW).

Purpose:

The provision of medically necessary, culturally and linguistically competent specialty mental health services and/or substance use services is fundamental to ensure access and delivery of appropriate services to beneficiaries. Language access is essential to this effort. When bilingual and bicultural provider staff are not available, the use of trained interpreters can help to bridge the language and cultural gap (adapted from “Cross-Cultural Communication & Therapeutic Use of Interpreters in Mental Health”, March 2003, Lee, Evelyn, Ed.D., LCSW, Romero, Josie T., MSW, LCSW).

This policy outlines the process for accessing trained interpreters when trained, bilingual, bi-cultural staff or in-house interpreters are not available.

Details:

- A. The Assisted Access language interpreter agency provides interpreter services for Sacramento County Mental Health Plan and Alcohol and Drug Services Contract providers and County operated programs at no cost to the agency.
- B. In the event that a face-to-face interpreter is not available through Assisted Access, Mental Health Plan and Alcohol and Drug Services Contract providers and County operated programs must arrange for face-to-face interpretation by an interpreting agency.
- C. Mental Health Plan and Alcohol and Drug Services Contract providers and County operated programs must arrange for culturally and linguistically appropriate interpreter services for clients who are Deaf/Hard of Hearing.
- D. When face to face interpreter services are not possible, Mental Health Plan and Alcohol and Drug Services Contract providers and County operated programs must arrange for phone interpreter services by an interpreting agency.

The cost to engage appropriately certified interpreters specified in B. C. and D. above are the responsibility of the Mental Health Plan and Alcohol and Drug Services Contract provider agencies and County operated programs unless an exception is approved by the County.

- E. The Mental Health Plan and Alcohol and Drug Services generally prohibit the use of family members as interpreters except in rare or extenuating circumstances:
 - 1. In emergencies where no other means of interpretation or communication are available.
 - 2. When a consumer specifically chooses not to use an interpreter provided by the MHP or Alcohol and Drug Services and elects to use a family member for interpretation services, a Release of Information form must be signed by the consumer before the family member may be used as an interpreter.
Continued offers to provide an independent interpreter must not be excluded

by this initial decision. Clinical decisions must always inform these efforts and may involve utilizing both family and an independent interpreter in specific circumstances.

The MHP and Alcohol and Drug Services prohibit the use of children as interpreters in any circumstance. In the event of emergency situations, providers are always responsible to access alternative interpreter services to ensure that children are not placed in a position to make this decision.

Reference(s)/Attachments:

Title VI of the Civil Rights Act of 1964, U.S. Code 2000-d (Code of Federal Regulations, Part 21: the Std. Title VI); Executive Order 13160 of June 23, 2000; Welfare and Institutions Code (WIC), 14684 (h); California Code of Regulations Title 9, Chapter 11; Department of Health and Human Services- Office of Minority Health: National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care.

Related Policies:

Interpretation Services by Family Members Policy and Procedure No. QM 01-03 from Quality Management.


Distribution:

Enter X	DL Name	Enter X	DL Name
X	Behavioral Health Staff	X	Mental Health Treatment Center
X	Alcohol and Drug Services Contract Providers	X	Mental Health Contract Providers

Contact Information:

Mary Nakamura, LCSW (916) 876-5821

Cultural Competence and Ethnic Services Manager

 <p align="center">County of Sacramento Department of Health and Human Services Division of Behavioral Health Services Policy and Procedure</p>		Policy Issuer (Unit/Program)	QM
		Policy Number	QM-09-05
		Effective Date	04-01-2009
		Revision Date	08-01-2014
Title: Electronic Utilization Review/Quality Assurance Activities		Functional Area: Quality Improvement Program	
Approved By: (Signature on File) Signed version available upon request Kathy Aposhian, RN Program Manager, Quality Management			

PURPOSE:

The purpose of this policy is to delineate participation and implementation of EUR/QAC activities by mental health providers in accordance with the MHP contracted Annual Quality Management Work Plan. The goal of the EUR/QAC process is to conduct retrospective electronic chart reviews that 1) monitor type and quality of service delivery within MHP established standards of care; 2) ensure adherence to documentation and authorization standards and requirements; and 3) verify and validate accurate, timely charting to support service claims. In addition to EUR/QAC chart reviews, Utilization Review may be conducted through multiple types of programmatic and quality improvement activities studying the type and quality of service interventions or practices, effectiveness of services through electronic chart reviews, performance improvement projects and other evaluation activities. Quality Assurance is conducted through utilizing tools to sample and match electronic clinical records and notes to claimed services.

DETAILS:

Policy:

It is the policy of the Sacramento County Mental Health Plan (MHP) to conduct reviews of mental health services authorized and provided by all contracted and county operated service providers. The MHP Quality Improvement Committee (QIC) charges the Electronic Utilization Review/Quality Assurance Committee (EUR/QAC) and affiliated working committees to complete these oversight, monitoring and quality assurance functions. Qualified staff and appropriate tools are to be utilized to review clinical necessity, quality, quantity and appropriateness of care provided in accordance with contractual and regulatory requirements. The EUR/QAC submits annual findings of reviews, trends and recommendations to the Quality Improvement Committee (QIC) whose chair, the Quality Management (QM) Manager for the MHP, maintains operational direction for Electronic Utilization Review/Quality Assurance (UR/QAC) activities.

The policy applies to provider and county operated programs, with responsibility for monitoring and quality assurance activities assigned within its organizational structure.

Procedure:

The MHP's Quality Improvement Committee guides several types of EUR/QAC activities utilizing a variety of tools and forums. Chart selection for each type of review is determined by focus of review. The MHP maintains an annual goal of reviewing a minimum of 5% of unduplicated clinical charts.

Below are listed several types of existing standard review processes:

1. Monthly County EUR/QAC (External) peer reviews coordinated by designated MHP County Quality Management (QM) staff;

2. Monthly UR/QA Reviews coordinated by service provider agencies (Internal) coordinated by clinical supervisors within the contracted agency;
3. Quarterly UR/QA Reviews coordinated by QM staff of providers whose Electronic Health Records (EHR) is not Avatar;
4. Biannual UR/QA Reviews coordinated by service providers that are located Out of County and coordinated by clinical supervisors within the contracted agency;
5. Special selected EUR/QA Reviews coordinated by QM and Program staff focused on a specific area of need or attention as directed by the QM Manager;
6. Other EUR/QA activities as determined by the County MHP QM Manager to provide specialized technical assistance as requested by provider, QIC, or Program Managers;
7. EUR/QA activities delegated to be conducted at the Mental Health Treatment Center (MHTC).

This policy and procedure addresses responsibility for County EUR/QAC and Agency UR/QAC.

I. Selection, Identification, and Review of Records:

Based on the type of review, QM staff will identify the selection of clients and time-frame for review and select charts accordingly. Reviews focus on a selected “primary” chart and also involve review of other programs providing care to the client within the MHP (referred to commonly as “secondary charts”). The following steps take place to expedite a review:

County EUR/QAC (External) for Providers utilizing Avatar

QM Staff Responsibility:

1. QM selects the clients to be reviewed and runs the reports necessary for the EUR.
2. QM makes arrangements for location of review and coordinates all aspects of the review.
3. QM oversees EUR/QA attendance, chairs EUR meetings, and provides technical assistance as needed.

Agency Responsibility:

1. Agency is responsible for ensuring that staff designated for this purpose attends and participates appropriately for the entire review
2. All MHP services are provided under the direction of staff designated in the category of Licensed Practitioner of the Healing Arts (LPHA). Staff who attends the County External EUR/QA must be a qualified LPHA (Licensed Practitioner of the Healing Arts) who is a current Avatar user and has working familiarity with the Avatar system. For Adult and Children EUR/QAC, it is expected that at least one representative from each agency attend the scheduled review.

County EUR/QAC (External) for Providers not utilizing Avatar

QM Staff Responsibility:

1. QM selects the clients to be reviewed and runs the reports necessary for the EUR.
2. QM reviewers will visit the provider site and conduct the review on-site.
3. QM staff to provide feedback to the provider after the review.

Agency Responsibility:

1. Agency is responsible for designating staff to be available for technical assistance.

Agency UR (Internal)

QM Staff Responsibility:

1. Provides technical support to agencies as needed.

Agency Responsibility:

1. Each agency will develop a methodology for the selection of a sample of case records for review, in accordance with the goals of that review, and provide the program monitor with the procedure and rationale for that methodology, in accordance with their specific contract requirements.

2. Each agency will identify staff to participate in the internal review. Staff may be selected based on specific roles and functions, specific skill and training, or as subject matter experts.
3. Each agency will submit monthly findings of UR activities to Quality Management UR/QAC Coordinator by the 5th day of the month following the review.
4. Each agency internal review must annually update and include data on any selected indicators or review elements that are part of the MHP's Quality Management Work Plan.

II. EUR/QAC Review Tools:

The following three documents are used by the EUR/QAC as tools to complete a chart review:

1. *General Electronic Utilization Review Tool* (EUR): This form has two purposes:
 - a. It is used as a guide for reviewing identified charts. This tool is used for Child and Adult chart reviews of Outpatient Specialty Mental Health Services.
 - b. It is used by reviewers to note deficiencies or areas of correction for identified questions. Items that are subject to report are marked in red on the EUR tool.
2. Day Treatment EUR: This tool is used when reviewing services provided in a Day Treatment Intensive or Day Rehabilitation program.
3. TBS EUR: This tool is used when reviewing services provided in a Therapeutic Behavioral Services (TBS) program.

III. Follow-up Procedure:

County EUR/QAC (External)

Agency Responsibility:

1. Upon receipt of "Reportable items" section the agency makes identified corrections and responds in writing any "Corrective Action Taken" section of the form. A "Supervisory Response Section" is included for additional comment to the McFloop item or corrective action taken by the provider;
2. The original McFloop form with agency response and associated UR tool attached are due to the UR/QAC Coordinator by the next scheduled UR/QAC meeting.
3. If there are any identified billing errors, corrective actions must be documented with specific dates;
4. If the UR/QAC review documents a need for additional or more comprehensive follow-up, actions will be forwarded to the agency with this notation. The MHP's Compliance Program will receive a separate compliance memo on the actions in addition to the McFloop response and approval of action will be directed to the QM Program Manager;
5. If the review demonstrates concerns with quality of care, credentialing, or scope of practice issues, the UR/QAC Coordinator will note this information on the UR tool and McFloop form, and follow-up with the Compliance Program lead. This will require additional response from the agency;

QM Staff Responsibility:

1. Once the "Reportable items" are received by the UR/QAC, the UR/QAC Coordinator is responsible for the review, approval/disapproval, and follow-up if needed;
2. The County UR/QAC Coordinator is responsible for ensuring that all actions are tracked with sufficient detail in the UR Corrections tracking process;
3. An annual compilation of all UR/QAC activities, analysis, and recommendations with suggested improvements will be provided to the MHP at the monthly QIC meeting.

Agency UR (Internal)

Agency Responsibility:

1. Agency coordinates follow-up with corrections and responses to problem areas identified in Internal UR/QA reviews;
2. Agency submits monthly minutes to the QM UR/QAC Coordinator and their assigned Program Monitor using the Internal UR minutes form.

QM Staff Responsibility:

1. QM UR/QAC Coordinator receives and maintains Internal UR Minutes.

Program Monitor Responsibility:

1. Program Monitor reviews Internal UR Minutes, as part of monthly monitoring, and provides feedback to Provider;
2. Program Monitor may participate in Internal UR, as part of ongoing monitoring duties and select areas for program review;
3. Program Monitor will include any identified ongoing issues in quarterly report feedback, and will include data in discussion of agency annual workplan.

REFERENCE(S)/ATTACHMENTS:

- California Code of Regulations, Title 9

RELATED POLICIES:

- QM-10-25 Health Questionnaire
- QM-10-26 Core Assessment
- QM-10-27 Client Plan
- QM-10-28 Discharge Process
- QM-10-29 Mental Status Exam
- QM-10-30 Progress Notes
- Adult Client Data Sheet (CDS)
- P&P #10-12
- Co-Occurring Disorders Practices
- (CODA) Adult MH P&P #03-02
- Level of Care Determination (LOCUS) Adult MH, P&P # 03-04

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff		
X	Mental Health Treatment Center		
X	Adult Contract Providers		
X	Children's Contract Providers		
X	Alcohol and Drug Services		
	Specific grant/specialty resource		

CONTACT INFORMATION:

- Tiffany Greer, LCSW
Quality Management Program Coordinator
Adult and Children's Program Liaison
GreerTi@SacCounty.net

Annual Contractor Site Review Fiscal Year: _____

Provider: _____ Date(s): _____

Modality: _____

Reviewer(s): _____

Entrance Interview Attended By: _____

Sacramento County shall conduct, at least annually, a utilization review of Drug Medi-Cal Organized Delivery System (DMC-ODS) sub-contracted providers to ensure covered services are being appropriately rendered. The annual review shall include an on-site visit of the sub-contracted service provider. Reports of the annual review shall be provided to DHCS within 2 weeks of completion (Department of Health Care Services (DHCS)-Sacramento County Interagency Agreement (IAG), Exhibit A, Attachment I, EE. #1 – Contract Monitoring).

Sources for items reviewed:

DHCS - Prevention Data Quality Standards

DHCS - Sacramento County Substance Abuse Block Grant (SABG) IAG

Minimum Quality Drug Treatment Standards (MQDTS): DHCS/Sacramento County IAG, Document 2F(b)

California Alcohol and/or Other Drugs Program Certification Standards Feb 2020 (AOD Standards)

National Culturally Linguistically Appropriate Services (CLAS) Standards

Sacramento County/Provider Contract (Sac Co. Contract)

County Policy & Procedure (County P&P)

ORGANIZATION ADMINISTRATION
Governing Body: Board of Directors or Advisory Board

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				Sac Co. Contract	Board of Directors (at least 5 members age 18 or older)
				Sac Co. Contract	Meets at least quarterly
				Sac Co. Contract	Current list of members' names and contact information with Chairperson identified
				Sac Co. Contract	Meeting minutes available to the public
COMMENTS:					

Organizational Structure/Guiding Principles/Business Practices

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				AOD Standards 13030 (f)	Current Organizational Chart/Lines of Authority
				AOD Standards 12010	Program philosophy and/or mission statement
				SABG IAG	Program philosophy: no unlawful use or unlawful messaging of alcohol and drugs
				SABG IAG	Program philosophy: legalization of controlled substances are not promoted
				AOD Standards 12020	Program description: describing services, intensity, setting and approach to recovery
				AOD Standards 12020	Program objectives: written goals/measurable objectives must support program philosophy
				AOD Standards 12020	Process/outcome objectives are realistic and measurable
				AOD Standards 12010	Program evaluation: plan for management decision making
				AOD Standards 7120(b)(8), 12010(d), & 12030	Surveys result in quality improvement/treatment planning process
				AOD Standards 12030	Quality Assurance/Continuous Quality Improvement
				Drug Standards II.C.1	Participant records stored according to policy
				Drug Standards II.E.1	Access to records controlled/recorded
				Drug Standards I.E.h	Staff/volunteers familiar with confidentiality laws
				Drug Standards II.E.2.	Written policies maintaining confidentiality cover all areas.

Annual Contractor Site Review Fiscal Year: _____

COMMENTS:	
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Community Involvement

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				AOD Standards 19000	Program supported by community
				AOD Standards 19000	Collaborates with other agencies
COMMENTS:					

Cultural Competence: National Culturally Linguistically Appropriate Services (CLAS) Standards

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
Principle Standard					
				CLAS, Standard 1	Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
Governance, Leadership and Workforce					
				CLAS, Standard 2	Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
				CLAS, Standard 3	Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
				CLAS, Standard 4	Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
Communication and Language Assistance					
				CLAS, Standard 5	communication needs, at no cost to them, to facilitate timely access to all health care and services.
				CLAS, Standard 6	Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
				CLAS, Standard 7	Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
				CLAS, Standard 8	Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
Engagement, Continuous Improvement, and Accountability					
				CLAS, Standard 9	Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
				CLAS, Standard 10	Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
				CLAS, Standard 11	Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
				CLAS, Standard 12	Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
				CLAS, Standard 13	Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
				CLAS, Standard 14	Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
				CLAS, Standard 15	Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.
COMMENTS:					

ADA Accommodations

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				DHCS/Sac County IAG	TTY/TDY/California Relay in place to support hearing impaired.
				DHCS/Sac County IAG	Services are accessible to the disabled at no additional cost.
				DHCS/Sac County IAG	Materials/devices available to serve persons with disabilities at no charge (e.g., Braille/large print/signing interpreter/wide doors/ramps, etc.)
COMMENTS:					

PHYSICAL FACILITY

Annual Contractor Site Review Fiscal Year: _____

Physical Environment

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				AOD Standards 20000	Services provided at appropriate/clean/safe/well maintained sites offering adequate space to accommodate types of services provided.
				AOD Standards 20000	All participants shall be protected against hazards within the program through provision of protective devices.
				AOD Standards 20000	All outdoor and indoor passageways, stairways, inclines, ramps, open porches and other areas of potential hazard shall be kept free of obstruction and lighted for the visibility and safety of all participants.
				AOD Standards 20000	Program equipment and supplies shall be stored in appropriate space and are not to be stored in space designated for other activities.
COMMENTS:					

Facility Postings/Materials

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				AOD Standards 20020	Hours of Operation are posted.
				Sac Co. Contract	Equal Opportunity Acts conspicuously posted
				SABG IAG	No unlawful messaging regarding alcohol and drugs.
COMMENTS:					

FISCAL AND OTHER BUSINESS REQUIREMENTS

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				D/MC Standards	County notified in writing of service location changes.
				DHCS/Sac County IAG	Master Provider File reflects current information for agency.
				Sac Co. Contract	Funds are being used appropriately and only for authorized purposes
				Sac Co. Contract	Provider has appropriate fiscal controls in place
				Sac Co. Contract	Services provided according to contract program description.
				Sac Co. Contract	Worker's Compensation Insurance
				Sac Co. Contract	General Liability Insurance (\$2 Million)
				Sac Co. Contract	Auto Liability
				D/MC Standards	Business License/Conditional use permits
				DMC Certification III.A	Fire Department approved-emergency evacuation procedures
				DMC Certification III.A	Fire Clearance
				Sac Co. Contract	Emergency medical care policies/procedures (incident report)
COMMENTS:					

PERSONNEL

Job Descriptions

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				MQDTS, A1	Job descriptions are developed, revised as needed, and approved by the Program's governing body. The job descriptions include:
				MQDTS, A1	Position title and classification;
				MQDTS, A1	Duties and responsibilities;
				MQDTS, A1	Lines of supervision; and
				MQDTS, A1	Education, training, work experience, and other qualifications for the position.
COMMENTS:					

Personnel Policy Review

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
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Annual Contractor Site Review Fiscal Year: _____

				AOD Standards 13010	Personnel Policies/Procedure Manual current and made available to all staff/volunteers.
				AOD Standards 13005	Description of major duties/authority of CEO/Executive Director.
				AOD Standards 13005	CEO/Executive Director performance evaluated annually.
				AOD Standards 13010	Staffing pattern show Full Time Employees-contract/volunteer staff by gender/ethnicity - meets client language needs
COMMENTS:					

Employee Manual/Handbook/Code of Conduct

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				AOD Standards 13010	Provider has an Employee Manual/Handbook addressing at least the following:
				AOD Standards 13020	<i>Work Hours (overtime/compensatory time)</i>
				AOD Standards 13010	<i>Scheduled time off/leave (vacation/sick/holiday)</i>
				AOD Standards 13010	<i>Benefits (health/worker's compensation/unemployment)</i>
				AOD Standards 13010	<i>Hiring practices</i>
				AOD Standards 13010	<i>Discipline procedures</i>
				AOD Standards 13010	<i>Discharge procedures</i>
				AOD Standards 13010	<i>Promotion procedures</i>
				AOD Standards 13020	<i>Employee grievance procedure</i>
				MQDTS, A3	<i>Drug free workplace policy</i>
				MQDTS, A3	<i>Prohibition of social/business relationship with clients or their family members for personal gain;</i>
				MQDTS, A3	<i>Prohibition of sexual contact with clients;</i>
				MQDTS, A3	<i>Conflict of interest;</i>
				MQDTS, A3	<i>Providing services beyond scope;</i>
				MQDTS, A3	<i>Discrimination against clients or staff;</i>
				MQDTS, A3	<i>Verbally, physically, or sexually harassing, threatening, or abusing clients, family members or other staff;</i>
				MQDTS, A3	<i>Protection of client confidentiality;</i>
				MQDTS, A3	<i>Cooperation with complaint investigations.</i>
				Sac Co. Contract	<i>Policies/procedures for reporting suspected child/elder abuse (e.g. Tarasoff Act)</i>
COMMENTS:					

Personnel Records

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				MQDTS, A1	Files maintained for all paid/volunteer/intern staff and include at least the following:
				MQDTS, A1	Application for employment and/or resume;
				AOD Standards 13010	Date hired;
				Sac Co. Contract	Livescans/background check;
				AOD Standards 13030	TB test date/result (45 days prior or 5 days after date hired);
				MQDTS, A1	Health records/status as required by program or Title 9; Health Questionnaire Record or Medical Clearance;
				AOD Standards 13010	Annual TB tests; renewed annually from the last TB test.
				MQDTS, A1	Signed employment confirmation statement/duty statement;
				MQDTS, A1	Job description, which includes the following:
				MQDTS, A1	<i>Position title and classification;</i>
				MQDTS, A1	<i>Duties and responsibilities;</i>
				MQDTS, A1	<i>Lines of supervision; and</i>
				MQDTS, A1	<i>Education, training, work experience, and other qualifications for the position.</i>
				MQDTS, A1	Performance evaluations;
				AOD Standards 13010	Salary history, merit adjustments, and (if applicable) severance pay
				MQDTS, A1	Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries);
				MQDTS, A1	Program Code of Conduct and for registered, certified, and licensed staff, a copy of the certifying/licensing body's code of conduct as well.

Annual Contractor Site Review Fiscal Year: _____

				MQDTS, A1	Current registration, certification, intern status, or licensure; (NPI)
				MQDTS, A1	Proof of continuing education required by licensing or certifying agency and program;
				MQDTS, A1	Training documentation relative to substance use disorders and treatment.
COMMENTS:					

Volunteers/Interns

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				MQDTS, A4	If volunteers and or interns are utilized, procedures are implemented for the following:
				MQDTS, A4	Recruitment;
				MQDTS, A4	Screening;
				MQDTS, A4	Selection;
				MQDTS, A4	Training and orientation;
				MQDTS, A4	Duties and assignments;
				MQDTS, A4	Scope of practice;
				MQDTS, A4	Supervision;
				MQDTS, A4	Evaluation; and
				MQDTS, A4	Protection of client confidentiality.
COMMENTS:					

Staff Training/Education

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				Sac Co. Contract	Provider ensures that staff attend the following trainings:
				Sac Co. Contract	American with Disabilities Act (ADA) Training (Minimum: 1 time)
				Sac Co. Contract	AIDS / HIV Training (Minimum: 1 time)
				Sac Co. Contract	Cultural Competency Training (Minimum: 1 time)
				Sac Co. Contract	HIPAA/Fraud Waste and Abuse Compliance Training (Every 2 years)
				Sac Co. Contract	Mandated Reporting (Every 2 years)
				Sac Co. Contract	Trafficking Victims Protection Act (Minimum:1 time)
COMMENTS:					

SERVICE PROVISIONS

Service Program Policies

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				SABG IAG	Program does not distribute sterile needles or syringes for the hypodermic injection of any illegal drug
				AOD Standards 17000	Nondiscrimination in providing services
				AOD Standards 18000	Confidentiality
				AOD Standards 12020(e)	Maintenance and disposal of participant documents (e.g. sign-in sheets) and complies with County policy.
				D/MC Standards	Client grievance/appeal procedures
				AOD Standards 7070	Referrals to appropriate services/current list of resources
				Sac County Contract	Communicable diseases
				42 CFR, Part 54	Faith-Based/Charitable Choice
COMMENTS:					

Primary Prevention SUD Data Service (PPSDS)

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				DHCS Data Quality Standards	Quality data is timely.
				DHCS Data Quality Standards	Quality data is logical.
				DHCS Data Quality Standards	Confidentiality

Annual Contractor Site Review Fiscal Year: _____

				DHCS Data Quality Standards	Quality data is accurate.
				DHCS Data Quality Standards	Quality data is complete.
				DHCS Data Quality Standards	Quality data is valid.
COMMENTS:					

Strategic Prevention Plan

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				Strategic Prevention Plan	Provider's activities align with the current Strategic Prevention Plan and Logical Models.
				Strategic Prevention Plan	Provider is making adequate progress on Logical Model goals and objectives.
COMMENTS:					



Annual Contractor Review Personnel File Fiscal Year: _____

Provider: _____

Review Date: _____

Reviewer: _____

Employee's Name: _____

Position: _____ DOH: _____

Source for items reviewed:

Minimum Quality Drug Treatment Standards (MQDTS): DHCS/Sacramento County IAG, Document 2F(b)
California Alcohol and / or Other Drug Program Certification Standards 2004
Title 22 California Code of Regulations Section 51341.1

Personnel Files should be maintained for all paid/volunteer/intern staff and include at least the following listed below.

Y	N	N/A	Personnel File Content
			Application for employment and/or resume;
			Date hired;
			Livescans/background check;
			TB test date/result (3 months prior or 7 days after date hired;
			Health records/status as required by program or Title 9; Health Questionnaire Record or Medical Clearance;
			Annual TB tests
			Signed employment confirmation statement/duty statement;
			Job description, which includes the following:
			<i>Position title and classification;</i>
			<i>Duties and responsibilities;</i>
			<i>Lines of supervision; and</i>
			<i>Education, training, work experience, and other qualifications for the position.</i>
			Performance evaluations;
			Salary history, merit adjustments, and (if applicable) severance pay
			Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries);



Annual Contractor Review Personnel File Fiscal Year: _____

Provider: _____

Review Date: _____

Reviewer: _____

			Program Code of Conduct and for registered, certified, and licensed staff, a copy of the certifying/licensing body's code of conduct as well.
			Current registration, certification, intern status, or licensure; (NPI)
			Proof of continuing education required by licensing or certifying agency and program; and
			Training documentation relative to substance use disorders and treatment;
			Employee attended the following trainings:
			American with Disabilities Act (ADA) Training (Minimum: 1 time)
			AIDS / HIV Training (Minimum: 1 time)
			Cultural Competency Training (Minimum: 1 time)
			HIPAA/Fraud Waste and Abuse Compliance Training (Every 2 years)
			Mandated Reporting (Every 2 years)
			Trafficking Victims Protection Act (Minimum:1 time)

Annual Contractor Site Review Fiscal Year: _____

Provider: _____ Date(s): _____

Modality: _____

Reviewer(s): _____

Entrance Interview Attended By: _____

Sacramento County shall conduct, at least annually, a utilization review of Drug Medi-Cal Organized Delivery System (DMC-ODS) sub-contracted providers to ensure covered services are being appropriately rendered. The annual review shall include an on-site visit of the sub-contracted service provider. Reports of the annual review shall be provided to DHCS within 2 weeks of completion (Department of Health Care Services (DHCS)-Sacramento County Interagency Agreement (IAG), Exhibit A, Attachment I, EE. #1 – Contract Monitoring).

Sources for items reviewed:

DHCS - Sacramento County DMC-ODS IAG

DHCS - Sacramento County Substance Abuse Block Grant (SABG) IAG

Minimum Quality Drug Treatment Standards (MQDTS): DHCS/Sacramento County IAG, Document 2F(b)

California Alcohol and/or Other Drugs Program Certification Standards Feb 2020 (AOD Standards)

Drug Medi-Cal Certification Standards July 2004 (DMC Certification)

Title 22, California Code of Regulations July 2015 (D/MC Standards)

National Culturally Linguistically Appropriate Services (CLAS) Standards

Sacramento County/Provider Contract (Sac Co. Contract)

County Policy & Procedure (County P&P)

ORGANIZATION ADMINISTRATION

1.0 Governing Body: Board of Directors or Advisory Board

	C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
1.1					Sac Co. Contract	Board of Directors (at least 5 members age 18 or older)
1.2					Sac Co. Contract	Meets at least quarterly
1.3					Sac Co. Contract	Current list of members' names and contact information with Chairperson identified
1.4					Sac Co. Contract	Meeting minutes available to the public
COMMENTS:						

2.0 Organizational Structure/Guiding Principles/Business Practices

	C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
2.1					AOD Standards 13030 (f)	Current Organizational Chart/Lines of Authority
2.2					AOD Standards 12010	Program philosophy and/or mission statement
2.3					SABG IAG	Program philosophy: no unlawful use or unlawful messaging of alcohol and drugs
2.4					SABG IAG	Program philosophy: legalization of controlled substances are not promoted
2.5					AOD Standards 12020	Program description: describing services, intensity, setting and approach to recovery
2.6					AOD Standards 12020	Program objectives: written goals/measurable objectives must support program philosophy
2.7					AOD Standards 12020	Process/outcome objectives are realistic and measurable
2.8					AOD Standards 12010	Program evaluation: plan for management decision making
2.9					AOD Standards 7120(b)(8), 12010(d), & 12030	Surveys result in quality improvement/treatment planning process

Annual Contractor Site Review Fiscal Year: _____

2.10				D/MC Standards VI.B	Medication Storage Policy
2.11				AOD Standards 12030	Quality Assurance/Continuous Quality Improvement
2.12				Drug Standards II.C.1	Participant records stored according to policy
2.13				Drug Standards II.E.1	Access to records controlled/recorded
2.14				Drug Standards I.E.h	Staff/volunteers familiar with confidentiality laws
2.15				Drug Standards II.E.2.	Written policies maintaining confidentiality cover all areas.
COMMENTS:					

3.0 Community Involvement

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
3.1				AOD Standards 19000	Program supported by community
3.2				AOD Standards 19000	Collaborates with other agencies
3.3	COMMENTS:				

4.0 Cultural Competence: National Culturally Linguistically Appropriate Services (CLAS) Standards

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
Principle Standard					
4.1				CLAS, Standard 1	Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
Governance, Leadership and Workforce					
4.2				CLAS, Standard 2	Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
4.3				CLAS, Standard 3	Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4.4				CLAS, Standard 4	Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
Communication and Language Assistance					
4.4				CLAS, Standard 5	other communication needs, at no cost to them, to facilitate timely access to all health care and services.
4.6				CLAS, Standard 6	Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
4.7				CLAS, Standard 7	Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
4.8				CLAS, Standard 8	Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
Engagement, Continuous Improvement, and Accountability					
4.9				CLAS, Standard 9	Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
4.10				CLAS, Standard 10	CLAS-related measures into measurement and continuous quality improvement activities.
4.11				CLAS, Standard 11	Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
4.12				CLAS, Standard 12	Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
4.13				CLAS, Standard 13	Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
4.14				CLAS, Standard 14	Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
4.15				CLAS, Standard 15	Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.
COMMENTS:					

Annual Contractor Site Review Fiscal Year: _____

5.0 ADA Accommodations

	C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
5.1					DHCS/Sac County IAG	TTY/TDY/California Relay in place to support hearing impaired.
5.2					DHCS/Sac County IAG	Services are accessible to the disabled at no additional cost.
5.3					DHCS/Sac County IAG	Materials/devices available to serve persons with disabilities at no charge (e.g., Braille/large print/signing interpreter/wide doors/ramps, etc.)
COMMENTS:						

PHYSICAL FACILITY

6.0 Physical Environment

	C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
6.1					AOD Standards 20000	Services provided at appropriate/clean/safe/well maintained sites offering adequate space to accommodate types of services provided.
6.2					AOD Standards 20000	All participants shall be protected against hazards within the program through provision of protective devices.
6.3					AOD Standards 20000	All outdoor and indoor passageways, stairways, inclines, ramps, open porches and other areas of potential hazard shall be kept free of obstruction and lighted for the visibility and safety of all participants.
6.4					AOD Standards 20000	Program equipment and supplies shall be stored in appropriate space and are not to be stored in space designated for other activities.
COMMENTS:						

7.0 Facility Postings/Materials for Lobby

	C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
7.1					AOD Standards 20020	Hours of Operation are posted with emergency/after hours numbers.
7.2					DHCS/Sac County IAG	The following Informing Materials are placed in the lobby in English and threshold languages: Arabic, Chinese, Hmong, Spanish, Russian, Vietnamese
7.3					DHCS/Sac County IAG	Members Rights & Problem Resolution Process Brochure
7.4					DHCS/Sac County IAG	Grievance Form/Brochure
7.5					DHCS/Sac County IAG	Appeal Form/Brochure
7.6					DHCS/Sac County IAG	Member Suggestion Form/Brochure
7.7					DHCS/Sac County IAG	Member Handbook
7.8					Sac Co. Contract	Equal Opportunity Acts conspicuously posted
7.9					SABG IAG	No unlawful messaging regarding alcohol and drugs.
COMMENTS:						

FISCAL AND OTHER BUSINESS REQUIREMENTS

8.0 Fiscal and Other Business Requirements

	C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
8.1					D/MC Standards	County notified in writing of service location changes.
8.2					DHCS/Sac County IAG	Master Provider File reflects current information for agency.
8.3					Sac Co. Contract	Funds are being used appropriately and only for authorized purposes
8.4					Sac Co. Contract	Provider has appropriate fiscal controls in place
8.5					Sac Co. Contract	Services provided according to contract program description.
8.6					Sac Co. Contract	Worker's Compensation Insurance
8.7					Sac Co. Contract	General Liability Insurance (\$2 Million)
8.8					Sac Co. Contract	Auto Liability
8.9					DMC Certification I	Medi-Cal Certification

Annual Contractor Site Review Fiscal Year: _____

8.10					Title 9, 10511	State Certification/License (CARF) - Required for NTP
8.11					D/MC Standards	Business License/Conditional use permits
8.12					DMC Certification III.A	Fire Department approved-emergency evacuation procedures
8.13					DMC Certification III.A	Fire Clearance
8.14					Sac Co. Contract	Emergency medical care policies/procedures (incident report)
					COMMENTS:	

PERSONNEL

9.0 Job Descriptions

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
9.1				MQDTS, A2	Job descriptions are developed, revised as needed, and approved by the Program's governing body. The job descriptions include:
9.2				MQDTS, A2	Position title and classification;
9.3				MQDTS, A2	Duties and responsibilities;
9.4				MQDTS, A2	Lines of supervision; and
9.5				MQDTS, A2	Education, training, work experience, and other qualifications for the position.
					COMMENTS:

10.0 Personnel Policy Review

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
10.1				AOD Standards 13010	Personnel Policies/Procedure Manual current and made available to all staff/volunteers.
10.2				AOD Standards 13005	Description of major duties/authority of CEO/Executive Director.
10.3				AOD Standards 13005	CEO/Executive Director performance evaluated annually.
10.4				AOD Standards 13010	Staffing pattern show Full Time Employees-contract/volunteer staff by gender/ethnicity - meets client language needs
					COMMENTS:

11.0 Employee Manual/Handbook/Code of Conduct

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
11.1				AOD Standards 13010	Provider has an Employee Manual/Handbook addressing at least the following:
11.2				AOD Standards 13020	Work Hours (overtime/compensatory time)
11.3				AOD Standards 13010	Scheduled time off/leave (vacation/sick/holiday)
11.4				AOD Standards 13010	Benefits (health/worker's compensation/unemployment)
11.5				AOD Standards 13010	Hiring practices
11.6				AOD Standards 13010	Discipline procedures
11.7				AOD Standards 13010	Discharge procedures
11.8				AOD Standards 13010	Promotion procedures
11.9				AOD Standards 13020	Employee grievance procedure
11.10				MQDTS, A3	Drug free workplace policy
11.11				MQDTS, A3	Prohibition of social/business relationship with clients or their family members for personal gain;
11.12				MQDTS, A3	Prohibition of sexual contact with clients;
11.13				MQDTS, A3	Conflict of interest;
11.14				MQDTS, A3	Providing services beyond scope;
11.15				MQDTS, A3	Discrimination against clients or staff;
11.16				MQDTS, A3	Verbally, physically, or sexually harassing, threatening, or abusing clients, family members or other staff;
11.17				MQDTS, A3	Protection of client confidentiality;

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11.18					MQDTS, A3	Cooperation with complaint investigations.
11.19					Sac Co. Contract	Policies/procedures for reporting suspected child/elder abuse (e.g. Tarasoff Act)
COMMENTS:						

12.0 Personnel Records

C NC NI NA					Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
12.1					MQDTS, A1	Files maintained for all paid/volunteer/intern staff and include at least the following:
12.2					MQDTS, A1	Application for employment and/or resume;
12.3					AOD Standards 13010	Date hired;
12.4					Sac Co. Contract	Livescans/background check;
12.5					AOD Standards 13030	TB test date/result (45 days prior or 5 days after date hired);
12.6					MQDTS, A1	Health records/status as required by program or Title 9; Health Questionnaire Record or Medical Clearance;
12.7					AOD Standards 13010	Annual TB tests; renewed annually from the last TB test.
12.8					MQDTS, A1	Signed employment confirmation statement/duty statement;
12.9					MQDTS, A1	Job description, which includes the following:
12.10					MQDTS, A1	Position title and classification;
12.11					MQDTS, A1	Duties and responsibilities;
12.12					MQDTS, A1	Lines of supervision; and
12.13					MQDTS, A1	Education, training, work experience, and other qualifications for the position.
12.14					MQDTS, A1	Performance evaluations;
12.15					AOD Standards 13010	Salary history, merit adjustments, and (if applicable) severance pay
12.16					MQDTS, A1	Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries);
12.17					MQDTS, A1	Program Code of Conduct and for registered, certified, and licensed staff, a copy of the certifying/licensing body's code of conduct as well.
12.18					MQDTS, A1	Current registration, certification, intern status, or licensure; (NPI)
12.19					MQDTS, A1	Proof of continuing education required by licensing or certifying agency and program;
12.20					MQDTS, A1	Training documentation relative to substance use disorders and treatment.
COMMENTS:						

13.0 Volunteers/Interns

C NC NI NA					Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
13.1					MQDTS, A4	If volunteers and or interns are utilized, procedures are implemented for the following:
13.2					MQDTS, A4	Recruitment;
13.3					MQDTS, A4	Screening;
13.4					MQDTS, A4	Selection;
13.5					MQDTS, A4	Training and orientation;
13.6					MQDTS, A4	Duties and assignments;
13.7					MQDTS, A4	Scope of practice;
13.8					MQDTS, A4	Supervision;
13.9					MQDTS, A4	Evaluation; and
13.10					MQDTS, A4	Protection of client confidentiality.
COMMENTS:						

14.0 Staff Training/Education

C NC NI NA					Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
14.1					Sac Co. Contract	Provider ensures that staff attend the following trainings:

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14.2					DHCS/Sac Co. IAG	American Society of Addiction Medicine (ASAM) Change Company Certification Training (Minimum: 1 time)
14.3					Sac Co. Contract	American with Disabilities Act (ADA) Training (Minimum: 1 time)
14.4					Sac Co. Contract	AIDS / HIV Training (Minimum: 1 time)
14.5					Sac Co. Contract	Avatar Electronic Health Record Training (Minimum:1 time)
14.6					Sac Co. Contract	Cultural Competency Training (Minimum: 1 time)
14.7					Sac Co. Contract	HIPPA/Fraud waist and Abuse Compliance Training (Every 2 years)
14.8					Sac Co. Contract	Mandated Reporting (Every 2 years)
14.9					AOD Standards 7040	Medication Assisted Training (Minimum: 1 time)
14.10					Sac Co. Contract	Title 22 Training (Annually)
14.11					Sac Co. Contract	Trafficking Victims Protection Act (Minimum:1 time)
14.12					Sac Co. Contract	Quality Management Documentation Training (Minimum: 1 time)
COMMENTS:						

15.0 Medical Director

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
15.1				DHCS/Sac County IAG	A Medical Director is on staff who, prior to the delivery of services, has enrolled with DHCS under applicable state regulations, has been screened in accordance with 42 CFR 455.450(a) as a "limited" categorical risk within a year prior to serving as a Medical Director, and has signed a Medicaid provider agreement with DHCS as required by 42 CFR 431.107.
15.2				DMC Certification IV.A 1	Physician Contractual Obligation/Liability Insurance
15.3				AOD Standards 13020	Physician's Health Questionnaire and TB Test (7020)
15.4				AOD Standards 13020	Physician Licensure/Agency Code of Conduct/registered with County QM
15.5				DMC Certification IV	Physician Admittance Privileges / plan for ensuring needed hospital services
15.6				MQDTS, A5	Written roles and responsibilities and a code of conduct for the Medical Director (if applicable) shall be clearly documented signed and dated by an authorized program representative and the medical director.
COMMENTS:					

SERVICE PROVISIONS

16.0 Priority Populations

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
16.1				Sac Co. Contract (Federal)	Priority 1: Pregnant injecting drug abusers, pregnant substance abusers, & injecting drug abusers.
16.2				Sac Co. Contract (County)	Priority 2: Child Protective Services
16.3				Sac Co. Contract (County)	Priority 3: County Multi-System Users and HIV Positive
16.4				Sac Co. Contract	Priority 4: All others who need treatment
COMMENTS:					

17.0 Service Program Policies

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
17.1				SABG IAG	Program does not distribute sterile needles or syringes for the hypodermic injection of any illegal drug
17.2				AOD Standards 17000	Nondiscrimination in providing services
17.3				AOD Standards 15000	Admission agreement/Consent to treat

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17.4					AOD Standards 18000	Confidentiality
17.5					AOD Standards 12020(e)	Maintenance and disposal of participant files and complies with County policy.
17.6					AOD Standards 16000	Client Rights
17.7					AOD Standards 16000(a)(7)	Client's access to records
17.8					D/MC Standards	Client grievance/appeal procedures
17.9					AOD Standards 7000	Admission/Re-admission/Non-admission criteria
17.10					AOD Standards 7060	Referral for physical health, mental health, and emergency services
17.11					AOD Standards 7050	Drug Screening
17.12					AOD Standards 7070	Referrals to appropriate services/current list of resources
17.13					AOD Standards 7110	Continuing recovery/Discharge Plan
17.14					AOD Standards 7030	Use of prescribed medication
17.15					Sac County Contract	Communicable diseases
17.16					42 CFR, Part 54	Faith-Based/Charitable Choice
COMMENTS:						

18.0 Admission & Re-Admission

C NC NI NA					Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
18.1					MQDTS, B1	Each program shall include in its policies and procedures written admission and readmission criteria for determining client's eligibility and suitability for treatment. These criteria shall include, at minimum:
18.2					MQDTS, B1	<i>i. Use of alcohol/drugs of abuse;</i>
18.3					MQDTS, B1	<i>ii. Physical health status; and</i>
18.4					MQDTS, B1	<i>iii. Documentation of social and psychological problems.</i>
18.5					MQDTS, B1	If a potential client does not meet the admission criteria, the client shall be referred to an appropriate service provider.
18.6					MQDTS, B1	If a client is admitted to treatment, a consent to treatment form shall be signed by the client.
18.7					MQDTS, B1	All referrals made by the program shall be documented in the client record.
18.8					MQDTS, B1	Copies of the following documents shall be provided to the client upon admission:
18.9					MQDTS, B1	<i>i. Client rights, client fee policies, and consent to treatment.</i>
18.10					MQDTS, B1	<i>Copies of the following shall be provided to the client or posted in a prominent place accessible to all clients: Move to the annual review tab</i>
18.11					MQDTS, B1	<i>i. A statement of nondiscrimination by race, religion, sex, gender identity, ethnicity, age, disability, sexual preference, and ability to pay;</i>
18.12					MQDTS, B1	<i>ii. Grievance procedures;</i>
18.13					MQDTS, B1	<i>iii. Documentation of social and psychological problems.</i>
18.14					MQDTS, B1	<i>iv. Program rules, expectations and regulations.</i>
18.15					MQDTS, B1	Where drug screening by urinalysis is deemed appropriate the program shall:
18.16					MQDTS, B1	<i>i. Establish procedures which protect against the falsification and/or contamination of any urine sample; and</i>
18.17					MQDTS, B1	<i>ii. Document urinalysis results in the client's file.</i>
COMMENTS:						

19.0 Treatment Services

Annual Contractor Site Review Fiscal Year: _____

C NC NI NA					Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
19.1					MQDTS, B2	Assessment for all clients shall include:
19.2					MQDTS, B2	i. Drug/Alcohol use history;
19.3					MQDTS, B2	ii. Medical history;
19.4					MQDTS, B2	iii. Family history;
19.5					MQDTS, B2	iv. Psychiatric history;
19.6					MQDTS, B2	v. Social/recreational history;
19.7					MQDTS, B2	vi. Financial status/history;
19.8					MQDTS, B2	vii. Educational history;
19.9					MQDTS, B2	viii. Employment history;
19.10					MQDTS, B2	ix. Criminal history, legal status; and
19.11					MQDTS, B2	x. Previous SUD treatment history.
19.12					MQDTS, B2	Treatment plans shall be developed with the client within 30 days of admission and include:
19.13					MQDTS, B2	i. A problem statement for all problems identified through the assessment whether addressed or deferred;
19.14					MQDTS, B2	ii. Goals to address each problem statement (except when deferred);
19.15					MQDTS, B2	iii. Action steps to meet the goals that include who is responsible for the action and the target date for completion; and
19.16					MQDTS, B2	iv. Signature of primary counselor and client.
19.17					MQDTS, B2	Progress notes shall document the client's progress toward completion of activities and achievement of goals on the treatment plan.
19.18					MQDTS, B2	Discharge documentation shall be developed with the client, if possible and include:
19.19					MQDTS, B2	i. Description of the treatment episode;
19.20					MQDTS, B2	ii. Prognosis;
19.21					MQDTS, B2	iii. Client's plan for continued recovery including support systems and plans for relapse prevention;
19.22					MQDTS, B2	iv. Reason and type of discharge;
19.23					MQDTS, B2	v. Signature of primary counselor and client; and
19.24					MQDTS, B2	vi. A copy of the discharge documentation shall be given to the client.
COMMENTS:						

20.0 Residential Treatment

C NC NI NA					Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
20.1					Title 9, Sec 10573(a)(15)	Safe storage of cleaning and toxic substances
20.2					Title 9, Sec 10573(a)(7)	Food: properly stored, prepared and served
20.3					Title 9, Sec 10571	Transportation: safe, reliable and valid drivers
20.4					Title 9, Sec 10583	Appropriate sleeping and personal storage quarters
20.5					Title 9, Sec 10572(f & g)	Medication: proper storage, recording, dispensing and destroying
20.6					Sac County Contract	Treatment Plan due within 10 days of admission and reviewed again every 30 days
20.7					AOD Cert 8000(c)(4)(C)	Treatment Plan progress recorded weekly in PN's
20.8					Title 9, Sec 10567(b)	TB Clearance: 6 months prior or 30 days after admission
20.9					Title 9, Sec 10567(c)(1)	Medical: proper recording, attention to health problems, including first aid kit
20.10					Title 9, 10584(d)	Water: warning posted over taps delivering water above 131 degrees
COMMENTS:						

21.0 Narcotic Treatment/Opioid Treatment

C NC NI NA					Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
21.1					Title 9 10305	Treatment Plan due within 28 days
21.2					HS Code 11757.59(b)	50 minute monthly counseling minimum/240 minutes maximum
21.3					Title 9 10310 & 10360	Monthly U/A test [weekly for pregnant clients]
21.4					Title 9 10210	Multiple registration completely filled out
21.5					Title 9 10355 & 10360	Quarterly physician visit [monthly for pregnant clients]
21.6					Title 9 10355	Physician documentation of dosage change
21.7					DHCS/Sac County IAG	Add ASAM/Annual Justification
21.8					Title 9 10567	Required TB/RGB Tests



Substance Use Prevention and Treatment Services

Annual Contractor Site Review Fiscal Year: _____

COMMENTS:

Provider Signature/Date

Contract Monitor Signature/Date

Program Manager Signature/Date

Division Manager Signature/Date



Annual Contractor Review Personnel File Fiscal Year: _____

Provider: _____

Review Date: _____

Reviewer: _____

Employee's Name: _____

Position: _____ DOH: _____

Source for items reviewed:

Minimum Quality Drug Treatment Standards (MQDTS): DHCS/Sacramento County IAG, Document 2F(b)
California Alcohol and / or Other Drug Program Certification Standards 2004
Title 22 California Code of Regulations Section 51341.1

Personnel Files should be maintained for all paid/volunteer/intern staff and include at least the following listed below.

Y	N	N/A	Personnel File Content
			Application for employment and/or resume;
			Date hired;
			Livescans/background check;
			TB test date/result (3 months prior or 7 days after date hired;
			Health records/status as required by program or Title 9; Health Questionnaire Record or Medical Clearance;
			Annual TB tests
			Signed employment confirmation statement/duty statement;
			Job description, which includes the following:
			<i>Position title and classification;</i>
			<i>Duties and responsibilities;</i>
			<i>Lines of supervision; and</i>
			<i>Education, training, work experience, and other qualifications for the position.</i>
			Performance evaluations;
			Salary history, merit adjustments, and (if applicable) severance pay
			Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries);
			Program Code of Conduct and for registered, certified, and licensed staff, a copy of the certifying/licensing body's code of conduct as well.



Annual Contractor Review Personnel File Fiscal Year: _____

Provider: _____

Review Date: _____

Reviewer: _____

			Current registration, certification, intern status, or licensure; (NPI)
			Proof of continuing education required by licensing or certifying agency and program; and
			Training documentation relative to substance use disorders and treatment;
			Employee attended the following trainings:
			American Society of Addiction Medicine (ASAM) Change Company Certification Training (Minimum: 1 time)
			American with Disabilities Act (ADA) Training (Minimum: 1 time)
			AIDS / HIV Training (Minimum: 1 time)
			Avatar Electronic Health Record Training (Minimum:1 time)
			Cultural Competency Training (Minimum: 1 time)
			HIPPA/Fraud waiv and Abuse Compliance Training (Every 2 years)
			Mandated Reporting (Every 2 years)
			Medication Assisted Training (Minimum: 1 time)
			Title 22 Training (Annually)
			Trafficking Victims Protection Act (Minimum:1 time)
			Quality Management Documentation Training (Minimum: 1 time)



Substance Use Prevention and Treatment (SUPT) Services
ADULT Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

Client Name: _____ **DOB:** _____ ☐ **Mid-Year** ☐ **Annual**

Admission Date: _____ **Review Date:** _____

Discharge Date: _____ **Reviewer:** _____

Status: ☐ **Open** ☐ **Closed**

Funding Source(s): ☐ **CalWORKs** ☐ **DDC / EIFDC** ☐ **DMC-ODS**

☐ **SABG** ☐ **If non-DMC, is Preliminary Assessment & Authorization in chart?**

Sacramento County shall conduct, at least annually, a utilization review of Drug Medi-Cal Organized Delivery System (DMC-ODS) sub-contracted providers to ensure covered services are being appropriately rendered. The annual review shall include an on-site visit of the sub-contracted service provider. Reports of the annual review shall be provided to DHCS within 2 weeks of completion (Department of Health Care Services (DHCS)-Sacramento County Interagency Agreement (IAG), Exhibit A, Attachment I, EE. #1 – Contract Monitoring).

Sources for items reviewed:

Special Terms and Conditions of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver
California Alcohol and /or Other Drug Program Certification Standards, Title 22 California Code of Regulations Section 51341.1

Minimum Quality Drug Treatment Standards for Drug Medi-Cal/Substance Abuse Block Grant

Department of Health Care Services Perinatal Practice Guidelines

The ASAM Criteria, Third Edition

Sacramento County Implementation Plan for DMC-ODS Waiver

Sacramento County DMC-ODS Practice Guidelines Provider Procedure Manual

Sacramento County SUPT Contract Monitoring Manual

Y	N	N/A	Client Record Requirements
			The following personal information is included in the client record.
			<i>First Name, Middle Initial, Last Name</i>
			<i>Date of Birth</i>
			<i>Client ID Number</i>
			<i>Address (Sacramento County resident?)</i>
			<i>Telephone Number</i>
			<i>Gender/race/ethnicity</i>
			<i>Next of kin and/or emergency contact</i>
			Referral source and reason for referral are documented in client record.
			Provider Acknowledgement of Receipt is completed and signed.



Substance Use Prevention and Treatment (SUPT) Services
ADULT Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ Client ID: _____

			Sacramento County Acknowledgement of Receipt is completed and signed (Notice of Privacy Practices, Member Handbook, Grievance/State Fair Hearing, Advance Directive, Provider Directory). Required to be fully completed and signed by the client and legal/personal representative, if applicable, at start of services and annually thereafter, with all applicable boxes checked.
			Accounting of Disclosures is completed and in the chart Minimum: Top of form completed with client's name and ID number.
			Admission Agreement/Consent to Treat is completed and signed.
			Informed Consent is completed and signed.
			Consent to Follow-Up completed and signed.
			Release of Information completed and signed for anyone contacted. MUST be completed in full with specific persons and signatures and no blank fields; updated annually.
			Release of Information for Emergency Contact is documented. Expiration date: _____
			Cal-OMS Admission completed in Avatar.

Comments:

Y	N	N/A	Intake Process
			Cultural Competence: The client's cultural and language needs were explored, accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
Initial Assessment: Substance Use Disorder (SUD) American Society of Addiction Medicine (ASAM)			
			Initial SUD ASAM Assessment completed within 30 days of the admission. Date: _____
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.
			The indicated Level of Care (LOC) is supported by severity ratings in each ASAM Dimension.
			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			ASAM Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an LPHA through a face-to-face consult.



Substance Use Prevention and Treatment (SUPT) Services
ADULT Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.

Comments:

Y	N	N/A	Physical Examination/Health Requirements
			Completed Health Questionnaire, which includes medical, disease screening, dental, and mental health. Date: _____
			The client has obtained a physical examination either prior to or after admission.
			Within 30 calendar days after admission, the physician reviewed the completed examination that was performed (within 12 months prior to admission date).
			If the provider was unable to obtain documentation of the physical examination, notes describe efforts made to obtain required documentation regarding physical exam.
			If the physical examination documents have not been reviewed by the physician or if the provider did not perform a physical examination, the physical examination is included as a Treatment Plan goal to be completed.
			Medical Conditions/Concerns: Referral/linkage to a PCP/GMC if client identified any medical condition(s) that need attention are documented (refer to Progress Notes).
			Alternative Healer: If client is not yet linked to PCP/GMC/Alternative Healer, efforts have been made to link the client to a PCP/GMC/Alternative Healer and, if warranted by medical condition, coordination of care is documented (refer to Progress Notes).
			Urinalysis results are documented (refer to Treatment Plan and Progress Notes).

Comments:

Y	N	N/A	Initial Treatment Plan
			The Treatment Plan was completed. Date: _____
			The primary Counselor is identified in the Treatment Plan. Name: _____ Credentials: _____
			The Treatment Plan was completed and signed by the Counselor within 30 days of admission. If not, reasons and efforts documented.
			The Treatment Plan was reviewed and signed by the LPHA within 15 days of the Counselor's signature. Date _____



Substance Use Prevention and Treatment (SUPT) Services
ADULT Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ Client ID: _____

			Client reviewed and signed the Treatment Plan, indicating that he/she participated in the preparation of the Treatment Plan, within 30 days of the Counselor's signature.
			All signatures are legible (name printed and signed with date).
			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.
			Statement of problems, identified through the SUD/ASAM Assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address each problem are documented (Short-term: within 90 days. Long-term: 90+ days).
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for each step(s) and goal(s) are included.
			Significant issues identified at intake/SUD Assessment are addressed in Treatment Plan.
			Description of service types (individual, group, or medical psychotherapy session) AND frequency to be provided to the client are documented. Individual counseling MUST be included in the Treatment Plan.
			If physical examination has <u>NOT</u> been completed, a goal of obtaining a physical examination is included in the initial Treatment Plan.
			If prior physical exam identified a significant medical illness, a goal for the client to obtain appropriate treatment has been identified.
Comments:			
Y	N	N/A	Continuation of Service Justification
			For ongoing services, a Physician or LPHA has re-evaluated the client for medical necessity at least every 6 months.
			Dates: _____ either from client admission date or most recent justification for continuing services (most recent SUD Assessment and associated Progress Notes)
			The Physician or LPHA has documented their determination that services are still clinically appropriate and the client's prognosis.
			The client's personal, medical and substance abuse history, documentation of the client's most recent physical exam, and status of treatment goals have been considered in the determination to continue services.



Substance Use Prevention and Treatment (SUPT) Services
ADULT Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ Client ID: _____

Y	N	N/A	Re-Assessment
			SUD/ASAM Re-Assessment(s) completed every 90 days or when a change in problem identification or focus of treatment occurs, whichever comes first. Date(s): _____
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.
			The indicated LOC is supported by severity ratings in each ASAM Dimension.
			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			SUD ASAM Re-Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an LPHA through a face-to-face consult.
			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.
Y	N	N/A	Updated Treatment Plan(s)
			Updated Treatment Plans are developed, signed, and dated no later than 90 days after signing the Intake Treatment Plan, <u>and</u> no later than every 90 days thereafter, <u>or</u> when a change in <i>problem identification</i> <u>or</u> <i>focus of treatment</i> occurs, whichever comes first.
			Updated Treatment Plan completed every 90 days of admission. Dates: _____
			The primary Counselor is identified in the Updated Treatment Plan. Name: _____ Credentials: _____
			Updated Treatment Plan was reviewed and signed by the LPHA within 15 days of the Counselor's signature.
			Client reviewed and signed the Updated Treatment Plan, indicating that he/she participated in the preparation of the Updated Treatment Plan, within 30 days of the Counselor's signature.
			All signatures are legible (name printed and signed with date).



Substance Use Prevention and Treatment (SUPT) Services
ADULT Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Cultural Competence: Any changes in client's cultural and language needs were accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.
			Descriptions of the type (individual, group, or medical psychotherapy session) AND frequency of counseling services to be provided to the client are documented.
			Statement of problems, identified through the SUD/ASAM Re-assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address each problem are documented (Short-term: within 90 days. Long-term: 90+ days).
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for accomplishment of action step(s), goal(s), and resolution of problem(s) are documented.
			If physical examination has still <u>NOT</u> been completed, a goal of obtaining a physical examination is included in the Updated Treatment Plan(s) until the goal is met. Efforts are documented.
Comments:			
Y	N	N/A	Progress Notes
			Progress Notes are supported and validated by the Treatment Plan.
			LPHA or Counselor documented a Progress Note for every service provided.
			Progress Notes are documented within 7 calendar days of the session.
			Cultural Competence: Client's culture and language was explored and accommodated (use of interpreter) and documented.
			Progress Note documenting client's involvement in treatment planning.
			Topic of session(s) or purpose of session (s) is included in the Progress Note(s).
			Description of the client's progress of the Treatment Plan problems, goals, action steps, objectives and/or referrals is documented.
			Information on client's attendance, including date, start and end times of each service are documented (direct, doctor, travel, etc.).



Substance Use Prevention and Treatment (SUPT) Services
ADULT Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Up to 9 hours of Outpatient Services were provided per week (no requirements on the number of or duration of sessions).
			A minimum of 9 hours with a maximum of 19 hours of Intensive Outpatient Services were provided per week (no requirements on the number of or duration of sessions).
			Crisis Services provided were as a result of an actual relapse or an unforeseen event or circumstance causing imminent threat of relapse.
			Collateral Services included face-to-face contact with significant person(s) in the life of the client (individuals that have a personal, not official or professional, relationship with
			Recovery Services were provided when the beneficiary was triggered, when the beneficiary had relapsed, or simply as a preventative measure to prevent relapse.
			How services were provided are documented (in person, by telephone, or by telehealth).
			If services were provided in the community, the location was identified and how confidentiality was ensured.
			Progress Note(s) were typed or legibly written in ink and included staff signature and date (month, day, and year). Staff signatures include registration/certificate/license information.
Case Management Progress Notes			
			Case Management Progress Notes are completed, signed, and dated within 7 calendar days of the service and contain:
			<i>Date and start and end times of each service.</i>
			<i>Purpose of the service.</i>
			<i>Description of how the services relates to the Treatment Plan problems, goals, action steps, objectives, and/or referrals.</i>
			<i>Whether services were provided in-person, by telephone, or by telehealth.</i>
			<i>If services were provided in the community, the location was identified and how confidentiality was ensured.</i>
			Assisted client in accessing medical, educational, social, vocational, rehabilitative, or other community services and/or service coordination medical/criminal justice/other agencies.
			LPHA or a registered or certified counselor provided Case Management Services.
All Progress Notes			
			All Progress Notes match billings during timeframe reviewed.
			Excessive Billing: Documentation to support the amount of time that is billable.
			Duplicative Services: Duplicative services are not billed.
			Non-Billable Services: Appropriate documentation of non-billable services, such as supervision, researching a topic, interpretation, filing, faxing, education, transportation, etc.



Substance Use Prevention and Treatment (SUPT) Services
ADULT Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Non-Billable Services: Appropriate documentation for services provided while in a client is in a lockout situation such as jail, juvenile hall, or psychiatric hospitalization.
			Disallowances: Progress Notes that need to be appended or disallowed. Please list the Progress Note that needs to be appended (within 45 days of the date of service) or disallowed, including the date and billing code of Progress Note and the reason for the disallowance. Please indicate if the Progress Note needs to be appended or disallowed. Provider must submit the supplemental worksheet with the corrected Progress Note.
			Progress Note Timeliness: Verify that Progress Notes are not in draft status past three business days. Progress Notes – later than one week from the date of service may be subject to non-reimbursement for the service provided.
Comments:			
Y	N	N/A	Pregnant and Parenting Women
			Engagement activities (Case Management/Referrals) were conducted. Date(s): _____ Activities: _____
			Treatment services were coordinated with other appropriate services, including health, criminal justice, social, educational, and vocational rehabilitation, well as additional services that are medically necessary to prevent risk to a fetus, infant, or mother. Provider arranged for transportation to ensure access to treatment. (Treatment Plan)
			SUD Curriculum included information to effectively minimize the risk of fetal exposure to drugs or alcohol, screening of pregnant women for continued substance use. (Specific to pregnant, peri-natal or gender specific programs)
			Gender-specific treatment and other therapeutic interventions for pregnant and parenting women, such as issues of relationships, sexual and physical abuse, and parenting were provided or arranged.
			Services addressed treatment issues specific to the pregnant and parenting women. Services included the following: (Progress Notes)
			<i>Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;</i>
			<i>Access to services such as transportation;</i>



Substance Use Prevention and Treatment (SUPT) Services
ADULT Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ Client ID: _____

			<i>Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and</i>
			<i>Coordination of ancillary services, such as medical/dental, education, social services, and community services.</i>
			Case management services were provided or arranged to ensure that pregnant and parenting women, and their children, have access to the following:
			<i>Primary medical care, including prenatal care;</i>
			<i>Primary pediatric care, including immunizations;</i>
			<i>Gender specific treatment; and</i>
			<i>Patenting includes therapeutic interventions for children to address developmental needs, sexual and psychological abuse, and neglect.</i>
			Children's Services and referrals included: Clinical treatment services for the child that are deemed medically necessary, services should be comprehensive and, at a minimum, include the following: intake; screening and assessment of the full range of medical, developmental, emotional related-factors; care planning; residential care; case management; therapeutic child care; substance abuse education and prevention; medical care and services; developmental services; and mental health and trauma services as applicable.

Comments:

Y	N	N/A	Group Counseling/Group Sign-In Sheets
			Typed/legibly printed name and signature of client attending the Group Counseling sessions.
			Typed or legibly printed name and signature and date from LPHA or Counselor conducting the Group Counseling sessions.
			Dates of Group Counseling sessions are documented.
			Topics of Group Counseling Sessions are documented.
			Start and end times of the Group Counseling sessions are documented.
			Group Counseling sign-in sheets match documentation in Progress Notes and billing.
			Group Counseling Sessions included 2-12 participants.

Comments:

Y	N	N/A	Discharge Plan
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Substance Use Prevention and Treatment (SUPT) Services
ADULT Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Discharge Plan completed. Date: _____
			Completed 30 days prior to the LAST face-to-face treatment contact with the client.
			SUD Assessment was conducted for transition services.
			Description of each of the client's relapse triggers is documented.
			Relapse Plan to assist the client when confronted with each trigger is documented.
			Referral to a higher or lower LOC is documented.
			Provider ensured the smooth transition of the beneficiary to the new appropriate LOC by providing a warm hand-off to the new services provider, including transportation as needed.
			The transition to the new LOC occurred no later than 72 hours from the time of assessment or reassessment with no interruption of current treatment services.
			Discharge Plan is dated and signed by the client and Counselor .
			A copy of the Discharge Plan was provided to the client and documented.
			CalOMS discharge completed in Avatar.

Comments:

Y	N	N/A	Discharge Summary
			Discharge Summary completed. Date: _____
			Client discharged if no treatment contact for 30 days or more.
			Duration of treatment (date of admission to date of discharge) is documented.
			Reason and type of discharge is documented.
			Narrative summary of the treatment episode is documented.
			The client's prognosis is documented.
			CalOMS Administrative Discharge completed in Avatar.

Comments:



Substance Use Prevention and Treatment (SUPT) Services
YOUTH Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

Client Name: _____ **DOB:** _____ ☐ **Mid-Year** ☐ **Annual**

Admission Date: _____ **Review Date:** _____

Discharge Date: _____ **Reviewer:** _____

Status: ☐ **Open** ☐ **Closed**

Funding Source(s): ☐ **SABG** ☐ **DMC-ODS**

☐ **Minor Consent**

Sacramento County shall conduct, at least annually, a utilization review of Drug Medi-Cal Organized Delivery System (DMC-ODS) sub-contracted providers to ensure covered services are being appropriately rendered. The annual review shall include an on-site visit of the sub-contracted service provider. Reports of the annual review shall be provided to DHCS within 2 weeks of completion (Department of Health Care Services (DHCS)-Sacramento County Interagency Agreement (IAG), Exhibit A, Attachment I, EE. #1 – Contract Monitoring).

Sources for items reviewed:

Special Terms and Conditions of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver
California Alcohol and /or Other Drug Program Certification Standards, Title 22 California Code of Regulations Section 51341.1

Minimum Quality Drug Treatment Standards for Drug Medi-Cal/Substance Abuse Block Grant

Department of Health Care Services Perinatal Practice Guidelines

The ASAM Criteria, Third Edition

Sacramento County Implementation Plan for DMC-ODS Waiver

Sacramento County DMC-ODS Practice Guidelines Provider Procedure Manual

Sacramento County SUPT Contract Monitoring Manual

Y	N	N/A	Client Record Requirements
			The following personal information is included in the client record.
			<i>First Name, Middle Initial, Last Name</i>
			<i>Date of Birth</i>
			<i>Client ID Number</i>
			<i>Address (Sacramento County resident?)</i>
			<i>Telephone Number</i>
			<i>Gender/race/ethnicity</i>
			<i>Next of kin and/or emergency contact</i>
			Youth is between the ages of 12 and 20 years.
			If youth is younger than 12 years of age or 18-21 years of age, there is written protocol addressing developmentally appropriate services for the client's respective age group.
			Youth is eligible for Minor Consent Medi-Cal.
			If yes to above, eligibility been verified MONTHLY.
			Referral source and reason for referral are documented in client record.



Substance Use Prevention and Treatment (SUPT) Services
YOUTH Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Provider Acknowledgement of Receipt is completed and signed.
			Sacramento County Acknowledgement of Receipt is completed and signed (Notice of Privacy Practices, Member Handbook, Grievance/State Fair Hearing, Advance Directive, Provider Directory). Required to be fully completed and signed by the client and legal/personal representative, if applicable, at start of services and annually thereafter, with all applicable boxes checked.
			Accounting of Disclosures is completed and in the chart Minimum: Top of form completed with client's name and ID number.
			Admission Agreement/Consent to Treat is completed and signed.
			Informed Consent is completed and signed.
			Consent to Follow-Up completed and signed.
			Youth Rights is completed and signed.
			Caregiver support documented in chart.
			Release of Information completed and signed for anyone contacted. MUST be completed in full with specific persons and signatures and no blank fields; updated annually.
			Release of Information for Emergency Contact is documented. Expiration date: _____
			Cal-OMS Admission completed in Avatar.

Comments:

Y	N	N/A	Intake Process
			Cultural Competence: The client's cultural and language needs were explored, accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
Initial Assessment: Substance Use Disorder (SUD) American Society of Addiction Medicine (ASAM)			
			Initial SUD ASAM Assessment completed within 30 days of the admission. Date: _____
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.
			The indicated Level of Care (LOC) is supported by severity ratings in each ASAM Dimension.
			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			ASAM Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an LPHA through a face-to-face consult.



Substance Use Prevention and Treatment (SUPT) Services
YOUTH Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.
			Youth provided written inventory of community services.
			Procedures in place for signing youth in and out of program site.

Comments:

Y	N	N/A	Physical Examination/Health Requirements
			Completed Health Questionnaire, which includes medical, disease screening, dental, and mental health. Date: _____
			The client has obtained a physical examination either prior to or after admission.
			Within 30 calendar days after admission, the physician reviewed the completed examination that was performed (within 12 months prior to admission date).
			If the provider was unable to obtain documentation of the physical examination, notes describe efforts made to obtain required documentation regarding physical exam.
			If the physical examination documents have not been reviewed by the physician or if the provider did not perform a physical examination, the physical examination is included as a Treatment Plan goal to be completed. Date _____
			Medical Conditions/Concerns: Referral/linkage to a PCP/GMC if client identified any medical condition(s) that need attention are documented (refer to Progress Notes).
			Alternative Healer: If client is not yet linked to PCP/GMC/Alternative Healer, efforts have been made to link the client to a PCP/GMC/Alternative Healer and, if warranted by medical condition, coordination of care is documented (refer to Progress Notes).
			Urinalysis results are documented (refer to Treatment Plan and Progress Notes).

Comments:

Y	N	N/A	Initial Treatment Plan
			The Treatment Plan was completed. Date: _____
			The primary Counselor is identified in the Treatment Plan. Name: _____ Credentials: _____
			The Treatment Plan was completed and signed by the Counselor within 30 days of admission. If not, reasons and efforts documented.

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			The Treatment Plan was reviewed and signed by the LPHA within 15 days of the Counselor's signature. Date _____
			Client reviewed and signed the Treatment Plan, indicating that he/she participated in the preparation of the Treatment Plan, within 30 days of the Counselor's signature.
			All signatures are legible (name printed and signed with date).
			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.
			Statement of problems, identified through the SUD/ASAM Assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address each problem are documented (Short-term: within 90 days. Long-term: 90+ days).
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for each step(s) and goal(s) are included.
			Significant issues identified at intake/SUD Assessment are addressed in Treatment Plan.
			Description of service types (individual, group, or medical psychotherapy session) AND frequency to be provided to the client are documented. Individual counseling MUST be included in the Treatment Plan.
			If physical examination has NOT been completed, a goal of obtaining a physical examination is included in the initial Treatment Plan.
			If prior physical exam identified a significant medical illness, a goal for the client to obtain appropriate treatment has been identified.

Comments:

Y	N	N/A	Continuation of Service Justification
			For ongoing services, a Physician or LPHA has re-evaluated the client for medical necessity at least every 6 months.
			Dates: _____ er from client admission date or most recent justification for continuing services (most recent SUD Assessment and associated Progress Notes)
			The Physician or LPHA has documented their determination that services are still clinically appropriate and the client's prognosis.
			The client's personal, medical and substance abuse history, documentation of the client's most recent physical exam, and status of treatment goals have been considered in the determination to continue services.



Substance Use Prevention and Treatment (SUPT) Services
YOUTH Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

Y	N	N/A	Re-Assessment
			SUD/ASAM Re-Assessment(s) completed every 90 days or when a change in problem identification or focus of treatment occurs, whichever comes first. Date(s): _____
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.
			The indicated LOC is supported by severity ratings in each ASAM Dimension.
			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			SUD ASAM Re-Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an LPHA through a face-to-face consult.
			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.
Y	N	N/A	Updated Treatment Plan(s)
			Updated Treatment Plans are developed, signed, and dated no later than 90 days after signing the Intake Treatment Plan, <u>and</u> no later than every 90 days thereafter, <u>or</u> when a change in <i>problem identification</i> <u>or</u> <i>focus of treatment</i> occurs, whichever comes first.
			Updated Treatment Plan completed every 90 days of admission. Dates: _____
			The primary Counselor is identified in the Updated Treatment Plan. Name: _____ Credentials: _____
			Updated Treatment Plan was reviewed and signed by the LPHA within 15 days of the Counselor's signature.

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Client reviewed and signed the Updated Treatment Plan, indicating that he/she participated in the preparation of the Updated Treatment Plan, within 30 days of the Counselor's signature.
			All signatures are legible (name printed and signed with date).
			Cultural Competence: Any changes in client's cultural and language needs were accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.
			Descriptions of the type (individual, group, or medical psychotherapy session) AND frequency of counseling services to be provided to the client are documented.
			Statement of problems, identified through the SUD/ASAM Re-assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address each problem are documented (Short-term: within 90 days. Long-term: 90+ days).
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for accomplishment of action step(s), goal(s), and resolution of problem(s) are documented.
			If physical examination has still NOT been completed, a goal of obtaining a physical examination is included in the Updated Treatment Plan(s) until the goal is met. Efforts are documented.

Comments:

Y	N	N/A	Progress Notes
			Progress Notes are supported and validated by the Treatment Plan.
			LPHA or Counselor documented a Progress Note for every service provided.
			Progress Notes are documented within 7 calendar days of the session.
			Cultural Competence: Client's culture and language was explored and accommodated (use of interpreter) and documented.
			Progress Note documenting client's involvement in treatment planning.
			Topic of session(s) or purpose of session (s) is included in the Progress Note(s).



Substance Use Prevention and Treatment (SUPT) Services
YOUTH Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Description of the client's progress of the Treatment Plan problems, goals, action steps, objectives and/or referrals is documented.
			Information on client's attendance, including date, start and end times of each service are documented (direct, doctor, travel, etc.).
			Up to 9 hours of Outpatient Services were provided per week (no requirements on the number of or duration of sessions).
			A minimum of 9 hours with a maximum of 19 hours of Intensive Outpatient Services were provided per week (no requirements on the number of or duration of sessions).
			Crisis Services provided were as a result of an actual relapse or an unforeseen event or circumstance causing imminent threat of relapse.
			Collateral Services included face-to-face contact with significant person(s) in the life of the client (individuals that have a personal, not official or professional, relationship with the
			Recovery Services were provided when the beneficiary was triggered, when the beneficiary had relapsed, or simply as a preventative measure to prevent relapse.
			How services were provided are documented (in person, by telephone, or by telehealth).
			If services were provided in the community, the location was identified and how confidentiality was ensured.
			Progress Note(s) were typed or legibly written in ink and included staff signature and date (month, day, and year). Staff signatures include registration/certificate/license information.
Case Management Progress Notes			
			Case Management Progress Notes are completed, signed, and dated within 7 calendar days of the service and contain:
			<i>Date and start and end times of each service.</i>
			<i>Purpose of the service.</i>
			<i>Description of how the services relates to the Treatment Plan problems, goals, action steps, objectives, and/or referrals.</i>
			<i>Whether services were provided in-person, by telephone, or by telehealth.</i>
			<i>If services were provided in the community, the location was identified and how confidentiality was ensured.</i>
			Assisted client in accessing medical, educational, social, vocational, rehabilitative, or other community services and/or service coordination medical/criminal justice/other agencies.
			LPHA or a registered or certified counselor provided Case Management Services.
All Progress Notes			
			All Progress Notes match billings during timeframe reviewed.
			Excessive Billing: Documentation to support the amount of time that is billable.
			Duplicative Services: Duplicative services are not billed.
			Non-Billable Services: Appropriate documentation of non-billable services, such as supervision, researching a topic, interpretation, filing, faxing, education, transportation, etc.

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Non-Billable Services: Appropriate documentation for services provided while in a client is in a lockout situation such as jail, juvenile hall, or psychiatric hospitalization.
			Disallowances: Progress Notes that need to be appended or disallowed. Please list the Progress Note that needs to be appended (within 45 days of the date of service) or disallowed, including the date and billing code of Progress Note and the reason for the disallowance. Please indicate if the Progress Note needs to be appended or disallowed. Provider must submit the supplemental worksheet with the corrected Progress Note.
			Progress Note Timeliness: Verify that Progress Notes are not in draft status past three business days. Progress Notes – later than one week from the date of service may be subject to non-reimbursement for the service provided.

Comments:

Y	N	N/A	Pregnant and Parenting Youth/Young Adults
			Engagement activities (Case Management/Referrals) were conducted. Date(s): _____ Activities: _____
			Treatments services were coordinated with other appropriate services, including health, criminal justice, social, educational, and vocational rehabilitation, well as additional services that are medically necessary to prevent risk to a fetus, infant, or mother. Provider arranged for transportation to ensure access to treatment. (Treatment Plan)
			SUD Curriculum included information to effectively minimize the risk of fetal exposure to drugs or alcohol, screening of pregnant women for continued substance use. (Specific to pregnant, peri-natal or gender specific programs)
			Gender-specific treatment and other therapeutic interventions for pregnant and parenting women, such as issues of relationships, sexual and physical abuse, and parenting were provided or arranged.
			Services addressed treatment issues specific to the pregnant and parenting women. Services included the following: (Progress Notes)
			<i>Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;</i>
			<i>Access to services such as transportation;</i>
			<i>Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and</i>



Substance Use Prevention and Treatment (SUPT) Services
YOUTH Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			<i>Coordination of ancillary services, such as medical/dental, education, social services, and community services.</i>
			Case management services were provided or arranged to ensure that pregnant and parenting women, and their children, have access to the following:
			<i>Primary medical care, including prenatal care;</i>
			<i>Primary pediatric care, including immunizations;</i>
			<i>Gender specific treatment; and</i>
			<i>Patenting includes therapeutic interventions for children to address developmental needs, sexual and psychological abuse, and neglect.</i>
			Children's Services and referrals included: Clinical treatment services for the child that are deemed medically necessary, services should be comprehensive and, at a minimum, include the following: intake; screening and assessment of the full range of medical, developmental, emotional related-factors; care planning; residential care; case management; therapeutic child care; substance abuse education and prevention; medical care and services; developmental services; and mental health and trauma services as applicable.

Comments:

Y	N	N/A	Group Counseling/Group Sign-In Sheets
			Typed/legibly printed name and signature of client attending the Group Counseling sessions.
			Typed or legibly printed name and signature and date from LPHA or Counselor conducting the Group Counseling sessions.
			Dates of Group Counseling sessions are documented.
			Topics of Group Counseling Sessions are documented.
			Start and end times of the Group Counseling sessions are documented.
			Group Counseling sign-in sheets match documentation in Progress Notes and billing.
			Group Counseling Sessions included 2-12 participants.

Comments:

Y	N	N/A	Discharge Plan
			Discharge Plan completed. Date: _____
			Completed 30 days prior to the LAST face-to-face treatment contact with the client.
			SUD Assessment was conducted for transition services.



Substance Use Prevention and Treatment (SUPT) Services
YOUTH Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Description of each of the client's relapse triggers is documented.
			Relapse Plan to assist the client when confronted with each trigger is documented.
			Referral to a higher or lower LOC is documented.
			Provider ensured the smooth transition of the beneficiary to the new appropriate LOC by providing a warm hand-off to the new services provider, including transportation as needed.
			The transition to the new LOC occurred no later than 72 hours from the time of assessment or reassessment with no interruption of current treatment services.
			Discharge Plan is dated and signed by the client and Counselor .
			A copy of the Discharge Plan was provided to the client and documented.
			CalOMS discharge completed in Avatar.

Comments:

Y	N	N/A	Discharge Summary
			Discharge Summary completed. Date: _____
			Client discharged if no treatment contact for 30 days or more.
			Duration of treatment (date of admission to date of discharge) is documented.
			Reason and type of discharge is documented.
			Narrative summary of the treatment episode is documented.
			The client's prognosis is documented.
			CalOMS Administrative Discharge completed in Avatar.

Comments:



Substance Use Prevention and Treatment (SUPT) Services
Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

Client Name: _____ **DOB:** _____ ☐ **Mid-Year** ☐ **Annual**

Admission Date: _____ **Review Date:** _____

Discharge Date: _____ **Reviewer:** _____

Status: ☐ **Open** ☐ **Closed**

Funding Source(s): ☐ **CalWORKs** ☐ **DDC / EIFDC** ☐ **DMC-ODS**

☐ **SABG** ☐ **If non-DMC, is Preliminary Assessment & Authorization in chart?**

Sacramento County shall conduct, at least annually, a utilization review of Drug Medi-Cal Organized Delivery System (DMC-ODS) sub-contracted providers to ensure covered services are being appropriately rendered. The annual review shall include an on-site visit of the sub-contracted service provider. Reports of the annual review shall be provided to DHCS within 2 weeks of completion (Department of Health Care Services (DHCS)-Sacramento County Interagency Agreement (IAG), Exhibit A, Attachment I, EE. #1 – Contract Monitoring).

Sources for items reviewed:

Special Terms and Conditions of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver
California Alcohol and /or Other Drug Program Certification Standards, Title 22 California Code of Regulations Section 51341.1

Minimum Quality Drug Treatment Standards for Drug Medi-Cal/Substance Abuse Block Grant

Department of Health Care Services Perinatal Practice Guidelines

The ASAM Criteria, Third Edition

Sacramento County Implementation Plan for DMC-ODS Waiver

Sacramento County DMC-ODS Practice Guidelines Provider Procedure Manual

Sacramento County SUPT Contract Monitoring Manual

Y	N	N/A	Client Record Requirements
			The following personal information is included in the client record.
			<i>First Name, Middle Initial, Last Name</i>
			<i>Date of Birth</i>
			<i>Client ID Number</i>
			<i>Address (Sacramento County resident?)</i>
			<i>Telephone Number</i>
			<i>Gender/race/ethnicity</i>
			<i>Next of kin and/or emergency contact</i>
			Referral source and reason for referral are documented in client record.
			Provider Acknowledgement of Receipt is completed and signed.



Substance Use Prevention and Treatment (SUPT) Services
Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Sacramento County Acknowledgement of Receipt is completed and signed (Notice of Privacy Practices, Member Handbook, Grievance/State Fair Hearing, Advance Directive, Provider Directory). Required to be fully completed and signed by the client and legal/personal representative, if applicable, at start of services and annually thereafter, with all applicable boxes checked.
			Accounting of Disclosures is completed and in the chart Minimum: Top of form completed with client's name and ID number.
			Admission Agreement/Consent to Treat is completed and signed.
			Informed Consent is completed and signed.
			Consent to Follow-Up completed and signed.
			Release of Information completed and signed for anyone contacted. MUST be completed in full with specific persons and signatures and no blank fields; updated annually.
			Release of Information for Emergency Contact is documented. Expiration date: _____
			Dual Enrollment / Multiple Registration has been checked.
			If Dual Enrollment / Multiple Registration has not been checked, client is a transfer (from detox or from another clinic), or client tested negative (-) for methadone and methadone metabolite at intake.
			Cal-OMS Admission completed in Avatar.

Comments:

Y	N	N/A	Intake Process
			Cultural Competence: The client's cultural and language needs were explored, accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
Initial Assessment: Substance Use Disorder (SUD) American Society of Addiction Medicine (ASAM)			
			Initial SUD ASAM Assessment completed within 28 days of the admission and signed by the MD/LPHA within 14 days. Date: _____
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.
			The indicated Level of Care (LOC) is supported by severity ratings in each ASAM Dimension.



Substance Use Prevention and Treatment (SUPT) Services
Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			ASAM Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an LPHA through a face-to-face consult.
			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.

Comments:

Y	N	N/A	Physical Examination/Health Requirements
			Completed Health Questionnaire, which includes medical, disease screening, dental, and mental health. Date: _____
			The client has obtained a physical examination either prior to or after admission.
			Within 30 calendar days after admission, the physician reviewed the completed examination that was performed (within 12 months prior to admission date).
			If the provider was unable to obtain documentation of the physical examination, notes describe efforts made to obtain required documentation regarding physical exam.
			If the physical examination documents have not been reviewed by the physician or if the provider did not perform a physical examination, the physical examination is included as a Treatment Plan goal to be completed.
			Medical Conditions/Concerns: Referral/linkage to a PCP/GMC if client identified any medical condition(s) that need attention are documented (refer to Progress Notes).
			Alternative Healer: If client is not yet linked to PCP/GMC/Alternative Healer, efforts have been made to link the client to a PCP/GMC/Alternative Healer and, if warranted by medical condition, coordination of care is documented (refer to Progress Notes).
			Vitals Signs (temp, pulse, blood pressure, respiratory rate) were taken and documented.
			Visual Exam (head, ears, eyes, nose, throat, chest, abdomen, extremities, skin) was conducted and documented.
			An evaluation of the client's organ systems (pulmonary, liver, cardiac abnormalities, skin) was conducted and documented.



Substance Use Prevention and Treatment (SUPT) Services
Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			An evaluation of the client's neurological system was conducted and documented.
			Test result for syphilis [typically antibody tests (serum): RPR reactivity] is documented.
			TB skin test results documented (6 mo. prior to or 30 days after admit). Date: _____
			Annual TB skin test results / review of TB symptoms are documented. Date: _____
			Chest x-ray results documented (every 5 years). Date: _____
			Urinalysis results are documented (refer to Treatment Plan and Progress Notes).
			Overall impression of medical/health issues is documented.
			Medical Director statement of evidence of physical dependence reviewed and documented before admission (e.g., symptoms, lab results)
			Medical Director statement of final determination of physical dependence/addiction to opiates prior to admission.

Comments:

Y	N	N/A	Initial Treatment Plan
			The Treatment Plan is completed and signed by the Counselor and the client within 28 days after initiation of MAT. If not, reasons and efforts documented.
			The primary Counselor is identified in the Treatment Plan. Name: _____ Credentials: _____
			The Treatment Plan was reviewed and signed by the LPHA within 14 days of the Counselor's signature. Date _____
			All signatures are legible (name printed and signed with date).
			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.



Substance Use Prevention and Treatment (SUPT) Services
Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ Client ID: _____

			Statement of problems, identified through the SUD/ASAM Assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address each problem are documented (Short-term: within 90 days. Long-
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for each step(s) and goal(s) are included.
			Significant issues identified at intake/SUD Assessment are addressed in Treatment Plan.
			Description of service types (individual, group, or medical psychotherapy session) AND frequency to be provided to the client are documented. Individual counseling MUST be included in the Treatment Plan.
			If physical examination has NOT been completed, a goal of obtaining a physical examination is included in the initial Treatment Plan.
			If prior physical exam identified a significant medical illness, a goal for the client to obtain appropriate treatment has been identified.
Comments:			
Y	N	N/A	Dosing
			An order exists to support the client's doses.
			Admission: Initial dose did not exceed 30 mg , unless dose is divided and subsequent dose is administered separately after prescribed observation period (exclude transitions).
			Total first day dose did not exceed 40 mg unless Medical Director documented that dosage was not sufficient to suppress the client's opiate abstinence symptoms (exclude transitions).



Substance Use Prevention and Treatment (SUPT) Services
Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Take Home Dosing was administered as follows:
			<i>Step 1: A single take home if determined responsible for state approved holidays</i>
			<i>Step 2: After 90 days of continuous maintenance treatment, up to 2 day take home supply, 5 observed doses per week.</i>
			<i>Step 3: After 180 days of continuous maintenance treatment, up to 3 day take home supply allowed, 4 observed dose per week.</i>
			<i>Step 4: After 270 days of continuous maintenance treatment, up to 6 day take home supply allowed: 1 observed doses per week.</i>
			<i>Step 5: After 1 year of continuous maintenance treatment, up to 2 week take home supply allowed; 2 observed doses a month.</i>
			<i>Step 6: After 2 years of continuous treatment, up to 1 month take home supply allowed, 1 observed dose per month.</i>
			Medical Director reviewed client's dosage level every 3 months (See Treatment Plan or Medical Orders).



Substance Use Prevention and Treatment (SUPT) Services
Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ Client ID: _____

Y	N	N/A	Continuation of Service Justification
			For ongoing services, a Physician or LPHA has re-evaluated the client for medical necessity at least every 6 months.
			Dates: _____ either from client admission date or most recent justification for continuing services (most recent SUD Assessment and associated Progress Notes)
			The Physician or LPHA has documented their determination that services are still clinically appropriate and the client's prognosis.
			The client's personal, medical and substance abuse history, documentation of the client's most recent physical exam, and status of treatment goals have been considered in the determination to continue services.
			Annual Justification (for those in continuous treatment for x > 2 years) Date(s): _____
			MD determines discontinuance of treatment would lead to relapse.
			MD documents facts justifying decision to continue client's treatment.
			MD evaluates client's progress or lack on achieving treatment plan goals.
Y	N	N/A	Re-Assessment
			SUD/ASAM Re-Assessment(s) completed every 12 months or when a change in problem identification or focus of treatment occurs, whichever comes first. Date(s): _____
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.



Substance Use Prevention and Treatment (SUPT) Services
Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			The indicated LOC is supported by severity ratings in each ASAM Dimension.
			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			SUD ASAM Re-Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an LPHA through a face-to-face consult.
			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.
Y	N	N/A	Updated Treatment Plan(s)
			Updated Treatment Plans are developed, signed, and dated no later than 90 days after signing the Intake Treatment Plan, <u>and</u> no later than every 90 days thereafter, <u>or</u> when a change in <i>problem identification</i> <u>or</u> <i>focus of treatment</i> occurs, whichever comes first.
			Updated Treatment Plan completed every 90 days of admission. Dates: _____
			The primary Counselor is identified in the Updated Treatment Plan. Name: _____ Credentials: _____
			Updated Treatment Plan was reviewed and signed by the LPHA within 14 days of the Counselor's signature.
			Client reviewed and signed the Updated Treatment Plan, indicating that he/she participated in the preparation of the Updated Treatment Plan, within 30 days of the Counselor's signature.
			All signatures are legible (name printed and signed with date).



Substance Use Prevention and Treatment (SUPT) Services
Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Cultural Competence: Any changes in client's cultural and language needs were accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.
			Descriptions of the type (individual, group, or medical psychotherapy session) AND frequency of counseling services to be provided to the client are documented.
			Statement of problems, identified through the SUD/ASAM Re-assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address each problem are documented (Short-term: within 90 days. Long-term: 90+ days).
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for accomplishment of action step(s), goal(s), and resolution of problem(s) are documented.
			If physical examination has still <u>NOT</u> been completed, a goal of obtaining a physical examination is included in the Updated Treatment Plan(s) until the goal is met. Efforts are documented.
Comments:			
Y	N	N/A	Progress Notes
			Progress Notes are supported and validated by the Treatment Plan.
			LPHA or Counselor documented a Progress Note for every service provided.
			Progress Notes are documented within 7 calendar days of the session.
			Cultural Competence: Client's culture and language was explored and accommodated (use of interpreter) and documented.
			Progress Note documenting client's involvement in treatment planning.
			Topic of session(s) or purpose of session (s) is included in the Progress Note(s).
			Description of the client's progress of the Treatment Plan problems, goals, action steps, objectives and/or referrals is documented.
			Information on client's attendance, including date, start and end times of each service are documented (direct, doctor, travel, etc.).



Substance Use Prevention and Treatment (SUPT) Services
Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Up to 9 hours of Outpatient Services were provided per week (no requirements on the number of or duration of sessions).
			A minimum of 9 hours with a maximum of 19 hours of Intensive Outpatient Services were provided per week (no requirements on the number of or duration of sessions).
			Crisis Services provided were as a result of an actual relapse or an unforeseen event or circumstance causing imminent threat of relapse.
			Collateral Services included face-to-face contact with significant person(s) in the life of the client (individuals that have a personal, not official or professional, relationship with
			Recovery Services were provided when the beneficiary was triggered, when the beneficiary had relapsed, or simply as a preventative measure to prevent relapse.
			Indicate program's response to any unfavorable UA result(s) [if applicable]
			Counseling frequencies match (TPs and PNs)
			Counseling sessions per each month (according to PNs reviewed in time period):
			<i>Clients receiving 50 – 200 minutes of counseling [individual, including medical psychotherapy sessions, and group] each calendar month</i>
			<i>If not within range, medical justification is documented.</i>
			How services were provided are documented (in person, by telephone, or by telehealth).
			If services were provided in the community, the location was identified and how confidentiality was ensured.
			Progress Note(s) were typed or legibly written in ink and included staff signature and date (month, day, and year). Staff signatures include registration/certificate/license information.
Case Management Progress Notes			
			Case Management Progress Notes are completed, signed, and dated within 7 calendar days of the service and contain:
			<i>Date and start and end times of each service.</i>
			<i>Purpose of the service.</i>
			<i>Description of how the services relates to the Treatment Plan problems, goals, action steps, objectives, and/or referrals.</i>
			<i>Whether services were provided in-person, by telephone, or by telehealth.</i>
			<i>If services were provided in the community, the location was identified and how confidentiality was ensured.</i>
			Assisted client in accessing medical, educational, social, vocational, rehabilitative, or other community services and/or service coordination medical/criminal justice/other agencies.
			LPHA or a registered or certified counselor provided Case Management Services.



Substance Use Prevention and Treatment (SUPT) Services
Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

All Progress Notes			
			All Progress Notes match billings during timeframe reviewed.
			Excessive Billing: Documentation to support the amount of time that is billable.
			Duplicative Services: Duplicative services are not billed.
			Non-Billable Services: Appropriate documentation of non-billable services, such as supervision, researching a topic, interpretation, filing, faxing, education, transportation, etc.
			Non-Billable Services: Appropriate documentation for services provided while in a client is in a lockout situation such as jail, juvenile hall, or psychiatric hospitalization.
			Disallowances: Progress Notes that need to be appended or disallowed. Please list the Progress Note that needs to be appended (within 45 days of the date of service) or disallowed, including the date and billing code of Progress Note and the reason for the disallowance. Please indicate if the Progress Note needs to be appended or disallowed. Provider must submit the supplemental worksheet with the corrected Progress Note.
			Progress Note Timeliness: Verify that Progress Notes are not in draft status past three business days. Progress Notes – later than one week from the date of service may be subject to non-reimbursement for the service provided.
Comments:			
Y	N	N/A	Pregnant and Parenting Women
			If client is pregnant, it is documented. Date: _____
			Within 14 calendar days of the date of primary counselor's knowledge of pregnancy; the Medical Director reviewed, signed, dated a confirmation of pregnancy.
			Within 14 calendar days of date of primary counselor's knowledge of pregnancy, the Medical Director documented his/her: -Acceptance of medical responsibility for the client's prenatal care, or



Substance Use Prevention and Treatment (SUPT) Services
Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			The Medical Director or licensed health professional designee documented completion of instruction on the risks to the client and unborn child from continued use of both illicit and legal drugs, including premature birth.
			The Medical Director or licensed health professional designee documented the following:
			<i>Completion of instruction on the benefits of replacement narcotic therapy and risks of abrupt withdrawal from opiates, including premature birth.</i>
			<i>Completion of instruction on the need for evaluation for the opiate addiction-related care of both the patient and the newborn following the birth.</i>
			<i>Completion of instruction on the signs and symptoms of opiate withdrawal in the newborn child and warning that the patient not share take-home medication with the newborn child</i>
			<i>Completion of instruction on current understanding related to the risks and benefits of breast-feeding while on medications used in replacement narcotic therapy.</i>
			<i>Completion of instruction on postpartum depression.</i>
			<i>Completion of instruction on family planning and contraception.</i>
			<i>Completion of instruction on basic prenatal care, including nutrition and prenatal vitamins, and child pediatric care, immunization, handling, health, and safety.</i>
			If client has repeatedly refused referrals offered by the program for prenatal care or

Comments:

Y	N	N/A	Group Counseling/Group Sign-In Sheets
			Typed/legibly printed name and signature of client attending the Group Counseling sessions.
			Typed or legibly printed name and signature and date from LPHA or Counselor conducting the Group Counseling sessions.
			Dates of Group Counseling sessions are documented.
			Topics of Group Counseling Sessions are documented.
			Start and end times of the Group Counseling sessions are documented.
			Group Counseling sign-in sheets match documentation in Progress Notes and billing.
			Group Counseling Sessions included 2-12 participants.

Comments:



Substance Use Prevention and Treatment (SUPT) Services
Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

Y	N	N/A	Discharge Plan
			Discharge Plan completed. Date: _____
			Completed 30 days prior to the LAST face-to-face treatment contact with the client.
			SUD Assessment was conducted for transition services.
			Description of each of the client's relapse triggers is documented.
			Relapse Plan to assist the client when confronted with each trigger is documented.
			Referral to a higher or lower LOC is documented.
			Provider ensured the smooth transition of the beneficiary to the new appropriate LOC by providing a warm hand-off to the new services provider, including transportation as needed.
			The transition to the new LOC occurred no later than 72 hours from the time of assessment or reassessment with no interruption of current treatment services.
			Discharge Plan is dated and signed by the client and Counselor .
			A copy of the Discharge Plan was provided to the client and documented.
			CalOMS discharge completed in Avatar.

Comments:

Y	N	N/A	Discharge Summary
			Discharge Summary completed. Date: _____
			Discharge if dosing missed for 14 consecutive days.
			Duration of treatment (date of admission to date of discharge) is documented.
			Reason and type of discharge is documented.
			Narrative summary of the treatment episode is documented.
			The client's prognosis is documented.
			CalOMS Administrative Discharge completed in Avatar.

Comments:



Substance Use Prevention and Treatment (SUPT) Services
Residential Treatment Services

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

Client Name: _____ **DOB:** _____ ☐ **Mid-Year** ☐ **Annual**

Admission Date: _____ **Review Date:** _____

Discharge Date: _____ **Reviewer:** _____

Status: ☐ **Open** ☐ **Closed**

Funding Source(s): ☐ **CalWORKs** ☐ **DDC / EIFDC** ☐ **DMC-ODS**

☐ **SABG** ☐ **If non-DMC, is Preliminary Assessment & Authorization in chart?**

Sacramento County shall conduct, at least annually, a utilization review of Drug Medi-Cal Organized Delivery System (DMC-ODS) sub-contracted providers to ensure covered services are being appropriately rendered. The annual review shall include an on-site visit of the sub-contracted service provider. Reports of the annual review shall be provided to DHCS within 2 weeks of completion (Department of Health Care Services (DHCS)-Sacramento County Interagency Agreement (IAG), Exhibit A, Attachment I, EE. #1 – Contract Monitoring).

Sources for items reviewed:

Special Terms and Conditions of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver
California Alcohol and /or Other Drug Program Certification Standards, Title 22 California Code of Regulations Section 51341.1

Minimum Quality Drug Treatment Standards for Drug Medi-Cal/Substance Abuse Block Grant

Department of Health Care Services Perinatal Practice Guidelines

The ASAM Criteria, Third Edition

Sacramento County Implementation Plan for DMC-ODS Waiver

Sacramento County DMC-ODS Practice Guidelines Provider Procedure Manual

Sacramento County SUPT Contract Monitoring Manual

Y	N	N/A	Client Record Requirements
			The following personal information is included in the client record.
			<i>First Name, Middle Initial, Last Name</i>
			<i>Date of Birth</i>
			<i>Client ID Number</i>
			<i>Address (Sacramento County resident?)</i>
			<i>Telephone Number</i>
			<i>Gender/race/ethnicity</i>
			<i>Next of kin and/or emergency contact</i>
			Referral source and reason for referral are documented in client record.
			Provider Acknowledgement of Receipt is completed and signed.



Substance Use Prevention and Treatment (SUPT) Services
Residential Treatment Services

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Sacramento County Acknowledgement of Receipt is completed and signed (Notice of Privacy Practices, Member Handbook, Grievance/State Fair Hearing, Advance Directive, Provider Directory). Required to be fully completed and signed by the client and legal/personal representative, if applicable, at start of services and annually thereafter, with all applicable boxes checked.
			Accounting of Disclosures is completed and in the chart Minimum: Top of form completed with client's name and ID number.
			Admission Agreement/Consent to Treat is completed and signed.
			Informed Consent is completed and signed.
			Consent to Follow-Up completed and signed.
			Release of Information completed and signed for anyone contacted. MUST be completed in full with specific persons and signatures and no blank fields; updated annually.
			Release of Information for Emergency Contact is documented. Expiration date: _____
			Cal-OMS Admission completed in Avatar.

Comments:

Y	N	N/A	Intake Process
			Cultural Competence: The client's cultural and language needs were explored, accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
Initial Assessment: Substance Use Disorder (SUD) American Society of Addiction Medicine (ASAM)			
			Initial SUD ASAM Assessment completed within 10 days of the admission. Date: _____
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.
			The indicated Level of Care (LOC) is supported by severity ratings in each ASAM Dimension.
			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			ASAM Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an LPHA through a face-to-face consult.



Substance Use Prevention and Treatment (SUPT) Services
Residential Treatment Services

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.
			Pre-authorization was obtained for Residential Treatment.

Comments:

Y	N	N/A	Physical Examination/Health Requirements
			Completed Health Questionnaire, which includes medical, disease screening, dental, and mental health. Date: _____
			The client has obtained a physical examination either prior to or after admission.
			Within 30 calendar days after admission, the physician reviewed the completed examination that was performed (within 12 months prior to admission date).
			If the provider was unable to obtain documentation of the physical examination, notes describe efforts made to obtain required documentation regarding physical exam.
			If the physical examination documents have not been reviewed by the physician or if the provider did not perform a physical examination, the physical examination is included as a Treatment Plan goal to be completed.
			Medical Conditions/Concerns: Referral/linkage to a PCP/GMC if client identified any medical condition(s) that need attention are documented (refer to Progress Notes).
			Alternative Healer: If client is not yet linked to PCP/GMC/Alternative Healer, efforts have been made to link the client to a PCP/GMC/Alternative Healer and, if warranted by medical condition, coordination of care is documented (refer to Progress Notes).
			Urinalysis results are documented (refer to Treatment Plan and Progress Notes).
			TB skin test results documented (6 mo. prior to or 30 days after admit). Date: _____
			Chest x-ray results documented. Date: _____

Comments:

Y	N	N/A	Initial Treatment Plan
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Substance Use Prevention and Treatment (SUPT) Services
Residential Treatment Services

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			The Treatment Plan was completed. Date: _____
			The primary Counselor is identified in the Treatment Plan. Name: _____ Credentials: _____
			The Treatment Plan was completed and signed by the Counselor within 30 days of admission. If not, reasons and efforts documented.
			The Treatment Plan was reviewed and signed by the LPHA within 15 days of the Counselor's signature. Date _____
			Client reviewed and signed the Treatment Plan, indicating that he/she participated in the preparation of the Treatment Plan, within 30 days of the Counselor's signature.
			All signatures are legible (name printed and signed with date).
			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.
			Statement of problems, identified through the SUD/ASAM Assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address each problem are documented (Short-term: within 90 days. Long-
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for each step(s) and goal(s) are included.
			Significant issues identified at intake/SUD Assessment are addressed in Treatment Plan.
			Description of service types (individual, group, or medical psychotherapy session) AND frequency to be provided to the client are documented. Individual counseling MUST be included in the Treatment Plan.
			If physical examination has NOT been completed, a goal of obtaining a physical examination is included in the initial Treatment Plan.
			If prior physical exam identified a significant medical illness, a goal for the client to obtain appropriate treatment has been identified.
Comments:			
Y	N	N/A	Continuation of Service Justification
			For ongoing services, a Physician or LPHA has re-evaluated the client for medical necessity at least every 6 months.



Substance Use Prevention and Treatment (SUPT) Services
Residential Treatment Services

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			<p><u>Dates:</u> _____</p> <p>either from client admission date or most recent justification for continuing services (most recent SUD Assessment and associated Progress Notes)</p>
			The Physician or LPHA has documented their determination that services are still clinically appropriate and the client's prognosis.
			The client's personal, medical and substance abuse history, documentation of the client's most recent physical exam, and status of treatment goals have been considered in the determination to continue services.
Y	N	N/A	Re-Assessment
			<p>SUD/ASAM Re-Assessment(s) completed every 90 days or when a change in problem identification or focus of treatment occurs, whichever comes first.</p> <p>Date(s): _____</p>
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.
			The indicated LOC is supported by severity ratings in each ASAM Dimension.
			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			SUD ASAM Re-Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an LPHA through a face-to-face consult.
			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.
Y	N	N/A	Updated Treatment Plan(s)
			Updated Treatment Plans are developed, signed, and dated no later than 90 days after signing the Intake Treatment Plan, <u>and</u> no later than every 90 days thereafter, <u>or</u> when a change in <i>problem identification</i> <u>or</u> <i>focus of treatment</i> occurs, whichever comes first.



Substance Use Prevention and Treatment (SUPT) Services
Residential Treatment Services

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Updated Treatment Plan completed every 90 days of admission. Dates: _____
			The primary Counselor is identified in the Updated Treatment Plan. Name: _____ Credentials: _____
			Updated Treatment Plan was reviewed and signed by the LPHA within 15 days of the Counselor's signature.
			Client reviewed and signed the Updated Treatment Plan, indicating that he/she participated in the preparation of the Updated Treatment Plan, within 30 days of the Counselor's signature.
			All signatures are legible (name printed and signed with date).
			Cultural Competence: Any changes in client's cultural and language needs were accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.
			Descriptions of the type (individual, group, or medical psychotherapy session) AND frequency of counseling services to be provided to the client are documented.
			Statement of problems, identified through the SUD/ASAM Re-assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address each problem are documented (Short-term: within 90 days. Long-term: 90+ days).
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for accomplishment of action step(s), goal(s), and resolution of problem(s) are documented.
			If physical examination has still NOT been completed, a goal of obtaining a physical examination is included in the Updated Treatment Plan(s) until the goal is met. Efforts are documented.



Substance Use Prevention and Treatment (SUPT) Services
Residential Treatment Services

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

Comments:

Y	N	N/A	Progress Notes
			Progress Notes are supported and validated by the Treatment Plan.
			LPHA or Counselor documented a Progress Note for every service provided.
			Progress Notes are documented within 7 calendar days of the session.
			Cultural Competence: Client's culture and language was explored and accommodated (use of interpreter) and documented.
			Progress Note documenting client's involvement in treatment planning.
			Topic of session(s) or purpose of session (s) is included in the Progress Note(s).
			Description of the client's progress of the Treatment Plan problems, goals, action steps, objectives and/or referrals is documented.
			Information on client's attendance, including date, start and end times of each service are documented (direct, doctor, travel, etc.).
			Up to 9 hours of Outpatient Services were provided per week (no requirements on the number of or duration of sessions).
			A minimum of 9 hours with a maximum of 19 hours of Intensive Outpatient Services were provided per week (no requirements on the number of or duration of sessions).
			Crisis Services provided were as a result of an actual relapse or an unforeseen event or circumstance causing imminent threat of relapse.
			Collateral Services included face-to-face contact with significant person(s) in the life of the client (individuals that have a personal, not official or professional, relationship with
			Recovery Services were provided when the beneficiary was triggered, when the beneficiary had relapsed, or simply as a preventative measure to prevent relapse.
			Client received / participated in at least 20 hours of treatment per week.
			How services were provided are documented (in person, by telephone, or by telehealth).
			If services were provided in the community, the location was identified and how confidentiality was ensured.
			Progress Note(s) were typed or legibly written in ink and included staff signature and date (month, day, and year). Staff signatures include registration/certificate/license information.
Case Management Progress Notes			
			Case Management Progress Notes are completed, signed, and dated within 7 calendar days of the service and contain:
			<i>Date and start and end times of each service.</i>



Substance Use Prevention and Treatment (SUPT) Services
Residential Treatment Services

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			<i>Purpose of the service.</i>
			<i>Description of how the services relates to the Treatment Plan problems, goals, action steps, objectives, and/or referrals.</i>
			<i>Whether services were provided in-person, by telephone, or by telehealth.</i>
			<i>If services were provided in the community, the location was identified and how confidentiality was ensured.</i>
			Assisted client in accessing medical, educational, social, vocational, rehabilitative, or other community services and/or service coordination medical/criminal justice/other agencies.
			LPHA or a registered or certified counselor provided Case Management Services.
All Progress Notes			
			All Progress Notes match billings during timeframe reviewed.
			Excessive Billing: Documentation to support the amount of time that is billable.
			Duplicative Services: Duplicative services are not billed.
			Non-Billable Services: Appropriate documentation of non-billable services, such as supervision, researching a topic, interpretation, filing, faxing, education, transportation, etc.
			Non-Billable Services: Appropriate documentation for services provided while in a client is in a lockout situation such as jail, juvenile hall, or psychiatric hospitalization.
			Disallowances: Progress Notes that need to be appended or disallowed. Please list the Progress Note that needs to be appended (within 45 days of the date of service) or disallowed, including the date and billing code of Progress Note and the reason for the disallowance. Please indicate if the Progress Note needs to be appended or disallowed. Provider must submit the supplemental worksheet with the corrected Progress Note.
			Progress Note Timeliness: Verify that Progress Notes are not in draft status past three business days. Progress Notes – later than one week from the date of service may be subject to non-reimbursement for the service provided.
Comments:			
Y	N	N/A	Pregnant and Parenting Women



**Substance Use Prevention and Treatment (SUPT) Services
Residential Treatment Services**

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Engagement activities (Case Management/Referrals) were conducted. Date(s): _____ Activities: _____
			Treatment services were coordinated with other appropriate services, including health, criminal justice, social, educational, and vocational rehabilitation, well as additional services that are medically necessary to prevent risk to a fetus, infant, or mother. Provider arranged for transportation to ensure access to treatment. (Treatment Plan)
			SUD Curriculum included information to effectively minimize the risk of fetal exposure to drugs or alcohol, screening of pregnant women for continued substance use. (Specific to pregnant, peri-natal or gender specific programs)
			Gender-specific treatment and other therapeutic interventions for pregnant and parenting women, such as issues of relationships, sexual and physical abuse, and parenting were provided or arranged.
			Services addressed treatment issues specific to the pregnant and parenting women. Services included the following: (Progress Notes)
			<i>Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;</i>
			<i>Access to services such as transportation;</i>
			<i>Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and</i>
			<i>Coordination of ancillary services, such as medical/dental, education, social services, and community services.</i>
			Case management services were provided or arranged to ensure that pregnant and parenting women, and their children, have access to the following:
			<i>Primary medical care, including prenatal care;</i>
			<i>Primary pediatric care, including immunizations;</i>
			<i>Gender specific treatment; and</i>
			<i>Patenting includes therapeutic interventions for children to address developmental needs, sexual and psychological abuse, and neglect.</i>
			Children's Services and referrals included: Clinical treatment services for the child that are deemed medically necessary, services should be comprehensive and, at a minimum, include the following: intake; screening and assessment of the full range of medical, developmental, emotional related-factors; care planning; residential care; case management; therapeutic child care; substance abuse education and prevention; medical care and services; developmental services; and mental health and trauma services as applicable.



Substance Use Prevention and Treatment (SUPT) Services
Residential Treatment Services

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

Comments:

Y	N	N/A	Group Counseling/Group Sign-In Sheets
			Typed/legibly printed name and signature of client attending the Group Counseling sessions.
			Typed or legibly printed name and signature and date from LPHA or Counselor conducting the Group Counseling sessions.
			Dates of Group Counseling sessions are documented.
			Topics of Group Counseling Sessions are documented.
			Start and end times of the Group Counseling sessions are documented.
			Group Counseling sign-in sheets match documentation in Progress Notes and billing.
			Group Counseling Sessions included 2-12 participants.

Comments:

Y	N	N/A	Discharge Plan
			Discharge Plan completed. Date: _____
			Completed 30 days prior to the LAST face-to-face treatment contact with the client.
			SUD Assessment was conducted for transition services.
			Description of each of the client's relapse triggers is documented.
			Relapse Plan to assist the client when confronted with each trigger is documented.
			Referral to a higher or lower LOC is documented.
			Provider ensured the smooth transition of the beneficiary to the new appropriate LOC by providing a warm hand-off to the new services provider, including transportation as needed.
			The transition to the new LOC occurred no later than 72 hours from the time of assessment or reassessment with no interruption of current treatment services.
			Discharge Plan is dated and signed by the client and Counselor .
			A copy of the Discharge Plan was provided to the client and documented.
			CalOMS discharge completed in Avatar.



Substance Use Prevention and Treatment (SUPT) Services
Residential Treatment Services

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

Comments:

Y	N	N/A	Discharge Summary
			Discharge Summary completed. Date: _____
			Client discharged if no treatment contact for 30 days or more.
			Duration of treatment (date of admission to date of discharge) is documented.
			Reason and type of discharge is documented.
			Narrative summary of the treatment episode is documented.
			The client's prognosis is documented.
			CalOMS Administrative Discharge completed in Avatar.

Comments:



Substance Use Prevention and Treatment (SUPT) Services
Withdrawal Management

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

Client Name: _____ **DOB:** _____ ☐ **Mid-Year** ☐ **Annual**

Admission Date: _____ **Review Date:** _____

Discharge Date: _____ **Reviewer:** _____

Status: ☐ **Open** ☐ **Closed**

Funding Source(s): ☐ **CalWORKs** ☐ **DDC / EIFDC** ☐ **DMC-ODS**

☐ **SABG** ☐ **If non-DMC, is Preliminary Assessment & Authorization in chart?**

Sacramento County shall conduct, at least annually, a utilization review of Drug Medi-Cal Organized Delivery System (DMC-ODS) sub-contracted providers to ensure covered services are being appropriately rendered. The annual review shall include an on-site visit of the sub-contracted service provider. Reports of the annual review shall be provided to DHCS within 2 weeks of completion (Department of Health Care Services (DHCS)-Sacramento County Interagency Agreement (IAG), Exhibit A, Attachment I, EE. #1 – Contract Monitoring).

Sources for items reviewed:

Special Terms and Conditions of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver
California Alcohol and /or Other Drug Program Certification Standards, Title 22 California Code of Regulations Section 51341.1

Minimum Quality Drug Treatment Standards for Drug Medi-Cal/Substance Abuse Block Grant

Department of Health Care Services Perinatal Practice Guidelines

The ASAM Criteria, Third Edition

Sacramento County Implementation Plan for DMC-ODS Waiver

Sacramento County DMC-ODS Practice Guidelines Provider Procedure Manual

Sacramento County SUPT Contract Monitoring Manual

Y	N	N/A	Client Record Requirements
			The following personal information is included in the client record.
			<i>First Name, Middle Initial, Last Name</i>
			<i>Date of Birth</i>
			<i>Client ID Number</i>
			<i>Address (Sacramento County resident?)</i>
			<i>Telephone Number</i>
			<i>Gender/race/ethnicity</i>
			<i>Next of kin and/or emergency contact</i>
			Referral source and reason for referral are documented in client record.
			Provider Acknowledgement of Receipt is completed and signed.



Substance Use Prevention and Treatment (SUPT) Services
Withdrawal Management

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ Client ID: _____

			Sacramento County Acknowledgement of Receipt is completed and signed (Notice of Privacy Practices, Member Handbook, Grievance/State Fair Hearing, Advance Directive, Provider Directory). Required to be fully completed and signed by the client and legal/personal representative, if applicable, at start of services and annually thereafter, with all applicable boxes checked.
			Accounting of Disclosures is completed and in the chart Minimum: Top of form completed with client's name and ID number.
			Admission Agreement/Consent to Treat is completed and signed.
			Informed Consent is completed and signed.
			Consent to Follow-Up completed and signed.
			Release of Information completed and signed for anyone contacted. MUST be completed in full with specific persons and signatures and no blank fields; updated annually.
			Release of Information for Emergency Contact is documented. Expiration date: _____
			Cal-OMS Admission completed in Avatar.

Comments:

Y	N	N/A	Intake Process
			Cultural Competence: The client's cultural and language needs were explored, accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
Initial Assessment: Substance Use Disorder (SUD) American Society of Addiction Medicine (ASAM)			
			Initial SUD ASAM Assessment completed within 30 days of the admission. Date: _____
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.
			The indicated Level of Care (LOC) is supported by severity ratings in each ASAM Dimension.
			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			ASAM Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an LPHA through a face-to-face consult.



Substance Use Prevention and Treatment (SUPT) Services
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Provider / Program: _____ **Client ID:** _____

			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.

Comments:

Y	N	N/A	Physical Examination/Health Requirements
			Completed Health Questionnaire, which includes medical, disease screening, dental, and mental health. Date: _____
			The client has obtained a physical examination either prior to or after admission.
			Within 30 calendar days after admission, the physician reviewed the completed examination that was performed (within 12 months prior to admission date).
			If the provider was unable to obtain documentation of the physical examination, notes describe efforts made to obtain required documentation regarding physical exam.
			If the physical examination documents have not been reviewed by the physician or if the provider did not perform a physical examination, the physical examination is included as a Treatment Plan goal to be completed.
			Medical Conditions/Concerns: Referral/linkage to a PCP/GMC if client identified any medical condition(s) that need attention are documented (refer to Progress Notes).
			Alternative Healer: If client is not yet linked to PCP/GMC/Alternative Healer, efforts have been made to link the client to a PCP/GMC/Alternative Healer and, if warranted by medical condition, coordination of care is documented (refer to Progress Notes).
			Urinalysis results are documented (refer to Treatment Plan and Progress Notes).

Y	N	N/A	Initial Treatment Plan
			The Treatment Plan was completed. Date: _____
			The primary Counselor is identified in the Treatment Plan. Name: _____ Credentials: _____
			The Treatment Plan was completed and signed by the Counselor within 48 hours of admission. If not, reasons and efforts documented.
			The Treatment Plan was reviewed and signed by the LPHA within 48 hours of the Counselor's signature. Date _____



Substance Use Prevention and Treatment (SUPT) Services
Withdrawal Management

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ Client ID: _____

			Client reviewed and signed the Treatment Plan, indicating that he/she participated in the preparation of the Treatment Plan.
			All signatures are legible (name printed and signed with date).
			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.
			Statement of problems, identified through the SUD/ASAM Assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address each problem are documented (Short-term: within 90 days. Long-
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for each step(s) and goal(s) are included.
			Significant issues identified at intake/SUD Assessment are addressed in Treatment Plan.
			Description of service types (individual, group, or medical psychotherapy session) AND frequency to be provided to the client are documented. Individual counseling MUST be included in the Treatment Plan.
			If physical examination has NOT been completed, a goal of obtaining a physical examination is included in the initial Treatment Plan.
			If prior physical exam identified a significant medical illness, a goal for the client to obtain appropriate treatment has been identified.

Comments:

Y	N	N/A	Continuation of Service Justification
			For ongoing services, a Physician or LPHA has re-evaluated the client for medical necessity at least every 6 months.
			Dates: _____ either from client admission date or most recent justification for continuing services (most recent SUD Assessment and associated Progress Notes)
			The Physician or LPHA has documented their determination that services are still clinically appropriate and the client's prognosis.
			The client's personal, medical and substance abuse history, documentation of the client's most recent physical exam, and status of treatment goals have been considered in the determination to continue services.
Y	N	N/A	Re-Assessment



Substance Use Prevention and Treatment (SUPT) Services
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Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			SUD/ASAM Re-Assessment(s) occurred within the following timeframes: 5 days, 3 days, 1 day thereafter.
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.
			The indicated LOC is supported by severity ratings in each ASAM Dimension.
			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			SUD ASAM Re-Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an LPHA through a face-to-face consult.
			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.
Y	N	N/A	Updated Treatment Plan(s)
			Updated Treatment Plan update(s) occurred within the following timeframes: 5 days, 3 days, 1 day thereafter.
			The primary Counselor is identified in the Updated Treatment Plan. Name: _____ Credentials: _____
			All signatures are legible (name printed and signed with date).
			Cultural Competence: Any changes in client's cultural and language needs were accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)



Substance Use Prevention and Treatment (SUPT) Services
Withdrawal Management

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.
			Descriptions of the type (individual, group, or medical psychotherapy session) AND frequency of counseling services to be provided to the client are documented.
			Statement of problems, identified through the SUD/ASAM Re-assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address each problem are documented (Short-term: within 90 days. Long-term: 90+ days).
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for accomplishment of action step(s), goal(s), and resolution of problem(s) are documented.
			If physical examination has still <u>NOT</u> been completed, a goal of obtaining a physical examination is included in the Updated Treatment Plan(s) until the goal is met. Efforts are documented.

Comments:

Y	N	N/A	Progress Notes
			Progress Notes are supported and validated by the Treatment Plan.
			LPHA or Counselor documented a Progress Note for every service provided.
			Progress Notes are documented within 7 calendar days of the session.
			Cultural Competence: Client's culture and language was explored and accommodated (use of interpreter) and documented.
			Progress Note documenting client's involvement in treatment planning.
			Topic of session(s) or purpose of session (s) is included in the Progress Note(s).
			Description of the client's progress of the Treatment Plan problems, goals, action steps, objectives and/or referrals is documented.
			Information on client's attendance, including date, start and end times of each service are documented (direct, doctor, travel, etc.).
			Up to 9 hours of Outpatient Services were provided per week (no requirements on the number of or duration of sessions).



Substance Use Prevention and Treatment (SUPT) Services
Withdrawal Management

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			A minimum of 9 hours with a maximum of 19 hours of Intensive Outpatient Services were provided per week (no requirements on the number of or duration of sessions).
			Crisis Services provided were as a result of an actual relapse or an unforeseen event or circumstance causing imminent threat of relapse.
			Collateral Services included face-to-face contact with significant person(s) in the life of the client (individuals that have a personal, not official or professional, relationship with
			Recovery Services were provided when the beneficiary was triggered, when the beneficiary had relapsed, or simply as a preventative measure to prevent relapse.
			How services were provided are documented (in person, by telephone, or by telehealth).
			If services were provided in the community, the location was identified and how confidentiality was ensured.
			Progress Note(s) were typed or legibly written in ink and included staff signature and date (month, day, and year). Staff signatures include registration/certificate/license information.
Case Management Progress Notes			
			Case Management Progress Notes are completed, signed, and dated within 7 calendar days of the service and contain:
			<i>Date and start and end times of each service.</i>
			<i>Purpose of the service.</i>
			<i>Description of how the services relates to the Treatment Plan problems, goals, action steps, objectives, and/or referrals.</i>
			<i>Whether services were provided in-person, by telephone, or by telehealth.</i>
			<i>If services were provided in the community, the location was identified and how confidentiality was ensured.</i>
			Assisted client in accessing medical, educational, social, vocational, rehabilitative, or other community services and/or service coordination medical/criminal justice/other agencies.
			LPHA or a registered or certified counselor provided Case Management Services.
All Progress Notes			
			All Progress Notes match billings during timeframe reviewed.
			Excessive Billing: Documentation to support the amount of time that is billable.
			Duplicative Services: Duplicative services are not billed.
			Non-Billable Services: Appropriate documentation of non-billable services, such as supervision, researching a topic, interpretation, filing, faxing, education, transportation, etc.
			Non-Billable Services: Appropriate documentation for services provided while in a client is in a lockout situation such as jail, juvenile hall, or psychiatric hospitalization.



Substance Use Prevention and Treatment (SUPT) Services
Withdrawal Management

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Disallowances: Progress Notes that need to be appended or disallowed. Please list the Progress Note that needs to be appended (within 45 days of the date of service) or disallowed, including the date and billing code of Progress Note and the reason for the disallowance. Please indicate if the Progress Note needs to be appended or disallowed. Provider must submit the supplemental worksheet with the corrected Progress Note.
			Progress Note Timeliness: Verify that Progress Notes are not in draft status past three business days. Progress Notes – later than one week from the date of service may be subject to non-reimbursement for the service provided.
Comments:			
Y	N	N/A	Pregnant and Parenting Women
			Engagement activities (Case Management/Referrals) were conducted. Date(s): _____ Activities: _____
			Treatment services were coordinated with other appropriate services, including health, criminal justice, social, educational, and vocational rehabilitation, well as additional services that are medically necessary to prevent risk to a fetus, infant, or mother. Provider arranged for transportation to ensure access to treatment. (Treatment Plan)
			SUD Curriculum included information to effectively minimize the risk of fetal exposure to drugs or alcohol, screening of pregnant women for continued substance use. (Specific to pregnant, peri-natal or gender specific programs)
			Gender-specific treatment and other therapeutic interventions for pregnant and parenting women, such as issues of relationships, sexual and physical abuse, and parenting were provided or arranged.
			Services addressed treatment issues specific to the pregnant and parenting women. Services included the following: (Progress Notes)
			<i>Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;</i>
			<i>Access to services such as transportation;</i>
			<i>Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and</i>
			<i>Coordination of ancillary services, such as medical/dental, education, social services, and community services.</i>



Substance Use Prevention and Treatment (SUPT) Services
Withdrawal Management

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ Client ID: _____

			Case management services were provided or arranged to ensure that pregnant and parenting women, and their children, have access to the following:
			<i>Primary medical care, including prenatal care;</i>
			<i>Primary pediatric care, including immunizations;</i>
			<i>Gender specific treatment; and</i>
			<i>Patenting includes therapeutic interventions for children to address developmental needs, sexual and psychological abuse, and neglect.</i>
			Children's Services and referrals included: Clinical treatment services for the child that are deemed medically necessary, services should be comprehensive and, at a minimum, include the following: intake; screening and assessment of the full range of medical, developmental, emotional related-factors; care planning; residential care; case management; therapeutic child care; substance abuse education and prevention; medical care and services; developmental services; and mental health and trauma services as applicable.

Comments:

Y	N	N/A	Group Counseling/Group Sign-In Sheets
			Typed/legibly printed name and signature of client attending the Group Counseling sessions.
			Typed or legibly printed name and signature and date from LPHA or Counselor conducting the Group Counseling sessions.
			Dates of Group Counseling sessions are documented.
			Topics of Group Counseling Sessions are documented.
			Start and end times of the Group Counseling sessions are documented.
			Group Counseling sign-in sheets match documentation in Progress Notes and billing.
			Group Counseling Sessions included 2-12 participants.

Comments:

Y	N	N/A	Discharge Plan
			Discharge Plan completed 48 hours prior to the LAST face-to-face treatment contact with the client.
			Completed 30 days prior to the LAST face-to-face treatment contact with the client.
			SUD Assessment was conducted for transition services.



Substance Use Prevention and Treatment (SUPT) Services
Withdrawal Management

Client Chart Review Tool Fiscal Year: _____

Provider / Program: _____ **Client ID:** _____

			Description of each of the client's relapse triggers is documented.
			Relapse Plan to assist the client when confronted with each trigger is documented.
			Referral to a higher or lower LOC is documented.
			Provider ensured the smooth transition of the beneficiary to the new appropriate LOC by providing a warm hand-off to the new services provider, including transportation as needed.
			The transition to the new LOC occurred no later than 72 hours from the time of assessment or reassessment with no interruption of current treatment services.
			Discharge Plan is dated and signed by the client and Counselor .
			A copy of the Discharge Plan was provided to the client and documented.
			CalOMS discharge completed in Avatar.

Comments:

Y	N	N/A	Discharge Summary
			Discharge Summary completed. Date: _____
			Client discharged if no treatment contact for 30 days or more.
			Duration of treatment (date of admission to date of discharge) is documented.
			Reason and type of discharge is documented.
			Narrative summary of the treatment episode is documented.
			The client's prognosis is documented.
			CalOMS Administrative Discharge completed in Avatar.

Comments:

Department of Health Services

Peter Beilenson, MD, MPH,
Director

**County Executive**

Navdeep S. Gill

Divisions

Behavioral Health Services
Primary Health
Public Health
Departmental Administration

County of Sacramento

June 9, 2020

RE: Mental Health Human Resource Survey And Language Proficiency Survey

Dear Agency Directors,

The Cultural Competence Plan Requirements (CCPR) Modification (2010), issued by the Department of Mental Health (DMH) in DMH Information Notice No. 10-17, states that counties are required to collect demographic information and language capabilities of staff, volunteers and any committee members who participate in serving individuals throughout the entire County Mental Health System. The purpose of the surveys is to assess demographic and linguistic information for those who provide services in our county to determine whether it is reflective of the diversity of the community as a whole. The two surveys the County will be utilizing are:

- The Mental Health Human Resource Survey
- Language Proficiency Survey

The attached packet contains instructions and the link to survey monkey. Please complete the survey no later than July 24, 2020. Thank you for all your hard work and I appreciate your dedication to providing culturally competent services to our community.

Sincerely,

Ryan Quist, Ph.D.
Behavioral Health Services Director

Letter to Agency Directors
Mental Health Human Resource Survey And Language Proficiency Survey
Page 2 of 2

cc: Melissa Jacobs
Mary Nakamura
Anantha Panyala
Kelli Weaver
Dawn Williams
Kari Wilson
Jane Ann Zakhary
Health Program Managers
Contract Monitors

2020

SACRAMENTO COUNTY MENTAL HEALTH

HUMAN RESOURCE SURVEY

It is time for the annual Sacramento County Mental Health Human Resource Survey. The Division monitors the diversity of committees, boards, youth and family advocates and all other staff through the administration of the Human Resource Survey. This survey is required per Sacramento County's Cultural Competence Plan and the results provide important information on the diversity of staff involved in the provision of Mental Health services in Sacramento County.

Please distribute the attached link to the survey and instructions to each of your employees and/or contracted staff that serve Sacramento County clients. **It is mandatory that all staff complete the survey on Survey Monkey.** Include only agency staff that provide mental health services for Sacramento County clients. Please include all staff that fall into the employment categories listed on the survey. Note: **The Human Resource Survey is anonymous and does not require a name.** Information regarding staff ability to speak/read/write languages other than English is gathered on the language proficiency and that survey is not anonymous.




Please ensure that each employee completes the survey using the links listed below.

HR Survey link: <https://www.surveymonkey.com/r/HRSURVEY20>

HR Language Proficiency link: <https://www.surveymonkey.com/r/HRLANG20>

If you have any questions or need further clarification, please contact Romeal Samuel (Samuera@saccounty.net) or (916) 875-6340).

Please complete the survey instruments by close of business on July 24, 2020

	County of Sacramento Mental Health Division		Policy No.	01-03
			Issued Date	01-26-00
			Revision Date	02-01-11
AREA: ACCESS		TITLE: Interpretation Services by Family Members		
Approved by: 				
Uma Zykofofsky, LCSW Program Manager, Quality Management Division of Behavioral Health Services		JoAnn Johnson, LCSW Program Manager, Cultural Competence Division of Behavioral Health Services		

INTRODUCTION

In accordance with California Code of Regulations Title 9, Chapter 11, the Sacramento County Mental Health Plan (MHP) is required to provide interpretation services for consumers. This provision is accomplished through a network of trained personnel within provider agencies, trained interpreters available to the MHP through other local sources and, to supplement these efforts within the County, the language line. Interpretive services are also provided for the hearing impaired through established contracted providers.

The MHP respects the confidentiality of consumer information in the provision of mental health services. Also respected is the sincere desire of family members of consumers to be helpful. The following policy demonstrates the responsibility of the MHP, through its providers, to provide interpretive services, while assisting providers to determine special circumstances when family members may be used as interpreters.

BACKGROUND

The provision of mental health services is very personal to the consumer. The consumer must be able to feel free to discuss all issues without reserving information that would be sensitive to other family members. Particular sensitivity is needed when working with adults and children of diverse cultural and ethnic community. Specialized terms are used in the mental health field that requires knowledge of the field to properly interpret. It is for these reasons that the MHP makes interpretation services available for all consumers and requires consumers to use these services.

The Access Team and other established MHP points of access provide direct access to interpretive services. The telephone numbers for the Access Team lines are printed in the MHP Member Handbook, which is published in the Sacramento County's threshold languages. The Access Team lines also provide instructions for contacting TDD and TY services.

Many provider agencies have trained interpreters or other bilingual or multilingual staff who can provide interpretation services onsite.

POLICY


The Sacramento County Mental Health Plan is designed to provide interpretive services for all consumers. These services are performed by personnel who are trained in both interpretive services and the mental health field through use of special program interpreters, and through the language and TTY lines. Services are delivered onsite where mental health services are provided. The MHP prohibits the use of family members as interpreters, except in rare or extenuating circumstances.

Family members can be used as interpreters only in the following situations:

1. In emergencies where no other means of interpretation or communication are available.
2. When a consumer specifically chooses not to use a MHP interpreter and elects to use a family member for interpretation services, a **Release of Information** form must be signed by the consumer before the family member may be used as an interpreter. (See attached release form). Continued offers to provide an independent interpreter must not be excluded by this initial decision. Clinical decisions must always inform these efforts and may involve utilizing both family and independent interpreter in specific circumstances.

The MHP prohibits the use of children as interpreters in any circumstance. In the event of emergency situations, providers are always responsible to access alternative interpreter services to ensure that children are not placed in a position to make this decision.

IV. REFERENCES	Related Policies & Procedures	State/Federal Codes/Other References
	- Sacramento County Division of Mental Health Cultural Competence Plan -California Code of Regulations, Title 9, §1810.410	No. 01-02 Use of Language Line by Quality Management Staff No. 01-05 Cultural &/or Linguistic- Specific Community Services & Special Needs Request No. 01-06 Access to Information by the Visually and Hearing Impaired
V. CONTACTS	Name	E-mail
		QMInformation@SacCounty.net
VI. SCOPE	<input checked="" type="checkbox"/> Mental Health Staff <input checked="" type="checkbox"/> Mental Health Treatment Center <input checked="" type="checkbox"/> Specific grant/specialty resource	<input checked="" type="checkbox"/> Adult Contract Providers <input checked="" type="checkbox"/> Children's Contract Providers

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	Cultural Competence & Ethnic Services
	Policy Number	01-03
	Effective Date	2/28/18
	Revision Date	Restatement of Existing Practices
Title: Documentation Translation Method and Process		Functional Area: Access to Care
Approved By: Signed version available upon request		

Background/Context:

The provision of medically necessary, culturally competent and linguistically proficient specialty mental health service is fundamental to ensure access and delivery of appropriate services to all Medi-Cal beneficiaries. This policy reflects a restatement of existing practices and ensures compliance with the cultural competence and linguistic requirements mandated for mental health/behavioral health services to diverse populations as outlined in the Sacramento County Phase II Consolidation of Medi-Cal Specialty Mental Health Services - Cultural Competence Plan 1998, 2002, 2003, 2010; the California Code of Regulations Title 9, Chapter 11, Section 1810.410; the State of California Department of Health Care Services All Plan Letter 17-011; and the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Definitions:

“Cultural Competence” is defined as a set of congruent practice skills, knowledge, behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers, family members, and professionals that enables that system, agency, or those professionals and consumers, and family member providers to work effectively in cross-cultural situations. (Adapted from Cross, et al., 1989)

“Forward and back method of translation” - a document is translated from English to a second language by one translator. A second translator performs a review by translating the document from the second language back to English so that it can be compared with the original document.

Purpose:

This policy ensures that all Sacramento County Division of Behavioral Health Services (DBHS) programs and DBHS contract providers follow a standardized process for translating documents.

Details:

- A) All DBHS programs and DBHS contract providers shall utilize qualified translators or individuals who have passed a written language proficiency test to translate written materials.
- B) If an individual who has not passed a written language proficiency test translates a document, then the completed document must be forwarded to the Division for review prior to use.
- C) The translation should be done at a 5th grade reading level.
- D) The forward and back method of translation shall be used for all documents requiring translation.
- E) The layered review should be completed by a second and third translator reviewing the documents.
- F) A review shall also be conducted with consumers/community members to ensure that the document is clear and meets the education level of the community.

Reference(s)/Attachments:

Title VI of the Civil Rights Act of 1964, U.S. Code 2000-d (Code of Federal Regulations, Part 21: the Std. Title VI); Executive Order 13166 of August 11, 2000; Section 1557 of the Affordable Care Act (ACA) of 2010; Welfare and Institutions Code (WIC), 14029.91 (a), (b), (e); California Code of Regulations Title 9, Chapter 11, § 1810.410; Department of Health and Human Services- Office of Minority Health: National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care.

Related Policies:

PP-BHS-CCES-02-01-Implementation-of-Cultural-Competence

PP-BHS-QM-03-08 Problem Resolution Forms & Brochures Distribution

Distribution:

Enter X	DL Name	Enter X	DL Name
X	DBHS Staff	X	DBHS Contract Providers
X	MHTC Staff		

Contact Information:

Mary Nakamura, LCSW

PHONE NUMBER

Cultural Competence and Ethnic Services Health Program Manager

Behavioral Health Services Cultural Competence Outreach Log
FY 2022-2023

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
A Church For All Fireworks Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	35	7/2/2022
A Church For All Fireworks Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	34	7/3/2022
Summer Backyard Boogie 2022	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	60	7/3/2022
A Church For All Fireworks Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	20	7/4/2022
LFCC Covid testing	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	200	7/5/2022
Hope Cooperative Respite Center/Shelter - Street Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	10	7/6/2022
AARP Stop Falls	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community members in Sacramento County.	17	7/6/2022
EthnoFM 87.7 FM Radio program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	7/7/2022
Marconi Learning Academy New Year School Kick Off	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	15	7/7/2022
Mental Health Resource Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	100	7/8/2022
Hack the park	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	200	7/9/2022
HYPV Night Market	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	264	7/9/2022
Wellness Vaccine and Basketball	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	250	7/9/2022
LFCC Covid testing	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	400	7/11/2022
River Oak Center for Children Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	36	7/13/2022
Talk show on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	950	7/13/2022
EthnoFM 87.7 FM Radio program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	7/14/2022
Wind Youth Services Drop In Center - Street Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	9	7/15/2022
Light of the Gospel Slavic Church Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	175	7/16/2022
Activate Meadowview Susan B Anthony	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	300	7/16/2022
Franklin Market	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	60	7/17/2022
Sacramento Loaves and Fishes	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	4	7/18/2022

Behavioral Health Services Cultural Competence Outreach Log
FY 2022-2023

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
LFCC Covid testing	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	490	7/19/2022
PSA on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	7/20/2022
EthnoFM 87.7 FM Radio program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	7/21/2022
Club Excel	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	25	7/22/2022
Slavic Men's' Summer Camp	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	87	7/22/2022
East Lawn East Sacramento	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	120	7/23/2022
LFCC Covid testing	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	520	7/25/2022
Walmart Parking Lot - Street Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	2	7/26/2022
Yoga Presentation at John Still Elementary School	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	50	7/26/2022
Talk show on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	950	7/27/2022
LFCC Vaccination Clinic	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	50	7/27/2022
Sociology Coffee Bar Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	7/27/2022
Hope Collaborative Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	6	7/27/2022
Tea Talk at the Park	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	27	7/27/2022
Freedom Schools Parent Listening Session	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	20	7/27/2022
Carlton Senior Living Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community members in Sacramento County.	20	7/28/2022
Folsom Public Library Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	7	7/28/2022
California Northstate University College of Health Sciences	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	7/29/2022
Job Corps BBQ and Career Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	58	7/29/2022
Community fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	400	7/30/2022
Family fun fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	200	7/30/2022

Behavioral Health Services Cultural Competence Outreach Log
FY 2022-2023

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Meadowview Family Resource Center	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community members in Sacramento County.	100	7/30/2022
Concert in the park @ Valley Hi Park	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	300	7/30/2022
Wellness and Basketball	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	35	7/30/2022
SCUSD Community Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	300	7/30/2022
Covid Testing Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	455	8/1/2022
Pivot Coffee Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	4	8/1/2022
Hart Senior Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	8/1/2022
Celebration of Life	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	90	8/2/2022
National Night Out	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	100	8/2/2022
Café Madre Coffee Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	4	8/2/2022
Carmichael Public Library	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	8	8/2/2022
The Stockton Blvd Community Development Corporation for National Night Out	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Hmong and Vietnamese community members in Sacramento County.	85	8/2/2022
Radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	890	8/3/2022
Homeless Task Force	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	10	8/3/2022
Stockton Boulevard Partnership National Night Out	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Hmong and Vietnamese community members in Sacramento County.	50	8/3/2022
Charter schools professional development day	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	65	8/4/2022
Sacramento Native American Health Clinic Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	27	8/5/2022
IRC baby shower	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	80	8/5/2022
Back to school event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	550	8/6/2022

Behavioral Health Services Cultural Competence Outreach Log
FY 2022-2023

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Mutual Assistance Network	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth and families in Sacramento County.	300	8/6/2022
Robla School District	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth and families in Sacramento County.	100	8/6/2022
Neighbor Works Sacramento's Oak Park Community Farmers Market	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Hmong and Vietnamese community members in Sacramento County.	150	8/7/2022
Covid Testing Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	440	8/8/2022
Cyber Java Coffee Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	8/9/2022
North Highlands-Antelope Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	8/9/2022
Radio talk show	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	8/10/2022
Guardian Scholars Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	30	8/10/2022
Senior Center of Elk Grove Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	15	8/10/2022
EthnoFM 87.7.FM Radio	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	8/11/2022
Sacramento Powwow	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community members in Sacramento County.	1500	8/12/2022
Stockton Blvd Community Development	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Hmong and Vietnamese community members in Sacramento County.	85	8/12/2022
Sacramento Reentry Collaborative Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	15	8/12/2022
Health fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	100	8/13/2022
2022 Slavic Youth Camp	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	110	8/13/2022
African Marketplace	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	15	8/13/2022
Black Women's March	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	80	8/13/2022
Healing Series	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	150	8/14/2022
Covid Testing Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	420	8/15/2022

Behavioral Health Services Cultural Competence Outreach Log
FY 2022-2023

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Turning Point TSS	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	8/15/2022
Well Space Clinic	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	8/15/2022
Noahs Bagels Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	25	8/15/2022
Starbucks Coffee Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	25	8/15/2022
Philz Coffee Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	25	8/15/2022
North Natomas Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	8/16/2022
Maestro Coffee Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	4	8/16/2022
Asian Pacific Community Counseling	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	7	8/16/2022
Self Help Center	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	6	8/16/2022
Radio talk show	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	950	8/17/2022
International Rescue Committee (IRC)	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	7	8/17/2022
EGACE community resources fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	200	8/18/2022
Let's Talk Soul Space	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	60	8/18/2022
Slavic InterRadio Program / Online iBrat TV	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	3000	8/19/2022
Voices of Change Event AES Impact Services	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	43	8/19/2022
Back to School Backpack Giveaway	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Hmong and Vietnamese community members in Sacramento County.	80	8/19/2022
Community Party	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	60	8/19/2022

Behavioral Health Services Cultural Competence Outreach Log
FY 2022-2023

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Y.E.S Fest	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	150	8/20/2022
Vietnamese Seniors Association	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Vietnamese community members in Sacramento County.	89	8/21/2022
Covid Testing Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	260	8/22/2022
Radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	990	8/24/2022
Vaccination Clinic	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	30	8/24/2022
Food distribution	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	120	8/24/2022
Arden-Dimick Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	8/24/2022
Arcade Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	8/24/2022
Franklin Community Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	8/24/2022
Back to School Vaccination Clinic	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	10	8/24/2022
Sacramento LGBT Center	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	4	8/25/2022
2022 Back to School Night / Community Outreach Academy School	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	250	8/25/2022
Women's breast cancer event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	7	8/26/2022
Hiram Johnson HS Hype Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	24	8/26/2022
AAARP resources fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	450	8/27/2022
Elk Grove Multicultural Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community members in Sacramento County.	300	8/27/2022
Community Health and Resource Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	100	8/27/2022
Back to School Resource Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	100	8/27/2022
Covid 19 testing event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	228	8/29/2022
Missionary Gospel Church Clergy Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	14	8/29/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Starbucks Coffee Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	8/30/2022
South Natomas Library outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	8/30/2022
Starbucks Coffee Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	8/30/2022
Radio talk show	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	950	8/31/2022
Food distribution	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	110	8/31/2022
EthnoFM 87.7.FM Radio	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	9/1/2022
Celebrate your recovery	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	70	9/1/2022
Radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	9/2/2022
Vienvenidos at the Cesar Chavez Park	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	200	9/2/2022
New Direction Program Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	30	9/2/2022
Access Sacramento	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	150	9/3/2022
Covid Testing Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	129	9/6/2022
Fall Anger Management Invite (Mental Health Board General Meeting)	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	50	9/6/2022
Food distribution	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	100	9/7/2022
Mental Wellness Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	150	9/7/2022
Meeting with parents at Community Outreach Academy Charter School	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	34	9/7/2022
Elk Grove Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	12	9/7/2022
Let's Talk Soul Space	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	10	9/7/2022
Consumnes River College Mental Health Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	49	9/7/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Recovery Happens	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	580	9/7/2022
Sac. City Unified School District (social work interns)	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	35	9/7/2022
Recovery Happens Walk and Resource Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	1000	9/7/2022
EthnoFM 87.7.FM Radio	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	9/8/2022
Autumn Moon Dinner	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Hmong and Vietnamese community members in Sacramento County.	350	9/8/2022
Sac. City Unified School District (all trainees)	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	40	9/8/2022
Fall Anger Management Invite (YAC)	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	20	9/8/2022
Asian Resources Inc Autumn Moon Dinner	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Asian Pacific Islander (API) community members in Sacramento County.	600	9/8/2022
Radio talk show	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	950	9/9/2022
Mid Autumn Multicultural Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Hmong and Vietnamese community members in Sacramento County.	1200	9/9/2022
Seasons 916 Coffee Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	9/9/2022
2nd Annual Autumn Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	500	9/10/2022
Multicultural Fashion Show	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	1000	9/10/2022
Turkey Leg Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	300	9/10/2022
Missionary Slavic Gospel Church / Seminar about Mental health	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	9/11/2022
Covid Testing Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	208	9/12/2022
Vaccine Ambassador Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	43	9/12/2022
Mental health for Youth	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	30	9/12/2022
Wellness Walks	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	6	9/12/2022
Older Adult Coalition	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	9	9/13/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Black Youth Leadership Project School Supply Resource Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth and families in Sacramento County.	100	9/14/2022
Sacramento Native American Health Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	3	9/14/2022
Sacramento LGBT Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	5	9/14/2022
Gender Health Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	2	9/14/2022
Food distribution	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	100	9/14/2022
Mindful Health Solutions Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	9/14/2022
IRC Greer Elementary Community Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	150	9/15/2022
Understanding Social Emotional Learning / Parent University Workshop	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	64	9/15/2022
Radio talk show	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	890	9/16/2022
Artist's Collaborative Gallery Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	25	9/16/2022
Goodwill Sacramento Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	9/16/2022
Mien Community Services Instagram Live Virtual Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	7	9/16/2022
Sac Goes Back	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	700	9/17/2022
The ACC Senior Services Ohana Walk & Picnic	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Hmong and Vietnamese community members in Sacramento County.	350	9/17/2022
Meadowview Jazz and R&B Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	350	9/17/2022
Back to the Boulevard	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community members in Sacramento County.	50	9/18/2022
Covid Testing Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	214	9/19/2022
Camellia Coffee Roasters Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	9/19/2022
Peets Coffee Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	9/20/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Voices Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	30	9/20/2022
Hearts for Homeless	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	12	9/20/2022
Food distribution	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	100	9/21/2022
Celebrate your recovery	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	80	9/21/2022
Valley Hi-North Laguna Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	9/21/2022
Partners Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	12	9/21/2022
Radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	990	9/23/2022
Celebration and health fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	500	9/23/2022
California Indian Day	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community members in Sacramento County.	500	9/23/2022
How to Start a Small Business	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	40	9/23/2022
Vaccine Ambassador Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	93	9/24/2022
Healthy Village Picnic Day	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien, Cantonese-speaking, Hmong and Vietnamese community members in Sacramento County.	100	9/24/2022
East Lawn Elk Grove memorial Park and Mortuary	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Hmong and Vietnamese community members in Sacramento County.	200	9/24/2022
Covid Testing Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	241	9/26/2022
Sacramento State: Basic Needs Resource Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) and other diverse community members in Sacramento County.	80	9/27/2022
Old Sacramento Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	3	9/28/2022
Sam & Bonnie Pannell Community Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	9/28/2022
Mindpath Health Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	9/28/2022
Compassionate Connections	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	13	9/29/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Celebrate Your Recovery Community Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	70	9/29/2022
Overview of the SAFE Program @ Lichen Elementary School	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	9/30/2022
Fall Prevention for Older Adults	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse older adult community in Sacramento County.	25	9/30/2022
Feria de Educacion	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	2000	10/1/2022
Kennedy Fun Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	200	10/1/2022
District 2 Fun Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community members in Sacramento County.	75	10/1/2022
HYPV Art Exhibition	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	200	10/1/2022
AFSP Out of Darkness Walk	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth, Older Adult community and other diverse community members in Sacramento County.	500	10/1/2022
St. Peter's International Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	1300	10/2/2022
Brunch Market	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	50	10/2/2022
Temple Coffee Roasters Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	10/4/2022
McKinley Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	10/4/2022
PSA on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	10/5/2022
Collaboration Meeting - Sacramento Probation Office	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth, Older Adult community and other diverse community members in Sacramento County.	4	10/5/2022
EthnoFM 87.7.FM Radio	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	10/6/2022
Job Corps Community Luncheon	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	210	10/7/2022
Annual Outdoor Activities of The Taichi Class	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Hmong and Vietnamese community members in Sacramento County.	15	10/8/2022
Charter schools classified staff in service day	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	54	10/10/2022
Charter schools parent meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	56	10/11/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Wellspace Health East Stockton Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	10/12/2022
Talk show on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	850	10/13/2022
Wellspace Health Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	10/13/2022
S.H.O.C.K.	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	143	10/13/2022
Marconi Learning Academy Community Luncheon	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	11	10/13/2022
Family Matters	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth and families in Sacramento County.	6	10/13/2022
Slavic InterRadio Program / Online iBrat TV	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	3000	10/14/2022
Del Paso Heights Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	10/14/2022
Hearts for Homeless	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	6	10/14/2022
Binational Health Week	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	250	10/15/2022
Galt Community Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	150	10/15/2022
8th Annual Native American Breast Cancer Awareness Walk	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community members in Sacramento County.	200	10/15/2022
South Sacramento Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	1000	10/15/2022
Sacramento Sheriff Safety Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	30	10/15/2022
Soccer clinic for youth	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	50	10/16/2022
Saint Mark's Methodist Church - street outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	3	10/19/2022
Crisis Respite Center Site Visit	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	30	10/19/2022
Talk show on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	950	10/20/2022
Annual Family Reading Night	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	235	10/20/2022
Twin Rivers Fall Family Gathering	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community members in Sacramento County.	50	10/20/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Lights in the Meadow	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	75	10/20/2022
Rancho Cordova city refugees resources fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking and other diverse community members in Sacramento County.	200	10/20/2022
Re-entry resource fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	500	10/20/2022
Mental Health Literacy	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	65	10/20/2022
Let's Talk Soul Space	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	15	10/20/2022
Harvest & Health Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	200	10/22/2022
Probation/Parole Re-Entry Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	100	10/22/2022
Soccer Clinic for Youth	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	20	10/23/2022
The Grove: Homeless youth housing outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	3	10/24/2022
Intercambia de informacion para familias (PIE)	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	60	10/24/2022
Aging Resources Exchange	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community members in Sacramento County.	34	10/25/2022
PSA on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	10/27/2022
EGUSD Native Families Fall Celebration	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community members in Sacramento County.	70	10/27/2022
General Davie Harvest Family Literacy event, funded by First Five and San Juan School District	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	200	10/27/2022
Slavic Youth Ministry Leaders Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	34	10/28/2022
Trunk-or-Treat	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	252	10/28/2022
South Natomas Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	6	10/28/2022
South Natomas Community Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	4	10/28/2022
Dias de los Muertos	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	200	10/31/2022
Outreach on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	950	11/2/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
The Salvation Army Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	12	11/2/2022
EthnoFM 87.7.FM Radio	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	11/3/2022
Sacramento Probation, Juvenile Hall Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	2	11/3/2022
Hope for Healthy Families	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	8	11/3/2022
Trauma Workshop	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	50	11/3/2022
FFA Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	16	11/3/2022
Slavic InterRadio Program / Online iBrat TV	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	3000	11/4/2022
The New Harvest Celebration (The Vietnamese Thanksgiving Day)	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Vietnamese community members in Sacramento County.	50	11/4/2022
Workshop- Women & Driving	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	44	11/4/2022
Transgender Day of Remembrance	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	300	11/5/2022
Meadowview Family Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	120	11/5/2022
Sacramento Water Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	200	11/5/2022
Cal Middle School	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	33	11/8/2022
Talk show on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	11/9/2022
EthnoFM 87.7.FM Radio	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	11/10/2022
Mental Health and Aging Conference	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	357	11/10/2022
Cosumnes Services District Wackford Community	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	11/10/2022
Boys with Braids	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community members in Sacramento County.	300	11/12/2022
Trauma Workshop	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	120	11/12/2022
The Grove Shelter Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	5	11/14/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Arcade Community Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	7	11/15/2022
Foothill Community Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	11/15/2022
Educational-informative radio program for refugee mental health	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	11/16/2022
SNAHC Flu Shot Clinic	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community members in Sacramento County.	110	11/16/2022
Fruitridge Community Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	11/16/2022
Wellness Wednesday	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	11/16/2022
River City Food Bank/ CalFresh	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	7	11/16/2022
EthnoFM 87.7.FM Radio	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	11/17/2022
Sacramento Youth Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	4	11/17/2022
2022 Charter Schools Parent Forum	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	75	11/17/2022
Vaccine Ambassador Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	149	11/17/2022
Virtual Mental Health Community Conversation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	40	11/17/2022
Sacramento City Library	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	11/17/2022
Native Sisters Circle Women's Conference	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community members in Sacramento County.	400	11/18/2022
Community Fair and Wide Open Walls Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	200	11/19/2022
Welcoming the Drum	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community members in Sacramento County.	75	11/19/2022
Kings Native Night	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community members in Sacramento County.	1200	11/20/2022
Sacramento Loaves & Fishes Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	3	11/21/2022
Know Your Rights	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	4	11/22/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
PSA on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	950	11/23/2022
Pat O'Brien Community Center	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	11/23/2022
Belle Cooledge Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	11/23/2022
Turkey Drive	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	6	11/24/2022
Sacramento State Anime Expo	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	65	11/30/2022
Senior Group	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	5	11/30/2022
Reconozca Las Senales	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	6	11/30/2022
Pat O'Brien Community Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	11/30/2022
Mack Road Community Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	11/30/2022
Yoga Class Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	6	12/1/2022
Rancho Cordova HART Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	14	12/1/2022
PSA on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	12/2/2022
Health & Dental Workshop	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	20	12/2/2022
One Community Health Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	8	12/2/2022
Access Sacramento	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	30	12/3/2022
Winter Wellness Day	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	30	12/4/2022
La Familia Counseling Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	4	12/6/2022
Jose Rizal Community Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	12/6/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Southgate Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	12/6/2022
Turning Point Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	15	12/6/2022
The Grove Shelter Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	2	12/7/2022
Cal Voices meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	8	12/7/2022
CSU Sacramento Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	16	12/7/2022
EthnoFM 87.7.FM Radio	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	12/8/2022
Speak your peace open mic	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	21	12/8/2022
Talk show on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	850	12/9/2022
Sacramento Native American Health Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	3	12/12/2022
River City Food Bank Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	3	12/13/2022
Slavic Baptist Churches (Meeting with church leaders)	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	34	12/14/2022
EthnoFM 87.7.FM Radio	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	12/15/2022
Colonial Heights Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	12/15/2022
BLACK MEN: Alive & Well	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	40	12/15/2022
Mental health workshop for Youth leaders	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	15	12/16/2022
Educational-informative radio program for refugee mental health	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	12/16/2022
REDA 5TH Anniversary celebration	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	150	12/16/2022
Holiday Box Give Away	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	100	12/19/2022
BLACK MEN: Alive & Well	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	41	12/19/2022
Family Holiday Box Drive Thru	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	100	12/20/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Another Choice, Another Chance Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	12/21/2022
CASA Sacramento Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	24	12/22/2022
Wellness Vaccine Clinic	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	13	12/22/2022
Outreach on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	950	12/23/2022
Wind Youth Shelter Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	12	12/23/2022
FAC & YAC Collaborative Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	30	12/27/2022
Cosumnes Community Services District Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	12/29/2022
Community Outreach/Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	100	12/29/2022
Educational-informative radio program for refugee mental health	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	12/30/2022
Radio talk show	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	1/4/2023
Slavic Missionary Gospel Church	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	65	1/4/2023
AARP Stop Falls	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	26	1/4/2023
EthnoFM 87.7.FM Radio Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	1/5/2023
Real Talk Between Men	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	12	1/7/2023
Professional Development Day / School Personell	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	25	1/9/2023
Foster Care Committee meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	14	1/9/2023
Slavic Assistant Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	4	1/11/2023
Nation's Finest Health Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	30	1/11/2023
Speak your peace open mic	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	45	1/12/2023

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Program Overview with Placer County LOTUS	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	6	1/12/2023
Workshop- Children Safety	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	12	1/13/2023
Inside Out Radio Show	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	250	1/13/2023
Anti Trafficking Workshop	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	21	1/14/2023
The Mount Vernon Memorial Park and Mortuary	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	150	1/16/2023
MLK March	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	1000	1/16/2023
Grant Union High School event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	13	1/16/2023
MLK Business Resource Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	50	1/16/2023
Old Sacramento Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	3	1/19/2023
EthnoFM 87.7.FM Radio Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	1/19/2023
Belle Cooledge Community Center	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	1/19/2023
Sacramento King's Lunar New Year Celebration	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	1790	1/20/2023
Tinh Xa Ngoc An Temple Columbarium	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	120	1/21/2023
Inside Out Radio Show	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	365	1/21/2023
Mien Covenant Church Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	111	1/22/2023
Hoa Hao Buddihist	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	100	1/22/2023
Christmas Celebration	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	15	1/22/2023
Thanksgiving Celebration	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	21	1/23/2023
Temple Coffee Roasters Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	1/24/2023

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Falcon's Roost Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	1/24/2023
Folsom Lake College Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	1/24/2023
Rescate Coffee Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	1/25/2023
UCP Day Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	3	1/25/2023
Wind Youth Services Drop-in Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	10	1/26/2023
GCCC parents summit	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	350	1/26/2023
Learn4life Lunch & Learn	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	15	1/26/2023
Slavic Interradio Program / Online iBrat TV	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	3000	1/27/2023
Workshop- Women & Driving	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	15	1/27/2023
Vietnamese Lunar New Year Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	2200	1/28/2023
CAIR-SV/CC Volleyball Tournament	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	200	1/28/2023
Charter Middle School Parents' Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	120	1/30/2023
Wind Youth Shelter Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	2	1/31/2023
Aging Resource Exchange	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	29	1/31/2023
Oakmont HS Criminal Justice Real Talk Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	12	1/31/2023
Sierra 2 Community Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	2/1/2023
EthnoFM 87.7.FM Radio Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	2/2/2023
LIV Laugh Love Comedy Show and Resource Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	150	2/2/2023

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Liv laugh love by NAMI	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	19	2/2/2023
ILP Advisory Agenda	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	43	2/2/2023
Ukrainian Church Event Umbrella	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	350	2/4/2023
Seniors New Year Celebration	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	331	2/4/2023
Lu Mien Lunar New Year	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	50	2/4/2023
Mien Covenant Church	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	103	2/5/2023
Ngoc Thanh Vihasa	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	360	2/5/2023
Senior Day- Life lessons	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	25	2/5/2023
Sac Sherrif S.H.O.C.K. presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	166	2/7/2023
Radio Talk Show	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	2/8/2023
Charter Schools Parent Workshop	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	48	2/9/2023
Workshop- Health and Dental	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	14	2/10/2023
Asian Pacific Community Counseling Community Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	18	2/11/2023
19 Keys Speaker on Historical Context	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	400	2/11/2023
Mien Covenant Church	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	101	2/12/2023
Twin Rivers ESL Classes	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	60	2/14/2023
Slavic Trinity Church	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	75	2/14/2023
Senior Advisory Council	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse older adult community members in Sacramento County.	15	2/14/2023
Youth Program- Rethink Your World	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	28	2/15/2023
Presenting REDA's services at San Juan school district (Katherine Johnson Middle School)	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	50	2/15/2023

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Bach Viet ESL Classes	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	45	2/16/2023
EthnoFM 87.7 FM Radio Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	2/16/2023
CSUS Network Café	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	52	2/16/2023
Midway of Fun Carnival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	18	2/16/2023
Compassionate Connections	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	6	2/16/2023
Parkway Elementary Outreach Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	11	2/17/2023
Neil Orchard Senior Activities Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	2/17/2023
Rancho Cordova Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	2/17/2023
Hiram Johnson Highschool Outreach Tabling	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	600	2/18/2023
Ukrainian Church Spring of Life / "ParaSOLka" Meeting for Refugees	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	234	2/18/2023
Slavic Ukrainian Missionary Church	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	65	2/19/2023
Radio Talk Show	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	2/21/2023
North Highlands Antelope Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	2/21/2023
OSY vision board	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	10	2/21/2023
Youth program- Rethink Your World	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	25	2/22/2023
CORE Elk Grove Open House	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	100	2/22/2023
Hagginwood Community Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	2/23/2023
Mexican Consulate	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	300	2/24/2023
Workshop- Children Safety	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	13	2/24/2023
M.A.N. Black History Month Celebration in Del Paso Heights	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth and families in Sacramento County.	200	2/24/2023

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
CERNA Center Sac City School District	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	100	2/27/2023
Aging Resources Exchange	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	40	2/28/2023
AARP Stop Falls Coalition	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	25	3/1/2023
Talk Show on Radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	3/2/2023
Ethno FM 87.7FM Radio Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	3/2/2023
Foster Family Association Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	10	3/2/2023
Sacramento Job Corp Community Relations Luncheon	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	65	3/3/2023
Workshop- Women & Driving	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	25	3/3/2023
Youth Listening Session on Community Gun Violence	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	34	3/4/2023
Cosumnes Student Health Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	3/6/2023
Tinh Xa Ngoc An Temple Columbarium	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	150	3/6/2023
School Site Council Meeting / Charter school "Community Outreach Academy"	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	23	3/7/2023
Del Oro Resource Center	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	7	3/7/2023
North Highlands Recreation and Parks District Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	3/7/2023
Youth program- Rethink Your World	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	24	3/8/2023
Educational Parent Workshop	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	54	3/9/2023
Outreach on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	950	3/9/2023
Will C. Wood Middle School Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	700	3/9/2023

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Pride Industries Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	6	3/9/2023
Sylvan Oaks Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	8	3/9/2023
YAC general meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	32	3/9/2023
Senate Budget Committee Hearing	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	8	3/9/2023
Cesar Chavez Park - street outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	6	3/10/2023
Outreach at DOCO Golden 1 Center	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	210	3/10/2023
Workshop- Children Safety & Health and dental	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	15	3/10/2023
Art and Healing	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	33	3/10/2023
Capitol Park - street outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	3	3/14/2023
George Sim Community Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	3/15/2023
Alzheimer's Association Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	4	3/15/2023
Weekly Youth program and outreach- Rethink Your World	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	21	3/15/2023
CORE Madison Open House	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	150	3/15/2023
Ethno FM 87.7FM Radio Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	3/16/2023
Radio talk show	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	3/16/2023
Art and Healing	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	33	3/17/2023
Creation District YAB meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	8	3/17/2023
Ukrainian Church "Source of Life" / Meeting with refugees	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	130	3/18/2023
Sacramento Chinese Culture Foundation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	300	3/19/2023

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Seniors Potluck Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	16	3/19/2023
WIND Wellness Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	53	3/19/2023
Social Justice and Religious Advocacy	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County.	8	3/20/2023
Luther Burbank Black Family Night	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	240	3/20/2023
Weekly Youth program- Rethink Your World	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	24	3/21/2023
Starbucks Coffee Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	3/22/2023
Outreach on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	3/23/2023
Foster Youth Conference (Sac State) - tabling event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	48	3/24/2023
Art and Healing	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	33	3/24/2023
Health, Education and Career Youth Conference	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	95	3/24/2023
100 Black Men Youth and Family Healthy Wellness Conference	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	100	3/25/2023
Ukrainian Missionary Gospel Church	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	40	3/26/2023
Sacramento Kings game (DOC Arena) - tabling event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	72	3/27/2023
Aging Resources Exchange	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	27	3/28/2023
Anger Management Invite (BHS, Probation, CAPS, SCUSD)	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	53	3/28/2023
Peets Coffee Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	3/29/2023
Weekly Youth program- Rethink Your World	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	15	3/29/2023
BACS presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	12	3/29/2023
Sacramento Job Corps High School Students Resource Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth and families in Sacramento County.	75	3/29/2023
Fair Oaks Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	3/30/2023

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Starbucks Coffee Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	3/30/2023
Art and Healing	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	34	3/31/2023
Iu Mien Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Iu Mien, Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	5000	4/1/2023
Turning Point FIT Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	4/5/2023
Youth Forward presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	1	4/5/2023
Out of the Darkness Walk	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	40	4/6/2023
Medmark Outreach Tabling Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	100	4/6/2023
Ethno FM 87.7FM Radio Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	4/6/2023
Outreach Tabling at 7000 Franklin Blvd Sac	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	250	4/8/2023
Ukrainian Church Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	350	4/8/2023
I Care Maternity Home Fundraiser	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	45	4/8/2023
Professional Development Day / Charter School Community Outreach Academy	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	34	4/10/2023
Burbank HS Maternal Mental Health event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	5	4/10/2023
Cesar Chavez Plaza Street Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	3	4/11/2023
Hiram W. Johnson High School Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Iu Mien community members in Sacramento County.	1542	4/12/2023
Eskaton Jefferson Manor Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	4/12/2023
North Natomas Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	6	4/12/2023
Gender Health Center	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	2	4/12/2023
LGBT Center presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	2	4/12/2023

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
City of Refuge Sacramento presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	3	4/12/2023
Consumnes River College APIDA mental health week celebrations	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Asian Pacific Islander (API) community members in Sacramento County.	55	4/12/2023
Ethno FM 87.7FM Radio Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	4/13/2023
Chess Club	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	4	4/13/2023
Healing and Feeling Workshop at the Creation District	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	5	4/13/2023
YAC General Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	15	4/13/2023
Valley High School Health & Fitness Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth and Spanish-speaking community members in Sacramento County.	700	4/14/2023
Asian Resources ESL Classes	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	31	4/14/2023
Folsom Senior Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	10	4/14/2023
Valley High School Health and Fitness Expo	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	2000	4/14/2023
Outreach / Tabling at Abraham Lincoln Elementary	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	100	4/15/2023
Outreach / Tabling at Liberty Ranch Highschool in Galt	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	200	4/15/2023
Ukrainian Spring of Life Church	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	145	4/15/2023
Mutual Assistance Network women's health event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County.	25	4/15/2023
HOA HAO Buddhist Memorial Day	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	120	4/16/2023
Stand Up & Speak Out Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	200	4/18/2023
Access Point Community Input Session	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	8	4/18/2023
Sacramento Loaves & Fishes SCC Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	3	4/19/2023
The Unity Center CA Museum Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	250	4/19/2023
Radio Talk Show	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	4/19/2023

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Wellspring Women's Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	4/19/2023
Encina HS Family Night Out	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	15	4/19/2023
Chess Club	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	3	4/20/2023
Consulate General of Mexico Outreach Tabling	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	80	4/21/2023
Family Advocate Committee (FAC) General Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	20	4/21/2023
ACC Senior Services Big Day of Giving	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	200	4/22/2023
Natomas Spring Festival Health & Resources Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	200	4/22/2023
Davis Cherry Blossom Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members who reside in Sacramento County.	400	4/22/2023
100 Black Men Vaccine Clinic	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	45	4/22/2023
Grief in LGBTQ+ Community Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County.	138	4/23/2023
Kappa Fraternity Men Book Club and Mentoring Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	10	4/24/2023
Elements of Effective Practice for Mentoring	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	20	4/25/2023
Sheldon High School Mental Health Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	231	4/25/2023
Learn4Life Annual Community Resource Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	32	4/26/2023
Old Sacramento Street Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth / Transition Age Youth community members in Sacramento County.	4	4/27/2023
Ethno FM 87.7FM Radio Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	4/27/2023
Future High School Staff	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	35	4/27/2023
Wisdom Project's Senior PRIDE Information & Resource Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	150	4/27/2023
100 Black Men Wellness Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	5	4/27/2023
Freedom school parent orientation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	10	4/27/2023

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Turning Point Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	30	4/27/2023
Know Your Rights Workshop Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	8	4/28/2023
Reconozca las Señales Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	3	4/28/2023
Sac Clean Air Event - Outreach Tabling	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	200	4/28/2023
Hiram Johnson Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	120	4/28/2023
Soul Sister Healing Circle	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	5	4/28/2023
Kids Day in the Park	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth and families in Sacramento County.	1500	4/29/2023
Resource Fair at Wyndam	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth (TAY) community members in Sacramento County.	40	4/29/2023
Covid Testing Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	61	5/1/2023
Mahogany Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County.	300	5/1/2023
CCC Career Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	60	5/2/2023
Talk show on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	5/3/2023
Parent Appreciation Breakfast at Community Outreach Academy	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	95	5/3/2023
Sacramento Children's Home Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	5/3/2023
Stop Falls Coalition	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	15	5/3/2023
Ethno FM 87.7FM Radio Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	5/4/2023
SafeTalk Training	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	23	5/5/2023
Teen Safe Driving Day	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	50	5/6/2023
NAMI Walk NorCAL	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	300	5/6/2023
Covid Testing Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	52	5/8/2023
Luther Burbank Collaboration Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	2	5/8/2023

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Ice-cream Party- Eid Social	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	30	5/9/2023
SHINE grand opening	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	16	5/9/2023
Children's Receiving Home Collaboration	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	4	5/9/2023
SafeTalk Training	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	15	5/10/2023
Outreach on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	950	5/10/2023
Lao Family Community Development Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	5/10/2023
Wellness Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	500	5/11/2023
Parent Workshop	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	175	5/11/2023
CORE Madison Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	7	5/11/2023
Luther Burbank High School Wellness Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking, Black / African-American, and Youth and Transition Age Youth (TAY) community members in Sacramento County.	250	5/11/2023
YAC General Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	25	5/11/2023
Filling your tank	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	14	5/12/2023
Hiram Johnson HS Mental Health Awareness Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	98	5/12/2023
Hmong American Day Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	351	5/13/2023
Z-VIBE	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	50	5/13/2023
Summer Outdoor Activities of the Computer Class	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	35	5/13/2023
Ngoc An Temple Columbarium	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	78	5/14/2023
Covid Testing Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	50	5/15/2023
Gender Health Center - virtual presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth community members in Sacramento County.	6	5/16/2023

Behavioral Health Services Cultural Competence Outreach Log
FY 2022-2023

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Outreach on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	5/17/2023
CORE Rosin Open House	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	100	5/17/2023
Symposium	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	100	5/18/2023
NHORA Mental Health Symposium and Resource Health Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	35	5/18/2023
Sacramento State Network Café	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	33	5/18/2023
Community Charter Academy Cultural Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	2300	5/19/2023
Real Manhood 101 Youth Leadership Summit and College Day	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth and families in Sacramento County.	65	5/19/2023
Health Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	300	5/20/2023
Ukrainian Forum	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	170	5/20/2023
San Juan Unified School District Soccer Tournament	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	500	5/20/2023
Indigefest	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County.	300	5/20/2023
Thien Ton Temple	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	180	5/21/2023
Youth Stigma Buster	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth and families in Sacramento County.	40	5/21/2023
Covid Testing Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	44	5/22/2023
VA Clinic Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	3	5/23/2023
Arcade Library Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	5/23/2023
CORE Marconi Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	8	5/23/2023
Vaccination Clinic	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	9	5/24/2023
Let's Get Ready For Spring	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	62	5/24/2023

Behavioral Health Services Cultural Competence Outreach Log
FY 2022-2023

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Mother's Day Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	41	5/24/2023
Radio Talk Show	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	1300	5/24/2023
InterRadio iBratTV Interview	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	3000	5/24/2023
Turning Point CORE Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	5/24/2023
Mental Health Matters Day	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	74	5/24/2023
Ethno FM 87.7FM Radio Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	5/25/2023
2nd Annual Community Open House event- Katherine Johnson Middle School	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	150	5/25/2023
Wellness Bingo	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	15	5/25/2023
Guardian Scholars Program - tabling event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth community members in Sacramento County.	62	5/26/2023
Elk Grove Soccer Practice at Franklin High School	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	50	5/26/2023
Youth Ocean Retreat- Point Reyes	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	25	5/27/2023
Covid Testing Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	39	5/29/2023
Educational-Informative Radio Program for Refugee Mental Health	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	5/31/2023
CAARE Center Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	32	5/31/2023
Parmiter School Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	90	5/31/2023
2023 Slavic Kids Camp	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	96	6/1/2023
Valley Hi Family Resource Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	6/1/2023
Arden Dimick Library	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	6/2/2023
Old Soul Coffee Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	5	6/2/2023
Black Child Legacy and Self Awareness and recovery program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	3	6/2/2023

Behavioral Health Services Cultural Competence Outreach Log
FY 2022-2023

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
The SCC Outreach Picnic	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	50	6/3/2023
Men's Healing Circle	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County.	12	6/3/2023
Dixieanne Neighborhood Clean Up Project Celebration	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth and families in Sacramento County.	150	6/3/2023
Covid Testing Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	53	6/5/2023
Will C Wood Lunch Time Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	700	6/6/2023
PSA on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	6/7/2023
Hiram W Johnson High School Lunch Time Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Lu Mien community members in Sacramento County.	1800	6/7/2023
ACC Senior Greenhaven Terrace Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	6/7/2023
Ethno FM 87.7FM Radio Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	6/8/2023
Hope Cooperative Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	30	6/8/2023
Teens in Action	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth and families in Sacramento County.	4	6/8/2023
Youth Advisory Committee (YAC) General Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	20	6/8/2023
ED Bridge Substance Abuse Navigators Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	12	6/8/2023
SNAHC Community Open House - street outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth community members in Sacramento County.	50	6/9/2023
Peer Empowerment Conference	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	250	6/9/2023
Child Development Workshop	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	77	6/9/2023
Peer Empowerment Conference	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	85	6/9/2023
Pride Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American, Youth and Transition Age Youth, and other diverse community members in Sacramento County.	1000	6/10/2023
Pride Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American, Youth and Transition Age Youth, and other diverse community members in Sacramento County.	1050	6/11/2023
Sacramento County Primary Care Clinic	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	4	6/11/2023

Behavioral Health Services Cultural Competence Outreach Log
FY 2022-2023

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Covid Testing Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	41	6/12/2023
First Ukrainian Church/Meeting with refugees	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	45	6/12/2023
Mental Health & Wellness Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	41	6/13/2023
Public Policy Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	20	6/13/2023
CRC Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	20	6/13/2023
Summer Safety Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	12	6/14/2023
Outreach on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	950	6/14/2023
Elica Health Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	6/14/2023
Ethno FM 87.7FM Radio Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	5000	6/15/2023
Black Child Legacy Campaign event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	13	6/15/2023
Cesar Chavez Park - street outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth community members in Sacramento County.	3	6/16/2023
Elk Grove Pride	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County.	500	6/17/2023
Juneteenth	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	750	6/17/2023
Del Heights Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County.	500	6/17/2023
The Outdoor Activities (Taichi and Ballroom Dance Group)	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	42	6/19/2023
Old Sacramento - street outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth community members in Sacramento County.	2	6/20/2023
Covid Testing Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	38	6/20/2023
Elk Grove Adult and Community Education	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	5	6/20/2023
Water Safety Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	30	6/21/2023
Educational Infomative Radio Program for Ukraininan Refugee Mental Health	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	6/21/2023
Meadowview Family Resource Center	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	6/21/2023

Behavioral Health Services Cultural Competence Outreach Log
FY 2022-2023

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Technology and Robotics Workshop	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	12	6/21/2023
Natomas Unified School District Collaboration	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	2	6/21/2023
Afghan Resource Center	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Afghan community members in Sacramento County.	300	6/21/2023
Hagginwood Community Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	6/23/2023
Woodlake Community Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	6/23/2023
Immigration workshop- In collaboration with IRC	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic-speaking community members in Sacramento County.	90	6/23/2023
Vista Del Lago HS Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	1	6/23/2023
Curtis Park Health & Wellness Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth / transition age youth in Sacramento County.	117	6/23/2023
Community Outreach/Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	200	6/24/2023
Summer Youth Camp of Hoa Hao Temple	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	96	6/24/2023
Alpha Oaks Annual BBQ & Yard Sale	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	55	6/24/2023
Covid Testing Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County.	46	6/26/2023
PSA on radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian-speaking community members in Sacramento County.	900	6/28/2023
River Oak Center for Children Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	6/28/2023
Anti Hate and Fraud Prevention Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Cantonese-speaking, Vietnamese and Hmong community members in Sacramento County.	65	6/28/2023
A Church For All Fireworks Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County.	65	6/28/2023
Creation District - street outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Youth and Transition Age Youth community members in Sacramento County.	6	6/30/2023



**County of Sacramento
Department of Health Services**

REQUEST FOR APPLICATIONS (RFA) No. MHSA/071

**Adult Outpatient Services Transformation: Community Outreach
Recovery Empowerment (CORE) Program**

MANDATORY APPLICANTS' CONFERENCE

September 8, 2021, 2:00 pm – 3:00 pm (PDT)

- Organizations must have representation at the Mandatory Applicants' Conference, held virtually, to submit an application
- Organizations must register for the Mandatory Applicants' Conference through the on-line link shown in the RFA timeline. The registration deadline is shown in the RFA timeline.
- Each organization may register a maximum of three (3) representatives per organization. Organizations may only register one time.

Applications due no later than 5:00 pm (PDT), October 1, 2021

- LATE APPLICATIONS WILL NOT BE ACCEPTED
- The application packet must be sent via email to AppsMHSA70-71@SacCounty.net as a PDF file attachment or as a zipped file containing multiple documents.
- Mailed or hand delivered hard copies, faxed or emailed submissions will not be accepted. Applications received by any other office will not be accepted.

Review all sections carefully and follow all instructions.

Release Date: August 25, 2021

RFA Timeline

August 25, 2021	Request for Applications (RFA) released to organizations that responded to Letter of Interest (LOI) No. #MHSA/070.
September 1, 2021 5:00 pm (PDT)	<p>Mandatory Applicants' Conference Registration Deadline</p> <p>REGISTRATION IS REQUIRED TO ATTEND THE MANDATORY APPLICANTS' CONFERENCE</p> <p>Register here: https://www.surveymonkey.com/r/BHS-CORE</p>
September 8, 2021 2:00 – 3:00 pm (PDT)	<p>Mandatory Applicants' Conference</p> <p>ATTENDANCE IS REQUIRED TO APPLY FOR FUNDING</p> <p>Conference will be held virtually with listen-only access</p>
September 10, 2021 5:00 pm (PDT)	<p>Exhibit O: Questions Form submission deadline</p> <p>(see Exhibit O for submission instructions)</p>
October 1, 2021 5:00 pm (PDT)	<p>APPLICATION DEADLINE</p> <p>The application packet must be sent via email to AppsMHSA70-71@SacCounty.net as a PDF file attachment or as a zipped file containing multiple documents</p>
By October 6, 2021	Initial screening of Applications
By October 7, 2021	Notice of insurance deficiencies emailed to Applicants
October 14, 2021 5:00 pm (PDT)	Final date for Applicants to submit corrections of all insurance deficiencies
By October 20, 2021	Notice of disqualification emailed to Applicants
November 2-5, 2021	Applicants Virtual Briefing Sessions
November 9, 10, 12, 15 - 17, 2021	Applicants Virtual Presentations
By December 8, 2021	Evaluation of Applications completed
By December 15, 2021	Awards recommendation emailed to applicants
December 22, 2021 5:00 pm (PST)	<p>Final date to submit written protest to</p> <p>Department of Health Services Director by email: DHS-Director@saccounty.net</p>
January 7, 2022	Response to protest

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SECTION I. OVERVIEW

A. **BACKGROUND**

Introduction to Sacramento County

Sacramento County is one of eighteen counties located in the Central Mental Health Region of the State of California. The State of California, Department of Finance estimates the 2019 population of Sacramento County to be approximately 1.5 million. With more than a half million residents living in unincorporated Sacramento County, it makes our unincorporated county population the fifth largest in the state. As such, Sacramento is considered a large county, especially in comparison with the populations of surrounding counties.

Sacramento is one of the most ethnically and racially diverse communities in California. While the Wilton Rancheria Tribe is the only Federally Recognized Tribe in Sacramento County, Native Americans from local and out of state tribes currently reside in Sacramento. Historically, Sacramento County has been one of three counties with the highest number of newly arriving refugees in California. However, in recent years, Sacramento County has resettled the most Refugees and Special Immigrant Visa holders (SIVs) as compared to any other county in California. With the addition of Arabic as a threshold language in 2017 and Farsi in 2020, Sacramento County now has a total of seven threshold languages (Arabic, Cantonese, Farsi, Hmong, Russian, Spanish, and Vietnamese).

Specialty Mental Health Services

Since 1998, Sacramento County, through the Department of Health Services, Behavioral Health Services (BHS), is the Mental Health Plan (MHP) responsible for the provision of specialty mental health services to Medi-Cal eligible Sacramento County residents. In 2019, 342,202 adult Medi-Cal eligible beneficiaries resided in Sacramento. Of those, 14,638 unduplicated adults received services through the MHP.

Specialty mental health services are provided in accordance with California's 1915(b) Medi-Cal waiver. These services may be provided through the County or through contract providers. Outpatient specialty mental health services include treatment of co-occurring substance use disorders and are not limited to: assessment, plan development, individual and group therapy, individual and group rehabilitation, collateral services (inclusion of family members or significant support persons in services provided to individuals), case management, intensive care coordination, intensive home based services, medication support services, crisis intervention and crisis stabilization. Medi-Cal beneficiaries may receive specialty mental health services if it is medically necessary in order to address a particular mental health condition (diagnosis). A service is medically necessary if the interventions focus on addressing functional impairment resulting from a diagnosed mental disorder.

The adult outpatient services system provides community-based mental health services for individuals (age 18 and older) being released from acute care settings or who are at risk for entering acute care settings and are not linked to on-going mental health services.

Mental Health Services Act

The passage of Proposition 63, now known as the Mental Health Services Act or MHSA, in November 2004, provided the first opportunity in many years for the California Department of Health Care Services (DHCS) to provide increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. MHSA addresses a broad continuum of prevention, early intervention, and

service needs, as well as the necessary infrastructure, technology, and training elements that will effectively support this system. MHSA imposes a 1% income tax on personal income in excess of \$1 million. Most of the revenue from this tax is provided to county mental health programs to fund programs consistent with local plans resulting from community and stakeholder planning processes. All county MHSA plans are approved by the local Board of Supervisors (BOS).

MHSA General Standards must be embedded and continuously addressed in all MHSA funded programs and projects:

- Community Collaboration,
- Cultural Competence,
- Client/Family driven mental health system,
- Wellness focus, which includes the concepts of recovery and resilience, and
- Integrated service experiences for clients and their families throughout their interactions with the mental health system.

The MHSA specifies five major components:

- Community Services and Supports (CSS) – programs, services, and strategies serving clients and families
- Workforce Education and Training (WET) – workforce development programs
- Capital Facilities and Technological Needs (CFTN) – building the capital infrastructure and technology systems needed to support implementation of MHSA
- Prevention and Early Intervention (PEI) – programs designed to prevent mental illnesses from becoming severe and disabling
- Innovation (INN) – component goal is to develop new mental health approaches, increase access to services, and increase the quality of services

The primary goal of all MHSA programs is to reduce the negative outcomes resulting from untreated mental illness, including suicide, incarceration, school failure or dropout, unemployment, prolonged suffering, homelessness, and the removal of children from their family home.

Sacramento County Behavioral Health Services' Adult Mental Health System

In Sacramento County, there is an array of services and supports that encompass BHS's Adult Mental Health System. This continuum is offered by county operated programs and community-based organizations that deliver mental health services in a culturally and linguistically responsive manner in order to help individuals function better at home, in the community, and throughout life. Services are provided along a continuum of prevention and early intervention services, outpatient, intensive outpatient and acute residential services.

BHS Mental Health Access Team authorizes specialty mental health services provided to eligible adults. The Mental Health Access Team provides an over the phone screening for an initial determination of medical necessity and refers adults for a more comprehensive face-to-face assessment.

Sacramento County Behavioral Health Services' Vision, Mission and Values

The following vision and mission statements and core values define BHS's mental health system of care objectives. They also provide direction and guiding principles for how all services are delivered through the mental health system of care:

BHS Vision - We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.

BHS Mission - To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency.

BHS Values:

- Respect, Compassion, Integrity
- Client and/or Family Driven
- Equal Access for Diverse Populations
- Cultural Competence, Adaptive, Responsive and Meaningful
- Prevention and Early Intervention
- Full Community Integration and Collaboration
- Coordinated Near Home and Natural Settings
- Strength-Based Integrated and Evidence-Based Practices
- Innovation and Outcome-Driven Practices and Systems
- Wellness, Recovery and Resilience Focus

The Adult Outpatient Services Transformation aligns Medi-Cal Specialty Mental Health Services requirements with the MHSA General Standards, MHSA CSS Component purpose, and BHS's vision and mission statement and core values. This RFA specifically relates to Specialty Mental Health Services serving Medi-Cal beneficiaries and combines MHSA CSS and Federal Financial Participation (FFP) funds. FFP is the funding mechanism under which Title XIX (Medi-Cal) dollars are accessed (via matching funds) to reimburse the MHP.

B. **PURPOSE**

The Adult Outpatient Services Transformation is an opportunity to integrate community stakeholder input to refine our outpatient system to more effectively serve our community and to enhance the overall adult outpatient mental health services delivery system. The current outpatient system has remained relatively unchanged since the 1990s, which includes walk-in centers providing site-based low-to-moderate level of care, site-based regional clinics providing low-to moderate level of care, and flexible site-based and community-based services providing moderate-to-high level of care. Through gathering of stakeholder input, Sacramento County BHS prioritized this system to transform and modernize, utilizing known strengths and addressing challenges identified by community stakeholders.

Beginning in 2019, Sacramento County BHS convened several stakeholder feedback sessions, including focus groups, town halls, smaller cultural-specific community conversations, key informant interviews, and online surveys to gather feedback and ideas about the current system of care from consumers, family members of consumers, system partners, and community members. Feedback-driven goals were established for the Adult Outpatient Services Transformation through common themes identified in stakeholder input (see [Behavioral Health Town Hall](#), [Adult Outpatient Mental Health System Feedback Sessions](#), and [Report Back on Community Stakeholder Input for Adult Outpatient Services Transformation](#)).

Additionally, the Adult Outpatient Services Transformation is guided by Recovery Oriented Leadership (ROL), a best practice approach to increase hope, commitment, and action across the system of care. This practice involves the following four principles:

- Hope: Having a vision that is worth working towards and believing that things can improve.

- **Healing:** Acknowledgement that people need healing, compassion and encouragement as they work towards finding wholeness and health.
- **Community Engagement:** People are encouraged to be a part of the community and their contributions are promoted, while they are accepted for who they are.
- **Authority:** People with psychiatric disabilities have the power to decide their future and take meaningful action based on their beliefs and desires.

With insight gathered from specific stakeholder populations and the community, Sacramento County BHS developed the transformative model called Community Outreach Recovery Empowerment (CORE). The CORE Program combines community stakeholder supported MHSA CSS component programs such as Wellness & Recovery Program, Transitional Community Opportunities for Recovery (TCORE) Program, Guest House, and the Regional Support Teams. By combining these programs, BHS intends to increase access, equitably distribute Adult Outpatient Mental Health services, while meeting California's network adequacy standards for Medi-Cal and create flexibility within the program to adjust intensity of services. This will allow clients to maintain the intensity of services that are clinically indicated without transferring to a different provider, preserving client relationships with their service provider as their needs fluctuate or change. The CORE Program supports flexibility in its service delivery, ease of access, and emphasizes a client centered recovery focused outcome driven system of care.

For the purpose of providing culturally and linguistically responsive care, community defined practices, and cultural brokerage services through the CORE Program, applicants awarded a contract through this RFA will have the opportunity to subcontract with grassroots and community-based organizations with knowledge, expertise and familiarity in working with the cultural, racial, ethnic, linguistic, sexual and gender diversity of Sacramento County neighborhoods and communities. Successful applicants may choose to subcontract for the CORE peer-run community wellness center program component for enrolled participants.

As stated, the CORE Program, takes into account the County's MHP need to meet California's network adequacy standards as defined and established by the Centers for Medicare & Medicaid Services (CMS) and California Department of Health Care Services (DHCS) (<http://www.dhcs.ca.gov/formsandpubs/Pages/NetworkAdequacy.aspx>). In February 2018, California DHCS informed all MHPs that they must meet network capacity requirements to serve the population of adults and children/youth Medi-Cal beneficiaries. Network capacity standards require that counties demonstrate timely access to care, reasonable time and distance from provider sites to beneficiary residences, and an adequate number of outpatient psychiatrist and clinical providers for Medi-Cal beneficiaries. Each MHP is required to submit at minimum, an annual Network Adequacy Certification Tool (NACT) detailing the MHPs' providers, site locations, services provided, staff composition, and language capacity. MHPs are required to submit supporting documentation such as policies and procedures relating to meeting and monitoring network capacity requirements, timeliness data, Geographic Information System (GIS) maps, and data demonstrating use of interpreters.

In April 2021, DHCS provided notification that Sacramento County was in compliance with all network adequacy standards. These standards require that County MHP be responsible for ensuring (1) timely access to care for Medi-Cal beneficiaries that includes offering non-urgent mental health outpatient services appointments within 10 days of request, as defined by the Sacramento County BHS Policy and Procedure QM-20-04 Timely Access (see Attachment 1); and (2) that outpatient mental health services are accessible no more than 15 miles or 30 minutes from a beneficiary's residence.

For the purpose of improving timely access to services, shortening distance parameters to services and collaborating with adult-serving systems and organizations (such as housing providers, transportation

systems, probation, health care, etc.), the CORE Program adult outpatient mental health service sites shall be geographically distributed throughout Sacramento County.

Service Area, Geographic Boundaries and number of service sites

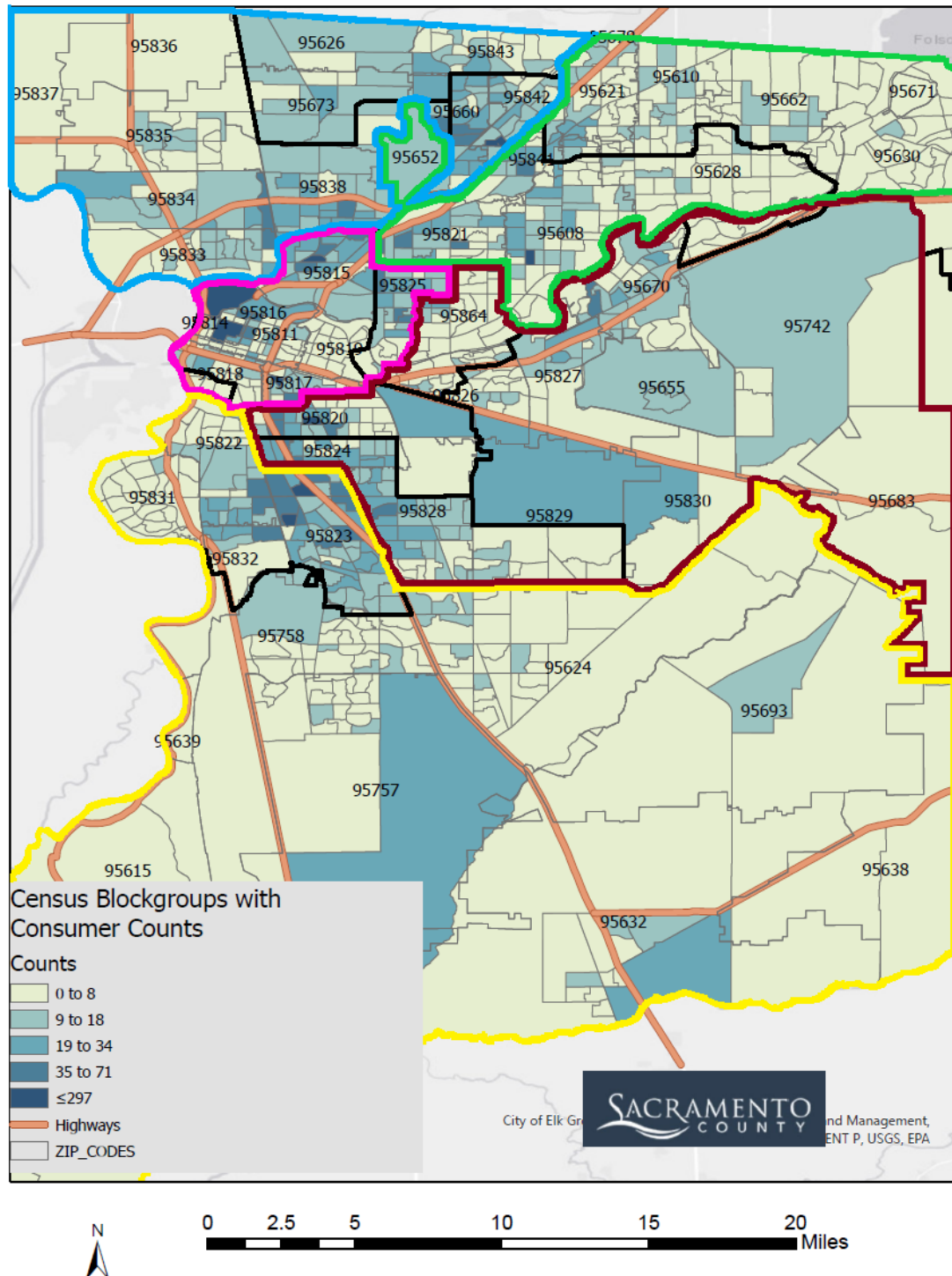
The CORE Program will balance the geographic distribution of outpatient mental health services throughout the Sacramento County area by siting outpatient mental health in the following areas:

Table 1: Area with geographic boundaries and number of service sites

AREA #	Area Boundaries	Estimated Number of Service Sites
Area #1 (Blue): North West	Zip Codes: 95626, 95660, 95673, 95833, 95834, 95835, 95836, 95837, 95838, 95842, 95843	2
Area #2 (Green): North East	Zip Codes: 95608, 95609, 95610, 95611, 95621, 95628, 95630, 95652, 95662, 95671, 95678, 95821, 95841	2
Area #3 (Burgundy): East	Zip Codes: 95655, 95670, 95683, 95741, 95742, 95820, 95824, 95826, 95827, 95828, 95829, 95830, 95864	2
Area #4 (Magenta): West	Zip Codes: 95811, 95812, 95813, 95814, 95815, 95816, 95817, 95818, 95819, 95825, 95852, 95860, 95866	2
Area #5 (Yellow): South	Zip Codes: 95615, 95624, 95632, 95638, 95639, 95641, 95690, 95693, 95757, 95758, 95759, 95822, 95823, 95831, 95832	2

The following map features a general overview of the five (5) areas with geographic boundaries identified by color along with the population density of adults served throughout Sacramento County in various shades of blue.

Board of Supervisor Districts and Zip Codes



This geographic analysis benefits Sacramento County's individuals 18 years and older and their families in assuring that services are delivered in the areas of greatest need, in the most efficient and effective manner, while meeting network adequacy requirements.

Sacramento County BHS intends to award multiple contracts to ensure that there is sufficient, equitable, and efficient capacity to provide outpatient mental health services to Sacramento County's adults living with a severe mental illness.

The CORE Program incorporates the MHSA Steering Committee's input for addressing the needs of adults, 18 years and older, living with serious mental illness who may be at risk or experiencing homelessness, struggling with a co-occurring substance use disorder, and/or who may be engaged in the criminal justice system or involuntary psychiatric hospitalization or institutionalized. The Committee's input includes:

1. Easy access to services, such as engaging clients in the field, reaching out to clients as they are being discharged or released from other services or systems, and offering services outside standard business hours, including 24 hour, 7 days a week on-call support.
2. Mental health treatment includes providing services in the community, coordination of care, skills building, benefits acquisition, and transportation.
3. Develop and maintain collaborations and partnerships with housing partners to better serve clients at risk of or experiencing homelessness.

The CORE Program consists of two components: outpatient mental health services with co-located community wellness center. The CORE Program will:

1. Outreach to Community Wellness Center participants to successfully engage them into services.
2. Provide community-based, flexible, recovery-oriented, trauma and culturally informed specialty mental health services and peer support services.
3. Provide housing supports/assistance.
4. Operate a community wellness center available to Sacramento County residents, age 18 years and older. The center will be designed to be welcoming, friendly, inclusive, and safe. The center will offer a wide spectrum of meaningful activities, including peer-led activities, groups, and experiences.

The CORE program services will support and promote the recovery of all clients. Recovery as defined by Substance Abuse Mental Health Services Administration (SAMHSA) is a process of change through which clients improve their health and wellness, live a self-directed life, and strive to reach their full potential by way of the four major dimensions that support a life in recovery:

1. Health – overcoming or managing one's symptoms and making informed, healthy choices that support physical and emotional well-being.
2. Housing – having a stable and safe place to live.
3. Purpose – engaging in meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.
4. Community – having relationships and social networks that provide support, friendship, love, interconnectedness, and hope.

The following approaches will guide the CORE practices and service delivery:

1. Trauma informed care, based on the Center of Health Care Strategies' core principles and key ingredients of trauma-informed approach described in Key Ingredients for Trauma-Informed Care (see Attachments 2).
2. Culturally and linguistically responsive and recovery-oriented care.
3. The "Strengths Model," a recovery-oriented practice model that will guide outpatient program practices and service delivery, exemplified in the Strengths Model Fidelity Scale (see Attachment 3).
4. Provide focused, time-limited, individual and/or group mental health services using best practices, community defined practices, evidence based practices, curriculum based practices and/or promising practices to all clients.
5. The "SSI/SSDI Outreach, Access, and Recovery (SOAR)" program model increases access to Social Security disability benefits for people experiencing or at risk of homelessness, described in SSI/SDI Outreach, Access, and Recovery: an Overview (see Attachment 4).
6. Peer Support Services, a system of giving and receiving help based on key principles that include shared responsibility, and mutual agreement of what is helpful, described in Core Competencies for Peer Workers in Behavioral Health Services (see Attachment 5).
7. Flexible, community-based specialty mental health service level of intensity and phase of treatment that matches the needs of the client.

On May 26, 2021, Sacramento County BHS released Adult Outpatient Services Transformation, Request for Letters of Interest (LOI) No. MHSA/070. Respondents of LOI No. MHSA/070 have been sent RFA No. MHSA/071. This RFA expands the scope of work, eligibility/minimum requirements and the application process detailed in LOI No. MHSA/070. Sacramento County is seeking applications from community-based organizations that responded to LOI No. MHSA/70 and are willing to work in partnership with the County in providing client-driven, recovery-oriented and trauma informed mental health services. Successful applicants must be experienced in and capable of providing a comprehensive array of mental health services and supports that address the needs of adults living with severe mental illness who may be at risk of requiring acute care, at risk or experiencing homelessness, struggling with a co-occurring substance use disorder, and/or who may be engaged in the criminal justice system or involuntary psychiatric hospitalization or institutionalization. Successful applicants must be able to provide any clinically indicated transitions for adults who are in need of continued mental health treatment from existing adult mental health outpatient service array to the CORE program.

It is anticipated that five (5) applicants, who successfully meet RFA requirements, will be awarded a contract through this RFA. Each of the five (5) successful applicants shall operate two (2) sites, for a total of 10 sites. Each site must offer both community-based outpatient specialty mental health services and community wellness center services to enrolled participants. Each site must be far enough apart within each identified area described above in order to provide equitable accessibility for outpatient mental health services – considering time and distance parameters. Assigned areas shall be determined by a prioritization system, starting with successful applicants with existing Medi-Cal certified Sacramento County adult outpatient mental health service sites that meet the area requirement, followed by RFA applicant scoring – from highest to lowest scores. Exact location of sites within each assigned area will be negotiated with Sacramento County BHS.

C. **SCOPE OF WORK**

1. **Program Description:** CORE encompasses two components - outpatient mental health services with co-located community wellness centers.

- a. **CORE Outpatient Program** will provide community-based, client-driven, recovery-oriented, strength-based, trauma-informed, culturally and linguistically responsive, flexible and integrated, specialty mental health services and supports to adult beneficiaries who meet target population and medical necessity criteria as defined by the Sacramento County BHS Policy and Procedure QM-01-07 Determination for Medical Necessity and Target Population (see Attachment 6). Services are initially focused on intensive services for mental health clients who are either in, or discharged from, acute care settings, or who are at demonstrated risk of requiring acute care, with the goal of assisting individuals in transitioning to a lower level of service intensity over time and eventual successful completion of services from the MHP.
- b. **CORE Community Wellness Center** will be available to the Sacramento County community members, age 18 years and older. The Centers will offer meaningful activities, including peer-led activities, groups, and experiences that promote principles of Wellness, Recovery and Resiliency. The Centers will serve as both an entry point for individuals who need mental health services as well as ongoing support for individuals stepping down from intensive services or transitioning from the MHP.

2. **Program Objectives:**

- a. Promote recovery as defined by SAMSHA and optimize community functioning through the provision of mental health services and supports at the appropriate level of care;
- b. Provide flexible and integrated mental health services and peer supported skill building and wellness activities;
- c. Provide client driven, recovery-oriented, trauma informed and culturally responsive approaches that address mental illness and co-occurring substance use disorders;
- d. Provide timely and appropriate linkage and coordination with key services and benefits impacting clients health and well-being (e.g. Primary Health, Supplemental Security Income, Medi-Cal, etc.); and,
- e. Promote transition to lower level of service intensity and community integration as appropriate.

3. **Clients Served:**

- a. **CORE Outpatient Program will be available to** eligible adults, as defined by the Sacramento County BHS Policy and Procedure QM-01-07 Determination for Medical Necessity and Target Population (see Attachment 6).
- b. **CORE Community Wellness Center services shall be available to all** Sacramento County adult community members, age 18 years and older, seeking meaningful activities offered by the Center.

4. **Service Sites and Capacity:**

- a. **CORE Outpatient Program:** Areas and service sites will be negotiated between successful applicants and Sacramento County BHS to ensure compliance with Network Adequacy State and County requirements during the contract development phase. Each awardee shall have two (2) sites and all service locations must be sited to allow all participants maximum use of Regional Transit Bus and Light Rail routes. Successful applicants' negotiated area and service sites must be in compliance with Sacramento County's Good Neighbor policy (see Attachment 7) and have written approval by BHS prior to executing the property lease agreement. Service capacity per service site will be approximately 650 clients served at any given point in time. Capacity is defined as the number of clients served within a 30 day period. Served is defined as one Medi-Cal claimable service provided directly to the client within a 30 day period.

- b. **CORE Community Wellness Center services:** Each outpatient site will have a Community Wellness Center attached or adjacent to the CORE Outpatient Program to serve community members. It is anticipated that each Center will provide engagement and peer activity services to 600 unduplicated community members annually, and 1,200 total between both sites – knowing one of the sites may serve more than 600 community members within the assigned area.
 - c. Each successful applicant shall have two (2) sites far enough apart within each identified area to provide equitable accessibility for outpatient mental health services – considering time and distance parameters consistent with State required Network Adequacy. Each site will offer a welcoming and inclusive environment that is reflective of the diversity of the residents in the neighborhood. An inclusive environment also offers gender affirming signs/forms and gender neutral restrooms. Exact location of sites within each assigned area will be negotiated with Sacramento County BHS.
5. **Hours of Operation:** Successful applicants shall extend business hours that include late evening and/or weekend hours for both CORE Outpatient Program and Community Wellness Center services. Successful applicants shall establish and maintain hours of operation that best accommodate client and natural supports. Successful applicants will establish an on-call system to provide immediate face-to-face response to a crisis call, if clinically indicated, twenty-four (24) hours per day, seven (7) days per week, including holidays. This will include meeting the client in emergency departments, the Intake Stabilization Unit at the Mental Health Treatment Center, the Mental Health Urgent Care Clinic, or other access points including the home or a community setting to facilitate crisis intervention and supports.
6. **Service requirements for the CORE Program:**
- Successful applicants shall:
- a. Provide outpatient community-based specialty mental health services that include assessment, plan development, individual therapy, group therapy, rehabilitation, collateral services, intensive case management, medication support services, and crisis intervention within the service delivery approaches as defined in Section I, C. 8. below and taking into account phases of treatment and service intensity as appropriate.
 - i. **Assessment** is a service activity of gathering and analyzing information about the client, from multiple sources across multiple locations, evaluating an individual's mental health and social well-being. This includes assessing self-perception and the individual's ability to function at their desired level in the community. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client's clinical history, analysis of relevant cultural issues, analysis of behaviors, analysis of interpersonal skills, and an analysis of family dynamics and diagnosis. To assess level of service needs, provider will complete a Child and Adolescent Needs and Strengths Assessment (CANS) for clients age 18 to 20 years or Adult Needs and Strengths Assessment (ANSA) for clients age 21 years and older within 60 days of beginning services but prior to the treatment plan completion date, every six (6) months from the admit date or more often if clinically indicated, and at discharge. A Level of Care Utilization System (LOCUS) assessment will be completed in accordance with Sacramento County BHS policy when indicated to determine level of care services for clients age 21 and older.
 - ii. **Intensive Case Management (ICM)** is defined as service activities provided by program staff to help clients access needed medical, educational, social, prevocational, vocational, rehabilitative, or other necessary community services. The service

activities may include communication, advocacy, consultation, coordination, linkage and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the client's progress; and plan development. Interventions may be with a family/caregiver, teacher, social worker, probation officer, and/or volunteers (i.e., shaman, pastor, teachers, coaches, peer mentors). A Case Management Progress Note documents who was contacted, information gathered or reported, for what purpose/service (if indicated), and the plan of action or follow-up. ICM is billed when the information gathered is “on behalf of” or “for” the client.

- iii. **Collateral services** is defined as a service activity to a Significant Support Person in an individual’s life for the purpose of meeting the needs of the person in terms of achieving the goals of the individual’s client plan. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of the client’s serious emotional disturbance; and family counseling with significant support person(s) in achieving the goals of the individual’s client plan. The client may or may not be present for this service activity.
- iv. **Crisis Intervention** is a quick emergency response service enabling the client and/or family, support system and/or involved others to cope with a crisis, while maintaining his/her status as a functioning community member to the greatest extent possible, and in the least restrictive care as applicable. A crisis is an unplanned event that results in the client’s need for immediate service intervention. Crisis intervention services are limited to stabilization of the presenting emergency. Service activities include but are not limited to assessment, evaluation, collateral and therapy (all billed as crisis intervention). For the purpose, of this program’s scope of work, crisis intervention services are available twenty-four (24) hours per day, seven (7) days per week including holidays.
- v. **Medication Support Services** include prescribing, administering, dispensing and/or monitoring of psychiatric medications or biologicals necessary to alleviate the symptoms of mental illness. Medication Support activities may include:
 - a) Evaluation of the need for medication;
 - b) Evaluation of clinical effectiveness and side effects of medication;
 - c) Obtaining informed consent;
 - d) Medication education (including discussing risks, benefits and alternatives with the individual, family or significant support persons); and,
 - e) Plan development related to the delivery of this service.
- vi. **Plan Development** is defined as a service activity that consists of development of client plans; creating, monitoring and modifying planned interventions; approval of client plans, and/or monitoring and recording of the individual’s progress; and ensuring that the individualized treatment plans reflect treatment objectives, goals and level of service needs, and are completed annually or more often, if needed, to reflect changes in accordance with County requirements or individual need. Individualized treatment plans include information of a client’s natural support systems including, but not limited to family members, caregivers, peers, employers, or teachers.
- vii. **Rehabilitation** is defined as a service activity that includes, but is not limited to:

- a) Assistance in improving, restoring or maintaining the functional life skills, daily living skills, social skills, grooming and personal hygiene skills, obtaining support resources, obtaining medication education, medication compliance;
 - b) Age-appropriate counseling of the client and/or family, support systems and involved others;
 - c) Training in leisure activities needed to achieve the client's goals/desired results/personal milestones;
 - d) Medication education for client, family, support systems and involved others;
 - e) Coaching of clients and caregivers to help improve caregiving skills; and,
 - f) Assistance with education, vocational and employment goals.
- viii. **Therapy** is a service activity that shall be delivered to a client or group of clients and may include family therapy (when the client is present). Therapeutic interventions are consistent with the client's goals, desired results, and personal milestones and focus primarily on symptom reduction as the means to improve functional impairments.
- b. Deliver mental health services within a recovery framework. Services must be individually tailored to a client's unique needs based on a comprehensive assessment. The overarching goals of psychiatric rehabilitation are to be fully integrated into the community, and to function as independently as possible. For optimal functioning, treatment must eliminate or diminish the impact of symptoms on daily activities and increase those skills that promote self-efficacy.
 - c. Implement the Strengths Model within six (6) months of contract execution to high fidelity as a foundation of client services, per the California Institute for Behavioral Health Solutions (CIBHS) at <https://www.cibhs.org/strengths-model-case-management>.
 - d. Implement the SSI/SSDI Outreach, Access and Recovery (SOAR) initiative within 6 months of contract execution to a high fidelity as a foundation of benefit acquisition support and assistance per SAMHSA at <https://soarworks.prainc.com/article/starting-your-soar-initiative>.
 - e. Schedule a first psychiatric appointment within 20 business days of a client's discharge from an inpatient psychiatric hospital, justice institution or other 24-hour residential facility if the client is taking psychotropic medication. The first non-psychiatric appointment following hospitalization shall be offered within five (5) business days of discharge.
 - f. Offer a second non-psychiatric face-to-face no later than 20 business days after the first appointment.
 - g. Ensure that the individualized treatment plans reflect treatment objectives and goals and level of service needs, and are completed annually or more often, if needed, to reflect changes in accordance with County requirements or client's need. Individualized treatment plans include information of a client's natural support systems including, but not limited to family members, elders, friends, peers, board and care/room and board operators, employers, or faith-based or spiritual community leaders or members.
 - h. Ensure Individualized Safety Plans (Mental Health Wellness Plan) are developed during admission to the program in collaboration with each client and family/caregiver and updated as clinically indicated.
 - i. A copy of the Safety Plan shall be kept in the electronic health record (EHR) and a copy offered to the client/family and natural support system as indicated.
 - ii. The Safety Plan document will:

- a) Include the client's triggers, risks factors, and risk behaviors;
 - b) List interventions, coping mechanisms, or treatments that have been effective in addressing life stressors associated with the current crisis including investigation of specific triggers, patterns of behavior, and needs across life domains taking into consideration medication, housing, finances, relationships/social supports, and mental health needs; and
 - c) Identify natural/community resources and support systems such as family/caregiver, friends, faith/spiritual community, group home staff, room and board / board and care operators, including contact information.
- i. Ensure contact with the hospital or facility and the client to assist with treatment and discharge planning within three (3) business days of notification of client admission to the Sacramento County Mental Health Treatment Center (MHTC) or other acute psychiatric facility, including Jail Psychiatric Services Inpatient Unit. This includes meeting the individual and family in emergency departments, the Intake Stabilization Unit, the MHTC, the Mental Health Urgent Care Clinic or other access points including the home or a community setting to facilitate crisis intervention and supports.
- j. Maintain a twenty-four (24) hour, seven (7) days a week, after-hours phone response with capacity for face-to-face staff response.
- k. Ensure program team members conduct intervention review meetings every 30 days to discuss progress and identify solutions to improve behaviors and functioning with the team members who implement interventions for the client. Intervention review meetings may occur more frequently depending on the client's needs and intensity of services.
- l. Provide integrated treatment that:
 - i. Includes linkages to educational services and supports;
 - ii. Includes linkages to employment services and supports;
 - iii. Provides co-occurring substance use services;
 - iv. Collaborates with physical health care systems;
 - v. Partners with the justice system, law enforcement, welfare and probation;
 - vi. Includes natural supports in all aspects of treatment; and,
 - vii. Complements, not supplants, necessary Alta California Regional Center services.
- m. Provide client **advocacy** which is defined as a process that provides clients with information to make informed decisions; communicating, educating, interceding on behalf of a person to acquire needed services, benefit entitlements, managed care resources or housing supports.
- n. Provide **Peer Support Services**. Peer supports are services provided by peer staff. SAMHSA defines peer staff as individuals who have been successful in the recovery process and help others experiencing similar situations. Peer staff shall provide services designed to enhance connectedness and decrease isolation. Peer Staff utilize their lived experience to provide peer support, engagement, wellness services, cultural brokerage, and navigation supports within the MHP, as well as other health systems and community supports.
- o. Provide **Housing Subsidies and Support Services** to clients at risk of or experiencing homelessness which may include housing subsidies for permanent, transitional and temporary housing, master leases, rental security deposits, first and last month rental payments, closing rent gaps, short term emergency hotel/motel payments, utility hook ups, credit repair support,

application fees, damage repair, and/or landlord development. The provision of housing subsidies and support services will be based on clinical need after other natural supports or community resources have been exhausted or are unavailable. The purpose of provision of housing subsidies and support services are to assist with housing stability; prevent, divert and resolve homelessness; homeless diversion response; assist with establishing, strengthening and maintaining collaborations and partnerships between housing partners, and homeless services.

- p. Transition all services and facilitate an appropriate discharge and linkages when the client is able to function more independently as demonstrated by his/her ability to implement new interventions and new skills and engagement in new habits and patterns of behavior.

7. Service requirements for the CORE Community Wellness Centers: Successful applicants shall:

- a. Open the Center to all Sacramento County residents, 18 years and older, and their family members.
- b. Provide peer-led and recovery-oriented support services and activities that enhance connectedness and decrease isolation such as, but not limited to, the following:
 - i. Education and Support Groups.
 - ii. Navigation support that includes providing information, referrals and linkages to the MHP and other health system and community supports.
 - iii. Informing Sacramento County residents of their eligibility when meeting Target Population and Medical Necessity Criteria defined by Sacramento County BHS Policy and Procedure, of County MHP services and assisting them in enrolling in MHP services.
 - iv. Coaching and Mentoring activities such as assistance with creating Personal Plans and setting recovery goals; supporting alcohol or drug recovery; helping problem-solve issues related to recovery; providing encouragement, motivation and support for optimum wellness.

8. Service Delivery Approaches: Successful applicants shall utilize the following approaches/practices in providing services as defined in Section I, C. 6 & 7:

- a. Trauma informed care, based on the Key Ingredients for Trauma-Informed Care for both CORE Outpatient Program and CORE Community Wellness Center. Core principles of a trauma-informed approach include program participant empowerment and choice, collaboration among service providers and systems, ensuring physical and emotional safety and trustworthiness for program participants. Key ingredients of providing comprehensive trauma informed care involve both organizational and clinical practices. Policies, practice, and culture that recognize the impact of trauma on both clients and staff should be adopted organization-wide, described in Key Ingredients for Trauma-Informed Care (see Attachment 2).
- b. Culturally and linguistically responsive and recovery-oriented care for both CORE Outpatient Program and CORE Community Wellness Center.
- c. Strengths Model to high fidelity within the CORE Outpatient Program. The Strengths Model is a set of values and philosophy of practice that views program clients as being the expert in their own recovery and having the potential to recover from adversity through identified strengths, natural supports, community resources and other opportunities. The model employs a set of tools and methods utilized by program staff to assist clients in assessing their strengths, establishing meaningful goals, and developing a recovery plan. The model is predicated on the following principles: i. Program clients can recover and reclaim their lives; ii. The focus is on

- strengths rather than deficits; iii. Identifies and leverages existing community resources and views these resources as a strength; iv. Recognizes the participant as the expert of their own recovery; v. Views the program staff-participant relationship as primary and essential with both working together as co-partners; vi. Uses the community as the primary setting for the provision of services and supports, exemplified in Strengths Model Fidelity Scale (see Attachment 3).
- d. SOAR initiative which promotes recovery and wellness through increased access to Social Security disability benefits for eligible individuals who are experiencing or at risk of homelessness and have serious mental illness, medical impairment, and/or co-occurring substance use disorder. SOAR providers assist individuals with complete and quality applications for both CORE community-based specialty mental health services and CORE Community Wellness Center. SAMHSA developed the SOAR model to address this critical need. SOAR- trained case managers submit complete and quality applications that are approved quickly, described in SSI/SDI Outreach, Access, and Recovery: an Overview (see Attachment 4 and [SOAR Online Course Catalog](#)).
 - e. Identify and use evidence based interventions and practice(s), community defined practice(s), and/or promising practice(s) and will register the practice with Sacramento County BHS, Quality Management (QM). Services shall be provided within standard theoretical frameworks that meet the needs of the individual served for CORE Outpatient Program, defined in Sacramento County BHS Policy and Procedure QM-14-04 Review Process for Implementation of New Clinical Practices Policy (see Attachment 10).
 - f. Integrate peer support services, a system of giving and receiving help based on key principles that include shared responsibility, and mutual agreement of what is helpful. Peer support services encompass a wide range of activities, including advocacy, linkage to resources, sharing of experience, community and relationship building, group facilitation, skill building, mentoring, goal setting, and more. Peer Support services also include planning for and developing groups, services or activities; supervising other peer workers, training and gathering information on resources, administering programs, educating the public and policymakers, and raising awareness. Peer services integrate support with engagement, cultural brokerage, wellness services and navigation within the MHP, as well as other health systems and community supports for both CORE Outpatient Program and CORE Community Wellness Center, described in Core Competencies for Peer Workers in Behavioral Health Services (see Attachment 5).
 - g. For the CORE Outpatient Program, provide flexible, community-based specialty mental health service level of intensity and phase of treatment that matches the needs of the client - with the highest intensity provided upon admission to the program and decreased over time until ready for community integration/discharge from the MHP. Service mode of contact shall be face-to-face and service delivery shall be primarily in the client's home or community, and at the successful applicant's office as appropriate. The service intensity levels should follow the phase of treatment as follows:
 - i. Engagement and Planning Phase: All new program enrollees shall receive high intensity level of services until stable. This phase of treatment will include a minimum contact expectation of one time per week and a maximum of multiple times per day, 7 days per week, as needed to provide mental health services for the purpose of stabilization. At minimum, mental health services provided during the initial phase includes engagement, assessment, plan development, safety planning, and safety plan monitoring. In this phase, the CORE provider begins engagement and rapport building while gathering Releases of Information, assessment information from the client, as well as collateral information from involved natural supports and involved systems in

order to initiate referrals and linkages based on immediate and basic needs. Once the comprehensive biopsychosocial assessment is completed, the Client Plan is developed in collaboration with the client and identified natural supports.

- ii. **Monitoring and Adapting Phase:** The Monitoring and Adapting phase of treatment includes a contact expectation of a minimum of one time per week for at least 30 minutes per week for the provision of mental health services for the purpose of ongoing stabilization and working on recovery. At minimum, services during this phase include individual and group social rehabilitation for skills building, enhancing relationships and community connections (i.e. work, school, volunteer, faith-based groups, community centers, etc.), case management, safety plan monitoring, and any other service that aids in wellness and recovery. During this phase, the CORE provider will monitor progress on the Client Plan and make individualized adaptations or revisions as needed to support progress toward meeting the goals of the plan. The CORE provider will meet regularly with the client and natural supports to acknowledge milestones and celebrate successes, problem solve challenges, and hold client and members accountable for task completion associated with the Client Plan. Service intensity may increase for stabilization as necessary.
 - iii. **Transition Phase:** The transition phase includes a minimum contact expectation of one time for at least 30 minutes per month to provide mental health services for the purpose of transition readiness. At minimum, mental health services during this phase includes a minimum of case management that supports discharge planning from the MHP to a lower level of care, such as the CORE Community Wellness Center, a Managed Care Plan, or other community resources based on need. If a client is unable to transition to a lower level of care within 3 months in the transition phase, the Transition Plan and Client Plan should be revisited and treatment services provided to aid in readiness for step-down. In the Transition Phase, the client takes a more active role in their planning and the Transition Plan developed will ensure needed services and supports are in place to support a step-down to a lower level of care. Service intensity may increase for stabilization as necessary.
9. **Program Staffing:** Successful applicants are expected to have staff necessary to provide services for both components of CORE defined above in this RFA's scope of work. The staffing array may include a combination of education and experience, ranging from persons with lived behavioral health experience, to licensed clinicians. Program staff will be reflective of the cultural, racial, ethnic, linguistic, sexual, and gender diversity of Sacramento County. The following list is a suggested representation of staff for this program:
- a. Licensed Practitioner of the Healing Arts (LPHA) staff conducts assessments and treatment planning, provides oversight and direction to the treatment team, provides individual and family therapy, crisis intervention services, and family intervention and support. The LPHA or LPHA Waived staff assists with developing interventions and directing the services delivered by team members.
 - b. Mental Health Rehabilitation Specialist (MHRS) performs a wide variety of duties including intensive care coordination services and social rehabilitation services with a wellness and recovery focus; assists and supports team members and adults. MHRS have broad knowledge of co-occurring disorders supports, employment resources, benefits and entitlements, community supports, etc.
 - c. Mental Health Assistant (MHA) I, II, III provides social rehabilitation, models behaviors and teaches/demonstrates skills to client and family, provides feedback on interventions to the team, as well as crisis intervention and support.

- d. Benefit Specialist is an individual who provides assessment for benefits, advocacy with local, state, and federal organizations, case management, employment support services, group facilitation, and benefits support and assistance.
- e. Peer Staff/Wellness Coach is an individual who has been successful in the recovery process and helps others experiencing similar situations. Peer Staff/Wellness Coach provides peer support, engagement, wellness services and navigation supports within the MHP, as well as other health systems and community supports.
- f. Psychiatric Nurse/Nurse Practitioner provides psychiatric assessments, health screenings and evaluation, develops medication plan, and coordinates follow up care.
- g. Licensed Vocational Nurse (LVN) / Licensed Psychiatric Technician (LPT) provides medical/medication training for staff, conducts health screenings, develops medication plan, provides medication education, and administers medications as prescribed.
- h. Psychiatrist provides initial psychiatric assessment and evaluation, develops medication plan, prescribes medication, coordinates follow-up care, and provides oversight to medical staff.

The successful applicant will ensure that MHRS and/or MHA staff receive clinical supervision on identifying risk, safety planning, plan development and implementation of interventions. The LPHA/LPHA Waived staff will provide clinical oversight and guide the direction of services.

In addition to staff identified above, the applicant's proposed budget may include specialized staff relevant to program implementation and practices. All proposed staff must meet the definition of the Sacramento County BHS Quality Management Policy and Procedure for Staff Registration (see Attachment 8).

10. **Key Program Outcomes and Plans for Measuring:** Sacramento County BHS collects data and measures outcomes throughout the continuum of care. BHS will work with the successful applicant to develop and implement program evaluation of the outpatient program.

Data will be used to inform program planning decisions as well as to report progress towards desired outcomes and program effectiveness. Data will be reported on a quarterly and annual basis and will include outcome data, program analysis of data to determine significance of changes, and an evaluation of whether goals, objectives, and outcomes have been attained, as well as the effectiveness of funded services. Outcomes for this program align with MHSA goals and performance improvement activities outlined in Sacramento County BHS Quality Management Program Annual Work Plan (see Attachment 9). These outcomes include, but are not limited to:

- a. Increase timely access to services defined as a face-to-face appointment within ten (10) business days of being admitted into program;
- b. Reduce unnecessary hospitalizations and incarcerations;
- c. Promote housing stability;
- d. Improve positive behaviors and quality of life;
- e. Increase ongoing meaningful activity;
- f. Decrease in overall behaviors that contribute to law enforcement and judicial contacts, crisis residential treatment, mental health rehabilitation center treatment, and state hospitalizations;
- g. Improve care coordination with primary care physician (PCP);
- h. Improve care coordination with other system partners (i.e. Adult Protective Services, Child Protective Services, Probation, Public Guardian's Office, and collaborative justice courts);

- i. Increase successful discharges defined as meeting treatment goals and sustained stability in functioning to prevent recidivism or transition to a higher level of services;
- j. Increase successful linkage to primary care or geographic managed care provider if ongoing services are needed;
- k. Increase effectiveness of evidence based practices, community defined practices, and promising practices; and
- l. Other outcomes measures as defined by Sacramento County BHS.

The successful applicant must review performance data, assess progress, and use this information to inform and improve the management and delivery of services. There should be clear and convincing evidence, through carefully collected data, that the delivered services and interventions are responsible for client and caregiver satisfaction and placement stability.

11. Additional Provisions:

- a. Successful applicants unable to implement the program consistent with the RFA's scope of work or within the timeframe agreed upon by Sacramento County BHS in the successful applicant's Start-Up Work Plan may be at risk of contract termination.
- b. Subcontracting services for the co-located CORE Community Wellness Center is recommended if doing so increases the expertise in providing services as outlined in the RFA's scope of work. Additionally, subcontracting with grassroots and community-based organizations with knowledge, expertise and familiarity in working with Sacramento County's diverse ethnic and cultural neighborhoods and communities for the purpose of providing culturally responsive care, community defined practices, and cultural brokerage services, as outlined in the RFA's scope of work, is encouraged. Prior written approval from Sacramento County BHS will be required at the time of contract negotiation.
- c. Follow all requirements consistent with California Advancing and Innovating Medi-Cal (CalAIM) – including Enhanced Care Management (ECM) anticipated to be implemented January 2022. ECM provides a whole-person approach to care, addressing the clinical and non-clinical needs of the client. ECM Core service components include: i. comprehensive assessment and care management plan, ii. enhanced coordination of care, iii. health promotion, iv. comprehensive traditional care, v. member and family supports, vi. coordination of referral to community and social support services. See DHCS CalAIM Executive Summary and Key Changes (<https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>).
- d. Successful applicants should be aware of the possibility of an expansion of the CORE Program in the next fiscal year. Sacramento County BHS will consider all options for operationalizing the anticipated expansion including but not limited to expanding successful applicants contracts or procuring the expansion. Selection through this competitive process does not guarantee selection for expansion funding or that the expansion will occur.

D. FUNDING

1. Available annual funding per service contract which is inclusive of operating two (2) sites:

Fund Source	Allocation	Available Funding*
Non-Federal Funding	Services	\$4,277,598*
	Housing Supports	\$406,580*
Federal Funding (FFP + Path)	Services	\$2,989,666*
TOTAL		\$7,673,844*

* Approximate amounts

* The available funds are subject to change.

2. Indirect and allocated costs may not exceed 15% of actual direct expense.
3. The term of this RFA is three (3) years.
4. Each successful applicant will implement and operate two sites serving a point in time capacity of 650 unduplicated enrolled clients per site (1,300 per successful applicant) in the CORE Outpatient Program, delivering varying levels of mental health service need/care. Capacity is defined as the number of clients served within a 30 day period. Adult outpatient community-based specialty mental health service is defined as one Medi-Cal claimable service provided directly to the client within a 30 day period. The CORE Community Wellness Center will have the capacity to provide engagement and peer activity services to 600 community members per site (1,200 per successful applicant) annually.
5. Funding for the term of this RFA does not guarantee cost of living adjustment (COLA) / maintenance of effort (MOE) increases. COLA/MOE requests are subject to Board of Supervisors approval.
6. Each service contract may be negotiated and renewed annually, at the discretion of the County.
7. County does not guarantee (implied or otherwise) referral rate or volume. Each successful applicant is responsible to adapt/adjust to client volume and client service needs.
8. Unit volumes are averages based on specific client needs. Each successful applicant must deliver annual service volume total to ensure 100% reimbursement at cost settlement.
9. **The applicant understands that this will be a Net 30 day agreement; payment due in full 30 days** after receipt of an appropriate and correct invoice. Each successful applicant will certify they have and will maintain adequate working capital to cover costs during this period. Reimbursement is based on a Medi-Cal unit-driven system and each successful applicant will be reimbursed on a provisional unit rate value not to exceed the contract maximum.
10. Contracts awarded to successful applicants will be subject to cost settlement. In cost settlement contracts, funds due or owed will not occur until the State of California accepts the County annual cost report. At which point, the County and each successful applicant has 30 days to issue reimbursement. Furthermore, each successful applicant must have adequate working capital to cover costs during the cost reporting period.
 - a. Each successful applicant will reimburse County for services at the cost settled rate found to be not reimbursable by State and/or Federal funds. Each successful applicant will be responsible for the costs associated with denied Medi-Cal claims. The successful applicant is responsible to make the appropriate corrections to Medi-Cal denials and for services that do not successfully claim out.
 - b. If total approved unit volume is not achieved, then the percent difference between actual approved units and the unit volume specified in the contract will be the factor used to reduce contract maximum, and to determine the adjusted maximum reimbursement value to each successful applicant. This does not change the cost settlement rates.
 - c. Provisional rates are determined based on a contract maximum, contracted unit volume, and the relative value of each service function code.
 - i. Provisional unit rates serve as the basis for the payment, for monthly cash flow, and are subject to cost settlement to the lesser of actual and allowable costs or published charges of DHCS approved Mental Health Services. Rates are inclusive of all costs.

- ii. County reserves the right to make annual adjustments to contract maximum by area and/or service site(s), based on data showing inadequate service utilization in a specified area compared to an area that demonstrates more need. Adjustments could be made within one particular contractor's location/area or across contractors, based on service need.

11. For the purpose of this RFA, one full time equivalent (FTE 1.0) is equal to 40 hours per work week.

E. ELIGIBILITY TO APPLY/MINIMUM REQUIREMENTS

Those organizations meet all of the following criteria are eligible to submit an application in response to this RFA. Organizations must:

1. Have successfully responded to LOI No. MHSA/70.
2. Submit single organization applications only. No partnerships, multi-organization, or fiscal sponsorships applications will be accepted. No more than one (1) application per applying organization will be accepted.
3. Obtain County approval in writing at the time of contract negotiation for subcontracting any portion of the work. Successful applicants will have the opportunity to subcontract for peer services and/or cultural brokerage as described in this RFA's scope of work.
4. Be represented at the Mandatory Applicants' Conference.
5. Have three (3) or more years' experience providing community-based outpatient Medi-Cal services that includes moderate-to-high intensity specialty mental health, and co-occurring substance use disorder services to adults living with serious mental illness providing. Experience must also include crisis intervention services defined as a service requiring an immediate response for clients experiencing a crisis.
6. Have three (3) or more years' experience collaborating with all of the following systems: mental health system of care/Mental Health Plans (MHP), law enforcement, court systems, welfare, housing resources, hospitals and health care systems.
7. Have three (3) or more years' experience utilizing culturally informed care, trauma informed care, wellness and recovery action planning, and wellness, recovery and resiliency principles related to the provision of mental health treatment and support for adults and their families/caregivers.
8. Have at least three (3) consecutive years within the past ten (10) years utilizing the same evidenced based practice (EBP), promising practice (PP), and/or community defined practice (CDP). EBP, PP and CDP are defined in Attachment 10, "Review Process for Implementation of New Clinical Practices Policy", of this RFA.
9. Must state the ability to provide and sustain at least one evidence based practice (EBP) in compliance with Sacramento County BHS EBP registration requirements at the time of contract execution.
10. Have the ability to submit, meet, and abide by any applicable state, federal, and county laws, statutes, regulations and certifications pertinent and necessary to the operations of an outpatient mental health program at the time of contract execution.
11. Comply with rigorous data collection, reporting, and audits, as required by the County or its funders, with the capability to implement program changes based on findings.
12. Have the ability to comply with the approved Start-Up Work Plan (Exhibit N) taking into consideration available expertise and any existing business commitments.
13. Possess 45 days of working capital.

14. Be in compliance with any outstanding corrective action plan.
15. Be a responsive applicant whose application complies with all requirements of the RFA.

F. MANDATORY APPLICANTS' CONFERENCE

1. A Mandatory Applicants' Conference will be held virtually to discuss the RFA and requirements. Organizations interested in submitting an application must have representation at this conference or their application will be rejected as non-responsive (disqualified) without review and eliminated from further consideration.
2. The date/time of the virtual Mandatory Applicants' Conference is shown in the RFA timeline.
3. Organizations must register to attend the Mandatory Applicants' Conference through the on-line link shown in the RFA timeline. The registration deadline is shown in the RFA timeline.
 - a. Each organization may register a maximum of three (3) representatives per organization.
 - i. Organizations should designate one (1) representative as their principal Point of Contact (POC). Any necessary Sacramento County BHS communication regarding this RFA process will be made through this POC.
 - ii. **Organizations should register all representatives simultaneously (using the same form).**
 - b. After registering, organization representatives will receive a confirmation email containing the virtual meeting link and password for the Mandatory Applicants' Conference.
4. Because there will be listen-only access to the Mandatory Applicants' Conference, applicant questions about the RFA, its scope of work, and related processes **will not be accepted** during the Conference. See Section I, G. Applicants' Questions for instructions on submitting written applicant questions.

G. APPLICANTS' QUESTIONS

1. Organization representatives registered for the Mandatory Applicants' Conference will be emailed the Exhibit O: RFA No. MHSA/071 Questions Form.
2. Applicant questions must be submitted on the Exhibit O: RFA No. MHSA/071 Questions Form. The completed form must be attached to the sender's email and emailed to QuesMHSA70-71@SacCounty.net by the date shown in the RFA timeline. Email's subject line must read, "RFA MHSA/071 Questions Form".
3. Questions in any other form (either written or oral) about the RFA, its scope of work, or related processes **will not be accepted**.
4. **Applicant questions will not be accepted after the Questions Form submission deadline as shown in the RFA timeline.**
5. Following the deadline for questions submission, answers to all substantive questions will be provided in the form of a question and answer document that will be emailed to organization representatives who attended the Mandatory Applicants' Conference. At the sole discretion of Sacramento County BHS, questions may be paraphrased for clarity. Questions and answers will be provided without identifying the submitters.

SECTION II. REQUEST FOR APPLICATION PROCESS

A. RULES GOVERNING COMPETITIVE APPLICATIONS

1. Costs for developing and submitting application packages are the responsibility of the applicant and shall not be chargeable in any way to the County of Sacramento.
2. If the County determines that revisions or additional data to the RFA are necessary, the County will provide addenda or supplements.
3. All applications submitted become property of the County and will not be returned.
4. Issuance of this RFA in no way constitutes a commitment by the County to award a contract. News releases pertaining to this RFA and its award shall not be made without prior written approval of the County.
5. All applications shall remain confidential and are not subject to the California Public Records Act until contract execution.

B. RIGHTS OF THE COUNTY

The County reserves the right to:

1. Make a contract award to one or more applicants.
2. Make awards of contracts for all the services offered in an application or for any portion thereof.
3. Reject any or all applications received in response to this RFA, or to cancel and/or re-issue this RFA if it is deemed in the best interest of the County to do so.
4. Negotiate, make changes, or terminate awards due to budgetary or funding changes or constraints.
5. Negotiate changes to application submissions.
6. Enter into negotiations with the applicant who submitted the next highest-rated application, or issue a new RFA, if a competitor that is selected through this RFA fails to accept the terms of the County contract.
7. Authorize renewal of contracts annually based on availability of funds and the success of the contractor in meeting the measurable outcomes stated in the contract.
8. Determine the amount of resources allocated to successful applicants.
9. Require information in addition to the application for further evaluation, if necessary.
10. Check with references and share any information it may receive with the evaluation committee.
11. Require successful applicants to sign a County contract.
12. Make the final determination of the requirement for the report of internal controls to be included with the financial statements.
13. Conduct an evaluation(s) and as a result make changes to various aspects of the program.

C. SCREENING CRITERIA

1. Organizations' application packets received by the deadline (from organizations with a representative at the mandatory applicants' conference) will be screened for RFA requirements as described in each exhibit.
2. Applications meeting all the screening requirements shall be submitted to an Evaluation Committee. The Committee will evaluate the applications based on the RFA evaluation criteria. Portions of responses, including attachments that exceed the maximum page allowance will not be reviewed by the Committee.
3. Failure to furnish all information required in this RFA or to substantially follow the application format requested shall disqualify the application. Applicants will be notified of disqualification **by the date shown in the RFA timeline**. An applicant may protest screening disqualification by following the rules found in the Section II, Request for Application Process, E. Opportunity to Protest.

D. RATING PROCESS: GENERAL

1. Those applications meeting minimum requirements as noted above will be included in an evaluation and selection process. The applications will be reviewed and evaluated by an Evaluation Committee, which will consist of County Staff, representatives from other public agencies, and/or individuals from the community at large. The Evaluation Committee will recommend the highest rated application to the Department of Health Services (DHS) Director. The DHS Director will make final recommendation for the applicant selection to the BOS. The DHS Director may recommend an applicant that is not the highest rated and provide justification for their recommendation to the BOS.
2. Recommendation for the awards is contingent on successful resolution of any protests, which would otherwise restrict or limit such award.
3. A notice of the recommendation for the award will be emailed to all applicants by **the date shown in the RFA timeline**.
4. A minimum score of 70% is required to pass the evaluation. If the minimum score is not met, the application will be rejected. Scoring will be as follows:

ELEMENT	POINTS POSSIBLE
Financial Statement	15
Narrative	105
Presentation	30
Start-Up Work Plan	10
Total	160

E. OPPORTUNITY TO PROTEST

1. Any applicant wishing to protest disqualification in the screening process or the proposed award recommendation must submit a written letter of protest. Submit such a letter by the date shown in the RFA timeline. Any protest shall be limited to the following grounds:
 - a. The County failed to include in the RFA a clear, precise description of the format which applications shall follow and elements they shall contain, the standards to be used in screening and evaluating applications, the date on which applications are due, and the timetable the County will follow in reviewing and evaluating them, and/or
 - b. Applications were not evaluated and/or recommendation for awards were not made in the following manner:
 - i. All applications were reviewed to determine which ones met the screening requirements specified in the RFA; and/or
 - ii. All applicants meeting the screening requirements were submitted to an Evaluation Committee which evaluated applications using the criteria specified in the RFA; and/or
 - iii. Applicant judged best qualified by the Evaluation Committee was recommended to the Director of DHS for award; and/or
 - iv. The County correctly applied the standards for screening for eligibility requirements or evaluating the applications as specified in the RFA.
2. The written letter of protest of the proposed awards must reference the title of this RFA and be submitted by email to DHS-Director@saccounty.net; email subject line must read, "Protest, RFA No. MHSA/071"

Protest letters must be received at the above email address **by the date shown in the RFA timeline**. Mailed or hand delivered hard copy letters, or faxed letters will not be accepted. Letters received by any other office or any other email address will not be accepted. Oral protests will not be accepted. It is the applicant's responsibility to request an email delivery receipt to ensure receipt of delivery at the above email address by the date, time and place specified above and in the timetable. Protests will not be accepted after the deadline specified. Protest letter/email must clearly explain the failure of the County to follow the rules of the RFA as discussed above in Section II, E.

3. All written protests shall be investigated by the Director of DHS, or their designee, who shall make a finding regarding any protest by the date shown in the RFA timeline.

F. COMMENCEMENT OF WORK

1. Contract shall not be executed until after DHS has obtained BOS approval for the contract.
2. The successful applicant shall be required to sign a Sacramento County contract. The successful applicant must agree to all terms and conditions of any resultant contract with Sacramento County, which includes providing proof of required insurance coverage. Failure to conform to insurance requirements shall constitute grounds for termination of contract negotiations and the County may enter into negotiations with the next highest scoring applicant or reissue the RFA.
3. The successful applicant will not be allowed to begin work under any successfully negotiated contract until such time as the contract has been signed by the proposed contractor and Sacramento County.

SECTION III. APPLICATION SUBMISSION

A. APPLICATION PACKAGE

Applications must include the following Exhibits A. through N. in the order specified below: (See referenced exhibits for complete instructions.)

1. **Exhibit A. Application Package Checklist:** All items included in the Application package must be submitted in the order listed on the Application Package Checklist. The Checklist must be submitted as part of the Application package and will be provided electronically.
2. **Exhibit B. Application/Certification of Intent to Meet RFA Requirements:**
The Application/Certification of Intent must be completed with authorized signature and submitted as part of the Application package. Electronic or scanned authorized signature will be accepted. The Application form will be provided electronically.
3. **Exhibit C. Insurance Requirements:** Applicants are required to obtain and maintain insurance according to Sacramento County Insurance requirements. Application packets must include the applicant's standard certificate of insurance showing current coverages and/or written evidence that the applicant will be able to have the required insurance in place before a contract is signed and services commence.
4. **Exhibit D. Resolution by the organization's Board of Directors:** Resolutions from the applicant's Board of Directors, allowing submission of the Application, must be submitted with authorized signature(s). Electronic or scanned authorized signature(s) will be accepted.
5. **Exhibit E. County of Sacramento Contractor Certification of Compliance with Child, Family and Spousal Support Form:** When Applicants submit a bid, application or other offer to provide goods or perform services for or on the behalf of the County, Applicants must complete and submit Certification with an authorized signature as part of the Application package. Electronic or scanned authorized signature will be accepted. The Certification of Compliance Form will be provided electronically.
6. **Exhibit F. Certification Regarding Debarment and Suspension:** Applicants agree to comply with 45 CFR Part 76.100 (Code of Federal Regulations), which provides that Federal funds may not be used for any contracted services, if CONTRACTOR is debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or organization. Applicants must submit Certification with an authorized signature as part of the Application package. Electronic or scanned authorized signature will be accepted. The Certification Regarding Debarment will be provided electronically.
7. **Exhibit G. Statement of Compliance with Sacramento County Good Neighbor Policy:** Applicants are required to comply with the Statement of Compliance with Sacramento County Good Neighbor Policy. Applicants must complete and include the Statement of Compliance with Sacramento County Good Neighbor Policy. Electronic or scanned authorized signature will be accepted. The Good Neighbor Policy Statement of Compliance will be provided electronically.
8. **Exhibit H. Assurance of Cultural Competence Compliance:** Applicants are required to comply with the Assurance of Cultural Competence Compliance requirements. The applicant must complete and submit a signed certification as part of the Application package. Electronic or scanned authorized signatures will be accepted. The Assurance of Cultural Competence Compliance will be provided electronically.

- 9. Exhibit I. Statement of Compliance with Quality Management and Compliance:** Applicants agree to comply with Quality Management regulations and develop a Policy and Procedure to ensure compliance. Applicants must complete and submit Statement of Compliance with an authorized signature as part of the Application package. Electronic or scanned authorized signatures will be accepted. The Quality Management and Compliance will be provided electronically.
- 10. Exhibit J. Independent Audited Financial Statement:** Applicants must submit their latest complete audited financial statement with accompanying notes, completed by an independent Certified Public Accountant, for a fiscal period not more than 24 months old at the time of submission.
- 11. Exhibit K. Budget:** Applicants must submit a Budget as described in the RFA as part of the Application package. The Budget forms will be provided electronically.
- 12. Exhibit L. Application Narrative and Presentation:** The application narrative must be submitted as part of the Application package. It must enable an evaluation committee to determine whether the written application narrative meets the requirements of this RFA. Thus, it should be clearly written and concise but also explicit and complete. Also, applicants whose applications meet eligibility and screening criteria as specified in this RFA will be expected to give a presentation to the evaluation committee.
- 13. Exhibit M. Organizational Chart:** Applicants must submit a current organizational chart that includes the projected placement of the program described in this RFA.
- 14. Exhibit N. Start-Up Work Plan:** Start-up Work Plan template must be completed as part of the Application package. Start-Up Work Plan template will be provided electronically.

B. APPLICATION SUBMISSION REQUIREMENTS

1. All Exhibits in the application should be given file names containing the Applicant's organization name or initials, followed by the RFA designation of MHSA071, followed by the Exhibit letter or letters. *Sample file names:* Smithsonian MHSA071 Exhibit C (*single exhibit file*) or Smithsonian MHSA071 Exhibits A-J (*multiple exhibit files*).
2. Exhibits A. through J. in the Application package must be submitted in the following format:
 - a. Document type: Portable Document Format (PDF)
 - b. Page size: letter (8 ½ inches by 11 inches)
 - c. Page orientation: portrait
3. Budget (Exhibit K) must be submitted in the following format:
 - a. Document type: Excel or PDF
 - b. Page size: letter (8 ½ inches by 11 inches)
 - c. Page orientation: portrait
4. Application Narrative (Exhibit L) must be submitted in the following format:
 - a. Document type: Word or PDF
 - b. Page size: letter (8 ½ inches by 11 inches)
 - c. Page orientation: portrait
 - d. Pagination: pages should be clearly and consecutively numbered.
 - e. Question/area and response format:

- i. Each question/area in the narrative should begin on a new page.
 - ii. State the question/area prior to providing a response
 - iii. Questions/areas should be **single spaced**, with 1 inch margins, using 12 point Arial or Times New Roman font.
 - iv. Narrative responses should be **double spaced**, with 1 inch margins, using 12 point Arial or Times New Roman font.
 - v. The maximum page requirements per question shown in Exhibit L include both the statement of the question/area and Applicant's response to that question/area. Portions of question/area responses exceeding the maximum page allowance will not be reviewed by the Evaluation Committee.
5. Exhibits M. and N. in the Application package must be submitted in the following format:
 - a. Document type: PDF
 - b. Page size: letter (8 ½ inches by 11 inches)
 - c. Page orientation: portrait or landscape
6. The inclusion of elaborate artwork, expensive paper, binders and bindings, expensive visuals, embedded web links or other presentations as part of the application package are neither necessary nor desired and will not be rated or scored.
7. All applications must be submitted in the order specified in the Application Package Checklist (see Exhibit A).
8. The application must be submitted in the legal entity name of the organization and that legal entity shall be party to the contract. Applications submitted by a corporation must include the signature of an individual authorized by the organization's board of directors. Electronic or scanned authorized signature will be accepted.
9. This RFA requires no more than one (1) application per applying organization. Subsequent applications from an organization will not be reviewed.
10. The application packet must be sent via email to AppsMHSA70-71@SacCounty.net as a PDF file attachment or as a zipped file containing multiple documents. If size constraints require sending the application packet across multiple emails, all emails must be sent on the same calendar day. Email subject line should include organization name, RFA number, and whether the email contains all or parts of an application packet (examples: *Smithsonian, RFA MHSA071 Application – Complete Packet* or *Smithsonian, RFA MHSA071 Application – Part 1 of 3*). An emailed receipt of delivery will be sent in response to all emails containing application packets or parts thereof.
11. **Applications not received by 5:00 pm (PDT) on the application submission date shown in the RFA timeline will be rejected.** It is the responsibility of the applicant to submit the application package by email by the time and date shown in the RFA timeline.
12. **Mailed or hand delivered hard copies or faxed submissions will not be accepted.** Applications received by any other office will not be accepted. Applications emailed to other email addresses will not be accepted.
13. **DHS/BHS will reject any application not meeting ALL RFA requirements.**

EXHIBIT A: APPLICATION PACKAGE CHECKLIST

The Application Package Checklist must be completed and submitted with your application package. All items must be submitted electronically in the order listed. Please utilize this checklist to ensure that your application package is complete.

CHECKBOX ITEMS

- ☐ 1. Application Package Checklist (see Exhibit A)
- ☐ 2. Application/Certification of Intent to Meet RFA Requirements (see Exhibit B)
- ☐ 3. Certificate(s) of Insurance, documenting current coverage (see Exhibit C)
 - ☐ General Liability: \$2,000,000
 - ☐ Automobile Liability: \$1,000,000
 - ☐ Worker's Compensation/Employers Liability: Statutory/\$1,000,000
 - ☐ Professional Liability or Errors and Omissions Liability: \$1,000,000
 - ☐ Cyber Liability including Identity Theft, Information Security and Privacy Injury: \$1,000,000 per claim or incident and \$1,000,000 aggregate
- OR--
- ☐ ☐ Insurance Broker's Letter Demonstrating Ability to Meet County Requirements
- ☐ 4. Resolution by the organization's Board of Directors (see Exhibit D)
- ☐ 5. County of Sacramento Contractor Certification of Compliance with Child, Family and Spousal Support Form (See Exhibit E)
- ☐ 6. Certification Regarding Debarment and Suspension (see Exhibit F)
- ☐ 7. Statement of Compliance with Sacramento County Good Neighbor Policy (see Exhibit G)
- ☐ 8. Assurance of Cultural Competence Compliance (see Exhibit H)
- ☐ 9. Statement of Compliance with Quality Management and Compliance (see Exhibit I)
- ☐ 10. Independently Audited Financial Statement (see Exhibit J)
- ☐ 11. Budget (see Exhibit K)
- ☐ 12. Application Narrative (see Exhibit L)
- ☐ 13. Organizational Chart (see Exhibit M)
- ☐ 14. Start-Up Work Plan (see Exhibit N)

SUBMISSION STANDARDS

Use this list to check your Application for compliance with screening requirements

- ☐ Authorized signatures on ALL documents in application package (electronic or scanned authorized signature will be accepted)
- ☐ Application package submitted electronically by 5:00pm (PDT) on date shown in RFA timeline
- ☐ All documents meet format and content requirements
- ☐ Independently Audited Financial Statement not more than 24 months old
- ☐ Insurance requirements met
- ☐ Attended Mandatory Applicants' Conference

EXHIBIT B: ADULT OUTPATIENT SERVICES TRANSFORMATION REQUEST FOR APPLICATION No. MHSA/071 APPLICATION/CERTIFICATION OF INTENT TO MEET RFA REQUIREMENTS

Applicants are required to complete Exhibit B, RFA No. MHSA/071 Application/Certification of Intent to Meet RFA Requirements. The application is a Portable Document Format (PDF) with fillable fields; the Exhibit B will be included in an email sent to Mandatory Applicants' Conference attendees.

For the purposes of this document, the applicant is defined as the organization.

Instructions: Applicants must: A) Respond to all sections of this Exhibit; B) Concisely include applicable, essential, and specific information; attach supplementary sheets as necessary; C) Not alter, delete, or otherwise change any section in the form; D) Include this Exhibit in your organization's application packet with authorized signature. Electronic or scanned authorized signature will be accepted.

A. ORGANIZATION'S INFORMATION

1. Organization Name		2. Federal Tax ID#		
3. Organization Address				
4. Parent Corporation Name				
5. Parent Corporation Address				
6. Contact Person & Title		Phone	Email	
7. Person/Title Authorized (per Board Resolution) to sign on organization's behalf		Phone	Email	
8. Number of years organization has been in business under present business name:				
9. List contracts, for outpatient mental health programs serving adults, ages 18 and older, that were successfully completed in the past three (3) years:				
Contract Term(s) (ex: 2013-2014)	Legal Contract Name	Service Description	Fund Source(s)	Contract Value

10. List contracts that were terminated prior to end of term in the past three (3) years. Attach supplementary sheets if necessary.

Contract Term	Legal Contract Name	Service Description	Fund Source(s)	Contract Value	Reason for Termination

11. List active contracts or other commitments (e.g. consulting arrangements). Attach supplementary sheets if necessary.

Contract Term	Legal Contract Name	Service Description	Fund Source(s)	Contract Value

12. Describe any litigation involving the organization and/or principal officers thereof. Please include details about resolution/conclusion.

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13. Does the organization hold financial interest in any other business?		
If yes, list business(es):		
14. Does the organization hold a controlling interest in any other organization?		
If yes, list organization(s):		
15. Is the organization owned or controlled by any other person or organization?		
If yes, list person(s) or organization(s):		
16. List name of persons with whom the prospective organization has been associated in business as partners or business associates within the past three (3) years:		

B. ORGANIZATION'S ELIGIBILITY TO APPLY/MINIMUM REQUIREMENTS	
1. Organization successful responded to LOI No. MHSA/70?	
2. Single organization is submitting a single agency application only. (NOTE: No partnerships, multi-organization, or fiscal sponsorships applications will be accepted. No more than one (1) application per applying organization will be accepted.)	
3. Organization will obtain County approval in writing at the time of contract negotiation for subcontracting any portion of the work?	
4. Organization representative(s) was represented at the RFA No. MHSA/071 Mandatory Applicants' Conference?	
Name(s) of Organization Representative(s) in attendance	
5. Organization has three (3) or more years' experience providing community-based outpatient Medi-Cal services that includes moderate-to-high intensity specialty mental health, and co-occurring substance use disorder services to adults living with serious mental illness. Experience must also include crisis intervention services defined as a service requiring an immediate response for clients experiencing a crisis.	
How many years?	
6. Organization has three (3) or more years' experience collaborating with all of the following systems: mental health system of care/Mental Health Plans (MHP), law enforcement, court systems, welfare, housing resources, hospitals and health care systems.	
List experiences of collaboration.	
Duration of Collaboration (ex: June 2007-June 2010)	List the Agency/Organization
7. Organization has three (3) or more years' experience utilizing culturally informed care, trauma informed care, wellness and recovery action planning, and wellness, recovery and resiliency principles related to the provision of mental health treatment and support for adults, and their families/caregivers.	
8. Organization has at least three (3) consecutive years within the past ten (10) years utilizing the same evidenced based practice (EBP), promising practice (PP), and/or community defined practice (CDP). EBP, PP and CDP are defined in Attachment 10, "Review Process for Implementation of New Clinical Practices Policy", of this RFA.	
If yes, provide the following details below. Attach supplementary sheets if necessary.	
Year Range Utilized (ex: 2007-2010)	Evidence Based Practice, Promising Practice, Community Defined Practice

9. Organization has the ability to provide and sustain at least one evidence based practice (EBP) in compliance with Sacramento County BHS EBP registration requirements at the time of contract execution?	
10. Organization has ability to submit, meet, and abide by any applicable state, federal, and county laws, statutes, regulations and certifications pertinent and necessary to the operations of an outpatient mental health program at the time of contract execution?	
11. Organization will comply with rigorous data collection, reporting, and audits, as required by the County or its funders, with the capability to implement program changes based on findings?	
12. Organization will comply with the approved Start-Up Work Plan (Exhibit N) taking into consideration available expertise and any existing business commitments?	
13. Organization possesses 45 days of working capital?	
14. Organization is in compliance with any outstanding corrective action plan?	
15. Organization is a responsive applicant whose application complies with all requirements of the RFA No. MHSA/071?	

Certification:

I certify that all statements in this Adult Outpatient Services Transformation: CORE Program RFA No. MHSA/071 Application are true and that all eligibility to apply/minimum requirements in this RFA are satisfied. This certification constitutes a warranty, the falsity of which shall entitle Sacramento County Department of Health Services to pursue any remedy authorized by law, which shall include the right, at the option of the County, of declaring any contract made as a result thereof to be void.

I agree to provide the County with any other information the County determines is necessary for the accurate determination of the organization's qualification to provide services.

I certify that (_____) will comply with all requirements specified in the RFA. I agree to the right of the County, state, and federal government to audit (_____)'s financial and other records.

Electronic or Scanned Signature of Organization's Authorized Agent

Date

Print Name/Title

EXHIBIT C: INSURANCE REQUIREMENTS

Following this page is a sample of the insurance exhibit included in Sacramento County agreements. The types of insurance and minimum limits required for any agreement resulting from this RFA are specified in the sample insurance exhibit. A contract negotiated following this RFA will include the attached insurance exhibit.

Your organization's application package should include a standard certificate of insurance showing current coverages. If your organization's current insurance coverage does not conform to the requirements of the attached insurance exhibit, do not obtain additional insurance until a contract is offered. You must, however, provide written evidence, which must be in the form of a letter from your insurance broker or agent that you will be able to have the required insurance in place before a contract is signed and services commence.

If during the application screening for this RFA, the County finds a problem with the applicants' insurance submission, the applicant will have until the date shown in the RFA timeline to submit any required documentation to the county. Applicants will be notified via e-mail regarding any deficiencies in the insurance submission.

Certificate holder or additional insured proof is not required as part of this RFA.

If your organization receives a formal contract offer at the completion of this RFA process, and your organization's current insurance coverage does not meet the insurance requirements of the contract, you must provide proof of the required coverage at the time required by the County or the County has the right to enter into negotiations with the applicant who submitted the next highest-rated application, or issue a new RFA.

In general, the best course is to provide the sample exhibit to your organization's insurance agent or broker and direct him or her to provide a standard certificate of insurance to certify the coverage currently in force.

**EXHIBIT B to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY," and
«CONTRACTORNAME», hereinafter referred
to as "CONTRACTOR"**

**COUNTY OF SACRAMENTO
INSURANCE REQUIREMENTS**

1.0. INSURANCE REQUIREMENTS

1.1. CONTRACTOR shall procure, maintain, and keep in force at all times during the term of the Contract, at CONTRACTOR's sole expense, the following minimum required insurance policies and limits which are intended for the protection of COUNTY and the public. CONTRACTOR's obligations for loss or damage arising out of CONTRACTOR's work or services are in no way limited by the types or amounts of insurance set forth herein. In specifying minimum insurance requirements herein, COUNTY does not assert that the required minimum insurance is adequate to protect CONTRACTOR. CONTRACTOR is solely responsible to inform itself of the types and amounts of insurance it may need beyond these requirements to protect itself from loss, damage or liability. It is the sole responsibility of CONTRACTOR to notify its insurance advisor or insurance carrier(s) regarding coverage, limits and forms specified in this Insurance Requirements Exhibit.

1.2. COUNTY reserves the right to modify the required minimum insurance coverages and limits depending on the scope and hazards of the work or services to be provided. COUNTY's requirements shall be reasonable but shall be imposed to assure protection from and against the kind and extent of risks that exist at the time a change in insurance is required. Any claim by CONTRACTOR that COUNTY's insurance changes result in higher costs will be subject to review and approval by COUNTY, whose approval will not be unreasonably withheld.

1.3. Where a specific Insurance Services Office (ISO) form is referenced in these Requirements or the CONTRACTOR utilizes "a form or policy language as broad in scope and coverage" to satisfy the insurance requirements required herein, CONTRACTOR shall use the most recently approved State edition or revision of the form(s) or policy language to satisfy the insurance requirements.

2.0. Verification of Coverage

2.1. CONTRACTOR shall furnish COUNTY with original certificates and copies of required endorsements, or original certificates and copies of the applicable insurance policy language effecting coverage required by this Exhibit; or a combination thereof.

2.2. COUNTY reserves the right to require that CONTRACTOR also provide a copy of the declarations page and a copy of the schedule of forms and endorsements of each policy of insurance required herein. COUNTY further reserves the right to require that CONTRACTOR, through its broker, provide explanatory memoranda regarding coverages, endorsements, policy language, or limits as required herein. All required verifications of coverage are to be received and accepted by COUNTY before work or services commence. However, failure to obtain the required documents prior to the work beginning shall not waive CONTRACTOR's obligation to provide them.

2.3. COUNTY reserves the right to require complete copies of all required insurance policies, including endorsements, required by this Exhibit, at any time and with reasonable notice.

2.4. If CONTRACTOR utilizes proprietary coverage forms or endorsements, CONTRACTOR has the option of having its broker provide explanatory memoranda confirming coverage and limits as required herein.

3.0. Minimum Scope of Insurance and Limits

CONTRACTOR's coverage shall include the following:

3.1. GENERAL LIABILITY: Commercial General Liability insurance including, but not limited to, protection for claims of bodily injury and property damage, personal and advertising injury, contractual, and products and completed operations. Coverage shall be at least as broad as "Insurance Services Office (ISO) Commercial General Liability Coverage Form CG 0001" (Occurrence Form) or a form as broad in scope and coverage. The limits of liability shall be not less than:

Each Occurrence	Two Million Dollars (\$2,000,000)
Personal & Advertising Injury	Two Million Dollars (\$2,000,000)
Products and Completed Operations Aggregate	Two Million Dollars (\$2,000,000)
General Aggregate	Two Million Dollars (\$2,000,000)

3.2. AUTOMOBILE LIABILITY: Automobile Liability insurance providing protection for bodily injury and property damage arising out of ownership, operation, maintenance, or use of owned, hired, and non-owned automobiles. Coverage shall be at least as broad as ISO Business Auto Coverage Form CA 0001 (or a form or policy language as broad in scope and coverage), symbol 1 (any auto), if commercially available. Use of any symbols other than symbol 1 for liability for corporate/business owned vehicles must be declared to and accepted by COUNTY in writing. If there are no owned or leased vehicles, symbols 8 and 9 for non-owned and hired autos shall apply. The minimum limits of liability shall not be less than the following for each accident:

Corporate/Business Owned	One Million Dollars (\$1,000,000)
Private Passenger Vehicles	
Commercial Vehicles	One Million Dollars (\$1,000,000)

3.2.1. If there are no corporate/business owned vehicles covered by a Commercial Auto Policy, then personal automobile insurance requirements apply to any individually owned personal vehicles used by CONTRACTOR for work or services being provided.

3.2.2. The personal automobile liability limits shall not be less than:

\$300,000 Combined Single Limit or, if split limits are used, \$100,000 per person, \$300,000 each accident, \$100,000 property damage.

3.3. WORKERS' COMPENSATION: Workers' Compensation insurance, with coverage as required by the State of California (unless the CONTRACTOR is a qualified self-insurer with the State of California), and Employers' Liability coverage. The limits of Employers' Liability shall not be less than:

Each Accident	One Million Dollars (\$1,000,000)
Disease Each Employee	One Million Dollars (\$1,000,000)
Disease Policy Limit	One Million Dollars (\$1,000,000)

3.3.1. The Workers' Compensation policy required herein shall be endorsed to state that the Workers' Compensation carrier waives its right of subrogation against COUNTY, its governing Board, officers, directors, officials, employees, and authorized agents and volunteers. In the event CONTRACTOR is self-insured, CONTRACTOR shall furnish a Certificate of Permission to Self-Insure by the Department of Industrial Relations Administration of Self-Insurance, Sacramento. CONTRACTOR hereby agrees that it waives its right of subrogation against COUNTY, its governing Board, officers, directors, officials, employees, and authorized agents and volunteers in the event a Workers' Compensation claim is filed by CONTRACTOR under any self-insured program.

3.3.2. If CONTRACTOR does not have any statutory employees, then Sections 3.3 and 3.3.1 do not apply. If CONTRACTOR hires employees during the term of the Agreement, then CONTRACTOR must comply with Sections 3.3 and 3.3.1.

3.4. UMBRELLA or EXCESS LIABILITY policies: CONTRACTOR is granted the option of arranging the required coverages and limits under a single policy or by a combination of underlying policies with the balance provided by an Excess or Umbrella liability policy equal to the total Per Occurrence and Aggregate limits required on the Commercial General Liability policy and the Combined Single Limit on the Commercial Automobile Liability policy.

3.5. CYBER LIABILITY INCLUDING ERRORS AND OMISSIONS, IDENTITY THEFT, INFORMATION SECURITY and PRIVACY INJURY LIABILITY

3.5.1. The minimum limits shall be not less than \$1,000,000 per claim or incident and \$1,000,000 aggregate. Coverage shall include but is not limited to:

3.5.2. Third party injury or damage (including loss or corruption of data) arising from a negligent act, error or omission or a data breach.

3.5.3. Defense, indemnity and legal costs associated with regulatory breach (including HIPAA), negligence or breach of contract.

3.5.4. Administrative expenses for forensic expenses and legal services.

3.5.5. Crisis management expenses for printing, advertising, mailing of materials and travel costs of crisis management firm, including notification expenses.

3.5.6. Identity event service expenses for identity theft education, assistance, credit file monitoring to mitigate effects of personal identity event, post event services.

3.6. PROFESSIONAL LIABILITY with TECHNOLOGY ERRORS AND OMISSIONS: OMITTED

3.7. PROFESSIONAL LIABILITY: Errors and Omissions (E&O) Liability insurance appropriate to the CONTRACTOR's profession or services.

3.7.1. The minimum limits shall be not less than \$1,000,000 per claim and aggregate.

3.8. If Professional Liability with Technology Errors and Omissions or Professional Liability coverage is written on a Claims Made form:

3.8.1. The "Retro Date" must be shown, and must be on or before the date of the Agreement or the beginning of Agreement performance by CONTRACTOR.

3.8.2. Insurance must be maintained and evidence of insurance must be provided for at least one (1) year after completion of the Agreement.

3.8.3. If coverage is cancelled or non-renewed, and not replaced with another claims made policy form with a "Retro Date" prior to the contract effective date, the CONTRACTOR must purchase "extended reporting" coverage for a minimum of one (1) year after completion of the Agreement.

3.9. ABUSE or MOLESTATION: OMITTED

4.0. Specific Insurance Requirements Related to Commercial General Liability Policies

CONTRACTOR's Commercial General Liability policy shall contain the following provisions:

4.1. COUNTY, its governing Board, officers, directors, officials, employees, and authorized agents and volunteers (collectively, "COUNTY ADDITIONAL INSUREDS") shall be included as Additional Insureds as respects liability caused, in whole or in part, by the acts or omissions of CONTRACTOR, or the acts or omissions of those acting on behalf of CONTRACTOR; or premises owned, occupied or used by CONTRACTOR in conjunction with work or services provided by CONTRACTOR.

4.2. The required additional insured status of COUNTY ADDITIONAL INSUREDS may be satisfied by any of the following methods:

4.2.1. Use of a commercially available ISO Additional Insured form or other comparable insurance company form as broad in scope and coverage that provides "automatic" or "blanket" additional insured coverage as required by written contract or agreement.

4.2.2. Use of policy language as broad in scope and coverage that provides "automatic" or "blanket" additional insured coverage as required by written contract or agreement.

4.2.3. Use of a commercially available ISO Additional Insured endorsement form or other comparable insurance company form as broad in scope and coverage that specifically names COUNTY ADDITIONAL INSUREDS as Additional Insureds.

4.3. COUNTY ADDITIONAL INSUREDS shall be included under CONTRACTOR's Completed Operations coverage as required by written contract or agreement or as specifically endorsed as applicable.

4.4. CONTRACTOR's Commercial General Liability policy shall include a waiver of subrogation in favor of the COUNTY ADDITIONAL INSUREDS as required by written contract or agreement or as specifically endorsed as applicable.

4.5. CONTRACTOR's Commercial General Liability policy shall provide that for any claims related to the Agreement, CONTRACTOR's insurance coverage shall be primary and non-contributory, as required by written contract or agreement, or as specifically endorsed as applicable, as respects COUNTY ADDITIONAL INSUREDS. Any insurance or self-insurance maintained by COUNTY ADDITIONAL INSUREDS shall be excess of CONTRACTOR's insurance, whether CONTRACTOR's insurance is self-insurance, a primary Commercial General Liability policy, excess or umbrella policy, or a combination thereof, and any insurance or self-insurance maintained by COUNTY ADDITIONAL INSUREDS shall not contribute with it.

4.6. CONTRACTOR's Commercial General Liability policy shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

4.7. If CONTRACTOR maintains higher limits than the minimums shown above, whether on a primary or excess basis, COUNTY requires and shall be entitled to coverage with the higher limits maintained by CONTRACTOR. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverages shall be available to COUNTY.

4.8. CONTRACTOR shall maintain the required Commercial General Liability policy, including Completed Operations, at not less than the required minimum limits, for not less than two (2) years after completion of the work or services; or termination or expiration of the contract. CONTRACTOR shall furnish COUNTY with original certificates and copies of required amendatory endorsements, or original certificates and copies of the applicable

insurance policy language effecting coverage required by this Contract; or a combination thereof, for the required two (2) years.

4.9. If CONTRACTOR will utilize subcontractors or subconsultants to perform work or services, CONTRACTOR shall require each of its subcontractors or subconsultants, at every tier, to include COUNTY ADDITIONAL INSUREDS as Additional Insureds, including Completed Operations, as required by written contract or agreement, or specifically endorsed as applicable.

4.10. CONTRACTOR shall also have each of its subcontractors or subconsultants, at every tier, to include primary language and waivers of subrogation on their Commercial General Liability policies and Workers' Compensation policies in favor of COUNTY ADDITIONAL INSUREDS, as required by written contract or agreement, or specifically endorsed as applicable.

4.11. It is the express duty of CONTRACTOR that it verifies that its subcontractors, at every tier, have met the requirements stated in 4.9. through 4.11.

4.12. Failure of CONTRACTOR to obtain additional insured status, primary and non-contributory language, and waivers of subrogation for COUNTY ADDITIONAL INSUREDS, by CONTRACTOR and its subcontractors or subconsultants, at every tier, shall be considered a material breach of the Agreement.

5.0. Specific Insurance Requirements Related to Commercial Automobile Liability Policies

5.1. CONTRACTOR's Commercial Automobile Liability policy shall include COUNTY ADDITIONAL INSUREDS as indemnitees and additional (designated) insureds as required by written contract or agreement, or specifically endorsed as applicable.

5.2. CONTRACTOR's Commercial Automobile policy shall include a waiver of subrogation in favor of the COUNTY ADDITIONAL INSUREDS, as required by written contract or agreement, or specifically endorsed as applicable.

6.0. Deductibles and Self-Insured Retention

6.1. Any deductible or self-insured retention that applies to Commercial General Liability, Commercial Automobile Liability or Professional (E&O), must be declared to COUNTY. Any deductibles or self-insured retention in excess of \$100,000 must be declared to and accepted by COUNTY in writing. CONTRACTOR has the option to provide by separate letter the amount of its General Liability, Automobile Liability, Professional (E&O) and, if applicable, other coverage deductibles or self-insured retentions to COUNTY's Risk Management Office for a confidential review and acceptance prior to the execution of the Agreement. COUNTY reserves the right to require CONTRACTOR to substantiate its ability to maintain a deductible or self-insured retention in excess of \$100,000 through furnishing appropriate financial reports. All deductibles or self-insured retentions shall be borne solely by CONTRACTOR, and COUNTY shall not be responsible to pay any deductible or self-insured retention, in whole or in part.

7.0. (Reserved for future use.)

8.0. (Reserved for future use.)

9.0. (Reserved for future use.)

10.0. Other Insurance Provisions – All Policies

The insurance policies required in this Exhibit are to meet the following provisions:

10.1. ACCEPTABILITY OF INSURERS: All of CONTRACTOR's insurance coverage, except as noted below, shall be placed with insurance companies with a current A.M. Best rating of at least A-:VII and admitted to write insurance in California. Any use of a non-admitted insurer shall be disclosed and shall require COUNTY approval in writing, which approval shall not be unreasonably withheld.

10.1.1. Exceptions:

10.1.1.1. Underwriters at Lloyd's of London, which are not rated by A.M. Best.

10.1.1.2. Workers' Compensation which is provided through a State Compensation Insurance Fund or a qualified self-insurer for Workers' Compensation under California law.

10.2. MAINTENANCE OF INSURANCE COVERAGE: CONTRACTOR shall maintain all insurance coverages in place at all times and provide COUNTY with evidence of each policy's renewal within ten (10) days after its anniversary date. CONTRACTOR is expressly required by this Exhibit to immediately notify COUNTY if it receives a communication from its insurance carrier(s) or agent that any required insurance is to be canceled, non-renewed, reduced in scope or limits (excepting reduction of limits due to claims) or otherwise materially changed that would reasonably adversely impact the required insurance coverages, limits or related requirements as required herein. CONTRACTOR shall provide evidence that such cancelled or non-renewed or otherwise materially changed insurance has been replaced or its cancellation notice withdrawn without any interruption in coverage, scope or limits. If commercially available, each insurance policy required herein shall state that coverage shall not be cancelled by CONTRACTOR or its insurer(s), reduced in scope of coverage or limits (excepting reduction by claims), non-renewed, or otherwise materially changed unless the insurer(s) provide thirty (30) days written notice to COUNTY prior to such change. Ten (10) days prior written notice shall be given to COUNTY in the event of cancellation due to nonpayment of premium. Failure to maintain required insurance in force shall be considered a material breach of the Agreement.

10.2.1. If CONTRACTOR fails to procure or maintain insurance as required herein, or fails to furnish COUNTY with proof of such insurance, COUNTY, at its discretion, may consider such failure to be a material breach of the Agreement.

10.2.2. It is understood and agreed that COUNTY shall not pay any sum to CONTRACTOR under this Agreement unless and until COUNTY is satisfied that all insurance required by this Agreement is in force at the time services hereunder are rendered. Failure to maintain insurance as required in this Agreement may be grounds for material breach of contract.

10.2.3. The failure of COUNTY to enforce in a timely manner any of the provisions of this Exhibit shall not act as a waiver to enforcement of any of these provisions at any time during the term of the Agreement.

11.0. Notification of Claim

11.1. If any claim for damages or injury is filed with CONTRACTOR or if any lawsuit is instituted against CONTRACTOR, that arise out of or are in any way connected with CONTRACTOR's performance under this Agreement and that in any way, directly or indirectly, contingently or otherwise, affect or might reasonably affect COUNTY, CONTRACTOR shall give prompt and timely notice thereof to COUNTY. Notice shall not be considered prompt and timely if not given within thirty (30) days following the date of receipt of a claim or ten (10) days following the date of service of process of a lawsuit.

EXHIBIT D: RESOLUTION NO. _____
BY THE BOARD OF DIRECTORS
****SAMPLE****

WHEREAS, an application to request funding for a program of services to be submitted to Sacramento County has been determined to be in the best interest of (NAME OF ORGANIZATION) by its duly constituted Board of Directors.

NOW, THEREFORE, BE IT RESOLVED that the persons named below are authorized to submit such an application and to negotiate and execute, on behalf of this corporation, any resulting Agreement and any and all documents pertaining to such Agreement, and to submit claims for reimbursement of other financial reports required by said Agreement.

AND FURTHERMORE, that the signatures recorded below are the true and correct signatures of the designated individuals.

AUTHORIZED TO EXECUTE AGREEMENT

AUTHORIZED TO SUBMIT CLAIMS

TITLE

TITLE

PRINT NAME

PRINT NAME

ELECTRONIC or SCANNED SIGNATURE

ELECTRONIC or SCANNED SIGNATURE

CERTIFICATION

I certify that I am the duly qualified and acting Secretary of (NAME OF ORGANIZATION), a duly organized and existing (NATURE OF BUSINESS). The foregoing is a true copy of a resolution adopted by the Board of Directors of said corporation, at a meeting legally held on (DATE) and entered into the minutes of such meeting, and is now in full force and effect.

DATE

PRINT NAME

ELECTRONIC or SCANNED SIGNATURE

EXHIBIT E: COUNTY OF SACRAMENTO CONTRACTOR CERTIFICATION OF COMPLIANCE WITH CHILD, FAMILY AND SPOUSAL SUPPORT

WHEREAS it is in the best interest of Sacramento County that those entities with whom the County does business demonstrate financial responsibility, integrity and lawfulness, it is inequitable for those entities with whom the County does business to receive County funds while failing to pay court-ordered child, family and spousal support which shifts the support of their dependents onto the public treasury.

Therefore, in order to assist the Sacramento County Department of Child Support Services in its efforts to collect unpaid court-ordered child, family and spousal support orders, the following certification must be provided by all entities with which the County does business:

CONTRACTOR hereby certifies that either:

- ☐ (a) the CONTRACTOR is a government or non-profit entity (exempt), or
- ☐ (b) the CONTRACTOR has no Principal Owners (25% or more) (exempt), or
- ☐ (c) each Principal Owner (25% or more), does not have any existing child support orders, or
- ☐ (d) CONTRACTOR'S Principal Owners are currently in substantial compliance with any court-ordered child, family and spousal support order, including orders to provide current residence address, employment information, and whether dependent health insurance coverage is available. If not in compliance, Principal Owner has become current or has arranged a payment schedule with the Department of Child Support Services or the court.

New CONTRACTOR shall certify that each of the following statements is true:

- a. CONTRACTOR has fully complied with all applicable state and federal reporting requirements relating to employment reporting for its employees; and
- b. CONTRACTOR has fully complied with all lawfully served wage and earnings assignment orders and notices of assignment and will continue to maintain compliance.

Note: Failure to comply with state and federal reporting requirements regarding a contractor's employees or failure to implement lawfully served wage and earnings assignment orders or notices of assignment constitutes a default under the contract; and failures to cure the default within 90 days of notice by the County shall be grounds for termination of the contract. Principal Owners can contact the Sacramento Department of Child Support Services at (916) 875-7400 or (866) 901-3212, by writing to P.O. Box 269112, Sacramento, 95826-9112, or by E-mailing DCSS-BidderCompliance@SacCounty.net.

ORGANIZATION'S NAME

Printed Name of person authorized to sign

Electronic or Scanned Signature

Date

EXHIBIT F: CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

CONTRACTOR agrees to comply with 45 CFR Part 76.100 (Code of Federal Regulations), which provides that federal funds may not be used for any contracted services, if CONTRACTOR is debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.

I (We) certify to the best of my (our) knowledge and belief, that CONTRACTOR named below and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
2. Have not within a three (3)-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
4. Have not within a three (3)-year period preceding this Application/agreement had one or more public transactions (Federal, State, or local) terminated for cause or default.
5. Shall notify COUNTY within ten (10) days of receipt of notification that CONTRACTOR is subject to any proposed or pending debarment, suspension, indictments or termination of a public transaction.
6. Shall obtain a certification regarding debarment and suspension from all its subcontractors that will be funded through this Agreement.
7. Hereby agree to terminate immediately, any subcontractor's services that will be/are funded through this Agreement, upon discovery that the subcontractor is ineligible or voluntarily excluded from covered transactions by any federal department or agency.

ORGANIZATION'S NAME

Printed Name of person authorized to sign

Electronic or Scanned Signature

Date

EXHIBIT G: STATEMENT OF COMPLIANCE WITH SACRAMENTO COUNTY GOOD NEIGHBOR POLICY

- A. CONTRACTOR shall comply with COUNTY's Good Neighbor Policy. CONTRACTOR shall establish good neighbor practices for its facilities that include, but are not limited to, the following:
1. Provision of parking adequate for the needs of its employees and service population;
 2. Provision of adequate waiting and visiting areas;
 3. Provision of adequate restroom facilities located inside the facility;
 4. Implementation of litter control services;
 5. Removal of graffiti within seventy-two (72) hours;
 6. Provision for control of loitering and management of crowds;
 7. Maintenance of facility grounds, including landscaping, in a manner that is consistent with the neighborhood in which the facility is located;
 8. Participation in area crime prevention and nuisance abatement efforts; and
 9. Undertake such other good neighbor practices as determined appropriate by COUNTY, based on COUNTY's individualized assessment of CONTRACTOR's facility, services, and actual impacts on the neighborhood in which such facility is located.
- B. CONTRACTOR shall identify, either by sign or other method as approved by DIRECTOR, a named representative who shall be responsible for responding to any complaints relating to CONTRACTOR's compliance with the required good neighbor practices specified in this Section. CONTRACTOR shall post the name and telephone number of such contact person on the outside of the facility, unless otherwise advised by DIRECTOR.
- C. CONTRACTOR shall comply with all applicable public nuisance ordinances.
- D. CONTRACTOR shall establish an ongoing relationship with the surrounding businesses, law enforcement, and neighborhood groups and shall be an active member of the neighborhood in which CONTRACTOR's site is located.
- E. If COUNTY finds that CONTRACTOR has failed to comply with the Good Neighbor Policy, COUNTY shall notify CONTRACTOR in writing that corrective action must be taken by CONTRACTOR within a specified time frame. If CONTRACTOR fails to take such corrective action, COUNTY shall take such actions as are necessary to implement the necessary corrective action. COUNTY shall deduct any actual costs incurred by COUNTY when implementing such corrective action from any amounts payable to CONTRACTOR under this Agreement.

Contractor's continued non-compliance with the Good Neighbor Policy shall be grounds for termination of this Agreement and may also result in ineligibility for additional or future contracts with COUNTY.

ORGANIZATION'S NAME

**Printed Name of the person
authorized to sign**

**ELECTRONIC OR SCANNED
SIGNATURE**

DATE

EXHIBIT H: ASSURANCE OF CULTURAL COMPETENCE COMPLIANCE



DIVISION OF BEHAVIORAL HEALTH SERVICES

ASSURANCE OF CULTURAL COMPETENCE COMPLIANCE

This document assures compliance with various federal, state and local regulations, laws, statutes and policies related to culturally and linguistically competent services to diverse populations as outlined in the Sacramento County Division of Behavioral Health Services (DBHS) Cultural Competence Plan Objectives and the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

In a culturally and linguistically competent system, each provider organization shows respect for and responds to individual differences and special needs of the community. Services are provided in the appropriate cultural context and without discrimination related to, but not limited to race, ethnicity, national origin, income level, religion, gender identity, gender expression, sexual orientation, age, or physical disability. Culturally competent providers are aware of the impact of their own culture on their relationships with consumers and know about and respect cultural and ethnic differences. They adapt their skills to meet each family's values and customs. Cultural competence is a developmental and dynamic process – one that occurs over time.

Cultural Competence Definition

Cultural Competence is defined as a set of congruent practice skills, knowledge, behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers, family members, and professionals that enables that system, agency, or those professionals and consumers, and family member providers to work effectively in cross-cultural situations. (Adapted from Cross, et al., 1989)

Cultural Competence Guiding Principles

Cultural Competence is an ongoing process that is critical to eliminating cultural, racial and ethnic disparities in the delivery of quality mental health and substance use disorder services. Cultural Competence enhances the ability of the whole system to incorporate the languages, cultures, beliefs and practices of its clients into the service and should be incorporated into all aspects of policy-making, program design, administration, service delivery, data collection and outcome measurement. The County Behavioral Health Directors Association of California developed the

following guiding principles and corresponding strategies for counties to use in operating a culturally and linguistically competent system of care to eliminate disparities.

- Commitment to Cultural Competence and Health Equity
 - Address cultural competence at all levels of the system including policy, programs, operations, treatment, research and investigation, training and quality improvement. (CLAS Standard 1)
 - Demonstrate commitment to cultural and linguistic competence in all agency policy and practice documents, including the mission statement, statement of values, strategic plans, and policy and procedural manuals. (CLAS Standard 2)
 - Provide easy to understand print and multimedia materials and signage in languages commonly used by the population in the service area to inform them of the availability of language assistance services offered at no cost to them. (CLAS Standards 8 & 6)
- Identification of Disparities and Assessment of Needs and Assets
 - Collect, compile and analyze population statistics across language, ethnicity, age, gender, sexual orientation, socio-economic status markers and evaluate the impact of County Client Services Information data across same statistical areas. (CLAS Standard 11)
 - Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area. (CLAS Standard 12)
- Implementation of Strategies to Reduce Identified Disparities
 - Develop, implement, and monitor strategies for elimination of identified disparities (including upstream approaches that address the social determinants of health) and track impact of those strategies on disparities. (CLAS Standard 9)
 - Utilize a quality improvement framework to monitor and evaluate Cultural Competence Plans and disparity elimination activities, and share improvement targets and progress with stakeholders. (CLAS Standards 10 & 15)
- Community Driven Care
 - Develop formal and informal relationships with community members, community organizations, and other partners to maximize the delivery of effective culturally, ethnically and linguistically appropriate care, and monitor the outcomes of these partnerships. (CLAS Standard 13)
 - Ensure representation of consumers, individuals with lived mental health/behavioral health experience; family members of a consumer; children; youth; parent/caregivers of youth with serious emotional disturbance; and representatives from unserved/under-served/inappropriately served communities including Limited English Proficient (LEP) individuals on their advisory/governance body/committee to develop service delivery and evaluation (with a recommended minimum of 50%).
 - Establish and implement a transparent and inclusive process for obtaining client, community, and staff input related to cultural competence planning, implementation, monitoring and evaluation. Create and utilize culturally and linguistically appropriate conflict grievance resolution processes. (CLAS Standard 14)

- Workforce Development
 - Establish workforce recruitment strategies that ensure adequate levels of consumer/peer (persons with lived experience), community (navigators, community health workers), administrative, support, and professional staff, reflective of the diversity of the populations served. Emphasize professional development opportunities, self-care strategies to address stress and micro-aggressions, and other retention efforts. Develop corrective measures to address severe shortages impacting ability to serve county populations (WIC 4341, CLAS Standard 3).
 - Provide ongoing cultural competence and quality improvement training to consumer/peer (persons with lived experience), community (navigators, community health workers), administrative, support and professional personnel (trained behavioral health interpreters, bilingual staff) in order to effectively address the needs of cultural, racial and ethnic populations, including linguistic capability. (CCR Title 9 Section 1810.410, CLAS Standards 4 & 7)
- Provision of Culturally and Linguistically Appropriate Services
 - Ensure access to culturally and linguistically appropriate services (treatment interventions, engagement strategies, outreach services, assessment approaches, community defined practices) and offer language assistance at no cost to them, for all diverse unserved, underserved and inappropriately served populations by making them: available, accessible, acceptable, accommodating, and sensitive to historical, cultural, spiritual and/or religious experiences, values, and traditional healing practices and ceremonies. (CLAS Standards 1 & 5)
 - Make available behavioral health services that are responsive to the numerous stressors and social determinants of health experienced by cultural, racial and ethnic populations which have a negative impact on the emotional and psychological state of individuals and make every attempt to provide greater access to services, e.g. evenings/weekend hours and in less stigmatizing settings (primary care, faith-based organizations, community organizations, etc).

“While culturally competent service delivery systems will continue to have primary goals around ongoing elimination of inequities for specific racial, ethnic, and cultural communities, culturally competent systems must be sufficiently flexible in order to promote improved quality and effectiveness of services for all community members...” (County Behavioral Health Directors Association of California Framework for Advancing Cultural, Linguistic, Racial and Ethnic Behavioral Health Equity, Updated 2016, page 2).

CONTRACTOR hereby agrees that it shall comply with the principles and guidelines set forth as outlined above, and shall:

1. Promote and support the attitudes, behaviors, knowledge, and skills necessary for staff to work respectfully and effectively with clients and each other in a culturally diverse work environment. Support evidence-based, community defined, promising and emerging practices that are congruent with ethnic/racial/linguistic/cultural group belief systems, cultural values, traditional healing practices, and help-seeking behaviors. Support the

county's goal to reduce disparities to care by increasing access, decreasing barriers, and improving services for unserved, underserved, and inappropriately served communities.

- Provide an emotional environment that ensures people of all cultures, ages, sexual orientation, gender identity, and gender expression feel welcome and cared for. This shall include: respect for individual preferences for traditional healing practices, alternative, spiritual and/or holistic approaches to health; a reception staff that is proficient in the different languages spoken by clients; bilingual and/or bicultural clinical staff that is knowledgeable of cultural and ethnic differences, needs, and culturally accepted social interactions and healthy behaviors within the client's family constellation or other natural support system and is able and willing to respond to clients and their natural support system in an appropriate and respectful manner.
2. Have a comprehensive management strategy to address culturally and linguistically appropriate services, including strategic goals, plans, outcomes, evaluation, policies, procedures, and designated staff responsible for implementation.
 - As outlined in the Sacramento County Division of Behavioral Health Services Cultural Competence Plan Objectives:

Ensure progress in the delivery of culturally competent services through the biennial completion and analysis of a system-wide Agency Self-Assessment of Cultural Competence.
 3. Develop and implement a strategy to recruit, retain and promote qualified, diverse culturally and linguistically competent administrative, clinical, and support staff, reflective of the community, that are trained and qualified to address the needs of the racial and ethnic communities being served.
 - As outlined in the Sacramento County Division of Behavioral Health Services Cultural Competence Plan Objectives:

Increase the percentage of direct service staff by 5% annually to reflect the racial, cultural and linguistic makeup of the county until the makeup of direct services staff is proportionate to the makeup of Medi-Cal beneficiaries plus 200% of poverty population.
 4. Require and arrange for ongoing education and training for administrative, clinical, and support staff in culturally and linguistically competent service delivery. In addition to ensuring that staff members participate in required cultural competence trainings offered by Sacramento County Division of Behavioral Health Services, CONTRACTOR shall provide cultural competence training to all employees.
 - As outlined in the Sacramento County Division of Behavioral Health Services Cultural Competence Plan Objectives:

75% of direct service (including ADS) staff and supervisors will have completed the California Brief Multicultural Competence Scale (CBMCS) and/or equivalent cultural competence training approved by DBHS.

5. Provide all clients with limited English proficiency access to bilingual staff or interpretation services at no cost to the client.
6. Provide oral and written notices, including translated signage at key points of contact, to clients in their primary language informing them of their right to receive no-cost interpreter services.
7. Translate and make available signage and commonly-used written client educational material and other materials for members of the predominant language groups in the service area.
 - Create a physical environment that ensures people of all cultures, ages, sexual orientation, gender identity and gender expression feel welcome and cared for. This shall include: decorating waiting and treatment areas with pictures that reflect the diverse cultures of Sacramento County; providing reading materials, resources, and magazines in varied languages that are at appropriate reading levels and are suitable for different age groups, including children and youth; considering cultural differences and preferences when offering refreshments; ensuring that any pictures, symbols or materials on display are not unintentionally disrespectful to another culture.
8. Ensure that interpreters and bilingual staff can demonstrate bilingual proficiency and receive training that includes the skills and ethics of interpreting, and knowledge in both languages of the terms and concepts relevant to clinical or nonclinical encounters.
 - As outlined in the Sacramento County Division of Behavioral Health Services Cultural Competence Plan Objectives:

Maintain the standard that 98% of staff identified as interpreters complete the approved mental health/behavioral health interpreter training and receive certification. Include system partners in training to expand pool of trained interpreters in emerging language populations.
9. Ensure that the clients' primary spoken language and self-identified race/ethnicity are included in the provider's management information system as well as any client records used by provider staff.
10. Promote equity in behavioral health service utilization by actively engaging and sustaining meaningful participation of representatives from unserved, underserved and inappropriately served communities at every step of program planning, implementation, outcome measurement and evaluation. Collaborate with diverse cultural, racial, ethnic, LGBTQ, and emerging refugee communities to learn more about how they define and view culturally and linguistically competent outreach, engagement, and behavioral health wellness and recovery services.

Dissemination of these Provisions: CONTRACTOR shall inform all its officers, employees, agents, and subcontractors providing services hereunder of these provisions.

By my signature below, as the authorized representative of the CONTRACTOR named below, I certify acceptance and understanding for myself and the CONTRACTOR of the above provisions.

Contractor (Organization Name)

Electronic or Scanned Signature of
Authorized Representative

Name of Authorized Representative (Printed)

Date

Title of Authorized Representative

EXHIBIT I: STATEMENT OF COMPLIANCE WITH QUALITY MANAGEMENT AND COMPLIANCE

IF AWARDED THE CONTRACT, the applicant will be required to comply with all applicable items below in conformity with the program being implemented:

Quality Management and Compliance policies and procedures and internal administrative controls are critical to prevent fraud, abuse and ensure appropriate quality of care, billing accuracy and fiscal integrity.

QUALITY MANAGEMENT:

Demonstrate ability to:

1. Meet site certification standards for State/County and funding sources for delivering services.
2. Analyze, resolve and respond to consumer grievances and complaints and County time sensitive requests for corrective actions.
3. Establish and track selected benchmarks and work plans meaningful to County Quality Management, agency and program quality improvement goals.
4. Conduct internal utilization review and participate in County utilization review/peer review processes.
5. Participate in system wide or community Quality Improvement Committees and other quality improvement studies and system-wide activities.
6. Monitor quality or client care in all elements of program design.
7. Establish internal protocols for reporting and responding to critical incidents, conducting appropriate follow-up investigations and plans of correction.
8. Designate qualified individuals to manage and prepare internal and external clinical reviews, audits and follow-up actions.

COMPLIANCE:

1. Demonstrate evidence of a Compliance Program to meet federal, state or regulatory requirements depending on the funding source.
2. Designate qualified individuals to manage key elements of agency Compliance Program and interface with County Compliance Program and complete follow-up actions.
3. Initiate and conduct agency level reporting, training, and education plan to meet federal, State and County Compliance Program requirements.
4. Develop and oversight procedures to monitor clinical documentation and billing accuracy.
5. Delineate designated internal controls to validate, crosscheck and correct staff billing and clinical privileges and service authorization accuracy.
6. Develop administrative systems and controls to monitor staff qualifications, enroll and disenroll staff in accordance with privileges and professional regulatory bodies (Office of the Inspector General (OIG), National Practitioners Database (NPDB).
7. Ensure site certification standards are continuously maintained in accordance with State / County and funding source requirements.

By my signature I certify that my agency is able to comply with Quality Management and Compliance reference listed above.

ORGANIZATION'S NAME

DATE

Printed Name of the person authorized to sign

ELECTRONIC OR SCANNED SIGNATURE

EXHIBIT J: INDEPENDENT AUDITED FINANCIAL STATEMENT

1. Independent Audited Financial Statement Instructions: Applicants must submit their latest complete audited financial statement with accompanying notes, completed by an independent Certified Public Accountant (CPA), for a fiscal period not more than 24 months old at the time of submission. Use of generally accepted accounting principles (GAAP) is required. The demonstration of the organization's financial stability will be screened then evaluated. If the audit is of a parent firm, the parent firm shall be party to the contract.

If the total budget amount of the application, plus the total of all the organization's existing contracts with DHS is less than \$150,000, a reviewed financial statement may be provided in place of the audited financial statement. The reviewed financial statement shall be prepared by an independent Certified Public Accountant in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants (AICPA), and must be for a fiscal period of not more than 24 months old at the time of submission.

2. Independent Audited Financial Statement (Exhibit J) that is not more than 24 months old at time of submission will be screened by the Department's Accounting Manager for:
 - a. No adverse auditor opinion
 - b. No disclaimer of auditor opinion
 - c. No going concerns/issues

The RFA allows for communication between the applicant, the CPA who prepared the financial statement, and the Department's Accounting Manager. This communication includes additional documentation and reports to be provided to the Department's Accounting Manager and for those documents and explanations to be considered as part of the demonstration of financial stability.

3. Once screened, the Independent Audited Financial Statement will be rated on:
 - a. Liquidity ratios
 - i. Current (current assets divided by current liability)
 - ii. Quick (equal to cash plus government securities plus accounts receivable divided by total current liabilities)
 - b. Leverage ratio: Debt ratio (total liability divided total assets)
 - c. Working capital: Total current assets minus total current liabilities
4. **Maximum possible points: 15 points**

EXHIBIT K: BUDGET

Exhibit K, Excel spreadsheet, will be included in an email sent to the Mandatory Applicants' Conference attendees.

1. Instructions for completing Staffing Detail, Budget Template and Budget Narrative:
 - a. Applicants are required to complete a 12 month budget (Exhibit K) that includes the Staffing Detail, Budget Template, and Budget Narrative. Exhibit K must be completed and submitted in your organization's application package. The budget is an Excel spreadsheet; the spreadsheet will include tabs for the Staffing Detail, Budget Template, and Budget Narrative.
 - b. The amounts identified in the Staffing Detail sheet automatically calculate and carry over to the Budget Template.
 - c. Round all expenditures to the nearest whole dollar.
 - d. Provide detailed information for each line item in the budget and justification of expenses listed in each major category in the Budget Narrative. Identify one-time expenditures.
2. Budget Screening: Budget will be screened to verify that:
 - a. Instructions listed above have been followed.
 - b. Total proposed budget for services does not exceed total available funds.
 - c. Proposed indirect/allocated costs for services do not exceed 15% of proposed salary/benefits, and operating costs.

EXHIBIT K STAFFING DETAIL				
Organization Name:		Fiscal Year:		
		2021-22		
Agency Position Classifications	QM Classification	No. of FTEs	Budgeted Compensation per FTE	Budgeted Compensation - County Funding
PROGRAM SERVICE STAFF -- EMPLOYEES				
		0.00	\$ -	\$ -
		0.00	\$ -	\$ -
		0.00	\$ -	\$ -
		0.00	\$ -	\$ -
		0.00	\$ -	\$ -
		0.00	\$ -	\$ -
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		0.00	\$ -	\$ -
		0.00	\$ -	\$ -
		0.00	\$ -	\$ -
		0.00	\$ -	\$ -
Total Program Service Staff - Employees		0.00		\$ -
PROGRAM SERVICE STAFF -- CONTRACTORS				
		0.00	\$ -	\$ -
		0.00	\$ -	\$ -
		0.00	\$ -	\$ -
Total Program Service Staff - Contractors		0.00	\$ -	\$ -
TOTAL PROGRAM SERVICE STAFF COMPENSATION		0.00		\$ -

ADMINISTRATIVE PERSONNEL COSTS			
Administrative Personnel Support Positions: (Non-Allocated Positions) Example: Clerical, Data Entry exclusive to this program.	No. of FTEs	Budgeted Compensation per FTE	Budgeted Compensation - County Funding
	0.00	\$ -	\$ -
	0.00	\$ -	\$ -
	0.00	\$ -	\$ -
	0.00	\$ -	\$ -
	0.00	\$ -	\$ -
	0.00	\$ -	\$ -
	0.00	\$ -	\$ -
	0.00	\$ -	\$ -
	0.00	\$ -	\$ -
	0.00	\$ -	\$ -
Total Administrative Personnel Support	0.00		\$ -
Allocated Positions: Those Shared With Other Programs. Examples include CEO, Fiscal, Legal, IT and HR staff. INCLUDE benefits and payroll taxes for these positions in the budgeted compensation.	No. of FTEs	Budgeted Compensation per FTE	Budgeted Compensation - County Funding
	0.00	\$ -	\$ -
	0.00	\$ -	\$ -
	0.00	\$ -	\$ -
	0.00	\$ -	\$ -
	0.00	\$ -	\$ -
	0.00	\$ -	\$ -
	0.00	\$ -	\$ -
	0.00	\$ -	\$ -
	0.00	\$ -	\$ -
	0.00	\$ -	\$ -
Total Allocated Positions	0.00		\$ -
TOTAL ADMINISTRATIVE PERSONNEL COSTS			\$ -

EXHIBIT K BUDGET TEMPLATE		
Organization Name:		Fiscal Year:
		2021-22
SECTION 1		
		County Funding
1. SALARIES AND EMPLOYEE BENEFITS		
a.	Program Staff - Employees (FORMULA from Staffing Detail)	\$ -
b.	Admin Support - Employees (FORMULA from Staffing Detail)	\$ -
c.	Payroll Taxes	\$ -
d.	Employee Benefits	\$ -
e.	Program Contracted Staff (FORMULA from Staffing Detail)	\$ -
TOTAL PROGRAM SERVICES PERSONNEL EXPENSES (FORMULA)		\$ -
SECTION 2		
2. OPERATING EXPENSES		
Use your General Ledger if available. The following key categories should be included:		\$ -
a.	Occupancy expenses	\$ -
b.	Office expenses	\$ -
c.	Equipment Leases	\$ -
d.	Computer Lab and IT support	\$ -
e.	Phone and Internet Service	\$ -
f.	Travel, transportation and mileage for staff members and volunteers.	\$ -
g.	Professional services	\$ -
h.	Other Operating Expenses	\$ -
i.	Insurance	\$ -
j.	Training and conferences. The training budget should match your training plan.	\$ -
TOTAL PROGRAM SERVICES OPERATING EXPENSES (FORMULA)		\$ -
SECTION 3		
3. TOTAL PROGRAM SERVICES EXPENSES (FORMULA)		\$ -
SECTION 4		
4. OVERHEAD AND ALLOCATED COSTS		
a.	Allocated Positions (FORMULA from Staffing Detail)	\$ -
b.	Other allocated expenses. Provide explanation of allocation methodology in budget narrative	\$ -
c.	Other INDIRECT expenses. Itemize and provide explanation in budget narrative.	\$ -
TOTAL ALLOCATED COSTS (NOT TO EXCEED 15% OF SECTION 3) (FORMULA)		\$ -
SECTION 5		
5. HOUSING AND OTHER FLEXIBLE SUPPORTS - If Applicable		
a.		\$ -
b.		\$ -
c.		\$ -
d.		\$ -
e.		\$ -
f.		\$ -
g.		\$ -
h.		\$ -
i.		\$ -
		\$ -
		\$ -
		\$ -
TOTAL HOUSING AND OTHER SUPPORTS EXPENSES		\$ -
6. TOTAL PROPOSED BUDGET		\$ -

Exhibit K Budget Narrative

Organization Name:	Fiscal Year: 2021-22
PROGRAM SERVICE PERSONNEL EXPENSES	
a. Personnel Expenses	
b. Payroll Taxes	
c. Employee Benefits	
d. Program Services Contracted Staff	
PROGRAM SERVICE OPERATING EXPENSES	
Use your General Ledger if available. List major categories and include brief explanations of expenses listed in each major category.	
a. Rent and security for program site	
b. Office expenses including supplies needed for program operation, paper, pens, ink cartridges, medical file folders, file storage and maintenance, office equipment, paper shredding, etc.	
c. Equipment leases for copier and scanner	
d. IT support and maintenance including repair and replacement of servers, computers and laptops, costs for offsite storage of servers in a secure location	
e. Phone and internet services for landlines, cellphones and WiFi	
f. Travel, Transportation, and Mileage; All clinical program staff are reimbursed for mileage to provide community-based services.	
g. Professional services for annual independent audit required for contract compliance.	
h. Medical waste disposal, injection supplies and related medical supplies.	
i. Insurance coverage for general liability, auto, professional liability, worker's compensation, sexual misconduct, cyber security	
j. Training plan includes costs for training programs, workshops, partial funding for licensure exams and resources.	
k. Utilities include electricity and gas.	

ALLOCATED COSTS
a. Allocated Administrative Salaries
b. Payroll Taxes and Benefits - Allocated Administrative Salaries
c. Other allocated expenses - Provide explanation of allocation methodology.
d. Other indirect expenses. Provide explanation.
HOUSING AND OTHER FLEXIBLE SUPPORTS
a.
b.
c.
d.
e.
f.
g.
h.
i.

EXHIBIT L: APPLICATION NARRATIVE AND PRESENTATION

A. Narrative formatting instructions may be found in Section III. B. of this RFA.

MHSA General Standards should be incorporated in all aspects of the narrative			
Areas to be addressed:	Applicants will be rated on:	Maximum Pages	Maximum Points
I. Experience A. Describe your organization's experience and knowledge as it relates to delivering services to the population defined in this RFA's scope of work. B. Describe three (3) of your organization's most important successes and demonstrate how they relate to the scope of work as defined in this RFA. Describe framework for quality measures and their impact on desired client outcomes and effective quality of care. Include client level outcomes and program outcomes that support program successes relevant to the scope of work defined in this RFA. C. Describe how your organization has implemented new program model(s). Include your organization's experience in shifting organizational culture and structure and implementing new practices and program models, from executive management to direct staff to support staff.	Clarity and completeness of response; and: A. Quality and relevance of experience that demonstrates the organization's understanding, ability and capacity to provide services to the population defined in this RFA's scope of work. B. Program successes are relevant to the RFA's scope of work; quality and relevance of framework for quality measures and demonstrated understanding of their impact on desired client outcomes and effective quality of care; client level and program outcomes that support program successes relevant to the scope of work defined in this RFA. C. Quality and relevance of experience that demonstrates the organization's understanding and experience in program-wide shifts in program models and culture, from executive management to direct staff to support staff.	3	10
II. Crisis Response Protocols Describe your organization's crisis response protocols to resolve a crisis for the following: A. Triage client needs and providing face-to-face crisis intervention services 24 hours/7 days per week/365 days a year for the purpose of avoiding unnecessary hospitalization or incarceration. B. Care coordination when system partners, such as jail, law enforcement, local emergency rooms, mobile crisis/system navigator programs, psychiatric hospitals or urgent care service providers inform	Clarity and completeness of response; and; A. Identification of protocols that demonstrates the organization's ability and capacity to triage and provide immediate face-to-face crisis intervention services to avoid unnecessary hospitalization or incarceration as it relates to this RFA's scope of work. B. Identification of effective care coordination and crisis response protocols that demonstrates	3	10

MHSA General Standards should be incorporated in all aspects of the narrative			
Areas to be addressed:	Applicants will be rated on:	Maximum Pages	Maximum Points
<p>your organization they are delivering services to your client.</p> <p>C. Identifying, assessing, managing and supporting clients who need urgent medication services and supports.</p> <p>D. Identifying, assessing, managing and supporting Community Wellness Center participants who need crisis support.</p> <p>E. Client follow-up after-care services to prevent a relapse into crisis.</p>	<p>understanding of the need to respond to, and coordinate with system partners coming into contact with clients.</p> <p>C. Identification of protocols that demonstrates the importance of, and ability to, assess the level of need for medication services as well as provide urgent medication services and supports.</p> <p>D. Identification of protocols that demonstrates the organization's ability to, assess, manage and support Community Wellness Center participants who need crisis support.</p> <p>E. Identification of protocols that demonstrates the organization's ability to effectively provide follow-up, after-care services to clients to prevent relapse.</p>		
<p>III. CORE Community Wellness Center</p> <p>A. Describe how your organization will solicit input and participation from the community where your centers will be sited as you develop the CORE Community Wellness Center defined in the RFA.</p> <p>B. Describe how your organization will incorporate community members input into the design and services of the CORE Community Wellness Centers.</p> <p>C. Explain how your organization will measure the effectiveness of the CORE Community Wellness Center design and services that are peer, family member, and community driven and that respond to the gender affirming, cultural, and linguistic needs of the community/neighborhood.</p>	<p>Clarity and completeness of response, and:</p> <p>A. Understanding, ability, and capacity to elicit quality feedback from their community as it relates to the CORE Community Wellness Center as defined in the RFA.</p> <p>B. Understanding and ability to effectively incorporate community member input into program design and services for the CORE Community Wellness Center as defined in the RFA.</p> <p>C. Understanding and ability to measure effectiveness of CORE Community Wellness Center design and services that are peer, family member and community driven and that respond to the gender affirming, cultural, and linguistic needs of the community/neighborhood.</p>	3	15

MHSA General Standards should be incorporated in all aspects of the narrative			
Areas to be addressed:	Applicants will be rated on:	Maximum Pages	Maximum Points
IV. CORE Service Delivery Approaches A. Describe your organization’s plan for operationalizing the CORE Program Service Delivery Approaches defined in this RFA’s scope of work into your organization’s culture and structure. Describe how your organization will implement and incorporate these service delivery approaches in all aspects of service delivery. B. Describe how your organization will measure the effectiveness of the Service Delivery Approaches. C. Describe relevant, evidence based practice(s), community defined practice(s) and/or promising practice(s) your organization will use for adults with a serious mental illness and the rationale for using the practice(s) in conjunction with the Service Delivery Approaches defined in this RFA’s scope of work to support clients’ movement through treatment.	Clarity and completeness of response, and: A. Demonstrated comprehensive understanding of all Service Delivery Approaches defined in this RFA’s scope of work; demonstrated incorporation of the approaches throughout the organization’s culture and structure and in all aspects of service delivery. B. Demonstrated understanding of methods that measure the effectiveness of the Service Delivery Approaches and in achieving recovery outcomes. C. Demonstrated understanding of relevant evidence based practice(s), community defined practice(s) and/or promising practice(s) to serve adults with serious mental illness and rationale for using them in conjunction with service delivery approaches defined in the RFA to effectively support clients’ movement through treatment.	4	15

MHSA General Standards should be incorporated in all aspects of the narrative			
Areas to be addressed:	Applicants will be rated on:	Maximum Pages	Maximum Points
V. CORE Outpatient Program Treatment Effectiveness, Outcomes and Recovery Advancement A. Describe effective interventions and strategies for adults living with a serious mental illness for engaging them into services and supporting ongoing program participation that lead to effective outcomes defined in this RFA's scope of work. B. Describe the strategies your organization will use to promote recovery that lead individuals to optimum health and timely progression through services. Include how your organization will identify and measure the client's recovery progress through treatment, readiness for step-down to a lower level of care, and community integration. C. Describe how your organization will measure effective utilization of interventions and strategies. Include how your organization will use information gathered from these measures to ensure treatment effectiveness. D. Describe how your organization will obtain client and family feedback to improve services, outcomes, and define client-driven recovery goals.	Clarity and completeness of response, and: A. Demonstrated knowledge and understanding of effective interventions and strategies for Sacramento County adults with a serious mental illness that engage them into services and support ongoing program participation that lead to effective outcomes defined in this RFA's scope of work. B. Demonstrated knowledge of effective strategies that support and promote recovery that lead individuals to optimum health and progression through treatment, including demonstrated knowledge of measuring progression and readiness for step-down to a lower level of care and community integration. C. Demonstrated comprehensive plan to measure qualitative/effective utilization of interventions and strategies and how your organization will use the information gathered from these measures. D. Demonstrated knowledge of effective strategies for soliciting meaningful feedback from clients and their families for improvement of services, outcomes, and development of client-driven recovery goals.	4	15
VI. CORE Program Collaboration A. Identify the relevant Sacramento County system and community partners with whom your organization will collaborate to support clients and participants served through both components of the CORE Program. Include rationale for how these collaborations will enhance service delivery.	Clarity and completeness of response, and: A. Demonstrated knowledge and understanding of relevant and important Sacramento County system and community partners to collaborate with to support clients and participants served through both components of the CORE Program. B. Demonstrated knowledge of strategies for establishing and maintaining	2	10

MHSA General Standards should be incorporated in all aspects of the narrative			
Areas to be addressed:	Applicants will be rated on:	Maximum Pages	Maximum Points
B. Describe your organization's strategies for establishing and maintaining effective collaborations with relevant system and community partners, providers, organizations, and other local resources.	effective collaborations with relevant system and community partners, providers, organizations, and other local resources.		
VII. CORE Program Housing Services and Supports A. Describe the steps your organization will take to meet the housing needs of clients at risk of or experiencing homelessness. B. Describe how your organization will create an array of housing resources and provide assistance with benefit acquisition options for clients.	Clarity and completeness of response, and: A. Demonstrated knowledge and understanding of steps required to support the housing needs of clients at risk of or experiencing homelessness. B. Quality of plan to build housing resources and assistance with benefit acquisition options for clients.	2	10
VIII. CORE Program Staffing & Training A. Describe your organization's plan for recruiting and hiring or subcontracting quality staff for this program. Include effective recruitment and hiring strategies for selecting staff experienced in providing behavioral health services that support clients and community members served through both components of the CORE Program, and who reflect the cultural, linguistic, ethnic, sexual, and gender diversity of Sacramento County including those with lived mental health experience. B. Describe a staffing composition essential to the scope of work defined in the RFA. Include description of Full Time Equivalent (FTE), summary of job descriptions, necessary skill set, qualifications, and desired characteristics of each staff position. Describe how your organization arrived at the proposed staffing structure. Identify how your organization will provide staffing coverage for hours of operation as defined in the scope of work.	Clarity and completeness of response, and: A. Demonstrated understanding of an effective and successful hiring and recruiting plan for selecting staff experienced in providing behavioral health services that support clients and community members served through both components of the CORE Program, and who reflect the cultural, linguistic, ethnic, sexual, and gender diversity of Sacramento County including those with lived mental health experience. B. Demonstrated comprehensive understanding of staff positions, composition, structure and coverage essential to delivering services defined in this RFA's scope of work. C. Description of a comprehensive training plan for leadership and program staff, including subcontracted staff, that includes the necessary training to ensure the delivery of quality services defined in this RFA's scope of work. The plan includes effective supervisory	4	10

MHSA General Standards should be incorporated in all aspects of the narrative			
Areas to be addressed:	Applicants will be rated on:	Maximum Pages	Maximum Points
C. Describe your organization's training plan for leadership and program staff, including subcontracted staff utilized for the purposes described in the RFA. Include necessary training to ensure the delivery of quality services defined in this RFA's scope of work, effective supervisory methods, training methods, and tools that support staff morale and retention, provides guidance clinical and peer staff who deliver services defined in this RFA, and measures their ability to perform job duties related to delivering quality services.	methods, oversight and monitoring strategies, training methods, and tools that support staff morale and retention, and guidance to clinical and peer staff who deliver services defined in this RFA and measures their ability to perform job duties related to delivering quality services.		
IX. Program Siting and Compliance with Sacramento County's Good Neighbor Policy A. Describe how the principles of wellness and recovery, trauma-informed care, and culturally responsive care inform how your organization sites a behavioral health/mental health program that serves adults with a serious mental illness. B. Describe common issues and neighborhood concerns regarding clients accessing on-site services and how your organization will address common issues and concerns that ensure good neighbor practices and compliance with Sacramento County's Good Neighbor Policy (see Exhibit G and Attachment 7).	Clarity and completeness of response, and: A. Demonstrated understanding of how the principles of wellness and recovery, trauma-informed care, and culturally responsive care informs siting a behavioral health/mental health program. B. Demonstrated knowledge of common issues and concerns regarding clients accessing on-site services, and knowledge of effective protocols and practices that address common issues and concerns and that ensure good neighbor practices and compliance with Sacramento County's Good Neighbor Policy.	2	10
TOTAL PAGES MAXIMUM FOR NARRATIVE/ MAXIMUM POSSIBLE POINTS FOR NARRATIVE		27	105

B. PRESENTATION INSTRUCTIONS:

1. Organizations that submit applications meeting eligibility and screening criteria as specified in this RFA will be contacted by Sacramento County BHS and assigned a specific date and time for a virtual briefing session and their virtual presentation.
2. The pre-scheduled 30-minute virtual briefing session will provide applicants an opportunity to test their operating system, browser, microphone and camera and to familiarize themselves with the platform prior to their virtual presentation.
3. Each organization may have no more than five (5) representatives presenting.
4. BHS will audio-visual record all organizations' presentations to be used by the County for RFA process and evaluation purposes only. All recordings become property of the County and are not subject to the California Public Records Act until contract execution.
5. All organization presenters will be required to sign a Consent Form for Video/Audio Recording before presentations commence.
6. Organizations may **not** use any handouts, visual presentations, audio equipment or software programs during the presentation.
7. At the scheduled virtual presentation date and time, the organization will be provided:
 - a. One (1) question and two (2) vignettes
 - b. Thirty (30) minutes to prepare oral responses to the question and vignettes
 - c. Thirty (30) minutes to respond to the question and vignettes
8. Applicant (organization) responses will be rated on:
 - a. Question: Clarity, quality and completeness of response, and;
 - i. Energy and enthusiasm that embodies a comprehensive understanding of services, clients and participants served, and Service Delivery Approaches defined in this RFA's scope of work;
 - ii. Understanding of MHSA General Standards defined in this RFA's scope of work;
 - iii. Creativity and use of effective approaches in both CORE Program components resulting in positive outcomes for the population served defined in this RFA's scope of work;
 - b. Vignettes: Clarity and completeness of response and demonstrated comprehensive understanding of services, clients and participants served, service delivery approaches, and MHSA General Standards defined in this RFA.
9. **Maximum 10 points per question and 10 points per vignette for a total maximum possible points of 30 for the Presentation.**

EXHIBIT M: ORGANIZATIONAL CHART

Applicants are required to submit a current organizational chart that includes the placement of the new program as described in this RFA. Include this Exhibit M in your organization's application packet. The organizational chart will not be scored, but will complement your organization's narrative.

EXHIBIT N: START-UP WORK PLAN

The Exhibit N: Start-Up Work Plan is a formatted Word document and will be included in an email sent to the Mandatory Applicants' Conference attendees. Applicants are required to complete and include the Exhibit N: Start-Up Work Plan in your application packet.

Instructions for completing: **Identify the action steps for the development and implementation of the CORE Program.** Applicants will be rated on clarity, quality, comprehensiveness, organization, completeness and feasibility of the Start-Up Work Plan; demonstrated understanding of principles of wellness and recovery, strength based, trauma-informed and culturally responsive care as it relates to all aspects of organization culture and program siting and implementation; demonstrated understanding of program operations and creative hiring strategies; demonstrated understanding of community/neighbor collaborations as it relates to good neighbor practices and Sacramento County's Good Neighbor Policy; demonstrated ability to deliver services within a six (6) month time frame upon contract execution; demonstrated understanding of potential barriers to all implementation steps, including the potential of being awarded and starting up multiple contracts/programs at one time, and effectiveness of solutions to address barriers. **Maximum possible points for the Start-Up Work Plan: 10 points.**

Start-Up Work Plan						
Step	Action Steps What will be done to ensure that the organization can deliver services by July 1, 2022	Responsibilities Who will complete the action step?	Resources A. Resources available B. Resources Needed (financial, human, political & other)	Timeline By When? (Day/Month) (for the purpose of this application, use January 1, 2022 start date)	Potential Barriers	Solution
1.						
2.						
3.						
4.						
5.						

EXHIBIT O: REQUEST FOR APPLICATION No. MHSA/071 APPLICANT QUESTIONS FORM

Instructions for completion and submission:


1. Exhibit O: RFA No. MHSA/071 Applicant Questions Form is a Portable Document Format (PDF) document with fillable fields. Organization representatives registered for the Mandatory Applicants' Conference will be emailed the Exhibit O: RFA No. MHSA/071 Questions Form.
2. Applicant questions must be submitted on this RFA MHSA/071 Questions Form. The completed form must be attached to the sender's email and emailed to QuesMHSA70-71@saccounty.net by the date shown in the RFA timeline. Emails subject line must read, "RFA MHSA/071 Questions Form".
3. Questions in any other form (either written or oral) about the RFA, its scope of work, or related processes will not be accepted.
4. Applicant questions will not be accepted after the Questions Form submission deadline as shown in the RFA timeline.
5. Following the deadline for questions submission, answers to all substantive questions will be provided in the form of a question and answer document that will be emailed to organization representatives who attended the Mandatory Applicants' Conference. At the sole discretion of Sacramento County BHS, questions may be paraphrased for clarity. Questions and answers will be provided without identifying the submitters.

Date	
Organization: (insert name)	
Submitted By: (insert name and title)	
E-Mail Address:	

RFA Section Number	RFA Page Number	Concisely describe your Question. Use a separate row for each question.

RFA Section Number	RFA Page Number	Concisely describe your Question. Use a separate row for each question.

ATTACHMENT 1: TIMELY ACCESS POLICY

	County of Sacramento Behavioral Health Services	Policy No.	QM-20-04
		Issued Date	07/01/2019
		Revision Date	
AREA: Federal Managed Care Regulations		TITLE: Timely Access	
Approved by: (Signature on File) Signed version available upon request		Approved by: (Signature on File) Signed version available upon request	
Alexandra Rechs, LMFT Program Manager, Quality Management			

BACKGROUND

It is the policy of the Sacramento County Division of Behavioral Health Services (DBHS) and the Mental Health Plan (MHP) to comply with all state and federal statutory and regulatory requirements for timely access to services established by Title 42, Code of Federal Regulations (CFR), Part 438.68: Network Adequacy Standards, Part 438.206: Availability of Services, and Part 438.207: Assurances of Adequate Capacity and Services; Title 28, California Code of Regulations (CCR) § 1300.67.2.2: Timely Access to Non-Emergency Health Care Services; MHSUDS Information Notice No.: 18-011. Federal Network Adequacy Standards for Mental Health Plans (MHPS) and Drug MediCal Organized Delivery System (DMC-ODS) Pilot Counties; and MHSUDS Information Notice No: 19020. Client Services Information (CSI) Assessment Record.

DEFINITIONS

New Client - Any Medi-Cal beneficiary requesting a Specialty Mental Health Service that was not served within that system in the last 3 years.

Urgent Services - A request for service shall be considered urgent when the enrollee's condition is such that the enrollee faces an imminent and serious threat to his or her health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal timeframe for the decision making process, would be detrimental to the enrollee's life or health or could jeopardize the enrollee's ability to regain maximum function.

PURPOSE

This policy establishes the timely access to service standards and tracking requirements for Sacramento County Mental Health Plan (MHP).

DETAILS

Effective immediately, mental health and substance use disorder treatment providers in the Mental Health Plan (MHP) will comply with the network adequacy standards for timely access to services as specified in the table below. Timely access standards for outpatient services refers to the number of business days or hours in which a MHP provider must make an appointment available to a beneficiary from the date the beneficiary or a provider acting on behalf of the beneficiary, requests a medically necessary service. The initial assessment for outpatient services will begin with the Access Team or another designated entry point (e.g. Guest House, Intensive Placement Team) upon receipt of a service request.

Sacramento County MHP Timely Access Standards		
Type of Service	Non-Urgent	Urgent
Psychiatry	Within 15 business days from request to appointment	Within 48 hours of the request
Outpatient Services with a non-physician mental health providers where prior authorization is not required	Within 10 business days from request to appointment	Within 48 hours of the request
Outpatient Services with a non-physician mental health providers where prior authorization is required	Within 10 business days from request to appointment	Within 96 hours of the request

A. Tracking Requirements

For all new clients, providers who receive direct referrals from the public must track the following data in accordance with MHP procedures:

1. Date & Time of First Contact to Request Services
2. Urgency of the need for service (see definitions section for definition of Urgent Service)
3. Assessment Appointment First Offer Date & Time
4. Assessment Appointment Accepted Date & Time
5. Assessment Start Date
6. Assessment End Date
7. Treatment Appointment First Offer Date & Time

8. Treatment Appointment Accepted Date & Time
9. Treatment Start Date
10. Closed Out Date
11. Closure Reason
12. Referral Source
13. Referred To

B. Monitoring

The MHP will monitor the service delivery system for compliance with the timeliness standards and with this policy. MHP will also monitor each provider for compliance with timeliness standards, data collection and reporting, and issuing appropriate notices of action.

C. Non-Compliance with Timely Access Standards

1. If any timely access to service standard is not met for a beneficiary, the beneficiary will be sent a "Notice of Adverse Benefit Determination
2. NOABD-Timely Access shall be issued as follows:
 - a. The beneficiary or the parent or legal guardian will be sent a NOABD-Timely Access by the provider responsible for providing the services.
 - b. The issuing provider shall fax or send via US Mail a copy of the NOABD-Timely Access to Sacramento County Member Services immediately upon issuance to the beneficiary:

Mail: Sacramento County Member Services
Quality Management
7001-A East Parkway, Suite 300
Sacramento, CA 95823
Fax: (916) 875-0877

D. Non-Compliance with Timely Access Policy

Any failure to comply with this policy will result in a plan of correction

REFERENCES/ATTACHMENTS:

- CMS Medicaid and CHIP Managed Care Final Rule (Final Rule)
- California Health and Safety Code (HSC) §1367.01
- Title 42, Code of Federal Regulation-s (CFR), Part 438.68: Network Adequacy
- Standards, Part 438.206: Availability of Services, and Part 438.207: Assurances of Adequate Capacity and Services.
- Title 28, California Code of Regulations (CCR) §1300.67.2.2: Timely Access to NonEmergency Health Care Services

RELATED POLICIES:

- No. 02-01 Notices of Action

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff	X	Mental Health Treatment Center
X	Adult Contract Providers	X	Children Contract Providers

CONTACT INFORMATION:

- Quality Management Information
QMInformation@SacCounty.net

ATTACHMENT 2: KEY INGREDIENTS FOR TRAUMA INFORMED CARE

FACT SHEET | AUGUST 2017



Key Ingredients for Trauma-Informed Care

A trauma-informed approach to care acknowledges that in order to provide effective health care services, care teams need to have a complete picture of a patient's life situation — past and present.

Health policymakers and practitioners are increasingly aware of the detrimental effects of trauma on health. The landmark Adverse Childhood Experiences (ACE) study¹ demonstrated that the more an individual is exposed to adverse experiences like physical, emotional or sexual abuse, neglect, discrimination, and violence, the greater the risk for chronic health conditions and health-risk behaviors later in life such as heart disease, depression, liver disease, sexually transmitted diseases, and substance use. By recognizing trauma as an important factor impacting health throughout the lifespan, and by offering trauma-informed approaches and treatments in health care settings, provider organizations can more effectively treat patients, thereby potentially improving health outcomes, reducing avoidable care utilization, and curbing excess costs.

Supporting Key Organizational and Clinical Practices

A comprehensive approach to trauma-informed care must involve both organizational and clinical practices. Health care organizations often train their clinical staff in trauma-specific treatment approaches, but may not implement broad changes across their organizations to address trauma. Widespread changes to organizational policy and culture need to be adopted across a health care setting for it to become truly trauma-informed. Organizational practices that recognize the impact of trauma reorient the culture of a health care setting to address the potential for trauma in patients and staff, while trauma-informed clinical practices address the impact of trauma on individual patients.

This fact sheet describes key ingredients necessary for establishing a trauma-informed approach at the organizational and clinical levels. Drawing from the insights of experts across the country, the Center for Health Care Strategies (CHCS) compiled these elements to help guide practitioners interested in making the transformation to providing trauma-informed care. To bring each key ingredient to life, this fact sheet outlines a tangible example from one of the six pilot sites participating in *Advancing Trauma-Informed Care*, a national initiative made possible by the Robert Wood Johnson Foundation. The three-year initiative aims to increase understanding of how trauma-informed approaches can be implemented in the health care sector to improve patient outcomes and increase staff wellness.

Key Ingredients for Trauma-Informed Care

ORGANIZATIONAL



Lead and communicate about the transformation process



Engage patients in organizational planning



Train clinical as well as non-clinical staff members



Create a safe physical and emotional environment



Prevent secondary traumatic stress in staff



Hire a trauma-informed workforce

CLINICAL



Involve patients in the treatment process



Screen for trauma



Train staff in trauma-specific treatment approaches









Engage referral sources and partner organizations





CHCS Center for Health Care Strategies, Inc.

Robert Wood Johnson Foundation

Organizational Ingredients in Practice

Ingredient	In Practice
 Lead and communicate about the transformation process	To reach its goal of becoming a trauma-informed system, the San Francisco Department of Public Health (SFPDH) is providing its staff of more than 9,000 employees with a foundational trauma training and spreading trauma knowledge throughout the system via staff champions.
 Engage patients in organizational planning	The University of California at San Francisco (UCSF) Women's HIV Program hosts monthly stakeholder meetings, including at least four patient representatives at the table. Designed to ensure open channels of communication between patients and staff, these meetings have led to innovations such as new patient education and support groups.
 Train clinical as well as non-clinical staff members	Montefiore Medical Group (Montefiore) works to ensure a positive overall experience at each practice by training both clinical and non-clinical staff, including front-desk personnel, to respectfully communicate with patients and understand how trauma influences behavior.
 Create a safe physical and emotional environment	The bright atrium of Stephen & Sandra Sheller 11 th Street Family Health Services (11 th Street) was designed to serve as a calm and welcoming space for visitors. 11 th Street is also creating an <i>emotionally safe</i> place for clients and staff by committing to open communication and democratic decision-making.
 Prevent secondary traumatic stress in staff	Montefiore's clinics are in underserved areas in the Bronx and West Chester County, NY. Violence in these communities can have an emotional toll on staff. Montefiore's <i>Critical Incident Management Team</i> , including behavioral health specialists, visit clinics following a violent incident to provide support. These interventions help staff feel cared for, and may help prevent post-traumatic stress disorder.
 Hire a trauma-informed workforce	When patients first arrive at the UCSF Women's HIV Program, they are greeted by someone who, like themselves, has been diagnosed with HIV. These peer clinic hosts help make patients feel welcome by reducing the stigma HIV-positive individuals often face in society.

Clinical Ingredients in Practice

Ingredient	In Practice
 Involve patients in the treatment process	11 th Street Family Services is seeking to address the anxiety that someone with a history of trauma may feel in specific situations—for example, in a “compromised” position in the dental exam chair. Patients develop a treatment plan with the dental staff to identify what they are comfortable with and what they are not, and treatment will not begin until the patient approves the approach.
 Screen for trauma	The Center for Youth Wellness (CYW) in San Francisco is connected to the Bayview Child Health Center, located in one of the city's poorest neighborhoods. Staff screen each patient and caregiver using the ACE-Q — a screening tool developed by CYW. After reviewing a patient's score, the physician discusses the effect of toxic stress on health, and if necessary, coordinates referrals to trauma-informed partners.
 Train staff in trauma-specific treatment approaches	The Greater Newark Healthcare Coalition (GNHCC) is a nonprofit collaborative of stakeholders committed to improving the quality of, and access to, health services in Newark, New Jersey. GNHCC is partnering with Rutgers University Behavioral Healthcare to provide trauma-informed care training to pediatric residents at Newark Beth Israel Medical Center and the staff of BRICK Academy schools.
 Engage referral sources and partner organizations	GNHCC is conducting a citywide environmental scan of health care and social service providers to assess each organization's trauma-informed care knowledge and competency. GNHCC will provide trauma-informed care training to organizations based on the results of the scan, with the goal of all city providers becoming trauma-informed.

¹ V.J. Felitti, R.F. Anda, D. Nordenberg, D.F. Williamson, A.M. Spitz, V. Edwards, et al. “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults The Adverse Childhood Experiences (ACE) Study.” *American Journal of Preventive Medicine*, 14, no. 4 (1998): 245-258.



10 KEY INGREDIENTS FOR TRAUMA-INFORMED CARE

As health care providers become aware of the harmful effects of trauma on physical and mental health, they are increasingly recognizing the value of **trauma-informed approaches to care**.

→ WHAT IS TRAUMA?

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes trauma as **events or circumstances** experienced by an individual as **physically or emotionally harmful or life-threatening**, which result in adverse effects on the individual's **functioning and well-being**.



→ WHAT IS THE IMPACT OF TRAUMA ON HEALTH?

The Adverse Childhood Experiences (ACE) Study, conducted by the CDC and Kaiser Permanente, revealed that the more an individual is exposed to a variety of stressful and potentially traumatic experiences, the greater the risk for **chronic health conditions** and **health-risk behaviors** later in life.



→ HOW CAN PROVIDERS BECOME TRAUMA-INFORMED?

Trauma-informed care acknowledges that understanding a patient's life experiences is key to potentially improving engagement and outcomes while lowering unnecessary utilization.

In order to be successful, trauma-informed care must be adopted at the **organizational and clinical levels**.



Organizational practices reorient the culture of a health care setting to address the potential for trauma in patients *and* staff:



- 1 Lead and communicate about being trauma-informed
- 2 Engage patients in organizational planning
- 3 Train both clinical and non-clinical staff
- 4 Create a safe physical and emotional environment
- 5 Prevent secondary traumatic stress in staff
- 6 Build a trauma-informed workforce

Clinical practices address the impact of trauma on individual patients:



- 7 Involve patients in the treatment process
- 8 Screen for trauma
- 9 Train staff in trauma-specific treatments
- 10 Engage referral sources and partner organizations



For more details, read CHCS' brief, *Key Ingredients for Successful Trauma-Informed Care Implementation*. Visit www.chcs.org for additional resources.

ATTACHMENT 3: STRENGTHS MODEL FIDELITY SCALE

Strengths Model Fidelity Scale

Center for Mental Health Research and Innovation University of Kansas School of Social Welfare

Item 1. <i>Caseload Ratios</i>					
	1	2	3	4	5
1) Average caseload size for the team.	≥ 32	28-31	24-27	20-23	≤ 19

Item 2. <i>Community Contact</i>					
	1	2	3	4	5
2) Percentage of client contact that occurs in the community.	$\leq 49\%$ or information cannot be determined	50-64%	65-74%	75-84%	$\geq 85\%$

Item 3. Strengths-Based Group Supervision					
	1	2	3	4	5
3a) Group supervision occurs once a week lasting between 90 minutes and 2 hours.	Does not occur	< 1 hour per week, or less than once per week	1 hour, once per week	90 minutes, once per week	≥ 2 hours, once per week
3b) Group supervision focuses primarily on discussion of clients rather than administrative tasks.	≤ 40% client-focused	41-50% client-focused	51-69% client-focused	70-79% client-focused	≥ 80% client-focused
3c) A specific set of clients are presented using the formal group supervision process.	Formal group supervision not used		1 client presented	2 clients presented	≥ 3 clients presented
3d) Strengths Assessments are distributed to each team member for all presentations.	Never		Occasionally		Always
3e) The direct service worker clearly states the client's goal(s) during the presentation.	Never		Occasionally		Always
3f) The direct service worker clearly states what they want help with from the group during the presentation.	Never		Occasionally		Always
3g) The team asks constructive questions based on the client's Strengths Assessment during the presentation.	No questions are based on the client's SA		Minority of questions are based on the client's SA		Majority of questions are based on the client's SA
3h) The team brainstorms constructive suggestions related to the Strengths Assessment to help the client achieve their goal or help the direct service worker engage with the client and/or develop a goal.	0-4 ideas per presentation	5-9 ideas per presentation	10-14 ideas per presentation	15-19 ideas per presentation	≥ 20 ideas per presentation

Center for Mental Health Research and Innovation

3i) At the end of each presentation, the presenting staff person will: <ul style="list-style-type: none"> State when they will see the person next or their plan to contact the person (and) State what ideas they will present to the person or what strategy they will use to engage with the person 	Does not occur	< 1 hour per week, or less than once per week	65-74%	75-84%	≥ 85%
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Item 4. Supervisor					
	1	2	3	4	5
4a) Supervisor spends at least 2 hours per week providing a quality review of tools related to the Strengths Model (i.e. Strengths Assessments and Personal Recovery Plans) and integration of these tools into actual practice.	≤ 29 minutes	30-59 minutes	60-89 minutes	90-119 minutes	≥ 2 hours
4b) Supervisor spends at least 2 hours per week giving direct service workers specific and structured feedback on skills/tools related to the Strengths Model of case management.	≤ 29 minutes	30-59 minutes	60-89 minutes	90-119 minutes	≥ 2 hours
4c) Supervisor spends at least 2 hours per week providing field mentoring for direct service workers.	≤ 29 minutes	30-59 minutes	60-89 minutes	90-119 minutes	≥ 2 hours
4d) Ratio of direct service workers to supervisor.	≥ 9:1	8:1	7:1	6:1	≤ 5:1

Item 5. Strengths Assessment					
	1	2	3	4	5
5a) There is evidence that the Strengths Assessment (SA) is used regularly in practice.	≤ 60% used and updated at least monthly	61-70% used and updated at least monthly	71-80% used and updated at least monthly	81-90% used and updated at least monthly	91-100% used and updated at least monthly
5b) Client interests and/or aspirations are identified with detail and specificity.	≤ 60% identified at least 3	61-70% identified at least 3	71-80% identified at least 3	81-90% identified at least 3	91-100% identified at least 3
5c) Client language is used (e.g. “I want more friends” rather than “increase socialization skills”) and it is clear that the client was involved in developing the SA.	≤ 60% demonstrate predominant use of client language	61-70% demonstrate predominant use of client language	71-80% demonstrate predominant use of client language	81-90% demonstrate predominant use of client language	91-100% demonstrate predominant use of client language
5d) Talents and/or skills are listed on the SA in some detail and specificity.	≤ 60% identified at least 6	61-70% identified at least 6	71-80% identified at least 6	81-90% identified at least 6	91-100% identified at least 6
5e) Environmental strengths are listed on the SA in some detail and specificity.	≤ 60% identified at least 6	61-70% identified at least 6	71-80% identified at least 6	81-90% identified at least 6	91-100% identified at least 6
5f) Percent of clients who have a Strengths Assessment.	≤ 60%	61-70%	71-80%	81-90%	91-100%

Item 6. Integration of Strengths Assessment with Treatment Plan					
	1	2	3	4	5
6) Strengths Assessment is used to help clients develop treatment plan goals.	≤ 60% of treatment plan goals link directly to the SA	61-70% of treatment plan goals link directly to the SA	71-80% of treatment plan goals link directly to the SA	81-90% of treatment plan goals link directly to the SA	91-100% of treatment plan goals link directly to the SA

Item 7. Personal Recovery Plan					
	1	2	3	4	5
7a) Agency uses the Personal Recovery Plan (PRP) as a tool for helping clients achieve goals.	Not used	1-25% of clients used a PRP in the last 90 days	26-50% of clients used a PRP in the last 90 days	51-75% of clients used a PRP in the last 90 days	≥ 76% of clients used a PRP in the last 90 days
*Only rate items 7b through 7e if the agency stated they use the Personal Recovery Plan; otherwise, the rating for 7a will serve as the final rating for this item.					
7b) Goals on the PRP should use the client's own language, the actual passion statement, and state why the goal is important to the person.	≤ 44% of goals use client's language	45-59% of goals use client's language	60-74% of goals use client's language	75-89% of goals use client's language	≥ 90% of goals use client's language

7c) Long-term goal on the PRP is broken down into smaller, measureable steps.	$\leq 44\%$ of steps on the PRP are broken down and measurable	45-59% of steps on the PRP are broken down and measurable	60-74% of steps on the PRP are broken down and measurable	75-89% of steps on the PRP are broken down and measurable	$\geq 90\%$ of steps on the PRP are broken down and measurable
7d) Specific and varying target dates are set for each step on the PRP.	$\leq 44\%$ of dates on the PRP are specific and have variation	45-59% of dates on the PRP are specific and have variation	60-74% of dates on the PRP are specific and have variation	75-89% of dates on the PRP are specific and have variation	$\geq 90\%$ of dates on the PRP are specific and have variation
7e) There is evidence that PRPs are used during nearly every contact with the client.	$\leq 44\%$ of PRPs are used nearly every contact with the client	45-59% of PRPs are used nearly every contact with the client	60-74% of PRPs are used nearly every contact with the client	75-89% of PRPs are used nearly every contact with the client	$\geq 90\%$ of PRPs are used nearly every contact with the client

Item 8. Naturally Occurring Resources					
	1	2	3	4	5
8a) Direct service workers help clients access naturally occurring resources to help people achieve goals.	$\leq 10\%$ of goals have evidence of the direct service worker helping to access at least one naturally occurring resource	11-25% of goals have evidence of the direct service worker helping to access at least one naturally occurring resource	26-40% of goals have evidence of the direct service worker helping to access at least one naturally occurring resource	41-75% of goals have evidence of the direct service worker helping to access at least one naturally occurring resource	$\geq 76\%$ of goals have evidence of the direct service worker helping to access at least one naturally occurring resource

8b) Direct service workers use more naturally occurring resources than formal mental health resources to help people achieve goals.	≤ 10% of goals clearly reflect a trend toward the use of naturally occurring resources	11-25% of goals clearly reflect a trend toward the use of naturally occurring resources	26-40% of goals clearly reflect a trend toward the use of naturally occurring resources	41-75% of goals clearly reflect a trend toward the use of naturally occurring resources	≥ 76% of goals clearly reflect a trend toward the use of naturally occurring resources
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Item 9. Hope Inducing Practice					
	1	2	3	4	5
9a) Direct service workers' interactions with people are directed toward movement on a goal that is meaningful and important to the person.	Direct service worker actively detracts from movement on a goal that is meaningful and important to the person	Direct service worker discourages movement on a goal that is meaningful and important to the person	Direct service worker is neutral relative to movement on a goal that is meaningful and important to the person	Direct service worker is accepting and supportive of movement on a goal that is meaningful and important to the person	Direct service worker actively contributes to movement on a goal that is meaningful and important to the person
9b) Direct service workers' interactions with people are directed toward expanding the person's autonomy and choice.	Direct service worker actively detracts from or denies client's perception of choice or control	Direct service worker discourages client's perception of choice or responds to it superficially	Direct service worker is neutral relative to client autonomy and choice	Direct service worker is accepting and supportive of client autonomy	Direct service worker adds significantly to the feeling and meaning of client's expression of autonomy in such a way as to markedly expand client's experience of own control and choice

ATTACHMENT 4: SSI/SSDI OUTREACH, ACCESS, AND RECOVERY: AN OVERVIEW



SSI/SSDI OUTREACH, ACCESS, AND RECOVERY: AN OVERVIEW



THE ISSUE

Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) are disability income benefits administered by the Social Security Administration (SSA) that also provide Medicaid and/or Medicare health insurance to eligible children and adults. The application process for SSI/SSDI is complicated and difficult to navigate. Nationally, about 30 percent of adults who apply for these benefits are approved on initial application and appeals take an average of over 1.5 years to complete.

For people who are experiencing or at-risk of homelessness or who are returning to the community from institutions (jails, prisons, or hospitals), access to these programs can be extremely challenging. Approval on initial application for people who are experiencing or at-risk of homelessness and who have no one to assist them is about **10-15 percent**. For those who have a serious mental illness, substance use issues, or co-occurring disorders that impair cognition, the application process is even more difficult – yet accessing these benefits is often a critical first step in building resiliency and supporting recovery.

A SOLUTION

The Substance Abuse and Mental Health Services Administration (SAMHSA) developed the SSI/SSDI Outreach, Access, and Recovery (SOAR) model to address this critical need. SOAR-trained case managers submit complete and quality applications that are approved quickly. By maximizing income supports through benefits access and employment support, individuals experiencing or at risk of homelessness can achieve housing stability. The SAMHSA SOAR TA Center provides a three-step approach to SOAR implementation:

STRATEGIC PLANNING



Strategic planning meetings bring key state/local stakeholders (e.g., SSA and Disability Determination Services (DDS); State Mental Health Agency and Department of Corrections leadership; and community homeless, health, behavioral health providers, youth, family, and adult peer representatives) together to **collaborate and agree** upon a SOAR process for the submission and processing of adult SSI/SSDI and child SSI applications and **develop** an action plan to implement their SOAR program.

TRAINING LEADERS



Training of case managers using the **SOAR Online Course: Adult and Child Curricula**. These free, web-based courses include the development of a practice case using a fictional applicant. A **Leadership Academy** program creates strong local leaders to support SOAR-trained case managers and coordinate local SOAR programs.

TECHNICAL ASSISTANCE



Individualized technical assistance for supporting **action plan implementation**, identifying funding opportunities for **sustainability**, developing **quality review** procedures, and assisting with **tracking outcomes** to document success and identify areas for improvement and expansion.

OUTCOMES



Since 2006, over **55,210** people are receiving benefits because of SOAR.



The 2020 approval rate on initial SOAR-assisted applications averages **65 percent** in **115 days**.



In 2020 alone, SSI/SSDI brought at least **\$518 million** into the economies of the participating localities.

For more information, e-mail us at soar@prainc.com or visit <https://soarworks.prainc.com/>



Getting Involved with SOAR

You want to be a SOAR provider? That's great! Here's what to expect.

SOAR promotes recovery and wellness through increased access to Social Security disability benefits for eligible individuals who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder. SOAR providers assist individuals with complete and quality applications. This is not an easy task, and we want to be sure that you understand the commitment required – we believe it is well worth the effort!

Training

The SOAR Online Course trains providers to assist individuals with the Social Security disability application process. The course includes an Adult Curriculum for assisting with Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) claims for adults and a Child Curriculum for assisting with SSI claims for children.

- The SOAR Online Course: Adult and Child Curriculums are free and are located on the SOARWorks website (<https://soarworks.prainc.com/content/soar-online-course-catalog>).
- Each curriculum consists of seven classes, each of which has a series of articles, short quizzes, and a practice case component. The practice case provides an opportunity for trainees to apply what they have learned in the course by completing a sample application packet for a fictitious applicant using SOAR techniques.
- It takes approximately 20 hours to complete each curriculum and participants can work at their own pace, starting and stopping as they wish. However, we encourage students to complete the curriculum within 30 days to retain the information learned.
- Upon successful completion, participants will receive 20 CEUs (continuing education units) from the National Association of Social Workers (NASW).

Many SOAR Local Leads offer one-day SOAR Online Course Review Sessions to review key components of the curriculum, discuss local/state practices, and connect new providers to local Social Security Administration (SSA) and DDS (Disability Determination Services) offices.

Time Commitment

We estimate that each SOAR application will take approximately 20-40 hours to complete, from initial engagement to receiving a decision on a claim. This generally occurs over the course of 60-90 days.

- The time spent on each application will vary depending on the amount of engagement that is needed as well as other variables such as the experience level of the SOAR worker. For example, engagement with an applicant who is residing in an institution may take 20 hours, while it may take longer to connect with someone who is living outside or difficult to contact.

SOAR Critical Components

SOAR providers with higher approval rates credit their success to implementing the SOAR critical components¹ and submitting high quality applications. Use of these components significantly increases the

¹ <https://soarworks.prainc.com/article/soar-model-critical-components>



likelihood of an approval on initial application for those who are eligible.² The five SOAR critical components of application assistance are:

- Serve as the applicant's appointed representative using the SSA-1696: *Appointment of Representative* form.
- Complete all required SSA application forms online, when available.
- Collect medical records, assessments, case management notes and collateral information.
- Write a comprehensive Medical Summary Report that includes psychosocial, treatment, and functional information and is co-signed, when possible, by an acceptable medical source.
- Perform quality review of application prior to submission.

Follow Up

The work of a SOAR provider does not end after submitting an application. SOAR providers are expected to:

- Communicate regularly with SSA and DDS regarding the status of applicants' claims.
- Continue ongoing outreach to stay connected throughout the determination process.
- Help individuals obtain other needed services (e.g. housing, employment, health care).

Outcome Tracking

Tracking SOAR outcomes is a critical way to document successes and target technical assistance needs.

- Use the SOAR Online Application Tracking (OAT) system³ or your state's preferred method to track applications submitted, critical components used, approvals/denials, and time to decision (i.e. from application submission to receipt of SSA's decision).
- Tracking outcomes is an essential piece of funding and sustainability efforts.

Local Involvement

Many SOAR communities have local steering committees and/or SOAR practitioner meetings. Getting involved locally can be a great way to connect with others who are doing similar work. You can seek support, obtain refresher training and help with growing and expanding your local SOAR initiative.

- Find your state and local SOAR leads at: <https://soarworks.prainc.com/directory>

Benefit to Your Agency and the Individuals You Serve

Access to SSI/SSDI can be a major tool in recovery, both from mental illness and homelessness. With the income support and health insurance that SSI/SSDI provides, individuals are able to meet their basic needs, maintain housing, and pay their bills. As a result, they are more likely to keep appointments and engage in treatment. If your agency is Medicaid (or Medicare) reimbursable, you can recoup the cost of uncompensated care and receive payment for future services.

Without the support of a SOAR provider, it can take as long as 1-3 years to obtain approval for SSI/SSDI, during which time people are often lost to the process and require a great deal of community support simply to survive. With the SOAR approach, providers are achieving a national approval rate of 65 percent in an average of 100 days. The rewards are great for all involved!

² Based on data from January 15, 2005 to February 14, 2014 obtained from the SOAR Online Application Tracking (OAT) system. Data includes 4,200 application outcomes from 35 states.

³ <https://soartrack.prainc.com>



YES, YOU CAN WORK!

Interested in returning to work or trying out work for the first time, but unsure how work will impact your Social Security benefits or if work is even possible for you?

Many people receiving disability benefits, or applying for benefits, really want to work, but fear the consequences. This handout will give you the information you and your family need to learn more about programs, which will assist you with returning to work, or trying out work for the first time!

We can help you find success! These recommended resources provide information on where you can go for assistance to learn more about employment for people with disabilities. Quality services are available to help you better understand all of the federal work incentive programs, including Social Security work supports, for people with disabilities.

MYTHS WE'VE HEARD ON THE STREETS AND FACTS TO BUST THEM UP!

MYTH

"People with mental illness shouldn't work."

FACT

People with mental health conditions are just as productive as other employees. Employers who hire people with mental health conditions report good attendance and punctuality as well as motivation, good work, and job tenure on par with or greater than other employees.

MYTH

"I will lose my disability benefits, income and health insurance, which I have worked so hard to obtain!"

FACT

Not so fast! SSA offers comprehensive work incentives which allows you to keep your benefits for quite a long time. Should you be unable to continue working as a result of your disability, SSA may restart your benefits. Because some SSA rules may be hard to understand, all states have benefit planning resources to help you get started. <https://www.ssa.gov/redbook/>

MYTH

"I have never worked before, so I have no skills an employer needs."

FACT

People with disabilities with little or no work history do find work that meets their strengths, preferences, abilities, and skills. Supported employment services focus on these factors to help you seek and find competitive employment in the community.

MYTH

"My family does not want me to work because they fear my symptoms will get worse."

FACT

Recent studies found that employment actually improves symptoms! Work offers less social isolation and a sense of purpose, just to name two benefits! Work is more than just a paycheck, and this brochure offers helpful resources for your family and friends to be supportive and understanding of your career goals.

MORE INFORMATION & RESOURCES

Social Security Administration (SSA)

SSA has a free Ticket to Work Program available to all SSI/SSDI beneficiaries. Specialists connect individuals to employment supports in their area, such as career counseling, training, and job placement. Also, they can explain in detail how going back to work will impact a person's benefits. The website includes links to local employment resources and offers free training webinars for beneficiaries and service providers. <https://www.choosework.net/>

Supported Employment

The Association of Persons in Supported Employment (ASPE) helps improve and expand integrated employment opportunities, services, and outcomes for persons with disabilities and has numerous resources for individuals, employers, and community organizations. <http://apse.org/>

VCU National Training and Data Center

The Virginia Commonwealth University National Training and Data Center provides comprehensive training and technical assistance to Work Incentives Planning and Assistance (WIPA) projects, the Ticket to Work Help Line, and community partners to ensure accurate and timely support for beneficiaries on the road to employment and financial independence. <http://vcu-ntdc.org/index.cfm>

Department of Labor

Disability Program Navigators (DPNs)/ Disability Resource Coordinators (DRCs) provide comprehensive services to people with disabilities seeking resources and support with work incentives in DOL One Stop Centers. One Stop Centers provide job seekers with job listings, job finding workshops, and access to computers, copiers, and fax machines. <http://www.doleta.gov/disability/DPN.cfm>

SOAR (SSI/SSDI Outreach, Access, and Recovery) Website

The SOAR TA Center has gathered a number of employment resources and links for your reference. Check out the *Brief Overview of SSI/SSDI Work Incentives!* <http://bit.ly/2cqafj2>

Disability.gov

Disability.gov provides one-stop online access to disability-related resources, services, and information available throughout the federal government. <https://www.disability.gov/>



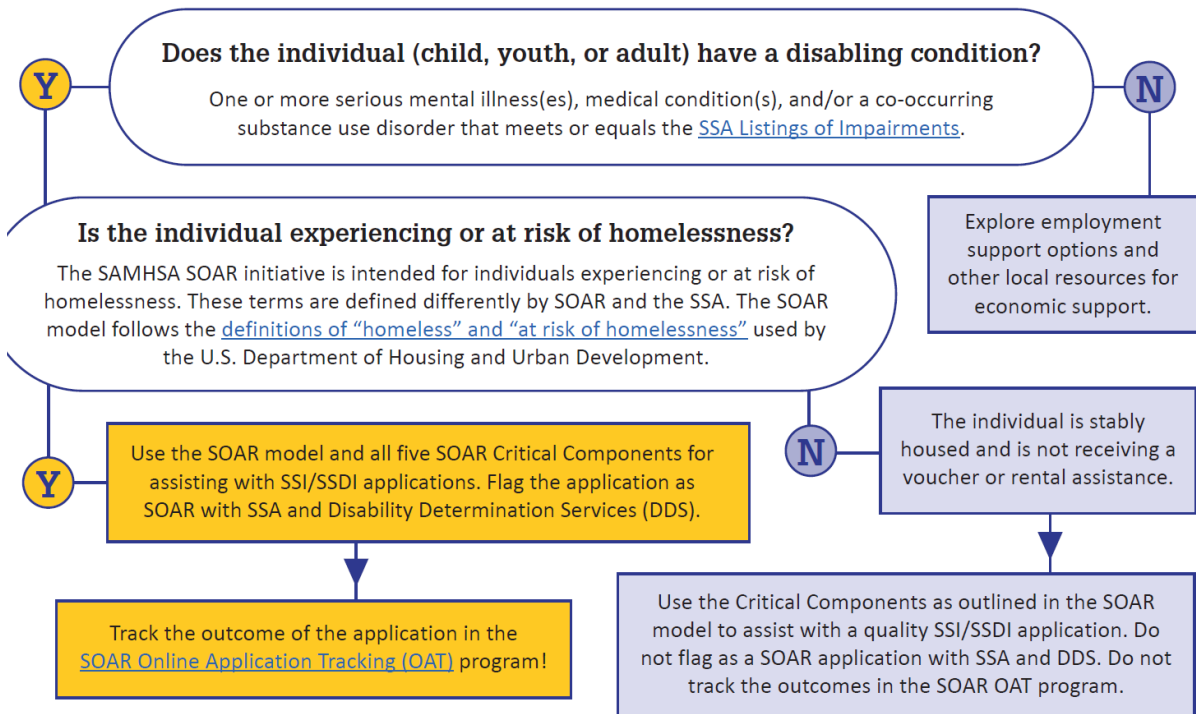
SAMHSA SOAR Technical Assistance Center
<https://soarworks.prainc.com/>



SOAR Eligibility: Decision Tree

SSI/SSDI Outreach, Access, and Recovery (SOAR) is funded by the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) and is a national program designed to increase access to the disability income benefit programs administered by the [Social Security Administration \(SSA\)](#) for eligible adults and children who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

Should I complete a SOAR-assisted SSI/SSDI application?



SOAR Critical Components

Using these five SOAR Critical Components, case workers play a central role in gathering complete, targeted, and relevant information for SSA and DDS, resulting in high-quality SSI/SSDI applications. These components significantly increase the likelihood of an approval for those who are eligible.



ATTACHMENT 5: CORE COMPETENCIES FOR PEER WORKERS IN BEHAVIORAL HEALTH SERVICES



BRINGING RECOVERY SUPPORTS TO SCALE
Technical Assistance Center Strategy (BRSS TACS)

Core Competencies for Peer Workers in Behavioral Health Services

OVERVIEW

In 2015, SAMHSA led an effort to identify the critical knowledge, skills, and abilities (leading to Core Competencies) needed by anyone who provides peer support services to people with or in recovery from a mental health or substance use condition. SAMHSA—via its Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) project—convened diverse stakeholders from the mental health consumer and substance use disorder recovery movements to achieve this goal. SAMHSA in conjunction with subject matter experts conducted research to identify Core Competencies for peer workers in behavioral health. SAMHSA later posted the draft competencies developed with these stakeholders online for comment. This additional input helped refine the Core Competencies and this document represents the final product of that process.

As our understanding of peer support grows and the contexts in which peer recovery support services are provided evolve, the Core Competencies must evolve over time. Therefore, updates to these competencies may occur periodically in the future.

Core Competencies are intended to apply to all forms of peer support provided to people living with or in recovery from mental health and/or substance use conditions and delivered by or to adults, young adults, family members and youth. The competencies may also apply to other forms of peer support provided by other roles known as peer specialists, recovery coaches, parent support providers or youth specialists. These are not a complete set of competencies for every context in which peer workers provide services and support. They can serve as the foundation upon which additional competencies for specific settings that practice peer support and/or for specific groups could be developed in the future. For example, it may be helpful to identify additional competencies beyond those identified here that may be required to provide peer support services in specific settings such as clinical, school, or correctional settings. Similarly, there may be a need to identify additional Core Competencies needed to provide peer support services to specific groups, such as families, veterans, people in medication-assisted recovery from an SUD, senior citizens, or members of specific ethnic, racial, or gender-orientation groups.

BACKGROUND

What is a peer worker?

The role of the peer support worker has been defined as “offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations.” Peer support has been described as “a system of giving and

receiving help” based on key principles that include “shared responsibility, and mutual agreement of what is helpful.”¹Peer support workers engage in a wide range of activities, including advocacy, linkage to resources, sharing of experience, community and relationship building, group facilitation, skill building, mentoring, goal setting, and more. They may also plan and develop groups, services or activities, supervise other peer workers, provide training, gather information on resources, administer programs or agencies, educate the public and policymakers, and work to raise awareness.²

As mentioned previously, the development of additional Core Competencies may be needed to guide the provision of peer support services to specific groups who also share common experiences such as family members. The shared experience of being in recovery from a mental or substance use disorder or being a family member of a person with a behavioral health condition is the foundation on which the peer recovery support relationship is built in the behavioral health arena.

What is recovery?

SAMHSA developed the following working definition of recovery by engaging key stakeholders in the mental health consumer and substance use disorder recovery communities:

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.²

Throughout the competencies, the term “recovery” refers to this definition. This definition does not describe recovery as an end state, but rather as a process. Complete symptom remission is neither a prerequisite of recovery nor a necessary outcome of the process. According to the SAMHSA Working Definition of Recovery, recovery can have many pathways that may include “professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches.” SAMHSA has identified four major dimensions that support a life in recovery:

- 1. Health**—Learning to overcome, manage or more successfully live with the symptoms and making healthy choices that support one’s physical and emotional wellbeing;
- 2. Home**—A stable and safe place to live;
- 3. Purpose**—Meaningful daily activities, such as a job, school, volunteer work, or creative endeavors; and, increased ability to lead a self-directed life; and meaningful engagement in society; and
- 4. Community**—Relationships and social networks that provide support, friendship, love, and hope

Peer workers help people in all of these domains.

What are Core Competencies?

Core Competencies are the capacity to easily perform a role or function. They are often described as clusters of the knowledge, skills, and attitudes a person needs to have in order to successfully perform a role or job or as the ability to integrate the necessary knowledge, skills, and attitudes. Training, mentoring, and supervision can help people develop the competencies needed to perform a role or job.⁴³ This will be the first integrated guidance on competencies for peer workers with mental health and substance use lived experience.

Why do we need to identify Core Competencies for peer workers?

Peer workers and peer recovery support services have become increasingly central to people’s efforts to live with or recover from mental health and substance use disorders. Community-based organizations led by people who have lived experience of mental health conditions and/or who are in recovery from substance use disorders are playing a growing role in helping people find recovery in the community. Both the mental health consumer and the substance use disorder recovery communities have

¹ Mead, S., Hilton, D. & Curtis, L. (2001). Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal*, 25(2), 134-141. 2

Jacobson, N. et.al. (2012). What do peer support workers do? A job description. *BMC Health Services Research*. 12:205

² Substance Abuse and Mental Health Services Administration. SAMHSA’s Working Definition of Recovery. PEP12-RECDEF, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2012. 4 Henandez, R.S., O’Connor, S.J. (2010). *Strategic Human Resources Management in Health Services Organizations*. Third Edition. Delmar Cengage Learning. P. 83.

³ Sperry, L. (2010). *Core Competencies in Counseling and Psychotherapy: Becoming a Highly Competent and Effective Therapist*. Routledge. P. 5.

recognized the need for Core Competencies and both communities actively participated in the development of these peer recovery support worker competencies.

Potential Uses of Core Competencies

Core Competencies have the potential to guide delivery and promote best practices in peer support. They can be used to inform peer training programs, assist in developing standards for certification, and inform job descriptions. Supervisors will be able to use competencies to appraise peer workers' job performance and peers will be able to assess their own work performance and set goals for continued development of these competencies.

Core Competencies are not intended to create a barrier for people wishing to enter the peer workforce. Rather they are intended to provide guidance for the development of initial and on-going training designed to support peer workers' entry into this important work and continued skill development.

Core Competencies, Principles and Values

Core Competencies for peer workers reflect certain foundational principles identified by members of the mental health consumer and substance use disorder recovery communities. These are:

RECOVERY-ORIENTED: Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.

PERSON-CENTERED: Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individuals has identified to the peer worker.

VOLUNTARY: Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.

RELATIONSHIP-FOCUSED: The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.

TRAUMA-INFORMED: Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

Core Competencies for Peer Workers in Behavioral Health Services

Category I: Engages peers in collaborative and caring relationships

This category of competencies emphasized peer workers' ability to initiate and develop on-going relationships with people who have behavioral health condition and/or family members. These competencies include interpersonal skills, knowledge about recovery from behavioral health conditions and attitudes consistent with a recovery orientation.

- 1. Initiates contact with peers**
- 2. Listens to peers with careful attention to the content and emotion being communicated**
- 3. Reaches out to engage peers across the whole continuum of the recovery process**
- 4. Demonstrates genuine acceptance and respect**
- 5. Demonstrates understanding of peers' experiences and feelings**

Category II: Provides support

The competencies in this category are critical for the peer worker to be able to provide the mutual support people living with behavioral health conditions may want.

- 1. Validates peers' experiences and feelings**
- 2. Encourages the exploration and pursuit of community roles**
- 3. Conveys hope to peers about their own recovery**
- 4. Celebrates peers' efforts and accomplishments**
- 5. Provides concrete assistance to help peers accomplish tasks and goals**

Category III: Shares lived experiences of recovery

These competencies are unique to peer support, as most roles in behavioral health services do not emphasize or even prohibit the sharing of lived experiences. Peer workers need to be skillful in telling their recovery stories and using their lived experiences as a way of inspiring and supporting a person living with behavioral health conditions. Family peer support worker likewise share their personal experiences of self-care and supporting a family-member who is living with behavioral health conditions.

- 1. Relates their own recovery stories, and with permission, the recovery stories of others' to inspire hope**
- 2. Discusses ongoing personal efforts to enhance health, wellness, and recovery**
- 3. Recognizes when to share experiences and when to listen**
- 4. Describes personal recovery practices and helps peers discover recovery practices that work for them**

Category IV: Personalizes peer support

These competencies help peer workers to tailor or individualize the support services provided to and with a peer. By personalizing peer support, the peer worker operationalizes the notion that there are multiple pathways to recovery.

- 1. Understands his/her own personal values and culture and how these may contribute to biases, judgments and beliefs**
- 2. Appreciates and respects the cultural and spiritual beliefs and practices of peers and their families**
- 3. Recognizes and responds to the complexities and uniqueness of each peer's process of recovery**
- 4. Tailors services and support to meet the preferences and unique needs of peers and their families**

Category V: Supports recovery planning

These competencies enable peer workers to support other peers to take charge of their lives. Recovery often leads people to want to make changes in their lives. Recovery planning assists people to set and accomplish goals related to home, work, community and health.

- 1. Assists and supports peers to set goals and to dream of future possibilities**
- 2. Proposes strategies to help a peer accomplish tasks or goals**
- 3. Supports peers to use decision-making strategies when choosing services and supports**
- 4. Helps peers to function as a member of their treatment/recovery support team**
- 5. Researches and identifies credible information and options from various resources**

Category VI: Links to resources, services, and supports

These competencies assist peer workers to help other peers acquire the resources, services, and supports they need to enhance their recovery. Peer workers apply these competencies to assist other peers to link to resources or services both within behavioral health settings and in the community. It is critical that peer workers have knowledge of resources within their communities as well as on-line resources.

- 1. Develops and maintains up-to-date information about community resources and services**
- 2. Assists peers to investigate, select, and use needed and desired resources and services**
- 3. Helps peers to find and use health services and supports**
- 4. Accompanies peers to community activities and appointments when requested**
- 5. Participates in community activities with peers when requested**

Category VII: Provides information about skills related to health, wellness, and recovery

These competencies describe how peer workers coach, model or provide information about skills that enhance recovery. These competencies recognize that peer workers have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth.

- 1. Educates peers about health, wellness, recovery and recovery supports**

2. Participates with peers in discovery or co-learning to enhance recovery experiences
3. Coaches peers about how to access treatment and services and navigate systems of care
4. Coaches peers in desired skills and strategies
5. Educates family members and other supportive individuals about recovery and recovery supports
6. Uses approaches that match the preferences and needs of peers

Category VIII: Helps peers to manage crises

These competencies assist peer workers to identify potential risks and to use procedures that reduce risks to peers and others. Peer workers may have to manage situations, in which there is intense distress and work to ensure the safety and well-being of themselves and other peers.

1. Recognizes signs of distress and threats to safety among peers and in their environments
2. Provides reassurance to peers in distress
3. Strives to create safe spaces when meeting with peers
4. Takes action to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of peers
5. Assists peers in developing advance directives and other crisis prevention tools

Category IX: Values communication

These competencies provide guidance on how peer workers interact verbally and in writing with colleagues and others. These competencies suggest language and processes used to communicate and reflect the value of respect.

1. Uses respectful, person-centered, recovery-oriented language in written and verbal interactions with peers, family members, community members, and others
2. Uses active listening skills
3. Clarifies their understanding of information when in doubt of the meaning
4. Conveys their point of view when working with colleagues
5. Documents information as required by program policies and procedures
6. Follows laws and rules concerning confidentiality and respects others' rights for privacy

Category X: Supports collaboration and teamwork

These competencies provide direction on how peer workers can develop and maintain effective relationships with colleagues and others to enhance the peer support provided. These competencies involve not only interpersonal skills but also organizational skills.

1. Works together with other colleagues to enhance the provision of services and supports
2. Assertively engages providers from mental health services, addiction services, and physical medicine to meet the needs of peers

- 3. Coordinates efforts with health care providers to enhance the health and wellness of peers**
- 4. Coordinates efforts with peers' family members and other natural supports**
- 5. Partners with community members and organizations to strengthen opportunities for peers**
- 6. Strives to resolve conflicts in relationships with peers and others in their support network**

Category XI: Promotes leadership and advocacy

These competencies describe actions that peer workers use to provide leadership within behavioral health programs to advance a recovery-oriented mission of the services. They also guide peer workers on how to advocate for the legal and human rights of other peers.

- 1. Uses knowledge of relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that peer's rights are respected**
- 2. Advocates for the needs and desires of peers in treatment team meetings, community services, living situations, and with family**
- 3. Uses knowledge of legal resources and advocacy organization to build an advocacy plan**
- 4. Participates in efforts to eliminate prejudice and discrimination of people who have behavioral health conditions and their families**
- 5. Educates colleagues about the process of recovery and the use of recovery support services**
- 6. Actively participates in efforts to improve the organization**
- 7. Maintains a positive reputation in peer/professional communities**


Category XII: Promotes growth and development

These competencies describe how peer workers become more reflective and competent in their practice. The competencies recommend specific actions that may serve to increase peer workers' success and satisfaction in their current roles and contribute to career advancement.

- 1. Recognizes the limits of their knowledge and seeks assistance from others when needed**
- 2. Uses supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, peer)**
- 3. Reflects and examines own personal motivations, judgments, and feelings that may be activated by the peer work, recognizing signs of distress, and knowing when to seek support**
- 4. Seeks opportunities to increase knowledge and skills of peer support**

Last Updated December 7, 2015

ATTACHMENT 6: DETERMINATION FOR MEDICAL NECESSITY AND TARGET POPULATION

 <p>County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-01-07
	Effective Date	07-01-2005
	Revision Date	09-01-2020
Title: Determination for Medical Necessity and Target Population	Functional Area: Access	
Approved By: (Signature on File) Signed version available upon request Alexandra Rechs Program Manager, Quality Management		

BACKGROUND/CONTEXT:

Sacramento County Mental Health Plan (MHP) is dedicated to serving people with psychiatric disabilities from various target populations, ages, cultural and ethnic communities. The goal is to promote recovery and wellness for adult and older adults with severe mental illness, and resiliency for children with serious emotional disorders and their families.

DEFINITIONS:

Medical Necessity: The criteria that identify service need based on inclusion of specific signs, symptoms, and conditions and proposed treatment associated with mental illness. Determination of medical necessity requires inclusion of a covered diagnosis; an established level of impairment; an expectation that specialty mental health treatment is necessary to address the condition; and the condition would not be responsive to physical health care based treatment. Medical necessity is defined by the California Code of Regulations and is contained in a variety of State Department of Health Care Services (DHCS) notices and letters delineating requirements for county mental health services.

Target Population: For the purposes of county mental health services, target population refers to individuals with severe disabling conditions that require mental health treatment giving them access to available services based on these conditions. Public mental health systems are obligated to serve those identified individuals across the age spectrum and acuity of need. Services for each target population are based on acuity of need and impairment as well as varying eligibility criteria. Uninsured individuals are served to the extent resources are available. (W&I 5600.2, W&I 5600.3).

The following target population groups are served in Sacramento County.

Adults:

- (a) Individuals insured by MediCal
- (b) Uninsured individuals (served as resources permit through realignment or other identified funding)

Youth:

(a) Youth insured by MediCal

(c) Uninsured youth (served as resources permit through realignment or other identified funding).

The following attached documents guide this policy:

1. Adult Target Population: Adult Target Population will be in accordance to the Mental Health Plan definition (see Attachment A)
2. Children's Target Population: Child Target Population will be in accordance to the Mental Health Plan definition (see Attachment C)

Serious and Persistent Mental Illness – W&I Code Section 5600.3(2): An adult is considered to have a serious mental disorder if he/she has an identified mental disorder that is severe in degree, persistent in duration, which cause behavioral functioning that interferes substantially with the primary activities of daily living, and result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.

Seriously Emotionally Disturbed - W&I Code Section 5600.3(a)(2): A child or adolescent is considered to have a serious emotional disturbance if they have he/she has a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria as a result of the mental disorder:

- Has substantial impairment in at least 2 areas (self-care, school functioning, family relationships, ability to function in the community);
- Is either at risk of removal from home or has already been removed OR the mental disorder and impairments have been present for more than 6 months or are likely to continue for more than 1 year without treatment;
- Displays psychotic features, risk of suicide or risk of violence due to mental disorder.

PURPOSE:

This policy and procedure establishes Sacramento County medical necessity parameters for the following populations:

1. Medical Necessity for Adults ages 21 and older, determination will be made in accordance to Title 9, Section 1830.205 and MHP Contract, Exhibit A, Attachment 3. (See Attachment B)
2. Medical Necessity for Child/Youth ages 0 – 21 determination will be made in accordance to Title 9, Section 1830.210 and MHP Contract, Exhibit A, Attachment 3. (See Attachment D)

This document provides operational guidance for access to services for different target populations and the conditions that determine medical necessity.

DETAILS:

Determination of Medical Necessity Criteria: All Staff conducting the initial assessment meet the qualifications for Licensed Professional of Healing Arts (LPHA) and function as part of the MHP Access Team or specifically designated entry points of services.

1. Adult Outpatient Services

- a. The Access Team will make an initial determination of Medical Necessity criteria for outpatient services. The Access Team will document their determination and refer to the appropriate provider based on said determination.
- b. The Access Team designates additional specified points of entry for vulnerable population in order to provide presumptive determination of eligibility to prevent barriers to care.
- c. Service providers receiving assignments from the Access Team are required to confirm medical necessity and to complete the appropriate assessment upon contact with referred individuals.
- d. Service providers will continue to review and confirm medical necessity annually at minimum.

2. Child & Family Outpatient Services

- a. The Access Team will make an initial determination of Medical Necessity criteria for outpatient services except as delineated in #2(b) below. The Access Team will document their determination and refer to the appropriate provider based on said determination.
- b. If a client has full scope MediCal, an assignment to a provider will be made for a face-to-face assessment to confirm that medical necessity is met. For children and youth under the age of 21, this assignment to a provider may be made even if, based on initial Access Team screening, medical necessity is not met.
- c. Service providers receiving assignments from the Access Team are required to confirm medical necessity and to complete the appropriate assessment upon contact with referred individuals.
- d. Service providers will continue to review and confirm medical necessity annually at minimum.

REFERENCE(S)/ATTACHMENTS:

- California Code of Regulations, Title 9
- [9 CCR § 1830.205](#)
- [Behavioral Health Information Notice No. 20-043](#)
- [All Plan Letter No. 18-006](#)

RELATED POLICIES:

- All MHP P&P's
- All MHTC P&P's

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff		
X	Mental Health Treatment Center		
X	Adult Contract Providers		
X	Children's Contract Providers		
X	Substance Use, Prevention, and Treatment Services		

	Specific grant/specialty resource		

CONTACT INFORMATION:

- Quality Management Program QMInformation@saccounty.net

**ATTACHMENT A
ADULT TARGET POPULATION**

For services in the adult specialty mental health system, individuals must meet Criteria A, B, C and D to meet service requirements for operational definition or core target population irrespective of funding.

Criteria A: At least one of the following diagnoses as defined in the current edition of the Diagnostic and Statistical manual of Mental Disorders Fifth Edition (DSM 5):

<u>ICD-10</u> (Codes for Included Diagnosis for Adult Target Population)	<u>DSM 5 Classification</u>
F20.9 F28 F29* F20.81*	1. Schizophrenia Spectrum Disorder and Other Psychotic Disorders Schizophrenia Other Specified Schizophrenia Spectrum and Other Psychotic Disorder Unspecified Schizophrenia Spectrum and Other Psychotic Disorder (previously Psychotic Disorder NOS) Schizophreniform <i>* Re-evaluation and resolution of diagnosis must be done within 6 months of initial diagnosis</i>
F25.0 F25.1	2. Schizoaffective Disorder Schizoaffective Disorder Bipolar Type Schizoaffective Disorder Depressive Type

	3. Bipolar Disorders
F31.11	Bipolar I Disorder current or most recent episode manic, mild
F31.12	Bipolar I Disorder current or most recent episode manic, moderate
F31.13	Bipolar I Disorder current or most recent episode manic, severe
F31.2	Bipolar I Disorder current or most recent episode manic, with psychotic features
F31.73	Bipolar I Disorder current or most recent episode manic, in partial remission
F31.74	Bipolar I Disorder current or most recent episode manic, in full remission
F31.9	Bipolar I Disorder current or most recent episode manic, unspecified
F31.31	Bipolar I Disorder current or most recent episode depressed, mild
F31.32	Bipolar I Disorder current or most recent episode depressed, moderate
F31.4	Bipolar I Disorder current or most recent episode depressed, severe
F31.5	Bipolar I Disorder current or most recent episode depressed, with psychotic features
F31.75	Bipolar I Disorder current or most recent episode depressed, in partial remission
F31.76	Bipolar I Disorder current or most recent episode depressed, in full remission
F31.9	Bipolar I Disorder current or most recent episode depressed, unspecified
F31.9	Bipolar Disorder current or most recent episode unspecified
F31.9	Unspecified Bipolar and Related Disorder (previously Bipolar NOS)
F31.81	Bipolar II Disorder
	4. Major Depressive Disorder Recurrent Episode
F33.9	Major Depressive Disorder, recurrent episode, unspecified
F33.0	Major Depressive Disorder, recurrent episode, mild
F33.1	Major Depressive Disorder, recurrent episode, moderate
F33.2	Major Depressive Disorder, recurrent episode, severe
F33.3	Major Depressive Disorder, recurrent episode, with psychotic features
F33.41	Major Depressive Disorder, recurrent episode, in partial remission
F33.42	Major Depressive Disorder, recurrent episode, in full remission
	5. Trauma- and Stressor-Related Disorders
F43.10	Posttraumatic Stress Disorder
F43.8*	Other Specified Trauma and Stressor Related Disorder
F43.9*	Unspecified Trauma and Stressor Related Disorder
	* Re-evaluation and resolution of diagnosis must be done within 6 months of initial diagnosis
	6. Borderline Personality Disorder
F60.3	Borderline Personality Disorder

Exclusions: Individuals with a primary diagnosis of substance abuse or those with a sole diagnosis of developmental disability. The criteria exclude those with organic brain syndromes such as dementia or delirium.

Criteria B: Severe impairment in community functioning that includes consideration of sociocultural issues in one or more areas as a result of covered above-listed covered diagnosis. Specific functional impairment must be clearly documented. Functional areas include:

Functional Area	Criteria
Basic self-care, independent living skills, consistent behaviors of endangerment of self or others	Consistent failure to maintain basic activities of independent living; inability to obtain food, clothing, and/or shelter without supports; serious disturbances in physical health such as weight change, disrupted sleep or fatigue that threatens health, separate from physical symptoms due to general medical conditions.
Productive Activities: Includes employment, education, volunteer, parent/caregiver, or other meaningful activities.	Inability to maintain participation in client specific meaningful activities and/or obligations to job, school, self, or others.
Interpersonal Relationships	Marked impairment of interpersonal interactions with consistently contentious or otherwise disrupted relations with others, which may include impulsive or abusive behaviors.
Co-morbidity – Substance Use	Inability to maintain roles in the following (see above parameters): self-care, productive activities, or interpersonal relationships due to a co-occurring substance use disorder.
Co-morbidity – Medical	Inability to attend to crucial medical needs as directed by a physician.

Criteria C: Focus of the proposed intervention will be to significantly diminish impairment or prevent significant deterioration in an identified important area of functioning.

Criteria D: Impairments and conditions require specialty mental health services and would not be responsive to physical health care based treatment.

Criteria A, B, C and D will be documented in the client medical record and will be the conditions that support medical necessity for continued services.

**ATTACHMENT B ADULT MEDICAL NECESSITY
CRITERIA FOR SECONDARY OR TERTIARY
DIAGNOSIS**

Must have all, (A, B, and C) as per [Title 9, CCR, Chapter 11, Section 1830.205\(b\)\(1\)](#) and MHP Contract, Exhibit A, Attachment 3 A. Covered Psychiatric Diagnosis

Must have one of the following DSM-5 diagnoses, which will be the focus of the intervention being provided:

INCLUDED DIAGNOSIS:

- Pervasive Developmental Disorders, except Autistic Disorders
- Attention Deficit and Disruptive Behavior Disorders
- Feeding & Eating Disorders of Infancy and Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia and other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorders
- Eating Disorders
- Impulse-Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality disorder
- Medication-Induced Movement Disorders

EXCLUDED DIAGNOSIS

- Mental Retardation
- Learning Disorders
- Communication Disorders
- Autism Spectrum Disorder*
- Tic Disorders
- Delirium, Dementia, and Amnesic and Other Cognitive Disorders
- Mental Disorders due to a General Medical Condition
- Substance-Related Disorders
- Sexual Dysfunctions
- Sleep Disorders
- Antisocial Personality Disorder
- Other conditions that may be a focus of clinical attention, except Medication Induced Movement Disorders, which are included

B. Functional Impairment Criteria

Must have one of the following as a result of the mental health disorder(s) identified in the diagnostic “A” criteria:

1. A significant impairment in an important area of life functioning
OR
2. A probability of significant deterioration in an important area of life functioning

A client may receive services for an included diagnosis when an excluded diagnosis is also present.

**Refer to [APL No. 18-006](#) and [Behavioral Health IN No. 20-043](#)*

C. Intervention Related Criteria

1. The focus of proposed intervention is to address the condition identified in impairment criteria “B” above,
AND
2. It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning
AND
3. Not responsive to physical health care based treatment.

CHILDREN'S/YOUTH MENTAL HEALTH SERVICES ATTACHMENT C TARGET POPULATION - CHILD & YOUTH

Children and youth to be served in a System of Care are found eligible in one of two main categories:

1. **MEDI-CAL ELIGIBLE:**

Full-SCOPE Medi-Cal eligible children and youth ages 0-21 are entitled by federal mandate to services to "treat or ameliorate any mental health condition" through Early and Periodic Screening, Diagnosis and Treatment (EPSDT). County Mental Health is required by law to ensure access to appropriate service to these individuals in a timely manner.

2. **REALIGNMENT:**

Children and youth up to age 18 who have a serious emotional disturbance may be the responsibility of the county under Realignment. Realignment resources are not utilized for children or youth with other eligibility or forms of insurance. Realignment Legislation (Welfare and Institutions Code Section 5600.3) secures services for eligible children and youth to the **extent that resources allow**. Children and youth who qualify for services using realignment funding meet the following criteria:

Must have a current included DSM 5 diagnosis. Clients with a primary included DSM 5 diagnosis may have a co-occurring substance abuse or developmental disorder as a secondary focus of treatment. Organic mental disorders are included only if the child currently manifests behaviors that are a danger to self or others and is amenable to treatment interventions which will ameliorate the presenting condition.

Child and youth shall meet one or both of the following criteria:

A. As a result of the mental disorder, the child has substantial impairment in at least two of the following areas:

1. Self-care,
2. School functioning,
3. Family relationships,
4. Ability to function in the community; **AND either of the following occurs:**
 - a. The child is at risk of removal from home or has already been removed from the home.
 - b. The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.

B. The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.

ATTACHMENT D CHILDREN'S MEDICAL NECESSITY CRITERIA

Must have all, (A, B, and C) as per Title 9, CCR, Chapter 11, Section 1830.205(b)(1) and MHP Contract, Exhibit A, Attachment 3

A. Covered Psychiatric Diagnosis

Must have one of the following DSM-5 diagnoses, which will be the focus of the intervention being provided:

INCLUDED DIAGNOSIS:

- Pervasive Developmental Disorders, except Autistic Disorders
- Attention Deficit and Disruptive Behavior Disorders
- Feeding & Eating Disorders of Infancy and Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia and other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorders
- Eating Disorders
- Impulse-Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality disorder
- Medication-Induced Movement Disorders

EXCLUDED DIAGNOSIS

- Mental Retardation
- Learning Disorders
- Communication Disorders
- Autism Spectrum Disorder*
- Tic Disorders
- Delirium, Dementia, and Amnesic and Other Cognitive Disorders
- Mental Disorders due to a General Medical Condition
- Substance-Related Disorders
- Sexual Dysfunctions
- Sleep Disorders
- Antisocial Personality Disorder
- Other conditions that may be a focus of clinical attention, except Medication Induced Movement Disorders, which are included

A client may receive services for an included diagnosis when an excluded diagnosis is also present. *Refer to [APL No. 18-006](#) and [Behavioral Health IN No. 20-043](#)

B. Functional Impairment Criteria

Must have one of the following as a result of the mental health disorder(s) identified in the diagnostic "A" criteria:

1. A significant impairment in an important area of life functioning;
OR
2. A probability of significant deterioration in an important area of life functioning;
OR
3. Children also qualify if there is a probability the child will not progress developmentally as individually appropriated. Children covered under EPSDT qualify if they have a mental disorder which can be corrected or ameliorated.

C. Intervention Related Criteria

Must have all (1, 2, and 3 listed below):

1. The focus of proposed intervention is to address the condition identified in impairment criteria "B" above;
AND
2. It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning;
AND
3. The condition would not be responsive to physical healthcare based treatment.

ATTACHMENT 7: GOOD NEIGHBOR POLICY

COUNTY OF SACRAMENTO GOOD NEIGHBOR POLICY

Contact: Penelope Clarke
Public Protection & Human Assistance Agency
916 874-5886

Preamble

The County is a political subdivision of the State of California, that is mandated by state and federal law to provide certain services to all residents of the County, and that also provides non-mandated, desired or necessary services to enhance the well being and quality of life for its residents. Such services are provided within the territorial boundaries of all cities within Sacramento County and in the unincorporated areas of the County.

County facilities are generally located in close proximity to the constituent population served, and in areas that are easily accessible to public transportation. The siting of facilities is ultimately a County responsibility. The County requires its departments to have conducted reasonable outreach to affected neighborhoods in siting County facilities. The County takes into consideration a whole range of factors, including location of clients served, proximity of other related services needed by clientele, and any neighborhood revitalization plans and adoption siting policies of cities. The County will solicit the affected city's input and recommendation as to location, but retains the ultimate decision as to the parameters of the search area and determination of the most appropriate sites.

As a general rule, the County does not do site searches for programs, services or facilities operated by non-county entities that may receive County funding, but requires contractors to have conducted reasonable outreach to affected neighborhoods. The County contracts for services, but does not dictate the location of the facility. All businesses within the incorporated and unincorporated areas of the county must be in good standing with whatever city or County zoning laws apply in order to receive funding.

The County of Sacramento is committed to being an integral part of the neighborhoods and communities in which it is located and will implement measures in order to minimize the impact of such facilities on those neighborhoods and communities. Through its placement and management of facilities and its provision of appropriate services, the County endeavors to enhance revitalizing and strengthening of neighborhoods and communities.

Sacramento County -- Good Neighbor Policy

This policy is focused on those County-owned and County-leased facilities and those service providers under contract with the County where programs provide direct service to County constituents that have a potential impact on neighborhoods through increased traffic, noise, trash, parking, people congregating, and security risks to neighborhoods and program participants.

Generalized good neighbor policies that prohibit loitering, require litter control services, mandate removal of graffiti, provide for adequate parking and restroom amenities, require landscape and facility maintenance consistent with the neighborhood and require identification of a contact person for complaint resolution have general application to all county facilities and programs.

Good neighbor policies will also address specific and individualized impacts of proposed facilities and services based on actual circumstances which must be determined through a case by case analysis.

Good Neighbor Policies

This policy applies only to County-owned and leased facilities and those service providers under contract with the County if the facility programs and projects provide direct services to County constituents. In addition these service facilities must have a potential impact on neighborhoods and communities through increased traffic, noise, trash, parking, people congregating, and security risks to both neighborhoods and program participants.

The County requires, with regard to the actual location of a particular facility or service, that all applicable zoning laws have been complied with. The focus of this good neighbor policy does not include the propriety of the location of a facility or program in a properly zoned neighborhood or community.

While location is a consideration and input from cities, neighborhoods and communities will be sought, the ultimate decision as to location rests with the County.

Once a facility is sited and in compliance with zoning laws, the intent of this policy is to identify physical impacts and measures to mitigate those impacts so as to be an integral part of the neighborhood and community the County serves.

Provision A: Establish a cooperative relationship with all cities, neighborhoods and communities for planning and siting facilities and contracting for services where the service or project has a high impact on the neighborhood and mitigation of those physical impacts is necessary.

Sacramento County -- Good Neighbor Policy

Provision B: Promote decentralization of County services where feasible as a means to improve accessibility and service delivery and reduce physical impact on the environment, neighborhoods and communities.

Provision C: Promote collocation of services, where feasible, as a way to enhance efficiency and reduce costs in the delivery of services.

Provision D: Promote exploration of innovative ways to increase accessibility to services that could also reduce physical impacts on the environment, neighborhoods and communities.

Provision E: Establish early communication with affected cities, neighborhoods and communities as a way to identify potential physical impacts on neighborhoods and to establish mitigation as necessary as well as appropriate property management practices so as not to be a nuisance.

Provision F: Maintain ongoing communication with cities, neighborhoods and communities as a way to promote integration of facilities into the community, to determine the effectiveness of established good neighbor practices, and to identify and resolve issues and problems expediently.

Provision G: Establish generalized good neighbor practices for high impact facilities, services and projects that include:

- Provision of adequate parking
- Provision of adequate waiting and visiting areas
- Provision of adequate restroom facilities
- Provision for litter control services
- Provision for removal of graffiti
- Provision for control of loitering and management of crowds
- Provision for appropriate landscape and facility maintenance in keeping with neighborhood standards
- Provision for identification of a contact person for complaint resolution
- Provision in contracts for the County to fix a deficiency and deduct it from the money owed to the program if the program fails to fix them.
- Provision to participate in area crime prevention and nuisance abatement efforts.

Provision H: Establish specific good neighbor practices for high impact facilities, services and projects based on a factual analysis of circumstances that would require more oversight and extraordinary measures to ensure the resolution of problems as they occur.

Sacramento County -- Good Neighbor Policy


Provision I: Establish requirements that all facilities, services and projects be in compliance with various nuisance abatement ordinances and any other provision of law that applies.

Provision J: Establish a central point of contact, within the County, for resolving noncompliance with this Good Neighbor Policy when all other administrative remedies have been exhausted. This requires contact with funding agencies, site contacts, call report logs, database maintenance, and trends analysis.

Provision K: Conduct a periodic review of all sites and projects included in this policy to determine the effectiveness of the application of the Good Neighbor Policy.

Provision L: Continued non-compliance by contractor to this policy and it's provisions may result in contract termination and ineligibility for additional or future contracts.

ATTACHMENT 8: STAFF REGISTRATION POLICY

 <p>County of Sacramento Department of Health and Human Services** Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-03-07
	Effective Date	06-07-2005
	Revision Date	05-30-2018
Title: Staff Registration	Functional Area: Beneficiary Protection	
Approved By: (Signature on File) Signed version available upon request Alexandra Rechs, MFT Program Manager, Quality Management		

BACKGROUND/CONTEXT:

Sacramento County Behavioral Health Services Mental Health Plan (MHP) is responsible for assuring that the mental health services provided are commensurate with the scope of practice, training and experience of the staff utilized. Behavioral Health Services - Quality Management (QM) must certify all staff that provides mental health and alcohol and drug services in accordance with Title 9, Welfare and Institution Code, and Business and Professions Code regulations. QM is responsible for issuing a Staff Registration Number when the certification requirements are met. In addition, QM maintains confirmation of licensure for the County staff performing in a licensed position whether or not they provide direct mental health services, even if they do not bill for those services provided.

DEFINITIONS:

Licensed Professional of the Healing Arts (LPHA)

An LPHA is an individual who can function as “Head of Service” on the agency Application and possesses a valid California Professional License in one of the following professional categories (California Code of Regulations, Title 9, Division 1, Article 8.):

1. **Psychiatrist, Medical Doctor, Psychiatric Resident (Licensed or Unlicensed) (MD)**
2. **Licensed Clinical Psychologist (PSY)**
3. **Licensed Clinical Social Worker (LCSW)**
4. **Licensed Marriage and Family Therapist (LMFT)**
5. **Licensed Professional Clinical Counselor I (LPCC I)**
6. **Licensed Professional Clinical Counselor II (LPCC II)***

7. **Registered Nurse, Nurse Practitioner, Nurse Practitioner Intern (RN, NP, NPI)*** 8. **Physician Assistant (PA)***

***Licensed Professional Clinical Counselor II (LPCC II)** must verify completion of additional training and education of six semester units or nine quarter units specifically focused on the theory and application of marriage and family therapy or a named specialization or emphasis are on the qualifying degree in marriage and family therapy, marital and family therapy, marriage, family and child counseling; or couple and family therapy. In addition, submit proof of no less than 500 hours of documented supervised experience working directly with couples, families, or children and a minimum of six hours of continuing education specific to marriage and family therapy, completed in each licensed renewal cycle. The Board of Behavioral Science must confirm these qualifications have been met and the LPCC II is to provide a copy of that confirmation to couples and family clients prior to the commencement of treatments and to Associate Marriage and Family Therapists, LPCC I, and Associate Professional Clinical Counselors who are gaining the supervised experience necessary to treat couples and families. Business and Professions Code 4999.20 and California Code of Regulations, Title 16, Sections 1820.5 and 1820.7.

***Registered Nurse, Nurse Practitioner, Nurse Practitioner Intern (RN, NP, NPI)**

- See Policy and Procedures # QM-03-04-Nurse Practitioner for additional details

***Physician Assistant (PA)**

- See Policy and Procedures # QM-03-09-Physician Assistant for additional details

Licensed Waived

A “waived” individual may function as an LPHA with the exception of “Head of Service”. This individual is an Associate Marriage and Family Therapist (AMFT), an Associate Social Worker (ASW), an Associate Professional Clinical Counselor (APCC), Registered Psychologist (RPS) or a Registered Psychological Assistant (PSB), and is registered with their respective Board and is one of the following:

1. An individual with a **Master’s Degree** who is granted a waiver by the County, which allows them to function as an LPHA for up to six years.
2. An individual with a **PhD** who has registered with the Board of Psychology and is granted a waiver by the State Department of Mental Health*, *exception UCD Interns/ Fellows.* (See Business and Professions Code Section 2909)

***See P & P #03-06 Licensure Waiver and Monitoring of Accrued Supervised Hours for details.**

Student

A Student Trainee may function as an LPHA throughout the placement time period with appropriate co-signatures and is one of the following:

1. **“Medical Student Clinical Clerkship”** participating in a field trainee placement while enrolled in an accredited Medical School. Psychiatrist co-signature required.
2. **“Post Graduate Student”** participating in a field trainee placement while enrolled in an accredited PhD Psychology program. LPHA- co signature required
3. **“Master’s Level Student”** participating in a field trainee placement while enrolled in an accredited Masters in Social Work (MSW) or Masters of Art (MA)/Masters of Science (MS) Counseling program. LPHA co-signature required.

Licensed Vocational Nurse (LVN)

An LVN possesses a valid California LVN License. Must meet specific criteria to function as “Head of Service.” (See P&P # 04-01 Site Certification for details).

Psychiatric Technician (PT)

A PT possesses a valid California PT License. Must meet specific criteria to function as “Head of Service.” (See P&P # 04-01 Site Certification for details)

Mental Health Rehabilitation Specialist (MHRS)

An MHRS is an individual who meets one of the following requirements:

1. **Master’s Degree** or **PhD** and two years of full-time/equivalent (FTE) direct care experience in a mental health setting.
2. **Bachelor’s Degree** and 4 years FTE direct care experience in a mental health setting.
3. **Associate Arts Degree** and six years of FTE direct care experience in a mental health setting. At least two of the six years must be post AA degree experience in a mental health setting.

FTE Experience may be direct services provided in a mental health setting in the field of:

1. **Physical Restoration**
2. **Psychology**
3. **Social Adjustment**
4. **Vocation Adjustment**

Mental Health Assistant (MHA)

MHA-III: “Mental Health Assistant-III” is an individual with at least four (4) years of full time/equivalent (FTE) direct care experience in the mental health field. Up to two (2) years of education in a mental health or alcohol and drug related field can substitute for years of experience.

1. Four years of FTE direct care experience in a mental health related field providing mental health. Or
2. Two years of FTE direct care experience in a mental health related field providing mental health; and two (2) years of education (60 semester or 90 quarter units) with a minimum of 12 semester (18 quarter) units in a mental health related subject area such as child development, social work, human behavior, rehabilitation, psychology, or alcohol and drug counseling.

MHA-II: “Mental Health Assistant-II” is an individual who has at least two (2) years but less than four (4) years of full-time/equivalent (FTE) experience in a mental health or related field providing direct mental health. There is no educational requirement.

MHA-I: “Mental Health Assistant-I” is an individual who has less than two (2) years of FTE in a mental health related field providing direct mental health. There is no educational requirement.

Alcohol and Drug Counselor

ADS Assistant: Is an individual who has not yet enrolled into a certification program. This candidate must register, within the first 6 months from the date of hire, and enroll in a State Department of Health Care Services (DHCS) Designated Certifying Organization.

ADS Counselor I is an individual who is successfully registered in a DHCS Designated Certifying Organization. This candidate must remain in good standing and complete certification within five (5) years from the date of registration

ADS Counselor II is an individual who has completed program requirements and is certified by a DHCS Designated Certifying Organization.

Graduate Student

Graduate student is an individual enrolled in the UCD Pre/Post Doctorial Training program.

Peer Staff

Peer staff is an individual identified by a provider whose contract contains provisions for Peer Partner Program staff. There is no education or direct care experience requirement. Lived experience is the basis for this classification.

PURPOSE:

The purpose of this policy and procedure is to delineate the staff classifications and the corresponding qualifications, education, documentation requirements, for all staff providing mental health and drug and alcohol services. It is the policy of Behavioral Health Services to certify each qualifying staff providing mental health and/or alcohol and drug services, directly or indirectly. A Staff Registration Number is issued based on meeting requirements for each classification.

This policy is not meant to supersede specific program design or contractual obligations.

DETAILS:

I. AVATAR Staff Registration Application

The completed Avatar Staff Registration Application Form (Attachment A) and a copy of the NPI printout is submitted to Quality Management with all the required supporting documentation for the requested professional classification.

A. Specify the reason for the application:

1. New – this staff is unknown to the MHP and does not possess a Staff Identification (ID) Number.
2. Update- this staff possesses a Staff ID and the agency wishes to change information previously submitted. Example: Name change, agency change, professional class or employment status changes.

B. Name and your **Social Security number (required to query State and Federal databases mandated as part of the credentialing process) - indicate the current name to be used for certification. ***It must match the name on NPI Registry*****

1. If this is an Update, indicate any previous name(s) submitted in the AKA.

- C. Program Name and Address
- D. Date of Employment
- E. Employment status – indicate appropriate status
- F. Professional Class – indicate the specific classification for which this staff qualifies.
- G. License or registration number
- H. National Provider Identifier (NPI) number. Write the NPI number on the form and attach the NPPES printout. MFT/Associate Marriage and Family Therapist must use Taxonomy 106H00000X; LPCC/Associate Professional Clinical Counselor must use 101YM0800X
- I. Termination is completed when a staff is no longer employed at a provider agency. The original copy of the registration may be faxed or a copy sent to QM with the information added for termination.

II. Professional Classification Supporting Documentation

A. LPHA Licensed Professional Class

1. Submits copy of appropriate license, which indicates the original was verified and is initialed by the Provider or a copy of the appropriate Board printout indicating the name and license status.
2. Provider will verify that the LPCC II classification provided proof of the additional training and education described in the definition and in accordance with Business and Professions Code 4999. (See Attachment B)
3. Provider will verify the LPCC II completed six (6) hours of continuing education specific to marriage and family therapy in each licensing cycle.
4. May co-sign for any staff's work.
5. May provide services and supervision in accordance with the professional class scope of practice. *LPCC I does not include the assessment or treatment of couples or families until they complete additional training and education as defined in LPCC II.*

B. Licensed Waived Professional Class: Associate Social Worker, Associate Marriage and Family Therapist, and Associate Professional Clinical Counselor.

1. LPHA Licensure Waiver Application for (Attachment C)
2. Copy of current, valid registration issued by the Board of Behavioral Science (BBS).
3. Completed copy of the appropriate Responsibility Statement for Supervisors of an Associate Social Worker, Associate Marriage and Family Therapist, or Associate Professional Clinical Counselor. Copies available on the following website: <http://www.bbs.ca.gov/-/Forms-Applicant Materials-> Select appropriate discipline.
4. Registration with the BBS must be maintained until licensure is confirmed.
5. A Supervisors Statement of Responsibility must be maintained until the candidate is licensed. During the licensure process, the Supervisor's Statement located at the bottom portion of the LPHA Licensure Waiver Application may be utilized.

6. May not co-sign for Graduate Student therapy work.
- C. Licensed Waived Professional Class RPS & PSB
1. Licensure Waiver Application for Psychologist (Attachment D).
 2. Copy of current, valid registration issued by the Board of Psychology, if applicable. (UCD Program exempt)
 3. Copy of Doctoral Degree or letter, on School letterhead, stating the date the candidate was conferred.
 4. Copy of Resume
 5. May not co-sign for Graduate Student therapy notes.
- D. Student Professional Class
1. Student Application Form completed and signed. (Attachment E)
 2. Co-signature is required by a licensed individual of the same discipline or higher.
 3. LPHA status terminates when the placement term expires. The student must then submit an application for an appropriate classification for which they qualify.
 4. **May not co-sign for other staff.**
- E. MHRS Professional Class
1. MHRS Application completed and signed (Attachment F)
 2. Proof of Degree
 3. Copy of Resume indicating proof of qualifying experience (specify hours worked per week and months per year)
- F. MHA Professional Classes
- MHA III
1. Mental Health Assistant Application (Attachment G)
 2. Copy of Resume indicating proof of qualifying experience (specify hours worked per week and months per year)
 3. Copy of transcripts indicating number of units and classes completed (if applicable)
- MHA II
1. Mental Health Assistant Application (Attachment G)
 2. Copy of Resume indicating proof of qualifying experience (specify hours worked per week and months per year)
- MHA I
1. Mental Health Assistant Application (Attachment G)
- G. Alcohol and Drug (ADS) Counselor
- ADS Counselor III
1. ADS Counselor Application (Attachment H)
 2. Copy of Certification from a DHCS Designated Certifying Organization.
- ADS Counselor II
1. ADS Counselor Application (Attachment H)
 2. Proof of enrollment in a DHCS Designated Certifying Organization. This must include the date of enrollment.
- ADS Assistant I
1. ADS Counselor Application (Attachment H)

- H. Graduate Student: UCD Pre/Post Doctorial Candidates
 - 1. Student Application Form completed and signed (Attachment E)
 - 2. Co-signature is required by a licensed individual of the same discipline or higher.
 - 3. LPHA status terminates when the placement term expires. The student must then submit an application for an appropriate classification for which they qualify.
 - 4. **May not co-sign for other staff.**
- I. Peer Staff Professional Class
 - 1. Agency submits only the Avatar Staff Registration Application.
 - 2. The supervisor is the contact person.
 - 3. This classification is for tracking peer program activities only. Staff must be part of a specific program. Not for use without prior program approval.

III. Quality Management Staff Certification document

- A. QM will return the signed Application to the agency following inspection of all the required supporting documents.
 - 1. The Staff ID number will be issued/activated when QM certifies the staff.
 - 2. The documents must be maintained in the agency staff file.

IV. Registry Staff

- A. Registry staff may be utilized by the MHP provider agency provided the staff meets the requirements for the professional class being requested and submits the supporting required documentation.
- B. The Agency must document that an appropriate orientation was provided to this staff. Orientation must include but not limited to, Documentation and program level HIPAA Training.
- C. The Registry must provide the agency with verification that the staff completed the general HIPAA training.

REFERENCE(S)/ATTACHMENTS:

- Title 9. Division I, Chapter 3, Article 8; Welfare & Institutions Code Section 5600, 5750, 5751
- Title 9 Division 4, Chapter 3, Subchapter 3, Article 1 • Title 9 Division 4, Chapter 4, Subchapter 3, Article 1
- Title 9 Division 4, Chapter 5, Subchapter 3, Article 2
- Title 9 Division 4, Chapter 8, Subchapter 1,2 ,3
- Business and Professions Code Section 2900-2918, 4980.02,4996.9,4999.20,4989.14
- DMH Letter No. 10-03; 14-005
- MHSUDS Information Notice No. 14-0013

RELATED POLICIES:

- No. 03-06 Licensure Waiver and Monitoring of Accrued Supervised Hours
- No. 04-01 Site Certification of Physical Plant
- No. 03-04 Nurse Practitioner
- No. 03-09 Physician Assistant

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff	X	Children's Contract Providers
X	Mental Health Treatment Center	X	Alcohol and Drug Services
X	Adult Contract Providers		

CONTACT INFORMATION:

- Quality Management Information QMInformation@SacCounty.net



Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services

AVATAR STAFF REGISTRATION APPLICATION

County Staff ID Number (if known): _____ New: ☐ Update: ☐

Agency

Agency Name: _____ Phone Number: _____ Date: _____
Contact Person: _____ Contact Email: _____
Program Name: _____ Address: _____ Street _____ City _____ Zip Code _____

Applicant

Applicant Name: _____ Last _____ First _____ MI _____ DOB: _____ (required)
Previous Name/AKA: _____ Last _____ First _____ MI _____ SSN: _____ (required)
Secondary Language: _____ Additional language _____ Gender: _____ (required)
Date of Employment: _____ Employment Status: _____
Start Date in Classification: _____ ☐ Full Time ☐ Part Time ☐ Contracted ☐ Temporary/On-Call ☐ Volunteer

Professional Classification (choose one and attach license/certification)

- | | | |
|--|---|--|
| <input type="radio"/> Psychiatrist | <input type="radio"/> Licensed Clinical Social Worker (LCSW) | <input type="radio"/> Licensed Psychiatric Technician (PT) |
| <input type="radio"/> Psychiatric Resident, licensed | <input type="radio"/> Licensed Marriage & Family Therapist (LMFT) | <input type="radio"/> Mental Health Rehabilitation Specialist (MHRS) |
| <input type="radio"/> Psychiatric Resident, unlicensed | <input type="radio"/> Licensed Professional Clinical Counselor I (LPCC I) | <input type="radio"/> Mental Health Assistant I (MHA I) |
| <input type="radio"/> Medical Physician | <input type="radio"/> Licensed Professional Clinical Counselor II (LPCC II) | <input type="radio"/> Mental Health Assistant II (MHA II) |
| <input type="radio"/> Licensed Clinical Psychologist (PSY) | <input type="radio"/> PHD, Unlicensed, Waived | <input type="radio"/> Mental Health Assistant III (MHA III) |
| <input type="radio"/> Nurse Practitioner (NP) | <input type="radio"/> Master's Level Unlicensed, Waived (ASW, IMF, PCC) | <input type="radio"/> ADS Assistant |
| <input type="radio"/> Nurse Practitioner Intern (RN/NP Intern) | <input type="radio"/> Medical Student Clinical Clerkship | <input type="radio"/> ADS Counselor I |
| <input type="radio"/> Physician Assistant (PA) | <input type="radio"/> Psychologist Student "Post Graduate" | <input type="radio"/> ADS Counselor II |
| <input type="radio"/> Pharmacist | <input type="radio"/> Master's Level Student | <input type="radio"/> Graduate Student (UC Davis Only) |
| <input type="radio"/> Registered Nurse (RN) | <input type="radio"/> Licensed Vocational Nurse (LVN) | <input type="radio"/> Peer Staff - Peer Partner Program |

License Number: _____ Expiration Date: _____ NPI Number: _____
(also include an NPI printout with this form)

Staff Termination

Date of Termination: _____

Send completed form to:

Email: DHSQMStaffReg@saccounty.net
-or- Fax: (916) 875-0877

Notify Quality Management of any staffing changes.

7001-A East Parkway, Suite 300 • Sacramento, California 95823 • phone (916) 875-6069 • fax (916) 875-0877

Revised 5/30/2018



Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services
LICENSED PROFESSIONAL CLINICAL COUNSELOR APPLICATION

Agency: _____ Date: _____

Contact Person: _____ Phone: _____

I attest that I, _____, have the following education and experience required to qualify for the designation of Licensed Professional Clinical Counselor, according to Business and Professions Code 4999. I meet at least one of the indicated options below:

- ☐ Licensed Professional Clinical Counselor II (LPCC II). I have the additional education and experience to qualify for this classification. I have obtained confirmation from the Board of Behavioral Sciences and submitted to the agency Clinical Director proof of at least six (6) hours of continuing education specific to marriage and family therapy, completed in each licensing cycle.
- ☐ Licensed Professional Clinical Counselor I (LPCC I) I understand that until I meet the requirements for LPCC II, this classification scope of practice does not include the assessment or treatment of couples or families.

 Signature of Applicant

 Date

I have retained a copy of proof of education, experience and specified continuing education for our agency on-site credentialing file and have submitted the initial supporting documents for this application. Based on the LPCC requirements, I believe this candidate qualifies for the identified classification indicated above. This file is available for review by Quality Management Services at any time.

 Agency Clinical Director Signature

 Date

 Approval: Rolanda Reed, LCSW
 Quality Management Services

 Date



Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services
LPHA LICENSURE WAIVER APPLICATION
(AMFT, ASW, APCC)

Agency: _____ Date: _____

Contact Person: _____ Phone: _____

This letter is to request a waiver of licensure for the following employee under Section 5600.2, Welfare and Institutions Code.

I, _____, am applying for a licensure waiver.
Print Name

I earned a _____ degree on _____.
MSW, MS, MA, PhD, or EdD Date

I initially registered with the Board of Behavioral Sciences (BBS) on _____.
Date

Attached are copies of my current BBS Internship Registration, BBS licensure status printout, and BBS Supervisor's Responsibility Statement. I understand that my waiver will expire six (6) years from the initial date of BBS registration. I understand that I must remain registered with the BBS and under supervision until I become licensed. QM must receive renewal of the BBS registration prior to the expiration date. I will not be considered waived for any period during which I allowed my registration to expire. If there is a change in supervisor, I must submit a new BBS Supervisor's Responsibility Statement to Quality Management (QM).

Applicant: _____ Date: _____
Signature and Date

SUPERVISOR'S STATEMENT - This Statement meets the requirements for supervision in lieu of the BBS Supervisor's Responsibility Statement if the candidate is in the testing process for licensure.

As the agency supervisor, I attest that I have and will maintain a current license in good standing in California. I have had sufficient experience, training and education in the area of clinical supervision to competently supervise trainees, interns and associates.

Clinical Supervisor's Name _____ Type of licensure: _____
Print Name

Clinical Supervisor: _____ Date _____
Signature



Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services
LPHA LICENSURE WAIVER APPLICATION
For Registered Psychologist and Psychological Assistant

Agency: _____ Date: _____

Contact Person: _____ Phone: _____

This letter is to request a waiver of licensure under Section 5751.2, Welfare and Institutions Code for the following person employed as a psychologist.

Agency: _____ Contact Person: _____ Phone: _____

I _____ am applying for a licensure waiver.

Print Name

The type of waiver requested #1 _____ I received a _____ degree on _____
Percent FTE PhD, EdD, or PsyD Date

I first began employment with this agency as a psychologist on _____
Date

I initially registered with the Board of Psychology as a: PSB _____ RPS _____ on _____
Date

Clinical Supervisor's Name _____ Type of Licensure: _____
Print Name

Attached is a copy of my current Board of Psychology registration, doctoral degree and resume. I understand a waiver is granted by the State Department of Mental Health and may not exceed five years (or three years if candidate is a license-ready out of state recruitment). I understand that the waiver is not effective until the Medical Oversight regional office receives the application. *It is not retroactive to the date of hire.*

I understand that I must provide the Sacramento County Behavioral Health Services, Quality Management, with subsequent renewals of registration within 60 days of the annual expiration date, informed of my progress toward licensure with the Board of Psychology. I also understand that I must remain under formal supervision by appropriately licensed staff at all times for my State DHCS waiver to remain valid, and that I must notify Quality Management of any change in supervisor.

Signature of Waiver Applicant _____

_____ Date

Signature of Clinical Supervisor _____

_____ Date

#1. Normal, Part-time, Out-of-State, Extenuating Circumstances. Attach explanation if request is for extenuating circumstances or percentage F.T.E. if request is for part-time.

Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services
STUDENT APPLICATION

Agency: _____ Date: _____

Contact Person: _____ **Phone:** _____

I attest that I, _____, am a student at an accredited college or university participating in a field placement at this agency. I understand that I may provide services as an LPHA, with the exception of the privilege of co-signing for other staff, throughout this placement.

Name of College/University _____

- ☐ Medical Student Clinical Clerkship. I understand that all of my documentation must be co-signed by a psychiatrist.
- ☐ Doctoral Level Student. I understand that all of my documentation must be co-signed by a licensed PHD or MD.
- ☐ Master's Level Student. I understand that all of my documentation must be co-signed by an LCSW, LMFT, LPCC, PhD, or MD.

My internship begins on _____ and ends on _____
Date Date

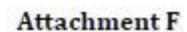
Clinical Supervisor's Name: _____ Discipline _____ License#: _____

Student: _____

Signature _____ Date _____

Clinical Supervisor: _____
Signature Date

Reviewed by Quality Management _____ Date: _____



**MENTAL HEALTH REHABILITATION SPECIALIST
APPLICATION**

Contact Person: _____ **Phone:** _____

☐ **Option 3: Associate Arts Degree and six years full-time/equivalent (FTE) direct care experience in a mental health setting. At least two of the six years must be post AA degree experience in a mental health setting.**

- * Physical Restoration
- * Social Adjustment
- * Psychology
- * Vocational Adjustment

I have retained a copy of proof of education and experience for our on-site credentialing file. This file is available for review by Quality Management Services at any time.

Approval: Rolanda Reed, LCSW
Quality Management Services

Date



Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services
MENTAL HEALTH ASSISTANT APPLICATION

Agency: _____ Date: _____

Contact Person: _____ Phone: _____

I attest that I, _____, have the following education and experience required to qualify for the designated Mental Health Assistant category.

- ☐ **MHA-III:** An individual with at least four (4) years of full-time/equivalent (FTE) experience in a mental health related field providing direct mental health services. Two (2) years of education in a mental health related subject may be substituted for (2) years of work experience.* There is a minimum requirement of two (2) years of actual work experience.
- ☐ **MHA-II:** An Individual who has at least two (2) years but less than four years of full-time/equivalent (FTE) experience in a mental health related field providing direct mental health services. There is no educational requirement.
- ☐ **MHA-I:** An individual who has less than two (2) years of FTE experience in a mental health related field providing direct mental health services. There is no educational requirement.

Attached is a resume and college degree/transcript, if applicable, which qualifies me for this position.

*The education requirement must be a minimum of two (2) years of education (60 semester or 90 quarter units) with a minimum of 12 semester (18 quarter) units in a mental health related subject area such as child development, social work, human behavior, rehabilitation, psychology, or alcohol and drug counseling.

Applicant: _____
Signature Date

Agency Representative: _____
Signature Date

Quality Management: _____
Signature Date



Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services
ADS COUNSELOR APPLICATION

Agency: _____ Date: _____

Contact Person: _____ Phone: _____

I attest that I, _____, have the following qualifications required to register for the counselor classification category indicated below.

- ☐ **ADS Assistant:** An individual who has not enrolled into a certification program. This candidate must register, within six (6) months from the date of hire, and enroll in a State Department of Health Care Services (DHCS) Designated Certifying Organization.
- ☐ **ADS Counselor I** –An individual who is successfully registered in a DHCS Designated Certifying Organization. This candidate must remain in good standing and complete certification within five (5) years from the date of registration.
Must submit proof of registration with a DHCS Designated Certifying Organization
- ☐ **ADS Counselor II.** An individual who has completed program requirements and/or passed an exam issued by the DHCS Designated Certifying Organization and is a “certified AOD Counselor”. Must submit proof as a Certified AOD Counselor from a DHCS Designated Certifying Organization.

Applicant: _____
Signature Date

Agency Representative: _____
Signature Date

Quality Management: _____
Signature Date

ATTACHMENT 9: QUALITY MANAGEMENT PROGRAM ANNUAL WORK PLAN

Sacramento County Division of Behavioral Health Services

Quality Management Program Annual Work Plan - Fiscal Year 18/19

(July 1, 2018 to June 30, 2019)

Our Mission: *To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency.*

Our Vision: *We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.*

Our Values:

- Respect, Compassion, Integrity
- Client and/or Family Driven
- Equal Access for Diverse Populations
- Culturally Competent, Adaptive, Responsive & Meaningful
- Prevention and Early Intervention
- Full Community Integration and Collaboration
- Coordinated Near Home and in Natural Settings
- Strength-Based Integrated and Evidence-Based
- Innovative and Outcome-Driven Practices and Systems
- Wellness, Recovery, & Resilience Focus

Sacramento County Mental Health Plan (MHP) develops an annual Quality Improvement Work Plan (QI Plan) to guide its performance improvement activities. The QI Plan describes in detail the MHP activities of performance indicator development and refinement, ongoing and time-limited performance improvement projects or focused studies and other monitoring to ensure quality care. QI Plan activities derive from a number of sources of information about quality of care and service issues. These include State and Federal requirements, Department initiatives, client and family feedback, and community stakeholder input.

Cultural Competence is critical to promoting equity, reducing health disparities and improving access to high-quality mental health, mental health that is respectful of and responsive to the needs of the diverse clients in Sacramento County. The MHP recognizes the importance of developing a QI Plan that integrates the goals of the MHP Cultural Competence Plan as well as cultural competence elements throughout the plan to help us better understand the needs of groups accessing our mental health services and to identify where disparities may exist. Cultural Competence Plan goals and elements are noted throughout the plans with a “(CC)”.

Structure of the Plan

The QI Plan includes four essential domains: Access, Timeliness, Quality and Consumer Outcomes. The “SCOPE” details the areas that make up each domain. Each SCOPE contains a:

Standard: This is the threshold expectation for Sacramento County’s performance.

Benchmark: A point of reference drawn from Sacramento County’s own experience (historical data) and/or legal and contractual requirements. Benchmarks are used to establish goals for improvement that reflect excellence in care.

Goal: Reflects Sacramento County MHP annual goals toward reaching the identified Benchmark.

Sacramento County Division of Behavioral Health Services

Quality Management Program Annual Work Plan - Fiscal Year 18/19

(July 1, 2018 to June 30, 2019)

DOMAIN	SCOPE
1. ACCESS	<i>1.1 Retention & Service Utilization- CC</i> <i>1.2 Penetration – CC</i> <i>1.3 Geographically Diverse</i> <i>1.4 Crisis Services Continuum</i> <i>1.5 Monitoring Service Capacity 1.6 24/7</i>
2. TIMELINESS	<i>2.1 Timeliness –CC (PIP)</i> <i>2.2 No Shows</i>
3. QUALITY	<i>3.1 Problem Resolution</i> <i>3.2 UR and doc standards</i> <i>3.3 Med Monitoring</i> <i>3.4 Access to PCP</i> <i>3.5 Coordination of care</i> <i>3.6 Diverse Workforce – CC</i> <i>3.7 Culturally Competent System of Care – CC</i> <i>3.8 Training/Education - CC</i>
4. CONSUMER OUTCOMES	<i>4.1 Beneficiary Satisfaction</i> <i>4.2 CANs and PSC-35</i> <i>4.3 ANSA</i> <i>4.4 Recidivism</i>

Sacramento County Division of Behavioral Health Services

Quality Management Program Annual Work Plan - Fiscal Year 18/19 (July 1, 2018 to June 30, 2019)

1.ACCESS

Ensuring that members have ready access to all necessary services within the MHP: this includes access to culturally relevant services to address the unserved, underserved and inappropriately served communities.

1.1 Retention and Service Utilization (CC)

Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
1.1a Standard: The MHP will demonstrate parity in mental health services across all cultures. 1.1a Benchmark: TBD 1.1a Goal: TBD	<ul style="list-style-type: none"> Adjust retention and utilization methodology to be consistent with EQRO and DHCS POS report methodology Utilize approved claims data provided by the EQRO to review retention, high utilizer, and mental health service costs across all cultures Develop trend charts to explore differences and create strategies to address disparities Update Work Plan to include goals and additional planned activities based on analysis of approved claims data 	MHP Team, Research, Evaluation & Performance Outcome (REPO), Cultural Competence/ Ethnic Services (CC/Ethnic Services)	Annual Report to Cultural Competence Committee (CCC), Management Team (MT) and QIC
1.1b Standard: Costs of mental health services are distributed proportionately across all cultures 1.1b Goal: TBD			

1.2 Penetration (CC)

Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
1.2a Standard: There is equal access to the MHP for all cultures 1.2a Benchmark: TBD after data analysis 1.2a Goal: TO have measureable benchmark by January 1, 2019	<ul style="list-style-type: none"> Utilize Medi-Cal eligible data provided annually by the EQRO to track and trend penetration rates by age, gender, race/ethnicity, and language (when data is available) based on approved claims data as well as MHP all services data Utilize published prevalence rates and analyze Sacramento County penetration rates in comparison to other Large county and Statewide penetration rates to determine possible concerns for equal access for certain cultures 	MHP Team, Research, Evaluation & Performance Outcome (REPO), CC/Ethnic Services	Annual Report to Cultural Competence Committee (CCC), MT, and QIC

Sacramento County Division of Behavioral Health Services

Quality Management Program Annual Work Plan - Fiscal Year 18/19 (July 1, 2018 to June 30, 2019)

1.3 Geographically Diverse Services			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
<p>1.3a Standard: Mental health services are provided in geographically diverse locations that best represent the community needs.</p> <p>1.3a Goal: Maintain service delivery sites across county care system through a variety of contracts with organizational and enrolled network providers</p>	<ul style="list-style-type: none"> Develop maps to assist in siting new and/or existing service locations. Utilize population indicators such as poverty status, demographics, etc. to determine siting and service needs. (CC) Annual report on changes in numbers of organizational and enrolled network providers from previous year. Monitor MHP organizational capacity by tracking the number of contracts (hospitals, outpatients and enrolled network providers). Utilize the Network Adequacy Certification Tool (NACT) to monitor geographic locations meet time and distance standard. 	REPO, MHP, QM, CC/Ethnic Services	Review periodically with management team, QIC, CCC
1.4 Crisis Service Continuum			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
<p>1.4a Standard: The MHP will have a continuum of Mental Health Crisis services available to residents in Sacramento County.</p> <p>1.4a Goal: Develop a multi-tiered crisis service continuum</p>	<ul style="list-style-type: none"> Continue to collaborate with community partners to come up with solutions to offer an array of crisis services to Sacramento County residents (hospital systems, law enforcement). Continue work to implement SB82, crisis residential grants. Increase access to crisis stabilization and crisis residential services. 	Program, REPO, QM	Review periodically at Management Team, CC, QIC

Sacramento County Division of Behavioral Health Services

Quality Management Program Annual Work Plan - Fiscal Year 18/19 (July
1, 2018 to June 30, 2019)

1.4 Crisis Service Continuum (Cont'd)			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
	<ul style="list-style-type: none"> Track and monitor programs already in place to address crisis services (CST, Mobile Crisis, Navigators). Analyze results to determine outcomes. At least annually, analyze data by race, ethnicity and language, sexual orientation and gender identity. (CC) Work with partners and the community to plan and implement an Innovation project that sites a crisis stabilization unit on the same campus as a local emergency room. Continue to support and collaborate with hospital partner(s) to open a new Psychiatric Health Facility. 		
1.5 Monitoring Service Capacity			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
<p>1.5a Standard: All inpatient TARs must be approved within 14 calendar days of receipt of final TAR.</p> <p>1.5a Benchmark: 100% of TARS will be approved or denied for inpatient TARs within 14 days of final TAR.</p> <p>1.5a Goal: Continue to meet the benchmark</p>	<ul style="list-style-type: none"> Monitor Utilization Management compliance with State wide standards for approving or denying Inpatient TARs within 14 calendar days of the receipt of final TAR. Enhance the current tracking tool and explore the feasibility of integrating the tracking into Avatar (EHR). Update standard and benchmark upon receiving additional guidance from DHCS regarding concurrent review process for inpatient hospitalizations. 	QM	Review quarterly at QIC

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1.6 24/7 Access Line with appropriate language access			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
<p>1.6a Standard: Provide a statewide, toll-free telephone number that can be utilized 24 hours a day, 7 days a week (24/7 line) with language capability in all languages spoken by beneficiaries of the county</p> <p>1.6a Goal: Continue to have a 24/7 line with linguistic capability. (CC)</p>	<ul style="list-style-type: none"> Conduct year round tests of 24 hour call line and MHP follow-up system to assess for compliance with statewide standards. Conduct test calls in all threshold languages. (CC) Provide periodic training for Access Team, after- hour's staff, and test callers. Provide feedback to supervisors on results of test calls. Provide quarterly reports showing level of compliance in all standard areas. Monitor timeliness of obtaining interpreter services (CC) Attend trainings provided by DHCS Develop Call Log for MHTC to use within Avatar 	Quality Management (QM), REPO, CC/Ethnic Services	Quarterly to Management Team, QIC and CCC
<p>1.6b Standard: The 24/7 line will provide information to beneficiaries about how to access specialty mental health services</p> <p>1.6b Benchmark: 100% of test calls will be in compliance with the standard</p> <p>1.6b Goal: Increase percent in compliance annually until benchmark is met</p>			

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<p>1.6c Standard: The 24/7 line will provide information to beneficiaries about how to use the beneficiary problem resolution and fair hearing processes</p> <p>1.6c Benchmark: 100% of test calls will be in compliance with the standard</p> <p>1.6c Goal: Increase the percent in compliance annually until benchmark is met.</p>			
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1.6 24/7 Access Line with appropriate language access (Cont'd)			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
<p>1.6d Standard: The 24/7 line will provide information to beneficiaries about services needed to address a beneficiary's crisis</p> <p>1.6d Benchmark: 100% of test calls will be in compliance with the standard</p> <p>1.6d Goal: Increase the percent in compliance annually until benchmark is met.</p>	<ul style="list-style-type: none"> • Same as above 	<p>Quality Management (QM), REPO, CC/Ethnic Services</p>	<p>Quarterly to Management Team, QIC and CCC</p>

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<p>1.6e Standard: All calls coming in to the 24/7 line will be logged with the beneficiary name, date of the request and initial disposition of the request 1.6e Benchmark: 100% of test calls will be in compliance with the standard 1.6e Goal: Increase the percent in compliance annually until benchmark is met.</p>			
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2. TIMELINESS

Ensure timely access to high quality, culturally sensitive services for individuals and their families.

2.1 Timeliness to Service

<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>2.1a Standard: The time between request for MHP Outpatient services and the initial service offered and/or provided to consumers will be 14 calendar days or less.</p> <p>2.1a Benchmark: 100% of Adult and Children will meet the 14 calendar day standard 2.1a Goal: Increase in percent meeting standard annually until benchmark is met.</p>	<ul style="list-style-type: none"> Produce quarterly reports that monitor benchmarks and track timely and appropriate access to mental health plan services. Produce annual report that evaluate benchmarks and timely access to mental health plan services by race, ethnicity, language, sexual orientation and gender identity (CC). Provide feedback to MHP providers of quarterly report findings at provider meetings. 	REPO, Ethnic Services, QM	Review quarterly with management team, QIC, CCC

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<p>2.1b Standard: The time between request for MHP Outpatient services and the first psychiatric service offered and/or provided to consumers will be 21 calendar days or less.</p> <p>2.1b Benchmark: 100% of Adult and Children will meet the 21 calendar day standard</p> <p>2.1b Goal: Increase in percent meeting standard annually until benchmark is met.</p>	<ul style="list-style-type: none"> Review data measurement and reporting methodologies to ensure accurate timeliness measurement consistent with DHCS requirements. Explore implementing successful strategies from Non-Clinical and Clinical PIPs across the system to address engagement and time to service. Explore the feasibility of utilizing the scheduler in Avatar across the MHP. Utilize technical assistance provided by EQRO and DHCS to identify additional strategies to address timely access to services. Continue to track and report on timeliness of authorization of referrals and evaluate business process at County Access team to ensure timeliness and efficiency in processing referrals. 		
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2.1 Timeliness to Service (Cont'd)			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
<p>2.1c Standard: The time between acute hospital discharge to first OP psychiatric service offered and/or provided to consumers will be 21 calendar days</p> <p>2.1c Benchmark: 100% of Children and 100% of Adults will meet the 21 day standard.</p> <p>2.1c Goal: Increase the percent meeting standard annually until benchmark is met.</p>	<ul style="list-style-type: none"> Same as above 		

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<p>2.1d Standard: The time between acute hospital discharge to first OP service provided to consumers will be 4 calendar days/ (96 hours) 2.1d Benchmark: 100% of Children and 100% of Adults will meet the 4 day standard 2.1d Goal: Increase the percent meeting standard annually until benchmark is met.</p>			
<p>2.1e Standard: The time between referral for psychological testing and 1st psychological testing appointment offered and/or provided to children will be 14 days or less</p>	<ul style="list-style-type: none"> • Hire 4th psychologist to add capacity • Train and collaborate with outpatient providers regarding the appropriateness of psychological testing referrals • Review psych testing referral and business processes 	REPO	Review quarterly with management team and QIC

2.1 Timeliness to Service (Cont'd)			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
<p>2.1e Benchmark: 65% of children and youth will meet the 14 day standard. 2.1e Goal: Increase the percent meeting standard annually until the benchmark is met.</p>			
2.2 No Shows/ Cancellations for scheduled appointments			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
<p>2.2a Standard:</p>		REPO	

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<p>The time between authorization for MH Services and 1st engagement activity where actual verbal or face-to-face contact is made is 3 business days.</p> <p>2.2a Benchmark: 70% of Children and Adults will meet the 3 business day standard 2.2a Goal: Increase the percent meeting standard annually until benchmark is met.</p>	<ul style="list-style-type: none"> Continue implementing successful strategies from Non-Clinical and Clinical PIPs across the system to address engagement and time to service. Evaluate current engagement activities and billing codes to assist in accurately measuring outreach and engagement efforts prior to initial appointment. 		<p>Review quarterly with management team, QIC, CCC</p>
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3. QUALITY

Analyzing and supporting continual improvement of MHP clinical and administrative processes in order to achieve the highest standard of care, with care processes that are recovery oriented, evidence-based and culturally sensitive

3.1 Problem Resolution

<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
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<p>3.1a Standard: The MHP will have a Problem Resolution process that provides tracking of all grievances and appeals and ensures that all grievances and appeals are logged and resolved in a timely manner.</p> <p>3.1a Benchmark: Grievances and appeals logged within 1 business day 100% of all grievances will be resolved within 90 days 100% of all appeals will be completed within 30 days 100% of all expedited appeals will be resolved in 72 hours 3.1a</p> <p>Goal: Percent of appeals logged and resolved in a timely manner will increase annually until benchmark has been met</p>	<ul style="list-style-type: none"> • Monitor the problem resolution process tracking and reporting system. Make adjustments as needed to ensure integrity of data. • Track, trend and analyze beneficiary grievance, appeal and State Fair Hearing actions. Include type, ethnicity, race, and language as part of this tracking. (CC) • Track the timeliness of grievance, appeals and expedited appeal resolution for non-compliance tracking. • Track and analyze provider level complain, grievance process with concomitant corrective plans. 	QM	Quarterly at QIC, CCC
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3.2 Utilization Review and documentation standards

Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
<p>3.2a Standard: The MHP will have a rigorous utilization review process to ensure that all documentation standards are met.</p> <p>3.2a Goal: Monthly adult and child clinical chart reviews.</p>	<ul style="list-style-type: none"> • Conduct monthly utilization review utilizing electronic health record for providers using Avatar (go to provider site for providers not using Avatar quarterly). 	QM	Quarterly at QIC

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<p>3.2b Standard: All client treatment plans must have a client, staff signature and caregiver signature if applicable. If no client or caregiver signature, there must be documentation of the reason of refusal.</p> <p>3.2b Benchmark: 100% of treatment plans from UR chart review will have a client/caregiver signature.</p> <p>3.2b Goal: Increase in percent annually until benchmark is met.</p>	<ul style="list-style-type: none"> Information obtained through monthly reviews will be evaluated and issues will be reviewed at UR Committee. All agencies will complete a monthly internal chart review which may include focused review of progress notes; assessments and client plans. Identify specific QI reports in Avatar to develop monitoring and rapid feedback loop across system. Develop quality assurance measures in Avatar reports to establish data measurement for MHP service system. Providers will use tracking measures to monitor documentation standards following minimum Medi-Cal and MHSA requirements. Providers and county staff will review timeliness for documentation monthly through the use of the Avatar reports including: Active Client Final Assessment. Active Client Plan and Core Status, Active Client Psychiatric Assessments, Services with No Diagnosis and Progress Notes Remaining in Draft. 		
<p>3.2c Standard: All client charts will have documentation justifying medical necessity.</p> <p>3.2c Benchmark: 100% of client charts from UR chart review will have documented justifying medical necessity.</p> <p>3.2c Goal: Increase in percent annually until benchmark is met.</p>			

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3.2 Utilization Review and documentation standards (Cont'd)			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
	<ul style="list-style-type: none"> Targeted chart review at provider sites when significant non-compliance issues are discovered. Provide documentation training to MHP providers at least quarterly. Provide targeted documentation and technical assistance to providers that have identified compliance issues. 		
<p>3.2d Standard: All Client Plan's will be completed within 60 days from request for services unless exception given.</p> <p>3.2d Benchmark: 100% of client plans will be completed within 60 days of request for services unless exception has been given</p> <p>3.2d Goal: Increase in percent annually until benchmark is met.</p>	<ul style="list-style-type: none"> Same as above 	QM	Quarterly at QIC
<p>3.2e Standard: All client objectives documented in the client plan will be measureable.</p> <p>3.2e Benchmark: 100% of client objectives in charts selected for UR will be measurable.</p> <p>3.2e Goal: Increase in percent annually until benchmark is met.</p>			

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3.2 Utilization Review and documentation standards (Cont'd)			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
<p>3.2f Standard: Progress notes should always indicate interventions that address the mental health condition.</p> <p>3.2f Benchmark: 100% of progress notes will have interventions that address MH condition</p> <p>3.2f Goal: Increase in percent annually until benchmark is met.</p>			
3.3 Medication Monitoring			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
<p>3.3a Standard: Providers practice in accordance with community standards for medication/pharmacology</p> <p>3.3a Benchmark: Review medication/pharmacology in 5% of open episodes for each provider/program.</p> <p>3.3a Goal: Continue to monitor and meet benchmark.</p>	<ul style="list-style-type: none"> Study, analyze and continuously improve the medication monitoring and medication practices in the child and adult system. Conduct monthly medication monitoring activities and report and discuss issues at the P & T committee meeting. Strongly encourage all treatment providers to use practice guidelines developed by the P&T committee for the treatment of schizophrenia, bipolar disorders, depressive disorders and ADHD. Continue improvements in criteria for medication monitoring of outpatient clinics based on best practices. Create a reporting methodology for Medication Monitoring reviews. 	MHTC, QM, Med Monitoring Committee	<p>Review Pharmacy and Therapeutics Committee</p> <p>Quarterly at QIC</p>

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3.4 Member Access to PCP			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>3.4a Standard: All clients will be connected to a primary care physician, unless otherwise indicated by the client.</p> <p>3.4a Benchmark: 75% of adults and 60% of children will be connected to a PCP within 60 days of admission to a mental health treatment program</p> <p>3.4a Goal: Increase the percent of adults & children with a PCP each year until benchmark has been met.</p>	<ul style="list-style-type: none"> Monitor the number of adults and children connected to a PCP as indicated in the Client Resources in the MHP's electronic health record. 	REPO, Program	Review annually with management , Quarterly at QIC
3.5 Coordination of Care			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>3.5a Standard: The MHP will collaborate with other government agencies/stakeholders to facilitate coordination and collaboration to maximize continuity of services for clients with mental health needs.</p> <p>3.5a Goal: Continue to work with our partners to provide coordination and collaboration.</p>	<ul style="list-style-type: none"> Pathways to Wellness -Monitor the use of ICC, ICC-CFT and IHBS services for children involved in the child welfare receiving intensive services. Continue to have MHP representatives on task forces, initiatives and projects that involve clients with mental health issues (Commercially Sexually Exploited children, Crossover Youth Practice Model, MH Courts, TAY Homeless Initiative, Whole Person Care, etc). 	REPO, Program, QM, Avatar, CC/Ethnic Services	Report annually at QIC, CCC
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	<ul style="list-style-type: none"> • Collaboration with Child Welfare for completion and submission of CANS and PSC-35 documents required by State agencies. 		
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3.5 Coordination of Care (Cont'd)			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
	<ul style="list-style-type: none"> • Actively participate in CFTs for children involved with Probation and Child Welfare • Update Avatar to track referrals coming in from and going out to GMCs. • Explore methods of tracking care coordination between GMC, PCP and MHP. Develop and implement a bi- lateral screening and referral tool. • Explore data sharing across public agencies. • Evaluate data by age, ethnicity, race, language, and gender to look for disparities. (CC) • Continue implementation of CCR 		
3.6 Diverse Workforce (CC)			
<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>

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<p>3.6a Standard: The MHP will have a diverse workforce that is representative of the clients and community they serve.</p> <p>3.6a Benchmark: The make-up of direct services staff is proportionate to the racial, cultural and linguistic make-up of Medi-Cal beneficiaries plus 200% of poverty population</p> <p>3.6a Goal: Increase the diversity of direct service staff by 5% each year until benchmark is met.</p>	<ul style="list-style-type: none"> Complete the annual Human Resources Survey and analyze findings 	REPO, CC/Ethnic Services and Workforce Education and Training	CCC, QIC, Management Team
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3.7 Culturally Competent system of care (CC)			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
<p>3.7a Standard: The MHP will have a culturally competent system of care.</p> <p>3.7a Goal: The MHP will complete a biennial system-wide Agency Self-Assessment of Cultural Competence</p>	<ul style="list-style-type: none"> Biennially complete and analyze a system-wide Agency Self-Assessment of Cultural Competence. 	CC/Ethnic Services	CCC, QIC, Management Team
3.8 Training -Education			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process

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<p>3.8a Standard: The County will provide and/or offer on-going training opportunities to the MHP workforce 3.8a1 Goal: The MHP will have a well-trained, culturally and linguistically competent workforce that is adequately trained to provide effective services and administer programs based on wellness and recovery. (CC)</p> <p>3.8a2 Goal: By the end of FY 18/19, 75% of all BHS direct service staff and supervisors will have completed the California Brief Multicultural Competence Scale (CBMCS) and cultural competence training. (CC)</p>	<ul style="list-style-type: none"> • Utilize Mental Health Services Act (MHSA) principles to enhance skill level through training and education at all levels of the MHP. • Continue implementation of MHP WET Training Plan based n community input and MHP prioritization. • Administer California Brief Multicultural Competence Scale (CBMCS) to service delivery and supervisory staff and provide CBMCS training modules across the system. (CC) • Provide Mental Health Interpreter training for interpreter staff and providers who use interpreters. (CC) • Develop and implement curriculum for integrating cultural competency and wellness, recover and resiliency principles for different levels and types of providers and stakeholders. 	<p>CC/Ethnic Services, QM</p>	<p>Annual and Periodic Report to QIC, CCC</p>
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3.8 Training - Education (Cont'd)			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
3.8a3 Goal: 98% of staff identified as interpreters complete the approved mental health/behavioral health interpreter training and receive certification. (CC)	<ul style="list-style-type: none"> Refine system wide implementation of trauma informed and trauma specific trainings to address all ages and cultural groups served by the MHP. Utilize training/educational opportunities to include methods to enhance the array of culturally competent skill sets and community interfaces for mental health and partner agencies. (CC) Conduct at least one workshop on consumer culture with trainers to include consumer/youth/parent/caregiver/family perspective on mental illness. Conduct at least annual in-house training/consultation to MHP's mandated key points of contact to ensure competence in meeting the access needs of diverse communities. (CC) Continue expansion and targeted implementation of MH training for law enforcement and first responders within and outside of the mental health provider community. Explore training opportunities to provide a continuum of crisis intervention trainings to address all age groups and a variety of service specific issues to enhance crisis intervention competency skills across MHP services. (CC) 		

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4. CONSUMER OUTCOMES

Ensure the accountability, quality and impact of the services provided to clients in the Sacramento County MHP through research, evaluation and performance outcomes.

4.1 Beneficiary Satisfaction

<i>Standard/Benchmark/Goal</i>	<i>Planned Activities</i>	<i>Resp Party</i>	<i>Review Process</i>
<p>4.1a Standard All consumers served during the Consumer Perception Survey (CPS) collection period will be given the opportunity to provide feedback on the services they receive from the MHP 4.1a</p> <p>Benchmark The MHP will obtain a 75% response rate during each CPS collection period 4.1a</p> <p>Goal: Increase the response rate each year until Benchmark is met.</p>	<ul style="list-style-type: none"> • Provide mandatory training to MHP providers on survey distribution and collection prior to CPS survey distribution periods. • Administer State required Consumer Perception Survey and English, Spanish, Chinese, Hmong, Russian, Tagalog, Vietnamese and any other available language. (CC) • Produce reports after each CPS survey period and share with providers. • Monitor response rate and establish protocols for both the system and those providers that fall below the benchmark. • Analyze results of CPS and provide written report on analysis of data. • Analysis to include examination of disparities by race, ethnicity and language. (CC) 	REPO in collaboration with CC/Ethnic Services	Review semi-annually with management team, QIC, CCC
<p>4.1b Standard Consumers will be satisfied with the services received in the MHP</p> <p>4.1b Benchmark Percent overall agreement in the General Satisfaction domain will be 90% or greater for each CPS sampling period</p>	<ul style="list-style-type: none"> • Monitor performance on the six perception of general satisfaction indicators (questions 1, 4, 7, 5, 10 and 11) bi-annually and consider improvement project if significantly below the overall CPS percent agreement. • Track and trend on Division Dashboard 		

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4.1 Beneficiary Satisfaction (Cont'd)			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
4.1b Goal Increase the percent of consumer satisfaction on each domain each year until benchmark has been met.			
4.1 Beneficiary Satisfaction			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
4.1c Standard: Consumers will feel a higher social functioning as a result of receiving services in the MHP. 4.1c Benchmark: Percent overall agreement in the Perception of Functioning domain will be 70% or greater for each CPS sampling period 4.1c Goal: Increase the percent of consumer agreement on the Functioning domain each year until benchmark has been met	<ul style="list-style-type: none"> Monitor performance on the five perception of better functioning indicators (questions 16, 17, 18, 20 and 22) bi-annually and consider improvement project if significantly below the overall CPS percent agreement. Track and trend on Division Dashboard 	REPO	Review semi-annually with management team, QIC, CCC

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4.2 Recovery Tool			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
<p>4.2 Standard: The MHP will track and measure recovery</p> <p>4.2 Goal: The MHP will implement the use of a recovery tool within FY18/19</p>	<ul style="list-style-type: none"> • Work with MH advocates to analyze available recovery tools and develop a plan to implement a culturally sensitive recovery tool. (CC) • Explore other MHPs and how they measure recovery. • Explore client self-administered recovery tool options. 	REPO, Advocates, Management Team, CC/ Ethnic Services	Annual update to QIC
4.3 CANS and PSC 35			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
<p>4.3a Standard: All children providers in the MHP will complete a CANS at intake assessment, every 6 months and discharge for all children ages 6-21 served.</p> <p>4.3a Benchmark: 100% of children ages 6-21 will receive a CANS assessment at time of intake 100% of children ages 6-21 will receive a CANS every six months unless discharged prior to the 6 month assessment period 100% of children ages 6-21 will receive a CANS at discharge</p> <p>4.3a Goal: Increase percent completion annually until benchmarks have been met.</p>	<ul style="list-style-type: none"> • Monitor the percent completion of CANS assessment at intake, six months and at discharge. • Provide annual reports with analysis of data. Analysis to include examination of disparities by race, ethnicity and language. (CC) • Provide CANS training and certification to providers. 	REPO, QM	Annual Report to Management and QIC, CCC

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4.3 CANS and PSC 35 (Cont'd)			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
<p>4.3b Standard: All children providers in the MHP will complete a PSC-35 at intake assessment, every 6 months and discharge for all children ages 6-18 served.</p> <p>4.3b Benchmark: 100% of children ages 6-18 will receive a PSC-35 assessment at time of intake. 100% of children ages 6-18 will receive a PSC-35 every six months unless discharged prior to the 6 month assessment period 100% of children ages 6-18 will receive a PSC-35 at discharge 4.3b Goal: Increase percent completion annually until benchmarks have been met.</p>	<ul style="list-style-type: none"> Monitor the percent completion of PSC-35 assessment at intake, six months and at discharge. Provide annual reports with analysis of data. Analysis to include examination of disparities by race, ethnicity and language. (CC) Provide CANS training and certification to providers. 	REPO, QM	Annual Report to Management and QIC, CCC
4.4 ANSA			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
<p>4.4a Standard: The MHP will have a standardized way of assessing the appropriateness of care for all adults receiving services 4.4a Goal: Pilot the Adult Needs and Strengths Assessment (ANSA) for possible implementation across the entire adult system.</p>	<ul style="list-style-type: none"> Develop implementation plan for the use of (ANSA) for system wide outcome measures for adult programs. 	REPO, QM, Program	Annual Report to Management and QIC


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4.5 Recidivism			
Standard/Benchmark/Goal	Planned Activities	Resp Party	Review Process
<p>4.5a Standard: The majority of clients will not return to acute psychiatric care within 30 days of discharge from acute psychiatric hospitalization.</p> <p>4.5a Benchmark: 15% Recidivism rate 4.5a</p> <p>Goal: To reduce the recidivism rate to 15% by end of FY 18/19</p>	<ul style="list-style-type: none"> Monitor rates comparing with overall MHP rates from previous fiscal year. Analysis to include examination of disparities by race, ethnicity, language, sexual orientation and gender identity and development of strategies to ameliorate. (CC) Evaluate impact of crisis system rebalance efforts on recidivism 	REPO in collaboration with CC/Ethnic Services	Review quarterly with Management team, QIC, CCC
<p>4.5b Standard: Low proportion of hospital days should be attributable to recidivist admits.</p> <p>4.5b Benchmark: 25% of total acute days are attributed to recidivist clients 4.5b Goal: To reduce the percent of days attributed to recidivist admits to meet the benchmark by the end of FY 18/19</p>	<ul style="list-style-type: none"> Quarterly monitoring and reporting on inpatient days attributed to consumers with 2 or more acute admissions during the quarter- dashboard item. 	REPO	Review quarterly with Management team, QIC

ATTACHMENT 10: REVIEW PROCESS FOR IMPLEMENTATION OF NEW CLINICAL PRACTICES POLICY

 <div style="text-align: center;"> County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure </div>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-14-01
	Effective Date	04-01-2008
	Revision Date	10-01-2020
Title: Review Process for Implementation of New Clinical Practices	Functional Area: Clinical Care	
Approved By: (Signature on File) Signed version available upon request Alexandra Rechs, LMFT Program Manager, Quality Management		

BACKGROUND/CONTEXT:

The Sacramento County Division of Behavioral Health Services (BHS) supports the adoption of Evidence-Based Practices (EBP), Promising Practices (PP), Community-Defined Evidence (CDE) and innovative service efforts to meet the needs of behavioral health clients. This support is anchored in a vision of clients achieving maximum positive outcomes based on a system of service providers that deliver safe, effective, culturally and linguistically competent services.

The Division of Behavioral Health Services recognizes that adoption of EBP's PP's and other innovative service efforts require significant new efforts in the area of education, training, documentation and evaluation. These initiatives are expected to evolve as the guidelines and directions are released.

DEFINITIONS:

The following definitions will be applied by the BHS to evaluate proposed EBPs, PPs, CDEs and SSs.

Evidence-Based Practice (EBP): The range of treatment and services of well-documented effectiveness. An EBP has been, or is being evaluated and meets the following criteria:

- Has some quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalized positive outcomes. **And**
- Has been subject to expert/peer review that has determined that a particular approach or strategy has a significant level of evidence of effectiveness in research literature. [Adapted from President's New Freedom Commission & MHSA Prevention & Early Intervention Guidelines Enclosure 4]

Promising Practice (PP): Innovations in clinical or administrative practice that respond to critical needs of a particular program, population or system and which seem to produce good outcomes but do not have enough research or replication to support generalized outcomes. [Adapted from California Institute of Mental Health "Toward Values-Driven, Evidence-Based Mental Health Practices"]

Community-Defined Evidence (CDE): Practices that have a base for effectiveness in achieving mental health outcomes for underserved communities. It also defines a process underway that will develop specific criteria by which effectiveness may be documented that will eventually give the procedure equal standing with current EBP. [National Network to Eliminate Disparities Latino Work Group] (MHSA Prevention & Early Intervention Guidelines Enclosure 4)

Service Strategies (SS): Programs, interventions and approaches that are focused on particular population groups as the target for receiving service(s) with goal of positive outcomes in prevention or intervention. Frequently, service strategies are non-proprietary and have great variability in use and application.

Practice Review Panel (PRP): The PRP is the DBHS structure responsible for reviewing EBPs, PPs, CDEs and SSs.

PURPOSE:

The purpose of this policy is to outline the decision making process by which the BHS will determine whether proposed EBPs, PPs, CDEs or SSs will be implemented by contracted providers and county operated programs.

DETAILS:

A. Roles and Responsibility

The review process described below applies to proposed practices that fall within the definitions provided. The only exceptions to these definitions are the six SSs currently approved for Client Service Information (CSI) coding and included in documentation training by the DBHS. The approved SSs currently utilized are: Peer and/or Family Delivered Services (Code 50); Psychoeducation (Code 51); Family Support (Code 52); Supportive Education (Code 53); Delivered in Partnership with Law Enforcement (Code 54); and Unknown Evidence-Based Practice/Service Strategy (Code 99).

Any proposed EBP, PP, CDE or SS must be submitted in writing via a Clinical Practice Submission Packet (if the proposal is for a new EBP, PP, CDE, or SS that has **NOT** been identified and approved through the PRP), or Implementation Packet (if the proposal is for an EBP, PP, CDE, or SS that has been previously reviewed and approved), for review. Coding and documentation guidelines will be provided following approval. For example, if a CSI Senior age-specific SS is reviewed and approved, an existing CSI code (Code 61) will be utilized. Other Sacramento County specific practices will be coded with special local codes. For example, Cue-Centered Therapy or Parent Child Interaction Therapy (PCIT) are local practices. When approved for local coding and tracking, a newly developed code would be utilized, separate from CSI tracking.

B. PRP for EBPs, PPs, CDE & SSs

The BHS PRP was established as an extension of the DBHS Executive Quality Improvement Committee (QIC) structure. This panel includes: Adult Mental Health Services Division Manager or designee, Child & Family Mental Health Services Division Manager or designee, Substance Use, Prevention and Treatment (SUPT) Division Manager or designee, Support Services Division Manager or designee, Quality Management (QM) Manager or designee, Research, Evaluation and Performance Outcomes (REPO) Manager or designee, Cultural Competence Manager or designee, and an Advocate representation (Consumer, Family and/or Child and/or Adult Family), Program Coordinators, Medical Directors (Child and/or Adult) as needed, Mental Health Services Act representatives or other subject matter experts are included as participants in the PRP as indicated.

Any member of the PRP with direct involvement or perceived potential conflict of interest in any proposal shall disclose such involvement as part of the initial review process and can choose to recuse themselves for specific reviews. In addition, a consensus determination is made by the PRP members to include or exclude such member from final review decisions based on the type and level of involvement.

The charge of the PRP will be to review any EBP, PP, CDE or SS packet submitted by providers. In addition to the approval process, the PRP will conduct an annual system review. During this review the PRP will work on specific topics and administrative issues related to this subject, including exploring and making recommendations regarding EBPs, PPs, CDEs and SSs and related knowledge base. The PR will report findings and make recommendations to the QIC

C. Provider Responsibility

A provider must request and receive approval to implement the selected EBPs, PPs, CDEs or SSs. To receive this approval, a provider is required to submit a packet to the designated Contract Monitor or Program Manager for review. The designated Contract Monitor or Program Manager reviews the packet for completion of all requested materials, attaches any additional pertinent information or comments, and submits the documents to the Chair of there. Pertinent information may include contract or system impact or other information available to the Contract Monitor or Program Manager with relevance to the proposal.

Should a proposal be applicable across multiple providers or programs, the Contract Monitor or Program Manager may attach that information to the packet. The PRP decision will consider and approve a standard applicable to all providers within BHS implementing this practice. This proposal may also be coordinated by the BHS SUPT, Adult or Children's Programs on behalf of multiple providers (e.g. System wide Motivational Interviewing, Trauma Focused CBT, etc.).

1. **Clinical Practice Submission Packet:** If the proposal is for a new EPB, PP, or CDE, or SS that has **NOT** been identified and approved through the PRP the following information must be provided as part of the Clinical Practice Submission Packet below:
 - a. **Model Description** - Information about the model including: Who within the Sacramento County MHP would this model benefit, proposed target population, supporting evidence/literature discussing the merits of implementation with the target population including cultural groups served in the Sacramento County MHP, modifications available to increase cultural competence, and any other information relevant to how this model differs from models currently approved by the MHP.
 - b. **Training:** Cost analysis for initial training and implementation, what type of training is available (Train-the-trainer, one time training, on-line models, training stages, local trainer's vs out-of-town trainers, annual re-certification requirements, etc.)
2. **Implementation Packet:** If the proposal is for an EBP, PP, CDE, or SS that has been previously reviewed and approved by the PRP BHS, and QIC or has submitted through the process outlined above, the provider will only need to submit an Implementation Packet that will outline the implementation strategies for the specific program to the Contract Monitor or Program Manager. Once the Contract Monitor and/or Program Manager have reviewed and provided any feedback, the Implementation Packet will be sent to the PRP to begin the approval process. The Implementation Packet must include:
 - a. **Strategies:** An outline of strategies to assess model fidelity including the provider's plan to adhere and monitor model fidelity. This plan or procedure should contain

sufficient detail for the PRP to determine the feasibility of efforts to assess fidelity including outcome tools and measures such as pre-posttests.

- b. Sustainability: A sustainability analysis addressing such factors as staff turnover, supervision, ongoing funding for oversight and training activities, etc.
- c. Training (Program Specific): Describe the selection criteria of staff to be trained, how training will be conducted, and by whom, to provide the EBP, PP, CDE or SS and ongoing staff oversight and training, and re-certification needs.
- d. Other Key Information: For any proposed EBP, PP, CDE or SS, EPSDT providers must include the number of clients using EPSDT dollars from existing contracted slot capacity.

D. Panel Review And Approval Process

The PRP will convene a meeting to review a proposed request within 30 days of receipt of the packet from the Contract Monitor or Program Manager. The PRP may request additional information or meet with additional subject matter experts prior to making a final decision.

Within 30 days of the meeting, the PRP will submit a written response to the requestor, indicating the results of the review. "Approval," "Disapproval" or "Resubmission with instructions." Any requests for additional information will also be included in the response to the requestor.

E. Post Approval Plan

After approval by the PRP, the following administrative activities are conducted:

1. Provider submits response to approval letter, if applicable, and proceeds to incorporate updates, data and other information as part of quarterly report to Contract Monitor or Program Manager.
2. Contract Monitor works with the provider and DBHS administrative units to set up cost centers provider episodes in Avatar or other means of tracking services as decided by the PRP.
3. REPO, QM and Ethnic Services/Cultural Competence units will work with provider or Program Manager/designee to determine method of recording outcomes, including the documentation of the appropriateness of the model for services to cultural, ethnic and racial groups. In addition, providers will be given specific coding and documentation requirements to record information accurately into client records. Any unique coding or tracking decisions relating to EBP, PP, CDE and SS will be resolved on a case by case basis consultation with QM, Cultural Competence, REPO and Program staff.

F. Post-Implementation Review

Contract Monitors and Program Managers will receive updates of any significant changes related to the approved EBP, PP, CDE or SS in the quarterly report. Some examples of relevant areas for updates are staff turnover, additional costs for implementation of the model, new or additional training. PRP approval letter or subsequent Contract Monitor follow-up letters will provide any specific items requiring ongoing quarterly report from provider.

At the end of the first year of implementation the outcomes will be assessed by the PRP, with particular attention paid to the appropriateness of the model for services to cultural, ethnic and racial groups.

An annual or otherwise determined schedule for review of EBP, PP, CDE, and SS will be established.

REFERENCE(S)/ATTACHMENTS:

N/A

RELATED POLICIES:

N/A

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff		
X	Mental Health Treatment Center		
X	Adult Contract Providers		
X	Children's Contract Providers		
X	Substance Use, Prevention, and Treatment Services		
X	Specific grant/specialty resource		

CONTACT INFORMATION:

- Quality Management
QMInformation@SacCounty.net

ATTACHMENT 11: SAMPLE AGREEMENT BOILERPLATE

COUNTY OF SACRAMENTO

«CONTRACTTYPE» AGREEMENT NO. «ContractNum»

AGREEMENT

THIS AGREEMENT is made and entered into as of this ____ day of _____, 20__, by and between the COUNTY OF SACRAMENTO, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and «CONTRACTORNAME», a _____ [nature of business, such as an individual, sole proprietorship, non-profit California corporation, partnership, etc.], hereinafter referred to as "CONTRACTOR".

RECITALS

WHEREAS, _____ [County's reasons for contracting]

WHEREAS, _____

WHEREAS, _____ [Contractor's reasons for contracting]

WHEREAS, _____

WHEREAS, COUNTY AND CONTRACTOR desire to enter into this Agreement on the terms and conditions set forth herein.

NOW, THEREFORE, in consideration of the mutual promises hereinafter set forth, COUNTY and CONTRACTOR agree as follows:

I. SCOPE OF SERVICES

CONTRACTOR shall provide services in the amount, type, and manner described in Exhibit A, which is attached hereto and incorporated herein.

II. TERM

This Agreement shall be effective and commence as of the date first written above and shall end on «enddate».

III. NOTICE

Any notice, demand, request, consent, or approval that either party hereto may or is required to give the other pursuant to this Agreement shall be in writing and shall be either personally delivered or sent by mail, addressed as follows:

TO COUNTY

TO CONTRACTOR

DIRECTOR
Department of Health Services
7001-A East Parkway, Suite 1000
Sacramento, CA 95823-2501

«ContractorName»
«Address»
«CITYSTATEZIP»

Either party may change the address to which subsequent notice and/or other communications can be sent by giving written notice designating a change of address to the other party, which shall be effective upon receipt.

IV. COMPLIANCE WITH LAWS

CONTRACTOR shall observe and comply with all applicable federal, state, and county laws, regulations, and ordinances.

V. GOVERNING LAWS AND JURISDICTION

This Agreement shall be deemed to have been executed and to be performed within the State of California and shall be construed and governed by the internal laws of the State of California. Any legal proceedings arising out of or relating to this Agreement shall be brought in Sacramento County, California.

VI. LICENSES, PERMITS, AND CONTRACTUAL GOOD STANDING

- A. CONTRACTOR shall possess and maintain all necessary licenses, permits, certificates, and credentials required by the laws of the United States, the State of California, County of Sacramento, and all other appropriate governmental agencies, including any certification and credentials required by COUNTY. Failure to maintain the licenses, permits, certificates, and credentials shall be deemed a breach of this Agreement and constitutes grounds for the termination of this Agreement by COUNTY.
- B. CONTRACTOR further certifies to COUNTY that it and its principals are not debarred, suspended, or otherwise excluded from or ineligible for, participation in federal, state, or county government contracts. CONTRACTOR certifies that it shall not contract with a subcontractor that is so debarred or suspended.

VII. PERFORMANCE STANDARDS

CONTRACTOR shall perform its services under this Agreement in accordance with the industry and/or professional standards applicable to CONTRACTOR's services. COUNTY may evaluate CONTRACTOR's performance of the scope of services provided in Exhibit A in accordance with performance outcomes determined by COUNTY. CONTRACTOR shall maintain such records concerning performance outcomes as required by COUNTY and provide the records to COUNTY upon request.

VIII. OWNERSHIP OF WORK PRODUCT

All technical data, evaluations, plans, specifications, reports, documents, or other work products developed by CONTRACTOR hereunder shall be the exclusive property of COUNTY and shall be delivered to COUNTY upon completion of the services authorized hereunder. CONTRACTOR may retain copies thereof for its files and internal use. Publication of the information directly derived from work performed or data obtained in connection with services rendered under this Agreement must first be approved in writing by COUNTY. COUNTY recognizes that all technical data, evaluations, plans, specifications, reports, and other work products are instruments of CONTRACTOR's services and are not designed for use other than what is intended by this Agreement.

IX. STATUS OF CONTRACTOR

- A. It is understood and agreed that CONTRACTOR (including CONTRACTOR's employees) is an independent contractor and that no relationship of employer-employee exists between the parties hereto. CONTRACTOR's assigned personnel shall not be entitled to any benefits payable to employees of COUNTY. COUNTY is not required to make any deductions or withholdings from the compensation payable to CONTRACTOR under the provisions of this Agreement; and as an independent contractor, CONTRACTOR hereby indemnifies and holds COUNTY harmless from any and all claims that may be made against COUNTY based upon any contention by any third party that an employer-employee relationship exists by reason of this Agreement.
- B. It is further understood and agreed by the parties hereto that CONTRACTOR in the performance of its obligation hereunder is subject to the control or direction of COUNTY as to the designation of tasks to be performed, the results to be accomplished by the services hereunder agreed to be rendered and performed, and not the means, methods, or sequence used by CONTRACTOR for accomplishing the results.
- C. If, in the performance of this Agreement, any third persons are employed by CONTRACTOR, such person shall be entirely and exclusively under the direction, supervision, and control of CONTRACTOR. All terms of employment, including hours, wages, working conditions, discipline, hiring, and discharging, or any other terms of employment or requirements of law, shall be determined by CONTRACTOR, and COUNTY shall have no right or authority over such persons or the terms of such employment.

- D. It is further understood and agreed that as an independent contractor and not an employee of COUNTY, neither CONTRACTOR nor CONTRACTOR's assigned personnel shall have any entitlement as a COUNTY employee, right to act on behalf of COUNTY in any capacity whatsoever as agent, nor to bind COUNTY to any obligation whatsoever. CONTRACTOR shall not be covered by workers' compensation; nor shall CONTRACTOR be entitled to compensated sick leave, vacation leave, retirement entitlement, participation in group health, dental, life, and other insurance programs, or entitled to other fringe benefits payable by COUNTY to employees of COUNTY.
- E. It is further understood and agreed that CONTRACTOR must issue W-2 and 941 Forms for income and employment tax purposes, for all of CONTRACTOR's assigned personnel under the terms and conditions of this Agreement.

X. CONTRACTOR IDENTIFICATION

CONTRACTOR shall provide COUNTY with the following information for the purpose of compliance with California Unemployment Insurance Code Section 1088.8 and Sacramento County Code Chapter 2.160: CONTRACTOR's name, address, telephone number, social security number or tax identification number, and whether dependent health insurance coverage is available to CONTRACTOR.

XI. COMPLIANCE WITH CHILD, FAMILY, AND SPOUSAL SUPPORT REPORTING OBLIGATIONS

- A. CONTRACTOR's failure to comply with state and federal child, family, and spousal support reporting requirements regarding a contractor's employees or failure to implement lawfully served wage and earnings assignment orders or notices of assignment relating to child, family, and spousal support obligations shall constitute a default under this Agreement.
- B. CONTRACTOR's failure to cure such default within ninety (90) days of notice by COUNTY shall be grounds for termination of this Agreement.

XII. BENEFITS WAIVER

If CONTRACTOR is unincorporated, CONTRACTOR acknowledges and agrees that CONTRACTOR is not entitled to receive the following benefits and/or compensation from COUNTY: medical, dental, vision and retirement benefits, life and disability insurance, sick leave, bereavement leave, jury duty leave, parental leave, or any other similar benefits or compensation otherwise provided to permanent civil service employees pursuant to the County Charter, the County Code, the Civil Service Rule, the Sacramento County Employees' Retirement System and/or any and all memoranda of understanding between COUNTY and its employee organizations. Should CONTRACTOR or any employee or agent of CONTRACTOR seek to obtain such benefits from COUNTY, CONTRACTOR agrees to indemnify and hold harmless COUNTY from any and all claims that may be made against COUNTY for such benefits.

XIII. CONFLICT OF INTEREST

CONTRACTOR and CONTRACTOR's officers and employees shall not have a financial interest, or acquire any financial interest, direct or indirect, in any business, property or source of income which could be financially affected by or otherwise conflict in any manner or degree with the performance of services required under this Agreement.

XIV. LOBBYING AND UNION ORGANIZATION ACTIVITIES

- A. CONTRACTOR shall comply with all certification and disclosure requirements prescribed by Section 319, Public Law 101-121 (31 U.S.C. § 1352) and any implementing regulations.
- B. If services under this Agreement are funded with state funds granted to COUNTY, CONTRACTOR shall not utilize any such funds to assist, promote, or deter union organization by employees performing work under this Agreement and shall comply with the provisions of Government Code Sections 16645 through 16649.
- C. If services under this Agreement are funded in whole or in part with Federal funds no funds may be used to support or defeat legislation pending before Congress or any state legislature. CONTRACTOR further agrees to comply with all requirements of the Hatch Act (Title 5 USC, Sections 1501-1508).

XV. NONDISCRIMINATION IN EMPLOYMENT, SERVICES, BENEFITS, AND FACILITIES

- A. CONTRACTOR agrees and assures COUNTY that CONTRACTOR and any subcontractors shall comply with all applicable federal, state, and local anti-discrimination laws, regulations, and ordinances and to not unlawfully discriminate, harass, or allow harassment against any employee, applicant for employment, employee or agent of COUNTY, or recipient of services contemplated to be provided or provided under this Agreement, because of race, ancestry, marital status, color, religious creed, political belief, national origin, ethnic group identification, sex, sexual orientation, age (over 40), medical condition (including HIV and AIDS), or physical or mental disability. CONTRACTOR shall ensure that the evaluation and treatment of its employees and applicants for employment, the treatment of COUNTY employees and agents, and recipients of services are free from such discrimination and harassment.
- B. CONTRACTOR represents that it is in compliance with and agrees that it will continue to comply with the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101 et seq.), the Fair Employment and Housing Act (Government Code § 12900 et seq.), and regulations and guidelines issued pursuant thereto.
- C. CONTRACTOR agrees to compile data, maintain records, post required notices and submit reports to permit effective enforcement of all applicable anti-discrimination laws and this provision.
- D. CONTRACTOR shall include this nondiscrimination provision in all subcontracts related to this Agreement.

XVI. INDEMNIFICATION

- A. To the fullest extent permitted by law, for work or services (including professional services), provided under this Agreement, CONTRACTOR shall indemnify, defend, and hold harmless COUNTY, its governing Board, officers, directors, officials, employees, and authorized volunteers and agents, (individually an "Indemnified Party" and collectively "Indemnified Parties"), from and against any and all claims, demands, actions, losses, liabilities, damages, and all expenses and costs incidental thereto (collectively "Claims"), including cost of defense, settlement, arbitration, expert fees, and reasonable attorneys' fees, resulting from injuries to or death of any person, including employees of either party hereto, and damage to or destruction of any property, or loss of use or reduction in value thereof, including the property of either party hereto, and recovery of monetary losses incurred by COUNTY directly attributable to the performance of CONTRACTOR, arising out of, pertaining to, or resulting from the negligent acts, errors, omissions, recklessness, or willful misconduct of CONTRACTOR, its employees, or CONTRACTOR's subconsultants or subcontractors at any tier, or any other party for which CONTRACTOR is legally liable under law.
- B. The right to defense and indemnity under this indemnity obligation arises upon occurrence of an event giving rise to a Claim and, thereafter, upon tender in writing to CONTRACTOR. Upon receipt of tender, CONTRACTOR shall provide prompt written response that it accepts tender. Failure to accept tender may be grounds for termination of the Agreement. CONTRACTOR shall control the defense of Indemnified Parties; subject to using counsel reasonably acceptable to COUNTY. Both parties agree to cooperate in the defense of a Claim.
- C. This indemnity obligation shall not be limited by the types and amounts of insurance or self-insurance maintained by CONTRACTOR or CONTRACTOR'S subcontractors at any tier.
- D. Nothing in this indemnity obligation shall be construed to create any duty to, any standard of care with reference to, or any liability or obligation, contractual or otherwise, to any third party.
- E. The provisions of this indemnity obligation shall survive the expiration or termination of the Agreement

XVII. INSURANCE

Without limiting CONTRACTOR's indemnification, CONTRACTOR shall maintain in force at all times during the term of this Agreement and any extensions or modifications thereto, insurance as specified in Exhibit B. It is the responsibility of CONTRACTOR to notify its insurance advisor or insurance carrier(s) regarding coverage, limits, forms, and other insurance requirements specified in Exhibit B. It is understood and agreed that COUNTY shall not pay any sum to CONTRACTOR under this Agreement unless and until COUNTY is satisfied that all insurance required by this Agreement is in force at the

time services hereunder are rendered. Failure to maintain insurance as required in this Agreement may be grounds for material breach of contract.

XVIII. INFORMATION TECHNOLOGY ASSURANCES

CONTRACTOR shall take all reasonable precautions to ensure that any hardware, software, and/or embedded chip devices used by CONTRACTOR in the performance of services under this Agreement, other than those owned or provided by COUNTY, shall be free from viruses. Nothing in this provision shall be construed to limit any rights or remedies otherwise available to COUNTY under this Agreement.

XIX. WEB ACCESSIBILITY

CONTRACTOR shall ensure that all web sites and web applications provided by CONTRACTOR pursuant to this Agreement shall comply with COUNTY's Web Accessibility Policy adopted by the Board of Supervisors on February 18, 2003, as well as any approved amendment thereto.

XX. COMPENSATION AND PAYMENT OF INVOICES LIMITATIONS

- A. Compensation under this Agreement shall be limited to the Maximum Total Payment Amount set forth in Exhibit C, or Exhibit C as modified by COUNTY in accordance with express provisions in this Agreement.
- B. CONTRACTOR shall submit an invoice on the forms and in accordance with the procedures prescribed by COUNTY **insert - upon completion of services, on a monthly basis**. Invoices shall be submitted to COUNTY no later than the fifteenth (15th) day of the month following the invoice period, and COUNTY shall pay CONTRACTOR within thirty (30) days after receipt of an appropriate and correct invoice.
- C. COUNTY operates on a July through June fiscal year. Invoices for services provided in any fiscal year must be submitted no later than July 31, one (1) month after the end of the fiscal year. Invoices submitted after July 31 for the prior fiscal year shall not be honored by COUNTY unless CONTRACTOR has obtained prior written COUNTY approval to the contrary.
- D. CONTRACTOR shall maintain for four (4) years following termination of this Agreement full and complete documentation of all services and expenditures associated with performing the services covered under this Agreement. Expense documentation shall include: time sheets or payroll records for each employee; receipts for supplies; applicable subcontract expenditures; applicable overhead and indirect expenditures.
- E. In the event CONTRACTOR fails to comply with any provisions of this Agreement, COUNTY may withhold payment until such non-compliance has been corrected.

XXI. LEGAL TRAINING INFORMATION

If under this Agreement CONTRACTOR is to provide training of County personnel on legal issues, then CONTRACTOR shall submit all training and program material for prior review and written approval by County Counsel. Only those materials approved by County Counsel shall be utilized to provide such training.

XXII. SUBCONTRACTS, ASSIGNMENT

- A. CONTRACTOR shall obtain prior written approval from COUNTY before subcontracting any of the services delivered under this Agreement. CONTRACTOR remains legally responsible for the performance of all contract terms including work performed by third parties under subcontracts. Any subcontracting will be subject to all applicable provisions of this Agreement. CONTRACTOR shall be held responsible by COUNTY for the performance of any subcontractor whether approved by COUNTY or not.
- B. This Agreement is not assignable by CONTRACTOR in whole or in part, without the prior written consent of COUNTY.

XXIII. AMENDMENT AND WAIVER

Except as provided herein, no alteration, amendment, variation, or waiver of the terms of this Agreement shall be valid unless made in writing and signed by both parties. Waiver by either party of any default, breach, or condition precedent shall not be construed as a waiver of any other default, breach, or condition precedent, or any other right hereunder. No interpretation of any provision of this Agreement shall be binding upon COUNTY unless agreed in writing by DIRECTOR and counsel for COUNTY.

XXIV. SUCCESSORS

This Agreement shall bind the successors of COUNTY and CONTRACTOR in the same manner as if they were expressly named.

XXV. TIME

Time is of the essence of this Agreement.

XXVI. INTERPRETATION

This Agreement shall be deemed to have been prepared equally by both of the parties, and the Agreement and its individual provisions shall not be construed or interpreted more favorably for one party on the basis that the other party prepared it.

XXVII. DIRECTOR

As used in this Agreement, "DIRECTOR" shall mean the Director of the Department of Health Services, or his/her designee.

XXVIII. DISPUTES

In the event of any dispute arising out of or relating to this Agreement, the parties shall attempt, in good faith, to promptly resolve the dispute mutually between themselves. Pending resolution of any such dispute, CONTRACTOR shall continue without delay to carry out all its responsibilities under this Agreement unless the Agreement is otherwise terminated in accordance with the Termination provisions herein. COUNTY shall not be required to make payments for any services that are the subject of this dispute resolution process until such dispute has been mutually resolved by the parties. If the dispute cannot be resolved within 15 calendar days of initiating such negotiations or such other time period as may be mutually agreed to by the parties in writing, either party may pursue its available legal and equitable remedies, pursuant to the laws of the State of California. Nothing in this Agreement or provision shall constitute a waiver of any of the government claim filing requirements set forth in Title 1, Division 3.6, of the California Government Code or as otherwise set forth in local, state and federal law.

XXIX. TERMINATION

- A. Either party may terminate this Agreement without cause upon thirty (30) days' written notice to the other party. Notice shall be deemed served on the date of mailing. If notice of termination for cause is given by COUNTY to CONTRACTOR and it is later determined that CONTRACTOR was not in default or the default was excusable, then the notice of termination shall be deemed to have been given without cause pursuant to this paragraph (A).
- B. COUNTY may terminate this Agreement for cause immediately upon giving written notice to CONTRACTOR should CONTRACTOR materially fail to perform any of the covenants contained in this Agreement in the time and/or manner specified. In the event of such termination, COUNTY may proceed with the work in any manner deemed proper by COUNTY. If notice of termination for cause is given by COUNTY to CONTRACTOR and it is later determined that CONTRACTOR was not in default or the default was excusable, then the notice of termination shall be deemed to have been given without cause pursuant to paragraph (A) above.
- C. COUNTY may terminate or amend this Agreement immediately upon giving written notice to CONTRACTOR that funds are not available because: 1) Sufficient funds are not appropriated in COUNTY'S Adopted or Adjusted Budget; 2) the COUNTY is advised that funds are not available from external sources for this Agreement or any portion thereof, including

if distribution of such funds to the COUNTY is suspended or delayed; 3) if funds for the services and/or programs provided pursuant to this Agreement are not appropriated by the State; 4) funds that were previously available for this Agreement are reduced, eliminated and/or re-allocated by COUNTY as a result of budget or revenue reductions during the fiscal year.

- D. If this Agreement is terminated under Paragraph A or C above, CONTRACTOR shall only be paid for any service completed and provided prior to notice of termination. In the event of termination under paragraph A or C above, CONTRACTOR shall be paid an amount which bears the same ratio to the total compensation authorized by the Agreement as the services actually performed bear to the total services of CONTRACTOR covered by this Agreement, less payments of compensation previously made. In no event, however, shall COUNTY pay CONTRACTOR an amount which exceeds a pro rata portion of the Agreement total based on the portion of the Agreement term that has elapsed on the effective date of the termination.
- E. CONTRACTOR shall not incur any expenses under this Agreement after notice of termination and shall cancel any outstanding expense obligations to a third party that CONTRACTOR can legally cancel.

XXX. REPORTS

CONTRACTOR shall, without additional compensation therefore, make fiscal, program evaluation, progress, and such other reports as may be reasonably required by DIRECTOR concerning CONTRACTOR's activities as they affect the contract duties and purposes herein. COUNTY shall explain procedures for reporting the required information.

XXXI. AUDITS AND RECORDS

Upon COUNTY's request, COUNTY or its designee shall have the right at reasonable times and intervals to audit, at CONTRACTOR's premises, CONTRACTOR's financial and program records as COUNTY deems necessary to determine CONTRACTOR's compliance with legal and contractual requirements and the correctness of claims submitted by CONTRACTOR. CONTRACTOR shall maintain such records for a period of four (4) years following termination of the Agreement, and shall make them available for copying upon COUNTY's request at COUNTY's expense. COUNTY shall have the right to withhold any payment under this Agreement until CONTRACTOR has provided access to CONTRACTOR's financial and program records related to this Agreement.

XXXII. PRIOR AGREEMENTS

This Agreement constitutes the entire contract between COUNTY and CONTRACTOR regarding the subject matter of this Agreement. Any prior agreements, whether oral or written, between COUNTY and CONTRACTOR regarding the subject matter of this Agreement are hereby terminated effective immediately upon full execution of this Agreement.

XXXIII. SEVERABILITY

If any term or condition of this Agreement or the application thereof to any person(s) or circumstance is held invalid or unenforceable, such invalidity or unenforceability shall not affect other terms, conditions, or applications which can be given effect without the invalid term, condition, or application; to this end the terms and conditions of this Agreement are declared severable.

XXXIV. FORCE MAJEURE

Neither CONTRACTOR nor COUNTY shall be liable or responsible for delays or failures in performance resulting from events beyond the reasonable control of such party and without fault or negligence of such party. Such events shall include but not be limited to acts of God, strikes, lockouts, riots, acts of war, epidemics, acts of government, fire, power failures, nuclear accidents, earthquakes, unusually severe weather, acts of terrorism, or other disasters, whether or not similar to the foregoing, and acts or omissions or failure to cooperate of the other party or third parties (except as otherwise specifically provided herein).

XXXV. TRANSITION OF CARE

If CONTRACTOR provides services to patients/clients under the terms of this AGREEMENT, CONTRACTOR shall cooperate with COUNTY and any other Provider of services in circumstances where Patient care is transferred from

CONTRACTOR to another Provider. CONTRACTOR understands and agrees that such cooperation is necessary for coordination of care and will make all reasonable efforts to make such transfers as seamless for the Patient as is possible.

XXXVI. SURVIVAL OF TERMS

All services performed and deliverables provided pursuant to this Agreement are subject to all of the terms, conditions, price discounts and rates set forth herein, notwithstanding the expiration of the initial term of this Agreement or any extension thereof. Further, the terms, conditions, and warranties contained in this Agreement that by their sense and context are intended to survive the completion of the performance, cancellation, or termination of this Agreement shall so survive.

XXXVII. DUPLICATE COUNTERPARTS

This Agreement may be executed in duplicate counterparts. The Agreement shall be deemed executed when it has been signed by both parties.

Signatures scanned and transmitted electronically shall be deemed original signatures for purposes of this Agreement, with such scanned signatures having the same legal effect as original signatures. This Agreement may be executed through the use of an electronic signature and will be binding on each party as if it were physically executed.

XXXVIII. BUSINESS ASSOCIATE REQUIREMENTS

If COUNTY determines that under this Agreement CONTRACTOR is a "Business Associate" of COUNTY, as defined in the Health Insurance Portability and Accountability Act (45 CFR 160.103), then CONTRACTOR shall comply with the Business Associate provisions contained in Exhibit G, which is attached hereto and incorporated by reference herein.

XXXIX. AUTHORITY TO EXECUTE

Each person executing this Agreement represents and warrants that he or she is duly authorized and has legal authority to execute and deliver this Agreement for or on behalf of the parties to this Agreement. Each party represents and warrants to the other that the execution and delivery of the Agreement and the performance of such party's obligations hereunder have been duly authorized.

XL. DRUG FREE WORKPLACE

If the contract is funded in whole or in part with State funds the CONTRACTOR shall comply, and require that its Subcontractors comply, with Government Code Section 8355. By executing this contract Contractor certifies that it will provide a drug free workplace pursuant to Government Code Section 8355.

XLI. CLEAN AIR ACT AND WATER POLLUTION CONTROL ACT

CONTRACTOR shall comply with applicable standards of the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended. Subcontracts (Subgrants) of amounts in excess of \$150,000 must contain a provision that requires the non-Federal awardee to agree to comply with all applicable standards, orders or regulations issued pursuant to the two Acts cited in this section. Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

XLII. CULTURAL AND LINGUISTIC PROFICIENCY

To ensure equal access to quality care by diverse populations, CONTRACTOR shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards, which can be found at <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.

XLIII. CHARITABLE CHOICE 42 CFR PART 54

CONTRACTOR certifies that if it identified as a faith-based religious organization, and receives direct funding of substance abuse prevention and treatment services under the Substance Abuse Prevention and Treatment Block Grant (SAPT), the

Projects for Assistance in Transition from Homelessness (PATH) formula grant program, Substance Abuse and Mental Health Services Administration (SAMSHA), or Temporary Assistance to Needy Families (TANF) discretionary grants that:

1. CONTRACTOR shall adhere to the requirements contained in Title 42, Code of Federal Regulations (CFR) Part 54;
2. CONTRACTOR's services shall be provided in a manner consistent with the Establishment Clause and the Free Exercise Clause of the First Amendment of the United States Constitution (42 CFR § 54.3);
3. If CONTRACTOR offers inherently religious activities, they shall be provided separately, in time or location, from the programs or services for which the organization receives funds from federal, state, or local government sources. Participation in religious activities must be voluntary for program beneficiaries (42 CFR § 54.4);
4. CONTRACTOR shall not expend any federal, state, or local government funds to support any inherently religious activities such as worship, religious instruction, or proselytization (42 CFR § 54.5);
5. CONTRACTOR shall not, in providing program services or engaging in outreach activities under applicable programs, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice (42 CFR § 54.7);
6. CONTRACTOR shall inform program beneficiaries that they may refuse to participate in any religious activities offered by CONTRACTOR;
7. CONTRACTOR shall inform program beneficiaries that, if they object to the religious character of the program, they have the right to a referral to an alternate service provider to which they have no objections (42 CFR § 54.8); and,
8. CONTRACTOR shall, within a reasonable time of learning of a beneficiary's objection to the religious character of the program, refer the program beneficiary to an alternate service provider (42 CFR § 54.8).

If 42 U.S.C. 2000e-1 regarding employment practices is applicable to this Agreement, it shall supersede 42 CFR § 54.7 to the extent that 42 CFR § 54.7 conflicts with 42 U.S.C. 2000e-1.

XLIV. COVID-19 REQUIREMENTS

CONTRACTOR shall be solely and completely responsible for implementing the applicable COVID-19 guidelines from the California Division of Industrial Safety and the applicable COVID-19 guidance from the Centers for Disease Control and Prevention (CDC) including staff education, staff training, routine cleaning of staff and public space, on-site washing facilities, and to the extent applicable Personal Protective Equipment (PPE) donning and maintenance. CONTRACTOR shall submit a plan for compliance with these standards to the COUNTY. This safety plan and/or narrative description shall describe the education, training, routine cleaning, on-site washing facilities and the PPE to be used or provided by the CONTRACTOR. CONTRACTOR shall make any reasonable corrections that COUNTY requests to such plans.

XLV. ADDITIONAL PROVISIONS

The additional provisions contained in Exhibits A, B, C, D, E, F, and G attached hereto are part of this Agreement and are incorporated herein by reference.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed as of the day and year first written above.

ATTACHMENT 12: SAMPLE EXHIBIT D TO AGREEMENT “ADDITIONAL PROVISIONS”

**EXHIBIT D to Agreement between the COUNTY OF SACRAMENTO, hereinafter referred to as
“COUNTY”, and
«CONTRACTORNAME»,
hereinafter referred to as “CONTRACTOR”**

ADDITIONAL PROVISIONS

I. LAWS, STATUTES, AND REGULATIONS

A. CONTRACTOR shall abide by all applicable state, federal, and county laws, statutes, and regulations, including but not limited to the Bronzan-McCorquedale Act (Welfare and Institutions Code, Divisions 5, 6, and 9, Sections 5600 et seq., and Section 4132.44), Title 9 and Title 22 of the California Code of Regulations, Title XIX of the Social Security Act, State Department of Mental Health Policy Letters, and Title 42 of the Code of Federal Regulations, Section 434.6 and 438.608, in carrying out the requirements of this Agreement.

B. CONTRACTOR shall comply with all Policies and Procedures adopted by COUNTY to implement federal/state laws and regulations.

C. CONTRACTOR shall comply with the requirements mandated for culturally competent services to diverse populations as outlined in the Sacramento County Phase II Consolidation of MediCal Specialty Mental Health Services—Cultural Competence Plan 1998, 2002, 2003, and the Department of Mental Health (DMH) 2010 Cultural Competence Plan Requirement. CONTRACTOR agrees to abide by the Assurance of Cultural Competence Compliance document, as provided by COUNTY, and shall comply with its provisions.

II. LICENSING, CERTIFICATION, AND PERMITS

A. CONTRACTOR agrees to furnish professional personnel in accordance with the regulations, including all amendments thereto, issued by the State of California or COUNTY. CONTRACTOR shall operate continuously throughout the term of this Agreement with at least the minimum of staff required by law for provision of services hereunder; such personnel shall be qualified in accordance with all applicable laws and regulations.

B. CONTRACTOR shall make available to COUNTY, on request of DIRECTOR, a list of the persons who will provide services under this Agreement. The list shall state the name, title, professional degree, and work experience of such persons.

III. OPERATION AND ADMINISTRATION

A. CONTRACTOR agrees to furnish at no additional expense to COUNTY beyond the amounts identified as NET BUDGET/MAXIMUM PAYMENT TO CONTRACTOR in Exhibit C, all space, facilities, equipment, and supplies necessary for its proper operation and maintenance.

B. CONTRACTOR, if incorporated, shall be in good standing and operate according to the provisions of its Articles of Incorporation and By-Laws. Said documents and any amendments thereto shall be maintained and retained by CONTRACTOR and made available for review or inspection by DIRECTOR at reasonable times during normal business hours.

- C. CONTRACTOR shall forward to DIRECTOR all copies of its notices of meetings, minutes, and public information, which are material to the performance of this Agreement.
- D. CONTRACTOR agrees that all materials created for public dissemination shall reflect the collaborative nature of all programs and/or projects. All program announcements, websites, brochures, and press releases shall include the Sacramento County logo, and shall adhere to the Logo Style Guide provided by COUNTY. Additionally, the program announcements, websites, brochures and press releases shall state the following language:
 - 1. If MHSA funding is present in Exhibit C of this Agreement, “This program is funded by the Division of Behavioral Health Services through the voter approved Proposition 63, Mental Health Services Act (MHSA).”
 - 2. If MHSA funding is not present in Exhibit C of this Agreement, “This program is funded by the Sacramento County Division of Behavioral Health Services”.
 - 3. Oral presentations shall include the above required statement.

IV. CONFIDENTIALITY

- A. CONTRACTOR is subject to, and agrees to comply and require his or her employees to comply with the provisions of Sections 827, 5328, 5330, 5610 and 10850 of the Welfare and Institutions Code, Division 19-000 of the State of California Department of Social Services Manual of Policies and Procedures, Code of Federal Regulations Title 45, Section 205.50, and all other applicable laws and regulations to assure that:
 - 1. All Applications and records concerning an individual made or kept by CONTRACTOR, COUNTY, or any public officer or agency in connection with the Welfare and Institutions Code relating to any form of public social services or health services provided under this Agreement shall be confidential and shall not be open to examination for any purpose not directly connected with the administration of such public social or health services.
 - 2. No person will publish or disclose, or use or cause to be published, disclosed, or used, any confidential information pertaining to an applicant or recipient of services. Applicant and recipient records and information shall not be disclosed by CONTRACTOR to third parties without COUNTY’s consent or the consent of the applicant/recipient.
- B. CONTRACTOR agrees to inform all of his/her employees, agents, subcontractors and partners of the above provisions and that knowing and intentional violation of the provisions of said state and federal laws is a misdemeanor.
- C. CONTRACTOR is subject to, and agrees to comply when applicable, with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)(42 USC § 1320d) and regulations promulgated thereunder by the U.S. Department of Health and Human Services and other applicable laws and regulations.

V. CLINICAL REVIEW AND PROGRAM EVALUATION

- A. CONTRACTOR shall permit, at any reasonable time, personnel designated by DIRECTOR to come on CONTRACTOR’s premises for the purpose of making periodic inspections and evaluations. CONTRACTOR shall furnish DIRECTOR with such information as may be required to evaluate fiscal and clinical effectiveness of the services being rendered.

- B. DIRECTOR or his designee shall represent COUNTY in all matters pertaining to services rendered pursuant to this Agreement, including authorization for admission, care, and discharge of all clients for whom reimbursement is required under this Agreement.

VI. REPORTS

- A. CONTRACTOR shall provide accurate and timely input of services provided in the Avatar System, or any replacement system, in accordance with COUNTY's Division of Mental Health Provider Manual, so that COUNTY can generate a monthly report of the units of service performed.
- B. CONTRACTOR shall, without additional compensation therefore make further fiscal, program evaluation and progress reports as may be reasonably required by DIRECTOR or by the State Department of Mental Health concerning CONTRACTOR's activities as they affect the contract duties and purposes herein. COUNTY shall explain procedures for reporting the required information.

VII. RECORDS

- A. Patient Records: CONTRACTOR shall maintain adequate patient records on each individual patient, which shall include diagnostic studies, records of patient interviews, treatment plans, progress notes, and records of services provided by various professional and paraprofessional personnel, in sufficient detail to permit an evaluation of services. Such records shall comply with all applicable federal, state, and county record maintenance requirements.
- B. Service and Financial Records: CONTRACTOR shall maintain complete service and financial records, which clearly reflect the actual cost and related fees received for each type of service for which payment is claimed. The patient eligibility determination and the fees charged to and collected from patients shall also be reflected therein. Any apportionment of costs shall be made in accordance with generally accepted accounting principles.
- C. Review, Inspection, and Retention of Records: At reasonable times during normal business hours, the State Department of Mental Health, COUNTY or DIRECTOR, the appropriate audit agency of any of them, and the designee of any of them shall have the right to inspect or otherwise evaluate the cost, quality, appropriateness and timeliness of services performed and to audit and inspect any books and records of CONTRACTOR which pertain to services performed and determination of amount payable under this Agreement. Upon expiration or termination of this Agreement all patient records shall be kept for a minimum of seven (7) years from the date of discharge and in the case of minors, for at least one (1) year after the minor patient's eighteenth (18th) birthday, but in no case less than seven (7) years from the date of discharge. Service and financial records shall be retained by CONTRACTOR for a minimum period of four (4) years after the termination of this Agreement, or until audit findings are resolved, whichever is later.

VIII. PATIENT FEES

- A. The Uniform Method of Determining Ability to Pay prescribed by the State Director of Mental Health shall be applied when services to patients are involved.
- B. Charges for services to either patients or persons responsible shall approximate estimated actual cost.
- C. CONTRACTOR shall use the Uniform Billing and Collection Guidelines prescribed by the State Director of Mental Health (non-billing providers excluded).

IX. ANTI-SUPPLANTATION

If MHSA funding is present in Exhibit C of this Agreement, the following language applies:

MHSA funds shall be used exclusively to develop new projects, expand existing programs and/or services or to enhance existing programs and services. CONTRACTOR shall not utilize MHSA funds to supplant existing state or county funds for mental health services.

CONTRACTOR shall execute a certification that it has complied with the anti-supplantation requirements. Such certification shall be executed prior to release of MHSA funds and CONTRACTOR shall annually execute such certification as part of the fiscal audit requirement. If COUNTY determines that supplantation has occurred, CONTRACTOR shall be required to reimburse COUNTY for all MHSA funds that were used in violation of this Section. Use of MHSA funds in violation of this Section shall be grounds for termination of this Agreement.

X. AUDIT/REVIEW REQUIREMENTS

A. Federal OMB Audit Requirements (also known as Omni Circular or Super Circular) for Other Than For-Profit Contractors

2 CFR 200.501 requires that subrecipients that expend \$750,000 or more (from all Federal sources) in a year in Federal Awards shall have an annual single or program specific Audit in accordance with the OMB requirements. 2 CFR 200.512 sets forth the requirements for filing the Audit with the Federal Audit Clearinghouse (FAC). When filing with the FAC, CONTRACTOR must also simultaneously submit 3 copies of the required Audit and forms to DIRECTOR as described in paragraph E of this section. The Catalog of Federal Domestic Assistance number (CFDA#) and related required information shall be included in the Audit. The CFDA # and the required related information for the funds contained in this contract are provided in Exhibit E. Audits shall be supplied by the due dates discussed in paragraph E of this section.

B. COUNTY Requirements for Non-Profit, For-Profit, Governmental and School District Contractors In addition to the OMB requirements of paragraph A of this section, COUNTY requires CONTRACTOR to provide an annual Audited or Reviewed financial statement as follows:

1. Annual Audited financial statements and accompanying Auditor's report and notes is required from CONTRACTOR when DHS has awarded contracts totaling \$150,000 or more for any twelve month period. The Audited financial statement shall be prepared in accordance with Generally Accepted Accounting Principles (GAAP) and the Audit shall be performed by an independent Certified Public Accountant in accordance with Generally Accepted Auditing Standards (GAAS).
2. Annual Reviewed financial statements are required from CONTRACTOR when DHS has awarded contracts totaling less than \$150,000, but more than \$50,000 for any twelve month period. The Reviewed financial statement shall be prepared by an independent Certified Public Accountant in accordance with Statements on Standards for Accounting and Review Services issued by the AICPA. Audited financial statements may be substituted for Reviewed financial statements.
3. Should any deficiencies be noted in the Audit or Review CONTRACTOR must submit an Action Plan with the Audit or Review detailing how the deficiencies will be addressed.
4. If management letters are issued by a Certified Public Accountant separate from the audit CONTRACTOR is required to provide copies to COUNTY, and submit corrective action plans to address findings or recommendations noted in the management letters.

C. Term of the Audit or Review

The Audit(s) or Review(s) shall cover the entire term of the contract(s). If CONTRACTOR'S fiscal year is different than the contract term, multiple Audits or Reviews shall be required, in order to cover the entire term of the contract.

D. Termination

If the Agreement is terminated for any reason during the contract period, the Audit or Review shall cover the entire period of the Agreement for which services were provided.

E. Submittal and Due Dates for Audits or Reviews

CONTRACTOR shall provide to COUNTY three copies of the Audit or Review, as required in this section, due six months following the end of CONTRACTOR'S fiscal year. Audit or Review shall be sent to:

Director of Health Services
County of Sacramento
Department of Health Services
7001-A East Parkway, Suite 1000C
Sacramento, CA 95823

F. Request for Extension of Due Date

CONTRACTOR may request an extension of the due date for the Audit or Review in writing. Such request shall include the reason for the delay, a specific date for the extension and be sent to:

Director of Health Services
County of Sacramento
Department of Health Services
7001-A East Parkway, Suite 1000C
Sacramento, CA 95823

G. Past Due Audit/Review

COUNTY may withhold payments due to CONTRACTOR from all past, current and future DHS contracts when past, current or future audits/reviews are not provided to COUNTY by due date or approved extended due date.

H. Overpayments

Should any overpayment of funds be noted in the Audit or Review, CONTRACTOR shall reimburse COUNTY the amount of the overpayment within 30 days of the date of the completion of the Audit or Review.

XI. SYSTEM REQUIREMENTS

- A. CONTRACTOR shall adhere to the guidelines, policies and procedures issued by the County Information Technology Services (ITS) for use of COUNTY computers, software, and systems.
- B. CONTRACTOR shall utilize the Avatar system for all County Mental Health Plan (MHP) functions including, but not limited to, client demographics, services/charges, assessments, treatment plans and progress notes. CONTRACTOR has the right to choose not to use the Avatar system but must comply with all necessary requirements involving electronic health information exchange between the CONTRACTOR and the COUNTY. The CONTRACTOR must submit a plan to the COUNTY for approval demonstrating how the requirements will be met.

XII. EQUIPMENT OWNERSHIP

COUNTY shall have and retain ownership and title to all equipment identified to be purchased by CONTRACTOR under Exhibit C of this Agreement. CONTRACTOR shall furnish, and amend as necessary, a list of all equipment purchased under this Agreement together with the bills of sale and any other documents as may be necessary to show clear title and reasonableness of the purchase price. The equipment list shall specify the quantity, name, description, purchase price, and date of purchase of all equipment. CONTRACTOR shall make all equipment available to COUNTY during normal business hours for tagging or inventory. CONTRACTOR shall deliver all equipment to COUNTY upon termination of this Agreement.

XIII. PATIENTS' RIGHTS/GRIEVANCES

- A. CONTRACTOR shall give to all patients written notice of their rights pursuant to and in compliance with California Welfare and Institutions Code Section 5325 et seq.; California Code of Regulations Title 9, Section 860 et seq.; Title XIX of the Social Security Act; and Title 42, Code of Federal Regulations. In addition, in all facilities providing the services described herein, CONTRACTOR shall have prominently posted in the predominant language of the community a list of the patient's rights.
- B. As a condition of reimbursement, CONTRACTOR shall provide the same level of treatment to beneficiaries served under this Agreement as provided to all other patients served.
- C. CONTRACTOR shall not discriminate against any beneficiary of services provided under this Agreement in any manner.
- D. CONTRACTOR agrees to provide a system through which recipients of service shall have the opportunity to express and have considered their views, grievances, and complaints regarding the delivery of services, including affording recipient's notice of adverse determination and a hearing thereon to the extent required by law.

XIV. ADMISSION POLICIES

CONTRACTOR's admission policies (if applicable) shall be in writing and available to the public and shall include a provision that patients are accepted for care without discrimination as described in this Agreement.

XV. HEALTH AND SAFETY

- A. CONTRACTOR shall maintain a safe facility.
- B. CONTRACTOR shall store and dispense medication in compliance with all applicable state, federal, and county laws and regulations.

XVI. MANDATED REPORTING

CONTRACTOR shall comply with the training requirements for identification and reporting of child abuse, adult, and dependent adult abuse as defined in Penal code Section 11165.7 and the Welfare and Institutions Code Section 15630-15632. All training shall be documented in an individual personnel file. CONTRACTOR shall establish procedures for paid and volunteer staff for reporting suspected child abuse cases.

XVII. BACKGROUND CHECKS

CONTRACTOR shall not assign or continue the assignment of any employees, agents (including subcontractors), students, or volunteers ("Assigned Personnel") who have been convicted or incarcerated within the prior 10 years for any felony as specified in Penal Code § 667.5 and/or 1192.7, to provide direct care to clients.

XVIII. GOOD NEIGHBOR POLICY

- A. CONTRACTOR shall comply with COUNTY's Good Neighbor Policy, a copy of which is attached as Exhibit F.
- B. If COUNTY finds CONTRACTOR has failed to perform, COUNTY shall notify CONTRACTOR in writing that corrective action must be taken by CONTRACTOR within an agreed upon time frame. If CONTRACTOR fails to comply, COUNTY shall take the required corrective action and deduct the actual cost to correct the problem from CONTRACTOR's claim, when appropriate, to ensure compliance with the Good Neighbor Policy.

XIX. BASIS FOR ADVANCE PAYMENT

- A. Pursuant to Government Code § 11019(c) this Agreement allows for advance payment once per fiscal year when CONTRACTOR submits a request in writing, and request is approved in writing by DIRECTOR or DIRECTOR's designee.
- B. If DIRECTOR finds both that CONTRACTOR requires advance payment in order to perform the services required by this Agreement and that the advance payment will not create an undue risk that payment will be made for services which are not rendered, DIRECTOR, or DIRECTOR's designee, may authorize, in her/his sole discretion, an advance in the amount not to exceed ten percent (10%) of the "Net Budget/Maximum Payment to CONTRACTOR" as indicated in Exhibit C.
- C. In the case of Agreements with multiple-year terms, DIRECTOR or DIRECTOR's designee may authorize annual advances of not more than ten percent (10%) of the "Net Budget/Maximum Payment to CONTRACTOR" for each fiscal year as indicated in the Exhibit C.
- D. CONTRACTOR's written request for advance shall include a detailed written report substantiating the need for such advance payment, and such other information as DIRECTOR or DIRECTOR's designee may require.
- E. All advanced funds shall be offset against reimbursement submitted during the fiscal year.
- F. COUNTY reserves the right to withhold the total advance amount from any invoice.

These provisions apply unless specified otherwise in Exhibit C of this Agreement

XX. AMENDMENTS

- A. DIRECTOR may execute an amendment to this Agreement provided that:
 - 1. An increase in the maximum contract amount resulting from the amendment does not exceed DIRECTOR's delegated authority under Sacramento County Code Section 2.61.100 (c) or any amount specified by Board of Supervisor's resolution for amending this Agreement, whichever is greater; and
 - 2. Funding for the increased contract obligation is available within the Department's allocated budget for the fiscal year.
- B. The budget attached to this Agreement as Exhibit C is subject to revision by COUNTY upon written notice by COUNTY to CONTRACTOR as provided in this Agreement. Upon notice, CONTRACTOR

shall adjust services accordingly and shall within thirty (30) days submit to DIRECTOR a revised budget. Said budget revision shall be in the form and manner prescribed by DIRECTOR and, when approved in writing, shall constitute an amendment to this Agreement.

- C. The budget attached to this Agreement as Exhibit C may be modified by CONTRACTOR making written request to DIRECTOR and written approval of such request by DIRECTOR. Approval of modifications requested by CONTRACTOR is discretionary with DIRECTOR. Said budget modification shall be in the form and manner prescribed by DIRECTOR and, when approved, shall constitute an amendment to this Agreement.

Behavioral Health Town Hall

JULY 30TH AND AUGUST 1ST, 2019

Dr. Ryan Quist
Director of Behavioral Health Services

Authored by: Liz Gomez

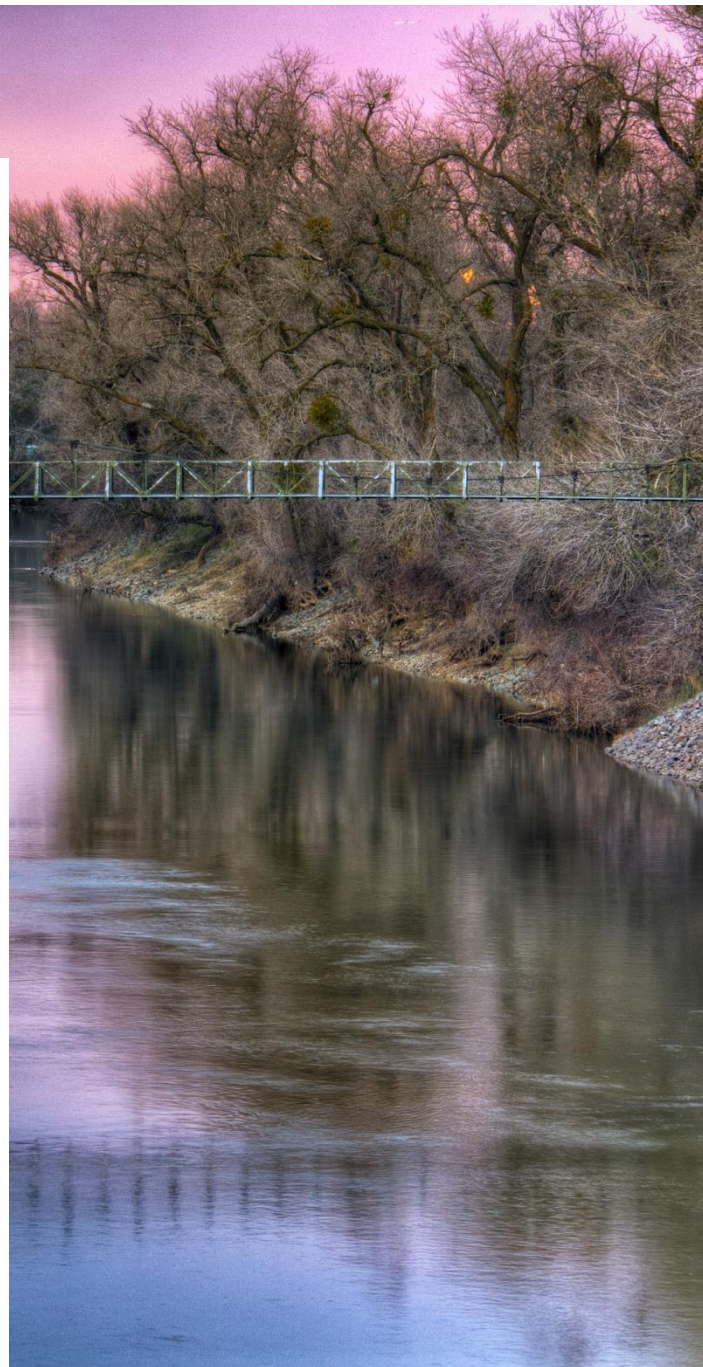


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Details

Goal: The goal of the Town Hall is to gather feedback and ideas about the current Behavioral Health Services System.

Feedback: The feedback of the Town Hall will influence current priorities and inform future needs for the Behavioral Health Services System.

Premise: There is value in engaging those who have a high stake in the work the County is driving forward around Behavioral Health.

Results we are looking to achieve:

- Representation from 50% systems partners and 50% individuals that access our services
- Participants are clear about the goal of this session and next steps based on their input
- Feedback and ideas are gathered from participants about the current system
- Participants feel heard and have the opportunity to have a voice in the feedback process

Town Hall #1: Tuesday, July 30th 3-6pm ♦ 2450 Florin Rd ♦ Susie Gaines Mitchell Community Room

Town Hall #2: Thursday, August 1st 3-6pm ♦ 7001 East Parkway

Total Numbers - Both Town Halls	
Participants	Total
Town Hall #1	87
Town Hall #2	84

Participation Groups	Town Hall #1	Town Hall #2
Systems Partners	36%	43%
Consumers	14%	6%
BHS Staff	31%	27%
Community Members (including family members)	18%	17%
Did not indicate	20%	20%

Overview

Welcome – Dr. Quist

Dr. Ryan Quist, Director of Behavioral Health Services, provided the welcome and opening remarks. The priority areas for Behavioral Health Services were outlined: crisis continuum, individuals who are experiencing homelessness, timely access to services, individuals involved with child welfare/probation, school-based services and individuals who have experience with the criminal justice system (youth and adult). It was indicated that these priorities have come up not only in Sacramento but also across other counties and cities. Participants were thanked for joining Behavioral Health in the first of many opportunities for the Division to listen to their feedback and experiences. The goal of the Town Hall was outlined as an opportunity to gather feedback and ideas about the current Behavioral Health Services System. Liz Gomez, Program Planner with the Department of Health Services, was introduced as the facilitator for the Town Hall. Liz was introduced as a neutral, third party outside of Behavioral Health Services which was one of the reasons she was chosen to facilitate. Ed Dziuk, Health Program Manager, and Melissa Jacobs, Human Services Division Manager, were introduced to provide an overview of the alcohol and drug services (ADS) and mental health (MH) services provided through the Behavioral Health Services System.

Behavioral Health Overview

Alcohol and Drug Services (ADS) Continuum Overview – Ed Dziuk

An overview of the Alcohol and Drug Services Continuum was presented by Ed Dziuk, Health Program Manager. ADS offers a full array of substance use disorder treatment and prevention services to youth and adults. Services include youth and adult substance use disorder assessment and referral, adult residential treatment, withdrawal management, Medication-Assisted Treatment (MAT), sober living environments, youth and adult outpatient services including intensive outpatient treatment and a women's perinatal treatment program. As of July 1, 2019, ADS implemented the Drug Medi-Cal Organized Delivery System (DMC-ODS), expanding reimbursable treatment and MAT services. ADS currently contracts with 21 community treatment and prevention providers and is actively building system capacity and improving access to care for Sacramento County residents.

Child & Family and Adult Mental Health Service Continuums – Melissa Jacobs

An overview of the Child and Family Mental Health and Adult Mental Health Service Continuums was presented by Melissa Jacobs, Human Services Division Manager. MH services to adults, children, youth and older adults are provided along a continuum of prevention and early intervention services, outpatient, intensive outpatient and acute residential services. Sacramento County provides mental health services through approximately 90 contracted and county-operated service providers. There are continuous efforts to improve access and timeliness to services across the continuum.

Overview

Liz Gomez, a Program Planner from the Department of Health Services, provided a Town Hall overview. The goal of the Town Hall was outlined as an opportunity to gather feedback and ideas about the current Behavioral Health Services System. Feedback from this Town Hall will influence current priorities and inform future needs for the Behavioral Health Services System. It was explained that each table in the room has a different focus area based on BHS priorities. A facilitator at each table raised their hand to identify their role at their table.

The Comfort Agreement for the Town Hall was reviewed (see Appendix 3). No changes or feedback to the comfort agreements were requested from participants. The Parking Lot was explained as a space at each table to provide ideas or feedback that are outside of the scope of this Town Hall. Responses to the Parking Lot will be provided in the follow-up report. A Suggestion Box, located at the back of the room, provided anonymous suggestions to the Behavioral Health Services team. Input placed in the suggestion box, without an email address, will be responded to through the follow-up report.

Agenda Sections

1. What does success look like?
2. What is working? “Glows”
3. What can be improved? “Grows”

Participants also had the opportunity to comment and provide feedback on other focus areas through a gallery walk that transpired later on in the event.

Agenda

What does success look like, and what would it look like if we did this right?

Participants provided ideas and insight around the question, “What would success look like?” After a period of discussion and idea generation, participants were asked to come up with a success statement for their focus area.

What is working? “Glows”

Participants provided ideas and insight around the question, “What is working?” After a period of discussion and idea generation, participants were asked to come up with their top three “Glows.”

What can be improved? “Grows”

Participants provided ideas and insight around the question, “What can be improved?” After a period of discussion and idea generation, participants were asked to come up with their top three “Grows.”

Gallery Walk

Each table was asked to bring their summary board and tape it to the designated wall. Participants were provided time and materials to provide comments around the feedback generated by other tables.

Conclusion

Participants were asked to provide feedback through an evaluation form regarding the Town Hall. Dr. Quist thanked participants for taking the time to provide feedback and ideas about the current Behavioral Health Services System. Liz outlined the goal of the Behavioral Health Services Town Hall and where participant's feedback is going.

Meeting Adjourned

Summary of Feedback from Participants

Crisis Continuum

Success would look like a supportive continuum that is culturally competent and easily accessible. There would be supportive family services and stabilization after discharge.

Individuals Who Are Homeless

Success would look like having a continuum of care (ADS, employment, MH, etc.) that is compassionate, trauma-informed and culturally competent. There would be no issues with access or barriers (such as paperwork) to getting treatment. Finally, there would be housing for all that is permanent and affordable in addition to shelter options.

Timely Access to Services

Success would look like a system that is built with a proactive, no fail first approach with access points at the earliest level of contact. Access points would be low barrier, coordinated and offer timely services. Triage and assessments would be expedited resulting in multiple access points for services. Services would be fully funded, staffed and culturally competent.

School-Based Services

Success would look like a system that has its foundation in prevention and early intervention. From that foundation, it would collaborate with teachers, family, outside programs and others to provide culturally competent wrap around services (tier 1, 2 and 3). These would include skill building, social emotional learning and at least one MH clinician at every school. There would be enough capacity to ensure schools can be trusted partners to students and their families in the community.

Child Welfare/Probation

Success would look like having a culturally competent system that serves children and their families. The services would be along a continuum and integrated with education and community-based navigators to equip children and their families to achieve wellbeing. There would be continuity in services, with no interruptions or barriers to linkage.

Criminal Justice System

Success would look like a system that collaborates, communicates and involves the family in the treatment plan. It would provide services that are culturally effective and a welcoming, positive environment. The services would provide immediate and comprehensive assessment prior, during and after custody. There would be no access issues with 24/7 MH services and strong MH training for probation and police.

Deep Dive - Feedback from Participants

Crisis Continuum: Diverting from hospitalization and reducing the length of hospital stays

What Would Success Look Like?

Success would look like a supportive continuum that is culturally competent and easily accessible. There would be supportive family services and stabilization after discharge.

Participants also noted:

- *Improved and increased MH Services (such as respite services and community support teams)*
- *Peer navigation support*

What Behavioral Health has Done

More to Come!



On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate \$2.2 million for Mobile Crisis Support Teams.

Key Themes



Cultural Competency



Accessibility



Peer Support

What Is Working – “Glows”

1. **Urgent Care Services:** Wrap -around MH services and care management are offered.
2. **Mobile Crisis Services:** Proper assessment and stabilization services are provided.
3. **How the work is being done:** County holds trainings on cultural competence. A person-centered approach (whole person care) is used and there are opportunities to provide feedback to County.

Participants also noted:

- *Access points to navigators for crisis services within existing institutions*
- *Peer support services available*
- *Collaboration and communication between access points for services (institutions and communities)*

What Can Be Improved – “Grows”

1. **Access:** Create new access points as well as education and communication around existing access points.
2. **Phone Number:** Consider creating an easily accessible phone number for mental health crisis.
3. **Mobile Crisis:** Increase children’s mobile crisis services and programs.
4. **Data-Driven:** Make data-driven decisions to both inform allocation of funding and to communicate what is working.

Participants also noted:

- *Increasing peer support*
- *Training particularly with law enforcement around cultural competence and mental health*
- *More programs and services*

Individuals Who Are Experiencing Homelessness

What Would Success Look Like?

Success would look like having a continuum of care (ADS, employment, MH, etc.) that is compassionate, trauma-informed and culturally competent. Service providers would be diverse and would take a non-punitive approach to homelessness (would not take property). Providers and systems partners would be given the education and training necessary to bridge the cultural competence gap and reduce the stigma surrounding homelessness.

There would be no issues with access or barriers (such as paperwork) to getting treatment. Finally, there would be housing for all that is permanent and affordable in addition to shelter options.

Participants also noted:

- *A collaborative network*
- *Continuous comprehensive approach to outreach*
- *Mentors and peer navigators*
- *Access to safe parking and bathrooms*
- *Additional services for youth*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved proposed MHSA CSS allocations for the following:



- \$3.0 million for Augmented Care and Treatment Board and Care facilities
- \$2.0 million for Housing Treatment (transitional residential pool)
- \$6.0 million for current housing subsidies and supports
- \$14.0 million for future housing subsidies and supports

Key Themes



Cultural
Competency



Accessibility



Peer
Support

What Is Working – “Glow”

1. **Urgency, Awareness and Passion:** There is an increasing call for action – we agree that there is a problem. There are passionate people doing the work including new County leadership, advocates, people with lived experience, etc.
 - a) There is money available to support efforts (Prop 63, Mental Health Service Act (MHSA) money, etc.)
2. **Both Specific Programs (spec. Urgent Care) & Collaboration:** Some individual programs are working well, including an increase in emergency medical services and urgent care. Programs, County departments and leaders in the region are collaborating.
3. **Access:** Sacramento County has fewer restrictions on eligibility for services and for healthcare.

Participants also noted:

- *Additional funding has allowed for more housing navigators for homeless individuals*
- *Individuals receiving Supplemental Security Income being eligible for food stamps*
- *Outreach to shelters*
- *Access to healthcare*
- *Specific programs are working: supportive housing programs, respite center, impact team model, city homeless shelter, self-help housing collaboration, sheriff’s homelessness team, 211, Food Bank, among others*
- *Awareness has led to understanding that homelessness is not a crime and there is more compassion in the community*

What Can Be Improved – “Grow”

1. **More housing:** Shelters and shelter beds, board and care, incentives, mixed tenancy, transitional and permanent. All types need to be affordable and accessible to families. Outside of formal housing, materials need to be provided: toilets, trashcans, etc.
2. **Timely access to services:** Eliminate current barriers to access: credit, legal, appointments, childcare, pet care, etc. Providers should meet clients where they are.
3. **Coordination and collaboration amongst silos:** Educate community groups around access points. Create assertive community treatment teams. Improve coordinated entry.

Participants also noted:

- *More preventative interventions, including changing the definition of homelessness to include those at risk of becoming homeless; ditch fail first.*
- *Cultural competence: training and education around community tolerance, stigma, treatment first. Bilingual navigators. Many systems are plagued by discrimination against the homeless.*
- *Lack of representation from those experiencing homelessness. We need more community voice.*
- *Capacity: (1) More staff (specifically navigators) to support individuals to apply for housing (2) More wrap around services for those at risk of homelessness (training, long-term resources, specialty healthcare)*
- *Provide restorative and educational trainings across the board*
- *Collect data in order to understand the root causes of homelessness*
- *No siloed programs: link all through HMIS, funding is depending on collaboration*
- *Policy-driven housing: landlords required to take vouchers, cap rent, landlords must fix housing.*

Timely Access to Services

What Would Success Look Like?

Success would look like a system that is built with a proactive, no fail first approach with access points at the earliest level of contact. Access points would be low barrier, coordinated and offer timely services. Triage and assessments would be expedited resulting in multiple access points for services. Services would be fully funded, staffed and culturally competent.

Participants also noted:

- *Strong access network*
 - *Reducing barriers: transportation, coverage, linkage, no wrong door, access to phones, telemedicine, personal services (laundry, etc.)*
 - *Increasing access points*
 - *Coordination and navigation with existing access points that allow for a warm hand off. (Consider navigators or engagement staff at organizations that serve basic needs).*
- *Timely authorization and linkage, walk-in hours*
- *Services and staff are culturally competent*
 - *Prioritize peer support and navigation*
 - *Integrate cultural brokers into BH system*
 - *Ensure cultural organizations know about services*

What Behavioral Health has Done

More to Come!



On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate \$2.5 million for existing PEI programs.

Key Themes



Cultural Competency



Accessibility



Warm Hand-Offs

What Is Working – “Glows”

1. **Access:** There are increased access points for youth and adults, specifically SLVS, MCT, CST, and WRCs. The increase has been possible through capacity via funding and staff.
2. **Specific programs and services:** Programs such as FIT, Wellness Centers, Crisis Respite, and Mental Health Urgent Care are working well.
3. **Cultural sensitivity:** Staff are supportive and passionate, peer advocates are present and there are campaigns to reduce stigma around mental health.

Participants also noted:

- *There has been increased coordination between different partners: (a) law enforcement and mental health and (b) children’s providers.*
- *Performance improvement projects have improved timelines to appointments and medication bridge has decreased wait time for psychiatrists.*

What Can Be Improved – “Grows”

1. **Capacity (staff and systems):** Build capacity for staff to reduce burnout (manageable caseloads, more staff and training, fair pay and support). The internal data collection systems are outdated and inaccessible. County needs to explore telemedicine.
2. **Culturally competent care:** Have bilingual staff members that are reflective of consumers they serve; services are specialized for diverse clients (such as seniors and formerly incarcerated). Deliver care through the model of whole-person care.
3. **Access:** Provide services where people are, including walk-in services, urgent care, navigators, transportation and childcare. Ensure there are warm handoffs.

Participants also noted:

- *Streamline the referral process particularly the intake packet*
- *More peer advocates*
- *Outreach to communities to inform about services and rights*
- *Ensuring strong assessment to support appropriate level of care*
- *More supervised safe spaces*
- *Data collection is skewed, since we don’t have baselines*

Individuals Involved with Child Welfare/Probation

What Would Success Look Like?

Success would look like having a culturally competent system that serves children and their families. The services would be along a continuum and integrated with education and community-based navigators to equip children and their families to achieve wellbeing. There would be continuity in services, with no interruptions or barriers to linkage.

Participants also noted:

- *Families seen as experts and the system is focused to ensure the family gets the support they need*
- *Strong access points, with no delay in referral process*
- *Prevention and early intervention to support early screening and service delivery (consider focusing on families and schools)*
- *Regular trainings for partners around Indian Child Welfare Act and cultural awareness*

What Behavioral Health has Done

More to Come!



On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate \$1.0 million for Foster Youth Supports.

Key Themes



Cultural
Competency



Accessibility



Family
Involvement

What Is Working – “Glows”

1. **Collaboration:** Agencies, systems partners, peer & family advocates are working together.
2. **Family and community focused approach to services:** Child and family teams, family partnerships and community support teams are central to service approach.
3. **Cultural competence:** Services are culturally competent and designed to be in a continuum and wrap-around.

Participants also noted:

- *Increase in services for crisis and foster youth and family*
- *Training for youth and adults: Child and Family Teams and Mental Health First Aid*
- *Specific Programs: youth groups, leadership groups and mentorship programs*
- *Mobile Crisis Support Teams*

What Can Be Improved – “Grows”

1. **Increase funding and priority for specific programs:** (1) BHS contracts with foster family agencies and (2) alcohol and drug services in schools.
2. **Decrease barriers to service delivery:** Integrate services and warm hand-offs. Eliminate barriers created by Medi-Cal.
3. **Culturally specific services:** Increase availability of culturally specific services. Include youth and family advocates and mentors.

Participants also noted:

- *Other programs and priorities need additional capacity: LGBTQ community providers, cross-over youth, local opportunities for placement, prevention and early intervention services in juvenile hall*
- *Medical access and awareness of services*
- *Integration of services including the follow-up particularly outcome of a referral*
- *Youth voice and advocacy, as well as youth integration into future town halls*
- *System education and training*

School-Based Services

What Would Success Look Like?

Success would look like a system that has its foundation in prevention and early intervention. From that foundation, it would collaborate with teachers, family, outside programs and others to provide culturally competent wrap around services (tier 1, 2 and 3). These would include skill building, social emotional learning and at least one MH clinician at every school. There would be enough capacity to ensure schools can be trusted partners to students and their families in the community.

Participants also noted:

- *Programs such as education around MH skills and wrap around services would be provided for the entire family, not just the child.*
- *There would be a culture change in school that would include restorative justice, trainings for teachers and a decrease in stigma/bias against trauma and mental health. As such, African-American students would not be adversely affected by suspensions.*
- *Access: Expanded MH services would allow for there would be no wrong door to catch kids at any level of need. Students would have the opportunity to self-refer.*
- *Schools are one piece of a cohesive system to support children and families. Events like this are helpful.*

What Behavioral Health has Done

More to Come!



Meetings in progress with Sacramento County Office of Education to discuss possible models for school-based services.

Key Themes



Cultural
Competency



Mental Health
Support



Family
Involvement

What Is Working – “Glows”

1. **Increased funding:** Additional resources have been allocated to school-based services due to policy change (AB 2246), increased awareness of MH challenges (including suicide prevention) and ACEs (MHOAC Grant).
2. **Cultural Competence:** Services are culturally competent, available on campus, more positive, and staff are representative of the community.
3. **Delivery of services:** Programs serve the whole child and doing so with a focus on early intervention. Quick access and 24/7 support are prioritized.

Participants also noted:

- *Collaboration: partners are willing to come to the table to remove siloes*
- *Programs (such as sports) and education services (relating to MH services or marijuana)*
- *Training for teachers around ACES, trauma and social emotional learning*
- *Social media posts of MH resources and the crisis text line*

What Can Be Improved – “Grows”

1. **Collaboration:** Collaboration between county departments, schools, funding streams, partners and providers to support youth with behavioral needs and their families. No wrong door.
2. **Capacity for programs and services:** Focus on prevention and early intervention programs. Increase capacity in trauma and MH classes. Hire additional staff in classrooms (specifically aides).
3. **Outreach:** Increase access, with a focus on social media, family nights and collaborations between schools, parents and MH providers.

Participants also noted:

- *Cultural competence: hire more diverse staff, train teachers to be trauma-informed, and to break down stigma. Provide services that are more culturally responsive*
- *Take school resource officers off of campuses*
- *Provide more support for families in the home*
- *Need for collaboration to transform typical silo (for example, teachers going to home visits, officers at tables for CFT teams)*
- *Adding capacity in schools could look like a MH app to increase access to MH clinicians, trauma informed yoga and headspace check-in café*

Individuals Who Have Experience with the Criminal Justice System (youth and adult)

What Would Success Look Like?

Success would look like a system that collaborates, communicates and involves the family in the treatment plan. It would provide services that are culturally effective and a welcoming, positive environment. The services would provide immediate and comprehensive assessment prior, during and after custody. There would be no access issues with 24/7 MH services and strong MH training for probation and police.

Participants also noted:

- *Training and education for probation would include de-escalation, stigma reduction, increasing buy-in for MH services*
- *Focus on prevention and early intervention, diverting individuals away from custody – a treatment model instead of a punishment model*
- *Community trained around criminal justice system and stigma reduction; engaged to stay in services and to increase buy-in; cultural healing services provided by people from the culture*
- *Some ways systems can collaborate are: (1) Have a MH clinician go with law enforcement for 5150 calls (2) discharge planning (3) advocate in criminal justice system (4) co-locate MH professional in community organizations (5) collaborative court programs*
- *No one goes to jail for mental illness and convictions that transpired during MH episode would be expunged*
- *Expanding services: mobile crisis teams, medication management, MH outpatient services and life skills*

What Behavioral Health has Done

More to Come!



On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate \$2.2 million for Mobile Crisis Support Teams.

Key Themes



Family
Involvement



Accessibility



24/7 Mental
Health Services

What Is Working –“Glows”

1. **Coordination and Collaboration:** Court programs and agencies are collaborating and creating partnership programs.
2. **MH Court:** There is treatment and collaboration as well as increased linkage to MH services.
3. **Juvenile Hall:** Young people can access MH services.

Participants also noted:

1. *Mental Health Urgent Care Clinic and Mobile Crisis Support Teams have improved linkage and provided access*
2. *Collaboration: attorneys with mental health workers; parents with juvenile hall staff; law enforcement with ADS & mobile crisis; MH staff with medical professionals*
3. *Cultural competence: County is including more people with lived experience, Sacramento Police Department is receiving training and there is more advocacy*

What Can Be Improved – “Grows”

- **Collaboration:** All partners work together to ensure there is seamless access to services and warm hand-offs to treatment upon release. There is a single system or case file to facilitate this coordination.
- **Capacity:** Increase number of inpatient beds and multiple crisis/restoration centers throughout the community.
- **Cultural competence:** Family support and MH first responders need to be sensitive to cultural needs of the communities they serve.

Participants also noted:

1. *Proactive in-custody assessment and treatment services for all who are eligible*
2. *Jail: there should be an alumni group and day treatment in jail*
3. *Transparency in the distribution of funds and leveraging funds*
4. *More capacity in homeless services, mobile crisis, residential treatment for youth, housing (scattered site), and access to medication. Consider a detention center for clients who are mentally ill.*
5. *Trainings for officers and providers around de-escalation, implicit bias, sensitivity. More cultural mediators. Better representation. Reduce the jargon. Educate non systems workers about system.*
6. *Families should be integrated into support and services, better visitation in custody and a hotline for families*

Appendix 1: Participant Evaluation Feedback

What worked?

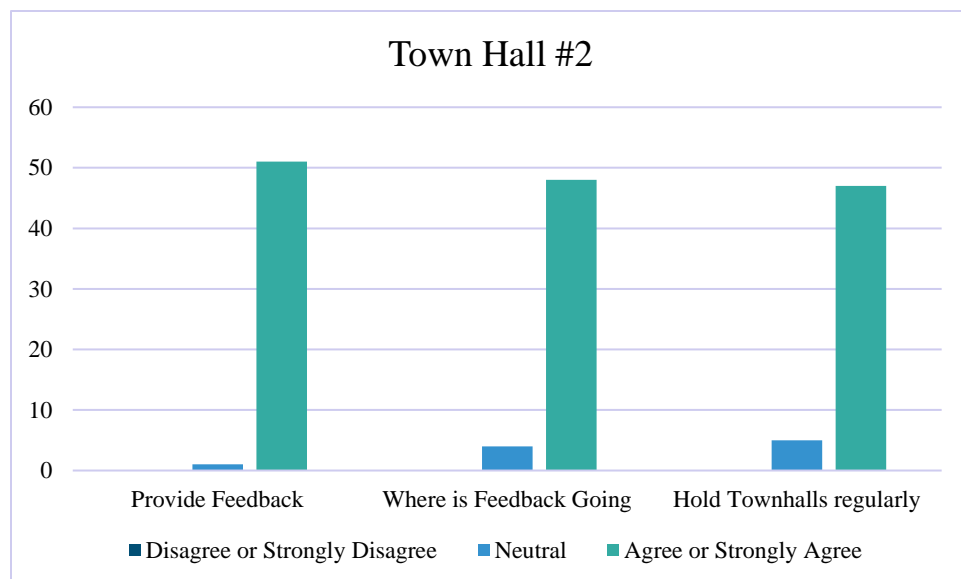
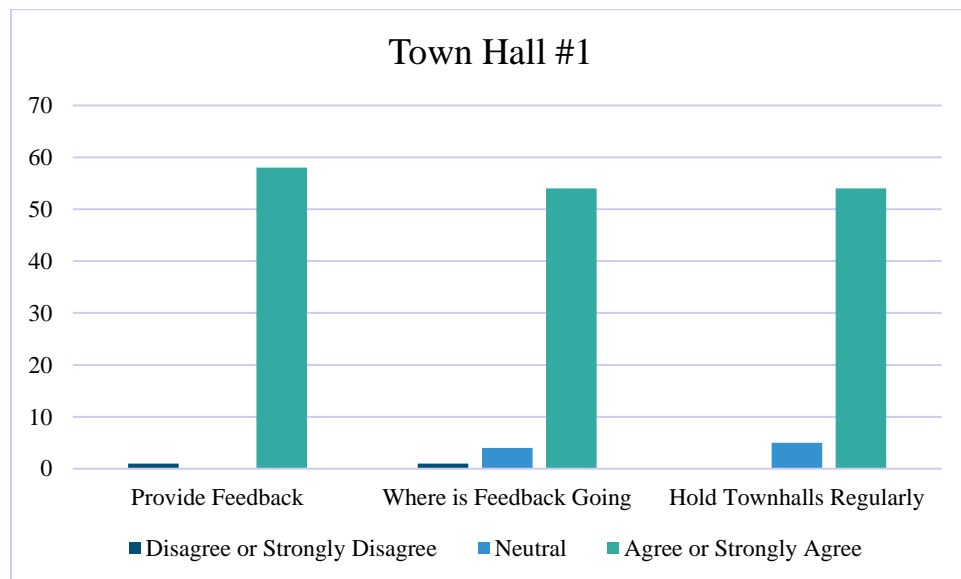
- Participants appreciated hearing from a diverse group at their tables, there was great discussion and fantastic facilitation
- They appreciated the opportunity to be heard around what is working and what can be improved, they also appreciated learning about the current system up front
- Participants appreciated the structure, flow and coordination around the meeting, great facilitation
- Thank you for the food and coloring books

What can be improved?

- Meeting #1: Air conditioner, parking logistics and size of room
- Make it shorter and consider combining, re-organizing sections to do so
- Have more community members and consumers, do so through better advertisement and going into communities for future meetings
- What are the next steps from this and who is the Executive Team?
- This was not the format I expected from the flyer/communications
- Meeting #2: seemed to want more information around current services, service continuum that was presented at the beginning

Participants indicated a response to the following questions along a scale of strongly disagree to strongly agree.

- This town hall provided me an opportunity to provide feedback and ideas around the current behavioral health system in Sacramento County of Sacramento
- I understand where my feedback and input will go after this town hall
- BHS Behavioral Health Services should hold town halls on a more regular basis



Appendix 2: Family Support

At the first Town Hall a group formed around the theme of Family Support. While Family Support was not identified as a standalone focus areas of discussion for the BHS Town Hall, it is in alignment with the values and BHS so their responses are provided here.

What Would Success Look Like?

Success Statement: Families would be supported with (1) family resource binder (2) crisis/non-crisis phone line (3) family support rights and (4) social events. There would be peer advocacy for co-occurring (SUD/MH) lived experience.

Participants also noted:

- *Early intervention for family members*
- *Access to services: hours of operation in evening and on weekends, play care and transportation*
- *Inclusion of children of consumers*
- *Assisted outpatient*

What Is Working – “Glows”

1. NAMI Family to Family
2. Family advocacy (peer)

Participants also noted:

- *Communication within family*

What Can Be Improved – “Grows”

1. Family Rights Policy and Procedures with current MH documentation. Consider creating a focus group.
2. Phone line for family members (crisis/non crisis)
3. Resources for family members

Participants also noted:

- *Access: provide health information to other agencies, more outreach*
- *Respectful communication for family members*
- *Increase community-based co-occurring providers*
- *Having fun within family*

Appendix 3: Comfort Agreements



SACRAMENTO COUNTY Division of Behavioral Health Services

COMFORT AGREEMENT

1. Honor the wisdom that each person brings
2. Listen with an open mind and a willingness to compromise
3. It's ok to disagree—have respect for each other's opinions
4. Disagree respectfully—no criticism of self or others
5. Show consideration to others, use respectful language
6. One person speaks at a time—no side bar discussions
7. Minimize distractions—please silence cell phone
8. Participate in the process—be mentally and physically engaged

Appendix 4: Key Definitions

Mobile Crisis Support Teams (MCSTs)

Mobile Crisis Support Teams (MCSTs) are a collaboration between DBHS and local law enforcement agencies across Sacramento County. Each team includes a police officer or sheriff's deputy, a licensed mental health counselor, and a peer navigator. The MCSTs serve individuals of all ages and diversity in Sacramento County by providing timely crisis assessment and intervention to individuals who are experiencing a mental health crisis. The goals of the program are to provide safe, compassionate and effective responses to individuals with a mental illness; increase public safety; decrease unnecessary hospitalizations for community members experiencing a mental health crisis; decrease unnecessary incarceration for community members experiencing a mental health crisis; and increase consumer participation with mental health providers by problem solving barriers and increasing knowledge of local resources.

Crisis Residential Programs (CRPs)

Crisis Residential Programs (CRPs) are comprehensive, short-term residential programs that provide a less restrictive alternative to hospitalization. CRPs provide treatment for adults experiencing a mental health crisis who require 24-hour support in order to return to community living. The services provided are time-specific, member-focused, and strength-based. Services routinely avert the need for hospitalization through teaching clients to successfully manage their symptoms, addressing psychosocial stressors and empowering clients to become agents of change in their recovery.

The Augmented Care and Treatment (ACT) Board and Care program

The Augmented Care and Treatment (ACT) Board and Care program offers a quality residential board and care living environment for individuals living with serious mental health and/or co-occurring conditions who are at risk of hospitalization or in need of intense programming. The philosophy behind the ACT program model is to provide a safe and supportive environment where

individuals can receive treatment, life skills, and connections to other resources at a less restrictive level of care than other residential models.

Respite programs

Respite programs provide services for people who need a different level of care than they can get at home, are not at immediate risk to themselves or others, and do not have acute medical conditions needing complex medical attention. Respite programs provide a safe environment in which participants increase their knowledge of available supports and how to access them, improve well-being, reduce stress, increase connectedness and reduce feelings of isolation, decrease risk of harm, and reduce visits to the emergency room and psychiatric hospitals.