SACRAMENTO COUNTY

Division of Behavioral Health Services
Mental Health and Alcohol and Drug
Services Systems

Cultural Competence Plan
Update
Fiscal Year 2018-2019

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 Health Care Services

Name of County: Sacramento

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CRITERION 1

COUNTY BEHAVIORAL 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 Behavioral Health Service System responses.

I. County Behavioral 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).

Please note that Sacramento County Behavioral Health Services (BHS) includes both Mental Health (MH) Services as well as Alcohol and Drug Services (ADS). As we move towards further integration within BHS, we are including information about MH and ADS in this year's CCP update. Sacramento County BHS implemented our Drug Medi-Cal Organized Delivery System (DMC ODS) Waiver services July 1, 2019. In subsequent CCP updates, we will include more information pertinent to ADS.

Copies of all of the documents listed above will be available for review during the compliance review of our Behavioral Health Services (MH and ADS) system. In this CCP update, we are including several supporting documents from ADS in the Appendix which are summarized below:

- Strategic Plans (Appendix 58 DMC-ODS Implementation Plan)
- Policy and Procedure Manuals:
  - P&P #01-02 Access to Interpreter Services (Appendix 50)
  - P&P #05-27 Non-Discrimination Policy (Appendix 61)
- Contract Service Agreement – (Appendix 69)
- Service brochures for the following programs/service modalities provided in Arabic, Chinese, Hmong, Russian, Spanish, and Vietnamese:

- Adult System of Care (Appendix 65)
- Youth Treatment Services (Appendix 66)
- CalWORKS (Appendix 70)
- Driving Under the Influence (Appendix 71)
- Options for Recovery (Appendix 63)
- Prevention Services (Appendix 64)

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 Behavioral Health Department. The county will hold contractors accountable for reporting the information to be inserted into the CCPR.

BHS completed the CCP Update with the input from stakeholders and accepts full responsibility for holding contractors accountable for reporting requirements as well as implementation of the approved plan.

Every BHS MH and ADS contract has a reference to Cultural Competency in the DHS Agreement and in Exhibit D (Appendix 69) of the contract as follows:

DHS Agreement Section of MH and ADS contracts:

> *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.

The following language is included in every ADS contract in Exhibit D:

> 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 provisions of Division 10.5 of the Health and Safety Code, beginning with Section 11750 thereof, Title 9 and Title 22 of the California Code of Regulations, Drug/Medi-Cal Policies, the State of California data reporting systems, Drug Program Fiscal System Manual, the State of California Department of Health Care Services (CA DHCS) Guidelines, regulations implementing the above-referenced statutes and regulations, 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.

STAFF TRAINING AND EDUCATION

A. CONTRACTOR shall provide and document, ADA, and cultural competency training to staff and have documentation available for COUNTY inspection upon request. In addition, other specialized COUNTY recommended training will be provided in cooperation with Alcohol and Drug Services.

The following language is included in every MH Contract in Exhibit D:

LAWS, STATUTES, 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 Medi-Cal Specialty Mental Health Services – Cultural Competence Plan 1998, 2002, 2003 and the Department of Mental Health (DHM) 2010 Cultural Competence Plan Requirements. CONTRACTOR agrees to abide by the Assurance of Cultural Competence Compliance document, as provided by COUNTY, and shall comply with its provisions." (Appendix 43)

Sacramento County recognizes that commitment to cultural and linguistic competence in a behavioral health system requires systematic, consistent practices, procedures and policies at multiple levels. To institutionalize this commitment, and recognize the value of racial, ethnic and cultural diversity, BHS initially adopted the use of the Sacramento County Agency Self Assessment of Cultural Competence, which was adapted by permission from the Cultural Competency Assessment Scale, June 2004 (Carole Siegel, Gary Haugland and Ethel Davis Chambers).

During FY 2015/16, members of the CCC worked with an ADS ad hoc group to develop an agency self assessment tool for BHS ADS providers to use. The tool was based on the National Culturally and Linguistically Appropriate Services (CLAS) Standards. The Cultural Competence Alcohol and Drug Services Agency Self – Assessment was completed by all of the ADS providers and the results were aggregated to establish a baseline of cultural competence for the ADS system of providers. ADS administration and contract monitors have been using this information to provide technical assistance to providers. In FY 2018/19, BHS and the CCC worked on adapting the Cultural Competence Alcohol and Drug Services Agency Self – Assessment to be relevant for MH providers. This revised version of the Cultural Competence Mental Health Agency Self-Assessment (Appendix 55 is also based on the National CLAS Standards and was introduced and administered

to the BHS MH provider system for completion at the end of FY 2018/19. BHS will analyze the results and have the report ready for review at the time of the next compliance review. Since the Agency Self-Assessment is now standardized for both ADS and MH systems, BHS will be able to use the aggregated information from each system to assess cultural and linguistic competence of BHS as an integrated ADS and MH division. BHS will work on a schedule of administration to ensure that we are able to have a division wide assessment inclusive of ADS and MH.

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 behavioral 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.

The following is a response to questions A and B.

Sacramento County continues to be known for its multi-cultural diversity. Low 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 meaningful relationships with key community leaders and cultural brokers from racial, cultural, ethnic, LGBTQ, faith-based, and emerging refugee communities.

The Sacramento County community planning processes for the Mental Health Services Act (MHSA) 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 Community Services and Supports (CSS) component, key community leaders from racial, cultural and ethnic populations were personally contacted by BHS staff to enlist their support in helping to inform 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 were 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 threshold languages for Sacramento County in addition to American Sign Language were provided to ensure the active participation of all attendees at the kickoff planning meeting. Culturally, racially, ethnically, and linguistically diverse staff conducted county-wide outreach to the community and utilized multiple media outlets that are used by diverse populations. The executive summary of the MHSA Annual Update or is posted online in English and in all of the threshold languages. The public hearing announcement is translated into the threshold languages and is 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 Annual Update or MHSA Three Year Plan.

BHS partners with diverse community stakeholders in several local collaborations. BiNational Health Week is an annual event that takes place during early October and is sponsored by the Mexican Consulate. Both MH and ADS staff participate in the event and provide information to community members primarily in Spanish. As Sacramento is home to many refugees, BHS, along with refugee resettlement programs and other providers that work with refugees has been participating in the Sacramento Refugee Forum. BHS has been supportive of refugee programs by lending interpreting equipment to them for use at their community education workshops. BHS is also a member of the Sacramento Rescue and Restore Coalition against Human Trafficking and is working alongside other social service and faith based agencies to provide behavioral health services to survivors of Human Trafficking. Great strides have been made during this reporting period, which include:

- In October 2018, Sacramento County, Behavioral Health Services (BHS) MH, together with local stakeholders formed the Cultural Competence Committee (CCC) Ad Hoc Workgroup.

- In December 2018, BHS MH and the CCC Ad Hoc Workgroup engaged in a community and stakeholder planning process that resulted in a recommendation to use PEI funding to develop a mental health and wellness program serving African American/Black Community members who have experienced or have been exposed to trauma.

- Later that month, the CCC Ad Hoc Workgroup presented the recommendation for a new program serving the African American community to the full Cultural Competence Committee where it was refined and then recommended to the MHSA Steering Committee. The MHSA Steering Committee adopted the recommendation on January 17, 2019.

- BHS MH met with African American community leaders and stakeholders at Community Listening Sessions (CLS) (Appendix 60 – CLS Flyers) held at various community locations on February 9, March 2, and March 30, 2019 in order to further refine the strategies listed in the recommendation. At the request of the community, BHS MH held a Wrap up session on May 28, 2019 in order to provide a high level summary of the themes that came up throughout the Community Listening Sessions. The feedback received from African American/Black Community members throughout the community planning process identified several strategies that would help to improve their mental health and wellness. The feedback and resulting strategies were taken into consideration when preparing the Request for Application for the new Trauma Informed Wellness program for the African American/Black Community.

BHS sponsored the NAMI Sacramento Multicultural Town Hall on Mental Wellness and had an outreach booth at the event. BHS also participated in the collaboration between Southeast Asian Assistance Center (SAAC) and Iu-Mien Community Services since they co-hosted an event called Pathway to a Healthy Living; this is a community event geared for the API community. BHS also participated as a member of the Multi-Agency Collective with the Sacramento Native American Health Center. BHS CC staff participated in the Hmong Mental Health Forum by having an outreach booth at the event. Upon request, BHS continued to provide culturally appropriate MH and ADS outreach materials to leadership at St. Paul Missionary Baptist Church for their congregation and also to leadership of Safe Black Space for their healing circle events that are held throughout the year. See Criterion 4 A and B for examples of additional community engagement.

BHS is committed to seeking Mental Health Board and committee members who are reflective of the cultural, racial, ethnic, and LGBTQ diversity in Sacramento County since these bodies are charged with making decisions for all of the consumers residing in this county. 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 or the Steering Committee. The current Co-Chairs of the MHSA Steering Committee are members of the Cultural Competence Committee (CCC) and are joined by another CCC member on the MHSA Steering Committee Executive Team. Four additional CCC members also serve on the MHSA Steering Committee in various consumer or family member/caregiver seats.

In addition to collaborating with MH, ADS has been engaging with our

diverse community in preparation for a waiver which we will report on in detail next year.

Sacramento County implemented Drug Medi-Cal Organized Delivery System (DMC-ODS) services July 1, 2019. This delivery system provides a continuum of care modeled after the American Society of Addiction Medicine Criteria for substance use disorder treatment services. This service system enables more local control of service provisions to tailor services to more closely meet the diverse needs of our clients. Additionally, this system provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidenced-based practices in substance abuse treatment, and coordinates with other systems of care.

In October 2018, ADS hosted the Methamphetamine Public Forum. This forum took place at the Dr. Ephraim Williams Family Life Center located in the Oak Park community. Topics included: Impact of Meth on Communities, Impact of Meth on Health, How to Talk to Kids About Alcohol and Drugs, Mobile Crisis Services, and Personal Stories (previous users now in recovery). Significant community outreach strategies such as emails, mailing of flyers, and door-to-door advertisings were used for this event to encourage attendance. Door-to door advertisement included:

- Oak Park Neighbor: Primarily African American community
- Black Mothers United
- ESL Program
- Fruitridge Community Collaborative- a multitude of community-based organizations that serve all cultural groups
- Shiloh Day Care: Muslim population
- No Youth Left Behind: African American youth
- WIC: Women and children of low socio-economic population
- Many schools with multi-cultural groups

Additionally, ADS staff participated in a neighborhood walk in the Oak Park community to encourage attendance. By far, door-to-door advertisement and participation in the neighborhood walk were the most effective especially with the African American population. Establishing a connection/rapport proved to be an important factor.

The legalization of marijuana use among adults and easy access has led to misconceptions regarding marijuana use among youth. In response, the Sacramento County Coalition for Youth (SCCY) developed a youth marijuana prevention campaign. Research took place in the form of in-person focus groups of culturally diverse youth, parents, and educators in Sacramento County about their knowledge and attitudes towards

marijuana consumption.

The research resulted in the ***Future Forward*** campaign, promoting the importance of youth focusing on their future plans and how that leaves no room for marijuana consumption. The goal for the ***Future Forward*** campaign is to educate the Sacramento community, offer information and resources, and provide an opportunity to get involved in creating change to protect young people from increased accessibility to marijuana in our community because teen brains react differently to marijuana than adult brains.

The campaign has included culturally diverse billboards and posters (Asian Pacific Islander, African American, Hispanic, etc.), which were displayed throughout Sacramento County. Posters were in nine movie theater lobbies as well as 117 theater screens: Folsom 16, Sunrise Mall, Greenback & 80, Regal Natomas, Arden 16, Downtown Plaza, Delta Shores, Laguna 16, and Century Elk Grove. Culturally diverse ads were on three light rail trains, 38 buses, and at transit shelters. Culturally diverse public service announcements (PSAs) were played on a local TV station (KCRA 3) as well as via digital media streaming.

A collection of these PSAs can be found at:
https://www.youtube.com/channel/UC5IR7O7WLAA8I-fHUfEYFXw/videos

A PSA aimed at a parent audience was created in Spanish, and broadcasting was targeted specifically to Spanish-speaking households: https://youtu.be/T8Ww0dfggIs

ADS clinical staff provided a training on substance use disorder perinatal services for African American women to the Black Infant Health Program. The Black Infant Health Program provides service to women for the purpose of eliminating the disproportionate rate of African American infant mortality seen in the Sacramento community. African American women experience two-and-a-half times the number of infant deaths than other racial and ethnic groups in our community. Informational flyers and brochures regarding available substance use disorder services and how to access services were provided to the staff to distribute to their African American female clients who are abusing alcohol/drugs and/or at high-risk of developing a substance use disorder.

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 Fiscal Year 2018-19 Annual Update to the Three-Year Program and Expenditure Plan (Appendix 68).

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 behavioral 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 behavioral 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 Sacramento County MH system includes 260 programs/agencies involving county and contract operated mental health services for approximately 32,000 children and adults annually. The Sacramento County ADS system manages approximately 5,100 admissions of youth, adults, and older adults annually through a network of 21 service providers. 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 statues, 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 ADS administration to ensure that ADS 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 Director and sits on the Management Team/MHP Quality Policy Council as well as the Behavioral

Health Services Project Management Team. In addition to the creation of a full time CC/ESM HPM position, Sacramento County also funded 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 BHS 1.0 FTE Senior Office Assistant, and a newly created 1.0 FTE Administrative Services Officer 1 position, which will be filled in FY 19/20. (See Appendix 10 for Cultural Competence Unit Organizational Chart.)

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 behavioral health disparities;**
3. **Budget amount allocated towards outreach to racial and ethnic county-identified target populations;**
4. **Special budget for culturally appropriate behavioral health services; and**
5. **If applicable, financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers.**

The following chart depicts the cultural competence activity expenditures for BHS's county operated and county contracted MH 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; annual costs of providing or assisting consumers to access natural healers or traditional healing practices; 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. Now that the Drug Medi-Cal Organized Delivery System Waiver has been implemented, BHS will work with ADS providers to collect this information. (Appendix 58)

Budget Dedicated to Cultural Competence Activities Expenditures – FY 2018-2019	
Program / Description	**Amount**
A Church For Us (respite)	$76,500.00
Adult Psychiatric Support Service (APSS) Clinic	$56,000.00
Asian Pacific Community Counseling - Transcultural Wellness Center	$2,653,276.00
Assisted Access Program	$671,292 [includes $90,000 from ADS]
CalWORKs Wellness Team	$12,600.00
Cultural Competence Unit 1.0 FTE: Health Program Manager	$167,725.00
Dignity Health	$178,263.00
El Hogar Community Services, Inc. (includes Regional Support Team (RST) & Sierra Elder Wellness Program (SEWP))	$ 139,649.12
Gender Health Center (respite)	$76,500.00
Interpreter Services – countywide vendors	$224,700.00
La Familia Counseling Center	$1,743,706.00
Peer Partner Program	$339,145.00
Personal Services ASL Provision	$10,000.00
River Oak Center for Children	1,205,581.00
Sacramento Children's Home (FIT and eVIBE)	$254,632.00

Budget Dedicated to Cultural Competence Activities Expenditures – FY 2018-2019	
Program / Description	**Amount**
Sacramento County Child and Adolescent Psychiatric Services (CAPS) Clinic	$17,000.00
Sacramento LGBT Center (Lambda - respite)	$76,500.00
Sacramento LGBT Center (Q Spot – respite)	$103,020.00
Saint John's Program for Real Change	$212,211.00
Sierra Forever Families	$1,147,787.00
BHS CC Staff Costs 5.0 FTE: (2.0) Mental Health Program Coordinator, (2.0) Human Services Program Planner, and (1.0) Sr. Office Assistant (CC/MHSA)	$836,986.00
Stanford Youth Solutions (FIT, Wrap, TBS)	$306,630.00
Supporting Community Connections	$912,900.00
Telecare SOAR	$8,856.10
Terkensha Associates	$1,067,999.60
TLCS Programs (New Direction, TCORE, Crisis Respite Center & Triage Navigator Program)	$475,828.05
Training (CBMCS & MHIT)	$69,132.17
Turning Point Community Programs (FIT, TBS, RST, Crisis Residential Programs, ISA, Pathways, and MH Urgent Care Center)	$478,615.85
Uplift	$17,359.22
Visions Unlimited	$2,745.00

Budget Dedicated to Cultural Competence Activities Expenditures – FY 2018-2019	
Program / Description	**Amount**
African American Community Listening Session/Stakeholder Input Process	$16,706.63
TOTAL	**$13,559,845.74**

B. A discussion of funding allocations included in the identified budget above in Section A., also including, but not limited to, the following:

1. Interpreter and translation services;

The total line–item costs for interpreters/translators is $905,626.95. This includes the total budget of $671,292 for the Assisted Access Program that provides services system-wide; the amount allocated in county program budgets for "outside interpreters" contract (county-wide contracted interpreters that are used when the Assisted Access program is unable to meet the needs of the program because they do not have staff who speak the required language or there are scheduling conflicts); and the amount the county contracted providers spent on interpreters and/or translation services: $234,334.95.

2. Reduction of racial, ethnic, cultural, and linguistic behavioral health disparities;

At the time of the 2010 CCP, there were two programs, the Transcultural Wellness Center (TWC) for the API communities and the Assisted Access that provided interpreters that were specifically designed to reduce racial, ethnic, cultural and linguistic behavioral health disparities. Since that time, additional programs such as the respite programs and the Supporting Community Connections (SCC) programs included in the chart above have been implemented and are specifically designed to reduce LGBTQ, racial, ethnic, cultural and linguistic behavioral health disparities. These programs are included in this section because their dedicated funding is clear in their program budget. 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.

3. Outreach to racial and ethnic county-identified target populations;

The Assisted Access program provides outreach to targeted communities. Additionally, the chart lists a series of PEI programs called Supporting Community Connections. These programs are focused on the following racial, cultural and ethnic communities: youth/transition age youth (TAY) (focusing on LGBT, foster and homeless youth); Native Americans; African Americans; Latinos; Cantonese/Vietnamese/Hmong; and Russian/Slavic. 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.

4. Culturally appropriate behavioral health services; and

In addition to the aforementioned TWC, the Peer Partner Program continues to offer culturally appropriate peer services as members of a multi-disciplinary team providing behavioral health services in a county-operated program. These bilingual/bicultural staff provide cultural and language specific services to a diverse group that includes but is not limited to Latinos, 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 and Hmong children and youth.

5. If applicable, financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers.

Bilingual county staff who pass a test are paid a differential for their language skills. Contractors are encouraged to provide appropriate compensation for their bi-lingual staff. Full Service Partnership programs have budgets for providing or assisting consumers in accessing non-traditional providers and natural healers.

In closing this section, this issue of emerging needs continues to be an area that needs to be monitored. Sacramento County has a 30+ year history of welcoming refugees to the community. Over the years, Sacramento County has ranked in the top three counties in California for newly arriving refugees. Behavioral Health has developed a number of programs that include focus on the needs of refugees. Historically, refugees from Southeast Asia, Russia/Former Soviet Union/Eastern Europeans first arrived in Sacramento. From FY 2012-2016, Sacramento received 4348 refugees with the largest number coming from Iraq, followed closely by the Former USSR. During this same period, the number of arrivals from Afghanistan and Iran were the next largest group (all data was taken from the California Department of Social Services website that contains federal reports on refugees). BHS must continue our efforts to develop appropriate services for these newly arriving refugees from Iraq, Afghanistan and Iran.

The Department of Health Care Services All Plan Letter 17-011, dated June 30, 2017, 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 was added for Sacramento County. Therefore, the threshold languages for Sacramento County now include Arabic, Cantonese, Hmong, Russian, Spanish, and Vietnamese. We continue to translate all of the Mental Health and ADS member informing documents into Arabic. We have received the Member Handbook in Arabic from CalMHSA, and are in the process of updating the parts specific to new DHCS information notices and will be sending those sections for translation in December. All versions of the Handbook should be complete and ready for posting at the end of January – early February in 2020.

CRITERION 2

COUNTY BEHAVIORAL 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 behavioral health services.

Note: Counties shall utilize the most current data offered by DHCS.

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.

Data from the 2017 US Census, American Community Survey (ACS) were obtained for the County for purposes of describing the general population in Sacramento County. From that data, the following descriptions of race, ethnicity, age, gender, and language spoken are drawn. In 2016, 1,530,615 individuals were estimated to be residents of Sacramento County.

Race/Ethnicity - The Census Bureau, American Communities Survey (ACS) collects Hispanic/Latino origin separately from race as does Sacramento County. Additionally, the Census Bureau reports on 7 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/Latino origin separately.

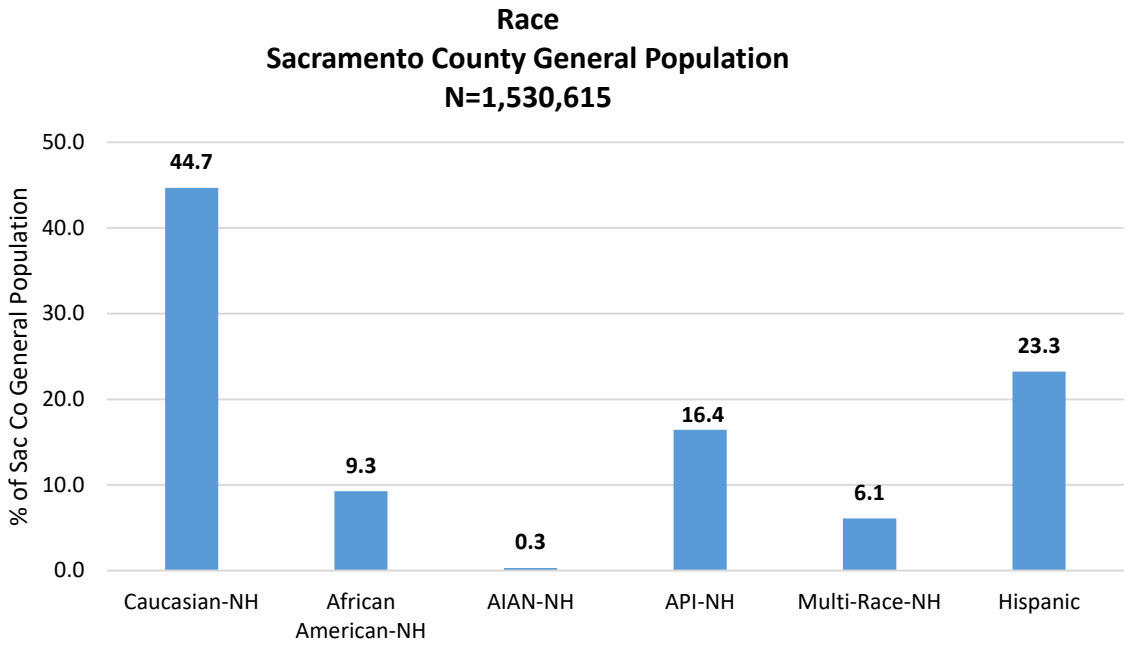
In order to allow for comparisons across data sources, it was necessary to combine racial categories and include Hispanic/Latino origin by race. When Hispanic origin is reported by race, all other race categories are reported as Non-Hispanic (NH). For example, "Caucasian-NH" refers to individuals who 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 also, 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/Latino origin by race that can be compared across data sources.

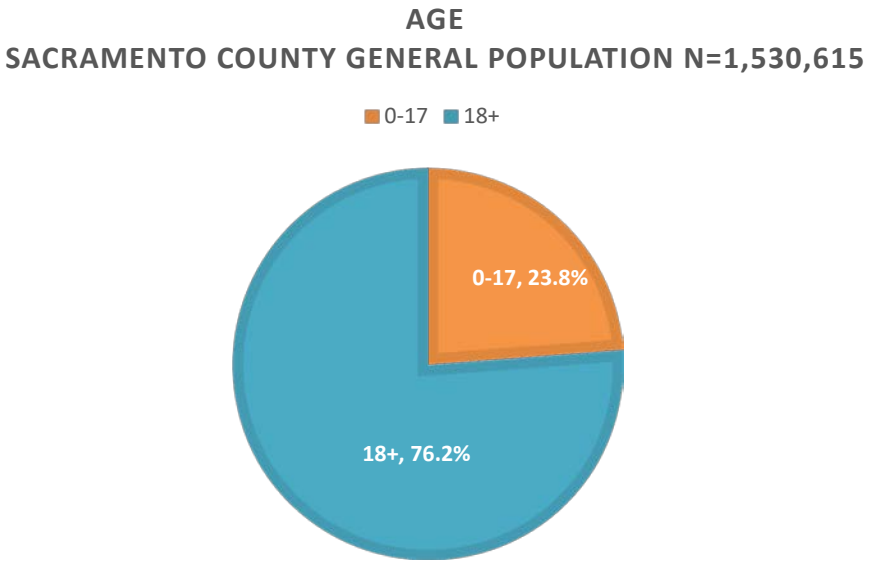
Please note the "API" category includes all Asian/Pacific Islander races (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Cambodian, Hmong, Laotian, Thai, Other Asian, Native Hawaiian, Guamanian, Samoan, Other Pacific Islander) and the "Other" category represents all other races not included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

As the chart below indicates, less than 50% percent of the general population is White-NH. This illustrates the diversity in the general population of Sacramento County.



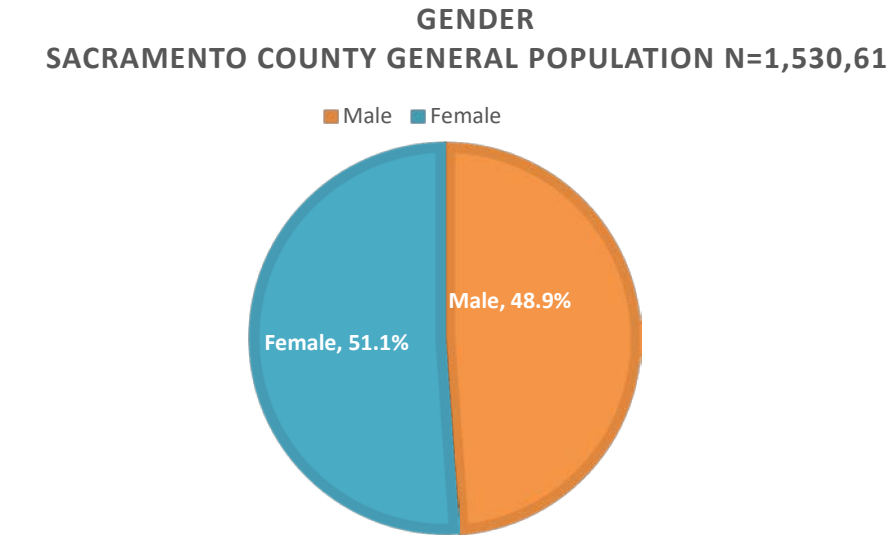
Source: 2017 U.S. Census, American Communities Survey (ACS)

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, 24% of the Sacramento County general population is between the ages of 0 and 17 years and 76% are 18 years and older.



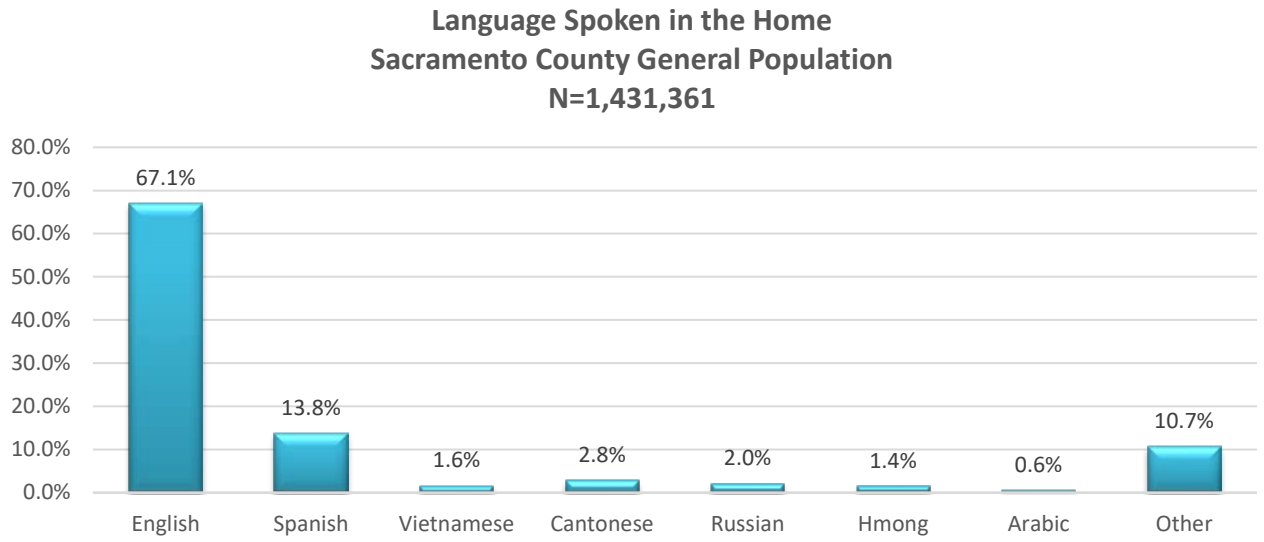
Source: 2017 U.S. Census, American Communities Survey (ACS)

Gender – The gender breakdown of the general population in Sacramento County is almost equally distributed with slightly more females (51.1%) than males (48.9%).



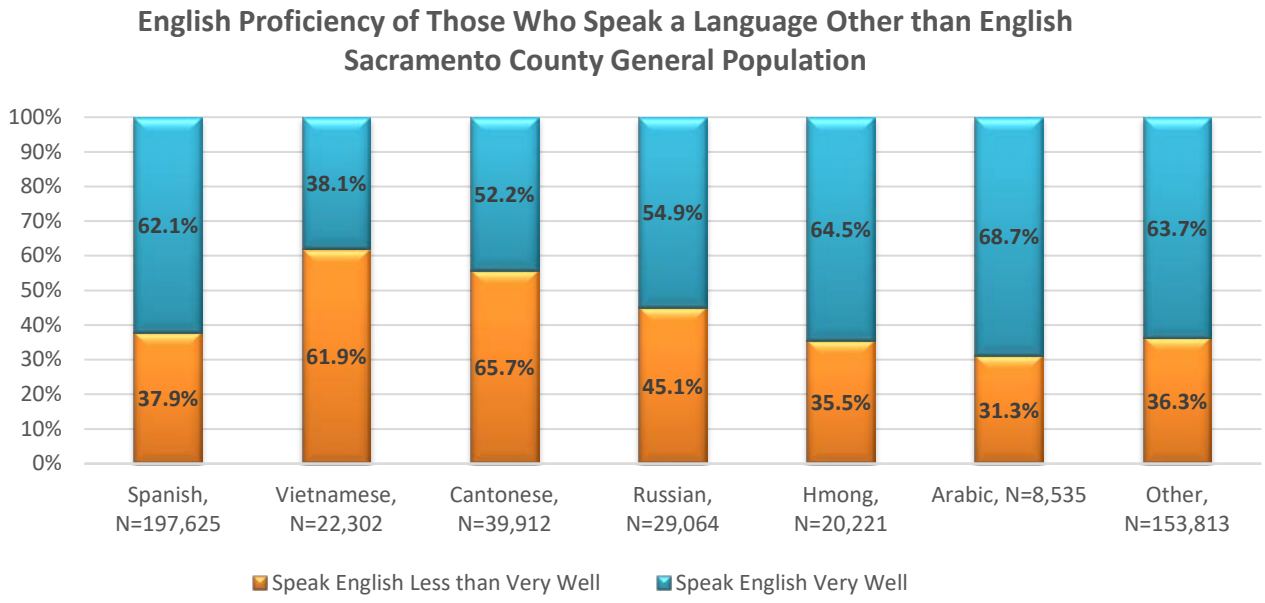
Source: 2017 U.S. Census, American Communities Survey (ACS)

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 5. Most of the general population over the age of 5 speaks English (67.1%).



Source: 2017 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 other 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 speaking English "very well".



Source: 2017 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 ADS, 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 DHCS.)
   2. The county's client utilization data

Data provided by the CAEQRO for Calendar Year 2018 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 542,770 Medi-Cal eligible beneficiaries in the CAEQRO data and 26,236 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 28. As the table indicates, race/ethnicity of the Medi-Cal eligible population is very diverse. Less than 25% of the population is Caucasian. Other ethnic groups comprising notable proportions of the population include Hispanic/Latino (22.8%), Other Races (23.5%) and African American (15.0%).

Age – Almost two-thirds of the population (63.7%) is 18 years or older and almost 24% are youth between the ages of 6 and 17.

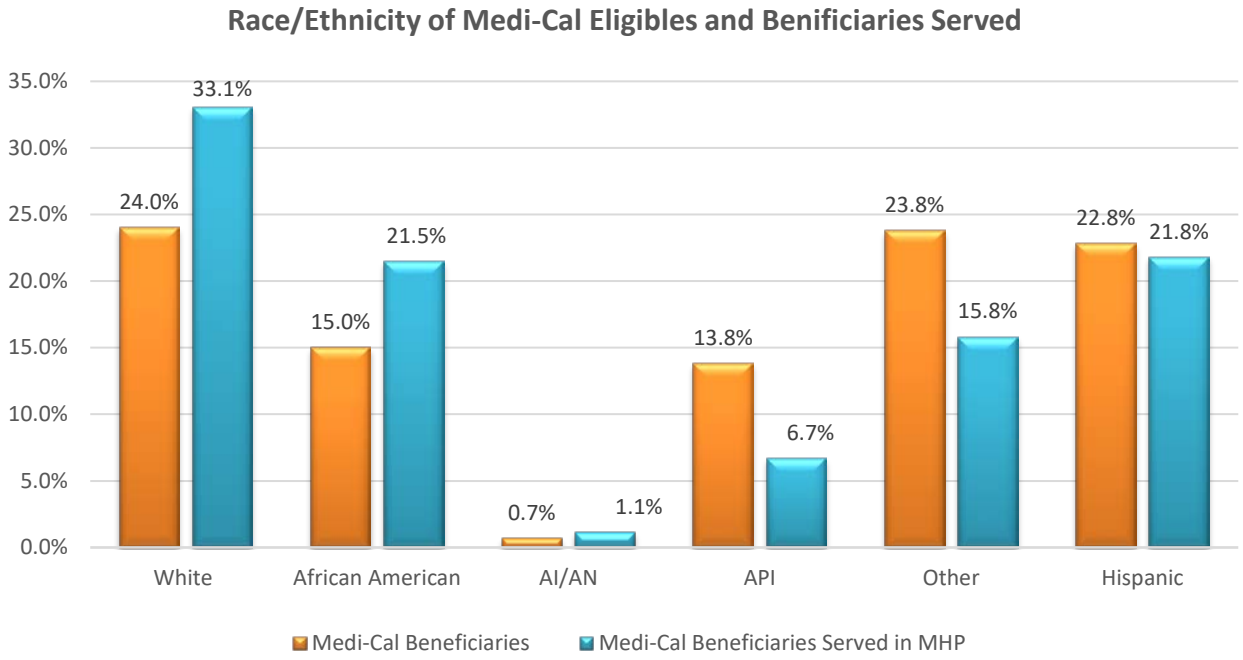
Gender - More than half the population (53.0%) is female, while males account for 47.0% of the population.

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

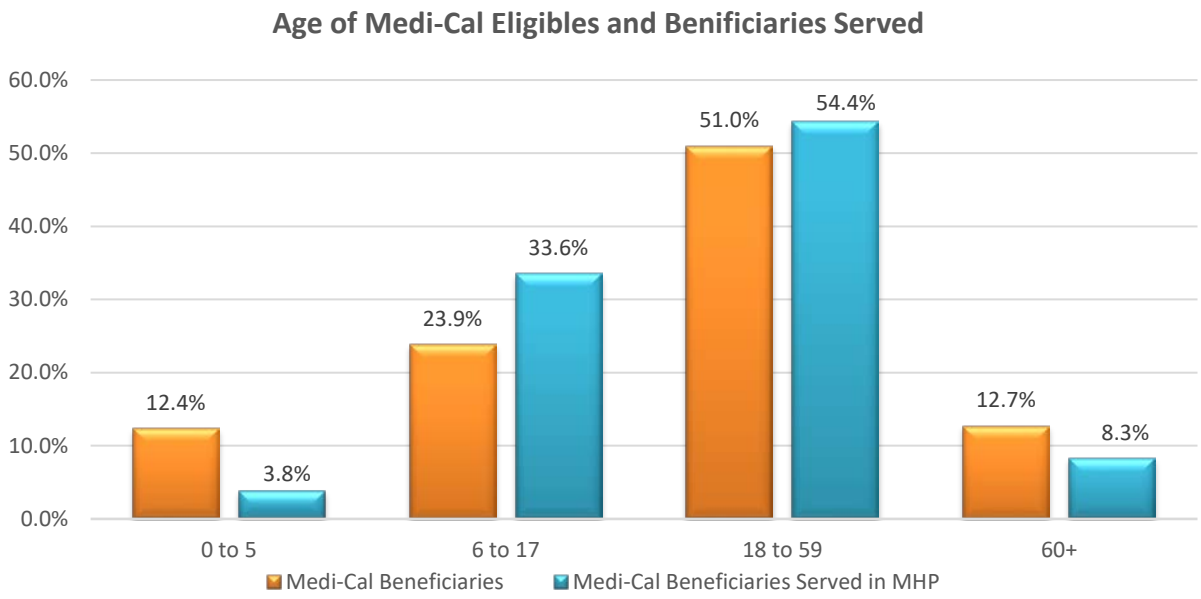
Race/Ethnicity – Race/ethnicity of the Medi-Cal eligible clients receiving mental health specialty services differ significantly in some racial/ethnic groups from the overall Medi-Cal eligible population. Both Caucasian and African American are overrepresented in the specialty mental health system compared to the overall Medi-Cal eligible population, (Caucasian

33.1% vs 24.0% and African Americans 21.5% vs 15.0%) Asian/Pacific Islanders (13.8% vs 6.7%) and Other races (23.8% vs 15.5%) are significantly higher in the Medi-Cal Eligible population as compared to those receiving services, while Hispanic/Latino is comparable across populations.



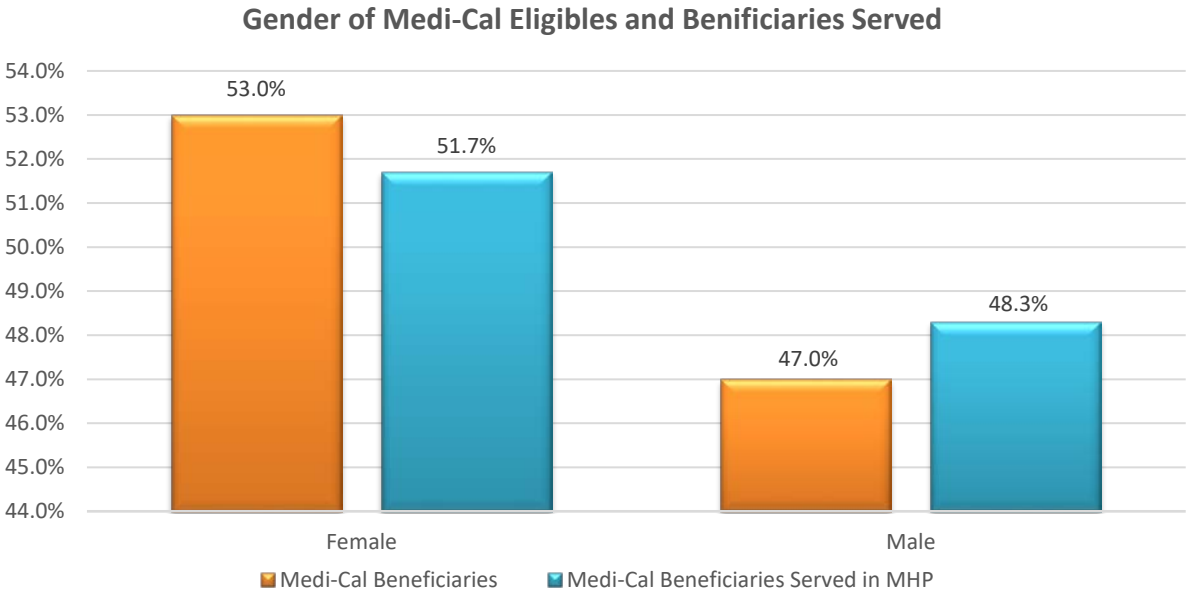
Source: 2018 External Quality Review Organization (EQRO) Report

Age –The majority of the specialty mental health clients are adults, between the ages of 18 and 59 (54.4%), slightly higher than the general Medi-Cal population at 51.0% Children represent just over 37% and older adults represent just over 5%. Significant differences are seen in children. Children 0 to 5 are significantly higher in the Medi-Cal population (12.4% vs. 3.8%), whereas kids 6 to 17 is much higher for beneficiaries served (23.9% vs 33.6%). Older adults are also underrepresented in the MHP compared to the Medi-Cal population (8.3% vs. 12.7%)



Source: 2018 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 (51.7%).



Source: 2018 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

The table below summarizes the populations and demonstrates the penetration rates based on Medi-Cal eligible for Calendar Year 2018. The Medi-Cal eligible beneficiary numbers were obtained utilizing the *EQRO – All Approved Claims Report – CY18*, 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. It does not include beneficiaries in the local Geographic Managed Care Plans (GMCs).

Penetration Rates		Calendar Year 2018				
		A		B		B/A
		Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (Undup)		Medi-Cal Penetration Rates
		N	%	N	%	%
Age Group	0 to 5	67,166	12.4%	994	3.8%	1.5%
	6 to 17	129,650	23.9%	8,805	33.6%	6.8%
	18 to 59	277,033	51.0%	14,261	54.4%	5.1%
	60+	68,920	12.7%	2,176	8.3%	3.2%
	Total	542,769	100.0%	26,236	100.0%	4.8%
		N	%	N	%	%
Gender	Female	287,591	53.0%	13,577	51.7%	4.7%
	Male	255,178	47.0%	12,655	48.2%	5.0%
	Unknown	----		4	0.0%	N/A
	Total	542,769	100.0%	26,236	100.0%	4.8%
		N	%	N	%	%
Race	White	130,017	24.0%	8,696	33.1%	6.7%
	African American	81,353	15.0%	5,650	21.5%	6.9%
	American Indian/Alaskan Native	3,617	0.7%	278	1.1%	7.7%
	Asian/Pacific Islander	75,110	13.8%	1,759	6.7%	2.3%
	Other	128,959	23.8%	4,134	15.8%	3.2%
	Hispanic	123,714	22.8%	5,719	21.8%	4.6%
	Total	542,770	100.0%	26,236	100.0%	4.8%

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 2017 and 2018. In CY17 and CY18, Sacramento County had a slightly lower overall penetration rate than Large County rates, but significantly lower than the Statewide rate. Sacramento County rates were higher than Large County, but lower than Statewide for youth, ages 6 to 17 in both CY 17 and 18. Adults, age 18 to 59 were lower than Large County and Statewide for both years. In CY17, Sacramento County rate for females was higher than Large County but not Statewide, but was higher than Large County and Statewide rates in CY18. Males had a lower rate as compared to Large County and Statewide for both years. With the exception of Other races, penetration rates increased slightly from CY 17 to CY 18. Sacramento County penetration rates for all races were also lower than Large County and Statewide rates in CY 18. Note: penetration rates for Sacramento County are different than 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.

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

		Sac County CY17	Large County CY17	Statewide CY17	Sac County CY18	Large County CY18	Statewide CY18
Total		4.10	4.19	4.52	4.38	4.31	4.66
Age Group	0 to 5	1.36	1.75	2.07	1.41	1.77	2.11
	6 to 17	6.19	5.55	6.31	6.38	5.81	6.57
	18 to 59	4.13	4.53	4.71	4.54	4.66	4.84
	60+	2.68	2.55	2.78	2.89	2.57	2.83
Gender	Female	4.02	3.83	4.15	4.32	3.94	4.28
	Male	4.19	4.60	4.96	4.45	4.75	5.1
Race	White	5.30	6.10	5.93	6.07	6.70	6.5
	African American	5.14	6.49	7.37	5.63	7.01	7.99
	AI/AN	6.01	7.01	6.38	6.83	7.46	6.88
	API	1.67	1.96	2.08	1.81	2.1	2.25
	Other	4.74	6.19	7.23	4.24	4.79	5.25
	Hispanic	2.93	2.97	3.35	3.42	3.33	3.78

The overall penetration rate in Sacramento County for CY 2018, based on Medi-Cal eligible beneficiaries is 4.38%, compared to 4.66% statewide. 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 1.81% to 6.83%. Asian/Pacific Islander and Hispanic account for the lowest penetration rates at 1.81% (API) and 3.42% (Hispanic). On the other hand, Native Americans, Caucasians and African Americans account for the highest penetration rates (6.83% Native American, 5.63% African American and 6.07% Caucasian). With the exception of Hispanic, Sacramento County has lower penetration rates in all ethnic groups compared to statewide penetration rates.

Age - The penetration rates for age range from 1.41% to 6.38%. Children under the age of 5 represent the lowest penetration rate at 1.41%, while children between the ages of 6 and 17 represent the highest penetration rate at 6.38%. Penetration rates for children between the ages of 6 and 17 are higher than large counties, but slightly lower than California as a whole. Adults between the ages of 18 and 59 had a penetration rate of 4.54%, lower than other large counties and California as a whole. Older adults' penetration rate was 2.89%, higher than large counties but lower than the statewide rate.

Gender - The penetration rate for females was slightly lower than that of males. Although there was not a significant difference, the female penetration rate was 4.32%, whereas male was 4.45%. Sacramento County penetration rate for females is higher compared to large counties and statewide, while the rate for males is lower than other large counties 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.

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 – Fiscal Year 17/18

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.

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, 79%-86%). With the exception of unknown/not reported, adults are retained at a high level across race/ethnicity, ranging from 72.5% for Native Americans to 86% for Asian/Pacific Islanders (API)

Gender – Females are retained in the system at a higher rate than males, regardless of age (78% vs 76%)

Age –Children 0-17 are retained in the system at a slightly higher rate than adults. Children's retention rate for the total system is almost 84%, whereas the adult rate is just over 73%.

Language –With the exception of unknown/not reported, the retention rates for all languages are high, ranging from 76.7% (English) to 93.7% (Vietnamese).

FY 17/18		Total Served	Retention FY 17/18											
			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	322	16	5.0	20	6.2	14	4.3	12	3.7	97	30.1	163	50.6
	Black	1,890	132	7.0	121	6.4	79	4.2	68	3.6	538	28.5	952	50.4
	Hispanic	3,072	168	5.5	180	5.9	123	4.0	143	4.7	944	30.7	1,514	49.3
	Nat-Amer	74	5	6.8	5	6.8	4	5.4	4	5.4	20	27.0	36	48.6
	White	2,168	120	5.5	116	5.4	95	4.4	76	3.5	585	27.0	1,176	54.2
	Other	675	41	6.1	25	3.7	26	3.9	23	3.4	186	27.6	374	55.4
	Unknown	909	71	7.8	72	7.9	47	5.2	43	4.7	310	34.1	366	40.3
Race (≥18)	API	1,467	74	5.0	82	5.6	49	3.3	50	3.4	575	39.2	637	43.4
	Black	3,597	368	10.2	320	8.9	231	6.4	184	5.1	1,151	32.0	1,343	37.3
	Hispanic	2,503	250	10.0	253	10.1	176	7.0	116	4.6	785	31.4	923	36.9
	Nat-Amer	207	17	8.2	32	15.5	8	3.9	12	5.8	67	32.4	71	34.3
	White	6,860	675	9.8	630	9.2	472	6.9	302	4.4	2,442	35.6	2,339	34.1
	Other	795	59	7.4	59	7.4	50	6.3	53	6.7	300	37.7	274	34.5
	Unknown	1,811	369	20.4	239	13.2	191	10.5	129	7.1	568	31.4	315	17.4
Age	0-17.9	9,110	553	6.1	539	5.9	388	4.3	369	4.1	2,680	29.4	4,581	50.3
	≥ 18	17,240	1,812	10.5	1,615	9.4	1,178	6.8	845	4.9	5,888	34.2	5,902	34.2
Sex	Male	12,694	1,259	9.9	1,060	8.4	763	6.0	591	4.7	3,809	30.0	5,212	41.1
	Female	13,645	1,101	8.1	1,093	8.0	802	5.9	624	4.6	4,755	34.8	5,270	38.6
	Other/Unk*	11	4	36.4	1	9.1	1	9.1		0.0	4	36.4	1	9.1
Language	English	22,703	2,049	9.0	1,884	8.3	1,375	6.1	1,039	4.6	7,210	31.8	9,146	40.3
	Spanish	1,450	89	6.1	93	6.4	71	4.9	77	5.3	474	32.7	646	44.6
	Russian	236	9	3.8	5	2.1	5	2.1	8	3.4	116	49.2	93	39.4
	Hmong	284	9	3.2	15	5.3	3	1.1	8	2.8	125	44.0	124	43.7
	Vietnamese	192	5	2.6	4	2.1	3	1.6	7	3.6	77	40.1	96	50.0
	Cantonese	63	0	0.0	3	4.8	1	1.6	1	1.6	23	36.5	35	55.6
	Arabic	117	4	3.4	11	9.4	9	7.7	1	0.9	59	50.4	33	28.2
	Other	581	27	4.6	22	3.8	25	4.3	27	4.6	283	48.7	197	33.9
	Unknown	724	172	23.8	117	16.2	74	10.2	47	6.5	201	27.8	113	15.6
TOTAL		**26,350**	**2,364**	**9.0**	**2,154**	**8.2**	**1,566**	**5.9**	**1,215**	**4.6**	**8,568**	**32.5**	**10,483**	**39.8**

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.

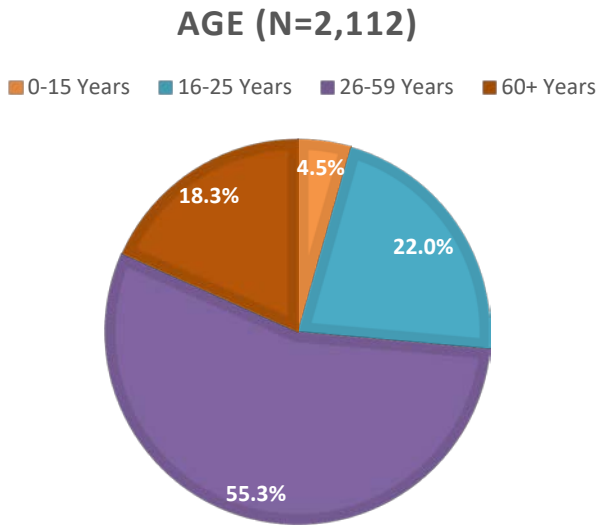
MHSA Demographics – Clients Served

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 17/18.

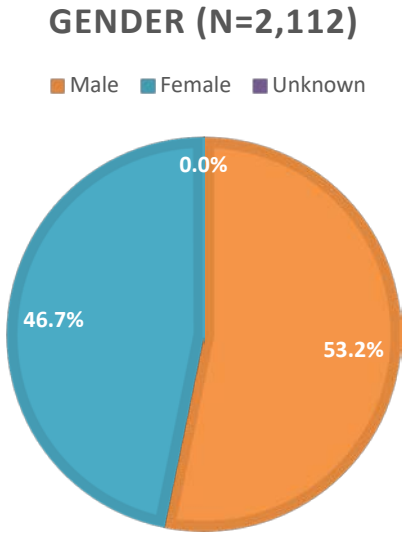
Community Services and Supports (CSS) – Full Service Partnerships (FSP)

The FSP's served a total of 2,112 partners in FY 17/18. The charts below examine demographics of the partners served.

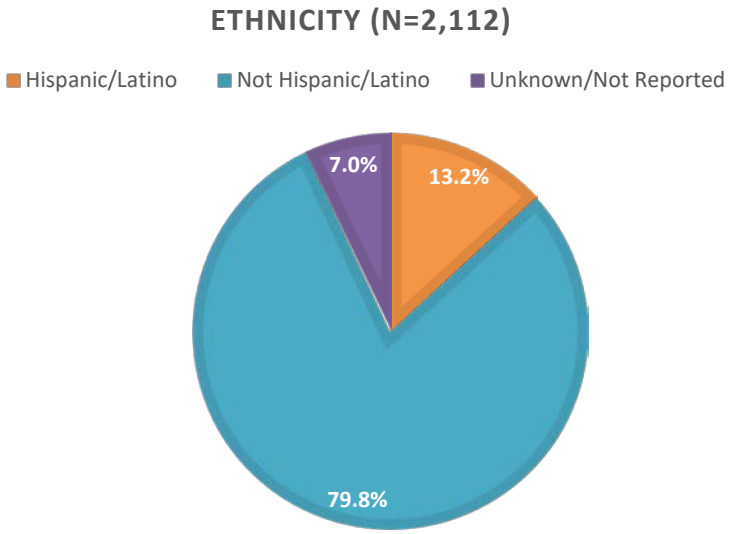
Age **–** The FSPs served and array of aged groups, but the majority (55.3%) were adults ages 26 to 59. Transition Age Youth (TAY) were the next highest at just over 20% (22.0%).



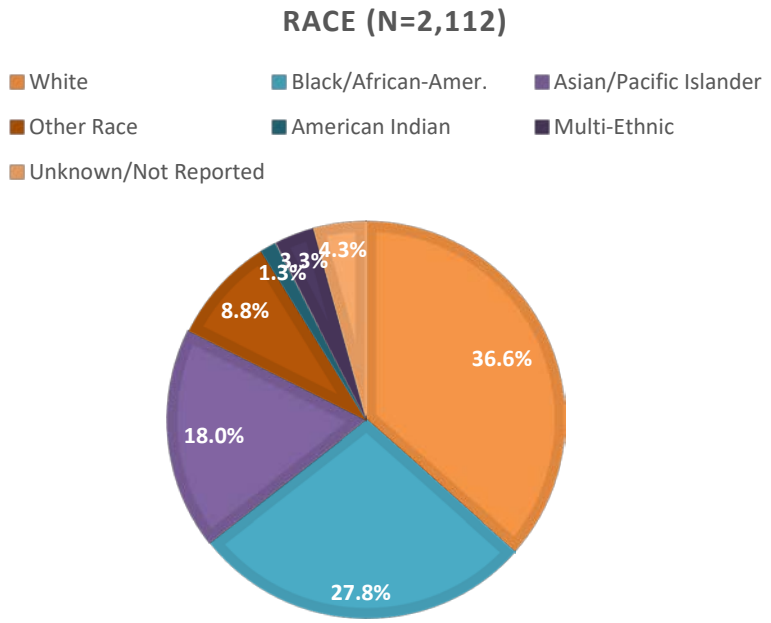
Gender **–** The FSPs serve a slightly higher percentage of males than females (53.2% vs 46.7%). This is different than the overall MHP, where more females are served than males.



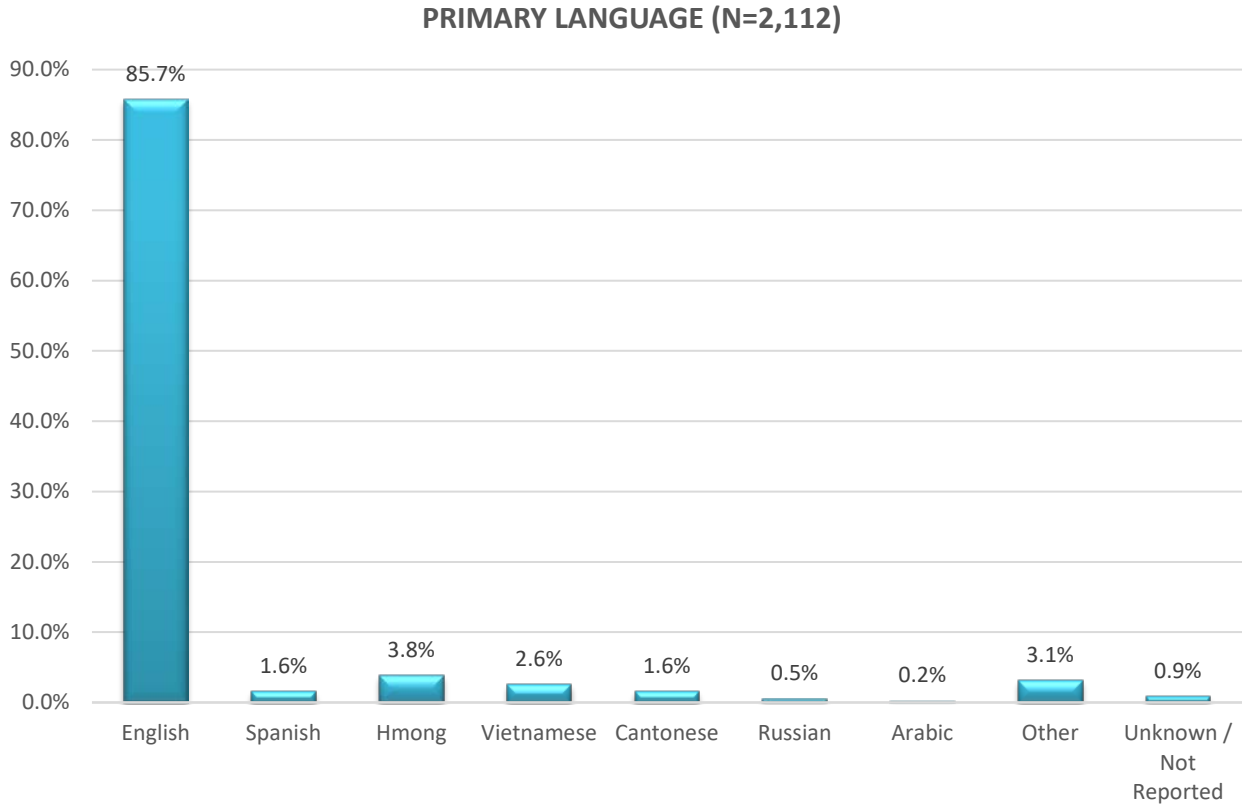
Ethnicity – Just over 13% of partners served in the FSP's identified as Hispanic/Latino.



Race **–** Just over 35% (36.6%) of the partners served in the FSP's were Caucasian, followed by African American at 27.8%. Asian/Pacific Islanders are served at a higher percentage than the overall MHP, representing 18% of all served in the FSP's compared to just over 6% (6.7%) in the MHP.



Primary Language **–** The majority (82.6%) of partners served identified English as their primary language.



Community Services and Supports – General System Development (GSD)

There were a total of 13,098 clients served in GSD programs in FY 17/18.

Total Number Served in General System Development Programs – FY 17/18

Characteristic	APSS		TCORE		Guest House		Crisis Residential Program 34th St.		Crisis Residential Program MSt.		Peer Partners		Wellness and Recovery Center		Consumer and Family Voice - SAFE		Regional Support Teams		Total	
	N.	%	N.	%	N.	%	N.	%	N.	%	N.	%	N.	%	N.	%			N.	%
Gender																				
Female	681	46.4%	364	44.6%	266	39.6%	68	46.9%	62	36.5%	162	56.6%	1,386	56.3%	45	30.4%	4,348	58.8%	7,382	56.4%
Male	370	25.2%	400	49.0%	406	60.4%	77	53.1%	108	63.5%	124	43.4%	1,063	43.1%	58	39.2%	3,050	41.2%	5,656	43.2%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.4%	0	0.0%	2	0.0%
Unknown/Not Reported	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	15	0.6%	43	29.1%	0	0.0%	58	0.4%
Total	**1,051**	**71.6%**	**764**	**93.6%**	**672**	**100.0%**	**145**	**100.0%**	**170**	**100.0%**	**286**	**100.0%**	**2,464**	**100.0%**	**148**	**100.0%**	**7,398**	100.0%	**13,098**	**100.0%**
Age																				
0 to 15	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	53	35.8%	0	0.0%	53	0.4%
16 to 25	25	1.7%	63	7.7%	34	5.1%	11	7.6%	26	15.3%	19	6.6%	181	7.3%	37	25.0%	681	9.2%	1,077	8.2%
26 to 59	832	56.7%	601	73.7%	594	88.4%	128	88.3%	138	81.2%	239	83.6%	1,897	77.0%	12	8.1%	5,622	76.0%	10,063	76.8%
60 and Over	194	13.2%	100	12.3%	44	6.5%	6	4.1%	6	3.5%	28	9.8%	382	15.5%	0	0.0%	1,095	14.8%	1,855	14.2%
Unknown/Not Reported	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	0.2%	46	31.1%	0	0.0%	50	0.4%
Total	**1,051**	**71.6%**	**764**	**93.6%**	**672**	**100.0%**	**145**	**100.0%**	**170**	**100.0%**	**286**	**100.0%**	**2,464**	**100.0%**	**148**	**100.0%**	**7,398**	100.0%	**13,098**	**100.0%**
Ethnicity																				
Non-Hispanic	771	52.5%	614	75.2%	549	81.7%	114	78.6%	126	74.1%	198	69.2%	1,694	68.8%	37	25.0%	5,418	73.2%	9,521	72.7%
Hispanic	111	7.6%	110	13.5%	100	14.9%	17	11.7%	28	16.5%	43	15.0%	408	16.6%	61	41.2%	1,030	13.9%	1,908	14.6%
Unknown/Not Reported	169	11.5%	40	4.9%	23	3.4%	14	9.7%	16	9.4%	45	15.7%	362	14.7%	50	33.8%	950	12.8%	1,669	12.7%
Total	**1,051**	**71.6%**	**764**	**93.6%**	**672**	**100.0%**	**145**	**100.0%**	**170**	**100.0%**	**286**	**100.0%**	**2,464**	**100.0%**	**148**	**100.0%**	**7,398**	100.0%	**13,098**	**100.0%**
Race																				
White	390	26.6%	371	45.5%	335	49.9%	78	53.8%	90	52.9%	100	35.0%	998	40.5%	17	11.5%	3,290	44.5%	5,669	43.3%
Black	143	9.7%	182	22.3%	238	35.4%	39	26.9%	37	21.8%	58	20.3%	706	28.7%	21	14.2%	1,488	20.1%	2,912	22.2%
Asian/Pacific Islander	210	14.3%	51	6.3%	23	3.4%	7	4.8%	6	3.5%	39	13.6%	170	6.9%	1	0.7%	651	8.8%	1,158	8.8%
Am Indian/Alask. Native	18	1.2%	18	2.2%	16	2.4%	3	2.1%	4	2.4%	8	2.8%	74	3.0%	0	0.0%	104	1.4%	245	1.9%
Multi-Race	12	0.8%	22	2.7%	11	1.6%	2	1.4%	8	4.7%	3	1.0%	81	3.3%	15	10.1%	195	2.6%	349	2.7%
Other	130	8.9%	89	10.9%	27	4.0%	10	6.9%	16	9.4%	42	14.7%	254	10.3%	36	24.3%	918	12.4%	1,522	11.6%
Unknown/Not Reported	148	10.1%	31	3.8%	22	3.3%	6	4.1%	9	5.3%	36	12.6%	181	7.3%	58	39.2%	752	10.2%	1,243	9.5%
Total	**1,051**	**71.6%**	**764**	**93.6%**	**672**	**100.0%**	**145**	**100.0%**	**170**	**100.0%**	**286**	**100.0%**	**2,464**	**100.0%**	**148**	**100.0%**	**7,398**	100.0%	**13,098**	**100.0%**
Primary Language																				
English	743	50.6%	697	85.4%	654	97.3%	139	95.9%	163	95.9%	242	84.6%	2,267	92.0%	62	41.9%	6,333	85.6%	11,300	86.3%
Spanish	36	2.5%	17	2.1%	2	0.3%	0	0.0%	2	1.2%	28	9.8%	35	1.4%	0	0.0%	166	2.2%	286	2.2%
Other	241	16.4%	33	4.0%	5	0.7%	2	1.4%	1	0.6%	11	3.8%	97	3.9%	41	27.7%	683	9.2%	1,114	8.5%
Unknown/Not Reported	31	2.1%	17	2.1%	11	1.6%	4	2.8%	4	2.4%	5	1.7%	65	2.6%	45	30.4%	216	2.9%	398	3.0%
Total	**1,051**	**71.6%**	**764**	**93.6%**	**672**	**100.0%**	**145**	**100.0%**	**170**	**100.0%**	**286**	**100.0%**	**2,464**	**100.0%**	**148**	**100.0%**	**7,398**	100.0%	**13,098**	**100.0%**

Prevention and Early Intervention (PEI)

There were a total of 9,108 individuals served in PEI programs in FY 17/18.

Demographics vary greatly depending on the program, as some programs are targeted towards certain groups. Example, Senior Link targets older adults, while eVIBE targets school age children. Supporting Community Connections targets many different underserved populations, including Asian/Pacific Islander, African-American, Latino, Native American, Russian/Ukrainian, Transition-age youth and consumers. Because of the uniqueness of the programs, comparisons cannot be made in relation to the overall MHP.

Total Number of Individuals Served in PEI Programs FY 17/18											
	Senior Link	**eVIBE**	**Quality Childcare Collaborative**	**Supporting Community Connections**	**HEARTS for Kids**	**Mobile Crisis Support Teams**	**Triage Navigators**	**Community Support Team**	**SacEDAPT**	**Friends for Survival**	**Total**
Age Group											
Child and Youth (0-15)	0	2067	30	194	366	108	15	22	53	9	2,864
Transition Age Youth (16-25)	0	24	0	501	0	214	218	123	82	8	1,170
Adult (26-59)	24	39	0	1034	0	907	932	570	14	202	3,722
Older Adult (60+)	117	1	0	355	0	212	102	234	0	103	1,124
Unknown/Not Reported	12	46	0	119	0	11	0	4	0	36	228
Total	**153**	**2177**	**30**	**2,203**	**366**	**1,452**	**1,267**	**953**	**149**	**358**	**9,108**
Race/Ethnicity											
White	46	246	NR	802	118	732	497	286	38	174	2,939
African American	38	145	NR	182	105	308	341	186	40	11	1,356
Asian	6	278	NR	248	20	55	34	31	11	17	700
Pacific Islander	7	11	NR	3	2	9	9	5	1	8	47
Native American	1	12	NR	57	3	11	16	8	0	3	110
Hispanic	28	764	NR	782	0	66	112	44	27	0	1,041
Multi-Race	1	303	NR	33	6	28	28	21	16	6	442
Other	4	72	NR	80	27	36	31	14	2	17	279
Unknown/Not Reported	22	346	30	16	85	207	199	358	14	122	1,399
Total	**153**	**2177**	**30**	**2,203**	**366**	**1,452**	**1,267**	**953**	**149**	**358**	**8,313**
Primary Language											
English	109	1457	NR	1093	NR	1,355	1,087	713	136	355	6,305
Spanish	7	203	NR	610	NR	20	26	14	8	0	888
Vietnamese	2	20	NR	42	NR	3	2	7	1	0	75
Cantonese	1	22	NR	2	NR	2	0	2	0	0	26
Hmong	0	25	NR	51	NR	4	1	5	0	0	86
Russian	0	17	NR	231	NR	4	3	3	0	0	251
Arabic	0	1	NR	1	NR	3	0	2	0	0	3
Other	21	48	NR	153	NR	11	9	11	0	3	78
Unknown/Not Reported	13	384	30	20	366	50	139	196	4	0	1,202
Total	**153**	**2,177**	**30**	**2,203**	**366**	**1,452**	**1,267**	**953**	**149**	**358**	**9,108**

Total Number of Individuals Served in PEI Programs FY 17/18 Cont.											
	Senior Link	**eVIBE**	**Quality Childcare Collaborative**	**Supporting Community Connections**	**HEARTS for Kids**	**Mobile Crisis Support Teams**	**Triage Navigators**	**Community Support Team**	**SacEDAPT**	**Friends for Survival**	**Total**
Sexual Orientation											
Gay or Lesbian	NR	0	NR	66	NR	9	7	1	2	6	82
Heterosexual or Straight	NR	74	NR	1953	NR	84	224	43	5	214	2,383
Bisexual	NR	1	NR	43	NR	5	5	3	1	13	56
Questioning or unsure	NR	1	NR	20	NR	0	1	0	1	2	21
Queer	NR	0	NR	3	NR	0	0	0	0	1	3
Another sexual orientation	NR	0	NR	84	NR	1	2	2	0	6	86
Unknown/Not Reported	153	2,101	30	34	366	1353	1028	904	140	116	6,225
Total	**153**	**2,177**	**30**	**2,203**	**366**	**1,452**	**1,267**	**953**	**149**	**358**	**9,108**
Gender Identity											
Male	26	1117	NR	826	NR	442	577	4	62	66	3,120
Female	121	1049	NR	1280	NR	442	414	7	40	220	3,573
Transgender	0	NR	NR	44	NR	2	6	0	3	0	55
Genderqueer	0	NR	NR	0	NR	0	0	0	0	0	0
Questioning or unsure	0	NR	NR	0	NR	0	0	0	0	0	0
Another gender identity	0	NR	NR	8	NR	1	1	0	5	7	21
Unknown/Not Reported	6	11	30	45	366	565	269	942	39	65	2,338
Total	**153**	**2,177**	**30**	**2,203**	**366**	**1452**	**1,267**	**953**	**149**	**358**	**8,955**
Veteran Status											
Yes	NR	NR	NR	15	0	NR	NR	NR	NR	8	6
No	NR	NR	NR	2188	366	NR	NR	NR	NR	350	2,554
Decline to Answer	NR	NR	NR	0	NR	NR	NR	NR	NR	0	0
Unknown/Not Reported	153	2177	30	0	0	1452	1267	953	149	0	6,181
Total	**153**	**2,177**	**30**	**2,203**	**366**	**1452**	**1,267**	**953**	**149**	**358**	**9,108**

Prevention and Early Intervention (PEI) – Respite Programs

PEI respite programs were added the County suicide prevention in FY 15/16. The goal of the respite programs is to 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 and decrease risk of harm.

There were a total of 1,207 individuals served in PEI Respite Programs in FY 17/18.

Demographics also vary greatly in the respite programs depending on the program, as some programs are targeted towards certain groups. Example, Adoptive Families Respite targets adoptive parents/caregivers, while LGBT – Lambda Lounge targets adults in the LBGTQ community. Because of the uniqueness of the programs, comparisons cannot be made in relation to the overall MHP.

Prevention and Early Intervention (PEI) Respite Programs FY 17/18																
	Adoptive Families Respite		Danelle's Place Respite		Caregiver Crisis Intervention Respite		LGBT-Lambda Lounge		LGBT-Q-Spot		Ripple Effect Respite		Teens and TAY Respite		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group																
Children/Youth (0-15)	70	41.2%	0	0.0%	0	0.0%	0	0.0%	39	15.1%	0	0.0%	4	1.8%	113	9.4%
TAY (16-25)	9	5.3%	42	20.8%	0	0.0%	12	6.9%	214	82.9%	5	4.3%	206	94.5%	488	40.4%
Adults (26-59)	52	30.6%	100	49.5%	20	25.3%	111	64.2%	2	0.8%	89	76.7%	5	2.3%	379	31.4%
Older Adults (60+)	4	2.4%	19	9.4%	58	73.4%	9	5.2%	0	0.0%	22	19.0%	0	0.0%	112	9.3%
Unknown/Not Reported	26	15.3%	41	20.3%	1	1.3%	41	23.7%	3	1.2%	0	0.0%	3	1.4%	115	9.5%
Total	**161**	**94.7%**	**202**	**100.0%**	**79**	**100.0%**	**173**	**100.0%**	**258**	**100.0%**	**116**	**100.0%**	**218**	**100.0%**	**1,207**	**100.0%**
Ethnicity																
Hispanic or Latino	35	20.6%	35	17.3%	3	3.8%	19	11.0%	54	20.9%	20	17.2%	31	14.2%	197	16.3%
Non-Hispanic/Non-Latino	73	42.9%	129	63.9%	70	88.6%	96	55.5%	150	58.1%	73	62.9%	142	65.1%	733	60.7%
Unknown/Not Reported	53	31.2%	38	18.8%	6	7.6%	58	33.5%	54	20.9%	23	19.8%	45	20.6%	277	22.9%
Total	**161**	**94.7%**	**202**	**100.0%**	**79**	**100.0%**	**173**	**100.0%**	**258**	**100.0%**	**116**	**100.0%**	**218**	**100.0%**	**1,207**	**100.0%**
Race																
American Indian or Alaska Native	4	2.4%	13	6.4%	0	0.0%	14	8.1%	12	4.7%	3	2.6%	16	7.3%	62	5.1%
Asian	12	7.1%	14	6.9%	2	2.5%	3	1.7%	11	4.3%	1	0.9%	5	2.3%	48	4.0%
Black or African American	19	11.2%	28	13.9%	22	27.8%	36	20.8%	49	19.0%	46	39.7%	147	67.4%	347	28.7%
Native Hawaiian/Pacific Islander	0	0.0%	2	1.0%	0	0.0%	2	1.2%	3	1.2%	0	0.0%	0	0.0%	7	0.6%
White	73	42.9%	130	64.4%	51	64.6%	75	43.4%	129	50.0%	54	46.6%	33	15.1%	545	45.2%
Other	14	8.2%	11	5.4%	0	0.0%	18	10.4%	29	11.2%	8	6.9%	15	6.9%	95	7.9%
More than one race	25	14.7%	0	0.0%	3	3.8%	4	2.3%	11	4.3%	0	0.0%	0	0.0%	43	3.6%
Decline to answer	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	14	8.2%	4	2.0%	1	1.3%	21	12.1%	14	5.4%	4	3.4%	2	0.9%	60	5.0%
Total	**161**	**94.7%**	**202**	**100.0%**	**79**	**100.0%**	**173**	**100.0%**	**258**	**100.0%**	**116**	**100.0%**	**218**	**100.0%**	**1,207**	**100.0%**
Primary Language																
English	149	87.6%	191	94.6%	76	96.2%	160	92.5%	255	98.8%	115	99.1%	214	98.2%	1,160	96.1%
Spanish	2	1.2%	5	2.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7	0.6%
Vietnamese	0	0.0%	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%	1	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
Russian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.5%	1	0.1%
Hmong	0	0.0%	0	0.0%	0	0.0%	1	0.6%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
Arabic	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	2	1.2%	4	2.0%	2	2.5%	2	1.2%	1	0.4%	0	0.0%	1	0.5%	12	1.0%
Unknown/Not Reported	8	4.7%	1	0.5%	1	1.3%	10	5.8%	2	0.8%	1	0.9%	2	0.9%	25	2.1%
Total	**161**	**94.7%**	**202**	**100.0%**	**79**	**100.0%**	**173**	**100.0%**	**258**	**100.0%**	116	100.0%	**218**	**100.0%**	**1,207**	**100.0%**

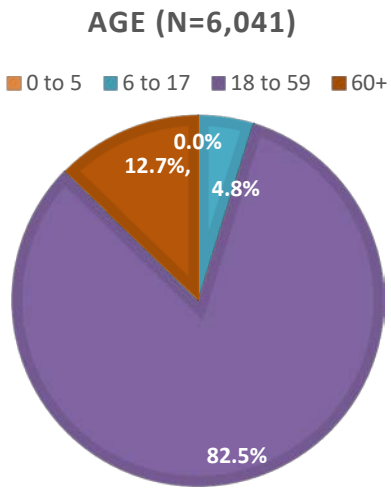
Prevention and Early Intervention (PEI) Respite Programs FY 17/18 Cont.																
	Adoptive Families Respite		Danelle's Place Respite		Caregiver Crisis Intervention Respite*		Lambda** Lounge		Q-Spot**		Ripple Effect** Respite		Teens and TAY Respite		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Sexual Orientation*																
Gay or Lesbian	27	15.9%	37	16.0%	1	1.3%	36	20.8%	51	19.8%	10	8.6%	9	4.1%	171	13.8%
Heterosexual or Straight	84	49.4%	27	11.7%	74	93.7%	46	26.6%	36	14.0%	86	74.1%	170	78.0%	523	42.3%
Bisexual	0	0.0%	28	12.1%	0	0.0%	28	16.2%	59	22.9%	6	5.2%	13	6.0%	134	10.8%
Questioning or unsure	5	2.9%	26	11.3%	0	0.0%	3	1.7%	13	5.0%	2	1.7%	3	1.4%	52	4.2%
Queer	6	3.5%	42	18.2%	0	0.0%	5	2.9%	8	3.1%	0	0.0%	0	0.0%	61	4.9%
Another sexual orientation	0	0.0%	54	23.4%	1	1.3%	24	13.9%	73	28.3%	4	3.4%	10	4.6%	166	13.4%
Unknown/Not Reported	39	22.9%	17	7.4%	3	3.8%	31	17.9%	18	7.0%	8	6.9%	13	6.0%	129	10.4%
Total	**161**	**94.7%**	**231**	**100.0%**	**79**	**100.0%**	**173**	**100.0%**	**258**	**100.0%**	**116**	**100.0%**	**218**	**100.0%**	**1,236**	**100.0%**
Current Gender Identity*																
Male	69	40.6%	96	25.6%	21	26.6%	78	43.1%	88	31.0%	52	43.0%	121	54.5%	525	36.9%
Female	74	43.5%	65	17.3%	57	72.2%	49	27.1%	92	32.4%	62	51.2%	88	39.6%	487	34.2%
Transgender	0	0.0%	84	22.4%	0	0.0%	10	5.5%	34	12.0%	0	0.0%	7	3.2%	135	9.5%
Genderqueer	0	0.0%	20	5.3%	0	0.0%	5	2.8%	5	1.8%	0	0.0%	0	0.0%	30	2.1%
Questioning or unsure	0	0.0%	26	6.9%	0	0.0%	3	1.7%	13	4.6%	2	1.7%	2	0.9%	46	3.2%
Another gender identity	0	0.0%	78	20.8%	0	0.0%	10	5.5%	40	14.1%	3	2.5%	2	0.9%	133	9.3%
Unknown/Not Reported	18	10.6%	6	1.6%	1	1.3%	26	14.4%	12	4.2%	2	1.7%	2	0.9%	67	4.7%
Total	**161**	**94.7%**	**375**	**100.0%**	**79**	**100.0%**	**181**	**100.0%**	**284**	**100.0%**	**121**	**100.0%**	**222**	**100.0%**	**1,423**	**100.0%**
Veteran Status																
Yes	2	1.2%	23	11.4%	9	11.4%	7	4.0%	4	1.6%	7	6.0%	2	0.9%	54	4.5%
No	147	86.5%	179	88.6%	69	87.3%	162	93.6%	235	91.1%	109	94.0%	216	99.1%	1,117	92.5%
Decline to answer	12	7.1%	0	0.0%	1	1.3%	4	2.3%	19	7.4%	0	0.0%	0	0.0%	36	3.0%
Total	**161**	**94.7%**	**202**	**100.0%**	**79**	**100.0%**	**173**	**100.0%**	**258**	**100.0%**	**116**	**100.0%**	**218**	**100.0%**	**1,207**	**100.0%**
*Totals are higher than other categories as clients select multiple categories																
**Totals are lower than FY16/17 due to data clean up efforts to enable us to report unduplicated clients. FY17/18 represents unduplicated clients whereas FY16/17 represented all contacts																

Alcohol and Drug Services

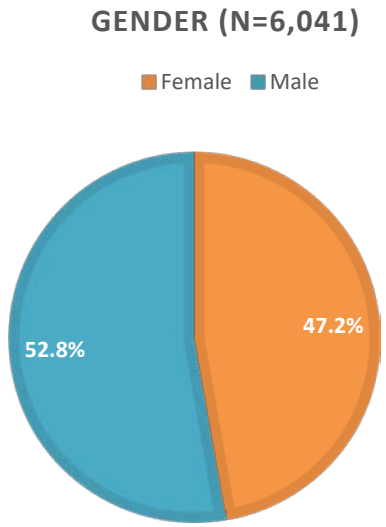
The Alcohol and Drug Services (ADS) system of BHS serves Drug Medi-Cal clients in a variety of settings, including residential, detox, medication assisted treatment (MAT), outpatient and intensive outpatient.

There were a total of 6,041 unduplicated Medi-Cal beneficiaries served in ADS programs in FY17/18.

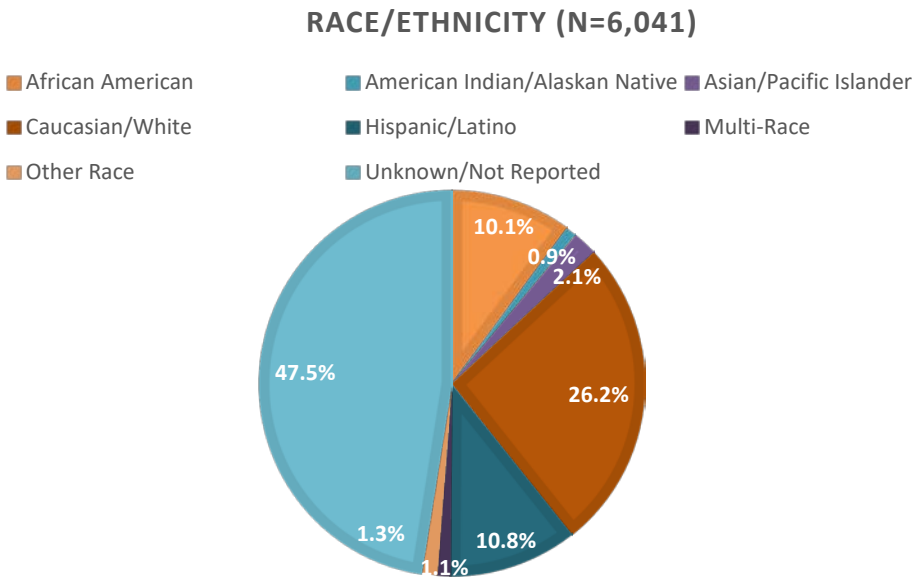
Age – the majority of beneficiaries served in ADS are between the ages of 18 and 59, representing over 80% of the population served.



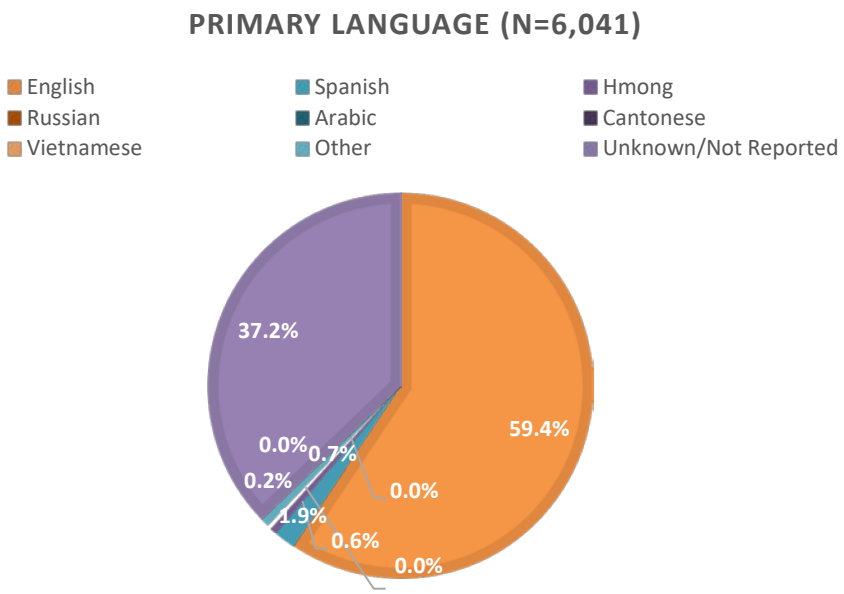
Gender – A slightly higher percentage of males are served than females, at just over 52%.



Race/Ethnicity – Of the beneficiaries reported, over 25% reported Caucasian, followed by Hispanic/Latino at just over 10% and African American at just under 10%. Just under half (47.5%) did not have a race/ethnicity reported.



Primary Language – The majority (59.3%) of beneficiaries served in ADS reported English as their primary language.



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.

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. We are unable to provide an analysis of disparities at this time and are exploring ways to do so in the future.

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.

In early March 2018, the Sacramento County Mental Health Board convened a Public Hearing regarding the MHSA Fiscal Year (FY) 2017-18, 2018-19, 2019-20 Three-Year Plan. At the hearing, questions were raised that pertained to what MHSA programs were available to help the African American communities and young people most at risk from gun violence. Community members stated that trauma-informed care is needed to proactively address those concerns.

Since the public hearing, BHS has been meeting with community members from the African American community to listen to their concerns and ideas for healing, both at an individual and community level. BHS worked diligently to explore all of the programming in the PEI component to see what could be accomplished to support the community. Beginning in FY 2017/18, BHS worked in partnership with local African American key community leaders to develop and distribute, in early FY 2018/19, a video series designed to address issues of racial and historical trauma to promote healing for the African American community. BHS also worked with the CCC to create an Ad Hoc Workgroup with key African American stakeholders to gather feedback from the community and develop program recommendations to address the mental health and wellness needs of African American community members who have experienced or have been exposed to trauma. Please see Criterion 1, II A and B for additional activities that took place in FY 2018-19 regarding this community planning process.

In FY 2017-18, BHS provided specialty mental health services to 1874 foster youth. This figure represents 17.9% of the total number of youth who received specialty mental health services up until their 21st birthday.

CRITERION 3

COUNTY BEHAVIORAL HEALTH SYSTEM

STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC BEHAVIORAL 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.

In alignment with the Board of Supervisors' action on November 7, 2017, BHS facilitated a community planning process in December 2017 and January 2018 resulting in recommended mental health treatment services expansion for individuals living with a serious mental illness who are homeless or at-risk of homelessness. Expansion of existing programming began in FY 2017-18 and new programming rolled out in FY 2018-19. Sacramento County Behavioral Services (BHS) initiated community forums where stakeholders are invited to learn about the array of services available to persons experiencing homelessness. The forum focuses on the numerous access points to services including two new points, the BHS provider Wellness and Recovery Centers (WRC)(Appendix 36). WRC North increased targeted outreach to persons experiencing homelessness. The hope is to engage them in behavioral health treatment and link to housing resources. The homeless point in time count conducted this year indicates a large population of persons experiencing homelessness; their demographics reflect the diversity of the overall community. There are few services accessible to this population in the north area. WRC has worked with a local church to identify encampments in the north area of Sacramento and work together to provide outreach for both treatment services and material resources. WRC has also developed a collaboration with

local law enforcement and the neighborhood watch. They report when they believe they have found an encampment or a group of persons experiencing homelessness and WRC dispatches staff to attempt to engage them. These efforts have resulted in increased admissions to their mental health treatment program and they have also been able to help some resolve their homelessness.

Also in alignment with the Board of Supervisors' action on November 7, 2017, BHS facilitated a community planning process in December 2017 and January 2018 resulting in recommended mental health services for foster youths using identified MHSA AB114 PEI funding. This new programming, referred to as The SOURCE Program, rolled out in FY 2018-19 and is operated by the Sacramento Children's Home. The SOURCE offers 24/7 telephone and mobile response to current and former foster youth and their caregivers. Services are free of charge and confidential. Callers receive help with short-term challenges and referrals to manage long-term issues. Support can be delivered by phone, text, and live chat or face-to-face.

At the March 2018 public hearing for Sacramento County's Draft MHSA Fiscal Year 2017-18, 2018-18, 2019-20 Three-Year Program and Expenditure Plan, several community members gave public comment related to observed gaps in services that address trauma resulting from community violence and gun violence disproportionally experienced by African American boys and men of color. In response, BHS reached out to community members to learn more about these concerns. BHS also worked with the CCC to create an Ad Hoc Workgroup with key African American stakeholders to gather feedback from the community and develop program recommendations to address the MH and wellness needs of African American community members who have experienced or have been exposed to trauma. Please see Criterion 1, II A and B for additional activities that took place in FY 2018-19 regarding this community planning process.

II. Then list disparities in each of the populations (Medi-Cal, CSS, WET, and PEI).

Medi-Cal

Race - Although there are slight differences in all areas, based on the data presented, Asian/Pacific Islanders are significantly under-represented in the MHP compared to the overall Medi-Cal beneficiaries (6.7% vs 13.8%). This is also seen in our penetration rates, as Sacramento County is lower than Large Counties and Statewide in serving the API population

Age – Kids 0 to 5 and older adults and are under-represented in the MHP compared to the over Medi-Cal beneficiaries (3.8% vs 12.4% and 8.3% vs 12.7%), while kids 6-17 and adults 18-59 are over-represented (23.9% vs 33.6% and 51.0% vs 54.4%)

Gender – There are no significant disparities between the MHP population and the overall Medi-Cal beneficiaries. There are more females in both the MHP and the overall Medi-Cal beneficiaries.

CSS – FSPs

Race – There were no disparities identified in the FSP programs. The majority (63.4%) of races served in CSS are of something other than Caucasian.

Age - There were no disparities identified in the FSP programs. Older adults are actually over-represented compared to the overall Medi-Cal beneficiaries (18.3% vs. 12.7%).

Gender – The majority (53.2%) of those served in the FSPs are male, whereas females are higher in the overall MHP and Medi-Cal beneficiary population.

CSS – GSD

Gender – The majority of clients served in both the GSD programs and overall MHP is female (53.2% vs 53.0%).

Age – the MHSA age categories are slightly different than the overall system. Adults ages 26 to 59 represent highest percentage (77.9%) of those served in the GSD programs. Adults ages 18 to 59 represent the highest percentage (54.4%) of those served in the overall MHP.

Race/Ethnicity – Those identifying as Hispanic in the GSD programs is lower than the overall MHP (15.4% vs 21.8%) and White is higher (41.4% vs 33.1%). African American was slightly higher in the GSD programs compared to the overall system (25.0% vs 21.5%) as well as Asian/Pacific Islander (8.9% vs 6.7%).

Primary Language - The majority (87.1%) of clients in the GSD programs identified their primary language as English, very similar to the overall MHP at 85%.

PEI

Demographics very greatly depending on the program, as some programs are targeted towards certain groups. Example, Senior Link targets older adults, while eVIBE targets school age children. Supporting Community Connections targets many different underserved populations, including Asian/Pacific Islander, African-American, Latino, Native American, Russian/Ukrainian, Transition-age youth and consumers. Because of the uniqueness of the programs, 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.

The below referenced programs/objectives/actions demonstrate the efforts Sacramento County has made to reach the unserved and underserved populations in the county. The following table displays all of the MHSA programs and the status of the implementation.

MHSA Component	Program	Implementation Status
Community Services and Supports – Full Service Partnerships	Pathways	Fully Implemented
	Sierra Elder Wellness Program	Fully Implemented
	Transcultural Wellness Center	Fully Implemented
	Telecare - SOAR	Fully Implemented
	Turning Point - ISA	Fully Implemented
	New Directions	Fully Implemented
	Juvenile Justice Diversion and Treatment Program	Fully Implemented
	Transition Age Youth	Fully Implemented
Community Services and Supports - General System Development	TCORE	Fully Implemented
	Guest House	Fully Implemented
	Wellness and Recovery Centers	Fully Implemented
	APSS	Fully Implemented
	Peer Partners	Fully Implemented
	Consumer and Family Voice including SAFE Program	Fully Implemented
	Regional Support Team Community Care Team	Fully Implemented
	Mental Health Crisis Respite Center	Fully Implemented
	Abiding Hope Respite House	Fully Implemented
	Wellness and Recovery Respite Program	Fully Implemented
	Crisis Residential Program	Fully Implemented
PEI – Suicide Prevention	Suicide Crisis Line	Fully Implemented
	Post-vention Services	Fully Implemented
	Consumer Operated Warmline	Fully Implemented
	Supporting Community Connection	Fully Implemented

MHSA Component	Program	Implementation Status
	Community/System Partner Training	Fully Implemented
	Community Support Team	Fully Implemented
	Mobile Crisis Support Team	Fully Implemented
	Caregiver Crisis Intervention Respite Program	Fully Implemented
	Homeless Teens and Transition Age Youth Respite Program	Fully Implemented
	The Ripple Effect Respite Program	Fully Implemented
	Danelle's Place Respite Program	Fully Implemented
	Q-Spot Youth/Transition Age Youth Respite Program	Fully Implemented
	Lambda Lounge Adult Mental Health Respite Program	Fully Implemented
PEI – Strengthening Families	Quality Childcare Collaborative	Fully Implemented
	CPS MH Team, formerly known as Hearts for Kids	Fully Implemented
	School Based Social Skills, Violence Prevention (Bullying Prevention) and Family Conflict Management	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
	The SOURCE	Implemented
PEI – Integrated Health and Wellness	SeniorLink	Fully Implemented
	Assessment and Treatment of Onset of Psychosis	Fully Implemented
	Screening and Assessment	Implemented and completed
	Peer Support and Treatment	Implemented and completed
PEI – Mental Health Promotion Campaign	Multi-Media Campaign	Fully Implemented
	Speakers Bureau	Fully Implemented

MHSA Component	Program	Implementation Status
	Community Education	Fully Implemented
	Outreach and Engagement	Fully Implemented
WET	System Training Continuum	Fully Implemented
	The Office of Consumer and Family Member Empowerment	Activities Partially Implemented
	High School Training	Fully Implemented
	Psychiatric Residents and Fellowships	Fully Implemented
	Multidisciplinary Seminar	Planning
	Stipends for Consumer Leadership	Fully Implemented
	Stipends for Individuals, Especially Consumers and Family Members, for Education to Enter the Mental Health Field	Fully Implemented

Please see Appendix 51, Appendix 52, and Appendix 54 for the BHS Child and Family Mental Health and Adult Mental Health Service Continuums and ADS Continuum. For a description of each program, please refer to the MHSA Fiscal Year 2018-19 Annual Update to the Three-Year Program and Expenditure Plan (Appendix 68).

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

Sacramento County's Research, Evaluation and Performance Outcomes (REPO) unit collects, maintains, analyzes and reports on all MHSA funded programs to ensure the outcomes set forth in the workplans are met. This includes reporting on the unserved and underserved populations that were to be addressed. The following information gives a brief description as to how the different programs under CSS, PEI and WET are evaluated and monitored.

Community Services and Supports

Full Service Partnerships (FSPs)

The FSPs are evaluated using the evaluation tools developed by the State. Those tools include the Partnership Assessment Form (PAF), Key Event Tracking (KET) and the Quarterly Assessment (3M). All of the FSPs are required to complete a PAF on every individual that enrolls into the program. This form is used to establish a one year baseline for the client. Information collected on this form

includes living arrangement history, criminal justice history, physical and psychiatric hospitalization history, education and employment history, entitlement and income information as well as substance abuse issues. The programs are then required to complete a KET for any change the client has during their tenure with the program. The KETs include all of the same information as the PAFs. The KETs establish the current information for the client in order to analyze changes over time. Finally, the 3M is collected on every individual every 3 months to update any changes in entitlements, education, health status, and substance use issues.

All of the data, along with data from Sacramento County's Avatar database, are analyzed and reported on a quarterly basis to all of the providers. The providers utilize the report as a tool to determine where programmatic issues may be and where they can make changes if necessary. The County contract monitors also use the report as a tool to monitor the programs and assist in any issues that may need to be resolved. Demographics are reported on a continuous basis to ensure that the programs are serving the population they were intended to serve. The quarterly report is intended strictly for quality assurance purposes and was designed in collaboration with the County contract monitors and provider agencies to assist them in monitoring their programs.

An FSP annual report is also completed on an annual basis. This report is based on the year prior to the enrollment of a client and compares it to one year(s) after enrollment. This report includes demographics, an analysis of the services provided, as well as all of the outcomes to determine whether there were decreases in homelessness, incarcerations, hospitalizations and emergency room visits. The report also analyzes education and employment data to determine whether individuals are making strides in those areas.

Beyond the reports, data are continually analyzed for discrepancies and reported back to the programs and contract monitors when necessary.

General System Development (GSD)

Because the State does not require GSD program data to be electronically transmitted to them, these programs are monitored, maintained and reported at the County level. The reports are similar to the FSP reports in that we report demographics, service utilization and hospitalization. Unfortunately, because the GSD programs do not report on specified State forms, some of the outcomes are not available for reporting. Those include incarceration and homelessness data. Reports are done on a quarterly and annual basis. Contract monitors are also assigned to all GSD programs to ensure the programs are meeting the requirements set out in the workplan.

Prevention and Early Intervention (PEI)

PEI programs are all monitored based on the intended outcomes submitted in the workplan. Because PEI programs are not required to follow the same program evaluation design as the FSPs, many of the programs are evaluated differently. They all contain different reporting tools that are specific to the program. However, the reporting structure is the same. All programs are, and will be, reported on a quarterly basis for quality assurance and on an annual basis to show outcomes over time. Contract monitors are assigned to all PEI programs to ensure the programs are meeting the requirements set out in the workplan.

Workforce, Education and Training (WET)

Contract monitors have been assigned to all programs to ensure the programs are meeting the requirements set out in the workplan.

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

BHS recognizes that feedback from consumers, family members, community members, and systems partners is the essential foundation for the work that we do. We believe in the power of listening to and learning from the diverse communities we serve in order to develop and implement strategies that build a more just and equitable society. BHS will be convening regular Community Conversations to create the space for this dialogue to happen. BHS also plans to organize a number of smaller Community Conversations to engage individuals from diverse communities that are least able to access the larger events due linguistic barriers and other socio-political challenges.

The goal of the Community Conversation is to gather feedback and ideas about the current Behavioral Health Services System. The feedback from the Community Conversation will influence current priorities and inform future needs for the Behavioral Health Services System.

Who: This Community Conversation is designed to include conversation-based activities from representatives of all stakeholder groups below:

- Those who carry out the work and make decisions about the work, i.e. staff; both county and contract provider and system partners, County management team, advisory groups
- Those who are impacted or served by the work, i.e. consumers, family members, constituents, community members, and community advocates

BHS MH has had a collaboration with Child Protective Services (CPS), and Public Health for several years to provide a comprehensive menu of services for

children ages birth to five (5) who came to the attention of CPS or were placed into protective custody. BHS Early Interventionist services included assessing the developmental, social, and emotional needs of the child. Clinicians provided culturally responsive in-home services to foster parents, relative caretakers or biological parents. This program was redesigned in early FY 2018-19 with an ongoing commitment to continued collaboration to meet the MH needs of children of all ages within the child welfare system. This program is now known as the "CPS-MH Team." This program aligns with the implementation of Continuum of Care Reform (CCR) and the requirement that a Child and Family Team (CFT) is provided to all children entering the Child Welfare system. The program's DBHS clinicians will complete the Child and Adolescent Needs and Strengths (CANS) assessment and provide MH consultation informing the CFT meeting process and CPS social worker case planning for children and youth ages birth through 20. The CANS represents a shared vision of the child and family in collaboration with the CFT. Clinicians will participate in the CFT to identify supports, mental health and other services needed to achieve permanency, enable the child to live in the least restrictive family setting, and promote normal childhood experiences. BHS MH has plans to outstation the MH clinicians in various CPS locations and is committed to expanding the CPS-MH Team in order to serve more youth. BHS MH is also exploring ways to expand prevention wraparound services for youth who do not meet the current criteria for Wraparound but who could greatly benefit from such services and therefore be prevented from entering the CPS system.

CRITERION 4

COUNTY BEHAVIORAL HEALTH SYSTEM

CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY BEHAVIORAL 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 Behavioral 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 behavioral 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) grew from the Sacramento County Cultural Competence Workgroup (CCW) that advised and assisted in the development of the first Cultural Competence Plan 1998. The Workgroup wrote a role for an on-going committee charged with the over-sight of the CCP. With the vetting of that first CCP at all levels including community, county MH administration, contract providers and approval by the Department of Mental Health (DMH) (DMH formerly had approval authority), the CCW became known as the Cultural Competence Committee and has maintained its advisory function and oversight role over the years. The 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 demographic 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 represent 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 on a monthly basis with some members serving on both committees. In order to further promote being an integrated division, BHS invited ADS provider representatives to become members and they have been attending the CCC since FY 2014/15.

The CCC takes seriously its charge to ensure that the MH 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 MH 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

The CCC 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 a draft of the MHSA Three Year Plan and subsequent MHSA Annual Updates to the CCC to receive their collective comments and input prior to finalization and submission to the State. These plans contain information about all of the MHSA funded workplans and programs. There is also at least one cultural competence representative on all Request for Proposals (RFP) Panels to support service design and delivery that is responsive to the needs of cultural, racial and ethnic groups. Finally, a cultural competence subject matter expert who is recommended by the Cultural Competence Committee occupies one voting member seat on the MHSA Steering Committee. The MHSA Steering Committee makes program recommendations to BHS for MHSA funding.

We wanted to highlight some examples of the CCC's engagement with the community:

- BHS worked with the Cultural Competence Committee (CCC) Ad Hoc Workgroup to gather feedback from the African American/Black community and develop program recommendations to address the MH and wellness needs of African American/Black community members who have experienced or have been exposed to trauma. The Workgroup met with community members in December 2018 to develop prevention program recommendations that address trauma-related MH needs in the African American community. BHS and the CCC Ad Hoc Workgroup convened three community listening sessions and a wrap up session with the community to ensure that we heard their voices.

- Current Co-Chairs of the MHSA Steering Committee are members of the CCC; these two individuals are joined by a third CCC member on the MHSA Steering Committee Executive Committee; four additional CCC members also serve on the MHSA Steering Committee in various consumer or family member/caregiver seats

- Sacramento County has been gathering LGBTQ client data in all of its programs however began gathering data that is more reflective of the diverse gender and sexual minority community members who are being served in the PEI programs. BHS is in the process of incorporating the CCC data collection recommendations throughout the MHP and ADS system programs so that gender and sexual minority communities may be more accurately reflected in the data reporting.

- Expanded outreach to faith based community events:

    - BHS CC staff and a speaker from the Stop Stigma Sacramento Speakers Bureau spoke to members of the St. Paul Missionary Baptist Church's MH Referral Ministry about how to navigate the public MH

system.

- BHS CC staff attended and had a booth at the 3rd Annual Gathering for GLORY Conference hosted by the Black Child Legacy Campaign (BCLC) and the Sierra Health Foundation. The event took place at South Sacramento Christian Center, a church that serves as one of the seven Black Child Legacy Campaign's Community Incubator Leads for the Valley Hi community.

- BHS sponsored NAMI Sacramento's Town Hall Series, which included an Interfaith Town Hall, a Pride Town Hall, a Multicultural Town Hall and a Suicide Prevention Town Hall. CC staff attended and provided information about BHS services to attendees at all of these events.

- CCC participated in outreach at City Church of Sacramento's annual Harvest Festival/health fair in Oak Park.

Here are some highlights of community-wide efforts in which BHS ADS has been involved:

- ADS participated in the Sacramento County Coalition for Youth (SCCY) which brings a structured form of collaboration that advances local substance use prevention efforts. The Coalition is led by Sacramento County Office of Education (SCOE) and is comprised of members from diverse segments of the community, such as community-based organizations, city governments, local law enforcement, faith-based groups, parents, and youth. The SCCY includes representatives from Sacramento County ADS, each contracted prevention provider, and the Coalition for a Safe and Healthy Arden Arcade.

- The Arden Arcade community currently has among the highest rates of substance abuse in Sacramento County. The Arden-Arcade Coalition for a Safe and Healthy Arden Arcade is comprised of community leaders, local law enforcement, government representatives, community-based organizations, and culturally diverse residents and youth. One goal of this coalition is to promote safe choices for youth, especially around underage drinking and substance abuse.

- To advocate for and increase services to the underserved criminal justice population, the Alcohol and Drug Advisory Board created the Criminal Justice Reform Committee. The goal of this committee is to prevent recidivism by providing alcohol and drug treatment services to individuals during incarceration and assistance upon release.

- Ninety-one teens of diverse cultures attended the 2018 Youth Summit; a day of alcohol and drug prevention, team-building, project planning, and

skills development. Activities were designed to build a generation of teen leaders who have no time for alcohol and drugs. Feedback from teens was very positive. https://www.youtube.com/watch?v=dkRYXhfl6XE

In addition to the CCC, other groups provide input to BHS regarding the needs of diverse youth, adult and older adult consumers. The Consumer and Family Voice Program, currently administered by Cal Voices (formerly known as Mental Health America of Northern California), promotes the BHS mission to effectively provide quality MH services to Sacramento County adults, older adults and their families. The consumer and adult family member advocates promote and encourage adult and older adult consumer and family involvement in the MH system from program planning to program participation. This program provides a wide array of services and supports that assist adult consumer and family members in their recovery process. These services include but are not limited to advocacy, system navigation, trainings, support groups, and psycho-educational groups. This program also coordinates and facilitates the annual client culture conference.

The Sacramento Advocates for Family Empowerment (SAFE) Program, also administered by Cal Voices, promotes the BHS mission to effectively provide quality MH services to children, youth, and families in Sacramento County. The Youth and Family Advocates promote and encourage parent/caregiver and youth consumer involvement in the MH system, from program planning to program participation. The program provides a wide array of services and supports including, but not limited to, advocacy, system navigation, trainings, support groups, and psychoeducational groups. This is accomplished through system advocacy, direct client support services and advocacy, as well as training services to children, youth, transition age youth and their families. The Youth Advocate and Family Advocate leadership teams meets regularly with the BHS Division Manager for Child and Family Mental Health to provide direct feedback from youth, peers, and family partners. Youth Advocates and Family Advocates invite BHS management to attend their Youth Advocate Committee (YAC) and Family Advocate Committee (FAC) on a quarterly basis and YAC and FAC leadership provide updates at the quarterly MH provider meeting. The BHS Division Manager for Child and Family Mental Health convenes a quarterly Children's Stakeholder meeting intended for youth serving organizations that do not have a contract with BHS MH. This meeting provides a mechanism for BHS MH to inform other children's stakeholders about initiatives taking place within BHS MH and also to hear from them about youth related community MH needs they have identified.

CRITERION 5

COUNTY BEHAVIORAL 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.

Sacramento County has adopted the California Brief Multicultural Competence Scale (CBMCS) training modules and is committed to having all service provider and supervisor staff complete the training within the next three years. Sacramento County started CBMCS training in 2007. To date, 1405 staff have been trained (See Appendix 16 for training log). BHS has contracted with the California Institute for Behavioral Health Solutions (CIBHS) to provide this training across the system on a quarterly basis. This commitment to offering the training on a regular basis will allow the county to complete training for 100% of staff by the end of three years, including new administrative staff and community partners/stakeholders due to staff turnover. BHS keeps a copy of all sign in sheets to track attendance at this training. BHS has also maintained a log of all of the staff who have attended the CBMCS training and the 2-day and 1-day Health Equity and Multicultural Diversity Foundational Training Utilizing the CBMCS (Appendix 17 CBMCS and Mental Health Interpreter Training Reports).

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

Since the 2003 CCP, Sacramento County has required that any training that we sponsor have cultural competence embedded in the material regardless of the topic. We regularly review training materials and discuss this requirement with trainers. This has worked quite well for us. More recently, with the increase of

trainings through various sources beyond our sponsorship, we have taken an active role in advocating that cultural competence content be included in all trainings. We will continue this advocacy to ensure to the best of our ability that cultural and linguistic competence is included in all trainings that staff throughout our system attend. In instances where BHS pays the cost of attendance, the inclusion of cultural competence content is factored into the decision to approve the training request.

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.**

BHS maintains a log of all cultural competence trainings conducted each year. The Training Log (See Appendix 16) contains a listing of all BHS sponsored and MH contract provider-sponsored cultural competence trainings. The next update will include ADS contract provider-sponsored cultural competence trainings.

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 Behavioral Health Settings**
7. **Training Staff in the Use of Behavioral Health Interpreters**

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
Example *Cultural Competence Introduction* **see Appendix 16 for complete list of training*	*Overview of cultural competence issues in behavioral health treatment settings.*	*Four hours annually*	**Direct Services* **Direct Services Contractors* **Administration* **Interpreters*	15 20 4 2 Total: 41	1/24/10	

BHS has conducted the California Brief Multicultural Competence Scale (CBMCS) Training and Mental Health Interpreter Training (MHIT) to fulfill the requirements contained in this section. BHS has conducted thirty-five sessions of CBMCS this year. Attached in Appendix 17 is a report of the CBMCS and MHIT training programs using the format provided in the current CCPR. Due to the low turnover in interpreters throughout the system, for a few years there had not been a need to conduct an additional MHIT training. However, as new programs have been implemented and bilingual staff or interpreters have been hired, BHS resumed offering the MHIT for interpreters who have been hired since the pilot in 2007. In 2016, the training was changed to Behavioral Health Interpreter Training (BHIT) to reflect curriculum suitable for interpreters working in a MH or ADS setting. Both the CBMCS and BHIT are now conducted annually. According to the current master log for interpreter training, there have been **216** staff to date who have attended the Provider Training. Also according to the current master log, there were **269** bilingual staff to date who have completed BHIT.

II. Counties must have a process for the incorporation of Client Culture Training throughout the behavioral 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.

For many years, Sacramento County MH consumers have planned and sponsored a Peer Empowerment Conference (formerly called Consumer Speaks: Appendix 21 Peer Empowerment Conference Flyer). This annual conference is devoted specifically to educating stakeholders including consumers, family members, community members, and providers. They discuss consumer culture and the personal experiences and perspectives of consumers inclusive of racial, ethnic, cultural and linguistic communities. The event has typically been held in a community center located in a very diverse neighborhood where community members are routinely welcomed for educational, recreational and community/family focused events. The center is easily accessed by public transportation and the conference program includes presentations, food, and entertainment. Specific attention is focused on being inclusive with keynote speakers, panelist, workshops and entertainment representing the diverse communities in Sacramento. Interpreters, cultural brokers and bi-lingual, bi-cultural staff are available to assist with linguistic and cultural needs. In 2018, consumer stakeholders changed the name of the conference from Consumer Speaks to the Peer Empowerment Conference. Over 250 participants attended this conference.

Over the past several years, presenters have included but not been limited to the following:

- a multi-cultural panel of consumers and family members receiving services in an innovative Integrated Behavioral Health/Primary Care setting entitled*, Beating the Odds: Improving Health and Wellness for Consumers****;***
- a workshop by members of the California Network of MH Clients, *Evolving History of Client Movement with a Focus on Sacramento County*; a community dialogue,
- *Changing the Experience of Being LGBTQ in the Sacramento Region: Promoting Mental Health Wellness & Reducing Inequities*;
- a workshop, *Mental Health Recovery 101,* presented by multicultural staff of the Peer Partners program, a partnership with Hmong Women's Heritage Association and Mental Health America of Northern California
- And a keynote address by representatives from the Transcultural Wellness Center, a local MHSA funded, ethnic specific Full Service Partnership.

This year's conference included a female speaker who is a published author, lawyer, and person of Muslim faith who experienced communication challenges when hospitalized because clinicians thought she was delusional when she asserted that she was a successful lawyer and author.

A few examples of topics over the last several years include the following:

- Wellness and Recovery
- Economic impact
- Trauma
- Culture-specific expressions
- Relationship between client and provider from a cultural perspective
- Effects of culturally and linguistically incompetent services
- Medication
- Societal/familial/personal
- Culture of being a MH client
- Discrimination and stigma
- Involuntary hospitalization and difficulty communicating with clinicians
- Music and art as vehicles for self-expression and healing

Appendix 21 contains the flyer for the Peer Empowerment Conference for 2019.

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
Example *Cultural Competence Introduction* **see Appendix 16 for complete list of training*	*Overview of cultural competence issues in behavioral health treatment settings.*	*Four hours annually*	**Direct Services* **Direct Services Contractors* **Administration* **Interpreters*	15 20 4 2 Total: 41	1/24/10	

The children's system of care providers conduct on-going trainings in the following areas:

- **Family focused treatment**
- **Navigating multiple agency services**
- **Resiliency.**

A review of the training log in Appendix 16 highlights the trainings containing these elements in the new hire trainings conducted at the programs delivering outpatient and WRAP services as well as on-going trainings in programs focused on the 0-5 population. The training log tracks data using the format in the 2010 CCPR. Since the adoption of the 2010 CCPR, BHS has been collecting information about trainings in the above three areas and has incorporated them into the larger training log.

ADS has provided training to diverse communities as well. Sacramento County contracted ADS service provider, Public Health Institute, Center for Collaborative Planning, provides *Families and Communities Together* trainings. Trainings include materials in Spanish to train Spanish speaking parents and caregivers to talk with their children and other youth about underage drinking in order to prevent it.

Contracted ADS service provider, Omni Youth, has two program curricula that have been translated for and successfully used with the Russian/Ukrainian population; *Active Parenting of Teens* and *Family Matters*. Additionally, videos and Power Point slides, booklets, and recruitment (flyers and emails) and information/promo material (handouts) have been translated into Russian.
Teens from the Russian/Ukrainian community have been trained in 'Teens In Action.' Teens have expressed that they found the curricula to be culturally relevant. A full description of these programs can be found at: www.omniyouth.net

In September 2018, the Sacramento County Board of Supervisors, through a community televised Board hearing, proclaimed September 2018 as Recovery Month in the County of Sacramento, and announced the Recovery Happens event that was held the following day at the State Capitol. The Recovery Happens event had community members of approximately 1,000 representing all cultural groups. The theme of the event was, “Join the Voices for Recovery: Invest in Health, Home, Purpose, and Community,” which explored how integrated care, a strong community, sense of purpose, and leadership contribute to effective treatments that sustain the recovery of persons with substance use disorders. Culturally competent outreach materials from approximately 21+ substance use disorder treatment providers were provided to attendees.

CRITERION 6

COUNTY BEHAVIORAL 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

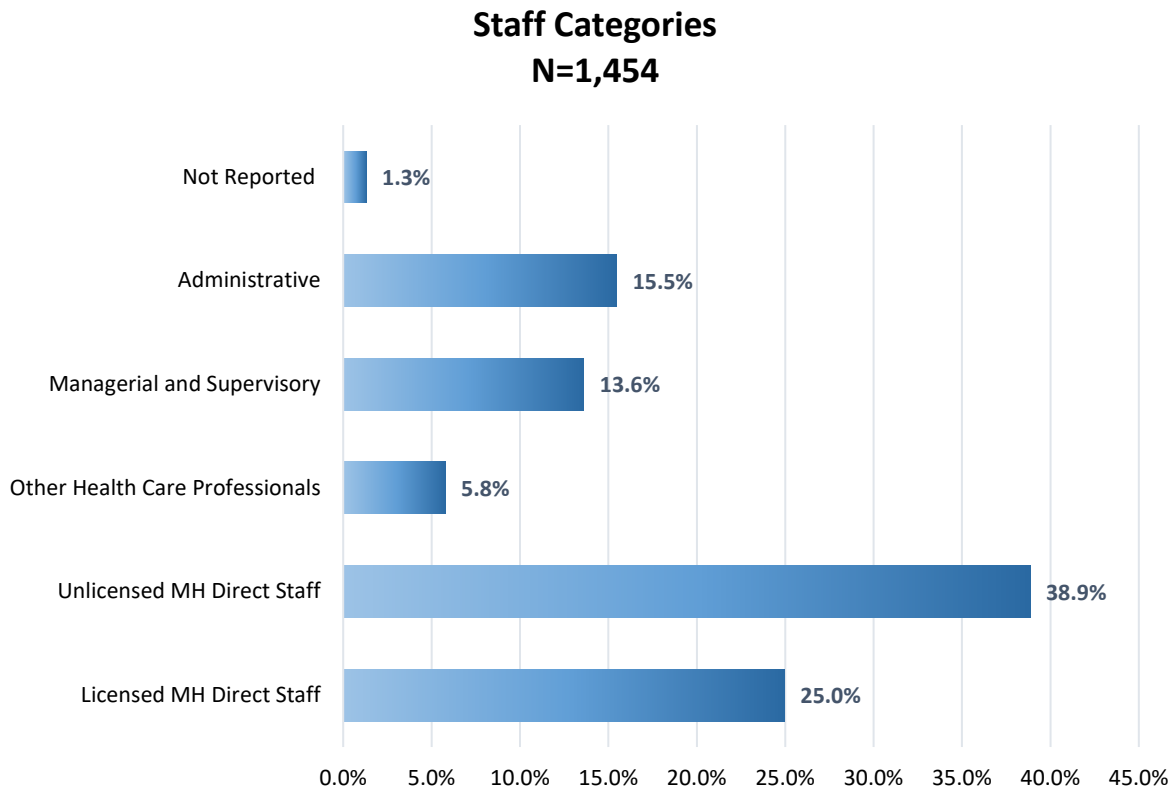
Due to the very diverse population of Sacramento County, the MHP strives to retain a diverse workforce. In order to assess the diversity of the workforce, staff rosters are collected on a quarterly basis. The rosters collect current staff, position, as well as language capabilities of staff. Staff-specific language capability information is submitted to the state through the county's response to the Network Adequacy Certification Tool.

Beyond the staff rosters utilized for ongoing monitoring, the County surveys all staff (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 as a whole. The information collected focuses on staff ethnicity, language proficiencies, consumer/family member status, gender, sexual orientation, disability and veteran status.

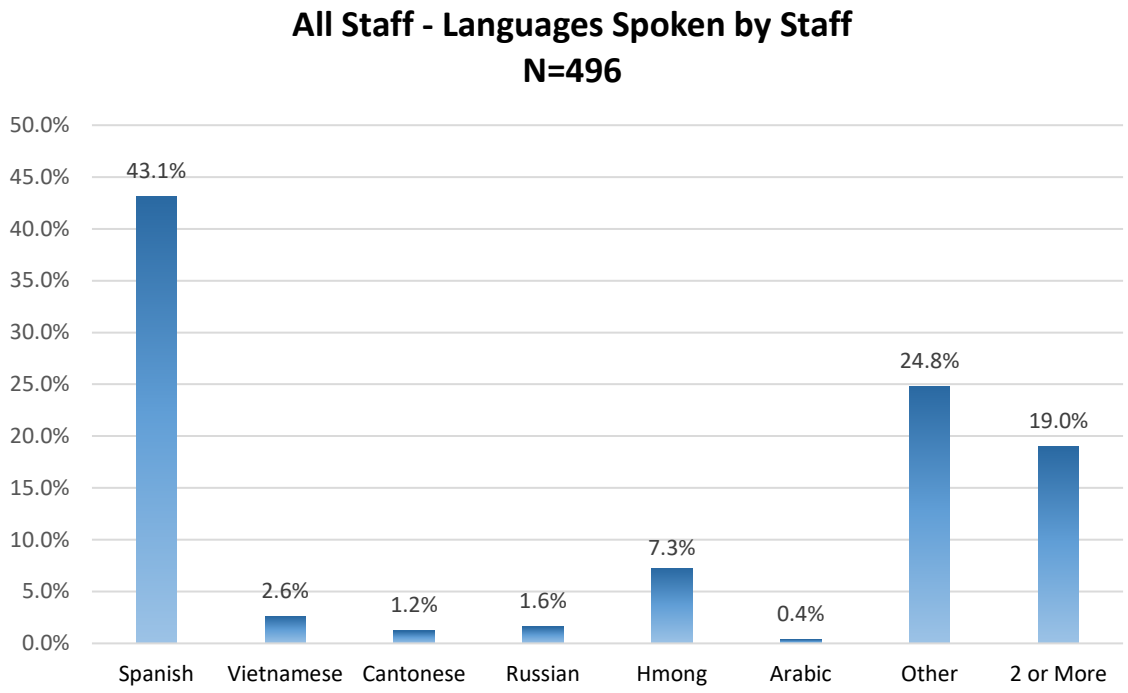
The 2017-2018 Human Resource (HR) Survey was conducted with MH providers in June 2018. Surveys were disseminated to all MH provider staff, county staff, volunteers and various committee members throughout the MHP. An analysis of the FY 2017-18 findings is shown in the graphs on the following pages. The 2018-2019 HR Survey and Language Proficiency Survey were distributed to MH providers at the end of FY 2018-19. The final report of the 2018-2019 HR Survey will be available to view at the time of the next compliance visit. The HR Survey and Language Proficiency Survey will be administered to ADS providers in FY 2019-2020. Meanwhile, The Sacramento County ADS Provider Directory (Appendix 59) includes pertinent information to meet the diverse needs of our clients. The Provider Director includes information such as,

TTY/TDY accessibility, specialty (i.e.: LGTQ, veterans, criminal justice population, trauma), cultural and linguistic capabilities, cultural competence training status, and physical disabilities accommodations.

All Staff (MH) –There were a total of 1,454 active staff who responded to the survey. Almost 40% (38.9%) reported Unlicensed Direct Service Staff, 25% reported Licensed Direct Service Staff and almost 6% (5.8%) reported Other Healthcare Professionals. Direct Service Staff accounted for just under 70% (69.6%) of all staff surveyed. Administrative Staff represented over 15% (15.5%) and Managerial Staff represented 13.6% of all staff.

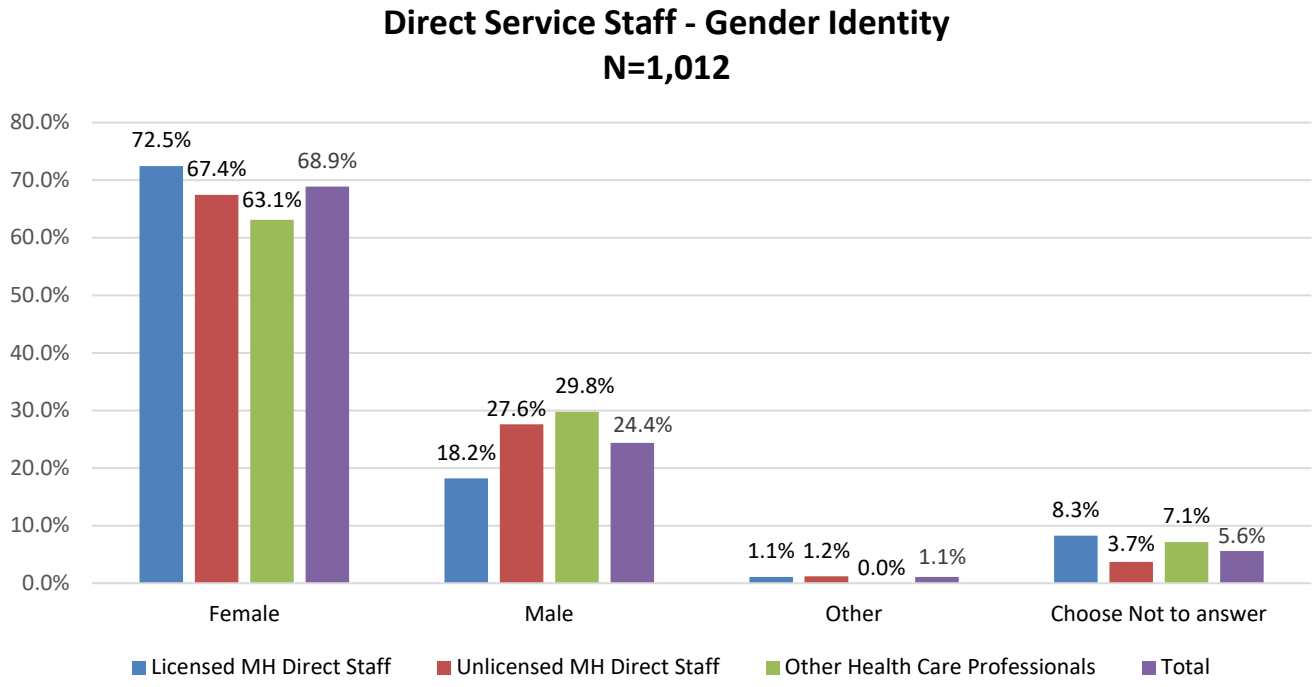


Language – Of all staff surveyed, 496 (34.1%) unduplicated staff indicated speaking a language other than English. Of those who spoke one language other than English, the majority spoke Spanish (43.1%) followed by Hmong at just over 7% (7.3%). Nineteen (19.0%) indicated speaking more than one language other than English. The graph below demonstrates the languages spoken by staff.

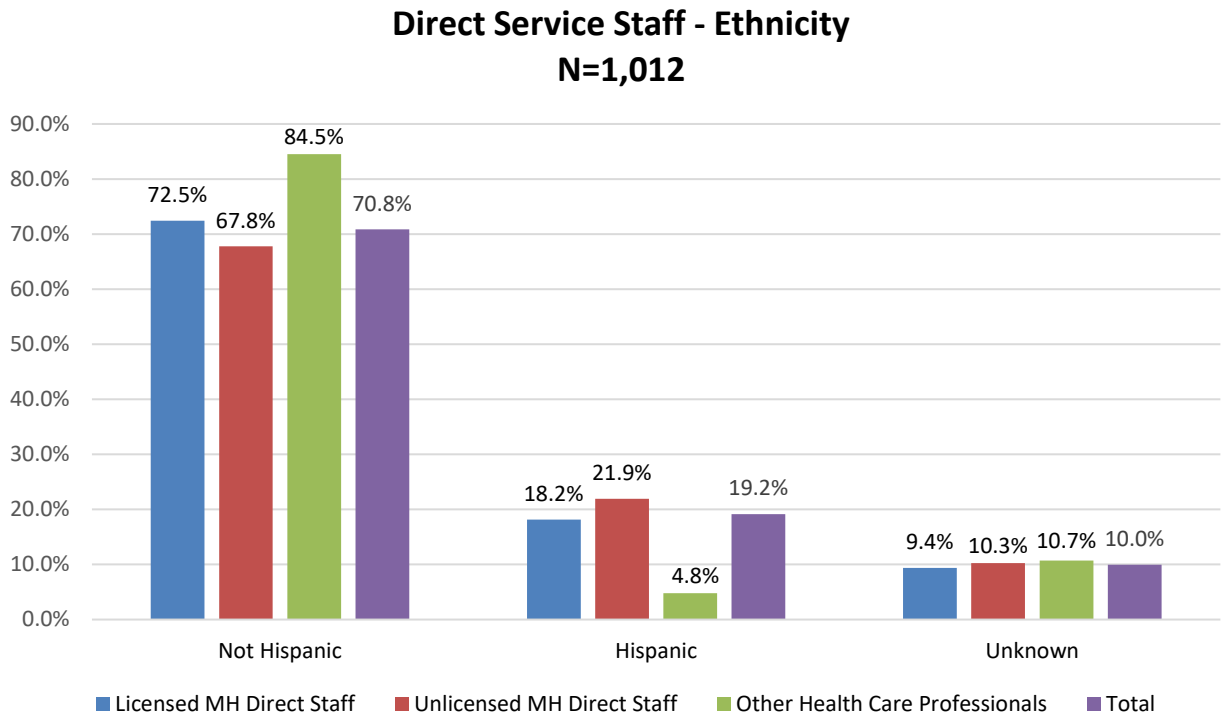


Direct Service Staff - There were a total of 1,012 survey responses from direct services staff in the MH system. This represents just under 70% (69.6%) of all respondents. The charts below depict the demographic characteristics for all direct service staff including Licensed Staff, Unlicensed Staff and Other Health Care Professionals.

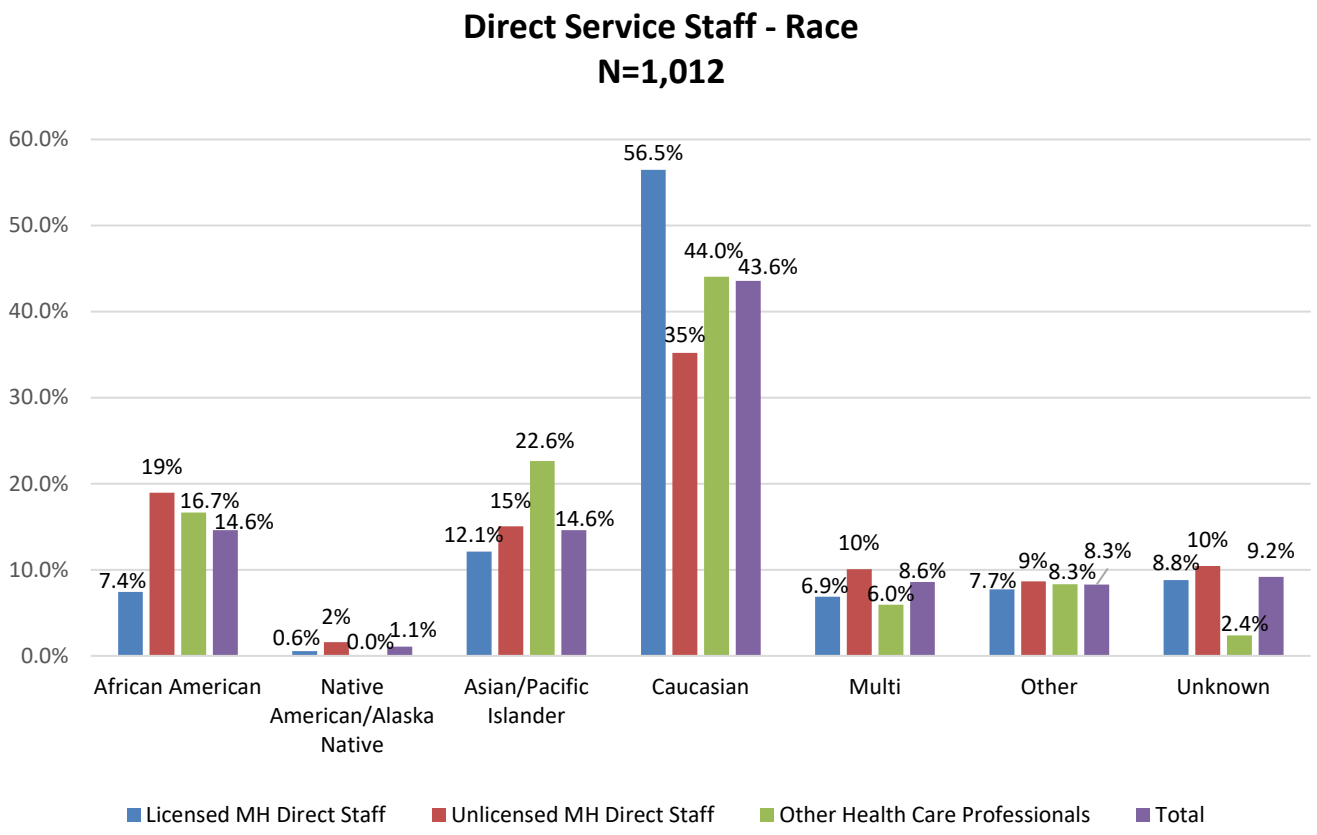
Gender Identity – The majority (68.9%) of direct service staff in the MHP identified as female. Licensed Direct Service Staff were the highest percentage, at 72.5%. The highest percent of males was found in the Other Health Care Professionals, representing almost 30% (29.8%) in that group. Very few staff (1.1%) identified themselves as something other than male or female. The Other category consisted of those identifying as transgender, two spirit or gender queer.



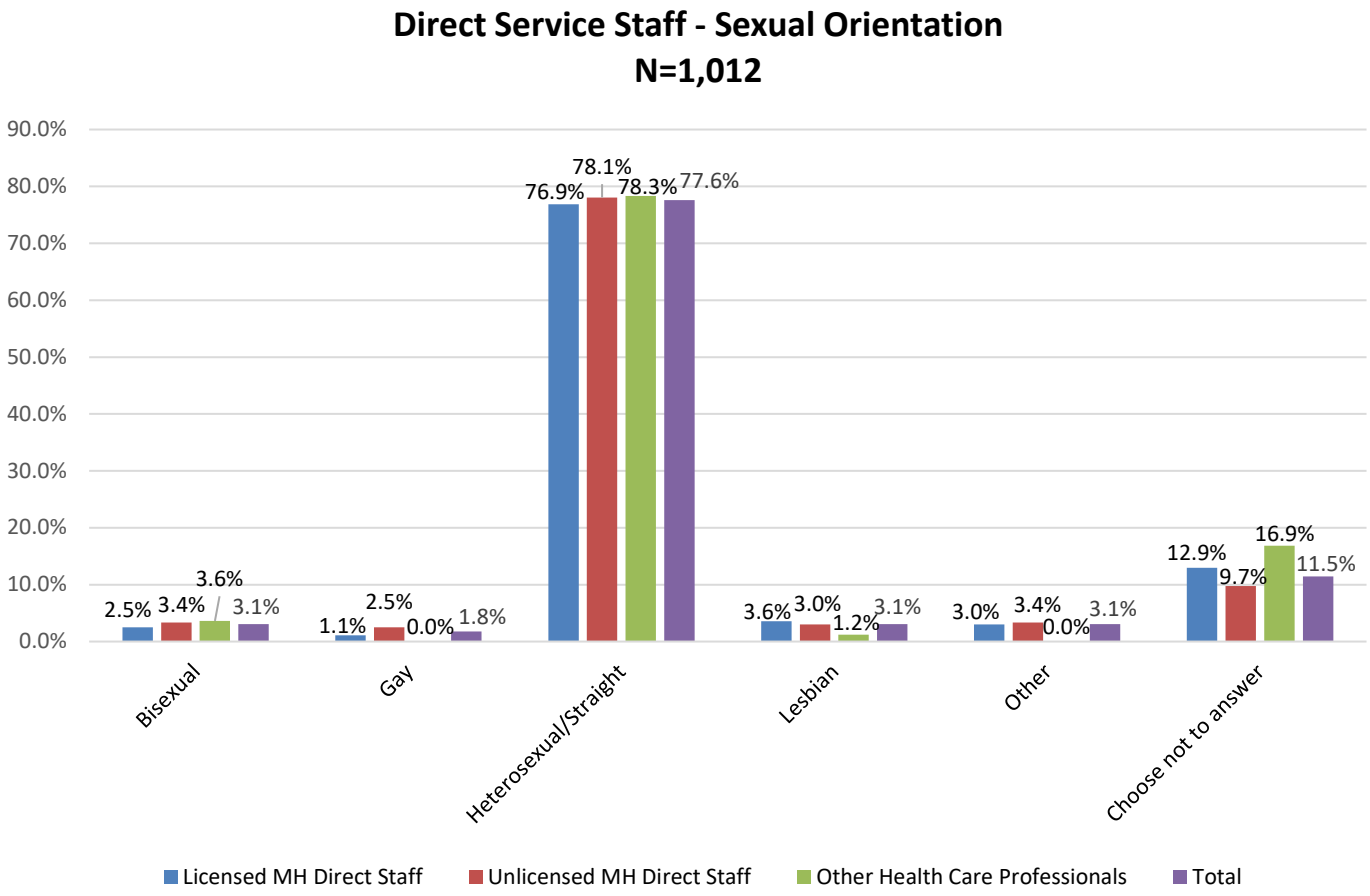
Ethnicity – Almost 20% (19.2%) of direct service staff identify as Hispanic. Of all direct service staff, just over 21% of Unlicensed Direct Service Staff identify as Hispanic, while less than 5% of Other Health Care Professionals identify as Hispanic.



Race – While Caucasian represented 43.6% of direct service staff surveyed, the majority (47.2%) of direct service staff identify with a race other than Caucasian. Fifty-four percent (54%) of Unlicensed Direct Service Staff and 53.6% of Other Health Care Professionals identify with a race other than Caucasian, while just under 35% (34.7%) of Licensed Direct Service Staff identify with a race other than Caucasian.



Sexual Orientation – Over 77% (77.6%) of all Direct Service Staff identified as Heterosexual/Straight while over 11% (11.5%) chose not to answer. Lesbian, Bisexual and Other (Asexual, Pansexual, Queer, Questioning) were evenly distributed across all staff.



Consumer, Family Member, Disability and Veteran – The table below depicts the number and percent of staff who identified as a consumer of MH services, a family member of a consumer of MH services, currently has a disability, and/or served in the US military.

- Over 21% (21.4%) of all staff identied as a consumer of MH services, with the highest percentage among Unlicensed MH Direct Staff at just over 26% (26.2%)
- Over 35% of all staff identified as being a family member, with the highest percentage among Unlicensed MH Direct Service at almost 40% (39.5%)
- Almost 10% of all staff identified as having a disability, with the highest percentage among Unlicensed MH Direct Service at 11%.

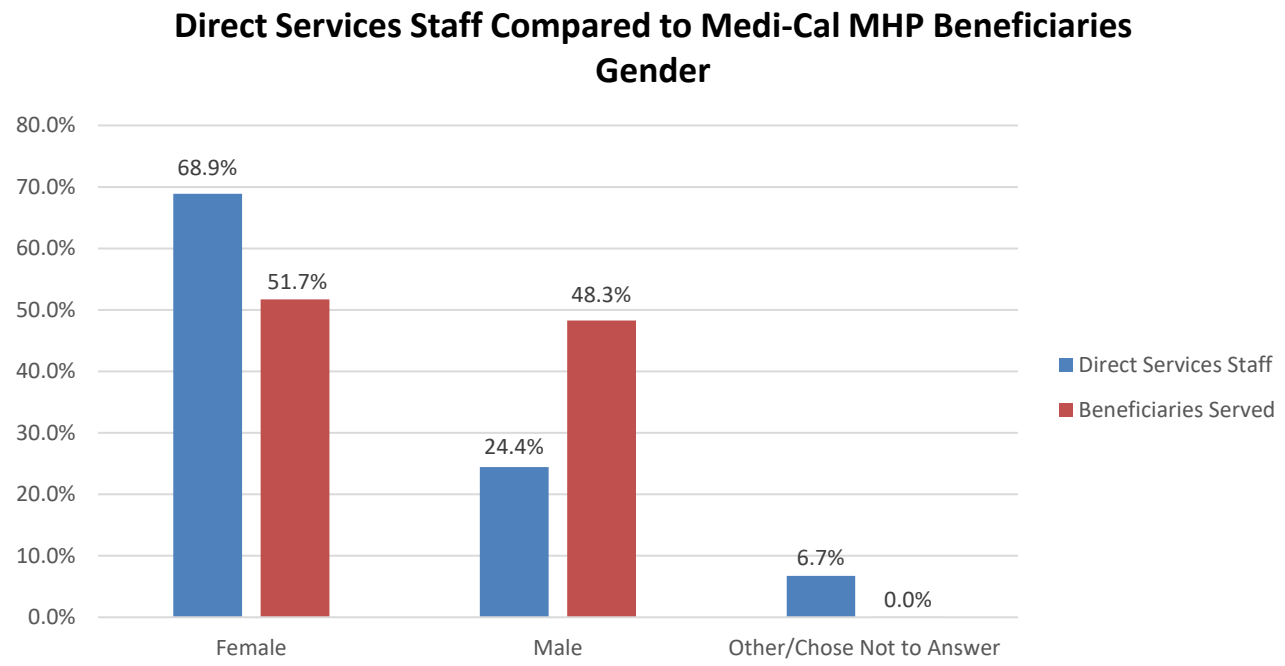
	Licensed MH Direct Staff		Unlicensed MH Direct Staff		Other Health Care Professionals		Total	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**
I am a consumer of Mental Health Services	66	18.2%	148	26.2%	3	3.6%	217	21.4%
I have a family member who is a consumer of Mental Health Services	120	33.1%	223	39.5%	16	19.0%	359	35.5%
I live with a disability	30	8.3%	62	11.0%	5	6.0%	97	9.6%
I am currently or have served in the US Military	9	2.5%	17	3.0%	2	2.4%	28	2.8%

Sacramento County Direct Service Staff and Beneficiaries Served

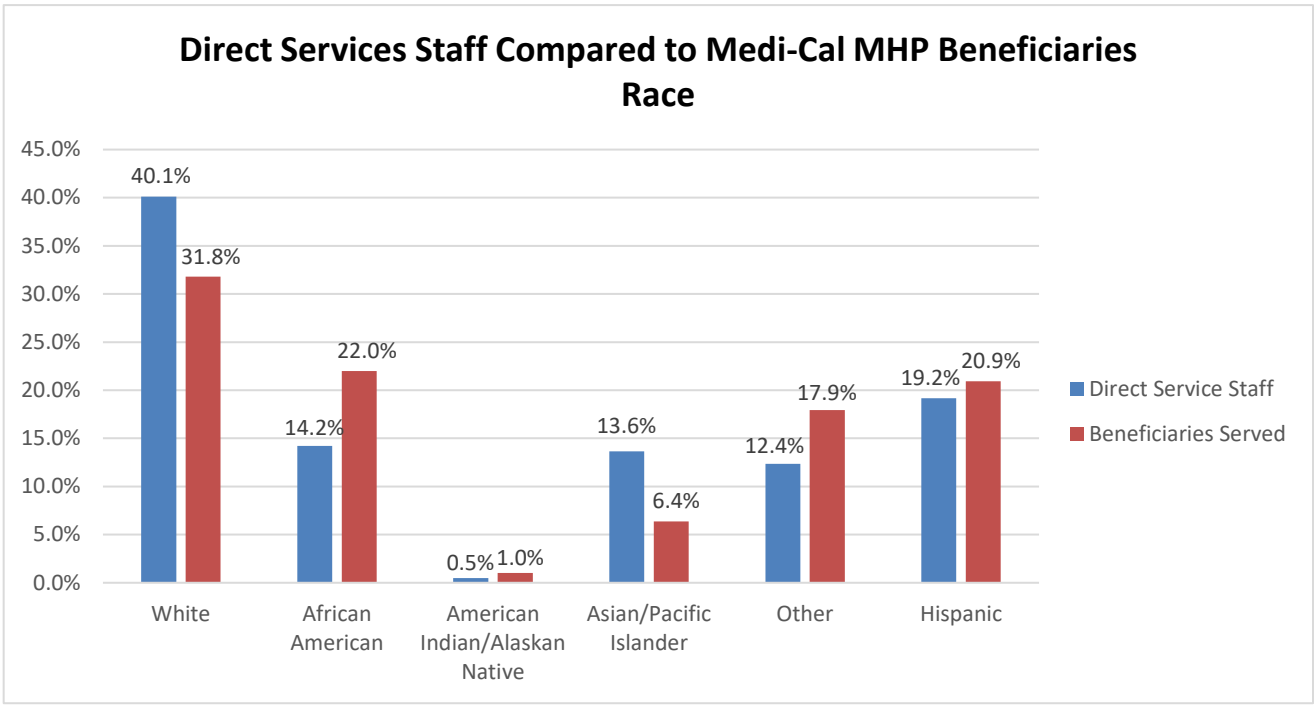
The HR survey results were utilized to compare Direct Services Staff to beneficiaries served in CY 2017. The number of beneficiaries served is based on the CY 2017 EQRO claims data.

Gender and Race were the only two comparable demographics across staff and beneficiaries. Note data from the HR survey were combined in order to compare to EQRO data. In order to compare data Hispanic ethnicity data were combined into race and other gender categories were combined into Other/Chose Not to Answer.

Gender – Almost 70% (68.9%) of Direct Services Staff are female, compared to just over 50% (51.7%) of the Medi-Cal beneficiary population. There is significantly less men working in the MHP compared to the number of men in the Medi-Cal beneficiary population.



Race – Caucasians and Asian/Pacific Islander (API) Staff are overrepresented compared to the Medi-Cal beneficiary populations (Caucasian 40.1% vs 31.8%; API 13.6% vs 6.4%), while African Americans and Other races are underrepresented. American Indian/Alaskan Native and Hispanic Direct Services Staff represent the Medi-Cal beneficiary population very closely (Native American 0.5% vs 1.0%; Hispanic 19.2% vs 20.9%).



CRITERION 7

COUNTY BEHAVIORAL HEALTH

SYSTEM LANGUAGE CAPACITY

Rationale: Accurate and effective communication between clients, providers, staff, and administration is the most essential component of the MH encounter. Bilingual providers and other staff who communicate directly with clients must demonstrate a command of both English and the threshold language that includes knowledge and facility with the terms and concepts relevant to the type of encounter (CLAS, Final Report). DHCS 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: (Counties shall document the constraints that limit the capacity to increase bilingual staff.)

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 Services 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. Please note that while ADS does have a provider directory (Appendix 56) that includes bilingual abilities, we do not currently have a breakdown of provider linguistic abilities but will start tracking that and include in next year's update. The Annual Human Resources Survey (Appendix 03) will include both MH and ADS providers in FY 19/20

There are several areas in the Sacramento County WET Plan that address building staff language capacity. The Workforce Needs Assessment identified the following in the Language Proficiency section;

- *Need for additional staff representing the language diversity of our client population*
- *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:

- *Need for additional staff representing the racial/ethnic diversity of our client population*
- *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:

- *Need 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.
- Please note that we will be reporting on language capacity with regard to ADS in next year's update. The HR Survey and Language Proficiency Survey used to gather the information from MH providers will include ADS providers moving forward. The Drug Medi-Cal Organized Delivery System Waiver was implemented July 1, 2019, and data will be included in the next report.

4. 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.

Of all staff surveyed in the FY 2017/18 Human Resource Survey and Language Proficiency Survey, 496 (34.1%) unduplicated MH staff indicated speaking a language other than English.

5. Total annual dedicated resources for interpreter services in addition to bilingual staff.

The total amount of cultural competence activity expenditures for BHS's county operated and county contracted providers is $13,559,845.74. This figure includes the annual costs of interpreters and/or translation services spent by MH and ADS providers; annual staffing costs of all bilingual/bicultural MH staff employed; the annual costs of providing or assisting MH consumers to access natural healers or traditional healing practices; and the costs of all cultural competence training registration fees paid for MH staff. BHS will work with ADS providers to collect this information and include it in the next update.

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 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 including TTY/TDD or California Relay Services. The toll-free telephone number is (888) 881-4881. During the day staff answer it from BHS's MH Access Team and after hours staff answer it from the MH Treatment Center. The access line greeting has been revised to reflect both MH and ADS. We are currently exploring updates to our communication strategies with our Deaf and Hard of Hearing (DHOH) population. In light of input we have received from the DHOH community, we will work in partnership to inform the community that we will phase out the use of TTY and transition to utilizing the California Relay Service to effectively communicate with DHOH callers.

Every effort has been made to staff the MH Access Team with bilingual/bicultural individuals, especially those speaking threshold languages. Several years ago, BHS made the decision to co-locate both the Adult Access and the Child and Family Access Teams within the same office suite. Co-location of the two Access Teams has allowed for more efficient sharing of resources, including bilingual/bicultural staff who are available to assist callers regardless of which Access Team they were calling. Further merging of business operations has occurred and now callers may reach the Access Team by calling one primary number. In the instance when a caller speaks a language that is not spoken by any of the BHS staff on site, staff will utilize an over-the-phone interpreter service to communicate with the caller.

2. **Least preferable are language lines. Consider use of new technologies such as video language conferencing as resources are available Use new technology capacity to grow language access.**

BHS is bound by the use of particular interpreter service providers due to the nature of the 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 has been exploring the use of on-demand Video Remote Interpreting (VRI) technology that can be used at the Mental Health Treatment Center Inpatient and Crisis Stabilization Unit for DHOH clients. Vendors have provided a demonstration of their VRI technology to key individuals at the County. The County amended the scope of several of the county-wide contracts to include VRI during Fiscal Year

2018/19. (Appendix 67 VRI Technology Contract Language)

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.

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

- Arabic
- Bosnian
- Cambodian
- Cantonese
- Croatian
- Dari
- Farsi
- Hindi
- Hmong
- Mandarin
- Mien/Lao
- Pashto
- Punjabi
- Russian/Ukrainian
- Serbian
- 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. (See Appendix 25 for the Procedure for making Over the Phone Interpreter calls for the Adult Access team.)

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 through the use of bilingual staff or the use of an interpreter.

In order 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 and Vietnamese. There were 33 test calls made in Fiscal Year 2018/2019.

Following the test calls, training and feedback was given to all providers in order to improve cultural competency in fielding business hour and after-hour calls. 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 Language Line Solutions over-the-phone interpreter. BHS continues its efforts to recruit bilingual staff at the entry points to the MH and ADS systems.

In addition to training related to use of interpreters, training was provided to staff regarding making and answering TTY/TDD calls. The Deaf and Disabled Telecommunications Program (DDTP) is a public program mandated by the California State Legislature and administered by the California Public Utilities Commission (CPUC). The DDTP has two components: the California Relay Service (CRS), which includes Speech to Speech, and the California Telephone Access Program (CTAP), which provides assistive telecommunications equipment to eligible California residents. The mission of the program is to provide access to basic telephone service for Californians who have difficulty using the telephone. In addition to providing interpretation services, Sacramento County will pilot Video Remote Interpreting (VRI) technology to be used at the Mental Health Treatment Center Inpatient and Crisis Units for DHOH clients. The pilot was delayed from the previous year due to technical challenges but is currently being piloted and updates will be included in the next report.

Training was conducted by Field Operations Specialists from the California Telephone Access Program on two occasions to staff of the Access Teams. During the training, the Specialist provided an overview of CTAP so that staff would be informed about this free service and could discuss this with clients who may need assistive telecommunication equipment. Participants at these trainings received hands-on practice communicating with a TTY/TDD machine to another caller. Participants also received handouts on TTY/TDD etiquette. During FY 2018/19, the trainings for the Use of the TTY/TDD machine were held on 5/20/19 to train 8 new staff who were recently hired.

In addition to the test calls conducted in one of the threshold languages, calls were made to the TTY/TDD machine of the Access Team so that staff could maintain their skills on responding to callers on the TTY/TDD machine. During Fiscal Year 2018/19, 29 TTY/TDD test calls were made to the Access Team.

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

During the initial session, staff provide a variety of documents to the consumer and explain them in detail with the consumer (See Appendix 27 for Acknowledgement of Receipt.) One of the documents is the "Guide to Mental Health Services (hereafter referred to as "Member Handbook" See Appendix 28)." The Member Handbook for MH (Appendix 28) contains the following information:

- how a member is eligible for MH services;
- how to access MH 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;
- important phone numbers regarding BHS's MH service system

Member Handbooks are produced by the State DHCS and are available in all of the threshold languages for Sacramento County. We have received the Member Handbook in Arabic from CalMHSA and are in the process of updating the parts specific to new DHCS information notices. We expect to have all translated versions of the Member Handbook ready for posting at the end of January – early February in 2020. Staff clarify the contents of the Member Handbook to the client and explain that interpreter services are available at no charge to the member. In the event that a client speaks a language for which there is no version of the Member Handbook and there are no staff on site who can communicate with the individual in their preferred language, the staff will utilize an interpreter to explain the contents of the Member Handbook. The following is an excerpt from the 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. (Page 4 of Member Handbook)*

Behavioral Health Services (BHS) has translated all of 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.

"ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-916-875-6069 (TTY: 1-916-876-8853)."

The Member Handbook for ADS (Appendix 57) contains the following information:

- how a member is eligible for substance use disorder treatment services
- how to access substance use disorder treatment 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;
- important phone numbers regarding BHS's substance use disorder system of care

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

It is the intent of BHS to employ bilingual staff at all MH and ADS program sites. When this is not feasible, interpreters and/or interpreter services are utilized. Also found on page 4 of the 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.*

(Please see Appendix 29 for the list of mental health providers and the cultural and linguistic services they provide. Please see Appendix 59 for the list of ADS providers. This list is discussed with the client and is provided upon request. The language list is used by Access Team to assign clients to a particular provider when the client has special language or cultural accommodations.

D. Share historical challenges on efforts made on the 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. 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.

E. Identify county technical assistance needs.

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

stiff competition in urban areas like Sacramento County. In the past several years, another challenge has surfaced due to the budget deficit and the nature of civil service requirements. These conditions present special challenges to retaining bilingual/bicultural staff who have been hired more recently and are likely to be more responsive to other employment opportunities, thus affecting retention in the public behavioral health system.

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 other options are unavailable. 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 interpreter (e.g. posters/bulletins) and/or bilingual staff for the languages spoken by community.

Every attempt is made for all MH and ADS 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 with 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 ADS programs, regardless of whether they meet the threshold language criteria. For a more detailed description of the Assisted Access Program, please see Criterion 7, II A. 1 – 3.

The availability of interpreters for non-English speaking clients including the 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 ADS services. (See Appendix 30 for a copy of BHS outreach brochure. See Appendices 63, 64, 65, 66, and 70 for ADS outreach brochures.)

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 Rachel Brillantes one week prior to the event at (916) 875-4639 or BrillantesR@saccounty.net.

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 ADS 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 ADS workforce.

Staff receive Documentation training from BHS when they begin working for either a contracted MH or ADS 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 32) 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.

> "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." (Appendix 60 Access to Interpreter Services)*

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 internal at the agency and external by BHS. According to the Electronic Utilization Review/Quality Assurance Activities Policy QM-09-05 (See Appendix 34 for complete list of review tools),

> "It is the policy of the Sacramento County Mental Health Plan (MHP) to conduct reviews of MH 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 (EUR/QAC) activities.(Appendix 12 Quality Improvement Committee Agenda)
>
> The policy applies to provider and county operated programs, with responsibility for monitoring and quality assurance activities assigned within its organizational structure."
>
> 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.

As part of the EUR/QAC monthly process, a Utilization Review Tool (see Appendix 34) is used to review documentation standards.

With regard to ADS, Quality Management at this time is creating a formal Utilization Review process and tool that will support Alcohol and Drug Services and as it relates to Cultural Competence for the DMC-ODS Waiver requirements. Currently, Alcohol and Drug Program Coordinators conduct utilization reviews of agency charts both at mid-year and annually, which is then

reviewed with providers. In preparation for the implementation of the DMC-ODS Waiver, all ADS providers were given dates to complete documentation training provided by Quality Management and will continue to have monthly available dates to attend trainings.

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

As stated in A above, every attempt is made for all MH and ADS 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 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 trainings over the years, and has adopted the use of the 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 trainings. To date, 269 bilingual staff have completed the BHIT and 216 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. During Fiscal Year 2016/17, the CC/ESM began networking with community partners to find an acceptable method of testing ASL proficiency of an employee working at one of the county operated programs. After extensive research, a viable testing mechanism was discovered and approved by Sacramento County Employment Services who usually arranges for language proficiency testing of county employees. Sacramento County utilized Gallaudet University in Fiscal Year

2017/18 to perform the ASL proficiency interview.

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 03) 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 the space provided below.

1. Language: _____

Check all that apply
☐ Speak ☐ Read ☐ Write

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 six 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 ADS providers employ bilingual staff who speak a language

outside of one of the threshold languages. In the instance when a bilingual staff 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 ADS 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 (Appendix 29 Mental Health Plan Provider List) that contains information about languages spoken by staff when assigning individuals to providers for continued outpatient MH services. In the event that 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.

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 the Title VI of the Civil Rights Act of 1964 and addresses interpretation services by family members (See Appendix 35 for Policy No. 01-03 Interpretation Services by Family Members and Appendix 50 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 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.*

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

A. The MHP and ADS 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 ADS 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 ADS 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 of the materials listed above will be available for review during the 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 finding/reports are communicated in the client's preferred language will be available for review during the compliance visit. All providers in both MH and ADS have assessments recorded in our Avatar billing system, which includes a demographics screen/form that asks client's preferred language, etc.

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 is used for ADS clients, which is distributed by service providers in all threshold languages. 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).

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 ADS 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 ADS (Appendix 53). 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 and Managed Risk Medical Insurance Boards.

CRITERION 8

COUNTY BEHAVIORAL 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.

Consumer Self Help Center (CSHC) operates a Patients Rights' program as well as two Wellness and Recovery Centers (WRCs) strategically sited in South and North Sacramento. The following are excerpts from their website describing the two WRCs:

Program Description North Center

Sacramento County Wellness & Recovery (WRC) multi-service community center promotes the wellness and recovery of participants by fostering meaningful activities and community involvement of their choice. The center is consumer directed and operated.

With the goal to reduce the adverse consequences of serious mental health problems, the WRC provides inclusive, voluntary consumer driven, holistic approaches, attentive to mental health and drug/alcohol disorders that are culturally responsive to the beliefs, traditions, values and languages of the individuals and families served.

The guiding principles of the WRC are directed by effective services and supports implemented through the development and expansion of values-driven, evidence-based and promising practices, policies, approaches, processes and treatments which are sensitive and responsive to the client's expressed culture and favorable outcomes.

Services are based on increasing resiliency, improving problem solving, developing and/or maintaining positive and healthy relationships and creating opportunities to build or maintaining positive and healthy relationships and creating opportunities to build or maintain a meaningful life in the community.

WRC has expanded services in both the North and South Centers, to include Flexible Supportive Rehousing and clinical services, including psychiatry and

psychosocial rehabilitation for individuals who qualify. Groups and other wellness services are available Monday through Friday, from 9:00a to 9:00p and Saturdays from 9:00a to 5:00p. Both WRC locations are closed on Sundays.

Program Description South Center

The center offers daytime group activities, outreach, self-help, peer counseling and peer advocacy. The center is an active place and on any given day, the premises are busy with consumers socializing, participating in groups, and exercising their right to be a part of a community, which values their presence and individuality.
Attendance is voluntary and free of charge. Program participants are referred to as members and this concept of membership is extended to all aspects of the running of the program. Members help plan Center activities and groups as well as serve on hiring committees and serve on the Board of Directors. It is the membership which contributes to the ongoing effectiveness of the program.

Along with daily activities, the program offers a point of daily contact for those individuals who are often isolated. Continued attendance and involvement allow these sometime vulnerable individuals the opportunity to become part of a viable community, to have a voice and to have a place to belong.

Shower Facilities, Laundry Facilities, Peer Support, Recreational Activities, and Social Activities are available at both North and South WRCs

The two programs were designed to meet the needs of the diverse communities that they serve. The program descriptions reflect this tailoring of services to the community.

Both of the WRCs are designed for inclusion of multicultural consumers. They provide alternatives and options within the programs to accommodate the preferences of racially, ethnically, culturally and linguistically diverse consumers. The differences in program description and calendar of events reflect these options. (See Appendix 36 for the calendar of events for each of the WRCs.)

The Consumer-Operated Warmline and the Peer Partner Program, administered by Cal Voices, formerly known as Mental Health America of Northern California (NorCal MHA) are examples of client driven/operated recovery and wellness programs. The Consumer Operated Warmline is open to all, age 18+, including consumers, family members and friends and provides non-crisis phone support for MH issues including, coaching, supportive listening, mentoring, skill building, social networking and information and referral for community resources, therapists and self-help groups. The Warmline employees and volunteers are all living in recovery from mental illness. Other services include the WRAP

workshop (Wellness Recovery Action Plan), community outreach, community connection, prevention and early intervention and community education training about behavioral health issues and volunteer development.

The Peer Partner Program provides peer support services to adults and older adults, from diverse backgrounds, linked to the Adult Psychiatric Support Services (APSS) clinic. Peer Partners (consumers and family members) are integrated staff members of the APSS multidisciplinary team and provide peer-led services that support APSS participants and their families in their recovery process. These efforts are accomplished through a variety of interventions, including informing clients about recovery and services, advocating, connecting to 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.

II. Responsiveness of behavioral 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).

At the start of service with a provider, a client receives various documents and signs an Acknowledgement of Receipt form (see Appendix 27). Two of the documents that a client receives are the Sacramento County MHP – "Guide to Medi-Cal Mental Health Services," otherwise referred to as the Member Handbook, and the Sacramento County MHP Provider list (See Appendix 29). Clients entering an ADS program are provided with an ADS Member Handbook (Appendix 57). Requests for special services are noted by System of Care staff. The Drug Medi-Cal Organized Delivery System provides an opportunity to change persons/service providers who administer substance use disorder services, including the right to use culture-specific providers within available resources. ADS distributes the American River Narcotics Anonymous (NA) Meeting Directory monthly to County administrative and clinical staff and contracted service providers to share with clients. The directory includes meetings to meet diverse needs. For example, meetings conducted in faith-based settings (Recovery is Real), focused on LGBT clients (Over the Rainbow), and language specific meetings (Amor y Comprension).

MH Consumers are entitled to culture-specific services. Additionally, consumers may have special service needs that should be addressed. Requests for special services are noted by the Access Team staff member. The MHP provides an opportunity to change persons providing the specialty MH services, including the right to use culture-specific providers within available resources.

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.

BHS notifies clients of the availability of alternatives and options that accommodate individual preference, or cultural and linguistic preference. As referenced in the Member Handbook on page 4,

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

BHS has been developing cultural and ethnic-specific services through the Prevention and Early Intervention component of the MHSA. Supporting Community Connections is part of the Suicide Prevention Project for Sacramento County. The focus is on partnering with cultural and ethnic specific community based agencies to provide culturally and linguistically competent prevention services to seven diverse communities at higher risk of suicide in Sacramento County: Native American, African American, LatinX, Slavic, Cantonese/Vietnamese/Hmong, youth/TAY at high risk for suicide including foster youth, LGBTQ and homeless youth, older adults. As these are preventative in nature, they are not listed on the provider list referenced above. For further description of this project please refer to the Mental Health Services Act Fiscal Year 2018-19, Annual Update (Appendix 68) to read about the impact these programs have made in the diverse communities they serve.

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

(Counties may include **a.)** Evidence of community information and education plans or policies that enable Medi-Cal beneficiaries to access specialty MH 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 MH services, etc.)

To inform Medi-Cal beneficiaries as well as other members of the community, BHS conducts community outreach through the System-wide Community Outreach and Engagement Committee to diverse cultural, racial, ethnic and

linguistic communities that have experienced disparities due to low penetration, utilization and/or retention rates. The System-wide Community Outreach and Engagement Committee provides written information to community members that explain the process of how to obtain MH services as well as treatment for alcohol and other substance use disorders through the public behavioral health system. (See Appendix 30 for the translated copies of the BHS outreach flyer and Appendices 63, 64, 65, 66, and 70 for translated copies of ADS.) Bilingual/bicultural MH and ADS staff work at the outreach events and help facilitate access for community members in attendance by communicating this process to them using a culturally and linguistically appropriate engagement style. (See Appendix 02 for the log of outreach activities conducted to cultural, racial, ethnic and linguistic communities.)

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.)**

In an ongoing effort to increase access and improve the quality of outpatient MH services, in October 2018, Sacramento County released a Request for Application with the intent of redesigning the existing Children's Outpatient Specialty MH Services by combining traditional Outpatient and Flexible Integrated Treatment (FIT) service delivery models. Through the redesigned services, the County now requires that outpatient MH service sites be geographically distributed throughout Sacramento County in alignment with school district boundaries. This approach geographically defines service areas and leverages educational settings as natural partners in the prevention and treatment of MH issues among children and youth. The redesign balanced the geographic distribution of outpatient MH services throughout the Sacramento County area assuring that services are delivered in the areas of greatest need, in the most efficient and effective manner.

Access to public transportation lines is also a program requirement, addressing the need for service locations being sited that allow all participants maximum use of Regional Transit Bus and Light Rail routes. Additionally, some programs are required to hire staff that can provide transportation to and from appointments if transportation is a barrier. A number of programs have vans that allow for transportation of consumers to the program and program

activities off-site. Childcare is also provided in some programs.

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 MH 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 behavioral 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

The Quality Management unit operates the Member Services/Problem Resolution component for BHS. While all of the MH and ADS contract providers are required to have their own internal client grievance process, clients also have the right to express their grievance with the County through the Problem Resolution line (See page ii of the Member Handbook in Appendix 28).

Sacramento County Division of Behavioral Health Services
Cultural Competence Plan Update - Fiscal Year 2018 - 2019

Appendix Number	Appendix Name
02	Outreach Tracking Tool/Outreach Log
03	Human Resource Survey
10	Cultural Comptence - Organizational Chart
12	Quality Improvement Committee Agenda
16	Training Log
17	CBMCS and Mental Health Interpreter Training Reports
21	Peer Empowerment Conference 2019
25	Procedure for making Over the Phone Interpreter Calls
27	Acknowledgement of Receipt
28	Member Handbook - All Languages
29	Mental Health Plan Provider List
30	Mental Health Division Outreach Flyer - All Languages
32	Progress Notes (Mental Health)
34	Electronic Utilization Review/Quality Assurance Activities Policy QM-09-05
35	Interpretation Services by Family Members
36	Wellness Recovery Centers Schedules
43	Assurance of Cultural Competence Compliance
50	P&P #01-02 Access to Interpreter Services
51	Child and Family Mental Health Continuums
52	Adult Mental Health Service Continuums
53	Document Translation Method and Process
54	ADS Continuum FY 18-19 updated 07-18-18
55	Mental Health Agency Self Assessment
56	ADS Provider Manual
57	ADS Member Handbook
58	DMC-ODS-Implementation Plan
59	ADS Provider Directory
60	Community Listening Sessions Flyers
61	P&P #05-27 Non-Discrimination Policy
63	Options for Recovery
64	Prevention Services
65	Adult System of Care
66	Youth Treatment Services
67	VRI Technology Contract Language
68	Mental Health Services Act Fiscal Year 2018-19 Annual Update to the Three-Year
69	Contract Service Agreement & Exhibit D
70	CalWorks Brochure
71	Driving Under the Influence Programs

This list includes appendices that have been added or updated since the 2018 Cultural Competence Plan Update. To view the appendices not listed here, please refer to the 2010 and 2018 Cultural Competence Plan Update.

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Know Your Rights	Participated in Know Your Right Health & Education Fair and distributed behavioral health information and resources to improve access, knowledge and awareness of available services, focusing on youth and families from Spanish speaking community.	**120**	**6/29/2019**
Ukrainian Church	Collaborated with Ukrainian church and distributed resources to improve access, knowledge and awareness of behavioral health services, focusing on Russian speaking youth and their parents.	**250**	**6/29/2019**
Know Your Rights	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**90**	**6/26/2019**
Grand Opening of the Health Net's Community Resource Center	Attended the Grand Opening of Health Net's Community Resource Center and distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**400**	**6/22/2019**
Inter Radio / I Brat TV Program	Round Table with Church Pastors to discuss need to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention. Also discussed behavioral health services in the community, focusing on Russian speaking community members.	**7000**	**6/21/2019**
Sacramento Regional Conservation Corps	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**40**	**6/21/2019**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Peer Empowerment Conference - DBHS	Attended Peer Empowerment Conference event hosted by NorCal MHA and distributed resources to improve access, knowledge, awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on youths, families, and adults from cuturally and linguistically diverse communities.	**200**	**6/14/2019**
Sacramento Life Improvement Center	Distributed behavioral health information and resources at Sacramento Life Improvement Center to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**7**	**6/13/2019**
El Hogar Community	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**9**	**6/13/2019**
Crestwood Center	Distributed behavioral health information and resources at Crestwood to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**8**	**6/13/2019**
NAMI - Town Hall Meeting: A Special Forum for our LGBTQ Community	Attended NAMI's Town Hall Meeting and distributed behavioral health resources to improve access, knowledge and awareness of available services, focusing on LGBTQ youths, adults and older adults.	**75**	**6/13/2019**
Safe Talk Training	Provided Safe Talk Training for Church Leaders and provided resources to improve access, knowledge and awareness of behavioral health services, focusing on Ukrainian, Russian speaking and former Soviet Union communities.	**14**	**6/12/2019**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
PRIDE Festival - 6/8/19 and 6/9/19	Distributed behavioral health resource information at PRIDE Parade on 6/8 and 6/9 to improve access, knowledge and awareness of available services, focusing on LGBTQ youths, adults and older adults as well as individuals from other culturally diverse communities.	**3000**	**6/8/2019**
Project Hmong Gala at Sac. State	Distributed resources at Project Hmong Gala to improve access, knowledge and awareness of behavioral health services, focusing on Hmong students and families.	**300**	**6/7/2019**
Slavic Kids Camp	Attended Slavic Kids Camp event and distributed information to improve access, knowledge and awareness of behavioral health services, focusing on Ukrainian, Russian speaking and former Soviet Union youths and their families.	**75**	**6/6/2019**
School Event & Harmon Johnson Fair	Outreach to culturally and linguistically diverse communities to improve access, knowledge and awareness of behavioral health conditions and available services, focusing on Transition Aged Youth students	**400**	**6/1/2019**
Cultural Awareness in EOA	Distributed resource information to improve access, knowledge and awareness of behavioral health services, focusing on Russian speaking youths and their parents.	**2300**	**5/30/2019**
Multicultural Kids Festival	Participated Multicultural Kids Festival and distributed resources to increase awareness and understanding of behavioral health conditions, focusing on Ukrainian, Russian speaking and former Soviet Union youths and their families.	**2800**	**5/25/2019**

COMMUNITY OUTREACH
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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
ActNOW	Attended ActNOW Outreach event to increase awareness and understanding of mental health conditions and improve access to available services, focusing on African American community.	**60**	**5/18/2019**
Slavic Baptist Church leaders Meeting	Attended Slavic Baptist Church Leaders meeting and distributed information to improve access, knowledge and awareness of behavioral health services, focusing on Russian speaking youths and their parents.	**12**	**5/17/2019**
American River College	Participated at American River College health fair to provide information to culturally and linguistically diverse communities to improve access, knowledge and awareness of behavioral health conditions and available services, focusing on Transition Aged Youth.	**20**	**5/15/2019**
TCORE	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**4**	**5/13/2019**
Carmichael Library	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**6**	**5/13/2019**
SNAHC Children's Mental Health Day Health Fair	Distributed resources at Native Family Fun Day and Youth Soccer Clinic event to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on Native American communities.	**105**	**5/11/2019**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Mindfulness Community Festival	Participated at Mindfulness Community Festival event to distribute resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**100**	**5/10/2019**
Lifesteps	Participated at an outreach event hosted by Lifesteps to increase awareness and understanding of mental health conditions and improve access to available behavorial health services, focusing on African American community.	**100**	**5/7/2019**
Missionary Gospel Church	Provided seminar for Parents about Depression to increase awareness and understanding of mental health conditions and suicide awareness/prevention, focusing on Russian speaking community.	**65**	**5/5/2019**
7th Annual Community Health & Wellness Fair	Participated at Annual Health and Wellness Fair to distribute resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**100**	**5/4/2019**
Hmong Annual Health Fair	Distributed resource information at Hmong Annual Health Fair to distribute resources to improve access, knowledge and awareness of behavioral health services, focusing on Hmong youths and families.	**100**	**5/4/2019**
NAMI Walks	Participated at NAMI Walks event and distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**500**	**5/4/2019**
John Gooden Revival Party	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**200**	**4/30/2019**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
John Still Elementary	Participated at John Still Elementary's Health fair to provide resources to culturally and linguistically diverse communities to improve access, knowledge and awareness of behavioral health conditions and available services.	**100**	**4/30/2019**
Parents Community Health Event	Distributed information at community event to improve access, knowledge and awareness of behavioral health services, focusing on Russian speaking youths and their parents.	**150**	**4/30/2019**
Slavic Baptist Church	Conducted seminar about depression/suicide to educate the community and improve access, knowledge and awareness of behavioral health services, focusing on Ukrainian, Russian speaking and former Soviet Union communities.	**30**	**4/28/2019**
Kids Day in the Park	Participated in Kids Day in the Park outreach event to improve access, knowledge, awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on youths and families from cuturally and linguistically diverse communities.	**5000**	**4/27/2019**
Slavic Pastors Meeting	Attended Slavic Pastors Meeting and discuss need to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention. Also discussed behavioral health services in the community, focusing on Russian Speaking community	**15**	**4/26/2019**
Wind Resource	Attended Wind Resource Event and distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on LGBTQ and other culturally diverse communities.	**20**	**4/25/2019**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Florin High School	Attended Florin High School outreach event and distributed information to improve knowledge and awareness of behavioral health conditions and available services, focusing on youths and TAY from culturally and linguistically diverse communities.	**50**	**4/25/2019**
Franchise Tax Board Health & Wellness Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**300**	**4/24/2019**
Sacramento State APIA Fest	Provided resources and MH educational materials at Sacramento State APIA Fest Day event and to improve access, knowledge and awareness about behavioral health services, focusing on TAY and APIA college students and other ethnically and linguistically diverse populations in Sacramento County.	**150**	**4/24/2019**
Carlton Senior Living	Provided information to increase suicide awareness/prevention and discussed how to access behavioral health services, focusing on older adults	**7**	**4/23/2019**
Golden years In Home Senior Care	Distributed resource information to increase awareness and understanding of behavioral health conditions, focusing on older adults from ethnically and linguistically diverse communities in Sacramento County	**10**	**4/23/2019**
Senior Center of Elk Grove	Distributed resource information to increase awareness and understanding of behavioral health conditions, focusing on older adults	**8**	**4/23/2019**
UC Davis Pow Wow	Distributed resource information at UC Davis Pow Wow to improve access, knowledge and awareness of behavioral health services, focusing on Native American individuals and families	**300**	**4/20/2019**

COMMUNITY OUTREACH
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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Wind Resource	Attended Wind Resource Event and distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on LGBTQ and other culturally diverse communities.	**20**	**4/19/2019**
Community Empowerment Fair	Participated at Community Empowerment Fair to distribute resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**100**	**4/17/2019**
Community Outreach -Backpacks	Attended community event and distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	**15**	**4/13/2019**
Valley High Health Fair	Outreach to culturally and linguistically diverse communities at Valley High Health Fair to improve access, knowledge and awareness of behavioral health conditions and available services, focusing on Transition Aged Youth.	**300**	**4/12/2019**
Inter Radio / I Brat TV Program	Conducted "Mental Health and Kids" program and discussed need to increase awareness and understanding of other behavioral health conditions and suicide awareness/prevention. Shared with listeners about behavioral health services in the community, focusing on Russian Speaking community members	**7000**	**4/12/2019**
Wind Tabling Event	Participated at Wind Resource Event and distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	**20**	**4/12/2019**

COMMUNITY OUTREACH
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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Out of the Darkness	Distributed resources at Out of Darkness event to increase awareness and understanding of mental health conditions, increase access to services, and decrease suicide risks, focusing on Native American students and students from culturally diverse communities in Sacramento County	**2000**	**4/11/2019**
Street Outreach	Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	**26**	**4/10/2019**
Send Silence Packing	Participated at the Send Silence Packing event to improve access, knowledge and awareness of behavioral health conditions and available services, focusing on college students from culturally and linguistically diverse communities.	**300**	**4/8/2019**
The Purple Dove	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**3**	**4/4/2019**
Mission Health Care Center Carmichael	Participated at Mission Health Care Center's Event to provide resources to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**8**	**4/4/2019**
West Psychological Service	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County	**4**	**4/4/2019**
Senior Connection	Distributed resource information to increase awareness and understanding of behavioral health conditions, focusing on older adults	**2**	**4/4/2019**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Cantonese Gathering Event	Participated at a Cantonese Gathering event and distributed resources and educational brochures to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on Cantonese speaking community members.	**12**	**3/30/2019**
American Rivers College	Participated at American River College health fair to provide information to culturally and linguistically diverse communities to improve access, knowledge and awareness of behavioral health conditions and available services, focusing on transtion age youths	**8**	**3/28/2019**
Heritage Oaks	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**5**	**3/28/2019**
H.O.P.E. Therapeutic Services	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**3**	**3/28/2019**
Mental Health Employment	Distributed behavioral health resources at Mental Health Employment event to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**20**	**3/26/2019**
20th Annual Iu-Mien Student Conference	Attended 20th annual Iu-Mien Student conference to distribute behavioral health information and resources to improve access, knowledge and awareness of available services, focusing on Iu-mien students and students from other Asian Pacific Islander (API) communities.	**200**	**3/26/2019**
Missionary Gospel Church	Conducted seminar about depression to increase awareness and understanding of mental health conditions and suicide awareness/prevention, focusing on Russian speaking community	**110**	**3/24/2019**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Another Choice, Another Chance	Outreach event at ACAC to increase awareness and understanding of mental health conditions and improve access to available behavioral health services, focusing on African American and other ethnically and linguistically diverse populations in Sacramento County.	**4**	**3/22/2019**
Youth Pop-Up	Distributed resources and materials at Youth Pop-Up event to improve knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse youth and families in Sacramento County.	**60**	**3/22/2019**
Slavic Church Leaders Meeting	Attended meeting with Slavic Church Leaders and provided resources to improve access, knowledge and awareness of behavioral health services, focusing on Ukrainian, Russian speaking and former Soviet Union communities.	**77**	**3/22/2019**
New Tech High School Resource Fair	Attended New Tech High School Resource Fair and distributed resources to improve knowledge and awareness of behavioral health conditions and available services, focusing on Youths and TAY from culturally and linguistically diverse communities.	**30**	**3/22/2019**
Arcade Living	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**7**	**3/21/2019**
Human Touch Behavioral health	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**7**	**3/21/2019**
Older Adult Coalition	Attended Older Adult Coalition meeting and Distributed resource information to increase awareness and understanding of behavioral health conditions, focusing on older adults	**30**	**3/12/2019**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
JJ's Hello Foundation Community Awareness Event	Participated at JJ's Hello Foundation Community Awareness Suicide Prevention Walk event and provide Resources to improve knowledge and awareness of behavioral health conditions, focusing on Youths and TAY from culturally and linguistically diverse communities.	**60**	**3/10/2019**
Youth Pop-Up	Distributed resources and materials at Youth Pop-Up event to improve knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse youth and families in Sacramento County.	**80**	**3/8/2019**
Inter Radio / I Brat TV Program	Discussed need to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention. Also discussed behavioral health services in the community, focusing on Russian Speaking community.	**7000**	**3/8/2019**
CSUS Resource Fair	Participated at CSUS Resource Fair and provided resources to improve access to services and awareness of behavioral health conditions, focusing on Youths and TAY from culturally and linguistically diverse communities	**50**	**3/7/2019**
Asian Pacific Islander Women Voices	Participated at Asian Pacific Islander Women's Voices event and distributed behavioral health information and resources to improve access, knowledge and awareness of available services, focusing on individuals from the API community.	**200**	**3/7/2019**
Sheldon High Resources Presentation	Provided Presentation at Sheldon High on mental health conditions and suicide risks and shared resources to improve access to services and support, focusing on High School students/youth.	**6**	**3/6/2019**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Ventanilla de salud (Mexican Consulate)	Participated at Ventanilla De Salud outreach event and distributed resources and educational brochures to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on immigrant youths and families from Spanish speaking communities.	**100**	**3/4/2019**
NAMI - Interfaith Town Hall Meeting	Attended NAMI Interfaith Town Hall Meeting geared for the faith community and distributed resources and educational brochures to improve awareness and access to behavioral health services.	**100**	**2/27/2019**
Middle and High School Parent Event	Participated at Middle and High School Parents' event and distributed resources to improve access, knowledge and awareness of behavioral health services, focusing on Russian speaking youths and their parents.	**210**	**2/19/2019**
Vietnamese Senior Association (Sacramento)	Attended Lunar New Year Party Hosted by Vietnamese Senior Association and distributed behavioral health information and resources to improve access, knowledge and awareness of available services, focusing on Vietnamese and other API community members.	**200**	**2/17/2019**
Love Your Heart	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**40**	**2/16/2019**
Inter Radio (Brat TV) Interview	Discussed the topic of depression. Also discussed need to increase awareness and understanding of other behavioral health conditions and suicide awareness/prevention. Shared with listenners about behavioral health services in the community, focusing on Russian Speaking community.	**1000**	**2/15/2019**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
College and Career Fair	Participated at College and Career Fair and provided resources to improve access to services and awareness of behavioral health conditions, focusing on Youths and TAY from culturally and linguistically diverse communities	**100**	**2/12/2019**
Tet Festival	Participated at Vietnamese Tet Festival to Distribute behavioral health information and resources to improve access, knowledge and awareness of available services for Vietnamese youth and families as well as others from culturally diverse communities in Sacramento County.	**3000**	**2/10/2019**
Tet Festival	Participated at Vietnamese Tet Festival to distribute behavioral health information and resources to improve access, knowledge and awareness of available services for Vietnamese youth and families as well as others from culturally diverse communities in Sacramento County.	**2000**	**2/9/2019**
Movie Night	Outreach to culturally and linguistically diverse communities to improve access, knowledge and awareness of behavioral health conditions and available services, focusing on Youth and Transition Aged Youth.	**76**	**2/8/2019**
Slavic Baptist Church Youth Meeting	Attended Slavic Baptist Church Youth Meeting and discussed behavioral health services in the community, focusing on Russian Speaking community.	**70**	**2/8/2019**
APSS Clinic	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**7**	**2/7/2019**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Family Night Union House Elementary School	Participated at Family Night Union House Elementary School event to outreach to culturally and linguistically diverse communities to improve access, knowledge and awareness of behavioral health conditions and available services, focusing on youths and families	**100**	**2/6/2019**
Social Justice Summit: Suicide Awareness	Attended Social Justice Summit: Suicide Awareness event and distributed behavioral health resources to improve access, knowledge and awareness of available services, focusing on LGBTQ and other culturally diverse communities.	**300**	**2/5/2019**
Adventist Health	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**3**	**2/4/2019**
Monterey Trails College and Career Fair	Participated at Monterey Trials' College and Career Fair to improve access, knowledge and awareness of behavioral health conditions and available services, focusing on highschool students from culturally and linguistically diverse communities.	**150**	**2/4/2019**
IMSC Senior New Year	Participated at the annual Iu Mien New Year Celebration to distribute behavioral health information and resources to improve access, knowledge and awareness of available services, focusing on Iu-mien youths and families.	**250**	**2/2/2019**
Elk Grove Lunar New Year	Participated at the Multi-Cultural Celebration of Lunar New Year to distribute resource information to improve access, knowledge and awareness of behavioral health services, focusing on Asian Pacific Islander (API) community.	**400**	**2/1/2019**
Neil Orchard Senior Center	Distributed resources at Neil Orchard Senior Center to increase awareness and understanding of behavioral health conditions, focusing on older adults	**6**	**1/30/2019**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Natomas Pacific Pathway Prep (NP3) Wellness Fair	Participated at NP3 Wellness Fair event and distributed resources and educational brochures to students, teachers and parents of middle school and high school students to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on diverse communities.	**50**	**1/30/2019**
Parent Leadership Conference	Participated at Parent Leadership Conference to distribute behavioral health resources to improve access, knowledge and awareness of behavioral health conditions, focusing on youth and families from culturally and linguistically diverse communities	**40**	**1/26/2019**
HART Winter Sanctuary	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for homeless youths from culturally diverse communities in Sacramento County.	**25**	**1/26/2019**
Backpack Outreach	Passed out backpacks w/ supplies about behavioral health information and resources to improve access, knowledge and awareness of available services, focusing on homeless youths from culturally diverse communities in Sacramento County.	**30**	**1/26/2019**
SCC Parent Summit 2019	Participated at Chanler School Parents Summit and Distributed resource information to improve access, knowledge and awareness of behavioral health services, focusing on Russian speaking youths and their parents.	**140**	**1/24/2019**
Ukrainian Festival " Malanna"	Participated at Ukrainian Community Cultural Event and provided information to improve access, knowledge and awareness of behavioral health services, focusing on Ukrainian, Russian speaking and former Soviet Union community members	**280**	**1/19/2019**

COMMUNITY OUTREACH
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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Mobile Crisis Support Team	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**1**	**1/17/2019**
Parent and students meeting Middle H.S.	Participated at School Event and Distributed resource information to improve access, knowledge and awareness of behavioral health services, focusing on Russian speaking youths and their parents.	**210**	**1/17/2019**
Beautiful Minds Medical	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**7**	**1/15/2019**
Human Trafficking Conference - Sac State	Distributed resource information at Human Trafficking Conference event to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on unserved and underserved populations.	**250**	**1/15/2019**
Mission Coffee	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**6**	**1/14/2019**
Love on Sacramento	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**6**	**1/12/2019**
Festival "Lvin Christrous "	Participated at Ukrainian Community Event and provided resources to improve access, knowledge and awareness of behavioral health services, focusing on Ukrainian, Russian speaking and former Soviet Union communities.	**250**	**1/12/2019**

COMMUNITY OUTREACH
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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Hands on Sacramento	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**3**	**1/11/2019**
Jamba Juice	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**12**	**1/8/2019**
Youth Game & Movie Night	Participated at Youth Game & Movie Night event to distribute behavioral health resources to improve access, knowledge and awareness of behavioral health conditions, focusing on youth and families from culturally and linguistically diverse communities	**80**	**1/8/2019**
New Year Celebration for kids	Attended a New Year Celebration for Kids event and distributed resource information to improve access, knowledge and awareness of behavioral health services, focusing on Russian speaking youths and their parents.	**2400**	**12/30/2018**
Holiday Shenanigans	Participated in holiday shenanigans event to support LGBTQ youths through the Holidays. Also distributed behavioral health resource information to improve access, knowledge and awareness of available services.	**17**	**12/24/2018**
Disability Rights	Distributed resources and materials at Disability Rights event to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**4**	**12/20/2018**
Peet's Coffee	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**6**	**12/20/2018**

COMMUNITY OUTREACH
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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
TRUE-WEAVE	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**8**	**12/20/2018**
Starbucks	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**7**	**12/20/2018**
Ella K McClatchy Public Library	Distributed information to culturally and linguistically diverse communities to improve access, knowledge and awareness of behavioral health conditions and available services, focusing on Transition Aged Youth.	**10**	**12/20/2018**
La Posada Event	Participated at La Posada outreach event and distributed resources and educational brochures to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on youths and families from Spanish speaking communities.	**725**	**12/14/2018**
Hope Counseling Center	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**4**	**12/13/2018**
The Gender Health Center	Distributed behavioral health resource information to improve access, knowledge and awareness of available services, focusing on LGBTQ and other culturally diverse communities.	**6**	**12/13/2018**
New Beginnings Counseling Center	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**3**	**12/13/2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
South Natomas Library community center	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**7**	**12/11/2018**
Parents & Student Night	Participated at Parents & student Night event and Distributed resource information to improve access, knowledge and awareness of behavioral health services, focusing on Russian speaking youths and their parents.	**160**	**12/7/2018**
Authentic Counseling	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**6**	**11/29/2018**
Turning Point	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**4**	**11/29/2018**
Wellspace Health	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**10**	**11/29/2018**
United Way	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**7**	**11/29/2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Well Being Inc.	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**8**	**11/29/2018**
Brat TV InterRadio Program	Discussed need to increase awareness and understanding of other behavioral health conditions and suicide awareness/prevention. Shared with listeners about behavioral health services in the community, focusing on Russian Speaking community.	**1000**	**11/26/2018**
Wellness and Recovery Center South	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on African American and other ethnically and linguistically diverse populations in Sacramento County.	**8**	**11/20/2018**
Arden-Demick Library	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**7**	**11/19/2018**
Del Oro Resource Center	Distributed resources at Del Oro Resource Center to increase awareness and understanding of behavioral health conditions, focusing on older adults	**3**	**11/19/2018**
Slavic Baptist Pastors Meeting	Round Table with Church Pastors to discuss need to increase awareness and understanding of suicide risks factors. Also discussed behavioral health services in the community, focusing on Russian Speaking community.	**16**	**11/19/2018**
Slavic Pastors Round Table	Round Table with Church Pastors to discuss need to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention. Also discussed behavioral health services in the community, focusing on Russian Speaking community.	**13**	**11/18/2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Department of Human Services Suicide Prevention	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**150**	**11/15/2018**
Art Show LGBTQ	Participated at event to bring Positivity through Art for LGBTQ Youth. Distributed behavioral health resource information at the event to improve access, knowledge and awareness of available services, focusing on LGBTQ and other culturally diverse communities.	**60**	**11/10/2018**
United Way	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**7**	**11/9/2018**
Beng Awareness	Attended Community Event and distributed resources and educational brochures to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on youths and families from Spanish speaking communities.	**40**	**11/9/2018**
Mental Health and Aging Conference	Attended Mental Health and Aging Conference and provided information to increase suicide awareness/prevention and discussed how to access behavioral health services, focusing on older adults	**300**	**11/8/2018**
Latino Tink Tank	Participated at Latino Tink Tank Community Event and distributed resource information to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on LatinX and Spanish speaking communities.	**40**	**11/7/2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Bac Viel Association / do	Attended a Food Donation event hosted by Bach Viet Association and distributed resources and educational brochures to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on youths and families from API communities.	**100**	**11 / 7 / 2018**
School Parent Meeting (COA Charter)	Participated at School Parent Meeting event and distributed information to improve access, knowledge and awareness of behavioral health services, focusing on Russian speaking youths and their parents.	**89**	**11 / 6 / 2018**
WISE Conference	Participated at WISE conference to distribute behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**200**	**11 / 5 / 2018**
Mexican Consulate	Participated at Ventanilla de Salud outreach event and distributed behavioral health information to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on Spanish speaking immigrants and other individuals from Spanish speaking communities.	**220**	**11 / 5 / 2018**
Bac Viel Association / do	Attended a community event hosted by Bach Viet Association and distributed resources and educational brochures to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on youths, elders and families from API communities.	**100**	**11 / 3 / 2018**
Dia de los Muertos	Attended Dia De Los Muertos Community Event and distributed behavioral health information to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on individuals from Spanish speaking communities.	**1000**	**11 / 2 / 2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Slavic leadership Youth Group	Attended Slavic Leadership Youth Group and discussed behavioral health services in the community, focusing on Russian Speaking community.	**46**	**11/2/2018**
TMS Health Solutions	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**3**	**11/1/2018**
Sacramento Vet Center	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**8**	**11/1/2018**
Sacramento State Counseling Services	Distributed behavioral health information and resources to students from culturally diverse communities at Sac State to improve access, knowledge and awareness of available services.	**6**	**11/1/2018**
Trunk or Treat Event	Participated in Trunk or Treat Event Community Event and distributed behavioral health information to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on individuals from Spanish speaking communities.	**600**	**10/31/2018**
Family Court Self Help Center	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**2**	**10/30/2018**
Forum Slavic Youth	Distributed resource information to improve access, knowledge and awareness of behavioral health services, focusing on Russian speaking youths and transition age youths.	**450**	**10/30/2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Transitional Support Services	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**2**	**10/29/2018**
Telecare	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**7**	**10/29/2018**
Albert Einstein Residence Center	Distributed resource information to increase awareness and understanding of behavioral health conditions, focusing on older adults	**12**	**10/29/2018**
Slavic Baptist Church "Hope"	Conducted Seminar for Youth on depression to increase awareness and understanding of mental health conditions and suicide awareness/prevention, focusing on Russian speaking Youths and TAY	**48**	**10/28/2018**
Youth Voice Forum	Participated at Youth Voice Forum Community Event and distributed resources and educational brochures to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on youths and families from Spanish speaking communities.	**60**	**10/26/2018**
Crossroads Community Support Team	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**5**	**10/25/2018**
Samuel Workshop for Latinos	Attended Samuel Workshop for Latinos Community Event and distributed resources and educational brochures to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on youths and families from Spanish speaking communities.	**40**	**10/25/2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Wise U	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**18**	**10/23/2018**
Tinh Xa Ngoc An Temple	Participated at Tinh Xa Ngoc An Temple event anddDistributed resource information to improve access, knowledge and awareness of behavioral health services, focusing on Vietnamese community members	**50**	**10/23/2018**
Healthy Life Still 2nd Baptist Church	Attended Healthy Spirit- Health Body Event and Provided resources to increase awareness and understanding about mental health conditions and suicide awareness/prevention, focusing on Russian speaking community.	**360**	**10/23/2018**
Seniors Health / Fairground Apartment	Participated at Elogrias Mental Health Outreach event and passed out behavioral health resources to increase awareness of different mental health conditions, focusing on elders from the Russian speaking community.	**160**	**10/22/2018**
Wilton Rancheria 4th Annual Native Breast Cancer Walk	Participated at Wilton Racheria's Annual Native Breast Cancer Walk event to share information regarding suicide prevention and behavioral health services, focusing on Native American communities	**300**	**10/20/2018**
Ukrainian Thanksgiving	Participated at Ukrainian Thanksgiving again and provided resourcs to improve access, knowledge and awareness of behavioral health services, focusing on Ukrainian, Russian speaking and former Soviet Union communities.	**350**	**10/20/2018**
7TH ANNUAL HARVEST & HEALTH FESTIVAL	Participated in the 7th annual Harvest and Health Festival event to increase awareness and understanding of mental health conditions and improve access to available behavorial health services, focusing on African American community.	**150**	**10/20/2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Honoring Our Journey Banquet	Attended Annual Honoring Our Journey Banquet to distribute resource information to improve access, knowledge and awareness of behavioral health services, focusing on youth and families from the Iu-Mien community.	**200**	**10/19/2018**
The Anxiety Treatment Center	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**4**	**10/18/2018**
Crossroads Diversified Service	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**8**	**10/18/2018**
Arden Way Apartments	Provided information to increase suicide awareness/prevention and discussed how to access behavioral health services, focusing on older adults	**10**	**10/18/2018**
Celebrando Nuestra Salud	Participated at outreach event and distributed resources and educational brochures to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on individuals from Spanish speaking communities.	**1500**	**10/14/2018**
Feria de educacion	Attended Feria de education community event and distributed resources and educational brochures to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on youths and families from Spanish speaking communities.	**2500**	**10/13/2018**
Spooktacular Event	Provided resources and educational brochures to improve access, knowledge and awareness of behavioral health services, focusing on culturally diverse individuals and families.	**275**	**10/13/2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Indigenous People's Day	Participated at Indigenous Peoples' Day event and shared information regarding suicide prevention and behavioral health services, focusing on Native American youths and families	**150**	**10/12/2018**
Chateau at Rivers Edge	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**10**	**10/11/2018**
Sunrise of Sacramento	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**9**	**10/11/2018**
Assisted Living + Memory Care	Distributed resource information to increase awareness and understanding of behavioral health conditions, focusing on older adults	**7**	**10/11/2018**
Campus Commons Senior Living	Provided information to increase suicide awareness/prevention and discussed how to access behavioral health services, focusing on older adults	**6**	**10/11/2018**
Carlton Senior Living Sacramento	Provided information to increase suicide awareness/prevention and discussed how to access behavioral health services, focusing on older adults	**7**	**10/11/2018**
BiNational Health Week - Health Education Council and Mexican Consulate	Participated at outreach event and distributed behavioral health information to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on spanish speaking immigrants and other individuals from Spanish speaking communities.	**150**	**10/10/2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Sacramento Chinese Indochina	Distributed resource information at Sacramento Chinese Indochina event to improve access, knowledge and awareness of behavioral health services, focusing on Chinese speaking community members and others from the Asian Pacific Islander (API) community	**500**	**10/9/2018**
Family Light to the World Slavic Church	Participated at Family Light to the World Slavic Church Outreach event and shared resources to increase awareness and understanding of behavioral conditions, focusing on Russian speaki community.	**2150**	**10/8/2018**
IBRAT-TV	Round Table with Church Pastors to discuss need to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention. Also discussed behavioral health services in the community, focusing on Russian Speaking community.	**1000**	**10/6/2018**
College and Care Fair	Participated at College and Care Fair to improve access, knowledge and awareness of behavioral health conditions and available services, focusing on highschool students from culturally and linguistically diverse communities.	**50**	**10/3/2018**
Kings Clinic	Participated at Kings Clinic Community Event and distributed resources and educational brochures to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on youths and families from Spanish speaking communities.	**105**	**10/3/2018**
Methamphetamine Public Forum	Participated at Sac County's Meth Public Forum event and distributed resources to increase awareness and understanding of behavioral health conditions, focusing on culturally diverse communities in Sacramento County	**100**	**10/3/2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
SMUD Celebrating Our Seniors	Attended SMUD event and provided information to increase suicide awareness/prevention and discussed how to access behavioral health services, focusing on older adults	**350**	**9/29/2018**
Native American Night	Distributed resource information at Native American Night to improve access, knowledge and awareness of behavioral health services, focusing on Native American individuals and families.	**2000**	**9/29/2018**
Supervisor Patrick Kennedy Annual Fun Fair	Distributed resources at Supervisor Patrick Kennedy Annual Fun Fair to increase awareness and understanding of behavioral health conditions, focusing on youth and families from culturally diverse communities in Sacramento County	**50**	**9/29/2018**
Sacramento VA Medical Center	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**7**	**9/28/2018**
Family Night ARK Salution Church	Participated at Family Night ARK Salution Church event and distributed resource information to improve access, knowledge and awareness of behavioral health services, focusing on Russian speaking youths and their parents.	**110**	**9/28/2018**
Slavic Leadership Ministry institute	Provided Safe Talk Training for Church Leaders and provided resources to improve access, knowledge and awareness of behavioral health services, focusing on Ukrainian, Russian speaking and former Soviet Union communities.	**76**	**9/28/2018**
Native American Day	Distributed resource information to increase awareness and understanding of mental health conditions and increase access to services, focusing on Native American youth and families.	**500**	**9/28/2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Latino Behavioral Health Week at La Familia	Participated at La Familia's Latino BH week event and distributed behavioral health information to increase awareness of behavioral health conditions and suicide risks, focusing on individuals from Spanish speaking communities.	**300**	**9/22/2018**
LGBT Center	Distributed behavioral health resource information to improve access, knowledge and awareness of available services, focusing on LGBTQ and other culturally diverse communities.	**4**	**9/21/2018**
Red Cross	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**9**	**9/21/2018**
YMCA	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on youths and families from ethnically and linguistically diverse populations in Sacramento County	**6**	**9/21/2018**
7th Annual Successfully Serving Your Aging Congregation	Attended the 7th annual Successfully Serving Your Aging Congregation and distributed resource information at annual event geared for the aging congregation to increase awareness and understanding of mental health conditions and increase access to services, focusing on Older Adults and other underserved/unserved communities.	**150**	**9/20/2018**
Computer Class/Cultural and Nutrition	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**13**	**9/15/2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
IBRAT-TV	Round Table with Church Pastors to discuss need to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention. Also discussed behavioral health services in the community, focusing on Russian Speaking community.	**1000**	**9/14/2018**
In Home Support Services	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**8**	**9/13/2018**
Health and Wellness Event	Participated at Health and Wellness event to improve access, knowledge and awareness of behavioral health conditions and available services, focusing on college students from culturally and linguistically diverse communities.	**50**	**9/13/2018**
COA Family Movie Night	Participated in COA Family Movie Night and distributed resources to improve access, knowledge and awareness of behavioral health services, focusing on Russian speaking youths and their parents.	**350**	**9/13/2018**
Older Adult Coalition	Attended Older Adult Coalition meeting and Distributed resource information to increase awareness and understanding of behavioral health conditions, focusing on older adults	**22**	**9/11/2018**
Volunteers of America	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**6**	**9/7/2018**
Nami	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**4**	**9/7/2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Consumer Self Help	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**7**	**9/7/2018**
Suicide Prevention	Provided behavioral health presentation about mental health and substance abuse issues, suicide prevention and improved access to services and support, focusing on High School students/youth.	**18**	**9/7/2018**
Slavic Pastors	Attended Slavic Pastors Meeting and discuss need to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention. Also discussed behavioral health services in the community, focusing on Russian Speaking community	**125**	**9/7/2018**
Suicide Prevention	Provided behavioral health presentation about mental health and substance abuse issues, suicide prevention and improved access to services and support, focusing on hmong high school students and other students from ethnically and linguistically diverse populations in Sacramento County.	**21**	**9/6/2018**
Slavic Baptist Leadership Institute	Provided seminar about depression/suicide to educate the community and improve access, knowledge and awareness of behavioral health services, focusing on Ukrainian, Russian speaking and former Soviet Union communities.	**116**	**9/5/2018**
State Capitol Rally - Recovery Happens	Statewide Rally to promote and celebrate recovery with several community Alcohol and Drug Providers conducting outreach and testimonial speakers including politicians, agency directors and Sac County Managers. Distributed information to improve awareness and access to behavioral health services, focusing on ethnically and linguistically diverse populations.	**1200**	**9/5/2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Step	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**9**	**8/28/2018**
Elk Grove Multicultural Festival	Participated at the City Multicultural Festival and distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**2000**	**8/25/2018**
Slavic Covreustone Baptist Church	Conducted Seminar for Youth about suicide to increase awareness and reduce suicide risks, focusing on Russian speaking youths and TAY	**84**	**8/25/2018**
Ukrainians Independence Day	Participated in Ukrainian Independence Celebration Event and provided resources to improve access, knowledge and awareness of behavioral health services, focusing on Ukrainian community members.	**400**	**8/24/2018**
Charter School COA Parent Meeting	Participated at Charter School COA Parent Meeting event and distributed information to improve access, knowledge and awareness of behavioral health services, focusing on Russian speaking youths and their parents.	**160**	**8/23/2018**
Easter Seals	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**4**	**8/21/2018**
Wellspace Health	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**7**	**8/21/2018**
National Association of Athletic & Sports	Distributed resources and materials annual cultural sporting event to improve access, knowledge and awareness about behavioral health services, focusing on Hmong youth and families.	**400**	**8/18/2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Back to School Event	Participated at Native-Focused "Back to School" event to share information regarding suicide prevention and behavioral health services, focusing on Native American youths and families	**75**	**8/17/2018**
COA Baento School	Attended COA Baento School Outreach event and provided Information about Depression to increase awareness and understanding of mental health conditions and suicide awareness/prevention, focusing on Russian speaking youth and parents.	**350**	**8/16/2018**
Sacramento Bridge Center	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**1**	**8/15/2018**
Community Resource Project	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**2**	**8/15/2018**
Apex Care	Distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**5**	**8/15/2018**
Slavic "Impact TV" Interview	Participated in Slavic "Impact TV" Interview and discussed mental health conditions to increase awareness and reduce stigma, focusing on Russian speaking community	**Unknown**	**8/15/2018**
Sacramento Pow Wow	Distributed resource information at Sacramento Pow Wow to improve access, knowledge and awareness of behavioral health services, focusing on Native American individuals and families	**200**	**8/10/2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Backpacks Outreach Event	Assisted in passing out backpacks w/ supplies and resources about behavioral health information to improve access, knowledge and awareness of available services, focusing on homeless youths from culturally diverse communities in Sacramento County.	**16**	**8/9/2018**
National Night Out - DBHS	Community outreach event to improve knowledge, awareness and understanding of behavioral health conditions and suicide prevention. Also distributed resources to improve access to BH services, focusing on youths, families, and adults from cuturally and linguistically diverse communities.	**300**	**8/7/2018**
Youth Camp	Conducted Mental Health Workshop increase awareness and understanding of mental health conditions and suicide awareness/prevention, focusing on Russian speaking Youths and TAY	**12**	**8/4/2018**
Church Camp	Distributed resource information to improve access, knowledge and awareness of behavioral health services, focusing on Russian speaking youths and their parents.	**152**	**7/28/2018**
Slavic Theological Collegium	Attended Slavic Theological Collegium event and provided provided resource information to improve access, knowledge and awareness of behavioral health services, focusing on Ukrainian, Russian speaking and former Soviet Union communities.	**14**	**7/27/2018**
Produce for All	Distributed Monthly produce and behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**203**	**7/25/2018**
Wise University	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**20**	**7/23/2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
TLCS	Distributed resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on ethnically and linguistically diverse populations in Sacramento County.	**9**	**7/20/2018**
Hmong Mid-Summer Night Market	Participated at Hmong Mid-Summer Night Market event to distribute resources and materials to improve access, knowledge and awareness about behavioral health services, focusing on Hmong youths and famillies	**500**	**7/20/2018**
Pathway to a Healthy Mind	Participated at NAMI's Pathway to a healthy mind event to distribute behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**100**	**7/19/2018**
Fuel Presentation	Attended Family preparedness for Latinos presentation and distributed resources and educational brochures to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on youths and families from Spanish speaking communities.	**17**	**7/19/2018**
Elder Service Network	Distributed resource information to increase awareness and understanding of behavioral health conditions, focusing on older adults	**25**	**7/12/2018**
Slavic Baptist Covneustone Church	Conducted Mental Health Workshop increase awareness and understanding of mental health conditions and suicide awareness/prevention, focusing on Russian speaking Youths and TAY	**19**	**7/11/2018**
Older Adult Coalition	Provided information to increase suicide awareness/prevention and discussed how to access behavioral health services, focusing on older adults	**18**	**7/10/2018**

COMMUNITY OUTREACH
FY 2018 - 2019

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Mexican Consulate Ventanilla de Salud	Participated at Ventanilla De Salud outreach event and distributed resources and educational brochures to increase awareness and understanding of behavioral health conditions and suicide awareness/prevention, focusing on immigrant youths and families from Spanish speaking communities.	**100**	**7/2/2018**
VOA Community Health Fair	Participated at Mather Community Center Health Fair and distributed behavioral health information and resources to improve access, knowledge and awareness of available services for culturally diverse communities in Sacramento County.	**50**	**7/2/2018**

Department of Health Services
Peter Beilenson, MD, MPH, Director

Divisions
Behavioral Health Services
Primary Health
Public Health
Departmental Administration

County of Sacramento

June 19, 2019

RE: The Mental Health Human Resource Survey, Language Proficiency Survey and Cultural Competence Mental Health Agency Self-Assessment

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 Cultural Competence Mental Health Agency Self-Assessment will measure the culture competency of the work we do and will be used to generate an aggregate report for the Mental Health system. The three surveys the County will be utilizing are:

- The Mental Health Human Resource Survey
- Language Proficiency Survey
- Cultural Competence Mental Health Agency Self-Assessment

Enclosed are copies of each document and instructions for completing them. There is also a Survey Monkey link for those who want to complete the Mental Health Human Resource and Language Proficiency Survey online.

Please complete each form as required and return them no later than **July 29, 2019.** Please submit the forms to:

Sacramento County
Behavioral Health Services
Research, Evaluation and Performance Outcomes
Attn: Romeal Samuel
7001-A East Parkway, Suite 300
Sacramento, CA 95823

Thank you for all your hard work and I appreciate your dedication to providing culturally competent services to those in need in our community.

Sincerely,

Ryan Quist, Ph.D.
Behavioral Health Services Director

Attachments: Instruction Sheet
2019 Mental Health Human Resource Survey Cover Sheet
Sacramento County Mental Health Human Resource Survey – 2019
Language Proficiency
2019 Sacramento County Mental Health Human Resource Survey
Cultural Competence Mental Health Agency Self-Assessment

cc: Melissa Jacobs
Anthony Madariaga
Mary Nakamura
Kelli Weaver
Dawn Williams
Jane Ann Zakhary
Health Program Managers
Contract Monitors

INSTRUCTION SHEET

1) **The Mental Health Human Resource Survey**. This survey provides the Division with information on the gender breakdown, ethnic diversity, and other demographic information about staff. Instructions are attached to the document. Important points to note:

   - Please return the survey instruments, completed by each individual staff, with the cover sheet provided.

   - To simplify reporting, surveys from staff should be submitted for your entire agency. If your agency serves both Children and Adults, please separate by Children and Adult program staff.

   - The HR Survey is **anonymous** and does not require a name. Please note: Survey Monkey is also anonymous. We do not receive emails from recipients. The data goes directly into the Survey Monkey database and the report will provide an aggregate summary of all responses. Please note: all questions will require a response. While some responses include a "choose not to answer" option, we encourage staff to select a response on the anonymous survey that most closely describes themselves. The collective responses will assist the Division with assessing how reflective our workforce is to the diverse population that we serve. The link to Survey Monkey is https://www.surveymonkey.com/r/SACCOHRSURVEY2019

2) **Language Proficiency.** This form provides the Division with information about language capacity within our system of care. Please have each staff that is proficient in any language other than English complete the form. The form has space for 5 languages. If additional space is needed, please use an additional form. The link to Survey Monkey for the Language Proficiency is https://www.surveymonkey.com/r/HRSLanguage2019

Information should be returned no later than **July 29, 2019** and should be addressed to:

Sacramento County
Behavioral Health Services
Research, Evaluation and Performance Outcomes
Attn: Romeal Samuel
7001-A East Parkway, Suite 300
Sacramento, CA 95823

County Interoffice Mail Code: 37-300M

If you need further information or clarification, please contact Mary Nakamura (**Nakamuram@saccounty.net**, (916) 876-5821) or Romeal Samuel (**Samuera@saccounty.net**, (916) 875-6340).

2019
MENTAL HEALTH HUMAN RESOURCE SURVEY
COVER SHEET

AGENCY: _____

Please indicate:

- ☐ Adult Program Services
- ☐ Children's Program Services
- ☐ Inpatient Provider
- ☐ Prevention and Early Intervention Services
- ☐ Other _____

Contact Person _____

Phone_____ Email_____

Please complete and submit this form attached to agency surveys no later than July 29, 2019

Return to:

Sacramento County
Behavioral Health Services
Research, Evaluation and Performance Outcomes
Attn: Romeal Samuel
7001-A East Parkway, Suite 300
Sacramento, CA 95823

County Interoffice Mail Code 37-300M

SACRAMENTO COUNTY

2019
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 survey and instructions to each of your employees and/or contracted staff that serve Sacramento County clients. **It is mandatory that all staff turn in a survey by completing the forms or 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. Please 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.

When you have collected all instruments, and have assured that each employee has completed one, please submit them to our office as follows:

- Return survey instruments completed by staff with the cover sheet provided. Be sure to include a contact person's name, email address and phone number.
- To simplify reporting, surveys from staff should be submitted for your entire agency. If your agency serves both Children and Adults, please separate by Children and Adult program staff.

If you have any questions or need further clarification, please contact Romeal Samuel (Samuera@saccounty.net or (916) 875-6340).

Please complete and return the survey instruments by close of business July 29, 2019 to:

Sacramento County
Behavioral Health Services
Research, Evaluation and Performance Outcomes
Attn: Romeal Samuel
7001-A East Parkway, Suite 300
Sacramento, CA 95823

County Interoffice Mail Code 37-300M

SACRAMENTO COUNTY

2019
Sacramento County Mental Health Human Resource Survey

AGENCY NAME/COMMITTEE: _____

1. Staff Category: **Please choose only one**.

☐ Licensed Mental Health Direct Service Staff
Including Psychiatrist, Psychiatric/Family Nurse Practitioner, Clinical Nurse Specialist, Licensed Psychiatric Technician, Licensed Clinical Psychologist, Psychologist registered intern (or waivered), LCSW, MSW registered intern (or waivered), MFT, MFT registered intern (or waivered) and other licensed direct service mental health staff.

☐ Unlicensed Mental Health Direct Service Staff
Including Mental Health Rehabilitation Specialist, Case Manager/Service Coordinator, Employment Services Staff, Housing Services Staff, Consumer Support Staff, Family Member Support Staff, Benefits/Eligibility Specialist and other unlicensed mental health direct service staff. This category is for all staff classified by the MHP as MHRS, even if the staff duties fall in another category. Service Coordinators, Personal Service Coordinators and Case Managers belong in this category. Titles may include Job Developer, Employment Consultant, Employment Specialist, Vocational Assistant, Employment Coordinator, Vocational Activities Coordinator, Educational Support Specialist, Employment Aide and Job Coach, Peer Specialist, Consumer Advocate, Peer Mentor, Peer Advocate, Peer Support Aide, Peer Guide, Peer Coach, and Peer Counselor, Parent Partner, Family Member Provider, Family Advocate, Family Partner, Family Member Manager, Family Services Worker, and Family Liaison, MHTC Mental Health Worker and TBS Workers, among others.

☐ Other Health Care Professionals
Including Physician, Registered Nurse, Licensed Vocational Nurse, Physician Assistant, Occupational Therapist, Other Therapist (physical, recreation, art dance), or other direct service health care staff. This category can include such titles as traditional cultural healers.

☐ Managerial and Supervisory
Including CEO or manager above direct supervisor, Supervising Psychiatrist (or other physician), Licensed Supervising Clinician and other managers and supervisors. Count positions for licensed and non-licensed managerial and supervisory personnel if 50% of more of the person's time is managerial/supervisory. Job titles may include Program Manager, Service Chief, Health Care Program Manager, Program Director, Assistant Program Director, Nursing Supervisor, Supervising Psychiatric Social Worker, Team Leader, Unit Supervisor, Supervising Case Manager, Supervisor of Clerical Staff, among others.

☐ Administrative Staff/Advisory Board/Steering Committee/Other Advisory Groups
Including Analysts, Tech Support, Quality Assurance, Education, Training, Clerical, Secretary, Administrative Assistants and other administrative staff. This category includes Information Technology support, with titles such as Information Systems/Performance Measurement Staff. Quality assurance includes quality improvement, compliance, and related job titles where the individual's primary duties are in quality assurance. Other job titles may include Staff Development Officer, Training Coordinator, Training Officer, Secretaries, Clerks, Administrative or Office Assistants, Billing Clerk, Medical Records Specialist, Grant Writer, Public Information Officer, Planners and Contract Monitors, Board Members among others.

2. **Ethnicity:** Are you of Latino/Hispanic origin? ☐ Yes ☐ No ☐ Unknown

Race: May check up to five	☐ African American ☐ Amer. Indian/Alaska Native ☐ Asian Indian ☐ Caucasian ☐ Chinese	☐ Cambodian ☐ Filipino ☐ Former Soviet ☐ Guamanian ☐ Hawaiian	☐ Hmong ☐ Japanese ☐ Korean ☐ Laotian ☐ Mien	☐ Other Pacific Islander ☐ Samoan ☐ Ukrainian ☐ Other _____ ☐ Vietnamese

3. **Sexual Orientation:**
☐ Heterosexual/Straight ☐ Asexual ☐ Bisexual ☐ Gay ☐ Lesbian ☐ Pansexual ☐ Queer
☐ Questioning ☐ Other (specify) _____ ☐ Choose not to answer

4. **Gender identity:**
☐ Male ☐ Female ☐ Transgender ☐ Intersex ☐ Non-Binary
☐ Gender Queer ☐ Two Spirit ☐ Other _____ ☐ Choose not to answer

5. I am a consumer of Mental Health Services: ☐ Yes ☐ No ☐ Choose not to answer

6. I have a family member who is a consumer of Mental Health Services: ☐ Yes ☐ No ☐ Choose not to answer

7. I live with a disability: ☐ Yes ☐ No ☐ Choose not to answer

8. I am currently or have served in the US Military: ☐ Yes ☐ No ☐ Choose not to answer

SACRAMENTO COUNTY

Sacramento County Mental Health
Human Resource Survey – 2019 Language Proficiency

Agency Name: _____ Staff Name: _____

1. Does your agency provide a differential for staff who provide services in languages other than English?
   ☐ Yes ☐ No

Please state languages you are proficient in the space provided below and check the appropriate proficiency.

2. Language: _____

Check Only One

☐ Certified ☐ Fluent ☐ Good ☐ Fair ☐ Poor

3. Language: _____

Check Only One

☐ Certified ☐ Fluent ☐ Good ☐ Fair ☐ Poor

4. Language: _____

Check Only One

☐ Certified ☐ Fluent ☐ Good ☐ Fair ☐ Poor

5. Language: _____

Check Only One

☐ Certified ☐ Fluent ☐ Good ☐ Fair ☐ Poor

6. Language: _____

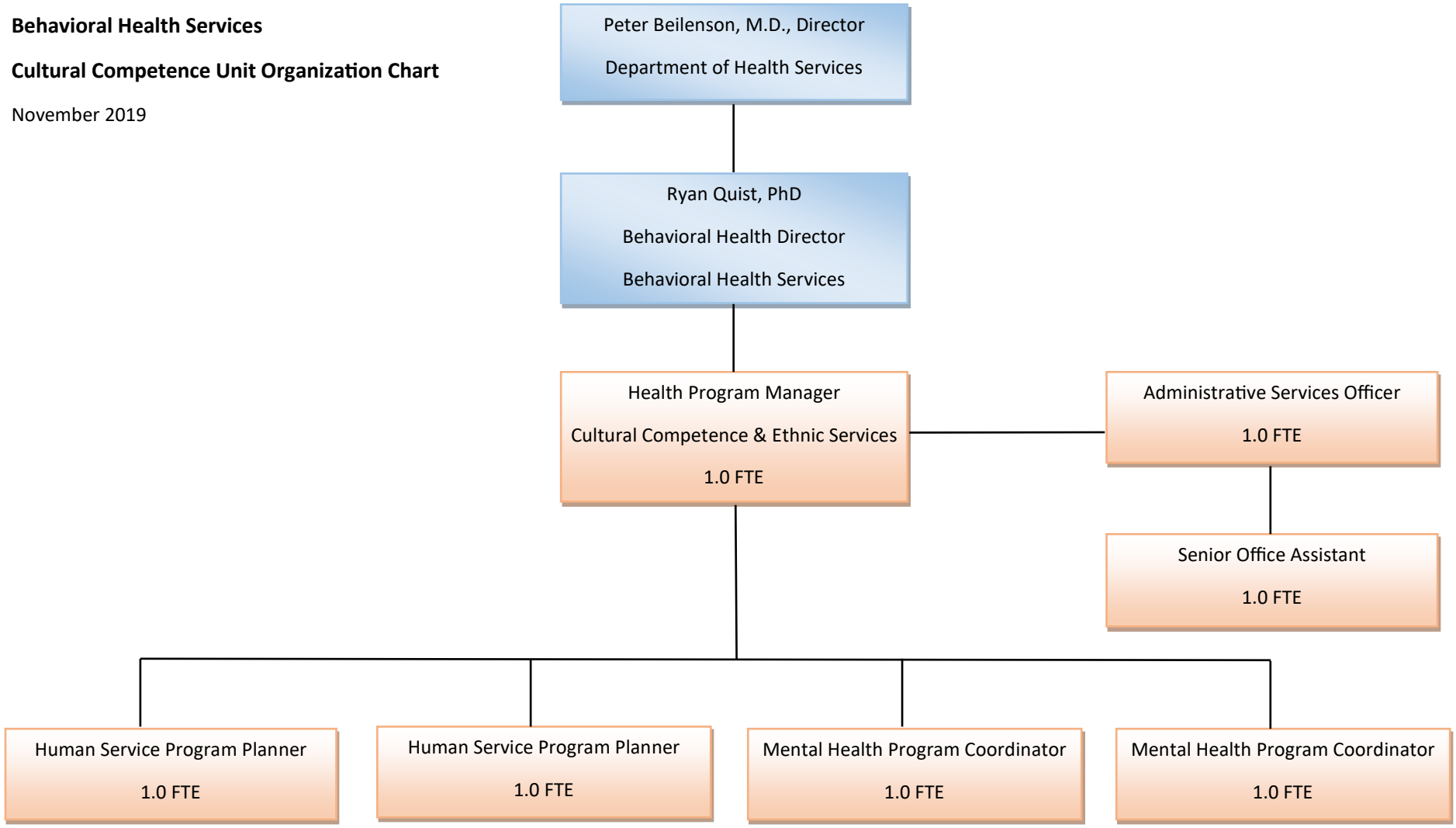
Check Only One

☐ Certified ☐ Fluent ☐ Good ☐ Fair ☐ Poor

Behavioral Health Services

Cultural Competence Unit Organization Chart

November 2019



DEPARTMENT OF HUMAN HEALTH SERVICES
BEHAVIORAL HEALTH SERVICES

Draft

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 and Meaningful • Prevention and Early Intervention • Full Community Integration and Collaboration • Coordinated Near Home and in Natural Settings • Strength-Based Integrated and Evidence-Based Practices • Innovative and Outcome-Driven Practices and Systems • Wellness, Recovery, and Resilience Focus

Quality Improvement Committee MEETING MINUTES

Date:	**Time: 9:00-10:30**
Location: Conference Room 2	**Facilitator: Alex Rechs**

Attendees:

ITEM	PRESENTER	DISCUSSION	ACTION/DATE
Introductions **Review of Minutes**	Alex Rechs	• All were welcomed • Minutes were reviewed and approved	
Follow up from previous meeting		•	
Medical Directors Report	Dr. Robert Hales		
Advocacy Report	Blia Cha Sandena Bader Matt Marrison	•	
Committee Reports		•	
1. Membership	Alex Rechs	•	
2. Executive		•	

3. Cultural Competence	Mary Nakamura	•	
4. Education		•	
5. Medication Monitoring	Mary-Ann Asare	•	
6. Pharmacy and Therapeutics	Dr. Hales	•	
7. Credentialing		•	
8. Utilization Review	Pamela Hawkins	•	
9. Mental Health Treatment Center	Elvira Abe	•	
10. Evaluation	Dawn Williams	•	
Program Reports **1. MHTC**	Elvira Abe	•	
2. Access	Matt Quinley	•	
3. Adult Programs • **County Initiatives** • **Contract Providers Report**	Kelli Weaver	•	

4. Children's Programs • **County Initiatives** • **Contract Providers Report**	Matt Quinley	•	
• **MHSA**	Alex Trac	•	
• **ADS**	Ed Dziuk	•	
• **REPO**	Dawn Williams	•	
• **Avatar**	Ann Mitchell	•	
• **QM**	Alex Rechs	•	
Follow up for next meeting			
Next Meeting: **Time: 9:00-10:30 a.m.** **Location: 7001-A East Parkway Conference Room 2, Sacramento, CA 95823**			

Scribe:

Meeting adjourned :

Training Log - FY 2018-2019

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 Training	Cultural Competency for the Direct Support Professional	4 hrs/annually	Direct Services Contractors	7/18/2019	26	Relias Learning (Webinar Training)
Cultural Competence	Cultural Competence Training	Valuing Diversity in the Workplace	2.5 hrs/annually	Administration/mgt; Direct Services Contractors; Support Services	7/16/2019	28	Relias Learning (Webinar Training)
Cultural Competence	Training for Providers Who Use Interpreters	Training for providers who use interpreter services to provide culturally and linguistically competent behavioral health services.	7 hours, one time	Administration/management Direct service: contractors	5/30/2019	30	Maxine Henry, MSW, MBA
Cultural Competence	Behavioral Health Interpreter Training	Intensive skills building curriculum for behavioral health interpreters	21 hours	Administration/management Direct service: contractors	5/28/2019	70	Maxine Henry, MSW, MBA
CBMCS	Health Equity and Multicultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Overview of cultural competence issues in behavioral health treatment settings	1 day	Administration/management Direct service: contractors	4/30/2019	51	Adele James, MA
CBMCS	Health Equity and Multicultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Overview of cultural competence issues in behavioral health treatment settings	1 day	Administration/management Direct service: contractors	4/11/2019	34	Adele James, MA

Training Log - FY 2018-2019

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
CBMCS	Health Equity and Multicultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Overview of cultural competence issues in behavioral health treatment settings	1 day	Administration/management Direct service: contractors	3/27/2019	50	Adele James, MA
Cultural Competence	Non-Violent Crisis 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 hrs/every 2 years	Direct Services Contractors	3/13/2019	3	Guillermo Sandoval
Cultural Competence	Cultural Diversity/Sensitivity	**Understanding Chinese and African American Cultures as it pertains to engagement/outreach support in the community.**	2 hrs/Annually	Administration/mgt; Direct Services Contractors; Support Services	2/20/2019	18	Carolin Funderburg
Cultural Competence	Service Billing Training/In-Service Training	This training includes information about how to structure a workday and capture all services provided. Also includes setting intention to all services.	2 hours	Direct Services Contractors	2/20/2019	22	Othello Curry, Scott Harrison, Brandi Blackman

Training Log - FY 2018-2019

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
CBMCS	Health Equity and Multicultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Overview of cultural competence issues in behavioral health treatment settings	1 day	Administration/management Direct service: contractors	1/29/2019	55	K. Gustafson, MSW And Adele James, MA
Cultural Competence	Cultural Humility	**Cultural Humility**	4 hours at new hire training	Direct Services Contractors	1/14/2019	3	Toni Hunt
Recovery - Adult	Recovery Happens (AOD)	Supporting members with identifying and utilizing skills to problem-solve AOD challenges; coping skills and prevention	2x wkly/annually		1/7/2019	286	John Mosely
Cultural Competence	Recovery Happens (AOD)	Supporting members with identifying and utilizing skills to problem-solve AOD challenges; coping skills and prevention	2x wkly/annually	Support Services	1/7/2019	324	John Mosely

Training Log - FY 2018-2019

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	Corporate Compliance & Ethics	implementing and maintaining a compliance program may be the single most important activity an organization undertakes in its effort to enforce and monitor compliance and to minimize the risks and effects of misconduct. Establishing an effective corporate compliance program helps ensure that everyone adheres to policies and standards. In this course, the learner will learn about fraudulent and ethical conduct, the laws pertaining to fraudulent conduct, and their responsibility for preventing and identifying this conduct under a corporate compliance program.	1 hr/annually	Administration; Direct Services Contractors	1/1/2019	5	Online Course
Cultural Competence	Cultural Diversity	This introductory course on cultural diversity will provides an overview of cultural diversity and discusses various dimensions and issues of diversity. This course is not exhaustive; however, it will provide you with the fundamental tools that will enable you to interact with others of diverse cultures and effectively perform your job responsibilities.	1.25 hrs/annually	Administration; Direct Services Contractors	1/1/2019	7	Online Course

Training Log - FY 2018-2019

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	Corporate Compliance & Ethics	implementing and maintaining a compliance program may be the single most important activity an organization undertakes in its effort to enforce and monitor compliance and to minimize the risks and effects of misconduct. Establishing an effective corporate compliance program helps ensure that everyone adheres to policies and standards. In this course, the learner will learn about fraudulent and ethical conduct, the laws pertaining to fraudulent conduct, and their responsibility for preventing and identifying this conduct under a corporate compliance program.	1 hr/annually	Administration; Direct Services Contractors	1/1/2019	5	Online Course
	Cultural Diversity	This introductory course on cultural diversity will provides an overview of cultural diversity and discusses various dimensions and issues of diversity. This course is not exhaustive; however, it will provide you with the fundamental tools that will enable you to interact with others of diverse cultures and effectively perform your job responsibilities.	1.25 hrs/annually	Administration; Direct Services Contractors	1/1/2019	7	Online Course

Training Log - FY 2018-2019

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	Corporate Compliance & Ethics	implementing and maintaining a compliance program may be the single most important activity an organization undertakes in its effort to enforce and monitor compliance and to minimize the risks and effects of misconduct. Establishing an effective corporate compliance program helps ensure that everyone adheres to policies and standards. In this course, the learner will learn about fraudulent and ethical conduct, the laws pertaining to fraudulent conduct, and their responsibility for preventing and identifying this conduct under a corporate compliance program.	1 hr/annually	Administration; Direct Services Contractors	1/1/2019	5	Online Course
Cultural Competence	Cultural Diversity	This introductory course on cultural diversity will provides an overview of cultural diversity and discusses various dimensions and issues of diversity. This course is not exhaustive; however, it will provide you with the fundamental tools that will enable you to interact with others of diverse cultures and effectively perform your job responsibilities.	1.25 hrs/annually	Administration; Direct Services Contractors	1/1/2019	7	Online Course

Training Log - FY 2018-2019

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	Workplace Harassment	This course is examines the various types of workplace harassment, and the basic skills needed to understand and deal with these situations. A healthy work environment is one that is free from harassment, and a key to achieving your company's goals is to ensure that employees have a safe and healthy work environment. This course will provide information that will help produce a healthy work environment free of harassment. It will also help you understand your role in this important effort should you encounter harassment in the workplace.	1.25 hrs/annually	Adminitration; Direct Services Contractors	1/1/2019	4	Online Course
Cultural Competence	Workplace Violence	Workplace violence includes threats or actual use of physical force. This course will cover the key elements to maintaining a safe workplace: Prevent, Report, and Respond.	.5 hrs/annually	Administration;Direct Services Contractors	1/1/2019	7	Online Course

Training Log - FY 2018-2019

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	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.	.5 hrs/annually	Direct Services Contractors	1/1/2019	3	Online Course
Cultural Competence	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 hr	Direct Services Contractors	1/1/2019	4	Online Course

Training Log - FY 2018-2019

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	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. Licensed clinicians in a helping profession will benefit from this course, whether it is used to learn about MI for the first time or to reinforce your knowledge of MI's important principles. The course uses a	1.75 hr	Direct Services Contractors	1/1/2019	1	Online Course

Training Log - FY 2018-2019

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	Suicide Risk Factors, Screening, & Assessments	As a healthcare professional who deals with at-risk people, you know that those who are in distress are at an increased risk of suicide and that screening for suicidality is the first step in the process of prevention. This course dispels some of the common myths about suicide and provides you with up-to-date and accurate information about best practices in suicide screening and assessment. You will learn about specific factors that elevate risk of suicide and about some specific high-risk groups. Through a blend of didactic and interactive exercises, you will learn how to use screening instruments and several different models of comprehensive suicide assessment. The information you learn in this course will help you potentially save the lives of the at-risk population you encounter.	1.25 hrs	Direct Services Contractors	1/1/2019	3	Online Course
Resiliency - Youth	Youth Voice: Teammates not Tokens- Communicating and Integrating the Value of Lived Experience on Teams	Workshop for Youth Advocates	4hrs/1x annaully	Direct Services Contractors	12/20/2018	1	Dante Williams, Stanford Youth Solutions

Training Log - FY 2018-2019

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	Youth Voice: Teammates not Tokens- Communicating and Integrating the Value of Lived Experience on Teams	Workshop for Youth Advocates	4hrs/1x annaully	Direct Services Contractors	12/20/2018	1	Dante Williams, Stanford Youth Solutions
Navigating Systems - Youth	Children's Documentation Training	Review of documentation requirements for EPSDT Documentation	8 hrs/2x annually	Direct Services Contractors	12/11/2018	8	County Staff
Cultural Competence	Cultural Competence II	Cultural Humility	1x	Administration/mgt; Direct Services Contractors; Support Services	11/29/2018	20	Dr. Henry Ton
Recovery - Adult	Sacport training	How to run Sacport groups	1X	Direct Services Contractors	11/28/2018	2	Larry Boone
Recovery - Adult	Sacport training	How to run Sacport groups	1X	Direct Services Contractors	11/28/2018	2	Larry Boone
Resiliency - Youth	Clinical Interventions for Sexually Exploited Youth	Clinical Interventions for Sexually Exploited Youth	8hrs/1x annually	Direct Services Contractors	11/19/2018	6	UC Davis CAARE
Resiliency - Youth	Clinical Interventions for Sexually Exploited Youth	Clinical Interventions for Sexually Exploited Youth	8hrs/1x annually	Direct Services Contractors	11/19/2018	6	UC Davis CAARE
Cultural Competence	Native American Caucus Event	Native American Caucus Event: Honoring Warriors	2 hrs/monthly		11/15/2018	100	Various

Training Log - FY 2018-2019

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	Documentation training	County training on documentation standards	1X	Direct Services Contractors	11/13/2018	1	County staff
Recovery - Adult	Documentation training	County training on documentation standards	1X	Direct Services Contractors	11/13/2018	1	County staff
Recovery - Adult	CANS training	How to administer CANS	1X	Direct Services Contractors	11/5/2018	2	County staff
Recovery - Adult	CANS training	How to administer CANS	1X	Direct Services Contractors	11/5/2018	2	County staff
Cultural Competence	Cultural Competence Foundational Training Utilizing the California Brief Multicultural Competence Scale	Overview of cultural competence issues in behavioral health treatment settings	1 day		10/30/2018	48	Khani Gustafson
Cultural Competence	Latino Caucus Event	Festival Latino: Latino cultural sharing including a keynote speaker Sergio Garcia, Attorney	2hr		10/18/2018	200	Judge Emily Vasquez
Recovery - Adult	Ready to Rent	Work with housing specialist to overcome barriers to rental housing, learn responsibilities as a tenant, tenant laws, take steps towards repairing credit and establishing a realistic budget	3X	Direct Services Contractors	10/16/2018	3	Raina Evans

Training Log - FY 2018-2019

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	Ready to Rent	Work with housing specialist to overcome barriers to rental housing, learn responsibilities as a tenant, tenant laws, take steps towards repairing credit and establishing a realistic budget	3X	Direct Services Contractors	10/16/2018	3	Raina Evans
Resiliency - Youth	TF-CBT	**TF-CBT**	8hrs/2x annually	Direct Services Contractors	10/15/2018	4	UC Davis CAARE
Recovery - Adult	TF-CBT	Assisting clients with trauma	1X	Direct Services Contractors	10/15/2018	4	UC Davis CAARE
Resiliency - Youth	TF-CBT	**TF-CBT**	8hrs/2x annually	Direct Services Contractors	10/15/2018	4	UC Davis CAARE
Recovery - Adult	TF-CBT	Assisting clients with trauma	1X	Direct Services Contractors	10/15/2018	4	UC Davis CAARE
Recovery - Adult	BI National Health Week	Presentation on behavioral health services in Sacramento County	1 time		10/10/2018	100	Jesus Cervantes
Recovery - Adult	Documentation training	County training on documentation standards	2X	Direct Services Contractors	10/9/2018	8	County staff
Recovery - Adult	Documentation training	County training on documentation standards	2X	Direct Services Contractors	10/9/2018	8	County staff
Recovery - Adult	LOCUS training	**How to do a LOCUS**	1X	Direct Services Contractors	10/4/2018	1	County staff

Training Log - FY 2018-2019

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	LOCUS training	**How to do a LOCUS**	1X	Direct Services Contractors	10/4/2018	1	County staff
Cultural Competence	Clients Patient Rights	The importance of ethical care, informed consent, and advanced directives are widely underestimated in health care settings. The more familiar you are with these vital aspects of clinical practice, the better equipped you will be at providing higher quality patient care. This course covers the fundamentals of ethical care, the informed consent process, and various types of advance directives in medical and behavioral health care settings. Interactive exercises and vignettes will give you the opportunity to apply the concepts you learn in this course. After completing this course, you will be able to provide your clients a higher standard of care by offering them ethical and well-informed	2 hrs/annually	Administration;Direct Services Contractors	10/1/2018	3	Online Course

Training Log - FY 2018-2019

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	Corporate Compliance & Ethics	implementing and maintaining a compliance program may be the single most important activity an organization undertakes in its effort to enforce and monitor compliance and to minimize the risks and effects of misconduct. Establishing an effective corporate compliance program helps ensure that everyone adheres to policies and standards. In this course, the learner will learn about fraudulent and ethical conduct, the laws pertaining to fraudulent conduct, and their responsibility for preventing and identifying this conduct under a corporate compliance program.	1 hr/annually	Administration; Direct Services Contractors	10/1/2018	8	Online Course
Cultural Competence	Cultural Diversity	This introductory course on cultural diversity will provides an overview of cultural diversity and discusses various dimensions and issues of diversity. This course is not exhaustive; however, it will provide you with the fundamental tools that will enable you to interact with others of diverse cultures and effectively perform your job responsibilities.	1.25 hrs/annually	Administration; Direct Services Contractors	10/1/2018	7	Online Course

Training Log - FY 2018-2019

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	Infection Control	Infection control is a serious public issue and it is vital for healthcare workers and others working with the public to understand how to prevent infection. Every day in the United States, approximately 1 in 25 hospital patients has a hospital-acquired infection and about 755,000 of these patients will die each year (Magill et al., 2014). This course will provide you with knowledge about infection control and prevention in healthcare settings, as well as the basics of how diseases are transmitted, improper use of antibiotics, and specific guidelines on how to prevent illnesses such as influenza and Tuberculosis.	.75 hr/annually	Direct Services Contractors	10/1/2018	4	Online Course

Training Log - FY 2018-2019

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	Non-Violent Crisis 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 hrs/every 2 years	Direct Services Contractors	10/1/2018	4	Maxine Yuen
Cultural Competence	Workplace Harassment	This course is examines the various types of workplace harassment, and the basic skills needed to understand and deal with these situations. A healthy work environment is one that is free from harassment, and a key to achieving your company's goals is to ensure that employees have a safe and healthy work environment. This course will provide information that will help produce a healthy work environment free of harassment. It will also help you understand your role in this important effort should you encounter harassment in the workplace.	1.25 hrs/annually	Adminitration; Direct Services Contractors	10/1/2018	7	Online Course

Training Log - FY 2018-2019

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	Workplace Violence	Workplace violence includes threats or actual use of physical force. This course will cover the key elements to maintaining a safe workplace: Prevent, Report, and Respond.	.5 hrs/annually	Direct Services Contractors	10/1/2018	7	Online Course
Cultural Competence	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 hr	Direct Services Contractors	10/1/2018	7	Online Course

Training Log - FY 2018-2019

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	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. Licensed clinicians in a helping profession will benefit from this course, whether it is used to learn about MI for the first time or to reinforce your knowledge of MI's important principles. The course uses a	1.75 hr	Direct Services Contractors	10/1/2018	4	Online Course

Training Log - FY 2018-2019

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	Suicide Risk Factors, Screening, & Assessments	As a healthcare professional who deals with at-risk people, you know that those who are in distress are at an increased risk of suicide and that screening for suicidality is the first step in the process of prevention. This course dispels some of the common myths about suicide and provides you with up-to-date and accurate information about best practices in suicide screening and assessment. You will learn about specific factors that elevate risk of suicide and about some specific high-risk groups. Through a blend of didactic and interactive exercises, you will learn how to use screening instruments and several different models of comprehensive suicide assessment. The information you learn in this course will help you potentially save the lives of the at-risk population you encounter.	1.25 hrs	Direct Services Contractors	10/1/2018	6	Online Course
Navigating Systems - Youth	Child and Family Team meetings, Teaming, KTA, ICC/IHBS	CFT facilitation and Core Practice Model Principles	8hrs/annually	Administration/Mgmt; Direct Services Contractors	9/28/2018	13	Jason Isacson, LMFT, LPCC

Training Log - FY 2018-2019

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	Skill Steaming	Pro-Social skill building, generalization and managing youth's own behaviors.	8 hours	Administration/mgt; Direct Servcie Contractors; Support Servcies	9/21/2018	9	Karen Tompson-ROCC
Cultural Competence	Cultural Competency Training	**Working with Homeless PopulationsLGBTQQIA+ Diverse/Marginalized Populations**	3 hrs/4x annually	Administration/mgt; Direct Services Contractors	9/18/2018	8	Alexis Bernard/Susan Miner/Preeya Roe
Cultural Competence	Cultural Humility	**cultural understanding**	4 hours at new hire training	Direct Services Contractors	9/17/2018	2	Toni Hunt
Cultural Competence	Cultural Considerations	Training provides participants a better understanding of the impact culture has on mental health treatment	4 hours	Administration/mgt; Direct Servcie Contractors; Support Servcies	9/14/2018	8	Betty Knight and Surinder Gill -- ROCC
Resiliency - Youth	Transition to Independence Program (TIP) Model Orinetation and Training	Engage youth in their own futures planning process. Prepares and facilitates their independence and self-reliance.	7 hours	Administration/mgt; Direct Servcie Contractors; Support Servcies	9/11/2018	6	Sherri Daftarri - ROCC

Training Log - FY 2018-2019

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	Coping Cat	Cognitive-behavioral treatment to reduce anxiety disorder in children and youth,	4 hours	Administration/mgt; Direct Servcie Contractors; Support Servcies	8/31/2018	6	Tina Traxler-ROCC
Family Focused - Youth	Theraputic Behavior Interventions	Teaching behavior intervention strategies	2 hrs	Direct Services	8/23/2018	11	Lauren McFarland
Cultural Competence	Think Trauma	**Trauma impact, coping strategies and vicarious trauma**	4 hours	Support Services, CBO	8/22/2018	40	K. Bristo, K. Herndon, M. Craft
Resiliency - Youth	Crisis Prevention Intervention	Managing crisis situations, de-escalation skllls and education on crisis intervention techniques.	7 hours	Administration/mgt; Direct Servcie Contractors; Support Servcies	8/17/2018	20	Heather Post & Kayleigh Swetland - ROCC
Resiliency - Youth	Safety Plan Training	Client prevention strategies in managing safety concerns--how to implement interventions while incorporating the famlies culture and perspectives.	4 hours	Administration/mgt; Direct Servcie Contractors; Support Servcies	8/7/2018	10	Sherri Daftarri & Jon De Paul Dunbar-ROCC
Resiliency - Youth	Trama and Anxiety: Neurobiology and Best Practices	Helping clients manifest resilience in the aftermath of traumatic experiences.	1 hour	Administration/mgt; Direct Servcie Contractors; Support Servcies	7/31/2018	1	My Learning Point

Training Log - FY 2018-2019

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Navigating Systems - Youth	Law and Ethics Training	Review of laws and ethical issues related to mental health services	6 hrs/every other year	administration/management	7/27/2018	1	Ben Caldwell, Ph.D.
Navigating Systems - Youth	Law and Ethics Training	Review of laws and ethical issues related to mental health services	6 hrs/every other year	administration/management	7/27/2018	1	Ben Caldwell, Ph.D.
Cultural Competence	Culturally Respectful & Relevent Services	This course is a practical application of the Agency's Principles, with focus on Culturally Respectful and Relevant Service. Attendees will have an opportunity to be exposed to the history and definition of this principle. We will cover the competencies needed to demonstrate this principle in day-to-day work	2 hrs/1x per year	Administration/mgt; Direct Services Contractors;	7/26/2018	10	Rebecca Moser
Cultural Competence	Working LGBTQ Youth and Families	Teaching supportive ways to engage and work with families	2hrs	Direct Services	7/26/2018	17	Eric Llorente
Resiliency - Youth	Crisis De-escalation Strategies	Skills and best practices for de-escalating a client crisis situation	1 hour/annually	Administration/mgt; Direct Servcie Contractors; Support Servcies	7/25/2018	2	My Learning Point

Training Log - FY 2018-2019

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	Community Connections Forum	Addressing Impact of Childhood and Community Trauma and how to build a Resilient Community.	3 hrs/1x	Administration/mgt; Direct Services County Staff; Direct Services Contractors; Community Members	7/20/2018	130	Multiple Trainers
Cultural Competence	Multicultural Town Hall	Multicultural Town Hall on Mental Wellness	4.5 hours	Admin/Mgmt, Direct Services Contracted; Community Members/ General	7/19/2018	50	Various presentors
Resiliency - Youth	Crisis Intervention and Risk Assessment	Effective assessment stratagies and brief interventions to address crisis situations.	1 hours/annually	Administration/mgt; Direct Servcie Contractors; Support Servcies	7/19/2018	1	My Learning Point

Training Log - FY 2018-2019

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	Consumer Civil Rights	The purpose of this annual course is to increase/refresh your knowledge and understanding of (a) civil rights laws as they apply to providing services and (b) the agency's non-discrimination practices. Following the course you will be able to: - Identify what "Civil Rights" means in the context of our Agency's services - Comply with Agency nondiscrimination requirements - Understand the Agency's discrimination complaint process for youth or adults who believe their civil rights have been infringed upon while receiving services with our	1 hr/1x per year	Administration/mgt; Direct Services Contractors;	7/17/2018	54	elearning
Family Focused - Youth	Trama Focused Cognative Behavioral Therapy (TF-CBT)	Assessment and treatment of complex trauma, culture and trauma, theory, creating a trauma-informed child serving system for trauma associated with grief, abuse, terrorism, disaster, etc..	10 Hours / Online Any Time/ 8 Hour booster	Direct Service Contractors /Administration/Tgt.	7/13/2018	105	Betty Knight Heather Post and Tina Traxler - ROCC

Training Log - FY 2018-2019

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	Family Psychoeducation: A model for Supporting Consumers	Psychoeducation for familes in supporting consumers	1 time	on/mgt; Direct Service Contactors; Support Servcies	7/6/2018	1	My Learning Point
Family Focused - Youth	Client and Family Crisis Management	Managing crisis situations, deescalation of a crisis and recovery	4 hours	Administration/mgt; Direct Servcie Contractors; Support Servcies	7/6/2018	12	Lara Jackson -ROCC

Training Log - FY 2018-2019

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	Working Effectively with Gender and Sexual Minorities	sexual and gender minorities are becoming more visible. This includes our colleagues and clients. The ethics code of major mental health organizations specifically states that we cannot discriminate based on sexual orientation. It is important that we learn how to interact with others without unintentional anti-gay or anti-trans behaviors. In this course, you will learn how to make your practices more affirmative by learning about the LGBTQQIA (LGBT) population, influences on LGBT individuals, couples, and families, increasing your self-awareness, LGBT resilience, and the foundations of working effectively with the LGBT population. This course will primarily focus on LGBT individuals, but the knowledge gained can be generalized and applied to anyone in the LGBTQQIA population. DSM™ and DSM-5™ are	2.5 hrs	Direct Services Contractors	7/5/2018	1	elearning
Cultural Competence	Customer Service in Behavioral Health Part 1	Developing relationships with clients by treating them with dignity and respect	1 hour/annually	Administration/mgt; Direct Servcie Contractors; Support Servcies	7/3/2018	61	My Learning Point

Training Log - FY 2018-2019

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	Customer Service in Behavioral Health Part 2	Developing relationships with clients by treating them with dignity and respect	1 hour/annually	Administration/mgt; Direct Servcie Contractors; Support Servcies	7/3/2018	14	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/mgt; Direct Servcie Contractors; Support Servcies	7/3/2018	14	My Learning Point
Cultural Competence	Diversity: Embracing Diversity in the Workplace v.2	Understanding what each person brings to the workplace and to treatment.	1 hour/annually		7/3/2018	15	My Learning Point
Family Focused - Youth	Family Empowerment and Strengths Based Servcies	Empowering family to meet developmental needs of children--safety, permenance and well-being	1 hour/annually	Administration/mgt; Direct Servcie Contractors; Support Servcies	7/3/2018	2	My Learning Point
Resiliency - Youth	Agression Replacement Group (ART)	A multidimensional psychoeducational intervention designed to promote prosocial skills, anger management and moral reasoning.	16 hours	Administration/mgt; Direct Servcie Contractors; Support Servcies	7/3/2018	36	Karen Tompson-ROCC
Recovery - Adult	Recovery Happens (AOD)	Supporting members with identifying and utilizing skills to problem-solve AOD challenges; coping skills and prevention	2x wkly/annually	Support Services	7/1/2018	288	John Mosely

PART II: Annual Cultural Competence Trainings

Section B.

A) Administration/Management
B) Direct services, Counties
C) Direct services, Contractors
D) Support services
E) Community Members/General Public
F) Community Event
G) Interpreters
H) Mental Health Board and Commissions
I) Community-based Organizations/ Agency Board of Directors
J) Religious and Spiritual Population

Training Event	Description of Training	How long and often	Attendees by Function	No. of attendees and Total	Date	Presenter
Health Equity and Multi-Cultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Overview of cultural competence issues in behavioral health treatment settings.	1 day	Administration/management Direct service: contractors	49	6/25/19	Adele James, MA
Training for Providers Who Use Interpreters	Training for providers who use interpreter services to provide culturally and linguistically competent behavioral health services.	1 day	Administration/management Direct service: contractors	30	5/30/19	Maxine Henry, MSW, MBA
Behavioral Health Interpreter Training	Intensive skills building curriculum for behavioral health interpreters	21 hours	Administration/management Direct service: contractors	35	5/28/19 5/29/19	Maxine Henry, MSW, MBA
Health Equity and	Overview of cultural	1 day	Administration/ma	51	4/30/19	Adele James, MA

Multi-Cultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	competence issues in behavioral health treatment settings.		nagement Direct service: contractors			
Health Equity and Multi-Cultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Overview of cultural competence issues in behavioral health treatment settings.	1 day	Administration/management Direct service: contractors	34	4/11/19	Adele James, MA
Health Equity and Multi-Cultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Overview of cultural competence issues in behavioral health treatment settings.	1 day	Administration/management Direct service: contractors	50	3/27/19	Adele James, MA
Health Equity and Multi-Cultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Overview of cultural competence issues in behavioral health treatment settings.	1 day	Administration/management Direct service: contractors	55	1/29/19	K. Gustafson, MSW And Adele James, MA
Health Equity and Multi-Cultural Diversity Foundation Training (HEMCDT) Utilizing the	Overview of cultural competence issues in behavioral health treatment settings.	1 day	Administration/management Direct service: contractors	48	10/30/18	K. Gustafson, MSW

CBMCS						
Health Equity and Multi-Cultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Overview of cultural competence issues in behavioral health treatment settings.	1 day	Administration/management Direct service: contractors	68	4/16/18	K. Gustafson, MSW
Training for Providers Who Use Interpreters	Training for providers who use interpreter services to provide culturally and linguistically competent behavioral health services.	7 hours, one time	Administration/Management Direct services: Contractors	52	3/22/18	Lidia Gamulin
Behavioral Health Interpreter Training	Intensive skills building curriculum for behavioral health interpreters	21 hours	Administration/management Direct Services Contractor	36	3/19/18 3/20/18 3/21/18	Lidia Gamulin Rachel Guerrero Vanessa Lopez
Health Equity and Multi-Cultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Overview of cultural competence issues in behavioral health treatment settings.	1 day	Administration/management Direct service: contractors	69	2/6/18	K. Gustafson, MSW Jei Africa, PhD
Health Equity and Multicultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Overview of cultural competence issues in behavioral health treatment settings	1 day	Administration/ management Direct service: contractors Direct service: County	49	12/5/17	Khani Gustafson, MSW, Jei Africa, PhD

Health Equity and Multicultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Overview of cultural competence issues in behavioral health treatment settings	2 days	Administration/ management Direct service: contractors	36	6/20/17 6/21/17	Khani Gustafson, MSW, Robbin Huff-Musgrove Ph. D.
Training for Providers Who Use Interpreters	Training for providers who use interpreter services to provide culturally and linguistically competent behavioral health services.	7 hours, one time	Administration/Management Direct services: Contractors	27	6/9/17	Lidia Gamulin
Behavioral Health Interpreter Training	Intensive skills building curriculum for behavioral health interpreters	21 hours	Administration/management Direct Services Contractor	25	5/22/17 5/23/17 5/24/17	Lidia Gamulin Rachel Guerrero Vanessa Lopez
Health Equity and Multicultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Overview of cultural competence issues in behavioral health treatment settings	2 days	Administration/ management Direct service: contractors	43	4/18/17 & 4/19/17	Khani Gustafson, MSW, Jei Africa, PhD
Health Equity and Multicultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Overview of cultural competence issues in behavioral health treatment settings	2 days	Administration/ management Direct service: contractors	30	1/26/17 &1/27/17	Khani Gustafson, MSW, Jei Africa, PhD
Health Equity and Multicultural	Overview of cultural competence issues	16 hours (2 days)	Administration/ management	Total: 36	6/20/16 - 6/21/16	Khani Gustafson, MSW,

Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	in behavioral health treatment settings		Direct service: contractors			Jei Africa, PhD
Training For Providers Who Use Interpreter Services	Training for providers who use interpreter services to provide culturally and linguistically competent behavioral health services.	7 hours, one time	Administration/ Management Direct services: Contractors	A: 1 B: 20 C: 13 Total: 34	6/17/16	Lidia Gamulin, LCSW
Health Equity and Multicultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Overview of cultural competence issues in behavioral health treatment settings	16 hours (2 days)	Administration/ management Direct service: contractors	Total: 40	6/9/16 - 6/10/16	Khani Gustafson, MSW, Jei Africa, PhD
Health Equity and Multicultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Overview of cultural competence issues in behavioral health treatment settings	16 hours (2 days)	Administration/ management Direct service: contractors	38	5/2/16- 5/3/16	Khani Gustafson, MSW, Jei Africa, PhD
Health Equity and Multicultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Focuses on four area: Multicultural Knowledge, Awareness of Cultural Barriers, Sensitivity and Responsiveness to Consumers, and Sociocultural	16 hours Annually	Administration/ management Direct service: contractors	Total: 45	4/14/16 and 4/15/16	Sharon Jones & Dorbea Cary

	Diversities					
Mental Health Interpreter Training (MHIT)	Intensive skills building curriculum for mental health interpreters	21 hours/ Once	Direct services: Contractors Community	34	3/7/16 – 3/9/16	Rachel Guerrero, LCSW, D.J. Ida, PhD
Health Equity and Multicultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Focuses on four area: Multicultural Knowledge, Awareness of Cultural Barriers, Sensitivity and Responsiveness to Consumers, and Sociocultural Diversities	16 hours Annually	Administration/ management Direct service: contractors	Total: 44	3/2/16- 3/3/16	Khani Gustafson, MSW, Jei Africa, PhD
Training For Providers Who Use Interpreter Services	Training for providers who use interpreter services to provide culturally and linguistically competent behavioral health services.	7 hours, one time	Administration/ Management Direct services: Contractors	A: 6 C: 37 Total: 43	6/9/15	Lidia Gamulin, LCSW
Cultural Competence Foundational Training Utilizing the California Brief Multicultural Competence Scale	Focuses on four area: Multicultural Knowledge, Awareness of Cultural Barriers, Sensitivity and Responsiveness to Consumers, and Sociocultural Diversities	16 hours Annually	Administration/ management Direct service: contractors	A: 2 C: 36 Total: 38	6/3- 4/2015	Khani Gustafson, MSW Jei Africa, PsyD

Mental Health Interpreter Training (MHIT)	Intensive skills building curriculum for mental health interpreters	21 hours/ Once	Direct services: Contractors Community Members/General Public	C: 28 E: 1 Total: 29	5/27-29/15	Rachel Guerrero, LCSW, D.J. Ida, PhD
Cultural Competence Foundational Training Utilizing the California Brief Multicultural Competence Scale	Focuses on four area: Multicultural Knowledge, Awareness of Cultural Barriers, Sensitivity and Responsiveness to Consumers, and Sociocultural Diversities	16 hours 1 time	Direct service: contractors	C: 38 Total: 38	5/14/15 and 5/15/15	Khani Gustafson, MSW
Cultural Competence Foundational Training Utilizing the California Brief Multicultural Competence Scale	Focuses on four area: Multicultural Knowledge, Awareness of Cultural Barriers, Sensitivity and Responsiveness to Consumers, and Sociocultural Diversities	16 hours 1 time	Administration/ management Direct service: contractors	A: 3 C: 33 Total: 36	3/16/15 and 3/17/15	Khani Gustafson, MSW
Cultural Competence Foundational Training Utilizing the California Brief Multicultural Competence Scale	Focuses on four area: Multicultural Knowledge, Awareness of Cultural Barriers, Sensitivity and Responsiveness to Consumers, and Sociocultural Diversities	16 hours 1 time	Administration/ management Direct service: contractors	A: 1 C: 44 Total: 45	1/27/15 and 1/28/15	Khani Gustafson, MSW

Mental Health Interpreter Training (MHIT)	Intensive skills building curriculum for mental health interpreters	21 hours, one time	Interpreters	G: 2 Total: 2	6/16/14 – 6/18/14	National Latino Behavioral Health Association trainers
Training For Providers Who Use Interpreter Services	Training for providers who use interpreter services to provide culturally and linguistically competent behavioral health services.	7 hours, one time	Administration/ Management Direct services: County staff Direct services: Contractors Community Members/ General Public	A: 7 B: 3 C: 10 E: 2 Total: 22	6/10/14	Lidia Gamulin, LCSW
Mental Health Interpreter Training (MHIT)	Intensive skills building curriculum for mental health interpreters	21 hours, one time	Direct services: Contractors Community Members/ General Public Interpreters	C: 20 E: 1 G: 5 Total: 26	6/9/14 – 6/11/14	Rachel Guerrero, LCSW, D.J. Ida, PhD
Health Equity and Multicultural Competence Core Training Utilizing the CBMCS Curriculum	Focuses on four areas: Multicultural Knowledge, Awareness of Cultural Barriers, Sensitivity and Responsiveness to Consumers, and Sociocultural Diversities.	2 days, Annually	Administration/Management Direct services: County Direct services: Contractors	A: 1 B: 3 C: 35 Total: 39	5/5/14 – 5/6/14	Khani Gustafson, MSW, Jei Africa, PhD
Health Equity and Multicultural Competence Core Training Utilizing the CBMCS Curriculum	Focuses on four areas: Multicultural Knowledge, Awareness of Cultural Barriers, Sensitivity and Responsiveness to Consumers, and	2 days, Annually	Direct services: County Direct services: Contractors	B: 2 C: 34 Total: 36	4/21/14 – 4/22/14	Khani Gustafson, MSW, Jei Africa, PhD

	Sociocultural Diversities.					
Health Equity and Multicultural Competence Core Training Utilizing the CBMCS Curriculum	Focuses on four areas: Multicultural Knowledge, Awareness of Cultural Barriers, Sensitivity and Responsiveness to Consumers, and Sociocultural Diversities.	2 day, annually	Administration/ Management Direct services: County Direct services: Contractor	A: 1 B: 6 C: 34 Total: 41	2/3/14 – 2/4/14	Khani Gustafson, MSW, Jei Africa, PhD
Health Equity and Multicultural Competence Core Training Utilizing the CBMCS Curriculum	Focuses on four areas: Multicultural Knowledge, Awareness of Cultural Barriers, Sensitivity and Responsiveness to Consumers, and Sociocultural Diversities.	2 day, annually	Administration/ Management Direct services: Contractor	A: 1 C: 34 Total: 35	1/29/14 – 1/30/14	Khani Gustafson, MSW, Jei Africa, PhD
Mental Health Interpreter Training (MHIT)	Intensive skills building curriculum for mental health interpreters	21 hours, one time	Administration/ Mgt Interpreters	A:1 G: 31 Total: 32 x 3 days	6/25/13 – 6/27/13	Lidia Gamulin, LCSW & D.J. Ida, PhD
Cultural Competence Foundational Training Utilizing the California Brief Multicultural Competence Scale	Focuses on four area: Multicultural Knowledge, Awareness of Cultural Barriers, Sensitivity and Responsiveness to Consumers, and	16 hours One time, pilot	Administration/ Mgt Direct service contractors	A: 2 C: 30 Total 32 x 2 days	6/20/13 – 6/21/13	Dr. Robin Huff-Musgrove,

	Sociocultural Diversities.					
California Brief Multicultural Competence Scale (CBMCS)	21-item self-assessment of cultural competence. Four subscales with an 8-hour training program for each subscale.	Thirty-two hours quarterly	*Direct Services *Direct Services – Contractors *Administration/Management *Interpreters	2 23 6 Total: 31	10/22, 10/29,11/1, 11/5/10	Hendry Ton, MD; Jo Ann Johnson, LCSW; Mary Nakamura, LCSW, Sandra Stowell, ACSW
CBMCS	21-item self-assessment of cultural competence. Four subscales with an 8-hour training program for each subscale.	Thirty-two hours quarterly	*Direct Services *Direct Services – Contractors *Administration/Management *Interpreters	1 23 8 Total: 32	1/15,1/29, 2/5,2/8/10	Hendry Ton, MD; Jo Ann Johnson, LCSW; Mary Nakamura, LCSW, Sandra Stowell, ACSW Matthew Mock Ph D
CBMCS	21-item self-assessment of cultural competence. Four subscales with an 8-hour training program for each subscale.	Thirty-two hours quarterly	*Direct Services *Direct Services – Contractors *Administration/ Management *Interpreters	1 25 5 Total: 31	3/16, 3/20, 4/13, 4/20/2009	Hendry Ton, MD; Jo Ann Johnson, LCSW; Mary Nakamura, LCSW, Sandra Stowell, ACSW
CBMCS	21-item self-assessment of cultural competence. Four subscales with an 8-hour training program for each subscale.	Thirty-two hours quarterly	*Direct Services *Direct Services – Contractors *Administration/ Management *Interpreters *Guest - Community	4 20 7 2	12/3, 12/4/08, 1/5, 1/9/09	Hendry Ton, MD; Jo Ann Johnson, LCSW; Mary Nakamura, LCSW, Sandra Stowell, ACSW

				Total: 33		
CBMCS	21-item self-assessment of cultural competence. Four subscales with an 8-hour training program for each subscale.	Thirty-two hours quarterly	*Direct Services *Direct Services – Contractors *Administration/ Management *Interpreters *Guest - Community	1 20 2 4 Total: 27	5/21, 5/22, 6/4, 6/13/08	Hendry Ton, MD; Jo Ann Johnson, LCSW; Mary Nakamura, LCSW, Sandra Stowell, ACSW
CBMCS	21-item self-assessment of cultural competence. Four subscales with an 8-hour training program for each subscale.	Thirty-two hours quarterly	*Direct Services *Direct Services – Contractors *Administration/ Management *Interpreters *Guest - Community	15 3 1 4 Total: 23	4/2, 4/3, 4/17, 4/18/08	Hendry Ton, MD; Jo Ann Johnson, LCSW; Melissa Jacobs-Lee, LCSW
CBMCS	21-item self-assessment of cultural competence. Four subscales with an 8-hour training program for each subscale.	Thirty-two hours quarterly	*Direct Services *Direct Services – Contractors *Administration/ Management *Interpreters *Guest - Community	1 17 11 1 Total: 30	1/30, 1/31, 2/20, 2/22/08	Gloria Morrow, PhD; Hendry Ton, MD; Jo Ann Johnson, LCSW; Melissa Jacobs-Lee, LCSW

CBMCS	21-item self-assessment of cultural competence. Four subscales with an 8-hour training program for each subscale.	Thirty-two hours quarterly	*Direct Services *Direct Services – Contractors *Administration/ Management *Interpreters *Guest - Community	10 8 4 1 Total: 23	8/9, 8/10, 8/29, 8/30/07	Gloria Morrow, PhD; Hendry Ton, MD; Jo Ann Johnson, LCSW; Melissa Jacobs-Lee, LCSW
Training Providers to use Mental Health Interpreters	Training for providers in the use of an interpreter in mental health service settings.	Four hours	*Direct Services *Direct Services – Contractors *Administration/ Management *Interpreters	6 15 11 Total: 32	4/11/07	Lidia Gamulin, LCSW
Mental Health Interpreter Training	Intensive skills building curriculum for interpreters working in mental health settings.	Forty hours	*Interpreters *Administration/ Management	26 2 Total: 28	4/9, 4/10, 4/11, 4/16, 4/17/07	Dr. D.J. Ida and Lidia Gamulin, LCSW
California Brief Multicultural Competence Scale (CBMCS) Training	21-item self-assessment of cultural competence. Four subscales with an 8-hour training program for each subscale.	Thirty-two hours quarterly	*Direct Services *Direct Services – Contractors *Administration/ Management *Interpreters	6 17 16 3 Total: 42	2/2, 2/9, 2/16, 2/23/07	Gloria Morrow, PhD; Robbin Huff-Musgrove, PhD

NorCal Mental Health America and Sacramento County Division of Behavioral Health Services present:

PEER EMPOWERMENT CONFERENCE

WHEN

June 14, 2019
10:00am - 4:30pm
Registration
9:30 to 10:00 am

WHERE

Harper Alumni Center
Sacramento State
6000 J St, Sacramento, CA 95819
(Near Hornet Stadium)

No pre-registration required•
Conference and lunch free of charge • Raffle•
Award Ceremony•Information Tables

If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Darlene Moore at (916)875-7227.

FEATURING

Keynote Speaker

MELODY MOEZZI

Iranian American Muslim activist, attorney and award winning author.

Performance by

PARRIS LEE

"Lady Eiffel"

QUESTIONS?

Contact:
Katherine Ferry
FerryK@saccounty.net
(916)875-4710

NorCal MHA Mental Health America

This program is funded by the Sacramento County Division of Behavioral Health Services through the voter approved Proposition 63, the Mental Health Services Act.

SACRAMENTO COUNTY

* Procedure for Over the Phone/(Language Line) Interpreter Calls *
(revised 7/14/10)

To use an over the phone interpreter, call Pacific Interpreter for clients who speak a language other than English.

IMPORTANT:

If you use an interpreter, or if you speak a language other than English with a client, be sure to document that fact on your contact log.

Pacific Interpreter

(The following instructions are applicable when using a Cisco system phone. If you are using another phone system, some of the calling features may be different.)

If you are making the call and the caller is already on the line:

Step 1: Instruct the caller to "Wait – Interpreter." They may also understand words such as "please" or "thank you." Ask them what language they speak. If you are unable to determine the language needed, Pacific Interpreter will be able to assist.

Step 2: On the display you will see "More" as an option. Push "More" to view additional options, then select "Conference Call" (conference). When you get a dial tone call the toll free number for Pacific Interpreter: [1(866) 425-0217].

Step 3: When the Pacific Interpreter operator answers the call, you will be asked the following:

1) What is your assigned access code? (See attached)
2) What language do you need interpreted?
* *Note: if you were unable to determine the language needed, please communicate this to the operator and wait for assistance from the operator.*
3) What is your full name and the name of the unit in which you work?

Step 4: The interpreter will come on the line shortly. The interpreter should be briefed with the following:

1) Your name, who you are and where you are calling from.
2) Brief description of what you are doing.
3) The name of the client caller.
4) Request that the interpreter greet the caller.

Step 5: Select the "Conference Call" option on the phone and the caller will come on the line. Say "go ahead, interpreter" to initiate the dialogue. It is helpful to the interpreter if you speak directly to the client as if you are not using a third party to translate. This way the interpreter can translate your remarks directly to the client and does not have to adjust any language or take out any comments intended only for the interpreter.

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)					
☑	**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 not able to obtain the patient's acknowledgement, record the good-faith effort made to obtain acknowledgement, and the reason acknowledgement was not obtained. Effort to obtain acknowledgement: ☐ In-person request ☐ Request via mail (send copy of letter to EMR for inclusion in patient's record) ☐ Other, please describe below: Reason acknowledgement was not obtained: ☐ Patient refused to sign ☐ Patient did not return acknowledgement receipt form. ☐ Other, please describe below: Program Staff Signature / Print Name / MM/DD/YY			
☐	**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.				
☐	**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.				
☐	**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?	☐ **YES**	☐ **NO**	☐ **N/A**
		If YES, can you provide a copy for our Medical Records?	☐ **YES**	☐ **NO**	☐ **N/A**
☐	**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.				
☐	**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.

Client Signature	**Client ID**	**Date (MM/DD/YY)**
Legal or Personal Representative of Client Signature (If applicable)	**Relationship to Client**	**Date (MM/DD/YY)**

GUIDE TO

Medi-Cal Mental Health Services

Revised June 2013

If you are having an emergency, please call 9-1-1 or visit the nearest hospital emergency room.

If you would like additional information to help you decide if this is an emergency, please see the information on State of California page 6 in this booklet

Important Telephone Numbers

Emergency	911
ACCESS	(916) 875-1055*
ACCESS toll free/24 hours	(888) 881-4881
Psychiatric Emergency/Urgent Services	(916) 732-3637
Member Services	(916) 875-6069*
Patient's Rights Advocate	(916) 333-3800
Mental Health Treatment Center	(916) 875-1000*

*TTY numbers- see Page 2

How to Get a Provider Directory:

You may ask for, and your Mental Health Plan (MHP) should give to you, a directory of people, clinics and hospitals where you can get mental health services in your area. This is called a 'provider list' and contains names, phone numbers and addresses of doctors, therapists, hospitals and other places where you may be able to get help. You may need to contact your MHP first, before you go to seek help. Call your MHP's 24-hour toll-free number above to request a provider directory and to ask if you need to contact the MHP before going to a service provider's office, clinic or hospital for help.

In What Other Languages and Formats are These Materials Available?

Disponible en Español

Este folleto (o información) esta disponible en Español. Usted puede solicitarlo llamando al número de teléfono gratuito mencionado anteriormente.

Có bản tiếng Việt của tập sách (hoặc tài liệu) này. Quý vị có thể gọi số điện thoại miễn phí ở trên để xin bản tiếng Việt.

本小冊子（或資訊）有繁體中文版，
請致電以上免費專線查詢。

Данная брошюра также доступна на русском языке. Вы можете попросить предоставить ее вам, позвонив по бесплатному номеру телефона, указанному выше.

Phau ntawv no (los sis cov lus no) muaj ua lus Hmoob. Koj nug tau cov no uas hu tus xov tooj hu dawb saum toj no.

Introduction to Medi-Cal Mental Health Services

If you have trouble with this booklet, please call the MHP at (888) 881-4881 to find out about other ways you can get this important information

Why Did I Get This Booklet?

You are getting this booklet because you are eligible for Medi-Cal and need to know about the mental health services that Sacramento County offers and how to get these services if you need them.

If you are now getting services from Sacramento County, this booklet just tells you more about how things work. This booklet tells you about mental health services, but does not change the services you are getting. You may want to keep this booklet so you can read it again.

If you are not getting services right now, you may want to keep this booklet in case you, or someone you know, need to know about mental health services in the future.

What Is A Mental Health Emergency?

An emergency is a serious mental or emotional problem such as:
When a person is a danger to himself, herself, or others because of what seems like a mental illness, or

When a person cannot get or use the food, shelter, or clothing they need because of what seems like a mental illness.

In an emergency, please call 9-1-1 or take the person to a hospital emergency room.

How Do I Use This Booklet?

This booklet will help you know what specialty mental health services are, if you may get them, and how you can get help from the Sacramento County MHP.

This booklet has two sections. The first section tells you how to get help from the Sacramento County MHP and how it works.

The second section is from the State of California and gives you more general information about specialty mental health services. It tells you how to get other services, how to resolve problems, and what your rights are under the program.

This booklet also tells you how to get information about the doctors, clinics and hospitals that the Sacramento County MHP uses to provide services and where they are located.

What is My County's Mental Health Plan (MHP)?

Mental health services are available to people on Medi-Cal, including children, young people, adults and older adults in Sacramento County.

Sometimes these services are available through your regular doctor. Sometimes they are provided by a specialist, and called 'specialty' mental health services. These specialty services are provided through the Sacramento County "Mental Health Plan" or MHP, which is separate from your regular doctor. The Sacramento County MHP operates under rules set by the State of California and the federal government. Each county in California has its own MHP.

I

If you feel you have a mental health problem, you may contact the Sacramento County MHP directly at **(888) 881-4881**. This is a toll-free telephone number that is available 24 hours a day, seven days a week You do not need t o see your regular doctor first or get permission or a referral before you call.

If you believe you would benefit from specialty mental health services and are eligible for Medi-Cal, the Sacramento County Mental Health Plan will help you find out if you may get mental health treatments and services. If you would like more information about specific services, please see the sections on 'Services' on the State of California page 9 in this booklet.

You may also request a State Fair Hearing. Please see page 26 in the State of California section of this booklet for more information.

What If I Have A Problem Getting Help?

If you have a problem getting help, please call the Sacramento County MHP's 24-hour, toll-free phone number at **(888) 881-4881**. You may also call your county's Patient's Right Advocate at **(916) 333-3800**.

If that does not solve your problem, you may call the State of California's Ombudsman for help:
(800) 896-4042 - CA Only
(916) 654-3890
(800) 896-2512 TTY
FAX: **(916) 653-9194**
EMail: **ombudsman@dmh.ca.gov**

Medi-Cal Mental Health Services

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Medi-Cal Mental Health Services

State of California *(Continued)*

Welcome to the Sacramento County Mental Health Plan

We welcome you to Sacramento County Mental Health Plan

(MHP). The MHP provides mental health services to all Sacramento County Mental Health Medi-Cal eligible children and adults.

What guides the MHP's service delivery?

The following principles guide the MHP's service delivery:

- Services are culturally and linguistically competent.
- Members are treated with dignity and respect.
- Member choice is honored within available resources.
- Strength based treatment is delivered in the most appropriate, least restrictive environment.
- Services include the member, family, and community support system in treatment planning and system design.
- Outcomes are successful when there is effective communication among members, families, and providers.
- Services are provided without regard to race, gender, creed, religion, sexual orientation and/or age.

Important Telephone Numbers	
Emergency	911
ACCESS ACCESS toll free/24 hours	(916) 875-1055 (888) 881-4881 (916) 874-8070 TTY
Psychiatric Emergency/Urgent Services	(916) 732-3637
Member Services	(916) 875-6069 (916) 876-8853 TTY
Patient's Rights Advocate	(916) 333-3800
Mental Health Treatment Center	(916) 875-1000 California Relay Services: 711

Emergency care does not require pre-authorization.

How Do I Know If Someone Needs Help Right Away?

Even if there is no emergency, a person with mental health problems needs help right away if one or more of these things are true.

- Hearing or seeing things others believe are not there
- Extreme and frequent thoughts of, or talking about, death
- Giving away their things
- Threatening to kill themselves (suicide)
- Wanting to hurt themselves or others

If one or more of these things is true, call **911** or the Sacramento MHP at **(888) 881-4881** (24-hours toll free). Mental Health workers are on-call 24-hours a day.

What Specialty Mental Health Services Does Sacramento County Provide?

The MHP provides all medically necessary mental health services, which may include:

- Evaluation and Assessment
- Brief Therapy
- Counseling: Individual, Family, and Group
- Outpatient Crisis Stabilization
- Crisis Residential Treatment
- Adult Residential Treatment
- Case Management, Intensive Case Management
- Medication Evaluation and Support
- Intensive Day Treatment
- Day Rehabilitation
- Psychological Testing
- Psychiatric Hospitalization
- Therapeutic Behavioral Services (TBS)

- Homeless Services
- Services for Co-Occurring disorders.

All planned outpatient services must be pre-authorized by ACCESS.

The other services that are sometimes needed are included in the list on pages 9 (adults) and 12 (children) in the State of California section of this booklet.

The services listed above are the services that Sacramento County MHP thinks are most likely to help people who need services from us. Sometimes other services may be needed. The other services that are sometimes needed are included in the list on pages 9 (adults) and 12 (children) in the State of California section of this booklet.

How Do I Get These Services?

You may request mental health services by calling ACCESS at **(916) 875-1055** or toll free at **(888) 881-4881.**

ACCESS has two teams: one for adults/older adults and one for children/youth. The ACCESS teams give information, assess for service needs, authorize mental health services, and make referrals. Mental Health ACCESS provides information twenty-four hours a day, seven days a week, 365 days a year.

You or an authorized advocate can also request services. An advocate is a relative, community agency staff, physician, school staff, or any interested party. Referrals will be handled by telephone, and may require a face-to-face interview.

You must provide Medi-Cal eligibility information when requesting mental health services. You must have all planned mental health services pre-authorized by ACCESS. The MHP encourages you to participate in their treatment planning, to evaluate the services received, and to offer suggestions to improve services.

What Does It Mean To Be "Authorized" To Receive Mental Health Services And What Is The Amount, Duration And Scope Of Services Provided?

You, your provider and Sacramento County MHP are all involved in deciding what services you need to receive through the MHP, including how often you will need services and for how long.

The Child and Adult Access Teams will determine the level of care, scope an duration of non-emergency services available, based on the assessment/screening information. Your provider may request additional or continued services before the initial authorization expires.

If you would like more information on how the Sacramento County MHP does MHP payment authorizations or when we require your provider to request an MHP payment authorization for services, please contact the Sacramento County MHP at **(888) 881-4881.**

How Do I Get More Information About Sacramento County's Mental Health Services Including Doctors, Therapists, Clinics And Hospitals?

A list of doctors, therapists, clinics and hospitals is available from the Access Team by calling **(916) 875-1055**. If you would like additional information on the MHP's structure and operation, please contact the Sacramento County MHP at **(888) 881-4881**.

In What Other Languages And Formats Are These Materials Available?

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

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

Can I See Any Doctor, Therapist, Clinic Or Hospital On Sacramento County's "Provider List"?

We require that you contact us first because we want to make sure that:
1) Your services are authorized and
2) The provider you choose is accepting new Medi-Cal beneficiaries.

For more information please contact the Sacramento County MHP at **(888) 881-4881.**

What If I Want To Change Doctors, Therapists Or Clinics?

You may request to change your doctor or staff, at any time, in any one of following ways:
1) Complete a Change of Provider form.
2) Contact the Access Team or
3) Verbally request a change at the provider site.

Change of Provider forms are available at all provider sites. Forms are preaddressed and may be mailed or placed in the provider's suggestion box.

How Do I Get A Copy Of The "Provider List"?

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

Can I Use The "Provider List" To Find Someone To Help Me?

Authorization is required for all outpatient treatment. Please contact the Child or Adult Access Teams at **(888) 881-4881** for referral to the listed providers.

What If I Want To See A Doctor, Clinic Or Hospital That Is Not Listed On Sacramento County's "Provider List"?

The Access teams will refer you to a provider who is contracted with the County. Exceptions may be granted if the service you request is not available from the MHP contracted providers. Your request will be subject to a clinical review for medical necessity and appropriateness. Either you or your provider may make this request by contacting the Adult or Child Access Teams.

Does Sacramento County Have Transportation I Can Use To See My Doctor, Therapist, Clinic, Or Hospital?

The ACCESS Teams provide referrals and resource information to the Regional Transit system by calling **(888) 881-4881**.

What If I need Urgent-care Mental Health Services On A Weekend Or At Night?

If you are having a psychiatric emergency or urgent care need you can call the toll-free telephone line 24 hours a day, seven days per week at **(888) 881-4881**. The Crisis Unit is located at the Mental Health Treatment Center at 2150 Stockton Boulevard, Sacramento, CA 95817.

Urgent/emergency care does not require pre-authorization.

How Do I Get Mental Health Services That My Mental Health Provider Does Not Offer?

You will be referred to a primary mental health provider within the MHP to provide a variety of mental health services specific to the level of care based on medical necessity criteria. Requests for other services require re-assessment for the level of care needed. The Access Teams review the criteria for a change in the level of care.

What If I Need To See A Doctor For Something Other Than Mental Health Treatment? How Are People Referred To Medi-Cal Services Other Than Mental Health Care In Sacramento County?

You will be referred to their Geographic Managed Care Plan or other community medical clinics. Referrals are provided by the Child and Adult ACCESS Teams **(888) 881-4881.**

What Can I Do If I Have A Problem Or Am Not Satisfied With My Mental Health Treatment?

If you have a concern or problem or are not satisfied with your mental health services, the MHP wants to be sure your concerns are resolved simply and quickly. Please contact the MHP at (**888) 881-4881** to find out how to resolve your concerns.

For more information on Grievances, Appeals and State Fair Hearings, please turn to the section about 'Problem Resolution Processes' in the State of California page 22 in this booklet.

There are three ways you can work with the MHP to resolve concerns about services or other problems. You can file a Grievance verbally or in writing with the MHP about any MHP related issue. You can file an Appeal verbally (and follow up in writing) or in writing with the MHP. You can also file for a State Fair Hearing with the Department of Social Services.

For more information about how the MHP Grievance and Appeal processes and the State Fair Hearing process work, please turn to the section about Grievances, Appeals and State Fair Hearings on page 22 in the State of California section of this booklet.

Who Is Sacramento County's Patient's Right Advocate, What Do They Do And How Do I Contact Them?

The following resources are available for assistance in completing forms and resolving a Grievance, Appeal, and State Fair Hearing:

The Patient's Rights Advocate can be reached at (**916) 333-3800**. The Patient's Rights Advocate can also help with questions about your rights.

Does Sacramento County Keep My Mental Health Records Private?

Your mental health services and records will be handled with confidentiality and will only be shared as required by law.

What Kind Of Emergency-Related Services Are Provided?

Emergency services are paid for by Medi-Cal when you go to a hospital or use outpatient services (with no overnight stay involved) furnished in a hospital emergency room by a qualified provider (doctor, psychiatrist, psychologist or other mental health provider). They are needed to evaluate or stabilize someone in an emergency.

Your county's Mental Health Plan (MHP) should provide specific information about how emergency services are administered in your County. The following state and federal rules apply to emergency services covered by the MHP:

- The hospital does not need to get advance approval from the MHP (sometimes called "prior authorization") or have a contract with your MHP to get paid for the emergency services the hospital provides to you.
- The MHP needs to tell you how to get emergency services, including the use of 9-1-1.
- The MHP needs to tell you the location of any places where providers and hospitals furnish emergency services and post-stabilization services
- You can go to a hospital for emergency care if you believe there is a psychiatric emergency
- Specialty mental health services to treat your urgent condition are available 24 hours a day, seven days per week. (An urgent condition means a mental health crisis that would turn into an emergency if you do not get help very quickly.)
- You can receive these inpatient hospital services from the MHP on a voluntary basis, if you can be properly served without being involuntarily held. The state laws that cover voluntary and involuntary admissions to the hospital for mental illness are not part of state or federal Medi-Cal rules, but it may be important for you to know a little bit about them:
    1. **Voluntary admission:** This means you give your OK to go into and/or stay in the hospital.
    2. **Involuntary admission:** This means the hospital keeps you in the hospital for up to 72 hours without your OK. The hospital can do this when the hospital thinks you are likely to harm yourself or someone else or that you are unable to take care of your own food, clothing and housing needs. The hospital will tell you in writing what the hospital is doing for you and what your rights are. If the doctors treating you think you need to stay longer than 72 hours, you have a right to a lawyer and a hearing before a judge and the hospital will tell you how to ask for this.

Your county's Mental Health Plan (MHP) should pay for post-stabilization care services obtained within the MHP's provider list or coverage area. Your MHP will pay for such services if they are pre-approved by an MHP provider or other MHP representative.

Post-stabilization care services are covered services that are needed after an emergency. These services are provided after the emergency is over to continue to improve or resolve the condition.

Your MHP is financially responsible for (will pay for) post-stabilization care services to maintain, improve, or resolve the stabilized condition if:

- The MHP does not respond to a request from the provider for pre-approval within 1 hour
- The MHP cannot be contacted by the provider
- The MHP representative and the treating physician cannot reach an agreement concerning your care and an MHP physician is not available for consultation. In this situation, the MHP must give the treating physician the opportunity to consult with an MHP physician. The treating physician may continue with care of the patient until one of the conditions for ending post-stabilization care is met. The MHP must make sure you don't pay anything extra for post-stabilization care.

When Does My County MHP's Responsibility For Covering Post-Stabilization Care End?

Your county's MHP is NOT required to pay for post-stabilization care services that are not pre-approved when:

- An MHP physician with privileges at the treating hospital assumes responsibility for your care.
- An MHP physician assumes responsibility for your care through transfer.
- An MHP representative and the treating physician reach an agreement concerning your care (the MHP and the physician will follow their agreement about the care you need).
- You are discharged (sent home from the facility by a doctor or other professional).

How Do I Know When I Need Help?

Many people have difficult times in life and may experience mental health problems. While many think major mental and emotional disorders are rare, the truth is one in five individuals will have a mental (psychiatric) disorder at some point in their life. Like many other illnesses, mental illness can be caused by many things.

The most important thing to remember when asking yourself if you need professional help is to trust your feelings. If you are eligible for Medi-Cal and you feel you may need professional help, you should request an assessment from your county's MHP to find out for sure.

What Are Signs I May Need Help?

If you can answer 'yes' to one or more of the following AND these symptoms persist for several weeks AND they significantly interfere with your ability to function daily, AND the symptoms are not related to the abuse of alcohol or drugs. If this is the case, you should consider contacting your county's Mental Health Plan (MHP).

A professional from the MHP will determine if you need specialty mental health services from the MHP. If a professional decides you are not in need of specialty mental health services, you may still be treated by your regular medical doctor or primary care provider, or you may appeal that decision (see page 23).

You may need help if you have SEVERAL of the following feelings:

- Depressed (or feeling hopeless or helpless or worthless or very down) most of the day, nearly every day
- Loss of interest in pleasurable activities
- Weight loss or gain of more than 5% in one month
- Excessive sleep or lack of sleep
- Slowed or excessive physical movements
- Fatigue nearly every day
- Feelings of worthlessness or excessive guilt
- Difficulty thinking or concentrating or making a decision
- Decreased need for sleep – feeling 'rested' after only a few hours of sleep
- 'Racing' thoughts too fast for you to keep up with
- Talking very fast and can't stop talking
- Feel that people are 'out to get you'
- Hear voices and sounds others do not hear
- See things others do not see
- Unable to go to work or school
- Do not care about personal hygiene (being clean)
- Have serious relationship problems

- Isolate or withdraw from other people
- Cry frequently and for 'no reason'
- Are often angry and 'blow up' for 'no reason'
- Have severe mood swings
- Feel anxious or worried most of the time
- Have what others call strange or bizarre behaviors

If you feel you have several of the signs listed, and feel this way for several weeks, you may want to be assessed by a professional. If you are not sure, you should ask your family doctor or other health care professional for their opinion.

What Services Are Available?

As an adult on Medi-Cal, you may be eligible to receive specialty mental health services from the MHP. Your MHP is required to help you determine if you need these services. Some of the services your county's MHP is required to make available, if you need them, include:

Mental Health Services – These services include mental health treatment services, such as counseling and psychotherapy, provided by psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists and psychiatric nurses. Mental health services may also be called rehabilitation or recovery services, and they help a person with mental illness to develop coping skills for daily living. Mental health services can be provided in a clinic or provider office, over the phone, or in the home or other community setting.

- These services may sometimes be provided to one person at a time (individual therapy or rehabilitation), two or more people at the same time (group therapy or group rehabilitation services), and to families (family therapy).

Medication Support Services – These services include the prescribing, administering, dispensing and monitoring of psychiatric medicines; medication management by psychiatrists, and education and monitoring related to psychiatric medicines. Medication support services can be provided in a clinic or provider office, over the phone, or in the home or other community setting.

Targeted Case Management – This service helps with getting medical, educational, social, prevocational, vocational, rehabilitative, or other community services when these services may be hard for people with mental illness to do on their own. Targeted case management includes plan development; communication, coordination, and referral; monitoring service delivery to ensure the person's access to service and the service delivery system; and monitoring of the person's progress.

Crisis Intervention and Crisis Stabilization – These services provide mental health treatment for people with a mental health problem that can't wait for a regular, scheduled appointment. Crisis intervention can last up to eight hours and can be provided in a clinic or provider office, over the phone, or in the home or other community setting. Crisis stabilization can last up to 20 hours and is provided in a clinic or other facility site.

Each county's MHP may have slightly different ways of making these services available, so please consult the front section of this booklet for more information, or contact your MHP's toll-free phone number to ask for additional information.

Adult Residential Treatment Services – These services provide mental health treatment for people who are living in licensed facilities that provide residential services for people with mental illness. These services are available 24-hours a day, seven days a week. Medi-Cal doesn't cover the room and board cost to be in the facility that offers adult residential treatment services.

Crisis Residential Treatment Services – These services provide mental health treatment for people having a serious psychiatric episode or crisis, but who do not present medical complications requiring nursing care. Services are available 24-hours a day, seven days a week in licensed facilities that provide residential crisis services to people with mental illness. Medi-Cal doesn't cover the room and board cost to be in the facility that offers adult residential treatment services.

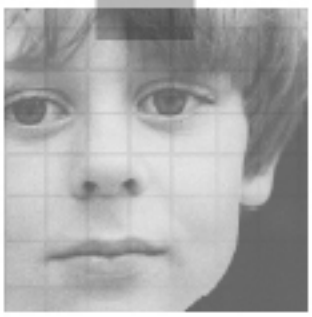
Day Treatment Intensive - This is a structured program of mental health treatment provided to a group of people who might otherwise need to be in the hospital or another 24-hour care facility. The program lasts at least three hours a day. People can go to their own homes at night. The program includes skill-building activities (life skills, socialization with other people, etc.) and therapies (art, recreation, music, dance, etc.), as well as psychotherapy.

Day Rehabilitation – This is a structured program of mental health treatment to improve, maintain or restore independence and functioning. The program is designed to help people with mental illness learn and develop skills. The program lasts at least three hours per day. People go to their own homes at night. The program includes skill-building activities (life skills, socialization with other people, etc.) and therapies (art, recreation, music, dance, etc.).

Psychiatric Inpatient Hospital Services – These are services provided in a hospital where the person stays overnight either because there is a psychiatric emergency or because the person needs mental health treatment that can only be done in the hospital.

Psychiatric Health Facility Services – These services are provided in a hospital-like setting where the person stays overnight either because there is a psychiatric emergency or because the person needs mental health treatment that can only be done in a hospital-like setting. Psychiatric health facilities must have an arrangement with a nearby hospital or clinic to meet the physical health care needs of the people in the facility.

These services also include work that the provider does to help make the services work better for the person receiving the services. These kinds of things include assessments to see if you need the service and if the service is working; plan development to decide the goals of the person's mental health treatment and the specific services that will be provided; "collateral", which means working with family members and important people in the person's life (if the person gives permission) if it will help the person improve or maintain his or her mental health status.



How Do I Know When A Child Needs Help?

For children from birth to age 5, there are signs that may show a need for specialty mental health services. These include:

- Parents who feel overwhelmed by being a parent or who have mental health problems
- A major source of stress in the family, such as divorce or death of a family member
- Abuse of alcohol or other drugs by someone in the house
- Unusual or difficult behavior by the child
- Violence or disruption in the house

If one of the above conditions is present in a house where a child up to age 5 is living, specialty mental health services may be needed. You should contact your county's MHP to request additional information and an assessment for services to see if the MHP can help you.

For school-age children, the following checklist includes some signs that should help you decide if your child would benefit from mental health services. Your child:

- Displays unusual changes in emotions or behavior
- Has no friends or has difficulty getting along with other children
- Is doing poorly in school, misses school frequently or does not want to attend school
- Has many minor illnesses or accidents
- Is very fearful
- Is very aggressive
- Does not want to be away from you
- Has many disturbing dreams
- Has difficulty falling asleep, wakes up during the night, or insists on sleeping with you
- Suddenly refuses to be alone with a certain family member or friend or acts very disturbed when the family member or friend is present
- Displays affection inappropriately or makes abnormal sexual gestures or remarks
- Becomes suddenly withdrawn or angry
- Refuses to eat
- Is frequently tearful

You may contact your county's MHP for an assessment for your child if you feel he or she is showing any of the signs above. If your child qualifies for Medi-Cal and the MHP's assessment indicates that specialty mental health services covered by the MHP are needed, the MHP will arrange for the child to receive the services.

How Do I Know When An Adolescent Or Young Person Needs Help?

Adolescents (12-18 years of age) are under many pressures facing teens. Young people aged 18 to 21 are in a transitional age with their own unique pressures and, since they are legally adults, are able to seek services as adults.

Some unusual behavior by an adolescent or young person may be related to the physical and psychological changes taking place as they become an adult. Young adults are establishing a sense of self-identity and shifting from relying on parents to independence. A parent or concerned friend, or the young person may have difficulty deciding between what 'normal behavior' is and what may be signs of emotional or mental problems that require professional help.

Some mental illnesses can begin in the years between 12 and 21. The checklist below should help you decide if an adolescent requires help. If more than one sign is present or persists over a long period of time, it may indicate a more serious problem requiring professional help. If an adolescent:

- Pulls back from usual family, friend and/or normal activities
- Experiences an unexplained decline in school work
- Neglects their appearance
- Shows a marked change in weight
- Runs away from home
- Has violent or very rebellious behavior
- Has physical symptoms with no apparent illness
- Abuses drugs or alcohol

Parents or caregivers of adolescents or the adolescent may contact the county's MHP for an assessment to see if mental health services are needed. As an adult, a young person (age 18 to 20) may ask the MHP for an assessment. If the adolescent or young person qualifies for Medi-Cal and the MHP's assessment indicates that specialty mental health services covered by the MHP are needed, the MHP will arrange for the adolescent or young person to receive the services.

What Services Are Available?

The same services that are available for adults are also available for children, adolescents and young people. The services that are available are mental health services, medication support services, targeted case management, crisis intervention, crisis stabilization, day treatment intensive, day rehabilitation, adult residential treatment services, crisis residential treatment services, psychiatric inpatient hospital services, and psychiatric health facility services. MHPs also cover additional special services that are only available to children, adolescents and young people under age 21 and eligible for full-scope Medi-Cal (full-scope Medi-Cal means that Medi-Cal coverage isn't limited to a specific type of services, for example, emergency services only).

Each county's MHP may have slightly different ways of making these services available, so please consult the front section of this booklet for more information, or contact your MHP's toll-free phone number to ask for additional information.

Are There Special Services Available For Children, Adolescents And Young Adults?

There are special services available from the MHP for children, adolescents and young people called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) supplemental specialty mental health services. These EPSDT services include a service called Therapeutic Behavioral Services or TBS, which is described in the next section, and also include new services as they are identified by experts in mental health treatment as services that really work. These services are available from the MHP if they are needed to correct or ameliorate (improve) the mental health for a person under the age of 21 who is eligible for full-scope Medi-Cal and has a mental illness covered by the MHP (see page 10 for information on the mental illnesses covered by the MHP).

The MHP is not required to provide these special services if the MHP decides that one of the regular services covered by the MHP is available and would meet the child, adolescent, or young person's needs. The MHP is also not required to provide these special services in home and community settings if the MHP determines the total cost of providing the special services at home or in the community is greater than the total cost of providing similar services in an otherwise appropriate institutional level of care.

What Are Therapeutic Behavioral Services (TBS)?

TBS are a type of specialty mental health service available through each county's MHP if you have serious emotional problems. You must be under 21 and have full-scope Medi-Cal to get TBS.

- If you are living at home, the TBS staff person can work one-to-one with you to reduce severe behavior problems to try to keep you from needing to go to a higher level of care, such as a group home for children, adolescents and young people with very serious emotional problems.
- If you are living in a group home for children, adolescents and young people with very serious emotional problems, a TBS staff person can work with you so you may be able to move to a lower level of care, such as a foster home or back home. TBS will help you and your family, caregiver or guardian learn new ways of controlling problem behavior and ways of increasing the kinds of behavior that will allow you to be successful. You, the TBS staff person, and your family, caregiver or guardian will work together very intensively for a short period of time, until you no longer need TBS. You will have a TBS plan that will say what you, your family, caregiver or guardian, and the TBS staff person will do during TBS, and when and where TBS will occur. The TBS staff person can work with you in most places where you are likely to need help with your problem behavior. This includes your home, foster home, group home, school, day treatment program and other areas in the community.

Who Can Get TBS?

You may be able to get TBS if you have full scope Medi-Cal, are under 21 years old, have serious emotional problems AND:

- Live in a group home for children, adolescents and young people with very serious emotional problems. [These group homes are sometimes called Rate Classification Level (RCL) 12, 13 or 14 group homes]; OR
- Live in a state mental health hospital, a nursing facility that specializes in mental health treatment or a Mental Health Rehabilitation Center (these places are also called institutions for mental diseases or IMDs); OR
- Are at risk of having to live in a group home (RCL 12, 13 or 14), a mental health hospital or IMD; OR
- Have been hospitalized, within the last 2 years, for emergency mental health problems.

Are There Other Things That Must Happen For Me To Get TBS?

Yes. You must be getting other specialty mental health services. TBS adds to other specialty mental health services. It doesn't take the place of them. Since TBS is short term, other specialty mental health services may be needed to keep problems from coming back or getting worse after TBS has ended.

TBS is NOT provided if the reason it is needed is:

- Only to help you follow a court order about probation
- Only to protect your physical safety or the safety of other people
- Only to make things easier for your family, caregiver, guardian or teachers
- Only to help with behaviors that are not part of your mental health problems

You cannot get TBS while you are in a mental health hospital, an IMD, or locked juvenile justice setting, such as a juvenile hall. If you are in a mental health hospital or an IMD, though, you may be able to leave the mental hospital or IMD sooner, because TBS can be added to other specialty mental health services to help you stay in a lower level of care (home, a foster home or a group home).

How Do I Get TBS?

If you think you may need TBS, ask your psychiatrist, therapist or case manager, if you already have one, or contact the MHP and request services. A family member, caregiver, guardian, doctor, psychologist, counselor or social worker may call and ask for information about TBS or other specialty mental health services for you. You may also call the MHP and ask about TBS.

Who Decides If I Need TBS And Where Can I Get Them?

The MHP decides if you need specialty mental health services, including TBS. Usually an MHP staff person will talk with you, your family, caregiver or guardian, and others who are important in your life and will make a plan for all the mental health services you need, including a TBS plan if TBS is needed. This may take one or two meetings face-to-face, sometimes more. If you need TBS, someone will be assigned as your TBS staff person.

What Should Be In My TBS Plan?

Your TBS plan will spell out the problem behaviors that need to change and what the TBS staff person, you and sometimes your family, caregiver or guardian will do when TBS happens. The TBS plan will say how many hours a day and the number of days a week the TBS staff person will work with you and your family, caregiver or guardian. The hours in the TBS plan may be during the day, early morning, evening or night. The days in the TBS plan may be on weekends as well as weekdays. The TBS plan will say how long you will receive TBS. The TBS plan will be reviewed regularly. TBS may go on for a longer period of time, if the review shows you are making progress but need more time.

What is ‘Medical Necessity’ And Why Is It So Important?

One of the conditions necessary for receiving specialty mental health services through your county’s MHP is something called ‘medical necessity.’ This means a doctor or other mental health professional will talk with you to decide if there is a medical need for services, and if you can be helped by services if you receive them.

The term ‘medical necessity’ is important because it will help decide what kind of services you may get and how you may get them. Deciding ‘medical necessity’ is a very important part of the process of getting specialty mental health services.

What Are The ‘Medical Necessity’ Criteria For Coverage Of Specialty Mental Health Services Except For Hospital Services?

As part of deciding if you need specialty mental health services, your county’s MHP will work with you and your provider to decide if the services are a ‘medical necessity,’ as explained above. This section explains how your MHP will make that decision.

You don’t need to know if you have a diagnosis, or a specific mental illness, to ask for help. Your county MHP will help you get this information with an ‘assessment.’ There are four conditions your MHP will look for to decide if your services are a ‘medical necessity’ and qualify for coverage by the MHP:

(1) You must be diagnosed by the MHP with one of the following mental illnesses as described in the Diagnostic and Statistical Manual, Fourth Edition, published by the American Psychiatric Association:

- Pervasive Developmental Disorders, except Autistic Disorders
- Disruptive Behavior and Attention Deficit Disorders
- Feeding and 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 Disorder
- Eating Disorders
- Impulse Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality Disorder
- Medication-Induced Movement Disorders related to other included diagnoses

You don't need to know your diagnosis to ask the MHP for an assessment to see if you need specialty mental health services from the MHP.

AND

(2) You must have at least one of the following problems as a result of the diagnosis:

- A significant difficulty in an important area of life functioning
- A probability of significant deterioration in an important area of life functioning
- Except as provided in the section for people under 21 years of age, a probability that a child will not progress developmentally as individually appropriate

AND

(3) The expectation is that the proposed treatment will:

- Significantly reduce the problem
- Prevent significant deterioration in an important area of life-functioning
- Allow a child to progress developmentally as individually appropriate

AND

(4) The condition would not be responsive to physical health care based treatment.

If you do NOT meet these criteria, it does not mean that you cannot receive help. Help may be available from your regular Medi-Cal doctor, or through the standard Medi-Cal program.

When the requirements of this 'medical necessity' section are met, you are eligible to receive specialty mental health services from the MHP.

What Are The 'Medical Necessity' Criteria For Covering Specialty Mental Health Services For People Under 21 Years Of Age?

If you are under the age of 21, have full-scope Medi-Cal and have one of the diagnoses listed in (1) above, but don't meet the criteria in (2) and (3) above, the MHP would need to work with you and your provider to decide if mental health treatment would correct or ameliorate (improve) your mental health. If services covered by the MHP would correct or improve your mental health, the MHP will provide the services.

What Are The 'Medical Necessity' Criteria For Reimbursement Of Psychiatric Inpatient Hospital Services?

One way that your MHP decides if you need to stay overnight in the hospital for mental health treatment is how 'medically necessary' it is for your treatment. If it is medically necessary, as explained above, then your MHP will pay for your stay in the hospital. An assessment will be made to help make this determination.

When you and the MHP or your MHP provider plan for your admission to the hospital, the MHP will decide about medical necessity before you go to the hospital. More often, people go to the hospital in an emergency and the MHP and the hospital work together to decide about medical necessity. You don't need to worry about whether or not the services are medically necessary if you go to the hospital in an emergency (see State of California section page 6 for more information about how emergencies are covered).

If you need these hospital services, your MHP pays for an admission to the hospital, if you meet the conditions to the right, called medical necessity criteria.

If you have mental illness or symptoms of mental illness and you cannot be safely treated at a lower level of care, and, because of the mental illness or symptoms of mental illness, you:

- Represent a current danger to yourself or others, or significant property destruction
- Are prevented from providing for or using food, clothing or shelter
- Present a severe risk to the your physical health
- Have a recent, significant deterioration in ability to function, and
- Need psychiatric evaluation, medication treatment, or other treatment that can only be provided in the hospital.

Your county's MHP will pay for a longer stay in a psychiatric inpatient hospital if you have one of the following:

- The continued presence of the 'medical necessity' criteria as described above
- A serious and negative reaction to medications, procedures or therapies requiring continued hospitalization
- The presence of new problems which meet medical necessity criteria
- The need for continued medical evaluation or treatment that can only be provided in a psychiatric inpatient hospital

Your county's MHP can have you released from a psychiatric inpatient (overnight stay) hospital when your doctor says you are stable. This means when the doctor expects you would not get worse if you were transferred out of the hospital.

What Is A Notice Of Action?

A Notice of Action, sometimes called an NOA, is a form that your county's Mental Health Plan (MHP) uses to tell you when the MHP makes a decision about whether or not you will get Medi-Cal specialty mental health services. A Notice of Action is also used to tell you if your grievance, appeal, or expedited appeal was not resolved in time, or if you didn't get services within the MHP's timeline standards for providing services.

When Will I Get A Notice Of Action?

You will get a Notice of Action:

- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. See page 17 for information about medical necessity.
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service. Most of the time you will receive a Notice of Action before you receive the service, but sometimes the Notice of Action will come after you already received the service, or while you are receiving the service. If you get a Notice of Action after you have already received the service you do not have to pay for the service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP does not provide services to you based on the timelines the MHP has set up. Call your county's MHP to find out if the MHP has set up timeline standards.
- If you file a grievance with the MHP and the MHP does not get back to you with a written decision on your grievance within 60 days. See page 28 for more information on grievances.
- If you file an appeal with the MHP and the MHP does not get back to you with a written decision on your appeal within 45 days or, if you filed an expedited appeal, within three working days. See page 23 for more information on appeals.

Please see the next section in this booklet on the Problem Resolution Processes for more information on grievances, appeals and State Fair Hearings.

Will I Always Get A Notice Of Action When I Don't Get The Services I Want?

There are some cases where you may not receive a Notice of Action. If you and your provider do not agree on the services you need, you will not get a Notice of Action from the MHP. If you think the MHP is not providing services to you quickly enough, but the MHP hasn't set a timeline, you won't receive a Notice of Action.

You may still file an appeal with the MHP or if you have completed the Appeals process, you can request a state fair hearing when these things happen. Information on how to file an appeal or request a fair hearing is included in this booklet starting on page 22. Information should also be available in your provider's office.

What Will The Notice Of Action Tell Me?

The Notice of Action will tell you:

- What your county's MHP did that affects you and your ability to get services.
- The effective date of the decision and the reason the MHP made its decision.
- The state or federal rules the MHP was following when it made the decision.
- What your rights are if you do not agree with what the MHP did.
- How to file an appeal with the MHP.
- How to request a State Fair Hearing.
- How to request an expedited appeal or an expedited fair hearing.
- How to get help filing an appeal or requesting a State Fair Hearing.
- How long you have to file an appeal or request a State Fair Hearing.
- If you are eligible to continue to receive services while you wait for an Appeal or State Fair Hearing decision.
- When you have to file your Appeal or State Fair Hearing request if you want the services to continue.

You should decide if you agree with what the MHP says on the form. If you decide that you don't agree, you can file an Appeal with your MHP, or after completing the Appeal process, you can request a State Fair Hearing, being careful to file on time. Most of the time, you will have 90 days to request a State Fair Hearing or file an Appeal.

What Should I Do When I Get A Notice Of Action?

When you get a Notice of Action you should read all the information on the form carefully. If you don't understand the form, your MHP can help you. You may also ask another person to help you.

If the Notice of Action form tells you that you can continue services while you are waiting for a State Fair Hearing decision, you must request the state fair hearing within 10 days from the date the Notice of Action was mailed or personally given to you or, if the Notice of Action is sent more than 10 days before the effective date for the change in services, before the effective date of the change.

While the majority of counties may handle the Problem Resolution Process in the way stated, there may be some differences among counties in the way things are handled. See specific information on your county in the front of this booklet.

What If I Don't Get the Services I Want From My County MHP?

Your county's MHP has a way for you to work out a problem about any issue related to the specialty mental health services you are receiving. This is called the problem resolution process and it could involve either:

1. **The Grievance Process-** an expression of unhappiness about anything regarding your specialty mental health services that is not one of the problems covered by the Appeal and State Fair Hearing processes.
2. **The Appeal Process** - review of a decision (denial or changes to services) that was made about your specialty mental health services by the MHP or your provider.

Or, once you have completed the problem resolution process at the MHP you can file for:

3. **The State Fair Hearing Process-** review to make sure you receive the mental health services which you are entitled to under the Medi-Cal program.

Your MHP will provide grievance and appeal forms and self addressed envelopes for you at all provider sites, and you should not have to ask anyone to get one. Your county's MHP must post notices explaining the grievance and appeal process procedures in locations at all provider sites, and make language interpreting services available at no charge, along with toll-free numbers to help you during normal business hours.

The State's Mental Health Ombudsman Services can be reached at (800) 896-4042 (interpreter services are available) or TTY (800) 896-2512, by sending a fax to (916) 653-9194, or by e-mailing to ombudsman@dmh.ca.gov.

Filing a grievance or appeal or a State Fair Hearing will not count against you. When your grievance or appeal is complete, your county's MHP will notify you and others involved of the final outcome. When your State Fair Hearing is complete, the State Hearing Office will notify you and others involved of the final outcome.

Can I Get Help To File An Appeal, Grievance Or State Fair Hearing?

Your county's MHP will have people available to explain these processes to you and to help you report a problem either as a Grievance, an Appeal, or as a request for State Fair Hearing. They may also help you know if you qualify for what's called an 'expedited' process, which means it will be reviewed more quickly because your health or stability are at risk. You may also authorize another person to act on your behalf, including your mental health care provider.

What If I Need Help To Solve A Problem With My MHP But Don't Want To File A Grievance Or Appeal?

You can get help from the State if you are having trouble finding the right people at the MHP to help you find your way through the MHP system. The State has a Mental Health Ombudsman Services program that can provide you with information on how the MHP system works, explain your rights and choices, help you solve problems with getting the services you need, and refer you to others at the MHP or in your community who may be of help.

Your MHP is responsible for allowing you to request a review of a decision that was made about your specialty mental health services by the MHP or your providers. There are two ways you can request a review. One way is using the standard Appeals process. The second way is by using the expedited Appeals process. These two forms of Appeals are similar; however, there are specific requirements to qualify for an expedited Appeal. The specific requirements are explained below.

What Is A Standard Appeal?

A Standard Appeal is a request for review of a problem you have with the MHP or your provider that involves denial or changes to services you think you need. If you request a standard Appeal, the MHP may take up to 45 days to review it. If you think waiting 45 days will put your health at risk, you should ask for an 'expedited Appeal.'

The standard appeals process will:

- Allow you to file an Appeal in person, on the phone, or in writing. If you submit your Appeal in person or on the phone, you must follow it up with a signed written Appeal. You can get help to write the Appeal. If you do not follow-up with a signed written Appeal, your Appeal will not be resolved. However, the date that you submitted of the oral Appeal is the filing date.
- Ensure filing an Appeal will not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the MHP might ask you to sign a form authorizing the MHP to release information to that person.
- Have your benefits continued upon request for an Appeal within the required timeframe, which is 10 days from the date your Notice of Action was mailed or personally given to you. You do not have to pay for continued services while the Appeal is pending.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous level of review or decision-making.
- Allow you or your representative to examine your case file, including your medical record, and any other documents or records considered during the appeal process, before and during the appeal process.
- Allow you to have a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.
- Allow you, your representative, or the legal representative of a deceased beneficiary's estate to be included as parties to the appeal.
- Let you know your appeal is being reviewed by sending you written confirmation
- Inform you of your right to request a State Fair Hearing, following the completion of the Appeal process.

When Can I File An Appeal?

You can file an appeal with your county's MHP:

- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. (See page 17 for information about medical necessity.)
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP doesn't provide services to you based on the timelines the MHP has set up.
- If you don't think the MHP is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the services you need

How Can I File An Appeal?

See the front part of this booklet for information on how to file an appeal with your MHP. You may call your county MHP's toll-free telephone number (also included in the front part of this booklet) to get help with filing an appeal. The MHP will provide self-addressed envelopes at all provider sites for you to mail in your appeal.

How Do I Know If My Appeal Has Been Decided?

Your MHP will notify you or your representative in writing about their decision for your appeal. The notification will have the following information:

- The results of the appeal resolution process
- The date the appeal decision was made
- If the appeal is not resolved wholly in your favor, the notice will also contain information regarding your right to a state fair hearing and the procedure for filing a state fair hearing.

Is There A Deadline To File An Appeal?

You must file an appeal within 90 days of the date of the action you're appealing when you get a notice of action (see page 20). Keep in mind that you will not always get a notice of action. There are no deadlines for filing an appeal when you do not get a notice of action; so you may file at any time.

When Will A Decision Be Made About My Appeal?

The MHP must decide on your appeal within 45 calendar days from when the MHP receives your request for the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is for your benefit. An example of when a delay is for your benefit is when the MHP thinks it might be able to approve your appeal if the MHP had a little more time to get information from you or your provider.

What If I Can't Wait 45 Days For My Appeal Decision?

The appeal process may be faster if it qualifies for the expedited appeals process. (Please see the section on Expedited Appeals below.)

What Is An Expedited Appeal?

An expedited appeal is a faster way to decide an appeal. The expedited appeals process follows a similar process than the standard appeals process. However,

- Your appeal has to meet certain requirements (see below).
- The expedited appeals process also follows different deadlines than the standard appeals.
- You can make a verbal request for an expedited appeal. You do not have to put your expedited appeal request in writing.

When Can I File an Expedited Appeal?

If you think that waiting up to 45 days for a standard appeal decision will jeopardize your life, health or ability to attain, maintain or regain maximum function, you may request an expedited appeal. If the MHP agrees that your appeal meets the requirements for an expedited appeal, your MHP will resolve your expedited appeal within 3 working days after the MHP receives the expedited appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is in your interest. If your MHP extends the timeframes, the MHP will give you a written explanation as to why the timeframes were extended.

If the MHP decides that your appeal does not qualify for an expedited appeal, your MHP will notify you right away orally and will notify you in writing within 2 calendar days. Your appeal will then follow the standard appeal timeframes outlined earlier in this section. If you disagree with the MHP's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance (see the description of the grievance process below).

Once your MHP resolves your expedited appeal, the MHP will notify you and all affected parties orally and in writing.

THE State Fair Hearing PROCESSES
(Standard and Expedited)

What Is A State Fair Hearing?

A State Fair Hearing is an independent review conducted by the California Department of Social Services to ensure you receive the specialty mental health services to which you are entitled under the Medi-Cal program.

What Are My State Fair Hearing Rights?

You have the right to:

- Have a hearing before the California Department of Social Services (also called a State Fair Hearing)
- Be told about how to ask for a State Fair Hearing
- Be told about the rules that govern representation at the State Fair Hearing
- Have your benefits continued upon your request during the State Fair Hearing process if you ask for a State Fair Hearing within the required timeframes

When Can I File For A State Fair Hearing?

You can file for a State Fair Hearing:

- If you have competed the MHP's Grievance and/or Appeals process.
- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. (See page 17 for information about medical necessity.)
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP doesn't provide services to you based on the timelines the MHP has set up.
- If you don't think the MHP is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the services you need

How Do I Request A State Fair Hearing?

You can request a State Fair Hearing directly from the California Department of Social Services. You can ask for a State Fair Hearing by writing to:

State Hearing Division
California Department of Social Services
P.O. Box 9424443, Mail Station 19-37
Sacramento, CA 94244-2430

To request a State Fair Hearing, you may also call **(800) 952-5253**, send a fax to **(916) 229-4110**, or write to the Department of Social Services/State Hearings Division, P.O. Box 944243, Mail Station 19-37, Sacramento, CA 94244-2430.

Is There a Deadline for Filing For A State Fair Hearing?

If you didn't receive a notice of action, you may file for a State Fair Hearing at any time.

Can I Continue Services While I'm Waiting For A State Fair Hearing Decision?

You can continue services while you're waiting for a State Fair Hearing decision if your provider thinks specialty mental health service you are already receiving needs to continue and asks the MHP for approval to continue, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service the provider requested. You will always receive a Notice of Action from the MHP when this happens. Additionally, you will not have to pay for services given while the State Fair Hearing is pending.

What Do I Need To Do if I Want to Continue Services While I'm Waiting For A State Fair Hearing Decision?

If you want services to continue during the State Fair Hearing process, you must request a State Fair Hearing within 10 days from the date your notice of action was mailed or personally given to you.

What If I Can't Wait 90 Days For My State Fair Hearing Decision?

You may ask for an expedited (quicker) State Fair Hearing if you think the normal 90-day time frame will cause serious problems with your mental health, including problems with your ability to gain, maintain, or regain important life functions. The Department of Social Services, State Hearings Division, will review your request for an expedited State Fair Hearing and decide if it qualifies. If your expedited hearing request is approved, a hearing will be held and a hearing decision will be issued within 3 working days of the date your request is received by the State Hearings Division.

In 2003, some of the words used to describe the MHP processes to help you solve problems with the MHP changed. You may no longer request a State Fair Hearing at any time during the Grievance or Appeals process.

What Is A Grievance?

A grievance is an expression of unhappiness about anything regarding your specialty mental health services that are not one of the problems covered by the Appeal and State Fair Hearing processes (see pages 23 and 26 for information on the Appeal and State Fair Hearing processes).

The grievance process will:

- Involve simple, and easily understood procedures that allow you to present your grievance orally or in writing.
- Not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the MHP might ask you to sign a form authorizing the MHP to release information to that person.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous levels of review or decision-making.
- Identify the roles and responsibilities of you, your MHP and your provider
- Provide resolution for the grievance in the required timeframes.

When Can I File A Grievance?

You can file a grievance with the MHP if you are unhappy with the specialty mental health services you are receiving from the MHP or have another concern regarding the MHP.

How Can I File A Grievance?

You may call your county MHP's toll-free telephone number to get help with a grievance. The MHP will provide self-addressed envelopes at all the providers' sites for you to mail in your grievance. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing.

How Do I Know If The MHP Received My Grievance?

Your MHP will let you know that it received your grievance by sending you a written confirmation.

When Will My Grievance Be Decided?

The MHP must make a decision about your grievance within 60 calendar days from the date you filed your grievance. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is for your benefit. An example of when a delay might be for your benefit is when the MHP thinks it might be able to approve your grievance if the MHP had a little more time to get information from you or other people involved.

How Do I Know If The MHP Has Made a Decision About My Grievance?

When a decision has been made regarding your grievance, the MHP will notify you or your representative in writing of the decision. If your MHP fails to notify you or any affected parties of the grievance decision on time, then the MHP will provide you with a notice of action advising you of your right to request a State Fair Hearing. Your MHP will provide you with a notice of action on the date the timeframe expires.

Is There A Deadline To File To A Grievance?

You may file a grievance at any time.

What Are My Rights?

As a person eligible for Medi-Cal, you have a right to receive medically necessary specialty mental health services from the MHP. When accessing these services, you have the right to:

- Be treated with personal respect and respect for your dignity and privacy.
- Receive information on available treatment options and alternatives; and have them presented in a manner you can understand.
- Participate in decisions regarding your mental health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, punishment or retaliation as specified in federal rules about the use of restraints and seclusion in facilities such as hospitals, nursing facilities and psychiatric residential treatment facilities where you stay overnight for treatment.
- Request and receive a copy of your medical records, and request that they be amended or corrected
- Receive the information in this booklet about the services covered by the MHP, other obligations of the MHP and your rights as described here. You also have the right to receive this information and other information provided to you by the MHP in a form that is easy to understand. This means, for example, that the MHP must make its written information available in the languages that are used by at least 5 percent or 3,000, which ever is less, of Medi-Cal eligible people in the MHP's county and make oral interpreter services available free of charge for people who speak other languages. This also means that the MHP must provide different materials for people with special needs, such as people who are blind or have limited vision or people who have trouble reading.
- Receive specialty mental health services from a MHP that follows the requirements of its contract with the State in the areas of availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services. The MHP is required to:
  - Employ or have written contracts with enough providers to make sure that all Medi-Cal eligible individuals who qualify for specialty mental health services can receive them in a timely manner.
  - Cover medically necessary services out-of-network for you in a timely manner, if the MHP doesn't have an employee or contract provider who can deliver the services. "Out-of-network provider" means a provider who is not on the MHP's list of providers. The MHP must make sure you don't pay anything extra for seeing an out-of-network provider.

- Make sure providers are qualified to deliver the specialty mental health services that the providers agreed to cover.
- Make sure that the specialty mental health services the MHP covers are adequate in amount, duration and scope to meet the needs of the Medi-Cal eligible individuals it serves. This includes making sure the MHP's system for authorizing payment for services is based on medical necessity and uses processes that ensure fair application of the medical necessity criteria.
- Ensure that its providers perform adequate assessments of individuals who may receive services and work with the individuals who will receive services to develop a treatment plan that includes the goals of treatment and the services that will be delivered.
- Provide for a second opinion from a qualified health care professional within the MHP's network, or one outside the network, at no additional cost to you.
- Coordinate the services it provides with services being provided to an individual through a Medi-Cal managed care health plan or with your primary care provider, if necessary and, in the coordination process, to make sure the privacy of each individual receiving services is protected as specified in federal rules on the privacy of health information.
- Provide timely access to care, including making services available 24 hours a day, 7 days a week, when medically necessary to treat an emergency psychiatric condition or an urgent or crisis condition.
- Participate in the State's efforts to promote the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds

Your MHP must ensure your treatment is not adversely affected as a result of you using your rights. Your Mental Health Plan is required to follow other applicable Federal and State laws (such as: Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91; the Rehabilitation Act of 1973; and Titles II and III of the Americans with Disabilities Act) as well as the rights described here. You may have additional rights under state laws about mental health treatment and may wish to contact your county's Patients' Rights Advocate (call your county mental health department listed in the local phone book and ask for the Patient's Rights Advocate) with specific questions.

ADVANCE DIRECTIVES

What Is An Advance Directive?

You have the right to have an advance directive. An advance directive is a written instruction about your health care that is recognized under California law. It usually states how you would like health care provided, or says what decisions you would like to be made, if or when you are unable to speak for yourself. You may sometimes hear an advance directive described as a living will or durable power of attorney.

California law defines an advance directive as either an oral or written individual health care instruction or a power of attorney (a written document giving someone permission to make decisions for you). All MHPs are required to have advance directive policies in place. Your MHP is required to provide any adult who is Medi-Cal eligible with written information on the MHP's advance directive policies and a description of applicable state law, if the adult asks for the information. If you would like to request the information, you should call your MHP's toll-free phone number listed in the front part of this booklet for more information.

An advance directive is designed to allow people to have control over their own treatment, especially when they are unable to provide instructions about their own care. It is a legal document that allows people to say, in advance, what their wishes would be, if they become unable to make health care decisions. This may include such things as the right to accept or refuse medical treatment, surgery, or make other health care choices. In California, an advance directive consists of two parts:

1. Your appointment of an agent (a person) making decisions about your health care; and
2. Your individual health care instructions

If you have a complaint about advance directive requirements, you may contact the California Department of Public Health, Licensing and Certification Division, by calling **(800) 236-9747** or by mail at P.O. Box 997434, MS 3202, Sacramento, California 95899-7434.

Why Are Cultural Considerations And Language Access Important?

A culturally competent mental health system includes skills, attitudes and policies that make sure the needs of everyone are addressed in a society of diverse values, beliefs and orientations, and different races, religions and languages. It is a system that improves the quality of care for all of California's many different peoples and provides them with understanding and respect for those differences.

Your county's MHP is responsible to provide the people it serves with culturally and linguistically competent specialty mental health services. For example: non-English or limited English speaking persons have the right to receive services in their preferred language and the right to request an interpreter. If an interpreter is requested, one must be provided at no cost. People seeking services do not have to bring their own interpreters. Written and verbal interpretation of your rights, benefits and treatments are available in your preferred language. Information is also available in alternative formats if someone cannot read or has visual challenges. The front part of this booklet tells you how to obtain this information. Your county's MHP is required to:

- Provide specialty mental health services. in your preferred language.
- Provide culturally appropriate assessments and treatments.
- Provide a combination of culturally specific approaches to address various cultural needs that exist in the MHP's county to create a safe and culturally responsive system.
- Make efforts to reduce language barriers.
- Make efforts to address the cultural-specific needs of individuals receiving services.
- Provide services with sensitivity to culturally specific views of illness and\ wellness.
- Consider your world view in providing you specialty mental health services.
- Have a process for teaching MHP employees and contractors about what it means to live with mental illness from the point of view of people who are mentally ill.
- Provide a listing of cultural/linguistic services available through your MHP.
- Provide a listing of specialty mental health services and other MHP services available in your primary language (sorted by location and services provided.)
- Provide oral interpretation services free of charge. This applies to all non-English languages.
- Provide written information in threshold languages, alternative formats, and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency.

Non-English or limited English speaking persons have the right to receive services in their preferred language and the right to request an interpreter.

- Provide a statewide, toll-free telephone number available 24-hours a day and seven days a week, with language capability in your language to provide information to you about how to access specialty mental health services. This includes services needed to treat your urgent condition, and how to use the MHP problem resolution and State Fair Hearing processes.
- Find out at least once a year if people from culturally, ethnically and linguistically diverse communities see themselves as getting the same benefit from services as people in general.

How Do I Get Specialty Mental Health Services?

If you think you need specialty mental health services, you can get services by asking the MHP for them yourself. You can call your MHP's toll free phone number listed in the front section of this booklet. The front part of this booklet and the section called "Services" on page 9 of the booklet give you information about services and how to get them from the MHP.

You may also be referred to your MHP for specialty mental health services in other ways. Your MHP is required to accept referrals for specialty mental health services from doctors and other primary care providers who think you may need these services and from your Medi-Cal managed care health plan, if you are a member. Usually the provider or the Medi- Cal managed care health plan will need your permission or the permission of the parent or caregiver of a child to make the referral, unless there's an emergency. Other people and organizations may also make referrals to the MHP, including schools; county welfare or social services departments; conservators, guardians or family members; and law enforcement agencies.

Please see the provider directory following this section for more information about this topic, or the front section of this booklet with information about your MHP's specific approval or referral information.

How Do I Find A Provider For The Specialty Mental Health Services I Need?

Some MHPs require you to receive approval from your county's MHP before you contact a service provider. Some MHPs will refer you to a provider who is ready to see you. Other MHPs allow you to contact a provider directly.

The MHP may put some limits on your choice of providers. Your county's MHP must give you a chance to choose between at least two providers when you first start services, unless the MHP has a good reason why it can't provide a choice, for example, there is only one provider who can deliver the service you need. Your MHP must also allow you to change providers. When you ask to change providers, the MHP must allow you to choose between at least two providers, unless there is a good reason not to do so.

Sometimes MHP contract providers leave the MHP on their own or at the request of the MHP. When this happens, the MHP must make a good faith effort to give written notice of termination of a MHP contracted provider within 15 days after receipt or issuance of the termination notice, to each person who was receiving specialty mental health services from the provider.

Once I Find a Provider, Can the MHP Tell the Provider What Services I Get?

You, your provider and the MHP are all involved in deciding what services you need to receive through the MHP by following the medical necessity criteria and the list of covered services (see pages 17 and 10). Sometimes the MHP will leave the decision to you and the provider. Other times, the MHP may require your provider to ask the MHP to review the reasons the provider thinks you need a service before the services is provided. The MHP must use a qualified mental health professional to do the review. This review process is called an MHP payment authorization process. The State requires the MHP to have an authorization process for day treatment intensive, day rehabilitation, and therapeutic behavioral services (TBS).

The MHP's authorization process must follow specific timelines. For a standard authorization, the MHP must make a decision on your provider's request within 14 calendar days. If you or your provider request or if the MHP thinks it is in your interest to get more information from your provider, the timeline can be extended for up to another 14 calendar days. An example of when an extension might be in your interest is when the MHP thinks it might be able to approve your provider's request for authorization if the MHP had additional information from your provider and would have to deny the request without the information. If the MHP extends the timeline, the MHP will send you a written notice about the extension.

If you didn't get a list of providers with this booklet, you may ask the MHP to send you a list by calling the MHP's toll-free telephone number located in the front section of this booklet.

If your provider or the MHP thinks your life, health or ability to attain, maintain or regain maximum function will be jeopardized by the 14 day timeframe, the MHP must make a decision within 3 working days. If you or your provider request or if the MHP thinks it is in your interest to get more information from your provider, the timeline can be extended up to an additional 14 calendar days.

If the MHP doesn't make a decision within the timeline required for a standard or an expedited authorization request, the MHP must send you a Notice of Action telling you that the services are denied and that you may file an appeal or ask for a State Fair Hearing (see page 26).

You may ask the MHP for more information about its authorization process. Check the front section of this booklet to see how to request the information.
If you don't agree with the MHP's decision on an authorization process, you may file an appeal with the MHP or ask for a State Fair Hearing (see page 26).

Which Providers Does My MHP Use?

Most MHPs use four different types of providers to provide specialty mental health services. These include:

Individual Providers: Mental health professionals, such as doctors, who have contracts with your county's MHP to provide specialty mental health services in an office and/or community setting.

Group Providers: These are groups of mental health professionals who, as a group of professionals, have contracts with your county's MHP to offer specialty mental health services in an office and/or community setting.

Organizational Providers: These are mental health clinics, agencies or facilities that are owned or run by the MHP or that have contracts with your county's MHP to provide services in a clinic and/or community setting.

Hospital Providers: You may receive care or services in a hospital. This may be as a part of emergency treatment, or because your MHP provides the services you need in this type of setting.

If you are new to the MHP, a complete list of providers in your county's MHP follows this section of the booklet and contains information about where providers are located, the specialty mental health services they provide, and other information to help you access care, including information about the cultural and language services that are available from the providers. If you have questions about providers, call your MHP's toll-free telephone number located in the front section of this booklet.

NOTES

Web Links
State of California's Medi-Cal program: ***http://www.dhs.ca.gov/mcs/medi-calhome***
State of California Department of Mental Health: ***http://www.dmh.ca.gov***
State of California Department of Health Services: ***http://www.dhs.ca.gov***
Online Health Resources: ***http://www.dhs.ca.gov/home/hsites/***
U.S. Department of Health and Human Services: ***http://www.os.dhhs.gov***
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: ***http://www.samhsa.gov***

Medi-Cal 心理健康服務

指南

Sacramento County-Traditional Chinese

Revised June 2013

PHAU NTAWV TAW QHIA RAU

Medi-Cal Cov Kev Pab Rau Kev Puas Hlwb

Sacramento County-Hmong

Revised June 2013

БРОШЮРА

Психиатрические услуги программы Medi-Cal

Sacramento County-Russian

Revised June 2013

GUÍA PARA

Servicios de Salud Mental de Medi-Cal

Sacramento County-Spanish

Revised June 2013

CẨM NANG HƯỚNG DẪN VỀ
Các Dịch Vụ Sức Khỏe Tâm Thần Medi-Cal

Sacramento County - Vietnamese

Revised June 2013

County of Sacramento

Department of Health and Human Services
Mental Health Plan Medi-Cal Provider List
ENGLISH

Effective Date: July 1, 2019

Prior authorization is required for outpatient, non-emergency services. Please contact the Access Team at (916) 875-1055 or toll free at 1-888-881-4881 for availability, accommodation needs and referral to the listed providers.
Deaf and hard of hearing individuals may contact the Access Team by TTY/TDD at (916) 876-8892 or California Relay 711.
For more information about Sacramento County's Provider List, please contact Member Services at (916) 875-6069 or toll free at 1-888-881-4881. A double-asterisk (**) after the provider name indicates a culture/ethnic specific provider. All providers are required to attend County provided and/or equivalent cultural competence training approved by DBHS as part of their agreement to provide services through Sacramento County Mental Health Plan.

Organizational

Asian Pacific Community Counseling**

7273 14th Avenue, Suite 120-B
Sacramento, 95820
(916) 383-6783
www.apccounseling.org

Hours: Mon-Fri 8am-5pm
24/7 Crisis On-Call

Linguistic/Cultural Capacity: Arabic, Cantonese, Hindi, Hmong, Ilocano, Japanese, Korean, Mandarin, Punjabi, Tongan, Vietnamese
Specialties: Children's & Adult General & Specialized Mental Health Services
Population: Adults/Children
Accepting Clients Through Access Team

Casa Pacifica Centers

1722 South Lewis Road
Camarillo, 93012
(805) 366-4170
www.casapacifica.org

Hours: 24 hours/7 days

Linguistic/Cultural Capacity: Spanish
Specialties: Children's General & Specialized Mental Health Services
Population: Children
Accepting Clients Through Access Team

Central Star Behavioral Health, Inc.

3815 Marconi Ave
Sacramento, 95821
(916) 584-7800
http://www.starsinc.com/sacramento-county/

Hours: Mon-Fri: 8:30am-5pm

Linguistic/Cultural Capacity: Interpreter services available for languages other than English
Specialties: Children's General & Specialized Mental Health Services
Population: Children
Accepting Clients Through Access Team

Central Star Children's Outpatient Specialty Mental Health Services

7844 Madison Avenue, Suite 152
Fair Oaks, 95628
(916) 584-7800
http://www.starsinc.com/sacramento-county/

Hours: Mon-Fri: 9am-7pm

Linguistic/Cultural Capacity: Interpreter services available for languages other than English
Specialties: Children's General & Specialized Mental Health Services
Population: Children
Accepting Clients Through Access Team

Prior authorization is required for outpatient, non-emergency services. Please contact the Access Team at (916) 875-1055 or toll free at 1-888-881-4881 for availability, accommodation needs and referral to the listed providers.
Deaf and hard of hearing individuals may contact the Access Team by TTY/TDD at (916) 876-8892 or California Relay 711.
For more information about Sacramento County's Provider List, please contact Member Services at (916) 875-6069 or toll free at 1-888-881-4881. A double-asterisk (**) after the provider name indicates a culture/ethnic specific provider. All providers are required to attend County provided and/or equivalent cultural competence training approved by DBHS as part of their agreement to provide services through Sacramento County Mental Health Plan.

Central Star-Consultation, Support and Engagement Team

401 S Street, Suite 101
Sacramento, 95811-6919
(916) 584-7800
http://www.starsinc.com/sacramento-county/

Hours: Mon-Sat: 11am-8pm

Linguistic/Cultural Capacity: Hmong, Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Central Star-Full Service Partnership

401 S Street, Suite 101
Sacramento, 95811

(916) 584-7800

Hours: Mon-Fri: 9am-5pm
Extended hours for therapeutic groups

Linguistic/Cultural Capacity: Hmong, Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children (Transitional Age Youth)

Accepting Clients Through Access Team

Chamberlain's Children Center, Inc.

1850 San Benito Street
Hollister, 95023
(831) 636-2121
www.chamberlaincc.org

Hours: Mon-Fri: 8am-9pm

Linguistic/Cultural Capacity: Spanish, Hindi

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Charis Youth Center

714 West Main Street
Grass Valley, 95945
(530) 477-9800
www.charisyouthcenter.org

Hours: 24 hours/7 days

Linguistic/Cultural Capacity: Interpreter services available for languages other than English

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Children's Receiving Home

3555 Auburn Blvd.
Sacramento, 95821
(916) 482-2370
www.crhkids.org

Hours: 24hours/7 days

Linguistic/Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Prior authorization is required for outpatient, non-emergency services. Please contact the Access Team at (916) 875-1055 or toll free at 1-888-881-4881 for availability, accommodation needs and referral to the listed providers.
Deaf and hard of hearing individuals may contact the Access Team by TTY/TDD at (916) 876-8892 or California Relay 711.
For more information about Sacramento County's Provider List, please contact Member Services at (916) 875-6069 or toll free at 1-888-881-4881. A double-asterisk (**) after the provider name indicates a culture/ethnic specific provider. All providers are required to attend County provided and/or equivalent cultural competence training approved by DBHS as part of their agreement to provide services through Sacramento County Mental Health Plan.

Dignity Medical Foundation

9837 Folsom Blvd, Suite F
Sacramento, 95827
(916) 856-5700
https://www.dignityhealth.org/sacramento/medical-group/mercy-medical-group/services/counseling-and-psychiatry/dignity-health-medical-foundation-childrens-centers

Hours: Mon-Fri: 9am-5pm

Linguistic/Cultural Capacity: Hindi, Punjabi, Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Dignity Medical Foundation (Children's South)

6615 Valley Hi Drive Suite A
Sacramento, 95823
(916) 681-6300
https://www.dignityhealth.org/sacramento/medical-group/mercy-medical-group/services/counseling-and-psychiatry/dignity-health-medical-foundation-childrens-centers

Hours: Mon-Fri: 8am-5pm

Linguistic/Cultural Capacity: Hindi, Punjabi, Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

El Hogar (Sierra Elder Wellness Program)

3870 Rosin Court, Suite 130
Sacramento, 95834
(916) 363-1553
www.elhogarinc.org

Hours: Mon-Fri: 8am-5pm
24/7 Response

Linguistic/Cultural Capacity: Farsi, Hmong, Japanese, Russian, Spanish, Swedish, Tagalog

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Accepting Clients Through Access Team

El Hogar-Guest House

600 Bercut Drive
Sacramento, 95811
(916) 440-1500
www.elhogarinc.org

Hours: Mon-Fri: 8am-5pm

Linguistic/Cultural Capacity: Polish, Spanish

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Accepting
Homeless Clients Through Self-Referral

El Hogar-Regional Support Team

630 Bercut Drive
Sacramento, 95811
(916) 441-3819
www.elhogarinc.org

Hours: Mon-Fri: 8am-5pm

Linguistic/Cultural Capacity: Interpreter services available for languages other than English

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Accepting Clients Through Access Team

Prior authorization is required for outpatient, non-emergency services. Please contact the Access Team at (916) 875-1055 or toll free at 1-888-881-4881 for availability, accommodation needs and referral to the listed providers.
Deaf and hard of hearing individuals may contact the Access Team by TTY/TDD at (916) 876-8892 or California Relay 711.
For more information about Sacramento County's Provider List, please contact Member Services at (916) 875-6069 or toll free at 1-888-881-4881. A double-asterisk (**) after the provider name indicates a culture/ethnic specific provider. All providers are required to attend County provided and/or equivalent cultural competence training approved by DBHS as part of their agreement to provide services through Sacramento County Mental Health Plan.

Fred Finch Youth Center Oakland

3800 Coolidge Avenue
Oakland, 94602
(510) 482-2244
www.fredfinch.org

Hours: 24 hours/7 days

Linguistic/Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

La Familia Counseling Center, Inc.**

3301 37th Avenue
Sacramento, 95820
(916) 452-3601
www.lafcc.org

Hours: Mon-Fri 8:30am-5:30pm

Linguistic/Cultural Capacity: Hmong, Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Mountain Valley Child and Family Services, Inc.

24077 State Highway 49
Nevada City, 95959
(530) 265-9057
website not available

Hours: 24 hours/7 days

Linguistic/Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Oak Grove Institute Foundation

24275 Jefferson Avenue
Murrieta, 92562
(951) 677-5599
www.oakgrovecenter.org

Hours: Mon-Fri 8am-5pm

Linguistic/Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Paradise Oaks Youth Services

6060 Sunrise Vista Dr Ste 2100
Citrus Heights, 95610
(916) 967-6253
www.paradiseoaks.com

Hours: Mon-Fri: 8:30am-5pm

Linguistic/Cultural Capacity: Interpreter services available for languages other than English

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Prior authorization is required for outpatient, non-emergency services. Please contact the Access Team at (916) 875-1055 or toll free at 1-888-881-4881 for availability, accommodation needs and referral to the listed providers.
Deaf and hard of hearing individuals may contact the Access Team by TTY/TDD at (916) 876-8892 or California Relay 711.
For more information about Sacramento County's Provider List, please contact Member Services at (916) 875-6069 or toll free at 1-888-881-4881. A double-asterisk (**) after the provider name indicates a culture/ethnic specific provider. All providers are required to attend County provided and/or equivalent cultural competence training approved by DBHS as part of their agreement to provide services through Sacramento County Mental Health Plan.

Penny Lane Centers

15305 Rayen Street
North Hills, 91343
(818) 894-3384
www.pennylane.org

Hours: 24 hours/7 days

Linguistic/Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Rebekah Children's Services

290 IOOF Ave
Gilroy, 95020
(408) 846-2100
www.rcskids.org

Hours: 24 hours/7 days

Linguistic/Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

River Oak Center for Children, Inc

5445 Laurel Hills Drive
Sacramento, 95841
(916) 609-5100
www.riveroak.org

Hours: Mon-Thu 8am-6pm
Fri 8am-5pm

Linguistic/Cultural Capacity: Greek, Hindi, Mongolian, Polish, Punjabi, Russian, Sanskrit, Spanish, Tagalog, Urdu

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

River Oak Center for Children, Inc

9412 Big Horn Blvd., Suite 6
Elk Grove, 95758
(916) 609-5100
www.riveroak.org

Hours: Mon-Thu: 8am-6pm
Fri 8am-5pm

Linguistic/Cultural Capacity: Greek, Hindi, Mongolian, Polish, Punjabi, Sanskirt, Spanish, Russian, Tagalog, Urdu

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Sacramento Children's Home

2750 Sutterville Road
Sacramento, 95820
(916) 452-3981
www.kidshome.org

Hours: 24 hours/7 days
Office Hours: 8:30am-5pm

Linguistic/Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Prior authorization is required for outpatient, non-emergency services. Please contact the Access Team at (916) 875-1055 or toll free at 1-888-881-4881 for availability, accommodation needs and referral to the listed providers.
Deaf and hard of hearing individuals may contact the Access Team by TTY/TDD at (916) 876-8892 or California Relay 711.
For more information about Sacramento County's Provider List, please contact Member Services at (916) 875-6069 or toll free at 1-888-881-4881. A double-asterisk (**) after the provider name indicates a culture/ethnic specific provider. All providers are required to attend County provided and/or equivalent cultural competence training approved by DBHS as part of their agreement to provide services through Sacramento County Mental Health Plan.

Sacramento Children's Home - Transitional Age Program

2750 Sutterville Road
Sacramento, 95820
(916) 452-3981
www.kidshome.org

Hours: 24 hours/7 days
Office Hours: 8:30am-5pm

Linguistic/Cultural Capacity: Interpreter services available for languages other than English

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Sacramento County Mental Health - Adult Psychiatric Support Services Clinic

2130 Stockton Blvd. Suites 100, 200
Sacramento, 95817
(916) 875-0701
www.dhhs.saccounty.net/BHS/Pages/Mental-Health-Services.aspx

Hours: Mon-Fri: 8am-5pm

Linguistic/Cultural Capacity: Hmong, Mandarin, Spanish

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Accepting Clients Through Access Team

Sacramento County Mental Health - Children & Adolescent Psychiatric Support Services

3331 Power Inn Rd Suite 140
Sacramento, 95826
(916) 875-1183
www.dhhs.saccounty.net/BHS/Pages/Mental-Health-Services.aspx

Hours: Mon-Fri: 8am-5pm

Linguistic/Cultural Capacity: Mandarin, Spanish, Tagalog

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Sacramento County Mental Health - Intake Stabilization Unit

2150 Stockton Blvd.
Sacramento, 95817

(916) 875-1000
www.dhhs.saccounty.net/BHS/Pages/Mental-Health-Services.aspx

Hours: Adult ISU: 24 hrs/7 days
Children ISU: Mon-Sun 10am-7pm

Linguistic/Cultural Capacity: Armenian, Hmong, Ilocano, Japanese, Korean, Portuguese, Russian, Spanish, Tagalog, Vietnamese

Specialties: Crisis Stabilization
Population: Adults/Children

Accepting Clients Through Access Team

St. Vincent's School for Boys

1 Saint Vincents Drive
San Rafael, 94903
(415) 507-2000
www.catholiccharitiessf.org/what-we-do/children-youth/st-vincents-school-for-boys.html

Hours: 24 hrs/7 days

Linguistic/Cultural Capacity: Interpreter services available for languages other than English

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Prior authorization is required for outpatient, non-emergency services. Please contact the Access Team at (916) 875-1055 or toll free at 1-888-881-4881 for availability, accommodation needs and referral to the listed providers.
Deaf and hard of hearing individuals may contact the Access Team by TTY/TDD at (916) 876-8892 or California Relay 711.
For more information about Sacramento County's Provider List, please contact Member Services at (916) 875-6069 or toll free at 1-888-881-4881. A double-asterisk (**) after the provider name indicates a culture/ethnic specific provider. All providers are required to attend County provided and/or equivalent cultural competence training approved by DBHS as part of their agreement to provide services through Sacramento County Mental Health Plan.

Stanford Youth Solutions

8912 Volunteer Lane
Sacramento, 95826
(916) 344-0199
www.youthsolutions.org

Hours: Mon-Fri: 8am-5pm
24 hr/7 day response

Linguistic/Cultural Capacity: Armenian, Cantonese, German, Japanese, Mandarin, Russian, Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Stanford Youth Solutions

8421 Auburn Blvd., Building 3
Citrus Heights, 95610
(916) 722-6100
www.youthsolutions.org

Hours: Mon-Fri: 9am-8pm

Linguistic/Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Summitview Child and Family Services

670 Placerville Dr. #2
Placerville, 95667
(530) 644-2412
www.summitviewtreatment.org

Hours: 24 hrs/7 days

Linguistic/Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Telecare Inc.- Sacramento Outreach Adult Recovery (SOAR)

900 Fulton Avenue, Suite 205
Sacramento, 95825
(916) 484-3570
www.telecarecorp.com/soar/

Hours: Mon-Fri: 8:30am-5:30pm
24 hr/7 day Response

Linguistic/Cultural Capacity: Cambodian, Italian, Russian, Spanish

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Accepting Clients Through Access Team

Terkensha Associates

2829 Watt Avenue, Suite 200
Sacramento, 95821
(916) 418-0828
www.doingwhateverittakes.org

Hours: Mon-Fri: 9am-6pm

Linguistic/Cultural Capacity: Cantonese, Hmong, Japanese, Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Prior authorization is required for outpatient, non-emergency services. Please contact the Access Team at (916) 875-1055 or toll free at 1-888-881-4881 for availability, accommodation needs and referral to the listed providers.
Deaf and hard of hearing individuals may contact the Access Team by TTY/TDD at (916) 876-8892 or California Relay 711.
For more information about Sacramento County's Provider List, please contact Member Services at (916) 875-6069 or toll free at 1-888-881-4881. A double-asterisk (**) after the provider name indicates a culture/ethnic specific provider. All providers are required to attend County provided and/or equivalent cultural competence training approved by DBHS as part of their agreement to provide services through Sacramento County Mental Health Plan.

Terkensha Associates

811 Grand Ave Suite D
Sacramento, 95838
(916) 922-9868
www.doingwhateverittakes.org

Hours: Mon-Fri: 8am-7pm

Linguistic/Cultural Capacity: Cantonese, Hmong, Japanese, Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

TLC Child and Family Services

1800 Gravenstein Hwy N, Building A-E
Sebastopol, 95472
(707) 823-7300
www.tlc4kids.org

Hours: Mon-Fri 8am-4:30pm

Linguistic/Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

TLCS, Inc. - Regional Support Team (RST)

3727 Marconi Avenue
Sacramento, 95821
(916) 485-6500
www.tlcssac.org

Hours: Mon, Tues: 8am-530pm
Wed &Thu 8am-6pm
Fri: 8am-5pm

Linguistic/Cultural Capacity: Arabic, Hindi, Kwali, Laotian, Obo, Punjabi, Russian, Spanish, Ukrainian

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Accepting Clients Through Access Team

TLCS, Inc. - Transitional Community Opportunities for Recovery and Engagement (TCORE)

3737 Marconi Avenue
Sacramento, 95821
(916) 480-1801
www.tlcssac.org

Hours: Mon-Thu: 8am-5:30pm
Fri: 8am-5pm

Linguistic/Cultural Capacity: Farsi, Hindu, Hmong, Laos, Pashtu, Portuguese, Punjabi, Spanish, Thai, Urdu

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Accepting Clients Through Access Team

TLCS, Inc. (New Direction - Transforming Lives, Cultivating Success)

650 Howe Avenue, Bldg. 400-B
Sacramento, 95825
(916) 993-4131
www.tlcssac.org

Hours: Mon-Fri: 8am-4:30pm
24hr/7 day response

Linguistic/Cultural Capacity: Bengali, Cantonese, German, Hindi, Hmong, Kinyarwanda, Lithuanian, Punjabi, Russian, Spanish, Urdu, Vietnamese

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Accepting Clients Through Access Team

Prior authorization is required for outpatient, non-emergency services. Please contact the Access Team at (916) 875-1055 or toll free at 1-888-881-4881 for availability, accommodation needs and referral to the listed providers.
Deaf and hard of hearing individuals may contact the Access Team by TTY/TDD at (916) 876-8892 or California Relay 711.
For more information about Sacramento County's Provider List, please contact Member Services at (916) 875-6069 or toll free at 1-888-881-4881. A double-asterisk (**) after the provider name indicates a culture/ethnic specific provider. All providers are required to attend County provided and/or equivalent cultural competence training approved by DBHS as part of their agreement to provide services through Sacramento County Mental Health Plan.

Turning Point Community Programs - Crisis Residential

4801 34th Street
Sacramento, 95820
(916) 737-9202
www.tpcp.org

Hours: 24 hours/7 days

Linguistic/Cultural Capacity: Hmong, Portuguese, Spanish

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Accepting Clients Through Access Team

Turning Point Community Programs - Crisis Residential II

505 M Street
Rio Linda, 95673
(916) 559-5686
www.tpcp.org

Hours: 24 hours/7 days

Linguistic/Cultural Capacity: Interpreter services available for languages other than English

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Accepting Clients Through Access Team

Turning Point Community Programs - Crisis Residential III

7415 Henrietta Drive
Sacramento, 95822
(916) 364-8395
www.tpcp.org

Hours: 24 hours/7 days

Linguistic/Cultural Capacity: Russian, Spanish, Hmong

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Accepting Clients Through Access Team

Turning Point Community Programs - Flexible Integrated Program (FIT)

7245 E. Southgate Drive
Sacramento, 95823
(916) 427-7141
www.tpcp.org

Hours: Mon-Fri: 8am-6pm
Additional hours as needed
24hr/7 day response

Linguistic/Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Turning Point Community Programs - Integrated Services Agency (ISA)

6950 65th Street
Sacramento, 95823
(916) 393-1222
www.tpcp.org

Hours: Mon-Fri: 8am-5pm
Sat: 8am-4pm
24hr/7 day response

Linguistic/Cultural Capacity: French, Greek, Hmong, Kru, Spanish, Tagalog

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Accepting Clients Through Access Team

Prior authorization is required for outpatient, non-emergency services. Please contact the Access Team at (916) 875-1055 or toll free at 1-888-881-4881 for availability, accommodation needs and referral to the listed providers.
Deaf and hard of hearing individuals may contact the Access Team by TTY/TDD at (916) 876-8892 or California Relay 711.
For more information about Sacramento County's Provider List, please contact Member Services at (916) 875-6069 or toll free at 1-888-881-4881. A double-asterisk (**) after the provider name indicates a culture/ethnic specific provider. All providers are required to attend County provided and/or equivalent cultural competence training approved by DBHS as part of their agreement to provide services through Sacramento County Mental Health Plan.

Turning Point Community Programs - Mental Health Urgent Care Center

2130 Stockton Blvd, Building 300
Sacramento, 95817

(916) 520-2460
www.tpcp.org

Hours: Mon-Fri: 10am-10pm
Weekends & Holidays: 10am-6pm

Linguistic/Cultural Capacity: Hindi, Punjabi, Russian, Spanish,Tagalog, Urdu

Specialties: Adult General & Specialized Mental Health Services
Population: Adults/Children

Accepting Clients Through Access Team

Turning Point Community Programs - Regional Support Team (RST)

3810 Rosin Court Suites 170 & 180
Sacramento, 95834
(916) 567-4222
www.tpcp.org

Hours: Mon-Fri: 8am-5pm

Linguistic/Cultural Capacity: French, Lao, Mandarin, Mien, Russian, Spanish, Thai, Tongan, Ukrainian, Vietnamese

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Accepting Clients Through Access Team

Turning Point Community Programs - Therapeutic Behavioral Program (TBS)

7275 E. Southgate Drive, Suite 105
Sacramento, 95823
(916) 427-7141
www.tpcp.org

Hours: Mon-Fri: 8am-4:30pm

Linguistic/Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Turning Point Community Programs -Pathways

3810 Rosin Court Suites 170 & 180
Sacramento, 95834
(916) 283-8280
www.tpcp.org

Hours: Mon-Fri: 8am-4:30pm
24hr/7 day response

Linguistic/Cultural Capacity: French, Lao, Mandarin, Mien, Russian, Spanish, Thai, Tongan, Ukrainian, Vietnamese

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Accepting Only Homeless Clients Through Provider Referral

UC Davis Medical Center - SacEDAPT

2230 Stockton Blvd.
Sacramento, 95817
(916) 734-7251
http://earlypsychosis.ucdavis.edu/sacedapt

Hours: Mon-Fri: 8am-5pm

Linguistic/Cultural Capacity: Mandarin, Punjabi, Spanish

Specialties: Assessment, early identification & treatment of the onset of psychosis
Population: Youth ages 12-25

Accepting Clients Through Access Team

Prior authorization is required for outpatient, non-emergency services. Please contact the Access Team at (916) 875-1055 or toll free at 1-888-881-4881 for availability, accommodation needs and referral to the listed providers.
Deaf and hard of hearing individuals may contact the Access Team by TTY/TDD at (916) 876-8892 or California Relay 711.
For more information about Sacramento County's Provider List, please contact Member Services at (916) 875-6069 or toll free at 1-888-881-4881. A double-asterisk (**) after the provider name indicates a culture/ethnic specific provider. All providers are required to attend County provided and/or equivalent cultural competence training approved by DBHS as part of their agreement to provide services through Sacramento County Mental Health Plan.

UC Davis Medical Center Child Protection - UCD CAARE

3671 Business Drive
Sacramento, 95820
(916) 734-8396
www.ucdmc.ucdavis.edu/children/clinical_services/CAARE

Hours: Mon-Fri: 8am-5pm

Linguistic/Cultural Capacity: Cantonese, Farsi, Hebrew, Spanish, Tagalog

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Uplift Family Services

4600 47th Avenue, Suite 210
Sacramento, 95824
(916) 921-0828
www.upliftfs.org

Hours: Mon-Fri: 8:30am-5pm

Linguistic/Cultural Capacity: Spanish, Korean

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Uplift Family Services

9343 Tech Center Dr., Suite 200
Sacramento, 95826
(916) 388-6400
www.upliftfs.org

Hours: Mon-Fri 8:30am-5pm

Linguistic/Cultural Capacity: Hmong, Korean, Serbo-Croatian, Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Uplift Family Services

3951 Performance Dr. Suite G
Sacramento, 95838
(916) 921-0828
www.upliftfs.org

Hours: Mon-Fri: 8:30am-5pm

Linguistic/Cultural Capacity: Spanish, Korean

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Victor Treatment Center, Inc.

855 Canyon Road
Redding, 96001
(530) 378-1855
www.victor.org

Hours: 24 hours/7 days

Linguistic/Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Prior authorization is required for outpatient, non-emergency services. Please contact the Access Team at (916) 875-1055 or toll free at 1-888-881-4881 for availability, accommodation needs and referral to the listed providers.
Deaf and hard of hearing individuals may contact the Access Team by TTY/TDD at (916) 876-8892 or California Relay 711.
For more information about Sacramento County's Provider List, please contact Member Services at (916) 875-6069 or toll free at 1-888-881-4881. A double-asterisk (**) after the provider name indicates a culture/ethnic specific provider. All providers are required to attend County provided and/or equivalent cultural competence training approved by DBHS as part of their agreement to provide services through Sacramento County Mental Health Plan.

Victor Treatment Center, Inc.

3164 Condo Court
Santa Rosa, 95403
(707) 576-7218
www.victor.org

Hours: 24 hours/7 days

Linguistic/Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Wellness and Recovery Center - North

3637 Mission Avenue, Building B
Carmichael, 95608
(916) 485-4175
www.consumersselfhelp.org

Hours: Mon-Sun: 9am-5pm

Linguistic/Cultural Capacity: Hmong, Lao, Russian, Spanish, Thai

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Accepting Clients Through Access Team

Wellness and Recovery Center - South

7171 Bowling Drive, Suite 300
Sacramento, 95823
(916) 394-9195
www.consumersselfhelp.org

Hours: Mon-Sun: 9am-5pm

Linguistic/Cultural Capacity: Hmong, Spanish, Tai

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Accepting Clients Through Access Team

Youth for Change (The Community Services Building)

7204 Skyway
Paradise, 95969
(530) 872-2103
www.youth4change.org

Hours: 24 hours/7 days

Linguistic/Cultural Capacity: Hmong, Spanish

Specialties: Children's General & Specialized Mental Health Services
Population: Children

Accepting Clients Through Access Team

Prior authorization is required for outpatient, non-emergency services. Please contact the Access Team at (916) 875-1055 or toll free at 1-888-881-4881 for availability, accommodation needs and referral to the listed providers.
Deaf and hard of hearing individuals may contact the Access Team by TTY/TDD at (916) 876-8892 or California Relay 711.
For more information about Sacramento County's Provider List, please contact Member Services at (916) 875-6069 or toll free at 1-888-881-4881. A double-asterisk (**) after the provider name indicates a culture/ethnic specific provider. All providers are required to attend County provided and/or equivalent cultural competence training approved by DBHS as part of their agreement to provide services through Sacramento County Mental Health Plan.

Individual

Jane Ann Graff, MFT**

3550 Watt Avenue
Sacramento, 95821
(916) 979-7000
website not available

Hours: Wednesday day & evenings
By appointment only

Linguistic/Cultural Capacity: American Sign Language (ASL)

Specialties: Children's & Adult General & Specialized Mental Health Services
Population: Adults/Children

Accepting Clients Through Access Team

Prior authorization is required for outpatient, non-emergency services. Please contact the Access Team at (916) 875-1055 or toll free at 1-888-881-4881 for availability, accommodation needs and referral to the listed providers.
Deaf and hard of hearing individuals may contact the Access Team by TTY/TDD at (916) 876-8892 or California Relay 711.
For more information about Sacramento County's Provider List, please contact Member Services at (916) 875-6069 or toll free at 1-888-881-4881. A double-asterisk (**) after the provider name indicates a culture/ethnic specific provider. All providers are required to attend County provided and/or equivalent cultural competence training approved by DBHS as part of their agreement to provide services through Sacramento County Mental Health Plan.

Hospital

Crestwood Psychiatric Health Facility

2600 Stockton Blvd Suite B
Sacramento, 95817
(916) 520-2785
www.crestwoodbehavioralhealth.com

Hours: 24 hours/7 days

Linguistic/Cultural Capacity: Interpreter services available for languages other than English

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Inpatient Hospital- Referrals only by Mental Health Plan (MHP), Mental Health Treatment Center (MHTC)

Crestwood Psychiatric Health Facility

4741 Engle Road
Carmichael, 95608
(916) 977-0949
www.crestwoodbehavioralhealth.com

Hours: 24 hours/7 days

Linguistic/Cultural Capacity: Interpreter services available for languages other than English

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Inpatient Hospital- Referrals only by Mental Health Plan (MHP), Mental Health Treatment Center (MHTC)

Dignity Health Crisis Stabilization Unit

6501 Coyle Avenue
Carmichael, 95608
(916) 537-5304
https://www.dignityhealth.org/sacramento/locations/mercy-san-juan-medical-center

Hours: 24 hours/7 days

Linguistic/Cultural Capacity: Interpreter services available for languages other than English

Specialties: Adult General & Specialized Mental Health Services
Population: Adults

Inpatient Hospital- Referrals only by Mental Health Plan (MHP), Mental Health Treatment Center (MHTC)

Heritage Oaks Hospital

4250 Auburn Blvd.
Sacramento, 95841
(916) 489-3336
www.heritageoakshospital.com

Hours: 24 hours/7 days

Linguistic/Cultural Capacity: Interpreter services available for languages other than English

Specialties: Children's & Adult General & Specialized Mental Health Services
Population: Adults/Children

Inpatient Hospital- Referrals only by Mental Health Plan (MHP), Mental Health Treatment Center (MHTC)

Prior authorization is required for outpatient, non-emergency services. Please contact the Access Team at (916) 875-1055 or toll free at 1-888-881-4881 for availability, accommodation needs and referral to the listed providers.
Deaf and hard of hearing individuals may contact the Access Team by TTY/TDD at (916) 876-8892 or California Relay 711.
For more information about Sacramento County's Provider List, please contact Member Services at (916) 875-6069 or toll free at 1-888-881-4881. A double-asterisk (**) after the provider name indicates a culture/ethnic specific provider. All providers are required to attend County provided and/or equivalent cultural competence training approved by DBHS as part of their agreement to provide services through Sacramento County Mental Health Plan.

Sacramento County Mental Health Treatment Center

2150 Stockton Blvd.
Sacramento, 95817
(916) 875-1000
www.dhhs.saccounty.net/BHS/Pages/Mental-Health-Services.aspx

Hours: 24 hours/7 days

Linguistic/Cultural Capacity: Tagalog, Spanish, Italian, French, Mandarin, Cantonese, Portuguese, Samoan, Arabic, Vietnamese, Korean, Polish, Russian

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Inpatient

Sierra Vista Hospital

8001 Bruceville Rd.
Sacramento, 95823
(916) 423-2000
www.sierravistahospital.com

Hours: 24 hrs/7 days

Linguistic/Cultural Capacity: Interpreter services available for languages other than English

Specialties: Children's & Adult General & Specialized Mental Health Services

Population: Adults/Children

Inpatient Hospital- Referrals only by Mental Health Plan (MHP), Mental Health Treatment Center (MHTC)

Sutter Center for Psychiatry

7700 Folsom Blvd.
Sacramento, 95826
(916) 353-3369
www.suttermedicalcenter.org/psychiatry/

Hours: 24 hrs/7 days

Linguistic/Cultural Capacity: Interpreter services available for languages other than English

Specialties: Children's & Adult General & Specialized Mental Health Services

Population: Adults/Children

Inpatient Hospital- Referrals only by Mental Health Plan (MHP), Mental Health Treatment Center (MHTC)

COUNTY OF SACRAMENTO
DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Sacramento County Mental Health Plan is committed to providing all eligible persons mental health services and support to attain and maintain the most dignified life existence possible. Sacramento County Division of Behavioral Health Services will insure persons of culturally diverse backgrounds full access to services that are culturally and linguistically appropriate and sensitive to their needs. Interpreters for non-English speaking clients including the deaf are provided free of charge for all services.

Mental Health Services

How can I obtain mental health services?
A person requesting mental health services can call ACCESS at (916) 875-1055. ACCESS is comprised of two teams: one for adults/older adults and one for children/youth. The ACCESS teams give information, assess for service needs, authorize mental health services, and make referrals.

Mental health ACCESS provides information twenty-four hours a day, seven days a week. Bilingual services and telephone devices for the deaf are available.

Where are services provided?
Services are provided by county or community based provider staff in facilities located throughout the county.

Who can make a referral?
An individual, parent or advocate can request services. An advocate can be a relative, community agency staff, physician, school staff, or any interested party.

How do I get emergency help?
If a person has a psychiatric emergency or needs urgent care, the person or advocate may call (888) 881-4881 for a telephone consultation. If you are unsure about whether the situation is an emergency, call (888) 881-4881. If your situation cannot wait, go to the nearest emergency room.

Available Services
The Division of Behavioral Health Services provides mental health services for adults and children. Services vary according to age and needs of the individual but may include:

- Assisted access to underserved populations, including outreach
- Evaluation and assessment
- Brief therapy and counseling: individuals, family and group
- Peer and family member support
- Crisis residential
- Case management
- Medication evaluation and support
- Day rehabilitation
- Psychological testing
- Hospitalization

Sacramento County Division of Behavioral Health Services maintains a policy of honoring an individual's right to privacy and confidentiality of their records. The Division follows State and Federal laws and regulations regarding confidentiality.

FOR MORE INFORMATION

Access	**TTY/ TDD**	**24 Hour Mental Health Access Line**
(916) 875-1055	(916) 876-8892	1-888-881-4881

COUNTY OF SACRAMENTO
DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

تلتزم Sacramento County Mental Health Plan بتقديم خدمات الصحة العقلية لكل المستحقين لخدماتها وتوفير الدعم اللازم لتحقيق حياة كريمة قدر المستطاع والحفاظ عليها. وسيضمن Sacramento County Division of Behavioral Health Services للأشخاص من خلفيات ثقافية مختلفة ومتنوعة بالحصول على الخدمات المناسبة لهم ثقافيًا ولغويًا، وتكون بالغة الدقه وفقاً لإحتياجاتهم . و تُوَّفر المترجمين لمن لا يتحدث الإنجليزية وللأصم بدون أي تكلفة و لكل الخدمات.

خدمات الصحة العقلية

كيف أحصل على خدمات الصحة العقلية؟
يمكن للشخص الذي يحتاج لخدمات الصحة العقلية الاتصال على خط الإستقبال **ACCESS** على الرقم 875-1055 (916). و فريق الإستقبال **ACCESS** يعطي المعلومات، ويقيّم الحاجة للخدمة، ويخوِّل خدمات الصحة العقلية المطلوبة وعمل الإحالات.

يقدِّم خط الإستقبال **ACCESS** للصحة العقلية المعلومات على مدار 24 ساعة يوميًا ، سبعة أيام في الأسبوع. كما تتوفر الخدمات ثنائية اللغة، وأجهزة الهاتف للصُم بدون تكلفة .

أين يتم تقديم الخدمات؟
تقدم الخدمات في المقاطعة أو من قبل كادر موظفي الخدمات المجتمعية في المنشآت المتواجدة على مستوى المقاطعة.

من الذي له صلاحية الإحالة؟
يمكن لأي شخص، أو أحد الوالدين، أو شخص مخول طلب الخدمة. ويمكن أن يكون الشخص المخول هو أحد الأقرباء، أو أحد أفراد فريق العمل بالوكالة المجتمعية، أو الطبيب، أو أحد العاملين في المدرسة، أو أي شخص يعنيه الأمر.

كيف أحصل على المساعدة في حالات الطوارئ؟
إذا كان الشخص لديه حالة طارئة تتعلق بالصحة النفسية، أو يحتاج لرعاية متعجلة، يمكن للشخص نفسه أو من ينوب عنه الاتصال على 881-4881 (888) للاستشارة الفورية. وإن لم تكن متأكدًا بشأن ما إذا كان الوضع طارئًا أم لا، اتصل على 881-4881 (888). وإذا كان الوضع لا يحتمل الانتظار، اذهب إلى أقرب قسم طوارئ.

الخدمات المتوفرة
يقدم قسم Division of Behavioral Health Services مجموعة مستمرة من خدمات الصحة العقلية بدءًا من الوقاية والتدخل المبكر إلى خدمات الرعاية الحادة للأطفال والكبار. وتتنوع الخدمات حسب العمر والاحتياجات الخاصة بكل شخص ولكنها قد تتضمن:

- المساعدة في الوصول إلى الفئات المحرومة بما في ذلك التوعية.
- برامج الوقاية والتدخل المبكر.
- الفحص والتقييم .
- العلاج قصير الأجل، والاستشارات: للأفراد، والأسرة، والمجموعات .
- دعم النظراء لأفراد الأسرة .
- معالجة الأزمات في حالات الكوارث .
- إدارة الحالات .
- دعم وتقييم العلاج .
- إعادة التأهيل اليومي .
- إختبارات نفسية .
- الإقامة في المستشفيات .

يخضع قسم Sacramento County Division of Behavioral Health Services على سياسة تقر بحق الفرد في الخصوصية وسرية المعالجات. ويتبع القسم القوانين الفيدرالية وقوانين الولاية والقواعد التنظيمية التي تتعلق بالسرية.

لمزيد من المعلومات

Access	خط الصم	**خط الإستقبال للصحة العقلية 24 ساعة يوميًا**
(916) 875-1055	(916) 876-8892 أو 711	1-888-881-4881

沙加緬度縣

公共健康服務部

精神健康組

沙加緬度縣精神健康計劃是為了提供精神健康服務給所有符合資格的人們。並支持他們得到且 維持一個有尊嚴的生關注到個別文化背景之異同，與不同口語文字交流種種的需要。特備有免費翻譯以及對耳聾人士提供電話通訊服務。

精神健康服務

我如何有資格得到該項服務?

如需要得到精神健康服務，請電話ACCESS (916)875-1055。ACCESS 又分為兩部門: 成年與老人部門及兒童與少年部門。ACCESS提供各種資詢，評估並授權精神健康服務以及介紹推薦到合適的服務單位。ACCESS 提供每日二十四小時，每週七天全時間服務。並且有雙語人員以耳聾電話機器服務等等。

由何處提供服務?

此服務由縣政府，社區為基礎的職員工，或者社會熱心人仕提供。

何人可推薦此合適服務?

個人，家庭或監護人，監護人親屬，社工，學校員工，醫生，或社會熱心人士皆可。

如何得到緊急援助?

如患者有突發性精神病症或者需要緊急救治者，患者或者監護人士可致電(888) 881-4881。將有精神科專員為您服務。如果-患者不確定是否是緊急狀況，請電(888) 881-4881如果緊急狀況不可等待患者可在任何時間到最近精神治療中心接受危機幫助。

現有服務

精神健康組提供各種兒童與成人精神健康服務。不同服務適合不同年齡與不同需要的人士。其中包括:

- 接觸服務層為能達到的人口。
- 測量評估病情與治療方 。
- 提供簡短治療與輔導: 包括個人，家庭或小組。
- 穩定住家狀態。安人幫助。
- 穩定緊急狀態。
- 個 管理
- 藥物評估與支援心理測試。
- 日間復健治療
- 心理檢測。
- 住院服務

沙加緬度精神健康組保留並且認同個人穩私權利條文，對所有資料行保密。絕對遵守加州州政府與聯邦政府的保密條例。

ACCESS

(916)875-1055

如果需要更多資訊，請電查詢。

ACCESS Toll Free

1-888-881-4881

二十四小時熱線

TTY/TDD

耳聾人士提供電話:

（916）876-8892

County of Sacramento

Sab Kev Noj qab Haus huv thiab Sab Kev Pab Neeg
Phab Kev Nyuaj Siab

Sacramento County Sab pab txog Kev Nyuaj Siab tau cog lus pab rau cov neeg muaj kev nyuaj siab kom zoo li peb yuav pab tau. Ib cheeb tsam nrog Sacramento peb yuav ntsuam xyuas kom zoo tshaj txog rau cov neeg uas tuaj txawv teb chaws tuaj kom muaj kev pab cuam kom zoo npaum li peb yuav pab tau thiab yuav nrhiav neeg txhais lus pub dawv rau cov tsis paub lus thiab rau cov neeg lag ntseg.

Cov Kev Pab Los Ntawm Chaw Nyuaj Siab

Yuav ua li cas kuv thiaj nrhiav tau kev pab txog txoj kes nyuaj siab?
Yog koj xav tau kev pab txog kev nyuaj siab, hu rau ACCESS ntawm tus xov tooj (916) 875-1055. ACCESS muaj ob lub chaw, xws li, lub pab rau cov laus thiab lub pab rau cov me nyuam yaus. ACCESS yog qhov chaw muab tswv yim thiab pab ntuas los yog daws teb mem thiab xa mus rau lwm qhov chaw pab.

Hauv tsev nyuaj siab ACCESS yeej pab tau nej txhua lub sij hawm, txhua hnub. Cov tsis paub lus thiab tsis hnov lus los peb yeej muaj chaw pab tau.

Cov Chaw Pab nyob Qhov Twg?
Cov chaw pab muaj nyob txhua qhov chaw ntawm cheeb tsam hauv Sacramento thiab cov koom haum Hmoob.

Leej twg thiaj li xa tau koj mus?
Koj hu mus los tau, niam thiab txiv los yog cov txheeb ze, Cov koom haum hmoob, Koj tus doctor, Tsev kawm ntawv los yog cov phooj ywg uas ze koj.

Yog mob nyhav yuav Nrhiav Kev pab li cas?
Yog hais tias leej twg muaj kev nyuaj siab heev los yog xav kom tau kev pab sai, hu rau cov neeg ua hauj lwm tim qhov chaw Tsev nyuaj siab, tus xov tooj: (888) 881-4881. Yog koj tsis paub meej txog koj tus mob tias nyhav los yog tsis nyhav koj hu rau (888) 881-4881. Yog hais tias koj mob nyhav tos tsis taus, koj yuav tau mus rau ntawm lub tsev kho mob uas ze koj.

Cov Chaw Pab
Phab kev pab ntawm chaw nyuaj siab rau cov laus thiab cov me nyuam yaus. Cov kev pab ntawd nyob ntawm tus neeg uas muaj kev nyuaj siab li cas, raws li nram qab no:

- Nrhiav kev pab thiab ntsuam xyuas rau cov neeg uas tsis paub txog tej kev pab no
- Ntsuam xyuas thiab nug txog kev nyuaj siab
- Sab laj mloog txog kev nyuaj siab: ib leeg, ib tsev neeg los yog ib pab
- Pab rua kev nyuaj siab kom nyob kaj lug
- Muaj teeb meem hauv tsev
- Tuav koj cov ntaub ntawv
- Ntsuam xyuas thiab pab qhia txog kev noj tshuaj
- Pab saib xyuas kom zoo txhua hnub
- Kev pab thiab qhia kom rov zoo li qub
- Pw tim tsev kho mob

Hauv Sacramento County sab kev nyuaj siab yuav muab nej saib rau qhov siab tsis pub kom muaj leej twg yuav los paub thiab pom nej tej ntaub ntawv thiab paub txog nej tej kev nyuaj siab. Peb yeej ua raws li txoj kev cai uas luag tau muab teev tseg rau hauv peb lub xeev California thiab teb chaws no txog kev npog tej lus uas koj hais.

Xav Paub Ntau Tshaj No Ntxiv Hu Rau:

ACCESS tus xov tooj	TTY/TDD (Rau tus tsis hnov Lus)	ACCESS tux xov tooj hu dawb (24 xuab moo)
(916) 875-1055	(916) 876-8892	1-888-881-4881

ОКРУГ САКРАМЕНТО
ДЕПАРТАМЕНТ ЗДРАВООХРАНЕНИЯ И СОЦИАЛЬНОГО ОБСЛУЖИВАНИЯ
ОТДЕЛ УСЛУГ ПСИХИЧЕСКОГО ЗДОРОВЬЯ

План Психического Здоровья Округа Сакраменто утверждает предоставление психиатрического обслуживания и поддержку всем людям, кто в ней нуждается, чтобы они могли быть в состоянии вести достойную жизнь. Отдел Психиатрических Услуг Округа Сакраменто также обеспечивает людям различного культурного происхождения полный доступ ко всем услугам, с учетом культурных и языковых различий, по мере их нужд. Будут предоставлены бесплатные переводчики для людей, не говорящих на английском языке, а так же для глухонемых.

СЛУЖБА ПСИХИЧЕСКОГО ЗДОРОВЬЯ

Как можно получить психиатрическое обслуживание? Человек, нуждающийся в психиатрических услугах, может позвонить в службу доступа (ACCESS) по телефону (916) 875-1055. Служба доступа состоит из двух групп: одна для взрослых / пожилых, а другая - для детей/ подростков. Группы доступа предоставляют информацию, рассматривают потребность в необходимых услугах и утверждают их, а также, делают направления к специалистам.

Служба Доступа (ACCESS) предоставляет информацию 24-часа в сутки, 7- дней в неделю. Предоставляются услуги переводчиков и телефонные связи для глухонемых.

Где предоставляются эти услуги? Услуги предоставляются работниками округа или общественными работниками в зданиях, расположенных по всему округу.

Кто может сделать направление? Любой человек, родитель или адвокат может запросить эти услуги. «Адвокатом» может быть родственник, работники общественных организаций, врачи, работники школ или любой заинтересованный человек.

Как можно получить неотложную психиатрическую помощь? Если человек нуждается в неотложной психиатрической помощи, следует звонить по телефону (888) 881-4881 для телефонной консультации. Если вы не уверены, является ли ситуация неотложной, звоните по телефону (888) 888-4881. Если ваша ситуация требует немедленного вмешательства, пожалуйста обратитесь в ближайший пункт «скорой помощи».

Предоставляемые Услуги. Отдел Психиатрических Услуг предоставляет услуги для взрослых и детей. Обслуживание изменяется индивидуально по мере возраста и нужд человека, и включает в себя следующие услуги:

- Доступ обслуживания для мало-обслуживаемого (малоимущего) населения, включая выезды на дом.
- Анализ и оценка
- Кратковременная терапия и консультации; индивидуальные, семейные и в группах.
- Поддержка товарищей и членов семьи
- Интенсивное лечение в дневном стационаре
- Координация услуг
- Оценка потребности в медикаментах и поддержка
- Дневная реабилитация
- Психологическое тестирование
- Госпитализация

План поддержания психического здоровья округа Сакраменто соблюдает правила уважения прав наших клиентов на неразглашение и конфиденциальность всей документации. Отдел соблюдает все Федеральные и Штатные законы и регулирования относительно конфиденциальности.

ДЛЯ БОЛЬШЕЙ ИНФОРМАЦИИ

Служба Доступа	Для глухих/слепых	24 –Часовая Горячая Линяя
(916)875-1055	(916)876-8892	1-888-881-4881

County of Sacramento
Department of Health Services
Division of Behavioral Health Services

El Sacramento County Mental Health Plan está comprometido a proveer con servicios de salud mental a todas las personas elegibles y con el apoyo necesario para mantener un a vida digna y respetable. El Sacramento County Division of Behavioral Health Services se responsabilizará de que las personas de cualquier nacionalidad tengan acceso a los servicios y que estos servicios sean lingüísticos y culturalmente apropiados a sus necesidades. Se ofrece servicios de interpretación para personas que no hablan Inglés así como para las personas sordas sin costo alguno.

Servicios de Salud Mental

¿Cómo puedo obtener Servicios de Salud Mental?

La persona que requiere servicios de salud mental puede llamar a la oficina de Acceso a los Servicios al número (916) 875-1055. La oficina de Acceso a los Servicios está dividida en dos áreas: uno para personas adultas y de edad avanzada, y otra para niños y adolescentes. La oficina de Acceso a los Servicios ofrece información, evalúa las necesidades de los servicios que se necesitan, canaliza a otros servicios si es necesario, y autoriza los servicios de salud mental.

La oficina de Acceso a los Servicios de Salud Mental provee con información las 24 horas del día, siete días a la semana. Servicios bilingües y sistema telefónico especial para las personas que son sordas están disponibles.

¿Dónde se provee estos servicios?

Los servicios son proveídos a través de las clínicas del condado o con clínicas de salud mental en la comunidad las cuales están localizadas en todas las áreas del Condado de Sacramento.

¿Quién puede canalizar a una persona?

Cualquier persona, padres de familia o un representante legal puede solicitar los servicios para quien lo necesite. El representante legal puede ser un familiar, el personal de una agencia de servicios comunitarios, un doctor, un maestro escolar, o cualquier individuo relacionada con la persona que necesita de los servicios.

¿Cómo puedo recibir ayuda en caso de emergencia?

Si una persona tiene una emergencia de tipo psiquiátrico, o necesita ayuda inmediata, la misma persona o representante legal puede llamar al número (888) 881-4881 para hablar con un trabajador de salud mental. Si usted no está seguro de que es una emergencia, puede llamar al número (888) 881-4881 para pedir ayuda. Si su situación no puede esperar, vaya al centro de emergencia más cercano a su domicilio.

¿Cuáles son los servicios disponibles?

La Division of Behavioral Health Services ofrece servicios de salud mental para adultos y niños. Los servicios varían dependiendo la edad y las necesidades de cada persona, y pueden incluir los siguientes servicios:

- Asistencia para ayudar a las poblaciones que reciben insuficiente servicios, estos servicios también incluyen servicios comunitarios
- Evaluación y diagnóstico
- Terapia breve y consejería: individual, familiar y de grupo
- Apoyo por parte de compañeros y familiares
- Estabilización de crisis en clínicas residenciales
- Manejo y ayuda en quehaceres cotidianos
- Evaluación y apoyo de medicamentos
- Tratamiento de rehabilitación durante el día
- Pruebas psicológicas
- Hospitalización

El Sacramento County Division of Behavioral Health Services mantiene una póliza para asegurar el derecho a la privacidad y confidencialidad de los expedientes de todos nuestros afiliados. La División se rige por las leyes y reglamentos Federales y Estatales acerca de la confidencialidad.

PARA MAYOR INFORMACIÓN

Access	**TTY/TDD**	**24 Hour Mental Health Access Line**
(Servicio de Acceso a los Servicios)	(Para personas con incapacidades)	(Línea de Acceso durante las 24 horas al día)
(916) 875-1055	(916) 876-8892	1-888-881-4881

Quận Sacramento
Cơ Quan Sức Khỏe và Dịch Vụ Con Người
Ban Dịch Vụ Sức Khỏe Tâm Thần

Sacramento County Mental Health Plan cam kết cung cấp tất cả các dịch vụ sức khỏe cho người đủ điều kiện về tâm thần có thể đạt được và duy trì cuộc sống con người có phẩm chất. Ban Dịch vụ Sức khỏe Tâm thần Quận Sacramento sẽ đảm bảo những người gốc văn hóa đa dạng đều nhận được các dịch vụ phù hợp văn hóa, ngôn ngữ và nhạy cảm với nhu cầu của họ. Thông dịch cho người không biết nói tiếng Anh, bao gồm thiết bị cho người điếc, tất cả các dịch vụ cung cấp miễn phí

Dịch Vụ Sức Khỏe Tâm Thần

Làm thế nào tôi có thể có được các dịch vụ sức khỏe tâm thần?
Người yêu cầu dịch vụ sức khỏe tâm thần có thể gọi ACCESS (916) 875-1055. ACCESS bao gồm của hai nhóm: một cho người lớn / người lớn tuổi và một cho trẻ em / thanh thiếu niên. Nhóm ACCESS cung cấp thông tin, đánh giá cho những nhu cầu dịch vụ, uỷ quyền các dịch vụ sức khỏe tâm thần, và giới thiệu tới các cơ quan chuyển tiếp.

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Các dịch vụ được cung cấp bởi quận hạt hoặc nhân viên của các cơ sở cộng đồng khắp quận.

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Nếu một người có nhu cầu khẩn cấp về tâm thần hoặc các nhu cầu chăm sóc sức khỏe khác, cá nhân hoặc người giám hộ có thể gọi (888) 881-4881 cho tư vấn qua điện thoại. Nếu bạn không chắc chắn về tình hình có phải là trường hợp khẩn cấp hay không , xin gọi (888) 881-4881. Nếu tình trạng của bạn không thể chờ đợi, thì nên đến nơi cấp cứu gần nhất.

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- Đánh giá và định giá .
- Tâm lý trị liệu ngắn hạn và tư vấn: cá nhân, gia đình và nhóm .
- Hỗ trợ cá nhân và thành viên trong gia đình .
- Nơi cư trú khi có vấn đề khủng hoảng .
- Quản lý hồ sơ .
- Đánh giá thuốc và hỗ trợ .
- Ngày phục hồi chức năng .
- Trắc nghiệm tâm lý .
- Nằm viện .

Ban Dịch vụ Sức khỏe Tâm thần Quận Sacramento duy trì một chính sách tôn trọng quyền riêng tư cá nhân và bảo mật hồ sơ của họ. Ban tuân hành luật lệ Tiểu Bang và Liên Bang và các quy định về bảo mật.

Muốn biết thêm chi tiết

ACCESS	**TTY / TDD**	**24 Giờ Đường Giây Tiếp cận Sức Khỏe Tâm Thần**
(916) 875-1055	(916) 876-8892	1-888-881-4881

County of Sacramento **Department of Health and Human Services** **Division of Behavioral Health Services** **Policy and Procedure**	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 clincal 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

County of Sacramento **Department of Health and Human Services** **Division of Behavioral Health Services** **Policy and Procedure**	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:

<u>County EUR/QAC (External) for Providers utilizing Avatar</u>
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.

<u>County EUR/QAC (External) for Providers not utilizing Avatar</u>
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.

<u>Agency UR (Internal)</u>
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:

<u>County EUR/QAC (External)</u>

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.

<u>Agency UR (Internal)</u>

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		

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  Quality Management Program Coordinator
  Adult and Children's Program Liaison
  GreerTi@SacCounty.net

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 K. Zykofsky			
Uma Zykofsky, 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	_X_ Mental Health Staff _X_ Mental Health Treatment Center _X_ Specific grant/specialty resource	_X_ Adult Contract Providers _X_ Children's Contract Providers

WELLNESS & RECOVERY CENTER – NORTH

A Program of Consumers Self Help Center

November 2019

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
10am – 10:50am Overcoming Addiction -STAR	10:30am – 11:45 Understanding Anger & Conflict -JILL	9:30am – 10:20am Nature Walk (weather permitting) -DANNY	10:00am – 10:50am Relapse Prevention -ELIEGO	10:00am – 10:50am Coping with Anxiety -ELIEGO	9:30am – 10:30am Outdoors with Jill (except on Pancake Breakfast Days)
11:00am – 11:50 Resource & Job Skills -ALEX C.	12:00pm – 12:50 Depression Support -ELIEGO	10:30am–11:20am The Four Agreements -STAR	11:00am- 11:50 Current Events -DANNY	11:00am – 12:30 Art Projects -STAR	11:00am- 11:50 Leaving it Here -JILL
12:00pm – 12:50pm Transforming the Brain -TERRY	1:15-2:15pm T'Ai Chi Chih (guest facilitator)	11:30am – 12:20pm Relationship Skills -ELIEGO	Noon – 12:50pm The Body Keeps Score (Trauma group)-Jill	Games 12:00pm – 12:50pm -DANNY	12:00pm – 1:20pm Poetic Arts -ELIEGO
1:00 – 1:50pm Seeking Safety -DANNY		12:30 – 1:50pm Bipolar Support -DANNY	1pm – 1:50pm SacPort -DANNY	1:00pm – 2:20pm Catching Kindness -JILL	1:30 – 2:20pm Overcoming Fear (Mindfulness) -TERRY
2:00 – 3:20pm Grief Support -LEAH	2:30 – 3:20pm CBT Skills -ELIEGO	2:00 – 2:50 Peace and Calm (Mindfulness) -TERRY	2:00- 3:20pm Self-Esteem -ELIEGO Voices Worth Hearing -guest facilitator	2:30 – 3:30pm Ping Pong (1st, 3rd, &5th Fri.) Bingo! (2nd & 4th Fri.) -DANNY	2:30 – 3:20pm Loteria! 1st&3rd Caregivers Support 2nd&4th -ELIEGO/ALEX C.
3:30-4:30pm Building Boundaries -DANNY	3:30 – 4:30 Lounge Jam -STAR		3:30 – 4:30pm DBT, Emotion Regulation -LAURA	3:30-4:20pm Healthy Relationships -ALEX S.	3:30-4:30pm The Mindful Brain -Terry
5:00 – 5:50pm Overcoming Codependence -LEAH	5:00 -5:50 Nature Healing -ALEX S.	5:00-5:50 Living Life on Purpose -ALEX C.	5:00-5:50pm Anger Support -ALEX S.	4:45-5:45pm Women Take Action (member lead)-LEAH Clearing the Clutter -Paul	**No Member Celebration this month.** **Pancake Breakfast 11/2, 11/16, 11/30 9:30AM**
6:00 – 6:50pm Acceptance ACT/DBT skills -NIKKI	6:00 – 6:50pm Ask the Psychiatrist 1st & 3rd Tues. only-ALEX S.	6:00 – 6:50pm Depression Support -LAURA	6:00 – 7:00pm Yoga 4 Recovery (guest facilitator) -ALEX S.	5:45 – 6:50pm Women's Empowerment -LAURA	**Closed 11/11, 11/28, 11/29** ☼ **Veterans Day/ Thanksgiving** ☼
7:15 – 8:15pm Meditation Vacation -LAURA	7:00- 8:15 DBT, Mindfulness -LAURA	7:00 – 8:30pm Karaoke Kick-Back -ALEX S.	7:00 – 8:00pm Bi-Polar Support(2nd, 4th & 5th Thursday only) -LEAH	7:15 – 8:30pm Writing as a Path to Healing -Laura	**Big Party coming in December!**

WRC North | 3637 Mission Avenue, Building B, Carmichael, CA 95608 | 916-485-4175 | www.consumersselfhelp.org | facebook.com/WRCNORTH

Hours: Monday – Friday, 9am – 9pm; Saturdays 9am – 5pm (CLOSED on major Holidays)

This program is funded by the Division of Behavioral Health Services through the voter approved Proposition 63, the Mental Health Services Act (MHSA)

WELLNESS & RECOVERY CENTER – NORTH

A Program of Consumers Self Help Center

November 2019

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Daylight Savings Begins on Sunday 11/3				1	2 930AM 
4	5	6	7 **Balanced Group** 7-830pm (WRC hosts outside group 1st & 3rd Thursday)	8	9 **Caregivers Support** 230pm
11 Closed 	12	13	14	15	16 930AM 
18	19	20	21 **Balanced Group** 7-830pm (WRC hosts outside group 1st & 3rd Thursday)	21 Peer Guide Meeting 11:30am-12:30pm	23 **Caregivers Support** 230pm
25	26	27	28 Closed 	29 Closed	30 930AM 

MOD SCHEDULE:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning:	Danny	Terry	Jill	Star	Danny	Alex C.
Afternoon:	Star	Laura	Eliego	Leah	Eliego	Jill
Eve:	Nikki	Leah	Laura/Leah	Laura	Alex S. / Paul	

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Wellness & Recovery Center South - Bowling Drive

DECEMBER Calendar

FREE Self-Help Groups

Social RM. Ryan	Alisha	Belyn	Gustavo	Karen
Mondays	**Tuesdays**	**Wednesdays**	**Thursdays**	**Fridays**
Morning Meeting 9:30	Morning Meeting 9:30	Morning Meeting 9:30	Morning Meeting 9:30	Morning Meeting 9:30
Co-Occurring Ryan / Ralph 9:45-10:45	Building Boundaries Belyn 10:00 – 11:00	Learning to Heal Sharon 10:00 – 11:00	Current Events Karen 10:00 – 11:00	Morning Stretch Alisha 10:00 – 11:00
Choice Theory Ryan / Ralph 11:00 – 12:00	Creative Writing Karen 11:00 – 12:00	Process Your Worries Belyn 11:00 – 12:00	Mental Health Recovery Ryan/ Gustavo 11:00 – 12:00	Women's Mood Management Belyn/Sharon 11:00 – 12:00
Break: 12:00 – 12:30	*Break: 12:00 – 12:30*	Mental Health Homeless Orientation 11 AM	*Break: 12:00 – 12:30*	Sac Port Community Re-Entry Gustavo / Karen 11:00 – 12:00
Narcotics Anonymous (Hosted) 12:00 – 1:00	Understanding Anger Belyn 12:30 – 1:30	HOMELESS DMV Vouchers Sharon 11:00 – 12:00	PTSD Support Ryan 12:30 – 1:30	*Break: 12:00 – 12:30*
Co-Dependency Belyn 12:30 – 1:30	*Friendship & Intimacy* Sac Port Ryan / Belyn 1:30 – 2:30	*Break: 12:00 – 12:30*	Peer Guide Meeting Alisha / Heidi (1st & last Thursday) 12:30 – 1:00	Secret of Art Jared / Gustavo 12:30 – 1:30
Art & Music Alisha 1:30 – 3:00	Anxiety Support Belyn 2:30 – 3:30	Conflict Resolution Belyn / Gustavo 12:30 – 1:30	Schizophrenia Support Justin / Karen 1:30 – 2:30	Men's Anger Management Justin / Gustavo 1:30 – 2:30
Karaoke/Music Appreciation Alisha 3:00 – 4:30	Eating Healthy on a Budget Gustavo / Karen 3:30 – 4:30	Depression Support Sharon / Ryan 1:30 – 2:30	Relapse Prevention Gustavo 2:30 – 3:45	Beginning Spanish Karen 1:30 – 2:30
		Bipolar Support Justin / Gustavo 2:30 – 3:30	Life Skills Ryan 3:30 - 4:30	Mind Over Mood Justin 2:30 – 3:30
Social RM Sharon		Yoga Sharon 2:30 – 3:30		Karaoke/Music App Alisha 3:00 – 4:30
				

SATURDAYS

Morning meeting 9:30
Depression Support: Sharon 10 – 11
Crafts: Karen 11 - 12
Bipolar Support: Karen 1:00 – 2:00
Movie: Sharon 3:00 – 5:00

Hours: 9:00am – 5:00pm
Days: Monday – Saturday

Phone: (916) 394-9195
7171 Bowling Drive, Suite 300
Sacramento, CA 95823

= Time Change

= New Group

*Hosted groups – facilitated by non-staff

For the latest calendars visit: http://www.consumersselfhelp.org/Home/calendar

Wellness & Recovery Center South - Bowling Drive

December Events Calendar

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2	**3**	**4**	**5**	**6**	**7**
			No Group *3:00 -4:30pm* *Wellness Mentor Meeting*		**What's Up Doc?* *1pm – 2pm*
9	**10**	**11**	**12**	**13**	**14**
				Opening @ 10:30am For Staff Development  **Member Achievements 2:00 p.m.**	
16	**17**	**18**	**19**	**20**	**21**
MEMBERS' FORUM 11 A.M With Alisha	Nutrition Support 10am	**Closing @ 2:30pm** For Staff Development	**Holiday Game Day** 10-2pm		
23	**24**	**25**	**26**	**27**	**28**
		Closed in observance of Christmas	*No Group 3:00 - 4:30pm Wellness Mentor Meeting*		
30	**31**				
No Resource Group today					

Mentors of the Day:

Mondays
Belyn/Ralph

Tuesdays
Sharon

Wednesdays
Karen

Thursdays
Belyn/Alisha

Fridays
Ryan

Saturdays
Gustavo

9:00am – 5:00pm Monday – Saturday
7171 Bowling Drive, Suite 300 Sacramento, CA 95823
Wellnessinfo@Consumersselfhelp.org

Updates for Nov:

- Q&A Open Forum with the Doctor - What's up Doc? with Dr. Marzano
- Basic Sewing – On break. Will resume TBA!
- Nutrition Support: 2nd Tuesday of every month with Gustavo
- Resources with Marilyn every Monday 9-10 AM

*Hosted groups – facilitated by non-staff

For the latest calendars visit: http://www.consumersselfhelp.org/Home/calendar

SACRAMENTO COUNTY

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.

<u>Dissemination of these Provisions:</u> 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

County of Sacramento **Department of Health and Human Services** **Division of Behavioral Health Services** **Policy and Procedure**	Policy Issuer (Unit/Program)	Cultural Competence & Ethnic Services
	Policy Number	01-02
	Effective Date	6/20/2014
	Revision Date	
Title: Procedure for Access to Interpreter Services	Functional Area: Access to Care	
Approved By: JoAnn Johnson, LCSW Program Manager, Cultural Competence		

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 Intepreters 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 Intepreters 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 are 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 Intepreters 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, bi-lingual, 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

Contact Information:

Jo Ann Johnson, LCSW PHONE NUMBER

Cultural Competence and Ethnic Services Manager

July 2018

CHILD AND FAMILY MENTAL HEALTH SERVICE CONTINUUM
Fiscal Year 2018-19

Prevention and Early Intervention (PEI)/ Innovation | **Entry Points** | **Specialty Mental Health Services** (Early Childhood, Outpatient, Intensive Outpatient) | **Residential** | **Crisis Services** | **Acute**

Advocacy

- Family & Youth Advocate Liaison to Division of Behavioral Health.
- Sacramento Advocacy for Family Empowerment (SAFE) Provides system-wide support/advocacy/referrals to families not yet linked to the system providers or to County-operated programs.
- Family Partners and Youth Peer Advocates are on staff in the contracted outpatient provider network.

Consumer Self Help Office of Patient's Rights

PEI Project 1
Suicide Prevention
- Crisis Line
- Postvention Counseling
- Postvention Bereavement Support Group / Grief Services
- Supporting Community Connections
- Community Support Team

PEI Project 2
Strengthening Families
- Quality Child Care Collaborative
- Bullying Prevention Education and Training
- Early Violence Intervention Begins with Education (eVIBE)

PEI Project 3
Integrated Health and Wellness
- Screening, Assessment, Brief Treatment
- Sacramento Early Diagnosis and Preventative Treatment Clinic (SacEDAPT)
- SeniorLink *

PEI Project 4
Mental Health Promotion Campaign
- Multi-Media Campaign
- Community Outreach and Engagement
- Speakers Bureau
- Community Education

Mental Health Respite Programs
- Capital Adoptive Families Alliance
- Del Oro Caregiver Resource Center*
- TPCP - Abiding Hope Respite House*
- St. John's Program for Real Change*
- TLCS - Mental Health Crisis Respite Center*
- A Church for All
- Gender Health Center*
- Sacramento LGBT Community Center
- Wind Youth Services

Sacramento County Access Team

Intensive Placement Team*

Children's Crisis Stabilization Unit (Inpatient Authorization)

Child Protective Services/ Mental Health Collaboration

Interagency Placement Committee (IPC)
(RCL 14, STRTP and Out of State Authorization)

Assisted Access and Interpreter Services System-Wide
Southeast Asian Assistance Center

TLCS Triage/ Peer Navigators
- Main Jail*
- Loaves and Fishes/Genesis Homeless
- Kaiser South ED
- Kaiser North ED
- Mercy General ED
- Methodist ED
- San Juan ED
- Sutter ED
- U.C. Davis ED

Central Stars CSET for CSEC

Other Community Entry Points of Services

Youth Help Network – TBD

Safe Zone Squad – TBD

Planned - Not yet operational

Parent Child Interaction Therapy
- River Oak
- Sacramento County CAPS Clinic
- Stanford Youth Solutions
- Terra Nova
- Turning Point
- University of California, Davis

Quality Child Care Collaborative

Array of Outpatient Services
Providers Include:
- Another Choice, Another Chance
- Dignity Health Medical Foundation
- Cross Creek Family Counseling
- La Familia
- Sacramento County CAPS
- San Juan Unified School District
- Sierra Forever Families
- Terra Nova
- UC Davis
- Visions Unlimited

APSS Clinic*

Wraparound
- River Oak
- Sacramento Children's Home
- Stanford Youth Solutions
- Uplift

Full Service Partnerships
- Juvenile Justice Diversion and Treatment (JJDTP)
- Transition Age Youth
- TLCS New Direction*
- Transcultural Wellness Center
- Turning Point Pathways
- Turning Point ISA*
- Telecare SOAR*

Flexible Integrated Treatment (FIT)
- River Oak
- Sacramento Children's Home
- Stanford Youth Solutions
- Terkensha
- Turning Point
- Uplift

Therapeutic Behavioral Services (TBS)
- River Oak
- Stanford Youth Solutions
- Turning Point
- Uplift

Psychological Testing
- University of California, Davis
- Sacramento County CAPS Clinic

Group Home/Short term Residential Therapeutic Residential Program (STRTP)
- Children's Receiving Home
- Paradise Oaks
- Sacramento Children's Home
- Out of County Providers

Therapeutic Foster Care

Planned – Not yet operational

Mobile Crisis Support Teams
- MCST – SPD – City-Wide
- MCST – SSD – South Patrol
- MCST – SSD – North Patrol
- MCST – Citrus Heights PD/Folsom PD
- MCST – Elk Grove PD*
- MCST – SSD North*

Planned – Not yet operational

Mental Health Urgent Care Clinic

Turning Point 12-bed Crisis Residential*

Turning Point 15-bed Crisis Residential II Rio Linda*

Turning Point Rapid Turnaround 15-bed Crisis Residential*

Capital Star Behavioral Health Transition Age Youth 15-bed Crisis Residential* January 2019

Foster Family Urgent Response System- TBD

Planned - Not yet operational

ELIGIBILITY: Children and youth who are a danger to themselves or others or are gravely disabled and require 24-hour care in a locked setting.

Children's Crisis Stabilization Unit (MHTC)

Psychiatric Hospitals
- Sutter Center for Psychiatry
- Heritage Oaks Hospital
- Sierra Vista
- Out of County

Youth Detention Facility (YDF) Mental Health Team

Key
*** Program serves ages 18+**

ED – Emergency Department
MHTC – Mental Health Treatment Center
SPD – Sacramento Police Department
SSD – Sacramento Sheriffs Department

OUT OF COUNTY RESIDENTIAL PROVIDERS

Examples Include:
- Mountain Valley
- Summitview
- Victor

FUNDING SOURCES

FFP / Medi-Cal
EPSDT/Realignment
MHSA
Wraparound RCL Savings
Juvenile Medical Services
Probation
CPS Funds
DHA
SB82 CHFFA
SB82 MHSOAC

SYSTEM PARTNERS
- Child Protective Services (CPS)
- Probation
- Child Action
- Alcohol and Drug Services (ADS)
- Department of Human Assistance (DHA)

July 2018

ADULT MENTAL HEALTH SERVICE CONTINUUM

Fiscal Year 2018-19

Prevention and Early Intervention (PEI) /Innovation

PEI Project 1
Suicide Prevention
- Crisis Line
- Postvention Counseling
- Postvention Bereavement Support Group / Grief Services
- Supporting Community Connections
- Community Support Team

PEI Project 2
Strengthening Families
- Quality Child Care Collaborative
- HEARTS for Kids
- School and Community-Based Services

PEI Project 3
Integrated Health and Wellness
- Screening, Assessment, Brief Treatment
- Sacramento Early Diagnosis and Preventative Treatment Clinic (SacEDAPT)
- SeniorLink

PEI Project 4
Mental Health Promotion Campaign
- Multi-Media Campaign
- Community Outreach and Engagement
- Speakers Bureau
- Community Education

Mental Health Respite Programs
- Capital Adoptive Families Alliance
- Del Oro Caregiver Resource Center
- TPCP - Abiding Hope Respite House
- St. John's Program for Real Change
- TLCS - Mental Health Crisis Respite Center
- A Church for All
- Gender Health Center
- Sacramento LGBT Community Center
- Wind Youth Services

Community Supports

- Primary Care
- Sacramento County Primary Care Center
- Community Healthcare Clinics
- Alcohol & Drug Services
- CalWORKs
- Employment Cooperative

Entry Points

- Sacramento County Access Team
- Inpatient Access & Authorization
- Mental Health Treatment Center Intake Stabilization Unit
- Intensive Placement Team
- Southeast Asian Assistance Center Assisted Access and Interpreter Services System-Wide
- **TLCS Triage/ Peer Navigators**
  - Main Jail
  - Loaves and Fishes/ Genesis Homeless
  - Kaiser South ED
  - Kaiser North ED
  - Mercy General ED
  - Methodist ED
  - San Juan ED
  - Sutter ED
  - U.C. Davis ED
- Other Community Entry Points of Services

Specialty Mental Health Services

Low Intensity ↔ Moderate Intensity ↔ High Intensity

- **CSH Wellness & Recovery Centers**
  - North
  - South
- **Regional Support Teams**
  - El Hogar
  - Human Resources Consultants
  - Northgate Point
  - Visions
  - **County Operated Clinic**
  - APSS Clinic MHA NorCal Peer Partner Program
- **HRC - TCORE**
- **Transcultural Wellness Center (FSP)**
- Sierra Elder Wellness (FSP)
- Turning Point ISA (FSP)
- Telecare SOAR (FSP)
- Juvenile Justice Diversion & Treatment Program (FSP)
- Transition Age Youth (FSP)

Crisis Services

Mobile Crisis Support Teams
- MCST-SPD – City-Wide
- MCST-SSD – South Patrol
- MCST-SSD – North Patrol
- MCST-Citrus Heights PD/ Folsom PD
- MCST-Elk Grove PD*
- MCST-SSD North*

** Planned - Not yet operational*

- Mental Health Urgent Care Clinic
- Turning Point 12-bed Crisis Residential
- Turning Point 15-bed Crisis Residential II Rio Linda
- Turning Point Rapid Turnaround 15-bed Crisis Residential
- Capital Star Behavioral Health Transition Age Youth 15-bed Crisis Residential — *Planned - Not yet operational*

Acute Care

ELIGIBILITY: Adults who are a danger to themselves or others or require 24-hour care in a locked setting.

- Mental Health Treatment Center
- Contracted Psychiatric Health Facilities
- Inpatient Psychiatric Hospitals
- Jail Psych
- Rio Consumnes Correctional Center

Sub Acute Care

ELIGIBILITY: Target population criteria, is unable to reside in the community as a result of psychiatric conditions. Often have co-morbid medical or substance abuse disorders. Clients in secure settings are on LPS Conservatorship.

- Transitional Residential Program
- Mental Health Rehabilitation Centers
- Psychiatric Skilled Nursing Facilities
- State Psychiatric Hospitals

Consumer Self Help Office of Patient's Rights

Mental Health America of Northern California
- **Consumer Advocate Liaison to Division of Behavioral Health**
- **Adult & Family Advocate Liaison to Division of Behavioral Health**

Homeless Services

ELIGIBILITY: Target Population, Homeless, At Risk of Homeless

- Access Points
- Guest House Homeless Services
- **Specialty Mental Health Services** — High Intensity
  - TLCS – New Direction (FSP) Interim Housing
  - Turning Point Pathways (FSP)

FUNDING SOURCES
MHSA
Realignment/General Fund
FFP/Medi-Cal
SAMHSA
CalWORKs
PATH
SB82 CHFFA
SB82 MHSOAC

KEY
SAAC – Southeast Asian Assistance Center
MHANC – Mental Health America of Northern California
APSS – Adult Psychiatric Support Services
FSP – Full Service Partnership
ISA – Integrated Service Agency
CSH – Consumer Self Help
ED – Emergency Department

County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure		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

SACRAMENTO COUNTY ALCOHOL AND DRUG SERVICES CONTINUUM
FISCAL YEAR 2018-19

(Contracted Providers and County Staff)

PREVENTION (Youth & Families)
- Environmental
- Education
- Information Dissemination
- Alternatives
- Community Based Process
- Providers
  - OMNI
  - PRO Youth & Families
  - Public Health Institute
  - SCOE
- Youth Alcohol Prevention Coalition (SCOE)

Community Support
- Mental Health
- Primary Care Center
- Public Health
- Superior Court
  - Juvenile Court
  - Co-Occuring Mental Health Court
- Child Protective Services
- Probation
- Department of Human Assistance (DHA)

Treatment Access Points
- Youth System of Care
  - Juvenile Court
  - Youth Detention Facility
  - Community Locations as Needed
- Adult System of Care
  - * Granite Park (Main Site)
  - * Courts/ Probation
  - * Guest House Homeless Clinic
  - * Primary Care Center
  - * County Main Jail
- Program Specific Access To Care
  - ** Options For Recovery Perinatal (Strategies For Change)

Outpatient Treatment
- Youth Outpatient Treatment
  - Rio Vista
  - Additional Outpatient Services at selected Middle Schools & High Schools (Below)
  - *** ACAC
  - Sobriety Brings a Change
  - Strategies For Change
- Adult Outpatient Services
  - Wellspace Health
  - Sobriety Brings A Change
  - *** Strategies for Change
  - *** Bridges
  - *** ACAC
  - Towns Health Services
  - Medication Assisted Treatment Providers: (Methadone)
    - Bi-Valley
    - CORE
    - MedMark
    - Treatment Associates

Specialty ADS Services
- Specialty Perinatal Services
  - Options For Recovery Program Outpatient: **Strategies For Change
  - Options For Recovery Program Residential: ** VOA
  - Bi-Valley
  - CORE Medical Clinic
- Specialty Court Services
  - Dependency Drug Court
  - Early Intervention Family Drug Court
  - Case Management via STARS Program
  - Co-Occuring Mental Health Court
  - Adult Drug Court
  - DWI Court (pending)
- Criminal Justice Services
  - Driving Under the Influence Programs:
    - Breining Institute
    - Bridges
    - Safety Center
    - Terra Nova
  - Proposition 36
    - SFC
    - Wellspace
    - Bi-Valley/ BAART
- Additional Specialty Services
  - HIV/STD Services Collaboration with Public Health
  - Interim Group Sessions System of Care/Granite Park
  - Sex Offender Program Groups System of Care/Granite Park
  - Drug Testing (CPS, Outpatient, Residential)

Residential Treatment
- Youth Residential Treatment (Up to Age 18)
  - Out of County Referrals
- Adult Residential Treatment (Age 18 and Up)
  - Associated Rehab
  - Alpha Oaks (Women Only)
  - Cornerstone (Women Only)
  - Sacramento Recovery House Gateway (Women Only)
  - Sacramento Recovery House (Men Only)
  - River City Recovery (Men and Women Houses)
  - Wellspace Health
  - Alternative House (Co-Ed Different Dorms)
  - Bridges (Women's Promise House And Men's House)

Detoxification Services
- Associated Rehab (Alpha Oaks)
- VOA
- Wellspace Health
- Bridges (Women's Promise House And Men's House)

Transitional/Sober Living Environments
- VOA Options For Recovery Perinatal Program
- Bridges (Women and Children)
- Sacramento Recovery House
- Koala House (Women)
- Friends House (Men)

FUNDING SOURCES
- CalWORKs
- CPS Drug Testing
- CPS Realignment
- Drug Medi-Cal FFP
- Realignment Drug Court
- Realignment Perinatal
- SAPT Block Grant
- Vehicle Code Fines

KEY

ACAC – Another Choice Another Chance
SCOE – Sacramento County Office of Education
VOA – Volunteers of America

* County Counselors perform screening and referral for adults and/or youth at these sites.

** County Counselors perform authorizations and counseling for co-occurring clients.

*** Contracted Provider offers Intensive Outpatient Treatment services

Revised July 2018

Instructions for completing the

Cultural Competence Mental Health Agency Self-Assessment Scale based on Culturally and Linguistically Appropriate Services (CLAS) Standards

I. How to complete the scale?

The Cultural Competence Mental Health Agency Self-Assessment Scale based on CLAS Standards should reflect the policies and practices of your agency as a whole. **Therefore, please submit one scale that represents a summation of all of the programs in your agency rather than submitting one for each program or location within your agency.** In addition, agencies completing the assessment should take into account any materials or resources available from Sacramento County Behavioral Health, as well as any other organization/corporation they are part of.

It is recommended that a small group of individuals participate in the assessment of your agency since each person has a unique perspective about the policies and practices of the agency. Through group discussion, consensus can be reached on scores for each standard that are reflective of the entire agency. There is a column on the scale for an agency to include comments about their score for each standard. For example, if there is variance among programs within an agency regarding a particular standard, the agency may use an average score and explain the variance in the comment section. Please note that only one scale should be submitted for the entire agency.

To complete this scale, see Attachment A, which contains examples of CLAS standards using the Likert Scale. Also see Attachment B, which contains comprehensive Cultural Competence related definitions.

II. Who should complete the scale?

It is suggested that persons knowledgeable in activities related to the quality of the care at the agency should complete the form as part of a group discussion. It is important to have representation at all levels of your organization. In addition to having someone from the highest level of leadership involved, for example the Executive Director, we suggest that the following participants be included in the discussion if they are available at your agency: 1) Clinical Director, 2) Quality Assurance Staff, 3) Cultural Competence Representative, 4) Line Staff, 5) Consumer and or Family Member of a consumer of Mental Health Services.

III. How will this scale be used?

This scale will be used at the agency level to establish a baseline which will help to identify agency strengths and set goals for areas of improvement in increasing cultural competence standards at your agency. The assessment process will help your agency to develop goals for specific management and/or service delivery changes to progress toward the objective of cultural competence. It is understood that organizations currently may not score as high as they would like. This process simply helps the Division to collectively identify areas of strengths and improvement. At a system-wide level, the Division will combine the scores of all of the agencies in order to establish a baseline for the system and identify areas where technical assistance may be needed.

IV. How to submit your responses electronically?

Attachment C is a Response Form that is available in Word format and you will be able to enter your responses into this document. Please send your completed form to Romeal Samuel (Samuera@saccounty.net. Please submit your response by July 29, 2019.

If you need further information or clarification, please contact Mary Nakamura (Nakamuram@saccounty.net, (916) 876-5821) or Romeal Samuel (Samuera@saccounty.net, (916) 875-6340).

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.
Principal / *Overarching Standard* **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	
Governance , Leadership and Workforce **Standard 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.** *(Advance and maintain equity and health fairness through policies, practices, and financial resources.)*		

CLAS STANDARD	SCORE (1–5)	COMMENTS: Primary factors leading to scoring choice; challenges; barriers associated with each domain.
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. *(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).*		
Standard 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. *(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).*		

CLAS STANDARD	SCORE (1–5)	COMMENTS: Primary factors leading to scoring choice; challenges; barriers associated with each domain.
Communication and Language Assistance **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. *(Provide easy-to-understand print and multimedia materials and signs in languages commonly used by the populations in the service area.)*		

CLAS STANDARD	SCORE (1–5)	COMMENTS: Primary factors leading to scoring choice; challenges; barriers associated with each domain.
<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.** *(Establish culturally and linguistically appropriate goals, policies, and instill them throughout the programs organization, operations, planning, and management for accountability purposes.)*		
Standard 10: Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities. *(Conduct ongoing assessments of the organization's culturally and linguistically competent activities and standards into measurements and ongoing quality improvement activities.)*		

CLAS STANDARD	SCORE (1–5)	COMMENTS: Primary factors leading to scoring choice; challenges; barriers associated with each domain.
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. *(Collect and maintain demographic data to monitor and evaluate health equity and outcomes in order to impact 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. *(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.)*		
Standard 13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.		

CLAS STANDARD	SCORE (1–5)	COMMENTS: Primary factors leading to scoring choice; challenges; barriers associated with each domain.
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. *(Communicate the organization's progress in implementing and sustaining culturally and linguistically competent standards and services to all stakeholders, constituents, and the general public.)*		
TOTAL SCORE		

Please continue by answering the five questions listed in Section II.

Section II

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.**

Information should be returned no later than **July 29, 2019** and should be addressed to:

Sacramento County
Behavioral Health Services
Research, Evaluation and Performance Outcomes
Attn: Romeal Samuel
7001-A East Parkway, Suite 300
Sacramento, CA 95823

County Interoffice Mail Code: 37-300M

If you need further information or clarification, please contact Mary Nakamura (**Nakamuram@saccounty.net**, (916) 876-5821) or Romeal Samuel (**Samuera@saccounty.net**, (916) 875-6340).

Attachment A

Continuum rating criteria

Examples of cultural competence

Standard 4:

Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

1	2	3	4	5
Rate 1: Agency has not trained their staff in CLAS Standards. Agency is unaware of the CLAS standards training. Agency has practices and policies yet, have not incorporated Cultural and Linguistic policies and pracitces.		Rate 3: Agency is aware of CLAS standard services. Agency has recently sent a few staff to the CLAS trainings. Agency is planning a meeting to develop culural competency polices and procedures in the near future. Agency has attended training and is working on a plan to implement the language assistance services in their agency.		Rate 5: Agency have trained their entire staff which includes Board of Directors, administrators, line level and peers in the CLAS standards. The agency have implemented policies and procedures on cultural competent services. The Agency trains all new hires on the CLAS Standards. The agency annually monitors training attendance to ensure all staff are obtaining training on the CLAS standards. Training Evaluations are reviewed for critical feedback.

Standard 6:

Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

1	2	3	4	5
Rate 1: Agency is not aware of language services or signage. All brochures are in English. Agency has not utilized the language service assistance.		Rate 3: Agency is aware of language assistance services but have only utilized the language assistance services once or twice. Agency have attended training and currently working on a plan to implement the language assistance services and signage in their agency.		Rate 5: Agency has utilized the language services efficiently in not only the 5 threshold languages but, several other languages. The entire agency has been trained in the language services availability including interpreter and signage. They have a policy that all new hires are fully aware of the language assistance process and it is used efficiently.

This continuum reflects the levels of cultural competence along the continuum from 1 (beginning) levels of cultural competence to (5) advanced levels of cultural competence. Rate your agency anywhere between 1- 5.

Attachment B

Glossary of terms

"Cultural Competence" is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among consumer providers, family member providers, and professionals that enable that system, agency or those consumer providers, family member providers, and professionals to work effectively in cross-cultural situations. (Cross, Bazron, Dennis, & Isaacs, 1989). Cultural competence includes language proficiency and views culturally competent and linguistically proficient programs and services as methods for the elimination of racial and ethnic mental health disparities.

"Health Disparities" is defined as systemic, avoidable, unfair and unjust differences in health status and mortality rates and in the distribution of disease and illness across population groups. They are sustained over time and generations and beyond the control of individuals (Adewale Troutman, M.D., M.A., M.P.H.).

"Health Equity" is defined as pursuing the highest possible standard of health for all while focusing on those with the greatest social or economic obstacles to health (Paula Braveman, MD, MPH).

"Health Literacy" is defined as the degree to which individuals have the capacity to obtain process and understand basic health information needed to make appropriate health decisions and services needed to prevent or treat illness (US Department of Health and Human Services, Health Resources and Services Administration).

Attachment C

Agency:_____ Date:_____

Agency Contact name:_____

Phone:_____ E-mail:_____

Cultural Competence Mental Health Agency Self-Assessment Scale based on Culturally and Linguistically Appropriate Services (CLAS) Standards

To complete this scale, enter your score and related comments for each standard in the table below in Section I and respond to the five questions that are listed in Section II.

Section I

CLAS STANDARD	SCORE (1–5)	COMMENTS: Primary factors leading to scoring choice; challenges; barriers associated with each domain.
1	Do not rate Standard 1	
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
TOTAL		

Agency:_____ Date:_____

Section II

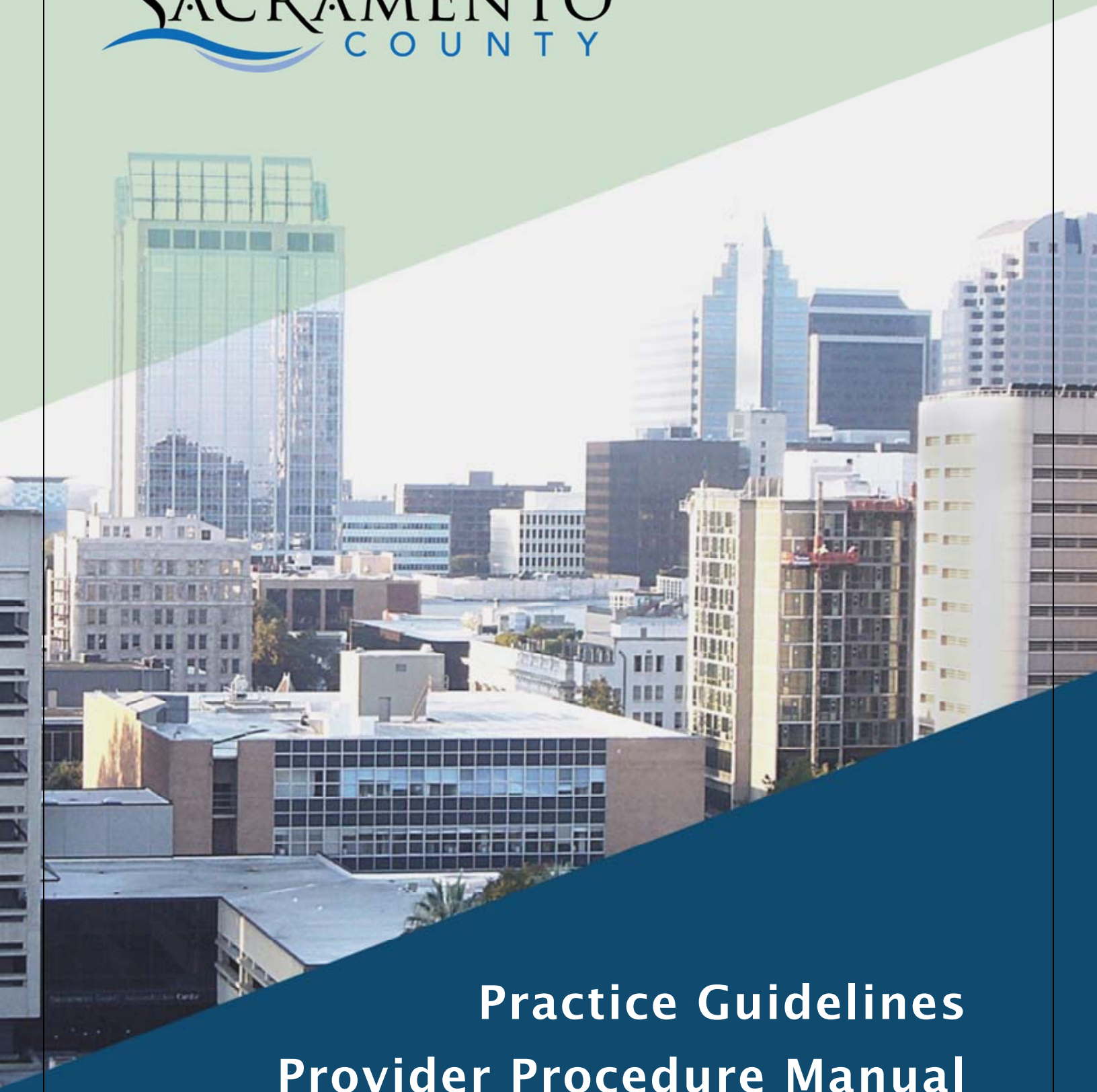
Please answer the following questions:

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.

Please use the Word version of Attachment C to enter your responses for the agency self-assessment scale and five-question narrative.
Send your completed form by email to Romeal Samuel Samuera@saccounty.net before July 29, 2019

Thank you for completing this scale.

SACRAMENTO COUNTY



Practice Guidelines
Provider Procedure Manual

January 2019

Table of Contents

SUBSTANCE USE DISORDER TREATMENT PROVIDER MANUAL

INTRODUCTION

The Sacramento County Substance Use Disorder (SUD) Treatment Practice Guidelines and Provider Manual offers user friendly guidance to all Sacramento County SUD contractors, including Drug Medi-Cal (DMC) certified providers, in complying with State, Federal, and Sacramento County SUD treatment requirements and standards. The Practice Guidelines/Provider Manual reflects the best possible quality client care standards and seeks to prevent program deficiencies that can lead to the assessment of recoupment of funding. It has been developed in partnership with SUD treatment providers in the spirit of collaboration and transparency.

The Sacramento County Substance Use Disorder (SUD) Treatment Practice Guidelines and Provider Manual is available to providers on the Sacramento County Behavioral Health Services website and will be managed to provide required and necessary updates. This manual is specifically designed to be used by all administrative and direct service staff to ensure understanding of core values and requirements for the SUD system of care and adherence to the clinical and business expectations within Sacramento County.

ALCOHOL AND DRUG SERVICES MISSION STATEMENT

To promote a healthy community and reduce the harmful effects associated with alcohol and drug use, while remaining responsive to and reflective of the diversity among individuals, families and communities

BEHAVIORAL HEALTH SERVICES MISSION

To provide a culturally competent system of care that promotes holistic recovery, optimum health and resiliency.

BEHAVIORAL HEALTH SERVICES VISION STATEMENT

We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.

BEHAVIORAL HEALTH SERVICES CULTURAL COMPETENCY STATEMENT

Sacramento County Behavioral Health/Alcohol and Drug Services is proud of its commitment to cultural competency and the acceptance of people from all ethnic and religious backgrounds, regardless of their age, gender, sexual orientation, or disability.

DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER
SACRAMENTO COUNTY SUD REQUIREMENTS

The Drug Medi-Cal Organized Delivery System (DMC-ODS) is a State Pilot to test a new paradigm for the organized delivery of health care services for Medicaid (Medi-Cal) eligible individuals with substance use disorders. The DMC-ODS will demonstrate how organized substance use disorder care increases the success of DMC clients while decreasing other system health care costs. Critical elements of the DMC-ODS Pilot include providing a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for substance use disorder treatment services, increased local control and accountability, greater administrative oversight, new utilization controls to improve care and efficient use of resources, evidence-based practices in substance abuse treatment, and increased coordination with other systems of care. The DMC-ODS Pilot approach is expected to provide Medi-Cal clients with improved access to care and to support the level of system interaction needed to achieve sustainable recovery.

Not only do DMC treatment standards and requirements reflect good clinical practice, but they offer Sacramento County the opportunity to improve access to high quality care under the DMC-ODS Pilot program. Sacramento County's specific Implementation Plan can be found on the Sacramento County and DHCS websites.

SUBSTANCE USE DISORDER TREATMENT SERVICES PROGRAM OVERSIGHT

The Department of Health Care Services (DHCS) is responsible for administering SUD treatment in California (DHCS Substance Use Disorder Services). The Sacramento County Department of Health Services, contracts with DHCS to fund local SUD treatment services. As part of the contract with DHCS, Sacramento County Alcohol and Drug Services ensures that state SUD treatment requirements and standards are met by maintaining fiscal management systems, monitoring provider billing, conducting compliance site visits, processing claims for reimbursement, and offering training and technical assistance to SUD treatment providers.

Sacramento County Provider SUD treatment programs shall be licensed, registered, AOD licensed and DMC certified and approved in accordance with applicable laws and regulations.

DHCS ALCOHOL AND DRUG (AOD) AND DRUG MEDI-CAL (DMC) CERTIFICATION REQUIREEMNTS

The Department of Health Care Services offers voluntary facility certification to programs providing outpatient, intensive outpatient, residential treatment and nonresidential detoxification. This voluntary certification is granted to programs that exceed minimum levels of service quality and are in substantial compliance with State program standards, specifically the Alcohol and/or Other Drug Certification Standards.

In addition, DHCS provides Drug Medi-Cal Certification to SUD treatment providers that meet requirements found under Title 22 of the California Code of Regulations (CCR): 1) Section 51431.1 – Program Administration; 2) Section 51490.1 – Claim Submissions Requirements; and 3) Section 51561.1 – Reimbursement Rates and Requirements. Title 22 refers and ties to Title 9 of the CCR which governs requirements for Narcotic Treatment Programs. Providers are encouraged to learn more about state licensing and certification requirements by visiting the DHCS website.

THE DISEASE CONCEPT OF SUBSTANCE USE DISORDER

Substance use disorders are often chronic, relapsing conditions of the brain that affect behavior by reinforcing compulsive alcohol and drug seeking and use, despite catastrophic consequences to individuals, their families, and others around them. Although most diseases cannot be cured, they can be monitored and managed over time. Examples of manageable chronic diseases include diabetes, HIV infection, asthma, and heart disease. While there is no cure for these diseases, when managed and monitored properly, individuals with such diseases are able to live a fairly normal life. While some individuals may develop a substance use disorder and achieve recovery after minimal intervention over a brief time, others will succumb to an intensified and relapsing course.

Approaching substance use disorders as a disease, assists with framing interventions aimed at managing the condition through a model of care that provides a continuum of services tailored to an individual's needs. As individuals progress through their recovery journey, the type and intensity of treatment services they receive should change and reflect the severity and nature of the person's substance use disorder. This approach also highlights the need for person centric care coordination to ensure that service delivery matches client need. Effective and efficient care for chronic conditions requires productive interactions between clients, their families, and allied health.

SPECIAL POPULATION GUIDELINES

Sacramento County Alcohol and Drug Services and its providers/contractors shall comply with state and federal mandates to provide SUD treatment services deemed medically necessary for Medi-Cal eligible: (1) pregnant and post-partum women, and (2) adolescents under age 21 who are eligible under the EPSDT program.

SUD services are provided to pregnant and post-partum women. Coverage for post-partum women begins the day after termination of pregnancy, plus sixty (60) days, then until the end of the month if the 60th day falls mid-month. Providers who offer perinatal DMC services are required to be properly certified to provide these services and shall comply with the Perinatal Services Guidelines.

Individuals under age 21 are eligible to receive Medi-Cal services pursuant to the Early Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. Under the EPSDT mandate, clients under the age of 21 are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) Medicaid authority. No provisions in the DMC-ODS will override any EPSDT requirement. Medical necessity for an adolescent individual (an individual under the age of 21) is determined using the following criteria: The adolescent shall be assessed to be at risk for developing a SUD.

The adolescent shall meet the American Society of Addiction Medicine (ASAM) adolescent treatment criteria. Contracting providers shall follow the Youth Treatment Guidelines in developing and implementing adolescent treatment programs funded through the DMC-ODS Waiver.

NEW TITLE 22: DRUG MEDI-CAL PROGRAM INTEGRITY REGULATIONS

As a result of the findings of targeted field reviews of DMC providers suspected of committing fraud and abuse within the State, the DHCS has promulgated new regulations under CCR, Title 22, Section 51341.1 in the form of a California State Plan Amendment. The DHCS DMC Program Integrity regulations address abusive and fraudulent practices, promote treatment practices that are based sound medical practice, and provide DHCS with increased regulatory authority to ensure both program integrity and that providers meet performance expectations. The Provider Manual incorporates the DHCS DMC Program Integrity Regulations which have been approved by the federal government and became effective July 1, 2015.

CLIENT CENTERED CARE AND COORDINATON OF CARE

To better serve the comprehensive needs of its client population, a key goal of the specialty SUD system is to better integrate SUD care into healthcare and social service systems, and vice versa. In addition, there is also need for the specialty SUD system to be better organized and coordinated so that clients are effectively accessing the full continuum of SUD services and levels of care available to them.

Integrated care is the routine and systematic coordination of health services so that the varied needs of clients are addressed both comprehensively and cohesively. An example of care integration is an SUD program that has primary care and mental health providers stationed in the SUD program so that clients with multiple healthcare needs can have them addressed in one location. Integrating social services such as housing assistance is also important. Broadly speaking, integrated care should make it easier for clients to receive the care they need by positioning health services in ways that make them more accessible.

Care coordination is the deliberate organization of client care activities and sharing of information among care providers to ensure that the needs of clients are addressed comprehensively and across all their areas of need. Care coordination needs to be client-centered and driven by a combination of client need and preference. It should also be based on clinical judgment, so that the information being shared, and the care being coordinated is in the best interests of the client. The primary goal of care coordination is to ensure that while there may be multiple health and social service providers involved in an individual's care, the services being provided are all organized and coordinated to collectively provide comprehensive, appropriate, and effective care to the client.

Retention in treatment is one of the most important factors that lead to successful outcomes of SUD care. In order to engage and retain clients in treatment, it is paramount that care be delivered in a client-centered manner. In client centered care, respect for the client is the guiding principle that ensures care is responsive to the client's individual needs, preferences, and values. Client preferences and values are considered and used as a guide in any decision making process.

Clients accessing services through County programs and providers are entitled to receive services that meet industry standards and are of the highest quality.

Additionally, Sacramento County Alcohol and Drug Services strives to provide integrated care and care coordination. Efforts are made to ensure that primary care and mental health services are easily accessible and that connections or referrals to social services are available. Case management of clients is also of great importance. Our programs, clinics and providers will organize client care activities and coordinate the sharing of information to ensure that the needs of the clients are addressed.

Providers shall allow each client to choose his or her network provider to the extent possible and appropriate.

CHARITABLE CHOICE AND FUNDING RESTRICTIONS

For a counseling or referral service that the provider does not cover because of moral or religious objections, the provider shall provide information to the client about where and how to obtain the service. No State or Federal funds shall be used by the Provider for sectarian worship, instruction, and/or proselytization. No State funds shall be used by the provider to provide direct, immediate, or substantial support to any religious activity.

EVIDENCE BASED PRACTICES (EBPs)

Evidence-based practices (EBPs) are interventions that have been shown to be effective and are supported by evidence. In Sacramento County, although other psychosocial approaches may be used (e.g., relapse prevention, trauma informed treatment, and psychoeducation), SUD treatment agencies must at a minimum implement Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT).

Providers are also expected to support the use of medications for addiction treatments as an evidence-based intervention, when clinically appropriate.

Sacramento County Alcohol and Drug Services and contracted providers make available and offer services that are based on Evidence Based Practices (EBP) that have undergone stringent evaluation and meet clinical standards. Such practices include, but are not limited to, Motivational Interviewing (MI), Cognitive Behavior Therapy (CBT) and curriculum based concepts such as Matrix Model and Living in Balance.

Sacramento County SUD providers will implement at least two of the following EBPs. The two EBPs are per provider per service modality. Providers will monitor the implementation and regular annual training of EBPs to staff. The required EBPs include:

Motivational Interviewing: A client-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on clients' past successes.

Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned**.** According to the National Institute of Drug Abuse's *Principles of Drug Addiction Treatment: A Research-Based Guide*, "Cognitive-behavioral strategies are based on the theory that in the development of maladaptive behavioral patterns like substance abuse, learning processes play a critical role. Individuals in CBT learn to identify and correct problematic behaviors by applying a range of different skills that can be used to stop drug abuse and to address a range of other problems that often co-occur with it. A central element of CBT is anticipating likely problems and enhancing clients' self-control by helping them develop effective coping strategies. Specific techniques include exploring the positive and negative consequences of continued drug use, self-monitoring to recognize cravings early and identify situations that might put one at risk for use and developing strategies for coping with cravings and avoiding those high-risk situations." The Matrix Model is an example of an integrated therapeutic approach that incorporates CBT techniques and has been empirically shown to be effective for the treatment of stimulant use.

Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment. Coping skills training strategies include both cognitive and behavioral techniques. Cognitive techniques provide clients with ways to reframe the habit change process as a learning experience with errors and setbacks expected as mastery develops. Behavioral techniques include the use of lifestyle modifications such as meditation, exercise, and spiritual practices to strengthen a client's overall coping capacity.

Trauma-Informed Treatment: According to SAMHSA's concept of a trauma-informed approach, "a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization." Seeking Safety is an example of an evidence-based trauma-informed practice. Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

Psycho-Education: Psycho-educational groups are designed to educate clients about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to client lives, to instill self-awareness, suggest options for growth through change, identify community resources that can assist clients in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

MEDICAL NECESSITY

Medical necessity refers to the applicable evidence based standards applied to justify the level of services provided to a client so the services can be deemed reasonable, necessary and/or appropriate. It is imperative that medical necessity standards be consistently and universally applied to all clients.

All Sacramento County SUD treatment providers must ensure that treatment services are medically necessary. Medical necessity for services must be determined as part of the intake assessment process and will be performed by a Licensed Practitioner of the Healing Arts (LPHA) directly or with an SUD registered/certified counselor and validated by a face to face review by an LPHA or the Medical Director.

For all DMC certified providers, medical necessity must be established by the Medical Director or an LPHA. Throughout the treatment process, client records must document and demonstrate that a physician or LPHA directed the provider of treatment including the establishment of medical necessity at admission and for continuing services, the development and review of client treatment plans, and medical consultation and evaluation.

Physician (or LPHA) shall:

- Review personal, medical, and substance use history.
- Evaluate each client and diagnose using DSM-5.
- Document basis for diagnosis within seven (7) days of admission via face-to face session with the client.
- Exceptions: Withdrawal Management and OTP/NTP must be documented on day 1.

The Medical Director or LPHA shall evaluate each client's assessment and intake information if completed by a counselor through a **face-to-face** with the client to establish whether the client meets medical necessity criteria or not.

For outpatient services: the Medical Director or LPHA shall document, in narrative format, separately from the treatment plan, the basis for the diagnosis in the client's record within 30 calendar days of each client's admission to treatment date. No sooner than 5 months and no later than 6 months after a client's admission to treatment, or the completion of the most recent justification for services. For NTP: annual re-assessment.

The Medical Director or LPHA shall type or legibly print their name, sign and date the diagnosis documentation. After establishing a diagnosis and documenting the basis for diagnosis, the ASAM criteria shall be applied by the diagnosing LPHA to determine or confirm placement into the appropriate modality or level of assessed services.

The Diagnostic and Statistical Manual of Mental Disorders, Version 5 (DSM-5) will be utilized by providers for all clients accessing SUD services. DSM-5 diagnosis. Youth (ages 12 – 17) and Young Adults (ages 18 – 20) either meet criteria for the DSM-5 specification for adults. OR be determined to be at-risk for developing a SUD.

Adults (ages 21+) must meet criteria for at least one diagnosis from the current DSM-5 for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders.

Medical necessity encompasses all six (6) ASAM dimensions and takes into consideration the extent and biopsychosocial severity of the various dimensions within the full ASAM assessment. Medical necessity must not be restricted to acute care and narrow medical concerns. The six dimensions are:

- Acute Intoxication and/or Withdrawal Potential,
- Biomedical Conditions and Complications,
- Emotional, Behavioral, or Cognitive Conditions and Complications,
- Readiness to Change,
- Relapse, Continued Use, or Continued Problem Potential, and
- Recovery/Living Environment.

Youth (ages 12 – 17) and Young Adults (ages 18 – 20) are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Eligibility for EPDST broadens the definition of medical necessity for youth to include individuals who are deemed "at-risk" for SUDs, and also makes the full SUD benefit package available to all individuals up to age 21 without any caps or limitations, assuming medical necessity is established. *Importantly, these federal EPSDT requirements supersede state Medi-Cal requirements, and the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver does not override EPSDT.*

DHCS Title 22 Diagnosis Medical Necessity FAQ
SUP07-2016 Bulletin Medical Necessity Statement
DHCS DSM-5 Information Notice 16-051

ELIGIBILITY DETERMINATION

COVERED BENEFICIARIES AND ELIGIBLE PARTICIPANTS

Sacramento County SUD system is available to individuals who are:

- Residents of Sacramento County
- Medi-Cal eligible, including those served by local Medi-Cal managed care plans and their plan partners
- Other low-income individuals who are concurrently participating in other County funded programs/projects such as California Work Opportunity and Responsibility to Kids (CalWORKs), SAPT

Given that SUD services are carved out from Medi-Cal managed care plans, the specialty SUD system is responsible for the spectrum (mild to severe) of SUD treatment services, excluding:

- Early intervention (ASAM level 0.5), which is the responsibility of the managed care health plans
- Services provided in general acute hospitals, which are the responsibility of fee-for-service (FFS) Medi-Cal.

COUNTY OF RESPONSIBILITY

In accordance with State policy, the Sacramento County SUD benefit package follows a County of residence model of service delivery. As such, the County of responsibility for SUD services is the County of residence of the individual being served. Sacramento SUD benefit package is only available to Sacramento County residents. Sacramento County providers that render services to individuals whose County of Residence is not Sacramento will not be reimbursed by Sacramento for those services. Only services rendered to individuals who have Sacramento County as their County of Residence and are treated at a contracted site will be reimbursed.

Effective July 1, 2019, if a new referral or current continuing client does not reside in Sacramento County and does not intend to move, they need to be referred to a provider in their county of residence or the provider enters into contract with the outside County..

OPIOID TREATMENT PROGRAMS (OTP) COURTESY DOSING

Sacramento County will reimburse courtesy dosing of methadone and buprenorphine for up to 30 days for OTP clients who are Medi-Cal beneficiaries and have traveled to Sacramento County for business or leisure, and who do not qualify for, or are unable to bring enough take-home doses for the trip duration. The contracted provider must receive a courtesy dosing order from the home clinic that is signed by the medical director or program physician. The order form must outline dose, duration, and any other special instructions, such as take-home doses. Compliance with relevant Title 9 regulations is required.

INTER-COUNTY TRANSFERS

In situations where the individual resides in Sacramento County, but Medi-Cal benefits are assigned to another County, network providers conduct the screening/assessment and admit the client for medically necessary services while Medi-Cal benefits are being transferred. Clients cannot be delayed or denied admission for eligible (i.e. Medi-Cal) SUD treatment services due to incomplete or pending application and/or if Medi-Cal benefits are assigned to another County.

To initiate the transfer of benefits between counties, clients need to contact the public social services agency in the originating county. Clients will need to provide new physical and mailing addresses, and the primary contact number. Ideally, this process will occur on the same day as Assessment/Intake, so services can be reimbursed under DMC. If clients are assisted by providers, services are reimbursable under Case Management (see the Case Management section for more information).

Visit http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx to find contact information for public social services agencies outside of Sacramento County.

FINANCIAL ELIGIBILITY

It is the responsibility of each SUD provider to conduct a verification/determination of financial eligibility (each client's Medi-Cal eligibility) and county of residence as part of program acceptance. Providers will have Avatar accessThe program must inform and include in all client service contracts that client may request the program to conduct a financial assessment in accordance with these standards to determine his/her ability to pay program fees. Programs may not deny services to client if, based on the results of financial assessment, the program determines that the client is unable to pay the program fee. In no case is a qualified Medi-Cal client who is pregnant or less than 60 days postpartum to be charged for any residential treatment. A sliding fee scale shall be utilized for non-Medi-Cal clients. Providers must assess the client program fee and set the payment schedule based on the client's documentation of income. Providers must maintain in the client records a copy of all financial assessments and documentation of income provided by the client.

If a client loses Medi-Cal eligibility while in treatment, and the treatment duration extends beyond the end of the month in which the termination occurred (as services would continue to be reimbursable by DMC during this period) the following should occur:

1. Determine if the client is eligible for other funding sources (e.g., CalWORKs, Realignment, SAPT):
    a. If yes – the client's treatment would move to the secondary funding source; this would apply to any level of care listed in the Rates and Standards Matrix.
    b. If no – continued payment will depend on the level of care:
        i. Residential (ASAM 3.1, 3.3, 3.5) –would pay for services for the remainder of service authorization period with other funds. If the agency elects to continue providing services to the client beyond the service authorization period, it must be on a sliding scale basis with no financial participation.

ii. Outpatient (ASAM 1.0-AR, 1.0, 2.1) – In instances where the agency elects to continue providing services to the client, it must be on a sliding scale basis.
iii. Withdrawal management (ASAM 1-WM, 3.2-WM, 3.7-WM, 4-WM) – This situation is likely very rare since the maximum duration is 14-days. However, if this occurs, contact Alcohol and Drug Services.

2. If the agency did not identify an alternate funding source in Avatar (EHR), but the client is actually eligible, providers will need to make that modification, so funding can be appropriately allocated.

ESTABLISHING BENEFITS AND DELIVERING CONCURRENT SERVICES

When an individual makes the decision to seek SUD treatment services, it is critical to provide services as soon as possible and to avoid any unnecessary barriers to care. In addition, it is likely that many individuals seeking care may be "eligible" for Medi-Cal but whose benefits are not active at the time of assessment and intake.

For these reasons, **eligible individuals may NOT be denied services pending establishment of Medi-Cal. Medi-Cal eligible beneficiaries/participants may NOT be charged sliding scale fees or flat fees.**

Therefore, providers need to use the Case Management benefit to:

- Assist individuals obtain Medi-Cal if qualified but whose benefits are not active at the time of first contact. Providers should initiate the process on or before the date of first Treatment Service to better ensure reimbursement for delivered services.
- Assist Sacramento County residents transfer Medi-Cal benefits to Sacramento County if assigned to another County on or before the date of first Treatment Service. Reimbursement shall be denied for non-County residents.

For these individuals, Network Providers must also meet access to care requirements which necessitates that the date of first service or intake appointment occurs no later than 10 calendar days from the date of referral or screening.

MEDI-CAL ELIGIBLE BUT BENEFITS NOT ACTIVE

To facilitate access to care, Network Providers will be **reimbursed** for delivered treatment services **for up to 60 days** after admission, assessment and completion of CalOMS for:

- Clients who are likely eligible for Medi-Cal and whose complete Medi-Cal application is submitted with a Client Identification Number (CIN) number assigned but whose application was not processed by the 60th day or it was ultimately denied by the State; and
- Clients who need current Medi-Cal benefits re-assigned to Sacramento County due to a permanent move and who submitted a transfer request to the County of residence but whose transfer was not processed by the 60th day.

If Medi-Cal benefits are ultimately established, SUD treatment services are reimbursable to the date of application. Therefore, it is essential to initiate this process as close to the date of first service as possible. It is also critical that:

- Individuals step-up or step-down to another level of care whenever clinically appropriate (e.g., from withdrawal management to outpatient) both to support improved and sustained recovery outcomes and to increase the time needed for clients to obtain health benefits; and
- The initial case manager communicates with the new case manager regarding the status of the client's benefits application. The initial provider will rely on the subsequent provider to support the client in completing the paperwork, so all are reimbursed once the application is approved.

MEDI-CAL MANAGED CARE

Medi-Cal managed care plans in Sacramento County include Aetna, Kaiser Foundation Health Plan, Anthem Blue Cross, Health Net, and Molina Healthcare. If the individual is a Medi-Cal beneficiary and has a member card from one of these health plans, they are entitled to the full SUD benefit package and thus should to be referred to an appropriate Network Provider. It is then the treating provider's responsibility to coordinate care as appropriate with the Health Plan and/or their primary care physician.

MEDI-CAL AND MEDICARE: "MEDI-MEDI"

Dually eligible individuals, or those with Medi-Cal and Medicare, are entitled to the full DMC benefit package, including any County-specific supplemental services such as Recovery Bridge Housing. Medicare does not cover SUD services, and thus does not need to be billed first. Any Medicare associated share-of-cost cannot be collected before delivery of services.

MEDI-CAL AND PRIVATE INSURANCE

If the individual has private insurance (e.g., employer-sponsored, small group, or individual commercial insurance) and has Medi-Cal, the private insurance coverage must be fully utilized before Medi-Cal coverage can be accessed.

MEDI-CAL AND SHARE-OF-COST

Some Medi-Cal beneficiaries are required to share in the cost of their treatment services. These individuals must pay out of pocket until the share-of-cost (deductible) is met. This "spend down" is a clearance of the client's share-of-cost liability. The client must pay an amount towards medical expenses prior to receiving Medi-Cal benefits for that month.

Eligibility Requirement		Source of Verification
Step 1	Resident of Sacramento County and if Medi-Cal beneficiary, benefits are assigned to Sacramento County.	Proof of residence (e.g., identification card, utility bill, etc.)
Step 2	• Medi-Cal Eligible or Enrolled OR • Participant in other qualified County funded programs/projects (e.g., CalWORKs, SAPT)	• Medi-Cal application submitted or Medi-Cal verification via MEDS file • Proof of participation in other qualified County funded programs/projects
Step 3	Meets medical necessity criteria for specialty SUD services (see Determining Medical Necessity section of Provider Manual for additional information)	Completed ASAM assessment Adults (ages 21+) • Must meet criteria for at least one diagnosis from the current Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders, except for Tobacco-Related Disorders and Non-Substance-Related Disorders. Youth (ages 12 – 17) and Young Adults (ages 18 – 20) • Either meet criteria for the DSM criteria specified for adults; OR • Be determined to be "at-risk" for developing a SUD (see Definition of At-Risk for Individuals up to Age 21 section for additional details).

ACCESS TO CARE

Access to care refers to the psychosocial and physical access to the location where treatment services are rendered. Physical barriers may include the architecture of the site, such as treatment providers with steps but no ramp entrance for disabled individuals. There may also be geographical or environmental barriers such as program locations that are inaccessible by public transportation, far from areas where clients live, or where clients do not feel safe. Lack of soundproofing in counseling offices and lack of privacy in assessment rooms are also potential barriers. Psychosocial barriers may include lack of communication capabilities for those who are non-English monolingual or limited English proficiency and hearing- or visually-impaired individuals, attitudes expressed by counselors or other staff that denote biases or communicate stigma to the clients, lack of a diverse workforce, operational hours that restrict access to services, or a lack of opportunity for client input into his or her Treatment Plan or program operations.

While there is no "wrong door" to enter the specialty SUD system, there are three (3) main portals of entry:

- Toll-free 24 hour phone line 1-888-881-4881
- Sacramento County System of Care
- Direct-to-provider self-referrals

In all instances, maximizing access and minimizing the time and barriers to care are fundamental priorities for the specialty SUD system. Every effort must be made to minimize the elapsed time between the initial verification of eligibility, clinical need determination, referral, and the first clinical encounter.

Provider will have hours of operation during which services are provided to Medi-Cal clients that are no less than the hours of operation during which the provider offers services to Non Medi-Cal clients.

Provider shall post and record the **24-hour phone line 1-888-881-4881 and 916-875-1055** during hours of non-operation.

All clients requesting SUD screening services shall be screened for need and level of care the same day, or given an appointment for screening the next business day. The client shall complete the screening/LOC determination during the initial phone call, initial face-to-face interaction, or during the scheduled appointment. Clients shall receive an intake assessment within seven (7) calendar days after the initial screening or request for services.

Once the predetermination level of care is made through the screening tool, the client shall be scheduled for an appointment with Sacramento County System of Care or Provider for a complete intake and assessment to determine diagnosis and medical necessity.

If the provider determines the client requires residential or withdrawal management services, they will contact the County to coordinate the clients appointment with a contracted residential provider. The County will authorize residential treatment services.

Client preferences shall be considered such as cultural, geographical, gender, language and personal schedule. These preferences and special circumstances shall be documented in the Provider client chart if applicable. CFR_42_431201.

Urgent conditions shall be addressed by the counselor while in contact with the client. Counselor staff shall reach out to police, a 24-hour crisis behavioral health team, or emergency personnel as the need arises. Additionally, Sacramento County Alcohol and Drug Services will be informed of the emergency and details about how the client accessed any services.

TIMELINESS AND ACCESS STANDARDS

Ensuring timely access to services is essential to accomplish the aim of improving outcomes of the specialty SUD system, as is engaging clients when they are ready to initiate treatment.

In addition to time, distance is another component of treatment access that has been linked to client outcomes. Generally, the shorter the distance between a client and his/her treatment site, the better the client outcome. Unless otherwise requested by the client, every effort must be made to refer the client to a treatment program that is within 30 minutes of travel time by personal or public transportation or fifteen (15) miles from the clients' location of choice (see Table). If this is not feasible, every effort should be made to decrease the likelihood that the commute or transportation issues serve as a barrier to accessing treatment. If clients prefer to have some aspect of treatment delivered in a different region than where they reside or work, this preference must be considered and noted in their clinical record.

SERVICE	DUE DATE
Distance Standards for Referrals	Every effort must be made to refer patients to a treatment program within (1) 30 minutes of travel time by personal or public transportation or (2) 15 miles from the patients' location of choice
Screening for Provisional LOC* *If the agency does not offer the provisional LOC or a Slot/Bed will not be available within 10 days, referrals must be provided (no waitlists allowed)	Date of first contact (walk-ins only) Provide two alternate referral agencies and connect the patient within 48 hours to the preferred provider
Assessment Appointment - Scheduled	Immediately but no longer than 3 calendar days of screening/referral
Assessment Appointment - Conducted	Within 10 business days of screening/referral
County Residency Eligibility Verification	Date of first service/intake appointment*
Medi-Cal Eligibility Verification	
Patient Handbook Provided	
Notice of Policy Practice Provided	

SERVICE Cont.	DUE DATE Cont.
Notice of Privacy Practices	Within 5 calendar days of first service or first intake appointment
ASAM Assessment Medical Necessity Determination Data Submission (e.g., CalOMS)	Within 7 calendar days of first service or first intake appointment* for adults (18+) OR Within 14 calendars days of first service or first intake appointment* for youth (ages 12-17) If every attempt has been made to complete and finalize the ASAM within the 7 or 14 calendar day timeframe, but circumstances do not allow for full completion, then the provider must include a Miscellaneous Note detailing the reason for the inability to meet the established standard.
Treatment Plan (Initial Only)	Within 7 calendar days of first service or first intake appointment* for adults (18+), including signatures by both patient and LPHA OR Within 14 calendars days of first service or first intake appointment* for youth (ages 12-17) including signatures by both patient and LPHA If every attempt has been made to complete and obtain signatures within the 7 or 14 calendar day timeframe, but circumstances do not allow for full completion, then the provider must: • Include a Miscellaneous Note with justification detailing what prevented completion within the timeframe; • Complete an initial Treatment Plan based on the information (and signatures) available at the 7 or 14 calendar day deadline; and • Within 30 days (28 for OTP) of first service or first intake appointment, * complete a Treatment Plan based on the assessment, that includes all elements and is signed by the patient and LPHA. The LPHA or Medical Director must then sign the Treatment Plan within 15 days of the patient signing.

To optimize access to SUD services, SUD treatment agencies must implement an ongoing, systematic evaluation process for identifying physical and/or psychosocial access issues that may impede SUD treatment seeking behavior. The evaluation process should identify counselor/staff attitudes around substance use, client transportation, or any other accessibility issues. Providers must also consider client and stakeholder feedback during this process. Once barriers are identified, SUD treatment agencies should develop a plan detailing how they plan to address the identified barriers. The plan may be a Quality Improvement Project that specifies the barrier(s) and action(s) that will be taken to eliminate or reduce the impact of the barrier, and when these specific actions will be completed.

SUD TREATMENT PROCESS OVERVIEW

The SUD treatment process reflects a logical approach that can be applied to solving challenges in any area. Solving a challenge begins with the preliminary identification of the general nature of the challenge, followed by a more detailed determination of the specifics of the challenge. For substance use disorder treatment providers, this preliminary step is the intake process of admission (identifying the challenges faced by a client and establishing how a provider can help) and assessment (determining the various issues that make up the challenge).

As a next step in the process, a treatment plan is developed in partnership with clients to address issues identified during the assessment process, followed by the implementation of the treatment plan (clients receiving treatment and referrals). The treatment plan is continually updated and changed to reflect any changes in problems or a new treatment focus. When SUD treatment services are completed and a program determines the client has made sufficient progress to be discharged, providers discharge a client, prepare a discharge plan, and close the client record.

If any of the SUD treatment process steps are not completed, the chances for positive client and program compliance outcomes are greatly reduced.

CLIENT ENGAGEMENT

All SUD providers must have a treatment planning process that meaningfully engages clients in the development of initial treatment plans and any updates to the treatment plan. Each client must review, approve, type or legibly print their name, sign and date his or her treatment plans and indicate whether he or she was involved in the plan's development. If a client refuses to sign his or her treatment plan, providers must indicate the reason for refusal and document strategies that will be taken to engage the client in treatment.

INTAKE, SCREENING, ASSESSMENT AND ADMISSION REQUIREMENTS

SCREENING

Providers shall only admit Sacramento County residents directly to County funded programs and work cooperatively with Sacramento County Alcohol and Drug Services System of Care and the Alcohol and Drug Administrator (or designee) to form an integrated network of care for individuals experiencing substance use/abuse problems. The Provider shall maintain close communication with Sacramento County Alcohol and Drug Services System of Care in the coordination of client admission and transition so that contracted treatment services can be accessed in a timely manner.

Provider shall use the County initial screening/assessment tool consistent with the American Society of Addiction Medicine (ASAM) client placement criteria.

The process for walk-in screenings and call-in screenings shall be identical. When a client calls by telephone, they will receive a complete County approved SUD screening. Once the predetermination of the ASAM level of care is made, the client shall be scheduled with a Provider for a complete assessment to determine diagnosis and medical necessity. The SUD screening and predetermination level of care will be entered into the Provider's Electronic Health Record (EHR) at that time and the client shall be linked to an appointment before the call is terminated.

The Provider must verify Medi-Cal eligibility of the individual. When the Provider conducts the initial eligibility verification, that verification shall be reviewed and approved by the County prior to payment for services.

A registered/certified substance abuse counselor, or licensed clinician shall be available to screen clients, enter client information into the Provider's EHR system and place the client in an appropriate ASAM level of care, including education classes and individual prevention services.

For withdrawal management/detox and residential treatment: upon determination of level of care, the Provider will FAX to Sacramento County Alcohol and Drug Services System of Care information for Authorization of Services.

Providers shall admit on a priority basis, pregnant women who are using or abusing substances, women who are using or abusing substances and who have dependent children, injecting drug users, and substance abusers. Priority admissions shall be given in the following order:

- Pregnant women who are using or abusing substances.
- Women who are using or abusing substances who have dependent children.
- Injecting drug users.
- Substance users.

42 CFR 431.201
County of Residence Guideline
Adolescent SUD Assessment/LOC determination
Adolescent Level of Care Guidelines
Adult SUD Assessment/LOC determination
Adult Level of Care Guidelines

The first step in the treatment process is client intake and assessment. Drug Medi-Cal requires all providers to have written documentation on procedures for client admission to SUD treatment. Sacramento County Alcohol and Drug Services is adopting this standard for all SUD treatment providers regardless of their DMC certification status. A client admission to treatment date is the date on which any face-to-face treatment service is provided to a client. Once an individual has completed the intake and assessment process, the individual becomes a client of the program.

All SUD treatment providers, regardless of DMC certification status, must complete a personal, medical and substance use history for each client upon admission to treatment to support the treatment plan for each client. In addition, all providers must complete a DHCS Health Questionnaire for each client and enter the required information into Avatar, the Sacramento County electronic behavioral health record system. For DMC certified programs, the Medical Director or LPHA must review each client's history within ***30 calendar days*** of the client's admission to treatment date.

ASSESSMENT

Assessments are the evaluation, measurement and documentation of clients to determine diagnoses and service needs. In the treatment of persons with SUDs, assessments are an ongoing process and are essential to identify client needs and help the provider focus their services to best meet those needs. Assessments are also important opportunities for client engagement and Treatment Planning. Assessments are generally performed in the initial phases of treatment, though not necessarily during the initial visit.

Comprehensive, validated, and standardized assessments tools, and their corresponding documentation, form the foundation of high quality SUD services. Assessments based on the ASAM Criteria ensure that there is a standardized structure by which to collect necessary clinical information to make appropriate SUD level of care determinations. Assessments need to be appropriately documented, reviewed, and updated on a regular basis, including at every care transition, to promote engagement and meet the client's needs and preferences.

Full ASAM assessments include a comprehensive evaluation of the six (6) dimensions of the ASAM Criteria, in addition to other important clinical elements captured during the assessment interview. Medical necessity must be determined by a full ASAM Continuum and not solely by a screening. Full ASAM assessments include a determination if an individual meets the diagnostic criteria for a SUD from the DSM-5.

If while assessing the client the provider determines that adequate progress toward treatment goals has been made, plans to build upon these achievements need to be made, which may include transitions to other services and recovery-focused strategies. Similarly, reassessments of the diagnosis, treatment modalities/intensity/goals need to be performed if progress toward agreed upon goals is not being made within a reasonable time.

Providers shall assure a Registered/Certified Counselor or LPHA completes a personal, medical and substance use history for each client upon admission to treatment. The Medical Director or LPHA will review each client's personal, medical and substance use history if completed by a Registered/Certified Counselor. At the minimum, the assessment shall include:

- Drug/Alcohol use history,
- Medical history,
- Family history,
- Psychiatric/psychological history,
- Social/recreational history,
- Financial status history,
- Educational history,
- Employment history,
- Criminal history and legal status, and
- Previous SUD treatment history.

Please note that not all of the data points listed above are obtained through the ASAM. Therefore, providers need to make certain to gather the required information via other documentation.

Clients who choose to directly contact a DMC-ODS service provider will be screened and assessed, if indicated, and offered admission to the appropriate ASAM level of care. If a beneficiary goes to a DMC-ODS service provider without an appointment and there is qualified staff to perform an assessment, then the beneficiary will be seen the same day. If there is no qualified staff available to perform an assessment on the same day, then they will be given an appointment to return for a face-to-face assessment within **3 days**. If after assessing the beneficiary they are determined to be more appropriate for an ASAM level of care not offered by the provider, then the provider will immediately refer the beneficiary to another DMC-ODS service provider that provides the indicated ASAM level of care, to the BHS Access Line, or the System of Care and will document the referral.

DMC-ODS providers will aim to admit eligible beneficiaries **within five (5) business days—but will be no later than 10 business days**—from the assessment. In the unlikely event that admission to treatment will be greater than 10 business days.

RE-ASSESSMENT (CONTINUING SERVICES)

Continuing services shall be justified for case management, outpatient services, intensive outpatient, and medication assisted treatment.

Providers are required to demonstrate that clients continue to meet current LOC criteria or determine that an alternative is most appropriate. All clients will be reassessed any time there is a significant change in their status, diagnosis, a revision to the client's individual treatment plan, and as requested by the client.

For outpatient services, each client, no sooner than five (5) months and no later than six (6) months after the client's admission to treatment date or the date of completion of the most recent justification for continuing services, the LPHA or counselor shall review the client progress and eligibility to continue to receive treatment services, and recommend whether the client should or should not continue to receive treatment services at the same level of care. For NTP/MAT services, reassessment is completed annually.

Changes that could warrant a re-assessment and possibly a transfer to a higher or lower level of care include, but are not limited to:

- Achieving treatment plan goals.
- Inability to achieve treatment plan goals despite amendments to the treatment plan.
- Identification of intensified or new problems that cannot adequately be addressed in the current level of care or change in diagnosis or status.
- At the request of the client.

For each client, no sooner than five months and no later than six months after the client's admission to treatment date or the date of completion of the most recent justification for continuing services, the Medical Director or LPHA shall determine medical necessity for continued services for the client. The determination of medical necessity shall be documented by the Medical Director or LPHA in the client's individual client record and shall include documentation that all of the following have been considered:

- The client's personal, medical, and substance use history.
- Documentation of the client's most recent physical examination.
- The client's progress notes and treatment plan goals.
- The LPHA's or counselor's recommendation pursuant to the client's progress or lack of progress.
- The MD or LPHA shall type or legibly print their name, and sign and date the documentation.

If the MD or LPHA determines that continuing treatment services for the client is not medically necessary, the provider shall discharge the client from treatment and arrange for the client to proceed to an appropriate level of treatment services.

LEVELS OF CARE

Addiction treatment is delivered across a continuum of services that reflect illness severity and the intensity of services required. One of the key goals of the County is to facilitate SUD service delivery that is the right service, at the right time, for the right duration, in the right setting. The levels of care need to be viewed as points along a continuum of treatment services, each of which may be provided in a variety of settings.

Referral to a specific level of care must be based on a comprehensive and individualized assessment of the client, with the primary goal of placing the client at the most appropriate level of care. Initial referrals may be accomplished through a brief screening tool with a more comprehensive assessment completed at the treatment program to confirm placement. In Sacramento County, level of care determinations are based on the ASAM Criteria to organize the assessment and clinical formulation to provide more consistency in level of care determinations. In general, the preferable and most appropriate level of care is one that is the least intensive while still safely meeting the unique treatment objectives of the client and treatment team.

Level of care determinations begin with the full ASAM multidimensional assessment, which explores client risks, needs, strengths, skills, and resources. Dimension-specific risk ratings are generated from the assessment process and are used to help inform providers as to dimensional priorities, which are subsequently used for service planning and placement. When physical or mental health conditions are apparent, the need for immediate stabilization should be prioritized and the highest severity problem should determine the client's entry point into the treatment continuum, whether it is within the SUD system of care (including Opioid Treatment Programs), or in the physical or mental health systems. Treatment is best conceptualized as a flexible continuum, marked by different ASAM levels of care, with gradations of service intensities for residential and withdrawal management services.

SUD CONTINUUM AND LEVELS OF CARE		
Benefits	**ASAM Level of Care**	**Description**
Outpatient	1.0	Appropriate for patients who are stable with regard to acute intoxication/withdrawal potential, biomedical, and mental health conditions.
Intensive Outpatient	2.1	Appropriate for patients with minimal risk for acute intoxication/withdrawal potential, medical, and mental health conditions, but need close monitoring and support several times a week in a clinic (non-residential and non-inpatient) setting.
Low Intensity Residential (Clinically Managed)	3.1	Appropriate for individuals who need time and structure to practice and integrate their recovery and coping skills in a residential environment.
High Intensity Residential, Population Specific (Clinically Managed)	3.3	Appropriate for patients with functional limitations that are primarily cognitive, who require a slower pace to treatment, and are unable to fully participate in the social and therapeutic environment

SUD CONTINUUM AND LEVELS OF CARE – Cont.		
Benefits	**ASAM Level of Care**	**Description**
High Intensity Residential, Non-Population-Specific (Clinically Managed)	3.5	Appropriate for patients who have specific functional limitations and need a safe and stable living environment to develop and/or demonstrate sufficient recovery skills to avoid immediate relapse or continued use of substances
Opioid Treatment Program	1-OTP	Appropriate for patients with an opioid use disorder that require methadone or other medication-assisted treatment.
Recovery Support Services	N/A	Appropriate for any patient who has completed SUD treatment.
Ambulatory (Outpatient) Withdrawal Management	1-WM	Appropriate for patient with mild withdrawal who require either daily or less than daily supervision in an outpatient setting.
Clinically Managed Residential Withdrawal Management	3.2-WM	Appropriate for patient with moderate withdrawal who need 24-hour support to complete withdrawal management and increase the likelihood of continuing treatment or recovery.
Medically Monitored Inpatient Withdrawal Management	3.7-WM	Appropriate for patients with severe withdrawal that requires 24-hour inpatient care and medical monitoring with nursing care and physician visits.
Medically Managed Inpatient Withdrawal Management	4-WM	Appropriate for patients with severe withdrawal that requires 24-hour nursing care and physician visits to modify withdrawal management regimen and manage medical instability.
Source: American Society of Addiction Medicine		

Note: Currently the ADS provider network does not provide level 3.3 Residential, or levels 3.7-4 of Medically Managed Inpatient Withdrawal Management. If the patient screens for level 3.3 or 3.7-4 WM, then the provider may consider the following options as clinically appropriate:

- Refer patient to 3.5 High Intensity Residential as clinically necessary.
- Refer patient to 3.2-WM as clinically necessary.
- Refer patient to a general acute hospital for medical treatment or an inpatient psychiatric hospital if the patient requires psychiatric treatment.

Services provided at the various levels of care should reflect the client's clinical condition, including consideration for severity level and functional impairment. Interventions may include, but are not limited to: individual counseling, group counseling, family therapy, client education, psychosocial interventions, medication-assisted treatments, collateral services, case management, crisis intervention, Treatment Planning, recovery support services, and discharge services.

As client's transition between levels of service, progress in all six (6) dimensions should be formally assessed at regular intervals, in accordance with the client's severity level and functional impairment, as clinically indicated. These assessments help to ensure that clients are placed in the appropriate level of care based on medical necessity, as reviewed and verified by a LPHA. Level of care transitions need to be based on clinical need, as opposed to funding source or provider preferences.

Continuity of care and longitudinal follow up are critical for SUD clients. Referrals and linkages to different service and levels of care within the SUD, physical, and mental health systems help to ensure that client needs are appropriately addressed. High quality care is characterized by the seamless linking of different levels of care, both within the SUD system of care and between other systems of health care. This streamlined system of care can be achieved by case management, role induction (preparing individuals for treatment by sharing the rationale of treatment, treatment process, and their role in that process), warm hand-offs, and assertive outreach.

Providers must also familiarize themselves with other requirements that govern SUD treatment. These include the California Code of Regulations Title 22, Title 9, Alcohol and/or Other Drug Program Certification Standards, and the provisions Drug Medi-Cal Organized Delivery System including County and DHCS Bulletins/information notices, and the contract's specific services to be provided and definitions of services.

PHYSICAL HEALTH

Substance use can complicate and lead to serious health conditions making it important to assess medical illnesses that clients may face. If left untreated, significant medical illnesses may lead to poor treatment outcomes and even a decreased life expectancy. A central element of Sacramento County's philosophy of care is to provide a whole person approach that meets an individual's behavioral health and primary care needs where a client accesses services. All SUD treatment providers, regardless of DMC certification status, must consider client physical health information when developing SUD treatment plan goals. Requirements for physical examination guidelines can be found in the document section titled Physical Examinations.

SUBSTANCE USE DISORDER MEDICAL DIRECTOR ROLE AND MEDICAL OVERSIGHT

While SUD treatment providers may have more than one physician or Medical Director on staff, the Medical Director has medical responsibility of *all* clients and must be available on a regularly scheduled basis. The SUD Medical Director is a physician who is licensed by the Medical Board of California. Written roles and responsibilities and a code of conduct for the Medical Director shall be clearly documented, signed and dated by a Provider representative and the physician. Duties of the Medical Director may vary, but at a minimum, DMC-ODS certified treatment provider Medical Directors must:

- Ensure medical care provided by physicians, registered nurse practitioners, and physician assistants meet the applicable standard of care.
- Ensure physicians do not delegate their duties to non-physician personnel.
- Establish, review, and maintain medical policies and standards.
- Ensure the medical decisions made by physicians are not influenced by fiscal considerations.
- Ensure provider's physicians and LPHAs are adequately trained to perform diagnosis of substance use disorders for clients and determine the medical necessity of treatment for clients.
- Ensure provider's physicians are adequately trained to perform other physician duties.
- Ensure the quality of medical services provided to all clients.
- Ensure a physician has assumed medical responsibility for all clients treated by the provider.

MEDICATION MANAGEMENT

It is the expectation that medication prescribers evaluate the benefits-to-risk ratio and identify accepted guidelines when prescribing medications. The purpose of medication management is to:

- Increase the effectiveness of medication use to reflect a high quality of care and reduce serious side effects such as abuse and dependency.
- To assure appropriate laboratory work is obtained at the onset and during the course of treatment.
- Increase the likelihood that related physical examinations occur and are documented.
- To follow accepted medical guidelines when prescribing habituating medications to ensure the medication is the optimum treatment.

Medication monitoring is a critical quality improvement function, intended to ensure the quality of medication treatment for clients served by Sacramento County contracted DMC-ODS providers. DMC-ODS providers are responsible for implementing their own internal and/or subcontracted review process to ensure consistent medication practices adhere to all State and Federal regulations. Furthermore, they are responsible for implementing mechanisms and adhering to standards monitoring safety and effectiveness of medication practices while in compliance with the most current Sacramento County formulary. Sacramento County's quality management will review each site's medication monitoring practice, policies and procedure, and clinical charts as part of their scheduled reviews.

PHYSICAL EXAMINATIONS

For DMC certified programs, all clients must be assessed for whether they have had a physical examination within the twelve-month period prior to admission to treatment. Consistent with the Sacramento County philosophy of care, Alcohol and Drug Services is adopting this DMC physical examination standard for all SUD treatment providers regardless of their DMC certification status. If documentation of a physical examination cannot be obtained, providers must describe in the client record efforts taken to obtain documentation.

For all clients in DMC certified programs that had physical exams within the twelve months prior to treatment admission, a physician, registered nurse practitioner or physician's assistant, may perform a physical examination of the client within 30 days of admission to treatment, and must review the exam within 30 calendar days of the treatment admission date to determine whether the client has any significant medical illnesses. A copy of physical exam must be included in the client record. For any significant medical illnesses, the client's initial and updated treatment plans must incorporate a goal to obtain appropriate treatment for the illnesses. For non-DMC certified providers, program staff must consider client physical health information in developing and updating client treatment plans.

When there is no documentation of a client physical exam within the last twelve months from the admission to treatment date, DMC certified providers must either incorporate a physical exam as a client goal in the initial and updated treatment plans or conduct a physical exam of the client within 30 calendar days of the admission to treatment date. A physician, registered nurse practitioner or physician's assistant may conduct the exam. A copy of the exam must be included in each client record. It is not sufficient to include a progress note alone that the exam was completed. Sacramento County is adopting this DMC standard for all SUD treatment providers regardless of their DMC certification status.

MODALITIES COVERED BY PROVIDER MANUAL

The Sacramento County Provider Manual covers the following SUD treatment modalities:

- Outpatient Drug Free (ODF)
- Narcotic Treatment Program (NTP)
- Naltrexone Treatment
- Intensive Outpatient Services
- Withdrawal Management

Residential Substance Use Disorder Services (incorporates Perinatal Residential Substance Use Disorder Services).

While intake/assessment and treatment plans are standardized across SUD treatment modalities, there are some differences in the type and frequency of required client services by modality.

OUTPATIENT TREATMENT

Outpatient Services (ASAM Level 1.0) consist of up to 9 hours per week of medically necessary services for adults and less than 6 hours per week of services for adolescents. Providers will offer ASAM Level 1 services including: assessment, treatment planning; individual and group counseling; family therapy; client education; medication services; collateral services; crisis intervention services; and discharge planning and coordination. Services may be provided in-person, by telephone, or by tele-health in any appropriate setting in the community.

Intensive Outpatient Services (ASAM Level 2.1) involves structured programming provided to clients as medically necessary for a minimum of nine (9) hours and a maximum of 19 hours per week for adult perinatal and non-perinatal clients. Adolescents are provided a minimum of six (6) and a maximum of 19 services per week. Services include assessment, treatment planning, individual and/or group counseling, client education, family therapy, medication services, collateral services, crisis intervention services, treatment planning, and discharge planning and coordination. Services may be provided in-person, by telephone, or by telehealth in any appropriate setting in the community.

INDIVIDUAL COUNSELING

Individual Counseling sessions are designed to support direct communication and dialogue between the staff and client and focus on psychosocial issues related to substance use and goals outlined in the client's individualized Treatment Plan. Individual Counseling sessions need to incorporate Motivational Interviewing and Cognitive Behavioral Therapy techniques.

Individual Counseling sessions are available at all levels of care and are defined as face-to-face or telephone contact between one (1) registered counselor, certified counselors or LPHA, and one (1) client at the same time. Sessions range from 15 to 60 minutes. Individual Counseling sessions less than 15 minutes cannot be billed as they are less than the minimum requirement. If Individual Counseling sessions exceed 60 minutes, the Progress Note for that encounter must substantiate exceeded time. If the counseling session is split into different services (e.g. Case Management,

Crisis Intervention, etc.), a Progress Note must be written for each session and documented in the chart/EHR.

The frequency of Individual Counseling sessions, in combination with other Treatment Services, needs to be based on medical necessity and individualized client needs rather than a prescribed program required for all participants.

Individual counseling sessions between a LPHA or Registered/Certified Counselor and a client are to be conducted in a confidential setting where individuals not participating in the counseling session cannot see or hear the comments of the client, LPHA or Counselor. Individual counseling sessions can be provided in person in an office, home or community setting or via telephone or telehealth as long as confidentiality and informed consent requirements are met.

GROUP COUNSELING

Group counseling sessions are designed to support discussion among clients, with guidance from the facilitator to support understanding and encourage participation, on psychosocial issues related to substance use. This does not include recreational activities, skill building sessions (e.g., employment, education, tutoring), or time spent viewing videos/DVDs (although discussion time is generally allowable). Group Counseling sessions need to incorporate Motivational Interviewing and Cognitive Behavioral Therapy techniques.

Group Counseling sessions are available at all levels of care and are defined as face-to-face contact between up to two (2) registered or certified SUD counselors or LPHAs, and between two (2) to twelve (12) clients at the same time. Sessions ranging from 60 to 90 minutes in length. A separate Progress Note must be written for each participant and documented in the chart/EHR. Group sign-in sheets must include signatures and printed names of all participants and group facilitators, date, start/end times, location, and group topic.

The frequency of Group Counseling sessions, in combination with other Treatment Services, needs to be based on medical necessity and individualized client needs rather than a prescribed program required for all participants.

GROUP COUNSELING CONFIDENTIALITY

Group counseling sessions must be face-to-face and conducted in a confidential setting where individuals not participating in the counseling session cannot see participants or hear the comments of the client or LPHA/Counselor.

GROUP COUNSELING AGE REQUIREMENTS

Sacramento County System of Care is adopting the DMC standard for age considerations for all SUD treatment providers, regardless of DMC certification status. A client who is seventeen years of age or younger cannot participate in group counseling with clients who are eighteen years of age or older *unless* the counseling occurs at a DMC certified program's school site.

WITHDRAWAL MANAGEMENT AND RESIDENTIAL PROVIDERS

Withdrawal Management Services (ASAM Levels 2-WM, 3.2-WM) are provided as medically necessary to clients and include: assessment, observation, medication services, and discharge planning and coordination.

Clients receiving residential withdrawal management, 3.2-WM shall reside at the facility for monitoring during the detoxification process. Alcohol and Drug Services will also offer ASAM Levels 2-WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring.

Residential Treatment Services (ASAM Levels 3.1, 3.3, 3.5) are a 24-hour, non- institutional, non-medical, short-term service that provides residential rehabilitation services to youth, adult, and perinatal beneficiaries. Residential services are provided in facilities designated by DHCS as capable of delivering care consistent with ASAM Level 3.1: Clinically-Managed Low-Intensity Residential, ASAM Level 3.3: Clinically Managed Population-Specific High-Intensity Residential Services (Adult only), and ASAM Level 3.5: Clinically-Managed High-Intensity Residential.

Clients are approved for residential treatment through a prior authorization process based on the results identified by the ASAM assessment. The length of stay for residential services may range from 1-90 days, unless a reassessment of medical necessity justifies a one-time services reauthorization/extension of up to 30 days. Only two non-continuous 90-day regimens will be authorized in a one- year period. Perinatal and criminal justice involved clients may receive a longer length of stay based on medical necessity. Residential treatment services includes assessment, treatment planning, individual and group counseling, client education, family therapy, collateral services, crisis intervention services, treatment planning, transportation to medically necessary treatments, and discharge planning and coordination. All providers are required to accept and support clients who are receiving medication-assisted treatments.

Sacramento County Alcohol and Drug Services System of Care personnel are the only staff authorized to place a client in withdrawal management or residential treatment. This is in accordance with Department of Health Care Services (DHCS) information notice 16-042, withdrawal management or residential placement guidelines. Withdrawal Management and Residential Providers are required to submit Bed Availability Reports daily through email (ADSSOC@saccounty.net) to identify available bed slots for the day.

The Sacramento County personnel will complete the SAPT Placement Referral Form and forward it to the Provider.

Providers are to collaborate and work closely with County staff to ensure engagement, re-engagement and warm hand-offs are present as the client proceeds through treatment.

NON-DMC RESIDENTIAL TREATMENT ADMISSION REQUIREMENTS

For non-DMC residential treatment providers, initial client treatment plan requirements include:

- For short-term residential treatment programs (a program during of 30 days or less), the initial treatment plan must be developed within 10 days from the client's admission to treatment date;
- For long-term residential programs (a program duration of 31 days or more), the initial treatment plan must be developed within 14 days of the client's admission to treatment date.

NON-DMC RESIDENTIAL UPDATED TREATMENT PLAN REQUIREMENTS

Residential treatment programs must meet the following updated treatment plan requirements:

- For short-term residential programs (a program duration of 30 days or less), the initial treatment plan must be updated within 10 days after signing the initial treatment plan and not later than every 10 days thereafter;
- For long-term residential programs (a program duration of 31 days or more), the initial treatment plan must be updated within 14 days of after signing the initial treatment plan and not later than every 14 days thereafter.

Medical Psychiatric Clearance Form
SAPT Placement Referral Form
DHCS Information Notice 16-042
Bed Availability Report

MEDICATION ASSISTED TREATMENT (MAT)

Medication Assisted Treatment is the use of prescription medications, in combination with counseling and behavioral health therapies to treat substance use disorders. As part of the DMC-ODS pilot program there are required MAT services as outlined below:

- Narcotic Treatment Program (NTP) Services.
- Access to buprenorphine, naloxone, disulfiram, and methadone in a NTP setting.

Optional additional MAT Services include:

- FDA approved medications (any DMC setting).
- Ordering, prescribing, administering, and monitoring of MAT.
- Utilization of long-acting injectable naltrexone at DMC facilities, including NTPs.
- County-proposed interim rates for additional MAT outside of a NTP setting, including buprenorphine, disulfiram, naloxone, and long-acting injectable naltrexone.

DHCS MAT Info Notice
DHCS MAT FAQ
Release of Information

OPIOID TREATMENT PROGRAM/NARCOTIC TREATMENT PROGRAM ADMISSION REQUIREMENTS

Opioid Treatment Programs (OTPs) are treatment settings that provide MAT, including methadone, buprenorphine, naloxone (for opioid overdose prevention), and disulfiram for individuals with opioid and alcohol use disorders. OTPs may also offer other types of MAT to address co-morbid SUD in addition to opioid use disorder. A distinguishing feature of OTPs compared to other SUD levels of care is that OTPs are the *only* setting that can legally provide methadone treatment for addiction. OTPs also offer a broad range of other services including medical, perinatal and/or other, psychosocial services.

An OTP is identified as a level of care and as such, medical necessity for OTP services must be established, including a DSM-5 diagnosis of a SUD and an appropriate level of care designation via an SUD assessment.

Clinicians, such as counselors and non-prescriber LPHAs play an important role in identifying who may benefit from MAT and treatment at an OTP. For example, non-prescriber SUD service providers should explain potential MAT benefits alongside other services and refer clients to appropriate health professionals for further assessment. SUD providers from across disciplines will need to work together to ensure familiarity with, and access to, MAT both in OTP and other SUD treatment settings.

Opioid (Narcotic) Treatment Program (OTP/NTP, ASAM OTP Level 1). Services are provided in accordance with an individualized client care plan determined by a licensed prescriber. An opioid maintenance criterion is a two year history of addiction, two treatment failures and one year of episodic or continued use pursuant to Title VIIII regulations. Prescribed medications offered currently include methadone, buprenorphine, naloxone, disulfiram and other medications covered under the DMC- ODS formulary through contracted service providers.

OTP/NTP programs will be required to offer and record proof of beneficiary understanding on choices of medications and treatment without medications. Services provided as part of an Opioid Treatment Program include: assessment, treatment planning, individual and group counseling, client education; medication services; collateral services; crisis intervention services; treatment planning; and discharge services. Clients receive between 50 and 200 minutes of counseling per calendar month with a therapist or certified/registered counselor.

All OTP providers must have a complete initial SUD Assessment for all clients.

Reimbursement for cases in which SUD assessments were not completed by this date will be subject to recoupment.

- Consistent with Title 9 requirements, OTP providers must re-verify DMC eligibility and perform justification every 12 months from treatment admission date, for clients who need ongoing OTP care. An annual SUD assessment/LOC determination is not required. To re-establish medical necessity, a narrative justification of the ongoing need for OTP services is sufficient.

For DMC certified programs providing OTP/Narcotic Treatment Program services, the following DMC regulations must be met before an individual may be admitted into detoxification or maintenance treatment.

The Medical Director, licensed physician, (Physician Assistant or Nurse Practitioner for NTP's) must conduct a medical evaluation or document the review and concurrence of a medical evaluation for each client which includes at a minimum:

- A medical history, including the individual's history of illicit drug use;
- Laboratory tests for determination of narcotic drug use, tuberculosis and syphilis (unless the medical director has determined the individual's subcutaneous veins are severely damaged to the extent that a blood specimen cannot be obtained); and
- A physical examination including, at minimum, the following:
  a. an evaluation of the individual's organ systems for possibility of infectious diseases; pulmonary, liver or cardiac abnormalities; and negative dermatologic impacts of addiction;
  b. A record of the individual's vital signs (temperature, pulse, blood pressure and respiratory rate);
  c. An examination of the individual's head, ears, eyes, nose, throat (including thyroid), chest (including heart, lungs, and breasts), abdomen, extremities, skin and general appearance;
  d. An assessment of the individual's neurological system; and
  e. A record of the physician's overall impression which identifies any medical condition or health problem for which treatment is warranted.

In addition, before a client can be admitted to detoxification or to maintenance treatment, the Medical Director or licensed physician must:

- Document the evidence or review and concur with the documentation of evidence used from the medical evaluation to determine physical dependence and addiction to opiates; and
- Document the final determination concerning physical dependence and addiction to opiates.

NARCOTIC TREATMENT PROGRAM—MEDICAL PSYCHOTHERAPY SESSIONS

For clients in NTP programs, medical psychotherapy sessions are defined as face-to-face discussions between the Medical Director and/or physician and the client on issues identified in the client treatment plan.

NARCOTIC TREATMENT PROGRAM UPDATED TREATMENT PLAN REQUIREMENTS

For NTP providers, updated treatment plans must be reviewed and signed within 14 calendar days from the effective date by the certified/registered counselor or LPHA and by the medical director. Client updated treatment plans also must include:

- A summary of the client's progress or lack of progress toward each goal identified on the previous treatment plan,
- New goals and behavioral tasks for any newly identified needs or related changes in the type and frequency of counseling services to be provided to the client; and
- An effective date based on the day the primary counselor signed the updated treatment plan.

NARCOTIC TREATMENT PROGRAM DISCHARGE REQUIREMENTS

NTP LPHAs or Registered/Certified Counselors must develop a discharge summary for each client who is voluntarily or involuntarily discharged from the program that includes at a minimum:

- Client name;
- Date of discharge;
- Reason for discharge, and
- Summary of the client's progress during treatment.

NARCOTIC TREATMENT PROGRAM CONTINUING SERVICE REQUIREMENTS

For NTP programs, the Medical Director and/or physician must discontinue a client's maintenance treatment within two consecutive years after treatment began unless the Medical Director and/or physician complete the following:

- Evaluates client progress or lack of progress in achieving treatment goals in the progress notes; and
- Determines through clinical judgment that the client status indicates such treatment should be continued for a longer period of time as discontinuance from treatment would lead to a return to opiate addiction.

Client status in treatment must be re-evaluated ***at least annually*** after ***two consecutive years*** of maintenance treatment. The Medical Director and/or physician must document the facts justifying the decision to continue client treatment in the client record.

NALTREXONE TREATMENT ADMISSION REQUIREMENTS

All Naltrexone treatment providers must comply with the following requirements in addition to client intake and admission requirements listed in the prior section above. Naltrexone providers must confirm that each client meets all of the following requirements:

- Has a documented history of opiate addition;
- Is at least 18 years of age;
- Has been opiate free for a period of time to be determined by a licensed physician based on the physician's clinical judgment (this includes the administration of a body specimen test to confirm the opiate free status of the client); and
- Is not pregnant (a client must be discharged from treatment if she becomes pregnant during treatment).

In addition, a licensed physician must certify each client's eligibility for treatment is based on the client's physical examination, medical history, and laboratory results. The physician also must advise each client of the overdose risk should he or she return to opiate use while taking Naltrexone and the ineffectiveness of pain relievers while on Naltrexone.

PERINATAL TREATMENT ADMISSION REQUIREMENTS

SUD treatment providers serving pregnant and postpartum women must meet additional admission criteria that include:

- Confirming the client is eligible for and received Medi-Cal during the last month of pregnancy;
- Having medical documentation that substantiates the client's pregnancy and last day of pregnancy;
- Receiving enhanced reimbursement rate only during pregnancy and for the 60-day postpartum period beginning on the last day of pregnancy; and
- Terminating eligibility for perinatal treatment services on the last day of the month in which the 60th day occurs.

COLLATERAL SERVICES

Collateral Services are sessions between significant persons in the life of the client (i.e., personal, not official or professional relationship with client) and SUD counselors or LPHAs used to obtained useful information regarding the client to support the client's recovery. The focus of Collateral Services is on better addressing the treatment needs of the client.

For all SUD treatment providers, regardless of DMC certification status, collateral services must be provided by an LPHA or Registered/Certified Counselors. Collateral services are defined as face-to-face contact with significant persons in the life of the client. Significant persons are defined as individuals that have a personal, not official or professional, relationship with the client. For example, a client's social worker would not meet the "*significant persons*" criteria.

Each collateral service must focus on the treatment needs of the client to support the achievement of treatment plan goals. A client does not need to be present at the collateral service for the service to billable to DMC.

CRISIS INTERVENTION COUNSELING

Crisis Intervention sessions include direct communication and dialogue between the staff and client and are conducted when:

1. A threat to the physical and/or emotional health and well-being of the client arises that is perceived as intolerable and beyond the client's immediately available resources and coping mechanisms; or
2. An unforeseen event or circumstance occurs that results in or presents an imminent threat of serious relapse.

These sessions are immediate and short-term encounters that focus on (1) stabilization and immediate management of the crisis, often by strengthening coping mechanisms and (2) alleviating a client's biopsychosocial functioning and well-being after a crisis. Crisis Intervention sessions need to incorporate Motivational Interviewing and Cognitive Behavioral Therapy techniques.

A component of this service includes linkages to ensure ongoing care following the alleviation of the crisis. Crises that are not responsive to intervention need to be escalated to urgent (e.g., urgent care clinic) or emergent (e.g., medical or psychiatric emergency room) care. Crisis situations should not be confused with emergency situations, which require immediate emergency intervention, such as calling 911.

Crisis Intervention sessions are available at all levels of care and are defined as face-to-face or telephone contact between one (1) registered/certified counselor or LPHA, and one (1) client at the same time. Services may, however, involve a team of care professionals. Sessions ranging from 15 to 60 minutes. A Progress Note must be written for each session and documented in the chart/EHR.

CASE MANAGEMENT

Case Management is a collaborative and coordinated approach to the delivery of health and social services that links clients with appropriate services to address specific needs and achieve treatment goals. Case Management is a client-centered service that is intended to complement clinical services, such as individual and group counseling, to address areas in an individual's life that may negatively impact treatment success and overall quality of life. Case Management offers support services to clients to increase self-efficacy, self-advocacy, basic life skills, coping strategies, self-management of biopsychosocial needs, benefits and resources, and reintegration into the community.

Case Management Services support clients as they move through the DMC- ODS continuum of care from initial engagement and early intervention, through treatment, to recovery supports. Case management services are provided for clients who may be challenging to engage, requiring assistance connecting to treatment services or other supportive services, and/or those clients stepping down to lower levels of care and support.

Case management services are defined as a service that assists a client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. Case Management services may be provided by a LPHA or a Registered/Certified Counselor. Case Management must focus on coordination of SUD care, integration around primary care especially for clients with a chronic substance use disorder, and interaction with the criminal justice system, if needed. Case Management is available to all clients who enter the SUD treatment system. This service is available throughout the treatment episode and may be continued during recovery support services. Case Management services may be provided face-to-face or by telephone with the client. Case Management services require pre-authorization by System of Care personnel.

CASE MANAGEMENT CONSIDERATIONS FOR PEOPLE IN VULNERABLE GROUPS

People with special needs require more intensive Case Management activities. Moreover, County agencies (DCFS, Law Enforcement, Superior Court, etc.) may require providers to submit additional documentation and perform additional activities (e.g. attending court hearings or meeting with case workers to advocate on the clients' behalf).

These groups include people with HIV/AIDS, mental illnesses, homelessness, perinatal women, adolescents, and the criminal justice-involved. Each population will require coordination activities to help an individual effectively navigate, access, and participate in an appropriate SUD level of care, access health and mental health services, secure housing, and obtain other supportive services.

CLIENTS EXPERIENCING HOMELESSNESS

Housing and an individual's living environment are oftentimes a critical component of the ability to achieve and maintain recovery from SUDs. Therefore, case managers should identify clients in need of housing assistance and perform connection and coordination activities according to available resources. Activities may include:

- Completing the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) for adults
- Entering and updating client information in **HMIS**.
- Connecting clients to community agencies for adults, youth and families
- Coordinating housing activities with Housing Navigators, such as gathering necessary documents, completing housing applications, choosing potential housing sites, applying for move-in resources and re-integration into the community.

CRIMINAL JUSTICE-INVOLVED CLIENTS

Case managers should communicate with criminal justice staff (i.e., Probation, Sheriff, Superior Courts, etc.) to ensure that Case Management activities meet criminal justice supervision requirements. As needed, case managers may be asked to perform the following activities:

- Attend court hearings to report progress in treatment.
- Arrange letters, phone calls, and/or direct face-to-face meetings with law enforcement agencies (Probation Department, Sheriff's Department, and Parole) and courts (Superior Courts) about clients.

CHILDREN AND FAMILY SERVICES

For clients that participate in County funded programs for children and family services, one of the primary focuses for providers should be the family unit (e.g., helping clients meet requirements set forth in their family reunification plan). Therefore, Case Management activities should help clients gain access to services and resources that take into account family needs. Case Management activities for this group may include linkage to parenting classes, child care, food and clothing assistance, and family planning services.

When working with children, families, and perinatal women, the case manager should confer with the client's DHA worker, DCFS social worker, MH worker, etc., at least once to ensure that the objectives and activities developed in Case Management are consistent and don't unintentionally overwhelm the client.

RECOVERY SERVICES

Recovery Support Services (RSS) are aftercare support services designed to help individuals become and stay engaged in the recovery process and reduce the likelihood of relapse. RSS emphasizes the clients' central role in managing their health and recovery and promotes the use of effective self-management and coping strategies, as well as internal and community resources to support ongoing self-management. Medical necessity is considered established for any individual transitioning directly into RSS from treatment. If there is a lapse between treatment discharge and receipt of RSS, or RSS is discontinued, a screening needs to occur to determine if RSS is still the appropriate service level.

Recovery Services are important to clients in the recovery and wellness process. Recovery services are available once a client has completed the primary course of treatment and are no longer engaged in any ASAM Level of Care services. Clients accessing recovery services are supported to manage their own health and health care, use effective self-management support strategies, and rely on community resources for ongoing support.

RSS is available for youth (ages 12 – 17), young adult (ages 18 – 20), and adult (age 21+) clients who have completed treatment or left treatment with satisfactory progress and are in recovery. This applies to clients discharging from any level of care, provided they are not concurrently enrolled in treatment services. The last treatment provider of care will serve as the default provider of RSS, unless necessary services are not offered, or the client prefers a change in provider. These services can be delivered by either an experienced registered or certified SUD counselor or LPHA and will be offered when they are deemed medically necessary by an LPHA (e.g., after completion of a treatment episode). RSS must be conducted face-to-face in a contracted DMC-certified treatment facility or at an approved field-based services location, and/or by telephone, with the call being made from a DMC-certified facility.

RSS may include participation in group meetings and/or individual counseling to assist clients in meeting the goals contained in their RSS plans. Individuals who are released from custody, or those who will soon be released from custody and have completed treatment while incarcerated, are eligible for RSS. While in custody, ideally the client's SUD counselor should refer the client into RSS prior to release from incarceration.

Medical necessity for RSS aligns with the DMC eligibility period (6 months for non-OTP treatment and 12 months for OTP treatment). All clients transitioning directly from any SUD treatment to RSS already meet medical necessity based on their DMC eligibility. Therefore, a new screening or ASAM Continuum is not required upon admission. Continued RSS participation is based on continued DMC eligibility.

Recovery services may be provided face-to face, by telephone, via the internet, or elsewhere in the community. Services may include: outpatient individual or group counseling to support the stabilization of the client or reassess the need for further care; recovery monitoring/recovering coaching; peer-to-peer services and relapse prevention, education and job skills; family support; support groups and linkages to various ancillary services. Any eligible DMC provider within the network may provide medically necessary recovery services to beneficiaries. Linkages to these services are provided by a certified/registered SUD counselor, licensed clinician or peer support specialist.

SPECIAL POPULATIONS AND CONDITIONS

CO-OCCURRING DISORDERS

For clients who have co-occurring disorders (have a significant mental health disorder co-occurring with a substance use disorder), mental health screening is required in addition to coordination of services with Sacramento County Mental Health (Adult Access Team) staff or other psychiatric or mental health support as necessary. Specialized treatment issues include specific screening techniques, ability to address both issues in the treatment plan, coordination with other services as appropriate, accommodation of the mental health disability as appropriate, style of interventions and use of group and individual counseling sessions.

For the purposes of this document, co-occurring disorders (COD) are defined as when an individual has a combination of any SUD or any mental health condition, though individuals with COD can have physical health conditions as well. The COD must meet the diagnostic criteria independently from the other condition and cannot simply be a cluster of symptoms resulting from a single disorder. The significant co-morbidity of SUDs and mental illness (typically reported as 40 percent to 80 percent depending on study characteristics and population) and the growing body of research associating poorer outcomes with a lack of targeted treatment efforts have highlighted the importance of addressing the unique needs of this population.

Integrated treatment coordinates substance use and mental health interventions to treat the whole person more effectively. As such, integrated care broadly refers to the process of ensuring that treatment interventions for COD are combined within a primary treatment relationship or service setting.

According to SAMHSA's Treatment Improvement Protocol (TIP) series titled "Substance Abuse Treatment for Persons with Co-Occurring Disorders," consensus panel members recommend the following guiding principles in the treatment of clients with CODs:

- **Employ a recovery approach** – The recovery perspective essentially acknowledges that recovery is a long-term process of internal change that requires continuity of care over time and recognizes that these internal changes proceed through various stages, and that treatment approaches need to be specific to the goals and challenges of each stage of the COD recovery process.
- **Adopt a multi-problem viewpoint** – Treatment comprehensively addresses the immediate and long-term needs of the multidimensional problems typically presented by clients with COD. (e.g., housing, work, health care, a supportive network).
- **Develop a phased approach to treatment** – Treatment phases generally include engagement, stabilization, treatment, and continuing care, which are consistent with, and parallel to, the various stages of recovery. Treatment through these phases allows providers to develop and use effective, stage-appropriate treatment interventions.
- **Address specific real-life problems early in treatment** – Given that CODs often arise in the context of social and personal problems, addressing such problems is often an important first step toward achieving client engagement in continuing treatment.

- **Plan for the client's cognitive and functional impairments** – Clients with a COD often display cognitive and functional impairments that affect their ability to comprehend information or complete tasks. As a result, services need to be tailored to and compatible with the need and functional level of COD clients.
- **Use support systems to maintain and extend treatment effectiveness** – Given that many clients with a COD have strained support systems, and the central importance of supportive people and environments in the recovery process, a vital element of effective treatment of the COD population is ensuring that clients are aware of available support systems and motivated to use them effectively.

While SUD counselors and staff are not expected to diagnose mental health disorders, it is important that they familiarize themselves with the terminology, criteria, and how to identify if there may be mental health concerns that may benefit from referral to other health providers. In order to meet the needs of this population, SUD counselors and clinicians need to receive training designed to help them better understand the signs and symptoms of mental disorders and how and when to access medical or mental health support.

Appropriate staffing is a key element of effectively addressing the needs of the COD population. An organizational commitment to professional development, skills acquisition, values clarification, and competency attainment is necessary to implement integrated care programs successfully and to maintain a motivated and effective staff. Ideally, enhanced staffing for clients with a COD at SUD treatment sites would include mental health professionals, and vice versa at mental health treatment sites. Alternatively, establishing appropriate referral relationships and referral processes and protocols can also help to ensure comprehensive and necessary care for individuals with a COD.

Psychosocial interventions that have been demonstrated to be effective for the COD population include motivational enhancement, contingency management, relapse prevention, and cognitive behavioral techniques. These strategies need to be tailored to the client's unique stage of recovery and can be helpful even for clients whose mental disorder is severe. For clients with functional and cognitive deficits in areas such as understanding instructions, repetition and skill-building strategies can aid progress. Finally, 12-Step and other dual recovery mutual self-help groups may be valuable as a means of supporting individuals with COD, and counselors and clinicians often play an important role in facilitating participation in such groups. In general, the ability to balance the need for empathy and support, and the need to be firm, is essential in maintaining the therapeutic alliance with a client who has a COD.

The use of appropriate psychotropic medications and medications for addiction treatment are an essential component of the treatment of individuals with a COD. Oftentimes the appropriate use of medications can help clients with a COD stabilize and control their symptoms so that they can better focus on their recovery for either their SUD or mental health condition. Research had clearly demonstrated that medications used in conjunction with psychosocial interventions for both SUDs and mental illness is preferable and leads to better outcomes than either intervention alone. An important component of the treatment of clients with a COD is thus ensuring a recovery environment that is supportive of the various and individualized paths to recovery that many clients with CODs take. This includes ensuring that staff is receptive to the use of medications for both

SUDs and mental health conditions when determined to be necessary and appropriate by counselors and clinicians practicing within their scope of practice.

In summary, the treatment of clients with a COD requires a comprehensive and flexible treatment approach, in addition to coordination with other systems of care.

PREGNANT AND PARENTING WOMEN

Substance use while pregnant can result in significant maternal, fetal, and neonatal morbidity. SUD providers offering services funded by DMC shall address specific treatment and recovery needs of pregnant and parenting women of up to 60 calendar days following birth. Research indicates that targeted interventions to pregnant women with SUDs increases the incidence of prenatal visits, improves birth outcomes, and lowers overall health care costs for both mother and baby. The unique needs of pregnant and parenting women must be considered in the provision of services for this special population.

Motivational therapies are critical to the engagement and recovery process. While there is overlap between treatment approaches for the general population and pregnant and parenting women, ideal therapies for this special population incorporate treatment elements that are unique to this group. These include promoting bonding with the expected child, reproductive health planning, and targeted case management and care coordination to address the material and physical/mental health needs that accompany pregnancy. The initial assessment, treatment plan, and reassessments of progress need to take into account the varied needs related to the health and well-being of both woman and fetus/infant.

Federal priority guidelines for SUD treatment admission give preference to pregnant substance use users, pregnant injecting drug users, and any parenting female substance and injection drug users. However, a specific level of care is not prescribed and thus the appropriate setting and level of care for this population needs to be consistent with the ASAM criteria, with consideration of the ability to accommodate the physical stresses of pregnancy (e.g., climbing stairs, performing chores, bed rest when medically required, etc.) and the need for safety and support during this period. Level of care determinations need to be based on individualized and multidimensional SUD assessments and may lead to placement recommendations in the residential or outpatient setting, depending on clinical need.

Staff working in settings that provide services for pregnant and parenting women need to be trained in proper procedures for accessing medical services related to prenatal care, labor and delivery, and therapeutic responses to the varied positive and negative outcomes of pregnancy.

Services need to be provided in a non-judgmental, supportive, and open environment.

The use of MAT during pregnancy needs to include careful and individualized consideration of the potential impact of both treatment and lack of treatment on mother and baby. Though there is some risk in using medications during pregnancy, there is also known risk in the inadequate treatment of addiction during pregnancy, and this needs to be considered and discussed with clients. For pregnant women with opioid use disorders, MAT such as methadone and buprenorphine are the standard of care. In these instances, informed consent needs to be obtained,

including discussions regarding Neonatal Abstinence Syndrome and what to expect at delivery. Opioid detoxification should also be reserved for selected women because of the high risk and potential consequences of relapse on both mother and baby. The risks and benefits of breastfeeding while clients are receiving medication-assisted treatments need to be weighed on an individual basis. Methadone and buprenorphine maintenance therapy are not contraindications to breastfeeding.

Given that women may be at increased risk of resuming substance use following delivery, treatment should not end with delivery. Post-delivery treatment services include, but are not limited to: support for parenting a newborn, education about breast feeding, integration with other children and family members, case management for practical needs such as legal assistance, equipment and clothing, coordination of physical and mental health services as needed, coping with the physical and psychosocial changes of the postpartum period, reproductive health planning, and encouragement of the continued pursuit of recovery goals.

Perinatal services must also be in accordance with the most recent version of the Perinatal Practice Guidelines released by the Department of Health Care Services (DHCS).

ADOLESCENT CLIENTS

Adolescence represents an opportunity to influence risk factors that are still dynamic and not yet entrenched in their influence on development and addiction. Adolescent SUD treatment needs to be approached differently than adults because of differences in their stages of psychological, emotional, cognitive, physical, social, and moral development. Examples of these developmental issues include their newly formed independent living skills, the powerful influence of interactions between adolescent and family/peers, and the fact that a certain degree of limit-testing is a normal feature of adolescence.

These unique characteristics of the adolescent population are reflected in both clinical practices as well as in the ASAM criteria, as adolescents tend to require more intensive levels of care than their adult counterparts. As a result, the client-to-counselor ratio for adolescent cases is ideally less than the ratio for adult cases to accommodate for this increased treatment intensity.

Due to the rapid progression of adolescent substance use, particular attention must be paid to streamlining the treatment admission process so that adolescent SUD needs are identified and addressed as soon as possible. Strategies to engage adolescents, hold their attention, channel their energy, and retain them in treatment are especially critical. Adolescent treatment needs to also address their increased rates of co-occurring disorders, highlighting the need to coordinate care with the mental health system, as clinically indicated.

Treatment Planning needs to begin with a comprehensive assessment based on the ASAM criteria. The assessment includes all the dimensions and biopsychosocial components of the complete adult assessment, the nuances of the adolescent experience, and their unique needs and developmental issues. Strengths and weaknesses need to be identified and adolescents need to be involved in setting their treatment objectives. Comprehensive adolescent assessments include information obtained from family, and when the appropriate releases are obtained, members of the community who are important to the adolescent client, such as school counselors, peers, and mentors. The

support of family members is important for an adolescent's recovery and research has shown improved outcomes for interventions that seek to strengthen family relationships by improving communication and improving family members' ability to support abstinence from drugs.

During treatment of the adolescent population, every effort needs to be made to support the adolescent's larger life needs in order to maximize the likelihood of treatment success, for example by having flexible weekend and evening hours to accommodate continued engagement with school and appropriate social activities. These larger life issues may be related to medical, psychological, and social well-being, as well as housing, school, transportation, legal services, cultural and ethnic factors, and any special physical or behavioral issues. Failing to address such needs simultaneously could sabotage the adolescent's treatment success.

Behavioral therapies, delivered by trained counselors and clinicians practicing within their scope of practice, need to be employed to help adolescent clients strengthen their motivation to change. Effective psychosocial interventions may provide incentives for abstinence, build skills to resist and refuse substances and deal with triggers or craving, replace drug use with constructive and rewarding activities, improve problem-solving skills, and facilitate better interpersonal relationships.

The use of MAT for adolescents is promising, but the current and emerging knowledge is that the routine use of MAT for adolescents is premature and requires further study. With the exception of methadone and buprenorphine, which can be prescribed in youth age 16 and above if specific criteria are met and if they are under the treatment of a licensed prescriber, there are currently no FDA-approved medications for the treatment of addictions in adolescents. As a result, the use of MAT for adolescents should be considered and used cautiously and only on a case-by-case basis when deemed clinically appropriate by a licensed prescriber. While most adolescents do not develop classic physical dependence or well-defined withdrawal symptoms as a result of shorter durations of substance use compared with adults, youth opioid addiction is an exception that at times may require MAT when clinically indicated, particularly for severe withdrawal symptoms.

The ASAM level of care criteria for adolescents are distinct from that of adults and are tailored to the particular needs of this population. In general, the ASAM criteria tends to place adolescents in more intensive levels of care than their adult counterparts.

Treatment services for adolescents occur in a setting that is clinically appropriate and comfortable for this population. The adolescent treatment environment should be physically separate from that of adult clients. Staff also need to be familiar and appropriately trained to address the developmental nuances of caring for this unique population.

Similar to other groups, treatment of the adolescent population is regarded as a dynamic, longitudinal process that is consistent with the chronic disease model of addiction. As such, effective treatment is expected to continue into adulthood, with a gradual transition to adult SUD services.

Adolescent clients should be referred to a qualified adolescent/youth outpatient treatment agency where they will receive a full assessment and referral to an appropriate level of care, as necessary. If the individual initially presents at a SUD treatment provider that does not offer the appropriate provisional level of care, that agency will identify alternate referral options and assist the individual in connecting with the selected agency, or the individual may elect to remain with the initial provider if clinically appropriate. All Medi-Cal eligible beneficiaries will be referred to, and/or served by, a DMC-certified agency for DMC-reimbursable services.

OLDER ADULTS

Given the chronic nature of substance use disorders and the expanding population of older adults, it is increasingly important to modify treatment approaches to the unique needs of this population. In general, older adults include individuals over the age of 65, but this definition should be individualized based on clinical need. For example, some individuals younger than age 65 may have cognitive deficits, medical conditions, or social situations that necessitate the utilization of treatment approaches that are more typical for individuals of more advanced age.

Key differences between older and younger populations necessitate different approaches toward treatment. Due to altered metabolism and brain function, and the medical conditions that often accompany advanced age, the quantity and frequency of substance use in older adults may underestimate the functional impact in this population and create diagnostic challenges. In addition to the fact that many older adults are retired, limiting the sensitivity of using work or social impairment as a diagnostic indicator, a smaller amount of alcohol or substances may impact older adults more severely than younger counterparts. Health care providers also sometimes overlook substance use in this population, mistaking symptoms and indications of substance use for dementia, depression, or other problems common to older adults.

Social isolation, lack of transportation, and heightened levels of shame and guilt in this group may make accessing services for the older adult population more difficult than other age groups. As a result, older adults may be more likely to attempt to hide their substance use and less likely to seek professional help. Older adults are also more likely to be primary caregivers for a spouse who has greater needs than their own, which may limit their willingness to enter into treatment due to their caregiving responsibilities.

Research has demonstrated that age-specific assessment and treatment is associated with improved outcomes when compared with mixed-aged treatment. Assessments need to be age-specific and multidimensional, given the various physical and mental health needs, as well as social needs, of the older adult population. The treatment of older adults needs to be paced to the individual's physical and cognitive capabilities and limitations. The schedule of programs and expectations, and the overall timeframe for clinical progression and change is typically slower for older adults than other age groups. As such, treatment programs should be realistically designed to accommodate these anticipated differences.

Studies have generally indicated that cognitive-behavioral techniques are effective for older populations, particularly those that address negative emotional states that pose significant risk for relapse (e.g., self-management approaches for overcoming depression, grief, or loneliness). In general, confrontational therapy in this population has been shown to be less effective than in other

age groups and should be avoided. Educational treatment approaches should be geared toward the specific needs of older adults (e.g., coping strategies for dealing with loneliness, general problem-solving). Older adults may absorb presented information better if they are given a clear statement of the goal and purpose of the session and an outline of the content to be covered. Repetition of educational information may also be helpful (e.g., simultaneous visual and audio).

Given that social isolation is a common problem in this population, group therapies and skill building around establishing social support networks are often beneficial, in addition to family therapy. According to SAMHSA's Treatment Improvement Protocol (TIP) series titled "Substance Abuse among Older Adults," consensus panel members recommend limiting involvement of family members or close associates to one or two members to avoid overwhelming or confusing older adults. Panel members also suggest that the involvement of grandchildren may lead to obstacles for open communication, as older adults may at times resent their problems being aired in the presence of younger relatives.

Medications used in older populations, including MAT, should be used with caution due to the physiological changes that occur with advanced age. Dosages of medications may need to be lowered, particularly if co-morbid medical conditions are involved. In cases where medications are used for withdrawal management, dosages for older populations should often be one-third to one-half the usual adult dosage. Concerns or questions regarding the safe use of medications in the older adult populations need to be directed toward appropriately trained medical professionals.

Staff working with older adults should ideally have training in aging and geriatric issues. Staff should also have an interest in working with this population and the skills required to provide age-specific services for individuals of more advanced age. The best results are typically achieved when staff is experienced in dealing with the physical, psychological, social, and spiritual issues unique to older adults. Staff who interacts with older clients need to receive regular trainings on empirically demonstrated principles and techniques effective for older populations.

CRIMINAL JUSTICE INVOLVED

The criminal justice system includes accused or adjudicated who require various SUD services. Parole and probation status is not a barrier to SUD treatment services provided that the parolees and probationers meet the DMC eligibility verification and medical necessity criteria. For many people in need of alcohol and drug treatment, contact with the criminal justice system is their first opportunity for treatment. Services can be provided through courts, probation or parole agencies, community-based or institutional settings, or in sex offender programs. In each of these situations, the individual is accountable to comply with a criminal justice sanction. Legal incentives to enter SUD treatment at times motivate individuals to pursue recovery, whereas for other offenders, arrest and incarceration are part of a recurring cycle of drug abuse and crime.

Ingrained patterns of maladaptive coping skills, criminal values and beliefs, and a lack of job skills may require a more intensive treatment approach for the criminal justice population, particularly among offenders with a prolonged history of substance abuse and crime. However, strong empirical evidence over the past several decades has consistently shown that the criminal justice population can be effectively treated, and that SUD treatment can reduce crime.

Staff working with criminal justice populations need to be specifically trained in working with criminogenic risk, need, and responsivity (RNR), as well as substance use disorders (SUDs) and Co-Occurring disorders (CODs). Staff also need to be capable of integrating identified treatment goals with the goals of the involved agencies. As a result, it is critical for treatment providers to have a strong working relationship with probation and parole officers, judges, the court, and other legal entities involved in the client's care.

The first step in providing SUD treatment to people under criminal justice supervision is to identify offenders in need of treatment. Comprehensive assessments incorporate issues relevant to criminal justice involved individuals, such as assessment of criminogenic RNR, anger management, impulse control, values and behaviors, family structure and functioning, criminal lifestyle, and antisocial peer relationships. Assessments also pay particular attention to CODs, developmental and cognitive disorders, and traumatic brain injury.

In general, clinical approaches and the use of MAT need to be consistent with those utilized for individuals who are not involved with the criminal justice system, and a qualified counselor/clinician should determine the appropriate level of placement and interventions rather than court/probation requirements. Treatment interventions need to be based on a multidimensional assessment and individualized needs. However, working with the criminal justice population does have unique requirements that necessitate modified treatment approaches in order to meet their specific needs. Additionally, it is essential to collaborate with correctional staff to ensure that the treatment goals align with correctional and supervision case planning and/or release conditions (particularly involving the prescription of certain MAT).

CLIENTS EXPERIENCING HOMELESSNESS

Homelessness is an issue that impacts many individuals with SUDs as a result of the socioeconomic decline that oftentimes accompanies addictions. Conservative estimates of the prevalence of substance use among homeless individuals are approximately 20-35 percent but much higher percentages in various areas in Sacramento. Although homeless clients typically require more intense treatment and have greater and more varied needs than housed individuals, homeless clients pose significant challenges to the SUD treatment community because of the various structural, interpersonal, and biopsychosocial barriers they face in accessing care. Some of these obstacles include social isolation, safety concerns, fear or distrust of authorities, lack of mobility and/or transportation, and multiplicity of needs.

Stable housing is often critical to attaining treatment goals and is an important component of necessary services. Services that link clients to secure housing early in treatment tend to produce better outcomes, emphasizing the importance of case management in order to meet the varied needs of homeless clients.

Psychosocial interventions and MAT for homeless clients need to mirror the approaches that are successfully used in other populations, with modifications to meet the unique needs of this population. Mobile outreach services are ideal, along with motivational enhancement interventions, in order to encourage continued treatment engagement. Counselors and clinicians also need to be mindful of the physical and mental health needs of this population, given high rates of co-morbidity for many homeless individuals. Medications should be used when clinically

indicated, with prescribing practices that take into consideration the environment in which these medications will be used and stored (for example, care is to be taken to ensure that medications that require refrigeration are not prescribed when the client has no way to store such medications). Integrated interventions that concurrently address the multitude of medical, psychiatric, substance use, and psychosocial needs of homeless persons tend to produce improved outcomes compared to interventions that are provided sequentially or in parallel with other services.

Successful counselors and clinicians who work with people experiencing homelessness tend to have a particular interest and comfort level in working with this challenging and rewarding population. Staff need to be experienced with the various aspects of care involved in working with people who are homeless and need to be familiar with the resources available in the community so that appropriate referrals and linkages can be made in order to best address the varied needs of clients. Ideally, care teams work collaboratively and include interdisciplinary staff comprised of medical, mental health, substance use, and social service providers.

In general, treatment for people experiencing homelessness with SUDs is challenging, but successful outcomes can be achieved by prioritizing access to appropriate housing and providing comprehensive, well-integrated, client-centered services with uniquely qualified staff.

LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUESTIONING POPULATION

Lesbian, gay, bisexual, transgender, questioning (LGBTQ) populations tend to experience higher rates of substance use than the general population. The stigma and discrimination of being a member of a marginalized community causes some LGBTQ individuals to cope with these additional stressors by using substances. Furthermore, research has also shown that once LGBTQ clients do meet the criteria for a diagnosable SUD, they are less likely to seek help. These findings may be due to the various barriers the LGBTQ population faces in seeking treatment, and unique needs LGBTQ clients have that may not be addressed by SUD programs.

Although there are various protections in place that are intended to shield recovering substance abusers from many forms of discrimination, LGBTQ individuals are vulnerable and oftentimes not afforded the same protections. As a result of homophobia, heterosexism, and/or transphobia, some may find it difficult or uncomfortable to access treatment services and be afraid to speak openly about their sexual orientation or gender identity. Many LGBTQ clients may also internalize the effects of society's negative attitudes, which can result in feelings of sadness, doubt, confusion, and fear. Problems in traditional health care systems may lead to distrust of health care professionals, requiring extra sensitivity from SUD providers.

In many ways, psychosocial and pharmacologic interventions (e.g., MAT) geared toward LGBTQ clients are similar to those for other groups. An integrated biopsychosocial approach takes into account the various individualized needs of the client, including the societal effects on the client and their substance use. Unless SUD providers carefully explore each client's individual situation and experiences, they may miss important aspects of the client's life that may affect recovery (e.g., social scenes that may contribute to substance use, prior experiences being discriminated against, a history of antigay violence and hate crimes such as verbal and physical attacks, etc.).

As with any client, substance use providers need to screen for physical and mental health conditions in LGBTQ persons due to the risk of co-morbid health conditions. As a result of previously discussed challenges confronted by the LGBTQ community, members of this group do have higher rates of certain mental health conditions and are also at greater risk for certain medical conditions. Comprehensive screening and assessments can assist LGBTQ clients in accessing appropriate care for their physical and mental health concerns.

The methods of best practice outlined in the counseling competency model apply to all populations, particularly in working with LGBTQ clients. In this model, a counselor respects the client's frame of reference; recognize the importance of cooperation and collaboration with the client; maintain professional objectivity; recognize the need for flexibility and be willing to adjust strategies in accordance with client characteristics; appreciate the role and power of a counselor as a group facilitator; appreciate the appropriate use of content and process therapeutic interventions; and be non-judgmental and respectfully accepting of the client's cultural, behavioral, and value differences.

Family dynamics are also important in working with LGBTQ individuals and SUD providers need to be aware that family therapy may be difficult because of alienation owing to the client's sexual/gender identity. However, inclusion of family in the treatment process may also result in more positive outcomes. Given common concerns regarding living environments (in terms of recovery and safety), social isolation, employment and finances, and ongoing issues related to homophobia and transphobia, particular attention needs to be paid to discharge planning.

Elements of treatment that promote successful treatment experiences for the LGBTQ client include cultural sensitivity, an awareness of the impact of cultural victimization, and addressing issues of internalized shame and negative self-acceptance. Cognitive-behavioral therapies challenge internalized negative beliefs and promote emotional regulation, which can be helpful for relapse prevention. Motivational enhancement techniques may also encourage treatment engagement in this population. Providers who understand and are sensitive to the issues surrounding LGBTQ issues such as culture, homophobia, heterosexism, and sexual and gender identity can help LGBTQ clients feel comfortable and safe while they start their recovery journey.

Because each client brings their unique history and background into treatment, furthering our understanding of individuals different from ourselves helps to ensure that clients are treated with respect and improve the likelihood of positive outcomes. At times, SUD treatment staff may be uninformed or insensitive to issues of special populations, may have preconceived biases toward particular clients/populations, or may false beliefs that cause substance abuse or can be changed by therapy. In these cases, providers need to be aware of these beliefs in order to prevent them from becoming barriers to effective treatment of the client. A substance abuse treatment program's commitment to promote sensitive care for all clients can be included in its mission statement and administrative policies and procedures. Providing staff training and education are oftentimes valuable and include sensitivity training to promote better understanding of issues of special populations, trainings that assist staff in better understanding the needs of individuals and the role they have in providing cultural competent treatment services, and other educational areas to ensure that quality care is provided.

VETERANS

According to U.S. Census estimates, there are over 87,000 veterans who live in Sacramento County. Although veterans share commonalities, their experiences are as varied and unique as their needs. Some veterans may have experienced combat in one or more wars, while others may have served in non-combat roles. Likewise, some veterans may have experienced injury, including traumatic brain injuries (TBI), loss of limb, or other physical injury, while others may have emotional scars. In particular, gender may also influence veteran experiences, as reports of women veterans who have experienced sexual harassment and/or physical and sexual trauma are becoming more common. As a result of the cumulative effects of these events and experiences, veterans and family members may develop SUDs and present to treatment with a unique set of needs and circumstances that must be addressed.

Under certain circumstances, veterans may be ineligible for Veteran's Administration (VA) benefits due to a dishonorable discharge or discharge "under other than honorable conditions," among other circumstances. Additionally, some veterans and family members may attempt to secure services from SUD treatment programs due to the long wait times at the VA. Regardless of the situation, SUD treatment providers should work to ensure that the services provided address the varied and unique needs of individuals.

While substances of abuse vary, veterans may abuse sedating substances such as prescription drugs in efforts to address untreated/under-treated anxiety or other mental health conditions. Additionally, co-occurring physical health conditions and injury may increase rates of prescription drug and opioid abuse, including the use of heroin, and thus certain veterans may be at higher risk for fatal overdoses and may be appropriate candidates for MAT.

In summary, treatment providers may need additional training to fully understand the nuances of the veteran population and how their experiences impact their behaviors in order to adequately treat veterans and their families.

MEDICATION ASSISTED TREATMENT (MAT)

MATs are approved medications in combination with behavioral therapies to provide a whole client approach to treating substance use disorders. Clients seeking Outpatient treatment, Residential treatment or Recovery Residences/Sober Living that have concurrent MAT shall not be delayed access to substance use disorder treatment and recovery services due to the client's medical status as it relates to MAT. Providers shall include the assessment of a client's MAT needs and a process for administration and storage of medications. Provider staff shall be trained in the area of MAT protocols to include all portions of these Standards pertaining to monitoring of persons undergoing detoxification. If, while in treatment, a client exhibits signs and symptoms of withdrawal or behaviors that is a cause for concern for the provider and is believed to be attributable to the client's medication, the SUD treatment staff should address this clinically with the client and the client prescriber. Treatment plans shall be flexible and adjusted as required with review and consult by the prescribing physician.

CONTINUING SERVICES

Sacramento County Alcohol and Drug Services is adopting DMC standards for continuing service for all SUD treatment providers, regardless of DMC certification status.

The need for continued treatment must be determined no sooner than ***five months and no later than six months*** after treatment admission or the date of completion of the most recent justification for continuing services,. A client's LPHA or Registered/Certified Counselor must review the client's progress and eligibility to continue to receive SUD treatment and recommend whether the client should continue to receive treatment services. All of the following continuing service justification areas must be considered in making a recommendation for continuing services:

- A client's personal, medical and substance use history;
- Documentation of a client's most recent physical examination;
- A client's progress notes and treatment plan goals; and
- A client's prognosis.

For DMC certified sites, the Medical Director or LPHA must determine whether continued services are medically necessary. The determination of medical necessity must be documented in the client record and shall include all of the above continuing service justification areas in addition to the LPHA's or Registered/Certified Counselor's recommendation for continuing services. A Medical Director or LPHA-signed, updated treatment plan at the six month point of treatment services, ***does not*** meet the continuing service requirement. There must be an actual determination by the Medical Director or LPHA of the need for continued treatment based on medical necessity documented separately from the treatment plan.

The LPHA or Registered/Certified Counselor must discharge the client from treatment if it is determined that continuing treatment for the client is not medically necessary.
For all SUD treatment providers, regardless of DMC certification status, all billings submitted after the date that the justification is due may be disallowed if the justification to continue services is missing from a client record.

CLIENT CONTACTS

All SUD treatment providers must meet a set of treatment plan implementation requirements governing client contact, including the type, number and length of counseling sessions, and client participation in treatment. These requirements may vary depending upon the SUD modality of service and DMC requirements.

For SUD providers other than NTP providers, client contact requirements can be waived if a physician determines fewer contacts are clinically appropriate or the client is making progress toward treatment plan goals. Any exceptions must be noted in the individual client record by a physician, and the physician must type or print legibly his or her name, sign and date the record.

For Narcotic Treatment Programs, the Medical Director (physician) may adjust or waive this minimum number of minutes of counseling services per calendar month by medical order. The Medical Director must also document his or her rationale for the medical order within the individual client record.

CLINICAL DOCUMENTATION

Clinical documentation refers to anything in the client's Electronic Health Record (EHR) that describes the care provided to the client and the reasoning for any services delivered. All progress notes are to be observational and narrative in content as they tell the story of the client that is being served. Clinical documentation is a critical component of quality care delivery and serves multiple purposes including but not limited to helping to ensure comprehensive and quality care, ensures an efficient way to organize and communicate with other providers, protects against risk and minimizes liability, complies with legal, regulatory and institutional requirements and helps to facilitate quality improvement and application of utilization management. The Provider shall establish, maintain, and update as necessary, an individual client record for each client admitted to treatment and receiving services. Each client's individual record shall include documentation of personal information.

Documentation of personal information includes all of the following:

- Information specifying the client's identifier (i.e., name, number).
- Client's date of birth, sex, race and/or ethnic background, address and telephone number, next of kin or emergency contact.

Documentation of treatment episode information shall include documentation of all activities, services, sessions and assessments, including but not limited to all of the following:

- ASAM
- Intake and admission data, including, if applicable, a physical examination
- Treatment plans
- Progress notes
- Continuing services justifications
- Laboratory test orders and results
- Referrals
- Counseling notes
- Discharge plan
- Discharge summary
- Contractor authorizations for residential services
- Monthly Medi-Cal eligibility print-outs
- Any other information relating to the treatment services rendered to the client

For pregnant and postpartum women, medical documentation also must substantiate a client's pregnancy and the last day of pregnancy.

TREATMENT PLAN

Sacramento County Alcohol and Drug Services is adopting DMC initial treatment plan requirements for all SUD treatment providers regardless of their DMC certification status. An initial treatment plan must be completed, signed and dated for each client ***within 30 calendar days*** of a client's treatment admission date by an LPHA or Registered/Certified Counselor and the client. If a client refuses to sign the treatment plan, providers must document in the client record the reason for refusal and the strategy to engage the client to participate in treatment.

The initial treatment plan serves as a guide and must be individualized and based on the information obtained during the intake and assessment process. The initial treatment plan must be completed within:

- 30 days of admission for Outpatient /IOT.
- 28 days of admission for OTP/NTP.
- 10 days of admission for Residential.

For each client admitted to treatment services, the LPHA or counselor shall prepare an individualized written initial treatment plan based upon the information obtained in the intake and assessment process. The LPHA or counselor shall attempt to engage the client to meaningfully participate in the preparation of the initial or updated treatment plan.

In assessing treatment needs, all SUD treatment providers must consider, at a minimum, client needs in the following areas:

- Educational opportunity/attainment
- Vocational counseling and training
- Job referral and placement
- Legal services
- Medical and dental services
- Social/recreational services
- Individual and group counseling

The initial and subsequent treatment plans shall include:

- A statement of problems identified through the ASAM, other assessment tool(s) or intake documentation;
- Goals to be reached which address each problem;
- Action steps that will be taken by the Provider and/or client to accomplish identified goals;
- Target dates for accomplishment of actions steps and goals;
- A description of services, including the type of counseling, to be provided and the frequency thereof;
- Assignment of a primary counselor;
- The client's DSM-5 diagnosis language as documented by the Medical Director or LPHA;
- The treatment plan shall be client-driven;
- If a client has not had a physical examination within the 12-month prior to the treatment admission date, a goal to have a physical examination should be present on the treatment plan; and

- If documentation of a client's physical examination, which was performed during the prior 12 months, indicates a client has a significant medical illness, a goal that the client obtains appropriate treatment for the illness shall be included on the treatment plan.

The Provider shall ensure the LPHA or Registered/Certified Counselor types or legibly prints their name, signs and dates the initial treatment plan within 30 calendar days of the admission to treatment date. The client shall review, approve, type or legibly print their name, sign and date the initial treatment plan within 30 calendar days of the admission to treatment date.

If the client refuses to sign the treatment plan, the provider shall document the reason for refusal and the provider's strategy to engage the client to participate in treatment in a progress note. If a counselor completes the initial treatment plan, the Medical Director or LPHA shall review it to determine whether services are medically necessary and appropriate for the client. If the Medical Director or LPHA determines the services in the initial treatment plan are medically necessary, the Medical Director or LPHA shall type or legibly print their name, sign and date the treatment plan within 15 days of the counselor's signature.

The LPHA or Registered/Certified Counselor shall complete, type or legibly print their name, sign and date updated treatment plans no later than 90 calendar days after signing the initial treatment plan, and no later than every 90 calendar days thereafter or when there is a change in treatment modality or significant event, whichever comes first. The client shall be encouraged to review, approve, type or legibly print their name and, sign and date the updated treatment plan. If the client refuses to sign the updated treatment plan, the Provider shall document the reason for refusal and any strategies used to engage the client to participate in treatment. After the counselor and client complete the updated treatment plan, the Medical Director or LPHA shall review each plan to determine whether continuing services are a medically necessary and appropriate. If the Medical Director or LPHA determines the services in the updated treatment plan are medically necessary, he or she shall type or legibly print their name, sign and date the updated treatment plan, within 15 calendar days of the counselor's signature.

For NTP providers, all initial maintenance treatment plans must include:

- Short-term goals tied to client needs based on intake and admission date (specific time 90 days or less for a client to achieve);
- Long-term goals tied to client needs based on intake and admission data (specified time in excess of 90 days for the client to achieve);
- Specific behavioral tasks the client must accomplish to complete each short-term and long-term goal;
- A description of the type and frequency of counseling services to be provided; and
- An effective date based on the day the primary counselor signed the initial treatment plan.

PROGRESS NOTES

Sacramento County Alcohol and Drug Services is adopting the DMC standards for progress notes for all SUD treatment providers regardless of DMC certification status. Progress notes tell a client's treatment story. While progress note requirements vary depending on the treatment modality, a client's therapist or counselor must document, sign and date each progress note. For ODF, residential treatment and Naltrexone treatment, each progress note must include the following elements:

- The topic of the session or purpose of the service.
- A description of the client's progress on the treatment plan problems, goals, action steps, objectives, and/or referrals.
- Information on the client's attendance shall be documented including the date, start/end times of each individual and group counseling session or treatment service.
- Documentation shall identify if services were provided in-person, by telephone, or by telehealth.
- If services were provided in the community, documentation shall identify the location and how the provider ensured confidentiality was upheld.

For Narcotic Treatment Programs, the counselor conducting the counseling session must document for each client participating in the counseling session the:

- Date of the counseling session;
- Type of counseling format (e.g. individual or group);
- Duration of counseling session in ten-minute intervals excluding the time required to document the session; and
- Summary of the session including one or more of the following:
    a. Client progress toward one or more treatment plan goals;
    b. Response to a drug-screening specimen which is positive for illicit drugs or negative for the replacement narcotic therapy medication dispensed under the program;
    c. New issue or challenge that affects the client's treatment;
    d. Nature of prenatal support provided by the program or other appropriate health care providers; and
    e. Goal and/or purpose of the group session, the subjects discussed, and a brief summary of the client's participation.

Progress note updates shall be documented for each individual and group counseling session and the counselor or LPHA shall record a progress note for each client in the session. LPHA/counselor must type or legibly print their name, sign and date (includes electronic signatures).

Progress notes for outpatient, MAT, and recovery treatment services require a minimum of one progress note for each client participating in structured activities including counseling sessions. The LPHA or counselor must type or legibly print their name, sign and date (include electronic signatures). All individual services must be documented by the staff providing the service within seven days of the service being provided.

Progress notes for residential services require the physician, LPHA, or counselor to type or legibly print their name, sign and date (includes electronic signatures) the progress note. Individual services shall be documented by the LPHA or counselor. At a minimum, group services shall be documented weekly by the LPHA or counselor.

Progress notes for case management services shall be documented by the LPHA or counselor who provided the treatment service as follows:

- Client's name.
- The purpose of the service.
- A description of how the service relates to the client's treatment plan problems, goals, action steps, objectives, and/or referrals.
- Contain the date, start and end times of each service.
- Identify if services were provided in-person, by telephone, or by telehealth.
- If services were provided in the community, the note shall identify the location and how the provider ensured confidentiality was upheld.

For physician consultation services, additional MAT, and withdrawal management, the Medical Director or LPHA working within their scope of practice which provided the treatment service shall ensure documentation is present in a progress note in the client's file.

SIGN-IN SHEETS

All SUD treatment providers, regardless of DMC certification status, must document the focus of group counseling sessions and must have a sign-in sheet, which includes all of the following:

- A sign-in sheet is required for every group counseling session.
- The typed or legibly printed name and signature of the LPHA(s) and/or counselor(s) conducting the counseling session. By signing the sign-in sheet, the LPHA(s) and/or counselor(s) attest that the sign-in sheet is accurate and complete.
- Must include date, topic, and start and end time of the counseling session.
- A typed or legibly printed list of the participants' names and the signature of each participant that attended the counseling session. The participants shall sign the sign-in sheet at the start of or during the counseling session.

DISCHARGE AND TRANSITION

Discharge or transition planning is available at all levels of care and is the process of preparing the client for referral into another level of care. This ensures client continuum of care, post-treatment return, reentry into the community, and/or other linkages necessary for greater success with long term recovery.

Clients should always be referred to recovery services at the very least when transitioning through the Alcohol and Drug Services continuum of care.

Discharge planning is openly discussed between staff and client at the onset of treatment services to ensure sufficient time to plan for the client's transition to additional levels of care if determined medically necessary.

A discharge plan is a planned discharge that takes place while the client is still in treatment and must be completed within thirty (30) days prior to the final face-to-face service.

If a client is transferred to a higher or lower level of care based on the ASAM criteria within the same DMC certified program, they are not required to be discharged unless there has been more than a thirty (30) calendar day lapse in treatment services.

During the LPHA's or counselor's last face-to-face treatment with the client, the LPHA or counselor and the client shall type or legibly print their names, sign and date the discharge plan. A copy of the discharge plan shall be provided to the client and documented in the client record.

A discharge plan must, at minimum, include a list of triggers, specific coping skills to address each trigger and a support plan.

The counselor and the client must document their names legibly, sign and date the discharge plan.

A copy of the discharge plan must be provided to the client and must become part of the client record.

A discharge plan should include recommendations for the next level of treatment based on ASAM re-assessment. As with all planning related to treatment, county staff should be included and kept informed.

DISCHARGE SUMMARY

A discharge summary is to be completed for all clients regardless of level of care or successful/unsuccessful completion.

For a client with whom a provider has lost contact or who does not attend treatment for more than thirty (30) days, Providers must discharge the client and complete a discharge summary within thirty (30) calendar days of the date of the provider's last face-to-face treatment contact with the client.

The discharge summary must include:

- The duration of the client's treatment, as determined by dates of admission to and discharge from treatment,
- The reason for discharge,
- A narrative summary of the treatment episode, and
- The client's prognosis.

A client's exit planning shall begin at intake. Providers should collaborate with other substance use disorders treatment providers, and with relevant County and community-based organizations to maximize discharge planning using the continuum of care model. A final exit conference with the client will be conducted, one-on-one, to review the plan that will include, at a minimum involvement with collaborative partner agencies in planning (as necessary), identification of continuing services and referral sources to support sobriety, appropriate housing, employment, or other financial means of self-sufficiency, client's most pressing social, criminogenic, and/or medical needs still to be addressed, and a plan for acquiring these services, continuing care plan as needed.

In the event of unanticipated termination, providers shall contact the county contact ***before*** discharging the client from the program (whenever possible).

REGULATIONS

QUALITY ASSURANCE – REGULATIONS

In health care, quality assurance refers to activities and programs intended to achieve improvement and maintain quality of care. Oftentimes, these activities involve ensuring compliance with regulations established by governmental and/or administrative entities. In all cases, key components of quality assurance involve:

- Assessing or evaluating quality
- Identifying problems or issues with care delivery and designing quality improvement activities to overcome them
- Follow-up monitoring to make sure activities achieve their intended aims

In addition to the requirements outlined in this manual, all SUD treatment programs must operate in accordance with Federal and state laws and regulations including those identified below, as well as those outlined in the Mental Health and Substance Use Disorder Services (MHSUDS) Information Notices and relevant All Providers Letters.

CONFIDENTIALITY

Maintaining appropriate confidentiality is of paramount importance. All ADS contracted providers are required by contract to establish policies and procedures regarding confidentiality and must ensure compliance with Title 42, Chapter I, Subchapter A, Part 2 of the Code of Federal Regulations, Part 2 (42 CFR Part 2), the Health Insurance Portability and Accountability Act (HIPAA) standards, and California State law regarding confidentiality for information disclosure of alcohol and drug use, and other medical records.

42 CFR PART 2 – CONFIDENTIALITY OF ALCOHOL AND DRUG CLIENT RECORDS

Covers all records relating to the identity, diagnosis, and/or treatment of any client in a SUD program that is conducted, regulated, and/or assisted in any way by any federal agency.

HIPAA – HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

Provides data privacy and security provisions for safeguarding medical information.

These laws and regulations must not be used as barriers to provide coordinated and integrated care. Provided that the appropriate client releases and/or consents for treatment are obtained, every effort should be made to share clinical information with relevant providers across the continuum of SUD care, and also across systems of care (physical and mental health, etc.).

Within the requirements of the laws and regulations governing confidentiality in the provision of health services, all providers within the specialty SUD system must cooperate with system-wide efforts to facilitate the sharing of pertinent clinical information for the purposes of improving the effectiveness, integration, and quality of health services.

42 CFR PART 438 – MANAGED CARE

As a participant in Sacramento County's Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver, the administrative entity that is ADS becomes a specialty managed care plan responsible for overseeing the specialty SUD system. As a component of becoming a managed care entity, Sacramento County SUD network must abide by the 42 Code of Federal Regulations (CFR) Part 438 managed care requirements.

In general, one of the primary aims of 42 CFR Part 438 is to achieve delivery system and payment reforms by focusing on the following priorities:

- Network adequacy and access to care standards (e.g., timeliness of services, distance standards)
- Client/consumer protections
- Quality of care

CALIFORNIA CODE OF REGULATIONS (CCR) TITLE 9 COUNSELOR CERTIFICATION

CCR Title 9, section titled Counselor Certification provides minimum requirements on the level of credentials counseling staff secure prior to conducting services. The minimum standards are designed to ensure a baseline quality of treatment services and effectiveness. The County has built on these requirements and established minimum staffing standards specific to Sacramento County.

CCR TITLE 22 DRUG MEDI-CAL AND THE DMC-ODS SPECIAL TERMS AND CONDITIONS

Title 22 specifies a framework for the expectations and requirements of services delivered through the Drug Medi-Cal (DMC) system. With implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver, the Special Terms and Conditions (STCs) of the DMC-ODS specify the new requirements and expectations of the DMC system. Where there is conflict between Title 22 and the DMC-ODS STCs, the DMC-ODS STCs override Title 22. However, Title 22 remains as the regulatory requirements in all other areas that are not in conflict with and not addressed by the DMC-ODS STCs.

OPERATING STANDARDS

New DMC regulations cover documentation requirements for DHCS reviews, clarify existing regulations, and make programmatic changes to DMC regulations that impact individual and group counseling sessions, physical examination requirements, physician review requirements, client treatment plans, progress notes, and discharge planning. Following is a summary of DMC regulatory changes:

- Strengthening physical examination requirements during the intake process (physical examination waivers are no longer allowed);
- Requiring licensed practitioners of the healing arts (LPHA) or the Medical Director to review client personal, medical and substance use histories gathered during the intake process in a face to face meeting with the client or counselor who conducted the intake;
- Allowing LPHAs or nurse practitioners to evaluate clients to diagnose whether a client has a DSM 5 Substance Use Disorder, subject to a physician's review and written confirmation of diagnosis;
- Prohibiting minors from participating in group counseling sessions with adults except at certified school sites;
- Establishing a group counseling size of two to twelve participants (with at least one Medi-Cal eligible participant) for Outpatient Drug-Free, Intensive Outpatient, and Narcotic Treatment Program services;
- Revising requirements for group counseling session sign-in sheets;
- Requiring individual and group counseling sessions be conducted in confidential settings;
- Requiring clients, Registered/Certified Counselors, and LPHSAs to type or legibly print their name and date treatment plans, progress notes and discharge plans;
- Requiring client treatment plans to include client diagnoses and goals related to physical exams and medical illnesses;
- Requiring clients to participant in the preparation and review of their treatment plans and sign their treatment plans;
- Specifying when Registered/Certified Counselors and LPHAs must prepare progress notes;
- Requiring a Medical Director or LPHA to review additional documents in determining whether continued services are medically necessary for a client; and
- Establishing a requirement for providers to prepare client discharge plans including plan content and documentation requirements.

Substance Use Services administered in Sacramento County are held to varying, and at times overlapping, regulations depending on, but not limited to, the service modality, activities being performed, and funding source. The Sacramento County DMC-ODS will operate according to the regulations set forth by the Federal Government, the State of California, as well as its own provisions outlined in specific provider contracts. It is common for providers in Sacramento County to offer a variety of services each of which with their own set or multiple sets of regulations to follow. No one set of regulations addresses all components of the provision of Substance Use Services and at times differences in regulatory language may create multiple interpretations on how regulations may apply. Whenever questions regarding regulation interpretation arise, the more stringent regulation applicable shall apply as this is how Sacramento County Quality Management and the Department of Health Care Services will evaluate providers. The following links will direct providers on where to access specific requirements to their programs:

CMS Final Rule (42 CFR Part 438)
DMC-ODS Special Terms and Conditions (STC)
Title 22
Title IX
Minimum Quality Drug Treatment Standards for DMC
Substance Abuse Block Grant (formally SAPT)
2017 Alcohol and/or Other Drug Program Certification Standards
Facility Licensing Standards

CONTINUITY OF CARE

The coordination of care for Sacramento County DMC-ODS clients will be managed through the use of the ASAM criteria and in collaboration with various providers (i.e. county-operated or contracted DMC-ODS programs, primary health care, the criminal justice system, mental health and other community and social support providers) to ensure appropriate delivery of services to help clients achieve optimal functioning in the least restrictive environment. DMC-ODS providers will have a point of contact responsible for coordinating clients' step-up or step-down in SUD treatment to ensure a warm hand-off to medically necessary services. Additionally, all clients will need to be informed on how to access the individual point of contact for their service coordination. Both discharging and admitting provider agencies will be responsible to facilitate the transition between levels of care, including assisting in scheduling an intake appointment, ensuring a minimal delay between discharge and admission at the next level of care. When a client moves out of Sacramento County, the new County of Residence will assume responsibility for continuing the client's treatment, but it is expected that the discharging Sacramento County DMC-ODS program do their diligence to ensure as seamless a transition as possible.

PROGRAM COMPLIANCE AND PROGRAM INTEGRITY

To comply with DMC and SUD treatment and documentation requirements and to ensure access to high quality and cost effective treatment services, Sacramento County Quality Management conducts, at a minimum, annual site visits at SUD provider sites.

The County reserves the right to broaden or narrow the scope of any compliance audit but generally the audit will consist of a site visit to review a sampling of client charts at a provider's site and billing claims. Client charts will be reviewed for compliance with treatment program standards and requirements found in Title 22 and Title 9 (Narcotic Treatment Program) of the California code of Regulations.

The compliance review will verify at a minimum:

- Client records are maintained for a minimum of 10 years for DMC certified providers;
- Each client meets admission criteria including documentation of the client's DSM 5 substance use disorder diagnosis and medical necessity;
- Each client for which reimbursement was claimed has a treatment plan documenting services claimed for reimbursement;
- Services claimed for reimbursement were provided;
- For DMC certified providers, services were provided at a certified location;
- SUD treatment requirements were met that are contained in CCR, Title 22, Section 51341.1;
- Good cause codes and procedures that were used were not erroneous, incorrect or fraudulent;
- Multiple billing codes and certification processes that were used were not erroneous, incorrect or fraudulent;
- Reimbursement was not received in excess of daily limits;
- Individual counseling sessions met confidentiality requirements, and for ODF, individual counseling limitations to intake, crisis intervention, collateral services and treatment and discharge planning were met;

- Group counseling sessions met in group size requirements (2 to 12 with at least one Medi-Cal eligible client for DMC providers), confidentiality requirements, and age restrictions for clients 17 and under;
- Intensive Outpatient services were not less than three hours of services on calendar days billed.
- Additionally, for narcotic treatment programs the following requirements under Title 9, CCR will be reviewed at a minimum:
    - Section 10270 (admission criteria time frames);
    - Section 10305 (treatment plan completion and review time frames);
    - Section 10410 (continuing treatment time frames);
    - Section 10345 (minimum counseling session requirements); and
    - Section 10305 (counseling session type and frequency).

A sample compliance audit tool can be found on our website or on request by contacting Sacramento County Quality Management at 1-888-881-4881.

Sacramento County, as a DMC-ODS pilot county, is responsible for complying with The Centers for Medicare and Medicaid Services (CMS) Final Rule (42 CFR, Section 438) and Mental Health Parity and Addiction Equity Act (MHPAEA) requirements. DHCS began implementing policy changes resulting from the Final Rule requirements on July 01, 2017 and will continue to implement regulatory changes on a rolling basis. DMC-ODS pilot counties will be responsible for adhering to these changes upon going live with DMC ODS Waiver implementation. *The following sections summarize some of the key areas of the CMS Final Rule implementation, but are not inclusive of all elements as this a multi-year rollout and guidance may be pending from DHCS.* Please contact Sacramento County Alcohol and Drug Services at 1-916-875-2050 or Quality Management for any questions at 1-888-881-4881.

CREDENTIALING AND EXCLUSION CHECKS

Code of Federal Regulations requires States to establish, and subsequently providers under county Mental Health Plans and pilot DMC-ODS programs to adhere to, a uniform credentialing and re-credentialing policy. Individuals delivering services will need to have their eligibility to deliver services verified as either licensed, licensed-waived, registered, and/or certified prior to hire and monthly thereafter.

Additionally, providers are required to have staff checked against four exclusion lists: Office of Inspector General (prior to hire and monthly thereafter), System for Award Management (prior to hire and monthly thereafter), Medi-Cal Suspension and Ineligible Provider List (prior to hire and monthly thereafter), and the Social Security Death Master List (once prior to hire). Sacramento County Quality Management will provide oversight to the ongoing credentialing and exclusion checks to both county-operated and contracted DMC-ODS County and contracted providers.

PERSONNEL SPECIFICATIONS

The following requirements shall apply to providers and their staff, county-operated or contracted. The professional staff shall be licensed, registered, certified or recognized under California scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws**.** LPHAs include:

- Physician
- Nurse Practitioners
- Physician Assistants
- Registered Nurses
- Registered Pharmacists
- Licensed Clinical Psychologists
- Licensed Clinical Social Worker
- Licensed Professional Clinical Counselor
- Licensed Marriage and Family Therapists
- Licensed Eligible Practitioners working under supervision of Licensed Clinicians

Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hire. Documentation of trainings, certifications and licensure shall be contained in personnel files. Professional staff (LPHAs) shall receive a minimum of five (5) hours of continuing education related to addiction medicine each year. Registered and certified AOD counselors shall adhere to all requirements in Title 9, Chapter 8.

Providers will ensure personnel are competent, trained and qualified to provide any services necessary. Providers will maintain records of current certification and NPI registration and fidelity reviews for all staff providing evidenced-based practice (EBP) interventions. Providers shall maintain proof of participation in all County and State mandated training. Providers shall employ and utilize staff who are culturally and ethnically representative of the population being served.

Providers will ensure that all staff members working with individuals receiving services are fingerprinted (LiveScan), and pass Department of Justice (DOJ), and/or Federal Bureau of Investigations (FBI) background checks.

Personnel files shall be maintained on all employees and volunteers/interns and shall contain the following:

- Application for employment and/or resume;
- Signed employment confirmation statement/duty statement;
- Job description;
- Performance evaluations;
- Health records/status as required by Provider, AOD certification or Title 9;
- Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries);
- Training documentation relative to substance use disorders and treatment;

- Current registration, certification, intern status, or licensure;
- Proof of continuing education required by licensing or certifying agency and program; and
- Provider's Code of Conduct and for registered, certified, and licensed staff, a copy of the certifying/licensing body's code of conduct as well.

Job descriptions shall be developed, revised as needed and approved by the Provider's governing body. The job descriptions shall include:

- Position title and classification;
- Duties and responsibilities;
- Lines of supervision; and
- Education, training, work experience, and other qualifications for the position.

Written Provider code of conduct for employees and volunteers/interns shall be established which addresses the following:

- Use of drugs and/or alcohol.
- Prohibition of social/business relationship with client's or their family members for personal gain.
- Prohibition of sexual conduct with clients.
- Conflict of interest.
- Providing services beyond scope.
- Discrimination against client's or staff.
- Verbally, physically, or sexually harassing, threatening, or abusing clients, family members or other staff.
- Protection client confidentiality.
- The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under.
- Cooperation with complaint investigations.

If a Provider utilizes volunteers and/or interns, procedures shall be implemented which address:

- Recruitment;
- Screening;
- Selection;
- Training and orientation;
- Duties and assignments;
- Scope of practice;
- Supervision;
- Evaluation; and
- Protection of client confidentiality.

SUP02-2015 Bulletin County Contract Exhibit A Staffing
SUP09-2016 Bulletin Substance Use Disorder MD

CLIENT NOTIFICATION

INFORMING MATERIALS

DMC-ODS providers are required to post informing materials in the lobby of their service sites, in ALL Sacramento County threshold languages. Materials will be in 18 point font to accommodate CMS Final Rule requirements for individuals who may be visually impaired. The informing materials are as follows:

- Grievance Information Notice
- Appeals Information Notice
- "Help Reading These Papers" Notice
- "Guide to Medi-Cal Services" Notice
- Language Tagline Notice
- "Appeal/Grievance" Forms
- "Request for change of Service Provider/Request for Second Opinion" Forms
- Prepaid return envelopes for Appeal/Grievance and Change of Provider/2nd Opinion Forms

Providers may access the informing materials on the Sacramento County website. Please contact Sacramento County Quality Management for any questions or additional materials at 1-888-881-4881.

CLIENT RIGHTS

Client rights assure that the basic rights of independence of expression, decision and action, concern for personal dignity, and human relationships are preserved for all clients. As a cornerstone of a client-centered and effective treatment system, specialty SUD providers must share an individual's client rights with them in writing, either collectively or individually.

CLIENT HANDBOOK

The County's *Substance Use Services Client Handbook* outlines the benefit package for Medi-Cal, and individuals participating in the other County funded services. It also includes information on eligibility, accessing network providers that meet client needs and preferences, client rights and responsibilities and the grievances/appeals process. This document must be provided within five (5) days of first service by one of the following ways and at no-charge to the client:

1. Provide a printed copy or mail it to the client's mailing address.
2. Email a copy after obtaining the client's agreement to communicate by email.
3. Direct the client to the County's website for viewing.

Regardless of the selected scenario, Network Providers are required to provide the client with a copy of the County's Client Handbook Summary and document the distribution format selected. If at any time the client requests a printed copy, the Network Provider must provide it at no-charge. The Client Handbook will be available on the Sacramento County website in all threshold languages.

NOTICE OF PRIVACY PRACTICES

Sacramento County's Notice of Privacy Practices explains client rights and the treatment agency's legal duties with respect to client health information. It must be made available to all new and continuing clients within five (5) business days of first services.

CONFIDENTIALITY / RELEASE OF INFORMATION

SUD treatment providers within the specialty SUD system must thoroughly explain confidentiality options to clients and have them sign the necessary confidentiality forms (e.g., Release of Information Form, both within the SUD provider network and with external providers). All confidentiality and release of information forms must comply with 42 C.F.R. Part 2, HIPAA, and other pertinent regulations.

As indicated on the Release of Information Form, clients can elect to consent to share information with the entire SUD network of providers or consent only to specific SUD providers. The benefits, risks, and alternatives to these options, must be discussed with clients to allow them to make informed decisions about their care. Clients must sign the Release of Information Form for it to be finalized.

If the client is transferring from a new location, providers must ensure that consent forms are signed and appropriately utilized to ensure information exchange while maintaining compliance with applicable confidentiality regulations.

SUD treatment providers within the SUD system must update the Release of Information and consent forms that clients sign.

If clients revoke consent to disclose information to a specific SUD provider within the network, SUD treatment providers must notify involved entities of this update.

CLIENT INFORMING – CONSENT FOR TREATMENT AND INFORMATION SHARING

The foundational principle of consent for treatment is that individuals must give permission before they receive any type of health treatment, test, or examination.

Informed consent generally includes:

- The nature of the decision, treatment, and/or procedure
- Reasonable alternatives to the proposed intervention
- The relevant risks, benefits, and uncertainties related to each alternative
- Assessment of client understanding
- The acceptance of the intervention by the client

It is critical that SUD providers thoroughly describe and explain the services that are recommended to give clients the information necessary to make informed decisions regarding the care that is being proposed.

Additionally, the intake process needs to include consenting clients for information sharing purposes. Sharing information with other SUD and physical/mental health providers is essential in order to provide coordinated care that is in the best interests of clients. As such, thorough information regarding confidentiality (HIPAA and 42 CFR Part 2) needs to be provided to clients in order to obtain informed consent for information sharing purposes that balances the need to maintain necessary privacy and the need to share information to provide high-quality and coordinated care.

In order to be valid, the consent process must be free of coercion, voluntary, and the client giving consent must have decision-making capacity and be deemed competent to make the decision at hand.

NOTICE OF ADVERSE CLIENT DETERMINATION (NOABD)

As consistent with Mental Health Plans (MHPs), DMC-ODS providers are to adopt federal regulations for processing grievances and appeals. Using uniform notice templates (includes a Notice of Grievance Resolution (NGR), Notices of Adverse Benefit Determination (NOABD), Notices of Appeal Resolution (NAR), a "Your Rights" attachment, a client non-discrimination notice, and language assistance taglines) DMC-ODS providers are to provide to client advisement of a determination that has taken place regarding their case. There are 9 types of NOABDs:

- *Authorization Delay*: Given to a client when a DMC-ODS provider fails to make a decision about a service request in a timely manner.
- *Delivery System*: Given to a client following an assessment when the client does not meet medical necessity criteria and no DMC-ODS services will be provided.
- *Denial*: Given to a client when denial for authorization is sent.
- *Financial Liability*: Given to a client when we deny their dispute of financial liability.
- *Grievance/Appeal Resolution*: Given to a client when a client has filed a Grievance or Appeal and we have failed to respond in a timely manner.
- *Modification*: Given to a client when a DMC-ODS provider denies a request for change in treatment, and approve instead a different treatment.
- *Payment Denial*: Given to a client when a DMC-ODS provider denies, in whole or in part, payment for a service post-service delivery.
- *Termination*: Given to a client when a service they are receiving is terminated.
- *Timely Access*: Given to the client when the DMC-ODS provider fails to provide services in a timely manner.

PROBLEM RESOLUTION

Medi-Cal clients may file a Grievance or Appeal (in response to any NOABD), request a change of provider, or request a second opinion by utilizing Sacramento County problem resolution procedures.

CLIENT FAIR HEARING RIGHTS

In addition to other appeal processes that may be required, DMC providers must advise clients of their Medi-Cal fair hearing rights upon the denial, reduction or termination of DMC services as these relate to their eligibility or benefits. This requirement applies to all clients who discharge involuntarily as well. This notification must be in writing at least 10 calendar days prior to the effective date of the intended action to terminate or reduce services. The written notification must include:

- A statement of the action the provider intends to take;
- The reason for the intended action;
- A citation of the specific regulation(s) supporting the intended action;
- An explanation of a client's right to a fair hearing for the purpose of appealing the intended action;
- A statement that the provider must continue treatment services pending a fair hearing decision only if the client appeals in writing within 10 calendar days of the mailing or personal delivery of the notice of intended action to the Department of Social Services; and
- The address where the client must submit his or her request for a fair hearing:

Department of Social Services State Hearing Division
P.O. Box 944243, MS 9-17-37
Sacramento, California 94244-2430
1 (800) 952-5253
TDD 1 (800) 952-8349

INTERPRETER AND TRANSLATION SERVICES

LANGUAGE ASSISTANCE

It is the intent of all Sacramento County services, county-operated and contracted, to fully inform Medi-Cal clients (and potential clients) on how to access services in an easy to understand and culturally responsive manner through the use of interpreter and translation services that are in compliance with all state and federal regulation. With the implementation of the CMS Final Rule, information is to be made available in the State identified 16 prevalent languages upon request within five business days. Language assistance, such as over-the-phone translators or in-person interpreters may be utilized to meet this need in the event the request is not for written material to be available in a prevalent language. Additionally, posters and flyers with the identified prevalent language taglines are to be posted in provider lobbies and included in the informing materials that will instruct individuals on how to access language assistance services.

PROVIDER DIRECTORY AND POSTING REQUIREMENTS

Each Plan's provider directory must make available in electronic form, and paper form upon request, the following information for all network providers, including each licensed, waivered, registered or certified individual employed by the Plan, each provider organization or individual practitioner contracting with the Plan, and each licensed, waivered, registered or certified individual employed by a provider organization to deliver Medi-Cal services:

- The provider's name and group affiliation, if any.
- Street address(es).
- Telephone number(s).
- Email address(es), as appropriate.
- Website URL, as appropriate.
- Specialty, in terms of training, experience and specialization, including board certification (if any).
- Services / modalities provided, including information about populations served (i.e., perinatal, children/youth, adults).
- Whether the provider accepts new clients.
- The provider's cultural capabilities (e.g., veterans, older adults, Transition Age Youth, Lesbian, Gay, Bisexual, Transgender).
- The provider's linguistic capabilities (including American Sign Language), including languages offered by the provider or a skilled medical interpreter at the provider's office.
- Whether the provider's office / facility has accommodations for people with physical disabilities, including offices, exam room(s), and equipment.

In addition, the provider directory must include the following information for individuals employed by or contracting with Sacramento County or a network provider:

- Type of practitioner, as appropriate.
- National Provider Identifier number.
- California license number and type of license.
- An indication of whether the provider has completed cultural competence training.

DMC-ODS contracted providers shall submit required updates to their Sacramento County contract monitor no later than the 30th of each month. The SUD Provider Directory for Sacramento County is located on the Sacramento County website.

NETWORK ADEQUACY

In order to strengthen access to services, the Final Rule requires states to establish network adequacy standards in Medicaid (Medi-Cal) managed care. These standards are to:

- Develop and implement time and distance standards to care;
- Develop and implement timely access standards for long-term services and supports; and
- Assess and certify the adequacy of a managed care plan's provider network.

The Network Adequacy requirements take effect July 01, 2018 for live DMC-ODS pilot counties and counties pending must demonstrate their ability to meet network adequacy standards 90 days prior to going live. Time and distance standards are based on the designated size of each county. Sacramento County is categorized as a medium size county, which means Network Adequacy Certification will be based on a client's ability to access DMC-ODS services within a 30 mile and 60 minutes of drive time. Each county must renew their DMC-ODS Network Adequacy certification on an annual basis. DMC-ODS providers will be responsible for updating the Network Adequacy Certification Tool (NACT) and submitting to Sacramento County Quality Management (QM) at the minimum ***annually***, as requested by the QM team or in the event changes are made to a DMC-ODS program that either increase or decrease the provider's ability to meet service time, distance, and/or access standards.

RECORD RETENTION

All SUD providers regardless of DMC certification status must maintain the following documentation in the individual client record in accordance with 42CFR Section 438. Client records are maintained for a minimum of 10 years for Drug Medi-Cal certified providers. If an audit takes place during the designated retention period, the provider must maintain the following records until the audit is completed:

- Evidence that the client met admission criteria;
- Treatment plan(s);
- Progress notes;
- Evidence that the client received counseling with any exceptions or waivers noted, signed and dates by the physical in the client's treatment plan;
- Justification for continuing services;
- Discharge summary;
- Evidence of compliance with specific treatment service requirements; and
- Evidence that the provider complied with multiple same day service billing requirements.

BILLING AND CODING

Sacramento County has developed a matrix of provider service codes that incorporates definitions of service codes, DMC units to be billed, allowable service staff, allowable location of services, advanced billing rules and units, and EPSDT eligible services. These new service codes will be implemented as part of the DMC-ODS program in compliance with instructions from DHCS.

MULTI-SERVICE BILLINGS, MAXIMUM SERVICE UNITS AND LOCKOUTS

In order to facilitate the correct placement for clients, DHCS will allow a client to receive more than one service per day by various providers. Sacramento County will not be required to use a multiple billing override code when submitting their claim for reimbursement. A client may receive different services on the same day from the same provider, and at the same time, could receive other services on the same day from a different provider. For example, this would allow methadone dosing for a client who resided in a residential treatment facility.

DMC CLIENT SHARE OF COST

All DMC clients cannot be charged any fees for treatment services except where a share of cost requirement exists (Section 50090). All DMC providers must accept proof of eligibility for Drug Medi-Cal as payment in full for treatment services provided. DMC providers cannot charge fees to a DMC client for access to DMC substance use disorder treatment services or for admission to a DMC treatment program.

GOOD CAUSE CODES

All DMC-funded claims are to be submitted within 30 days of the end of the month that a service was provided. There are limited reasons that are considered "good cause" to submit late claims.

BILLABLE/NON-BILLABLE TIME

Travel and Documentation time

DMC-ODS contracted providers may claim for staff travel time to and from providing direct services under the DMC-ODS program. Travel and documentation time is to be included in the service time and must not be claimed separately. Travel and documentation time must be linked to the service provided, documented in the treatment notes, and subject to federal reasonableness standards. This does not apply to NTP.

BILLING RESOURCES

The DMC-ODS Same Day Billing Matrix is shown in and is available online at: http://www.dhcs.ca.gov/provgovpart/Documents/DMC_ODS_Same_Day_Billing_Matrix_07.22.16.pdf

For the complete charging information, please reference the 2017 Drug Medi-Cal Billing Manual. The requirements specific to the Waiver are found in Chapter 6.
http://www.dhcs.ca.gov/formsandpubs/Documents/DMC_Billing_Manual_2017-Final.pdf

CALIFORNIA OUTCOMES MEASUREMENT SYSTEM (CALOMS)
CalOMS-TREATMENT DATA SUBMISSION AND REPORTING REQUIREMENTS

California Outcomes Measurement System (CalOMS) is California's data collection and reporting system for SUD treatment. By entering SUD and recovery data in California, CalOMS provides information for improving treatment client outcomes, supporting cost effective services, and meeting legally mandated federal and state reporting requirements. Regardless of DMC certification status, all SUD treatment providers must input client treatment data which is sent to DHCS each month.

Outcome data is necessary in order to identify what is working well for SUD service recipients and what is not. Therefore, collecting outcomes information facilitates the improvement of service delivery. In this respect development of an outcomes measurement system is the key to ensuring continuous quality improvement and thus to positively impacting the lives of SUD service recipients and their families, communities, and public health and social systems.

All Sacramento County SUD treatment providers, regardless of DMC certification status, must enter required CalOMS Treatment data into the SACPRS-CalOMS system. In addition to client demographic data, data entered into this system builds a comprehensive picture of client behavior including data for alcohol and drug use, employment and education, criminal justice, medical and physical health, mental health, and family and social life. Providers will collect client data at admission and at discharge or administrative discharge from the same treatment program. Data will also be collected annually, as an annual update, for clients in treatment for over twelve months.

Summary reports created from CalOMS outcome data contribute to the understanding of treatment and the improvement of substance use disorder treatment programs in the continuum of prevention, treatment and recovery services.
The Department of Health Care Services (DHCS) has established the following data compliance standards for California Outcomes Measurement System –Treatment (CalOMS Tx) reporting. These data standards are intended to provide counties, their providers and direct providers with clear direction on submitting complete and accurate CalOMS Tx data in a timely manner:

- Standard: Counties and direct providers shall submit CalOMS Tx data to DHCS within 45 days after the end of the report month.
- Standard: Total late submissions or re-submissions shall not exceed five percent (5%) for any report month.
- Standard: The rate of fatal record errors detected shall not exceed five percent (5%) for each CalOMS Tx data batch file submitted.

Refer to the CalOMS Tx website at CalOMS Treatment for updates and information about CalOMS Tx.

DATAR REPORTING REQUIREMENTS

The Drug and Alcohol Treatment Access Report (DATAR) is the Department of Health Care Services (DHCS) system to collect data on treatment capacity and waiting lists and is considered a supplement to the California Outcomes Measurement System (CalOMS) client reporting system. DATAR assists in identifying specific categories of individuals awaiting treatment and identifies available treatment facilities for these individuals.

DATAR has information on the program's capacity to provide different types of Substance Use Disorder (SUD) treatment to clients and how much of the capacity was utilized that month. If the provider has a waiting list for publicly funded SUD treatment services, DATAR includes summary information about the people on the waiting list. These are the applicants who cannot be admitted due to the facility's lack of capacity.

All SUD treatment providers that receive SUD treatment funding from DHCS are required to submit the one-page DATAR form to DHCS each month. In addition, certified Drug Medi-Cal providers and Licensed Narcotic Treatment Programs (NTP) must report, whether or not they receive public funding.

DATAR is a web based system accessed through the DHCS website. To access DATAR, please visit the following website: https://adpapps.dhcs.ca.gov/datar/UserLogin.aspx?o=1

ASAM LEVEL OF CARE REPORTING REQUIREMENTS

The DMC-ODS is a Pilot program approved by the Centers for Medicare and Medicaid Services to test a new paradigm for the organized delivery of health care services for Medicaid eligible individuals with substance use disorders (SUDs). The DMC-ODS will demonstrate how organized SUD care increases the success of DMC clients while decreasing other system health care costs. A critical element of the DMC-ODS Pilot includes providing a continuum of care modeled after the ASAM criteria for SUD treatment services.

A primary goal underlying the ASAM Criteria is for the client to be placed in the most appropriate level of care (LOC). For both clinical and financial reasons, the preferable LOC is that which is the least intensive while still meeting treatment objectives and providing safety and security for the client. The ASAM Criteria is a single, common standard for assessing client needs, optimizing placement, determining medical necessity, and documenting the appropriateness of reimbursement.

DMC-ODS Waiver counties, including Sacramento County, are required to use the ASAM Criteria to ensure that eligible clients have access to the SUD services that best align with their treatment needs. Waiver counties are required to have a Utilization Management Program to ensure that clients have appropriate access to SUD services, medical necessity has been established, the client is in the appropriate ASAM LOC, and that the interventions are appropriate for the diagnosis and LOC. Waiver counties are also required to have a documented system for collecting, maintaining and evaluating accessibility to care and waiting list information, including tracking the number of days to first DMC-ODS service at the appropriate ASAM LOC following initial request or referral for all DMC-ODS services.

Counties participating in the DMC-ODS are required to provide DHCS with data and information in order to comply with the evaluation and quarterly reporting established by the DMC-ODS special terms and conditions. This includes information from ASAM criteria-based screenings and assessments. DHCS will utilize this data to monitor appropriate use of ASAM criteria in the DMC-ODS.

DMC-ODS Waiver counties are required to submit their ASAM LOC data for all DMC clients to DHCS' Behavioral Health Information Systems (BHIS), which is the same system counties use to submit data to the California Outcomes Measurement System (CalOMS). Although ASAM LOC and CalOMS data must be submitted in separate files, submission rules will be similar. ASAM LOC data submission will be cumulative and must be submitted at least once monthly, no later than 45 days after the month of service. Sacramento County staff will compile and submit ASAM LOC data for all providers within the Organized Delivery System.

TRAINING

The County will require all contracted DMC service providers to participate in mandatory trainings to ensure compliance with DMC regulations and County contracting requirements. Compliance with training will be monitored through the contract monitoring process.

Trainings will be mandatory and offered on an annual basis for DMC/Title 22 regulations, ASAM, ADA, CLAS standards and related cultural and linguistic competence training, co-occurring disorder symptoms and diagnoses, the DSM 5 and Motivational Interviewing, 42 CFR Part 2. Additional required training will be provided to the provider network to ensure that, at a minimum, every program/provider offers evidence-based practices and community defined practices, where appropriate, to address the specific needs of diverse communities. Examples of these trainings include, but are not limited to, Cognitive Behavioral Therapy, Contingency Management, Seeking Safety, 12 Step Facilitation Therapy, The Matrix Model, and Relapse Prevention. All training information will be maintained in a training log by the provider and provided to County during contract monitoring compliance reviews. The log contains information about the training, including title of training, description of training, duration and frequency of the training, number of attendees by function, training date, and name of presenter(s). All network providers will be required to establish a training plan for employees and submit information to the County regarding cultural competence trainings they attended. All providers will be monitored for compliance with this contract requirement.

TERMINOLOGY

Abuse: means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes client practices that result in unnecessary cost to the Medicaid program.

Adolescents: means clients between the ages of twelve and under the age of twenty-one.

Administrative Costs: means the Provider's direct costs, as recorded in the provider's financial records and supported by source documentation, to administer the program or an activity to provide service to the DMC program. Administrative costs do not include the cost do not include the cost of treatment or other direct services to the client. Administrative costs may include, but are not limited to, the cost of training, programmatic and financial audit reviews, and activities related to billing. Administrative costs may include provider's overhead per approved indirect cost rate proposal pursuant to OMB Omni-Circular and the State Controller's Office Handbook of Cost Plan Procedures.

Appeal: is the request for review of an adverse benefit determination.

Authorization: is the approval process for DMC-ODS Services prior to providing Detoxification or Residential services.

Available Capacity: means the total number of units of service (bed days, hours, slots, etc.) that a provider actually makes available.

Client: means a person who:

a) has been determined eligible for Medi-Cal;
b) is not institutionalized;
c) has a substance-related disorder per the current "Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria; and
d) meets the admission criteria to receive DMC covered services.

Client Handbook: is the state developed model enrollee handbook.

Calendar Week: means the seven day period from Sunday through Saturday.

Case Management: means a service to assist a client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.

Certified Provider: means a substance use disorder clinic location that has received certification to be reimbursed as a DMC clinic by the state to provide services as described in Title 22, California Code of Regulations, Section 51341.1.

Collateral Services: means sessions with therapists or counselors and significant persons in the life of a client, focused on the treatment needs of the client in terms of supporting the achievement of the client's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the client.

Complaint: means requesting to have a problem solved or have a decision changed because you are not satisfied. A complaint is sometimes called a grievance or an appeal.

Corrective Action Plan (CAP): means the written plan of action document which the provider develops and submits to County and/or DHCS to address or correct a deficiency or process that is non-compliant with contract, laws, regulations, or standards.

County: means the county in which the provider physically provides covered substance use treatment services.

Crisis Intervention: means a contact between a therapist or counselor and a client in crisis. Services shall focus on alleviating crisis problems. Crisis means an actual relapse or an unforeseen event or circumstance, which present to the client an imminent threat of relapse. Crisis intervention services shall be limited to stabilization of the client's emergency situation.

Delivery System: DMC-Organized Delivery System is a Medi-Cal benefit in counties that choose to opt into and implement the Pilot program. DMC-ODS shall be available as a Medi-Cal benefit for individuals who meet the medical necessity criteria and reside in a county that opts into the Pilot program. Upon approval of an implementation plan, the state shall contract with the county to provide DMC-ODS services. The county shall, in turn contract with DMC certified providers or provide county-operated services to provide all services outlined in the DMC-ODS. Counties may also contract with a managed care plan to provide services. Participating counties with the approval from the state may develop regional delivery systems for one or more of the required modalities or request flexibility in delivery system design or comparability of services. Counties may act jointly in order to deliver these services.

Discharge Services: means the process to prepare the client for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and other supportive services.

DMC-ODS Services: means those DMC services authorized by Title XIX or Title XXI of the Social Security Act. Title 22 Section 51341.1. W&I Code, Section 14124.24 and California's Medicaid State Plan, including the DMC ODS 1115 Demonstration Waiver special terms and conditions.

Drug Medi-Cal Program: means the state system wherein clients receive covered services from DMC-certified substance use disorder treatment providers.

Drug Medi-Cal Termination of Certification: means the provider is no longer certified to participate in the Drug Medi-Cal program upon the state's issuance of a Drug Medi-Cal certification termination notice.

Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT): means the federally mandated Medicaid benefit that entitles full-scope Medi-Cal covered client less than 21 years of age to receive any Medicaid service necessary to correct or ameliorate a defect, mental illness, or other condition, such as a substance-related disorder, that is discovered during a health screening.

Education: means providing research based education on addiction, treatment, recovery and associated health risks.

Education and Job Skills: means linkages to life skills, employment services, job training, and education services.

Emergency Medical Condition: means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

- Placing the health of the individual (or, for a pregnant woman, the health of the woman of her unborn child) in serious jeopardy.
- Serious impairment to bodily functions.
- Serious dysfunction of any bodily organ or part.

Emergency Services: means covered inpatient and outpatient services that are as follows:

- Furnished by a provider that is qualified to furnish these services under this title.
- Needed to evaluate or stabilize an emergency medical condition.

Excluded Services: means services that are not covered under the DMC-ODS Waiver.

Face-to-Face: means a service occurring in person.

Family Support: means linkages to childcare, parent education, child development support services, and family and marriage education. Family support is only available under Recovery services.

Family Therapy: means including a client's family members and loved ones in the treatment process, and education about factors that are important to the client's recovery as well as their own recovery can be conveyed. Family members may provide social support to clients, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well.

Fair Hearing: means the state hearing provided to clients upon denial of appeal pursuant to 22 CCR 50951 and 50953 and 9 CCR 1810.216.6 Fair hearings shall comply with 42 CFR 431.220(a)(5), 438.408(f), 438.414, and 438.10(g)(1).

Final Settlement: means permanent settlement of the Provider's actual allowable costs or expenditures as determined at the time of audit, which shall be completed within three years of the date the year-end cost settlement report was accepted for interim settlement by the state. If the audit is not completed within three years, the interim settlement shall be considered as the final settlement.

Fraud: means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or state law.

Grievance: means an expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the enrollee's rights regardless of whether remedial action is requested. Grievance includes an enrollee's right to dispute an extension of time proposed by the County to make an authorization decision.

Grievance and Appeal System: means the processes the County implements to handle appeals of an adverse benefit determination and grievances, as well as the processes to collect and track information about them.

Group Counseling: means contacts in which one or more therapists or counselors treat two or more clients at the same time with a maximum of 12 in the group, focusing on the needs of the individuals served. A client that is 17 years of age or younger shall not participate in-group counseling with any participants who are 18 years of age or older. However, a client who is 17 years of age or younger may participate in group counseling with participants who are 18 years of age or older when the counseling is at a provider's certified school site.

Hospitalization: means that a client needs a supervised recovery period in a facility that provides hospital inpatient care.

Individual Counseling: means contact between a client and a therapist or counselor. Services provided in-person, by telephone or by telehealth qualify as Medi-Cal reimbursable units of service, and are reimbursed without distinction.

Intake: means the process of determining a client meets the medical necessity criteria and a client is admitted into a substance use disorder treatment program. Intake includes the evaluation or analysis of the cause or nature of mental, emotional, psychological, behavioral, and substance use disorders, and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing (e.g. body specimen screening) necessary for substance use disorder treatment and evaluation.

Intensive Outpatient Treatment: means (ASAM Level 2.1) structured programming services consisting primarily of counseling and education about addiction-related problems a minimum of nine (9) hours with a maximum of 19 hours per week for adults, and a minimum of six (6) hours with a maximum of 19 hours per week for adolescents. Services may be provided in any appropriate setting in the community. Services may be provided in-person, by telephone or by telehealth.

Licensed Practitioners of the Healing Arts (LPHA) includes: Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Work (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.

Medical Necessity and Medical Necessary Services: means those SUD treatment services that are reasonable and necessary to protect life, prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of a disease, illness or injury consistent with and 42 CFR 438.210(a)(4) or, in the case of EPSDT, services that meet the criteria specified in Title 22, Sections 51303 and 51340.1.

Medical Necessity Criteria: means adult clients must have one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) Fifth Edition for Substance-Related and Addictive Disorders with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders, and must meet the ASAM Criteria definition of medical necessity for services based on the ASAM Criteria. Youth under 21 may be assessed to be at risk for developing a substance use disorder, and if applicable, must meet the ASAM adolescent treatment criteria. Clients under age 21 are eligible to receive Medicaid services pursuant to the Early Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. Under the EPSDT mandate, clients under age 21 are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health.

Medical Psychotherapy: means a type of counseling service that has the same meaning as defined in 9 CCR § 10345.

Medication Services: means the prescription or administration of medication related to substance use disorder treatment services, or the assessment of the side effects or results of that medication conducted by staff lawfully authorized to provide such services.

Opioid (Narcotic) Treatment Program: means an outpatient clinic licensed by the state to provide narcotic replacement therapy directed at stabilization and rehabilitation of persons who are opiate-addicted and have a substance use diagnosis.

Naltrexone Treatment Services: means an outpatient treatment service directed at serving detoxified opiate addicts by using the drug Naltrexone, which blocks the euphoric effects of opiates and helps prevent relapse to opiate addiction.

Network: means the group of entities that have contracted with the County to provide services under the DMC-ODS Waiver.

Network Provider: means any provider, group of providers, or entity that has a network provider agreement with the County and receives Medicaid funding directly or indirectly to order, refer or render covered services.

Non-Perinatal Residential Program: services are provided in DHCS licensed residential facilities that also have DMC certification and have been designated by DHCS as capable of delivering care consistent with ASAM treatment criteria. These residential services are provided to the non-perinatal population and do not require the enhanced services found in the perinatal residential programs.

Notice of Adverse Benefit Determination: means a formal communication of any action and consistent with 42 CFR 438.404 and 438.10.

Observation: means the process of monitoring the client's course of withdrawal. It is to be conducted as frequently as deemed appropriate for the client and the level of care the client is receiving. This may include but is not limited to observation of the client's health status.

Outpatient Services: means (ASAM Level 1.0) outpatient service directed at stabilizing and rehabilitating persons up to nine hours of service per week for adults, and less than six hours per week for adolescents.

Overpayment: means any payment to a network provider by County to which the network provider is not entitled to under Title XIX of the Act or any payment to County by State to which the County is not entitled to under Title XIX of the Act.

Provider: means a provider that is engaged in the continuum of services under this Agreement.

Perinatal DMC Services: means covered services as well as mother/child habilitative and rehabilitative services, services access (i.e., provision or arrangement of transportation to and from medically necessary treatment), education to reduce harmful effects of alcohol and drugs on the mother and fetus or infant and coordination of ancillary services (Title 22, Section 51341.1(c)(4).

Physician: as it pertains to the supervision, collaboration, and oversight requirements. A doctor of medicine or osteopathy legally authorized to practice medicine or surgery in the State in which the function is performed.

Physician Services: means services provided by an individual licensed under state law to practice medicine.

Postpartum: as defined for DMC purposes, means the 60-day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility for perinatal services shall end on the last day of the calendar month in which the 60th day occurs.

Postservice Postpayment (PSPP) Utilization Review: means the review for program compliance and medical necessity conducted by the state after service was rendered and paid. DHCS may recover prior payments of Federal and State funds if such a review determines that the services did not comply with applicable statutes, regulations, or terms under the DMC-ODS Waiver.

Preauthorization: means approval by County that a covered service is medically necessary.

Prescription Drugs: means simple substances or mixtures of substances prescribed for the cure, mitigation, or prevention of disease, or for health maintenance that are:

- Prescribed by a physician or other licensed practitioner of the healing arts within the scope of this professional practice as defined and limited by Federal and State law;
- Dispensed by licensed pharmacists and licensed authorized practitioners in accordance with the State Medical Practice Act; and
- Dispensed by the licensed pharmacist or practitioner on a written prescription that is recorded and maintained in the pharmacist's or practitioner's records.

Primary Care: means all health care services and laboratory services customarily furnished by or through a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist, pediatrician, or other licensed practitioner as authorized by the State Medicaid program, to the extent the furnishing of those services is legally authorized in the State in which the practitioner furnishes them.

Primary Care Physician (PCP): means a Physician responsible for supervising, coordinating, and providing initial and Primary Care to clients and serves as the medical home for members. The PCP is a general practitioner, internist, pediatrician, family practitioner, or obstetrician/gynecologist.

Primary Care Provider: means a person responsible for supervising, coordinating, and providing initial and Primary Care to clients, for initiating referrals and, for maintaining the continuity of client care. A Primary Care Provider may be a Primary Care Physician or Non-Physician Medical Practitioner.

Projected Units of Service: means the number of reimbursable DMC units of service, based on historical data and current capacity, the Provider expects to provide on an annual basis.

Provider: means any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the state in which it delivers the services.

Re-Certification: means the process by which the DMC certified clinic is required to submit an application and specified documentation, as determined by DHCS, to remain eligible to participate in and be reimbursed through the DMC program. Re-certification shall occur no less than every five years from the date of previous DMC certification or re-certification.

Recovery Monitoring: means recovery coaching, monitoring via telephone and internet. Recovery monitoring is only available in Recovery services.
Recovery Services: are available after the client has completed a course of treatment. Recovery services emphasize the client's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to clients.

Rehabilitation Services: includes any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under state law, for maximum reduction of physical or mental disability and restoration of a client to his best possible function level.

Relapse: means a single instance of a client's substance use or a client's return to a pattern of substance use.

Relapse Trigger: means an event, circumstance, place or person that puts a client at risk of relapse.

Residential Treatment Services: means a non-institutional, 24-hour non-medical, short-term residential program of any size that provides rehabilitation services to clients. Each client shall live on the premises and shall be supported in their efforts to restore, maintain, and apply interpersonal and independent living skills, and access community support systems. Programs shall provide a range of activities and services. Residential treatment shall include 24-hour structure with available trained personnel, seven days a week, including a minimum of five (5) hours of clinical service a week to prepare client for outpatient treatment.

Safeguarding Medications: means facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication.

Service Authorization Request: means a client's request for the provision of a service.

Short-Term Resident: means any client receiving residential services pursuant to DMC-ODS, regardless of the length of stay, is a "short-term resident" of the residential facility in which they are receiving the services.

State: means the Department of Health Care Services or DHCS.

Subcontract: means an agreement between the County and its subcontractors (Providers). A subcontractor shall not delegate its obligation to provide covered services or otherwise subcontract for the provision of direct client services.

Subcontractor (Provider): means an individual or entity that is DMC certified and has entered into an agreement with the County to be a provider of covered services. It may also mean a vendor who has entered into a procurement agreement with the County to provide any of the administrative functions related to fulfilling the County's DMC-ODS Waiver obligations.

Substance Abuse Assistance: means peer-to-peer services and relapse prevention. Substance abuse assistance is only available in Recovery Services.

Substance Use Disorder Diagnosis: are those set forth in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition, published by the American Psychiatric Association.

Support Groups: means linkages to self-help and support, spiritual and faith-based support.

Support Plan: means a list of individuals and/or organizations that can provide support and assistance to a client to maintain sobriety.

Telehealth between Provider and Client: means office or outpatient visits via interactive audio and video telecommunication systems.

Telehealth between Providers: means communication between two providers for purposes of consultation, performed via interactive audio and video telecommunications systems.

Temporary Suspension: means the provider is temporarily suspended from participating in the DMC program as authorized by W&I Code, Section 14043.36(a). The provider cannot bill for DMC services from the effective date of the temporary suspension.

Threshold Language: means a language that has been identified as the primary language, indicated on the Medi-Cal Eligibility System (MEDS), of 3000 clients or five percent of the client population whichever is lower, in an identified geographic area. Sacramento County's threshold languages include Spanish, Hmong, Vietnamese, Russian, Cantonese and Arabic.

Transportation Services: means provision of or arrangement for transportation to and from medically necessary treatment.

Unit of Service Description:

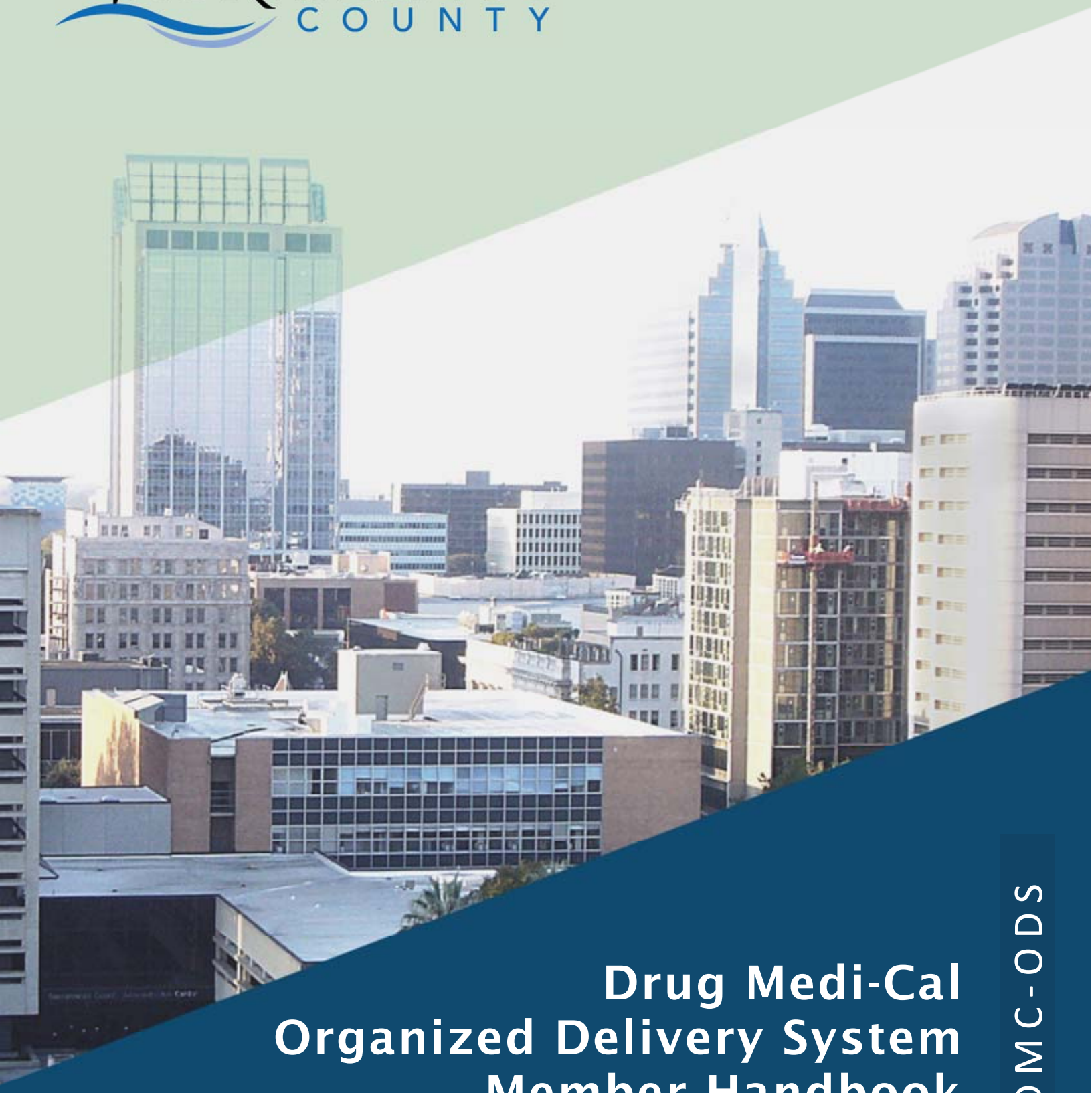
- For case management, intensive outpatient treatment, outpatient services, Naltrexone treatment services, and recovery services contact with a client in 15-minute increments on a calendar day.
- For additional medication assisted treatment, physician services that includes ordering, prescribing, administering, and monitoring of all medications for substance use disorders per visit or in 15-minute increments.
- For narcotic treatment program services, a calendar month of treatment services provided pursuant to this section and Chapter 4 commencing with 9 CCR § 10000.
- For physician consultation services, consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists in 15-minute increments.
- For residential services, providing 24-hour daily service, per client, per bed rate.
- For withdrawal management per client per visit/daily unit of service.

Urgent Care: means a condition perceived by a client as serious, but not life threatening. A condition that disrupts normal activities of daily necessary, treatment within 24-72 hours.

Utilization: means the total actual units of service used by clients and participants.

Withdrawal Management: means detoxification services provided in either an ambulatory or non-ambulatory setting

SACRAMENTO COUNTY



Drug Medi-Cal Organized Delivery System Member Handbook

DMC-ODS

Published April, 2019

English
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call
1-916-876-6069 8:00 AM to 5:00 PM, (TTY: *1-916-876-8853*)
1-888-881-4881 5:01 PM to 7:59 AM.

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al *1-916-876-6069,* (TTY: *1-916-876-8853*).

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 *1-916-876-6069,* (TTY: *1-916-876-8853*).

Tagalog (Tagalog/Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa *1-916-876-6069,* (TTY: *1-916-876-8853*).

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. *1-916-876-6069,* (TTY: *1-916-876-8853*) 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 *1-916-876-6069,* (TTY: *1-916-876-8853*)。

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք *1-916-875-6069* (TTY (հեռատիպ)՝ *1-916-876-8853*):

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните *1-916-875-6069* (телетайп: *[1-916-876-8853*).

فارسی (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شمافراهم می باشد.
تماس بگیرید *1-916-875-6069* (TTY: *1-916-876-8853*)

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* (TTY: *1-916-876-8853*) 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* (TTY: *1-916-876-8853*).

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। *1-916-875-6069* (TTY: *[1-916-876-8853*) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم *[TTY 1-916-876-8853]* (رقم هاتف الصم والبكم: *1-916-875-6069*

हिंदी (Hindi)
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। *1-916-875-6069* (TTY: *1-916-876-8853*) पर कॉल करें।

ภาษาไทย (Thai)
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร *1-916-875-6069* (TTY: *1-916-876-8853*).

ខ្មែរ (Cambodian)
ប្រយ័ត្ន៖ រ សើ ិនជាអ្នកនិយាយ ភាសាខ្ម , រសរាជំនួយមននកភាសា រោយមិនគិត្ួ ល្ន
គឺអាចមានសំរា ់ ំរ អ្ើ នក។ ចូ ទូ សព្ទ *1-916-875-6069* (TTY: *1-916-876-8853*)។

ພາສາລາວ (Lao)
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,
ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ *1-916-875-6069* (TTY: *1-916-876-8853*).

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GENERAL INFORMATION

Emergency Services

Emergency services are covered 24 hours a day and 7 days a week. If you think you are having a health related emergency, call 911 or go to the nearest emergency room for help.

Emergency Services are services provided for an unexpected medical condition, including a psychiatric emergency medical condition.

An emergency medical condition is present when you have symptoms that cause severe pain or a serious illness or an injury, which a prudent layperson (a careful or cautious non-medical person) believes, could reasonably expect without medical care could:

- Put your health in serious danger, or
- If you are pregnant, put your health or the health of your unborn child in serious danger, or
- Cause serious harm to the way your body works, or
- Cause serious damage to any body organ or part.

You have the right to use any hospital in the case of emergency. Emergency services never require authorization.

Overdose

You should not hesitate to call 911 for medical emergencies involving substance use. If you or someone you are with has overdosed, calling 911 as soon as possible could help save a life.

Naloxone

Naloxone is medication that could immediately counter the effects of an opioid/heroin overdose. You can administer it while someone is overdosing and should call 911 immediately. Many emergency personnel carry it with them, and it is also available from select pharmacies without a prescription. Ask your health care provider for more information.

Who Do I Contact If I'm Having Suicidal Thoughts?

If you or someone you know is in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

For local residents seeking assistance in a crisis and to access local mental health programs, please call 1-916-875-1055 8:00 AM to 5:00 PM (TTY: 1-916-876-8853), 1-888-881-4881 5:01 PM to 7:59 AM (TTY: 711).

Why Is It Important To Read This Handbook?

Sacramento County Alcohol and Drug Services welcomes you to our services. This handbook is help you understand what Drug Medi-Cal Organized Delivery System (DMC-ODS) services are available to you. This delivery system of healthcare services are for Medi-Cal eligible individuals with substance use disorders (SUD). Substance use treatment services are part of your managed care benefits. This delivery system is required to provide a continuum of services to all eligible beneficiaries modeled after the American Society of Addiction Medicine (ASAM) Criteria. ASAM criteria provides a way to match individual suffering from addiction with the services and tools they need for a successful and long-term recovery. Services required to participate in the DMC-ODS include:

- Early Intervention (overseen through the managed care system)
- Outpatient Services
- Intensive Outpatient Services
- Short-Term Residential Services (up to 90 days)
- Withdrawal Management
- Opioid/Narcotic Treatment Program Services/Medicated Assisted Treatment
- Recovery Services
- Case Management
- Physician Consultation
- Recovery Residence
- Optional Services

It is important that you understand how the Drug Medi-Cal Organized Delivery System (DMC-ODS) plan works so you can get the care you need. This handbook explains your benefits and how to get care. It will also answer many of your questions. This handbook is available at the Alcohol and Drug (ADS) System of Care locations, on the ADS website, and/or a hardcopy will be offered and provided for your personal use during the ADS intake process. In addition, the Provider Directory is available online on the Sacramento County Behavioral Health, Alcohol and Drug Services website.

You will learn:

1. How to receive substance use disorder (SUD) treatment services through your county DMC-ODS plan
2. What benefits you have access to
3. What to do if you have a question or problem
4. Your rights and responsibilities as a member of your county DMC-ODS plan

Use this handbook as an addition to the member handbook that you received when you enrolled in your current Medi-Cal benefit. That could be with a Medi-Cal managed care plan or with the regular Medi-Cal “Fee for Service” program.

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

- Determining if you are eligible for DMC-ODS services from the county or its provider network.
- Coordinating your care.
- Providing a toll-free phone number that is answered 24 hours a day and 7 days a week that can tell you about how to get services from the County Plan. You can also contact the County Plan at this number to request availability of after-hours care.
- Having enough providers to make sure that you can get the SUD treatment services covered by the County Plan if you need them.
- Informing and educating you about services available from your County Plan.
- Providing you services in your language or by an interpreter (if necessary) free of charge and letting you know that these interpreter services are available.
- Providing you with written information about what is available to you in other languages or formats. Translated material are available in Arabic, Chinese-Traditional, Russian, Spanish, Hmong, and Vietnamese.
- Providing you with notice of any significant change in the information specified in this handbook at least 30 days before the intended effective date of the change. A change would be considered significant when there is an increase or decrease in the amount or type of services that are available, or if there is an increase or decrease in the number of network providers, or if there is any other change that would impact the benefits you receive through the County Plan.
- Informing you if any contracted provider refuses to perform or otherwise support any covered service due to moral, ethical, or religious objections and informing you of alternative providers that do offer the covered service.
- Ensuring that you have continued access to your previous, and now out-of-network, provider for a period of time if changing providers would cause your health to suffer or increase your risk of hospitalization.

If you have further questions you can call:

- Sacramento County Alcohol and Drug Services
  - 1-916-875-2050 (8:00 AM to 5:00 PM)
- Sacramento County Member Services
  - 1-888-881-4881 (5:01 PM to 7:59 AM)
- TTY 711 (California Relay Service)
- Medical Emergency 911
- Sacramento County Mental Health Access Team
  - 1-916-875-1055 (8:00 AM to 5:00 PM)

County ODS Overview

The Department of Health Services, Alcohol and Drug Services manages the network of agencies/providers that provide substance use treatment services, and is responsible for making sure these services are patient-centered and address the cultural and language (linguistic) needs of those served. This includes operating the 24-hour line and ensuring access to medically necessary outpatient, residential, withdrawal management (detoxification), opioid treatment programs, medication-assisted treatment, case management, and recovery support services as described in the benefit package below.

Our system of care will create a more robust network of agencies/providers and services to help you meet your substance use needs and recovery goals. The County and our network agencies/providers share the following values and commitments:

- **Provide Patient-Centered Care**

  ↳ You can help the treatment agency determine what services will best meet your individual needs and preferences. For this reason, your care may be different than others in the same program.

- **Provide Culturally Appropriate Services**

  ↳ You can request a treatment provider that delivers services specifically designed to meet the needs of your culture, racial and ethnic background, or sexual orientation. If a program is unable to match your needs, or is too far from where you would like to receive services, please know that all network providers are required to deliver culturally sensitive and appropriate services for all clients.

- **Provide Linguistically Appropriate Services**

  ↳ You can request a treatment provider that delivers services in your preferred language. If a program is unable to match your needs, you can access translation services instead. Key written materials are also available in all of the most commonly spoken locations in Sacramento County, also called “threshold languages”.

- **Provide Age And Developmentally Appropriate Services**

  ↳ You can request a treatment provider that delivers services for a specific age group (youth, young adults, adults and older adults). If a program is not available that matches your request, or it is too far from where you would like to receive services, there are programs available that serve more than one age group.

- **Treat Substance Abuse As A Chronic Condition Rather Than An Acute Condition**

  ↳ A chronic condition lasts for a long-time or maybe even a lifetime (i.e., asthma, diabetes) whereas an acute condition last for a short-time, typically a few days or weeks (i.e., ear infection). Because substance abuse can impact people over a long period and relapse is common, it is considered a chronic condition. For this reason, network providers can work with you even after your treatment program is done to provide on-going support or help you enter treatment again if needed.

- **Connect Health, Mental Health And Substance Use Services**

  ↳ Many people who need substance use services also need or receive services to address other physical health (i.e., diabetes, asthma, heart disease, liver disease) or mental health (i.e., anxiety, depression, bipolar) conditions. It is important to connect with others providers serving your health care needs to better coordinate your care and help you achieve all your health goals.

- **Educate and Empower Patients And Communities to Achieve Health**

  ↳ Healthy individuals and healthy communities are achieved through dedication and commitment, and shared goals to reduce the adverse impact of alcohol and drug use. You can play a key role to improve your health and the health of your community, and it can start by participating in treatment and recovery services.

- **Always Make Program Improvements To Enhance Client Care**

  ↳ Sacramento County and its network providers are dedicated to providing quality client care that will help you achieve your goals. This means looking at how services are provided today and finding ways to make them better through evidence-based practices, effective staff, and technology.

Information For Members Who Need Materials In A Different Language

To request materials in a different language, please contact:
Sacramento County Alcohol and Drug Services at 1-916-875-2050 or California Relay Service at 711.

Interpreters for limited English proficiency clients and deaf and hard of hearing individuals are available free of charge to the member.

Notice Of Privacy Practices

If you have any questions about this notice, please contact the County Office of Compliance at:
1-866-234-6883 (TTY 1-877-835-2929)
http://www.compliance.saccounty.net/Pages/default.aspx
(http://inside.saccounty.net/WebandPrivacyPolicies/Pages/default.aspx) or you may also obtain a copy of the Notice of Privacy Practices from the program staff where you receive services from the Sacramento County Alcohol and Drug Services. You may also obtain a copy of the Notice of Privacy Practices online at
http://inside.saccounty.net/WebandPrivacyPolicies/Pages/default.aspx

Information For Members Who Have Trouble Reading, Are Hearing Impaired Or Vision Impaired

To request this information in an alternative format (example: large print or audio), please contact Member Services at 1-916-875-6069 or Toll Free at 1-888-881-4881 (TTY: 1-916-876-8853).

Who Do I Contact If I Feel That I Was Discriminated Against?

Discrimination is against the law. The State of California and DMC-ODS comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. DMC-ODS:

- Provides free aids and services to people with disabilities, such as:
  - Qualified sign language interpreters
  - Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified oral interpreters
  - Information in threshold languages

If you need these services, contact your County Plan.

If you believe that the State of California or DMC-ODS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Elvia Leyva, Civil Rights Coordinator
1825 Bell Street, Suite 200, Sacramento, CA 95825
1-916-876-4455 (TTY) 1-916-874-2599ADS

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Elvia Leyva, Civil Rights Coordinator is available to help you.
You can also file a civil rights complaint electronically with the U.S. Department of Health and Human Services, Office for Civil Rights through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf. You can file a civil rights complaint by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at https://www.hhs.gov/ocr/filing-with-ocr/index.html.

ELIGIBILITY

Who Can Get Medi-Cal?

You may qualify for Medi-Cal if you are in one of these groups:

- 65 years old, or younger
- Under 21 years of age
- An adult, between 21 and 65 based on income eligibility
- Blind or disabled
- Pregnant
- Certain refugees, or Cuban/Haitian immigrants
- Receiving care in a nursing home

Youth (under 18 years of age), young adults (age 18 through 20), and adults (21 years of age and older) who meet the following eligibility requirements can access no-cost (free) substance use treatment services in Sacramento County:

1. Enrolled in or eligible for Medi-Cal in Sacramento County.
2. Resident of Sacramento County (proof may be required if your Medi-Cal benefits are assigned to another California County).
3. Need substance use treatment services based on an assessment (what is known as “meeting medical necessity” requirements).

You can also get Medi-Cal if you are enrolled in one of the following programs:

- CalFresh
- Supplemental Security Income (SSI) or State Supplemental Program (SSP)
- CalWORKs (California Work Opportunity and Responsibility to Kids)
- Refugee Assistance
- Foster Care or Adoption Assistance Program

If you are not sure if you are eligible for Medi-Cal, more information is below. This information can change, so please visit the website listed below for the most up-to-date and complete descriptions for these programs.

You must be living in California to qualify for Medi-Cal. Call or visit your local county social services office to ask for a Medi-Cal application, or get one on the Internet at http://www.dhcs.ca.gov/services/medi-cal/pages/MediCalApplications.aspx

Do I Have To Pay For Medi-Cal?

There are times you may have to pay for Medi-Cal depending on the amount of money you get or earn each month. This includes:

- If your income is less than Medi-Cal limits for your family size, you will not have to pay for Medi-Cal services.
- If your income is more than Medi-Cal limits for your family size, you will have to pay some money for your medical or substance use treatment services. The amount that you pay is called your 'share of cost'. Once you have paid your 'share of cost,' Medi-Cal will pay the rest of your covered medical bills for that month. In the months that you do not have medical expenses, you do not have to pay anything.
- You may have to pay a 'co-payment' for any treatment under Medi-Cal. You may have to pay an out of pocket amount each time you get a medical or substance use treatment service or a prescribed drug (medicine) and a co-payment if you go to a hospital emergency room for your regular services. Your provider will tell you if you need to make a co-payment. If your substance use treatment program asks you to pay for services, but you think your income is low enough that service should be free (no-charge), you can call the County at 1-888-881-4881 for help. Most people with Medi-Cal who receive substance use services from a provider in Sacramento County's network will not have a Medi-Cal share-of cost, so all services will be free (no-charge).

Does Medi-Cal Cover Transportation?

If you have trouble getting to your medical appointments or alcohol and drug treatment appointments, the Medi-Cal program can help you find transportation.

- For children, the county Child Health and Disability Prevention (CHDP) program can help. You may also wish to contact your county social services office at (916) 875-7151 You can also get information online by visiting www.dhcs.ca.gov, then clicking on 'Services' and then 'Medi-Cal.'
- For adults, your county social services office can help at (916) 874-3100, or
- You can get information online by visiting www.dhcs.ca.gov, then clicking on 'Services' and then 'Medi-Cal.'
- If you are enrolled with a Medi-Cal Managed Care Plan (MCP), the MCP is required to assist with transportation according to Section 14132 (ad) of the Welfare and Institutions Code.
- Transportation services are available for all service needs, including those that are not included in the DMC-ODS program.
- Please note that managed care plan phone numbers can change; refer to your member card.

SERVICES

What Are DMC-ODS Services?

DMC-ODS services are health care services for people who have at least one SUD that the regular doctor cannot treat.

DMC-ODS services include:

- Outpatient Services
- Intensive Outpatient Treatment
- Partial Hospitalization (only available in some counties)
- Residential Treatment (subject to prior authorization by the county)
- Withdrawal Management
- Opioid Treatment
- Medication Assisted Treatment (varies by county)
- Recovery Services
- Case Management

If you would like to learn more about each DMC-ODS service that may be available to you, see the descriptions below:

- **Outpatient Services**
  - Counseling services are provided to members up to nine hours a week for adults and less than six hours a week for adolescents when determined to be medically necessary and in accordance with an individualized client plan. Services can be provided by a licensed professional or a certified counselor in any appropriate setting in the community.
  - Outpatient Services includes intake and assessment, treatment planning, individual counseling, group counseling, family therapy, collateral services, member education, medication services, crisis intervention services, and discharge planning.
  - Services may be provided in-person, by telephone, or by tele-health in any appropriate setting in the community.

- **Intensive Outpatient Services**
  - Intensive Outpatient Services are provided to members (a minimum of nine hours with a maximum of 19 hours a week for adults and a minimum of six hours with a maximum of 19 hours a week for adolescents) when determined to be medically necessary and in accordance with an individualized client plan. Services consist primarily of counseling and education about addiction-related problems. Services can be provided by a licensed professional or a certified counselor in any appropriate setting in the community.
  - Intensive Outpatient Services include the same components as Outpatient Services. The increased number of hours of service are the main difference.
  - Services may be provided in-person, by telephone, or by tele-health in nay appropriate setting in the community.

- **Residential Treatment** (subject to authorization by the county)
  - Residential Treatment is a non-institutional, 24-hour non-medical, short-term residential program that provides rehabilitation services to members with a SUD diagnosis when determined as medically necessary and in accordance with an individualized treatment plan. Each member shall live on the premises and shall be supported in their efforts to restore, maintain, apply interpersonal and independent living skills, and access community support systems. Providers and residents work collaboratively to define barriers, set priorities, establish goals, create treatment plans, and solve SUD related problems. Goals include sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care.
  - Residential services require prior authorization by the County Plan. Each authorization for residential services can be for a maximum of 90 days for adults and 30 days for youth. Only two authorizations for residential services are allowed in a one-year-period. It is possible to have one 30-day extension per year based on medical necessity. Pregnant women can receive residential services through the last day of the month that the 60th day after delivery occurs. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) eligible members (under the age of 21) will not have the authorization limits described above as long as medical necessity establishes the need for ongoing residential services.
  - Residential Services includes intake and assessment, treatment planning, individual counseling, group counseling, family therapy, collateral services, member education, medication services, safeguarding medications (facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication), crisis intervention services, transportation (provision of or arrangement for transportation to and from medically necessary treatment), and discharge planning.
  - The length of stay may range from 1 – 90 day regimens, unless a reassessment of medical necessity justifies a one-time services reauthorization/extension of up to 30 days. Only two non-continuous 90- day regimens will be authorized in a one-year period. Perinatal and criminal justice involved clients may receive a longer length of stay based on medical necessity.
  - All residential treatment providers are required to accept and support clients who are receiving medication-assisted treatments.

- **Withdrawal Management (Detoxification)**
  - Withdrawal Management services are provided when determined as medically necessary and in accordance with an individualized client plan. Each member shall reside at the facility if receiving a residential service and will be monitored during the detoxification process. Medically necessary habilitative and rehabilitative services are provided in accordance with an individualized client plan prescribed by a licensed physician, or licensed prescriber and approved and authorized according to the State of California requirements.
  - Withdrawal Management Services include intake and assessment, observation (to evaluate health status and response to any prescribed medication), medication services, and discharge planning.
  - Currently Sacramento County has non-medical residential withdrawal facilities and is working on partnering with medical facilities to provide these services.

- **Opioid Treatment** (varies by county)
  - Opioid (Narcotic) Treatment Program (OTP/NTP) services are provided in NTP licensed facilities. Medically necessary services are provided in accordance with an individualized client plan determined by a licensed physician or licensed prescriber, and approved and authorized according to the State of California requirements. OTPs/NTPs are required to offer and prescribe medications to members covered under the DMC-ODS formulary including methadone, buprenorphine, naloxone, and disulfiram.
  - A member must receive, at a minimum, 50 minutes of counseling sessions with a therapist or counselor for up to 200 minutes per calendar month, although additional services may be provided based on medical necessity.
  - Opioid Treatment Services include the same components as Outpatient Treatment Services, with the inclusion of medical psychotherapy consisting of a face-to-face discussion conducted by a physician on a one-on-one basis with the member.
  - To qualify for Opioid Treatment Services a user must have a two year history of addiction, two treatment failures and one year of episodic or continued use pursuant to Title VIIII regulations.
  - Current opioid replacement medications include (varies by clinic): methadone, buprenorphine-naloxone (suboxone), naloxone, disulfiram, and vivitrol.

- **Medication Assisted Treatment** (varies by county)
  - Medication Assisted Treatment (MAT) Services are available outside of the OTP clinic. MAT is the use of prescription medications, in combination with counseling and behavioral therapies, to provide a whole-person approach to the treatment of SUD. Providing this level of service is optional for participating counties.
  - MAT services includes the ordering, prescribing, administering, and monitoring of all medications for SUD. Opioid and alcohol dependence, in particular, have well established medication options. Physicians and other prescribers may offer medications to members covered under the DMC-ODS formulary including buprenorphine, naloxone, disulfiram, Vivitrol, acamprosate, or any FDA approved medication for the treatment of SUD.
  - Sacramento County Alcohol and Drug Services will offer additional MAT related treatment services through the Sacramento County Health Center, Managed Care Plan Providers and Federally Qualified health Centers.

- **Recovery Services**
  - Recovery Services are important to the member's recovery and wellness. The treatment community becomes a therapeutic agent through which members are empowered and prepared to manage their health and health care. Therefore, treatment must emphasize the member's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to members.
  - Recovery Services include individual and group counseling; recovery monitoring/substance abuse assistance (recovery coaching, relapse prevention, and peer-to-peer services); and case management (linkages to educational, vocational, family supports, community-based supports, housing, transportation, and other services based on need).
  - Any eligible DMC provider within the network may provide medically necessary recovery services to beneficiaries. Linkage to these services are provided by a certified/registered SUD counselor, licensed clinician or peer support specialist.
  - Sacramento County currently offers these services through collaborative court programs and will expand to include other eligible providers in the network.

- **Case Management**
  - Case Management Services assist a member to access needed medical, educational, social, legal, financial, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of SUD care, integration around primary care especially for members with a chronic SUD, and interaction with the criminal justice system, if needed.
  - Case Management Services include a comprehensive assessment and periodic reassessment of individual needs to determine the need for continuation of case management services; transitions to higher or lower levels of SUD care; development and periodic revision of a client plan that includes service activities; communication, coordination, referral and related activities; monitoring service delivery to ensure member access to service and the service delivery system; monitoring the member's progress; and, member advocacy, linkages to physical and mental health care, transportation and retention in primary care services.
  - Case management shall be consistent with and shall not violate confidentiality of any member as set forth in Federal and California law.
  - Sacramento County currently offers these services through collaborative court programs and will expand to include eligible providers in the system of care.

- **Early Periodic Screening, Diagnosis, and Treatment (EPSDT)**
  - If you are under 21 years of age, you may receive additional medically necessary services under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). EPSDT services include screening, vision, dental, hearing and all other medically necessary mandatory and optional services listed in federal law 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered for adults. The requirement for medical necessity and cost effectiveness are the only limitations or exclusions that are applicable to EPSDT services.
  - For a more complete description of the EPSDT services that are available and to have your questions answered, please call the Sacramento County Mental Health Access Team at 1-916-875-1055 or Member Services at 1-888-881-4881.

Sacramento County ODS Benefit Package			
Service Type	**Services**	**Time**	**Duration**
Outpatient Services for At-Risk	*Intake Services* ➢ Intake and Assessment ➢ Treatment Planning *Direct Services* ➢ Individual Counseling ➢ Group Counseling ➢ Patient Education ➢ Case Management	Youth (12-20): No more than 4 hours of service per 60 days, including up to 2 hours for intake services. Adults (21+): Service is not available.	Youth and young adults can receive one episode of services every 60 days, if additional services are needed the individual may be more appropriate for outpatient services.
Outpatient Services	➢ Intake and Assessment ➢ Treatment Planning ➢ Individual Counseling ➢ Group Counseling ➢ Family Therapy ➢ Collateral Services ➢ Patient Education ➢ Crisis Intervention ➢ Medication Services ➢ Case Management ➢ Discharge Planning	Youth (under 18): 0 to 6 hours of service per week Adults (over 18): 0 to 9 hours of service per week	Available to youth and adults. No limit if medically necessary and in accordance with the individualized treatment plan.
Intensive Outpatient Services	➢ Intake and Assessment ➢ Treatment Planning ➢ Individual Counseling ➢ Group Counseling ➢ Family Therapy ➢ Collateral Services ➢ Patient Education ➢ Crisis Intervention ➢ Medication Services ➢ Case Management ➢ Discharge Planning	Youth (under 18): 6 to 19 hours of service per week Adults (over 18): 9 to 19 hours of service per week	Available to youth and adults. No limit if medically necessary and in accordance with the individualized treatment plan.

Residential Treatment	➢ Intake and Assessment ➢ Treatment Planning ➢ Individual Counseling ➢ Group Counseling ➢ Family Therapy ➢ Collateral Services ➢ Patient Education ➢ Crisis Intervention ➢ Medication Services ➢ Safeguarding Meds[1] ➢ Transportation[2] ➢ Case Management ➢ Discharge Planning Services occur in 24-hour care, non-institution, non-medical, short-term setting. Goals include sustaining abstinence, preparing for relapse triggers, improving personal health, social functioning, and engaging in continuing care. [1] Safeguarding medications means the facility will store resident medications and staff may assist with self-administration of medications. This includes allowing residents to use medication-assisted treatment such as methadone or buprenorphine. [2] Transportation means the arrangement for transportation to and from medically necessary treatment; emergency transportation not included.	Requires prior County Authorization Initial 60-day authorization for adults and 30 days for youth, with extensions based on medical necessity.* *EPSDT (under age 21) will not have authorization limits as long as medical necessity establishes the need for ongoing residential services.	<u>Youth (under 18)</u>: No authorization limits as long as medical necessity establishes the need for ongoing residential service <u>Young Adults (18-20)</u>: No authorization limits as long as medical necessity establishes the need for ongoing residential service <u>Adults (over 21)</u>: Initial authorization for 60 days with continued services based on medical necessity <u>Perinatal Females</u>: Up to length of the pregnancy and through the last day of the month that the 60th day after delivery occurs <u>Criminal Justice</u>: Extension up to 6 months if medically necessary
Withdrawal Management	➢ Intake and Assessment ➢ Observation[1] ➢ Medication Services ➢ Discharge Planning Services occur in either an outpatient or residential setting where individuals are monitored during the detoxification process. Medically necessary habilitative and rehabilitative services are provided as needed and/or prescribed by a licensed physician/prescriber. [1] Observation means evaluating your health status and response to any prescribed medications.	Up to 14 days of service per episode. No authorization required except for minors.	Available only to adults and as medically necessary. Youth may be provided services based on medical necessity.

Opioid Treatment Program and Medication-Assisted Treatment	➢ Prescribe Medications: o Methadone o Buprenorphine o Disulfiram o Naloxone ➢ Medical Psychotherapy[1] ➢ Intake and Assessment ➢ Treatment Planning ➢ Individual Counseling ➢ Group Counseling ➢ Patient Education ➢ Family Therapy ➢ Patient Education ➢ Crisis Intervention ➢ Medication Services ➢ Case Management ➢ Discharge Planning [1] Medical psychotherapy means a face-to-face discussion conducted by a physician on a one-on-one basis with the patient.	50-200 minutes of counseling per calendar month, although additional services may be provided based on medical necessity. Medically necessary services are provided in accordance with an individualized client plan determined by a licensed physician or licensed prescriber.	Available only to adults (18 year of age and up). Youth may be provided services based on medical necessity. These programs couple the daily or several times weekly use of prescribed opioid agonist medication with counseling to maintain stability for those with severe opioid use disorder.
Case Management	Available at every level of care to help patients access needed medical, educational, social, prevocational, vocational, rehabilitative or other community services. This includes coordinating substance use treatment services with other Network Providers and with the primary care doctor or other County departments to improve care and support independence. This includes comprehensive assessment and periodic reassessment of individual needs, including continuation of case management services, transitions to higher or lower levels of care, and/or development and periodic revision of a client plan. A client plan may include, but is not limited to, service activities, referral/linkages to physical and mental health care, monitoring members' progress, and/or transportation.	Up to 7 hours per month for all service levels except Outpatient At-Risk and Recovery Support Services These services focus on coordination of substance use treatment care, integration around primary care especially for individuals with a chronic substance use disorder, and interaction with the justice and social services system as needed and permitted by the patient.	Available to youth and adults.

Recovery Support Services	➢ Individual Counseling ➢ Group Counseling ➢ Recovery Monitoring ➢ Substance Abuse Assistance ➢ Recovery Coaching ➢ Relapse Prevention ➢ Peer-to-Peer Services ➢ Linkages to Services ➢ Educational ➢ Vocational ➢ Family Supports ➢ Community-Based Supports ➢ Housing ➢ Transportation ➢ Others as Needed ➢ Case Management Recovery Services are important to the member's recovery and wellness. The treatment community becomes a therapeutic agent through which members are empowered and prepared to manage their health and health care. Therefore, treatment must emphasize the member's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to members.	<u>Youth (12-17)</u>: No more than 6 hours per month <u>Adults (18+)</u>: No more than 7 hours per month	Available to youth and adults who have completed substance use treatment. The benefit is generally available for up to 6 months.
Recovery Residences	Safe living space that is supportive of recovery for adults who are receiving outpatient, intensive outpatient and opioid treatment program services. Services include peer support; group and house meetings; self-help and life skills development; and case management among other recovery-oriented services	Up to 90 days per calendar year for eligible patients Up to the length of pregnancy and postpartum period of 60 days based on medical necessity for females.	Available only for adults.

HOW TO GET DMC-ODS SERVICES

How Do I Get DMC-ODS Services?

If you think you need substance use disorder (SUD) treatment services, you can get services by asking the County Plan for them yourself. You can call your county toll-free phone number listed in the front section of this handbook. You may also be referred to your County Plan for SUD treatment services in other ways. Your County Plan is required to accept referrals for SUD treatment services from doctors and other primary care providers who think you may need these services and from your Medi-Cal managed care health plan, if you are a member. Usually the provider or the Medi- Cal managed care health plan will need your permission or the permission of the parent or caregiver of a child to make the referral, unless there is an emergency. Other people and organizations may also make referrals to the county, including schools; county welfare or social services departments; conservators, guardians or family members; and law enforcement agencies.

The covered services are available through Sacramento County's provider network. If any contracted provider raises an objection to performing or otherwise supporting any covered service, Sacramento County will arrange for another provider to perform the service. Sacramento County will respond with timely referrals and coordination in the event that a covered service is not available from a provider because of religious, ethical, or moral objections to the covered service.

Sacramento County will provide the initial in-person screenings to determine level of care. If it is determined you need more than outpatient-only services, case managers will work directly with you to assist in linking you between services. Case managers will focus on collaborating to establish accountability and help with transitions of care, create a proactive treatment plan with staff upon arrival at the next service modality, and to monitor and follow up as needed for success and support of your goals. Case managers are in place to stay with you throughout your treatment as a single point of contact.

Where Can I Get DMC-ODS Services?

Sacramento County is participating in the DMC-ODS pilot program. Since you are a resident of Sacramento County you can get DMC-ODS services in the county where you live through the DMC-ODS County Plan. Your County Plan has SUD treatment providers available to treat conditions that are covered by the plan. Other counties that provide Drug Medi-Cal services that are not participating in the DMC-ODS pilot will be able to provide regular DMC services to you if needed. If you are under 21 years of age, you are also eligible for EPSDT services in any other county across the state.

After Hours Care

Sacramento County Behavioral Health Services has an after hour 1-888-881-4881 (5:01 PM to 7:59 AM), 711 (California Relay Service) hotline for members to call for services, resources and referrals.

How Do I Know When I Need Help?

Many people have difficult times in life and may experience SUD problems.

The most important thing to remember when asking yourself if you need professional help is to trust yourself. If you are eligible for Medi-Cal, and you think you may need professional help, you should request an assessment from your County Plan to find out for sure since you currently reside in a DMC-ODS participating county.

How Do I Know When A Child or Teenager Needs Help?

You may contact your participating county DMC-ODS plan for an assessment for your child or teenager if you think he or she is showing any of the signs of a SUD. If your child or teenager qualifies for Medi-Cal and the county assessment indicates that drug and alcohol treatment services covered by the participating county are needed, the county will arrange for your child or teenager to receive the services.

How do I Change My Provider?

You can change your substance use provider anytime by contacting Member Services at (1-888-881-4881), Alcohol and Drug services Administration at (916-875-2050) or your current treatment provider can help you find a different agency that can better serve your needs.

HOW TO GET MENTAL HEALTH SERVICES

Where Can I Get Specialty Mental Health Services?

You can get specialty mental health services in the county where you live. Each county has specialty mental health services for children, youth, adults, and older adults. If you are under 21 years of age, you are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT), which may include additional coverage and benefits.

Your Mental Health Plan (MHP) will determine if you need specialty mental health services. If you do need specialty mental health services, the MHP will refer you to a mental health provider. If you need mental health services, please call the Sacramento County Access Team at 1-916-875-1055.

MEDICAL NECESSITY

What Is Medical Necessity And Why Is It So Important?

One of the conditions necessary for receiving SUD treatment services through your county's DMC-ODS plan is something called 'medical necessity.' This means a doctor or other licensed professional will talk with you to decide if there is a medical need for services, and if you can be helped by services if you receive them.

The term medical necessity is important because it will help decide if you are eligible for DMC-ODS services, and what kind of DMC-ODS services are appropriate. Deciding medical necessity is a very important part of the process of getting DMC-ODS services.

What Are The 'Medical Necessity' Criteria For Coverage Of Substance Use Disorder Treatment Services?

As part of deciding if you need SUD treatment services, the county DMC-ODS plan will work with you and your provider to decide if the services are a medical necessity, as explained above. This section explains how your participating county will make that decision.

In order to receive services through the DMC-ODS, you must meet the following criteria:

- You must be enrolled in Medi-Cal.
- You must reside in a county that is participating in the DMC-ODS.
- You must have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for a Substance-Related and Addictive Disorder. Any adult, or youth under the age of 21, who is assessed to be "at-risk" for developing a SUD will be eligible for Early Intervention services if they do not meet medical necessity criteria.
- You must meet the American Society of Addiction Medicine (ASAM) definition of medical necessity for services based on the ASAM Criteria (ASAM Criteria are national treatment standards for addictive and substance-related conditions).

You don't need to know if you have a diagnosis to ask for help. Your county DMC-ODS plan will help you get this information and will determine medical necessity with an assessment.

SELECTING A PROVIDER

How Do I Find A Provider For The Substance Use Disorder Treatment Services I Need?

The County Plan may put some limits on your choice of providers. Your county DMC-ODS plan must give you a chance to choose between at least two providers when you first start services, unless the County Plan has a good reason why it can't provide a choice, for example, there is only one provider who can deliver the service you need. Your County Plan must also allow you to change providers. When you ask to change providers, the county must allow you to choose between at least two providers, unless there is a good reason not to do so.

Sometimes county contract providers leave the county network on their own or at the request of the County Plan. When this happens, the County Plan must make a good faith effort to give written notice of termination of a county contracted provider within 15 days after receipt or issuance of the termination notice, to each person who was receiving SUD treatment services from the provider.

Once I Find A Provider, Can The County Plan Tell The Provider What Services I Get?

You, your provider, and the County Plan are all involved in deciding what services you need to receive through the county by following the medical necessity criteria and the list of covered services. Sometimes the county will leave the decision to you and the provider. Other times, the County Plan may require your provider to ask the County Plan to review the reasons the provider thinks you need a service before the service is provided. The County Plan must use a qualified professional to do the review. This review process is called a plan payment authorization process.

The County Plan's authorization process must follow specific timelines. For a standard authorization, the plan must make a decision on your provider's request within 14 calendar days. If you or your provider request or if the County Plan thinks it is in your interest to get more information from your provider, the timeline can be extended for up to another 14 calendar days. An example of when an extension might be in your interest is when the county thinks it might be able to approve your provider's request for authorization if the County Plan had additional information from your provider and would have to deny the request without the information. If the County Plan extends the timeline, the county will send you a written notice about the extension.

If the county doesn't make a decision within the timeline required for a standard or an expedited authorization request, the County Plan must send you a Notice of Adverse Benefit Determination telling you that the services are denied and that you may file an appeal or ask for a State Fair Hearing.

You may ask the County Plan for more information about its authorization process. Check the front section of this handbook to see how to request the information.

If you don't agree with the County Plan's decision on an authorization process, you may file an appeal with the county or ask for a State Fair Hearing.

Which Providers Does My DMC-ODS Plan Use?

If you are new to the County Plan, a complete list of providers in your County Plan can be found at the end of this handbook and contains information about where providers are located, the SUD treatment services they provide, and other information to help you access care, including information about the cultural and language services that are available from the providers. If you have questions about providers, call your county toll-free phone number located in the front section of this handbook.

NOTICE OF ADVERSE BENEFIT DETERMINATION

What Is A Notice Of Adverse Benefit Determination?

A Notice of Adverse Benefit Determination, sometimes called a NOABD, is a form that your county DMC-ODS plan uses to tell you when the plan makes a decision about whether or not you will get Medi-Cal SUD treatment services. A Notice of Adverse Benefit Determination is also used to tell you if your grievance, appeal, or expedited appeal was not resolved in time, or if you didn't get services within the County Plan's timeline standards for providing services.

When Will I Get A Notice Of Adverse Benefit Determination?

You will get a Notice of Adverse Benefit Determination:

- If your County Plan or one of the County Plan providers decides that you do not qualify to receive any Medi-Cal SUD treatment services because you do not meet the medical necessity criteria.
- If your provider thinks you need a SUD service and asks the County Plan for approval, but the County Plan does not agree and denies your provider's request, or changes the type or frequency of service. Most of the time you will receive a Notice of Adverse Benefit Determination before you receive the service, but sometimes the Notice of Adverse Benefit Determination will come after you already received the service, or while you are receiving the service. If you get a Notice of Adverse Benefit Determination after you have already received the service you do not have to pay for the service.
- If your provider has asked the County Plan for approval, but the County Plan needs more information to make a decision and doesn't complete the approval process on time.
- If your County Plan does not provide services to you based on the timelines the County Plan has set up. Call your County Plan to find out if the County Plan has set up timeline standards.
- If you file a grievance with the County Plan and the County Plan does not get back to you with a written decision on your grievance within 90 calendar days. If you file an appeal with the County Plan and the County Plan does not get back to you with a written decision on your appeal within 30 calendar days or, if you filed an expedited appeal, and did not receive a response within 72 hours.

Will I Always Get A Notice Of Adverse Benefit Determination When I Don't Get The Services I Want?

There are some cases where you may not receive a Notice of Adverse Benefit Determination. You may still file an appeal with the County Plan or if you have completed the appeal process, you can request a state fair hearing when these things happen. Information on how to file an appeal or request a fair hearing is included in this handbook. Information should also be available in your provider's office.

What Will The Notice Of Adverse Benefit Determination Tell Me?

The Notice of Adverse Benefit Determination will tell you:

1. What your County Plan did that affects you and your ability to get services.
2. The effective date of the decision and the reason the plan made its decision.
3. The state or federal rules the county was following when it made the decision.
4. What your rights are if you do not agree with what the plan did.
5. How to file an appeal with the plan.
6. How to request a State Fair Hearing.
7. How to request an expedited appeal or an expedited fair hearing.
8. How to get help filing an appeal or requesting a State Fair Hearing.
9. How long you have to file an appeal or request a State Fair Hearing.
10. If you are eligible to continue to receive services while you wait for an Appeal or State Fair Hearing decision.
11. When you have to file your Appeal or State Fair Hearing request if you want the services to continue.

What Should I Do When I Get A Notice Of Adverse Benefit Determination?

When you get a Notice of Adverse Benefit Determination you should read all the information on the form carefully. If you don't understand the form, your County Plan can help you. You may also ask another person to help you.

You can request a continuation of the service that has been discontinued when you submit an appeal or a request for State Fair Hearing. You must request the continuation of services no later than 10 calendar days after the date the Notice of Adverse Benefit Determination was post-marked or personally given to you, or before the effective date of the change.

PROBLEM RESOLUTION PROCESSES

What If I Don't Get The Services I Want From My County DMC-ODS Plan?

Your County Plan has a way for you to work out a problem about any issue related to the SUD treatment services you are receiving. This is called the problem resolution process and it could involve the following processes:

- The Grievance Process – an expression of unhappiness about anything regarding your SUD treatment services, other than an Adverse Benefit Determination.
- The Appeal Process – review of a decision (denial or changes to services) that was made about your SUD treatment services by the County Plan or your provider.
- The State Fair Hearing Process – review to make sure you receive the SUD treatment services which you are entitled to under the Medi-Cal program.

Filing a grievance or appeal, or a State Fair Hearing will not count against you and will not impact the services you are receiving. When your grievance or appeal is complete, your County Plan will notify you and others involved of the final outcome. When your State Fair Hearing is complete, the State Hearing Office will notify you and others involved of the final outcome.

Learn more about each problem resolution process below.

Can I Get Help To File An Appeal, Grievance Or State Fair Hearing?

Your County Plan will have people available to explain these processes to you and to help you report a problem either as a grievance, an appeal, or as a request for State Fair Hearing. They may also help you decide if you qualify for what's called an 'expedited' process, which means it will be reviewed more quickly because your health or stability are at risk. You may also authorize another person to act on your behalf, including your SUD treatment provider.

If you would like help to file an appeal, grievance or state fair hearing, call Sacramento County Member Services at 1-888-881-4881 or 1-916-875-6069.

What If I Need Help To Solve A Problem With My County DMC-ODS Plan But Don't Want To File A Grievance Or Appeal?

You can get help from the State if you are having trouble finding the right people at the county to help you find your way through the system.

You may get free legal help at your local legal aid office or other groups. You can ask about your hearing rights or free legal aid from the Public Inquiry and Response Unit:

Call toll free: 1-800-952-5253
If you are deaf and use TDD, call: 1-800-952-8349

THE GRIEVANCE PROCESS

What Is A Grievance?

A grievance is an expression of unhappiness about anything regarding your SUD treatment services that are not one of the problems covered by the appeal and State Fair Hearing processes.

The grievance process will:

- Involve simple, and easily understood procedures that allow you to present your grievance orally or in writing.
- Not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the County Plan might ask you to sign a form authorizing the plan to release information to that person.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous levels of review or decision-making.
- Identify the roles and responsibilities of you, your County Plan and your provider.
- Provide resolution for the grievance in the required timeframes.

When Can I File A Grievance?

You can file a grievance with the County Plan at any time if you are unhappy with the SUD treatment services you are receiving from the County Plan or have another concern regarding the County Plan.

How Can I File A Grievance?

You may call your County Plan's toll-free phone number to get help with a grievance 1-888-881-4881. The county will provide self-addressed envelopes at all the providers' sites for you to mail in your grievance. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing.

How Do I Know If The County Plan Received My Grievance?

Your County Plan will let you know that it received your grievance by sending you a written confirmation.

When Will My Grievance Be Decided?

The County Plan must make a decision about your grievance within 90 calendar days from the date you filed your grievance. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the County Plan believes that there is a need for additional information and that the delay is for your benefit. An example of when a delay might be for your benefit is when the county believes it might be able to resolve your grievance if the County Plan had a little more time to get information from you or other people involved.

How Do I Know If The County Plan Has Made A Decision About My Grievance?

When a decision has been made regarding your grievance, the County Plan will notify you or your representative in writing of the decision. If your County Plan fails to notify you or any affected parties of the grievance decision on time, then the County Plan will provide you with a Notice of Adverse Benefit Determination advising you of your right to request a State Fair Hearing. Your County Plan will provide you with a Notice of Adverse Benefit Determination on the date the timeframe expires.

Is There A Deadline To File A Grievance?

You may file a grievance at any time.

THE APPEAL PROCESS (Standard and Expedited)

Your County Plan is responsible for allowing you to request a review of a decision that was made about your SUD treatment services by the plan or your providers. There are two ways you can request a review. One way is using the standard appeals process. The second way is by using the expedited appeals process. These two forms of appeals are similar; however, there are specific requirements to qualify for an expedited appeal. The specific requirements are explained below.

What Is A Standard Appeal?

A standard appeal is a request for review of a problem you have with the plan or your provider that involves a denial or changes to services you think you need. If you request a standard appeal, the County Plan may take up to 30 calendar days to review it. If you think waiting 30 calendar days will put your health at risk, you should ask for an 'expedited appeal.'

The standard appeals process will:

1. Allow you to file an appeal in person, on the phone, or in writing. If you submit your appeal in person or on the phone, you must follow it up with a signed written appeal. You can get help to write the appeal. If you do not follow-up with a signed written appeal, your appeal will not be resolved. However, the date that you submitted the oral appeal is the filing date.
2. Ensure filing an appeal will not count against you or your provider in any way.
3. Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the plan might ask you to sign a form authorizing the plan to release information to that person.
4. Have your benefits continued upon request for an appeal within the required timeframe, which is 10 calendar days from the date your Notice of Adverse Benefit Determination was post-marked or personally given to you. You do not have to pay for continued services while the appeal is pending. If you do request continuation of the benefit, and the final decision of the appeal confirms the decision to reduce or discontinue the service you are receiving, you may be required to pay the cost of services furnished while the appeal was pending.
5. Ensure that the individuals making the decisions are qualified to do so and not involved in any previous level of review or decision-making.
6. Allow you or your representative to examine your case file, including your medical record, and any other documents or records considered during the appeal process, before and during the appeal process.
7. Allow you to have a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.
8. Allow you, your representative, or the legal representative of a deceased member's estate to be included as parties to the appeal.
9. Let you know your appeal is being reviewed by sending you written confirmation.
10. Inform you of your right to request a State Fair Hearing, following the completion of the appeal process.

When Can I File An Appeal?

You can file an appeal with your county DMC-ODS Plan:

1. If your county or one of the county contracted providers decides that you do not qualify to receive any Medi-Cal SUD treatment services because you do not meet the medical necessity criteria.
2. If your provider thinks you need a SUD treatment service and asks the county for approval, but the county does not agree and denies your provider's request, or changes the type or frequency of service.
3. If your provider has asked the County Plan for approval, but the county needs more information to make a decision and doesn't complete the approval process on time.
4. If your County Plan doesn't provide services to you based on the timelines the County Plan has set up.
5. If you don't think the County Plan is providing services soon enough to meet your needs.
6. If your grievance, appeal or expedited appeal wasn't resolved in time.
7. If you and your provider do not agree on the SUD services you need.

How Can I File An Appeal?

You may call your County Plan's toll-free phone number to get help with filing an appeal. The plan will provide self-addressed envelopes at all provider sites for you to mail in your appeal.

How Do I Know If My Appeal Has Been Decided?

Your county DMC-ODS plan will notify you or your representative in writing about their decision for your appeal.
The notification will have the following information:

- The results of the appeal resolution process.
- The date the appeal decision was made.
- If the appeal is not resolved wholly in your favor, the notice will also contain information regarding your right to a State Fair Hearing and the procedure for filing a State Fair Hearing.

Is There A Deadline To File An Appeal?

You must file an appeal within 60 calendar days of the date on the Notice of Adverse Benefit Determination. Keep in mind that you will not always get a Notice of Adverse Benefit Determination. There are no deadlines for filing an appeal when you do not get a Notice of Adverse Benefit Determination; so you may file this type of appeal at any time.

When Will A Decision Be Made About My Appeal?

The County Plan must decide on your appeal within 30 calendar days from when the County Plan receives your request for the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the County Plan believes that there is a need for additional information and that the delay is for your benefit. An example of when a delay is for your benefit is when the county believes it might be able to approve your appeal if the County Plan had a little more time to get information from you or your provider.

What If I Can't Wait 30 Days For My Appeal Decision?

The appeal process may be faster if it qualifies for the expedited appeals process.

What Is An Expedited Appeal?

An expedited appeal is a faster way to decide an appeal. The expedited appeals process follows a similar process to the standard appeals process. However,

- Your appeal must meet certain requirements.
- The expedited appeals process also follows different deadlines than the standard appeals.
- You can make a verbal request for an expedited appeal. You do not have to put your expedited appeal request in writing.

When Can I File An Expedited Appeal?

If you think that waiting up to 30 calendar days for a standard appeal decision will jeopardize your life, health or ability to attain, maintain or regain maximum function, you may request an expedited resolution of an appeal. If the County Plan agrees that your appeal meets the requirements for an expedited appeal, your county will resolve your expedited appeal within 72 hours after the County Plan receives the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the County Plan shows that there is a need for additional information and that the delay is in your interest. If your County Plan extends the timeframes, the plan will give you a written explanation as to why the timeframes were extended.

If the County Plan decides that your appeal does not qualify for an expedited appeal, the County Plan must make reasonable efforts to give you prompt oral notice and will notify you in writing within 2 calendar days giving you the reason for the decision. Your appeal will then follow the standard appeal timeframes outlined earlier in this section. If you disagree with the county's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance.

Once your County Plan resolves your expedited appeal, the plan will notify you and all affected parties orally and in writing.

THE STATE FAIR HEARING PROCESS

What Is A State Fair Hearing?

A State Fair Hearing is an independent review conducted by the California Department of Social Services to ensure you receive the SUD treatment services to which you are entitled under the Medi-Cal program.

What Are My State Fair Hearing Rights?

You have the right to:

1. Have a hearing before the California Department of Social Services (also called a State Fair Hearing).
2. Be told about how to ask for a State Fair Hearing.
3. Be told about the rules that govern representation at the State Fair Hearing.
4. Have your benefits continued upon your request during the State Fair Hearing process if you ask for a State Fair Hearing within the required timeframes.

When Can I File For A State Fair Hearing?

You can file for a State Fair Hearing:

1. If you have completed the County Plan's appeal process.
2. If your county or one of the county contracted providers decides that you do not qualify to receive any Medi-Cal SUD treatment services because you do not meet the medical necessity criteria.
3. If your provider thinks you need a SUD treatment service and asks the County Plan for approval, but the County Plan does not agree and denies your provider's request, or changes the type or frequency of service.
4. If your provider has asked the County Plan for approval, but the county needs more information to make a decision and doesn't complete the approval process on time.
5. If your County Plan doesn't provide services to you based on the timelines the county has set up.
6. If you don't think the County Plan is providing services soon enough to meet your needs.
7. If your grievance, appeal or expedited appeal wasn't resolved in time.
8. If you and your provider do not agree on the SUD treatment services you need.

How Do I Request A State Fair Hearing?

You can request a State Fair Hearing directly from the California Department of Social Services. You can ask for a State Fair Hearing by writing to:

State Hearings Division
California Department of Social Services
744 P Street, Mail Station 9-17-37
Sacramento, California 95814

You can also call 1-800-952-8349 or for TDD 1-800-952-8349.

Is There A Deadline For Filing For A State Fair Hearing?

You only have 120 calendar days to ask for a State Fair Hearing. The 120 days start either the day after the County Plan personally gave you its appeal decision notice, or the day after the postmark date of the county appeal decision notice.

If you didn't receive a Notice of Adverse Benefit Determination, you may file for a State Fair Hearing at any time.

Can I Continue Services While I'm Waiting For A State Fair Hearing Decision?

Yes, if you are currently receiving treatment and you want to continue your treatment while you appeal, you must ask for a State Fair Hearing within 10 days from the date the appeal decision notice was postmarked or delivered to you OR before the date your County Plan says services will be stopped or reduced. When you ask for a State Fair Hearing, you must say that you want to keep receiving your treatment. Additionally, you will not have to pay for services received while the State Fair Hearing is pending.

If you do request continuation of the benefit, and the final decision of the State Fair Hearing confirms the decision to reduce or discontinue the service you are receiving, you may be required to pay the cost of services furnished while the state fair hearing was pending.

What If I Can't Wait 90 Days For My State Fair Hearing Decision?

You may ask for an expedited (quicker) State Fair Hearing if you think the normal 90-calendar day time frame will cause serious problems with your health, including problems with your ability to gain, maintain, or regain important life functions. The Department of Social Services, State Hearings Division, will review your request for an expedited State Fair Hearing and decide if it qualifies. If your expedited hearing request is approved, a hearing will be held and a hearing decision will be issued within 3 working days of the date your request is received by the State Hearings Division.

MEMBER RIGHTS AND RESPONSIBILITIES

What Are My Rights As A Recipient Of DMC-ODS Services?

As a person eligible for Medi-Cal and residing in a DMC-ODS pilot program county, you have a right to receive medically necessary SUD treatment services from the County Plan. You have the right to:

1. Be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
2. Receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.
3. Participate in decisions regarding your SUD care, including the right to refuse treatment.
4. Receive timely access to care, including services available 24 hours a day, 7 days a week, when medically necessary to treat an emergency condition or an urgent or crisis condition.
5. Receive the information in this handbook about the SUD treatment services covered by the county DMC-ODS plan, other obligations of the County Plan and your rights as described here.
6. Have your confidential health information protected.
7. Request and receive a copy of your medical records, and request that they be amended or corrected as specified in 45 CFR §164.524 and 164.526.
8. Receive written materials in alternative formats (including Braille, large size print, and audio format) upon request and in a timely fashion appropriate for the format being requested.
9. Receive oral interpretation services for your preferred language.
10. Receive SUD treatment services from a County Plan that follows the requirements of its contract with the State in the areas of availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.
11. Access Minor Consent Services, if you are a minor.
12. Access medically necessary services out-of-network in a timely manner, if the plan doesn't have an employee or contract provider who can deliver the services. "Out-of-network provider" means a provider who is not on the County Plan's list of providers. The county must make sure you don't pay anything extra for seeing an out-of-network provider. You can contact member services at 1-888-881-4881 for information on how to receive services from an out-of-network provider.
13. Request a second opinion from a qualified health care professional within the county network, or one outside the network, at no additional cost to you.
14. File grievances, either verbally or in writing, about the organization or the care received.
15. Request an appeal, either verbally or in writing, upon receipt of a notice of adverse benefit determination.

16. Request a State Medi-Cal fair hearing, including information on the circumstances under which an expedited fair hearing is possible.
17. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
18. Be free to exercise these rights without adversely affecting how you are treated by the County Plan, providers, or the State.

What Are My Responsibilities As A Recipient Of DMC-ODS Services?

As a recipient of a DMC-ODS service, it is your responsibility to:

- Carefully read the member informing materials that you have received from the County Plan. These materials will help you understand which services are available and how to get treatment if you need it.
- Attend your treatment as scheduled. You will have the best result if you follow your treatment plan. If you do need to miss an appointment, call your provider at least 24 hours in advance and reschedule for another day and time.
- Always carry your Medi-Cal (County Plan) ID card and a photo ID when you attend treatment.
- Let your provider know if you need an interpreter before your appointment.
- Tell your provider all your medical concerns in order for your plan to be accurate. The more complete information that you share about your needs, the more successful your treatment will be.
- Make sure to ask your provider any questions that you have. It is very important you completely understand your treatment plan and any other information that you receive during treatment.
- Follow the treatment plan you and your provider have agreed upon.
- Be willing to build a strong working relationship with the provider that is treating you.
- Contact the County Plan if you have any questions about your services or if you have any problems with your provider that you are unable to resolve.
- Tell your provider and the County Plan if you have any changes to your personal information. This includes address, phone number, and any other medical information that can affect your ability to participate in treatment.
- Treat the staff who provide your treatment with respect and courtesy.
- If you suspect fraud or wrongdoing, report it.

For questions: Contact the Office of Compliance at 1-866-234-6883
http://www.compliance.saccounty.net/Pages/default.aspx

FRAUD, ABUSE AND WASTE

Fraud, abuse and waste have a far-reaching impact by wasting millions of dollars of funds and resources that could go to providing better care to you and other clients in need.

What Is Fraud?

Fraud is when someone intentionally gives false or incomplete information to deceive someone else to benefit themselves or another. For example, it may be fraud for your substance use treatment provider to intentionally bill for services you did not receive or need, or for you to use someone else's social security number to qualify for Medi-Cal.

To Avoid And Help Prevent Health Care Fraud:

- Do not let anyone borrow your ID card or social security card
- Do you give anyone your ID card number or social security number to anyone except your physician, health care provider or health plan
- Do not sign a blank forms such as sign-in sheets for services that you did not receive or for dates in the future or insurance claims forms
- Do not accept money or gifts in exchange for participating in services that you do not need or that you do not receive
- Be wary of offers for free medical services in addition to Medi-Cal services in exchange for your ID card
- Report actions that do not seem right to you

What Is Abuse And Waste?

Abuse and waste are intentional or careless actions that result in unnecessary costs to our programs.

Abuse could include excessively using emergency rooms for non-emergency situations, requesting medical equipment you do not need for yourself, or other actions that use the program services and resources in a manner outside of the intended purpose. Waste could include prescribing more medication than is medically necessary.

How Do I Report Abuse Or Fraud?

If you suspect abuse or fraud, you may report is in one of the following ways:

- To a program supervisor or manager;
- To the Division of Behavioral Health Compliance Office, via one of the following methods:
    1. Phone: 1-916-876-7561
    2. Email: BHDivisionComplianceOfficer@saccounty.net,
    3. U.S. mail: 7001-A East Parkway, Suite 300, Sacramento, CA 95823
    4. Toll-Free Compliance Hotline: 1-866-597-2771

PROVIDER DIRECTORY

The most current version of Sacramento County Alcohol and Drug Services Provider Directory can be found online at https://dhs.saccounty.net/BHS/Documents/Alcohol-Drug-Services/GI-BHS-Sacramento_County_ADS_Provider_Directory.pdf as a hardcopy document as the Sacramento County Alcohol and Drug Services Adult System of Care, located at 3321 Power Inn Rd, Suite 120, Sacramento, CA 95826.

TRANSITION OF CARE REQUEST

When Can I Request To Keep My Previous, And Now Out-Of-Network, Provider?

- After joining the County Plan, you may request to keep your out-of-network provider if:
    - Moving to a new provider would result in a serious detriment to your health or would increase your risk of hospitalization or institutionalization; and
    - You were receiving treatment from the out-of-network provider prior to the date of your transition to the County Plan.

How Do I Request To Keep My Out-Of-Network Provider?

- You, your authorized representatives, or your current provider, may submit a request in writing to the County Plan. You can also contact member services at 1-888-881-4881 for information on how to request services from an out-of-network provider.
- The County Plan will send written acknowledgement of receipt of your request and begin to process your request within three (3) working days.

What If I Continued To See My Out-Of-Network Provider After Transitioning To The County Plan?

- You may request a retroactive transition of care request within thirty (30) calendar days of receiving services from an out-of-network provider.

Why Would The County Plan Deny My Transition Of Care Request?

- The County Plan may deny a your request to retain your previous, and now out-of-network, provider, if:
    - The County Plan has documented quality of care issues with the provider.

What Happens If My Transition Of Care Request Is Denied?

- If the County Plan denies your transition of care it will:
    - Notify you in writing;
    - Offer you at least one in-network alternative provider that offers the same level of services as the out-of-network provider; and
    - Inform you of your right to file a grievance if you disagree with the denial.

- If the County Plan offers you multiple in-network provider alternatives and you do not make a choice, then the County Plan will refer or assign you to an in-network provider and notify you of that referral or assignment in writing.

What Happens If My Transition Of Care Request Is Approved?

- Within seven (7) days of approving your transition of care request the County Plan will provide you with:
    - The request approval;
    - The duration of the transition of care arrangement;
    - The process that will occur to transition your care at the end of the continuity of care period; and
    - Your right to choose a different provider from the County Plan's provider network at any time.

How Quickly Will My Transition Of Care Request be processed?

- The County Plan will completed its review of your transition of care request within thirty (30) calendar days from the date the County Plan received your request.

What Happens At The End Of My Transition Of Care Period?

- The County Plan will notify you in writing thirty (30) calendar days before the end of the transition of care period about the process that will occur to transition your care to an in-network provider at the end of your transition of care period.

CONFIDENTIALITY

The County, treatment network providers, and other healthcare professionals must follow legal and ethical standards. There are federal and State laws and regulations that protect the confidentiality of your records and, where applicable, your identity. All providers that contract with the County are required to establish policies and procedures regarding confidentiality and comply with Title 42, Chapter I, Subchapter A, Part 2 of the Code of Federal Regulations, Part 2 (42 CFR Part 2), the Health Insurance Portability and Accountability Act (HIPAA) standards, and California State law regarding confidentiality for information regarding your medical records, including those related to alcohol and drug use.

January 2019

SACRAMENTO COUNTY

Department of
Health Services

Division of Behavioral Health Services

Implementation Plan for Drug Medi-Cal Organized Delivery System Waiver

June 9, 2017

Part I **Plan Questions**

This part is a series of questions regarding the county's DMC-ODS program.

Part II **Plan Description: Narrative Description of the County's Plan**

In this part, the county describes its DMC-ODS program based on guidelines provided by the Department of Health Care Services.

PART I
PLAN QUESTIONS

This part is a series of questions that summarize the county's DMC-ODS plan.

1. Identify the county agencies and other entities involved in developing the county plan. (Check all that apply) Input from stakeholders in the development of the county implementation plan is required; however, all stakeholders listed are not required to participate.

   ☒County Behavioral Health Agency
   ☒County Substance Use Disorder Agency
   ☒Providers of drug/alcohol treatment services in the community
   ☒Representatives of drug/alcohol treatment associations in the community
   ☒Physical Health Care Providers
   ☒Medi-Cal Managed Care Plans
   ☒Federally Qualified Health Centers (FQHCs)
   ☒Clients/Client Advocate Groups
   ☒County Executive Office
   ☒County Public Health
   ☒County Social Services
   ☒Child Protective Services
   ☒Law Enforcement
   ☒Court
   ☒Probation Department
   ☒Education
   ☒Recovery support service providers (including recovery residences)
   ☒Health Information technology stakeholders
   ☒Other (specify) Representatives from underserved cultural, racial, ethnic and LGBTQ communities_____

2. How was community input collected?

   ☒Community meetings
   ☒County advisory groups
   ☐Focus groups
   ☒Other method(s): Existing meetings and committees

3. Specify how often entities and impacted community parties will meet during the implementation of this plan to continue ongoing coordination of services and activities.

☒Monthly
☒Bi-monthly
☐Quarterly
☒Other: Existing committees, stakeholder boards and other forums were leveraged to ensure the broadest participation.

4. Prior to any meetings to discuss development of this implementation plan, did representatives from Substance Use Disorders (SUD), Mental Health (MH) and Physical Health all meet together regularly on other topics, or has preparation for the Waiver been the catalyst for these new meetings?

☒SUD, MH, and physical health representatives in our county have been holding regular meetings to discuss other topics prior to waiver discussions.

☐There were previously some meetings, but they have increased in frequency or intensity as a result of the Waiver.

☐There were no regular meetings previously. Waiver planning has been the catalyst for new planning meetings.

☐There were no regular meetings previously, but they will occur during implementation.

☐There were no regular meetings previously, and none are anticipated.

5. What services will be available to DMC-ODS clients upon year one implementation under this county plan?

REQUIRED

☒Withdrawal Management (minimum one level)
☒Residential Services (minimum one level)
☒Intensive Outpatient
☒Outpatient
☒Opioid (Narcotic) Treatment Programs
☒Recovery Services
☒Case Management
☒Physician Consultation

How will these required services be provided?

☐All County operated
☒Some County and some contracted
☐All contracted

OPTIONAL

☒Additional Medication Assisted Treatment
☐Partial Hospitalization
☒Recovery Residences
☐Other (specify) _____

6. Has the county established a toll free 24/7 number with prevalent languages for prospective clients to call to access DMC-ODS services?

   ☒Yes (required)
   ☐No. Plan to establish by: _____

   Review Note: If the county is establishing a number, please note the date it will be established and operational.

7. The county will participate in providing data and information to the University of California, Los Angeles (UCLA) Integrated Substance Abuse Programs for the DMC-ODS evaluation.

   ☒Yes (required)
   ☐No

8. The county will comply with all quarterly reporting requirements as contained in the STCs.

   ☒Yes (required)
   ☐No

9. Each county's Quality Improvement Committee will review the following data at a minimum on a quarterly basis since external quality review (EQR) site reviews will begin after county implementation. These data elements will be incorporated into the EQRO protocol:

- Number of days to first DMC-ODS service/follow-up appointments at appropriate level of care after referral and assessment
- Existence of a 24/7 telephone access line with prevalent non-English language(s)
- Access to DMC-ODS services with translation services in the prevalent non-English language(s)
- Number, percentage of denied and time period of authorization requests approved or denied

☒Yes (required)
☐No

PART II
PLAN DESCRIPTION (Narrative)

Narrative Description

1. Collaborative Process

Sacramento County has a long history of collaborating with other county agencies, departments and the contracted provider network to enhance system wide efforts. With the rich history of contracted service delivery working side by side with County operated programs and administrative support, this initiative also reached out to the many community stakeholders, consumers, family members and public interest representatives to reflect different perspectives on substance use services. Examples of the types of meetings conducted to gather these viewpoints are listed below:

- Child Protective Services/Alcohol and Drug Services Meetings
- Collaborative Court Meetings
- Criminal Justice Meetings
- Medi-Cal Geographic Managed Care Meetings
- Mental Health/Alcohol and Drug Meetings
- Public Health/Alcohol and Drug Services Meetings
- Service Provider Meetings

Sacramento County Department of Health Services includes the Division of Behavioral Health Services (DBHS). Alcohol and Drug Services (ADS) and Mental Health Services, through a broad organization that includes County operated and contracted providers, manage and deliver a wide variety of behavioral health services across a geographically diverse county. DBHS has a joint administration with the Behavioral Health Director overseeing both ADS and MHS. This structure will be strengthened and further integrated through this implementation plan. In 2015, ADS began a comprehensive community-wide strategic planning process for substance use disorder (SUD) treatment and intervention services. ADS introduced the Drug Medi- Cal Organized Delivery System (DMC-ODS) waiver and the need to develop an implementation plan to community stakeholders through various forums where input and feedback was derived, and a series of Substance Use Disorder (SUD) meetings focused specifically on relevant components of the DMC-ODS Waiver.

The Sacramento County ADS implementation plan development involved receiving feedback from stakeholders and community providers regarding the current alcohol and drug treatment system and anticipated needs for developing an integrated continuum of care. The planning process examined the current level of substance use

disorder services provided by community-based agencies including prevention, early intervention, outpatient treatment, withdrawal management, residential treatment and aftercare; the existing "gaps" within the current service delivery system were also reviewed and assessed. The completed plan serves as a structural foundation for the development and implementation of a comprehensive, integrated continuum of care that is modeled after the American Society of Addiction Medicine (ASAM).

Sacramento County proceeded with conducting a series of stakeholder engagement meetings to ensure the availability of a variety of opportunities to provide feedback on the development of a draft implementation plan and how it will ultimately be operationalized. Sacramento County reached out to a diverse range of stakeholders throughout the community. The stakeholders participating in the process included:

Sacramento County Organized Delivery System Waiver Stakeholder Group Participants	
Adult Protective Services County Administration staff	Law Enforcement (Sacramento Police Department, Sacramento Sheriff's Department)
Alcohol and Drug Advisory Board members	Mental Health Board members
Alcohol and Drug Services County Administration staff	Mental Health County Administration staff
Alcohol and Drug Services contracted service providers	Mental Health County and contracted service providers
Behavioral Health Services Cultural Competence Committee members	Physical Health service providers
Child Protective Services County Administration staff	Primary Health Division County Administration staff
Community Prevention Coalition members	Probation Department Administration staff
Criminal Justice Partners (District Attorney's Office, Public Defender's Office, Correctional Health Administration)	Public Health Advisory Board members
Education Agencies	Public Health Division Administration staff
Geographic Managed Care Health Plans and Hospitals	Youth, Adult and Family Consumer Advocates

Stakeholders and providers have been engaged in the development of the county waiver implementation plan with a focus on improving the quality and availability of SUD services and ensuring increased oversight of the DMC certification requirements with the goal of establishing a partnership with behavioral health providers and community stakeholders in developing an expanded and enhanced comprehensive continuum of care.

Information on SUD needs and resources was collected through several large community meetings. These meetings have been held with other county agencies and stakeholders to discuss and receive feedback regarding the Medi-Cal Waiver plan. The initial kickoff meeting was on July 22, 2016, presenting key features of California's DMC-ODS Waiver, the County implementation plan template, and the process for eliciting stakeholders' feedback. This initial meeting was followed by 15 additional meetings through April, 2017, that provided a review of the plan and produced feedback on each section of the plan.

The feedback and information obtained during these planning sessions served as a structural foundation for the development of a comprehensive, integrated continuum of care that is modeled after the American Society of Addiction Medicine (ASAM).

The following questions anchored the meetings that collecting stakeholder feedback.

1. What are the benefits of the proposed service delivery model to those in need of treatment in Sacramento County?

2. Which of the levels of care need the most attention?

3. What might be some challenges in developing this system of care?

4. Are services in Sacramento County accessible for beneficiaries who need the service? Geographically? Linguistically? Timely?

5. Given the requirements for timely access, what are the barriers to meet them and what are some suggested steps to mitigate the barriers?

6. Recommendations for future information and input?

Discussions with substance use disorder (SUD) treatment providers also included the following questions:

1. What screening or assessment tools are currently used by providers to ensure placement of clients into the appropriate level of care?

2. Describe how clients are referred to other levels of care.

3. Describe how care is coordinated with Mental Health and Primary Care.

4. What indicators and processes does your program use to determine how often to reassess clients?

ADS has been actively involved in building and maintaining partnerships and capacity building efforts to support this system change. Opportunities for ongoing involvement by the various stakeholder groups during implementation will occur in a variety of settings including but not limited to: regularly scheduled meetings between Alcohol and Drug Services and contracted SUD providers; Behavioral Health Services (BHS) meetings; collaborative meetings between BHS/ADS management staff and various stakeholders including probation, law enforcement, physical health, public health, child welfare, advisory boards, hospitals and others. These encounters will include updates on the ongoing involvement in implementation of DMC-ODS services. The focus of discussion at these inter-agency collaborative meetings will include the status of implementation of DMC-ODS services; screening, brief intervention and referral of potential clients; strengthening linkages between referring agencies and DMC-ODS services providers; and addressing issues regarding accessibility and quality of services that may arise.

Examples of collaborative meetings/forums where the county waiver plan has been discussed includes:

- Monthly SUD provider meetings for Executive Directors or designees;
- Participation in Quarterly Behavioral Health Services contracted mental health provider meetings;
- Meetings with methadone clinic directors;
- Weekly Behavioral Health management meetings including, management, administrative staff and youth/family advocates;
- Monthly Quality Improvement Committee (QIC) meetings;
- Monthly prevention provider meetings with the prevention coordinator present;
- Monthly/ Sacramento County Division of Behavioral Health Services Cultural Competence Committee meetings;
- Monthly Alcohol and Drug Advisory Board, Mental Health Board and Public Health
  Board meetings;
- Monthly ADS budget meetings;
- Other monthly stakeholder meetings are held with Probation, law enforcement, criminal justice partners, Behavioral Health Services, Office of Education staff to coordinate care and improve processes for the assessment and placement of youth in appropriate levels of care. With guidance from the Department of Health Care Services Youth Treatment Guidelines, the Courts, Probation Department, community advocates and community-based treatment providers will be involved in the review and development of the youth System of Care over the next three years.

The implementation plan will continue to engage system and community with a focus on the following areas:

- Hosting focus groups facilitated by the AOD Administrator for contracting partners in preparation for new service - requirements under DMC;
- Providing ongoing DMC technical assistance to providers;
- Assigning designated staff to support DMC certification and documentation requirements;
- Developing a SUD-DMC provider manual and certification and audit tools.

Future collaborative county waiver plan activities will include the alignment of treatment criteria with the American Society of Addiction Medicine (ASAM) Criteria for SUD treatment services, greater accountability for use of evidence-based practices, development of a continuum of care that includes all waiver required services, expanded consumer engagement, development of a measurable system, program and client level outcomes to improve service quality, access and cost efficiency.

The transformation of Sacramento County's continuum of care will continue to advance through collaborative partnerships and communication. The Alcohol and Drug Advisory Board will also assist with recommendations for the progressive development of the SUD continuum of care. Members of the Alcohol and Drug Advisory Board include:

Adult Protective Services	Provider Community
Child Protective Services	Public Defender's Office
Community Advocates	Public Health Department
District Attorney's Office	Sacramento City Police Department
Probation Department	Sacramento Sheriff's Department

Sacramento County Behavioral Health staff will be responsible for evaluating important functional aspects of the DMC-ODS including but not limited to; the client referral and transitional placement process; coordination and delivery of services for youth and families; accessibility of SUD treatment in unserved/underserved areas, including analysis of disparities; provision of services in primary language of the beneficiary; monitoring human resources to meet the cultural and linguistic needs of beneficiaries and analyze cultural competence and language proficiency across the system; and the increased availability of co-occurring treatment. In addition, DMC-ODS service implementation is a standing agenda item during monthly BHS Quality Improvement Committee meetings and BHS Management meetings. ADS will also present recommendations to other forums such as the BHS Quality Improvement sub-committees and Cultural Competence Committee for consideration and authorization. These committees will be expanded to include Alcohol and Drug Services.

Alcohol and Drug Advisory Board Meetings and SUD prevention/education and treatment provider meetings will continue to occur on a monthly basis providing a forum for addressing the operational status of the DMC-ODS; the assessment, linkage and client support process; service placement/interventions; and issues related to accessibility, service authorizations and transition procedures for high utilizers.

2 Client Flow. Describe how clients move through the different levels identified in the continuum of care (referral, assessment, authorization, placement, transitions to another level of care). Describe what entity or entities will conduct ASAM criteria interviews, the professional qualifications of individuals who will conduct ASAM criteria interviews and assessments, how admissions to the recommended level of care will take place, how often clients will be re-assessed, and how they will be transitioned to another level of care accordingly. Include the role of how the case manager will help with the transition through levels of care and who is providing the case management services. Also describe if there will be timelines established for the movement between one level of care to another. Please describe how you plan to ensure successful care transitions for high-utilizers or individuals at risk of unsuccessful transitions.

Referral

Sacramento County will develop and operate a continuum of care/system of care for Substance Use Disorder (SUD) treatment services for qualified beneficiaries across all ages who meet SUD treatment criteria. Referrals are accepted from all sources including, but not limited to; self, family, schools, hospitals, mental health, criminal justice, juvenile justice, and child welfare services.

Irrespective of the entry point, each beneficiary is screened following the same process and screening tools. The centralized referral process receives referrals via telephone, fax, e-mails and routes referrals to geographically appropriate providers, clinics, services based on the client's preference of location or area to be seen for services. All beneficiaries seeking SUD treatment can access services by contacting the centralized referral process, the BHS 24/7 Access Line or by contacting any network provider and requesting services. All materials for referral to services will be identical and processes will be similar regardless of location and language.

Beneficiaries move through the continuum of care via the BHS 24/7 Beneficiary Access Line, County System of Care Access Points and/or the SUD community provider network.

This implementation is designed with a "no wrong door" vision to enter SUD screening and assessment services. All beneficiaries seeking admission to SUD services can access them by contacting the toll-free 24/7 Beneficiary Access Line, multiple County Access Points or by contacting any county contracted SUD service provider. At that time, the beneficiary will participate in a brief triage assessment, conducted by a licensed or certified/registered counselor with the required experience and as required by ADS policy, to determine the provisional level of care (LOC) based on the American Society of Addiction Medicine (ASAM) Criteria and Medi-Cal eligibility status.

Adults will be referred to the provisional LOC for further assessment. Youth will be referred to a qualified youth outpatient treatment agency where they will receive a full assessment and referral to an appropriate higher LOC as necessary.

If the beneficiary initially presents at a SUD treatment provider that does not offer the appropriate provisional LOC, because the beneficiary may not meet criteria for that level of care, that agency will identify alternate referral options in accordance with County requirements to ensure a beneficiary is offered services at the appropriate LOC. Contracted providers will operate based on a warm handoff model and assist the beneficiary in connecting with the selected provider; agency. Honoring client preference and choice, the beneficiary may elect to remain with the initial provider after receiving other referral options (e.g., the beneficiary prefers to receive intensive outpatient services despite being eligible for residential services).The County System of Care access point will be available to beneficiaries and providers to assist with any continuity of care in making warm handoffs.

All Medi-Cal eligible beneficiaries will be referred to and served by a Drug Medi-Cal certified agency for DMC reimbursable services.

Beneficiaries who request and need SUD services must receive SUD services within 10 business days of request. As there are multiple treatment entry points and service providers, the expectation of this implementation plan is treatment on demand which will likely reflect more prompt responsiveness for treatment requests. For residential services, authorization will be provided within 24 hours of request with an admission to treatment within 10 days. At this appointment, the provider will conduct a more intensive biopsychosocial clinical assessment using a standardized tool based on the ASAM Criteria to establish and/or confirm the appropriate LOC placement, and initiate services as indicated.

Both the brief triage assessment and the more comprehensive ASAM assessment will be performed by certified/registered counselors or a Licensed Practitioner of the Healing Arts (LPHA) with the required experience and as permitted by Sacramento County BHS/ADS. Given that the brief triage assessment yields only a provisional LOC determination, initial medical necessity will need to be confirmed at the provider site and an LPHA will need to sign off on the more comprehensive ASAM assessment. If the initial brief triage assessment and the full ASAM-based assessment to determine medical necessity and the appropriate LOC involve different providers, the initial provider will be responsible for ensuring a “warm hand-off” to support completion of assessment appointment and enrollment in services. A full assessment will then be completed by the new LOC provider.

When the brief triage assessment and/or the full ASAM assessment indicates that placement in a residential treatment program (ASAM level 3.1, 3.3, 3.5) is needed, the selected provider will submit a pre-authorization service request to Sacramento County ADS which will conduct a pre-authorization review, and then approve or deny

the request within 24 hours of receiving the request. If relapse risk is deemed to be significant without immediate placement in residential care, a County contracted residential treatment provider may admit a beneficiary prior to receiving residential authorization (on a weekend), with the understanding that authorization denials will result in financial loss (e.g., not billable to other state and federal sources) whereas authorization approvals will be retroactively issued to the date of admission. Pre-authorization by the County is not required for admission into other ASAM levels of care.

ASAM criteria interviews will be conducted by Licensed Practitioners of the Healing Arts (LPHAs)—or by certified/registered alcohol and drug counselors and reviewed and approved by an LPHA. Staff performing the ASAM criteria interviews must at a minimum complete ASAM e-training Modules 1 (Multidimensional Assessment) and 2 (From Assessment to Service Planning) and provide evidence of successful completion to Alcohol and Drug Services prior to claiming for assessment services. All ADS staff and contracted DMC service providers will be trained in and use the ASAM criteria for assessment. Sacramento County ADS will explore integrating the ASAM Continuum into AVATAR (Electronic Health Record for substance use services) and will be made available to designated staff at DMC-ODS provider sites that have completed the required ASAM trainings.

Once admitted into services, an individualized treatment plan will be developed by, at minimum, a registered counselor with the required experience and as permitted by Sacramento County ADS and signed by an LPHA. At a minimum, treatment plan reviews for youth and adults are required at least every 30 calendar days and treatment plan updates are required at least every 90 calendar days in outpatient, intensive outpatient, and opioid treatment program settings. For residential settings, treatment plan updates are required at least every 30 days. Treatment plans in more intensive LOCs, such as residential settings, should be updated more frequently when there is a notable event that requires a change in the treatment plan. As beneficiaries advance through treatment, the corresponding treatment plan should be reviewed and adjusted accordingly based on stability and any rapid changes in the beneficiary's condition. If a beneficiary's condition does not show improvement at a given LOC or with a particular intervention, then a review of the case is warranted. A re-assessment would be completed and a modification to the treatment plan made in order to improve therapeutic outcomes.

If a beneficiary requires a change in LOC during the course of treatment, the current treatment provider will assist the beneficiary in transferring to the appropriate LOC within the provider organization or by coordinating a referral to another treatment program. A beneficiary can move between LOCs, or in some cases be in services concurrently (e.g., residential treatment and opioid treatment programs), as clinically appropriate. Transitions between LOCs will be documented in the client progress notes to better ensure successful connections with the new service location/provider, including the facilitation of warm hand-offs whenever possible. Residential treatment referrals would need to be authorized prior to admission.

Discharge planning between LOCs, during treatment exit, and between systems of care (mental health, physical health and substance use systems) is an integral component of the treatment process and begins at the time of admission. Processes to prepare the beneficiary for return or reentry into the community include linkages to essential supportive services such as education, employment training, employment, housing, benefit enrollment, and other ancillary services as indicated at assessment and during the treatment process.

Beneficiaries who completed their episode of treatment, or prematurely exit the SUD system of care, are eligible to receive recovery support services, and linkage can be provided to other supportive services or additional treatment if needed.

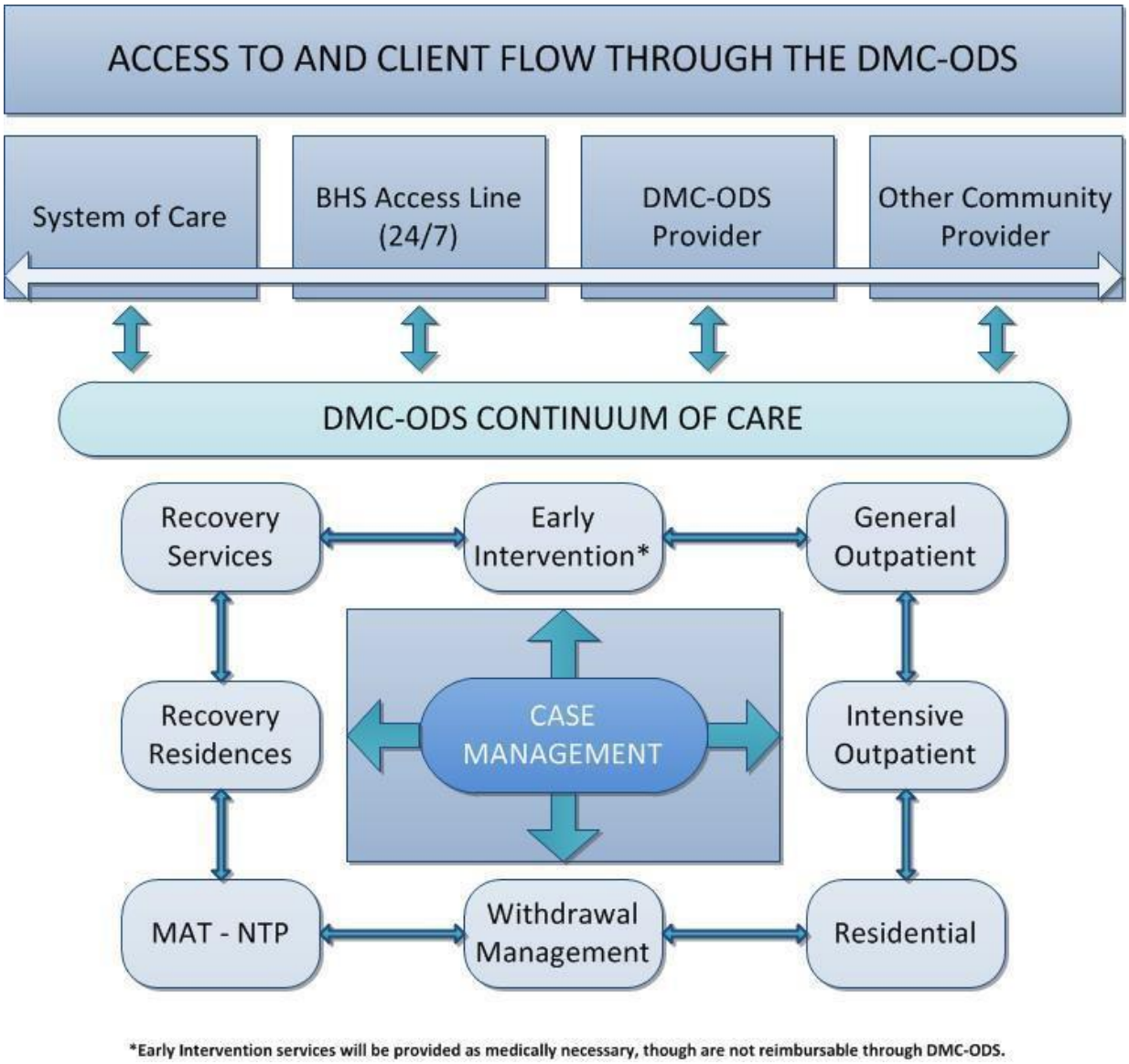
Assessment, Referral and Admissions to Appropriate ASAM Level of Care

Beneficiaries that utilize the BHS 24/7 Access Line will initially be screened over the telephone and the BHS Access staff will determine whether there is sufficient information to make a referral for an ADS screening/assessment. BHS Access Line staff will work with the beneficiary during the call/appointment to schedule an intake appointment at the selected provider offering the appropriate ASAM level of care.

Beneficiaries who choose to directly contact a DMC-ODS service provider will be screened and assessed, if indicated, and offered admission to the appropriate ASAM level of care. If a beneficiary goes to a DMC-ODS service provider without an appointment and there is qualified staff to perform an assessment, then the beneficiary will be seen the same day. If there is no qualified staff available to perform an assessment on the same day, then they will be given an appointment to return for a face-to-face assessment within 3 days. If after assessing the beneficiary they are determined to be more appropriate for an ASAM level of care not offered by the provider, then the provider will immediately refer the beneficiary to another DMC-ODS service provider that provides the indicated ASAM level of care, to the BHS Access Line, or the System of Care and will document the referral.

DMC-ODS providers will aim to admit eligible beneficiaries within five (5) business days—but will be no later than 10 business days—from the assessment. In the unlikely event that admission to treatment will be greater than 10 business days, DMC-ODS providers shall provide access to interim services and seek to link the beneficiary with another provider offering the appropriate ASAM level of care. In addition to providing interim services within the required timeframe, the program must also provide the beneficiary with referrals to other programs that have immediate availability. In instances where a Residential treatment provider submits a prior authorization request to the System of Care or Access Line, ADS shall respond with an approval or denial within 24 hours of the request.

See flow chart below.



Residential Authorizations:

The process for authorizations for Residential treatment can be initiated at either the Residential provider site or at a County service access point. For authorization requests that are initiated from the Residential provider site, the provider shall send a Treatment Authorization Request form and additional documentation supporting medical necessity for the recommended ASAM level of care to the System of Care to be authorized by County staff. Requests for Initial Prior Authorization should be

submitted at least 24 hours before the scheduled admission date and must be requested prior to the admission of the client. Requests for Continuing Authorization (30 days) should be submitted at least seven calendar days before the expiration of the initial authorization (90 days).

The length of residential services range from 1 to 90 days with a 90-day maximum for adults, unless medical necessity requires a one-time extension of up to 30 days on an annual basis. Only two non-continuous 90-day regimens will be authorized in a one-year period. Perinatal and criminal justice clients may receive a longer length of stay based on medical necessity. If longer lengths of stay are needed, other non-Medi-Cal funds can be used. The authorization and preliminary payment source will be entered into the System of Care Residential placement list. Beneficiaries participating in a face-to-face assessment with System of Care staff that meet the Title 22 and ASAM Criteria definitions of medical necessity for Residential treatment will be referred to the appropriate ASAM level of care. System of Care will authorize services and send the provider an authorization approval.

Upon receipt of a Residential Treatment Authorization Request form and Assessment summary, System of Care staff will review the request and based on the review, provide one of the following responses to the requesting agency within 24 hours: approved; pending; denied. If the Residential TAR is incomplete or additional information is needed in order to make an authorization decision, System of Care will indicate that the authorization is pending and will send the request for additional information to the provider, who shall respond within 24 hours. System of Care will refer the beneficiary to the appropriate ASAM Level of Care within 72 hours.

Re-Assessments:

Providers are required to demonstrate that clients continue to meet current LOC criteria or determine that an alternative is most appropriate. All clients will be reassessed any time there is a significant change in their status, diagnosis, a revision to the client's individual treatment plan, and as requested by the client. Providers will reassess for medical necessity and appropriate LOC within the maximum time frames noted below:

Level of Care Reassessment Timeframe Maximum:

Residential Detoxification (Level 3.2)	5 days, 3 days, 1 day, thereafter
Residential Treatment (Levels 3.1, 3.3, 3.5)	30 days
Intensive Outpatient (Level 2.1)	90 days
Outpatient Treatment (Level 1)	90 days
Narcotic Treatment Programs	1 year
Medication Assisted Treatment	1 year
Recovery Services	180 days
Case Management	Evaluate as part of above services

Changes that could warrant a re-assessment and possibly a transfer to a higher or lower level of care include, but are not limited to:

- Achieving treatment plan goals
- Inability to achieve treatment plan goals despite amendments to the treatment plan
- Identification of intensified or new problems that cannot adequately be addressed in the current level of care or change in diagnosis or status
- At the request of the beneficiary

Transitions to Other Levels of Care:

A beneficiary can be assigned a higher or lower level of care according to identified need or assessment. Each transition will have a justification to continue treatment and the treatment plan will be updated. Similar to initial admission to DMC-ODS services, transitions to other levels of care will be conducted with sensitivity to the client service need and a warm handoff principle.

If the beneficiary is transitioning to Residential treatment, a Treatment Authorization Review request shall be submitted to System of Care and authorization review shall occur within 24 hours of the request from the DMC-ODS service provider. Case managers will be responsible to facilitate the transition between levels of care, including assisting in scheduling an intake appointment, within 72 hours, ensuring a minimal delay between discharge and admission at the next level of care, and documenting all information in the client progress note. If the discharging provider is unable to determine an appropriate referral, the provider or client's case manager shall engage System of Care to assist in identifying an appropriate referral and assisting with the linkage.

The Role of the Case Manager:

Case-management and care coordination will be an essential component to ensuring that beneficiaries successfully engage in the initial treatment episode, receive necessary services, and transition through care as clinically appropriate. These services will assist beneficiaries in accessing needed medical, educational, social, vocational, rehabilitative or other community services, and will be provided by certified/registered counselors or LPHA with the required experience and as permitted by Sacramento County ADS. The initial treating provider will be responsible for providing or arranging case management services and communicating with the next provider along the continuum of care to ensure smooth transitions between levels of care. Once a beneficiary has successfully admitted for services at the next level of care, the new treatment provider (if a different agency) will assume case-management responsibilities. Sacramento County will use a comprehensive case management model based on the ASAM bio-psychosocial assessment to identify needs and develop a case plan and follow the SAMHSA/CSAT TIP 27(Treatment Improvement Protocol) Comprehensive Case Management for Substance Abuse Treatment. Alternate models of case management will also be explored and considered and procedures finalized before service delivery.

All beneficiaries, where medical necessity for SUD services has been determined, will have access to case-management and/or care coordination services to assist with admission into SUD services, transitioning from one level of care to another, and navigating the mental health, physical health and social service systems. Treatment provider staff will monitor and track beneficiary progress, coordinate care, and provide linkages with community support services, as well as coordinate referrals to other levels of care. They will also communicate with other network providers as beneficiaries move between levels of care and into post-discharge recovery services to support successful transition(s).

In some instances, the primary case manager may be based from a local health plan. In this way, case management for this high-risk population would ensure that appropriate levels of care are tailored to individual need within both the SUD system and other health systems. In the interim, Sacramento County BHS/ADS will continue to collaborate with the health plans and primary health to ensure effective coordination of services.

3. Beneficiary Notification and Access Line. For the beneficiary toll free access number, what data will be collected (i.e.: measure the number of calls, waiting times, and call abandonment)? How will individuals be able to locate the access number?
The access line must be toll-free, functional 24/7, accessible
in prevalent non-English languages, and ADA-compliant (TTY).

Review Note: Please note that all written information must be available in the prevalent non-English languages identified by the state in a particular service area. The plan must notify beneficiaries of free oral interpretation services and how to access those services.

Beneficiary Notification

All new clients that access Substance Use Services will be provided a copy of the Member Handbook and Provider List upon intake. Existing clients will be provided a copy of the Member Handbook and Provider List upon request. The Member Handbook includes county specific information as well as State information that relates to substance use services provided to the Medi-Cal Population in California.

Both the Member Handbook and Provider list will be available in English as well as the county's five threshold languages (Spanish, Hmong, Chinese, Russian, and Vietnamese). The most updated version of the documents will be posted on the county's website in the translated versions.

The Member Handbook will be updated as needed and the Provider List will be updated in accordance with Center for Medicaid and Medicare Service (CMS) requirements.

Beneficiary Access Line

Sacramento County DBHS has an established toll-free 24/7 Access line with language capability in all threshold languages which is ADA TTY compliant for mental health services. DBHS for will leverage this existing resource to include Alcohol and Drug Services. The current number is: 24-Hour Access Helpline: 1-888-881-4881. The toll-free Access number is posted on the BHS website and is currently on all mental health brochures and promotional materials, including the County 211. The toll-free number will be added to all ADS brochures and promotional materials as well.

Sacramento County DBHS is committed to providing culturally and linguistically appropriate services to the community. In instances where the caller's primary language is other than English, services will be provided in the primary language of the caller by bilingual staff who are available onsite, or by over-the-phone interpreter services which are provided at no cost to the caller. Staff will remain on the line with callers until a connection is made with the interpreter. Staff will continue to remain on the line for the duration of the call.

During normal business hours (Monday through Friday, 8:00 am to 5:00 pm), calls for ADS services will be received and responded to by the ADS System of Care staff.
After hours and holidays, the toll-free line rolls over to the Sacramento County Intake Stabilization Unit (ISU). ISU staff will provide information on how to access ADS services, the problem resolution process/appeals, as well as community resources. All requests for services received after hours will be followed up on the next business day by ADS System of Care staff, as needed.

All calls during business and after hours are screened for crisis situations and are referred appropriately.

Information on each call will be collected and will include, but may not be limited to, date, caller name, telephone number, nature of request and disposition of request. Data will also be collected and reported on the number of calls, dropped calls and wait times. This information will be used to inform program business processes.

Compliance with the 24/7 access line will be monitored on a monthly basis by conducting test calls during regular business hours and after hours. Test calls will test the 24/7 Access line requirements, as defined by the State. The QM Program Coordinator will provide immediate verbal and written feedback to the ADS System of Care and ISU management on the results of the test calls. The System of Care and ISU staff will also receive ongoing training and a written protocol on 24/7 requirements and customer service standards.

On a quarterly basis, test call and other data related to the 24/7 line will be reviewed by BHS management and QIC to identify issues and/or trends relating to the accessibility, quality and responsiveness of the 24/7 toll free access line. Any issues identified will be used to inform and improve the business processes related to the 24/7 access line.

4. Treatment Services. Describe the required types of DMC-ODS services (withdrawal management, residential, intensive outpatient, outpatient, opioid/narcotic treatment programs, recovery services, case management, physician consultation) and optional (additional medication assisted treatment, recovery residences) to be provided. What barriers, if any, does the county have with the required service levels?

Review Note: Include in each description the corresponding American Society of Addiction Medicine (ASAM) level, including opioid treatment programs. Names and descriptions of individual providers are not required in this section; however, a list of all contracted providers will be required within 30 days of the waiver implementation date. This list will be used for billing purposes for the Short Doyle 2 system.

Sacramento County Alcohol and Drug Services maintains and monitors a network of providers under Board of Supervisors approved contracts, ensuring adequate access to services for beneficiaries. Services are individualized for beneficiaries when determined medically necessary and based on the level of care indicated utilizing the ASAM multidimensional assessment criteria. It is an expectation that all providers connect beneficiaries to services to meet other physical health, mental health, and ancillary service needs based on the ASAM multidimensional assessment. All DMC network providers are required to meet established timely access standards. Contracted DMC provider facilities are required to maintain DHCS SUD licensure, in addition to DMC certification. Perinatal Services Network Guidelines and Youth Treatment Guidelines are followed by the appropriate providers. All provider staff are licensed or certified/registered and are in compliance with certification requirements. All contracted providers are required to comply with Federal, State, and local requirements, including Sacramento County standards and evidence-based practices that meet the DMC- ODS quality requirements.

For those beneficiaries in custody, jail alcohol and drug screenings are conducted prior to release for timely access to care and placement by County staff that go into the jail to complete the assessment. An appropriate treatment recommendation and referral is made and provided to the beneficiary.

If an individual does not meet medical necessity, they will not be entered into the Alcohol and Drug system/continuum of care. Youth who do not meet medical necessity will be referred to education services, prevention or appropriate treatment programming. Sacramento County Alcohol and Drug Services offers education groups weekly at geographic locations across the County (Elk Grove, Citrus Heights, other locations as needed).

Below is a list of services Sacramento County Alcohol and Drug Services will provide as part of the DMC-ODS System:

ORGANIZED DELIVERY SYSTEM SERVICES			
	Service Type	ASAM Level	Required or Optional
A	Early Intervention	0.5	Required
B	Outpatient Treatment	1	Required
C	Intensive Outpatient Treatment	2.1	Required
D	Withdrawal Management	2-WM, 3.2-WM	One Level Required
E	Residential Treatment	3.1/3.3/3.5 (3.7/4.0 will be coordinated for by County)	Required
F	Opioid Treatment Program	1	Required
G	Additional Medication Assisted Treatment	1	Optional
H	Recovery Services	N/A	Required
I	Case Management	N/A	Required
J	Physician Consultation	N/A	Required
K	Recovery Residence	N/A	Optional
L	Optional Services	N/A	Optional

Service Descriptions

A. Early Intervention (ASAM Level 0.5) Alcohol and Drug Services staff provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) for all substance use conditions at some County access points and in collaboration with the primary care clinic, specialty care clinics, Emergency Department and Psychiatric Emergency Services Department. Beneficiaries at risk of developing an SUD or those with an existing SUD are identified and offered: screening for youth and adults and when indicated and a referral to treatment with formal linkage to services. Screening and education are provided for at risk individuals who do not

meet medical necessity for SUD treatment. Services may include; youth prevention services, education services for youth and adults and DUI programs. Programs at this level are designed to explore services and address risk factors related to the use of alcohol or other drugs and help recognize the consequences of high risk use and associated behaviors.

Sacramento County also provides Driving Under the Influence (DUI) Program services. The DUI Program aims to reduce the number of repeat DUI offenses by persons who complete a state-licensed DUI Program and provide participants an opportunity to address problems related to the use of alcohol and/or other drugs. Sacramento County currently contracts with 4 providers who provide alcohol and drug education and other DUI program requirements.

B. Outpatient Services (ASAM Level 1.0) consist of up to 9 hours per week of medically necessary services for adults and less than 6 hours per week of services for adolescents. Providers will offer ASAM Level 1 services including: assessment, treatment planning; individual and group counseling; family therapy; patient education; medication services; collateral services; crisis intervention services; and discharge planning and coordination. Services may be provided in-person, by telephone, or by tele-health in any appropriate setting in the community. Sacramento County currently has 6 adult providers and 4 youth providers.

C. Intensive Outpatient Services (ASAM Level 2.1) involves structured programming provided to beneficiaries as medically necessary for a minimum of nine (9) hours and a maximum of 19 hours per week for adult perinatal and non-perinatal clients. Adolescents are provided a minimum of six (6) and a maximum of 19 services per week. Services include assessment, treatment planning, individual and/or group counseling, patient education, family therapy, medication services, collateral services, crisis intervention services, treatment planning, and discharge planning and coordination. Services may be provided in-person, by telephone, or by telehealth in any appropriate setting in the community. Sacramento County currently has 4 adult providers and 2 youth providers.

D. Withdrawal Management Services (ASAM Levels 2-WM, 3.2-WM) are provided as medically necessary to beneficiaries and include: assessment, observation, medication services, and discharge planning and coordination.

Beneficiaries receiving residential withdrawal management, 3.2-WM shall reside at the facility for monitoring during the detoxification process. Alcohol and Drug Services will also offer ASAM Levels 2-WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring. Sacramento County will explore opportunities for capacity building and expansion for these services or will coordinate with the Sacramento County Division of Primary Health Services. Sacramento County currently has 4 withdrawal management providers.

Sacramento County BHS/ADS will work with local hospitals and other area service providers to assist beneficiaries to access ASAM Levels 3.7-WM (Medically-Monitored Inpatient Withdrawal Management) and 4.0-WM (Medically-Managed Inpatient Withdrawal Management) when medically necessary. BHS/ADS will coordinate with these providers to smoothly transition and support beneficiaries to less intensive levels of care available within the DMC- ODS. Sacramento County has no existing programs. BHS will release a request for proposal (RFP) to identify qualified providers for ASAM Level 2-WM and 3.2-WM as needed services expansion presents itself.

E. Residential Treatment Services (ASAM Levels 3.1, 3.3, 3.5) are a 24-hour, non-institutional, non-medical, short-term service that provides residential rehabilitation services to youth, adult, and perinatal beneficiaries. Residential services are provided in facilities designated by DHCS as capable of delivering care consistent with ASAM Level 3.1: Clinically-Managed Low-Intensity Residential, ASAM Level 3.3: Clinically Managed Population-Specific High-Intensity Residential Services (Adult only), and ASAM Level 3.5: Clinically-Managed High-Intensity Residential.

Beneficiaries are approved for residential treatment through a prior authorization process based on the results identified by the ASAM assessment. The length of stay for residential services may range from 1-90 days, unless a reassessment of medical necessity justifies a one-time services reauthorization/extension of up to 30 days. Only two non-continuous 90-day regimens will be authorized in a one-year period. Perinatal and criminal justice involved clients may receive a longer length of stay based on medical necessity. Residential treatment services includes assessment, treatment planning, individual and group counseling, client education, family therapy, collateral services, crisis intervention services, treatment planning, transportation to medically necessary treatments, and discharge planning and coordination. All providers are required to accept and support clients who are receiving medication-assisted treatments. Sacramento County currently has 5 residential providers and will explore opportunities for capacity building and expansion of services.

DHCS has issued all provisional ASAM designations for currently contracted licensed residential providers. Current providers offer ASAM residential levels 3.1, and 3.5 and these services will be available upon the Sacramento County DMC-ODS implementation. For clients in any residential treatment program, case management services will be provided to facilitate “step down” to lower levels of care and support.

Sacramento County BHS/ADS will work with local hospitals and other area service providers to assist beneficiaries to access ASAM residential levels 3.7 (Medically Monitored Intensive Inpatient Services) and 4.0 (Medically Managed Intensive Inpatient Services) when medically necessary. BHS/ADS will coordinate with these providers for transitions and support beneficiaries to less intensive levels of care available within the DMC-ODS.

Capacity for adolescent residential treatment is a current barrier as no adolescent residential treatment provider currently exists in Sacramento County. We will be reaching out to county adolescent treatment providers, inviting them to consider and explore a youth residential facility. Medically necessary adolescent residential services will be considered at Year 2 of implementation. Prior to this implementation, Sacramento County will refer medically necessary adolescent residential services to out of county network providers. Sacramento County will explore contracting options with these agencies.

F. Opioid (Narcotic) Treatment Program (OTP/NTP, ASAM OTP Level 1) Alcohol and Drug Services contracts with 4 licensed Narcotic Treatment Programs (NTPs) at five locations to offer services to beneficiaries who meet medical necessity criteria requirements. Services are provided in accordance with an individualized client care plan determined by a licensed prescriber. An opioid maintenance criterion is a two year history of addiction, two treatment failures and one year of episodic or continued use pursuant to Title VIIII regulations. Prescribed medications offered currently include methadone. Buprenorphine will be available through the County primary health clinic in Year 1. Plans to expand to offer buprenorphine, naloxone, disulfiram and other medications covered under the DMC- ODS formulary through contracted service providers will occur by Year 2 of implementation. NTP programs will be required to offer and record proof of beneficiary understanding on choices of medications and treatment without medications. Services provided as part of an Opioid Treatment Program include: assessment, treatment planning, individual and group counseling, patient education; medication services; collateral services; crisis intervention services; treatment planning; and discharge services. Clients receive between 50 and 200 minutes of counseling per calendar month with a therapist or certified/registered counselor, and, when medically necessary, additional services may be provided below:

- Opiate overdose prevention: naloxone (Narcan)
- Opiate use treatment: buprenorphine-naloxone (Suboxone) and naltrexone (oral). (Note: Methadone will continue to be available through the licensed narcotic treatment programs)

G. Additional Medication Assisted Treatment (MAT) Services (Optional, ASAM Level 1): Alcohol and Drug Services will offer additional MAT related treatment services through the Sacramento County primary care clinic, Managed Care Plan Providers and Federally Qualified Health Centers. Services include: assessment, treatment planning, treatment, case management, ordering, prescribing, administering, and monitoring of medication for substance use disorders.

Sacramento County is continuing to assess the need and explore the feasibility of expanding MAT services to offer the use of additional medications for beneficiaries with chronic alcohol related disorders or opiate use. Medications will include:

naltrexone, both oral (ReVia) and extended release injectable (Vivitrol), topiramate (Topamax), gabapentin (Neurontin), acamprosate (Campral), and disulfiram (Antabuse).

Given the existing NTP network in Sacramento and a robust primary care and existing FQHC relationship with service delivery system, the implementation plan will explore utilizing those existing provider networks. Additionally, Alcohol and Drug Services will consider coordinating care and expanding the availability of MAT by building the capacity of the current system to use these treatments for beneficiaries with a substance use disorder. ADS will consult with physicians, nurse practitioners, and psychiatrists in primary care and specialty mental health clinics on the efficacy of using MAT, practice guidelines, and medication administration. Physician consultation is supporting implementation in areas such as: medication selection, dosing, side effect management, adherence, and drug-drug interactions.

H. Recovery Services (ASAM Dimension 6, Recovery Environment) are available once a beneficiary has completed the primary course of treatment and during the transition process. Beneficiaries accessing recovery services are supported to manage their own health care, use effective self-management support strategies, and use community resources to provide ongoing support. Recovery services may be provided face-to face, by telephone, via the internet, or elsewhere in the community. Services may include: outpatient individual or group counseling to support the stabilization of the client or reassess the need for further care; recovery monitoring/recovering coaching; peer-to-peer services and relapse prevention, education and job skills; family support; support groups and linkages to various ancillary services. Any eligible DMC provider within the network may provide medically necessary recovery services to beneficiaries. Linkages to these services are provided by a certified/registered SUD counselor, licensed clinician or peer support specialist. Sacramento County currently offers these services through collaborative court programs and will expand to include other eligible providers in the network.

I. Case Management Services support beneficiaries as they move through the DMC-ODS continuum of care from initial engagement and early intervention, through treatment, to recovery supports. Case management services are provided for beneficiaries who may be challenging to engage, requiring assistance connecting to treatment services or other supportive services, and/or those clients stepping down to lower levels of care and support. Sacramento County will use a comprehensive case management model based on the ASAM bio- psychosocial assessment to identify needs and develop a case plan and follow the SAMHSA/CSAT TIP 27(Treatment Improvement Protocol) Comprehensive Case Management for Substance Abuse Treatment. Case management services may include: comprehensive assessment, level of care identification; client plan development; coordination of care with mental health and physical health;

monitoring access; client advocacy and linkages to other supports including but not limited to mental health, housing, transportation, food, and benefits enrollment. Case managers will be trained and utilize Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET), and strength based approaches. Case management services will be provided as needed to all beneficiaries by contract providers and Alcohol and Drug Services staff with a strong emphasis on high utilizers, multi-system users to avoid hospitalization and other medical costs. All case management services are consistent with confidentiality requirements identified in 42 CFR, Part 2, and California law, and the Health Insurance Portability and Accountability Act (HIPAA). Linkages to these services are provided by a certified/registered SUD counselor, licensed clinician or peer support specialist. Sacramento County currently offers these services through collaborative court programs and will expand to include other eligible providers in the system of care.

Linkage and support from assigned case management staff can include needs such as:

- Chemical Dependency and Rehabilitative
- Medical
- Legal
- Social
- Educational
- Employment
- Financial

Sacramento County will explore and develop a referral process and tracking mechanism for case management services based on data in the claims reporting system.

J. Physician Consultation services assist physicians and provider staff seeking expert advice on complex client cases and designing the treatment plan in such areas as: medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations. DHS has a Public Health Officer and addiction medicine specialist available for consultation on substance use disorder concerns. All contracted DMC providers have a physician available for consultation. Physician consultation to primary care and behavioral health providers for the use of Vivitrol, buprenorphine, other medications, and pain management will be made available in an effort to build the capacity of the entire health system to treat beneficiaries with substance use disorders. Sacramento County may use existing staff, or contract with physicians, psychiatrists, or clinical pharmacists to provide consultation services. The Sacramento County Opioid Task Force has been a collaborative between Public Health and Behavioral Health Services and will be an area for building greater physician consultation.

K. Recovery Residences (RR) also known as Transitional Living/Sober Living Environments are available for beneficiaries who require housing assistance in order to support their health, wellness and recovery. There is no formal treatment provided at these facilities; however residents are required to have previously completed outpatient treatment or actively participate in outpatient treatment and/or recovery supports during their stay. On a case by case or program basis, ADS will determine the length of stay which can be based on funding or search for permanent housing. The County is developing standards for contracted RR providers and will monitor to these standards. RRs are not reimbursable through the Medi-Cal system. Sacramento County currently has 3 recovery residences and will explore opportunities for expansion. This includes housing for men, women, perinatal specific, and women and children.

L. Optional Service Levels Pending ASAM Utilization Review. Alcohol and Drug Services will consider whether to offer additional optional services available under the waiver once baseline data on beneficiary ASAM service need and utilization has been collected and analyzed. If an unmet need for a service is determined, ADS will amend this plan to incorporate the additional service(s) and will initiate an RFP process to identify qualified providers. Service levels which ADS anticipates for possible expansion include: Additional MAT Services, Recovery Residence expansion, Peer support services.

Barriers with Required Service Levels

- Youth residential treatment program
- Facility siting challenges
- Workforce shortages
- Drug Medi-Cal certification delays
- New provider orientation, identification and development
- Existing provider capacity and culture change
- Medical Detoxification-hospital based

Coordination with Opt-Out Counties

Sacramento County has established relationships and plans to coordinate with surrounding counties. Sacramento County plans to coordinate with opt-out counties in order to limit disruption of services to beneficiaries who reside in an opt-out county by:

1. Assisting beneficiaries who have moved to Sacramento County in obtaining DMC eligibility for Sacramento County.
2. Assisting beneficiaries DMC eligible in an opt-out county to obtain services within their residency.

Until Sacramento County receives clear direction from DHCS regarding county of residency matters, the following questions will be considered before making a recommendation.

1. Where does the client wish to obtain services? In home county? In Sac

County? Is s/he relocating to get a fresh start and get away for people, places, or things?

2. If client has M/Cal in another county, does s/he have other important physical or mental health services/providers s/he obtains there? Would it be disruptive to the individual to change these providers?
3. Does the client have dependent family members in his/her home county who receive M/Cal benefits? If the client seeks to transfer benefits to Sacramento, this can cause a disruption in care to family members. This is an important consideration when a client is thinking of changing his/her Medi-Cal.
4. Transferring Medi-Cal from one county to another can take up to 60 days. While a DMC provider can serve the client and use a "delay reason code" to submit retroactive billing and get paid once the client is part of Medi-Cal in Sacramento, other providers, such has primary care and mental health may not serve the client while s/he is in a Medi-Cal pending status. This can limit access/cause delays to important and needed services.
5. Is treatment mandated by Sac County Courts, Probation, or Child Welfare?
6. Is the care medically necessary? Or Not?

5. Coordination with Mental Health. How will the county coordinate mental health services for beneficiaries with co-occurring disorders? Are there minimum initial coordination requirements or goals that you plan to specify for your providers? How will these be monitored? Please briefly describe the county structure for delivering SUD and mental health services. When these structures are separate, how is care coordinated?

The Department of Health Services consists of substance use and mental health (MH) services consolidated into a single Behavioral Health Division within Sacramento County. The Division is supervised under a single executive management structure consisting of a Behavioral Health Director/Alcohol and Drug Administrator, division managers and a team of program managers. BHS staff and programming are integrated into the organization, sharing some of the same policies and procedures and administrative support. The DMC-ODS provides further opportunity to fully align programs and services not only for cases of co-occurring disorders, but to assure that there is no wrong door when a beneficiary makes the decision to seek treatment and begin their recovery.

Alcohol and Drug Services and Mental Health services collaborate on service delivery to beneficiaries with co-occurring substance use and mental health disorders with a common understanding, that people with co-occurring SUD and MH conditions are to be treated for both conditions for optimum wellness and recovery. This collaboration has led to a reorganization that established Behavioral Health Services and brought under a single administrative structure SUD and MH services. Training and technical assistance to staff and providers in both systems has been provided. There is still

work to be done around cross training for full integration. Care coordination and referral procedures have been evolving and improving over the past several years.
Minimum initial coordination requirements or goals for providers: Various access points throughout Sacramento County will serve as the primary portals for entry into the Alcohol and Drug Services system, the initial screening and placement will be conducted by staff trained to handle clients with co-occurring disorders. Clients will be referred to the appropriate providers, identified as capable of providing treatment for co-occurring disorders. Youth with co-occurring disorders will be referred to a co-occurring disorder provider or a provider that is most conveniently located near home or school.

Care coordination within the Sacramento County treatment continuum occurs in many forums, workgroups and committees pertaining to various programs and services to identify beneficiaries who are experiencing significant challenges, most frequently including co-occurring issues, and not well connected to services. In the DMC-ODS planning process, Sacramento County wanted to avoid the development of another specific meeting for this task. Instead, opportunities to build upon were identified within the existing structures of Behavioral Health Services. Taking this approach, ADS can expand the support structures that already exist, not duplicate existing systems, and broaden the existing infrastructure to further support beneficiaries seeking treatment for substance use disorders. This includes expanding quality assurance and improvement functions by extending the oversight of the quality management unit to include DMC-ODS programs and services, staff and contract providers. The experience and skill of quality review and research staff in cooperation with fiscal, technical, and administrative staff will prove invaluable during performance reviews, audits, reporting, and evaluations, assuring compliance within DMC-ODS requirements. This approach provides the support to conduct regular internal reviews and ongoing monitoring to test for compliance and help to achieve performance standards and benchmarks. Additionally, this creates opportunities for more holistic quality improvement measures that incorporate both SUD and MH practices, which will have greater impact on client outcomes when conducted within an integrated service delivery system.

Currently, BHS makes every effort to coordinate services between programs for beneficiaries with co-occurring disorders through a referral process to coordinate care. Integrated or coordinated service teams that remain in communication with one another since employees belong to the same organization, are often co-located, share the same email, calendaring, and telephone systems. All HIPPA and 42 CFR part 2 requirements are met.

Monitoring coordination requirements:

Monitoring of integration activities will be phased in to account for education, training and culture change. The first phase will be mapping 24/7 responsiveness. The ADS Access and Mental Health Access require similar business process change to align the “front door” of programs. The integration between mental health and substance use treatment services is occurring in phases, with specific programs slated to begin

integrated services. The Behavioral Health Services Quality Management and Research Evaluation and Performance Outcomes units will collect data and monitor DMC-ODS system in a similar structure to the Mental Health Plan (MHP).

Current structure for delivery of SUD & MH services:

The Alcohol and Drug Services unit collaborates with Mental Health Services primarily through the substance use disorder screening process and through collaborative courts and specialty programs in our current system. The Collaborative Courts have some Mental Health staff who assess for both mental health and substance use treatment. The Behavioral Health Teams of these collaborative courts are composed of mental health and substance use treatment staff and managed by a Program Coordinator and Program Manager. Behavioral Health Team staff use an integrated instrument to assess clients and refer clients to mental health and substance use treatment services. Beneficiaries also have access to the Mental Health Access Team for assessment and referral into the Mental Health Plan.

Currently, youth can access substance use disorder and/or mental health care through the Juvenile Court (if on Probation) or through the outpatient provider network. Screening and comprehensive assessments are completed where mental health risks and needs are identified. A referral is made to the Mental Health Access Team if deemed appropriate. There are youth who currently receive treatment in both systems through care coordination.

6. Coordination with Physical Health. Describe how the counties will coordinate physical health services within the waiver. Are there minimum initial coordination requirements or goals that you plan to specify for your providers? How will these be monitored?

Sacramento County is a Geographic Managed Care (GMC) county with four (soon to be six) Managed Care Plans. These include: Kaiser, Molina, Health Net, Blue Cross, and soon to include Aetna and United Healthcare Services. GMCs utilize a variety clinics, individual providers and provider groups to deliver managed care health benefits. Sacramento County has a robust relationship with its Managed Care Plans and is working to expand its existing MOUs to increase coordination efforts. Within the past few years, an increased level of integration and coordination between Primary Health and BHS has been achieved on the mental health side which has created improved performance standards, compliance monitoring and reporting requirements that reinforce quality, responsiveness, timeliness, and effective services to beneficiaries. These same processes will be utilized to expand the MOU to include the ODS implementation plan. The care coordination protocols will include, not limited to:

- Screening and assessment procedures and tools to identify mental health, physical health and substance use disorders
- Written procedures for linking beneficiaries with mental health services, which can include a referral to BHS Access for an assessment and

authorization for mental health services

- Written procedures for coordinating care with mental health providers, whether the services are provided within the agency or by an external provider.

- Monitoring will be conducted twice annually by designated Division of Behavioral Health Services representative reviewing provider contract requirements.

- BHS Quarterly GMC meetings will include addressing any ODS Waiver issues, program oversight, quality improvement, problem and dispute resolution, resolution of MOU addendum and clinical operations.

Sacramento County operates a Mental Health Treatment Center which houses a psychiatric crisis unit and inpatient unit. The County operates a primary care center and also contracts with private hospitals throughout the county as part of the Health System of Sacramento County. Integrating behavioral health and physical health care in Sacramento County began several years ago by out stationing mental health and substance use counselors in the primary care center, mental health treatment center, provider sites and multiple access points to serve youth and adults living with a serious mental illness (many of whom have a co-occurring SUD).

Both the adult and youth alcohol and drug services system refer clients with co-morbidities that include chronic and other medical conditions that require treatment as well to the county's health care system where a full complement of medical services, from urgent care, emergency department, ambulatory clinics and an inpatient facility, is available. Coordination with physical health providers involves a combination of case management and care coordination, and tasks that range from linkage with health insurance to assist or arrange transportation to medical appointments.

Currently, health evaluations are integrated into the general assessment process and are initiated during admission in the youth, adult and MAT systems. Beneficiaries complete a Health Screen Questionnaire at admission in the youth and adult mental health systems to identify any physical health symptoms. Appropriate referrals are made at that time. Alcohol and Drug Services will make every effort to connect beneficiaries to a primary care provider if they do not have one.

Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment; the examinations are provided by a licensed physician and are documented in the client chart. If a client is in need of specialized medical services, provider staff will assist with linkage to a local medical specialist and help arrange transportation.

ADS will make available screening, counseling and linkage to care and other referrals

for TB and HIV services. Upon assessment and admission to outpatient and residential substance use treatment programs, clients receive information about physical health care including contact information and resources to primary care, prevention and treatment of sexually transmitted diseases, HIV/AIDS prevention and testing. ADS will monitor these requirements on an annual basis. ADS will utilize case managers to assist with communication that a referral was received, communication that a beneficiary has started treatment, ongoing communication regarding shared cases and notification when a client has concluded treatment.

The Adult and Youth System of Care treatment providers currently collaborate closely with a licensed physician/Medical Director per regulations and as part of overall treatment for a youth. The Medical Director determines medical necessity and consults with treatment provider staff on client care and treatment plan. Ongoing care coordination will continue. Youth treatment providers have direct access to their agency Medical Director, a contracted physician or on-site medical staff for consultation regarding medical issues related to a client's treatment.

When the Medi-Cal Waiver demonstration project is implemented, assessments will be reviewed by the medical director, who will work with the treatment provider staff to coordinate with the client's primary care physician as needed. The client's primary care physician will have access to information about the client's substance use and be able to consult with the youth treatment Medical Director to provide comprehensive and coordinated care to treat health conditions that are affected by substance use.

The MAT Providers will continue to provide coordinated care to clients enrolled in treatment. The complete plan of care for MAT clients is based upon laboratory results, physical exam and the ASAM bio-psychosocial assessment. ASAM Dimension II findings are sent to the Medical Director, who initiates an in-depth substance abuse history evaluation and a full physical exam in order to determine the best plan of care. In the case of patients who are pregnant, the primary care physician and obstetrician/gynecologist will be informed about the admission and treatment services.

Sacramento County is in the planning stages to implement a fully integrated Electronic Health Record System and allow for the basic sharing of patient information to improve care coordination. It will also allow for data analysis across the mental health and alcohol and drug service providers to determine if referrals from one unit to another were completed, to determine if a patient is commonly known to several programs, and for sharing of electronic health record data so services are integrated, coordinated, and effective. All information sharing will be compliant with HIPPA and 42 CFR Part 2.

BHS, through its coordination with all Managed Care Plans (MCP) delivering services in Sacramento will explore new electronic pathways for increased information exchange. BHS/ADS will also continue to develop the resources made available through contract providers by expanding the number of contract providers and recruiting organizations with significant experience in response to the implementation of the DMC-ODS.

Sacramento County currently has a contracted treatment provider that is both a Drug Medi-Cal certified SUD treatment provider and a Federally Qualified Health Center, a primary care services clinic so that beneficiaries seeking substance use disorder treatment can also have their physical health needs met as well as be able to avail themselves of medication assisted treatments. This provider will be adding capacity over time in hope that they can meet the primary care needs of BHS/ADS clients. Existing relationships, contractual obligations to collect and analyze performance data, ongoing and regular meetings, treatment programs embedded in primary care, open access data sharing, and the development of contract providers will help with coordination between the DMC-ODS and physical health. BHS will reach out to other primary care clinics, that are also in many cases part of the contract MCP network, to explore increased coordination and access for the ODS plan.

7. Coordination Assistance. The following coordination elements are listed in the STCs. Based on discussions with your health plan and providers, do you anticipate substantial challenges and/or need for technical assistance with any of the following? If so, please indicate which and briefly explain the nature of the challenges you are facing.

- **Comprehensive substance use, physical, and mental health screening:** The SBIRT is utilized at the Sacramento County Primary Care Center and some Sacramento County System of Care access points in addition to a requirement for all GMC Plans and their contracted network. . ADS will work to assess whether technical assistance in engaging and incentivizing primary care providers is necessary. Increasing the bidirectional use of the SBIRT to improve client outcomes may require education and follow-up across both provider and GMC networks.

- **Beneficiary engagement and participation in an integrated care program as needed:** To decrease barriers and help facilitate access to care for beneficiaries, ADS implemented a decentralized SUD screening process approximately 2 years ago that will continue to require significant training, coordination and oversight. Implementation of the standard terms and conditions will place new expectations on providers and county staff that may require individualized technical assistance at each access point location.

- **Collaborative treatment planning with managed care:** BHS works closely with Managed Care Plans on coordination of care issues for mental health, however there will be more emphasis on substance use and physical health. Planning and problem solving will occur at the individual client levels of care. Part of the initial implementation will be to educate on the specific levels of the Drug Medi-Cal Delivery System implementation

  plan of care, and referral and assessment protocols for the DMC- ODS.

ADS would be interested in information and/or technical assistance on models of care coordination with managed care plans.

- **Care coordination and effective communication among providers:** With the implementation of the full continuum of care of the DMC- ODS and the emphasis on levels of care based on ASAM criteria, there will be an increased expectation and need for care coordination among providers. We anticipate some challenges during the initial implementation and BHS/ADS will be working closely with providers to identify obstacles and develop improvements. ADS will also evaluate all complaints to determine if beneficiaries are experiencing any negative repercussions due to problems with care coordination. ADS may seek technical assistance to improve care coordination if challenges arise.

- **Navigation support for patients and caregivers:** The implementation of case management and recovery supports will be significant system improvements in assisting clients and others in service linkage and navigating services.

- **Facilitation and tracking of referrals between systems:** Data collection and sharing

8. **Availability of Services.** Pursuant to 42 CFR 438.206, the pilot County must ensure availability and accessibility of adequate number and types of providers of medically necessary services. At minimum, the County must maintain and monitor a network of providers that is supported by written agreements for subcontractors and that is sufficient to provide adequate access to all services covered under this contract. In establishing and monitoring the network, describe how the County will consider the following:
   - The anticipated number of Medi-Cal clients.
   - The expected utilization of services by service type.
   - The numbers and types of providers required to furnish the contracted Medi-Cal services.
   - A demonstration of how the current network of providers compares to the expected utilization by service type.
   - Hours of operation of providers.
   - Language capability for the county threshold languages.
   - Specified access standards and timeliness requirements, including number of days to first face-to-face visit after initial contact and first DMC- ODS treatment service, timeliness of services for urgent conditions and access afterhours care, and frequency of follow-up appointments in accordance with individualized treatment plans.
   - The geographic location of providers and Medi-Cal beneficiaries, considering distance, travel time, transportation, and access for beneficiaries with disabilities
   - How will the county address service gaps, including access to MAT

services?

- As an appendix document, please include a list of network providers indicating, if they provide MAT, their current patient load, their total DMC-ODS patient capacity, and the populations they treat (i.e., adolescent, adult, perinatal).

Access to all service modalities:

Beneficiaries will access treatment services through the centralized BHS 24/7 Access Line, provider sites or one of the System of Care access sites. Clients who are admitted to the System of Care are automatically offered any service within the System of Care, based on their treatment needs. Sacramento County has a continuum of care that provides the levels of care described in Section 4- Treatment Services. The Continuum of Care will be expanded across both the youth and adult systems of care. Care will be coordinated by the System of Care, case managers or providers. The County System of Care authorizes residential treatment, extension of stays and provides consultation on other client care issues.

Addressing service gaps:

The County acknowledges historic gaps at different levels of service. To address these gaps, the County will review and map local providers who may historically not been part of county services and explore opportunities to partner with these entities. Examples of this would be reaching out to community clinics, network to build additional MAT services and continue to explore provider interest in developing youth residential services.

Maintenance of network:

Sacramento County's current treatment network consists of 8 ASAM levels of care, distributed over 4 treatment modalities and several treatment providers. Treatment providers in the system have applied for Medi-Cal certifications for the appropriate levels of service. These current providers are able to offer services in facilities certified for specific levels of service.

Anticipated number of Medi-Cal Clients:

Using the most recently available 2012 California Mental Health prevalence estimates by County, Sacramento County utilized household populations under 200% poverty data to identify unmet need statistics for its current system.

Prevalence:

	Total Population			Household Population <200% Poverty		
	Cases	Population	%	Cases	Population	%
Alcohol or Drug Dx	108,748	1,485,372	7.32	35495	464,861	7.64
Alcohol Only Dx	90,156	1,485,372	6.07	27915	464,861	6
Drug Only Dx	34,268	1,485,372	2.31	14199	464,861	3.05
Drug Dependence	22,768	1,485,372	1.53	9813	464,861	2.11
Drug Abuse	14,457	1,485,372	0.09	5478	464,861	1.18
Alcohol Abuse	47,323	1,485,372	3.19	12809	464,861	2.76
Alcohol Dependence	42,549	1,485,372	2.86	15060	464,861	3.24

Unmet need:

Need	# of Cases in Household Population <200% Poverty	# Served in Sac Co ADS System	% of Need Met By Sac Co ADS*
Alcohol or Drug Dx	35,495	4,917	13.9

- According to the results of the 2016 National Survey on Drug Use and Health, 1 in 10 people age 12 and older that need SUD treatment, received treatment at a specialty facility in the past year. This is equal to about 10% that need services, received services. The Sacramento County system is currently meeting approximately 13.9 percent of projected need for services.

Number & type of providers needed for Medi-Cal services:

The current continuum of care is adequate to meet the projected needs of the Medi-Cal population. Services are provided throughout the county by contract providers. The current providers with county contracts are all Medi-Cal certified. The Sacramento County system serves approximately 6,500 total admissions per year to all modalities. This includes 2,500 outpatient admissions, 1,200 residential admissions, 300 detoxification services admissions, over 2,500 MAT admissions. Recovery support services are offered to a limited number of clients currently in specialty programs (collaborative courts) and will need to be expanded to include a larger percent of residential and outpatient services. Projections below for recovery services based on 50% of all Drug Medi-Cal eligible residential and outpatient clients receiving these additional services. The amount of Recovery Services will be assessed per modality and individualized to client needs.

The projected number of admissions by modality for the System of Care in FY 2017-18 is shown in the table below. In the first year of the Medi-Cal Waiver, the department

projects that the overall Medi-Cal client population will be approximately 64% of the total admissions for outpatient, residential and detoxification services, and clients served in the MAT programs, based on data gathered from open clients served in the system from July 1, 2015, to June 30, 2016. Projections for detoxification and residential treatment services assume: (a) an annual growth in admission based on the population growth rate for the county and (b) distribution of admissions by modalities based on historical trends. Projections for recovery services are based on the number of outpatient clients who complete treatment and are referred to recovery services.

Projected total admissions by modality and percent Medi-Cal based on 2016-17 projected admissions	Number of Providers/ Capacity	Medi-Cal Waiver Expansion	Medi-Cal Traditional	Other Payors
Withdrawal Management (ASAM 2-WM, 3.2-WM)	3 Providers 31 Beds	58	134	108
Residential Treatment (ASAM 3.1, 3.3, 3.5)	5 Providers 263 Beds	230	538	432
Outpatient (ASAM 1, 2.1, 2.5)	8 Providers No Capacity Limit	480	1,115	905
Medication-Assisted Treatment Program (MAT)	4 Providers 3,001 Slots	750	1,750	0
Recovery Services	Unknown	355	826	0
TOTAL (All Services)		**1,873**	**4,363**	**1,445**

Hours of operation:

Hours of operation vary depending on level of care. Hours of operation are clearly posted at each facility. For new referrals, appointments will be made five days a week during normal business hours. Residential treatment and withdrawal management facilities will operate 24 hours a day, 7 days a week basis. Narcotic/Opioid Treatment Programs will provide dosing 7 days per week. Outpatient and Intensive outpatient providers will be required to operate 5 days per week during regular business hours; evening hours may also be included based on particular population of program at selected locations. During the first year of the Waiver, the Alcohol and Drug Services Unit will review hours of operation of all providers and make changes that best meet the needs of the Medi-Cal beneficiaries.

The plan will consider entry to treatment 7 days a week. While Sacramento County will strive for 24 hour placement standard, the capacity to fulfill this condition will depend on provider network capacity and future network expansion.

Language capability – Threshold languages:

The Sacramento County Cultural Competence Plan has been in place since 1998. Since that time, there have been updates as required, as well as annual reviews of the Cultural Competence Plan Objectives. Current Cultural Competency Plan Objectives include:

1. 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.

   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.

2. By the end of FY 2016/17, 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.

3. 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.

All contracted providers are required contractually to provide interpreter and translation services. The 5 threshold languages for Sacramento County include Cantonese, Hmong, Russian, Spanish, and Vietnamese. DBHS has specific goals for language proficiency that are monitored annually to ensure that language access is provided throughout the system. Both county-operated and contract provider staffing are monitored for language proficiency, as noted in the Cultural Competence Plan Objectives. As needed, DBHS utilizes outside contracts for interpreting needs. Sacramento County maintains several contracts with interpreter service agencies in special cases as needed and/or requested. All service providers, including County and contracted providers, have access to these interpretation services. Deaf and Hard of Hearing clients are provided sign-language interpreters. The DBHS Policy and Procedure entitled “Procedure for Access to Interpreter Services” states the County’s expectations for providing language access to all beneficiaries at no cost to the beneficiary.

Consistent with federal and state requirements, Sacramento requires translation, in all threshold languages, of materials that include, but are not limited to signage, informational brochures, and other written materials. As an example, the following brochures which describe how to access Alcohol and Drug Services were translated in 2016: Alcohol and Drug Prevention Services, Alcohol and Drug Services – Options for Recovery, Alcohol and Drug Services – Adult System of Care; Alcohol and Drug

Services – Youth Treatment Services.

Americans With Disabilities Act (ADA):

Consumers with disabilities have access to all ADA compliant County clinics and contracted providers. Additionally, they are contractually compelled to adhere to ADA guidelines and national standards for Culturally and Linguistically Appropriate Services (CLAS) which are monitored annually for compliance. Sacramento County will aid consumers with disabilities and transportation difficulties in accessing primary care, mental health treatment, and substance abuse treatment by guiding and teaching to use community resources.

Training:

All providers are required to attend mandatory training:

- CLAS standards
- ADA
- Interpreter Services Training

***Timely Access to Service*:**

Sacramento County is committed to providing timely access to SUD services. The following minimum timeliness standards will apply to all SUD services:

- First Face-to-Face Visit: Within 10 business days of the request
- Urgent Conditions: Within 48 hours of the request
- Access to Afterhours Care: Afterhours access is provided by the 24/7 BHS Access Helpline (1-888-881-4881)

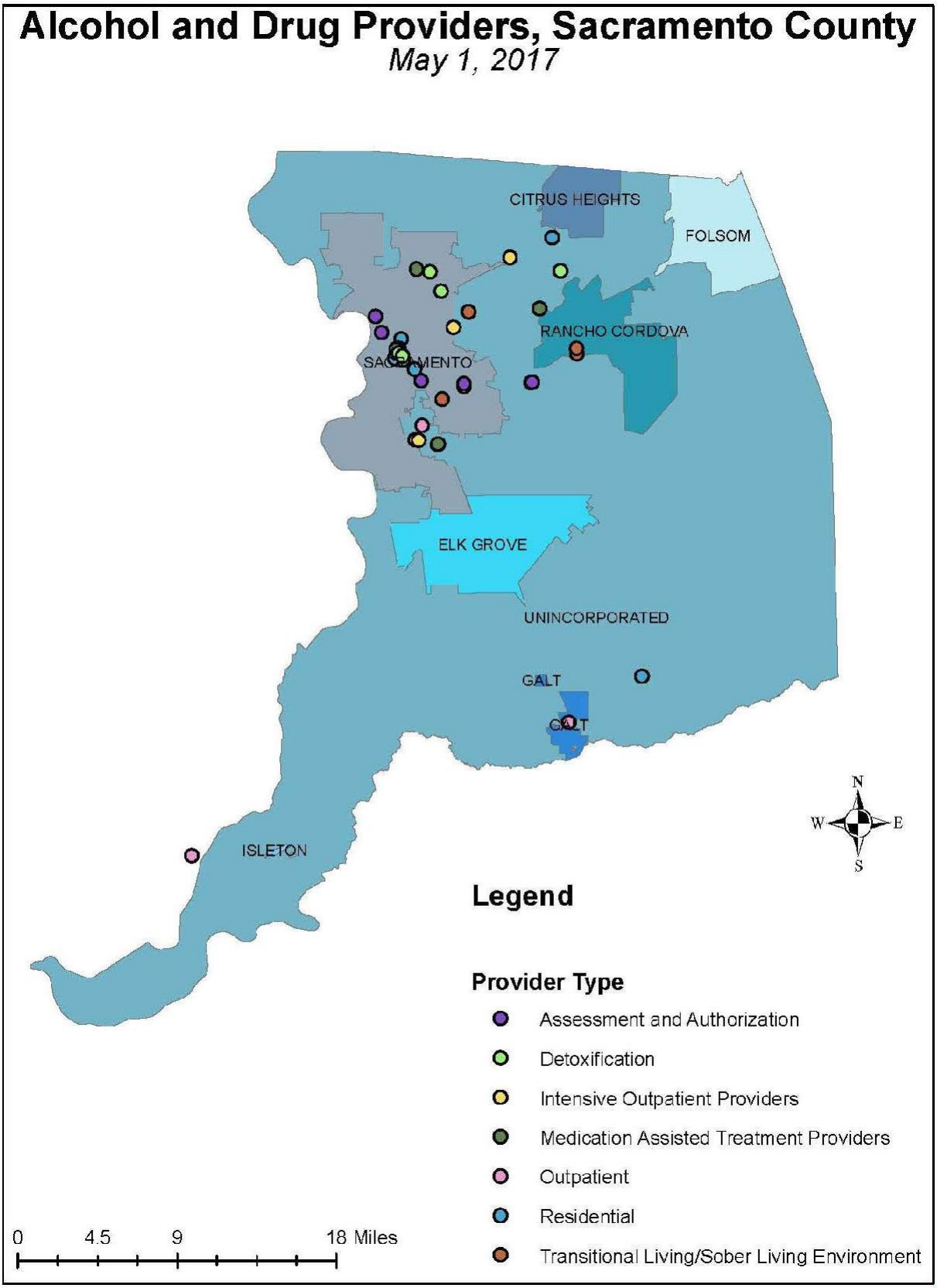
BHS staff will work with Sacramento County Research and Evaluation staff to develop additional access and timeliness standards including but not limited to; timeliness of services to first dose of NTP services within 72 hours, timeliness to residential treatment and frequency of follow-up appointments based on client need and approval and denial rates of services within 72 hours. Timeliness standards will be included in the Quality Improvement (QI) work-plan and monitored quarterly at Quality Improvement Committee (QIC).

Geographic distribution of services:

The Sacramento County Alcohol and Drug Services unit has developed services within the major geographic locations of the county North, Central, East, and South where Medi-Cal beneficiaries are most located. Most treatment sites are on or near a major transportation line with the County. Beneficiaries will be offered services near their home or school. The quality improvement team will review the county's census tracts to determine if there are adequate treatment locations throughout Sacramento County within 15 miles or 30 minutes of travel time to meet the Medi-Cal population service needs. Sacramento County utilizes and applies these distance and travel time requirements under The Department of Managed Health Care (DMHC) Title 28 regulations that apply to geographic managed care established service area

accessibility.

See Sacramento County map of contracted providers based on service type and geographic location below:


Alcohol and Drug Providers, Sacramento County
May 1, 2017
CITRUS HEIGHTS
FOLSOM
RANCHO CORDOVA
SACRAMENTO
ELK GROVE
UNINCORPORATED
GALT
ISLETON
N
W
E
S
Legend
Provider Type
Assessment and Authorization
Detoxification
Intensive Outpatient Providers
Medication Assisted Treatment Providers
Outpatient
Residential
Transitional Living/Sober Living Environment
0
4.5
9
18 Miles

Addressing Service Gaps:
The County will utilize needs assessments by health and other system partners that evaluate through geo-mapping of provider network capacity biannually to identify any service gaps related to service availability and the correlation with population density, especially as it relates to Medi-Cal beneficiaries in the system. If a service gap is identified, the County will evaluate and develop a strategic plan with action items, goals, objectives and timelines to address these areas. Examples of this include coordinating with other community clinics, building increased networking with non-contracted providers, and continuing to explore provider interest in developing needed services such as youth residential facilities.

9. Access to Services. In accordance with 42 CFR 438.206, describe how the County will assure the following:

- Meet and require providers to meet standards for timely access to care and services, taking into account the urgency of need for services.
- Require subcontracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal patients.
- Make services available to beneficiaries 24 hours a day, 7 days a week, when medically necessary.
- Establish mechanisms to ensure that network providers comply with the timely access requirements.
- Monitor network providers regularly to determine compliance with timely access requirements.
- Take corrective action if there is a failure to comply with timely access requirements.

Sacramento County Behavioral Health Services/Alcohol and Drug requires contracted providers to attend a mandatory monthly meeting where treatment standards and expectations are discussed. Contracted providers must adhere to the terms of their contracts with Sacramento County Behavioral Health Services, which will clearly outline the requirements for hours of operations and 24/7 language access that are outlined in the County/State Agreement.

ADS contract monitors will coordinate with the BHS Quality Management team and will monitor contracted providers on a bi-annual basis, using components of substance use program specific monitoring tools. With Waiver implementation, adjustments will be made to the current monitoring tools to ensure appropriate adherence to the conditions of the County/State Agreement, including evaluation of the provider's ability to comply with timely access requirements. Any deviations by providers to meet the timely access requirements will result in the Quality Management team escalating protocol for corrective action compliance.

10. Training Provided. What training will be offered to providers chosen to participate in the waiver? How often will training be provided? Are there training topics that the county wants to provide but needs assistance?

Training for agencies participating in the Waiver demonstration:

The County will require all contracted DMC service providers participate in mandatory trainings to ensure compliance with DMC regulations and County contracting requirements. Compliance with training will be monitored through the contract monitoring process.

Trainings will be mandatory and offered on an annual basis for DMC/Title 22 regulations, ASAM, ADA, CLAS standards and related cultural and linguistic competence training, co-occurring disorder symptoms and diagnoses, the DSM 5 and Motivational Interviewing, 42 CFR Part 2. All of the trainings offered by DBHS must have cultural and linguistic competence woven throughout the curriculum. Additional required training will be provided to the provider network to ensure that, at a minimum, every program/provider offers evidence-based practices and community defined practices, where appropriate, to address the specific needs of diverse communities. Examples of these trainings include, but are not limited to, Cognitive Behavioral Therapy, Contingency Management, Seeking Safety, 12 Step Facilitation Therapy, The Matrix Model, and Relapse Prevention. Additional optional training that address critical system issues such as client engagement will also be offered and strongly encouraged to participate in as part of the implementation of the Drug Medi-Cal Organized Delivery System. Information about all of the trainings offered that pertain to cultural competence are maintained in a log. The log contains information about the training, including title of training, description of training, duration and frequency of the training, number of attendees by function, training date, and name of presenter(s). All network providers will be required to establish a training plan for employees and submit information to the County regarding cultural competence trainings they attended. All providers will be monitored for compliance with this contract requirement.

ASAM trainings are offered and will continue to be offered regularly to County staff and contract provider staff through coordination with the California Institute for Behavioral Health Solutions. As a result, County and provider staff will be trained to use ASAM routinely in their practice. The use of ASAM is reinforced by the use of ASAM-based assessment for client placement, which has established ASAM as the basis for making placement decisions throughout the system.

Trainings are also offered routinely through the Behavioral Health Services Division, the Alcohol and Drug Services Unit and the Workforce Development and Training Committee. The trainings are made available to county and contract providers of substance use, co-occurring disorders and mental health treatment services. Trainings offered cover a range of topics, including utilizing CLAS Standards when providing culturally competent alcohol and drug services; behavioral health interpreter training for

interpreters; how to work with behavioral health interpreters; cultural competence foundational training utilizing the California Brief Multicultural Competence Scale, and other specific training tailored to the unique needs of the diverse communities living in Sacramento County.

Review Note: Include the frequency of training and whether it is required or optional.

11. Technical Assistance. What technical assistance will the county need from DHCS?

Sacramento County is requesting technical assistance from DHCS at this time in the areas of:

- Use of brief ASAM screening tool
- Financial and administrative issues related to rate setting, reimbursement structures, documentation requirements and cost reporting of DMC-ODS services
- Youth Residential certification and Community Care Licensing regulations as needed during ODS implementation.
- Provider training
- Current list of certified youth residential facilities
- Understanding how to report and obtain reimbursement for out of county clients

12. Quality Assurance. Describe the County's Quality Management and Quality Improvement programs. This includes a description of the Quality Improvement (QI) Committee (or integration of DMC-ODS responsibilities into the existing MHP QI Committee). The monitoring of accessibility of services outlined in the Quality Improvement Plan will at a minimum include:

- Timeliness of first initial contact to face-to-face appointment
- Frequency of follow-up appointments in accordance with individualized treatment plans
- Timeliness of services of the first dose of NTP services
- Access to after-hours care
- Responsiveness of the beneficiary access line
- Strategies to reduce avoidable hospitalizations
- Coordination of physical and mental health services with waiver services at the provider level
- Assessment of the beneficiaries' experiences, including complaints, grievances and appeals
- Telephone access line and services in the prevalent non-English languages.

Review Note: Plans must also include how beneficiary complaints data shall be collected, categorized and assessed for monitoring Grievances and Appeals. At a

minimum, plans shall specify:

- How to submit a grievance, appeal, and state fair hearing
- The timeframe for resolution of appeals (including expedited appeal)
- The content of an appeal resolution
- Record Keeping
- Continuation of Benefits
- Requirements of state fair hearings.

Current DBHS structure includes a BHS Support Services Unit which encompasses the Quality Management (QM), the Research, Evaluation and Performance Outcomes (REPO) and the Electronic Health Care Record/Billing (EHR) Units. There are a total of 44 staff in the Support Services unit that support the QA/QI, performance and outcome measurement, and billing functions for Behavioral Health Services, primarily mental health services. DBHS will leverage the expertise and resources in the Support Services Unit to assist with the oversight, monitoring and reporting activities required in the ODS Waiver.

The QM unit is responsible for and will oversee Quality Assurance (QA) and Improvement (QI) across the entire continuum of care. The basic framework for quality improvement will continue under the Medi-Cal Waiver demonstration project, with modifications where necessary. The QM unit will build on existing quality assurance and utilization management capacity and processes within the mental health system of care while developing alcohol and drug specific processes required by the DMC- ODS Waiver. ADS will work with QM to conduct QA activities such as DMC audits, clinical chart audits, monitor compliance with State, Federal and Local regulations, and assure program integrity.

The REPO unit is responsible for the collection, analysis and reporting of behavioral health data. The REPO unit will support the data collection and reporting requirements required by the DMC-ODC Waiver.

The Avatar/Billing Unit is responsible for the implementation and maintenance of the BHS electronic health record as well as all BHS billing functions. QM and REPO will work closely with the Avatar/Billing unit to ensure that the EHR is set up to comply with the DMC-ODS Waiver requirements, including CFR42 confidentiality requirements and data reporting requirements.

Quality Assurance and Quality Improvement

The Mental Health Plan (MHP) currently has a well-established, comprehensive quality management/ improvement program that monitors service delivery and system capacity. DBHS will establish SUD quality assurance and quality Improvement functions into the existing quality management and improvement processes that include:

1. QI Work plan and Report
2. QIC and subcommittees
3. Utilization Management
4. Problem Resolution
5. Adverse Incident Reporting
6. Data Collection and Performance Measurement
7. Performance Improvement Projects
8. EQRO annual review

The Quality Improvement Plan:

DBHS will have an integrated Mental Health and Substance Use Disorder Quality Improvement Work Plan that will guide annual QI activities to ensure quality care and compliance with Federal, State, and local requirements. Additionally, DBHS recognizes the importance of developing a QI Plan that integrates the goals of the BHS Cultural Competence Plan as well as cultural competence elements throughout the plan to help us better understand the needs of groups accessing our BHS services and to identify where disparities may exists. The annual QI Plan will outline in detail the planned activities associated with identified ongoing and time-limited performance improvement and compliance monitoring activities. QI Plan will set standards, benchmarks and goals which will be derived from a number of sources related to quality of care and service issues such as State and Federal requirements, Department initiatives, client and family feedback, and community stakeholder input. Measures will be analyzed on an on-going basis to ensure continuous quality improvement. The BHS QI Work Plan includes four essential domains: Access, Timeliness, Quality and Consumer Outcomes. BHS will include, at a minimum, the following substance use Waiver elements into the integrated QI Plan:

Access

- Provide a toll-free telephone that can be utilized 24 hours, 7 days a week, with language capability in all languages spoken by beneficiaries in the County
- Compliance with the 24/7 access line will be monitored on a monthly basis by conducting test calls during regular business hours and after hours.
- Demonstrate equal access to ADS SOC for all cultures
- ADS services will be provided in geographically diverse locations that best represents the community needs
- Access to after-hours care
- Frequency of follow-up appointments based on client need
- Approval and denial rates of requests for service

Timeliness

- Timeliness of first initial contact to first face-to-face outpatient appointment
- Timeliness of services to first dose of NTP services
- Timeliness to residential treatment

Quality of Care

- Coordination of care with primary health and mental health
- Assessment of consumer complaints and grievances and appeals

Consumer Outcomes – Based on SAMHSA's National Outcome Measures (NOM)

- Abstinence
- Housing stability
- Perception of care
- Social connectedness

This includes a hospitalization and recidivism QI Work Plan Report, summarizing the data and activities outlined in the QI Work Plan, will be produced annually. The QI Plan and year-end QI Work Plan report will be reviewed and approved by the DBHS Management Team and the QI Committee (QIC). At year end, the QI Work Plan will be updated based on findings from the annual QI Work Plan Report, current initiatives, DBHS goals and feedback received by QIC and DBHS Management Team.

Quality Improvement Committee:

The BHS Quality Improvement Committee (QIC), as part of the Mental Health Plan, has been in existence for 20 years, since 1997. ADS involvement was added to the existing committee in 2012 as part of ongoing efforts to integrate and redefine ADS and the MHP as Behavioral Health Services.

The QIC committee is responsible for reviewing and recommending to the BHS director/ADS Administrator new and updated policies, discussing urgent QI issues including critical incidents and client complaints, monitoring audit results and information, recommending QI actions, ensuring follow up of QI processes and obtaining input from standing or ad hoc subcommittees. On a quarterly basis the QIC also reviews the Benchmark Status Report which includes data on all activities in the QI Work Plan.

The Quality Management Program Manager leads the QI committee which meets monthly. QI committee meeting minutes document decisions and actions taken by the QI committee. Minutes are reviewed and approved at each meeting as a standing agenda item.

The current composition of the QIC committee is listed below and will be expanded to include additional SUD partners consistent with participation as required in the MHP.

NAME	ROLE
Alex Rechs	Quality Management/Compliance Manager
Andrea Crook	Adult Consumer Advocate
Ann Arneill	Mental Health Board Representative
Ann Mitchell	Avatar/Fiscal Manager
Anthony Madariaga	Division Manager – Mental Health Treatment Center
Blia Cha	Adult Family Advocate
Chris McCarty	Children's Contracted Provider Representative
Dawn Williams	Research, Evaluation, and Performance Outcomes - Program Manager
Ed Dziuk	Alcohol and Drug Services – Program Planner
Jane Ann LeBlanc	Mental Health Services Act Program Manager
JoAnn Johnson	Ethnic Services/Cultural Competence Program Manager
Kelli Weaver	Adult Services Division Manager
Lisa Sabillo	Division Manager, Research and Evaluation, Information Technology, Quality Management
Lori Miller	Alcohol and Drug Treatment Services Program Manager
Lynn Place	Adult Mental Health Contracted Provider Representative
Mary-Ann Asare	Sacramento County Pharmacy
Matt Quinley	County Operated Program Manager
Robert Hales	Medical Director – Sacramento County Adult Psychiatry
Robert Horst	Medical Director – Sacramento County Children's Psychiatry
Sandena Bader	Children/Youth Family Advocate
Sheri Green	Adult Service Program Manager
Stephanie Kelly	Children's Services Program Manager
Uma Zykofsky	Behavioral Health Services Director

Subcommittees are part of the QIC structure, with some meeting on a regular basis, while others meet as needed depending on the charge of the committee. Subcommittee chairs attend the monthly QIC to report out on subcommittee activities, issues to be addressed or discussed at the QIC level, to acknowledge successes and to provide feedback from stakeholders regarding future performance improvement ideas. SUD representatives will be integrated into current subcommittee membership and additional subcommittees will be added when and if the need is determined by the QIC. Subcommittees include, but are not limited to:

1. Cultural Competence Committee
2. Utilization Review Committee
3. Research and Evaluation Committee (ad hoc)
4. Grievance Committee (ad hoc)
5. Education and Training Committee (ad hoc)
6. Medication Monitoring Committee
7. Pharmacy and Therapeutics Committee
8. Credentialing Committee (ad hoc)
9. Executive Committee (ad hoc)

A special SUD Implementation Subcommittee will be developed to problem solve implementation issues relating to the ODS waiver.

Utilization Management and Review

Utilization management for substance use disorder services will be a collaborative effort between QM and ADS staff. QM will work with ADS to build on existing ADS utilization processes to assure clients have appropriate access to substance use disorder service; medical necessity has been established and the client is at the appropriate ASAM level of care and that the interventions are appropriate for the diagnosis and level of care.

Utilization Management:
ADS currently authorizes admissions to substance use treatment and extensions of lengths of stay in residential treatment and transitional housing clients. Consistent with MHP processes ADS will utilize the electronic health record to centralize and track all authorizations in a consistent manner across all service modalities, monitor and track waiting lists and types and amounts of services provided.

Utilization Review:

The established MHP utilization review process will be leveraged to enhance the existing ADS utilization review process. A separate utilization review process for monitoring the unique aspects related to the delivery of substance use disorder services will encompass:

1. A formal utilization review process that occurs on at least a quarterly basis with mechanisms in place to track number of cases reviewed and types and frequency of non-compliance items.
2. A tool based on DHCS compliance protocol (authorization, level of care determination, medical necessity, assessments, diagnosis, client plan, consistent with treatment in progress notes, evidence of coordination of care, discharge planning) (consent to treat, medication consents, HIPAA (42 CFR), ROIs) will be created as a guideline to monitor provider performance and compliance.
3. A to be determined minimum percentage of substance use client records that will be required to go through the utilization review process based on the annual number of clients served.
4. A provider peer review process and will consist of both internal provider reviews and county review processes.
5. Provisions for monitoring of billing corrections and plans of correction that result from the utilization review.

Contract Monitoring/ Compliance Review:

An additional aspect of utilization management involving programmatic reviews which look primarily at contractual and system-wide provider operational requirements are currently completed on an annual basis. Elements of expected program performance, such as the interfaces with psychiatry and primary care, are included in these reviews.

These reviews included site reviews to each provider site to determine whether services are provided in accordance with the contract and state regulations. Site reviews are facilitated by ADS and involve specific assessment tools for each level of care and include: a walk-through of the facility, comprehensive on-site evaluation and review of program policies/procedures, client file documentation, personnel files, adherence to Title 22, California Code of Regulations, and interviews with administrators, program managers, counseling and clerical staff.

Upon completion of the review, a written report is submitted to the subcontracting provider documenting the findings of the review and instructions for completing and submitting a corrective action plan when necessary. Corrective Action is required for outstanding issues of non-compliance or areas determined to need improvement.

Problem Resolution Process:

The MHP currently has a robust Beneficiary Protection program that encompasses the

problem resolution process and is staffed by 2 clinically licensed staff. The ADS problem resolution process will be integrated into the current DBHS problem resolution process and will adhere to the established policy and procedures set forth in the MHP Beneficiary Protection program and distributed to all service providers. The DBHS problem resolution process currently complies with all State and Federal regulations and will be updated as needed to comply with the new Managed Care Rule that goes into effect July, 1, 2017, CFR42 Part 438.402, as well as any new DHCS requirements.

DBHS is committed to providing solutions to problems and concerns that clients may encounter during the course of receiving treatment. Clients will not be subjected to discrimination, intimidation or any other retaliation for expressing concerns, filing a Grievance or Appeal. Clients who are dissatisfied with any issue related to the behavioral health services may submit a grievance or appeal to QM Beneficiary Protection Member Services. Clients may contact Patients' Rights or Member Services for assistance in completing forms and resolving a grievance, appeal, and State Fair Hearing. With written consent of the client, a provider or authorized representative may request an appeal, file a grievance or request a state fair hearing on the client's behalf. All providers are given information about the grievance and appeal process when they enter into a contract with the County and providers are expected to be knowledgeable about the problem resolution process and have materials on the problem resolution process easily accessible to clients. Clients will receive information upon intake and annually thereafter of the process for reporting and resolving grievances and appeals. All problem resolution informing materials are available in threshold languages and are available on the County website.

Grievance

A client or their authorized representative may file a grievance at any time either orally, by calling Member Services, or in writing, by completing a grievance form. The client will receive a written acknowledgment that the grievance was received and will receive a written resolution within (90) ninety calendar days. The written resolution will include the grievance findings.

Standard Appeal

A client or their authorized representative may submit an appeal orally or in writing but the submission must be within 60 calendar days from the date of the adverse benefit determination notice. Oral appeals must be followed up with a written, signed appeal. Clients will receive a written acknowledgement of receipt of the appeal and the client will receive written resolution within 30 days. The written resolution provided to the client will contain the results of the appeal resolution process and the date that the appeal decision was made. If the appeal is not resolved wholly in favor of the client the notice will also contain information on the client's right to a State fair hearing and the procedure for filing a State Fair hearing, including the right to continued benefits.

Expedited Appeal

An expedited appeal is filed when the client's life, health, or ability to have or maintain

maximum function is at risk. The client will receive a written resolution within 72 hours after the appeal is received. It the expedited appeal is denied a written notice will be sent to the client and the standard appeal process will begin.

Notification of resolution timelines for standard and expedited appeals can be extended up to 14 calendar days if the client requests it or if there is a justified need for additional information and the extension is in the client's best interest.

State Fair Hearing

A client may request a State Fair Hearing following the receipt of an adverse benefit determination if the client has exhausted the Problem Resolution Process. A request for a State Fair Hearing must be made in writing and sent to the State Hearing Division of the California Department of Social Services. Once the Problem Resolution staff have been notified by DHCS of a client request for a state hearing the request will be logged. Prior to each hearing Problem Resolution staff will prepare a Statement of Position and provide a copy to the client and his/her authorized representative not less than two working days prior to the schedule date of the hearing. The State Fair Hearing decision is final.

Continuation of benefits

For clients that file a grievance or appeal the County will continue to provide the client with the level of services the client currently receives until a final decision is reached. For clients that file a State Fair Hearing, the client must request continuation of behavioral health series within 10 days of the postmark date of the notice of adverse resolution or before the effective date of the change, whichever is later in order for services to continue at the same level while the hearing is pending.

Problem resolution staff maintains a Grievance/Appeal log documenting privacy issues, grievances, appeals, change of provider requests and requests for State hearings. Information logged includes the name of the beneficiary, date of receipt of the grievance/appeal, nature of the problem, disposition, the date of decision is sent to the client, and when there has not been a decision rendered documentation of the reason(s) that there has not been final disposition of the grievance. Reports have been built to monitor the number, types, frequency, and resolution relating to appeals, grievances and State Fair Hearings. This data is reviewed by QM management on a monthly basis to ensure resolution and compliance with timelines.

The problem resolution process is included in the QI Work Plan and data on grievances, appeals, and State Fair Hearings is reviewed quarterly at the QI Committee.

Adverse Incidence Reporting:

Currently contract providers throughout the mental health system submit Adverse Incident Reports (AIR) to the MHP, both to Program Monitors and to Quality Management, whenever a sentinel incident occurs. A sentinel incident involves a client

or a staff person and includes: death (for e.g. suicide or homicide), suicidal attempt, sexual harassment, infractions of patient's rights, serious medication side effects, likelihood of litigation, possibility of media coverage, falsification of professional credentials, and facility fire. Quality Management reviews all these reports. The QIC Executive Committee reviews reports that suggest a trend or pattern of issues of concern and all reports of death when the cause is undetermined. If, at any level of review, there is noted a need for improvement, feedback is given to the provider either through phone contact, a face-to-face meeting and/or in writing with a request for a plan of correction. All actions are tracked, reviewed and monitored by the Manager of Quality Management on behalf of the Executive Committee of the Quality Improvement Committee. The AIR P&P will be updated to include the requirements and standards for SUD providers and will be incorporated into the current tracking and monitoring process.

Data Collection & Performance Measurement Monitoring:

Program data for the ADS System of Care is currently entered into the California Outcomes Measurement System database and Sacramento County's electronic health record (EHR), Avatar. At present, county and contract providers enter data into Avatar within a common timeframe, as specified in policy and procedures for system operations and contracts between the county and community based organizations. Routine reports are available for all providers to manage their operations. County ADS and provider staff run multiple reports on a regular basis and monitors both provider and system performance. Independent review of performance measures will also be conducted by the REPO unit within the department.

Data support staff within ADS are also responsible for uploading CalOMS data from all providers in the system on a monthly basis. CalOMS error and rejection rates are monitored and training is provided to contracted providers who require technical assistance to meet their corrective action objectives. CalOMS data are used to establish outcomes and system monitoring reports, ad hoc management and policy reports, specialized reports by department's analysts, and system and performance improvement projects. Consumer satisfaction surveys will be collected on a bi-annual basis to measure consumer perception of services and quality of life

Sacramento County will ensure compliance with DHCS performance standards as they relate to the ODS Waiver. Performance standards will be integrated into the QI Work Plan and will be monitored on a quarterly basis by BHS Management and the QI Committee.

Performance Improvement Projects:

DBHS will comply with all requirements related to substance use disorder related Performance Improvement Projects (PIP) and will leverage the current MHP process for the development and implementation of required PIPs.

External Quality Review (EQR):

DBHS will immediately review EQR requirements under the ODS Waiver and will phase in all EQR requirements within the first 12 months of having an approved implementation plan. The experience of the Support Services QM, REPO and EHR teams will be leveraged to assist prepare DBHS for the annual ODS Waiver EQRO review.

13. Evidence Based Practices. How will the counties ensure that providers are implementing at least two of the identified evidence based practices? What action will the county take if the provider is found to be in non-compliance?

Sacramento County will ensure that contract providers are implementing evidence based practices from the National Registry of Evidence-based Programs and Practices (NREPP). Contracts will be amended to include a requirement that each contract provider will provide at least two of the following EBPs:

- Cognitive Behavioral Therapy
- Relapse Prevention
- Psycho-Education
- Motivational Interviewing
- Trauma Informed Treatment

When the DMC-ODS is implemented, providers in the current ADS System of Care will be required to attest that they are trained in the ASAM and providing at least two EBPs in the treatment program. ADS will provide training and technical assistance to provider staff to ensure consistent use and fidelity to EBPs. Specific protocol and procedure will be developed so that this standard of care can be monitored during compliance reviews. Treatment provider use of EBPs will be reviewed by the contract monitor staff during annual reviews. Non- compliance will result in the issuance of a corrective action plan (CAP).

Alcohol and Drug Services contracted providers have been trained in a number of Evidence Based Practices (EBP's). County and Provider staff have been trained or offered training in Motivational Interviewing, Cognitive Behavioral Therapy, Stages of Change, Trauma Informed Care, Seeking Safety, Gorski's Relapse Prevention and 12 Step Facilitation. During the first year of the Waiver, the substance use treatment system will provide further training in ASAM, Peer Support Services, and other Evidence Based Practices.

All programs in the Adult and Youth System of Care will need to be determined as co-occurring capable per the Dual Diagnosis Capability in Addiction Treatment (DDCAT) with score of 3 or above. A DDCAT assessment of MAT programs will also be scheduled.

Actions for non-compliance:
Annual compliance reviews will be the primary mechanism used to determine compliance with the requirement for using EBPs. Providers who are out of compliance will be given direction as to the necessary training required to meet standards of care for the system. Providers will be required to submit a plan of correction to the County.

14. **Regional Model.** If the county is implementing a regional model, describe the components of the model. Include service modalities, participating counties, and identify any barriers and solutions for beneficiaries. How will the county ensure access to services in a regional model (refer to question 7)?

Sacramento County is not currently proposing to participate in a regional delivery system.

15. **Memorandum of Understanding.** Submit a signed copy of each Memorandum of Understanding (MOU) between the county and the managed care plans. The MOU must outline the mechanism for sharing information and coordination of service delivery as described in Section 152 "Care Coordination" of the STCs. If upon submission of an implementation plan, the managed care plan(s) has not signed the MOU(s), the county may explain to the State the efforts undertaken to have the MOU(s) signed and the expected timeline for receipt of the signed MOU(s).

16. Review Note: The following elements in the MOU should be implemented at the point of care to ensure clinical integration between DMC-ODS and managed care providers:

- Comprehensive substance use, physical, and mental health screening, including ASAM Level 0.5 SBIRT services;
- Beneficiary engagement and participation in an integrated care program as needed;
- Shared development of care plans by the beneficiary, caregivers and all providers;
- Collaborative treatment planning with managed care;
- Delineation of case management responsibilities;
- A process for resolving disputes between the county and the Medi-Cal managed care plan that includes a means for beneficiaries to receive medically necessary services while the dispute is being resolved;
- Availability of clinical consultation, including consultation on medications;
- Care coordination and effective communication among providers including procedures for exchanges of medical information;
- Navigation support for patients and caregivers; and
- Facilitation and tracking of referrals.

As a Geographic Managed Care (GMC) county, Sacramento County has Memorandums of Understanding (MOU) with all its Managed Care Plans. Sacramento County Alcohol and Drug Services is coordinating with GMCs to develop a process for SUD to be included in County MOUs, including the required policies and procedures with the following Medi-Cal Managed Care Plans in Sacramento County: Anthem Blue Cross, Health Net, Kaiser Health Plan, and Molina Healthcare. It is anticipated that when, United Healthcare and Aetna Better Health become active plans in Sacramento, these plans will follow the same GMC MOU structure. The MOU will outline mechanisms for sharing information and coordination of service delivery.

Elements to be covered in the MOU include the following components:

- Comprehensive substance use, physical, and mental health screening;
- Beneficiary engagement and participation in an integrated care program as needed;
- Shared development of care plans by the beneficiary, caregivers and all providers;
- Collaborative treatment planning with managed care;
- Care coordination and effective communication among providers;
- Navigation support for patients and caregivers; and
- Facilitation and tracking of referrals between systems.

Policies and procedures:

- Information sharing policies and procedures;
- Agreed upon roles and responsibilities for sharing personal health information (PHI) for the purposes of medical and behavioral health care coordination; and
- Coordinating medical and behavioral health care for beneficiaries enrolled in Medi-Cal Managed Care Plans that are receiving Medi-Cal specialty mental health or Drug Medi-Cal services through the Department.

Additional provisions for compliance with 42 CFR Section 438:

The MOUs with health plans will contain language that covers:

- Plan for a fair hearing for denial of service
- Provisions for a protocol to resolve issues related to denial of coverage or payment of services rendered.
- The grievance system will include required elements such as:
    - Procedures for clients, providers and MCOs to file and appeal grievances
    - Time frames for reasonable action
    - Fair hearing procedures
    - Protocols for filing grievances

The Memorandum of Understanding with managed care organizations must be approved by county counsel. The template for future agreements will also be reviewed and approved by counsel review. The MOU and affiliated policies and procedures are targeted to be complete prior to implementation.

17. Telehealth Services. If a county chooses to utilize telehealth services, how will telehealth services be structured for providers and how will the county ensure confidentiality? (Please note: group counseling services cannot be conducted through telehealth).

Tele-health services will be explored for the Medi-Cal Waiver demonstration. However, a number of issues related to electronic transmission of Personal Health Information (PHI), confidentiality of tele-health sessions and client privacy need to be explored, and policy and procedures developed. As the Behavioral Health Services Division is located within Sacramento County's Health Services Department, policies and procedures must be aligned to the technological capacity and requirements of the county departmental system. A working committee composed of representatives from the Sacramento County Compliance Office and County Counsel's Office has been reviewing procedures for tele-health modalities to ensure that all programs comply with confidentiality regulations.

18. Contracting. Describe the county's selective provider contracting process. What length of time is the contract term? Describe the local appeal process for providers that do not receive a contract. If current DMC providers do not receive a DMC-ODS contract, how will the county ensure beneficiaries will continue receiving treatment services?

Selection of provider contracting process:
The Sacramento County Department of General Services (DGS) is the designated County agency that oversees procurement policy and procedure. In compliance with DGS and the Board of Supervisors (BOS), DHS/BHS has been given authority to conduct procurement for Health Services. BHS complies with the County Competitive Solicitations policy and procedure for the selection and retention of service providers. Sacramento County Charter (Section 45) and the Sacramento County Purchasing Code (Section 2.56 states: Except as authorized by Section 2.56.250, all purchases or annual contracts by the Purchasing Agent exceeding $100,000 shall be made pursuant to formal competitive solicitation (bids, proposals, reverse auctions, etc.) and shall be let to the party whose offer provides the greatest value to the County.

The Sacramento County Department of Health Services administers a competitive Request for Proposal process under the direction of the DHS Director. The main stages of the competitive bid process are:

1. Development of procurement request and approval of funding by DHS Director
2. RFP Development
3. RFP Release
4. Bidder's Conference
5. Bid Submission

6. County Evaluation Team Orientation (includes panelist confidentiality and conflict of interest statements)
7. Evaluation of written proposal by County Evaluation Team
8. Award/notification letters sent to all bidders
9. Formal bid protest/appeal process
10. Contract development/negotiation
11. Presentation of DHS recommendation to the BOS for approval

Length of term of contract:
Services will be re-bid every 5 years through a competitive procurement process that involves publishing Request for Proposals (RFP). Contract awards from RFPs are renewed every fiscal year and are in effect for a maximum of 5 years. Under specific circumstances, the Board of Supervisors may allow a contract to be extended beyond the prescribed period.

Local appeals process:
Sacramento County Charter (Section 45) and the Sacramento County Purchasing Code (Section 2.56) provides vendors an opportunity to submit a protest to a contract award. Additionally, the protest procedure is explained in detail as part of all DHS Request for Proposals, to allow non-selected contractors a process to appeal.

DHS protest/appeal language is as follows:

1. Any proposer wishing to protest disqualification in the screening process or the proposed award recommendation(s) must submit a written letter of protest to the DHS director. Submit such a letter by the date shown in the RFP timeline. Any protest shall be limited to the following grounds:

    a. The County failed to include in the RFP a clear, precise description of the format which proposals shall follow and elements they shall contain, the standards to be used in screening and evaluating proposals, the date on which proposals are due, and the timetable the County will follow in reviewing and evaluating them: and/or

    b. Proposals were not evaluated and/or recommendation(s) for award were not made in the following manner:

        i. All timely proposals were reviewed to determine which ones met the screening requirements specified in the RFP; and/or

        ii. All proposals meeting the screening requirements were submitted to an Evaluation Committee, which evaluated the proposals using the criteria specified in the RFP; and/or

        iii. The proposer(s) 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 reviewing the format requirements or evaluating the proposals as specified in the RFP.

Options for continuing service for beneficiaries if a particular contractor is not selected:
If current DMC providers are not awarded a DMC-ODS contract, the County will ensure that beneficiaries are referred to other DMC-ODS contract providers that provide comparable services. Sacramento County will assume the responsibility to ensure continued care and will develop a transition plan between providers to decrease any gaps in service that may arise in this type of situation.

19. Additional Medication Assisted Treatment (MAT). If the county chooses to implement additional MAT beyond the requirement for NTP services, describe the MAT and delivery system.

Sacramento County will explore the implications and feasibility for adding additional Medication Assisted Treatment services to the continuum of care, with a specific focus on Vivitrol.

20. Residential Authorization. Describe the county's authorization process for residential services. Prior authorization requests for residential services must be addressed within 24 hours.

Residential capacity in the Alcohol and Drug Services system is managed by the County System of Care. When clients enter the System of Care, they are triaged to the most appropriate modality using an ASAM screening tool. A decision is then made by the County counseling staff member referring the client to the most effective service modality (Detoxification, Residential Treatment, Outpatient Treatment, MAT services). The triage determination at the System of Care constitutes an authorization for Residential Treatment and the client is referred to treatment within 24 hours. In the case of all system beds being at full capacity, the client is placed on the Residential Placement list. All clients on the Placement list are offered treatment on demand through Intensive Outpatient services and/or provided with interim group education options. The County will explore contracts with out of network residential facilities as needed. County staff are responsible for matching clients on the list to appropriate residential beds as soon as possible. Current placement data indicate that the overwhelming majority of clients are placed into residential treatment during the first 27 days following the initial assessment at System of Care. Placement times in residential treatment depend on capacity and client choice.

With the implementation of the Waiver, Sacramento County will move to placement within 21 days. This will be accomplished through the development of additional residential capacity within the existing network. Sacramento County will also be pursuing the possible capability of creating an electronic bed census management tool within its EHR system to manage residential bed capacity with greater efficiency.

Referrals for residential treatment from the call-center and post-authorization sites are maintained centrally by System of Care staff, which manages a placement process following SAPT standards for prioritizing residential admissions. The System of Care proposes to increase the timeliness to service by retooling the residential placement process and other tools used for system improvement.

Beneficiaries will be offered same day admissions if beds are available. Some beneficiaries prefer the convenience of an appointment and choose to schedule their admission day up to a few weeks in advance.

The System of Care coordinates placement of clients in residential treatment when the initial assessment requires it. If the recommendation involves an “upgrade” to a more intensive level of care, then the provider obtains authorization through the System of Care. In instances where transfer cannot be arranged on the same day, the first provider is required to admit the client and provide them with the intensity of services necessary to prevent their condition from deteriorating until the transfer can be arranged. Upgrades from outpatient to residential are given a high priority and these transfers are routinely coordinated by the System of Care. Transfers between levels of care are documented.

The ODS Waiver has created the opportunity for the System of Care to revise the residential placement process. In the future, authorization will occur following a face to face session in which an ASAM six-dimension assessment is conducted (at the referred treatment site). Providers will contact the County System of Care after completing a standardized intake assessment and request a formal authorization.
In the Adult system, the current 90-day residential length of stay benchmark for an initial authorization will continue. At present, residential treatment is initially authorized for 90 days (120 days for opioid treatment). Stays beyond the initial authorization period must be authorized by the System of Care. This protocol will continue under the demonstration project. The same full six- dimensional ASAM assessment used at intake will be used to determine re-authorizations for stays anticipated beyond 90 days. Extensions will be granted by System of Care consultation based on a beneficiary’s current clinical needs and ASAM assessment in keeping with a chronic care management philosophy where clients are stabilized at higher levels of care and then moved to lower levels of care within the community. The Sacramento County Organized Delivery System will manage client benefits by using authorizations, utilization management and data reporting.

The length of residential services range from 1 to 90 days with a 90-day maximum for adults, unless medical necessity requires a one-time extension of up to 30 days on an annual basis. Only two non-continuous 90-day regimens will be authorized in a one-year period. Perinatal and criminal justice clients may receive a longer length of stay based on medical necessity. If longer lengths of stay are needed, other non-Medi-Cal funds can be used. The authorization and preliminary payment source will be entered into the System of Care Residential placement list.

21. One Year Provisional Period. For counties unable to meet all the mandatory requirements upon implementation, describe the strategy for coming into full compliance with the required provisions in the DMC-ODS. Include in the description the phase-in plan by service or DMC- ODS requirement that the county cannot begin upon implementation of their Pilot. Also include a timeline with deliverables.

Sacramento County is in the process of acquiring a youth residential contracted provider. If DHCS is able to review and approve DMC certification applications in a timely manner, the County anticipates being able to come into full compliance with the required provisions of the DMC-ODS Waiver within one year of State, Federal and County approval of the State/County contract for DMC-ODS services. The County is exploring contracting options with out of network providers in order to provide youth residential treatment services. The County is also exploring contracts with local providers for the provision of Residential 3.7 and 4.0 services.

County Authorization

Authorization of County Director of Behavioral Health Services:

	Sacramento	
Uma K. Zykofsky, LCSW Behavioral Health Services Director Alcohol and Drug Administrator Department of Health Services	County	Date

Sacramento County Alcohol and Drug Services Provider Directory - Provider Information

County Name	Provider Name	Provider Address (including zip code)	City	Zip Code	Phone	24/7 Customer Service Unit	Toll Free and TTY / TDY	Fax	E-Mail Address	Provider Website	Provider Services/Modality	Specialty	Type of Practitioner	NPI #	CA License #	Type of License	Accepts DMC?	Provider accepting new beneficiary referrals? (Y/N)	Demographic Served (M,W,Y,P)				Providers Cultural Capabilities	Linguistic Capabilities	Physical Disabilities Accommodations	Cultural Competence Training	Large Print Tagline
Sacramento	Another Choice, Another Chance (ACAC)	7000 Franklin Blvd, Suite 625	Sacramento	95823	(916) 388-9418	None	(800) 735-2929	(916) 388-9273	bhamdon@acacsac.org	http://acacsac.org/	Intensive Outpatient Treatment Outpatient Treatment	Trauma	Outpatient Drug Free	1629147871	340037AN	Department Of Health Care Services	X	Yes	X	X	X		Transitional Age Youth (TAY), adolescents	Spanish	Yes, office and restrooms.	Yes	None
Sacramento	Associated Rehabilitation for Women (Alpha Oaks)	8400 Fair Oaks Blvd.	Carmichael	95608	(916) 944-3920	None	711	(916) 944-7740	lbeirtker@alphaoaks.org	https://www.alphaoaks.org/	Detoxification Residential Treatment	Women's Treatment	Residential & Detox	1447319231	340001AN	Department Of Health Care Services	N/A	Yes (Certification Pending)		X			We treat all women regardless	Access to interpreters as needed	Handicap accessible	Completed cultural competence training	None
Sacramento	Associated Rehabilitation for Women (Cornerstone)	6348 Appian Way	Carmichael	95608	(916) 966-5102	None	711	(916) 986-9362	lbeirtker@alphaoaks.org	https://www.alphaoaks.org/	Residential Treatment	Women's Treatment	Residential	1497816763	340001BN	Department Of Health Care Services	N/A	Yes (Certification Pending)		X			We treat all women regardless	Access to interpreters as needed	Handicap accessible	Completed cultural competence training	None
Sacramento	BAART/Bi-Valley (Methadone)	310 Harris Ave, Suite A	Sacramento	95838	(916) 649-6793	None	711	(916) 929-7411	mdeveley@baartprograms.com	https://baartprograms.com/baart-norwood/	Medication Assisted Treatment (MAT) Prop 36 Program	Narcotic Treatment Program	Opioid Treatment	1174544092	34-04	Department Of Health Care Services	X	Yes	X	X	X		Men and women over 18 yrs of age	English, Spanish, Hmong	Able to accommodate	Annually for all staff	None
Sacramento	BAART/Bi-Valley (Methadone)	6127 Fair Oaks Blvd.	Carmichael	95608	(916) 974-8090	None	(916) 974-8090	(916) 974-7851	fitzpatrick@baartprograms.com	https://baartprograms.com/baart-carmichael/	Medication Assisted Treatment (MAT)	Narcotic Treatment Program	Opioid treatment	1962423889	34-06	Department Of Health Care Services	X	Yes	X	X	X		Men and women over 18 yrs of age	Spanish, Russian, English	Able to accommodate	Yes	None
Sacramento	Bridges Professional Treatment Services	3600 Power Inn Rd, Suite A	Sacramento	95826	(916) 647-5343	None	No 800 number (916) 450-0700 711	(916) 450-0703	intake@bridgesinc.net christy@bridgesinc.net	http://www.bridgesinc.net	Drug Diversion Program Drug Testing Location Outpatient Treatment	Substance Use Treatment Drug Testing Case Management	Substance Use Disorder Treatment Services	1144650789	340041CN	Department Of Health Care Services	X	Yes	X	X			Men and women over 18 yrs of age	Spanish	Can accommodate some physical limitations including wheelchair only. Groups and counseling sessions can be held on first floor.	Yes	None
Sacramento	C.O.R.E. (Methadone)	2100 Capitol Ave.	Sacramento	95816	(916) 442-4985	None	711	(916) 442-1029	rroterson@corecapitol.com	http://www.coremedicalclinic.com	Medication Assisted Treatment (MAT)	Opioid Addiction Treatment	Medication Assisted Treatment	1326283706	34-10	Department Of Health Care Services	X	Yes	X	X	X		Veterans, older adults, dual-diagnosis, lesbian, gay, bisexual, and transgender.	Spanish, Hmong, Russian	ADA-compliant restroom, lift	Yes	None
Sacramento	MedMark (Methadone)	7240 East Southgate Dr, Suite G	Sacramento	95823	(916) 391-4293	None	(866) 840-6658	(916) 391-4247	https://medmark.com/contact-us	https://medmark.com	Medication Assisted Treatment (MAT)	Opioid Addiction Treatment	Outpatient & narcotic treatment center	1255419172	34-09	Department Of Health Care Services	X	Yes	X	X	X		Offering services that are safe and accessible. Both clinically and culturally to adults age 18 and over. Veterans, transgender, gay, lesbian and bisexual.	Hmong, Spanish, English, Russian, Mien, Laos, Thai , We also have Transperfect which allows us to use interpreters	We have accessibility for patients with physical disabilities.	Yes	None
Sacramento	River City Recovery Center	12490 Alta Mesa Rd.	Herald	95638	(209) 748-2470	None	711	(916) 442-3577	Danielle.Driggs@rivercityrecoverycenter.org	https://rivercityrecovery.org	Residential Treatment	All staff or either registered or certified alcohol and drug counselors. Staff are trauma informed and are trained in the CLAS Standards	Outpatient & Residential	1013200831	340002AN	Department Of Health Care Services	N/A	Yes (Certification Pending)	X				Veterans, older adults, transitional age youth (TAY), gay, bisexual, and transgender.	English. Translation services are provided as needed.	The facility can accommodate individuals with physical disabilities.	CLAS Trained	None
Sacramento	River City Recovery Center	2218 E. St.	Sacramento	95816	(916) 442-3979	None	711	(916) 442-3577	Danielle.Driggs@rivercityrecoverycenter.org	https://rivercityrecovery.org	Residential Treatment	All staff or either registered or certified alcohol and drug counselors. Staff are trauma informed and are trained in the CLAS Standards	Residential	1487947206	340002BN	Department Of Health Care Services	N/A	Yes (Certification Pending)		X			Veterans, older adults, transitional age youth (TAY), gay, bisexual, and transgender.	English. Translation services are provided as needed.	The facility can accommodate individuals with physical disabilities.	CLAS Trained	None
Sacramento	Sacramento Recovery House	1914 22nd St.	Sacramento	95816	(916) 455-6258	(916) 455-6258	711	(916) 455-5667	http://www.gatewayforwomen.org/contact-us.html	http://www.gatewayforwomen.org	Residential Treatment	Dual-Diagnosis Veterans LGBTQ Criminal Justice	Residential	1215920921	340009AN	Department Of Health Care Services	N/A	Yes (Certification Pending)	X				Able to work with LGBTQ community, veterans, criminal justice population, and male-specific treatment needs.	Access to interepreters.	Registered as historic building; not able to modify	Trained in CLAS Standards	None
Sacramento	Sacramento Recovery House (Gateway House)	4049 Miller Way	Sacramento	95817	(916) 451-9312	(916) 451-9312	711	(916) 451-4018	http://www.gatewayforwomen.org/contact-us.html	http://www.gatewayforwomen.org	Residential Treatment	Dual-Diagnosis Veterans LGBTQ Criminal Justice	Residential	1366852147	C340020	Department Of Health Care Services	N/A	Yes (Certification Pending)		X			Able to work with LGBTQ community, veterans, criminal justice population, and female-specific treatment needs.	Access to interepreters.	None	Trained in CLAS Standards	None
Sacramento	Sobriety Brings About Change (SBAC)	4600 47th Ave, Suite 102	Sacramento	95824	(916) 454-4242	None	711	(916) 454-2930	nancyholdensbac@gmail.com	None	Outpatient Treatment	Outpatient Treatment	AOD-OP	1831559624	340008AN	Department Of Health Care Services	X	Yes	X	X	X		Yes	Yes/Spanish	ADA compliant	Yes	None
Sacramento	Strategies for Change North Site	4441 Auburn Blvd, Suite E	Sacramento	95841	(916) 473-5764	None	(916) 473-5764	(916) 473-5766	arobinson@wellspacehealth.org	http://www.strategies4change.org/	Drug Testing Location Intensive Outpatient Treatment Outpatient Treatment Prop 36 Program	All counselors are consistently trained in: 1. AOD treatment, evidenced based practices, ethics, and cultural competency 2. SFC specializes in general AOD including Perinatal, co-occurring, offender re-entry treatment for youth and adults. SFC also specializes in Anger Management and Domestic Violence counseling. 3. SFC has also been competency certified for	Outpatient Adult and Youth AOD and Co-occuring treatment services. Our modalities include Outpatient, and Intensive Outpatient.	1033295084	340084BN	Department Of Health Care Services	X	Yes	X	X	X		SFC has the capabilities to work with a broad range of clients including; ethnic minorities, older adults, youth and transitional age youth, and LGBTQ.	SFC has Spanish speaking staff members, and utilizes interpreters for Cambodian, Cantonese, Mandarin, Toisan, Hmong, Mien, Russian, Vietnamese, Serbo Croatian, Ukrainian, Thai, and Laotian	Yes; restroom is wheelchair accessible and there is a ramp from the parking lot to the sidewalk.	SFC has completed several cultural competency trainings.	None
Sacramento	Strategies for Change South Site, (includes Options for Recovery program)	4343 Williamsbourgh Dr.	Sacramento	95823	(916) 395-3552	None	(916) 395-3552 (916) 427-8703 (Options for Recovery)		dedavis@wellspacehealth.org	http://www.strategies4change.org/	Drug Testing Location Intensive Outpatient Treatment Outpatient Treatment Prop 36 Program **Provides following for Options for Recovery clients:** Intensive Outpatient Treatment Outpatient Treatment	All counselors are consistently trained in: 1. AOD treatment, evidenced based practices, ethics, and cultural competency 2. SFC specializes in general AOD including Perinatal, co-occurring, offender re-entry treatment for youth and adults. SFC also specializes in Anger Management and Domestic Violence counseling. 3. SFC has also been competency certified for co-occurring and trauma informed services.	Outpatient Adult and Youth AOD and Co-occuring treatment services. Our modalities include Outpatient, Intensive Outpatient, and Perinatal Day Treatment.	1558446179	340084AN	Department Of Health Care Services	X	Yes	X	X	X	X	SFC has the capabilities to work with a broad range of clients including; ethnic minorities, older adults, youth and transitional age youth, LGBTQ, HIV positive, and those with developmental disabilities.	SFC has Spanish speaking staff members, and utilizes interpreters for Cambodian, Cantonese, Mandarin, Toisan, Hmong, Mien, Russian, Vietnamese, Serbo Croatian, Ukrainian, Thai, and Laotian	SFC South location has ADA compliant ramps and bathrooms	SFC has completed several cultural competency trainings.	None
Sacramento	Towns Health Services	750 Spears Dr.	Galt	95632	(209) 744-9909	None	711	(209) 744-9910	http://townshealthservices.com/outpatient-substance-abuse-rehab-facility/Contact-Us/	http://townshealthservices.com/	Outpatient Treatment	Alcohol and Drug Abuse	Outpatient	1912277492	340100AP	Department Of Health Care Services	X	Yes	X	X			All over 18 years ols	Interpreter Services	Able to accommodate	Yes	None
Sacramento	Treatment Associates (Methadone)	7225 East Southgate Dr, Suite D	Sacramento	95823	(916) 394-1000	None	(866) 932-1547	(916) 394-1010	bryey.dubois@stcprograms.com	https://www.sacramentostc.com/	Medication Assisted Treatment (MAT)	Opioid addiction recovery	OTP & NTP Substance Abuse Treatment	1831109735	CA-10341-M RT0295041 ZT0295041 34-08	OTP NUMBER DEA MAINTNANCE DEA DETOX NTP LICENCE	X	Yes	X	X	X		Multi	English, Hmong	ADA accessible clinic	Yes	None
Sacramento	Volunteers of America (Options for Recovery)	1001 Grand Ave.	Sacramento	95838	(916) 929-1951	None	711	(916) 427-8703	info@sea-vcm.org	https://www.voa.org/	Detoxification Residential Treatment	AOD/Co-occurring Dual Diagnosis	Perinatal Residential Substance Use Disorder Treatment	1215064100	340018AN	Department Of Health Care Services	N/A	Yes (Certification Pending)		X		X	Women Lesbian Bisexual Transgender	Interpreter Service and Bilingual (English/Spanish) Staff.	Rooms, offices, community living space wheelchair accessible	CLAS	None
Sacramento	Wellspace Health	1820 J St.	Sacramento	95811	(916) 313-8434	After Hours (916) 313-8434	(877) 299-1586	(916) 444-0470	https://www.wellspacehealth.org/about/contact	http://www.wellspacehealth.org	Outpatient Treatment Prop 36 Program	AOD Co-Occurring, MAT Program. All counselors are registered or certified thru CCAPP	Adult AOD Outpatient Services	1124112933 (Outpatient)	340015CN	Department Of Health Care Services	X	Yes	X	X			Work with a broad range of clients including ethnic minorities, older adults, adults in the criminal justice system and those with developmental disabilities.	Use interpreters when necessary.	J Street Outpatient are ADA compliant	Completed - Training once a month for new staff	None
Sacramento	Wellspace Health (A-House)	1550 Juliesse Ave.	Sacramento	95815	(916) 405-4600 (Detox) (916) 921-6598 (Res.)	None	(916) 921-6598	(916) 921-6604	https://www.wellspacehealth.org/about/contact	http://www.wellspacehealth.org	Detoxification Residential Treatment	AOD Co-Occurring. All counselors are registered or certified thru CCAPP. AMFT Counselor.	CO-ED Residential and Detox Co-Occurring Services	1871617688 (Residential)	340015AN	Department Of Health Care Services	N/A	Yes (Certification Pending)	X	X			Work with a broad range of clients including ethnic minorities, older adults, adults in the criminal justice system and those with developmental disabilities.	Use interpreters when necessary.	Residential and Detox are ADA compliant	Completed - Training once a month for new staff	None
																			Demographic Legend: M=Men; W=Women; Y=Youth; and, P=Perinatal							

Sacramento County Alcohol and Drug Services Provider Directory - Licensed Practitioners

Agency Name	Staff Last Name	Staff First Name	E-mail address	Specialty	Cultural Capabilities	Linguistic Capabilities	Type of Practice	NPI #	CA License #	Type of CA License	Completed Cultural Competence Training
Another Choice, Another Chance	Anderson	Andrea	aanderson@acacsac.org	Addiction	None	English Speaking Only	BH. Therapist	1144612979	LMFT103871	Licensed Marriage and Family Therapist	Yes
Another Choice, Another Chance	Keanna	Bristo	kbristo@acacsac.org	Addiction	None	English Speaking Only	BH. Therapist	1093152498	LMFT109939	Licensed Marriage and Family Therapist	Yes
Another Choice, Another Chance	Mottaghian	Parivash	pmottaghian@acacsac.org	Addiction	None	English Speaking Only	BH. Therapist	1558554295	LMFT 49530	Licensed Marriage and Family Therapist	None
Another Choice, Another Chance	Margolis	James	jmargolis@acacsac.org	Addiction	None	English Speaking Only	Psychiatrist	1750305777	G16502	Psychiatrist / Physician	None
Another Choice, Another Chance	Moyo	Nhlanhla	nmoyo@acacsac.org	Psych Nurse	None	English Speaking Only	Registered Nurse	1841701422	95094023	Nursing	Yes
Associated Rehabilitation for Women	Vierra	Jessica	jessica.vierra@rivercityrecovery.org	Individuals, trauma, Court order population, Gay/Lesbian/Transgender, DV, Chronic mental health, AOD, Crisis Intervention	NA	NA	Licensed Clinical Social Worker	1700807310	LCSW16798	Licensed Clinical Social Worker	Yes
BAART/Bi-Valley Carmichael/Fair Oaks Blvd.	Bokoch	Natalya	nbokoch@baartprograms.com	Addiction	Russian, Ukrainian	Russian, Ukrainian	Opioid Treatment Program	1457501157	17760	Nurse practitioner	Yes, Internally
BAART/Bi-Valley Carmichael/Fair Oaks Blvd.	Johnson	Ian	ijohnson@baartprograms.com	Addiction	None	None	Opioid Treatment Program	1265454706	G75719	Physician	Yes, Internally
BAART/Bi-Valley Carmichael/Fair Oaks Blvd.	Jones	Curt	cjones@baartprograms.com	Addiction	None	None	Opioid Treatment Program	1609914688	3862	Nurse practitioner	Yes, Internally
BAART/Bi-Valley Carmichael/Fair Oaks Blvd.	Mehra	Neal	nmehra@baartprograms.com	Addiction	None	None	Opioid Treatment Program	1255592721	A95686	Physician	Yes, Internally
BAART/Bi-Valley Norwood/Harris Ave.	Aqeel	Khaled	Kaqeel@baartprograms.com	Opioid Addiction Treatment	men women over 18 years of age	English, Arabic	Opioid Treatment Program	1427314020	A149152	Physician	Yes
BAART/Bi-Valley Norwood/Harris Ave.	Matthews	Lori	lmatthews@baartprograms.com	Opioid Addiction Treatment	men women over 18 years of age	English	Opioid Treatment Program	49959	1306886239	Nurse practitioner	Yes
Bridges Professional Treatment Services, Inc.	Bell	Christine	crb32@aol.com	Addiction	Yes	English and interpreter services if needed	Physican/Medical Director	1053475087	A82604	Medical Board of California Physican and Surgeon	Yes
Bridges Professional Treatment Services, Inc.	English	Elizabeth	elizabethe@bridgesinc.net	Addiction	Yes	English and interpreter services if needed	Clinical Director	1477756955	LCSW20473	Licensed Clinical Social Worker	Yes
C.O.R.E. (Methadone)	Bell	Christine	crb32@aol.com	Medication-Assisted Treatment	None	English Speaking Only	Outpatient Medication-Assisted Treatment	1053475087	A82604	Physician	Yes
C.O.R.E. (Methadone)	Gallagher	Diana	diana@corecapitol.com	Medication-Assisted Treatment	Hispanic populations	Spanish	Outpatient Medication-Assisted Treatment	1851605521	19965	Family Nurse Practitioner	Yes
C.O.R.E. (Methadone)	Scanlon-Davis	Sydney	sydney@corecapitol.com	Medication-Assisted Treatment	None	English Speaking Only	Outpatient Medication-Assisted Treatment	1215168950	9226	Family Nurse Practitioner	Yes
C.O.R.E. (Methadone)	Sharpe	Katelyn	katelyn@corecapitol.com	Medication-Assisted Treatment	None	English Speaking Only	Outpatient Medication-Assisted Treatment	1205293370	95003603	Family Nurse Practitioner	Yes
C.O.R.E. (Methadone)	Slocum	Jennifer	jennifer@corecapitol.com	Medication-Assisted Treatment	None	English Speaking Only	Outpatient Medication-Assisted Treatment	1932190022	18847	Family Nurse Practitioner	Yes
C.O.R.E. (Methadone)	Stenson	Randall	randall.stenson@comcast.net	Medication-Assisted Treatment	None	English Speaking Only	Outpatient Medication-Assisted Treatment	1164465357	G25548	Physician	Yes
MedMark	Johnson	Ian	ijohnson@baartprograms.com	SUD	English	English	Opioid Treatment Program	1265454706	G75719	Physician	Yes

Sacramento County Alcohol and Drug Services Provider Directory - Licensed Practitioners

Agency Name	Staff Last Name	Staff First Name	E-mail address	Specialty	Cultural Capabilities	Linguistic Capabilities	Type of Practice	NPI #	CA License #	Type of CA License	Completed Cultural Competence Training
River City Recovery	Vierra	Jessica	jessica.vierra@rivercityrecovery.org	Individuals, trauma, Court order population, Gay/Lesbian/Transgender, DV, Chronic mental health, AOD, Crisis Intervention	NA	NA	Licensed Clinical Social Worker	1700807310	LCSW16798	Licensed Clinical Social Worker	Yes
Sacramento Recovery, Inc.	Cobb	Angela J.	ajcmft@gmail.com	Psychotherapy	African American	English language	Private Practice	1275603235	42421	Licensed Marriage and Family Therapist	Yes
Sobriety Brings About Change	Borges	Gabriel	gborges@gmail.com	Osteopathy	Yes	Spanish	Medical	1104809110	20A7049	Doctorate of Osteopathic Medicine (DO)	Yes
Towns Health Services	Towns	Mark	Mark7@aol.com	Addiction	Yes	Yes	Physican/Medical Director	1811183643	A100676	Physician	Yes
Treatment Associates	Julian	Yolanda	dr.Julian@ctcprograms.com	Addiction	All	English	Able to serve patients of all ability levels	1497707699	6667	Osteopathic Physician and Surgeon (20A)	Yes
Volunteers of America - Options for Recovery	Garner	Brandi	bgarner1980@gmail.com	Counseling	Yes, African American	English	Private Practice	1215003330	49045	Licensed Marriage and Family Therapist	Yes
WellSpace Health	Benedict	Sean	sbenedict@wellspacehealth.org	Co-Occurring	Yes	English Speaking Only	SUDs	1245478254	LMFT36505	Licensed Marriage and Family Therapist	Yes
WellSpace Health	Cauckwell	Kathrina	kcauckwell@wellspacehealth.org	SUD/Adolescents and Family	Yes	English Speaking Only	Residential	1497146955	LCSW87327	Licensed Clinical Social Worker	Yes
WellSpace Health	Mehra	Neal	nmehra@wellspacehealth.org	Addiction Medicine	Yes	English Speaking Only	Group	1255592721	A95686	Physician	Yes

Photo by Rmarmion at dreamstime.com

SACRAMENTO COUNTY

YOU CAN MAKE A DIFFERENCE

Sacramento County Division of Behavioral Health Services would like to invite African American community members who live in Sacramento County to participate in a Community Listening Session. Join us for a regional Community Listening Session to provide your insights and ideas on the mental health and wellness needs of African Americans in Sacramento County. Through your participation, you will help shape future programming to meet the mental health needs of African Americans who have experienced trauma.

COMMUNITY LISTENING SESSION – SOUTH:

SATURDAY, FEBRUARY 9TH, 2019

10 AM - 2PM

SOUTH SACRAMENTO CHRISTIAN CENTER

7710 STOCKTON BLVD,

SACRAMENTO, CA 95823

Lunch will be provided. If interested in attending, please RSVP at **https://mhdialogue1.eventbrite.com. If you wish to attend and need reasonable accommodation, please contact Darlene Moore at (916) 875-7227 or via email at Mooreda@SacCounty.net by 2/1/19.*

For questions or concerns, please contact Darlene Moore at (916) 875-7227.

Photo by Rmarmion at dreamstime.com

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GREATER SACRAMENTO URBAN LEAGUE - NORTH

SATURDAY, MARCH 2nd, 2019

10 AM - 2PM

3725 MARYSVILLE BLVD.

SACRAMENTO, CA 95838

Lunch will be provided. If interested in attending, please RSVP at **https://mhdialogue2.eventbrite.com. If you wish to attend and need reasonable accommodation, please contact Darlene Moore at (916) 875-7227 or via email at Mooreda@SacCounty.net by 2/22/19.*

For questions or concerns, please contact Darlene Moore at (916) 875-7227.

Photo by Rmarmion at dreamstime.com

SACRAMENTO COUNTY

YOU CAN MAKE A DIFFERENCE

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ST. PAUL MISSIONARY BAPTIST CHURCH – OAK PARK:

DR. EPHRAIM WILLIAMS FAMILY LIFE CENTER

SATURDAY, MARCH 30TH, 2019

10 AM - 2PM

4036 14TH AVE.

SACRAMENTO, CA 95820

**Lunch will be provided.*

If interested in attending, please RSVP at ***https://mhdialogue3.eventbrite.com****. Playcare is available with advance reservations. For playcare, please complete your Eventbrite registration by March 22, 2019*

For questions or concerns or if you need reasonable accommodations, please contact Darlene Moore at (916) 875-7227 or via email at Mooreda@SacCounty.net by 3/22/19

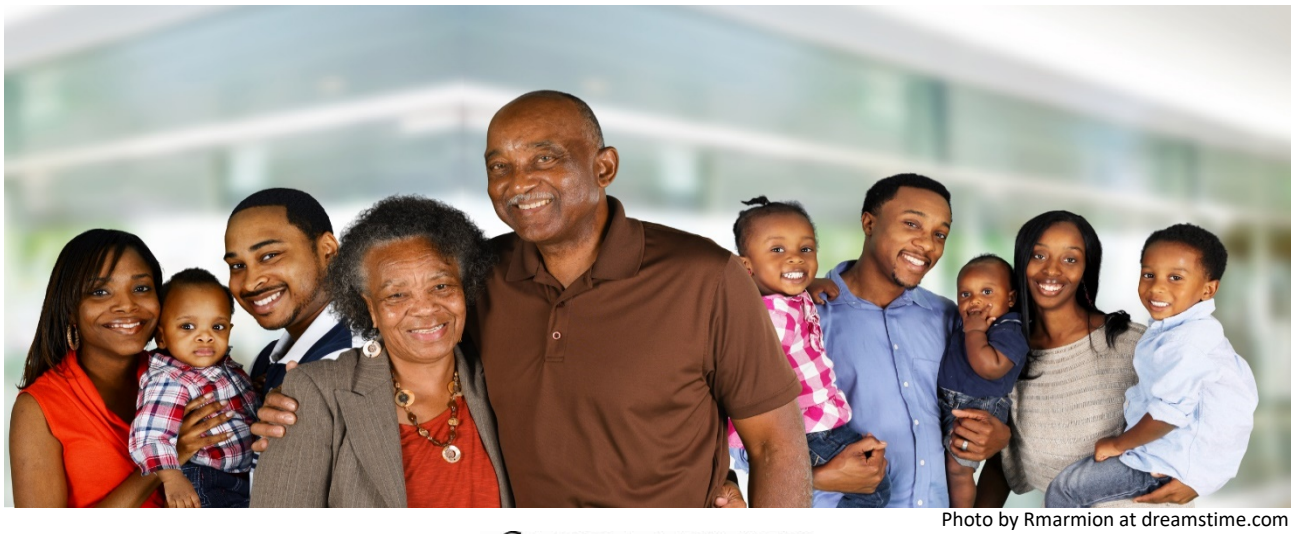

Photo by Rmarmion at dreamstime.com

SACRAMENTO COUNTY

YOU MADE A DIFFERENCE

Sacramento County Division of Behavioral Health Services invites African American community members who live in Sacramento County to participate in a Community ***Wrap-Up*** session. We held three Community Listening Sessions in various parts of the county and received great feedback that will be helpful in developing a Prevention and Early Intervention program for African American community members to address their mental health and wellness needs. Many African American community members participated in one or more of the Community Listening Sessions, sharing their thoughts and ideas on the mental health and wellness needs of African Americans who have experienced trauma and how best to provide community interventions that will be meaningful and beneficial.

We want to ensure that we heard and recorded your thoughts, insights and ideas accurately. To make sure we *got it right,* we are inviting you to attend a ***Wrap-Up*** session, which will conclude the community input phase of the process. Your participation will directly impact and influence program design and support services to meet the mental health and wellness needs of African Americans in Sacramento County.

BLACK CHILD LEGACY COMMUNITY INCUBATOR LEAD – FRUITRIDGE/STOCKTON
FRUITRIDGE ELEMENTARY SCHOOL
TUESDAY, MAY 28, 2019
4625-44TH STREET
SACRAMENTO, CA 95820
TUESDAY, MAY 28, 2019
6 PM – 8 PM

If interested in attending, please RSVP at https://mhfeedback.eventbrite.com. Dinner will be provided. Playcare is available with advance registration. For playcare, please complete your Eventbrite registration by: May 21, 2019.

For questions, concerns or if you need reasonable accommodations, please contact Darlene Moore at (916) 875-7227 or via email at Mooreda@SacCounty.net by: May 21, 2019.

County of Sacramento Department of Health and Human Services Division of Behavioral Health Services Policy and Procedure	Policy Issuer (Unit/Program)	ADS
	Policy Number	05-27
	Effective Date	1/1/2009
	Revision Date	11/18/14
Title: Nondiscrimination Policy	Functional Area: Alcohol and Drug Services	
Approved By:		

Background/Context:

It is the responsibility of every Alcohol and Drug Services (ADS) employee to uphold and safeguard the human and civil rights of every client or visitor. Discrimination, denial of service, exclusion from participation in services, or denial of access to services is prohibited to any person, otherwise qualified, based on race, color, national origin, political affiliation, religion, marital status, sex, age, or disability.

Purpose:

Nondiscrimination in the Provision of Services – Written assurance that programs shall not discriminate in the provision of services on the basis of ethnic group identification, religion, age, sex, color, or disability, pursuant to Title VI of the Civil Rights Act of 1964 (Section 2000, Title 42, United States Code), The Rehabilitation Act of 1973 (Section 794, Title 29, United States Code); The Americans with Disabilities Act of 1973 (Section 12132, Title 42, United States Code); Section 11135 of the California Government Code; and Chapter 6 (commencing with Section 10800), Division 4, Title 9 of the California Code of Regulations. [Standards Section 3035 a.9.]

It is considered a discriminatory action to:

A. Deny the opportunity to access, participate in or benefit from ADS services

B. Afford a person an opportunity to participate in or benefit from ADS services that is not equal to that afforded others.

C. Provide different or separate services to any person or group unless such action is necessary to provide services that are as effective as those provided to others.

D. Contribute to or perpetuate discrimination by providing significant assistance to an agency, organization or person that discriminates on the basis of race, color, national origin, political affiliation, religion, marital status, sex, age, sexual orientation, or disability.

Staff shall be responsible for:

- Advising clients of their civil rights
- Informing clients of the availability of language/cultural services
- Informing clients of available services to accommodate disabilities
- Explaining the process for accessing language/interpreter services

Reference(s)/Attachments:

Title VI of the Civil Rights Act of 1964 (Section 2000, Title 42, United States Code), The Rehabilitation Act of 1973 (Section 794, Title 29, United States Code); The Americans with Disabilities Act of 1973 (Section 12132, Title 42, United States Code); Section 11135 of the California Government Code; and Chapter 6 (commencing with Section 10800), Division 4, Title 9 of the California Code of Regulations. [Standards Section 3035 a.9.]

Distribution:

Enter X	DL Name	Enter X	DL Name
	ADS Administration		
	ADS CalWORKS		
	ADS Counselors		
	ADS Drug Court		
	ADS System of Care		
	ADS Options		
	ADS Providers		
	ADS Advisory Board		

Contact Information:

ADS Administration **(916) 875-2050**

Specific services available through the Options for Recovery Program:

Residential Treatment

Detoxification (Limited)

Intensive Outpatient Treatment

Outpatient Treatment

Relapse Prevention and Support

Mental Health Assessment & Counseling

Health Education

WEAVE Groups

Help Getting out of Sex Trade Industry

Child Development

Parenting Classes

Self-Care and Living Skills

On-Site Child Play Care

Community Resource Referrals

SACRAMENTO COUNTY

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Alcohol and Drug Services

Options for Recovery

Service Providers

Volunteers Of America

Strategies For Change

MISSION STATEMENT

Our mission is to reduce the harmful effects associated with alcohol and drug use and improve birth outcomes for pregnant and parenting women by providing intensive residential and outpatient treatment.

IF YOU ARE DRINKING or USING DRUGS during your pregnancy, you could seriously harm your unborn child.

STOP NOW! It isn't too late to quit and give your baby a healthy start at life.

Options For Recovery treats mothers living in Sacramento County.

If you need help, call us.

(916) 395-3552, ext 1272

No one will be refused services for inability to pay.

Preference provided for PERINATAL Alcohol and Drug Treatment Services to Women

Injecting pregnant women receive preference in the following order:

- Pregnant and injecting drug users;
- Pregnant substance abusers;
- Injecting drug users; and
- All others.

Revised May 2019

Options for Recovery offers:

Residential Treatment

- Volunteers Of America

A three month live-in facility providing alcohol and drug treatment, individual and group counseling, peer support, child development, and parenting classes, for up to 16 women and 12 children.

Detoxification

-Volunteers Of America

A 5-10 day detoxification program for women entering Options for Recovery Residential or Outpatient Programs.

Intensive Outpatient Treatment

- Strategies For Change

Three month intensive outpatient programs ranging from 9 to 20 hours per week. Provides alcohol and drug education, relapse prevention, parenting classes, child enrichment, and peer recovery support to assist women in maintaining a healthy lifestyle.

Outpatient Drug Free (ODF) Treatment

- Strategies For Change

Treatment one day a week for three months providing alcohol and drug treatment, counseling, relapse prevention, parenting, child enrichment, and peer support.

Transitional Living

- Volunteers Of America

Clean and sober living apartments for women and children enrolled in outpatient treatment. To qualify must be in treatment with Options For Recovery and have tested drug and alcohol free for 30-days.

Sacramento County Services

Provides mental health assessments, counseling and outside referrals. Assists in stabilization of mental health and recovery related needs, advocacy, and service coordination.

To find out more about:

The Program

If You Qualify

How to get Started

Call (916) 395-3552, ext 1272
Between the Hours of
8:00am – 5:00pm
Monday thru Friday

California Relay Service: 711

Bilingual staff and/or interpreters are available at no cost

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Alcohol and Drug Services

Options for Recovery

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Volunteers Of America

Strategies For Change

SACRAMENTO COUNTY

Division of Behavioral Health Services
Ryan Quist, Ph.D.
Behavioral Health Director
Alcohol and Drug Administrator

Department of Health Services
Peter Beilenson, MD, MPH, Director

County Executive:
Navdeep S. Gill

Board of Supervisors:

Phil Serna	1st District
Patrick Kennedy	2nd District
Susan Peters	3rd District
Sue Frost	4th District
Don Nottoli	5th District

Options for Recovery

علاج داخلي للوئي

إزلة لسموم (مدود)

علاج مرضى خارجيين لمختف

علاج مرضى خارجيين

قيلة ودعم من الانتكاسات

تقييم وبرنامج استصحة نفسية

تعليمات أمور صحية

WEAVE مجموعات

لمساعدة في فاق تجارة لجنس

تطوير الأطفال وتنميتهم

دروس تربية الأبناء

مهارات لعيش ولتعلي قبل الفس

لتعلي قبل عب الأطفال في لمدرسة

إحالات لموارد لمجتمعية

مقدمة

تتمثل مهمتنا في الحد من الآثار الضارة للمصابين بتعاطي الكحوليات والمخدرات وتحسين أحوال الأمهات والرضع من خلال تقديم رعاية مكثفة للمرضى الداخليين والخارجيين.

في حال تعاطي الكحوليات أو المخدرات في أثناء الحمل، فإن ذلك قد يلحق بالجنين أضرارًا خطيرة.

يتعين عليك الإقلاع عن ذلك الآن ولا تزال لديك الفرصة لمنح طفلك بداية صحية سليمة.

يوفر برنامج Options For Recovery العلاج للأمهات الحوامل في Sacramento County.

يُمكنكِ الاتصال بنا عند الحاجة لمساعدة:

(916) 395-3552, ext 1272

لا يُرفض علاج أي شخص بسبب عدم القدرة على سداد نفقات العلاج.

تُعطى للنساء الأولوية في خدمات التعافي من الكحوليات والمخدرات للحوامل

للنساء الحوامل المتعاطيات الحق في أن يكون لهن أولوية وفق الترتيب التالي:

- الحوامل ومستخدمو المخدرات بالحقن الوريدي
- الحوامل اللاتي يتعاطين موادًا معينة
- مستخدمو المخدرات بالحقن الوريدي
- كل الحالات الأخرى

تمت المراجعة في مايو 2119

يشمل برنامج **Options for Recovery** خيارات:

علاج داخلي طويل

- Volunteers Of America

العيش في منشأة علاجية لمدة 3 أشهر لتلقي العلاج من تعاطي الكحوليات والمخدرات، والاستشارات الجماعية والفردية، ودعم الأقران، وتطوير الأطفال وتنميتهم، ودروس تربية الأبناء لنحو 11 سيدة و12 طفلاً.

إزالة السموم

- Volunteers Of America

برنامج إزالة سموم لمدة 5-11 أيام للنساء المشاركات في برنامج العلاج الداخلي أو للمرضى الخارجيين ضمن Options for Recovery

العلاج المكثف للمرضى الخارجيين

- Strategies For Change

برامج العلاج المكثف للمرضى الخارجيين لمدة 3 أشهر تتراوح بين 9 إلى 21 ساعة أسبوعيًا. ويشمل البرنامج تعليم وتوعية بشأن الكحوليات والمخدرات، والوقاية من الانتكاس، ودروس في تربية الأبناء، وإثراء الطفل، ودعم الأقران في الاستشفاء لمساعدة النساء في الحفاظ على سلوك حياة صحي.

برنامج التعافي من المخدرات

- Strategies For Change

علاج لمدة يوم واحد أسبوعيًا لمدة 3 أشهر يقدم علاج من تعاطي الكحوليات والمخدرات والاستشارة، والوقاية من الانتكاس، والتوعية بتربية الأبناء وإثراء الطفل، ودعم الأقران.

حلول انتقالية

- Volunteers Of America

سكن معيشة وحياة انتقالية خالية من الكحوليات والمخدرات للنساء والأطفال في العلاج الخارجي للاتي لهن الحق في التسجيل في برنامج Options For Recovery وتخلين عن الكحوليات والمخدرات لمدة 31 يومًا.

خدمات Sacramento County

تقديم تقييمات صحة عقلية، واستشارات وإحالات خارجية.
مساعدة في تحقيق التقرير الصحفي للاحتياجات المتصلة بالتعافي والمساندة وتنسيق الخدمات.

لمعرفة المزيد عن

البرنامج

ما إذا كانت مؤهلا

كيفية البدء

يرجى الاتصال على (916) 395-3552, ext 1272

المواعيد
8 صباحًا حتى 5 مساءً
من الإثنين إلى الجمعة

California Relay Service: 711

يتوفر موظفون ثنائيو اللغة/
مترجمون فوريون مجانًا

透過 Options for Recovery 計劃
可提供的具體服務：

住院治療

解毒(有限)

深切門診治療

門診治療

防止復發及互助

精神健康評審及輔導

健康教育

WEAVE 組別

幫助脫離性交易產業

兒童發展

親職教育課

自我保護和生活技能

現場兒童遊戲護埋
社區資源推薦

SACRAMENTO COUNTY

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SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Alcohol and Drug Services

Options for Recovery

服務提供者

Volunteers Of America

Strategies For Change

任務聲明

我們的任務是減低與酒精及使用藥物的有害效應，以及透過提供深切住院及門診治療改善懷孕及育兒婦女的嬰兒出生結果。

如果您在懷孕時**喝酒或使用藥物**，您會嚴重地傷害您那未出生的孩子。

立即停止！現在停止還未太遲，,同時可給予您孩子一個健康生命的開始。

Options For Recovery 治療居住在薩克拉門托郡的母親

如果需要協助，請聯絡我們 。

(916) 395-3552, Ext 1272

不會有人因不能付款而遭拒絕的。

提供給婦女的出生前後之酒精和藥物

治療服務之優先次序

注射的懷孕婦女有以下的優先次序：

- 懷孕而注射藥物的使用者；
- 懷孕的濫用藥物者；
- 注射藥物使用者；以及
- 所有其他人。

修訂2019五月

Options for Recovery提供：

住院治療
- Volunteers Of America

一個三個月的住院設施提供的個人及團體酗酒和藥物治療輔導、同儕互助、幼兒發展及親職教育課、可提供給最多 16 位婦女及 12 位兒童。

解毒
-Volunteers Of America

一個提供給加入住院復原治療或門診治療計劃之婦女們的5-10天之解毒計劃。

深切門診治療
- Strategies For Change

這是一個為期三個月深切門診計劃。每週進行時間為 9 至 20 小時。當中提共酒精及藥物教育、防止復發的親職教育課、幼兒保育及同儕復原互助以協助婦女們維持一個健康的生活方式。

門診戒毒 (ODF) 治療
- Strategies For Change

這治療是每星期一天的三個月療程，當中提供酗酒及藥物治療、輔導、復發防止、親職、幼兒保育和同儕互助。

過渡生活
- Volunteers Of America

為已加入門診治療的婦女和兒童供清潔和清醒的生活住所。如要符合資格一定要參加 Options and Recovery 的三十天治療和通過酒精和藥物測試。

薩克拉門托郡服務

提供精神健康評審、輔導和外部轉診。於穩定精神健康及復原的相關需求中給予輔助。 .

要取得以下項目的更多資料：

計劃

您是否合格

如何開始

聯絡(916) 395-3552， ext 1272

聯絡時間

8:00am – 5:00pm

星期一至星期五

加州中繼服務： 711

雙語職員和/ 或翻譯員(免費提供)

Tej kev pab tshwj xeeb ntawm Options for Recovery:

Kev Kho Cov Neeg Nyob Hauv Tsev

Kev Ntxuav Tshuaj Txhaum (Muaj tsawg)

Kev Kho Cov Neeg Mob Hnyav Sab Nrauv

Kho Neeg Mob Sab Nrauv

Kev Tiv Thaiv thiab Txhawb Kom Tsis Pub Tshwm Sim

Ntsuam Xyuas Kev Nyuaj Siab thiab Kev Sab Laj

Qhia Txog Kev Noj Qab Haus Huv

WEAVE Cov Pab Pawg

Pab txoj kev tawm kom txhob pub muaj kev Phem Ua Plees Ua Yis

Ke Txhim Kho Me nyuam

Kev kawm Cob Ntawm Niam Txiv

Kev Saib Xyuas Tus Kheej thiab Cov Txuj Ci Noj Nyob

Kev Saib Xyuas Me nyuam Hauv Chaw Ua Si

Kev Pab cuam Zej Zog thiab sib qhia

SACRAMENTO COUNTY

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Alcohol and Drug Services

Options for Recovery

Cov Chaw Muaj Kev Pab Cuam

Volunteers Of America

Strategies For Change

LUS QHIA TXOG LUB LUAG HAUJ LWM

Peb lub luag hauj lwm yog txhawm rau txo qis kev puas tsuaj cuam tshuam txog quav dej cawv thiab yeeb tshuaj thiab txhim kho kev yug me nyuam rau cov poj niam cev xeeb tub thiab cov niam tsev uas yog muab chaw saib xyuas tshwj xeeb sab hauv thiab cov kev kho mob tab si tsis pw tsev kho mob.

YOG KOJ TAB TOM QUAV CAWV los sis QUAV TSHUAJ thaum lub sij hawm koj lub cev xeeb tub, koj yuav muaj teeb meem tsim kev puas tsuaj rau koj tus me nyuam hauv plab.

TSUM KIAG TAM SIM NO! Nws tseem tsis tau lig rau koj thum thiab ua rau koj tus me nyuam muaj lub dag zog zoo thaum yug los.

Options For Recovery rau cov leej niam nyob hauv nroog Sacramento.

Yog koj xav tau kev pab, hu rau peb.

(916) 395-3552, txuas 1272

Pab txhua leej txhua tus
txawm tias koj tsi muaj nyiaj them.

Xav pab rau cov MUAJ ME NYUAM
Kev Pab Cov Quav Cawv thiab Quav Tshuaj rau Pojniam

Cov tshuaj txhaj rau cov poj niam cev xeeb tub yuav tsum ua raws li cov ntawv qhia txuas ntxiv nram no:

- Cov poj niam cev xeeb tub thiab txhaj tshuaj muaj yees
- Cov pojniam cev xeeb tub quav tshuaj muaj yees
- Cov neeg siv tshuaj txhaj, thiab

Pib Tsib Hlis Ntuj xyoo 2019

Options for Recovery Kev Xaiv:

Kev Kho Cov Neeg Nyob Hauv Tsev
- Volunteers Of America
Nyob peb hlis hauv lub chaw kho mob uas tau muab kev kho cov neeg quav dej cawv thiab yeeb tshuaj, nrog rau kev sab laj ib leeg thiab nrog pab pawg, kev sib pab ntawm phooj ywg, pab loj hlob ntawm me nyuam, thiab kev kawm ntawm niam txiv, rau txog li 16 tus poj niam thiab 12 tus me nyuam yaus.

Ntxuav Tshuaj Txhaum
-Volunteers Of America
Qhov kev pab ntxuav tshuaj txhaum 5-10 hnub rau cov poj niam nkag los rau hauv Options for Recovery hauv tsev los sis kev pab sab nrauv.

Kev Kho mob Rau Cov Neeg Nyob Sab Nrauv
- Strategies For Change
Qhov kev kho mob rau cov neeg mob tab tsis pw hauv tsev kho mob peb hlis txij li 9 txog 20 teev hauv ib asthiv. Muab kev qhia paub txog qhov tsis zoo ntawm dej cawv thiab yeeb tshuaj, kev tiv thaiv, chav tiv thaiv, qhia paub rau me nyuam yaus, thiab kev pab txhawb los ntawm phooj ywg pab rau cov poj niam hauv kev tswj kev noj qab haus huv.

Kho Mob Rau Cov Neeg Tsis Quav Tshuaj (ODF) Sab Nrauv - Strategies For Change
Kho mob ib zaug ib asthiv rau sij hawm peb lub hlis rau cov neeg quav dej cawv thiab yeeb tshuaj, kev sab laj, kev tiv thaiv, kev qhia me nyuam, qhia pab rau me nyuam, thiab kev pab txhawb ntawm phooj ywg.

Hloov kev Nyob Noj
- Volunteers Of America
Tu thiab saib xyuas haw nyob rau cov poj niam thiab tus me nyuam rau npe hauv chaw kho mob tab si tsis pw hauv tsev kho mob. Txhawm rau kom muaj cai yuav tsum tau kho nrog Options For Recovery thiab raug ntsuas kom pom tias tsis muaj dej cawv thiab yeeb tshuaj nyob hauv 30 hnub.

Nroog Sacramento Cov Kev Pab
Muab kev tshuaj ntsuas txog kev nyuaj siab, kev sab laj thiab xa mus kho sab nrauv. Kev pab ruaj khov rau kev pab kev nyuaj siab thiab kho cov mob cuam tshuam raws li xav tau, kev pab txhawb, thiab kev khiav hauj lwm kev pab.

Xav Nrhiav Paub Ntau Ntxiv Txog:

Qhov Kev Pab

Seb Koj Puas Tau Txais

Yuav Pib Li Cas

Hu Rau (916) 395-3552, txuas 1272
Thaum lub sij hawm ua hauj lwm
8:00am – 5:00pm
Monday txog Friday

Chaw Pab Cuam Tham Xov Tooj: 711

Muaj cov neeg ua haujlwm hais ob hom lus thiab/los sis kws txhais lus tsis tau them nqi

Конкретные услуги, доступные через Программу *Options for Recovery:*

Стационарное лечение

Детоксикация (ограниченная)

Интенсивное амбулаторное лечение

Амбулаторное лечение

Предотвращение рецидивов и поддержка

Оценка психического здоровья и консультации

Образование в области здравоохранения

Группы WEAVE

Помощь в освобождении из индустрии сексуальных услуг

Развитие детей

Курсы для родителей

Самообслуживание и навыки повседневной жизни

Игровая терапия для детей на площадке

Направления для использования ресурсов общины

SACRAMENTO COUNTY

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Alcohol and Drug Services

Options for Recovery

Предоставители Услуг

Volunteers Of America

Strategies For Change

ОПРЕДЕЛЕНИЕ МИССИИ

Нашей миссией является понижение вредных воздействий связанных с употреблением алкоголя и наркотиков, и улучшение результатов родов для беременных и рожениц путем предоставления интенсивного стационарного и амбулаторного лечения.

ЕСЛИ ВЫ УПОТРЕБЛЯЕТЕ АЛКОГОЛЬ ИЛИ НАРКОТИКИ
во время беременности, Вы можете нанести серьезный вред своему будущему ребенку.

ОСТАНОВИТЕСЬ! Еще не поздно отказаться от них и дать своему ребенку возможность родиться здоровым.

Options For Recovery предназначен для матерей, проживающих в округе Сакраменто .

Если Вам нужна помощь, позвоните нам .
(916) 395-3552, ext. 1272

Никому не откажут в помощи из-за неспособности заплатить.

Приоритет имеют услуги по лечению ПЕРИНАТАЛЬНОЙ зависимости от алкоголя и наркотиков для женщин

Беременные, использующие инъекции, имеют приоритет в следующем порядке:

- Беременные наркоманки, использующие инъекции наркотиков;
- Беременные пользователи запрещенных препаратов;
- Наркоманки, использующие инъекции наркотиков; и
- Все остальные.

Пересмотрено в мае 2019 г.

Options for Recovery **предлагает**:

Стационарное лечение
- Volunteers Of America
Рассчитанное на 3 месяца лечение алкоголизма и наркомании с проживанием, индивидуальные и групповые консультации, поддержка коллег, развитие детей и курсы для родителей, для максимум 16 женщин и 12 детей.

Детоксикация
- Volunteers Of America
5-10-дневная программа детоксикации для женщин-участниц программ Options for Recovery в Стационаре или Амбулаторно.

Интенсивное амбулаторное лечение
- Strategies For Change
Рассчитанные на 3 месяца интенсивные амбулаторные программы, от 9 до 20 часов еженедельно. Предоставляются обучение о вреде алкоголя и наркотиков, профилактика рецидивов, курсы для родителей, развитие детей, а также поддержка коллег в выздоровлении для помощи женщинам в поддержании здорового образа жизни.

Программа жизни без наркотиков (ODF)
- Strategies For Change
Лечение рассчитано на 3 месяца, 1 раз в неделю; предоставляются лечение от алкоголизма и наркомании, консультации, профилактика рецидивов, курсы для родителей, развитие детей, а также поддержка коллег.

Жизнь на переходном этапе
- Volunteers Of America
Квартиры для чистой и трезвой жизни для женщин и детей, участвующих в амбулаторном лечении. Для участия, необходимо лечиться в рамках Программы Options for Recovery и продемонстрировать отсутствие наркотиков и алкоголя в результатах анализов в течение 30 дней.

Услуги, предоставляемые округом Сакраменто
Оценка психического здоровья, консультации и направление к специалистам. Помощь в стабилизации психического здоровья и в удовлетворении связанных с выздоровлением потребностей, помощь адвоката и координация услуг.

Чтобы узнать больше :

О программе

Имеете ли вы право на Обслуживание

Как начать

Звоните *(916) 395-3552, ext. 1272*
с понедельника по пятницу
с *8:00* ***до*** ***17****:00*

Релейная служба Калифорнии*: 711*

Предоставляются бесплатно переводчики и/или двуязычный персонал

Hay servicios específicos disponibles a través del Programa Options for Recovery:

Tratamiento Residencial

Desintoxicación (Limitado)

Tratamiento de Consulta Externa

Prevención y Apoyo para prevenir recaídas

Evaluación y Consejería de Salud Mental

Educación sobre la Salud

Grupos WEAVE

Ayuda para liberarse de la Industria del Comercio Sexual

Educación sobre Desarrollo Infantil

Clases para Padres

Cuidado Personal y Desarrollo de Habilidades

Tenemos espacio asignado para cuidado de niños

Lista de Recursos en la Comunidad

SACRAMENTO COUNTY

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Alcohol and Drug Services

Options for Recovery

Agencias de Servicios

Volunteers Of America

Strategies For Change

NUESTRA MISIÓN

Nuestra misión es reducir los efectos dañinos relacionados con el consumo de alcohol y drogas a mujeres embarazadas a la hora del parto, y a mujeres que cuidan a sus hijos proporcionandoles tratamiento residencial intensivo y de consulta externa.

SI USTED ESTÁ TOMANDO ALCOHOL O USANDO DROGAS durante su embarazo, podría causarle daños serios a su hijo antes de nacer.

¡PARE AHORA! No es demasiado tarde para empezar y darle a su bebé un comienzo saludable en la vida.

Options For Recovery ofrece servicios a madres que viven en el Condado de Sacramento.

Si necesita ayuda, llámenos al.

(916) 395-3552, ext 1272

A nadie se le negarán los servicios

por no poder pagar.

Se le da preferencia de servicios Prenatales a Mujeres que están consumiendo Alcohol y Drogas
Las mujeres embarazadas que se están inyectando drogas tienen preferencia en el siguiente orden:

- Mujeres embarazadas que se inyectan drogas;
- Mujeres embarazadas que abusan de substancias;
- Usuarios que se inyectan drogas; y
- Todas las demás.

Revisado mayo 2019

Options for Recovery ofrece:

Tratamiento Residencial

- **Volunteers Of America**

Es un programa para vivir durante tres meses y proporciona tratamiento de alcohol y drogas, consejeria individual y de grupo, apoyo de compañeros, desarrollo infantil y clases para padres, con capacidad para 16 mujeres y 12 niños.

Desintoxicación

-Volunteers Of America
Un programa de desintoxicación de 5 a 10 días para mujeres que ingresen a los Programas Residenciales de Options for Recovery o de Consulta Externa .

Tratamiento Intensivo de Consulta Externa

- **Strategies For Change**

Programas Intensivos de Consulta Externa de 9 a 20 horas por semana. Proveen educación sobre el consumo de alcohol y drogas, prevención de recaídas, clases para padres, mejor conocimiento de los hijos y apoyo de compañeros para la recuperación para ayudar a las mujeres a mantener un estilo de vida saludable.

Tratamiento de Cosulta Externa para la Liberación de Drogas (ODF)

- **Strategies For Change**

Este tratamiento es una vez por semana durante tres meses que proporciona tratamiento del consumo de alcohol y drogas, consejería , prevención de recaídas, clases para padres, mejor conocimiento de hijos, y apoyo de compañeros.

Vivienda Temporal

- **Volunteers Of America**

Departamentos libres de alcohol y drogas para mujeres y niños que están inscritos en el tratamiento de consulta externa. Para calificar por este programa, debe estar en tratamiento con Options For Recovery y haber estado libre de alcohol y drogas durante 30 días.

Servicios del Condado de Sacramento

Proporciona evaluaciones de salud mental, consejería y canalizaciones en la comunidad. Ayuda en la estabilización de salud mental y las necesidades relacionadas con la recuperación, coordinación de servicios y representaion por parte de compañeros.

Para tener más información acerca de:

El Programa

Si usted reúne los requisitos

Cómo comenzar

Llame al (916) 395-3552, ext. 1272
Entre las
8:00 am y las 5:00 pm
de Lunes a Viernes

Servicio de Retransmisión de California: 711

Personal bilingüe
y/o intérpretes
están disponibles sin costo alguno

Những dịch vụ cụ thể được cung cấp thông qua Chương trình Lựa chọn Phục hồi Options For Recovery:

Điều trị tại trung tâm phục hồi

Cai nghiện (Giới hạn)

Điều trị Ngoại trú Chuyên sâu

Điều trị Ngoại trú Hỗ trợ và Phòng ngừa Tái phát

Đánh giá & Tư vấn Sức khoẻ Tâm thần

Giáo dục Sức khoẻ

Các nhóm WEAVE

Hỗ trợ để thoát khỏi Ngành công nghiệp tình dục

Phát triển của Trẻ em

Lớp học làm cha mẹ

Kỹ năng sống và tự chăm sóc

Chăm sóc vui chơi với trẻ tại chỗ

Giới thiệu Nguồn lực Cộng đồng

SACRAMENTO COUNTY

SACRAMENTO COUNTY

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Nhà cung cấp Dịch vụ
Volunteers Of America

Strategies For Change

SỨ MỆNH

Sứ mệnh của chúng tôi là giảm thiểu ảnh hưởng có hại liên quan tới dùng rượu và ma tuý và nâng cao sức khỏe sinh sản cho phụ nữ mang thai và cho con bú thông qua cung cấp điều trị ngoại trú và tại trung tâm điều trị chuyên sâu.

NẾU BẠN UỐNG RƯỢU hay SỬ DỤNG MA TUÝ trong khi mang thai, bạn có thể gây tổn hại nghiêm trọng đến em bé trong bụng.

HÃY DỪNG NGAY! Không bao giờ là quá muộn để từ bỏ và đem lại cho con bạn một khởi đầu cuộc sống lành mạnh.

Options For Recovery điều trị cho các mẹ sống ở Hạt Sacramento.

Nếu bạn cần giúp đỡ, hãy gọi chúng tôi.

(916) 395-3552, ext 1272

Không ai bị từ chối dịch vụ do không có khả năng chi trả.

Ưu tiên dịch vụ điều trị liên quan đến rượu và ma tuý cho phụ nữ TIỀN SẢN VÀ HẬU SẢN

Phụ nữ mang thai tiêm chích ma tuý sẽ được ưu tiên theo thứ tự sau:

- Người mang thai và tiêm chích ma tuý;
- Người mang thai lạm dụng dược chất;
- Người tiêm chích ma tuý; và
- Tất cả các đối tượng khác.

Sửa đổi tháng 5 năm 2019

Options for Recovery gồm:

Điều trị tại Trung tâm phục hồi

- Volunteers Of America

Ba tháng sống tại trung tâm để điều trị rượu và ma tuý, tư vấn cá nhân và theo nhóm, hỗ trợ đồng đẳng, phát triển của trẻ, và lớp dạy làm cha mẹ, cho tối đa 16 phụ nữ và 12 trẻ em.

Cai nghiện

-Volunteers Of America

Chương trình cai nghiện 5-10 ngày cho phụ nữ tham gia Chương trình Phục hồi tại trung tâm hay Chương trình Ngoại trú.

Điều trị Ngoại trú Chuyên sâu

- Strategies For Change

Chương trình điều trị ngoại trú chuyên sâu trong ba tháng với 9 đến 20 giờ mỗi tuần. Giáo dục về rượu và ma tuý, ngăn ngừa tái phát, lớp làm cha mẹ, bồi dưỡng trẻ, và hỗ trợ hồi phục đồng đẳng để trợ giúp phụ nữ duy trì lối sống lành mạnh.

Điều trị nói Không với Ma tuý Ngoại trú (ODF)

- Strategies For Change

Điều trị một ngày một tuần trong ba tháng để được điều trị rượu và ma túy, tư vấn, phòng ngừa tái phát, làm cha mẹ, bồi dưỡng trẻ, và hỗ trợ đồng đẳng.

Sống chuyển tiếp

- Volunteers Of America

Căn hộ sạch sẽ và nói không với rượu cho phụ nữ và trẻ em đăng ký điều trị ngoại trú. Để đủ điều kiện cần phải là đối tượng được điều trị trong chương trình Options For Recovery và đã kiểm tra không có rượu và ma tuý trong 30 ngày.

Dịch vụ của Hạt Sacramento

Đánh giá, tư vấn sức khoẻ tâm thần và giới thiệu ra bên ngoài. Hỗ trợ ổn định sức khoẻ tâm thần, và nhu cầu liên quan tới phục hồi, tư vấn, và phối hợp dịch vụ.

Để tìm thêm thông tin về:

Chương trình

Nếu bạn đủ tiêu chuẩn

Làm thế nào để bắt đầu

Hãy gọi (916) 395-3552, ext 1272
Trong giờ làm việc
8 giờ sáng – 5 giờ chiều
Từ thứ hai đến thứ sáu

Dịch vụ chuyển tiếp California: 711

Nhân viên song ngữ và/hoặc phiên dịch miễn phí

Sacramento County Coalition for Youth

Creating Community Action to Prevent Youth Alcohol Use

The Sacramento County Coalition for Youth is a new initiative launched in October 2015 to focus on the overarching goals in the Alcohol and Drug Prevention Services Strategic Plan addressing underage drinking.

By developing strong partnerships and strengthening existing partnerships, Sacramento County can build a strong and collective impact to best leverage currently available and potential prevention resources.

Coalition activities include the development of an Action Plan designed to implement environmental strategies targeting the prevention and reduction in youth alcohol use using media messaging, addressing social norms supporting wellness, and focusing on laws, policies and practices that can impact underage drinking.

Department of Health Services

Peter Beilenson, MD, MPH, Director

Division of Behavioral Health Services

Ryan Quist, Ph.D.

Behavioral Health Director

Alcohol and Drug Program Administrator

County Executive:

Navdeep S. Gill

Board of Supervisors:

Phil Serna 1st District

Patrick Kennedy 2nd District

Susan Peters 3rd District

Sue Frost 4th District

Don Nottoli 5th District

SACRAMENTO COUNTY

Alcohol and Drug Prevention Services

Department of Health Services

Division of Behavioral Health Services

Phone: 916-875-2050

Visit Us At: www.DHS.SacCounty.net

Who is Eligible for Primary Prevention Services?

- Sacramento County residents
- Individuals who have not begun to use substances;

or

- Individuals who have begun to use substances but have not yet displayed indicators of a substance use disorder **and** may benefit from prevention education

Who We Serve

- **Youth**
- **Families**
- **Schools, Neighborhoods, and Communities**

Services Provided

Bi-lingual staff and/or

interpreters are available at no cost.

Services for *Youth*

Prevention services for youth are designed to increase protective factors, while reducing risk factors related to substance use, enhancing opportunities for family and school success.

Center for Collaborative Planning: *Youth Engaged In Action*

Omni Youth Programs: *Teens in Action*

People Reaching Out: *Leadership and Advocacy* school based programs

Sacramento County Office of Education: *Club Live , Friday Night Live and Friday Night Live Mentoring*

Services for Families

Families in prevention services receive education on reducing risk factors, as well skill-building to help foster positive family environments supporting youth abstinence and resiliency.

Center for Collaborative Planning: *Families & Communities Together*

Omni Youth Programs: *Active Parenting of Teens, Families in Action,* and *Family Matters*

Services for Schools, Neighborhoods, Communities

Prevention services for schools, neighborhoods and communities include outreach and education programs focusing on underage drinking with Train the Trainers curriculums to increase knowledge and abilities.

Center for Collaborative Planning and **Omni Youth Programs:** *Train the Trainers curriculums*

Sacramento County Office of Education: *Sacramento County Coalition for Youth*

For More Information

Regarding Prevention Services, Please Contact Alcohol and Drug Services at:

Phone: 916-875-2050

California Relay Service: 711

SERVICE GOALS

Too Early:

Reduce the percentage of youth reporting the initiation of alcohol use by the age of 15.

Too Much:

Reduce the percentage of youth who report engaging in binge drinking.

Too Often:

Reduce the percentage of youth who report drinking 3 or more days within the past 30 days.

STOP UNDERAGE DRINKING

Sacramento County

Alcohol and Drug Prevention Services

Department of Health Services
Division of Behavioral Health Services

الهاتف: 916-875-2050

يُرجى زيارة الموقع الإلكتروني:
www.DHS.SacCounty.net

Department of Health Services

Peter Beilenson, MD, MPH, Director

Division of Behavioral Health Services

Ryan Quist, Ph.D.

Behavioral Health Director

Alcohol and Drug Program Administrator

County Executive:

Navdeep S. Gill

Board of Supervisors:

Phil Serna 1st District
Patrick Kennedy 2nd District
Susan Peters 3rd District
Sue Frost 4th District
Don Nottoli 5th District

Sacramento County Coalition for Youth

وضع خطة عمل مجتمعية للوقاية الشباب من استخدام الكحوليات

إن Sacramento County Coalition for Youth مبادرة جديدة أُطلقت في أكتوبر 5102 تركز على أهداف كبرى في الخطة الاستراتيجية للوقاية من تعاطي الكحوليات والمخاطر المصاحبة لتعاطي القُصر.

بكونه شريك لاستراتيجية متعددة الشركات القائم في Sacramento County فإن الائتلاف قادرة على تحقيق أثر قوي وجمع للاستفادة من الموارد الحالية والمكرسة للوقاية على الوجه الأمثل.

تشمل أنشطة الائتلاف هذه وضع خطة عمل لتنفيذ الاستراتيجيات البيئية التي تستهدف وقاية الشباب من تعاطي الكحوليات أو الحد منها وذلك باستخدام وسائل الإعلام، أو دعم التقاليد المجتمعية التي تدعم السلامة والتركيز على القوانين والسياسات والممارسات التي يمكن أن تؤثر على تعاطي القصر.

من المستحقين أو المؤهلين لخدمات الوقاية الأساسية؟

- المقيمون في Sacramento County
- الأفراد الذين لم يبدأوا التعاطي

أو

- الأفراد الذين بدأوا التعاطي لكن لم يبد عليهم ظهور أعراض اضطرابات استخدام المواد ويرغبون في تعزيز التوعية والتعليم

لمن نقدم الخدمات

- الشباب
- العائلات
- المدارس والأحياء المجاورة والمجتمعات

الخدمات المقدمة

يتوفر موظفون ثنائيو اللغة/ مترجمون فوريون مجانًا.

خدمات مقدمة لك

خدمات الوقاية للشباب مصممة لزيادة عوامل الوقاية، مع تقليل عوامل الخطورة ذات الصلة بالتعاطي وزيادة فرص النجاح في الأسرة والمدرسة.

Center for Collaborative Planning: *انخراط الشباب في الأعمال*

Omni Youth Programs: *مشاركة المراهقين*

People Reaching Out: *زيادة ودعم البرامج المعتمدة على المدارس*

Sacramento County Office of Education: *برامج Club Live ويوم Friday Night Live وكذلك Friday Night Live Mentoring*

خدمات للعائلة

الأسر المشاركة في برنامج الوقاية تتلقى تعليم وتوعية حول تقليل عوامل المخاطر وكذلك بناء قدرات ومهارات المساعدة لتبني توجهات الأسرة الإيجابية الداعمة لإقلاع الشباب عن الكحوليات مع مراعاة ظروفهم وخصائصهم النفسية.

Center for Collaborative Planning: *الأسر والمجتمعات معًا*

Omni Youth Programs: *التوعية للشباب المراهقين ومراعاة ظروفهم وبرامج خطة عمل الأسرة وأمور الأسرة.*

خدمات للمدرسة والأحياء المجاورة والمجتمعات

خدمات الوقاية للمدارس والأحياء المجاورة والمجتمعات تشمل برامج التوعية والتواصل التي تركز على التعاطي للقصر مع منهج تدريب المدربين على زيادة المعرفة والقدرات.

Center for Collaborative Planning وكذلك Omni Youth Programs: *منهج تدريب المدربين*

Sacramento County Office of Education: *تثقيف Sacramento County للشباب*

لمزيد من المعلومات بشأن خدمات الوقاية يُرجى الاتصال على Alcohol and Drug Services عبر:

الهاتف: 916-875-2050

California Relay Service: 711

أهداف الخدمة

في شأن التعاطي المبكر:

خفض نسبة الشباب الذين يبدأون التعاطي بحلول سن 02 عامًا.

في شأن التعاطي المفرط الكمية:

خفض نسبة الشباب الذين يبلغون عن التعاطي الشهري

في شأن التعاطي المتكرر المفرط:

خفض نسبة الشباب الذين يبلغون عن التعاطي لثلاثة أيام أو أكثر في الثلاثين يومًا الأخيرة.

STOP UNDERAGE DRINKING

薩克拉門托郡

青年組織

創辦社區活動

以防止年青人酒精使用

薩克拉門托郡青年組織是於2015年10月推出的首創行動，該行動專注於在針對未成年酗酒之酒精及藥物防止服務策略計劃之支配性目標。

透過發展強大合夥關係和加強現有的合夥關係，薩克接門托郡可建立一個強大以及集體的影響力以最好地運用現時可提供的潛在防止資源。

組織活動包括發展為確定於執行使用媒體信息以防止及減低年青人酗酒之目標而設計的環境策略之活動計劃、建立社會規範支援性健康、集中於可影響未成年酗酒的法律、政策和條例。

SACRAMENTO COUNTY

Alcohol and Drug Prevention Services

Department of Health Services

Division of Behavioral Health Services

電話：916-875-2050

登入網址： www.DHS.SacCounty.net

哪些人合資格接受初步預防服務？

- 薩克拉門托郡居民
- 未開始服用藥物的個別人士；

或

- 已開始;服用藥物但及未有藥物濫用失常顯示出現的個別人士，**以及**可能受益於預防教育的個別人士

我們為哪些人服務

- **年青人**
- **家庭**
- **學校、鄰舍及社區**

服務提供

雙語職員和/或

翻譯員(免費提供)。

年青人服務

*年责人的預防服務*是為增加預防因而設計，在降低與藥物相關的險因素的同時，也增加家庭與學校的成功機會。

Center for Collaborative Planning: *已加入行動的年青人*

Omni Youth Programs：*領導精神和倡導者的以學校為基礎的課程*

People Reaching Out：*領導才能及倡導學系為基礎的計劃*

Sacramento County Office of Education：*Club Live,、Friday Night Live 及 Friday Night Live 及 Friday Night Live 权輔*

家庭服務

預防服務內的家庭會接受降低風險因素的教育，以及技能建立以幫助培養正面家庭環境以支援年青人介酒及復原能力。

Center for Collaborative Planning: *家庭及社區共同合作*

Omni Youth Programs: *年青人的現行親職、行動中庭*

學校、鄰舍和社區服務

學校、鄰舍和社區的預防服務包括專注於未成年酗酒的延伸及教育計劃，習中在訓練訓練人員課程以提升知識和能力。

Center for Collaborative Planning and **Omni Youth Programs:** *訓諫訓練人員課程*

Sacramento County Office of Education: *薩克拉門托郡青年組織*

如需更多關於預防服務的資料，請聯絡 Alcohol and Drug Services:

電話： 916-875-2050

加州中繼服務： 711

服務目標

太早：

降低年青人由15歲開始濫用酒精之報告的百分率。

太多：

降低年青人參與狂飲之報告的百分率。

太頻密：

降低過去30天飲酒超過3或更多天的報告之百分率。

STOP UNDERAGE DRINKING

Nroog Sacramento Kev Koom Tes Nrog Cov Hluas

Tsim Kev Coj Ua Hauv Zej Zog Tiv Thaiv Cov Hluas Quav Cawv

Nroog Sacramento Cov Kev Koom Tes Nrog Cov Hluas yog ib yam tshiab tau tsim tawm thaum Lub 10 Hli 2015 txhawm rau saib xyuas txog cov hom phiaj hauv Cov Phiaj Xwm Kev Npaj Cov Kev Pab Tiv Thaiv Quav Dej Cawv thiab Yeeb Tshuaj kho cov neeg tab tom quav cawv.

Uas yog tsim kev sib koom tes ruaj khov nrog lwm tus thiab txhawb kev ruaj khov nrog cov koom tes nrog tam sim no, Nroog Sacramento tuaj yeem tsim kev ruaj khov thiab suav sau cov tshwm sim los zoo rau cov kev sib kom lus muaj nyob rau lub sij hawm no thiab cov kev pab tiv thaiv.

Cov hauj lwm kev sib koom tes muaj xws li kev txhim kho ntawm Kev Npaj Coj Ua tau tsim los ua cov phiaj xwm hloov kho ib puag ncig coj los tiv thaiv thiab txo qis cov hluas quav dej cawv uas yog siv cov kab lus xov xwm, txhawb kev ua qauv zoo rau kev noj qab haus huv, thiab tsom mus rau cov kev cai lij choj, cov cai thiab cov kev coj ua uas tuaj yeem cuam tshuam txog cov tab tom quav cawv.

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SACRAMENTO COUNTY

Alcohol and Drug Prevention Services

Department of Health Services

Division of Behavioral Health Services

Xovtooj: 916-875-2050

Ntsib Peb Ntawm:

www.DHS.SacCounty.net

Leej Twg Thiaj Muaj Cai Tau Txais Cov Kev Pab Tiv Thaiv Tseem Ceeb?

- Cov neeg nyob hauv Nroog Sacramento
- Cov neeg tseem tsis tau pib siv tshuaj muaj yees; lossis
- Cov neeg uas twb pib siv tshuaj muaj yees tab sis tseem tsis tau pom muaj teebmeem txog cov kuab tshuaj muaj yees **thiab** tej zaum yuav tau txais kev pab los ntawm cov kev kawm tiv thaiv

Peb Muab Kev Pab Rau Leej Twg

- **Cov Hluas**
- **Cov Yim Neeg**
- **Cov Tsev Kawm Ntawv, Cov Neeg Nyob Ib Puag Ncig, thiab Neeg Zej Zog**

Cov Chaw Kev Pab

Muaj cov neeg ua hauj lwm hais ob hom lus thiab/los sis cov kws pab txhais lus tsis tau them nqi.

Kev Pab Rau Cov Hluas

Cov kev pab tiv thaiv rau cov hluas raug tsim los txhawb kev tiv thaiv, thaum txo qis feem pheej hmoo cuam tshuam txog siv tshuaj muaj yees, txhawb cov hauv kev rau cov yim neeg thiab cov tsev kawm ntawv kom ua tiav.

Center for Collaborative Planning: *Cov Hluas Koom Tes Hauv Kev Coj Ua*

Omni Youth Programs: *Cov Hluas Coj Ua*

People Reaching Out: Kev Ua Tus Coj thiab Txhawb cov kev pab hauv tsev kawm ntawv

Sacramento County Office of Education: *Chav Ua Si, Chav Ua Si Hmo Friday thiab Chav Muab Kev Sab Laj Hmo Friday*

Cov Kev Pab Rau Cov Yim Neeg

Cov yim neeg tau txais cov kev qhia paub txog kev tiv thaiv kom txo qis feem pheej hmoo, nrog rau tsim cov txuj ci los pab txhawb kev sib haum xeeb hauv yim neeg rau cov hluas kom tsis pub los nyiaj kom dhau txoj kev ua txhaum.

Center for Collaborative Planning: *Cov Yim Neeg thiab Cov Zej Zog Sib Koom Ua Ke*

Omni Youth Programs: *Cov Hluas Mob Siab Rau Tiv Thaiv, Cov Yim Neeg Mob Siab Rau Ua thiab Teebmeem Hauv Yim Neeg*

Cov Kev Pab Rau Cov Tsev Kawm, Cov Nyob Ib Puag Ncig, Cov Neeg Zej Zog

Cov kev pab tiv thaiv rau cov tsev kawm ntawv, cov neeg sib zej thiab cov neeg zej zog muaj xws li kev pab kho thiab cov kev qhia paub tsom mus rau cov neeg tab tom quav cawv nrog Cov Phau Ntawv Qhia Rau Cov Kws Qhia kom txhawb kev pab thiab txhawb peev xwm.

Center for Collaborative Planning and **Omni Youth Programs:** *Cov phau ntawv qhia cov qhis qhia*

Sacramento County Office of Education: *Nroog Sacramento Cov Kev Sib Koom Tes Nrog Cov Hluas*

Kom Paub Ntau Ntxiv Txog Cov Kev Pab Tiv Thaiv, Thov Hu Rau Rau Alcohol and Drug Services ntawm:

Xov tooj: 916-875-2050

California Qhov Chaw Pab Hu Xov tooj: 711

COV HOM PHIAJ PAB

Ntxov Dhau :

Txo qis cov feem pua ntawm cov ntawv piav qhia txog cov hluas pib siv dej cawv thaum muaj hnub nyoog 15 xyoo.

Ntau Dhau:

Txo qis feem pua ntawm cov hluas uas qhia txog koom nrog kev haus dej cawv.

Ntau Zaug Dhau:

Txo qis feem pua ntawm cov hluas uas pom tias haus cawv ntau txog 3 hnub los yog tshaj saud nyob hauv 30 hnub.

STOP UNDERAGE DRINKING

Молодежная коалиция округа Сакраменто

Создание общественной инициативы для предотвращения пьянства среди молодежи

Молодежная коалиция округа Сакраменто является новой инициативой, действующей с октября 2015 г. Она концентрируется на решении главных задач в рамках Стратегического плана услуг по профилактике алкоголизма и наркомании с целью борьбы с пьянством среди несовершеннолетних.

Путем создания сильных партнерских отношений и укрепления уже существующих, округ Сакраменто способен организовать сильное коллективное воздействие для укрепления существующих и потенциальных профилактических ресурсов.

Деятельность Коалиции включает разработку плана действий, предназначенного для внедрения стратегии среды, имеющей целью предотвращение и снижение уровня употребления алкоголя молодежью с использованием медийного оповещения с пропагандой общественных норм поддержки здорового образа жизни, с упором на законы, политику и практику, которые могут повлиять на пьянство среди несовершеннолетних.

SACRAMENTO COUNTY

Alcohol and Drug Prevention Services

Department of Health and Human Services

Division of Behavioral Health Services

тел: 916-875-2050

веб-сайт:

www.DHS.SacCounty.net

Кто имеет право на получение услуг по первичной профилактике?

- Постоянные жители округа Сакраменто
- Лица, еще не начавшие употреблять запрещенные вещества; или
- Лица, уже начавшие употреблять запрещенные вещества, но еще не проявившие симптомы расстройств, связанных с употреблением запрещенных веществ, **и** которым может быть полезно образование в сфере профилактики

Кого мы обслуживаем

- **молодежь**
- **семьи**
- **школы, жилые районы и общины**

Предоставляемые услуги

Бесплатно доступны переводчики и/или двуязычный персонал.

Услуги для молодежи

Профилактические услуги для молодежи предназначены для усиления защитных факторов, при одновременном снижении факторов риска, связанных с употреблением запрещенных веществ, с увеличением возможностей успеха в семейной жизни и учебе.

Center for Collaborative Planning: *Молодежь в действии*
Omni Youth Programs: Подростки *в действии*
People Reaching Out: *Программы на основе школы лидерства и защиты интересов.*
Sacramento County Office of Education: *Club Live, Friday Night Live и Friday Night Live Mentoring*

Услуги для семей

При оказании профилактических услуг, семьи обучаются с целью снижения факторов риска, а также навыкам по созданию положительной семейной среды, способствующей воздержанию и устойчивости среди молодежи.

Center for Collaborative Planning: *Семьи и общины вместе*
Omni Youth Programs: *Родительская Активность для Подростков, Семьи в действии и Значимость Семьи*

Услуги для школ, жилых районов, общин

Профилактические услуги для учебных заведений, жилых районов и общин включают информационно-образовательные программы с фокусом по борьбе Пьянством среди несовершеннолетних, с курсом «Обучения тренеров» с целью повышения уровня знаний и способностей.

Center for Collaborative Planning and **Omni Youth Programs**: *Программы обучения «Обучение тренеров»*
Sacramento County Office of Education: *Молодежная коалиция округа Сакраменто*

Для получения дополнительной информации о профилактических услугах, связывайтесь с Alcohol and Drug Services:

Тел.: 916-875-2050

Релейная служба Калифорнии: 711

ЦЕЛИ ОКАЗАНИЯ УСЛУГ

для тех, кто начал употреблять

Слишком рано:

Снижение процента молодых людей, сообщающих о начале употребления алкоголя к 15-летнему возрасту.

Слишком много:

Снижение процента молодых людей, сообщающих об участии в запоях.

Слишком часто:

Снижение процента молодых людей, сообщающих об употреблении алкоголя в течение 3 или более дней за последние 30 дней .

ОСТАНОВИТЬ ПЬЯНСТВО СРЕДИ НЕСОВЕРШЕННОЛЕТНИХ!

Стратегический план услуг по профилактике алкоголя и наркотиков

Coalición para la Juventud del Condado de Sacramento

Creando Acciones Comunitarias para prevenir el consumo de alcohol entre los jóvenes

La Coalición para la Juventud del Condado de Sacramento, es una iniciativa nueva puesta en marcha en Octubre del 2015 que tiene como objetivo general concentrarse en el Plan Estratégico de Servicios de Prevención del consumo de Alcohol y Drogas, enfocado en tomadores que son menores de edad.

Desarrollando una alianza solida y fortalecimiento las ya existentes, el Condado de Sacramento puede crear un impacto colectivo y fuerte para aprovechar los recursos de prevención que están existentes y los recursos potenciales de prevención.

Las actividades de la coalición incluyen el desarrollo de un Plan de Acción diseñado para implementar estrategias ambientales enfocadas en la prevención y reducción del consumo de alcohol entre los jóvenes através de mensajes públicos enfocados en las normas sociales apoyando el bienestar, y guiados en las leyes, pólizas y prácticas que pueden afectar el consumo de alcohol en los menores. de edad.

SACRAMENTO COUNTY

Alcohol and Drug Prevention Services

Department of Health Services

Division of Behavioral Health Services

Teléfono: 916-875-2050

Visítenos en el: www.DHS.SacCounty.net

¿Quién es elegible para los Servicios Básicos de Prevención?

- Residentes del Condado de Sacramento
- Personas que no hayan comenzado a utilizar substancias;

o

- Personas que han comenzado a utilizar substancias pero que aún no han mostrado signos de trastornos por el uso de substancias y que podrían beneficiarse de la educación para la prevención

A quiénes servimos

- **Jóvenes**
- **Familias**
- **Escuelas, vecindarios y comunidades**

Servicios Disponibles

Personal bilingüe y / o

intérpretes disponibles sin costo alguno.

Servicios para Jóvenes

Los servicios de prevención para jóvenes están diseñados para incrementar los factores de protección, y reducir los factores relacionados con el uso de substancias, y mejorar las oportunidades de éxito en la familia y la escuela.

Center for Collaborative Planning: *Jóvenes Comprometidos con la Acción*

Omni Youth Programs: *Adolescentes en Acción*

Servicios para Familias

Através de los servicios de prevención, las familias reciben educación para reducir las causas de riesgo, así como para desarrollar habilidades que ayuden a fomentar entornos familiares positivos que apoyen la abstinencia y la tenacidad entre los jóvenes.

Center for Collaborative Planning: *Familias y Comunidades Unidas*

Omni Youth Programs: *Padres Activos de Adolescentes, Familias en Acción, y Asuntos de Familia*

Servicios para Escuelas, Vecindarios, Comunidades

Los servicios de prevención para escuelas, vecindarios y comunidades incluyen programas de extensión y educación enfocados en el consumo de alcohol de menores bajo el concepto “Entrenando al Entrenador” para aumentar el conocimientos y las habilidades del joven.

Center for Collaborative Planning and **Omni Youth Programs:** *Planes de estudios para Entrenar al Entrenador*

Sacramento County Office of Education: *Coalición de la Juventud del Condado de Sacramento*

Para Mayor Información Acerca de los Servicios de Prevención, Favor de comuncarse con el Alcohol and Drug Services al:

Teléfono: 916-875-2050

California Relay Service: 711

METAS DEL SERVICIO

Muy temprano:

Reducir el porcentaje de jóvenes que reportan haber comenzado el consumo de alcohol a la edad de los 15 años.

Demasiado:

Reducir el porcentaje de jóvenes que reportan el consumo excesivo de alcohol.

Muy frecuente:

Reducir el porcentaje de jóvenes que reportan haber bebido 3 o más días durante los últimos 30 días.

STOP UNDERAGE DRINKING

Liên minh vì Thanh niên Hạt Sacramento

Đưa ra hành động cộng đồng để ngăn ngừa thanh niên sử dụng rượu

Liên mình vì Thanh niên Hạt Sacramento là một sáng kiến mới được phát động tháng 10/2015 tập trung vào mục tiêu tổng thể trong Kế hoạch Chiến lược Dịch vụ Phòng chống Rượu và Ma tuý nhằm giải quyết tình trạng uống rượu khi chưa đủ tuổi.

Thông qua phát triển sự cộng tác bền vững và tăng cường sự cộng tác hiện có, Hạt Sacramento có thể tạo ra một ảnh hưởng mạnh mẽ chung để làm đòn bẩy tốt nhất cho nguồn lực ngăn ngừa tiềm năng và hiện có.

Hoạt động của Liên minh bao gồm triển khai Kế hoạch Hành động được thiết kế để thực hiện chiến lược môi trường hướng tới phòng chống và giảm tình trạng sử dụng rượu trong thanh niên qua thông điệp truyền thông, chú trọng vào chuẩn mực xã hội giúp đạt được tình trạng hạnh phúc, và tập trung vào pháp luật, chính sách và thực tiễn có thể tác động tới việc uống rượu khi chưa đủ tuổi.

SACRAMENTO COUNTY

Alcohol and Drug Prevention Services

Department of Health Services

Division of Behavioral Health Services

Điện thoại: 916-875-2050

Trang web: www.DHS.SacCounty.net

Đối tượng đủ điều kiện nhận Dịch vụ Phòng chống Cơ bản?

- Cư dân Hạt Sacramento
- Cá nhân chưa bắt đầu sử dụng các chất gây nghiện;

hay

- Cá nhân đã bắt đầu sử dụng chất gây nghiện nhưng chưa thể hiện những dấu hiệu rối loạn do sử dụng chất gây nghiện **và** có thể được hưởng lợi từ giáo dục phòng chống

Đối tượng Phục vụ

- **Thanh niên**
- **Gia đình**
- **Nhà trường, Khu vực lân cận, và Cộng đồng**

Dịch vụ Cung cấp

Nhân viên song ngữ và/hoặc

phiên dịch miễn phí.

Dịch vụ cho *Thanh niên*

Dịch vụ phòng ngừa cho thanh niên được thiết kế để tăng các yếu tố bảo vệ, đồng thời làm giảm yếu tố nguy cơ liên quan tới sử dụng chất gây nghiện, tăng cơ hội thành công tại gia đình và trường học.

Center for Collaborative Planning: *Tuổi trẻ tham gia Hành động*

Omni Youth Programs: *Tuổi trẻ Hành động*

People Reaching Out: *Các chương trình Lãnh đạo và Vận động chính sách tại trường*

Sacramento County Office of Education: *Câu lạc bộ Sôi động , Tối thứ Sáu Sôi động và Tư vấn cho Tối thứ Sáu Sôi động*

Dịch vụ cho Gia đình

Gia đình trong dịch vụ phòng ngừa sẽ nhận được giáo dục về giảm các yếu tố nguy cơ, cũng như xây dựng kỹ năng để giúp tạo ra một môi trường gia đình tích cực hỗ trợ thanh niên kiêng rượu và mau phục hồi.

Center for Collaborative Planning: *Gia đình & Cộng đồng Chung tay*

Omni Youth Programs: *Làm cha mẹ chủ động của thanh thiếu niên, Gia đình Hành động,* và *Các vấn đề Gia đình*

Dịch vụ cho Nhà trường, Khu vực lân cận, Cộng đồng

Dịch vụ phòng ngừa dành cho nhà trường, khu vực lân cận và cộng đồng bao gồm các chương trình tại cộng đồng và chương trình giáo dục chú trọng vào tình trạng uống rượu khi chưa đến tuổi với chương trình đào tạo tập huấn viên để nâng cao hiểu biết và năng lực.

Center for Collaborative Planning and **Omni Youth Programs:** *Chương trình đào tạo tập huấn viên*

Văn phòng Giáo dục Hạt Sacramento: *Liên minh vì Thanh niên Hạt Sacramento*

Để biết thêm thông tin

Về Dịch vụ Phòng ngừa, Vui lòng Liên hệ Alcohol and Drug Services theo số:

Điện thoại: 916-875-2050

Dịch vụ Chuyển tiếp California: 711

MỤC TIÊU DỊCH VỤ

Quá Sớm:

Giảm tỷ lệ phần trăm thanh niên báo cáo bắt đầu sử dụng rượu khi 15 tuổi.

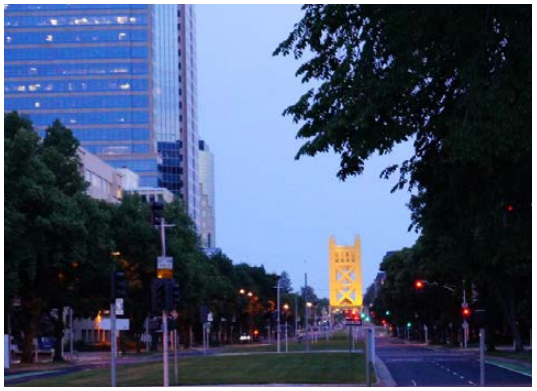
Quá Nhiều:

Giảm tỷ lệ phần trăm thanh niên báo cáo tham gia những cuộc nhậu say sưa.

Quá Thường xuyên:

Giảm tỷ lệ phần trăm thanh niên báo cáo uống 3 ngày trong vòng 30 ngày vừa qua.

STOP UNDERAGE DRINKING



Address:

Adult System of Care

3321 Power Inn Road, Suite 120

Sacramento, CA 95826

Hours of Operation:

Monday through Friday

8:00 a.m. to 5:00 p.m.

(Closed for major holidays)

Bilingual staff and/or interpreters are available at no cost

Telephone Number:

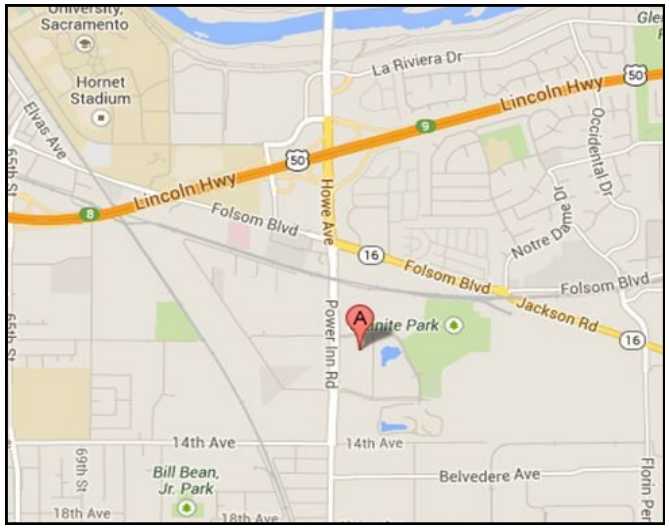
(916) 874-9754

California Relay Service: 711

Website:

www.DHS.SacCounty.net

SACRAMENTO COUNTY



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Navdeep S. Gill

Board of Supervisors:

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Patrick Kennedy	2nd District
Susan Peters	3rd District
Sue Frost	4th District
Don Nottoli	5th District

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Alcohol and Drug Services

Adult System of Care

Telephone: (916) 874-9754

3321 Power Inn Road, Suite 120
Sacramento, CA 95826

Sacramento County Alcohol and Drug Services System of Care:

- Provides assessment and treatment matching referral to all levels of county funded treatment services
- Determines appropriate levels of treatment services for each eligible client based on assessment
- Tailors assessment services to meet the needs of diverse individuals and makes suggestions for tailored treatment needs to community providers
- Provides residential treatment and detoxification authorization and admission to all County-contracted treatment providers
- Refers clients to interim services, education, self help groups and other services as needed or requested

Revised May 2019

Who is eligible for services?

- Any adult living in Sacramento County who is experiencing alcohol and/or drug problems
- Eligibility is based on full scope Medi-Cal and/or the lack of insurance that covers alcohol and/or drug treatment services

Preference provided for PERINATAL Alcohol and Drug Treatment Services to Women

Injecting pregnant women receive preference in the following order:

- Pregnant and injecting drug users
- Pregnant substance abusers
- Injecting drug users
- All others

Community Treatment Services

- Education Groups
- Outpatient Treatment
- Intensive Outpatient Treatment
- Perinatal Services (pregnant and parenting women)
- Residential Treatment
- Detoxification
- Medication Assisted Treatment (Methadone)
- Sober Living Environments/ Transitional Living Services
- After Care Services
- Recovery Support Services

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

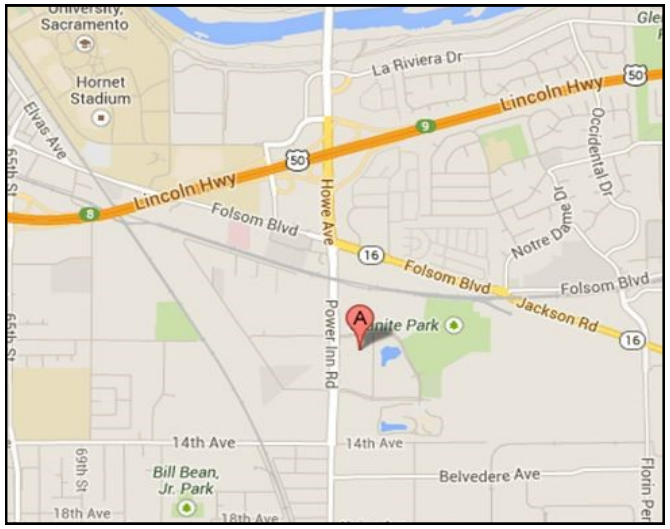
Alcohol and Drug Services

خدمات المخدرات والكحول

الهاتف: (916) 874-9754

3321 Power Inn Road, Suite 120
Sacramento, CA 95826

SACRAMENTO COUNTY



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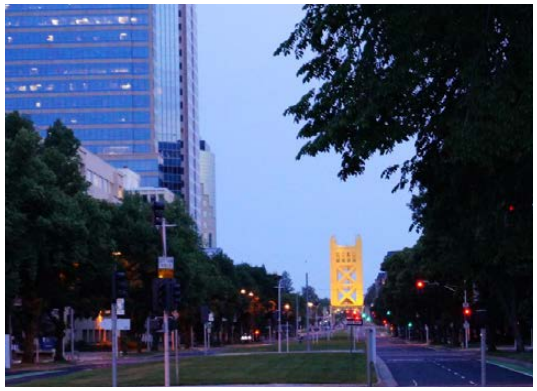


العنوان:

خدمات المخدرات والكحول

3321 Power Inn Road, Suite 120

Sacramento, CA 95826

ساعات العمل

من الإثنين إلى الجمعة

8:00 a.m. to 5:00 p.m.

(يُغلق في الإجازات)

يرجى ترك رسالة لموظف مخدرات والكحول وسيتم الرد عليك قريبًا

رقم الهاتف:
(916) 874-9754

California Relay Service: 711

Website:
www.DHS.SacCounty.net

Sacramento County
خدمات التعافي من الكحول والمخدرات
نظام الرعاية

- توفير التقييم والإحالة الملائمة للجلسات العلاجية من مجموعة من مقدمي الخدمات المؤهلين من المقاطعة
- تحديد مستويات الرعاية الملائمة لكل عميل وتحديد الخطة العلاجية المناسبة
- توصيات خدمات العلاج المستمر أثناء الرعاية اللاحقة
- إزالة السموم في مرافق العلاج الداخلي والخارجي المرخصة
- إحالة العملاء إلى الخدمات المعاونة وبرامج التعافي المجتمعية الأخرى
- و غير ذلك من الخدمات وفقاً للحاجة أو الطلب

تمت المراجعة في مايو 2112

من المستحقين المؤهلين لنيل

- كل الأشخاص في مقاطعة Sacramento County ويحتاجون إلى علاج من الكحول أو المخدرات.
- يجب أن يكون المستحقون مؤهلين للحصول على Medi-Cal كاملاً و/ أو غير مصحوب بأي نفقات مشتركة لخدمات العلاج من الكحول أو المخدرات

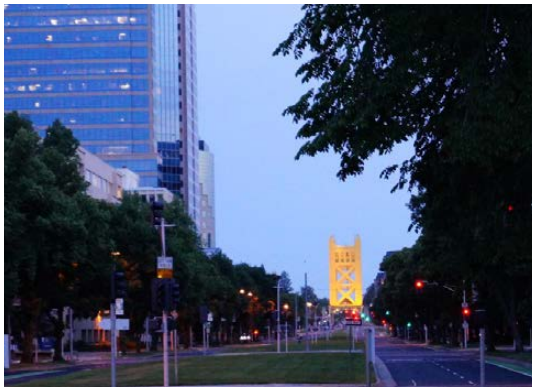
تعطى الأولوية في خدمات التعافي من الكحول والمخدرات للحوامل والمرضعات

النساء الحوامل المستحقات للحصول على خدمات الكحول والمخدرات يحصلن على الأولوية وفقاً للترتيب التالي:

- الحوامل اللواتي يستخدمن المخدرات بالحقن
- الحوامل اللواتي يستخدمن المواد المخدرة
- مستخدمات المخدرات بالحقن الأخريات
- كل الحالات الأخرى

خدمات
علاج مُجتمعية

- مجموعة متنوعة من الاستشارات
- العلاج الخارجي للمرضى
- العلاج الخارجي المكثف للمرضى
- خدمات الأمومة والحوامل والأطفال (برنامج الأم)
- العلاج الداخلي للمرضى
- السموم
- العلاج بمساعدة الأدوية (مثل الميثادون)
- خدمات التعافي من الكحول/ المخدرات أثناء الحمل
- خدمات التعافي بعد الولادة
- خدمات الدعم التعافي



地址：

Adult System of Care

3321 Power Inn Road, Suite 120

Sacramento, CA 95826

運作時間：

星期一至星期五

8:00 a.m. 至 5:00 p.m.
(主要假日關閉)

雙語職員和/或翻譯員(免費提供)

電話號碼：

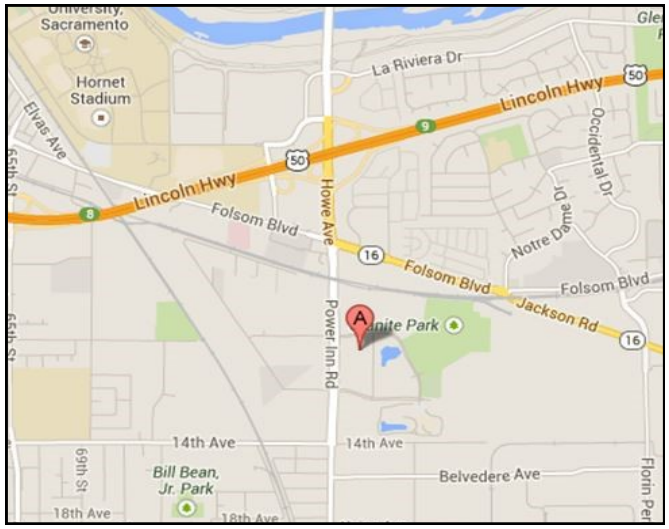
(916) 874-9754

加州中繼服務：711

網站：

www.DHS.SacCounty.net

SACRAMENTO COUNTY



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SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Alcohol and Drug Services

Adult System of Care

Telephone: 916) 874-9754

3321 Power Inn Road, Suite 120
Sacramento, CA 95826

Sacramento County Alcohol and Drug Services System of Care:

- 提供配合評審和治療的推薦至所有級別的郡資助治療服務
- 根據評審決定每個合資格客戶的治療服務級數
- 訂製評審服務以配合多元個人需求以及給予社區提供者訂的建議。
- 提供住院治療和解毒授權以及進入所有與郡簽有合約的治療提供者
- 把客戶推介至臨時服務、教育、自助組及其他所需或所要求的服務

哪些人合資格接受此服務？

- 任何住在薩克拉門托郡而又有酒精或藥物問題的成年人
- 資格是按Medi-Cal 和/或缺乏覆蓋酒精及/藥物治療服務之保險的全面範圍而定。

提供給婦女的出生前後之酒精和藥物治療服務之優先次序

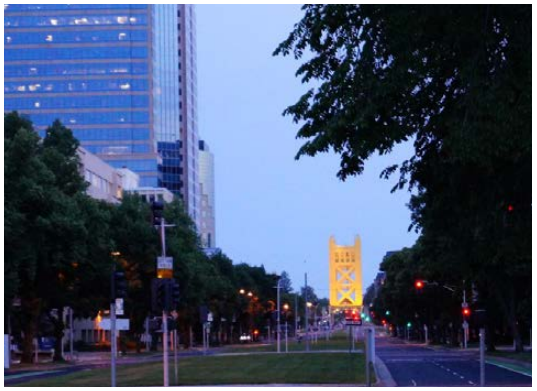
注射的懷孕婦女有以下的優先次序：

- 懷孕並注射藥物的使用者；
- 懷孕的濫用藥物者；
- 注射藥物使用者；
- 所有其他人。

社區治療服務 Services

- 教育團體
- 門診治療
- 深切門診治療
- 出生前後的服務 (懷孕及育兒婦女)
- 住院治療
- 解毒
- 藥物輔助治療 (美沙酮)
- 清醒的生活環境/過渡生活服務
- 續顧服務
- 復原互助服務

修訂2019五月



Chaw Nyob:

Adult System of Care

3321 Power Inn Road, Suite 120

Sacramento, CA 95826

Sij Hawm Ua Hauj lwm:

Monday txog Friday

8:00 a.m. txog 5:00 p.m.

(Kaw chaw hauj lwm hnub tseem ceeb)

Muaj cov neeg ua hauj lwm hais ob hom lus thiab/lossis cov kws pab txhais lus tsis tau them nqi

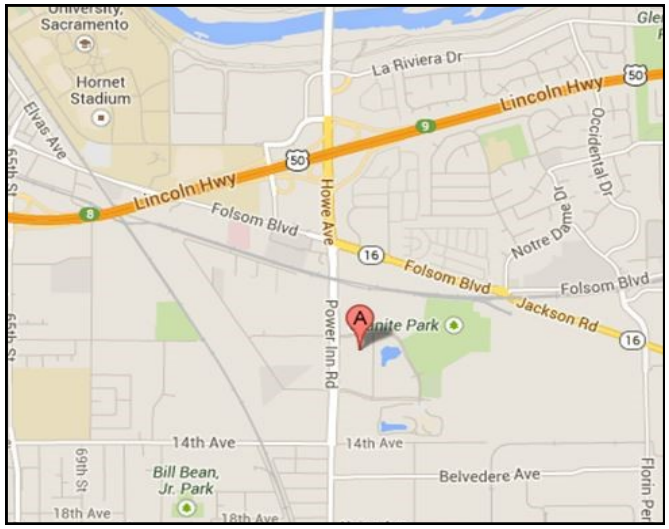
Xov tooj:
(916) 874-9754

California Lub Chaw Pab Hu Xov tooj: 711

Website:

www.DHS.SacCounty.net

SACRAMENTO COUNTY



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Alcohol and Drug Services

Adult System of Care

Xovtooj: (916) 874-9754

3321 Power Inn Road, Suite 120
Sacramento, CA 95826

Sacramento County Alcohol and Drug Services System of Care:

- Muab kev tshuaj ntsuam thiab kev kho mob xa mus rau txhua yeem kev pab hauv lub nroog cov kev pab kho mob
- Txiav txim siab theem tsim nyog ntawm kev pab kho mob rau txhua tus neeg mob muaj cai raws li qhov kev tshuaj ntsuas
- Kev pab tshuaj ntsuas cov neeg txiav khaub ncaws kom ua tau raws li qhov xav tau ntawm ntau cov neeg sib txawv thiab tsim cov lus qhia rau cov kev kho khaub ncaws raws li qhov xav tau hauv zej zog
- Muab kev kho mob rau cov neeg nyob sab hauv thiab tso cai ntxuav tshuaj txhaum thiab rau npe nkag rau Lub Nroog txhua tus kws khomob tau cog lus nrog
- Xa cov neeg mob rau cov kev pab ib ntus, kev qhia paub, pab pawg pab cuam tus kheej thiab lw cov kev pab raws li xav tau lossis tau thov

Pib Tsib Hlis Ntuj xyoo 2019

Leej twg thiaj muaj cai tau txais cov kev pab?

- Txhua tus neeg nyob hauv Nroog Sacramento uas tau muaj teeb meem quav dej cawv thiab/los sis quav tshuaj dhau los
- Qhov muaj cai yog ua raws li tag nrho txhua yam ntawm Medi-Cal thiab/los sis tsis muaj pab kas phais uas pab them rau cov nqi kho mob quav dej cawv thiab/los sis tshuaj

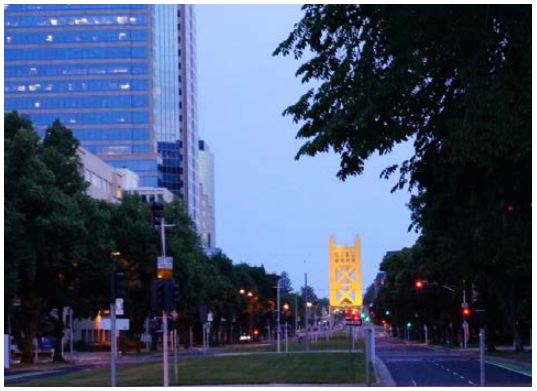
Cov kev pab tau muab rau
KEV MUAJ MEN YUAM
Kev Pab Kho Quav Cawv thiab Quav Tshuaj rau Poj niam

Cov tshuaj txhaj rau cov poj niam cev xeeb tub yuav tsum ua raws li cov ntawv txhaj txuas hauv no:

- Cov poj niam cev xeeb tub thiab txhaj tshuaj muaj yees
- Cov poj niam cev xeeb tub quav tshuaj muaj yees
- Cov neeg siv tshuaj txhaj
- Txhua lwm yam

Kev Pab Kho Hauv Zej Zog

- Pab Pawg Qhia Kev Paub
- Kho Neeg Mob Sab Nraud
- Kev Mob Siab Rau Kho Neeg Mob Sab Nraud
- Pab Kho Thaum Muaj Me nyuam (poj niam cev xeeb tub thiab pojniam coj menyuam)
- Kev Kho Cov Neeg Nyob Sab Hauv
- Ntxuav Tshuaj Txhaum
- Kev Siv Cov Tshuaj Pab Kho Mob (Methadone)
- Kev Saib Xyuas Thaum Huam Cawv/Cov Kev Pab Hloov Kev Noj Nyob
- Cov Kev Pab Tom Qab Kho Mob
- Cov Kev Pab Kho Kom Zoo Li Qub



Адрес:

Adult System of Care

3321 Power Inn Road, Suite 120

Sacramento, CA 95826

Рабочие часы:
С понедельника по пятницу
с 8:00 до 17:00
(закрыто во время главных праздников)

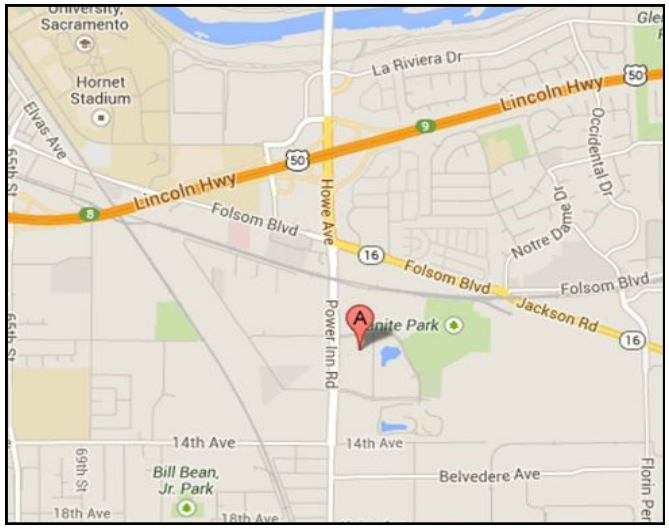
Предоставляются Бесплатно переводчики и/или двуязычный персонал

Тел.: (916) 874-9754

Релейная служба Калифорнии: 711

веб-сайт:
www.DHS.SacCounty.net

SACRAMENTO COUNTY



Adult System of Care

3321 Power Inn Road, Suite 120
Sacramento, CA 95826
www.DHS.SacCounty.net

Division of Behavioral Health Services
Ryan Quist, Ph.D.
Behavioral Health Director
Alcohol and Drug Program Administrator

Department of Health Services
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County Executive:
Navdeep S. Gill

Board of Supervisors

Phil Serna	1st District
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Don Nottoli	5th District

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Alcohol and Drug Services

Adult System of Care

Тел.: (916) 874-9754

3321 Power Inn Road, Suite 120
Sacramento, CA 95826

Sacramento County Alcohol and Drug Services System of Care:

- Обеспечивает оценку и соответственное направление к специалистам на всех уровнях медицинских услуг, финансируемых округом
- Определяет соответствующие уровни лечения для каждого, имеющего на это право, клиента, основываясь на оценке
- Приспосабливает услуги по оценке к нуждам различных индивидуумов и вносит предложения предоставителям услуг населению относительно конкретных потребностей в их лечении
- Обеспечивает стационарное лечение и направление на детоксикацию, а также доступ ко всем предоставителям лечения, имеющим договоры с округом
- Направляет клиентов на получение промежуточных услуг, образования, в группы самопомощи и в другие группы по мере необходимости и по запросу

Пересмотрено в мае 2019 г.

Кто имеет право на получение услуг?

- Любой взрослый житель округа Сакраменто, испытывающий проблемы из-за употребления алкоголя или/и наркотиков
- Доступность основана на полном полисе Medi-Cal и/или отсутствии страхования, покрывающего услуги по лечению зависимости от алкоголя и/или наркотиков

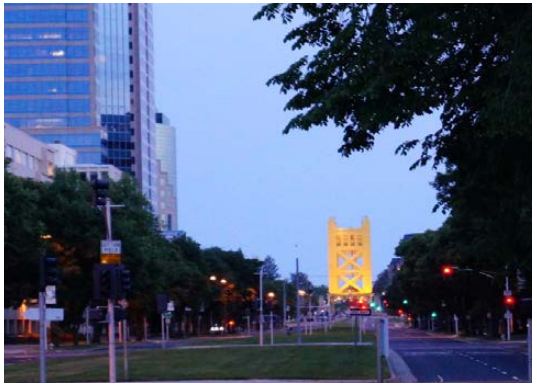
Приоритет имеют услуги по лечению ПЕРИНАТАЛЬНОЙ зависимости от алкоголя и наркотиков для женщин

Беременные, использующие инъекции, имеют приоритет в следующем порядке:

- Беременные наркоманки, использующие инъекции наркотиков
- Беременные пользователи запрещенных препаратов
- Наркоманки, использующие инъекции наркотиков
- Все остальные

Медицинские услуги для населения

- Образовательные группы
- Амбулаторное лечение
- Интенсивное амбулаторное лечение
- Перинатальные услуги (для беременных и рожениц)
- Стационарное лечение
- Детоксикация
- Медикаментозное лечение (метадон)
- Трезвая среда проживания / услуги по проживанию в переходный период
- Услуги после лечения
- Услуги по поддержке выздоровления



Dirección:

Adult System of Care

3321 Power Inn Road, Suite 120

Sacramento, CA 95826

Horario de Servicio:

de Lunes a Viernes

de 8:00 a.m. a 5:00 p.m.

(Cerrado los días festivos)

Personal bilingüe y / o Intérpretes disponibles sin costo alguno.

Número de Teléfono:

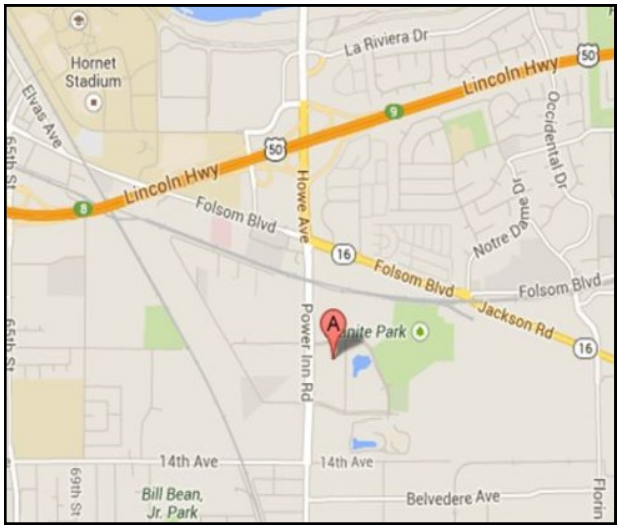
(916) 874-9754

Servicio de Retransmisión de California: 711

Pagina del Web:

www.DHS.SacCounty.net

SACRAMENTO COUNTY



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SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Alcohol and Drug Services

Adult System of Care

Teléfono: (916) 874-9754

3321 Power Inn Road, Suite 120
Sacramento, CA 95826

Sacramento County Alcohol and Drug Services System of Care:

- Ofrece evaluaciones y tratamiento a todos los niveles para canalizar los servicios de tratamiento financiados por el Condado
- De acuerdo a la evaluación, determina los niveles de servicios de tratamiento apropiado para cada cliente que es elegible
- Desarrolla servicios de evaluación para satisfacer las necesidades de las personas y da recomendaciones de tratamiento a los proveedores de la comunidad
- Proporciona con la autorización y admisión del tratamiento residencial y de desintoxicación a todos los proveedores de tratamiento que tienen contrato con el Condado
- Canaliza los clientes a servicios provisionales, de educación, grupos de autoayuda y otros servicios según sea necesarios o requeridos

Revisado mayo 2019

¿Quién es elegible para los servicios?

- Cualquier adulto que viva en el Condado de Sacramento y que esté teniendo problemas con el alcohol y/o drogas
- La elegibilidad es determinada en la cobertura amplia de Medi-Cal y/o que no tenga seguro que cubra por los servicios del tratamiento del consumo de alcohol y/o drogas

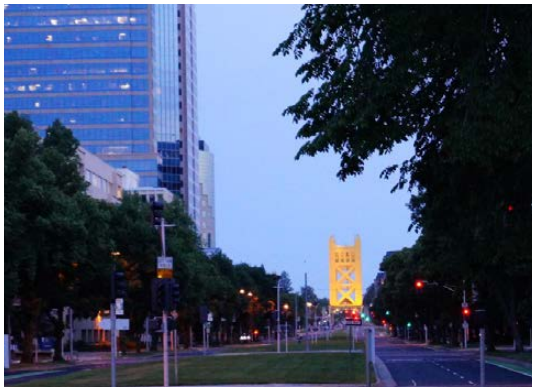
Se dá preferencia de Servicios Prenatales para las Mujeres en el Tratamiento de Alcohol y Drogas

Las mujeres embarazadas que se inyectan drogas tienen preferencia en el siguiente orden:

- Mujeres embarazadas que se inyectan drogas
- Mujeres embarazadas que abusan de substancias
- Usuarios que se inyectan drogas
- Todos las demás

Servicios de tratamiento en la comunidad

- Grupos de educación
- Tratamiento de consulta externa
- Tratamiento intensivo de consulta externa
- Servicios prenatales (mujeres embarazadas y con hijos)
- Tratamiento residencial
- Desintoxicación
- Asistencia en el Tratamiento Médico (Metadona)
- Vivir en un ambiente de Sobriedad/ Servicios de Vivienda transitoria
- Servicios Después del Cuidado
- Servicios de apoyo para la recuperación



Địa chỉ:

Adult System of Care

3321 Power Inn Road, Suite 120

Sacramento, CA 95826

Giờ mở cửa:

Thứ hai tới Thứ sáu

8 giờ sang đến 5 giờ chiều

(Đóng cửa vào ngày lễ lớn)

Chúng tôi có nhân viên song ngữ và/ hoặc phiên dịch miễn phí

Số điện thoại:

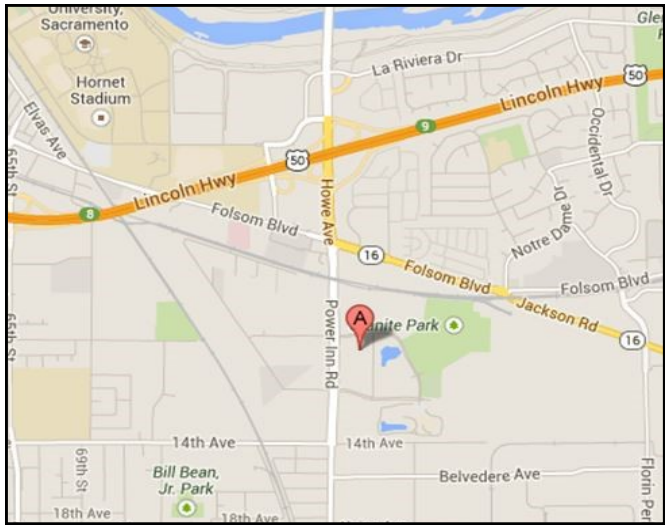
(916) 874-9754

Dịch vụ chuyển tiếp California: 711

Trang web:

www.DHS.SacCounty.net

SACRAMENTO COUNTY



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SACRAMENTO COUNTY

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Division of Behavioral Health Services

Alcohol and Drug Services

Adult System of Care

Điện thoại: (916) 874-9754

3321 Power Inn Road, Suite 120
Sacramento, CA 95826

Sacramento County Alcohol and Drug Services System of Care:

- Đánh giá và điều trị phù hợp với tất cả các cấp độ dịch vụ điều trị của Hạt
- Xác định cấp độ dịch vụ điều trị phù hợp cho mỗi khách hàng đủ điều kiện dựa trên đánh giá
- Điều chỉnh dịch vụ đánh giá nhằm đáp ứng nhu cầu đa dạng của các cá nhân và đề xuất nhu cầu điều trị theo yêu cầu tới nhà cung cấp cộng đồng
- Điều trị tại trung tâm hồi phục và cho phép và tiếp nhận điều trị cai nghiện đối với tất cả những nhà cung cấp điều trị có hợp đồng với Hạt
- Giới thiệu khách hàng đến dịch vụ chuyển tiếp, giáo dục, nhóm tự lực và các dịch vụ khác khi cần hay được yêu cầu

Sửa đổi tháng 5 năm 2019

Đối tượng nào đủ điều kiện nhận dịch vụ?

- Bất kỳ người lớn nào sống tại hạt Sacramento có vấn đề về rượu và/ hoặc ma tuý
- Đủ điều kiện dựa trên Medi-Cal toàn phần và/hoặc không có bảo hiểm chi trả cho dịch vụ điều trị rượu và/hoặc ma tuý

Ưu tiên
Dịch vụ điều trị liên quan đến rượu và ma tuý cho phụ nữ TIỀN SẢN VÀ HẬU SẢN

Phụ nữ mang thai tiêm chích ma tuý sẽ được ưu tiên theo thứ tự sau:

- Người mang thai và tiêm chích ma tuý
- Người mang thai lạm dụng dược chất
- Người tiêm chích ma tuý

Dịch vụ Điều trị Cộng đồng

- Các nhóm giáo dục
- Điều trị ngoại trú
- Điều trị ngoại trú chuyên sâu
- Dịch vụ tiền sản và hậu sản (phụ nữ mang thai và nuôi con)
- Điều trị tại trung tâm phục hồi
- Cai nghiện
- Điều trị hỗ trợ bằng thuốc (Methadone)
- Môi trường sống không rượu/Dịch vụ sống chuyển tiếp
- Dịch vụ sau chăm sóc
- Dịch vụ hỗ trợ phục hồi

Youth Alcohol and Drug Treatment Services

"Though no one can go back and make a new start, anyone can start from now and make a brand new ending." - Carl Bard

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SACRAMENTO COUNTY

Is Alcohol or Other Drugs a Problem for You or a Teen You Know?

- Has drinking or drug use caused family, school, or legal problems for yourself or a teen you know? ☑
- Have you or a teen you know lost their temper or gotten into arguments/fights while drinking or using drugs? ☑
- Do you or a teen you know spend time thinking about or trying to get alcohol or other drugs? ☑
- Have you or a teen you know, missed out on anything that you/they wanted to do because of drug and/or alcohol use? ☑
- Have you or a teen you know been worried about his/her own drinking or drug usage? ☑

If the answer is "yes" to one or more questions, please refer to the resources listed on the reverse side of this brochure.

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Alcohol and Drug Services

Youth Treatment Services

Telephone: (916) 875-2050

WHO IS ELIGIBLE FOR SERVICES?

Any youth living in Sacramento County who is experiencing alcohol and/or drug problems

Eligibility is based on full scope Medi-Cal and/or the lack of insurance that covers alcohol and/or drug treatment services

WHERE DO I BEGIN?

Call one of the listed sites on this brochure for information or a confidential alcohol and drug assessment

For more information about
Sacramento County
Alcohol and Drug Services
for youth

contact:
Alcohol and Drug Services
General Information Line:
(916) 875-2050
California Relay Service: 711
(Bilingual staff and/or interpreters are available at no cost)

Preference provided for PERINATAL Alcohol and Drug Treatment Services to Youth

Injecting pregnant youth receive preference in the following order:

- Pregnant and injecting drug users
- Pregnant substance abusers
- Injecting drug users
- All others

Revised May 2019

Youth Alcohol and Drug Outpatient Treatment Providers

WHO MAKES A REFERRAL?

Youth are encouraged to refer themselves. In addition, family members, teachers, counselors, social workers, or anyone else who wants to help connect a youth with services can contact the following service agencies.

North Sacramento

- **Strategies for Change**
  4441 Auburn Blvd. Suite E.
  Sacramento, CA 95841
  Phone: (916) 473-5764
  Fax: (916) 473-5766

South Sacramento

- **Another Choice, Another Chance (ACAC)**
  7000 Franklin Blvd. Suite 625
  Sacramento, CA 95820
  Phone: (916) 388-9418
  Fax: (916) 388-9273

- **Sobriety Brings A Change (SBAC)**
  4600 47th Ave Suite 102
  Sacramento, CA 95824
  Phone: (916) 454-4242
  Fax: (916) 454-2930

Isleton / Rio Vista

- **Rio Vista CARE, Inc.**
  628 Montezuma Street
  Rio Vista, CA 94571
  Phone: (707) 374-5243
  Fax: (707) 374-5381

Kev Pab Kho Cov Hluas Quav Cawv thiab Quav Tshuaj

"Hla qhov tsis muaj leej twg thim rov qab thiab tsim qhov pib tshiab, txhua tus tuaj yeem peb tam sim no thiab tsim lub cim xaus tshiab." - Carl Bard

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SACRAMENTO COUNTY

Koj los yog Ib Tus Hluas Koj Paub Muaj Teeb meem Quav Cawv los yog Quav Lwm Yam Tshuaj?

- Puas yog kev quav cawv los yog quav tshuaj ua rau tsev neeg, tsev kawm, los yog kev cai lij choj muaj teeb meem rau koj tus kheej los yog tus hluas uas koj paub ? ☑
- Puas yog koj los yog ib tus hluas koj paub muaj kev npau taws los sis tau mus tawm tsam/sib ntaus thaum haus cawv los yog siv tshuaj? ☑
- Puas yog koj los yog ib tus hluas koj paub siv lub sij hawm xav txog los sis xav haus cawv los yog lwm yam tshuaj? ☑
- Puas yog koj los yog ib tus neeg hluas koj paub, plam ib qho uas koj/ lawv xav ua vim qhov quav cawv thiab/ los yog quav tshuaj? ☑
- Puas yog koj los yog ib tus hluas koj paub tau muaj kev txhawj xeeb txog nws tus kheej qhov quav cawv los yog quav tshuaj? ☑

Los lus teb "yog" rau cov lus nug , thov xa mus rau lub chaw pab cuam muaj npe sab tom qab daim ntawv xov xwm no.

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Alcohol and Drug Services

Youth Treatment Services

Xov tooj: (916) 875-2050

LEEJ TWG THIAJ MUAJ CAI TAU TXAIS KEV PAB?

Txhua tus hluas nyob hauv Nroog Sacramento uas tau muaj teeb meem quav cawv thiab\los sis quav tshuaj dhau los

Qhov muaj cai yog ua raws li tag nrho txhua yam ntawm Medi-Cal thiab/los sis tsis muaj pab kas phais uas pab them rau cov nqi kho mob quav dej cawv thia-b/los sis tshuaj

KUV YUAV PIB QHOV TWG?

Hu rau ib lub chaw hauj lwm muaj npe ntawm daim ntawv xov xwm no kom paub ntau ntxiv los sis cov kev tshuaj ntsuas quav cawv thiab quav tshuaj tsis pub lwm tus paaub

Kom paub ntau ntxiv txog Nroog Sacramento Cov Kev Pab Kho Quav Cawv thiab Quav Tshuaj rau cov hluas

Hu Tau:

Alcohol and Drug Services

Xav Paub Ntau tshaj No Hu Rau:
(916) 875-2050
California Lub Chaw Pab Hu Xov tooj: 711

(Muaj cov neeg ua hauj lwm hais ob hom lus thiab/los sis cov kws pab txhais lus tsis tau them nqi)

Cov kev pab tau muab rau
KEV MUAJ ME NYUAM
Kev Pab Kho Quav Cawv thiab Quav Tshuaj rau Poj niam

Cov tshuaj txhaj rau cov poj niam cev xeeb tub yuav tsum ua raws li cov ntawv xaj txuas ntxiv no:

- Cov poj niam cev xeeb tub thiab txhaj tshuaj muaj yees
- Cov poj niam cev xeeb tub quav tshuaj muaj yees
- Cov neeg siv tshuaj txhaj
- Txhua lwm yam

Pib Tsib Hlis Ntuj xyoo 2019

Cov Chaw Kho Mob Kho Cov Hluas Quav Cawv thiab Quav Tshuaj Tsis Pw Hauv Tsev Kho Mob

LEEJ TWG YOG TUS XA?

Cov hluas raug txhawb kom mus ib leeg. Tsis tas li ntawv xwb, tsev neeg, cov kws qhia, cov kws sab laj, tus neeg ua hauj lwm pab cuam, los yog lwm tus neeg uas xav pab kom txuas nrog cov kev pab rau cov hluas tuaj yeem tiv toj rau cov chaw hauj lwm pab cuam txuas ntxiv no.

North Sacramento

- **Strategies for Change**
  4441 Auburn Blvd. Suite E.
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  Phone: 473-5764
  Fax: 473-5766

South Sacramento

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  Fax: (916) 454-2930
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  4343 Williamsbourgh Dr
  Sacramento, CA 95823
  Phone: (916) 395-3552
  Fax: (916) 395-3683

Isleton / Rio Vista

- **Rio Vista CARE, Inc.**
  628 Montezuma Street
  Rio Vista, CA 94571
  Phone: (707) 374-5243
  Fax: (707) 374-5381

Услуги по лечению зависимости от алкоголя и наркотиков среди молодежи

«Хотя никто не может вернуться и начать все сначала, любой может начать сейчас и достигнуть нового завершения.» Карл Берд

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SACRAMENTO COUNTY

Являются ли алкоголь и наркотики проблемой для Вас или для известного Вам Подростка?

- ♦ Создавало ли пьянство или употребление наркотиков проблемы в семье, школе или проблемы с законом для Вас или для известного Вам тинэйджера? ☑
- • Теряли ли контроль над собой вы или подросток, которого вы знаете, или вступали в споры /драки во время употребления спиртного или наркотиков ? ☑
- ♦ Проводите ли вы время либо известный Вам подросток, думая о приобретении алкоголя или наркотиков или пытались сделать это? ☑
- • Потерпели ли Вы или подросток, которого вы знаете потерю в том, что вы хотели сделать и не смогли из-за употребления наркотиков и/или алкоголя ? ☑
- • Испытывали ли Вы либо известный Вам подросток беспокойство относительно собственного употребления спиртного или ☑

наркотиков ?

При ответе «да» на один или более вопросов, обращайтесь в службы, указанные на обороте этой брошюры.

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Alcohol and Drug Services

Youth Treatment Services

Тел.: (916) 875-2050

КТО ИМЕЕТ ПРАВО НА ПОЛУЧЕНИЕ УСЛУГ?

Любой молодой житель округа Сакраменто, испытывающий проблемы с алкоголем и/или наркотиками

Доступность основана на полном полисе Medi-Cal и/или отсутствии страхования, покрывающего услуги по лечению зависимости от алкоголя и/или наркотиков

КАК НАЧАТЬ?

Свяжитесь с одним из сайтов, указанных в этой брошюре, для получения информации о конфиденциальной оценке вашего состояния, касательно алкоголя и наркотиков

Для получения дополнительной информации об услугах по борьбе с алкоголизмом и наркоманией для молодежи свяжитесь с:

Общей информационной службой
Alcohol and Drug Services:
(916) 875-2050
Релейная служба Калифорнии: 711
(бесплатно доступны переводчики и/или двуязычный персонал)

Приоритет имеют услуги по лечению ПЕРИНАТАЛЬНОЙ зависимости от алкоголя и наркотиков среди молодежи

Молодые беременные, использующие инъекции, имеют приоритет в следующем порядке:

- Беременные наркоманки, использующие инъекции наркотиков
- Беременные пользователи запрещенных препаратов
- Наркоманки, использующие инъекции наркотиков
- Все остальные

Пересмотрено в мае 2019 г.

Предоставители амбулаторного лечения от алкогольной зависимости и наркотиков

КТО ДАЕТ НАПРАВЛЕНИЕ?

Молодежи рекомендуется обращаться самостоятельно. Кроме того, члены семьи, учителя, консультанты, социальные работники или любой человек, желающий помочь молодому человеку связаться со службами, могут/может связаться со следующими провайдерами услуг:

North Sacramento

- **Strategies for Change**
  4441 Auburn Blvd. Suite E.
  Sacramento, CA 95841
  Phone: (916) 473-5764
  Fax: (916) 473-5766

South Sacramento

- **Another Choice, Another Chance (ACAC)**
  7000 Franklin Blvd. Suite 625
  Sacramento, CA 95820
  Phone: (916) 388-9418
  Fax: (916) 388-9273

- **Sobriety Brings A Change (SBAC)**
  4600 47th Ave Suite 102
  Sacramento, CA 95824
  Phone: (916) 454-4242
  Fax: (916) 454-2930

- **Strategies for Change**
  4343 Williamsbourgh Dr
  Sacramento, CA 95823
  Phone: (916) 395-3552
  Fax: (916) 395-3683

Isleton / Rio Vista

- **Rio Vista CARE, Inc.**
  628 Montezuma Street
  Rio Vista, CA 94571
  Phone: (707) 374-5243
  Fax: (707) 374-5381

Servicios de Tratamiento para Jóvenes en el uso de Alcohol y Drogas

"Aunque nadie puede volver atrás y comenzar de nuevo, cualquiera puede comenzar a partir de ahora y crear un final nuevo ". - Carl Bard

SACRAMENTO COUNTY

Es el alcohol o las drogas un problema para ti u otro jóven que conoces? ☑

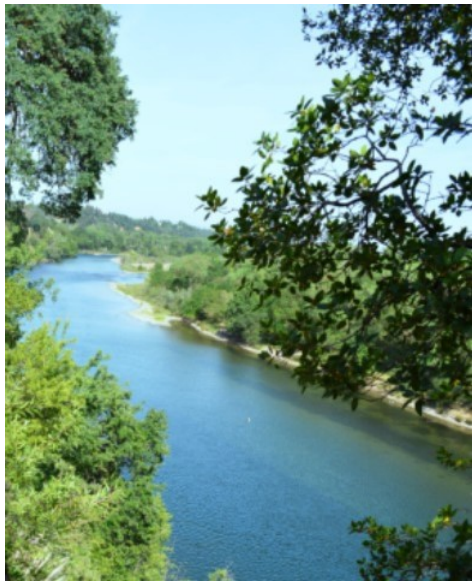
- ¿El beber o el uso de drogas te ha causado a ti o a otro jóven que conoces problemas familiares, en la escuela, o legales? ☑
- Te ha pasado a ti , o a otro jóven que conoces, que han perdido la paciencia, han discutido/ peleado mientras consumía bebidas alcohólicas o drogas? ☑
- Tu u otro joven que conoces, pasan tiempo pensando como conseguir alcohol o drogas?
- Tu o algún jóven que conoces han perdido algo que ustedes hayan querido hacer como consecuencia del uso de alcohol o drogas? ☑
- Tu o un jóven que conoces están preocupados por sus problemas con el consumo de alcohol o drogas? ☑

Si contestaste "sí" a una o más de estas preguntas, por favor consulta los recursos que aparecen en el reverso de este folleto.

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Alcohol and Drug Services



Youth Treatment Services

Teléfono: (916) 875-2050

¿QUIÉN ES ELEGIBLE PARA LOS SERVICIOS?

Cualquier joven que viva en el Condado de Sacramento y que esté teniendo problemas con el alcohol y/o las drogas

La elegibilidad se basa en la cobertura amplia de Medi-Cal y/o la falta de seguro médico que cubra servicios de tratamiento para del consumo de alcohol y/o drogas

¿POR DÓNDE EMPIEZO?

Para mayor información o para tener una evaluación confidencial sobre el consumo de alcohol o drogas, llama a uno de los lugares que aparecen en este folleto

Para obtener más información sobre los Servicios de Alcohol y Drogas para jóvenes del Condado de Sacramento

Llama a:

Alcohol and Drug Services
Línea de información general:
(916) 875-2050
Servicio de Retransmisión de California: 711
(Personal bilingüe y/o intérpretes están disponibles sin costo alguno)

Se le dá preferencia de tratamiento PRENATAL a jóvenes que están consumiendo alcohol y drogas

Las jóvenes embarazadas que se están inyectando, tienen preferencia en el siguiente orden:

- Mujeres embarazadas que se inyectan drogas
- Mujeres embarazadas que abusan substancias
- Usuarios que se inyectan drogas
- Todos las demás

Revisado mayo 2019

Proveedores de servicios ambulatorios a pacientes jóvenes que consumen alcohol y drogas

¿QUIÉN PUEDE REFERIR A UNA PERSONA ?
Se recomienda que los jóvenes vayan ellos mismos para recibir servicios. También los familiares, maestros, consejeros, trabajadores sociales, o cualquier otra persona que quiera ayudar a un joven puede ayudarlo a comunicarse con las siguientes agencias de servicios.

Parte Norte de Sacramento

- **Strategies for Change**
  4441 Auburn Blvd. Suite E.
  Sacramento, CA 95841
  Phone: (916) 473-5764
  Fax: (916) 473-5766

Parte Sur de Sacramento

- **Another Choice, Another Chance (ACAC)**
  7000 Franklin Blvd. Suite 625
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  Fax: (916) 388-9273

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  Phone: (916) 454-4242
  Fax: (916) 454-2930

- **Strategies for Change**
  4343 Williamsbourgh Dr
  Sacramento, CA 95823
  Phone: (916) 395-3552
  Fax: (916) 395-3683

Parte de Isleton y Rio Vista

- **Rio Vista CARE, Inc.**
  628 Montezuma Street
  Rio Vista, CA 94571
  Phone: (707) 374-5243
  Fax: (707) 374-5381

Dịch vụ Điều trị liên quan đến Rượu và Ma tuý cho Thanh

"Dù không ai có thể quay lại và có một khởi đầu mới, nhưng ai cũng có thể bắt đầu từ bây giờ và tạo ra một kết thúc mới." - Carl Bard

SACRAMENTO COUNTY

Liệu rượu hay chất gây nghiện khác có phải là vấn đề đối với bạn hay một thanh niên mà bạn biết?

- Việc uống rượu hay sử dụng ma tuý có gây ra vấn đề cho gia đình, nhà trường, hay pháp lý cho bạn hay cho thanh niên mà bạn biết không? ☑
- Bạn hay thanh niên bạn biết có bị mất kiểm soát hay cãi lộn/đánh lộn trong khi uống rượu hay dùng ma tuý không? ☑
- Bạn hay thanh niên bạn biết có dành thời gian nghĩ về hay cố gắng để uống rượu hay sử dụng thuốc gây nghiện khác? ☑
- Bạn hay thanh niên bạn biết đã bỏ lỡ bất kỳ điều gì muốn làm do sử dụng ma tuý và/ hoặc rượu không? ☑
- Bạn hay thanh niên mà bạn biết có lo lắng về việc uống rượu hay sử dụng thuốc của mình không?

Nếu câu trả lời là "có" cho một hay nhiều câu hỏi, hãy tham khảo danh

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Alcohol and Drug Services

Youth Treatment Services

Điện thoại: **(916) 875-2050**

ĐỐI TƯỢNG NÀO ĐỦ ĐIỀU KIỆN NHẬN DỊCH VỤ?

Bất kỳ thanh niên nào sống tại Hạt Sacramento đang gặp vấn đề về rượu và/hoặc ma tuý

Việc đủ điều kiện được dựa trên Medi-Cal toàn phần và/hoặc không có bảo hiểm chi trả cho dịch vụ điều trị rượu và/hoặc ma tuý

TÔI NÊN BẮT ĐẦU TỪ ĐÂU?

Gọi tới một trong số những cơ sở đề cập trong tài liệu này để biết thông tin hay được xét nghiệm rượu và ma tuý bảo mật

Để biết thêm thông tin về
Dịch vụ Điều trị liên quan đến Rượu và Ma tuý
Dành cho thanh niên Hạt Sacramento

Hãy liên hệ:
Đường dây Thông tin Chung
Alcohol and Drug Services:
General Information line:

(916) 875-2050
Dịch vụ Chuyển tiếp California: 711
(Chúng tôi có nhân viên song ngữ và/hoặc phiên dịch miễn phí)

Ưu tiên dịch vụ điều trị liên quan đến rượu và ma tuý cho thanh niên TIỀN SẢN VÀ HẬU SẢN

Thanh niên mang thai tiêm chích ma tuý sẽ được ưu tiên theo thứ tự sau:

- Mang thai và tiêm chích ma tuý
- Người mang thai lạm dụng dược chất
- Người tiêm chích ma tuý
- Tất cả các đối tượng khác

Sửa đổi tháng 5 năm 2019

Nhà cung cấp Điều trị liên quan đến Rượu và Ma tuý Ngoại trú cho Thanh niên

AI LÀ NGƯỜI GIỚI THIỆU?

Chúng tôi khuyến khích thanh niên tự giới thiệu. Ngoài ra, thành viên gia đình, giáo viên, người tư vấn, cán bộ công tác xã hội, hay bất kỳ ai khác muốn giúp thanh niên kết nối với dịch vụ có thể liên hệ với các cơ sở dịch vụ dưới đây.

North Sacramento

- **Strategies for Change**
  4441 Auburn Blvd. Suite E.
  Sacramento, CA 95841
  ĐT: 473-5764
  Fax: 473-5766

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  4600 47th Ave Suite 102
  Sacramento, CA 95824
  Phone: (916) 454-4242
  Fax: (916) 454-2930

Isleton / Rio Vista

- **Rio Vista CARE, Inc.**
  628 Montezuma Street
  Rio Vista, CA 94571
  ĐT: (707) 374-5243
  Fax: (707) 374-5381

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Alcohol and Drug Services

خدمات الشباب

الهاتف: (916) 875-2050

SACRAMENTO COUNTY

هل تمثل الكحوليات أو غيرها من المخدرات (AOD) مشكلة لك أو لمراهق تعرفه؟

- هل تسببت الكحوليات أو المخدرات في مشاكل قانونية أو أسرية لك أو لمراهق تعرفه؟
- هل حدث أن فقدت أو فقد المراهق أعصابه أو انخرط في جدالات/ قتال في أثناء معاقرة للكحوليات أو المخدرات؟
- هل تقضي أو يقضي المراهق وقتًا في التفكير بشأن الكحوليات أو المخدرات الأخرى؟
- هل حدث أن فاتك أنت أو فات مراهقًا تعرفه حدثًا أو أمرًا كنت تود حضوره/كان يود حضوره بسبب المخدرات والكحوليات أو أيهما؟
- هل انتابك القلق أو انتاب المراهق القلق بشأن معاقرته/معاقرتك للكحوليات أو المخدرات؟

إذا كانت إجابتك "نعم" على واحد أو أكثر من هذه المعلومات، يُرجى مراجعة المعلومات الواردة على الجانب الآخر من هذه المطوية.

Youth Alcohol and Drug Treatment Services

"مع أنه ليس في وسع أحد العودة في الزمن والبدء من جديد، فإن بمقدور المرء أن يبدأ الآن في رسم طريق نهاية جديدة مختلفة" Carl Bard

Division of Behavioral Health Services
Ryan Quist, Ph.D.
Behavioral Health Director
Alcohol and Drug Program Administrator

Department of Health Services
Peter Beilenson, MD, MPH, Director

County Executive:
Navdeep S. Gill

Board of Supervisors:

Phil Serna	1st District
Patrick Kennedy	2nd District
Susan Peters	3rd District
Sue Frost	4th District
Don Nottoli	5th District

WHO IS ELIGIBLE FOR SERVICES?

يوجد به مشاكل في Sacramento County لكل
ت عاطي الكحوليات أو المخدرات له

ي جي ت حيد الأهلية الس ت حقاق في Medi-Cal كاملاً و/ أو
غي ات أمين ص حية في خدمات ال ع الج من الكحوليات أو
المخدرات

أين يُمكنني البدء؟

اتصل بأحد المؤسسات المذكورة في الصفحة المقابلة لمعرفة المزيد من المعلومات أو الحصول على قائمة بمقدمي الخدمات المتخصصين في علاج الكحوليات والمخدرات

لمزيد من المعلومات حول خدمات العلاج من الكحوليات والمخدرات للشباب في مقاطعة سكرامنتو

اتصل على:

Alcohol and Drug Services
خط المعلومات العامة
(916) 875-2050
California Relay Service: 711
(يتوفر موظفون ثنائي اللغة/ مترجمون فوريون مجانًا)

تُعطى النساء الأولوية في خدمات التعافي من الكحوليات والمخدرات للوالدين

ال س اء ال ح وامل التالي ع اطي ن ك ي ق ب ال ن ل من أول ف ق ب ت ي ل ل:

- ال ح وامل و م خدم ت ات ال خدمات ل ي دي ال ق ل ب
- ال ح وامل ذ وات ال ع ي ن ال ف ل ال ح وامل ا ذ ا م ون ر ع ي ن ة
- م خدم ت ات ال خدمات ل ي دي ال ق ل ب
- ك ل ال ح ال ت أ خ ر ى

ت م ت ال ع ر اج م ف ي ا و 2112

مزودو خدمات علاج المرضى الخارجيون لعلاج الشباب من الكحوليات والمخدرات

من يتولى الإحالة؟

- ش ج ع ال ش اب ب أ ن ي ت ق د م و ا ب ن ف س م و ب ا ل ض ف ى
  أ ى ر اد الأ س ر ة ل ع ش ن و ل ا ش ي ن
  ل م س و ل ال ر ج ا ل إ ن أ ي ش خ ص آ خ ر ي و د
  ل م س اع د ت ي ص ل ى ش اب ل ى خ د م ي ن ه
  ل ت و اص ل ج و ك ال ت ال خ د م ات ال ع ي ة

يزلتون/ ريو فيستا

Rio Vista CARE, Inc.
628 Montezuma Street
Rio Vista, CA 94571
Phone: (707) 374-5243
Fax: (707) 374-5381

جنوب سكرامنتو

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  Fax: (916) 388-9273

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  Phone: (916) 454-4242
  Fax: (916) 454-2930

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  4441 Auburn Blvd. Suite E.
  Sacramento, CA 95841
  Phone: (916) 473-5764
  Fax: (916) 473-5766

年青人酒精及藥物治療服務

“雖然沒有人可回頭並從頭開始，但任何人都可以由現在開始去製造一個嶄新的結局。”–Carl Bard

SACRAMENTO COUNTY

您或您認識的年青人有酗酒及其他藥物的問題嗎？

- 您自己或您認識的年青人有由於酗酒或用藥而引起的家庭、學校或法律問題嗎？ ☑
- 您或您認識的年青人會在飲酒或用藥時發脾氣或與人爭議/打鬥嗎？ ☑
- 您或您認識的年青人會花時間在想及或嘗試去取得酒精飲品或其他藥物嗎？ ☑
- 您或您認識的年青人有否因使用藥物和/或酒精飲品而錯失任何您/他們想做的任何事情的機會？ ☑
- 您或您認識的年青人有否憂慮過關於您或他/她自己的酗酒或用藥事情？ ☑

如果有一個或多個問題的答案

是“對”的，請參考表列在此單張背後的資源表。

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Alcohol and Drug Services

Youth Treatment Services

電話: **(916) 875-2050**

哪些人合資格接受服務？

任何住在薩克拉門托郡而又有酒精和/或藥物問題的年青人

資格是按Medi-Cal 和/或缺乏覆蓋酒精及/藥物治療服務之保險的全面範圍而定。

我從哪裡開始？

聯絡此單張中其中一個表列的地點
以取得資料或作一個
保密的的酒精和藥物評審

要取得更多關於
薩克拉門托郡之年青人
酒精及藥物服務資料

請聯絡：

Alcohol and Drug Services
一般資料電話：
(916) 875-2050
加州中繼服務：711
(雙語職員和/或 翻譯員
(免費提供))

提供給年青人的出生前後之酒精及藥物治療服務的優先次序

注射的年青孕婦有以下的優先次序：
：

- 懷孕並注射藥物的使用者；
- 懷孕的濫用藥物者；
- 注射藥物使用者；以及
- 所有其他人。

修訂2019五月

年青人酒精及藥物門診治療提供者

誰人作出推薦？

年青人都被鼓勵作自我推介。此外，家庭成員、顧問、社會工作者或任何其他想幫助年青人士可聯絡以下的服務機構。

North Sacramento

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  628 Montezuma Street
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  Phone: (707) 374-5243
  Fax: (707) 374-5381

Sacramento

Itemized Contract

Reprint of Itemized Contract MA00034206 / 05/12/2016

This number must appear on all correspondence to the Purchasing Division.
Contract number/date
MA00034206 / 05/12/2016
Issuing Officer/Telephone
Crain, Carl/916 876-6375
Signature: Carl Crain

Your Vendor number with us
611444

LANGUAGE LINE LLC
1 LOWER RAGSDALE DRIVE
MONTEREY CA 93940

Vendors Contact Person: RICHARD CUMMINGS
Vendors Phone Number: 831-648-5529

Vendor Signature: DocuSigned by: Bonaventura A Cavaliere
Print Name: Bonaventura A Cavaliere
Title: CEO
Date Signed: 2/1/2019

Contract Period
Valid from: 07/01/2016
Valid to: 06/30/2019

F.O.B. Dest., Freight Prepaid
Payment Terms: Due in 30 Days
Contractual maximum value: 818,550.00

You are hereby notified that the goods and/or services listed have been awarded to you subject to terms and conditions referenced and to the general conditions listed on the last page of contract.

Before supplying any goods or services to the County, the vendor must obtain one of the following 2 options (1) a CSO (Contract Shipping Order) number or (2) Procurement Card authorization from the ordering department. A CSO is an authorized release (Purchase Order) against the contract and shall be provided in written form. "Verbal" orders are not acceptable unless it is being processed on a Procurement Card. For either a CSO or a Procurement Card authorization to be considered valid, it must be within the scope of this contract and be consistent with its pricing, terms and conditions. The CSO number or Procurement Card authorization number must be referenced on all documents related to the order (packing slips, invoices, etc.) For Procurement Card authorizations, only reference the last 4 digits (for Security confidentially). Failure to obtain a CSO or Procurement Card authorization and reference its number may result in the delay or non-payment of the invoice.

Change Order 4 adds Lines 20, 30, 40 and 50 for interpretation services using Video Remote Interpreting (VRI) as authorized by County Board Resolution Number 2019-0009.

Change Order 3 extends the contract period for one year, through

06/30/2019, and increases the estimated contract maximum value. All pricing and other terms and conditions remain the same. (reference RC33678876, RC33678940, RC33679122)

Change Order 2 adds Appendix Q - Certification Regarding Debarment and Suspension to the contract.

Change Order 1 extends the contract period for one year, through 06/30/2018, and increases the estimated contract maximum value. All pricing and other terms and conditions remain the same. (reference RC33675830, RC33676098)
****

RFP8300 (Board Resolution Number 2016-0470)
Commodity/Description: 9990 Over-The-Phone Interpretation Services

This contract is for over-the-phone interpretation services for the County of Sacramento on an as-needed basis per the pricing and terms and conditions of this contract and Request For Proposal (RFP) 8300 which is hereby incorporated by reference and made a part of this contract. The contractor's response to RFP8300 is hereby incorporated by reference and made a part of this contract.

Contractor point of contact information:
Richard Cummings
888-898-1471
rcummings@languageline.com

County of Sacramento point of contact information:
Carl Crain
916-876-6375
crainc@saccounty.net

The requirements, specifications and terms and conditions of RFP8300 include, but are not limited to, the following documents and Appendices:

A - Sacramento County General Terms & Conditions
B - Additional Terms & Conditions
C - DCSS Contractor Certification of Compliance
D - Environmental Purchasing Policy
F - Non Collusion
G - Sacramento County Minimum Insurance Requirements
I - Pricing
L - HIPAA Business Associate Exhibit

SCOPE OF WORK:

Contract Pricing and invoicing must be based on the following:

Rate for all calls: $0.74 per minute.
All languages must be provided.
No setup fees.
No minimum fees.
No extra charge for dial outs.
No extra charge for Court or Medically Certified Interpreters or mental

health/behavioral health interpreters.
Rate applies any time, day or night, 7 days a week, 365 days a year.
Toll-free access to vendor services is required at no extra charge.
Added by Change Order 4:
Contract Line 20 - American Sign Language, $2.50 per minute, no minimum, available On Demand 24/7/365.
Contract Line 30 - Spanish, $1.50 per minute, no minimum, available On Demand 24/7/365.
Contract Line 40 - Other Foreign Languages, as offered by Seller, $1.60 per minute, no minimum, available On Demand Monday through Friday (hours vary depending on language) and weekends for a limited number of languages (hours vary depending on language).
Contract Line 50 - VRI service fee, $20 per month, per County billing department.

CONTRACT TERM: The initial contract period is for one year. For reasons of economy and efficiency, the County reserves the right to extend a contract up to four additional one-year periods, for a total of five years, upon mutual agreement.

CONTRACT PRICING: Contract pricing is firm for the initial one-year period. Requests for price escalation on any option year may be negotiated but not to exceed percentage change in the Consumer Price Index (CPI) for All Urban Consumers, US City Average (not seasonally adjusted), all Items, from March of prior year to March of the current year. Vendor shall submit proof of price increases from Bureau of Labor Statistics reports subject to County's review and approval.

MINIMUM USAGE: The County does not guarantee a minimum quantity during the contract period nor is the County limited to purchase all requirements from a contracted vendor. This contract does not grant contractor an exclusive right to perform over-the-phone interpretation services for the County or any of its departments. Contractor shall provide such services only on an "as needed" basis. Contractor understands and acknowledges that the County is free to utilize the services of other firms if needed, as well as the personnel of the County to perform such tasks, and any exercise of this right by County shall not provide contractor with justifiable cause to alter, modify, or terminate the terms and conditions of this contract.

PERFORMANCE: Continuance of this contract for the full period specified shall be contingent upon the satisfactory performance of the vendor. Continuing or unrectifiable performance deficiencies may be cause for the County to terminate the contract. Substantiated and/or justified complaints filed against a vendor with the Sacramento Superior Court may result in contract cancellation.

DELIVERY OF SERVICES: Services shall be provided on an "as required" basis by means of a contract release issued against the master contract.

INVOICES: The Contractor will be expected to adhere to invoicing procedures as required by the County Auditor-Controller's office. Each invoice shall contain a minimum of the following information: invoice number and date; remittance address; "bill to" and "service/delivery"

addresses; contract number; contract shipping order number (CSO); account number; service / item descriptions as appropriate; unit prices and extensions; and invoice total.
-A separate invoice shall be prepared for each order (CSO) received.
-Invoicing to the County shall be done in arrears.
-Invoice discrepancies shall be handled in a professional, courteous, and expeditious manner.
-Invoices shall be submitted to the address specified by the ordering entity.

Invoices shall be submitted to the County no later than the 15th day of the month following the invoice period. Payment will be made within 30 days after receipt of an acceptable invoice. The 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 month after the end of the fiscal year. Invoices submitted after July 31 for the prior fiscal year shall not be honored by the County unless the contractor has obtained prior written approval to the contrary

INDEPENDENT CONTRACTOR: 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 the County. 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.

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.

If, in the performance of this agreement, any third persons are employed by Contractor, such person(s) 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.

It is further understood and agreed that as an independent contractor and not an employee of County, neither the 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.

Notwithstanding Contractor's status as an independent contractor, County shall withhold from payments made to Contractor such sums as are required to be withheld from employees by the Federal Internal Revenue Code; the Federal Insurance Compensation Act; the State Personal Income Tax Law and the State Unemployment Insurance Code; provided, however, that said withholding is for the purpose of avoiding County's liability

under said laws and does not abrogate Contractor's status as an independent contractor as described in this contract. Further, Contractor is not included in any group covered by County's present agreement with the federal Social Security Administration.

CIVIL RIGHTS ACT: Contractor agrees and assures County that it will comply with Title VI and VII of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended, in particular Section 272.6; Title II of Americans with Disabilities Act of 1990; California Civil Code Section 51 et seq. as amended; California Government Code Section 12940 (c), (h), (l), (k), and (j); California Government Code, Section 4450; Title 22, California Code of Regulations 98000-98413, and other applicable federal and state as well as their implementing regulations. County and Contractor will take affirmative action to ensure that intended beneficiaries are provided services without regard to race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status.

INDEMNIFICATION: The contractor shall indemnify, defend and hold harmless the County, its officers, agents, employees, and representatives, from and against any and all claims, losses, liabilities, or damages, demands and action including payment of reasonable attorneys' fees, arising out of or resulting from the performance of this agreement, caused in whole or in part by any negligent or willful act or omission of the contractor, its officers, agents, employees, representatives, or anyone directly or indirectly acting on behalf of the contractor, regardless of whether caused in part by a party indemnified hereunder.

INSURANCE REQUIREMENTS: The contractor will comply with Sacramento County Minimum Insurance Requirements (RFP8300 Appendix G) and will maintain adequate insurance throughout the entire term of this contract.

HIPAA REQUIREMENTS: Contractor Staff are considered to be Business Associates of County as defined in the Health Insurance Portability and Accountability Act (42 CFR 160.03). Contractor Staff shall comply with all Business Associate provisions of RFP8300 Appendix L.

Item Mat Num	Tgt. qty.	Unit Description	Price / Unit	Unit of Measure	Extended Value
000101 100,000.000		Minute Phone Interpretation	0.74	/ 1 MIN	814,000.00

Item Mat Num	Tgt. qty.	Unit Description	Price / Unit	Unit of Measure	Extended Value
00020	1,000.000	Minute Video Remote Interpretation - ASL	2.50	1 MIN	2,500.00
		American Sign Language, $2.50 per minute, no minimum, available On Demand 24/7/365.			
00030	500.000	Minute Video Remote Interpretation - Spanish	1.50	1 MIN	750.00
		Spanish interpretation, $1.50 per minute, no minimum, available On Demand 24/7/365.			
00040	500.000	Minute Video Remote Interpretation - Other	1.60	1 MIN	800.00
		Other Foreign Languages, as offered by Seller, $1.60 per minute, no minimum, available On Demand Monday through Friday (hours vary depending on language) and weekends for a limited number of languages (hours vary depending on language).			
00050	500	Each VRI Monthly usage fee - $20 per month	1.00	1 EA	500.00
		$20 per month, per County billing department, for VRI service.			

PURCHASE ORDER/CONTRACT
GENERAL CONDITIONS

1. **BID/QUOTE/PROPOSAL/GENERAL CONDITIONS:** All of the terms and conditions of the bid, quote, or proposal against which this purchase document is applied, are hereby incorporated.
2. **SALES TAX NOT INCLUDED:** Unless otherwise definitely specified, the unit prices do not include California sales and use tax or Sacramento County sales and use tax.
3. **CASH DISCOUNTS:** In connection with any cash discount specified on this quote, time will be computed from the date of complete delivery of the supplies or equipment as specified, or from date correct invoices are received in the County Auditor's Office if the latter date is later than the date of delivery. For the purpose of earning the discount, payment is deemed to be made on the date of mailing of the County warrant or check.
4. **AMERICANS WITH DISABILITIES ACT:** As a condition of accepting a purchase order from the County of Sacramento, the contractor certifies that their business entity is in compliance with the Americans With Disabilities Act of 1990, as amended. Failure to certify shall prohibit the award of a purchase order to the contractor.
5. **HOLD HARMLESS:** The contractor shall hold the County of Sacramento, its officers, agents, servants and employees harmless from liability of any nature or kind because of use of any copyrighted, or uncopyrighted composition, secret process, patented or unpatented invention, articles or appliances furnished or used under this order, and agrees to defend, at his own expense, any and all actions brought against the County of Sacramento or himself because of the unauthorized use of such articles.
6. **DEFAULT BY CONTRACTOR:** In case of default by contractor, the County of Sacramento may procure the articles or services from other sources and may deduct from any monies due, or that may thereafter become due to the contractor, the difference between the price named in the contract or purchase order and actual cost thereof to the County of Sacramento. Prices paid by the County shall be considered the prevailing market price at the time such purchase is made. Periods of performance may be extended if the facts as to the cause of delay justify such extension in the opinion of the Purchasing Agent.
7. **RIGHT TO AUDIT:** The County of Sacramento reserves the right to verify, by examination of contractor's records, all invoiced amounts when firm prices are not set forth in the purchase agreement.
8. **ASSIGNMENT: (a)** This award is not assignable by contractor either in whole or in part, without the prior written approval of the Purchasing Agent of the County of Sacramento. **(b)** In submitting a quote to a public purchasing body, the quoter offers and agrees that if the quote is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec.15) & the Cartwright Act (Chapter 2 [commencing with Section 16700] of part 2 of Division 7 of the Business and Professions Code), arising from the purchases of goods, materials, or services by the quoter for sale to the purchasing body pursuant to the quote. Such assignment shall be made and become effective at the time the purchasing body tenders final payment.
9. **APPLICABILITY TO HEIRS:** Time is of the essence of each and all the provisions of this agreement, and, subject to the limitations of Paragraph 8, the provisions of this agreement shall extend to and be binding upon and inure to the benefits of the heirs, executors, administrators, successors, and assigns of the respective parties hereto.
10. **F.E.T. EXEMPTION:** Sacramento County is exempted from payment of Federal Excise Tax. No Federal tax shall be included in price.
11. **CHARGES NOT INCLUDED ON FACE NOT ACCEPTABLE:** No charge will be accepted for packing, boxing, or cartage, except as specified in the Notice of Award. Freight collect shipments will not be accepted. Merchandise will not be accepted if payment is to be made at the time of delivery.
12. **TITLE:** Except as otherwise expressly provided herein, title to and risk of loss on all items shipped by seller to buyer shall pass to the buyer upon buyer's inspection and acceptance of such items at buyer's building.
13. **CHANGES WITHOUT NOTICE PROHIBITED:** No changes in price, quantity or merchandise will be recognized by the County of Sacramento without written notice of acceptance thereof prior to shipment.
14. **ALL UNDERSTANDINGS IN WRITING:** It is mutually understood and agreed that no alteration or variation of terms of this award shall be valid unless made in writing and signed by the parties hereto, and that no oral understandings or agreements not incorporated herein, and no alterations or variations of the terms hereof unless made in writing between the parties hereto shall be binding on any of the parties hereto.
15. **FORCE MAJEURE:** The contractor will not be held liable for failure or delay in the fulfillment of conditions of purchase order/contract if hindered or prevented by fire, strikes, or Acts of God.
16. **INVOICING:** Upon submission of itemized invoices, in duplicate, payment shall be made of the prices stipulated herein for supplies delivered and accepted or services rendered and accepted, less deductions, if any, as herein provided. Payment on partial deliveries may be made whenever amounts due so warrant or when requested by the vendor and approved by the Purchasing Agent.
17. **SPECIAL CONDITIONS:** Buyer's standard terms and conditions shall govern any contract awarded. If, after award of contract, contractor provides additional terms or conditions, they shall be considered void. To the extent not otherwise stated in the contract, the California Commercial code shall apply.
18. **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.
19. **CHILD, FAMILY, AND SPOUSAL SUPPORT:** Contractor hereby certifies that either: **(a)** The Contractor is a government or non-profit entity; or **(b)** the Contractor has no Principal Owners (25% or more); 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 Contractor's employees or failure to implement lawfully served wage and earnings assignment orders or notices of assignment constitutes a default under any contract with the County. Failure to cure such default within 90 days of notice by the County shall be grounds for termination of contract.
20. **COMPLIANCE WITH ALL LAWS, LICENSES AND PERMITS:** In the performance of their duties, Contractor shall comply with all applicable federal, state, and county statutes, ordinances, regulations,directives, and laws and this contract shall be deemed to be executed within the State of California and construed with and governed by the laws of the State of California. Contractor shall possess and maintain necessary licenses, permits, certificates and credentials required by the laws of the United States, the State of California, County of Sacramento and all other credentials required by County. Failure to comply with all laws, licenses and permits shall be deemed a breach of this Agreement and constitutes grounds for the termination of this Contract.

Video Remote Interpretation

The County of Sacramento

PRIMARY CONTACT
Rick Cummings
Strategic Account Executive
(831) 648-5529 or (888) 898-1471
RCummings@languageline.com

GLOBAL HEADQUARTERS
LanguageLine Solutions
1 Lower Ragsdale Drive, Bldg 2
Monterey CA 93940
www.languageline.com

July 17, 2018

Carl Crain
Senior Contract Services Officer
Contract & Purchasing Services Division
Department of General Services
County of Sacramento
(916) 876-6375
CrainC@SacCounty.NET

Carl,

We appreciate the opportunity to respond to The County of Sacramento's consideration of adding Video Remote Interpretation (VRI) to one or more of your competitively bid contracts for over the phone language interpretation services. We have provided competitive pricing for video language interpretation services for review and consideration by County staff. The same requirements of RFP#8300 and Contract MA00034206 are understood to apply to video language interpretation services. We offer the following answers related to our VRI services.

Best Regards,

Rick Cummings
Strategic Account Executive

1. What are the languages that you provide and hours of availability?

LanguageLine's VRI application, InSight, provides on-demand video interpretation in 35 spoken languages and American Sign Language. Below is a full list of the languages available for video interpretation:

ALBANIAN
AMERICAN SIGN LANGUAGE
ARABIC
ARMENIAN
BENGALI
BURMESE
CANTONESE
FARSI
FRENCH
GERMAN
GREEK
HAITIAN CREOLE
HEBREW
HINDI
HMONG
ITALIAN
JAPANESE
KAREN
KHMER
KOREAN
LAOTIAN
LITHUANIAN
MALAY
MANDARIN
NEPALI
POLISH
PORTUGUESE
PUNJABI
ROMANIAN
RUSSIAN
SOMALI
SPANISH
TAGALOG
THAI
TURKISH
VIETNAMESE

The hours of availability for LanguageLine's VRI services are detailed below. During these hours of availability, LanguageLine maintains a video fulfillment rate of 91%, the highest in the industry.

Spanish and American Sign Language
Offered 24 hours per day, 7 days per week, 365 days per year.

Arabic, Korean, Polish, Mandarin, Russian, and Cantonese
Weekday Business and Extended Hours, and Weekends, with hours of availability dynamically updated within the application's Interpreter Availability tab.

All other spoken languages
Monday through Friday (hours vary)

InSight can also connect to an audio interpreter in over 240 languages. This flexible and reliable solution enables the County of Sacramento to toggle between audio and video interpreting, allowing you to meet or exceed your customer's expectations while only paying for the time an interpreter is actually needed. With LanguageLine's creative solutions for on-demand interpreting, The County of Sacramento can connect to an interpreter in seconds from any device throughout its network of users. If the InSight app is used for audio-only interpretation, rates are billed at the OPI rate. Likewise, video-only interpretation is billed at the VRI rate.

2. *Describe your plans to add additional languages over time?*

LanguageLine is continually evaluating the market and our clients' language needs and will expand the number of languages offered or coverage based on this intelligence. As an example of this practice, LanguageLine recently expanded its VRI language offering to include Farsi based on customer feedback and language usage trends. As more and more clients discover that InSight Video Interpreting provides the convenience of In-Person interpreting, in an on-demand, by-the-minute format with equal quality and availability, our user base will continue to grow and support additional video languages.

3. *Number of languages available on demand?*

All 36 languages detailed in Question #1 are available on-demand during their scheduled hours of availability, with a 91% video fulfillment rate. Additionally, 240 languages are available on-demand, 24/7/365 through the phone interpretation option within the InSight application.

4. *Are your VRI ASL interpreters certified?*

Yes, all of LanguageLine's ASL video interpreters are certified. Specifically, ASL video interpreters must hold one or more of the following current certifications:

- NIC, NIC Advanced, or NIC Master, RID CI, CT, IC/TC, CSC, SCC:L or MCSC
- NAD Level IV or V
- ACCI Level IV or V

Additionally, all ASL video interpreters:

- Hold national certification, Level IV and above
- Successfully complete a medical training course, including medical terminology
- HIPAA Certified by completing an Advanced HIPAA training course and test
- Complete training related to interpreting in a video environment

All VRI interpreters sign and are bound by a Code of Ethics agreement. The Registry of Interpreters for the Deaf (RID) also binds ASL interpreters to a professional Code of Conduct and Code of Ethics.

5. *How many seconds on average does it take to connect to a video interpreter?*

LanguageLine's InSight solution connects organizations to qualified video interpreters in less than 30 seconds for most calls. Our standard service level agreements for VRI are as follows:

- American Sign Language and Spanish connects in 30 seconds or less, 90% of the time
- Other spoken languages connect in 60 seconds or less, 90% of the time

6. *Please describe any special features of your VRI application?*

Rapid, Cost Effective Access to Interpreters

- Interpreters are standing by and available on-demand without booking an appointment, providing the eye contact, body language and benefits of nonverbal cues that come with In-Person interpreting at a by-the-minute rate through our InSight Video Interpreting app.
- Access interpreters in any location or situation, including waiting rooms, offices, clinical settings, meeting rooms and other facilities, via fixed video interpreting equipment or mobile devices with Wi-Fi or cell-based technology. This offers the County the flexibility of utilizing video interpreting anywhere Wi-Fi or cell service is available, offering emergency operations personnel unparalleled language access availability in the field.
- Interpretation sessions can be spontaneous and last as long or as short as needed
- Pay the same rate no matter what time of day or night you are accessing an interpreter

Highly Qualified, Nationally Certified Interpreters

- All ASL interpreters have valid and current Registry of Interpreters for the Deaf (RID) and/or National Association of the Deaf (NAD) certifications
- Medically qualified interpreters are internally certified by LanguageLine through our rigorous medical testing and training program; LanguageLine's certification process for interpreters meets all national standards, including National Board of Certification for Medical Interpreters
- All of our experienced, professional video remote interpreters are fully screened, tested, trained and regularly monitored to ensure they can support customers like the County of Sacramento.

Provides Regulatory Compliance, Including…

- The Americans with Disabilities Act
- Joint Commission Standards
- American Medical Association Code of Medical Ethics, Opinion 9.12
- Title VI of the Civil Rights Act of 1964, Policy on the Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency
- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency
- Health Insurance Portability and accountability Act (HIPAA)

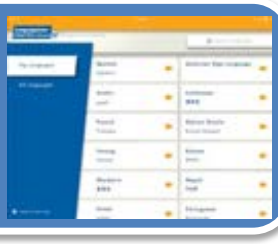
Unique Device & Network Functions

- Usage tracking and reporting by device, through device naming features
- Wi-Fi recognition and restrictions by device and user ID, ensuring that VRI services are not accessed outside of approved agency/provider locations

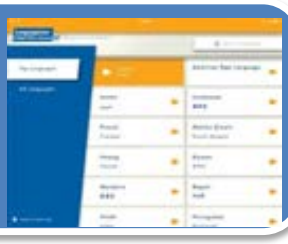
InSight is an easy-to-use, intuitive application that allows users to connect to a video interpreter quickly. Additional in-app features provide conveniences for the caller and customer/patient. To connect to an interpreter, users follow the steps depicted on the next page.

1. Select the InSight shortcut on your PC or open your Chrome or Firefox browser and navigate to http://insight.languageline.com Or tap on the InSight icon on your iPad.

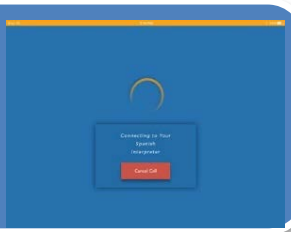
2. Click on the language needed. Scroll to view more languages



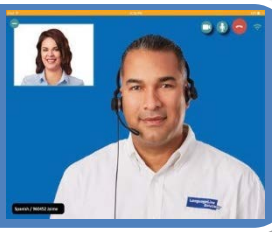
3. Click to confirm the selection.



4. The hold screen appears while waiting to be connected to an interpreter. Click the red Cancel Call button to cancel.



5. Greet your interpreter. Document the language and interpreter ID located at the bottom left.

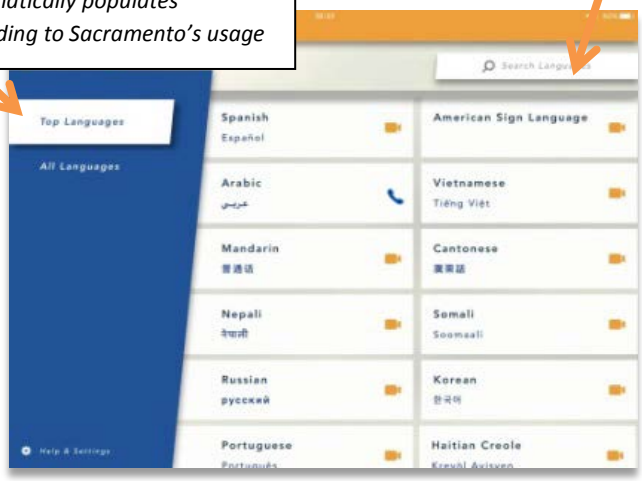


InSight Language Selection Screen

- The app opens with "Top Languages" menu to more effectively access your organization's most-requested 35 spoken languages and American Sign Language
- The dynamic language menu will adjust according to your usage for added convenience
- Names of languages appear in English and in-language
- Icons will automatically shift with the interpreting schedule to match interpreter availability (an orange video camera icon signals that a video interpreter is available; the blue telephone icon signals that an audio interpreter is available)
- Search Languages feature allows search by language or country
- Scroll to view more languages

Top Languages menu automatically populates according to Sacramento's usage

Quickly search for a language

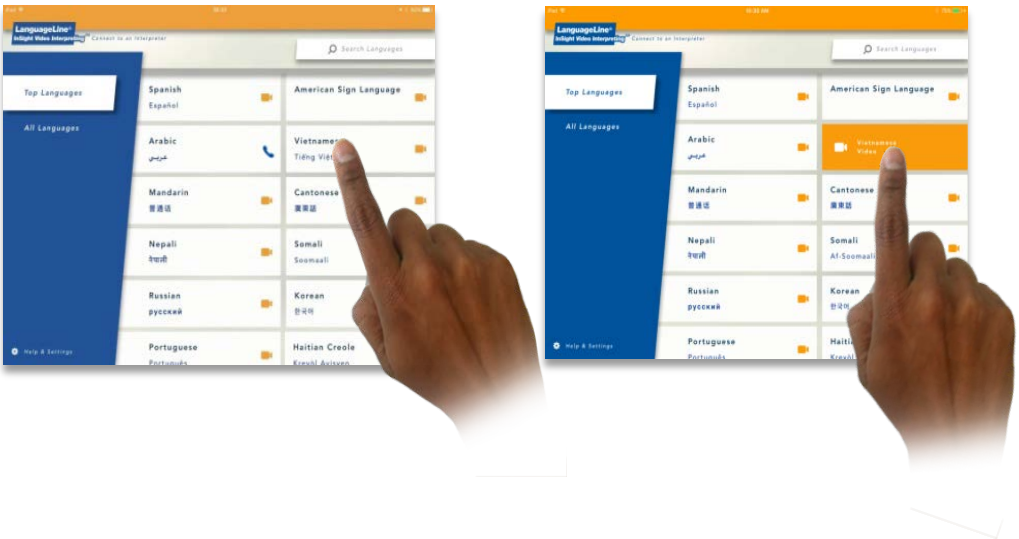


Camera icon signals a video interpreter is available

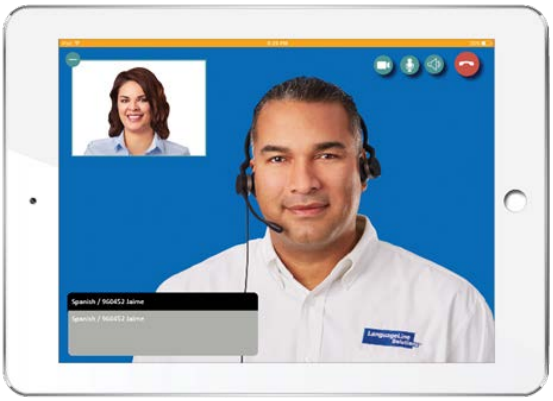
Phone icon indicates an audio interpreter is available

Accessing a Video Interpreter

- Tap the language to select. The language will turn orange.
- Tap the orange highlighted language with a video icon to access a video interpreter
- While connecting to the interpreter, a full view allows proper positioning of the iPad
- Greet your interpreter and begin the conversation.



CONTROL PANEL AND ADDITIONAL FEATURES



Notepad: This feature includes a pop-up Notepad Where the end user may ask the interpreter to use it to write down specific information, such as a customer's address. This information can appear in English and/or the foreign language that the Limited English person speaks.

Self-View: The self-view option allows the user to view himself or herself during an interpretation session in the corner of the screen. This allows the participant to know if the interpreter can see him or her properly and, if needed, re-position. To make this screen disappear, touch the self-view option again.

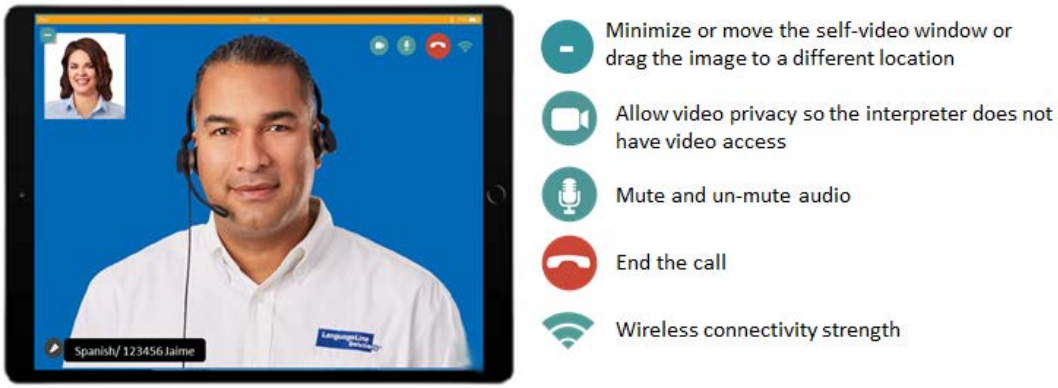
Microphone and Volume: The microphone is on by default, but can be turned off for temporary privacy. Volume control is built-in and easily accessible on the top right-hand corner of the screen.

Diagnostic and Troubleshooting: A network diagnostic tool assists with troubleshooting connectivity issues by testing network connection and bandwidth to ensure the speed and quality of all audio and video calls.

Privacy: The video privacy screen button can be activated during an interpretation session. Press once to block the interpreter from viewing the customer, and press it again for the session to resume.

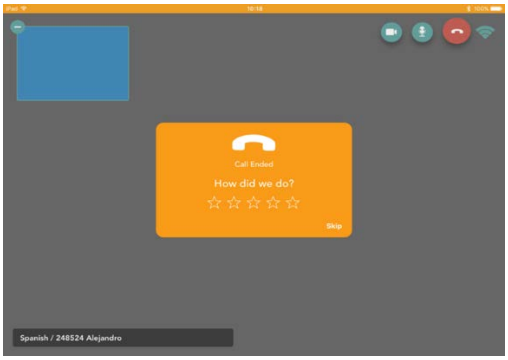
3-Way Calls: InSight technology supports 3-way calling through our audio capabilities when two video participants are present on the call. Should the situation require a 3rd party; our interpreters have the ability to dial out to a third party at any time.

Audio Interpreters: Rerouting calls from video to audio is a native feature within the InSight application. This feature bypasses the IVR portion of a typical audio (OPI) call, which will save patients 30 seconds on average when connecting to an audio interpreter. Icons dynamically change on the app according to the current time and day of week, reflecting the real-time language schedule, making it easy for InSight users to know whether video or audio is available at that time. If video interpreters are not available at the time due to the hours of operation, or if video is not connecting, the audio feature will be automatically available to the InSight user. Data capture equivalent to the Telephonic configuration can be asked and entered by the interpreter for video and/or audio calls.



INSIGHT "HOW DID WE DO?" REAL-TIME FEEDBACK

In 2017, LanguageLine launched an enhancement to the InSight application empowering our customers to provide us with real time feedback. That feedback helps us to continuously improve our product and service. The "How Did We Do?" enhancement has an easy-to-use interface that empowers users to rate just-concluded calls on a scale of 1-to-5 stars, while also allowing them to provide more specific comments if they choose. The enhancement has a very simple interface with familiar features used in many other popular apps. At the end of a call, a pop-up will appear that has five empty stars along with a prompt that reads, "How did we do?"



After the user provides a rating, a text box appears that prompts a user to type feedback.

When the user clicks in the text box, a keyboard appears. The feedback process concludes when the user presses "Done."

7. *Is your video solution available on any video enabled device or is certain equipment required? Please include pricing for any required equipment.*

InSight works on most devices, including iPads, mobile phones, tablets, PCs, and Apple computers. InSight is fully compatible with both PC and Macintosh devices. While VRI equipment is available from LanguageLine for purchase, it is not required to access InSight.

PC and Mac Requirements

- Windows 7, Window 8, or Windows 10
- Mac OS X 10.9 or later
- Processor: 64-bit, 1gigahertz (GHZ) or more
- 1G of free disk space
- 2G of RAM

iOS Devices

- iPad Pro
- iPad Air/2 Air
- iPad Mini 4/2/3
- iPad (3rd and 4th Gen)
- iPad 2
- iPhone 6, 6s, 6+, 7, 7s, or 7+

**Running iOS versions 9.0 or higher.*

Android™ Devices

Some Android devices are compatible with the InSight Video application.

8. *What are the minimum bandwidth requirements for connecting to a video interpreter through your solution?*

Each video call requires a minimum bandwidth of 384kbps. Each audio call within the InSight application requires a minimum bandwidth of 64kb.

9. *How are video calls encrypted to protect PHI or other sensitive information?*

To maintain compliance with privacy regulations, all connections through InSight® are encrypted end to end. The underlying technology uses Web Real-Time Communication (WebRTC) for video calls and secure VoIP for audio calls. With WebRTC, data and video streams are encrypted using industry standard encryption methods like HTTPS, DTLS, and SRTP. Endpoints use the AES cipher with 128-bit keys to encrypt audio and video, and HMAC-SHA1 to verify data integrity.

As InSight is natively encrypted by design, we certify that each interpretation call session is secure without the need for additional hardware and VPN software. This saves the County of Sacramento the time and expense of implementing a solution that could require additional software or hardware investments and components.

10. What technical support do you provide for VRI?

LanguageLine maintains an Interpreter Resource Center (IRC) for IT support. The IRC is open 24/7/365 and can respond to County of Sacramento user questions related to volume and language support. The IRC has access to the IT and Operations Department at all times for an added layer of support.

11. Are there any licensing fees or other fees associated with Video?

Yes. For $20 dollars per month, per billing Client ID unit, LanguageLine provides unlimited activations for that Client ID. There are no Set up fees. Rates for video interpreting are as follows:

- American Sign Language – $2.50 per minute
- Spanish – $1.50 per minute
- All other spoken Video languages – $1.60 per minute

We bill video interpretation as a separate category on the existing telephonic interpretation invoice, under a separate tab for call detail which is carried into the totals as InSight.

12. Describe available technical assistance in set up and for help desk?

LanguageLine offers a fully customized approach to implementation and end-user training services for InSight, all at no additional charge. We also offer complimentary refresher training sessions and re-implementations throughout the life of the contract. LanguageLine understands that every provider in the County of Sacramento system is unique and we will take that into consideration when devising a customized roll-out for your entire network of agencies and providers.

With that said, to illustrate our process, a typical implementation plan is detailed in the following paragraphs.

STEP 1: Meeting with County of Sacramento Staff

The first step is to assess the current language services program and set objectives. The Strategic Account Executive and implementation team will meet with key provider staff via phone. The purpose of the meeting is to learn about the current language services program at the different locations and then to set the objectives and expectations for the implementation process, including end user training. Different language access modes have different setup requirements. Our product teams will use this meeting to establish and understand service-specific needs and information with the County of Sacramento.

STEP 2: Language Access Needs Assessment for The County of Sacramento
LanguageLine will conduct a walkthrough at designated and/or key County of Sacramento office locations to gain a better understanding of the language services in place. The team visits all areas that use language services and surveys rooms. The implementation team notes available equipment and identifies gaps in equipment and language training support materials. Our implementation team focuses on ways to leverage existing remote video interpretation equipment to access services and/or identifying areas that need additional VRI and OPI equipment. This process will determine what additional resources are needed, if any, for language coverage.

STEP 3: Draft Customized Implementation Plan
After the visit, the implementation team drafts a plan with specific recommendations for County of Sacramento providers. The County of Sacramento will review the plan, offer comments, and provide buy-in. The plan includes a timetable for staff training on how to use InSight on your equipment.

Specific to VRI services, the team drafts an implementation plan with the specific recommendations for the provider and submits it via e-mail to the key stakeholder and/or champion for review, comments, and approval. Specific objectives include:

- Define the call routing requirements and schedule
- Determine ASL and spoken language needs over VRI
- Define call routing during off hours
- Define and create visual content and audio track for the call hold screens
- Work with the County of Sacramento IT to Deploy VRI software and accounts to the provider's video devices and setup of Wi-Fi access

STEP 4: Implementation and Training
Our teams go on site to implement services for larger applications and we provide excellent instructions for end users in smaller applications. We can conduct in-services, track the number of people trained and distribute support tools and materials on how to access language access services.

STEP 5: Post-Implementation Report
One week after the implementation process for the County of Sacramento, LanguageLine's implementation team will submit a post-implementation report to the point of contact. This report contains detailed information about the results for each activation location. The document serves as proof of the steps taken by the County of Sacramento to comply with regulatory requirements.

END USER TRAINING FOR THE COUNTY OF SACRAMENTO PERSONNEL

LanguageLine's Implementation Team will work with the County of Sacramento's key points of contact to coordinate all training needs for language access. Our implementation staff will make adjustments, if desired, so the training plan follows all client protocols. The training content may be drafted with the champion to include any specific topic the champion would like to cover during the training process.

Training on Language Services:

- How to identify the preferred language of the LEP person to provide the appropriate language support and maintain compliance with regulatory requirements
- How to work effectively with a professional interpreter to ensure effective communication
- Any provider-specific policy that is important for staff to know the client requests

- In-depth training for Language Access Coordinators and related staff
- Train the trainer classes for ongoing support.

Training on How to Access Services:

- How to access LanguageLine Solutions' Video interpreters
- How to access LanguageLine Phone interpreters (when video is unavailable or after-hours)
- Introduction and training of staff about InSight VRI software and using it on video-enabled devices.

MENTAL HEALTH SERVICES ACT

Fiscal Year 2018-19
Annual Update to the Three-Year Program and Expenditure Plan

May 14, 2019

TABLE OF CONTENTS

Attachments

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Sacramento

☐ Three-Year Program and Expenditure Plan
☑ Annual Update

Local Mental Health Director	Program Lead
Name: Ryan Quist, Ph.D.	Name: Jane Ann Zakhary
Telephone Number: (916) 875-9904	Telephone Number: (916) 875-0188
E-mail: QuistR@SacCounty.net	E-mail: ZakharyJ@SacCounty.net
Local Mental Health Mailing Address: 7001A East Parkway, Suite 400 Sacramento, CA 95823	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on May 14, 2019.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Ryan Quist, Ph.D.
Local Mental Health Director (PRINT)

Signature 5/23/19
Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Sacramento

☐ Three-Year Program and Expenditure Plan
☑ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Ryan Quist, Ph.D	Name: Maria Sandoval
Telephone Number: (916) 875-9904	Telephone Number: (916) 875-1248
E-mail: QuistR@SacCounty.net	E-mail: SandovalM@SacCounty.net
Local Mental Health Mailing Address: 7001A East Parkway, Suite 400 Sacramento, CA 95823	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Ryan Quist, Ph.D.
Local Mental Health Director (PRINT)

Signature 5/23/19
Date

I hereby certify that for the fiscal year ended June 30, 2018, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 11/29/18 for the fiscal year ended June 30, 2018. I further certify that for the fiscal year ended June 30, 2018, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Maria Sandoval
County Auditor Controller / City Financial Officer (PRINT)

Signature 5/23/19
Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

Executive Summary

Proposition 63 was passed by California voters in November 2004, and became known as the Mental Health Services Act (MHSA). MHSA authorized a tax increase on millionaires (1% tax on personal income in excess of $1 million) to develop and expand community-based mental health programs. The goal of MHSA is to reduce the long-term negative impact on individuals and families resulting from untreated serious mental illness.

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 2018 population of Sacramento County to be approximately 1.5 million. As such, Sacramento is considered a large county, especially in comparison with the populations of surrounding counties. Sacramento is one of the most diverse communities in California with six threshold languages (Arabic, Cantonese, Hmong, Russian, Spanish, and Vietnamese). Historically, Sacramento County has been one of three counties with the highest number of newly arriving refugees in California. Arabic was added as a threshold language in 2017. We welcome these new residents and continue to work towards meeting the unique needs of these emerging communities.

Sacramento County has worked diligently on the planning and implementation of all components of MHSA. The passage of AB100 in 2011 and AB1467 in 2012 made many significant changes to MHSA, including the shift from published funding allocations to monthly distributions based on taxes collected as well as the transfer of plan/update approval authority from the State level to local Boards of Supervisors.

The plans for each component of MHSA are the result of local community planning processes. The programs contained in the plans work together with the rest of the system to create a continuum of services that address gaps in order to better meet the needs of our diverse community.

The **Community Services and Supports (CSS)** component provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and adults living with a serious mental illness. Housing is also a large part of the CSS component. In Sacramento County, there are nine (9) previously approved CSS Work Plans containing nineteen (19) programs. Over the years, these programs have expanded and evolved as we strive to deliver high quality and effective services to meet the needs of children, youth, adults, older adults and their families.

As addressed in the previous Three-Year Plan and Annual Updates, the Division of Behavioral Health Services facilitated a three-phased community planning process to expand CSS programming beginning in 2014. This new and expanded programming was fully implemented in Fiscal Year (FY) 2017-18.

In addition, in alignment with the Board of Supervisors action on November 7, 2017, the Division of Behavioral Health Services facilitated community planning process in December 2017 and January 2018 resulting in recommended mental health treatment services expansion for individuals living with a serious mental illness who are homeless or at-risk of homelessness. This new and

expanded programming was included in the Three-Year Plan. Expansion of existing programming began in FY 2017-18 and new programming will roll out in FY 2018-19.

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 projects containing thirty-one (31) programs designed to address suicide prevention and education; strengthening families; integrated health and wellness; and mental illness stigma and discrimination reduction.

The Three-Year Plan included a new PEI program to provide mental health services for foster youth, in alignment with the November 7, 2017, Board of Supervisors action. This new program will be implemented late in FY 2018-19.

In addition, in alignment with the Board of Supervisors action on November 7, 2017, the Division of Behavioral Health Services facilitated a community planning process in December 2017 and January 2018 resulting in recommended mental health treatment services expansion for individuals living with a serious mental illness who are homeless or at-risk of homelessness. Expansion of existing programming began FY 2017-18 and new programming will roll out in FY 2018-19. These programs are described in this Annual Update.

This Annual Update also includes a new PEI program: Trauma Informed Wellness for the African American Community. This program was developed through a community program planning process that is outlined in the Community Program Planning and PEI component sections of this Annual Update.

The **Innovation (INN)** component provides time-limited funding to test new and/or improved mental health practices or approaches with the goal of increasing access (including access for underserved groups), increasing the quality of services, or promoting interagency collaboration.

Sacramento County's first approved INN Project, known as the Respite Partnership Collaborative (RPC) spanned five years from 2011 – 2016. The mental health respite programs established through this project have transitioned to sustainable MHSA CSS/PEI funding and are described in this Annual Update.

In May 2016, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved Sacramento County's second INN Project, known as the Mental Health Crisis/Urgent Care Clinic. The Clinic opened in November 2017.

The MHSA Three-Year Plan included the third INN Project, known as the Behavioral Health Crisis Services Collaborative INN Project #3. The project is a public/private partnership with Dignity Health and Placer County with the intent to establish integrated adult crisis stabilization services on a hospital emergency department campus in the northeastern area of Sacramento County. This project was developed as a result of a local community planning process and was approved by the Sacramento County Board of Supervisors April 2018 and the California Mental

Health Services Oversight and Accountability Commission (MHSOAC) May 2018. Project will be implemented late FY 18-19.

The **Workforce Education and Training (WET)** component provides time-limited funding with a goal to recruit, train and retain diverse culturally and linguistically competent staff for the public mental health system and ensure they are adequately trained to provide effective services and administer programs based on wellness and recovery. Sacramento County's WET Plan is comprised of eight (8) previously approved actions. Per Welfare and Institutions Code (WIC) Section 5892(b), Counties may use a portion of the CSS funds to sustain WET activities once the time-limited WET funds are exhausted. Therefore, these activities are being sustained with CSS funding.

The **Technological Needs (TN)** project contained within the Capital Facilities and Technological Needs component funds and addresses our commitment to move to an Electronic Health Record and Personal Health Record to improve client care through a multi-phased approach. Per WIC Section 5892(b), Counties may use a portion of the CSS funds to sustain TN projects once the time-limited TN funds are exhausted. Therefore, these activities are being sustained with CSS funding.

The **Capital Facilities (CF)** project was completed in Fiscal Year 2015-16. The project renovated three buildings at the Stockton Boulevard complex that house the Adult Psychiatric Support Services (APSS) clinic, Peer Partner Program and INN Project #2: Mental Health Crisis/Urgent Care Clinic. Those renovations allowed for an expansion of service capacity with space for additional consumer and family-run wellness activities and social events.

Detailed descriptions of the programs and activities for each of the above MHSA components are contained in the MHSA Fiscal Year (FY) 2018-19 Annual Update.

The MHSA Fiscal Year (FY) 2018-19 Annual Update was posted for a 30-day public comment period from February 4 through March 6, 2019. The Mental Health Board conducted a Public Hearing on Wednesday, March 6, 2019 beginning at 6:00 p.m. at the Grantland L. Johnson Center for Health and Human Services, located at 7001-A East Parkway, Sacramento, CA 95823.

COMMUNITY PROGRAM PLANNING

The Sacramento County Division of Behavioral Health Services Community Program Planning Process for the MHSA Fiscal Year (FY) 2018-19 Annual Update to the Three-Year Program and Expenditure Plan meets the requirements contained in Section 3300 of the California Code of Regulations as described below. Sacramento County's community planning processes for previously approved CSS, PEI, WET, INN, CF and TN Component plans and activities have been described in-depth in prior plan updates and documents submitted to the State. Those documents are available on the Reports and Workplans page on our website.

All of the programs and activities contained in this Annual Update have evolved from community planning processes. As previously reported in the MHSA Fiscal Year 2014-15, 2015-16, 2016-17 Three-Year Plan and Annual Updates, the Division of Behavioral Health Services facilitated a three-phased community planning process beginning in 2014 to expand CSS programming. This new and expanded programming was fully implemented in FY 2017-18.

In alignment with the Board of Supervisors action on November 7, 2017, the Division of Behavioral Health Services facilitated a community planning process in December 2017 and January 2018 resulting in two recommendations for expanded services. The first recommendation directs CSS funding to expand mental health treatment services for individuals living with a serious mental illness who are homeless or at-risk of homelessness. The second recommendation dedicates identified Assembly Bill 114 PEI reversion funding to mental health services for foster youth, in alignment with the November 7, 2017 Board of Supervisors action. Expansion of existing programming began in FY 2017-18 and new programming will roll out in FY 2018-19. This new and expanded programming is included in this Draft Annual Update.

At the March 2018 Public Hearing regarding the MHSA Fiscal Year 2017-18, 2018-19, 2019-20 Three-Year Plan, there were comments regarding an observed gap in services to address trauma experienced in the African American community. DBHS reached out to community members to learn more about their concerns and explored the current array of programs offered by the public mental health system. DBHS and the Cultural Competence Committee (CCC) formed an Ad Hoc Workgroup that would assist DBHS with gathering feedback from the African American community and provide recommendations for a new prevention program to address mental health and wellness needs of African American community members who have experienced or have been exposed to trauma. DBHS convened a meeting of the CCC Ad Hoc Workgroup on December 1, 2018, and the public was invited to attend. Input received at this meeting formed the draft recommendation that was refined and adopted by the CCC on December 19, 2018 and the MHSA Steering Committee on January 17, 2019 (see Attachment B). This new programming is included in this Draft Annual Update.

The general plan for this Annual Update was discussed at MHSA Steering Committee meetings on April 2018, June 2018, September 2018, December 2018 and January 2019. The Steering Committee is the highest recommending body in matters related to MHSA programs and activities. MHSA program presentations for CSS, PEI, INN and WET have been provided at MHSA Steering Committee meetings. Through these presentations, the committee has gained a deeper

understanding of program services, participation of consumers and family members in the delivery of services, outcomes, and examples of how clients have benefited from the services.

The Steering Committee has also been provided with information on PEI and WET implementation as well as updates on our involvement with the California Mental Health Services Authority (CalMHSA) Joint Powers Authority and the progress CalMHSA is making with the Statewide PEI Programs. During the 30-day posting of the Draft Annual Update, DBHS will present to the DBHS Cultural Competence Committee, MHSA Steering Committee and the Mental Health Board in order to obtain additional stakeholder input.

The MHSA Steering Committee is comprised of one primary member and one alternate from the following groups: Sacramento County Mental Health Board; Sacramento County's Division of Behavioral Health Services (DBHS) Mental Health Director; 3 Service Providers (Child, Adult, and Older Adult); Law Enforcement; Adult Protective Services/Senior and Adult Services; Education; Department of Human Assistance; Alcohol and Drug Services; Cultural Competence; Child Protective Services; Primary Health; Juvenile Court; Probation; Veterans; 2 Transition Age Youth (TAY) Consumers; 2 Adult Consumers; 2 Older Adult Consumers; 2 Family Members/Caregivers of Children 0 – 17; 2 Family Members/Caregivers of Adults 18 – 59; 2 Family Members/Caregivers of Older Adults 60 +; and 1 Consumer At-large. Some members of the committee have volunteered to represent other stakeholder interests including Veterans and Faith-based/Spirituality.

MHSA Steering Committee meetings are open to the public with time allotted for Public Comment at each meeting. Agendas, meeting minutes and supporting documents are posted to the Division's MHSA webpage.

Additionally, stakeholders representing unserved and underserved racial, ethnic and cultural groups who are members of the DBHS Cultural Competence Committee were updated and provided feedback on MHSA activities at their monthly meetings.

The Division strives to circulate the Annual Update as broadly as possible. At the beginning of the posting period, a public notice was published in The Sacramento Bee announcing the posting of the Update and the date and time of the public hearing. The notice also provides instructions on how to request a hard copy of the Update by mail. Fliers announcing the posting and public hearing are posted in public libraries throughout Sacramento. The information is also circulated through multiple email distributions, ethnic, cultural and language-specific media outlets, and hard copies are available for pick up at the Division administrative office.

The Draft MHSA Fiscal Year 2018-19 Annual Update was posted for a 30-day public comment period from February 4, 2019 through March 6, 2019. The Mental Health Board conducted a Public Hearing on Wednesday, March 6, 2019 beginning at 6:00 p.m. at the Grantland L. Johnson Center for Health and Human Services, located at 7001-A East Parkway, Sacramento, CA 95823.

Public Comment

Several comments were received related to the Draft MHSA Fiscal Year 2018-19 Annual Update during the 30-day public review and comment period. Below is a summary of those comments and the Division of Behavioral Health Services' response.

There were comments received in support of the content of the Annual Update with special recognition and appreciation for the success stories that put a face on the clients served in many of the programs included in this Annual Update. The MHSA Steering Committee, DBHS Cultural Competence Committee and Mental Health Board were supportive of moving the MHSA Fiscal Ydear 2018-19 Anuual Update forward to the Sacramento County Board of Supervisors for approval.

The Committees, Mental Health Board and community expressed ongoing support for the programs contained in the Annual Update, with a specific focus on the Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Workforce Education and Training (WET) component programs and activities. There were comments expressing support for the expanded programming aligned with the November 2017 Board of Supervisors action and MHSA Steering Committee recommendation for mental health treatment services expansion for individuals living with a serious mental illness who are homeless or at-risk of homelessness. There were comments acknowledging the overall positive impact and outcomes of the Full Service Partnership (FSP) programs and MHSA Housing Program. There were comments recommending that FSPs and other CSS programs work towards improving employment outcomes for their clients.

There were comments expressing appreciation for the fiscal summary and budget explanations as well as comments expressing concerns relating to the unspent funds balance and the projected rapid spend down identified in the funding summary. Comments received reflect a desire for continued clarification of the complex budgeting and expenditure projections, clarity on unspent funds (to better understand how unspent funds are calculated, reflected, and represented), reversion risk, and the plans to address these areas. Requests were made by the Mental Health Board to receive additional information in this area at its meetings including an explanation of the trust fund interest as a potential source for additional programming and encouragement for ongoing community stakeholder education and engagement in these areas.

There were comments acknowledging the ongoing positive impact of the array of PEI Suicide Prevention Project programs. A variety of stakeholders, including consumers, family members, community members and others, expressed support and appreciation for the Suicide Prevention Hotline, Consumer Operated Warmline, and Supporting Community Connections programs and the value of culturally specific programming. Many committee members, community members and system partners expressed appreciation for the Cultural Competence Committee Ad Hoc Workgroup recommendation and Steering Committee support for the new PEI program that will be designed to address the mental health and wellness needs of the African American community. There were also comments related to service needs for a variety of diverse communities with specific focus on Arabic-speaking communities.

There were comments expressed in appreciation of the data and outcomes included in the Annual Update and requests to provide additional information related to program impact in future Plans/Updates. There were also comments expressed requesting more detailed client/participant demographic data in the areas of race/ethnicity, gender identity, and sexual orientation. There were comments related to penetration rates, noting a recommendation not to aggregate data for several groups and communities, and requesting that the Division continue to work with representatives from unserved, underserved, and inappropriately served cultural and ethnic communities in the areas of evaluation and data collection across all programs.

There were comments acknowledging the effectivenss of the FSP programming. There were also comments expressed requesting FSP program specific data, homeless occurrences for clients of non-FSP programs, the inclusion of expanded gender identity categories in the data table, and the inclusion of numbers in addition to outcome percentages.

Division Response

The Division values and appreciates the input provided by community stakeholders, including the MHSA Steering Committee, DBHS Cultural Competence Committee, and Mental Health Board. This continues to be a core value of the community planning process.

The Division recognizes the need for culturally specific programming in targeted communities and continues to work to develop and ensure that cultural and ethnic-specific opportunities and strategies to further reach these communities are employed in program planning and service delivery. Strategies include translation of the MHSA Annual Update Executive Summary and announcement related to the Public Hearing in all six threshold languages, as well as publishing and announcing in ethnic media outlets. Additionally, this past year, the Division in partnership with the Cultural Competence Committee reached out to the African American community over the past year to hear their concerns and gather input related to the mental health and wellness needs of their community. This community planning process, recommendation, and resulting new programming is included in this Annual Update.

The Division recognizes the volatile nature of tax-based revenue (i.e. MHSA funding). As such, the Division continues to work closely with a fiscal consultant to develop sustainability strategies using a combination of unspent funds and new revenues to sustain current programming and to expand programming at a level that can be sustained into the future. The Division will continue to provide revenue and expenditure projections, as well as education regarding MHSA, including CSS funding demands to sustain existing CSS programs, MHSA Housing Program investments, and critical WET and CF/TN activities when those time limited funds are exhausted. The Division is committed to provide regular program and budget updates including the most current available information on MHSA funds based on local records and comparisons with published records on the MHSOAC and DHCS websites. There remain differences in accounting as the County is continuously revising and reconciling its revenue and expenditure reports following final fiscal audit numbers across all its funding streams and providers. In response to questions and discussion during the posting period, the MHSA Funding Summary contained in the MHSA FY2018-19 Annual Update, has been updated to correspond to the FY2018-19 budgeted expenditures by MHSA funding component. The Division will continue to provide updates/presentations in these key areas at MHSA Steering Committee and Mental Health Board meetings.

The Division is committed to the ongoing collaboration with community stakeholders as a balance is struck between the sustainability of existing programs and implementation of new and expanded programming. These ideas are also considered when new federal, state, or local funding grants opportunities or other partnerships present a path to implement through leveraging or combining of MHSA funds with other revenues. The Division has brought such opportunities to the MHSA Steering Committee for deliberation. For example, the SB 82 Investment in Mental Health Wellness grants made possible the crisis residential programs, triage navigators, mobile crisis support teams and triage program for middle school students.

The Division has considered all comments received related to data collection and outcomes. The Division recognizes the need to report demographic data in more detail, especially in the areas of race/ethnicity, gender identity and sexual orientation. The Division will review the data collected and work with the community and providers to expand the reporting in these areas in the future. Where available, data and outcomes sections of the Annual Update have been revised to include more detailed demographic data and clarify areas where questions arose during the posting period.

The Divison is committed to using data to better understand the needs of Sacramento County's diverse communites and develop services that are responsive to those needs. This includes the FSP outcomes data related to employment. The Division will continue to work with CSS program providers to address this outcome moving forward.

The Division appreciates the support for MHSA programs, including the array of PEI Suicide Prevention Project programming. The Division will continue to explore opportunities to expand MHSA programming in the future in partnership with community stakeholders.

COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

The **Community Services and Supports (CSS)** component provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and adults living with a serious mental illness. The MHSA requires that a minimum of fifty percent of CSS component funding be dedicated to Full Service Partnership (FSP) programs.

Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for Workforce Education and Training (WET), Capital Facilities and Technological Needs (CF/TN), and the Local Prudent Reserve. This means unspent CSS funding is combined with incoming revenue to sustain CSS programming/activities, as well as sustaining critical activities in the time-limited WET and CF/TN components and sustaining successful and applicable Innovation (INN) project components. CSS funding must also be used to sustain MHSA Housing Program investments (see Attachment A - MHSA Funding Summary Presentation).

There are three service categories within the CSS Component:

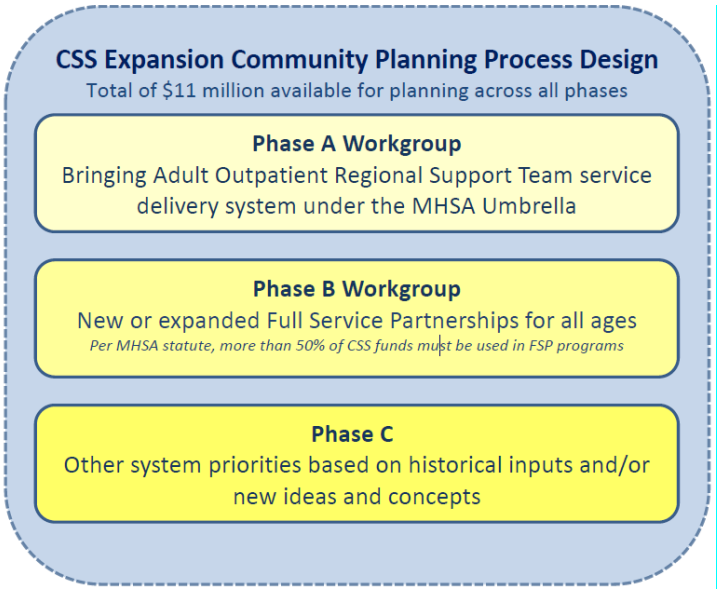
- Full Service Partnership (FSP) Service Category – FSPs provide the full spectrum of high intensity outpatient mental health treatment for children and youth (and their families) living with severe emotional disturbance and adults and older adults living with serious mental illness.
- General System Development (GSD) Service Category – GSDs provide low to moderate intensity outpatient mental health services to individuals living with serious mental illness and, as appropriate, their families.
- Outreach and Engagement Service Category – Activities to reach, identify and engage unserved individuals and communities in the mental health system and reduce disparities identified by the County. In Sacramento, these activities are embedded into the design of the FSP and GSD programs.

In Fiscal Year (FY) 2016-17 the implemented FSPs served 1,889 unduplicated clients and the implemented GSDs served 13,276 unduplicated clients. Descriptions of these programs are included in this Annual Update.

As previously reported, in 2013 the Division of Behavioral Health Services (DBHS), with fiscal consultation, identified up to $16 million in CSS sustainable growth funding. This sustainable growth funding figure was determined by combining increased future revenue projections with unspent funds from prior years.

As required by statute, an inclusive community planning process for new and enhanced services was introduced to the MHSA Steering Committee for discussion and input in January 2014. Based on compelling data, previous community stakeholder input and other source documents from the previous five years, the overarching focus of the CSS Expansion was increased timeliness to services and expanded system capacity.

In February 2014, the MHSA Steering Committee approved the $11 million three-phased community planning process outlined below.



The Phase A and Phase B community planning processes and resulting new and expanded programming were described in detail in the MHSA Fiscal Year 2014-15, 2015-16 and 2016-17 Three-Year Plan and MHSA FY 2015-16 Annual Update. Phase C of the community planning process was approached in stages and focused on other system priorities based on historical inputs and/or new ideas and concepts, as well as evolving new initiatives benefitting mental health clients. Progress on Phase C expansion efforts was described in the MHSA FY 2015-16 and 2016-17 Annual Updates. This new and expanded programming was completely implemented in FY 2017-18. Descriptions and updates for all of these programs are included in this Annual Update.

On November 7, 2017, the Sacramento County Board of Supervisors took action to support dedicating $44 million in MHSA funding over the next three years to fund additional mental health treatment services and supports for individuals with serious mental illness, who may have co-occurring substance used disorders and are experiencing or at-risk of homelessness.

The Board directed staff to engage the MHSA Steering Committee, with a sense of urgency, to plan the expansion of MHSA programs to support efforts to expedite services for individuals with serious mental illness who are homeless or at-risk of becoming homeless. The directed focus on these expansion efforts was the City of Sacramento's Whole Person Care pilot program and Countywide initiatives to provide maximum benefit of all resources for Sacramento County residents (ages 18 and older).

The community planning process for new and expanded MHSA programs for individuals with serious mental illness who are homeless or at-risk of becoming homeless was described in detail in the MHSA Fiscal Year 2017-18, 2018-19, and 2019-20 Three-Year Plan.

FY 2018-19 Expansion Planning Updates:

- Competitive bidding processes will be released for new MHSA programming for individuals with serious mental illness, who are homeless or at-risk of homelessness, and may also have co-occurring disorders.

- Contract negotiations will be completed to expand several CSS General System Development (GSD) and Full Service Partnership (FSP) programs to increase both program capacity and housing resources.

Program: Transitional Community Opportunities for Recovery and Engagement
Work Plan #/Type: SAC1 – General System Development (GSD)
Capacity: 5,600 at any given time
Ages Served: TAY, Adults, Older Adults

The **Transitional Community Opportunities for Recovery and Engagement (TCORE)** workplan, expanded in the MHSA Fiscal Year 2014-15, 2015-16, and 2016-17 Three-Year plan, now consists of three previously approved and implemented program components: **Adult Psychiatric Support Services (APSS)** clinic, administered by DBHS, **TCORE**, administered by TLCS, Inc. and the redesigned **Regional Support Team (RST)** service delivery system. These programs offer 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.

This Work Plan was identified for expansion in alignment with the November 7, 2017, Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion. This included expanding identified existing programs within this Work Plan to add housing supports and subsidies, as well as increased treatment capacity. In addition, a new outpatient mental health treatment program will be developed to further address the needs of individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders. Expansion of existing programming began in FY 2017-18 and new programming will roll out in FY 2018-19.

APSS is a site-based outpatient clinic that provides mental health and rehabilitation services to TAY, adult and older adult clients, ages 18 and above. Counselors with training in integrated mental health and substance abuse care are available and specialize in treatment for co-occurring disorders.

The APSS clinic includes a Peer Partner component, administered by Mental Health America of Northern California, which provides culturally and linguistically relevant advocacy and support for program participants. The Peer Partner

Success: APSS Clinic
A 58 year old monolingual Hmong speaking woman has been seen at APSS since 2015. She is a mother of nine children and reports suffering from depression since her divorce in 1993. She came to the U.S. as a refugee from Laos in 1987. Prior to treatment, she reported suicidal thoughts and auditory and visual hallucinations. She often cried and felt overwhelmed taking care of her children and had no interest in leaving her home.

She started seeing the APSS psychiatrist for medication support, attending the Hmong Medication Support Group and Hmong Wellness Support Group, attending individual sessions with an APSS counselor, and meeting with one of the program's Peer Partners to help her build life skills and reconnect to her community.

Since receiving treatment and support, she reports that "the programs at APSS have helped me in so many ways…I feel like I belong and can take care of myself and my family." Her symptoms have decreased and suicidal and paranoid thoughts have diminished. She has made several social connections in the Hmong Wellness Group and is observably pleasant and talkative. She enjoys being around her children and babysitting her grandchildren. She has become functionally stable with what she describes as meaningful purpose for life.

staff are members of the multidisciplinary team. The APSS service array includes: assessment, brief treatment, crisis intervention, case management, rehabilitation, medication management and support, and transition to appropriate specialty mental health services and/or community support. Additional program goals include wellness planning, family support, and discharge planning, when appropriate, to community services.

TCORE, administered by TLCS, Inc. was previously administered collaboratively by Human Resources Consultants (HRC) and TLCS, Inc. In October 2018, HRC merged under TLCS, Inc. TCORE provides flexible, recovery-oriented, strength-based, culturally competent, client-driven, community-based specialty mental health services and supports to adult beneficiaries meeting target population, as defined by the Sacramento County, Division of Behavioral Health Services (DBHS). The TCORE program model includes a phased approach, initially focused on intensive engagement and assessment services for mental health consumers 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. TCORE also provides homeless resource support services, such as housing stability and homeless prevention.

As part of the CSS Phase C expansion, late FY 15/16, TCORE increased capacity and improved timeliness to services – specifically for those in acute care settings. In addition, TCORE increased their capacity to support members participating in the Mental Health Court and Co-Occurring Mental Health Court.

The November 7, 2017 Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion increased funding in FY 2017-18 for additional housing supports and subsidies to address the needs of more individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders.

Success: TCORE Program

A 47 year old man was referred to TCORE following multiple hospitalizations due to symptoms of severe depression, auditory hallucinations and suicidal ideation with a plan. Initially he reported he felt lonely, hopeless, and had daily thoughts about how he could end his life. Staff introduced him to The Clubhouse, co-located at TCORE, a safe place where consumers can form connections, participate in groups, and develop community.

During the initial tour, he expressed feeling inspired by the "quote of the day." Per client request, TCORE was able to support him in connecting to his health plan so that the plan's transportation support could enable him to access and participate in TCORE services. He has been attending both TCORE groups and The Clubhouse for three months now. He recently reported "what really got me through this is the poetry group and, the quote of the day, which I take home with me every day" and finding purpose in his daily routine and the activities that The Clubhouse and groups at TCORE have provided.

He now has connections with others, including peers and the staff at TCORE. He recently inquired about becoming a Peer Mentor and is currently in the process of working with The Clubhouse manager to be a Peer Mentor.

Program outcomes are to improve access to services for individuals who typically have not responded well to traditional outpatient mental health services, or for individuals who may have been unable to utilize community services due to complex co-occurring needs, provide flexible services/interventions necessary to reduce/prevent negative outcomes such as avoidable emergency room utilization, psychiatric hospitalization, jail/incarceration, and eviction/ homelessness, and provide services that will increase the individual's ability to function at optimal

levels and as independently as possible, with the end of services in mind toward the goal of wellness.

Phase A of the CSS Expansion Planning Process resulted in the expansion of the MHSA CSS Component to include the redesigned **Regional Support Team (RST)** service delivery system. The RSTs provide moderate intensity mental health services and supports for TAY (age 18+), adults, and older adults residing in Sacramento County. Individuals must meet target population criteria for a serious mental illness (with an included diagnosis) and significant impairments in important areas of functioning. Currently, there are four RST programs operated by: 1) El Hogar Community Services, Inc., 2) TLCS, Inc., 3) Turning Point Community Programs, and 4) Visions Unlimited through contracts with DBHS. Each RST provides individual and group treatment, rehabilitation services, medication evaluations and monitoring, and case management. RST programs are located in four geographic areas (regions) throughout Sacramento County.

As a result of the previously described CSS Expansion Phase A community planning process, the RST service delivery system was redesigned. Through this redesign, each RST implemented a Community Care Team (CCT) with the purpose of enhancing engagement and timely access to services at the RSTs using culturally and linguistically competent services. These teams, operationalized in July 2015, deliver flexible, recovery-based individualized services, allowing for seamless transitions throughout the continuum of outpatient services and supports available in Sacramento County. Staffing for each team includes a team lead, clinician/social worker, psychiatrist and nurse, peer/family provider and resource specialist.

Success: El Hogar RST

A 37 year old, single, Caucasian male, with a history of trauma, began receiving services from El Hogar RST in the recent past. He was motivated to seek out services because he was "tired of being depressed and struggling with anxiety." He wanted "to get out in the world again instead of never leaving the house." Initially, he was extremely anxious about leaving his apartment and did not want to come to the clinic for his initial appointments despite his desire to receive services.

Because the RST Community Care Team (CCT) was able to provide flexible, community-based services, they provided services at the consumer's home and assisted him in developing skills for distress tolerance. Since receiving services, the consumer has increased the amount of time spent outside of the apartment – from no days to almost daily. He has worked to develop tools for managing distress in social environments and is now comfortable and able to utilize the full array of mental health services offered by the RST, something he did not see as possible given his history.

Success: TLCS RST

After a 10-day inpatient stay due to a suicide attempt, a 40 year old Hispanic female was referred to TLCS RST. After being referred to the RST, the Community Care Team (CCT) reached out to her, only to discover that she was extremely distrustful of the mental health system. They also learned that she had been referred several times in the past but had never engaged in services. The CCT's Peer Provider began meeting with the client at her home and was able to develop a rapport with her, helping the client feel more at ease and comfortable. She came to trust the Peer Provider enough that she agreed to come into the clinic to participate in treatment.

Currently, she receives rehabilitation, case management, and psychiatric services. She no longer experiences suicidal ideation and feels safe at the RST. She is involved in a variety of groups at the RST and the co-located The Clubhouse program and is considering volunteering as a "peer mentor" to help support other consumers in their own recovery.

Success: Turning Point RST

A young African American man was referred by a local psychiatric hospital to Turning Point RST. The Community Care Team (CCT) helped engage the client in mental health services by providing outreach and information about the RST services. Upon engagement, it was discovered that the consumer was homeless, on probation for domestic violence, and had no financial support.

Through coordination efforts between the CCT and the RST Personal Service Coordinator, the consumer began participating in Turning Point RST services. Through his participation in and support from the RST's Anger Management group, he quit drinking on his. The RST's CCT Resource Specialist also linked the consumer to a shelter and assisted him in obtaining a part time job at a restaurant.

He now has an apartment and is employed full-time at his job. He will be off probation in a few months and is working towards saving for a car.

Success: Visions RST

A 46-year-old Vietnamese-speaking male was referred to Visions RST after successfully stepping down from a higher level of care service provider.

By engaging in services offered, he was able to benefit from his psychotropic medications and mental health services. As a result, this consumer successfully traveled to Vietnam, got married, and has a baby, who the consumer is responsible for the majority of the time since his wife works full-time.

Upon successfully meeting his individual goals, Vision's RST CCT began assisting him in transitioning from RST services to his managed care plan. The CCT was able to support him getting an appointment with the managed care plan's psychiatrist. The CCT also assisted him in setting up appointments for monthly injectable medications at an easily accessible location. He has since successfully completed services with Visions RST and is now receiving ongoing medication management through his managed care plan.

Program: Sierra Elder Wellness
Work Plan #/Type: SAC2 – Full Service Partnership (FSP)
Capacity: 140 at any given time
Ages Served: Transition Age Older Adults, Older Adults

The Sierra Elder Wellness Program (Sierra), administered by El Hogar Community Services, Inc., provides an array of FSP services to transition-age older adults (ages 55 to 59) and older adults (age 60+) of all genders, races, ethnicities and cultural groups who are struggling with persistent and significant mental illness who would otherwise utilize the most restrictive and highest level programs. Sierra provides comprehensive, integrated, culturally competent mental health services – including assessments, planning, social rehabilitation, intensive case management, co-occurring substance use services, and psychiatric medication support. Sierra also provides specialized geriatric services, facilitating the coordination between multidisciplinary mental health, physical health, and social service teams. FSP services also include assistance with benefit acquisition, housing, employment, and transportation. Intended program outcomes are to reduce/prevent unnecessary emergency room, psychiatric hospital, and jail utilization in order to assist community members to remain living in the community at the least restrictive level of care – as independently as possible.

Sierra establishes and maintains successful collaborations with system partners and community agencies, including sub-acute settings; law enforcement; healthcare providers; conservators; and ethnic and cultural groups to assist consumers in maintaining in the community and working toward recovery.

Success: Sierra Elder Wellness Program
Sierra is serving a 79 year old woman on LPS conservatorship who has struggled with symptoms of Schizophrenia and had a history of disappearing from services and moving away and coming back to Sacramento. Within the span of one year, she had seven psychiatric hospitalizations and was eventually placed at a sub-acute/secured setting for additional stabilization and safety.

Last year, she was ready for community reentry, reconnected with Sierra, and began engaging in services multiple days a week. She found activities she enjoys, including weekly organized socialization outings, art group, and the Current Events group. In working with her Sierra Personal Service Coordinator, she was able to identify the reason she would disappear in the past was from boredom. As a result, the many Sierra activity groups have helped her stay connected to services.

Sierra utilized MHSA flex funds to support and ensure she had a placement that met all of her needs and as a result she has successfully maintained her placement for over a year. Recently, she has been more involved with Sierra activities. This year, Sierra held an Older Adult Appreciation Day, themed in the spirit of a carnival. She provided the impetus and ideas for some of the event games and activities. She stated, "I didn't know the event would be so good" and "my best experience was with the animals." The event was a success and it was attended by well over 100 Sierra members.

Program outcomes are to strengthen functioning level to support clients in maintaining the least restrictive community-based housing; reduce unnecessary psychiatric hospitalizations; reduce incarceration; improve health by increasing access to primary health care; reduce homelessness; connect clients with co-occurring mental health and substance use disorder treatment, and support engagement in meaningful employment/activities and social connectedness.

Program: Permanent Supportive Housing Program
Work Plan #/Type: SAC3 – Full Service Partnership (FSP)
Capacity: Expansion plan in progress – Currently 1,614 at any given time
Ages Served: Children, TAY, Adults, Older Adults

The **Permanent Supportive Housing Program (PSH)** is a blend of FSP and General System Development (GSD) funding and provides seamless services to meet the increasing needs of the underserved homeless population. It consists of three components: PSH-Guest House, administered by El Hogar, PSH-New Direction, administered by TLCS, Inc. and PSH-Pathways, administered by Turning Point Community Programs. The PSH Program serves homeless children, transition-aged youth, adults, and older adults of all genders, races, ethnicities and cultural groups. The programs serve 644 with FSP services and 970 with GSD services.

This Work Plan has been identified for expansion in alignment with the November 7, 2017, Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion. This expansion will include expanding identified existing programs within this Work Plan to add housing supports and subsidies, as well as increased treatment capacity. In addition, a new Full Service Partnership program will be developed to further address needs of individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders. Expansion of existing programming began in FY 2017-18 and new programming will roll out in FY 2018-19.

Guest House is the front door for mental health services with direct access by homeless individuals to a clinic and emergency housing for adults age eighteen (18) and older. Services include daily

outreach, triage, case management, mental health treatment, comprehensive mental health assessments and evaluations, medication treatment, linkages to housing and other services, and application for benefits. Permanent Supportive Housing-Guest House has implemented the highly successful Sacramento Multiple Advocate Resource Team (SMART), a promising practice assisting individuals with their applications for SSI/SSDI. This expedited process increases income, which improves access to housing and a wider variety of community services.

In addition, Guest House opened its Connections Lounge drop-in center as part of the CSS Phase B expansion. Through the drop-in center, guests can learn more about mental health recovery, participate in recovery and resource-focused groups and access referrals and additional linkages for substance abuse treatment and physical health in a safe and supportive space.

Success: Guest House

Consumer has been enrolled with Guest House since 2016. He has a long history of incarceration and homelessness. He has been sober for 22 years stating, "My priority was always to get off the streets. That's what gave me hope."

Guest House connected the consumer with STEP Ministry where he accessed a safe place to stay while working on his housing plan with housing specialist who was hired as part of the expansion. The consumer was diagnosed with Schizoaffective disorder and, through Guest House, was able to stabilize his symptoms with medications and clinical interventions.

With MHSA support and coordination from Guest House, the consumer is moving into his own apartment. and when asked about this he stated, "I feel good. It was long, but worth the wait. If something is worth having, it's good not to rush." When asked about his future goals now that housing is secured, the consumer stated, "I want to go back to college. I want to major in business and maybe start something of my own. It's never too late to start over. I am the only one that can hold me back."

The November 7, 2017 Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion increased funding in FY 2017-18 for additional housing supports and subsidies to address the needs of more individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders. With a second expansion in FY 2018-19, Guest House increased program capacity and improved timeliness by significantly increasing outreach efforts through additional outreach workers, a housing specialist and a transition specialist. Guest House also provides short term housing supports utilizing MHSA Housing Subsidies and Support Services in order to resolve and or prevent homelessness. Additionally, the Connections Lounge now provides additional contact with persons experiencing homelessness resulting in increased program enrollment and participation.

Program outcomes are to reduce homelessness; engage persons experiencing homelessness in mental health treatment services; strengthen functioning level to support clients in obtaining and maintaining community tenure; reducing acute psychiatric hospitalizations; reduce incarceration; improve health by increasing access to primary health care; and support engagement in meaningful employment/activities and social connectedness.

New Direction provides permanent supportive housing and FSP-level mental health services and supports for adults, including older adults, and their families. The program provides integrated, comprehensive services utilizing a "whatever it takes" approach to support consumers in meeting their desired recovery goals. New Direction provides services at two permanent MHSA-financed supportive housing projects/developments, permanent supportive housing within TLCS permanent

housing sites, and utilizes community-based housing vouchers and limited subsidies providing permanent housing. Additionally, New Direction Palmer Apartments provides interim housing that has been designated as a shelter to assist residents in bridging the gap from homelessness to permanent housing. Palmer focuses on rapid access to permanent housing within 30 days once income is secured.

The November 7, 2017 Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion expanded increased funding in FY2017-18 for additional housing supports and subsidies to address the needs of more individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders.

Success: New Direction

While living homeless on the Sacramento downtown area streets, a middle aged gentleman came to New Direction via Guest House. He was initially housed in MHSA-funded Palmer, interim housing. He struggled with substance use and symptoms of major depression and mild psychosis. New Direction worked diligently to secure permanent supportive housing while providing psychiatry, therapy and intensive case management.

Using MHSA flex funds, New Direction was able to provide him with needed household supplies for health and safe apartment living. Additionally, he attended substance use support groups at New Direction with a focus of managing symptoms of co-occurring mental health and substance use disorders.

He currently has nine months sobriety and is enrolled at American River College with the goal of becoming a drug and alcohol counselor. MHSA funds are being used to buy the necessary books and materials to support his education. He is an active member in the recovery community. He attends NA/AA meetings weekly, works the 12 steps with support of a sponsor, and is the secretary of his home group.

Program outcomes are to reduce homelessness; strengthen functioning level to support clients in maintaining the least restrictive community-based housing; reduce acute psychiatric hospitalizations; reduce incarceration; improve health by increasing access to primary health care; and support engagement in meaningful employment/ activities and social connectedness.

Pathways program provides permanent supportive housing and FSP-level mental health services and supports for children, youth, adults, older adults and families. The program provides integrated, comprehensive services utilizing a "whatever it takes" approach to support consumers and their families in meeting their desired recovery goals. Pathways provides services at six MHSA-financed permanent supportive housing developments, community-based housing vouchers and utilizes subsidies to provide permanent housing for consumers and their families.

The November 7, 2017 Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion increased funding in FY 2017-18 for additional housing supports and subsidies to address the needs of more individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders.

Success: Pathways

In the past 11 years, a 30 year old African American male Pathways member, lived homeless and experienced evictions from permanent supportive housing and room & boards and frequently declined housing options presented to him.

In the recent past, he was referred to Mental Health Court to address the recurring cycle of incarcerations and psychiatric hospitalizations. Pathways provided intensive case management and support, attended all court appointments and helped him follow court orders. Through the advocacy and psychoeducation of his Pathways team and other collaborating Mental Health Court providers, the member agreed to a long acting injectable medication.

For the first time in years, he was amenable to housing. Pathways found room & board housing and used MHSA flex funds to help with the costs. Now stably housed, he has been able to maintain his medication regimen and therapeutic services, which greatly reduced impairment related to his mental health symptoms. In turn, he has been able to avoid legal troubles and hospitalizations. Pathways continues to support him in attending weekly court hearings, and helping him build skills that will enable him to graduate from Mental Health Court, which is one of his personal recovery goals. He continues to fully engage with Pathways staff and is eager to eventually move into permanent housing.

Program outcomes are to reduce homelessness; strengthen functioning level to support clients in maintaining the least restrictive community-based housing; reduce acute psychiatric hospitalizations; reduce incarceration; improve health by increasing access to primary health care; and support engagement in meaningful employment/activities and social connectedness.

Program: Transcultural Wellness Center
Work Plan #/Type: SAC4 – Full Service Partnership (FSP)
Capacity: 250 at any given time
Ages Served: Children, TAY, Adults, Older Adults

The Transcultural Wellness Center (TWC), administered by Asian Pacific Community Counseling, is designed to increase penetration rates and reduce mental health disparities primarily in the Asian/Pacific Islander (API) communities in Sacramento County. The program is staffed by psychiatrists, clinicians, mental health counselors, peers, and family advocates, that are reflective of the API communities. Staff assignments are made taking into consideration the gender and specific cultural and linguistic needs of the client. Language specific services are available in numerous API languages, including Vietnamese, Hmong, Cantonese, Mien, Tagalog, Punjabi, Hindi, Laotian, Mandarin, Farsi, Tongan, Cambodian, Spanish, Thai, Telugu, Japanese and Korean.

TWC FSP services include a full range of mental health services and supports that take into consideration cultural and religious beliefs and values, traditional and natural healing practices, and associated ceremonies recognized by the API communities. Services include linking clients to primary care physicians for comprehensive medical assessments and ongoing medical care, particularly for adults with co-occurring medical and mental health needs; culturally and linguistically relevant mental health interventions and activities that reduce and prevent negative outcomes such as avoidable emergency room utilization, psychiatric hospitalization, jail/incarceration, and eviction/homelessness. Based on client need, all services can be delivered in the home, community and school. Services emphasize blending cultural and traditional resources to reduce stigma.

The goals of the TWC are to improve access to services for individuals who have not typically responded to traditional outpatient mental health /psychiatric treatment or who were unable to utilize community services due to complex co-occurring needs. Using the "whatever it takes" approach, services are provided to assist individuals in identifying goals in relation to their culture, increase individuals' ability to function at optimal levels, and to assist with their wellness, recovery and integration into the community.

Success: Transcultural Wellness Center

A 35-year-old woman, originally from Fiji, was referred to TWC after her fourth psychiatric hospitalization. She was in an abusive relationship and lost custody of her 11-year-old daughter. Furthermore, she was struggling with substance use.

The TWC treatment team provided the client with therapy and medication support. She was able to break through the cycle of relationship violence. TWC used MHSA flex funds to help the client obtain housing and job training.

This client is currently working, bought a car, and is able to pay for her own housing. She is actively working to regain custody of her daughter. She says, "I am really grateful I got a chance to meet the people at TWC."

Program outcomes are to reduce psychiatric hospitalization, arrests and incarceration and to increase linkage to employment, education, health care, and housing resources. Additionally, the program seeks to help clients develop and maintain connection to meaningful activities and improve school or job functioning.

Program: Wellness and Recovery
Work Plan #/Type: SAC5 – General System Development (GSD)
Capacity: 3,375 at any given time
Ages Served: Children, TAY, Adults, Older Adults

The **Wellness and Recovery** program consists of: the **Wellness and Recovery Centers**, the **Peer Partner Program,** the **Consumer and Family Voice Program,** and the **Sacramento Advocates for Family Empowerment (SAFE) Program**. In FY 2015-16, this work plan was expanded to include the **Mental Health Crisis Respite Center**, **Abiding Hope Respite House**, and **Mental Health Respite Program**.

This Work Plan was identified for expansion in alignment with the November 7, 2017, Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion. This expansion included identified existing programs within this Work Plan to add housing supports and subsidies, as well as increased treatment capacity to further address the needs of individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders. Expansion is targeted to began in FY 2017-18.

Located in the northern and southern regions of Sacramento County, the **Wellness and Recovery Centers (WRCs)**, administered by Consumer Self Help Center, are community based multi-service centers that offer an array of comprehensive services and wellness activities designed to support clients in their recovery goals. Services are provided in a supportive environment offering choice and self-directed guidance for recovery and transition into community life. The WRCs serve individuals age eighteen and older of all genders, races, ethnicities and cultural groups. They

employ consumers and train individuals for peer counseling, peer mentoring, advocacy, and leadership opportunities throughout Sacramento County.

WRCs offer both a treatment program and community program. WRCs treatment program provides psychiatric and medication support services for adult clients with serious mental illness. The community program provides wellness activities available to clients enrolled in the treatment program and to community residents with an interest in mental health support, wellness and recovery services. WRC activities include curriculum driven and evidence-based skill building activities, vocational supports, family education, self-help, peer counseling and support. Services are collaboratively designed, culturally competent, member driven and wellness focused. Alternative therapies are offered in their Community Program that include consumer facilitated art and music expression, journaling, creative writing, yoga, 12-step recovery groups, goal setting, crisis planning, natural healing practices and other wellness services.

Success: Wellness and Recovery Centers

"I had been homeless and couch surfing for years also staying with my kids' mother too. I started coming to WRC North in 2016 and got support with hygiene and basic needs, but wasn't yet ready for any other services. One day, a WRC Wellness Mentor sat down, played dominoes with me, and talked to me about housing and the various programs available to me.

I was still reluctant, but she walked me through the process and the application and I was able to obtain a Shelter Plus Care housing voucher. I had to come in three times a week to meet with her to find a landlord that would take the voucher. She worked with me diligently over the next months and was able to help me find a place. She continues to work with me through my hurdles with housing. She also helped me find free furniture and other household items.

I am happy that I accepted that domino game, it changed my life."

Key assets include a library, a resource center, and a computer lab that can be utilized by center participants and the general public interested in learning more about mental health and recovery. WRCs have scheduled programming and activities six days per week and are closed on Sundays. The North Center offers evening hours during the week as well as respite services.

Program outcomes are to increase linkage to a primary care physician and/or specialty health provider; decrease unnecessary psychiatric hospitalizations, decrease incarceration, prevent and decrease homelessness and support engagement in meaningful employment/activities and social connectedness.

As part of the CSS Phase C expansion, WRCs were able to increase the number served through the community centers. Additionally, the November 7, 2017 Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion increased WRCs funding in FY 2017-18 which added housing and resource specialists to support and address the needs of the increased number of participants experiencing homelessness.

The **Peer Partner Program (Peer Partners)** is administered by Mental Health America of Northern California (NorCal MHA). The program provides peer support services to adults and older adults linked to the Adult Psychiatric Support Services (APSS) clinic and expanded to provide peer support services to individuals linked to the Mental Health Treatment Center (MHTC). Peer Partner staff are consumers and family members with lived experience. Peer

Partners are integrated staff members of the APSS and MHTC multidisciplinary teams and provide peer-led recovery-oriented services for APSS and MHTC participants and their families.

The primary services provided by the Peer Partners for APSS and MHTC clients include the following: Information and training about wellness and recovery; information about and referrals and connecting to mental health services and other services and resources; navigation assistance; advocacy; experiential sharing; building community; relationship building; education and support group facilitation; Wellness Recovery Action Plan (WRAP) group facilitation; skill building/ mentoring/goal setting; and socialization/self-esteem building. As collaborating members of the APSS and MHTC multidisciplinary teams, Peer Partners staff role is to build awareness and provide information about the client perspective, the consumer culture, and culturally relevant engagement strategies.

Success: Peer Partners Program

A client was admitted to the Adult Psychiatric Support Services (APSS) clinic for issues related to relationship struggles, traumatic experiences from childhood, addiction, and unemployment and was then referred to the Peer Partners Program. The Peer Partners Support Specialist encouraged the client to engage in Peer Partners Program services.

With the support of the Peer Support Specialist, the client began to attend and participate in support groups, employment coaching, and skills training for coping with trauma triggers. After a few years of participating in peer-led services, she is now substance free, is gainfully employed, and is using her lived experience in the community to help others find their own recovery path.

Program outcomes include improving overall health and wellness for client, helping clients engage with their natural supports, helping clients engage in meaningful activities, and reducing psychiatric hospitalizations.

The **Consumer and Family Voice (CFV) Program**, administered by Mental Health America of Northern California, promotes the DBHS mission to effectively provide quality mental health services to Sacramento County adults, older adults and their families. The consumer and adult family member advocates serve as liaison to DBHS and represent, communicate and promote the consumer and family member perspective. The consumer and adult family member advocates promote and encourage adult and older adult consumer and family involvement in the mental health system from program planning to program participation. This program provides a wide array of services and supports that assist adult consumer and family members in their recovery process that include but are not limited to advocacy, system navigation, trainings, support groups, and psycho-educational groups. Program services outcomes include increasing access to services; providing knowledge and understanding of mental health, resiliency, recovery, self-determination, and empowerment; increasing

Success: Consumer and Family Voice Program

CFV Adult Family Advocate Liaison received a call from a gentleman who identified as a consumer of mental health services in Sacramento County. The consumer explained he was going through a very stressful time in his life, as he did not have income and was unable to find a job due to his mental health condition. The consumer wanted to apply for Social Security benefits but had no idea where to start.

With the help of the Advocate, the consumer was referred to El Hogar's SMART Program where he was able to get support and assistance to apply for Social Security benefits. After one month, the consumer contacted the Advocate and shared that the SMART Program was able to help him to get his social security benefits quickly approved and that he expected to start collecting benefits in the near future. He thanked the Advocate for helping him get linked and stated he was feeling so much better.

knowledge of services and available community resources; and decreasing the experience of isolation and/or lack of community supports for clients.

As part of the Consumer and Family Voice Program, the advocates coordinate and facilitate an every other month meeting for clients/consumers of behavioral health services, family members and supporters called "Expert Pool Town Hall Meetings." The purpose of these meetings is to build a peer support network, share information about local services and resources, and to inform about how to become involved to shape services for today and the future. Consumers and family members are asked what topics or services/resources they would like to learn about. The Expert Pool Town Hall meetings include speakers that have expertise in various topics related to mental health, local services and resources. Advocates maintain an email database of over 750 community members/experts, many with lived experience, in an effort to keep our community informed of topics that pertain to our client and family member community. In FY 2016-17, four Expert Pool Town Hall Meetings were convened with an average attendance of 35 individuals per meeting.

This program also coordinates and facilitates the annual client culture conference that is sponsored by DBHS.

The **Sacramento Advocates for Family Empowerment (SAFE) Program**, administered by Mental Health America of Northern California, promotes the DBHS mission to effectively provide quality mental health services to children, youth, and families in Sacramento County. The family member/youth advocate serves as liaison to DBHS and represents, communicates and promotes youth and family member perspective. The Youth and Family Advocates promote and encourage parent/caregiver and youth consumer involvement in the mental health system, from program planning to program participation. The program provides a wide array of services and supports including but not limited to direct client support services and advocacy, system navigation, trainings, support groups, and psychoeducational groups. Program outcomes include increasing access to services; providing knowledge and understanding of mental health, resiliency, recovery, self-determination, and empowerment; increasing knowledge of services and available community resources; and decreasing the experience of isolation and/or lack of community supports for clients.

Success: SAFE Program

A Spanish-speaking woman who had just come from Mexico was hospitalized at the Mental Health Treatment Center (MHTC). Her husband and children did not understand why she was hospitalized, nor did they understand the process for her release.

The family sought out support from the SAFE Family Advocate who, in collaboration with the CFV Adult Family Advocate Liaison, informed the family about the reason for hospitalization, about the hearing process, and assisted in system navigation. The family learned that their wife/mother was hospitalized due to observable signs of depression. She also made statements that she could not live without her husband.

On the day of the hearing, the Family Advocate supported the family by attending the hearing and interpreting. The family was able to offer information that supported their wife/mother's release from the MHTC. The wife/mother was successfully discharged from the MHTC and released to a family member. The family was appreciative of the Family Advocate's support, navigation and interpreting assistance.

As part of the program, SAFE advocates coordinate and facilitate various support groups for clients/consumers of behavioral health services and their family members, including Latino Support Groups, Teen Coed Support Groups, Parent/Family Support Groups, an eight-week Anger

Management Group, and a 16-hour Wellness and Recovery Action Plan (WRAP) group. In FY 2017-18, there were 97 individuals who participated in these groups.

Mental Health Respite Programs: The following three programs were added to the Wellness and Recovery Work Plan in FY 2015-16. They originated as mental health respite programs funded through the time-limited MHSA Innovation Project 1: Respite Partnership Collaborative. With support from the MHSA Steering Committee, these programs transitioned to sustainable CSS funding during FY 2015-16.

The **Mental Health Crisis Respite Center**, administered by TLCS, Inc. provides twenty-four (24)-hour/seven (7) days a week mental health crisis respite care in a warm and supportive community-based setting to eligible adults who are experiencing overwhelming stress due to life circumstance resulting in a mental health crisis. Services include screening, resource linkage, crisis response and care management up to twenty-three (23)-hours. The program has the capacity to serve up to ten (10) adults at any given time.

Program goals are to reduce emergency department visits or acute psychiatric hospitalizations and that clients will report an improvement in their recovery journey.

Success: Mental Health Crisis Respite Center

A guest, who first visited in 2015, has utilized the Mental Health Crisis Respite Center multiple times since. This guest is a Veteran and reported he has been diagnosed with PTSD. He would experience night terrors and, at times, rage. He had been assaulted on many occasions, been kicked out of several room & boards, and experienced homelessness, which he attributed to triggers associated with PTSD. The guest would often talk about his struggle with being in the Army and the "kill or be killed" mentality.

The last time he was at the Center in 2017, he had just broken up with his significant other and his grandmother had passed. He would often turn to alcohol to help manage the losses but on this occasion he decided to come into the Center to remain safe. While at the Center, staff provided him with a safe space, listening sessions with Peer Counselors, resources for housing options, resources to assist him with the ability to maintain his sobriety, and genuine care.

The guest has called several times since his last stay stating he is doing well. He says he is grateful to the Center for working with him so often during his lowest times – that the Center has always given him a place to clear his mind, get his thoughts together, and remain safe. He has maintained his housing and often says, "if it weren't for Crisis Respite, I doesn't know where I would be today."

Abiding Hope Respite House, administered by Turning Point Community Programs, provides mental health crisis respite services, in a welcoming, home-like setting, where adults 18 and older experiencing a mental health crisis can stay for up to 14 days. During their stay, clients receive client-centered, recovery oriented services that include crisis response, screening, resource linkage, and care management. There are five beds in the home and all clients take part in cooking, cleaning, and groups to help them gain back a sense of purpose and dignity through life's routines. Program goals are to reduce emergency department visits or acute psychiatric hospitalizations and that clients will report an improvement in their recovery journey.

Success: Abiding Hope Respite House
A client served by Abiding Hope Respite house shared "I am very grateful for my stay at Abiding Hope. I was in an unsafe situation and feeling anxious and scared when I came to Abiding Hope. I was able to work hard, regroup, and gain my stability back. This program is awesome and very supportive. If you work hard, it pays off. There are a select number of staff that have been extremely positive and supportive to me. I would like to honor the staff and the director for supporting me. I am leaving feeling good and positive."

Mental Health Respite Program, administered by Saint John's Program for Real Change, provides adult women and adult women and their children in immediate crisis with short-term mental health and supportive services for up to seven (7) days. Services include assessment, treatment planning, resource linkage, crisis intervention, family intervention and case management. Program Goals are to reduce emergency department visits and acute psychiatric hospitalizations and that clients will report an improvement in their recovery journey.

Program: Adult Full Service Partnership
Work Plan #/Type: SAC6 – Full Service Partnership (FSP)
Capacity: 450 at any given time
Ages Served: TAY, Adults, Older Adults

Success: Mental Health Respite Program
A client came to Saint John's Mental Health Respite Program after sharing she was assaulted by her employer. After the assault, she left the area and came to Sacramento County seeking a new job. Due to trauma being so recent, she often wouldn't speak; therefore, every day, a Respite Program team member would just sit with her and remind her to breathe. As a former athlete, it felt profound for staff to witness a tall, strong, athletic woman appear and report feelings of powerlessness.

As the client thought about what her next steps might be, she became clear that she needed to work on recovery and healing before looking for employment. The client was supported in working with shelter care and accessing legal support during her stay. Saint John's extended her respite stay until there was an opening in another shelter thereby providing seamless transition for the client. On the day the client left, she expressed deep gratitude for St. John's Respite Program and even took selfies with staff to remember her time in the respite program.

The **Adult Full Service Partnership Program** consists of: **Integrated Services Agency (ISA)**, administered by Turning Point, and **Sacramento Outreach Adult Recovery (SOAR)**, administered by Telecare. Both programs provide an array of FSP services to adults, age 18 and older, struggling with persistent and significant mental illness who would otherwise utilize the most restrictive and highest level of care programs. Turning Point ISA and Telecare SOAR provide comprehensive, integrated, culturally competent mental health services – including assessments, planning, social rehabilitation, intensive case management, co-occurring substance use services, 24/7 crisis response, and psychiatric medication support.

Services also include assistance with benefit acquisition, housing supports and subsidies, employment, education, and transportation. The programs assist consumers transitioning into the community from high-cost restrictive placements, such as the Sacramento County Mental Health Treatment Center, private psychiatric hospitals, incarcerations, and other secured settings. In addition, family members and/or caregivers are engaged as much as possible at the initiation of

services and offered support services, such as education, consultation and intervention, as a crucial element of the consumer's recovery process.
Turning Point ISA and Telecare SOAR have established and maintained successful collaborations with system partners, community agencies, sub-acute care providers, law enforcement, healthcare providers, conservators, and ethnic and cultural groups to assist consumers in maintaining in the community and working toward recovery.

Success: Integrated Services Agency
A member, aged 62, came to Turning Point's ISA requesting help with her anxiety and symptoms related to her diagnosis of Schizophrenia. She also had a long-standing history of substance use which interfered with her ability to remain stably housed.

Upon coming to the ISA, the member developed a good working relationship with her assigned care manager. Together they were able to identify several housing options the member could choose from and were able to find the "homey" group living environment that finally met her needs.

Once having a safe place to live, the member reported feeling safe enough to participate in the ISA's counseling groups and made several close connections with peers she met there. This member has increased her coping skills and has benefited from the trusting relationships she now enjoys. Her care manager continues to works with her on symptom management so her self-care does not fall by the wayside again. The member has been working with program staff to advocate for herself and has now been able to stay housed and safe for over three years.

Success: SOAR
A Russian-speaking gentlemen, in his 40s, was referred to Telecare SOAR from TCORE about three and a half years ago. At time of referral, he had multiple hospitalizations, no income and had a history of homelessness. Speaking minimal English, he had difficulty communicating with others at his room & board and in the community and would often isolate himself in his room as a result.

After a year of being linked to SOAR, SOAR staff assisted him in obtaining benefits, find suitable and stable housing. After consistent engagement by SOAR staff, he began walking to the Telecare office to his appointments and later started attending support and informational groups on a daily basis. SOAR staff also worked with the client on navigating the public transportation system. One of his initial goals was to become more independent, which included learning to budget his money to save for a car.

In the last few months, the client bought a car independently and he now maintains his registration and insurance. He reported that, "I feel like a man now that I can drive again." He reports feeling closer to his long term goal, stating, "I always wanted to start working to get my own place and send money to my family back home [Russia]. I have a car to get me to my jobs."

These programs were expanded in alignment with the November 7, 2017, Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion to add additional housing supports and subsidies, as well as increased treatment capacity to further address the needs of individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders.

Program outcomes are to strengthen functioning level to support clients in maintaining the least restrictive community-based housing; reducing acute psychiatric hospitalizations; reduce incarceration; reduce homelessness; improve health by increasing access to primary health care; and support engagement in meaningful employment/activities and social connectedness.

Program: Juvenile Justice Diversion and Treatment Program
Work Plan #/Type: SAC7 – Full Service Partnership (FSP)
Capacity: 128 at any given time
Ages Served: Youth and TAY ages 13 – 25

The **Juvenile Justice Diversion and Treatment Program (JJDTP)** is a FSP that brings together a partnership between DBHS, Sacramento County Probation Department, and River Oak Center for Children to deliver integrated services to youth involved with juvenile justice with multiple complex needs across several service systems. JJDTP provides screenings, assessments and intensive mental health services and FSP supports to eligible youth and their families. Youth must meet serious emotional disturbance criteria and be between the ages of 13 through 17 at enrollment. Pre-adjudicated youth are screened and given an assessment. With court approval, youth have the opportunity to avoid incarceration and voluntarily participate in this program as long as clinically necessary up to their 26th birthday. Adjudicated youth are referred, assessed, and have the opportunity to voluntarily receive the program's intensive, evidence-based services delivered in coordination with a specialized Probation Officer. Family and youth advocates provide family and peer support which complement clinical FSP services.

Program outcomes include youth experiencing reduced psychiatric hospitalization, increased engagement in their educational program as well as reduced arrests and incarcerations. Additionally, the program seeks to link youth and families with primary care and to engage them in meaningful activities.

Success: Juvenile Justice Diversion and Treatment Program
A youth was admitted into the JJDTP Program with diagnoses of Anxiety and Depression. During the course of services, the youth and her boyfriend married and were expecting their first child. Because the couple was homeless and living in their car, it was difficult to remain in contact with the youth.

JJDTP staff, were able to connect and engage the youth in services. The program supported the youth and her family with hotel stays. The husband was offered employment and, within a few weeks, the family was able to move into an apartment of their own. The program supported the youth and family with a security deposit, three months of rent, furniture, and other household items. For the first time in their lives, the family has opened a bank account and is saving money. JJDTP continues to provide services and support to the youth.

As part of the CSS Phase B expansion, in FY 2016-17, JJDTP increased the number of youth and families served from 92 to 128. This expansion also allowed for dedicated focus on serving youth who are at risk of becoming involved in the Juvenile Justice System.

Program: TAY Full Service Partnership
Work Plan #/Type: SAC8 – Full Service Partnership (FSP)
Capacity: 240 at any given time
Ages Served: Youth and TAY ages 16 – 25

The new Transition Age Youth (TAY) FSP Program, administered by Central Star Behavioral Health, was implemented in late FY 2016-17. The program provides core FSP services and flexible supports to TAY between the ages of 16-25 who are homeless or at risk of homelessness, aging out of the child mental health system, involved in or aging out of the child welfare and/or foster care system, involved in or aging out of the juvenile/criminal justice system, at risk of involuntary psychiatric hospitalization or institutionalization, experiencing a first episode of a

serious mental illness, and/or other at-risk population. Services are culturally and linguistically competent with sensitivity to and affirmation of gender identity, gender expression and sexual orientation. Services are individualized based on age, development and culture. The new TAY FSP program includes outreach, engagement, retention and transition strategies with an emphasis in independent living and life skills, mentorship and services that are youth and family driven. The TAY FSP also has the capacity to serve young people that need low/moderate to high level specialty mental health services.

Success: Transition Age Youth FSP Program

A TAY client was supported by the FSP Team consisting of a facilitator, a clinician, advocates, and a psychiatrist. The team provided the Youth with services to address his symptoms and support independent living skills. During the course of services, the youth expressed interest obtaining employment. Initially, the Youth did not have appropriate employment documents.

With the support of his TAY FSP Team, the Youth was able to obtain necessary documents and complete a job readiness training program comprised of a one-week training course and three months on-the-job paid training. Youth learned employment skills such as customer service, inventory/stocking, communication skills, resume building, and was eventually offered a part-time job. Shortly after,the Youth applied for additional employment and now has two jobs!

The Youth now has a vehicle and is able to get to and from work and has graduated from FSP TAY services.

This program is designed to improve access to services for individuals who typically have not responded well to traditional outpatient mental health /psychiatric treatment, or for individuals who are unserved, underserved, and/or inappropriately served; ensure linkage to a Primary Care Physician (PCP) to provide a comprehensive medical assessment and ongoing medical care, particularly for clients with co-occurring medical and mental health needs; provide various services/interventions necessary to reduce/prevent avoidable emergency room utilization, psychiatric hospitalization, jail/incarceration, and eviction/homelessness; and provide services that will increase the individual's ability to function as independently as possible within the community.

Program: Crisis Residential Program
Work Plan #/Type: SAC9 – General System Development (GSD)
Capacity: 27 at any given time
Ages Served: Adults ages 18 - 59

Twelve-Bed Crisis Residential Program (CRP) #1 in South Sacramento and fifteen-bed CRP #2 in Rio Linda are both administered by Turning Point Community Programs. Both CRPs are short-term residential treatment programs that operate in a structured home-like setting twenty-four (24) hour, seven (7) days a week. Eligible consumers may be served through the CRP for up to 30 days.

These programs are designed to address the MHSA General Standards and embrace peer facilitated activities that are culturally responsive. CRPs are designed for individuals, age 18 and up, who meet psychiatric inpatient admission criteria or are at risk of admission due to an acute psychiatric crisis, but can appropriately be served voluntarily in a community setting. Beginning with an in-depth clinical assessment and development of an individual service plan, crisis residential program

staff will work with consumers to identify achievable goals including a crisis plan and a Wellness Recovery Action Plan (WRAP).

Success: Crisis Residential

A client came to South Sacramento CRP after a suicide attempt (her third attempt within three months) with symptoms of Major Depressive Disorder and a history of Methamphetamine Use. When she first came to the program, she appeared to struggle with appropriate social boundaries and skills, and presented with frequent tearfulness, anger, dependency on others to soothe and lack of motivation to engage with outside resources.

As she engaged in program services , she gradually began to trust that others could assist her in her recovery, and therefore began to seek staff for support. As her participation in groups increased, she started practicing new coping skills independently and even became a great support to her peers. She continued building appropriate relationships with others (letting go of the need to control others to predict their behaviors to keep herself "safe") while maintaining her compassion and care for others.

By the time she graduated the program, she reported being able to independently and successfully use at least seven new coping skills, experienced a significant decrease in her depressive symptoms, and found a place to live. About a month after she completed the program, she returned to share her progress and excitement with staff – including that she had been able to find sustainable housing and continue managing her mental health independently.

Once admitted, structured day and evening services are available seven days a week that include individual and group counseling, crisis intervention, planned activities that encourage socialization, pre-vocational and vocational counseling, consumer advocacy, medication evaluation and support, linkages to resources that are available after leaving the program. Family members are included in counseling and plan development. Services are voluntary, community-based, and alternative to acute psychiatric care. While the services are designed to resolve the immediate crisis, they also focus on improving functioning and coping skills, and encourage wellness, resiliency and recovery so that consumers can return to the least restrictive, most independent setting in as short of time as possible. Services are designed to be culturally responsive to the needs of the diverse community members seeking treatment.

Success: Crisis Residential Program #2

Rio Linda CRP received a referral for an individual with comorbidity of both a Mood Disorder and Substance Abuse. He had been referred to CRP#2 one time previously. During his first admission, he was determined to use the Methadone clinic to assist in his recovery; therefore, with staff support, he woke up at 5:00 am to walk five miles to the clinic in order to return to CRP#2 in time for group therapy. Though it was hard for staff to see him struggle and miss groups occasionally due to the distance, staff provided unconditional support of his recovery goals. Despite his efforts with engaging in his recovery along with the support of CRP staff, he unfortunately relapsed and left the program.

When he returned to CRP#2 the second time, he told his case manager how much he valued the staff supporting his decision to go the Methadone clinic on his own terms, that he felt supported and heard for the first time in his life. As the case manager continued to work with him, they noticed huge changes in his engagement in treatment and personality. By the end of his second admission at CRP, with hard work from this individual and his case manager along with other CRP staff, he was on his way to obtaining a job, utilizing services and strategies that helped stabilize his symptoms, and was ready to begin the next steps of his journey.

Several months after leaving the program, he had maintained sobriety, had begun repairing relationships with his family, and wrote to staff, "Thank you for another chance at completing this program. I definitely got a lot accomplished and a new perspective on life. My case manager pushed me to keep up on my responsibilities. The rest of the staff showed me nothing but respect and encouragement and I appreciate that. Thank you."

Program goals are to provide crisis stabilization, promote recovery, and optimize community functioning by the provision of short-term, effective mental health services and supports; and to decrease utilization of hospital emergency departments, Mental Health Treatment Center (MHTC), private psychiatric facilities, and incarceration.

Program: Consultation, Support and Engagement Teams (CSET) Program
Work Plan #/Type: SAC10 – General System Development (GSD)
Capacity: 50 at any given time.
Ages Served: Children and Youth (up to age 21)

This new program evolved from the CSS Phase C expansion community planning process and addresses the needs of children and youth that have been commercially sexually exploited. This program has two components: 1) Outreach and engagement services for children, youth and families; contracted provider works closely with court systems to identify children and youth in need of services, and attends weekly case staffing to engage children/youth that are unlinked to supportive resources and mental health programs. This component is administered by Central Star Behavioral Health. 2) Regents of the University of California, Davis (UCD) conducts consultation, education and training to mental health providers and system partners that deliver treatment services to this underserved population. It is hoped that this training will annually reach approximately 180 clinical staff and 300 support staff (unlicensed staff and advocates).

Central Star began providing program services early in in July 2018. The program has developed processes for referral, attending court meetings, and establishing connection with other providers who interface with this at-risk population. More information on program implementation will be provided in future updates.

CSS Administration and Program Support
DBHS provides administration and program support associated with on-going community planning, as well as implementation, training, consultation, monitoring, quality assurance and oversight of the CSS programs and activities.

The table below contains the FY 2018-19 Cost per Client information for implemented programs:

FY2018-19 CSS COMPONENT BUDGET Work Plan / Program	Average Cost/Client*	Budget Amount
SAC1 - GSD: TCORE	$ 5,957	$ 33,357,813
SAC2 - FSP: Sierra Elder Wellness	$ 14,631	$ 2,048,327
SAC3 - FSP: Permanent Supportive Housing	$ 10,676	$ 17,230,424
SAC4 - FSP: Transcultural Wellness Center	$ 10,613	$ 2,653,266
SAC5 - GSD: Wellness and Recovery Center	$ 2,296	$ 7,749,522
SAC6 - FSP: Adult Full Service Partnership	$ 20,951	$ 9,427,929
SAC7 - FSP: Juvenile Justice Diversion and Treatment	$ 28,324	$ 3,625,533
SAC9 - GSD: Crisis Residential	$ 12,086	$ 3,746,579
TOTAL		**$ 79,839,393**

*Average cost per client is based on all funding sources in Work Plan divided by Work Plan capacity and only includes previously approved and implemented programs

Penetration Rates – Calendar Years 2016 and 2017

Medi-Cal eligible beneficiary numbers are based on claims data received from the External Quality Review Organization (EQRO)

Penetration Rates		Calendar Year 2016					Calendar Year 2017					
		A		B		B/A	A		B		B/A	
		Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (Undup)		Medi-Cal Penetration Rates	Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (Undup)		Medi-Cal Penetration Rates	Percent Change between CY 2016 and CY 2017
		N	%	N	%	%	N	%	N	%	%	%
Age Group	0 to 5	72,266	12.8%	1,555	5.7%	2.2%	69,886	12.5%	1,203	4.3%	1.7%	-20.0%
	6 to 17	134,120	23.7%	9,967	36.5%	7.4%	133,236	23.8%	9,737	34.7%	7.3%	-1.7%
	18 to 59	293,755	52.0%	13,894	50.9%	4.7%	288,999	51.7%	15,070	53.7%	5.2%	10.2%
	60+	65,086	11.5%	1,894	6.9%	2.9%	67,305	12.0%	2,075	7.4%	3.1%	5.9%
	Total	565,227	100.0%	27,310	100.0%	4.8%	559,426	100.0%	28,085	100.0%	5.0%	3.9%
		N	%	N	%	%	N	%	N	%	%	
Gender	Female	298,366	52.8%	14,261	52.2%	4.8%	296,052	52.9%	14,523	51.7%	4.9%	2.6%
	Male	266,860	47.2%	13,039	47.7%	4.9%	263,373	47.1%	13,553	48.3%	5.1%	5.3%
	Unknown/Not Reported	----	----	10	0.0%	N/A	----		9	0.0%	N/A	N/A
	Total	565,226	100.0%	27,310	100.0%	4.8%	559,425	100.0%	28,085	100.0%	5.0%	3.9%
		N	%	N	%	%	N	%	N	%	%	
Race	White	149,383	26.4%	8,766	32.1%	5.9%	140,900	25.2%	8,927	31.8%	6.3%	8.0%
	African American	89,118	15.8%	6,037	22.1%	6.8%	85,432	15.3%	6,174	22.0%	7.2%	6.7%
	American Indian/Alaskan Native	4,290	0.8%	264	1.0%	6.2%	3,927	0.7%	286	1.0%	7.3%	18.3%
	Asian/Pacific Islander	112,185	19.8%	1,706	6.2%	1.5%	78,944	14.1%	1,788	6.4%	2.3%	48.9%
	Other	101,461	18.0%	4,837	17.7%	4.8%	121,538	21.7%	5,036	17.9%	4.1%	-13.1%
	Hispanic	108,792	19.2%	5,700	20.9%	5.2%	128,686	23.0%	5,874	20.9%	4.6%	-12.9%
	Total	565,229	100.0%	27,310	100.0%	4.8%	559,427	100.0%	28,085	100.0%	5.0%	3.9%

*Penetration rates are defined as the total number of persons served divided by the number of persons eligible.

**The EQRO data for Medi-cal eligible beneficiaries includes the newly eligible individuals through the Affordable Care Act (ACA).

Review of the penetration rate chart shows a comparison from Calendar Year (CY) 2016 to CY 2017. There are two factors to note when reviewing these data. First, the penetration rate table reflects the number of Medi-Cal beneficiaries served through the specialty mental health treatment programs; however, it does not account for any of the individuals served, irrespective of insurance status, through the DBHS prevention and mental health respite programs. DBHS funds culturally specific community based organizations to operate prevention programs that specifically serve the cultural, racial and ethnic groups listed in this table. However, due to the nature of the data collection for PEI programs it is challenging to obtain PEI unduplicated individual demographic data that can be merged with specialty mental health plan data. Were it possible to merge the data, we believe that the penetration rates would be more reflective of who is being served by DBHS through specialty mental health services and prevention services. And secondly, efforts related to health care reform and the Affordable Care Act (ACA) have also accounted for some of the changes experienced in the penetration rates. The data shows that the number of Medi-Cal beneficiaries has decreased for several age groups and populations but increased for older adults, and for both Hispanic and Other populations. The number of Medi-Cal beneficiaries served has decreased for children and youth through age 17; however, it has increased for all other populations. The penetration rate is calculated as the total number of persons served divided by the number of persons eligible. Sacramento County is a Geographic Managed Care (GMC) county with bifurcated mental health benefits provided through plans and Sacramento County Mental Health Plan (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.

Retention Rates FY 2016-17

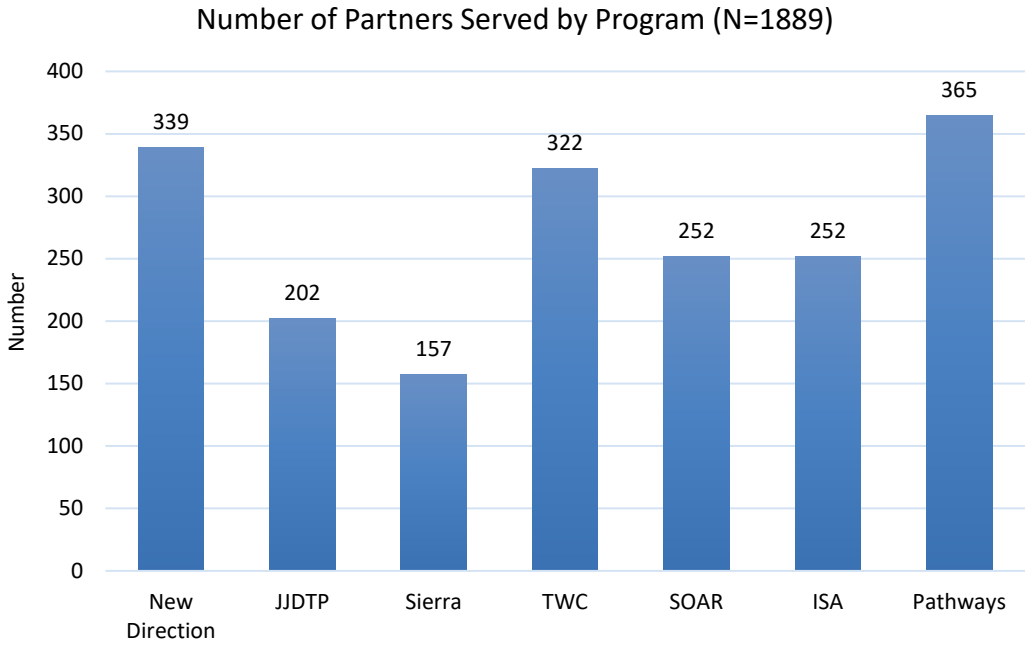
Retention FY 16/17														
FY 16/17		Total Served	1 Service		2 Services		3 Services		4 Services		5 to 15 Services		>15 Services	
			N	%	N	%	N	%	N	%	N	%	N	%
Race (0-17.9)	API	325	23	7.1%	22	6.8%	13	4.0%	12	3.7%	106	32.6%	149	45.8%
	Black	2227	203	9.1%	147	6.6%	88	4.0%	74	3.3%	664	29.8%	1051	47.2%
	Hispanic	3189	268	8.4%	164	5.1%	129	4.0%	142	4.5%	1088	34.1%	1398	43.8%
	Nat-Amer	93	8	8.6%	1	1.1%	4	4.3%	5	5.4%	24	25.8%	51	54.8%
	White	2312	144	6.2%	100	4.3%	90	3.9%	83	3.6%	661	28.6%	1234	53.4%
	Other	646	41	6.3%	29	4.5%	27	4.2%	33	5.1%	218	33.7%	298	46.1%
	Unknown	601	81	13.5%	56	9.3%	46	7.7%	30	5.0%	204	33.9%	184	30.6%
Race (≥18)	API	1433	101	7.0%	74	5.2%	65	4.5%	50	3.5%	670	46.8%	473	33.0%
	Black	3607	562	15.6%	337	9.3%	196	5.4%	158	4.4%	1304	36.2%	1050	29.1%
	Hispanic	2322	353	15.2%	199	8.6%	109	4.7%	111	4.8%	872	37.6%	678	29.2%
	Nat-Amer	192	17	8.9%	21	10.9%	9	4.7%	8	4.2%	81	42.2%	59	30.7%
	White	6369	775	12.2%	486	7.6%	329	5.2%	309	4.9%	2503	39.3%	1967	30.9%
	Other	750	91	12.1%	69	9.2%	56	7.5%	41	5.5%	295	39.3%	198	26.4%
	Unknown	1832	548	29.9%	231	12.6%	147	8.0%	98	5.3%	580	31.7%	228	12.4%
Age	0-17.9	9393	768	8.2%	519	5.5%	397	4.2%	379	4.0%	2965	31.6%	4365	46.5%
	≥ 18	16505	2447	14.8%	1417	8.6%	911	5.5%	775	4.7%	6305	38.2%	4650	28.2%
Sex	Male	12594	1805	14.3%	954	7.6%	612	4.9%	540	4.3%	4176	33.2%	4507	35.8%
	Female	13296	1408	10.6%	981	7.4%	695	5.2%	613	4.6%	5093	38.3%	4506	33.9%
	Other/Unk*	8	2	25.0%	1	12.5%	1	12.5%	1	12.5%	1	12.5%	2	25.0%
Language	English	22173	2738	12.3%	1652	7.5%	1101	5.0%	973	4.4%	7698	34.7%	8011	36.1%
	Spanish	1470	129	8.8%	89	6.1%	72	4.9%	81	5.5%	588	40.0%	511	34.8%
	Russian	249	9	3.6%	13	5.2%	7	2.8%	6	2.4%	144	57.8%	70	28.1%
	Hmong	323	18	5.6%	18	5.6%	12	3.7%	13	4.0%	164	50.8%	98	30.3%
	Vietnamese	190	3	1.6%	10	5.3%	8	4.2%	6	3.2%	96	50.5%	67	35.3%
	Cantonese	66	0	0.0%	2	3.0%	4	6.1%	0	0.0%	32	48.5%	28	42.4%
	Other	634	34	5.4%	39	6.2%	30	4.7%	28	4.4%	347	54.7%	156	24.6%
	Unknown	793	284	35.8%	113	14.2%	74	9.3%	47	5.9%	201	25.3%	74	9.3%
TOTAL		25898	3,215	12.4%	1,936	7.5%	1,308	5.1%	1154	4.5%	9270	35.8%	9015	34.8%

Review of the FY 2016-17 retention table shows the number of services per individual to determine retention. Retention is defined as receiving five or more specialty mental health services in a fiscal year. The table above shows, by demographic characteristic, the number of services individuals received in FY 2016-17. The majority of individuals (73.3%) received more than five servies during FY 2016-17 with almost 42% of individuals receiving more than 15 services in the FY. Retention rates for children, aged 0 to 17 years, are higher than the overall system. Whites and Native Americans have the highest retention rates at just over 83%, while those with an unknown/unreported race have the lowest retention. Females are retained at a higher rate than males (72.2%, 69%, respectively).

Full Service Partnership (FSP) Program FY 2016-17 Outcomes

During FY 2016-17, Sacramento County's seven FSP programs served 1,889 partners (clients). FSPs showed considerable progress in reducing negative outcomes and in assisting partners with mental health and/or substance use disorders to manage their conditions successfully. The following section examines outcomes over time for partners that have been receiving services in an FSP for at least one year. Of the 1,889 partners served in FY 2016-17, 1,142 (60.5%) had been receiving services in an FSP the previous year. Changes are represented in percent change from baseline (one year prior to enrollment in an FSP).

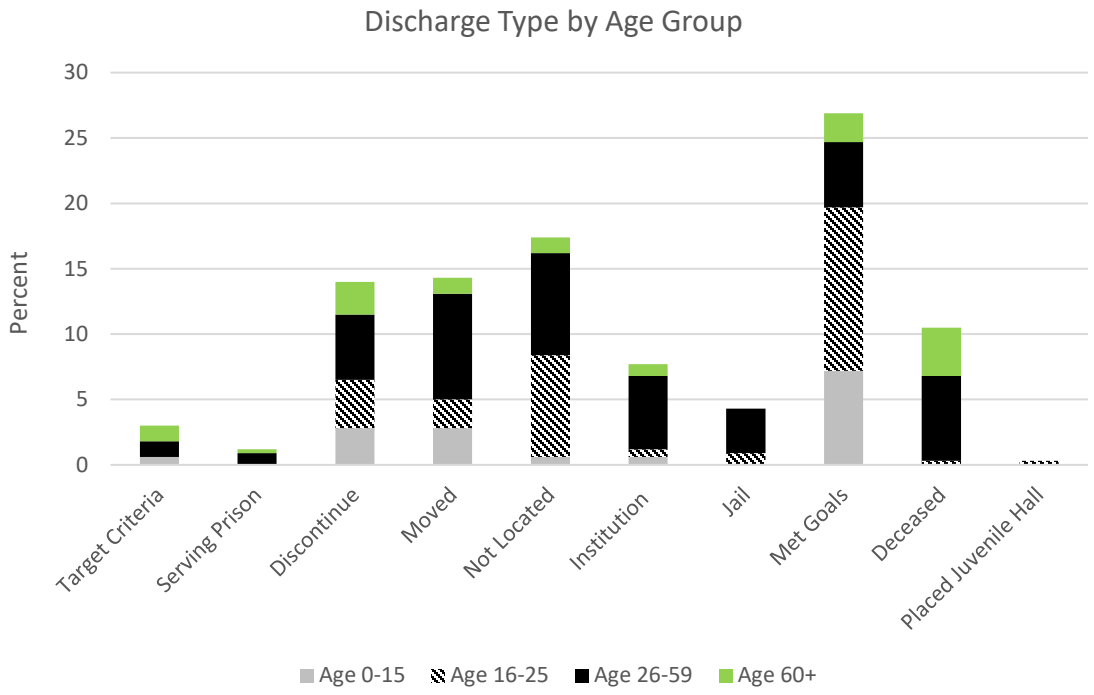
- Psychiatric hospitalizations decreased by 59.6%
- Psychiatric hospital days decreased by 72.5%
- Arrests decreased by 60.1%
- Incarcerations decreased by 44.9%
- Incarceration days decreased by 53%
- Homeless occurrences decreased by 72.4%
- Homeless days decreased by 90.8%
- Emergency room (ER) visits for psychiatric reasons decreased by 67.9%
- Emergency room (ER) visits for medical reasons decreased by 74.8%
- Employment rate increased by 0.8%
- Majority (83.5%) of partners in all ages groups are connected to a Primary Care Physician



During FY 2016-17, there were 321 discharges from Sacramento's FSP providers (see Table A). For discharged partners, the average length of stay was nearly three years, and stays ranged from one day to five years or longer. The primary discharge reason across all seven providers was the category of "Met Goals" at 26.8% (86).

Table A: Discharges from FSPs

	Age Group (n and %)									
Discharge Type	Age 0-15	%	Age 16-25	%	Age 26-59	%	Age 60+	%	Total	%
Target Criteria	2	0.6	0	0.0	4	1.2	4	1.2	10	3.1
Serving Prison	0	0.0	0	0.0	3	0.9	1	0.3	4	1.2
Discontinue	9	2.8	12	3.7	16	5.0	8	2.5	45	14.0
Moved	9	2.8	7	2.2	26	8.1	4	1.2	46	14.3
Not Located	2	0.6	25	7.8	25	7.8	4	1.2	56	17.4
Institution	2	0.6	2	0.6	18	5.6	3	0.9	25	7.8
Jail	0	0.0	3	0.9	11	3.4	0	0.0	14	4.4
Met Goals	23	7.2	40	12.5	16	5.0	7	2.2	86	26.8
Deceased	0	0.0	1	0.3	21	6.5	12	3.7	34	10.6
Placed Juvenile Hall	0	0.0	1	0.3	0	0.0	0	0.0	1	0.3
Grand Total	47	14.6	91	28.3	140	43.6	43	13.4	321	100.0



Across all seven FSP programs, the majority (52.8%) were male (See Table B). Three programs: Pathways, Sierra, and TWC, served a higher percentage of females (54.2% Pathways, 59.9% Sierra, and 51.9% TWC).

Table B: Gender

	New Direction		JJDTP		Sierra		TWC		SOAR		Turning Point ISA		Pathways		Grand Total	
Gender	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	143	42.2	80	39.6	94	59.9	167	51.9	114	45.2	95	37.7	198	54.2	891	47.2
Male	196	57.8	122	60.4	63	40.1	154	47.8	138	54.8	157	62.3	167	45.8	997	52.8
Unknown/Not Reported	0	0.0	0	0.0	0	0.0	1	0.3	0	0.0	0	0.0	0	0.0	1	0.1
Grand Total	339	100.0	202	100.0	157	100.0	322	100.0	252	100.0	252	100.0	365	100.0	1889	100.0

Just under 13% (12.9%) of all partners identified as Hispanic, with JJDTP reporting the highest percentage at 30.2% (See Table C).

Table C: Ethnicity

	New Direction		JJDTP		Sierra		TWC		SOAR		Turning Point ISA		Pathways		Grand Total	
Ethnicity	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Hispanic	39	11.5	61	30.2	8	5.1	13	4.0	32	12.7	34	13.5	57	15.6	244	12.9
Not Hispanic	289	85.3	121	59.9	137	87.3	295	91.6	210	83.3	211	83.7	288	78.9	1551	82.1
Unknown/Not Reported	11	3.2	20	9.9	11	7.0	14	4.3	10	4.0	7	2.8	20	5.5	93	4.9
Grand Total	339	100.0	202	100	157	100.0	322	100.0	252	100.0	252	100.0	365	100.0	1889	100.0

Partners served speak a variety of languages and the County provides services in their preferred language (see Table D). The majority of partners reported English as their primary language at nearly 85% (84.4%, n=1,596), followed by Hmong at 4.2% (n=79) and Vietnamese at 3.0% (n=56).

Table D: Primary Language

Primary Language	Age 0-15	%	Age 16-25	%	Age 26-59	%	Age 60+	%	Total	%
Arabic	0	0.0	0	0.0	1	0.1	0	0.0	1	0.1
Other	15	9.4	8	3.0	53	4.6	17	5.8	93	4.9
Cantonese	10	6.3	2	0.7	18	1.5	8	2.7	38	2.0
English	124	78.0	240	88.6	990	85.1	242	82.0	1596	84.5
Hmong	5	3.1	12	4.4	53	4.6	9	3.1	79	4.2
Russian	1	0.6	1	0.4	10	0.9	1	0.3	13	0.7
Vietnamese	4	2.5	6	2.2	30	2.6	16	5.4	56	3.0
Unknown / Not Reported	0	0.0	2	0.7	9	0.8	2	0.7	13	0.7
Total	159	100.0	271	100.0	1164	100.0	295	100.0	1889	100.0

Partners from various racial backgrounds were served, and nearly one-third (37.5%, 709) of partners reported their race as White/Caucasian (see Table E). Just over 26% (26.5%, 500) reported their race as Black/African American. Almost 9%, (8.9%, 170) indicated their race as "Other". Other prevalent race categories included Hmong (4.9%, 92) and Vietnamese (4.0%, 76).

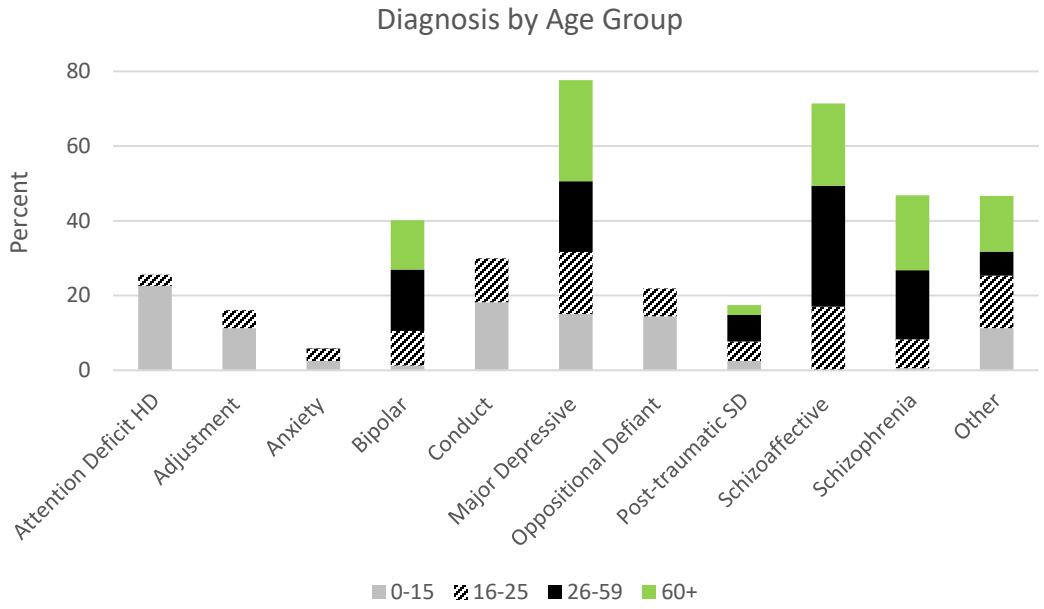
Table E: Race

Race	Age 0-15	%	Age 16-25	%	Age 26-59	%	Age 60+	%	Total	%
American Indian	2	1.3	2	0.7	18	1.5	4	1.4	26	1.4
Asian/Pacific Islander	47	29.6	50	18.5	216	18.6	51	17.3	364	19.3
Black/African-American	45	28.3	107	39.5	295	25.3	53	18.0	500	26.5
Multi-Ethnic	14	8.8	11	4.1	20	1.7	2	0.7	47	2.5
White	25	15.7	60	22.1	486	41.8	149	50.5	720	38.1
Other Race	19	11.9	33	12.2	99	8.5	19	6.4	170	9.0
Unknown/Not Reported	7	4.4	8	3.0	30	2.6	17	5.8	62	3.3
Total	159	100.0	271	100.0	1164	100.0	295	100.0	1889	100.0

Partners with a primary diagnosis of schizoaffective disorder account for just over one-quarter (25.5%, 482) of consumers (see Table F), followed by Major Depressive disorder at just over 19% (19.3%, 365). The table below and the graph that follows indicate the distribution by age group and percent of diagnosis category.

Table F: Primary Diagnosis

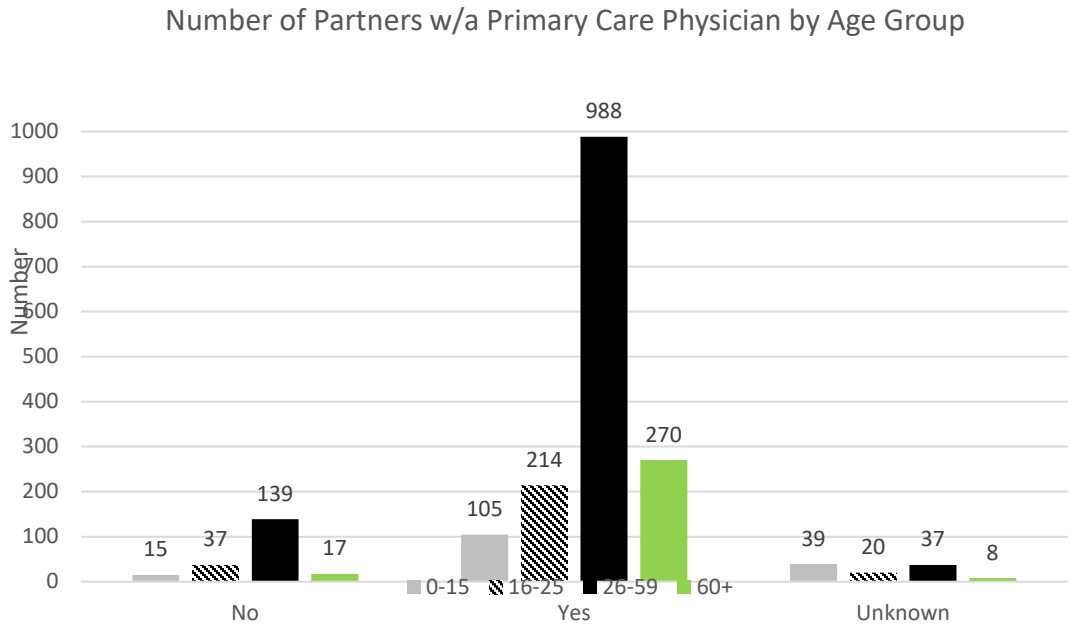
Diagnosis Disorder	0-15	%	16-25	%	26-59	%	60+	%	Total	%
Attention Deficit Hyperactivity	36	22.6	8	3.0	0	0.0	0	0.0	44	2.3
Adjustment	18	11.3	13	4.8	0	0.0	0	0.0	31	1.6
Anxiety	4	2.5	9	3.3	1	0.1	0	0.0	14	0.7
Bipolar	2	1.3	25	9.2	189	16.5	39	13.2	255	13.5
Conduct	29	18.2	32	11.8	0	0.0	0	0.0	61	3.2
Major Depressive	24	15.1	45	16.6	216	18.9	80	27.1	365	19.3
Oppositional Defiant	23	14.5	20	7.4	0	0.0	0	0.0	43	2.3
Post-traumatic Stress	4	2.5	14	5.2	81	7.1	8	2.7	127	6.7
Schizoaffective	0	0.0	46	17.0	371	32.4	65	22.0	482	25.5
Schizophrenia	1	0.6	21	7.7	212	18.5	59	20.0	293	15.5
Other	18	11.3	38	14.0	74	6.5	44	14.9	174	9.2
Total	159	100	271	100	1144	100	295	100	1889	100



The majority (83.5%) of partners in all ages groups are connected to a Primary Care Physician (See Table G).

Table G: Partners Connected to Primary Care Physician (PCP)

Primary Care Physician	0-15	%	16-25	%	26-59	%	60+	%	Total	%
Yes	105	66.0	214	79.0	988	84.9	270	91.5	1577	83.5
No	15	9.4	37	13.7	139	11.9	17	5.8	208	11.0
Unknown	39	24.5	20	7.4	37	3.2	8	2.7	104	5.5
Total	159	100.0	271	100.0	1164	100.0	295	100.0	1889	100.0



The following section examines outcomes over time for partners that have received services in an FSP for at least one year. Of the 1,889 partners served in FY 2016-17, 1,142 (60.5%) had been receiving services in an FSP the previous year.

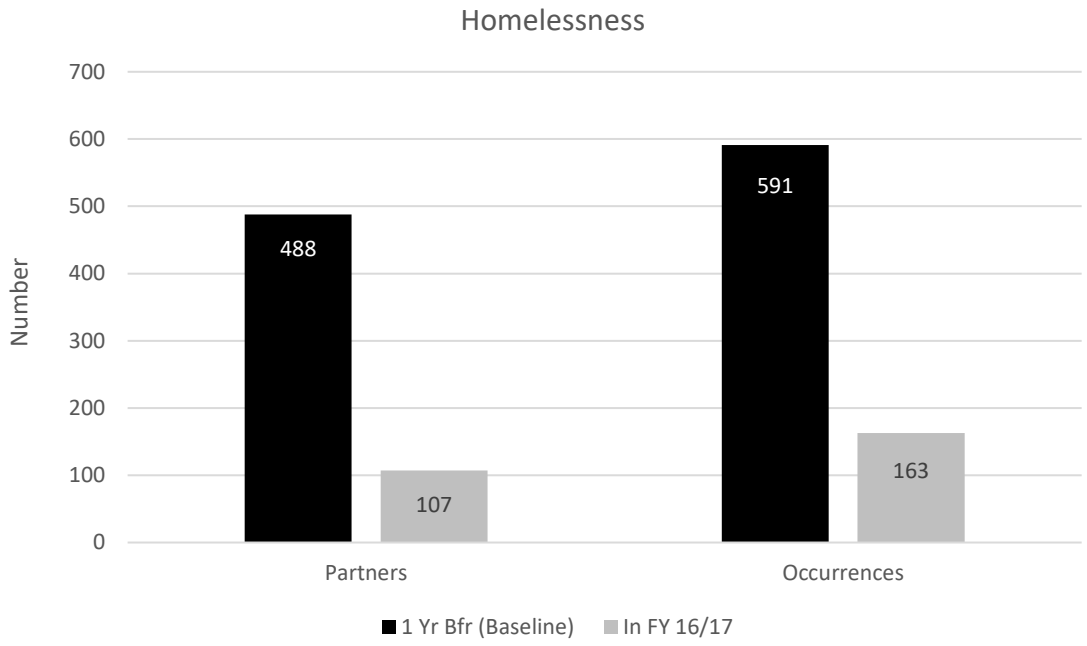
Baseline data (one year prior to enrollment) was compared to FY 2016-17 data to determine whether outcomes improved in the areas of homelessness, emergency room visits, psychiatric hospitalizations, arrests, incarcerations and employment.

The tables and charts in the following section include the subset of partners who completed one year in an FSP to fully capture the effects of FSP participation from one year before (baseline) to one year of partnership (change is represented in percent change). Primarily, partner data was collected using FSP outcome assessment forms as developed by the California State Department of Health Care Services. These forms include: Partnership Assessment form (PAF) that collects baseline and current data when clients first enter FSP services; Quarterly assessment form (3M) that updates the data from the PAF and is done every three months for each client as long as they are receiving FSP services; and the Key Event Tracking form (KET) that is done each time a key event (i.e. crisis visit, arrest, incarceration, hospitalization) occurs. In addition to the FSP outcomes assessment forms, the County's electronic health record (Avatar) was used to collect primary diagnosis and hospitalization data.

Of the 1,142 partners in the cohort, 488 (25.8%) unduplicated partners experienced homelessness prior to enrollment (See Table H). Compared to baseline, the unduplicated number of partners homeless as well as total homeless occurrences and days in FY 2016-17 decreased significantly overall.

Table H: Homelessness

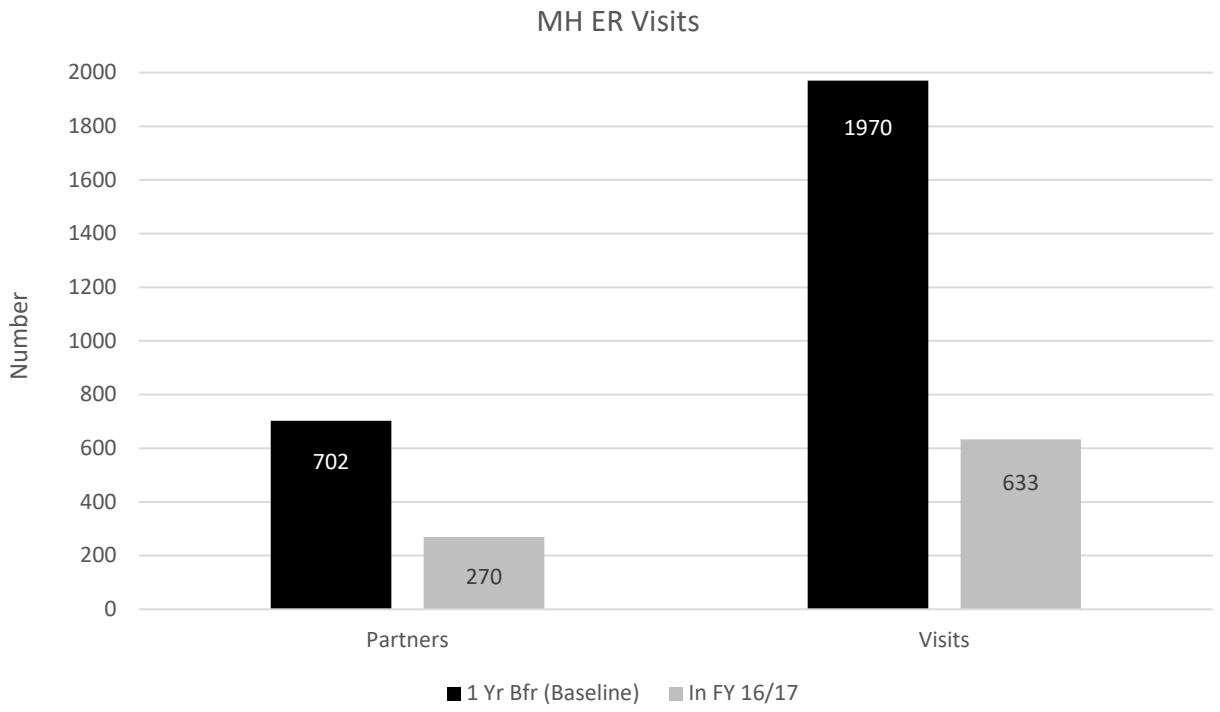
All Partners who Experienced Homelessness								
1 Year Before (Baseline)			FY 16/17			Percent Change Between Baseline and After One Year of Services in FSP		
# Unduplicated Partners Homeless	Total Homeless Occurrences	# Homeless Days	# Unduplicated Partners Homeless	Total Homeless Occurrences	# Homeless Days	Percent Change Unduplicated Partners	Percent Change Total Homeless Occurrences	Percent Change Homeless Days
488	591	62,220	107	163	5,714	-78.07	-72.4	-90.8



Nearly 700 (61.3%, 702) unduplicated partners had at least one ER visit for psychiatric (mental health) reasons prior to enrollment. Compared to baseline, the unduplicated number of partners with ER visits and the total ER visits for psychiatric (mental health) reasons both decreased significantly.

Table I: Mental Health (MH) Emergency Room (ER) Visits

Partners w/Mental Health Emergency Room Visits					
1 Year Before (Baseline)		FY 16/17		Percent Changes Between Baseline and After One Year of Services in FSP	
Unduplicated Partners w/MH ER Visits	Total MH ER Visits	Unduplicated Partners w/MH ER Visits	Total MH ER Visits	Percent Change Unduplicated Partners w/MH ER Visits	Percent Change Total MH ER Visits
702	1970	270	633	-61.5	-67.9



There were 627 (54.9%) partners with 1,883 ER visits for physical health reasons in the year prior to admission to an FSP. That number decreased significantly to 267 (23.4%) unduplicated partners for a total of 475 ER visits for physical health reasons, accounting for an 81.3% decrease in ER utilization.

Table J: Medical/Physical ER Visits

Partners w/Medical Emergency Room Visits					
1 Year Before (Baseline)		FY 16/17		Percent Changes Between Baseline and After One Year of Services in FSP	
Unduplicated Partners w/Medical ER Visits	Total Medical ER Visits	Unduplicated Partners w/Medical ER Visits	Total Medical ER Visits	Percent Change Unduplicated Partners w/Medical ER Visits	Percent Change Total Medical ER Visits
627	1883	267	475	-57.4	-74.8

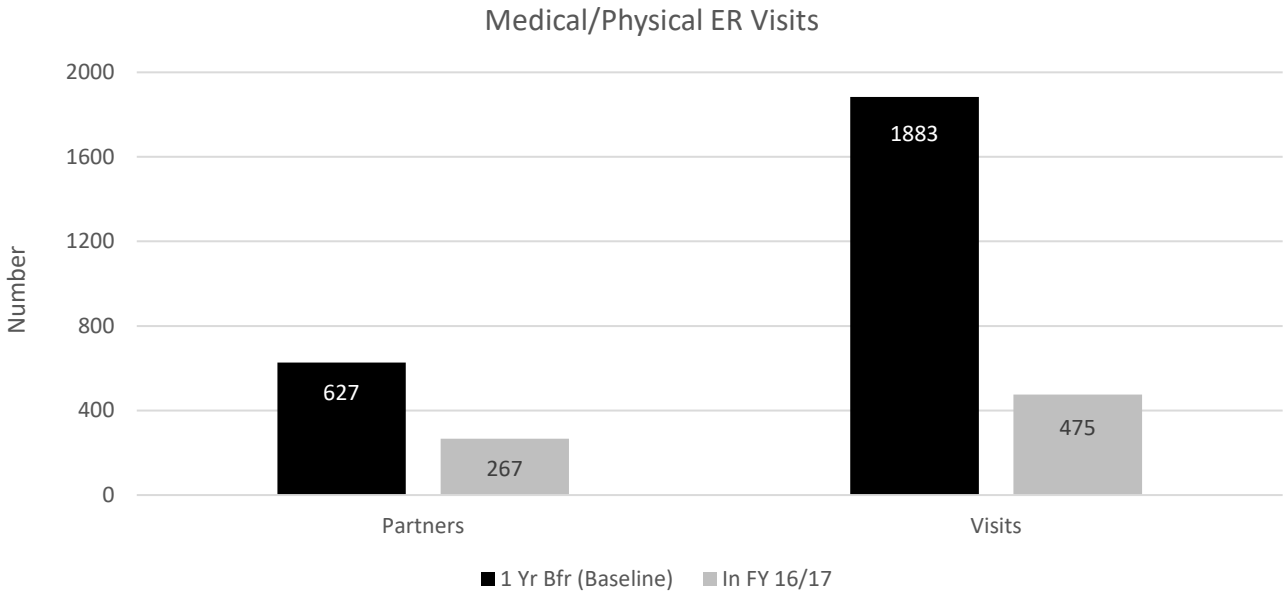
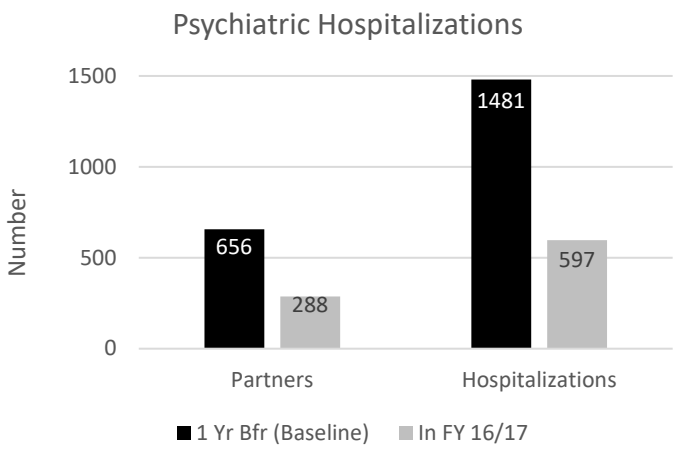
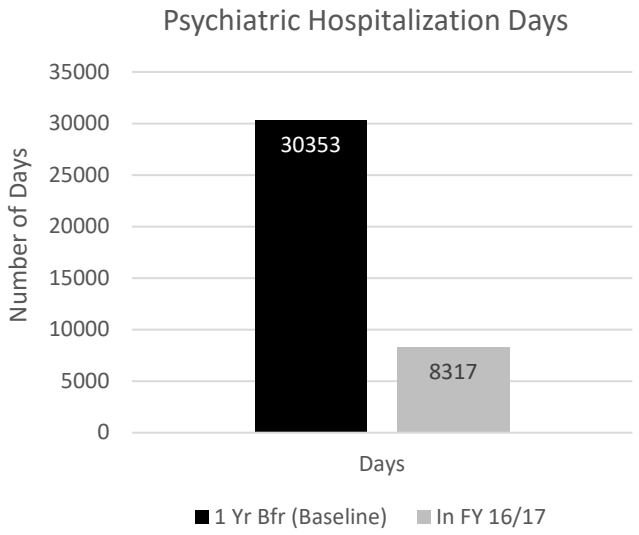


Table K illustrates the number of unduplicated partners as well as total number of psychiatric hospitalizations one year prior to enrollment compared to FY 2016-17. Just over 650 (56.9%, 656) unduplicated partners had at least one hospitalization prior to enrollment. That number decreased to 288 (25.2%) unduplicated partners in FY 2016/17, resulting in 58.1% decrease in partners hospitalized.

Table K: Psychiatric Hospitalizations

All Partners Who Completed 1 Year w/Psychiatric Hospitalizations								
1 Year Before (Baseline)			FY 16/17			Percent Changes Between Baseline and After One Year of Services in FSP		
Unduplicated Partners Hospitalized	Total Hospitalizations	Total Days	Unduplicated Partners Hospitalized	Total Hospitalizations	Total Days	Percent Change Unduplicated Partners	Percent Change Total Hospitalizations	% Change Days
656	1481	30353	288	597	8317	-58.1	-59.6	-72.5

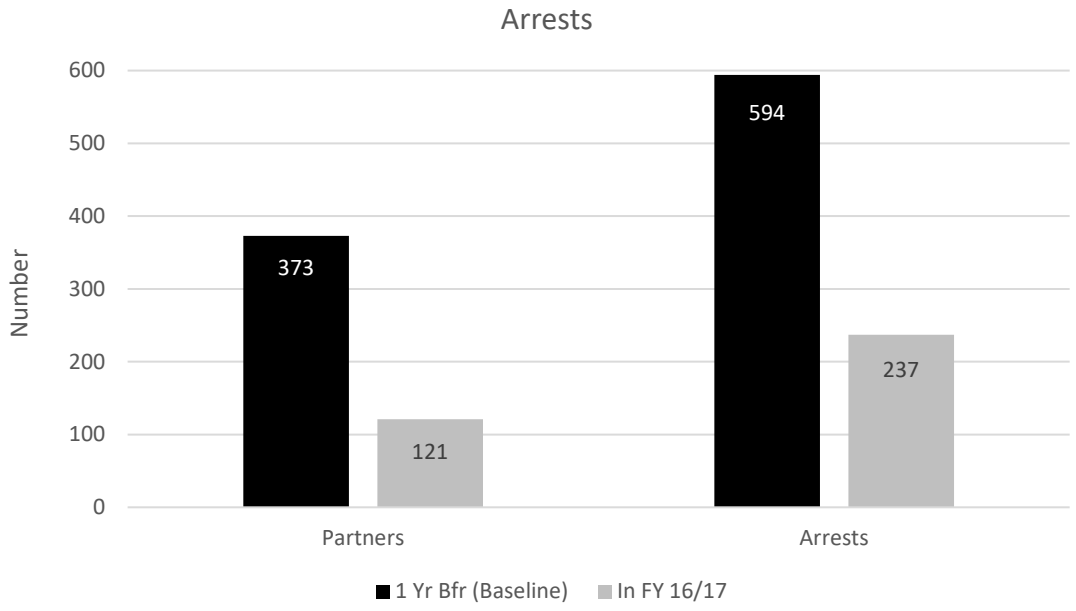




Nearly 375 (373, 32.7%) unduplicated partners had at least one arrest prior to enrollment. That number decreased to 121 (10.6%) in FY 2016-17, resulting in a 67.6% decrease in partners arrested.

Table L: Arrests

Arrests-All Partners Who Completed 1 Year					
1 Year Before (Baseline)		FY 16/17		Percent Change from Baseline (# of partners)	
Unduplicated Partners	Total Number of Arrests	Unduplicated Partners	Total Number of Arrests	% Change Partners	% Change Arrests
373	594	121	237	-67.6	-60.1



Of the partners in the cohort, 308 (26.9%) unduplicated partners had at least one incarceration prior to enrollment. That number decreased to 125 (10.9%) in FY 2016-17, resulting in a 59.4% decrease in partners incarcerated.

Table M: Incarcerations

Incarcerations-All Partners Who Completed 1 Year								
1 Year Before (Baseline)			FY 16/17			Percent Change from Baseline (# of partners)		
Unduplicated Partners Incarcerated	Total Number of Incarcerations	Total Days	Unduplicated Partners Incarcerated	Total Number of Incarcerations	Total Days	% Change Partners	% Change Incarcerations	% Change Days
308	490	13,225	125*	270	6,211	-59.4	-44.9	-53.0

* Note: The number of incarcerations is larger than arrests—as the data is based on self-report of partners who may not always disclose the arrest, but do disclose the incarceration.

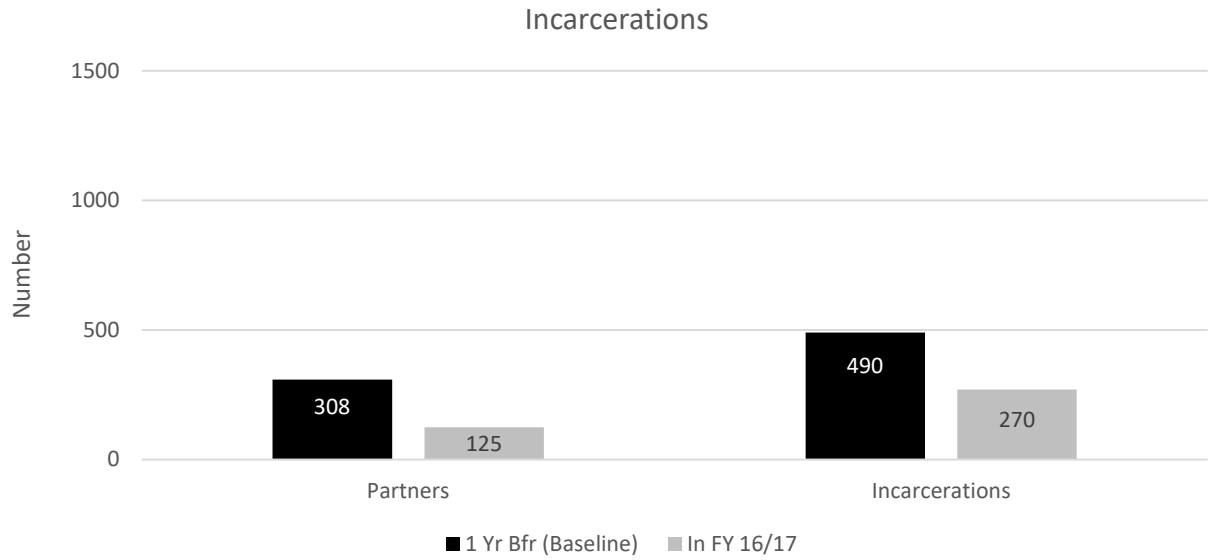


Table N illustrates the number of partners who indicated they wanted to be employed. It compares the number of partners who had employment at the start of their partnership and also had the goal of employment as part of their recovery goals. The FSPs were able to assist nine partners in securing employment and 47 partners in maintaining employment.

Table N: Employment

Unduplicated Partners w/Employment Goal		
Timeframe	Total	% Employed
At Start of Partnership (baseline)	47	4.1
Added in FY 16/17	9	0.8
Total Partners Employed at End of FY	56	4.9

General System Development (GSD) Program FY 2016-17 Demographics

In FY 2016-17, a total of 6,366 clients were served across the implemented GSD programs. The table below displays demographic information for individuals served in each program:

Total Number Served in General System Development Programs – FY 16/17																		
Characteristic	APSS		TCORE		Guest House		Crisis Residential Program 34th St.		Crisis Residential Program M St.		Peer Partners		Wellness and Recovery Center		Consumer and Family Voice - SAFE		Total	
Gender	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	925	63.0%	400	49.0%	362	41.9%	76	46.1%	78	49.7%	143	62.4%	1424	56.6%	38	25.2%	3,446	54.1%
Male	543	37.0%	415	50.9%	501	58.1%	89	53.9%	78	49.7%	86	37.6%	1088	43.2%	48	31.8%	2,848	44.7%
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%
Unknown/Not Reported	0	0.0%	1	0.1%	0	0.0%	0	0.0%	1	0.6%	0	0.0%	5	0.2%	65	43.0%	72	1.1%
Total	**1,468**	**100.0%**	**816**	**100.0%**	**863**	**100.0%**	**165**	**100.0%**	**157**	**100.0%**	**229**	**100.0%**	**2517**	**100.0%**	**151**	**100.0%**	**6,366**	**100.0%**
Age																		
0 to 15	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50	33.1%	50	0.8%
16 to 25	61	4.2%	76	9.3%	60	7.0%	20	12.1%	23	14.6%	9	3.9%	194	7.7%	31	20.5%	474	7.4%
26 to 59	1,203	81.9%	636	77.9%	752	87.1%	145	87.9%	128	81.5%	195	85.2%	1969	78.2%	5	3.3%	5,033	79.1%
60 and Over	204	13.9%	103	12.6%	51	5.9%	0	0.0%	6	3.8%	25	10.9%	338	13.4%	0	0.0%	727	11.4%
Unknown/Not Reported	0	0.0%	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	16	0.6%	65	43.0%	82	1.3%
Total	**1,468**	**100.0%**	**816**	**100.0%**	**863**	**100.0%**	**165**	**100.0%**	**157**	**100.0%**	**229**	**100.0%**	**2517**	**100.0%**	**151**	**100.0%**	**6,366**	**100.0%**
Ethnicity																		
Non-Hispanic	1,050	71.5%	678	83.1%	663	76.8%	133	80.6%	124	79.0%	163	71.2%	1742	69.2%	28	18.5%	4,581	72.0%
Hispanic	162	11.0%	107	13.1%	126	14.6%	19	11.5%	20	12.7%	30	13.1%	404	16.1%	45	29.8%	913	14.3%
Unknown/Not Reported	256	17.4%	31	3.8%	74	8.6%	13	7.9%	13	8.3%	36	15.7%	371	14.7%	78	51.7%	872	13.7%
Total	**1,468**	**100.0%**	**816**	**100.0%**	**863**	**100.0%**	**165**	**100.0%**	**157**	**100.0%**	**229**	**100.0%**	**2517**	**100.0%**	**151**	**100.0%**	**6,366**	**100.0%**
Race																		
White	540	36.8%	411	50.4%	397	46.0%	76	46.1%	72	45.9%	95	41.5%	1036	41.2%	16	10.6%	2,643	41.5%
Black	222	15.1%	191	23.4%	288	33.4%	57	34.5%	45	28.7%	36	15.7%	646	25.7%	18	11.9%	1,503	23.6%
Asian/Pacific Islander	253	17.2%	58	7.1%	25	2.9%	2	1.2%	11	7.0%	27	11.8%	154	6.1%	1	0.7%	531	8.3%
Am Indian/Alask. Native	22	1.5%	14	1.7%	19	2.2%	2	1.2%	2	1.3%	8	3.5%	88	3.5%	0	0.0%	155	2.4%
Multi-Race	19	1.3%	19	2.3%	9	1.0%	2	1.2%	2	1.3%	5	2.2%	73	2.9%	15	9.9%	144	2.3%
Other	172	11.7%	95	11.6%	79	9.2%	19	11.5%	17	10.8%	23	10.0%	267	10.6%	8	5.3%	680	10.7%
Unknown/Not Reported	240	16.3%	28	3.4%	46	5.3%	7	4.2%	8	5.1%	35	15.3%	253	10.1%	93	61.6%	710	11.2%
Total	**1,468**	**100.0%**	**816**	**100.0%**	**863**	**100.0%**	**165**	**100.0%**	**157**	**100.0%**	**229**	**100.0%**	**2517**	**100.0%**	**151**	**100.0%**	**6,366**	**100.0%**
Primary Language																		
English	1,099	74.9%	745	91.3%	847	98.1%	157	95.2%	148	94.3%	189	82.5%	2,286	90.8%	58	38.4%	5,529	86.9%
Spanish	48	3.3%	17	2.1%	4	0.5%	1	0.6%	1	0.6%	11	4.8%	37	1.5%	25	16.6%	144	2.3%
Other	277	18.9%	35	4.3%	3	0.3%	1	0.6%	2	1.3%	24	10.5%	106	4.2%	1	0.7%	449	7.1%
Unknown/Not Reported	44	3.0%	19	2.3%	9	1.0%	6	3.6%	6	3.8%	5	2.2%	88	3.5%	67	44.4%	244	3.8%
Total	**1,468**	**100.0%**	**816**	**100.0%**	**863**	**100.0%**	**165**	**100.0%**	**157**	**100.0%**	**229**	**100.0%**	**2,517**	**100.0%**	**151**	**100.0%**	**6,366**	**100.0%**

Note: General System Development programs are treatment programs and enter data directly into the Electronic Health Record (EHR). Some data elements in the EHR (sexual orientation, gender identity and veteran status) are being redefined and are therefore not available at this time.

MHSA Housing Program Accomplishments

Since the inception of MHSA planning, housing for homeless people with mental illness has been a high priority. Using the local one-time set-aside of MHSA funding and/or MHSA dollars administered by the California Housing Finance Agency (CalHFA), in total, more than $16 million in local MHSA funds along with over $130 million of federal, state, and local leveraged funds, financed hundreds of units across eight properties, of which 161 are dedicated to MHSA tenants.

Implemented between 2008 and 2012, these properties continue to perform well and provide high quality housing to the most vulnerable members of the Sacramento community. One metric of success is a low vacancy rate of 3.5% in 2018, well below the standard for special needs housing which is a 10% vacancy rate. Low vacancy rates signal that a) people experiencing homelessness are being housed and b) the property's financial feasibility forecast remains stable. Keeping these units filled with eligible MHSA homeless individuals has been a program priority and success. Additionally, the portfolio has a high rate of applicant acceptance and move-ins which affirms that appropriate referrals are being made to the units and that partners hold true to the intent of the property and the agreed upon tenant selection processes.

In addition to the 161 units within the eight-project portfolio (with another 15 units in development), the MHSA housing program uses both short- and long-term rental subsidies to provide additional housing supports for MHSA clients throughout the community. Furthermore, the continuum of housing for people who are homeless and have mental illness includes interim housing and unsubsidized units in the community.The MHSA portfolio is regularly evaluated against key performance indicators, with adjustments or refinements to the projects made as necessary, to ensure quality, effectiveness, and continued alignment with the vision and goals of the community strategy to end homelessness for people with serious mental illness. The Division works closely with the Sacramento County Director of Homeless Initiatives, Sacramento Housing and Redevelopment Agency, Sacramento Steps Forward (lead agency working to end homelessness in the Sacramento region), consultants and other key partners to ensure that our efforts in the MHSA housing program not only meet the needs of our FSP clients, but also fit into key regional strategies to reduce homelessness among the most vulnerable members of the community. The Division continues to explore opportunities to expand housing options through programs such as No Place Like Home, Housing Choice Vouchers, and housing grants. Progress updates in these areas will be included in future updates.

Success: Housing
As a result of efforts to date, approximately 660 households, with a total of about 760 homeless persons with mental illness, are housed at any given time thanks to MHSA funding in Sacramento. Efforts to create more housing opportunities are underway.

PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

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. It is required that more than fifty percent of PEI funding be dedicated to individuals age 0-25.

Sacramento County's PEI Plan is comprised of four (4) previously approved projects containing programs designed to address:

1) Suicide Prevention and Education;
2) Strengthening Families;
3) Integrated Health and Wellness; and
4) Mental Health Promotion (to reduce stigma and discrimination)

In FY 2016-17, approximately 7,400 individuals were served and more than 22,000 individuals received universal screenings across the PEI programs described below.

In October 2015, revised PEI Regulations were adopted statewide and recent legislation has further changed the PEI Component requirements. Sacramento County continues to participate with other counties in statewide discussions related to the implementation and impact of these changes. DBHS continues to update the MHSA Steering Committee on the implementation progress as information becomes available.

On November 7, 2017, the Sacramento County Board of Supervisors took action to support using available MHSA Prevention and Early Intervention (PEI) funding, including any potential AB114 reversion dollars in this category, where appropriate, to address the needs of children and youth under age 25 with a specific focus on programs that help foster youth experiencing serious emotional disturbances. The community planning process for this programming was described in the MHSA FY 2017-18, 2018-19, 2019-20 Three Year Plan. This programming is described in this Annual Update.

In April 2018, the Division submitted a grant proposal to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in response to Senate Bill (SB) 82, "Investment in Mental Health and Wellness of 2013." The grant proposal supports hiring mental health triage personnel to provide a range of crisis triage services to middle school students and their parents/caregivers. The Division received the grant award in May 2018; however, in July 2018, grant awardees were informed that, due to the Governor's budget, grant funding allocations would be reduced. After a program presentation and discussion in August 2018, the MHSA Steering Committee recommended dedicating PEI funding to make this program whole. This new program is included in this Annual Update.

In May and June, 2018, the MHSA Steering Committee discussed ongoing support for the California Mental Health Services Authority (CalMHSA) Joint Powers Authority and the progress CalMHSA is making with the Statewide PEI Programs. After a rich discussion, the Steering Committee recommended dedicating 3% ($350,500) of local FY 2018-19 PEI funding to CalMHSA to support ongoing activities in this area.

At the March 2018 Public Hearing regarding the MHSA Fiscal Year 2017-18, 2018-19, 2019-20 Three-Year Plan, there were comments regarding an observed gap in services to address trauma experienced in the African American community. DBHS reached out to community members to learn more about their concerns and explored the current array of programs offered by the public mental health system. DBHS worked in partnership with local African American community leaders to develop and distribute a video series designed to address issues of racial and historical trauma to promote healing for the African American community. DBHS and the Cultural Competence Committee (CCC) worked collaboratively to form an Ad Hoc Workgroup that would assist DBHS with gathering feedback from the African American community and provide recommendations for a new prevention program to address mental health and wellness needs of African American community members who have experienced or have been exposed to trauma. The CCC Ad Hoc Workgroup met with DBHS staff throughout the fall and winter of 2018 to plan community listening sessions. DBHS convened a meeting of the CCC Ad Hoc Workgroup on December 1, 2018 that was open to the public. Input received at this meeting formed the draft recommendation that was refined and adopted by the CCC on December 19, 2018 and the MHSA Steering Committee on January 17, 2019. This new programming is included in the Annual Update and implementation is anticipated in FY 2019-20.

Suicide Prevention and Education Program
Capacity: 30,000 contacts annually
Ages Served: Children, TAY, Adults, Older Adults

The Suicide Prevention and Education Project consists of several components. This Project was identified for expansion in alignment with the November 7, 2017, Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion. Expanded programming is anticipated to be fully implemented in FY 2018-19. Descriptions and updates for the expansion of these programs are included in this Annual Update.

Suicide Crisis Line, administered by WellSpace Health: A 24-hour nationally accredited telephone crisis line that utilizes professional and trained volunteer staff to provide suicide prevention and crisis services to callers of all ages at risk of suicide.

In FY 2016-17, a total of 18,133 callers accessed the Crisis Line for suicide prevention support.

Success: Suicide Crisis Line
The following are statements by callers expressing the impact that the Crisis Line had on them:

"Incredibly helpful. I feel much better. Wonderful."

"Extremely helpful, useful information to help this person and others. I appreciate you all being there."

"My fiancé killed himself recently. You have been very helpful. This is the most traumatic time of my life but talking has helped me immensely. Thank you so very much. You've really helped."

Postvention Counseling Services, administered by WellSpace Health: Brief individual and group counseling services available to individuals and/or families who have attempted suicide, are at high-risk for suicide or are dealing with recent bereavement due to loss by suicide. In FY 2016-17, a total of 118 individuals received 720 postvention counseling sessions.

Postvention - Suicide Bereavement Support Groups and Grief Services, administered by Friends for Survival: Staff and volunteers directly impacted by suicide provide support groups and services designed to encourage healing for those coping with a loss by suicide. In FY 2016-17, approximately 327 individuals participated in the suicide bereavement education and support groups.

Success: Friends For Survival
"When my husband Travis died by suicide in 2012, it was an unbelievable nightmare. I felt abandoned, angry, sad, cheated and terrified. I had to tell our very young children that their dad died. At Friends for Survival, I found a group of people who understood the trauma suicide hammers through a family. They helped me learn that I was not to blame and there was hope for happiness in the new life I now have. Now, I volunteer and help fund raise so that Friends for Survival will be able to serve whomever needs our help in the future. The accomplishment I'm most proud of is the ability to create and nurture a happy childhood for my two kids. We miss Travis, but we are also thriving in our new normal."

Supporting Community Connections (SCC): A constellation of community based agencies working collaboratively throughout the County to provide culturally and linguistically appropriate suicide prevention support services designed to increase access to and linkage with needed services; improve self-reported life satisfaction and well-being; reduce risk factors and enhance of protective factors; divert from crisis services or decrease need for crisis services; decrease suicide risk; increase knowledge of available resources and supports; and enhance connectedness and reduce isolation. Each program is specifically tailored to meet the needs of their respective communities.

During FY 2016-17, the SCC programs collectively provided more than 20,000 contacts. Supporting Community Connections consists of nine (9) programs targeting thirteen (13) specific communities/ populations:

◊ **Consumer-Operated Warm Line:** Administered by Mental Health America of Northern California (NorCal MHA), this service is available to Sacramento County residents. The non-crisis warm-line serves 1500 individuals and provides accompanying support services to 100 individuals. The hours of operation are Monday-Friday from 9:00 AM to 5:00 PM.

For each warm line call, services include a minimum of two to six of the following: supported listening, coaching, mentoring, referral and linkage, skill building and social networking. Support services include Wellness Action Recovery Plan (WRAP) workshops, community outreach and connection, support groups, one on one peer supports, community education training about mental health issues, and volunteer training, development and support.

Goals of the Consumer Operated Warm Line are to: increase access to and linkage to needed services such as support

Success: Friends For Survival
Steve called the Consumer Operated Warm Line because he was feeling both homicidal and suicidal. He told the staff that he got into a heated argument with his neighbor which escalated quickly. Steve explained he had a knife and "it was time for him to go". Steve also communicated to Consumer Operated Warm Line staff, "I'm going to take care of my neighbor first". The staff kept Steve on the line while another person called emergency services. Steve opened up to Consumer Operated Warm Line staff and answered all the questions that he was asked. Steve was able to stay on the line with Consumer Operated Warm Line Staff until authorities arrived and placed him on a protective psychiatric hold. Before Steve hung up, he thanked the Warm Line for saving his life.

services, self–help, professional supports, etc.; improve self-reported life satisfaction and wellbeing; reduce risk factors.

◊ **Hmong, Vietnamese, Cantonese-Speaking communities:** Administered by Asian Pacific Community Counseling (APCC), this program continues to provide services focused on suicide prevention by addressing cultural related risk factors to Hmong, Vietnamese, and Cantonese-speaking communities across the life span. During FY 2016-17, the program provided 131 individual community contacts, 6 information and referral contacts and 2,493 individuals participated in groups.

The program identified risk factors in each community that increase the likelihood of suicidal thoughts, feelings or behaviors. These risk factors include isolation; feelings of geographic and social marginalization; and loss of personal worth related to being disconnected from families.

The widening generation gap influenced by acculturation rates and other factors can further impact these feelings and experiences. Recognizing that older adults in targeted communities have higher risk for suicide, the APCC SCC program staff continues to engage older adults in activities and social groups to increase social connectedness to decrease isolation. Engagement with younger adults and families with younger children have been an effective means for SCC program staff to expand knowledge of and share information about mental illness and suicide with adults, school-age students and transition age youth in academic and non-academic settings. Efforts related to suicide prevention include facilitating workshops on mental health and decreasing risk factors of suicide.

Success: Hmong, Vietnamese, Cantonese-Speaking SCC

"When I was young, my husband and I came to the United States as refugees from Vietnam. We eventually settled in Sacramento and started our family. My husband worked and I stayed home and took care of our home and children. About 6 years ago, my husband went home to Vietnam to visit his family. He was away for about a month and when he returned, he told me that he was divorcing me to marry a girl he had met in Vietnam. When our divorce was final, my husband married the girl and returned with her to the U.S.

It was a very difficult time for me because I felt ashamed, isolated and became very depressed. Even my children did not want anything to do with me. I thought it would be better to be dead than to live with the humiliation of being divorced.

One day, at the Vietnamese market, I read an ad in the Vietnamese newspaper of free classes being offered by SCC. I knew no one would know me there or what had happened with my husband and children. I got the courage to start taking the class and now attend the Ballroom dancing, Tai Chi and computer classes, which gave me a sense of belonging. I met a woman in the program who is about my age and we became friends and started supporting each other. Being part of the SCC classes has given me my cultural identity and a support system. It has helped me regain my confidence and realize my self-worth."

◊ **Slavic/Russian-Speaking:** Administered by Slavic Assistance Center, this program provides community workshops/forums/round tables for youth, adults and seniors to increase social connectedness, reduce isolation, and develop positive social skills. During FY 2016-17, the program provided 246 individual community contacts, 244 information and referral contacts, and 421 individuals participated in groups.

The program continues to utilize Russian language media, specifically newspaper, radio programming, and TV shows to educate the Russian-speaking community about suicide

prevention and emotional wellness. Program staff work closely with faith community networks and charter schools serving the Slavic community to provide SafeTalk training and other workshops about emotional wellness and suicide prevention to clergy, educators, parents and students. Program specialists also work with young people at youth camps to educate them regarding mental health and suicide and help them overcome suicide risk factors such as addictions. The program focuses on building mutually-beneficial relationships between schools, churches, faith-based organizations, community centers, and businesses that serve the Russian-speaking/Slavic community.

Success: Slavic/Russian-Speaking SCC

"This year I lost my son. He died by suicide. He had a long history of mental illness, and it was a devastating experience for our family.

In the former Soviet Union, a person who committed suicide would often be denied funeral rites or even burial in a Church cemetery. When I told my church how my son died, it was followed by a silence. My wife and me felt alone and isolated and felt guilty that we weren't able to stop it.

Fortunately, I read some articles written in Russian by the Slavic Assistance Center in the "Word & Deed" newspaper about Mental Health and heard about their suicide prevention program while listening to a Russian language radio program on 1690 AM. I was really depressed and decided to meet with them at one of their round table with pastors. During the discussion, I received an opportunity to share my pain with others. They prayed for me and gave me support. As said one of the pastors: "We need to help eliminate the image of a crazy person in a padded cell with the word mental illness because most struggling with this illness are just like you and me except they are fighting a battle internally that we cannot see."

My best advice for people suffering from depression and dealing with death by suicide: Seek help, there is always a way out."

– Submitted by a Russian speaking older adult.

◊ **Youth/Transition Age Youth (TAY):** Administered by Children's Receiving Home, suicide prevention information and support services for youth/TAY from ages 12 years through 25 with an emphasis on the cultural and specific needs of LGBTQ, foster and homeless youth. During FY 2016-17, the program provided 487 individual community contacts and 280 individuals participated in groups. Services range from outreach and engagement activities to individual and group support services. Program outcomes include promoting and supporting community connections, improving access to mental health services, and reducing suicide risk.

Success: Youth/Transition-Age Youth SCC

Youth/TAY SCC staff received a call from a foster family regarding their foster youth. The SCC staff had previously worked with this youth. SCC staff reached out to the youth who agreed to meet.

The youth reported struggling with connecting to their cultural heritage, suicide ideation, and mental health. The youth also disclosed that they had been involved in Commercially Sexually Exploited Children activity since being placed and decided to disclose this to their foster parents. The youth stated that they felt this heavy burden which made them feel compelled to self-harm.

SCC staff assessed the need and linked the youth to mental health services, CSEC services, and other services to assist the youth in connecting to their heritage. Since working with the youth they have expressed their will to live. The youth stated that they feel more supported by the people in their life and feels that they have a better connection to the community.

◊ **Older Adult:** Administered by Mental Health America of Northern California, this program provides senior peer counseling and support including companionship, emotional support, transportation, phone support, friendship, and resource linkage for lonely, isolated, homebound older adults in Sacramento County. Other types of support include community connection, advocacy, community education and training about mental health issues and volunteer development.

Success: Older Adult SCC
Nora, an Older Adult program volunteer answered the phone and heard a caller say, "I am going to kill myself". The caller communicated to Nora that he felt like he "needed to end it all" due to recently receiving divorce papers. Nora alerted a coworker to contact law enforcement while she kept the caller on the line. The caller stated, "I've been drinking a lot and I don't want to live anymore without my wife". Nora engaged the caller by asking questions about what was happening in his life. Caller stated, "I tried to talk to people but no one wants to speak with me and have asked to be left alone". Nora told the caller that she was willing to listen and offered support group and other resources that may be helpful. He thanked Nora for listening and being there for him.

◊ **African American:** Administered by G.O.A.L.S. for Women, this program provides culturally informed support services across the life span known as Kitchen Table Talk (KTT) small groups; Just Like Sunday Dinners (JLSD), mid-size intergenerational/family-like groups; and Faith Community Roundtables (FCRT) with members of churches and congregations within the African American community.

During FY 2016-17, the program provided 51 individual community contacts, 502 information and referral contacts, and 240 individuals participated in groups.

In addition to working with faith community members in FCRTs, staff also provide church leaders with culturally sensitive African American suicide prevention resources to disseminate in their churches/ communities. Resources are available in both print and electronic download PDF formats. During FY 2016-17, in addition to offering KTTs, JLSDs, and FCRTs, program staff began conducting suicide prevention and awareness community workshops throughout the county. These workshops enable participants to understand risk and protective factors associated with culturally relevant suicide prevention within diverse African American communities.

Success: African-American SCC
While staff were setting up for a Just Like Sunday Dinner (JLSD) discussion/support group, a young Black male told them that he could not understand why the Black community needed a black suicide prevention/mental health program because he believed that Black people were "strong, didn't commit suicide," and didn't have "those types of issues."

Seizing on the moment to apply culturally responsive social exchange in that immediate environment and to set the space for a comfortable dialogue, team members immediately "codeswitched" and engaged the young Black man respectfully in a less formal and authentic manner. The young Black man attended the JLSD and heard others speak candidly about the realities of the Black experience that can put individuals at risk for self-harm behaviors up to and including suicide.

He began to open up and share more and more about his upbringing to the point where he perceived for himself that he guessed he had just become "immune to everything" in his Black experiences from toxic stressors, forms of trauma, and miscommunicated cultural beliefs about "Black people just strong" and are able to deal with any hardship. His attitude changed about Black suicide and he left that day informed and empowered to reach out for support.

The agency administerting this program chose not to renew their SCC contract for FY 2018-19. The Division has conducted a competitive bidding process to select a new provider and will provide progress updates on implementation in the next Annual Update.

◊ **American Indian:** Administered by Sacramento Native American Health Center (SNAHC), this program, known as "Life is Sacred," provides Native culture-based suicide prevention training and support services to American Indian/Alaska Native community members across the life span. The unique program design, which is sensitive to specific community needs, does not lend itself to individual data collection. During FY 2016-17, the program provided two individual community contacts, 132 information and referral contacts, and 718 individuals participated in groups.

Research clearly indicates that for AI/AN community members, culture is a determinant of health and that loss of culture causes harm whereas re-connecting with culture is protective and improves health. The research also indicates that resiliency, generosity and empowerment are fundamental principles within Native cultures. High rates of mental health issues for AI/AN community members are a direct result of historical events and oppression relating to colonialism and loss of culture; therefore, improving well-being requires strategies that counter cultural loss. The incorporation of traditional Native healing practices and ceremony is an integral part of this program. In FY 2018-19, the program continues to offer an array of culturally based workshops such as Gathering of Native American Training/Workshop, Culture is Prevention workshops, Native Family workshop, and Indian Education Self-Esteem workshops. These workshops are designed to strengthen and support community capacity, and reduce the prevalence of mental health challenges and suicide by increasing 1) Cultural Identity/Connectedness, 2) Empowerment, 3) Resilience, and 4) Generosity.

Success: American Indian SCC

"I have been coming to the Culture is Prevention workshop since its first class. Since then, I have learned to become more open in my relationships. I stopped being in a relationship that was domestically violent. It was through the curriculum at Culture is Prevention that I realized I didn't have to live that way. I applied the different skills that I learned in order to improve my life. Today I live free and happy. I'm also in a new relationship with someone who values me. We practice open communication, trust, love, patience, and equality.

I loved making drums and painting them. I was inspired by my daughter's painting, and I dedicated my drum to my children and grandchildren. I also enjoyed making rattles and other cultural items as well as learning the different curriculums throughout the years at the Culture is Prevention workshops.

Thank you to all the instructors for allowing me to grow and become the woman I have become."

– Culture is Prevention participant, Sacramento Native American Health Center

The Native American Training/ Workshop (GONA), a project that is congruent with Native culture and tradition, is a culture based intervention where community members gather to address various mental health topics, identify cultural practices and traditions, and address the effects of historical trauma to promote healing. Since it was developed in 1992, GONA has been recognized as an effective Culture Based intervention to counter culture loss and promote resiliency. The program will continue to provide a variety of suicide prevention and awareness trainings such as Mental Health First Aid, ASIST and SafeTalk to Native community members.

Native based suicide prevention promotional materials that were developed based on community input will continue to be used to promote the program and educate the community.

◊ **Latino/Spanish-Speaking:** Administered by La Familia Counseling Center (LFCC), this program conducts outreach and provides support services across the life span throughout Sacramento County, including Latino communities in remote rural regions that are typically underserved. During FY 2016-17, the program provided 784 individual community contacts, 772 information and referral contacts and 144 individuals participated in groups.

Agency staff has been trained in ASIST and Mental Health First Aid (MHFA) in order to provide information, referrals and phone support to callers in need of suicide prevention support. LFCC provides MHFA and Youth MHFA training in Spanish to the Latino/Spanish speaking community.

Success: Latino-Spanish Speaking SCC

My name is "Maria." I am married and I have three young daughters. My husband has a problem with alcohol and when he drinks too much, he beats me. With this, I was also grieving the loss of my father and my brother; both died last year.

I am very grateful for La Familia Counseling Center (LFCC). Through LFCC, I was able to attend their domestic violence groups and the Mental Health First Aid class. They also got my daughters signed up for children's counseling services.

LFCC's Supporting Community Connections program was also very helpful in helping me to secure part-time employment and a safe home for my girls and me to live.

LFCC continues to provide the following support services: Grupo de Apoyo, support groups for parents and older adults; Parents of Teens, a support group using an evidence-based practice curriculum that has been adapted to improve communication between Latino parents and teens; and education and information sessions/groups on a regular basis at the Mexican Consulate to enhance the community's knowledge of suicide prevention. Additionally, LFCC continues to outreach to their Senior Companion Partnership program by providing home visitation and assistance to isolated Latino seniors.

◊ **Iu-Mien:** Administered by Iu-Mien Community Services (IMCS), this program continues to provide culturally and linguistically responsive intergenerational support groups, outreach and engagement activities and prevention-focused culturally relevant suicide prevention services to the Iu-Mien community across the life span to decrease the likelihood of isolation and depression. The unique program design, which is sensitive to specific community needs, does not lend itself to information and referral contacts. During FY 2016-17, the program provided 58 individual community contacts, 0 information and referral contacts and 3,594 individuals participated in groups.

The IMCS program provides a peer-run adult day program for elderly and disabled Iu-Mien community members twice per week. The program is structured to provide socialization, exchange news each week, recreation/ fieldtrips, and information presentation regarding community concerns and services of local agencies to decrease isolation, loneliness and depression which plague many elderly and disabled Iu-Mien community members.

Additionally, the IMCS program provides a weekly peer-run youth group whose focus is on youth leadership activities, physical recreation, cultural arts, and informational workshop regarding management of stress for improved mental or physical health.

Lastly, the IMCS program provides a weekly intergenerational support group. The group focuses on communication between multi-generational family members through the promotion of oral fluency and literacy in both the Mien language and English language. The overarching goal is to provide better communication within multigenerational families. This will decrease stress, support positive mental and physical health of families, increase understanding, and close the perceived generation gaps.

Success: Iu-Mien SCC

Hi, my name is Ann (name changed to protect identity) and I am 15 years old. I was bullied in middle school by someone who I thought was a friend. It made me really sad and hard for me to focus on schoolwork.

Iu Mien Community Services, SCC Youth Club program, had a workshop about anti-bullying and bullying prevention. We learned about different forms of bullying, (cyberbullying, physical, verbal bullying, etc.) how to stand up to bullying safely and resources that we can use. It was empowering to hear that I am not alone and that I have friends and allies that have gone through the same thing as me.

I learned how to safely stand up to bullying and how to be a better ally to those who are being bullied. I also learned that there are anonymous ways to report bullying. I am happy that I have friends who I can talk to at Youth Club program.

These community based agencies together form the Supporting Community Connections Collaborative which allows for referral exchanges and cross training.

The **Community Support Team (CST)** provides community-based flexible services to community members experiencing mental health distress, which can include assessment, crisis intervention, safety planning, and linkage to ongoing services and supports. The CST is a collaboration between DBHS licensed mental health counselors and Crossroads Vocational Services peer/family specialists, creating one team with a variety of clinical and outreach skills.

Success: Community Support Team

A Community Support Team (CST) Referral came in from Jail Psychiatric Services regarding an individual who requested additional support with getting linked to mental health services upon release. The referral stated, "Patient would like support in individual counseling and family counseling. Patient requested support in anger management resources. Patient currently unemployed. Patient would like support in adjusting to post incarceration and seeking support to help manage anxiety and depressed moods." Upon receipt of the referral, the CST peer Community Support Specialist (CSS) made contact with this individual via telephone.

After explaining the services CST could offer, the individual was highly interested in meeting face to face to receive these resources. The peer CSS coordinated with a CST Senior Mental Health Counselor (SMHC) to assist in linking the individual to mental health services. The CSS and SMHC met with the individual at a public space per individual's request. During the visit, the CSS and SMHC spoke about the possible services the participant could qualify for and what each service provided.

After agreeing to services, the CST SMHC completed a mental health assessment and the CSS provided active listening and feedback when appropriate. The CSS then provided the individual with specific resources associated with anger management, classes on managing anxiety, and possible job opportunities as a peer professional, along with other support groups for mental health to support the individual while awaiting connection to their new mental health provider. The CST also provided information regarding urgent and emergency services such as the Mental Health Urgent Care Clinic and Respite programs.

The CST services resulted in this individual attaining authorization and linkage to a mental health provider where the individual is participating in treatment.

The County mental health counselors and Crossroads peer/family specialists together engage and build bridges between family members, individuals, natural supports systems, and community resources or services. The CST serves Sacramento County children, youth, Transition Age Youth (TAY), adults, and older adults that are experiencing mental health distress, including those at risk for suicide. The CST provides education, resources, and connections to services for individuals and their caregivers, loved-ones and other natural supports. The goal of CST is to provide services in a culturally and linguistically competent manner while promoting recovery, resiliency and well-being resulting in decreased use of crisis services and/or acute care hospitalization services; decreased risk for suicide; increased knowledge of available resources and supports; and increased personal connection and active involvement within the community.

In alignment with the November 7, 2017 Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion, the CST program was expanded with additional staff to provide community-based flexible services to more community members experiencing mental health distress.

Mental Health Navigator Program: administered by TLCS, Inc., provides brief site-based and community-based engagement for those recently involved in crisis services or incarceration as a result of their mental illness. Triage Navigators provide care coordination, advocacy, system navigation and linkage to services for individuals living with serious mental illness who are homeless, at-risk of homelessness, and/or may have a co-occurring substance use disorder. Navigators are sited at participating hospital emergency departments and law enforcement agencies as well as community-based Navigators able to follow-up with individuals where needed throughout Sacramento County. The Triage Navigator Program serves children, youth, Transition Age Youth (TAY), adults, and older adults with the goal of reducing unnecessary hospitalizations and incarcerations, as well as mitigating unnecessary expenditures of law enforcement. The Triage Navigator Program plays a large role in the collaboration of community agencies who deliver crisis mental health services in Sacramento County.

This program was originally funded through the Senate Bill 82: Investment in Mental Health and Wellness Act of 2013/MHSOAC Triage Personnel grant from FY 2014-15 through 2017-18. In alignment with the the November 7, 2017 Board of Supervisors action and MHSA Steering Committee recommendation, this program will be incorporated in to the suicide prevention programming using MHSA PEI funds.

Mobile Crisis Support Teams (MCST): The MCSTs are a collaboration between DBHS and local law enforcement agencies across Sacramento County. 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.

Each MCST is comprised of a Police Officer/ Deputy Sheriff who is trained in Crisis Intervention Training (CIT) to respond to persons experiencing mental health crisis, a DBHS licensed Senior Mental Health Counselor, and a contracted Peer Navigator with TLCS, Inc. The team employs a ride a long model where the DBHS Counselor and a law enforcement Officer/Deputy respond together to emergency calls involving a mental health crises with the goal of mitigating the crisis in the community and linking individuals to resources and services. The Peer Navigator follows up for individuals with potential mental health needs to ensure they are offered support in navigating care systems and successfully link to appropriate services.

The November 7, 2017 Board of Supervisors action and MHSA Steering Committee recommendation identified the expansion of the MCST program. In FY 2017/18, the MCST Program expanded from four teams covering five areas to six teams covering seven areas. These areas are inclusive of the North and South areas of unincorporated Sacramento County, as well as in the cities of Sacramento, Citrus Heights, Folsom, Elk Grove, and Rancho Cordova. To serve these areas, DBHS has partnerships with the Sacramento Sheriff Department-North Division, Sacramento Sheriff Department-Central Division, Sacramento Police Department, Citrus Heights Police Department, Folsom Police Department, and Elk Grove Police Department.

Success: Mobile Crisis Support Teams (MCST)

The MCST Officer and Counselor responded to a call for service for an adult individual living at a room and board who sent a suicidal text message to his mother.

When the MCST arrived on scene, the individual was in the passenger seat of his mother's car breathing heavily, crying, and rocking back and forth. The MCST counselor was able to engage the individual using active listening and validation while also providing crisis mental health intervention services. The individual was eventually able to engage in deep breathing and identify other coping skills to manage his anxiety in the moment. He was then able to regulate enough to effectively communicate to the MCST regarding his current stressors and begin participating in safety planning and follow-up service planning.

Through the planning process, he was able to identify support systems, triggers, coping skills, as well as his current service provider. The MCST Counselor contacted their service provider to coordinate care and develop a follow-up support plan that included the individual, his mother, and the provider. As a result, this individual was able to stay in the community with increased support from the family and provider.

Mental Health Respite Programs: The following six programs were added to the Suicide Prevention Project in FY 2015-16. They originated as mental health respite programs funded through the time-limited MHSA Innovation Project 1: Respite Partnership Collaborative. With support from the MHSA Steering Committee, these programs transitioned to sustainable PEI funding during FY 2015-16.

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.

The **Caregiver Crisis Intervention Respite Program**, 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 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.

Success: Caregiver Crisis Intervention Respite Program
A 79 year-old client is the primary caregiver for her husband who, following a stroke, is frail and has dementia. The caregiver reported feeling depressed and overwhelmed by the amount of care her husband required. His condition declined and eventually Del Oro connected her with hospice for additional support. The caregiver shared she has never "really asked for help but was tired and desperate."

The caregiver shared she has been "praying" and believes "God has answered" her prayers by her Family Consultant offering respite care services at no cost to her. She reports feeling less overwhelmed and that she has more time to manage her own health concerns now that respite is in place.

Homeless Teens and Transition Age Youth (TAY) Respite Program, administered by Wind Youth Services, provides mental health crisis respite care via a drop in center or with a pre-planned visit to help youth age 13-25 years old experiencing overwhelming stress due to life circumstance and homelessness. Services include screening, planning, crisis intervention, life skills workshops, health screenings, groups, crisis counseling and case management.

Program outcomes include reducing risk factors, increasing crisis services, increasing knowledge of supports and resources, and diverting from restrictive environments.

Success: Homeless Teens and TAY Respite Program
"Beka" has been coming to the Wind Drop-in Center and utilizing Homeless Teens and TAY Respite services. Her family had been having trouble maintaining stable housing, as her father is on a fixed income of SSI. By utilizing the Wind Respite services, she avoided crisis and was diverted from more restrictive environments.

With support and coordination from the Wind Respite staff, she was linked to emergency shelter housing and entered a youth leadership program. Since then, she has attended the Wind Respite's life skills workshops on dress and grooming, job interviewing, and making the most out of opportunities. She's very excited to share with her peers back at Wind Respite "you have to do something. Life isn't going to just happen for you. You have to participate." Her stay and participation in Wind Respite led to big things; she submitted her application to a youth leadership conference, and recently she started a Certified Nursing Assistant program which will lead to employment. With Wind Respite's support and coordination, she also moved into transitional housing, with the goal to a more permanent living situation in the next year. Beka says she feels like everything is looking up for her now.

The Ripple Effect Respite Program, administered by A Church For All, provides planned mental health respite care 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 offers a daily support group. Program services are designed to prevent acute mental health crisis from occurring and to help participants overcome suicide risk factors.

Success: Ripple Effect Respite Program
"I have been participating in Ripple Effect Respite program for seven months. I am physically disabled and have mental health challenges. My mental health issues/symptoms make it difficult at times for me to handle everyday problems.

The Ripple Effect has been helpful by teaching me coping strategies and skills for stress management. It is also reassuring to know that if I become really overwhelmed, a kind staff member is a phone call away. The Ripple Effect provides a safe, calm environment which helps me to regulate my emotions, so that I can think more clearly. The Ripple Effect is helping me to achieve one of my long term goals, which is to obtain a part time job.

I am very grateful for the program. My family members have noticed a profound change in my mental health since I have been in the program. It helped save my life."

Danelle's Place Respite Program, administered by Gender Health Center (GHC), provides mental health respite care, via a drop in center, to unserved and underserved adults ages 18 and over who identify as lesbian, gay, bisexual, transgender, queer, questioning and/or allied. There is an emphasis on serving transgender individuals who are experiencing overwhelming stress due to life circumstances, with the goal of preventing acute mental health crisis. Services shall include: assessment, supportive activities, individual and group chat, narrative authoring activities, therapeutic art activities, peer counseling, other crisis prevention services, and community outreach activities.

Success: Danelle's Place Respite Program
"Zander" first reached out to Danelle's Place Respite at Gender Health Center for help in the fall of 2018. Zander was experiencing depression and isolation, had gotten behind on rent and was at risk for homelessness. Zander had just come out as transgender and was looking for support and services. His Medi-Cal and Social Security benefits had been cut off.

He needed a place to rest, relax, and stabilize his life so he could do the hard work to regain access to benefits and hopefully keep his apartment. Danelle's Place Respite provided a place for Zander to get away from his life stresses and get support for his gender identity issues. Respite also provided a valuable internal referral to Gender Health Center's Peer Advocacy services, where a Case Manager helped Zander regain access to benefits and ensure him the income he needed in order to keep from losing his housing.

Q Spot Youth/Transition Age Youth (TAY) Respite Program, administered by Sacramento LGBT Community Center, 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 addition, support groups are provided with a range of topics including but not limited to: anti-bullying, coming out, health relationships, and life skills development.

Success: Q Spot Youth/TAY Respite Program
"The Q-Spot's Friday group has saved me. I recently moved to Sacramento and was feeling alone, and with no community support my mental health was getting worse. I found out about the group online and have been going for a few weeks. I have had a chance to make new friends and their staff were very supportive. I will be attending my first community event that the Q-Spot is hosting in a few weeks and I am really excited.

I am thankful for their services and have really allowed me to find other young people to connect with. I look forward to continue attending the Friday group and future events."

Lambda Lounge Adult Mental Health Respite Program, administered by Sacramento LGBT Community Center, 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.

Success: Lambda Lounge Adult Mental Health Respite Program
"I would like to thank the Lambda Lounge for their support and services. I am a Lesbian Indian person coming from a hostile environment where I was brutally violated. I escaped my country and was seeking asylum. I walked into the center to be helped and was greeted by open arms by their staff. They helped me overcome my past trauma by listening to me, working with me on a weekly basis and providing mental health resources. I was given support groups to attend, information about local events in the LGBTQ community, and a caring environment. I am thankful for the cultural competence that I was given by staff who allowed me to express myself."

Through this collection of programming, Sacramento County is creating a system of suicide prevention and educating the community on suicide-risk and prevention strategies.

Strengthening Families Project
Capacity: 3,000 annually (not including the Bullying Prevention and Education Program)
Ages Served: Children, TAY, Adults, Older Adults

The Strengthening Families Program has expanded and now consists of several components.

The **Quality Child Care Collaborative (QCCC**) is a collaboration between DBHS, Child Action, Sacramento County Office of Education (SCOE), and the Warm Line Family Resource Center. The collaborative leverages First 5 funding to provide behavioral health consultations to preschools and early childcare learning environments for children ages birth to five. Consultations are designed to increase teacher awareness about the meaning of behavior and to provide strategies to ensure the success of the child while in a childcare and/or preschool setting. Support and education is also available for parents.

Success: Quality Child Care Collaborative (QCCC)
Noah is a 4 year old child who was exhibiting challenging behaviors at his preschool, including hitting and kicking other children. Noah had difficulty regulating his emotions and expressing his feelings in words. The Quality Child Care Collaborative Consultant was assigned to this referral and completed 11 on-site observations and visits at Noah's school.

The consultant spoke to Noah's mother via phone twice to discuss Noah's behaviors at home and at school and to complete the Ages and Stages Questionnaire. After talking to Noah's mother and teachers, the consultant referred Noah to the Sacramento County Access Team where he was linked to a clinician and a behavioral specialist at a Mental Health Plan outpatient provider. The consultant provided Noah's teachers with strategies to use in the classroom to decrease challenging behaviors and increase pro-social behaviors.

Noah's behaviors have improved in the classroom and at home and Noah's behavioral specialist is working with him weekly in his classroom.

HEARTS for Kids was a collaboration between DBHS, Child Protective Services (CPS), and Public Health. This collaborative leveraged First 5 funding to provide a comprehensive menu of services (health exams, mental health assessments, referrals and treatment services) for children ages birth to five (5) that came to the attention of CPS or were placed into protective custody. DBHS Early Interventionist services included assessing the developmental, social, and emotional needs of the child. Clinicians provided culturally responsive in-home services to foster parents, relative caretakers or biological parents.

Success: HEARTS for Kids
Joe is a two year-old toddler who lost two foster placements due to excessive tantrums and insecure attachment. The HEARTS for Kids clinician was referred as the child was placed with his third family. The foster parent expressed concerns related to difficulties around transitions such as bedtime and drop off at daycare. The Clinician completed a social-emotional screener, provided the family with initial interventions including establishing predictable routines, giving multiple prompts to prepare the child for upcoming transitions, and provided a transitional object from home to ease his transition to daycare. The clinician also provided the family with education on how trauma and multiple attachment disruptions impact infant functioning. The HEARTS for Kids clinician connected the family with Parent-Child CARE (PC-CARE) to stabilize the placement as well as the Sacramento County Office of Education Infant Development Program to assist with speech development. Upon program completion, the family reported significant progress and expressed interest in ongoing services. The clinician submitted a referral requesting in-home services to continue addressing the mental health concerns of this young child. With the child's progress and supportive interventions available, the family expressed their long term commitment to the child and were willing to pursue adoption if a permanent home was needed.

As discussed in the Three-Year Plan and at the June 21, 2018, MHSA Steering Committee meeting, due to the loss of First 5 funding, this program was redesigned with an ongoing commitment to continued collaboration to meet the mental health needs of children of all ages within the child welfare system. DBHS in partnership with CPS has redesigned this collaborative program that is now known as the "**CPS Mental Health Team."** This program aligns with the implementation of Continuum of Care Reform (CCR) and the requirement that a Child and Family Team (CFT) is provided to all children entering the Child Welfare system. The program's DBHS clinicians will complete the Child and Adolescent Needs and Strengths (CANS) assessment and provide mental health consultation informing the CFT meeting process and CPS social worker case planning for children and youth ages birth through 20. The CANS represents a shared vision of the child and family in collaboration with the CFT. Clinicians will participate in the CFT to identify supports, mental health and other services needed to achieve permanency, enable the child to live in the least restrictive family setting, and promote normal childhood experiences. The redesigned program started in early FY 2018-19. More information about program implementation will be included in future updates.

The **Bullying Prevention Education and Training Program** is administered by the Sacramento County Office of Education (SCOE) and is available to all 13 Sacramento County school districts. SCOE uses a train-the-trainer model and evidence-base curricula to train school staff who then educates other school staff, students, and parents/caretakers on anti-bullying strategies. The program is implemented primarily at elementary school demonstrations sites; however, it is intended to expand services to other grades by leveraging school district resources. The long-term goal of the program is to change school climates across all 13 school districts.

In FY 2016-17, 101 schools participated in the Bullying Prevention Program with 1,158 school personnel trained, 8,114 parents/ caregivers trained, and 79,950 students received bullying prevention education.

The program goals are to reduce youth at risk of violence and traumatic events and to increase school related successes. The measurable program objectives are to increase awareness of the negative effects of bullying, learn techniques to intervene early, collaboration, increase school attendance, develop best practices and policies for school staff, and to improve student perception of school safety, and reduce the incidences of bullying.

Success: Bullying Prevention Education and Training Program

Elk Grove Unified School District:

We facilitated bullying prevention workshops by high school students in Sheldon High School's Students Helping Students program at their feeder elementary schools. It was so powerful to have bullying prevention come from teenage students to our 5th grade students.

Folsom Cordova Unified School District:

Classroom Circles, a restorative practice, is being conducted in all classrooms. Classroom Circles help students thrive and helps them feel a sense of connectedness to their classroom and school. By creating a community where children feel supported, safe, included, and known, students are able to take risks and jump into the learning at hand. They are also learning to have empathy for one another and hear each other's stories and understand one another. This will hopefully help students develop kindness, caring, and understanding for others and reduce bullying behaviors.

River Delta Unified School District:

"Second Step", a social-emotional learning component, has been implemented by the school counselor in all D.H. White Elementary classrooms. There have been many positive changes from the program. We reduced our school suspensions by 71.6% this year, and we feel this is largely due to a solid Second Step program.

Early Violence Intervention Begins with Education (eVIBE), administered by the Sacramento Children's Home, uses universal and selective evidence-based prevention approaches, "Stop and Think", "Too Good For Violence", and "Nurturing Parenting" to improve social skills, increase protective factors, prevent youth violence, and reduce or eliminate family conflict for children and youth ages six (6) to eighteen (18) and their family members/caregivers.

In FY 2016-17 the eVIBE program served 2,030 students and family members/ caregivers. eVIBE facilitated "The Stop and Think" social skills program to 813 students, the "Too Good For Violence" program to 1,044 students, and the "Nurturing Parenting Program" to 173 family members/caregivers and children combined. These curricula were taught in fifteen schools across eight school districts, as well as five community sites and one affordable housing complex.

The program goals are to reduce youth at risk of violence and improve overall youth success in school and home-life. Measurable program objectives are to increase individual and family problem-solving behavior and reduce defiant and aggressive behavior that may lead to mental health issues.

Success: Early Violence Intervention Begins with Education

eVIBE partnered with the Sheriffs Community Impact Program known as S.H.O.C.K., which is designed to combat negative influences facing today's youth. One of the Too Good for Violence lessons, titled "You've Been Played: A Look at Underage Drinking", focuses on media manipulation and its effects on a teenager's brain. A student shared, "it is acceptable to drink in my culture and environment" and he believed teenage girls should not drink. Another student agreed. Another student believed that girls put themselves in dangerous situations. This discussion created an opportunity to discuss underage drinking and consent. The eVIBE trainer engaged the students in discussion about consequences of drinking: while a teenager is intoxicated they often make impulsive and unclear decisions which will have negative consequences. The trainer further engaged students in discussion about the consequences of violence and sexual assault. After discussion, students had more insight on the impact of alcohol and decision making. This powerful lesson helped students understand some of the legal, scientific and behavioral effects of underage drinking.

Adoptive Families Respite Program, administered by Capital Adoptive Families Alliance, is another program that originated as one of the mental health respite programs funded through the time-limited MHSA Innovation Project #1: Respite Partnership Collaborative. With support from the MHSA Steering Committee, this program transitioned to sustainable PEI funding during FY 2015-16. While families take great joy in providing care for their loved ones, the physical and emotional consequences for the family caregiver can be overwhelming without some support, such as respite. Respite provides a break for the whole family, which research shows, is beneficial for everyone involved. This respite program provides temporary relief for adoptive families that are caring for children with complex mental health issues. Eligible families must live in or have adopted from Sacramento County. The respite model includes planned respite during drop off events, summer camp and recreational activities.

Success: Adoptive Families Respite Program

"My family is beyond grateful for the respite services provided by Capital Adoptive Families Alliance. The respite events help my family by providing my kids a safe environment to interact with other local adopted kids. As parents we benefit because there is a reduction in our stress levels, resulting in our improved well-being. We are able to enjoy some much needed one-on-one time due to having a break from managing challenging behaviors.

Adoption has brought so much love into our home, but we also have a need for a break and CAFA's respite events do just that. Thank you for providing such an invaluable service to our family."

– Adoptive Family

Foster Families Urgent Response System (FFURS): This program evolved from the November 7, 2017 Board of Supervisors action and community planning process for the new MHSA PEI program for mental health services for foster youth experiencing serious emotional disturbances and their foster families, detailed in the MHSA FY 2017-18, 2018-19, 2019-20 Three Year Plan. FFURS is a 24 hours per day, 7 days per week, 365 day per year call center that provides immediate phone response, mobile in-person/face-to-face crisis intervention, triage services, mediation, follow-up support, and information and referral services available to current and former foster youth and their foster parents/caregivers who are experiencing crisis, or emotional or behavioral distress that, without immediate support, risks disruption to the current living situation. FFURS services also include peer mentoring, youth and family engagement, support and advocacy, temporary relief for youth and/or foster parents/caregivers. Opportunities are provided for youth to participate in normative, developmentally appropriate activities. The program will also provide outreach and information via a dedicated website, text, video conferencing and popular social media and apps to be popular and relevant to affected youth.

FFURS program will be administered by Sacramento Children's Home. Program is expected to open in FY 2018-19. More information about program implemention will be included in future updates.

Safe Zone Squad (SZS): In August 2018, the MHSA Steering Committee supported dedicating PEI funding to this program which is partially funded through a MHSOAC grant.

SZS is comprised of a two-person team on each campus that includes a Youth Advocate and a Safe Zone Coach (mental health counselor). SZS program will provide mental health crisis and triage services to students, ages 11 to 14, at three identified middle school campuses (Martin Luther King Jr. Technology Academy, Albert Einstein Middle School, and Sam Brannan Middle School). Mental health support services include but are not limited to crisis intervention services, listening circles, skills development, psychoeducation, stress/crisis management, parent/caregiver trainings, restorative mediation and mental health screening to identify appropriate levels of support from the SZS and provide linkage to a mental health provider or other resources within the community. Program outcomes include enhancing school success, reducing stigma, improving relationships, and reducing hospitalizations.

This program will be administered by Sacramento County Office of Education and will start services mid FY 2018-19. More information about program implementation will be included in future updates.

Integrated Health and Wellness Project
Capacity: 420 annually
Ages Served: Children, TAY, Adults, Older Adults

The Integrated Health and Wellness Program consists of three components:

SacEDAPT (Early Diagnosis and Preventative Treatment), administered by UC Davis, Department of Psychiatry, focuses on early onset of psychosis and serves individuals age twelve (12) to thirty (30). The program is a nationally recognized treatment model utilizing an inter-disciplinary team of physicians, clinicians, support staff, consumers and family advocates to provide assessment, early identification and treatment of the onset of psychosis. The program provides culturally and linguistically responsive psychiatric support, case management, peer support, and access to treatment including transportation. The program also engages in outreach services throughout Sacramento County with a particular focus on underserved populations. This program has informed statewide work related to assessing the impact of early psychosis programs.

Success: SacEDAPT
An 18-year-old self-identified Hispanic cisgender male was referred to SacEDAPT after being hospitalized for a manic episode with psychotic features. He participated in individual therapy and medication management consistently and was ready to graduate high school and transition to a lower level of care when he witnessed violence in his classroom. Though this caused him to develop new symptoms, he was able to complete school and graduate. He has shared that working closely with the SacEDAPT peer case manager, supported education specialist, and his clinician in both Spanish and English for individual and family services has helped him feel excited again to attend college and become a music composer one day.

SeniorLink, administered by El Hogar, provides community integration support for adults aged 55 and older who are demonstrating early signs of isolation, anxiety and/or depression. Para-professional Advocates outreach to individuals in their homes or other community-based settings based on the participant needs. Program services include home visits; collaboration with and linkage to health care providers, socialization opportunities, transportation, service coordination, advocacy, information and referral, skill-building groups and liaison to community services.

Success: SeniorLink Program
A women, age 69, was experiencing depression, isolation and grief regarding her daughter's death by a drunk driving accident over 20 years ago. She resides in a senior apartment complex where she previously kept to herself.

Through involvement with SeniorLink, the Behavioral Health Advocate connected her to counseling, grief support group and Peer to Peer support group for weekly activities. She was finally able to address her grief issues, reconnect with her family and make new friends. Participant expressed to SeniorLink Behavioral Health Advocate; "I used to isolate myself from everyone and did not want to share my life experiences. I am feeling better every day and now able to visit my daughter's grave site to leave flowers. I can deal with my emotions and no longer feel guilty about the passing of my daughter. Thanks to SeniorLink, I cannot stop smiling and have an active lifestyle now."

Trauma Informed Wellness Program for the African American Community: This new program evolved from a Cultural Competence Committee (CCC) Ad Hoc Workgroup that gathered feedback from the African American community for prevention services for their community. The recommendation for a new prevention program to address mental health and

wellness needs of African American community members who have experienced or have been exposed to trauma was adopted by the CCC on December 19, 2018 and the MHSA Steering Committee on January 17, 2019. It is anticipated that this new programming will be implemented in FY 2019-20.

Mental Health Promotion Project
Capacity: 500,000 (estimated community members touched by project)
Ages Served: Children, TAY, Adults, Older Adults

The Mental Health Promotion Project, "Mental Illness: It's not always what you think", is designed to increase community awareness about mental health issues and reduce stigma and discrimination toward individuals and families living with mental illness. The project has multiple components as described below.

Since June 2011, DBHS has worked in partnership with Edelman, a communication marketing agency, and the Division of Public Health, to implement its county-wide mental health promotion, and stigma and discrimination reduction project to promote messages of wellness, hope and recovery, dispelling the myths and stereotypes surrounding mental illness. This project aims to fundamentally alter negative attitudes and perceptions about mental illness and emotional disturbances. The "Mental Illness: It's not always what you think" project underscores that mental illness can affect almost anyone, and also promotes community resources and support available throughout the County to foster hope and recovery.

The project's FY 2016-17 activities spanned from July 1, 2016 – June 30, 2017. The team planned and executed the Living Well Expo 2017, a free event to raise awareness around mental health in the Sacramento community and to acknowledge over five years of work. The project team collaborated with a multi-cultural creative agency to conduct two phases of research, including focus groups and a literature review, both of which will be used to help inform a broader message and creative refresh. This refresh will help ensure the project reaches its target audiences and overarching goals in a more meaningful way moving forward.

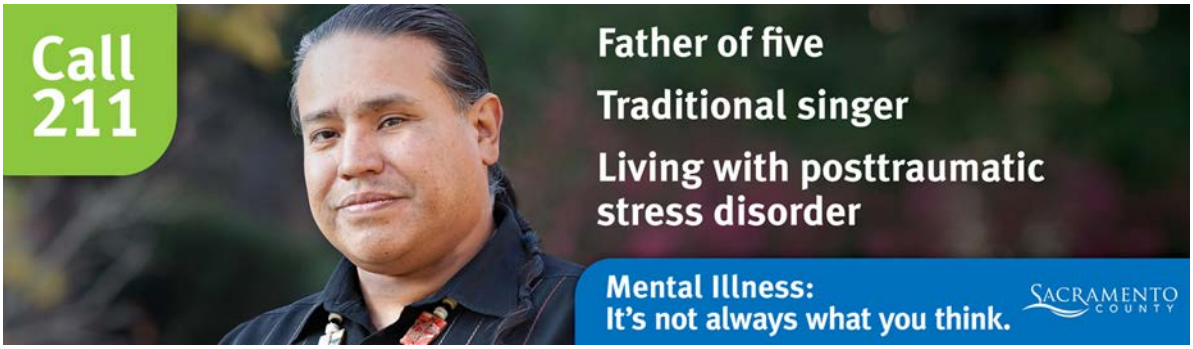
DBHS has continued to fund the anti-stigma promotion project year after year, leading to the successful conclusion of six years' work to change minds, attitudes and outcomes for those living with a mental illness.

(1) Multi-media outreach: To reach the project's 11 target audiences, and as many Sacramento County residents as possible, FY 2016-17 activities included the development and implementation of a strong advertising campaign across multiple mediums. Advertising placements, including TV, radio, online and outdoor advertising, were scheduled for January through June 2017 and garnered 52,919,453 impressions. The following advertising categories reflect efforts during FY 2016-17.

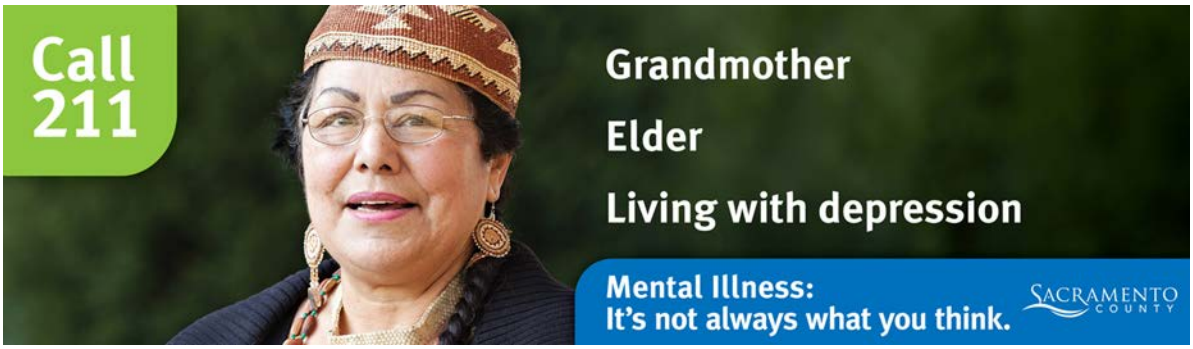
<u>Outdoor Ads:</u>
Outdoor advertising ran from January through June 2017. Advertising included eco-posters, digital billboards, bus tails and bus interior cards. In total, these paid placements garnered an estimated 38,597,679 impressions.


TOWER
LIQUOR

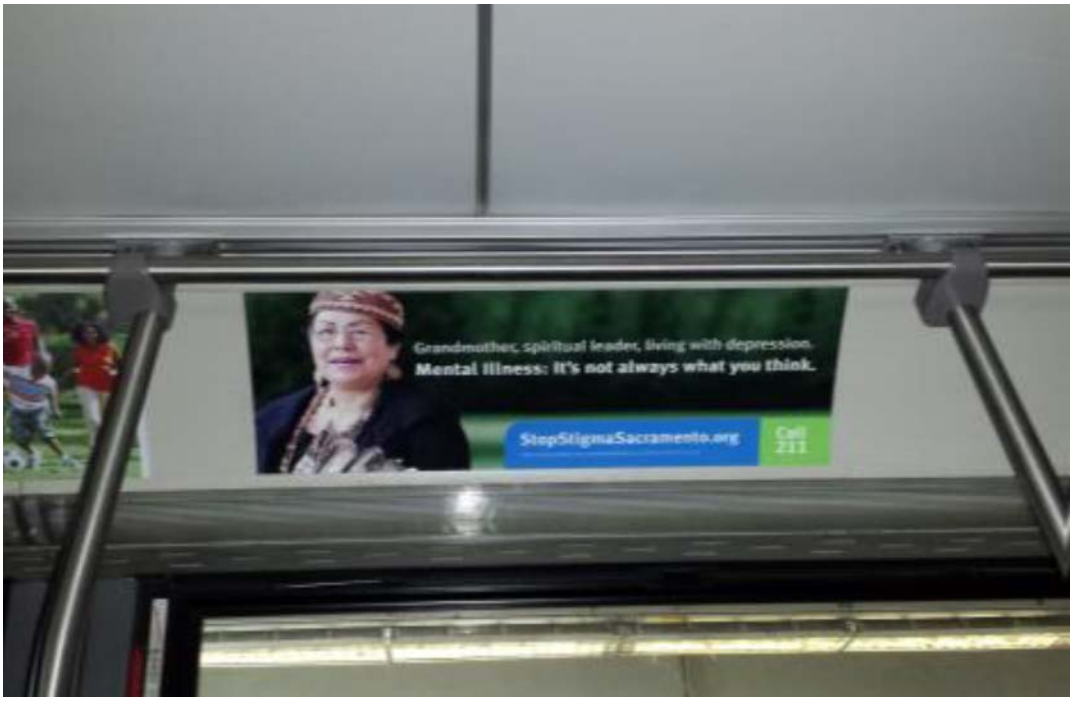

CLEAR CHANNEL
Father of five
Traditional singer
Living with posttraumatic stress disorder
Call 211
StopStigmaSacramento.org
Mental Illness:
It's not always what you think.
004007


Call 211
Father of five
Traditional singer
Living with posttraumatic stress disorder
Mental Illness:
It's not always what you think.
SACRAMENTO COUNTY


Call 211
Son
Volunteer
Living with depression
Mental Illness:
It's not always what you think.
SACRAMENTO COUNTY


Call 211
Grandmother
Elder
Living with depression
Mental Illness:
It's not always what you think.
SACRAMENTO COUNTY


2878
51
1307033
Father of three, church pastor, living with depression.
Mental Illness: It's not always what you think.
StopStigmaSacramento.org
Call 211



TV Ads:
Television advertisements supporting the campaign messages and branding ran from January through June 2017. These advertisements, which are available to view here, ran on various stations throughout Sacramento County.
Broadcast TV: Univision
Crossings TV: In-language broadcasts in Russian, Chinese, Hmong and Vietnamese

Through the advertising buy, the project paid for 56 spots and received an additional 215 extra spots as added value, which means they aired at no cost to the County. Overall, these 56 spots provided 695,575 impressions, 290,581 of which were added value (aired at no cost).

Radio Ads:
Radio advertisements supporting the campaign messages and branding ran at various times on numerous stations from March through June 2017.

In FY 2016-17, the project team recorded a new 30-second English radio public services announcement (PSA), which featured the Stop Stigma Sacramento Speakers Bureau members as everyday people, spreading messages of hope, wellness and recovery to encourage those interested to learn more by visiting the project website. To listen to the advertisements, please visit the microsite here.

Overall, 1,995 radio advertisements ran, 85 of which were added value (aired at no cost). These placements, which were featured on 14 general/Hispanic and in-language radio stations, including KRXQ, KUDL, KHYL, KSFM, KZZO, KSEG, KFBK, KYMX, KCCL, KDEE (African American), KRCX (Hispanic), KXSE (Hispanic), KFSG (Vietnamese, Russian) and KJAY

(Hmong). Media outlets designed for African American audiences, as well as in-language Spanish, Vietnamese, Russian and Hmong outlets, garnered 7,645,218 impressions.

Print Ads:

Print advertising ran in six local publications, including *Russian Observer, Thang Mo, Sacramento Observer, Word & Deed, Outword Magazine* and *d'Promeramano*. Overall, 36 print ads ran in these publications. During May is Mental Health Month, *Thang Mo* and *Lang Magazine* placed the Living Well Expo event flyer in their May publications which encouraged their readers to attend.

APRIL 27 - MAY 3, 2017 The Observer Newspapers PAGE A-7

County Project Continues To Reduce Stigma About Mental Illness

anniversary of Sacramento County's "Stigma Free" project, which aims to reduce the stigma and discrimination promote health and wellness, and inspire hope for people and families living with mental illness.

In honor of Mental Health Month this May, Sacramento County invites the public to attend a free Living Well Expo, an event promoting health, mental wellness and recovery, on Saturday, May 13, at the Maple Neighborhood Center (3301 37th Ave., Sacramento) from 10 a.m. – 2 p.m. Attendees of all ages can enjoy free health screenings, fitness and educational sessions, art demonstrations, performances and more.

"There are also several other ways to help reduce stigma and get involved during Mental Health Month:

● show support for those living with mental illness and lodge to reduce stigma by ign ing the digital Wall of Hope at www.stopstigmasacramento.co rg/wallofhope.

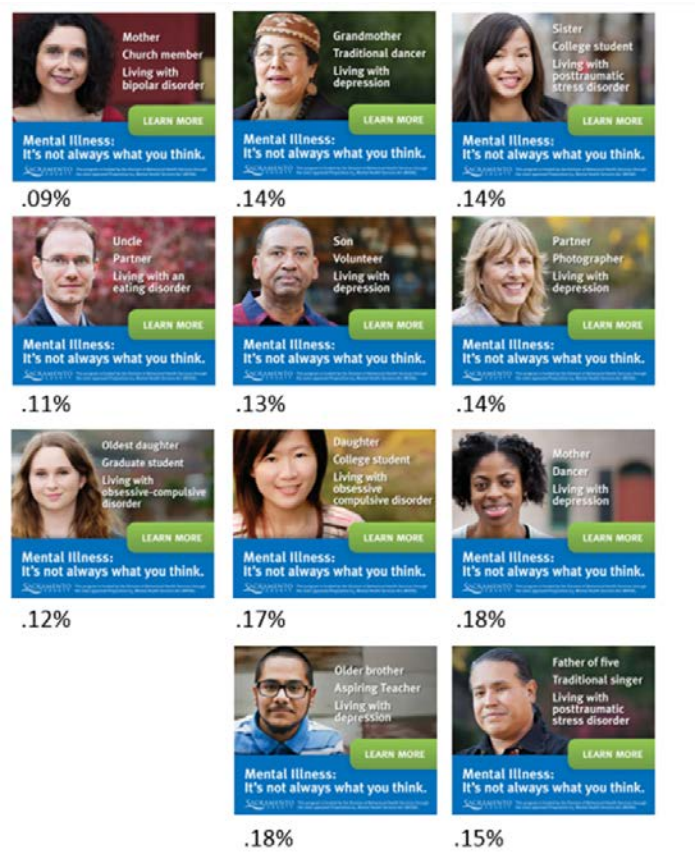
● share personal stories of hope and recovery to help stop stigma and discrimina tion toward people and fam lies living with mental illness.

● invite one of the coun gelling speakers of the stop stigma Sacramento Speakers Bureau to share their personal stories of hope and inspira tion at an upcoming event or consider becoming a speaker yourself.

For more information on the "Mental Illness: it's not always what you think" pro ject, please visit www.stopstigmasacramento.org. This program is funded by Sacramento County Behavioral Health Services, through the voter approved Proposition 63, Mental Health Services Act (MHSA).

Online and Mobile Ads:

Through the purchase of radio advertisements, radio stations included in the media buy provided an added value on banner advertisements on their websites. Additionally, mobile advertising was implemented, providing 5,126,413 impressions.



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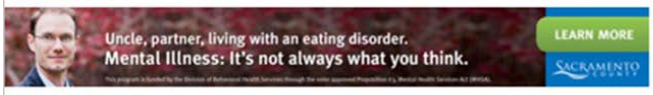

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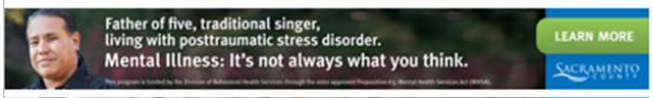

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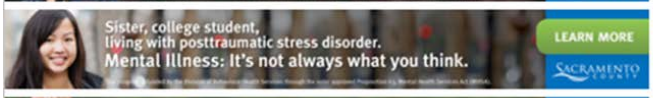

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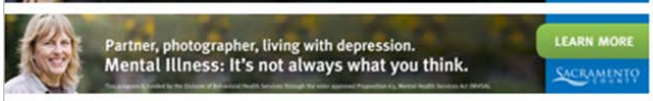

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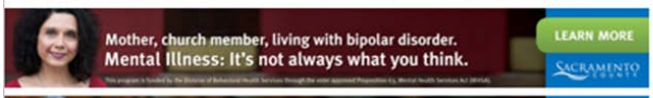

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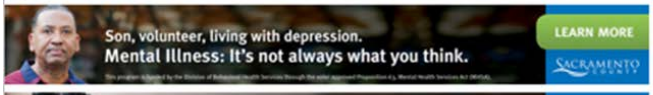

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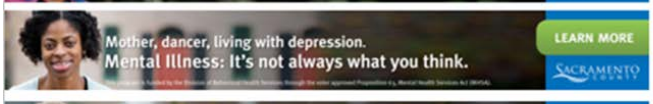

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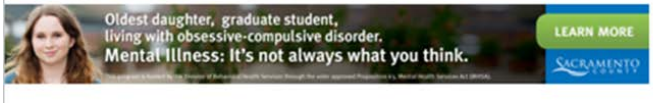

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Earned Media:

With the assistance of two multicultural media specialists and Edelman's regional media experts, the team conducted outreach to Sacramento County media to promote key project activities. The list below represents the 36 placements and impressions secured in FY 2016-17. The majority of media outreach took place around Mental Health Month (May), with additional milestones surrounding the Journey of Hope event (August), Mental Illness Awareness Week (October) and the holiday season (November – December). The project was included in targeted local and national news publications, such as NPR, ABC10, CBS 13 and KFBK, in addition to ethnic publications like the Sacramento Observer, Thang Mo, Russian American Media, garnering more than 10,944,118 total impressions.

Project Media Highlights

Date	Title	Outlet	Impressions
Radio			
5/13/2017	Live Remote: Living Well Expo 2017 Feature	Now 100.5	548,200
5/4/2017	MIAW feature- Interview with Xiomara Seide	Latino Radio 97.9	-
5/11/2017	Sacramento Observes Mental Health Month With Living Well Expo To Soften Stigma	Capital Public Radio	300,000
4/27/2017	MIAW feature- Interview with Patrick Ma	Radio TNT	
2/27/2017	National Eating Disorders Awareness Week	KFBK-AM	450,900
11/1/2016	UC Davis Student Shares Research And Experiences On The Neuroscience Of Eating Disorders	Capital Public Radio	300,000
10/5/2016	Mental Health with Patrick Ma	Radio TNT	
10/3/2016	Mental Illness Awareness Week Ft. Crystal Rowland	KFBK-AM	450,900
8/5/2016	Journey of Hope (features interview w/Julie Leung)	KFBK-AM	450,900
8/6/2016	Journey of Hope (features interviews w/Diane Mintz and Julie Leung)	KFBK-AM	450,900
8/7/2016	Journey of Hope (features interview w/Julie Leung)	KFBK-AM	450,900
8/8/2016	Journey of Hope (teaser)	KFBK-AM	450,900
8/9/2016	Journey of Hope (features interviews w/Diane Mintz and Julie Leung)	KFBK-AM	450,900
8/6/2016	Illustrated Stories Of Mental Illness In New Art Exhibit	Capital Public Radio	300,000
7/29/2016	Mental Health with Sam Le	Radio TNT	-
7/5/2016	Mental Health with Dr. Aguilar-Gaxiola	VIVE 92.1	-

Online/Print			
5/11/2017	Sacramento Observes Mental Health Month With Living Well Expo To Soften Stigma	Capital Public Radio	148,353
4/4/2017	MIAW feature- Lynn Keune Interview	Univision	-
1/20/2017	All this rain and cold bringing you down? Here's how to beat the stormy weather blues	The Sacramento Bee	4,766,230
11/1/2016	UC Davis Student Shares Research And Experiences On The Neuroscience Of Eating Disorders	Capital Public Radio	148,353
10/7/2016	MIAW feature	Thang Mo	
10/7/2016	MIAW feature	Lang Magazine	
10/7/2016	MIAW feature	Russian American Media	
10/5/2016	¿Cómo detectar y atender una enfermedad mental?	Univision	
8/10/2016	Artworks capture the struggle to overcome mental illness	The Sacramento Bee	3,074,671
8/6/2016	Illustrated Stories Of Mental Illness In New Art Exhibit	Capital Public Radio	300,000
7/22/2016	Firms can ease the path for workers with mental illness	Sacramento Business Journal	54,214
7/22/2016	It's not always what you think	Elk Grove Citizen	23,497
TV Broadcast			
5/13/2017	Mental Health Fair	Good Day Sacramento	42,628
5/10/17	Mental Health Awareness; reducing the stigma	ABC 10	5,056
10/5/2016	¿Cómo detectar y atender una enfermedad mental?	Univision	-
10/5/2016	Youth Mental Health Day	KCRA	1,053,479
8/6/2016	Journey of Hope segment (Interview with Laura Bemis)	Fox 40	17,597
8/6/2016	Journey of Hope Preview	ABC 10	5,056
Total Impressions between 7/1/16-6/30/17:			**10,944,118**

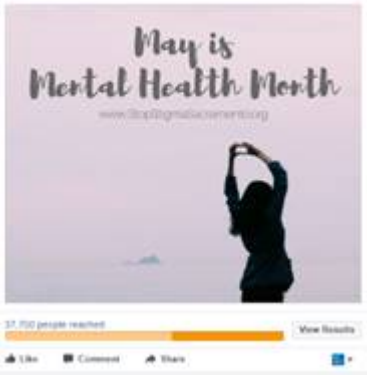
*Impression values are based on data from Quantcast and CisionPoint.

(2) Social Media and Microsite: To support the project's stakeholder and media outreach efforts and engage with key audiences, the team regularly updated the www.StopStigmaSacramento.org microsite, as well as Facebook and Twitter pages. The team highlights project news, events and messages of hope, as well as stakeholder events on its social channels.

Facebook:

In FY 2016-17, the page totaled 8,095 likes, up from 6,824 likes from last fiscal year:

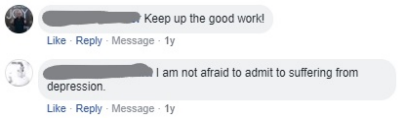
- 81 percent of people who like the page are women, while 18 percent are men
- One of the project's highest performing posts, which was during Mental Health Month (May), received more than 8,400 post engagements, including 793 reactions, 11 comments and 513 shares



Twitter:

In FY 2016-17:

- The page had 611 followers, up from 482 followers last year. Seventy-three percent of people who like the page were women, while 27 percent were men
- The page was following 223 other pages
- The page had posted 1,046 tweets



Microsite

The project microsite, www.StopStigmaSacramento.org, is a project resource and information hub. The project's virtual Wall of Hope page garnered 11 positive messages of hope and recovery from visitors, resulting in 62 total messages of support in FY 2016-17.

Engagement

As of June 30, 2017, 379 people have submitted their email addresses through the site to receive project updates, up from 322 people in total last year. There were 16,702 unique visitors, up from 16,645 last fiscal year.

(3) Stakeholder Engagement: To engage relevant community organizations and services in the project, activities included distributing collateral materials, conducting media interviews, participating at project-sponsored or community events, sharing success stories, providing photography, promoting the project through digital and social media or joining the speaker's bureau. Through June 2017, the project received stakeholder engagement forms, which confirm an organization's willingness to participate in the project, from 112 organizations. To view a list of partner organizations, please visit the StopStigmaSacramento.org microsite here.

To help ensure that stakeholders have a chance to participate and provide as much feedback as possible; the project team has sent the following requests for input to the database:

- Request for personal stories
- Request for speaker's bureau participants
- Requests for everyday people (advertising outreach)
- Requests for artwork and help in promoting the May activities
- Requests to attend project-sponsored events

Following is a list of the most active stakeholders in FY 2016-17. These stakeholders provided spokespeople for media interviews, participated in planning meetings for events and hosted information booths at the project-sponsored events.

1. Arthur A. Benjamin Health Professions High School
2. Another Choice, Another Chance
3. Asian Pacific Community Counseling (APCC)
4. California Family Fitness
5. Crossroads Diversified Services
6. CSH Wellness and Recover Center – South Center
7. Sacramento County Division of Behavioral Health Services
8. Each Mind Matters
9. Elica Health
10. G.O.A.L.S. for Women
11. Happy with Baby
12. Health Education Council
13. Health Insurance Counseling and Advocacy Program
14. Health Professions High School
15. Heritage Oaks Hospital
16. Hope for Healthy Families Counseling Center
17. La Familia Counseling Center
18. NAMI Sacramento
19. NorCal Mental Health America
20. Planned Parenthood
21. Sacramento Bulling Prevention
22. Sacramento County CPS
23. Sacramento County Tobacco Education Program
24. Samuel Merritt University
25. Safer Alternatives through Networking and Education (SANE)
26. Shifa Community Clinic
27. Sacramento Native American Health Clinic
28. Stop Stigma Sacramento Speakers Bureau
29. The African American Mental Health Providers
30. The Arthritis Foundation
31. The Ripple Effect Respite Center
32. The Silver Orange Teen Center
33. TLCS Crisis Respite Center
34. Turning Point Community Programs
35. Valley High School
36. Wellspace Health

(4) Collateral Material: The team has conducted outreach to stakeholder organizations to offer free program materials, including brochures, tip cards and posters. All available collateral materials can be found on the StopStigmaSacramento.org microsite here. Through June 2017, approximately 205,000 pieces of collateral material had been distributed to stakeholder groups and at events, including approximately 16,525 pieces in FY 2016-17.

(5) Community Outreach Events and Presentations:

- Journey of Hope (Aug. 6, 2016) - The Speakers Bureau planned and executed the second annual Journey of Hope art exhibit, which brings awareness about mental health to the community and gives others insight, inspiration, strength and understanding. The collaborative

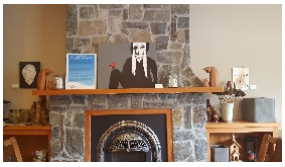
art exhibit paired local artists and writers to share stories of hope and recovery at an artist reception on Aug. 6, 2016.

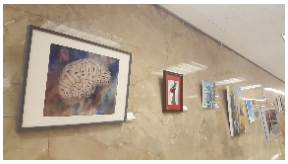
- Youth Mental Health Day (Oct. 5, 2016) - In recognition of NAMI's Mental Illness Awareness Week (Oct. 2-18, 2016), Edelman planned and executed Youth Mental Health Day, a mental health resource fair at Arthur A. Benjamin Health Professions High School. In addition, the team coordinated community booths for organizations to distribute information and materials at the event. The Walls of Hope and personal stories from Speakers Bureau members were also shared and displayed at the event. Youth Mental Health Day also served as an opportunity to release and promote the project's new youth-focused PSA, which features students from Arthur A. Benjamin Health Professions High School and members of Sacramento County's youth community, aiming to reduce the stigma associated with mental illness among young people.

- Mental Health Services Act Steering Committee Meeting (Oct. 20, 2016) - In conjunction with the County, Edelman presented at the Mental Health Services Act Steering Committee Meeting, providing an overview of the project's new youth-focused PSA and how it will be used to help increase awareness and stop stigma for the Transition Age Youth (16-25) audience and youth within each of the project's target audiences. The presentation also featured a Speakers Bureau member, who shared her personal story of hope and recovery.

- Student Mental Health and Wellness Collaborative Presentation (Oct. 20, 2016) - On behalf of the project, Edelman provided an overview of the "Mental Illness: It's not always what you think" project at Sacramento County Student Mental Health and Wellness Collaborative meeting. This presentation served as an opportunity to share the project's new youth-focused PSA, as well as seek input on developing a school outreach toolkit.

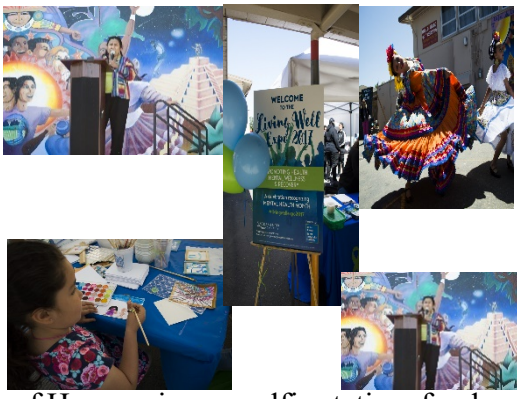
- Art Displays (May 2017) - Four art displays helped create awareness of the project. Edelman coordinated stakeholder outreach, secured venues and put up/took down displays. The displays included:
  - A display outside the Governor's Office at the Capitol (May 8-12)
  - A display in the Sacramento Poetry Center (May 1-31).
  - A display in the Sacramento County DBHS lobby at East Parkway (May 12)
  - A display at Living Well Expo 2017 (May 13)





- Mental Health Month DBHS Event (May 12, 2017) - An event was organized for DBHS employees to recognize Mental Health Month. This event also gave employees a chance to learn more about the project and recognize its anniversary, and promote the Living Well Expo. Invitations were emailed to DBHS employees on behalf of Uma Zykofsky, Behavioral Health Director. Approximately 25 DBHS employees and seven members of the Speaker's Bureau attended the event.

- Living Well Expo 2017 (May 13, 2017) - Edelman worked with DBHS to develop the concept behind Living Well Expo 2017, which celebrated over five years of the project's work, as well as health, mental wellness and recovery, in recognition of Mental Health Month.



The event featured free health screenings, living well information booths, fitness activities, educational sessions, art demonstrations, performances, prize drawings, refreshments and more. Additional activities included a scavenger hunt, Speakers Bureau panel, Walls of Hope, prizes, a selfie station, food trucks and music. Members of the Stop Stigma Sacramento Speakers Bureau – Gina Montoya and Ruben Lizarraga – were emcees for the event and shared their stories of hope and recovery.

Approximately 100 people attended the event. Additionally, more than 33 community organizations shared resources with attendees, including information on mental health, resources and health screenings.

(6) Research: In FY 2016-17, Edelman, DBHS, and the Public Health Division partnered with a third-party firm to conduct research to ensure that its messages and materials are still resonating with those impacted by mental illness within Sacramento County. Key research findings of this preliminary research included:

- A refreshed approach to the program must involve more robust information to target audiences, to more effectively lower stigma and discrimination toward mental illness.
- For those with direct mental illness experience, this will create an effective sense of relief and the promise of effectively living with their situation.
- For the greater population, the refreshed approach will lay the foundation to accept a more positive view of mental illness and those living with it.
- The ultimate goal of refreshed project creative and messaging is sustained lowered stigma and change.
- Creating messages to promote this more active perspective to diverse audiences in culturally sensitive ways will reach out to communities experiencing health disparities in use and services.

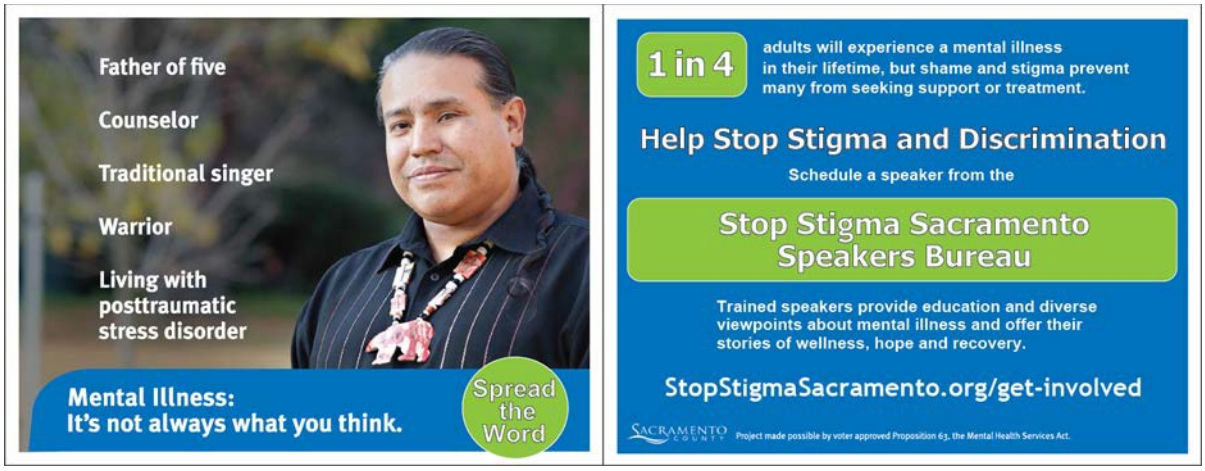
(7) Stop Stigma Sacramento Speakers Bureau: Sacramento County's Division of Public Health continued to coordinate a speakers bureau in FY 2016-17. In FY 2016-17, three Orientation and Training sessions were held, during which 21 community members were trained to be speakers. At the close of FY 2016-17, the Stop Stigma Sacramento Speakers Bureau had a membership of 153 speakers, of which 51 were actively speaking or preparing to speak.

IIn FY 2016-17, Stop Stigma Sacramento Speakers Bureau speakers shared their personal stories at 34 events with a total audience attendance of 1,379 individuals. In school settings, school counseling staff were also invited to attend the scheduled presentations.

The following cards were distributed to recruit potential Speakers and to promote the Speakers Bureau:

Speaker Recruitment Card

Speakers Bureau Information Card



Practice sessions are an integral part of the Speakers Bureau. New speakers attend a minimum of two practice sessions before speaking. Practice sessions allowed speakers to practice and develop their presentations, meet other speakers, and provide support and feedback to one another. Practice sessions also allowed project staff to preview and shape speaker presentation content to assure that it was consistent with the project goals and content guidelines. The practice sessions continue to serve as a source of support and connection to the project, and have fostered supportive relationships among members.

The following table details the Speakers Bureau speaking events in FY 2016-17:

Stop Stigma Sacramento Speakers Bureau Speaking Events July 1, 2016 – June 30, 2017

	Date	Site/Event	# Speakers	# in Audience
1	08.23.16	Turning Point: Crisis Residential	3	7
2	09.28.16	CA Dept. of Insurance	5	42
3	10.04.16	CA Youth Crisis Line	1	18
4	10.05.16	Health Professions HS	4	59
5	10.06.16	Crossroads Diversified	2	17
6	10.12.16	Dept. of Veteran's Affairs	1	20
7	10.20.16	SCOE Health Wellness Collab	1	47
8	11.16.16	Sac State: Rec students	1	12
9	11.18.16	Sac Children's Home- Valley HI FRC	3	21
10	11.21.16	Sac State: Social Work students	1	33
11	11.29.16	Sac State: Social Work students	2	25
12	12.01.16	Vista Del Lago HS: AP Psych	5	60
13	12.02.16	DBHS Cultural Competency	1	36
14	01.15.17	Japanese United Methodist Church	3	32
15	01.24.17	EDD Disability Advisory Committee	2	14
16	01.27.17	DBHS Cultural Competency/CBMCS	2	21
17	01.28.17	Retrograde Collective Art Salon	3	225
18	02.07.17	CA Youth Crisis Line	2	10
19	02.17.17	Sac State: Active Minds In-service	1	19
20	02.23.17	Elk Grove USC Middle School Conf.	8	130
21	03.03.17	CA Northstate University	3	38
22	03.08.17	WEAVE	3	47
23	03.29.17	Sac State Gerontology Panel	4	88
24	04.04.17	Hiram Johnson HS	4	40
25	04.18.17	DMV DAC	2	15
26	04.19.17	DBHS Cultural Competency/CBMCS	2	43
27	05.03.17	Sac State School of SW: Policy Class	2	41
28	05.04.17	Natomas Pacific Pathways Prep HS	5	59
29	05.10.17	JFK HS	3	30
30	05.11.17	Health Professions HS	2	40
31	05.13.17	Living Well Expo (project hosted) Panel	5	8
32	06.16.17	Rotary Club of Twin Rivers	1	14
33	06.20.17	CA Youth Crisis Line	2	37
34	06.21.17	DBHS Cultural Competency/CBMCS	2	31
	Total	**34 Speaking events**	**91**	**1,379**

The Stop Stigma Sacramento speakers have been well received, and speaker evaluations are completed for each event. All audience evaluations are entered into a database, which allows Public Health staff to assess the potential impact of the project and individual speakers, address any training needs and share tangible findings. The emotional content of speaker subject matter means that audience members can become triggered or emotional. During the Orientation and Training, speakers are given training and resources to address this with audience members. As well, Speakers and staff continue to utilize and hand out a project resource card at all speaking events. The card includes phone numbers for mental health resources and crisis support services and is used to begin a conversation with audiences about resources and how to take action for a loved one, a friend, or for themselves.

Speakers Bureau audiences receive this resource card:

Speakers Bureau Sponsored Events and Affiliated Activities

In addition to fulfilling speaking events, the Speakers Bureau creates speaker only, speaker specific events, and sponsors events for the general public. While the specific events vary by year, the goal of promoting community and connection within the Speakers Bureau remains a fundamental goal. Also of importance in the planning of any Speakers Bureau activity is a focus on creating opportunities for personal growth, learning, and supporting the recovery of each speaker. The section below includes the FY 2016-17 events created by the Speakers Bureau by project staff and by Speakers Bureau members and project volunteers.

- **August 2016: Journey of Hope Art Event**
  Journey of Hope: Real Life Stories of Living with Mental Health Challenges Portrayed Through Art is an exhibit designed to discourage stigma and "bridge the gap" between the broader community and individuals living with a mental health condition. The exhibit was developed by a group of Speakers Bureau members in collaboration with the *Mental Illness: It's not always what you think* project to give others insight, inspiration, understanding, strength, connection, hope, and to raise awareness.

  Journey of Hope is unique, and is comprised of two components: personal stories and corresponding original artworks. Individuals with lived mental health experience in Sacramento County were invited to submit a story or poem about their experience with mental illness. The stories and poems were then given to a local artist to be used as inspiration for an original art piece. The works were then featured together at an exhibit at the Elk Grove Fine Arts Center, which was held August 6 -25, 2016. A reception was held on August 6, 2016,

from 2:00-7:00pm to unveil the exhibit. The Journey of Hope 2016 exhibit was the second annual exhibit. Sixty-one individuals participated in the exhibit. The number of participants nearly tripled from the previous year, with approximately 400 people attending the exhibit reception on August 6, And approximately 700 people attending the exhibit August 6 - 25, 2016.

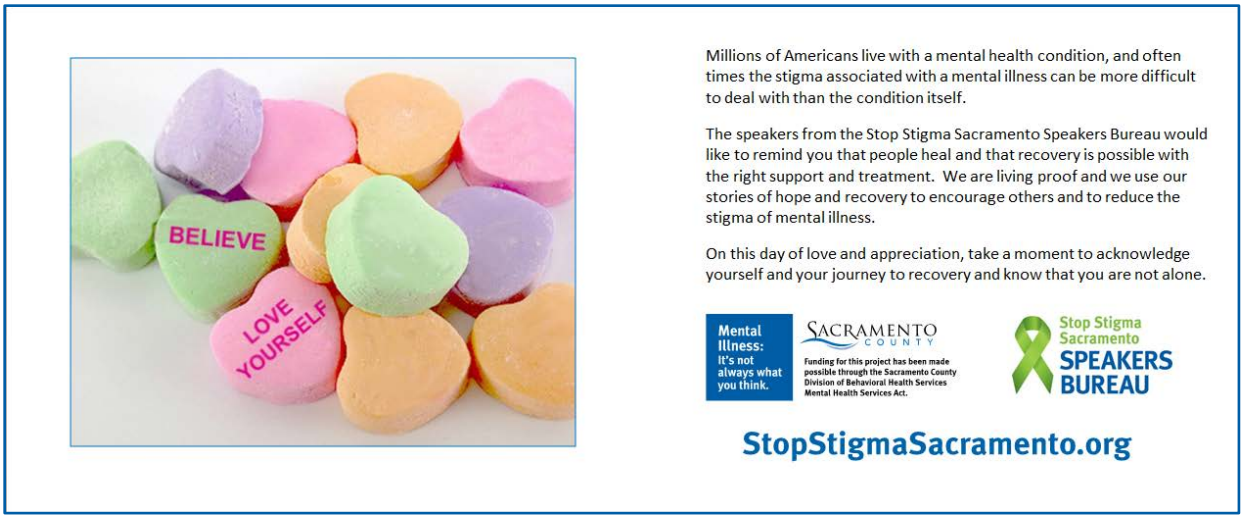
- **February 14, 2017: Valentine's Day Outreach**

  Speakers handed out custom message cards on February 14, 2017 with a heart shaped lollipop. Of the 1,000 cards printed, 700 general public "be a friend" cards were given out and 300 "love yourself" cards (directed to mental health consumers) were given out. Speakers wore their Speakers Bureau polos and had additional materials on hand for those individuals who wanted more information about the project or resources.

  Eleven speakers handed out message cards and lollipops at the following locations:
  - Sacramento State University (in collaboration with NAMI on Campus)
  - Sacramento City College
  - Human Resources Consultants Regional Support Team/Transitional Community Opportunities for Recovery (HRC/TCORE)
  - Bradshaw Starbucks and Food Source
  - Sutter Center for Psychiatry (After Care group)
  - TLCS Respite Center
  - LGBT Community Center and NorCal MHA (drop off only)

  The general consensus among the participating speakers was that there were many surprised smiles and they enjoyed handing out the message cards. Following are few quotes from the speakers who participated:
  - "We passed out all of the Valentine's in under an hour!! We created a "theme" for the tabling with a large poster and it was a huge success. A good number of people inquired about Stop Stigma and how to get involved, so I made sure they were aware of the website." [Sac State]
  - "All went well. It was fun and nice to meet the NAMI students/club! I love their dedication!" [Sac State]
  - "They went fast! Lots of smiles! I searched for the ones stressed out and studying :)" [Sac State]
  - "Handing out the Valentine's out at HRC and TCORE went very well. Lots of smiles, and very appreciated. And of course I enjoyed passing them out and connecting with others." [HRC/TCORE]

Samples of Cards:



- **Speaker Retreats:** In FY 2016-20, two speaker retreats were held to build community, establish a collective vision, and create a leadership structure that will allow the Stop Stigma Sacramento Speakers Bureau to be increasingly speaker led. With a core group of speakers who expressed a desire to be more active, the specific goal of the retreats was to: a) Develop a shared vision, mission and values statement; b)Create formal structures (e.g. subcommittees) that will allow speakers to assist with various speaking trainings and practice sessions, speaking events, and social gatherings; and, c) Identify and pursue short and long-term goals.
    - October 2016 Session I Retreat was facilitated by Edelman and was attended by 28 speakers. The group brainstormed vision, mission and values statements and speaker roles. The result was a suggestion to create Speakers Bureau subcommittees that can work as task groups to continue increasing speaker leadership. The suggested subcommittees include speaker recruitment; speaker training and development; speaking venue outreach; promotion and outreach; social and wellness.

- January 2017 Session II Retreat was also facilitated by Edelman. The goal was to refine the vision and mission statements and continue discussion of subcommittees. The session was attended by 23 speakers. The speakers developed the following:

  Mission: To increase understanding and compassion for people living with and affected by mental illness.

  Vision: To let people know they are not alone, to be self-sufficient, to have a strong marketing presence, top-of-mind resource, to be peer-driven; to inform and connect, to be in high demand.

  As a follow-up to the retreat, several subcommittee meetings were scheduled one time monthly in the months that followed to support speaker efforts in this area. The meetings were scheduled after hours at public library rooms. Six speakers attended the first subcommittee meeting in January 2017, however, none attended the meetings after the first meeting. The notes from the meeting are archived for future use if needed. To date, the subject of subcommittees has not been revisited and is discussed further in the "Goals and Next Steps" portion of this report.

- **Speaker WRAP Training**
  To continue investing in the recovery of the Speakers Bureau speakers, the County sponsored a Wellness, Recovery, Action Plan (WRAP) training for speakers. The two seven-hour sessions were held March 11 and March 18, 2017. Eight speakers attended. The reasoning for sending speakers to WRAP training, was that speakers who took WRAP could use a common language to promote wellness within the Speakers Bureau and could share basic self-care strategies learned during WRAP with other speakers.

PEI Administration and Program Support
DBHS provides administration and program support associated with on-going community planning, as well as implementation, training, consultation, monitoring, quality assurance and oversight of the PEI programs and activities.

PEI IMPLEMENTATION PROGRESS DATA - FISCAL YEAR 2016-17

In Fiscal Year 2016-17, a total of 15,176 individuals were served across seventeen PEI programs.* The tables below and on the following pages display demographic information for individuals served in each of those programs.

**Not including the following PEI Programs: Suicide Crisis Line; Postvention Services; Bullying Prevention Education and Training; and the Mental Health Promotion project.*

Total Number of Individuals Served in PEI Programs FY 16/17											
	Senior Link	eVIBE	Quality Childcare Collaborative	Supporting Community Connections	HEARTS for Kids	Mobile Crisis Support Teams	Triage Navigators	Community Support Team	SacEDAPT	Friends for Survival	Total
Age Group											
Child and Youth (0-15)	0	1,866	48	103	411	17	14	2	61	12	2,534
Transition Age Youth (16-25)	0	69	0	528	0	75	244	86	107	9	1,118
Adult (26-59)	21	47	0	1,236	0	433	1,246	324	11	192	3,510
Older Adult (60+)	136	3	0	377	0	63	103	119	0	91	892
Unknown/Not Reported	32	45	0	101	0	0	1	3	0	31	213
Total	**189**	**2,030**	**48**	**2,345**	**411**	**588**	**1,608**	**534**	**179**	**335**	**8,267**
Race/Ethnicity											
White	66	369	NR	827	83	266	574	147	46	168	2,546
African American	52	181	NR	332	125	157	401	100	55	18	1,421
Asian	2	148	NR	170	21	31	41	24	17	16	470
Pacific Islander	0	21	NR	2	5	2	4	3	0	2	39
Native American	0	8	NR	15	1	8	13	6	2	8	61
Hispanic	35	683	NR	0	33	27	107	27	31	0	943
Multi-Race	2	268	NR	61	6	19	21	8	15	1	401
Other	0	69	NR	923	127	15	46	7	4	17	1,208
Unknown/Not Reported	32	283	48	15	10	63	401	212	9	105	1,178
Total	**189**	**2,030**	**48**	**2,345**	**411**	**588**	**1,608**	**534**	**179**	**335**	**8,267**
Primary Language											
English	135	1512	NR	1110	NR	544	1,339	388	163	249	5,440
Spanish	16	157	NR	783	NR	6	15	9	10	2	998
Vietnamese	0	8	NR	54	NR	3	7	3	2	0	77
Cantonese	0	2	NR	13	NR	1	0	0	0	0	16
Hmong	0	25	NR	60	NR	3	1	2	1	0	92
Russian	0	10	NR	254	NR	0	0	2	0	0	266
Arabic	1	5	NR	0	NR	0	1	1	0	0	8
Other	0	0	NR	57	NR	1	6	13	0	1	78
Unknown/Not Reported	37	311	48	14	411	30	239	116	3	83	1,292
Total	**189**	**2,030**	**48**	**2,345**	**411**	**588**	**1,608**	**534**	**179**	**335**	**8,267**

Total Number of Individuals Served in PEI Programs FY 16/17 Cont.											
	Senior Link	eVIBE	Quality Childcare Collaborative	Supporting Community Connections	HEARTS for Kids	Mobile Crisis Support Teams	Triage Navigators	Community Support Team	SacEDAPT	Friends for Survival	Total
Sexual Orientation											
Gay or Lesbian	NR	0	NR	36	NR	2	3	0	0	NR	41
Heterosexual or Straight	NR	98	NR	2,141	NR	30	92	15	7	NR	2,383
Bisexual	NR	0	NR	57	NR	3	5	1	0	NR	66
Questioning or unsure	NR	0	NR	8	NR	0	0	0	1	NR	9
Queer	NR	0	NR	1	NR	0	0	0	0	NR	1
Another sexual orientation	NR	0	NR	77	NR	0	0	2	0	NR	79
Unknown/Not Reported	189	1,932	48	25	411	553	1508	516	171	335	5,688
Total	**189**	**2,030**	**48**	**2,345**	**411**	**588**	**1,608**	**534**	**179**	**335**	**8,267**
Gender Identity											
Male	37	1030	NR	795	NR	155	597	26	56	81	2,777
Female	120	979	NR	1489	NR	126	468	22	40	223	3,467
Transgender	0	0	NR	21	NR	3	4	0	4	0	32
Genderqueer	0	0	NR	0	NR	0	0	0	0	0	0
Questioning or unsure	0	0	NR	0	NR	0	0	0	0	0	0
Another gender identity	0	0	NR	19	NR	0	1	0	1	0	21
Unknown/Not Reported	32	21	48	21	411	304	538	486	78	31	1,970
Total	**189**	**2,030**	**48**	**2,345**	**411**	**588**	**1,608**	**534**	**179**	**335**	**8,267**
Veteran Status											
Yes	NR	NR	NR	6	NR	NR	NR	NR	NR	NR	6
No	NR	NR	NR	2339	NR	NR	NR	NR	NR	NR	2,339
Decline to Answer	NR	NR	NR	0	NR	NR	NR	NR	NR	NR	0
Unknown/Not Reported	189	2030	48	0	411	588	1608	534	179	335	5,922
Total	**189**	**2,030**	**48**	**2,345**	**411**	**588**	**1,608**	**534**	**179**	**335**	**8,267**

Note: Some data elements were not reported for some programs based on program model. Those programs indicate NR for Not Reported.

Prevention and Early Intervention (PEI) Respite Programs FY 16/17																
	Adoptive Families Respite		Danelle's Place Respite		Caregiver Crisis Intervention Respite*		LGBT-Lambda Lounge		LGBT-Q-Spot		Ripple Effect Respite		Teens and TAY Respite		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group																
Children/Youth (0-15)	103	60.6%	3	0.9%	0	0.0%	784	34.1%	325	12.6%	0	0.0%	29	2.6%	1,244	18.0%
TAY (16-25)	0	0.0%	123	37.2%	0	0.0%	159	6.9%	2,075	80.1%	35	10.2%	965	85.1%	3,357	48.6%
Adults (26-59)	67	39.4%	154	46.5%	13	29.5%	1,114	48.5%	4	0.2%	250	73.1%	18	1.6%	1,620	23.4%
Older Adults (60+)	0	0.0%	20	6.0%	31	70.5%	76	3.3%	0	0.0%	40	11.7%	1	0.1%	168	2.4%
Unknown/Not Reported	0	0.0%	31	9.4%	0	0.0%	166	7.2%	185	7.1%	17	5.0%	121	10.7%	520	7.5%
Total	**170**	**100.0%**	**331**	**100.0%**	**44**	100.0%	**2,299**	**100.0%**	**2,589**	**100.0%**	**342**	**100.0%**	**1,134**	**100.0%**	**6,909**	**100.0%**
Ethnicity																
Hispanic or Latino	5	2.9%	57	17.2%	0	0.0%	390	17.0%	427	16.5%	42	12.3%	174	15.3%	1,095	15.8%
Non-Hispanic/Non-Latino	141	82.9%	206	62.2%	44	100.0%	1,799	78.3%	2,157	83.3%	225	65.8%	756	66.7%	5,328	77.1%
Unknown/Not Reported	24	14.1%	68	20.5%	0	0.0%	110	4.8%	5	0.2%	75	21.9%	204	18.0%	486	7.0%
Total	**170**	**100.0%**	**331**	**100.0%**	**44**	**100.0%**	**2,299**	**100.0%**	**2,589**	**100.0%**	**342**	**100.0%**	**1,134**	**100.0%**	**6,909**	**100.0%**
Race																
American Indian or Alaska Native	1	0.6%	8	2.4%	0	0.0%	42	1.8%	12	0.5%	7	2.0%	20	1.8%	90	1.3%
Asian	1	0.6%	5	1.5%	4	9.1%	59	2.6%	25	1.0%	8	2.3%	13	1.1%	115	1.7%
Black or African American	4	2.4%	19	5.7%	10	22.7%	231	10.0%	610	23.6%	124	36.3%	635	56.0%	1,633	23.6%
Native Hawaiian/Pacific Islander	0	0.0%	1	0.3%	0	0.0%	14	0.6%	7	0.3%	1	0.3%	6	0.5%	29	0.4%
White	32	18.8%	194	58.6%	30	68.2%	1,006	43.8%	1,426	55.1%	141	41.2%	201	17.7%	3,030	43.9%
Other	2	1.2%	16	4.8%	0	0.0%	130	5.7%	28	1.1%	17	5.0%	42	3.7%	235	3.4%
More than one race	4	2.4%	74	22.4%	0	0.0%	307	13.4%	253	9.8%	33	9.6%	127	11.2%	798	11.6%
Decline to answer	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	126	74.1%	14	4.2%	0	0.0%	510	22.2%	228	8.8%	11	3.2%	90	7.9%	979	14.2%
Total	**170**	**100.0%**	**331**	**100.0%**	**44**	**100.0%**	**2,299**	**100.0%**	**2,589**	**100.0%**	**342**	**100.0%**	**1,134**	**100.0%**	**6,909**	**100.0%**
Primary Language																
English	166	97.6%	308	93.1%	43	97.7%	2,102	91.4%	2,248	86.8%	339	99.1%	1,077	95.0%	6,283	90.9%
Spanish	0	0.0%	1	0.3%	0	0.0%	15	0.7%	0	0.0%	0	0.0%	1	0.1%	17	0.2%
Vietnamese	0	0.0%	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%	1	0.3%	0	0.0%	6	0.3%	0	0.0%	0	0.0%	0	0.0%	7	0.1%
Russian	0	0.0%	0	0.0%	0	0.0%	3	0.1%	0	0.0%	0	0.0%	0	0.0%	3	0.0%
Hmong	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Arabic	0	0.0%	0	0.0%	0	0.0%	5	0.2%	0	0.0%	0	0.0%	2	0.2%	7	0.1%
Other	1	0.6%	14	4.2%	1	2.3%	107	4.7%	1	0.0%	0	0.0%	11	1.0%	135	2.0%
Unknown/Not Reported	3	1.8%	7	2.1%	0	0.0%	60	2.6%	340	13.1%	3	0.9%	43	3.8%	456	6.6%
Total	**170**	**100.0%**	**331**	**100.0%**	**44**	**100.0%**	**2,299**	**100.0%**	**2,589**	**100.0%**	**342**	**100.0%**	**1,134**	**100.0%**	**6,909**	**100.0%**

*Caregiver Crisis Intervention data collection did not begin until October 2016, therefore, the numbers do not represent a full year's data

Prevention and Early Intervention (PEI) Respite Programs FY 16/17 Cont.																
	Adoptive Families Respite		Danelle's Place Respite		Caregiver Crisis Intervention Respite*		LGBT-Lambda Lounge		LGBT-Q-Spot		Ripple Effect Respite		Teens and TAY Respite		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Sexual Orientation																
Gay or Lesbian	7	4.1%	70	21.1%	0	0.0%	524	22.8%	365	14.1%	24	7.0%	61	5.4%	1,051	15.2%
Heterosexual or Straight	35	20.6%	30	9.1%	44	100.0%	957	41.6%	364	14.1%	253	74.0%	794	70.0%	2,477	35.9%
Bisexual	1	0.6%	62	18.7%	0	0.0%	414	18.0%	1,142	44.1%	33	9.6%	102	9.0%	1,754	25.4%
Questioning or unsure	0	0.0%	22	6.6%	0	0.0%	37	1.6%	20	0.8%	1	0.3%	3	0.3%	83	1.2%
Queer	0	0.0%	59	17.8%	0	0.0%	64	2.8%	43	1.7%	5	1.5%	5	0.4%	176	2.5%
Another sexual orientation	1	0.6%	60	18.1%	0	0.0%	131	5.7%	520	20.1%	24	7.0%	49	4.3%	785	11.4%
Unknown/Not Reported	126	74.1%	28	8.5%	0	0.0%	172	7.5%	135	5.2%	2	0.6%	120	10.6%	583	8.4%
Total	**170**	**100.0%**	**331**	**100.0%**	**44**	**100.0%**	**2,299**	**100.0%**	**2,589**	**100.0%**	**342**	**100.0%**	**1,134**	**100.0%**	**6,909**	**100.0%**
Current Gender Identity																
Male	16	9.4%	60	18.1%	13	29.5%	1,233	53.6%	839	32.4%	134	39.2%	611	53.9%	2,906	42.1%
Female	31	18.2%	69	20.8%	31	70.5%	668	29.1%	922	35.6%	192	56.1%	463	40.8%	2,376	34.4%
Transgender	0	0.0%	163	49.2%	0	0.0%	144	6.3%	439	17.0%	14	4.1%	17	1.5%	777	11.2%
Genderqueer	0	0.0%	2	0.6%	0	0.0%	24	1.0%	5	0.2%	0	0.0%	0	0.0%	31	0.4%
Questioning or unsure	0	0.0%	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%	18	5.4%	0	0.0%	142	6.2%	191	7.4%	2	0.6%	1	0.1%	354	5.1%
Unknown/Not Reported	123	72.4%	19	5.7%	0	0.0%	88	3.8%	193	7.5%	0	0.0%	42	3.7%	465	6.7%
Total	**170**	**100.0%**	**331**	**100.0%**	**44**	**100.0%**	**2,299**	**100.0%**	**2,589**	**100.0%**	**342**	**100.0%**	**1,134**	**100.0%**	**6,909**	**100.0%**
Veteran Status																
Yes	3	1.8%	22	6.6%	7	15.9%	138	6.0%	28	1.1%	20	5.8%	24	2.1%	242	3.5%
No	167	98.2%	309	93.4%	37	84.1%	2,161	94.0%	2,561	98.9%	322	94.2%	1,110	97.9%	6,667	96.5%
Decline to answer	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	**170**	**100.0%**	**331**	**100.0%**	**44**	100.0%	**2,299**	**100.0%**	**2,589**	**100.0%**	**342**	**100.0%**	**1,134**	**100.0%**	**6,909**	**100.0%**

*Caregiver Crisis Intervention data collection began in October 2016, therefore, the numbers shown do not represent a full year's data

PEI IMPLEMENTATION PROGRESS DATA - FISCAL YEAR 2016-17 (cont'd)

In FY 2016-17, a total of 22,011 individuals were served across three PEI programs with universal components. The chart below displays demographic information for individuals served in each of those programs:

Total Number Served in Universal Prevention FY 16/17				
	Senior Link	Quality Childcare Collaborative	Supporting Community Connections	Total
	Universal prevention estimates and # of served individuals	Universal prevention estimates and # of served individuals	Universal prevention estimates and # of served individuals	Universal prevention estimates and # of served individuals
Age Group				
Child and Youth (0-15)	0	731	1,575	2,306
Transition Age Youth (16-25)	0	0	1,455	1,455
Adult (26-59)	0	0	9,453	9,453
Older Adult (60+)	200	0	7,669	7,869
Unknown/Not Reported	41	0	887	928
Total	**241**	**731**	**21,039**	**22,011**
Race/Ethnicity				
White	117	NR	827	944
African American	55	NR	332	387
Asian	15	NR	170	185
Pacific Islander	4	NR	2	6
Native American	2	NR	15	17
Hispanic	36	NR	0	36
Multi-Race	0	NR	61	61
Other	0	NR	923	923
Unknown/Not Reported	12	731	18,709	19,452
Total	**241**	**731**	**21,039**	**22,011**
Primary Language				
Spanish	12	NR	783	795
Vietnamese	1	NR	54	55
Cantonese	2	NR	13	15
Mandarin	0	NR	0	0
Tagalog	1	NR	0	1
Cambodian	0	NR	0	0
Hmong	7	NR	60	67
Russian	0	NR	254	254
Farsi	0	NR	0	0
Arabic	0	NR	0	0
Other	208	NR	1161	1,369
Unknown/Not Reported	10	731	18,714	19,455
Total	**241**	**731**	**21,039**	**22,011**

Note: Universal prevention is prevention that is targeted to the community as opposed to certain groups of people. Because of this, demographic data is very limited and in some cases not reported (NR). Sexual orientation, gender identity and veteran status are not collected for universal prevention projects.

WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT

The WET component provides time limited funding with the goals of recruiting, training and retaining diverse culturally and linguistically competent public mental health system staff. The WET component ensures that staff receive training to provide effective services and administer programs based on the principles of wellness and recovery. Sacramento County's WET Plan is comprised of eight (8) previously approved actions.

The Sacramento County Workforce Needs Assessment, completed in 2007 as part of the Workforce Education and Training (WET) Component planning process, helped inform the development of the WET Plan. As part of the annual Cultural Competence Plan requirements, DBHS conducted a Human Resource (HR) Survey to provide current data on the entire mental health system. The final report of the 2018 HR Survey is attached as part of this update.

Action 1: Workforce Staffing Support

The function of the WET Coordinator is to assist in the facilitation and implementation of previously approved WET Actions. The Coordinator attends and participates in statewide WET Coordinator Meetings; the WET Central Region Partnership, the California Educational Marriage Family Therapist (MFT) Stipend Program Selection Committee; MFT Consortium of Greater Sacramento; Health Professions Education Foundation Advisory/Selection Committee and the Valley High School-Health TECH Academy Community Advisory Board. Additionally, the WET Coordinator participates in the WET Central Region Partnership monthly Mental Health First Aid Facilitator's Conference Call. The WET Coordinator will continue to assist in the evaluation of WET Plan implementation and effectiveness, coordinates/collaborates with other MHSA and DBHS efforts, and participates in the implementation of WET Actions.

Action 2: System Training Continuum

This Action expands the training capacity for mental health staff, system partners, consumers, family members, and community members through a Training Partnership Team, Train the Trainer Models, training delivery and other community-based efforts.

As part of the System Training Continuum, both adult and youth versions of the Mental Health First Aid (MHFA) are popular trainings provided for individuals, groups, organizations, system partners and the community free of charge. MHFA is an eight-hour training that teaches participants how to help individuals developing a mental health problem or experiencing a worsening of an existing mental health problem. Both DBHS staff and system partners facilitate adult and youth versions of MHFA, in both English and Spanish, targeting specific cultural populations.

Since 2010, Sacramento County has trained more than 1,600 community members. Interest in the course and class size has remained consistent.

In 2010, the MHSA Central Region Partnership Workforce, Education and Training's (CRPWET) strategic effort sponsored the initial training of local MHFA instructors. Since then, DBHS continues to leverage CRPWET and local WET funds to train interested individuals that wish to be instructors, thereby expanding the MHFA instructor pool. Sacramento County's cadre of

certified MHFA instructors have conducted several organized trainings in English and other languages in community-based sites countywide throughout the year. Specialty groups (i.e. Sacramento City College Occupational Therapy Program and Sacramento Employment and Training Agency, Head Start, churches and other community organizations, etc.), system partners, the community, including those with lived mental health experience have participated in MHFA trainings.

Prior to 2014, only adult MHFA training was available; however, since 2016 DBHS has sent additional staff to both adult and youth MHFA Trainings for Trainers in an effort to expand the pool of MHFA instructors. Currently, adult and youth MHFA training sessions, including language/culturally specific sessions, are part of the MHP and partner training schedule. Additionally, adult and youth MHFA trainings are offered in both English and Spanish through a partnership with a community-based contract provider, La Familia Counseling Center. Other system partners, including Sacramento Native American Health Center and Muslim American Society-Social Services Foundation, also provide adult and youth MHFA trainings to community members free of charge.

In 2014, DBHS initiated an Action 2-funded project administered by the Sacramento County Office of Education (SCOE) to increase the number of individuals receiving the youth MHFA (YMHFA) training. Initially, SCOE provided YMHFA to twenty-four (24) teachers, school staff and caregivers. The course introduced and reviewed common mental health challenges for youth, typical adolescent development, and a five-step action plan for assisting youth, age 12 to 18 years old, experiencing crisis and non-crisis situations. In FY 2015-16, SCOE trained 40 school personnel who are now certified YMHFA instructors. In FY 2017-18 SCOE conducted 38 YMHFA trainings in which 637 individuals participated.

The Action 2 System Training Continuum also supports the provision of Pro-ACT Training. DBHS provides this training to Sacramento County Mental Health Treatment Center (MHTC) and the Adult Psychiatric Support Services (APSS) staff. These programs provide mental health treatment services in inpatient and outpatient milieus to individuals experiencing moderate to severe mental illness. Pro-ACT Training emphasizes critical thinking, continued assessment of client behaviors and needs, and employs a distinctive problem-solving approach designed to improve safety and enhance treatment outcomes.

In FY 2006-07, DBHS piloted the evidence-based California Brief Multi-Cultural Competence Scale and accompanying training. Since that time, DBHS has successfully trained more than 1,100 individuals working in the local mental health service system. This training enhances provider staffs' knowledge in areas of identified and needed skill development and provides a means to measure providers' cultural competency. DBHS requires that all providers' service delivery staff, supervisors and managers receive this training. In FY 2017-18, DBHS offered three CBMCCS trainings and 186 participants attended.

In FY 2017-18, DBHS offered a three-day Mental Health Interpreter Training with 36 individuals participating and a "Training for Providers Who Use Interpreters" with 52 participants in attendance. The former training meets the State requirement that all interpreters working in the public mental health system receive training specific to interpreting in a mental health/behavioral

health environment. Trained interpreters are necessary to ensure accurate and complete communication to minimize risk and maximize the delivery of quality services. The training supports bilingual staff, including clinicians, case managers, administrative support staff, community members, system partners, contractors, consumers/peers, and others who are or want to become interpreters. With this training, DBHS has maintained the standard that 98% of staff identified as interpreters complete an approved mental health/behavioral health interpreter training and receive certification.

In addition to the training efforts described above, DBHS sponsors the annual client culture conference. In FY 2017-18, DBHS provided scholarships and support for more than 160 behavioral health staff, system partners, providers, stakeholders, and individuals with lived mental health experiences to attend 13 behavioral health related trainings and conferences .

Action 3: Office of Consumer and Family Member Employment

This Action was designed to develop entry and supportive employment opportunities for consumers, family members and individuals from Sacramento's culturally and linguistically diverse communities to address occupational shortages identified in the Workforce Needs Assessment. Over time, many changes influenced the original design of this action. For instance, the Office of Statewide Health Planning and Development (OSHPD) rolled out numerous MHSA-funded projects that address the needs of consumer and family members interested in obtaining employment. As a result, DBHS has looked for alternative opportunities to leverage these projects and further move forward the activities described in this action. In line with DBHS core values and community/stakeholder input, DBHS has thoughtfully included consumer and family member positions in all programs using creative partnerships between county and contract providers.

Action 4: High School Training

Through this Action, in FY 2013-14 a pilot behavioral health curriculum was developed in partnership with DBHS' MHP providers, DBHS Cultural Competence Committee, community partners and other interested stakeholders. The curriculum was designed for high school students with several goals in mind: cultivating interest in public mental/behavioral health careers; expanding knowledge and understanding of mental/behavioral health conditions; broadening understanding of associated stigma and discrimination against individuals with mental illness; increasing awareness of community resources and available supports; increasing understanding of mental health issues from diverse ethnic and racial perspectives; and exploring mental health across age groups.

Currently two local high schools, Arthur A. Benjamin Health Professions High School (AABHPHS) and Valley High School Health TECH Academy (VHSHTA), participate in this action and offer mental/behavioral health-oriented career pathways for their student body. The pilot curriculum, built upon the principles of wellness, recovery and resiliency, has since expanded for both schools and relies on teachers and other mental health professionals to blend academic and technical curriculum in ways that connect theoretical knowledge and real-world applications.

AABHPHS and VHSHTA students were surveyed and analysis of the data was used to modify, enhance and improve the FY 2017-18 curriculum. Activities were expanded to include more community-based internship opportunities, participation in community outreach events, and more

presentations to students from guest speakers with lived experience on topics such as wellness and recovery, resiliency, stigma and discrimination, and barriers that hinder consumers from seeking emotional support and services.

In addition to curriculum modifications, the students have increased their knowledge of mental illness through work and project-based research. Students meet with mental health professionals from community colleges, local hospitals, mental health clinics and other community-based organizations to learn about mental health disorders such as Bipolar Disorder, Post-Traumatic Stress Disorder, Obsessive Compulsive Disorder and Schizophrenia. Pairing students with local mental health professionals raises awareness about mental illness and provides authentic job preparation opportunities and skills development in the hope students will pursue future careers in the field of mental health. Internship and other work-based learning opportunities extend and deepen classroom learning and help students make progress toward learning outcomes that are difficult to achieve through classroom work alone. These ongoing opportunities help students improve their understanding of how mental illness affects an individual's daily life and provide opportunities for them to explore their own mental health and emotional coping skills.

AABHPHS – "All about Health" Information Forum 2018

Both AABHPHS and VHSHTA have culturally and linguistically diverse student bodies that participated in many community events in FY 2017-18, including LATINX Community Wellness Fair at Cosumnes River College in October 2017 and the Health Fair and Family Fun Event at The Light Church on January 20, 2018.

On April 6, 2018, the 12th Annual Health and Fitness Expo was held at the Valley High School campus. DBHS and community-based organizations staffed information booths that provided health, fitness, and mental health and wellness information in a fun and interactive way for students, faculty, staff, community members, and families. There were many engaging wellness and healthy living activities, including obstacle courses, nutrition, healthy eating and cooking demonstrations, guard flag demonstrations, games, and local mental/behavioral health service information.

VHSHTA also participated in the second annual Prairie Elementary College and Career Day event for fifth and sixth grade students on April 20, 2018. The purpose of College and Career Day is to expose students to educational and career opportunities for their future. Community partners and Elk Grove Unified School District (EGUSD) employees presented information on career paths and students shared information on college/university degrees offered, extracurricular activities, housing costs, and graduation requirements.

VHHTA – Annual Health & Wellness Event 2018

In October 2018, VHSHTA hosted and participated in a career seminar featuring primary care and the mental/ behavioral health field. Many careers and professions were represented, including mental health services coordination and geriatric social work, patient's rights advocacy, and cultural competence. The career seminar increased the students' understanding of careers in the mental/behavioral health field and provided greater understanding of the importance of providing effective and culturally responsive treatment across the culturally broad communities in Sacramento County.

VHSHTA students continue to take field trips to local colleges and universities, such as California Northstate University and Sacramento City College, to learn more about the social determinants of health; ever changing healthcare needs; patient-centered and culturally competent care provision; and advocacy, governance, and leadership skills. Additionally, VHSHTA continues to expand its Health TECH career pathway program. Students report that they continue to benefit from WET funding, which has helped create and adopt an expanded year-round curriculum for seniors: Behavioral Health Theory and Practicum for the Community Health Worker (CHW). This expansion replaced the prior single semester course, adding depth to academy students' understanding of mental and behavioral health issues, increased instruction on careers in behavioral health, research methods in psychology, brain anatomy and function, psychological theory, abnormal psychology, and social psychology, and has been successful in engaging students in learning about career opportunities in mental/behavioral health. The current curriculum integrates a more holistic perspective in providing healthcare services and focuses on overall wellness, while exploring and understanding the more complex social determinants of health and the long-term effects of Adverse Childhood Experiences (ACEs). Academy staff are now training the CHW students to investigate and understand how mental health and physical health affects each other. The staff also challenge students to learn and understand how environment affects both physical and mental health of individuals. Academy staff are now more deliberate in mental/behavioral health activities and promotion of mental/behavioral health awareness, informing not only VHSHTA students, but also the community of important mental/behavioral health issues and career possibilities.

AABPHS staff took students on field trips to UC Davis, School of Medicine, Sacramento City College, UC Merced and Sonoma State University, School of Social Sciences. AABHPHS also participated in community events, including Blood Source blood drives and Pathways to Paychecks, a program involving Elk Grove Unified School District and other community partners and stakeholders that promotes career planning, breaking down silos between high school and colleges, and engaging industry to collaborate with schools to prepare students for jobs and careers

that provide personal satisfaction and financial benefit for years to come. On April 5 - 8, 2018, AABHPHS's Health Occupation Students of America team attended a state leadership conference and competed against other schools in several competitions, including an essay-writing contest on the topic of mental health.

The partnership with both AABHPHS and VHSHTA and their feeder schools has continued to assist DBHS in the goal of recruiting a diverse workforce that is reflective of the cultural and linguistic make-up of the community.

DBHS continues to work with both high schools to implement stipends for students to spend time in service delivery programs and/or community agencies in order to combine knowledge they obtain in the classroom with hands-on, real world experience.

DBHS serves on the Community Advisory Board that advises on student projects related to mental health and the delivery of culturally and linguistically responsive health/behavioral health services. DBHS works with the selected schools with on-the-job training, mentoring, existing Regional Occupational Programs (ROP), and experiential learning opportunities for students who express interest in learning more about possible career options in mental health and public mental health.

Action 5: Psychiatric Residents and Fellowships

Action 5 was first implemented in FY 2011-12 and continues to be administered through University of California, Davis (UCD), Department of Psychiatry. This Action has the following components:

1. Community Education: Psychiatry Residents and Fellowship Training Program;
2. Mental Health Collaboration; Psychiatry Residents, Primary Care and Mental Health Providers Training Program;
3. Residents and Post-Doctoral Fellows at Youth Detention Facility, serving the special needs population; and
4. Clinical Child Psychology, Pre-Doctoral Internship Training Program

Community Education: Psychiatry Residents and Fellowship Training Program

Since its implementation in academic year 2011-12, a total of 92 psychiatric residents have participated in this action and attended the required Psychiatric Resident Fellowship Program (PRFP) trainings. In FY 2017-18, 14 students were enrolled in the UCD PRFP. Nine were dedicated to psychiatry only. Three students had combined interests in Psychiatry/Internal Medicine and two had combined interests in Psychiatry/Family Medicine.

Through this Action, psychiatrists are placed in public/community mental health settings to assist in primary care collaboration through consultation and education on mental health/primary healthcare integration. Additionally, residents, fellows, and other team members continue to receive in-service trainings on wellness and recovery principles, culture competence including consumer movement and client culture, and an integrated service delivery system. Targeted activities to understand mental health programming and promote holistic services while coordinating services with the primary care needs of consumers are a part of this integrated service delivery experience.

Mental Health Collaboration: Psychiatry Residents, Primary Care and Mental Health Providers Training Program
Smoking Cessation groups initially held at the Adult Psychiatric Support Services (APSS) clinic through a collaboration between the APSS medical team and UC Davis dual boarded physicians. Groups were provided to three different cohorts. Attendees received education, support and assistance with understanding the physical and behavioral aspects of nicotine addiction. Information on smoking cessation aides that would be approved by the attendee's psychiatrist was also provided.

Given the changing landscape of integrated health/mental health services resulting from the implementation of the Affordable Care Act, the Division plans to shift the focus of this action to improve the integration of services for individuals living with both a substance use disorder and a mental health disorder. Through this Action, a dually boarded psychiatrist will provide specialized training and consultation to improve the skillsets of behavioral health providers who offer substance use disorder services to individuals living with a serious mental illness in order to improve the integrated service experience for individuals living with co-occurring disorders who are being served in both systems.

Residents and Post–Doctoral Fellows at Youth Detention Facility
Sacramento DBHS has expanded the contract with UCD to include Residents and Post Doctorate Fellows providing consultation and support related to diagnostic impressions, antecedent behaviors and behavioral interventions to better serve the youth identified as having special needs residing at the Youth Detention Facility (YDF). This collaborative fosters community education opportunities for Probation staff and other stakeholders to share valuable and timely information to aid in the mental health recovery of YDF residents and optimize the care and treatment they receive. The program provides learning opportunities for Probation staff to improve communication with residents, increase development of behavioral interventions that improve outcomes such as re-offense and family relationships and increases staff's awareness and understanding of how mental illness, treated or untreated, can significantly impact a person's behavior. This program is in the early stages of implementation. Outcomes data will become available next year.

Clinical Child Psychology, Pre-Doctoral Internship Training Program
This program was implemented in the current year and gives pre-doctoral interns hands-on experience at the Sacramento County Child and Adolescent Psychiatric Services (CAPS) Clinic involving supervised provision of psychological testing services; psychosocial assessments; case management services; and short or long-term individual, conjoint and/or group therapy services. The objectives of the program include: increasing interns' skill at providing evidenced-based, developmentally appropriate, culturally sensitive and trauma informed care; promoting professional development and preparing interns for independent practice as clinical child psychologists, with the hope that they become interested in working within the Sacramento County system of care; and providing opportunities throughout the training year for interns to coordinate and collaborate with multiple professionals involved in clients' care, especially those working in the mental health, child welfare, medical, academic, and legal domains.

Action 6: Multidisciplinary Seminar

This Action increases the number of psychiatrists and other non-licensed and licensed practitioners working in community mental health who are trained in the recovery and resiliency and integrated service models; improves retention rates; supports professional wellness by addressing work stressors and burn-out; and improves quality of care.

Implementation of this Action was delayed due to budget reductions and the focus on billable services. We recognize this is an important strategy and have sent staff to trainings that support them in the delivery of effective mental health services. Moving forward, DBHS will continue to identify opportunities to establish multidisciplinary collaborations with key system partners.

Action 7: Consumer Leadership Stipends

This Action provides consumers and family members from diverse backgrounds with the opportunity to receive stipends for leadership or educational opportunities that increase knowledge, build skills, and further advocacy for consumers on mental health issues.

Additionally Sacramento County continues to provide funding support for individuals with lived experience from diverse cultures to attend trainings/conferences that offer leadership training, including but not limited to: the California Association of Social Rehabilitation Association (CASRA) social rehabilittation certificate and certification in group facilitation and Wellness Recovery Action Planning (WRAP) Facilitator training. As previously stated, the Office of Statewide Health Planning and Development (OSHPD) has rolled out numerous MHSA-funded projects that address the needs of consumer and family members interested in obtaining employment and enhancing leadership skills. The county continues to look for opportunities to leverage the statewide efforts and work with diverse stakeholders to determine an array of leadership and training opportunities that would be beneficial for consumers and family members.

Action 8: Stipends for Individuals, Especially Consumers and Family Members, for Education Programs to Enter the Mental Health Field

This Action supports efforts to develop a diverse, culturally sensitive and competent public mental health system by establishing a stipend fund to allow individuals to apply for stipends to participate in educational opportunities that will lead to employment in Sacramento County's mental health system. Sacramento County has a mechanism to provide stipends that leverages County WET and other related funds, as needed.

INNOVATION COMPONENT

The Innovation Component provides time-limited funding for the sole purpose of developing and trying out new practices and/or approaches in the field of mental health. An Innovation project is defined as one that contributes to learning rather than focusing on providing a service. DBHS has completed one Innovation project, known as **Innovation Project 1: Respite Partnership Collaborative.** DBHS' **Innovation Project 2: Mental Health Crisis/Urgent Care Clinic** establishes alternative mental health crisis service for individuals needing crisis care. This project is described in this Annual Update. DBHS is working to implement a third project known as **Innovation Project 3: Behavioral Health Crisis Services Collaborative** which was approved by the MHSOAC in May 2018.

DBHS Innovation Project 1: Respite Partnership Collaborative (RPC)
The RPC Project spanned five-years from 2011 – 2016. The RPC was designed to be a community-driven collaborative comprised of community partners committed to developing, providing and supporting a continuum of respite services and supports designed to reduce mental health crisis in Sacramento County.

The learning opportunity for this project was using an administrative entity (Sierra Health Foundation: Center for Health Program Management) to implement the project to determine if a public/private endeavor could lead to new partnerships, increased efficiencies, and ultimately, improve services to our community members experiencing a crisis.

The RPC project was implemented in fiscal year 2012-13 and began with the formation of a Respite Partnership Collaborative comprised of twenty-two (22) stakeholders and community members. A total of five million dollars was set aside to fund grants for respite programs that could reduce the impact of crisis and create alternatives to psychiatric hospitalization. The RPC made the decision to award grants in three different funding cycles over the course of the Project.

In the role of the Administrative Entity, Sierra Health Foundation (SHF) Center for Health Program Management assisted the RPC to develop grant making procedures and practices and oversaw the distribution of grant dollars. Requests for Proposals were developed and publicized throughout the community. Organizations were invited to submit proposals for respite programs that could address mental health crisis and reduce psychiatric hospitalization. Proposals were reviewed by review teams comprised of RPC members as well as community stakeholders. All awards were determined by the RPC.

As an Innovation project, funding was time-limited for the term of the project, which meant that the mental health respite grantees had to look for sustainable funding from other sources. The Welfare and Institutions Code allows for the transition of successful innovation projects to sustainable MHSA funding, if the County so chooses. In 2015 and early 2016, the MHSA Steering Committee reviewed RPC-funded respite programs for consideration of sustainability through other MHSA components. This review was based on component funding requirements, as well as system needs. With support from the MHSA Steering Committee, all eleven mental health respite programs transitioned to sustainable MHSA CSS and PEI funding during FY 2015-16.

Descriptions of those respite programs are included in the CSS and PEI component sections of this Annual Update.

DBHS Innovation Project 2: Mental Health Crisis/Urgent Care Clinic

The Mental Health Crisis/Urgent Care Clinic project was reviewed and approved by the MHSOAC in May 2016. The primary purpose of this project is to increase the quality of services, including better outcomes for individuals experiencing a mental health crisis with the secondary purpose of increasing access to services.

Over the past two decades, urgent care clinics have emerged as an alternative and effective care setting that improves access to quality healthcare, addresses intermediate physical health needs, and provides an alternative to emergency department visits. The project will test the adaptation of an urgent care clinic/medical model, which is an intermediate step between routine and emergency care, to provide crisis response/care for individuals experiencing a mental health crisis. Furthermore, this project will fully incorporate wellness and recovery principles into service delivery. Specifically, the adaptations will focus on: 1) *Operate as an extended hours outpatient treatment program* versus a Crisis Stabilization Unit thus allowing for a more flexible staffing pattern to tailor services that better meet community needs; 2) *Provide direct linkage* as an access point for both Sacramento County Mental Health Plan (MHP) and Alcohol and Drug Services (ADS); 3) *Serve all ages* (children, youth, adults and older adults); and, 4) *Pilot a medical clearance process* utilizing a screening tool that will allow clinical staff to initially screen to identify medical issues on site as needed.

Success: Mental Health Urgent Care Clinic

A 58 year old female walked into to the Mental Health Urgent Care Clinic expressing feelings hopelessness and loneliness. She had a long history of negative experiences with previous mental health services. After engagement with a clinic peer support specialist, she was able to share interest in wanting advice of the psychiatrist and also someone who would hear her story and with whom she could talk. After meeting with a clinic assessment clinician and psychiatrist, she met with the peer support specialist again to review her discharge plan and next steps.

During discharge planning from the clinic, she reported a renewed sense of hope she felt had been missing for years. The following week, she contacted the clinic to express gratitude to the clinic staff and for the services she received. She described how her experience at the clinic changed her perception of mental health staff and that she was especially surprised by the way her story was valued and included in the treatment process.

As a result of her clinic visit, she followed through on picking up her medications and was linked with an outpatient mental health provider for ongoing care. She was also inspired to visit the Medi-Cal office for the first time to sign up for benefits and continue her ongoing care with her new service provider.

In turn, these adaptations will achieve better client outcomes including the following: creating an effective alternative for individuals needing crisis care, improving the client experience in achieving and maintaining wellness, reducing unnecessary or inappropriate psychiatric hospitalizations and incarcerations, reducing emergency department visits, improving care coordination across the system of care to include linkages to other needed resources and timely access to mental health services.

In October 2016, Sacramento County initiated the competitive selection process to seek out organizations interested in collaboratively operating this project. As a result, Turning Point

Community Programs was selected to administer the Mental Health Urgent Care Clinic which opened in November 2017.

The Mental Health Urgent Care Clinic, certified as a Medi-Cal outpatient clinic, provides voluntary and immediate access to short-term crisis intervention services including integrated services for co-occurring substance abuse disorders to individuals of any age who are experiencing a mental health crisis. Services are designed to provide an alternative to emergency department visits for individuals who have immediate mental health needs. Services focus on wellness and recovery as well as linkage to ongoing community services. Interventions assist in decreasing unnecessary and lengthy involuntary inpatient treatment while increasing access to care in a voluntary setting.

Clinic service outcomes are to provide comprehensive, integrated, culturally competent, supportive services to underserved and unserved individuals experiencing mental health crisis to 1. Offer an effective alternative for crisis mental health services; 2. Improve their experience in achieving and maintaining wellness; 3. Reduce psychiatric hospitalizations and/or incarcerations; 4. Reduce emergency department visits for urgent mental health needs; and, 5. Improve care coordination across the system, including linkages to other needed resources and timely access to mental health services.

DBHS Innovation Project 3: Behavioral Health Crisis Services Collaborative

In Fiscal Year 2017-18, the Division held a community planning process to develop a third INN Project, known as INN Project 3: Behavioral Health Crisis Services Collaborative. The project is a public/private partnership with Dignity Health and Placer County with the intent to establish integrated adult crisis stabilization services on the Mercy San Juan hospital emergency department campus in the northeastern area of Sacramento County.

This innovative emergency care integration initiative advances the standard for existing crisis services in several distinctive ways:

- It is a unique public/private collaboration between Sacramento County, Placer County and Dignity Health, and engages multiple Plan and community-based partners to serve residents of both Counties.
- It represents a commitment from a large hospital system, Dignity Health, to provide quality and integrated medical and behavioral health services under the hospital's license and make a financial investment that includes:
  - Dedicated hospital campus space and construction of facilities, designed to meet crisis stabilization services specifications
  - Ongoing facility operations and maintenance
  - Client transportation
  - Funding for a hospital navigator position
- Project services will:
  - Be sited in the northern region of Sacramento which lacks sufficient crisis service programs across two counties with growing populations
  - Serve adults, 18 years and older, who:

        - Present in the emergency department (ED), are medically treated and stabilized, and would benefit from multi-disciplinary mental health evaluation and crisis stabilization services for up to 23 hours
        - Voluntarily or involuntarily elect to receive services with the expressed goal of minimizing the time being on an involuntary 5150 hold
    - Provide front door integrated medical emergency and mental health crisis stabilization services that embrace the concept of whole person care, wellness and recovery.
    - Promote prevention by incorporating an assessment tool for early identification and intervention of first episodic psychosis that will be developed by the University of California Davis Medical Center's (UCDMC) Sacramento Early Diagnosis and Preventive Treatment Program (SacEDAPT). Project services will also connect Sacramento County clients to ongoing care with the SacEDAPT program, a project partner.
- It presents a new opportunity to serve both publically and privately insured residents from both Sacramento and Placer Counties.
- It creates an opportunity to develop a model for:
    - Shared governance and regulatory responsibilities related to delivering seamless integrated medical emergency and crisis stabilization care on a hospital emergency department campus
    - Electronic medical records exchange for both clinical coordination of care and claiming processes with the goal of delivering effective and efficient seamless integrated crisis care
- A robust resource center under the same roof will allow multiple community-based partners to support the project by providing care coordination, peer support and navigation, and social services support at the point of care. This will ensure consumers are directly linked to aftercare and other resources necessary for ongoing management of conditions and wellness.
- Local Health Plans operating in Sacramento and Placer Counties will provide navigation and support services to their private and public enrollees that utilize project services.
- The project is a natural fit with collaborative efforts between Sacramento County and Sacramento City's Whole Person Care (WPC) initiative, and will serve as a direct access point for assessing eligibility, continuity of care, and referral opportunities for homeless individuals with serious mental health conditions in the northern part of Sacramento County.

By integrating mental and physical health care and social support services in one location, the project will ensure continuity of care and strengthen the region's continuum of care for an estimated 2,000 or more public and private clients annually.

The primary purpose of this emergency care integration innovation project is to demonstrate improved behavioral health outcomes through a public/private collaboration that removes existing barriers to care, increases access to, and the quality and scope of, crisis stabilization and supportive mental health services that are integrated and coordinated. Project services, sited in the northern region of Sacramento County, will increase access to crisis services for underserved area residents. The secondary purpose of this project is to improve the efficacy and integration of medical and mental health crisis stabilization services through a public/private partnership between a licensed acute care general hospital and an onsite provider of mental health rehabilitative crisis stabilization services. The project will result in the development of assessment, stabilization and treatment protocols between a hospital emergency department (ED) and an onsite mental health crisis stabilization service focused on timely intervention and restoration of civil rights, early psychosis

identification and intervention, and reduced ED patient boarding. Treatment protocols will apply to two adjoining counties as well as Health Plans and will include best practices to change the trajectory of care for individuals seeking crisis services.

This project was developed as a result of a local community planning process and was reviewed and approved by the Sacramento County Board of Supervisors and the California Mental Health Services Oversight and Accountability Commission (MHSOAC) in 2018. This project was described in detail as an attachment to the Three-Year Plan. It is anticipated that this project will be implemented in FY 2018-19.

CAPITAL FACILITIES (CF) AND TECHNOLOGICAL NEEDS (TN) COMPONENT

The **Capital Facilities (CF) Project Plan** was approved in July 2012. The project involved renovations and improvements to the county-owned complexes at 2130, 2140, 2150 Stockton Boulevard. The renovations and improvements of these complexes allowed for the co-location of the MHSA-funded Adult Psychiatric Support Services (APSS), Peer Partner program, and the Mental Health Urgent Care Clinic (INN Project 2).

The Department of General Services (DGS) and the County Architects developed and implemented a Scope of Work that incorporated the community feedback and the necessary Americans with Disabilities Act (ADA) requirements. The construction was completed in late 2015 and the programs have successfully transitioned into the renovated space.

The **Technological Needs (TN) Project** consists of five phases, which began in fiscal year 2010-11, to build the infrastructure necessary to meet Sacramento's goals of the Community Services and Supports Plan by improving integrated services that are client and family driven, meet the needs of target populations and are consistent with the recovery vision in Sacramento County. This project will also further the County's efforts in achieving the federal objectives of meaningful use of electronic health records to improve client care. Per WIC Section 5892(b), Counties may use a portion of the CSS funds to sustain TN projects once the time-limited TN funds are exhausted. Therefore, these activities are being sustained with CSS funding.

There are two Roadmaps to address Sacramento County Technological needs: Sacramento's Health Information Exchange, known as SacHIE (County operated providers and those contracted providers that have chosen to use the County's electronic health record) and HIE (Contracted providers with their own electronic medical record system).

SacHIE Roadmap:

- Phase 1: Clinical Documentation, Electronic Prescribing
- Phase 2: Document Imaging, Consent Management, Billing and State Reporting Electronic Exchange
- Phase 3: Clinical Documentation Exchange
- Phase 4: Laboratory Order Entry and Lab History Exchange
- Phase 5: Health Information Exchange/Personal Health Record Implementation and Expansion

Sacramento County is currently in phase 4 of the SacHIE project. All of our County Operated providers and those contracted outpatient providers that have chosen to use the County's electronic health record are utilizing an electronic health record (EHR) that allows for electronic requests and responses for mental health services, collection of client demographics, completion of assessments, progress notes, client plans as well as electronic prescribing of medications and claiming for services provided. Sacramento County anticipates the completion of Phase 4 of the SacHIE project in the fourth quarter of FY 2018-19. Next the County will begin Phase 5 of the project which addresses Health Information Exchange/Personal Health Record implementation and expansion.

HIE (Health Information Exchange/Providers with their own system) Roadmap:

- Phase 1: Practice Management, Electronic Prescribing
- Phase 2: Electronic Exchange of Claiming and State Reporting Information
- Phase 3: Electronic Exchange of Clinical Information
- Phase 4: Electronic Order Entry
- Phase 5: Fully Integrated Electronic Health Record and Personal Health Record

Sacramento County has completed Phase 1 of the HIE. All of the contracted providers that have chosen to use their own electronic health record will continue to utilize the County's EHR system to record electronic requests for mental health services, collection of client demographics, as well as electronic prescribing of medications and claiming for services provided until Phases 2 through 4 have been completed. Phases 2 through 5 address electronic exchange of information and are included in the scope of work in Phase 5 of the SacHIE Roadmap. Sacramento County will begin these phases in the fourth quarter FY 2018-19 as they begin Phase 5 of the SacHIE Roadmap.

FY 2018-19 Mental Health Services Act Expenditure Plan
Funding Summary

County: Sacramento Date: 3/7/19

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	90,405,387	27,635,040	14,556,721	631,887	110,932	
2. Estimated New FY 2018/19 Funding	45,228,304	11,307,076	2,975,546			
3. Transfer in FY 2018/19[a/]	(5,415,710)			1,750,000	3,665,710	
4. Access Local Prudent Reserve in FY 2018/19	0	0				0
5. Estimated Available Funding for FY 2018/19	130,217,981	38,942,116	17,532,267	2,381,887	3,776,642	
B. Estimated FY 2018/19 MHSA Expenditures	64,348,970	18,176,102	3,862,178	1,489,769	3,415,710	
G. Estimated FY 2018/19 Unspent Fund Balance	65,869,011	20,766,014	13,670,089	892,118	360,932	

Note - Estimated Unspent Funds from Prior Fiscal Years figures are dynamic and will change based on actual expenditures, finalized cost reports, and cost settlements.

H. Estimated Local Prudent Reserve Balance*	
1. Estimated Local Prudent Reserve Balance on June 30, 2018	14,891,847
2. Contributions to the Local Prudent Reserve in FY 2018/19	0
3. Distributions from the Local Prudent Reserve in FY 2018/19	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	14,891,847

*Estimated Local Prudent Reserve Balance reflects adjustment of $4,500,000 per direction from Department of Health Care Services

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 2018-19 Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Sacramento Date: 3/7/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Sierra Elder Wellness	2,048,328	1,214,110	834,218			
2. Permanent Supportive Housing (incl new/ex	16,960,913	12,551,083	3,478,088		0	931,742
3. Transcultural Wellness Center	2,653,266	1,935,922	717,344			
4. Adult Full Service Partnership (incl expansio	9,427,929	5,740,579	3,687,350			
5. Juvenile Justice Diversion and Treatment	3,625,533	2,343,511	745,052		536,970	
6. Transition Age Youth (TAY) Full Service Partr	4,080,000	2,550,000	1,530,000			
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Transitional Community Opportunities for R	33,357,813	17,138,372	10,237,115	5,162,986	0	819,340
2. Wellness and Recovery	7,167,165	5,702,810	1,464,355			
3. Crisis Residential	3,746,579	1,472,729	873,696	61,452	0	1,338,702
4. Consultation Support and Engagement Tean	915,000	813,050	101,950			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	7,886,804	7,886,804				
CSS MHSA Housing Program Assigned Funds	5,000,000	5,000,000				
Total CSS Program Estimated Expenditures	96,869,330	64,348,970	23,669,168	5,224,438	536,970	3,089,784
FSP Programs as Percent of Total	60.3%					

FY 2018-19 Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Sacramento Date: 3/7/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Suicide Prevention (Incl new/expanded programming)	7,275,029	6,920,477				354,552
2. Strengthening Families (Incl new program for foster youth)	6,065,796	6,065,796				
3. Integrated Health and Wellness (Incl new programming for trauma-inform	1,385,500	1,385,500				
4. Mental Health Promotion	1,374,533	1,374,533				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Integrated Health and Wellness - SacEDAPT	905,639	533,065	64,804			307,770
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,546,231	1,546,231				
PEI Assigned Funds	350,500	350,500				
Total PEI Program Estimated Expenditures	18,903,228	18,176,102	64,804	0	0	662,322

FY 2018-19 Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Sacramento Date: 3/7/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. N/A	0					
2. Mental Health Crisis/Urgent Care Clinic	2,500,000	2,500,000				
3. Behavioral Health Crisis Services Collaborati	1,116,907	1,116,907				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	245,271	245,271				
Total INN Program Estimated Expenditures	3,862,178	3,862,178	0	0	0	0

FY 2018-19 Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Sacramento Date: 3/7/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET Actions	1,489,769	1,489,769				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	1,489,769	1,489,769	0	0	0	0

FY 2018-19 Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Sacramento Date: 3/7/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Upgrading System and Architecture Support	3,415,710	3,415,710				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	3,415,710	3,415,710	0	0	0	0

Mental Health Services Act (MHSA) FY 2018-19 Annual Update
Funding Summary Presentation to MHSA Steering Committee

A. Community Services and Supports (CSS) Component

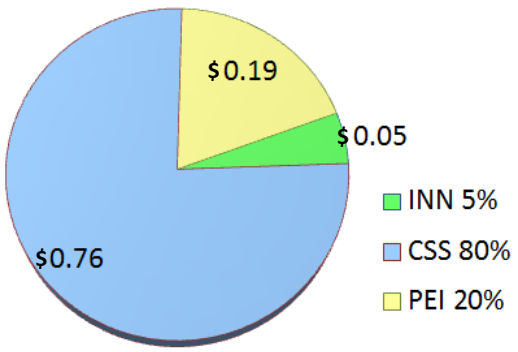
- Provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and adults living with a serious mental illness. This includes funding for the MHSA Housing Program.
- A majority of CSS funding must be directed to Full Service Partnership programs
- Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years
  - This means unspent CSS funding is combined with incoming revenue to sustain CSS programming/activities, as well as sustaining critical activities in the time-limited WET and CF/TN components, sustaining successful and applicable INN project components
  - Unspent CSS funding must also be used to sustain MHSA Housing Program investments
    - MHSA funds have resulted in 161 built units across 8 developments since 2008
    - 15 units are in development through the Special Needs Housing Program
    - MHSA investment of $15m-$22m must be replenished as projects mature
- 80% of each MHSA dollar is directed to the CSS Component (see funding chart below)

B. 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
- A majority of PEI funding must be directed to ages 0-25
- 20% of each MHSA dollar is directed to the PEI Component (see funding chart below)

C. Innovation (INN) Component

- Provides funding to test new and/or improved mental health practices or approaches with the goal of increasing access (including access for underserved groups), increasing the quality of services, or promoting interagency collaboration
- Projects can span up to 5 years – If successful, other funding must be identified to sustain
- Successful INN projects may be sustained by CSS/PEI components (as applicable), if County so chooses
- All new or changed INN projects must be approved by the Mental Health Services Oversight and Accountability Commission (OAC)
- 5% of each MHSA dollar is directed to the INN Component (see funding chart below)



D. Workforce Education and Training (WET) Component

- Provides time limited funding with a goal to recruit, train and retain diverse culturally and linguistically competent staff for the public mental health system and ensure they are adequately trained to provide effective services and administer programs based on wellness and recovery
- WET activities must be sustained by CSS funding once dedicated WET funding is exhausted

E. Capital Facilities and Technological Needs (CF/TN) Component

- Capital Facilities (CF) project – Time limited funding to renovate three buildings at the Stockton Boulevard complex that house Adult Psychiatric Support Services (APSS) clinic, Peer Partner Program and INN 2 Project (Mental Health Urgent Care Clinic)
- Technological Needs project – Time limited funding to addresses our commitment to move to an Electronic Health Record and Personal Health Record to improve client care through a multi-phased approach
- CF/TN activities must be sustained by CSS funding once dedicated CF/TN funding is exhausted

F. Prudent Reserve

- Per Welfare and Institutions Code, each County must establish and maintain a prudent reserve to ensure the county program will continue to be able to serve children, adults, and seniors during years in which revenues for the Mental Health Services Fund are below recent averages

G. **Overarching Points**

- Mental Health Services Act (MHSA) funding is generated by a 1% tax on personal income in excess of $1M
  - As income tax-based revenue, MHSA funding is greatly impacted by the economy (impacts lag by approximately 2 years)
  - State revenue projections may be overestimated by $150-200M annually
- In FY2015-16, Sacramento County allocation was reduced from 3.21% to 3.16% of State MHSA funding due to statewide recalculation of distribution methodology
- In FY2016-17, Sacramento County allocation was increased from 3.16% to 3.26% of State MHSA funding due to statewide recalculation of distribution methodology
- In FY2017-18, Sacramento County allocation was increased from 3.26% to 3.29% of State MHSA funding due to statewide recalculation of distribution methodology
- In FY2018-19, Sacramento County allocation decreased from 3.29% to 3.23% of State MHSA funding due to statewide recalculation distribution methodology (this recalculation is expected to happen annually moving forward)

Cultural Competence Committee and Ad Hoc Workgroup Recommendation **ATTACHMENT B**

PEI Program for the African American Community

Presented to the MHSA Steering Committee on January 17, 2019

Recommendation:

The Cultural Competence Committee Ad Hoc Workgroup recommends using Prevention and Early Intervention (PEI) funding to develop a new program to address mental health and wellness needs of African American/Black community members who have experienced or have been exposed to trauma.

The Workgroup recommends that this new prevention program serve Sacramento County African American/Black community members of all ages and genders across the life span, with special consideration given as a prevention measure to children, youth, teens, and Transition Age Youth (ages 0 through 25). The Workgroup recommends that all program elements incorporate an understanding of African American/Black cultural heritage, including norms and traditions, the broad and multifaceted definition of family, and historical trauma.

The Workgroup recommends convening community listening sessions to obtain input from the Sacramento County African American/Black community in order to further refine these strategies.

The Workgroup recommends that the following key elements of prevention services and supports for African American/Black community members who have experienced or have been exposed to trauma are incorporated into the new program:

- Recruit, hire, and retain a diverse workforce that is reflective of the African American/Black community.
- Cultural Brokers and Peers are utilized to provide support to youth, young people, and their families who have experienced trauma within educational, health, mental health, and other systems.
- Services are provided by staff who can relate to and are reflective of the community they are serving. Outreach, engagement strategies and communication strategies are culturally responsive, relatable, and easy to understand.

Services include an array of support groups that provide safe healing spaces for community members such as, but not limited to:

- Ethnic/topic specific
- Gender specific support groups
- Healing circles and groups
- LGBQ and Transgender support groups
- Trauma from gun violence for family members and victims
- Victims of racial profiling support groups for men

Services will leverage or enhance existing mentorship opportunities that are available in the community to build protective factors.

Training for community members to increase their recognition of early signs of mental illness and providing assistance with linkage to the appropriate level of treatment.

Collaboration and cross training regarding cultural competence, trauma informed care/practice/implementation, implicit bias, social determinants of health and historical trauma for stakeholders, governmental agencies, and other large institutions (i.e. Law Enforcement, CPS, educators, health systems).

Collaboration with other local PEI efforts such as the Suicide Prevention Project/Supporting Community Connections program serving the African American/Black community and the local mental illness stigma and discrimination reduction project.

The Workgroup recommends that services be provided at easily accessible locations in the community where participants feel safe such as:

- Community centers and organizations, including libraries
- Faith Based Organizations such as churches or other places of worship
- Online support services through social media groups
- In home services
- Community mental health locations and public health centers

Photo by Rmarmion at dreamstime.com

SACRAMENTO COUNTY

CAN WE TALK?

MENTAL HEALTH AND WELLNESS IN THE AFRICAN AMERICAN COMMUNITY DIALOGUE

Sacramento County Division of Behavioral Health Services would like to invite African American community members who live in Sacramento County to participate in an open dialogue with the Cultural Competence Committee Ad Hoc Workgroup. Join us to provide your insights and ideas on the mental health and wellness needs of African Americans who have experienced trauma and/or mental health challenges. This is an opportunity to have direct input into future programming to meet the needs of the African American community in Sacramento County.

SATURDAY, DECEMBER 1ST, 2018

10 AM - 2PM

GRANTLAND L JOHNSON CENTER FOR HEALTH AND HUMAN SERVICES

7001-A EAST PARKWAY,

CONFERENCE ROOM 1

SACRAMENTO, CA 95823

Lunch will be provided. If interested in attending, please RSVP at **https://mhdialogue.eventbrite.com.*
***I**f you wish to attend and need reasonable accommodation, please contact Jay Ma at (916) 875-4639 or via email at maJay@saccounty.net by 11/28/18. For questions or concerns, please contact Darlene Moore at (916) 875-7227.*

SACRAMENTO COUNTY

Division of Behavioral Health Services
Mental Health Services Act (MHSA)
Cultural Competence Committee Ad Hoc Workgroup
Workgroup Composition
(9/24/2018)

The Division of Behavioral Health Services (DBHS) tasked the DBHS Cultural Competence Committee with forming an Ad Hoc Workgroup to gather feedback from the community and develop a recommendation(s) to address the mental health and wellness needs of African American community members who have experienced or have been exposed to trauma.

DBHS and the DBHS Cultural Competence Committee determined the composition and membership of the Workgroup, as identified in the table below:

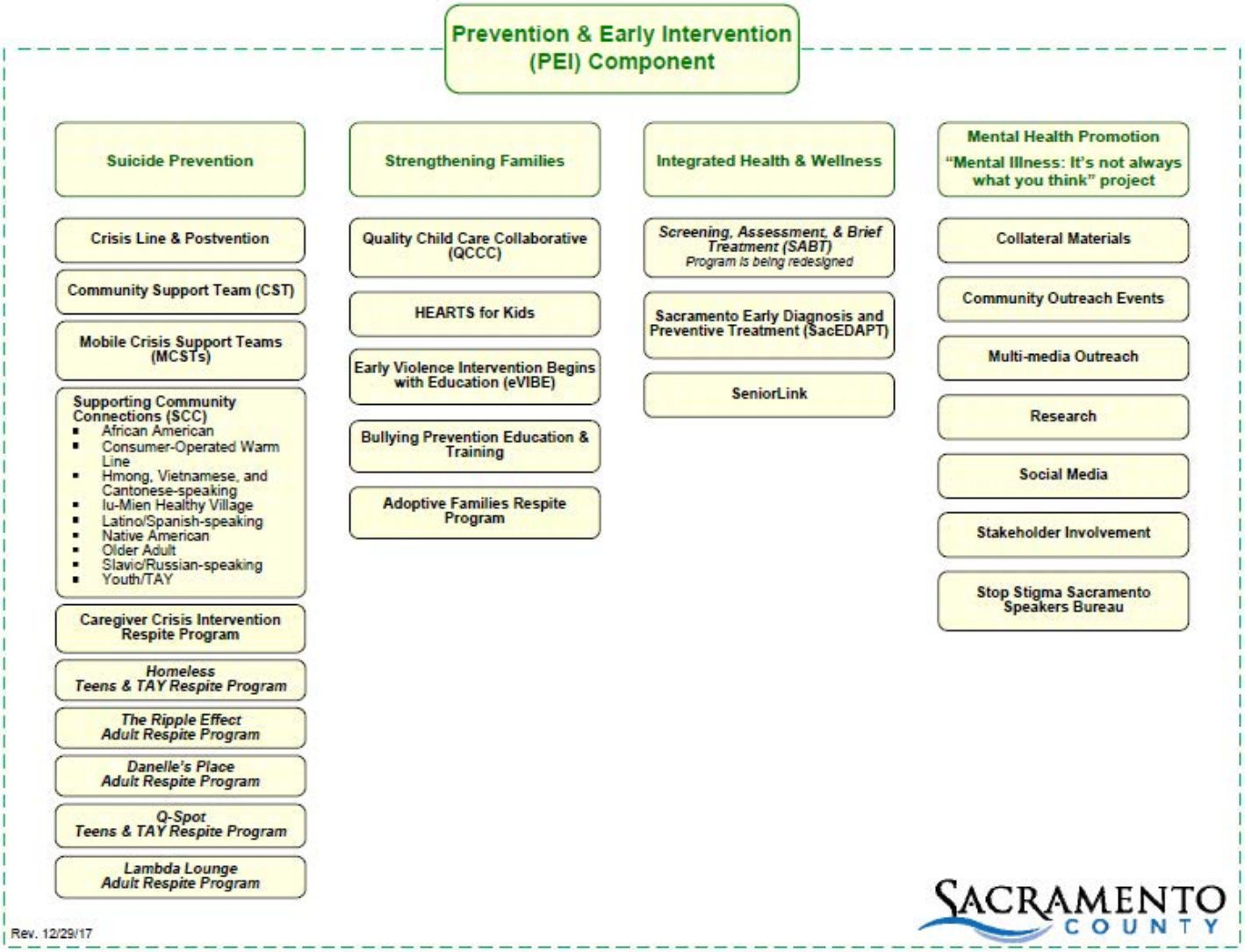
	Member
1.	Flojaune G. Cofer, PhD, MPH
2.	Michael Craft
3.	Lilyane Glamben
4.	Kristee Haggins, PhD
5.	Danielle Lawrence
6.	Ryan McClinton
7.	Kindra Montgomery-Block
8.	Leslie Napper
9.	Kim Pearson
10.	Rev. Kevin Kitrell Ross
11.	Kellie Todd Griffin
12.	Donna Wood

Mental Health Services Act

Annual Prevention and Early Intervention Program and Evaluation Report

Fiscal Year 2017/18

The Sacramento County Department of Health and Human Services, Division of Behavioral Health Services (DBHS) has an array of Mental Health Services Act (MHSA) funded Prevention and Early Intervention (PEI) programs designed to serve the unserved and underserved communities in the County. The PEI programs range from outreach and engagement services to early identification and intervention for individuals experiencing early signs of psychosis. In Fiscal Year (FY) 17/18, DBHS PEI funded programs served 38,217 individuals in selective prevention programs and 200,220 adults, children, parents/caregivers and education staff in universal prevention (Supporting Community Connections outreach, Respite outreach and Bullying Prevention). The chart below depicts the range of programs the County offers.



Suicide Prevention and Education Program
Ages Served: Children, TAY, Adults, Older Adults

The Suicide Prevention and Education Program consists of:

- Suicide Crisis Line
- Postvention Counseling Services
- Postvention – Suicide Bereavement Support Groups and Grief Services
- Supporting Community Connections
- Community Support Team
- Mobile Crisis Support Teams
- Mental Health Respite Programs

Suicide Crisis Line

Program Type: Suicide Prevention

Program Description: Administered by WellSpace Health, the 24-hour nationally accredited telephone crisis line that utilizes professional and trained volunteer staff to provide suicide prevention and crisis services to callers of all ages at risk of suicide.

Number Served: In FY 17/18, over 20,130 calls were made to the suicide hotline.

Demographics: Due to the nature of the program, demographics were not collected.

Postvention Counseling Services

Program Type: Suicide Prevention

Program Description: Administered by WellSpace Health, brief individual and group counseling services are available to individuals and/or families who have attempted suicide, are at high-risk for suicide or are dealing with recent bereavement due to loss by suicide.

Number Served: In FY 17/18, 34 individuals were served.

Demographics: Due to the nature of the program, demographics were not collected.

Postvention – Suicide Bereavement Support Groups and Grief Services

Program Type: Suicide Prevention

Program Description: Administered by Friends for Survival, staff and volunteers directly impacted by suicide provide support groups and services designed to encourage healing for those coping with a loss by suicide.

Number Served: In FY 17/18, 358 total served. Note: total number served reflects a duplicated count due to the anonymous nature of the program.

Demographics:

	Friends for Survival N=358	**%**
Age Group		
Children/Youth (0-15)	9	2.5%
TAY (16-25)	8	2.2%
Adults (26-59)	149	41.6%
Older Adults (60+)	156	43.6%
Unknown/Not Reported	36	10.1%
Ethnicity		
Hispanic or Latino	32	8.9%
Non-Hispanic/Non-Latino	131	36.6%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	195	54.5%
Race		
White	176	49.2%
Black or African American	13	3.6%
Asian	16	4.5%
American Indian or Alaska Native	5	1.4%
Native Hawaiian or other Pacific Islander	8	2.2%
More than one race	0	0.0%
Decline to answer	0	0.0%
Other	18	5.0%
Unknown/Not Reported	122	34.1%

	Friends for Survival N=358	%
Primary Language		
English	239	66.8%
Spanish	0	0.0%
Vietnamese	0	0.0%
Cantonese	0	0.0%
Russian	0	0.0%
Hmong	0	0.0%
Arabic	0	0.0%
Other	3	0.8%
Unknown/Not Reported	116	32.4%
Sexual Orientation		
Heterosexual or Straight	214	59.8%
Gay or Lesbian	6	1.7%
Bisexual	13	3.6%
Questioning or unsure	2	0.6%
Queer	1	0.3%
Another sexual orientation	6	1.7%
Decline to answer	0	0.0%
Unknown/Not Reported	116	32.4%
Current Gender Identity		
Female	220	61.5%
Male	66	18.4%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	7	2.0%
Unknown/Not Reported	65	18.2%

Supporting Community Connections (SCC)

Program Type: Suicide Prevention

Program Description: A constellation of community based agencies working collaboratively throughout the County to provide culturally and linguistically appropriate suicide prevention support services designed to increase access to and linkage with needed services; improve self-reported life satisfaction and well-being; reduce risk factors and enhancement of protective factors; diversion from crisis services or decreased need for crisis services; decreased suicide risk; increased knowledge of available resources and supports; and enhanced connectedness and reduced isolation. Each program is specifically tailored to meet the needs of their respective communities. Nine underserved populations are served by different agencies throughout the community:

- Hmong, Vietnamese, Cantonese- speaking communities – Administered by Asian Pacific Community Counseling (APCC)
- Youth/Transition Age Youth – Administered by the Children's Receiving Home
- African American – Administered by G.O.A.L.S for Women
- Iu-Mien – Administered by Iu-Mien Community Services (IMCS)
- Latino/Spanish Speaking Community – Administered by La Family Counseling Center (LFCC)
- Older Adult – Administered by Mental Health America of Northern California (NorCal MHA)
- Native American – Administered by Sacramento Native American Health Center (SNAHC)
- Slavic/Russian Speaking Community – Administered by Slavic Assistance Center
- Consumer Operated Warmline – Administered by Mental Health America of Northern California (NorCal MHA)

Number Served: In FY 17/18, SCC agencies served a total of 2,203 individuals.

Demographics:

Demographics	G.O.A.L.S For Women (N=14)		Cantonese/ Vietnamese/Hmong (N=120)		Consumer Warmline (N=451)		Iu-Mein (N=125)		Native American (N=29)		Older Adults (N=22)		Russian Speaking/Slavic (N=242)		Spanish Speaking/Latino (N=604)		Youth/TAY (N=596)		Total (N=2203)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group																				
Children/Youth (0-15)	0	0.0%	6	5.0%	1	0.2%	1	0.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	186	31.2%	194	8.8%
TAY (16-25)	0	0.0%	28	23.3%	20	4.4%	3	2.4%	1	3.4%	1	4.5%	20	8.3%	35	5.8%	393	65.9%	501	22.7%
Adults (26-59)	7	50.0%	37	30.8%	308	68.3%	41	32.8%	14	48.3%	9	40.9%	135	55.8%	482	79.8%	1	0.2%	1034	46.9%
Older Adults (60+)	0	0.0%	25	20.8%	118	26.2%	56	44.8%	8	27.6%	12	54.5%	85	35.1%	51	8.4%	0	0.0%	355	16.1%
Unknown	7	50.0%	24	20.0%	4	0.9%	24	19.2%	6	20.7%	0	0.0%	2	0.8%	36	6.0%	16	2.7%	119	5.4%
Ethnicity																				
Hispanic or Latino	4	28.6%	0	0.0%	39	8.6%	1	0.8%	9	31.0%	1	4.5%	2	0.8%	600	99.3%	126	21.1%	782	35.5%
Non-Hispanic/Non-Latino	4	28.6%	118	98.3%	358	79.4%	120	96.0%	14	48.3%	21	95.5%	237	97.9%	0	0.0%	357	59.9%	1229	55.8%
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%
More than one ethnicity	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	6	42.9%	2	1.7%	54	12.0%	4	3.2%	6	20.7%	0	0.0%	3	1.2%	4	0.7%	113	19.0%	192	8.7%
Race																				
American Indian or Alaska Native	0	0.0%	0	0.0%	3	0.7%	0	0.0%	14	48.3%	0	0.0%	0	0.0%	0	0.0%	40	6.7%	57	2.6%
Asian	0	0.0%	119	99.2%	5	1.1%	121	96.8%	1	3.4%	0	0.0%	0	0.0%	0	0.0%	4	0.7%	250	11.3%
Black or African American	10	71.4%	0	0.0%	54	12.0%	0	0.0%	1	3.4%	5	22.7%	0	0.0%	0	0.0%	118	19.8%	188	8.5%
Pacific Islander	0	0.0%	0	0.0%	2	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.3%	4	0.2%
White	0	0.0%	0	0.0%	355	78.7%	2	1.6%	5	17.2%	15	68.2%	228	94.2%	0	0.0%	225	37.8%	830	37.7%
Other	4	28.6%	0	0.0%	24	5.3%	0	0.0%	4	13.8%	1	4.5%	0	0.0%	604	100.0%	180	30.2%	817	37.1%
More than one race	0	0.0%	1	0.8%	2	0.4%	0	0.0%	1	3.4%	0	0.0%	14	5.8%	0	0.0%	18	3.0%	36	1.6%
Unknown	0	0.0%	0	0.0%	6	1.3%	2	1.6%	3	10.3%	1	4.5%	0	0.0%	0	0.0%	9	1.5%	21	1.0%
Primary Language																				
English	10	71.4%	3	2.5%	439	97.3%	7	5.6%	27	93.1%	21	95.5%	0	0.0%	0	0.0%	586	98.3%	1093	49.6%
Spanish	4	28.6%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	601	99.5%	4	0.7%	610	27.7%
Vietnamese	0	0.0%	42	35.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	42	1.9%
Cantonese	0	0.0%	2	1.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.1%
Russian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	231	95.5%	0	0.0%	0	0.0%	231	10.5%
Hmong	0	0.0%	50	41.7%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	51	2.3%
Arabic	0	0.0%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Other	0	0.0%	23	19.2%	0	0.0%	116	92.8%	0	0.0%	0	0.0%	9	3.7%	3	0.5%	2	0.3%	153	6.9%
Unknown	0	0.0%	0	0.0%	9	2.0%	2	1.6%	2	6.9%	1	4.5%	2	0.8%	0	0.0%	4	0.7%	20	0.9%
Sexual Orientation																				
Gay or Lesbian	0	0.0%	0	0.0%	13	2.9%	0	0.0%	1	3.4%	1	4.5%	0	0.0%	0	0.0%	51	8.6%	66	3.0%
Heterosexual or Straight	14	100.0%	118	98.3%	424	94.0%	118	94.4%	16	55.2%	21	95.5%	239	98.8%	599	99.2%	404	67.8%	1953	88.7%
Bisexual	0	0.0%	1	0.8%	2	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	40	6.7%	43	2.0%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	6.9%	0	0.0%	0	0.0%	0	0.0%	18	3.0%	20	0.9%
Queer	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.5%	3	0.1%
Another sexual orientation	0	0.0%	0	0.0%	7	1.6%	0	0.0%	0	0.0%	0	0.0%	1	0.4%	3	0.5%	73	12.2%	84	3.8%
Unknown	0	0.0%	1	0.8%	5	1.1%	7	5.6%	10	34.5%	0	0.0%	2	0.8%	2	0.3%	7	1.2%	34	1.5%
Current Gender Identity																				
Male	0	0.0%	76	63.3%	147	32.6%	36	28.8%	5	17.2%	7	31.8%	128	52.9%	112	18.5%	315	52.9%	826	37.5%
Female	14	100.0%	39	32.5%	302	67.0%	83	66.4%	20	69.0%	14	63.6%	107	44.2%	482	79.8%	219	36.7%	1280	58.1%
Transgender	0	0.0%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	43	7.2%	44	2.0%
Genderqueer	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%
Questioning or unsure	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%
Another gender identity	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.4%	0	0.0%	7	1.2%	8	0.4%
Unknown	0	0.0%	5	4.2%	1	0.2%	6	4.8%	4	13.8%	1	4.5%	6	2.5%	10	1.7%	12	2.0%	45	2.0%
Veteran Status																				
Yes	0	0.0%	1	0.8%	7	1.6%	6	4.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	15	0.7%
No	14	100.0%	119	99.2%	444	98.4%	119	95.2%	29	100.0%	22	100.0%	242	100.0%	604	100.0%	595	99.8%	2188	99.3%

Supporting Community Connections (SCC) – Outreach

Program Type: Suicide Prevention – Universal Prevention

The SCC programs are required to provide outreach to the underserved communities for which they served. The agencies attend many community events throughout the year to educate their communities around suicide and mental illness.

Number Served - Outreach: In FY 17/18, the SCC programs attended 238 community events and disseminated information to 127,419 individuals.

Demographics: Due to the nature of the outreach events, demographics were not collected.

Supporting Community Connections (SCC) - Information and Referral

Program Type: Suicide Prevention

The SCC programs provide information and referrals to individuals in the community. These individuals may or may not receive ongoing services through the SCC program.

Number Served: in FY 17/18, the SCC programs disseminated information and made referrals to 9,327 individuals.

Demographics:

Demographics	Children's Receiving Home (N=3)		Consumer Warmline (N=5831)		G.O.A.L.S For Women (N=135)		Friends for Survival (N=587)		Iu-Mein (N=2)		La Familia Counseling Center (N=669)		Norcal MHA Older Adults (N=1839)		Sacramento Native American Health Center (N=13)		Slavic Assistance Center (N=248)		Total (N=9327)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group																				
Children/Youth (0-15)	0	0.0%	3	0.1%	0	0.0%	0	0.0%	0	0.0%	1	0.1%	1	0.1%	0	0.0%	0	0.0%	5	0.1%
TAY (16-25)	0	0.0%	55	0.9%	0	0.0%	11	1.9%	0	0.0%	40	6.0%	25	1.4%	0	0.0%	20	8.1%	151	1.6%
Adults (26-59)	3	100.0%	4095	70.2%	8	5.9%	240	40.9%	1	50.0%	595	88.9%	842	45.8%	6	46.2%	138	55.6%	5928	63.6%
Older Adults (60+)	0	0.0%	1590	27.3%	3	2.2%	80	13.6%	1	50.0%	8	1.2%	922	50.1%	0	0.0%	87	35.1%	2691	28.9%
Unknown/Not Reported	0	0.0%	88	1.5%	124	91.9%	256	43.6%	0	0.0%	25	3.7%	49	2.7%	7	53.8%	3	1.2%	552	5.9%
Current Gender Identity																				
Male	0	0.0%	1895	32.5%	3	2.2%	477	81.3%	0	0.0%	136	20.3%	397	21.6%	2	15.4%	134	54.0%	3044	32.6%
Female	3	100.0%	3895	66.8%	94	69.6%	100	17.0%	2	100.0%	511	76.4%	1391	75.6%	10	76.9%	112	45.2%	6118	65.6%
Transgender	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	4	0.6%	0	0.0%	0	0.0%	0	0.0%	5	0.1%
Genderqueer	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%
Questioning or unsure	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%
Another gender identity	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	2	0.0%
Unknown/Not Reported	0	0.0%	39	0.7%	38	28.1%	10	1.7%	0	0.0%	18	2.7%	50	2.7%	1	7.7%	2	0.8%	158	1.7%
Veteran Status																				
Yes	0	0.0%	0	0.0%	0	0.0%	7	1.2%	0	0.0%	0	0.0%	6	0.3%	0	0.0%	0	0.0%	13	0.1%
No	3	100.0%	5831	100.0%	135	100.0%	580	98.8%	2	100.0%	669	100.0%	1833	99.7%	13	100.0%	248	100.0%	9314	99.9%
Unknown/Not Reported	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%

Community Support Team (CST)

Program Type: Suicide Prevention

Program Description: Administered jointly by DBHS and Crossroads Vocational Services, the CST is a collaboration between county and community based organization staff creating one team with a variety of clinical and outreach skills. The team includes peer support specialists with lived experience, professional staff with clinical experience and family support specialists whose experience builds bridges and communication with family members, natural supports and extended family systems**.** The CST serves all age groups and the individual's family members and/or caregivers. CST provides field-based flexible services to community members experiencing a crisis. Services include assessment, support services and linkage to ongoing services and supports.

Number Served: In FY 17/18, the CST served a total of 634 individuals in the CST clinical component. Note: all individuals are served by CST clinical component but not all are served by CST Peer Services component. The numbers below are duplicated across components if a client was served in both components.

Demographics:

Demographics	Sacramento County Clinical Services (N=634)		Crossroads Peer Services (N=531)	
	N	**%**	**N**	**%**
Age Group				
Children/Youth (0-15)	17	2.7%	11	2.1%
TAY (16-25)	86	13.6%	56	10.5%
Adults (26-59)	391	61.7%	307	57.8%
Older Adults (60+)	136	21.5%	155	29.2%
Unknown	4	0.6%	2	0.4%
Ethnicity				
Hispanic	59	9.3%	44	8.3%
Non-Hispanic	336	53.0%	247	46.5%
Unknown	239	37.7%	240	45.2%
Race				
American Indian or Alaska Native	6	0.9%	4	0.8%
Asian	25	3.9%	23	4.3%
Black or African American	117	18.5%	105	19.8%
Native Hawaiian or other Pacific Islander	5	0.8%	2	0.4%
White	197	31.1%	149	28.1%
Other	42	6.6%	28	5.3%
More than one race	11	1.7%	10	1.9%
Unknown	231	36.4%	210	39.5%

	Sacramento County Clinical Services (N=634)		Crossroads Peer Services (N=531)	
Primary Language	**N**	**%**	**N**	**%**
English	465	73.3%	398	75.0%
Spanish	11	1.7%	7	1.3%
Vietnamese	7	1.1%	5	0.9%
Cantonese	1	0.2%	2	0.4%
Russian	2	0.3%	2	0.4%
Hmong	5	0.8%	4	0.8%
Arabic	2	0.3%	2	0.4%
Other	9	1.4%	5	0.9%
Unknown	132	20.8%	106	20.0%
Sexual Orientation				
Gay or Lesbian	1	0.2%	0	0.0%
Heterosexual or Straight	30	4.7%	23	4.3%
Bisexual	1	0.2%	2	0.4%
Questioning or unsure	0	0.0%	0	0.0%
Queer	0	0.0%	0	0.0%
Another sexual orientation	1	0.2%	2	0.4%
Unknown	601	94.8%	504	94.9%
Sex at Birth				
Male	342	53.9%	246	46.3%
Female	291	45.9%	283	53.3%
Unknown	1	0.2%	2	0.4%
Current Gender Identity				
Male	0	0.0%	4	0.8%
Female	0	0.0%	8	1.5%
Transgender	0	0.0%	0	0.0%
Genderqueer	0	0.0%	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%
Another gender identity	0	0.0%	0	0.0%
Unknown	634	100.0%	519	97.7%

Note: gender identity was not collected for the County Clinical Services. This will be addressed in future reporting

Mobile Crisis Support Teams (MCST)

Program Type: Suicide Prevention

Program Description: Administered in partnership with DBHS, TLCS Inc., and local law enforcement. The MCSTs are dispatched through law enforcement to provide immediate engagement with individuals experiencing a mental health crisis for the purpose of providing care and maintaining community safety. At the time a mental health crisis comes to the attention of law enforcement, an officer/deputy and the Senior Mental Health Counselor are dispatched to provide timely crisis intervention and assessment. After initial contact with the individual in crisis, the Clinician works in collaboration with the TLCS Peer to provide continued support and linkage to services until stabilized and appropriate community resources and linkages are established.

Number Served: In FY 17/18, the MCST teams served a total of 1,452 individuals in the community.

Demographics:

MCST Demographics (N=1,452)	**N**	**%**
Age Group		
Children/Youth (0-15)	108	7.4%
TAY (16-25)	214	14.7%
Adults (26-59)	907	62.5%
Older Adults (60+)	212	14.6%
Unknown	11	0.8%
Ethnicity		
Hispanic	173	11.9%
Non-Hispanic	922	63.5%
Unknown	357	24.6%
Race		
American Indian or Alaska Native	11	0.8%
Asian	55	3.8%
Black or African American	308	21.2%
Native Hawaiian or other Pacific Islander	9	0.6%
White	732	50.4%
Other	102	7.0%
More than one race	28	1.9%
Unknown	207	14.3%

MCST (N=1,452)	N	%
Primary Language		
English	1355	93.3%
Spanish	20	1.4%
Vietnamese	3	0.2%
Cantonese	2	0.1%
Russian	4	0.3%
Hmong	4	0.3%
Arabic	3	0.2%
Other	11	0.8%
Unknown	50	3.4%
Sexual Orientation		
Gay or Lesbian	9	0.6%
Heterosexual or Straight	84	5.8%
Bisexual	5	0.3%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	1	0.1%
Unknown	1353	93.2%
Sex at Birth		
Male	701	48.3%
Female	749	51.6%
Unknown	2	0.1%
Current Gender Identity		
Male	442	30.4%
Female	442	30.4%
Transgender	2	0.1%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	1	0.1%
Unknown	565	38.9%

Mental Health Respite Programs

Program Type: Suicide Prevention

Program Description(s):

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 six (6) respite programs:

Caregiver Crisis Intervention Respite Program: 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, 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.

Danelle's Place Respite Program: Administered by Gender Health Center, provides mental health respite care, via a drop in center, to unserved and underserved adults ages 18 and over, who identify as lesbian, gay, bisexual, transgender, queer, questioning and/or allied adults. There is an emphasis on serving transgender individuals who are experiencing overwhelming stress due to life circumstances, in order to prevent an acute mental health crisis. Services include: assessment, supportive activities, individual and group chat, narrative authoring activities, therapeutic art activities, peer counseling, other crisis prevention services, and community outreach activities.

The Ripple Effect Respite Program: Administered by A Church for All, 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, 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, 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.

Number Served: In FY 17/18, the respite programs served a total of 1,059 individuals in the community.

Demographics:

Demographics - Unduplicated Count	Del Oro (N=92)		A Church For US (N=116)		Gender Health Center (N=202)		Sacramento LGBT Community Center-Lambda Lounge (N=173)		Sacramento LGBT Community Center-Q Spot (N=258)		Wind Youth Services (N=218)		Total (N=1,059)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group														
Children/Youth (0-15)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	39	15.1%	4	1.8%	43	4.1%
TAY (16-25)	0	0.0%	5	4.3%	42	20.8%	12	6.9%	214	82.9%	206	94.5%	479	45.2%
Adults (26-59)	25	27.2%	89	76.7%	100	49.5%	111	64.2%	2	0.8%	5	2.3%	332	31.4%
Older Adults (60+)	65	70.7%	22	19.0%	19	9.4%	9	5.2%	0	0.0%	0	0.0%	115	10.9%
Unknown	2	2.2%	0	0.0%	41	20.3%	41	23.7%	3	1.2%	3	1.4%	90	8.5%
Ethnicity														
Hispanic or Latino	5	5.4%	20	17.2%	35	17.3%	19	11.0%	54	20.9%	31	14.2%	164	15.5%
Non-Hispanic/Non-Latino	82	89.1%	73	62.9%	129	63.9%	96	55.5%	150	58.1%	142	65.1%	672	63.5%
Unknown	5	5.4%	23	19.8%	38	18.8%	58	33.5%	54	20.9%	45	20.6%	223	21.1%
Race														
American Indian or Alaska Native	0	0.0%	3	2.6%	13	6.4%	14	8.1%	12	4.7%	16	7.3%	58	5.5%
Asian	3	3.3%	1	0.9%	14	6.9%	3	1.7%	11	4.3%	5	2.3%	37	3.5%
Black or African American	25	27.2%	46	39.7%	28	13.9%	36	20.8%	49	19.0%	147	67.4%	331	31.3%
Native Hawaiian or other Pacific Islander	0	0.0%	0	0.0%	2	1.0%	2	1.2%	3	1.2%	0	0.0%	7	0.7%
White	60	65.2%	54	46.6%	130	64.4%	75	43.4%	129	50.0%	33	15.1%	481	45.4%
Other	4	4.3%	8	6.9%	11	5.4%	18	10.4%	29	11.2%	15	6.9%	85	8.0%
More than one race	0	0.0%	0	0.0%	0	0.0%	4	2.3%	11	4.3%	0	0.0%	15	1.4%
Unknown	0	0.0%	4	3.4%	4	2.0%	21	12.1%	14	5.4%	2	0.9%	45	4.2%
Primary Language														
English	89	96.7%	115	99.1%	191	94.6%	160	92.5%	255	98.8%	214	98.2%	1024	96.7%
Spanish	0	0.0%	0	0.0%	5	2.5%	0	0.0%	0	0.0%	0	0.0%	5	0.5%
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%	1	0.5%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
Russian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.5%	1	0.1%
Hmong	0	0.0%	0	0.0%	0	0.0%	1	0.6%	0	0.0%	0	0.0%	1	0.1%
Arabic	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	3	3.3%	0	0.0%	4	2.0%	2	1.2%	1	0.4%	1	0.5%	11	1.0%
Unknown	0	0.0%	1	0.9%	1	0.5%	10	5.8%	2	0.8%	2	0.9%	16	1.5%

Demographics - Unduplicated Count	Del Oro (N=92)		A Church For US (N=116)		Gender Health Center (N=202)		Sacramento LGBT Community Center-Lambda Lounge (N=173)		Sacramento LGBT Community Center-Q Spot (N=258)		Wind Youth Services (N=218)		Total (N=1,059)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Sexual Orientation														
Asexual	0	0.0%	0	0.0%	12	5.9%	4	2.3%	16	6.2%	5	2.3%	37	3.5%
Bisexual	0	0.0%	6	5.2%	28	13.9%	28	16.2%	59	22.9%	13	6.0%	134	12.7%
Demisexual	0	0.0%	1	0.9%	6	3.0%	0	0.0%	3	1.2%	0	0.0%	10	0.9%
Fluid	0	0.0%	1	0.9%	3	1.5%	5	2.9%	6	2.3%	0	0.0%	15	1.4%
Graysexual	0	0.0%	0	0.0%	1	0.5%	5	2.9%	6	2.3%	1	0.5%	13	1.2%
Gay or Lesbian	1	1.1%	10	8.6%	37	18.3%	36	20.8%	51	19.8%	9	4.1%	144	13.6%
Heterosexual or Straight	88	95.7%	86	74.1%	27	13.4%	46	26.6%	36	14.0%	170	78.0%	453	42.8%
Pansexual	0	0.0%	0	0.0%	23	11.4%	6	3.5%	39	15.1%	4	1.8%	72	6.8%
Questioning or Unsure	0	0.0%	2	1.7%	26	12.9%	3	1.7%	13	5.0%	3	1.4%	47	4.4%
Queer	0	0.0%	0	0.0%	42	20.8%	5	2.9%	8	3.1%	0	0.0%	55	5.2%
Another sexual orientation	1	1.1%	2	1.7%	9	4.5%	4	2.3%	3	1.2%	0	0.0%	19	1.8%
Unknown	2	2.2%	8	6.9%	17	8.4%	31	17.9%	18	7.0%	13	6.0%	89	8.4%
Current Gender Identity														
Male	27	29.3%	52	44.8%	96	47.5%	78	45.1%	88	34.1%	121	55.5%	462	43.6%
Female	65	70.7%	62	53.4%	65	32.2%	49	28.3%	92	35.7%	88	40.4%	421	39.8%
Transgender	0	0.0%	0	0.0%	84	41.6%	10	5.8%	34	13.2%	7	3.2%	135	12.7%
Genderqueer	0	0.0%	0	0.0%	20	9.9%	5	2.9%	5	1.9%	0	0.0%	30	2.8%
Questioning or unsure	0	0.0%	2	1.7%	26	12.9%	3	1.7%	13	5.0%	2	0.9%	46	4.3%
Another gender identity	0	0.0%	3	2.6%	78	38.6%	10	5.8%	40	15.5%	2	0.9%	133	12.6%
Unknown	0	0.0%	2	1.7%	6	3.0%	26	15.0%	12	4.7%	2	0.9%	48	4.5%
Veteran Status														
Yes	14	15.2%	7	6.0%	23	11.4%	7	4.0%	4	1.6%	2	0.9%	57	5.4%
No	78	84.8%	109	94.0%	179	88.6%	162	93.6%	235	91.1%	216	99.1%	979	92.4%
Decline to answer	0	0.0%	0	0.0%	0	0.0%	4	2.3%	19	7.4%	0	0.0%	23	2.2%

Mental Health Respite Programs – Outreach

Program Type: Suicide Prevention – Universal Prevention

Number Served: In FY 17/18, the respite programs attended 156 community events and disseminated information to 10,672 individuals.

Demographics: Due to the nature of the outreach events, demographics were not collected.

Strengthening Families Project
Ages Served: Children, TAY, Adults, Older Adults

The Strengthening Families Project consists of:

- Quality Childcare Collaborative (QCCC)
- HEARTS for Kids
- Bullying Prevention Education and Training Program
- Early Violence Intervention Begins with Education (eVIBE)
- Adoptive Families Respite Program

Quality Childcare Collaborative (QCCC)

Program Type: Prevention

Program Description: QCCC is a collaboration between DBHS, Child Action, Sacramento Office of Education, and the Warm Line Family Resource Center. The collaborative leverages First 5 funding to provide behavioral health consultations to preschools and early childcare learning environments for children ages birth to five. Consultations are designed to increase teacher awareness about the meaning of behavior to ensure the success of the child while in a childcare and/or preschool setting. Support and education is also available for parents.

Number Served: In FY 17/18, 30 children and family members were served.

Demographics:

	N=30	%
Age		
Children/Youth (0-15)	30	100.0%
TAY (16-25)	0	0.0%
Adults (26-59)	0	0.0%
Older Adults (60+)	0	0.0%
Declined to answer	0	0.0%

Note: Due to the nature of this program, only the age of the child is captured.

HEARTS for Kids

Program Type: Access and Linkage

Program Description: HEARTS for kids is a collaboration between DBHS, Child Protective Services, and Public Health. This collaborative leverages First 5 funding to provide a comprehensive menu of services (health exams, mental health assessments, referrals and treatment services) for children ages birth to five that come to the attention of CPS or are placed into protective custody.

Number Served: In FY 17/18, 366 children, 0-5 years of age, received mental health screenings.

Demographics:

	HEARTS for Kids N=366	**%**
Age Group		
Children/Youth (0-15)	366	100.0%
TAY (16-25)	0	0.0%
Adults (26-59)	0	0.0%
Older Adults (60+)	0	0.0%
Decline to answer	0	0.0%
Ethnicity		
Non-Hispanic	295	80.6%
Hispanic	58	15.8%
Other	0	0.0%
Unknown/Not Reported	13	3.6%
Race		
Black or African American	105	28.7%
White	118	32.2%
Asian	20	5.5%
American Indian or Alaska Native	3	0.8%
Native Hawaiian or other Pacific Islander	2	0.5%
More than one race	6	1.6%
Decline to answer	0	0.0%
Other	27	7.4%
Unknown/Not Reported	85	23.2%
Assigned Sex at Birth		
Male	194	53.0%
Female	171	46.7%
Declined to answer	0	0.0%

Bullying Prevention Education and Training Program

Program Description: Administered by the Sacramento County Office of Education and targets all 13 school districts in Sacramento County. A Training of Trainer (TOT) model uses evidence-based practices to train school staff, who then educates other school staff, students, and parents/caretakers on anti-bullying strategies. The project is primarily being implemented at elementary school demonstrations sites; however, it is intended to expand services to other grades by leveraging school district resources. The long-term goal of the project is to change school climates across all 13 school districts.

Program Type: Universal Prevention

Number Served: In FY17/18, 5,076 school personnel, 46,332 students and 10,721 parents/caretakers in 13 school districts across Sacramento County were trained and/or educated.

Demographics: Unavailable due to program design.

Early Violence Prevention Begins with Education (eVIBE)

***Program Description*:** Administered by the Sacramento Children's Home, uses universal and selective evidence-based prevention approaches to target children and youth ages six (6) to eighteen (18) and their family members/caregivers to improve social skills, increase protective factors, prevent youth violence, and reduce or eliminate family conflict.

Program Type: Prevention

Number Served: In FY 17/18, 2,177 youth were served.

Demographics:

	eVIBE N=2,177	**%**
Age Group		
Children/Youth (0-15)	2067	94.9%
TAY (16-25)	24	1.1%
Adults (26-59)	39	1.8%
Older Adults (60+)	1	0.0%
Unknown/Not Reported	46	2.1%
Ethnicity		
Non-Hispanic	697	32.0%
Hispanic	710	32.6%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	770	35.4%
Race		
More than one race	481	22.1%
White	278	12.8%
Black or African American	158	7.3%
Asian	286	13.1%
American Indian or Alaska Native	16	0.7%
Native Hawaiian or other Pacific Islander	11	0.5%
Other	504	23.2%
Decline to answer	0	0.0%
Unknown/Not Reported	443	20.3%

	eVIBE N=2,177	%
Primary Language		
English	1457	66.9%
Spanish	203	9.3%
Vietnamese	20	0.9%
Cantonese	22	1.0%
Russian	17	0.8%
Hmong	25	1.1%
Arabic	1	0.0%
Other	48	2.2%
Unknown/Not Reported	384	17.6%
Sexual Orientation		
Heterosexual or Straight	74	3.4%
Gay or Lesbian	0	0.0%
Bisexual	1	0.0%
Questioning or unsure	1	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	2101	96.5%
Current Gender Identity		
Male	1117	51.3%
Female	1049	48.2%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	11	0.5%

Adoptive Families Respite Program (CAFA)

Program Description: Administered by Capital Adoptive Families Alliance, this respite program provides temporary relief for adoptive families that are caring for children with complex mental health issues. Families must live in or have adopted from Sacramento County. The respite model includes planned respite during drop off events, summer camp and recreational activities.

Program Type: Prevention

Number Served: In FY 17/18, 137 youth and family members utilized this respite service.

Demographics:

	CAFA N=137	**%**
Age Group		
Children/Youth (0-17)	54	39.41
TAY (18-25)	0	0
Adults (26-59)	42	30.65
Older Adults (60+)	1	0.72
Unknown/Not Reported	24	29.19
Ethnicity		
Non-Hispanic/Non-Latino	56	40.87
Hispanic or Latino	30	21.89
Other Subtotal	0	0
More than one ethnicity	0	0
Unknown/Not Reported	51	37.22
Race		
White	62	45.25
Black or African American	12	8.75
More than one race	23	16.78
American Indian or Alaska Native	4	2.91
Asian	4	2.91
Native Hawaiian or other Pacific Islander	2	1.45
Other	19	13.86
Decline to answer	11	8.02
Unknown	0	0

	CAFA N=137	%
Primary Language		
English	119	86.8
Spanish	1	0.72
Vietnamese	0	0
Cantonese	0	0
Russian	0	0
Hmong	0	0
Arabic	0	0
Other	0	0
Unknown/Not Reported	17	12.4
Sexual Orientation		
Heterosexual or Straight	93	67.88
Gay or Lesbian	21	15.32
Bisexual	0	0
Questioning or unsure	4	2.91
Queer	1	0.72
Another sexual orientation	4	2.91
Unknown/Not Reported	14	10.21
Gender		
Female	61	44.52
Male	53	38.68
Transgender	0	0
Genderqueer	0	0
Questioning or unsure	7	5.1
Another gender identity	0	0
Unknown/Not Reported	16	11.67
Veteran Status		
Yes	2	1.45
No	109	79.56
No Response/Decline to Answer	26	18.97

Integrated Health and Wellness Project
Ages Served: Children, TAY, Adults, Older Adults

The Integrated Health and Wellness Project consists of:

- SacEDAPT (Early Diagnosis and Prevention Treatment)
- Senior Link

SacEDAPT

Program Description: Administered by UC Davis, Department of Psychiatry, SacEDAPT focuses on early onset of psychosis and has been expanded to serve those age twelve (12) to thirty (30). It is a nationally recognized treatment program utilizing an interdisciplinary team of physicians, clinicians, support staff, consumers and family advocates to provide assessment, early identification and treatment of the onset of psychosis. The program continues to engage in outreach services throughout Sacramento County with a particular focus on underserved populations. This program has informed statewide work related to assessing the impact of early psychosis programs.

Program Type: Early Intervention

Number Served: In FY 17/18, 149 clients were served.

	SacEDAPT N=149	**%**
Age Group		
Children/Youth (0-15)	53	35.6%
TAY (16-25)	82	55.0%
Adults (26-59)	14	9.4%
Older Adults (60+)	0	0.0%
Unknown/Not Reported	0	0.0%
Ethnicity		
Non-Hispanic/Non-Latino	91	61.1%
Hispanic or Latino	40	26.8%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	18	12.1%

	SacEDAPT N=149	%
Race		
Black or African American	40	26.8%
White	38	25.5%
Asian	11	7.4%
More than one race	16	10.7%
Native Hawaiian or other Pacific Islander	1	0.7%
American Indian or Alaska Native	0	0.0%
Other	29	19.5%
Decline to answer	0	0.0%
Unknown/Not Reported	14	9.4%
Primary Language		
English	136	91.3%
Spanish	8	5.4%
Vietnamese	1	0.7%
Cantonese	0	0.0%
Russian	0	0.0%
Hmong	0	0.0%
Arabic	0	0.0%
Other	0	0.0%
Unknown/Not Reported	4	2.7%
Current Gender Identity		
Male	62	41.6%
Female	40	26.8%
Transgender	3	2.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	5	3.4%
Unknown/Not Reported	39	26.2%

Senior Link

Program Description: Administered by El Hogar, Senior Link provides community integration support for adults aged 55 and older who are demonstrating early signs of isolation, anxiety and/or depression. Para-professional Advocates outreach to individuals in their homes or other community-based settings based on the participant needs. Program services include home visits, collaboration with and linkage to health care providers, socialization opportunities, transportation, service coordination, advocacy, information and referral, skill-building groups and liaison to community services.

Program Type: Prevention

Number Served: In FY 17/18, 153 older adults were served.

Demographics:

	Senior Link N=153	**%**
Age Group		
Children/Youth (0-15)	0	0.0%
TAY (16-25)	0	0.0%
Adults (26-59)	24	15.7%
Older Adults (60+)	117	76.5%
Unknown/Not Reported	12	7.8%
Ethnicity		
Hispanic or Latino	28	18.3%
Non-Hispanic/Non-Latino	111	72.5%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	414	9.2%
Race		
White	1	30.1%
Black or African American	38	24.8%
Asian	6	3.9%
More than one race	1	0.0%
American Indian or Alaska Native	1	0.0%
Native Hawaiian or other Pacific Islander	7	4.6%
Other	32	20.9%
Decline to answer	0	0.0%
Unknown/Not Reported	22	14.4%

	Senior Link N=189	%
Primary Language		
English	109	71.2%
Spanish	7	4.6%
Vietnamese	2	1.3%
Cantonese	1	0.0%
Russian	0	0.0%
Hmong	0	0.0%
Arabic	0	0.0%
Other	21	13.7%
Unknown/Not Reported	13	8.5%
Current Gender Identity		
Female	121	79.1%
Male	26	17.0%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	6	3.9%

Mental Health Promotion
Ages Served: Children, TAY, Adults, Older Adults

Program Description: The Mental Health Promotion Project is designed to increase community awareness about mental health issues and reduce stigma and discrimination toward individuals and families living with mental illness.

"Mental Illness: It's not always what you think" Project: Since June of 2011, the Division of Behavioral Health Services (DBHS), in partnership with Edelman, a communication marketing agency, and Division of Public Health, developed and coordinated a multi-media stigma and discrimination reduction project titled the "Mental Illness: It's not always what you think" Project. FY 2014-15 marked the fourth year of this project. The goal of the project is to reduce the stigma and discrimination associated with mental illness that keeps many from seeking support and treatment by promoting messages of wellness, hope and recovery, dispelling myths and stereotypes surrounding mental illness, and fundamentally altering negative attitudes and perceptions about mental illness and emotional disturbance. The project aims to reduce stigma and discrimination by engaging diverse communities and the general public through culturally relevant mental health information and education. The project has multiple components:

- Multi-Media Outreach
- Social Media – www.StopStigmaSacramento.org
- Stakeholder Engagement
- Collateral Material
- Community Outreach Events
- Research
- Stop Stigma Sacramento Speakers Bureau

Program Type: Universal Prevention

Number Served: Because this is universal outreach, the total number served is not available.

Limitations

The first Sacramento County DBHS PEI programs were implemented in FY 09/10, with new programs being implemented as recently as 2015. At the time of program implementation reporting requirements were not established. The County established reporting requirements based on the type of program and the population served. After the updated PEI regulations were released, all PEI contracts were adjusted to attempt to meet the reporting requirements. Demographics, as well as participant satisfaction surveys were implemented in all programs. The bullets below describe some challenges the County has faced in collecting and reporting data:

- Obtaining unduplicated clients served – participants are required to complete demographic forms as well as satisfaction surveys on every visit. Participants were hesitant to give identifying information. Because of this it was very difficult to link a client to multiple visits.
- Inability to identify participants receiving services in the Mental Health Plan (MHP) - PEI programs were originally set up to be "Pre-Treatment", so they were not part of our Electronic Health Record (EHR). Because of that, data is collected outside of the EHR and participants are not assigned a medical record number. Participants' hesitation to provide identifying information has made it difficult to link them to the EHR to determine if they are receiving treatment services in the MHP.
- Demographic data for crisis services – obtaining demographic data on crisis services is difficult due to the nature of the program (i.e. suicide hotline). This program focuses on the crisis at hand and staff does not want to add any more stress to the situation by asking questions regarding the individuals' personal characteristics. Information is collected on these programs, but much of it is unknown due to the inability to collect data at the time of the crisis.

Future Steps

The MHP is currently in the planning stage of getting all PEI programs into the EHR in order to meet the reporting requirement that requires the MHP to have the ability to show the number of PEI participants linked to treatment services. This will also give the MHP the ability to reliably report unduplicated participants served as well as demographics that are consistent across all programs.

Sacramento County Mental Health
2018 Human Resource Survey
December 2018

Romeal Samuel
Program Planner
Research, Evaluation and Performance Outcomes
Sacramento County, Division of Behavioral Health Services

OVERVIEW

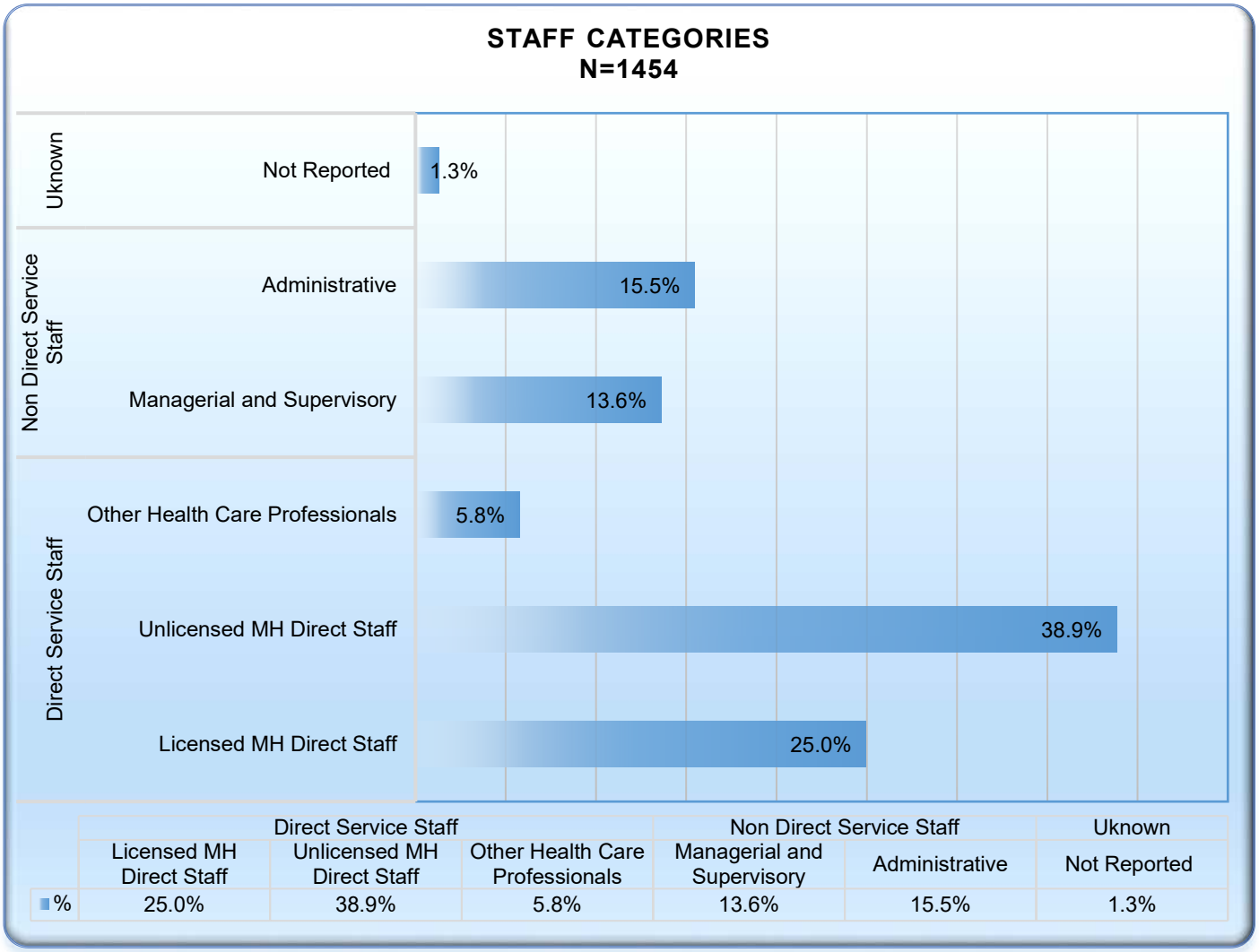
The Cultural Competence Plan Requirements (CCPR) Modification (2010), issued by the Department of Mental Health (DMH) in DMH Information Notice No. 10-17, states that counties are required to collect demographic information and language capabilities of staff, volunteers and any committee members who 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 information collected focuses on staff ethnicity, language proficiencies, consumer/family member status, gender, sexual orientation, disability and veteran status.

Key findings

- A total of 1,454 staff responded to at least one question on the survey.
- Of all staff surveyed 496 (34.1%) unduplicated staff indicated speaking a language other than English. For those who spoke one language other than English, the majority spoke Spanish (43.1%) followed by Hmong at just over 7% (7.3%). Nineteen percent (19.0%) of staff indicated speaking more than one language other than English.
- 19.1% of staff self-identify as being of Hispanic ethnicity.
- 71.7% of the staff identify as being female and 24.3% as male.
- 44.8% of staff self-identified as Caucasian, 14.2.% as African American, 8.2% as Multi-ethnic, 3.6% as Filipino, 2.1% as Other Asian, and 2.1% as Hmong, 1.7 % as Asian Indian, 1.4 % as Chinese, and 7.8% as “Other”.
- 35.3% self-identify as a family member of a consumer, 19.5% of staff self-identify as a consumer of Mental Health Services, while 9.2% of staff self-reported that they live with a disability and 2.3% currently serve or have served in the US Military.
- 78.8% of the staff self-identified as being heterosexual/straight, 2.7% as lesbian, 2.8% as bisexual, 1.7 % as gay 1.1% pansexual, and 0.7% as queer, 0.4% other, 0.2% as questioning, 0.1 as asexual and 11.5% choose not to answer the question.
- 1,012 direct service staff are included in the total number of staff described above.
- 19.2% of direct service staff self-identify as being of Hispanic ethnicity.
- 21.4% of direct service staff self-identify as a consumer of Mental Health Services, while 35.5% self-identify as having a family member who is a consumer of Mental Health Services.

ALL STAFF

There were a total of 1,454 active staff who responded to the survey. Almost 40% (38.9%) reported Unlicensed Direct Service Staff, 25% reported Licensed Direct Service Staff and almost 6% (5.8%) reported Other Healthcare Professionals. Direct Service Staff accounted for just under 70% (69.6%) of all staff surveyed. Administrative Staff represented over 15% (15.5%) and Managerial Staff represented 13.6% of all staff.



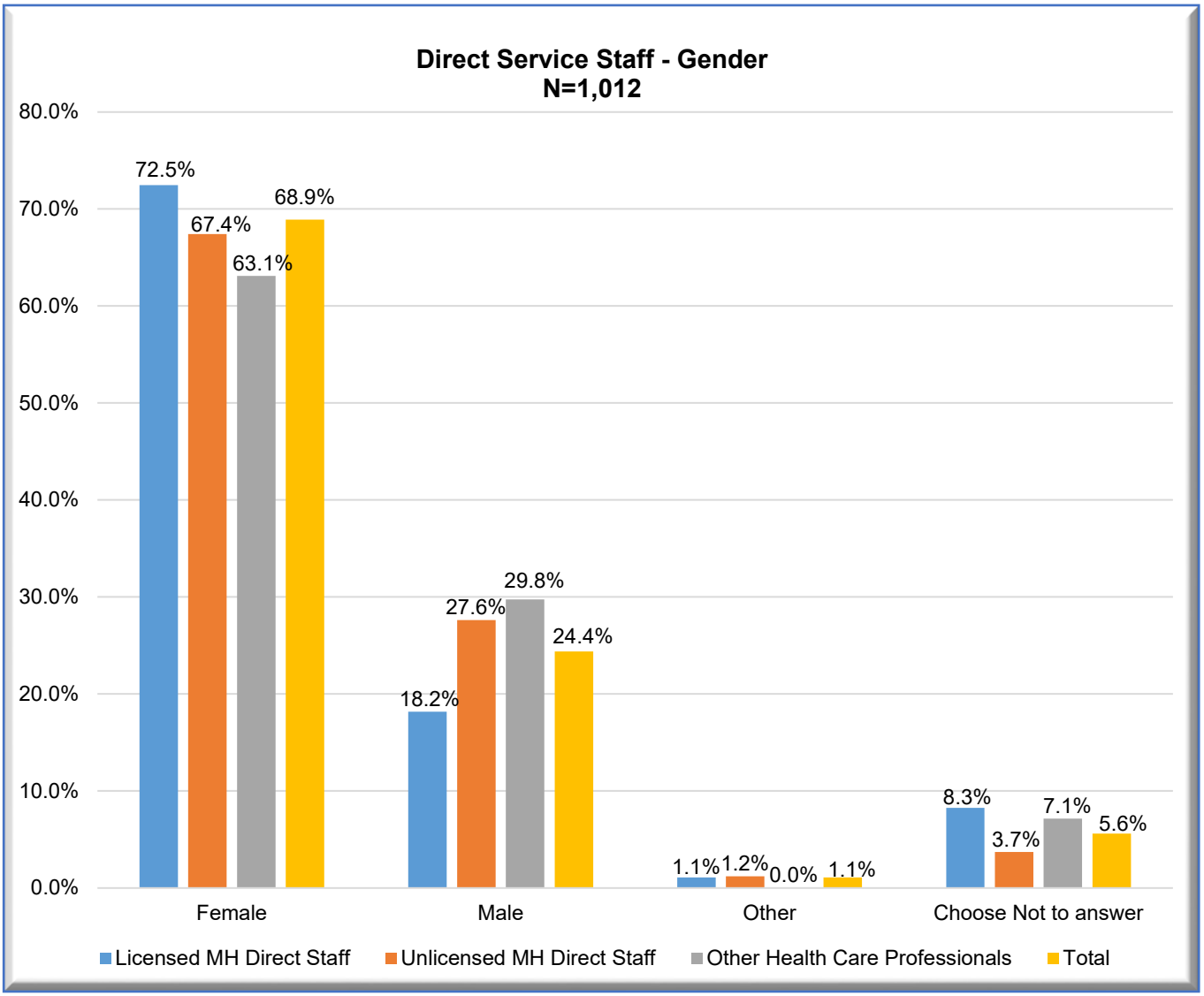
	Direct Service Staff			Non Direct Service Staff		Uknown
	Licensed MH Direct Staff	Unlicensed MH Direct Staff	Other Health Care Professionals	Managerial and Supervisory	Administrative	Not Reported
%	25.0%	38.9%	5.8%	13.6%	15.5%	1.3%

DIRECT SERVICE STAFF

There were a total of 1,012 survey responses from direct services staff in the system. This represents just under 70% (69.6%) of all respondents. The charts below depict the demographic characteristics for all direct service staff including Licensed Staff, Unlicensed Staff and Other Health Care Professionals.

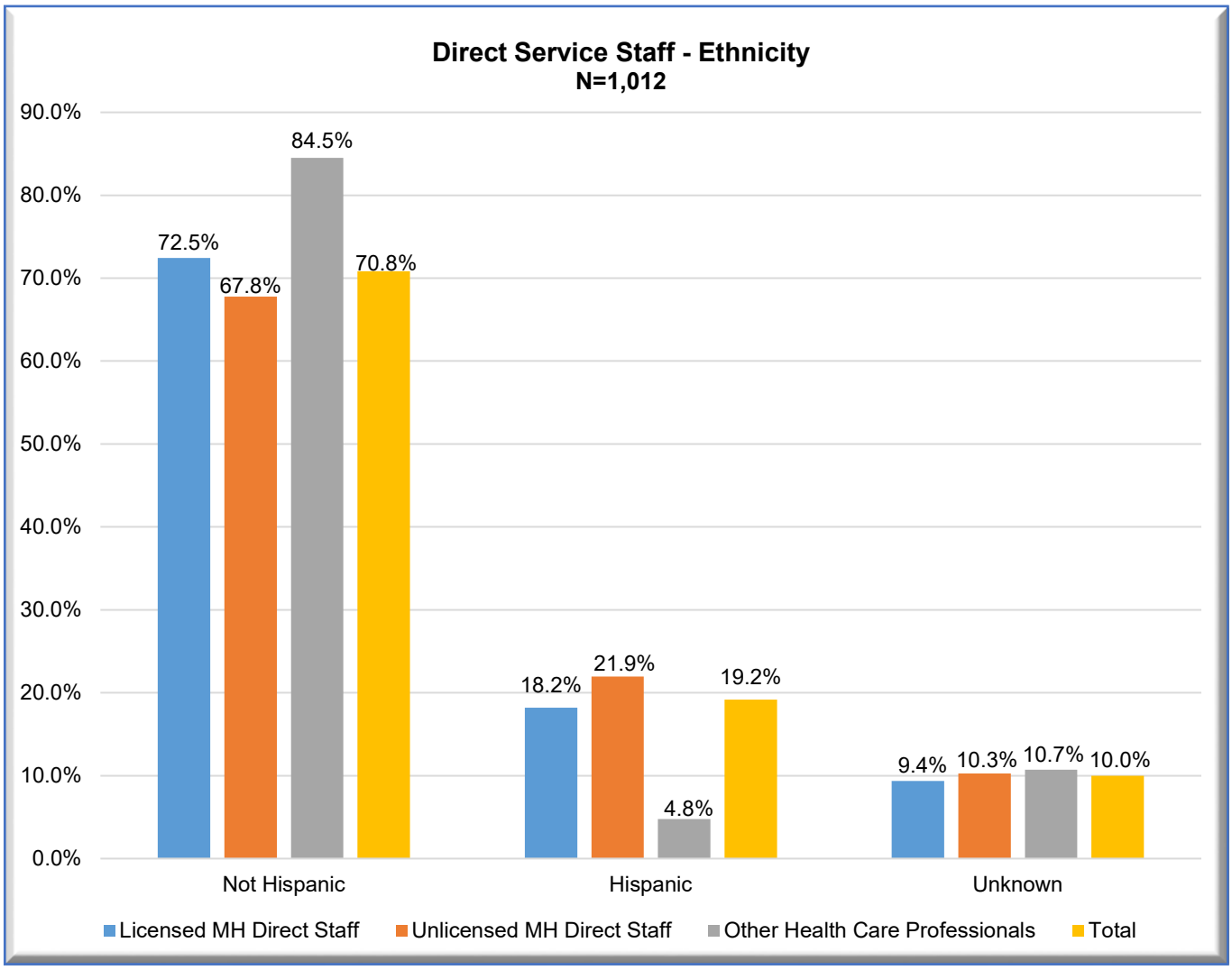
Gender

The majority of direct service staff are female, ranging from 63.1% (Other Healthcare Professionals) to 72.5% (Licensed MH Direct Staff).



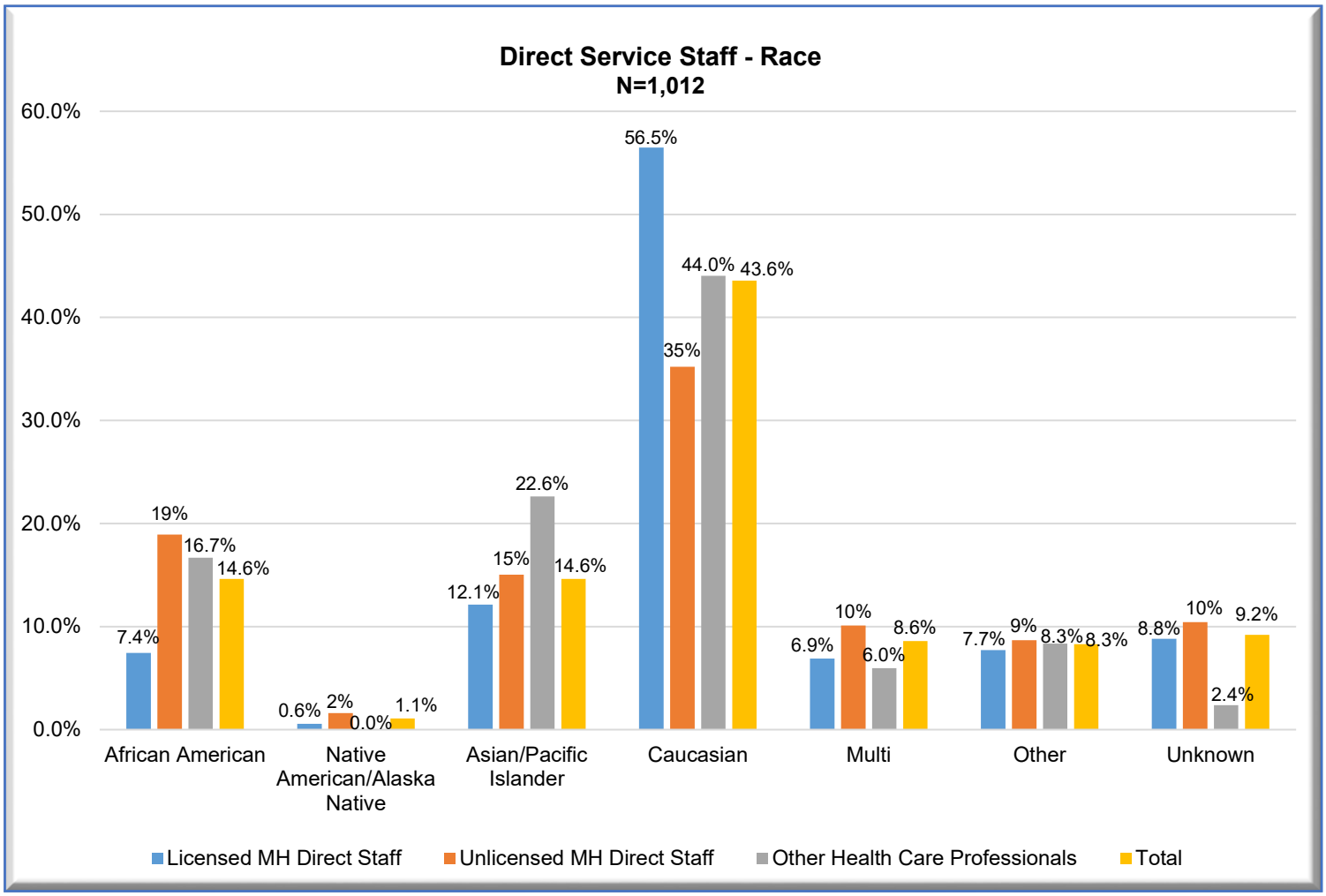
Ethnicity

Almost 20% (19.2%) of all direct service staff identify as Hispanic. Of all direct service staff, just over 21% of Unlicensed Direct Service Staff identify as Hispanic, while less than 5% of Other Health Care Professionals identify as Hispanic.



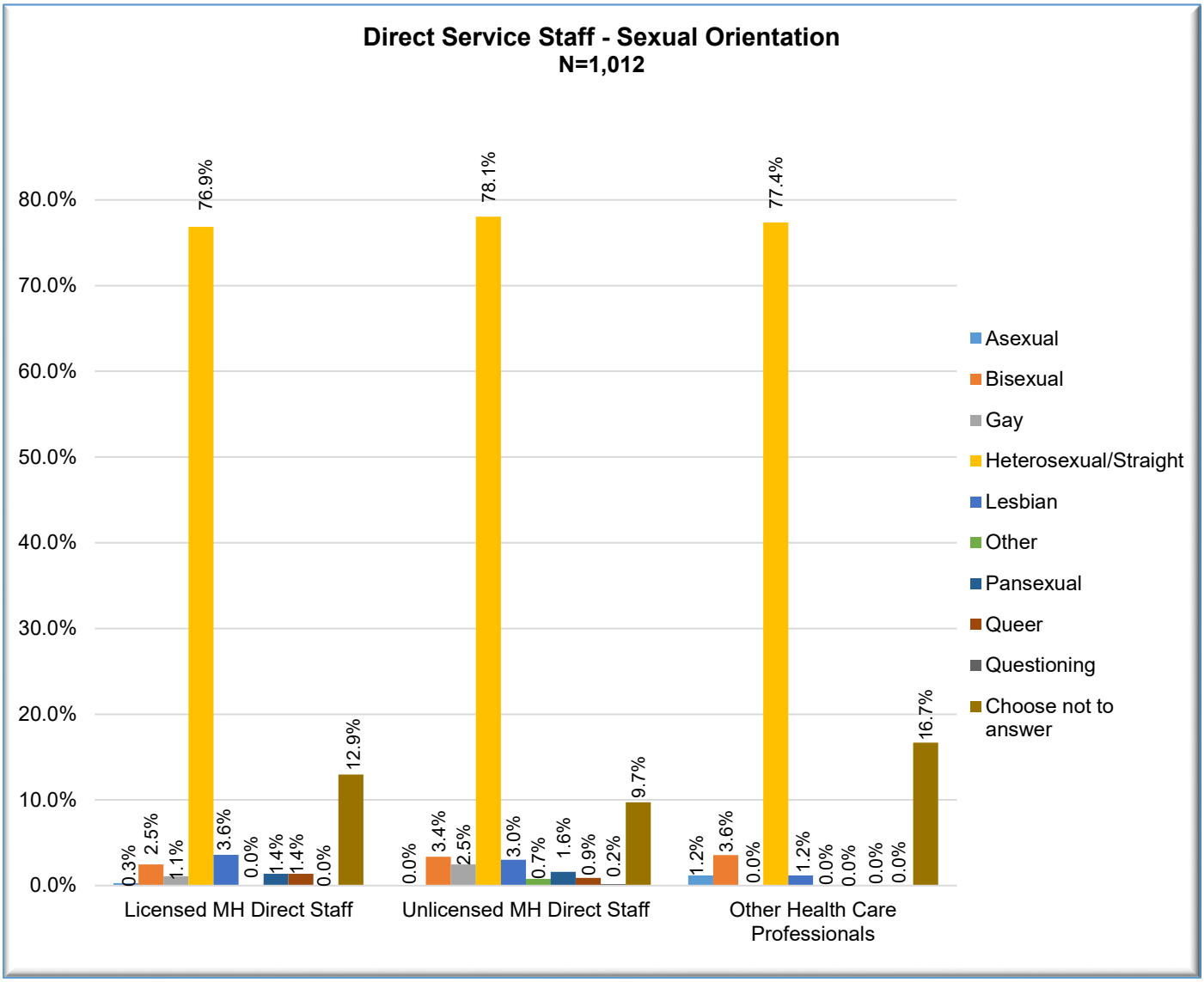
Race

While Caucasian represented 43.6% of direct service staff surveyed, the majority (47.2%) of direct service staff identify with a race other than Caucasian. Fifty-four percent (54%) of Unlicensed Direct Service Staff and 53.6% of Other Health Care Professionals identify with a race other than Caucasian, while just under 35% (34.7%) of Licensed Direct Service Staff identify with a race other than Caucasian.



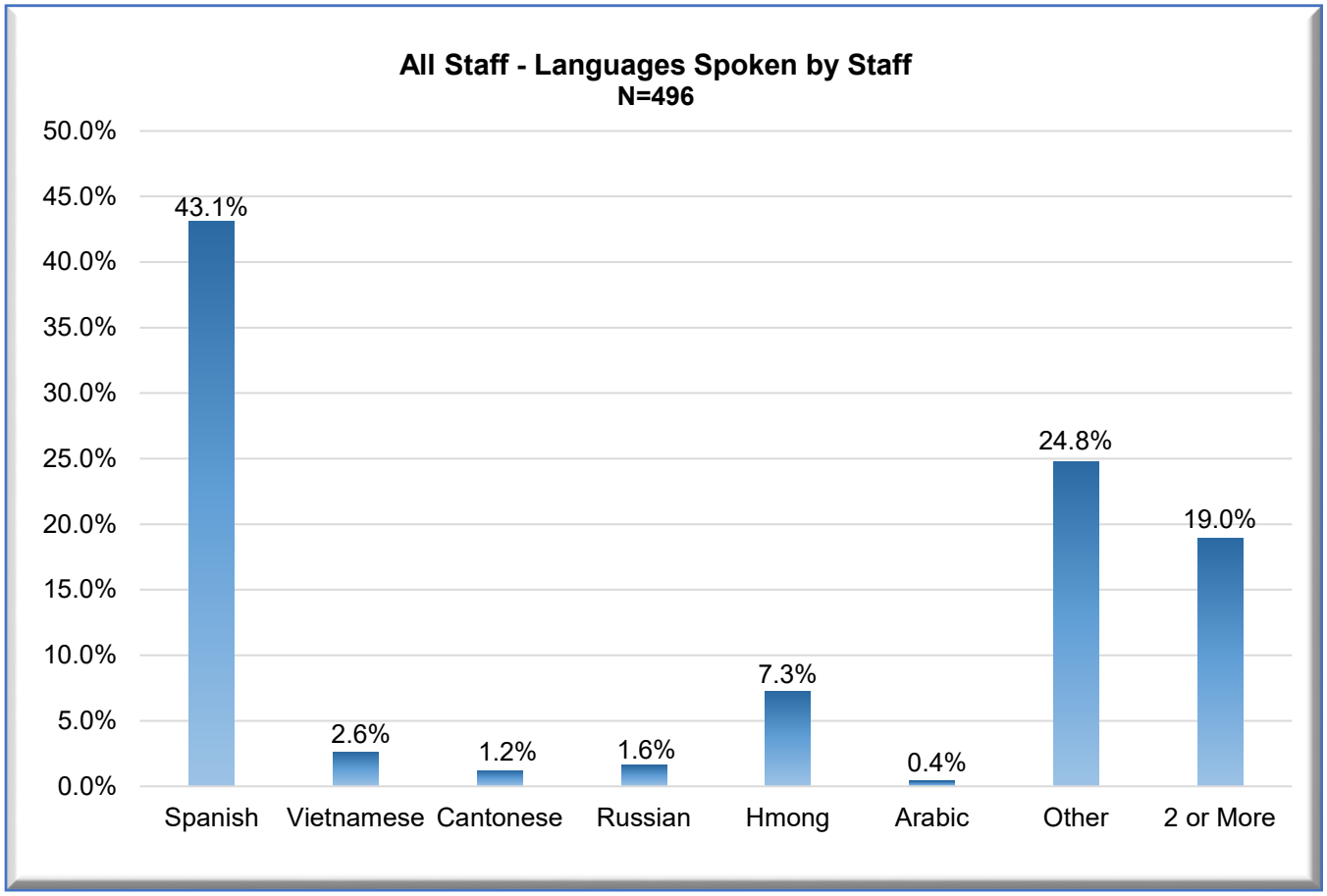
Sexual Orientation

Over 77.6**%** of all Direct Service staff identified as heterosexual/straight. Almost 77% of Licensed MH Direct Service staff, 78% Unlicensed Direct Service Staff and of 77% of Other Health Care Professionals identify as heterosexual/straight. Over 13% of all Direct Service staff chose not to answer.



Language

Of all staff surveyed, 496 (34.1%) unduplicated staff indicated speaking a language other than English of those who spoke one language other than English, the majority spoke Spanish (43.1%) followed by Hmong at just over 7% (7.3%). Nineteen percent (19.0%) indicated speaking more than one language other than English.



Consumers, Family Members, Disabled and Military

As part of the HR survey, staff were asked whether they identified as a consumer, family member, other disability, and/or have served or currently serving in the military.

Consumer – The graph below indicates the number of staff that identified as being a Consumer of Mental Health Services 19.5%.

Family Member – 35.3% of staff identified as having a family member who is a consumer of mental health services.

Disabled– Most of the staff reported not being disabled, while over 10% declined to answer.

Military: The majority of staff reported not serving in the military. Of those who had served, Unlicensed staff represented the highest percentage at 3.0%.

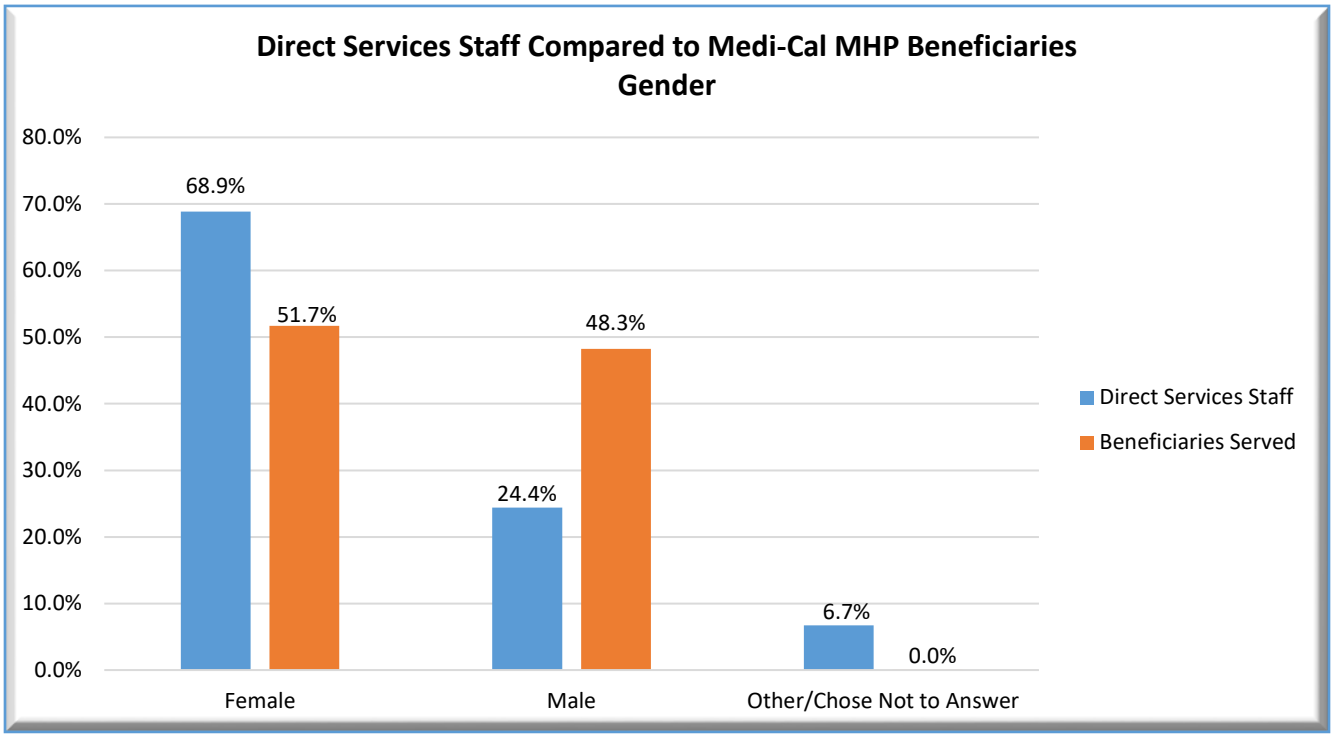
	Administrative Staff/Advisory Board/Steering Committee/Other		Licensed MH Direct Staff		Managerial and Supervisory		Other Health Care Professionals		Unlicensed MH Direct Staff		Unknown		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
I am a consumer of Mental Health Services	28	12.4%	66	18.2%	34	17.2%	3	3.6%	148	26.2%	5	26.3%	284	19.5%
I have a family member who is a consumer of Mental Health Services	68	30.2%	120	33.1%	78	39.4%	16	19.0%	223	39.5%	8	42.1%	513	35.3%
I live with a disability	22	9.8%	30	8.3%	13	6.6%	5	6.0%	62	11.0%	2	10.5%	134	9.2%
I am currently or have served in the US Military	0	0.0%	9	2.5%	5	2.5%	2	2.4%	17	3.0%	0	0.0%	33	2.3%

Direct Services Staff Compared to Clients served in the Mental Health Plan (MHP)

The data below compares direct service staff gender and race with the gender and race of Medi-Cal beneficiaries served in the MHP during Calendar Year 2017. Note: not all demographics collected on the HR survey are comparable to the clients served due to the way in which the data was collected.

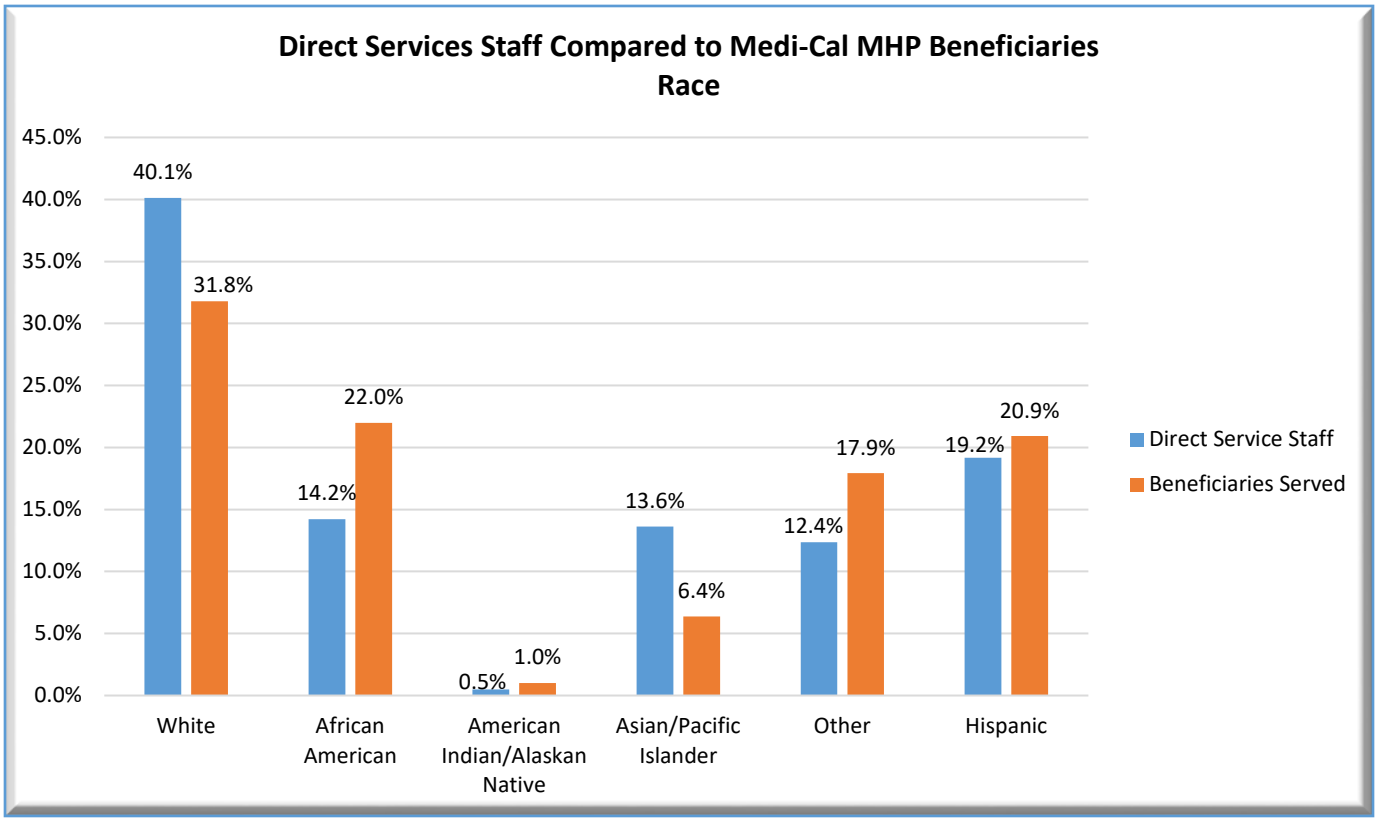
Gender

As indicated below, males are underrepresented in direct service staff compared to the number of males served in the system.



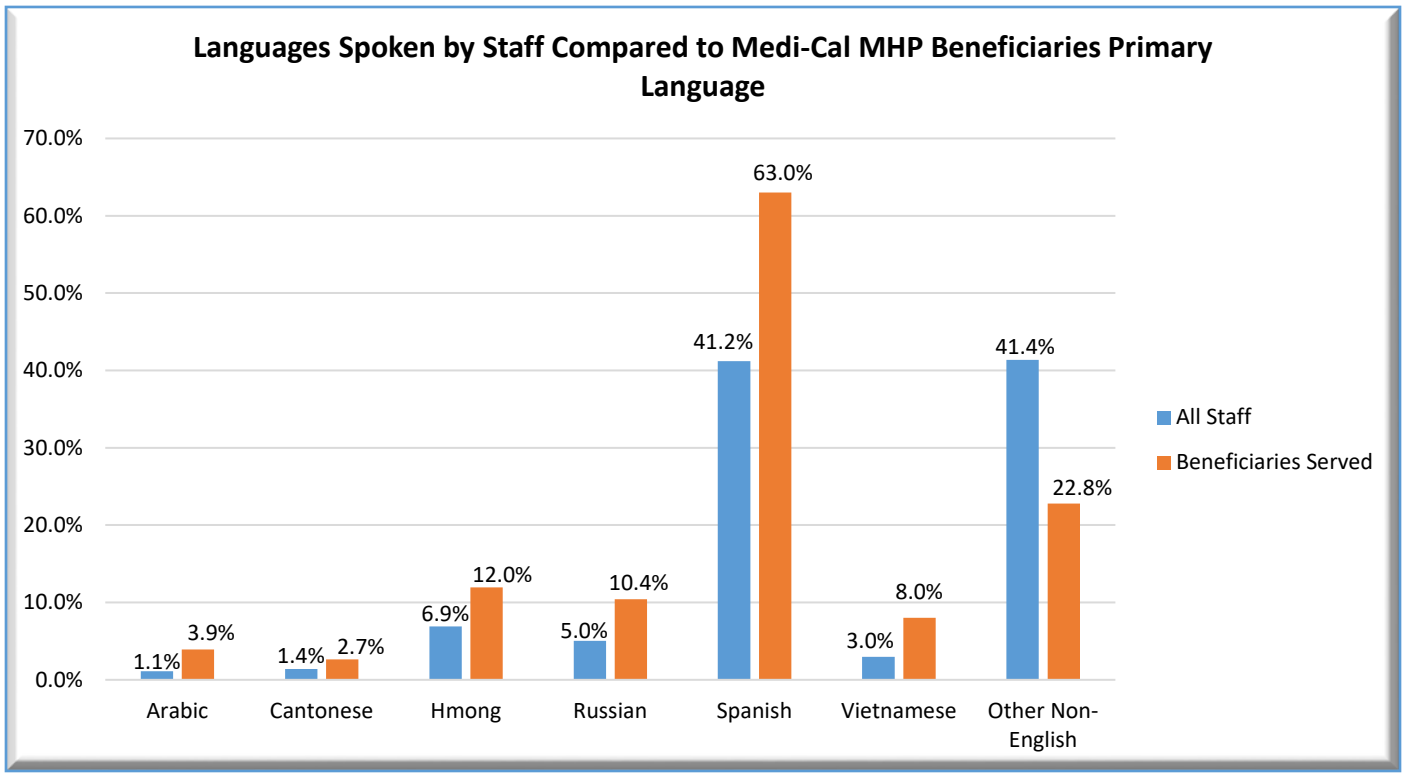
Race

In regards to race, African American and Other direct service staff are underrepresented compared to the number of African American clients served, while Caucasian and Asian/Pacific Islander direct service staff are overrepresented. Hispanic and American Indian/Alaskan Native direct service staff represent the population served.



Language

While the MHP has a wide variety of languages spoken by staff, the percent who speak the Sacramento County threshold languages is lower than the beneficiaries served.



Mental Health Services Act

Annual Innovation Project Evaluation Report

Fiscal Year 2017/18

Project Overview

The Mental Health Crisis/Urgent Care Clinic Innovation (INN) Project was reviewed and approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in May 2016. The primary purpose of this project is to increase the quality of services, including better outcomes for individuals experiencing a mental health crisis with the secondary purpose of increasing access to services.

Over the past two decades, urgent care clinics have emerged as an alternative and effective care setting that improves access to quality healthcare, addresses intermediate physical health needs, and provides an alternative to emergency department visits. The project tests the adaptation of an urgent care clinic/medical model, which is an intermediate step between routine and emergency care, to provide crisis response/care for individuals experiencing a mental health crisis. Furthermore, this project fully incorporates wellness and recovery principles into service delivery. Specifically, the adaptations focus on: 1. Crisis Program Designation, including hours; 2. Direct Access - Provide direct linkage as an access point for both Sacramento County Mental Health Plan (MHP) and Alcohol and Drug Services (ADS); 3. Serve all ages (children, youth, adults and older adults); and 4. Pilot Medical Clearance Screening that will allow clinical staff to initially screen to identify medical issues on site as needed.

In turn, this project will test how these adaptations can improve the following client and system outcomes: 1. create an effective alternative for individuals needing crisis care; 2. improve the client experience in achieving and maintaining wellness; 3. reduce unnecessary or inappropriate psychiatric hospitalizations and incarcerations; 4. reduce emergency department visits; and 4. improve care coordination across the system of care to include linkages to other needed resources and timely access to mental health services.

Late 2016, Sacramento County initiated the competitive selection process to seek out organizations interested in collaboratively operating this project and the contract was awarded to Turning Point Community Programs (TPCP).

Sacramento County, in partnership with TPCP, opened the Mental Health Crisis/Urgent Care Clinic (MHUCC) in November 2017. The MHUCC offers the following service array for individuals of any age experiencing an urgent mental health need: Triage and crisis intervention services, comprehensive behavioral health assessment, medical screening, medication support, peer and family support, care coordination and linkage to other services and resources.

Data Summary

The MHUCC opened its doors to the public on November 29, 2017. This report includes data retrieved from Avatar (Sacramento County Electronic Health Record) for the period of January 1, 2018 through June 30, 2018.

Referrals:

- The majority of referrals to the MHUCC were from "Other" sources (47.5%)
- Thirty-six percent of clients were self-referred and 4% were from law enforcement

Admissions and Discharges:

- There were 1,985 unduplicated individuals admitted to the MHUCC for a total of 2,105 admissions from January 1, 2018 through June 30, 2018
    - 109 individuals returned to the MHUCC during the 6 month timeframe
- There were 2,092 discharges from the Urgent Care Clinic

Demographics

MHUCC DEMOGRAPHICS JANUARY 1, 2018 THROUGH JUNE 30, 2018		
	Number (N=1,985)	**Percent**
Race		
American Indian or Alaska Native	33	1.7
Asian or Pacific Islander	120	6.0
African American/Black	389	19.6
Caucasian/White	923	46.5
Other	215	10.8
More than one race	71	3.6
Unknown/Not Reported	234	11.8
Primary Language		
English	1804	90.9
Spanish	45	2.3
Vietnamese	10	0.5
Russian	5	0.3
Arabic	2	0.1
Other	33	1.7
Unknown/Not Reported	86	4.3

MHUCC DEMOGRAPHICS JANUARY 1, 2018 THROUGH JUNE 30, 2018		
	Number (N=1,985)	**Percent**
Gender		
Male	936	47.2
Female	1049	52.8
Transgender	0	0.0
Intersex	0	0.0
Questioning	0	0.0
Unknown/Not Reported	0	0.0
Veteran Status		
Yes	N/A	N/A
No	N/A	N/A
Homeless Status		
Yes	168	8.5
No	1817	91.5

N/A = Not available

MHUCC Client Satisfaction Questionnaire Focus Groups

Three focus groups were held in November 2017 with mental health services clients and their families. Each focus group represented a sub-group of mental health service users: adult mental health crisis service users, family members of service users, and crisis residential service users. The purpose of these focus groups was to help with the development of a satisfaction questionnaire for the MHUCC. The focus group discussions will be used to improve the questionnaire and to understand how the each of the questions is interpreted.

Participants identified the following elements important to service satisfaction:

- Being treated with respect and kindness
- Being acknowledged
- Being listened to and understood
- Not being judged
- Timely service
- Having choices explained and being given the opportunity to make choices
- Recognizing supporters and including them in the plan
- Feeling safe and feeling that services will protect them when they feel vulnerable
- Being reassured and feeling that there is hope of getting better

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. 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.

XXXVI. DUPLICATE COUNTERPARTS

This Agreement may be executed in duplicate counterparts. The Agreement shall be deemed executed when it has been signed by both parties.

XXXVII. 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.

XXXVIII. 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.

XXXIX. 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).

XL. 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.

XLI. 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

EXHIBIT D to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
[redacted]
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 Medi-Cal 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)."

EXHIBIT D TO AGREEMENT
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
[redacted],
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 provisions of Division 10.5 of the Health and Safety Code, beginning with Section 11750 thereof, Title 9 and Title 22 of the California Code of Regulations, Drug/Medi-Cal Policies, the State of California data reporting systems, Drug Program Fiscal System Manual, the State of California Department of Health Care Services (CA DHCS) Guidelines, regulations implementing the above-referenced statutes and regulations, 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.

II. LICENSING, CERTIFICATION, AND STAFFING

A. CONTRACTOR shall be, and remain certified for both drug and alcohol treatment by the CA DHCS in accordance with program standards issued by the State. Drug/Medi-Cal certification may be in lieu of program certification.

B. Notwithstanding the provisions of Section IX (c) of the Agreement, employees who are recent graduates of treatment programs must have a minimum of twelve (12) months sobriety if they are responsible for performing counseling duties (e.g. assessment, treatment planning, individual and group treatment sessions).

C. CONTRACTOR agrees to furnish professional personnel in accordance with the regulations, including all amendments thereto, issued by the State or COUNTY. CONTRACTOR shall operate continuously throughout the term of this Agreement with at least the minimum staff required by law for provision of services hereunder; such personnel shall be qualified in accordance with all applicable law, including current State counseling certification regulations.

D. CONTRACTOR shall provide on-premise program staff twenty-four (24) hours per day, seven (7) days per week in residential and detoxification facilities.

E. CONTRACTOR shall make available upon request to COUNTY, a list of persons who will provide services under this Agreement. The list shall state the name, title, professional degree, and work experience of such persons.

F. CONTRACTOR shall ensure that its employees providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, clients, or residents in a CA DHCS licensed or certified program are certified as defined in CCR, Title 9, Division 4, Chapter 8.

III. OPERATION AND ADMINISTRATION

A. CONTRACTOR agrees to furnish at no additional expense to COUNTY beyond the amount identified as the Maximum Reimbursable Amount in Exhibit C all space, facilities, equipment, and supplies necessary for proper provision of its services under the Agreement. In addition, CONTRACTOR agrees to furnish, for use by up to seven (7) county employees, an enclosed, clean area at CONTRACTOR's program site that meets HIPAA confidentiality and security requirements, a phone unit, phone service with voicemail, parking space, and internet access for each assigned County employee. CONTRACTOR further agrees to furnish access to copiers and fax machines (including copier and fax supplies), janitorial service and group rooms as needed. CONTRACTOR shall provide these items at no expense to COUNTY. COUNTY agrees to provide such assigned COUNTY staff with furniture, computers, locking file cabinets and all other supplies and equipment needed by such assigned COUNTY staff.

I. CONTRACTOR agrees that COUNTY has the right to withhold payments until CONTRACTOR has submitted any required data and reports.

X. EQUIPMENT OWNERSHIP

A. 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.

B. CONTRACTOR shall submit a written request to purchase any publicly funded equipment over $300 to COUNTY. COUNTY shall review the request and forward it to the appropriate State agency for approval when necessary. CONTRACTOR shall not purchase the equipment until all necessary approvals are obtained.

C. For all publicly funded equipment over $300, CONTRACTOR shall provide COUNTY with the manufacturer's name, model name or number, serial number, and actual cost, including taxes, within ten (10) days after equipment is received and installed. COUNTY retains ownership of this equipment. The equipment may be entered on COUNTY's fixed asset inventory, shall be physically inventoried annually, and shall be returned to COUNTY at the end of its useful life or when COUNTY funding of the program ends, whichever occurs first.

D. For all publicly funded equipment over $300, CONTRACTOR shall include the invoice with the claim for reimbursement.

E. CONTRACTOR shall contact County in writing regarding disposal of any publicly funded equipment, including leased equipment when there is an option to purchase. COUNTY will take possession of such equipment for surplus sale following COUNTY procedures or return to the appropriate State or Federal agency.

XI. STAFF TRAINING AND EDUCATION

A. CONTRACTOR shall provide and document AIDS, ADA, and cultural competency training to staff and have documentation available for COUNTY inspection upon request. In addition, other specialized COUNTY recommended training will be provided in cooperation with Alcohol and Drug Services.

B. CONTRACTOR shall develop and maintain a written protocol outlining the agency's policy towards special needs clients to ensure nondiscrimination of protected classes of individuals.

XII. TUBERCULOSIS SCREENING FOR EMPLOYEES AND CLIENTS

CONTRACTOR shall follow these health requirements:

A. Employees

Employees and volunteers shall be screened for tuberculosis within sixty (60) days prior to starting work or within seven (7) days after the first (1st) day of employment and annually thereafter from the date of the last tuberculosis test.

B. Clients

1. Clients participating in residential or outpatient treatment facilities shall be screened for tuberculosis within six (6) months prior to entering treatment or within thirty (30) days after the first (1st) day of treatment. Tuberculosis screenings are good for one (1) year.

2. Clients participating in primarily detoxification programs are exempt.

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

خدمات التعافي من الكحوليات والمخدرات

للمقيمين في Sacramento County ممن لهم الأحقية في تمويل صندوق CalWORKs

Alcohol and Drug Services
Main Line
(916) 875-2050
or
System of Care
(916) 874-9754

Alcohol and Drug Services

للمقيمين في Sacramento County ممن لهم الأحقية في تمويل صندوق CalWORKs

"مع أنه لا يسع أحد العودة في الزمن وصنع بداية جديدة كغير التي وقعت، فإن بمقدور المرء أن يبدأ الآن ويرسم طريق نهاية جديدة مختلفة" Carl Bard

SACRAMENTO COUNTY

هل تمثل الكحوليات أو غيرها من المخدرات (AOD) مشكلة لك أو لشريك الحياة؟

- هل سببت الكحوليات أو المخدرات مشاكل قانونية أو سرية لك أو لشريك الحياة؟
- هل حدث أن فقد شريك الحياة أعصابه أو انخرط في جدالات/ قتال في أثناء معاقرة الكحوليات أو المخدرات؟
- هل تمضي أو يُمضي شريك الحياة وقتًا في التفكير بشأن الكحوليات أو المخدرات الأخرى؟
- هل حدث أن لم يحضر شريك الحياة حدثًا أو أمرًا كنت تود حضوره إياه بسبب المخدرات والكحوليات أو أيهما؟
- هل انتابكم القلق أو انتاب شريك الحياة بشأن معاقرته/ معاقرتها الكحوليات أو المخدرات؟

إذا كانت إجابتك "نعم" على واحد أو أكثر من

هذه المعلومات، يُرجى مراجعة المعلومات الواردة على الجانب الآخر من هذه المطوية.

من لهم الأحقية في تمويل صندوق CalWORKs

بتكلفة زهيدة مقابل

خدمات التعافي من الكحوليات والمخدرات؟

كل شخص مقيم في Sacramento County له الأحقية في الحصول على تمويل صندوق CalWORKs.

من أين أبدأ؟

إذا كانت تعانى من مشاكل جراء معاقرة الكحوليات أو المخدرات الأخرى، يُمكن الحصول على العلاج **مقابل تكلفة زهيدة** عبر برنامج CalWORKs

لا تفقد أهليتك إلى CalWORKs إذا سجلت في بعلاج معاقرة الكحوليات أو المخدرات الأخرى.

القواعد الإرشادية المهمة لخدمات العلاج والتعافي من الكحوليات والمخدرات:

- الحوامل ومستخدمو المخدرات بالحقن الوريدي
- الحوامل اللاتي يعاقرن موادًا معينة
- مستخدمو المخدرات بالحقن الوريدي
- المستخدمون بعدة طرق

تمت المراجعة في مايو 2019

خدمات العلاج من الكحوليات والمخدرات

التقييم
تقييم سري للموقف من الكحوليات والمخدرات

إزالة السموم
تشمل الخدمة متابعة في منشأة علاجية يقيم بها الفرد لمدة 3-14 يومًا (ويكون ذلك حسب احتياج كل فرد)

علاج داخلي إيوائي
- ربما تشمل الخدمات:
- علاج قد يمتد حتى 120 يومًا (ويكون ذلك حسب احتياج كل فرد)
- دروس في تربية الأبناء
- الوقاية من الانتكاس
- جلسات فردية وجماعية

بيئة عيش انتقالية/ برنامج تأهيل
إقامة مؤقتة خالية من الكحوليات والمخدرات

معالجة مكثفة للمرضي الخارجيين/ المرضى الخارجيين
قد تشمل الخدمات:
- برنامج علاجي حتى 180 يومًا يتكون من يوم أو 2 أو 3 أو 4 أيام/ أسبوعيًا
- برنامج ما بعد العناية

لمزيد من المعلومات عن
Sacramento County
Alcohol and Drug Services,

يُرجى الاتصال:

System of Care
3321 Power Inn Road,
Suite 120
Sacramento, CA 95826
(916) 874-9754

Alcohol and Drug Services
General Information Line
(916) 875-2050

California Relay Service: 711

(يتوفر موظفون ثنائي اللغة/ مترجمون فوريون مجانًا)

التسجيل/
الإعادة للمنصب

أحضر ما يلي عند حضورك للموعد:

1. مبلغ يُدفع مقدمًا قدره _____ دولار (يُسدد نقدًا أو بحوالة أو كارت ائتمان)
2. إحالة من المحكمة أو استمارة DMV H مطبوعة أو أمر مباشر .(ملاحظة: يتعين أن تكون هذه المستندات سارية.)
3. بطاقة هوية بها صورة.
4. استعد لأن يستغرق الموعد ساعتين ونصف
5. يتعين عدم تعاطي الكحوليات لمدة 24 ساعة.

تقرر أن يكو موعدك في:

يوم: _____

تاريخ: _____

ساعة: _____

الموقع:

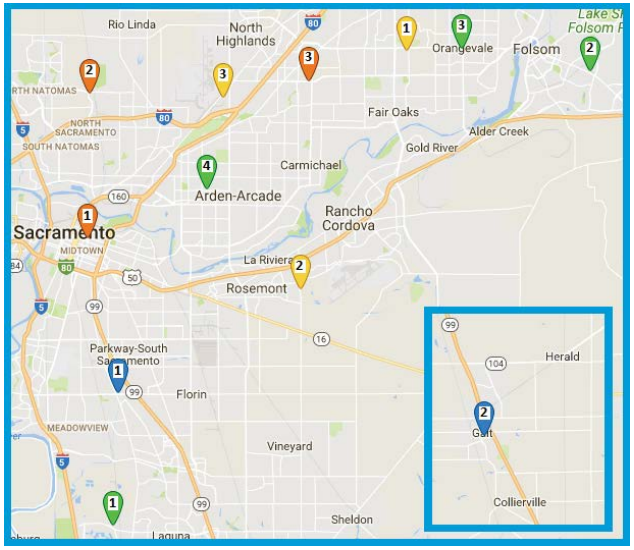
Breining Institute 1 2 3 4

Bridges Professional Treatment Services 1 2

Safety Center, Inc. 1 2 3

Terra Nova Counseling Agency 1 2 3

Locations in SACRAMENTO COUNTY



Breining Institute

1. 3159 Dwight Rd, #100
   Elk Grove 95758
   916-422-2408
   English **
2. 2360 East Bidwell St, #107
   Folsom 95630
   916-987-0662
   English **
3. 8894 Greenback Ln.
   Orangevale 95662
   916-987-0662
   English **
4. 2775 Cottage Way, #25
   Sacramento 95825
   916-972-8175
   English **

Bridges Professional Treatment Services

1. 4241 Florin Rd, #75
   Sacramento 95823
   916-450-0700
   English / Spanish
2. 908 C St, Ste. F-1
   Galt 95632
   916-450-0700
   English / Spanish

Safety Center, Inc.

1. 6060 Sunrise Vista Dr, #1625
   Citrus Heights 95610
   916-721-3748
   English *
2. 3909 Bradshaw Rd.
   Sacramento 95827
   916-366-7233
   English / Spanish / Russian
3. 4704 Roseville Rd, #102
   North Highlands 95660
   916-394-2320
   English

Terra Nova Counseling Center

1. 2012 H St, #101 & #102
   Sacramento 95811
   916-444-5680
   English
2. 4700 Northgate Blvd, #122
   Sacramento 95834
   916-564-0600
   English
3. 5777 Madison Ave, #590
   Sacramento 95841
   916-239-6379
   916-999-0108
   English **

*برنامج المخالف الذي لم يرتكب مخالفة في الشهور الثلاثة الأولى ** برنامج مرتكب المخالفة ممن ليس له مخالفات عدة

SACRAMENTO COUNTY

DUI

Driving Under the Influence PROGRAMS

Licensed by State of California

Approved by County of Sacramento

تقدم الخدمات من قبل:

Breining Institute

Safety Center, Inc.

Terra Nova Counseling Center

Bridges Professional Treatment Services

Revised August 2018

برامج التأهيل من السكر تحت القيادة ورسومها

تقرر المقاطعة وتحدد برامج التأهيل من السكر تحت القيادة في مقاطعة سكرامنتو ورسوم هذه البرامج.

1st Offender Programs

Wet & Reckless

برنامج 12 ساعة

مجموعات توعية وتعليم لمدة 6 أسابيع على الأقل

رسوم البرنامج: 300 دولار أمريكي

3-Month Program

تركيز الكحول في الدم أقل من 0.15%

برنامج 30 ساعة

مدة البرنامج 3 أشهر على الأقل

يشمل البرنامج جلسات مباشرة وجهًا لوجه ومجموعات وعمليات توعية وتعليم

MADD Victim Impact Panel

رسوم البرنامج: 675 دولار أمريكي

6-Month Program

تركيز الكحول في الدم بين 0.15% - 0.19%

برنامج 45 ساعة

مدة البرنامج 6 أشهر على الأقل

يشمل البرنامج جلسات مباشرة وجهًا لوجه ومجموعات وعمليات توعية وتعليم

MADD Victim Impact Panel

رسوم البرنامج: 860 دولار أمريكي

9-Month Program

تركيز الكحول في الدم أعلى من 0.2%

برنامج 60 ساعة

مدة البرنامج 9 أشهر على الأقل

يشمل البرنامج جلسات مباشرة وجهًا لوجه ومجموعات وعمليات توعية وتعليم

MADD Victim Impact Panel

رسوم البرنامج: 1140 دولار أمريكي

Multiple Offender Program

18-Month Program

أكثر من إدانة واحدة في عشرة سنوات

برنامج 76.5 ساعة

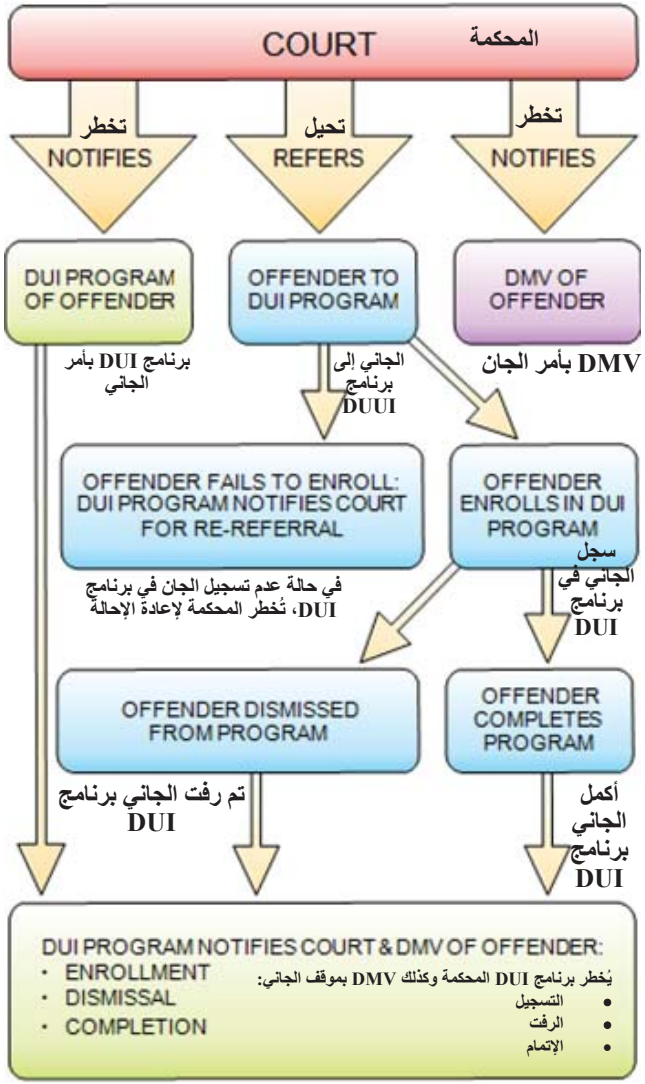
مدة البرنامج 18 شهرًا على الأقل

يشمل البرنامج جلسات مباشرة وجهًا لوجه ومجموعات وعمليات توعية وتعليم

MADDمرحلة إعادة دمج بالمجتمع تبلغ 6 ساعات في أخر 6 أشهر Victim Impact Panel

رسوم البرنامج: 1700 دولار أمريكي

دورة الجاني لدى DUI



على إثر القبض على مرتكب DUIفإنه يتعين على الشخص تقديم نفسه إلى المحكمة. وبناءً على إدانة المحكمة، يجري إخطار DMV وبرنامج DUI بالجاني، ويُحال الجان إلى برنامج DUIويتحمل الجان مسئولية التسجيل في برنامج DUIأما في حالة عدم التزامه بذلك فإنه تُخطر المحكمة بذلك وتُعاد الإحالة. ويُخطر برنامج DUIالمحكمة بتسجيل الجاني في البرنامج وإتمامه البرنامج أو رفته منه.

DUI Programs: The Law

يجري تعليق حق الفرد في القيادة عند إدانته بالقيادة تحت السكر (DUI). ووفقا إلى DMV، فإن التعليق أو الإلغاء عقوبة إدارية تسري فورًا بشأن الحق في القيادة فقط. وتمسى هذه عقوبات إدارية مباشرة (Administrate Per Se (APS. وكل عقوبة تفرضها DMV بموجب APS هي عقوبة مستقلة عن أي حكم تصدره المحكمة بالسجن أو الغرامة أو غير ذلك من العقوبات الجنائية المفروضة عند إدانة الشخص بالقيادة تحت تأثير السكر.

إن كل شخص أدين في أمر DUI سيكون مطالبًا بالحصول على برنامج DUI مرخص من ولاية كاليفورنيا قبل أن يُمنح رخصة قيادة غير مقيدة أو محددة. ومع ذلك فإن الفرد قد يتأهل للقيادة بعد تعليق 30 يومًا بحد أدني برخصة مقيدة (وفق التهم التي توجهها المقاطعة). ويستلزم الأمر التسجيل في برنامج DUI مرخص للتأهل.

بدءًا من يوليو 2017، Sacramento County's State-licensed DUI Programs are Breining Institute, Bridges Professional Treatment Services, Safety Center, Inc. and Terra Nova Counseling Center.

خدمات اللغة

يتوفر موظفون ثنائي اللغة/ مترجمون فوريون مجانًا خدمات الترجمة الفورية لذوي الاحتياجات الخاصة في كاليفورنيا: 711

إخطار مهم:

إن The State of California لا تقر برامج DUI عبر الإنترنت نهائيًا لذا فإن DMV لن تمنح أو تعيد إصدار رخصة قيادة دون إخطار رسمي من State of California licensed DUI Program.

لمزيد من المعلومات، يُرجى زيارة الموقع الإلكتروني DMV at dmv.ca.gov