County of Sacramento

Behavioral Health Services

CULTURAL COMPETENCE PLAN UPDATE

FISCAL YEAR 2019/20

Introduction

The Sacramento County Behavioral Health Services (BHS) includes the Mental Health (MH) system, which includes 260 programs/agencies involving county and contract operated mental health services for approximately 32,000 children and adults annually. The Sacramento County Substance Use Prevention and Treatment (SUPT) system manages approximately 11,336 admissions of youth, adults, and older adults annually through a network of 21 service providers.

BHS in the second half of the 2019/2020 fiscal year was impacted by the COVID-19 pandemic. Provision of services by all Behavioral Health Services (BHS) Mental Health (MH) and Substance Use Prevention and Treatment (SUPT) providers shifted to telehealth and our community providers responded with innovation.

In-person services continue to be provided observing safety protocols, including the use of facemasks, frequent hand-washing, surface sanitizing and the use of staggered schedules to reduce the number of people meeting indoors. Staff who are able to work remotely have the option to work from home. Work continues to be conducted and services provided without interruption.

Providers have modified services using tele-health, virtual support groups, support calls, websites and HIPAA-compliant virtual platforms such as Zoom meetings for support groups, workshops, trainings, networking and team meetings.

The System of Care (SOC) for Substance Use Treatment services, the entry point for SUPT services, has successfully shifted from conducting in-person Substance Use Disorder (SUD) assessments to virtual assessments. This has resulted in low “no show” rates and an overall increase in SUD assessment completion rates as the transportation barrier to services has been eliminated with this change in service model. Additionally, SOC staff are conducting Substance Use Support Groups by conference call twice per day Monday – Friday. Information regarding these support groups are posted on our website in Arabic, Chinese, English, Hmong, Russian, Spanish, and Vietnamese.

Telepsychiatry services have been an option for providers in the Mental Health Plan (MHP) since the creation of a Telepsychiatry Policy and Procedure in 2018. However, very few providers utilized that option. With the COVID-19

pandemic and the stay-at-home order hitting our community, BHS began to create a plan for providing services available to our very vulnerable population while keeping them safe using a broader telehealth approach.

When the stay-at-home order went into effect in March 2020, the County worked tirelessly to implement telehealth services throughout the entire service system, including the MHP and Substance Use Prevention and Treatment (SUPT). Behavioral Health staff followed the State and Federal guidelines to expand and update policies and procedures that were in place to protect client confidentiality, as well as ensuring providers had the means and ability to serve clients virtually.

Providers worked with their clients to ensure a smooth transition from in-person appointment to phone and videoconferencing telehealth appointments. This included providing telehealth consents and procedures in the threshold languages for distribution and client education.

BHS worked with contracted interpreter services to come up with innovative ways to provide linguistic services to clients via telehealth platforms. As part of the BHS quality improvement process and because telehealth became the new way of providing services in such a short time, BHS implemented telehealth agenda items on all provider/county meetings to problem solve any access issues related to technology, comfort level, and/or linguistic barriers. It is the goal of BHS to continue to monitor the use and satisfaction of telehealth services for both staff and clients in order to maintain this as a successful method of offering treatment to those who wish to continue.

Please see Criterion 3 for details on outreach during COVID-19 to cultural communities.

Please see Criterion 4 for details on virtual outreach services in response to COVID-19 from our Supporting Community Connections providers who have made adjustments to continue to provide prevention and early interventions to language and culture-specific communities

Also, see Criterion 5 for COVID-19 modifications to training class sizes to optimize participation in CBMCS and Interpreter Trainings on virtual platforms.

COVER SHEET

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

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

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

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

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CRITERION 1

COUNTY MENTAL HEALTH SYSTEM

COMMITMENT TO CULTURAL COMPETENCE

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

I. County Mental Health System commitment to cultural competence

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

A. Copies of the following documents to ensure the commitment to cultural and linguistic competence services are reflected throughout the entire system:

1. Mission Statement;
2. Statements of Philosophy;
3. Strategic Plans;
4. Policy and Procedure Manuals;
5. Other Key Documents (Counties may choose to include additional documents to show system-wide commitment to cultural and linguistic competence).

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

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

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

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

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

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

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

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

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

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

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

A. Evidence of a budget dedicated to cultural competence activities which may include, but not be limited to the following:

1. Budget amount spend on Interpreter and translation services;
2. Reduction of racial, ethnic, cultural, and linguistic mental health disparities;
3. Budget amount allocated towards outreach to racial and ethnic county-identified target populations;
4. Special budget for culturally appropriate mental health services; and
5. If applicable, financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers.

CRITERION 1

SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

COMMITMENT TO CULTURAL COMPETENCE

I. County Mental Health System commitment to cultural competence

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

A. Copies of the following documents to ensure the commitment to cultural and linguistic competence services are reflected throughout the entire system:

1. Mission Statement;

Please note that the Sacramento County **Behavioral Health Services (BHS) Mission, Vision, and Values** statement below is inclusive of cultural competence:

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 Service System
- 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

Substance Abuse Prevention and Treatment (SUPT) Services is guided by the above **BHS Mission, Vision, and Values** as well as the **SUPT Mission**:

To promote a healthy community free of the harmful consequences associated with problem alcohol and drug use by providing access to a comprehensive continuum of services, while remaining responsive to, and reflective of, the diversity among individuals, families, and communities.

SUPT is committed to providing culturally competent substance use disorder prevention and treatment services to Sacramento County residences.

2. Statements of Philosophy;

   See I.A.1. Answer above.

3. Strategic Plans;
4. Policy and Procedure Manuals;
5. Other Key Documents (Counties may choose to include additional documents to show system-wide commitment to cultural and linguistic competence).

   Items I.A.3-5. will be available on site during the compliance review.

The SUPT Provider Directory includes cultural and linguistic capabilities of services providers as well as accommodations for people with physical disabilities. SUPT is currently in the process of writing the Fiscal Year 2021 Strategic Prevention Plan, which will include analyzing the prevention needs of diverse populations and developing services to reach at-risk youth of diverse populations. 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. SUPT also advertises/includes the availability of interpreters at no cost to beneficiaries in all outreach materials and the DMC-ODS Member Handbook, and all Informing Materials are available in Arabic, Chinese, English, Hmong, Russian, Spanish, and Vietnamese (Appendix 75 Arabic Sample). Both MH and SUPT service providers are contractually required to provide culturally and linguistically proficient services as

provided in the examples below. Contracted providers for both MH and SUPT have Informing Materials in all threshold languages in their lobbies as well as Language Assistance posters in 16 languages. Contract monitors for MH conduct monthly site visits and SUPT contract monitors conduct a mid-year and annual program site visits of each provider in which they monitor service provisions using the National Standards for Culturally and Linguistically Appropriate Services (CLAS). County BHS, including MH and SUPT contracted direct service providers, may also use the Assisted Access Program to request an interpreter be present at client appointments as needed.

Every BHS MH and SUPT contract has a reference to Cultural Competency in the Sacramento County Department of Health Services (DHS) Agreement and in Exhibit D (Appendix 69) of the contract as follows:

DHS Agreement Section of MH and SUPT 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 SUPT 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 Substance Use Prevention and Treatment (SUPT).*

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.

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

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

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

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

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 and expand 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 MHSA Three Year Plan 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. A description of the practices and activities demonstrating outreach, engagement and involvement with diverse communities with mental health disparities is included in the MHSA Annual Update in Appendix 68.

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

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

BHS 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 SUPT 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:

- BHS sponsored the NAMI Sacramento Multicultural Town Hall on Mental Wellness and had an outreach booth at the event on 7/24/2019.

- 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 collaborated with World Relief, a local refugee resettlement agency, to provide a series of presentations for their Afghan Refugee Women's group, to decrease stigma regarding mental illness, and increase understanding of the importance of self-care, as well as increase understanding of how to access the continuum of behavioral health services provided by Sacramento County and our contractors.

- BHS Hosted a virtual booth on preventing underage drinking and marijuana use at the Juneteenth online festival, where we

also provided an online training, a statement of support, and links to resources and services. Worked closely with the organizer of the event to ensure cultural relevance. BHS educated and distributed resources at 2-part training about drug and alcohol services to increase awareness about drug prevention and how to increase perceived risk through communication with family and adult guardians and sharing information with other youth. Shared information with Youth/Teens, Parents and Health Professionals/Counselors, and Sacramento Native American Health Center.

- BHS participated at outreach event at the Mexican consulate 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.

- BHS continued to participate as a member of the Multi-Agency Partners that was hosted by the Sacramento Native American Health Center.

- Upon request, BHS continued to provide culturally appropriate MH and SUPT 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 Alcohol and Drug Advisory Board, Mental Health Board and committee members who are reflective of the cultural, racial, ethnic, and LGBTQ diversity in Sacramento County since these bodies are 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, the Alcohol and Drug Advisory 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.

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 SUPT public service announcements 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

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 2019-20 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 Mental Health Director regarding issues impacting mental health issues related to the racial, ethnic, cultural, and linguistic populations within the county.

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

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

The CC/ESM HPM continues to be responsible for ensuring that cultural competence is integral to all functions of the Behavioral Health System and is the lead system-wide on issues that affect racial, ethnic, cultural and linguistic populations, including the elimination of disparities in behavioral health care in Sacramento County. The CC/ESM HPM is responsible for the development and implementation of the annual Sacramento County Cultural Competence Plan (CCP) update to ensure that county behavioral health services comply with current federal and state 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 SUPT administration to ensure that SUPT provision

complies with DHCS policy letters and federal regulations. The CC/ESM HPM is the chair of the Sacramento County Behavioral Health Services Cultural Competence Committee and reports to the Quality Improvement Committee.

The CC/ESM HPM reports to the Behavioral Health Director and sits on the Management Team/MHP Quality Policy Council as well as the Behavioral Health Services Executive Team. In addition to the creation of a full time CC/ESM HPM position, Sacramento County 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 was 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 mental health disparities;
3. Budget amount allocated towards outreach to racial and ethnic county-identified target populations;
4. Special budget for culturally appropriate mental health services; and
5. If applicable, financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers.

The chart on the following page depicts the cultural competence activity expenditures for BHS's county operated and county contracted MH and SUPT providers. The amount for each provider's cultural competence activity expenditures includes: the annual costs of interpreters and/or translation services; annual staffing costs of all bilingual/bicultural staff employed; 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 SUPT providers to collect this information. See DMC-ODS-Implementation Plan (Appendix 58)

Budget Dedicated to Cultural Competence Activities Expenditures – FY 2019-2020

Program / Description	Amount	Translation / Interpretation	Bilingual / Bicultural Staff
A Church For Us (Respite)	$101,500.00		
Asian Pacific Community Counseling -Transcultural Wellness Center	$1,935,922.00		
Associated Rehabilitation Program for Women, Inc. (SUPT)	$30,554.00		$30,554.00
C.O.R.E. Medical Clinic, Inc. (SUPT)	$145,943.34		$145,943.34
Cal Voices			
APSS Peer Partner	$484,903.00		
CFV	$207,040.00		
SAFE	$318,362.00		
MH Matters	$52,020.00		
Capital Star	$2,357,663.06		$2,357,663.06
Cultural Competence Staff – 7 FTE (Added ASOI in FY19/20)	$990,420.00		
Dignity Health Medical Foundation	$179,898.96	$4,000.00	$174,263.00
El Hogar Community Services, Inc. (Regional Support Team (RST) & Guest House Clinic)	$654,742.71	$3,613.10	$636,394.46
Gender Health Center (Respite)	$151,500.00		
Hope Cooperative	$1,225,458.95	$24,005.95	$1,200,953.00
Interpreter/Translation Services – Countywide Vendors	$237,200.00	$237,200.00	
La Familia Counseling Center (FIT)	$726,312.00		

Budget Dedicated to Cultural Competence Activities Expenditures – FY 2019-2020			
Program / Description	**Amount**	**Translation / Interpretation**	**Bilingual / Bicultural Staff**
Peer Partner Program	$484,903.00		
Personal Services ASL Provision	$10,000.00		
River Oak Center for Children	$1,038,092.00	$74,382.00	$963,710.00
Sacramento Children's Home Counseling Center (FIT)	$375,342.12	$47,726.16	$313,635.96
Sacramento County Mental Health Treatment Center	$3,241,623.19	$14,398.19	$3,227,225.00
Sacramento LGBT Center (Lambda - respite)	$151,500.00		
Sacramento LGBT Center (Q Spot – respite)	$178,020.00		
Sacramento Cultural & Linguistic Center - Assisted Access Program	$671,292.00 (includes $85,342.00 SUPT)		$671,292.00
Saint John's Program for Real Change	$97,223.00		
Stanford Sierra Youth & Families	$489,781.58	$25,511.64	$463,269.94
Supporting Community Connections			
A Church For Us, dba A Church For All - African American Community	$127,000.00		
Asian Pacific Community Counseling - Hmong, Vietnamese, Cantonese	$157,000.00		
Cal Voices - Consumer Operated Warm Line	$127,000.00		
Cal Voices - Older Adults	$147,400.00		
Children's Receiving Home of Sacramento - Youth/TAY	$127,000.00		
Iu Mien Community Services - Iu Mien Community	$120,500.00		

Budget Dedicated to Cultural Competence Activities Expenditures – FY 2019-2020			
Program / Description	**Amount**	**Translation / Interpretation**	**Bilingual / Bicultural Staff**
La Familia Counseling Center, Inc. - Latinx/Spanish Speaking Community	$191,000.00		
Sacramento Native American Health Center - Native American Community	$127,000.00		
Slavic Assistance Center - Russian-speaking/Slavic Community	$127,000.00		
Telecare ARISE	$61,261.64		$61,261.64
Telecare SOAR	$251,379.50		$250,775.00
CBMCS & Behavioral Health Interpreter Training (BHIT) Trainings	$61,180.00		
Facilitation stipend for community stakeholders	$1,265.00		
Safe Black Space	$6,325.00		
Trauma Informed Wellness Program Transition	$17,250.00		
Turning Point Community Programs (FIT, RST, and MH Urgent Care Clinic)	$1,409,331.86	$55,396.38	$633,851.00
Uplift Family Services	$53,324.70	$15,747.05	$33,001.08
Visions Unlimited	$797,908.20	$14,657.50	$783,250.70
WellSpace Health (SUPT)	$69,660.00		$63,360.00
TOTAL	$20,517,002.81	$517,637.97	$12,010,403.18

During FY 2019/20, BHS county operated and contract providers spent $20,517,002.81 on cultural competence related activities. From that figure, the total costs spent in FY 2019/20 for interpreting/translations and the hiring of bilingual/bicultural staff was $12,528,041.15. This includes the total budget of $671,292 for the Assisted Access Program that provides interpretation services system-wide. 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.

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; Latinx; Cantonese/Vietnamese/Hmong; Iu Mien; Arabic; and Russian/Slavic. The other SCC programs include Warmline and Older Adult Programs. These ethnic/cultural specific programs are part of the Suicide Prevention effort and have strong outreach components. The respite programs listed in the chart also have strong outreach components to diverse LGBTQ communities.

In addition to the aforementioned TWC, the Cal Voices (Formerly Mental Health America of Northern California) Peer Partner Program continues to offer culturally appropriate peer services as members of a multi-disciplinary team providing behavioral health services in county-operated programs. These bilingual/bicultural staff provide cultural and language specific services to a diverse group that includes but is not limited to Latinx, Hmong, Vietnamese, Cambodian and African Americans. La Familia Counseling Center has bilingual/bicultural staff who provide children's outpatient behavioral health services to many Latinx, as well as Black/African American and Hmong children and youth.

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.

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. Arabic was added as an additional threshold language in 2017 for Sacramento County. Upon review of Behavioral Health Information Notice No. 20-070 that was issued by the Department of Health Care Services (DHCS) on December 14, 2020, we learned that Farsi was added as a new threshold language for our county. Therefore, the threshold languages for Sacramento County now include Arabic, Cantonese, Farsi, Hmong, Russian, Spanish, and Vietnamese. We have been working on translating all of the Mental Health and SUPT member informing documents into Arabic and will now be working on translating all informing materials into Farsi. 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. All versions of the Handbook should be complete and ready for posting at the end of December 2020.

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 October 1, 2016 to September 30, 2019, Sacramento County received 10,512 refugees and Special Immigrant Visa (SIV) recipients with the largest number coming from Afghanistan, followed by the Former USSR. This data was provided by the California Department of Social Services. BHS must continue our efforts to develop appropriate services for these newly arriving refugees from Afghanistan.

CRITERION 2

COUNTY MENTAL HEALTH SYSTEM

UPDATED ASSESSMENT OF SERVICE NEEDS

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

Note: All counties may access 2007 200% of poverty data at the DMH website on the following page: http://www.dmh.ca.gov/News/Reports_and_Data/default.asp within the link titled "Severe Mental Illness (SMI) Prevalence Rates". Counties shall utilize the most current data offered by DMH.

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

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

I. General Population

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

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

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

A. Summarize the following two categories by race, ethnicity, language, age, gender, and other relevant small county cultural populations:

1. The county's Medi-Cal population (County may utilize data provided by DMH. See the Note at the beginning of Criterion 2

regarding data requests.)

2. The county's client utilization data

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

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

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

A. Summarize the 200% of poverty (minus Medi-Cal population) and client utilization data by race, ethnicity, language, age, gender, and other relevant small county cultural populations.

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

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

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

A. From the county's approved CSS plan, extract a copy of the population assessment and summarize population and client utilization data by race, ethnicity, language, age, gender and other relevant small county cultural populations.

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

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

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

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

CRITERION 2

SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

UPDATED ASSESSMENT OF SERVICE NEEDS

I. General Population

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

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

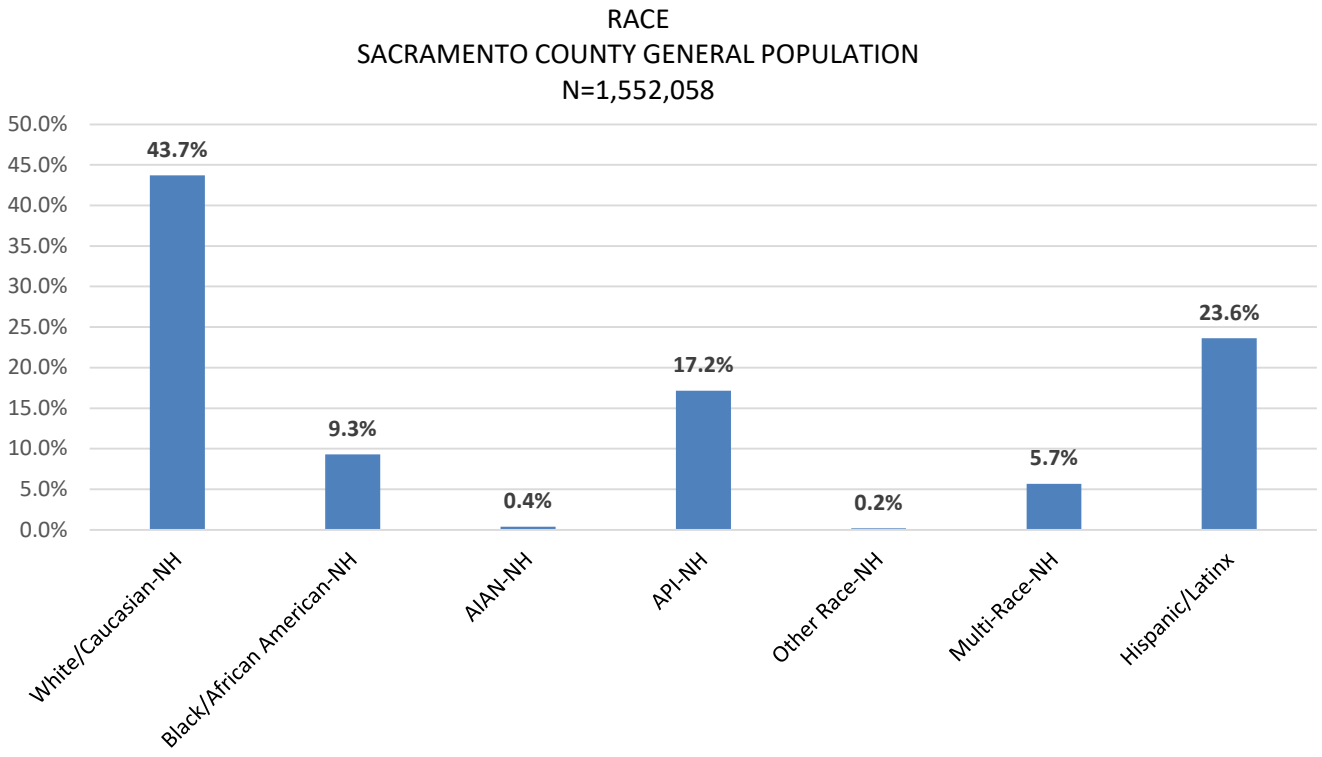
Race/Ethnicity - The Census Bureau, American Communities Survey (ACS) collects Hispanic/Latinx origin separately from race, as does Sacramento County. Additionally, the Census Bureau reports on seven racial categories: White, Black/African American, American Indian/Alaskan Native (AIAN), Asian, Native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

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

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

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

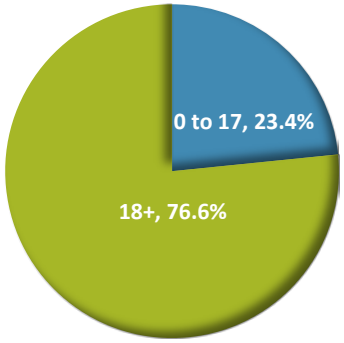
As the chart below indicates, less than 50% percent of the general population is White-NH. This illustrates the diversity in the general population of Sacramento County.



Source: 2019 U.S. Census, American Communities Survey (ACS)

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

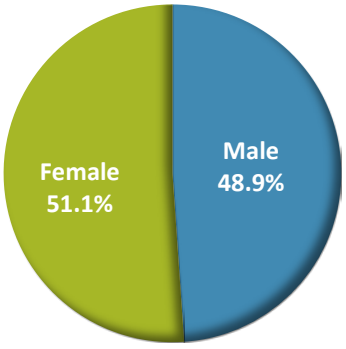
AGE
SACRAMENTO COUNTY GENERAL POPULATION
N=1,552,058



Source: 2019 U.S. Census, American Communities Survey (ACS)

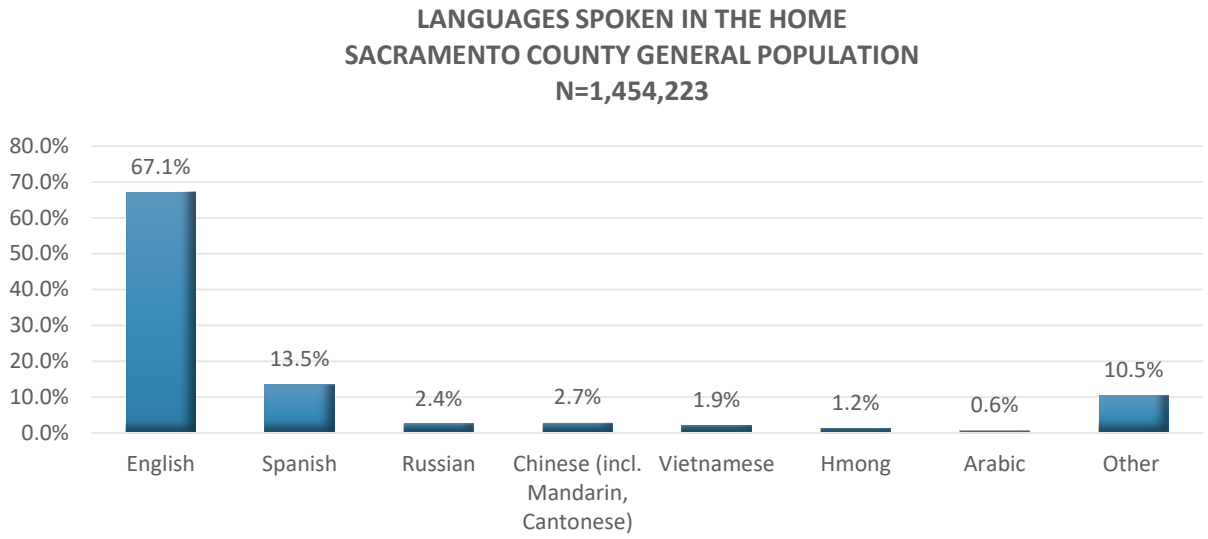
Gender – The gender breakdown of the general population in Sacramento County is almost equally distributed with slightly more females (51.1%) than males (48.9%).

GENDER
SACRAMENTO COUNTY GENERAL POPULATION
N=1,552,058



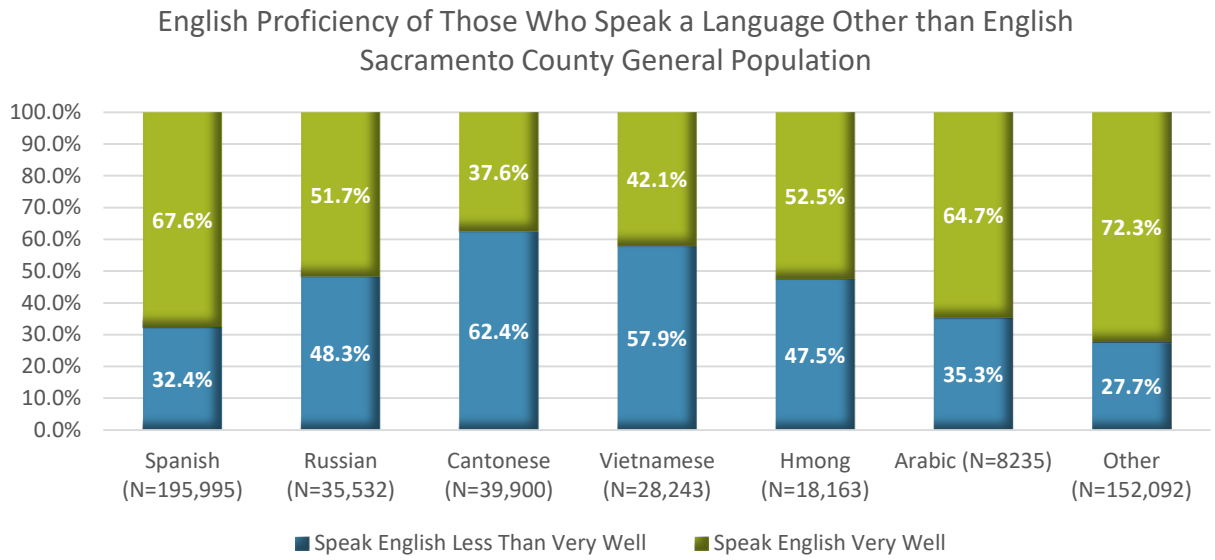
Source: 2019 U.S. Census, American Communities Survey (ACS)

Language Spoken - The language categories depicted in the charts that follow represent Sacramento County's threshold languages, English, and all other languages. The data speak to the language that is spoken in the home for individuals over the age of five. Most of the general population over the age of five speaks English (67.1%).



Source: 2019 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: 2019 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 SUPT, refers to MH data only.

A. Summarize the following two categories by race, ethnicity, language, age, gender, and other relevant small county cultural populations:

1. The county's Medi-Cal population (County may utilize data provided by DMH. See the Note at the beginning of Criterion 2 regarding data requests.)
2. The county's client utilization data

Data provided by the CAEQRO for Calendar Year 2019 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 536,431 Medi-Cal eligible beneficiaries in the CAEQRO data and 24,707 Medi-Cal beneficiaries receiving services in the MHP were identified using Avatar data.

Medi-Cal Eligible Population

Race/Ethnicity - The ethnic breakdown of Medi-Cal eligible beneficiaries is presented in the penetration table on page 29. As the table indicates, race/ethnicity of the Medi-Cal eligible population is very diverse. Less than 25% of the population is Caucasian. Other ethnic groups comprising notable proportions of the population include Hispanic/Latinx (22.8%), Other Races (23.5%) and African American (15.0%).

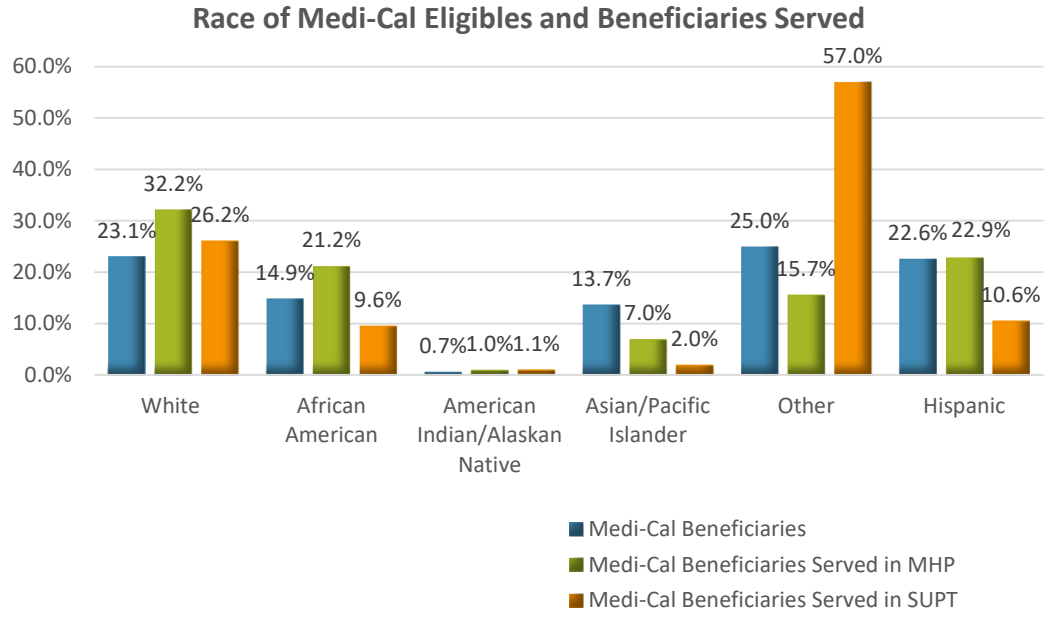
Age – Almost two-thirds of the population (63.7%) is 18 years or older and almost 24% are youth between the ages of 6 and 17.

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.

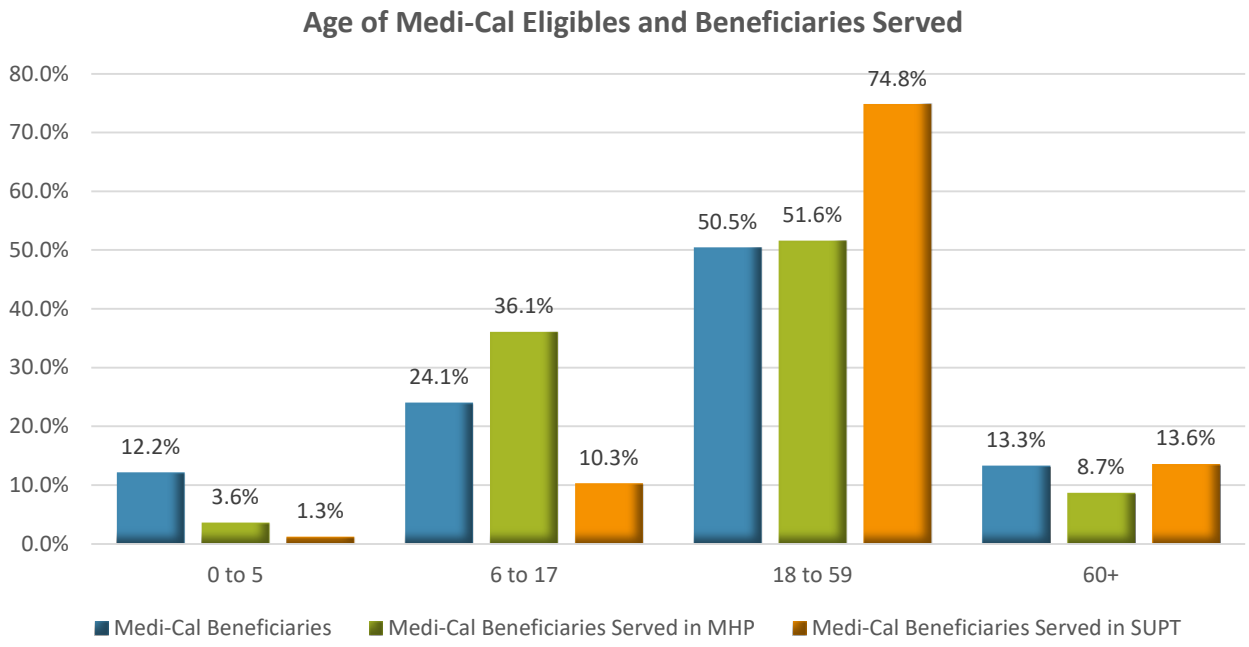
Medi-Cal Beneficiaries Receiving Specialty Mental Health Services and Substance Use Prevention and Treatment Services

Race/Ethnicity – Race/ethnicity of the Medi-Cal eligible clients receiving mental health specialty services and SUPT 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 32.2% vs 23.1% and African Americans 21.2% vs 14.9%). For SUPT, Caucasian is slightly overrepresented (26.2% vs 23.1%), but African Americans are underrepresented compared to the overall Medi-Cal population (9.6% vs 14.9%). Asian/Pacific Islanders (13.7% vs 7.0%) and Other races (25% vs 15.7%) are significantly higher in the Medi-Cal Eligible population as compared to those receiving mental health services. This is also the case for Asian/Pacific Islanders receiving SUPT services (13.7% vs 2.0%). while Hispanic/Latinx is comparable across the overall Medi-Cal population and those receiving MHP services, but those receiving SUPT services is significantly lower at 10.6% compared to 22.6% (overall Medi-Cal) and 22.9% (MHP). SUPT has a significantly high Other population, which includes unknown and not reported. This is due to a high amount of missing data in the EHR. This is currently being addressed and will significantly change the racial composition of the beneficiaries receiving SUPT services in the next reporting period.



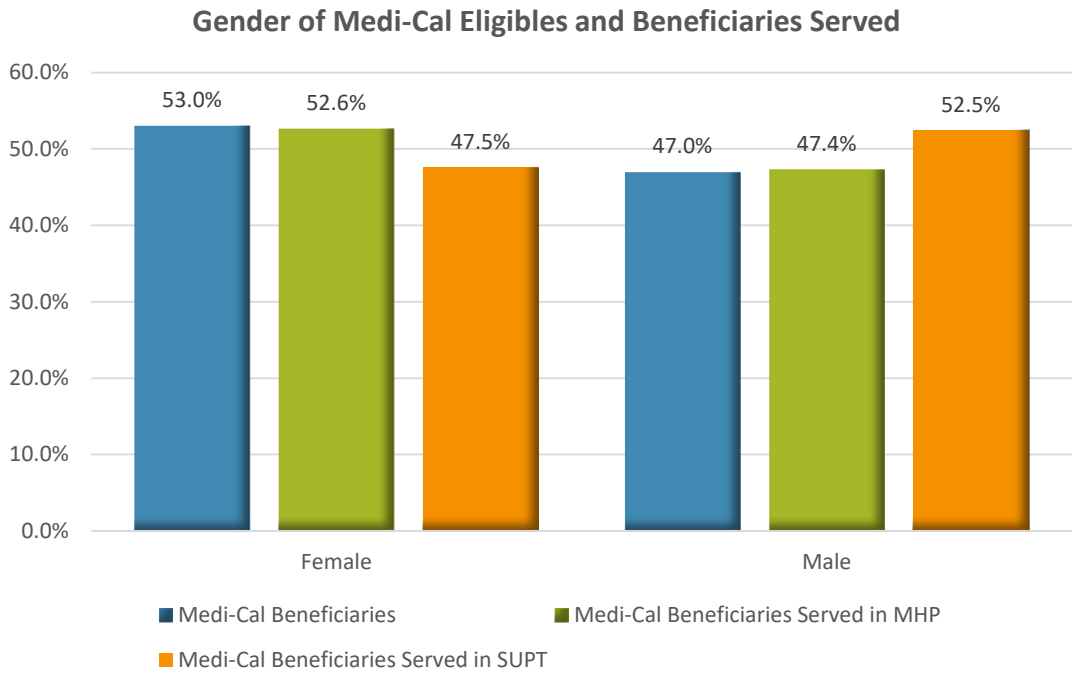
Source: 2019 External Quality Review Organization (EQRO) Report

Age –The majority of the specialty mental health clients are adults, between the ages of 18 and 59 (51.6%), slightly higher than the general Medi-Cal population at 50.5%. Children ages 6 to 17 represent just over 36% and older adults represent just over 8%. Significant differences are seen in children. Children 0 to 5 are significantly higher in the Medi-Cal population (12.2% vs. 3.6%), whereas kids 6 to 17 is much higher for beneficiaries served (24.1% vs 36.1%). Older adults are also underrepresented in the MHP compared to the Medi-Cal population (8.7% vs. 13.3%). Adults receiving SUPT services are significantly higher than the overall Medi-Cal population and the MHP and significantly lower in youth ages of all ages. Older adults receiving SUPT services are higher than the MHP, but comparatively the same as the overall Medi-Cal population.



Source: 2019External Quality Review Organization (EQRO) Report

Gender **–** The majority of the mental health population served is female (52.6%), as with the general Medi-Cal eligible population (53%), whereas those receiving SUPT services are majority male.



Source: 2019 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 2019. The Medi-Cal eligible beneficiary numbers were obtained utilizing the *EQRO – All Approved Claims Report – CY19*, while the Medi-Cal Clients were extracted from the Sacramento County BHS electronic health record (Avatar).

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

Penetration Rates		Calendar Year 2019				
		A		B		B/A
		Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (Undup)		Medi-Cal Penetration Rates
		N	%	N	%	%
Age Group	0 to 5	65,192	12.2%	895	3.6%	1.4%
	6 to 17	129,038	24.1%	8,913	36.1%	6.9%
	18 to 59	270,743	50.5%	12,752	51.6%	4.7%
	60+	71,458	13.3%	2,147	8.7%	3.0%
	Total	536,431	100.0%	24,707	100.0%	4.6%
		N	%	N	%	%
Gender	Female	284,402	53.0%	13,007	52.6%	4.6%
	Male	252,029	47.0%	11,699	47.4%	4.6%
	Unknown	0	0.0%	1	0.0%	N/A
	Total	536,431	100.0%	24,707	100.0%	4.6%
		N	%	N	%	%
Race	White	123,919	23.1%	7,963	32.2%	6.4%
	African American	80,018	14.9%	5,241	21.2%	6.5%
	American Indian/Alaskan Native	3,622	0.7%	249	1.0%	6.9%
	Asian/Pacific Islander	73,606	13.7%	1,732	7.0%	2.4%
	Other	133,967	25.0%	3,870	15.7%	2.9%
	Hispanic	121,301	22.6%	5,652	22.9%	4.7%
	Total	536,433	100.0%	24,707	100.0%	4.6%

Penetration – Foster Youth

Data were compiled to calculate penetration rates for youth served in the Foster Care system during CY 2019. EQRO claims data was utilized to determine the total number of foster youth with Medi-Cal. Data from Sacramento County CPS were matched with Avatar data to determine the number of foster youth served in the MHP during CY 2019.

We know foster care penetration rates need to be addressed and we are working on 3 different projects to increase:

1. Adjusting workflow with CPS mental health team
2. Creating workflow from the new circle clinic in primary care serving foster youth
3. Supporting referrals directly from CPS Emergency Response

The table below demonstrates the penetration rates of foster youth in the MHP.

Penetration Rates		CY 2018					CY 2019					
		A		B		B/A	A		B		B/A	
		Medi-Cal Eligible Beneficiaries - Foster Youth		Total Receiving MH Services		Foster MH Penetration Rates	Medi-Cal Eligible Beneficiaries - Foster Youth		Total Receiving MH Services		Foster MH Penetration Rates	Percent Change
		N	%	N	%	%	N	%	N	%	%	%
Age Group	0 to 5	773	24.5%	133	12.6%	17.2%	658	22.4%	103	9.4%	15.7%	-8.7%
	6+	2,381	75.5%	921	87.4%	38.7%	2,283	77.6%	987	90.6%	43.2%	+11.6%
	Total	3,154	100.0%	1,054	100.0%	33.4%	2,941	100.0%	1,090	100.0%	37.1%	+11.1%
		N	%	N	%	%	N	%	N	%	%	%
Gender	Female	1,571	49.8%	559	53.0%	35.6%	1,456	49.5%	555	50.9%	38.1%	+7.0%
	Male	1,583	50.2%	495	47.0%	31.3%	1,485	50.5%	535	49.1%	36.0%	+15.0%
	Total	3,154	100.0%	1,054	100.0%	33.4%	2,941	100.0%	1,090	100.0%	37.1%	+11.1%
		N	%	N	%	%	N	%	N	%	%	%
Race	White	744	23.6%	278	26.4%	37.4%	702	23.9%	282	25.9%	40.2%	+7.5%
	African American	921	29.2%	390	37.0%	42.4%	839	28.5%	398	36.5%	47.4%	+11.8%
	American Indian/ Alaskan Native	54	1.7%	21	2.0%	38.9%	45	1.5%	23	2.1%	51.1%	+31.4%
	Asian/ Pacific Islander	99	3.1%	38	3.6%	38.4%	89	3.0%	48	4.4%	53.9%	+40.4%
	Other	999	31.7%	162	15.4%	16.2%	968	32.9%	164	15.0%	16.9%	+4.3%
	Hispanic	337	10.7%	165	15.7%	49.0%	298	10.1%	175	16.1%	58.7%	+19.8%
	Total	3,154	100.0%	1,054	100.0%	33.4%	2,941	100.0%	1,090	100.0%	37.1%	+11.1%

Penetration – SUPT

The table below summarizes the populations and demonstrates the penetration rates based on Medi-Cal eligible for Calendar Year 2019. The Medi-Cal eligible beneficiary numbers were obtained utilizing the *EQRO – All Approved Claims Report – CY19*, while the Medi-Cal Clients were extracted from the Sacramento County BHS electronic health record (AVATAR) and represents all clients who received at least one SUPT service during the year. Note: the data only includes clients served in BHS – SUPT, so clients receiving alcohol and drug services in GMCs or other private insurance are not represented.

Penetration Rates		Calendar Year 2019				
		A		B		B/A
		Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (Undup)		Medi-Cal Penetration Rates
		N	%	N	%	%
Age Group	0 to 5	65,192	12.2%	0	0.0%	0.0%
	6 to 17	129,038	24.1%	184	3.0%	0.1%
	18 to 59	270,743	50.5%	5,099	84.0%	1.9%
	60+	71,458	13.3%	788	13.0%	1.1%
	Total	536,431	100.0%	6,071	100.0%	1.1%
		N	%	N	%	%
Gender	Female	284,402	53.0%	2,886	47.5%	1.0%
	Male	252,029	47.0%	3,185	52.5%	1.3%
	Total	536,431	100.0%	6,071	100.0%	1.1%
		N	%	N	%	%
Race	White	123,919	23.1%	1,590	26.2%	1.3%
	African American	80,018	14.9%	585	9.6%	0.7%
	American Indian/Alaskan Native	3,622	0.7%	66	1.1%	1.8%
	Asian/Pacific Islander	73,606	13.7%	119	2.0%	0.2%
	Other	133,967	25.0%	3,066	50.5%	2.3%
	Hispanic	121,301	22.6%	645	10.6%	0.5%
	Total	536,433	100.0%	6,071	100.0%	1.1%

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 2018 and 2019. In CY18 and CY19, Sacramento County had a slightly higher 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 18 and 19. Adults, ages 18 to 59 were lower than Large County and Statewide for both years. In CY18, Sacramento County's rate for females was higher than Large County and Statewide rates. In CY19, females were higher than the Large County rate but lower than the Statewide rate. 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 18 to CY 19. With the exception of Hispanic, Sacramento County penetration rates for all races were also lower than Large County and Statewide rates in CY 19. Note: penetration rates for Sacramento County are different from the penetration table referenced above.

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

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

		Sac County CY18	Large County CY18	Statewide CY18	Sac County CY19	Large County CY19	Statewide CY19
Total		4.38	4.31	4.66	4.44	4.40	4.86
Age Group	0 to 5	1.41	1.77	2.11	1.28	1.84	2.23
	6 to 17	6.38	5.81	6.57	6.48	6.02	6.88
	18 to 59	4.54	4.66	4.84	4.63	4.72	5.06
	60+	2.89	2.57	2.83	2.95	2.56	2.90
Gender	Female	4.32	3.94	4.28	4.40	4.02	4.48
	Male	4.45	4.75	5.10	4.49	4.84	5.31
Race	White	6.07	6.7	6.50	6.15	6.75	6.73
	African American	5.63	7.01	7.99	6.06	7.23	8.49
	AI/AN	6.83	7.46	6.88	7.34	7.78	7.50
	API	1.81	2.10	2.25	1.86	2.08	2.26
	Other	4.24	4.79	5.25	4.03	4.68	5.01
	Hispanic	3.42	3.33	3.78	3.58	3.52	4.08

The overall penetration rate in Sacramento County for CY 2019, based on Medi-Cal eligible beneficiaries is 4.44%, compared to 4.86% statewide. Although the penetration rate is lower than statewide, it is higher than other large counties. Furthermore, penetration rates in all areas, with the exception of "other" race have improved from 2018. 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 1.86% to 7.34%. Asian/Pacific Islander and Hispanic account for the lowest penetration rates at 1.86% (API) and 3.58% (Hispanic). On the other hand, Native Americans, Caucasians and African Americans account for the highest penetration rates (7.34% Native American, 6.06% African American and 6.15% 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 1.28% to 6.48%. Children under the age of 5 represent the lowest penetration rate at 1.28%, while children between the ages of 6 and 17 represent the highest penetration rate at 6.48%. Penetration rates for children between the ages of 6 and 17 are higher than large counties, but lower than California as a whole. Adults between the ages of 18 and 59 had a penetration rate of 4.63%, lower than other large counties and California as a whole. Older adults' penetration rate was 2.95%, higher than large counties and 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 4.40%, whereas male was 4.49%. Sacramento County penetration rate for females is higher compared to large counties but lower than 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.

Medi-Cal Penetration – Foster Youth: Sacramento County Penetration Rates Compared to Large County and State Penetration Rates. According to the EQRO claims data, Sacramento County penetration rates are lower than large counties and statewide in all areas. Note, EQRO uses approved claims data, so this only represents foster youth who have had an approved Medi-Cal service.

		Sac County CY19	Large County CY19	Statewide CY19
Total		39.14	48.34	51.91
Age Group	0 to 5	20.67	41.57	48.62
	6+	44.46	50.87	53.18
Gender	Female	37.71	48.25	51.82
	Male	40.51	48.43	52.00
Race	White	45.30	50.93	51.43
	African American	36.35	48.78	50.04
	AI/AN	37.78	46.76	39.71
	API	40.45	46.35	51.31
	Other	39.34	47.80	52.47
	Hispanic	31.21	46.84	53.29

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 18/19

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, 73.2%-80.8%). With the exception of unknown/not reported, adults are retained at a high level across race/ethnicity, ranging from 66.1% for the Other race category to 77.9% for Asian/Pacific Islanders (API)

Gender – Males and females are retained at the same rate, regardless of age (70.0% vs 70.4%)

Age –Children 0-17 are retained in the system at a higher rate than adults. Children's retention rate for the total system is almost 77.3%, whereas the adult rate is just over 66.1%.

Language –With the exception of unknown/not reported, the retention rates for all languages are high, ranging from 69.9% (English) to 87.5% (Russian).

Sacramento County Mental Health Plan Retention - FY 18/19														
FY 18/19		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	359	40	11.1	30	8.4	25	7.0	21	5.8	128	35.7	115	32.0
	Black	2,118	269	12.7	186	8.8	112	5.3	81	3.8	643	30.4	827	39.0
	Hispanic	3,297	324	9.8	182	5.5	191	5.8	131	4.0	1,185	35.9	1,284	38.9
	Nat-Amer	81	10	12.3	3	3.7	5	6.2	1	1.2	30	37.0	32	39.5
	White	2,137	184	8.6	133	6.2	93	4.4	82	3.8	622	29.1	1,023	47.9
	Other	788	80	10.2	49	6.2	41	5.2	29	3.7	290	36.8	299	37.9
	Unk/NR	1,120	139	12.4	84	7.5	66	5.9	59	5.3	432	38.6	340	30.4
Race (≥18)	API	1,459	151	10.3	105	7.2	66	4.5	75	5.1	607	41.6	455	31.2
	Black	3,575	616	17.2	328	9.2	198	5.5	179	5.0	1,234	34.5	1,020	28.5
	Hispanic	2,551	431	16.9	240	9.4	181	7.1	120	4.7	876	34.3	703	27.6
	Nat-Amer	196	34	17.3	18	9.2	9	4.6	5	2.6	74	37.8	56	28.6
	White	6,662	1,196	18.0	593	8.9	362	5.4	281	4.2	2,383	35.8	1,847	27.7
	Other	898	172	19.2	84	9.4	48	5.3	50	5.6	329	36.6	215	23.9
	Unk/NR	1,705	567	33.3	249	14.6	128	7.5	127	7.4	467	27.4	167	9.8
Age	0-17.9	9,900	1,046	10.6	667	6.7	533	5.4	404	4.1	3,330	33.6	3,920	39.6
	≥ 18	17,046	3,167	18.6	1,617	9.5	992	5.8	837	4.9	5,970	35.0	4,463	26.2
Sex	Male	12,964	2,090	16.1	1,105	8.5	696	5.4	548	4.2	4,230	32.6	4,295	33.1
	Female	13,982	2,127	15.2	1,178	8.4	828	5.9	691	4.9	5,070	36.3	4,088	29.2
	Unk/NR	6	2	33.3	1	16.7	1	16.7	2	33.3	0	0.0	0	0.0
Language	English	23429	3,776	16.1	1,980	8.5	1,289	5.5	1,047	4.5	7,852	33.5	7,485	31.9
	Spanish	1401	139	9.9	97	6.9	90	6.4	55	3.9	572	40.8	448	32.0
	Russian	232	9	3.9	7	3.0	13	5.6	9	3.9	124	53.4	70	30.2
	Hmong	266	13	4.9	16	6.0	17	6.4	25	9.4	118	44.4	77	28.9
	Vietnamese	190	8	4.2	12	6.3	9	4.7	14	7.4	89	46.8	58	30.5
	Cantonese	68	3	4.4	5	7.4	1	1.5	3	4.4	22	32.4	34	50.0
	Arabic	132	15	11.4	15	11.4	5	3.8	8	6.1	73	55.3	16	12.1
	Other	579	47	8.1	41	7.1	42	7.3	34	5.9	286	49.4	129	22.3
	Unk/NR	655	209	31.9	111	16.9	59	9.0	46	7.0	164	25.0	66	10.1
TOTAL		**26,952**	**4,219**	**15.7**	**2,284**	**8.5**	**1,525**	**5.7**	**1,241**	**4.6**	**9,300**	**34.5**	**8,383**	**31.1**

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

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

A. From the county's approved CSS plan, extract a copy of the population assessment and summarize population and client utilization data by race, ethnicity, language, age, gender and other relevant small county cultural populations.

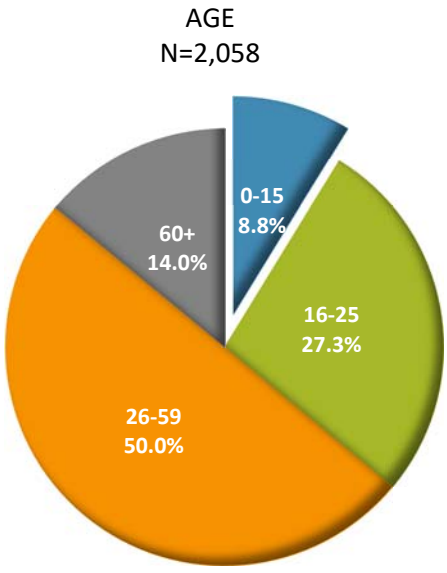
MHSA Demographics – Clients Served

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 18/19.

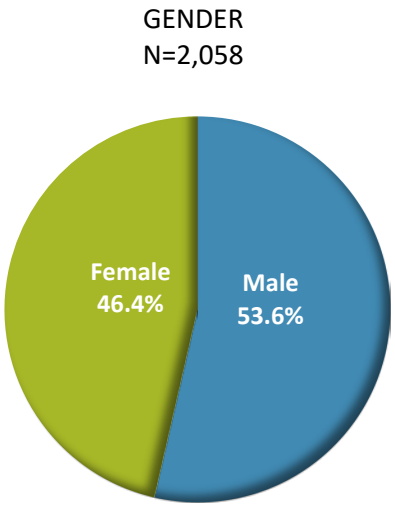
Community Services and Supports (CSS) – Full Service Partnerships (FSP)

The FSP's served a total of 2,508 partners in FY 18/19. The charts below examine demographics of the partners served.

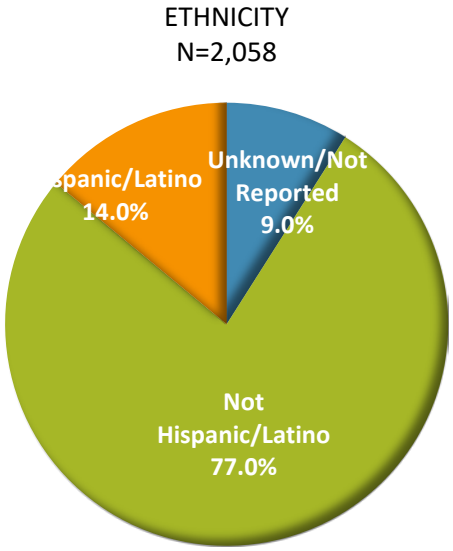
Age – The FSPs served and array of aged groups, but half (50.0%) were adults ages 26 to 59. Transition Age Youth (TAY) were the next highest at just over 20% (27.3%).



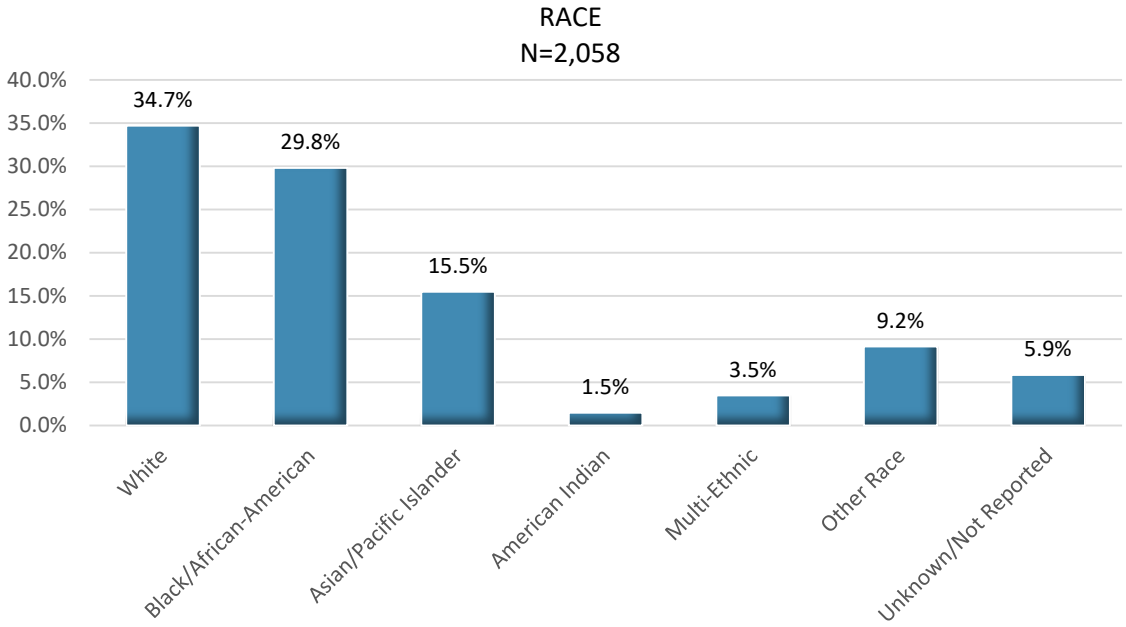
Gender **–** The FSPs serve a slightly higher percentage of males than females (53.3% vs 46.4%). This is different from the overall MHP, where more females are served than males.



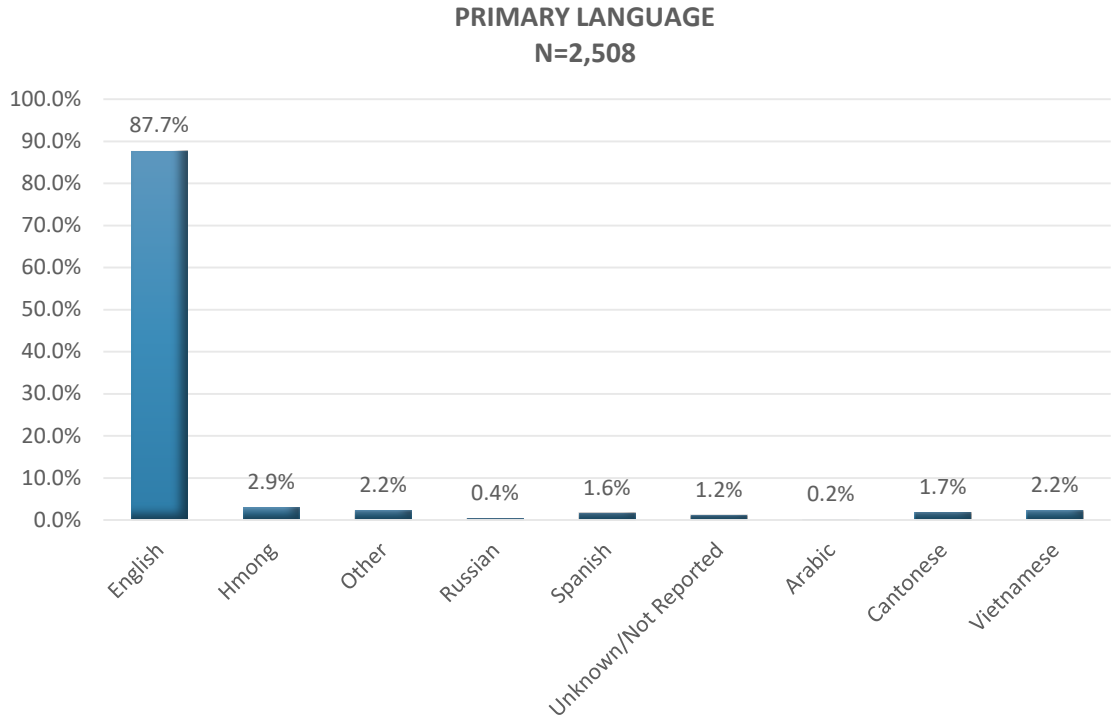
Ethnicity – Fourteen percent of partners served in the FSP's identified as Hispanic/Latinx.



Race **–** Just under 35% (34.7%) of the partners served in the FSP's were Caucasian, followed by African American at 29.8%. Asian/Pacific Islanders are served at a higher percentage than the overall MHP, representing 15.5% of all served in the FSP's compared to 7% in the MHP.



Primary Language **–** The majority (87.7%) of partners served identified English as their primary language.



Community Services and Supports – General System Development (GSD)

There were a total of 12,496 clients served in GSD programs in FY 18/19.

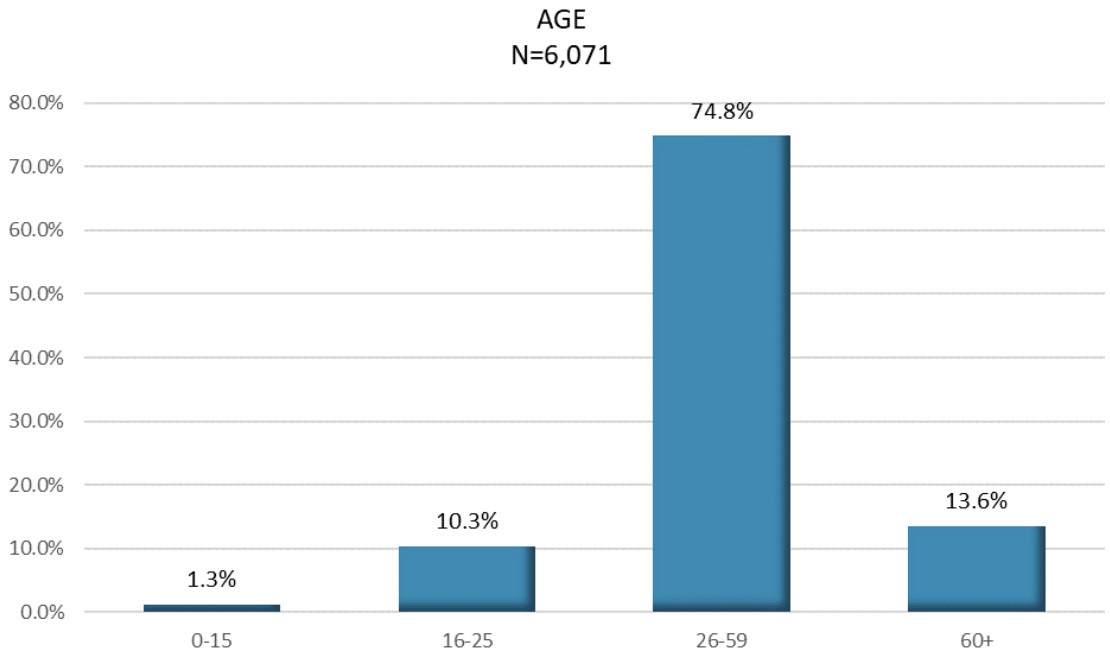
Total Number Served in General System Development Programs – FY 18/19																							
Characteristic	APSS		TCORE		Regional Support Teams		Guest House		Wellness and Recovery Center		Peer Partners		Consumer and Family Voice -		Crisis Residential Program 34th St.		Crisis Residential		Total	
	N	%	N	%			N	%	N	%	N	%	N	%	N	%	N	%	N	%
Gender																						
Female	530	66.8%	287	47.3%	3,254	59.2%	963	55.3%	1,717	57.0%	186	54.7%	32	27.6%	69	37.5%	77	36.8%	7,115	56.9%
Male	263	33.2%	320	52.7%	2,239	40.8%	779	44.7%	1,285	42.7%	154	45.3%	37	31.9%	115	62.5%	132	63.2%	5,324	42.6%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.7%	0	0.0%	0	0.0%	2	0.0%
Unknown/Not Reported	0	0.0%	0	0.0%	0	0.0%	0	0.0%	10	0.3%	0	0.0%	45	38.8%	0	0.0%	0	0.0%	55	0.4%
Total	**793**	**100.0%**	**607**	**100.0%**	**5,493**	**100.0%**	**1,742**	**100.0%**	**3,012**	**100.0%**	**340**	**100.0%**	**116**	**100.0%**	**184**	**100.0%**	**209**	**100.0%**	**12,496**	**100.0%**
Age																				
0 to 15	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	38	32.8%	0	0.0%	0	0.0%	39	0.3%
16 to 25	11	1.4%	30	4.9%	529	9.6%	110	6.3%	207	6.9%	29	8.5%	24	20.7%	21	11.4%	22	10.5%	983	7.9%
26 to 59	603	76.0%	487	80.2%	4,091	74.5%	1,323	75.9%	2,304	76.5%	281	82.6%	7	6.0%	158	85.9%	180	86.1%	9,434	75.5%
60 and Over	179	22.6%	90	14.8%	873	15.9%	309	17.7%	499	16.6%	30	8.8%	0	0.0%	5	2.7%	7	3.3%	1,992	15.9%
Unknown/Not Reported	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	47	40.5%	0	0.0%	0	0.0%	48	0.4%
Total	**793**	**100.0%**	**607**	**100.0%**	**5,493**	**100.0%**	**1,742**	**100.0%**	**3,012**	**100.0%**	**340**	**100.0%**	**116**	**100.0%**	**184**	**100.0%**	**209**	**100.0%**	**12,496**	**100.0%**
Ethnicity																				
Non-Hispanic	591	74.5%	477	78.6%	3,989	72.6%	1,261	72.4%	2,085	69.2%	52	15.3%	24	20.7%	132	71.7%	157	75.1%	8,768	70.2%
Hispanic	80	10.1%	97	16.0%	786	14.3%	283	16.2%	483	16.0%	43	12.6%	42	36.2%	26	14.1%	22	10.5%	1,862	14.9%
Unknown/Not Reported	122	15.4%	33	5.4%	718	13.1%	198	11.4%	444	14.7%	245	72.1%	50	43.1%	26	14.1%	30	14.4%	1,866	14.9%
Total	**793**	**100.0%**	**607**	**100.0%**	**5,493**	**100.0%**	**1,742**	**100.0%**	**3,012**	**100.0%**	**340**	**100.0%**	**116**	**100.0%**	**184**	**100.0%**	**209**	**100.0%**	**12,496**	**100.0%**
Race																				
White	270	34.0%	299	49.3%	2,352	42.8%	743	42.7%	1,186	39.4%	134	39.4%	13	11.2%	85	46.2%	97	46.4%	5,179	41.4%
Black	108	13.6%	134	22.1%	1,053	19.2%	431	24.7%	748	24.8%	80	23.5%	8	6.9%	55	29.9%	52	24.9%	2,669	21.4%
Asian/Pacific Islander	183	23.1%	43	7.1%	552	10.0%	116	6.7%	200	6.6%	26	7.6%	0	0.0%	4	2.2%	8	3.8%	1,132	9.1%
Am Indian/Alask. Native	13	1.6%	14	2.3%	79	1.4%	31	1.8%	100	3.3%	6	1.8%	2	1.7%	5	2.7%	4	1.9%	254	2.0%
Multi-Race	7	0.9%	17	2.8%	175	3.2%	55	3.2%	139	4.6%	7	2.1%	7	6.0%	1	0.5%	10	4.8%	418	3.3%
Other	102	12.9%	74	12.2%	771	14.0%	296	17.0%	297	9.9%	51	15.0%	25	21.6%	13	7.1%	20	9.6%	1,649	13.2%
Unknown/Not Reported	110	13.9%	26	4.3%	511	9.3%	70	4.0%	342	11.4%	36	10.6%	61	52.6%	21	11.4%	18	8.6%	1,195	9.6%
Total	**793**	**100.0%**	**607**	**100.0%**	**5,493**	**100.0%**	**1,742**	**100.0%**	**3,012**	**100.0%**	**340**	**100.0%**	**116**	**100.0%**	**184**	**100.0%**	**209**	**100.0%**	**12,496**	**100.0%**
Primary Language																				
English	528	66.6%	554	91.3%	4,648	84.6%	1,587	91.1%	2,748	91.2%	297	87.4%	38	32.8%	176	95.7%	198	94.7%	10,774	86.2%
Spanish	30	3.8%	15	2.5%	124	2.3%	30	1.7%	39	1.3%	10	2.9%	31	26.7%	0	0.0%	1	0.5%	280	2.2%
Other	224	28.2%	29	4.8%	599	10.9%	82	4.7%	107	3.6%	21	6.2%	0	0.0%	1	0.5%	1	0.5%	1,064	8.5%
Unknown/Not Reported	11	1.4%	9	1.5%	122	2.2%	43	2.5%	118	3.9%	12	3.5%	47	40.5%	7	3.8%	9	4.3%	378	3.0%
Total	**793**	**100.0%**	**607**	**100.0%**	**5,493**	**100.0%**	**1,742**	**100.0%**	**3,012**	**100.0%**	**340**	**100.0%**	**116**	**100.0%**	**184**	**100.0%**	**209**	**100.0%**	**12,496**	**100.0%**

Substance Use Prevention and Treatment (SUPT)

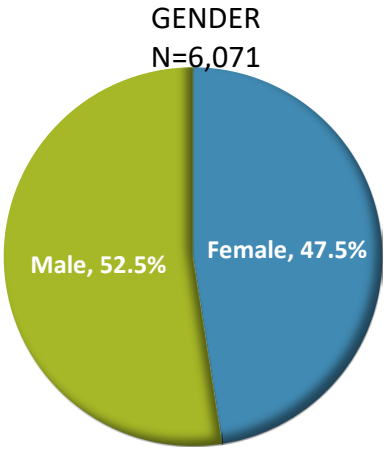
The SUPT system of BHS serves Drug Medi-Cal clients in a variety of settings, including residential, detox, medication assisted treatment (MAT), outpatient and intensive outpatient.

There were a total of 6,071 unduplicated Medi-Cal beneficiaries served in SUPT programs in 18/19.

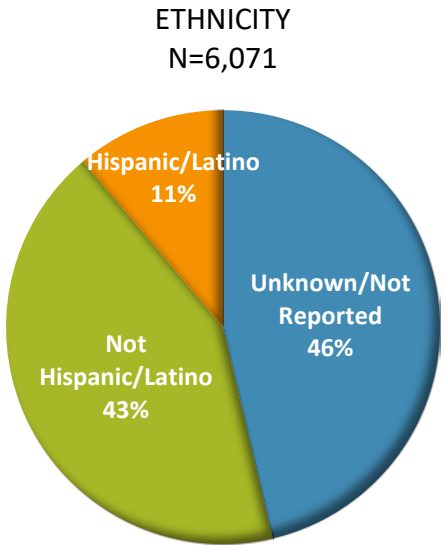
Age – the majority of beneficiaries served in SUPT are between the ages of 26 and 59, representing almost 75% of the population served.



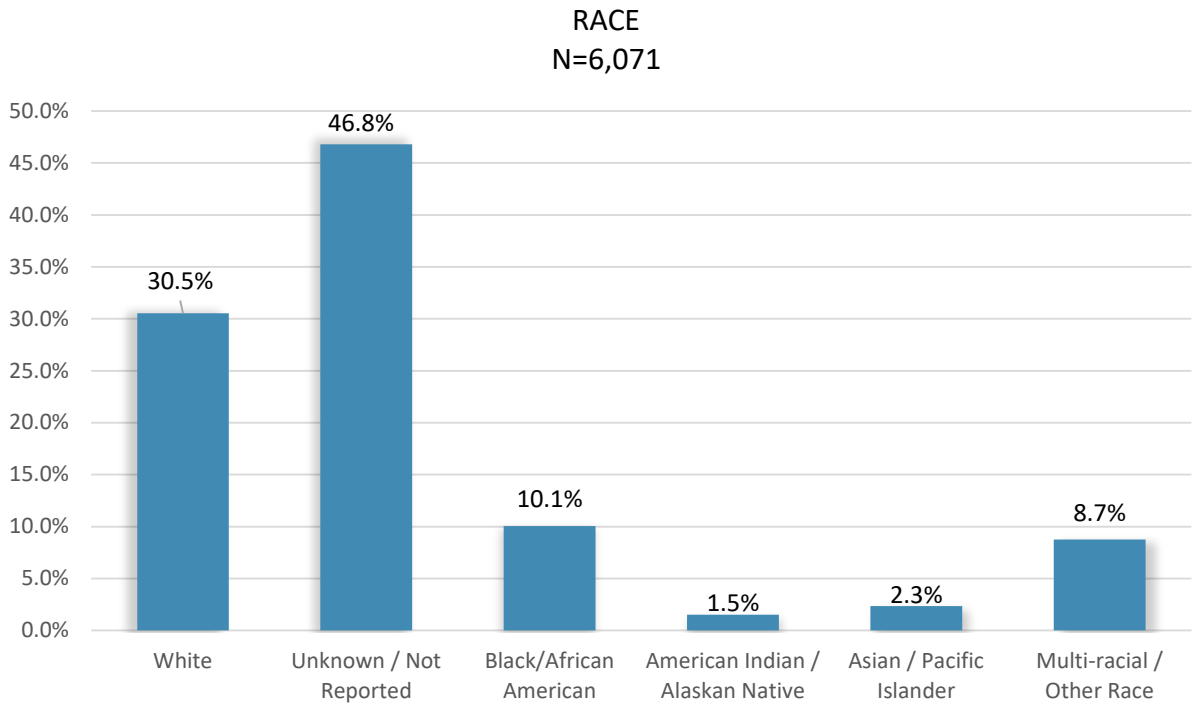
Gender – A slightly higher percentage of males are served than females, at just over 52%.



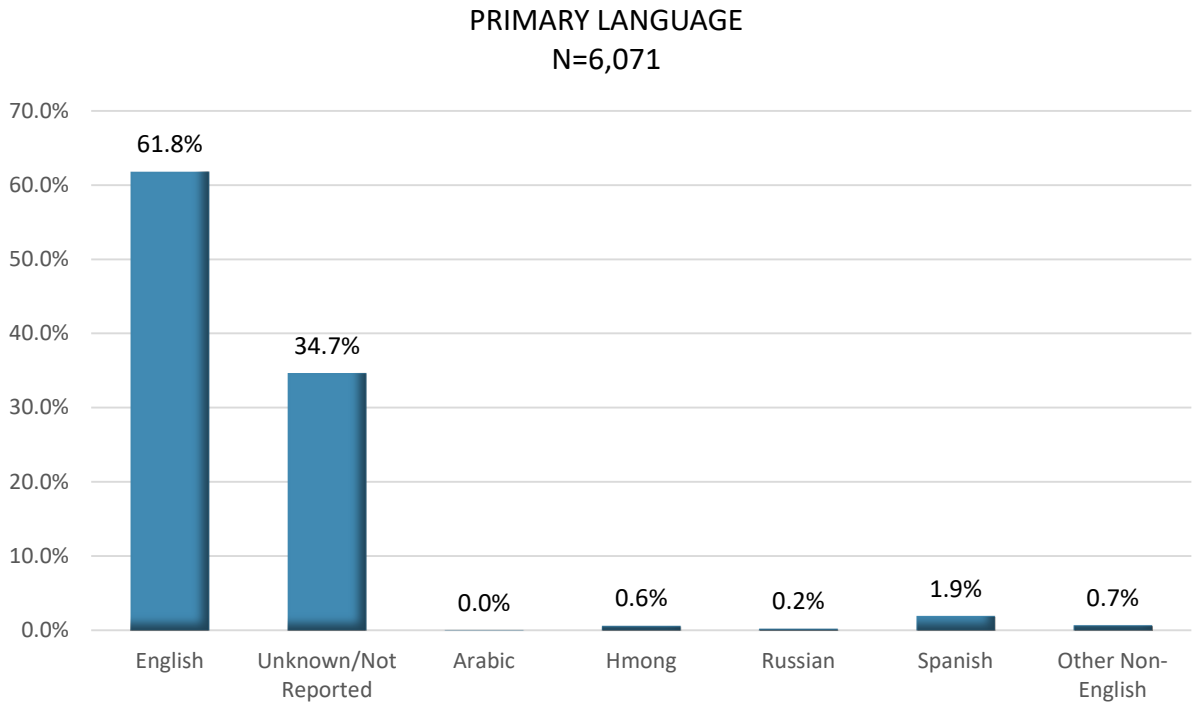
Ethnicity – Eleven percent of SUPT clients identified as Hispanic/Latinx.



Race– Of the beneficiaries reported, over 30% reported Caucasian, followed by African American at just over 10% and Multi-race at just over 8%. Just under half (46.8%) did not have a race/ethnicity reported.



Primary Language – The majority (61.8%) of beneficiaries served in SUPT 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.

Prevention and Early Intervention (PEI)

There were a total of 51,337 individuals served in PEI programs in FY 18/19.

PEI programs are categorized into three components: Integrated Health and Wellness, Strengthening Families and Suicide Prevention. The three components focus on different target populations. 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, Latinx, Native American, Russian/Ukrainian, Transition-age youth, older adults, and consumers. Because of the uniqueness of the programs, comparisons cannot be made in relation to the overall MHP.

As noted in the MHSA Annual Update, the PEI program categories have been updated in FY19/20. These changes will be reflected in future Cultural Competence Plan Updates.

INTEGRATED HEALTH AND WELLNESS								
	SacEDAPT		Senior Link		Senior Link Outreach		Total	
Characteristic	**N=188**	**%**	**N=155**	**%**	**N=226**	**%**	**N=569**	**%**
Age Group								
Children/Youth (0-15)	61	32.4%	0	0.0%	0	0.00%	61	10.7%
TAY (16-25)	102	54.3%	0	0.0%	0	0.00%	102	17.9%
Adults (26-59)	25	13.3%	9	5.8%	20	8.80%	54	9.5%
Older Adults (60+)	0	0.0%	121	78.1%	202	89.40%	323	56.8%
Unknown/Not Reported	0	0.0%	25	16.1%	4	1.80%	29	5.1%
Ethnicity								
Hispanic or Latino	53	28.2%	16	10.3%	33	14.60%	102	17.9%
Non-Hispanic/Non-Latino	108	57.4%	90	58.1%	137	60.60%	335	58.9%
Other	0	0.0%	0	0.0%	0	0.00%	0	0.0%
More than one ethnicity	0	0.0%	0	0.0%	0	0.00%	0	0.0%
Unknown/Not Reported	27	14.4%	49	29.7%	56	24.80%	132	23.2%
Race								
White	48	25.5%	25	16.1%	65	28.80%	138	24.3%
Black or African American	51	27.1%	27	17.4%	43	19.00%	121	21.3%
Asian	15	8.0%	30	19.4%	43	19.00%	88	15.5%
American Indian or Alaska Native	1	0.5%	4	2.6%	2	0.90%	7	1.2%
Native Hawaiian or other Pacific Islander	1	0.5%	5	3.2%	4	1.80%	10	1.8%
More than one race	16	8.5%	0	0.0%	2	0.90%	18	3.2%
Other	41	21.8%	29	18.7%	47	20.80%	117	20.6%
Unknown/Not Reported	15	8.0%	35	22.6%	20	8.80%	70	12.3%
Primary Language								
English	170	90.4%	95	61.3%	150	66.40%	415	72.9%
Spanish	11	5.9%	6	3.9%	37	16.40%	54	9.5%
Vietnamese	1	0.5%	1	0.6%	2	0.90%	4	0.7%
Cantonese	0	0.0%	5	3.2%	0	0.00%	5	0.9%
Russian	1	0.5%	0	0.0%	0	0.00%	1	0.2%
Hmong	0	0.0%	18	11.6%	33	14.60%	51	9.0%
Arabic	0	0.0%	0	0.0%	0	0.00%	0	0.0%
Other	3	1.6%	2	1.3%	1	0.40%	6	1.1%
Unknown/Not Reported	2	1.1%	28	18.1%	3	1.30%	33	5.8%
Sexual Orientation								
Heterosexual or Straight	3	1.6%	42	27.1%	122	54.00%	167	29.3%
Gay or Lesbian	1	0.5%	0	0.0%	1	0.40%	2	0.4%
Bisexual	1	0.5%	0	0.0%	25	11.10%	26	4.6%
Questioning or unsure	0	0.0%	0	0.0%	0	0.00%	0	0.0%
Queer	0	0.0%	0	0.0%	0	0.00%	0	0.0%
Another sexual orientation	0	0.0%	0	0.0%	0	0.00%	0	0.0%
Unknown/Not Reported	183	97.3%	113	66.5%	78	34.50%	374	65.7%
Current Gender Identity								
Female	62	41.6%	107	69.0%	166	73.50%	335	58.9%
Male	40	26.8%	28	18.1%	59	26.10%	127	22.3%
Transgender	3	2.0%	0	0.0%	0	0.00%	3	0.5%
Genderqueer	0	0.0%	0	0.0%	0	0.00%	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%	0	0.00%	0	0.0%
Another gender identity	5	3.4%	0	0.0%	0	0.00%	5	0.9%
Unknown/Not Reported	78	26.2%	20	12.9%	1	0.40%	99	17.4%
Veteran Status								
Yes	2	1.0%	0	1.0%	N/R	N/R	2	0.4%
No	178	93.2%	155	93.2%	N/R	N/R	333	58.5%
Unknown/Not Reported	8	5.8%	0	5.8%	226	N/R	234	41.1%

STRENGTHENING FAMILIES										
	QCCC		CPS Mental Health Team		eVIBE		Capital Adoptive Families		Total	
Characteristic	**N=55**	**%**	**N=57**	**%**	**N=2235**	**%**	**N=191**	**%**	**N=2238**	**%**
Age Group										
Children/Youth (0-15)	0	0.0%	50	87.7%	2031	90.9%	83	43.5%	2164	85.3%
TAY (16-25)	6	10.9%	7	12.3%	25	1.1%	6	3.1%	44	1.7%
Adults (26-59)	30	54.5%	0	0.0%	62	2.8%	58	30.4%	150	5.9%
Older Adults (60+)	5	9.1%	0	0.0%	4	0.2%	3	1.6%	12	0.5%
Unknown/Not Reported	14	25.5%	0	0.0%	113	5.1%	41	21.5%	168	6.6%
Ethnicity										
Hispanic or Latino	10	18.2%	15	26.3%	521	23.3%	104	54.5%	650	25.6%
Non-Hispanic/Non-Latino	23	41.8%	3	5.3%	676	30.2%	28	14.7%	730	28.8%
Other	0	0.0%	1	1.8%	0	0.0%	0	0.0%	1	0.0%
More than one ethnicity	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	22	40.0%	38	66.7%	1038	46.4%	59	30.9%	1157	45.6%
Race										
White	14	25.5%	11	19.3%	272	12.2%	81	42.4%	378	14.9%
Black or African American	9	16.4%	19	33.3%	140	6.3%	25	13.1%	193	7.6%
Asian	2	3.6%	0	0.0%	175	7.8%	11	5.8%	188	7.4%
American Indian or Alaska Native	1	1.8%	1	1.8%	11	0.5%	2	1.0%	15	0.6%
Native Hawaiian or other Pacific Islander	0	0.0%	0	0.0%	7	0.3%	0	0.0%	7	0.3%
More than one race	2	3.6%	3	5.3%	276	12.3%	31	16.2%	312	12.3%
Other	10	18.2%	1	1.8%	525	23.5%	18	9.4%	554	21.8%
Unknown/Not Reported	17	30.9%	22	38.6%	829	37.1%	23	12.0%	891	35.1%
Primary Language										
English	39	70.9%	43	75.4%	1184	53.0%	172	90.1%	1438	56.7%
Spanish	2	3.6%	0	0.0%	186	8.3%	3	1.6%	191	7.5%
Vietnamese	0	0.0%	0	0.0%	9	0.4%	0	0.0%	9	0.4%
Cantonese	0	0.0%	0	0.0%	21	0.9%	0	0.0%	21	0.8%
Russian	0	0.0%	0	0.0%	6	0.3%	0	0.0%	6	0.2%
Hmong	1	1.8%	0	0.0%	17	0.8%	0	0.0%	18	0.7%
Arabic	0	0.0%	0	0.0%	3	0.1%	0	0.0%	3	0.1%
Other	0	0.0%	0	0.0%	18	0.8%	0	0.0%	18	0.7%
Unknown/Not Reported	13	23.6%	14	24.6%	791	35.4%	16	8.4%	834	32.9%
Sexual Orientation										
Heterosexual or Straight	37	67.3%	0	0.0%	136	6.1%	134	70.2%	307	12.1%
Gay or Lesbian	0	0.0%	0	0.0%	1	0.0%	7	3.7%	8	0.3%
Bisexual	3	5.5%	3	5.3%	0	0.0%	6	3.1%	12	0.5%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	10	5.2%	10	0.4%
Queer	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another sexual orientation	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	15	27.3%	54	100.0%	2098	93.9%	34	17.8%	2201	86.7%
Current Gender Identity										
Female	2	3.6%	31	54.4%	1129	50.5%	69	36.1%	1231	48.5%
Male	43	78.2%	26	45.6%	1075	48.1%	89	46.6%	1233	48.6%
Transgender	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Genderqueer	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%
Another gender identity	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	10	18.2%	0	0.0%	31	1.4%	33	17.3%	74	2.9%
Veteran Status										
Yes	N/R	N/R	N/R	N/R	N/R	N/R	2	1.0%	2	0.1%
No	N/R	N/R	N/R	N/R	N/R	N/R	178	93.2%	178	7.0%
Unknown/Not Reported	55	100.0%	57	100%	2235	100.0%	11	5.8%	2358	92.9%

SUICIDE PREVENTION																
	Suicide Crisis Line		Postvention Services		Suicide Bereavement Support Groups		Supporting Community Connections		Community Support Team		Triage Navigators		Mobile Crisis Support Team		Total	
Characteristic	**N=41152**	**%**	**N=24**	**%**	**N=239**	**%**	**N=2041**	**%**	**N=705**	**%**	**N=2639**	**%**	**N=1730**	**%**	**N=48530**	**%**
Age Group																
Children/Youth (0-15)	1586	3.9%	1	4.2%	0	0.0%	248	12.2%	13	1.8%	126	4.8%	129	7.5%	2103	4.3%
TAY (16-25)	6086	14.8%	10	41.7%	18	7.5%	617	30.2%	88	12.5%	448	17.0%	307	17.7%	7574	15.6%
Adults (26-59)	7995	19.4%	10	41.7%	136	56.9%	749	36.7%	430	61.0%	1714	64.9%	993	57.4%	12027	24.8%
Older Adults (60+)	2047	5.0%	2	8.3%	42	17.6%	239	11.7%	174	24.7%	341	12.9%	292	16.9%	3137	6.5%
Unknown/Not Reported	23438	57.0%	1	4.0%	43	18.0%	188	9.2%	0	0.0%	10	0.4%	9	0.5%	23689	48.8%
Ethnicity																
Hispanic or Latino	1359	3%	6	25.0%	17	7.1%	549	26.9%	78	11.1%	292	11.1%	187	10.8%	2488	5.1%
Non-Hispanic/Non-Latino	0	0%	0	0.0%	76	31.8%	1310	64.2%	385	54.6%	1510	57.2%	1107	64.0%	4388	9.0%
Other	0	0%	0	0.0%	0	0.0%	52	2.5%	0	0.0%	0	0.0%	0	0.0%	52	0.1%
More than one ethnicity	0	0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Unknown/Not Reported	39,793	97%	18	75.0%	146	61.1%	129	6.3%	242	34.3%	837	31.7%	436	25.2%	41601	85.7%
Race																
White	7659	18.6%	13	54.2%	104	43.5%	761	37.3%	216	30.6%	1046	39.6%	806	46.6%	10605	21.9%
Black or African American	1164	2.8%	3	12.5%	7	2.9%	276	13.5%	146	20.7%	535	20.3%	374	21.6%	2505	5.2%
Asian	1350	3.3%	1	4.2%	7	2.9%	314	15.4%	35	5.0%	105	4.0%	96	5.5%	1908	3.9%
American Indian or Alaska Native	91	0.2%	0	0.0%	5	2.1%	25	1.2%	9	1.3%	30	1.1%	20	1.2%	180	0.4%
Native Hawaiian or other Pacific Islander	93	0.2%	0	0.0%	4	1.7%	12	0.6%	2	0.3%	16	0.6%	11	0.6%	138	0.3%
More than one race	564	1.4%	0	0.0%	2	0.8%	30	1.5%	24	3.4%	76	2.9%	48	2.8%	744	1.5%
Other	116	0.3%	0	0.0%	2	0.8%	580	28.4%	51	7.2%	229	8.7%	145	8.4%	1123	2.3%
Unknown/Not Reported	30115	72.2%	7	29.2%	108	45.2%	43	2.1%	222	31.5%	602	22.8%	230	13.3%	31327	64.6%
Primary Language																
English	39047	94.9%	24	100.0%	133	55.6%	1170	57.3%	566	80.3%	2292	86.9%	1588	91.8%	44820	92.4%
Spanish	1359	3.3%	0	0.0%	0	0.0%	340	16.7%	11	1.6%	25	0.9%	26	1.5%	1761	3.6%
Vietnamese	5	<.01%	0	0.0%	0	0.0%	90	4.4%	6	0.9%	9	0.3%	7	0.4%	117	0.2%
Cantonese	1	<.01%	0	0.0%	0	0.0%	42	2.1%	0	0.0%	0	0.0%	3	0.2%	46	0.1%
Russian	0	<.01%	0	0.0%	0	0.0%	233	11.4%	4	0.6%	7	0.3%	12	0.7%	256	0.5%
Hmong	1	<.01%	0	0.0%	0	0.0%	111	5.4%	6	0.9%	2	0.1%	6	0.3%	126	0.3%
Arabic	3	<.01%	0	0.0%	0	0.0%	0	0.0%	4	0.6%	0	0.0%	2	0.1%	9	0.0%
Other	2	<.01%	0	0.0%	0	0.0%	47	2.3%	14	2.0%	20	0.8%	17	1.0%	100	0.2%
Unknown/Not Reported	734	1.8%	0	0.0%	106	44.4%	8	0.4%	94	13.3%	284	10.8%	69	4.0%	1295	2.7%
Sexual Orientation																
Heterosexual or Straight	0	0.0%	0	0.0%	126	52.7%	1790	87.7%	19	2.7%	70	2.7%	28	1.6%	2033	4.2%
Gay or Lesbian	0	0.0%	0	0.0%	1	0.4%	92	4.5%	1	0.1%	1	0.0%	1	0.1%	96	0.2%
Bisexual	0	0.0%	0	0.0%	3	1.3%	67	3.3%	0	0.0%	3	0.1%	1	0.1%	74	0.2%
Questioning or unsure	0	0.0%	0	0.0%	1	0.4%	13	0.6%	1	0.1%	2	0.1%	0	0.0%	17	0.0%
Queer	0	0.0%	0	0.0%	1	0.4%	13	0.6%	0	0.0%	0	0.0%	0	0.0%	14	0.0%
Another sexual orientation	0	0.0%	0	0.0%	1	0.4%	34	1.7%	0	0.0%	0	0.0%	0	0.0%	35	0.1%
Unknown/Not Reported	41152	100.0%	24	100.0%	106	44.4%	32	1.6%	684	97.0%	2563	97.1%	1700	98.3%	46261	95.3%
Current Gender Identity																
Female	17729	43.1%	12	50.0%	46	19.2%	794	38.9%	1	0.1%	517	19.6%	345	19.9%	19444	40.1%
Male	15650	38.0%	12	50.0%	129	54.0%	1116	54.7%	5	0.7%	394	14.9%	340	19.7%	17646	36.4%
Transgender	123	0.3%	0	0.0%	4	1.7%	107	5.2%	0	0.0%	8	0.3%	3	0.2%	245	0.5%
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%
Questioning or unsure	28	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	28	0.1%
Another gender identity	0	0.0%	0	0.0%	0	0.0%	4	0.2%	0	0.0%	4	0.2%	0	0.0%	8	0.0%
Unknown/Not Reported	7622	18.5%	0	0.0%	60	25.1%	20	1.0%	699	99.1%	1716	65.0%	1042	60.2%	11159	23.0%
Veteran Status																
Yes	N/R	N/R	N/R	N/R	11	4.6%	16	0.8%	N/R	N/R	N/R	N/R	N/R	N/R	27	0.1%
No	N/R	N/R	N/R	N/R	228	95.4%	2025	99.2%	N/R	N/R	N/R	N/R	N/R	N/R	2253	4.6%
Unknown/Not Reported	41152	N/R	24	N/R	0	0.0%	0	0.0%	705	N/R	2639	N/R	1730	N/R	46250	95.3%

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 1,669 individuals served in PEI Respite Programs in FY 18/19.

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 - Respite Programs FY 18/19														
	Caregiver Crisis Intervention Respite		The Ripple Effect Respite Program		Danelle's Place Respite Program		LGBT-Lambda Lounge Adult MH Respite		LGBT-Q-Spot Youth/TAY Respite		Homeless Teens/ TAY Respite		Total	
Characteristic	**N=64**	**%**	**N=122**	**%**	**N=177**	**%**	**N=301**	**%**	**N=593**	**%**	**N=412**	**%**	**N=1669**	**%**
Age Group														
Children/Youth (0-15)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	53	8.9%	4	1.0%	57	3.4%
TAY (16-25)	0	0.0%	13	10.7%	34	19.2%	27	9.0%	485	81.8%	395	95.9%	954	57.2%
Adults (26-59)	19	29.7%	86	70.5%	99	55.9%	206	68.4%	9	1.5%	4	1.0%	423	25.3%
Older Adults (60+)	45	70.3%	22	18.0%	11	6.2%	25	8.3%	0	0.0%	0	0.0%	103	6.2%
Unknown/Not Reported	0	0.0%	1	0.8%	33	18.6%	43	14.3%	46	7.8%	9	2.2%	132	7.9%
Ethnicity														
Hispanic or Latino	8	12.5%	17	13.9%	38	21.5%	33	11.0%	164	27.7%	72	17.5%	332	19.9%
Non-Hispanic/Non-Latino	47	73.4%	69	56.6%	98	55.4%	192	63.8%	391	65.9%	270	65.5%	1067	63.9%
Other	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%
Unknown/Not Reported	9	14.1%	36	29.5%	41	23.2%	76	25.2%	38	6.4%	70	17.0%	270	16.2%
Race														
White	44	68.8%	58	47.5%	96	54.2%	124	41.2%	297	50.1%	82	19.9%	701	42.0%
Black or African American	13	20.3%	43	35.2%	25	14.1%	37	12.3%	89	15.0%	229	55.6%	436	26.1%
Asian	1	1.6%	1	0.8%	3	1.7%	4	1.3%	16	2.7%	2	0.5%	27	1.6%
American Indian or Alaska Native	1	1.6%	3	2.5%	3	1.7%	7	2.3%	18	3.0%	7	1.7%	39	2.3%
Native Hawaiian or other Pacific Islander	1	1.6%	3	2.5%	4	2.3%	2	0.7%	20	3.4%	5	1.2%	35	2.1%
Other	4	6.3%	8	6.6%	17	9.6%	70	23.3%	77	13.0%	41	10.0%	217	13.0%
More than one Race	0	0.0%	3	2.5%	16	9.0%	15	5.0%	57	9.6%	32	7.8%	123	7.4%
Unknown/Not Reported	0	0.0%	3	2.5%	13	7.3%	42	14.0%	19	3.2%	14	3.4%	91	5.5%
Primary Language														
English	64	100.0%	122	100.0%	167	94.4%	296	98.3%	592	99.8%	405	98.3%	1646	98.6%
Spanish	0	0.0%	0	0.0%	7	4.0%	1	0.3%	0	0.0%	3	0.7%	11	0.7%
Vietnamese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cantonese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Russian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Hmong	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Arabic	0	0.0%	0	0.0%	0	0.0%	1	0.3%	0	0.0%	0	0.0%	1	0.1%
Other	0	0.0%	0	0.0%	1	0.6%	1	0.3%	0	0.0%	3	0.7%	5	0.3%
Unknown/Not Reported	0	0.0%	0	0.0%	2	1.1%	2	0.7%	1	0.2%	1	0.2%	6	0.4%

Prevention and Early Intervention - Respite Programs FY 18/19 Cont.														
	Caregiver Crisis Intervention Respite		The Ripple Effect Respite Program		Danelle's Place Respite Program		LGBT-Lambda Lounge Adult MH Respite		LGBT-Q-Spot Youth/TAY Respite		Homeless Teens/ TAY Respite		Total	
Characteristic	**N=64**	**%**	**N=122**	**%**	**N=177**	**%**	**N=301**	**%**	**N=593**	**%**	**N=412**	**%**	**N=1669**	**%**
Sexual Orientation														
Heterosexual or Straight	56	87.5%	96	78.7%	30	16.9%	70	23.3%	75	12.6%	285	69.2%	612	36.7%
Gay or Lesbian	1	1.6%	6	4.9%	18	10.2%	42	14.0%	139	23.4%	22	5.3%	228	13.7%
Bisexual	2	3.1%	5	4.1%	26	14.7%	24	8.0%	163	27.5%	58	14.1%	278	16.7%
Questioning or Unsure	0	0.0%	1	0.8%	13	7.3%	7	2.3%	18	3.0%	4	1.0%	43	2.6%
Queer	0	0.0%	1	0.8%	35	19.8%	5	1.7%	25	4.2%	2	0.5%	68	4.1%
Another Sexual Orientation	1	1.6%	6	4.9%	32	18.1%	25	8.3%	153	25.8%	20	4.9%	237	14.2%
Unknown/Not Reported	4	6.3%	7	5.7%	23	13.0%	128	42.5%	20	3.4%	21	5.1%	203	12.2%
Gender Identity*														
Male	7	10.9%	53	43.4%	61	34.5%	137	45.5%	164	27.7%	233	56.6%	655	39.2%
Female	55	85.9%	62	50.8%	40	22.6%	64	21.3%	240	40.5%	158	38.3%	619	37.1%
Transgender	0	0.0%	4	3.3%	57	32.2%	8	2.7%	81	13.7%	8	1.9%	158	9.5%
Gender Queer	0	0.0%	1	0.8%	14	7.9%	14	4.7%	12	2.0%	3	0.7%	44	2.6%
Questioning	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	0.8%	21	11.9%	9	3.0%	81	13.7%	9	2.2%	121	7.2%
Unknown/Not Reported	2	3.1%	1	0.8%	6	3.4%	66	21.9%	15	2.5%	3	0.7%	93	5.6%
Veteran Status														
Yes	8	12.5%	5	4.1%	9	5.1%	6	2.0%	4	0.7%	2	0.5%	34	2.0%
No	56	87.5%	117	95.9%	166	93.8%	270	89.7%	579	97.6%	409	99.3%	1597	95.7%
Unknown/Not Reported	0	0.0%	0	0.0%	2	1.1%	25	8.3%	10	1.7%	1	0.2%	38	2.3%

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/Black communities and young people most at risk from gun violence. Community members stated that trauma-informed care is needed to address concerns. Since the public hearing, BHS has been meeting with community members from the African American/Black 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.

Feedback received from African American/Black Community members identified several strategies that would help improve their mental health and wellness. These strategies include community education around trauma, mental health conditions and Adverse Childhood Experiences; assistance with navigating complex systems of care; and supportive services such as support groups/healing circles, Cultural Brokering, peer support and advocacy, life skills coaching, and age appropriate mentoring. Additionally, community members expressed a need for more culturally responsive trauma informed services that reduce risk factors such as stigma, discrimination, and barriers to treatment. The African American/Black Community prioritized building protective factors such as coping and problem solving skills to more effectively deal with the impact of trauma on community members and achieve improved health and wellness outcomes. The collective input received throughout this

community planning process has helped to inform the competitive bid process for the Trauma Informed Wellness Program for the African American/Black Community.

Through a series of Town Halls and Community Conversations, input was gathered from a cross-section of the community for the BHS system as whole. The purpose was to hear from the community what is working for them, what could be improved and what would work better. A summary of the input from these events is included in (Appendix 77):

Please note that individuals may have indicated more than one stakeholder category, which is why the total exceeds 100% for each event.

Stakeholder Representation	**Town Hall # 1** **July 30, 2019**	**Town Hall # 2** **August 1, 2019**	**Community Conversation (aka Town Hall #3)** **88** **February 26, 2020**
Consumers	14%	6%	28%
System Partners	36%	43%	21%
BHS Staff	31%	27%	12%
Community Members (including family members)	18%	17%	17%
Did not indicate	20%	20%	45%

Using Spanish-speaking staff, American Sign Language (ASL) interpreters, and Real Time Captioning (RTC), meaningful participation and input was received from monolingual Spanish speaking community members and Deaf and Hard of Hearing community members who attended the larger Town Hall/Community Conversation. In order to ensure that input was received from community members who were not well represented at the larger Town Hall/Community Conversation sessions, BHS partnered with diverse communities to hold smaller more targeted conversations in various community settings. The sessions were facilitated by cultural brokers and were

conducted in language as indicated by the * in the chart below. Compiled input from the cultural-specific community conversations can be found in Cultural-Specific Community Conversations Report (Appendix 78):

Cultural-Specific Community Conversations An * indicates that the group was conducted in language		
Community Group	**Date**	**Number of participants**
Hmong*	December 5th, 2019	14
Vietnamese*	December 10th, 2019	9
Iu Mien*	December 11th, 2019	45
Cantonese*	December 12th, 2019	13
Latino*	January 7th, 2020	18
Arabic*	January 13th, 2020	11
African American	January 30th, 2020	17
Russian*	February 7th, 2020	18
Native American	February 13th, 2020	20
Total number of attendees of smaller Community Conversations		**165**

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CRITERION 3

COUNTY MENTAL HEALTH SYSTEM

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

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

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

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

I. List the target populations with disparities your county identified in Medi-Cal and all MHSA components (CSS, WET, and PEI)

A. Briefly describe the process and rationale the county used to identify and target the population(s) (with disparities) in its PEI population.

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

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

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

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

CRITERION 3

SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

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

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

I. List the target populations with disparities your county identified in Medi-Cal and all MHSA components (CSS, WET, and PEI)

A. Briefly describe the process and rationale the county used to identify and target the population(s) (with disparities) in its PEI population.

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

Medi-Cal

Race - 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 (7.0% vs 13.7%). This is also seen in our penetration rates, as Sacramento County is lower than Large Counties and Statewide in serving the API population

Age –The majority of the specialty mental health clients are adults, between the ages of 18 and 59 (51.6%), slightly higher than the general Medi-Cal population at 50.5% Children ages 6 to 17 represent just over 36% and older adults represent just over 8%. Significant differences are seen in children. Children 0 to 5 are significantly higher in the Medi-Cal population (12.2% vs. 3.6%), whereas kids 6 to 17 is much higher for beneficiaries served (24.1% vs 36.1%). Older adults are also underrepresented in the MHP compared to the Medi-Cal population (8.7% vs. 13.3%). Adults receiving SUPT services are significantly higher than the overall Medi-Cal population and the MHP and significantly lower in youth ages of all ages. Older adults receiving SUPT services are higher than the MHP, but relatively the same as the overall Medi-Cal population.

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 – Caucasians and African Americans are over-represented in FSP programs compared to the general Medi-Cal population and the MHP population (Caucasian – 34.2% vs 32.2% for MHP and 23.1% M/C; African American - 29.8% vs 21.2% for MHP and 14.9% for M/C). With that said, the majority (59.4%) of races served in FSPs 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 in the MHP (14.0% vs. 8.7%).

Gender – The majority (53.6%) 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 are female, although slightly higher in the GSD programs (53.0% vs 56.9%).

Age – The MHSA defines age categories slightly different from the overall system. Adults ages 26 to 59 represent highest percentage (75.5%) of those served in the GSD programs. Adults ages 18 to 59 represent the highest percentage (51.6%) of those served in the overall MHP.

Race –The percentage of Caucasians served in GSD programs is higher than Caucasians served by the MHP overall and by the Med-Cal beneficiary population (41.4% vs 32.2% and 23.1%). The percentage of African American served in GSD programs and overall MHP is virtually the same (21.4% vs 21.2%), while Asian/Pacific Islander is higher (9.1% vs 7.0%).

Ethnicity – The percentage of those identifying as Hispanic and served by GSD programs is lower than the overall MHP and the Medi-Cal beneficiary population (14.9% vs 22.9% and 22.6%)

Primary Language - The majority (86.2%) of clients in the GSD programs identified their primary language as English, very similar to the overall MHP at 86.7%.

PEI

Demographics vary greatly as each program targets a defined group. Example, Senior Link targets older adults, while eVIBE targets school age children. Supporting Community Connections targets many different unserved and underserved populations, including Asian/Pacific Islander, African-American, Latinx, Native American, Russian/Ukrainian, Transition-Age Youth (TAY), older adults, and consumers. Because of the uniqueness of each PEI program, comparisons cannot be made in relation to the overall MHP or overall Medi-Cal population.

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

Our MHSA plans have become integrated into our overall plan. MHSA is used to leverage other funding, with the exception of PEI. The following table displays all of the relevant programs and the status of implementation and demonstrates efforts Sacramento County has made to reach the unserved, underserved, and inappropriately populations in the county.

Program Type	Program Name	Implementation Status
Community Services and Supports – Full Service Partnerships	Pathways	Fully Implemented
	Sierra Elder Wellness Program	Fully Implemented
	Transcultural Wellness Center	Fully Implemented
	Sacramento Outreach Adult Recovery	Fully Implemented
	Integrated Services Agency	Fully Implemented
	New Directions	Fully Implemented
	Juvenile Justice Diversion and Treatment Program	Fully Implemented
	Transition Age Youth FSP	Fully Implemented
	Arise FSP	Fully Implemented
Community Services and Supports - General System Development	TCORE	Fully Implemented
	Guest House	Fully Implemented
	Flexible Housing Pool	Fully Implemented
	Adult Residential Treatment	Not yet Implemented
	Augmented Board and Care	Not yet Implemented

Program Type	Program Name	Implementation Status
	Wellness and Recovery Centers	Fully Implemented
	Adult Psychiatric Support Services	Fully Implemented
	Peer Partners	Fully Implemented
	Consumer and Family Voice including SAFE Program	Fully Implemented
	Regional Support Team	Fully Implemented
	Mental Health Crisis Respite Center	Fully Implemented
	Abiding Hope Respite House	Fully Implemented
	Crisis Residential Program	3 Fully Implemented 2 Not yet Implemented
	Consultation Support and Engagement Teams	Fully Implemented
	Flexible Integrated Treatment	Fully Implemented
Suicide Prevention	Suicide Crisis Line	Fully Implemented
	ED Follow-up Postvention Services	Fully Implemented
	Suicide Bereavement Support Groups and Grief Services	Fully Implemented
	Consumer Operated Warmline	Fully Implemented
	Supporting Community Connections	9 Fully Implemented 1 to be Implemented
	Community/System Partner Training	Implemented and Completed
	Community Support Team	Fully Implemented
	Mobile Crisis Support Team	Fully Implemented
	Mental Health Navigator	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
Strengthening Families	Quality Childcare Collaborative	Fully Implemented
	CPS/MH Team	Fully Implemented
	School Based Social Skills, Violence Prevention (Bullying Prevention) and Family Conflict Management	Fully Implemented

Program Type	Program Name	Implementation Status
	Early Violence Begins with Education (eVIBE)	Fully Implemented
	Adoptive Families Respite Program	Fully Implemented
	Independent Living Skills for Teens and TAY	Implemented and completed
	Safe Zone Squad	Fully Implemented
	The SOURCE	Fully Implemented
Integrated Health and Wellness	SeniorLink	Fully Implemented
	Sacramento Early Diagnosis and Preventative Treatment	Fully Implemented
	Screening, Assessment, Brief Treatment	Implemented and completed
	Peer Support and Treatment	Implemented and completed
	African American Trauma Informed Wellness Program	To be Implemented
Mental Health Promotion Campaign	Multi-Media Campaign	Fully Implemented
	Speakers Bureau	Fully Implemented
	Community Education	Fully Implemented
	Outreach and Engagement	Fully Implemented
Training	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
SUPT: Treatment Services	Capital Star Outpatient Services for Transition-Age Youth	To Be Implemented January 2021
SUPT: Treatment Services	Residential Services for Youth	Planning
SUPT: Outreach	Future Forward Campaign: Targeted multi-cultures in low socio-economic neighborhoods	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 SUPT Continuum. For a description of each program, please refer to the MHSA Fiscal Year 2019/20 Annual Update to the Three-Year Program and Expenditure Plan (Appendix 68).

The Trauma Informed Wellness Program for the African American/Black Community (AABC) is the result of a robust community planning process conducted by Behavioral Health Services (BHS) and the BHS Cultural Competence Committee (CCC) Ad Hoc Workgroup. 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/Black communities and young people most at risk from gun violence. Community members stated that trauma-informed care is needed to proactively address those concerns. BHS worked diligently to explore all of the programming in the PEI component to see what could be accomplished to support the community. BHS identified local MHSA Prevention and Early Intervention (PEI) funding to create a new trauma informed prevention program to serve African American/Black Community members who have experienced or been exposed to trauma. BHS released a Request for Applications in FY 2019/20 but subsequently cancelled it due to substantial community feedback. BHS has since identified a community partner that has significant experience and expertise working with the African American/Black Community and executed a contract with them to release a more community-friendly RFA during FY 2020/21. For more information about this community planning process, please see Criterion 2, Section V A.

At a recent MHSA Steering Committee meeting, a number of providers presented on how their work has changed given the pandemic, but their commitment to culturally responsive outreach and engagement remains the same. Providers shared best practices for outreach to cultural groups, which included calling, social media, virtual visits and virtual events. Following is an example of one provider's experience:

> ***"Koby Rodriguez**: I use he/him/his as pronouns. I serve as the chief program officer here at the Sacramento LGBT Community center. It has been a wild time, and for the last six months not only have we been facing the COVID-19 pandemic but also facing the pandemic against Black lives. We take that very seriously as an organization that strives to be an anti-racist one and to serve people at all of their intersections. Additionally in the last month, we had all the fires and*

smoke, which prevent people from being outside and traveling as much.

Here at the Center the first thing that we did is phone every single client in our database who has consented to receive calls or messages from us. We called about a thousand people and asked them 25 questions that varied from how are you doing, are you in a safe home, would you like to text one of our youth advocates, or hear from our CEO about services that we provide, have you lost a job or at risk of losing your job, or lost your hours?

We asked all those questions so we could be sure we would not lose contact and so people would feel less alone. We discussed earlier about suicide, suicide rate, and suicide ideation, and certainly, in our community that number is already high. Right now being at home, or perhaps in an unsafe environment or unaffirming environment, only exacerbates the issue."

This kind of intentional telephone outreach, as mentioned in the introduction, has become standard practice for our BHS providers since the beginning of the COVID-19 pandemic in the second half of the fiscal year.

Substance Use Prevention and Treatment Unit accomplishments include:

- ***See Her Bloom***

  A contracted service provider, Public Health Institute, launched a new program for African American women: *See Her Bloom*. The mission of *See Her Bloom* is to engage African American women in California experiencing opioid use disorder by providing culturally relevant treatment options that empower their commitment to healing. Below is an excerpt from their website: https://seeherbloom.org/about/

  

  "Our sisters need our help. Statistics on the opioid epidemic show that from 2011-2016, compared to all other populations, African Americans had the highest increase in the overdose death rate for opioid deaths. And despite this disproportionate impact, our sisters have been left out of the opioid use disorder treatment conversation and experience a lack of culturally relevant care. *See Her Bloom* is here to ensure that African American women are a part of the treatment conversation and are treated with care to change the

statistics.

No longer will our sisters be ignored.
No longer will our sisters be treated with stigma.
No longer will our sisters' opioid addiction increase.
Moving forward we will only #SeeHerBloom."

- The Sacramento County Coalition for Youth: ***Alcohol and Substance Abuse Project One***

  The goal of this project is to expand and maximize the use of evidence-based programs (EBPs), policies and practices by replicating and evaluating promising approaches and achieving widespread adoption of EBPs to address the widespread increase in youth marijuana use. Investment in this strategy will result in a countywide social norm change driven by diverse community members who will be significantly more informed, motivated, and skilled to directly impact youth, parents, and community environments to reduce marijuana use and addiction among youth.

- PRO Youth & Families: **Town Hall**

  On September 17, 2019, PRO Youth & Families organized a Town Hall Meeting for youth and families served by the Fruitridge Community Collaborative who reside in the South Sacramento and Oak Park Communities (95823).

This town hall was a 'train the trainer' event for organizations that deliver multiple services to low opportunity communities, including: the Oak Park Community Incubator Lead (CIL) of the Black Child Legacy Campaign (BCLC) in partnership with the Greater Sacramento Urban League (GSUL), and Saving Our Legacy: African Americans for Smoke-Free Safe Places (SOL). Activities included a Jeopardy Game to educate on marijuana facts, a Gallery Walk and Drug Fact Trivia Wheel. This town hall served community members in addition to providing training to community providers. Diverse youth and adults were in attendance. Future Forward Marijuana prevention materials were distributed.

- Center for Collaborative Planning: **Town Hall**

On November 19, 2019 the Center for Collaborative Planning organized a Town Hall meeting for youth and families connected with the Natomas Middle School and surrounding community (Zip: 95835). Speakers and panelists discussed the community and environmental impact of youth marijuana use and provided an interactive jeopardy activity to educate on current statistics. Diverse youth and adults were in attendance. Materials distributed included marijuana prevention, opioid misuse educational materials, Future Forward brochures, and Let's Talk Cannabis postcards.

- Prior to the pandemic, SUPT and MH shared staffing of BHS information tables at multiple community events, including health fairs, to increase awareness of available BHS services.

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

Please refer to Criterion 2 for data tables which include demographics and corresponding penetration rates. New programs such as the Supporting Community Connections program serving the Arabic speaking community and the Trauma-Informed Wellness Program for the African-American/Black Community program as well as targeted programs for foster youth are developed in response to disparities noted in the data. See programs table on page 56 for a full list of programs developed to reduce disparities.

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

The work to reduce disparities is ongoing. BHS tracks demographics and penetration rates and consults with advocates and peer mentors to develop community informed solutions. Targeted programs through PEI Supporting Community Connections (SCC) have developed relationships with cultural brokers in underserved communities. Their outreach and referrals are being tracked to determine if that is improving our penetration rates in underserved communities.

An example of what is working well is the newly awarded, PEI Supporting Community Connections (SCC) program serving the Arabic-Speaking community. The Arabic-speaking community Supporting Community Connections program will utilize culturally specific interventions to provide services for Arabic Speaking Community members across all age groups. These services include outreach and engagement activities that will promote and support community connections and improve access to mental health and other needed services, including the following activities as allowable during the COVID-19 pandemic:

- participating in community events
- providing visits to refugee apartment complexes
- using social media outlets and email and phone distribution lists to inform the community about available services.

The program will also provide support services to address suicide prevention, including:

- providing mental health screening services
- peer counseling referral services
- social support services referrals
- community education services through educational workshops.

The Arabic-Speaking SCC Program will gather community needs assessment information from Arabic Speaking Community members across all genders and age groups by conducting key informant interviews and focus groups with individuals who have attempted suicide, faith leaders, youth, adults, parents and seniors. This community feedback will help to guide program services during subsequent years.

An example of a lesson learned is our first attempt at issuing a Request for Application (RFA) for the PEI funded Trauma informed Wellness Program for the Black/African American Community. While an inclusive community input process was conducted, the County cancelled the RFA process in response to substantial feedback from the community that the county contracting requirements were too prohibitive for any grassroots community based organizations to be eligible to apply. In response, the County of Sacramento contracted with The Center at Sierra Health Foundation, which has significant experience and expertise operating programs and initiatives designed to reduce disparities and inequities and improve health outcomes for the African American/Black Community. The Center, as the managing entity, will have more flexibility to issue a revised RFA, award contracts and provide capacity building to grassroots organizations that are awarded.

CRITERION 4

COUNTY MENTAL HEALTH SYSTEM

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

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

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

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

A. If so, briefly describe the committee or other similar group (organizational structure, frequency of meetings, functions, and role). If the committee or similar group is integrated with another body (such as a Quality Improvement Committee), The so inclusive committee shall demonstrate how cultural competence issues are included in committee work.

B. If so, briefly describe how the committee integrates with the county mental health system by participating in and reviewing MHSA planning process.

CRITERION 4

SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

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

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

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

A. If so, briefly describe the committee or other similar group (organizational structure, frequency of meetings, functions, and role). If the committee or similar group is integrated with another body (such as a Quality Improvement Committee), The so inclusive committee shall demonstrate how cultural competence issues are included in committee work.

B. If so, briefly describe how the committee integrates with the county mental health system by participating in and reviewing MHSA planning process.

The following is a response to questions A and B.

The Cultural Competence Committee (CCC) 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 mental health administration, contract providers and approval by the Department of Mental Health (DMH), 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 Specially 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 Latinx Behavioral Health Week during the third week of September of that year. The success of that planning effort led to the establishment of the System-wide (System-wide Committee) Community Outreach and Engagement Committee in 2002. This committee functions as a working committee to plan and execute tailored outreach activities based on data highlighting disparities in cultural, racial and ethnic communities. This includes penetration rates reviewed by the CCC. Members of the committee generally represented individuals who have skill and interest in developing and staffing outreach activities and have ties in the community. Both the CCC and System-wide Committee meet on a monthly basis with some members serving on both committees (Appendix 11 – Combined Cultural Competence/ System-wide Committee Roster).

The CCC takes seriously its charge to ensure that the mental health system follows a systemic, systematic and strategic approach to eliminating disparities for cultural, racial and ethnic communities in a system that practices and promotes a stance of cultural humility and is culturally and linguistically competent at all levels. The CCC believes that the system should be sensitive and responsive to diversity and cultural issues throughout the system at the policy, administrative/executive and service level and is committed in its role to advise on issues that support these beliefs. The CCC is a task-oriented committee that assists and advises the behavioral health system to implement culturally and linguistically competent practices and services through oversight of the CCP The following domains outline the charge of the committee and set the parameters for goals and objectives:

- Governance and organizational infrastructure (CCP plan development, policy development and review of accountability structures)
- Impacting service and supports
- Meaningful involvement in planning activities and continuous quality improvement
- Community collaboration
- Communication
- Workforce development.

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

The CCC, chaired by the Cultural Competence and Ethnic Services Manager, assists BHS with ensuring sustained stakeholder involvement from diverse cultural, racial and ethnic community members during the various community planning processes. CCC members often encourage diverse community stakeholders to participate in BHS-sponsored community planning processes. BHS presents 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 Work plans and programs. There is also at least one cultural competence representative on all competitive bid (i.e. Request for Proposals (RFP)) evaluation panels to support service design and delivery that is responsive to the needs of cultural, racial and ethnic groups. Finally, one voting member seat on the MHSA Steering Committee is occupied by a cultural competence subject matter expert who is recommended by the Cultural Competence 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 during FY 2019/20:

- 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 gender and sexually diverse 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 programs so gender and sexually diverse communities may be more accurately reflected in the data reporting.
- CCC gave input regarding larger Community Conversations, as well as the smaller community conversations, which were conducted in language and were facilitated by bilingual/bicultural cultural brokers. A total of nine smaller community conversations were conducted for Hmong, Vietnamese, Mien, Arabic, Russian, Cantonese speaking and Spanish-speaking Hispanic/Latinx communities and Black/African American and Native American communities. Some of the common themes that emerged from these meetings are:
    - The participants talked about how important it is to have interpreters. It is too confusing to have to push buttons on the phone in order to speak to someone.
    - While there are many providers, few staff speak appropriate languages among those providers. It is important to send out flyers and promote the services that the agency provides. These should be sent out regularly, get the word out on radio, etc.
    - Many of the participants do not know how to help their family or friends search for services. There is clearly a need for educating the community about how to get services; helping someone navigate the behavioral health service delivery system; and ensuring that providers employ staff who reflect the cultural, linguistic and gender and sexual diversity of the community being served.

CCC gave input regarding the new MHSA Innovation 5 proposal -

Forensic Behavioral Health Multisystem Team. On June 2, 2020, members of the Cultural Competence Committee provided the following collective comments in response to the Mental Health Services Act (MHSA) DRAFT Innovation 5 Plan: Forensic Behavioral Health Multi-System Teams (MST). The Committee's comments are outlined below.

- The Committee supports moving forward with the MHSA Innovation 5 Plan and states it is important and needed.
- The Committee recommends that employment services, including job and benefit acquisition, are provided for participants.
- The Committee supports the inclusion of culturally responsive strategies and approaches throughout the plan, particularly given structural racism and the disproportionality of Black/African American and Hispanic/Latinx individuals involved in the justice system. In order to increase engagement in a culturally responsive manner, consider intentionally recruiting culturally and linguistically diverse staff, peer partners and volunteers that reflect the population to be served.
- The Committee recommends that it is clearly outlined who is responsible for scheduling and facilitating Multi-System Team meetings.
- The Committee supports the MST approach but would like to see more emphasis on the support, not necessarily therapy, which will be provided to families. Consider offering a group on parenting to support individuals in their role as a parent.
- The Committee supports the use of the Adult Needs and Strengths Assessment (ANSA) tool to assess and track each client's strengths and skills, so that by the time they graduate, they will see that they have gained additional skillsets.
- The Committee recommends prioritizing housing assistance and making referrals to housing programs since many justice involved adults who are on probation may have difficulty finding safe, affordable housing. It will be important to work proactively with clients to identify solutions to practical challenges they are likely to encounter in the community.
- The Committee recognizes that people need to have safe places where they can confide about their feelings without fear of being penalized or being placed back into incarceration.
- The Committee recommends exploring the use of the Assertive Community Treatment (ACT) model in conjunction with the MST model.

CCC has also provided input on how BHS and its contractors have responded to the COVID-19 Pandemic. Numerous members of CCC have shared how their agencies have adapted the ways they provide their services to better respond to the needs of our diverse communities. Some examples are:

- The Prevention and Early Intervention (PEI) funded Supporting Community Connections (SCC) providers have made adjustments to service provision for community members in three major areas including utilizing various social media platforms, alternative outreach and offering alternative work schedules to employees.

- SCC providers have modified services to accommodate community members during COVID-19. Staff who have been working remotely are continuing to promote behavioral health using various social media platforms including using tele-health, websites and HIPAA-compliant virtual platforms such as Zoom meetings for support groups, workshops, trainings, networking and team meetings. Additionally services have been provided by offering support via phone, radio and newspaper. Community members have also been offered the ability to drive and pick up behavioral health tool kits.

- Some services that have been conducted virtually focus on the trauma of the pandemic, recognizing signs of trauma, as well as self-care. Providers are posting weekly support groups with different ages regarding stress, trauma and self-care. Surveys have been offered by some providers to community members to determine community access to the internet.

- Additionally providers are updating social media sites with resources in effort to outreach, promote behavioral health and offer resources. Many providers are reaching out to community partners to make an alliance in offering support to the community.

- Alternative outreach services include offering COVID-19 testing; drive through food pick up by putting boxes in the car trunks; dropping off of care packages to isolated seniors, adults, youth and volunteers which include food items, resource brochures and flyers as well as personal protective equipment to seniors and volunteers. SCC providers who serve seniors are asking risk assessment questions to determine if seniors are showing symptoms of isolation and depression or exhibiting high levels of

anxiety during COVID-19. Having bi-weekly wellness check-in calls to isolated elderly seniors are being provided as well. Providers are taking calls from community members and following up with callers; creating a community bulletin board with an array of resources that can be viewed by the public. Providers continue to provide assistance with benefit acquisition, referrals and immigration support services via phone support.

- Alternative work schedules are being offered for employees. These alternative work schedules include working from home, and/or staggering staff and shifts in office for social distancing purposes. Providers are forwarding incoming calls to staff cellphones. Providers are using mitigation strategies to minimize the spread of COVID-19 and to ensure ongoing access to care. This includes performing a symptom-screening checklist, providing Personal Protective Equipment (PPE), using masks, encouraging frequent hand washing, offering hand sanitizer, and providing cleaning supplies to disinfect workstations and common areas. Staff provide support to each other by group texts, emails, monthly Zoom meetings and bi-weekly one on one support for check in with others and offering information on resources. Providers are also taking steps to build staff morale.

Cultural Competence Unit has provided a series of three presentations to three groups of Afghan Refugee Women for a total of nine presentations (in May, June and July of 2020). These presentations focused on reducing stigma of mental health problems, information on self-care (including physical, emotional, cognitive, inter-personal and spiritual aspects), recognizing signs of when professional help is needed, and available culturally competent local resources.

Targeted outreach to the Deaf and Hard of Hearing (DHOH) Community began in FY 19/20 with an invitation to the BHS Community Conversations. Following a conversation where there was a breakout table with an American Sign Language (ASL) interpreter, and another with Real Time Captioning (RTC), participants asked for more opportunities to participate. Since then, our Cultural Competence and Ethnic Services Manager has invited representatives from the DHOH community to participate in our Cultural Competence Committee and attend our MHSA Steering Committee. DHOH community leaders confirmed that our intentionality around making American Sign Language (ASL) interpreters and Real Time Captioning (RTC) available at our public meetings is important and appreciated.

Members recognize that the county is making efforts although there is still more to do in terms of expanded outreach to the disability community. We recognize that some disabilities are invisible and will conduct research on the composition of our committee to acknowledge the lived experience we currently have. The CCC would like to make recognition of and continued outreach to the disability community a priority in the coming year.

We can do better – there is an extra layer of discomfort or fears in sharing sexual orientation, gender identity, and expression (SOGIE), and it takes time to build a therapeutic relationship in which a client feels safe to disclose to their provider. Additionally, more work could be provided to staff who may not know how to ask for SOGIE information from their clients.

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CRITERION 5

COUNTY MENTAL HEALTH SYSTEM

CULTURALLY COMPETENT TRAINING ACTIVITIES

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

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

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

A. The county shall develop a three year training plan for required cultural competence training that includes the following: (The county may submit information from the county's WET plan provisions for training. The county shall describe how training efforts are integrated and can reasonably be expected to create and maintain a culturally competent workforce).

1. Steps the county will take to provide required cultural competence training to 100% of their staff over a three-year period.
2. How cultural competence has been embedded into all trainings.
3. A report list of annual training for staff, documented stakeholder invitation. Attendance by function to include: Administration/Management; Direct Services, Counties; Direct Services, Contractors, Support Services; Community Members/General Public; Community Event; Interpreters; Mental Health Board and Commissions; and Community- based Organizations/Agency Board of Director, and if available, include if they are clients and/or family members.

B. Annual cultural competence trainings topics shall include, but not be limited to the following:

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

7. Training Staff in the Use of Mental Health Interpreters

Use the following format to report the previous requirement:

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

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

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

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

B. The training plan must also include, for children, adolescents, and transition age youth, the parent's and/or caretaker's, personal experiences with the following:

1. Family focused treatment;
2. Navigating multiple agency services; and
3. Resiliency.

Use the following format to report the previous requirement:

Training Event	Description of Trainings	How long and often	Attendance by Function	No. of Attendees and Total	Date of Training	Name of Presenter
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	

CRITERION 5

SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

CULTURALLY COMPETENT TRAINING ACTIVITIES

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

The Division has continued to conduct the Health Equity Multicultural Foundational Diversity Training Utilizing the California Brief Multicultural Competence Scale (CBMCS) curriculum and Behavioral Health Interpreter Training (BHIT) to fulfill the requirements contained in this section (Appendix 79). A log is kept to track attendance by staff for both of these trainings. Starting in March of 2020, due to COVID-19 Pandemic, both CBMCS and BHIT have been provided virtually. Given the disproportionate impact of the COVID-19 pandemic and the murder of George Floyd and other Black individuals across the nation, there were many questions about how to address systemic racism personally, professionally and in the community. The virtual sessions were limited to 20 people to accommodate dialogue and participation and evaluations were very positive. In FY 19-20, 92 staff completed CBMCS training. One Behavioral Health Interpreter Training (BHIT) session was provided via Zoom. This intensive training is intended for bilingual staff who are fluent in English and at least one other language and who use their linguistic skills to provide interpreting services. This training is required for direct service staff, clinicians, administrative support staff, bilingual community members, contractors, consumers, case management staff and others who are currently serving as language interpreters in either mental health and/or substance abuse disorders programs or who want to become interpreters. In addition to BHIT, two sessions of a new interpreter training series, Increasing Spanish Behavioral Health Clinical Terminology, were provided virtually (via Zoom) as well. Training description and announcement is included in Appendix 73. This online course is intended to increase bilingual staff's Spanish clinical vocabulary and use of terms related to behavioral health assessment, diagnosis, treatment, and to increase cross-cultural knowledge and skills with Spanish speaking populations. Attendees will be able to decrease and avoid the use of incorrect or misleading terminology.

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

For many years, Sacramento County mental health consumers have planned and sponsored Consumer Speaks that focuses on support of Client culture and encouragement of consumer voice and choice. This year, due to COVID-19 Pandemic, the event now named "Peer Empowerment Conference" was successfully held virtually (through Zoom) on Juneteenth. Despite these limitations, the conference program served more than 200 participants and still included presentations, food, and entertainment. Specific attention was 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 were available to assist with linguistic and cultural needs. See Peer Empowerment Conference Summary Report (Appendix 74).

A County "Training Opportunities" webpage was developed to make accessing trainings easier for BHS contracted providers and County staff. An example of a cultural competence training on the website includes:

Improving Cultural Competency for Behavioral Health Professionals Sponsored by the Office of Minority Health

This free e-Learning course is designed to equip behavioral health professionals with the cultural and linguistic competencies to better respect and respond to each client's unique needs. Module 1, in this four part e-Learning course, is relevant for all staff whereas Modules 2 - 4 are more relevant for clinicians and direct service providers.

Learning Objectives

After completing this continuing education activity, participants will be able to:

- Describe how culture, cultural identity, and intersectionality are related to behavioral health and behavioral health care.
- Describe the principles of cultural competency and cultural humility.
- Discuss how bias, power, and privilege can affect the therapeutic relationship.
- Discuss ways to learn more about a client's cultural identity.
- Describe how stereotypes and micro aggressions can affect the therapeutic relationship.
- Explain how culture and stigma can influence help-seeking behaviors.
- Describe how communication styles can differ across cultures

- Explain how to elicit a client's explanatory model.

The Cultural Competence Unit maintains a cultural competence training log to compile training completed by contract providers and then combined with our master training log, which includes the CBMCS and Interpreter Trainings offered by the County of Sacramento. The training log can be found in Appendix 16 for reference.

All of the trainings described above are included in the annual training log. Additionally, the training log contains information about trainings focused on Family focused treatment; Navigating multiple agency services; and Resiliency. In FY 19/20, 3,374 people received one or more cultural competence trainings inclusive of the categories listed above.

We continue to embed cultural competence in all training. The Cultural Competence Unit reviews the 3-year plan and corresponding WET plan update, which is included in the MHSA Annual Update (Appendix 68) to ensure that cultural competence, is referenced in all training plans. Since 2007, BHS has been utilizing the evidence based California Brief Multicultural Competence Scale (CBMCS) training curriculum to provide the required annual cultural competence training to our county and contract provider staff. Evaluations from attendees throughout the years have indicated improved knowledge and skills in being able to communicate and interact effectively across cultures. Beginning in Fiscal Year 2020/21, BHS will be shifting focus to advance behavioral health equity. Behavioral health equity means that every individual gets what they need so that they have the opportunity to live a life of optimal emotional health and wellness. We know that structural racism has created racial inequities and that change at macro; mezzo and micro levels are needed in order to change the trajectory for unserved, underserved and inappropriately served communities. Through the Behavioral Health Racial Equity Collaborative (BHREC) pilot project which utilizes a targeted universalism approach, BHS will increase meaningful relationships with African American/Black community members and create institutional accountability and urgency for change within BHS county and contract providers. Training and technical assistance in FY 2020/21 will focus on topics and skill building designed to assist BHS and contract providers with analyzing data using a racial equity lens. As a result, BHS and contract providers will develop their agency specific Behavioral Health Racial Equity Action Plans at the beginning of FY 2021/22.

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CRITERION 6

COUNTY MENTAL HEALTH SYSTEM

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

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

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

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

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

B. Compare the WET Plan assessment data with the general population, Medi-Cal population, and 200% of poverty data. Rationale: Will give ability to improve penetration rates and eliminate disparities.

C. Provide a summary of targets reached to grow a multicultural workforce in rolling out county WET planning and implementation efforts.

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

E. Identify county technical assistance needs.

CRITERION 6

SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

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

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

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

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

MHSA Annual Update (Appendix 68) is attached which includes our progress on our WET Plan activities.

B. Compare the WET Plan assessment data with the general population, Medi-Cal population, and 200% of poverty data. Rationale: Will give ability to improve penetration rates and eliminate disparities.

C. Provide a summary of targets reached to grow a multicultural workforce in rolling out county WET planning and implementation efforts.

The following includes responses from B– C:

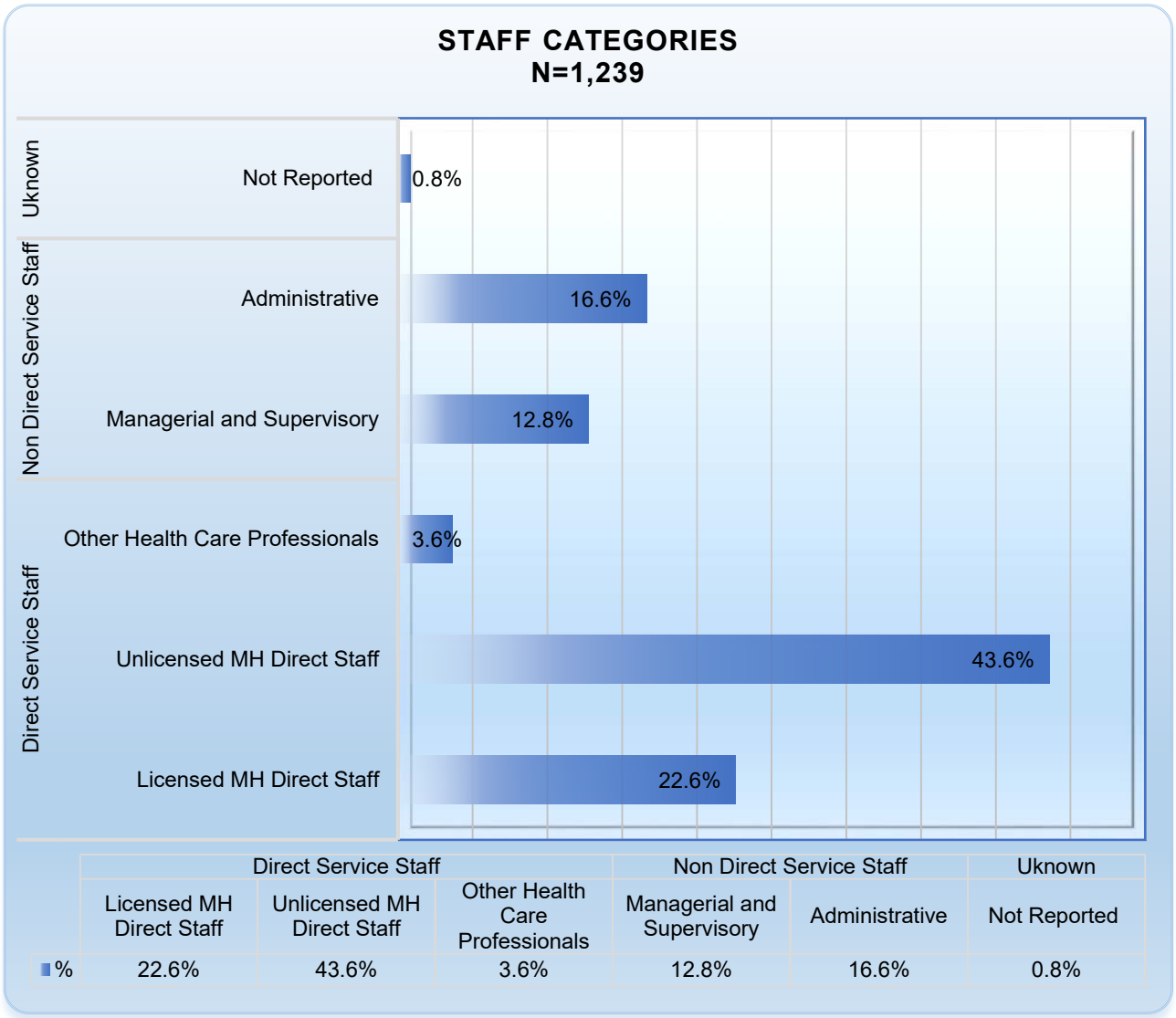
Due to the very diverse population of Sacramento County, the MHP strives to retain a diverse workforce. In order to assess the diversity of the workforce, staff rosters are collected on a quarterly basis. The rosters collect current staff, position, as well as language capabilities of staff. Staff-specific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

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 2018-2019 Human Resource (HR) Survey was conducted with MH providers in October 2018. Surveys were disseminated to all MH provider staff, county staff, volunteers and various committee members throughout the MHP. The HR Survey and Language Proficiency Survey was also administered to SUPT providers in FY 2019-2020. The FY 2019-2020 SUPT HR Survey Report will be available upon request at the next compliance visit. An analysis of the FY 18/19 findings is shown in the graphs on the following pages.

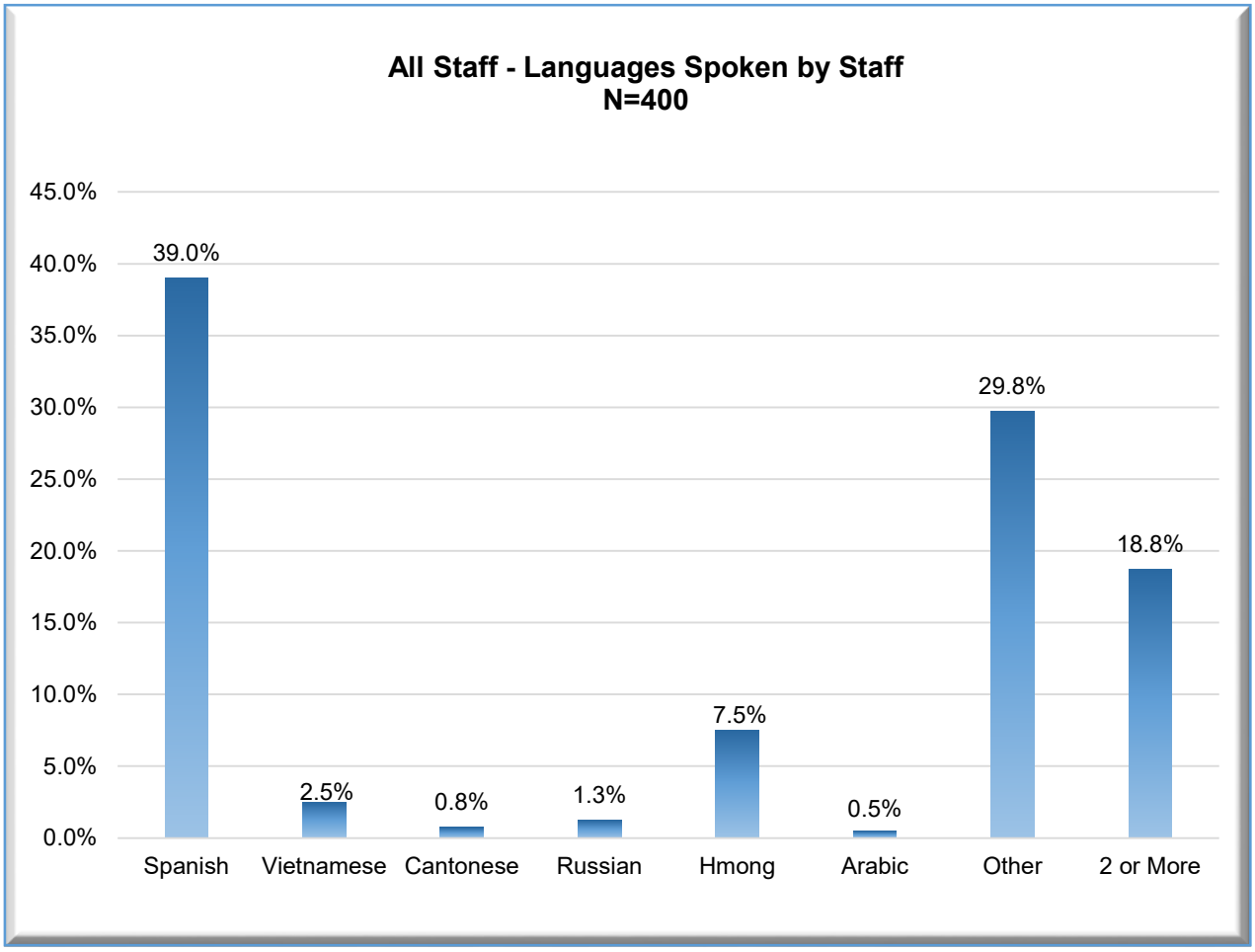
MHP

All Staff–There were a total of 1,239 active staff who responded to the survey. Over 40% (43.6%) reported Unlicensed Direct Service Staff, 22.6% reported Licensed Direct Service Staff and just over 3% (3.6%) reported Other Healthcare Professionals. Direct Service Staff accounted for just under 70% (69.3%) of all staff surveyed. Administrative Staff represented just over 16% (16.6%) and Managerial Staff represented 12.8% of all staff.



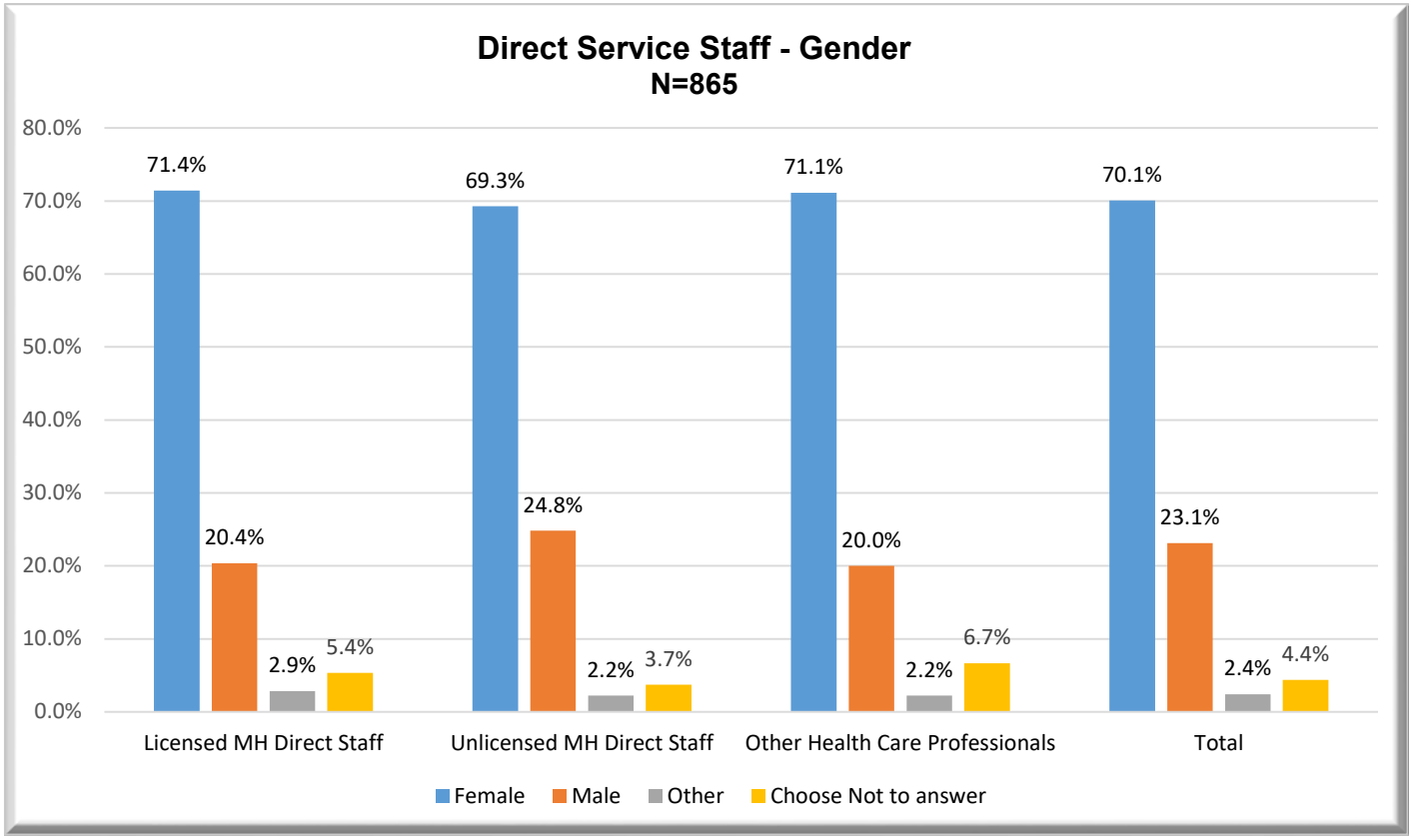
	Direct Service Staff			Non Direct Service Staff		Uknown
	Licensed MH Direct Staff	Unlicensed MH Direct Staff	Other Health Care Professionals	Managerial and Supervisory	Administrative	Not Reported
%	22.6%	43.6%	3.6%	12.8%	16.6%	0.8%

Language - Of all staff surveyed, 400 (32.3%) unduplicated staff indicated speaking a language other than English. For staff who spoke one language other than English, the majority spoke Spanish (39.0%) followed by Hmong at just over 7% (7.5%). Almost nineteen percent (18.8%) indicated speaking two or more languages other than English.

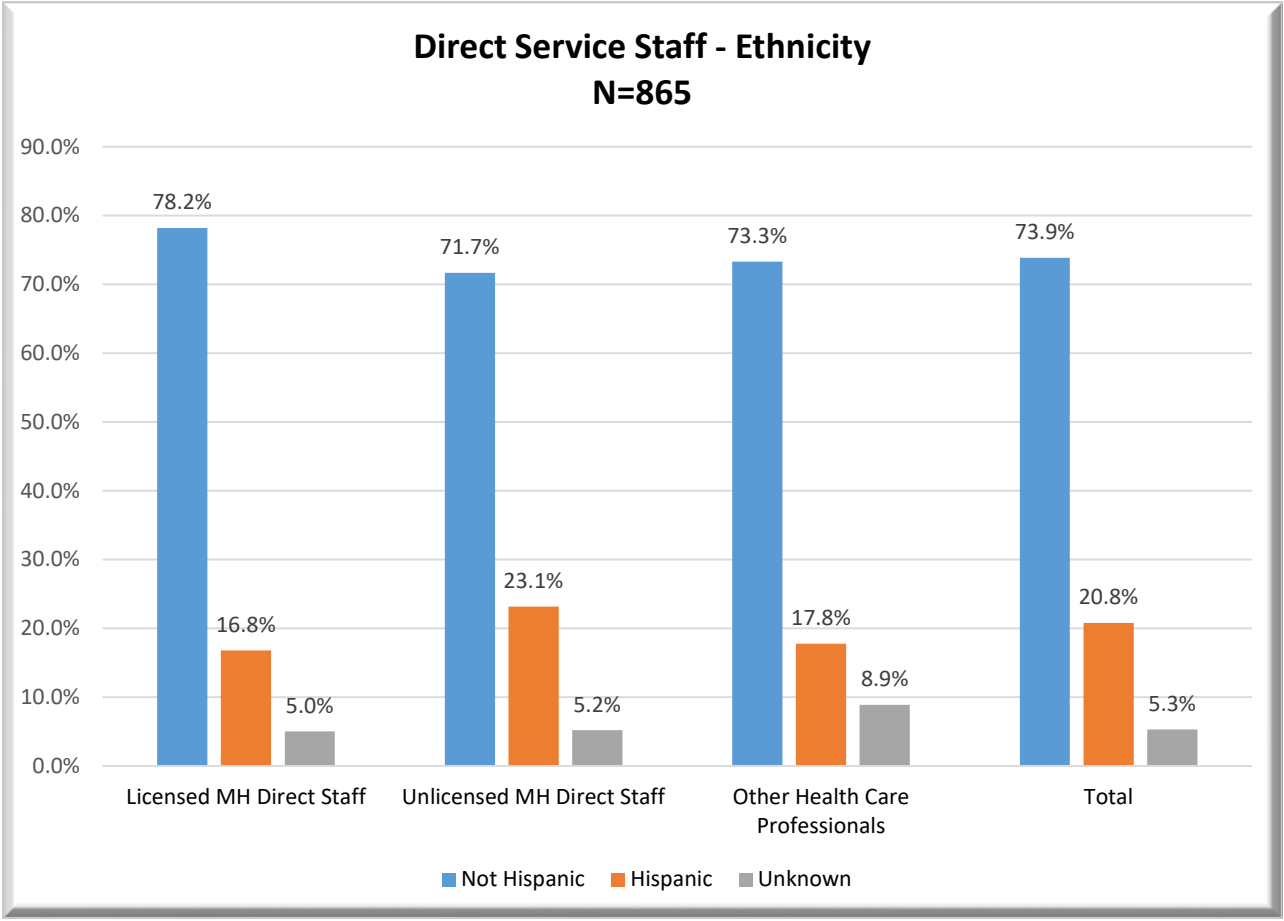


Direct Service Staff - There were a total of 865 survey responses from direct services staff in the MH system. This represents just under 70% (69.8%) of all respondents. The charts below depict the demographic characteristics for all direct service staff including Licensed Staff, Unlicensed Staff and Other Health Care Professionals.

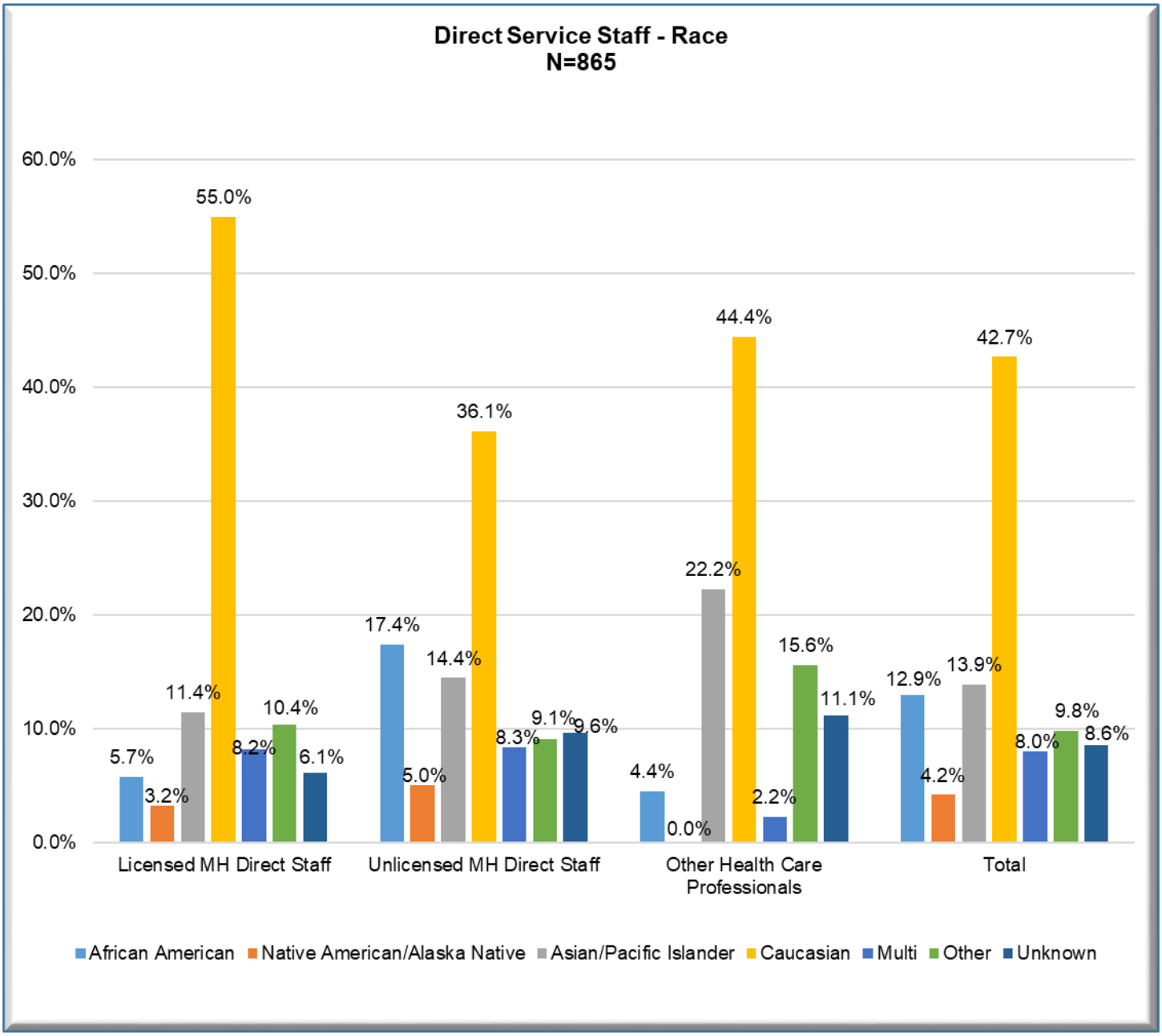
Gender Identity – The majority of direct service staff in the MHP identified as female. Licensed Direct Service Staff were the highest percentage, at 71.4%. The highest percent of males was found in the Unlicensed MH Direct Staff, representing just under 25% (24.8%) in that group. Very few staff (2.4%) identified themselves as something other than male or female. The Other category consisted of those identifying as transgender, two spirit or gender queer.



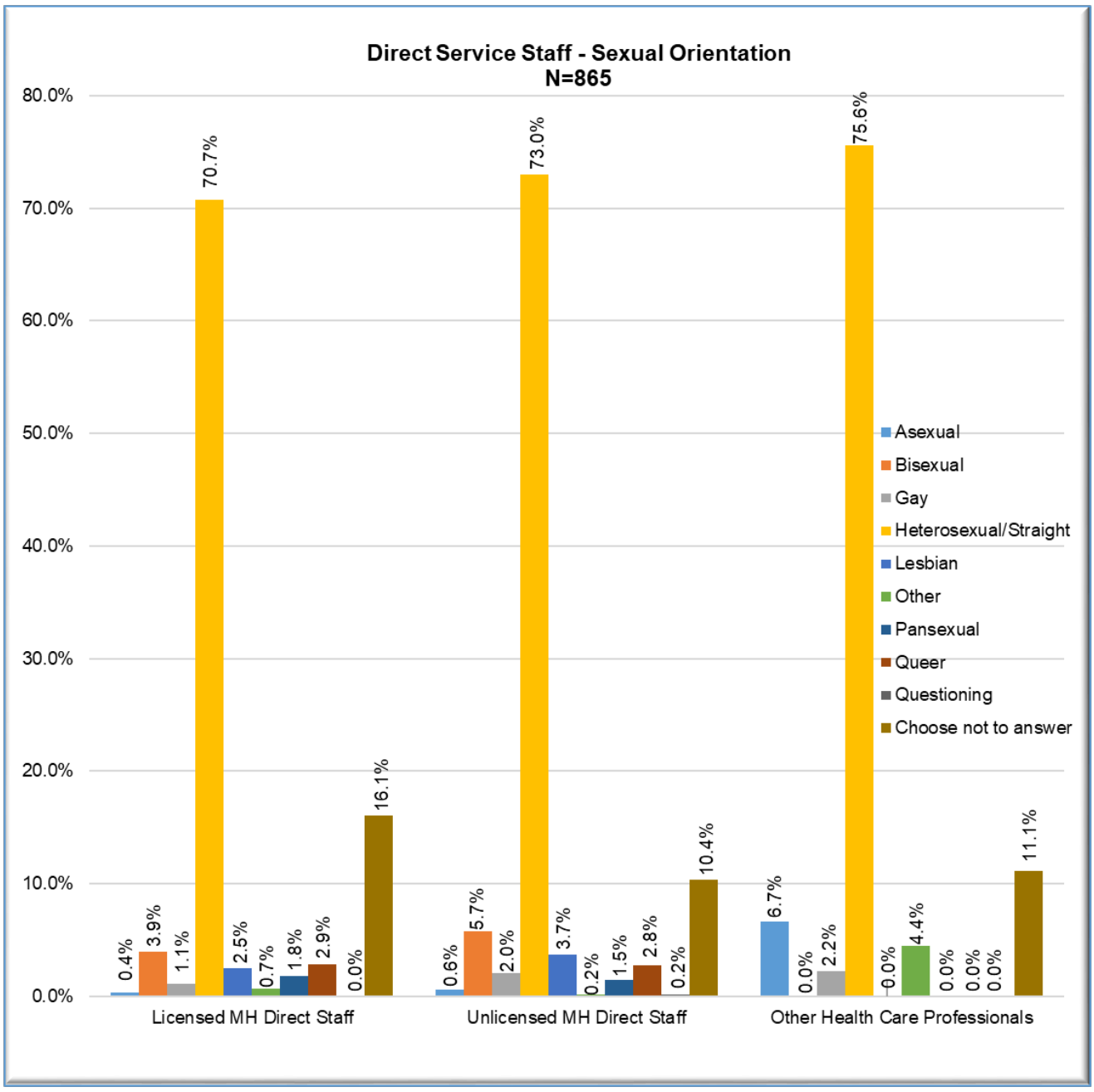
Ethnicity – Just over 20% (20.8%) of direct service staff identify as Hispanic. Of all direct service staff, just over 23% of Unlicensed Direct Service Staff identify as Hispanic, while less than 9% of Other Health Care Professionals identify as Hispanic.



Race –While Caucasian represented 42.7% of direct service staff surveyed, the majority (48.8%) of direct service staff identify with a race other than Caucasian. Fifty-four percent (54%) of Unlicensed Direct Service Staff and 44.4% of Other Health Care Professionals identify with a race other than Caucasian, while just under 40% (38.9%) of Licensed Direct Service Staff identify with a race other than Caucasian.



Sexual Orientation – Over 72**%** (72.4%) of Direct Service staff identified as heterosexual/straight. 70.7% of Direct Service staff, 73.0% of Unlicensed Direct Service Staff and 75.6% of Other Health Care Professionals identify as heterosexual/straight. Over 12% (12.3%) chose not to answer.



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 27% (27.3%) of all staff identied as a consumer of MH services, with the highest percentage among Unlicensed MH Direct Staff at just over 28% (28.5%)
- Over 43% of all staff identified as being a family member, with the highest percentage among Unlicensed MH Direct Service at just over 48% (48.5%)
- Over 14% of all staff identified as having a disability, with the highest percentage among Unlicensed MH Direct Service at 17.8%.

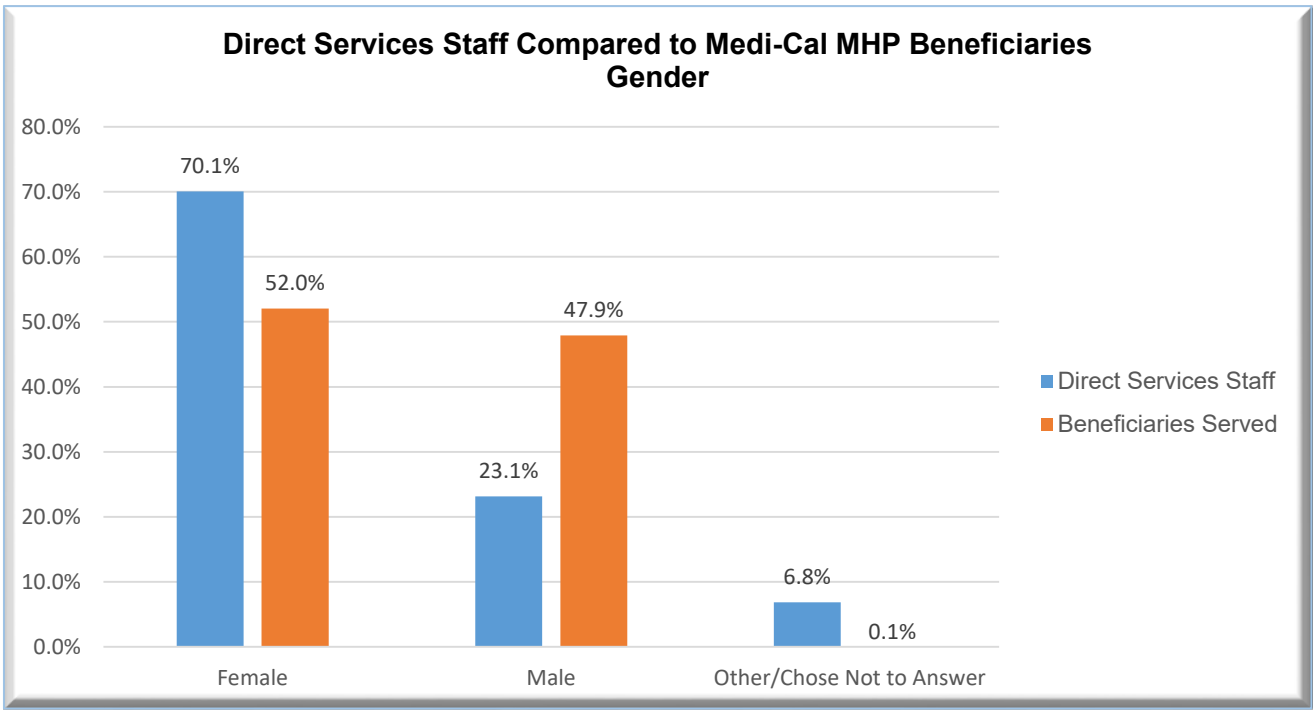
	Licensed MH Direct Staff		Unlicensed MH Direct Staff		Other Health Care Professionals		Total	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**
I am a consumer of Mental Health Services	72	25.7%	154	28.5%	10	22.2%	236	27.3%
I have a family member who is a consumer of Mental Health Services	103	36.8%	262	48.5%	13	28.9%	378	43.7%
I live with a disability	23	8.2%	96	17.8%	5	11.1%	124	14.3%
I am currently or have served in the US Military	12	4.3%	21	3.9%	2	4.4%	35	4.0%

Sacramento County Direct Service Staff and Beneficiaries Served

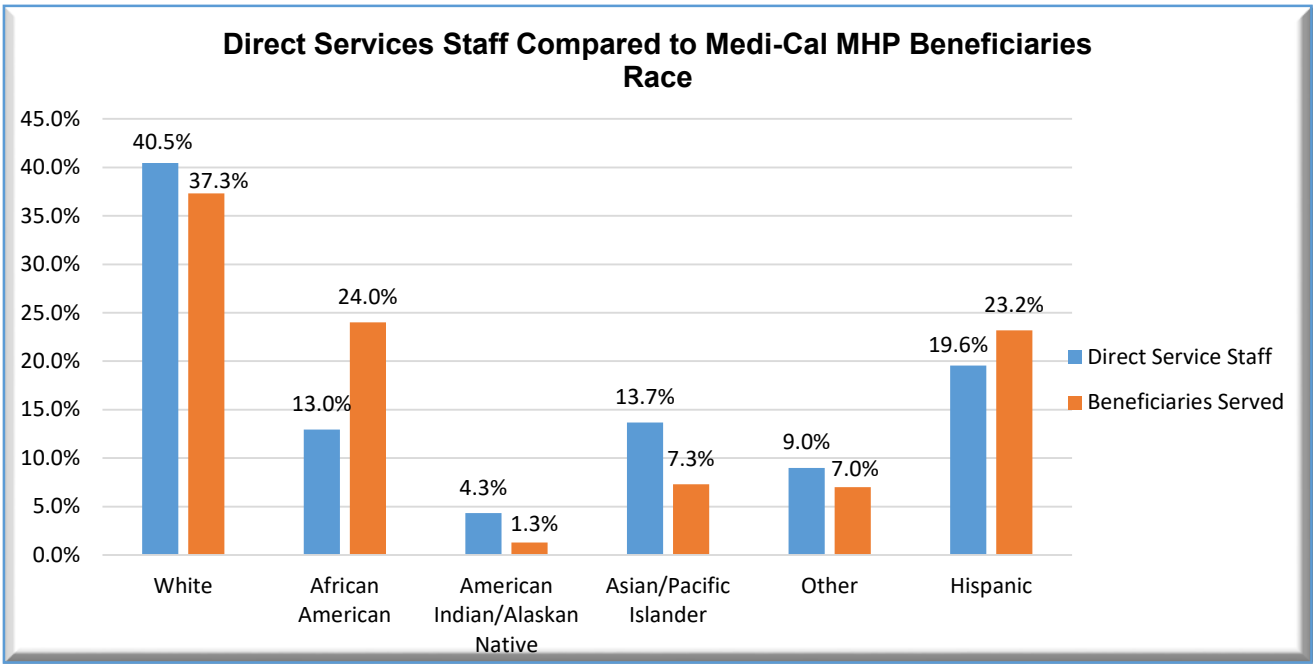
The HR survey results were utilized to compare Direct Services Staff to beneficiaries served in CY 2019. The number of beneficiaries served is based on the CY 2019 EQRO claims data.

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 – Just over 70% (70.1%) of Direct Services Staff are female, compared to just over 50% (52.0%) 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.

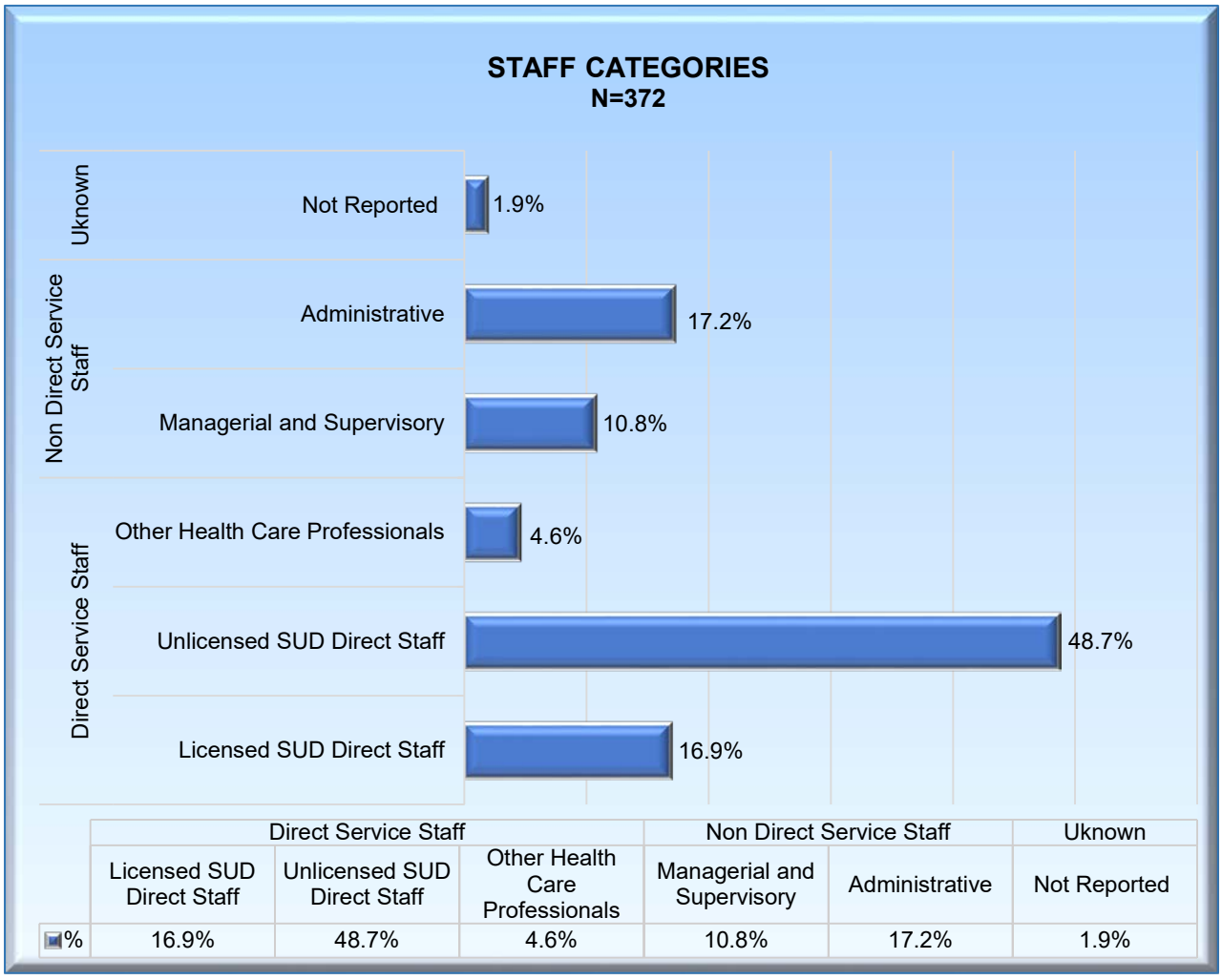


Race **–** Caucasian, Asian/Pacific Islander (API), American Indian/Alaskan Native and Other Staff are overrepresented compared to the Medi-Cal beneficiary populations (Caucasian 40.5% vs 37.3%; API 13.7% vs 7.3%; AI/AN 4.3% vs 1.3%; Other 9.0% vs 7.0%), while African American and Hispanic are underrepresented.



SUPT

All Staff - There were a total of 372 active staff who responded to the survey. Almost 50% (48.7%) reported Unlicensed Direct Service Staff, 16.9% reported Licensed Direct Service Staff and 4.6 reported Other Healthcare Professionals. Direct Service Staff accounted for 65.6% of all staff surveyed. Administrative Staff represented over 17% (17.2%) and Managerial Staff represented 10.8% of all staff.



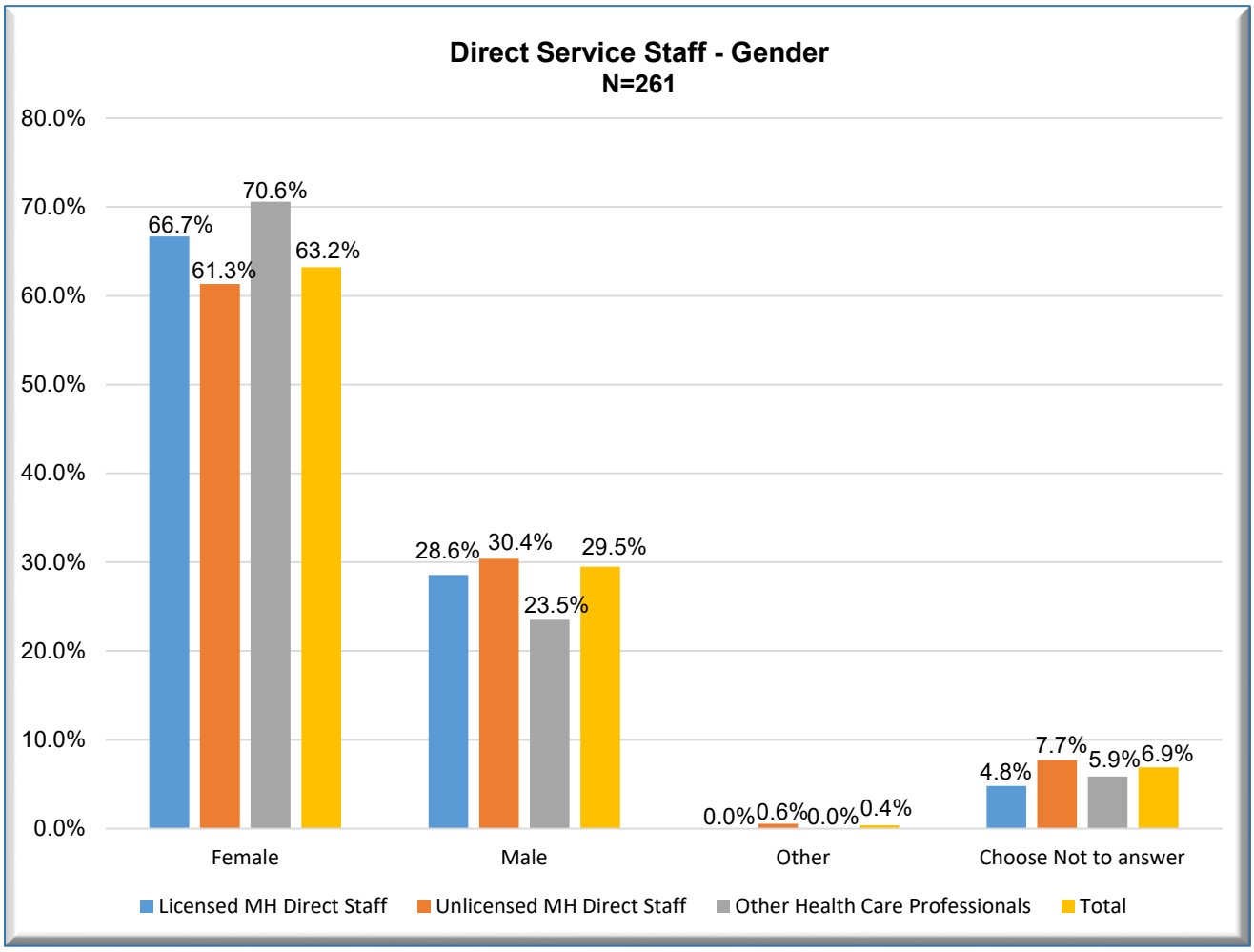
	Direct Service Staff			Non Direct Service Staff		Uknown
	Licensed SUD Direct Staff	Unlicensed SUD Direct Staff	Other Health Care Professionals	Managerial and Supervisory	Administrative	Not Reported
%	16.9%	48.7%	4.6%	10.8%	17.2%	1.9%

DIRECT SERVICE STAFF

There were a total of 261 survey responses from direct services staff in the system. This represents just over 70% (70.2%) 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.

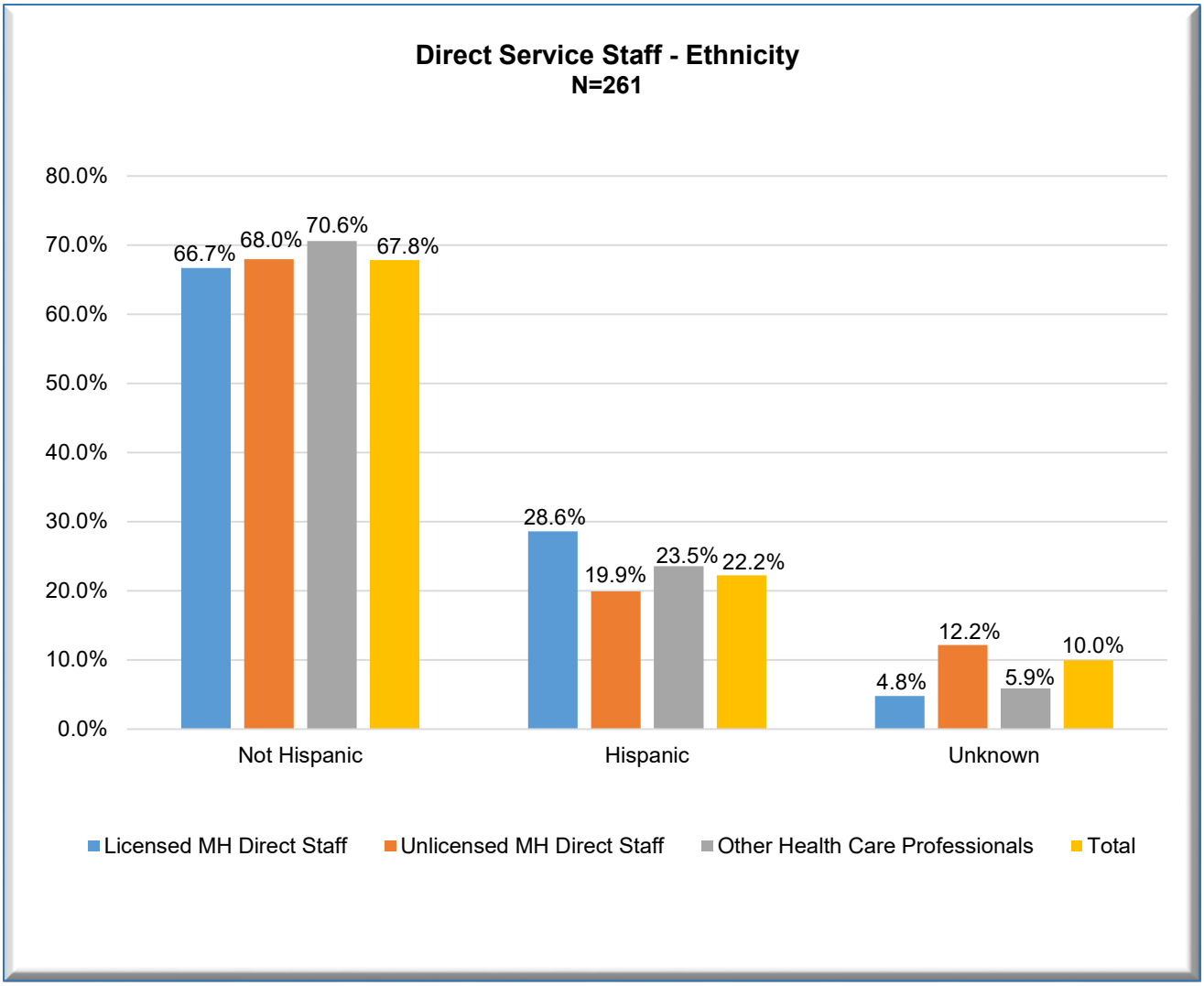
Gender

The majority of direct service staff are female, ranging from 61.3% (Unlicensed Staff) to 70.6% (Other Healthcare Professionals).



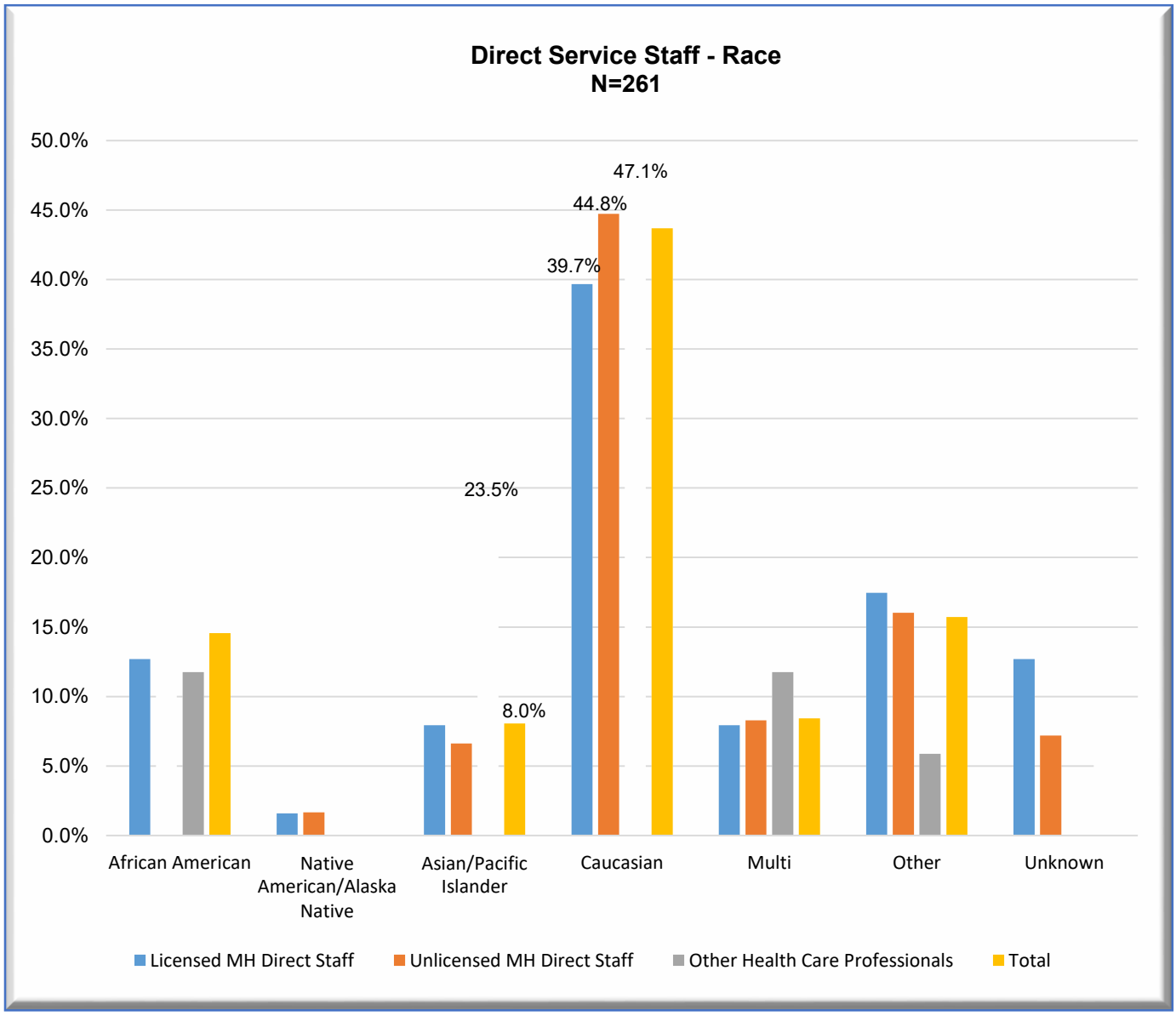
Ethnicity

Over 20% (22.2%) of direct service staff identify as Hispanic. Of all direct service staff, almost 20% (19.9%) of Unlicensed Direct Service Staff identify as Hispanic, and 23.5% of Other Health Care Professionals identify as Hispanic.



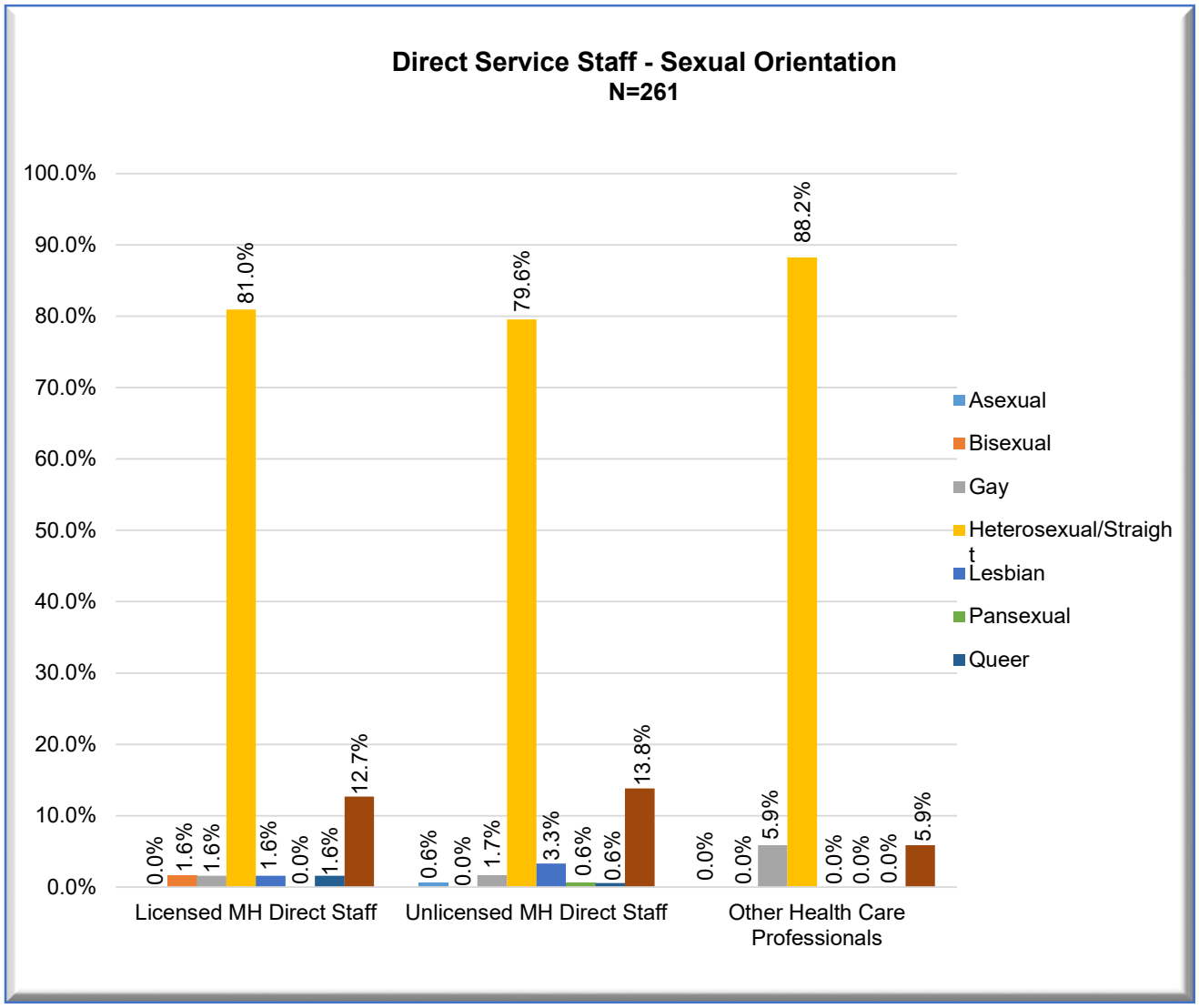
Race

Overall, the majority of Direct Service staff identify as Caucasian with the majority, 47.1 percent, identifying as Caucasian in the Other Health Care Professionals category.



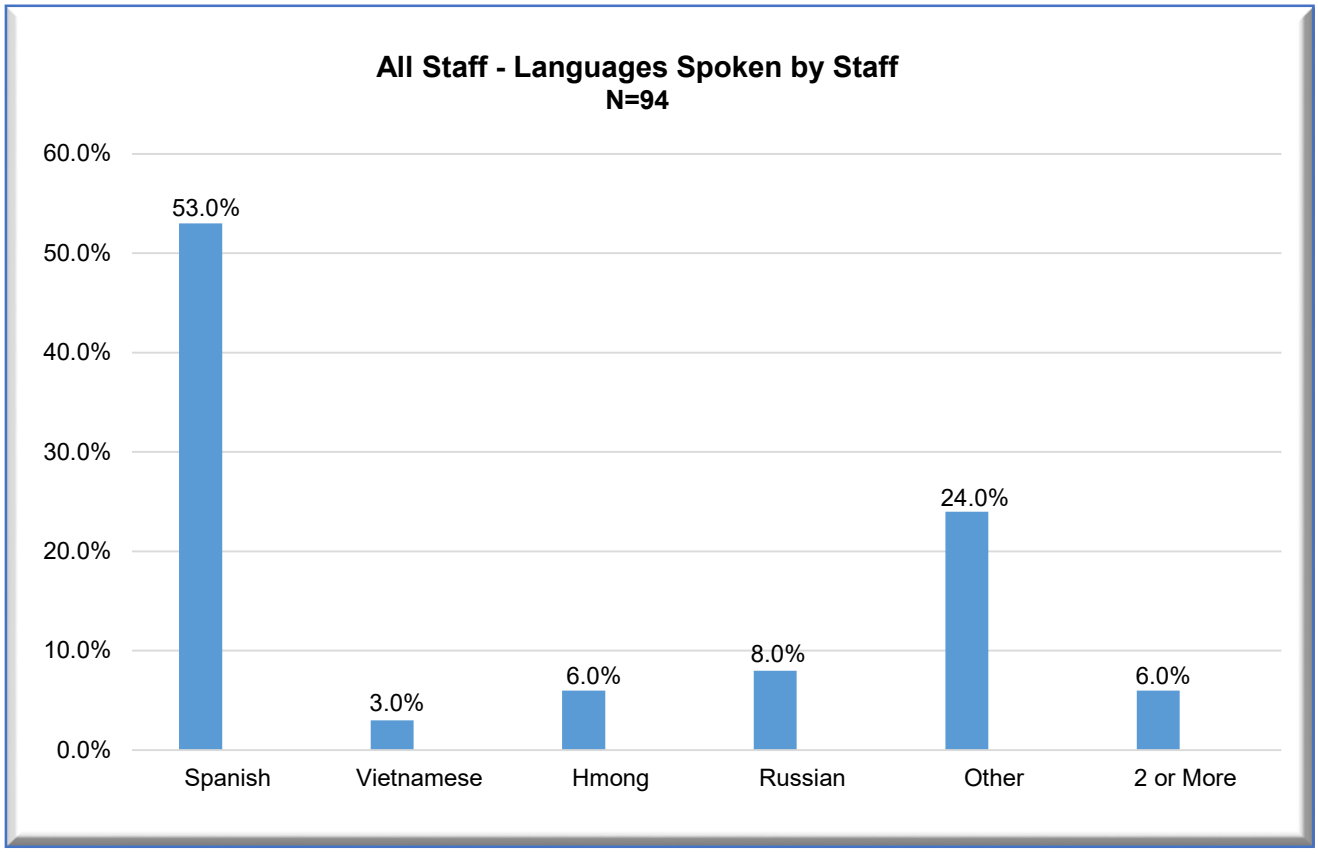
Sexual Orientation

Over 80% of Direct Service staff identified as heterosexual/straight. 81.0% of Licensed Direct Service staff: 79.6% of Unlicensed Direct Service Staff and 88.2% of Other Health Care Professionals identify as heterosexual/straight. Almost 14% chose not to answer (13.8%).



Language

Of all staff surveyed, 94 (25.3%) unduplicated staff indicated speaking a language other than English of those who spoke one language other than English, the majority spoke Spanish (53.0%) followed by Russian 8% and Hmong at 6%. Just over six percent (6.3%) indicated speaking more than one language other than English. No staff member indicated having proficiency in speaking Arabic, so it is not included in the chart.



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 – Of all staf, 18.5% identified as a consumer of SUPT services.

Disabled– 7.8% the staff reported being disabled.

Family Member – 6.7% of staff identified as having a family member who is a consumer of SUPT Services.

Military: Only 3.0% of staff reported serving in the Military.

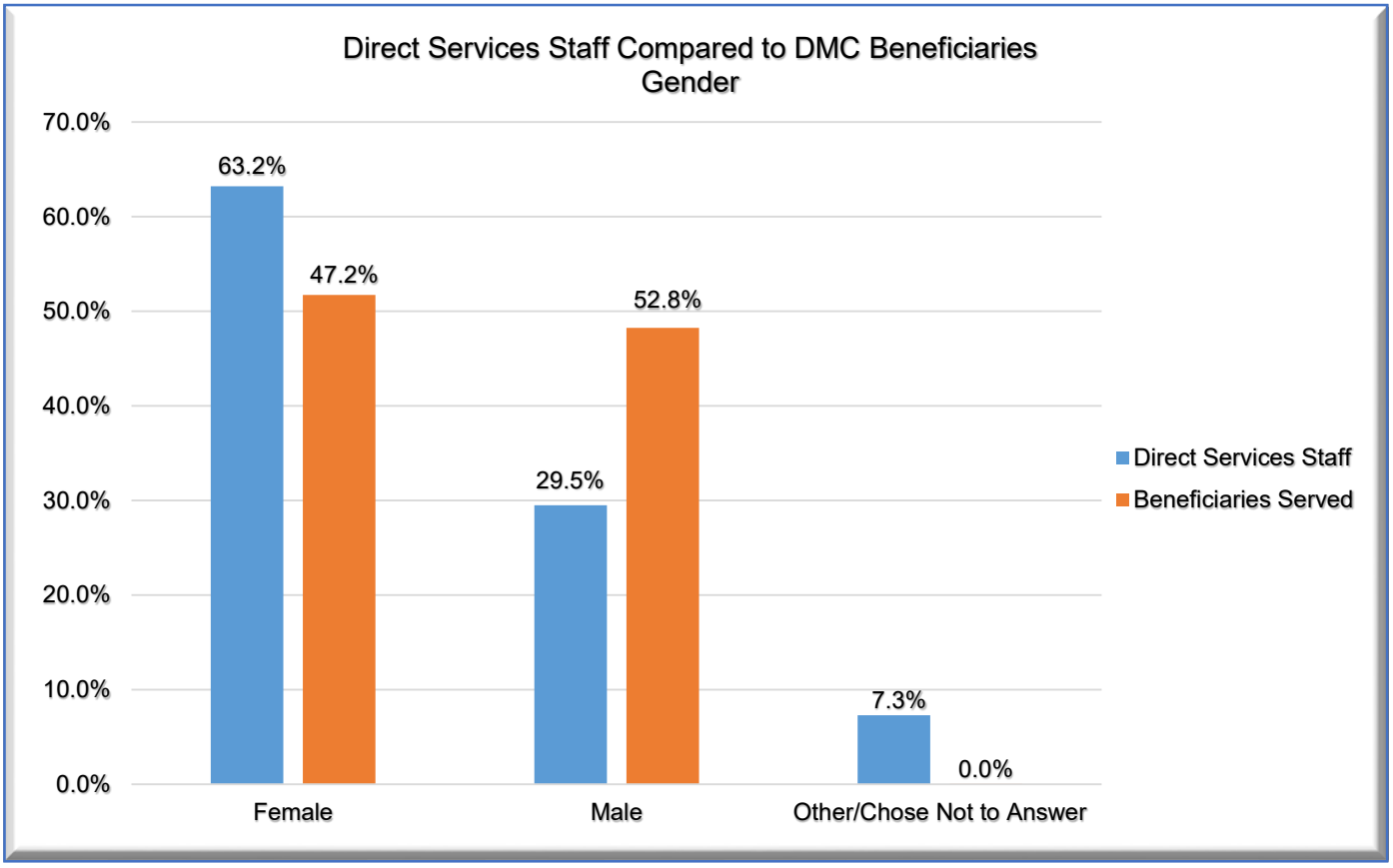
	Administrative Staff/Advisory Board/Steering Committee/ Other		Licensed SUD Direct Staff		Managerial and Supervisory		Other Health Care Professionals		Unlicensed SUD Direct Staff		Unknown		Total	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
I am a consumer of Recovery Services	6	9.4%	13	20.6%	8	20.0%	1	5.9%	40	22.1%	1	14.3%	69	18.5%
I have a family member who is a consumer of SUD Services	4	6.3%	6	9.5%	9	22.5%	0	0.0%	6	3.3%	0	0.0%	25	6.7%
I live with a disability	3	4.7%	6	9.5%	2	5.0%	0	0.0%	18	9.9%	0	0.0%	29	7.8%
I am currently or have served in the US Military	0	0.0%	2	3.2%	0	0.0%	1	5.9%	7	3.9%	1	14.3%	11	3.0%

Direct Services Staff Compared to Clients served in the Drug Medi-Cal System (DMC)

The data below compares direct service staff gender and race with the gender and race of Drug Medi-Cal (DMC) beneficiaries served in ADS during FY17/18. 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.

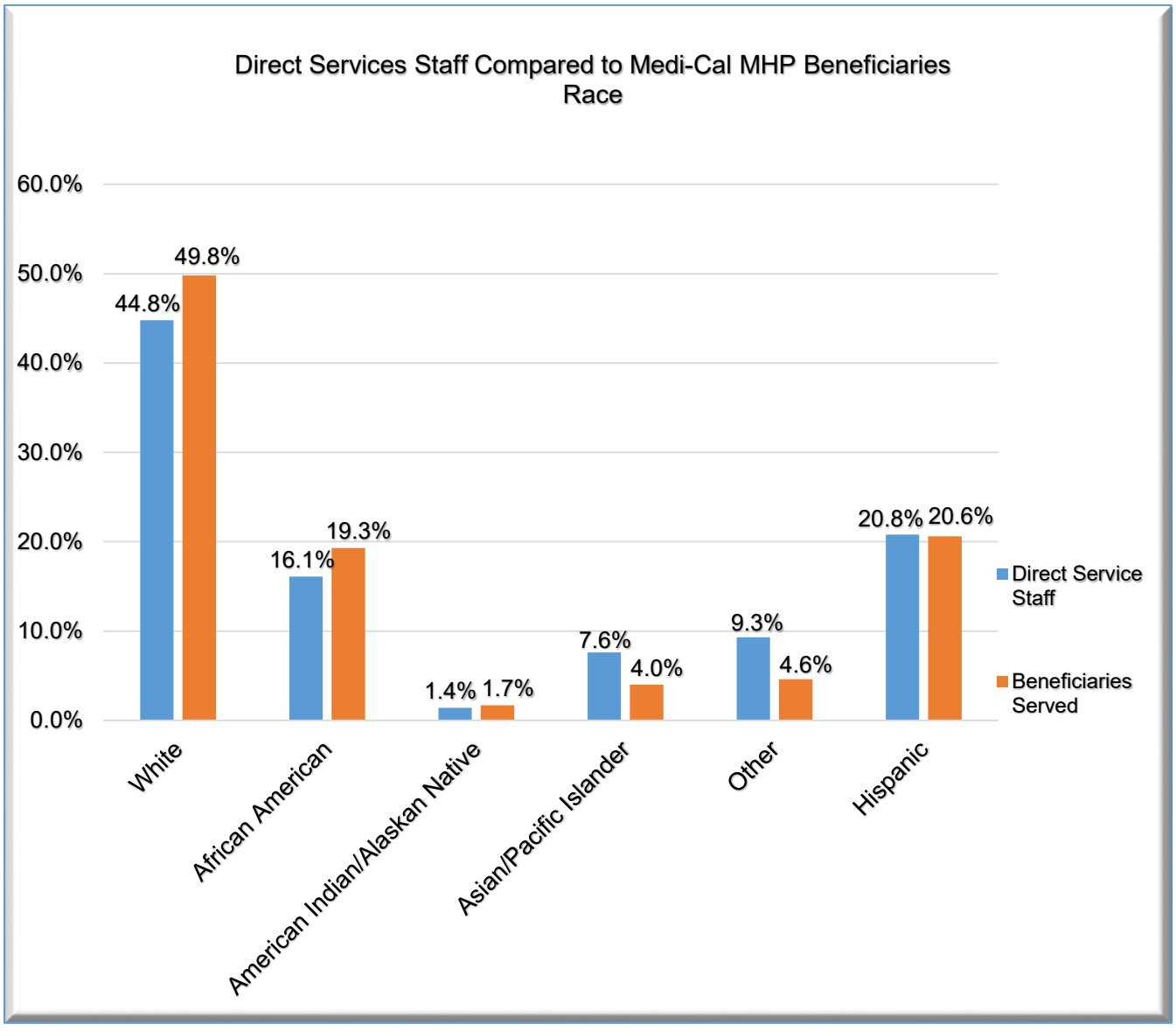
Gender

As indicated below, males are underrepresented in direct service staff compared to the number of males served in the system.



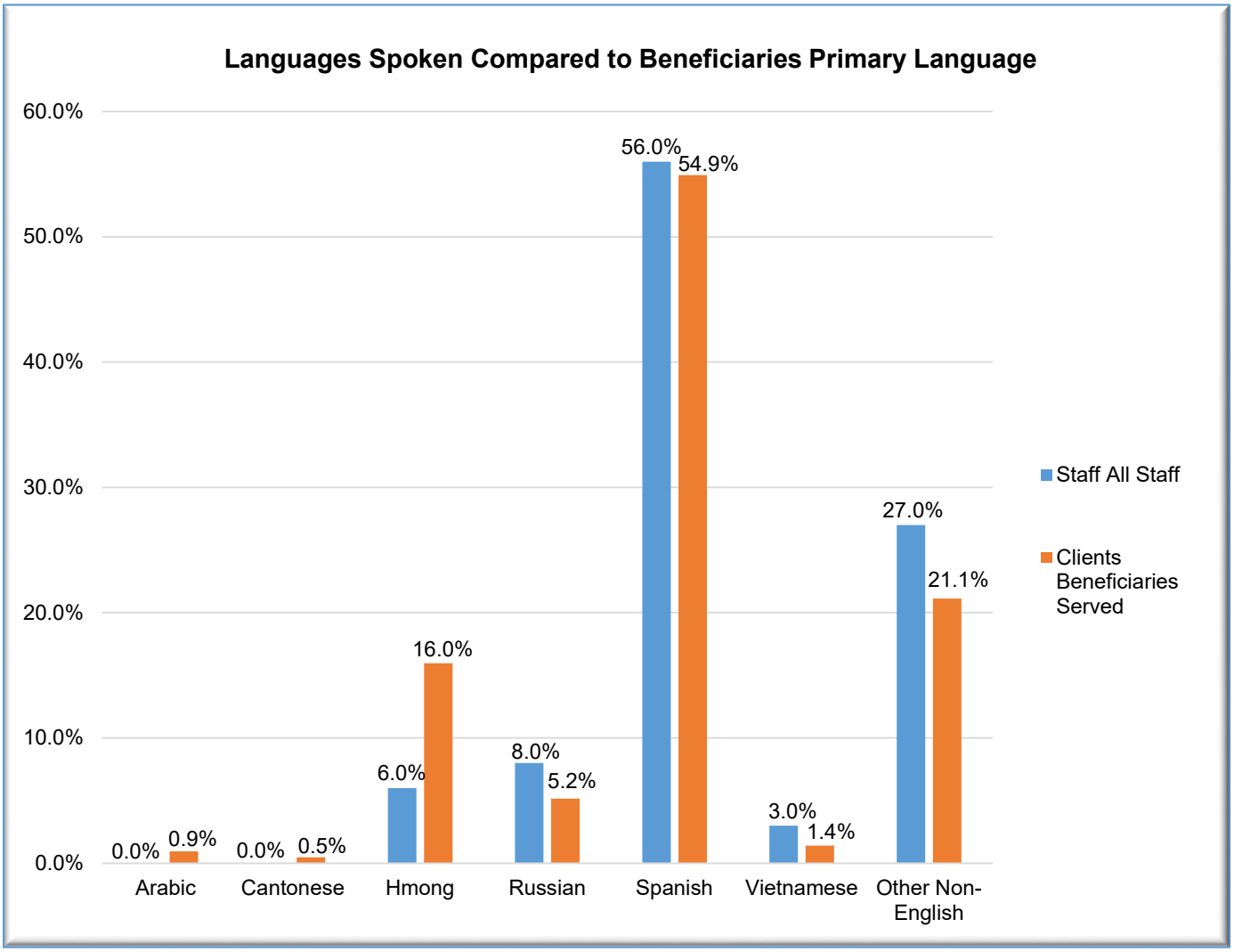
Race

In regards to race, African American and Caucasian direct service staff are underrepresented compared to the number of African American and Caucasian clients served, while Asian/Pacific Islander and Other direct service staff are overrepresented. Hispanic and American Indian/Alaskan Native direct service staff represent the population served.



Language

While ADS has a wide variety of languages spoken by staff, the percent who speak the Sacramento County threshold languages is higher than the majority of beneficiaries served for Russian, Vietnamese, and Spanish. There is underrepresentation of staff who speak Arabic, Cantonese, and Hmong when compared to the beneficiaries served.



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

The County of Sacramento, Division of Behavioral Health Services (BHS) has had very few issues with the implementation of WET Actions 1 through 8. However, there have been some challenges that we have learned from, including the need to advance our diversity recruitment efforts and developing strategic plans around measuring long-term outcomes data to determine if our efforts are effective in accomplishing our diversity recruitment goals.

The County of Sacramento is an equal opportunity employer and in the past, BHS has relied heavily on our Human Resources Department to perform recruitment and hiring efforts. In doing so, we have significantly limited the pool of culturally and linguistically diverse candidates, which are needed to effectively work with the diverse populations we serve in our various systems of care. We now understand that recruitment is a multi-tiered responsibility that requires BHS to develop and implement comprehensive, integrated and strategic initiatives for diversity and inclusion to expand the potential candidate pool. Adopting a strategic approach to diversity recruiting will likely involve expanding current efforts to include some of the following recruitment resources:

- Community events
- Community agencies and organizations
- Professional associations
- Colleges and universities
- Education field – urban teach programs
- Job fairs
- Newspaper/magazines/journals
- Radio stations and programs
- Web sites, webcasts, podcasts and other online channels

Having recruiters network in diverse communities and offering them other general diversity resources will assist them in learning more about diverse groups and developing cultural competencies for recruiting and interviewing. BHS will share these expanded recruitment strategies with our contract provider system in order to improve organization's employee selection process, making it more inclusive and welcoming for diverse applicants.

Beginning in FY 2020/21, BHS, in partnership with the community, will be embarking on a year-long facilitated Behavioral Health Racial Equity Collaborative initiative that will culminate in the development of Behavioral Health Racial Equity Action Plans. BHS believes that all

communities deserve to live lives of wellness that are not predetermined by race. It is documented nationally that disparities based on race are harmful to families and our communities. However, policy changes and the use of racial equity tools can dramatically reduce disparities. BHS will pilot a targeted universalism racial equity approach by focusing initially on the African American/Black community. The process is intended to understand the needs, concerns, and historical context for the African American/Black community in order to build trust, shape services to be culturally responsive and effective, and improve behavioral health outcomes. BHS plans to replicate the model and partner with additional communities to reduce inequities identified for other underserved or inappropriately served communities.

E. Identify county technical assistance needs.

One of our WET actions involves partnering with two local high schools with very diverse student bodies that have incorporated behavioral health into their existing health career pathways. Partnering with these local high schools is a way to plant seeds in the hearts and minds of diverse young people and provide learning opportunities to increase their exposure to behavioral health careers. Anecdotal evidence suggests that our outreach efforts with high school students have been successful. However, currently we do not have a means of collecting data regarding how many students who participate in our two pipeline programs actually go into behavioral health careers following graduation from high school or college. BHS is continuing to brainstorm ideas around developing best practices for long term tracking for students who actually go into mental or behavioral careers. The County would greatly benefit from some Technical Assistance to address this challenge.

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CRITERION 7

COUNTY MENTAL HEALTH SYSTEM

LANGUAGE CAPACITY

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

I. Increase bilingual workforce capacity

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

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

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

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

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

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

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

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

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

2. Least preferred are language lines. New technologies such as video language conferencing should be considered as resources are available. Use new technology capacity to grow language access.
3. Description of protocol used for implementing language access through the county's 24-hour phone line with statewide toll-free access, including staff training protocol.

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

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

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

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

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

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

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

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

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

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

day operating hours.

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

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

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

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

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

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

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

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

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

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

1. Member service handbook or brochure;
2. General correspondence;
3. Beneficiary problem, resolution, grievance, and fair hearing materials;

4. Beneficiary satisfaction surveys;
5. Informed Consent for Medication form;
6. Confidentiality and Release of Information form;
7. Service orientation for clients;
8. Mental health education materials, and
9. Evidence of appropriately distributed and utilized translated materials.

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

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

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

E. Report mechanisms for ensuring translated materials are at an appropriate reading level (6th grade).

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

CRITERION 7

SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

LANGUAGE CAPACITY

I. Increase bilingual workforce capacity

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

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

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

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

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

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

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

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

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

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

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

- Please note that we are reporting on language capacity with regard to SUPT in this update. The HR Survey and Language Proficiency Survey used to gather the information from MH providers now includes SUPT providers. The Drug Medi-Cal Organized Delivery System Waiver was implemented July 1, 2019, and data is outlined in Criterion 6 :HR Survey and Language Proficiency Survey – Appendix 03

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

   Of all staff surveyed in the FY 2018/19 Human Resource Survey and Language Proficiency Survey, 400 (32.3%) unduplicated MH staff indicated speaking a language other than English. For unduplicated SUPT staff, 94 (25.3%) indicated speaking a language other than English.

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

   The total amount of expenditures for interpretation/translation services and bilingual staff employed throughout BHS MH and SUPT county operated and county contracted providers is $12,528,041.15.

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

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

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

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

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

1. A 24-hour phone line with statewide toll-free access that has

linguistic capability, including TDD or California Relay Service, shall be available for all individuals. Note: The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable.

Sacramento County Behavioral Health Services 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 SUPT.

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 Federal Communications Commission (FCC) and NorCal Services for Deaf and Hard of Hearing, and the fact that we have received only test calls from internal BHS callers on the TTY machine over the past several years, we plan to phase out the marketing of the TTY number and transition to utilizing Video Relay Service to effectively communicate with DHOH callers. The FCC provided BHS with DA-04-1716 which clarified that "all forms of TRS, including 'traditional' TTY based relay, Internet Protocol (IP) Relay, Video Relay Service (VRS), and Speech-to-Speech (STS), can be used to facilitate calls between health care professionals and patients without violating HIPPA's Privacy Rule."

Every effort has been made to staff the MH Access Team with bilingual/bicultural individuals, especially those speaking threshold languages. 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.

NorCal Services for Deaf and Hard of Hearing leadership recommended that in a crisis, when a deaf consumer does not have a phone, that we have a kiosk (which can be a laptop with internet access and a camera loaded with the free software), so the person can make a call for support. Currently staff at the Mental Health Treatment Center are arranging for that kiosk to be made available in the crisis unit.

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

   BHS is 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 amended the scope of several of the county-wide contracts to include Video Remote Interpreting (VRI) technology during Fiscal Year 2018/19 (Appendix 67 VRI Technology Contract Language). During the pandemic, some interpreting services have been provided by phone instead of in person. Quality Management issued guidelines to ensure that confidentiality is maintained whether services are delivered virtually or in person.

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

   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 SUPT 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

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, Arabic and Vietnamese. As part of the efforts to test the accessibility to services and responsiveness of the system, Quality Management and Cultural Competence staff conducted test calls to all established Access entry points to the system. The MHP made 50 calls during business hours to the Access Team and 26 after hour calls to the Mental Health Treatment Center Intensive Services Unit for a total of 76 test calls in FY 19/20. Forty percent of the calls were completed in multiple languages. Following the calls, feedback was collected regarding accessibility across cultures. Training and feedback was given to all providers in order to improve cultural responsiveness in fielding business hour and after-hour calls.

Test calls to SUPT System of Care (SOC) began in January 2020. There were two calls per month in English and two calls per month in a threshold language. A total of 42 test calls were made during FY 2019-2020. Calls were made to the SUPT System of Care during business hours, and as well as the Sacramento County Mental Health Treatment Center (MHTC) Intensive Services Unit (ISU) after-hours line.

Test calls pointed out that staff answering the line were prompt, courteous, client oriented, and provided correct information to callers.

Test call training was provided to staff working in the ISU

responsible for answering the line after hours once in 2019.

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

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

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 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 2019/2020, 22 TTY/TDD test calls were made to the Access Team. In light of the fact that we have received only test calls from internal BHS callers on the Access Team TTY machine over the past several years and that the Federal Communications Commission (FCC) and NorCal Services for Deaf and Hard of Hearing have communicated to BHS that deaf callers are most likely to use a free video relay service to communicate with hearing persons via the telephone, we plan to phase out the marketing of the TTY number and transition to utilizing Video Relay Service to effectively communicate with DHOH callers.

B. Evidence that clients are informed, in writing and 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 (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 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; and
- 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 have updated the parts specific to new DHCS information notices. We have all translated versions of the Member Handbook posted currently. 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 Substance Use Prevention and Treatment (SUPT) service system is committed to ensuring accurate and effective communication between clients and service providers. In the event that a service provider is unable to communicate in a client's preferred language, all contracted prevention and treatment providers, and direct service County staff, have access to interpreter services through the County's Assisted Access Program. The Assisted Access Program provides in-person interpretation services. The Sacramento County Drug Medi-Cal Organized Delivery System (DMC-ODS) Member Handbook, service brochures, and other written materials include the BHS 24-hour phone line with statewide toll-free access that has linguistic capability, and California Relay Service information.

The Member Handbook for SUPT (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; and
- important phone numbers regarding BHS's substance use disorder system of care.

This year SUPT developed new DMC-ODS Informing Materials, which have been translated in Sacramento County's six threshold languages: Arabic, Chinese, Hmong, Spanish, Russian, and Vietnamese.

- Acknowledgement of Receipt
- Member Rights and Problem Resolution Guide
- Advance Medical Directive
- Appeal Forms
- Grievance Forms
- Member Suggestion

Sample provided in Arabic (Appendix 75)

- The above Informing Materials have been posted to the County website and are displayed in each provider site. Additionally, Language Assistance Posters (Appendix 82) that describe, in 16 languages, how to request language assistance have been displayed in lobbies of all provider locations. This is true for both MH and SUPT provider locations.

- The DMC-ODS Provider Directory is currently available on the SUPT website and has been revised to include the following for all service providers within the DMC-ODS service network:

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

  The County is currently awaiting approval of the directory by DHCS of English version. Once approved, the directory will be translated in the County's six threshold languages and included on the SUPT website.

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

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. BHS intends to utilize strategies and approaches related to recruitment, hiring, promotion and retention to increase the diversity of our workforce in order to be more reflective of the communities that we serve.

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

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

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

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

the community.

Every attempt is made for all MH and SUPT services to be available in both threshold or non-threshold languages to the extent possible by on site bilingual staff. During the initial session, staff provide a variety of documents to the consumer and explain them in detail 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 SUPT programs, regardless of whether they meet the threshold language criteria.

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 SUPT services (See Appendix 30 for a copy of the BHS outreach brochure). SUPT is currently in the process of revising outreach brochures to reflect a recent name change as well as taking the opportunity to re-design outreach brochures to make them more user-friendly and engaging. Upon completion of re-designing, outreach brochures will be translated in the six threshold languages. Samples of the revised brochures will be provided in next year's update.

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

> If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Anne-Marie Rucker one week prior to the event at (916) 875-3861 or Ruckera@saccounty.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 SUPT services to a client, they provide a copy of the Member Handbook to the client and explain the rights to which the client is entitled. One of the rights is access to an interpreter at no cost to the client. To further support these efforts, the following is in place for training and supervision of

the BHS MH and SUPT workforce.

Staff receive Documentation training from BHS when they begin working for either a contracted MH or SUPT provider or a County operated clinic. During the training, staff are reminded that interpreter services are to be made available free of charge to the client. According to documentation standards in the Policy No. 10-30 "Progress Notes (Mental Health)" (See Appendix 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. For reference, see excerpt below from *Cultural Competence & Ethnic Services Policy and Procedure - Procedure for Access to Interpreter Services (Appendix 50 Access to Interpreter Services.)*

> "Cultural and linguistic accommodations must be offered to the client and on behalf of the family/caregiver. This must be documented in every note when a language other than English is indicated. If the provider is trained and proficient in English and the target language then the progress note must specify the language spoken during the session. When an interpreter is necessary, the progress note shall include the following: the language the session was conducted in, language services offered, the name of the interpreter, and how interpretation was conducted. If a provider is using a client's family member

for interpretation, document the emergency situation and circumstances where no other means of interpretation or communication was available. Should the client elect a family member as the interpreter, there must be documentation of the clinical decision-making informing that decision and documentation demonstrating efforts to offer an independent interpreter. Sacramento County prohibits the use of children as interpreters under all circumstances."

Staff will conduct follow-up to their offer and document the results in the chart. These standard processes are reviewed as part of the Sacramento County Documentation Training curriculum. Documentation is also reviewed throughout the Utilization Review process, both internally at the agency and externally by BHS. According to the Electronic Utilization Review/Quality Assurance Activities Policy QM-09-05 (See Appendix 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 SUPT, 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 SUPT providers were given dates to complete documentation training provided by Quality Management and will continue to have monthly available dates to attend training.

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

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

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

BHS has sponsored numerous interpreter training sessions over the years, and has adopted the use of Behavioral Health Interpreter Training (BHIT, formerly known as Mental Health Interpreter Training, or MHIT) to train interpreters. All interpreter staff were trained during the pilot of the MHIT in 2007, and we have been offering a session annually to train additional interpreters who have

joined the workforce since the pilot and subsequent training sessions. To date, 283 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, which 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 SUPT providers employ bilingual staff who speak a language outside of one of the threshold languages. In the instance when a bilingual staff member is not available, providers will request an interpreter from the Assisted Access Program. For a more detailed description of the Assisted Access Program, please see Criterion 7, II A. 1–3. If an interpreter is not available through Assisted Access, then staff will request an interpreter from an interpreting agency. Only as a last result would staff use an over-the-phone interpreter to provide services.

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

BHS provides a streamlined access process for all individuals, which begins at the initial contact with a client. The process that BHS uses to provide services in the preferred language of the client is the same whether the client speaks a threshold language or another language. As stated in III C above, every attempt is made for all MH and SUPT

services to be available in threshold and non-threshold languages to the extent possible by on site bilingual staff.

Access Team staff use the provider list (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.

SUPT System of Care team use The Sacramento County ADS Provider Directory (Appendix 59), which includes pertinent information to meet the diverse needs of our clients. The Provider Directory 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.

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

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

BHS has enacted policies that comply with Title VI of the Civil Rights Act of 1964 and addresses interpretation services by family members (See Appendix 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 interpreters in specific circumstances.*

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

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

A. The MHP and SUPT generally prohibit the use of family members as interpreters except in rare or extenuating circumstances:

1. *In emergencies where no other means of interpretation or communication are available.*

2. *When a consumer specifically chooses not to use an interpreter provided by the MHP or SUPT and elects to use a family member for interpretation services, a Release of Information form must be signed by the consumer before the family member may be used as an interpreter. (See attached release form). Continued offers to provide an independent interpreter must not be excluded by this initial decision. Clinical decisions must always*

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

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

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

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

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

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

All 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 findings/ reports are communicated in the client's preferred language will be available for review during the compliance visit. All providers in both MH and SUPT have assessments recorded in our Avatar billing system, which includes a demographics screen/form which asks the

client's preferred language, etc.

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 SUPT clients, which is distributed by service providers in all threshold languages. SUPT administered the Client Treatment Perception Survey in October 2019, which included race, ethnicity, cultural sensitivity, understood communication, and treated with respect. Survey results are as follows:

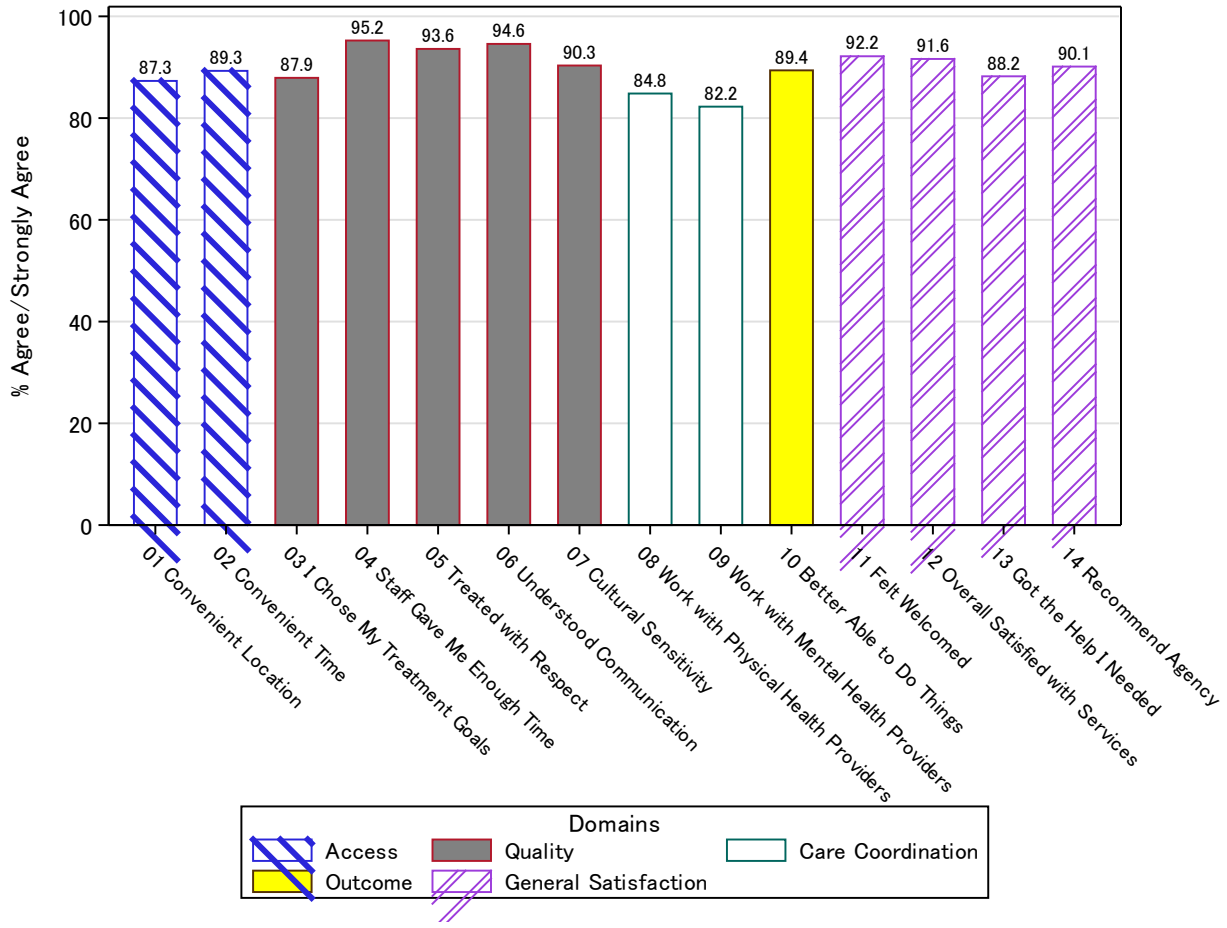
Demographics of Adult Survey Respondents

Demographics	N	%
Gender (Multiple responses allowed)	.	.
Female	660	48.2
Male	648	47.3
Transgender	9	0.7
Other gender identity	6	0.4
Decline to answer/missing	54	3.9
Age group	.	
18–25	85	6.2
26–35	457	33.4
36–45	304	22.2
46–55	207	15.1
56+	239	17.4
Missing	78	5.7
Race/ethnicity (Multiple responses allowed)	.	
American Indian/Alaskan Native	88	6.4
Asian	46	3.4
Black/African American	185	13.5
Latino	230	16.8
Native Hawaiian/Pacific Islander	18	1.3
White	814	59.5
Other	97	7.1
Unknown/missing	63	4.6

Number of Responses & Average Scores for Each Questions-Adults

Survey Question	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Average Score
Domain: Access						**4.3**
01 Convenient Location	25 (1.8%)	46 (3.4%)	101 (7.5%)	492 (36.3%)	691 (51.0%)	4.3
02 Convenient Time	14 (1.0%)	29 (2.1%)	102 (7.5%)	531 (39.2%)	677 (50.0%)	4.4
Domain: Quality						**4.5**
03 I Chose My Treatment Goals	8 (0.6%)	33 (2.5%)	121 (9.0%)	512 (38.2%)	666 (49.7%)	4.3
04 Staff Gave Me Enough Time	5 (0.4%)	14 (1.0%)	45 (3.3%)	482 (35.8%)	801 (59.5%)	4.5
05 Treated with Respect	5 (0.4%)	16 (1.2%)	66 (4.9%)	437 (32.2%)	835 (61.4%)	4.5
06 Understood Communication	4 (0.3%)	13 (1.0%)	56 (4.2%)	474 (35.2%)	800 (59.4%)	4.5
07 Cultural Sensitivity	6 (0.5%)	15 (1.1%)	106 (8.1%)	426 (32.4%)	761 (57.9%)	4.5
Domain: Care Coordination						**4.3**
08 Work with Physical Health Providers	13 (1.0%)	39 (3.0%)	144 (11.1%)	457 (35.4%)	639 (49.5%)	4.3
09 Work with Mental Health Providers	12 (1.0%)	42 (3.4%)	167 (13.4%)	435 (34.9%)	589 (47.3%)	4.2
Domain: Outcome						**4.4**
10 Better Able to Do Things	17 (1.3%)	31 (2.3%)	95 (7.1%)	441 (32.7%)	763 (56.6%)	4.4
Domain: General Satisfaction						**4.5**
11 Felt Welcomed	6 (0.4%)	15 (1.1%)	85 (6.3%)	427 (31.6%)	818 (60.5%)	4.5
12 Overall Satisfied with Services	8 (0.6%)	28 (2.1%)	77 (5.7%)	479 (35.5%)	757 (56.1%)	4.4
13 Got the Help I Needed	13 (1.0%)	39 (2.9%)	107 (7.9%)	466 (34.5%)	724 (53.7%)	4.4
14 Recommend Agency	13 (1.0%)	26 (1.9%)	94 (7.0%)	420 (31.2%)	794 (58.9%)	4.5

Adult Survey Respondents in Agreement by Survey Questions and Five Domains



Survey results for children/youth were not included in this report due to a low response rate, which will not illustrate an accurate depiction of treatment perception satisfaction of children and youth. A non-clinical Performance Improvement Project is currently being developed to increase response rates of culturally diverse populations and improve client perception for the diverse populations served.

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

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

See V E. response below.

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

This response applies to D and E:

All MH and SUPT brochures are translated by County approved contracted interpreters/translators and undergo culturally appropriate field testing. The BHS policy for document translation is available and applies to both MH and SUPT (Appendix 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

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CRITERION 8

COUNTY MENTAL HEALTH SYSTEM

ADAPTATION OF SERVICES

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

I. Client driven/operated recovery and wellness programs

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

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

II. Responsiveness of mental health services

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

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

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

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

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

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

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

D. Evidence that the county has assessed factors and developed plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services. Such factors should include:

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

III. Quality Assurance

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

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

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

CRITERION 8

SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

ADAPTATION OF SERVICES

I. Client driven/operated recovery and wellness programs

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

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

Consumer Self-Help Programs continue to be offered through Wellness and Recovery Centers operated in two locations in the County of Sacramento. 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

II. Responsiveness of mental health services

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

A. Documented evidence that the county/contractor has available, as appropriate, alternatives and options that accommodate individual

preference, or cultural and linguistic preferences, demonstrated by the provision of culture-specific programs, provided by the county/contractor and/or referral to community-based, culturally-appropriate, non-traditional mental health provider.

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

The two WRC programs above were designed to meet the needs of the diverse communities 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,

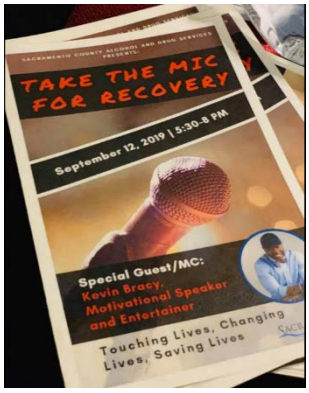
connecting to resources, experiential sharing, relationship building, socialization/self-esteem building, group facilitation and assisting consumers with overcoming barriers to seeking services due to racial, ethnic, cultural or language barriers, which are key strategies contributing to successful outcomes.

Every September, Sacramento County celebrates National Recovery Month to increase awareness and understanding of mental health and substance use disorders and celebrate the people in recovery. In September 2019, two events were held to celebrate:

Recovery Happens

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

Take the Mic for Recovery



This was a new event for SUPT this year. This event was held at the Sierra 2 Center for the Arts and Community and was aimed at educating the community, celebrating recovery, and reducing stigma associated with substance use disorders. The Master of Ceremony for this event was Kevin Bacy, an African American motivational speaker and entertainer. Individuals in recovery of diverse cultural backgrounds gave musical, stand-up comedy, and spoken word performances.

"Still on Cloud 9! On Thursday, I had the most incredible night! I spoke for my largest audience on a stage for people in recovery. And I still can't believe I did that."

-Nafsheen, Performer
Take the Mic for Recovery

Client driven/operated recovery and wellness programs: As reported in the April 2019 Human Resource Survey, 20.6% of licensed SUD direct service staff and 22.1% of unlicensed SUD direct service staff report, "I am a consumer of Recovery Services."

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

The Member Services Brochure is provided to client in all threshold languages, noted in the case file and checked in quality management case reviews.

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

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

This is a response to B and C:

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).

When clients enter substance use treatment services, they are provided with a copy of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Member Handbook (Appendix 57), which explains that services are tailored to meet diverse cultural and ethnic needs and that interpreter services are provided at no cost. Additionally, the Handbook explains that clients have the opportunity to change service providers, including the right to use culture-specific providers within available resources. Clients also sign the Acknowledgment of Receipt that includes a link to the DMC-ODS Provider Directory, which includes provider specific information regarding cultural and linguistic capabilities and accommodations for individuals with physical disabilities.

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.

BHS has been developing cultural and ethnic-specific services through the Prevention and Early Intervention component of the MHSA. Supporting Community Connections (SCC) is part of the Suicide Prevention Project for Sacramento County. The focus is on collaborating 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, Black/African American, Spanish speaking Hispanic/Latinx, Russian speaking Slavic, Cantonese/Vietnamese/Hmong, Iu Mien, youth/TAY at high risk for suicide including foster youth, LGBTQ and homeless youth, and older adults. Through a competitive bid process, an award was made during FY 19/20 to establish a new SCC provider that would serve the Arabic speaking community. As these are preventative in nature, they are not listed on the provider list referenced above, however they are listed in the Prevention and Early Intervention and Mental Health Respite Program provider list which is posted in all of the threshold languages on the BHS website. For further description of this project please refer to the Mental Health Services Act Fiscal Year

2019-20, Annual Update (Appendix 68) to read about the impact these programs have made in the diverse communities they serve.

Both the Mental Health Access Team and the SUPT System of Care intake team respond to requests for services in a trauma-informed manner, leveraging interpreters as needed to assist consumers in accessing care. Refer to previous criteria for examples of cultural and linguistic responsiveness.

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 Appendix 72 for translated copies of SUPT). Bilingual/bicultural MH and SUPT 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);

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. Part of the redesign was to redistribute the locations of our outpatient system in relation to the youth being served in the different school districts in the county. Before the redesign, we had 9 sites clustered in one school district and the rest scattered around the county. The redesign allowed us to move sites to new locations and open brand new locations that met the needs of the population in those areas. The redesign allowed us to also shift all of our outpatient providers to our Flexible Integrated Treatment (FIT) programming. FIT allows the full spectrum of mental health services for youth. Prior to that, a large portion of our outpatient system could only manage lower intensity needs, which meant clients had to move to another provider if their needs became more intense. We also reallocated budget amounts so that each of the programs had the same amount of funding and would be in a position to pay for evidence based practices. Before the redesign, only some providers had funding that would support these better practices. As a result, some kids did not receive all the benefits of EBPs. Now, every provider is required to have at least 2 registered EBPs in use in their program. We are helping families in lower socio economic situations by infusing MHSA flexible housing dollars into all the contracts designed to help families find safe affordable housing off the streets and prevent families from further experiencing housing insecurity. This has been an important resource to families since the onset of COVID-19.

A current example of responsiveness is our outreach to individuals experiencing homelessness:

Covid-19 Homeless Task Force effort:

In response to the need for mental health and substance use disorder treatment services relating to the COVID-19 pandemic, Sacramento County Division of Behavioral Health Services (BHS) partnered with the Sacramento COVID-19 Homelessness Response Team (HRT); HRT is an interagency collaborative tasked with providing shelter via Project Roomkey and wrap-around services for persons experiencing homelessness, who were particular vulnerable to adverse outcomes of coronavirus. In addition to crisis response at five shelter sites, BHS ensured any of the 1,270 Project Roomkey guests who were in need of services were assessed and linked to care or in instances of existing consumers, reconnected with their service provider.

An example of seeking input to inform policy improvement includes the focus group feedback sessions:

Adult Outpatient Focus Group Feedback Sessions
September through December 2019

GOAL

Obtain input on what's working well in the Sacramento County Behavioral Health Services (BHS) adult system of care and utilize this information to strengthen services for the community.

FOCUS GROUPS

BHS requested assistance from contracted Community-Based Organizations (CBO's) providing outpatient mental health services to our adult population in coordinating onsite focus groups to gather feedback from three targeted populations: 1) consumers, 2) family members of consumers, and 3) staff providing direct services to consumers. These focus groups were held independent from one another. A total of 59 participants attended.

Focus Group Participants	
Consumers	54%
Family Members of Consumers	9%
Direct Services Staff	37%

Race/Ethnicity of Participants	
White	32%
Latinx/Hispanic	14%
Black/African American	10%
Asian/Pacific Islander	5%
Multi-Ethnic	3%
Not Identified	36%

FEEDBACK

Consumer and Family Advocate Liaisons with BHS staff developed questions specific to each population and facilitated the focus groups. A total of 661 unique comments were received and analyzed. Key findings for each group were as follows:

Consumers: highly value life skills classes and peer socialization in safe spaces, such as clubhouses. Additionally, consumers would like their individual recovery goals to be integrated into treatment and at the forefront of discussions with their providers. Consumers indicated the need to have stronger relationships with providers by reducing turnover and waitlists for appointments due to caseload sizes.

Family Members: also saw waitlists for appointments as barriers. Family members indicated a sense of not feeling welcomed at provider sites and suggest provider hosted groups for family

members to connect with others family members to learn how to be more involved in their loved one's treatment. With the need to cancel a number of family member focus groups due to lack of participants, BHS recognizes a need to improve family member engagement in the current system of care.

Direct Services Staff: identified the need for more communication about services available to the community, pain points related to documentation and billing, training needs to better serve and support consumers, and a need for on-site integration of substance use prevention and treatment services.

NEXT STEPS

With the insight gathered from the three focus group populations, BHS has gained a greater sense of the strengths and challenges of the current Adult Outpatient system and will use this information to influence current priorities and future program development.

III. Quality Assurance

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

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

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

The Sacramento County Mental Health Plan (MHP) and Substance Use Disorders and Treatment (SUPT) programs that participate in the DMC-ODS Waiver, have a system in place that provides all clients and providers a mechanism for the resolution of grievances and appeals. MHP and SUPT programs strive to address all concerns about services in a sensitive, timely and culturally competent manner. Beneficiary rights are protected at all stages of the grievance and appeal process. Quality Management services (QM) is

responsible for monitoring beneficiary dissatisfaction and provider concerns, privacy issues, grievances, appeals and State fair hearings.

Grievance data is monitored and tracked using an Access Database. The database contains the following information: beneficiary demographics, the date grievances, appeals, and State fair hearings are received and logged by QM; the date the acknowledgement letter is sent to the beneficiary; the nature of the issue; actions taken to resolve the issue; the resolution and date of completion. In addition, the database is able to generate timeliness reports to assist staff to more easily monitor unresolved grievances and their progress towards completion and compliance with timeliness. This system has proven effective in meeting timeliness measures for grievances and appeals. The identified benchmarks have been met for fiscal year 2019-2020.

The following is the annual grievance summary for SUPT and MHP beneficiaries:

There were (5) five grievances for DMC-ODS Waiver beneficiaries for FY 19/20. All grievances were received from adults. Each adult reported a concern in a different service category, which included quality of care, program requirements, interpersonal relationship, transition of care, and other. There was no remarkable trend among these grievances. There were no standard or expedited appeals received. There was (1) one State fair hearing, which was dismissed, as it was determined that the claimant was terminated properly. The racial/ethnic identities of those filing grievances included (4) White/Caucasian and (1) Spanish/Hispanic. The State fair hearing was filed by an individual identifying as Black/African American.

The number of grievances and appeals received by SUPT beneficiaries was very low compared to the number of grievances and appeals brought forth by MHP beneficiaries. FY 19-20 is the first year that SUPT programs participated in the DMC-ODS waiver. Providers and beneficiaries continue to learn the various new processes involved. The County offers training opportunities to providers regarding the grievance and appeal processes on a quarterly basis. Providers display grievance and appeal informing materials in their lobbies, and discuss the information with beneficiaries during their initial appointments. These informing materials are also available to beneficiaries on the County website, upon request, at no cost, and are available in threshold and prevalent languages and alternative formats. It is anticipated that as beneficiaries become more comfortable with the process for filing grievances and appeals, the number of concerns brought to the attention of Quality Management for assistance will increase.

During fiscal year 2019-2020, the MHP served approximately 30,201 Medi-Cal beneficiaries. This is a slight increase from 28,267 served in FY 2018-2019. The MHP Beneficiary Protection unit (Member Services) addressed 662 issues. This number includes 611 grievance related concerns, 48 standard appeals, and 3 State fair hearings. This total represents approximately 2% of the population served, or about 2 out of every 100 beneficiaries.

The MHP chooses to capture and address all concerns brought to the attention of Member Services by, or on behalf of, beneficiaries. This results in Member Services recording a higher number of grievances than that reported to the California Department of Healthcare Services (DHCS) as part of the Annual Medi-Cal Beneficiary Grievance and Appeal Reporting Standards (ABGAR) report. Reportable issues on the ABGAR represent 476 of the 662 issues brought to the attention of Beneficiary Protection, or 72%. The ABGAR captures data specific to access, appeals, quality of care, change of provider requests resulting from a grievance, confidentiality, and other direct concerns related to the provision of MHP services. In addition to these areas, the remaining 28% of concerns captured by Member Services include change of provider requests without a grievance, State fair hearings, contacts by persons not currently open to the MHP and requests for service information.

The following table provides a comparison of the number of ABGAR grievances and appeals for Fiscal Years 18-19 and 19-20, in accordance with DHCS reporting standards. According to the data, the number of grievances slightly decreased from 438 to 428 or by 2.3%. The number of standard appeals increased from 5 to 48. The increase in appeals results from the MHP Access Team sending callers a Notices of Adverse Benefit Determination (NOABD) due to being unable to contact them to determine medical necessity. When the caller later contacts Member Services to address the NOABD, it is classified as an appeal. The solution in the vast majority of cases is to connect the caller to Access to complete the screening for MHP consideration. Expedited appeals remained steady at zero.

Table 20

Sacramento County Mental Health Plan Annual Problem Resolution Summary/Analysis Report						
Category	**Adults**		**Children**		**Total**	
	FY 18-19	**FY19-20**	**FY18-19**	**FY19-20**	**FY18-19**	**FY19-20**
Grievances	**375**	**327**	**65**	**101**	**438**	**428**
Standard Appeal	**4**	**30**	**1**	**18**	**5**	**48**
Expedited Appeal	**0**	**0**	**0**	**0**	**0**	**0**
Total	**379**	**357**	**66**	**119**	**443**	**476**

Grievance Issues by Ethnicity

The MHP predominantly provides services in English. For limited or non-English speakers, an interpreter is used, when necessary, and at no cost to the beneficiary, to ensure clear and accurate communication. Table 21 reflects the race/ethnicity of the beneficiaries that submitted grievances or other concerns during FY 19-20. The Beneficiary Protection database can identify the ethnicity of the beneficiary by type of grievances. As seen below, those identifying as Caucasian have the highest percentage of grievances (43%), followed by beneficiaries identifying their race/ethnicity as African American (29%). The third largest population of grievances are those identifying their race/ethnicity as Spanish/Hispanic (11%). All other racial/ethnic groups report grievances in lower percentages. This racial/ethnic breakdown can also be seen within the types of grievances reported.

Table 21

FY 19/20 Grievances and Appeals by Type and Race/Ethnicity											
Ethnicity	**Access**	**Appeal**	**Quality of Care**	**Change of Provider with Grievance**	**Change of provider w/o grievance**	**PHI Shared**	**Other ABGAR Grievances**	**Other MHP Grievances**	**SFH**	**Total**	
African American	1	13	51	37	18	1	43	25	1	**190**	**29%**
American Indian	0	1	4	1	0	0	0	1	0	**7**	**1%**
Arab	0	0	1	1	0	0	0	1	0	**3**	**0.5%**
Chinese	0	0	2	1	0	0	4	0	0	**7**	**1%**
Filipino	0	0	2	2	0	0	2	2	0	**8**	**1%**
Former Soviet	0	0	0	1	0	0	1	0	0	**2**	**0.3%**
Hawaiian Native	0	0	0	1	0	0	0	1	0	**2**	**0.3%**
Hmong	0	0	0	3	0	0	0	0	0	**3**	**0.5%**
Japanese	0	0	0	0	2	0	2	0	0	**4**	**0.6%**
Korean	0	0	1	0	0	0	0	0	0	**1**	**0.2%**
Multiple	0	0	13	5	6	0	3	4	1	**32**	**5%**
Other	0	1	1	3	0	0	0	0	0	**5**	**0.8%**
Other Asian	0	2	1	2	0	0	3	0	0	**8**	**1%**
Samoan	0	0	0	0	0	0	1	0	0	**1**	**0.2%**
Spanish/Hispanic	2	2	16	17	12	0	11	12	0	**72**	**11%**
Unknown	2	8	3	1	1	0	6	12	0	**33**	**5%**
Vietnamese	0	1	0	1	0	0	0	0	0	**2**	**0.3%**
White	4	20	71	50	36	1	49	50	1	**282**	**43%**
Total	**9**	**48**	**166**	**126**	**75**	**2**	**125**	**108**	**3**	**662**	**100%**

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

Grievances Issues by Category

Table 22 below provides details for the various ABGAR grievance categories with a comparison between the numbers of grievances brought forth regarding adults versus children during this fiscal year, 2019-2020. There was a net decrease of (10) ten ABGAR grievances from FY 18-19 to 19-20 (438 vs 428). This year, as in the last, there have been relatively few grievances relating to access to services, 9/428 or 2%. The greatest number of access issues were among one adult and five children whose parents experienced challenges connecting with the MHP Access Team or provider to secure services. Two issues were a lack of language accommodation, and one resulted from a delay in accessing services timely. There were no specific trends within this category.

In the area of Quality of Care (QOC), there was a decrease in the number of grievances. During FY 18-19, there were 190 QOC issues and 166 in FY 19-20. This change partly occurred because of a decrease in the number of adult grievances received, 160 to 126, and this was partly offset by an increase in child grievances 30 to 40. For adults there was a noticeable decrease in the number of treatment concerns (121 vs 81), an increase in staff behavior concerns (6 vs 29), a slight difference in medication concerns (8 vs 13) and the other category decreased from (29 to 3), this is due to improved classification of grievance issues. Changes among child grievances, an increase of ten, had no remarkable trend.

Change of Provider with Grievance requests decreased between FY 18-19 and FY 19-20 from 180 to 126, or 30%. This change, as well as changes noted above, are partly due to the national pandemic. Members are now receiving the majority of their services remotely and are choosing not to change providers. In addition, during FY 2019-2020, Q3 and Q4, there was a decrease in the number of grievances received by MHP members. Of those requesting to change providers due to issues of dissatisfaction, Treatment Concerns remain the most common reason. Clients have expressed feeling “disregarded”, “unsupported”, “not listened to” or “ignored”. This indicates a continued need for staff training in the areas of communication and customer service. In addition, this issue may partly be due to the inability of clients to attend groups and other in-person services because of the requirement to social distance and receive many services via telehealth. This possibly contributes to feelings of isolation and feeling “unsupported.”

Table 22

FY 19-20 Grievances By Category: Details			
Access: N = 9	**Adult Total**	**Child Total**	**Comments**
Linguistic Services	2	0	Interpreter service not available by provider
Timeliness to Services-Intake	1	0	Delays in obtaining an Intake appointment following admission into a program.
Other Access Issues	1	5	Client closed to MHP and experiencing challenges connecting to services.
Total	**4**	**5**	
Quality of Care, N=166	**Adult Total**	**Child Total**	**Comments**
Treatment concerns	81	33	Client dissatisfied with care being provided, i.e. Treatment plan not being followed, staff changes, unmet mental health needs, etc.
Psychiatrist/Medication	13	1	Client dissatisfied with medication prescribed/or denied, disagreement with diagnosis given, MD professionalism, etc.
Staff Behavior	29	6	Client reports staff is rude, unprofessional in behavior, etc.
Cultural Appropriateness	1	0	Interpreter service not available at provider site.
Other	2	0	No return call from provider. Boundaries for client calling provider too much.
Total	**126**	**40**	
Change of Provider with Grievance N = 126	**Adult Total**	**Child Total**	**Comments**
MD/Medication Concerns	17	1	Concerns about prescribing practices, rapport and professionalism.
Staff Behavior	13	0	Staff perceived as rude, disregarding, unsupportive, poor communication/listening skills.
Treatment/Personal Needs	46	23	Requests for specific services, i.e. therapy, increased frequency or intensity. Staff changes impacting care. Needs not being met/lack of progress.
Other	18	8	Lack of follow-up or returned calls, transportation, need for accommodations, etc.
Total	**94**	**32**	
Confidentiality, N=0	2	0	Staff shared PHI without consent
Other, N=125	**101**	**24**	Operational, other health care provider, patient rights, housing, crisis intervention, etc.

FY 19-20 Grievances By Category: Details			
Appeals, N = 48	**Adult Total**	**Child Total**	**Comments**
Standard Appeals	30	18	Denial of Services due to not meeting medical necessity
Expedited Appeals	0	0	
Appeals Total	**30**	**18**	
State Fair Hearings, N = 3	**Adult Total**	**Child Total**	**Comments**
	3	**0**	No MHP Jurisdiction. Not SMH provider.

MHP Tracking Activities

MHP Beneficiaries have the right to request to change providers for various reasons. They may do so through their provider, the MHP Access Team or through Member Services. Member Services and the MHP Access team are responsible for making decisions regarding change of provider requests for the adult population (level 2 programs) and the child population (Flexible Integrative Treatment (FIT) programs). The Access Team and/or MHP Program managers decide upon transfers for higher or lower level of care requests. The MHP strives to honor a beneficiaries request to change providers, whenever possible. Member Services logs all calls and written communications directly received to ensure the concerns of all parties are address. For non-jurisdictional issues, the resolution is to refer to the appropriate provider for attention. The table below details the reasons for change of provider requests and Other/Not MHP related issues for fiscal year 2019-2020.

Change of provider requests without grievances, shown in Table 23 on the following page, significantly decreased from 292 during FY 18-19 to 75 during FY 19-20. Clients receiving remote services in their home decreased the need to transfer to a different agency due to location/transportation, coordination of care, etc. In addition, the business practice the MHP instituted last year that allowed the Access Team to management change of provider requests without grievance, instead of Member Services, also significantly decreased the need for members to contact Member Services for assistance in this area.

Table 23

FY 18-19 Change of Provider Requests Without Grievances and other MHP Tracked Issues			
Change of Provider, N=75	**Adult Total**	**Child Total**	**Comments**
Relocation/Transportation	18	0	Majority moved and wanted an agency closer to home or requested an agency based upon transportation needs.
History with Provider/Coordination of Care	4	6	Client has a positive experience with a provider and requests to return to this site for services, family attends agency
Level of care	17	1	Clients moving from child to adult system of care, homeless services to RST, or requests for a higher/lower level of care
Assistance with housing	3	0	Client wants increased assistance with housing
Specific service/staff	4	2	Coordination of care, requests for specific provider due to past positive experience, etc...
Cultural	0	1	Staff/services that meets cultural needs
Other	14	5	Miscellaneous: out of network provider/service requests,
Total	**60**	**15**	
Other, N=105	**Adult Total**	**Child Total**	**Comments**
Other/Not MHP Issues	83	22	Caller is either not open to the MHP or the issue is not MHP related. Also includes information only calls and unauthorized representative.

Sacramento County Division of Behavioral Health Services
Cultural Competence Plan Update - Fiscal Year 2019 - 2020

Appendix Number	Appendix Name
02	Outreach Tracking Tool/Outreach Log
03	Mental Health Human Resource Survey and Language Proficiency Survey
10	Cultural Comptence - Organizational Chart
11	Combined Cultural Competence /System-wide Committee Roster
12	Quality Improvement Committee Agenda
16	Training Log
27	Acknowledgement of Receipt
28	Member Handbook
29	Mental Health Plan Medi-Cal Provider List
30	Mental Health Division Outreach Flyer - All Languages
32	PP-BHS-QM-10-30 Progress Notes (Mental Health)
34	PP-BHS- QM-09-05 Electronic Utilization Review/Quality Assurance Activities Policy
35	Interpretation Services by Family Members
36	Wellness Recovery Centers Schedules
43	Assurance of Cultural Competence Compliance
50	PP-BHS-CCES-01-02 Procedure for Access to Interpreter Services
51	Child and Family Mental Health Service Continuum
52	Adult Mental Health Service Continuum
53	PP-BHS-CCES-01-03 Document Translation Method and Process
54	SUPT Continuum FY 20-21
55	Mental Health Agency Self Assessment
57	SUPT Member Handbook
58	DMC-ODS-Implementation Plan
59	SUPT Provider Directory
67	VRI Technology Contract Language
68	Mental Health Services Act Fiscal Year 2019-20 Annual Update to the Three-Year Program and Expenditure Plan
69	Contract Service Agreement & Exhibit D
72	SUPT Brochure
73	Increasing Spanish Behavioral Health Clinical Terminology Flyer
74	Peer Empowerment Conference 2020 Evaluation Summary Report
75	SUPT Outreach Translsated Material (Arabic)
77	Summary of Community Input
78	Cultural-Specific Conversations Report
79	Behavioral Health Interpreter Training Program
82	Language Access Poster

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

Behavioral Health Services Cultural Competence Outreach Log
FY 2019 -2020

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
World Relief Afghan Refugee Women Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. A series of presentations provided to World Relief refugee resettlement program, Afghan Refugee Women's group, to decrease stigma regarding mental illness, and increase understanding of the importance of self-care, as well as increase understanding of how to access the continuum of behavioral health services provided by Sacramento County and our contractors.	**10**	**6/25/2020**
Older Adult Coalition Meeting Presentation	Presentation to the Folsom Older Adult Coalition Meeting. Provided overview of Del Oro services. Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. Presented suicide prevention information about their Supporting Community Connections program.	**15**	**6/23/2020**
World Relief Afghan Refugee Women Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. A series of presentations provided to World Relief refugee resettlement program, Afghan Refugee Women's group, to decrease stigma regarding mental illness, and increase understanding of the importance of self-care, as well as increase understanding of how to access the continuum of behavioral health services provided by Sacramento County and our contractors.	**10**	**6/22/2020**
Poor Peoples Campaign	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. Building a movement to overcome systemic racism, poverty, ecological devastation and the war on the economy. Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**25**	**6/20/2020**

Behavioral Health Services Cultural Competence Outreach Log
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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Juneteenth Online Festival	Hosted a virtual booth on preventing underage drinking and marijuana use at the Juneteenth online festival, where we also provided an online training, support statement, and links to resources and services. Worked closely with the organizer of the event to ensure cultural relevance. Festival was 6/19/2020 - 6/28/2020. Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**Readership of 40,000**	**6/19/2020**
Peer Empowerment Conference	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**262**	**6/14/2020**
Cultural Sensitivity Training	Dr. Davis provided Cultural Sensitivity Training for System of Care staff members with a focus on BLM. Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community in Sacramento County.	**10**	**6/11/2020**
Court Memory Care Alzheimer's Caregiver Support Group Presentation	Presentation to Revere Court Memory Care Alzheimer's Caregiver Support Group. Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**19**	**6/10/2020**
World Relief Afghan Refugee Women Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. A series of presentations provided to World Relief refugee resettlement program, Afghan Refugee Women's group, to decrease stigma regarding mental illness, and increase understanding of the importance of self-care, as well as increase understanding of how to access the continuum of behavioral health services provided by Sacramento County and our contractors.	**10**	**6/2/2020**

Behavioral Health Services Cultural Competence Outreach Log
FY 2019 -2020

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
World Relief Afghan Refugee Women Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. A series of presentations provided to World Relief refugee resettlement program, Afghan Refugee Women's group, to decrease stigma regarding mental illness, and increase understanding of the importance of self-care, as well as increase understanding of how to access the continuum of behavioral health services provided by Sacramento County and our contractors.	**10**	**6/1/2020**
World Relief Afghan Refugee Women	Distributed behavioral health information and resources to improve acce	**10**	**5/21/2020**
Trevor Project Line	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American / LGBTQ youth in Sacramento County.	**1**	**3/26/2020**
Sacramento Police Department Outreach	Shared resources with police officers serving Black / African-American community. Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**1**	**3/26/2020**
Street Outreach: Morrison Creek	Bringing resources to Homeless Youth. Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse youth in Sacramento County.	**25**	**3/25/2020**
Street Outreach: Morrison Creek	Bringing resources to Homeless Youth. Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse youth in Sacramento County.	**20**	**3/19/2020**
Job Club	Watt Bureau - Introduction of CalWORKS Services. Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**15**	**3/16/2020**
Street Outreach: Alhambra Blvd & X Street	Bringing resources to Homeless Youth. Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse youth in Sacramento County.	**10**	**3/13/2020**

Behavioral Health Services Cultural Competence Outreach Log
FY 2019 -2020

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
North Minister Presbyterian Church Presentation	Accessing Caregiver Support Presentation to the North Minister Presbyterian Church's diverse congregation. Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**24**	**3/11/2020**
Older Adult Coaltion Presentation	Presentation to Older Adult Coaltion, Sacramento County DHCS Behavioral Services on Del Oro funding and services. Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**18**	**3/10/2020**
Job Club	Hillsdale Bureau - Introduction of CalWORKS Services. Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**3**	**3/9/2020**
Mexican Consulate Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**10**	**3/9/2020**
Celebrando el dia de la Mujer (Mexican Consulate)	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**500**	**3/9/2020**
Compassion in Action- Oak Park	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black/African American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**83**	**3/7/2020**

Behavioral Health Services Cultural Competence Outreach Log
FY 2019 -2020

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Slavic Radio / TV Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**7000**	**3/6/2020**
Florin Career Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Iu-Mien high school students in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**300**	**3/5/2020**
Refugee Supply Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**8**	**3/3/2020**
Job Club	Watt Bureau - Introduction of CalWORKS Services. Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**3**	**3/2/2020**
Job Club	Research Bureau - Introduction of CalWORKS Services. Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**3**	**3/2/2020**
Oak Park Community Conversations	Addressing a multitude of questions pertaining to what does the community think is working within the mental health system and what is not working. Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**20**	**2/26/2020**
Sac Youth Development Event	Attended the Sac Youth Development to ensure networking in order to serve clients and families with cultural humility. Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**30**	**2/26/2020**

Behavioral Health Services Cultural Competence Outreach Log
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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Oakmont of Carmichael Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**11**	**2/26/2020**
LGBTQ Community Center	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on LGBTQ community in Sacramento County.	**5**	**2/25/2020**
SNAHC Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**8**	**2/25/2020**
Francis House Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**4**	**2/25/2020**
LGBT Community Center Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse LGBTQ older adult community in Sacramento County. Presented suicide prevention information about their Supporting Community Connections program.	**7**	**2/25/2020**
Red Cross Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**2**	**2/25/2020**
One Community Clinic Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**10**	**2/19/2020**

Behavioral Health Services Cultural Competence Outreach Log
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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Francine Farell & Associates Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**5**	**2/19/2020**
HOPE Therapeutic Services Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**4**	**2/19/2020**
Unitarian Church Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**312**	**2/16/2020**
Iu Mien New Year	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adult Iu-Mien community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**300**	**2/15/2020**
Sacramento Regional Conservation Co-Op Health Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black/African American youth in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**1000**	**2/14/2020**
Elder Services Network, South Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**54**	**2/13/2020**

Behavioral Health Services Cultural Competence Outreach Log
FY 2019 -2020

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Florin High School	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Iu-Mien high school students in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**300**	**2/13/2020**
Jail Psych Services Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**5**	**2/12/2020**
Elk Grove High School	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Iu-Mien high school students in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**300**	**2/12/2020**
Job Club	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**8**	**2/11/2020**
Monterey Trail High School Career Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Iu-Mien high school students in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**300**	**2/11/2020**
Consumnes Oaks High School	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Iu-Mien high school students in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**300**	**2/11/2020**
Job Club	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**6**	**2/10/2020**
CROSSROADS Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**10**	**2/5/2020**

Behavioral Health Services Cultural Competence Outreach Log
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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Wind Youth Services Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse homeless youth in Sacramento County.	**15**	**2/5/2020**
Slavic Leadership Ministry Institute	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**46**	**2/5/2020**
Vantage Park Center for Psychotherapy Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**6**	**2/3/2020**
Skills Studio Learning Center Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**11**	**2/3/2020**
Wind Youth Services Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse homeless youth in Sacramento County.	**15**	**2/3/2020**
Alternative Violence Project (AVP)	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**10**	**2/1/2020**
Lunar New Year Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Hmong, Cantonese and Vietnamese communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**2000**	**2/1/2020**
TET Flower Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Iu-Mien community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**600**	**2/1/2020**

Behavioral Health Services Cultural Competence Outreach Log
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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
African American Community Session	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black/African American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**35**	**1/30/2020**
Muslim American Society Presentation by SCMHUC	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**20**	**1/30/2020**
Senior Fairgrounds Apartments Seminar	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adult Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**64**	**1/28/2020**
Job Fair @ LFCC	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about their Supporting Community Connections program.	**80**	**1/28/2020**
Job Club	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**7**	**1/27/2020**
Heart Church	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**10**	**1/27/2020**
Celebration - Lunar New Year	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Hmong, Cantonese and Vietnamese communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**150**	**1/26/2020**

Behavioral Health Services Cultural Competence Outreach Log
FY 2019 -2020

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Alzheimer's Association	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**10**	**1/23/2020**
Kaiser Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**2**	**1/23/2020**
Dignity Health Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**10**	**1/23/2020**
Alzheimer's Association Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**3**	**1/23/2020**
Sacramento Self- Help Housing Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**4**	**1/23/2020**
Job Club	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**6**	**1/21/2020**

Behavioral Health Services Cultural Competence Outreach Log
FY 2019 -2020

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Martin Luther King March	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black/African American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**5000**	**1/20/2020**
7th Annual Wellness Expo	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**800**	**1/20/2020**
Iu Mien New Year	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Iu Mien community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**350**	**1/18/2020**
Ukrainian Festival Malanka	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**350**	**1/18/2020**
Social Justice Event- Just Mercy	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black/African American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**82**	**1/18/2020**
Slavic Theological Collegium Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**41**	**1/17/2020**
TCORE Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**12**	**1/16/2020**

Behavioral Health Services Cultural Competence Outreach Log
FY 2019 -2020

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Sacramento State Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**7**	**1/16/2020**
WellSpace Health - Arden Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**14**	**1/16/2020**
Turning Point Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**5**	**1/16/2020**
High School Recruitment Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**15**	**1/16/2020**
De-Stigmatize MH	Distributed behavioral health information and resources to improve acce	**10**	**1/16/2020**
ART Lunar New Year Celebration	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Hmong, Cantonese and Vietnamese communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**1000**	**1/16/2020**
Sacramento Library -Arden Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**7**	**1/16/2020**
Older Adult Coalition Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**30**	**1/14/2020**

Behavioral Health Services Cultural Competence Outreach Log
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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Rosemont High School Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse youth in Sacramento County.	**400**	**1/8/2020**
Resources for Independent Living Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**8**	**1/7/2020**
Bach Viet Association	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Hmong, Cantonese and Vietnamese communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**75**	**1/7/2020**
The Jewish Event @Synagogue	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**100**	**1/5/2020**
Ukrainian Christmas in California	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**1500**	**1/4/2020**
Vietnamese Senior Association Celebration for Longevity	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Hmong, Cantonese and Vietnamese communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**200**	**1/3/2020**
Job Club	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**10**	**12/31/2019**

Behavioral Health Services Cultural Competence Outreach Log
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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Job Club	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**5**	**12/30/2019**
Ukrainian Christmas Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**670**	**12/29/2019**
Supply Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse homeless youth in Sacramento County.	**30**	**12/27/2019**
Cosumnes River College (CRC) Holiday Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black/African American college students in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**20**	**12/25/2019**
Mental Health and Celebration Christmas Day	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Hmong, Cantonese and Vietnamese communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**21**	**12/21/2019**
Wind Youth Services Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse youth in Sacramento County.	**25**	**12/20/2019**
American River College Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**18**	**12/19/2019**
WISE U Job Role Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**20**	**12/17/2019**

Behavioral Health Services Cultural Competence Outreach Log
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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Sac Food Bank	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**3**	**12/17/2019**
Hope Cooperative Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**4**	**12/17/2019**
TMS Health Solutions Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**7**	**12/17/2019**
Homelessness 102 Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**55**	**12/17/2019**
WellSpace Health Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**10**	**12/17/2019**
Sacramento Food Bank Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**8**	**12/17/2019**
Guest House Staff Stakeholder Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**10**	**12/16/2019**
Wind Youth Services Presentation	Distributed behavioral health information and resources to improve acce	**20**	**12/16/2019**

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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
The Power in Giving	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**125**	**12/15/2019**
American Right College (ARC) Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black/African American college students in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**60**	**12/13/2019**
Youth Pop Up Community Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking youth in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**80**	**12/13/2019**
WISE U Recovery Planning	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**20**	**12/11/2019**
Toy Drive at Zocalos	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**100**	**12/11/2019**
Job Club	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**8**	**12/10/2019**
Facilitator Model Program Training	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**9**	**12/9/2019**
Police & Corrections Team PACT	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**25**	**12/9/2019**

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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Teens in Action Facilitator Model Program Training	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**2**	**12/9/2019**
Job Club	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**5**	**12/9/2019**
Iu Mien Church Congregation Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Iu-Mien community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**160**	**12/8/2019**
Student Club Meeting at Hiram Johnson High School	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Iu-Mien high school students in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**20**	**12/5/2019**
La Posada @ Maple	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**745**	**12/3/2019**
Iu Mien Church Congregation Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Iu-Mien community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**320**	**12/1/2019**
Transitional Support Services Presentation by SCMHUC	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**18**	**11/21/2019**
Student Club Meeting Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Iu-Mien high school students in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**15**	**11/21/2019**

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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Know Your Rights	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**3**	**11/21/2019**
Marisol Village Holiday Social	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**50**	**11/21/2019**
Still Here Healing Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**100**	**11/20/2019**
American River College Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black/African American college students in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**7**	**11/19/2019**
Police & Corrections Team PACT	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**25**	**11/18/2019**
Job Club	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**4**	**11/18/2019**
St. John's Lutheran Church Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**21**	**11/17/2019**

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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
HAO Buddhist Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Hmong, Cantonese and Vietnamese communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**65**	**11/17/2019**
Day of Service - Project Optimism	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**100**	**11/16/2019**
John Bidwell Middle School Focus Group	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black/African American youth in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**8**	**11/15/2019**
Students & Parent Event in EOA	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members (parents and youth) in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**350**	**11/15/2019**
Sac State Resource Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**25**	**11/14/2019**
Job Club	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**3**	**11/14/2019**
Job Club	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**4**	**11/12/2019**
Aging Well Symposium	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**20**	**11/12/2019**
Slavic TV Program - Ibrat	Distributed behavioral health information and resources to improve acce	**7000**	**11/8/2019**

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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Slavic Missionary Church Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**75**	**11/8/2019**
Grant High School Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black/African American youth in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**6**	**11/8/2019**
Open Mic at A Church for All	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black/African American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**12**	**11/8/2019**
The African Market	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black/African American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**80**	**11/2/2019**
Family Stakeholder Meeting, Wellness and Recovery Center South	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**10**	**11/1/2019**
Trick or Treat - La Familia Counseling Center Community Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**580**	**10/31/2019**
Kingdom Living Adult Day Care Harvest Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**60**	**10/30/2019**

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Job Club	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**2**	**10/29/2019**
Slavic Pentecostal Church "Emanuel" Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**44**	**10/26/2019**
CSUS Substance Misuse Education Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**20**	**10/25/2019**
Folsom Cordova Community Partnership Annual Harvest Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**200**	**10/24/2019**
Parkinson's Association Conference	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**120**	**10/23/2019**
YMCA Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**10**	**10/22/2019**
Weave Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**8**	**10/22/2019**

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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Disability Rights of California	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**5**	**10/22/2019**
Adult Psychiatric Support Services Clinic Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**8**	**10/22/2019**
Job Club	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**2**	**10/21/2019**
Ukrainian Thanksgiving	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**750**	**10/20/2019**
City Church 8th Annual Harvest & Health Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**565**	**10/19/2019**
WISE U - Surviving and Thriving	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**20**	**10/16/2019**
YHN Presentation by SCMHUC	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**23**	**10/15/2019**
SNAHC Open house	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**200**	**10/15/2019**

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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Celebrado Nuestra Salud	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**40**	**10/13/2019**
St. Rosi Outreach Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**1000**	**10/13/2019**
Antelope Crossing Spooktacular Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black/African American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**100**	**10/12/2019**
Alzheiemer's African American Community Forum	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black/African American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**35**	**10/12/2019**
Sacramento Covered Healthy Sacramento Days	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**200**	**10/12/2019**
UC Davis Health Equity Conference	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**20**	**10/12/2019**

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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Feria de Educacion	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**1000**	**10/12/2019**
Celebrando Nuestra Salud	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**600**	**10/12/2019**
TCORE Direct Services Staff Stakeholder Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**10**	**10/10/2019**
Disability Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**50**	**10/10/2019**
Family Matters Model Program Training	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**4**	**10/10/2019**
Ventanilla de Salud	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**150**	**10/10/2019**
Health Education Council – Binational Health Week	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**100**	**10/8/2019**
Client Stakeholder Meeting, El Hogar RST 10/7/19	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**10**	**10/7/2019**

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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Peter Hollows Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**250**	**10/6/2019**
Fun Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**125**	**10/5/2019**
District 2 Fun Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**150**	**10/5/2019**
Expert Pool	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**25**	**10/4/2019**
Annual Resource Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**25**	**10/4/2019**
Slavic Youth Ministry Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking youth in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**46**	**10/4/2019**
Valley-Mack Farmer's Market	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**20**	**10/4/2019**
CDCR-EIS	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**50**	**10/3/2019**

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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Grupo Technosavios	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**180**	**10/3/2019**
Kappa Alpha PSI Fraternity	Distributed behavioral health information and resources to improve acce	**64**	**10/3/2019**
CSUS Gerontology Students	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**38**	**10/1/2019**
Sacramento Walk	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. Collaborate with Sacramento Walk to bring awareness to and raise funds for American Foundation for Suicide Prevention (AFSP) Provide information regarding Crisis Respite Center.	**50**	**9/28/2019**
Pathway to a Healthy Living	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Hmong, Cantonese and Vietnamese communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**500**	**9/28/2019**
Out of the Darkness Walk	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**400**	**9/28/2019**
Slavic TV Station / Ibrat TV	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**7000**	**9/27/2019**

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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Students & Family Time	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**215**	**9/27/2019**
Native American Day at the State Capital	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**350**	**9/27/2019**
8th Annual Clergy Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**156**	**9/26/2019**
Know Your Health Rights	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**15**	**9/26/2019**
Female Achieving Change Together	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**50**	**9/25/2019**
Larry Crarr's Latino Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**300**	**9/22/2019**
Our Promise campaign	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**50**	**9/20/2019**

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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Sac PD Norwood / Central PD Presentation by SCMHUC	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**50**	**9/20/2019**
Conversations with Community Partners - Hosted by La Familia	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**75**	**9/19/2019**
Missionary Gospel Church	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**65**	**9/18/2019**
Latino Behavioral Week	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**118**	**9/18/2019**
Back to the Bouleveral	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**2000**	**9/15/2019**
Cantonese Full Moon Group Talk	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Hmong, Cantonese and Vietnamese communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**30**	**9/14/2019**
DaVita Care Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**4**	**9/13/2019**

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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
WellSpace Health Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**6**	**9/13/2019**
Community Resources Project Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**9**	**9/13/2019**
Health Fair for Youth	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking youth in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**60**	**9/13/2019**
Take the Mic for Recovery	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. Event was aimed at educating the community, celebrating recovery, and reducing stigma associated with substance use disorders.	**125**	**9/12/2019**
Nutrition Workshop	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**8**	**9/11/2019**
Older Adult Coalition Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**30**	**9/10/2019**
Police & Corrections Team PACT	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**25**	**9/9/2019**

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Rock the Block	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**50**	**9/7/2019**
Ethno FM / 87.7 FM Radio Interview	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**7000**	**9/5/2019**
Recovery Happens	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. Community-wide event at the State Capitol to celebrate recovery. Individuals in recovery and their peers shared their diverse experiences and stories of healing while also meeting new peers to support their continued journey in recovery. This event emphasizes that individuals in recovery and their support systems can be change agents in our communities.	**2000**	**9/4/2019**
Sac County Veterans Office	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**10**	**9/4/2019**
Park Place Senior Living Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**20**	**9/4/2019**
Snowline Care Beyond Cure Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**4**	**9/4/2019**

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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Sacramento County Veteran's Office Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**10**	**9/4/2019**
Ella K. Library Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**12**	**9/4/2019**
Ventanilla de Salud	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.The Health Education Council (HEC) has partnered with the Sacramento Mexican Consulate to implement Ventanilla de Salud (VDS) which offers free health-related services for immigrant and Latino clients residing in 24 counties across Northern California.	**150**	**9/2/2019**
Latinx BH Week Conversations with the Community	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**75**	**9/1/2019**
Radio Ethno FM 187.7 FM Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**1000**	**8/29/2019**
Know Your Rights	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**7**	**8/29/2019**

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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Know Your Rights	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**15**	**8/26/2019**
VA Appreciation Picnic	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**50**	**8/24/2019**
Ukrainian Independency Celebration	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**350**	**8/24/2019**
28th Annual Ukrainian Independency	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**250**	**8/24/2019**
Annual Multicultural Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Hmong, Cantonese and Vietnamese communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**900**	**8/24/2019**
Youth Pop - Up Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**60**	**8/23/2019**
Forward Ethos Counseling Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**8**	**8/22/2019**

Behavioral Health Services Cultural Competence Outreach Log
FY 2019 -2020

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Greenhouse Therapy Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**5**	**8/22/2019**
Minor Emergency Response Team Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**4**	**8/22/2019**
Adult Psychiatric Support Services Clinic Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**2**	**8/22/2019**
Slavic Baptist Church Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**65**	**8/21/2019**
Family Night Out	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**75**	**8/16/2019**
SNAHC Presentation by SCMHUC	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**25**	**8/15/2019**
Police & Corrections Team PACT	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**25**	**8/12/2019**

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Outreach Event	Description of Outreach / Activity	# of Attendees	Date
El Camino Care Center Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**7**	**8/12/2019**
Atria El Camino Gardens Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**4**	**8/12/2019**
Forward Ethos Counseling Presentation	PDistributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**8**	**8/12/2019**
Greenhouse Therapy Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**5**	**8/12/2019**
El Camino Care Center Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**7**	**8/12/2019**
Taste of Soul Sacramento	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black/African American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**50**	**8/11/2019**
Family Matters Model Program Training	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**3**	**8/9/2019**

Behavioral Health Services Cultural Competence Outreach Log
FY 2019 -2020

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Slavic Pastor Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**42**	**8/9/2019**
Summer Pop-Up Youth Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking youth in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**60**	**8/9/2019**
National Night Out	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**200**	**8/6/2019**
National Night Out	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**200**	**8/6/2019**
Teens in Action Model Program Training	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. Educated and distributed resources at 2 part training about drug and alcohol services to increase awareness about drug prevention and how to increase perceived risk through communication with family and adult guardians and sharing information with other youth. Shared information with Youth/Teens, Parents and Health Professionals/Counselors	**7**	**7/30/2019**
Lao Family Development Center Presentation by SCMHUC	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**6**	**7/30/2019**
Warmilne Volunteer Appreciation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**21**	**7/27/2019**

Behavioral Health Services Cultural Competence Outreach Log
FY 2019 -2020

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Total Health from the Inside Out	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black/African American community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**50**	**7/27/2019**
IRC Neighbors	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**15**	**7/26/2019**
Cine Mexicano	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**10**	**7/26/2019**
NAMI Multicultural Town Hall: Conversations and a Call to Action!	Community outreach event 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. Conference address the challenges of mental health conditions, access to care and the challenges of mental illness requires our whole community.	**125**	**7/24/2019**
Telecare Presentation by SCMHUC	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**20**	**7/24/2019**
SMUD Health Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**75**	**7/23/2019**
Homeless Behavioral Community Forum	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**125**	**7/22/2019**

Behavioral Health Services Cultural Competence Outreach Log
FY 2019 -2020

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Ukrainian Church Camp Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**175**	**7/20/2019**
Regional Support Team Presentation by SCMHUC	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**6**	**7/19/2019**
Slavic Missionary Gospel Church Workshop	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**136**	**7/19/2019**
Know Your Rights	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**15**	**7/18/2019**
Sacramento Middle Eastern Culture and Food Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**150**	**7/17/2019**
Slavic Men's Camp	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	**70**	**7/13/2019**
Managed Care Presentatio+288:291	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**8**	**7/12/2019**

Behavioral Health Services Cultural Competence Outreach Log
FY 2019 -2020

Outreach Event	Description of Outreach / Activity	# of Attendees	Date
Vintage Oak Health Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse older adult communities in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**100**	**7/9/2019**
Fourth Ulysses Refugee Symposium	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	**250**	**7/8/2019**
Ventanilla de Salud	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community in Sacramento County. Presented suicide prevention information about Supporting Community Connections program.	**100**	**7/1/2019**

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

Divisions
Behavioral Health Services
Primary Health
Public Health
Departmental Administration

County of Sacramento

County Executive
Navdeep S. Gill

June 9, 2020

RE: Mental Health Human Resource Survey And Language Proficiency Survey

Dear Agency Directors,

The Cultural Competence Plan Requirements (CCPR) Modification (2010), issued by the Department of Mental Health (DMH) in DMH Information Notice No. 10-17, states that counties are required to collect demographic information and language capabilities of staff, volunteers and any committee members who participate in serving individuals throughout the entire County Mental Health System. The purpose of the surveys is to assess demographic and linguistic information for those who provide services in our county to determine whether it is reflective of the diversity of the community as a whole. The two surveys the County will be utilizing are:

- The Mental Health Human Resource Survey
- Language Proficiency Survey

The attached packet contains instructions and the link to survey monkey. Please complete the survey no later than July 24, 2020. Thank you for all your hard work and I appreciate your dedication to providing culturally competent services to our community.

Sincerely,

Ryan Quist, Ph.D.
Behavioral Health Services Director

cc: Melissa Jacobs
Mary Nakamura
Anantha Panyala
Kelli Weaver
Dawn Williams
Kari Wilson
Jane Ann Zakhary
Health Program Managers
Contract Monitors

2020

SACRAMENTO COUNTY MENTAL HEALTH

HUMAN RESOURCE SURVEY

It is time for the annual Sacramento County Mental Health Human Resource Survey. The Division monitors the diversity of committees, boards, youth and family advocates and all other staff through the administration of the Human Resource Survey. This survey is required per Sacramento County's Cultural Competence Plan and the results provide important information on the diversity of staff involved in the provision of Mental Health services in Sacramento County.

Please distribute the attached link to the survey and instructions to each of your employees and/or contracted staff that serve Sacramento County clients. **It is mandatory that all staff complete the survey on Survey Monkey.** Include only agency staff that provide mental health services for Sacramento County clients. Please include all staff that fall into the employment categories listed on the survey. Note: **The Human Resource Survey is anonymous and does not require a name**. Information regarding staff ability to speak/read/write languages other than English is gathered on the language proficiency and that survey is not anonymous.

Please ensure that each employee completes the survey using the links listed below.

HR Survey link: https://www.surveymonkey.com/r/HRSURVEY20

HR Language Proficiency link: https://www.surveymonkey.com/r/HRLANG20

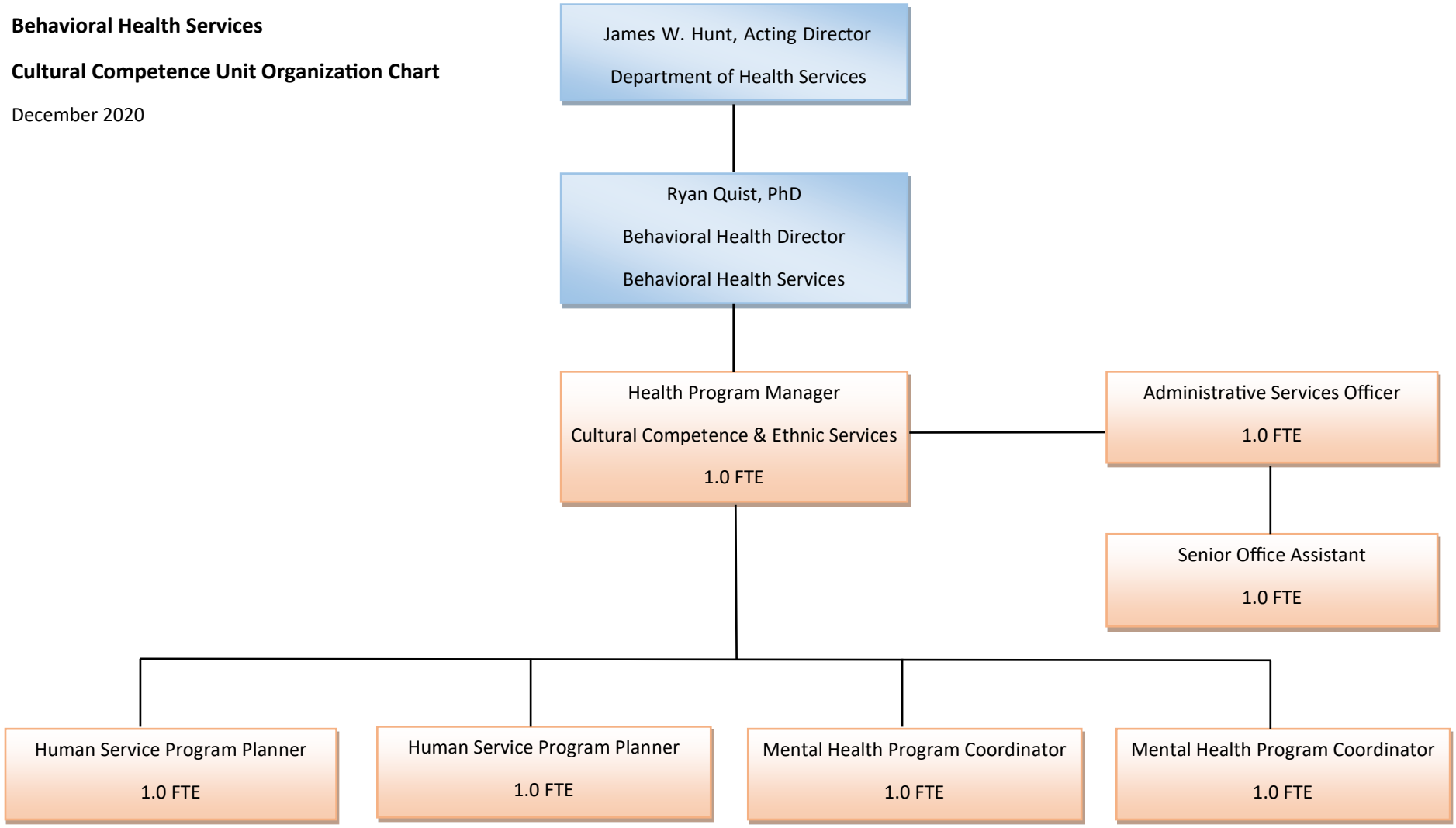
If you have any questions or need further clarification, please contact Romeal Samuel (Samuera@saccounty.net or (916) 875-6340).

Please complete the survey instruments by close of business on July 24, 2020

Behavioral Health Services

Cultural Competence Unit Organization Chart

December 2020



Cultural Competence Committee/System Wide Community Outreach and Engagement Committee Roster for Fiscal Year 2019/2020

Names	Names
Marianela Applegreen	Vinder Lallian
Viva Asmelash	Julie Leung
Robin Barney	Lakshmi Malroutu
Emily Bender	Adriana Martinez
Tynya Beverly	Susan McCrea
Jensen Bosio	Graciela Medina
Rachel Brillantes-Jimenez	Jayna Mislang
Nicole Brueckner	Darlene Moore
Jesus Cervantes	Mary Nakamura
Sunjung Cho	Leslie Napper
Michael Craft	Pablo Paxtor
Vanessa Cuevas-Romero	Cristina Rainwater
Stephanie Dasalla	Russell Rawlings
Felipe De Jesus Guillen	Koby Rodriguez
Debrah DeLoney-Deans	Lupita Rodriguez
Katherine Ferry	Roman Romaso
Cindy Foltz	Rosie Rosas
Julie Fuentes	Anne-Marie Rucker
Carolin Funderburg	Susan Saechao
Olivia Garcia	Romeal Samuel
Amelia Garnica	Kao Thun
Ajna Glisic	Der Vang
Mykel Gayant	Thomisha Wallace
Hafsa Hamdani	Doretha Williams-Flournoy
Xa Her	Gwen Wilson
Maurine Huang	Mary Ann Wong
Amos Johnson	Yang Xiong
Lynn Keune	Gulshan Yusufzai

The combined Cultural Competence Committee/System-Wide Community Outreach and Engagement Committee consists of individuals representing the diverse cultural, racial, and ethnic groups in Sacramento County and includes consumers and family members, county and contractor providers, community based organizations, community advocates and other behavioral health stakeholders. The broad based committee is committed to assisting in the improvement of behavioral health services to our diverse communities.

The following agencies/programs/boards are affiliated with the committee: A Church For All, Agile Group, Asian Pacific Counseling Center, Behavioral Health Services, CAL Voices, City of Sacramento, Community Support Team, CSU Sacramento, Dignity Health, Disability Rights of California, Health Education Council, Iu Mien Community Services, La Familia Counseling Center, Mental Health Board, M.F. Huang Consulting, MHSA Steering Committee, Muslim American Society - Social Services Foundation, My Sister's House, NAMI Sacramento, OMNI Youth Programs, Sacramento LGBT Center, Sacramento Native American Health Center, Slavic Assistance Center, The Social Changery, Stanford Sierra Youth & Families, Turning Point Community Programs, and Visions Unlimited.

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 2019-2020

Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Clinical Supervision: A competency based approach	Supporting culutral copentency in a supervisory role	4 hours/ one time	Direct services and support services	Various	1	Online Training
Cultural Competence	Clinical Supervision: Traditional and Contemporary issues and processes	looking at cultural issues with supervisions models.	6 hours/ one time	Direct services and support services	Various	1	Online Training
Cultural Competence	Culutral Copetence: Current Multiculutral issues in research and therapy	Focus on multicultural issues in research and therapy.	3 hours/ one time	Direct services and support services	Various	7	Online Training
Cultural Competence	Challenges and rewards of a culturally informed approach to mental health	Looking at appraoches and challenges in mental health	3 hours/ one time	Direct services and support services	Various	6	Online Training
Recovery - Adult	ATOD: Addiction and the Family System	To understand the importance of treating a whole family for addiction	3 hours/ one time	Direct services and support services	Various	10	Online Training
Recovery - Adult	ATOD: Advances Issues in Substance Abuse Treatment	Looking at cultural and racial issues within substance abuse treatment	2 hour/one time	Direct services and support services	Various	2	Online Training
Recovery - Adult	Opioid Abuse, Addiction and treatment	Focus on abuse and addiction	4 hours/ one time	Direct services and support services	Various	5	Online Training
Cultural Competence	Medical terminology for Spanish	medical terms in Spanish	8/annually	direcsupport	several	16	county

Training Log FY 2019-2020

Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	8 Service strategies for cultural competence	LFCC's Cultura de Salud CDE prectices	1 hr/monthly	admin/direct/sup	monthly	264	LFCC staff
Recovery - Adult	Group Training	How to Run a Job Group	3hrs/ annually	Direct Services: Contractors	819/19	6	Danny Marquez, CASRA
Cultural Competence	Best Practices for Working with LGBTQ Children and Youth	LGBTQ+ children and youth are like other children and youth, but they face unique challenges and discrimination. Families, caregivers, providers, and educators can all play a role in fostering positive development, healthy coping skills, resilience, and thriving in LGBTQ+ children and youth. Families' culture, historical traditions, and belief systems can be assets in resilience building. This course will provide an overview of basic information on gender and sexual identities in LGBTQ+ children and youth. This course will also provide a discussion of institutional, cultural, and social discrimination, intersectional identities and complex trauma, assessment practices, and methods for building resilience in LGBTQ+ children, youth, and their families.	As needed	A&D	7/18;10/28; 10/29;12/26 2019	1.25	online

Training Log FY 2019-2020

Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	The Role of the Behavioral Health Interpreter	In this course, you will learn about the variety of roles and functions in which behavioral health interpreters engage. Interpreters, other mental health professionals, and consumers alike benefit from you having a solid understanding of different types of interpreting, tools available to you, and techniques for interpreting. Given the diverse groups that you are likely to be working with, this course also gives you an overview of the standards and competency criteria for Culturally and Linguistically Appropriate Services (CLAS) for healthcare interpreting. Finally, we will discuss the challenges of interpreting in health and human service settings. This course blends a didactic approach with interactive exercises that give you the chance to apply the knowledge you gain along the way. Armed with this information, you'll be well-prepared to know how to most effectively provide interpretation services in a health and human service setting. Disclaimer: Some states have adopted their own healthcare interpreter ethical principles, protocols and standards. Check with your state regarding possible state-specific guidelines.	As needed part of total training hours for CC	A	7/18/2019; 4/13/2020; 4/30/2020	0.375	online

Training Log FY 2019-2020

Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Recovery - Adult	WRAP	WRAP	16hrs/annually	Direct Services: Contractors	7/11/19; 7/18/19; 7/25/19; 8/1/29; 8/8/19; 8/15/19; 8/22/19; 8/29/19	24	NorCal MHA
Cultural Competence	Culturally Respectful & Relevant Services	We will be exploring how one's cultural identities can influence one's understanding of and access to mental health services. We will be examining the impact of intergenerational attitudes of those in need of and seeking mental health services. We will reflect together on what is required of us to be able to deliver culturally responsive services. And we will assess our opportunities for growth in relation to developing our cultural competence	3hrs/annually	A & D	7/10';/12; 8/6;9/12;10/7; 10/17;11/19;12/4 2019	16.125	B.Moser
Cultural Competence	Discrimination and Harassment Prevention Training-Online	The prevention of discrimination and harassment in the workplace, encouraging employees to analyze, discuss, and understand the impact that discrimination and harassment potentially have on their work environment.	2 hours/biennial	Administration / Management, Direct Services, Support Services	7/1/2019 - 6/30/2020	670	MyLearning/NAVEX
Cultural Competence	acceptance of LGBTQ	Welcoming transgender clients-cornerstone	3hrs	Administration/ mgt; Direct Services Contractors; Support Services	6/152020		Lisa Beintker

Training Log FY 2019-2020

Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Recovery - Adult	WISE U	WISE U	7hr/day	Direct Services: Contractors	12/3/19-12/6/19	11	NorCal MHA
Recovery - Adult	WRAP	WRAP	22hrs/annually	Direct Services: Contractors	10/3/19; 10/10/19; 10/17/19; 10/24/19; 10/31/19	22	Cal Voices
Cultural Competence	Cultural Responsiveness in Clinical Practice	As a healthcare professional, you have undoubtedly worked with individuals from many different cultures. However, you may or may not be aware of the impact that a person's culture can have on overall health and well-being. In this course, you will learn how culturally responsive practice can have a positive effect on your service delivery. This training introduces you to several models to enhance your communication with individuals from a range of diverse backgrounds. You will also learn about cultural barriers to treatment, several health belief systems, and factors to consider in a culturally responsive assessment. It is worth noting that culture is always at play, regardless of the healthcare provider's capacity to recognize and/or respond to it appropriately	As needed part of total training hours for CC	A&D	1/22; 2/27; 4/14; 4/30 2020	1.2	online
Cultural Competence	Training	Our Responsibility as Leaders to Address Structural Racism and Resulting Health Inequities | Webinar (Part 1)			7/29/20	0	
Cultural Competence	Training	Effective Telehealth When Working with Communities of Color			7/15/20	0	

Training Log FY 2019-2020

Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Innovations and Key Learning from the Field	a panel of experts from the field who have learned innovative strategies and techniques to offer behavioral telehealth that empathically engages clients, demonstrates principles of trauma informed care, and helps clients advance in their recovery journeys.	One Time	MGT	7/8/20	105	Many presenters
Cultural Competence	Innovations and Key Learning from the Field	a panel of experts from the field who have learned innovative strategies and techniques to offer behavioral telehealth that empathically engages clients, demonstrates principles of trauma informed care, and helps clients advance in their recovery journeys.	One Time	MGT	7/8/20	105	Many presenters
Recovery - Adult	Clinical Practice: A Framework for Engagement and Retention of Clients During Sessions	provide a framework for conducting a virtual session with clients regardless of the specific practice interventions that are used	One Time	MGT	7/1/20	105	Rick Goscha, PhD
Recovery - Adult	Clinical Practice: A Framework for Engagement and Retention of Clients During Sessions	provide a framework for conducting a virtual session with clients regardless of the specific practice interventions that are used	One Time	MGT	7/1/20	105	Rick Goscha, PhD
Cultural Competence	Culturally and Linguistically Appropriate Service Standards for Behavioral Health Professionals	This e-learning program is designed to equip behavioral health professionals with the cultural and linguistic competencies to better respect and respond to each client's unique needs.	4-6 hours/annually	All TPCP Employees	7/1/20	20	Virtual Training on Ascentis Platform

Training Log FY 2019-2020

Training Type	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 Humility (LQBTQQIA+, Homlessness, Diverse/Marginalized Populations)	Engage all new TPCP hires in cultural humilty/sensitivity training on diverse populations	6 hours/annually	All TPCP New Hires	7/1/20	0	Preeya Roe, Susan Miner, Alexis Bernard, Jennifer Vallin
Cultural Competence	Cultural Humility Training through the TPCP Online Learning Platform (Ascentis)	Annual training on cultural humility that is required for all staff.	1 hour/annually	All TPCP Employess	7/1/20	20	Virtual Training on Ascentis Platform
Cultural Competence	Increasing Spanish Behavioral Health Clinical Terminology		3 days/1.5-3 hours per day	Direct Services, County Staff	6/29/20	3	uknown
Cultural Competence	Increasing Spanish Behavioral Health Clinical Terminology	Increasing knowledge of Behavioral health terms in Spanish.	8 hrs/annually	Direct Services Contractors	6/29/20	12	Sac County BHS
Cultural Competence	Increasing Spanish Behavioral Health Clinical Terminology	Increasing knowledge of Behavioral health terms in Spanish.	8 hrs/annually	Direct Services Contractors	6/29/20	12	Sac County BHS
Cultural Competence	Increasing Spanish Behavioral Health Clinical Terminology	Increasing knowledge of Behavioral health terms in Spanish.	8 hrs/annually	Direct Services Contractors	6/29/20	12	Sac County BHS
Family Focused - Youth	(SAM) Changin Paradigrams in Drug Policy- Commercilization of Marijuana	Therapeutic applications for cannabinoids, how cannabinoids affect the body, impact of marijuana normalization and legalization on use rates, drugged driving risks, use by diverse youth, and impact of marijuana on the developing mind.	1hr	Administration/ management	6/26/20	1	Dr. Aaron Weiner & Dr. Kevin Sabet

Training Log FY 2019-2020

Training Type	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	Preventing Youth Vaping Part 1: The Extent and Risk Factor for Youth Vaping	Data on the rise and scope of vaping, how it contrasts with previous tobacco use data, and risk factors that contributed to this rise such as: ease of availability, low perception of harm, lack of environmental strategies to prevent use, and acute lung injuries caused by vaping in diverse communites	1hr	Administration/ management	6/25/20	1	Multiple Presenters
Resiliency - Youth	The Evolution of Post-Traumatic Stress Disorder: Focus on Diagnostics, Evolution & Treatment Advances	How post-traumatic stress disorder (PTSD) has changed in DSM-5, how PTSD Scale (CAPS) has evolved, shifts in treatment of PTSD, neurobiology of PTSD, and perceptions of PTSD have changed in light of traumatic events affecting our diverse society.	1hr	Administration/ management	6/25/20	1	William Sauvé, MD and Steven Szabo, MD, PhD
Cultural Competence	Addressing the Needs of African Americans in Opiod Epidemic during Covid-19	Background on narcotics and various treatments and inequities. Views of MAT versus sobriety, tenstions between these and model of Alcoholics/Narcotis anonymous and challenge this can cause for those in recovery	2.5 hours	Administration/ mgt; Direct Services Contractors; Support Services	6/25/20	1	
Navigating Systems - Youth	Northern CA Youth Listening Session	for service providers with a vested interest in delivering trauma-informed services to youth and communities impacted by trauma	15 min/one tiime	Direct Services: County Staff	6/25/20	1	
Recovery - Adult	Harm Reduction in a Virtual Environment	teach participants skills, strategies and interventions to manage health risk for clients with substance use and co-occurring disorders and support goal directed behavior during COVID-19.	One Time	MGT	6/24/20	105	Eric Haram, LADC

Training Log FY 2019-2020

Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Recovery - Adult	Harm Reduction in a Virtual Environment	teach participants skills, strategies and interventions to manage health risk for clients with substance use and co-occurring disorders and support goal directed behavior during COVID-19.	One Time	MGT	6/24/20	105	Eric Haram, LADC
Recovery - Adult	Webinar: Harm Reduction in Virtual Environment	learn how to assess for harm in virtual environment	1.5 hr	Direct Services Contractors	6/24/20	1	Eric Haram
Cultural Competence	CHMACY	Concerence - resources, MH advocacy, etc.	16 hrs	Direct Services Contractors	6/24/20	8	CHMACY
Cultural Competence	CHMACY	Concerence - resources, MH advocacy, etc.	16 hrs	Direct Services Contractors	6/24/20	8	CHMACY
	Harm Reduction in a Virtual Env.	Focus on harm reduction	2 hours	Direct Services Contractors	6/24/20	0	External Online Training
Cultural Competence	Diversity: Embracing Diversity in the Workplace -v1 & v.2	Understanding what each person brings to the workplace and to treatment.	2 hour/annually	Direct Service Contactors; Support Servcies	6/23/20	8	My Learning Point
Recovery - Adult	Relapse Prevention Addiction & Mental Health	Psychoeducation	1 hr	Direct Services Contractors	6/23/20	1	Dr. Dawn-Elise Snipes
Recovery - Adult	Relapse Prevention Addiction & Mental Health	Psychoeducation	1 hr	Direct Services Contractors	6/23/20	1	Dr. Dawn-Elise Snipes
Navigating Systems - Youth	Youth Mental Health - Accessing County Systems	Accessing the MH system	1 hr	Direct Services Contractors	6/22/20	1	Dr. Ryan Quist

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Training Type	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	Youth Mental Health - Accessing County Systems	Accessing the MH system	1 hr	Direct Services Contractors	6/22/20	1	Dr. Ryan Quist
Cultural Competence	Cultural Competency Training	Health Equity and Multicultural Diversity Foundational Training (HEMCDFT) Utilizing the California Brief Multicultural Competence Scale (CBMCS) Curriculum	8 hours / one time		6/22/20	3	Adele James
Cultural Competence	Peer Empowerment Conference	Conference for consumers (lived experience) around empowerment.	3 hrs	Direct Services Contractors	6/19/20	4	Peer Empowerment Conference
Cultural Competence	Peer Empowerment Conference	Conference for consumers (lived experience) around empowerment.	3 hrs	Direct Services Contractors	6/19/20	4	Peer Empowerment Conference
Cultural Competence	Demystifying Data :Gathering and Using Local Risk and Protective Factor Data for Prevention part 2	Data quality and quantity, having enough and the right data, prioritizing risk and protective factors from different communities to determine which to address, and using ongoing data to inform evaluation efforts.	1hr	Direct Services: Contractors	6/18/20	1	Melissa Adolfson, MS
Resiliency - Youth	The Global Impact of the Novel Coronavirus on Mental Health ad Suicide	Psychological impact of the virus' effect on those with and without psychiatric illnesses, mental health of workforce in China returning to work during COVID-19, effect of social media and psychological distress, and safeguarding mental well being during pandemic.	1hr	Direct Services: Contractors	6/18/20	1	Dr. Roger McIntyre,

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Recovery - Adult	Self-Management Supports	provide behavioral health staff with information and strategies they can use to support clients in self-managing their wellness and recovery.	One Time	MGT	6/17/20	105	Kellie Spencer
Recovery - Adult	Self-Management Supports	provide behavioral health staff with information and strategies they can use to support clients in self-managing their wellness and recovery.	One Time	MGT	6/17/20	105	Kellie Spencer
Recovery - Adult	webinar: Virtual assessment and Client Plan Development	learn techniques to provide therapeutic alliance virtually	1.5 hr	Direct Services Contractors	6/17/20	0	Jennifer Hallman
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	6/17/20	1	online
Family Focused - Youth	Youth Crisis Intervention Training	Managing crisis, establishing rapport, understanding youth's needs, coping with anger and crisis, and debriefing using cultural sensitivity	1hr	Administration/ management	6/16/20	1	John Class
Cultural Competence	Human Trafficing	Understanding the needs and culture of human trafficing	1 hour/annual ly	Direct Service Contractors, Administration/ mgt;	6/16/20	1	My Learning Point
Cultural Competence	Introduction to Interpreting in Behavioral Health Settings	Strategies for interpretation in clinical settings.	6 hrs	Direct Services Contractors	6/16/20	2	Sac County BHS
Cultural Competence	Introduction to Interpreting in Behavioral Health Settings	Strategies for interpretation in clinical settings.	6 hrs	Direct Services Contractors	6/16/20	2	Sac County BHS

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Introduction to Interpreting in Behavioral Health Settings online training	Attended 13 1/2 hours of training on interpreting in behavior health settings.	13.5 hours		6/15/20	4	
Cultural Competence	Cultural Competency Training	Health Equity and Multicultural Diversity Foundational Training (HEMCDFT) Utilizing the California Brief Multicultural Competence Scale (CBMCS) Curriculum	8 hours / one time		6/15/20	1	Adele James
Family Focused - Youth	College Drinking in the Age of COVID-19	Challenges with enforcing social distancing measures and alcohol consumption among college students, regional and cultural differences, distinguishing between alcohol risk and COVID-19 prevention, potential risks, and opportunities for alcohol prevention.	1hr	Administration/ management	6/11/20	1	Multiple Presenters
Cultural Competence	Navigating Stigma and Bias via Motivational Interviewing and Empathic Care in Sacramento County Part I & II	Using MI to address stigma etc.	1 hr	Direct Services Contractors	6/11/20	1	MBSEI
Cultural Competence	Navigating Stigma and Bias via Motivational Interviewing and Empathic Care in Sacramento County Part I & II	Using MI to address stigma etc.	1 hr	Direct Services Contractors	6/11/20	1	MBSEI

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Recovery - Adult	Effective Suicide and Crisis Intervention Using Telehealth	increase skills to manage suicidal behavior and crises using telehealth.	One Time	MGT	6/10/20	105	Kristin Dempsy, EdD, LMFT, LPCC
Recovery - Adult	Effective Suicide and Crisis Intervention Using Telehealth	increase skills to manage suicidal behavior and crises using telehealth.	One Time	MGT	6/10/20	105	Kristin Dempsy, EdD, LMFT, LPCC
Recovery - Adult	Webinar: Effective Suicide & Crisis Intervention using Telehealth	learn interventions in screening suicide & crisis using telehealth.	1.5 hr	Direct Services Contractors	6/10/20	1	online training
Family Focused - Youth	AOD Advisory Board Meeting "Marijuana 101" Presentation	Presentation to community leaders about new data on marijuana, how it negatively affects the youth brain, and data from the CDC and other studies	1hr	Administration/ management	6/10/20	1	Shari Egeland: Omni Youth Programs
Recovery - Adult	Introduction to RCCS	Recovery Centered Clinical Systems	6 hrs/ annually	Administration/ mgt; Direct Services Contractors; Support Services	6/10/20	12	David Hefron
Family Focused - Youth	Facebook Live "Lets Talk Pot" pt 2	Presentation to diverse community on how the youth brain reacts to addiction, new data on marijuana & Q&A	1hr	Administration/ management	6/9/20	1	Shari Egeland: Omni Youth Programs

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Training Type	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	The Vaping Phenomenon: What is it, Why it happened, and What you can do	E-cigarettes/vaping/cannabis, health effects, impact on youth use from COVID-19, why youth from different communities use, and ways to support youth to not use or quit	1hr	Administration/ management	6/9/20	1	Bonnie Halprn-Felsher
Cultural Competence	Training	Health Equity and Multicultural Diversity Foundational Training			6/9/20	0	
Cultural Competence	HEMCDT	Cultural competence/Diversity		1	6/8/20	1	
Family Focused - Youth	"The Power if Teen Drug USe: Why Teens are at High Risk"	Which youth are at the highest risk for the use of tobacco, marijuana and alcohol, and why those teens are more at risk for addiction	1hr	Administration/ management	6/8/20	1	Officer Jermaine Galloway
Resiliency - Youth	Mental Resiliency in Challenging Times: COVID Shutdown Mental Health Struggles & Strategies	Changes from the shutdown that have been the most disorienting and difficult, practical strategies to cope, past examples from diverse cultures, and specific challenges such as: time disorientation, sleep disturbances, physical inactivity, economic difficulties, medical risks and fears, social and emotional isolation, and emotional depletion.	1hr	Administration/ management	6/8/20	1	Multiple Presenters
Cultural Competence	Health Equity& Multicultural Diversity Compettence care training-CA Brief Multiculurel Competency Scale.	Cultural Competency	When it is availbe	Direct Servcie Contractors;	6/8/20	6	Sacramento County Mental Health

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Recovery - Adult	TIERD Model	TIERD Pathway to Recovery	1 hrs/annually	Administration/ mgt; Direct Services Contractors; Support Services	6/8/20	12	Danielle Wirtz
Cultural Competence	Cultural Competency Training	Health Equity and Multicultural Diversity Foundational Training (HEMCDFT) Utilizing the California Brief Multicultural Competence Scale (CBMCS) Curriculum	8 hours/one time		6/8/20	2	Adele James
Cultural Competence	Ethics And Boundary Issues	This Cultural Competency course provides information on ethics and professional boundaries for mental health professionals and explores common ethical dilemmas, boundary violations, informed consent, confidentiality, mandated reporting, and HIPAA.	5 hours/one time	Administration / Management	6/7/20	1	William A. Cook, Ph.D.
Family Focused - Youth	Client Choice and Person Centered Planning	Understanding client's personal, preference, cultural considerations and choice in treatment that will meet client needs.	1 hour	Direct Service Contractors	6/5/20	1	My Learning Point
Resiliency - Youth	Motivational Interviewing Part 2	Client ownership in the change process during treatment	3 hours/annually	Direct Service Contractors, Administration/ mgt;	6/5/20	0	My Learning Point
Cultural Competence	CIBHS Health Equity Multicultural Core Training	County multicutural training	8hrs	Direct Service: Contractors	6/5/20	2	Sacramento County
Cultural Competence	CIBHS Health Equity Multicultural Core Training	County multicutural training	8hrs	Direct Service: Contractors	6/5/20	2	Sacramento County

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Demystifying Data :Gathering and Using Local Risk and Protective Factor Data for Prevention part 1	The importance of gathering data from all types of communities for assessment and evaluation and the types of data to gather. Key risk and protective factors associated with substance use and mental health, existing sources of data, assessment of data gaps, and options for collecting primary data at the local level.	1hr	Direct Services: Contractors	6/4/20	1	Melissa Adolfson, MS
Cultural Competence	Racial Trauma in America	Panel discussion about working with clients who have experienced racial trauma.	1.5 hrs	Administration/ mgt; Direct Services Contractors	6/4/20	17	Motivo
Resiliency - Youth	Wellness Recovery Action Plan	Model for self-care	16 hrs	Direct Services Contractors	6/4/20	7	Calvoices
Resiliency - Youth	Wellness Recovery Action Plan	Model for self-care	16 hrs	Direct Services Contractors	6/4/20	7	Calvoices
Cultural Competence	Navigating Stigma and Bias via Motivational Interviewing and Empathic Care	Webinar	once/1 hour	Direct Services, County Staff	6/3/20	9	Nayely Chavez
Cultural Competence	Navigating Stigma and Bias via Motivational Interviewing	Using motivational interviewing as a way to combat/avoid stigma and bias in substance misuse settings.	1 hour	Direct Services Contractors	6/3/20	3	Health Management Associates
Cultural Competence	Telehealth with Traumatized Children and Adolescents	Using trauma-informed interventions via telehealth.	1.5 hrs	Direct Services Contractors	6/3/20	15	CIBHS

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Telehealth with Traumatized Children and Adolescents	Using trauma-informed interventions via telehealth.	1.5 hrs	Direct Services Contractors	6/3/20	15	CIBHS
Cultural Competence	Partnership for Wellbeing	Focused on Coordination of systems (probation, child welfare, BHS) with two presentations focused on culture	2 hours	Administration/ mgt; Direct Services Contractors; Support Services	6/3/20	1	
	Telehealth with Traumatized Children and Adolescents	Training on providing telehealth services	2 hours	Direct Services Contractors	6/3/20	0	External Online Training
Cultural Competence	acceptance of LGBTQ	Welcoming transgender clients - alpha oaks	3 hrs	Administration/ mgt; Direct Services Contractors; Support Services	6/1/20		Lisa Beintker
Cultural Competence	Customer Service in Behavioral Health Part 2	Developing relationships with clients by treating them with dignity and respect	1 hour/annual y	Adminstraion/ mgt; Direct Service Contactors; Support Servcies	5/28/20	0	
Cultural Competence	Diversity in the Workplace	The diverse effects of culture and society on mental health, mental illness, and mental health services.	1 hour/annual ly	Direct Servcie Contractors; Support Servcies	5/28/20	8	My Learning Point

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Resiliency - Youth	Everyday Activities That Unlock a Longer, Healthier Life	Using resilience and everyday activites to increase quality of life	1 hr	Direct Services Contractors	5/28/20	1	ADDitude.org
Resiliency - Youth	Everyday Activities That Unlock a Longer, Healthier Life	Using resilience and everyday activites to increase quality of life	1 hr	Direct Services Contractors	5/28/20	1	ADDitude.org
Resiliency - Youth	Motivational Interviewing	Client ownership in the change process during treatment	3 hours	Direct Service Contractors, Administration/ mgt;	5/27/20	6	My Learning Point
Cultural Competence	Health Equity and Multicultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Multicultural training.	8 hrs	Direct Services Contractors	5/27/20	9	Sac County BHS
Cultural Competence	Health Equity and Multicultural Diversity Foundation Training (HEMCDT) Utilizing the CBMCS	Multicultural training.	8 hrs	Direct Services Contractors	5/27/20	9	Sac County BHS
Family Focused - Youth	Therapeutic Support When Working with Young Children (0-5) and Caregivers in a Virtual Setting	Strategies for providing therapuetic support via telehealth	1.5 hrs	Admin/mgt; Direct Services Contractors	5/27/20	14	CIBHS
Family Focused - Youth	Therapeutic Support When Working with Young Children (0-5) and Caregivers in a Virtual Setting	Strategies for providing therapuetic support via telehealth	1.5 hrs	Admin/mgt; Direct Services Contractors	5/27/20	14	CIBHS

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Recovery - Adult	Advanced Recovery Series	Psychoeducation	6 hrs	Direct Services Contractors	5/22/20	4	CIBHS
Recovery - Adult	Advanced Recovery Series	Psychoeducation	6 hrs	Direct Services Contractors	5/22/20	4	CIBHS
Cultural Competence	HEMCDFT	Cultural competence	1	direct service/suport	5/22/20	4	county
	Parental Resilience Training	Webinar on parental resilience	3 hours	Direct Services Contractors	5/22/20	0	External Online Training
Cultural Competence	The Role of Family Members in MH Treatment	The goal of this training was to make sure that MH providers build bridges between family members, clients and provider, and also understand the role of family members in the treatment of loved ones through the lenses of diversity and cultural competency.	2 hours	Administration; Direct support services	5/21/20	17	
Family Focused - Youth	Facebook Live "Lets Talk Pot"	Presentation to diverse parents and youth in general community about new data on marijuana, how it negatively affects the youth brain, and compelling data from the CDC and other studies.	1hr	Administration/ management	5/21/20	1	Shari Egeland: Omni Youth Programs
Resiliency - Youth	Resilience to Traumatic Stress	Strategies for combatting traumatic stress	1 hr	Direct Services Contractors	5/21/20	2	Webinar
Resiliency - Youth	Resilience to Traumatic Stress	Strategies for combatting traumatic stress	1 hr	Direct Services Contractors	5/21/20	2	Webinar

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	For Supervisors: Addressing Long-Term Virtual Team Needs	increase participant's ability to meet the basic, psychological, and self-fulfillment needs of their team while supervising virtua	One Time	MGT	5/20/20	105	: Rick Goscha, PhD and Ally Mabry, MSW
Cultural Competence	For Supervisors: Addressing Long-Term Virtual Team Needs	increase participant's ability to meet the basic, psychological, and self-fulfillment needs of their team while supervising virtua	One Time	MGT	5/20/20	105	: Rick Goscha, PhD and Ally Mabry, MSW
Cultural Competence	"Effective Messaging on Marijuana: Tailoring your Message to your Audience Webinar	Targeting to reach diverse audiences, shaping your message, and insights from SAM's polling, focus groups, grassroots, and lobbying efforts on the ground in many campaigns.	1hr	Administration/ management	5/20/20	1	Multiple Presenters
Cultural Competence	Customer Service in Behavioral Health Part 1	Developing relationships with clients by treating them with dignity and respect	1 hour/annual ly	Administration/ mgt; Direct Servcie Contractors; Support Servcies	5/20/20	9	My Learning Point
Cultural Competence	Special Education Considerations	Understanding the needs of special education clients and approriate considerations	2 hours/annu ally	Direct Service Contractors, Administration/ mgt;	5/20/20	1	Mary Bush/Famil y Advocate

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Training Type	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	"Essential Alcohol" and the Coronavirus Effect: from Street Level Fake Identification to Rapidly Evolving Alcohol Proc. Webinar	Current trends such as Fake ID's, changes in todays alcohol culture, policies and procedures for communities on youth alcohol prevention. Includes diverse communities needs.	1hr	Administration/ management	5/18/20	1	Officer Jermaine Galloway,
Cultural Competence	Mental Health Providers Serving the Homeless	Serving homeless pop within MH programs.	1.5 hrs	Admin/mgt; Direct Services Contractors	5/15/20	3	Sac County BHS
Cultural Competence	Mental Health Providers Serving the Homeless	Serving homeless pop within MH programs.	1.5 hrs	Admin/mgt; Direct Services Contractors	5/15/20	3	Sac County BHS
Family Focused - Youth	Vaping 101:Health effects and how to Talk to Patients about Quitting Webinar	Vaping health effects, how to encourage diverse patients to quit, vaping prevelence, misconceptions, how to address vaping with cultural patients, how to refer patients to cessation resources.	1hr	Administration/ management	5/14/20	1	Dr. Rina Edi, MD
Family Focused - Youth	"The First Day" Virtual Film Screening	Screened "The First Day" documentary on vaping, its health effects, how to encourage diverse youth to quit, how to increase awareness of vaping crisis, health effects from vaping, misconceptions, working with youth from diverse cultural backgrounds, and how to refer to cessation resources.	1hr	Administration/ management	5/14/20	2	Multiple Presenters

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Virtual Assessment and Client Plan Development	overview of conducting assessments and developing the client plan in a virtual setting that maintains a focus on the needs of clients while also meeting compliance and billing requirements	One Time	MGT	5/13/20	105	Jennifer Hallman, LCSW, MPA and Ritchie Rubio, PhD
Cultural Competence	Virtual Assessment and Client Plan Development	overview of conducting assessments and developing the client plan in a virtual setting that maintains a focus on the needs of clients while also meeting compliance and billing requirements	One Time	MGT	5/13/20	105	Jennifer Hallman, LCSW, MPA and Ritchie Rubio, PhD
Resiliency - Youth	Crisis De-escalation Strategies	Skills and best practices for de-escalating a client crisis situation	1 hour/annually	Direct Servcie Contractors;	5/13/20	6	My Learning Point
Cultural Competence	Therapeutic Boundaries	cultural differences and how therapeutic boundaries are managed	2hrs/annually	Administration/ mgt; Direct Services Contractors; Support Services	5/13/20	12	Relias
Recovery - Adult	Abuse and Neglect: What to look for and how to respond	current and relevant information on child, elder, and dependent adult abuse	1.5 hrs/annually	Administration/ mgt; Direct Services Contractors; Support Services	5/13/20	12	Relias

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Training Type	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	The Vaping Phenomenon: What it is, Why it happened and What you can do Webinar	E-cigarettes/ vaping/cannanbis, health effects including during COVID-19, which vapes are popular, why diverse youth are vaping, ways to suppor youth to not use or quit.	1hr	Administration/ management	5/12/20	2	Multiple Presenters
Recovery - Adult	Stages of Change: Module 1&2		4hr/annually	Administration/ mgt; Direct Services Contractors; Support Services	5/12/20	24	Jonathan Jenkins
Resiliency - Youth	Why We Do What We Do: The Brain in Addiction Treatment Webinar	Addiction treatment utilizing brain-behavior-informed principles: function & dysfunction of addicted brain, trauma's role in development of addictive disorders, brain's trauma response, integrating trauma awareness and treatment to improve outcomes, how to improve compliance in patients, empathy in cultural family members and cultural competence in treatment providers	1hr	Administration/ management	5/11/20	1	Creek Walker
Cultural Competence	A Path to Crisis Recovery and Resilience: Helping Rural Communities	Reselience & rural communities	1 hr	Direct Services Contractors	5/11/20	1	Vocalvirginia.org
Cultural Competence	A Path to Crisis Recovery and Resilience: Helping Rural Communities	Reselience & rural communities	1 hr	Direct Services Contractors	5/11/20	1	Vocalvirginia.org

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Empathic Communication & Engagement	overview of practical tips and strategies in creating a virtual experience that is warm, relational, empathic and engages clients in a manner that promotes connection and access to care	One Time	MGT	5/6/20	105	: Elizabeth Morrison, LCSW, MAC and Bryan Knowles, LMSW
Cultural Competence	Empathic Communication & Engagement	overview of practical tips and strategies in creating a virtual experience that is warm, relational, empathic and engages clients in a manner that promotes connection and access to care	One Time	MGT	5/6/20	105	: Elizabeth Morrison, LCSW, MAC and Bryan Knowles, LMSW
Recovery - Adult	Certified Clinical Anxiety Treatment Professional Training course: Applied Neuroscience for treating Anxiety, Panic, & worry	learn interventions to treat anxiety, panic & worry by applying neuroscience	16 hr/as needed	Direct services: contractors	5/6/20	2	online training
Cultural Competence	Multicultural and Diversity	empathy and understanding of cultural differences in treatment	3hr/annually	Administration/ mgt; Direct Services Contractors; Support Services	5/4/20	12	Mary Thrower and Raksmey Castleman
Recovery - Adult	Recovery Trauma Informed	Description and training on practicing the Recovery Philosophy and how it ties into Trauma Informed Care	4 hrs/annually	Direct services: contractors	4/30/20	2	Martha Sinclair-West

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Homelessness & Trauma Triangle	Training goal was to bring awareness around client choices and voices from a recovery perspective. Clients can choose to be homesless, and staff do not have to be rescuers.	2 hours	Administration; Direct support services	4/30/20	17	
Resiliency - Youth	Supporting You Supporting Students: Tools for the Challenging Times-PREPaRE: A Framework for School Crisis Preparedness	Practices, programs, and policies to strengthen student supports in the midst of school closures and adjustments to ensure diverse students are receiving support	1hr	Administration/ management	4/30/20	1	Stephen E. Brock, Ph.D., NCSP
Cultural Competence	Ensuring Success in Telehealth: What Staff Need to Know	to increase participant's ability to prepare themselves and their clients for successful behavioral telehealth and telephone sessions.	One Time	MGT	4/29/20	105	Elizabeth Morrison, LCSW, MAC and Eric Haram, LADC
Cultural Competence	Ensuring Success in Telehealth: What Staff Need to Know	to increase participant's ability to prepare themselves and their clients for successful behavioral telehealth and telephone sessions.	One Time	MGT	4/29/20	105	Elizabeth Morrison, LCSW, MAC and Eric Haram, LADC
Cultural Competence	Building Trauma-Informed Connections	Imortance of, and opportunities for, building and maintaining trauma-informed connections.	1 hr	Direct Services Contractors	4/29/20	1	acesaware .org

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Building Trauma-Informed Connections	Imortance of, and opportunities for, building and maintaining trauma-informed connections.	1 hr	Direct Services Contractors	4/29/20	1	acesaware .org
Cultural Competence	#Out4Mental Health Town Hall	Town Hall for LGBTQ+ community to share experiences and offer insight into mental health needs of LGBTQ folks.	1hr	Administration/ management	4/28/20	1	Multiple Presenters
Family Focused - Youth	Virtual CSUS AOD Class Presentation	Presented to CSUS students on the damaging effects of marijuana, latest statistics and data from CDC, and how to culturally approach peers exhibiting risky behaviors.	1hr	Administration/ management	4/28/20	1	Cynthia Mumford, MA, MS, Omni Youth Programs
Resiliency - Youth	Trauma 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	4/28/20	1	My Learning Point
Cultural Competence	No two people are the same. Respecting Cultural Diversity When delivering healthcare	Strategies to provide services in a culturally responsive manner	1 hr	Direct Services Contractors	4/24/20	1	Dr. Pierluigi Mancini
Cultural Competence	No two people are the same. Respecting Cultural Diversity When delivering healthcare	Strategies to provide services in a culturally responsive manner	1 hr	Direct Services Contractors	4/24/20	1	Dr. Pierluigi Mancini

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Training Type	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	Client and Family Crisis Management	Managing crisis situations, deescalation of a crisis and recovery	4 hours/1 time	Administration/ mgt; Direct Servcie Contractors; Support Servcies	4/23/20	2	Lara Jackson - ROCC
Navigating Systems - Youth	Filing for Unemployment	Filing for Unemployment	1 hr	Direct Services Contractors	4/23/20	1	EDD
Navigating Systems - Youth	Gimme Shelter	Homeowners and renters rights	1 hr	Direct Services Contractors	4/23/20	1	Webinar
Navigating Systems - Youth	Filing for Unemployment	Filing for Unemployment	1 hr	Direct Services Contractors	4/23/20	1	EDD
Navigating Systems - Youth	Gimme Shelter	Homeowners and renters rights	1 hr	Direct Services Contractors	4/23/20	1	Webinar
Resiliency - Youth	Cannabis:Potential Risks and Benefits in Mental Health Webinar	Potential risks and purported benefits of marijuana and communicating with patients from different communities	1hr	Administration/ management; Direct Services: Contractors	4/20/20	3	Dr. Joseph McEvoy,
Resiliency - Youth	Selecting and Implementing Evidence Based Practices to Address Substances Misuse Among Young Adults: SAMHSA's Resourse Guide Webinar	Findings and resources released in SAMHSA resource guide 'Substance Misuse Prevention for Young Adults'. Included young adults substance misuse, guide's content, and evidence based practices that are effective with young adults from diverse backgrounds	1hr	Administration/ management; Direct Services: Contractors	4/15/20	3	Dr. Kim Dash

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Training Type	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	Navigating Juvenile Justice System	Navigating Juvenile Justice System	1 hr	Direct Services Contractors	4/14/20	1	Webinar
Navigating Systems - Youth	Navigating Juvenile Justice System	Navigating Juvenile Justice System	1 hr	Direct Services Contractors	4/14/20	1	Webinar
Resiliency - Youth	Wellness Recovery Action Plan	Model for self-care	1 hr	Direct Services Contractors	4/14/20	1	Ellen Copeland
Resiliency - Youth	Wellness Recovery Action Plan	Model for self-care	1 hr	Direct Services Contractors	4/14/20	1	Ellen Copeland
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	4/14/20	1	online
Cultural Competence	NICHQ Webinar: Social Determinants of Grief: The Impact of Blank Infant Loss	awareness of impact on AA community and community as a whole re: loss of AA infant	1 hour	Administration/ mgt; Direct Services Contractors; Support Services	4/10/20	1	
Cultural Competence	Commercial Sexual Exploitation of Children	Understanding the Culture and dynamics of SEC	2 hours	Administration/ mgt; Direct Services Contractors;	4/9/20	11	My Learning Point
Cultural Competence	Multiculatural Considerations & TF-CBT	discussion of cultrually-modified TF-CBT; TF-CBT for Latino Children & Families, American Indians and Alaskan Natives	1.75 hrs/annually	Direct Services	4/9/20	19	Brandi Liles, PhD

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Recovery - Adult	Impact of COVID-19 on Mental Health Care: Perspective from a Psychiatrist and Primary Care Provider on Access and Treatment Webinar	How COVID-19 has impacted mental health care access and treatment in different communities and cultural groups	1hr	Direct Services: Contractors	4/8/20	1	Dr. Madhukar Trivedi MD, and Dr. Sloan Manning MD,
Recovery - Adult	Marijuana/ADHD How it Affects Young People	Psychoeducation	2 hrs	Direct Services Contractors	4/8/20	1	Dr. Dawn-Elise Snipes
Recovery - Adult	Marijuana/ADHD How it Affects Young People	Psychoeducation	2 hrs	Direct Services Contractors	4/8/20	1	Dr. Dawn-Elise Snipes
Family Focused - Youth	How to Talk to Kids About Covid-19	Strategies for talking with kids about covid-19	1 hr	Direct Services Contractors	4/7/20	6	Sarah Neil
Family Focused - Youth	How to Talk to Kids About Covid-19	Strategies for talking with kids about covid-19	1 hr	Direct Services Contractors	4/7/20	6	Sarah Neil
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	4/6/20	1	online
	High Fidelity Wraparound Training	Fourth session of an intensive training of the high fidelity Wraparound model	8 hours	Direct Services Contractors	4/3/20	0	
Cultural Competence	LGTBQ Youth and Trauma	Understanding sexual and gender identify development, experiences of victimization of LGTBQ youth, the Family Acceptance Project and treament recommendation	1.5 hrs/annually	Administration/ mgt; Direct Services Contractors;	4/2/20	19	Michele Ornelas Knight, Psy.D
	Telehealth Training	Online training focused on providing telehealth services	2 hours	Direct Services Contractors	4/2/20	0	AAMFT

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Training Type	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	High in Plain Sight: The Current & Expanding Youth Drug Trends (and Climate), Concealment, Drug Testing and More Webinar	NEWEST drug changes due to covid impact, latest community scans and new products to get around drug test, cultrual sensitivity when talking about different communities	1hr	Administration/ management	4/1/20	1	Officer Jermaine Galloway
Family Focused - Youth	Positive Exitst: Framing Communication Using Hope and Concern Webinar	How preventionists can improve communications with the Science of the Positive that promotes protective factors, increases healthy norms, and positively transforms community cultures.	1hr	Administration/ mamagement; Direct Services: Contractors	3/25/20	3	Dr. Jeffrey Linkenbach, Sara Thompson
Resiliency - Youth	Impact of Novel Coronavirus Pandemic on Mental Health Webinar	Impact of the novel coronavirus (COVID-19) pandemic on mental health within different communities	1hr	Direct Services: Contractors	3/25/20	1	Paul Gionfriddo
Resiliency - Youth	Motivational Interviewing	Client ownership in the change process during treatment	3 hours	Direct Service Contractors, Administration/ mgt;	3/25/20	9	My Learning Point
Family Focused - Youth	Teen Self Injury: Working Toward Healthy Coping Skills Webinar	Connection between self-injury and depression, how adults can talk about self-injury in a compassionate way, identify signs and respond effectively, and help teens develop healthy coping skills while being culturally respectful.	1hr	Administration/ management; Direct Services: Contractors	3/24/20	2	Jason Washburn

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Training Type	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 & Prevention	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. Controlling and preventing infection in long-term care settings is possible. In fact, the Centers for Disease Control and Prevention (2016) says that when healthcare professionals are aware of infections and they take steps to prevent them, there is a 70% reduction in the occurrence of some healthcare associated infections! This course will provide you with knowledge about infection control and prevention in long-term care settings, as well as the basics regarding how diseases are transmitted, the improper use of antibiotics, and specific guidelines on how to prevent illnesses such as influenza and tuberculosis.	.75hrs	Administration/ Mngmt, Direct Srvice Contractors	3/24/20	99	Online Relias Course
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	3/23/20	1	online
Recovery - Adult	COVID-19 Response	Training goal was to prepare direct and indirect care staff to reduce anxiety and stress of walk in clients during COVID-19 crisis	2 hours	Administration; Direct Support Services	3/19/20	17	
Cultural Competence	Responding to COVID 19 Sacramento Non Profits Webinar	The impact of COVID-19 on Sacramento area nonprofit organizations and how to adapt to the diverse communities moving forward	1hr	Administration/ management	3/16/20	1	Multiple Presenters
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	3/16/20	1	online

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Webinar: Working with LGBTQ Youth and Familes	creating welcoming & inclusive environments for traumatized LGBTQ youth & LGBTQ youth discuss trauma experiences related to their respective LGBTQ identities	1.75 hrs/annually	Direct Services	3/12/20	19	Brandi Liles, PhD
Cultural Competence	Cultural Competency in the Workplace	practical insights and strategies for acquiring skills of cultural competence that are applicable both within and outside of work	2 hours/One time	Administration / Management	3/11/20	1	Magellan
Family Focused - Youth	Sac County DHHS Alcohol & Drug Services Executive Director Meeting	Educated on the damaging effects of marijuana, latest statistics and data from CDC, and how to culturally approach peers exhibiting risky behaviors.	2hr	Administration/ management	3/6/20	2	Cynthia Mumford, Shari Egeland: Omni Youth Programs
Family Focused - Youth	CSUS MSW Alcohol @ Drug Class	Instruct CSUS students on the damaging effects of marijuana, latest statistics and data from CDC, an how to culturally approach peers exhibiting risky behaviors.	2 hrs	Administration/ management	3/5/20	1	Shari Egeland, Omni Youth Programs
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	3/3/20	2	online
Cultural Competence	Improving Cultural Competency	An introduction to cultural and linguistic competency.	1 hour	Direct Services: Contractors	3/2/20	1	online
Cultural Competence	Women in Treatment	Discussion of gender-specific needs of women in NTP treatment.	At least annually	Counselors	2/20/20	10	Sally Wynn, PHd
Cultural Competence	Black History Month	This training was focused on celebrating Black History Month and learn how to be culturally congruent with families and individuals who identify with Black Culture when they are in MH crisis.	2 hours	Administration; Direct support	2/20/20	19	

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Women in Treatment	Discussion of gender-specific needs of women in NTP treatment.	At least annually	Counselors	2/20/20	0	Sally Wynn, PHd
Cultural Competence	Diversity: Embracing Diversity in the Workplace -v1 & v.2	Understanding what each person brings to the workplace and to treatment.	2 hour/annually	Direct Service Contactors; Support Servcies	2/12/20	10	My Learning Point
Family Focused - Youth	Agents of Change Conference	Evidence-based strategies and technological tools proven to cause behavior change and applying in a culturally accepting way.	8 hrs/day	Administration/ management	2/9/20	3	Multiple Presenters
Family Focused - Youth	John F Kennedy High School Staff Training & HIPS Exhibit	Latest trends in youth vaping, data from the CDC, and how it can affect a teens brain. What educators and faculty can be aware of when youth are using, how teens can hide paraphanelia, and how to address this problem in a culturally sensitive manner among diverse students.	1 hr	Administration/ management	2/6/20	1	Cynthia Mumford, MA, MS, Omni Youth Programs
Resiliency - Youth	Sac DA Youth Academy at Sacramento County Sheriff's Department	Presentation on new studies of marijuana's effect on youths developing brain, physical and mental side effects of short/long term use, and current statistics on youth use and its impact. How teens can address this issue with thier peers in a culturally sensitive way.	1 hr	Direct Services: Contractors	2/6/20	1	Chris Serra, Omni Youth Programs
Cultural Competence	Race, Racism, and Trauma	How implicit bias impacts mental health services, the impact of microaggressions on client's experience, and recognizing and treatment of racial trauma	3 hrs/annually	Administration/ mgt; Direct Services Contractors;	2/6/20	38	Michele Ornelas Knight, Psy.D

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Resiliency - Youth	Other Side of Cannabis at South Sacramento Christian Center	Interactive presentation and screening of "The Other Side of Cannabis" documentary of youth in recovery from marijuana addiction sharing their own story, the effect on their parents, and models youth discussing issues about sensitive topics in a culturally sensitive way. New studies of marijuana's effect on youths developing brain, physical and mental side effects of short term and long term use, and how to deal with this situation among diverse peers.	3 hr	Direct Services: Contractors	2/5/20	1	Chris Serra, Omni Youth Programs
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	2/5/20	24	My Learning Point
Cultural Competence	Customer Service in Behavioral Health Part 2	Developing relationships with clients by treating them with dignity and respect	1 hour/annually	Direct Servcie Contractors;	2/5/20	22	My Learning Point
Family Focused - Youth	Client Choice and Person Centered Planning	Understanding client's personal, preference, cultural considerations and choice in treatment that will meet client needs.	1 hour	Direct Service Contractors	2/5/20	1	My Learning Point
Resiliency - Youth	Motivational Interviewing Part 2	Client ownership in the change process during treatment	3 hours/annually	Direct Service Contractors, Administration/ mgt;	2/5/20	0	My Learning Point

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Resiliency - Youth	Marijuana Prevention talk MET High School	Presented new studies of marijuana's effect on teens developing brain, physical and mental side effects of short/long term term use and current statistics on youth use and its impact in the community. Prepares teens on how to deal with this situation with diverse peers.	1 hr	Direct Services: Contractors	2/3/20	2	Multiple Presenters
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	2/3/20	6	Karen Tompson-ROCC
Family Focused - Youth	"The Vaping Epidemic: Troubling Trends and Their Implications for Youth Cannabis Use Prevention and Policy - A Call to Action" Webinar	Data on national and regional trends in youth cannabis use and vaping including cultural and ethnic impacts, perceived risk of cannabis use, trends in drugged-driving, and the negative cognitive, academic, and mental health consequences of cannabis use.	2 hrs	Administration/ management	1/31/20	1	Multiple Presenters
Cultural Competence	Diversity in the Workplace	The diverse effects of culture and society on mental health, mental illness, and mental health services.	1 hour/annual ly	Direct Servcie Contractors; Support Servcies	1/31/20	0	My Learning Point
Recovery - Adult	Retention	Training and discussion on encouraging patient engagement in treatment.	One Time	Counselors & Medical Staff	1/30/20	22	Garrett Stenson, MSW
Recovery - Adult	Retention	Training and discussion on encouraging patient engagement in treatment.	One Time	Counselors & Medical Staff	1/30/20	0	Garrett Stenson, MSW

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Primary Care: Trauma Informed Care Lunch & Learn	Ongoing effort to create a health care culture that recognizes and supports individuals deaing with the long-term impact of trauma.	1.5hrs/one time	A,B,C,D,I, J	1/29/20	40	Rachel A. Robitz, M.D.
Cultural Competence	Cultural Humility	How to remain culturally humble	4 hours/one time		1/27/20	1	Toni Hunt, LMFT
Resiliency - Youth	Sac DA Youth Academy Workshop at Elk Grove Council Chambers	Presented on the dangers of marijuana use in teens, its effect on the brain under 25 years old, and issues of culture and ethnicity.	1 hr	Direct Services: Contractors	1/27/20	2	Multiple Presenters
Cultural Competence	Commercial Sexual Exploitation of Children	Understanding the Culture and dynamics of SEC	2 hours	Administration/ mgt; Direct Services Contractors;	1/22/20	10	My Learning Point
Recovery - Adult	Dialectical Behavior Therapy, Pt. 2	Interventions to support recovery - Mindfulness, Distress Tolerance, Emotional Regulation, Interpersonal Effectiveness Incorporating Telehealth to provide recovery and mental health services	1 hour	Direct Services Contractors; Support Services	1/22/20	0	Susan Barron, Ph.D.
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.	8 hours	Administration/ mgt; Direct Servcie Contractors;	1/21/20	9	Sherri Daftarri - ROCC
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	1/17/20	5	My Learning Point
Recovery - Adult	CalOMs Assessments & Avatar	Instruction on completing CalOMs in a new format and changes to assessment data.	At least annually	Counselors	1/16/20	17	Maya Madsen

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Training Type	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 Humility	Cultural Humility	annual	D	1/16/20	1	online
Recovery - Adult	CalOMs Assessments & Avatar	Instruction on completing CalOMs in a new format and changes to assessment data.	At least annually	Counselors	1/16/20	0	Maya Madsen
Resiliency - Youth	Sac DA Youth Academy Workshop at Rancho Cordova City Council	Presented on the dangers of marijuana use by teens, effects to the teen brain, and engaging different ethnicities	1 hr	Direct Services: Contractors	1/15/20	2	Multiple Presenters
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	1/10/20	3	My Learning Point
Resiliency - Youth	Crisis Prevention Intervention	Managing crisis situations, de-escalation skllls and education on crisis intervention techniques.	7 hours/Every 3 years	Direct Servcie Contractors; Support Servcies	1/10/20	2	Heather Post & Kayleigh Swetland - ROCC
Recovery - Adult	SUD & Treatment Plans	Disccussed using SUD Tool to assess patient needs and develop treatment plans.	At least annually	Counselors	1/9/20	14	Garrett Stenson, MSW
Cultural Competence	Crime Victim Assistance Network Foundation	Training for RST staff about this community resources, referral process, and eligibility	One Time	RST Staff	1/9/20	26	Gina Rapasura
Cultural Competence	Crime Victim Assistance Network Foundation	Training for RST staff about this community resources, referral process, and eligibility	One Time	RST Staff	1/9/20	26	Gina Rapasura

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Resiliency - Youth	Kennedy High School Vaping Presentation	Presentation on how vaping is affecting youth and teens today with data from CDC and the warning signs to look for in teen marijuana use. Discussion of what parents and faculty can do to help teens from diverse backgrounds.	1 hr	Administration/ management	1/9/20	1	Cynthia Mumford, MA, MS, Omni Youth Programs
Recovery - Adult	SUD & Treatment Plans	Disccussed using SUD Tool to assess patient needs and develop treatment plans.	At least annually	Counselors	1/9/20	0	Garrett Stenson, MSW
Recovery - Adult	Providing Telehealth Services	Adapting telehealth services to ensure service provision.	1 hour	Direct Services Contractors; Support Services	1/8/20	0	Taylor Oren, Macy Vaneckhardt
Resiliency - Youth	Sac DA Youth Academy Workshop at Trinity Life Center	Presentation about the dangers of marijuana use in teens and how it affects the brain in those under 25 years old. This training is culturally competency by including all ethnicities and focuses on aspects and importance of a growing teens brain.	1 hr	Direct Services: Contractors	1/7/20	2	Multiple Presenters
Navigating Systems - Youth	PTTC Marijuana Prevention Education Toolkit Launch & Listening Session-Webinar	Released the first set of resources in the Marijuana Prevention & Education Toolkit. This training meets culture competency through active listening tools to help youth with substance abuse.	1 hr	Administration/ management	1/6/20	1	Multiple Presenters
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	1/3/20	1	online
Cultural Competence	LFCC staff convening	LFCC Cultural Co,petence/Cultura de Salud	1 hr/annually	adm/direct/sup pport	1/3/20	25	Rachel Rios
Recovery - Adult	Safety & Health Plans	Reviewed safety & health plans, how to activate safety procedures, and how to communicate safety procedures to patients.	At least annually	All Staff	1/2/20	27	Maya Madsen

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Recovery - Adult	Safety & Health Plans	Reviewed safety & health plans, how to activate safety procedures, and how to communicate safety procedures to patients.	At least annually	All Staff	1/2/20	0	Maya Madsen
Cultural Competence	Improving Cultural Competence - Core Competencies	Increasing cultural awarness	4	Direct Service	12/22/19	1	SAMHSA
Resiliency - Youth	Bullying in Children and Adolescents	Identifying symptoms and building skills	3	Direct Service	12/22/19	3	Jassin M Jouria, MD
Recovery - Adult	CBT, Quality Assurance and Management	Discussed function of CBT and how to use it in practice in an NTP setting. Discussed Quality Assurance in patient care and documentation.	At least annually	Counselors	12/19/19	16	Sally Wynn, PHd
Resiliency - Youth	Youth Help Network	Focused on the resiliency of youth and how to promote safety among youth who are vulnerable, and link them with the appropriate resources.	1 hour	Admin staff, nurses, clinicians and peers	12/19/19	17	
Cultural Competence	Youth Substance Use Disorder Prevention RFA Review Webinar	Social justice issues and how to approach them in culturally accepting ways.	1.5 hrs	Administration/ management; Direct Services: Contractors	12/19/19	4	Multiple Presenters
Recovery - Adult	CBT, Quality Assurance and Management	Discussed function of CBT and how to use it in practice in an NTP setting. Discussed Quality Assurance in patient care and documentation.	At least annually	Counselors	12/19/19	0	Sally Wynn, PHd
Cultural Competence	3 Ways Starting a Podcast Can Help your Nonprofit Grow	Reaching, including and engaging all ethnicities through podcasts.	1 hr	Administration/ management	12/17/19	1	Multiple Presenters

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Meth Coalition Training	Determine the extent and nature of meth use, edcuation regarding impact of meth on service delivery in Sacramento, provide data from differetn sytems explore options for increased treatment and service capacity	1.5	Administration/ mgt;	12/17/19	5	Tonya O'Dell, MA
Cultural Competence	Fundamentals for National Standards of CLAS in Health Care	Understanding the basics of CLAS standards.	1 hour	Direct Services Contractors	12/13/19	2	Unk
Cultural Competence	ADA Basic Building Blocks Course	Understanding the basics of ADA standards.	8 hours	Direct Services Contractors	12/12/19	3	Unk
Cultural Competence	Discrimination Prevention Training	HR Training	2 hours	Administration/ mgt; Direct Services Contractors; Support Services	12/12/19	1	
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	12/10/19	1	online
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	12/10/19	1	online
Recovery - Adult	Motivational Interviewing	Motivational Interviewing	3hrs/annuall y	Direct Services: Contractors	12/10/19	26	Christophe r Wagner PESI (video)
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	12/9/19	1	online
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	12/5/19	1	online

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Training: In-Person Meeting: Suicide Prevention Learning Collaborative	Suicide Prevention Learning Collaborative	5	A)Admin/Management B)Direct Services County Staff E) Community Members/General Public H9 MH Board/Commission	12/4/19	10	Various
Cultural Competence	Psychotic D/O confrence	14th Annual Psychotic Disorders Conference	8	A)Admin/Management B)Direct Services County Staff E) Community Members/General Public H9 MH Board/Commission	12/2/19	300	Various

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Training Type	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 blend of instructive information and interactive exercises to help you understand and apply its core concepts.	1.75hrs	Administration/ Mngmt, Direct Srvice Contractors	11/26/19	42	Online Relias Course
Recovery - Adult	Corporate Compliance	Reviewed principles of Corporate Compliance and CC policy.	At least annually	All Staff	11/21/19	25	Marshall Stenson
Family Focused - Youth	1st CSUS AOD Class Presentation	Instruct CSUS students on the damaging effects of marijuana, latest statistics and data from CDC, and discuss how to culturally approach peers exhibiting risky behaviors.	1 hr	Administration/ management	11/21/19	1	Cynthia Mumford, MA, MS, Omni Youth Programs

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Training Type	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	2nd CSUS AOD Class Presentation	Instruct CSUS students on the damaging effects of marijuana, latest statistics and data from CDC, and discuss how to culturally approach peers exhibiting risky behaviors.	1 hr	Administration/ management	11/21/19	1	Cynthia Mumford, MA, MS, Omni Youth Programs
Recovery - Adult	Corporate Compliance	Reviewed principles of Corporate Compliance and CC policy.	At least annually	All Staff	11/21/19	0	Marshall Stenson
Cultural Competence	Moving from Trauma to Healing	Public policies and system changes that recognize our common humanity, protect and prioritize healing relationships, and are rooted in an understanding of historical wounds and wisdom.	16/one time	A, B, C, E, I, J	11/20/19	600	Michael Eric Dyson
Family Focused - Youth	Parent Vaping Education Night	Parent presentation on latest trends in teen vaping, what they should be aware of, and how they can help prevent/stop their youth using, culturally sensitive and effective ways to communicate with youth.	2 hrs	Administration/ management; Direct Services: Contractors	11/19/19	2	Multiple Presenters
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	11/19/19	1	online
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	11/18/19	1	online
Resiliency - Youth	Vaping Webinar	Health impacts/risks and addiction of vaping, how to talk to friends, family, or parents about quitting vaping, resources, fostering self awareness about addiction, and increasing communication skills with friends and family and serving diverse populations.	1 hr	Administration/ management	11/15/19	1	Multiple Presenters

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Training Type	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.	1.25hrs/annually	Direct Service Contractors	11/15/19	1	Online Relias Course
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	11/15/19	1	online
Family Focused - Youth	Folsom Cordova Community Partnership Other Side of Cannabis Community Workshop	Screened "The Other Side of Cannabis" documentary of youth in recovery from marijuana addiction sharing their own story, the effect on their parents, and models youth discussing issues about sensitive topics in a culturally sensitive way. Included pre & post-presentation on impact of addiction on youth with focus on youth of color.	2 hrs	Administration/ management	11/13/19	1	Chris Serra, Omni Youth Programs
Cultural Competence	Cultural Competence Training- Orientation for new employees and annual for current employees	Understand the value of cultural competence and how this impacts and directs our client servicess	2 hours annually	All COC Staff	11/13/19	168	Dr. BJ Davis

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
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	Administration/ Mngmt, Direct Srvice Contractors	11/10/19	192	Online Relias Course
Recovery - Adult	Bloodborne Pathogens and HIPAA	Discussed applying BBP principles to an NTP setting; reviewed HIPAA requirements.	At least annually	All Staff	11/7/19	27	Theresa Henderson
Recovery - Adult	Bloodborne Pathogens and HIPAA	Discussed applying BBP principles to an NTP setting; reviewed HIPAA requirements.	At least annually	All Staff	11/7/19	0	Theresa Henderson
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	11/5/19	1	online
Cultural Competence	Improving cultural competence I/II/III	cutural coompetence	12 hrs/ annually	adm	11/2/19	2	ce4 less
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	11/1/19	1	online
Cultural Competence	Cultural Competence in Organizations	Organizations	1.5 hours	Direct Services: Contractors	10/29/19	1	Online, cannot recall

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Training Type	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 Issues in Treatment for Paraprofessionals	While the United States is becoming increasingly diverse, this challenges the field and treatment of behavioral health and substance use disorders. Recognizing and remaining sensitive to cultural issues are critical to a positive helping relationship and to treatment outcomes. Unfortunately, people of various racial/ethnic/cultural/social identities oftentimes are underserved by the behavioral health system and/or they do not seek out the treatment they need. This course examines the clinical, cultural, organizational, and financial reasons that culturally diverse groups are underserved. In addition, you will learn the significance of cultural diversity, demographics, family and community resources, barriers to treatment. This course is intended for a variety of behavioral health providers with entry-level or intermediate experience incorporating cultural factors into their work. Case studies in conjunction with interactive exercises will teach you how to apply these concepts to the individuals you serve.	As needed part of total training hours for CCeded	A&D	10/28/19	0.8	online
Family Focused - Youth	Folsom Lake High School OSC community workshop	The Other Side of Cannabis documentary shows youth in recovery from marijuana addition sharing their own story and the impact to their parents. Prepares them on how to deal with this situation with diverse peers.	3 hrs	Administration/ management; Direct Services: Contractors	10/25/19	2	Multiple Presenters

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Navigating Systems - Youth	CSUS Substance Education Summit	Substance Education Summit for the Sac State community about marijuana and how to confront this situation with cultural awareness, inclusion and sensitivity.	1 hr	Administration/ management	10/25/19	1	Cynthia Mumford, MA, MS, Omni Youth Programs
Recovery - Adult	SNAP Training	Reviewed and discussed using SNAP assessment to gather information on patient needs and develop treatment plans.	At least annually	Counselors	10/24/19	10	Garrett Stenson, MSW
Family Focused - Youth	Court Appointed Special Advocates OSC screening	Screened "The Other Side of Cannabis" documentary of youth in recovery from marijuana addiction sharing their own story, the effect on their parents, and models youth discussing issues about sensitive topics in a culturally sensitive way. Included pre & post-presentation on impact of addiction on youth with focus on youth involved in court system.	3 hrs	Administration/ management	10/24/19	1	Shari Egeland, MA, MFT, Omni Youth Programs
Recovery - Adult	SNAP Training	Reviewed and discussed using SNAP assessment to gather information on patient needs and develop treatment plans.	At least annually	Counselors	10/24/19	0	Garrett Stenson, MSW
Resiliency - Youth	Folsom High School "Now I Know What To Say When..."	Interactive workshop on how marijuana effects youths developing brain, side effects of long and short term use, and how to culturally approach peers.	2 hrs	Direct Services: Contractors	10/23/19	2	Multiple Presenters
Resiliency - Youth	Discuss the Effects of Trauma on Brain Function	Identify trauma responses vs. other problems, skills to address impacts from trauma including ability to focus, work, sleep, and relationships, working with diverse ethnicities and physcological attributes triggered by traumatic experiences.	1 hr	Administration/ management	10/22/19	1	Multiple Presenters
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	10/18/19	1	online

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Recovery - Adult	Treatment Plan & SUD	Discussed using SUD tool to assess patient needs and develop treatment plan.	At least annually	Counselors	10/17/19	12	Garrett Stenson, MSW
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.	1.25hrs	Administration/ Mngmt, Direct Srvice Contractors	10/17/19	105	Online Relias Course
Recovery - Adult	Treatment Plan & SUD	Discussed using SUD tool to assess patient needs and develop treatment plan.	At least annually	Counselors	10/17/19	0	Garrett Stenson, MSW
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	10/15/19	1	online

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Training Type	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	African American Mental Health Workers-Other Side of Cannabis	Screened "The Other Side of Cannabis" documentary of youth in recovery from marijuana addiction sharing their own story, the effect on their parents, and models youth discussing issues about sensitive topics in a culturally sensitive way. Included pre & post-presentation on impact of addiction on youth with focus on youth of color.	2 hrs	Administration/ management	10/12/19	1	Shari Egeland, MA, MFT, Omni Youth Programs
Cultural Competence	Cultural Humility	Cultural Humility	annual	D	10/11/19	1	online
Cultural Competence	International Rescue Committee: Afghan Coalition	This training was focused on how to understand Mental Health needs from Afghan Culture's perspective and how to welcome those who are seeking refugee and asylee in US.	2 hours	Administration/ mgt; Direct Support Services	10/10/19	21	
Family Focused - Youth	Alcohol and Drug Advisory Board Presentation	Presentation on latest trends in youth marijuana use, vaping and edibles, effect on teen's growing brain, what parents can do to help/prevent teen use, and how to approach the issue in a culturally sensitive manner.	2 hrs	Administration/ management	10/9/19	2	Multiple Presenters
Cultural Competence	LGBTQ	Learn about the LGBTQ culture and how to serve youth who identify as LGBTQ.	1 hour	Direct Services: Contractors	10/4/19	1	Connie Clendenan
Cultural Competence	SOGIE	Clarify terminology around sexual orientation, gender identification and expression. Importance of names and pronouns. Legal rights of LGBTQ youth.	1 hour	Administration/ Mgt; Direct Services: Contractors	10/3/19	3	Aubrey Grande
Cultural Competence	Cultural Responsiveness	Agency wide training to educate staff on microaggressions and providing culturally sensitive services	One Time	All staff	10/3/19	105	Adele

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Cultural Competence	Cultural Responsiveness	Agency wide training to educate staff on microaggressions and providing culturally sensitive services	One Time	All staff	10/3/19	105	Adele
Cultural Competence	Diversity in the Workplace	This course assists employees with guidelines for best practice for speaking and writing across cultures.	1 hour annually	All COC Staff	10/1/19	84	ThinkHR.org
Cultural Competence	Cultural Humility	How to remain culturally humble	4 hours/one time		9/30/19	1	Toni Hunt, LMFT
Cultural Competence	Cultural Competency - Mixed Race	Obtain history and knowledge issues pertaining to working with mixed race or heritage clients. Learn to identify implicit and explicit bias. Develop skills/tools to promote racial and ethinic identity and pride.	6 hours	Direct Services: Contractors	9/28/19	1	Rochelle Bard
Resiliency - Youth	Sac State Peer Health Educators “Other Side of Cannabis” Video Screening & Community Workshop	Presentation to CSUS Peer Health Educators on latest marijuana information, prevention techniques, and best practices and presenting to diverse peers. Included screening of "Other Side of Cannabis" documentary.	2 hrs	Administration/ management	9/27/19	1	Shari Egeland, MA, MFT, Omni Youth Programs
Recovery - Adult	DMC-ODS Waiver Requirements		At least annually	Counselors & AHPs	9/26/19	15	Garrett Stenson, MSW
Recovery - Adult	DMC-ODS Waiver Requirements		At least annually	Counselors & AHPs	9/26/19	0	Garrett Stenson, MSW
Resiliency - Youth	Recognizing and Managing Teen Anxiety	Information and resources that encourage teens to seek treatment for anxiety, how adults can support them, and using collaboration and acceptance to help youth with anxiety and depression.	1 hr	Administration/ management	9/25/19	1	Lisa Schab

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Navigating Systems - Youth	CARS Training: Underage Cannabis use; Trends, Risks, and Strategies for Prevention Efforts.	Cannabis trends, risk factors, prevention strategies, challenges, implementation measures in the post-legalization era, and ways to decrease use by youth from different backgrounds.	9 hrs	Administration/ management	9/24/19	1	Multiple Presenters
Resiliency - Youth	Trauma and Brain Science: Why Cant I Think My Way Out of This?	How your brain responds and reprograms itself when exposed to trauma, cultural influences to trauma and recovery, and psychological attributes that may be triggered by trauma.	1 hr	Administration/ management	9/24/19	1	Multiple Presenters
Resiliency - Youth	Sac State AOD Class-Other Side of Cannabis	Screened "The Other Side of Cannabis" documentary showing youth in recovery from marijuana addition, sharing their own story and the impact to their parents. Prepares them on how to deal with this situation with their diverse peers.	2 hrs	Administration/ management	9/21/19	1	Shari Egeland, MA, MFT, Omni Youth Programs
Family Focused - Youth	Folsom Cordova Unified School District Pre screening of Chronic State	Preview of 'Chronic State' documentary to school staff as prep before shown to students, parents and public. Documentary examined marijuana's impact on many aspects of the community including health, social impact on youth from vulnerable populations, the environment and educates youth on marijuana through a community lens.	2 hrs	Administration/ management	9/20/19	1	Cynthia Mumford
Recovery - Adult	Title 9 & Title 22	Reviewed and discussed NTP regulations for compliance and patient care	At least annually	Counselors & Medical Staff	9/19/19	19	Marshall Stenson
Resiliency - Youth	Suicide Prevention: Reducing Stigma around suicide	Training goal was to prepare direct and indirect care staff to reduce stigma around suicide, to allow individuals and family openly discuss their crisis. Staff then focus on how to initiate engagement promoting resilience among adults, youth and children.	2 hours	Administration; Direct Support Services	9/19/19	21	Erin Carl LMFT

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Recovery - Adult	Title 9 & Title 22	Reviewed and discussed NTP regulations for compliance and patient care	At least annually	Counselors & Medical Staff	9/19/19	0	Marshall Stenson
Navigating Systems - Youth	FCUSD School Health Advisory Council (SHAC)	Presented 'Teens In Action' Model Program Training and Prevention /Educational workshops available for Health Programs and schools. Programs include cultural sensitivity training for teens who will train peers about the dangers of marijuana.	2 hrs	Administration/ management	9/18/19	1	Chris Serra, Omni Youth Programs
Cultural Competence	Code of Ethics & Rights of Persons Served	Reviewed and discussed Code of Ethics and patient rights, including right to culturally competent services	At least annually	All staff	9/12/19	23	Marshall Stenson
Cultural Competence	Code of Ethics & Rights of Persons Served	Reviewed and discussed Code of Ethics and patient rights, including right to culturally competent services	At least annually	All staff	9/12/19	0	Marshall Stenson
Cultural Competence	Increasing Cultural Competence Part 2	Increasing Cultural Competence Part 2	as needed	D	9/10/19	1	online
Cultural Competence	Increasing Cultural Competence Part 1	Increasing Cultural Competence Part 1	as needed	D	9/3/19	2	online
Cultural Competence	Unconscious Bias	In this course, you'll deepen your understanding of unconscious biases, how they influence behavior, and how they impact us all. You'll also learn numerous actions you can take to help counter bias in your own work environment.	1 hour	Direct Services: Contractors	8/31/19	3	Microsoft E Lesson
Recovery - Adult	SUD Assessments 3	Discussed using SUD tool to assess patient needs and develop treatment plan.	At least annually	Counselors	8/29/19	13	Garrett Stenson, MSW
Recovery - Adult	Recovery and Trauma Informed Care	Description and training on practicing the Recovery Philosophy and how it ties into Trauma Informed Care	Quarterly	All New staff	8/29/19	14	Dara Pastor, ASW

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Recovery - Adult	Recovery and Trauma Informed Care	Description and training on practicing the Recovery Philosophy and how it ties into Trauma Informed Care	Quarterly	All New staff	8/29/19	14	Dara Pastor, ASW
Recovery - Adult	SUD Assessments 3	Discussed using SUD tool to assess patient needs and develop treatment plan.	At least annually	Counselors	8/29/19	13	Garrett Stenson, MSW
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/ Mngmt, Direct Srvice Contractors	8/27/19	980	Online Relias Course
Cultural Competence	Trauma and Healing Series	Preventing and reducing the number of ACE in the greater Sacramento Area.	1	A,B, C, E, I, J	8/27/19	75	Flojaune Cofer; Kanwarpal Dhaliwal
Cultural Competence	Substance Use Disorder Statewide Conference	Coordination/Integration of SUD services, coordination of care for youtht and adult services, whay works to effect change, DHCS requirements , required training elements for providers	15	Administration/ mgt	8/20/19	3	CSU Sac
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.	1hr/annually	Administration/ Mngmt, Direct Srvice Contractors	8/16/19	204	Online Relias Course

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Cultural Competence	RCCS: Program Culture	This course offers an introduction to Telecare's Recovery Centered Clinical System, with an emphasis on the importance of program culture and the five awarenesses as powerful intervention tools in the recovery journey.	.5hrs	Administration/ Mngmt, Direct Srvice Contractors	8/16/19	624	Online Relias Course
Cultural Competence	SNACH provided MHUCC team training on how to be culturally responsive to Native Americans.	This training was focused on creating culturally congruent and welcoming environment for families and individuals who identify with Native and Tribal Culture, especially when they are in MH crisis.	2 hours	Administration; Direct Support Services	8/15/19	22	Dayna Barrios & Vanessa Cuevas-Romero
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	Administration/ Mngmt, Direct Srvice Contractors	8/14/19	64	Online Relias Course; Heather H.; Alicia M.; Ray W.
Resiliency - Youth	Other Side of Cannabis Community Workshop	Screened "The Other Side of Cannabis" documentary of youth in recovery from marijuana addiction sharing their own story, the effect on their parents, and modeled youth discussing issues about sensitive topics in a culturally sensitive way. Pre & post-presentation on impact of addiction on youth and what families can do.	2 hrs	Administration/ management	8/9/19	1	Chris Serra, Omni Youth Programs

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Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Recovery - Adult	SUD Assessments 2	Discussed using SUD tool to assess patient needs and develop treatment plan.	At least annually	Counselors & Medical Staff	8/8/19	17	Garrett Stenson, MSW
Cultural Competence	Leadership, Teambuilding and Coaching	Training for RST Supervisors to build upon communication skills, cultural awareness for staff, and	One Time	Supervisors	8/8/19	2	Fred Pryor Seminars
Cultural Competence	Leadership, Teambuilding and Coaching	Training for RST Supervisors to build upon communication skills, cultural awareness for staff, and	One Time	Supervisors	8/8/19	2	Fred Pryor Seminars
Recovery - Adult	SUD Assessments 2	Discussed using SUD tool to assess patient needs and develop treatment plan.	At least annually	Counselors & Medical Staff	8/8/19	17	Garrett Stenson, MSW
Resiliency - Youth	CSET for Commercially Sexaully Exploited Childrena d Youth	Addressed number of youth, types of exploitatin and services avaialbe in Sacramento			8/7/19	17	Capital STAR Communit y Services
Cultural Competence	Meth Coalition Training	Determine the extent and nature of meth use, edcuation regarding impact of meth on service delivery in Sacramento, provide data from differetn sytems explore options for increased treatment and service capacity	2	Direct Service	8/5/19	1	Mulitple state and community agencies
Recovery - Adult	Naloxone Training	Description and training on function and administration of naloxone.	One Time	All Staff	8/1/19	17	Garrett Stenson, MSW
Recovery - Adult	Naloxone Training	Description and training on function and administration of naloxone.	One Time	All Staff	8/1/19	17	Garrett Stenson, MSW

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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	Administration/ Mngmt, Direct Srvice Contractors	7/29/19	252	Online Relias Course
Recovery - Adult	Techniques of Grief Therapy - assessment and intervention	Assessment, reconstructing the self after loss, use of ritual in healing	10	Direct Service	7/28/19	1	Robert Neimeyer
Recovery - Adult	Techniques of Grief Therapy - assessment and intervention	Assessment, reconstructing the self after loss, use of ritual in healing	10	Direct Service	7/28/19	1	Robert Neimeyer

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Cultural Competence	Client/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 treatment.	1hr/annually	Administration/ Mngmt, Direct Srvice Contractors	7/28/19	204	Online Relias Course
Resiliency - Youth	Other Side of Cannabis Community Workshop	Screened "The Other Side of Cannabis" documentary of youth in recovery from marijuana addiction sharing their own story, the effect on their parents, and modeled youth discussing issues about sensitive topics in a culturally sensitive way. Pre & post-presentation on impact of addiction on youth and what families can do.	2 hrs	Administration/ management	7/23/19	1	Shari Egeland, MA, MFT, , Omni Youth Programs
Resiliency - Youth	Chronic State Community Workshop	Screened "Chronic State" documentary on the impact to communities, youth, health and environment from marijuana legalization, and how social normalization and policy changes impact youth's use and addiction rates. Pre & post-presentation w/ Q&A.	2 hrs	Direct Services: Contractors	7/22/19	2	Cynthia Mumford, MA, MS, Omni Youth Programs

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Cultural Competence	The Secrets to Nonprofit Email & Mobile Messaging Communications that Strengthen Donor Relationships	How to create and deliver effective email marketing and mobile messaging that strengthen community connections, and culturall competency & inclusion in marketing nonprofits.	1 hr	Direct Services: Contractors	7/17/19	1	Ann Tucker
Family Focused - Youth	Finding Compassion, Help and Hope for Parents of Young People Struggling with Addiction	Ways addiction affects the parent-child relationship, how to adopt a more compassionate approach to improve treatment outcomes for everyone affected and inclusion and acceptance of individualism over addiction.	1 hr	Administration/ management	7/17/19	2	Ann Tucker
Recovery - Adult	Sleep Disorders in the Elderly	education re: changes in sleep pattterns in the elderly, how sleep deprovation and medication may impactscognitive function	4	Direct Service	7/17/19	1	Jassin M Jouria, MD
Recovery - Adult	SUD Assessments 1	Discussed using SUD tool to assess patient needs and develop treatment plan.	At least annually	Counselors	7/11/19	0	Garrett Stenson, MSW
Cultural Competence	Transitioning to Supervisor	Training for RST Supervisors to build upon communication skills, cultural awareness for staff, and	One Time	Supervisors	7/11/19	2	Fred Pryor Seminars
Cultural Competence	Transitioning to Supervisor	Training for RST Supervisors to build upon communication skills, cultural awareness for staff, and	One Time	Supervisors	7/11/19	2	Fred Pryor Seminars
Recovery - Adult	SUD Assessments 1	Discussed using SUD tool to assess patient needs and develop treatment plan.	At least annually	Counselors	7/11/19	12	Garrett Stenson, MSW

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Cultural Competence	Mandated Reported Training	Training teaches what mandated reporters responsibilities to report known or suspect child abuse and neglect, recognizing indicators of different types of abuse, placing a suspected child abuse report and understanding signs of abuse in children from different races and communities	3 hrs	Administration/ management	7/9/19	1	Multiple Presenters
Cultural Competence	Refugee Forum		6		7/8/19	1	
Cultural Competence	CFV Peer Empowerment Conference	Our Keynote Speaker was Lisiha Rahman - Counselor, Motivational and Public Speaker, Trauma Survior. Lishia was recently awarded the Mental Health Champion Award. The conference was attended by Consumers, Family members, Mental Health and ADS providers as well as other community members. Due to COVID 19 the venue was through ZOOM technology. We were able to provide 178 people with meals through an account we set up through Grub Hub. We also had the ability to provide raffle prizes in the form of Walmart and Visa gift cards.	3 1/2 hrs, Annually		7/8/19	262	Cal Voices CFV/SAFE
Cultural Competence	Trans Youth	Understanding trans youth 1	1	admin/direct support	7/6/19	0	
Recovery - Adult	The Schizophrenia Spectrum	Differentiating diagnosis, symptom and interventiosn for recovery, family and agency support as part of recovery plan		Direct Service	7/4/19	0	Steven M Silverstein, et al
Family Focused - Youth	Fetal Alcohol Spctrum Disoder	Risk factors, screening procedures, prevention approach	2	Direct Service	7/3/19	0	SAMHSA

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Recovery - Adult	Monthly Case Conceptualizations with in house Clinical Trainer	Monthly engagement in client case conceptualizations at each site to assist in the clincial training of counselors	1 hour monthly per site.	All SUD Counselors	7/1/19	300	Dr. BJ Davis
Cultural Competence	Unconscious Bias	In this course, you'll deepen your understanding of unconscious biases, how they influence behavior, and how they impact us all. You'll also learn numerous actions you can take to help counter bias in your own work environment.	1 hour	Direct Services - contractor		0	
Cultural Competence	Crisis intervention & Cultural responsiveness	Working in a fast pace Environment & cultural responsiveness	4 hrs/annually	Direct services: contractors		0	Dara Pastor
Cultural Competence	Cultural Considerations	Training provides participants a better understanding of the impact culture has on mental health treatment	4 hours/Every 4 years	Direct Servcie Contractors;		0	Betty Knight and Surinder Gill -- ROCC
Cultural Competence	Gender Competency: An Introducation - What does it mean?	Gender competence is the ability of people to recognise gender perspectives in their work and policy fields and concentrate on them towards the goal of gender equality.	2 hour	Direct Service Contactors; Support Servcies		0	My Learning Point
Cultural Competence	Cultural Competence: The Immiigrant Experience	The impact on migration on families who have immigrated.	2 hours	Direct Service Contractors		0	My Learning Point
Cultural Competence	Gang Awarness	Understanding the culture of gang related behavior and impact the upon the community and services available..	2 hours/annually	Administration/ mgt; Direct Servcie Contractors;		0	Sacramento Probation

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Cultural Competence	Health Equity& Multicultural Diversity Competence care training-CA Brief Multiculurel Competency Scale.	Cultural Competency	When it is availbe	Direct Servcie Contractors;		0	Sacramento County Mental Health
Cultural Competence	Special Education Considerations	Understanding the needs of special education clients and approriate considerations	2 hours/annually	Direct Service Contractors, Administration/ mgt;		0	Mary Bush/Family Advocate
Cultural Competence	Human Trafficing	Understanding the needs and culture of human trafficing	1 hour/annually	Direct Service Contractors, Administration/ mgt;		0	My Learning Point
Cultural Competence	Cultural Considerations	Training provides participants a better understanding of the impact culture has on mental health treatment	4 hours/Every 4 years	Direct Servcie Contractors;		0	Betty Knight and Surinder Gill -- ROCC
Cultural Competence	Gender Competency: An Introducation - What does it mean?	Gender competence is the ability of people to recognise gender perspectives in their work and policy fields and concentrate on them towards the goal of gender equality.	2 hour	Direct Service Contactors; Support Servcies		0	My Learning Point
Cultural Competence	Cultural Competence: The Immiigrant Experience	The impact on migration on families who have immigrated.	2 hours	Direct Service Contractors		0	My Learning Point
Cultural Competence	Gang Awarness	Understanding the culture of gang related behavior and impact the upon the community and services available..	2 hours/annually	Administration/ mgt; Direct Servcie Contractors;		0	Sacramento Probation

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Family Focused - Youth	Family Psychoeducation: A model for Supporting Consumers	Psychoeducation Practice Priciples and steps to support clients	2 hour/annually	Adminstraion/ mgt; Direct Service Contactors; Support Servcies		0	My Learning Point
Family Focused - Youth	Client and Family Crisis Management	Managing crisis situations, deescalation of a crisis and recovery	4 hours/1 time	Administration/ mgt; Direct Servcie Contractors; Support Servcies		0	Lara Jackson - ROCC
Family Focused - Youth	Facilitating Child & Family Team Meetings	Using a CFT to provide youth and family voice and choice in treatment services - Fidelity Wrap Principles	3 hours	Direct Services Contractors		0	Amra Dashnyam ROCC
Family Focused - Youth	Family Psychoeducation: A model for Supporting Consumers	Psychoeducation Practice Priciples and steps to support clients	2 hour/annually	Adminstraion/ mgt; Direct Service Contactors; Support Servcies		0	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		0	My Learning Point
Family Focused - Youth	Facilitating Child & Family Team Meetings	Using a CFT to provide youth and family voice and choice in treatment services - Fidelity Wrap Principles	3 hours	Direct Services Contractors		0	Amra Dashnyam ROCC

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Navigating Systems - Youth	Advocacy -- Autism	Advocacy Skills to help individuls and their families access resources and support their needs	1 hour	Direct Service Contrators		0	My Learning Point
Navigating Systems - Youth	Advocacy -- Community Education for Intellectual and Developmental Disabilities	Advocacy Skills to help individuals and their families access education resources and support ther	1 hour	Direct Service Contractos		0	My Learning Point
Navigating Systems - Youth	Advocacy -- Autism	Advocacy Skills to help individuls and their families access resources and support their needs	1 hour	Direct Service Contrators		0	My Learning Point
Navigating Systems - Youth	Advocacy -- Community Education for Intellectual and Developmental Disabilities	Advocacy Skills to help individuals and their families access education resources and support ther	1 hour	Direct Service Contractos		0	My Learning Point
Resiliency - Youth	Crisis De-escalation Strategies	Skills and best practices for de-escalating a client crisis situation	1 hour/annually	Direct Servcie Contractors;		0	My Learning Point
Resiliency - Youth	Coping Cat	Cognitive-behavioral treatment to reduce anxiety disorder in children and youth,	4 hours/1 time	Direct Servcie Contractors;		0	Tina Traxler-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		0	Sherri Daftarri & Jon De Paul Dunbar-ROCC

Training Log FY 2019-2020

Training Type	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		0	Karen Tompson-ROCC
Resiliency - Youth	Trauma 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		0	My Learning Point
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		0	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		0	Karen Tompson-ROCC
Resiliency - Youth	Coping Cat	Cognitive-behavioral treatment to reduce anxiety disorder in children and youth,	4 hours/1 time	Direct Servcie Contractors;		0	Tina Traxler-ROCC
Resiliency - Youth	Crisis Prevention Intervention	Managing crisis situations, de-escalation skllls and education on crisis intervention techniques.	7 hours/Every 3 years	Direct Servcie Contractors; Support Servcies		0	Heather Post & Kayleigh Swetland - ROCC

Training Log FY 2019-2020

Training Type	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
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		0	Sherri Daftarri & Jon De Paul Dunbar-ROCC
Resiliency - Youth	Skill Steaming	Pro-Social skill building, generalization and managing youth's own behaviors.	8 hours	Administration/ mgt; Direct Servcie Contractors; Support Servcies		0	Karen Tompson-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.	8 hours	Administration/ mgt; Direct Servcie Contractors;		0	Sherri Daftarri - ROCC

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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Sacramento County

State of California

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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.

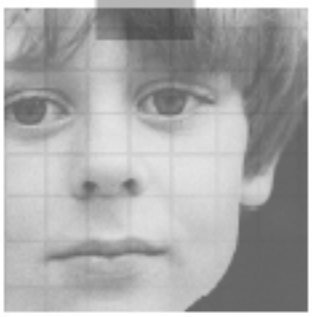
Day Treatment Intensive - This is a structured program of mental health treatment provided to a group of people who might otherwise need to be in the hospital or another 24-hour care facility. The program lasts at least three hours a day. People can go to their own homes at night. The program includes 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

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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

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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

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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.
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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

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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

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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.
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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

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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

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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

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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.
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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 تُوَّفِر 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، ويخوّل 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 بالمدرسة، أو أي شخص يهمه 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 الإنتظار، إذهب إلى أقرب قسم طوارئ.

الخدمات المتوفرة
يقدم قسم Division of Behavioral Health Services مجموعة مستمرة من خدمات الصحة العقلية بداية 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 الهيئات المحرومة بما في ذلك التوعية.
- برامج الوقاية والتدخل المبكر.
- الفحص والتقييم .
- العلاج قصير الأجل، والاستشارات: للأفراد، والأسرة، والمجموعات .
- دعم النظراء أفراد الأسرة .
- معالجة الناس في حالات الكوارث .
- إدارة الحالات .
- دعم وتقييم العلاج .
- إعادة تأهيل يومي .
- إختبارات نفسية .
- الإقامة في المستشفيات .

يحافظ قسم Sacramento County Division of Behavioral Health Services على سياسة تقر بحق الفرد في الخصوصية والسرية التامة. 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	711 أو (916) 876-8892	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.

ACCESS sức khỏe tâm thần cung cấp thông tin 24 giờ một ngày, bảy ngày một tuần. Có dịch vụ song ngữ và các thiết bị điện thoại cho người điếc.

Dịch vụ được cung cấp ở đâu?
Các dịch vụ được cung cấp bởi quận hạt hoặc nhân viên của các cơ sở cộng đồng khắp quận.

Ai có thể giới thiệu?
Một cá nhân, cha mẹ hoặc người giám hộ có thể yêu cầu dịch vụ. Người giám hộ có thể là một người họ hàng, nhân viên của cơ quan cộng đồng, bác sĩ, nhân viên nhà trường, hoặc bất kỳ cá nhân nào có sự quan tâm.

Làm thế nào để nhận được sự giúp đỡ khẩn cấp?
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.

Dịch vụ sẵn có
Ban Dịch vụ Sức khỏe Tâm thần cung cấp dịch vụ sức khỏe tâm thần cho người lớn và trẻ em. Dịch vụ sẽ khác nhau tùy theo tuổi và nhu cầu của cá nhân nhưng có thể bao gồm:

- Giúp đỡ cư dân thiếu phục vụ, bao gồm tiếp cận cộng đồng .
- 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		

CONTACT INFORMATION:

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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 & Recover Center – South

Groups NOW on-line. Use Teams app or your cell phone. Easy to do!

Monday 10am-11am	Senior Moments with Karen	kcameron@consumersselfhelp.org

This support group enriches the lives of the senior members of the Wellness & Recovery community by building friendships, creating connections, & sharing information.

Monday 1:30pm-2:30pm	Attitude of Gratitude with Karen	kcameron@consumersselfhelp.org

This support group encourages members to look for ways we can be grateful, from the smaller things to the bigger things. Giving us the ability to be more positive.

Tuesday 10am-11am	Depression Support with Ryan	rcoppage@consumersselfhelp.org

Members are invited to share their experiences with depression in an effort to connect & support each other. Different coping strategies are discussed by the group facilitator & your peers.

Tuesday 11am-12pm	Understanding Anger with Ryan	kcameron@consumersselfhelp.org

Understanding yourself & what triggers your anger.

Wednesday 10 am-11am	Healing from Trauma with Tracy	tbridges@consumersselfhelp.org

This support group in which the day to day problems associated with post-traumatic stress disorder are discussed with others who share similar experiences. This group provides encouragement, comfort, & advice while reducing some of the isolation & loneliness associated with PTSD.

Wednesday 11am-12pm	I'm listening with Jason	jcooper@consumersselfhelp.org

What is to be a good listener? How do you feel when someone is, or isn't listening to you? Learn ways to explore proper listening & communication skills. Express thoughts, emotions, & or concerns truly learn what it bring heard is & feels like.

*Wednesday 12pm-1pm	Family Matters with Tracy	tbridges@consumersselfhelp.org

This group offers a discussion on family issues whether good or bad. You can discuss what you would like to do with loved ones or family members.

Wednesday 1:30pm-2:30 pm	Bipolar Support with Karen	kcameron@consumersselfhelp.org

Participants are invited to share about their bipolar or other mood disorder experiences and/or current life issues. When done sharing, participants may choose to receive feedback from other participants. The facilitator also includes articles/videos to reinforce the idea that many people live very successful lives while also dealing with Bipolar disorder.

*Wednesday 2:30pm – 3:30pm	Open Mic with Jason	jcooper@consumersselfhelp.org

Details coming soon

*Thursday 10am-11am	Social Media with Tracy	tbridges@consumersselfhelp.org

This group is an open topic & open platform on social media issues.

For more information please email the facilitator of the group or call at ***916-394-9195.***

Wellness & Recover Center – South

Groups NOW on-line. Use Teams app or your cell phone. Easy to do!

Thursday 11am-12pm	Mental Health Recovery with Tracy	tbridges@consumersselfhelp.org

Dealing with a mental health illness can often be difficult, especially when people feel they are trying to recover alone. During this hour we take the time to share our personal experiences, realize that we are not as alone as we once thought, & work together to lend an ear and/or find solutions to the many challenges that come with a mental health diagnosis. We also practice a variety of coping skills to deal with symptoms of our diagnosis.

Thursday 12:30pm-1:30pm	PTSD with Ryan	rcoppage@consumersselfhelp.org

PTSD is a disorder that usually occurs after a person has been subjected to a traumatic episode. This group supports its members by identifying the three types of PTSD symptoms & teaches participants how to maintain healthy lifestyles. A manual is often referenced during group discussion entitled "Seeking safety-a treatment manual for PTSD & substance abuse".

Thursday 2pm-3pm	Co Occurring with Ryan	rcoppage@consumersselfhelp.org

One mental health diagnosis can be challenging enough, however sometimes we have to deal with a multitude of issues. This is a group for people who seek additional support in handling a dual-diagnosis. Typically it involves a mental health diagnosis along with substance abuse, however the tools learned here can be applied to many illnesses.

Friday 9:30am-10:30am	Choice Theory with Ryan	rcoppage@consumersselfhelp.org

Choice theory is an explanation of how the brain works & why or how we behave. This theory was created by William Glasser & used in many therapies to facilitate positive changes in a person's life. This group will discuss these concepts & explore ways to apply them in a person's life.

*Friday 9:30am-10:30am	Waking up w/Positivity with Jason	jcooper@consumersselfhelp.org

We have all hear & or used the quote "Woke up on the wrong side of the bed", well how exactly do we avoid doing that? Which side is actually the wrong side? Waking up in a mood good or bad isn't determined by a side you step off on, but there are ways to wake up positively & feel positive throughout your day. Throughout this group we will discuss & discover many ways this is possible.

Friday 11am-12pm	Anger Management with Ryan	rcoppage@consumersselfhelp.org

An open forum group for members to check in, express how they have been using coping skills when challenged & be open to feedback when offered & accepted. Open to discuss current events in a positive supportive way.

Friday 1:30pm-2:30pm	Positive Vibes with Jason	jcooper@consumersselfhelp.org

Having good energy or "Positive Vibes" can give a feelings a lift boost your self-esteem, remove feelings of anxiety & improve the way we communication. Bad energy or "Negative Vibes", adds conflict & resentment. Our goal should always be to maximize & increase the good "Positivity" & minimize the bad.

For more information please email the facilitator of the group or call at ***916-394-9195.***

Wellness & Recover Center – North

2500 Marconi Ave., Suite 100, Sacramento, CA 95821 916-485-4175

Groups NOW on-line using Zoom! Contact WRCN for further details

Monday 11am-12pm **The Four Agreements with Star**

Utilizing the philosophies from the book The Four Agreements providing insight and techniques to improve communication within yourself and with others, learn more patience, self-advocacy and how to do your best.

Monday 1pm-2pm **Depression Support**

Participants share coping strategies with each other. This feeling of connection greatly assists the healing process. Learn how to have a positive outlook and how to manage depression.

Monday 230pm-330pm **Overcoming Addiction**

Coping skills are shared and activities are offered to support those in long term recovery or newly in recovery. Understanding the addiction process and challenges with stressors and how to cope.

Tuesday 10am-11am **Living Life on Purpose with Alex**

Even with the best of intentions, putting energy into the wrong places can be damaging and keep you feeling stuck. In this group we will explore and discuss living a life with intention, finding purpose, discovering and living by your personal code, practicing positive affirmation, utilizing effective communication and learning to be vulnerable.

Tuesday 130pm-230pm **Being the Best You Can Be with Joel**

Helps people to focus on feeling better about themselves by discussing various topics and how to use positive self-talk, communication with others in a more positive light and essentially become a better person and help others do the same.

Tuesday 330-430pm **ABC-CBT with Alex & Eliego**

This class will combine elements of DBT (dialectical behavior therapy), CBT (cognitive behavior therapy) and ACT (acceptance & commitment therapy). ABCDBT's main goals are to help members build wellness skills by teaching how to live in the moment, develop healthy ways to cope with stress, regulate emotions, and embrace yourself, thoughts and feelings.

Wednesday 11am-12pm **Wellness Check In with various mentors**

An open forum group for members to check in, express how they have been using coping skills when challenged and be open to feedback when offered and accepted. Open to discuss current events in a positive supportive way.

Wednesday 200-300pm **Current Events with Danny**

In this group, we take turns to read from the newspaper and discussing what's currently happening in our city, state, country, and around the world. We also share information about available resources in our community that provide support toward wellness and recovery.

Thursday 11am-12pm **Coping with Anxiety with Eliego**

Designed to assist participants to manage better the influence of various life stressors. The facilitator directs the discussion with the aim of enabling participants to identify, monitor, and cope successfully with worries and anxiety.

Friday 10am-1130am **Writing as a Path to Healing**

A writing workshop with different subjects to inspire journaling, personal reflection and how to articulate your emotions onto paper. Getting our thoughts, emotions, and creativity into the world often promotes healing and moving toward feeling whole and well.

Friday 130pm-230pm **Wellness Check In with various mentors**

An open forum group for members to check in, express how they have been using coping skills when challenged and be open to feedback when offered and accepted. Open to discuss current events in a positive supportive way.

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 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	5/15/19
Title: Procedure for Access to Interpreter Services	Functional Area: Access to Care		
Approved By: Signed version available upon request			

Background/Context:

All Sacramento County Mental Health Plan (MHP) and Alcohol and Drug Services (ADS) providers and County operated programs shall ensure that clients who are Limited English Proficient (LEP) or are Deaf/Hard of Hearing will be provided with an interpreter **at no cost** to the client. Division of Behavioral Health Services provider staff rely primarily on verbal and non-verbal communication to engage clients, form a therapeutic relationship, conduct assessments and provide treatment. A language barrier can lead to miscommunications, which can significantly impact engagement, assessment and treatment (adapted from "Cross-Cultural Communication & Therapeutic Use of Interpreters in Mental Health", March 2003, Lee, Evelyn, Ed.D., LCSW, Romero, Josie T., MSW, LCSW).

Definitions:

"Limited English Proficient" - Individuals who speak a language other than English as their primary language and who have a limited ability to read, write, speak or understand English are considered limited English proficient (adapted from US Department of Health & Human Services, Office for Civil Rights, "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons", 2004).

"Interpreter" - An interpreter is an individual who has been assessed for professional skills, demonstrates a high level of proficiency in at least two languages, and has the appropriate training and experience to render a message spoken or signed in one language into a second language and who abides by a code of professional ethics (The Department of Health and Human Services LANGUAGE ACCESS PLAN, 2013). In addition to the linguistic interpretation of the message given, the interpreter can provide cultural information and a necessary cultural framework for understanding the message (adapted from "Cross-Cultural Communication & Therapeutic Use of Interpreters in Mental Health", March 2003, Lee, Evelyn, Ed.D., LCSW, Romero, Josie T., MSW, LCSW).

Purpose:

The provision of medically necessary, culturally and linguistically competent specialty mental health services and/or substance use services is fundamental to ensure access and delivery of appropriate services to beneficiaries. Language access is essential to this effort. When bilingual and bicultural provider staff are not available, the use of trained interpreters can help to bridge the language and cultural gap (adapted from "Cross-Cultural Communication & Therapeutic Use of Interpreters in Mental Health", March 2003, Lee, Evelyn, Ed.D., LCSW, Romero, Josie T., MSW, LCSW).

This policy outlines the process for accessing trained interpreters when trained, 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
X	Behavioral Health Staff	X	Mental Health Treatment Center
X	Alcohol and Drug Services Contract Providers	X	Mental Health Contract Providers

Contact Information:

Mary Nakamura, LCSW (916) 876-5821

Cultural Competence and Ethnic Services Manager

CHILD AND FAMILY BEHAVIORAL HEALTH SERVICE CONTINUUM
FISCAL YEAR 2020-2021

August 2020

Prevention and Early Intervention (PEI) | **Supporting Community Connections** | **Mental Health Respites** | **Entry Points** | **Specialty Mental Health/Substance Use Prevention and Treatment** (Early Childhood, Outpatient, Intensive Outpatient) | **Residential** | **Crisis Services** | **Acute**

Advocacy

- **Family & Youth Advocate Liaison to Division of Behavioral Health**
- **Family Partners and Youth Peer Advocates are on staff in the contracted outpatient provider network**
- **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**

Prevention and Early Intervention (PEI)

PEI Project 1
Suicide Prevention
- Crisis Line (call, text, chat)
- Community Support Team
- Postvention Bereavement Support Group / Grief Services
- Supporting Community Connections
- Emergency Department Follow UP

PEI Project 2
Strengthening Families
- Bullying Prevention Education and Training
- Early Violence Intervention Begins with Education (eVIBE)
- Quality Child Care Collaborative
- Child Protective Services/ Mental Health Collaboration

PEI Project 3
Integrated Health and Wellness
- UC Davis Sacramento Early Diagnosis and Preventative Treatment Clinic (SacEDAPT)
- El Hogar SeniorLink *

PEI Project 4
Mental Health Promotion Campaign
- Community Education
- Community Outreach and Engagement
- Multi-Media Campaign
- Speakers Bureau

SUPT Prevention Providers
- Omni
- Pro Youth & families
- Public Health Institute
- SCOE

Sacramento County Coalition For Youth
(SCOE)

Supporting Community Connections

A Church For Us dba A Church For All
African American community

Asian Pacific Community Counseling
Cantonese, Hmong, Vietnamese speaking community

Children's Receiving Home
Youth/TAY(12-25) homeless, LGBTQ, or foster youth

Iu Mien Community Services
Iu Mien community

La Familia Counseling Center
Spanish speaking community

Cal Voices
Consumer Operated Warm Line

Cal Voices
Older Adult community

Sacramento Native American Health Center
Native American community

Slavic Assistance Center
Russian speaking community

TBD
Arabic speaking community

Mental Health Respites

A Church For Us dba A Church For All*
The Ripple Effect

Capital Adoptive Families Alliance

Del Oro Caregiver Resource Center*

Gender Health Center*
Danelle's Place

Sacramento LGBT Community Center*
Lambda Lounge (age 18+)

Sacramento LGBT Community Center*
Q-spot (age13 & up/ Transition Age Youth)

St. John's Program for Real Change*

TLCS – Mental Health Crisis Respite Center*

Turning Point Community Programs*
Abiding Hope Respite House

Wind Youth Services
(age 13-25)

Entry Points

Sacramento County MH Access Team and SUPT System of Care

Homeless Shelter Access Clinician

Intensive Placement Team*

Children's Crisis Stabilization Unit (Inpatient Authorization)
Mental Health Treatment Center-ISU

Child Protective Services/Mental Health Collaboration

Interagency Placement Committee (IPC)
(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

Community Support Team

Central Star CSET for CSEC

Central Star Youth Help Network

SUPT Access Points
- SUPT System of Care
  - Children's Receiving Home
  - School sites
  - Wind Youth
- Community Locations as needed
- Juvenile Court
- Youth Detention Facility

Other Community Entry Points of Services

Safe Zone Squad
- Martin Luther King Jr. Technology Academy
- Albert Einstein Middle School
- Sam Brannan Middle School

Specialty Mental Health/Substance Use Prevention and Treatment

Parent Child Interaction Therapy
- CAPS Clinic
- Capital Star
- River Oak
- Stanford Sierra Youth and Families
- Turning Point
- UC Davis CAARE
- Sacramento Children's Home

Quality Child Care Collaborative

Flexible Integrated Treatment (FIT)
- Capital Star
- Dignity Health
- La Familia
- River Oak
- Sacramento Children's Home
- Stanford Sierra Youth and Families
- HeartLand
- Turning Point
- UC Davis CAARE
- Uplift

Sacramento County CAPS Clinic

Sacramento County APSS Clinic*

Psychological Testing
- Sacramento County CAPS Clinic
- UC Davis CAARE

SUPT Outpatient Treatment
- Another Choice Another Chance
- Rio Vista
- Sobriety Brings a Change
- WellSpace Health
- Additional Outpatient Services at selected Middle Schools & High Schools

Medication Assisted Treatment Providers:
- Aegies
- BAART Programs
- CORE Medical Clinic
- MedMark
- Treatment Associates

Wraparound
- River Oak
- Sacramento Children's Home
- Stanford Sierra Youth and Families
- Uplift (program services end December 2020)

Full Service Partnerships
- River Oak Juvenile Justice Diversion and Treatment Program (JJDTP)
- Telecare SOAR*
- TLCS New Direction*
- Asian Pacific Community Counseling Transcultural Wellness Center
- Central Star Transition Age Youth
- Turning Point ISA*
- Turning Point Pathways

Therapeutic Behavioral Services (TBS)
- River Oak
- Stanford Sierra Youth and Families
- Turning Point
- Uplift

SUPT Intensive Outpatient Treatment
- Sobriety Brings About Change
- WellSpace Health

Residential

Group Home/Short Term Residential Therapeutic Residential Program (STRTP)
- Children's Receiving Home
- Mountain Valley
- Paradise Oaks
- Sacramento Children's Home
- Gateway Residential
- Out of County Providers

Therapeutic Foster Care
- Stanford Sierra Youth and Families

SUPT Youth Residential Treatment
(Up to Age 18)
Out of County Referrals

SUPT Transitional Sober Living Environment Bridges
(Women & Children)

Crisis Services

Mobile Crisis Support Teams
(expanding 5 more teams in 20/21)
- MCST-Citrus Heights PD/ Folsom PD
- MCST-Elk Grove PD
- MCST-SPD – City-Wide
- MCST-SSD – North 1
- MCST-SSD -- North 2
- MCST-SSD – South

Mental Health Urgent Care Clinic

Turning Point Community Programs
12 Beds
Crisis Residential Program
34th Street

Turning Point Community Programs
15 Beds
Crisis Residential Program
Henritta

Turning Point Community Programs
15 Beds
Crisis Residential Program
M Street

Capital Star Behavioral Health Transition Age Youth
15 Beds
Crisis Residential Program
Marconi
Planned - Not yet operational

Sacramento Children's Home
The Source

Central Star Youth Help Network

Safe Zone Squad
- Martin Luther King Jr. Technology Academy
- Albert Einstein Middle School
- Sam Brannan Middle School

Acute

Consumer Self Help Office of Patient's Rights

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.

- **MHTC Children's Crisis Stabilization Unit**
- **Dignity CSU***

Psychiatric Hospitals
- Heritage Oaks Hospital
- Out of County
- Sierra Vista
- Sutter Center for Psychiatry

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
- Medi-Cal
- Realignment
- MHSA
- Wraparound Savings
- Juvenile Medical Services
- Probation
- CPS
- DHA
- SB82 CHFFA
- SB82 MHSOAC

SYSTEM PARTNERS
- Child Protective Services (CPS)
- Probation
- Child Action
- Substance Use Prevention and Treatment (SUPT))
- Department of Human Assistance (DHA)

ADULT BEHAVIORAL HEALTH SERVICE CONTINUUM
FISCAL YEAR 2020-2021

December 2020

Prevention

PEI Project 1
Suicide Prevention
- Crisis Line (call, text, chat)
- Community Support Team
- Postvention Bereavement Support Group / Grief Services
- Supporting Community Connections
- Emergency Department Follow UP

PEI Project 2
Strengthening Families
- Bullying Prevention Education and Training
- Early Violence Intervention Begins with Education (eVIBE)
- Quality Child Care Collaborative
- Child Protective Services/ Mental Health Collaboration

PEI Project 3
Integrated Health and Wellness
- UC Davis Sacramento Early Diagnosis and Preventative Treatment Clinic (SacEDAPT)
- El Hogar SeniorLink

PEI Project 4
Mental Health Promotion Campaign
- Community Education
- Community Outreach and Engagement
- Multi-Media Campaign
- Speakers Bureau

Supporting Community Connections

A Church For Us dba A Church For All
African American community

Asian Pacific Community Counseling
Cantonese, Hmong, Vietnamese speaking community

Children's Receiving Home
Youth/TAY(12-25) homeless, LGBTQ, or foster youth

Iu Mien Community Services
Iu Mien community

La Familia Counseling Center
Spanish speaking community

Cal Voices
Consumer Operated Warm Line

Cal Voices
Older Adult community

Sacramento Native American Health Center
Native American community

Slavic Assistance Center
Russian speaking community

TBD
Arabic speaking community

Mental Health Respites

A Church For Us dba A Church For All
The Ripple Effect

Capital Adoptive Families Alliance

Del Oro Caregiver Resource Center

Gender Health Center
Danelle's Place

Sacramento LGBT Community Center
Lambda Lounge (age 18+)

Sacramento LGBT Community Center
Q-spot (age13 & up/ Transition Age Youth)

St. John's Program for Real Change

TLCS/Hope Cooperative -Crisis Respite Center

Turning Point Community Programs
Abiding Hope Respite House

Wind Youth Services
(age 13-25)

Community Programs

Sacramento CalWORKs Wellness Team
Partnership with DHA

Sacramento County Clinical Team
Adult Day Reporting Center-Partnership with Probation

Trauma Informed Culturally Responsive Therapy – Black/ African American Community

Sacramento County Collaborative Court Clinical Team

Entry Points

Sacramento County MH Access Team

Homeless Shelter Access Clinician

Intensive Placement Team

Mental Health Treatment Center Intake Stabilization Unit

Sacramento County Community Support Team

Assisted Access and Interpreter Services System-Wide
Southeast Asian Assistance Center

TLCS/Hope Cooperative-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

Capital Star CSET for CSEC

Capital Star Youth Help Network

Other Community Entry Points of Services

SUPT System of Care

Specialty Mental Health Services
Low Intensity ⟷ Moderate Intensity ⟷ High Intensity

Outpatient Service Providers

CSH Wellness & Recovery Center South

CSH Wellness & Recovery Center North

El Hogar Guest House

Regional Support Teams

El Hogar

TLCS/Hope Cooperative

Turning Point Community Programs
- Rosin Ct Site
- Madison Ave Site

Visions

APSS Clinic in Partnership with Cal Voices Peer Partner Program

UC Davis Sacramento Early Diagnosis and Preventative Treatment Clinic (SacEDAPT)

TLCS/Hope Cooperative - TCORE

APCC Transcultural Wellness Center (FSP)

El Hogar Sierra Elder Wellness (FSP)

Capital Star Behavioral Health Transition Age Youth (FSP)

River Oak Juvenile Justice Diversion & Treatment Program (FSP)

Telecare ARISE (FSP)

Telecare SOAR (FSP)

TLCS/Hope Cooperative New Direction (FSP)

Turning Point Community Programs ISA (FSP)

Turning Point Community Programs Pathways (FSP)

Crisis Services

Turning Point Community Programs
Mental Health Urgent Care Clinic

Mobile Crisis Support Teams
- MCST-Citrus Heights PD
- MCST-Folsom PD
- MCST-Elk Grove PD
- MCST-SSD – North
- MCST-SSD – South

Turning Point Community Programs
15 Beds
Crisis Residential Program
Viking Drive

Turning Point Community Programs
15 Beds
Crisis Residential Program
Henrietta

Turning Point Community Programs
15 Beds
Crisis Residential Program
M Street

Capital Star Behavioral Health Transition Age Youth
15 Beds
Crisis Residential Program
Marconi

Acute Care

ELIGIBILITY: Adults who are a danger to themselves or others or require 24-hour care in a locked setting.

Crisis Stabilization
- MHTC Intake and Stabilization Unit
- Dignity Behavioral Health Crisis Services Collaborative – CSU Mercy San Juan

Inpatient
- MHTC – Stockton Blvd
- Sierra Vista
- Heritage Oaks
- Sutter Center for Psych
- Sacramento Behavioral Health Hospital

Psychiatric Health Facilities (PHF)-16 Beds
- Crestwood - Engle
- Crestwood – Stockton
- Heritage Oaks

Forensic Inpatient
- Jail Psychiatric
- Rio Consumnes Correctional Center

Sub Acute Care

ELIGIBILITY: Target population criteria is individuals who are 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.

Adult Residential Treatment (ART)

Transitional Residential Program

Mental Health Rehabilitation Centers

Psychiatric Skilled Nursing Facilities

State Psychiatric Hospitals

Advocacy
Consumer Advocate Liaison to Division of Behavioral Health & Adult & Family Advocate Liaison to Division of Behavioral Health

Consumer Self Help Office of Patient's Rights

Housing Supports
- DHA FHP
- ABC

Funding Sources
- FFP/Medi-Cal
- Realignment/General Fund
- MHSA
- SAMHSA
- CalWORKS
- PATH
- SB82 CHFFA
- SB82 MHSOAC

System Partners
- Managed Care Plans
- Substance Use Prevention and Treatment
- Employment Cooperative
- Department of Human Assistance (DHA)
- Probation (Adult Day Reporting Center)
- Public Guardian/Conservator Office
- Law Enforcement Agencies

KEY

ABC – Augmented Board and Care Program
APSS – Adult Psychiatric Support Services
CSH – Consumer Self Help
CSU – Crisis Stabilization Unit
ED – Emergency Department
FSP – Full Service Partnership
FHP – Flexible Housing Pool
ISA – Integrated Service Agency
MHANC – Mental Health America of Northern California
MHTC – Mental Health Treatment Center
PD – Police Department
SAAC – Southeast Asian Assistance Center
SPD – Sacramento Police Department
SSD – Sacramento Sheriff Department
SUPT – Substance Use Prevention and Treatment

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		

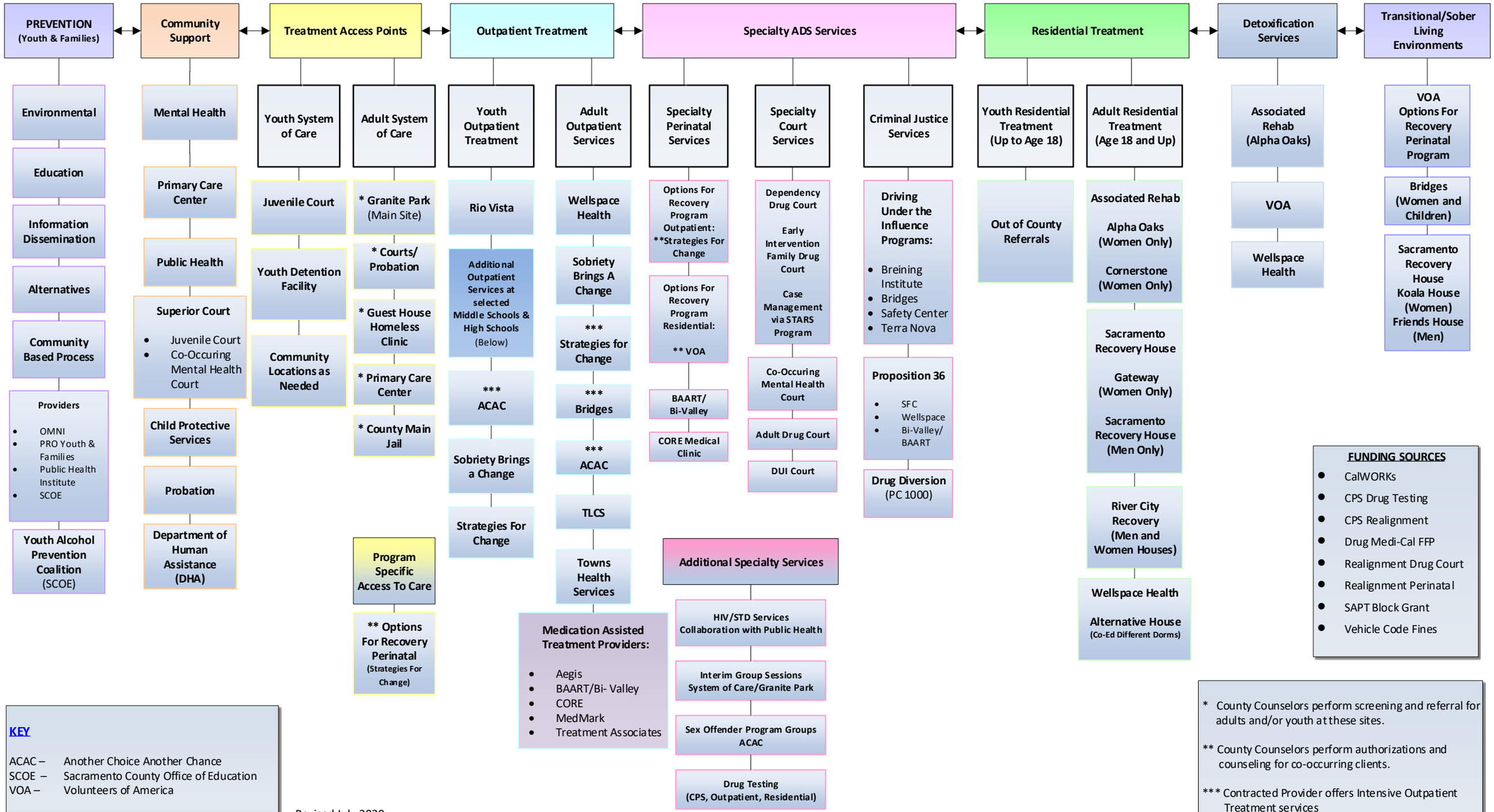
Contact Information:

Mary Nakamura, LCSW **PHONE NUMBER**

Cultural Competence and Ethnic Services Health Program Manager

SACRAMENTO COUNTY SUBSTANCE USE PREVENTION AND TREATMENT SERVICES CONTINUUM
FISCAL YEAR 2020-21

(Contracted Providers and County Staff)



Revised July 2020

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

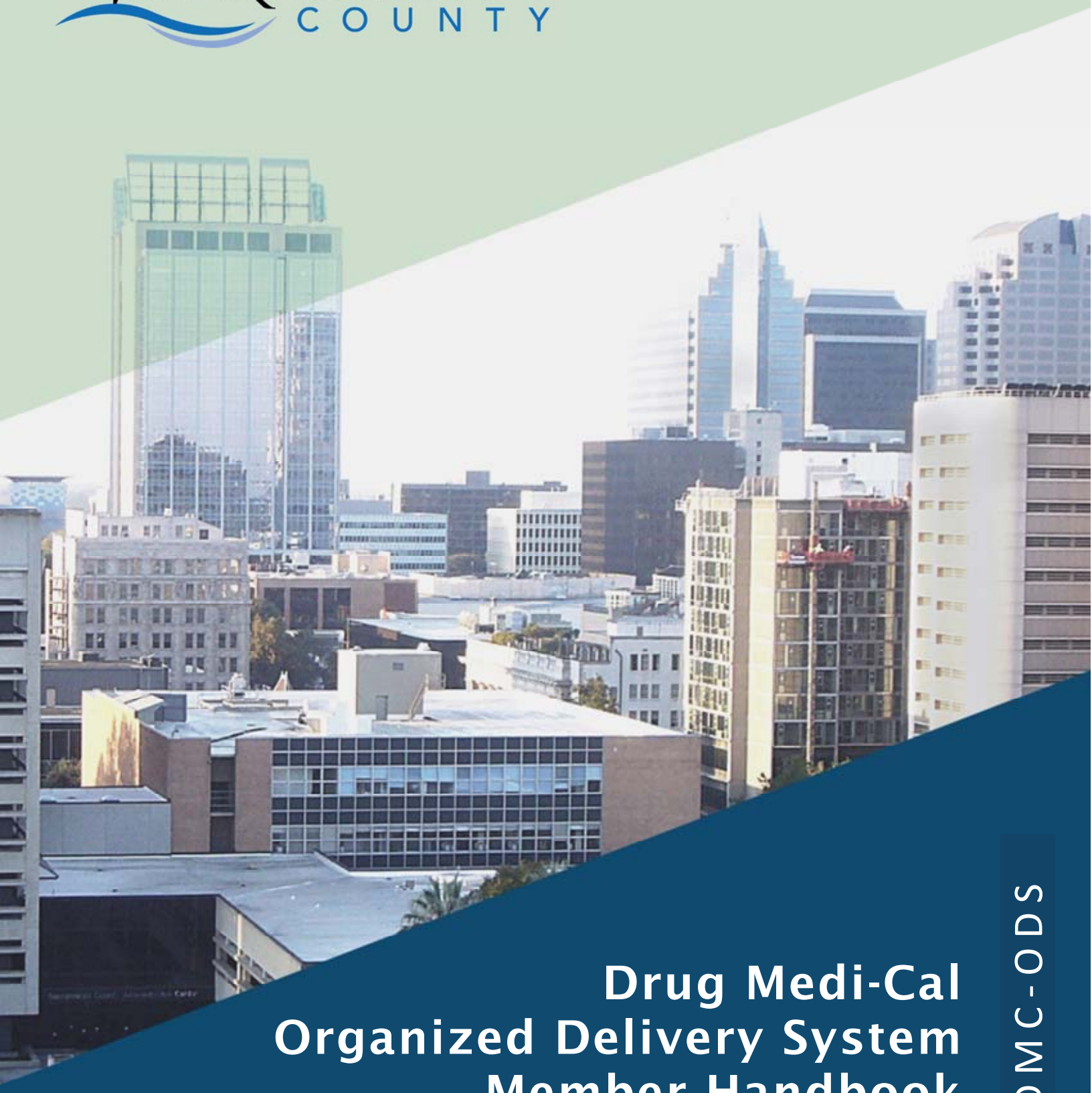
Please answer the following questions:

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



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*).

TABLE OF CONTENTS

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.

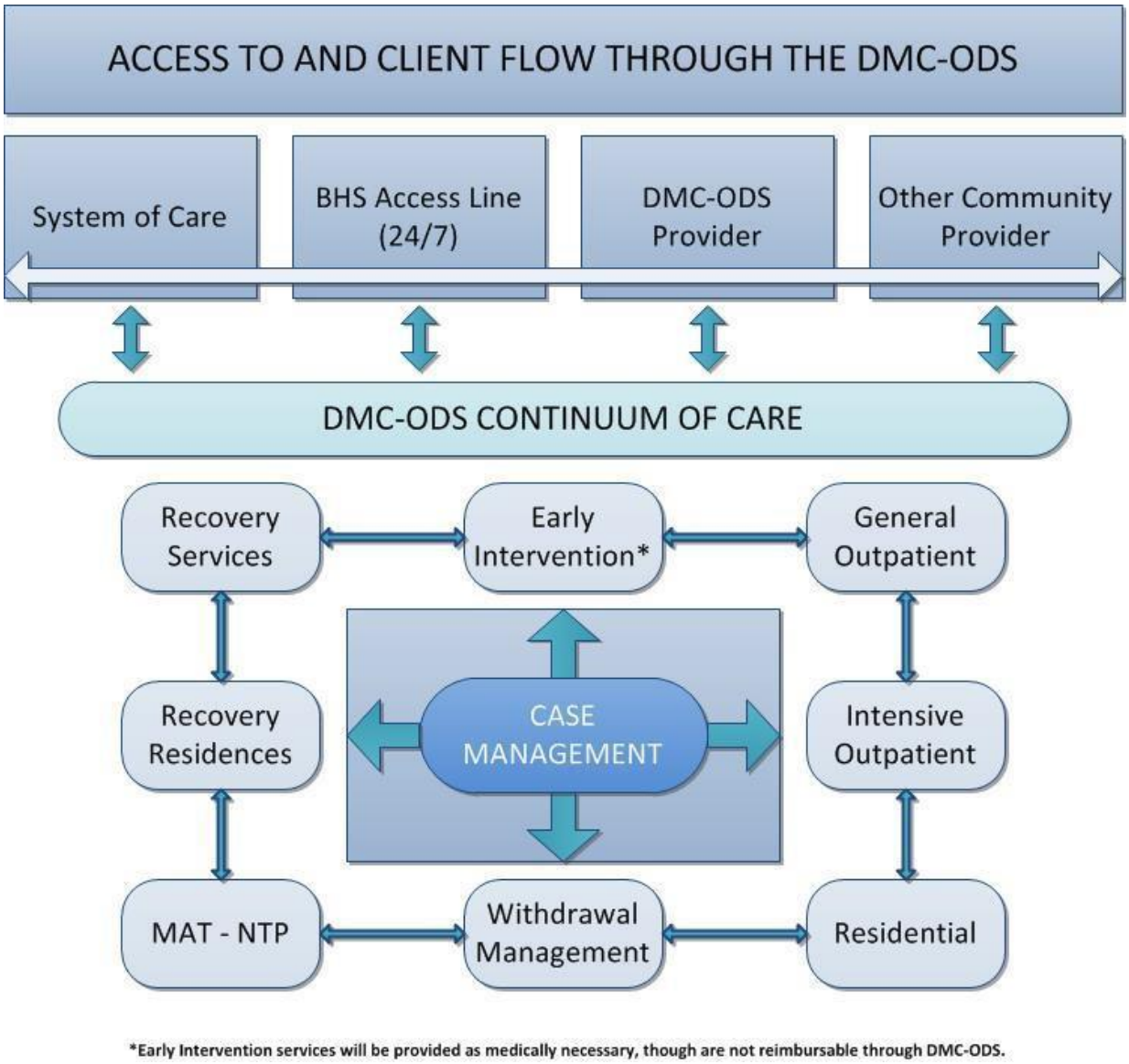
Assessment, Referral and Admissions to Appropriate ASAM Level of Care

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)

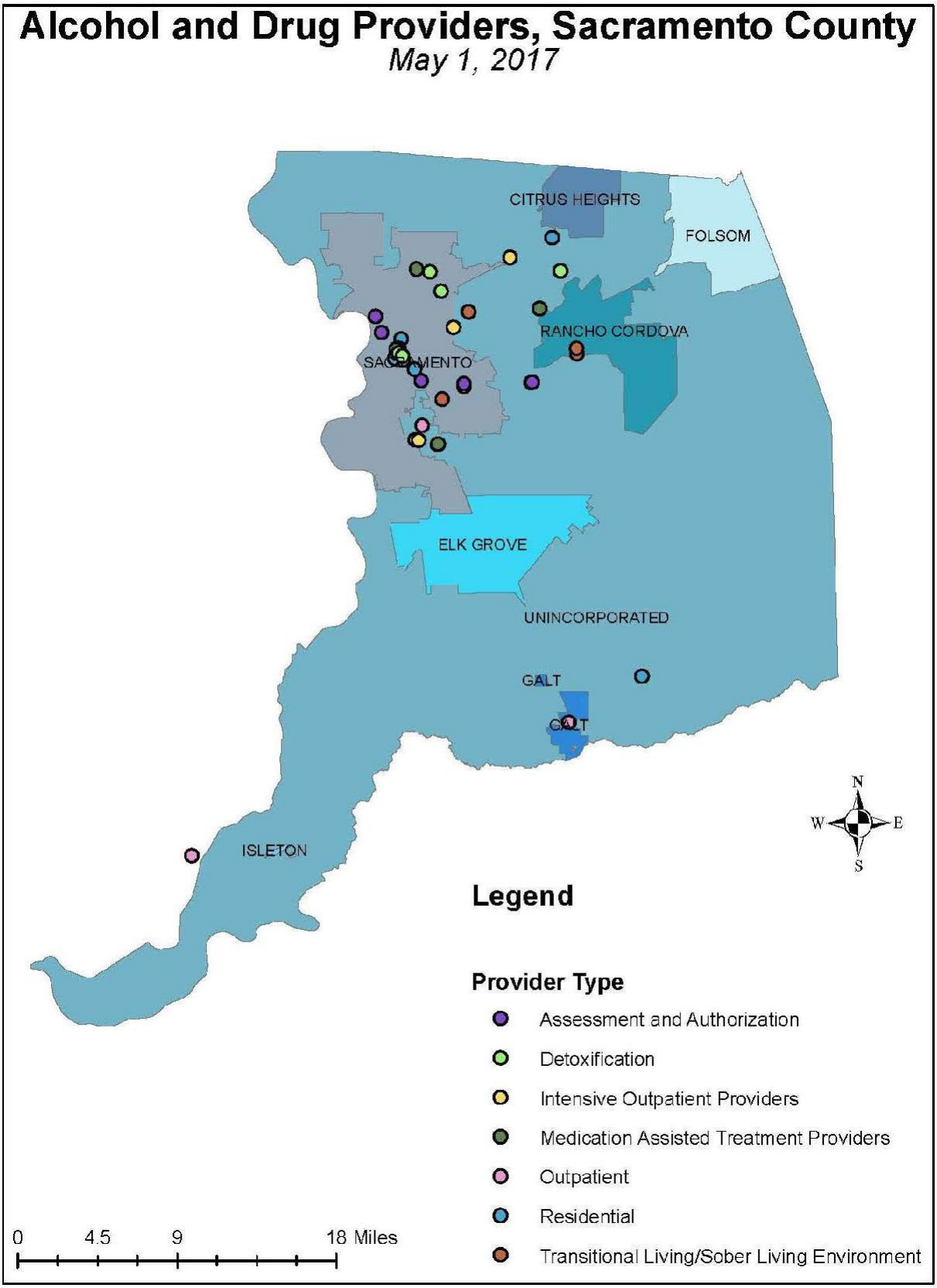
BHS staff will work with Sacramento County Research and Evaluation staff to develop additional access and timeliness standards including but not limited to; timeliness of services to first dose of NTP services within 72 hours, timeliness to residential treatment and frequency of follow-up appointments 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

Department of Health Services, Behavioral Health Services Division
Substance Use Prevention and Treatment Services (SUPT) Drug Med-Cal Organized Delivery System Provider List
ENGLISH Effective September 2020

Please contact the SUPT System of Care at (916) 874-9754 or 24 hours, 7 days per week toll free at 1-888-881-4881 for availability, accommodation needs, and assessment and referral to the listed providers. Deaf and hard of hearing individuals may contact TTY/TDD at (916) 876-8892.

Please contact the SUPT System of Care at (916) 874-9754 for information on how to request auxiliary aids and services, including provision of materials in alternate formats at no cost.

Provider Name and Group Affiliations	Aegis Treatment Centers, LLC	
Address(es) (physical location of clinic or office)	441 S. Ham Lane, Suite A Lodi, CA 95242	113 Coloma Way, Suite C Roseville, CA 95661
Telephone Number(s)	Lodi (209) 224-8940	Roseville (916) 774-6647
Website URL	www.aegistreatmentcenters.com	
Specialties	Substance Abuse Counseling; Medication-Assisted Treatment (MAT)	
Service Modalities	MAT for heroin and opioid addiction	
Populations Served	Adults	
Provider Accepts New Beneficiaries	YES	
Cultural and linguistic capabilities	English, Chinese, Spanish, Tagalog, Language Line Available	
Provider's office/facility has accommodations for people with physical disabilities	YES	

List of Practitioners: AEGIS TREATMENT CENTERS, LLC

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competence Training
Canney	Riley	1578095071	R1250500517	Registered Alcohol and Drug Technician	Yes
Conover	Gary	1649785346	Ci27180419	Certified Alcohol and Drug Counselor I	Yes
Farkas	Linda	1447811724	R1375200120	Registered Alcohol and Drug Technician	Yes
Gomez	Jennifer	1356988083	10188	Substance Use Disorder Registered Counselor	Yes

Services may be delivered by an individual provider, or a team providers, who is working under the direction of a licensed practitioner operating within the scope of practice. Only licensed, waivered, or registered mental health providers and licensed substance use disorder services providers are listed on this Provider Directory.

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List of Practitioners: AEGIS TREATMENT CENTERS, LLC

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competence Training
Grandison	Brittany	1063934529	10440	Substance Use Disorder Registered Counselor	Yes
Matthews	Lori	1306886239	NP10802	Nurse Practitioner	Yes
Meyer	Deanna	1255529657	103774	Associate Marriage and Family Therapist	Yes
Morley	Thomas	1902234263	R1337090219	Registered Alcohol and Drug Technician	Yes
Odom	Amber	1619327947	RI1234351016	Registered Alcohol and Drug Technician	Yes
Orthel	Steven	1720559685	R1200090415	Registered Alcohol and Drug Technician	Yes
Panelli	Amy	1548662687	6149	Certified Alcohol and Other Drug Counselor	Yes
Powell	Lisa	1831663426	VN235848	Vocational Nurse	Yes
Quackenbos	Janet	1881196400	7045	Substance Use Disorder Registered Counselor	Yes
Reid	Kristin	1275929002	8172	Substance Use Disorder Registered Counselor	Yes
Robbins	Danielle	1770093296	R1304120148	Registered Alcohol and Drug Technician	Yes
Seefeldt	Jenjor	1255815296	R1324421018	Registered Alcohol and Drug Technician	Yes
Smart	Denise	1730289083	A 39702	Physician and Surgeon A	Yes
Tennial	Elizabeth	1174735351	Ci5450116	Certified Alcohol and Drug Counselor I	Yes
Welz	Victoria	1487291589	VN703009	Vocational Nurse	Yes
Wigley	Stephanie	1497225098	10245	Substance Use Disorder Registered Counselor	Yes
Wilhelm	Benjamin	1669860300	AMFT81083	Associate Marriage and Family Therapist	Yes
Wilson	Vanessa	1356807036	10262	Substance Use Disorder Registered Counselor	Yes
Wren	Diane	1336690213	VN173799	Vocational Nurse	Yes

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List of Practitioners: AEGIS TREATMENT CENTERS, LLC

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competence Training
Couch	Kelly	1740779198	C23901214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Gifford	Laurinda	1427486356	R132948118	Registered Alcohol and Drug Technician	Yes
Honeycutt	Craton	1376002758	R1248800417	Registered Alcohol and Drug Technician	Yes
McNeela	Hugh	1881996015	VN242685	Vocational Nurse	Yes
Sabo	Connie	1972786697	7958	Substance Use Disorder Certified Counselor	Yes
Trujillo	Chelsea	1649811894	10052	Substance Use Disorder Registered Counselor	Yes
Williams	John	1578094520	R1233580716	Registered Alcohol and Drug Technician	Yes
Carillo	Monica	1316487572	R1249600417	Registered Alcohol and Drug Technician	Yes
Hopp	Benjamin	1265934301	9873	Substance Use Disorder Registered Counselor	Yes
Paul	Randall	1912061045	A26361	Physician and Surgeon	Yes
Zapien	Crystal	1447894910	10089	Substance Use Disorder Registered Counselor	Yes
Martinez	Vanessa	1578119889	VN276703	Vocational Nurse	Yes
Brooks	Glynis	1891147526	8111	Certified Alcohol and Other Drug Counselor	Yes
Cano	Jacqueline	1871149757	LVN238131	Vocational Nurse	Yes
Carter-Campbell	Jeanette	1740480342	NP7506	Nurse Practitioner	Yes
De Long	Tammi	1972150514	6085	Substance Use Disorder Certified Counselor	Yes
Ford	Leigh	1790741197	NP5493	Nurse Practitioner	Yes

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SACRAMENTO COUNTY

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List of Practitioners: AEGIS TREATMENT CENTERS, LLC

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Fox	Michael	1912069758	G53561	Physician and Surgeon	Yes
Gaoat	Alvin	1780240440	LVN 290473	Vocational Nurse	Yes
Garsuta	Maria	1841767100	LVN 235825	Vocational Nurse	Yes
Hatten	Stephanie	1730471384	C19391214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Lee	Allison	1336648419	10149	Substance Use Disorder Registered Counselor	Yes
Murray	Ronnie	1831730555	9696	Substance Use Disorder Registered Counselor	Yes
Raskind	Harvey	1558381145	A21569	Physician and Surgeon	Yes
Rodriguez Pal	Itzelt	1013568625	9930	Substance Use Disorder Registered Counselor	Yes
Ruelas	Iris	1811558794	9624	Substance Use Disorder Registered Counselor	Yes
Sagarnaga	Cynthia	1295886893	C054250518	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Serrano	Marina	1093370173	R1367431019	Registered Alcohol and Drug Technician	Yes
Talleur	Brian	1659791101	A 154190	Physician and Surgeon	Yes
Vaccarezza	Lisa	1679715767	8312	Certified Alcohol and Other Drug Counselor	Yes
Whitworth	Melissa	1033686506	RN 541037	Registered Nurse	Yes
Dealba	Kayla	1154987022	LNV273517	Vocational Nurse	Yes
Woody	Kurtis	1093345183	LVN707795	Vocational Nurse	Yes
Yang	Pa	1568945822	8754	Substance Use Disorder Registered Counselor	Yes

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List of Practitioners: AEGIS TREATMENT CENTERS, LLC

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Huff	Robin	1972944676	9630	Substance Use Disorder Registered Counselor	Yes
Durrett	Donald	1972819316	PA12392	Physician Assistant	Yes
Jensen	Lois	1477557908	V50040	Physician and Surgeon	Yes
Raskind	Harvey	1558381145	A21569	Physician and Surgeon	Yes
Rieschner	Vida	1639642481	R1333530119	Registered Alcohol and Drug Technician	Yes
Williams	Adrienne	1447722756	R1337100219	Registered Alcohol and Drug Technician	Yes
Crane	Tracey	1861039299	VN699088	Vocational Nurse	Yes
Escalante	Tina	1245898535	VN691201	Vocational Nurse	Yes
Ghamami	Carla	1801454970	VN695896	Vocational Nurse	Yes
Hewitt	Kristy	1255778544	PT36166	Psychiatric Technician	Yes
Ramacher	Rifka	1881161933	VN269623	Vocational Nurse	Yes
Carrillo	Zulema	1457918302	9522	Substance Use Disorder Registered Counselor	Yes
Ellis-White	Priscilla	1003185273	83222	Associate Clinical Social Worker	Yes
Ford	Leigh	1790741197	NP5493	Nurse Practitioner	Yes
Ham	Tyler	1609432160	9527	Substance Use Disorder Registered Counselor	Yes
Martin	Domonique	1740757780	8702	Substance Use Disorder Registered Counselor	Yes
Valencia	Francisco	1265936298	R1325991018	Registered Alcohol and Drug Technician	Yes

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List of Practitioners: AEGIS TREATMENT CENTERS, LLC

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competence Training
Vang	Down	1336654672	R1300130318	Registered Alcohol and Drug Technician	Yes
Whitworth	Melissa	1033686506	RN541037	Registered Nurse	Yes
Thompson	Shirley	1528424470	9502	Substance Use Disorder Certified Counselor	Yes
Fan	Wen-Chi	1790741197	NP95002391	Nurse Practitioner	Yes

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Provider Name and Group Affiliations	Associated Rehabilitation for Women – Alpha Oaks and Cornerstone	
Address(es) (physical location of clinic or office)	Alpha Oaks 8400 Fair Oaks Boulevard Carmichael, CA 95608	Cornerstone 6350 Appian Way Carmichael, CA 95608
Telephone number(s)	Alpha Oaks (916) 944-3920	Cornerstone (916) 966-5102
Website URL	www.recoverywomen.com	
Specialties	Substance Abuse Counseling; Cognitive Behavioral Therapy; Trauma-related Counseling	
Service Modalities	Residential Treatment; Withdrawal Management (Detoxification)	
Populations Served	Adult Women	
Provider Accepts New Beneficiaries	YES (requires prior authorization from Sacramento County SUPT)	
Cultural and Linguistic Capabilities	English, Language Line Available	
Provider's office/facility has accommodations for people with physical disabilities	YES	

List of Practitioners: ASSOCIATED REHABILITATION FOR WOMEN – ALPHA OAKS and CORNERSTONE

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Alcorn	Monic	1235588864	A049360418	Certified Alcohol and Drug Counselor II	Yes
Vierra	Jessica	1700807310	16798	Licensed Clinical Social Worker	Yes
Juarez	Leah	1578701702	A020110815	Certified Alcohol and Drug Counselor II	Yes
Henderson	Monique	1548782147	Ci28341019	Certified Alcohol and Drug Counselor I	Yes
Lopez	Inez	1275023269	R1304620518	Registered Alcohol and Drug Technician	Yes
Romo	Daniela	1447804257	R1355980719	Registered Alcohol and Drug Technician	No

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List of Practitioners: ASSOCIATED REHABILITATION FOR WOMEN – ALPHA OAKS and CORNERSTONE					
Last Name	**First Name**	**NPI Number**	**License Number**	**License/Discipline Type**	**Cultural Competency Training**
McClory	Angela	1548810567	R1359000819	Registered Alcohol and Drug Technician	No
Pruitt	Mary	1619112901	A022490316	Certified Alcohol and Drug Counselor II	Yes
Champe	Pamela	1720226947	A019510715	Certified Alcohol and Drug Counselor II	Yes
Walker	Athena	1336656602	R1248230417	Registered Alcohol and Drug Technician	Yes
Kelly	Lavinia	1811401144	R1281421017	Registered Alcohol and Drug Technician	Yes

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Provider Name and Group Affiliations	Bi-Valley Medical Clinic, Inc. (BAART)	
Address(es) (physical location of clinic or office)	310 Harris Avenue, Suite A Sacramento, CA 95838	6127 Fair Oaks Boulevard Carmichael, CA 95608
Telephone Number(s)	Harris (916) 649-6793	Carmichael (916) 974-8090
Website URL	www.baartprograms.com	
Specialties	Substance Abuse Counseling; Medication-Assisted Treatment (MAT)	
Service Modalities	MAT for heroin and opioid addiction	
Populations Served	Adults	
Provider Accepts New Beneficiaries	YES	
Cultural and Linguistic Capabilities	Harris – Arabic, English, Hmong, Spanish, ASL, Language Line Available Fair Oaks – English, Vietnamese, Language Line Available	
Provider's office/facility has accommodations for people with physical disabilities	YES	

List of Practitioners: BI-VALLEY MEDICAL CLINIC, INC. (BAART)

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Alfano	Marcella	1770824930	A021341215	Certified Alcohol and Drug Counselor II	Yes
Baer	Desiree	1306084744	Aii4181214	Certified Alcohol and Drug Counselor II	Yes
Brown	Patricia	1073099347	R1239130916	Registered Alcohol and Drug Technician	Yes
Cohn	Larry	156893307	Ci26110618	Certified Alcohol and Drug Counselor I	Yes
Ferreri	Cindy	1629217047	A05650315	Certified Alcohol and Drug Counselor II	Yes

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List of Practitioners: BI-VALLEY MEDICAL CLINIC, INC. (BAART)

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Garcia	Jaya	1699139691	C033070315	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Gomes	Michael	1164814117	C033260315	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Haesloop	Brian	1336472117	A069660315	Certified Alcohol and Drug Counselor II	Yes
Ivey	Bruce	1548541287	C10081214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Jaramillo	Norma	1437338019	LCi04510315	Licensed Advanced Alcohol and Drug Counselor	Yes
Johnson	Ian	1265454706	G75719	Physician and Surgeon	Yes
Jonas	Fred	1427015841	A08520315	Certified Alcohol and Drug Counselor II	Yes
Jones	Curtis	1609914688	3862	Nurse Practitioner	Yes
Larkins	Justin	1083126643	R1221291215	Registered Alcohol and Drug Technician	Yes
Lund	David	1629600267	R1376080120	Registered Alcohol and Drug Technician	Yes
Maxfield	Kelli	1225562804	C035991015	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Mays	Thomas	1447931000	R1258870717	Registered Alcohol and Drug Technician	Yes
Mercado	Jacqueline	1548330392	C20881214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes

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Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Rego	Darcy	1427413905	CiCA01080519	Certified Alcohol and Drug Counselor I	Yes
Santos	Melissa	1609345289	R1329631118	Registered Alcohol and Drug Technician	Yes
Shelatz	Elizabeth	1265499644	C051960418	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Swisher	Denise	1790052769	B00000240619	Certified Alcohol and Drug Counselor III	Yes
Vo	Anh	1508353830	Aii6161019	Certified Alcohol and Drug Counselor II	Yes
Wright	James	1629534318	R1290080218	Registered Alcohol and Drug Technician	Yes
Zimmerman	Julie	1952742165	Ci06090816	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Martinez	Dana	1316474422	A018920515	Certified Alcohol and Drug Counselor II	Yes
Bale	Frank	1568602951	A02060315	Certified Alcohol and Drug Counselor II	Yes
Duncan	Katrina	1780007138	C22731214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Boggs	Deborah	1407068075	7710	Certified Alcohol & Other Drug Counselor	Yes
Botta	Toni	1013157387	C6621214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Day	Krystal	1639205958	6572	Substance Use Disorder Certified Counselor	Yes
Develey	Melissa	1699097468	5991	Certified Alcohol and Other Drug Counselor	Yes
Garcia	David	1790905032	R1215621015	Registered Alcohol and Drug Technician	Yes

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Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Jefferson	Donetta	1790142388	C15691214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Koski	Stephanie	1831505932	A043950317	Certified Alcohol and Drug Counselor II	Yes
Martin	Shannon	1154799773	R1194201315	Registered Alcohol and Drug Technician	Yes
McNulty	Kristin	1164868840	5954	Substance Use Disorder Certified Counselor	Yes
Ray	Carol	1538303672	6227	Certified Alcohol and Other Drug Counselor	Yes
Shanahan	Karen	1689115420	R1242060117	Registered Alcohol and Drug Technician	Yes
Sutton	Donna	1689847675	6007	Certified Alcohol and Other Drug Counselor	Yes
Thao	Pa	1588956270	6221	Substance Use Disorder Certified Counselor	Yes
Wilkerson	Johanna	1760610695	A019290715	Certified Alcohol and Drug Counselor II	Yes
Zafronich	Kimberlee	1902292600	R1196530315	Registered Alcohol and Drug Technician	Yes
Matthews	Lori	1306886239	10802	Nurse Practitioner	Yes
Aqeel	Khaled	1427314020	A149152	Physician and Surgeon	Yes
Dawa	Antonia	1568949527	Aii5981018	Certified Alcohol and Drug Counselor II	Yes
Williams	Don	1316418924	R8686	Substance Use Disorder Registered Counselor	Yes
Ryner	Ramona	1144352725	5918	Substance Use Disorder Certified Counselor	Yes
Rhoe	Whitney	1104309392	R1319520818	Registered Alcohol and Drug Technician	Yes
Hess	Tamera	1407417694	Ci27600619	Certified Alcohol and Drug Counselor I	Yes
Toloy	Lydia	1568927234	A050711118	Certified Alcohol and Drug Counselor II	Yes

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Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Story	Tricia	1083093728	C040830217	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Kerwood	Sheleana	1356898563	Ci27430619	Certified Alcohol and Drug Counselor I	Yes
Larrick	Rebecca	1205301801	102540	Vocational Nurse	Yes
Nunez	Gina	1386156065	R1244380217	Registered Alcohol and Drug Technician	Yes
Matheny	Ashley	1538639562	R1330041118	Registered Alcohol and Drug Technician	Yes

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Provider Name and Group Affiliations	Bridges Professional Treatment Services, Inc.		
Address(es) (physical location of clinic or office)	3600 Power Inn Road, Suites A-C Sacramento, CA 95826	2501 Cottage Way Sacramento, CA 95825	2515 48th Avenue Sacramento, CA 95822
Telephone number(s)	(916) 647-5343	(916) 450-0700	
Website URL	www.bridgesinc.net		
Specialties	Substance Abuse Counseling; Drug Diversion; DUI Treatment Offender Programs; Cognitive Behavioral Therapy; Trauma-related Counseling; Parenting and Family Programs		
Service Modalities	Outpatient Treatment; Intensive Outpatient Treatment; Transitional and Sober Living Environments		
Populations Served	Adults		
Provider Accepts New Beneficiaries	YES (Transitional/Sober Living Environments with authorization from Sacramento County SUPT)		
Cultural and Linguistic Capabilities	English, Language Line Available		
Provider's office/facility has accommodations for people with physical disabilities	YES		

List of Practitioners: BRIDGES PROFESSIONAL TREATMENT SERVICES, INC.

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Weisner	John	1225485618	CO35310815	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Edington	Alfonso	1467907345	Aii30910319	Certified Alcohol and Drug Counselor - II	Yes

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List of Practitioners: BRIDGES PROFESSIONAL TREATMENT SERVICES, INC.					
Last Name	**First Name**	**NPI Number**	**License Number**	**License/Discipline Type**	**Cultural Competency Training**
Cabe	Belinda	1053668327	LCSW78714	Licensed Clinical Social Worker	Yes
Guthrey	Kelly	1861901167	R1266290917	Registered Alcohol and Drug Technician	Yes
Staats	Alyssia	1124661798	R1366741019	Registered Alcohol and Drug Technician	Yes
Garcia	David	1659721405	R1215621015	Registered Alcohol and Drug Technician	Yes
Matthews	Debra	1952865602	R1334620119	Registered Alcohol and Drug Technician	Yes
Cook	Marlo	1972885561	C038900816	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Ryan	Mark	1942719638	R12570717	Registered Alcohol and Drug Technician	Yes
Knifong	Mathew	1992180871	R1205960715	Registered Alcohol and Drug Technician	Yes
Daleiden	Patrick	1629611298	9954	Substance Use Disorder Registered Counselor	Yes
Gallegos	Theresa	1831637735	R1241260117	Registered Alcohol and Drug Technician	Yes
English	Elizabeth	1477756955	LR0450315	Licensed Advanced Alcohol Drug Counselor	Yes
Bell	Christine	1053475087	A82604	Physician and Surgeon A	Yes

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Provider Name and Group Affiliations	C.O.R.E. Medical Clinic, Inc.
Address(es) (physical location of clinic or office)	2100 Capitol Avenue Sacramento, CA 95816
Telephone number(s)	(916) 442-4958
Website URL	www.coremedicalclinic.com
Specialties	Substance Abuse Counseling; Medication Assisted Treatment
Service Modalities	Medication Assisted Treatment (MAT) for heroin and opioid addiction
Populations Served	Adults
Provider Accepts New Beneficiaries	YES
Cultural and Linguistic Capabilities	English, Spanish, Language Line Available
Provider's office/facility has accommodations for people with physical disabilities	YES

List of Practitioners: C.O.R.E. MEDICAL CLINIC, INC.

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Bell	Christine	1053475087	A82604	Physician and Surgeon A	Yes
Stenson	Randall	1164465357	G25548	Physician and Surgeon G	Yes
Balakrishnan	Vidya	1194208405	56856	Physician Assistant	Yes
Sharp	Katelyn	1205293370	95003603	Nurse Practitioner	Yes
Slocum	Jennifer	1932190022	741294	Registered Nurse	Yes
Bale	Jennifer	1104971456	C24031214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes

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List of Practitioners: C.O.R.E. MEDICAL CLINIC, INC.

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Drake	Deanna	1487057329	7871	Certified Alcohol and Other Drug Counselor	Yes
Durbin	Lori	1891105813	C18431214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Giddings	Cynthia	1548600497	ASW93926	Associate Clinical Social Worker	Yes
Herrera	Raymond	1639313349	A021071015	Certified Alcohol and Drug Counselor II	Yes
Hudson	Renee	1528566700	R1253110617	Registered Alcohol and Drug Technician	Yes
Johnson	Rene	1659338911	Aii056220518	Certified Alcohol and Drug Counselor II	Yes
Lopez	Judith	1588960363	8040	Substance Use Disorder Certified Counselor	Yes
Martin	Nichole	1952775868	C6211214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Nelson Nawaz	Sheila	1346802212	R1281631017	Registered Alcohol and Drug Technician	Yes
Ng	Alyson	1104083542	C15851214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Ortega	Nash	1225289283	7838	Substance Use Disorder Certified Counselor III	Yes
Smith	Jason	1144487570	7906	Certified Alcohol and Other Drug Counselor	Yes
Sousa	Paul	1083845143	A015210315	Certified Alcohol and Drug Counselor II	Yes
Stone	Adelina	1386040202	Aii16011018	Certified Alcohol and Drug Counselor II	Yes
Vang	Neng	1336677715	Ci21930619	Certified Alcohol and Drug Counselor I	Yes
Wood	Michelle	1811455264	R1287740118	Registered Alcohol and Drug Technician	Yes

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SACRAMENTO COUNTY

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List of Practitioners: C.O.R.E. MEDICAL CLINIC, INC.

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Wynn	Sally	1336406024	5940	Substance Use Disorder Certified Counselor III Clinical Supervisor	Yes

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Provider Name and Group Affiliations	MedMark Treatment Centers, Inc.
Address(es) (physical location of clinic or office)	7240 East Southgate Drive, Suites B, G, and E Sacramento, CA 95823
Telephone Number(s)	(916) 391-4293
Website URL	www.medmark.com
Specialties	Substance Abuse Counseling; Medication Assisted Treatment
Service Modalities	Medication Assisted Treatment (MAT) for heroin and opioid addiction
Populations Served	Adults
Provider Accepts New Beneficiaries	YES
Cultural and Linguistic Capabilities	English, Hmong, Chinese, Russian, Spanish, Vietnamese, Language Line Available
Provider's office/facility has accommodations for people with physical disabilities	YES

List of Practitioners: MEDMARK TREATMENT CENTERS, INC.

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Hill	Douglas	1861733040	A021401215	Certified Alcohol and Drug Counselor II	No
Lopez	Domasio	1811137375	Aii053010318	Certified Alcohol and Drug Counselor II	No
Sanchez	Athecia	1235512245	Ci22181219	Certified Alcohol and Drug Counselor I	No
Dynwiddie	Dyllon	1942859525	R1362250919	Registered Alcohol and Drug Technician	No
Robertson	Mark	1144336660	C051230318	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	No
Xiong	Susan	1043548308	6198	Substance Use Disorder Certified Counselor	No

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List of Practitioners: MEDMARK TREATMENT CENTERS, INC.

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Hutchins	Susan	1336653575	9016	Substance Use Disorder Registered Counselor	No
Rumsey	Francis	1629546031	R1334090119	Registered Alcohol and Drug Technician	No
Smothers-Miller	Damaili	1750736005	R1232550616	Registered Alcohol and Drug Technician	No
Advincula	Luke	1861964900	LCi13110819	Licensed Advanced Alcohol and Drug Counselor	No
Curtis	Rebekah	1588173686	R1287910118	Registered Alcohol and Drug Technician	No
Keller	Robin	1891264867	R1286231217	Registered Alcohol and Drug Technician	No
Johnson	Sharonda	1114381878	R1199500415	Registered Alcohol and Drug Technician	No
Baldocchi	Angelina	1427597236	Ci21520219	Certified Alcohol and Drug Counselor I	No
Saephan	Nai	1306212576	R1299860318	Registered Alcohol and Drug Technician	No
Johnson	Ian	1265454706	G75719	Physician and Surgeon	No
Bokoch	Natalya	1457501157	17760	Nurse Practitioner	No

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Provider Name and Group Affiliations	River City Recovery Center, Inc.	
Address(es) (physical location of clinic or office)	Women's Campus 2218 E. Street Sacramento, CA 95816	Men's South Campus 12490 Alta Mesa Road Herald, CA 95638
Telephone Number(s)	Women's Campus (916) 442-4519	Men's South Campus (916) 748-5073
Website URL	www.rivercityrecovery.org	
Specialties	Substance Abuse Counseling; Cognitive Behavioral Therapy; Trauma-related Counseling; Family Groups	
Service Modality	Residential Treatment	
Populations Served	Adults	
Provider Accepts New Beneficiaries	YES (with prior authorization from Sacramento County SUPT)	
Cultural and Linguistic Capabilities	English, Language Line Availability	
Provider's office/facility has accommodations for people with physical disabilities	YES	

List of Practitioners: RIVER CITY RECOVERY CENTER, INC.

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Shawn	Noland	1285875583	A022530316	Certified Alcohol and Drug Counselor II	No
Tinseth	Erik	1215414503	R1288620218	Registered Alcohol and Drug Technician	No
Gillespie	Andrew	1417331471	RH0002030119	Registered Alcohol and Drug Technician	No
Mahoney	Dennis	1154834752	R1284101217	Registered Alcohol and Drug Technician	No

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List of Practitioners: RIVER CITY RECOVERY CENTER, INC.

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Schroeder	Evan	1336523984	C036221215	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	No
Khushal	Neil	1720509714	Ci12800418	Certified Alcohol and Drug Counselor I	No
Tomes	Victor	1568846012	C041870517	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	No
Cornejo	Paul	1295174472	A022510316	Certified Alcohol and Drug Counselor II	No
Cox	Daniel	1457919938	Ci29060220	Certified Alcohol and Drug Counselor I	No
Bishop	Laura	1558854158	Ci27930819	Certified Alcohol and Drug Counselor I	No
Hewitt	Paige	1154956910	R1378450220	Certified Alcohol and Drug Counselor I	No
Pascua	Laura	1811474174	Ci28381019	Certified Alcohol and Drug Counselor I	No
Hembree	Sabreena	1144461435	C17521214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	No
Williams	Larra	1376020602	R1306970518	Registered Alcohol and Drug Technician	No
Vierra	Jessica	1700807310	16798	Licensed Clinical Social Worker	No

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Provider Name and Group Affiliations	Sacramento Recovery House, Inc.			
Address(es) (physical location of clinic or office)	1914 22nd Street Sacramento, CA 95816	1916 23rd Street Sacramento, CA 95816	9287 Medallion Way Sacramento, CA 95826	4049 Miller Way Sacramento, CA 95817
Telephone Number(s)	(916) 455-6258		(916) 451-9312	
Website URL	www.sacramentorecoveryhouse.org			
Specialties	Substance Abuse Counseling; Trauma-related Counseling			
Service Modalities	Residential Treatment; Transitional Living/Sober Living Environment			
Populations Served	Adults, Veterans			
Provider Accepts New Beneficiaries	YES (with prior authorization from Sacramento County SUPT)			
Cultural and Linguistic Capabilities	English, Language Line Available			
Provider's office/facility has accommodations for people with physical disabilities	YES			

List of Practitioners: SACRAMENTO RECOVERY HOUSE, INC.

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Miles	Steven	1164660601	C20941214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Stone	Kevin	1992194245	C4171214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Myers	Mark	1265679757	Aii4801214	Certified Alcohol and Drug Counselor II	Yes
Johnson	Ryan	1356814412	R1334300119	Registered Alcohol and Drug Technician	Yes

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List of Practitioners: SACRAMENTO RECOVERY HOUSE, INC.

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Griffin	Jose	1790274801	R1235960816	Registered Alcohol and Drug Technician	Yes
Giddings	Cynthia	1548600497	93926	Associate Clinical Social Worker	Yes
Giddings	Cynthia	1548600497	LCi04580515	Licensed Advanced Alcohol and Drug Counselor	Yes
Hoyer	Jonathan	1083901011	R1372721219	Registered Alcohol and Drug Technician	Yes
Cobb	Angela	1275603235	42421	Licensed Marriage and Family Therapist	No
Gish	Lisa	1053871509	C13131214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Edmiston	Shannon	1386046688	R1250850517	Registered Alcohol and Drug Technician	Yes
Shirley	Karen	1669969416	C17351214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Wilson	Coral	1063919769	R1251750517	Registered Alcohol and Drug Technician	Yes
Thurman	Andrewline	1205474855	RH0003441019	Registered Alcohol and Drug Technician	Yes
Adams	Bridget	1013542000	R1342150319	Registered Alcohol and Drug Technician	Yes

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Provider Names and Group Affiliations	Sobriety Brings a Change		
Address(es) (physical location of clinic or office)	4600 47th Avenue, Suite 102 Sacramento, CA 95824	2315 34th Street Sacramento, CA 95817	810 V Street Sacramento, CA 95818
Telephone Number(s)	(916) 454-4242		
Website URL	N/A		
Specialties	Substance Abuse Counseling; Anger Management; Parenting		
Service Modality	Outpatient Treatment		
Populations Served	All Ages		
Provider Accepts New Beneficiaries	YES		
Cultural and Linguistic Capabilities	English, Language Line Available		
Provider's office/facility has accommodations for people with disabilities	YES		

List of Practitioners: SOBRIETY BRINGS A CHANGE

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Bell-Udeze	Bertha	1457997033	R1355860719	Registered Alcohol and Drug Technician	Yes
Blackwell	Jack	1215574561	R1369931119	Registered Alcohol and Drug Technician	Yes
Brown	Cheryl	1891965877	R1285681217	Registered Alcohol and Drug Technician	Yes
Reyes	Mamelyn	1447892914	R1366531019	Registered Alcohol and Drug Technician	Yes
Holden	Nancy	1083711774	LCi03470315	Licensed Advanced Alcohol and Drug Counselor	Yes
Margolis	James	1750305777	G 16502	Physician and Surgeon G	Yes

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Please contact the SUPT System of Care at (916) 874-9754 for information on how to request auxiliary aids and services, including provision of materials in alternate formats at no cost.

Provider Name and Group Affiliations	TLCS, Inc. (Hope Cooperative)
Address(es) (physical location of clinic or office)	650 Howe Avenue, Building B Sacramento, CA 95825
Telephone Number(s)	(916) 779-7920
Website URL	www.hopecoop.org
Specialties	Substance Abuse Counseling; Mental Health Service; Peer and Family Support; Employment Support; Employment Support; Skill-Building
Service Modality	Outpatient Treatment
Populations Served	Adults
Provider Accepts New Beneficiaries	YES
Cultural and Linguistic Capabilities	English, Language Line Available
Provider's office/facility has accommodations for people with physical disabilities	YES

List of Practitioners: TLCS, INC. (HOPE COOPERATIVE)

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Alqarwani	Latiko	1962529552	42640	Licensed Marriage and Family Therapist	Yes
Schneider	William	1295000248	LCi04830317	Licensed Advanced Drug and Alcohol Counselor	Yes
Michael	Shelli	1467831412	A055040919	Certified Alcohol and Drug Counselor II	Yes
Poupart	Dennis	1366953408	Ci20871018	Certified Alcohol and Drug Counselor I	Yes
Mehra	Neal	1255592721	A95686	Physician and Surgeon	Yes

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Provider Name and Group Affiliations	Towns Health Services
Address(es) (physical location of clinic or office)	750 Spaans Drive, Suites C, D and F Galt, CA 95632
Telephone Number(s)	(209) 744-9909
Website URL	www.townshealthservices.com
Specialties	Substance Abuse Counseling
Service Modalities	Outpatient Treatment; Intensive Outpatient Treatment
Populations Served	Adults
Provider Accepts New Beneficiaries	YES
Cultural and Linguistic Capabilities	English, Language Line Available
Provider's office/facility has accommodations for people with physical disabilities	YES

List of Practitioners: TOWNS HEALTH SERVICES

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Towns	Mark	1811183643	A100676	Physician and Surgeon	Yes
Walter	Nicoale	1639636285	R1338430219	Registered Alcohol and Drug Technician	Yes
Brown	Joshua	1730564808	Ci20520118	Certified Alcohol and Drug Counselor I CA	Yes

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Provider Name and Group Affiliations	Treatment Associates, Inc.
Address(es) (physical location of clinic or office)	7225 East Southgate Drive, Suite D Sacramento, CA 95823
Telephone number(s)	(916) 391-1000
Website URL	www.sacramentoctc.com
Specialties	Substance Abuse Counseling; Medication Assisted Treatment
Service Modality	Medication Assisted Treatment (MAT) for heroin and opioid addiction
Populations Served	Adults
Provider Accepts New Beneficiaries	YES
Cultural and Linguistic Capabilities	English, Language Line Available
Provider's office/facility has accommodations for people with physical disabilities	YES

List of Practitioners: TREATMENT ASSOCIATES, INC.

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Peto	Judith	1760702989	19689	Physician's Assistant	No
Ruh	Steven	1902929193	C41583	Physician	No
Velez-Noble	Joey	1801217146	9130	Substance Use Disorder Certified Counselor	No
Espinoza	Carlos	1235616251	C056720518	Certified Alcohol and Drug Counselor – Clinical Supervisor	No
Yang	Nou	1083119648	R1203290615	Registered Alcohol and Drug Technician	No
Doyle	Elizabeth	1093362766	R1356190719	Registered Alcohol and Drug Technician	No

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List of Practitioners: TREATMENT ASSOCIATES, INC.

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Snow	Kabao	1780118513	R1247200317	Registered Alcohol and Drug Technician	No
Davidson	Melissa	1427509835	R1322730918	Registered Alcohol and Drug Technician	No
Barclay	Edwina	1649470857	CiCA02640220	Certified Alcohol and Drug Counselor I	No

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Provider Name and Group Affiliations	Volunteers of America		
Address(es) (physical location of clinic or office)	1001 Grand Avenue Sacramento, CA 95838	3584 Femoyer Street Mather, CA 95655	3560 Femoyer Street Mather, CA 95655
Telephone Number(s)	(916) 929-1951	(916) 922-9335	
Website URL	www.volunteersofamerica.org		
Specialties	Substance Abuse Counseling; Cognitive Behavioral Therapy; Rational Emotive Behavioral Therapy; Trauma-related Counseling; Peer Support; Child Development and Parenting Classes		
Service Modalities	Residential Treatment; Withdrawal Management (detoxification); Sober Living Environment		
Populations Served	Pregnant and parenting (children ages 5 and under) adult women		
Provider Accepts New Beneficiaries	YES (with prior authorization from Sacramento County SUPT)		
Cultural and Linguistic Capabilities	English, Language Line Available		
Provider's office/facility has accommodations for people with physical disabilities	YES		

List of Practitioners: VOLUNTEERS OF AMERICA

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Stanwick	Christopher	1902321334	6077	Substance Use Disorder Certified Counselor-III Clinical Supervisor	YES
Densby	Melissa	1740680594	RH0002910619	Registered Alcohol and Drug Technician	YES
Raney	Miki	1245630458	C036051015	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	YES

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List of Practitioners: VOLUNTEERS OF AMERICA					
Last Name	**First Name**	**NPI Number**	**License Number**	**License/Discipline Type**	**Cultural Competency Training**
Barnes	Brittney	1710538756	9932	Substance Use Disorder Registered Counselor	YES
Sweatt	Melanie	1518520097	R1344440419	Registered Alcohol and Drug Technician	YES
Snow	Karen	1053836312	R1236680816	Registered Alcohol and Drug Technician	YES
Manzo	Rebecca	1003331448	R1251310517	Registered Alcohol and Drug Technician	YES
Garner	Brandi	1215003330	49045	Licensed Marriage and Family Therapist	YES

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Provider Name and Group Affiliations	WellSpace Health			
Address(es) (physical location of the clinic)	1820 J Street Sacramento, CA 95811	1550 Juliesse Avenue Sacramento, CA 95815	4343 Williamsbourgh Drive Sacramento, CA 95823	4441 Auburn Boulevard, Suite E Sacramento, CA 95823
Telephone Number(s)	(916) 473-5764	Withdrawal Management (916) 405-4600	Residential Treatment (916) 921-6598	
Website URL	www.wellspacehealth.org			
Specialties	Substance Abuse Counseling; Cognitive Behavioral Therapy; Rational Emotive Behavioral Therapy; Trauma-related Counseling; Child Development and Parenting Classes; Adult Primary Care; Counseling and Prevention; Integrated Behavioral Health; Psychiatry			
Service Modalities	Residential Treatment; Withdrawal Management (detoxification); Outpatient Treatment; Intensive Outpatient Treatment			
Populations Served	All ages; Pregnant and parenting (children ages 5 and under) adult women			
Provider Accepts New Beneficiaries	YES (Residential and Withdrawal Management with prior authorization from Sacramento County SUPT)			
Cultural and Linguistic Capabilities	English, Language Line Available			
Provider's office/facility has accommodations for people with physical disabilities	YES			

List of Practitioners: WELLSPACE HEALTH

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
August	Nicole	1679713002	A019590715	Certified Alcohol and Drug Counselor II	Yes
Robinson	Alicia	1245551241	A013730315	Certified Alcohol and Drug Counselor II	Yes

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List of Practitioners: WELLSPACE HEALTH

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Dubois	Pate	1912441452	89165	Associate Marriage and Family Therapist	Yes
Cuackwell-Rafferty	Katrina	1497146955	87327	Licensed Clinical Social Worker	Yes
Hobbs	Terry	1174905467	Aii7641214	Certified Alcohol and Drug Counselor II	Yes
LeMaster	Michael	1184159246	Ci21380219	Certified Alcohol and Drug Counselor I	Yes
Martinez	Linda	1235623299	Ci21800318	Certified Alcohol and Drug Counselor I	Yes
Smith	Jessica	1669927836	Ci07070317	Certified Alcohol and Drug Counselor I	No
Rioux	Brian	1518248228	A043500117	Certified Alcohol and Drug Counselor II	No
Stebbins	Brandon	1023502242	Ci27760719	Certified Alcohol and Drug Counselor I	Yes
Duncan	Rhiannon	1700426459	R1295610318	Registered Alcohol and Drug Technician	Yes
Bones	James	1447890751	R1347280519	Registered Alcohol and Drug Technician	Yes
Nardine	Sean	1700341112	R1336680219	Registered Alcohol and Drug Technician	Yes
Jones	Raymond	1396381778	R1368491017	Registered Alcohol and Drug Technician	Yes
Krumm	Gustave	1114390564	RS3592	Substance Use Disorder Certified Counselor	No
Koski	Stephanie	1831505932	B001210819	Certified Alcohol and Drug Counselor III	No
Moyle	Hillary	1588158703	R119360115	Registered Alcohol and Drug Technician	No
Jackson	Tina	1881809291	C034980715	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Rice	Melissa	1952830713	R1252010517	Registered Alcohol and Drug Technician	Yes

Services may be delivered by an individual provider, or a team providers, who is working under the direction of a licensed practitioner operating within the scope of practice. Only licensed, waivered, or registered mental health providers and licensed substance use disorder services providers are listed on this Provider Directory.

SACRAMENTO COUNTY

Please contact the SUPT System of Care at (916) 874-9754 or 24 hours, 7 days per week toll free at 1-888-881-4881 for availability, accommodation needs, and assessment and referral to the listed providers. Deaf and hard of hearing individuals may contact TTY/TDD at (916) 876-8892.

Please contact the SUPT System of Care at (916) 874-9754 for information on how to request auxiliary aids and services, including provision of materials in alternate formats at no cost.

List of Practitioners: WELLSPACE HEALTH

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Parsad	Sarita	1104062983	A012970315	Certified Alcohol and Drug Counselor II	Yes
McLeod	Latanya	1629587779	R1325191018	Registered Alcohol and Drug Technician	Yes
Gilmore-Abney	Barbara	1972070977	R1324471018	Registered Alcohol and Drug Technician	Yes
Lease	Jackie	1093865990	A09320315	Certified Alcohol and Drug Counselor II	Yes
Davis	Debbie	1386687069	LCi03110315	Licensed Advanced Drug and Alcohol Counselor	Yes
Mallory	Alyssia	1972164192	R1368591019	Registered Alcohol and Drug Technician	Yes
Adams	Inez	1912442013	R1242410217	Registered Alcohol and Drug Technician	Yes
Clayton	Vanda	1780061978	A051400819	Certified Alcohol and Drug Counselor II	Yes
Greeley	Dawn	1538536289	R1214680915	Registered Alcohol and Drug Technician	Yes
Hirsch	Beth	1174050421	A07720315	Certified Alcohol and Drug Counselor II	Yes
Narayan	Payal	1336664242	R1264680917	Registered Alcohol and Drug Technician	Yes
Jaster	Laura	1013428713	R1257230717	Registered Alcohol and Drug Technician	Yes
Miller	Robert	1215572946	R1356500719	Registered Alcohol and Drug Technician	Yes
Gagnon	Michael	1205301348	R1342810319	Registered Alcohol and Drug Technician	Yes
Nanglu	Pardeep	1598251399	R1331141218	Registered Alcohol and Drug Technician	Yes
Lucchese	Brittany	1861049314	R1352420619	Registered Alcohol and Drug Technician	Yes
Allen	Fairy	1194374397	R1359500819	Registered Alcohol and Drug Technician	Yes
Washburn	Heather	1427351501	A020951015	Certified Alcohol and Drug Counselor II	Yes
Alexander	Lisa	1841569390	A043510117	Certified Alcohol and Drug Counselor II	Yes

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List of Practitioners: WELLSPACE HEALTH

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Tinney	Destiny	1336460336	A020991015	Certified Alcohol and Drug Counselor II	Yes
Nann	Ronni	1770908824	CI28361019	Certified Alcohol and Drug Counselor I	Yes
Lopez	Rachael	1407251226	A054800719	Certified Alcohol and Drug Counselor II	Yes
Bohn	Elizabeth	1871145904	R1230690516	Registered Alcohol and Drug Technician	Yes
Brewer	Marty	1326313818	RH0002520419	Registered Alcohol and Drug Technician	Yes
Cunningham	Amber	1558861690	R1291490218	Registered Alcohol and Drug Technician	Yes
Jones	Vicki	1326406711	R1331291218	Registered Alcohol and Drug Technician	Yes
Moore	Sarah	1154805174	R1322690918	Registered Alcohol and Drug Technician	Yes
Stephen	Russell	1720563844	R1321870918	Registered Alcohol and Drug Technician	Yes
Maxwell	Jennifer	1457865248	R1349380519	Registered Alcohol and Drug Technician	Yes
Lewis	Ashley	1376198234	R1348810519	Registered Alcohol and Drug Technician	Yes
Boyd	Jennifer	1700421443	R1370401119	Registered Alcohol and Drug Technician	Yes
Schambers	Morgan	1922575430	R1331151218	Registered Alcohol and Drug Technician	Yes

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Sacramento
Itemized Contract

Contract and Purchasing
Services Division
9660 Ecology Ln.
Sacramento, CA 95827
(916) 876-6360

Reprint of
Itemized Contract MA00034206 / 05/12/2016

Your Vendor number with us
611444

LANGUAGE LINE LLC
1 LOWER RAGSDALE DRIVE
MONTEREY CA 93940

This number must appear on all correspondence to the Purchasing Division.
Contract number/date
MA00034206 / 05/12/2016
Issuing Officer/Telephone
White, David / 916-876-6379

Signature: DocuSigned by: David White BBAA605FDD80404...

Vendors Contact Person: RICHARD CUMMINGS
Vendors Phone Number: 831-648-5529

Vendor Signature: DocuSigned by: Bonaventura A. Cavaliere BD2191FC31A43C...
Print Name: Bonaventura A. Cavaliere
Title: CFO
Date Signed: June 23, 2020

Contract Period
Valid from: 07/01/2016
Valid to: 06/30/2021

F.O.B. Dest., Freight Prepaid
Payment Terms: Due in 30 Days
Contractual maximum value: 1,928,550.74

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 7 extends the contract period for one year, through 06/30/2021 and increases the estimated contract value. All pricing and other terms and conditions remain the same.
Per email from Rick Cummings (reference RC RC33685420)

CHANGE ORDER 6 dated 04/13/2020 To add funds to line 10 Phone Interpretation in the amount of $740,000. Per RC33684825 Hong Wu
by. David White

Change Order 5 extends the contract period for one year, through 06/30/2020, and increases the estimated contract maximum value. All pricing and other terms and conditions remain the same. (reference RC33682490)

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
00010	2,600,000.000	Minute Phone Interpretation	0.74	/ 1 MIN	1,924,000.00
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.			
00060	1.000	Minute Extention of Contract	0.74	/ 1 MIN	0.74

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.

MENTAL HEALTH SERVICES ACT

Fiscal Year 2019-20
Annual Update to the Three-Year Program and Expenditure Plan

February 11, 2020

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 February 11, 2020.

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 3/4/2020
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)

Ryan Quist 3/4/2020
Signature Date

I hereby certify that for the fiscal year ended June 30, 2019, 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 11/27/19 for the fiscal year ended June 30, 2019. I further certify that for the fiscal year ended June 30, 2019, 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)

Maria Sandoval 3/4/2020
Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

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 also 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. 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 transition age youth (TAY), adults and older 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, TAY, adults, older adults and their families.

As addressed in the previous Three-Year Plan and Annual Updates, Division of Behavioral Health Services (BHS) 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.

As addressed in the current Three Year Plan, BHS facilitated a community planning process in FY 2017-18 resulting in new and expanded mental health treatment services and housing supports for individuals living with a serious mental illness who are homeless or at-risk of homelessness. Expansion of existing CSS programming began in FY 2017-18 and new CSS programming will roll out in FY 2019-20.

With support from the MHSA Steering Committee, BHS is further expanding the CSS Component to address individuals experiencing or at-risk of homelessnes. This expansion continues in FY 2019-20.

The **Prevention and Early Intervention (PEI)** component provides funding for programs and activities designed to prevent mental illness from occurring or becoming more severe and disabling. Sacramento County's PEI Plan is comprised of four (4) previously approved programs containing 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, as recommended and supported by the MHSA Steering Committee and the Board of Supervisors. This new program started late FY 2018-19 and will be expanded to serve all youth in FY 2019-20.

In FY 2017-18, BHS facilitated a community planning process resulting in expansion of mental health services and supports for individuals living with a serious mental illness who are homeless or at-risk of homelessness in the suicide prevention programming.

This Annual Update includes the new PEI program: Trauma Informed Wellness for the African American Community. The recommendation for this new program was developed through a community program planning process that included the formation of an Ad Hoc Workgroup. African American Community Listening Sessions were conducted to further refine the program recommendation. Community feedback and the program description is outlined in the Community Program Planning and PEI component sections of this Annual Update.

In late FY 2018-19, the MHSA Steering Committee supported and recommended further expanding the PEI Component to include new time-limited community capacity building PEI programming, as well as the expansion of existing PEI programming. The PEI component expansion in these areas will begin mid FY 2019-20.

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 (BHCSC). 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 region 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 in April 2018 and the MHSOAC in May 2018. The BHCSC opened in September 2019.

This Annual Update includes the new proposed Multi-County Full Service Partnership (FSP) INN Project. This multi-county Innovation Project provides an opportunity for counties to implement new data-informed strategies to program design and continuous improvement for FSP programs, supported by county-specific implementation and evaluation technical assistance. The overall purpose and goals of this proposed project are to: (1) improve how counties collect and use data to define and track program outcomes that are meaningful for FSP clients; (2) Develop new and/or strengthen exisiting processes for continuous improvement for FSP programs; (3) Develop a clear strategy for how FSP outomces and performance measures can best be tracked and streamlined; (4) Develop a shared understanding and more consistent interpretation of the core FSP components; (5) increase the clarity and consistency of FSP enrollment criteria, referral, and graduation processes. In October 2019, the MHSA Steering Committee supported Sacramento County opting in to this multi-county project. The project plan is included in this Annual Update and is pending approval by the Sacramento County Board of Supervisors and the MHSOAC.

The MHSA Steering Committee also recommended and supported exploration for another new INN project focused on adults and older adults living with a serious mental illness who are involved in the criminal justice system. BHS will conduct a community planning process to develop this proposed project. More information about this project will be included in the project plan to be developed through the community planning process and shared in 2020.

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 their CSS funds to sustain WET activities once the time-limited WET 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 houses 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.

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 their CSS funds to sustain TN projects once the

time-limited TN funds are exhausted. Therefore, these activities are being sustained with CSS funding.

Detailed descriptions of the programs and activities for each of the above MHSA components are contained in the MHSA Fiscal Year (FY) 2019-20 Annual Update.

The Draft MHSA Fiscal Year (FY) 2019-20 Annual Update was posted for a 30-day public comment period, from November 18 through December 18, 2019. The Mental Health Board conducted a Public Hearing on Wednesday, December 18, 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 (BHS) Community Program Planning Process for the MHSA Fiscal Year (FY) 2019-20 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, BHS 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 FY 2017-18, BHS facilitated a community planning process 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. This new and expanded programming is included in this Annual Update.

This Annual Update includes the new proposed Multi-County Full Service Partnership (FSP) INN Project. This multi-county Innovation Project provides an opportunity for counties to implement new data-informed strategies to program design and continuous improvement for FSP programs, supported by county-specific implementation and evaluation technical assistance. The overall purpose and goals of this proposed project are to: (1) improve how counties collect and use data to define and track program outcomes that are meaningful for FSP clients; (2) Develop new and/or strengthen exisiting processes for continuous improvement for FSP programs; (3) Develop a clear strategy for how FSP outomces and performance measures can best be tracked and streamlined; (4) Develop a shared understanding and more consistent interpretation of the core FSP components; (5) increase the clarity and consistency of FSP enrollment criteria, referral, and graduation processes. In October 2019, the MHSA Steering Committee supported Sacramento County opting in to this multi-county project. The project plan is included in this Annual Update and is pending approval by the Sacramento County Board of Supervisors and the MHSOAC.

As supported and recommended by the MHSA Steering Committee, BHS will facilitate a community planning process for a proposed INN Project focused on adults and older adults living with a serious mental illness who are justice-involved. Once a proposed plan has been developed through a community planning process, the plan will be presented to the Sacramento County Board of Supervisors and the MHSOAC for approval.

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. BHS 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. BHS and the Cultural Competence Committee (CCC) formed an Ad Hoc Workgroup to gather feedback from the African American community 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. BHS convened a meeting of the CCC Ad Hoc Workgroup in December 2018 that was also open to the public. Input received at this meeting formed the draft recommendation that was refined and adopted by the CCC and the MHSA Steering Committee mid FY 2018-19. After the recommendation was presented, African American community members and stakeholders were invited to attend Community Listening Sessions (see Attachment B - African American Community Listening Sessions) to further refine the program recommendation, which included specific culturally relevant service strategies. This new programming is included in this Annual Update.

In May and June 2019, the MHSA Steering Committee discussed, supported and recommended expanding the CSS component to include three new Crisis Residential Programs and the redesigned children's outpatient services, known as Flexible Integrated Treatment. Furthermore, the MHSA Steering Committee discussed, supported and recommended expanding the PEI Component to include new time-limited community capacity building programming as well as the expansion of existing programming. This PEI component expansion began mid FY 2019-20.

The general plan for this Annual Update was discussed at MHSA Steering Committee meetings in May 2019, June 2019, August 2019, and October 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, BHS presented to the BHS 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 (BHS) Mental Health Director; 3 Service Providers (Child, Adult, and Older Adult); Law Enforcement; Senior and Adult Services; Education; Department of Human Assistance; Alcohol and Drug Services; Cultural Competence; Child Welfare; Primary Health; Public Health, Juvenile Court; Probation; Veterans; 2 Transition Age Youth (TAY) Consumers; 2 Adult Consumers; 2 Older Adult Consumers; 2 Family Members/Caregivers of Children age 0 – 17; 2 Family Members/Caregivers of Adults age 18 – 59; 2 Family Members/Caregivers of Older Adults age 60 +; and 1 Consumer At-large. Some members of the committee have volunteered to represent multiple stakeholder interests including 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 BHS 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. This notice also provided instructions on how to request a hard copy of the Update by mail. Fliers announcing the posting and public hearing were posted in public libraries throughout Sacramento. The information was also circulated through multiple email distributions, ethnic, cultural and language-specific media outlets, and hard copies were available for pick up at the Division administrative office.

The Draft MHSA Fiscal Year 2019-20 Annual Update was posted for a 30-day public comment period from November 18, 2019 through December 18, 2019. The Mental Health Board conducted a Public Hearing on Wednesday, December 18, 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 2019-20 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, BHS Cultural Competence Committee and Mental Health Board were supportive of moving the MHSA Fiscal Year 2019-20 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 specific attention to the array of Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Workforce Education and Training (WET) component programs and activities.

There were comments expressing appreciation for the flexible funding included in the 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 work towards improving employment outcomes for their clients. There was support and acknowledgement for addressing the mental

health service needs of children and families through new MHSA CSS and PEI programming. Suggestions were made to consider addressing maternal postpartum mood and anxiety disorders.

There was a request for more education on MHSA and the community planning process. Additionally, there were requests for ongoing community planning dialogues to explore opportunities for new and expanded MHSA treatment and prevention programming to meet the diverse needs of unserved and underserved communities and populations.

There were comments acknowledging the ongoing positive impact of the array of PEI programs. A variety of stakeholders, including consumers, family members, community members and others, expressed support and appreciation for PEI programs serving diverse and underserved communities and for PEI programs specifically serving the Older Adult population.

While committee and community members expressed appreciation for the development of the new PEI African American Trauma Informed Wellness Program, there were expressed concerns about the design of the competitive bid process, including applicant requirements. Comments made recommended increased funding and reconsidering applicant requirements.

There were comments expressing appreciation for the fiscal summary and budget explanations as well as comments expressing both support and concerns for the rapid spend down of the unspent funds balance 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.

Division Response

The Division values and appreciates the input provided by community stakeholders, including the MHSA Steering Committee, BHS Cultural Competence Committee, and Mental Health Board. This continues to be a core value of the community planning process.

The Division is committed to the ongoing collaboration with community stakeholders for existing program design as well as consideration of new and expanded programming. The Division is also committed to exploring new federal, state, or local grant opportunities or collaborations offering a path to leverage MHSA funds.

The Divison is committed to using data to inform continuous improvement and evaluate the effectiveness of MHSA funded programs and activities. 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 is pleased to announce the planned release of a competitive bid for community-driven PEI programming and encourages community based organizations to apply for funding to address postpartum mood and anxiety disorders. The Division has collaborated with key system partners to develop a community resource guide for maternal programming and supports which will be released in the coming weeks. County leadership is committed to working with managed care plans to ensure that available supports and services are leveraged and not duplicated.

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.

In response to concerns raised by community stakeholders, the competitive bid for the PEI African American Trauma Informed Wellness Program was pulled back to consider the feedback received. The Division is currently in dialogue with community stakeholders to discuss concerns and to explore how best to address these areas before releasing a revised competitive bid. In response to feedback, the funding level has been increased from $600,000 to $900,000 annually.

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 FY 2019-20 Annual Update, has been updated to correspond to the FY 2019-20 adjusted 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.

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 TAY, adults, and older 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 TAY, 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) 2017-18 the implemented FSPs served 2,112 unduplicated clients and the implemented GSDs served 13,098 unduplicated clients. Descriptions of these programs are included in this Annual Update.

As previously reported, in 2013 Behavioral Health Services (BHS), 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 these CSS Expansion efforts 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. In FY 2018-19, BHS conducted competitive bidding processes for new FSP and outpatient programs and also expanded several existing programs to increase both program capacity and housing resources. With support from the MHSA Steering Committee, new programs to further these efforts are included in this Annual Update.

Mental Health Services Act (MHSA) Community Services & Supports (CSS) Component

SAC1	SAC2	SAC3	SAC4	SAC5	SAC6	SAC7	SAC8	SAC9	SAC10
Community Opportunities for Recovery and Engagement	**Sierra Elder Wellness**	**Permanent Supportive Housing (PSH)**	**Transcultural Wellness Center (TWC)**	**Wellness & Recovery**	**Adult Full Service Partnership (Adult FSP)**	**Juvenile Justice Diversion and Treatment Program (JJDTP)**	**Transition Age Youth Full Service Partnership (TAY FSP)**	**Crisis Residential Program (CRP)**	**Children's Community Mental Health Services**
Adult Psychiatric Support Services (APSS) Clinic	Sierra Elder Wellness FSP	Guest House	TWC FSP	Wellness and Recovery Centers (WRCs)	Integrated Services Agency (ISA) FSP	JJDTP FSP	TAY FSP	12-bed CRP 1	Consultation, Support and Engagement Teams (CSET)
TCORE		New Direction FSP		Peer Partners	Sacramento Outreach Adult Recovery (SOAR) FSP			15-bed CRP 2	Flexible Integrated Treatment (FIT)
Regional Support Teams (RSTs)		Pathways FSP		Consumer & Family Voice				15-bed CRP 3	
Haven		Arise FSP		SAFE				15-bed CRP 4	
		Flexible Housing Pool (FHP)		MH Crisis Respite Center				15-bed CRP 5	
		Adult Residential Treatment (ART)		Abiding Hope Respite House					
		Augmented Board and Care (ABC)		Mental Health Respite Program					

Bold outline indicates **Full Service Partnership (FSP)** program.

Not bold outline indicates **General System Development (GSD)** program.

Dashed outline indicates **not fully implemented** program.

SACRAMENTO COUNTY

Program: Community Opportunities for Recovery and Engagement
Work Plan #/Type: SAC1 – General System Development (GSD)
Capacity: 5,550 at any given time
Ages Served: TAY, Adults, Older Adults

The **Community Opportunities for Recovery and Engagement** workplan, consists of three previously approved and implemented program components: **Adult Psychiatric Support Services (APSS)** clinic, **TCORE**, 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.

In FY 2017-18, this Program was identified for expansion as supported by the MHSA Steering Committee and Board of Supervisors recommendation for increasing homeless mental health services. This Program's expansion includes a new outpatient mental health treatment program to further address the needs of individuals age eighteen and older living with serious mental illness who are homeless or at-risk of homelessness and who may also have co-occurring substance use disorders.

APSS, administered by BHS, 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.

Success: APSS Clinic
A 56 year-old male APSS client has a history of Bipolar Disorder and substance dependence. He has had several psychiatric hospitalizations and poor attendance in treatment related to his denial of substance abuse and frequent relapses. The client was often depressed and anxious with mood swings and frequent suicidal thoughts. He was unable to function in most areas of his life. Recently, through working with his Peer Partner and case manager, he began to consistently attend all his scheduled therapy and group sessions and achieved his goal of becoming employed. He now reports he has been clean and sober for four months and is setting new goals. He reports his success was due to his case manager and the Peer Partner Wellness and Recovery Action Plan (WRAP) group which gave him the skills, hope and motivation to achieve his goal of becoming employed. The client also reports that because of the support from his counselor and Peer Partner he was able to develop a healthier relationship with his girlfriend, who he met in a recovery group at APSS. He has said on many occasions that the support from APSS has saved his life.

The APSS clinic includes a Peer Partner component, administered by Cal Voices (formerly known as Mental Health America of Northern California), which provides culturally and linguistically relevant advocacy and support for program participants. The Peer Partner 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. (also known as Hope Cooperative) 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 living with a severe mental illness . 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.

Success: TCORE Program

TCORE works with a 58 year old female referred for more intensive outpatient services. After experiencing many struggles in recent years, such as incarceration, housing instability, an increase in mental health symptoms and inpatient stays, this individual has taken an active role in her current recovery. In the recent past, her engagement and stability has improved dramatically. She is active in all aspects of her treatment. She attends weekly recovery groups on site. She has stabilized in her housing and is applying for more independent housing at this time. She volunteers at the Hope Cooperative Clubhouse to work on skills to prepare herself for employment. She has developed friendships and natural supports while volunteering at the Clubhouse, which she reports as improving her quality of life. She has not been psychiatrically hospitalized in more than eight months. She works regularly with her Service Coordinator on skills to support her community independence while managing her mental health symptoms. She reports that her current goal is to work towards having a job and securing her own apartment.

Through recent expansions, TCORE increased capacity and improved timeliness to services – specifically for those in acute care settings. In addition, TCORE has increased capacity to support members participating in Mental Health Court and Co-Occurring Mental Health Court.

In FY 2017-18, this program was identified for expansion as supported by the MHSA Steering Committee and Board of Supervisors recommendation for increasing homeless mental health services. This program's expansion included 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.

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, eviction/homelessness, and provide services that will increase the individual's ability to function at optimal levels and as independently as possible.

The redesigned **Regional Support Team (RST)** service delivery system provides 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 administered by: 1) El Hogar Community Services, Inc.,

2) TLCS, Inc. (also known as Hope Cooperative), 3) Turning Point Community Programs, and 4) Visions Unlimited. 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.

In 2015, the redesigned RSTs each implemented a Community Care Team (CCT) with the purpose of enhancing engagement and timely access to services using culturally and linguistically competent services. The RST CCTs 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 CCT team includes a team lead, clinician/social worker, psychiatrist and nurse, peer/family provider and resource specialist.

In FY 2017-18, this program was identified for expansion as supported by the MHSA Steering Committee and Board of Supervisors recommendation for increasing homeless mental health services. This program's expansion added additional housing supports and subsidies and 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.

Success: El Hogar RST

After a recent hospitalization, a woman who had been discharged from services multiple times, was again referred to services with El Hogar RST to address reported symptoms of loneliness, insomnia, and auditory hallucinations. El Hogar's Community Care Team (CCT) staff were able to travel to the client's residence to support with transportation to an intake appointment in order to provide timely engagement into services and safety planning. Due to struggling with disorganization, poor hygiene and managing activities of daily living, the CCT staff provided ongoing support to ensure continued engagement in services. They worked with her on identifying areas for which the client needed additional support, such as ensuring linkage to psychiatric and clinical appointments, as well as increased case management services. The client has reported gratitude for her treatment team's collaborative and client-centered approach. She continues to stabilize and engage in El Hogar RST services.

Success: TLCS RST

A female client came to TLCS RST struggling with substance use and PTSD. She was newly out of a domestic violence relationship, had no source of income, and was experiencing homelessness. CPS had removed her infant daughter from her custody over concerns about her drug use. She reported this was the motivation needed to make significant life changes. She began attending appointments and groups for support and medication. With the help of her RST Service Coordinator she began to learn healthier ways to cope and manage her mental health symptoms. MHSA flex funds were used to move her into a clean and sober living environment and the program worked closely with her attorneys and CPS social worker to ensure that she was meeting all requirements of her child reunification case. After a year of sobriety, she was granted full custody of her now one year old daughter. The RST continues to pay a portion of her monthly rent and her symptoms have stabilized enough that she is starting the process of the RST's employment program to attain a job and become more self-sufficient.

Success: Turning Point RST
A 52 year-old woman with long history of hospitalizations due to suicide attempts met with the Turning Point Community Care Team (CCT) staff and a Peer Mentor for weekly peer counseling. With reported numerous childhood traumas, she struggled with controlling her anger. She reported that managing her symptoms and regulating her emotions was impossible. After meeting with the CCT staff for weekly rehabilitation sessions to work on her anger and self-esteem, she started to make positive changes in her life. She since has enrolled in classes at American River College to pursue a bachelor's degree in Social Sciences and is able to utilize learned coping skills to help her when she becomes upset. She recently experienced conflicts at work and used coping skills she learned to prevent herself from losing her job. She is still working and is no longer on SSI, has a strong relationship with her significant other and reports her relationships with her children are satisfying. After working with the RST, she has a life goal to be active in helping the members of her community who suffer from mental illness when she graduates from school.

Success: Visions RST
A 46-year-old woman with symptoms of depressed mood, anger, isolation and anxiety due to being homeless, also reported health issues including chronic pain that prevented her from looking for work or attending appointments. Although she was offered a hotel voucher, she declined. Visions RST staff worked with her by providing education on housing options and worked with her on strategizing benefits verses costs of accepting less desirable temporary housing with the goal of seeking ideal housing over time. With repeated engagement and services provided, she became more trusting and open to a room and board. Initially she refused to participate in any groups or work programs, yet eventually became less symptomatic and more engaged – sharing her goal to be a writer and motivational speaker, as well as struggles with mental illness. She has since agreed to go to the Department of Rehabilitation (DOR) and joined NAMI as a motivational speaker. She was recently awarded housing voucher and is working on securing permanent housing.

The contract for the new adult outpatient program was awarded to Turning Point Community Programs through a competitive bidding process. The program, known as **Haven,** will provide client-driven, recovery-oriented, strength-based, trauma-informed, culturally and linguistically responsive, comprehensive community-based specialty mental health services and supports to TAY (18+), adults, and older adults meeting target population. Haven will serve clients who are being discharged from or are at risk of requiring acute care; at risk of or experiencing homelessness; living with a co-occurring substance use disorder; and/or those who may be engaged in the criminal justice system. Using the principles of recovery-oriented care, trauma-informed care, culturally responsive services, and the Strengths Model to guide program practices and service delivery, the new outpatient services will implement a phased approach with the provision of intensive services during the early phase of treatment with the goal of assisting clients in transitioning to a lower level of service intensity over time. This program will start delivering services late FY 2019-20. More information about program implementation will be included in future plans and updates.

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 relevant 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
A 58 year old male on conservatorship has struggled with symptoms of schizoaffective disorder and had been in a secured facility due to his mental health needs, from 2003 until 2019. The initial community reentry introduced new stressors and challenges for him that resulted in the need of an acute setting. Through collaborative efforts, Sierra Elder Wellness Program (Sierra) was able to engage with him while still in a higher level of care to assist in the transition back into the community. He engaged Sierra groups and outing several times a week, developed strong rapport with Personal Service Coordinator, and become familiar with the community which resulted in successful transition from acute setting to community. Sierra utilized MHSA flex funds to support him in a placement that not only supported his needs but also made him feel safe and comfortable. Through the MHSA flex funds for stable housing, enabled him to create relationships with staff and peers at his residence. He has established himself as part of the community. He reports that, "I am good here, I'm with family."

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 1,325 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. PSH currently consists of three previously approved and implemented components: PSH-Guest House, PSH-New Direction, and PSH-Pathways. The PSH Program serves homeless children, TAY, adults, and older adults of all genders, races, ethnicities and cultural groups. In FY 2017-18, these programs served 703 with FSP services and 672 with GSD services.

In FY 2017-18, the Permanent Supportive Housing Program was identified for expansion as supported by the MHSA Steering Committee and Board of Supervisors recommendation for increasing homeless mental health services. As part of this expansion, a new Adult Full Service

Partnership, Flexible Housing Pool, Adult Residential Treatment, and Augmented Board and Care Program are being added.

Guest House, administered by El Hogar, is entry point to homeless services for individuals who present with mental health conditions who are living on the street, in shelters, and parks, etc. with direct access to a clinic and emergency housing for TAY (18+), adults, and older adults. 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. 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.

Guest House has expanded and opened its Connections Lounge drop-in center. 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
An elderly African American gentleman who has struggled with mental illness was initially referred by a local hospital to the Guest House Sacramento Multiple Advocate Resource Team (SMART) for assistance with benefits. Guest House reached out to the referring hospital to ensure a safe and successful discharge to their program. The gentleman appeared very vulnerable and had difficulties managing the mental health symptoms he was experiencing. Guest House outreach staff worked on building trust and rapport in an attempt to engage him in the supports available. Guest House outreach staff continued their efforts and eventually built enough trust with gentleman to get him to develop a client centered housing plan. Guest House used MHSA flexible dollars to shelter the gentleman while staff worked on linking him to permanent supportive housing. Guest House SMART was able to get the gentleman approved for benefits in less than two weeks giving him an income. Client successfully transitioned to permeant supportive housing with Guest House's help and remains stably housed.

Through recent expansion, Guest House increased program capacity and improved timeliness by significantly increasing outreach efforts through additional outreach workers. 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, administered by TLCS (also known as Hope Cooperative), provides permanent supportive housing and FSP-level mental health services and supports for TAY (18+), 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.

Recent expansion included additional housing supports and subsidies to address the needs of more individuals living with serious mental illness who are or at risk of or are homeless and may also have co-occurring substance use disorders.

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.

Success: New Direction

A client experiencing chronic homelessness began participating in New Direction Full Service Partnership (FSP) in 2017. New Direction FSP supported the client in developing a housing plan and locating affordable housing. MHSA flex funds were used to shelter the client, getting her off the streets, and then to provide rental assistance once she was in permanent supportive housing. New Direction FSP also used MHSA flex funds to furnish and outfit her new space with the essentials of a dignified living space. Unfortunately, due to behaviors related to her substance use, the client was not able to maintain her placement in permanent supportive housing. The client returned to homelessness and initially refused help finding housing. New Direction continued to offer harm reduction interventions and linkage to treatment while offering housing options. With continued effort at building trust and rapport, the client made the decision that she was ready to become sober. New Direction utilized MHSA flex funds to house the client in a clean and sober living facility. The client has achieved over four months of sobriety with that support. With program support and coordination, she has moved into subsidized housing and has gone back to school.

Pathways, administered by Turning Point Community Programs, provides permanent supportive housing and FSP-level mental health services and supports for children/youth, TAY, 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.

Success: Pathways

A 38 year old Latino male was referred to Pathways Full Service Partnership (FSP). He had a history of exposure to domestic violence, family trauma, and gang violence in childhood. Prior to his referral, he served 20 years in state prison while coping with the onset of severe PTSD. Following his release from prison, his life was impacted by daily heroin use and untreated mental illness which contributed the inability to obtain housing. Initially, he reported he did not anticipate being alive for much longer.

Once linked, Pathways helped him collect the necessary requirements to obtain housing, such as cleaning up his credit and verifying homelessness. Pathways then used MHSA flex funds to assist with housing to ensure client had a residence. . While supporting the client into housing, he also received case management, rehabilitative support services, psychiatric and medication supports. The client has been drug-free for over a year and his housing is stable and he has re-established strong ties with his family.

Recent expansion included additional housing supports and subsidies to address the needs of more individuals living with serious mental illness who are or at risk of or are homeless and may also have co-occurring substance use disorders.

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.

Telecare Inc. was awarded the contract for the new Adult Full Service Partnership program, known as **Arise**, and will provide an array of FSP services to TAY (18+), adults, and older adults struggling with persistent and significant mental illness who would otherwise utilize the most restrictive and highest level of care programs. Telecare's outpatient program will provide comprehensive, flexible, client-driven, recovery-oriented, strength-based, trauma-informed, 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 will also include assistance with benefit acquisition, housing supports and subsidies, employment, education, transportation, and support with successfully completing involvement in Collaborative Courts, such as Mental Health Court. The program will 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 will be 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. This program will start delivering services late FY 2019-20. More information about program implementation will be included in future updates.

The MHSA Steering Committee and Board of Supervisors recommended increasing homeless mental health services through the CSS component in FY 2017-18. As part of these expansion efforts, the **Flexible Housing Pool (FHP), Adult Residential Treatment (ART), and Augmented Board and Care (ABC)** have been added to the PSH Program.

BHS, in partnership with Sacramento County Department of Human Assistance, will implement **FHP** mid FY 2019-20. The goal of the FHP is to secure quality affordable housing for up to 400 clients living with a serious mental illness who are discharging from jail or acute psychiatric hospitalization into homelessness and qualify for specialty mental health services. FHP combines rent subsidies, landlord engagement, pinpointed tenant/landlord matching, and ongoing tenant services and intensive case management. Through the FHP, Property Related Tenant Services (PRTS) teams secure a broad range of housing options through the community, such as single family homes, individual apartments, blocks of units or entire buildings with onsite support staff. In addition to housing location services, PRTS teams provide move-in assistance, rental subsidy disbursement, and assists with landlord/neighborhood relations. These services support clients in transitioning to permanent, promoting housing stability, responding when issues arise, and coordinating care. In addition, high intensity mental health treatment services and supports will be

provided to these consumers. More information about program implementation will be included in future updates.

The **ART** will provide psychiatric rehabilitation to TAY (18+), adults, and older adults with persistent mental illness in a twenty-four (24) hour residential setting. The ART will provide culturally competent, collaborative, client-driven, strength-based services in a structured environment that supports improving the recovery and independent living skills of individuals living with co-occurring conditions, including substance use disorders, with the goal of community integration and transition to a lower level of care. It is anticipated that this program will start up mid FY 2019-20. More information about program implementation will be included in future updates.

The **ABC** offers a quality residential board and care living environment for TAY (18+), adults, and older adults with serious mental health and/or co-occurring conditions who are stepping down from institutional settings including inpatient acute psychiatric hospitals. The philosophy behind the ABC program model is to provide intensive programming in a structured, safe and supportive environment where individuals can work towards their individual recovery goals, obtain or strengthen independent living skills, and connect to other community resources. High intensity mental health treatment services and supports will also be provided to these consumers. It is anticipated that this program will start up mid FY 2019-20. More information about program implementation will be included in future updates.

Program: Transcultural Wellness Center
Work Plan #/Type: SAC4 – Full Service Partnership (FSP)
Capacity: 275 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 and Pacific Islander (API) communities in Sacramento County. The program is staffed by psychiatrists, mental health clinicians and counselors, and peer and family advocates who are reflective of the API communities. Staff assignments are take into consideration the gender and specific cultural and linguistic needs of the client. Staff speak 15 API languages: Cambodian, Cantonese, Hindi, Hmong, Japanese, Korean, Laotian, Mandarin, Mien, Punjabi, Spanish, Tagalog, Telugu, Thai, and Vietnamese.

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 and older 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 mainstream 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.

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.

Success: Transcultural Wellness Center

TWC served a 33-year old Vietnamese-American female client who has a history of experiencing symptoms of paranoia, anxiety, disorganized thoughts and delusions and substance use. Client also has a history of repeated psychiatric hospitalizations. She has frequently called 911 to be admitted to a hospital due to experiencing symptoms of paranoia.

Client had lost custody of her children but more recently, began exploring the possibility of getting them back. After extensive culturally appropriate therapy, psycho-social rehabilitation and medication support from the TWC treatment team, client has not been hospitalized for some time. In an effort to regain custody of her children, the client indicated she was ready for TWC to support her with substance use treatment. TWC used MHSA flexible dollars to get the client into a residential rehab drug treatment center where she is now receiving treatment. She hopes to complete the 90-day program and continue her path to wellness and recovery.

Program: Wellness and Recovery
Work Plan #/Type: SAC5 – General System Development (GSD)
Capacity: 3,397 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**, 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 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 multiservice centers that offer an array of comprehensive services and wellness activities designed to support clients in their recovery goals. The WRCs also serve an entry point to homeless services for individuals who present with mental health conditions who are living on the street, in shelters, and parks, etc. 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
A young woman living with a severe mental illness was discharging from jail without a place to go therefore returning homelessness. She was arrested for a common homeless crime of trespassing. WRC received the referral and mobilized their staff and resources to support her. They utilized MHSA flex dollars to secure a place for her at a room and board before she discharged. WRC staff arranged transportation for the young woman from jail to their service site on the day of her release ensuring access to peer support as she transitioned to the community and to her new residence. Additionally, WRC peers immediately began the process of helping her apply for benefits to become more self-sufficient. In the meantime, WRC continues to use flex dollars to keep her housed. As of late, the young woman remains stably housed. She continues to attend numerous peer run wellness groups. This stability and support has allowed her to focus on her wellness and avoid any further crisis that may lead to hospitalization or incarceration.

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.

WRC expansion increased the number of participants served through the community centers and added housing and resource specialists to support and address the needs of the increased number of program participants experiencing homelessness.

The **Peer Partner Program (Peer Partners)** is administered by Cal Voices (formerly known as Mental Health America of Northern California). The program provides peer support services to TAY (18+), adults, and older adults linked to the Adult Psychiatric Support Services (APSS) clinic and 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
An APSS client recently became homeless after being evicted from her apartment. APSS Peer Partner staff worked with the client's treatment team to help reduce her mental health symptoms so she and the Peer could actively seek and locate secure housing. Working together, the client and Peer were able to obtain a new housing voucher. In the meantime, the APSS Peer Partner helped the client identify natural supports to provide temporary housing. The Peer assisted the client to set up an email and mail box so she could receive and respond to notifications related to the housing voucher. The Peer also supported the client by accompanying her to a Sacramento Housing and Redevelopment Agency (SHRA) hearing that allowed her to avoid losing her voucher. This engagement and support was successful and resulted in the client finding and securing permanent housing.

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 Program**, administered by Cal Voices, promotes the BHS mission to effectively provide quality mental health services to Sacramento County TAY (18+), adults, older adults and their families. The consumer and adult family member advocates serve as liaison to BHS 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 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 2018-19, four Expert Pool Town Hall Meetings were convened with an average attendance of 30 individuals per meeting.

Success: Consumer and Family Voice Program
A father of an adult who has received services through Sacramento County participated in Consumer and Family Voice (CFV) support groups and programs. He became interested in advocacy after receiving our announcements about the Sacramento County Mental Health Board (MHB) and MHSA Steering Committee. He learned about the stakeholder process and how to prepare to give public comment at public meetings. He has been attending MHB and MHSA Steering Committee meetings and advocates based on his family's lived experience. His feedback has been reviewed at subsequent county internal meetings attended by the CFV dvocates. The Advocates suggested that he apply to sit on the Mental Health Board or the Steering Committee and provided support to him during the application process. Because of his experience as a family member, he is inspired to serve on one of these committees.

This program also coordinates and facilitates the annual client culture conference that is sponsored by BHS. The conference was held in June 2018 with approximately 200 guests in attendance. The theme was "Whole Person Care." The program received 172 evaluations, with positive feedback averaging a score of 4.9 out of 5 in total satisfaction with program.

The **Sacramento Advocates for Family Empowerment (SAFE) Program**, administered by Cal Voices, promotes the BHS 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 BHS 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 family looking for a youth advocate to help their son was referred to SAFE. Their son was isolated from everyone and always locking himself in his room. His grades slipped and he stopped caring about anything. The family wanted support for him to help him socialize which he agreed that is what he needed. During his first two visits with a SAFE youth advocate, he was reluctant about sharing his story. He finally opened up when the youth advocate took him out of the house to an ice cream shop. The youth advocate shared about his own lived experience and they felt they made a strong connection. Each week, the youth gained more confidence as they kept going to new places. The youth advocate brought him as a guest to a focus group where gave input and shared his opinion and wasn't afraid to give constructive feedback. The youth advocate helped him to sign up for after school groups and activities. The youth now has more confidence, is eager to learn, and is more at ease getting out of his comfort zone.

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 Co-ed Support Groups, Parent/Family Support Groups, an eight-week Anger Management Group, and a 16-hour Wellness and Recovery Action Plan (WRAP) group.

Mental Health Respite Programs: The following programs 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 CSS funding during FY 2015-16.

The **Mental Health Crisis Respite Center**, administered by TLCS (also known as Hope Cooperative) 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 TAY (18+), adults, and older 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) individuals at any given time.

Program goals are to reduce emergency department visits or acute psychiatric hospitalizations and that clients report an improvement in their recovery journey.

Success: Mental Health Crisis Respite Center

'Bob' came to the Mental Health Crisis Respite Center (CRC) for support while dealing with suicidal ideations. He is a gentle giant, full of love and compassion for others but not so much for himself. He reported to be a victim of sexual abuse at the hands of family members, including his father. Bob's brother is in charge of his finances and uses authority and power over Bob.

By utilizing the CRC when his stressors intensified, he did not seek out services from emergency departments and psychiatric hospitals as much. At CRC staff's encouraged, Bob engaged in ongoing outpatient mental health services. He continued to use the CRC when he felt was not able to manage his life. Over time, the CRC staff provided support to Bob and saw his symptoms decrease and began to witness an increase in his self-esteem and confidence.

Bob recently called the CRC to let them know that he moved to North Carolina and is teaching 3rd grade. His employer is going to pay for him to finish his Master's Degree. He thanked all the staff that helped him throughout the years and stated: "you were always there to help".

Abiding Hope Respite House, administered by Turning Point Community Programs, provides mental health crisis respite services in a welcoming, home-like setting, where TAY (18+), adults , and older adults, 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 and/or acute psychiatric hospitalizations and that clients report an improvement in their recovery journey.

Success: Abiding Hope Respite House

'The Abiding Hope staff and residents have been very supportive. I enjoyed the cleanliness and quietness of Abiding Hope. Abiding Hope provided room and board information, low-income housing information, and transported me to and from different housing resources and appointments. Abiding Hope provided me time to collect my thoughts about my current situation. I was able to rest and also attend to my health care needs while at Abiding Hope. Abiding Hope also referred me to Welcome Home Housing and I never heard of them before although I believe I will be a great candidate for the program. I feel blessed to have been able to stay at Abiding Hope Respite House."

Mental Health Respite Program, administered by Saint John's Program for Real Change, provides adult women (and their children) in immediate crisis with short-term mental health and

supportive services for up to seven (7) days. The program has the capacity to serve up to seven (7) woment (and their children) at any time. 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 report an improvement in their recovery journey.

Success: Mental Health Respite Program
'Jane' found herself homeless at the age of 61 after going through a challenging divorce. Major depression and anxiety overwhelmed her forcing her to rely on a friend whom eventually betrayed her. The friend physically abused her, and she fled from her small rented room in fear. Jane then searched for community services thinking that she would find help in getting back on her feet. She found that most services are designed to help mothers with children first. Daily searching for her basic needs depleted what little energy and self-esteem she had left. She felt desperation as she walked into a church. There she received comfort and a referral to Saint John's Mental Health Respite Program. Stress and anxiety had impaired her functioning and depleted her prior ability to make daily decisions. After several days, Jane's anxious and depressive symptoms reduced and she regained sufficient strength and clarity to explore options for next steps and execute a prioritized plan to move toward resolving her concerns. Jane left Saint John's Mental Health Respite Program expressing gratitude for the safety she experienced, hope for her future, and reassured that she found kindness and services to address her needs.

Program: Adult Full Service Partnership
Work Plan #/Type: SAC6 – Full Service Partnership (FSP)
Capacity: 500 at any given time
Ages Served: TAY, Adults, Older Adults

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 TAY (18+), adults, and older adults, struggling with persistent and significant mental illness who would otherwise utilize the most restrictive and highest level of care programs. ISA and 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.

ISA and 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.

Recent expansion added 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.

Success: Integrated Services Agency
A 28 year old male, who was initially reluctant to participate in ISA, had an extensive history of substance use and chronic homelessness. He was having extreme paranoid thoughts that prevented him from eating and refusing to attend to proper hygiene/grooming. He was placed on LPS conservatorship. Soon after joining the ISA program, he participated in services that assisted with building socialization skills resulting in an increased desire to work more with staff and receive support from his peers. Building on the encouragement and opportunities presented by ISA, he has redirected his path toward continued success. His positive engagement with others eventually led to his conservatorship ending. He was able to maintain stable housing and joined the ISA work program – demonstrating integrity of skills to establish and maintain lasting relationships with his peers. He remains proactive as he further pursues his treatment goals. He is successful in the community, using coping skills learned in services and reaching his self-identified goals.

Success: SOAR
A Telecare SOAR member has been successfully living in the community for over four weeks now. This member joined SOAR program in 2017. Until recently, he had difficulty maintaining placement in the community due to interpersonal conflict, which resulted in weekly trips to the Emergency Department and more than 20 psychiatric hospitalizations in a year.

SOAR used MHSA flex funds to support him living in an environment that decreased his triggers. With the intensive, community-based services and supports from SOAR staff and MHSA flex funds, this member has increased his overall level of participation by attending treatment on a weekly basis, groups at SOAR and in the community, and has not been to the ED in the past four weeks. This member reported that, "I like my housing," and "I am very appreciative of SOAR's support."

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 BHS, 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 through their 25th year. 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.

Recent expansion also allows for dedicated focus on serving youth who are at risk of becoming involved in the Juvenile Justice System.

Success: Juvenile Justice Diversion and Treatment Program
A youth was referred to the program approximately three years ago due to behaviors that led to involvement in the Juvenile Justice system. The youth accomplished many goals through involvement in the Juvenile Justice Diversion and Treatment Program (JJDTP). The youth and her father participated in therapy to address challenges within the family. The youth was able to meet her probation requirements and complete probation. She had many challenges with peers and had considered going back to former negative behaviors; with program support, she ultimately made the choice not to. She has always been a hard worker and is currently attending a community college where she is actively applying for scholarships while also maintaining employment. She has used her voice and choice and has made significant progress in personal growth and development. She previously had a distant relationship with her father. With family therapy, their relationship improved immensely. With support through JJDTP, the youth's father also received individual support and has made incredible strides in communicating better with his daughter.

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 Capital Star Behavioral Health, provides core FSP services and flexible supports to TAY ages16 through 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 populations. 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. 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 moderate to high level specialty mental health 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.

Success: Transition Age Youth FSP Program
'Lynn' is a transition age youth referred to TAY FSP with severe symptoms related to mood and trauma. TAY FSP team consisted of Transition Care Manager, Transition Facilitator, Family Advocate, and Youth Advocate. Team attempted linkage to AOD outpatient program and supported with NA meetings. The youth is graduating from TAY FSP after independently achieving sobriety. Youth maintained stable housing with team member support, increased effective healthy coping skills through individual therapy and rehabilitation/group sessions, and enriched parenting practices with the support of linkage to Birth and Beyond. She recently reconnected with their passion for music and has begun performing publicly with the support of FSP team. They are a natural strong advocate for themselves and also a passionate advocate for other youth facing barriers within the mental health system.

Program: Crisis Residential Program (CRP)
Work Plan #/Type: SAC9 – General System Development (GSD)
Capacity: 42 at any given time
Ages Served: TAY and Adults ages 18 - 59

In FY 2018-19, in alignment with the MHSA Steering Committee's recommendation to expand the CSS component, three new CRPs were added to this program to bring the total to five sites. There are three operational sites with a total of 42 beds: the 12-bed and 15-bed CRPs in South Sacramento and 15-bed CRP in Rio Linda, administered by Turning Point Community Programs. The two remaining CRPs are in varying stages of construction/develop: a 15-bed CRP for Transition Aged Youth (TAY)/young adults ages 18 - 29 and a 15-bed CRP for adults in Rancho Cordova. It is anticipated that these CRPs will be operational in FY 2019-20 and FY 2020-21 respectively.

CRPs are short-term residential treatment programs that operate in a structured home-like setting twenty-four hours a day, seven 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).

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.

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.

Success: Crisis Residential
A client had significant difficulties with psychosis. He struggled to remain in groups, to gain the information needed, to take care of himself and to interact with others. He had a long history of trauma, drug use and homelessness from his childhood to the time he entered the program. CRP staff was able to engage him in an assessment process to enable him to access a higher intensity level of services at a Full Service Partnership (FSP). He was able to graduate from the CRP after having been clean and sober for 30 days, and was able to transition into living arrangements provided by one of the FSPs serving the homeless. In the time that followed, he called us a few times and let the staff know that he was now safe, and thanked the staff for their investment in him. He specifically stated to a staff member, "thank you for not throwing me away."

Success: Crisis Residential
A young woman was admitted to the program with a history that included trauma from abuse and substance use. She communicated very little with the staff and her peers during the first two weeks of the program. She was reserved, frequently isolated in her room, and was identified at high risk for re-hospitalization and self-harm due to her symptoms and a variety of risk factors. During her time in the program, she engaged in therapeutic and psychiatric services that significantly decreased her symptoms of psychosis and provided an opportunity to further develop her communication and self-advocacy skills. She was linked with TCORE for ongoing outpatient services. After successfully graduating from the Crisis Residential Program, sheis now living at a room and board where she is now the house manager.

Program: Children's Community Mental Health Services
Work Plan #/Type: SAC10 – General System Development (GSD)
Capacity: 50 at any given time.
Ages Served: Children and Youth (up to age 21)

The Children's Community Mental Health Services workplan consists of the Consultation, Support and Engagement Teams (CSET) Program and Flexible Integrated Treatment (FIT).

The **Consultation, Support and Engagement Teams (CSET) Program** addresses the needs of children and youth who 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 Capital Star Community Services. 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. Annual training capacity for this component of the program is approximately 180 clinical staff and 300 support staff (unlicensed staff and advocates).

CSET for Commercially Sexually Exploited Children (CSEC) provides outreach and engagement activities to CSEC (youth who have been or are at risk of exploitation) ages twelve through twenty-one (12-21). CSET is also able to provide mental health services in interim while linking to an ongoing mental health provider. CSET receives referrals from CPS, the Juvenile Court, probation, schools, law enforcement and other community partners. CSET attends weekly Department 90 Juvenile Court staffing for CSEC youth to facilitate referrals for CSEC youth involved in the Juvenile Justice system.

Success: Consultation, Support and Engagement Teams (CSET) Program
'Kelly' was referred to CSET through Juvenile Court motivated to fulfill conditions of probation. CSET provided outreach and engagement referred her to the TAY FSP to be assessed for trauma focused therapy. She did not want to participate in therapy and stopped engaging in FSP services. The CSET team was able to advocate with Juvenile Court to attempt to use a different treatment model due to her need to prioritize meeting her basic needs. CSET Outreach program was able to meet her where she was at in her stage of change and support her in accessing treatment when ready. The CSET Advocate supported her with housing linkage, completing her high school education, fulfilling conditions of probation, and attending court. The Advocate was able to utilize personal lived experience to better engage her in outreach and treatment, including a curriculum designed to educate and empower survivors of commercial sexual exploitation and trafficking. She has successfully completed probation and the juvenile court judge recognized that the CSET advocate played a significant role in this positive outcome.

In FY 2019-20, with support from the MHSA Steering Committee, the redesigned children's outpatient services known as **Flexible Integrated Treatment (FIT)** has been added to this Program.

FIT is administered by: Capital Star Community Services; Dignity Health Medical Foundation; La Familia Counseling Center; River Oak Center for Children; Sacramento Children's Home; Sierra Forever Families; Stanford Youth Solutions; Terkensha Associates; Turning Point Community Programs; The Regents of the University of California; and Uplift Family Services. FIT provides strength-based, culturally competent, flexible and integrated, child/youth-centered, family driven, developmentally appropriate, effective quality mental health services to all eligible beneficiaries that include children and youth with serious emotional disturbance under the age of 21 years. Services aim to alleviate symptoms and foster development of age appropriate cognitive, emotional, and behavioral skills necessary for maturation, and improve mental health conditions that affect quality of life across multiple domains (e.g. home, school, community). Services include family voice and choice and are provided in collaboration with child serving systems, agencies and other individuals involved with the child/youth (such as schools, probation, child welfare, health care, etc.). Families have a high level of decision-making power and are encouraged to use their natural supports. More information about program implementation will be included in future updates.

CSS Administration and Program Support

BHS 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 2019-20 Cost per Client information for implemented programs:

FY2019-20 CSS COMPONENT BUDGET Work Plan / Program	Average Cost/Client*	Budget Amount
SAC1 - GSD: Community Opportunities for Recovery and Engagement	$ 5,617	$ 31,175,542
SAC2 - FSP: Sierra Elder Wellness	$ 16,417	$ 2,298,328
SAC3 - FSP: Permanent Supportive Housing	$ 11,646	$ 15,430,792
SAC4 - FSP: Transcultural Wellness Center	$ 9,648	$ 2,653,266
SAC5 - GSD: Wellness and Recovery	$ 4,251	$ 6,789,488
SAC6 - FSP: Adult Full Service Partnership	$ 18,856	$ 9,427,929
SAC7 - FSP: Juvenile Justice Diversion and Treatment	$ 29,039	$ 3,717,050
SAC8 - FSP: TAY Full Service Partnership	$ 17,000	$ 4,080,000
SAC9 - GSD: Crisis Residential	$ 12,086	$ 3,746,579
SAC10 - GSD: Children's Community Mental Health Services	$ 35,153	$ 1,757,655
TOTAL		**$ 81,076,629**

*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.

Full Service Partnership (FSP) Program FY 2017-18 Outcomes

During FY 2017-18, Sacramento County's implemented FSP programs served 2,112 partners (clients). FSPs showed considerable progress in reducing negative outcomes and 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 2,112 partners served in FY 2017-18, 1,711 (81%) 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).

- Homeless occurrences decreased by 67.2%
- Homeless days decreased by 94.5%
- Emergency room (ER) visits for psychiatric reasons decreased by 80.4%
- Emergency room (ER) visits for medical reasons decreased by 81.2%
- Psychiatric hospitalizations decreased by 50.2%
- Psychiatric hospitalization days decreased by 45.1%
- Arrests decreased by 75%
- Incarcerations decreased by 64.5%
- Incarceration days decreased by 80%
- Employment rate increased by 2%

Graph A: Partners by Program

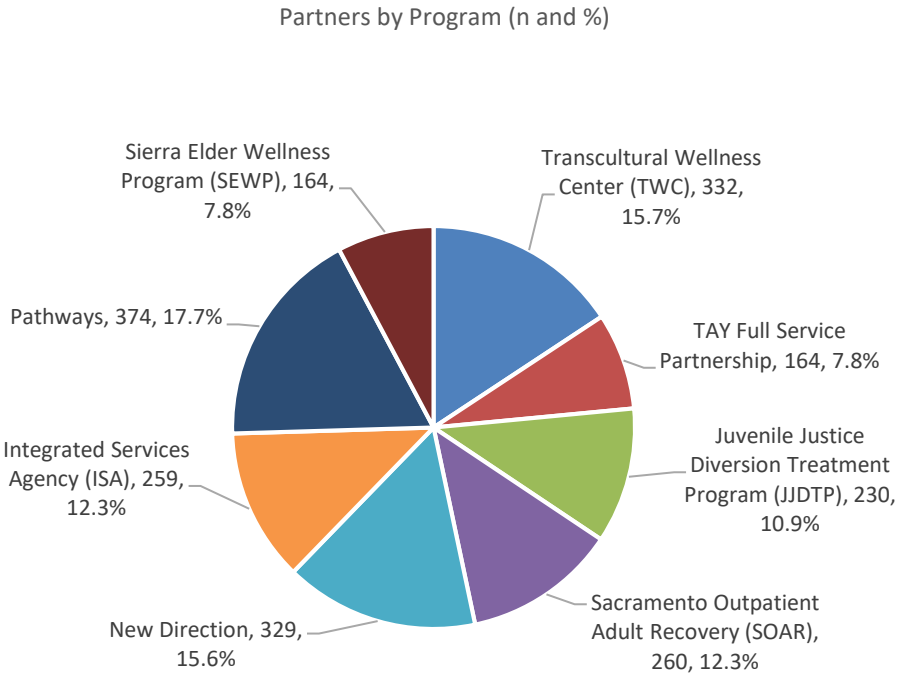


Table 1: Demographics

DEMOGRAPHICS		
Age Group	**N=2,112**	**%**
0-15 Years	94	4.5%
16-25 Years	464	22.0%
26-59 Years	1,167	55.3%
60+ Years	387	18.3%
Total	2,112	100.0%
Gender	**n**	**%**
Male	1,124	53.2%
Female	987	46.7%
Unknown/Not Reported	1	0.04%
Total	2,112	100.0%
Ethnicity	**n**	**%**
Hispanic/Latino	279	13.2%
Not Hispanic/Latino	1,686	79.8%
Unknown/Not Reported	147	7.0%
Total	2,112	100.0%
Race	**n**	**%**
American Indian	28	1.3%
Asian/Pacific Islander	380	18.1%
Black/African-American	588	27.8%
Multi-Ethnic	69	3.3%
Other Race	185	8.8%
Unknown/Not Reported	90	4.3%
White	772	36.4%
Total	2,112	100.0%
Language	**n**	**%**
Arabic	5	0.2%
Cantonese	33	1.6%
English	1,811	85.8%
Hmong	81	3.8%
Other	65	3.0%
Russian	10	0.5%
Spanish	34	1.6%
Unknown / Not Reported	18	0.9%
Vietnamese	55	2.6%
Total	2,112	100.0%

DEMOGRAPHICS CONT.		
Primary Diagnosis	**n**	**%**
Adjustment disorder	44	2.1%
Anxiety disorder	25	1.2%
Attention-deficit hyperactivity disorder	55	2.6%
Bipolar disorder	259	12.3%
Borderline personality disorder	27	1.3%
Conduct disorder	55	2.6%
Major depressive disorder	419	19.8%
Oppositional defiant disorder	53	2.5%
Other	146	6.9%
Post-traumatic stress disorder	198	9.4%
Schizoaffective disorder	513	24.3%
Schizophrenia	318	15.1%
Total	2,112	100.0%
Connected to Primary Care Provider	**n**	**%**
No	141	6.7%
Unknown	387	18.3%
Yes	1,584	75.0%
Total	2,112	100.0%

The following section examines outcomes over time for partners who have received services in an FSP for at least one year. Of the 2,112 partners served in FY 2017-18, 1,711 (81%) had been receiving services in an FSP the previous year.

Baseline data (one year prior to enrollment) was compared to FY 2017-18 data to determine whether outcomes improved in the areas of homelessness, emergency room visits, psychiatric hospitalizations, arrests, incarcerations and employment.

The tables and graphs 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.

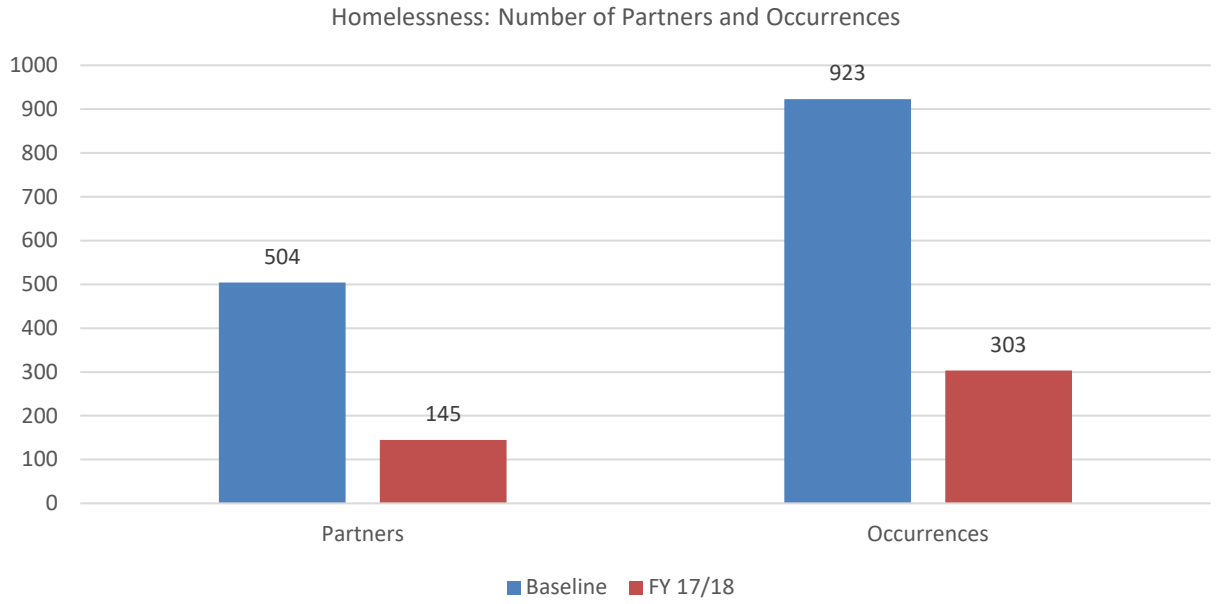
Homelessness

Of the 1,711 partners in the cohort, 504 (29.4%) unduplicated partners experienced homelessness prior to enrollment (See Table 2). Compared to baseline, the unduplicated number of homeless partners as well as total occurrences and days of homelessness in FY 2017-18 decreased significantly overall.

Table 2: Homelessness

All Partners who Experienced Homelessness								
1 Year Before (Baseline)			FY17/18			Percent Change Between Baseline and After One Year of Services in FSP		
# Unduplicated Partners Homeless	Total Homeless Occurrences	# Homeless Days	# UnduplicatedPartners Homeless	Total Homeless Occurrences	# Homeless Days	Percent Change Unduplicated Partners	Percent Change Total Homeless Occurrences	Percent Change Homeless Days
504	923	110,618	145	303	6,126	-71.2	-67.2	-94.5

Graph B



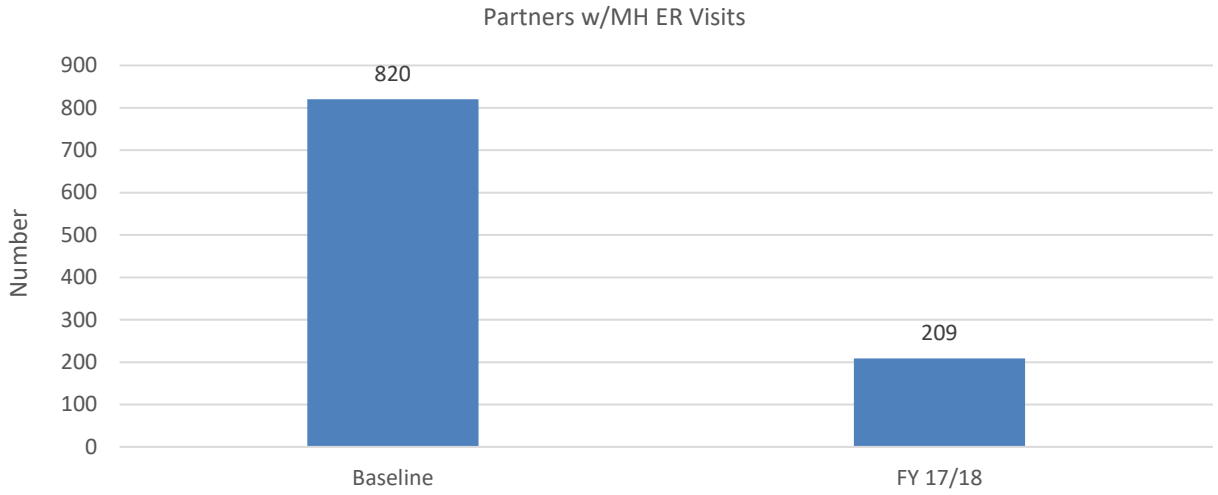
Emergency Room (ER) Visits for Psychiatric Reasons

Just over 800 (47.9%, 820) unduplicated partners had at least one ER visit for psychiatric (mental health) reasons in the year prior to enrollment. Compared to baseline, the unduplicated number of partners with ER visits and the total ER visits for psychiatric reasons both decreased significantly.

Table 3: Mental Health (MH) Emergency Room (ER) Visits

Partners w/Mental Health Emergency Room Visits					
1 Year Before (Baseline)		FY 17/18		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
820	2,335	209	458	-74.5	-80.4

Graph C



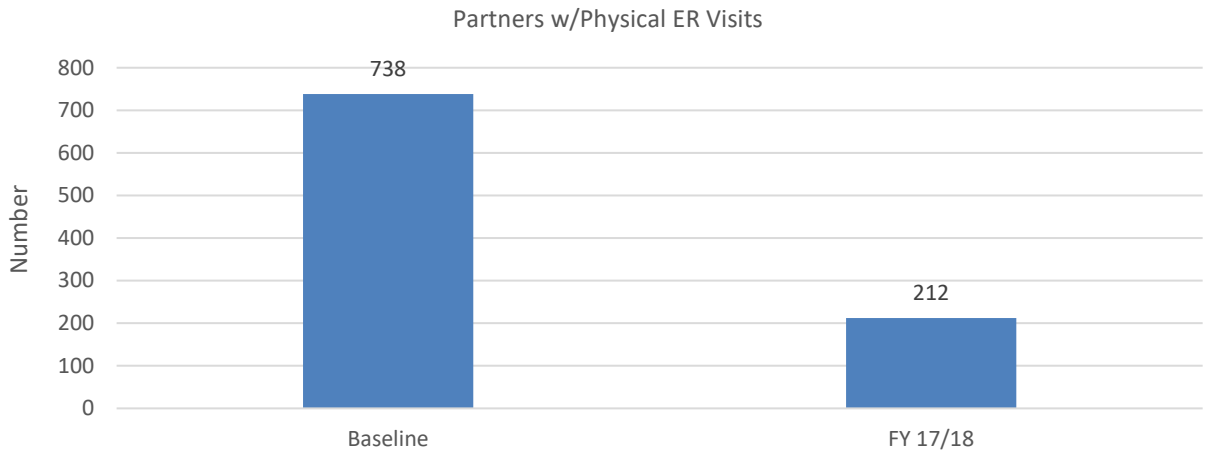
Emergency Room (ER) Visits for Physical Health Reasons

There were 738 (43.1%) partners with 1,942 ER visits for physical health reasons in the year prior to admission to an FSP. That number decreased significantly to 212 (12.4%) unduplicated partners for a total of 365 ER visits for physical health reasons, accounting for an 81.2% decrease in ER utilization.

Table 4: Medical/Physical ER Visits

Partners w/Medical Emergency Room Visits					
1 Year Before (Baseline)		FY 17/18		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
738	1,942	212	365	-71.3	-81.2

Graph D



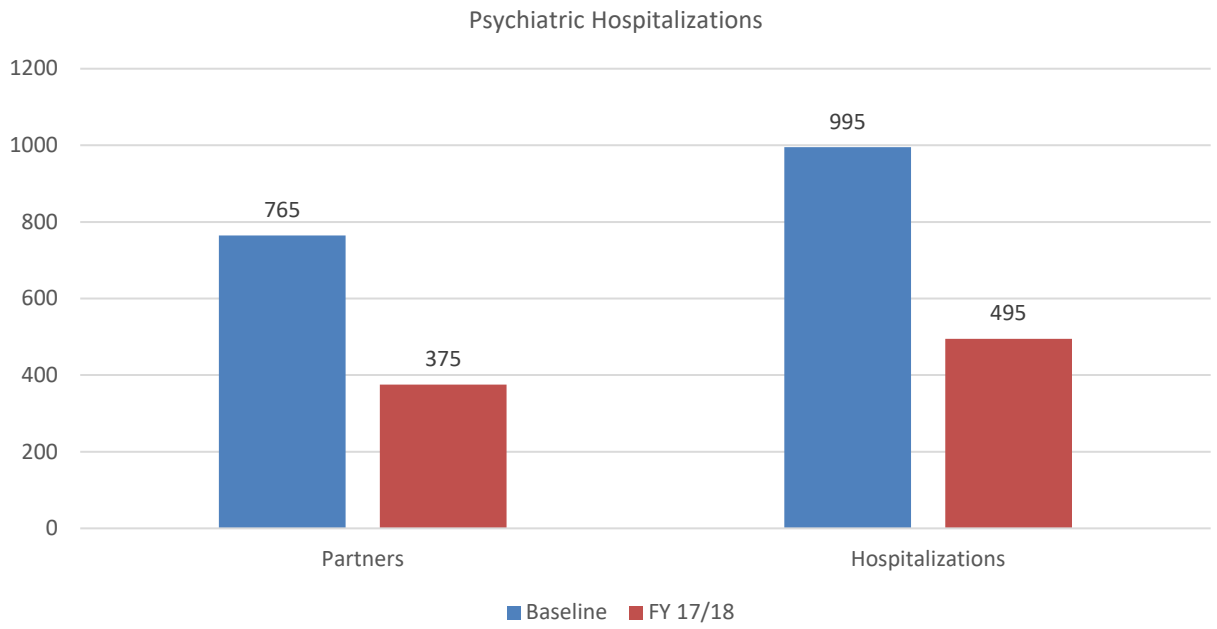
Psychiatric Hospitalizations

The table below illustrates the number of unduplicated partners' as well as total number of psychiatric hospitalizations and hospital days one year prior to enrollment compared to FY 17/18. Just over 760 unduplicated partners (44.7%, 765) had at least one hospitalization in the year prior to enrollment. That number decreased to 375 unduplicated partners in FY 17/18. Significant decreases were seen in total hospitalizations and hospital days as well.

Table 5: Psychiatric Hospitalizations

All Partners Who Completed 1 Year w/Psychiatric Hospitalizations								
1 Year Before (Baseline)			FY 17/18			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
765	995	15,632	375	495	8,579	-51.0	-50.2	-45.1

Graph E



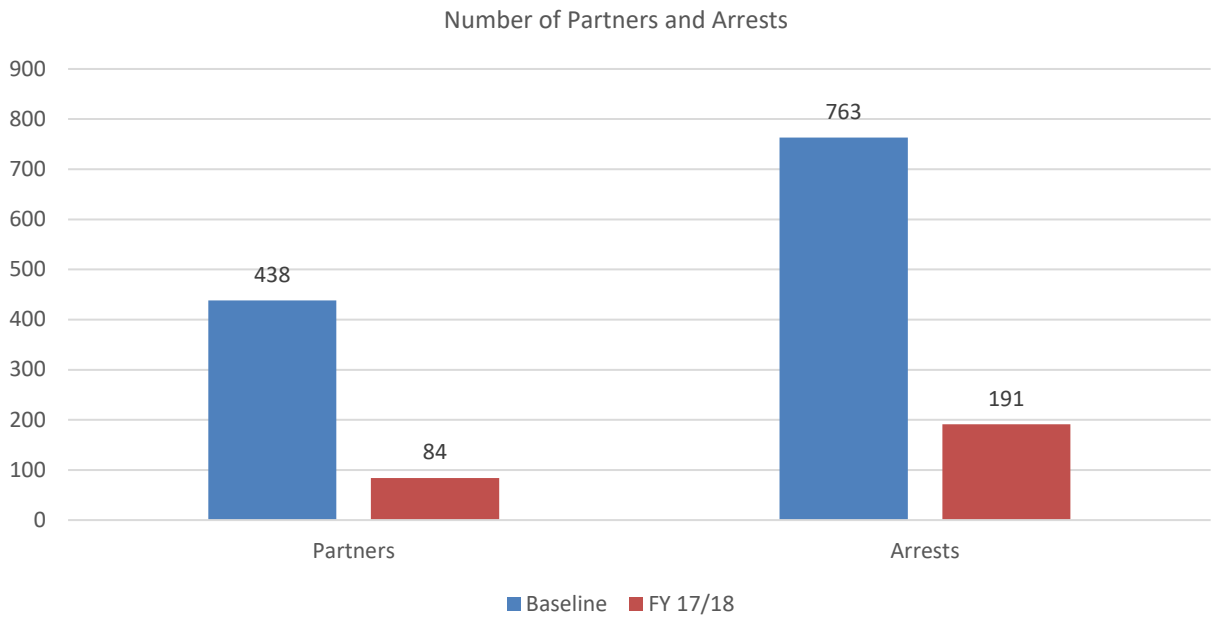
Arrests

The table below illustrates the number of unduplicated partners as well as total number of arrests one year prior to enrollment compared to FY 17/18. Nearly 440 unduplicated partners (25.6%, 438) had at least one arrest in the year prior to enrollment. After receiving FSP services, that number decreased to 84 in FY 17/18.

Table L: Arrests

Arrests-All Partners Who Completed 1 Year					
1 Year Before (Baseline)		FY 17/18		Percent Change from Baseline (# of partners)	
Unduplicated Partners	Total Number of Arrests	Unduplicated Partners	Total Number of Arrests	% Change Partners	% Change Arrests
438	763	84	191	-72.4	-75.0

Graph F



Incarcerations

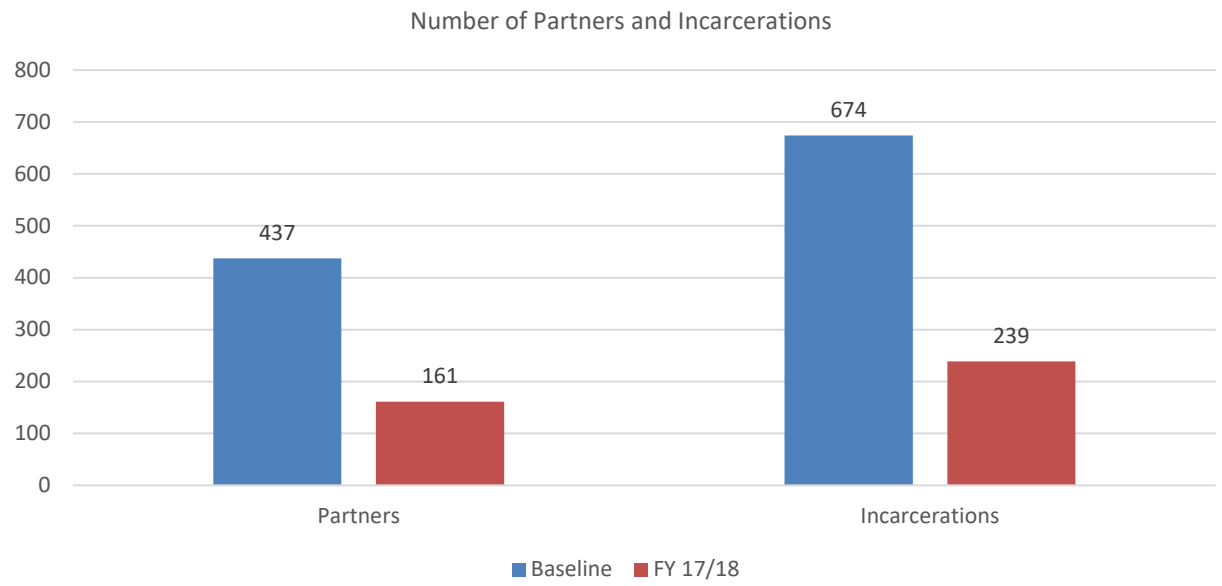
The table below illustrates the number of unduplicated partners' as well as total number of incarcerations one year prior to enrollment compared to FY 17/18. Of the partners in the cohort, 437 unduplicated partners had at least one incarceration in the year prior to enrollment. That number decreased to 161 in FY 17/18.

Table 7: Incarcerations

Incarcerations-All Partners Who Completed 1 Year								
1 Year Before (Baseline)			FY 17/18			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
437	674	31,207	161*	239	6,196	-63.2	-64.5	-80.0

* 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.

Graph G



Employment

The table below illustrates the number of partners who indicated they wanted to be employed (n=358). It demonstrates the number of partners who were employed at the start of their partnership whose employment was part of their recovery goals. Although the number employed is relatively small, the FSPs were able to assist 7 partners to secure employment and 53 partners to maintain employment.

Table 8: Employment

Unduplicated Partners w/Employment Goal		
Timeframe	Total	% Employed
At Start of Partnership (baseline)	53	14.8
Added in FY 17/18	7	2.0
Total Partners Employed at End of FY	60	16.8

General System Development (GSD) Program FY 2017-18 Demographics

In FY 2017-18, a total of 13,098 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 17/18																				
Characteristic	APSS		TCORE		Regional Support Teams		Guest House		Wellness and Recovery Center		Peer Partners		Consumer and Family Voice - SAFE		Crisis Residential Program 34th St.		Crisis Residential Program M St.		Total	
Gender	N	%	N	%			N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	681	64.8%	364	47.6%	4,348	58.8%	266	39.6%	1,386	56.3%	162	56.6%	45	30.4%	68	46.9%	62	36.5%	7,382	56.4%
Male	370	35.2%	400	52.4%	3,050	41.2%	406	60.4%	1,063	43.1%	124	43.4%	58	39.2%	77	53.1%	108	63.5%	5,656	43.2%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.4%	0	0.0%	0	0.0%	2	0.0%
Unknown/Not Reported	0	0.0%	0	0.0%	0	0.0%	0	0.0%	15	0.6%	0	0.0%	43	29.1%	0	0.0%	0	0.0%	58	0.4%
Total	**1,051**	**100.0%**	**764**	**100.0%**	**7,398**	**100.0%**	**672**	**100.0%**	**2,464**	**100.0%**	**286**	**100.0%**	**148**	**100.0%**	**145**	**100.0%**	**170**	**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%	53	35.8%	0	0.0%	0	0.0%	53	0.4%
16 to 25	25	2.4%	63	8.2%	681	9.2%	34	5.1%	181	7.3%	19	6.6%	37	25.0%	11	7.6%	26	15.3%	1,077	8.2%
26 to 59	832	79.2%	601	78.7%	5,622	76.0%	594	88.4%	1,897	77.0%	239	83.6%	12	8.1%	128	88.3%	138	81.2%	10,063	76.8%
60 and Over	194	18.5%	100	13.1%	1,095	14.8%	44	6.5%	382	15.5%	28	9.8%	0	0.0%	6	4.1%	6	3.5%	1,855	14.2%
Unknown/Not Reported	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	0.2%	0	0.0%	46	31.1%	0	0.0%	0	0.0%	50	0.4%
Total	**1,051**	**100.0%**	**764**	**100.0%**	**7,398**	**100.0%**	**672**	**100.0%**	**2,464**	**100.0%**	**286**	**100.0%**	**148**	**100.0%**	**145**	**100.0%**	**170**	**100.0%**	**13,098**	**100.0%**
Ethnicity																				
Non-Hispanic	771	73.4%	614	80.4%	5,418	73.2%	549	81.7%	1,694	68.8%	198	69.2%	37	25.0%	114	78.6%	126	74.1%	9,521	72.7%
Hispanic	111	10.6%	110	14.4%	1,030	13.9%	100	14.9%	408	16.6%	43	15.0%	61	41.2%	17	11.7%	28	16.5%	1,908	14.6%
Unknown/Not Reported	169	16.1%	40	5.2%	950	12.8%	23	3.4%	362	14.7%	45	15.7%	50	33.8%	14	9.7%	16	9.4%	1,669	12.7%
Total	**1,051**	**100.0%**	**764**	**100.0%**	**7,398**	**100.0%**	**672**	**100.0%**	**2,464**	**100.0%**	**286**	**100.0%**	**148**	**100.0%**	**145**	**100.0%**	**170**	**100.0%**	**13,098**	**100.0%**
Race																				
White	390	37.1%	371	48.6%	3,290	44.5%	335	49.9%	998	40.5%	100	35.0%	17	11.5%	78	53.8%	90	52.9%	5,669	43.3%
Black	143	13.6%	182	23.8%	1,488	20.1%	238	35.4%	706	28.7%	58	20.3%	21	14.2%	39	26.9%	37	21.8%	2,912	22.2%
Asian/Pacific Islander	210	20.0%	51	6.7%	651	8.8%	23	3.4%	170	6.9%	39	13.6%	1	0.7%	7	4.8%	6	3.5%	1,158	8.8%
Am Indian/Alask. Native	18	1.7%	18	2.4%	104	1.4%	16	2.4%	74	3.0%	8	2.8%	0	0.0%	3	2.1%	4	2.4%	245	1.9%
Multi-Race	12	1.1%	22	2.9%	195	2.6%	11	1.6%	81	3.3%	3	1.0%	15	10.1%	2	1.4%	8	4.7%	349	2.7%
Other	130	12.4%	89	11.6%	918	12.4%	27	4.0%	254	10.3%	42	14.7%	36	24.3%	10	6.9%	16	9.4%	1,522	11.6%
Unknown/Not Reported	148	14.1%	31	4.1%	752	10.2%	22	3.3%	181	7.3%	36	12.6%	58	39.2%	6	4.1%	9	5.3%	1,243	9.5%
Total	**1,051**	**100.0%**	**764**	**100.0%**	**7,398**	**100.0%**	**672**	**100.0%**	**2,464**	**100.0%**	**286**	**100.0%**	**148**	**100.0%**	**145**	**100.0%**	**170**	**100.0%**	**13,098**	**100.0%**
Primary Language																				
English	743	70.7%	697	91.2%	6,333	85.6%	654	97.3%	2,267	92.0%	242	84.6%	62	41.9%	139	95.9%	163	95.9%	11,300	86.3%
Spanish	36	3.4%	17	2.2%	166	2.2%	2	0.3%	35	1.4%	28	9.8%	0	0.0%	0	0.0%	2	1.2%	286	2.2%
Other	241	22.9%	33	4.3%	683	9.2%	5	0.7%	97	3.9%	11	3.8%	41	27.7%	2	1.4%	1	0.6%	1,114	8.5%
Unknown/Not Reported	31	2.9%	17	2.2%	216	2.9%	11	1.6%	65	2.6%	5	1.7%	45	30.4%	4	2.8%	4	2.4%	398	3.0%
Total	**1,051**	**100.0%**	**764**	**100.0%**	**7,398**	**100.0%**	**672**	**100.0%**	**2,464**	**100.0%**	**286**	**100.0%**	**148**	**100.0%**	**145**	**100.0%**	**170**	**100.0%**	**13,098**	**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 5.0% (7 out of 8 properties had an annual vacancy rate less than 3%) in FY 2018-2019, 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 20 units in development to be completed in FY 2019-20), 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 and outpatient clients, but also fit into key regional strategies to reduce homelessness among the most vulnerable members of the community.

Housing Successes
In FY 2018-19, MHSA funded programs:

- *Housed 616 clients/households who were literally homeless*
- *Prevented 1,172 clients/households who were at imminent risk from becoming homeless*
- *Served 161 clients/households residing in MHSA funded apartments*
- *Provided rental assistance to 909 clients/households*
- *Provided 5,864 services utilizing MHSA housing flex funds*

In FY 2018-19, BHS competed with other large counties across the State in the first competitive round for No Place Like Home (NPLH) capital funds to build/renovate permanent supportive housing developments with dedicated units for MHSA-eligible tenants. BHS co-applied and was awarded competitive NPLH funding for 87 dedicated units in two housing developments: Sunrise Pointe Development in Citrus Heights (22 units) and Capitol Park Hotel Development in

downtown Sacramento (65 units). BHS will continue to provide updates on the construction timeline for these developments in future plans and updates.

BHS continues to explore opportunities to expand housing options through programs such as NPLH, Housing Choice Vouchers, and housing grants. Progress updates in these areas will be included in future plans/updates.

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 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 2017-18, approximately 10,315 individuals were served and more than 10,028 individuals received universal screenings across the PEI programs described below.

In July 2018, 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. BHS continues to update the MHSA Steering Committee on the implementation progress as information becomes available.

In May and June 2019, the MHSA Steering Committee discussed, supported and recommended expanding the PEI Component to include a community driven procurement process for new time-limited PEI grants, as well as the expansion of existing programming. This expansion will begin mid FY 2019-20. PEI programming identified for expansion is described in this Annual Update.

In May and June, 2019, 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% ($357,469) of local PEI funding in FY 2019-20 to CalMHSA to support ongoing activities in this area. The Steering Committee recommended dedicating an additional 1% of local PEI funding for a specific area of focus that will be determined later in FY 2019-20.

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. BHS 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. BHS and the Cultural Competence Committee (CCC) formed an Ad Hoc Workgroup to that would assist BHS 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. BHS 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). After the recommendation was presented, African American community was invited to participate in Community Listening Sessions to further refine the program recommendation which included specific culturally relevant service strategies. This new programming is included in this Annual Update.

Mental Health Services Act (MHSA) Prevention & Early Intervention (PEI) Component

Suicide Prevention

- Suicide Crisis Line & ED Follow-Up/Postvention Services
- Suicide Bereavement Support Groups and Grief Services
- Supporting Community Connections (SCC)
  - Consumer-Operated Warm Line
  - Hmong, Vietnamese, Cantonese-Speaking
  - Slavic/Russian-Speaking
  - Youth/TAY
  - Older Adult
  - African American
  - Native American
  - Latino/Spanish-Speaking
  - Iu-Mien
- Community Support Team (CST)
- Mental Health Navigator
- Mobile Crisis Support Teams (MCSTs)
- Caregiver Crisis Intervention Respite
- Homeless Teens & TAY Respite
- The Ripple Effect Adult Respite
- Danelle's Place Adult Respite
- Q-Spot Youth/TAY Respite
- Lambda Lounge Adult Mental Health Respite

Strengthening Families

- Quality Child Care Collaborative (QCCC)
- CPS Mental Health Team
- Bullying Prevention Education & Training
- Early Violence Intervention Begins with Education (eVIBE)
- Adoptive Families Respite Program
- The Source
- Safe Zone Squad
- Youth Mental Health First Aid

Integrated Health & Wellness

- Sacramento Early Diagnosis and Preventative Treatment (SacEDAPT)
- SeniorLink
- Trauma Informed Wellness Program for the African American Community

Mental Health Promotion

- "Mental Illness: It's not always what you think" project
  - Multi-Media Outreach
  - Social Media
  - Stakeholder Engagement
  - Collateral Material
  - Community Outreach Events
  - Research
- "Mental Illness: It's not always what you think" project
  - Stop Stigma Sacramento Speakers Bureau
- Mental Health Matters

Dashed outline indicates **not fully implemented** program.

SACRAMENTO COUNTY

Suicide Prevention and Education Program
Capacity: 30,000 contacts annually
Ages Served: Children, TAY, Adults, Older Adults

The Suicide Prevention and Education Program consists of several components. This Program 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, is a *PEI Suicide Prevention program* with 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 2017-18, a total of 20,138 callers accessed the Crisis Line for suicide prevention support.

Success: Suicide Crisis Line
An individual contacted the Suicide Crisis Line to talk about suicidal thoughts and stated an active plan to end their life that night. Crisis Line staff listened and provided the caller with emotional support. Together, they worked out a collaborative plan for safety and resources, which included agreement for follow up support calls. At the end of the initial call, the individual was thankful and said; "I appreciate it, I really do. You have really helped me so much. What I was thinking of doing was just horrible, and I'm religious. You have made a difference. I didn't know if I was going to make it through the day. You have saved me."

Emergency Department Follow-up/Postvention Services: administered by WellSpace Health, is a *PEI Suicide Prevention program* that provides brief individual follow-up and support services to consenting individuals seen at Sutter Medical Centers who have attempted suicide and are at high-risk for suicide. In FY 2017-18, a total of 44 individuals received 314 postvention follow-up and support services.

These services were identified for expansion in alignment with the MHSA Steering Committee's recommendation to increase PEI programming. In FY 2019-20, the Suicide Crisis Line will add 24/7 Suicide Crisis Line Chat and Text response and the Emergency Department Follow-Up Services will expand to include Mercy San Juan and University of California Davis Emergency Departments.

Suicide Bereavement Support Groups and Grief Services: administered by Friends for Survival, is a *PEI Suicide Prevention program* where 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 2017-18 total of 402 individuals participated in the suicide bereavement education and support groups and approximately 2,000 Comforting Friends newsletters were distributed every month.

In FY 2018-19, this program was identified for expansion in alignment with the MHSA Steering Committee's recommendation to increase PEI programming. The program expansion in FY 2019-20 will add additional staff to increase the number of individuals served.

Success: Friends For Survival
The following excerpt is from an article in the Comforting Friends Newsletter (August 2019) published by Friends for Survival:

"Your journey is not the same as mine, and my journey is not yours, but if you meet me on a certain path, may we encourage each other."

"This quote really resonated with me because I have met many of you on a certain path… the path of a survivor of a suicide death. Two years ago, my cousin took his own life. Walking that "certain path" in a fog, feeling very uncertain, I remember my first call to Friends for Survival. There was a clear kind voice providing encouragement and support. I remember going to my first Friends for Survival support group with my aunt and being welcomed with a smile and a big hug. I began healing thanks to the support and encouragement I received."

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. The SCCs are *PEI Improving Timely Access to Services for Underserved Populations programs.*

During FY 2017-18, the SCC programs collectively outreached to 127,419 individuals and served 2,203 individuals. Supporting Community Connections consists of nine (9) programs targeting 13 specific communities/populations:

◊ **Consumer-Operated Warmline:** Administered by Cal Voices, this service is available to Sacramento County residents. The non-crisis warmline serves 1,500 individuals and provides accompanying support services to 100 individuals. The hours of operation are Monday-Friday from 9:00 AM to 5:00 PM. During FY 2017-18, the program provided 451 individual community contacts, 5,831 information and referral contacts and 124 individuals participated in groups.

Success: Consumer-Operated Warmline SCC
A regular caller, "Erin" has utilized the Warmline for over two years now. She typically calls daily to check in. She shares about new life events, new ideas and skills, and asks for resources. She often expresses how grateful she is to have the Warmline available to her. She says that she receives positive reinforcement from the Warmline staff and volunteers that leaves her feeling confident. "Erin" has also stated that one of the most beneficial factors that the Warmline offers is the common shared lived experience. She says that she feels less alone in her recovery. Being able to talk with others that have lived through mental health challenges of their own gives her hope that she can successfully live with a mental illness.

For each warmline call, services include a minimum of two of the following: supported listening, coaching, mentoring, referral and linkage, skill building and social networking. Support services include Wellness Recovery Action 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 Warmline are to: increase access and linkage to needed services such as support services, self–help, and professional supports, etc.; improve self-reported life satisfaction and wellbeing; and reduce risk factors.

◊ **Hmong, Vietnamese, Cantonese-Speaking communities:** Administered by Asian Pacific Community Counseling (APCC), provides services focused on suicide prevention by addressing cultural related risk factors to Hmong, Vietnamese, and Cantonese-speaking communities across the life span. During FY 2017-18, the program provided 120 individual community contacts, 60 information and referral contacts and 1,987 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.

Success: Hmong, Vietnamese, Cantonese-Speaking SCC

An elderly Hmong client who had lost his wife had become reclusive. He did not want to socialize with his family and friends and slowly became isolated in his home. He heard about activities offered by the SCC program when listening to a Hmong Radio station and made the effort to reach out. A SCC counselor initially met with the client at his house and slowly encouraged him to attend one group activity.

Client is now attending a group activity. He is able to share some of his feelings of sadness and hopelessness after his wife's death and group members relate to it because they have also experienced some form of tragedy in their lives. He feels very connected to the group. Client continues to engage in the group activity and appears to be less isolated.

APCC provides outreach and support services to older adults in targeted communities who tend to have higher risk for suicide. The APCC SCC program staff engages older adults in activities and social groups to increase social connectedness to decrease isolation. APCC also provides engagement and support in community settings to adults and families with younger children to expand knowledge of and share information about mental illness and suicide. Efforts related to suicide prevention include facilitating workshops on mental health and decreasing risk factors of suicide.

In FY 2018-19, this program was identified for expansion as supported by the MHSA Steering Committee's recommendation to increase PEI programming. Program expansion in FY 2019-20 will include increasing staff time to expand outreach efforts. In addition, given that a lack of transportation is a barrier for many seniors, staff will offer support services at a small satellite office close to where community members reside to increase program participation.

◊ **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 2017-18, the program provided 242 individual community contacts, 248 information and referral contacts, and 232 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
It is difficult to describe in words what our family has experienced. My teenage son started taking drugs and became addicted. My husband and I fought for him on our own, as we could. Unfortunately, we tried to hide this problem from friends and relatives due to fear of shame. However, every day the problem became worse and worse. Nothing helped and we did not know how to help him anymore. I felt completely despaired and depressed. I had so much hurt and life lost its meaning for me. Once, returning home from work, I heard a radio program from the Slavic Assistance Center about how to behave with drug addicts and what resources are available to help them. My husband and I decided to seek help and advice from the mental health specialists of the center. Mental health specialists provided us with the necessary information and support. Now our son is undergoing rehabilitation for drug addiction. Our life has changed and we have hope. Remember that there is always a way out of a difficult situation. Do not suffer in silence. Do not hide your problems and worries. Seek help from relatives and friends. Seek advice from professionals.

◊ **Youth/Transition Age Youth (TAY):** Administered by Children's Receiving Home, this Supporting Community Connections program provides 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 2017-18, the program provided 596 individual community contacts, 3 information & referral contacts, and had 248 individuals participate 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
After finishing up a life skills group held at a teen shelter, the SCC staff was approached by a youth who stated that they had recently had a child and was struggling emotionally. The youth was seriously contemplating suicide and was concerned about harming their child. SCC Staff utilized Applied Suicide Intervention Skills Training (ASIST) to help the youth create a plan for safety and basic needs. The youth reported feeling like "trying to come out of the hood" and failing all the time. The youth needed housing, employment, parenting help, and wanted to go to school for culinary arts. Staff offered to connect the youth to mental health, but the client declined. Over the next few weeks, staff connected the youth to American River College for culinary arts and assisted the youth in finding employment. The youth was then able to obtain housing on their own and followed up on staff's parenting class referrals. The youth was happy that SCC was there to assist them through the tough time. The youth no longer thinks of suicide but if they need support they know that they can return to the SCC program.

◊ **Older Adult:** Administered by Cal Voices, 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 provided by this program includes community connection, advocacy, community education and training about mental health issues, and volunteer development. During FY 2017-18, the program provided 22 individual community contacts, 1,839 inforation and referral contacts and 213 individuals participated in groups.

Success: Older Adult SCC
'Gale' has been an Older Adult Supporting Community Connections (SCC) program participant since 2012. She had an accident that made her unable to drive or work which left her home-bound and on a limited income. She said "I felt hopeless, isolated, depressed and I felt like I would be better off dead." When Gale found the Older Adult SCC program, she felt a sense of relief that things would get better. She even said that "you saved my life and I don't know if I would be here today if your program didn't exist." She was paired with a volunteer who gave her rides to the grocery store so she would have something to eat. The volunteer was able to provide companionship services when Gale wasn't feeling well. She was also connected with local resources that addressed her needs. Since participating in the program, "I no longer feel depressed and I don't experience suicidal thoughts."

◊ **African American:** Since January 2019, the African American Supporting Community Connections (SCC) program has been administered by A Church For Us dba A Church For All. This program provides culturally informed support services to African American Community members across genders and all age groups. Program services include multi-faceted outreach and engagement activities that are intended to promote and support community connections and improve access to mental health. Outreach and engagement activities include attending community outreach events and conducting presentations to participants in faith based and community based organizations serving African Americans, schools, and youth after school programs. A social media strategy is being developed and will provide program information, suicide prevention and resources.

Success: African-American SCC
While A Church for All was conducting outreach at a community event for African Americans, 'Rita', a 26 year old African American female, introduced herself to staff as a consumer and service provider. Staff began sharing the goal of designing a culturally competent strategy to address suicide in the Black community. Rita immediately connected with the goals of the project and described her own history of depression and suicidal ideation resulting from years of stress, exposure to domestic violence and poverty. Program staff invited her to participate in Safe Black Space, a group hosted by the African American SCC program. Staff explained that Safe Black Space provides culturally specific strategies and resources to help Black people heal from historical and current wounds, both individually and collectively. Rita attended the group and demonstrated robust participation in the form of self-disclosure, emotional catharsis, and peer support. After the event, Rita thanked staff for hosting the group and inviting her. Although she provides support to others, she reported not having "a place for me", a safe place where she could express herself freely, a place where the other people in the group looked like her, and a place where people understood her culturally. Rita described it as a healing moment.

Support services include individual listening sessions; ongoing support groups; Safe Black Space and Emotional Emancipation Circle; and trainings such as Mental Health First Aid (MHFA) and SafeTalk. Support services are provided over the phone, in person and community based. To promote trust and ease of access, the support services are co-located two days per week at a location within the African American community. Transportation support is provided to participants, as needed, to increase likelihood of participation in support services.

Additionally, this program will be conducting a Community Needs Assessment to engage African American Community members in identifying community-defined support service(s) related to suicide prevention. Based upon feedback from the needs assessment, this program will refine and implement their community-defined strategy to reduce suicide risk factors and promote resilience factors for African American Community members. This program will also

convene an African American stakeholder advisory committee to inform on program effectiveness.

◊ **Native American:** Administered by Sacramento Native American Health Center (SNAHC), this SCC program, known as "Life is Sacred," provides Native culture-based suicide prevention training and support services to American Indian/Alaska Native (AI/AN) 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 2017-18, the program provided 29 individual community contacts, 13 information and referral contacts, and 536 individuals participated in groups.

Success: Native American SCC
I have been participating in the SNAHC's Culture is Prevention (CIP) group on and off for a few years now. Recently, I have been showing up every time because I feel like it is a place where I "belong". I feel a strong connection to the group because they understand where I'm coming from and where I have been. I always enjoy the time we spend on cultural activities but more so the discussions around life's challenges.

Recently, I lost my mother and it set me back to a deep depression. I forced myself to show up for CIP and the cultural group facilitator was there doing a workshop on drum making. There was a discussion and teaching that the drum is the heartbeat, the strength, the connection to animals, and finding your voice in the song.

What I learned from that evening was to use the strength of the drum, and the songs to express my feeling of grief and loss and pray for the strength, hope, and wisdom to be resilient and remember the blessings that I have every day.

Research clearly indicates that for AI/AN community members, culture is a determinant of health and 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. The program offers an array of culturally based workshops such as Gathering of Native American Training/Workshop (GONA), Culture is Prevention (CIP) 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.

The Native American Training/Workshop (GONA), a project 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, Applied Suicide Intervention Skills Training (ASIST) and SafeTalk to Native community members and providers working with 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 Supporting Community Connections program serves Sacramento County's Latinx communities through Latinx culturally focused suicide prevention services. During FY 2017-18, the program provided 600 individual community contacts, 669 information and referral contacts and 95 individuals participated in groups.

Agency staff has been trained in Applied Suicide Intervention Skills Training (ASIST) and Mental Health First Aid (MHFA) 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 communities.

Success: Latino-Spanish Speaking SCC
"I came to the United States 15 years ago looking for a better life. Unfortunately, I experienced much abuse by my spouse for those 15 years. It has caused me so much depression and anxiety. I felt so alone and I felt worthless. My physical health suffered and now I have diabetes, problems sleeping, physical pains, and don't eat healthy. Someone told me about Supporting Community Connections at La Familia, and one day when I was at the end of my rope, I went there. They were so nice to me, like if I was family. They talked to me to see what was happening with me. I told them about how hopeless I felt and talked about my years of domestic violence. They referred me to two of their agency's programs where I received additional support and learned how to take care of myself better. I am more hopeful now. Now I can take care of my family better. Now, what I do to help others, I tell them to go to SCC, and they can help you."

LFCC continues to provide the following support services which reduce the stigma and discrimination about mental illness and bring about awareness of suicide prevention: 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 Latinx 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.

Due to the political climate and discrimination against immigrants, risk factors for Latino/Spanish speaking communities have intensified over the past several years. This has resulted in community members experiencing severe anxiety, major depression, trauma, re-traumatization, isolation, and vicarious traumatic reactions. LFCC Supporting Community Connections offers individual navigation to resources that will reduce the risk factors and guide the families toward wellness. Connecting individuals to mental health services remains a priority.

Through operating the SCC program, LFCC identified unmet needs in the Latinx community. As a result, LFCC applied for and was awarded a California State Office of Health Equity grant. This program serves as a complementary partner program to the SCC suicide prevention program, as it provides short-term therapy and then a warm handoff to more community services when needed.

In FY 2018-19, this program was identified for expansion in alignment with the MHSA Steering Committee's recommendation to increase PEI programming. In FY 2019-20, this

program will extend SCC services to the Latino/Spanish-speaking community in the north area of Sacramento.

◊ **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. The goal of this program is 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 2017-18, the program provided 125 individual community contacts, two (2) information and referral contacts, and 4,854 individuals participated in groups.

The IMCS SCC program provides a peer-run adult day support services for elderly and disabled Iu-Mien community members twice per week. This provides socialization, weekly news exchange, recreation/fieldtrips, and informational presentations regarding community concerns and services of local agencies, with the goal of decreasing the isolation, loneliness, and depression that plague many elderly and disabled Iu-Mien community members.

Additionally, the IMCS SCC program provides a weekly peer-run youth group focused on youth leadership activities, physical recreation, cultural arts, and an informational workshop regarding management of stress for improved mental or physical health.

Lastly, the IMCS SCC program provides a weekly intergenerational support group focused 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 that will decrease stress, support positive mental and physical health of families, increase understanding, and close the perceived generation gaps.

Success: Iu-Mien SCC
Below is a translated statement of a IMCS SCC program participant: Hi, my name is 'Koy' and I have been attending IMCS SCC Senior Program (referring to Peer-run Adult Day Program) for about 5 years now. It has been very helpful to me because it saved my life. I used to feel very lonely at home because my children and grandchildren are not home during the day. Since I started attending this program, I learned a lot of things that help me cope with my feeling of loneliness (depression). For example, when I feel down and lonely, I have to tell myself that tomorrow will be a better day. I remind myself that my family and friends care about me and I cannot let them down. There are others in the world who are less fortunate that I am. Every time when I tell myself these things, I feel better. On top of that, I get to see my friends every Monday and Wednesday at the program. I am very fortunate to have the opportunity to attend this program.

This program was identified for expansion in alignment with the MHSA Steering Committee's recommendation to increase PEI programming. In FY 2019-20, IMCS SCC program will expand by providing transportation assistance to decrease barriers to community member participation.

The **Community Support Team (CST)** is a *PEI Access and Linkage to Treatment program* that 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 BHS 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 56 year old male called CST after receiving respite services due to struggling with daily suicidal ideation, major depression, and living in his brother's garage. He was in the process of receiving SSDI. CST worked with the client to support creating a wellness plan. During the course of CST support, the CST Counselor linked him to outpatient psychiatric services and took him to the Wellness Recovery Center (WRC) to connect him to WRC support groups and peer support. The CST Peer/Family Specialist shared their life experiences to engage and support him throughout services. During follow-up services, he reported that he continued to struggle with major depression on and off and shared difficulties he was having with one of the providers with which he was working. With CST support and encouragement, he confronted the issue by speaking directly with the provider about modifying his treatment plans to more accurately reflect his needs. CST took the client to the One Stop Center and provided support with his job search. Presently, he is engaged with treatment services, his housing is stable, and he is in the process of reentering the workforce.

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.

Recent expansion added staff to provide community-based flexible services to more community members experiencing mental health distress and additional expansion is underway. In FY 2018-19, CST will add Senior Mental Health/Peer teams that partner with local law enforcement, jail and collaborative courts partners responding to requests for support to individuals coming into contact with the justice system due to their mental illness. Additionally, CST will respond to requests from justice partners and the community to offer outreach, engagement, resources and access to services and/or develop plans for reengagement and increased participation in services.

Mental Health Navigator Program (MHNP): administered by TLCS, Inc. (AKA Hope Cooperative), is a *PEI Access and Linkage to Treatment program* that provides brief site-based and community-based engagement for those recently involved in crisis services or incarceration as a result of their mental illness. 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 MHNP serves children, 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 MHNP plays a large role in the collaboration of community agencies who deliver crisis mental health services in Sacramento County.

Success: Mental Health Navigator Program (MHNP)
A male client who came into contact with the MHNP by way of a local hospital emergency department was connected with a MHNP Peer Navigator who engaged and assisted the client with identifying goals. The Peer Navigator provided peer support and information and referrals for housing resources. The client felt supported with his current housing situation, his level of mental health stress decreased and he avoided becoming homeless. . As a result of client's engagement with a Peer Navigator, he successfully linked to Guest House where he worked with a case manager who provided ongoing mental health services and supports towards his long term housing needs. The Peer Navigator also encouraged the client to maintain contact with his transportation service for the purpose of making his appointments and meeting his long term goals.

Mobile Crisis Support Teams (MCST): The MCST is a *PEI Access and Linkage to Treatment program which is* a collaboration between BHS 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 BHS licensed Senior

Success: Mobile Crisis Support Teams (MCST)
MCST responded to a call for service from a woman, who lived out of state, concerned for her 28 year old brother. She reported that her brother made several suicidal statements. Upon arrival, the client (caller's brother) was shaking, anxious, and guarded. He was stressed due to a pending eviction. The client reported having suicidal thoughts earlier in the day but the MCST Counselor was able to build rapport, actively listen and validate and engage the client in developing a safety plan. MCST offered transport to the Mental Health Urgent Care Clinic (MHUCC). The client was initially apprehensive, however, as a result of additional psychoeducation on mental health and services, he agreed to go. MCST provided a warm hand off to the MHUCC staff. Upon follow-up with the client, he reported that the MHUCC psychiatrist prescribed medication that was working. He also reported that he was looking forward to starting services with his new mental health provider – linked through his engagement with MCST and consequently MHUCC. The client continued receiving support from the MCST Peer to manage stressors until his intake appointment with his new outpatient provider. He is currently stable and receiving on-going care.

Mental Health Counselor, and a contracted Peer Navigator with TLCS, Inc. (AKA Hope Cooperative). The team employs a ride along model and first response model where the BHS 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 MCST Program was recently expanded from four (4) teams covering five (5) areas to six (6) teams covering six (6) areas. These areas are inclusive of the North and South areas of unincorporated Sacramento County, as well as in the cities of Citrus Heights, Elk Grove, Folsom, and Rancho Cordova. To serve these areas, BHS has partnerships with the Sacramento Sheriff Department-North Division, Sacramento Sheriff Department-Central Division, Citrus Heights Police Department, Folsom Police Department, and Elk Grove Police Department.

In FY 2019-20, MCST will add staff to support existing local law enforcement agency partners as well as other local partners that have expressed interest.

Mental Health Respite Programs: The following programs 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 PEI funding during FY 2015-16. These respite programs are *PEI Improving Timely Access to Services for Underserved Populations programs.*

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.

This program will expand in FY 2019-20 to increase the number of caregivers receiving respite services.

Success: Caregiver Crisis Intervention Respite Program
Excerpt from a letter written by a caregiver in April 2019: Words can only convey a small depth of gratitude and appreciation for Caregiver Crisis Intervention Respite Program. After my father passed, I reluctantly decided to come back home to support my mom. My parents were together for 55 years and his sudden transition after surgery left my mother devastated. I was totally unprepared… the intense pain of feeling abandoned (without sibling help) and caring for my 90 year old mom with dementia seemed more than I could bear. Fortunately, God sent a counselor to extend her hand and pull me out of my abyss. Their words of support and encouragement helped me to forge ahead another day. With counseling, respite care and encouragement I began to see light at end of the tunnel. Hope was restored and I decided everything would be alright. Thank you Crisis Intervention Respite Program, your support will always be remembered. I pray you continue to be a light in this world.

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
'Tara' has been going to the Homeless Teens and TAY Respite Program to cope with the stress managing her severe anxiety and panic attacks. Growing up, she did not receive the mental and emotional support needed to complete school, learn basic independent living skills, and thrive as a young adult. She became homeless. Respite Program supported the client by providing a peaceful, safe and supportive place to go to. Respite Program staff assisted her by linking her to resources including obtaining a GED, enrollment at the local junior college, and weekly counseling sessions to combat her panic attacks and severe episodes of anxiety. The Respite Program also provided crisis intervention and resources during overwhelming changes at work and school. And, they helped her work through past family issues. Tara continues to use the Respite Program where she finds support and encouragement. She is now employed full time. She is motivated and remains determined to keep setting bigger expectations of herself, while continuing to excel at her goals each month.

The Ripple Effect Respite Program: administered by A Church For All, provides planned mental health respite care for TAY (18+), adults, and older adults, 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
A community member who has been disabled by heart challenges and hypertension approached staff for services. She was on crutches and in need of surgery for her knee and could not get needed medical treatment because she had no place, family, or friends where she could recover post-surgery. She has been unable to resolve her medical condition because she is currently homeless. She described herself as feeling depressed, anxious, and hopeless. Staff helped her obtain overnight respite with a crisis respite program, provided daily respite and peer counseling support, and connected her with the Sheriff's Homeless Outreach Team (HOT). With this support, she was able to receive temporary housing in a motel for a week. During that week, Ripple Effect staff continued to provide peer counseling and respite support. Staff are also working with HOT to find permanent housing and to help her prepare for surgery.

Danelle's Place Respite Program: administered by Gender Health Center, provides mental health respite care, via a drop in center, to unserved and underserved TAY (18+), adults, and older adults 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 include: assessment, supportive activities, individual and group chat, narrative authoring activities, therapeutic art activities, peer counseling, other crisis prevention services, and community outreach activities.

In FY 2019-20, this program will be expanded to add capacity and improve services.

Success: Danelle's Place Respite Program
'Trixie,' a 30 year old transgender woman, has lived on the streets off and on for the past three years. When she first presented at Danelle's Place Respite Program, she had very little self-esteem or confidence, and did not see herself as deserving of services. Danelle's Place program coordinator worked one-on-one with her numerous times to help her gain the confidence and capacity to navigate healthcare and social services. In between sessions, social work interns used our curriculum of Narrative Reauthoring exercises and art therapy to help her learn that most of her problems were not her fault, and that she had been the victim of trauma and emotional violence. Trixie gradually regained capacity to trust herself and others, and eventually participated in Gender Health Center's counseling and advocacy programs, and connected to programs at other agencies. Today, 'Trixie' is housed, is SSI, and continues to come to Danelle's Place Respite Program to help stay connected to the community and for help keeping life's small crises from turning into large crises. She often expresses that if it were not for Danelle's Place Respite Program's assistance, she would have died on the streets.

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 13 through 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, healthy relationships, and life skills development.

Program expansion in FY 2019-20 will add resources to expand and improve services.

Success: Q Spot Youth/TAY Respite Program
A youth who has been coming to the Q-Spot Youth/TAY Respite Program for a while had previously struggled with mental health symptoms and small triggers would cause big reactions. While Q-Spot staff were able to offer support, the youth's needs exceeded the services available through the respite program. In January, Q-Spot staff referred the youth to on-going mental health services and the youth began attending weekly therapy. With Q-Spot staff support, they have not missed an appointment for ongoing mental health services. Q-Spot staff have seen a dramatic positive improvement in their mental health symptoms. What would previously have caused a reaction is now something they have the tools to manage.

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 24 and older (including older adults) 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
An individual sought support from the Lambda Lounge Adult Mental Health Respite Program related to the loss of his grandmother. The anniversary date of her death was a triggering time for him and he needed help with coping with the loss. He was distraught and was brought in by his friend in order to get counseling and other resources. Staff assisted in getting him involved in support groups and socialization offered at the center. Staff also connected him with ongoing support at local counseling programs. Because of support from the Lambda Lounge Respite Program, he is in ongoing treatment to learn to manage symptoms related to grief.

Program expansion in FY 2019-20 will add resources to expand and improve services.

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 Program
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 *PEI Prevention program which is a* collaboration between BHS, 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, birth through age five (5). 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.

Program expansion in FY 2019-20 will add staff to expand and improve services.

Success: Quality Child Care Collaborative (QCCC)
The QCCC mental health consultant received a referral for a three year old boy who had been displaying aggressive behaviors (hitting, kicking, throwing things, and spitting). The child had previously been suspended from two child care centers when the director of the family child care home (FCCH) reached out to QCCC for help. The consultant observed a lack of structure to the day in the FCCH and explained to the director how lack of structure and predictability in routine can negatively impact a toddler's behaviors. The consultant used the intervention of visual schedules to create a predictable routine for the boy which de-escalated some of his behaviors. The mental health consultant also linked the FCCH director and the child's family to their school district for further assessment around speech needs. The interventions and referral information provided will support the child as he moves beyond preschool and into transitional kindergarten.

HEARTS for Kids was a collaboration between BHS, Child Protective Services (CPS), and Public Health, leveraging First 5 funding to provide a comprehensive menu of services for children ages birth to five (5) identified by CPS. HEARTS for Kids clinicians provided culturally responsive in-home servies to foster parents, relative caretakers or biological parents.

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. BHS in partnership with Child Protective

Success: CPS Mental Health Team
A four year old boy was placed into protective custody by Child Protective Services after he witnessed his mother and her boyfriend engage in a physical altercation. The CPS-MH Team Clinician met with the child, his aunt (caregiver), and his birth mother to complete the Child and Adolescent Needs and Strengths Assessment (CANS). It was determined that the child was trembling/shaking persistently worried about his mother being harmed, and having nightmares and difficulty sleeping alone. Although a referral to the Access Team for mental health counseling was pending, his aunt and mother were having difficulty managing his symptoms. The clinician provided psychoeducation regarding the impact of trauma on young children. The clinician also provided initial interventions of a predictable routine and strategies for increasing self-regulation by introducing age appropriate coping mechanisms that the child could utilize when distressed. A plan was devised at the Child and Family Team (CFT) Meeting for the mother to provide the child with a calendar with supervised visits, phone calls and other daily events to reduce uncertainties. The clinician followed up after the CFT meeting and learned that the child/family had been linked to a Sacramento County mental health provider for counseling.

Services (CPS) has redesigned this collaborative program that is now known as the "**CPS Mental Health Team.**".

The **CPS Mental Health Team** is a *PEI Improving Timely Access to Services for Underserved Populations program* that is a collaborative program with CPS that supports the mental health needs of children within the child welfare system. The program aligns with the implementation of Continuum of Care Reform and the requirement that a Child and Family Team (CFT) is provided to all children entering the Child Welfare system. The program's BHS clinicians complete the Child and Adolescent Needs and Strengths assessment (CANS) and provide mental health consultation informing the CFT meeting process and CPS case planning. The program serves children and youth, birth through age 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 referrals, and other services needed to achieve permanency, enable the child to live in the least restrictive family setting, and promote normal childhood experiences.

Program expansion in FY 2019-20 will add staff to expand and improve services.

The **Bullying Prevention Education and Training Program** is *PEI Prevention program* 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-based 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 2017-18, 90 schools participated in the Bullying Prevention Program with 5,075 school personnel trained, 5,727 parents/caregivers trained, and 46,332 students received bullying prevention education.

Success: Bullying Prevention Education and Training Program (BPP)

BPP activities address problems that have become increasingly more important over the past three years. This program helped all school staff recognize the importance of developing school wide policies and intervention strategies. School staff increased their belief that it is their personal responsibility to create a culture that prevents bullying. The program enables children to develop coping strategies, manage their emotions, and have meaningful relationships. The following are quotes from local school staff that have participated in the BPP activities:

"We are very lucky in that our principal cares a great deal about this issue and is very proactive and supportive. At our school it's top down, but the teachers support each other and back each other up."

"We do an assembly and the kids know the language of bullying. We have a Second Step program that helps kids that are bullied and bullies too. It helps with anger management and helps teach kids to solve problems and take 5 to calm down...these all help to keep emotions in check. We also have a playground crew that interacts with kids having problems." "I think the main idea is that the school's staff has to be unified. Every student is every teachers' responsibility."

The program goals are to reduce the number of 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.

Early Violence Intervention Begins with Education (eVIBE), administered by the Sacramento Children's Home, is a *PEI Outreach for Increasing Early Signs of Mental Illness program that* 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 2017-18 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 15 schools across four (4) school districts, as well as five (5) community sites and one (1) affordable housing complex.

Success: Early Violence Intervention Begins with Education
'Maryann,' a mother of two school aged children, and her husband were experiencing family difficulties. It was challenging for them to problem solve, engage in positive communication, and establish family values and rules. Their youngest daughter struggled academically and behaviorally in school. Both parents were mentally exhausted between balancing work life, home life and parenting. They expressed that they did not know how to help their child because they were at their highest level of frustration. As the family participated in the program, they begin to learn new skills that helped them to re-engage and promote positive interactions. The positive family engagement resulted in their child'simproved academic performance and engagement in positive behaviors. eVIBE staff facilitated lessons aimed at helping parents re-establish the foundation of family values, respect for others and develop parenting skills such as using appropriate incentives or rewards. Maryann stated that "My husband and I are so appreciative of the program and activities and it has become a part of our family routine and allowed us to see the importance of family bonding".

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.

Adoptive Families Respite Program, administered by Capital Adoptive Families Alliance, is a *PEI Prevention 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 PEI funding during FY 2015-16.

Success: Adoptive Families Respite Program
The Adoptive Families Respite Program has made a huge difference in lowering my stress level as an adoptive parent of four special needs kids. It's such a blessing to know that I can drop all four kids off and truly walk away for a complete mental, physical and emotional respite. I have gone home and slept for five hours. Sometimes I meet friends for coffee or lunch.

The time to relax and reconnect helps me lower my stress and increase my ability to parent in a calm and loving way. I rely on Adoptive Families Respite Program because I trust that my kids are in great care with people who are knowledgeable about trauma, foster and adoption issues. The program is safe and fun. My kids love the crafts, sports offered by the program and look forward to seeing friends who are just like them. The program is such a great support for me and my family.

-Adoptive Special Needs Parent

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.

Program expansion in FY 2019-20 will increase the number of Kid's Camp annually from one (1) to two (2), increase the number of children and families served through the Family Camp, increase quarterly drop-off events from four (4) to eight (8) per year, and add a Parent's Retreat providing respite and training for 60 parents.

The Source: administered by Sacramento Children's Home, is a *PEI Improving Timely Access to Services for Underserved Populations program* with 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 youth, prioritizing current and former foster youth up to age 21 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.

In January 2019, BHS conducted a needs survey to obtain recommendations from the community about what resources would be helpful for youth in crisis. The needs indicated in the survey highlighted crisis response for all youth affected by crisis as a gap in our current system. Additionally, 55% of respondents indicated a need for a crisis team to include therapists and over 28% of respondents indicated a need for Family and Youth Advocates to respond to crises in the community, which is the staffing model utilized by The Source. Using data from this survey, BHS applied for and was awarded a grant in May 2019 through the California Health Facilities Financing Authority (CHFFA).

This grant will enable the expansion of The Source to serve all youth, inclusive of current and former foster youth. This expansion to serve all youth was supported by the MHSA Steering Committee and will be implemented in FY 2019-20.

Services include peer mentoring, youth and family engagement, support and advocacy, temporary relief for youth and/or foster parents/caregivers. The program also provides outreach and information via a dedicated website, text, video conferencing and popular social media and apps to be popular and relevant to affected youth. Opportunities will be provided for youth to participate in normative, developmentally appropriate activities. Additionally, the program will create a Youth Advisory Board for the purpose of developing shared ideas, networking, sharing concerns, providing advice and recommendations, and developing solutions. The goal of this program is to maintain placement stability for foster youth, increase coping and problem solving skills, improve the quality of family relationships, and refer, link and coordinate ongoing care, and increase opportunities for normative youth experiences.

Safe Zone Squad (SZS): In August 2018, the MHSA Steering Committee supported dedicating PEI funding to this program which is partially funded through a Mental Health Services Oversight and Accountabilty Commission (MHSOAC) Senate Bill (SB) 82 Triage Personnel grant.

SZS is a *PEI Improving Timely Access to Services for Underserved Populations program* 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 (3) 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 (SCOE) and will start services mid FY 2019-20. More information about program implementation will be included in future updates.

Youth Mental Health First Aid (YMHFA): Mental Health First Aid and YMHFA are supported in both the PEI and WET components. YMHFA is a *PEI Outreach for Increasing Early Signs of Mental Illness program* administered by SCOE to increase the number of school staff and caregivers receiving Youth Mental Health First Aid (YMHFA) training. In FY 2017-18 SCOE conducted 38 YMHFA trainings in which 637 individuals participated.

The program objectives include learning about the signs of mental health challenges for youth and typical adolescent development. The program will teach a five-step action plan for how to help youth in both crisis and non-crisis situations.

Program expansion in FY 2019-20 will increase the number of YMHFA trainers and number of training participants.

Integrated Health and Wellness Program
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, is a *PEI Early Intervention program* which focuses on early onset of psychosis and serves individuals ages 12 to 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
A 29-year-old was referred to SacEDAPT after being treated at a local outpatient clinic with a diagnosis of Major Depressive Disorder with Psychotic Features. Since beginning treatment 25 months ago, the client consistently participated in individual, family, and group therapy as well as psychiatric support services. Approximately 13 months ago, client was struggling with managing his symptoms and chose to leave his family's home and live in his car. Through a coordinated effort between client and his SacEDAPT clinical team, he was able to remain safe and transition into supported housing. Since that time the SacEDAPT clinical team has worked with the client and his family to improve stability. Client has participated in individual and Family Focused Therapy that provided both coping skills and improved familial support to maintain client's continued success. Client has worked towards financial stability and used family supports to maintain financial success, has secured a part time job, and maintained supportive housing. Client continues to work to improve social skills and coping mechanisms in order to achieve his goals of having a full life with people he loves surrounding him.

SeniorLink: administered by El Hogar Community Services, is a *PEI Prevention program* that 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
Transcript of phone message from a recent SeniorLink graduate:
"Hello, my name is 'Sandy'. I was a member of your program, Yang was my advocate. I have moved out of Sacramento County to Contra Costa. I just want to say that without her help I was lost. Yang got me out for the first time. She came over and assessed me and encouraged me to go to the hospital. I did that. She took the time to help me and support me. I want to share that I am now four months sober and couldn't have done it without your help. Please pass this on to her, she needs to know that she is making a difference in people's lives. SeniorLink has some valuable people. Thank you for all you do."

Trauma Informed Wellness Program for the African American Community: this new *PEI Improving Timely Access to Services for Underserved Populations program* will provide outreach,

engagement and prevention services to African American/Black community members of all ages, and genders, with special consideration given to children, youth and transition age youth (ages 0 to 25), who have experienced or been exposed to trauma.

This new program was developed based on feedback received from African American/Black community members who identified several strategies that would help improve their mental health and wellness (see Attachment B - African American Community Listening Sessions). These strategies include community education around trauma, mental health conditions, Adverse Childhood Experiences; assistance with navigating complex systems of care; and supportive services such as support groups/healing circles, cultural brokering, peer support and advocacy, life skills coaching, and age appropriate mentoring.

Culturally relevant outreach and engagement and supportive services will be provided by staff with shared cultural and lived experience who are reflective of the diverse African American/Black community. Types of services that will be provided by the program include service planning; information, referral and linkage; resource navigation; supportive services inclusive of peer support and advocacy, coaching, skills building, mentoring, brief supportive services and intervention in crisis situations; healing circles or support groups; and community education. Supportive services will be provided in program participants' homes and/or in community based settings.

This new program will be implemented in FY 2019-20. More information about program implementation will be included in future updates.

Mental Health Promotion Program
Capacity: 500,000 (estimated community members touched by program)
Ages Served: Children, TAY, Adults, Older Adults

The Mental Health Promotion Program, "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 program has multiple components as described below.

"Mental Illness: It's not always what you think" program:

Since June 2011, BHS has worked with the Division of Public Health and Edelman (a communication marketing agency), to implement its Countywide mental health promotion, and stigma and discrimination reduction program to 1) promote messages of wellness, hope and recovery; and 2) dispel the myths and stereotypes surrounding mental illness. This program aims to fundamentally alter negative attitudes and perceptions about mental illness and emotional disturbances. The "Mental Illness: It's not always what you think" program underscores that mental illness can impact almost anyone, and also promotes community resources and support available throughout the County to foster hope and recovery.

The program's year-six activities ran from July 1, 2017 – June 30, 2018. During this period, the team engaged with the community through a variety of events and activities during May is Mental Health Month and coordinated stakeholder and media outreach for Mental Illness Awareness Week and the Journey of Hope Collaborative Art Exhibit. The program team partnered with multiple ethnicity-based outreach firms to coordinate comprehensive research among community-based organizations to identify the program's impact on local multicultural populations in Sacramento County. Their research included the following for all audiences: secondary literature review, small group discussions, key informant interviews and an online survey. The target audiences for the creative refresh are: general population adults with or without mental illness experience (ages 25-55 years), older adults/seniors (55 years and older), youth (ages 13-18 years), African American, Cantonese-speakers, Hmong, Latino, LGBTQ, Native American, Former Soviet Russian-speakers, Arabic-speakers and Vietnamese in Sacramento County. This research phase will help to inform a refresh of the broader creative content and highly tailored messaging to best reach the program's target audiences and achieve the overarching goals in a more meaningful way in 2019. Immediately following this phase, revised creative will be updated and tested among general community members who may or may not be familiar with the program and mental health or illness concerns within the community.

With support from the MHSA Steering Committee, Sacramento County has continued to fund the anti-stigma promotion program 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 program's 11 target audiences, and as many Sacramento County residents as possible, year six 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 2018 and garnered 39,353,952 impressions. The following advertising categories reflect efforts during the 2017-18 year.

Outdoor Ads:

Outdoor advertising ran in October 2017 and from March through May 2018. Advertising included eco-posters, digital billboards, bus tails and bus interior cards. In total, these paid placements garnered an estimated 17,172,094 impressions.


Madre
Feligrés
Viviendo con
Trastorno Bipolar


Oldest daughter
Graduate student
Living with obsessive-
compulsive disorder

TV Ads:
Television advertisements supporting the campaign messages and branding ran in May 2018. These advertisements ran on various stations throughout Sacramento County.

- Broadcast TV: Univision, FOX, ABC, Telemundo, Estrella
- Crossings TV: In-language broadcasts in Russian, Chinese, Hmong and Vietnamese

Through the advertising buy, the program paid for 416 spots and received an additional 913 extra spots as added value, which means they aired at no cost to the County. Overall, these 1,329 spots provided 4,368,265 impressions, 1,318,226 of which were added value, airing at no cost to the county.

Radio Ads:
Radio advertisements supporting the campaign messages and branding ran at various times on numerous stations in October 2017 and from April through May 2018.

The program ran the existing 30-second spots in Spanish, Vietnamese, Russian, English and Hmong, which featured Sacramento Speakers Bureau members as everyday people, spreading messages of hope, wellness and recovery to encourage those interested to learn more by visiting the program website. To listen to the advertisements, please visit www.stopstigmasacramento.org/resources/program-materials.php.

Overall, 2,238 radio advertisements ran, 291 of which were added value, which means they aired at no cost to the County. These placements, which were featured on 12 general/Hispanic and in-language radio stations, including KRXQ (rock), KUDL (contemporary hits), KHYL (hip hop), KHHM (rhythmic contemporary), KZZO (hot AC), KSEG (classic rock), KYMX (adult contemporary), KDEE (African American), KRCX (Hispanic), KXSE (Hispanic), KFSG (Vietnamese, Russian) and KJAY (Hmong).

Print Ads:
Print advertising ran in seven local publications, including *Russian Observer, Thang Mo, Sacramento Observer, Sac Cultural Hub, Diaspora, Outword Magazine* and *d'Promeramano*. Overall, 24 print ads or paid articles ran in these publications.

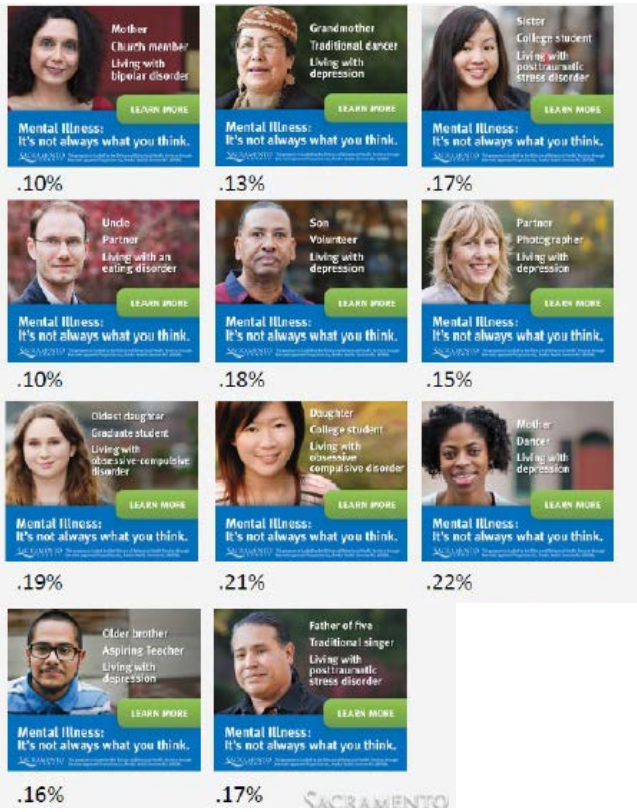
Additionally, Edelman worked with Media Solutions and the Sacramento Observer to write a 400-500 word opinion editorial piece that was published in May 2018.


County Project Raises Awareness And Promotes Hope For Those Living With Mental Illness

Son
Volunteer
Living with depression

Online and Mobile Ads:

Digital and mobile advertisements supporting the campaign messages ran from March through June 2018. Overall, online and mobile ads provided 7,191,859 impressions.




Older brother, aspiring teacher, living with depression.
Mental Illness: It's not always what you think.
LEARN MORE
.23%
Uncle, partner, living with an eating disorder.
Mental Illness: It's not always what you think.
LEARN MORE
.13%
Daughter, college student,
living with obsessive compulsive disorder.
Mental Illness: It's not always what you think.
LEARN MORE
.17%
Father of five, traditional singer,
living with posttraumatic stress disorder.
Mental Illness: It's not always what you think.
LEARN MORE
.22%
Sister, college student,
living with posttraumatic stress disorder.
Mental Illness: It's not always what you think.
LEARN MORE
.19%
Grandmother, traditional dancer, living with depression.
Mental Illness: It's not always what you think.
LEARN MORE
.15%
Partner, photographer, living with depression.
Mental Illness: It's not always what you think.
LEARN MORE
.16%
Mother, church member, living with bipolar disorder.
Mental Illness: It's not always what you think.
LEARN MORE
.16%
Son, volunteer, living with depression.
Mental Illness: It's not always what you think.
LEARN MORE
.21%
Mother, dancer, living with depression
Mental Illness: It's not always what you think.
LEARN MORE
.20%
Oldest daughter, graduate student,
living with obsessive-compulsive disorder.
Mental Illness: It's not always what you think.
LEARN MORE
.15%
Father of five, traditional singer,
living with posttraumatic stress disorder.
Mental Illness: It's not always what you think.
LEARN MORE
.27%
Daughter, college student,
living with obsessive compulsive disorder.
Mental Illness: It's not always what you think.
LEARN MORE
.23%
Older brother, aspiring teacher, living with depression.
Mental Illness: It's not always what you think.
LEARN MORE
.28%
Mother, dancer, living with depression
Mental Illness: It's not always what you think.
LEARN MORE
.31%
Son, volunteer, living with depression.
Mental Illness: It's not always what you think.
LEARN MORE
.29%
Oldest daughter, graduate student,
living with obsessive-compulsive disorder.
Mental Illness: It's not always what you think.
LEARN MORE
.24%
Partner, photographer, living with depression.
Mental Illness: It's not always what you think.
LEARN MORE
.22%
Uncle, partner, living with an eating disorder.
Mental Illness: It's not always what you think.
LEARN MORE
.19%
Sister, college student,
living with posttraumatic stress disorder.
Mental Illness: It's not always what you think.
LEARN MORE
.28%
Grandmother, traditional dancer, living with depression.
Mental Illness: It's not always what you think.
LEARN MORE
.31%
Mother, church member, living with bipolar disorder.
Mental Illness: It's not always what you think.
LEARN MORE
.29%


TÌM HIỂU THÊM
Bệnh Tâm Thần:
Không luôn như quý vị nghĩ.
.21%
Madre
Feligrés
Viviendo con
Trastorno Bipolar
MÁS INFORMACIÓN
Enfermedades Mentales:
No siempre es lo que usted piense.
.15%
KAWM RITKIV
Tus mob puas siab ntsws:
Nws tsis yog li koj ib txwm xav.
.18%
.18%
Отец
Владелец малого
бизнеса
Живущий с
тревожным
расстройством
УЗНАЙТЕ БОЛЬШЕ
Психические заболевания:
это не всегда то, что вы думаете
.11%
Hermano mayor
Quiere ser maestro
Vivo con depresión
MÁS INFORMACIÓN
Enfermedades Mentales:
No siempre es lo que usted piensa.
.21%

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 program activities. The list below represents the 9 placements and impressions secured between July 1, 2017 and June 30, 2018. 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 program was included in targeted local publications, such as Capital Public Radio, Comstock's Magazine, Elk Grove Citizen, FOX40 and ABC10, in addition to ethnic publications like Radio TNT and Univision, garnering more than 395,434 total impressions.

Program Media Highlights

Date	Title	Outlet	Impressions
Radio			
5/14/2018	Mental Health Month	Radio TNT	N/A
12/20/2017	Holiday Blues	Radio TNT	N/A
10/6/2017	New Elk Grove Exhibit Tells Tales of Mental Battles	Capital Public Radio	300,000
Online/Print			
6/26/2018	Navigating Mental Health Conditions in the Workplace	Comstock's Magazine	22,000
5/23/2018	Motivation mindset: Elk Grove resident inspires others through sharing mental health journey	Elk Grove Citizen	33,184
TV Broadcast			
5/23/2018	Understanding Mental Illness	FOX40	17,597
5/16/2018	Mental Health Month	ABC10	5,056
5/9/2018	Local Mental Health Resources	FOX40	17,597
4/19/2018	Mental Health Month	Univision	-
	*Impression values are based on data from Quantcast and CisionPoint.	**Total Earned Impressions between 7/1/17-6/30/18:**	**395,434**

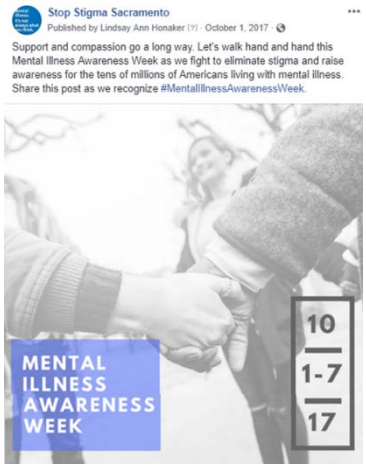
(2) Social Media and Microsite:

To support the program '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 program news, events and messages of hope, as well as stakeholder events on its social channels.

Facebook:

In year six (July 2017 through June 2018):

- The page totaled 9,112 likes, up from 8,095 likes from last year
    - 81 percent of people who like the page are women, while 17 percent are men
    - One of the program 's highest performing posts, which was during Mental Illness Awareness Week (October), reached over 27,000 people, received more than 2,042 post engagements, including 619 reactions, eight comments and 326 shares



Twitter:

In year six (July 2017 through June 2018):

- The page had 736 followers, up from 611 followers last year

- 60 percent of people who like the page are women, while 40 percent are men

- During this reporting period, tweets received a 1.7 engagement rate, 3,800 link clicks, 68 retweets, 193 likes and 5 replies.

Microsite

The program microsite,www.StopStigmaSacramento.org, is a program resource and information hub. The program's virtual Wall of Hope page garnered 51 positive messages of hope and recovery from visitors, compared to 11 last year, resulting in 119 total messages of support from July 2017 through June 2018.

Engagement

As of June 30, 2018, 442 people have submitted their email addresses through the site to receive program updates, up from 379 people in total last year.

- Unique visitors: 23,772 (up from 13,509 last year)

(3) Stakeholder Engagement:

To engage relevant community organizations and services in the program, activities included distributing collateral materials, conducting media interviews, participating at program- sponsored or community events, sharing success stories, providing photography, promoting the project through digital and social media or joining the Speakers Bureau. Through June 2018, the program received stakeholder engagement forms, which confirm an organization's willingness to participate in the program, from 128 organizations. To view a list of partner organizations, please visit www.StopStigmaSacramento.org/partners/.

The team also developed a stakeholder re-engagement survey to gain a better sense of what they need and/or are interested in related to the "Mental Illness: It's not always what you think" program and its activities. The goal is to make sure that the program is engaging with as many stakeholders as possible in a meaningful way that is beneficial to them and to the program. The survey was distributed in FY 2017-18 and the team captured the following key highlights:

a. Most respondents are interested in sharing program events, mental health tips and statistics and news alerts and stories to help de-stigmatize mental illness.

b. Most respondents would prefer to receive information via email no more than once a month or even four times per year. Alternatively, if not via email, respondents appear to be comfortable receiving program information via direct mail, meetings and social media.

c. Most respondents claim to have been involved with the program in the past, most commonly through stakeholder roundtables and/or focus groups.

d. Respondents noted that, of the options provided, health and resource fairs, cultural events and community forums are most relevant to their community and/or organization.

e. Most respondents noted that they would like to see new or refreshed creative materials

(brochures, tip cards) to distribute, more participation in community events and more social/digital media the following from the program.

To help ensure that stakeholders have a chance to participate and provide as much feedback as possible; the program team has sent the following requests for input to the database:

a. Request for personal stories
b. Request for Speakers Bureau participants
c. Requests for everyday people (advertising outreach)
d. Requests for artwork and help in promoting the May activities
e. Requests to attend program-sponsored events

Following is a list of the most active stakeholders this year. These stakeholders provided spokespeople for media interviews, participated in planning meetings for events and/or hosted information booths at the program-sponsored events:

a. Each Mind Matters
b. Mental Health America
c. NAMI
d. NAMI Sacramento
e. WEAVE
f. Sacramento Native American Health Center

(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 at www.StopStigmaSacramento.org/resources/program-materials.php. Through June 2018, approximately 230,000 pieces of collateral material had been distributed to stakeholder groups and at events, including approximately 22,761 pieces from July 2017 through June 2018.

(5) Community Outreach Events and Presentations:

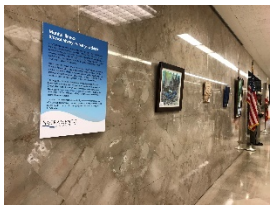
a. Journey of Hope (Oct. 7, 2017)

- The Speakers Bureau planned and executed the fourth annual Journey of Hope art exhibit, which brings awareness about mental health to the community and give others insight, inspiration, strength and understanding.
- The collaborative art exhibit paired local artists and writers to share stories of hope and recovery and hosted an artist reception on Oct. 7, 2017.

b. Speakers Bureau Media Training (April 27, 2018)

- The Edelman team held a media training for approximately 10 Speakers Bureau members leading up to and in preparation of Mental Health Month.

c. Art Displays (May 2018)



- Three art displays helped create awareness of the program. Edelman coordinated stakeholder outreach, secured venues and put up/took down displays. The displays included:
  - A display in the Sacramento Poetry Center (May 1-31)
  - A display in the Sacramento County BHS lobby at East Parkway (May 1-31)
  - A display at the Sierra Health Foundation (May 1 – July 31)
  - display outside the Governor's Office at the Capitol (May 28-June 1)

d. Mental Health Month BHS Event and Desk Drops (May 1, 2018)

- Edelman and the County team delivered individual desk drops to BHS and Public Health employees.
- The desk drops included a tip card, phone wallets, tumbler cup, a pen, lanyard, post its, bracelet and list of community events, which were all packaged in a program-branded lunch bag for employees to enjoy.
- On May 1, Edelman staffed a table featuring a variety of activities for employees, including the opportunity to add a message to the program's Wall of Hope, view the Youth PSA and procure a green ribbon to wear and show support.
- Invitations were emailed to BHS employees on behalf of Uma Zykofsky, Behavioral Health Director, in the form of a memo that also highlighted the May art display locations, the upcoming community events where the program provided free, helpful information, handouts and more.

e. May 2018 Community Events

- The "Mental Illness: It's not always what you think" program leveraged "May is Mental Health Month" as an opportunity to celebrate and promote the program's mission by participating in a variety of established, local community events. Edelman and the County team participated in the following events on behalf of the program:
  - NAMIWalks Northern California (May 5, 2018)
  - Kidtopia (May 5, 2018)
  - 16th Annual Slavic Health/Safety & Job Fair (May 12, 2018)
  - WEAVE Walk a Mile in Her Shoes (May 20, 2018)
  - Mental Health Matters Day (May 23, 2018)

f. Quarterly Provider Meeting (May 25, 2018)

- The goal of this presentation was to provide an overview of the program's progress to date and to share how the program has helped increase awareness and reduced stigma within Sacramento County.
- In addition, the presenting team provided an update on upcoming activities, answered questions from attendees and distributed the stakeholder re-engagement survey.

(6) Research:
This year, Edelman and the County partnered with three ethnic-based outreach firms—Young Communications, VPE Tradigital Communications and Nakatomi & Associates—to continue building on the multicultural research initiated by OneWorld last year. The Edelman team coordinated with each expert multicultural firm to begin Phase 1, literature review, which included qualitative and quantitative research. The literature review will be used to help inform the direction of the message and creative refresh.

The multicultural firms also began coordinating Phase 2, small group discussions, which helped guide the enhancement and refresh of program messaging for both multicultural and mainstream targets to gain a further understanding of insights and the program's resonance in these communities.

The teams conducted secondary research for all cultural groups, including:

- General population adults with mental illness experience (ages 25-55 years)
- General population adults with no mental illness experience (ages 25-55 years)
- Older Adults/Seniors (55 years and older)
- Youth and TAY (ages 13-18 years)
- African American
- Cantonese-speaking Chinese
- Hmong
- Latino
- Native American
- Former Soviet/Russian-speakers
- Vietnamese
- Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)

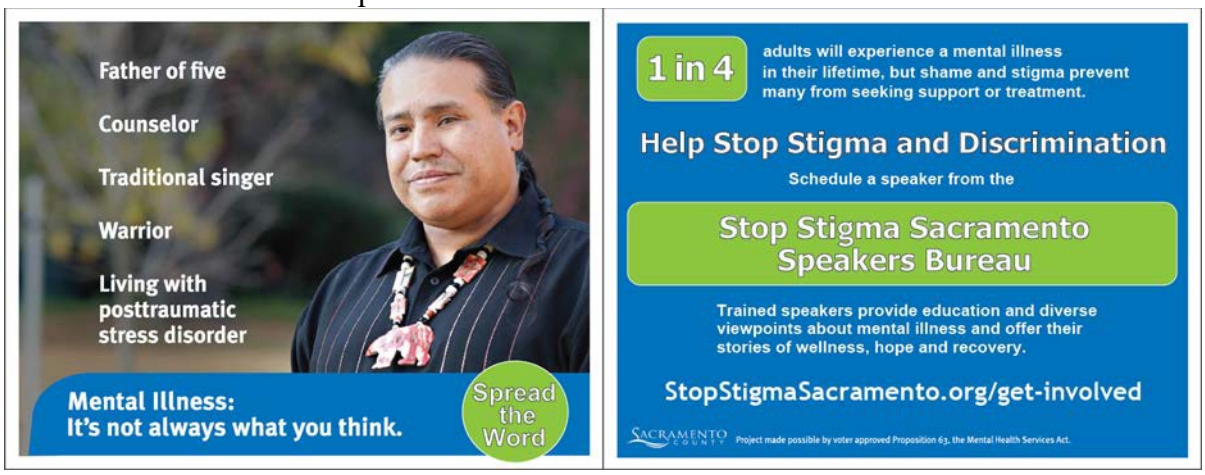
(7) Stop Stigma Sacramento Speakers Bureau:
Sacramento County Public Health continued to coordinate a speakers bureau in FY 2017-18. In FY 2017-18, four Orientation and Training sessions were held, during which 21 community members were trained to be speakers. At the close of FY 2017-18, the Stop Stigma Sacramento Speakers Bureau had trained 174 speakers, of which 52 were actively speaking.

In FY 2017-18, Stop Stigma Sacramento Speakers Bureau speakers shared their personal stories at 42 events with a total audience attendance of 1,302 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 (2) 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 program staff to preview and shape speaker presentation content to assure that it was consistent with the program goals and content guidelines. The practice sessions continue to serve as a source of support and connection to the program, and have fostered supportive relationships among members.

The following table details the Speakers Bureau speaking events in FY 2017-18:

Stop Stigma Sacramento Speakers Bureau
Speaking Events July 1, 2017 – June 30, 2018

#	Date	Site/Event FY 2017-2018	# Stories Shared	# Audience
1	07.22.17	NAMI: Pathways to a Healthy Mind	1	40
2	08.04.17	Organization of Chinese Americans (OCA)-Asian Pacifc American Advocates Sacramento Chapter	1	~35
3	08.09.17	Glenbrooke Community Association	3	~75
4	09.18.17	Ethel Hart Senior Center	3	~20
5	09.25.17	John F. Kennedy (JFK) High School	2	~30
6	09.28.17	Mercy McMahon	3	~25
7	10.04.17	Dept. of Motor Vehicles DAC Lunch	1	~150
8	10.04.17	ABC	1	~50
9	10.04.17	NAMI – California State University Sacramento (CSUS)	2	~20
10	10.11.17	CA Dept. of Justice (DOJ)	1	~50
11	10.24.18	CA DOJ	2	~30
12	11.01.17	CSUS - Social Work	3	~36
13	11.08.17	St. Paul Church	1	~25
14	11.13.17	NP3 High School	15	100
15	11.15.17	St. Paul Church	1	~25
16	12.05.17	BHS Calif. Brief Multi-Cultural Scale (CBMCS) Training	1	~50
17	12.09.17	Girl Scouts	2	6
18	02.06.18	BHS CBMCS Training	1	63
19	02.20.18	Mercy McMahon Terrace	3	9
20	02.21.18	Mien Community Services	1	~50
21	02.22.18	Elk Grove Unified School District Leadership Conference	6	110
22	02.24.18	Circle K International	1	117
23	03.08.18	Speakers Bureau Orientation & Training (O&T)	1	8
24	03.10.18	Living a Healthy Lifestyle Event	1	90
25	03.22.18	Speakers Bureau O&T	4	8

26	03.23.18	Sacramento Employment and Training Agency (SETA) Head Start	3	20
27	04.02.18	Public Health Week at Franklin Library	3	7
28	04.06.18	CSUS Student Health Counseling	1	14
29	04.16.18	BHS CBMCS	1	62
30	04.24.18	Vista Del Lago High School	6	62
31	05.02.18	JFK High School	3	23
32	05.06.18	Parkview Presbyterian Church	1	71
33	05.07.18	Hiram Johnson High School	3	29
34	05.14.18	NP3 High School	13	108
35	05.23.18	McClatchy High School	2	46
36	05.25.18	Ventanilla de Salud – Mexican Consulate	1	91
37	05.30.18	Hiram Johnson High School – Medical Science Academy	6	49
38	05.31.18	CalPERS	3	53
39	06.08.18	First 5 Sacramento	1	13
40	06.23.18	California Consortium of Addiction Program and Professionals	3	20
41	06.28.18	Ventanilla de Salud – Mexican Consulate	1	78
42	06.28.18	Speakers Bureau Orientation & Training	2	5
		FY 2017-2018 Total (42)	**114**	**1,302**

The Stop Stigma Sacramento speakers have been well received, and speaker evaluations are completed for each event. All audience evaluations are entered into SurveyMonkey, which allows Public Health staff to assess the potential impact of the program 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 program 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 2017-18 events created by the Speakers Bureau by program staff and by Speakers Bureau members and program volunteers.

October 2017: Journey of Hope Art Event

The Journey of Hope Art Exhibit 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 held October 7-October 21, 2017. A reception was held on October 7, 2017, from 3:00-7:00pm to unveil the exhibit. The Journey of Hope 2017 exhibit was the third annual exhibit.

Fifty individuals participated in the exhibit. Six individuals participated as both a writer and an artist, however none of which contributed artwork relating to their written story as described previously. The number of participants was similar from the previous year. Approximately 500 people attended the exhibit reception on October 7th. Additionally, approximately 1,000 people attended the three week exhibit.

In preparation for the 2018 event, the committee secured 84 participants. Additionally, in preparation for the 2019 event, the planning committee expanded *Journey of Hope: Real Life Stories of Living with Mental Health Challenges Portrayed Through Art* to be held at a total of three consecutive locations: Elk Grove Fine Arts Center, Sacramento Fine Arts Center and Crocker Art Museum.

February 14, 2018: Valentine's Day Outreach

Staff distributed custom message cards the week prior to Valentine's Day with a heart shaped lollipop to local organizations and agencies along with program brochures and tip

cards. Of the 1,500 cards printed, 1,100 general public/be a friend cards were given out and 400 love yourself cards (directed to mental health consumers) were given out. These cards were developed by a speaker in the previous calendar year.

Organizations and agencies that received outreach material included:

- Sacramento State (in collaboration with campus NAMI)
- Natomas Pacific Pathways Prep High School
- Sacramento City Community College
- Consumnes River College
- Sacramento LGBT Community Center
- Sacramento Native American Health Center
- La Familia Counseling Center
- Sacramento County Division of Public Health and BHS Staff at East Parkway and Micron Office Sites

Participating organizations and agencies were delighted to receive the Valentine's Cards and brochure and material packages to provide to their patients and clients.

Samples of Cards:

Speaker Media Training
On April 27th 2018, in coordination with Edelman staff, a media training was held for speakers to aid in preparing them for media opportunities on behalf of "Mental Illness: It's not always what you think". A total of five speakers and one Division of Public Health staff member attended the media training. The goal of the training was to increase comfort level during media interviews and prepare Speakers Bureau members to be spokespeople on behalf of the program.

Mental Health Matters, administered by Cal Voices, is a monthly television talk show, produced by mental health consumers and their family members, that highlights issues relating to mental health. The show can be seen on the firstSaturday of every month at 7:00 pm. Sacramento area Comcast and local television subscribers can view Mental Health Matters℠ program on channel 17; U-verse subscribers can see the show on channel 99. Mental Health Matters also provides media-based mental health promotional activities, education, outreach and videography services for consumers, family members of consumers and community members throughout Sacramento County. Outreach activities provide consumers, family members and the general public with the opportunity to learn and obtain training, education, and information in regard to mental health issues and concerns.

Time-Limited Community Driven PEI Program
Capacity: To be determined
Ages Served: Children, TAY, Adults and Older Adults

In May and June 2019, the MHSA Steering Committee discussed, supported and recommended expanding the PEI Component to include up to $10 million in new, time-limited, community capacity building programming. The California Mental Health Services Authority (CalMHSA), a Joint Powers of Authority, will administer these time-limited programs. Programs will be funded for up to two-years of operations with time allotted for start up and transition/wind-down. Programs will be community driven and awarded through a competitive bidding process. Programs must align with PEI regulations; include evidence-based, promising, and or community-defined practices; and include strategies for community capacity building with a focus on outcomes and performance measures. This PEI component expansion will begin mid FY 2019-20. Updates on implementation progress will be provided in future plans/updates.

PEI Administration and Program Support
BHS 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 2017-18

In Fiscal Year 2017-18, a total of 10,315 individuals were served across the implemented 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; Emergency Department Follow-up Services; Youth Mental Health First Aid; Bullying Prevention Education and Training; and the Mental Health Promotion program.*

Total Number of Individuals Served in PEI Programs FY 17/18											
	Friends for Survival	Community Support Team	Mobile Crisis Support Teams	Triage Navigators	Supporting Community Connections	Quality Childcare Collaborative	HEARTS for Kids	eVIBE	SacEDAPT	Senior Link	Total
Age Group											
Child and Youth (0-15)	9	22	108	15	194	30	366	2,067	53	0	2,864
Transition Age Youth (16-25)	8	123	214	218	501	0	0	24	82	0	1,170
Adult (26-59)	202	570	907	932	1,034	0	0	39	14	24	3,722
Older Adult (60+)	103	234	212	102	355	0	0	1	0	117	1,124
Unknown/Not Reported	36	4	11	0	119	0	0	46	0	12	228
Total	**358**	**953**	**1,452**	**1,267**	**2,203**	**30**	**366**	**2,177**	**149**	**153**	**9,108**
Race/Ethnicity											
White	174	286	732	497	802	NR	118	246	38	46	2,939
African American	11	186	308	341	182	NR	105	145	40	38	1,356
Asian	17	31	55	34	248	NR	20	278	11	6	700
Pacific Islander	8	5	9	9	3	NR	2	11	1	7	55
Native American	3	8	11	16	57	NR	3	12	0	1	111
Hispanic	0	44	66	112	782	NR	0	764	27	28	1,823
Multi-Race	6	21	28	28	33	NR	6	303	16	1	442
Other	17	14	36	31	80	NR	27	72	2	4	283
Unknown/Not Reported	122	358	207	199	16	30	85	346	14	22	1,399
Total	**358**	**953**	**1,452**	**1,267**	**2,203**	**30**	**366**	**2,177**	**149**	**153**	**9,108**
Primary Language											
English	355	713	1,355	1,087	1,093	NR	NR	1,457	136	109	6,305
Spanish	0	14	20	26	610	NR	NR	203	8	7	888
Vietnamese	0	7	3	2	42	NR	NR	20	1	2	77
Cantonese	0	2	2	0	2	NR	NR	22	0	1	29
Hmong	0	5	4	1	51	NR	NR	25	0	0	86
Russian	0	3	4	3	231	NR	NR	17	0	0	258
Arabic	0	2	3	0	1	NR	NR	1	0	0	7
Other	3	11	11	9	153	NR	NR	48	0	21	256
Unknown/Not Reported	0	196	50	139	20	30	366	384	4	13	1,202
Total	**358**	**953**	**1,452**	**1,267**	**2,203**	**30**	**366**	**2,177**	**149**	**153**	**9,108**

Total Number of Individuals Served in PEI Programs FY 17/18 Cont.											
	Friends for Survival	Community Support Team	Mobile Crisis Support Teams	Triage Navigators	Supporting Community Connections	Quality Childcare Collaborative	HEARTS for Kids	eVIBE	SacEDAPT	Senior Link	Total
Sexual Orientation											
Gay or Lesbian	6	1	9	7	66	NR	NR	0	2	NR	91
Heterosexual or Straight	214	43	84	224	1,953	NR	NR	74	5	NR	2,597
Bisexual	13	3	5	5	43	NR	NR	1	1	NR	71
Questioning or unsure	2	0	0	1	20	NR	NR	1	1	NR	25
Queer	1	0	0	0	3	NR	NR	0	0	NR	4
Another sexual orientation	6	2	1	2	84	NR	NR	0	0	NR	95
Unknown/Not Reported	116	904	1,353	1,028	34	30	366	2,101	140	153	6,225
Total	**358**	**953**	**1,452**	**1,267**	**2,203**	**30**	**366**	**2,177**	**149**	**153**	**9,108**
Gender Identity											
Male	66	4	442	577	826	NR	NR	1,117	62	26	3,120
Female	220	7	442	414	1,280	NR	NR	1,049	40	121	3,573
Transgender	0	0	2	6	44	NR	NR	NR	3	0	55
Genderqueer	0	0	0	0	0	NR	NR	NR	0	0	0
Questioning or unsure	0	0	0	0	0	NR	NR	NR	0	0	0
Another gender identity	7	0	1	1	8	NR	NR	NR	5	0	22
Unknown/Not Reported	65	942	565	269	45	30	366	11	39	6	2,338
Total	**358**	**953**	**1,452**	**1,267**	**2,203**	**30**	**366**	**2,177**	**149**	**153**	**9,108**
Veteran Status											
Yes	8	NR	NR	NR	15	NR	0	NR	NR	NR	23
No	350	NR	NR	NR	2,188	NR	366	NR	NR	NR	2,904
Decline to Answer	0	NR	NR	NR	0	NR	NR	NR	NR	NR	0
Unknown/Not Reported	0	953	1,452	1,267	0	30	0	2,177	149	153	6,181
Total	**358**	**953**	**1,452**	**1,267**	**2,203**	**30**	**366**	**2,177**	**149**	**153**	**9,108**

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 17/18																
	Caregiver Crisis Intervention Respite		Homeless Teens and TAY Respite		Ripple Effect Respite		Danelle's Place Respite		Q-Spot		Lambda Lounge		Adoptive Families Respite		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group																
Children/Youth (0-15)	0	0.0%	4	1.8%	0	0.0%	0	0.0%	39	15.1%	0	0.0%	70	43.5%	113	9.4%
TAY (16-25)	0	0.0%	206	94.5%	5	4.3%	42	20.8%	214	82.9%	12	6.9%	9	5.6%	488	40.4%
Adults (26-59)	20	25.3%	5	2.3%	89	76.7%	100	49.5%	2	0.8%	111	64.2%	52	32.3%	379	31.4%
Older Adults (60+)	58	73.4%	0	0.0%	22	19.0%	19	9.4%	0	0.0%	9	5.2%	4	2.5%	112	9.3%
Unknown/Not Reported	1	1.3%	3	1.4%	0	0.0%	41	20.3%	3	1.2%	41	23.7%	26	16.1%	115	9.5%
Total	**79**	**100.0%**	**218**	**100.0%**	**116**	**100.0%**	**202**	**100.0%**	**258**	**100.0%**	**173**	**100.0%**	**161**	**100.0%**	**1,207**	**100.0%**
Ethnicity																
Hispanic or Latino	3	3.8%	31	14.2%	20	17.2%	35	17.3%	54	20.9%	19	11.0%	35	21.7%	197	16.3%
Non-Hispanic/Non-Latino	70	88.6%	142	65.1%	73	62.9%	129	63.9%	150	58.1%	96	55.5%	73	45.3%	733	60.7%
Unknown/Not Reported	6	7.6%	45	20.6%	23	19.8%	38	18.8%	54	20.9%	58	33.5%	53	32.9%	277	22.9%
Total	**79**	**100.0%**	**218**	**100.0%**	**116**	**100.0%**	**202**	**100.0%**	**258**	**100.0%**	**173**	**100.0%**	**161**	**100.0%**	**1,207**	**100.0%**
Race																
American Indian or Alaska Native	0	0.0%	16	7.3%	3	2.6%	13	6.4%	12	4.7%	14	8.1%	4	2.5%	62	5.1%
Asian	2	2.5%	5	2.3%	1	0.9%	14	6.9%	11	4.3%	3	1.7%	12	7.5%	48	4.0%
Black or African American	22	27.8%	147	67.4%	46	39.7%	28	13.9%	49	19.0%	36	20.8%	19	11.8%	347	28.7%
Native Hawaiian/Pacific Islander	0	0.0%	0	0.0%	0	0.0%	2	1.0%	3	1.2%	2	1.2%	0	0.0%	7	0.6%
White	51	64.6%	33	15.1%	54	46.6%	130	64.4%	129	50.0%	75	43.4%	73	45.3%	545	45.2%
Other	0	0.0%	15	6.9%	8	6.9%	11	5.4%	29	11.2%	18	10.4%	14	8.7%	95	7.9%
More than one race	3	3.8%	0	0.0%	0	0.0%	0	0.0%	11	4.3%	4	2.3%	25	15.5%	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	1	1.3%	2	0.9%	4	3.4%	4	2.0%	14	5.4%	21	12.1%	14	8.7%	60	5.0%
Total	**79**	**100.0%**	**218**	**100.0%**	**116**	**100.0%**	**202**	**100.0%**	**258**	**100.0%**	**173**	**100.0%**	**161**	**100.0%**	**1,207**	**100.0%**
Primary Language																
English	76	96.2%	214	98.2%	115	99.1%	191	94.6%	255	98.8%	160	92.5%	149	92.5%	1,160	96.1%
Spanish	0	0.0%	0	0.0%	0	0.0%	5	2.5%	0	0.0%	0	0.0%	2	1.2%	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%	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%	1	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
Hmong	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.6%	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	2.5%	1	0.5%	0	0.0%	4	2.0%	1	0.4%	2	1.2%	2	1.2%	12	1.0%
Unknown/Not Reported	1	1.3%	2	0.9%	1	0.9%	1	0.5%	2	0.8%	10	5.8%	8	5.0%	25	2.1%
Total	**79**	**100.0%**	**218**	**100.0%**	**116**	**100.0%**	**202**	**100.0%**	**258**	**100.0%**	**173**	**100.0%**	**161**	**100.0%**	**1,207**	**100.0%**

Prevention and Early Intervention (PEI) Respite Programs FY 17/18 Cont.																
	Caregiver Crisis Intervention Respite*		Homeless Teens and TAY Respite		Ripple Effect** Respite		Danelle's Place Respite		Q-Spot**		Lambda Lounge**		Adoptive Families Respite		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Sexual Orientation*																
Gay or Lesbian	1	1.3%	9	4.1%	10	8.6%	37	16.0%	51	19.8%	36	20.8%	27	16.8%	171	13.8%
Heterosexual or Straight	74	93.7%	170	78.0%	86	74.1%	27	11.7%	36	14.0%	46	26.6%	84	52.2%	523	42.3%
Bisexual	0	0.0%	13	6.0%	6	5.2%	28	12.1%	59	22.9%	28	16.2%	0	0.0%	134	10.8%
Questioning or unsure	0	0.0%	3	1.4%	2	1.7%	26	11.3%	13	5.0%	3	1.7%	5	3.1%	52	4.2%
Queer	0	0.0%	0	0.0%	0	0.0%	42	18.2%	8	3.1%	5	2.9%	6	3.7%	61	4.9%
Another sexual orientation	1	1.3%	10	4.6%	4	3.4%	54	23.4%	73	28.3%	24	13.9%	0	0.0%	166	13.4%
Unknown/Not Reported	3	3.8%	13	6.0%	8	6.9%	17	7.4%	18	7.0%	31	17.9%	39	24.2%	129	10.4%
Total	**79**	**100.0%**	**218**	**100.0%**	**116**	**100.0%**	**231**	**100.0%**	**258**	**100.0%**	**173**	**100.0%**	**161**	**100.0%**	**1,236**	**100.0%**
Current Gender Identity*																
Male	21	26.6%	121	54.5%	52	43.0%	96	25.6%	88	31.0%	78	43.1%	69	42.9%	525	36.9%
Female	57	72.2%	88	39.6%	62	51.2%	65	17.3%	92	32.4%	49	27.1%	74	46.0%	487	34.2%
Transgender	0	0.0%	7	3.2%	0	0.0%	84	22.4%	34	12.0%	10	5.5%	0	0.0%	135	9.5%
Genderqueer	0	0.0%	0	0.0%	0	0.0%	20	5.3%	5	1.8%	5	2.8%	0	0.0%	30	2.1%
Questioning or unsure	0	0.0%	2	0.9%	2	1.7%	26	6.9%	13	4.6%	3	1.7%	0	0.0%	46	3.2%
Another gender identity	0	0.0%	2	0.9%	3	2.5%	78	20.8%	40	14.1%	10	5.5%	0	0.0%	133	9.3%
Unknown/Not Reported	1	1.3%	2	0.9%	2	1.7%	6	1.6%	12	4.2%	26	14.4%	18	11.2%	67	4.7%
Total	**79**	**100.0%**	**222**	**100.0%**	**121**	**100.0%**	**375**	**100.0%**	**284**	**100.0%**	**181**	**100.0%**	**161**	**100.0%**	**1,423**	**100.0%**
Veteran Status																
Yes	9	11.4%	2	0.9%	7	6.0%	23	11.4%	4	1.6%	7	4.0%	2	1.2%	54	4.5%
No	69	87.3%	216	99.1%	109	94.0%	179	88.6%	235	91.1%	162	93.6%	147	91.3%	1,117	92.5%
Decline to answer	1	1.3%	0	0.0%	0	0.0%	0	0.0%	19	7.4%	4	2.3%	12	7.5%	36	3.0%
Total	**79**	**100.0%**	**218**	**100.0%**	**116**	**100.0%**	**202**	**100.0%**	**258**	**100.0%**	**173**	**100.0%**	**161**	**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

PEI IMPLEMENTATION PROGRESS DATA - FISCAL YEAR 2017-18 (cont'd)

In FY 2017-18, a total of 10,028 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 17/18				
	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	456	5	461
Transition Age Youth (16-25)	0	0	151	151
Adult (26-59)	23	0	5,928	5,951
Older Adult (60+)	218	0	2,691	2,909
Unknown/Not Reported	4	0	552	556
Total	**245**	**456**	**9,327**	**10,028**
Race/Ethnicity				
White	67	NR	NR	67
African American	60	NR	NR	60
Asian	11	NR	NR	11
Pacific Islander	9	NR	NR	9
Native American	6	NR	NR	6
Hispanic	51	NR	NR	51
Multi-Race	4	NR	NR	4
Other	8	NR	NR	8
Unknown/Not Reported	29	456	9,327	9,812
Total	**245**	**456**	**9,327**	**10,028**
Primary Language				
English	209	NR	NR	209
Spanish	23	NR	NR	23
Vietnamese	0	NR	NR	0
Cantonese	5	NR	NR	5
Mandarin	0	NR	NR	0
Tagalog	0	NR	NR	0
Cambodian	0	NR	NR	0
Hmong	5	NR	NR	5
Russian	0	NR	NR	0
Farsi	0	NR	NR	0
Arabic	0	NR	NR	0
Other	2	NR	NR	2
Unknown/Not Reported	1	456	9,327	9,784
Total	**245**	**456**	**9,327**	**10,028**

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 programs.

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, BHS conducted a Human Resource (HR) Survey to provide current data on the entire mental health system. The final report of the 2019 HR Survey is attached as part of this update as Attachment G – 2019 Human Resources (HR) Survey Report.

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 BHS 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 BHS staff and system partners facilitate adult and youth versions of MHFA, in both English and Spanish, targeting specific cultural populations. Since 2010, Sacramento County trained more than 1,875 community members. Interest in the course and class size remains 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, BHS 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 Stars Behavioral Health Group, Starbucks Corporation, 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 BHS has sent additional staff to both adult and youth MHFA Trainings for Trainers to expand the pool of MHFA instructors. Currently, adult and youth MHFA training sessions, including language/culturally specific sessions, are part of the Mental Health Plan (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.

MHFA and Youth MHFA (YMHFA) are supported in both the PEI and WET components. The Sacramento County Office of Education (SCOE) administered YMHFA has been moved from the WET component to PEI to align with other youth mental health and wellness efforts.

The System Training Continuum also supports the provision of Pro-ACT Training. BHS provides this training to staff at the Sacramento County Mental Health Treatment Center (MHTC) and Adult Psychiatric Support Services (APSS) clinic. 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, BHS piloted the evidence-based California Brief Multi-Cultural Competence Scale (CBMCS) and accompanying training. Since that time, BHS 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. BHS requires that all providers' service delivery staff, supervisors and managers receive this training. In FY2018-19, BHS offered six CBMCS trainings and 287 participants attended.

In FY 2018-19, BHS offered a two-day Mental Health Interpreter Training with 35 individuals participating and a "Training for Providers Who Use Interpreters" with 30 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, BHS 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, BHS sponsors the annual client culture conference. In FY 2018-19, BHS provided scholarships and support for more than 98 behavioral health staff, system partners, providers, stakeholders, and individuals with lived mental health experiences to attend 12 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, BHS has looked for alternative opportunities to leverage these projects and further move forward the activities described in this action. In line with BHS core values and community/stakeholder input, BHS 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 BHS' MHP providers, BHS 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 2018-19 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, VHSHTA students are also learning about the biology of addiction—how it affects the brain, how brain biochemistry reinforces addiction and ways to recover from addiction. In Health Science class, 9th grade students learned that high intake of sugary foods and beverages can increase the risk of depression in many populations and weaken

the body's ability to respond to stress. Students also learned overconsumption of sweeteners and highly processed foods could eventually change brain chemistry and perpetuate cravings, leading to overeating, poor nutrition and food addiction. Through the Health Sciences curriculum, educators have helped students understand the importance of limiting sugar intake to achieve better mental health outcomes and improved brain function.

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 2018-19, including the Franchise Tax Board 24th Annual Health and Wellness Fair on April 24, 2019, Yes2College Minority Health Professions Conference on April 27, 2019, California Primary Care Association Day at the Capitol on May 21, 2019, and the Mental Health Forum for boys and men of color on March 21, 2019.

On April 12, 2019, the 13th Annual Health and Fitness Expo was held at the Valley High School campus. BHS 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. The 12th grade students organized a variety of mental health related booths on subjects including, eating disorders, building a better brain for academic performance, stress and sleep hygiene. The Health and Fitness Expo served as a great opportunity for academy students to showcase their health fair projects and share knowledge and information with up to 2,200 students from Valley High School, Jackman Middle School and Reith Elementary School.

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 University of the Pacific, School of Pharmacy, University of California, Berkeley, School of Public Health, Sacramento City College, and Allied Health Programs to learn more about the social determinants of health, ever changing healthcare needs, the importance of providing patient-centered and culturally competent care, as well as 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 health disparities 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. To keep students engaged and motivated, the teaching staff created realistic role-play scenarios and case studies, giving students opportunities to practice motivational interviewing skills and practice providing comfort and emotional support to others. Project based learning opportunities provided students opportunities to bridge language and cultural barriers while challenging their understanding of how environment affects both physical and mental health. 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 Sacramento Valley Psychological Association, Kaiser Permanente School of Allied Health Sciences, Richmond, CA, California State University, Chico, UC Davis, School of Medicine, Sacramento City College, and William Jessup University, School

of Psychology. 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 September 25-26, 2018, AABHPHS's Positive Behavior Interventions and Supports (PBIS) team attended the 3rd Annual PBIS Conference and presented on school curriculum, including a discussion on Mind Matters: Overcoming Adversity and Building Resilience, a curriculum that teaches young people skills and practices that cultivate healing and clears away distractions to learning and healthy relationships. Students also presented on the Faces for the Future program, a multi-year healthcare internship and leadership development program for highly resilient HPHS students. Students shared how the Faces for the Future program supports entry into healthcare professions through internships, workshops, academic support and college preparation and wellness support.

The partnership with both AABHPHS and VHSHTA and their feeder schools has continued to assist BHS in the goal of recruiting a diverse workforce that is reflective of the cultural and linguistic make-up of the community.

BHS 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.

BHS 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. BHS 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 the first WET Action implemented in FY 2011-12 and continues to be administered through University of California, Davis (UCD), Department of Psychiatry. This Action includes the following components:

1. Community Education: Psychiatry Residents and Fellowship Training Program;
2. Mental Health Collaboration, Alcohol and Drug Services, 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 105 psychiatric residents have participated in this action and attended the required University of California Davis Psychiatric Resident Fellowship Program trainings. In FY 2018-19, 13 students were enrolled in the program. Nine were dedicated to psychiatry only. Two 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 BHS 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 BHS 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, BHS 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 rehabilitation 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. BHS has completed one Innovation project, known as **Innovation Project 1: Respite Partnership Collaborative**. BHS is currently implementing two Innovation Projects, **Innovation Project 2: Mental Health Crisis/Urgent Care Clinic** and **Innovation Project 3: Behavioral Health Crisis Services Collaborative**. At the October 2019 MHSA Steering Committee (SC) meeting, the Committee supported and recommended moving forward a new **Innovation Project: Multi-County Full Service Partnership (FSP) Innovation (INN) Project**. This project is described in this Annual Update. Further, the MHSA Steering Committee supports a community planning process for a new Innovation Project focused on the criminal justice population.

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.

Innovation Project 2: Mental Health Crisis/Urgent Care Clinic

The Mental Health Crisis/Urgent Care Clinic 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 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, TAY, 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.

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.

Innovation Project 3: Behavioral Health Crisis Services Collaborative

The Innovation Project 3: Behavioral Health Crisis Services Collaborative (BHCSC) project was reviewed and approved by the MHSOAC in May 2018. BHS, in partnership with Dignity Health and Placer County, implemented the BHCSC in FY 2018-19. In September 2019, the BHCSC opened for service delivery. The BHCSC establishes 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:
  - Are sited in the northern region of Sacramento which lacks sufficient crisis service programs across two counties with growing populations
  - Serves TAY (18+), adults, and older adults, 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 allows 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 ensures that 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 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 serves 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 ensures continuity of care and strengthens 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, 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 include best practices to change the trajectory of care for individuals seeking crisis services.

Innovation Project 4: Multi-County Full Service Partnership (FSP) INN Project

This Annual Update includes the new Multi-County Full Service Partnership (FSP) INN Project (Attachment E). This project is a multi-county Innovation Project that provides an opportunity for counties to implement new data-informed strategies to program design and continuous improvement for FSP programs, supported by county-specific implementation and evaluation technical assistance. The overall purpose and goals of this proposed project are to: (1) improve how counties collect and use data to define and track program outcomes that are meaningful for

FSP clients; (2) Develop new and/or strengthen exisiting processes for continuous improvement for FSP programs; (3) Develop a clear strategy for how FSP outomces and performance measures can best be tracked and streamlined; (4) Develop a shared understanding and more consistent interpretation of the core FSP components; (5) increase the clarity and consistency of FSP enrollment criteria, referral, and graduation processes. This project was supported by the MHSA Steering Committee in FY 2019-20 and is pending approval by the the Sacramento County Board of Supervisors and the MHSOAC.

Innovation Project 5

As supported and recommended by the MHSA Steering Committee mid FY 2019-20, BHS will facilitate a community planning process for a new INN Project that focuses on adults, and older adults living with a serious mental illness who are involved with the criminal justice system. Once a proposed plan has been developed through a community planning proess, the plan will be presented to the MHSOAC and Sacramento County Board of Supervisors for approval. More information about this project will be included in future updates.

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 who 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 by the end of fiscal year 2019-20. 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 who 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 as they begin Phase 5 of the SacHIE Roadmap.

FY 2019-20 Mental Health Services Act Expenditure Plan
Funding Summary

County: Sacramento Date: 1/7/20

	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 2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	92,080,041	29,197,976	15,303,121	1,414,803	75,050	
2. Estimated New FY 2019/20 Funding	53,632,478	13,408,120	3,528,453			
3. Transfer in FY 2019/20[a/]	(7,850,000)			1,750,000	6,100,000	
4. Adjustment to Local Prudent Reserve in FY 2019/20*	1,339,957	355,098				(1,695,055)
5. Estimated Available Funding for FY 2019/20	139,202,476	42,961,194	18,831,574	3,164,803	6,175,050	
B. Estimated FY 2019/20 MHSA Expenditures	65,349,712	21,063,006	5,346,042	1,364,854	4,906,062	
G. Estimated FY 2019/20 Unspent Fund Balance	73,852,765	21,898,187	13,485,533	1,799,949	1,268,988	

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, 2019	14,891,847
2. Contributions to the Local Prudent Reserve in FY 2019/20	0
3. Distributions from the Local Prudent Reserve in FY 2019/20	0
4. Adjustment due to Prudent Reserve Limits in WIC 5892(b)(2)	(1,695,055)
5. Estimated Local Prudent Reserve Balance on June 30, 2020	13,196,792

*Welfare and Institutions Code Section 5892(b)(2) requires counties to maintain a prudent reserve that does not exceed 33 percent of the average community services and supports (CSS) revenue received for the Local Mental Health Services Fund in the preceding five years, and to reassess and certify the maximum amount every five years. Per DHCS Info Notice 19-037, Maximum Prudent Reserve for Sacramento County is $13,196,792, thus requiring an adjustment to reduce the Prudent Reserve balance.

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 2019-20 Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Sacramento Date: 1/7/20

	Fiscal Year 2019/20					
	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	1,723,746	778,528	908,218			37,000
2. Permanent Supportive Housing	17,928,642	14,254,621	3,355,418			318,603
3. Transcultural Wellness Center	1,989,950	1,242,606	737,344			10,000
4. Adult Full Service Partnership	7,070,947	3,119,597	3,863,350			88,000
5. Juvenile Justice Diversion and Treatment	2,787,788	1,505,766	641,011	641,011		
6. Transition Age Youth (TAY) Full Service Partnership	3,060,000	1,903,500	1,153,500			3,000
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 Recovery and Engagemen	28,931,104	14,559,023	13,680,080			692,000
2. Permanent Supportive Housing	3,273,920	1,519,111	1,058,670			696,139
3. Wellness and Recovery	5,798,616	3,756,739	1,201,170			840,707
4. Crisis Residential	4,309,934	2,729,885	1,580,050			
5. Children's Community Mental Health Services	45,727,175	9,784,700	22,728,413	13,214,062		
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	10,195,638	10,195,638				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	132,797,458	65,349,712	50,907,224	13,855,073	0	2,685,449
FSP Programs as Percent of Total	52.9%					

FY 2019-20 Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Sacramento Date: 1/7/20

	Fiscal Year 2019/20					
	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	8,057,498	7,921,686				135,813
2. Strengthening Families	3,838,147	3,609,470				228,677
3. Integrated Health and Wellness	806,400	806,400				
4. Mental Health Promotion	1,446,441	1,446,441				
5. Time-Limited Community Driven PEI Program	6,000,000	6,000,000				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Integrated Health and Wellness - SacEDAPT	700,000	250,000	69,740			380,260
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	552,385	552,385				
PEI Assigned Funds	476,625	476,625				
Total PEI Program Estimated Expenditures	21,877,496	21,063,006	69,740	0	0	744,750

FY 2019-20 Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Sacramento Date: 1/7/20

	Fiscal Year 2019/20					
	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	2,741,907	1,941,907	800,000			
3. Behavioral Health Crisis Services Collaborati	4,228,608	2,904,135	1,324,474			
4. FSP Collaborative	500,000	500,000				
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	0					
Total INN Program Estimated Expenditures	7,470,515	5,346,042	2,124,474	0	0	0

FY 2019-20 Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Sacramento Date: 1/7/20

	Fiscal Year 2019/20					
	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	1,364,854	1,364,854				
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	1,364,854	1,364,854	0	0	0	0

FY 2019-20 Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Sacramento Date: 1/7/20

	Fiscal Year 2019/20					
	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	4,906,062	4,906,062				
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	4,906,062	4,906,062	0	0	0	0

Mental Health Services Act (MHSA) FY 2019-20 Annual Update
Funding Summary Presentation

A. Community Services and Supports (CSS) Component

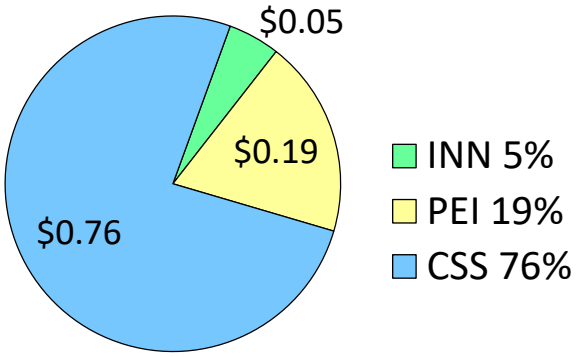
- Provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and adults living with a serious mental illness. This includes funding for the MHSA Housing Program.
- A majority of CSS funding must be directed to Full 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
- 76% 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
- 19% 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

DI. 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

DII. 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

DIII. 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 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
- In FY2019-20, Sacramento County allocation increased from 3.23% to 3.26% of State MHSA funding due to statewide recalculation distribution

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
December 1, 2018, 10:00am – 1:45 pm
Grantland L. Johnson Center for Health and Human Services
7001-A East Parkway, Conf. Room 1, Sacramento, CA 95823
Meeting Summary

Cultural Competence Committee (CCC) Charge to CCC Ad Hoc Workgroup

The Division of Behavioral Health Services (BHS) 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. The CCC Ad Hoc Workgroup will:

- Review Prevention and Early Intervention (PEI) program components and funding requirement, review definitions of prevention programs and early intervention programs and review the priorities for PEI programs as established by the California Mental Health Services Oversight and Accountability Commission (MHSOAC).
- Create understanding of risk factors and protective factors for mental health trauma in Sacramento's African American community.
- Facilitate communication between African American community, the CCC Ad Hoc Workgroup and other community stakeholders.
- Develop an outline for a new PEI mental health wellness program for African Americans at risk for mental health trauma.

Welcome and Introductions

Adele James, MA, Certified Professional Coach was the Facilitator for the Cultural Competence Committee (CCC) Ad Hoc Workgroup Meeting. Ms. James briefly discussed the meeting agenda, setting the tone for what the CCC Ad Hoc Workgroup and the community members could expect from the day. Ms. James facilitated a cultural activity in which she invited participants to speak out loud the name of someone they wished to honor in the spirit of the work they were doing today. Many participants shared names of those they wished to honor in their work.

Uma Zykofsky, LCSW, Sacramento County Behavioral Health Director, welcomed attendees and briefly discussed the overall purpose of the planning process to develop trauma prevention and early intervention program recommendations for a new PEI program to serve Sacramento's African American community**.** Ms. Zykofsky explained that Sacramento County has a Mental Health Board (MHB) that is an advisory board to the Sacramento County Board of Supervisors and acknowledged Supervisor Patrick Kennedy for attending today's meeting. The MHB holds hearings to receive public comment regarding the programs funded by the Mental Health Services

Division of Behavioral Health Services
Mental Health Services Act (MHSA)
Cultural Competence Committee Ad Hoc Workgroup
December 1, 2018
Meeting Summary

Act (MHSA). In March 2018, the MHB held a public hearing and several community members gave public comment related to what they observed as gaps in services that address trauma resulting from community violence and gun violence disproportionately experienced by African American boys and men of color. In response, Ms. Zykofsky, along with her Cultural Competence & Ethnic Services Program Manager, reached out to community members to learn more about these concerns and explored the current array of programs offered by the public mental health system. She explained that it is critical to listen to the community before developing programs. Ms. Zykofsky thanked community members for coming out during the weekend to participate in this process and expressed that the primary goal for the meeting was to ensure that the voice of the community is heard early in the process and captured in such a way that helps move the recommendation forward.

Prevention and Early Intervention Overview

Jane Ann Zakhary, BHS Division Manager, introduced herself and gave a quick overview of the Mental Health Services Act (MHSA). Ms. Zakhary also shared key concepts of PEI program components, explaining that PEI programs have an overarching goal of engaging individuals before the development of serious mental illness or serious emotional disturbance or to alleviate the need for additional or extended mental health treatment by facilitating access to services and supports at the earliest signs of mental health struggles. Ms. Zakhary referred people to the last page of their meeting packet for more detailed information.

Community Planning Process

Mary Nakamura, LCSW, Cultural Competence & Ethnic Services Program Manager, expressed appreciation for all who attended today. She provided a brief background of the Cultural Competence Committee (CCC) Ad Hoc Workgroup activities to date and acknowledged each of the CCC Ad Hoc Workgroup members who were present. She also explained that the CCC Ad Hoc Workgroup's recommendations will be presented to the Cultural Competence Committee later this month and subsequently to the MHSA Steering Committee in January 2019. The Sacramento County MHSA Steering Committee is the highest recommending body to the Division of Behavioral Health Services with respect to MHSA funded programs and projects.

The Impact of Mental Health Trauma in Sacramento's African American Community

Ryan McClinton, Community Organizer, Sacramento Area Congregations Together, shared his personal experience with trauma, discussing how being pulled over by police more than 30 times in one year left a traumatic imprint on his life and how he now experiences hyper-vigilance when behind the wheel of his vehicle. Mr. McClinton's discussion also touched upon traumatic events involving some close family members, as well as provided context for the questions:

- What is mental health trauma?
- Who experiences trauma?

After sharing his story, Mr. McClinton invited community members to share some of their thoughts and feelings related to trauma and how traumatic experiences have impacted their lives.

Division of Behavioral Health Services
Mental Health Services Act (MHSA)
Cultural Competence Committee Ad Hoc Workgroup
December 1, 2018
Meeting Summary

Flojuane G. Cofer, PhD, MPH, Director of State Policy and Research, Public Health Advocates, provided broader context on how trauma affects mental health and wellbeing in general, and more specifically in the African American community. Dr. Cofer used characters from the popular Star Wars movies to further explain risk factors associated with trauma and protective factors associated with healing from mental health trauma. She also discussed Adverse Childhood Experiences and how Adverse Community Experiences can contribute to high levels of trauma across the population. Dr. Cofer also covered some common sources of community trauma, the science of stress and the health effects of abuse, neglect and childhood trauma.

Table Talk Discussion

Ms. James provided instructions for the table talk discussions, which included each table having a reporter, a recorder and a timekeeper. Ms. James asked each table to consider the information they received about mental health trauma and the presentations by Mr. McClinton and Dr. Cofer as a foundation to shape a new PEI program that is culturally responsive to the needs of Sacramento's African American community. Each table talk group was asked to answer the following questions:

1. Who are groups in Sacramento's African American community that trauma prevention/early intervention services should be directed to?
2. What type of support services (i.e community healing circle, support group, etc) are needed to address trauma prevention/early intervention among African Americans in Sacramento?
3. Where are the best and most accessible places that trauma prevention/early intervention services should be provided to African Americans in Sacramento?
4. What language works best to describe mental health trauma when reaching out to Sacramento's African American community?
5. What should be included in order to make trauma prevention/early intervention services culturally responsive to the needs of Sacramento's African American community?

Five bonus questions were generated through open mic/community sharing. Ms. James wrote the bonus questions on flip charts placed throughout the room and provided community members with an opportunity to address the bonus questions in their table talk discussions. The bonus questions were:

1. What would it look like to know that there is a change systemically?
2. What are current resources and what is needed to supplement current resources?
3. What social support would help to prevent/intervene trauma?
4. What are some ways to prevent intergenerational trauma?
5. How do we match resources to places where African Americans live, love, learn, work and play?

Report out on PEI Recommendations

Each table had an opportunity to summarize their responses to the questions. The table talk discussions were rich and robust and group members were engaged in the process. There were

certain responses that kept coming up from one table talk group to the next. The recurring themes reported by several table talk groups were:

- Develop a PEI program for the African American community that is culturally relevant and appropriate to addresses the emotional needs and wellbeing of youth and Transition Age Youth (TAY) (ages 0-25) and their families who have experienced trauma in educational and other institutions and for adults (26 – 55) who are coping with generational trauma.
- Provide an array of support groups in accessible and safe places such as at community centers or faith based organizations.
- Hire cultural brokers and peers who are reflective of the community to be served, who have an awareness of historical trauma, and who are knowledgeable of community resources and how to navigate systems.
- Take time to establish connection; use appropriate language and vocabulary that demonstrates an understanding of African American culture, including historical trauma; listen with empathy, be supportive of spiritual and other support systems and be accepting of cultural differences.

Wrap Up/Next Steps

Ms. Nakamura shared that feedback from the community/table talk discussions will be used by the CCC Ad Hoc Workgroup to formulate recommendations for a new PEI program to address the mental health and wellness of the African American community that will be presented to the Cultural Competence Committee in December.

Feedback the CCC Ad Hoc Workgroup receives from the CCC will be considered and addressed and then the recommendation will be presented to the MHSA Steering Committee in January 2019. Pending any additional feedback from the Steering Committee, the recommendations will be submitted to the Division of Behavioral Health Services for inclusion in the MHSA Annual Update draft.

Once the draft of the MHSA Annual Update is prepared, a 30-day public comment period will be held. During this time, the Mental Health Board will hold a public hearing for final comments on the information presented in the Annual Update.

Ms. Nakamura and Ms. Zykofsky thanked the CCC Ad Hoc Workgroup and the community members for attending the meeting and sharing their thoughts and feelings in this community planning process. They reminded attendees that this is just one of many opportunities for them to provide the Division of Behavioral Health Services with input into the PEI program recommendations. Division of Behavioral Health Services will provide updates to the attendees about the recommendations, as well as opportunities to participate in the community listening sessions in early 2019.

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

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Sacramento County Division of Behavioral Health Services invites 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 who have experienced trauma. Your participation in these listening sessions will directly impact and influence funding, future programing, and support services to meet the mental health and wellness needs of African Americans in Sacramento County.

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

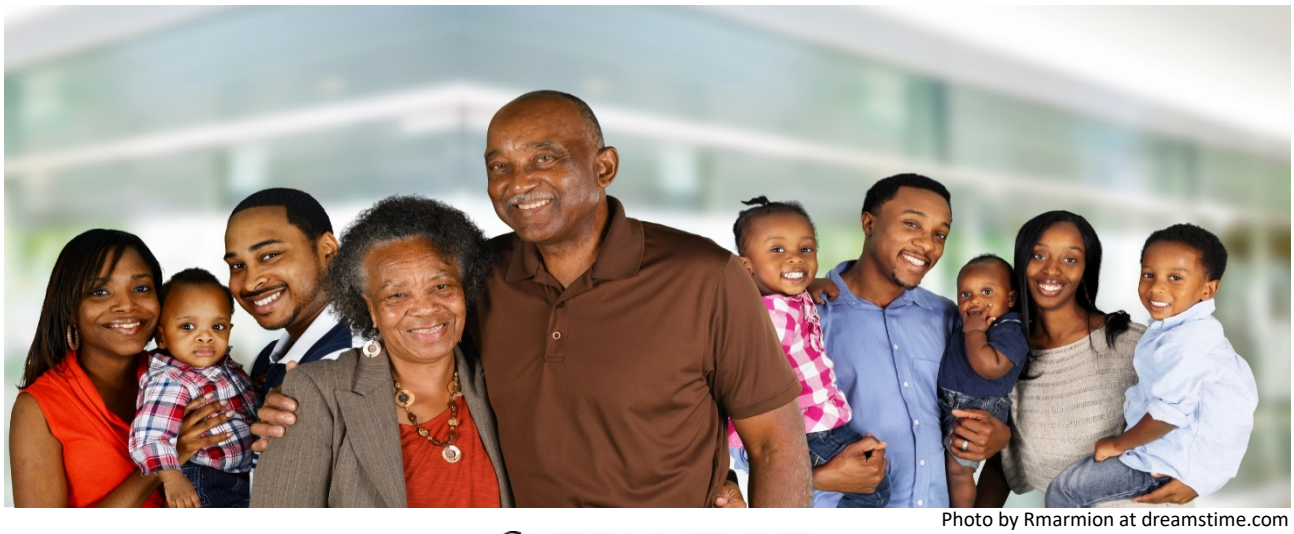


Photo by Rmarmion at dreamstime.com

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.

SACRAMENTO COUNTY

Division of Behavioral Health Services (BHS)
Mental Health Services Act (MHSA)
Cultural Competence Committee Ad Hoc Workgroup

Summary of Community Planning Process
September 2018 – May 2019

In March 2018, the Sacramento County Mental Health Board held a public hearing and several community members gave public comment related to what they observed as gaps in services that address trauma resulting from community violence and gun violence disproportionately experienced by African American boys and men of color. In response, the Behavioral Health Director, along with the Cultural Competence & Ethnic Services Program Manager, reached out to community members to learn more about these concerns and explored the current array of programs offered by the public mental health system.

BHS staff worked with the BHS Cultural Competence Committee (CCC) to form an Ad Hoc Workgroup that would assist BHS with gathering feedback from the community and developing 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. Additionally, the CCC Ad Hoc Workgroup would:

- Review Prevention and Early Intervention (PEI) program components and funding requirements, review definitions of prevention programs and early intervention programs, and review the priorities for PEI programs as established by the California Mental Health Services Oversight and Accountability Commission (MHSOAC).
- Create understanding of risk factors and protective factors for mental health trauma in Sacramento's African American community.
- Facilitate communication between African American community, the CCC Ad Hoc Workgroup and other community stakeholders.
- Develop an outline for a new PEI mental health wellness program for African Americans at risk for or experiencing mental health trauma.

The CCC Ad Hoc Workgroup met seven times from September 2018 through December 2018. The CCC Ad Hoc Workgroup, along with members of the public, collectively provided ideas around recommended program elements that should be incorporated for the new program. The Workgroup recommended 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 recommended 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 recommended that the following key elements of prevention services and supports for African American/Black community members who have experienced or been exposed to trauma be 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.

The CCC Ad Hoc Workgroup presented the recommendation to the Cultural Competence Committee in December 2018 where it was reviewed, revised and adopted. In January 2019, the Cultural Competence Committee and the CCC Ad Hoc Workgroup presented the recommendation to the MHSA Steering Committee where it was adopted. The Steering Committee voted to fund the new program at $600,000 on an annual basis.

The recommendation included a provision to convene community listening sessions with Sacramento County African American/Black community members in order to further refine the strategies listed in the recommendation. The CCC Ad Hoc Workgroup assisted BHS with convening three community listening sessions throughout the county: South Sacramento, North Sacramento, and Oak Park

All of the public meetings were facilitated by Adele James, MA, Certified Professional Coach. The BHS Behavioral Health Director was present at the first meeting and at the Wrap up session and the BHS Cultural Competence & Ethnic Services Manager was present at all of the meetings. BHS management staff, Debrah DeLoney-Deans, LMFT and Darlene Moore, LCSW provided background about the recommendation at each of the Community Listening Sessions. Attendees listened to Mr. Ryan McClinton, Community Organizer with Sacramento Area Congregations Together, as he spoke about how Community Trauma is expressed in the African American/Black community. Flojaune Cofer, Ph. D., MPH, Senior Director of Policy, Public Health Advocates, delivered a presentation on Understanding the context of mental health and trauma in Sacramento and talked about Adverse Childhood Experiences, community trauma, and resilience factors. Following the presentations, attendees sat in small groups and responded to various questions based on one of the following areas of interest: 0 – 5 year old and their families; 6 – 15 year old; 16-25 year old; 26 – 54 year old; 55 years and older; LGBTQ individuals; individuals involved in criminal justice. At the end of each Community Listening Session, attendees heard a report out from each of the tables regarding highlights of their discussions.

At the request of the community, BHS agreed to hold a Wrap up session in May 2019 and provided a high level analysis of the themes that came up for each question that was asked throughout the Community Listening Sessions. The following summary lists responses that appeared among several of the areas of interest listed above: 0 – 5 year old and their families;

6 – 15 year old; 16-25 year old; 26 – 54 year old; 55 years and older; LGBTQ individuals; Individuals involved in criminal justice

1) What are the top challenges affecting African American/Black community members?
- Lack of access to resources or lack of knowledge to navigate health systems
- Institutional racism, chronic discrimination
- Homelessness/housing instability
- Violence or fear of violence
- Poverty, finances, economic insecurity
- Anxiety

2) Which strategies would reduce barriers to preventive services?
- Services need to be accessible; more flexible hours; improve community knowledge of available resources; improve accessibility (i.e. transportation; build relationships with transportation agencies); expand navigator services
- Integrate with other services; collaborate with existing programs; build on shared resources; partner with trusted organization respected in the community
- Recruit community health workers/staff that are representative of the population to be served
- Provide safe space to share stories and experiences

3) Which specific mental health services or service modalities are widely recommended?
- Tele-health, online/video chats, phone apps
- In-home support for children, in-home services for older adults (peer companion); home visits from peer navigator or cultural broker (LGBTQ)
- Mentorship programs; mentorship with African-American mental health and paraprofessionals in school
- Peer/group counseling; peer support for older adults
- Warmline; 24/7 call center, non-emergency phone services
- Crisis intervention; mobile crisis; community outreach workers; mobile services

4) Which topics are widely recommended for Community and Provider Awareness trainings?
- Training on coping skills for children and parents; regulating emotions; stress management; dealing with past trauma
- Train providers on trauma informed-care and education services
- Training on available community resources
- Mental Health First Aid; education on or about mental health signs, symptoms, awareness, how to be resilient when facing mental illness

5) Which outreach strategies are widely recommended to reach individuals?
- Partner with groups with existing infrastructure; reach out to churches and schools; improve collaboration; partner with community leaders, activists; educators; parents, local politicians, pastors, church goers; partner with Black LGBTQIA+ individuals to design programs; provide opportunities for collaboration

- Recruit staff that are culturally representative of the service population; use trainers with lived experience; leaders should reflect the African American community
- Social media and apps
- Print materials, such as pamphlets, newsletter, fliers
- Outreach and recruiting from non-traditional groups, such as Job Corp, nail salons, barber shops, and Black businesses

6) What are the top recommendations for the Cultural Broker/Peer Navigator role?

- Identify needs of consumer and provide links to service
- Provide parent coaching in the home; train in parenting skills
- Need to be representative of service population; must be relatable; shared lived experience

BHS utilized feedback received from the community and the CCC Ad Hoc Workgroup throughout the Community Planning Process to develop a new PEI program to address the mental health and wellness needs of the African American/Black community, that is inclusive of Lesbian, Gay, Bisexual, Transgender and Queer community members, who have experienced or been exposed to trauma. Sacramento County released the Prevention and Early Intervention Project: Trauma Informed Wellness Program for the African American/Black Community RFA No. MHSA/062 on October 29, 2019.

The following table provides detail for each of the meetings held with the public throughout the Community Planning Process.

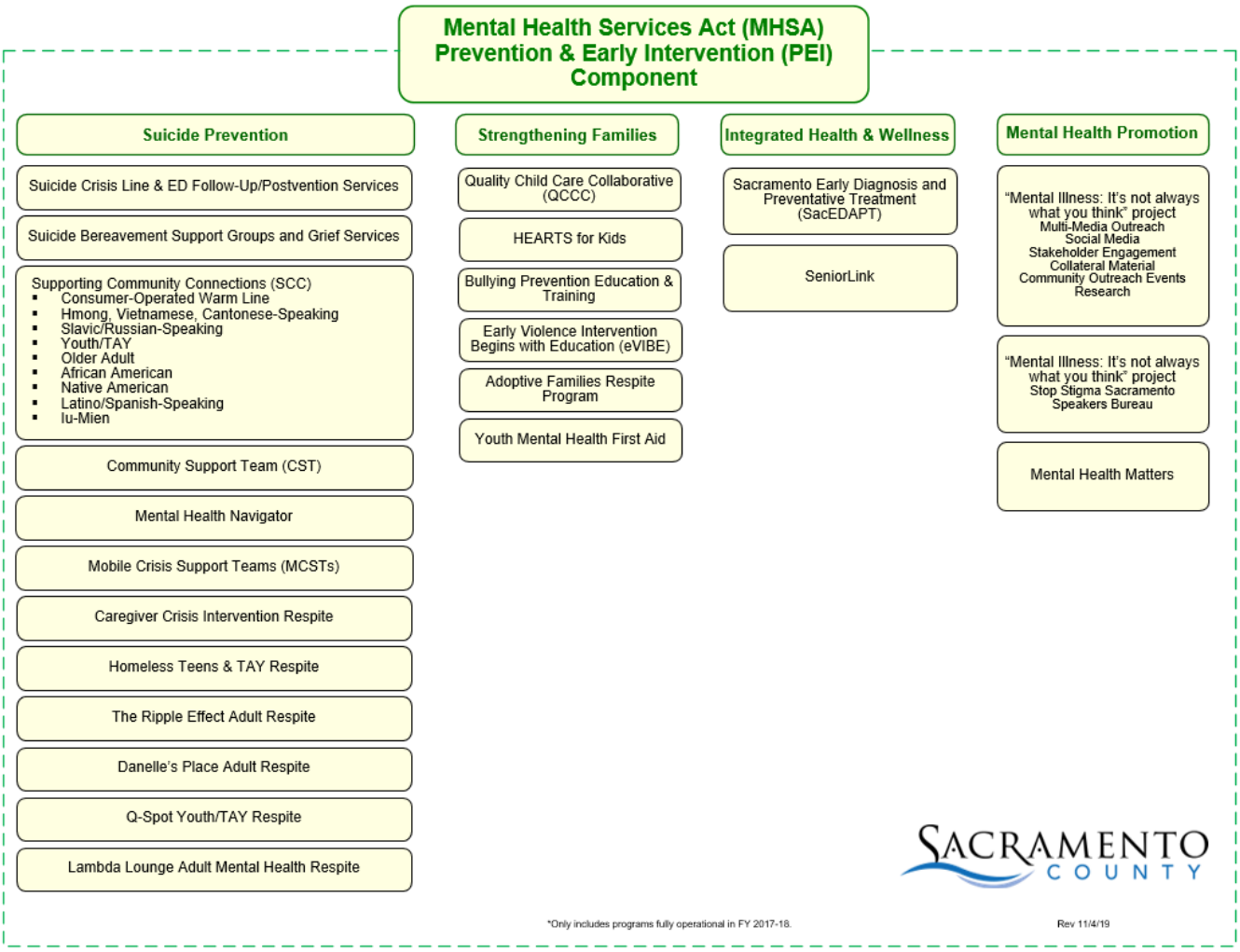
Date	Event	Location	Number in Attendance
December 1, 2018	Cultural Competence Committee Ad Hoc Workgroup Meeting	Grantland L. Johnson Center for Health and Human Services	63
February 9, 2019	Community Listening Session - South	South Sacramento Christian Center – Community Incubator Lead	43
March 2, 2019	Community Listening Session - North	Greater Sacramento Urban League – Community Incubator Lead	37
March 30, 2019	Community Listening Session - Oak Park	St. Paul Missionary Baptist Church Dr. Ephraim Williams Family Life Center	53
May 28, 2019	Wrap up session	Fruitridge Elementary School – Community Incubator Lead	22

Mental Health Services Act

Annual Prevention and Early Intervention Program and Evaluation Report

Fiscal Year 2018/19

The Sacramento County Department of Health Services, Behavioral Health Services (BHS) 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) 18/19, BHS PEI funded programs served 53,306 individuals in selective prevention programs and 90,706 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
- Mental Health Navigator Program (Triage Navigators)
- 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 18/19, over 41,152 calls were made to the suicide hotline.

Demographics: *Due to the nature of this program, unduplicated numbers could not be captured.*

	Total Served N=41152	**%**
Age Group		
Children/Youth (0-15)	1586	3.9%
TAY (16-25)	6086	14.8%
Adults (26-59)	7995	19.4%
Older Adults (60+)	2047	5.0%
Unknown/Not Reported	23438	57.0%
Ethnicity		
Hispanic or Latino	1359	3.3%
Non-Hispanic/Non-Latino	0	0.0%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	39,793	96.7%

	Total Served N=41152	%
Race		
White	7659	18.6%
Black or African American	1164	2.8%
Asian	1350	3.3%
American Indian or Alaska Native	91	0.2%
Native Hawaiian or other Pacific Islander	93	0.2%
More than one race	564	1.4%
Decline to answer	408	1.0%
Other	116	0.3%
Unknown/Not Reported	29707	72.2%
Primary Language		
English	39047	94.9%
Spanish	1359	3.3%
Vietnamese	5	<.01%
Cantonese	1	<.01%
Russian	0	<.01%
Hmong	1	<.01%
Arabic	3	<.01%
Other	2	<.01%
Unknown/Not Reported	734	1.8%
Sexual Orientation		
Heterosexual or Straight	0	0.0%
Gay or Lesbian	0	0.0%
Bisexual	0	0.0%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Decline to answer	0	0.0%
Unknown/Not Reported	41152	100.0%
Current Gender Identity		
Female	17729	43.1%
Male	15650	38.0%
Transgender	123	0.3%
Genderqueer	0	0.0%
Questioning or unsure	28	0.1%
Another gender identity	0	0.0%
Unknown/Not Reported	7622	18.5%

Emergency Department Follow-up/Postvention Services

Program Type: Suicide Prevention

Program Description: Administered by WellSpace Health, brief individual follow-up and support services to consenting individuals seen at Sutter Medical Centers who have attempted suicide and are at high-risk for suicide.

Number Served:

In FY 18/19, 24 unduplicated individuals were served for a total of 161 contacts.

Demographics:

	Unduplicated Served N=24	**%**
Age Group		
Children/Youth (0-15)	1	4.2%
TAY (16-25)	10	41.7%
Adults (26-59)	10	41.7%
Older Adults (60+)	2	8.3%
Unknown/Not Reported	1	4%
Ethnicity		
Hispanic or Latino	6	25.0%
Non-Hispanic/Non-Latino	0	0.0%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	18	75.0%
Race		
White	13	54.2%
Black or African American	3	12.5%
Asian	1	4.2%
American Indian or Alaska Native	0	0.0%
Native Hawaiian or other Pacific Islander	0	0.0%
More than one race	0	0.0%
Decline to answer	0	0.0%
Other	0	0.0%
Unknown/Not Reported	7	29.2%

	Unduplicated Served N=24	%
Primary Language		
English	24	100.0%
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	0	0.0%
Unknown/Not Reported	0	0.0%
Sexual Orientation		
Heterosexual or Straight	0	0.0%
Gay or Lesbian	0	0.0%
Bisexual	0	0.0%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Decline to answer	0	0.0%
Unknown/Not Reported	24	100.0%
Current Gender Identity		
Female	12	50.0%
Male	12	50.0%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	0	0.0%

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 18/19, 239 total served. Note: this number is not unduplicated due to the anonymous nature of the program.

Demographics:

	N=239	%
Age Group		
Children/Youth (0-15)	0	0.0%
TAY (16-25)	18	7.5%
Adults (26-59)	136	56.9%
Older Adults (60+)	42	17.6%
Unknown/Not Reported	43	18.0%
Ethnicity		
Hispanic or Latino	17	7.1%
Non-Hispanic/Non-Latino	76	31.8%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown	146	61.1%
Race		
White	104	43.5%
Black or African American	7	2.9%
Asian	7	2.9%
American Indian or Alaska Native	5	2.1%
Native Hawaiian or other Pacific Islander	4	1.7%
More than one race	2	0.8%
Other	2	0.8%
Unknown/Not Reported	108	45.2%

Primary Language		
English	133	55.6%
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	0	0.0%
Unknown	106	44.4%
Sexual Orientation		
Heterosexual or Straight	126	52.7%
Gay or Lesbian	1	0.4%
Bisexual	3	1.3%
Questioning or unsure	1	0.4%
Queer	1	0.4%
Another sexual orientation	1	0.4%
Unknown/Not Reported	106	44.4%
Current Gender Identity		
Male	46	19.2%
Female	129	54.0%
Transgender	4	1.7%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	60	25.1%
Veteran Status		
Yes	11	4.6%
No	228	95.4%
Unknown/Not Reported	0	0.0%

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. Eight underserved populations are served by different agencies throughout the community:

- Hmong, Vietnamese, Cantonese- speaking communities – Administered by Asian Pacific Community Counseling (APCC)
- Consumer Operated Warmline – Administered by Mental Health America of Northern California (NorCal MHA)
- Iu-Mien – Administered by Iu-Mien Community Services (IMCS)
- Native American – Administered by Sacramento Native American Health Center (SNAHC)
- Older Adult – Administered by Mental Health America of Northern California (NorCal MHA)
- Slavic/Russian Speaking Community – Administered by Slavic Assistance Center
- Latino/Spanish Speaking Community – Administered by La Family Counseling Center (LFCC)
- Youth/Transition Age Youth – Administered by the Children's Receiving Home

Number Served: In FY 18/19, SCC agencies served a total of 2,041 individuals.

Demographics:

	Cantonese/ Vietnamese/Hmong (N=245)		Consumer Warmline (N=327)		Iu-Mein (N=53)		Native American (N=22)		Older Adults (N=30)		Russian Speaking/Slavic (N=231)		Spanish Speaking/Latino (N=339)		Youth/TAY (N=794)		Total (N=2041)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group																		
Children/Youth (0-15)	3	1.2%	1	0.3%	0	0.0%	1	4.5%	0	0.0%	0	0.0%	1	0.3%	242	30.5%	248	12.2%
TAY (16-25)	4	1.6%	16	4.9%	5	9.4%	19	86.4%	2	6.7%	15	6.5%	9	2.7%	547	68.9%	617	30.2%
Adults (26-59)	52	21.2%	224	68.5%	17	32.1%	2	9.1%	11	36.7%	136	58.9%	305	90.0%	2	0.3%	749	36.7%
Older Adults (60+)	31	12.7%	84	25.7%	17	32.1%	0	0.0%	16	53.3%	78	33.8%	13	3.8%	0	0.0%	239	11.7%
Unknown/Not Reported	155	63.3%	2	0.6%	14	26.4%	0	0.0%	1	3.3%	2	0.9%	11	3.2%	3	0.4%	188	9.2%
Ethnicity																		
Hispanic or Latino	2	0.8%	47	14.4%	1	1.9%	2	9.1%	2	6.7%	0	0.0%	335	98.8%	160	20.2%	549	26.9%
Non-Hispanic/Non-Latino	239	97.6%	264	80.7%	0	0.0%	15	68.2%	27	90.0%	231	100.0%	0	0.0%	534	67.3%	1310	64.2%
Other	0	0.0%	0	0.0%	52	98.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	52	2.5%
More than one ethnicity	0	0.0%	0	0.0%	0	0.0%	1	4.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Unknown/Not Reported	4	1.6%	16	4.9%	0	0.0%	4	18.2%	1	3.3%	0	0.0%	4	1.2%	100	12.6%	129	6.3%
Race																		
American Indian or Alaska Native	0	0.0%	4	1.2%	0	0.0%	5	22.7%	0	0.0%	0	0.0%	0	0.0%	16	2.0%	25	1.2%
Asian	239	97.6%	15	4.6%	46	86.8%	0	0.0%	3	10.0%	0	0.0%	0	0.0%	11	1.4%	314	15.4%
Black or African American	0	0.0%	38	11.6%	1	1.9%	10	45.5%	3	10.0%	0	0.0%	0	0.0%	224	28.2%	276	13.5%
Native Hawaiian or other Pacific Islander	1	0.4%	2	0.6%	0	0.0%	0	0.0%	1	3.3%	0	0.0%	0	0.0%	8	1.0%	12	0.6%
White	1	0.4%	217	66.4%	3	5.7%	5	22.7%	19	63.3%	222	96.1%	2	0.6%	292	36.8%	761	37.3%
Other	0	0.0%	33	10.1%	2	3.8%	2	9.1%	3	10.0%	0	0.0%	336	99.1%	204	25.7%	580	28.4%
More than one race	1	0.4%	3	0.9%	1	1.9%	0	0.0%	1	3.3%	9	3.9%	0	0.0%	15	1.9%	30	1.5%
Unknown/Not Reported	3	1.2%	15	4.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	24	3.0%	43	2.1%
Primary Language																		
English	2	0.8%	322	98.5%	8	15.1%	19	86.4%	29	96.7%	0	0.0%	0	0.0%	790	99.5%	1170	57.3%
Spanish	0	0.0%	2	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	338	99.7%	0	0.0%	340	16.7%
Vietnamese	90	36.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	90	4.4%
Cantonese	41	16.7%	0	0.0%	1	1.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	42	2.1%
Russian	0	0.0%	0	0.0%	0	0.0%	1	4.5%	1	3.3%	231	100.0%	0	0.0%	0	0.0%	233	11.4%
Hmong	110	44.9%	0	0.0%	0	0.0%	1	4.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	111	5.4%
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%	0	0.0%
Other	0	0.0%	1	0.3%	44	83.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.3%	47	2.3%
Unknown/Not Reported	2	0.8%	2	0.6%	0	0.0%	1	4.5%	0	0.0%	0	0.0%	1	0.3%	2	0.3%	8	0.4%
Sexual Orientation																		
Gay or Lesbian	0	0.0%	16	4.9%	0	0.0%	2	9.1%	0	0.0%	0	0.0%	0	0.0%	74	9.3%	92	4.5%
Heterosexual or Straight	235	95.9%	289	88.4%	50	94.3%	17	77.3%	28	93.3%	229	99.1%	335	98.8%	607	76.4%	1790	87.7%
Bisexual	3	1.2%	13	4.0%	1	1.9%	0	0.0%	2	6.7%	0	0.0%	0	0.0%	48	6.0%	67	3.3%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	13	1.6%	13	0.6%
Queer	0	0.0%	2	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	11	1.4%	13	0.6%
Another sexual orientation	0	0.0%	2	0.6%	1	1.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	31	3.9%	34	1.7%
Unknown/Not Reported	7	2.9%	5	1.5%	1	1.9%	3	13.6%	0	0.0%	2	0.9%	4	1.2%	10	1.3%	32	1.6%
Current Gender Identity																		
Male	147	60.0%	93	28.4%	20	37.7%	10	45.5%	13	43.3%	114	49.4%	63	18.6%	334	42.1%	794	38.9%
Female	96	39.2%	230	70.3%	32	60.4%	12	54.5%	17	56.7%	110	47.6%	272	80.2%	347	43.7%	1116	54.7%
Transgender	0	0.0%	3	0.9%	1	1.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	103	13.0%	107	5.2%
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%
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%
Another gender identity	2	0.8%	1	0.3%	0	0.0%	0	0.0%	0	0.0%	1	0.4%	0	0.0%	0	0.0%	4	0.2%
Unknown/Not Reported	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6	2.6%	4	1.2%	10	1.3%	20	1.0%
Veteran Status																		
Yes	0	0.0%	11	3.4%	1	1.9%	0	0.0%	4	13.3%	0	0.0%	0	0.0%	0	0.0%	16	0.8%
No	245	100.0%	316	96.6%	52	98.1%	22	100.0%	26	86.7%	231	100.0%	339	100.0%	794	100.0%	2025	99.2%

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 18/19, the SCC programs attended 299 community events and disseminated information to 76,467 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 – Universal 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 18/19, the SCC programs disseminated information and made referrals to 9,023 individuals.

Demographics:

	Children's Receiving Home (N=2)		Consumer Warmline (N=6212)		Friends for Survival (N=362)		Iu-Mein (N=81)		La Familia Counseling Center (N=566)		Norcal MHA Older Adults (N=1572)		Sacramento Native American Health Center (N=4)		Slavic Assistance Center (N=224)		Total (N=9023)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group																		
Children/Youth (0-15)	0	0.0%	0	0.0%	1	0.3%	2	2.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.0%
TAY (16-25)	0	0.0%	143	2.3%	5	1.4%	2	2.5%	27	4.8%	68	4.3%	0	0.0%	13	5.8%	258	2.9%
Adults (26-59)	1	50.0%	4697	75.6%	217	59.9%	39	48.1%	516	91.2%	895	56.9%	0	0.0%	131	58.5%	6496	72.0%
Older Adults (60+)	0	0.0%	1268	20.4%	37	10.2%	36	44.4%	4	0.7%	588	37.4%	0	0.0%	79	35.3%	2012	22.3%
Unknown/Not Reported	1	50.0%	104	1.7%	102	28.2%	2	2.5%	19	3.4%	21	1.3%	4	100.0%	1	0.4%	254	2.8%
Current Gender Identity																		
Male	0	0.0%	1918	30.9%	68	18.8%	13	16.0%	108	19.1%	300	19.1%	0	0.0%	117	52.2%	2524	28.0%
Female	1	50.0%	4221	67.9%	276	76.2%	67	82.7%	452	79.9%	1251	79.6%	1	25.0%	107	47.8%	6376	70.7%
Transgender	0	0.0%	27	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	27	0.3%
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%
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%
Another gender identity	0	0.0%	3	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.0%
Unknown/Not Reported	1	50.0%	43	0.7%	18	5.0%	1	1.2%	6	1.1%	21	1.3%	3	75.0%	0	0.0%	93	1.0%
Veteran Status																		
Yes	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%
No	2	100.0%	6204	99.9%	327	90.3%	81	100.0%	565	99.8%	1569	99.8%	4	100.0%	224	100.0%	8976	99.5%
Unknown/Not Reported	0	0.0%	8	0.1%	35	9.7%	0	0.0%	1	0.2%	3	0.2%	0	0.0%	0	0.0%	47	0.5%

Community Support Team (CST)

Program Type: Suicide Prevention

Program Description: Administered jointly by BHS 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 18/19, the CST team served a total of 705 individuals in the County Clinical program. Note: all individuals are served by County Clinical Services, but not all are served by Crossroads Peer Services. The numbers below are duplicated across components, if a client was served in both programs.

Demographics:

	Sacramento County Clinical Services (N=705)		Crossroads Peer Services (N=464)	
	N	**%**	**N**	**%**
Age Group				
Children/Youth (0-15)	13	1.8%	9	1.9%
TAY (16-25)	88	12.5%	41	8.8%
Adults (26-59)	430	61.0%	265	57.1%
Older Adults (60+)	174	24.7%	149	32.1%
Unknown/Not Reported	0	0.0%	0	0.0%
Ethnicity				
Hispanic	78	11.1%	43	9.3%
Non-Hispanic/Non-Latino	385	54.6%	211	45.5%
Other	0	0.0%	0	0.0%
More than one Ethnicity	0	0.0%	0	0.0%
Unknown/Not Reported	242	34.3%	210	45.3%
Race				
White	216	30.6%	150	32.3%
Black or African American	146	20.7%	84	18.1%
Asian	35	5.0%	14	3.0%
American Indian or Alaska Native	9	1.3%	7	1.5%
Native Hawaiian or other Pacific Islander	2	0.3%	2	0.4%
More than one race	24	3.4%	8	1.7%
Other	51	7.2%	31	6.7%
Unknown/Not Reported	222	31.5%	168	36.2%

	Sacramento County Clinical Services (N=705)		Crossroads Peer Services (N=464)	
Primary Language	**N**	**%**	**N**	**%**
English	566	80.3%	345	74.4%
Spanish	11	1.6%	8	1.7%
Vietnamese	6	0.9%	0	0.0%
Cantonese	0	0.0%	0	0.0%
Russian	4	0.6%	5	1.1%
Hmong	6	0.9%	5	1.1%
Arabic	4	0.6%	3	0.6%
Other	14	2.0%	8	1.7%
Unknown/Not Reported	94	13.3%	90	19.4%
Sexual Orientation				
Heterosexual or Straight	19	2.7%	10	2.2%
Gay or Lesbian	1	0.1%	0	0.0%
Bisexual	0	0.0%	0	0.0%
Questioning or unsure	1	0.1%	0	0.0%
Queer	0	0.0%	0	0.0%
Another sexual orientation	0	0.0%	0	0.0%
Unknown	684	97.0%	454	97.8%
Current Gender Identity				
Male	1	0.1%	2	0.4%
Female	5	0.7%	2	0.4%
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	699	99.1%	460	99.1%

Mental Health Navigator Program (Triage Navigators)

Program Type: Suicide Prevention

Program Description: 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. The navigators are sited a participating hospital emergency rooms 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.

Number Served: In FY 18/19, the Triage Navigators served a total of 2,639 unduplicated individuals.

	N=2639	%
Age Group		
Children/Youth (0-15)	126	4.8%
TAY (16-25)	448	17.0%
Adults (26-59)	1714	64.9%
Older Adults (60+)	341	12.9%
Unknown/Not Reported	10	0.4%
Ethnicity		
Hispanic	292	11.1%
Non-Hispanic/Non-Latino	1510	57.2%
Other	0	0.0%
More than one Ethnicity	0	0.0%
Unknown/Not Reported	837	31.7%
Race		
White	1046	39.6%
Black or African American	535	20.3%
Asian	105	4.0%
American Indian or Alaska Native	30	1.1%
Native Hawaiian or other Pacific Islander	16	0.6%
More than one race	76	2.9%
Other	229	8.7%
Unknown/Not Reported	602	22.8%

Primary Language		
English	2292	86.9%
Spanish	25	0.9%
Vietnamese	9	0.3%
Cantonese	0	0.0%
Russian	7	0.3%
Hmong	2	0.1%
Arabic	0	0.0%
Other	20	0.8%
Unknown/Not Reported	284	10.8%
Sexual Orientation		
Heterosexual or Straight	70	2.7%
Gay or Lesbian	1	0.0%
Bisexual	3	0.1%
Questioning or unsure	2	0.1%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	2563	97.1%
Current Gender Identity		
Male	517	19.6%
Female	394	14.9%
Transgender	8	0.3%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	4	0.2%
Unknown/Not Reported	1716	65.0%

Mobile Crisis Support Teams (MCST)

Program Type: Suicide Prevention

Program Description: Administered in partnership with BHS, 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 18/19, the MCST teams served a total of 1,730 unduplicated individuals in the community.

Demographics:

	N=1730	%
Age Group		
Children/Youth (0-15)	129	7.5%
TAY (16-25)	307	17.7%
Adults (26-59)	993	57.4%
Older Adults (60+)	292	16.9%
Unknown/Not Reported	9	0.5%
Ethnicity		
Hispanic or Latino	187	10.8%
Non-Hispanic/Non-Latino	1107	64.0%
Other	0	0.0%
More than one Ethnicity	0	0.0%
Unknown/Not Reported	436	25.2%
Race		
White	806	46.6%
Black or African American	374	21.6%
Asian	96	5.5%
American Indian or Alaska Native	20	1.2%
Native Hawaiian or other Pacific Islander	11	0.6%
More than one race	48	2.8%
Other	145	8.4%
Unknown/Not Reported	230	13.3%

	N=1730	%
Primary Language		
English	1588	91.8%
Spanish	26	1.5%
Vietnamese	7	0.4%
Cantonese	3	0.2%
Russian	12	0.7%
Hmong	6	0.3%
Arabic	2	0.1%
Other	17	1.0%
Unknown/Not Reported	69	4.0%
Sexual Orientation		
Heterosexual or Straight	28	1.6%
Gay or Lesbian	1	0.1%
Bisexual	1	0.1%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	1700	98.3%
Current Gender Identity		
Male	345	19.9%
Female	340	19.7%
Transgender	3	0.2%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	1042	60.2%

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 6 respite programs:

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

Homeless Teens and Transition Age Youth (TAY) Respite Program – Wind Youth Services: 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 – Gender Health Center: 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 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.

The Ripple Effect Respite Program – A Church for All: 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 - Sacramento LGBT Community Center: 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 – Sacramento LGBT Community Center: 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 18/19, the respite programs served a total of 1,669 individuals in the community.

Demographics:

	Del Oro (N=64)		A Church for All (N=122)		Gender Health Center (N=177)		LGBT-Lambda Lounge (N=301)		LGBT-Q-Spot (N=593)		Wind Youth Services (N=412)		Total (N=1669)	
	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%	53	8.9%	4	1.0%	57	3.4%
TAY (16-25)	0	0.0%	13	10.7%	34	19.2%	27	9.0%	485	81.8%	395	95.9%	954	57.2%
Adults (26-59)	19	29.7%	86	70.5%	99	55.9%	206	68.4%	9	1.5%	4	1.0%	423	25.3%
Older Adults (60+)	45	70.3%	22	18.0%	11	6.2%	25	8.3%	0	0.0%	0	0.0%	103	6.2%
Unknown/Not Reported	0	0.0%	1	0.8%	33	18.6%	43	14.3%	46	7.8%	9	2.2%	132	7.9%
Ethnicity														
Hispanic or Latino	8	12.5%	17	13.9%	38	21.5%	33	11.0%	164	27.7%	72	17.5%	332	19.9%
Non-Hispanic/Non-Latino	47	73.4%	69	56.6%	98	55.4%	192	63.8%	391	65.9%	270	65.5%	1067	63.9%
More than one Ethnicity													0	0.0%
Unknown/Not Reported	9	14.1%	36	29.5%	41	23.2%	76	25.2%	38	6.4%	70	17.0%	270	16.2%
Race														
White	44	68.8%	58	47.5%	96	54.2%	124	41.2%	297	50.1%	82	19.9%	701	42.0%
Black or African American	13	20.3%	43	35.2%	25	14.1%	37	12.3%	89	15.0%	229	55.6%	436	26.1%
Asian	1	1.6%	1	0.8%	3	1.7%	4	1.3%	16	2.7%	2	0.5%	27	1.6%
American Indian or Alaska Native	1	1.6%	3	2.5%	3	1.7%	7	2.3%	18	3.0%	7	1.7%	39	2.3%
Multi-Race	0	0.0%	3	2.5%	16	9.0%	15	5.0%	57	9.6%	32	7.8%	123	7.4%
Native Hawaiian or other Pacific Islander	1	1.6%	3	2.5%	4	2.3%	2	0.7%	20	3.4%	5	1.2%	35	2.1%
Other	4	6.3%	8	6.6%	17	9.6%	70	23.3%	77	13.0%	41	10.0%	217	13.0%
Unknown/Not Reported	0	0.0%	3	2.5%	13	7.3%	42	14.0%	19	3.2%	14	3.4%	91	5.5%
Primary Language														
English	64	100.0%	122	100.0%	167	94.4%	296	98.3%	592	99.8%	405	98.3%	1646	98.6%
Spanish	0	0.0%	0	0.0%	7	4.0%	1	0.3%	0	0.0%	3	0.7%	11	0.7%
Vietnamese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cantonese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Russian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Hmong	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Arabic	0	0.0%	0	0.0%	0	0.0%	1	0.3%	0	0.0%	0	0.0%	1	0.1%
Other	0	0.0%	0	0.0%	1	0.6%	1	0.3%	0	0.0%	3	0.7%	5	0.3%
Unknown/Not Reported	0	0.0%	0	0.0%	2	1.1%	2	0.7%	1	0.2%	1	0.2%	6	0.4%

Note: numbers are unduplicated by program, but not in total. Some individuals could have been seen by multiple programs.

	Del Oro (N=64)		A Church for All (N=122)		Gender Health Center (N=177)		LGBT-Lambda Lounge (N=301)		LGBT-Q-Spot (N=593)		Wind Youth Services (N=412)		Total (N=1669)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Sexual Orientation														
Heterosexual or Straight	56	87.5%	96	78.7%	30	16.9%	70	23.3%	75	12.6%	285	69.2%	612	36.7%
Gay or Lesbian	1	1.6%	6	4.9%	18	10.2%	42	14.0%	139	23.4%	22	5.3%	228	13.7%
Bisexual	2	3.1%	5	4.1%	26	14.7%	24	8.0%	163	27.5%	58	14.1%	278	16.7%
Questioning or Unsure	0	0.0%	1	0.8%	13	7.3%	7	2.3%	18	3.0%	4	1.0%	43	2.6%
Queer	0	0.0%	1	0.8%	35	19.8%	5	1.7%	25	4.2%	2	0.5%	68	4.1%
Another Sexual Orientation	1	1.6%	6	4.9%	32	18.1%	25	8.3%	153	25.8%	20	4.9%	237	14.2%
Unknown/Not Reported	4	6.3%	7	5.7%	23	13.0%	128	42.5%	20	3.4%	21	5.1%	203	12.2%
Gender Identity*														
Male	7	10.9%	53	43.4%	61	34.5%	137	45.5%	164	27.7%	233	56.6%	655	39.2%
Female	55	85.9%	62	50.8%	40	22.6%	64	21.3%	240	40.5%	158	38.3%	619	37.1%
Transgender	0	0.0%	4	3.3%	57	32.2%	8	2.7%	81	13.7%	8	1.9%	158	9.5%
Gender Queer	0	0.0%	1	0.8%	14	7.9%	14	4.7%	12	2.0%	3	0.7%	44	2.6%
Questioning	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	0.8%	21	11.9%	9	3.0%	81	13.7%	9	2.2%	121	7.2%
Unknown/Not Reported	2	3.1%	1	0.8%	6	3.4%	66	21.9%	15	2.5%	3	0.7%	93	5.6%
Veteran Status														
Yes	8	12.5%	5	4.1%	9	5.1%	6	2.0%	4	0.7%	2	0.5%	34	2.0%
No	56	87.5%	117	95.9%	166	93.8%	270	89.7%	579	97.6%	409	99.3%	1597	95.7%
Unknown/Not Reported	0	0.0%	0	0.0%	2	1.1%	25	8.3%	10	1.7%	1	0.2%	38	2.3%

**Gender identity is greater than 100% as some clients' identity with more than one gender*

Mental Health Respite Programs – Outreach

Program Type: Suicide Prevention – Universal Prevention

Number Served: In FY 18/19, the respite programs attended 285 community events and disseminated information to 5,216 individuals.

Demographics: Due to the nature of the outreach events, demographics were not collected.

Program	# of Events	# of Contacts
A Church For Us	68	392
Gender Health Center	8	225
Sacramento LGBT Community Center-Lambda Lounge	89	3,417
Sacramento LGBT Community Center-Q Spot	120	1,182
Wind Youth Services	0	0
Total	**285**	**5,216**

Strengthening Families Project
Ages Served: Children, TAY, Adults, Older Adults

The Strengthening Families Project consists of:

- Quality Childcare Collaborative (QCCC)
- CPS Mental Health Team
- Bullying Prevention Education and Training Program
- Early Violence Intervention Begins with Education (eVIBE)
- Adoptive Families Respite Program (CAFA)

Quality Childcare Collaborative (QCCC)

Program Type: Prevention

Program Description: QCCC is a collaboration between BHS, 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/caregivers.

Number Served: In FY 18/19, 55 unduplicated caregivers and teachers utilized the QCCC service.

Demographics:

	N=55	%
Age Group		
Children/Youth (0-15)	0	0.0%
TAY (16-25)	6	10.9%
Adults (26-59)	30	54.5%
Older Adults (60+)	5	9.1%
Unknown/Not Reported	14	25.5%
Ethnicity		
Hispanic/Latino	10	18.2%
Non-Hispanic/Non-Latino	23	41.8%
Other	0	0.0%
More than one Ethnicity	0	0.0%
Unknown/Not Reported	22	40.0%
Race		
White	14	25.5%
Black or African American	9	16.4%
Asian	2	3.6%
American Indian or Alaska Native	1	1.8%
Native Hawaiian or other Pacific Islander	0	0.0%
More than one race	2	3.6%
Other	10	18.2%
Unknown/Not Reported	17	30.9%

	N=55	%
Primary Language		
English	39	70.9%
Spanish	2	3.6%
Vietnamese	0	0.0%
Cantonese	0	0.0%
Russian	0	0.0%
Hmong	1	1.8%
Arabic	0	0.0%
Other	0	0.0%
Unknown/Not Reported	13	23.6%
Sexual Orientation		
Heterosexual or Straight	37	67.3%
Gay or Lesbian	0	0.0%
Bisexual	3	5.5%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	15	27.3%
Current Gender Identity		
Male	2	3.6%
Female	43	78.2%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	10	18.2%

CPS Mental Health Team

Program Type: Access and Linkage

Program Description: The CPS Mental Health Team works in conjunction with CPS to assess youth, ages birth through 20, entering the child welfare system. The BHS clinicians complete Child and Adolescent Needs and Strengths (CANS) assessments and provide mental health consultation informing the Child and Family Team (CFT) process. The clinicians participate in the CFT to identify supports, mental health and other services need to achieve permanency, enable the child to live in the least restrictive family setting, and promote normal childhood experiences.

Number Served: In FY 18/19, 57 children, 0-20 years of age, received mental health screenings.

Demographics:

	N=57	%
Age Group		
Children/Youth (0-15)	50	87.7%
TAY (16-25)	7	12.3%
Adults (26-59)	0	0.0%
Older Adults (60+)	0	0.0%
Unknown/Not Reported	0	0.0%
Ethnicity		
Non-Hispanic	15	26.3%
Hispanic	3	5.3%
Other	1	1.8%
More than one Ethnicity	0	0.0%
Unknown/Not Reported	38	66.7%
Race		
White	11	19.3%
Black or African American	19	33.3%
Asian	0	0.0%
American Indian or Alaska Native	1	1.8%
Native Hawaiian or other Pacific Islander	0	0.0%
More than one race	3	5.3%
Other	1	1.8%
Unknown/Not Reported	22	38.6%

	N=57	%
Primary Language		
English	43	75.4%
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	0	0.0%
Unknown/Not Reported	14	24.6%
Sexual Orientation		
Heterosexual or Straight	0	0.0%
Gay or Lesbian	0	0.0%
Bisexual	3	5.3%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	57	100.0%
Current Gender Identity		
Male	31	54.4%
Female	26	45.6%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	0	0.0%

Note: Sexual orientation is not asked upon intake to this program

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 FY18/19, 1,974 school personnel, 41,952 students, and 6,271 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 18/19, 2,235 unduplicated individuals were served.

Demographics:

	N=2235	%
Age Group		
Children/Youth (0-15)	2031	90.9
TAY (16-25)	25	1.1
Adults (26-59)	62	2.8
Older Adults (60+)	4	0.2
Unknown/Not Reported	113	5.1
Ethnicity		
Non-Hispanic	521	23.3
Hispanic	676	30.2
Other	0	0.0
More than one ethnicity	0	0.0
Unknown/Not Reported	1038	46.4
Race		
White	272	12.2
Black or African American	140	6.3
Asian	175	7.8
American Indian or Alaska Native	11	0.5
Native Hawaiian or other Pacific Islander	7	0.3
More than one race	276	12.3
Other	525	23.5
Unknown/Not Reported	829	37.1

	N=2235	%
Primary Language		
English	1184	53.0
Spanish	186	8.3
Vietnamese	9	0.4
Cantonese	21	0.9
Russian	6	0.3
Hmong	17	0.8
Arabic	3	0.1
Other	18	0.8
Unknown/Not Reported	791	35.4
Sexual Orientation		
Heterosexual or Straight	136	6.1
Gay or Lesbian	1	0.0
Bisexual	0	0.0
Questioning or unsure	0	0.0
Queer	0	0.0
Another sexual orientation	0	0.0
Unknown/Not Reported	2098	93.9
Current Gender Identity		
Male	1129	50.5
Female	1075	48.1
Transgender	0	0.0
Genderqueer	0	0.0
Questioning or unsure	0	0.0
Another gender identity	0	0.0
Unknown/Not Reported	31	1.4

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 18/19, 191 unduplicated youth and family members utilized this respite service.

Demographics:

	N=191	%
Age Group		
Children/Youth (0-17)	83	43.5%
TAY (18-25)	6	3.1%
Adults (26-59)	58	30.4%
Older Adults (60+)	3	1.6%
Unknown/Not Reported	41	21.5%
Ethnicity		
Non-Hispanic/Non-Latino	104	54.5%
Hispanic or Latino	28	14.7%
Other	0	0.0%
More than one Ethnicity	0	0.0%
Unknown/Not Reported	59	30.9%
Race		
White	81	42.4%
Black or African American	25	13.1%
Asian	11	5.8%
American Indian or Alaska Native	2	1.0%
Native Hawaiian or other Pacific Islander	0	0.0%
More than one race	31	16.2%
Other	18	9.4%
Unknown/Not Reported	23	12.0%

	N=191	%
Primary Language		
English	172	90.1%
Spanish	3	1.6%
Vietnamese	0	0.0%
Cantonese	0	0.0%
Russian	0	0.0%
Hmong	0	0.0%
Arabic	0	0.0%
Other	0	0.0%
Unknown/Not Reported	16	8.4%
Sexual Orientation		
Heterosexual or Straight	134	70.2%
Gay or Lesbian	7	3.7%
Bisexual	6	3.1%
Questioning or unsure	10	5.2%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	34	17.8%
Current Gender Identity		
Female	69	36.1%
Male	89	46.6%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	33	17.3%
Veteran Status		
Yes	2	1.0%
No	178	93.2%
Unknown/Not Reported	11	5.8%

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 18/19, 188 unduplicated clients were served.

	N=188	%
Age Group		
Children/Youth (0-15)	61	32.4%
TAY (16-25)	102	54.3%
Adults (26-59)	25	13.3%
Older Adults (60+)	0	0.0%
Unknown/Not Reported	0	0.0%
Ethnicity		
Non-Hispanic/Non-Latino	53	28.2%
Hispanic or Latino	108	57.4%
Other	0	0.0%
More than one Ethnicity	0	0.0%
Unknown/Not Reported	27	14.4%

	N=188	%
Race		
White	1	25.5%
Black or African American	51	27.1%
Asian	15	8.0%
American Indian or Alaska Native	1	0.5%
Native Hawaiian or other Pacific Islander	1	0.5%
More than one race	16	8.5%
Other	41	21.8%
Unknown/Not Reported	15	8.0%
Primary Language		
English	170	90.4%
Spanish	11	5.9%
Vietnamese	1	0.5%
Cantonese	0	0.0%
Russian	1	0.5%
Hmong	0	0.0%
Arabic	0	0.0%
Other	3	1.6%
Unknown/Not Reported	2	1.1%
Sexual Orientation		
Heterosexual or Straight	3	1.6%
Gay or Lesbian	1	0.5%
Bisexual	1	0.5%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	183	97.3%
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 18/19, 155 unduplicated older adults were served.

Demographics:

	N=155	%
Age Group		
Children/Youth (0-15)	0	0.0%
TAY (16-25)	0	0.0%
Adults (26-59)	9	5.8%
Older Adults (60+)	121	78.1%
Unknown/Not Reported	25	16.1%
Ethnicity		
Hispanic or Latino	16	10.3%
Non-Hispanic/Non-Latino	90	58.1%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	46	29.7%
Race		
White	25	16.1%
Black or African American	27	17.4%
Asian	30	19.4%
American Indian or Alaska Native	4	2.6%
Native Hawaiian or other Pacific Islander	5	3.2%
More than one race	0	0.0%
Other	29	18.7%
Unknown/Not Reported	35	22.6%

	N=155	%
Primary Language		
English	95	61.3%
Spanish	6	3.9%
Vietnamese	1	0.6%
Cantonese	5	3.2%
Russian	0	0.0%
Hmong	18	11.6%
Arabic	0	0.0%
Other	2	1.3%
Unknown/Not Reported	28	18.1%
Sexual Orientation		
Heterosexual or Straight	42	27.1%
Gay or Lesbian	0	0.0%
Bisexual	0	0.0%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	103	66.5%
Current Gender Identity		
Female	107	69.0%
Male	28	18.1%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	20	12.9%

Senior Link – Outreach

Program Type: Prevention

Number Served: In FY 18/19, the program did outreach for 226 unduplicated older adults.

Demographics:

	N=226	%
Age Group		
Children/Youth (0-15)	0	0.0%
TAY (16-25)	0	0.0%
Adults (26-59)	20	8.8%
Older Adults (60+)	202	89.4%
Unknown/Not Reported	4	1.8%
Ethnicity		
Hispanic or Latino	33	14.6%
Non-Hispanic/Non-Latino	137	60.6%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	56	24.8%
Race		
White	65	28.8%
Black or African American	43	19.0%
Asian	43	19.0%
American Indian or Alaska Native	2	0.9%
Native Hawaiian or other Pacific Islander	4	1.8%
More than one race	2	0.9%
Other	47	20.8%
Unknown/Not Reported	20	8.8%

	N=226	%
Primary Language		
English	150	66.4%
Spanish	37	16.4%
Vietnamese	2	0.9%
Cantonese	0	0.0%
Russian	0	0.0%
Hmong	33	14.6%
Arabic	0	0.0%
Other	1	0.4%
Unknown/Not Reported	3	1.3%
Sexual Orientation		
Heterosexual or Straight	122	54.0%
Gay or Lesbian	1	0.4%
Bisexual	25	11.1%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	78	34.5%
Current Gender Identity		
Female	166	73.5%
Male	59	26.1%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	1	0.4%

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 (BHS), 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 BHS 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 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

MHP is currently implementing an electronic process for all PEI and Respite programs that will be outside of the EHR. This will give the MHP the ability to reliably report unduplicated participants served as well as demographics that are consistent across all programs.

Mental Health Services Act

Annual Innovation Projects and Evaluation Report

Fiscal Year 2018/2019

Sacramento County Department of Health Services
Behavioral Health Services
MHSA Annual Innovation Projects and Evaluation Report FY 2018/19

The Sacramento County Department of Health Services, Behavioral Health Services, prepared this Innovation Projects and Evaluation Report for Fiscal Year 2018/2019. The Innovation Projects in this report include projects currently implemented – Innovation Project 2: Mental Health Crisis/Urgent Care Clinic and Innovation Project 3: Behavioral Health Crisis Services Collaborative.

INNOVATION PROJECT 2: MENTAL HEALTH CRISIS/URGENT CARE CLINIC

Project Overview

The Mental Health Crisis/Urgent Care Clinic Innovation 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. Further, 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 to services provided by 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.

This project tests 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.

Sacramento County initiated the competitive selection process in the fall of 2016 to seek out organizations interested in collaboratively operating this project. 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 Fiscal Year 2018/2019.

Referrals:

- The majority of referrals to the MHUCC were from the other sources (42%) and the individual themselves (39%)
- 10% of the referrals were from either friends and family (7%) or local emergency departments (3%)

Admissions and Discharges:

- There were 3619 unduplicated individuals admitted to the MHUCC for a total of 4786 admissions during the fiscal year
  - 796 unduplicated individuals returned to the MHUCC during the fiscal year
- There were 4,812 discharges from the MHUCC

Demographics

Mental Health Urgent Care Clinic FY 2018/2019 Demographics		
	Number (N=3619)	**Percent**
Race		
American Indian or Alaska Native	68	1.9%
Asian	176	4.9%
Black or African American	699	19.3%
Native Hawaiian or other Pacific Islander	49	1.4%
White	1515	41.9%
Other	386	10.7%
More than one race	211	5.8%
Unknown/Not Reported	515	14.2%
Primary Language		
English	3276	90.5%
Spanish	78	2.2%
Vietnamese	10	0.3%
Cantonese	8	0.2%
Russian	17	0.5%
Hmong	9	0.2%
Arabic	6	0.2%
Other	15	0.4%
Unknown/Not Reported	200	5.5%

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Gender		
Male	1702	47.0%
Female	1917	53.0%
Transgender	0	0.0%
Intersex	0	0.0%
Questioning	0	0.0%
Unknown/Not reported	0	0.0%
Veteran Status		
Yes	0	0.0%
No	0	0.0%
Homeless Status		
Yes	482	13.3%
No	3137	86.7%

MHUCC Client Satisfaction Questionnaire Results

Fiscal Year 2018/2019 satisfaction survey results show that clients who filled out the survey were satisfied overall with the services received at the Mental Health Urgent Care Clinic (MHUCC). Generally, clients felt respected with an average rating of 4.8.

Fiscal Year 2018/2019 Satisfaction Questionnaire Responses (N=1182)	
Survey Questions (1=Strongly Disagree, 5=Strongly Agree)	**Average Rating**
When I arrived, I felt welcomed.	**4.67**
My visit gave me hope.	**4.54**
During my visit, I was given information and guidance that was useful to me.	**4.67**
During my visit, I was told about programs and places where I could go that seemed useful to me.	**4.58**
During my visit, I was given the opportunity to make choices about my care.	**4.61**
Staff were sensitive to my cultural needs and background.	**4.61**
If I wanted them to, staff made every effort to involve the people who are important to me in planning my services.	**4.58**
Staff heard and understood what I said.	**4.73**
I was treated with respect.	**4.80**
The amount of time that I waited to be seen was acceptable to me.	**4.33**
I felt safe and supported during my visit.	**4.71**
Overall, the quality of care I received was (1=Poor, 5=Excellent).	**4.71**
Overall Satisfaction Rating	**4.63**

INNOVATION PROJECT 3: BEHAVIORAL HEALTH CRISIS SERVICES COLLABORATIVE

Project Overview

Innovation Project 3: Behavioral Health Crisis Services Collaborative (BHCSC) project was reviewed and approved by the MHSOAC in May 2018. Sacramento County, in partnership with Dignity Health and Placer County, implemented the BHCSC in FY 2018-19. In September 2019, the BHCSC opened for service delivery. The BHCSC establishes 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 Plans 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:
  - Are sited in the northern region of Sacramento which lacks sufficient crisis service programs across two counties with growing populations
  - Serves adults, 18 years and older, and older adults, 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 allows 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 ensures that 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 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 serves 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 ensures continuity of care and strengthens 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 include best practices to change the trajectory of care for individuals seeking crisis services. More information and data summary about this project will be included in future evaluation reports.

MENTAL HEALTH SERVICES ACT

Innovation Project 4 Plan:

Multi-County Full Service Partnership Innovation Collaborative

INNOVATION PLAN

County Name: Sacramento

Project Title: Multi-County Full Service Partnership (FSP) Innovation (INN) Collaborative

Total Amount Requested: $500,000

Duration of Project: January 1, 2020 through June 30, 2024 (4.5 years)

Community Program Planning and Local Review Processes

Community Program Planning Process for development of the Innovation Work Plan

The community planning process includes participation from the Sacramento County Mental Health Steering Act (MHSA) Steering Committee, Mental Health Board, Board of Supervisors, community based organizations, consumers and family members and community members. The community planning process helps the county determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of the community. Since this process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

The Multi-County Full Service Partnership (FSP) Innovation (INN) Collaborative was introduced to stakeholders at the May 16, 2019 Mental Health Services Act Steering Committee meeting. Further, at the October 17, 2019 MHSA Steering Committee meeting, the Multi-County FSP Innovation Collaborative was presented and discussed. Supported by the Mental Health Services Oversight and Accountability Commission (MHSOAC), this county-driven, statewide learning collaborative provides an opportunity to use FSP data to establish consistent FSP service guidelines, evaluate outcomes, and disseminate best practices across all FSPs. The project engages counties to participate in this learning collaborative to develop a shared plan for implementing a continuous improvement process around outcomes-oriented FSPs. Furthermore, counties that contribute MHSA Innovation funding will receive individualized technical support in developing and implementing County specific outcomes-focused FSP improvements. The Steering Committee voted in full support of Sacramento County Division of Behavioral Health Services opting into this project with Innovation funding.

Stakeholder entities involved in the Community Program Planning Process

At the October 17, 2019 MHSA Steering Committee meeting, 24 committee members were in attendance and 17 public members attended.

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 Behavioral Health Director; three (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 Welfare; Primary Health; Public Health; Juvenile Court; Probation; Veterans; two (2) Transition Age Youth (TAY) Consumers; two (2) Adult Consumers; two (2) Older Adult Consumers; two (2) Family Members/Caregivers of Children age 0 – 17; two (2) Family Members/Caregivers of Adults age 18 – 59; two (2) Family Members/Caregivers of Older Adults age 60+; and one (1) Consumer At-large. Some members of the committee have volunteered to represent other multiple stakeholder interests including Veterans and Faith-based/Spirituality.

30-day stakeholder review and public hearing

The Multi-County Full Service Partnership Innovation Collaborative was posted as an attachment to the MHSA Fiscal Year 2019-20 Annual Update from November 18 through December 18, 2019. The Mental

Health Board conducted a Public Hearing on December 18, 2019, beginning at 6.00 p.m. at the Grantland L. Johnson Center for Health and Human Services located at 7001A East Parkway, Sacramento, California 95823.

Purpose of Proposed Innovation Project

Background

Since the creation of the Mental Health Services Act (MHSA) in 2004, California has made significant strides in improving the lives of those most in need across the state. In particular, Full Service Partnerships (FSP) support people with the most severe and often co-occurring mental health needs. These MHSA-funded FSP programs are designed to apply a "whatever it takes" approach to serving and partnering with individuals living with severe mental illness. In Sacramento County, FSP programs are effectively improving life outcomes and staff can point to success stories, highlighting dedicated staff and programs tailored to specific cultural groups and ages.

Even so, variation in FSP populations, needs, and local context has presented a challenge: FSP programs frequently apply different approaches to program design, outcomes measurement, and overall implementation. As a result, Sacramento County and others across California do not have consensus about the best way to maximize impact for FSP participants, and many would like to understand which core components of FSP drive better outcomes. Information flows often feel one-directional, as county staff and providers report data up to the state but struggle to interpret and analyze the data they receive back to examine outcomes or inform future decisions. Additionally, current state-required metrics are difficult to compare across programs, providers, and geographies. In practice, for county staff, providers, and community members, these challenges have meant that state-required performance measures do not fully capture how FSP clients are faring as whole people. Current metrics are limited: they do not prioritize what individuals need most, and in some cases, they fail to capture exactly how much improvement an FSP client has made. Additionally, processes for enrolling, discharging, and graduating clients from FSP programs are either inconsistent or not optimally informed by available data.

Project Purpose

- Increases the quality of mental health services, including measured outcomes
- Promotes interagency and community collaboration related to Mental Health Services or supports outcomes

This project responds to the aforementioned challenges by reframing FSP programs around meaningful outcomes and the partner (client) experience. This multi-county Innovation Project represents an innovative opportunity for Sacramento to partner with a group of counties (Fresno, Ventura, Siskiyou, San Bernardino, and San Mateo) in developing a shared vision for and, ultimately, implementing new data-driven strategies to better coordinate FSP service delivery, operations, data collection, and evaluation.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) has supported Third Sector in leading counties through the process of developing and implementing this Innovation Project, as well as in facilitating a broader statewide exchange of collective learning and shared opportunities for improving FSPs. A San Francisco-based nonprofit, Third Sector brings experience helping behavioral and mental health programs nationwide create an improved focus on outcomes, and will bring that experience to support counties in implementation. Third Sector will act as the overall project lead and project manager, developing recommendations and customized strategies, leading working group calls and collaborating with Sacramento County BHS to meaningfully elevate stakeholder voice, while ensuring the project remains on schedule and adjusting responsively to any challenges.

Through participation in this multi-county Innovation collaborative, Sacramento County and the six other participating counties will implement new data-informed strategies to program design and continuous improvement for their FSP programs, supported by county-specific implementation and evaluation technical assistance. What matters in improving individual wellness and recovery and take a data-informed approach to program design, evaluation, and continuous improvement, leading to more effective and responsive programs will be examined. The overall purpose and goals of the Innovation Project are to:

1. **Improve how counties define and track priority outcomes** and related performance measures, as well as counties' ability to apply these measures consistently across FSP programs
2. **Develop new and/or strengthen existing processes for continuous improvement** with the goals of improving outcomes, fostering shared learning and accountability, supporting meaningful program comparison, and better using qualitative and quantitative data to inform potential FSP program modifications
3. **Develop a clear strategy for how outcomes and performance measures can best be tracked and streamlined** through various state-level and county-specific reporting tools
4. **Develop a shared understanding and more consistent interpretation of the core FSP components** across counties, creating a common FSP framework that both reflects service design best practices and is adaptive to local context
5. **Increase the clarity and consistency of enrollment criteria, referral, and graduation processes** through the development and dissemination of clear tools and guidelines intended for county, providers, and referral partners

Collaboration with a Statewide FSP Learning Community: In addition to the county-specific implementation TA proposed in this Innovation Project, Sacramento County will participate in a concurrent, statewide FSP Outcomes-Driven Learning Community that Third Sector is leading with funding from the MHSOAC. Sacramento County BHS, FSP providers, FSP clients, and stakeholders will engage in an interactive learning process that includes hearing and sharing lived experiences, developing tools to elevate FSP participant voice, and attending sessions at local FSP sites. Third Sector will synthesize and disseminate learnings between counties participating in this Innovation Plan and the Learning Community, helping each group build upon the work of the other, and develop a set of recommendations for any state-level changes to FSP requirements and/or data collection practices that are supported by a broad coalition of participating California counties.

This Innovation project presents a new opportunity and innovative practice for Sacramento and other participating counties in several ways:

County-Driven Origins: MHSA prioritizes specific outcome measures, including reduced criminal justice involvement, incarceration, unnecessary hospitalizations, in-patient stays, and homelessness. As it stands, many counties struggle to track these outcomes using existing tools, making it difficult to determine effectiveness or identify opportunities for improvement. Recognizing these gaps, counties themselves took the initiative to form this project as a response to their FSP program challenges and after hearing reflections on Los Angeles County's Department of Mental Health FSP transformation. The county-driven origins of this project, paired with support from the MHSOAC, present a unique opportunity for Sacramento and other participating counties to both (i) pursue county-specific implementation efforts that will drive lasting improvements within their individual FSP programs, and (ii) exchange learnings from these implementation efforts with other counties via a structured learning community designed to help increase statewide consensus on FSP's core components and develop shared recommendations for state-level changes to FSP data requirements and guidelines.

Introducing New Practices for Encouraging Continuous Improvement & Learning: This project proposes to introduce new data-driven practices for managing FSP programs that center on improving clients' experiences, client life outcomes, and aim to increase consistency in how FSP's are administered within and across different counties. This project will build on tools and learnings emerging from Third Sector's existing work with the Los Angeles County Department of Mental Health's FSP transformation, which centered on understanding and improving core child, adult, and older adult FSP outcomes, inclusive of improving stable housing, reducing emergency services utilization, and reducing criminal justice involvement. Importantly, the project will also *contribute* to these learnings and tools, creating new approaches and strategies intended achieve similar and further results. It aims to develop and pilot processes and outcomes that are tailored to Sacramento's specific context, and to generate *new* learning and shared consensus around FSP program and performance management best practices, alongside other participating counties.

Project Activities, Deliverables, and Timeline

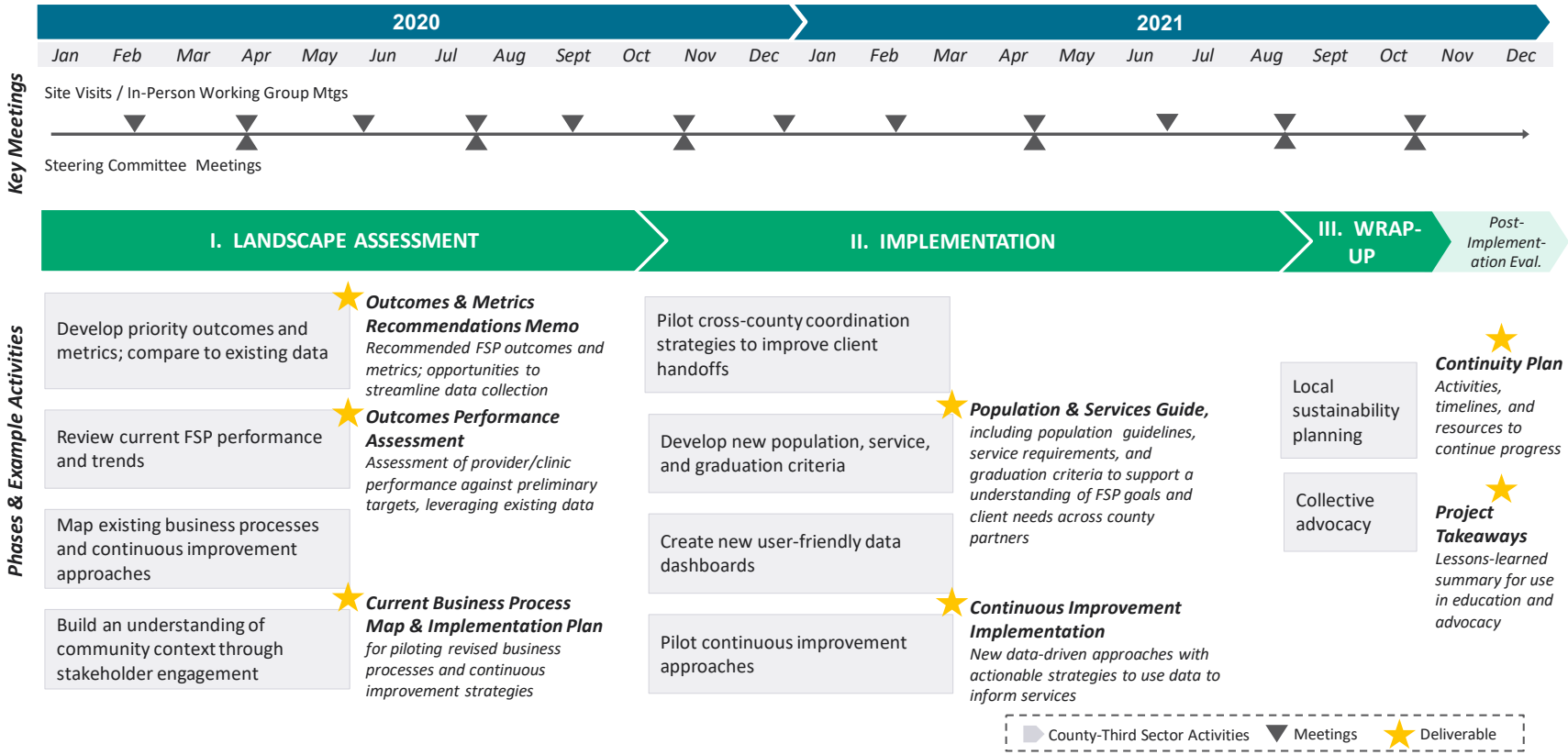
The Innovation Project will begin in January 2020 and end in June 2024 for a total project duration of 4.5 years. The project will be divided into two periods: an implementation technical assistance (TA) period and an evaluation period. Throughout project implementation, Sacramento County BHS will ensure continuity of FSP services.

In the first 23-month implementation technical assistance (TA) period, Third Sector will work directly with Sacramento County and the six other participating counties to understand each county's local FSP context and provide targeted, county-specific technical assistance in implementing outcomes-focused improvements. Third Sector will leverage a combination of regular (weekly to biweekly) virtual meetings/calls with counties' core project staff, regular site visits and in-person working groups, and in-person stakeholder meetings, in order to advance the project objectives.

This TA period will be divided into three discrete phases (Landscape Assessment; Implementation; Sustainability Planning). The activities and deliverables outlined below are illustrative, as exact phase dates, content, and sequencing of deliverables will depend on which selection of deliverables is most relevant to Sacramento County's needs and goals. BHS and Third Sector will collaborate over the next several months to identify Sacramento's most priority activities and goals and to create a unique scope of work to meet these needs. See ***Figure 1*** below for an illustrative Implementation TA work plan and timeline by phase.

In the second period of the project, Sacramento and other counties will pursue a post-implementation evaluation, conducted by a third-party evaluator, with the goal of assessing the impacts and learning that this project produces. This post-implementation evaluation and the overall Innovation Project will conclude at the end of June 2024.

Figure 1: Illustrative Implementation TA Work Plan



Phase 1: Landscape Assessment

The Landscape Assessment phase will act as a ramp-up period and an opportunity for Third Sector to learn about Sacramento County's context in further detail, including local community assets, resources, and opportunities, existing FSP program practices, and performance on existing outcomes measures. Building off of templates from national mental/behavioral health projects, Third Sector will customize deliverables and activities for Sacramento County's local FSP context. During this phase, Third Sector will work with BHS to lead working groups and interviews, analyze county data, and facilitate meetings with local stakeholders to identify opportunities for improvement. BHS will share data and documents with Third Sector and provide guidance on local priorities and past experiences. Other example activities may include conducting logic models and root cause analyses to create consensus around FSP's desired outcomes, reviewing current outcomes and performance data to understand trends, and gathering qualitative data about the client journey and staff challenges. By the end of this phase, Sacramento County will have an understanding of the current state of its FSP programs, customized recommendations to create a more data-driven, outcomes-oriented FSP program, and a realistic work plan for piloting new improvements during the Implementation phase.

Third Sector will produce a selection of the following illustrative deliverables, as appropriate for Sacramento County's unique context and needs:

- **Outcomes & Metrics Plan:** Recommended improved FSP outcomes and metrics to understand model fidelity and client success, including recommended areas of commonality, alignment, and consistency across counties.
- **Population to Program Map:** A map of current FSP sub-populations, FSP programs, and community need, to illuminate any potential gaps or opportunities.
- **Population Criteria Outline:** Recommended changes to population eligibility criteria, service requirements, and graduation criteria.
- **Current State to Opportunity Map:** A map of metrics and existing data sources, including identification of any gaps and opportunities for improved linkages and continuity (e.g., auto-population of fields, removal of duplicate metrics, linking services/billing data to understand trends, opportunities to use additional administrative data sources to validate self-reported data).
- **Outcomes Performance Assessment:** An assessment of provider and clinic performance against preliminary performance targets, leveraging existing data and metrics.
- **Process Map:** A process map identifying current continuous improvement and data-sharing processes and opportunities for improvement.
- **Implementation Plan:** An implementation plan for new continuous improvement processes, both internal (i.e., creating improved feedback loops and coordination between county data, funding, and clinical/program teams) and external (i.e., creating improved feedback loops between county teams and contracted providers).

Included in this phase, Third Sector and the counties will develop a set of qualifications and work plan for procuring a third-party evaluator. Example evaluator-led activities and deliverables include:

1. Recommended evaluation methodology (e.g., randomized control trial, quasi-experimental method, etc.)
2. Work plan for executing any required data-sharing agreements and/or research board approvals that may be necessary to implement the post-implementation evaluation
3. Post-implementation evaluation plan that identifies specific outcomes, metrics, data sources and timeline for measuring client and systems level impacts

4. Final impact report

Phase 2: Implementation
Third Sector will provide individualized guidance and support to Sacramento County and other participating counties through the Phase 2 Implementation process, piloting new strategies that were developed during Phase 1. Understanding limitations on staff capacity, Third Sector will support BHS by preparing materials, analyzing and benchmarking performance data, helping execute on data-sharing agreements, and leading working group or Steering Committee meetings. BHS will assist with local and internal coordination in order to meet project milestones. Additional activities in Phase 2 may include the following: improving coordination across county agencies to create a human-centered approach to client handoffs and transfers, completing data feedback loops, and developing new referral approaches for equitable access across client FSP populations. As a result of this phase, BHS will have piloted and begun implementing new outcomes-oriented, data-driven strategies.

With Third Sector's implementation support, Sacramento County may achieve a selection of the following deliverables in Phase 2:

- **Referral Strategies:** Piloted strategies to improve coordination with referral partners and the flow of clients through the system.
- **Population and Services Guide**: New and/or revised population guidelines, service requirements, and graduation criteria.
- **Updated Data Collection & Reporting Guidelines:** Streamlined data reporting and submission requirements.
- **Data Dashboards:** User-friendly data dashboards displaying performance against priority FSP metrics.
- **Continuous Improvement Process Implementation:** Piloted continuous improvement and business processes to create clear data feedback loops to improve services and outcomes.
- **Staff Training:** Staff trained on continuous improvement best practices.
- **FSP Framework:** Synthesized learnings and recommendations for the FSP Framework that counties and Third Sector can share with the broader statewide Learning Community for further refinement.
- **FSP Outcomes & Metrics Advocacy Packet:** Recommendations on improved FSP outcomes, metrics, and data collection and sharing practices for use in conversations and advocacy in stakeholder forums and with policy makers.

Further, in this phase, a third-party evaluator will be selected based upon the qualifications and work plan developed in Phase 1. Third Sector, counties and the evaluator will develop a scope of work detailing the exact deliverables and activities that the evaluator will lead as part of the post-implementation evaluation.

Phase 3: Sustainability Planning
Throughout Phases 1 and 2, Third Sector will work closely with BHS to ensure sustainability and transition considerations are identified and prioritized during implementation, and that, by the conclusion of the project, BHS staff have the capacity to continue any new strategies and practices piloted through this project. Phase 3 will provide additional time and dedicated focus for sustainability planning, whereby Third Sector will work with participating counties to understand the success of the changes to-date and finalize strategies to sustain and build on these new data-driven approaches. Sacramento County may also partner with other counties to elevate project implementation successes in order to champion broad understanding, support, and continued resources for outcomes-focused, data-driven mental health and social services. Specific Phase 3 activities may include articulating lessons learned, applying lessons learned to other mental

health and social service efforts, creating ongoing county work plans, and developing an FSP impact story. As a result of Phase 3, Sacramento County will have a clear path forward to continue building on the accomplishments of the project.

Third Sector will produce a selection of the following deliverables for Sacramento County:

- **Project Case Study:** A project case study highlighting the specific implementation approach, concrete changes, and lessons learned.
- **Continuity Plan:** A continuity plan that identifies specific activities, timelines and resources required to continue to implement additional outcomes-oriented, data-driven approaches.
- **Project Toolkit:** A project toolkit articulating the specific approaches and strategies that were successful in the local FSP transformation for use in similarly shifting other mental health and related services to an outcomes orientation.
- **Communications Plan:** A communications plan/strategy articulating communications activities, timelines, and messaging.
- **Project Takeaways:** Summary documents articulating major takeaways for use educating statewide stakeholders on the value of the new approach.
- **Evaluation Work Plan & Governance:** An evaluation work plan to assist the counties and the evaluation partner in project managing the post-Implementation evaluation phase.

Expected Outcomes

At the end of this project, Sacramento County will identify and prioritize FSP outcome goals that relate to program and beneficiary priorities, well-defined performance measures to track progress towards these outcome goals, and a clarified strategy for tracking and sharing outcomes data to support meaningful comparison, learning, and evaluation. The specific implementation activities may vary based on the results of Sacramento County's landscape assessment, but may include the following: piloting new referral processes, updating service guidelines and graduation criteria, using qualitative and quantitative data to identify program gaps, sharing data across providers, agencies, and counties, streamlining data practices, improving data-reporting formats, implementing data-driven continuous improvement processes, and recommending changes to state-level data requirements.

Mental Health Services Act General Standards
This project meets MHSA General Standards in the following ways:

- It is a **multi-county collaboration** between Fresno, Ventura, Sacramento, Siskiyou, San Bernardino, and San Mateo to address FSP program challenges and opportunities
- It is **client-driven**, as it seeks to reframe FSP programs around meaningful outcomes for the individual, centering on holistic client **wellness and recovery**
- It seeks to create a coordinated approach to program design and service delivery, leading to an **integrated service experience for clients and family**
- It will establish a shared understanding of FSP's core components and create a common framework that reflects best practices while adapting for local context and **cultural competency**
- **Diverse stakeholders** will be meaningfully engaged throughout the development and implementation of the project

Learning Goals

This project expects to contribute new learnings and capacities for Sacramento and other participating counties throughout the county-specific technical assistance and evaluation activities involved. Guiding research questions that this project aims to further explore include, but are not limited to, the following:

1. What was the process that Sacramento County and Third Sector took to identify and refine FSP program practices?
2. What changes to Sacramento County's original FSP program practices were made and piloted?
3. What impacts did these changes to Sacramento's original FSP program practices generate for FSP clients and FSP program providers following implementation?
    a. Compared to current FSP program practices, do practices developed by this project streamline, simplify, and/or improve the overall usefulness of data collection and reporting for FSP programs?
    b. Has this project improved how data is shared and used to inform discussions on FSP program performance and strategies for continuous improvement?
    c. What impacts has this project and related changes created for clients' outcomes and clients' experiences in FSP?
4. As a multi-county collaboration, how has this project produced broader learning and collaboration within and across participating counties?
    a. How have staff learnings through participation in this FSP-focused project led to shared learning across other programs and services within Sacramento County BHS?
    b. How has the statewide FSP Learning Community and multicounty nature of the project helped to drive collective learning and fostered a unified county voice for potential state-level change?
    c. Which types of collaboration forums and topics have yielded the greatest value for county participants?

Evaluation and Learning Plan

The Innovation Project includes a significant learning and evaluation component. Third Sector and the counties will pursue a number of evaluation and data analysis activities throughout the duration of the project (as described in the *Project Activities & Deliverables* section above*).* Third Sector will support counties in identifying, procuring, and establishing an ongoing governance structure for partnering with a third-party evaluator that can provide an independent assessment of the project's impacts and meaningfully assess the above learning goals via a post-implementation evaluation.

The post-implementation evaluation, led by the counties and the third-party evaluator, will aim to assess two types of impacts: (A) the overall impact and influence of the project activities and intended changes to current FSP practices and program administration ("**systems-level impacts**"), and (B) the overall improvements for FSP client outcomes ("**client-level impacts**"). These two types of measures will help determine whether the practices developed by this project effectively simplify and improve the usefulness of data collection and management, *and* whether these practices supported the project's ultimate goal of improving FSP client outcomes.

Counties, with support from Third Sector and the evaluator, will identify and finalize outcome measures to quantify these impacts upon procuring the evaluator (end of 2020 to beginning 2021) via a written evaluation plan. The evaluation plan will include a timeline for defined deliverables and will crystallize these research questions, outcome measures, data-sharing requirements and resulting evaluation activities, including validation of baseline levels of performance and current FSP practices.

Innovation Project Budget & Source of Expenditures

Overview of Project Budget & Sources of Expenditures: All Counties
The total proposed budget for supporting all six participating counties in pursuing this Innovation Project is approximately $4.7M over 4.5-years. This includes project expenditures that are shared across counties (i.e. Third Sector technical assistance; CalMHSA; third-party evaluation), as well as any additional county-specific expenditures that participating counties may choose to support for the purposes of this project (e.g. salary and benefits costs for county supporting staff).

All costs will be funded using county MHSA Innovation funds, with the exception of San Mateo County which will contribute CSS & PEI funding. Counties will contribute varying levels of funding towards a collective pool of resources to support shared project costs. This will streamline counties' funding contributions and drawdowns through sharing resources, reduce individual project overhead, and increase coordination across counties in the use of these funds.

Project Budget & Expenditures: Sacramento County
Sacramento County requests to contribute a total of $500,000 in MHSA Innovation funds to support this project over the 4.5 year project duration. See Figure 3 below for an estimated breakdown of requested funds by fiscal year. Figure 4 includes an estimated breakdown of budget expenditures by fiscal year. Note that all of Sacramento's funding contributions would come from MHSA Innovation funding.

Figure 3: Sacramento County Budget Request by Fiscal Year

	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
Individual County Contribution towards Shared Project Costs	$54,846	$309,892	$113,554	$11,354	$11354	$500,000

Figure 4: Sacramento County Budget Expenditures

BUDGET BY FUNDING SOURCE AND FISCAL YEAR							
EXPENDITURES							
Personnel Costs (salaries, wages, benefits)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
1.	Salaries	$0	$0	$0	$0	$0	$0
2.	Direct Costs	$0	$0	$0	$0	$0	$0
3.	Indirect Costs	$0	$0	$0	$0	$0	$0
4.	Total Personnel Costs	$0	$0	$0	$0	$0	$0
Operating Costs (travel, hotel)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
5.	Direct Costs	$0	$0	$0	$0	$0	$0
6.	Indirect Costs	$0	$0	$0	$0	$0	$0
7.	Total Operating Costs	$0	$0	$0	$0	$0	$0

Non-Recurring Costs (technology, equipment)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
8.	Direct Costs	$0	$0	$0	$0	$0	$0
9.	Indirect Costs	$0	$0	$0	$0	$0	$0
10.	Total Non-Recurring Costs	$0	$0	$0	$0	$0	$0
Consultant Costs/Contracts (training, facilitation, evaluation)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
11a.	Direct Costs (Third Sector)	$48,594	$269,134	$91,990	$-	$-	$409,719
11b.	Direct Costs (Evaluator)	$-	$10,417	$10,417	$10,417	$10,417	$41,667
11c.	Direct Costs (CalMHSA)	$5,252	$30,341	$11,147	$938	$938	$48,614
12.	Indirect Costs	$0	$0	$0	$0	$0	$0
13.	Total Consultant Costs	$53,846	$309,892	$113,554	$11,354	$11,354	$500,000
Other Expenditures (explain in budget narrative)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
14.	Program/Project Cost	$0	$0	$0	$0	$0	$0
15.		$0	$0	$0	$0	$0	$0
16.	Total Other Expenditures	$0	$0	$0	$0	$0	$0
BUDGET TOTALS							
Personnel							
Direct Costs							
Indirect Costs							
Total Individual County Innovation Budget*		$53,846	$309,892	$113,554	$11,354	$11,354	$500,000

Budget Narrative: Consultant Costs

Third Sector: As described in the Project Activities & Deliverables section above, Third Sector will lead counties through individualized implementation TA over a 23-month timeframe (January 2020 through November 2021). Of the $500,000 in total county MHSA Innovation funds that Sacramento is contributing towards this project, approximately $410,000 will go towards Third Sector. These costs will support a dedicated Third Sector team who will partner with Sacramento County and provide a wide range of dedicated technical assistance (TA) services and subject matter experience, as the County pursues the goals of this Innovation Plan. Third Sector staff will leverage regular site visits to each county, in addition to leading weekly to biweekly virtual meetings with different working groups, developing recommendations for the project Steering Committee, and supporting county staff throughout each of the four TA phases.

Third-Party Evaluation: Third Sector and the counties will determine the appropriate procurement approach and qualifications for a third-party evaluator during the first nine months of the project. Once selected, the third-party evaluator will contract with counties either individually or collectively via the JPA administered through CalMHSA. Third Sector will support counties in determining the appropriate statement of work, budget, and funding plan for the third-party evaluator.

The current budget assumes a total evaluation cost of $250,000 combined across all counties. Actual costs may be higher/lower, depending on the organization selected and the final scope and deliverables counties elect to pursue for the post-implementation evaluation. Sacramento would contribute approximately $41,667 of county MHSA Innovation funds towards this total cost.

Fiscal Intermediary Costs (CalMHSA): Sacramento County and other participating counties propose to use their existing CalMHSA Joint Powers Agreement (JPA) for the purpose of contracting with Third Sector and the third-party evaluator. The JPA sets forward specific governance standards to guide county relationships with one another and Third Sector/the evaluator. CalMHSA would develop participation agreements with each participating county that will further memorialize these standards and CalMHSA's specific role and responsibilities in providing fiscal and contract management support to the counties. CalMHSA charges an estimated 9% for its services. Rates are based on the specific activities and responsibilities CalMHSA assumes. The project budget currently assumes a fee of 9% of total pooled funds, or ~$300,000 total for the duration of the project across all counties. Sacramento's contribution would support approximately $48,614 of this total.

MENTAL HEALTH SERVICES ACT

Prudent Reserve Assessment
June 28, 2019

Local Prudent Reserve Assessment

Per Welfare and Institutions Code (W&I Code) Sections 5847 and 5892, Counties are required to establish and maintain a prudent reserve that does not exceed 33 percent of the average Community Services and Supports (CSS) component revenue received for the Local Mental Health Services Fund in the preceding five years, and to reassess and certify the maximum amount every five years.

In compliance with W&I Code and California Department of Health Care Services (DHCS) Information Notice 19-037, Sacramento County has conducted an assessment of the local Prudent Reserve and is in agreement with DHCS calculations that the maximum Sacramento County Prudent Reserve is $13,196,792.39. This assessment was submitted to DHCS on June 28, 2019.

In compliance with DHCS Information Notice 19-017, Sacramento County has reflected the required adjustment to the maximum Local Prudent Reserve level in the FY 2019-20 MHSA Annual Update and transferred funds in excess to the CSS and Prevention and Early Intervention (PEI) components, as appropriate.

Sacramento County
MHSA Prudent Reserve Assessment
Info Notice 19-017

	Total
12.12/13 Collection Period 06/01/2013 - 06/30/2013	$ 4,696,185.82
1. 07/01/2013 - 07/31/2013	$ 3,745,830.91
2. 08/01/2013 - 08/31/2013	$ 2,165,995.59
3. 09/01/2013 - 09/30/2013	$ 2,957,635.78
4. 10/01/2013 - 10/31/2013	$ 2,431,148.84
5. 11/01/2013 - 11/30/2013	$ 1,568,849.47
6. 12/01/2013 - 12/31/2013	$ 2,966,598.90
7. 01/01/2014 - 01/31/2014	$ 7,162,654.64
8. 02/01/2014 - 02/28/2014	$ 1,427,158.94
9. 03/01/2014 - 03/31/2014	$ 1,629,181.25
10. 04/01/2014 - 04/30/2014	$ 6,093,115.97
11. 05/01/2014 - 05/31/2014	$ 2,323,138.55
Total 13/14 funding	$ 39,167,494.66
12. 06/01/2014 - 06/30/2014	$ 5,243,648.63
1. 07/01/2014 - 07/31/2014	$ 14,122,866.15
2. 08/01/2014 - 08/30/2014	$ 2,153,252.26
3. 09/01/2014 - 09/30/2014	$ 3,333,574.43
4. 10/01/2014 - 10/31/2014	$ 2,774,439.46
5. 11/01/2014 - 11/30/2014	$ 1,837,863.17
6. 12/01/2014 - 12/31/2014	$ 3,579,246.47
7. 01/01/2015 - 01/31/2015	$ 7,947,056.64
8. 02/01/2015 - 02/28/2015	$ 1,588,812.56
9. 03/01/2015 - 03/31/2015	$ 1,946,989.60
10. 04/01/2015 - 04/30/2015	$ 7,302,692.24
11. 05/01/2015 - 05/31/2015	$ 2,739,097.16
Total 14/15 Funding	$ 54,569,538.77
12. 06/01/2015 - 06/30/2015	$ 6,265,934.77
1. 07/01/2015 - 07/31/2015	$ 2,248,304.14
2. 08/01/2015 - 08/30/2015	$ 2,316,374.42
3. 09/01/2015 - 09/30/2015	$ 3,859,950.24
4. 10/01/2015 - 10/31/2015	$ 2,789,238.71
5. 11/01/2015 - 11/30/2015	$ 2,201,054.50
6. 12/01/2015 - 12/31/2015	$ 3,761,840.81
7. 01/01/2016 - 01/31/2016	$ 8,247,627.52
8. 02/01/2016 - 02/28/2016	$ 1,669,251.17
9. 03/01/2016 - 03/31/2016	$ 1,980,339.96
10. 04/01/2016 - 04/30/2016	$ 4,618,879.50
11. 05/01/2016 - 05/31/2016	$ 5,102,636.92
Total 15/16 Funding	$ 45,061,432.66

Sacramento County
MHSA Prudent Reserve Assessment
Info Notice 19-017

12. 06/01/2016 - 06/30/2016	$ 6,211,105.07
1. 07/01/2016 - 07/31/2016	$ 13,898,020.15
2. 08/01/2016 - 08/30/2016	$ 2,745,823.98
3. 09/01/2016 - 09/30/2016	$ 5,185,767.77
4. 10/01/2016 - 10/31/2016	$ 1,962,793.80
5. 11/01/2016 - 11/30/2016	$ 2,258,610.51
6. 12/01/2016 - 12/31/2016	$ 3,847,831.82
7. 01/01/2017 - 01/31/2017	$ 9,324,645.23
8. 02/01/2017 - 02/28/2017	$ 1,482,887.62
9. 03/01/2017 - 03/31/2017	$ 2,603,022.89
10. 04/01/2017 - 04/30/2017	$ 6,461,211.48
11. 05/01/2017 - 05/31/2017	$ 3,497,524.08
Total 16/17 Funding	$ 59,479,244.40
12. 06/01/2017 - 06/30/2017	$ 6,338,571.24
1. 07/01/2017 - 07/31/2017	$ 13,907,458.78
2. 08/01/2017 - 08/31/2017	$ 3,088,084.13
3. 09/01/2017 - 09/30/2017	$ 4,254,256.06
4. 10/01/2017 - 10/31/2017	$ 3,353,626.39
5. 11/01/2017 - 11/30/2017	$ 2,485,515.82
6. 12/01/2017 - 12/31/2017	$ 4,273,609.28
7. 01/01/2018 - 01/31/2018	$ 11,799,593.20
8. 02/01/2018 - 02/28/2018	$ 1,314,145.46
9. 03/01/2018 - 03/31/2018	$ 2,610,102.88
10. 04/01/2018 - 04/31/2018	$ 7,720,154.25
11. 05/01/2018 - 05/30/2018	$ 3,671,118.88
Total 17/18 Funding	$ 64,816,236.37
Total Funding	$ 263,093,946.86
Total Distributions from the MHSF	$ 263,093,946.86
76% CSS Revenue	$ 199,951,399.61
Average Per Year	$ 39,990,279.92
33% percent of CSS (max Prudent Reserve)	**$ 13,196,792.37**

Sacramento County Mental Health
2019 Human Resource Survey
October 2019

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 California State Department of Health Care Services 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.

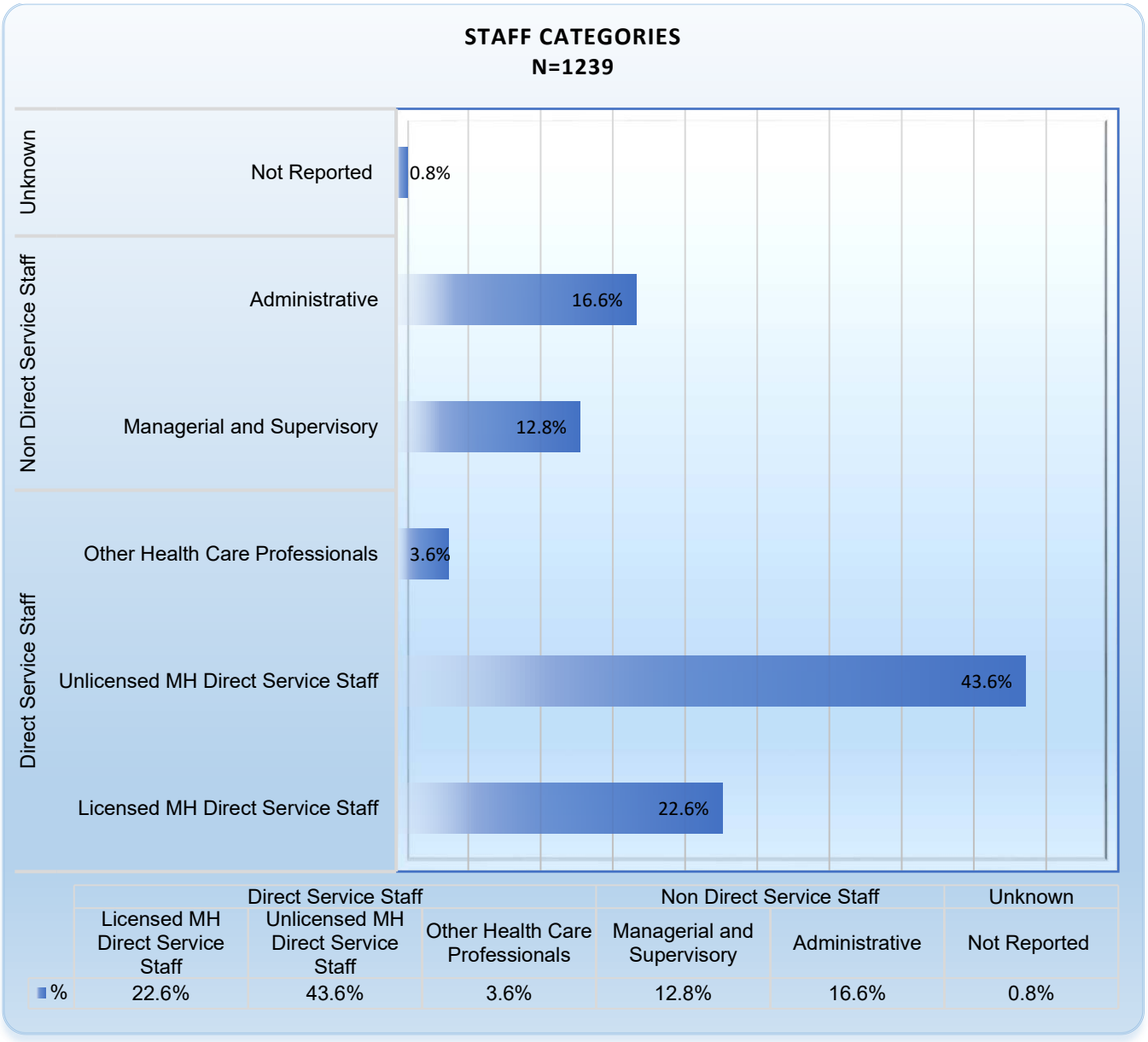
The information collected focuses on staff ethnicity, language proficiencies, consumer/family member status, gender, sexual orientation, disability and veteran status.

Key findings

- A total of 1,239 staff responded to at least one question on the survey.
- Of all staff surveyed, 400 (32.3%) unduplicated staff indicated speaking a language other than English. For staff who spoke one language other than English, the majority spoke Spanish (39.0%) followed by Hmong at just over 7% (7.5%). Almost nineteen percent (18.8%) indicated speaking two or more languages other than English.
- 20.5% of staff self-identify as being of Hispanic ethnicity.
- 71.5% of the staff identify as being female and 21.9% as male.
- 42.9% of staff self-identified as Caucasian, 12.8% as African American, 8.1% as Multi-ethnic, 3.3% as American/Alaska Native, 2.5% as Filipino, 2.6% as Other Asian, 3.1% as Hmong, 1.9 % as Asian Indian, 1.7 % as Chinese, and 9.5% as “Other”.
- 42.6% self-identify as a family member of a consumer, 24.2% of staff self-identify as a consumer of Mental Health Services, while 12.2% of staff self-reported that they live with a disability and 3.2% currently serve or have served in the US Military.
- 73.8% of the staff self-identified as being heterosexual/straight, 4.7% as bisexual, 2.7% as lesbian, 2.3% as queer, 1.9 % as gay, 1.2% pansexual, 0.6% as asexual, 0.6% as other, 0.2% as questioning and 12.0% choose not to answer the question.
- 865 direct service staff are included in the total number of staff described above.
- 20.8% of direct service staff self-identify as being of Hispanic ethnicity.
- 27.3% of direct service staff self-identify as a consumer of Mental Health Services, while 43.7% self-identify as having a family member who is a consumer of Mental Health Services.

ALL STAFF

There were a total of 1,239 active staff who responded to the survey. Direct Service Staff accounted for 820 (69.8%) of all staff surveyed, 540 (43.6%) reported being Unlicensed Direct Service Staff, 280 (22.6%) reported being Licensed Direct Service Staff and almost 45 (3.6%) reported being Other Healthcare Professionals. Administrative Staff accounted for just over 16% of all respondents and Managerial Staff accounted for 12.8%. Ten (0.8%) staff did not report.



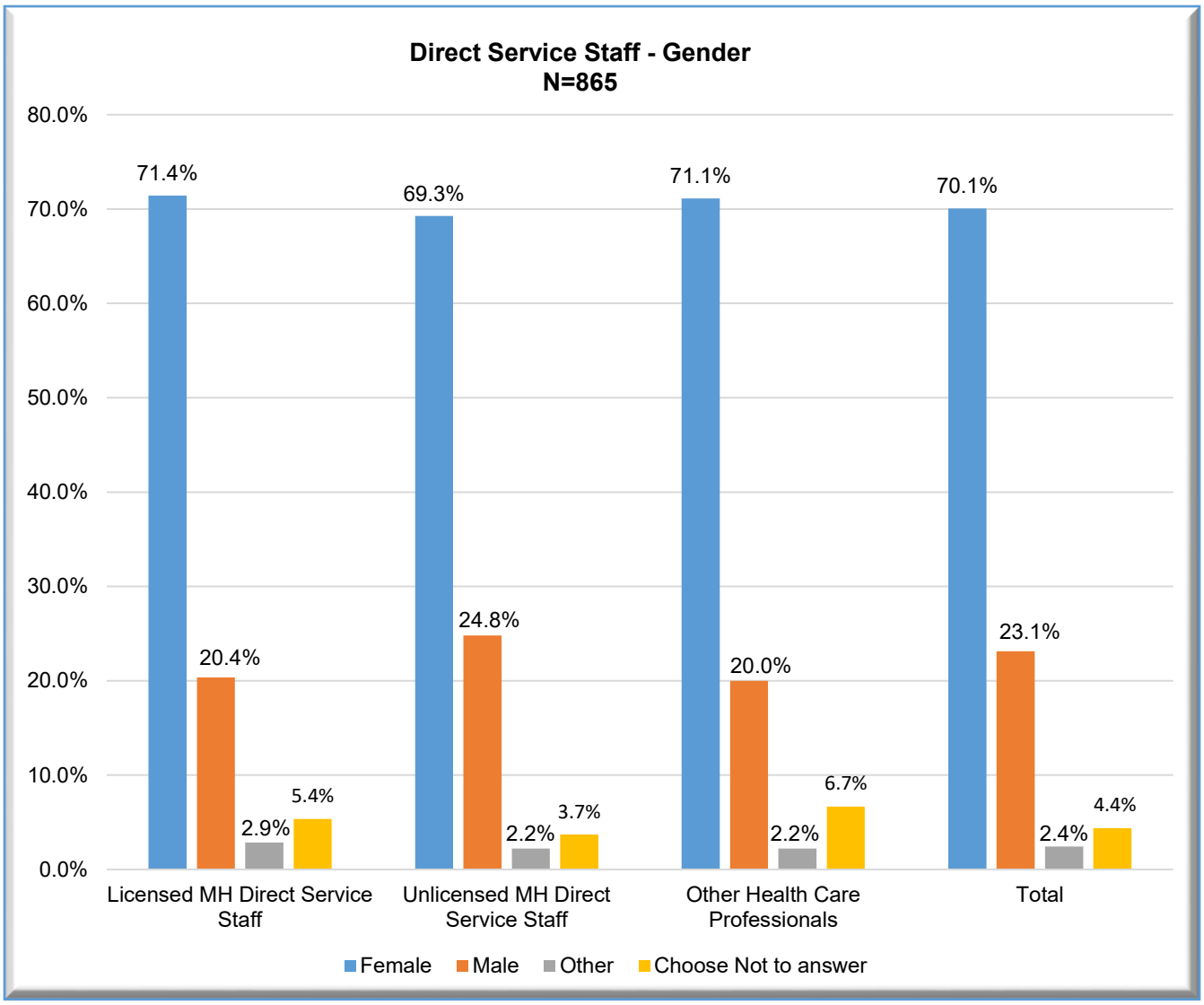
	Direct Service Staff			Non Direct Service Staff		Unknown
	Licensed MH Direct Service Staff	Unlicensed MH Direct Service Staff	Other Health Care Professionals	Managerial and Supervisory	Administrative	Not Reported
%	22.6%	43.6%	3.6%	12.8%	16.6%	0.8%

DIRECT SERVICE STAFF

There were a total of 865 survey responses from direct service staff in the system. This represents just under 70% (69.8%) of all respondents. The charts below depict the demographic characteristics for all direct service staff including Licensed MH Direct Service Staff, Unlicensed MH Direct Service Staff and Other Health Care Professionals.

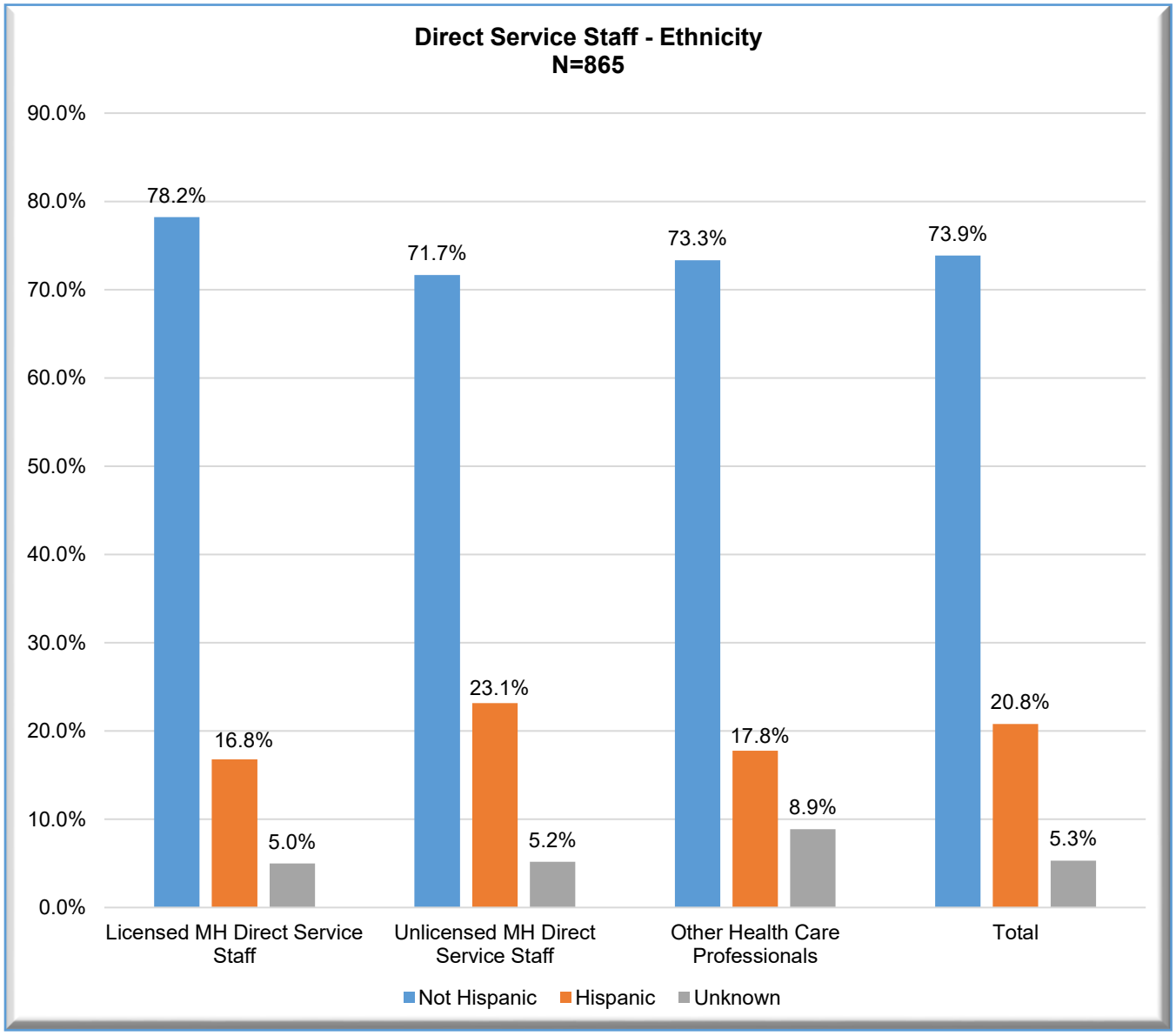
Gender

The majority of direct service staff are female, ranging from 69.3% (Unlicensed MH Direct Service Staff) to 71.4% (Licensed MH Direct Service Staff).



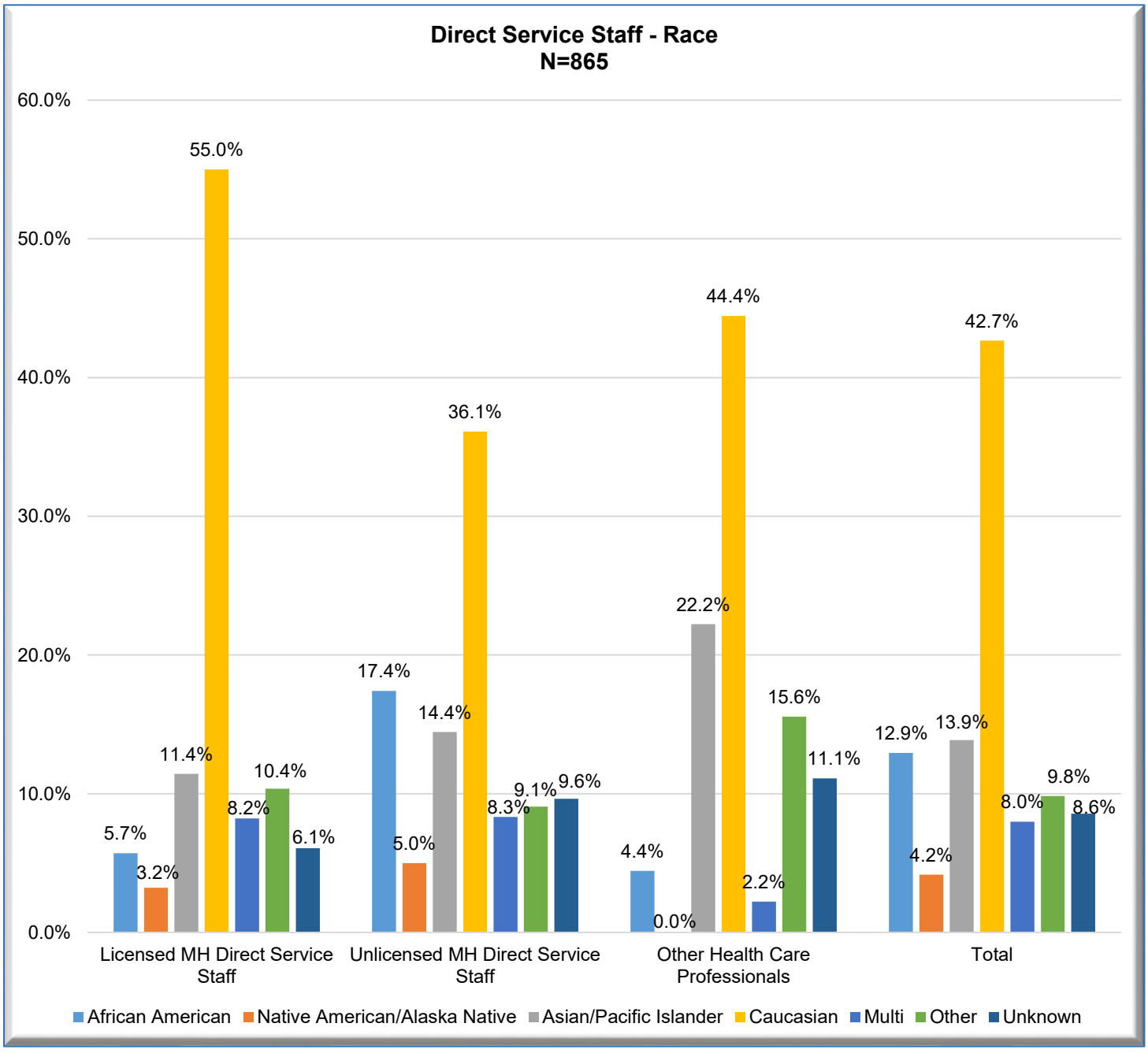
Ethnicity

There were 180 (20.8%) direct service staff who identified as Hispanic. Of all direct service staff, the Unlicensed MH Direct Service Staff had the highest percentage identifying as Hispanic at just over 23%, followed by Other Health Care Professionals at just under 18%.



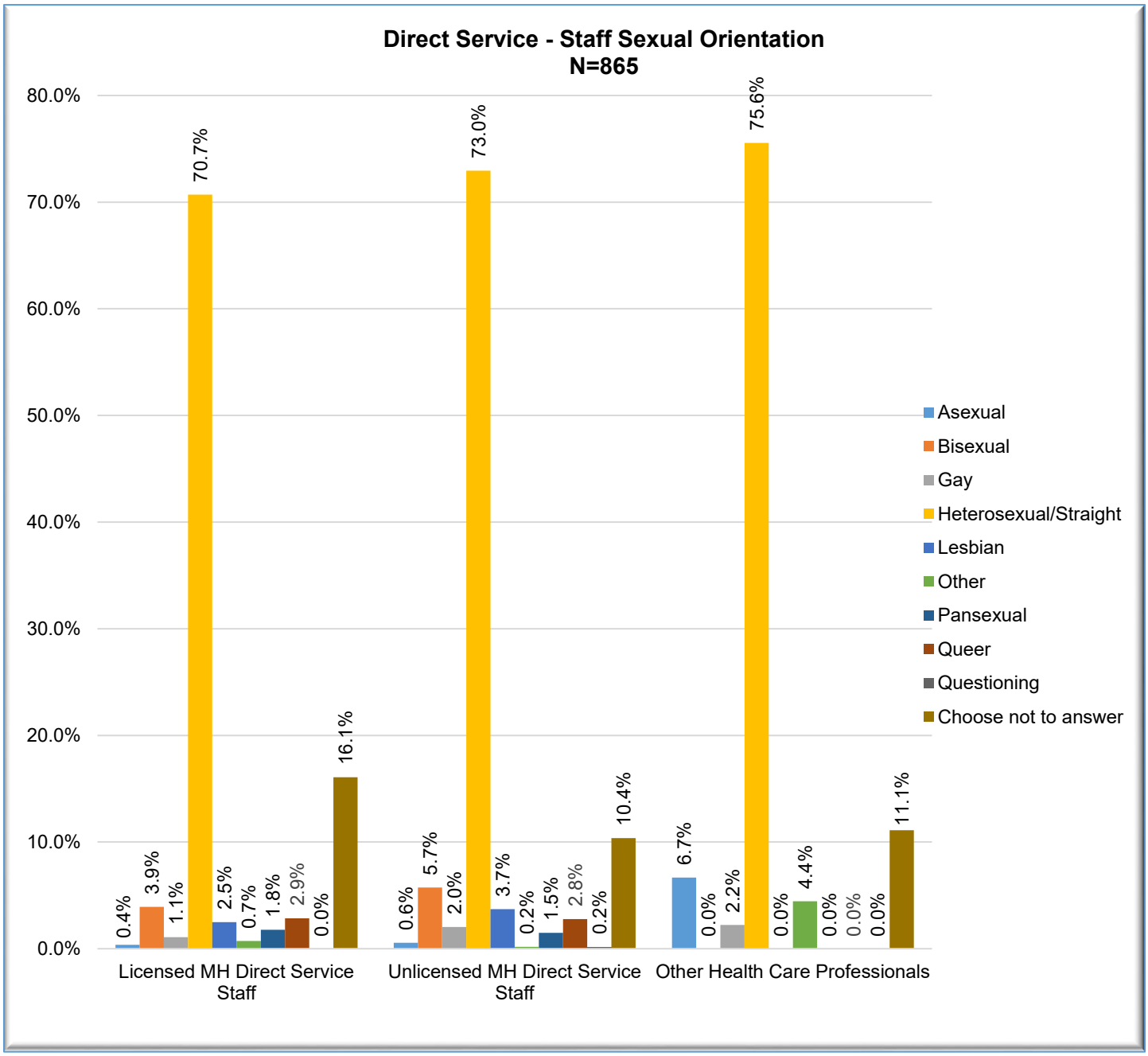
Race

There were 422 (48.8%) direct service staff who identified with a race other than Caucasian. Just over 54% (54.2%) of Unlicensed MH Direct Service Staff and 44.4% of Other Health Care Professionals identified with a race other than Caucasian, while only 38.9% of Licensed MH Direct Service Staff identified as a race other than Caucasian. *Note: Unknown is not included in the "race other than Caucasian" percentages.*



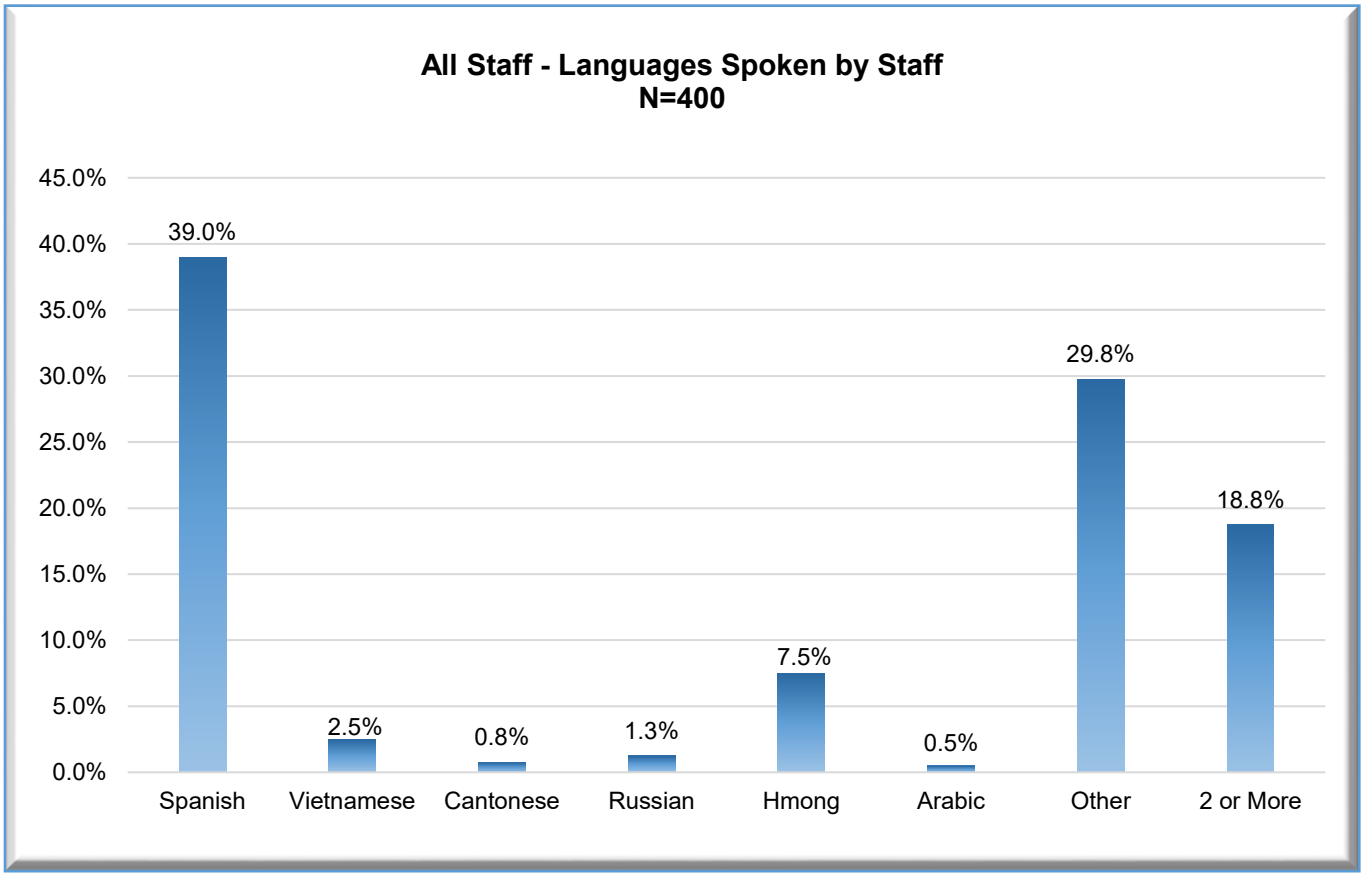
Sexual Orientation

Of the 865 staff surveyed, 626 (72.4%) identified as heterosexual/straight (198 licensed staff, 394 unlicensed staff and 34 other health care professionals). Over 106 (12.3%) staff chose not to answer.



Language

Of all staff surveyed, 400 (32.3%) unduplicated staff indicated speaking a language other than English. For staff who spoke one language other than English, the majority spoke Spanish (39.0%) followed by Hmong at just over 7% (7.5%). Almost 19% (18.8%) indicated speaking two or more languages 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, whether they have a disability, and/or have ever served or currently serving in the military.

Consumer – The graph below indicates the number of staff who identified as being a consumer of mental health services 24.2%.

Family Member – 42.6% 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 almost 10% declined to answer.

Military: The majority of staff reported not serving in the military. Of those who have served, Other Health Care Professionals represented the highest percentage at 4.4%.

	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	33	16.0%	72	25.7%	29	18.4%	10	22.2%	154	28.5%	2	20.0%	300	24.2%
I have a family member who is a consumer of Mental Health Services	72	35.0%	103	36.8%	74	46.8%	13	28.9%	262	48.5%	4	40.0%	528	42.6%
I live with a disability	15	7.3%	23	8.2%	11	7.0%	5	11.1%	96	17.8%	1	10.0%	151	12.2%
I am currently or have served in the US Military	2	1.0%	12	4.3%	3	1.9%	2	4.4%	21	3.9%	0	0.0%	40	3.2%

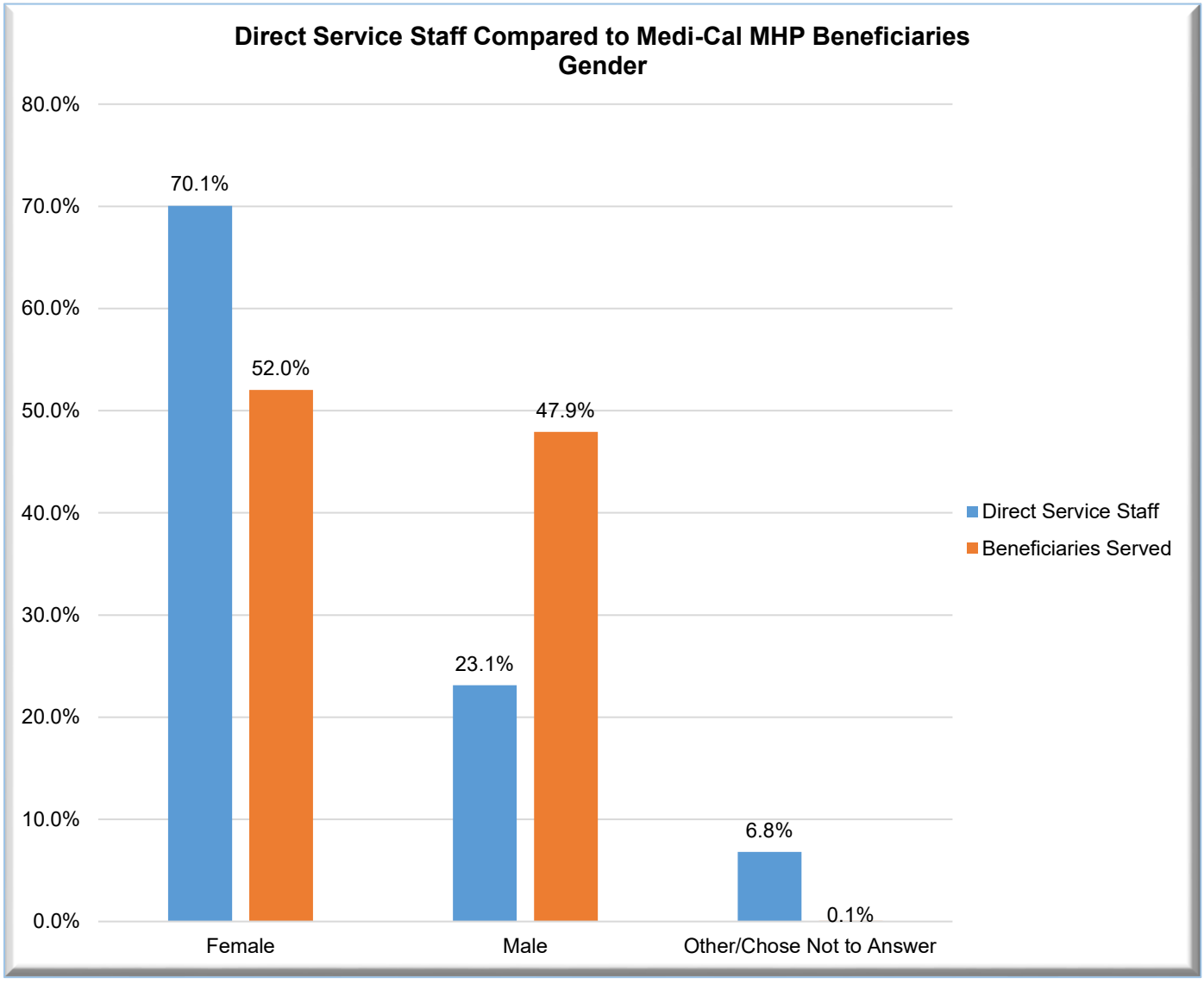
Note: The total percentage does not equal 100% as staff could identify with more than one category.

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 Fiscal Year 18-19. 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.

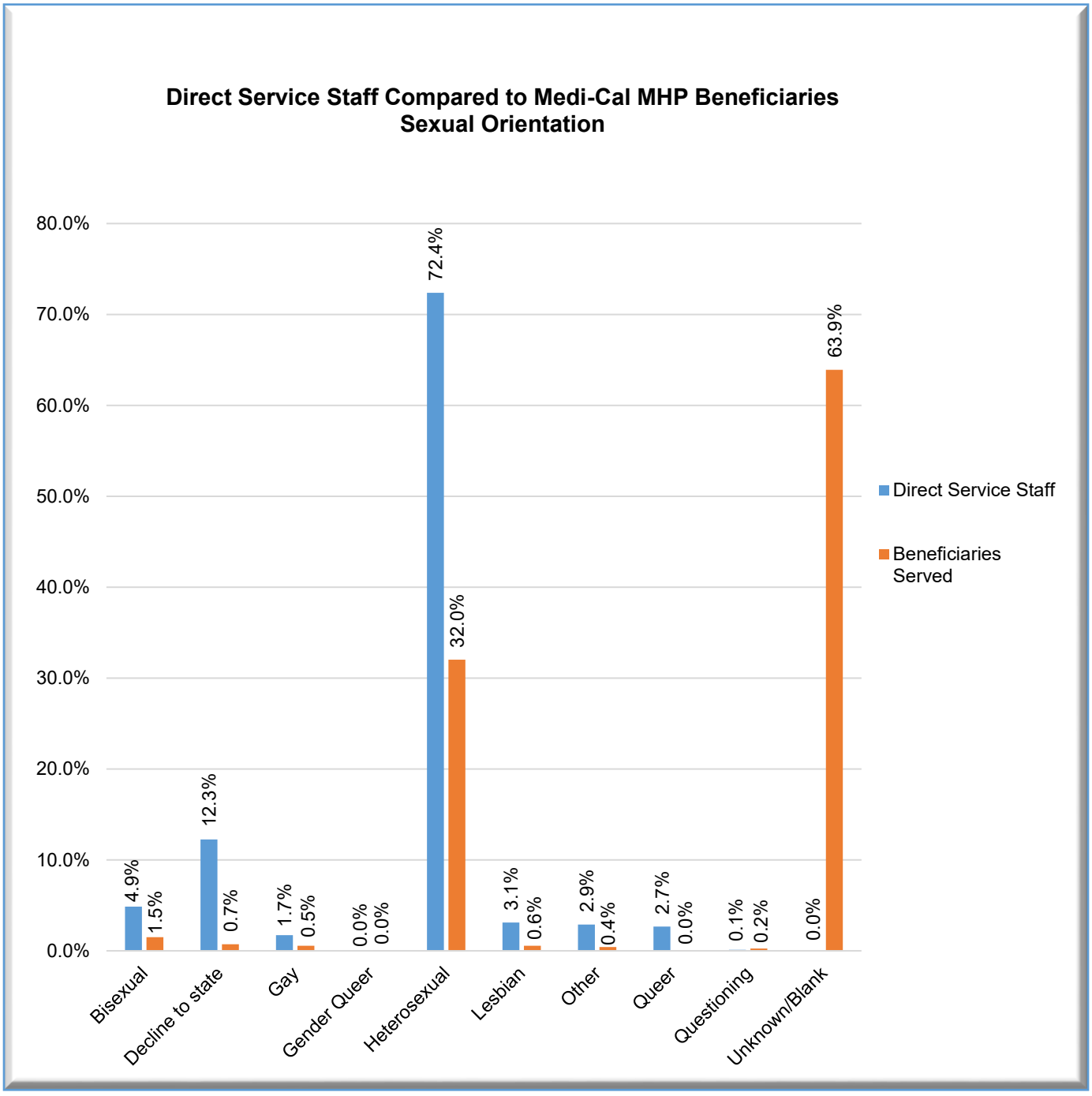
Gender

As indicated below, males are underrepresented in Direct Service Staff, compared to the number of males served in the system.



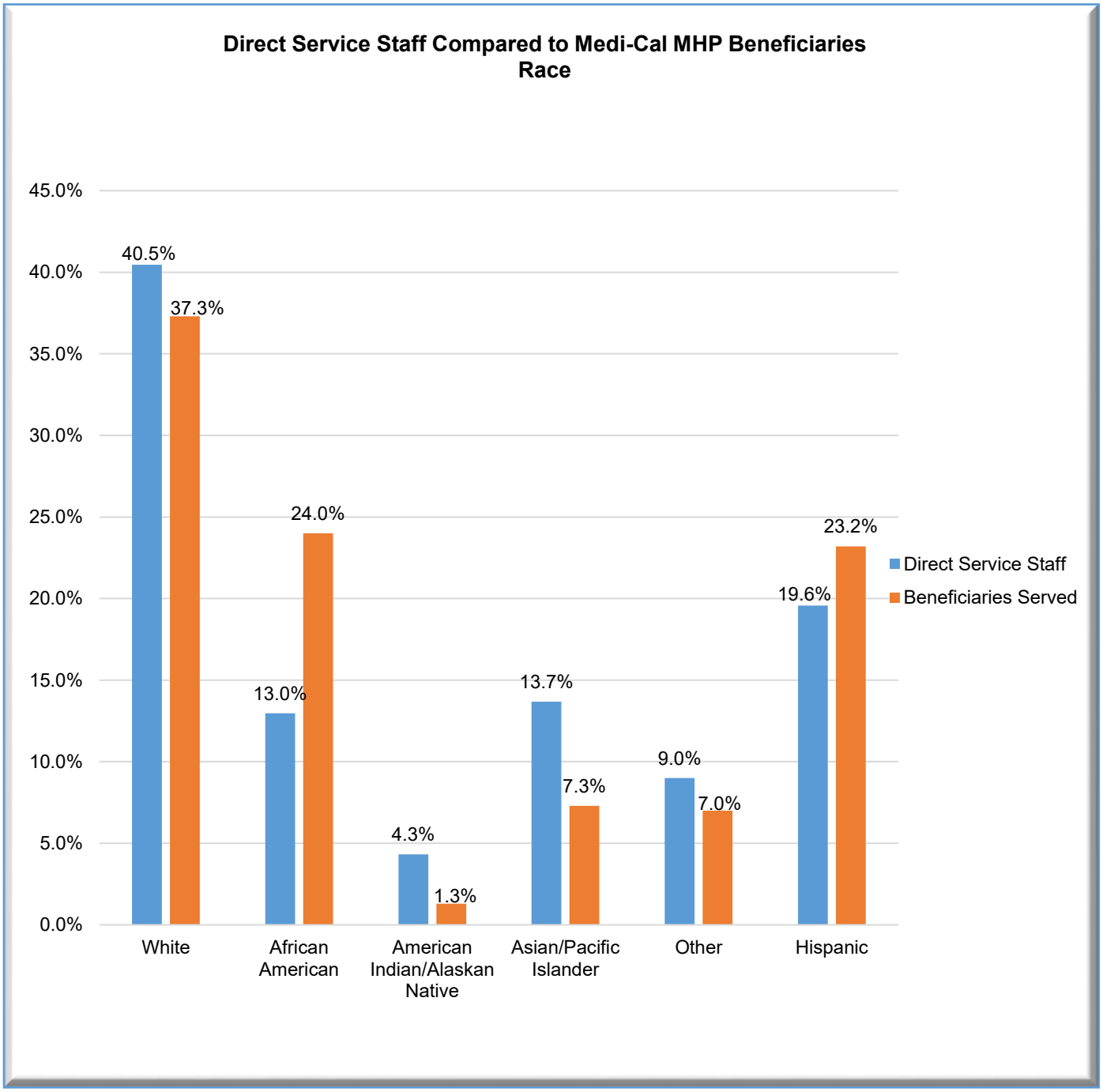
Sexual Orientation

As indicated below, more than half of the beneficiaries are unknown or not reported.



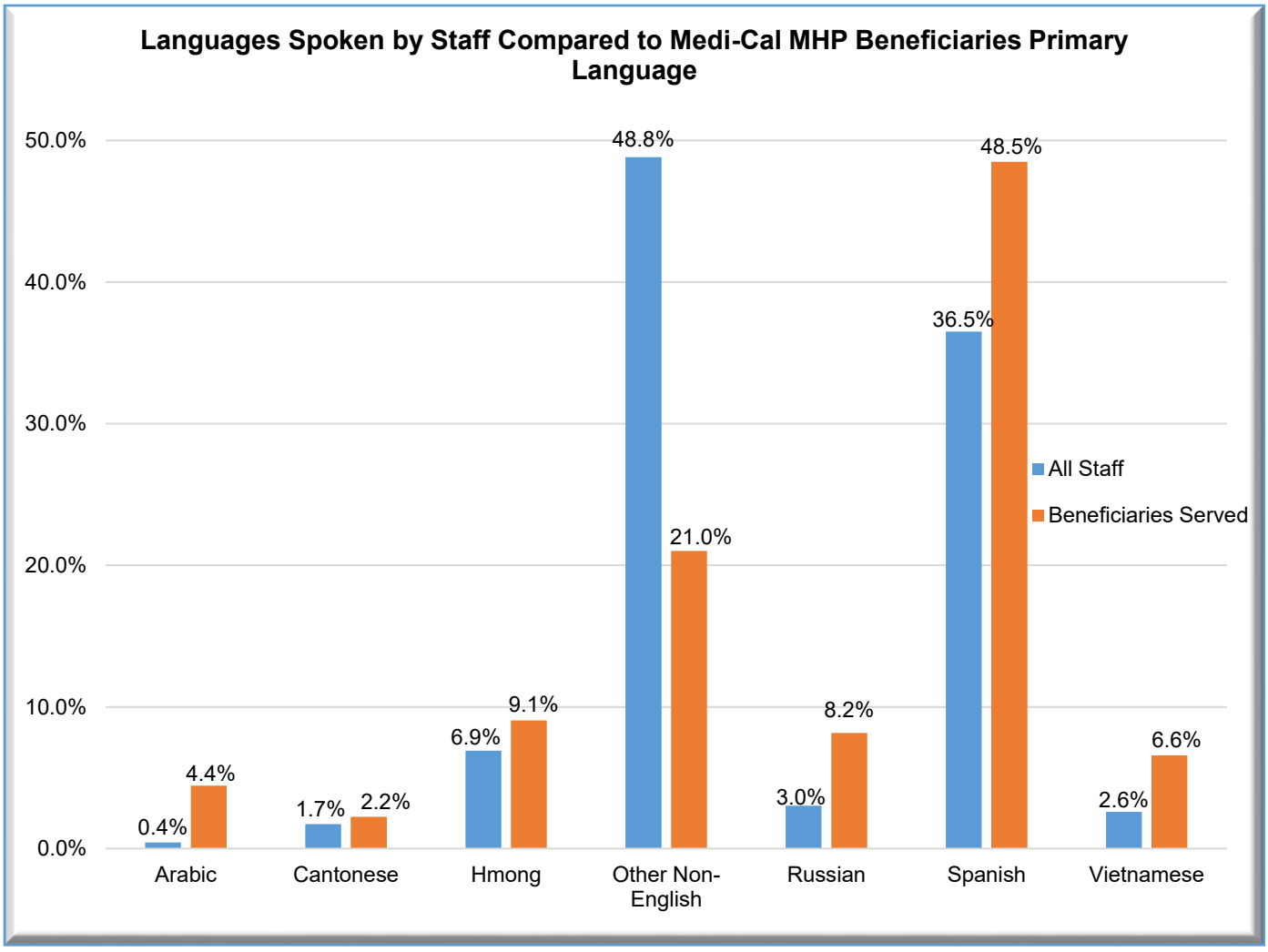
Race

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.



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, with the exception of “Other Non-English” languages.



PENETRATION RATES – Calendar Years 2017-2018

Medi-Cal eligible beneficiary numbers are based on claims data received from the External Quality Review Organization (EQRO)

Penetration Rates		Calendar Year 2017					Calendar Year 2018					
		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 2017 and CY 2018
		N	%	N	%	%	N	%	N	%	%	%
Age Group	0 to 5	69,886	12.5%	1,203	4.3%	1.7%	67,166	12.4%	994	3.8%	1.5%	-11.8%
	6 to 17	133,236	23.8%	9,737	34.7%	7.3%	129,650	23.9%	8,805	33.6%	6.8%	-6.8%
	18 to 59	288,999	51.7%	15,070	53.7%	5.2%	277,033	51.0%	14,261	54.4%	5.1%	-1.9%
	60+	67,305	12.0%	2,075	7.4%	3.1%	68,920	12.7%	2,176	8.3%	3.2%	3.2%
	Total	559,426	100.0%	28,085	100.0%	5.0%	542,769	100.0%	26,236	100.0%	4.8%	-4.0%
		N	%	N	%	%	N	%	N	%	%	
Gender	Female	296,052	52.9%	14,523	51.7%	4.9%	287,591	53.0%	13,577	51.7%	4.7%	-4.1%
	Male	263,373	47.1%	13,553	48.3%	5.1%	255,178	47.0%	12,655	48.2%	5.0%	-1.9%
	Unknown	----		9	0.0%	N/A	----		4	0.0%	N/A	N/A
	Total	559,425	100.0%	28,085	100.0%	5.0%	542,769	100.0%	26,236	100.0%	4.8%	-4.0%
		N	%	N	%	%	N	%	N	%	%	
Race	White	140,900	25.2%	8,927	31.8%	6.3%	130,017	24.0%	8,696	33.1%	6.7%	6.3%
	African American	85,432	15.3%	6,174	22.0%	7.2%	81,353	15.0%	5,650	21.5%	6.9%	-4.2%
	American Indian/Alaskan Native	3,927	0.7%	286	1.0%	7.3%	3,617	0.7%	278	1.1%	7.7%	5.5%
	Asian/Pacific Islander	78,944	14.1%	1,788	6.4%	2.3%	75,110	13.8%	1,759	6.7%	2.3%	0.0%
	Other	121,538	21.7%	5,036	17.9%	4.1%	128,959	23.8%	4,134	15.8%	3.2%	-22.0%
	Hispanic	128,686	23.0%	5,874	20.9%	4.6%	123,714	22.8%	5,719	21.8%	4.6%	0.0%
	Total	559,427	100.0%	28,085	100.0%	5.0%	542,770	100.0%	26,236	100.0%	4.8%	-4.0%

*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 below shows a comparison from Calendar Year (CY) 2017 to CY 2018. 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 Behavioral Health Services (BHS) MHSA-funded prevention and mental health respite programs. BHS 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 MHSA-funded prevention and mental health respite programs it is challenging to obtain 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 served by BHS through specialty mental health services, prevention and respite 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 all age groups but increased for older adults. Further, the number of beneficiaries decreased for all races but increased for "Other" population. 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 – Fiscal Year 2017-18

Retention FY 17/18														
FY 17/18		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	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**

Review of the FY 2017-18 retention rates table shows the number of services per individual to determine retention. Retention is defined as receiving five (5) or more specialty mental health services in a fiscal year. The table below shows, by demographic characteristic, the number of services individuals received in FY 2017-18. The majority of individuals (72.3%) received more than five (5) services during FY 2017-18 with almost 40% 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. Asian Pacific Islander populations 18 years old and up have the highest retention rates at just over 43%, while those with an unknown/unreported race have the lowest retention. Females are retained at a higher rate than males (73.4%, 71%, respectively).

BEHAVIORAL HEALTH SERVICES

TOWN HALL MEETING

WITH SACRAMENTO COUNTY
BEHAVIORAL HEALTH DIRECTOR RYAN QUIST, PH.D.

SUSIE GAINES MITCHELL BUILDING COMMUNITY ROOM
Entrance to the community room is on 25th Street

JULY 30, 2019
3:00-6:00 PM
2450 FLORIN ROAD
SACRAMENTO, CA

FOOD PROVIDED

PLAY CARE AVAILABLE FOR CHILDREN AGE 2 TO 12
(WITH ADVANCED REGISTRATION)

PLEASE RSVP at this link: https://bhstownhall.eventbrite.com/

If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Anne-Marie Rucker at (916) 875-3861.

SACRAMENTO COUNTY

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

Divisions
Behavioral Health Services
Primary Health
Public Health
Departmental Administration

County of Sacramento

July 24, 2019

Greetings,

We have received a great deal of interest in the Behavioral Health Services Town Hall, and we have reached capacity for that event. A number of community members who have not been able to register for the meeting have expressed interest in participating. Consequently, I have asked Behavioral Health Services staff to plan a second Town Hall meeting on Thursday, August 1, 2019 at 7001-A East Parkway in Conference Room 1. The facilitator and agenda will remain the same. Please register using this link: https://secondtownhall.eventbrite.com.

In the interest of accommodating families who come to the Tuesday event where play care is available, we kindly request that community partners who are able, to please register for and attend the Thursday, August 1 event instead. Your kindness and flexibility to make room at the table for families would be greatly appreciated.

Looking forward to hearing your input as a part of these events.

If you have any questions, please contact Anne-Marie Rucker RuckerA@SacCounty.net (916) 875-3861.

Sincerely,

Ryan Quist, Ph.D.
Behavioral Health Director
Sacramento County Behavioral Health Services
Quistr@saccounty.net

Attachment: 1

7001A East Parkway, Suite 400 • Sacramento, California 95823 • phone (916) 875-7070 • fax (916) 875-6970 • www.saccounty.net

BEHAVIORAL HEALTH SERVICES

TOWN HALL MEETING II

WITH SACRAMENTO COUNTY
BEHAVIORAL HEALTH DIRECTOR RYAN QUIST, PH.D.

Grantland L. Johnson Center for Health & Human Services

Conference Room 1

August 1, 2019
3:00-6:00 PM

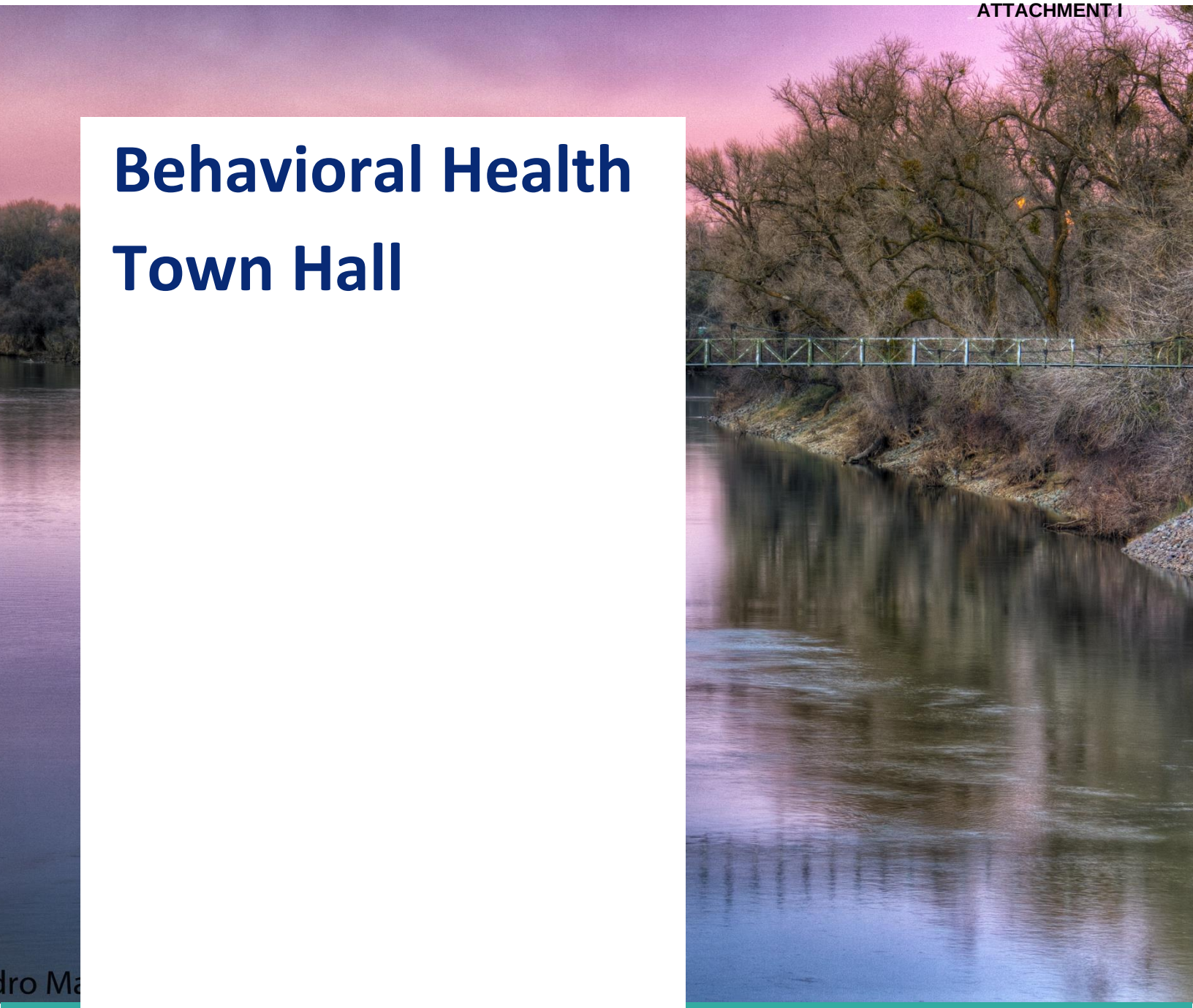
7001-A East Parkway
Sacramento, CA 95823

FOOD PROVIDED

PLEASE RSVP at this link: https://secondtownhall.eventbrite.com

If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Anne-Marie Rucker at (916) 875-3861.

SACRAMENTO COUNTY



Behavioral Health Town Hall

JULY 30TH AND AUGUST 1ST, 2019

Dr. Ryan Quist
Director of Behavioral Health Services

Authored by: Liz Gomez

SACRAMENTO COUNTY

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Details

Goal: The goal of the Town Hall is to gather feedback and ideas about the current Behavioral Health Services System.

Feedback: The feedback of the Town Hall will influence current priorities and inform future needs for the Behavioral Health Services System.

Premise: There is value in engaging those who have a high stake in the work the County is driving forward around Behavioral Health.

Results we are looking to achieve:

- Representation from 50% systems partners and 50% individuals that access our services
- Participants are clear about the goal of this session and next steps based on their input
- Feedback and ideas are gathered from participants about the current system
- Participants feel heard and have the opportunity to have a voice in the feedback process

Town Hall #1: Tuesday, July 30th 3-6pm ♦ 2450 Florin Rd ♦ Susie Gaines Mitchell Community Room
Town Hall #2: Thursday, August 1st 3-6pm ♦ 7001 East Parkway

Total Numbers - Both Town Halls	
Participants	Total
Town Hall #1	87
Town Hall #2	84

Participation Groups	Town Hall #1	Town Hall #2
Systems Partners	36%	43%
Consumers	14%	6%
BHS Staff	31%	27%
Community Members (including family members)	18%	17%
Did not indicate	20%	20%

Overview

Welcome – Dr. Quist

Dr. Ryan Quist, Director of Behavioral Health Services, provided the welcome and opening remarks. The priority areas for Behavioral Health Services were outlined: crisis continuum, individuals who are experiencing homelessness, timely access to services, individuals involved with child welfare/probation, school-based services and individuals who have experience with the criminal justice system (youth and adult). It was indicated that these priorities have come up not only in Sacramento but also across other counties and cities. Participants were thanked for joining Behavioral Health in the first of many opportunities for the Division to listen to their feedback and experiences. The goal of the Town Hall was outlined as an opportunity to gather feedback and ideas about the current Behavioral Health Services System. Liz Gomez, Program Planner with the Department of Health Services, was introduced as the facilitator for the Town Hall. Liz was introduced as a neutral, third party outside of Behavioral Health Services which was one of the reasons she was chosen to facilitate. Ed Dziuk, Health Program Manager, and Melissa Jacobs, Human Services Division Manager, were introduced to provide an overview of the alcohol and drug services (ADS) and mental health (MH) services provided through the Behavioral Health Services System.

Behavioral Health Overview

Alcohol and Drug Services (ADS) Continuum Overview – Ed Dziuk

An overview of the Alcohol and Drug Services Continuum was presented by Ed Dziuk, Health Program Manager. ADS offers a full array of substance use disorder treatment and prevention services to youth and adults. Services include youth and adult substance use disorder assessment and referral, adult residential treatment, withdrawal management, Medication-Assisted Treatment (MAT), sober living environments, youth and adult outpatient services including intensive outpatient treatment and a women's perinatal treatment program. As of July 1, 2019, ADS implemented the Drug Medi-Cal Organized Delivery System (DMC-ODS), expanding reimbursable treatment and MAT services. ADS currently contracts with 21 community treatment and prevention providers and is actively building system capacity and improving access to care for Sacramento County residents.

Child & Family and Adult Mental Health Service Continuums – Melissa Jacobs

An overview of the Child and Family Mental Health and Adult Mental Health Service Continuums was presented by Melissa Jacobs, Human Services Division Manager. MH services to adults, children, youth and older adults are provided along a continuum of prevention and early intervention services, outpatient, intensive outpatient and acute residential services. Sacramento County provides mental health services through approximately 90 contracted and county-operated service providers. There are continuous efforts to improve access and timeliness to services across the continuum.

Overview

Liz Gomez, a Program Planner from the Department of Health Services, provided a Town Hall overview. The goal of the Town Hall was outlined as an opportunity to gather feedback and ideas about the current Behavioral Health Services System. Feedback from this Town Hall will influence current priorities and inform future needs for the Behavioral Health Services System. It was explained that each table in the room has a different focus area based on BHS priorities. A facilitator at each table raised their hand to identify their role at their table.

The Comfort Agreement for the Town Hall was reviewed (see Appendix 3). No changes or feedback to the comfort agreements were requested from participants. The Parking Lot was explained as a space at each table to provide ideas or feedback that are outside of the scope of this Town Hall. Responses to the Parking Lot will be provided in the follow-up report. A Suggestion Box, located at the back of the room, provided anonymous suggestions to the Behavioral Health Services team. Input placed in the suggestion box, without an email address, will be responded to through the follow-up report.

Agenda Sections

1. What does success look like?
2. What is working? "Glows"
3. What can be improved? "Grows"

Participants also had the opportunity to comment and provide feedback on other focus areas through a gallery walk that transpired later on in the event.

Agenda

What does success look like, and what would it look like if we did this right?
Participants provided ideas and insight around the question, "What would success look like?" After a period of discussion and idea generation, participants were asked to come up with a success statement for their focus area.

What is working? "Glows"

Participants provided ideas and insight around the question, "What is working?" After a period of discussion and idea generation, participants were asked to come up with their top three "Glows."

What can be improved? "Grows"

Participants provided ideas and insight around the question, "What can be improved?" After a period of discussion and idea generation, participants were asked to come up with their top three "Grows."

Gallery Walk

Each table was asked to bring their summary board and tape it to the designated wall. Participants were provided time and materials to provide comments around the feedback generated by other tables.

Conclusion

Participants were asked to provide feedback through an evaluation form regarding the Town Hall. Dr. Quist thanked participants for taking the time to provide feedback and ideas about the current Behavioral Health Services System. Liz outlined the goal of the Behavioral Health Services Town Hall and where participant's feedback is going.

Meeting Adjourned

Summary of Feedback from Participants

Crisis Continuum

Success would look like a supportive continuum that is culturally competent and easily accessible. There would be supportive family services and stabilization after discharge.

Individuals Who Are Homeless

Success would look like having a continuum of care (ADS, employment, MH, etc.) that is compassionate, trauma-informed and culturally competent. There would be no issues with access or barriers (such as paperwork) to getting treatment. Finally, there would be housing for all that is permanent and affordable in addition to shelter options.

Timely Access to Services

Success would look like a system that is built with a proactive, no fail first approach with access points at the earliest level of contact. Access points would be low barrier, coordinated and offer timely services. Triage and assessments would be expedited resulting in multiple access points for services. Services would be fully funded, staffed and culturally competent.

School-Based Services

Success would look like a system that has its foundation in prevention and early intervention. From that foundation, it would collaborate with teachers, family, outside programs and others to provide culturally competent wrap around services (tier 1, 2 and 3). These would include skill building, social emotional learning and at least one MH clinician at every school. There would be enough capacity to ensure schools can be trusted partners to students and their families in the community.

Child Welfare/Probation

Success would look like having a culturally competent system that serves children and their families. The services would be along a continuum and integrated with education and community-based navigators to equip children and their families to achieve wellbeing. There would be continuity in services, with no interruptions or barriers to linkage.

Criminal Justice System

Success would look like a system that collaborates, communicates and involves the family in the treatment plan. It would provide services that are culturally effective and a welcoming, positive environment. The services would provide immediate and comprehensive assessment prior, during and after custody. There would be no access issues with 24/7 MH services and strong MH training for probation and police.

Deep Dive - Feedback from Participants

Crisis Continuum: Diverting from hospitalization and reducing the length of hospital stays

What Would Success Look Like?

Success would look like a supportive continuum that is culturally competent and easily accessible. There would be supportive family services and stabilization after discharge.

Participants also noted:

- *Improved and increased MH Services (such as respite services and community support teams)*
- *Peer navigation support*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate $2.2 million for Mobile Crisis Support Teams.

Key Themes

Cultural Competency

Accessibility

Peer Support

What Is Working – "Glows"

1. **Urgent Care Services:** Wrap -around MH services and care management are offered.
2. **Mobile Crisis Services:** Proper assessment and stabilization services are provided.
3. **How the work is being done:** County holds trainings on cultural competence. A person-centered approach (whole person care) is used and there are opportunities to provide feedback to County.

Participants also noted:

- *Access points to navigators for crisis services within existing institutions*
- *Peer support services available*
- *Collaboration and communication between access points for services (institutions and communities)*

What Can Be Improved – "Grows"

1. **Access:** Create new access points as well as education and communication around existing access points.
2. **Phone Number:** Consider creating an easily accessible phone number for mental health crisis.
3. **Mobile Crisis:** Increase children's mobile crisis services and programs.
4. **Data-Driven:** Make data-driven decisions to both inform allocation of funding and to communicate what is working.

Participants also noted:

- *Increasing peer support*
- *Training particularly with law enforcement around cultural competence and mental health*
- *More programs and services*

Individuals Who Are Experiencing Homelessness

What Would Success Look Like?

Success would look like having a continuum of care (ADS, employment, MH, etc.) that is compassionate, trauma-informed and culturally competent. Service providers would be diverse and would take a non-punitive approach to homelessness (would not take property). Providers and systems partners would be given the education and training necessary to bridge the cultural competence gap and reduce the stigma surrounding homelessness.

There would be no issues with access or barriers (such as paperwork) to getting treatment. Finally, there would be housing for all that is permanent and affordable in addition to shelter options.

Participants also noted:

- *A collaborative network*
- *Continuous comprehensive approach to outreach*
- *Mentors and peer navigators*
- *Access to safe parking and bathrooms*
- *Additional services for youth*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved proposed MHSA CSS allocations for the following:

- $3.0 million for Augmented Care and Treatment Board and Care facilities
- $2.0 million for Housing Treatment (transitional residential pool)
- $6.0 million for current housing subsidies and supports
- $14.0 million for future housing subsidies and supports

Key Themes

Cultural Competency

Accessibility

Peer Support

What Is Working – "Glows"

1. **Urgency, Awareness and Passion:** There is an increasing call for action – we agree that there is a problem. There are passionate people doing the work including new County leadership, advocates, people with lived experience, etc.
   a) There is money available to support efforts (Prop 63, Mental Health Service Act (MHSA) money, etc.)
2. **Both Specific Programs (spec. Urgent Care) & Collaboration:** Some individual programs are working well, including an increase in emergency medical services and urgent care. Programs, County departments and leaders in the region are collaborating.
3. **Access:** Sacramento County has fewer restrictions on eligibility for services and for healthcare.

Participants also noted:

- *Additional funding has allowed for more housing navigators for homeless individuals*
- *Individuals receiving Supplemental Security Income being eligible for food stamps*
- *Outreach to shelters*
- *Access to healthcare*
- *Specific programs are working: supportive housing programs, respite center, impact team model, city homeless shelter, self-help housing collaboration, sheriff's homelessness team, 211, Food Bank, among others*
- *Awareness has led to understanding that homelessness is not a crime and there is more compassion in the community*

What Can Be Improved – "Grows"

1. **More housing:** Shelters and shelter beds, board and care, incentives, mixed tenancy, transitional and permanent. All types need to be affordable and accessible to families. Outside of formal housing, materials need to be provided: toilets, trashcans, etc.
2. **Timely access to services:** Eliminate current barriers to access: credit, legal, appointments, childcare, pet care, etc. Providers should meet clients where they are.
3. **Coordination and collaboration amongst silos:** Educate community groups around access points. Create assertive community treatment teams. Improve coordinated entry.

Participants also noted:

- *More preventative interventions, including changing the definition of homelessness to include those at risk of becoming homeless; ditch fail first.*
- *Cultural competence: training and education around community tolerance, stigma, treatment first. Bilingual navigators. Many systems are plagued by discrimination against the homeless.*
- *Lack of representation from those experiencing homelessness. We need more community voice.*
- *Capacity: (1) More staff (specifically navigators) to support individuals to apply for housing (2) More wrap around services for those at risk of homelessness (training, long-term resources, specialty healthcare)*
- *Provide restorative and educational trainings across the board*
- *Collect data in order to understand the root causes of homelessness*
- *No siloed programs: link all through HMIS, funding is depending on collaboration*
- *Policy-driven housing: landlords required to take vouchers, cap rent, landlords must fix housing.*

Timely Access to Services

What Would Success Look Like?

Success would look like a system that is built with a proactive, no fail first approach with access points at the earliest level of contact. Access points would be low barrier, coordinated and offer timely services. Triage and assessments would be expedited resulting in multiple access points for services. Services would be fully funded, staffed and culturally competent.

Participants also noted:

- *Strong access network*
  - *Reducing barriers: transportation, coverage, linkage, no wrong door, access to phones, telemedicine, personal services (laundry, etc.)*
  - *Increasing access points*
  - *Coordination and navigation with existing access points that allow for a warm hand off. (Consider navigators or engagement staff at organizations that serve basic needs).*
- *Timely authorization and linkage, walk-in hours*
- *Services and staff are culturally competent*
  - *Prioritize peer support and navigation*
  - *Integrate cultural brokers into BH system*
  - *Ensure cultural organizations know about services*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate $2.5 million for existing PEI programs.

Key Themes

Cultural Competency

Accessibility

Warm Hand-Offs

What Is Working – "Glows"

1. **Access:** There are increased access points for youth and adults, specifically SLVS, MCT, CST, and WRCs. The increase has been possible through capacity via funding and staff.
2. **Specific programs and services:** Programs such as FIT, Wellness Centers, Crisis Respite, and Mental Health Urgent Care are working well.
3. **Cultural sensitivity:** Staff are supportive and passionate, peer advocates are present and there are campaigns to reduce stigma around mental health.

Participants also noted:

- *There has been increased coordination between different partners: (a) law enforcement and mental health and (b) children's providers.*
- *Performance improvement projects have improved timelines to appointments and medication bridge has decreased wait time for psychiatrists.*

What Can Be Improved – "Grows"

1. **Capacity (staff and systems):** Build capacity for staff to reduce burnout (manageable caseloads, more staff and training, fair pay and support). The internal data collection systems are outdated and inaccessible. County needs to explore telemedicine.
2. **Culturally competent care:** Have bilingual staff members that are reflective of consumers they serve; services are specialized for diverse clients (such as seniors and formerly incarcerated). Deliver care through the model of whole-person care.
3. **Access:** Provide services where people are, including walk-in services, urgent care, navigators, transportation and childcare. Ensure there are warm handoffs.

Participants also noted:

- *Streamline the referral process particularly the intake packet*
- *More peer advocates*
- *Outreach to communities to inform about services and rights*
- *Ensuring strong assessment to support appropriate level of care*
- *More supervised safe spaces*
- *Data collection is skewed, since we don't have baselines*

Individuals Involved with Child Welfare/Probation

What Would Success Look Like?

Success would look like having a culturally competent system that serves children and their families. The services would be along a continuum and integrated with education and community-based navigators to equip children and their families to achieve wellbeing. There would be continuity in services, with no interruptions or barriers to linkage.

Participants also noted:

- *Families seen as experts and the system is focused to ensure the family gets the support they need*
- *Strong access points, with no delay in referral process*
- *Prevention and early intervention to support early screening and service delivery (consider focusing on families and schools)*
- *Regular trainings for partners around Indian Child Welfare Act and cultural awareness*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate $1.0 million for Foster Youth Supports.

Key Themes

Cultural Competency

Accessibility

Family Involvement

What Is Working – "Glows"

1. **Collaboration:** Agencies, systems partners, peer & family advocates are working together.
2. **Family and community focused approach to services:** Child and family teams, family partnerships and community support teams are central to service approach.
3. **Cultural competence:** Services are culturally competent and designed to be in a continuum and wrap-around.

Participants also noted:

- *Increase in services for crisis and foster youth and family*
- *Training for youth and adults: Child and Family Teams and Mental Health First Aid*
- *Specific Programs: youth groups, leadership groups and mentorship programs*
- *Mobile Crisis Support Teams*

What Can Be Improved – "Grows"

1. **Increase funding and priority for specific programs:** (1) BHS contracts with foster family agencies and (2) alcohol and drug services in schools.
2. **Decrease barriers to service delivery:** Integrate services and warm hand-offs. Eliminate barriers created by Medi-Cal.
3. **Culturally specific services:** Increase availability of culturally specific services. Include youth and family advocates and mentors.

Participants also noted:

- *Other programs and priorities need additional capacity: LGBTQ community providers, cross-over youth, local opportunities for placement, prevention and early intervention services in juvenile hall*
- *Medical access and awareness of services*
- *Integration of services including the follow-up particularly outcome of a referral*
- *Youth voice and advocacy, as well as youth integration into future town halls*
- *System education and training*

School-Based Services

What Would Success Look Like?

Success would look like a system that has its foundation in prevention and early intervention. From that foundation, it would collaborate with teachers, family, outside programs and others to provide culturally competent wrap around services (tier 1, 2 and 3). These would include skill building, social emotional learning and at least one MH clinician at every school. There would be enough capacity to ensure schools can be trusted partners to students and their families in the community.

Participants also noted:

- *Programs such as education around MH skills and wrap around services would be provided for the entire family, not just the child.*
- *There would be a culture change in school that would include restorative justice, trainings for teachers and a decrease in stigma/bias against trauma and mental health. As such, African-American students would not be adversely affected by suspensions.*
- *Access: Expanded MH services would allow for there would be no wrong door to catch kids at any level of need. Students would have the opportunity to self-refer.*
- *Schools are one piece of a cohesive system to support children and families. Events like this are helpful.*

What Behavioral Health has Done

More to Come!

Meetings in progress with Sacramento County Office of Education to discuss possible models for school-based services.

Key Themes

Cultural Competency

Mental Health Support

Family Involvement

What Is Working – "Glows"

1. **Increased funding:** Additional resources have been allocated to school-based services due to policy change (AB 2246), increased awareness of MH challenges (including suicide prevention) and ACEs (MHOAC Grant).
2. **Cultural Competence:** Services are culturally competent, available on campus, more positive, and staff are representative of the community.
3. **Delivery of services:** Programs serve the whole child and doing so with a focus on early intervention. Quick access and 24/7 support are prioritized.

Participants also noted:

- *Collaboration: partners are willing to come to the table to remove siloes*
- *Programs (such as sports) and education services (relating to MH services or marijuana)*
- *Training for teachers around ACES, trauma and social emotional learning*
- *Social media posts of MH resources and the crisis text line*

What Can Be Improved – "Grows"

1. **Collaboration:** Collaboration between county departments, schools, funding streams, partners and providers to support youth with behavioral needs and their families. No wrong door.
2. **Capacity for programs and services:** Focus on prevention and early intervention programs. Increase capacity in trauma and MH classes. Hire additional staff in classrooms (specifically aides).
3. **Outreach:** Increase access, with a focus on social media, family nights and collaborations between schools, parents and MH providers.

Participants also noted:

- *Cultural competence: hire more diverse staff, train teachers to be trauma-informed, and to break down stigma. Provide services that are more culturally responsive*
- *Take school resource officers off of campuses*
- *Provide more support for families in the home*
- *Need for collaboration to transform typical silo (for example, teachers going to home visits, officers at tables for CFT teams)*
- *Adding capacity in schools could look like a MH app to increase access to MH clinicians, trauma informed yoga and headspace check-in café*

Individuals Who Have Experience with the Criminal Justice System (youth and adult)

What Would Success Look Like?

Success would look like a system that collaborates, communicates and involves the family in the treatment plan. It would provide services that are culturally effective and a welcoming, positive environment. The services would provide immediate and comprehensive assessment prior, during and after custody. There would be no access issues with 24/7 MH services and strong MH training for probation and police.

Participants also noted:

- *Training and education for probation would include de-escalation, stigma reduction, increasing buy-in for MH services*
- *Focus on prevention and early intervention, diverting individuals away from custody – a treatment model instead of a punishment model*
- *Community trained around criminal justice system and stigma reduction; engaged to stay in services and to increase buy-in; cultural healing services provided by people from the culture*
- *Some ways systems can collaborate are: (1) Have a MH clinician go with law enforcement for 5150 calls (2) discharge planning (3) advocate in criminal justice system (4) co-locate MH professional in community organizations (5) collaborative court programs*
- *No one goes to jail for mental illness and convictions that transpired during MH episode would be expunged*
- *Expanding services: mobile crisis teams, medication management, MH outpatient services and life skills*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate $2.2 million for Mobile Crisis Support Teams.

Key Themes

Family Involvement

Accessibility

24/7 Mental Health Services

What Is Working –"Glows"

1. **Coordination and Collaboration:** Court programs and agencies are collaborating and creating partnership programs.
2. **MH Court:** There is treatment and collaboration as well as increased linkage to MH services.
3. **Juvenile Hall:** Young people can access MH services.

Participants also noted:

1. *Mental Health Urgent Care Clinic and Mobile Crisis Support Teams have improved linkage and provided access*
2. *Collaboration: attorneys with mental health workers; parents with juvenile hall staff; law enforcement with ADS & mobile crisis; MH staff with medical professionals*
3. *Cultural competence: County is including more people with lived experience, Sacramento Police Department is receiving training and there is more advocacy*

What Can Be Improved – "Grows"

- **Collaboration:** All partners work together to ensure there is seamless access to services and warm hand-offs to treatment upon release. There is a single system or case file to facilitate this coordination.
- **Capacity:** Increase number of inpatient beds and multiple crisis/restoration centers throughout the community.
- **Cultural competence**: Family support and MH first responders need to be sensitive to cultural needs of the communities they serve.

Participants also noted:

1. *Proactive in-custody assessment and treatment services for all who are eligible*
2. *Jail: there should be an alumni group and day treatment in jail*
3. *Transparency in the distribution of funds and leveraging funds*
4. *More capacity in homeless services, mobile crisis, residential treatment for youth, housing (scattered site), and access to medication. Consider a detention center for clients who are mentally ill.*
5. *Trainings for officers and providers around de-escalation, implicit bias, sensitivity. More cultural mediators. Better representation. Reduce the jargon. Educate non systems workers about system.*
6. *Families should be integrated into support and services, better visitation in custody and a hotline for families*

Appendix 1: Participant Evaluation Feedback

What worked?

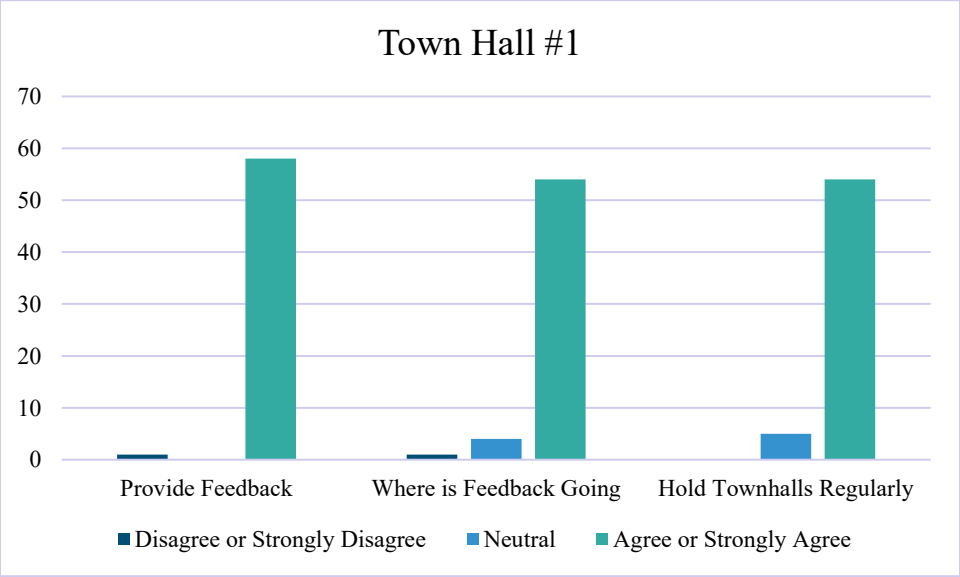
- Participants appreciated hearing from a diverse group at their tables, there was great discussion and fantastic facilitation
- They appreciated the opportunity to be heard around what is working and what can be improved, they also appreciated learning about the current system up front
- Participants appreciated the structure, flow and coordination around the meeting, great facilitation
- Thank you for the food and coloring books

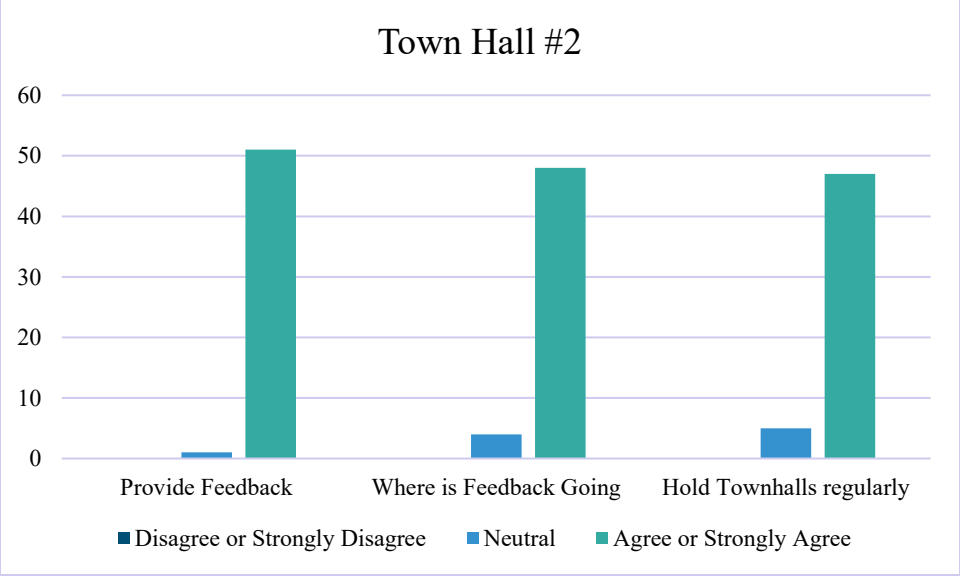
What can be improved?

- Meeting #1: Air conditioner, parking logistics and size of room
- Make it shorter and consider combining, re-organizing sections to do so
- Have more community members and consumers, do so through better advertisement and going into communities for future meetings
- What are the next steps from this and who is the Executive Team?
- This was not the format I expected from the flyer/communications
- Meeting #2: seemed to want more information around current services, service continuum that was presented at the beginning

Participants indicated a response to the following questions along a scale of strongly disagree to strongly agree.

- This town hall provided me an opportunity to provide feedback and ideas around the current behavioral health system in Sacramento County of Sacramento
- I understand where my feedback and input will go after this town hall
- BHS Behavioral Health Services should hold town halls on a more regular basis





Appendix 2: Family Support

At the first Town Hall a group formed around the theme of Family Support. While Family Support was not identified as a standalone focus areas of discussion for the BHS Town Hall, it is in alignment with the values and BHS so their responses are provided here.

What Would Success Look Like?

Success Statement: Families would be supported with (1) family resource binder (2) crisis/non-crisis phone line (3) family support rights and (4) social events. There would be peer advocacy for co-occurring (SUD/MH) lived experience.

Participants also noted:

- *Early intervention for family members*
- *Access to services: hours of operation in evening and on weekends, play care and transportation*
- *Inclusion of children of consumers*
- *Assisted outpatient*

What Is Working – "Glows"

1. NAMI Family to Family
2. Family advocacy (peer)

Participants also noted:

- *Communication within family*

What Can Be Improved – "Grows"

1. Family Rights Policy and Procedures with current MH documentation. Consider creating a focus group.
2. Phone line for family members (crisis/non crisis)
3. Resources for family members

Participants also noted:

- *Access: provide health information to other agencies, more outreach*
- *Respectful communication for family members*
- *Increase community-based co-occurring providers*
- *Having fun within family*

Appendix 3: Comfort Agreements

SACRAMENTO COUNTY
Division of Behavioral Health Services

COMFORT AGREEMENT

1. Honor the wisdom that each person brings
2. Listen with an open mind and a willingness to compromise
3. It's ok to disagree—have respect for each other's opinions
4. Disagree respectfully—no criticism of self or others
5. Show consideration to others, use respectful language
6. One person speaks at a time—no side bar discussions
7. Minimize distractions—please silence cell phone
8. Participate in the process—be mentally and physically engaged

Appendix 4: Key Definitions

Mobile Crisis Support Teams (MCSTs)

Mobile Crisis Support Teams (MCSTs) are a collaboration between DBHS and local law enforcement agencies across Sacramento County. Each team includes a police officer or sheriff's deputy, a licensed mental health counselor, and a peer navigator. The MCSTs serve individuals of all ages and diversity in Sacramento County by providing timely crisis assessment and intervention to individuals who are experiencing a mental health crisis. The goals of the program are to provide safe, compassionate and effective responses to individuals with a mental illness; increase public safety; decrease unnecessary hospitalizations for community members experiencing a mental health crisis; decrease unnecessary incarceration for community members experiencing a mental health crisis; and increase consumer participation with mental health providers by problem solving barriers and increasing knowledge of local resources.

Crisis Residential Programs (CRPs)

Crisis Residential Programs (CRPs) are comprehensive, short-term residential programs that provide a less restrictive alternative to hospitalization. CRPs provide treatment for adults experiencing a mental health crisis who require 24-hour support in order to return to community living. The services provided are time-specific, member-focused, and strength-based. Services routinely avert the need for hospitalization through teaching clients to successfully manage their symptoms, addressing psychosocial stressors and empowering clients to become agents of change in their recovery.

The Augmented Care and Treatment (ACT) Board and Care program

The Augmented Care and Treatment (ACT) Board and Care program offers a quality residential board and care living environment for individuals living with serious mental health and/or co-occurring conditions who are at risk of hospitalization or in need of intense programming. The philosophy behind the ACT program model is to provide a safe and supportive environment where

individuals can receive treatment, life skills, and connections to other resources at a less restrictive level of care than other residential models.

Respite programs

Respite programs provide services for people who need a different level of care than they can get at home, are not at immediate risk to themselves or others, and do not have acute medical conditions needing complex medical attention. Respite programs provide a safe environment in which participants increase their knowledge of available supports and how to access them, improve well-being, reduce stress, increase connectedness and reduce feelings of isolation, decrease risk of harm, and reduce visits to the emergency room and psychiatric hospitals.

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.

Substance Use Disorder Warning Signs

Drastic changes in mood or behavior.

Changes in eating and/ or sleeping habits.

Arguing with family or friends about alcohol and/or drug use.

Memory problems/ blackout.

Neglecting home or work responsibilities.

Associating with peers that use alcohol/drugs.

Strong cravings or frequent thoughts about alcohol and/or drugs.

Driving under the influence/alcohol or drug related arrests.

Overdose Information

Do not hesitate to **call 911** for medical emergencies/overdose involving alcohol and/or drugs.

Narcan® is a medication that could immediately counter the effects of an **opioid or heroin overdose**. Emergency personnel often carry it with them. Narcan® is also available at select pharmacies without a prescription.

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Substance Use Prevention and Treatment Services

Recovery is possible!

Help is available!

Our Services

Prevention Services

Outpatient Treatment

Perinatal Services for pregnant and parenting women

Withdrawal Management/ Detoxification Services

Medication-Assisted Treatment (methadone, buprenorphine, naltrexone and disulfiram, Narcan®)

Residential Treatment

Recovery Residences/Sober Living Environments

Recovery Services/After Care Services

Driving Under the Influence Programs

Collaborative Courts

Sacramento County residents ages 12+ are provided a continuum of care for substance use prevention and treatment.

Prevention services foster positive family environments and support abstinence and resiliency.

Treatment services are offered at no cost for most Med-Cal eligible Sacramento residents.

System of Care staff will ask you simple questions about your use of alcohol and drugs to determine the best level of care for you and refer you to a treatment provider in your community. Bi-lingual staff and interpreters are available to you at no charge.

We understand that reaching out for assistance can be difficult. Substance Use Prevention and Treatment Services is here to help!

SACRAMENTO COUNTY

System of Care for Substance Use Treatment

Please call our System of Care staff for a substance use disorder assessment and service referral.

Your call and treatment will be kept confidential.

Monday through Friday
8:00 a.m. to 5:00 p.m.

Telephone Number
(916) 874-9754

California Relay Service
711

After Hours
(888) 881-4881

SACRAMENTO COUNTY

INCREASING SPANISH BEHAVIORAL HEALTH CLINICAL TERMINOLOGY
Online Course

Primary Presenter: Lidia Gamulin, LCSW

Ms. Gamulin is a Licensed Clinical Social Worker with over 30 years of experience in the mental health field. She received her Master's Degree in Social Work from the University of California in Los Angeles. As a trainer, she started her journey at the Los Angeles County Department of Mental Health, Training Division coordinating and providing trainings in Cultural Competence and Mental Health Interpreting. She is also a certified trainer for other curriculums. She has developed several training curriculums used nationwide. She provides mental health consultation and training locally and nationally.

Online Classroom

June 29, 2020 - Day 1: 1 ½ hour virtual class. 9:00 to 10:30 am
June 30, 2020 - Day 2: 3 hours virtual class 9:00 to 12:00 noon
July 1, 2020 - Day 3: 3 hours virtual class 9:00 to 12:00 noon

This course will take place in a virtual classroom allowing for live interaction between instructor and participants. (Synchronous online learning)

Self-paced Learning

- 2 hours approximately
- Participants will download the course materials, and assignments. These engagements are external to the classroom experience. (Asynchronous self-paced learning)

Target Audience

For BHS and Contracted agency staff working with Spanish speaking consumers.

Course Format

Online teaching, self-paced learning, polls, breakout rooms, lecture, interactive exercises, and videos.

Learning Objectives

Upon completion of training, participants can be expected to:

1. Formulate in Spanish language at least 4 statements relevant to working with families/consumers, institutions and various professions in the behavioral health fields.

2. Utilize Spanish terminology breaking down 5 health care insurance concepts, such as premiums, deductibles, and coinsurance, copayment, and provider networks.

3. Formulate at least 4 clinical questions and answers specific to the initial assessment.

4. Formulate 4 questions and answers utilizing terminology related to mental disorders and diagnosis.

5. Utilize Spanish terminology and cultural adaptations relevant to 4 clinical interventions such as cognitive behavioral therapy.

6. List and use Spanish legal terminology related to 3 areas: consent for services, hospitalization and reporting laws.

Abstract Of Course

This online course is intended to increase clinician and bilingual staff's Spanish vocabulary and use of terms related to behavioral health assessment, diagnosis and treatment and to increase cross-cultural knowledge and skills with Spanish-speaking populations. Attendees will be able to decrease and avoid the use of incorrect or misleading terminology.

The training is designed for participants of varying levels of Spanish-language proficiency. Written and conversational Spanish language knowledge is highly recommended for participation in the class.

Online Registration applications are due by **June 22, 2020**

Training and CE Hours free of charge

All staff members who participate in the training will be given a certificate of completion and CEUs as appropriate at the end of the training. Course meets the qualification for 7 hours of Continuing Education Credit for LMFTs, LCSWs, LPCCs and/or LEPs as required by the California Board of Behavioral Sciences. Sacramento County Division of Behavioral Health is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for LKMTs, LCSWs, LPCCs and/or LEPs (Provider # 129915). Sacramento County Division of Behavioral Health maintains responsibility for this program/course and its content. For questions, please e-mail QMTraining@saccounty.net

Questions, Concerns, or Grievances:

Quality training is the goal of Sacramento County; please direct any questions, concerns, or grievances to: QMTraining@saccounty.net

ADA and Interpreter Needs: If you wish to attend and need to arrange for an interpreter of a reasonable accommodation, please contact Ajna Glisic-Andjelkovic one week prior to the event at phone (916) 876-8804 or via email at Glisic-andjelkovicA@saccounty.net

Application Required. Access to the online training application:

https://www.surveymonkey.com/r/2JQB8XT

Virtual Peer Empowerment Conference
June 19, 2020
Evaluation/Summary Report

Conference Attendance

Total Number of Conference Participants	262
Number participated by phone	24 (9%)

Source: Zoom Usage Report; unique logins; includes phone participants

Stakeholder Groups Participating*

Consumer	57%
Family Member	32%
Mental Health Service Provider	50%
Ethnic Services Provider	9%
Law Enforcement	2%
Education	7%
Veteran	4.3%

Source: Survey Gizmo Peer Empowerment Conference 2020 Survey

Overall Conference Evaluation Source: Survey Gizmo Peer Empowerment Conference 2020 Survey	Average Response 1 = Strongly Disagree 5 = Strongly Agree
Conference goals were clearly communicated.	4.3
Conference goals & objectives were achieved.	4.3
Conference content was practical and easy to understand.	4.5
There was adequate opportunity for questions and answers.	4.4
I would recommend this conference to my friends or co-workers.	4.5

What aspects of the conference did you find especially helpful/not helpful?

Keynote Speaker: Lishia Rahman Source: Survey Gizmo Peer Empowerment Conference 2020 Survey	Average Response 1 = Strongly Disagree 5 = Strongly Agree
The presenter appeared well organized and prepared.	4.8
A clear understanding of the subject matter was demonstrated.	4.8
The subject matter was clearly presented.	4.8
Discussion from the conference attendees was encouraged.	4.5

Lishia Rahman's Peer Empowerment Conference 2020 Keynote Speech Can be viewed here:
https://www.calvoices.org/events

Lunch Delivery

Cal Voices provided lunch delivery to interested participants through its Grub Hub corporate account. Pre-registration was offered to participants so that they had the option of placing their own lunch orders, and 99 participants (79%) did so. Participants were also given the option to place lunch orders by calling Cal Voices during the conference. A phone line was dedicated for calls related to the Peer Empowerment Conference and staffed with bilingual Spanish speakers. Spanish-speaking conference participants were required to call to place orders as online pre-registration, as well as the Grub Hub platform, were not available in Spanish. An interpreter was provided by Sacramento County so that Spanish speakers had the ability to listen to the conference in Spanish through the Zoom platform.

Peer Empowerment Conference Grub Hub Orders

Total Grub Hub orders processed	Grub Hub orders placed by conference attendees	Grub Hub orders placed by Cal Voices staff
126	99	27

"I appreciated lunch and the raffle. Two pros: 1) It assured I will remember to eat lunch today which is important for mental health and supporting my brain with engagement and 2) I will fully participate in the conference because I feel like the organizers "cared enough about my wellbeing" to coordinate this. Those two things may have happened anyways because of my job but -as a consumer- lunch delivery really "sealed the deal" for me."

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH SERVICES

DIVISION OF BEHAVIORAL HEALTH SERVICES
SUBSTANCE USE PREVENTION AND TREATMENT SERVICES

إفادة بالاستلام

استلمت أنا المواد التالية مع بدء تلقي الخدمة من موفر الخدمة هذا. أتفهم أنني قد أتلقى أيًا من المعلومات التالية حسب الطلب.

✔ اختر جميع ما ينطبق	المستند المتوفر
	إشعار ممارسات الخصوصية يحدد إشعار ممارسات الخصوصية الخاص بخطط الرعاية الصحية وموفري الرعاية الصحية بمقاطعة ساكرامينتو كيف قد تستخدم وكالتنا المعلومات الخاصة بك أو تفصح عنها. لن يتم وصف جميع المواقف. يتعين على الوكالة إشعارك بممارسات الخصوصية التي تتبعها بشأن المعلومات الخاصة بك التي تجمعها وتحتفظ بها وبشأن كيفية وصولك إلى هذه المعلومات.
	دليل أعضاء نظام صرف الدواء المقنن لبرنامج Medi-Cal في مقاطعة ساكرامينتو يحتوي هذا الدليل على معلومات متعلقة بتأهل العضو للحصول على خدمات معالجة إدمان الكحول والمخدرات، وكيفية الحصول على هذه الخدمات، ومن هم موفرو الخدمات لدينا، وما هي الخدمات المتاحة، وما هي حقوقك ومسؤولياتك، إلى جانب عملية التظلم وجلسة الاستماع العادلة، وأرقام الهاتف المهمة الخاصة بخطة نظام صرف الدواء لبرنامج Medi-Cal.
	منشور التوجيه المسبق يوضح هذا المنشور حقوقك المتعلقة باتخاذ قرارات بشأن علاجك الطبي. وهو يتضمن كيفية تعيين وكيل للرعاية الصحية يكون بوسعه اتخاذ القرارات بالنيابة عنك وكيفية تغيير توجيهاتك في أي وقت. هل لديك توجيه مسبق؟ — **نعم** / **لا** / **لا ينطبق** إذا كانت الإجابة نعم، فيُرجى تقديم نسخة من سجلك الطبي؟ — **نعم** / **لا** / **لا ينطبق**
	دليل موفري العلاج لخدمات علاج إدمان الكحول والمخدرات بمقاطعة ساكرامينتو يتضمن هذا الدليل الوكالات المتعاقَد معها التي توفر خدمات علاج إدمان الكحول والمخدرات وغيرها من الموارد الأخرى في مجتمعنا. ويمنح فريق نظام الرعاية بمقاطعة ساكرامينتو التراخيص لكافة الخدمات ويجري أعمال الإحالة إلى مواقع موفري الخدمات. يمكنك الاتصال بفريق نظام الرعاية لمقاطعة ساكرامينتو على رقم 916-874-9754 أو 1-888-881-4881 للحصول على المزيد من المعلومات بخصوص دليل موفري الخدمات هذا. للوصول إلى دليل موفري العلاج عبر الإنترنت: https://dhs.saccounty.net/BHS/Documents/Alcohol-Drug-Services/GI-BHS-Sacramento-County-ADS-Provider-Directory.pdf

استلمت أنا، _____ (اسم العميل مطبوعًا) نسخةً من المستندات المحددة أعلاه وحظيت بالفرصة لطرح الأسئلة بشأن هذه المستندات.

توقيع العميل:	**رقم تعريف العميل:**	**التاريخ:**
الممثل القانوني أو الشخصي للعميل التوقيع (إن أمكن):	**العلاقة بالعميل:**	**التاريخ:**

Sacramento County Substance Use Prevention and Treatment Services

دليل حقوق الأعضاء وحل المشكلات

حل المشكلات – العربية

Patient Rights Advocate
(916) 333-3800

Sacramento County Substance Use Prevention and Treatment Services - خدمات الأعضاء Management
(916) 875-6069
رقم هاتف المجاني **1-888-881-4881**

لساعات خدمي الهاتف الصوتي 8853-876 (916)

Sacramento County Board of Supervisors
Phil Serna، المنطقة الأولى
Patrick Kennedy، المنطقة الثانية
Susan Peters، المنطقة الثالثة
Sue Frost، المنطقة الرابعة
Don Nottoli، المنطقة الخامسة

County Executive
Navdeep S. Gill

Department of Health Services
Peter Beilenson، طبيب MPH ، مدير

Division of Behavioral Health
Ryan Quist، حاصل على الماجستير
مدير خدمات الصحة السلوكية

تمثل Sacramento County ADS حقوق المرضى الذين لا تحظى حقوقهم بالحماية القانونية ولا تُميز على أساس العرق أو اللون أو الأصل القومي أو السن أو الإعاقة أو النوع.

County of Sacramento
Division of Behavioral Health
2019-4-11

دليل حقوق الأعضاء وحل المشكلات

Sacramento County Alcohol and Drug Services (ADS) يحق للأعضاء في:

- تلقي معاملة محترمة من جميع أفراد طاقم خدمات الإدمان الكحول والمخدرات.
- توفير الخدمة في بيئة آمنة.
- تلقي المساعدة المناسبة على العلاج والمساعدة المتعلقة بالأدوية والخيارات المتاحة.
- حماية المعلومات الصحية الشخصية.
- المشاركة في خطط العلاج.
- طلب تغيير مستوى الرعاية، وتغيير المستشار، وطلب خيارات.
- نظر الموظفين المعينين أو الوكالة التي توفر الرعاية في المشاكل أو المخاوف المتعلقة بالخدمة.
- تقديم شكاوى بشأن الخدمات.
- تلقي المساعدة من السلامة العامة عند طلب إصدار القرار بشأن الطعون.
- تقديم طعن بخصوص NOABD.
- رفض شخص للتصرف بالنيابة عنه في العملية التظلُّم أو الطعن أو الجلسة الاستماع العامة.
- الخدمات ذات الحساسية الثقافية.
- الاعتقاد بحرية دون التعرض لأي تمييز.
- طلب الحصول على نسخة من سجلاتهم الطبية، وطلب تعديلها أو تصحيحها.
- عدم العرض أو التهديد أو عزلهم بالإكراه أو العقاب أو القسر.

توفر خدمات علاج إدمان الكحول والمخدرات خدمات علاج تعاطي المخدرات للأطفال والبالغين المؤهلين لبرنامج Medi-Cal.

جهات تقديم الدعم

تتوفر الموارد التالية لتقديم المساعدة في استكمال النماذج وحل التظلمات والبت في الطعون وإقامة جلسات الاستماع العادلة العامة:

حقوق المرضى 3800-333 (916)

خدمات الأعضاء 6069-875 (916)

يمكن للعضو تعيين ممثل للتصرف بالنيابة عنه خلال عملية التظلُّم أو الطعن أو جلسة الاستماع العادلة العامة.

لن تتأثر خدمات علاج إدمان الكحول والمخدرات التي تحصل عليها بأي طريقة في حالة تقديم تظلُّم أو طعن أو طلب جلسة استماع عادلة عامة.

التظلُّم

التظلُّم هو التعبير عن عدم الرضا عن أي أمر بخلاف الإخطار بالتحديد السلبي للاستحقاقات (NOABD).

ويمكن تقديم التظلُّم عن طريق الاتصال بخدمات الأعضاء أو استكمال نموذج التظلُّم.

- سيتلقى العضو قرارًا خطيًا يفيد بتلقي موظفي خدمات الأعضاء التظلُّم.
- سيتلقى العضو قرارًا خطيًا في غضون تسعين (90) يومًا تقويميًا.

*يمكن الموافقة على التمديد لمدة 14 يومًا إضافيًا في ظروف معينة.

الطعن القياسي

الطعن هو طلب مراجعة NOABD. ويتم NOABD عندما يلجأ برنامج الصحة العقلية لرفض أو تخفيض أو تعليق أو إنهاء الخدمات التي تم اعتمادها في السابق، أو رفض سداد مقابل إحدى الخدمات، أو عدم اتخاذ الإجراءات المطلوبة في الإطارات الزمنية المحددة للتصرف في التظلمات والطعون القياسية والطعون المستعجلة*، أو رفض طلب النزاع لتحديد المسؤولية المالية.

- يحق للعضو تقديم الطعن شفويًا أو خطيًا. ويجب متابعة الطعون الشفوية بطعن خطي مُوقع عليه.
- سيتلقى العضو قرارًا خطيًا يفيد بتلقي موظفي خدمات الأعضاء الطعن.
- يجب تقديم الطعن في غضون ستين (60) يومًا من تاريخ NOABD.
- يستلقى العضو قرارًا خطيًا في غضون 30 تقويميًا*.

الطعن المستعجل

يتم تقديم هذا الطعن عندما تكون حياة العضو أو صحته أو قدرته على المحافظة على وظائفه عرضة للخطر.

- سيتلقى العضو قرارًا خطيًا في غضون 72 ساعة.
- في حالة رفض الطعن المستعجل، سيتم إرسال إشعار خطي إلى العضو وسوف تبدأ عملية الطعن القياسي.

الاقتراحات

تكتسب اقتراحات العضو أهمية كبيرة من أجل توفير الخدمات الفعالة عالية الجودة. تتضمن أماكن الخدمة لدى موفري الخدمات صناديق اقتراحات. ويتم الترحيب باقتراحات الأعضاء التي يمكن وضعها في هذه الصناديق، أو التي يمكن تقديمها مباشرةً إلى موظفي الصحة العقلية أو موفري الدعم.

جلسة الاستماع العادلة العامة

إذا كنت أحد المشتركين في برنامج Medi-Cal، يكون لديك الحق في طلب جلسة استماع عادلة عامة. سوف يتعين عليك استنفاد جميع خطوات حل المشكلات التي تتبعها ADS المتعلقة بالطعن قبل تقديم التماس إقامة جلسة استماع عادلة عامة.

ويتولى قاضي القانون الإداري الذي يتولى النظر في جلسة الاستماع وفق السلطة المخولة له البت في هذه الأمور المتعلقة بالإجراء القانوني. ويكون القرار نهائيًا.

لتقديم التماس من أجل إقامة جلسة استماع عادلة عامة، أرسل طلبك إلى:

State Hearings Division
California Department of Social Services
P.O. Box 944243, Mail Station 19-37
Sacramento, CA 94244-2430

كما يمكن أيضًا الاتصال برقم الهاتف المجاني: 1-800-952-5253. إذا كنت أصمًا وتستخدم جهاز الهاتف النصي فاتصل برقم 1-800-952-8349.

النماذج

تتوفر نماذج التظلمات والطعون في جميع مواقع موفري الخدمات، أو يمكن الحصول عليها من خلال الاتصال بموظفي خدمات الأعضاء على رقم 6069-875 (916)، أو عبر الموقع الإلكتروني www.dhhs.saccounty.net.

ويتم إرسال النموذج المستوفى إلى العنوان التالي:

Sacramento County
Alcohol and Drug Services
خدمات الأعضاء – Quality Management
7001A East Parkway, Suite 300M
Sacramento, CA 95823

Advance Medical Directive Resources

تساعدك الموارد التالية في اتخاذ القرارات المتعلقة برغباتك بشأن الرعاية الصحية وفي إعداد توجيه الرعاية الطبية المسبق.

موفر خدمات الرعاية الصحية الرئيسي

Legal Services of Northern California
515 12th Street
Sacramento, CA 95814
(916) 551-2150

Volunteer Legal Services Program
517 12th Street
Sacramento, CA 95814
(916) 551-2102

Senior Legal Hotline
(916) 551-2140

McGeorge School of Law Community Legal Services
3130 Fifth Avenue
Sacramento, CA 95817
(916) 340-6080

يحق للمنتفعين إرسال شكوى بشأن عدم الالتزام بمتطلبات التوجيه الطبي المسبق إلى:

California Department of Human Services
الترخيص والتصديق
صندوق بريد Box 997413
Sacramento, CA 95899-1413
- أو اتصل برقم -
1-800-236-9747

Patients' Rights Advocate
(916) 333-3800

Sacramento County Behavioral Health Quality Management - Member Services

(916) 875-6069

رقم الهاتف المجاني 1-888-881-4881

لمستخدمي الهاتف النصي (916) 876-8853

Sacramento County Board of Supervisors
Phil Serna، المنطقة الأولى
Patrick Kennedy، المنطقة الثانية
Susan Peters، المنطقة الثالثة
Sue Frost، المنطقة الرابعة
Don Nottoli، المنطقة الخامسة

County Executive
Navdeep S. Gill

Department of Health Services
Peter Beilenson، طبيب حاصل على ماجستير الصحة العامة، مدير

Division of Behavioral Health
Ryan Quist، حاصل على الدكتوراه
مدير خدمات الصحة السلوكية

Sacramento County Substance Use Prevention and Treatment Services
تمتثل بقوانين الحقوق المدنية الفيدرالية المعمول بها ولا تُميّز على أساس العرق أو اللون أو الأصل القومي أو السن أو الإعاقة أو النوع.

منشور بواسطة County of Sacramento
Department of Health Services,
Division of Behavioral Health
20-29-07

SACRAMENTO COUNTY

Sacramento County Substance Use Prevention and Treatment Services

Advance Medical Directive

حقك في اتخاذ القرارات المتعلقة بالعلاج الطبي

هل سأظل أتلقى العلاج إذا لم أقدم Advance Medical Directive؟

نعم. سيظل بإمكانك الاستمرار في تلقي الرعاية الطبية. إذا تفاقمت حالتك الصحية ولم تكن قادرًا على اتخاذ القرارات بنفسك، فيجب أن يتخذ شخص آخر هذه القرارات بالنيابة عنك. ويعتبر تحديد ذلك الشخص في Advance Medical Directive إحدى الطرق التي يمكنك اتباعها لتعيين شخص تثق به ليكون بمثابة وكيلك.

ماذا يحدث لو عدلت عن قراري بعد تقديم Advance Medical Directive؟

يمكنك تغيير أو إلغاء Advance Medical Directive في أي وقت. حيث إن استكمال نموذج توجيه جديد يلغي كافة التوجيهات السابقة. ويجب عليك إبلاغ طبيبك المعالج بأي تغييرات.

كيف يمكنني الحصول على المزيد من المعلومات حول إنشاء Advance Medical Directive؟

يمكنك التوجه إلى طبيب الرعاية الأولية أو الممرض أو الأخصائي الاجتماعي أو موفر الرعاية الصحية للحصول على المزيد من المعلومات. ويمكنك الاستعانة بمحامٍ لكتابة Advance Medical Directive لك، أو يمكنك إنشاء واحد بنفسك من خلال ملء الفراغات الموجودة بالنموذج. لست بحاجة إلى محامٍ لإضفاء الصفة القانونية الرسمية على توجيهاتك، ولكنك بحاجة إلى شاهد على التوقيع. وسوف يقدم لك موظفو موفر الرعاية الصحية الخاص بك النماذج الفارغة بناءً على طلبك.

كيف لي أن أعرف ما أريد؟

يتعين على طبيب الرعاية الأولية إخبارك بحالتك الصحية وبأنواع العلاج المختلفة وخيارات علاج الألم المتاحة. كما يجب أن يخبرك طبيبك أيضًا بأي أعراض جانبية للعلاج أو الأدوية. وفي أوقات معينة، قد يساعدك أكثر من علاج واحد ويكون بوسع طبيبك تقديم المشورة لك بشأن الخيارات المختلفة المتاحة أمامك.

قد ترغب في مناقشة الخيارات مع أفراد العائلة أو الأصدقاء الذين تثق بهم لمساعدتك في اتخاذ القرار. غير أن اتخاذ القرار النهائي الخاص بخيار العلاج الأنسب بالنسبة لك هو أمر يرجع إليك.

من يمكنني تعيينه كوكيل الرعاية الصحية؟

يحق لك تعيين أي شخص بالغ ليكون وكيلك. ومن المهم أن تتحدث إلى وكيلك للتأكد من فهمه لرغباتك وموافقته على تحمل تلك المسؤولية. وقد تكون كتابة رغباتك المتعلقة بالرعاية الصحية مفيدةً بالنسبة لوكيلك.

ماذا لو أصبحت مريضًا للغاية وتعذر عليّ اتخاذ القرارات بنفسي؟

إذا كنت قد عيَّنت وكيلاً، فسيتولى اتخاذ القرارات الطبية بالنيابة عنك. وإلا، فسيتوجه طبيبك لسؤال القريب أو الصديق الأقرب إليك للمساعدة في اتخاذ أنسب القرارات بالنسبة لك.

يعتبر **Advance Medical Directive** هو أفضل طريقة للتأكد من الإعلام برغباتك المتعلقة بالرعاية الصحية الجسدية وأخذها في الاعتبار إذا لم تتمكن لأي سبب من الأسباب من اتخاذ القرارات بنفسك. لست مضطرًا للانتظار حتى تصبح في حالة مرضية خطيرة لاتخاذ هذه القرارات. حيث يطالبنا القانون الفيدرالي بتوفير هذه المعلومات لك. ويحق لك اختيار اتخاذ أحد الإجراءين التاليين أو كليهما أو عدم اتخاذ أيٍ منهما:

- يحق لك تعيين شخص آخر ليكون وكيل الرعاية الصحية الخاص بك. ويكون لدى هذا الشخص الحق القانوني في اتخاذ القرارات بشأن الرعاية الطبية التي تحصل عليها إذا تعذر عليك اتخاذ هذه القرارات.
- يمكنك كتابة رغباتك المتعلقة بالرعاية الصحية في نموذج توجيه الرعاية الصحية المسبق.

من يمكنه تقديم Advance Medical Directive؟

يمكن لأي شخص يتجاوز عمره 18 سنة (أو إذا كان قاصرًا محررًا) قادر على اتخاذ قراراته المتعلقة بالرعاية الطبية تقديم توجيه الرعاية الطبية المسبق.

من يتخذ القرارات بشأن علاجي؟

سيوفر لك طبيب الرعاية الأولية المعلومات والنصائح بشأن العلاج. ويكون لك حق الاختيار. لك الحق في قبول أو رفض العلاج حتى لو كان العلاج سيبقيك على قيد الحياة لمدة أطول.

Sacramento County Substance Use Prevention and Treatment Services

نموذج الطعن

قياسي / مستعجل

نموذج الطعن – العربية

Sacramento County Substance Use Prevention and Treatment Services
Quality Management, Member Services
7001A East Parkway, Suite 300M
Sacramento, CA 95823

Stamp Required

Sacramento County Substance Use Prevention and Treatment Services
Quality Management – Member Services
7001-A East Parkway, Suite 300M
Sacramento, CA 95823

إذا كنت بحاجة إلى المساعدة لاستكمال هذا النموذج:
يمكنك طلب المساعدة من أي من موظفي
Substance Use Prevention and Treatment
.Services

يمكنك الاتصال بخدمات الأعضاء.
(916) 875-6069

رقم الهاتف المجاني 881 4-881-888-1
لمستخدمي الهاتف النصي (916)876-8853

يمكنك الاتصال بخدمة دعم حقوق المرضى.
(916) 333-3800

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Sue Frost، المنطقة الرابعة
Don Nottoli، المنطقة الخامسة

County Executive
Navdeep S. Gill

Department of Health Services
Peter Beilenson، طبيب حاصل على ماجستير الصحة العامة، مدير

Division of Behavioral Health
Ryan Quist، حاصل على الدكتوراه
مدير خدمات الصحة السلوكية

تمتثل Sacramento County Substance Use Prevention and Treatment Services بقوانين الحقوق المدنية الفيدرالية المعمول بها ولا تُميّز على أساس العرق أو اللون أو الأصل القومي أو السن أو الإعاقة أو النوع.

منشور بواسطة:
The County of Sacramento
Division of Behavioral Health
20-29-07

نموذج الطعن

ملاحظة: لن يؤثر تقديم الطعن عقب التحديد السلبي للاستحقاقات بشكل سلبي على الخدمات التي تحصل عليها في Substance Use Prevention and Treatment Services لمقاطعة ساكرامينتو. وسوف تصدر خدمات الأعضاء قرارًا في غضون ثلاثين (30) يومًا تقويميًا بشأن الطعن القياسي، أو 72 ساعة بشأن الطعن المستعجل. وفي حالة رفض الطعن المستعجل، سيتم إرسال إخطار كتابي إلى العضو وسوف تبدأ عملية الطعن القياسي.

يرجى وضع علامة في المربع المناسب: ☐ طعن قياسي ☐ طعن مستعجل

يُرجى الطباعة أو الكتابة بخط واضح.

التاريخ: _____ موقع الخدمة: _____

اسم العميل: _____ تاريخ الميلاد: _____

إذا كان العميل قاصرًا، فأدخل اسم الوصي القانوني بالنيابة عن القاصر: _____

العنوان (المدينة/الولاية/الرمز البريدي): _____

رقم الهاتف (يُرجى تحديد أنسب وقت للاتصال): _____

1. **ما هو الطعن؟ يُرجى وصف هذا البند بتفاصيل محددة.** أرفق صفحات إضافية عند اللزوم.

_____

_____

_____

2. **إذا كنت قد حددت مربع الطعن المستجعل، فما هو السبب في اعتقادك بأن هذا الطعن يجب أن يكون مستعجلاً؟** يُرجى تضمين أكبر قدر ممكن من التفاصيل. أرفق صفحات إضافية عند اللزوم.

_____

_____

_____

3. **هل ناقشت هذا الأمر مع موفر الخدمة الخاص بك (منسق الخدمة، المعالج، المستشار، الطبيب النفسي، وما إلى ذلك)؟** ☐ نعم ☐ لا

4. **ما الذي تود أن يتم من أجل اتخاذ قرار بشأن هذا الطعن؟**

_____

_____

_____

توقيع مقدم الطعن: _____ تاريخ اليوم: _____

Sacramento County Substance Use Prevention and Treatment Services

نموذج التظلُّم

نموذج التظلُّم – العربية

Sacramento County Substance Use Prevention and Treatment Services
Quality Management, Member Services
7001A East Parkway, Suite 300M
Sacramento, CA 95823

Stamp Required

Sacramento County Substance Use Prevention and Treatment Services
Quality Management – Member Services
7001-A East Parkway, Suite 300M
Sacramento, CA 95823

إذا كنت بحاجة إلى المساعدة لاستكمال هذا النموذج:

يمكنك طلب المساعدة من أيٍ من موظفي خدمات علاج إدمان الكحول والمخدرات.

يمكنك الاتصال بخدمات الأعضاء.
(916) 875-6069

رقم الهاتف المجاني 881 4-881-888-1
لمستخدمي الهاتف النصي 8853-876(916)

يمكنك الاتصال بخدمة دعم حقوق المرضى.
(916) 333-3800

يمتثل Sacramento County Substance Use Prevention and Treatment Services بقوانين الحقوق المدنية الفيدرالية المعمول بها ولا يُميّز على أساس العرق أو اللون أو الأصل القومي أو السن أو الإعاقة أو النوع.

منشور بواسطة:
The County of Sacramento
Division of Behavioral Health
20-04-08

التظلّم

ملاحظة: لن يؤثر تقديم التظلُّم بشكل سلبي على الخدمات التي تحصل عليها في Sacramento County Substance Use Prevention and Treatment Services. سيتولى موظفو خدمات الأعضاء الاتصال بالعضو وسيتلقى ردًا كتابيًا في غضون تسعين (90) يومًا تقويميًا. يُرجى استكمال هذا النموذج، ثم طيّه ووضعه بداخل ظرف، ووضع طابع عليه وإرساله بالبريد.

يُرجى الطباعة أو الكتابة بخط واضح.

التاريخ: _____ موقع الخدمة: _____

اسم العميل: _____ تاريخ الميلاد: _____

إذا كان العميل قاصرًا، فأدخل اسم الوصي القانوني مقدم التظلُّم بالنيابة عن القاصر: _____

العنوان (المدينة/الولاية/الرمز البريدي): _____

رقم الهاتف (يُرجى تحديد أنسب وقت للاتصال): _____

صف السبب (الأسباب) الذي دفعك لطلب التظلُّم.
من فضلك كن محددًا قدر الإمكان من خلال ذكر الأسماء والتواريخ والأوقات قدر الإمكان.

تاريخ (تواريخ) الحدث: _____

1. **صف التظلّم أو طبيعة التظلّم. أرفق صفحات إضافية عند اللزوم:**

_____

_____

_____

_____

_____

_____

2. **هل حاولت حل المشكلة (المشكلات) قبل طلب التظلُّم؟**

☐ **نعم** يُرجى وصف ما فعلته لمحاولة حل المشكلة واذكر النتائج:

_____

_____

☐ **لا،** لم أجر أي محاولات مسبقة لحل التظلُّم.

3. **ما الذي تود أن يتم من أجل اتخاذ قرار بشأن هذا التظلُّم؟**

_____

_____

أفهم أنه سيتم الاتصال بي بخصوص هذا الطلب في غضون ثلاثين (30) يومًا تقويميًا

توقيع مقدم التظلُّم: _____ تاريخ اليوم: _____

Sacramento County Substance Use Prevention and Treatment Services

اقتراح العضو

نموذج الاقتراح – العربية

Sacramento County Substance Use Prevention and Treatment Services
Quality Management, Member Services
7001A East Parkway, Suite 300M
Sacramento, CA 95823

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Sacramento, CA 95823

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County Executive
Navdeep S. Gill

Department of Health Services
Peter Beilenson، طبيب MPH ، مدير

Division of Behavioral Health
Ryan Quist، حاصل على الدكتوراه
مدير خدمات الصحة السلوكية

تمتثل Sacramento County Substance Use Prevention and Treatment Services بقوانين الحقوق المدنية الفيدرالية المعمول بها ولا تُميّز على أساس العرق أو اللون أو الأصل القومي أو السن أو الإعاقة أو النوع.

منشور بواسطة:
The County of Sacramento
Division of Behavioral Health
20-31-07

اقتراح العضو

ملاحظة: ترحب Sacramento County Substance Use Prevention and Treatment Services باقتراحاتكم المتعلقة بتحسين الخدمات وتتطلع لجعل زياراتكم إيجابية ومفيدة قدر الإمكان.

يُرجى الطباعة أو الكتابة بخط واضح.

التاريخ: _____ موقع الخدمة: _____

اسم العميل: _____ تاريخ الميلاد: _____

إذا كان العميل قاصرًا، فأدخل اسم الوصي القانوني الذي يستكمل النموذج بالنيابة عن القاصر: _____

العنوان (المدينة/الولاية/الرمز البريدي): _____

رقم الهاتف (يُرجى تحديد أنسب وقت للاتصال): _____

الاقتراح (الاقتراحات): أرفق صفحات إضافية عند اللزوم.

_____

_____

_____

_____

_____

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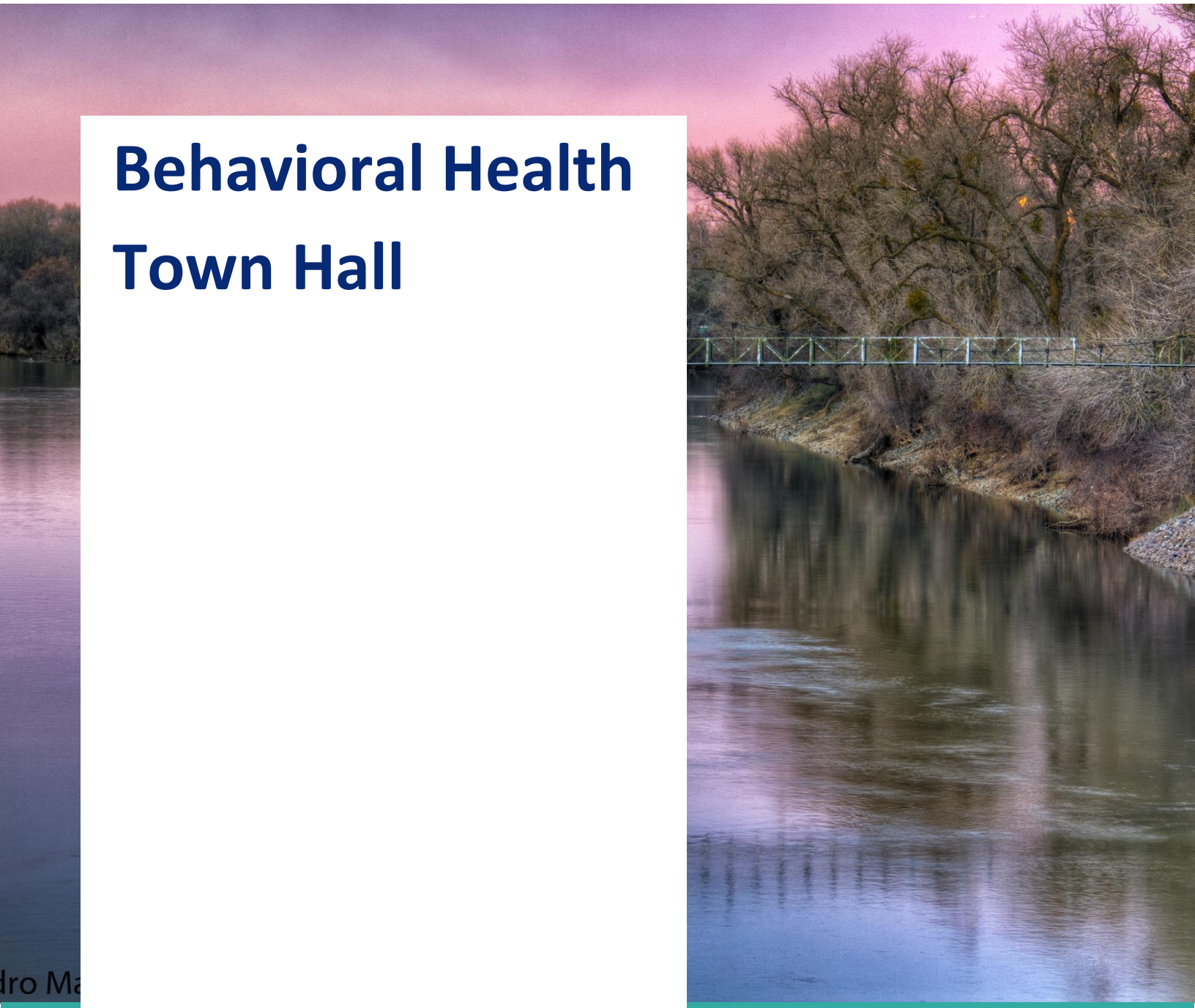
_____

هل يمكننا الاتصال بك بخصوص اقتراحك؟

☐ **نعم**، يُرجى الاتصال بي بخصوص هذا الاقتراح

☐ **لا**، يُرجى عدم الاتصال بي بخصوص هذا الاقتراح

توقيع مقدم الاقتراح: _____ تاريخ اليوم: _____



Behavioral Health Town Hall

JULY 30TH AND AUGUST 1ST, 2019

Dr. Ryan Quist
Director of Behavioral Health Services

Authored by: Liz Gomez

SACRAMENTO COUNTY

Table of Contents

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Details

Goal: The goal of the Town Hall is to gather feedback and ideas about the current Behavioral Health Services System.

Feedback: The feedback of the Town Hall will influence current priorities and inform future needs for the Behavioral Health Services System.

Premise: There is value in engaging those who have a high stake in the work the County is driving forward around Behavioral Health.

Results we are looking to achieve:

- Representation from 50% systems partners and 50% individuals that access our services
- Participants are clear about the goal of this session and next steps based on their input
- Feedback and ideas are gathered from participants about the current system
- Participants feel heard and have the opportunity to have a voice in the feedback process

Town Hall #1: Tuesday, July 30th 3-6pm ♦ 2450 Florin Rd ♦ Susie Gaines Mitchell Community Room
Town Hall #2: Thursday, August 1st 3-6pm ♦ 7001 East Parkway

Total Numbers - Both Town Halls	
Participants	Total
Town Hall #1	87
Town Hall #2	84

Participation Groups	**Town Hall #1**	**Town Hall #2**
Systems Partners	36%	43%
Consumers	14%	6%
BHS Staff	31%	27%
Community Members (including family members)	18%	17%
Did not indicate	20%	20%

Overview

Welcome – Dr. Quist

Dr. Ryan Quist, Director of Behavioral Health Services, provided the welcome and opening remarks. The priority areas for Behavioral Health Services were outlined: crisis continuum, individuals who are experiencing homelessness, timely access to services, individuals involved with child welfare/probation, school-based services and individuals who have experience with the criminal justice system (youth and adult). It was indicated that these priorities have come up not only in Sacramento but also across other counties and cities. Participants were thanked for joining Behavioral Health in the first of many opportunities for the Division to listen to their feedback and experiences. The goal of the Town Hall was outlined as an opportunity to gather feedback and ideas about the current Behavioral Health Services System. Liz Gomez, Program Planner with the Department of Health Services, was introduced as the facilitator for the Town Hall. Liz was introduced as a neutral, third party outside of Behavioral Health Services which was one of the reasons she was chosen to facilitate. Ed Dziuk, Health Program Manager, and Melissa Jacobs, Human Services Division Manager, were introduced to provide an overview of the alcohol and drug services (ADS) and mental health (MH) services provided through the Behavioral Health Services System.

Behavioral Health Overview

Alcohol and Drug Services (ADS) Continuum Overview – Ed Dziuk

An overview of the Alcohol and Drug Services Continuum was presented by Ed Dziuk, Health Program Manager. ADS offers a full array of substance use disorder treatment and prevention services to youth and adults. Services include youth and adult substance use disorder assessment and referral, adult residential treatment, withdrawal management, Medication-Assisted Treatment (MAT), sober living environments, youth and adult outpatient services including intensive outpatient treatment and a women's perinatal treatment program. As of July 1, 2019, ADS implemented the Drug Medi-Cal Organized Delivery System (DMC-ODS), expanding reimbursable treatment and MAT services. ADS currently contracts with 21 community treatment and prevention providers and is actively building system capacity and improving access to care for Sacramento County residents.

Child & Family and Adult Mental Health Service Continuums – Melissa Jacobs

An overview of the Child and Family Mental Health and Adult Mental Health Service Continuums was presented by Melissa Jacobs, Human Services Division Manager. MH services to adults, children, youth and older adults are provided along a continuum of prevention and early intervention services, outpatient, intensive outpatient and acute residential services. Sacramento County provides mental health services through approximately 90 contracted and county-operated service providers. There are continuous efforts to improve access and timeliness to services across the continuum.

Overview

Liz Gomez, a Program Planner from the Department of Health Services, provided a Town Hall overview. The goal of the Town Hall was outlined as an opportunity to gather feedback and ideas about the current Behavioral Health Services System. Feedback from this Town Hall will influence current priorities and inform future needs for the Behavioral Health Services System. It was explained that each table in the room has a different focus area based on BHS priorities. A facilitator at each table raised their hand to identify their role at their table.

The Comfort Agreement for the Town Hall was reviewed (see Appendix 3). No changes or feedback to the comfort agreements were requested from participants. The Parking Lot was explained as a space at each table to provide ideas or feedback that are outside of the scope of this Town Hall. Responses to the Parking Lot will be provided in the follow-up report. A Suggestion Box, located at the back of the room, provided anonymous suggestions to the Behavioral Health Services team. Input placed in the suggestion box, without an email address, will be responded to through the follow-up report.

Agenda Sections

1. What does success look like?
2. What is working? "Glows"
3. What can be improved? "Grows"

Participants also had the opportunity to comment and provide feedback on other focus areas through a gallery walk that transpired later on in the event.

Agenda

What does success look like, and what would it look like if we did this right?
Participants provided ideas and insight around the question, "What would success look like?" After a period of discussion and idea generation, participants were asked to come up with a success statement for their focus area.

What is working? "Glows"

Participants provided ideas and insight around the question, "What is working?" After a period of discussion and idea generation, participants were asked to come up with their top three "Glows."

What can be improved? "Grows"

Participants provided ideas and insight around the question, "What can be improved?" After a period of discussion and idea generation, participants were asked to come up with their top three "Grows."

Gallery Walk

Each table was asked to bring their summary board and tape it to the designated wall. Participants were provided time and materials to provide comments around the feedback generated by other tables.

Conclusion

Participants were asked to provide feedback through an evaluation form regarding the Town Hall. Dr. Quist thanked participants for taking the time to provide feedback and ideas about the current Behavioral Health Services System. Liz outlined the goal of the Behavioral Health Services Town Hall and where participant's feedback is going.

Meeting Adjourned

Summary of Feedback from Participants

Crisis Continuum

Success would look like a supportive continuum that is culturally competent and easily accessible. There would be supportive family services and stabilization after discharge.

Individuals Who Are Homeless

Success would look like having a continuum of care (ADS, employment, MH, etc.) that is compassionate, trauma-informed and culturally competent. There would be no issues with access or barriers (such as paperwork) to getting treatment. Finally, there would be housing for all that is permanent and affordable in addition to shelter options.

Timely Access to Services

Success would look like a system that is built with a proactive, no fail first approach with access points at the earliest level of contact. Access points would be low barrier, coordinated and offer timely services. Triage and assessments would be expedited resulting in multiple access points for services. Services would be fully funded, staffed and culturally competent.

School-Based Services

Success would look like a system that has its foundation in prevention and early intervention. From that foundation, it would collaborate with teachers, family, outside programs and others to provide culturally competent wrap around services (tier 1, 2 and 3). These would include skill building, social emotional learning and at least one MH clinician at every school. There would be enough capacity to ensure schools can be trusted partners to students and their families in the community.

Child Welfare/Probation

Success would look like having a culturally competent system that serves children and their families. The services would be along a continuum and integrated with education and community-based navigators to equip children and their families to achieve wellbeing. There would be continuity in services, with no interruptions or barriers to linkage.

Criminal Justice System

Success would look like a system that collaborates, communicates and involves the family in the treatment plan. It would provide services that are culturally effective and a welcoming, positive environment. The services would provide immediate and comprehensive assessment prior, during and after custody. There would be no access issues with 24/7 MH services and strong MH training for probation and police.

Deep Dive - Feedback from Participants

Crisis Continuum: Diverting from hospitalization and reducing the length of hospital stays

What Would Success Look Like?

Success would look like a supportive continuum that is culturally competent and easily accessible. There would be supportive family services and stabilization after discharge.

Participants also noted:

- *Improved and increased MH Services (such as respite services and community support teams)*
- *Peer navigation support*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate $2.2 million for Mobile Crisis Support Teams.

Key Themes

Cultural Competency

Accessibility

Peer Support

What Is Working – "Glows"

1. **Urgent Care Services:** Wrap -around MH services and care management are offered.
2. **Mobile Crisis Services:** Proper assessment and stabilization services are provided.
3. **How the work is being done:** County holds trainings on cultural competence. A person-centered approach (whole person care) is used and there are opportunities to provide feedback to County.

Participants also noted:

- *Access points to navigators for crisis services within existing institutions*
- *Peer support services available*
- *Collaboration and communication between access points for services (institutions and communities)*

What Can Be Improved – "Grows"

1. **Access:** Create new access points as well as education and communication around existing access points.
2. **Phone Number:** Consider creating an easily accessible phone number for mental health crisis.
3. **Mobile Crisis:** Increase children's mobile crisis services and programs.
4. **Data-Driven:** Make data-driven decisions to both inform allocation of funding and to communicate what is working.

Participants also noted:

- *Increasing peer support*
- *Training particularly with law enforcement around cultural competence and mental health*
- *More programs and services*

Individuals Who Are Experiencing Homelessness

What Would Success Look Like?

Success would look like having a continuum of care (ADS, employment, MH, etc.) that is compassionate, trauma-informed and culturally competent. Service providers would be diverse and would take a non-punitive approach to homelessness (would not take property). Providers and systems partners would be given the education and training necessary to bridge the cultural competence gap and reduce the stigma surrounding homelessness.

There would be no issues with access or barriers (such as paperwork) to getting treatment. Finally, there would be housing for all that is permanent and affordable in addition to shelter options.

Participants also noted:

- *A collaborative network*
- *Continuous comprehensive approach to outreach*
- *Mentors and peer navigators*
- *Access to safe parking and bathrooms*
- *Additional services for youth*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved proposed MHSA CSS allocations for the following:

- $3.0 million for Augmented Care and Treatment Board and Care facilities
- $2.0 million for Housing Treatment (transitional residential pool)
- $6.0 million for current housing subsidies and supports
- $14.0 million for future housing subsidies and supports

Key Themes

Cultural Competency

Accessibility

Peer Support

What Is Working – "Glows"

1. **Urgency, Awareness and Passion:** There is an increasing call for action – we agree that there is a problem. There are passionate people doing the work including new County leadership, advocates, people with lived experience, etc.
   a) There is money available to support efforts (Prop 63, Mental Health Service Act (MHSA) money, etc.)
2. **Both Specific Programs (spec. Urgent Care) & Collaboration:** Some individual programs are working well, including an increase in emergency medical services and urgent care. Programs, County departments and leaders in the region are collaborating.
3. **Access:** Sacramento County has fewer restrictions on eligibility for services and for healthcare.

Participants also noted:

- *Additional funding has allowed for more housing navigators for homeless individuals*
- *Individuals receiving Supplemental Security Income being eligible for food stamps*
- *Outreach to shelters*
- *Access to healthcare*
- *Specific programs are working: supportive housing programs, respite center, impact team model, city homeless shelter, self-help housing collaboration, sheriff's homelessness team, 211, Food Bank, among others*
- *Awareness has led to understanding that homelessness is not a crime and there is more compassion in the community*

What Can Be Improved – "Grows"

1. **More housing:** Shelters and shelter beds, board and care, incentives, mixed tenancy, transitional and permanent. All types need to be affordable and accessible to families. Outside of formal housing, materials need to be provided: toilets, trashcans, etc.
2. **Timely access to services:** Eliminate current barriers to access: credit, legal, appointments, childcare, pet care, etc. Providers should meet clients where they are.
3. **Coordination and collaboration amongst silos:** Educate community groups around access points. Create assertive community treatment teams. Improve coordinated entry.

Participants also noted:

- *More preventative interventions, including changing the definition of homelessness to include those at risk of becoming homeless; ditch fail first.*
- *Cultural competence: training and education around community tolerance, stigma, treatment first. Bilingual navigators. Many systems are plagued by discrimination against the homeless.*
- *Lack of representation from those experiencing homelessness. We need more community voice.*
- *Capacity: (1) More staff (specifically navigators) to support individuals to apply for housing (2) More wrap around services for those at risk of homelessness (training, long-term resources, specialty healthcare)*
- *Provide restorative and educational trainings across the board*
- *Collect data in order to understand the root causes of homelessness*
- *No siloed programs: link all through HMIS, funding is depending on collaboration*
- *Policy-driven housing: landlords required to take vouchers, cap rent, landlords must fix housing.*

Timely Access to Services

What Would Success Look Like?

Success would look like a system that is built with a proactive, no fail first approach with access points at the earliest level of contact. Access points would be low barrier, coordinated and offer timely services. Triage and assessments would be expedited resulting in multiple access points for services. Services would be fully funded, staffed and culturally competent.

Participants also noted:

- *Strong access network*
  - *Reducing barriers: transportation, coverage, linkage, no wrong door, access to phones, telemedicine, personal services (laundry, etc.)*
  - *Increasing access points*
  - *Coordination and navigation with existing access points that allow for a warm hand off. (Consider navigators or engagement staff at organizations that serve basic needs).*
- *Timely authorization and linkage, walk-in hours*
- *Services and staff are culturally competent*
  - *Prioritize peer support and navigation*
  - *Integrate cultural brokers into BH system*
  - *Ensure cultural organizations know about services*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate $2.5 million for existing PEI programs.

Key Themes

Cultural Competency

Accessibility

Warm Hand-Offs

What Is Working – "Glows"

1. **Access:** There are increased access points for youth and adults, specifically SLVS, MCT, CST, and WRCs. The increase has been possible through capacity via funding and staff.
2. **Specific programs and services:** Programs such as FIT, Wellness Centers, Crisis Respite, and Mental Health Urgent Care are working well.
3. **Cultural sensitivity:** Staff are supportive and passionate, peer advocates are present and there are campaigns to reduce stigma around mental health.

Participants also noted:

- *There has been increased coordination between different partners: (a) law enforcement and mental health and (b) children's providers.*
- *Performance improvement projects have improved timelines to appointments and medication bridge has decreased wait time for psychiatrists.*

What Can Be Improved – "Grows"

1. **Capacity (staff and systems):** Build capacity for staff to reduce burnout (manageable caseloads, more staff and training, fair pay and support). The internal data collection systems are outdated and inaccessible. County needs to explore telemedicine.
2. **Culturally competent care:** Have bilingual staff members that are reflective of consumers they serve; services are specialized for diverse clients (such as seniors and formerly incarcerated). Deliver care through the model of whole-person care.
3. **Access:** Provide services where people are, including walk-in services, urgent care, navigators, transportation and childcare. Ensure there are warm handoffs.

Participants also noted:

- *Streamline the referral process particularly the intake packet*
- *More peer advocates*
- *Outreach to communities to inform about services and rights*
- *Ensuring strong assessment to support appropriate level of care*
- *More supervised safe spaces*
- *Data collection is skewed, since we don't have baselines*

Individuals Involved with Child Welfare/Probation

What Would Success Look Like?

Success would look like having a culturally competent system that serves children and their families. The services would be along a continuum and integrated with education and community-based navigators to equip children and their families to achieve wellbeing. There would be continuity in services, with no interruptions or barriers to linkage.

Participants also noted:

- *Families seen as experts and the system is focused to ensure the family gets the support they need*
- *Strong access points, with no delay in referral process*
- *Prevention and early intervention to support early screening and service delivery (consider focusing on families and schools)*
- *Regular trainings for partners around Indian Child Welfare Act and cultural awareness*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate $1.0 million for Foster Youth Supports.

Key Themes

Cultural Competency

Accessibility

Family Involvement

What Is Working – "Glows"

1. **Collaboration:** Agencies, systems partners, peer & family advocates are working together.
2. **Family and community focused approach to services:** Child and family teams, family partnerships and community support teams are central to service approach.
3. **Cultural competence:** Services are culturally competent and designed to be in a continuum and wrap-around.

Participants also noted:

- *Increase in services for crisis and foster youth and family*
- *Training for youth and adults: Child and Family Teams and Mental Health First Aid*
- *Specific Programs: youth groups, leadership groups and mentorship programs*
- *Mobile Crisis Support Teams*

What Can Be Improved – "Grows"

1. **Increase funding and priority for specific programs:** (1) BHS contracts with foster family agencies and (2) alcohol and drug services in schools.
2. **Decrease barriers to service delivery:** Integrate services and warm hand-offs. Eliminate barriers created by Medi-Cal.
3. **Culturally specific services:** Increase availability of culturally specific services. Include youth and family advocates and mentors.

Participants also noted:

- *Other programs and priorities need additional capacity: LGBTQ community providers, cross-over youth, local opportunities for placement, prevention and early intervention services in juvenile hall*
- *Medical access and awareness of services*
- *Integration of services including the follow-up particularly outcome of a referral*
- *Youth voice and advocacy, as well as youth integration into future town halls*
- *System education and training*

School-Based Services

What Would Success Look Like?

Success would look like a system that has its foundation in prevention and early intervention. From that foundation, it would collaborate with teachers, family, outside programs and others to provide culturally competent wrap around services (tier 1, 2 and 3). These would include skill building, social emotional learning and at least one MH clinician at every school. There would be enough capacity to ensure schools can be trusted partners to students and their families in the community.

Participants also noted:

- *Programs such as education around MH skills and wrap around services would be provided for the entire family, not just the child.*
- *There would be a culture change in school that would include restorative justice, trainings for teachers and a decrease in stigma/bias against trauma and mental health. As such, African-American students would not be adversely affected by suspensions.*
- *Access: Expanded MH services would allow for there would be no wrong door to catch kids at any level of need. Students would have the opportunity to self-refer.*
- *Schools are one piece of a cohesive system to support children and families. Events like this are helpful.*

What Behavioral Health has Done

More to Come!

✓ Meetings in progress with Sacramento County Office of Education to discuss possible models for school-based services.

Key Themes

Cultural Competency

Mental Health Support

Family Involvement

What Is Working – "Glows"

1. **Increased funding:** Additional resources have been allocated to school-based services due to policy change (AB 2246), increased awareness of MH challenges (including suicide prevention) and ACEs (MHOAC Grant).
2. **Cultural Competence:** Services are culturally competent, available on campus, more positive, and staff are representative of the community.
3. **Delivery of services:** Programs serve the whole child and doing so with a focus on early intervention. Quick access and 24/7 support are prioritized.

Participants also noted:

- *Collaboration: partners are willing to come to the table to remove siloes*
- *Programs (such as sports) and education services (relating to MH services or marijuana)*
- *Training for teachers around ACES, trauma and social emotional learning*
- *Social media posts of MH resources and the crisis text line*

What Can Be Improved – "Grows"

1. **Collaboration:** Collaboration between county departments, schools, funding streams, partners and providers to support youth with behavioral needs and their families. No wrong door.
2. **Capacity for programs and services:** Focus on prevention and early intervention programs. Increase capacity in trauma and MH classes. Hire additional staff in classrooms (specifically aides).
3. **Outreach:** Increase access, with a focus on social media, family nights and collaborations between schools, parents and MH providers.

Participants also noted:

- *Cultural competence: hire more diverse staff, train teachers to be trauma-informed, and to break down stigma. Provide services that are more culturally responsive*
- *Take school resource officers off of campuses*
- *Provide more support for families in the home*
- *Need for collaboration to transform typical silo (for example, teachers going to home visits, officers at tables for CFT teams)*
- *Adding capacity in schools could look like a MH app to increase access to MH clinicians, trauma informed yoga and headspace check-in café*

Individuals Who Have Experience with the Criminal Justice System (youth and adult)

What Would Success Look Like?

Success would look like a system that collaborates, communicates and involves the family in the treatment plan. It would provide services that are culturally effective and a welcoming, positive environment. The services would provide immediate and comprehensive assessment prior, during and after custody. There would be no access issues with 24/7 MH services and strong MH training for probation and police.

Participants also noted:

- *Training and education for probation would include de-escalation, stigma reduction, increasing buy-in for MH services*
- *Focus on prevention and early intervention, diverting individuals away from custody – a treatment model instead of a punishment model*
- *Community trained around criminal justice system and stigma reduction; engaged to stay in services and to increase buy-in; cultural healing services provided by people from the culture*
- *Some ways systems can collaborate are: (1) Have a MH clinician go with law enforcement for 5150 calls (2) discharge planning (3) advocate in criminal justice system (4) co-locate MH professional in community organizations (5) collaborative court programs*
- *No one goes to jail for mental illness and convictions that transpired during MH episode would be expunged*
- *Expanding services: mobile crisis teams, medication management, MH outpatient services and life skills*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate $2.2 million for Mobile Crisis Support Teams.

Key Themes

Family Involvement

Accessibility

24/7 Mental Health Services

What Is Working –"Glows"

1. **Coordination and Collaboration:** Court programs and agencies are collaborating and creating partnership programs.
2. **MH Court:** There is treatment and collaboration as well as increased linkage to MH services.
3. **Juvenile Hall:** Young people can access MH services.

Participants also noted:

1. *Mental Health Urgent Care Clinic and Mobile Crisis Support Teams have improved linkage and provided access*
2. *Collaboration: attorneys with mental health workers; parents with juvenile hall staff; law enforcement with ADS & mobile crisis; MH staff with medical professionals*
3. *Cultural competence: County is including more people with lived experience, Sacramento Police Department is receiving training and there is more advocacy*

What Can Be Improved – "Grows"

- **Collaboration:** All partners work together to ensure there is seamless access to services and warm hand-offs to treatment upon release. There is a single system or case file to facilitate this coordination.
- **Capacity:** Increase number of inpatient beds and multiple crisis/restoration centers throughout the community.
- **Cultural competence**: Family support and MH first responders need to be sensitive to cultural needs of the communities they serve.

Participants also noted:

1. *Proactive in-custody assessment and treatment services for all who are eligible*
2. *Jail: there should be an alumni group and day treatment in jail*
3. *Transparency in the distribution of funds and leveraging funds*
4. *More capacity in homeless services, mobile crisis, residential treatment for youth, housing (scattered site), and access to medication. Consider a detention center for clients who are mentally ill.*
5. *Trainings for officers and providers around de-escalation, implicit bias, sensitivity. More cultural mediators. Better representation. Reduce the jargon. Educate non systems workers about system.*
6. *Families should be integrated into support and services, better visitation in custody and a hotline for families*

Appendix 1: Participant Evaluation Feedback

What worked?

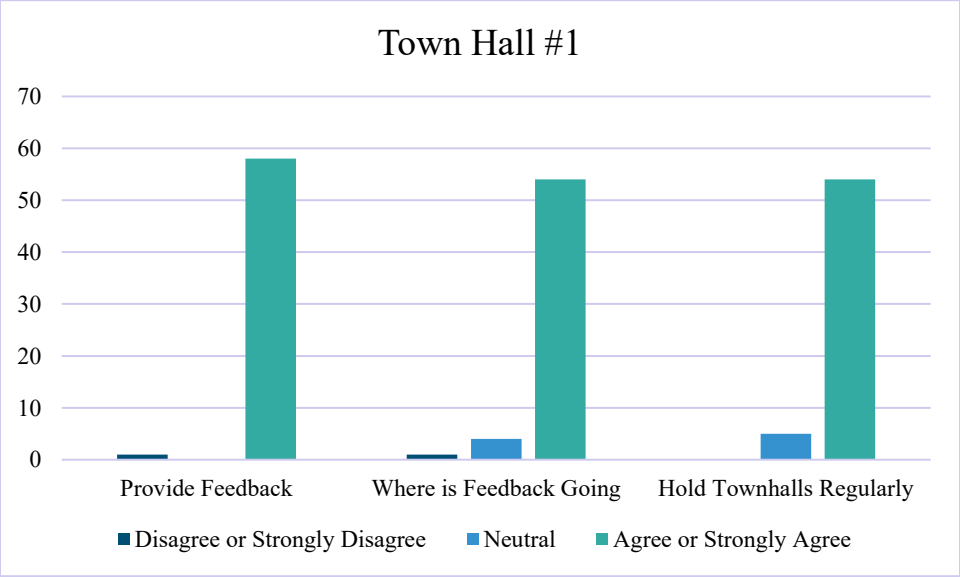
- Participants appreciated hearing from a diverse group at their tables, there was great discussion and fantastic facilitation
- They appreciated the opportunity to be heard around what is working and what can be improved, they also appreciated learning about the current system up front
- Participants appreciated the structure, flow and coordination around the meeting, great facilitation
- Thank you for the food and coloring books

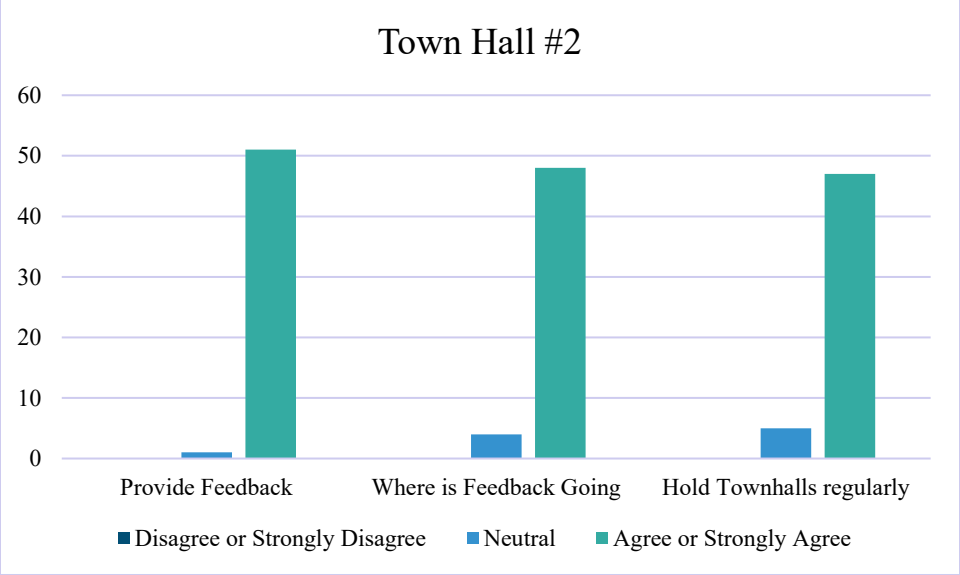
What can be improved?

- Meeting #1: Air conditioner, parking logistics and size of room
- Make it shorter and consider combining, re-organizing sections to do so
- Have more community members and consumers, do so through better advertisement and going into communities for future meetings
- What are the next steps from this and who is the Executive Team?
- This was not the format I expected from the flyer/communications
- Meeting #2: seemed to want more information around current services, service continuum that was presented at the beginning

Participants indicated a response to the following questions along a scale of strongly disagree to strongly agree.

- This town hall provided me an opportunity to provide feedback and ideas around the current behavioral health system in Sacramento County of Sacramento
- I understand where my feedback and input will go after this town hall
- BHS Behavioral Health Services should hold town halls on a more regular basis





Appendix 2: Family Support

At the first Town Hall a group formed around the theme of Family Support. While Family Support was not identified as a standalone focus areas of discussion for the BHS Town Hall, it is in alignment with the values and BHS so their responses are provided here.

What Would Success Look Like?

Success Statement: Families would be supported with (1) family resource binder (2) crisis/non-crisis phone line (3) family support rights and (4) social events. There would be peer advocacy for co-occurring (SUD/MH) lived experience.

Participants also noted:

- *Early intervention for family members*
- *Access to services: hours of operation in evening and on weekends, play care and transportation*
- *Inclusion of children of consumers*
- *Assisted outpatient*

What Is Working – "Glows"

1. NAMI Family to Family
2. Family advocacy (peer)

Participants also noted:

- *Communication within family*

What Can Be Improved – "Grows"

1. Family Rights Policy and Procedures with current MH documentation. Consider creating a focus group.
2. Phone line for family members (crisis/non crisis)
3. Resources for family members

Participants also noted:

- *Access: provide health information to other agencies, more outreach*
- *Respectful communication for family members*
- *Increase community-based co-occurring providers*
- *Having fun within family*

Appendix 3: Comfort Agreements

SACRAMENTO COUNTY
Division of Behavioral Health Services

COMFORT AGREEMENT

1. Honor the wisdom that each person brings
2. Listen with an open mind and a willingness to compromise
3. It's ok to disagree—have respect for each other's opinions
4. Disagree respectfully—no criticism of self or others
5. Show consideration to others, use respectful language
6. One person speaks at a time—no side bar discussions
7. Minimize distractions—please silence cell phone
8. Participate in the process—be mentally and physically engaged

Appendix 4: Key Definitions

Mobile Crisis Support Teams (MCSTs)

Mobile Crisis Support Teams (MCSTs) are a collaboration between DBHS and local law enforcement agencies across Sacramento County. Each team includes a police officer or sheriff's deputy, a licensed mental health counselor, and a peer navigator. The MCSTs serve individuals of all ages and diversity in Sacramento County by providing timely crisis assessment and intervention to individuals who are experiencing a mental health crisis. The goals of the program are to provide safe, compassionate and effective responses to individuals with a mental illness; increase public safety; decrease unnecessary hospitalizations for community members experiencing a mental health crisis; decrease unnecessary incarceration for community members experiencing a mental health crisis; and increase consumer participation with mental health providers by problem solving barriers and increasing knowledge of local resources.

Crisis Residential Programs (CRPs)

Crisis Residential Programs (CRPs) are comprehensive, short-term residential programs that provide a less restrictive alternative to hospitalization. CRPs provide treatment for adults experiencing a mental health crisis who require 24-hour support in order to return to community living. The services provided are time-specific, member-focused, and strength-based. Services routinely avert the need for hospitalization through teaching clients to successfully manage their symptoms, addressing psychosocial stressors and empowering clients to become agents of change in their recovery.

The Augmented Care and Treatment (ACT) Board and Care program

The Augmented Care and Treatment (ACT) Board and Care program offers a quality residential board and care living environment for individuals living with serious mental health and/or co-occurring conditions who are at risk of hospitalization or in need of intense programming. The philosophy behind the ACT program model is to provide a safe and supportive environment where

individuals can receive treatment, life skills, and connections to other resources at a less restrictive level of care than other residential models.

Respite programs

Respite programs provide services for people who need a different level of care than they can get at home, are not at immediate risk to themselves or others, and do not have acute medical conditions needing complex medical attention. Respite programs provide a safe environment in which participants increase their knowledge of available supports and how to access them, improve well-being, reduce stress, increase connectedness and reduce feelings of isolation, decrease risk of harm, and reduce visits to the emergency room and psychiatric hospitals.

Hmong Community Conversation Summary

Adult Psychiatric Support Services

December 5, 2019

Number of Attendees: 14

What is working?

Having bilingual/bicultural providers, who are patient, supportive, understanding, and kind help to improve clients' mental health, and prevent clinical decompensation and further crisis.

Access to Psychiatrists who are compassionate and having psychotropic medications help clients to manage their mental health symptoms and maintain their current level of stability.

Cultural/ethnic specific support groups, provided by bilingual/bicultural providers, help to reduce isolation, increase sense of belonging, and improve overall mental health and wellness.

Behavioral health services provided in school help children/grandchildren when they are having difficulties.

What can be improved?

Education to help consumers, family members, community members and system partners to understand about available behavioral health services, patients' rights, and how to navigate the Behavioral Health Services System. Education will also include a thorough explanation of what behavioral services look like and culturally appropriate psychoeducation to help consumers and family members understand their diagnosis. Education will also need to include helping consumers and family members to know what to say when contacting law enforcement during crisis.

Education for providers to increase their awareness of cultural nuances when it comes to behavioral health services and how clients' perception about providers' expertise influences engagement and treatment. Education also needs to address how western practice of checking in with clients may create confusion for the client.

> "I get psychiatric services because I'm stress and I tell my doctor I'm stress but when I go to my appointment, the Psychiatrists still ask why am I here, so if you don't know why I'm here then why am I here?"

Include front line staff from diverse communities in the development or planning phase of events to get their buy-in and help spread the words about County sponsored events and to inform consumers and community members that bilingual/bicultural staff will be present and interpretation services are available at no cost to them.

Reduce wait time for authorization to behavioral health services.

Improve law enforcement's response time in during crisis and ensure law enforcement have access to bilingual/bicultural staff or phone interpreters available to effectively communicate with non-English speaking individuals during crisis.

Allow providers to integrate culturally appropriate and community defined promising practices when providing Behavioral Health Services (i.e. conducting behavioral health support services outdoors in nature, hosting group outings out in the community, and providing participants with small stipend to make purchases during events)

Increase the number bilingual/bicultural staff to provide behavioral health support services.

Iu-Mien Community Conversation – Summary

Iu-Mien Community Services

December 11, 2019

Number of Attendees: 45

What's Working:

Access to mental health services, particularly psychotropic medications, help to reduce clients' mental health symptoms and maintain current level of stability.

Utilizing the treatment team model, which includes psychiatrists, clinicians, and case managers is effective in helping clients to improve their mental wellbeing and prevent the use of crisis services.

The psychoeducation provided by treatment team are effective in helping clients to understand their diagnosis and allows them to utilize their coping skills to manage their mental health symptoms.

Access to weekly cultural/ethnic specific support services at Iu-Mien Community Services (IMCS) is effective in reducing isolation, increasing clients' sense of connection and belonging, and reducing the need for a higher level of care. The weekly support groups provide opportunities for clients to socialize with peers, and seek their advice and support with various life stressors. Additionally, attending the weekly support groups provide clients with opportunities to give back and support to others.

> "When I went through my divorce, I was very depressed and attending the weekly support group help to lessen my feelings of sadness and loneliness because I was surrounded by people like me who understand me. The group has helped with my overall depression. Also, seeing how much my peers supported one another has motivated me to help others too."

Transportation support services, provided by IMCS staff, enable clients to attend support groups when family members are unable to provide support.

The case management support services, provided by bilingual/bicultural providers at IMCS, help clients to understand different brochures and materials they have received which reduce clients' overall anxiety.

What needs to be improved:

Provide opportunities for Iu-Mien Community Services (IMCS) to expand capacity to enable the program to serve more Iu-Mien community members, increase the number of support groups offered per week, purchase culturally appropriate meals during groups, and have adequate space to host various groups and events where community members can call their home.

Create a centralized center/program, specifically for Iu-Mien people, which allows providers to integrate different cultural practices into treatment aimed at increasing clients' self-efficacy and reducing clients' mental health symptoms. An example include allowing clients to have access to a plot of land for participants to garden and farm.

Increase the number of skilled interpreters and for interpretation services to be consistent to limit the number of interpreters clients have to work with when receiving care. When utilizing interpreters,

providers should consider matching client's and interpreter' genders, especially when exploring sensitive issues to reduce client's discomfort.

Education for providers to increase their awareness of cultural nuances when it comes to behavioral health services and to ensure the questions posed in session are culturally appropriate and easy for clients to understand:

> "When I see my doctor, they ask too many questions that are difficult for me answer."

Providers should treat all clients with compassion, patience, and respect regardless of clients' ability to communicate/express their needs.

> "When I go to the clinic for services, I know how to talk so the doctors treat me better but I also see that with other clients, who don't speak the language or have a hard time with communications, the staff don't treat those clients the same."

Reduce system navigation barriers by allowing clients to have easy access to an Iu-Mien phone operator instead of having to press so many different buttons to get to the right person. This is particularly critical in crisis situations to improve response time and reduce stress for clients/family members.

Education for community members to understand all the different services provided by Sacramento County's Behavioral Health System of Care, particularly when it comes to services for the homeless population with untreated mental illness and/or substance use/abuse issues.

Latino Community Conversation – Summary

La Familia Counseling Center

January 7, 2020

Number of Attendees: 18

What is working?

Psychotherapy and psychotropic medications, specifically tailored for the individual, are effective in helping clients to decrease their mental health symptoms and improve overall quality of life.

Mental health services provided in clients' home, with bilingual/bicultural providers, is effective in helping parents to understand how to implement various strategies and interventions at home with their children. The clients (youth) are responding positively to these behavioral interventions and parents are seeing an improvement in their children's overall behaviors. Psychoeducation is also effective in helping community members and family members to understand the underlying causes of mental illness and addiction, which help to increase compassion and decrease stigma about individuals living with mental illness and/or substance abuse.

Crisis services at the Emergency Room is effective because staff asked questions specific to clients' mental health symptoms and the subsequent treatment at the psychiatric hospital is effective in helping clients to remain stable.

Behavioral health services received while in Jail is effective in helping client to stop selling and using drugs, and help to turn client's life around after losing his home and his family due to longstanding mental illness and substance abuse.

Advertisements warning drivers about the danger of driving while under the influence is effective in helping drivers to be more conscientious about not driving under the influence.

What Can Be Improved?

There needs to be an improved cross-system collaborations between BHS and Child Welfare Services. When children are removed from their biological family, it is important for those families to receive ongoing support services to ensure that the children are not being returned to families that have not fully healed.

Behavioral health services should also focus on keeping families together to prevent onset of mental health challenges due to the trauma of being removed from their family. Behavioral health services also need to include the entire family, not just the individual client, and have options for family members to participate in support groups, focused on skills building so they have the means to provide support for the client. Behavioral health interventions also need to incorporate ongoing education and dialog with parents about substance abuse. In general, behavioral health services need to be culturally competent and for providers to treat clients and families with dignity and respect.

There is a need for mental health services to be provided in schools, particularly in the classroom, where youth may experience emotional and behavioral challenges.

There is a need for ongoing training and education in schools and in the homes, for teachers and parents, about behavioral health diagnosis, presenting symptoms, and treatment. The training will help both parents and teachers utilize positive interventions in the classroom/at home and help parents and teacher to have patience with the youth exhibiting emotional challenges. The training and education will help to reduce stigma in the community and help community members understand the concept of therapy since many community members still view therapy as an intervention used only for individuals living with severe mental illness.

There is a need for behavioral health providers to tailor services that would appeal to youths by incorporating recreational activities (sports, music, art, soccer, etc.) that youth enjoy to keep them away substance use/abuse. Since youth may not be open to seeking counseling services, support groups can serve as an introduction to talk therapy where they are encouraged to socialize with others and talk about their feelings.

There is a need for behavioral health providers to hire more bilingual/bicultural staff to conduct targeted outreach to inform community members of available services and support. Outreach strategies will need to also include advertising about services on TV, radio, and on social media to target community members across the lifespan.

There is a need to continue to hire and retain bilingual/bicultural behavioral health providers who are culturally competent to provide services for children, youth and families

Increase capacity for more agencies in the community to serve Latino community members, regardless of their annual income, and for behavioral health providers to create opportunities for community members to volunteers and serve their community.

There is a need for a 24/7 warm line, or crisis support services, that monolingual Spanish speaking community members can call to get support.

There is a need for supportive services designed to help decrease isolation for seniors by visiting them at home and to provide case management and support with other system navigation (i.e. Medi-Cal, DHA, EDD, CalWorks/CalFresh).

Increase the number of skilled interpreters to provide interpretation services for monolingual Spanish speaking clients and families

Redesign homeless shelters to look more like homes and allow individuals who are homeless a safe space to stay during day time, not just at night, to prevent those individuals from being out in the street and abusing substances to cope. The redesign should include modifying the number of rules and restrictions since rules/restrictions make it difficult for individuals to want to stay in shelters.

Welcome packets provided for clients, at one of the county contracted provider, is lengthy and need to be translated into Spanish.

There is a need to reduce barriers to services by reducing stigma associated with seeking services, increasing the number of bilingual/bicultural behavioral health providers, and providing transportation support services for clients.

Russian Speaking Community Conversation Summary

On February 7, 2020 Anne-Marie Rucker and Elena Spektorov travelled to Hope Cooperative to participate in Russian Speaking Community Conversation. In addition to county staff, 13 consumers, 2 family members and 3 providers participated in this conversation. This diverse Russian speaking group included people from Russia, Ukraine, Kazakhstan, Moldova and Belarus.

The meeting started with participants sharing their personal experiences with this ongoing group at Hope Cooperative and then moved to describing their experience with Sacramento County Behavioral Health System of Care at large.

GROUP SPECIFIC FEEDBACK

What is working?

- Ongoing Russian speaking support group taking place every Friday for the last 13 years
- Wonderful facilitator running this group
- Relevant material and handouts during meetings
- Positive environment
- Consistency
- Making connections with other consumers
- "We are so happy this group exists!!!!!!"
- Ability to speak in the language of origin
- Cultural accommodations

Relevant topics to address specific needs of the group

- Diversity of the group (participants of 8 countries partake in this group)

What is not working?

- Only consumers (not family members) are allowed to participate in this group
- Need for a group for family members of consumers

COUNTYWIDE FEEDBACK

1. **TIMELY ACCES TO CARE**

What is working?

- Russian speaking services coordinator, Lyubov Isayeva, assists with scheduling appointments

- Russian speaking services coordinator, Lyubov, is our go to person with any ongoing or emerging questions or needs
- During psychiatric appointments, Lyubov helps to bridge the cultural gap between psychiatrist and consumers
- Referral process was simple, no excessive paperwork, requiring only a phone call to the Access team
- Walk-in psychiatric appointments on Thursdays at Hope Cooperative

What is not working?

- Long initial appointment wait times up to 4 months
- Language barriers with front desk staff, with medication refills and when scheduling psychiatric appointments (if Lyubov is not available)
- Need for a Russian speaking psychiatrist (Hope Cooperative previously had Russian speaking psychiatrist who retired)
- Long wait times for walk-in Thursday appointments at Hope Cooperative, difficulty finding interpreter if Lyubov is not available
- Transportation is a barrier in attending services consistently. Gas money would be supportive to consistent participation.
- **Not all forms are available in Russian**

2. **CRISIS SERVICES**

What is working?

- Interpreters provided
- Smooth transition from ER to psychiatric hospital
- Comfortable beds and attentive staff at psychiatric hospitals
- Access to psychiatrist at Urgent Care Clinic when needed

What is not working?

- Long wait times at Urgent Care Clinic
- Long wait times at ER
- Uncomfortable rooms at ER

3. **CPS/Probation**
   - No comments related to behavioral health services

4. SERVICES FOR INDIVIDUALS EXPERIENCING HOMELESSENESS

What is working?

- MODE 60 MHSA funds providing timely help to assist with maintaining/gaining housing

What is not working?

- Hard to access this funding source
- Challenges in meeting criteria to prove homelessness
- Excessively hard requirements to participate in the program

5. SERVICES FOR ADULTS INVOLVED WITH CRIMINAL JUSTICE SYSTEM

What is working?

- Timely access to services
- Great coordination of care efforts between Justice system staff and Hope Cooperative services coordinator, Lyubov

What is not working?

- No comments

6. SERVICES OFFERED IN SCHOOLS

What is working?

- No comments

What is not working?

- Kids need more help to decrease acting out behaviors in schools
- Kids need more services to prevent suicide
- Lack of overall resources and Russian language specific services at schools for new immigrants
- Need for anti-bullying efforts/campaigns

Vietnamese Community Conversation – Summary

Adult Psychiatric Support Services

December 10, 2019

Number of Attendees: 9

What is working?

Behavioral health providers are understanding, supportive, warm, patient and kind. Clients feel supported and understood while seeking behavioral health services, which helps to alleviate their symptoms. Clients also appreciate the emotional validation received from their treatment team members.

Behavioral health providers treat clients with respect and are attentive to clients' mental health and wellness, which help to reduce clients' fears and anxiety.

Behavioral health providers are clinically knowledgeable and effective. Providers' clinical expertise enable clients to trust the therapeutic relationship and the therapeutic process. The psychoeducation provided also help clients to understand their mental illness and how to manage their symptoms.

Psychiatrists provide good clinical care and prescribe the right psychotropic medications that are appropriate for clients. Due to good therapeutic rapport, when there are concerns about the side effects of medications, clients feel comfortable sharing their concerns and voicing their needs.

Interpreters are skilled and effective and having interpreters allow clients to communicate their needs with their providers.

What can be improved?

Allow providers to integrate culturally appropriate and community defined promising practices when providing behavioral health services (i.e. providing behavioral health support services at home or out in the community, and providing participants with small stipend to spend during outings or stipend to pay for gas, bus tickets, or transportation to participate in behavioral health events)

Increase the number of bilingual/bicultural Vietnamese providers to provide behavioral health support services since clients feel they are unable to fully express themselves through the use of interpretation services. Interpretation services, even if accurate, may not capture clients' full intent and desire. Having interpreters of a different gender can increase communication challenges when it comes to sensitive topics due to clients' embarrassment and discomfort. Clients, in general, expressed sadness due to not having Vietnamese speaking providers despite being patients in the Mental Health Plan for more than 10 years.

Need to continue to hire and retain behavioral health providers who are culturally competent, attentive, and provide good clinical care.

> A client shared that in the past, she had a psychiatrist that raised her voice at the client which caused her to feel scared and elevated her overall mental health symptoms. The client shared

about an incident where she requested to use the restroom at the start of the appointment and the psychiatrist sternly informed her that she can use the restroom after her psychiatric assessment is complete. That particular psychiatrist is no longer working at the clinic and the client reported that all the new psychiatrists have been very kind towards her.

Need for culturally appropriate support groups to allow clients to connect, socialize, and gain emotional support from peers and group leaders.

Need for bilingual/bicultural Vietnamese providers to provide case management support services to help clients understand all the different resources in the community (medical, legal, and financial) and assist clients with navigation and linkage. Two clients, in particular, focused on their need to find attorneys who are skilled and knowledgeable to assist them with their legal issues and concerns.

In addition to support groups, clients vocalized a strong need for a center, designed specifically for the Vietnamese community, where they can go to learn and receive support with medical, legal, financial, and criminal justice issues.

Stigma and discrimination is pervasive in the Vietnamese community. The prevalence of stigma and discrimination in the community is causing undue stress and pressure for many clients, causing many to withdraw socially due to fear of judgement. The stigma associated with mental illness also cause parents to be ambivalent about seeking mental health services for their child. Many would rather hide or minimize the fact that their child has mental health challenges than seek help. Many parents often wait until their child's symptoms are severe before finally seeking services, causing unnecessary pain and stress for everyone. There is a strong need for psychoeducation to help clients, caregivers, and community members to understand about mental illness. Education will help to empower clients and reduce shame. Education will also help family members and community members to have greater respect and empathy towards individuals living with mental illness.

There needs to be more interpreters since there is a shortage of available interpreters.

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

Divisions
Behavioral Health Services
Primary Health
Public Health
Departmental Administration

County of Sacramento

County Executive
Navdeep S. Gill

June 4, 2020

Subject: Behavioral Health Interpreter Training Program

Dear Sacramento County Behavioral Health System Contract Provider and County Operated Program Directors, Managers and Interested Stakeholders:

We are pleased to announce an upcoming training, which fulfills the state requirement that county behavioral health (mental health and substance use disorders) systems provide training, as part of a system-wide training plan, to ensure a culturally and linguistically competent workforce.

The **Mental Health/Behavioral Health Interpreter Training: Interpreting in Behavioral Health Settings** training on **June 15 – 24, 2020** is a 5-day intensive training for bilingual staff who are fluent in English and at least one other language and who use their linguistic skills to provide interpreting services. This training is required for direct service staff, clinicians, administrative support staff, bilingual community members, contractors, consumers, case management staff and others who are currently serving as language interpreters in either mental health and/or substance use disorders programs or who want to become interpreters.

Apply by June 8, 2020 for the 5-day **MH/BH Interpreter Training**: https://www.surveymonkey.com/r/37H5NXS

Due to the high demand for these trainings, a class may reach capacity prior to the due date. Once capacity has been reached for a specific training, you will receive a message that registration is closed. Therefore, if you wish to send staff to either of these trainings, please encourage them to register online as soon as possible. All staff members who participate in the trainings will be given a certificate of completion.

If you have further questions, please contact Anne-Marie Rucker at RuckerA@saccounty.net.

Sincerely,

Mary Nakamura, LCSW
Cultural Competence/Ethnic Services /Workforce, Education and Training Program Manager
DHHS--Division of Behavioral Health Services
7001 A East Parkway, Suite 400
Sacramento, CA 95823

Send with all notices

LANGUAGE ASSISTANCE

English
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 916-875-6069 or TDD at 711.

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call 916-875-6069 or TDD 711

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 916-875-6069 or TDD 711.

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 916-875-6069 TDD 711

Tagalog (Tagalog – Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-916-875-6069 TDD 711

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. *[1-*916-875-6069 TDD 711 번으로 전화해 주십시오.

繁體中文(Chinese)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-916-875-6069*]* (接力服務TDD 711。

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-916-875-6069 TDD 711

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-916-875-6069 TDD 711

فارسی (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. ب (711 TDD) 1-916-875-6069 تماس بگیرید.

日本語 (Japanese)
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1−916-875-6069 TDD 711まで、お電話にてご連絡ください。

Hmoob (Hmong)
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-916-875-6069 TDD 711

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 916-875-6069 TDD 711 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 916-875-6069 *TDD* 711

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 916-875-6069 TDD 711 पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 916-875-6069 TDD 711

ខ្មែរ (Cambodian)

យកចិត្តទុកដាក់:ប្រសិនបើអ្នកនិយាយភាសាខ្មែរសេវាកម្មជំនួយភាសាដោយមិនគិតថ្លៃអាចរកបានសម្រាប់អ្នក។ ទូរស័ព្ទទៅ ៩១៦-៨៧៥-៦០៦៩ ឬសេវាបញ្ជូនតតាមលេខ ៧១១ ។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,
ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 916-875-6069 TDD 711