County of Sacramento

Behavioral Health Services

CULTURAL COMPETENCE PLAN UPDATE

FISCAL YEAR 2021/2022

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
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Name of County: Sacramento

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

- ☒ **CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE**
- ☒ **CRITERION 2: UPDATED ASSESSMENT OF SERVICE NEEDS**
- ☒ **CRITERION 3: STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES**
- ☒ **CRITERION 4: CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE 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**

CRITERION 1

COUNTY MENTAL HEALTH SYSTEM

COMMITMENT TO CULTURAL COMPETENCE

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

I. County Mental Health System commitment to cultural competence

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CRITERION 1

SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

COMMITMENT TO CULTURAL COMPETENCE

I. County Mental Health System commitment to cultural competence

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

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

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

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

Other key documents include our service system continuums of care. Please see appendix for:

- MHP Adult Continuum (Appendix 52)
- MHP Child and Family Continuum (Appendix 51)
- Substance Use Prevention and Treatment (SUPT) Continuum (Appendix 54)

Please note that each continuum includes culture-specific programs. Ongoing planning and evaluation efforts continue to be consistent with our Assurance of Cultural Competence Compliance (Appendix 43).

SUPT providers returned their Cultural Competence Agency Self-Assessment forms and the report (Appendix 107) was shared with the SUPT Executive Directors in early FY 2022/23. BHS administered the Cultural Competence Agency Self-Assessment to the Mental Health system during FY 2021/22. BHS is compiling the report at the time of writing this update and will have it available for review at the next visit.

BHS will then administer this every two years for both SUPT and MH and will review progress made after each one.

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

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

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

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

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

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

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

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

A description of the practices and activities demonstrating outreach, engagement and involvement with diverse communities with mental health disparities is included in the MHSA FY2022-23 Annual Update, (https://dhs.saccounty.gov/BHS/Pages/MHSA-Updates/GI-MHSA-FY2022-23-Annual-Update.aspx).

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

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

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

The Sacramento County Mental Health Board conducted intentional outreach to diverse communities to diversify representation on the board (Appendix 101).

The Sacramento County Alcohol and Drug Advisory Board also conducted intentional outreach efforts to increase diversity of its members using a newly designed "Your Voice Matters" flyer with contact information that has been distributed widely in the Sacramento community (Appendix 83). As a result, two African American/Black applicants have been appointed to this advisory board. Additionally, a Public Member, representing the Latinx population, is currently completing the application process.

- See Criterion 4 A and B for examples of additional community engagement.
- BHS has actively enlisted the assistance from local community organizations serving cultural, racial and ethnic communities in recruiting for consumers, family members or community members who may be interested in serving on the Mental Health Board, the Alcohol and Drug Advisory Board or the Steering Committee. Over half of the members of the MHSA Steering Committee are consumers or family members, including one of the current Co-Chairs Steering Committee and most of the members of the MHSA Steering Committee Executive Team. Another member of the Executive Team is also a member of the Cultural Competence Committee (CCC).

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

In partnership with Elevate Life Church, Sacramento County Office of Education hosted the Community Block Party in South Sacramento. Approximately 1,300 community members of diverse populations attended the event. Participants were provided food, participated in activities, received handouts about substance use prevention and treatment services.

Community Rise Fair at Sierra Park Townhomes took place in a townhouse complex located in the North Highlands area. Free resources, food, haircuts, and other activities were provided to 200 families of diverse populations and ages.

Youth Mela Day: Omni Youth Programs, Muslim American Society - Social Services Foundation, International Rescue Committee hosted this special day with 800 people in attendance. Activities included: performance by popular Afghan Musician, Samir Hassan; free Halal food; Drug Jeopardy Game by youth leaders; and substance use prevention and social service resources and information.

Community Rise Fair at The Eleven Hundreds took place in an apartment complex located in the Arden-Arcade area. Free resources, food, haircuts, and other activities were provided to 150 families of diverse populations and ages.

Natomas Community Wellness Fest: Hosted by Center for Collaborative Planning, Public Health Institute and Natomas School Board trustees at the Natomas Community Center. Activities included yoga and meditation, panel of youth discussing their concerns and solutions related to youth alcohol and marijuana use, spoken word by youth artists, display of prevention art from Be Bothered scholarship winners with tables for participants to create their own art, and food. 85 adults and 65 youth of diverse populations were in attendance.

SUPT staff participated in the following events and provided free resources to community members such as educational materials, targeted employment recruitment flyers, Narcan®:

- Roberts Family Development Center Anniversary Celebration: This African American/Black owned and operated organization hosted a celebration of the African American/Black cultures and honored those for their contribution to the organization. An elderly, African American/Black woman taught attendees how quilts can be used as a story-telling mechanism. Attendees were taught how to make quilt blocks and the blocks were made into a quilt.
- Sacramento Pride: The Sacramento LGBT Community Center brought more than 20,000 visitors to Downtown Sacramento to celebrate Sacramento Pride, the most prominent LGBTQ+ event in the Sacramento region.
- The Kings and Queens Rise Co-Ed Youth Sports and Mentoring League launched its fifth season. This is a partnership among the Sacramento Kings and The Center at Sierra Health Foundation's Build.Black. Coalition, Black Child Legacy Campaign, and My Brother's Keeper Sacramento programs. Kings and Queens Rise provides young people opportunities to engage in intercommunity activities, which help prevent and interrupt violence. The program is a caring and safe environment where mentors teach community building and sportsmanship.
- LGBT Homeless Transition-Age Youth Craft Fair: The LGBT Community Center hosted a fair to sell crafts created by transition-age youth of diverse populations. Funds raised were used to support the homeless.

A SUPT African American/Black staff member participated with Brother Be Well in a podcast to educate young African American/Black men about substance use disorders. Brother Be Well is a multi-media platform for boys and men of color, blending awareness, innovation, education, and healing

pathways to reduce disparities, disrupt prolonged suffering, and improve health and mental wellness.

SUPT staff participate in monthly African American Healing Network meetings and have provided a formal presentation on substance use disorder prevention and treatment services and possible collaborative opportunities. The purpose of the African American Health Network is to address the effects of trauma in the African American community through practiced healing and to create a system of care that includes outreach, identification, connection, coordination, and follow through.

SUPT staff are collaborating with ONTRACK to find local artists to create artwork for Juvenile Drug Treatment and Resource Center lobby and office space. ONTRACK is a leader in the provision of training, consulting, and technical assistance aimed at reducing disparities, and improving services for diverse communities.

Family Meal Kits, through the Sacramento County Coalition for Youth, have been developed in English. These kits include a cup, place mat, and icebreaker questions to open discussions between parent and children to talk about substance use. Studies have shown that parents have a significant influence on a young person's decision about alcohol and drug use, and families that eat together create time to interact and discuss these important topics. The Family Meal Kits will be translated in Sacramento County's seven threshold languages and distributed to families throughout the County. An update on this initiative will be provided in our next Plan Update.

A service list of local organizations who directly provide services to African American/Black community members has been developed.

SUPT, in collaboration with Child Protective Services, submitted a grant application to seek funding to enhance outreach and engagement of African American/Black families.

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

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

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

https://www.youtube.com/watch?v=kvwX-_aaakE

https://www.youtube.com/watch?v=vMALlRm2ZAw

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

Sacramento County's Division of Behavioral Health Services values the input and involvement of consumers (youth and adults) and family members in developing, managing, implementing and providing mental health services. This value is in alignment with the vision regarding the Mental Health Services Act (MHSA). In promoting the value of involving consumers and family members, the

Division supports the practice of compensating consumers and family members for their participation. Through the Divisions' Advocate Leadership Stipend program, Family and Youth Advocates are compensated for MHSA related activities such as outreach, membership on MHSA Steering Committee, workgroups, service as a panel member for Request for Application evaluation process, and advisory and planning committees.

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

We continue to build upon what we have learned with each community planning process in order to ensure that subsequent processes include diverse consumer, family member and community stakeholder input. We have also learned to build in sufficient time to engage, educate and inform the community at the beginning of community planning processes. Please refer to the MHSA FY 2022-23 Annual Update (https://dhs.saccounty.gov/BHS/Pages/MHSA-Updates/GI-MHSA-FY2022-23-Annual-Update.aspx)

Technical assistance in creating clinical license opportunities for bilingual and bicultural staff would be very helpful. Our local colleges and universities have diverse graduates, but it is expensive to create opportunities for licensure so we generally hire licensed clinicians.

According to the California Board of Behavioral Sciences (https://www.bbs.ca.gov), California law currently requires 3,000 hours of supervised professional experience, including 104 supervised weeks, in order to qualify for Licensed Marriage and Family Therapist (LMFT) licensure or Licensed Clinical Social Worker (LCSW) licensure. Professional experience requires a placement with a qualified supervisor. In addition, there has to be a supervisor qualified for the type of licensure. A clinical supervisor cannot supervise both LMFT and LCSW unless they are licensed in both categories. Opportunities to complete the requirements requires space and supervision, which has budget implications. County clinical positions are for the most part, license-required. In order to create opportunities, the County of Sacramento would have to create and fund license-eligible positions with qualified clinical supervisors.

This system and funding challenge creates a "Catch-22" as most

licensed clinician applicants are not bilingual or bicultural. If we are going to diversify our behavioral health workforce, we need a strategy to develop clinicians as they graduate. If there are examples from other counties, technical assistance and/or funding opportunities to address this, it could have a considerable impact on our ability to provide culturally responsive services.

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

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

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

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

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

The CC/ESM HPM continues to be responsible for ensuring that cultural competence is integral to all functions of the Behavioral Health System and is the lead system-wide on issues that affect racial, ethnic, cultural and linguistic populations, including the elimination of disparities in behavioral health care in Sacramento County. The CC/ESM HPM is responsible for the development and implementation of the annual Sacramento County Cultural Competence Plan (CCP) update to ensure that county behavioral health services comply with current federal and state 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, 1.0 FTE Senior Office Assistant, and 1.0 FTE Administrative Services Officer 1 position. (See Appendix 10 for Cultural Competence Unit Organizational Chart.)

At the start of FY 2020-21, the CC/ESM HPM, with support from the BHS Director, began working with a facilitation/planning team from California Institute for Behavioral Health Solutions (CIBHS) to implement a Behavioral Health Racial Equity Collaborative (BHREC) pilot to address behavioral health equity (https://dhs.saccounty.net/BHS/Documents/BHREC/Behavioral-Health-Racial-Equity-Collaborative.pdf). As described in a previous CCP Update, BHS conducted a community planning process in FY 2018/19 that was designed in partnership with the African American/Black/of African Descent (AA/B/AD) Community and received input from the community about the types of services they believed would help bring healing from the complex and persistent trauma experienced on a daily basis. Community voice at the Community Listening Sessions helped to shape the program design of the new program. However, once BHS made the Trauma Informed Wellness Program request for application (RFA) available, the AA/B/AD Community felt a strong disconnect with the opportunity that was available through the RFA. County procurement policies and practices that shaped the eligibility requirements prohibited smaller, community based agencies from applying.

CIBHS provided strategic facilitation support and a targeted universalism framework for Sacramento County to use to form a BHREC Steering Committee that would have oversight of the BHREC pilot. In order to create space for rebuilding trust and supporting transformational relationships, BHS and the community consultant to CIBHS invited community partners from AA/B/AD communities in Sacramento County to join BHS leadership on the BHREC Steering Committee. Half of the BHREC Steering Committee members are individuals representing stakeholders from the Sacramento AA/B/AD Community and the other half are from Sacramento County BHS leadership. BHREC Steering Committee meetings and BHREC

learning sessions began with a cultural opener that was often led by a community member of the Steering Committee. The cultural opener involved small group breakout sessions, which enabled BHS leadership staff and community members to get to know one another as they shared their responses to reflective questions. Throughout the pilot, being transparent, clarifying the scope of what BHS could change or improve, supporting transformational rather than transactional relationships, and remaining accountable to the community were critical to rebuilding trust with the community. The BHS management team, some of whom are members of the BHREC Steering Committee, and the BHREC Steering Committee met together to develop a vision and values statement for the pilot and began identifying areas of improvement they wanted to see in behavioral health services that were specific to the AA/B/AD community. Focus groups were conducted with additional AA/B/AD community members to hear about areas of improvement they wanted to see in behavioral health services.

Throughout FY 2021-22 and for the first two quarters of FY 2022-23, BHS and the six additional BHREC providers worked on implementing the activities they identified in their Racial Equity Action Plans(Appendix 88) BHREC providers submitted data on a quarterly basis at the beginning of FY 2021-22. The first quarter's data was used to establish a baseline for each of the four Collective Impact Measures (listed below) and data from subsequent quarters were reported in comparison to the baseline.

Goal 1: Increase Outreach, Recruitment, Retention, and Leadership Development of African
American/Black/African Descent (AA/B/AD) Staff

Goal 2: Increase Community Engagement to Incorporate AA/B/AD Communities into
Decision-Making

Goal 3: Increase Retention of AA/B/AD Individuals from Intake to Next Service

Goal 4: Decrease Unsuccessful Discharges for AA/B/AD Individuals

A review of the Quarter 4 (Appendix 105) data showed that compared to the baseline data (Quarter 1 – FY 2021-22), 9% more individuals who identify as African American/Black/African Descent (AA/B/AD) were employed at the BHREC providers in Quarter 4 of FY 2021-22.

Additionally, in Quarter 4 of FY 2021-22, 5% more individuals identifying as AA/B/AD held a leadership role when compared to the baseline. For the second goal of the Collective Impact Measure, the BHREC providers collectively held 48 activities in Quarter 4 which is 206% of the targeted number of Community Engagement activities for the year. Retention from intake to next service (Goal 3) decreased in Quarter 4 to 60% and fell below the goal of 85%. The BHREC providers decreased their rate of unsuccessful discharges when compared to the baseline however did not meet their collective goal of 58%.

While this BHREC pilot will sunset in December 2022, BHS is committed to continuing the intentional work with the AA/B/AD Community and will be providing opportunities that nurture the transformational relationships developed between community members and BHS leadership. We will include more updates in the next plan update.

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

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

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

The chart on the following page depicts the cultural competence activity expenditures for BHS's county operated and county contracted MH and SUPT providers. The amount for each provider's cultural competence activity expenditures includes: the annual costs of interpreters and/or translation services; annual staffing costs of all bilingual/bicultural staff employed; 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. Some contracts are 100% dedicated to serve a particular ethnic or cultural group so their entire contract amount is reflected. Now that the Drug Medi-Cal Organized Delivery System Waiver has been implemented, BHS has included this information from SUPT providers. See DMC-ODS-Implementation Plan (https://dhs.saccounty.net/BHS/Documents/Reports--Workplans/RT-DMC-ODS-Implementation-Plan-FINAL.pdf)

Budget Dedicated to Cultural Competence			
Activities Expenditures – FY 2021-2022			
Program/Description	**Amount**	**Translation / Interpretation**	**Bilingual / Bicultural Staff**
A Church For Us, dba A Church For All - Supporting Community Connections - African American Community	**$138,240.00**		
A Church For Us, dba A Church For All - Respite Program	**$110,483.00**		
Aegis Treatment Centers Roseville	**$528,000.00**		**$528,000.00**
Allocation for BHS staff receiving a bilingual differential	**$72,427.57**		
Another Choice Another Chance	**$79,040.00**		**$79,040.00**
Asian Pacific Community Counseling	**$1,215,181.00**	**$13,681.00**	**$1,200,000.00**
Asian Pacific Community Counseling - Supporting Community Connections - Hmong, Vietnamese, Cantonese	**$170,895.00**		
BAART Programs - Norwood	**$87,588.80**		**$87,588.80**
BACS Crisis Navigation	**$305,678.00**		**$305,678.00**
Behavioral Health Racial Equity Collaborative, Behavioral Health Interpreter Training and additional CC Trainings	**$275,000.00**		
BHS Cultural Competence Unit Staff – 7 FTE	**$1,056,001.00**		

Budget Dedicated to Cultural Competence			
Activities Expenditures – FY 2021-2022			
Program/Description	**Amount**	**Translation / Interpretation**	**Bilingual / Bicultural Staff**
BRIDGES Professional Treatment Services	**$5,000.00**		
C.O.R.E. Medical Clinic, Inc.	**$249,654.45**		**$249,654.45**
Cal Voices - CST	**$92,790.00**		**$92,390.00**
Cal Voices - SAFE	**$86,000.00**		**$86,000.00**
Cal Voices - Supporting Community Connections - Consumer Operated Warmline	**$138,240.00**		
Cal Voices - Supporting Community Connections - Older Adults	**$160,445.00**		
Capital Star Community Services - TAY FSP	**$291,428.11**	**$210.00**	**$291,218.11**
Capital Star: CRP	**$36,741.93**	**$3,937.50**	**$32,804.43**
Children's Receiving Home of Sacramento – Supporting Community Connections – Youth/TAY	**$138,240.00**		
Consumers Self Help Center-Office of Patient's Rights	**$125,109.14**	**$741.14**	**$119,418.00**
Dignity Health FIT Folsom	**$595,846.00**	**$4,000.00**	**$591,846.00**
Dignity Health FIT Valley Hi	**$642,028.00**	**$8,750.00**	**$633,278.00**
El Hogar Community Services – RST	**$262,383.91**	**$33,426.40**	**$228,766.40**
El Hogar Community Services-SEWP	**$229,413.06**	**$3,233.86**	**$226,179.20**
Gender Health Center	**$164,908.00**		
HeartLand Child and Family Services	**$1,254,752.00**	**$19,752.00**	**$1,235,000.00**
Interpreter/Translation Services – Countywide Vendors	**$216,100.00**		
Iu Mien Community Services - Supporting Community Connections - Iu Mien Community	**$131,164.00**		
La Familia Counseling Center, Inc.- Supporting Community Connections - Latinx/Spanish Speaking Community	**$207,904.00**		
Mental Illness: It's not always what you think" Project	**$980,000.00**		
Omni Youth Programs	**$68,060.00**		

Budget Dedicated to Cultural Competence			
Activities Expenditures – FY 2021-2022			
Program/Description	**Amount**	**Translation / Interpretation**	**Bilingual / Bicultural Staff**
Public Health Institute/Center for Collaborative Planning	**$3,878.00**	**$3,878.00**	
River Oak Center for Children	**$924,887.00**	**$119,916.00**	**$718,076.00**
SacEDAPT	**$570,310.00**	**$5,010.00**	**$565,300.00**
Sacramento Children's Home Counseling Center (FIT)	**$368,451.75**	**$30,588.35**	**$337,863.40**
Sacramento Children's Home eVIBE	**$98,617.21**	**$786.00**	**$97,831.21**
Sacramento Children's Home/STRTP	**$18,271.36**		**$18,271.36**
Sacramento Cultural & Linguistic Center - Assisted Access Program	**$785,126.00**		
Sacramento LGBT Community Center – Lambda Lounge	**$164,908.00**		
Sacramento LGBT Community Center – Q Spot	**$193,775.00**		
Sacramento Native American Health Center - Supporting Community Connections - Native American Community	**$138,240.00**		
Saint John's Program for Real Change	**$120,000.00**		**$120,000.00**
SCUSD-Safe Zone Squad	**$2,400.00**		
Sierra Health Foundation: Trauma Informed Wellness Program	**$1,415,050.00**		
Slavic Assistance Center - Supporting Community Connections - Russian-speaking/Slavic Community	**$138,240.00**		
Stanford Sierra Youth & Families	**$1,292,891.53**	**$68,774.22**	**$1,222,867.31**
Telecare SOAR	**$286,849.56**	**$119.94**	**$285,720.06**
TLCS, Hope Cooperative	**$114,930.47**	**$23,443.62**	**$88,609.87**
Turning Point Community Programs Mental Health Urgent Care Clinic	**$1,831,640.30**	**$9,806.90**	**$1,821,101.40**
Turning Point FIT	**$200,344.20**	**$28,919.00**	**$171,425.20**
TOTAL	**$18,783,552.35**	**$378,973.93**	**$11,501,927.20**

During FY 2021/2022, BHS county-operated and contract providers spent **$18,783,552.35** on cultural competence related activities. From that figure, the total costs spent in FY 2021/2022 for interpreting/translations was **$378,973.93** and the hiring of bilingual/bicultural staff was **$11,501,927.20**. This includes the total budget of the Assisted Access Program that provides interpretation services system-wide. At the time of the 2010 CCP, two programs, the Transcultural Wellness Center (TWC) serving API communities and the Assisted Access providing interpreters, were specifically designed to reduce racial, ethnic, cultural and linguistic behavioral health disparities. Since that time, additional PEI component activities such as the respite and the Supporting Community Connections (SCC) programs included in the chart above have been implemented. They are specifically designed to reduce LGBTQ+, racial, ethnic, cultural and linguistic behavioral health disparities. Full Service Partnership programs' budgets included allocations for providing or assisting consumers in accessing traditional healing providers.

SCC programs are focused on the following racial, cultural, ethnic, sexual and gender diverse communities: youth/transition age youth (TAY) (focusing on LGBT, foster and homeless youth); Native Americans; African Americans; Latinx; Cantonese/Vietnamese/Hmong; Iu Mien; Arabic-speaking; and Russian-speaking/Slavic. The other SCC programs include the Consumer operated Warmline and Older Adult Programs. These ethnic/cultural specific programs are part of the Suicide Prevention effort and have strong outreach components. The respite programs listed in the chart also have strong outreach components to diverse LGBTQ communities. These programs are included in this section because their 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. Bilingual county staff who pass a test are paid a differential for their language skills (Appendix 93). Contractors are encouraged to provide appropriate compensation for their bi-lingual staff.

In addition to the aforementioned TWC, the Peer Partner Program continues to offer culturally appropriate peer services and peer staff are included as members of a multi-disciplinary team that provide behavioral health services through county-operated programs. These bilingual/bicultural staff provide cultural and language specific

services to a diverse group that includes but is not limited to Latinx, Hmong, Vietnamese, Cambodian and African Americans. La Familia Counseling Center has bilingual/bicultural staff who provide children's outpatient behavioral health services to many Latinx, as well as Black/African American and Hmong children and youth.

Behavioral Health Information Notice No.: 20-070, informed all Medi-Cal Managed Care Health Plans (MCP) of the updated dataset for threshold languages and identified the threshold languages for each MCP. An additional threshold language, Farsi, was added for Sacramento County according to the dataset from December 2020. Therefore, the threshold languages for Sacramento County now include Arabic, Cantonese, Hmong, Russian, Spanish, Vietnamese, and Farsi. We translated all of the Mental Health and SUPT member informing documents into Arabic, in the previous fiscal year, and continue to translate informing documents into Farsi. We have received the Member Handbook in Farsi from CalMHSA, and updated the parts specific to new DHCS information notices. Translations were reviewed a second time by our Assisted Access team with cultural brokers who live in the community and can assess the clarity of translations for the local population. All versions of the Handbook are complete and posted.
(https://dhs.saccounty.gov/BHS/Documents/Members-Handbooks)

A number of SUPT documents have recently been translated into Farsi and are listed in (Appendix 104)

Given the changes in power and leadership in Afghanistan that occurred throughout the summer of 2021, numerous Afghan evacuees have been fleeing the country and Sacramento County has been welcoming a large number of Afghan refugees. BHS has been working on supporting with outreach and engagement efforts as well as compiling and sharing resources. This coordination ensures that the services that will be provided to the Afghan arrivals are culturally responsive and linguistically appropriate. BHS met with several local agencies that provide culturally and linguistically appropriate services to Afghan community members to discuss the best way to serve not only the new arrivals, but also Afghans who have already settled in Sacramento over the past few years, and who are trying to help their family members and friends who are still in Afghanistan. The agencies we have met with include Refugees Enrichment and Development Association (REDA) and Muslim American Society – Social Services Foundation (MAS-SSF). We have also invited,

organized and coordinated several programs to present at our BHS Children's Clinical Outpatient Provider meeting in order to share about available resources and answer questions, especially since a large number of the people arriving in Sacramento would be minors. In addition to the above mentioned agencies, the presenters also included three resettlement agencies (Opening Doors, International Rescue Committee, and Lao Family Community Development), Al-Misbaah (a charitable organization providing food, financial and other supportive resources) and Council on American-Islamic Relations (legal resources). The presentation helped to introduce the community-based organizations to the Children's Outpatient providers and BHS leadership in attendance and increased the BHS providers' knowledge about these culturally responsive, community-defined programs. Please note that five of the agencies that presented to the Children's Clinical Outpatient Providers shared about the services they are providing to Afghan community members through their programs that are funded by the Sacramento County Division of Behavioral Health Services through the voter approved Proposition 63, Mental Health Services Act (MHSA). Information was also shared about our Mental Health Access Team and about some of the programs funded by BHS that may be of support to the children and families, such as The Source and the Mental Health Urgent Care Clinic. During this meeting, the community providers inquired about the county's plan to support unaccompanied minors so BHS facilitated an introduction to the Deputy Director of Sacramento County Child Protective Services (CPS). Since the time of writing this CCP Update, the Deputy Director of CPS has met with the providers to hear their questions, concerns and recommendations for culturally and linguistically appropriate ways for supporting unaccompanied minors who are arriving from Afghanistan.

The newly expanded Afghan community is indicative of the continually emerging needs of Sacramento County. The MHSA Steering Committee supported the creation of two additional Supporting Community Connections programs to serve the Afghan Community and the Farsi speaking Community. The war in Ukraine has also resulted in a large number of refugees from Ukraine resettling in Sacramento County. In May of 2022, BHS contracted with a local agency to operate a Ukrainian Phone Support Line to provide culturally and linguistically appropriate support to Ukrainian community members in Sacramento who were concerned for their family and friends still in the Ukraine. The number of languages and the number of people speaking languages other than English continues to increase. Efforts to recruit train and retain

bilingual/bicultural staff and to increase capacity for interpreting are needed. Sacramento County has a 30+ year history of welcoming refugees to the community. Behavioral Health has developed a number of programs that include a focus on the needs of refugees. Historically, refugees from Southeast Asia, Russia/Former Soviet Union/Eastern Europe first arrived in Sacramento. Sacramento County has ranked in the top three counties in California for newly arriving refugees for several years. Recently, Sacramento County has resettled more refugees and Special Immigrant Visa holders combined than any other county in California.

CRITERION 2

COUNTY MENTAL HEALTH SYSTEM

UPDATED ASSESSMENT OF SERVICE NEEDS

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

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

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

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

I. General Population

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

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

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

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

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

regarding data requests.)

2. The county's client utilization data

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

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

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

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

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

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

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

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

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

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

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

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

CRITERION 2

SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

UPDATED ASSESSMENT OF SERVICE NEEDS

I. General Population

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

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

Note: the data utilized in this section is 2019 American Community Survey data from the US Census. The 2020 US Census data is currently unavailable as it is still being compiled. The percentages provided were rounded to the nearest tenth.

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

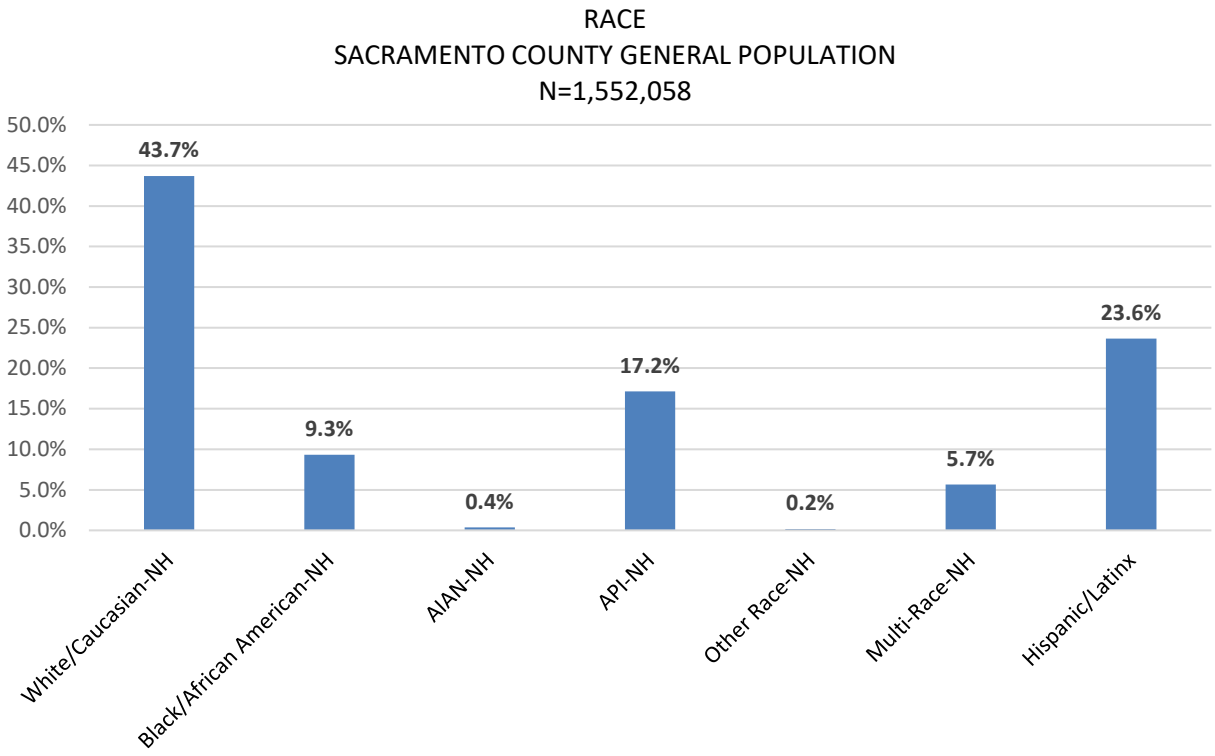
In order to allow for comparisons across data sources, it was necessary to combine racial categories and include Hispanic/Latinx origin by race. When Hispanic origin is reported by race, all other race categories are reported as Non-Hispanic (NH). For example, "Caucasian-NH" refers to individuals who report as Caucasian only, Non-Hispanic. When race categories are reported as Non-Hispanic, numbers in these race categories may be underrepresented. For example, if a person reports

that they are of Hispanic origin and report a race, their response is reported as Hispanic and the race is not captured.

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

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

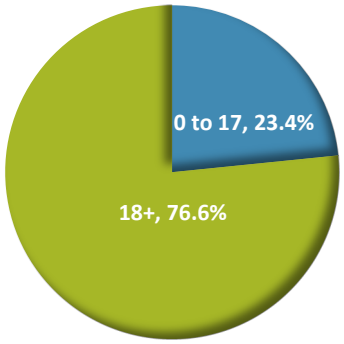
As the chart below indicates, less than 50% percent of the general population is White-NH. This illustrates the diversity in the general population of Sacramento County.



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.

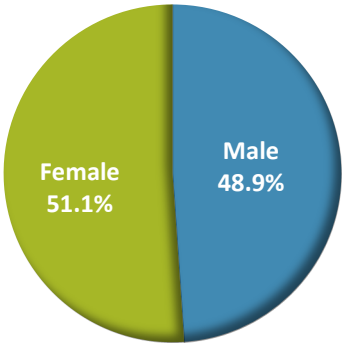
AGE
SACRAMENTO COUNTY GENERAL POPULATION
N=1,552,058



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

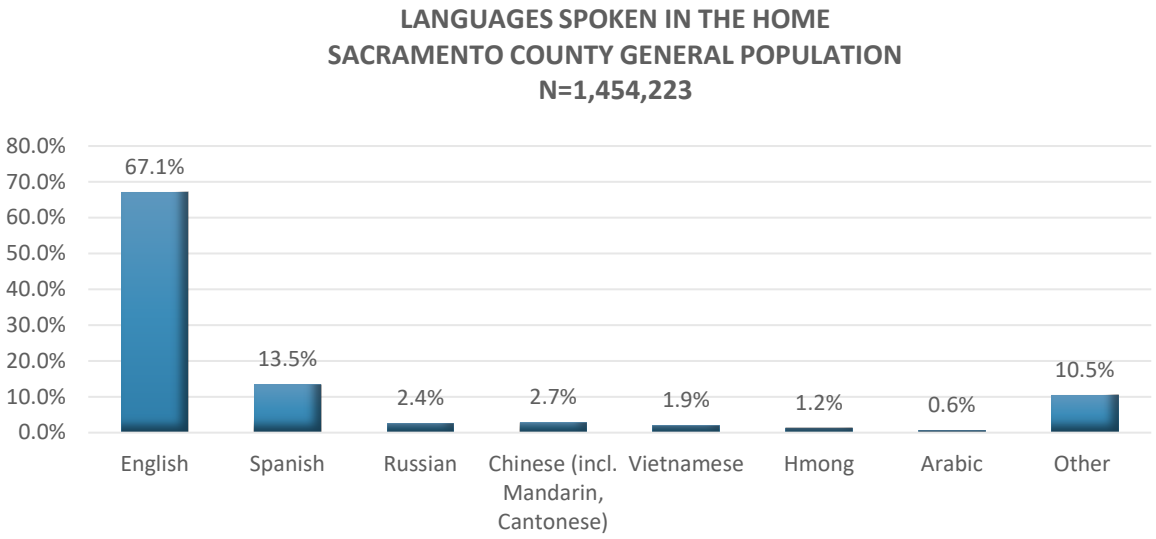
Gender – The gender breakdown of the general population in Sacramento County is almost equally distributed with slightly more females (51.1%) than males (48.9%).

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



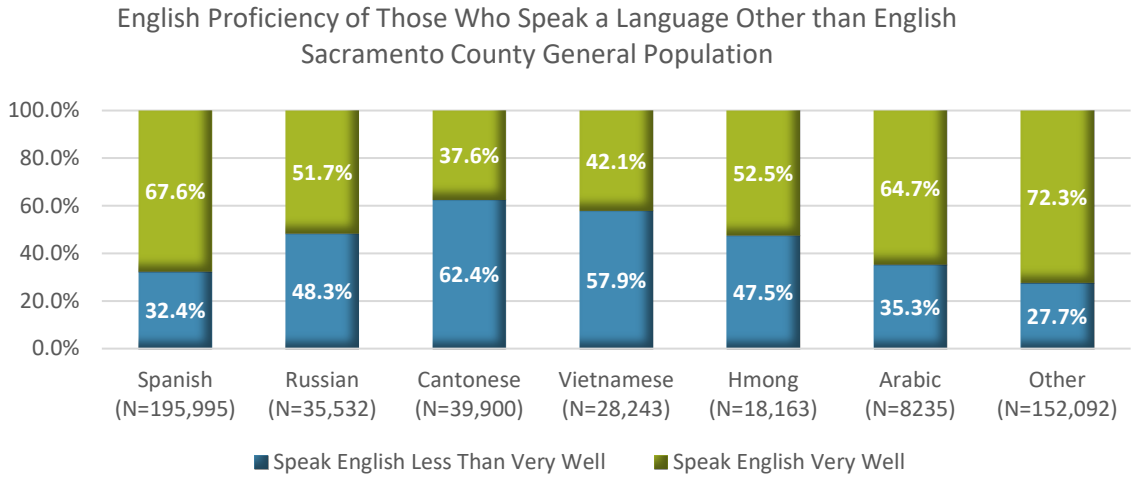
Source: 2019 U.S. Census, American Communities Survey (ACS)

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%). The ACS does not currently have data specific to Farsi so we were not able to include this language in the charts related to language spoken.



Source: 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 speak 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 Substance Use Prevention and Treatment (SUPT) Services, refers to MH data only.

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

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

Data provided by the CAEQRO for Calendar Year 2020 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 548,757 Medi-Cal eligible beneficiaries in the CAEQRO data and 26,050 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 (22.1%), Other Races (27.8%) and African American (14.2%).

Age – Almost two-thirds of the population (65.5%) is 18 years or older and almost 24% are youth between the ages of 6 and 17.

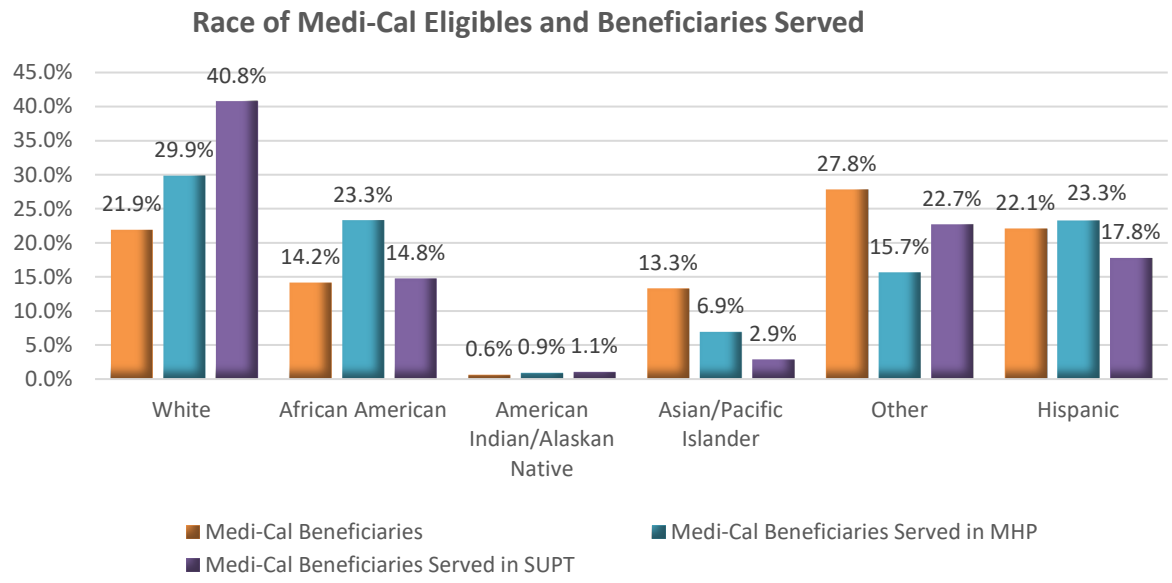
Gender - More than half the population (52.7%) is female, while males account for 47.3% of the population.

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

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

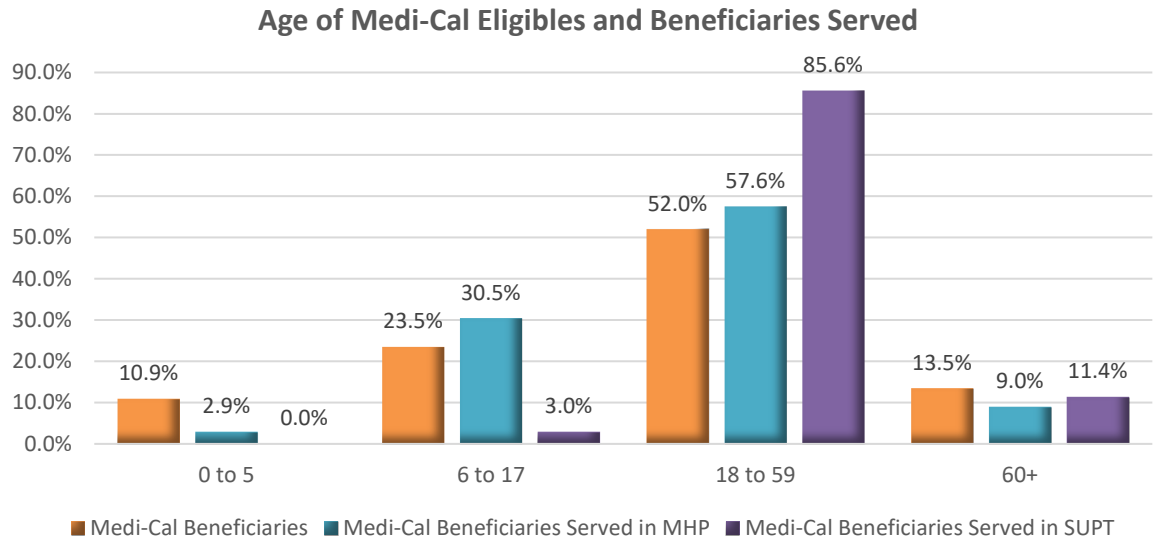
Race/Ethnicity –

This section provides percentages of the Medi-Cal eligible clients receiving mental health specialty services (MHP clients) and SUPT services compared to the percentages of the overall Medi-Cal eligible population by race. Caucasians (29.9% vs. 21.9%) African Americans (23.3% vs. 14.2%) and Hispanics (23.3% vs 22.1%) are overrepresented in the specialty mental health system compared to the overall Medi-Cal eligible population. Likewise, Caucasians (40.8% vs 21.9%) and African Americans (14.8% vs. 14.2%) are overrepresented in the SUPT service system. Asian/Pacific Islanders (2.9% vs. 13.3%) and Hispanic/Latinx (17.8% vs. 22.1%) are underrepresented in the SUPT system. SUPT data reflects a high percentage (22.7%) of "Other Race/Ethnicities", which includes unknown and not reported. This percentage is due to a high amount of missing data in the Electronic Health Record. This problem is currently being addressed, which will hopefully result in a more accurate illustration of the racial composition of the beneficiaries receiving SUPT services in the next reporting period.



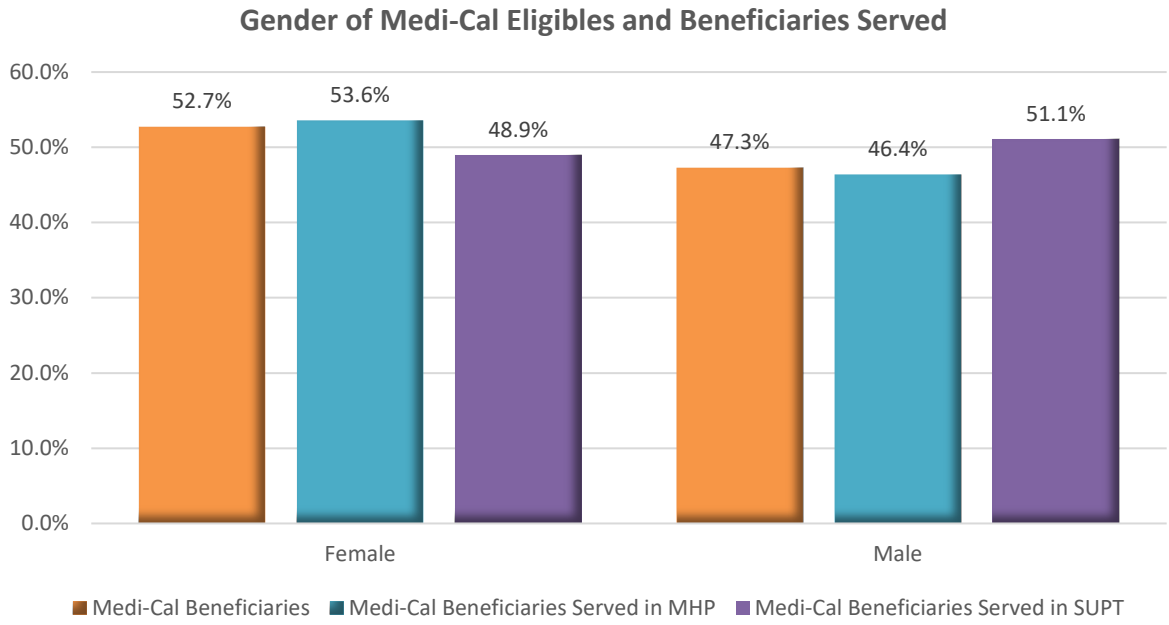
Source: 2020 External Quality Review Organization (EQRO) Report

Age –The majority of the specialty mental health clients are adults, between the ages of 18 and 59 (57.6%), slightly higher than the adult share of the general Medi-Cal population (52.0%). Children ages 6 to 17 represent just over 30% and older adults represent 9% of the MHP population. The data shows strong differences in percentages served between younger and older children. The percentage of children 0 to 5 is higher in the Medi-Cal population than in the MHP (10.9% vs. 2.9%), whereas the percentage of children and youth 6 to 17 is much higher for MHP beneficiaries served than their share of the Medi-Cal population (30.5% vs. 23.5%). Older adults are also underrepresented in the MHP compared to their share of the Medi-Cal population (9.0% vs. 13.5%). The percentage of Adults receiving SUPT services is over 25 points higher than their share of the overall Medi-Cal population and the MHP, while youth of all ages make up a smaller share of those receiving SUPT services. Older adults receive SUPT services at a somewhat higher rate than their share of the MHP, but at a rate nearly the same as their share of the overall Medi-Cal population.



Source: 2020 External Quality Review Organization (EQRO) Report

Gender – The majority of the mental health population served is female (53.6%), as with the general Medi-Cal eligible population (52.7%), whereas those receiving SUPT services are majority male (51.1%).



Source: 2020 External Quality Review Organization (EQRO) Report

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

Penetration Rates – MHP and SUPT

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

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

Penetration Rates		Calendar Year 2020								Calendar Year 2021								
		A		B		B/A	C		C/A	A		B		B/A		C		C/A	
		Medi-Cal Eligible Beneficiaries		MHP Medi-Cal Beneficiaries			SUPT Medi-Cal Beneficiaries			Medi-Cal Eligible Beneficiaries		MHP Medi-Cal Beneficiaries			Percent Change	SUPT Medi-Cal Beneficiaries			Percent Change
		N	%	N	%	%	N	%	%	N	%	N	%	%	%	N	%	%	%
Age Group	0 to 5	65,377	11.9%	820	3.1%	1.3%	0	0.0%	0.0%	64,795	10.9%	782	2.9%	1.2%	**-7.7%**	0	0.0%	0.0%	**N/A**
	6 to 17	131,913	24.0%	7,981	30.6%	6.1%	117	2.2%	0.1%	139,618	23.5%	8,091	30.5%	5.8%	**-4.9%**	163	3.0%	0.1%	**0.0%**
	18 to 59	276,864	50.5%	14,915	57.3%	5.4%	4,489	83.6%	1.6%	308,422	52.0%	15,280	57.6%	5.0%	**-7.4%**	4,669	85.6%	1.5%	**-6.3%**
	60+	74,604	13.6%	2,334	9.0%	3.1%	761	14.2%	1.0%	80,087	13.5%	2,395	9.0%	3.0%	**-3.2%**	623	11.4%	0.8%	**-20.0%**
	Total	548,758	100.0%	26,050	100.0%	4.7%	5,367	100.0%	1.0%	592,922	100.0%	26,548	100.0%	4.5%	**-4.2%**	5,455	100.0%	0.9%	**-10.0%**
		N	**%**	**N**	**%**	**%**	**N**	**%**	**%**	**N**	**%**	**N**	**%**	**%**		**N**	**%**	**%**	
Gender	Female	290,456	52.9%	13,626	52.3%	4.7%	2,619	48.8%	0.9%	312,661	52.7%	14,223	53.6%	4.5%	**-4.2%**	2,669	48.9%	0.9%	**0.0%**
	Male	258,301	47.1%	12,415	47.7%	4.8%	2,748	51.2%	1.1%	280,260	47.3%	12,316	46.4%	4.4%	**-8.3%**	2,785	51.1%	1.0%	**-9.0%**
	Unknown	1	0.0%	9	0.0%	N/A	0	0.0%	0.0%	1	0.0%	9	0.0%	N/A	**N/A**	1	0.0%	100.0%	**100.0%**
	Total	548,758	100.0%	26,050	100.0%	4.7%	5,367	100.0%	1.0%	592,922	100.0%	26,548	100.0%	4.5%	**-4.2%**	5,455	100.0%	0.9%	**-10.0%**
		N	**%**	**N**	**%**	**%**	**N**	**%**	**%**	**N**	**%**	**N**	**%**	**%**		**N**	**%**	**%**	
Race	White	120,308	21.9%	8,109	31.1%	6.7%	1,867	34.8%	1.6%	125,072	21.1%	7,926	29.9%	6.3%	**-5.9%**	2,225	40.8%	1.8%	**12.3%**
	African American	77,773	14.2%	5,882	22.6%	7.6%	644	12.0%	0.8%	80,207	13.5%	6,197	23.3%	7.7%	**1.3%**	805	14.8%	1.0%	**25.0%**
	American Indian/Alaskan Native	3,492	0.6%	265	1.0%	7.6%	60	1.1%	1.7%	3,604	0.6%	251	0.9%	7.0%	**-7.9%**	58	1.1%	1.6%	**-5.9%**
	Asian/Pacific Islander	73,132	13.3%	1,739	6.7%	2.4%	138	2.6%	0.2%	77,156	13.0%	1,838	6.9%	2.4%	**0.0%**	158	2.9%	0.2%	**0.0%**
	Other	152,654	27.8%	4,354	16.7%	2.9%	1,897	35.3%	1.2%	177,044	29.9%	4,160	15.7%	2.3%	**-20.7%**	1,239	22.7%	0.7%	**-41.7%**
	Hispanic	121,399	22.1%	5,701	21.9%	4.7%	761	14.2%	0.6%	129,839	21.9%	6,176	23.3%	4.8%	**2.1%**	970	17.8%	0.7%	**16.7%**
	Total	548,758	100.0%	26,050	100.0%	4.7%	5,367	100.0%	1.0%	592,922	100.0%	26,548	100.0%	4.5%	**-4.2%**	5,455	100.0%	0.9%	**-10.0%**

Penetration – Foster Youth

Data were compiled to calculate penetration rates for youth served in the Foster Care system during CY 2020 and 2021. EQRO claims data was utilized to determine the total number of foster youth with Medi-Cal. Data from Sacramento County CPS were matched with Avatar data to determine the number of foster youth served in the MHP during CY 2020.

We know foster care penetration rates need to be addressed and we are working on 2 different projects to increase:

1. Broadening the role of the embedded CPS-Mental Health team to include consultation and assessments in addition to CANS completion.
2. Increased referrals directly from CPS Emergency Response

BHS is open and available to partner with the new Circle Clinic in Primary Care that serves foster youth.

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

Penetration Rates		CY 2020					CY 2021					
		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 Grou	0 to 5	634	22.9%	196	15.5%	30.9%	601	21.6%	167	15.1%	27.8%	-10.0%
	6+	2,137	77.1%	1067	84.5%	49.9%	2,181	78.4%	937	84.9%	43.0%	-13.8%
	Total	2,771	100.0%	1,263	100.0%	45.6%	2,782	100.0%	1,104	100.0%	39.7%	-12.9%
		N	%	N	%	%	N	%		%	%	%
Gender	Female	1,356	48.9%	669	53.0%	49.3%	1,372	49.3%	599	54.3%	43.7%	-11.3%
	Male	1,415	51.1%	594	47.0%	42.0%	1,410	50.7%	505	45.7%	35.8%	-14.8%
	Total	2,771	100.0%	1,263	100.0%	45.6%	2,782	100.0%	1,104	100.0%	39.7%	-12.9%
		N	%	N	%	%	N	%		%	%	%
Race	White	707	25.5%	304	24.1%	43.0%	783	28.1%	275	24.9%	35.1%	-18.4%
	African American	759	27.4%	406	32.1%	53.5%	722	26.0%	368	33.3%	51.0%	-4.7%
	American Indian/Alaskan Native	43	1.6%	18	1.4%	41.9%	41	1.5%	13	1.2%	31.7%	-24.3%
	Asian/Pacific Islander	81	2.9%	50	4.0%	61.7%	73	2.6%	39	3.5%	53.4%	-13.5%
	Other	942	34.0%	176	13.9%	18.7%	956	34.4%	137	12.4%	14.3%	-23.5%
	Hispanic	239	8.6%	309	24.5%	129.3%	207	7.4%	272	24.6%	131.4%	1.6%
	Total	2,771	100.0%	1,263	100.0%	45.6%	2,782	100.0%	1,104	100.0%	39.7%	-12.9%

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

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

The table below illustrates Sacramento County's Medi-Cal penetration rate compared to the overall Large County and statewide penetration rates for calendar years 2020 and 2021. In CY20 and CY21, Sacramento County had a slightly higher overall penetration rate than Large County rates, but was somewhat lower than the statewide rate. Sacramento County rates were lower than Large County and lower than Statewide for youth, ages 0 to 5 in both CY20 and CY21. For youth ages 6 to 17, Sacramento had higher penetrations Large County rates, but lower than Statewide rates for both CY20 and CY21. Adults, ages 18 to 59 were higher than Large County but lower than Statewide from CY20 and CY21. In CY20 Sacramento County's rate for females was higher than Large County, but lower than Statewide rates and in CY21 there was an increase as Sacramento County's rate for females was higher than Large County and Statewide. Males had a lower rate as compared to Large County and Statewide for CY20 and in CY21 Sacramento County's rate for males was slightly higher than Large County. Penetration rates decreased in all race categories from CY20 to CY21. With the exception of Hispanic (higher than Larger County), Sacramento County penetration rates for all races were also lower than Large County and Statewide rates in CY20 and CY21. Note: penetration rates for Sacramento County are different from the penetration table referenced above.

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

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

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

The overall penetration rate in Sacramento County for CY 2021, based on Medi-Cal eligible beneficiaries is 3.79%, compared to 3.85% statewide. Although the penetration rate is lower than statewide, it is higher than other large counties. Penetration rates in all areas, with the exception of "other" race have decreased from 2020. 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 1.57% to 5.8%. Asian/Pacific Islander and Hispanic account for the lowest penetration rates at 1.57% (API) and 3.14% (Hispanic). On the other hand, Native Americans, Caucasians and African Americans account for the highest penetration rates (5.8% Native American, 5.44% African American and 5.15% 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 1.041% to 5.27%. Children under the age of 5 represent the lowest penetration rate at 1.04%, while children between the ages of 6 and 17 represent the highest penetration rate at 5.27%. With the exception of the 0 to 5 age group, penetration for all age groups are higher than large counties, but lower than California as a whole.

Gender - The penetration rate for males was slightly lower than that of females. There was not a large difference; the female penetration rate was 3.92%, whereas male was 3.62%. The Sacramento County penetration rate for females is higher compared to large counties and statewide, while the rate for males is slightly higher than other large counties and lower than statewide rates.

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

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

		Sac County CY20	Large County CY20	Statewide CY20	Sac County CY21	Large County CY21	Statewide CY21
Total		35.76%	47.06%	51.00%	33.39%	40.07%	43.54%
Age Group	0 to 5	22.24%	39.73%	47.54%	19.30%	54.51%	42.84%
	6+	39.78%	49.81%	52.31%	37.28%	41.89%	43.77%
Gender	Female	37.24%	47.48%	51.35%	34.04%	40.68%	44.50%
	Male	34.35%	46.66%	50.66%	32.77%	39.48%	42.62%
Race	White	40.74%	49.76%	50.45%	37.68%	42.43%	42.98%
	African American	29.91%	46.97%	49.94%	29.22%	40.61%	43.22%
	AI/AN	39.53%	48.55%	37.03%	24.39%	35.66%	30.56%
	API	35.80%	46.51%	49.01%	26.03%	43.16%	41.23%
	Other	38.14%	47.73%	50.24%	24.39%	35.66%	30.56%
	Hispanic	29.29%	45.10%	52.50%	26.09%	37.97%	44.66%

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

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

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

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

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

Sacramento County Retention Rates (MHP Only) – Fiscal Year 20/21

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

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

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

Race/Ethnicity - As demonstrated below, Sacramento County's retention rates for children (0-17) of any race/ethnicity are relatively high for the total system (range, 79.5%-87.7%). With the exception of unknown/not reported, adults are retained at a high level across race/ethnicity, ranging from 80.1% for the Hispanic to 86.4% for Asian/Pacific Islanders (API), and Native American 87.7%

Gender –Males are retained at a slightly higher rate than Females (82.7% vs 82.9%).

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 84.5%, whereas the adult rate is just over 81.7%.
Language –With the exception of unknown/not reported, the retention rates for all languages are high, ranging from 82.6 (English) to 91.4% (Hmong.

Retention - FY 20/21														
FY 20/21		Total Served	1 Service		2 Services		3 Services		4 Services		5 to 15 Services		>15 Services	
			N	%	N	%	N	%	N	%	N	%	N	%
Race (0-17.9)	API	355	19	5.4	11	3.1	17	4.8	16	4.5	128	36.1	164	46.2
	Black	1,931	127	6.6	117	6.1	87	4.5	84	4.4	593	30.7	923	47.8
	Hispanic	3,075	194	6.3	158	5.1	146	4.7	118	3.8	874	28.4	1585	51.5
	Nat-Amer	78	4	5.1	7	9.0	5	6.4	6	7.7	12	15.4	44	56.4
	White	2,064	99	4.8	79	3.8	75	3.6	66	3.2	591	28.6	1,154	55.9
	Other	684	41	6.0	36	5.3	40	5.8	20	2.9	180	26.3	367	53.7
	Unk/NR	765	52	6.8	44	5.8	31	4.1	26	3.4	209	27.3	403	52.7
Race (≥18)	API	1,296	77	5.9	59	4.6	40	3.1	46	3.5	497	38.3	577	44.5
	Black	3,231	294	9.1	170	5.3	148	4.6	121	3.7	1,107	34.3	1,391	43.1
	Hispanic	2,310	207	9.0	136	5.9	116	5.0	85	3.7	790	34.2	976	42.3
	Nat-Amer	154	8	5.2	8	5.2	3	1.9	4	2.6	49	31.8	82	53.2
	White	4,928	430	8.7	231	4.7	182	3.7	173	3.5	1,693	34.4	2,219	45.0
	Other	791	79	10.0	40	5.1	31	3.9	32	4.0	273	34.5	336	42.5
	Unk/NR	619	115	18.6	35	5.7	33	5.3	29	4.7	217	35.1	190	30.7
Age	0-17.9	8,952	536	6.0	452	5.0	401	4.5	336	3.8	2,587	28.9	4,640	51.8
	≥ 18	13,329	1,210	9.1	679	5.1	553	4.1	490	3.7	4,626	34.7	5,771	43.3
Sex	Male	10,255	836	8.2	495	4.8	441	4.3	391	3.8	3,228	31.5	4,864	47.4
	Female	12,024	910	7.6	636	5.3	512	4.3	435	3.6	3,985	33.1	5,546	46.1
	Unk/NR	2	0	0.0	0	0.0	1	50.0	0	0.0	0	0.0	1	50.0
Language	English	19,827	1,568	7.9	1,024	5.2	852	4.3	737	3.7	6,357	32.1	9,289	46.9
	Spanish	1097	80	7.3	50	4.6	51	4.6	51	4.6	291	26.5	574	52.3
	Russian	214	8	3.7	4	1.9	7	3.3	1	0.5	92	43.0	102	47.7
	Hmong	209	7	3.3	8	3.8	3	1.4	5	2.4	92	44.0	94	45.0
	Vietnamese	156	14	9.0	5	3.2	6	3.8	6	3.8	66	42.3	59	37.8
	Cantonese	59	4	6.8	6	10.2	1	1.7	3	5.1	16	27.1	29	49.2
	Arabic	103	5	4.9	3	2.9	2	1.9	3	2.9	54	52.4	36	35.0
	Other	432	18	4.2	14	3.2	24	5.6	10	2.3	194	44.9	172	39.8
	Unk/NR	184	42	22.8	17	9.2	8	4.3	10	5.4	51	27.7	56	30.4
TOTAL		**22,281**	**1,746**	**7.8**	**1,131**	**5.1**	**954**	**4.3**	**826**	**3.7**	**7,213**	**32.4**	**10,411**	**46.7**

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

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

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

B. Provide an analysis of disparities as identified in the above summary.

This can be a narrative discussion of the data. Data must support the analysis.

The following is a response to questions A and B.

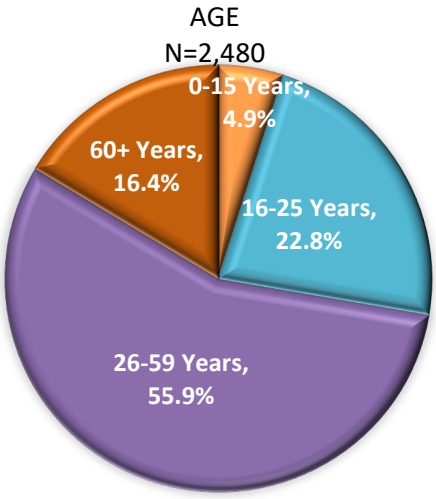
MHSA Demographics – Clients Served

Due to the fact that the data from the approved CSS plan is outdated, we are providing data on the participants served rather than the population assessment. The data provided below is based on data reported in the most recent MHSA Annual Update, which includes all clients served in an MHSA funded programs for FY 20/21.

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

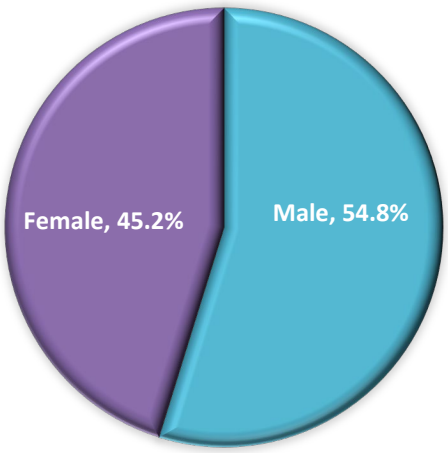
The FSPs served a total of 2,480 partners in FY 20/2021. The charts below examine demographics of the partners served.

Age **–** The FSPs served an array of age groups, but over half (55.9%) were adults ages 26 to 59. Transition Age Youth (TAY) were the next highest age group served at just over 20% (22.8%). Clients ages 0 to 15 represented the lowest percentage of the population served (4.9%) since many of our FSP partners focus on the adult and TAY populations.



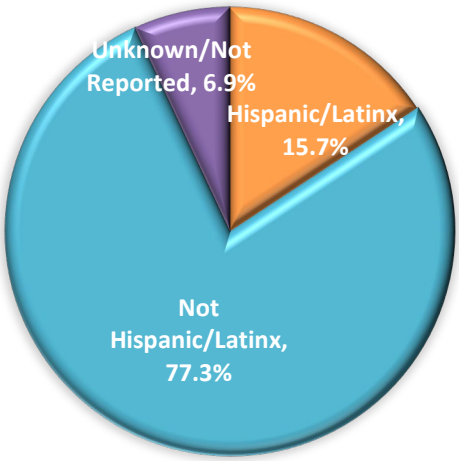
Gender **–** The FSPs served a slightly higher percentage of males than females (54.8% vs 45.2%). This differs from the overall MHP where more females are served than males.

GENDER
N=2,480

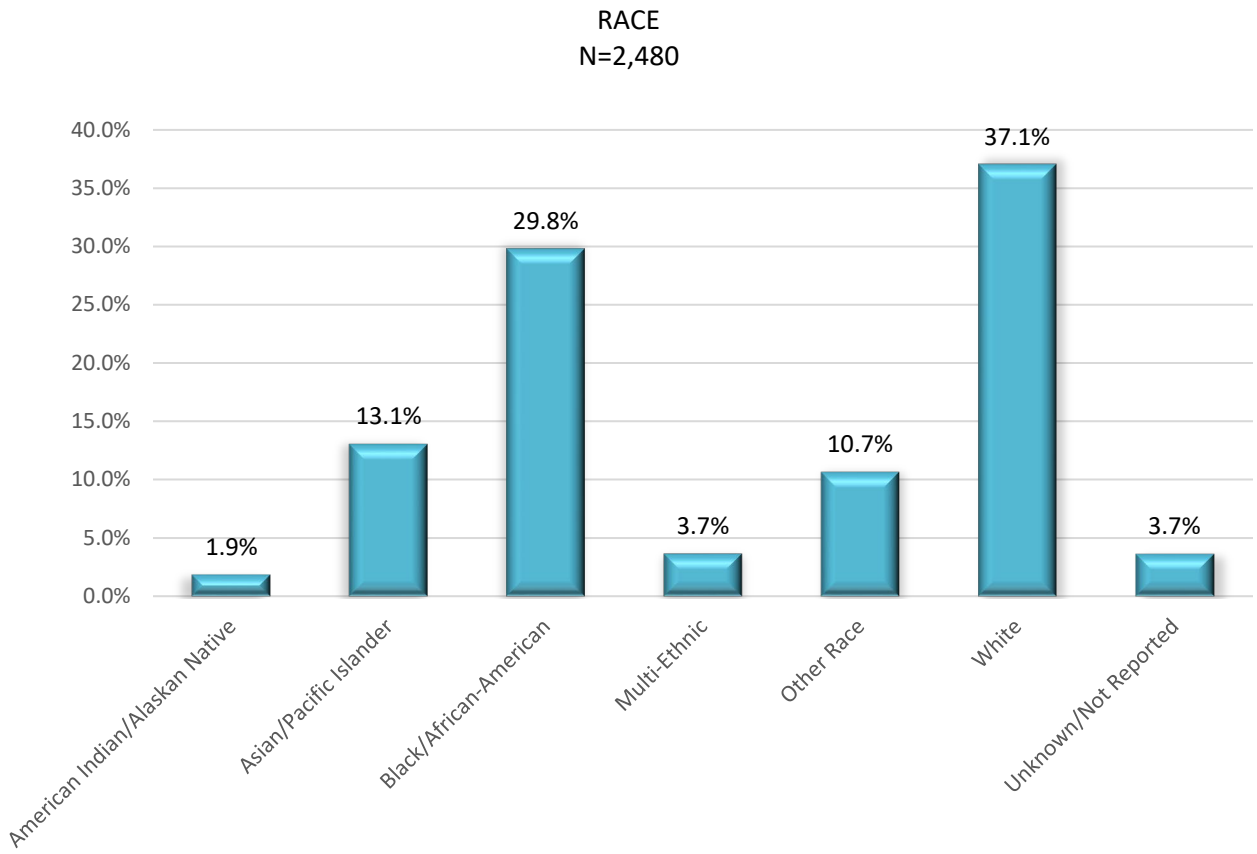


Ethnicity – Just over 15% (15.7%) of partners served in the FSPs identified as Hispanic/Latinx. This percentage of FSP partners is lower than the percentage of Medi-Cal beneficiaries and could indicate that further outreach efforts are needed to increase enrollment.

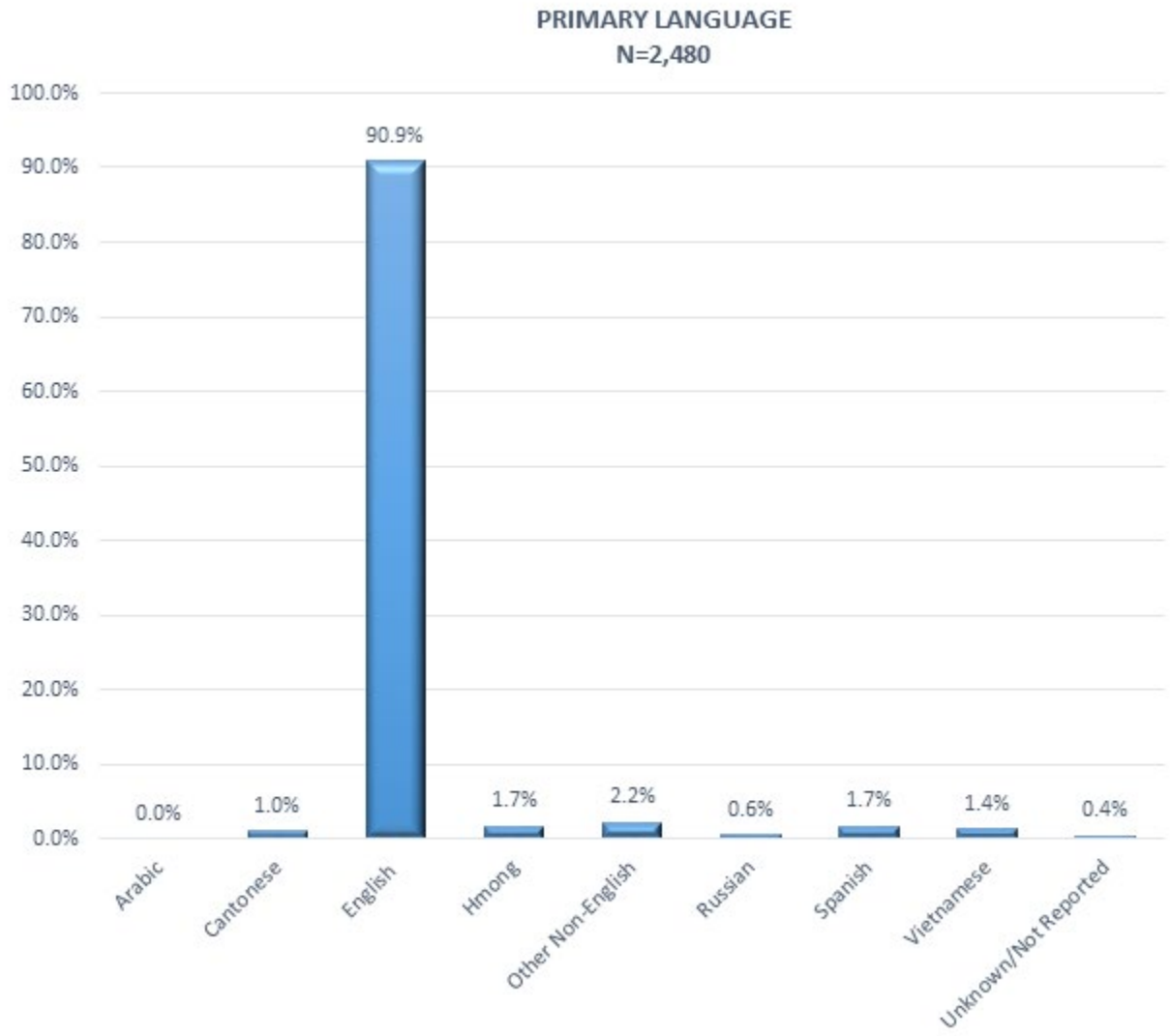
ETHNICITY
N=2,480



Race **–**37.1% of the partners served in the FSPs were Caucasian, followed by African American at 29.8%. This could indicate that further outreach efforts are needed to reach other vulnerable groups and advance behavioral health equity for all community members.



Primary Language **–** The majority (90.9%) of partners identified English as their primary language. Although many of our clients are English speakers, interpreters are still offered for clients who speak languages other than English to ensure equity in providing mental health services. The low number of partners identifying a language other than English as their primary language could also suggest that further outreach efforts are needed to reach underserved community members.



Community Services and Supports – General System Development (GSD)

There were a total of 22,565 clients served in GSD programs in FY 20/21. This is an increase of 8,301 clients from the previous year.

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

Total Number Served in General System Development Programs – FY 20/21																						
Characteristic	APSS		TCORE		Regional Support Teams		Guest House		Wellness and Recovery Center		Peer Partners		Consumer and Family Voice - SAFE		Crisis Residential Programs		Flexible Integrated Treatment (FIT)		Consult Support & Engage Teams		Total	
Gender	N	%	N	%			N	%	N	%	N	%	N	%	N	%					N	%
Female	395	68.9%	470	44.8%	5,406	57.3%	271	43.4%	1,029	55.1%	102	63.4%	32	32.7%	180	39.7%	4024	48.7%	34	97.1%	11,943	52.9%
Male	178	31.1%	578	55.2%	4,029	42.7%	353	56.5%	836	44.8%	59	36.6%	33	33.7%	273	60.3%	4244	51.3%	1	2.9%	10,584	46.9%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	0	0.0%	0	0.0%	3	0.0%	1	0.2%	1	0.1%	0	0.0%	33	33.7%	0	0.0%	0	0.0%	0	0.0%	38	0.2%
Total	**573**	**100.0%**	**1,048**	**100.0%**	**9,438**	**100.0%**	**625**	100.0%	**1,866**	**100%**	**161**	**100.0%**	**98**	**100.0%**	**453**	**100.0%**	**8,268**	**100.0%**	**35**	**100.0%**	**22,565**	**100.0%**
Age																						
0 to 15	0	0.0%	0	0.0%	1	0.0%	0	0.0%	1	0.1%	0	0.0%	44	44.9%	0	0.0%	6294	76.1%	6	17.1%	6,346	28.1%
16 to 25	7	1.2%	47	4.5%	901	9.5%	18	2.9%	97	5.2%	8	5.0%	21	21.4%	81	17.9%	1974	23.9%	29	82.9%	3,183	14.1%
26 to 59	405	70.7%	851	81.2%	6,969	73.8%	544	87.0%	1,409	75.5%	130	80.7%	0	0.0%	360	79.5%	0	0.0%	0	0.0%	10,668	47.3%
60 and Over	161	28.1%	150	14.3%	1,567	16.6%	63	10.1%	359	19.2%	23	14.3%	0	0.0%	12	2.6%	0	0.0%	0	0.0%	2,335	10.3%
Unknown/Not Reported	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	33	33.7%	0	0.0%	0	0.0%	0	0.0%	33	0.1%
Total	**573**	**100.0%**	**1,048**	**100.0%**	**9,438**	**100.0%**	**625**	**100.0%**	**1,866**	**100%**	**161**	**100.0%**	**98**	**100.0%**	**453**	**100.0%**	**8268**	**100.0%**	**35**	**100.0%**	**22,565**	**100.0%**
Ethnicity																						
Non-Hispanic	437	76.3%	794	75.8%	6,506	68.9%	88	14.1%	1,243	66.6%	118	73.3%	19	19.4%	330	72.8%	3975	48.1%	18	51.4%	13,528	60.0%
Hispanic	59	10.3%	184	17.6%	1,558	16.5%	475	76.0%	381	20.4%	25	15.5%	39	39.8%	74	16.3%	2835	34.3%	14	40.0%	5,644	25.0%
Unknown/Not Reported	77	13.4%	70	6.7%	1,374	14.6%	62	9.9%	242	13.0%	18	11.2%	40	40.8%	49	10.8%	1458	17.6%	3	8.6%	3,393	15.0%
Total	**573**	**100.0%**	**1,048**	**100.0%**	**9,438**	**100.0%**	**625**	**100.0%**	**1,866**	**100%**	**161**	**100.0%**	**98**	**100.0%**	**453**	**100.0%**	**8268**	**100.0%**	**35**	**100.0%**	**22,565**	**100.0%**
Race																						
White	200	34.9%	469	44.8%	3,794	40.2%	265	42.4%	688	36.9%	79	49.1%	13	13.3%	209	46.1%	2189	26.5%	7	20.0%	7,913	35.1%
Black	73	12.7%	267	25.5%	2,154	22.8%	246	39.4%	480	25.7%	25	15.5%	7	7.1%	136	30.0%	1749	21.2%	13	37.1%	5,150	22.8%
Asian/Pacific Islander	136	23.7%	69	6.6%	811	8.6%	20	3.2%	132	7.1%	10	6.2%	2	2.0%	19	4.2%	304	3.7%	1	2.9%	1,504	6.7%
Am Indian/Alask. Native	8	1.4%	23	2.2%	153	1.6%	8	1.3%	59	3.2%	3	1.9%	3	3.1%	10	2.2%	87	1.1%	1	2.9%	355	1.6%
Multi-Race	8	1.4%	44	4.2%	432	4.6%	11	1.8%	73	3.9%	4	2.5%	4	4.1%	26	5.7%	768	9.3%	9	25.7%	1,379	6.1%
Other	79	13.8%	127	12.1%	1,165	12.3%	47	7.5%	207	11.1%	26	16.1%	26	26.5%	32	7.1%	1991	24.1%	4	11.4%	3,704	16.4%
Unknown/Not Reported	69	12.0%	49	4.7%	929	9.8%	28	4.5%	227	12.2%	14	8.7%	43	43.9%	21	4.6%	1180	14.3%	0	0.0%	2,560	11.3%
Total	**573**	**100.0%**	**1,048**	**100.0%**	**9,438**	**100.0%**	**625**	**100.0%**	**1,866**	**100%**	**161**	**100.0%**	**98**	**100.0%**	**453**	**100.0%**	**8268**	**100.0%**	**35**	**100.0%**	**22,565**	**100.0%**
Primary Language																						
English	365	63.7%	974	92.9%	8,303	88.0%	612	97.9%	1,726	92.5%	146	90.7%	44	44.9%	445	98.2%	7239	87.6%	35	100.0%	19,889	88.1%
Spanish	22	3.8%	23	2.2%	190	2.0%	3	0.5%	36	1.9%	9	5.6%	19	19.4%	1	0.2%	873	10.6%	0	0.0%	1,176	5.2%
Other	180	31.4%	36	3.4%	701	7.4%	4	0.6%	67	3.6%	5	3.1%	1	1.0%	4	0.9%	76	0.9%	0	0.0%	1,074	4.8%
Unknown/Not Reported	6	1.0%	15	1.4%	244	2.6%	6	1.0%	37	2.0%	1	0.6%	34	34.7%	3	0.7%	80	1.0%	0	0.0%	426	1.9%
Total	**573**	**100.0%**	**1,048**	**100.0%**	**9,438**	**100.0%**	**625**	**100.0%**	**1,866**	**100%**	**161**	**100.0%**	**98**	**100.0%**	**453**	**100.0%**	**8268**	**100.0%**	**35**	**100.0%**	**22,565**	**100.0%**

General System Development (GSD) Respite Programs FY 20/21								
	Mental Health Crisis Respite Center		Abiding Hope Respite House		Mental Health Respite for Women/Children		Total	
	N	%	N	%	N	%	N	%
Age Group								
Children/Youth (0-15)	2	0.1%	0	0.0%	0	0.0%	2	0.1%
TAY (16-25)	303	17.3%	1	1.3%	12	15.0%	316	16.5%
Adults (26-59)	1217	69.4%	71	89.9%	59	73.8%	1,347	70.4%
Older Adults (60+)	137	7.8%	7	8.9%	5	6.3%	149	7.8%
Unknown/Not Reported	94	5.4%	0	0.0%	4	5.0%	98	5.1%
Total	**1753**	**100.0%**	**79**	**100.0%**	**80**	100.0%	**1,912**	**100.0%**
Ethnicity								
Hispanic or Latino	251	14.3%	8	10.1%	12	15.0%	271	14.2%
Non-Hispanic/Non-Latino	750	42.8%	67	84.8%	51	63.8%	868	45.4%
Unknown/Not Reported	752	42.9%	4	5.1%	17	21.3%	773	40.4%
Total	**1753**	**100.0%**	**79**	**100.0%**	**80**	**100.0%**	**1,912**	**100.0%**
Race								
American Indian or Alaska Native	37	2.1%	3	3.8%	2	2.5%	42	2.2%
Asian	25	1.4%	4	5.1%	0	0.0%	29	1.5%
Asian Indian	5	0.3%	0	0.0%	0	0.0%	5	0.3%
Black or African American	528	30.1%	20	25.3%	17	21.3%	565	29.6%
Mexican	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Native Hawaiian/Pacific Islander	18	1.0%	1	1.3%	3	3.8%	22	1.2%
White	628	35.8%	39	49.4%	33	41.3%	700	36.6%
Other	303	17.3%	9	11.4%	14	17.5%	326	17.1%
Unknown/Not Reported	209	11.9%	3	3.8%	11	13.8%	223	11.7%
Total	**1753**	**100.0%**	**79**	**100.0%**	**80**	**100.0%**	**1,912**	**100.0%**
Primary Language								
English	1560	89.0%	72	91.1%	75	93.8%	1,707	89.3%
Spanish	20	1.1%	1	1.3%	2	2.5%	23	1.2%
Vietnamese	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cantonese	1	0.1%	3	3.8%	0	0.0%	4	0.2%
Russian	3	0.2%	0	0.0%	0	0.0%	3	0.2%
Hmong	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Arabic	1	0.1%	0	0.0%	0	0.0%	1	0.1%
Other	3	0.2%	2	2.5%	0	0.0%	5	0.3%
Unknown/Not Reported	165	9.4%	1	1.3%	3	3.8%	169	8.8%
Total	**1753**	**100.0%**	**79**	**100.0%**	**80**	**100.0%**	**1,912**	**100.0%**

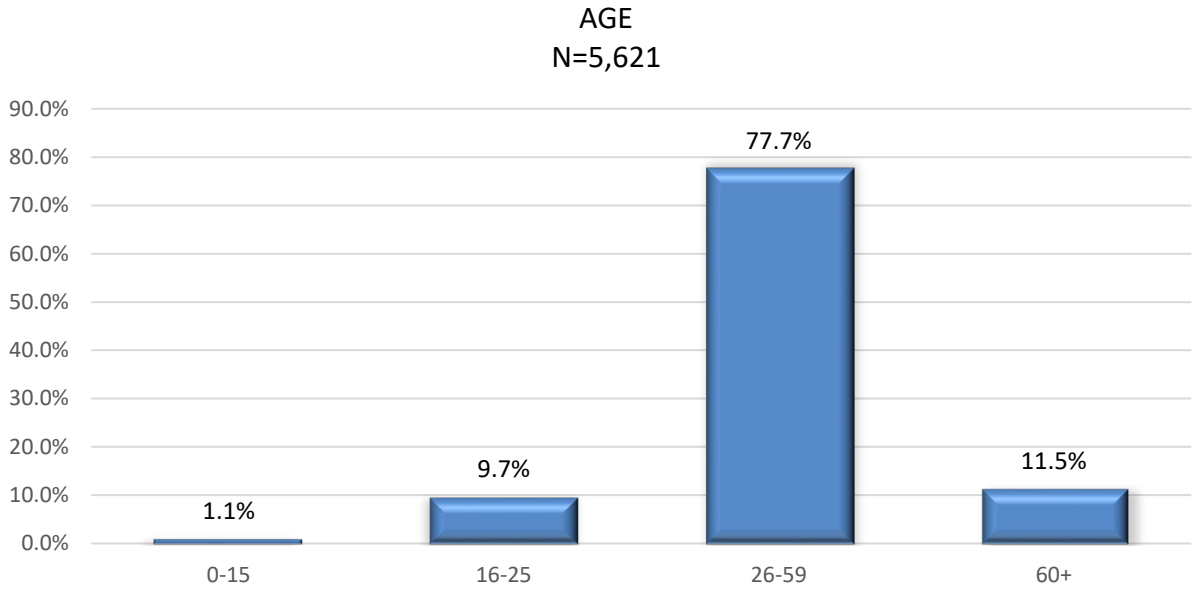
General System Development (GSD) Respite Programs FY 20/21 (continued)								
	Mental Health Crisis Respite Center		Abiding Hope Respite House		Mental Health Respite for Women/Children		Total	
	N	%	N	%	N	%	N	%
Sexual Orientation*								
Gay or Lesbian	81	4.6%	0	0.0%	3	3.8%	84	4.4%
Heterosexual or Straight	1000	57.0%	75	94.9%	56	70.0%	1,131	59.2%
Bisexual	165	9.4%	2	2.5%	2	2.5%	169	8.8%
Questioning or unsure	12	0.7%	0	0.0%	1	1.3%	13	0.7%
Queer	15	0.9%	1	1.3%	0	0.0%	16	0.8%
Another sexual orientation	142	8.1%	1	1.3%	2	2.5%	145	7.6%
Unknown/Not Reported	358	20.4%	0	0.0%	16	20.0%	374	19.6%
Total	**1753**	**100.0%**	**79**	**100.0%**	**80**	**100.0%**	**1,912**	**100.0%**
Current Gender Identity*								
Male	860	49.1%	49	62.0%	0	0.0%	909	47.5%
Female	692	39.5%	26	32.9%	75	93.8%	793	41.5%
Transgender	22	1.3%	0	0.0%	2	2.5%	24	1.3%
Genderqueer	7	0.4%	0	0.0%	0	0.0%	7	0.4%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another gender identity	25	1.4%	2	2.5%	0	0.0%	27	1.4%
Unknown/Not Reported	156	8.9%	3	3.8%	4	5.0%	163	8.5%
Total	**1753**	**100.0%**	**79**	**100.0%**	**80**	**100.0%**	**1,912**	**100.0%**
Veteran Status								
Yes	49	2.8%	1	1.3%	0	0.0%	50	2.6%
No	1704	97.2%	78	98.7%	80	100.0%	1,862	97.4%
Decline to answer	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	**1753**	**100.0%**	**79**	**100.0%**	**80**	**100.0%**	**1,912**	**100.0%**
*Totals are higher than other categories as clients select multiple categories								

Substance Use Prevention and Treatment (SUPT)

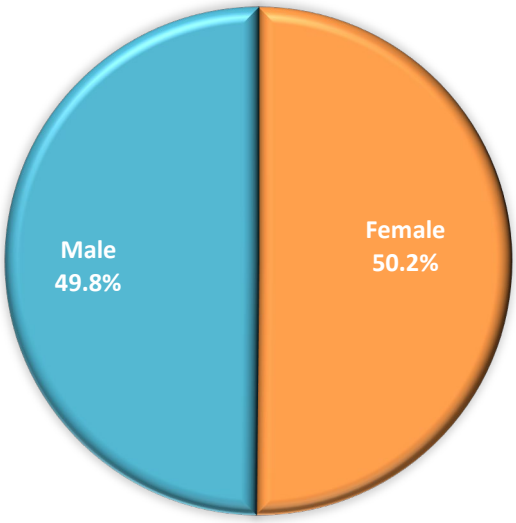
The SUPT system of BHS serves Drug Medi-Cal clients in a variety of settings, including residential, withdrawal management, medication assisted treatment (MAT), outpatient and intensive outpatient.

There were a total of 5,621 unduplicated Medi-Cal beneficiaries served in SUPT programs in FY 20/21

Age – the majority of beneficiaries served in SUPT are between the ages of 26 and 59, representing over 77% of the population served. Clients ages 0 to 25 represent only about 10.8% of clients served, which could indicate that a greater effort is needed to reach out to younger age groups about available SUPT services in the county.



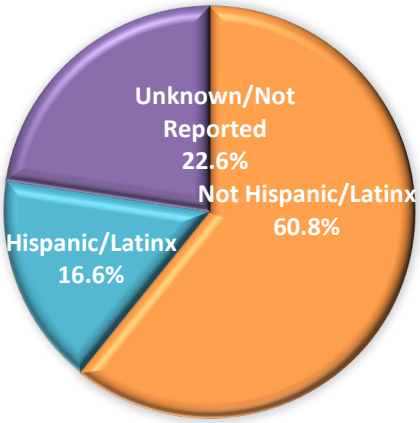
GENDER
N=5,621



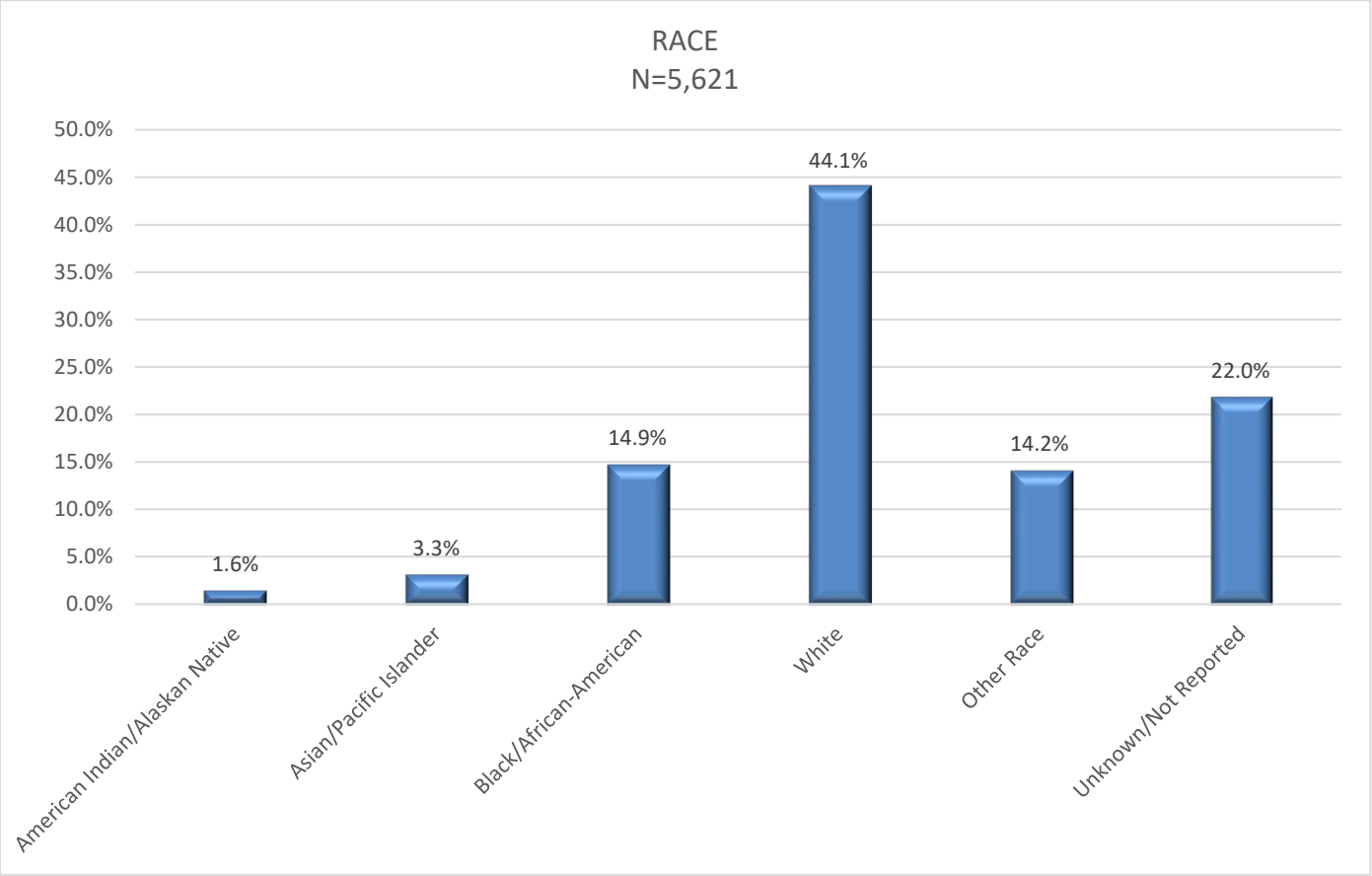
Gender – A slightly higher percentage of females are served than males, at just over 50%.

Ethnicity – Almost 17% (16.6%) of SUPT clients identified as Hispanic/Latinx.

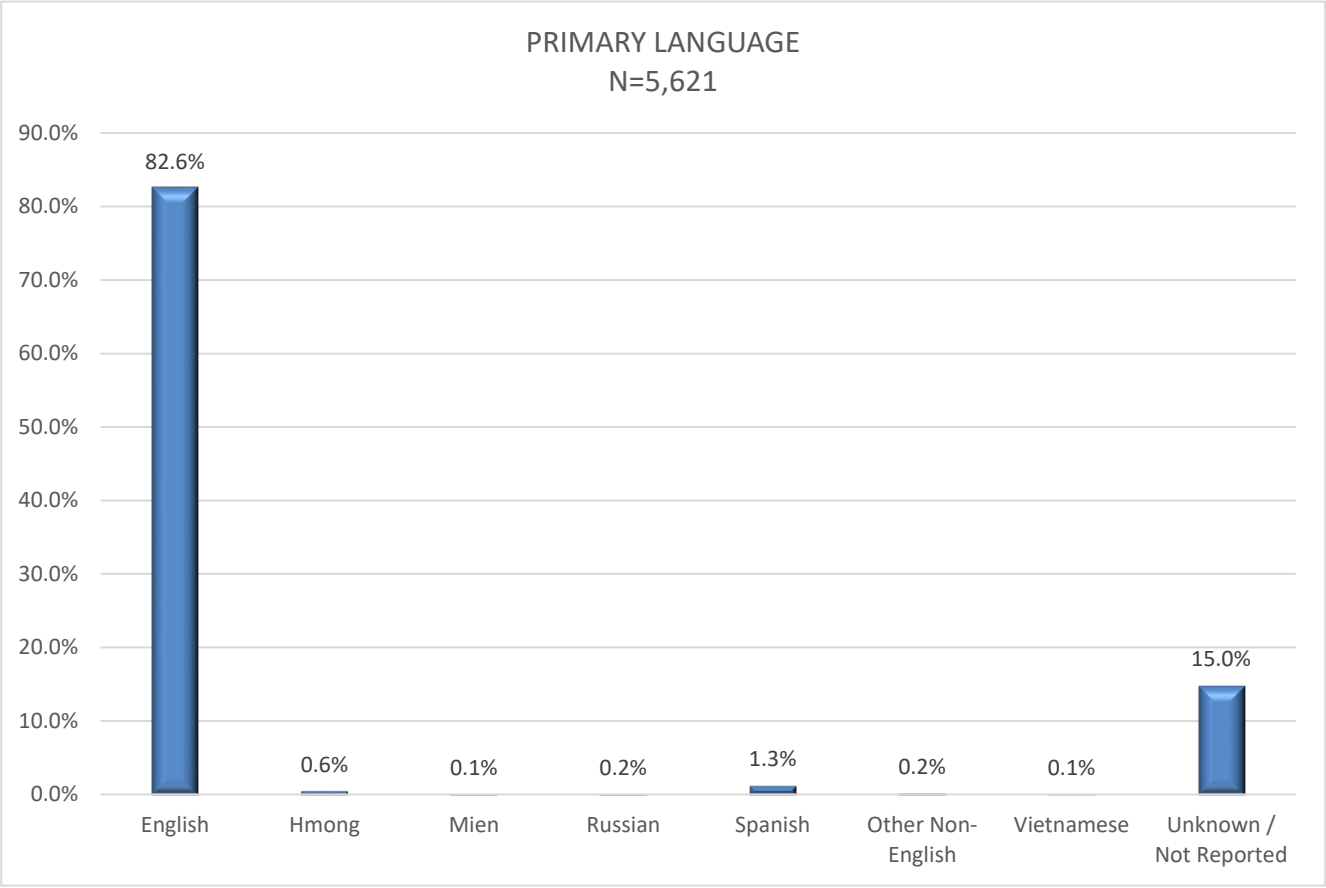
ETHNICITY
N=5,621



Race– Of the beneficiaries reported, just over 44% reported Caucasian, followed by an almost 15% of Black/African American and Other Race/Multi-race at just over 14%. Unknown/not reported accounted for 22% served. This could indicate that further outreach efforts are needed to reach other underserved groups and advance behavioral health equity for all community members.



Primary Language – The majority (82.6%) of beneficiaries served in SUPT reported English as their primary language. Although many of our clients are English speakers, interpreters are still offered for clients who speak languages other than English to ensure equity in providing SUPT services. The low number of clients identifying a language other than English as their primary language could also suggest that further outreach efforts are needed to reach underserved community members.



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

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

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

Prevention and Early Intervention (PEI)

During FY 20/21, there were a total of 77,419 individuals served in select PEI programs and 222,911 adults, children, parents/caregivers and education staff in universal prevention (Supporting Community Connections outreach and information/referral, Respite outreach, Bullying Prevention and Mental Health Promotion).

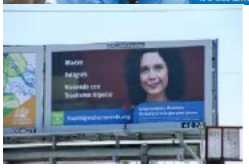
There are four (4) PEI programs each comprised of several activities. The three PEI programs include: Integrated Health and Wellness, Strengthening Families, Suicide Prevention, and Mental Health Promotion. The activities in each program serves different communities or age ranges; therefore, demographics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

As noted in the FY 20/21 MHSA Annual Update, the PEI program categories were updated. These changes will be reflected in future Cultural Competence Plan Updates.

Mental Health Promotion Program: "Mental Illness: It's not always what you think" project and speakers bureau has a large reach and targets messaging to multiple diverse communities in the Sacramento Region. Please see samples of messaging below. For a complete selection of diverse messaging, click on the following link: https://www.stopstigmasacramento.org/about/collateral/


Call
211


Call
211
Older brother
Aspiring teacher
Living with depression
Mental Illness:
It's not always what you think.




Call
211
Partner
Photographer
Living with depression
Mental Illness:
It's not always what you think.


Call
211
Uncle
Community leader
Living with posttraumatic
stress disorder
Mental Illness:
It's not always what you think.


Mental health is important for you and your family.
Be mindful of mental health.
SACRAMENTO COUNTY
StopStigmaSacramento.org

Messaging is conducted across multiple mediums and advertising placements, including TV, radio, online, and outdoor. For more examples, please see the MHSA FY2022-23 Annual Update(https://dhs.saccounty.gov/BHS/Pages/MHSA-Updates/GI-MHSA-FY2022-23-Annual-Update.aspx).

In addition to printed messaging, MHSA funds a number of diverse public service announcements which can be found on the Stop Stigma Sacramento web page: https://www.stopstigmasacramento.org/

These links are to Public Service Announcements available for viewing on You Tube:

https://www.youtube.com/watch?v=DN7cBMZXvVM&ab_channel=StopStigmaSacramento
https://www.youtube.com/watch?v=oSrZZ03G48c&ab_channel=StopStigmaSacramento
https://www.youtube.com/watch?v=DN7cBMZXvVM&ab_channel=StopStigmaSacramento

INTEGRATED HEALTH AND WELLNESS						
	SacEDAPT		Senior Link		Total	
Characteristic	**N=164**	**%**	**N=140**	**%**	**N=304**	**%**
Age Group						
Children/Youth (0-15)	32	19.5%	0	0.0%	32	10.5%
TAY (16-25)	106	64.6%	0	0.0%	106	34.9%
Adults (26-59)	26	15.9%	12	8.6%	38	12.5%
Older Adults (60+)	0	0.0%	94	67.1%	94	30.9%
Unknown/Not Reported	0	0.0%	34	24.3%	34	11.2%
Ethnicity						
Hispanic or Latino	54	32.9%	27	19.3%	81	26.6%
Non-Hispanic/Non-Latino	87	53.0%	62	44.3%	149	49.0%
Other	9	5.5%	0	0.0%	9	3.0%
More than one ethnicity	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	14	8.5%	51	36.4%	65	21.4%
Race						
White	43	26.2%	34	24.3%	77	25.3%
Black or African American	46	28.0%	23	16.4%	69	22.7%
Asian	11	6.7%	8	5.7%	19	6.3%
American Indian or Alaska Native	4	2.4%	1	0.7%	5	1.6%
Native Hawaiian or other Pacific Islander	1	0.6%	0	0.0%	1	0.3%
More than one race	23	14.0%	5	3.6%	28	9.2%
Other	32	19.5%	23	16.4%	55	18.1%
Unknown/Not Reported	4	2.4%	46	32.9%	50	16.4%
Primary Language						
English	151	92.1%	79	56.4%	230	75.7%
Spanish	9	5.5%	15	10.7%	24	7.9%
Vietnamese	0	0.0%	0	0.0%	0	0.0%
Cantonese	1	0.6%	1	0.7%	2	0.7%
Russian	0	0.0%	0	0.0%	0	0.0%
Hmong	0	0.0%	5	3.6%	5	1.6%
Arabic	1	0.6%	0	0.0%	1	0.3%
Other	2	1.2%	2	1.4%	4	1.3%
Unknown/Not Reported	0	0.0%	38	27.1%	38	12.5%
Sexual Orientation						
Heterosexual or Straight	58	35.4%	82	58.6%	140	46.1%
Gay or Lesbian	2	1.2%	0	0.0%	2	0.7%
Bisexual	5	3.0%	0	0.0%	5	1.6%
Questioning or unsure	6	3.7%	0	0.0%	6	2.0%
Queer	0	0.0%	0	0.0%	0	0.0%
Another sexual orientation	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	93	56.7%	58	41.4%	151	49.7%
Current Gender Identity						
Female	79	48.2%	83	59.3%	162	53.3%
Male	85	51.8%	21	15.0%	106	34.9%
Transgender	0	0.0%	0	0.0%	0	0.0%
Genderqueer	0	0.0%	0	0.0%	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%
Another gender identity	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	0	0.0%	36	25.7%	36	11.8%
Veteran Status						
Yes	0	0.0%	3	2.1%	3	1.0%
No	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	164	100.0%	137	97.9%	301	99.0%

STRENGTHENING FAMILIES FY 20/21														
	QCCC		CPS Mental Health Teams		eVIBE		Adoptive Families Respite		The Source		Safe Zone Squad		Total	
Characteristic	**N=31**	**%**	**N=852**	**%**	**N=1,319**	**%**	**N=395**	**%**	**N =99**	**%**	**N=114**	**%**	**N=2,810**	**%**
Age Group														
Children/Youth (0-15)	15	48.4%	737	86.5%	439	33.3%	201	50.9%	41	41.4%	114	100.0%	1,547	55.1%
TAY (16-25)	0	0.0%	87	10.2%	18	1.4%	19	4.8%	58	58.6%	0	0.0%	182	6.5%
Adults (26-59)	12	38.7%	26	3.1%	39	3.0%	150	38.0%	0	0.0%	0	0.0%	227	8.1%
Older Adults (60+)	1	3.2%	2	0.2%	0	0.0%	6	1.5%	0	0.0%	0	0.0%	9	0.3%
Unknown/Not Reported	3	9.7%	0	0.0%	823	62.4%	19	4.8%	0	0.0%	0	0.0%	845	30.1%
Ethnicity														
Hispanic or Latino	1	3.2%	102	12.0%	0	0.0%	61	15.4%	36	36.4%	51	44.7%	251	8.9%
Non-Hispanic/Non-Latino	2	6.5%	234	27.5%	0	0.0%	314	79.5%	42	42.4%	40	35.1%	632	22.5%
Other	0	0.0%	32	3.8%	0	0.0%	0	0.0%	9	9.1%	5	4.4%	46	1.6%
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	28	90.3%	484	56.8%	1,319	100.0%	20	5.1%	12	12.1%	18	15.8%	1,881	66.9%
Race														
White	9	29.0%	231	27.1%	46	3.5%	206	52.2%	26	26.3%	15	13.2%	533	19.0%
Black or African American	1	3.2%	189	22.2%	45	3.4%	52	13.2%	29	29.3%	39	34.2%	355	12.6%
Asian	0	0.0%	18	2.1%	91	6.9%	0	0.0%	5	5.1%	10	8.8%	124	4.4%
American Indian or Alaska Native	0	0.0%	9	1.1%	2	0.2%	10	2.5%	1	1.0%	3	2.6%	25	0.9%
Native Hawaiian or other Pacific Islander	0	0.0%	6	0.7%	4	0.3%	0	0.0%	0	0.0%	3	2.6%	13	0.5%
More than one race	0	0.0%	46	5.4%	59	4.5%	20	5.1%	10	10.1%	3	2.6%	138	4.9%
Other	0	0.0%	36	4.2%	0	0.0%	27	6.8%	24	24.2%	14	12.3%	101	3.6%
Unknown/Not Reported	21	67.7%	317	37.2%	1,072	81.3%	80	20.3%	4	4.0%	27	23.7%	1,521	54.1%
Primary Language														
English	27	87.1%	602	70.7%	0	0.0%	384	97.2%	86	86.9%	62	54.4%	1,161	41.3%
Spanish	0	0.0%	4	0.5%	0	0.0%	1	0.3%	13	13.1%	11	9.6%	29	1.0%
Vietnamese	0	0.0%	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	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%	1	0.3%	0	0.0%	0	0.0%	1	0.0%
Hmong	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Arabic	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	0	0.0%	3	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.1%
Unknown/Not Reported	4	12.9%	242	28.4%	1,319	100.0%	9	2.3%	0	0.0%	41	36.0%	1,615	57.5%
Sexual Orientation														
Heterosexual or Straight	1	3.2%	62	7.3%	26	2.0%	280	70.9%	38	38.4%	8	7.0%	415	14.8%
Gay or Lesbian	0	0.0%	1	0.1%	1	0.1%	26	6.6%	1	1.0%	0	0.0%	29	1.0%
Bisexual	0	0.0%	3	0.4%	1	0.1%	16	4.1%	7	7.1%	1	0.9%	28	1.0%
Questioning or unsure	0	0.0%	8	0.9%	0	0.0%	23	5.8%	4	4.0%	0	0.0%	35	1.2%
Queer	0	0.0%	0	0.0%	0	0.0%	4	1.0%	0	0.0%	0	0.0%	4	0.1%
Another sexual orientation	0	0.0%	0	0.0%	0	0.0%	22	5.6%	0	0.0%	0	0.0%	22	0.8%
Unknown/Not Reported	30	96.8%	778	91.3%	1,291	97.9%	24	6.1%	49	49.5%	105	92.1%	2,277	81.0%
Current Gender Identity														
Female	21	67.7%	46	5.4%	231	17.5%	197	49.9%	49	49.5%	45	39.5%	589	21.0%
Male	10	32.3%	35	4.1%	259	19.6%	185	46.8%	50	50.5%	67	58.8%	606	21.6%
Transgender	0	0.0%	0	0.0%	0	0.0%	3	0.8%	0	0.0%	0	0.0%	3	0.1%
Genderqueer	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%
Another gender identity	0	0.0%	1	0.1%	3	0.2%	4	1.0%	0	0.0%	0	0.0%	8	0.3%
Unknown/Not Reported	0	0.0%	770	90.4%	826	62.6%	6	1.5%	0	0.0%	2	1.8%	1,604	57.1%
Veteran Status														
Yes	0	0.0%	1	0.1%	0	0.0%	2	0.5%	0	0.0%	0	0.0%	3	0.1%
No	31	100.0%	381	44.7%	0	0.0%	152	38.5%	0	0.0%	0	0.0%	564	20.1%
Unknown/Not Reported	0	0.0%	470	55.2%	1,319	100.0%	241	61.0%	99	100.0%	114	100.0%	2,243	79.8%

SUICIDE PREVENTION FY 20/21																
	Suicide Crisis Line		Emergency Dept Postvention Services		Suicide Bereavement Support Groups		Supporting Community Connections		Community Support Team		Mental Health Navigators		Mobile Crisis Support Team		Total	
Characteristic	**N=65,453**	**%**	**N=215**	**%**	**N=25**	**%**	**N=1,575**	**%**	**N=1,239**	**%**	**N=1,809**	**%**	**N=1,717**	**%**	**N=72,033**	**%**
Age Group																
Children/Youth (0-15)	2,030	3.1%	4	1.9%	0	0.0%	68	4.3%	31	2.5%	61	3.4%	137	8.0%	2,331	3.2%
TAY (16-25)	10,305	15.7%	62	28.8%	0	0.0%	164	10.4%	128	10.3%	266	14.7%	278	16.2%	11,203	15.6%
Adults (26-59)	12,000	18.3%	127	59.1%	11	44.0%	655	41.6%	838	67.6%	1,224	67.7%	1,010	58.8%	15,865	22.0%
Older Adults (60+)	2,875	4.4%	22	10.2%	6	24.0%	268	17.0%	236	19.0%	253	14.0%	285	16.6%	3,945	5.5%
Unknown/Not Reported	38,243	58.4%	0	0.0%	8	32.0%	420	26.7%	6	0.5%	5	0.3%	7	0.4%	38,689	53.7%
Ethnicity																
Hispanic or Latino	1735	2.7%	28	13.0%	1	4.0%	417	26.5%	156	12.6%	223	12.3%	202	11.8%	2,762	3.8%
Non-Hispanic/Non-Latino	8990	13.7%	0	0.0%	16	64.0%	708	45.0%	621	50.1%	975	53.9%	906	52.8%	12,216	17.0%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	42	3.4%	74	4.1%	35	2.0%	151	0.2%
More than one ethnicity	0	0.0%	0	0.0%	0	0.0%	1	0.1%	43	3.5%	0	0.0%	0	0.0%	44	0.1%
Unknown/Not Reported	54,728	83.6%	187	87.0%	8	32.0%	449	28.5%	377	30.4%	537	29.7%	574	33.4%	56,860	78.9%
Race																
White	6,510	9.9%	128	59.5%	15	60.0%	284	18.0%	391	31.6%	736	40.7%	850	49.5%	8,914	12.4%
Black or African American	941	1.4%	31	14.4%	0	0.0%	101	6.4%	274	22.1%	395	21.8%	275	16.0%	2,017	2.8%
Asian	1,102	1.7%	7	3.3%	1	4.0%	74	4.7%	50	4.0%	80	4.4%	41	2.4%	1,355	1.9%
American Indian or Alaska Native	44	0.1%	2	0.9%	0	0.0%	12	0.8%	15	1.2%	26	1.4%	29	1.7%	128	0.2%
Native Hawaiian or other Pacific Islander	33	0.1%	3	1.4%	0	0.0%	37	2.3%	20	1.6%	13	0.7%	63	3.7%	169	0.2%
More than one race	311	0.5%	0	0.0%	1	4.0%	45	2.9%	42	3.4%	48	2.7%	54	3.1%	501	0.7%
Other	83	0.1%	4	1.9%	0	0.0%	601	38.2%	102	8.2%	170	9.4%	159	9.3%	1,119	1.6%
Unknown/Not Reported	56,429	86.2%	40	18.6%	8	32.0%	421	26.7%	345	27.8%	341	18.9%	246	14.3%	57,830	80.3%
Primary Language																
English	46,650	71.3%	215	100.0%	17	68.0%	291	18.5%	1,045	84.3%	1,614	89.2%	1,630	94.9%	51,462	71.4%
Spanish	75	0.1%	0	0.0%	0	0.0%	370	23.5%	15	1.2%	28	1.5%	25	1.5%	513	0.7%
Vietnamese	7	0.0%	0	0.0%	0	0.0%	30	1.9%	4	0.3%	4	0.2%	4	0.2%	49	0.1%
Cantonese	9	0.0%	0	0.0%	0	0.0%	35	2.2%	1	0.1%	4	0.2%	2	0.1%	51	0.1%
Russian	3	0.0%	0	0.0%	0	0.0%	206	13.1%	3	0.2%	8	0.4%	8	0.5%	228	0.3%
Hmong	0	0.0%	0	0.0%	0	0.0%	20	1.3%	1	0.1%	3	0.2%	2	0.1%	26	0.0%
Arabic	0	0.0%	0	0.0%	0	0.0%	37	2.3%	3	0.2%	1	0.1%	2	0.1%	43	0.1%
Other	43	0.1%	0	0.0%	0	0.0%	174	11.0%	8	0.6%	15	0.8%	16	0.9%	256	0.4%
Unknown/Not Reported	18,666	28.5%	0	0.0%	8	32.0%	412	26.2%	159	12.8%	132	7.3%	28	1.6%	19,405	26.9%
Sexual Orientation																
Heterosexual or Straight	1,382	2.1%	0	0.0%	17	68.0%	905	57.5%	325	26.2%	456	25.2%	720	41.9%	3,805	5.3%
Gay or Lesbian	329	0.5%	0	0.0%	0	0.0%	17	1.1%	10	0.8%	11	0.6%	15	0.9%	382	0.5%
Bisexual	76	0.1%	0	0.0%	0	0.0%	7	0.4%	21	1.7%	32	1.8%	7	0.4%	143	0.2%
Questioning or unsure	26	0.0%	0	0.0%	0	0.0%	5	0.3%	10	0.8%	19	1.1%	3	0.2%	63	0.1%
Queer	19	0.0%	0	0.0%	0	0.0%	2	0.1%	0	0.0%	0	0.0%	1	0.1%	22	0.0%
Another sexual orientation	25	0.0%	0	0.0%	0	0.0%	46	2.9%	0	0.0%	1	0.1%	2	0.1%	74	0.1%
Unknown/Not Reported	63,596	97.2%	215	100.0%	8	32.0%	593	37.7%	873	70.5%	1,290	71.3%	969	56.4%	67,544	93.8%
Current Gender Identity																
Female	28,712	43.9%	110	51.2%	15	60.0%	713	45.3%	436	35.2%	280	15.5%	529	30.8%	30,795	42.8%
Male	27,406	41.9%	103	47.9%	2	8.0%	398	25.3%	349	28.2%	364	20.1%	567	33.0%	29,189	40.5%
Transgender	248	0.4%	2	0.9%	0	0.0%	47	3.0%	2	0.2%	3	0.2%	4	0.2%	306	0.4%
Genderqueer	45	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	45	0.1%
Questioning or unsure	55	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	55	0.1%
Another gender identity	48	0.1%	0	0.0%	0	0.0%	5	0.3%	3	0.2%	1	0.1%	1	0.1%	58	0.1%
Unknown/Not Reported	8,939	13.7%	0	0.0%	8	32.0%	412	26.2%	449	36.2%	1,161	64.2%	616	35.9%	11,585	16.1%
Veteran Status																
Yes	0	0.0%	0	0.0%	0	0.0%	5	0.3%	23	1.9%	0	0.0%	0	0.0%	5	0.0%
No	0	0.0%	0	0.0%	17	68.0%	1,162	73.8%	555	44.8%	0	0.0%	0	0.0%	1,179	1.6%
Unknown/Not Reported	65,453	100.0%	215	100.0%	8	32.0%	408	25.9%	661	53.3%	1,809	100.0%	1,559	90.8%	70,113	97.3%

Prevention and Early Intervention (PEI) – Respite Programs

PEI Suicide Prevention - Respite activities were added in FY 15/16. The goal of the respite programs is to provide a safe environment for participants to increase their knowledge of available supports and how to access them, improve well-being, reduce stress, increase connectedness, reduce feelings of isolation and decrease risk of harm.

There were a total of 4,569 individuals served in PEI Suicide Prevention Respite activities in FY 20/21. This is an increase of 2,598 individuals served.

Respite activities demographics also vary greatly, as some activities serve specific groups. Example, Caregiver Crisis Respite serves caregivers, while the Sacramento LGBT Community Center's Lambda Lounge serves adults in the LBGTQ community. Because of the uniqueness of these activities, comparisons cannot be made in relation to the overall MHP.

Prevention and Early Intervention (PEI) Respite Programs FY 20/21																						
	Caregiver Crisis Intervention Respite		Respite Program (serving Youth/TAY)		Ripple Effect		Danelle's Place		Q-Spot		Lambda Lounge		Adoptive Families Respite		TLCS Mental Health Crisis Respite Center		Turning Point Abiding Hope Respite House		Saint John's Program for Real Change		Total	
	N	%	N	%	N	%	N	%	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%	44	10.0%	1	0.2%	201	50.9%	2	0.1%	0	0.0%	0	0.0%	248	5.4%
TAY (16-25)	0	0.0%	247	45.0%	5	4.0%	44	10.4%	76	17.2%	26	4.3%	19	4.8%	303	17.3%	1	1.3%	12	15.0%	733	16.0%
Adults (26-59)	33	28.4%	0	0.0%	53	42.1%	73	17.3%	1	0.2%	122	20.1%	150	38.0%	1217	69.4%	71	89.9%	59	73.8%	1,779	38.9%
Older Adults (60+)	82	70.7%	0	0.0%	12	9.5%	3	0.7%	1	0.2%	32	5.3%	6	1.5%	137	7.8%	7	8.9%	5	6.3%	285	6.2%
Unknown/Not Reported	1	0.9%	302	55.0%	56	44.4%	303	71.6%	319	72.3%	426	70.2%	19	4.8%	94	5.4%	0	0.0%	4	5.0%	1,524	33.4%
Total	**116**	**100.0%**	**549**	**100.0%**	**126**	**100.0%**	**423**	**100.0%**	**441**	**100.0%**	**607**	**100.0%**	**395**	**100.0%**	**1753**	**100.0%**	**79**	**100.0%**	**80**	100.0%	**4,569**	**100.0%**
Ethnicity																						
Hispanic or Latino	12	10.3%	30	5.5%	9	7.1%	32	7.6%	27	6.1%	46	7.6%	61	15.4%	251	14.3%	8	10.1%	12	15.0%	488	10.7%
Non-Hispanic/Non-Latino	100	86.2%	195	35.5%	51	40.5%	66	15.6%	92	20.9%	306	50.4%	314	79.5%	750	42.8%	67	84.8%	51	63.8%	1,992	43.6%
Unknown/Not Reported	4	3.4%	324	59.0%	66	52.4%	325	76.8%	322	73.0%	255	42.0%	20	5.1%	752	42.9%	4	5.1%	17	21.3%	2,089	45.7%
Total	**116**	**100.0%**	**549**	**100.0%**	**126**	**100.0%**	**423**	**100.0%**	**441**	**100.0%**	**607**	**100.0%**	**395**	**100.0%**	**1753**	**100.0%**	**79**	**100.0%**	**80**	**100.0%**	**4,569**	**100.0%**
Race																						
American Indian or Alaska Native	3	2.6%	8	1.5%	2	1.6%	15	3.5%	4	0.9%	6	1.0%	10	2.5%	37	2.1%	3	3.8%	2	2.5%	90	2.0%
Asian	8	6.9%	2	0.4%	1	0.8%	2	0.5%	3	0.7%	8	1.3%	0	0.0%	25	1.4%	4	5.1%	0	0.0%	53	1.2%
Asian Indian	19	16.4%	1	0.2%	1	0.8%	4	0.9%	7	1.6%	8	1.3%	52	13.2%	5	0.3%	0	0.0%	0	0.0%	97	2.1%
Black or African American	2	1.7%	109	19.9%	22	17.5%	19	4.5%	10	2.3%	38	6.3%	0	0.0%	528	30.1%	20	25.3%	17	21.3%	765	16.7%
Mexican	73	62.9%	9	1.6%	2	1.6%	13	3.1%	3	0.7%	0	0.0%	206	52.2%	0	0.0%	0	0.0%	0	0.0%	306	6.7%
Native Hawaiian/Pacific Islander	9	7.8%	2	0.4%	0	0.0%	6	1.4%	10	2.3%	10	1.6%	27	6.8%	18	1.0%	1	1.3%	3	3.8%	86	1.9%
White	0	0.0%	59	10.7%	36	28.6%	62	14.7%	67	15.2%	183	30.1%	20	5.1%	628	35.8%	39	49.4%	33	41.3%	1,127	24.7%
Other	0	0.0%	48	8.7%	10	7.9%	19	4.5%	18	4.1%	123	20.3%	0	0.0%	303	17.3%	9	11.4%	14	17.5%	544	11.9%
Unknown/Not Reported	2	1.7%	311	56.6%	52	41.3%	283	66.9%	319	72.3%	231	38.1%	80	20.3%	209	11.9%	3	3.8%	11	13.8%	1,501	32.9%
Total	**116**	**100.0%**	**549**	**100.0%**	**126**	**100.0%**	**423**	**100.0%**	**441**	**100.0%**	**607**	**100.0%**	**395**	**100.0%**	**1753**	**100.0%**	**79**	**100.0%**	**80**	**100.0%**	**4,569**	**100.0%**
Primary Language																						
English	113	97.4%	246	44.8%	70	55.6%	115	27.2%	124	28.1%	398	65.6%	384	97.2%	1560	89.0%	72	91.1%	75	93.8%	3,157	#REF!
Spanish	1	0.9%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	20	1.1%	1	1.3%	2	2.5%	26	#REF!
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%	0	0.0%	0	0.0%	0	#REF!
Cantonese	1	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%	3	3.8%	0	0.0%	5	#REF!
Russian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	3	0.2%	0	0.0%	0	0.0%	4	#REF!
Hmong	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	#REF!
Arabic	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	1	#REF!
Other	0	0.0%	0	0.0%	0	0.0%	2	0.5%	2	0.5%	4	0.7%	0	0.0%	3	0.2%	2	2.5%	0	0.0%	13	#REF!
Unknown/Not Reported	1	0.9%	302	55.0%	56	44.4%	306	72.3%	315	71.4%	205	33.8%	9	2.3%	165	9.4%	1	1.3%	3	3.8%	1,363	#REF!
Sexual Orientation*																						
Gay or Lesbian	1	0.9%	7	1.3%	0	0.0%	11	2.6%	23	5.2%	128	21.1%	26	6.6%	81	4.6%	0	0.0%	3	3.8%	280	6.1%
Heterosexual or Straight	115	99.1%	186	33.9%	61	48.4%	10	2.4%	7	1.6%	67	11.0%	280	70.9%	1000	57.0%	75	94.9%	56	70.0%	1,857	40.6%
Bisexual	0	0.0%	28	5.1%	2	1.6%	16	3.8%	42	9.5%	16	2.6%	16	4.1%	165	9.4%	2	2.5%	2	2.5%	289	6.3%
Questioning or unsure	0	0.0%	2	0.4%	0	0.0%	1	0.2%	10	2.3%	18	3.0%	23	5.8%	12	0.7%	0	0.0%	1	1.3%	67	1.5%
Queer	0	0.0%	0	0.0%	1	0.8%	32	7.6%	8	1.8%	38	6.3%	4	1.0%	15	0.9%	1	1.3%	0	0.0%	99	2.2%
Another sexual orientation	0	0.0%	10	1.8%	1	0.8%	41	9.7%	33	7.5%	13	2.1%	22	5.6%	142	8.1%	1	1.3%	2	2.5%	265	5.8%
Unknown/Not Reported	0	0.0%	316	57.6%	61	48.4%	312	73.8%	318	72.1%	327	53.9%	24	6.1%	358	20.4%	0	0.0%	16	20.0%	1,732	37.9%
Total	**116**	**100.0%**	**549**	**100.0%**	**126**	**100.0%**	**423**	**100.0%**	**441**	**100.0%**	**607**	**100.0%**	**395**	**100.0%**	**1753**	**100.0%**	**79**	**100.0%**	**80**	**100.0%**	**4,569**	**100.0%**
Current Gender Identity*																						
Male	26	22.4%	135	24.6%	38	30.2%	31	7.3%	15	3.4%	112	18.5%	185	46.8%	860	49.1%	49	62.0%	0	0.0%	1,451	31.8%
Female	90	77.6%	105	19.1%	28	22.2%	21	5.0%	32	7.3%	123	20.3%	197	49.9%	692	39.5%	26	32.9%	75	93.8%	1,389	30.4%
Transgender	0	0.0%	3	0.5%	2	1.6%	9	2.1%	24	5.4%	49	8.1%	3	0.8%	22	1.3%	0	0.0%	2	2.5%	114	2.5%
Genderqueer	0	0.0%	0	0.0%	0	0.0%	3	0.7%	2	0.5%	5	0.8%	0	0.0%	7	0.4%	0	0.0%	0	0.0%	17	0.4%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	1	0.2%	3	0.7%	7	1.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	11	0.2%
Another gender identity	0	0.0%	2	0.4%	0	0.0%	52	12.3%	43	9.8%	17	2.8%	4	1.0%	25	1.4%	2	2.5%	0	0.0%	145	3.2%
Unknown/Not Reported	0	0.0%	304	55.4%	58	46.0%	306	72.3%	322	73.0%	294	48.4%	6	1.5%	156	8.9%	3	3.8%	4	5.0%	1,453	31.8%
Total	**116**	**100.0%**	**549**	**100.0%**	**126**	**100.0%**	**423**	**100.0%**	**441**	**100.0%**	**607**	**100.0%**	**395**	**100.0%**	**1753**	**100.0%**	**79**	**100.0%**	**80**	**100.0%**	**4,569**	**100.0%**
Veteran Status																						
Yes	10	8.6%	0	0.0%	5	4.0%	5	1.2%	1	0.2%	5	0.8%	2	0.5%	49	2.8%	1	1.3%	0	0.0%	78	1.7%
No	106	91.4%	247	45.0%	65	51.6%	116	27.4%	125	28.3%	403	66.4%	152	38.5%	1704	97.2%	78	98.7%	80	100.0%	3,076	67.3%
Decline to answer	0	0.0%	302	55.0%	56	44.4%	302	71.4%	315	71.4%	199	32.8%	241	61.0%	0	0.0%	0	0.0%	0	0.0%	1,415	31.0%
Total	**116**	**100.0%**	**549**	**100.0%**	**126**	**100.0%**	**423**	**100.0%**	**441**	**100.0%**	**607**	**100.0%**	**395**	**100.0%**	**1753**	**100.0%**	**79**	**100.0%**	**80**	**100.0%**	**4,569**	**100.0%**
*Totals are higher than other categories as clients select multiple categories																						

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 under-represented in the MHP compared to their percentage of Medi-Cal beneficiaries (6.9% vs 13.0%). This is also seen in our penetration rates, as Sacramento County's mental health penetration rate for the API population is lower than the Large Counties and Statewide penetration rates.

Age –The majority of the specialty mental health clients are adults, between the ages of 18 and 59 (57.6%), slightly higher than the general Medi-Cal population at 52.0%. Children ages 6 to 17 represent just over 30.5% and older adults represent 9% of the MHP. Younger children are under-represented, whereas older children and youth are over-represented. Children 0 to 5 make up 10.9% of the Medi-Cal population but only 2.9% of the MHP. Children and youth 6 to 17 comprise 30.5% of the MHP, while making up only 23.5-% of the Medi-Cal population. Older adults are also under-represented in the MHP compared to the Medi-Cal population (9.0% vs. 13.5%). The percentage of Adults receiving SUPT services is proportionately higher than their shares of the overall Medi-Cal population and the MHP, whereas the percentage of youth of all ages receiving SUPT services is proportionately lower. The percentage of Older adults receiving SUPT services is higher than their share of the MHP, but is relatively the same as their share of the overall Medi-Cal population.

Gender – There are no marked gender disparities between the MHP population and the overall Medi-Cal beneficiaries. However, there are slightly more females in both the MHP and the overall Medi-Cal beneficiaries and slightly less in SUPT.

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

Race – Caucasians and African Americans are over-represented in FSP programs compared to the general Medi-Cal population and the MHP population (Caucasian – 37.1% vs 29.9% for MHP and 21.1% Medi-Cal; African American - 29.8% vs 23.3% for MHP and 13.5% for Medi-Cal). With that said, the majority (59.2%) of races served in FSPs are of a race other than Caucasian.

Age - There were no disparities identified in the FSP programs. Older adults are actually over-represented compared to the overall Medi-Cal beneficiaries in the MHP (16.4% vs. 9.0%). Older adults have traditionally been an underserved population so this is indicative of a reduction in disparity. With older adults' higher level of needs, it makes sense that they are served in FSPs, especially in our older adult-specific program.

Gender – There are less females served in FSPs compared to the MHP and Medi-Cal beneficiary population (45.2% vs 53.6 for MHP and 52.7 for Medi-Cal)

CSS – General System Development (GSD)

Gender – The majority of clients served in both the GSD programs and overall MHP are female, although slightly higher in the overall MHP (53.6% vs 52.9%).

Age –Adults ages 26 to 59 represent highest percentage (47.5%) of those served in the GSD programs. Adults ages 18 to 59 represent the highest percentage (57.6%) 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 (35.1% vs 29.9% and 21.1%). The percentage of African Americans served in GSD programs is slightly lower than the overall MHP (22.8% vs 23.3%), while Asian/Pacific Islander is virtually the same (6.7% vs 6.9%).

Ethnicity – The percentage of those identifying as Hispanic served by GSD programs is slightly higher than the overall MHP and the Medi-Cal beneficiary population (25.0% vs 23.3% and 21.9%)

Primary Language - The majority (88.1%) of clients in the GSD programs identified their primary language as English, very similar to the overall MHP at 88.9%.

PEI

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

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

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

Program Type	Program Name	Implementation Status
CSS – Full Service Partnerships	Pathways	Fully Implemented
	Sierra Elder Wellness Program	Fully Implemented
	Transcultural Wellness Center	Fully Implemented
	Sacramento Outreach Adult Recovery (SOAR)	Fully Implemented
	Integrated Services Agency	Fully Implemented
	New Directions	Fully Implemented
	Juvenile Justice Diversion and Treatment Program	Fully Implemented
	Transition Age Youth	Fully Implemented
	Community Justice Support Program	Fully Implemented
	Sacramento Adults Recovering in a Strength-based Environment (ARISE)	Fully Implemented
	Family FSP	In Development
	Adult FSP with AOT	In Development
CSS - General System Development	TCORE	Transitioning to closure (Adult Outpatient Services Transformation to CORE)
	Guest House	Transitioning to closure (Adult Outpatient Services Transformation to CORE)
	Flexible Housing Pool	Fully Implemented
	Adult Residential Treatment	Fully Implemented
	Augmented Board and Care	Fully Implemented
	Wellness and Recovery Centers	Transitioning to closure (Adult

Program Type	Program Name	Implementation Status
		Outpatient Services Transformation to CORE)
	Adult Psychiatric Support Services	Fully Implemented
	Peer Partners	Fully Implemented
	Consumer and Family Voice including SAFE Program	Fully Implemented
	Community Outreach Recovery Empowerment (CORE)	Partially Implemented
	Regional Support Teams	Transitioning to closure (Adult Outpatient Services Transformation to CORE)
	Mental Health Crisis Respite Center	Fully Implemented
	Abiding Hope Respite House	Fully Implemented
	Crisis Residential Programs	4 Fully Implemented
	Consultation Support and Engagement Teams	Fully Implemented
	Flexible Integrated Treatment	Fully Implemented

Program Type	Program Name	Implementation Status
Suicide Prevention	Suicide Crisis Line	Fully Implemented
	ED Follow-up Postvention Services	Fully Implemented
	Suicide Bereavement Support Groups and Grief Services	Fully Implemented
	Consumer Operated Warmline	Fully Implemented
	Community/System Partner Training	Implemented and Completed
	Community Support Team	Fully Implemented
	Mobile Crisis Support Team	Fully Implemented
	Mental Health Navigator	Fully Implemented
	Caregiver Crisis Intervention Respite Program	Fully Implemented
	Homeless Teens and Transition Age Youth (TAY) Respite Program	Fully Implemented
	The Ripple Effect Respite Program	Fully Implemented
	Q-Spot Youth/Transition Age Youth Respite Program	Fully Implemented
	Sacramento Gender Health Center (GHC), a PEI Respite provider	Implemented and Completed
	Lambda Lounge Adult Mental Health Respite Program	Fully Implemented
Timely Access	Supporting Community Connections	10 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
	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	Fully Implemented

Program Type	Program Name	Implementation Status
	Preventative Treatment	
	Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis	In Development
	Screening, Assessment, Brief Treatment	Implemented and completed
	Peer Support and Treatment	Implemented and completed
	African American Trauma Informed Wellness Program	Fully Implemented
Mental Health Promotion Campaign	Multi-Media Campaign	Fully Implemented
	Speakers Bureau	Fully Implemented
	Community Education	Fully Implemented
	Outreach and Engagement	Fully Implemented
	Mental Health Matters	Fully Implemented
Training	System Training Continuum	Fully Implemented
	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
	Strengths Model Care Management	Fully Implemented
	ProACT	Fully Implemented
	Enhanced Illness Management and Recovery	In Development
	Dialectic Behavioral Therapy	
	Motivational Interviewing	Activities Partially Implemented
	Feedback Informed Treatment	To Be Implemented in FY 2023-24
	Individual Placement and Support	To Be Implemented in Spring 2023
	ASIST	In Development
	Stipends for Consumer Leadership	Fully Implemented
	Stipends for Individuals, Especially Consumers and Family Members, for Education to Enter the Mental Health Field	Fully Implemented

Program Type	Program Name	Implementation Status
SUPT: Treatment Services	Residential Services for Youth	Planning: Goal January 2023
SUPT: Outreach	Future Forward Campaign: Targeted multi-cultures in low socio-economic neighborhoods	Implemented
SUPT: Outreach	As part of the "Talk. They Hear You." Prevention Campaign, family meal kits are being distributed to the community to open discussions between parent and children to talk about substance use. Meal Kits include a cup, place mat, and ice breaker questions to encourage children and parents to openly discuss substance use. Family Meal Kits are in the process of being translated into the County's seven threshold languages.	Translations in Development
SUPT: Outreach/Education	Sacramento County's Let's Talk Meth website has been redesigned to include pictures of diverse populations. https://letstalkmeth.org/	Implemented
Children's MH	Therapeutic Behavioral Services Wraparound Psychological Testing Therapeutic Foster Care Short Term Residential Therapeutic Program	All Implemented
Early Intervention	Grace-Giving Resources and Care	Implemented
Outreach & Engagement	Youth Help Network Youth Drop In Center Family Respite Center	Implemented In Development In Development
Innovation -Crisis Services	Dignity Crisis Services Unit: Mental Health Urgent Care Clinic (MHUCC)	All Implemented
Innovation - Forensic	Community Justice Support Team	Fully Implemented

Please see Appendix 51, Appendix 52, and Appendix 54 for the BHS Child and Family Mental Health and Adult Mental Health Service Continuums and SUPT Continuum. These include all programs and services regardless of funding source.

For a description of each MHSA-funded program, please refer to the MHSA FY2022-23 Annual Update (https://dhs.saccounty.gov/BHS/Pages/MHSA-Updates/GI-MHSA-FY2022-23-Annual-Update.aspx).

We strive to have culturally sensitive and responsive programming throughout our system. Our Mental Health Plan (MHP) programs track cultural responsiveness and now our Substance Abuse Prevention and Treatment (SUPT) programs are prioritizing cultural responsiveness. Examples of specific strategies focused on specific cultural communities are outlined below:

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

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

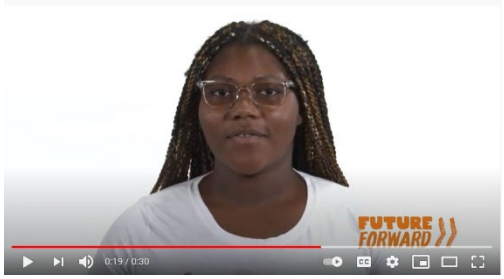
Substance Use Prevention and Treatment (SUPT) has continued to improve outreach to cultural communities to increase access to services:

The Sacramento County Coalition for Youth (SCCY), a group of caring

community members working together to make Sacramento a safe place for young people to grow up, free from the influences of substances that are addictive and harmful, developed a cannabis prevention video and two Public Service Announcements. The video and Public Service Announcements include diverse teens (Arabic, African American/Black, Latinx, Asian/Pacific Islander).



Cannabis Prevention – Big Deal
This prevention video is posted on SCCY YouTube channel:
https://www.youtube.com/watch?v=9SzVx7053FY&t=17s



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

Future Forward, It's my choice, it's my future (1)
https://www.youtube.com/watch?v=vMALlRm2ZAw

Future Forward, It's my choice, it's my future (2)
https://www.youtube.com/watch?v=kvwX-_aaakE

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

Sacramento County Let's Talk Meth Website
https://letstalkmeth.org/resources/support-groups/
A website that includes drug education, resources, and support for individuals struggling with methamphetamine addiction. This webpage includes support group resources such as:

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

SUPT Services – "Cultural and Language Needs" Webpage
https://dhs.saccounty.gov/BHS/Pages/SUPT/Cultural-and-Language-Needs.aspx

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

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

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

SUPT Services – Beneficiary Handbook

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

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

SUPT Services – Provider Directory

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

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

SUPT Services: Service Brochure

Our SUPT service brochure is now available in in Sacramento County's seven threshold languages: Arabic, Chinese, Farsi, Hmong, Spanish, Russian, and Vietnamese. This brochure explain services provided, target population served, and how to access services. (Appendix 72)

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

The most recent Sacramento County Point in Time (PIT) homeless count in 2022 indicated Black and American Indian individuals are disproportionately represented in the population experiencing homelessness. Blacks/African Americans are disproportionately represented in the county's homeless population (31% vs 11% of Sacramento County) and American Indian/Alaska Native individuals are also overrepresented in Sacramento County (7% vs. 2% of Sacramento

County). This mirrors national trends.

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

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

In an ongoing effort to increase access and improve the quality of outpatient MH Services, Sacramento County released two Request for Applications (RFA) on August 25, 2021, and January 31, 2022, with the intent of redesigning and transforming the Adult Outpatient Specialty Mental Health Services system (Appendix 91).

The Adult Outpatient Services Transformation is an opportunity to incorporate community stakeholder input to serve our community effectively and enhance the overall adult outpatient mental health service delivery system. The current outpatient system, which has remained

relatively unchanged since the 1990s, includes walk-in centers providing site-based low-to-moderate level of care, site-based regional clinics providing low-to moderate level of care, and flexible site-based and community-based services providing moderate-to-high level of care. Through analysis of stakeholder input, Sacramento County BHS prioritized this system to transform and modernize by utilizing known strengths and addressing challenges identified by community stakeholders.

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

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

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

With insight gathered from specific stakeholder populations and the

community, Sacramento County BHS developed the transformative model called Community Outreach Recovery Empowerment (CORE).

Examples of Outreach efforts for CORE planning include the following:

- Community Invitation flyers for 1/25/2022 presentation: English, Arabic, Chinese, Farsi, Hmong, Russian, Spanish, and Vietnamese
- CORE information flyer (released 6/2022): English, Arabic, Chinese, Farsi Hmong, Russian, Spanish, and Vietnamese
- CORE Phases of Treatment (released 6/2022): English, Arabic, Chinese, Farsi , Hmong, Russian, Spanish , and Vietnamese
- These materials are also available to the public on the Adult Transformation website: https://dhs.saccounty.gov/BHS/Pages/Adult-Outpatient-Services-Transformation.aspx

The CORE Program combines community stakeholder-supported MHSA CSS component programs such as Wellness & Recovery Program, Transitional Community Opportunities for Recovery (TCORE) Program, Guest House, and the Regional Support Teams. By combining these programs, BHS intends to increase access, equitably distribute Adult Outpatient Mental Health services, and create flexibility within the program to adjust intensity of services. This will allow clients to maintain the intensity of services that are clinically indicated without transferring to a different provider, thus preserving client relationships with their service provider as their needs fluctuate or change. The CORE Program supports flexibility in its service delivery, ease of access, and emphasizes a client centered, recovery focused, outcome-driven system of care.

Through the transformation, walk-in access will increase from three sites to ten (10) sites. To ensure ease of access and equitable distribution of outpatient services, BHS completed a geographic analysis of adults served throughout Sacramento County. From this analysis, geographic boundaries were identified and mapped along with the population density of adults served. Specific regions were identified to assure the ten (10)_ CORE sites would be sited in the areas of greatest need, shorten distance parameters to services, and balance the geographic distribution of outpatient mental health services throughout the Sacramento County. Two specific zip codes, 95828 and 95842, were identified by the County Behavioral Health Racial Equity Collaborative team as home to a high percentage of African American/Black/African decent residents with an absence of behavioral health programs. While unable to directly site within the two zip code borders, two RFA awardees were able to site just over a mile outside the targeted zip codes. Providers sited near targeted

zip codes are working to build relationship with key community stakeholders in an effort to meet the needs of those communities. Providers are also exploring co-location of services within trusted community settings in order to engage community members residing within those specific zip codes.

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

At the October 21, 2021 MHSA Steering Committee meeting, BHS put forth a recommendation to increase FSP capacity, both new and expanded, to support the additional housing capacity resulting from the Fiscal Year (FY) 2020-21 No Place Like Home award. The MHSA Steering Committee supported this recommendation. Sacramento County BHS released a Request for Application on May 2, 2022 to implement a new Family FSP.

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

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

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

The new FSP will:

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

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

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

Youth at clinical high risk for psychosis (CHR-P) are under-recognized in community mental health (CMH) settings, and identified youth do not have adequate access to evidence-based care. The UC Davis CHR-P Project closes this critical gap for CHR-P youth (Ages 12-25) in Sacramento County, CA through: 1) large-scale electronic screening to identify youth experiencing CHR-P symptoms followed by expert assessment to clarify CHR-P status and 2) linkage to stepped-care intervention to prevent or mitigate negative outcomes supported by

expert training and supervision. Project goals are to: 1) Increase capacity of Sacramento County CMH services to identify and link youth experiencing CHR-P symptoms by implementing a universal screening and referral protocol; 2) Increase capacity of Sacramento County CMH services to provide evidence-based care for CHR-P youth via stepped-care of evidence-based assessment and treatment services. Key measurable objectives include: implement universal screening for CHR-P in CMH; implement comprehensive assessment and linkage to stepped-care services for youth who screen positive for CHR-P; train CMH partners in evidence based practices (EBPs) for CHR-P; and support ongoing training needs via bi- monthly consultation calls. As most CHR-P youth will either see remission of risk- symptoms in the first 12 months, stepped care approaches place initial assessment and treatment in the community while reserving specialized services, like coordinated specialty care - the evidence based practice for psychosis symptoms that is provided by the UC Davis EDAPT clinic - for youth who do not improve with typical community care.

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

P services over the course of the project. By the end of the project, UCD will have increased CHR-P service capacity from 22 to 66 individuals annually, tripling Sacramento County capacity to provide evidence-based care to youth with CHR-P. This project will also build the necessary screening, assessment, and training infrastructure to support ongoing expansion of CHR-P services in Sacramento County and across the US.

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

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

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

ASIST*:* Applied Suicide Intervention Skills Training (ASIST) | Suicide Prevention Resource Center (sprc.org) is an evidence-based practice which teaches clinicians specific interventions to prevent suicide by recognizing signs, providing a skilled intervention, and developing a safety plan to keep someone alive. ASIST can also provide professional development to formal supports to ensure that they are prepared to provide suicide first aid help as part of the care they provide. The emphasis is on teaching suicide first-aid to help a person at risk stay safe and seek further help as needed. Participants learn to use a suicide

intervention model to identify persons with thoughts of suicide, seek a shared understanding of reasons for dying and living, develop a safety plan based upon a review of risk, be prepared to do follow-up, and become involved in suicide-safer community networks.

ProACT: is an evidence- based practice which aims to improve safety and enhance treatment outcomes. The primary purpose of PRO-ACT is to teach clinicians and healthcare professionals the ability to safely de-escalate clients therefore removing or reducing the need for physical or chemical restrains. Based on Principles drawn from evidence-based practice and tested in a wide variety of healthcare, behavioral health, residential and education settings, Pro-ACT is a training program for organizations and agencies seeking to reduce or eliminate the use of restraint. With an emphasis on critical thinking and continued assessment, Pro-ACT looks beyond the topography of behavior to identify and address client needs. It's this distinctive problem-solving approach for creating safety that Pro-ACT users find valuable and effective.

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

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

abuse, and connectivity, suicidality & self-harm, personality traits impairing functioning (trauma reactive), homelessness or housing issues related to mental health challenges.

Feedback-Informed Treatment (FIT): is a pan-theoretical, evidenced based approach to evaluating and improving behavioral health outcomes. It was developed by psychologist, Scott D. Miller, and is a pan-theoretical approach to evaluating and improving behavioral health outcomes. FIT operationalizes the American Psychological Association's (APA) definition of evidence-based practice: The integration of the best available research and monitoring of patient progress (and any changes in the patient's circumstances – e.g., job loss, major illness) that may suggest the need to adjust the treatment (e.g., problems in the therapeutic relationship or in the implementation of the goals of treatment) (APA Task Force on Evidence-Based Practice, 2006). FIT was developed as a concrete strategy to routinely monitor both the strength of the therapeutic alliance and outcomes for the purpose of preventing a negative outcome by adjusting treatment in real time. To do this, FIT practitioners use two short measures to gather client feedback in each session and they use the feedback they gain to adjust the treatment actively and transparently in collaboration with the client.

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

BHS has implemented a new grant program to support a collaboration between the County and all local school districts to increase access to mental health services, support student mental health and wellness and improve social emotional learning. This new program will leverage an existing wellness app called Grace-Giving Resources and Care. Grace was developed by Sacramento City Unified School District (SCUSD) for their over 40,000 students. This program will allow the developer to add more youth friendly

features and expand access and customization for any participating Sacramento County school districts and the County Office of Education serving approximately 213,015 school age students per year. The purpose of this program will be to improve social emotional wellness to prevent and reduce suicide attempts.

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

The County tracks demographics and penetration rates by language, culture, age and gender that informs planning strategies. As part of the work of the BHREC, the County BHREC team identified the following goal in our BHS Racial Equity Action Plan: Build trust with the community through equitable resource distribution across different areas of Sacramento County. It was discovered that there are two zip codes in Sacramento County (95828 and 95842) that are home to a high percentage of the county's African American/Black/African Descent residents, and that do not have any behavioral health outpatient service providers sited in those zip codes. The proposed improvement is to site behavioral health programs in the two identified zip codes, equitably fund these new and existing agencies that serve the AA/Black/AD community, and serve at program capacity. Please see the narrative in Criterion 3, Section III for the discussion of the CORE Transformation and the efforts made in this goal. While sites were not able to be located in those two zip codes for the Adult CORE Transformation, BHS continues to explore opportunities for siting new programs within these zip codes.

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

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

An example of what is working well is our outreach to the community through both word of mouth outreach conducted by trusted cultural brokers and community members and the dissemination of flyers for our

community input events that have been translated into our threshold languages. BHS offered captioning at real time at the virtual events to accommodate hard of hearing individuals who may not have specifically requested this during their registration. BHS also provided interpreters for the languages requested by registrants, which included American Sign Language. Examples of the community input flyers include but are not limited to: Wellness Crisis Call Center and Response Team Program – formerly known as Alternatives to 911 for Mental Health Calls (https://dhs.saccounty.gov/BHS/Pages/Wellness-Crisis-Call-Center-and-Response.aspx), and Assisted Outpatient Treatment (AOT) (https://dhs.saccounty.gov/BHS/Pages/Laura%27s-Law-AOT-Community-Input.aspx).

Given the low penetration rates within our BHS specialty mental health and SUPT services for the API and Hispanic/Latinx communities, BHS is continuing to work in partnership with cultural brokers in order to improve access for community members. BHS continues the robust work in partnership with the community to design culturally and linguistically appropriate messages that promote hope and wellness and decrease stigma around mental illness for the diverse communities within our county that also experience lower penetration rates. An increase in the utilization of the Cantonese speaking interpreter at the Assisted Access program coincided with targeted and tailored work within the Cantonese-speaking community for the "Mental Illness: It's not always what you think" project.

CRITERION 4

COUNTY MENTAL HEALTH SYSTEM

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

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

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

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

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

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

CRITERION 4

SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

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

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

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

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

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

The following is a response to questions A and B.

The Cultural Competence Committee (CCC) is included in the Sacramento County Phase II Consolidation of Medi-Cal 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). BHS has continued to integrate the work of the System-wide Committee within the work of the CCC for the past several years.

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

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

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

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

We wanted to highlight some examples of the CCC's engagement with BHS and the community during FY 2021/22:

- CCC members have been providing feedback, suggestions, articles and other contributions to the new Cultural Competence / Ethnic

Services Newsletter (Appendix 86). The idea behind the CC/ES Unit newsletter is to celebrate the rich diversity in our county and to raise awareness about observances that are meaningful to our diverse community members. The newsletter has highlighted community partners and stakeholders and the work that they do in the community with diverse populations.

- BHS formed a workgroup made of up CCC members and BHS program and administrative staff to review the Sexual Orientation Gender Identity and Expression (SOGIE) data currently being collected and reported to the state. As the workgroup reviewed the various behavioral health reports and data that the state issues and the data report on sexual orientation and gender identity that the county issues, it became apparent that there are different responses available to select because of the different state reporting requirements. The workgroup members analyzed the language used regarding SOGIE questions and the corresponding answers and they provided extensive feedback and culturally responsive suggestions. Additionally, they recommended that training be offered to staff who may not know how to ask for SOGIE information from their clients. Feedback regarding data collection, current practices and training needs was also collected from meetings with organizations serving LGBTQ+ community, including Sacramento LGBT Community Center and Gender Health Center, providers of all levels, and client advocates (youth, family and adult). 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. In September 2021, BHS incorporated the CCC data collection recommendations into our Avatar electronic health record; moving forward, gender and sexually diverse communities will be more accurately reflected in the data reporting throughout the MHP in future reports.
- Cultural Competence Committee November meeting for Native American Heritage Month, Julie Fuentes, Sacramento Native American Health Center (SNAHC) opened with our first Land Acknowledgment and gave a presentation about Native American Heritage Month, including history and resources. We worked in partnership with SNAHC to identify an elder who works for the County and is a member of the Sacramento Native American Caucus to open our Cultural Competence Committee meeting with a Land Acknowledgment. We continue to begin our meeting in this way.

- The Cultural Competence Committee provided collective comment at the February and March 2022 meetings regarding a proposed flyer to publicize BHS bidding opportunities in the community. The CCC noted that the flyer was clear. In addition, they made recommendations to be involved in processes prior to bid announcements. For example, they recommend that the county consult the CCC when planning programs and consider creative ways of involving grass-roots organizations by requiring bidders who can meet county requirements to subcontract with culturally responsive community based organizations.

- The Cultural Competence Committee provided collective comment for consideration (see attachment Appendix 85) regarding the Draft Mental Health Services Act (MHSA) Fiscal Year 2022-23 Annual Update Draft annual update. A member volunteered to present the collective comment about the Draft Mental Health Services (MHSA) Fiscal Year 2022-23 Annual Update on behalf of the Cultural Competence Committee at the public hearing on May 4, 2022.

- Several CCC members are Steering Committee members; and two CCC members serve on the MHSA Steering Committee Executive Committee. https://dhs.saccounty.gov/BHS/Pages/Advisory-Boards-Committees/Mental-Health-Services-Act-Committee/BC-MHSA-SC-Current-Members.aspx

- In recognition of the feedback received from the CCC last year, BHS has continued to build upon the outreach to the disability community to even further increase representation in the CCC and acknowledge the lived experience within the current members. Through intentional outreach with community leaders from the disability community, management level staff from organizations serving individuals living with a disability have become regular members of the CCC and have contributed their invaluable perspectives not only in the CCC but also in community planning processes hosted by BHS. Additionally, representatives from the Deaf and Hard of Hearing (DHOH) community have continued to be actively involved in the CCC and community planning processes. We are deleting all references to TTY and using CA Relay 711 instead on our website and in brochures.

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.

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

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

In light of the ongoing COVID-19 pandemic, in FY 2020/21, we were not able to offer in person trainings and needed to identify a comprehensive training that addressed the topics required by the Cultural Competence Plan Requirements. We have since identified "Eliminating Inequities in Behavioral Healthcare," a five (5) module webinar series that aims to increase participants' knowledge about the interplay between structural racism, behavioral health institutional racism, implicit bias and behavioral health disparities. This training also offered education about strategies to decrease, and ultimately, eliminate racial disparities in access, quality and outcomes of behavioral health treatment. As a result, we decided to make the Eliminating Inequities in Behavioral Healthcare web series our required annual Cultural Competence training for FY 2020/21 and FY 2021/22. We worked with California Institute for Behavioral Health Solutions (CIBHS) to develop a training tracking system for our county. We obtained from BHS and BHS contract providers the names and contact information for the staff involved with providing direct services, their supervisors, and administrative/leadership; these individuals are required to take the annual cultural competence training. CIBHS entered the staff names into their learning management system and assigned the training to staff who are required to take and successfully complete the training. The system includes a mechanism to identify which staff members have not yet taken the training so that CIBHS can send a reminder notice to the individual(s). This tracking system went live August 2021.

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

   We continue to embed cultural competence in all training. The Cultural Competence Unit reviews the WET component embedded in the MHSA FY 2022-23 Annual Update (https://dhs.saccounty.gov/BHS/Pages/MHSA-Updates/GI-MHSA-FY2022-23-Annual-Update.aspx%20) to ensure that cultural competence is referenced in all training plans. Since 2007, through the WET component, BHS has utilized the evidence based California Brief Multicultural Competence Scale (CBMCS) training curriculum to provide the required annual cultural competence training to our county and contract provider staff. Evaluations from attendees throughout the years have indicated improved knowledge and skills in attendees' ability to communicate and interact effectively across cultures. Beginning in Fiscal Year 2020/21, BHS shifted focus to a training that advances behavioral health equity.

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

   We compile the list of cultural competence trainings from all of the providers and this list contains information broken out by attendance by function for each training – please reference the 2021/22 CC Training Log (Appendix 16). All of the cultural competence trainings, including the Eliminating Inequities series and the Behavioral Health Interpreter Trainings are included in the Cultural Competence Training log using the format provided in the CCPR. In addition, please see copies of the training flyers/announcements for our Behavioral Health Interpreter Training and invitation and reminder for the Eliminating Inequities training as evidence of documented stakeholder invitation to the training in (Appendix 98).

B. Annual cultural competence trainings topics include:

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

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

Introduction to Interpreting in Behavioral Health Settings training 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 use prevention and treatment programs or who want to become interpreters. In addition to Introduction to Interpreting in Behavioral Health Settings, one session of Therapeutic Cross-Cultural Communication course was provided virtually (via Zoom) as well. This workshop offers practitioners an opportunity to increase cross cultural communication in clinical interactions. Communicating with consumers through language interpreters in clinical settings is discussed in this training. Strategies to improve communication and service delivery when working with a language interpreter are outlined and practiced. This training creates a structure for participants to understand the complex roles of the behavioral health interpreter.

Twenty participants attended Introduction to Interpreting in Behavioral Health Settings, and twelve participants attended Therapeutic Cross-Cultural Communication during FY 2021/22. More training participants are expected for FY 2022/2023 since the number of threshold languages for Sacramento County has increased.

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

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

See Peer Empowerment Conference Summary Report and Program (Appendix 74 & Appendix
87, respectively)

We continue to partner with Cal Voices to provide client culture training throughout the system. An excellent example is the Annual Peer Empowerment Conference. The Peer Empowerment Conference took place on June 10, 2022. There were 149 unique participants. A few providers shared that they had a few of their clients watching the conference together. There were a variety of presenters and panelists.

This year's theme was CARE: Community Assistance, Resources, and Empowerment. The keynote speaker was Autumn Rose Williams, former Miss Native America. She discussed the challenges she faced with her mental health being biracial and living with depression. Her talk focused on tips for improving self-esteem and staying strong.

Our expert panel discussed various aspects of the theme. A family member focused on family empowerment and resources. An inspector with Disability Rights California talked about resources and resiliency for the LGBTQAI community. A homeless advocate discussed the needs of the unhoused. The training director for WellSpace Health talked about how community-based organizations can support consumers in their wellness.

The annual consumer awards received 34 nominations and 4 people were recognized as the winners. 250 people registered for the conference and 149 people attended.

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

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

Use the following format to report the previous requirement:

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

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 21/22, 10,663 people received one or more cultural competence trainings inclusive of the categories listed above.

CRITERION 6

COUNTY MENTAL HEALTH SYSTEM

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

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

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

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

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

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

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

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

E. Identify county technical assistance needs.

CRITERION 6

SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

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

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

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

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

The MHSA FY 2022-23 https://dhs.saccounty.gov/BHS/Pages/MHSA-Updates/GI-MHSA-FY2022-23-Annual-Update.aspx 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.

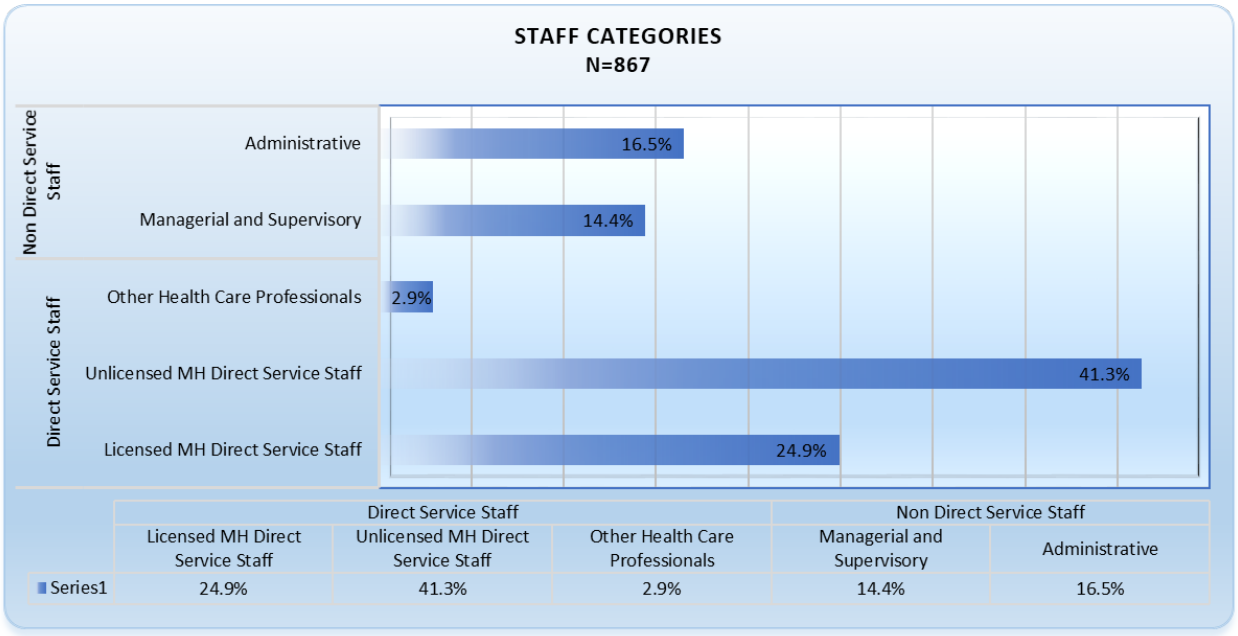
Beyond the staff rosters utilized for ongoing monitoring, the County surveys all staff (direct, indirect, administrative, management and volunteers) on an annual basis to analyze staff composition as compared to the community we serve. The purpose of the surveys is to assess demographic and linguistic 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.

County SUPT staff includes three new diverse staff members: Office Assistant, African American/Black; Senior Mental Health Counselor, African American/Black; and, Program Coordinator, Pacific Islander/Mexican American.

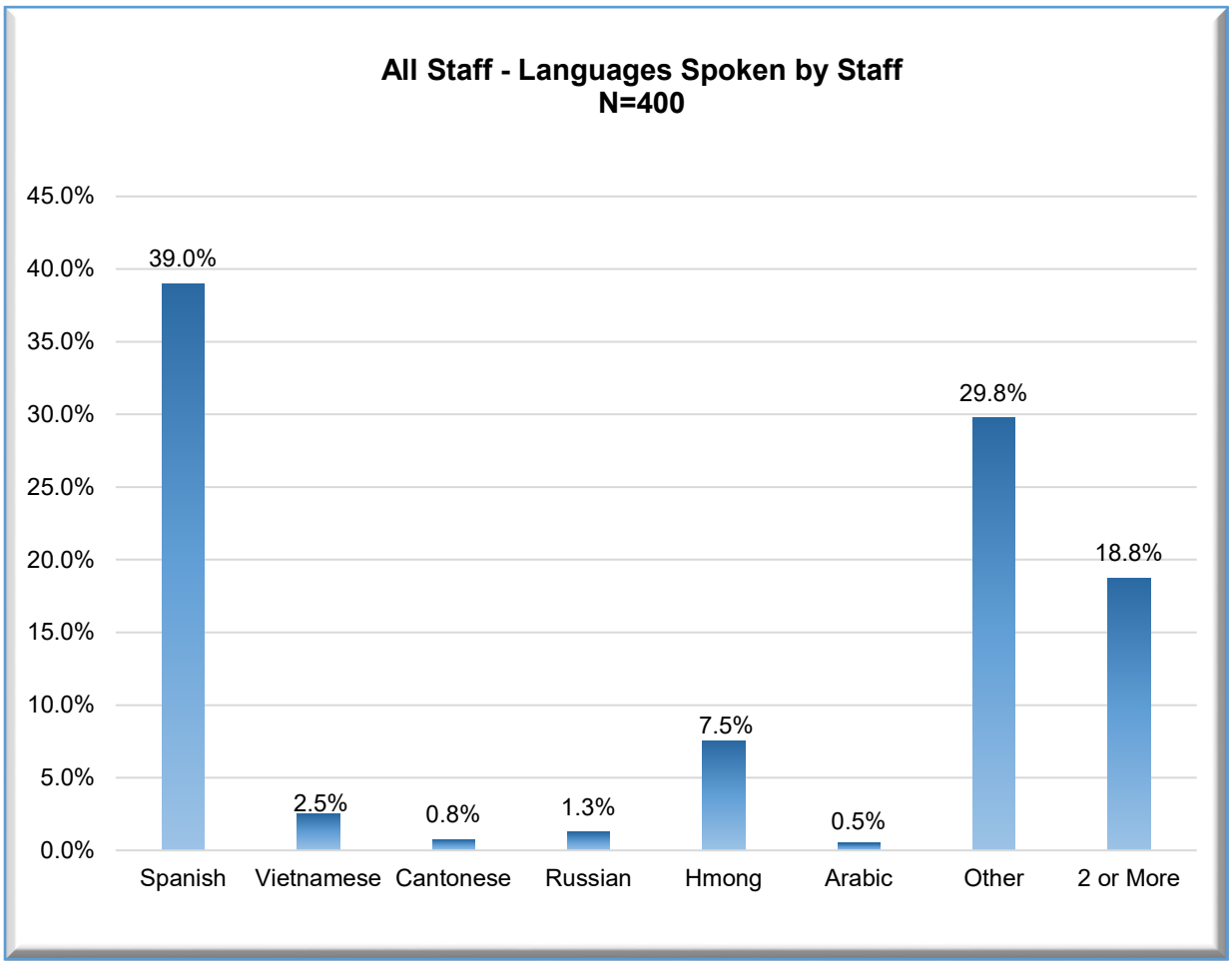
The 2021 Human Resource (HR) Survey was conducted with MH providers and completed in May 2021. Surveys were disseminated to all MH provider staff, county staff, volunteers and various committee members throughout the MHP. The HR Survey was also administered to SUPT providers in May 2021. The next survey will be conducted in FY 2022-2023. An analysis of the May 2021 findings is shown in the graphs on the following pages.

MHP

All Staff – There were a total of 867 active staff who responded to the survey. Over 40% (41.3%) reported being Unlicensed Direct Service Staff, almost 25% (24.9%) reported being Licensed Direct Service Staff and almost 3% (2.9%) reported being Other Healthcare Professionals. Direct Service Staff accounted for just under 70% (69.1%) of all staff surveyed. Administrative Staff represented over 16% (16.5%) and Managerial Staff represented 14.4% of all staff. (HR Survey May 2021)

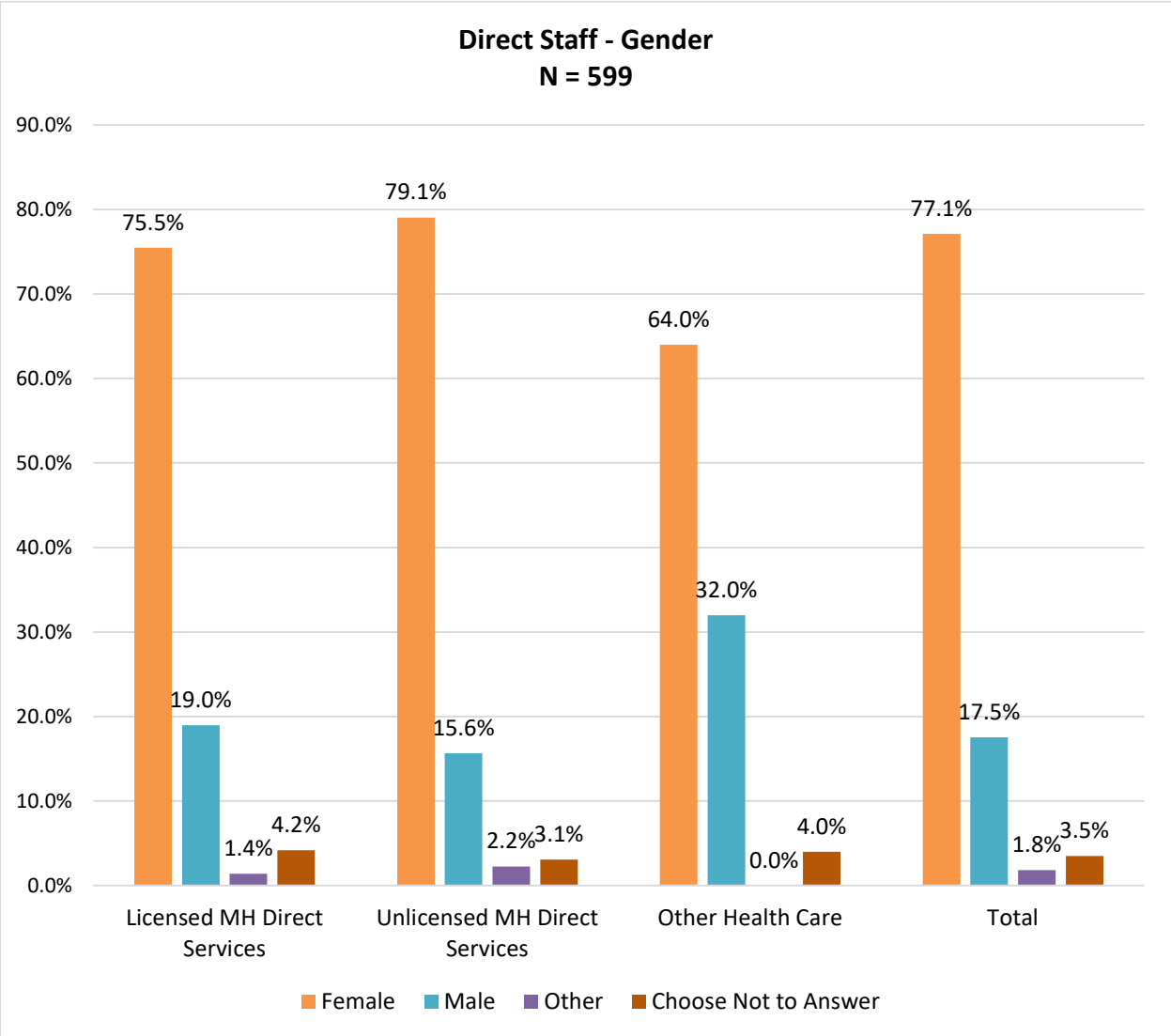


Language – Of all staff surveyed, 400 (32.3%) unduplicated staff indicated speaking a language other than English. For staff who spoke one language other than English, the majority spoke Spanish (39.0%) followed by Hmong at just over 7% (7.5%). Almost nineteen percent (18.8%) indicated speaking two or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

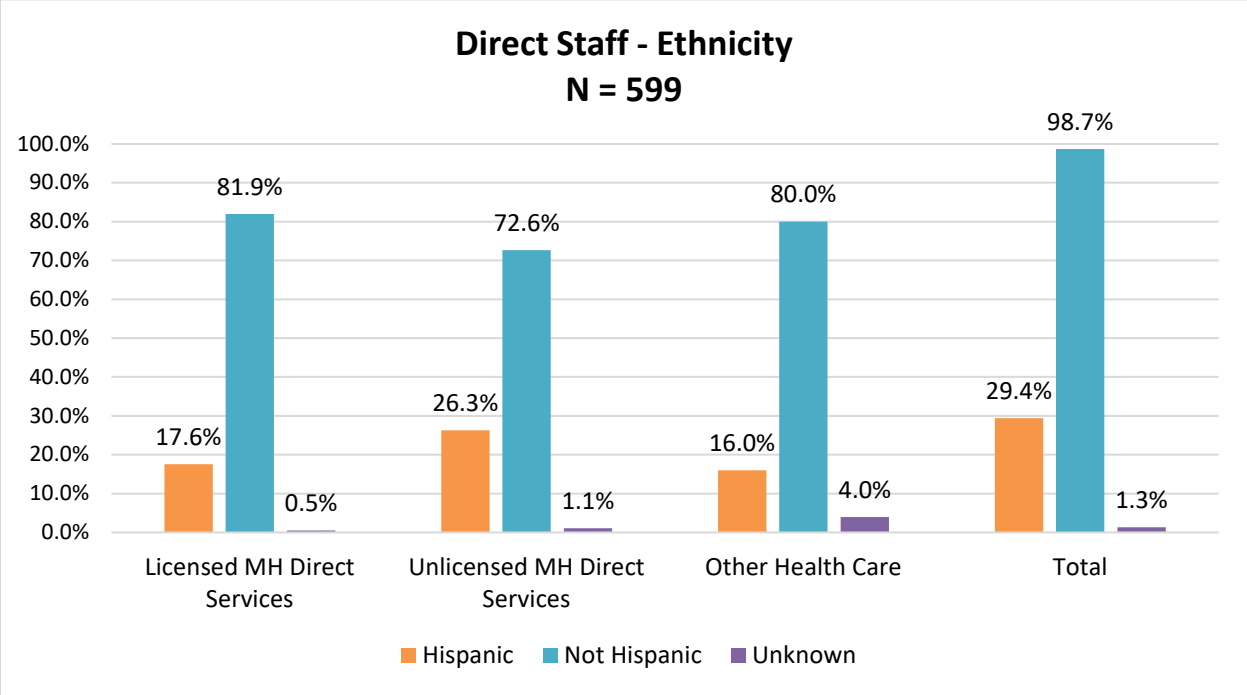


Direct Service Staff – There were a total of 599 survey responses from direct service staff in the system. This represents just under 70% (69.1%) of all respondents. The charts below depict the demographic characteristics for all direct service staff including Licensed Staff, Unlicensed Staff and Other Health Care Professionals. The charts below depict the demographic characteristics for all direct service staff including Licensed Staff, Unlicensed Staff and Other Health Care Professionals.

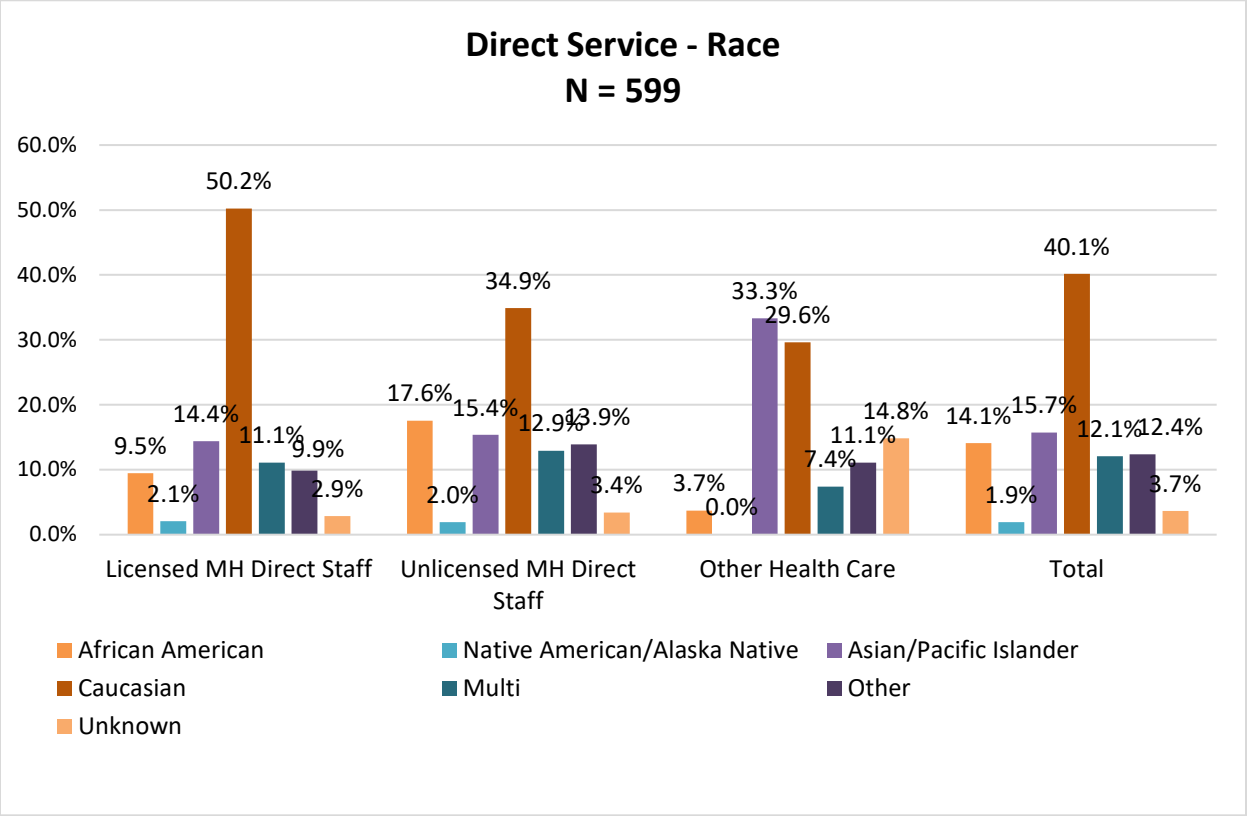
Gender – The majority of direct service staff are female, ranging from 64.0% (Other Health Care Professional) to 79.1% (Unlicensed MH Direct Staff). The highest percent of males were in the Other Health Care category at 32%. Very few staff (1.8%) identified as a gender other than male or female.



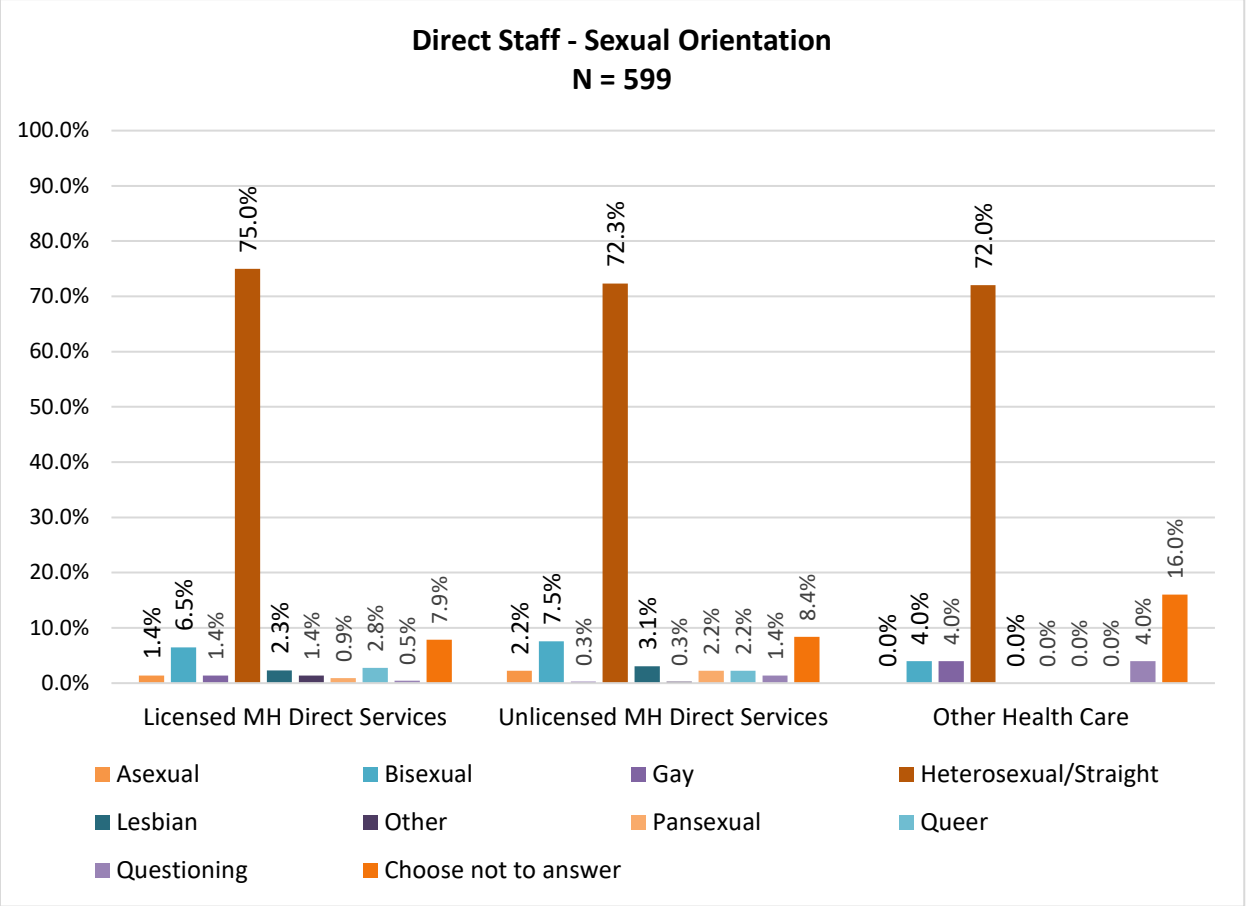
Ethnicity – Almost 30% (29.4%) of direct service staff identify as Hispanic. Of all direct service staff, 26.3% of Unlicensed Direct Service Staff identify as Hispanic, while 16.0% of Other Health Care Professionals identify as Hispanic.



Race – While Caucasian represented 40.1% of direct service staff surveyed, the majority (59.9%) of direct service staff identify with a race other than Caucasian. Over 70% (70.4%) of Other Health Care Professionals and 65.1% of Unlicensed MH Direct Staff identify with a race other than Caucasian, while just under 50% (49.8%) of Licensed Direct Service Staff identify with a race other than Caucasian.

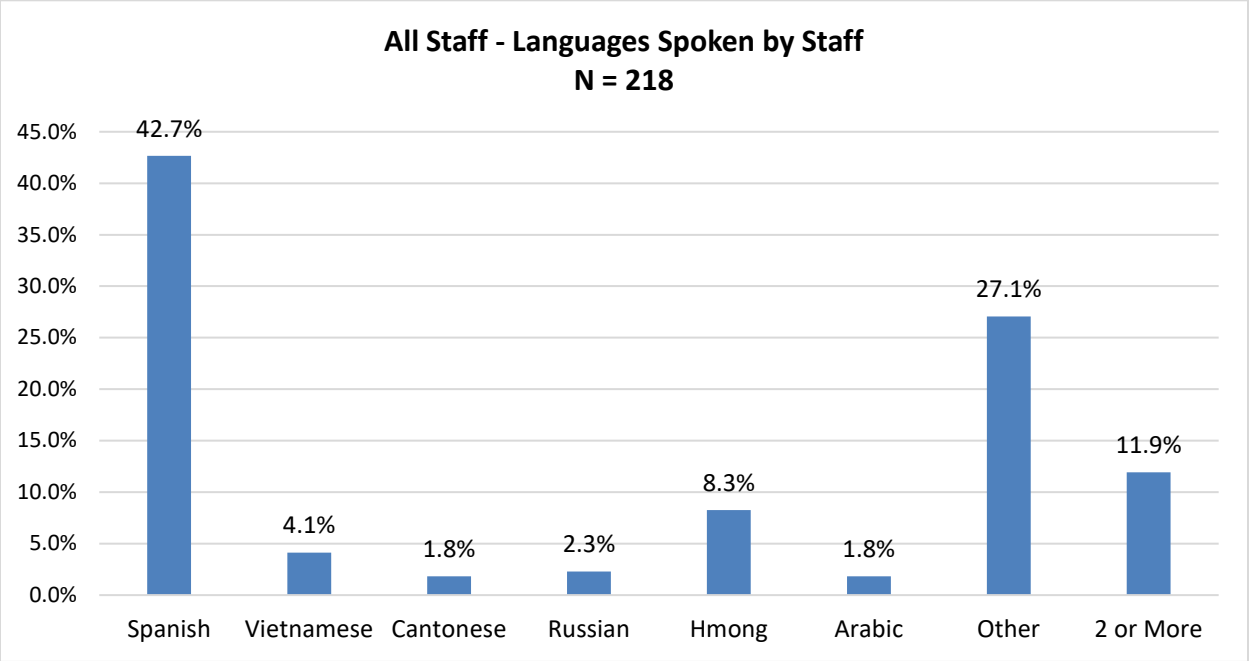


Sexual Orientation – Over 73% (73.3%) of Direct Service staff identified as heterosexual/straight. 75.0% of Licensed MH Direct Service staff, 72.3% of Unlicensed Direct Service Staff and 72.0% of Other Health Care Professionals identify as heterosexual/straight. An average of 10% (10.8%), across all categories, chose not to answer, with 16% in the Other Health Care category choosing not to answer.



Language

Of all staff surveyed, 218 (25.1%) unduplicated staff indicated speaking a language other than English. For staff who spoke one language other than English, the majority spoke Spanish (42.7%) followed by Hmong (8.3%). Almost twelve percent (11.9%) indicated speaking two or more languages other than English.



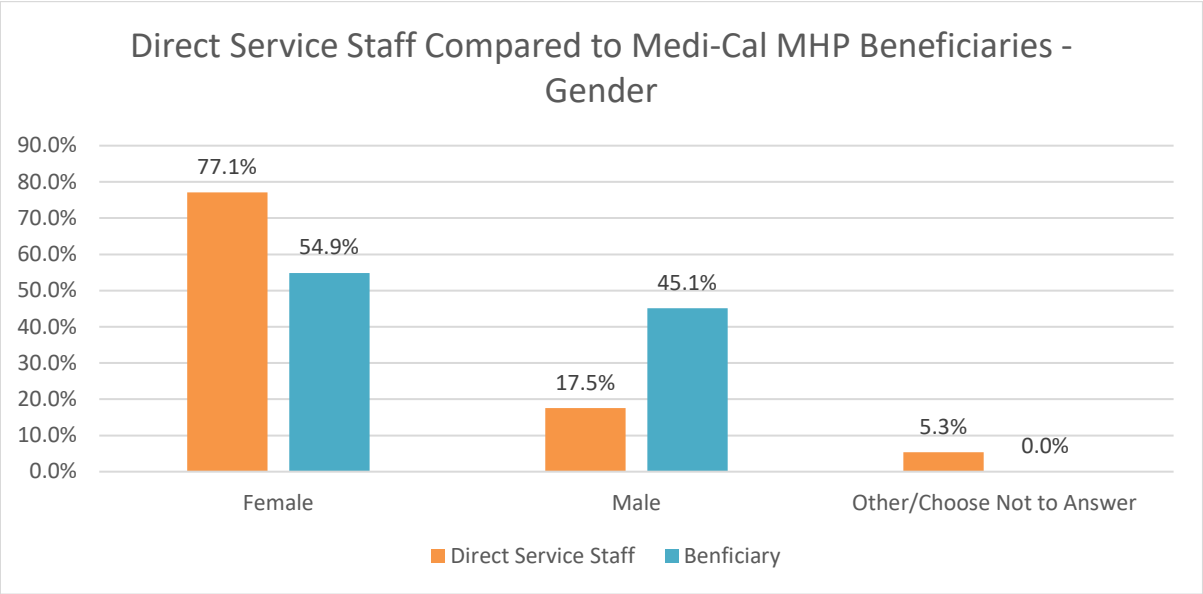
Consumers, Family Members, Disability and Military – As part of the HR survey, staff were asked whether they identified as a consumer, family member, other disability, and/or have served or currently serving in the military. Consumer – The graph below indicates the number of staff who identified as being a consumer of mental health services 25.7%. Family Member – 44.3% of staff identified as having a family member who is a consumer of mental health services. Disability– Most of the staff reported not living with a disability. Of those who reported, Unlicensed MH Direct Staff represented the highest percentage at 14.5%. Military: The majority of staff reported not serving in the military. Of those who have served, Licensed MH Direct Staff represented the highest percentage at 5.6%.

	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	25	17.5%	64	29.6%	25	20.0%	3	12.0%	106	29.6%	0	0.0%	223	25.7%
I have a family member who is a consumer of Mental Health Services	54	37.8%	94	43.5%	56	44.8%	7	28.0%	173	48.3%	0	0.0%	384	44.3%
I live with a disability	18	12.6%	17	7.9%	9	7.2%	1	4.0%	52	14.5%	0	0.0%	97	11.2%
I am currently or have served in the US Military	3	2.1%	12	5.6%	3	2.4%	1	4.0%	9	2.5%	0	0.0%	28	3.2%

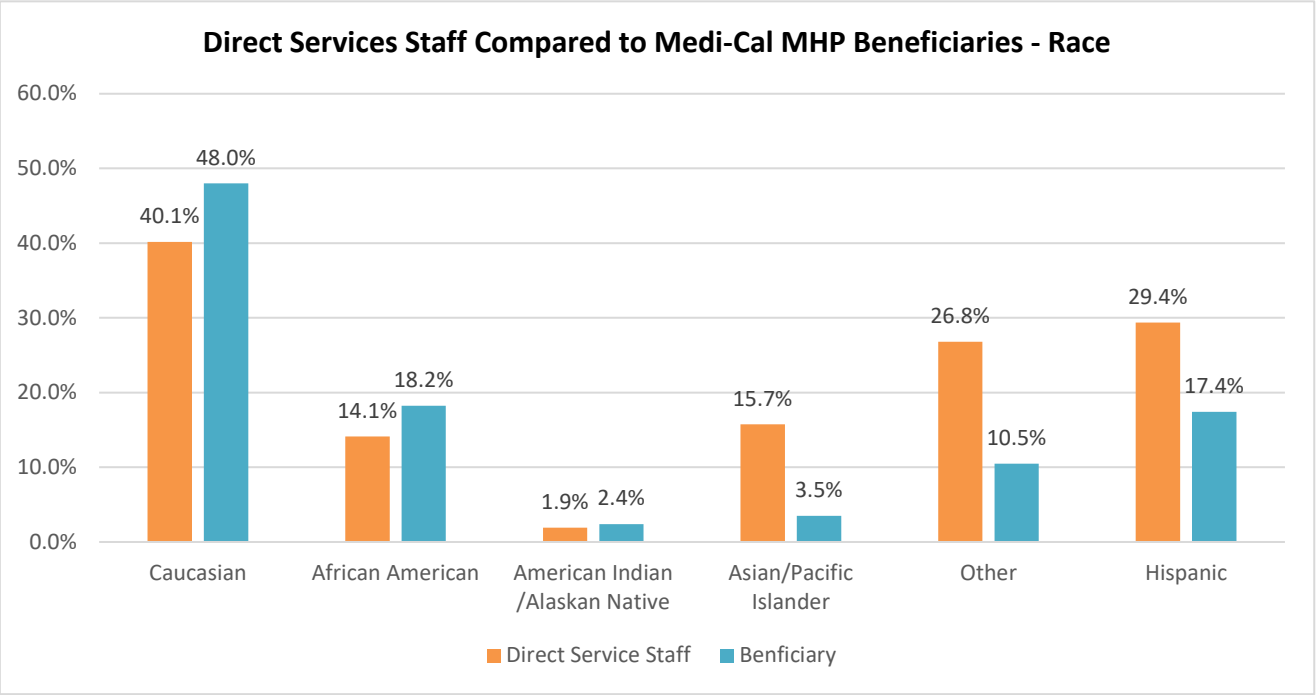
Sacramento County Direct Service Staff and Beneficiaries Served

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 19-20. 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.

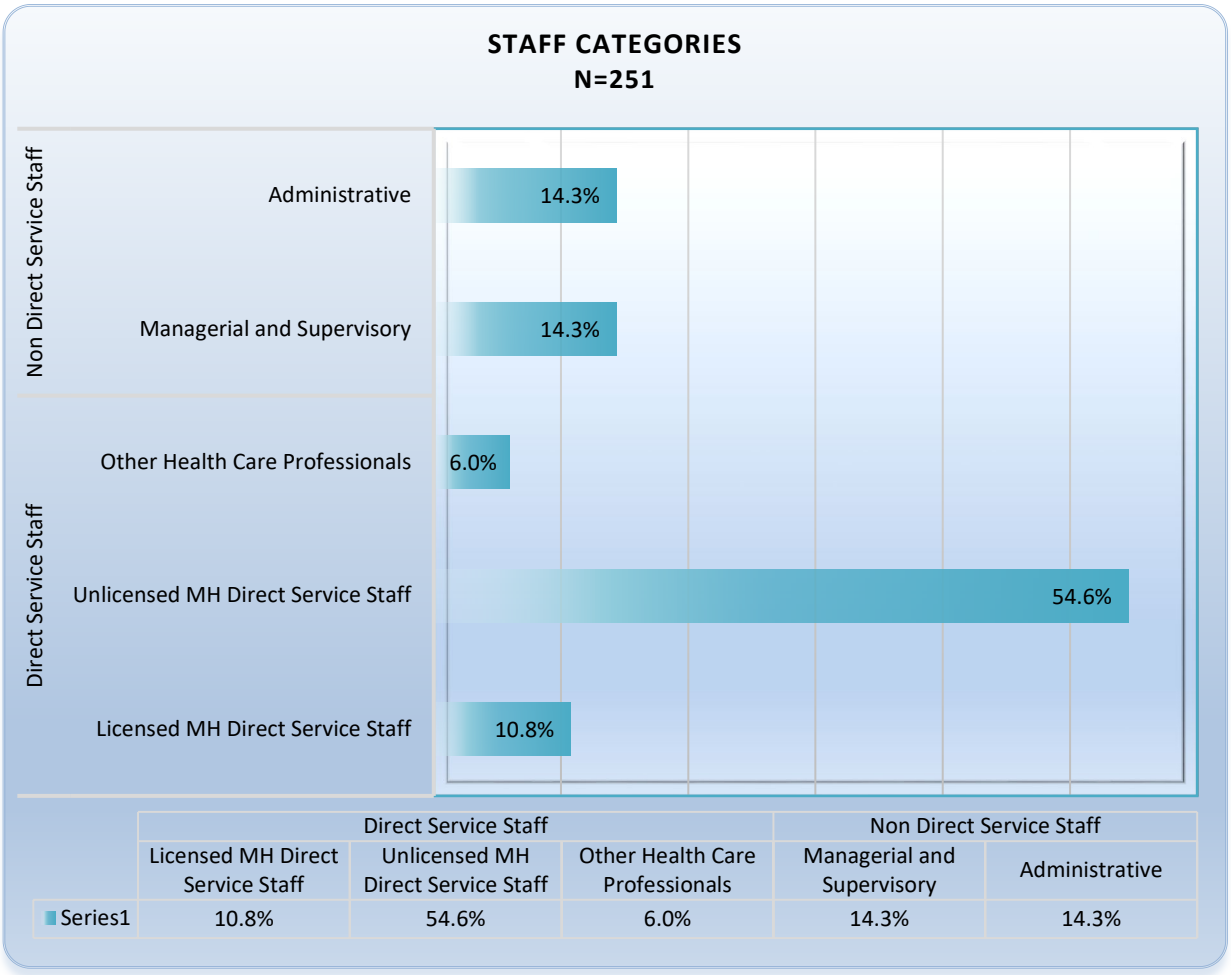


Race – with regard to race, Caucasian, African American, and American Indian/Alaskan Native (AI/AN) Direct Service Staff are underrepresented, compared to the number of Caucasian, African American, and AI/AN clients served, while all the other categories of Direct Service Staff are overrepresented.



SUPT Human Resource Survey
Point in Time May 2021

ALL STAFF - There were a total of 251 active staff who responded to the survey. Direct Service Staff accounted for 71.3% of all staff surveyed. Almost 55% (54.6%) reported being Unlicensed Direct Service Staff, 10.8% reported Licensed Direct Service Staff and 6.0% reported Other Healthcare Professionals. Administrative Staff represented over 14% (14.3%) and Managerial Staff represented 14.3% of all staff.



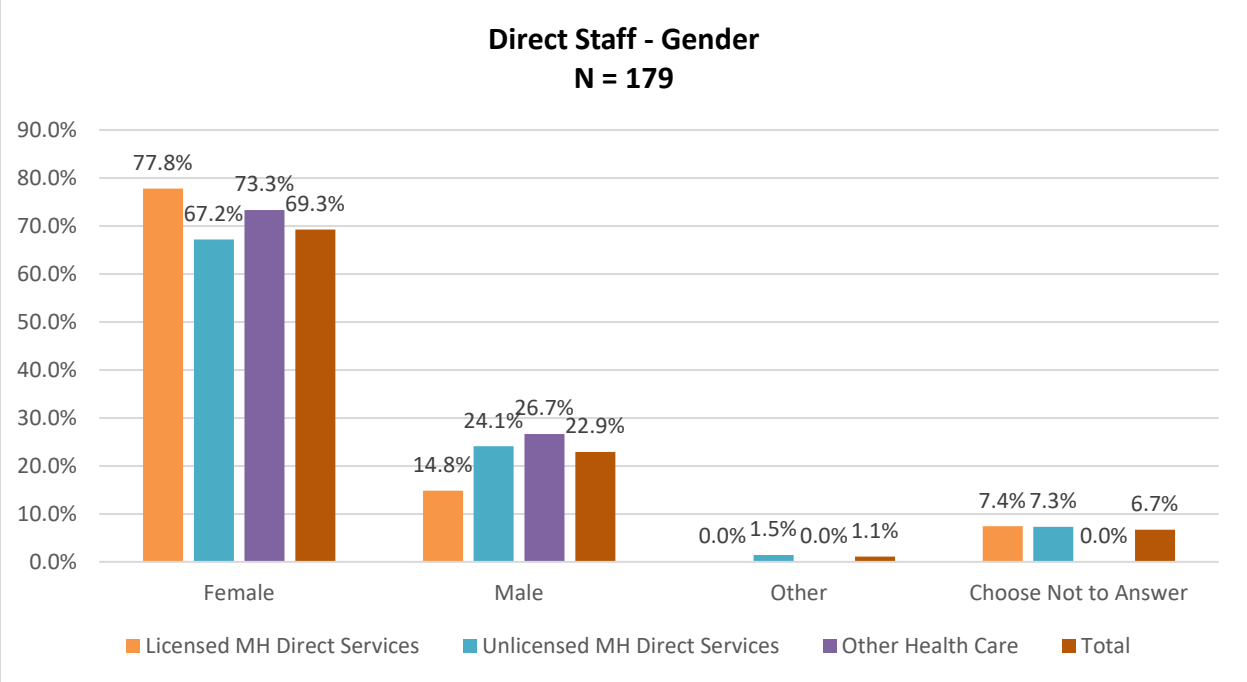
	Direct Service Staff			Non Direct Service Staff	
	Licensed MH Direct Service Staff	Unlicensed MH Direct Service Staff	Other Health Care Professionals	Managerial and Supervisory	Administrative
Series1	10.8%	54.6%	6.0%	14.3%	14.3%

DIRECT SERVICE STAFF

There were a total of 179 survey responses from direct service staff in the system. This represents just over 70% (71.3%) 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.

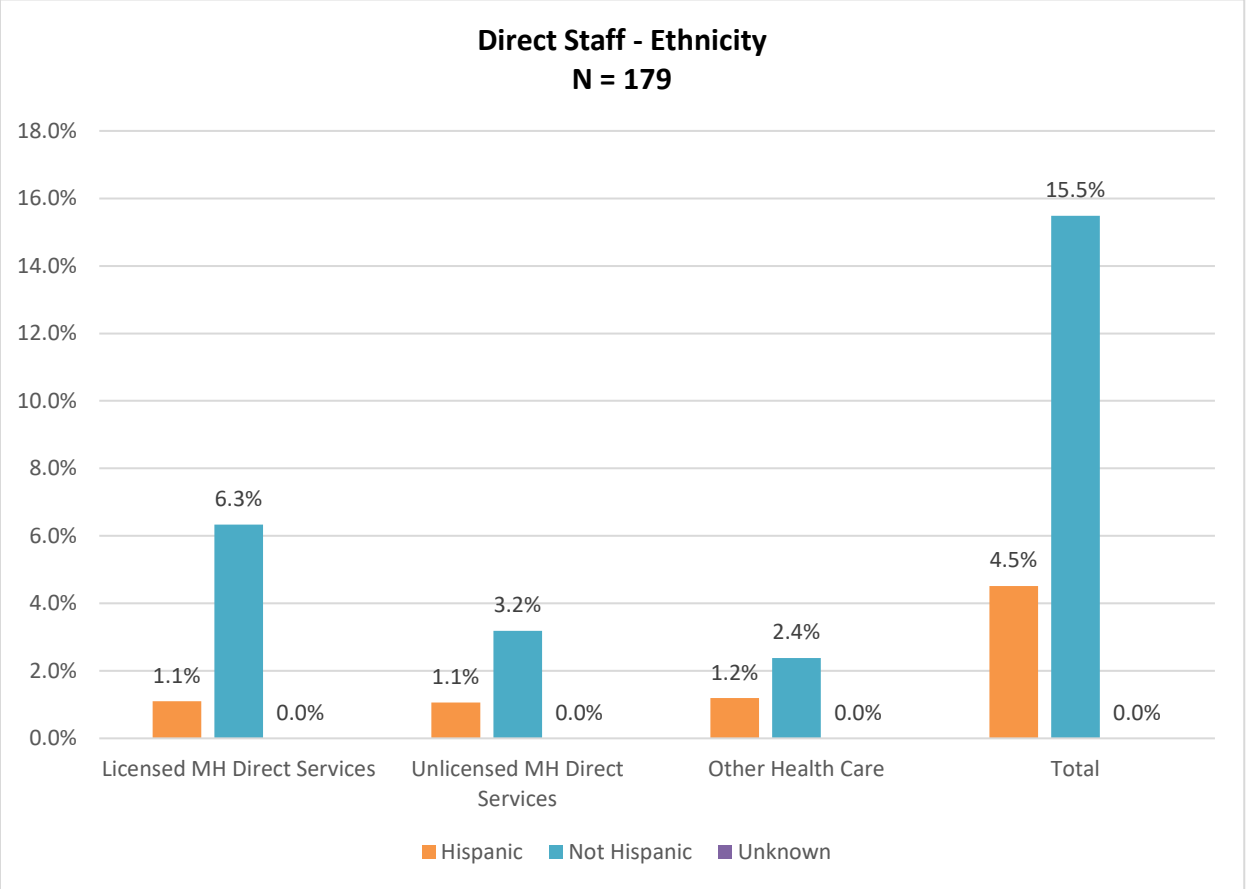
Gender

The majority of direct service staff are female, ranging from 67.2% (Unlicensed Staff) to 77.8% (Licensed MH Direct Staff).



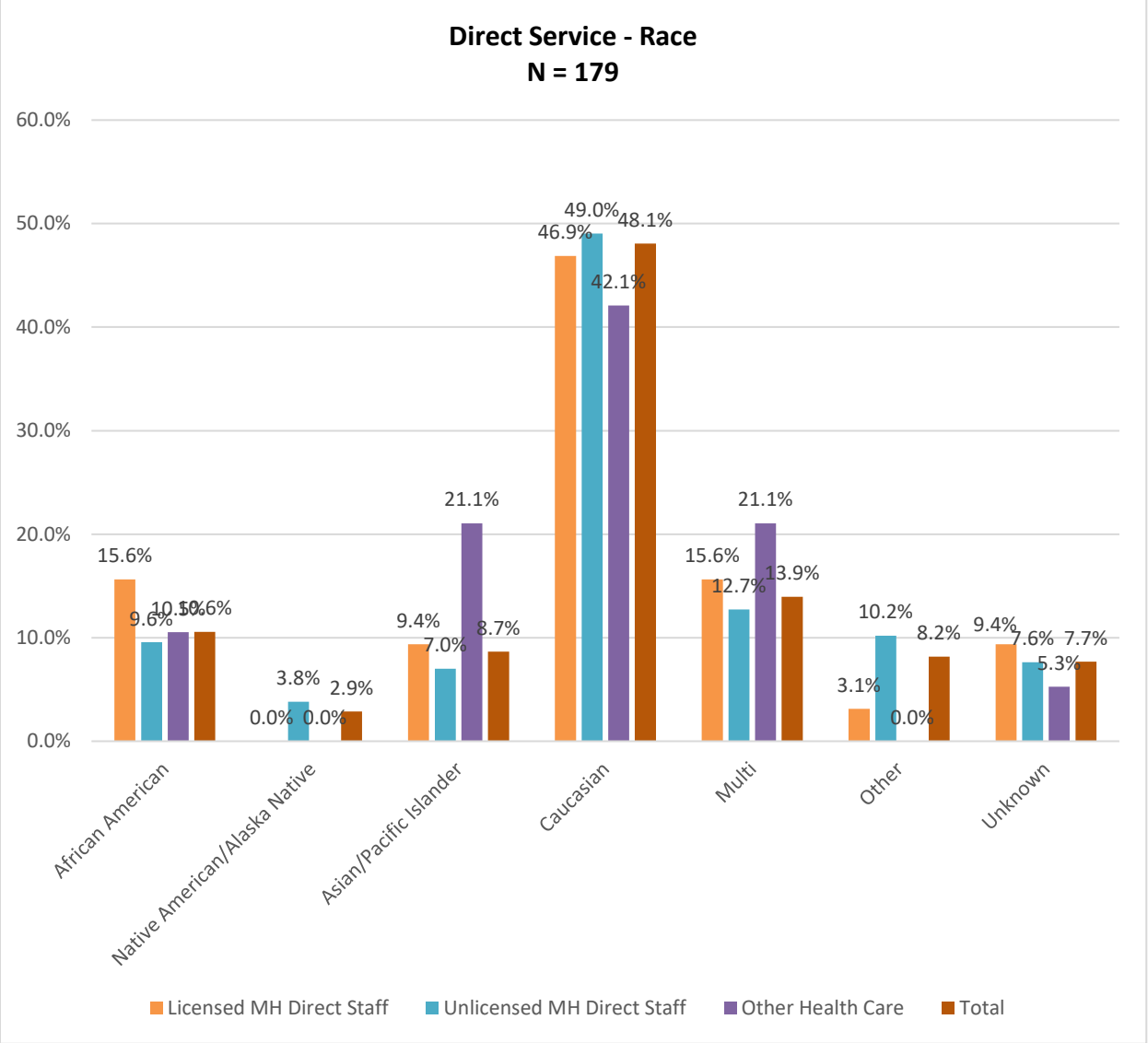
Ethnicity

Over 13% (13.4%) of direct service staff identify as Hispanic. Of all direct service staff, almost 15% (14.8%) of Licensed Direct Service Staff identify as Hispanic, and 13.1% of Unlicensed MH Direct Staff identify as Hispanic.



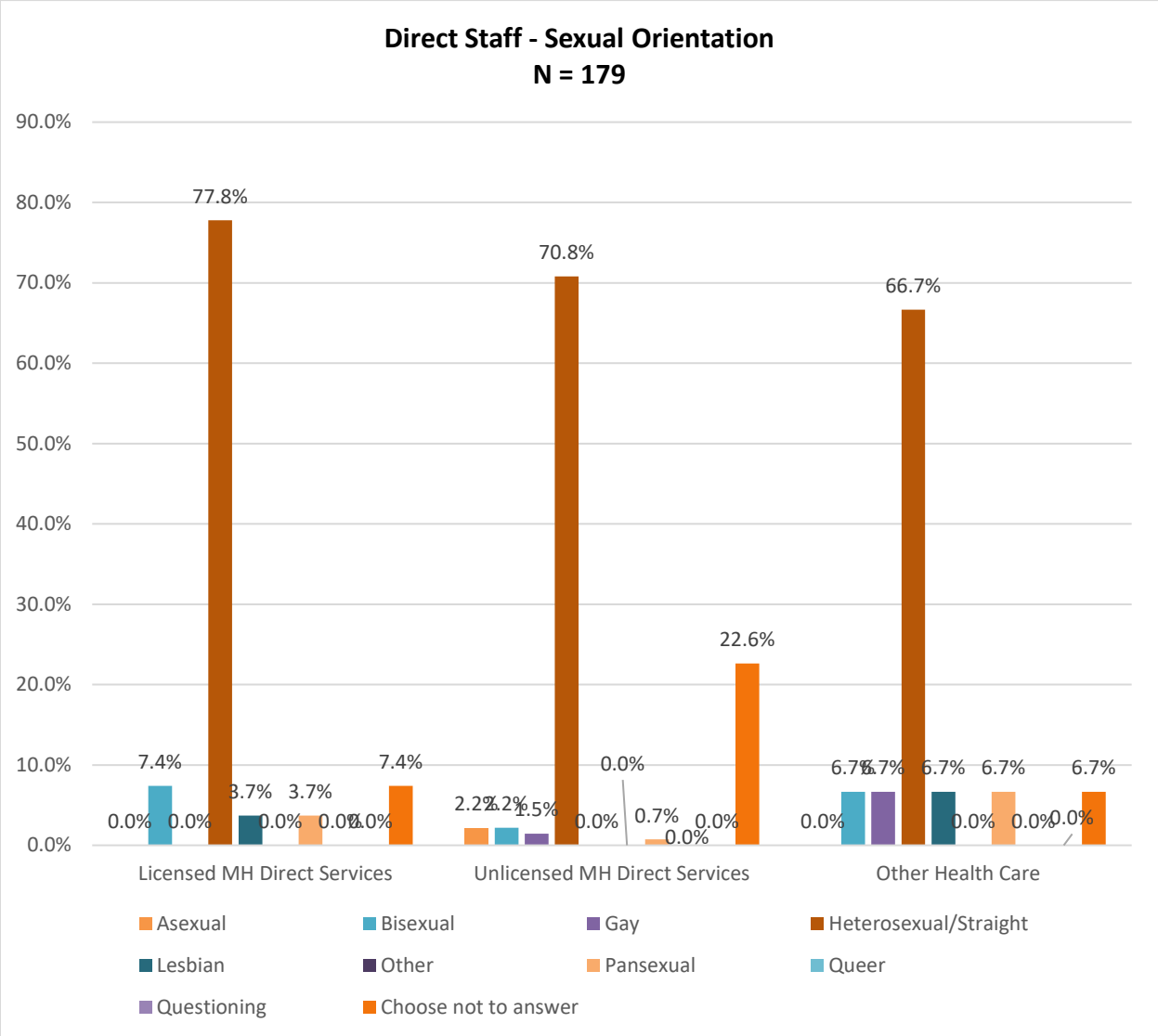
Race

Caucasian represented 48.1% of all direct service staff surveyed, with a high 49% Caucasian in the unlicensed MH Direct Staff and low of 42.1% in the Other Health Care. The next highest races were Asian/Pacific Islander and Multi at over 20 percent (21.1%) for Other Health Care direct service staff.



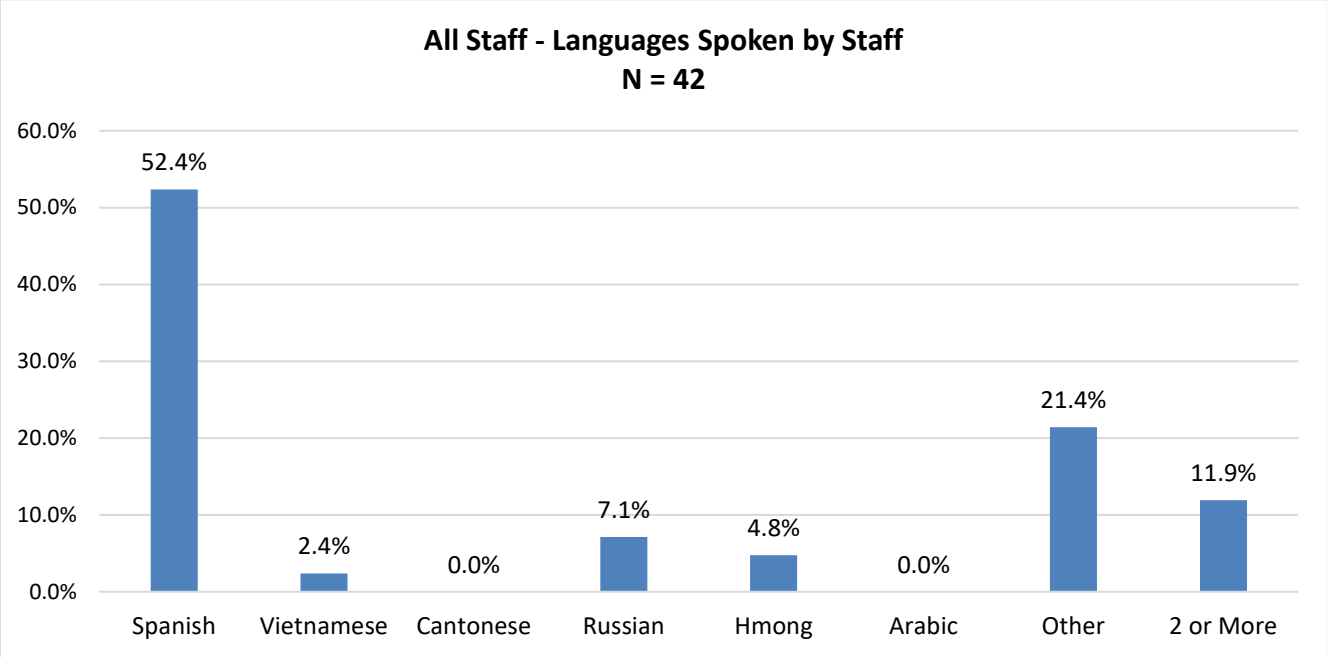
Sexual Orientation

Over 70% of all Direct Service staff categories identified as heterosexual/ straight. Almost 80% (77.8%) of Licensed Direct Service staff; 66.7% of Other Health Care Professionals and 70.8% of Unlicensed Direct Service Staff identify with a as heterosexual/straight. Almost 20% of all Direct Service categories chose not to answer (19.0%).



Language

Of all staff surveyed, 42 (16.7%) unduplicated staff indicated speaking a language other than English of those who spoke one language other than English, the majority spoke Spanish (52.4%) followed by Russian 7.1% and Hmong at 4.8%. Almost 12% (11.9%) indicated speaking more than one language other than English.



As part of the HR survey, staff were asked whether they identified as a consumer, family member, living with a disability, and/or have served or currently serving in the military.

Consumer – The graph below indicates the number of staff that identified as being a consumer of Recovery Services 21.1%.

Disability– 10.0% the staff reported living with a disability.

Family Member – 15.5% of staff identified as having a family member who is a consumer of SUD Services.

Military - The majority of staff reported not serving in the military 4.4%.

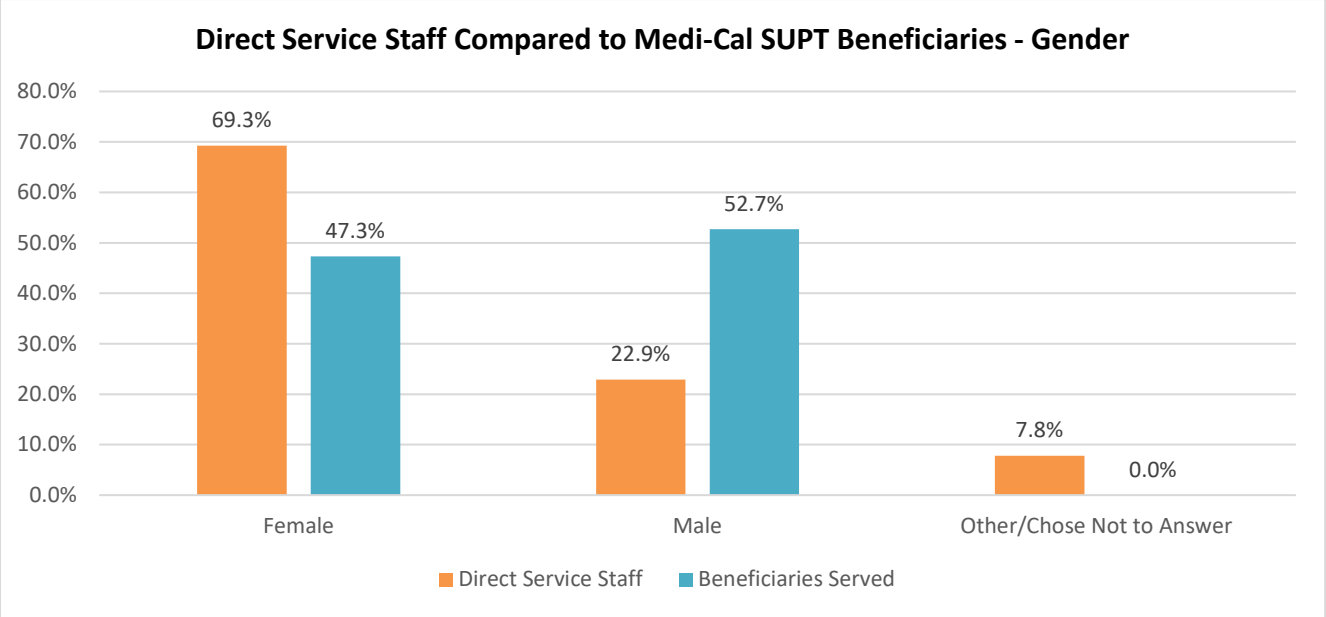
	Administrative Staff/Advisory Board/Steering Committee/Other		Licensed MH Direct Staff		Managerial and Supervisory		Other Health Care Professionals		Unlicensed MH Direct Staff		Unknown		Total	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
I am a consumer of Mental Health Services	5	13.9%	3	11.1%	4	11.1%	1	6.7%	40	29.2%	0	0.0%	53	21.1%
I have a family member who is a consumer of Mental Health Services	4	11.1%	3	11.1%	7	19.4%	1	6.7%	24	17.5%	0	0.0%	39	15.5%
I live with a disability	3	8.3%	4	14.8%	3	8.3%	2	13.3%	13	9.5%	0	0.0%	25	10.0%
I am currently or have served in the US Military	1	2.8%	1	3.7%	1	2.8%	1	6.7%	7	5.1%	0	0.0%	11	4.4%

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 SUPT during FY19/20. 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.

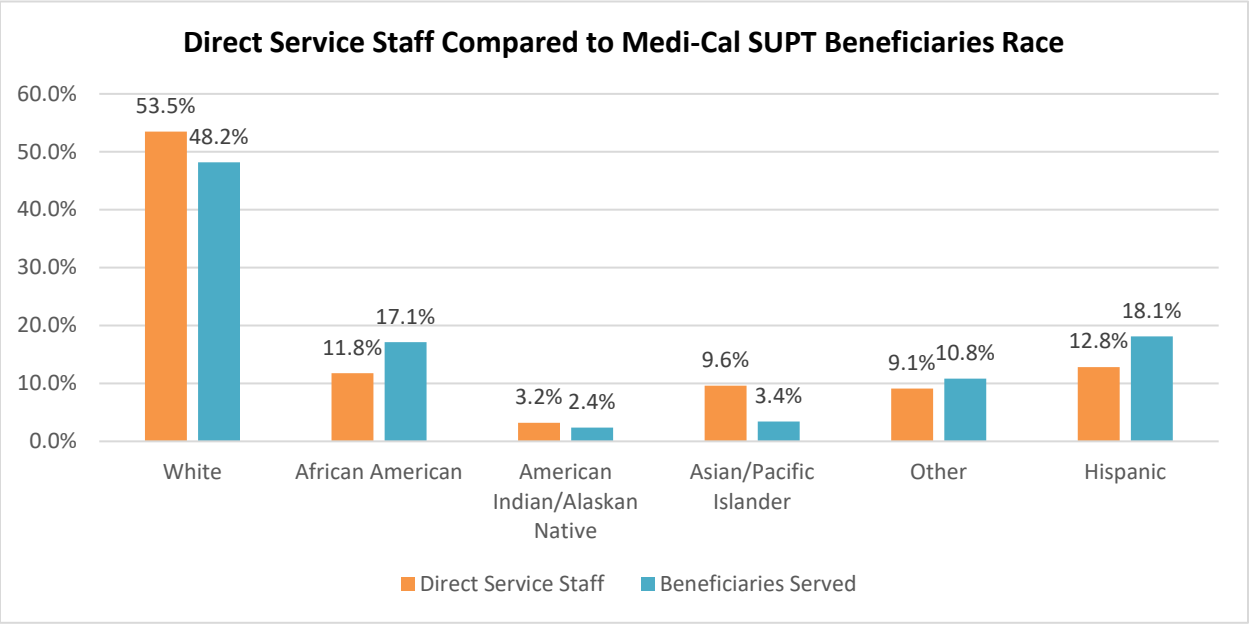
Gender

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



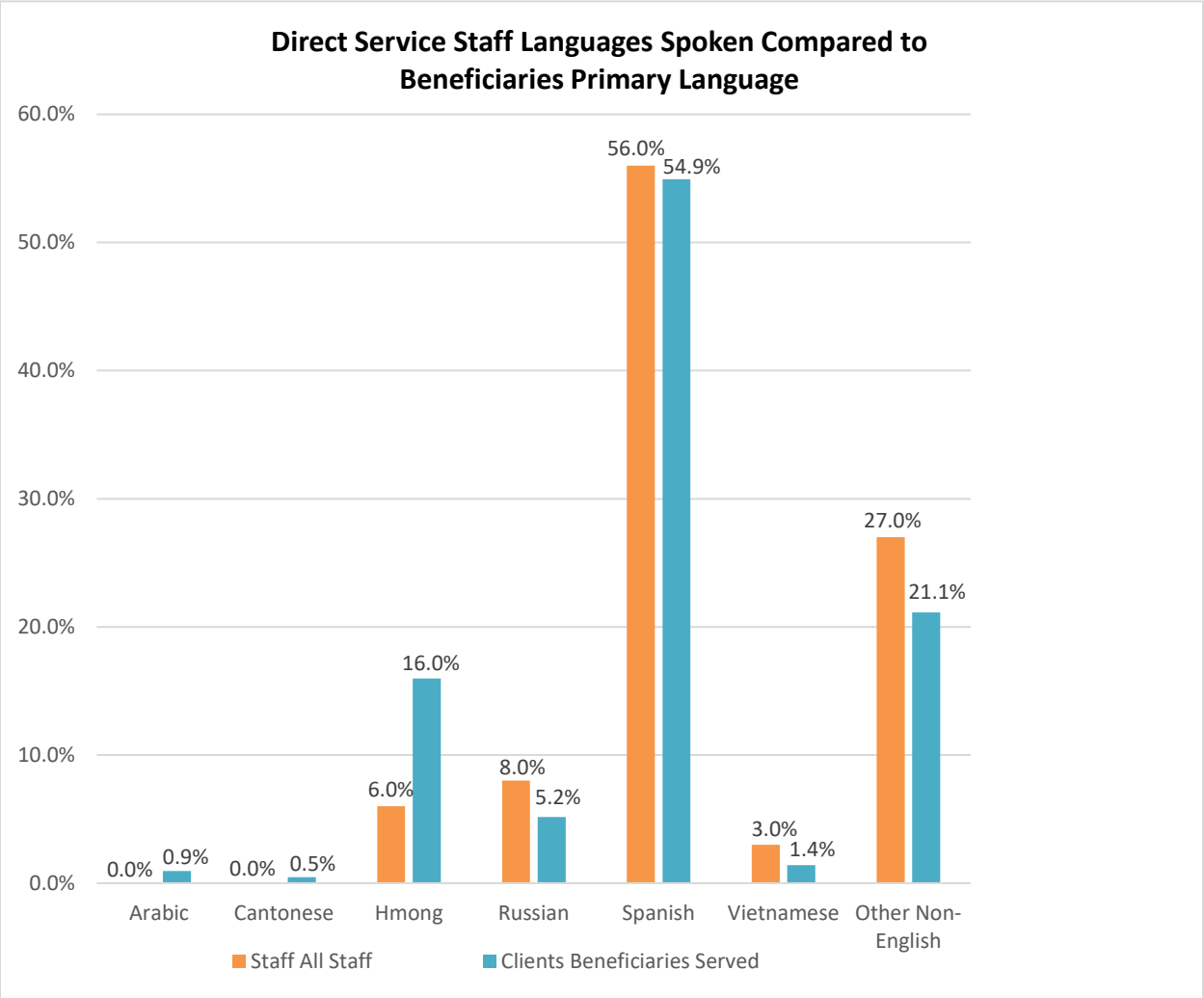
Race

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



Language

While SUPT 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, Spanish, Vietnamese and Other Non-English. There is underrepresentation of staff who speak Arabic, Cantonese and Hmong.



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

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

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 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.

During FY 2021-22, BHS continued to expand our recruitment outreach efforts:

- Community events – spoke with attendees at Juneteenth, a community celebration geared towards African American/Black/of African Descent communities (June 2022); talked about careers in behavioral health at other community events such as the Hope, Love and Healing Community Event.
- Professional associations – shared about our BHS Hiring Event (Appendix 108 with various culturally specific professional associations.
- Colleges and universities – shared our BHS Hiring Event flyer with staff from local colleges and talked about careers in behavioral health with students.
- Job fairs – participated in virtual job fairs hosted by the Sacramento LGBT Community Center (Facebook Live), and by the Sacramento Native American Health Center at American River College.

During the autumn of 2020, BHS, with facilitation support from California Institute for Behavioral Health Solutions (CIBHS), initiated a pilot in partnership with the community to advance behavioral health equity for African American/Black/African Descent (AA/B/AD) communities. CIBHS provided strategic facilitation support and a targeted universalism framework for BHS to use to form a Behavioral Health Racial Equity Collaborative (BHREC) Steering Committee that would have oversight of the BHREC pilot. The BHREC Steering Committee also helped BHS to identify strategies to increase

meaningful relationships with the AA/B/AD communities; create institutional accountability and urgency for change; and support BHS in using racial equity tools to help assess the impact of BHREC on the community. BHS, along with the eight BHS contract providers that were part of the BHREC, developed Racial Equity Action Plans (REAP) by the end of Phase 1. The Summary Report of the Behavioral Health Racial Equity Action Plans can be found in Appendix 88. Two of the four goals that BHS chose as part of our REAP involved hiring and recruitment:

- Increase outreach to the AA/B/AD community regarding job openings, application processes, and career pathways. Partner on outreach with local and national groups known to focus on the AA/B/AD community
- Increase recruitment, retention, and leadership development of AA/B/AD and transgender individuals who know the community

BHS worked intentionally with community partners to increase outreach to diverse communities, including the AA/B/AD community, regarding job openings. BHS and the County Department of Personnel Services (DPS) partnered with the Sacramento LGBT Community Center to hold a Facebook Live event with the focus being on employment opportunities within BHS. BHS also shared employment flyers at community events that focused on diverse communities such as at Pride and Juneteenth.

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

participated daily and 32 job seekers were offered and accepted positions with BHS.

Throughout Phase 2, BHS and the other BHREC Phase 2 Implementation providers worked on implementing the goals identified in their REAP. BHREC providers submitted data on a quarterly basis at the beginning of FY 2021-22. Please see Criterion 1, Section III A for a description of the data for each of the Collective Impact Measures for the BHREC pilot.

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. BHS will explore what other counties are doing to measure the success of their pipeline programs and will look to implement performance measures over the coming year. The County would greatly benefit from some Technical Assistance to address this challenge.

CRITERION 7

COUNTY MENTAL HEALTH SYSTEM

LANGUAGE CAPACITY

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

I. Increase bilingual workforce capacity

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

day operating hours.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CRITERION 7

SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

LANGUAGE CAPACITY

I. Increase bilingual workforce capacity

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

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

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

There are several areas in the Sacramento County WET Plan that address building staff language capacity. The WET 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.

The County developed a Behavioral Health Peer Specialist series (Appendix 102) in FY 2020/21 which includes the creation of Behavioral Health Peer Specialist, Senior Behavioral Health Peer Specialist, and Behavioral Health Peer Specialist Program Manager classifications within the County employment system. These positions are responsible for providing peer support and services based on lived experiences to consumers of behavioral health services and their families/caregivers. Given the rich linguistic, cultural, racial, ethnic, sexual and gender diversity of the population in Sacramento County, BHS wanted to be intentional in informing potential applicants about available positions, particularly for our newly created Peer positions. The first Sacramento County Civil Service Behavioral Health Peer Specialist employee started work in the BHS Homeless Response Team in March 2022.

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

   The Human Resource Survey and Language Proficiency Survey used to gather the information from MH providers now includes SUPT providers. Please refer to the charts in Criterion 6 to view the reports for both MH and SUPT provider systems.

   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. Please note that this information is surveyed every other year and will be included in the next update.

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

$18,783,552.35.

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

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

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

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

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

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

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

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

   BHS continues to be 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. 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 continues to employ bilingual/bicultural staff who function as cultural brokers and interpreters to assist BHS consumers and potential clients to access treatment from MH or SUPT service providers. Their goal is to assist in cross-cultural communication to facilitate a mutual understanding of both the consumer's and the provider's beliefs and practices. Languages spoken by Assisted Access interpreters are as follows:

- Arabic
- Cantonese
- Cambodian
- Dari
- Farsi
- Hindi
- Hmong
- Mandarin
- Mien/Lao
- Pashto
- Punjabi
- Russian
- Ukrainian
- Spanish
- Vietnamese

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

vendor), an over-the-phone interpreter service is used as a last resort

Employees working for BHS or one of the contract provider agencies all receive training and ongoing supervision about how to meet the client's linguistic capability whether 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, Farsi, and Vietnamese. As part of the efforts to test the accessibility to services and responsiveness of the system, Quality Management and Cultural Competence staff conducts test calls to all established Access entry points to the system throughout the year. Following the calls, feedback was collected regarding accessibility across cultures. Training and feedback 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. 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 afterhours.

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

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

Through our partnership with NorCal Services for Deaf & Hard of

Hearing we have transitioned from TTY to Video Relay Service as we have learned that is what the Deaf Community actually uses. NorCal has also conducted training, beginning with a:"Deaf 101" class to provide a basic understanding of deaf culture and how to be culturally responsive. More advanced training was delivered to clinicians which was followed by specialized training including: Self-Care, Vicarious Trauma, Suicide Prevention, Mini-Intervention Strategies, Racial Disparities in Mental Health, as well as Somatic Experience.

Training specifically for American Sign Language (ASL) Interpreters was offered in two sessions for a total of 37 ASL interpreters. The workshops provided CEUs for certified interpreters.

NorCal Facebook Page which has over 6,400 followers posted social media and ASL videos with messages promoting mental health.

Complete training report may be found in Appendix 106

In addition NorCal Services for Deaf & Hard of Hearing is currently working with our Mobile Crisis Team for a custom training to prepare clinicians to respond appropriately to people in the Deaf & Hard of Hearing Community in a crisis.

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.")." 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 Farsi from CalMHSA, and 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. The following links include examples of translated materials:

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

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

https://dhs.saccounty.gov/BHS/Pages/Members-Handbook/GI-Provider-Resources-Members-Handbook-Mental-Health.aspx

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

The 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 contains the following information: https://dhs.saccounty.gov/BHS/Pages/SUPT/DMC-ODS/DMC-ODS-Member-Handbook.aspx

- 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.

The DMC-ODS Informing Materials listed below are now available in Sacramento County's seven threshold languages: Arabic, Chinese, Farsi, Hmong, Spanish, Russian, and Vietnamese.

- Member Handbook: https://dhs.saccounty.gov/BHS/Pages/SUPT/DMC-ODS/DMC-ODS-Member-Handbook.aspx
- Acknowledgement of Receipt: https://dhs.saccounty.gov/BHS/Pages/GI-Provider-Resources-Forms.aspx
- Member Rights and Problem Resolution Guide: https://dhs.saccounty.gov/BHS/Pages/GI-Provider-Resources-Forms.aspx
- Advance Medical Directive: https://dhs.saccounty.gov/BHS/Pages/GI-Provider-Resources-Forms.aspx
- Appeal Forms: https://dhs.saccounty.gov/BHS/Pages/GI-Provider-Resources-Forms.aspx
- Grievance Forms: https://dhs.saccounty.gov/BHS/Pages/GI-Provider-Resources-Forms.aspx
- Member Suggestion: https://dhs.saccounty.gov/BHS/Pages/GI-Provider-Resources-Forms.aspx

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

- The DMC-ODS Provider Directory is currently available in all seven threshold languages on the SUPT website https://dhs.saccounty.gov/BHS/Documents/SUPT/LI-BHS-SUPT-DMC-ODS-Provider-Directory.pdf and includes 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

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

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

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

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

Page 9 of the SUPT Member Handbook includes the following excerpt:

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

- *Providing you services in your language or by an interpreter (if necessary) free of charge and letting you know that these interpreters are available.*
- *Providing you with written information about what is available to you in other languages and formats.*

(Please see https://dhs.saccounty.gov/BHS/Pages/GI-Mental-Health-Providers.aspx for the list of mental health providers and the cultural and linguistic services they provide. Please see https://dhs.saccounty.gov/BHS/Documents/SUPT/LI-BHS-SUPT-DMC-ODS-Provider-Directory.pdf for the list of SUPT providers. This list is discussed with the client and is provided upon request. The language list is used by 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 and this is an expectation of every contract. Survey responses from LEP clients have indicated the importance of bilingual staff. Prior client satisfaction surveys have underscored that increased satisfaction was correlated with the presence of bilingual staff on site. There is a continuing challenge to recruit and retain highly skilled bilingual/bicultural staff as they are in greater demand. Due to the limited number of highly skilled bilingual/bicultural staff in this region, BHS is faced with the challenge of competing with other agencies and institutions outside of the public behavioral health sector that can offer salaries that are more competitive. For example, salaries offered by hospitals, health plans, and the California Department of Corrections and Rehabilitation tend to be higher, which results in 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.

The pandemic and statewide requirements have also impacted BHS and contract providers' ability to hire and retain staff throughout our programs, especially staff from culturally and linguistically diverse

communities. BHS intends to utilize strategies and approaches related to recruitment, hiring, promotion and retention to increase the diversity of our workforce in order to be more reflective of the communities that we serve. BHS seeks to offer Workforce Education and Training financial incentive programs administered by the Office of Statewide Health Planning and Development (OSHPD) to support the ongoing workforce shortages in the public mental health system. Through our membership in the Regional Partnership for the Central Region, BHS will be able to participate in the Undergraduate Scholarship Program, Graduate stipend program, and Loan Repayment Program.

Given the high degree of stigma around mental and behavioral health in many diverse cultural, racial and ethnic communities, BHS introduced a speaker with lived mental health experience as part of our panel to a diverse college student group. We have received feedback from members of the public, particularly high school students, about how much they learned about mental health after hearing a speaker share their story as part of our Stop Stigma Speakers Bureau efforts (through the "Mental Illness: It's not always what you think" project referenced in Criterion 2 V. A). BHS convened a virtual panel during Mental Illness Awareness Week in October 2021 to students attending a local college (Appendix 103). The members included the BHS Workforce Education and Training Coordinator, an alumni from the college who is also a member of the Stop Stigma Speakers Bureau, and additional county staff representing different parts of BHS. Our intention was to help expand attendees' knowledge and awareness of careers in mental health and substance use prevention and treatment by introducing them to the perspectives shared by the diverse panelists. We also spoke to the importance of recruiting staff who reflect the cultural, linguistic, ethnic, sexual and gender diversity of the community we serve throughout our BHS programs. We plan to continue to include speakers who can share their lived experience as we continue our recruitment efforts and will be focusing on presenting to culturally diverse student groups.

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

BHS currently operates high school behavioral health career pipeline

programs at two high schools with culturally and linguistically diverse students. BHS would benefit from technical assistance for best practices around measuring effectiveness of pipeline programs that introduce high school students to the field of behavioral health to determine whether individuals are choosing behavioral health as a career as a result of the experience gained in the pipeline program.

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 Deaf and Hard of Hearing (DHOH) are provided free of charge for all services. This is written on the promotional materials that BHS uses to inform the community about MH and SUPT services. SUPT has been revising outreach brochures to reflect a recent name change and re-designed the outreach brochures to make them more user-friendly and engaging. The re-designed brochures have been translated in the seven threshold languages. Samples of the revised

brochures are provided (Appendix 72).

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

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

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

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

Staff receive Documentation training from BHS when they begin working for either a contracted MH or SUPT provider or a County operated clinic. During the training, staff are reminded that interpreter services are to be made available free of charge to the client. According to documentation standards in the Policy No. 10-30 "Progress Notes (Mental Health)" (See Appendix 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 MHP to conduct reviews of mental health services authorized and provided by all county operated, county contracted and out of county service providers. The MHP Quality Improvement Committee (QIC) charges the Utilization Review Committee (URC), the Quality Management (QM) unit and affiliated working committees to complete these

> oversight, monitoring and quality assurance functions. Qualified staff and appropriate tools are to be utilized to review medical necessity, quality, quantity and appropriateness of care provided in accordance with contractual and regulatory requirements. The URC/QM submits annual findings of reviews, trends and recommendations to the QIC chair, the QM Manager for the MHP, who maintains operational direction for Utilization Review (UR) and QA activities. These findings are reviewed and analyzed by the QIC for the purpose of identifying possible Performance Improvement Projects or other QA/QI activities. The policy applies to county operated, county contracted and out of county providers and outlines their responsibility for monitoring and quality assurance activities assigned within its organizational structure."

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

As part of the EUR/QA monthly process, a Utilization Review Tool (see Appendix 99) is used to review documentation standards.

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

- CLAS (Standards 1-15)
- Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public. California Relay in place to support hearing impaired.
- Services are accessible to the disabled at no additional cost.
- Materials/devices available to serve persons with disabilities at no charge (e.g., Braille/large print/signing interpreter/wide doors/ramps, etc.)

- The Informing Materials are placed in the lobby in English and threshold languages: Arabic, Chinese, Farsi, Hmong, Spanish, Russian, Vietnamese
- Personnel Records/Staff training: American with Disabilities Act (ADA) Training, Cultural Competency Training, etc.
- Intake/Initial Assessment, the client's cultural and language needs were explored, accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
- Treatment Plan Development: the client's cultural and language needs were explored, accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
- Re-Assessment/Updated Treatment Plan: Any changes in client's cultural and language needs were accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
- Currently, SUPT Program Coordinators and Quality Management staff conduct utilization reviews of client charts mid-year and annually, which is then reviewed with providers. This year's goal is to develop a process for peer utilization reviews.

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

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

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

BHS has sponsored numerous interpreter training sessions over the years, and has adopted the use of Behavioral Health Interpreter Training (BHIT, formerly known as Mental Health Interpreter Training, or MHIT) to train interpreters. All interpreter staff were trained during the pilot of the MHIT in 2007, and we have been offering a session annually to train additional interpreters who have joined the workforce since the pilot and subsequent training sessions. To date, 303 bilingual staff have completed the BHIT and 228 staff have attended the training intended for staff who utilize interpreters in MH/behavioral health settings. Additionally, select staff from the Assisted Access program who have completed the forty-hour Health Interpreter Training and BHIT are available for consultation with agencies as the need arises.

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

BHS uses a systematic method for collecting language proficiency of staff employed in a behavioral health setting in Sacramento County. This systematic data collection is conducted through the administration of the annual HR Survey. The Human Resource Survey contains a Language Proficiency Survey section (See Appendix 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

2. Did you take a formal test to determine Proficiency?

☐Yes ☐No

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

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

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

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

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

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

BHS provides a streamlined access process for all individuals, which begins at the initial contact with a client. The process that BHS uses to provide services in the preferred language of the client is the same whether the client speaks a threshold language or another language.

As stated in III C above, every attempt is made for all MH and SUPT services to be available in threshold and non-threshold languages to the extent possible by on site bilingual staff.

Access Team staff use the provider list (https://dhs.saccounty.gov/BHS/Pages/GI-Mental-Health-Providers.aspx) 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 (https://dhs.saccounty.gov/BHS/Documents/SUPT/LI-BHS-SUPT-DMC-ODS-Provider-Directory.pdf), which includes pertinent information to meet the diverse needs of our clients. The Provider Directory includes information such as, specialty (i.e.: LGBTQ, veterans, criminal justice population, trauma), cultural 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.

Within this review year, Quality Management was required to update their Informed Consents for Psychotropic Medication form based on Department of Health Care Services (DHCS) compliance standards. During the update, the form was presented to the Cultural Competence Committee to determine the most appropriate and user friendly format to include the translations for the seven threshold languages. Several options were reviewed and the format that included both English and the preferred language on the same document was approved.

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 (TPS) is administered to SUPT youth and adult clients for a specific sample period, which is distributed by service providers in English and all seven threshold languages. SUPT service providers administered the TPS September 20-24, 2021, which included race, ethnicity, cultural sensitivity, understood communication, and treated with respect. Survey results are currently being compiled by the University of California, Los Angeles. SUPT will provide survey results in the next update.

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

CRITERION 8

COUNTY MENTAL HEALTH SYSTEM

ADAPTATION OF SERVICES

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

I. Client driven/operated recovery and wellness programs

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

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

II. Responsiveness of mental health services

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

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

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

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

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

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

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

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

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

III. Quality Assurance

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

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

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

CRITERION 8

SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

ADAPTATION OF SERVICES

I. Client driven/operated recovery and wellness programs

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

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

A Church For All – Supporting Community Connections (SCC) program provides culturally informed support services to African American Community members across genders and all age groups. 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 has been developed and provides program information, suicide prevention and resources.

Support services include individual listening sessions, ongoing support groups including Restoration Hope and trainings such as Mental Health First Aid (MHFA) and SafeTalk. Support services are provided over the phone, in person online via Zoom, Facebook, Instagram and within the community. 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.

Cal Voices - Consumer-Operated Warmline is available to Sacramento County residents. The hours of operation are Monday-Friday from 9:00 AM to 5:00 PM. 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.

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

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

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

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

Please note that given CORE redesign currently in implementation, we will be transitioning from the programs listed below. Please reference the new program implementation outlined in detail in Criterion 3. Please note that the new program includes multiple peer-run Wellness Center sites throughout the Sacramento County community.

Consumers 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 the CSHC 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. Please note that at times during the pandemic for the reporting period, WRC was closed on Saturdays due to staffing shortages. 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 County of Sacramento has community-based programs serving culture and language-specific groups. Leveraging PEI funding, we contract with culturally specific providers to offer culturally responsive and linguistically appropriate Prevention and Early Intervention and mental health respite programs. For a listing of these programs, please view the list found at this site: https://dhs.saccounty.gov/BHS/Documents/MHP-MediCal-Providers/LI-PEI-and-MH-Respite-Services-Provider-List-English.pdf

We also offer time limited community driven Prevention and Early Intervention grants that enable multiple community-based organizations to provide culturally informed support services to the community. To view the list of programs, please go to this site: https://dhs.saccounty.gov/BHS/Documents/Advisory-Boards-Committees/Mental-Health-Services-Act-Committee/GI-BHS-MHSA-Sacramento-County-Community-Driven-PEI-Grant.pdf

The two WRC programs described in Criterion 8, Section I.A. 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, 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 (Wellness Recovery Action Plan) workshop, 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.

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

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

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** – Administered by Wind Youth Services, this program provides mental health crisis respite care via a drop in center or pre-planning to transition age youth age 13-25 years old who are experiencing overwhelming stress due to life circumstance and homelessness. Services include screening, planning, crisis intervention, enriching workshops, health screenings, groups, crisis counseling and case management.

- **Ripple Effect Respite Program** –Administered by A Church for All, this program provides planned mental health respite care designed to prevent acute mental health crisis from occurring for adults ages eighteen and older, with an emphasis on people of color who may identify as LGBTQ. The program utilizes a peer run structure to increase social connectedness and operates a daily support group that helps participants overcome suicide risk factors.

- **Lambda Lounge Adult Mental Health Respite Program** - Administered by Sacramento LGBT Community Center, this program provides drop-in mental health respite care designed to prevent an acute mental health crisis from occurring, as well as suicide prevention support services to unserved and underserved adults ages twenty-four (24) and older who identify as LGBTQ. The program offers a variety of support groups focused on mitigating risk factors, building healthy relationships, health and wellness, etc.

- **Q Spot Youth/Transition Age Youth (TAY) Respite Program** –Administered by Sacramento LGBT Community Center, this program provides drop-in mental health respite care and supportive services to unserved and underserved youth/TAY ages thirteen (13) through twenty-three (23) who identify as LGBTQ. In FY 2016-17, several new youth groups were implemented to focus on decreasing suicide risk, promoting healthy relationships and life skill development.

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

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

journey in recovery. This event emphasizes that individuals in recovery and their support systems can be change agents in our communities.

Client driven/operated recovery and wellness programs: As reported in the 2021 Human Resource Survey indicates MH staff who identified as being a consumer of mental health services 25.7%. Family Member – 44.3% of staff identified as having a family member who is a consumer of mental health services. For SUPT, staff that identified as being a consumer of Recovery Services 21.1% and 15.5% of staff identified as having a family member who is a consumer of SUD 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 MHP informs clients of the availability of the above listing in our Member Services Brochure. It is provided to clients in all threshold languages, noted in the case file, and checked in Quality Management case reviews. The same is true for SUPT.

For example, resources in all threshold languages are available online https://dhs.saccounty.gov/BHS/Pages/Resources.aspx

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

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

Outreach to underserved linguistic and cultural groups is integrated into our practice. For example, outreach materials are available in all of the Sacramento County threshold languages and outreach is conducted by BHS in partnership with our Supporting Community Connections programs and PEI respite programs, all of whom have trusted relationships with the communities they serve. Please see

Appendix 2 for a compiled Outreach Log from MHP providers, SUPT providers and PEI providers as well as the county operated programs.

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

1. Location, transportation, hours of operation, or other relevant areas;

2. Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds (e.g., posters, magazines, décor, signs);

3. Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and /or partnerships, such as primary care and in community settings. (The county may include evidence of a study or analysis of the above factors, or evidence that the county program is adjusted based upon the findings of their study or analysis.)

In an ongoing effort to increase access and improve the quality of outpatient MH Services, Sacramento County released a Request for Application with the intent of redesigning the Adult Outpatient Specialty Mental Health Services (Appendix 91).

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

Beginning in 2019, Sacramento County BHS convened several stakeholder input sessions, including focus groups, town halls, smaller cultural-specific community conversations, key informant interviews, and online surveys to gather feedback and ideas about the current system of care from consumers, family members of consumers, system partners, and community members. Feedback-

driven goals were established for the Adult Outpatient Services Transformation through common themes identified in stakeholder input (see Behavioral Health Town Hall (Appendix 77), Adult Outpatient Mental Health System Feedback Sessions, and Report Back on Community Stakeholder Input for Adult Outpatient Services Transformation (https://dhs.saccounty.gov/BHS/Documents/Advisory-Boards-Committees/Mental-Health-Services-Act-Committee/MHSA-SC-2021/MA-MHSA-SC-2021-04-15--Att-B-Report-Back-on-Community-Stakeholder-Input-for-Adult-Outpatient-Svcs-Transformation.pdf).

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

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

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

needs fluctuate or change. The CORE Program supports flexibility in its service delivery, ease of access, and emphasizes a client centered, recovery focused, outcome-driven system of care.

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

As stated, the CORE Program, takes into account the County's MHP need to meet California's network adequacy standards as defined and established by the Centers for Medicare & Medicaid Services (CMS) and California Department of Health Care Services (DCHS) http://www.dhcs.ca.gov/formsandpubs/Pages/NetworkAdequacy.aspx. In February 2018, California DHCS informed all MHPs that they must meet network capacity requirements to serve the population of adults and children/youth Medi-Cal beneficiaries. Network capacity standards require that counties demonstrate timely access to care, reasonable time and distance from provider sites to beneficiary residences, and an adequate number of outpatient psychiatrist and clinical providers for Medi-Cal beneficiaries. Each MHP is required to submit at minimum, an annual Network Adequacy Certification Tool (NACT) detailing the MHPs' providers, site locations, services provided, staff composition, and language capacity. MHPs are required to submit supporting documentation such as policies and procedures relating to meeting and monitoring network capacity requirements, timeliness data, Geographic Information System (GIS) maps, and data demonstrating use of interpreters.

In April 2021, DHCS provided notification that Sacramento County was in compliance with all network adequacy standards. These standards require that County MHP be responsible for ensuring (1) timely access to care for Medi-Cal beneficiaries that includes offering non-urgent mental health outpatient services appointments within 10 days of request, as defined by the Sacramento County BHS Policy and Procedure QM-20-04 Timely Access (https://dhs.saccounty.gov/BHS/Documents/BHS-Policies-and-Procedures/PP-BHS-QM-20-04-Timely-Access.pdf); and (2) that outpatient mental health services

are accessible no more than 15 miles or 30 minutes from a beneficiary's residence.

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

III. Quality Assurance

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

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

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

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

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

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

Medi-Cal expenses, and one was about medical health care. SUPT resolved grievances in favor of the beneficiary, whenever possible.

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

The number of SUPT grievances received this fiscal year as compared to last year remained steady at nine. BHS continues to educate SUPT providers and beneficiaries about member rights through training, informing materials and direct communications. BHS offers providers training opportunities on a quarterly basis. Providers continue to discuss member rights with beneficiaries during their initial appointments to educate them about the grievance, appeal, and State Fair Hearing processes. Member Rights informing materials are on display in the providers' lobbies and on the County website. Informing materials are readily available to beneficiaries in threshold and prevalent languages and alternative formats, upon request, at no cost to the beneficiary.

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

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

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

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

Table 20

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

Grievance Issues by Ethnicity

The MHP predominantly provides services in English. Beneficiaries whose primary language is other than English receive services either by staff competent in the beneficiary's language or by interpreters. Auxiliary aids are also available, upon request and at no cost to the

beneficiary, to ensure clear and accurate communication. Table 21 reflects the race/ethnicity of beneficiaries whom have submitted grievances, appeals or State Fair Hearings during FY 2021-2022. As seen below, those identifying as White/Caucasian have the highest percentage of grievances (33%). African American/Black has the second largest number of filed grievances (27%) and Spanish/Hispanic have the third largest number of filed grievances (17%). The majority of grievances received were in the areas of Quality of Care and Case Management. The numbers of grievances received by the different ethnic groups are proportionate to their overall numbers within the MHP. However, African American/Black have submitted more appeals than any other ethnic group and almost twice as many as White/Caucasian, who has the largest population within the MHP. This is the only area where African American/Black disproportionately contact QM for assistance. The MHP must monitor this area to ensure that African American/Black are not denied disproportionately access to, or terminated from, MHP services.

Table 21

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

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

Sacramento County Behavioral Health Services
Cultural Competence Plan Update - Fiscal Year 2021 - 2022

Appendix Number	Appendix Name
02	Outreach Log 21-22
03	Mental Health Human Resource Survey and Language Proficiency Survey
10	Cultural Competence - Organizational Chart
11	CCC Roster 21-22
16	BHS Cultural Competence Training Log FY 2021-22
27	Acknowledgement of Receipt Form
32	Progress Notes (Mental Health) Policy (P&P BHS-QM-10-30)
34	Electronic Utilization Review Quality Assurance Activities Policy (P&P BHS-QM-09-05)
35	Interpreter Services Family Members Policy (P&P BHS-QM-01-03)
36	Wellness Recovery Centers Schedules
43	BHS Assurance of CC Compliance
50	Access to Interpreter Services Policy (P&P BHS-CCES-01-02)
51	FY 22-23 Child and Family BH Service Continuum
52	FY 22-23 ADULT BH Service Continuum
53	Document Translation Method and Process Policy (P&P BHS-CCES-01-03)
54	SUPT FY 2022-23 Continuum of Care
72	SUPT Brochures
74	Peer Empowerment Conference
77	Summary of Community Input
82	Language Assistance Poster
83	Sacramento County Alcohol and Drug Advisory Board Recruitment Flyer
85	Cultural Competence Committee Collective Comment
86	Cultural Competence Newsletters
87	Peer Empowerment Conference Handouts
88	BHREC Racial Equity Action Plans Summary Report
91	RFA MHSA071 Adult Outpatient Services Transformation CORE Program
93	Selective Certifications Policy
98	BHIT and Eliminating Inequities Webinar Announcements
99	SUPT Site Review and UR Tools
101	Mental Health Board Recruitment Letter
102	Behavioral Health Peer Specialist Series
103	Careers in Health Webinar flyer
104	Various documents translated to Farsi
105	Q4 Behavioral Health Racial Equity Collaborative
106	NorCal Services for Deaf and Hard of Hearing Final Report
107	SUPT Agency Self Assessment Summary Report 2021
108	BHS Hiring Event Flyer Final 9-2-22

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 previous Cultural Competence Plan Updates.

Behavioral Health Services Cultural Competence Outreach Log
FY 2021-2022

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Radio Program (Ethno FM - Community Voice Radio 87.7 FM)	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.	5000	7/1/2021
TAY Presentation to ILP Program	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse transition age youth in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	3	7/2/2021
TAY Presentation to Jose P. Rizal Community Center	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse transition age youth in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	2	7/9/2021
Slavic TV Chanel "I-BratTV" 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.	3000	7/9/2021
Annie's Helping Hand	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	13	7/22/2021
La Familia Graduation and Outreach Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	80	7/23/2021
Juvenile Trauma Response Court	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	10	7/23/2021
Oakmont Senior Center	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	7	7/27/2021
Radio Program (Ethno FM - Community Voice Radio 87.7 FM)	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.	5000	7/29/2021
Do You Want to Get a Scolarship Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse Arabic-speaking youth in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program. An informative online event in collaboration with the Student Aid Commission aiming to educate clients about the Financial support they can receive while studying to get a college degree.	38	7/30/2021
Meeting with Slavic Church Youth Leaders	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.	23	7/30/2021
Slavic TV Chanel "I-BratTV" 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.	3000	8/6/2021
Elica Health Fair Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	100	8/9/2021
CSET Night Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	8/9/2021
Charter Schools Professionals Development Day	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.	32	8/10/2021

Behavioral Health Services Cultural Competence Outreach Log
FY 2021-2022

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Nation's Finest Outreach Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	50	8/11/2021
Radio Program (Ethno FM - Community Voice Radio 87.7 FM)	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.	5000	8/12/2021
Street Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse transition age youth in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	3	8/23/2021
Back to School Giveaway - Backpack Drive	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse transition age youth in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	7	8/26/2021
Back to School Giveaway - Backpack Drive	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse transition age youth in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	12	8/27/2021
A Church of All Nations Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on African-American / Black community in Sacramento County.	55	8/28/2021
Talk Show - Radio Program at KFSG 1690 AM	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.	950	9/1/2021
Radio Program (Ethno FM - Community Voice Radio 87.7 FM)	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.	5000	9/2/2021
Sacramento State College Outreach	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. Also provided suicide prevention information about Supporting Community Connections program.	72	9/3/2021
Meeting with Mutual Assistance	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse transition age youth in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	3	9/3/2021
African Market Place Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	500	9/4/2021
Talk Show - Radio Program at KFSG 1690 AM	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.	900	9/8/2021
Sunrise Recreation and Park District Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse Older Adult community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	2	9/10/2021
Slavic TV Chanel "I-BratTV" 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.	3000	9/10/2021
SANCOFA Market Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	50	9/12/2021

Behavioral Health Services Cultural Competence Outreach Log
FY 2021-2022

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Talk Show - Radio Program at KFSG 1690 AM	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.	900	9/15/2021
SAGE National Round Table	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	20	9/16/2021
Radio Program (Ethno FM - Community Voice Radio 87.7 FM)	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.	5000	9/16/2021
Talk Show - Radio Program at KFSG 1690 AM	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.	950	9/17/2021
Sacramento Aloha Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Hawaiian and API community in Sacramento County.	200	9/18/2021
Missionary Gospel Church Youth 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.	45	9/18/2021
ACFA Online Worship Service Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	33	9/19/2021
CSET Night Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	9/20/2021
Mental Health and Health Relationships Webinar	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse Arabic-speaking youth in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	11	9/24/2021
CSET Night Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	9/29/2021
La Superior Supermarket Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	100	10/3/2021
OCD Post on Social Media	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	56	10/3/2021
Maple Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	525	10/4/2021
ADHD Post on Social Media	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	29	10/5/2021
BPD Post on Social Media	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	31	10/5/2021

Behavioral Health Services Cultural Competence Outreach Log
FY 2021-2022

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
DID Post on Social Media	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	28	10/6/2021
PSA at KFSG 1690 AM	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.	950	10/6/2021
Slavic Parents Meeting 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.	23	10/6/2021
Depression Screening Day Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	25	10/7/2021
Radio Program (Ethno FM - Community Voice Radio 87.7 FM)	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.	5000	10/7/2021
SAD Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	17	10/7/2021
International Older Persons Day Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	22	10/8/2021
Paranoia Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	23	10/8/2021
Bless Child Block Party	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on African-American / Black community in Sacramento County.	75	10/9/2021
Refiners Fire Mental Health Awareness Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	250	10/10/2021
World Mental Health Day Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	27	10/10/2021
Slavic TV Chanel "I-BratTV" 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.	3000	10/11/2021
CSET Night Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	10/11/2021
Stay Safe during COVID Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	32	10/12/2021
OCD Awareness Week Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	30	10/13/2021

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Talk Show - Radio Program at KFSG 1690 AM	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.	890	10/13/2021
Maple Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	75	10/14/2021
International Wave of Light Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	26	10/15/2021
Sac Observer Interview with Nick Ibarra	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	3	10/15/2021
CSET Night Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	10/15/2021
South Sacramento Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking and Iu-Mien community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	1500	10/16/2021
Franklin Street Market	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	350	10/17/2021
Celebrando Nuestra Salud Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	175	10/17/2021
Maple Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	460	10/18/2021
Charter School Site Council Meeting 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.	24	10/19/2021
Volunteerism Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	24	10/19/2021
Talk Show - Radio Program at KFSG 1690 AM	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.	2500	10/20/2021
SAGE National Round Table	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	20	10/21/2021
Sacramento Food Bank Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse Older Adult community in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	10	10/21/2021
California Civil Rights Officers Council	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County, in conjunction with Sacramento Speakers Bureau.	55	10/21/2021

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Domestic Violence Awareness Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	36	10/21/2021
Radio Program (Ethno FM - Community Voice Radio 87.7 FM)	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.	5000	10/21/2021
Peer Support Celebration Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	31	10/21/2021
Sacramento County Infant-Famiy Early Childhood Mental Health	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	20	10/21/2021
Celebrate Stockton Blvd	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Iu-Mien community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	300	10/23/2021
Taco Sale Fundraiser	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	75	10/23/2021
Pro Youth and Families Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse transition age youth in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	5	10/27/2021
PSA at KFSG 1690 AM	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.	990	10/27/2021
Meadow Boo Drive Boo Halloween Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	400	10/27/2021
Family Matters Model Program Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	6	10/28/2021
M.A.N. Harvest Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	400	10/30/2021
Maple Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	475	11/1/2021
Native American Heritage Month Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	31	11/1/2021
OCD Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	56	11/3/2021
Talk Show - Radio Program at KFSG 1690 AM	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.	980	11/3/2021
Stanford Youth Solutions Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse transition age youth in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	3	11/3/2021

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Radio Program (Ethno FM - Community Voice Radio 87.7 FM)	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.	5000	11/4/2021
Family Skate Night	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	60	11/4/2021
Sacramento City College-EOPS Program Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse transition age youth in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	3	11/4/2021
Sacramento State-Guardian Scholars Program Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse transition age youth in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	2	11/4/2021
Family Matters Model Program Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	6	11/4/2021
Fentanyl Awareness Day	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	50	11/6/2021
Mack Road Valley Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	50	11/6/2021
Sacramento LGBT Community Center	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse transition age youth in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	20	11/10/2021
Missionary Gospel Church / Parent Workshop 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	11/10/2021
Talk Show - Radio Program at KFSG 1690 AM	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.	950	11/10/2021
Seasonal Affective Disorder Month Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	890	11/10/2021
Vaccination Clinic VIVA Supermarket Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	70	11/10/2021
Veterans Day Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	36	11/10/2021
National Take a Hike Day Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	22	11/12/2021
Mental Health While Parenting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing Arabic-speaking community in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	5	11/13/2021

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Refugee Information Night at Tarbiya House - Roseville	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing Arabic-speaking community in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	100	11/13/2021
Maple Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	50	11/16/2021
Stanford Youth Solutions Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse transition age youth in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	20	11/17/2021
Talk Show - Radio Program at KFSG 1690 AM	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.	900	11/17/2021
Radio Program (Ethno FM - Community Voice Radio 87.7 FM)	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.	5000	11/18/2021
Viva Market Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	200	11/18/2021
Boys and Girls Club Turkey Dinner	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	150	11/18/2021
Slavic TV Chanel "I-BratTV" 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.	3000	11/19/2021
International Survivors of Suicide Day Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	43	11/20/2021
Viva Market Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	70	11/20/2021
Sac State Social Work, Homelessness and Poverty Class Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse transition age youth in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	20	11/24/2021
Talk Show - Radio Program at KFSG 1690 AM	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.	980	11/24/2021
5th Annual "Friendsgiving" Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	100	11/25/2021
New REDA Programs presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	14	11/26/2021
Sacramento City Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	20	11/30/2021

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Academy Parent Meeting 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.	21	12/1/2021
PSA at KFSG 1690 AM	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.	900	12/1/2021
Seasonal Affective Disorder Awareness Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	19	12/1/2021
Viva Market Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	60	12/1/2021
Radio Program (Ethno FM - Community Voice Radio 87.7 FM)	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.	5000	12/2/2021
International Day of People with Disability Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	20	12/3/2021
Person of Color + Queer Holiday Day Market	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	200	12/5/2021
Maple Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	250	12/7/2021
Talk Show - Radio Program at KFSG 1690 AM	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.	850	12/8/2021
SEL - Social Emotional Learning Webinar for Slavic Parents	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.	45	12/9/2021
Viva Market Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	80	12/9/2021
Viva Market Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	60	12/11/2021
Winter Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Iu-Mien community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	74	12/11/2021
Maple Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	175	12/13/2021

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Talk Show - Radio Program at KFSG 1690 AM	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.	950	12/15/2021
SAGE National Round Table	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County.	20	12/16/2021
La Posada Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	807	12/16/2021
Walnut Grove Vaccine Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	600	12/17/2021
M.A.N. Diaper Distribution Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	250	12/17/2021
Second 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.	19	12/18/2021
Maple Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	405	12/19/2021
Maple Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	750	12/21/2021
Peer Crisis Counseling Program Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	11	12/22/2021
Holiday Survival Kit Giveaway Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	20	12/23/2021
Digital Literacy Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	11	12/28/2021
Hmong New Year	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Hmong community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	4000	1/1/2022
Charter School Professional Development Training	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.	24	1/3/2022
Maple Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	1650	1/3/2022
Mental Wellness Month Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	25	1/5/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Talk Show - Radio Program at KFSG 1690 AM	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.	900	1/5/2022
Radio Program (Ethno FM - Community Voice Radio 87.7 FM)	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.	5000	1/6/2022
Refugee Ocean Retreat Information Session	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	10	1/8/2022
Placer County Mobile Crisis Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	3	1/12/2022
Maple Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	300	1/12/2022
Radio Program (KFSG-1690 AM)	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.	950	1/12/2022
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.	12	1/13/2022
WRAP Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adults and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	16	1/13/2022
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.	12	1/14/2022
Slavic InterRadio Program / Online 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.	3000	1/14/2022
Maple Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	1300	1/17/2022
D8 Community Mural Paint Day	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	120	1/17/2022
Sac PD Cadets Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	20	1/18/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
PSA at KFSG 1690 AM	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.	980	1/19/2022
Slavic Missionary Gospel 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.	16	1/19/2022
Warmline Orientation Training	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	2	1/19/2022
Radio Program on EthnoFM 87.7.FM Radio	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.	5000	1/20/2022
Network Café Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	40	1/20/2022
WRAP Workshop	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	10	1/20/2022
Refugee Ocean Retreat Information Session	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	10	1/21/2022
UCD Mental Health Conference 2022 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.	7	1/23/2022
SSYF MHUCC Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	1/25/2022
Disability Advisory Committee	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County, in conjunction with Sacramento Speakers Bureau.	55	1/26/2022
SCC Virtual Presentation for Pro Youth/Families	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse Transition Age Youth community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	3	1/26/2022
Talk Show - Radio Program at KFSG 1690 AM	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.	975	1/26/2022
2022 Charter Schools Parent Summit 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.	73	1/27/2022
CSET Night Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	1/31/2022
"Coffee with the Principal" 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.	28	2/2/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Sac State CARES Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse Transition Age Youth community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	4	2/2/2022
SCC Table Talk	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse Transition Age Youth community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	5	2/2/2022
REDA's Outreach Booth at SALAM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	175	2/4/2022
African Market Place Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	150	2/5/2022
Ukrainian "Spring of Life 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.	168	2/5/2022
GEMS & STEMS Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	150	2/6/2022
Sacramento City Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	20	2/8/2022
Black History Month Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adult and culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	54	2/10/2022
SANKOFA Marketplace Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	60	2/13/2022
Golden Years Support Group	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adult acommunity in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	5	2/14/2022
Mental Health Urgent Care Clinic Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	12	2/17/2022
First Slavic Evangelical 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.	89	2/19/2022
Elica Health MHUCC Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	2/20/2022
Talk Show - Radio Program at KFSG 1690 AM	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.	900	2/23/2022
Today’s Reminder Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adult acommunity in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	146	2/23/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Young Rascals Support Group	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adult acommunity in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	4	2/23/2022
Radio Program at EthnoFM 87.7.FM	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.	5000	2/24/2022
Family Matters Model Program Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	2	2/24/2022
First Slavic Ukrainian Church Outreach	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.	150	2/26/2022
Second Slavic Baptist Church Outreach	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.	110	2/27/2022
CSET Night Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	2/28/2022
Presentation "Talking to Children about War"	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.	160	3/1/2022
PSA on Radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	900	3/2/2022
ILP Advisory Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse Transition Age Youth community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	40	3/3/2022
Meeting with Congressmen Tom McClintock	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.	11	3/3/2022
Family Matters Model Program Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	2	3/3/2022
Slavic InterRadio Program / Online iBrat TV	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	3000	3/4/2022
Sacamento City Dept of Community Response Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	9	3/9/2022
Talk Show on Radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	950	3/9/2022
Radio Program on EthnoFM 87.7.FM Radio	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.	5000	3/10/2022
Meeting with Slavic Clergy	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.	23	3/16/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Vaccine Workshop Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	16	3/18/2022
Missionary Gospel Church / Meeting with Church Leaders	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.	9	3/20/2022
Youth Group Workshop	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse Transition Age Youth community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	10	3/22/2022
Sacramento City Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	20	3/22/2022
Sacramento County Park Rangers Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	20	3/23/2022
PSA on Radio KFSG-1690 AM	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.	850	3/23/2022
Today's Reminder Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	146	3/23/2022
Youth Group Workshop	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse Transition Age Youth community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	12	3/23/2022
CST 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	3/24/2022
Radio Program on EthnoFM 87.7.FM Radio	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.	5000	3/24/2022
Game of Throws Cornhole Tournament - Nation's Finest	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County.	75	3/26/2022
Charter School Parent 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.	43	3/31/2022
MIH Program at Sac Metropolitan MHUCC Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	15	4/1/2022
Stop Stigma Video	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County, in conjunction with Sacramento Speakers Bureau.	15	4/2/2022
SURE Program Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	4	4/4/2022
Mather ED Social Workers Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	6	4/5/2022
Coffee with the Principal Event / Charter Schools	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.	45	4/6/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Radio Talk Show	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.	990	4/6/2022
Wednesdays at Winn Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African-American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	200	4/6/2022
Radio Program on EthnoFM 87.7.FM Radio	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.	5000	4/7/2022
UC Davis Health Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	50	4/7/2022
Slavic Program on Online 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.	3000	4/8/2022
Sankofa Market	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	120	4/10/2022
Basic Needs Resource Fair Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse Transition Age Youth community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	64	4/12/2022
Teens in Action Model Program Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	6	4/12/2022
PSA at KFSG 1690 AM	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.	950	4/13/2022
Teens in Action Model Program Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	6	4/13/2022
Out of the Darkness Walk Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse Transition Age Youth, Older Adults and other diverse community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	220	4/14/2022
Valley High School Health TECH Academy Health and Fitness Expo	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on focusing on youth and TAY.	150	4/15/2022
Ngoc An Temple Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Hmong, Vietnamese and Cantonese speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	25	4/15/2022
Abiding Hope/Willow Clinic	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	10	4/16/2022
Maple Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	48	4/16/2022
First 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.	230	4/17/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Creative Connections GSA Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	30	4/19/2022
LGBTQ Center Staff Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	16	4/20/2022
Talk Show on Radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	900	4/20/2022
Radio Program on EthnoFM 87.7.FM Radio	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.	5000	4/21/2022
Rancho Cordova GSA Field Trip	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	8	4/22/2022
Kids Day at the Park - Rancho Cordova	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on focusing on children and families.	1500	4/23/2022
Sacramento City Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	20	4/26/2022
APIDA Fest Day - CSUS	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on focusing on API youth and TAY.	50	4/27/2022
Talk Show on Radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	950	4/27/2022
CSET Night Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	4/27/2022
EGUSD Spring Career and College Fair Event	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on focusing on youth and TAY.	250	4/28/2022
Habitat for Humanity Webinar	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	60	4/29/2022
Hope Cooperative Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	20	4/29/2022
Presenting REDA's services at Alnour Mosque	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	500	4/29/2022
Wellness and Recovery Center North Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	5	4/29/2022
Cinco De Mayo Health Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish-speaking community.	35	4/30/2022
Meeting with Ukrainian Refugees at "Coffee with the Principal"	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.	43	5/4/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Talk Show on Radio KFSG-1690 AM	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.	950	5/4/2022
Radio Program on EthnoFM 87.7.FM Radio	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.	5000	5/5/2022
Presenting REDA's services at Alnour Mosque	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	400	5/6/2022
Presented REDA's services at Fulton Mosque	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	150	5/6/2022
RFCEC Suicide Prevention Practicum Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	17	5/6/2022
Welcoming event for new arrived Ukrainians	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.	130	5/6/2022
NAMI Walks	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County, including Transition Aged Youth (TAY) community, in conjunction with Sacramento Speakers Bureau.	1000	5/7/2022
"Source of Life" Ukrainian Church / ParaSOLka Meeting with Ukrainian refugees	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.	195	5/7/2022
African Marketplace Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	100	5/7/2022
Hoa Hao Buddhist Congregation Inc. Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Hmong, Vietnamese and Cantonese speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	19	5/8/2022
CSET Night Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	5/9/2022
Youth Detention Facility and Resource Center	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	113	5/11/2022
Talk Show on Radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	900	5/11/2022
Youth Detention Facility and Resource Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Transition Age Youth (TAY) and other diverse community members in Sacramento County.	113	5/11/2022
Cal Middle School Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	120	5/11/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Welcome Ukrainians Refugees to Sacramento Event at Live Spring 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.	150	5/12/2022
Breakthrough the Block Resource Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	70	5/12/2022
Presented REDA's services at Abu Rahman Mosque	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	150	5/13/2022
Presented REDA's services at Altawheed Mosque	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	200	5/13/2022
Poetry in the Park	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	45	5/14/2022
Youth MH Awareness Community Event (organized by City of Sacramento)	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on focusing on youth and TAY.	35	5/14/2022
ParaSOLka event at Ukrainian 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.	200	5/14/2022
Sankofa Market Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	100	5/15/2022
Stop Stigma Video	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County, in conjunction with Sacramento Speakers Bureau.	100	5/16/2022
Wellness Fair at John F. Kennedy High School	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Transition Age Youth (TAY) community and other diverse community members in Sacramento County.	220	5/18/2022
Talk Show on Radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	970	5/18/2022
Wellness Fair @ Kennedy High School	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	150	5/18/2022
MHSA SC Committee Meeting	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County, in conjunction with Sacramento Speakers Bureau.	57	5/19/2022
2022 Slavic Cultural Fair 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.	1450	5/19/2022
COA Cultural Fair Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	200	5/19/2022
Crocker Museum Impact Social Isolation and Loneliness Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	12	5/20/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
River Cats Game	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on culturally diverse communities in Sacramento County, in conjunction with Sacramento Speakers Bureau.	1000	5/21/2022
CSET Night Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	5	5/23/2022
PSA on Radio KFSG-1690 AM	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.	950	5/25/2022
Slavic Bethany 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.	95	5/25/2022
Sacramento City Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	20	5/25/2022
Radio Program on EthnoFM 87.7.FM Radio	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.	5000	5/26/2022
2022 International Kids Festival Outreach	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.	3000	5/28/2022
Warmline and Older Adult SCC Programs Instagram Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	120	5/31/2022
Talk Show on Radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Slavic / Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	900	6/1/2022
Radio Program on EthnoFM 87.7.FM Radio	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.	5000	6/2/2022
Wind Youth Services Drop in Center Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Transition Age Youth (TAY) community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	8	6/2/2022
Presented REDA's services at Aisha Mosque	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	150	6/3/2022
Presented REDA's services at Alazhar Mosque	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	100	6/3/2022
Presented REDA's services at Alnour Mosque	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	400	6/3/2022
Presented REDA's services at Altawheed Mosque	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	100	6/3/2022

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Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Presented REDA's services at Folsom Islamic Center	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	200	6/3/2022
Presented REDA's services at Hanifa Mosque	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	150	6/3/2022
Presented REDA's services at SALAM Mosque	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	250	6/3/2022
South Sac Summer Block Party - Elevate Church	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	300	6/4/2022
Hoa Hao Buddhist Congregation Inc. Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Vietnamese / Cantonese/ Hmong speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	19	6/5/2022
Afghan Welcome Center Event at CAL EXPO Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Arabic speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	3100	6/6/2022
2022 Summer Camp "Boomerang" Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	180	6/7/2022
Mental Health Resource Fair Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	100	6/8/2022
PSA on Radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	950	6/8/2022
Radio Program on EthnoFM 87.7.FM Radio	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	5000	6/9/2022
Missionary Gospel Church Kids Camp	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	80	6/9/2022
CA Alliance for Children Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	3	6/10/2022
All Nations Indigefest Three Sisters	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	300	6/11/2022
Sacramento Pride	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Transition Age Youth (TAY) and other diverse community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program. Sac Pride is celebrated as a two-day festival that transforms capitol mall into an LGBTQ+ village and entertainment zone with bars, vendors, and music stages that feature International Stars, Drag Performers and live musical acts. On Sunday, Community comes together to march to the State Capitol, complete with floats, signs of solidarity, and marchers in remembrance of Stonewall. The event is geared for the greater Sacramento region.	15000 (over 2 days)	6/11/2022

Behavioral Health Services Cultural Competence Outreach Log
FY 2021-2022

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
Sankofa Market Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Black / African American community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	60	6/12/2022
Sacramento County MH Court Presentation	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	4	6/13/2022
Galt Community Festival Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Spanish speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	150	6/15/2022
Talk Show on Radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	2500	6/15/2022
Slavic InterRadio Program / Online iBrat TV	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	3000	6/17/2022
Sierra Park Expo Resource Fair	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	120	6/17/2022
Youth Mela Day	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	250	6/18/2022
Oak Park Homeless Project: Juneteenth Community and Wellness Fair Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Transition Age Youth (TAY) community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	28	6/19/2022
Sacramento Loaves and Fishes Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Transition Age Youth (TAY) community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	11	6/20/2022
PSA on Radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	950	6/22/2022
Radio Program on EthnoFM 87.7.FM Radio	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	5000	6/23/2022
the 1100 expo	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	45	6/24/2022
Spring of Life Church Meeting with Refugees	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	167	6/25/2022
Aging Resources Exchange	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	18	6/28/2022
Sacramento City Outreach	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	20	6/28/2022
Community Wellness Festival	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse community members in Sacramento County.	75	6/28/2022

Behavioral Health Services Cultural Competence Outreach Log
FY 2021-2022

Outreach Event	Description of Outreach/Activity	# of Attendees	Date
PSA on Radio KFSG-1690 AM	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	950	6/29/2022
College and Career Fair (SNAHC): American River College	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Native American and Transition Age Youth (TAY) community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	22	6/30/2022
Radio Program on EthnoFM 87.7.FM Radio	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Russian speaking community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	5000	6/30/2022
Instagram Post	Distributed behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on Older Adult community and other diverse community members in Sacramento County. Also provided suicide prevention information about Supporting Community Connections program.	123	6/30/2022

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

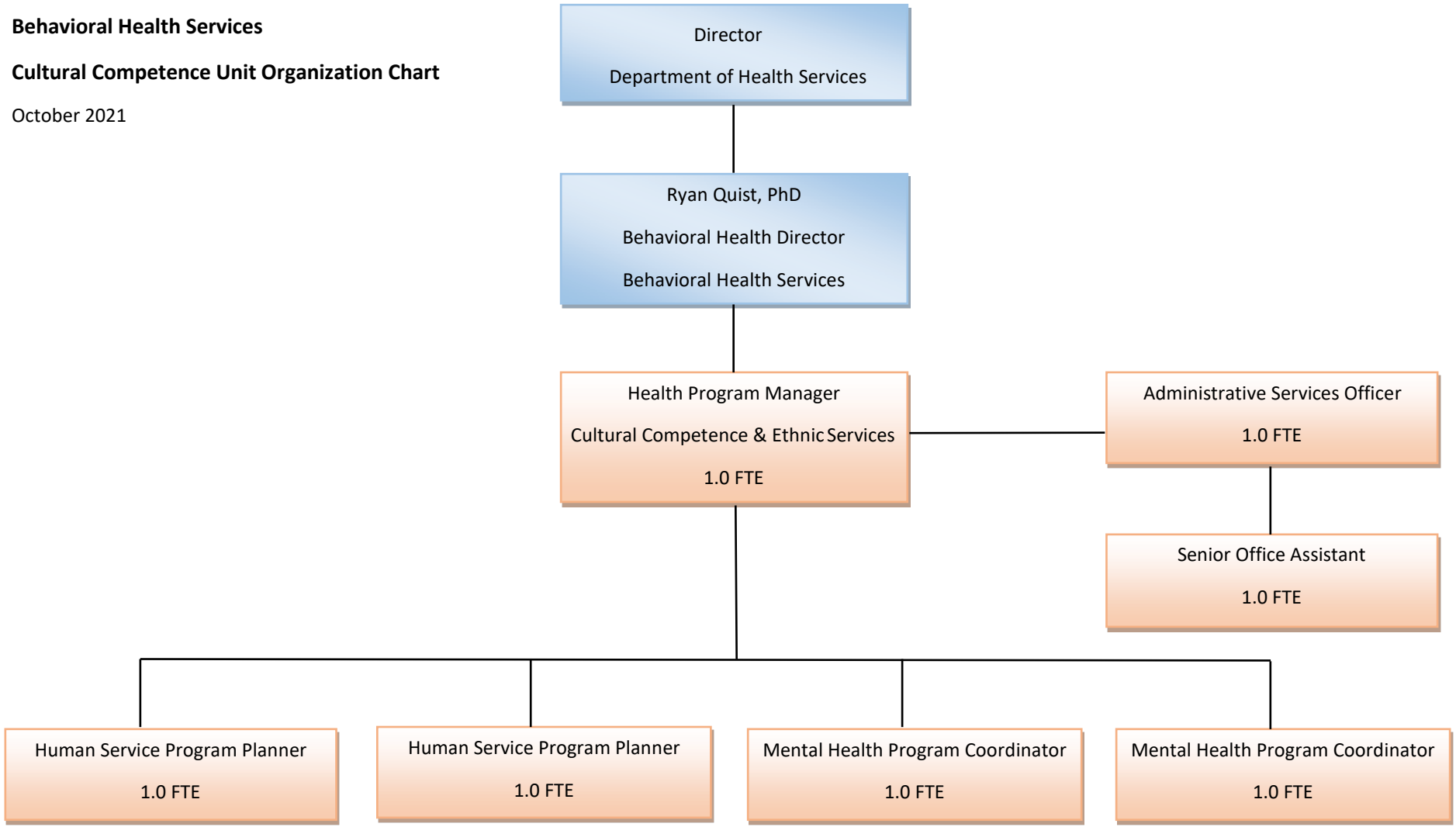
If you have any questions or need further clarification, please contact Romeal Samuel (Samuera@saccounty.net or (916) 875-6340).

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

Behavioral Health Services

Cultural Competence Unit Organization Chart

October 2021



Cultural Competence Committee/System Wide Community Outreach and Engagement Committee Roster for Fiscal Year 2021/2022

Eduardo Ameneyro	Mary Nakamura
Jessie Armenta	Leslie Napper
Robin Barney	Mike Nguy
Jensen Bosio	Reginald Nichols
Rachel Brillantes-Jimenez	Jayna Omni
Nicole Brueckner	Marc Perdue
Basit Choudhary	Sadia Rajput
Mark Dandeneau	Jen Reiman
Stephanie Dasalla	Theresa Riviera
Linda Ford	Koby Rodriguez
Julie Fuentes	Roman Romaso
Olivia Garcia	Anne-Marie Rucker
Mykel Gayant	Alexanderia Russell
Lilyane Glamben	Susan Saechao
Ajna Glisic	Romeal Samuel
Hafsa Hamdani	Maksim Tsymbal
Ru Hansen	Thomisha Wallace
Don Lee Hanaumi	Jillian Watkins
Andrea Housley	Kyle Wiesenthal
Maurine Huang	Doretha Williams-Flournoy
Amira Kotb	Mary Ann Wong
Vinder Lallian	Angelina Woodberry
Lakshmi Malroutu	Yang Xiong
Andi Martinez	Gulshan Yusufzai
Graciela Medina	Emily Zelaya
Darlene Moore	

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 (Community Support Team, Cultural Competence, Research Evaluation and Performance Outcomes, Substance Use Prevention and Treatment), CAL Voices, CSU Sacramento, Dignity Health, Disability Rights of California, El Hogar Community Services, Health Education Council, Iu Mien Community Services, La Familia Counseling Center, Mental Health Board, M.F. Huang Consulting, Muslim American Society - Social Services Foundation, My Sister's House, OMNI Youth Programs, ONTRACK Program Resources, NAMI Sacramento, NorCal Services for the Deaf and Hard of Hearing, Sacramento County Public Health, Refugees Enrichment and Development Association (REDA), Resources for Independent Living, Sacramento Cultural and Linguistic Center, Sacramento Native American Health Center, Sacramento LGBT Center, Slavic Assistance Center, Stanford Sierra Youth & Families, and Visions Unlimited.

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Understanding Human Trafficking 2021	Signs and risk factors of human trafficking, including marginalized populations.	1 hour/Annually	Administration/Management; Direct Services: Contractors	7/1/2021	35	Relias
Cultural Competence	Cultural Competence 2021	Promote knowledge and respect of cultural behaviors.	0.5 hours/Annually	Administration/Management; Direct Services: Contractors	7/1/2021	32	Relias
Cultural Competence	Cultural Competence Training	Agency cultural competency - cultural competence: providing culturally competent care	45 minutes/Annually	Administration/Management; Direct Services: County Staff; Direct Services: Contractors	7/1/2021	16	HealthStream
Cultural Competence	Cultural Competence Training	Agency cultural competency - diversity in the workplace	10 minutes/Annually	Administration/Management; Direct Services: County Staff; Direct Services: Contractors	7/1/2021	16	HealthStream
Cultural Competence	Cultural Competence - CLAS STANDARDS	Understanding of the CLAS Standards for Sacramento County	3 hours/Annually	Administration/Management; Direct Services: Contractors;	7/1/2021	67	John R. Durbin, CADC II SUDCC II/ONLINE CLASS
Cultural Competence	ADA: Understanding the Americans with Disabilities Act of 1990	Review the ADA Act and how it applies to the implementation of the services Bridges provides	3 hours/Annually	Administration/Management/ Direct Services: Contractors	7/1/2021	67	John R. Durbin, CADC II SUDCC II/ONLINE CLASS
Recovery - Adult	Human Trafficking	Understanding and identifying human trafficking	3 hours/Annually	Administration/Management/ Direct Services: Contractors	7/1/2021	67	John R. Durbin, CADC II SUDCC II/ONLINE CLASS
Cultural Competence	Advanced Counseling: Working with People with a Disability	Trained by Master Trainer, Anthony Tussler, John Durbin presents Working with Peole with a Disability- Attitudes, Facts, Approaches	4 hours/Annually	Administration/Management; Direct Services: Contractors	7/1/2021	18	John R. Durbin, CADC II SUDCC II
Recovery - Adult	Motivational Interviewing	Assessment Techniques "In the Spirit of Motivational Interviewing," Using Motivational Interviewing in Case Management	4 hours/Annually	Administration/Management; Direct Services: Contractors	7/1/2021	18	Kaite Mayeda
Cultural Competence	Cultural Competence - General	Cultrual competence in the workplace	0.5 hours/Annually	Administration/Management; Direct Services: Contractors	7/1/2021	27	Benjim Rsse, PsyD (online)
Cultural Competence	Working more effectively with LGBTQ+ Population	LGBTQ 101, discrimination, treatment and support strategies	1 hour/Annually	Administration/Management; Direct Services: Contractors	7/1/2021	27	Pamela Green, LCSW RPT (online)
Resiliency - Youth	WRAP One on One	How to support community members with creating a wellness, recovery, action plan.	1.5 hours/Annually	Direct Services: Contractors	7/1/2021	23	Mary Ellen Copeland (online)
Resiliency - Youth	CSEC 101	Identifying warning signs of CSEC, community resources, interventions and risk assessment	2 hours/Annully	Direct Services: Contractors	7/1/2021	23	UC Davis (online)
Cultural Competence	Understanding Human Trafficking 2021	Signs and risks factors of human trafficking including marginalized populations	1 hour/Annually	Administration/Management; Direct Services: Contractors	7/1/2021	14	Relias
Cultural Competence	Cultural Competence 2021	Promote knowledge and respect of cultural behaviors	0.5 hours/Annually	Administration/Management; Direct Services: Contractors	7/1/2021	22	Relias
Cultural Competence	Human Trafficking: Forced Labor 2021	Understanding the complexities of human trafficking through labor exploitation and spotting red flags & how to report.	1 hour/Annually	Administration/Management; Direct Services: Contractors	7/1/2021	8	Relias
Cultural Competence	Customer Service in Behavioral Health Part 1	Developing relationships with clients by treating them with dignity and respect	1 hour/Annually	Direct Services: Contractors; Support Services	7/1/2021	14	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/Annualy	Direct Services: Contractors; Support Services	7/1/2021	14	My Learning Point
Cultural Competence	Diversity in the Workplace	The diverse effects of culture and society on mental health, mental illness, and mental health services.	1 hour/Annually	Direct Services: Contractors; Support Services	7/1/2021	20	My Learning Point
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 Services: Contractors; Support Services	7/1/2021	20	My Learning Point

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Commercial Sexual Exploitation n Identification Tool (CSE-IT)	Understanding the culture and dynamics of SEC	8 hours/Monthly	Direct Services: Contractors	7/1/2021	21	WestCoast Children's Clinc Online
Resiliency - Youth	Motivational Interviewing	Client ownership in the change process during treatment	3 hours/Annually	Direct Services: Contractors; Support Services	7/1/2021	9	My Learning Point
Resiliency - Youth	Motivational Interviewing for the Substance Affected Client for Change	Client ownership in the change process during treatment	3 hours/Annually	Direct Services: Contractors	7/1/2021	2	My Learning Point
Resiliency - Youth	Care of the LGBTQ Resident in California	Sexual and gender minorities are becoming more visible in the long-term care industry. Ethical and regulatory standards state that one cannot discriminate based on sexual orientation, gender identity, or gender expression. It is important to learn how to interact with others without engaging in unintentional discriminatory behaviors. In this course, you will learn about the lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, and asexual and/or ally (LGBTQIA) population, influences on LGBTQIA individuals, increasing your self-awareness, and information needed to satisfy California regulations, 22 CCR § 72517, specific to staff development about LGBTQIA individuals	1 hour/Annually	Direct Services: Contractors	7/1/2021	7	Relias LMS
Cultural Competence	Cultural Competence	As workplaces become more diverse, effective and successful employees must become more knowledgeable of other cultural norms, be respectful of the wide range of cultural behaviors, and effectively communicate with people of various backgrounds. This course provides important information about becoming more respectful and culturally competent.	0.5 hours/Annually	Direct Services: Contractors	7/1/2021	21	Relias LMS
Resiliency - Youth	Cultural Competence LGBTQ Community	How to practice more affirmatively by addressing the behavioral health needs of LGBTQ+ populations and how to employ relevant, evidence-based interventions effectively. This course will primarily focus on lesbian, gay, bisexual, transgender, and queer persons but the knowledge you gain can be applied to additional gender identities, sexual orientations and age groups.	1 hour/Annually	Direct Services: Contractors	7/1/2021	7	Relias LMS
Resiliency - Youth	ICWA	The federal Indian Child Welfare Act (25 U.S.C. Sec. 1901 et seq.), its historical significance, the rights of children covered by the act, and the best interests of Indian children, including the role of the caregiver in supporting culturally appropriate child centered practices that respect Native American history, culture, retention of tribal membership, and connection to the tribal community and traditions	0.5 hours/Annually	Direct Services: Contractors	7/1/2021	4	Relias LMS
Resiliency - Youth	Working Effectively LGBTQ+	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, and resilience in LGBTQ+ children and youth. Families' culture, historical traditions, and belief systems can be assets in resilience building.	1.25 hours/Annually	Direct Services: Contractors	7/1/2021	14	Relias LMS
Cultural Competence	UC Davis Anti-Racism Series: Allyship 1512	This training focuses on how to promote allyship within your community and workplace	2 hours/Quarterly	Administration/Management; Direct Services: Contractors	7/1/2021	12	UC Davis Panel, Andrew Roberts

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	UC Davis Anti-Racism Series: Disproportionality and Systemic Racism 1512	This training focuses on systematic racism and how to combat it on a personal and professional setting	2 hours/Quarterly	Administration/Management; Direct Services: Contractors	7/1/2021	12	UC Davis Panel, Andrew Roberts
Cultural Competence	UC Davis Anti-Racism Servies: Foundational	This training is a foundational look at racism and its influence on media, policy and community	2 hours/Quarterly	Administration/Management; Direct Services: Contractors	7/1/2021	12	UC Davis Panel, Andrew Roberts
Cultural Competence	UC Davis Anti-Racism Series: Implicit Bias and Microaggressions	This training looks at individual biases and its impact on perception.	2 hours/Quarterly	Administration/Management; Direct Services: Contractors	7/1/2021	12	UC Davis Panel, Andrew Roberts
Cultural Competence	Current Multicultural issues in research and therapy	Discussion around multicultural issues	1 hour/Monthly	Direct Services: Contractors	7/1/2021	4	Shawn Shea
Cultural Competence	UC Davis Anti-Racism Series: Allyship 1512	This training focuses on how to promote allyship within your community and workplace	2 hours/Quarterly	Administration/Management; Direct Services: Contractors	7/1/2021	52	UC Davis Panel, Andrew Roberts
Cultural Competence	UC Davis Anti-Racism Series: Disproportionality and Systemic Racism 1512	This training focuses on systemic racism and how to combat it on in a personal and professional setting	2 hours/Quarterly	Administration/mgt; Direct Services	7/1/2021	52	UC Davis Panel, Andrew Roberts
Cultural Competence	UC Davis Anti-Racism Series: Foundational 1512	This training takes a look at foundational racism and its influence on media, policy, and community	2 hours/Quarterly	Direct Services: Contractors	7/1/2021	52	UC Davis Panel, Andrew Roberts
Cultural Competence	UC Davis Anti-Racism Series: Implicit Bias and Microagression	This training looks at individual biases and its impact on perception	2 hours/Quarterly	Direct Services: Contractors	7/1/2021	40	UC Davis Panel, Andrew Roberts
Cultural Competence	Cultural Call to Action	Introducing the idea of race and social justice.	2 hours/Monthly	Direct Services: Contractors	7/1/2021	12	Sidney Caldwell
Cultural Competence	ATOD: Relapse, Trauma, and Addictions 1512	Discussions around relapse and trauma	3 hours/Quarterly	Direct Services: Contractors	7/1/2021	4	Dr. Smith
Cultural Competence	Cross-Cultrual Attunement and Engagement	Discussions around different cultural engagement	2 hours/Quarterly	Administration/Management; Direct Services: Contractors	7/1/2021	32	Pam Robertson
Cultural Competence	Cultural Competence: Current Multicultural Issues in Research and Theory	Looks at issues and culture and research	2 hours/Quarterly	Administration/Management; Direct Services: Contractors	7/1/2021	28	AATBS, Shawn Shea
Cultural Competence	Ted Talks on Culture: Challenges and Rewards on Culturally Informed Approach	A discussion around cultural sensitivity and continual changes	3 hours/Quarterly	Direct Services: Contractors	7/1/2021	16	Sidney Caldwell
Cultural Competence	CIBHS Eliminating Inequities in Behavioral Healthcare - Webinar 1: Introduction to a Framework for Confronting Racism in Behavioral Health	The goal of this webinar is to provide a framework that allows for a deeper understanding of ways to confront racism at multiple levels within behavioral health organizations.	1.5 hours/Annually	Administration/Management; Direct Services: County Staff; Direct Services: Contractors; Support Services; Community Members/General Public; Community Event; Interpreters; Community Based-Organizations/Agency Board of Directors	7/1/2021	1168	Jei Africa, PSYD. Adele James, MA, CPC
Cultural Competence	CIBHS Eliminating Inequities in Behavioral Healthcare - Webinar 2: Systemic Racism and Structural Racialization: Examining the Impact of Behavioral Health Disparities	The goal of this webinar is to increase participants' ability to identify how systemic racism and structural racialization leads to disparities in access, quality, and outcomes of behavioral health care for Black, Indigenous, and People of Color (BIPOC).	1.5 hours/Annually	Administration/Management; Direct Services: County Staff; Direct Services: Contractors; Support Services; Community Members/General Public; Community Event; Interpreters; Community Based-Organizations/Agency Board of Directors	7/1/2021	1063	Adele James, MA, CPC

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	CIBHS Eliminating Inequities in Behavioral Healthcare - Webinar 3: Implicit Bias: Recognizing Its Harmful Impact and Taking Actions to Counter Unconscious Bias	The goal of this webinar is to demonstrate how implicit bias not only impacts clinical decision-making and influences patient/provider interactions, but also obscures and compounds structural racism. Participants will also be introduced to strategies to help mitigate implicit bias at the interpersonal level.	1.5 hours/Annually	Administration/Management; Direct Services: County Staff; Direct Services: Contractors; Support Services; Community Members/General Public; Community Event; Interpreters; Community Based-Organizations/Agency Board of Directors	7/1/2021	1044	Adele James, MA, CPC Eric Haram, LADC
Cultural Competence	CIBHS Eliminating Inequities in Behavioral Healthcare - Webinar 4: Role & Responsibilities of BH Leaders in Addressing Systemic Racism to Eliminate BH Disparities	The goal of this webinar is to identify levers/opportunities for meaningful action that behavioral health leaders can take to address structural racism in their own organizations.	1.5 hours/Annually	Administration/Management; Direct Services: County Staff; Direct Services: Contractors; Support Services; Community Members/General Public; Community Event; Interpreters; Community Based-Organizations/Agency Board of Directors	7/1/2021	1027	Jei Africa, PSYD. Andre V. Chapman, MA Le Ondra Clark Harvey, PHD.
Cultural Competence	CIBHS Eliminating Inequities in Behavioral Healthcare - Webinar 5: Talking About Race & Racism with Clients	The goal of this webinar is to build participants' skills to effectively engage in conversations about race with their clients that is healing, and ultimately, promotes racial equity.	1.5 hours/Annually	Administration/Management; Direct Services: County Staff; Direct Services: Contractors; Support Services; Community Members/General Public; Community Event; Interpreters; Community Based-Organizations/Agency Board of Directors	7/1/2021	1024	Adele James, MA, CPC Gloria Morrow, PHD. Alice Washington
Recovery - Adult	ATOD: Advanced Issues in Substance Abuse Treatment	This looks at SA with adult population	3 hours/Quarterly	Administration/Management	7/2/2021	1	Dr. Smith
Cultural Competence	UC Davis Anti-Racism Series: Allyship 1512	This training focuses on how to promote allyship within your community and workplace	2 hours/Quarterly	Administration/Management	7/3/2021	1	Dr. Smith
Recovery - Adult	Pregnancy Program (SUD)	Program requirements specific to SUD pregnancy program and special needs of pregnant women in SUD	1 hour/Annually	Administration/Management; Direct Services: Contractors	7/8/2021	28	Cyndi Giddings
Cultural Competence	Hunted Thoughts on Escape and Safety	Understanding the experience of refugee children, Identifying refugee children in a primary care setting, Best practices for treating refugee children	1 hour/Once	Administration/Management	7/9/2021	1	Duy Nguyen,
Recovery - Adult	Trauma Informed Care	Trauma informed care	5.5 hours/Once	Direct Services: Contractors; Support Services	7/12/2021	12	L. Friederiksen K. Brockopp
Recovery - Adult	Measuring Functional Outcomes	Discussion of evidence-based methods for assessing changes in functional outcomes	4 hrs/Annually	Administration/Management; Direct Services: Contractors; Support Services	7/13/2021	36	Tara Niendam, PhD; Laura Tully PhD; Khalima Bolden PhD
Cultural Competence	Yolo County HHSA CFS: LGBTQ+ Cultural Humility Training	LGBTQ+ Cultural Humility Training	2 hours/Twice	Support Services	7/13/2021	2	Reggie Caldwell
Cultural Competence	Communicating in Conservative Contexts: Strategies for Raising Health Equity Issues Effectively	Eliminating health disparities where conservative opinions are the norm, talking about health equity topics to gain support for good policy, strategies for navigating toward justice, and empirical research on reframing to build common ground on divisive public health topics.	2 hours/Once	Administration/Management	7/13/2021	1	Julie Sweetland

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	UC Davis Anti-Racism Series: Implicit Bias and Microaggressions 1512	This training looks at individual biases and its impact on perception.	2 hours/Quarterly	Administration/Management	7/13/2021	1	Dr. Smith
Cultural Competence	Cultural Compentency Training	An overview of agency culture and expectations and the concept of cultural humility to the work.	4 hours/Once	Administration/Management; Direct Services: Contractors	7/15/2021	12	Cultural Competency Committee
Cultural Competence	Bilingualism, Culture, and Social Justice in Family Therapy	Psychoeducation regarding culture, social justice and bilingualism and strategies for Incorporating a culturally competent lense in services provided.	3 hours/Once	Direct Services: Contractors	7/16/2021	1	Marcela Poblano
Cultural Competence	Boundaries	Focus on setting healthy boundaries with clients in the clinical role	2 Hours/Quarterly	Direct Services: Contractors	7/19/2021	7	Cindy Xiong, LCSW
Cultural Competence	Culural Responsiveness	Onboarding new staff to agency with focus on cultrual responsiveness for the clients we serve	4 Hours/Quarterly	Direct Services: Contractors	7/20/2021	7	Martha Sinclair-West, LCSW
Cultural Competence	Recovery Philosophy and Trauma Informed Care	Onboarding new staff to agency with focus on Recovery philosophy and trauma informed care	4 hours/Quarterly	Direct Services: Contractors	7/21/2021	7	Dara Pastor, LCSW
Family Focused - Youth	Empowering Kids Affected by Addiction	Assessment and Intervention with children impacted by addiction	1 hour/Once	Administration/Management; Direct Services: Contractors	7/21/2021	9	Susan Barron, PhD
Cultural Competence	Voices on Allyship	Psychoeducation regarding allyship, what is allyship and how to incorporate into services and the community in general.	1.5 hours/Once	Direct Services: Contractors	7/22/2021	2	Sydney Bice, SSYAF
Cultural Competence	The Purpose & Power of Self-Awareness in African Americans	Trauma informed session on improving the cultural and climate of groups and effective communication.	1.5 hours/Once	Direct Services: Contractor	7/22/2021	1	Sac County Behavioral Health
Cultural Competence	Empowerment Training Center	Voices on allyship	1.5 hours/Once	Community Event	7/22/2021	30	Sydney Bice, Dar Gilliam, Ro'Mel Smith, Mishaye Venerable, Debbie Wender
Cultural Competence	Mental Health Literacy of Adolescent Depression and Suicidal Ideation Among Latinx Caregivers	Evidence-based practice for identifying and managing suicidality in Latinx families	1 hour/Once	Administration/Management; Direct Services: Contractors; Community Members/General Public	7/23/2021	113	Joanna Servin, PhD
Cultural Competence	Reducing Incarceration of Black, Latinx, and Asian Individuals Living with Mental Illness: A Novel Collaboration Between Mental Health Systems, Community Members, Law Enforcement, and Corrections	Intervention in Black, Latinx, & Asian youth	1 hour/Once	Administration/Management; Direct Services: Contractors; Community Members/General Public	7/23/2021	113	Benjamin Le Cook, PhD
Cultural Competence	Strengthening Minoritized Communities by Providing Culturally-Informed Treatment for Substance Use Disorders	Intervention for substance use disorders in minoritized youth	1 hour/Once	Administration/Management; Direct Services: Contractors; Community Members/General Public	7/23/2021	113	Ayana Jordan, MD, PhD
Cultural Competence	Cultural Competence	Becoming more cultural competent	0.5 hours/Annually	Direct Services: Contractors	7/25/2021	1	Relias
Cultural Competence	Cultural Competence	Becoming more cultural competent	0.5/Annually	Direct Services: Contractors	7/26/2021	1	Relias
Cultural Competence	BHREC	ELT understanding of cultural competence	1.5 hours/Once	Administration/Management	7/26/2021	14	BHREC Team
Cultural Competence	Implicit Bias Versus Explicit Bias	How to identify bias's you possess, differences between implicit and explicit bias, and what negative impact they can have.	1 hour/Once	Administration/Management	7/27/2021	1	Tekoa Pouerie
Family Focused - Youth	Trauma and Its Impact on Youth	Steps to help limit trauma youth potentially face, 3 ways to improve your role as a trauma-informed provider.	1 hour/Once	Administration/Management	7/27/2021	1	Harry Earle
Recovery - Adult	Substance Use	AOD and harm reduction	3 hours/Once	Direct Services: Contractors	7/28/2021	13	William Schneider
Recovery - Adult	Mental Health Recovery	MH recovery & first person language	2 hours/Once	Direct Services: Contractors	7/28/2021	13	karen Brockopp

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Resiliency - Youth	Webinar Selecting Evidence Based Interventions: Finding the Best Fit	Improving the health of communities through effective strategies to reduce substance misuse and its related consequences, best processes, and resources for making culturally sensitive decisions.	1 hour/Once	Administration/Management	7/28/2021	1	Multiple Presenters
Cultural Competence	Cultural Humility	Cultural humility	4 hours/Once	Direct Services: Contractors	7/29/2021	13	Marjha Hunt, LMFT
Cultural Competence	Cultural Competence	Cultural competence in the workplace	30 minutes/Annually	Administration/Management; Direct Services: Contractors; Support Services	7/30/2021	32	Relias-Online
Cultural Competence	Cultural Competence	Cultural Competence in the Worplace	30 minutes/Annually	Administration/Management; Support Services	7/30/2021	33	Relias-Online
Cultural Competence	UC Davis Anti-Racism Series: Disproportionality and Systemic Racism 1512	This training focuses on systematic racism and how to combat it on a personal and professional setting	2 hours/Quarterly	Administration/Management	8/1/2021	1	Dr. Smith
Cultural Competence	Cultural Competence	Becoming more cultural competent	0.5 hours/Annually	Direct Services: Contractors	8/2/2021	1	Relias
Cultural Competence	Cultural Competence Training	Providing culturally competent care	1 hour/Annually	Direct Services: Contractors	8/3/2021	1	Healthstream
Cultural Competence	Cultural Responsiveness	Psychoeducation on increasing personal awareness of bias and priviledge in the workplace, increasing an ability to approach the workplace and population served through an improved lense of cultural responsiveness.	4 hours/Once	Direct Services: Contractors	8/3/2021	4	Linda Ray, SCH
Cultural Competence	SCH Cultural Responsiveness	Understanding the background and cultural differences with families/clients	4 Hours/Once	Direct Services: Contractors	8/3/2021	7	Linda Ray
Cultural Competence	Motivational Interviewing	Explored ways to identify patient's motivation to attend treatment as well as ways to identify resistance. Explored various MI techniques such as Empathy, "R.U.L.E.," Developing Discrepancies, Rolling with Resistance, "O.A.R.S.," and promoting change talk	2 hours/Once	Administration/Management; Direct Services: Contractors	8/4/2021	18	Dr. BJ Davis
Cultural Competence	The Justive Collective	Building an individual and collective knowledge and skill through applying key anti-racism, equity, diversity and inclusion concepts, frameworks and tools to generate more equitable and inclusive organizational culture.	12 hours/Quarterly	Administration/Management; Direct Services: Contractors; Support Services; Community-Based Organizations/Agency Board of Directors	8/6/2021	30	The Justive Collective
Resiliency - Youth	Aggression Replacement Group (ART)	A multidimensional psychoeducational intervention designed to promote prosocial skills, anger management and moral reasoning.	16 hours/Bi-annually	Administration/Management; Direct Services: Contractors	8/9/2021	4	Vicky Phitzer ROCC Internal
Recovery - Adult	Trauma Informed Care	Trauma informed care	5.5 hours/Once	Administration/Management; Direct Services: Contractors; Support Services	8/11/2021	11	L. Friederiksen K. Brockopp
Cultural Competence	BHREC	ELT understanding of cultural competence	1.5 hours/Once	Administration/Management	8/11/2021	14	BHREC Team
Cultural Competence	Cultural Competence	Becoming more culturally competent	0.5 hours/Annually	Direct Services: Contractors	8/13/2021	1	Relias
Cultural Competence	Universal Trauma Informed Care Training	Sacramento County's training regarding psychoeducation about trauma-informed care and importance of viewing all services through this lens to improve services provided.	3.5 hours/Once	Direct Services: Contractors	8/13/2021	5	QM (name unavailable), Sac BHS
Cultural Competence	UC Davis Anti-Racism Series: Foundational 1512	This training is a foundational look at racism and its influence on media, policy and community	2 hours/Quarterly	Administration/Management	8/13/2021	1	Dr. Smith
Recovery - Adult	Training Academy	Various topics including: target pop, suicide prevention, boundaries, compassion fatigue, cultural awareness, orientation to treatment,	12 hours/Once	Direct Services: Contractors	8/14/2021	6	Diana White, Preeya Roe, Kristy Banathy, Stephanie Wilson, Al Rowlet
Recovery - Adult	Training Academy	Various topics including: target pop, suicide prevention, boundaries, compassion fatigue, cultural awareness, orientation to treatment,	12 hours/Once	Direct Services: Contractors	8/14/2021	5	Diana White Preeya Roe, Al Rowlet, Kristy Banathy, Stephanie Wilson
Cultural Competence	Cultural Competence	Becoming more culturally competent	0.5 hours/Annually	Direct Services: Contractors	8/17/2021	1	Relias

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Staff Racial Equity Training	Racial equity	1.5 hr/Once	Support Services	8/17/2021	2	Jose Vega
Cultural Competence	Cultural Competence	Becoming more culturally competent	0.5 hours/Annually	Direct Services: Contractors	8/19/2021	1	Relias
Cultural Competence	Creating a Dialogue on Culture	Discussion on framework of cultural humility in conceptualizing the mental health needs of children and families	1.5 hours/Annually	Administration/Management; Direct Services: Contractors	8/19/2021	13	Michele Ornelas Knight, Psy.D
Family Focused - Youth	Impact of Pandemic on Health Care Professionals, Families and Youth	Presenter from SNAHC shared how to promote resilience during Pandemic, when it led to isolation, anxiety and depression, at individual and community level.	1 hour/Annually	Administration/Management; Direct Services: Contractors	8/19/2021	11	Katherine Culpepper MSW
Resiliency - Youth	Omni Webinar "7 Tips to Use When Teens Go to a Party"	Immediate and lifetime effects to youth safety, brain development and mental health from alcohol use in a culturally sensitive manner	1 hour/Once	Administration/Management	8/19/2021	2	Shari Egeland
Cultural Competence	Intersectional Approaches for Serving Homeless Domestic Violence and Human Trafficking Survivors	Domestic violence and human trafficking are not siloed, but rather manifest overlapped behavioral patterns from abusers and traffickers with intent to exert power and control over the individuals fleeing or surviving from these unhealthy, dangerous environments. The increased incidence of homelessness among survivors also results in additional trauma. People fleeing from domestic violence are often forced out of their homes and are left with nowhere to go and the disenfranchised are heavily targeted by human traffickers. In this 3-hour training session, we will discuss the status of these persisting public health issues in Sacramento County, whom they are impacting the most and why, and how we can improve resources and support based on the data. We will explore the best ways in which providers can work with people experiencing or who have experienced domestic violence and/or survived human trafficking. During this session, we will also examine the intersectionality of these community-level issues, share recommended resources for which providers should connect this population, and engage in a Q&A discussion with our featured subject matter experts	3 hours/Once	Support Services	8/20/2021	1	K. Daria
Cultural Competence	BHREC	ELT understanding of cultural competence	1.5 hours/Once	Administration/Management	8/23/2021	14	BHREC Team
Resiliency - Youth	Transition to Independence Program (TIP) Model Orientation and Training	Engage youth in their own futures planning process. Prepares and facilitates their independence and self-reliance.	8 hours/Bi-annual	Direct Services: Contractors	8/25/2021	2	Noaloni Villasenor ROCC
Cultural Competence	Board Training	CLAS & BHREC Training/Overview	0.5 hours/Once	Administration/Management; Community-Based Organizations/Agency Board of Directors	8/26/2021	23	Terrell T. April L.
Cultural Competence	Racial Justice Stances Ground in our Truth Webinar	This workshop supports participants in developing new tools to stay rooted in who they are and what they value, even in moments of tension and conflict talking about racism.	2 hours/Once	Direct Services: Contractor	8/27/2021	1	Equity in the Center
Cultural Competence	2020 Cultural and Linguistic Competency	Understand LGBT, health care access to refugees, working with seniors and people with disabilities	23 minutes/Annually	Direct Services: Contractors	8/30/2021	4	Dignity Health My Journey
Cultural Competence	Empowerment Training Center	Teen dating violence & bystander intervention	1.5 hours/Once	Community Event	8/31/2021	40	Domonique Rosete, Brittany Bray
Cultural Competence	Special Education Considerations	Understanding the needs of special education clients and approriate considerations	2 hours/Annually	Direct Services: Contractors	9/1/2021	13	Mary Bush ROCC Family Advocate

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Understanding the Community We Service	Discussion on demographics of clients served in Sacramento County from a cultrual perspective integrating the MH Pathways service model	1.5 hours/Annually	Administration/Management; Direct Services: Contractors	9/2/2021	13	Michele Ornelas Knight, Psy.D
Cultural Competence	Cultural and Linguistic Competency	Define culture and culture competence, Understand LGBTQ	1 hour/Annually	Administration/Management; Direct Services: Contractors	9/2/2021	22	Dignity Health My Journey
Resiliency - Youth	How Cannabis Influences Mood and Increase the Risk of Depression and Suicide	Data on the impact of cannabis on mood regulation and depression, behavioral and electrophysiological data on how endocannabinoid system interacts with monoamines in modulating mood, data from large human epidemiological and meta-analysis studies confirming cannabis in long term induces depression and increases the risk of suicide in young diverse populations.	1 hour/Once	Administration/Management	9/3/2021	1	Gabriella Gobbi
Cultural Competence	Support for Afghan Refugeee Community	Overview of resources and support for newest Afghan refugees. Understanding of complex trauma and cultural factors that inhibit engaging in treatment.	2 hours/Annually	Administration/Management	9/3/2021	1	Staff from Muslim American Society
Navigating Systems - Youth	Human Trafficking	Dispelling the myths	1 hour/Annualy	Direct Services: Contractors; Support Services	9/6/2021	32	Dignity Health My Journey
Cultural Competence	The Clinicians Suicide Preventio Summit	Treatment strategies to inspire hope and save lives	6 hours/Once	Administration/Management	9/9/2021	2	Multiple presenters; names unknown
Resiliency - Youth	Prevention is Possible! Can the Priciples of Effective Prevention Withstand the Counterwiths of Commercialization	Principles of effective prevention, cost and effectiveness of prevention vs treatment, vulnerability of the youth brain, impact on concentration, how changing children's environment allows for full development or limitation and creation of use disorder.	1 hour/Once	Administration/Management	9/10/2021	1	Catherine Antley
Resiliency - Youth	The What, Why, and How of Working with Peer Providers	Taining on working with those with lived experience and how experience is shaped by having a famiiy member with mental illness	1.5 hours/Annually	Administration/Management; Direct Services: Contractors; Community Members/General Public	9/13/2021	12	Rina Haack, Rox Glassman, Alejandra Espino
Recovery - Adult	Substance Use Recovery	AOD and harm reduction	2.5 hours/Once	Direct Services: Contractors	9/14/2021	18	William Schneider
Family Focused - Youth	How to Support Youth's Mental Health at Home & from a Distance	How to support child's mental health while they are away, how to support by identifying signs a student may be dealing with anxiety and/or depression and how you can help. Tips on how to communicate the negative effects drugs and alcohol can have on mental health and safe alternatives to help them feel better.	2 hours/Once	Administration/Management	9/14/2021	2	Shari Egeland
Recovery - Adult	Psychoeduction Counseling	Defined and described the EBP psychoeducation. To introduce the concept of "living between the fives." To educate participants on the neurological and pharmacological changes associated with repetitive use of drugs and alcohol as it relates to the experience of feeling excitement and pleausre, and to teach participants methods for helping clients gain realistic expectations of the reality of clean and sober living.	2 hours/Once	Administration/Management; Direct Services: Contractors	9/15/2021	13	Dr. BJ Davis
Recovery - Adult	Trauma Informed Care	Trauma informed care	5.5 hours/Once	Direct Services: Contractors; Support Services	9/16/2021	11	L. Friederiksen K. Brockopp
Cultural Competence	Historical Trauma and Its Impact on Native Americans	In service was provided to develop cultural congruency, specifically around Navajo culture and how to be congruent while addressing the crises.	1.5 hours/Annually	Administration/Management; Direct Services: Contractors	9/16/2021	18	Vanessa Stash ASW
Cultural Competence	Racial Equity Training	Identify elements of the professional work environment that are rooted in white supremacy and discussing potential antidotes.	1.5 hours/Monthly	Support Services	9/22/2021	10	Reggie Caldwell

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Recovery - Adult	Psychoeduction Counseling	Defined and described the EBP psychoeducation. To introduce the concept of "living between the fives". To educatie particiaptns on the neurological and harmacological changes associated with repetitive use of drugs and alcohol as it relates to the experience of feeling excitement and pleausre, and to teach particiapts methods for helping clients gain realistic expectations of the reality of clean and sober living.	2 hours/Once	Administration/Management; Direct Services: Contractors	9/23/2021	11	Dr. BJ Davis
Cultural Competence	Cultural Call to Action	Introducing the idea of race and social justice.	2 hours/Monthly	Direct Services: Contractors	9/23/2021	1	Sidney Caldwell, Tess Harrington
Cultural Competence	BHREC	ELT understanding of cultural competence	1.5 hours/Once	Administration/Management	9/27/2021	14	BHREC Team
Cultural Competence	Introduction to Restorative Practices	Training regarding using a restorative practice model for conflict resolution	1 hour/Once	Administration/Management; Direct Services: Contractors	9/29/2021	11	Kara Hunter, Yolo Conflict Resolution Center
Cultural Competence	Customer Service in Behavioral Health Part 1	Developing relationships with clients by treating them with dignity and respect	1 hour/Annually	Support Services; Community Members/General Public	10/1/2021	12	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/Annualy	Support Services; Community Members/General Public	10/1/2021	12	My Learning Point
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 Services: Contractors; Support Services	10/1/2021	6	My Learning Point
Cultural Competence	Motivational Interviewing for the Substance Affected Client for Change	Client ownership in the change process during treatment	3 hours/Annually	Direct Services: Contractors	10/1/2021	4	My Learning Point
Recovery - Adult	Introduction to Co-Occuring Conditions	This eLearning module was designed by Telecare for Telecare employees. This eLearning module was designed by Telecare for Telecare employees. The module provides information about the substance use that often 'co-occurs' with a mental health diagnosis.	1 hour/Once	Direct Services: Contractors	10/1/2021	1	Online Course
Recovery - Adult	Supporting Recovery & Change COEG 1	This eLearning module was designed by Telecare for Telecare employees. In this module you will learn ways to support and inspire the individuals who are receiving services in our programs. Specifically, you will learn: the meaning of several words frequently used in Telecare programs, including 'Recovery', 'Stigma', and 'Trauma'; about the 5 Awarenesses of Telecare's Recovery Centered Clinical System (RCCS); how these RCCS Awarenesses apply to your work with someone whose life has been impacted by mental illness and substance use; why it's hard for any of us to make a change in our lives; and how you can help when someone you're working with may (or may not) be considering a change in his life.	1 hour/Once	Administration/Management; Direct Services: Contractors	10/1/2021	3	Online Course
Recovery - Adult	Non-Violent Crisis Intervention	This course is a safe and effective behavior management system designed to help human service professionals provide for the best care, welfare, safety, and security of disruptive, assaultive, and out-of-control individuals—even and especially during their most violent moments. LEARNING OBJECTIVES • Identify the behavior levels that contribute to the development of a crisis and choose an appropriate staff intervention for each level.	6 hrs/Every 2 years	Direct Services Contractors	10/1/2021	3	Online Course CPI pt1

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Cultural Competence	As workplaces become more diverse, effective and successful employees must become more knowledgeable of other cultural norms, be respectful of the wide range of cultural behaviors, and effectively communicate with people of various backgrounds. This course provides important information about becoming more respectful and culturally competent.	0.5 hrs/Annually	Direct Services: Contractors	10/1/2021	3	Online Course
Recovery - Adult	Be Direct: A Safe Approach to Community Work	This online training course provides participants with knowledge and skills regarding how to remain safe while performing community work. Utilizing the eight components, staff will learn how to understand how to build and maintain a recovery partnership while keeping people safe.	1 hour/Once	Direct Services: Contractors	10/1/2021	1	Online Course
Recovery - Adult	SBIRT: Screening and Interventions for Individuals with Substance Use Issues	Professionals in a variety of healthcare settings witness the consequences experienced by individuals who engage in excessive drinking or drug use. Integrating Screening and Brief Intervention and Referral for Treatment (SBIRT) in a general medical setting can provide early identification and treatment to individuals engaging in risky alcohol and substance use who many not be seeking services otherwise.	1.25 hours/Once	Direct Services: Contractors	10/1/2021	1	Online Course
Recovery - Adult	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.	0.5 hours /Annually	Direct Services: Contractors	10/1/2021	2	Online Course
Cultural Competence	Cultural Responsiveness	Psychoeducation on increasing personal awareness of bias and priviledge in the workplace, increasing an ability to approach the workplace and population served through an improved lense of cultural responsiveness.	4 hours/Once	Direct Services: Contractors	10/5/2021	11	Linda Ray, SCH
Cultural Competence	Motivational Interviewing	Explored ways to identify patient's motivation to attend treatment as well as ways to identify resistance. Explored various MI techniques such as Empathy, "R.U.L.E.," Developing Discrepancies, Rolling with Resistance, "O.A.R.S.," and promoting change talk	2 hours/Once	Administration/Management; Direct Services: Contractors	10/6/2021	10	Dr. BJ Davis
Cultural Competence	Microaggressions and Unconscious Bias	Types of microaggression and the difference between implicit and explicit bias	1.5 hours/Annually	Administration/Management; Direct Services: Contractors	10/7/2021	13	Michele Ornelas Knight, Psy.D
Family Focused - Youth	Compassion Fatigue	Understanding the impact of fatigue when caring for children with complex mental health needs and other develpmental delays	3 hours/Once	Community Members/General Public	10/9/2021	58	Laura Stillmunkes
Recovery - Adult	Trauma Informed Care	Trauma informed care & resiliency	5.5 hours/Once	Direct Services: Contractors	10/11/2021	6	Brockopp & L. Friederiksen
Resiliency - Youth	Transition to Independence Program (TIP) Model Orientation and Training	Engage youth in their own futures planning process. Prepares and facilitates their independence and self-reliance.	8 hours/Bi-annually	Direct Services: Contractors	10/11/2021	21	Noaloni Villasenor ROCC
Cultural Competence	Cultural Competence	Shared heritage	1.5 hours/Quarterly	Administration/Management; Direct Services: Contractors; Support Services	10/14/2021	396	Tamu Green PhD
Navigating Systems - Youth	Working with Justice-Involved Youth	Strategies for coordinating care in justice-involved youth	1 hour/Once	Administration/Management; Direct Services: Contractors; Support Services	10/15/2021	10	Tori Galvez, PsyD

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Trauma Informed Care	Training on understanding a patient's life experiences in order to deliver effective care and has the potential to improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness.	1.75 hours/Annually	Administration/Management; Direct Services: Contractors	10/15/2021	7	Internal Relias
Cultural Competence	The Justive Collective	Building an individual and collective knowledge and skill through applying key anti-racism, equity, diversity and inclusion concepts, frameworks and tools to generate more equitable and inclusive organizational culture.	12 hours/Quarterly	Administration/Management; Direct Services: Contractors; Support Services; MH Board & Commissions	10/18/2021	83	The Justive Collective
Recovery - Adult	Psychoeduction Counseling	Defined and described the EBP psychoeducation. To introduce the concept of "living between the fives." To educate participants on the neurological and harmacological changes associated with repetitive use of drugs and alcohol as it relates to the experience of feeling excitement and pleasure, and to teach participants methods for helping clients gain realistic expectations of the reality of clean and sober living.	2 hours/Once	Administration/Management; Direct Contractors	10/20/2021	31	Dr. BJ Davis
Family Focused - Youth	Webinar - Cannabis and the Opioid Epidemic	The relationship between the endocannabinoid and opioid system, associated public health and cultural safety concerns.	1 hour/Once	Administration/Management	10/20/2021	1	Kenneth Finn, MD
Cultural Competence	Empowerment Training Center	A deeper dive at how we advocate for CSEC populations	1.5 hours/Once	Community Event	10/20/2021	35	Beatriz Lodia, Kristi Merrill
Recovery - Adult	Crisis Management Across Health and Human Services	Importance of acknowledging communities and challenges within diverse community	1.5 hours/Annually	Administration/Management; Direct Services: Contractors	10/20/2021	6	Internal Relias
Family Focused - Youth	Nurtured Heart Approach	Introduction to Nurtured Heart Approach interventions	1 hour/Once	Administration/Management; Direct Services: Contractors	10/20/2021	12	Justin Delgado, MSW
Cultural Competence	Cultural Humility	How to remain humble while working to be inclusive	4 hours/Once	Direct Services: Contractors	10/21/2021	9	Marjah Hunt, LMFT
Recovery - Adult	PsychoSocial Rehab and First Person Language	Psychosocial rehab and first person language	2 hours/Once	Direct Services: Contractors	10/21/2021	9	Karen Brockopp. LCSW
Recovery - Adult	SUD Tx Interventions & evidence-based practices	Tx Plan interventions for SUD recovery; MI, CBT, Relapse Prevention	1 hour/Annually	Direct Services: Contractors	10/21/2021	12	Garrett Stenson
Recovery - Adult	AOD & Harm Reduction	AOD and harm reduction	2.5 hours/Once	Direct Services: Contractors	10/22/2021	9	William Schneider
Resiliency - Youth	Virtual SAM Summit	Current research on negative effects of marijuana normalization on cultural public health and safety.	5 hours/Annually	Administration/Management	10/22/2021	1	Multiple Presenters
Cultural Competence	Psychotherapy with LGBTQ Patients: Clinical and Cultural Considerations	Providing care to LGBTQ youth	1 hour/Once	Administration/Management; Direct Services: Contractors; Support Services; Community Members/General Public	10/22/2021	115	Doug Halderman, PsyD
Cultural Competence	BHREC	ELT understanding of cultural competence	1.5 hours/Once	Administration/Management	10/25/2021	14	BHREC Team
Cultural Competence	Who are the Afghan Newcomers? Understanding the Background and Socio-Cultural Strengths and Needs of Afghan Evacuees to the United States	Overview of events leading to the displacement of Afghan newcomers/evacuees to the U.S., social and cultural aspects that distinguish this population from other refugee groups in US, and how to properly support & align services with their socio-cultural strengths and needs.	2 hours/Once	Administration/Management	10/26/2021	1	Farid Saydee, PhD, Durana Saydee
Family Focused - Youth	Universal Trauma Informed Care	Understanding the significance of trauma on client populations. New ways to engage and service that consider intergenerational trauma and build resilience.	4 hours/Annually	Administration/Management; Direct Services: Contractors	10/27/2021	14	Sacramento County QI Staff
Cultural Competence	Culturally Competent Engagement with the AA/B/AD Community	Understanding the impact of complex trauma in the AA/B/AD community and ways to engage community members in treatment through a racial equity/cultural humility lense	6 hours/Annually	Administration/Management; Direct Services: Contractors; Support Staff	10/29/2021	51	Andre' Chapman, Unity Care

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Cultural Compentency Training	An overview of agency culture and expectations and the concept of cultural humility to the work.	4 hours/Once	Administration/Management; Direct Services: Contractors; Support Services	10/29/2021	26	Cultural Competency Committee
Cultural Competence	Cross-Cultural Attunement and Engagement 1512	The training focuses on looking at cultural attunment.	2 hours/3x Annually	Administration/Management; Direct Services: Contractors	11/1/2021	5	Pam Robertson
Cultural Competence	Diversity in the Workplace	Help recognize diversities in your work environment, ways to embrace diversity, and identify interpersonal diversity skills.	1 hour/Annually	Direct Services: Contractors	11/3/2021	1	Netsmart
Resiliency - Youth	Marketing Health to Teens in a Post Covid World	How COVID-19 has changed the lives of teens and their health decisions, the bigger role of mental health, strategies to improve teen public health, and marketing strategies in a post-COVID world.	1 hour/Once	Administration/Management	11/3/2021	1	Jeff Jordan
Cultural Competence	Racial Socialization and Racial Trauma	Defining and understanding the impact of racial trauma on children and families and the importance of assessment and tailoring treatment interventions to address it.	1.5 hours/Annually	Administration/Management; Direct Services: Contractors	11/4/2021	13	Michele Ornelas Knight, Psy.D
Cultural Competence	Universal Trauma Informed Care Training	Sacramento County's training regarding psychoeducation about trauma-informed care and importance of viewing all services through this lens to improve services provided.	3.5 hours/Once	Direct Services: Contractors	11/9/2021	1	QM (name unavailable), Sac BHS
Family Focused - Youth	My Teen Won't Talk with Me! Strategies for Building Trust and Communication Effectively Webinar	In this webinar, therapist Rebekah Gibbons, LCSW, discusses how parents and caring adults can build trusting relationships that help teens feel safe, communicate about depression using age-appropriate terminology, and manage difficult conversations	2 hours/Once	Administration/Management	11/9/2021	1	Multiple Presenters
Resiliency - Youth	Crisis Communication	Strategic approach to de-escalating crisis situations through proactive communication skills.	2 hours/Annually	Administration/Management; Direct Services: Contractors	11/9/2021	13	Karen Thompson, MA
Cultural Competence	Cultural Humility	Understanding institutional racism, white privilege and cultural humility	1.5 hours/Annually	Administration/Management	11/10/2021	1	Michelle Williams; Chloe Green
Cultural Competence	Culturally and Linguistically Appropriate Services (CLAS)	Cultural competence and awareness in the workplace	1 hour/Annually	Administration/Management; Direct Services Contractors; Support Services	11/17/2021	29	ISA Management - Alicia Contreras
Cultural Competence	Deaf 101 Webinar	Learn about the diverse Deaf community, Deaf Culture and Language and what it means to be deaf from the view of a deaf person.	1 hour/Once	Administration/Management; Direct Services: Contractors	11/17/2021	8	Jillian Watkins from NorCal: Peace of Mind
Cultural Competence	Combat to Community	Practicing cultural humility and Competency, while serving clients with the military background or veterans.	1.5 hours/Annually	Administration/Management; Direct Services: Contractors	11/18/2021	16	Victor Inzunza
Cultural Competence	Board Training	Diversity and Equity Training	1 hour/Once	Administration/Management; Community-Based Organizations/Agency Board of Directors	11/18/2021	22	External Equity Group
Cultural Competence	Sac BHS Cultural Competence Training	Ability to interact effectively with people of diverse backgrounds	7 hours annually	Direct Services: Contractor	11/24/2021	16	Website
Cultural Competence	Child Trauma, Race, and Urban Identity	Addresses the issues facing poor, urban, African American children who deal with traumatic stress.	1.5 hours/Annually	Direct Services: Contractors	11/29/2021	2	NCTSN
Cultural Competence	White Supremacy Resurgences and Cultural Health Responses for Asian, Native, and Black American Youth	Addresses how "white supremacy" culture has systematically served as the formation, foundation, and expression of institutional racism throughout U.S. history by employing institutional policies and cultural conflicts of “divide and conquer” between different communities.	1.5 hours/Annually	Direct Services: Contractors	11/29/2021	1	NCTSN

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Affirming Care for Transgender	Provides participants with a comprehensive understanding of the needs and challenges transgender and gender-expansive youth face.	1.5 hours/Annually	Administration/Management; Direct Services: Contractors	11/30/2021	3	NCTSN
Resiliency - Youth	Compassion Fatigue	Understanding the concept of compassion fatigue and how this can lead to burnout; providing new tools for self care.	6 hours/Annually	Administration/Management; Direct Services: Contractors	11/30/2021	3	Sacramento County QI Staff
Recovery - Adult	ATOD: Advanced Issues in Substance Absue Treatment 1512	This looks at individuals with substancs use.	2 hours/Annually	Direct Services: Contractors	12/1/2021	1	Pam Robertson
Cultural Competence	Cultural Attunement: Core Practice	Supports the staff with working with other populaitons	3 hours/Annually	Direct Services: Contractors	12/1/2021	1	Pam Robertson
Cultural Competence	Race and Racism	Understanding the how racism contributes to inequalities and health disparities and affects the assessment and quality of mental health care.	1.5 hours/Annually	Administration/Management; Direct Services: Contractors	12/2/2021	13	Michele Ornelas Knight, Psy.D
Cultural Competence	Trauma Informed Care	Understanding the impact of trauma and how to be mindful of trauma while providing care to clients	4 hrs/Annually	Direct Services: Contractors	12/2/2021	3	DBHS
Cultural Competence	Improving Cultural Competency for Behavioral Health Professional	This training is important for those indiviudals who are in behavioral health. It is a country training that focuses on cultural competency and support clients of all backgrounds	5 hours/Annually	Direct Services: Contractors	12/3/2021	1	Pam Robertson
Cultural Competence	Deaf 101 Training	How to interact with the Deaf community.	1 hour/Once	Direct Services: Contractor	12/7/2021	1	Sac County Behavioral Health
Cultural Competence	Cultural Humility	How to remain humble while working to be inclusive	4 hours/Once	Direct Services: Contractors	12/9/2021	6	Marjah Hunt, LMFT
Cultural Competence	Empowerment Training Center	Know the signs, suicide awareness & prevention	1.5 hours/Once	Community Event	12/9/2021	30	Catherine Seames-Miller
Recovery - Adult	AOD & Harm Reduction	AOD and harm reduction	2 hours/Once	Direct Services: Contractors	12/10/2021	6	William Schneider
Recovery - Adult	Psychosocial Rehab and First Person Language	Psychosocial rehab and first person language	2 hours/Once	Direct Services: Contractors	12/10/2021	6	Karen Brockopp. LCSW
Cultural Competence	BHREC	ELT understanding of cultural competence	1.5 hours/Once	Administration/Management	12/13/2021	14	BHREC Team
Recovery - Adult	Trauma Informed Care	Trauma informed care & resiliency	5.5 hours/Once	Administrative/Management; Direct Services: Contractors	12/14/2021	10	Brockopp & L. Friederiksen
Cultural Competence	Empowerment Training Center	Adverse childhood experiences	1.5 hours/Once	Community Event	12/14/2021	20	Kayla Radake
Resiliency - Youth	Crisis De-Escalation Training	Understanding crisis de-escalation with a focus on traumatized youth	2 hrs/Once	Administration/Management; Direct Services: Contractors; Support Services	12/15/2021	10	John Glass
Resiliency - Youth	Crisis De-Escalation Training	Understanding Crisis De-escalation	2 hours/Once	Administration/Management; Direct Services: Contractors; Support Services	12/15/2021	15	John Glass
Recovery - Adult	Decision Balancing	Presentation to promote recovery principles by using decisional balancing and understanding the concept of dignity of risk while duty to care	1 hour/Annually	Administration/Management; Direct Services: Contractors	12/16/2021	14	Matthew Gerolamo
Cultural Competence	Community Violence and Civil Unrest: Youth Responses to Complex Harm and Collective Healing	This webinar shares creative strategies and develops practices to help youth challenge these perpetual traumas through trusting relationships, radical healing, and supported action.	1.5 hours/Annually	Direct Services: Contractors	12/21/2021	1	NCTSN
Cultural Competence	Introduction to Cultural Linquistic Competency	Learning what culture has to do with behavioral health	5.5 hours/Annually	Administration/Management; Direct Services: Contractors	12/21/2021	9	Think Cultural Health
Cultural Competence	Affirmative Therapy with Trans and Nonbinary Clients	To help MH professionals expand their knowledge, awareness, and skills for working with trans and nonbinary clients.	1 hour/Once	Direct Services: Contractors	12/22/2021	1	Em Matsuno, Sebastian Barr, D17CounselingPsych

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Understanding Human Trafficking 2022	Signs and risk factors of human trafficking, including marginalized populations.	1 hour/Annually	Administration/Management; Direct Services: Contractors	1/1/2022	25	Relias
Cultural Competence	Cultural Competence 2022	Promote knowledge and respect of cultural behaviors.	0.5 hours/Annually	Administration/Management; Direct Services: Contractors	1/1/2022	37	Relias
Cultural Competence	Understanding Human Trafficking 2022	Signs and risks factors of human trafficking including marginalized populations in a health care setting	1 hour/Annually	Administration/Management; Direct Services: Contractors	1/1/2022	7	Relias
Cultural Competence	Cultural Competence 2022	Promote knowledge and respect of cultural behaviors	.5 hour/Annually	Administration/Management; Direct Services: Contractors	1/1/2022	13	Relias
Cultural Competence	Customer Service in Behavioral Health Part 1	Developing relationships with clients by treating them with dignity and respect	1 hour/Annually	Direct Services: Contractors	1/1/2022	15	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/Annualy	Adminstration/Management; Direct Services: Contactors	1/1/2022	16	My Learning Point
Cultural Competence	Diversity in the Workplace	The diverse effects of culture and society on mental health, mental illness, and mental health services.	1 hour/Annually	Adminstration/Management; Direct Services: Contactors	1/1/2022	15	My Learning Point
Family Focused - Youth	Client and Family Crisis Management	Managing crisis situations, deescalation of a crisis and recovery	4 hours/Once	Direct Services: Contractors	1/1/2022	8	My Learning Point
Cultural Competence	Commercial Sexual Exploitation n Identification Tool (CSE-IT)	Understanding the culture and dynamics of SEC	8 hours/Monthly	Direct Services: Contractors	1/1/2022	21	WestCoast Children's Clinc Online
Resiliency - Youth	QPRT Suicide Assessment Training	Suicide Assessment and Prevention Model for both clinical staff and family members.	10 hours/Once	Direct Services: Contractors	1/2/2022	3	Online Course
Recovery - Adult	SBIRT: Screening and Interventions for Individuals with Substance Use Issues	Professionals in a variety of healthcare settings witness the consequences experienced by individuals who engage in excessive drinking or drug use. Integrating Screening and Brief Intervention and Referral for Treatment (SBIRT) in a general medical setting can provide early identification and treatment to individuals engaging in risky alcohol and substance use who many not be seeking services otherwise.	1.25 hours/Once	Direct Services: Contractors	1/2/2022	2	Online Course
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.	0.5 hours/Annually	Direct Services: Contractors	1/2/2022	3	Online Course
Recovery - Adult	Core Practice: An Introduction to Trauma Informed Care	This training looks at how to work with trauma and to support the natural resilience in an individual.	1 hours/3x per year	Administration/Management	1/3/2022	1	Pam Robertson
Cultural Competence	Latinx Families and Trauma Part 1 & 2	Mental health therapy with Latinx families presentation focuses on briefly exploring the Latinx culture, history, and language as well as Latinx interactions with mental health services. Finally, we discuss providing mental health services: connecting with Latinx families, how to assess for trauma, common types of trauma experiences, and effective interventions, all with cultural considerations at the forefront	1.5 hours/Annually	Administration/Management; Direct Services: Contractors	1/6/2022	14	Elizabeth Mota-Garcia, LCSW & Christopher Norton, APCC
Cultural Competence	Complex Trauma	Psychoeducation regarding complex trauma, impact on clients and families and strategies for engaging them them through the lens of complex trauma.	1 hour/Once	Direct Services: Contractors	1/8/2022	8	John Glass, SCH
Cultural Competence	Cultural Responsiveness	Psychoeducation on increasing personal awareness of bias and priviledge in the workplace, increasing an ability to approach the workplace and population served through an improved lense of cultural responsiveness.	4 hours/Once	Direct Services: Contractors	1/11/2022	5	Linda Ray, SCH

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Recovery - Adult	Smart Recovery & REBT Training	Engage the individual in a "non-judgemental" thereapeutic relationship and motivate change through education. Education focuses on the relationship among drug use, mental disorders, offending behavior, self-defeating behaviors, and the process of change. This approach is non-judgmental. Participants learned to facilitate sustained cognitive and behavioral changes using Rational Emotive Behavior Therapy and Solution Focused Therapy. The individuals recieve ongoing motivational support while learning specific strategies to achieve ad maintain abstinence. Harm reduction strategies may be included as part of the process. Participants learned to encourage individuals to continue to seek ongoing support and introduces them to SMART Recovery	2 hours/Once	Administration/Management; Direct Services: Contractors	1/12/2022	23	Dr. BJ Davis
Cultural Competence	Developmental Disabilities	Learning about common behaviors and social challenges associated with ASD and how to use EBP and effective interventions.	1 hour/Annually	Administration/Management; Support Services	1/12/2022	7	Mary Rettinhouse
Cultural Competence	Transcultural Engagement Model with AA/B/AD Clients and Families	Developing cultural humility and understanding cultural and historical implications in engagement with AA/B/AD clients and families.	6 hours/Quarterly	Administration/Management; Direct Services: Contractors	1/14/2022	36	Andre' Chapman, Unity Care
Cultural Competence	UC Davis Anti-Racism Series Foundational	This looks at the foundational principles and language that go with race.	1.5 hours/2x per year	Administration/Management	1/15/2022	2	Dr. Smith
Cultural Competence	Trauma Informed Care	How do we become a more trauma informed agency	5.5 hours/Once	Direct Services: Contractors	1/18/2022	7	Lisa Friederiksen & K Brockopp
Cultural Competence	Two Part Cultural Intelligence Ttraining for Placer Nonprofits	Part 1- developing language of cultural intelligence- building a living glossary	2 hours/Annually	Support Services	1/19/2022	2	Nikki Whitfield
Recovery - Adult	Self medication practices/harm reduction	Training about reducing stigma around stimulant use and how to promote recovery	1 hour/Annually	Administration/Management; Direct Services: Contractors	1/20/2022	13	Emily Davis
Cultural Competence	Universal Trauma Informed Care	TIC: A practical guide for helpers	3.5 hours/Annually	Support Services	1/22/2022	2	Sacramento County Quality Management
Cultural Competence	BHREC	ELT understanding of cultural competence	1.5 hours/Once	Administration/Management	1/24/2022	14	BHREC Team
Cultural Competence	Racial Equity Training	Identify elements of the professional work environment that are rooted in white supremacy and discussing potential antidotes.	1.5 hours/Monthly	Support Services	1/25/2022	21	Reggie Caldwell
Recovery - Adult	Smart Recovery & REBT Training	Engage the individual in a "non-judgemental" thereapeutic relationship and motivate change through education. Education focuses on the relationship among drug use, mental disorders, offending behavior, self-defeating behaviors, and the process of change. This approach is non-judgmental. Participants learned to facilitate sustained cognitive and behavioral changes using Rational Emotive Behavior Therapy and Solution Focused Therapy. The individuals recieve ongoing motivational support while learning specific strategies to achieve and maintain abstinence. Harm reduction strategies may be included as part of the process. Participants learned to encourage individuals to continue to seek ongoing support and introduces them to SMART Recovery	2 hours/Once	Administration/Management; Direct Services: Contractors	1/26/2022	10	Dr. BJ Davis
Resiliency - Youth	Transition to Independence Program (TIP) Model Orientation and Training	Engage youth in their own futures planning process. Prepares and facilitates their independence and self-reliance.	8 hours/Bi-annually	Direct Services: Contractors	1/26/2022	10	Noaloni Villasenor ROCC

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Crisis Intervention of Individuals with Disabilities	Diverse ways of honoring culture in crisis	0.75 hours/Annually	Direct Services: Contractors	1/26/2022	3	Internal Relias
Cultural Competence	Deaf 101 Training	Learn about the diverse Deaf community, Deaf culture and language and what it means to be deaf from the view of a Deaf person.	1 hour/Annually	Administration/Management	1/27/2022	1	Jilian Watkins
Family Focused - Youth	SAM webinar: A Conversation with Patrick J. Kennedy & Dr. Nora Volkow	Clinical outcomes of marijuana use among culturally diverse teens, NIH public health efforts around marijuana vaping among youth and its increase in intensity in current users.	1 hour/Once	Administration/Management	1/28/2022	1	Patrick J. Kennedy,, Dr. Nora Volkow, Kevin Sabet
Family Focused - Youth	Childhood Adversity and Mental Health: Identifying Opportunities to Reduce Risk and Promote Resilience Across the Life Course	Providing care to those who experienced childhood adversity	1 hour/Once	Administration/Management; Direct Services: Contractors; Support Services; Community Members/General Public	1/28/2022	63	Erin Dunn, ScD, MPH
Recovery - Adult	Danger to Self/Danger to Others: Telecare's Risk Assessment Training	This curriculum covers the importance of assessing and understanding risk to better predict behavior. Danger to Self/Danger to Others: Telecare's Risk Assessment Training discusses the risk assessment policies at Telecare. Participants will learn how to identify risk factors and implement interventions to reduce risk behaviors.	2 hrs/Once	Direct Services: Contractors	2/1/2022	2	Online Course
Cultural Competence	Cultural Competence	As workplaces become more diverse, effective and successful employees must become more knowledgeable of other cultural norms, be respectful of the wide range of cultural behaviors, and effectively communicate with people of various backgrounds. This course provides important information about becoming more respectful and culturally competent.	0.5 hours/Annually	Direct Services: Contractors	2/1/2022	6	Online Course
Cultural Competence	Be Direct: A Safe Approach to Community Work	This online training course provides participants with knowledge and skills regarding how to remain safe while performing community work. Utilizing the eight components, staff will learn how to understand how to build and maintain a recovery partnership while keeping people safe.	1 hour/Annually	Direct Services: Contractors	2/1/2022	4	Online Course
Cultural Competence	Your Role in Workplace Diversity	Diversity education	1 hour/Annually	Direct Services: Contractors	2/2/2022	2	Web-Based Training
Cultural Competence	Improving Cultural Competency for Behavioral Health Professional	This training is important for those indiviudals who are in behavioral health and focuses on cultural competency and supporting clients of all backgrounds.	5 hours/Annually	Administration/Management	2/2/2022	2	Pam Robertson
Cultural Competence	UC Davis Anti-Racism Series Allyship	This looks at how to be an ally.	1.5 hours/3x per year	Administration/Management	2/3/2022	2	Dr. Smith
Family Focused - Youth	CPI Regional Training - Virtual	Two-day conference on creating and sustaining prevention services to diverse communities, new approaches to maximize prevention efforts, information from prevention practitioners.	6 hours/Once	Administration/Management	2/7/2022	2	Multiple Presenters
Cultural Competence	Trauma Informed Care	How do we become a more trauma informed agency	5.5 hours/Once	Administration/Management; Direct Services: Contractors	2/10/2022	4	Lisa Friederiksen & K Brockopp
Cultural Competence	Aging and the LGBTQ webinar	Understanding aging in the LGBTQ community	1.5 hours/Once	Direct Services: Contractor	2/10/2022	1	Sac County Behavioral Health
Cultural Competence	Transracial Adoption Training Series | I Am a Good Person	I can't possibly have bias, and other myths about how our brains work	1.5 Hours/Once	Direct Services: Contractors; Community Members/General Public	2/10/2022	18	Dr. Tamu Green

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Resiliency - Youth	Crisis Prevention Intervention	Managing crisis situations, de-escalation skllls and education on crisis intervention techniques.	7 hours/Every 3 years	Direct Services: Contractors	2/11/2022	6	Debbier Mendez ROCC internal
Cultural Competence	Overcoming Barriers to LGBTQ+ Affirming	Barriers education	1 hour/Annually	Direct Services: Contractors	2/11/2022	1	Web-Based Training
Cultural Competence	Cultural Compentency Training	An overview of agency culture and expectations and the concept of cultural humility to the work.	4 hours/Once	Administration/Management; Direct Services: Contractors; Support Services	2/11/2022	7	Cultural Competency Committee
Cultural Competence	Cultural Responsiveness in Clinical Practice	Cultural responsiveness in clinical practice	2 hours/Annually	Direct Services: Contractors	2/13/2022	2	Web-Based Training
Cultural Competence	Overcoming Barriers to LGBTQ+ Affirming	Overcoming barriers to LGBTQ+ affirming	2 hours/Annually	Direct Services: Contractors	2/13/2022	5	Web-Based Training
Cultural Competence	Bullying in the Workplace	How to handle intimidation in the workplace culture	1 hour/ Annually	Direct Services: Contractors	2/14/2022	4	Web-Based Training
Cultural Competence	Facing Fentanyl - Creating Life Saving Communication Strategies- webinar	Cutting-edge cullturally respectful communication strategies to reduce fentanyl-related overdoses in your community thru fentanyl education, examples of effective overdose prevention campaigns, how to act quickly to build local awareness of the fentanyl crisis, understand at-risk populations messaging needs, tailor communications that are relevant and motivating.	1 hour/Once	Administration/Management	2/15/2022	1	Rescue Agency
Family Focused - Youth	One Choice Prevention: A Message of Hope and Science - webinar	Brain science behind One Choice message, ways the message can be successfully integrated into diverse youth-led prevention activities and prevention education materials.	1 hour/Once	Administration/Management	2/15/2022	1	Caroline DuPont, MD is Vice President of the Institute for Behavior and Health, Inc
Cultural Competence	Cultural Awareness	Cultural sensitivity & awareness in the community	1 hour/Annually	Administration/Management; Direct Services Contractors; Support Services	2/16/2022	17	ISA Management - Alicia Contreras
Cultural Competence	Substance Use	AOD and harm reduction	3 hours/Once	Direct Services: Contractors	2/17/2022	10	William Schneider
Cultural Competence	Cultural Humility	How to remain culturally humble	4 hours/Once	Direct Services: Contractors	2/17/2022	10	Marja Hunt LMFT
Resiliency - Youth	Sac EDAPT	Understanding the impact of psychosis on youth and family. Therefore, using early intervention and prevention	1 hour/Annually	Administration/Management; Direct Services: Contractors	2/17/2022	12	Daniel Shapiro
Recovery - Adult	MH Recovery & First Person Language	The journey of MH recovery	2 hours/Once	Direct Services: Contractors	2/18/2022	10	Karen Brockopp.LCSW
Cultural Competence	Seeing 2020: Structural Racism Revealed! The Sequel	Reviewing research and scholarship on combating institutional racism at UC Davis	1 hour/Once	Administration/Management; Direct Services: Contractors; Support Services; Community Members/General Public	2/18/2022	111	Ruth Shim, MD
Family Focused - Youth	Youth Matter, "IT" Doesn't! How to Leave Your "IT" Behind! - webinar	Share with culturally diverse teens about the power of their decisions, how to build a strong foundation for their lives, understanding who they think they are, the power of every moment, what hinders or defines you.	1 hour/Once	Administration/Management	2/22/2022	1	Multiple Presenters
Family Focused - Youth	Interventions Using Art therapy	Training in art therapy interventions for children, families, and adults	1 hour/Once	Administration/Management; Direct Services: Contractors	2/23/2022	9	Quinta Davenport, MFT
Family Focused - Youth	Cannabis and the Adolecent Brain Webinar	Science, data and peer-reviewed research surrounding marijuana by international medical experts.	1 hour/Once	Administration/Management	2/24/2022	1	Multiple Presenters
Cultural Competence	A Culture-Centered Approach to Recovery	How culture impacts recovery	1 hour/Annually	Direct Services: Contractors	2/25/2022	1	Web-Based Training
Cultural Competence	BHREC	ELT understanding of cultural competence	1.5 hours/Once	Administration/Management	2/28/2022	14	BHREC Team
Navigating Systems - Youth	CARE Learning Collaborative	CARE Learning Collaborative: Foster Care Involved Youth	2 hours/Once	Community Event	2/28/2022	25	Ebony Chambers

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Supporting Recovery & Change COEG 1	This eLearning module was designed by Telecare for Telecare employees. In this module you will learn ways to support and inspire the individuals who are receiving services in our programs. Specifically, you will learn: the meaning of several words frequently used in Telecare programs, including 'Recovery', 'Stigma', and 'Trauma'; about the 5 Awarenesses of Telecare's Recovery Centered Clinical System (RCCS); how these RCCS Awarenesses apply to your work with someone whose life has been impacted by mental illness and substance use; why it's hard for any of us to make a change in our lives; and how you can help when someone you're working with may (or may not) be considering a change in his life.	1 hr/Once	Direct Services: Contractors	3/1/2022	2	Online Course
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. Identify the behavior levels that contribute to the development of a crisis and choose an appropriate staff intervention for each level.	6 hours/Every 2 years	Direct Services Contractors	3/1/2022	2	CPI PT1
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.	1.75 hours/Once	Direct Services: Contractors	3/1/2022	2	Online Course
Recovery - Adult	Suicide Risk Factors, Screening, & Assessments	As a healthcare professional who deals with at-risk people, you know that those who are in distress are at an increased risk of suicide and that screening for suicidality is the first step in the process of prevention. This course dispels some of the common myths about suicide and provides you with up-to-date and accurate information about best practices in suicide screening and assessment. You will learn about specific factors that elevate risk of suicide and about some specific high-risk groups. Through a blend of didactic and interactive exercises, you will learn how to use screening instruments and several different models of comprehensive suicide assessment. The information you learn in this course will help you potentially save the lives of the at-risk population you encounter.	1.25 hours/Once	Direct Services Contractors	3/1/2022	4	Online Course
Resiliency - Youth	Motivational Interviewing Training	Introduce the concept of motivational interviewing as a youth counselor.	2 hours/Once	Support Services	3/2/2022	1	Community Advocacy Primary Care

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Cultural Competence	Affirming Mental Health Treatment-Working with LGBTQ+ Youth	Two part seminar on the defining and understanding what affirming MH TX is and specific strategies for parents and affirming assessments and interventions for children and youth.	1.5 hours/Annually	Administration/Management; Direct Services: Contractors	3/3/2022	12	Michele Ornelas Knight, Psy.D
Recovery - Adult	Safety Planning & Critical Risk Factors	Identifying the need for a personal safety plan, developing a safety plan, assessing risk factors.	1 hour/Annually	Direct Services: Contractors	3/3/2022	18	Sally Wynn
Cultural Competence	Cultural Insight Activity: White Supremacy & White Fragility	Video and follow up discussion to define and address white supremacy and white fragility.	1 hour/Once	Administration/Management; Direct Services: Contractors; Support Services	3/4/2022	106	Cultural Competency Committee
Cultural Competence	Trauma Informed Care	How do we become a more trauma informed agency	5.5 hours/Once	Administration/Management; Direct Services: Contractors	3/8/2022	4	Lisa Friederiksen & K Brockopp
Cultural Competence	Empowerment Training Center	Textured hair care	1.5 hours/Once	Community Event	3/10/2022	30	Crstal Michelle
Cultural Competence	Bullying in the Workplace	Workplace culture ethics	1 hour/Annually	Direct Services: Contractors	3/11/2022	3	Web-Based Training
Navigating Systems - Youth	Alta California Regional Center-Understanding Services Offered and Referral Process	Presentation by Alta staff on services Alta can offer our clients, referral process, and qualification requirements.	2 hours/Once	Administration/Management; Direct Services: Contractors	3/14/2022	49	Alta California Regional Center Staff
Cultural Competence	Cultural Awareness /Competence	Cultural sensitivity & awareness in the workplace/community	1 hour/Annually	Administration/Management; Direct Services Contractors; Support Services	3/16/2022	22	ISA Management - Alicia Contreras
Resiliency - Youth	Youth Mental Health & Vaping: Messaging Strategies for Converging cries	Evidence-based communication strategies for disassociating vaping as a mental health benefit, empowering diverse community of teens to see how vaping can harm–rather than help–their mental health, how to equip teens with positive resources that normalize quitting, and neutralizing the link between youth mental health and vaping.	1 hour/Once	Administration/Management	3/16/2022	1	Rescue Agency: Krysten Isaac
Cultural Competence	Safe Space for LGBTQIAA2+ Youth	Discuss identity and how to support youth who identify as LGBTQ+. Learn how to be a safe zone/ally for queer and questioning youth.	2 hours/Annually	Direct Services: Contractors	3/17/2022	1	Victoria Garcia
Navigating Systems - Youth	Strength Based Approach	Team was provided on how to utilize strengths of youth and adults when coaching them to navigate the system	1.5 hour/Annually	Administration/Management; Direct Services: Contractors	3/17/2022	14	Matthew Gerolamo
Recovery - Adult	Recovery Training	Working with Comercially Sexually Exploited Children (FAC General Meeting)	1 hour/Annually	Administration/Management; Direct Services: Contractors; MH Board and Commissions	3/18/2022	17	Drew Geniesse, Pablo Paxtor
Cultural Competence	Mental Health Stigma	Discussion on stigma in clients and families who experience mental illness and in providers	1 hour/Once	Administration/Management; Direct Services: Contractors; Support Services	3/18/2022	9	Dan Shapiro, PhD Rina Haack, BS
Cultural Competence	Transforming Systemic Violence	Examines how intersecting forms of systemic violence transforms the migrant experience for queer-identifying migrants.	1.5 hours/Twice	Support Services	3/22/2022	2	Sandibel Borges; Shirita Gruberg
Resiliency - Youth	Sacramento County Prevention Summit	Bringing communities together to educate and build capacity around youth substance use prevention.	4 hours/Once	Support Services	3/22/2022	3	Sacramento County Coalition for Youth
Family Focused - Youth	Song for Charlie Presents: Drugs in the age of fentanyl	The Song for Charlie Team review on the current state of the fentanyl crisis, emphasizing the impact on a diverse community of youth.	1 hour/Once	Administration/Management	3/22/2022	1	Multiple Presenters
Cultural Competence	The Justive Collective	Building an individual and collective knowledge and skill through applying key anti-racism, equity, diversity and inclusion concepts, frameworks and tools to generate more equitable and inclusive organizational culture.	12 hours/Quarterly	Administration/ Management; Direct Services: Contractors	3/23/2022	12	The Justive Collective

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Family Focused - Youth	Prevention Stories Writing Workshop: telling the stories behind the science	Using prevention stories to exemplify what prevention looks like, effects prevention services have on communities, reducing stigma and building empathy, and celebrating cultural resilience.	1 hour/Once	Direct Services: Contractors	3/23/2022	1	Multiple Presenters
Cultural Competence	Empowerment Training Center	Building resilience from lived experience	1.5 hours/Once	Community Event	3/23/2022	10	Juan Sanchez
Family Focused - Youth	Recognizing and Responding to an Overdose with Naloxone for Youth	Engagement skills, techniques used to administer Naloxone safely, and how to refer for follow-up care, build skills for an emergency situation, providing harm reduction education to diverse communities of youth, identify appropriate DHCS Naloxone resources, risks of overdose.	2 hours/Once	Administration/Management	3/24/2022	1	Alyssa Cohen, Psy.D
Family Focused - Youth	Fentanyl and Overdose Prevention	Everything you need to know about fentanyl and overdose prevention in a culltural competent way.	1 hour/Once	Administration/Management	3/24/2022	1	CA Bridge Program
Cultural Competence	Board Training	CLAS & BHREC Training	0.5 hours/Once	Administration/Management; Community-Based Organizations/Agency Board of Directors	3/24/2022	22	Terrell T. April L.
Cultural Competence	BHREC	ELT understanding of cultural competence	1.5 hours/Once	Administration/Management	3/28/2022	14	BHREC Team
Cultural Competence	Hope Cooperative Leadership Academy	Engagement and inclusion	4 hours/Once	Administration/Management	3/30/2022	23	JD Thompson & Assoc
Cultural Competence	Bio-Psycho-Social-Spiritual Effects of Addiction	Multi-sphere training on the interplay between facets of self in relationship with family and community	1 hour/Once	Administration/Management; Direct Services: Contractors	3/30/2022	11	Jo Greene, CADC II
Cultural Competence	Customer Service in Behavioral Health Part 1	Developing relationships with clients by treating them with dignity and respect	1 hour/Annually	Direct Services: Contractors	4/1/2022	16	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/Annualy	Direct Services: Contractors	4/1/2022	16	My Learning Point
Cultural Competence	Diversity in the Workplace	The diverse effects of culture and society on mental health, mental illness, and mental health services.	1 hour/Annually	Direct Services: Contractors	4/1/2022	15	My Learning Point
Cultural Competence	Crisis De-escalation Strategies	Skills and best practices for de-escalating a client crisis situation	1 hour/Annually	Administration/Management	4/1/2022	1	My Learning Point
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/Annually	Direct Services: Contractors	4/1/2022	1	My Learning Point
Cultural Competence	Commercial Sexual Exploitation n Identification Tool (CSE-IT)	Understanding the culture and dynamics of SEC	8 hours/Monthly	Direct Services: Contractors	4/1/2022	3	WestCoast Children's Clinc Online
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/Annually	Administration/Management; Direct Services: Contractors	4/1/2022	16	My Learning Point
Resiliency - Youth	Motivational Interviewing	Client ownership in the change process during treatment	3 hours/Annually	Administration/Management; Direct Services: Contractors	4/1/2022	15	My Learning Point
Resiliency - Youth	Motivational Interviewing for the Substance Affected Client for Change	Client ownership in the change process during treatment	3 hours/Annually	Administration/Management; Direct Services: Contractors	4/1/2022	15	My Learning Point
Navigating Systems - Youth	Environmental Prevention Engaging Commpunity Partners Webinar	Purpose of campus-community coalitions, who should be engaged with the, strategies for establishing coalitions, role of policy and provide examples of policies that are effective at addressing collegiate substance misuse.	1 hour/Once	Administration/Management	4/5/2022	1	Multiple Presenters
Resiliency - Youth	Suicide Prevention Training	QPR: how to question, persuade, and refer someone who is suicidal.	2 hours/Every two years	Support Services	4/7/2022	1	SNAHC

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Let's Talk About Race: Affirming and Nurturing Racial Idenity in Children	Explore messages and actions that caregivers can use to assist children exploring and appreciating racial idenity.	2 hours/Once	Support Services	4/8/2022	1	Ebondy Chambers & Deborah Wender
Cultural Competence	Adverse Childhood Experiences Survey (ACES) and Trauma-Informed Care	Explores the connection between trauma and the child welfare system.	7 hours/Once	Direct Services: Contractors	4/11/2022	4	Amanda Gibson, UCD
Cultural Competence	SAGE National Roundtable	Advocacy for seniors.	1 hour/Monthly	Support Services	4/11/2022	3	Presentors varied. SAGE
Navigating Systems - Youth	CARE Learning Collaborative	CARE Learning Collaborative: Foster Care Involved Youth	2 hours/Once	Community Event	4/11/2022	25	Ebony Chambers
Cultural Competence	An Introduction to Cultural and Linguistic Competency	Learn what culture has to do with behavioral health care.	1 hour/Annually	Administration/Management	4/12/2022	2	Cine-Med
Cultural Competence	Trauma Informed Care	How do we become a more trauma informed agency	5.5 hours/Once	Direct Services: Contractors	4/13/2022	4	Lisa Friederiksen & J Jimenez
Cultural Competence	Your Role in Workplace Diversity	Workplace diversity education	2 hours/Annually	Direct Services: Contractors	4/13/2022	9	Web-Based Training
Cultural Competence	Improving Cultural Competency from Behavioral Health Professional	This training is county ran and focuses on dealing with biases.	4 hours/Quarterly	Administration/Management	4/13/2022	1	Dr. Smith
Navigating Systems - Youth	System Navigation Training	Q Spot Respite Center (YAC General Meeting)	1 hour/Annually	Administration/Management; Direct Services: Contractors; MH Board and Commissions	4/14/2022	12	Ru Hansen
Family Focused - Youth	Transracial Adoption Training Series |	Protecting ourselves and our loved ones from bias	1.5 hours/Every other month	Adminstration/Management; Community Event; Community Based- Organizations/Agency Board of Directors	4/14/2022	14	Dr. Tamu Green
Cultural Competence	Community Inclusion	Ensuring inclusion of community in tx planning and reentry	1 hour/Annually	Administration/Management; Direct Services: Contractors	4/15/2022	2	Internal Relias
Recovery - Adult	Crisis Management Across Health & Human Services	Managing crisis with clients in HHS	1.5 hours/Annually	Direct Services: Contractors	4/19/2022	2	Internal Relias
Cultural Competence	Bullying in the Workplace	Workplace violence awareness	2 hours/Annually	Direct Services: Contractors	4/20/2022	3	Web-Based Training
Cultural Competence	Best Practices for Working with LGBTQ Children and Youth	In this course, you will receive basic information on gender and sexual identities in LGBTQ+ children and youth to better inform your practice. The course will also discuss the effects of institutional, cultural, and social discrimination on LGBTQ+ youth as well as the impact of complex trauma. It will explore assessment practices, treatment models and methods for building resilience in LGBTQ+ children and youth.	1.25 hours/Annually	Administration/Management; Direct Services Contractors; Support Services	4/20/2022	6	Relias
Recovery - Adult	Suicide Prevention Training	QPR suicide prevention.	2 hours/Once	Support Services	4/21/2022	2	Presentors varied. SNAHC
Resiliency - Youth	Safety Plan Training	Client prevention strategies in managing safety concerns- how to implement interventions while incorporating the family's culture and perspectives.	4 hours/Quarterly	Direct Services: Contractors	4/22/2022	17	Michelle Glicksman/Katlyn Reily-ROCC
Cultural Competence	Cultural Compentency Training	An overview of agency culture and expectations and the concept of cultural humility to the work.	4 hours/Once	Direct Services: Contractors; Support Services	4/22/2022	9	Cultural Competency Committee
Cultural Competence	UC Davis Anti-Racism Series: Foundational 1512	This training is a foundational look at racism and its influence on media, policy and community	2 hours/Quarterly	Administration/Management	4/23/2022	1	Dr. Smith
Cultural Competence	BHREC	ELT understanding of cultural competence	1.5 hours/Once	Administration/Management	4/25/2022	14	BHREC Team

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Hope Cooperative Leadership Academy	Learning styles and how to work with various types	4 hours/Once	Administration/Management	4/26/2022	16	JD Thompson & Assoc
Cultural Competence	Trauma Informed Treatment and Seeking Safety	Defined PTSD and other forms of trauma. Identified common stress reactions to trauma as well as the adverse effects of using substances to manage symptoms of PTSD and other traumas. Identified goals, topics, and format of the Seeking Safety curriculum. Counselors were educated on ways to implement materials without causing harm to survivors of trauma by applying trauma informed care.	2 hours/Once	Administration/Management; Direct Services: Contractors	4/27/2022	33	Dr. BJ Davis
Cultural Competence	Culturally-Responsivity in TF-CBT	Discussion of culturally-modified TF-CBT; TF-CBT for Latino Children & Families, American Indians and Alaskan Natives	1.5 hours/Annually	Administration/Management; Direct Services: Contractors	4/28/2022	13	Brandi Liles, PhD
Cultural Competence	CHMACY SSYAF Workshop	Advocating for aystemic transformational change	2.5 hours/Once	Community Event	4/28/2022	35	Ebony Chambers
Cultural Competence	Cultural Responsiveness	Psychoeducation on increasing personal awareness of bias and priviledge in the workplace, increasing an ability to approach the workplace and population served through an improved lense of cultural responsiveness.	4 hours/Once	Direct Services: Contractors	5/3/2022	1	Linda Ray, SCH
Family Focused - Youth	Addressing Cannabis Use Among College Students: Prevention and Intervention Opportunities	The most recent science related to cannabis/marijuana on college campuses, prevention and intervention opportunities (including within fraternity and sorority life).	1 hour/Once	Administration/Management	5/4/2022	1	Jason Kilmer, PhD
Family Focused - Youth	988 Suicide and Crisis Lifeline - SAMSAH National Prevention day	Overview of 988 Suicide and Crisis Lifeline, the free and confidential peer-to-peer help crisis line for youth (YouthLine)	1 hour/Once	Administration/Management	5/9/2022	1	James Wright, Chief, Crisis Center Operations, Office of the Assistant Secretary, SAMHSA, CSAP/SAMHSA
Navigating Systems - Youth	CARE Learning Collaborative	CARE Learning Collaborative: Foster Care Involved Youth	2 hours/Once	Community Event	5/9/2022	25	Ebony Chambers
Cultural Competence	Cultural Competence Training	What is cultural competency	1 hour/Annually	Administration/Management; Direct Services Contractors; Support Services	5/10/2022	14	Chris Stanwick
Cultural Competence	When Texas Went After Transgender Care	Understanding political battles taking place in the country around gender affirming care and the impact these have on youth in California.	1.5 hours/Annually	Direct Services: Contractors	5/10/2022	1	Azeen Ghorayshi and J. David Goodman
Cultural Competence	Safe Talk	How do we safety plan and address safety barrier for all clients	4 hours/Once	Direct Services: Contractors	5/10/2022	9	Karen Brockopp.LCSW
Cultural Competence	Trauma Informed Treatment and Seeking Safety	Defined PTSD and other forms of trauma. Identified common stress reactions to trauma as well as the adverse effects of using substances to manage symptoms of PTSD and other traumas. Identified goals, topics, and format of the Seeking Safety curriculum. Counselors were educated on ways to implement materials without causing harm to survivors of trauma by applying trauma informed care.	2 hours/Once	Direct Services: Contractors	5/11/2022	9	Dr. BJ Davis
Resiliency - Youth	Sacramento County Methamphetamine Coalition	How to deal with overdoses and what resources available for overdoses.	2 hours/Once	Support Services	5/12/2022	3	Sacramento County
Cultural Competence	Transcultrual Engagement Model with the AA/B/AD Community	Understanding the impact of complex trauma in the AA/B/AD community and ways to engage community members in treatment through a racial equity/cultural humility lense	6 hours/Quarterly	Administration/Management; Direct Services: Contractors	5/12/2022	54	Andre' Chapman, Unity Care
Cultural Competence	UC Davis Anti-Racism Series: Allyship 1512	This training focuses on how to promote allyship within your community and workplace	2 hours/Quarterly	Administration/Management	5/13/2022	1	Dr. Smith

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Epistemology of Personality Disorders among LGBTQ+ Populations: What it Means to be a Minoritized Human	Expert talk on factors related to working with those who identify as LGBTQ+	1 hour/Once	Administration/Management; Direct Services: Contractors; Support Services	5/13/2022	12	Craig Rodriguez-Seijas, PhD
Family Focused - Youth	Public and Environmental Health Committee	Myths That Still Exist: False Beliefs of Teens and Parents on Drug and Alcohol Use that increase the risk of use, abuse, and physical harm.	1 hour/Once	Administration/Management	5/17/2022	1	Multiple Presenters
Cultural Competence	LGBTQ+ Youth Suicide Awareness and Prevention Strategies for Caregivers	Understanding the risks to these vulnerable populations and how to provide supportive environemnts and creative outlets.	1.5 hours/Annually	Direct Services: Contractors	5/18/2022	1	CDSS
Cultural Competence	LGBTQ+ Behavioral Health	Learn about equity initiatives.	2 hours/Annually	Direct Services: Contractors	5/18/2022	1	CMHACY
Cultural Competence	Trauma Informed Care	How do we become a more trauma informed agency	5.5 hours/Once	Direct Services: Contractors	5/18/2022	3	Lisa Friederiksen & K Brockopp
Cultural Competence	Racial Bias in Schools in Working with System-Impacted Youth	To provide participants with an overview of racial bias in the educational setting and how it impacts youth.	3 hours/Once	Administration/Management	5/18/2022	1	Seneca Institute for Advanced Practice
Resiliency - Youth	MH In-Service (LGBTQIA)	Continue the conversation towards achieving cultural humility so all LGBTQIA+ people can fins a safe and affirming space; increase confidence about what you can do to create a safe, welcoming and nurturing space for our clients to heal; understanding the evolving nature of this topic and increase confidence in researching and learning.	3.5 hours/Annually	Direct Services: Contractors	5/18/2022	2	Alisa Pfanner LMFT
Cultural Competence	All About Our SOGIE	Understanding the difference between gender and sexual orientation. How counties in California are providing gender-affirming resources. Foster youth rights and gender affirming care.	2 hours/Annually	Direct Services: Contractors	5/20/2022	1	CDSS
Cultural Competence	Advanced TF-CBT	This is a 1-day training for clinicians to enhance their ability to conduct the trauma narration and cognitive processing components of TF-CBT. During the training, participants will engage in an active discussion related to mechanisms of exposure, what if's related to trauma narration, advanced cognitive processing techniques, and wrapping up trauma narration and cognitive processing.	7 hours/Once	Direct Services: Contractors	5/23/2022	8	Brandi Liles, UCD
Cultural Competence	Best Practices to Promote M.H & Prevent Substance Misuse Among Asian American, Native Hawaiian, and Pacific islander communities since COVID-19	Asian Americans (AA), Native Hawaiian and Pacific Islanders (NHPI) are the least likely ethnic groups in the US to seek behavioral health services. Learn what shared cultural factors among these diverse groups that impact responsiveness, how they seek behavioral health services in mental health and preventing substance misuse.	2 hours/Once	Administration/Management	5/23/2022	1	Dr. Marielle A. Reataza, MD, MS
Resiliency - Youth	Youth Mental Health Training	Mental health training for youth clients	8 hours/Annually	Direct Services: Contractors	5/23/2022	4	Sac County
Cultural Competence	CSH Human Trafficking 101:Dispelling the Myths FY22	Ending Human trafficking and supporting its survivors from a public health perspective	1 hour/Annually	Administration/Management; Direct Services: Contractors; Support Services	5/24/2022	27	Dignity Health My Journey
Cultural Competence	Hope Cooperative Leadership Academy	Change Talk/How to create an inclusive climate at work	4 hours/Once	Administration/Management	5/25/2022	16	JD Thompson & Assoc
Cultural Competence	Trauma-informed Care	AIDS and trauma education.	1.5 hours/Once	Support Services	5/25/2022	2	AIDS Education and Training

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Family Focused - Youth	Talking Effectively with Youth About Substance Use	How to identify risky substance use, how to facilitate brief culturally respectful conversation to enhance motivation to change, and how to avoid common pitfalls of talking with adolescents about substance use.	2 hours/Once	Administration/Management	5/25/2022	1	Jim Winkle
Family Focused - Youth	The ACE's Crisis in California: Tha Impact of Covid and Implacations for Overdose Prevention	How COVID has impacted ACEs, Adverse Community Experiences/Environments, that exacerbate the traumatic stress response among children from different communities the implications for overdose prevention, and strategies to support youth.	1 hour/Once	Administration/Management	5/25/2022	1	Multiple Presenters
Recovery - Adult	SUD Recovery Training	Transtheoretical Model (TTM) Stages of Change to facilitate the treatment relationshp	1 hour/Once	Administration/Management; Direct Services: Contractors	5/25/2022	10	Susan Barron, PhD, LCSW
Cultural Competence	PC-CARE with Latinx Families	Strategies for implementing cultural responsive services with Lantinx families within the PC-CARE model.	1 hour/Once	Direct Services: Contractors	5/26/2022	1	Lindsay Armendariz,UCD
Navigating Systems - Youth	Disaster Response Planning for Homeless Service Providers	Training series on tauma-informed outreach work.	1 hour/Once	Support Services	5/26/2022	3	Matt Olsen, Patrick Wigmore
Cultural Competence	Cultural Humility and Work with LGBTQ+ Youth	Training focuses on being culturally competent within the workforce pertaining to gender & orientation.	4 hours/Once	Administration/Management	5/26/2022	1	Vida Khavar
Cultural Competence	Board Training	CLAS & BHREC Training	0.5 hours/Once	Administration/Management; Community-Based Organizations/Agency Board of Directors	5/26/2022	23	Terrell T. April L.
Navigating Systems - Youth	CARE Learning Collaborative	CARE Learning Collaborative: Foster Care Involved Youth	2 hours/Once	Community Event	6/6/2022	25	Ebony Chambers
Cultural Competence	Trauma-informed Outreach and Engagement	Responding to the trauma of homelessness; Best practices for person-centered outreach.	2 hours/Once	Support Services	6/7/2022	1	Gillian Morshedi, Tiffany Juarez, Alicia Lehmer, David Katzemeyer
Cultural Competence	Cultural Humility	How to remain culturally humble	4 hours/Once	Direct Services: Contractors	6/9/2022	3	Marja Hunt LMFT
Resiliency - Youth	Resiliency Training	Pride Month Presentation (YAC General Meeting)	1 hour/Annually	Administration/Management; Direct Services: Contractors; MH Board and Commissions	6/9/2022	17	Ru Hansen and Kyle Wiesenthal
Family Focused - Youth	Transracial Adoption Training Series |	Body, skin and hair care for children of a different hue than you	1.5 hours/Every other month	Direct Services: Contractors; Community Event; Community Based- Organizations/Agency Board of Directors	6/9/2022	10	Dr. Tamu Green
Recovery - Adult	Peer Empowerment Conference	Presentations from CORE Programs, CARE Court, and topics including housing, personal recovery, community assistance, family support, and impacts of COVID.	5 hours/Annually	Administration/Management; Direct Services: Contractors; Community Members/General Public; MH Board & Commissions; Community Based-Organizations/Agency Board of Directors; Religious and Spiritual Population	6/10/2022	149	Matt Gallagher, Shonique Williams, Jude Stern, Dr. BJ Davis, Kyle Wiesenthal, Kevin Taylor, Michael Ameneyro, Allison Williams, Autumn Rose Williams, Robert Kesselring
Cultural Competence	UC Davis Anti-Racism Series: Disproportionality and Systemic Racism 1512	This training focuses on systematic racism and how to combat it on a personal and professional setting	2 hours/Quarterly	Administration/Management	6/11/2022	1	Dr. Smith
Cultural Competence	Trauma Informed Care	How do we become a more trauma informed agency	5.5 hours/Once	Direct Services: Contractors	6/15/2022	5	Lisa Friederiksen & K Brockopp

Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	MH In-Service (Cultural Competency)	Learn how to implement the concept of "CLAS;" develop an understanding of cultural competency, how knowledge of culture impacts others, the meaning of cultural sensitivity and humility, implicit biases, impacts of trauma on different cultures.	3.5 hour/Annually	Direct Services: Contractors	6/15/2022	5	Michelle Bonner LMFT
Cultural Competence	Recognizing and Responding to Person in Crisis	Diverse ways of honoring culture in crisis	1.5 hours/Annually	Direct Services: Contractors	6/16/2022	1	Internal Relias
Cultural Competence	Impact of Attitudes, Feelings, and Beliefs on Helping Relationships	Using awareness to manage attitudes, feelings, and beliefs, to best outcome with clients.	1 hour/Once	Administration/Management; Direct Services: Contractors	6/22/2022	11	Susan Barron, PhD, LCSW
Cultural Competence	Substance Use	AOD and Harm Reduction	3 hours/Once	Direct Services: Contractors	6/23/2022	8	William Schneider
Resiliency - Youth	Conceptualizing Clinical Treatment from a Human Needs Perspective	Understanding the importance of stabilizing family systems to maximize progress in services.	4 hours/Annually	Administration/Management; Direct Services: Contractors	6/24/2022	62	Dennis Hollingsworth, LMFT; Todd Palumbo, LMFT
Cultural Competence	Board Retreat Training	CLAS & BHREC Training	0.5 hours/Once	Administration/Management; Community-Based Organizations/Agency Board of Directors	6/24/2022	21	Terrell T. April L.
Cultural Competence	Cultural Competenices 1, 2, and 3 (CE4Less)	1. Introduction to cultural competence: Core Competency: 2. Evaluation and 3. Treatment Planning	5 hours/Annually	Administration/Management; Direct Services: Contractors	6/27/2022	9	CE4LEss
Recovery - Adult	Sacramento County ASAM Modules 1 and 2	ASAM Modules 1: ASAM Modules 2: The ASAM Criteria applies the newest science in the field of addiction medicine, is compliant with the DSM-5 and incorporates a user-friendly functionality. Content in The ASAM Criteria includes emerging areas of focus, such as gambling and tobacco use disorders, as well as population-specific sections, including working with older adults, persons in safety-sensitive occupations and persons in criminal justice settings.	8 hours/Once	Administration/Management; Direct Services: Contractors	6/27/2022	8	The Change Co.
Cultural Competence	Gender Basics for Parents	Foundational workshop on how to support parents of transgender and non-binary children.	1.5 hours/Annually	Direct Services: Contractors	6/30/2022	1	Joel Baum
Cultural Competence	Cultural Humility	How to remain culturally humble	4 hours/Once	Direct Services: Contractors	6/30/2022	5	Marja Hunt LMFT

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)**

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:	Functional Area:
Electronic Utilization Review/Quality Assurance Activities	**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:

- Tiffany Greer, LCSW
  Quality Management Program Coordinator
  Adult and Children's Program Liaison
  GreerTi@SacCounty.net

County of Sacramento Mental Health Division		Policy No.	01-03
		Issued Date	01-26-00
		Revision Date	02-01-11
AREA: **ACCESS**	TITLE: **Interpretation Services by Family Members**		
Approved by: Uma K. Zykofsky			
Uma Zykofsky, LCSW Program Manager, Quality Management Division of Behavioral Health Services	JoAnn Johnson, LCSW Program Manager, Cultural Competence Division of Behavioral Health Services		

INTRODUCTION

In accordance with California Code of Regulations Title 9, Chapter 11, the Sacramento County Mental Health Plan (MHP) is required to provide interpretation services for consumers. This provision is accomplished through a network of trained personnel within provider agencies, trained interpreters available to the MHP through other local sources and, to supplement these efforts within the County, the language line. Interpretive services are also provided for the hearing impaired through established contracted providers.

The MHP respects the confidentiality of consumer information in the provision of mental health services. Also respected is the sincere desire of family members of consumers to be helpful. The following policy demonstrates the responsibility of the MHP, through its providers, to provide interpretive services, while assisting providers to determine special circumstances when family members may be used as interpreters.

BACKGROUND

The provision of mental health services is very personal to the consumer. The consumer must be able to feel free to discuss all issues without reserving information that would be sensitive to other family members. Particular sensitivity is needed when working with adults and children of diverse cultural and ethnic community. Specialized terms are used in the mental health field that requires knowledge of the field to properly interpret. It is for these reasons that the MHP makes interpretation services available for all consumers and requires consumers to use these services.

The Access Team and other established MHP points of access provide direct access to interpretive services. The telephone numbers for the Access Team lines are printed in the MHP Member Handbook, which is published in the Sacramento County's threshold languages. The Access Team lines also provide instructions for contacting TDD and TY services.

Many provider agencies have trained interpreters or other bilingual or multilingual staff who can provide interpretation services onsite.

POLICY

The Sacramento County Mental Health Plan is designed to provide interpretive services for all consumers. These services are performed by personnel who are trained in both interpretive services and the mental health field through use of special program interpreters, and through the language and TTY lines. Services are delivered onsite where mental health services are provided. The MHP prohibits the use of family members as interpreters, except in rare or extenuating circumstances.

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

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

2. When a consumer specifically chooses not to use a MHP interpreter and elects to use a family member for interpretation services, a Release of Information form must be signed by the consumer before the family member may be used as an interpreter. (See attached release form). Continued offers to provide an independent interpreter must not be excluded by this initial decision. Clinical decisions must always inform these efforts and may involve utilizing both family and independent interpreter in specific circumstances.

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

IV. REFERENCES	Related Policies & Procedures	State/Federal Codes/Other References
	- Sacramento County Division of Mental Health Cultural Competence Plan -California Code of Regulations, Title 9, §1810.410	No. 01-02 Use of Language Line by Quality Management Staff No. 01-05 Cultural &/or Linguistic- Specific Community Services & Special Needs Request No. 01-06 Access to Information by the Visually and Hearing Impaired
V. CONTACTS	Name	E-mail
		QMInformation@SacCounty.net
VI. SCOPE	_X_ Mental Health Staff _X_ Mental Health Treatment Center X__ Specific grant/specialty resource	_X_ Adult Contract Providers _X_ Children's Contract Providers

Wellness & Recovery Center South - Bowling Drive

Calendar - FREE Self-Help Groups

Phone: (916) 394-9195
7171 Bowling Drive, Suite 300
Sacramento, CA 95823

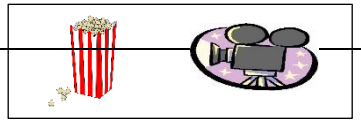
Wellnessinfo@Consumersselfhelp.org

Hours: *9:00am – 5:00pm*

Days: *Monday – Friday*

SEPTEMBER

Beginning August 27th, the center is closed on Saturdays

Mondays	*Tuesdays*	*Wednesdays*	*Thursdays*	*Fridays*
Morning Meeting 9:30	Morning Meeting 9:30	Morning Meeting 9:30	Morning Meeting 9:30	Morning Meeting 9:30
Waking Up with Positivity Jason Paused jcooper@consumersselfhelp.org	Healing from Trauma Tracy/Ryan 9:30 – 10:30 tbridges@consumersselfhelp.org	Depression Support Tracy/Ryan 9:30 – 10:30 tbridges@consumersselfhelp.org		Choice Theory Ryan/Tracy 9:30 – 10:30 rcoppage@consumersselfhelp.org
	TBD 11:00 – 12	TBD 11:00 – 12:00	Movie Tracy/Ryan 10 :30 -12 :30 tbridges@consumersselfhelp.org	Bingo Tracy/Ryan 10:30 – 11:30 tbridges@consumersselfhelp.org
	Break: 12 – 1	*Break: 12 – 1*	*Break: 12 – 1*	*Break: 12 – 1*
Mental Health Recovery Tracy/Ryan 2:00 – 3:00 tbridges@consumersselfhelp.org	Anxiety Support Ryan/Tracy 1 – 2 rcoppage@consumersselfhelp.org	I'm Listening Jason Paused jcooper@consumersselfhelp.org	PTSD Support Ryan/Tracy 1 – 2 rcoppage@consumersselfhelp.org	Positive Vibes Jason Paused jcooper@consumersselfhelp.org
	Anger Management Ryan/Tracy 2 :30 – 3:30 rcoppage@consumersselfhelp.org	TBD 2:30 – 3:30	Co-Occurring Ryan/Tracy 2:30 – 3:30 rcoppage@consumersselfhelp.org	Bingo Tracy/Ryan 2:30 – 3:30 tbridges@consumersselfhelp.org
SATURDAYS				
Temporarily Closed				

For the latest calendars visit: http://www.consumersselfhelp.org/Home/calendar

Wellness & Recovery Center South - Bowling Drive

Calendar - FREE Self-Help Groups

Phone: (916) 394-9195
7171 Bowling Drive, Suite 300
Sacramento, CA 95823

Wellnessinfo@Consumersselfhelp.org

Hours: *9:00am – 5:00pm*

Days: *Monday – Friday*

September Events Calendar

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	***2***	***3***	***4***
			No groups		*Center Closed*
6	***7***	***8***	***9***	***10***	***11***
Center Closed 					*Center Closed*
13	***14***	***15***	***16***	***17***	***18***
					Center Closed
20	***21***	***22***	***23***	***24***	***25***
					Center Closed
27	***28***	***29***	***30***		

Mentors of the Day:
Mondays: Team   ***Backup: Team***
Tuesday: Team   ***Backup: Team***
Wednesday: Team   ***Backup: Team***
Thursdays: Team   ***Backup: Team***
Fridays: Team   ***Backup: Team***
Saturday: Team   ***Backup: Team***

Updates for June:

- Beginning June 1st, 2021 groups are now held on-site or online.

= Time Change

= New Group

For the latest calendars visit: http://www.consumersselfhelp.org/Home/calendar

WELLNESS & RECOVERY CENTER – NORTH

A Program of Consumers Self Help Center

September

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
10:00am – 10:50am Senior Moments -KAREN/Eliego Meeting ID: 889 0183 4878 Passcode: 195862	10:00 – 10:50AM Living Life on Purpose -RALPH/Eliego Meeting ID: 944 4236 2577 Password: 9ZwaAH Call In Password 014018	10:00-10:50am Grief & Loss -KAREN/Leah Meeting ID: 847 6962 6587 Passcode: 419680	10:00am – 10:50am Men's Group -RALPH/Danny Meeting ID: 839 7337 3628 Passcode: 464578	10:00-11:30am Writing as a Path to Healing -LEAH/Eliego Meeting ID: 812 8229 3547 Passcode: 258820	
11:00 – 11:50AM ACT **(Acceptance Commitment Therapy)** -KATY/Star Meeting ID: 825 8380 1146 Passcode: 938949	11:00 – 11:50am	11:00-11:50am Wellness Check In -RALPH/Katy Meeting ID: 951 4746 9606 Password: 0EBvnM Call In Password 874527	11:00am- 11:50 Coping w/ Anxiety -ELIEGO/Leah Meeting ID: 968 1250 1050 Password: 3ZP8QT Call In Password 826252	12:00-12:50pm Stress Relief through Mindfulness -KATY/Danny Meeting ID: 854 0828 0243 Passcode: 265935	
12:00-12:50pm The Four Agreements -STAR/Karen Meeting ID: 993 4751 0180 Password: 7pSZDu Call in Password 780353	12:00pm – 12:50 CBT Skills -ELIEGO/Katy Meeting ID: 830 8252 9339 Passcode: 701889	12:00-1:20pm Poetic Arts -ELIEGO/Katy Meeting ID: 843 8379 7151 Passcode: 205092	12:00-12:50pm Trauma Healing -STAR/Katy Meeting ID: 858 3018 1886 Passcode: 792436	1pm – 1:50pm Wellness Check In -DANNY/Ralph Meeting ID: 946 3728 1455 Password: 0MXq0i Call In Password: 575803	
1:00pm – 1:50pm Depression Support -KAREN/Danny Meeting ID: 836 2979 8071 Passcode: 752430	1:30-2:20pm Being the Best You Can Be -DANNY/Star Meeting ID: 942 4054 2851 Password: 4AwT4p Call In Password 664618	1:30-2:20pm Bipolar Support -KAREN/Leah Meeting ID 821 3214 4781 Passcode: 789246	1pm – 1:50pm Anger Management -STAR/Karen Meeting ID: 810 0886 8824 Passcode: 634897	2:00-2:50pm	
2:00-2:50pm Overcoming Addiction -STAR/Eliego Meeting ID: 896 2885 1561 Passcode: 156768	2:30-3:20PM Building Boundaries -RALPH/Eliego Meeting ID: 822 9983 7689 Passcode: 135604	2:30-3:20pm Current Events -DANNY/Ralph Meeting ID: 845 6495 1474 Passcode: 494579	2:00- 3:20pm Women's Group -LEAH/Karen Meeting ID: 885 2981 8394 Passcode: 990677	3:00-3:50PM Communication Skills -DANNY/Eliego Meeting ID: 819 0723 6184 Passcode: 464929	
3:00-3:50PM Life Management Skills -DANNY/Eliego Meeting ID: 886 6691 1322 Passcode: 929915	3:30 – 4:20PM Self-Compassion -ELIEGO/Star Meeting ID: 897 2767 3102 Passcode: 511182	3:30-4:30PM Staff Meetings/ Social Room Activities -Various Mentors	3:30-4:30pm	3:30-4:30pm Social Room Activities -Various Mentors	

CALL 916/485-4175 for help with Zoom Groups. You must be a registered member to attend groups.

Zoom Call In # 669/900-9128

WRC North | 2500 Marconi Ave., Suite 100 Sacramento, CA 95821 | 916-485-4175 | www.consumersselfhelp.org | facebook.com/WRCNORTH

Hours: Monday – Friday, 9am – 5pm (CLOSED on major Holidays)

This program is funded by the Division of Behavioral Health Services through the voter approved Proposition 63, the Mental Health Services Act (MHSA)

WELLNESS & RECOVERY CENTER – NORTH

A Program of Consumers Self Help Center

September

Closed September 6th
In observance of Labor Day

Member Celebration
Cancelled until further notice

Pancake Breakfast
Cancelled until further notice

SPECIAL ANNOUNCEMENTS:

- Know someone who needs clinical services and is homeless? Refer them to the ***Clinical Orientation for Unsheltered Individuals*** held every Monday at 10:30am in the clinical services side of the center. Call 916/485-4175 and ask for Janna or J.

MOD SCHEDULE:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	RALPH	KATY	LEAH/ELIEGO	DANNY	KAREN	

CALL 916/485-4175 for help with Zoom Groups. You must be a registered member to attend groups.
Zoom Call In # 669/900-9128

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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 2022-2023

July 2022

Prevention and Early Intervention (PEI) | **Supporting Community Connections[2]** | **Mental Health Respites[3]** | **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

PEI Project 1 Suicide Prevention

- Suicide Prevention Crisis Line (call, text, chat)
- Community Support Team[1]
- Bereavement Support Groups and Grief Services
- Supporting Community Connections[2]
- Mental Health Respites[3]
- Emergency Department Follow Up Services
- Mobile Crisis Support Teams[4]
- Mental Health Navigator Program[5]

PEI Project 2 Strengthening Families

- Bullying Prevention Education and Training
- Early Violence Intervention Begins with Education (eVIBE)
- Quality Child Care Collaborative (QCCC)
- Child Protective Services Mental Health Team[6]
- The Source[7]

PEI Project 3 Integrated Health and Wellness

- Sacramento Early Diagnosis and Preventive Treatment (SacEDAPT)[8]
- SeniorLink
- Trauma Informed Wellness Program for the African American Community

PEI Project 4 Mental Health Promotion Program

- Community Education
- Community Outreach and Engagement
- Multi-Media Project
- Speakers Bureau

SUPT Prevention Providers

- Omni
- Pro Youth & families
- Public Health Institute
- SCOE

GRACE App

(in Development)

Supporting Community Connections[2]

- Serving African American community
- Serving Cantonese-speaking, Hmong, Vietnamese communities
- Serving Youth/TAY (12-25) homeless, LGBTQ, or foster youth
- Serving Iu Mien community
- Serving Latino/Spanish-Speaking community
- Consumer-Operated Warm Line
- Serving Older Adult community
- Serving American Indian/ Alaskan Native
- Slavic/Russian-Speaking community & Ukranian Phone Support
- Serving Arabic-Speaking community
- Serving Farsi speaking community (in development)
- Serving Afghan community (in development)

Mental Health Respites[3]

- The Ripple Effect*
- Adoptive Families Respite Program
- The Caregiver Crisis Intervention Respite Program*
- Lambda Lounge Adult Mental Health Respite Program*
- Q-Spot/TAY Respite Program (Transition Age Youth 13-25)
- Mental Health Respite*
- Mental Health Crisis Respite Center*
- Abiding Hope Respite House*
- Respite Program (Youth/Transition Age Youth 13-25)
- Family Respite Center (coming soon)

Entry Points

- Sacramento County MH Access Team and SUPT System of Care
- Wellness Crisis Call Center & Response (Planned – Not Yet Operational)
- Homeless Shelter Access Clinicians
- Homeless Encampment Team
- Intensive Placement Team*
- Children's Crisis Stabilization Unit (Inpatient Authorization) Mental Health Treatment Center-ISU
- Child Protective Services/Mental Health Team[6]
- Juvenile Probation/Mental Health Collaboration
- Interagency Placement Committee (IPC) (STRTP and Out of State Authorization)
- Assisted Access and Interpreter Services System-Wide
- Sacramento County Community Support Team[1] with Peer Specialist
- CSET for CSEC (Age 12 up to age 21)
- Youth Help Network (Transition Age Youth 16-25)
- SUPT Access Points
  - SUPT System of Care
    - Children's Receiving Home
    - School sites
    - Wind Youth
  - Community Locations as needed
  - Juvenile Court
  - Youth Detention Facility
- allcove Youth Drop-In Center (coming soon)
- Homeless Response Team (coming soon)
- Assisted Outpatient Treatment Engagement Team (coming soon)

Specialty Mental Health/Substance Use Prevention and Treatment

Early Childhood

- 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

Outpatient

- 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 with Peer Program
- Sacramento County APSS Clinic* with Peer Program
- School Based Mental Health
  - San Juan Unified School District
  - Sacramento County Office of Education
  - Albert Einstein Middle School
  - Sam Brannan Middle School
- 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:
  - Aegis
  - BAART Programs
  - CORE Medical Clinic
  - MedMark
  - Treatment Associates
- Deaf and Hard of Hearing Community Counseling Services
- Trauma Informed Culturally Responsive Therapy (TICRT) Black/African American community
- Sacramento Early Diagnosis and Preventive Treatment (SacEDAPT)[8]

Intensive Outpatient

- Wraparound
  - River Oak
  - Sacramento Children's Home
  - Stanford Sierra Youth and Families
- Full Service Partnerships
  - River Oak Juvenile Justice Diversion and Treatment Program (JJDTP) (Age 13-26)
  - Telecare SOAR*
  - TLCS New Direction*
  - Asian Pacific Community Counseling Transcultural Wellness Center
  - Capital Star Transition Age Youth (Age 16-25)
  - Turning Point ISA*
  - Turning Point Pathways
  - Family FSP (coming soon)
- Therapeutic Behavioral Services (TBS)
  - River Oak
  - Stanford Sierra Youth and Families
  - Turning Point
  - HeartLand
  - Sacramento Children's Home
- SUPT Intensive Outpatient Treatment
  - Sobriety Brings About Change
  - WellSpace Health

Residential

- Short Term Residential Therapeutic Program (STRTP)
  - Children's Receiving Home
  - Mountain Valley
  - Paradise Oaks
  - Sacramento Children's Home
  - Gateway Residential
- 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)
- SUPT Associated Rehabilitation for Women
  - River City Recovery
  - Sacramento Recovery
  - Saint John's Program for Real Change (take families)
  - Volunteers of America (take families)
  - WellSpace Health

Crisis Services

- Wellness Crisis Call Center & Response (Planned – Not Yet Operational)
- Mobile Crisis Support Teams[4] (expanding 5 more teams in 20/21)
  - MCST Citrus Heights PD
  - MCST Elk Grove PD
  - MCST Folsom PD
  - MCST Rancho Cordova PD
  - MCST SSD North
  - MCST SSD South
- Mental Health Urgent Care Clinic
- Crisis Residential Programs
  - Turning Point Community Programs:
    - Viking Drive, 15 beds
    - Henrietta, 15 beds
    - M Street, 15 beds
  - Capital Star Behavioral Health Transition Age Youth:
    - Marconi, 15 beds
- Mental Health Navigator Program[5]
  - Kaiser South ED
  - Kaiser North ED
  - Mercy General ED
  - Mercy Folsom ED
  - Methodist ED
  - San Juan ED
  - Sutter ED
  - Sutter Center for Psychiatry
  - UC Davis ED
  - Heritage Oaks
  - Sierra Vista
  - Crestwood PHF
- The Source[7] 916-SUPPORT, 24/7
- Youth Help Network (Transition Age Youth age 16-25)

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 only serves 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
- ECM
- Realignment
- MHSA
- MHSSA MHSA
- Wraparound Savings
- Juvenile Medical Services
- Probation
- CPS
- DHA
- CHFFA
- MHSOAC
- ARPA
- CRRSAA
- SAMHSA MHBG

SYSTEM PARTNERS

- Child Protective Services (CPS)
- Probation
- Child Action Office of Homeless Initiatives
- Substance Use Prevention and Treatment (SUPT))
- Department of Human Assistance (DHA)
- Education
- Primary Care

ADULT BEHAVIORAL HEALTH SERVICE CONTINUUM
FISCAL YEAR 2022-2023

July 2022

Prevention and Early Intervention (PEI) | **Supporting Community Connections*** | **Mental Health Respites*** | **Community Programs** | **Entry Points** | **Specialty Mental Health Services** (Low Intensity ⟷ Moderate Intensity ⟷ High Intensity) | **Crisis Services** | **Acute Care** | **Sub Acute Care**

Advocacy
Consumer Advocate Liaison to Division of Behavioral Health & Adult & Family Advocate Liaison to Division of Behavioral Health

PEI Project 1 Suicide Prevention
- Suicide Prevention Crisis Line (call, text, chat)
- Community Support Team*
- Bereavement Support Group and Grief Services
- Supporting Community Connections*
- Emergency Department Follow-Up
- Mental Health Respites*
- Mobile Crisis Support Team*
- Crisis Navigation Program*

PEI Project 2 Strengthening Families
- Bullying Prevention Education and Training
- Early Violence Intervention Begins with Education (eVIBE)
- Quality Child Care Collaborative (QCCC)
- Child Protective Services Mental Health Team
- Sacramento Children's Home - The Source*

PEI Project 3 Integrated Health and Wellness
- UC Davis Sacramento Early Diagnosis and Preventive Treatment (SacEDAPT)*
- El Hogar SeniorLink
- Trauma Informed Wellness Program for the African American Community

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

A Church for Us dba A Church for All
serving African American community

Asian Pacific Community Counseling
serving Cantonese speaking, Hmong, Vietnamese communities

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

Iu Mein Community Services
serving Iu Mien community

La Familia Counseling Services
serving Spanish speaking community

CalVoices
Consumer Operated Warm Line

CalVoices
serving Older Adult community

Sacramento Native American Health Center
serving American Indian/ Alaskan Native community

Slavic Assistance Center
serving Slavic/Russian speaking community & Ukrainian phone support

Refugees Enrichment and Development Association
serving Arabic speaking community

Serving Farsi speaking community (in development)

Serving Afghan community (in development)

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

Capital Adoptive Families Alliance
Adoptive Families Respite Program

Del Oro
Caregiver Crisis Intervention Respite Center

Sacramento LGBT Community Center
Lambda Lounge Adult Mental Health Respite Program (age 18+)

Sacramento LGBT Community Center
Q-spot/TAY Respite Program (Transition Age Youth 13-25)

St. John's Program for Real Change
Mental Health Respite Program for Women and Children

Hope Cooperative
Mental Health Crisis Respite Center

Turning Point
Abiding Hope Respite House

Wind Youth Services
Respite Program (for Youth and TAY)

Family Respite Center (coming soon)

Sacramento County CalWORKs Wellness Team
Partnership with DHA

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

Sacramento County Collaborative Court Clinical Team

Sacramento County
MH Access Team and SUPT System of Care

Sacramento County
24/7 Call Center & Response Teams*
(in development)

Sacramento County
Homeless Encampment and Response Team (HEART)

Sacramento County
Intensive Placement Team

Mental Health Treatment Center Intake Stabilization Unit

Sacramento County
Community Support Team* in partnership with CalVoices Peer Program

Asian Pacific Community Counseling
Assistance Access and Interpreter Services System-Wide

CSET for CSEC
(Age 12-21)

Central Star
Youth Help Network*
(Transitional Age Youth 16-25)

Assisted Outpatient Treatment Engagement Team
(coming soon)

Outpatient Service Providers

CORE Community Wellness Centers (CWC)
- BACS CWC
- BACS CWC
- BACS CWC
- El Hogar CWC
- El Hogar CWC
- Hope Cooperative CWC
- Hope Cooperative CWC
- Turning Point CWC
- Turning Point CWC
- Turning Point CWC

Trauma Informed Culturally Responsive Therapy (TICRT)
Black/African American Community

Guest House
Closing Soon

Wellness & Recovery Centers
Closing Soon

Community Outreach Recovery Empowerment (CORE)
- BACS CORE
- BACS CORE
- BACS CORE
- El Hogar CORE
- El Hogar CORE
- Hope Cooperative CORE
- Hope Cooperative CORE
- Turning Point CORE
- Turning Point CORE
- Turning Point CORE

Sacramento County APSS Clinic
In partnership with CalVoices Peer Program

Sacramento County CAPS Clinic
In partnership with CalVoices Peer ProgramPeer Program
Serving up to age 21

Sacramento Early Diagnosis and Preventative Treatment Clinic
(SacEDAPT)*

Regional Support Team
- El Hogar
- Hope Cooperative
- Turning Point
- Visions Unlimited

Closing Soon

TCORE
Closing Soon

Full Service Partnerships (FSP)
- APCC TWC
- Capital Star TAY
- El Hogar Forensic CJSP
- El Hogar SEWP
- Hope Cooperative New Direction
- River Oak JJDTP
- Telecare ARISE
- Telecare SOAR
- Turning Point ISA
- Turning Point Pathways
- New Adult FSP
- New Family FSP

Augmented Board and Care (ABC)

Sacramento County
24/7 Call Center & Response Teams*
(in development)

Mental Health Urgent Care Clinic

Mobile Crisis Support Teams*
- MCST-Citrus Heights PD
- MCST-Elk Grove PD
- MCST-Folsom PD
- MCST-Galt PD
- MCST-Los Rios PD
- MCST-SSD – North
- MCST-SSD – South
- MCST -Rancho Cordova

Crisis Residential Programs
- Turning Point Community Programs:
  - Viking Drive, 15 beds
  - Henrietta, 15 beds
  - M Street, 15 beds
- Capital Star Behavioral Health Transition Age Youth:
  - Marconi, 15 bed

BACS
Crisis Navigation Program*
- Kaiser South ED
- Kaiser North ED
- Mercy General ED
- Mercy Folsom ED
- Methodist ED
- San Juan ED
- Sutter ED
- Sutter Center for Psychiatry
- UC Davis ED
- Heritage Oaks
- Sierra Vista
- Crestwood PHF

Sacramento Children's Receiving Home
The Source*
(up to age 25)

Central Star
Youth Help Network*
(Transition Age Youth age 16-25)

Consumer Self Help Office of Patient's Rights

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

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 Cosumnes Correctional Center

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)
- God's Love Outreach Ministries (GLOM)
- Psynergy Programs

Transitional Residential Program

Mental Health Rehabilitation Centers

Psychiatric Skilled Nursing Facilities

State Psychiatric Hospitals

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
CJSP – Community Justice Support Program
CORE – Community Outreach Recovery Empowerment
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
MHSA – Mental Health Services Act
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
* – Double Displayed Program

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:

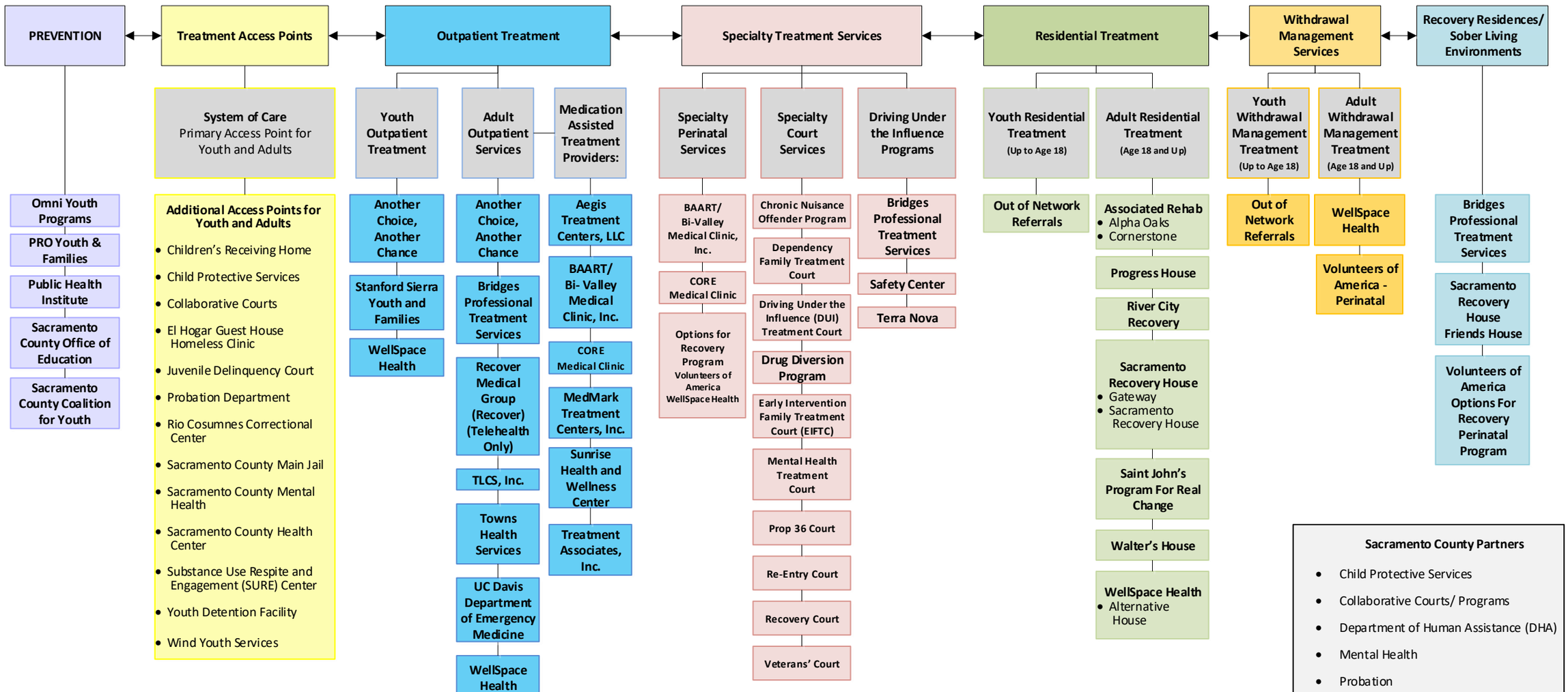
Enter X	DL Name	Enter X	DL Name
X	DBHS Staff	X	DBHS Contract Providers
X	MHTC Staff		

Contact Information:

Mary Nakamura, LCSW **PHONE NUMBER**

Cultural Competence and Ethnic Services Health Program Manager

Substance Use Prevention and Treatment Services
Fiscal Year 2022-2023



Revised August 2022

藥物濫用警示跡象

情緒或行為出現劇烈變化。

飲食和(或)睡眠習慣改變。

與家人或朋友就酗酒和(或)吸毒問題發生爭執。

記憶障礙/短暫性記憶缺失。

置家庭責任於不顧或者工作中玩忽職守。

與酗酒/吸毒的同齡人交往。

強烈渴望或頻繁想起酒精和(或)毒品。

酒後駕駛/因酒精或毒品相關原因而被捕。

藥物過量資訊

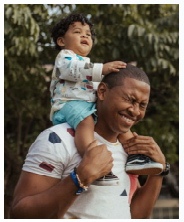
發生與酒精和(或)藥物有關的緊急醫療情況/過量服用時，請隨時**撥打911**。

Narcan®是一種能夠立即拮抗**阿片類或海洛因藥物過量**所致症狀的藥物。緊急救助人員經常隨身攜帶。您也可以在指定藥房獲得Narcan®，無需處方。

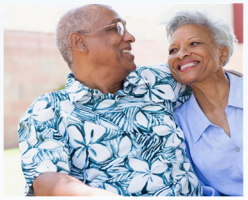
SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Substance Use Prevention and Treatment Services



您有可能康復！



您可以得到幫助！

我們的服務項目

預防性服務

門診治療

為孕婦和育兒婦女提供圍產期服務

戒斷症狀處理/戒毒服務

藥物輔助治療（美沙酮、丁丙諾啡、納曲酮和雙硫崙、Narcan®）

住院治療

康復住所/無酒精或毒品的生活環境

康復服務/戒毒後服務

醉酒駕駛計劃

合作法院

為12歲以上的Sacramento縣居民提供預防和治療藥物濫用的持續護理。

預防服務有助於培養積極的家庭環境，並對戒酒和康復提供支持。

我們為大多數符合Medi-Cal資格的Sacramento居民提供免費治療服務。

「System of Care」工作人員會詢問您一些與飲酒和吸毒有關的簡單問題，以確定最適合您的護理水平，並將您轉介至社區治療機構。我們免費提供雙語工作人員和口譯員。

我們知道尋求援助對您來說可能很艱難。「藥物濫用的預防和治療服務」在此為您提供幫助！

SACRAMENTO COUNTY

「System of Care」提供的藥物濫用治療

如需藥物濫用評估和服務轉介，請致電我們的「System of Care」工作人員。

我們會對您的電話和治療保密。

週一至週五
上午8:00至下午5:00

聯繫電話
(916) 874-9754

California中繼服務711

非辦公時間電話
(888) 881-4881

Substance Use Disorder Warning Signs

Drastic changes in mood or behavior.

Changes in eating and/ or sleeping habits.

Arguing with family or friends about alcohol and/or drug use.

Memory problems/ blackout.

Neglecting home or work responsibilities.

Associating with peers that use alcohol/drugs.

Strong cravings or frequent thoughts about alcohol and/or drugs.

Driving under the influence/alcohol or drug related arrests.

Overdose Information

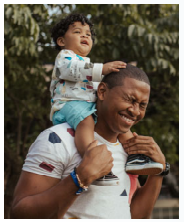
Do not hesitate to **call 911** for medical emergencies/overdose involving alcohol and/or drugs.

Narcan® is a medication that could immediately counter the effects of an **opioid or heroin overdose**. Emergency personnel often carry it with them. Narcan® is also available at select pharmacies without a prescription.

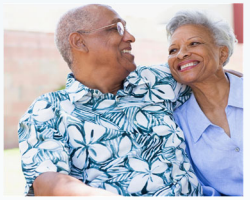
SACRAMENTO COUNTY

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 Medi-Cal eligible Sacramento residents.

System of Care staff will ask you simple questions about your use of alcohol and drugs to determine the best level of care for you and refer you to a treatment provider in your community. Bi-lingual staff and interpreters are available to you at no charge.

We understand that reaching out for assistance can be difficult. Substance Use Prevention and Treatment Services is here to help!

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

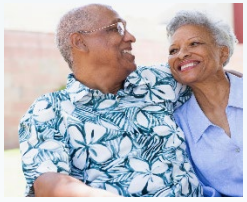
After Hours
(888) 881-4881

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Substance Use Prevention and Treatment Services

بهبودی امکان‌پذیر است!



کمک در دسترس است!

اطلاعات مصرف بیش از حد

در موارد اضطراری/مصرف بیش از حد الکل و یا مواد مخدر حتماً با **911 تماس بگیرید**.

Narcan® دارویی است که می‌تواند اثرات **مصرف بیش از حد مواد شبه افیونی یا هروئین** را خنثی کند. پرسنل اورژانس آن را با خود همراه دارند. Narcan® همچنین در داروخانه‌های منتخب بدون نسخه قابل تهیه است.

نشانه‌های هشدار اختلال سوءمصرف مواد

تغییرات شدید در روحیه یا رفتار.

تغییر در عادات خوردن و یا خوابیدن.

مشاجره کردن با خانواده یا دوستان درباره سوءمصرف الکل یا مواد مخدر.

مشکلات حافظه/انسدادها.

بی‌اعتنایی به مسئولیت‌های خانگی یا کاری.

ارتباط با همسالانی که الکل/مواد مخدر مصرف می‌کنند.

تمایل شدید یا فکرکردن مداوم به الکل و یا مواد مخدر.

رانندگی تحت تأثیر دارو و الکل/بازداشت بخاطر مصرف الکل و یا مواد مخدر.

خدمات ما

خدمات پیشگیری

درمان سرپایی

خدمات قبل ازتولد برای زنان باردار و شیرده

مدیریت ترک اعتیاد/خدمات سم زدایی

درمان مبتنی بر دارو (متادون، بوپرنورفین، نالتروکسون و دی‌سولفیرام، ®(Narcan

درمان به همراه اقامت

اقامتگاه‌های بهبودی/محیط‌های دارای زندگی هوشیارانه

خدمات بهبودی/خدمات پس از مراقبت

برنامه‌های رانندگی تحت تأثیر دارو و الکل

دادگاه‌های اشتراکی

مراقبت مداوم برای پیشگیری و درمان سوءمصرف مواد برای ساکنان 12 سال به بالای کانتی ساکرامنتو ارائه می‌شود.

خدمات پیشگیری، محیط‌های خانوادگی مثبت و پشتیبانی از پرهیز و بازگشت به حالت عادی را تقویت می‌کند.

خدمات درمانی بصورت رایگان برای اکثر ساکنان واجد شرایط Medi-Cal ساکرامنتو ارائه می‌گردد.

کارمندان سیستم مراقبت سؤالات ساده‌ای درباره سوءمصرف الکل و مواد مخدر از شما می‌پرسند تا بهترین میزان مراقبت را برای شما مشخص کنند و شما را به یکی از ارائه‌دهندگان درمانی محله خودتان معرفی کنند. کارمندان دوزبانه و مترجمان شفاهی بصورت رایگان در خدمت شما هستند.

ما درک می‌کنیم که دستیابی به کمک ممکن است دشوار باشد. خدمات پیشگیری و درمان از سوءمصرف مواد برای کمک شما اینجا آماده است!

SACRAMENTO COUNTY

سیستم مراقبت برای درمان سوءمصرف مواد

لطفاً برای ارزیابی اختلال سوءمصرف مواد و ارجاع خدماتی با کارمندان سیستم مراقبتی ما تماس بگیرید.

تماس و درمان شما محرمانه نگهداری خواهد شد.

از دوشنبه تا جمعه
8:00 صبح تا 5:00 عصر.

شماره تلفن
(916) 874-9754

سرویس رله کالیفرنیا 711

پس از ساعات اداری
(888) 881-4881

Cov Yeeb Yam Qhia Txog Tias Quav Yeeb Tshuaj

Muaj kev hloov pauv rau lub siab lub ntsws los sis tus cwj pwm ntau heev.

Muaj kev hloov pauv tus cwj pwm kev noj haus thiab/los sis kev pw tsaug zog.

Nrog tsev neeg los sis tej phooj ywg sib cav sib ceg txog kev haus dej haus cawv thiab/los sis kev haus yeeb tshuaj.

Muaj teeb meem txog kev cim xeeb/tswv yim tws tas.

Tsis ua yus lub luag hauj lwm hauv vaj hauv tsev los sis tom chaw ua hauj lwm.

Ntaus phooj ywg nrog cov phooj ywg uas haus dej cawv/yeeb tshuaj.

Huam yees heev los sis muaj kev xav tuab ntws txog kev haus dej cawv thiab/los sis yeeb tshuaj.

Tsav tsheb thaum qaug tshuaj/qaug dej cawv los sis raug ntes vim yog muaj feem cuam tshuam nrog yeeb tshuaj.

Cov Lus Qhia Paub Txog Kev Noj Tshuaj Ntau Dhau Lawm

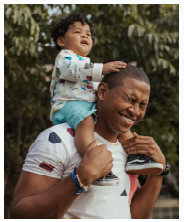
Tsis txhob ua siab deb hu **rau 911** los mus thov kev kho mob ti tes ti taw/ kev noj tshuaj ntau dhau lawm uas cuam tshuam nrog dej cawv thiab/los sis yeeb tshuaj.

Narcan® yog ib yam tshuaj uas tuaj yeem daws kho kev mob huam leej huam ceem los ntawm kev noj **tshuaj opoid los sis heroin ntau dhau lawm**. Cov neeg ua hauj lwm kho mob ti tes ti taw hom kheev nqa nrog nraim lawv. Narcan® kuj tseem muaj nyob hauv cov khw muag tshuaj uas xaiv tseg yam tsis tas muaj daim ntawv yuav tshuaj li.

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Substance Use Prevention and Treatment Services



Tuaj yeem kho kom

Muaj kev pab!

Peb Cov Kev Pab Cuam

Kev Pab Cuam Tiv Thaiv

Kev Kho Cov Neeg Mob Sab Nrauv

Kev Pab Cuam Perinatal rau cov poj niam xeeb tub thiab cov coj me nyuam mos

Kev Pab Cuam Thim Tshuaj/Txhaus Tshuaj Tawm

Kev Siv Tshuaj Kho Mob Los Pab Kho (tshuaj methadone, tshuaj buprenorphine, tshuaj naltrexone thiab tshuaj disulfiram, tshuaj Narcan®)

Kev Mus Kho Tom Chaw Nyob

Chaw Nyob Kho Kom Zoo Rov Qab/ Cov Chaw Nyob Uas Nyob Ntsiag To

Kev Pab Cuam Kho Kom Zoo Rov Qab/Kev Pab Cuam Tom Qab Kho Zoo Lawm

Cov Khoo Kas Tsav Tsheb Thaum Qaug Dej Cawv

Kev Sib Koom Tes Nrog Cov Tsev Hais Plaub

Cov niam txiv pej xeem nyob hauv Nroog Sacramento uas muaj hnub nyoog 12+ xyoos tau txais kev saib xyuas sib txuas zus txog kev tiv thaiv thiab kho kev quav yeeb tshuaj.

Cov kev pab cuam tiv thaiv yuav pab txhawb nqa cheeb tsam ib puag ncig hauv tsev neeg thiab pab txhawb kev txiav yeeb tshuaj thiab kev nyob kom tus.

Cov kev pab cuam kho mob yog yuav muaj pub dawb rau cov niam txiv pej xeem hauv Sacramento feem coob uas muaj cai tsim nyog tau txais Medi-Cal.

System of Care cov neeg ua hauj lwm yuav nug koj txog ib co lus nug yooj yooj yim txog kev haus dej haus cawv thiab haus yeeb tshuaj los mus txiav txim xyuas txog qib kev kho mob uas zoo tshaj plaws rau koj thiab xa koj mus rau tus kws kho mob hauv koj lub zej zog. Muaj cov neeg ua hauj lwm uas hais tau ob hom lus thiab cov neeg pab txhais lus rau koj yam tsis tau them nqi.

Peb nkag siab tias kev ncav tes mus thov kev pab yog ib qho nyuaj. Kev Tiv Thaiv Kev Haus Yeeb Tshuaj thiab Kev Pab Cuam Kho Mob nyob ntawm no tos pab koj lawm!

SACRAMENTO COUNTY

System of Care rau Kev Kho Cov Neeg Quav Yeeb Tshuaj

Thov hu rau System of Care cov neeg ua hauj lwm los mus thov kev ntsuam xyuas txog kev quav yeeb tshuaj thiab kev pab xa koj mus kho kom zoo.

Koj tsab xov tooj thiab qhov kev kho mob rau koj yuav raug npog zais tsis pub lwm tus paub.

Hnub Monday txog Hnub Friday 8:00 teev sawv ntxov txog 5:00 teev tsaus ntuj

Naj Npawb Xov Tooj
(916) 874-9754

Cov Siv California Relay Service 711

Tus Xov Tooj Tom Qab Sij Hawm Ua Hauj Lwm
(888) 881-4881

Настораживающие признаки расстройства, вызванного употреблением психоактивных веществ

Резкие смены настроения или поведения.

Изменение привычек питания или сна.

Ссоры с членами семьи или друзьями из-за употребления алкоголя и (или) наркотиков.

Проблемы с памятью (провалы в памяти).

Пренебрежение домашними или рабочими обязанностями.

Общение с людьми, которые также употребляют алкоголь или наркотики.

Сильная тяга к алкоголю или наркотикам либо частые мысли о них.

Вождение в состоянии алкогольного или наркотического опьянения и связанные с ним задержания.

Информация о передозировке

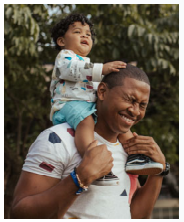
Если необходима экстренная медицинская помощь в связи с употреблением или передозировкой алкоголя или наркотиков, сразу же **звоните по номеру 911.**

Narcan® — это лекарственный препарат, который сразу же устраняет побочные эффекты от **передозировки опиоидами или героином**. Персонал службы экстренной помощи часто имеет его при себе. Narcan® также доступен в некоторых аптеках без рецепта.

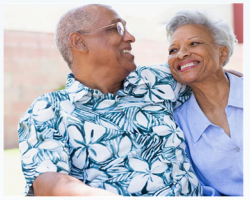
SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Substance Use Prevention and Treatment Services



Лечение возможно!



Помощь доступна!

Наши услуги

Профилактическое обслуживание.

Амбулаторное лечение.

Перинатальные услуги для беременных и рожениц.

Услуги по лечению абстинентного синдрома и детоксикации.

Заместительная терапия (метадон, бупренорфин, налтрексон и дисульфирам, а также Narcan®).

Стационарная реабилитация.

Реабилитация в нестационарных условиях (общежития для реабилитации).

Услуги по реабилитации (последующее наблюдение).

Программы по предотвращению вождения в состоянии опьянения.

Специализированные суды по делам нарко- и алкозависимых.

Жителям округа Сакраменто в возрасте от 12 лет предоставляется непрерывное обслуживание для профилактики и лечения расстройства, связанного с употреблением психоактивных веществ.

Профилактическое обслуживание способствует созданию позитивной атмосферы в семье, воздержанию и стойкости духа.

Услуги по лечению предоставляются бесплатно большинству жителей округа Сакраменто, которые соответствуют критериям участия в программе Medi-Cal.

Персонал системы обслуживания задаст вам простые вопросы относительно употребления алкоголя и наркотиков, определит наиболее подходящий для вас уровень ухода и направит на лечение в соответствующее заведение в вашем сообществе. К вашим услугам бесплатно предоставляется двуязычный персонал и устные переводчики.

Мы понимаем, что обратиться за помощью бывает сложно. Служба по профилактике и лечению расстройства, связанного с употреблением психоактивных веществ, готова помочь вам!

SACRAMENTO COUNTY

Система обслуживания для лечения от расстройства, связанного с употреблением психоактивных веществ

Позвоните нашим сотрудникам системы обслуживания, чтобы получить направление на диагностику и лечение расстройства, связанного с употреблением психоактивных веществ.

Сведения о вашем звонке и лечении будут конфиденциальными.

С понедельника по пятницу
с 8:00 до 17:00

Номер телефона
(916) 874-9754

Калифорнийская служба коммутируемых сообщений 711

Нерабочие часы
(888) 881-4881

Señales de alerta ante trastornos por consumo de sustancias

Cambios drásticos en el estado de ánimo o comportamiento.

Cambios en la alimentación o en los hábitos del sueño.

Discusiones con la familia o amigos sobre el consumo de alcohol o drogas.

Problemas de memoria/lagunas.

Descuido de las responsabilidades en el hogar o en el trabajo.

Relación con personas que consumen alcohol o drogas.

Deseo intenso o pensamientos frecuentes sobre alcohol o drogas.

Arrestos por conducir bajo los efectos del alcohol o las drogas.

Información acerca de la sobredosis

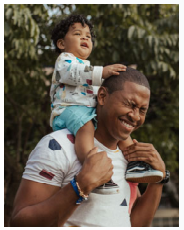
No dude en **llamar al 911** en caso de emergencias médicas o sobredosis que impliquen alcohol o drogas.

El **Narcan®** es un medicamento que puede contrarrestar inmediatamente los efectos de una **sobredosis por opioides o heroína** y el personal de emergencias suele llevarlo consigo. El Narcan® también está disponible en algunas farmacias sin receta médica.

SACRAMENTO COUNTY

Departamento de Servicios de Salud
División de Servicios de Salud del Comportamiento

Servicios de tratamiento y prevención del uso de sustancias



¡La recuperación es posible!

¡Hay ayuda disponible!

Nuestros servicios

Servicios de prevención

Tratamiento ambulatorio

Servicios perinatales para embarazadas y madres

Servicios de gestión de la desintoxicación

Tratamiento asistido con medicamentos (metadona, buprenorfina, naltrexona, disulfiram y Narcan®)

Tratamiento residencial

Residencias de recuperación/ ambientes de vida sobria

Servicios de recuperación/de atención de seguimiento

Programas para la prevención de la conducción bajo los efectos del alcohol

Tribunales de resolución de disputas

Los residentes del condado de Sacramento mayores de 12 años reciben atención continua para la prevención y el tratamiento relacionados con el consumo de sustancias.

Los servicios de prevención promueven los entornos familiares positivos y apoyan la abstinencia y la resiliencia.

Los servicios de tratamiento se ofrecen de manera gratuita a la mayoría de los residentes de Sacramento que cumplan con los requisitos de Medi-Cal.

El personal del sistema de atención le hará preguntas sencillas sobre su consumo de alcohol y drogas para determinar el nivel de atención más adecuado para usted y para remitirlo a un proveedor de tratamiento en su comunidad. Los servicios del personal bilingüe e intérpretes no tienen costo alguno para usted.

Entendemos que pedir ayuda puede ser difícil. Cuenta con el sistema de atención para el tratamiento por el consumo de sustancias para ayudarlo.

SACRAMENTO COUNTY

Sistema de atención para el tratamiento por el consumo de sustancias

Llame al personal del sistema de atención para una evaluación del trastorno por uso de sustancias y la remisión a servicios.

Tanto su llamada como su tratamiento se mantendrán confidenciales.

De lunes a viernes
De 8:00 a. m. a 5:00 p. m.

Número de teléfono
(916) 874-9754

Servicio de retransmisión de California 711

Fuera del horario de trabajo
(888) 881-4881

Những Dấu Hiệu Cảnh Báo Rối Loạn Sử Dụng Chất Gây Nghiện

Những thay đổi lớn trong tâm trạng và hành vi.

Thay đổi về thói quen ăn uống và/hoặc giấc ngủ.

Cãi nhau với gia đình hoặc bạn bè về sử dụng rượu và/hoặc ma túy.

Có vấn đề về trí nhớ/thoáng mất trí nhớ.

Bỏ mặc trách nhiệm ở nhà/nơi làm việc.

Kết bạn với những người cũng nghiện rượu/ma túy.

Lên cơn thèm hoặc thường xuyên nghĩ về rượu và/hoặc ma túy.

Lái xe khi bị ảnh hưởng/bị bắt liên quan đến rượu hoặc ma túy.

Thông Tin Sử Dụng Quá Liều

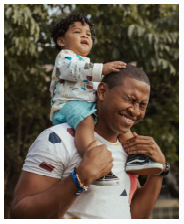
Xin đừng ngần ngại **gọi 911** đối với cấp cứu y tế/sử dụng quá liều rượu và/hoặc ma túy.

Narcan® là loại thuốc có thể gây lập tức chống lại những ảnh hưởng của **quá liều opioid hoặc heroin**. Nhân viên cấp cứu thường mang theo họ. Narcan® cũng có bán tại một số nhà thuốc mà không cần toa thuốc.

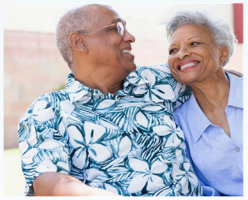
SACRAMENTO COUNTY

Sở Y tế
Bộ phận Dịch vụ Sức khỏe Hành vi

Dịch vụ Phòng ngừa và Điều trị Sử dụng Chất gây nghiện



Có thể phục hồi!



Luôn sẵn sàng giúp đỡ!

Các Dịch Vụ Của Chúng Tôi

Dịch Vụ Phòng Ngừa

Điều Trị Ngoại Trú

Các Dịch Vụ Tiền Sản đối với phụ nữ mang thai và làm mẹ

Các Dịch Vụ Quản Lý Rút Tiền/Tiêu Độc

Điều Trị Có Hỗ Trợ Bằng Thuốc (methadone, buprenorphine, naltrexone và disulfiram, Narcan®)

Điều Trị Nội Trú

Phục Hồi Nội Trú/Môi Trường Sống Chuẩn Mực

Dịch Vụ Phục Hồi/Dịch Vụ Sau Chăm Sóc

Chương Trình Lái Xe Có Ảnh Hưởng

Tòa Án Hòa Giải

Cư dân Quận Sacramento từ 12 tuổi trở lên được chăm sóc liên tục đối với phòng ngừa và điều trị sử dụng chất gây nghiện.

Các dịch vụ phòng ngừa nuôi dưỡng các môi trường gia đình tích cực và ủng hộ cai rượu và ma túy và phục hồi.

Các dịch vụ điều trị được cung cấp miễn phí cho hầu hết các cư dân Sacramento đủ điều kiện hưởng Medi-Cal.

Các nhân viên của System of Care sẽ hỏi quý vị những câu hỏi đơn giản về việc sử dụng rượu và ma túy để xác định mức độ chăm sóc tốt nhất cho qúy vị và giới thiệu quý vị đến một nhà cung cấp điều trị tại cộng đồng của quý vị. Các nhân viên song ngữ và thông dịch viên luôn sẵn sàng phục vụ quý vị miễn phí.

Chúng tôi hiểu rằng việc liên hệ để xin trợ giúp có thể khó khăn. Dịch Vụ Phòng Ngừa và Điều Trị Sử Dụng Chất Gây Nghiện luôn sẵn sàng giúp đỡ quý vị!

SACRAMENTO COUNTY

Hệ Thống Chăm Sóc đối với Điều Trị Sử Dụng Chất Gây Nghiện

Xin gọi cho nhân viên System of Care của chúng tôi để đánh giá rối loạn sử dụng chất gây nghiện và giới thiệu dịch vụ.

Cuộc gọi và việc điều trị của quý vị sẽ được giữ bí mật.

Từ Thứ Hai đến Thứ Sáu
8:00 giờ sáng đến 5:00 giờ chiều

Số Điện Thoại
(916) 874-9754

Dịch Vụ Chuyển Tiếp California 711

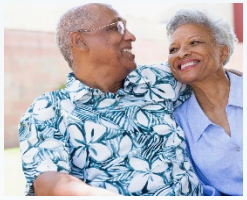
Ngoài Giờ Làm Việc
(888) 881-4881

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Substance Use Prevention and Treatment Services

التعافي ممكن!



المساعدة متاحة!

معلومات عن الجرعة المفرطة

لا تتردد في **الاتصال بالرقم 911** من أجل حالات الطوارئ الطبية أو حالات تناول الجرعات المفرطة من الكحول و / أو المخدرات.

Narcan® ناركان هو عقار يمكن أن يكافح آثار تناول جرعة مُفرطة من الأفيون أو الهيروين **على الفور**. يحمله أحيانًا موظفو الطوارئ معهم. عقار Narcan® **ناركان** مُتاح أيضًا في صيدليات محددة دون وصفة طبية.

علامات إنذار الإصابة بإضطراب تعاطي المواد المخدرة

تغييرات جذرية في الحالة المزاجية أو السلوك.

تغييرات في عادات تناول الطعام و / أو النوم.

التشاجر مع أفراد الأسرة أو الأصدقاء بسبب تعاطي الكحول و / أو المخدِرات.

مشاكل / تعتيم في الذاكرة.

إهمال مسؤوليات المنزل أو العمل.

الإختلاط بالأقران المتعاطين للكحول أو المخدرات.

الرغبات الشديدة في تعاطي الكحول و / أو المخدِرات أو التفكير المتكرر فيها.

القيادة تحت تأثير الكحول أو المخدرات و التي تؤدي إلى الإعتقال.

خدماتنا

الخدمات الوقائية

العيادة الخارجية

الخدمات الصحية لفترة ما قبل الولادة للنساء الحوامل والأمهات الحاضنات

خدمات إدارة الانسحاب أو إزالة السموم

العلاج بمساعدة الأدوية (ميثادون، بوبرينورفين، نالتريكسون، دايسلفيرام، و Narcan® ناركان)

الإقامة العلاجية

مساكن للتعافي أو بيئات معيشية راشِدة

خدمات التعافي أو خدمات فترة ما بعد الرعاية

برامج القيادة تحت التأثير

محاكِم تعاونية

يحصل سكان مقاطعة ساكرامينتو الذين تزيد أعمارهم عن 12 عامًا على رعاية مستمرة للوقاية من تعاطي المخدِرات و علاجها.

تعزز الخدمات الوقائية بيئات الأسر الإيجابية وتدعم الإمتناع عن التعاطي والقدرة على التكيّف.

يتم تقديم خدمات العلاج مجانًا
لمعظم سكان ساكرامنتو المؤهلين

من Medi-Cal

سيسألُك موظفو نظام الرعاية أسئلة بسيطة عن تعاطيك الكحول والمخدرات ليحددوا أفضل مستوى للرعاية بالنسبة لك ويحيلُك على موفِّر خدمات العلاج في مجتمعك. الموظفون ثنائيو اللغة والمترجمون الفوريون متاحون لمساعدتك مجانًا.

نعلم أن التواصل من أجل الحصول على المساعدة قد يكون صعبًا. الخدمات الوقائية المتعلقة بتعاطي المواد المخدرة وعلاجها متوفِّرة للمساعدة!

SACRAMENTO COUNTY

نظام رعاية للعلاج من تعاطي المواد المخدرة

يُرجى الإتصال بموظفي نظام الرعاية لتقييم حالات إضطراب تعاطي المواد المخدرة وخدمات الإحالة.

المعلومات الخاصة بمكالماتك وعلاجك سرِّية.

من يوم الإثنين إلى يوم الجمعة
من الساعة 8:00 صباحًا إلى الساعة 5:00 مساءً

رقم الهاتف
(916) 874-9754

خدمات ربط الإتصالات في كاليفورنيا 711

بعد ساعات إنتهاء العمل
(888) 881-4881

Cal Voices 26th Annual Peer Empowerment Conference

How to Access Community Assistance Using Peer Based Case Management and Advocacy

By Dr. B J Davis

1

Choice Theory & Five Basic Needs

- As individuals, we have these needs in different degrees. For example, one person may have a high need for Fun but a low need for Power. In practice however, the most important need is often love and belonging, as closeness and connectedness with the people we care about can be a requisite for satisfying all of the needs.
- Choice Theory tells us that we are all born with these five basic needs. All our behavior is always our perceived best choice to satisfy one or more of these needs. Whenever we feel bad it is because one or more of these needs are not being met.

FIVE BASIC NEEDS

- Survival: Physical needs, food, water, security
- Love and belonging: connecting with other people that are important to you
- Power: success, acknowledgement from others, achievements
- Freedom: to have choice and control in your life…freedom from…And freedom to…
- Fun: laughter, the genetic reward for learning

2

Peer Based Case Management Functions

- Assesses – Identifies service(s) the client needs
- Arranges – Makes plans to get service(s)
- Coordinates – Makes sure that service(s) are received
- Monitors – Follows the progress of client – service(s) interactions
- Evaluates – Makes sure that client gets services as intended
- Advocates – Intervenes to assure that client gets the services they needed

3

Duration of Case Management

- On-going support of clients over a protracted period of time; long-term support of mental health clients reintegrated into community

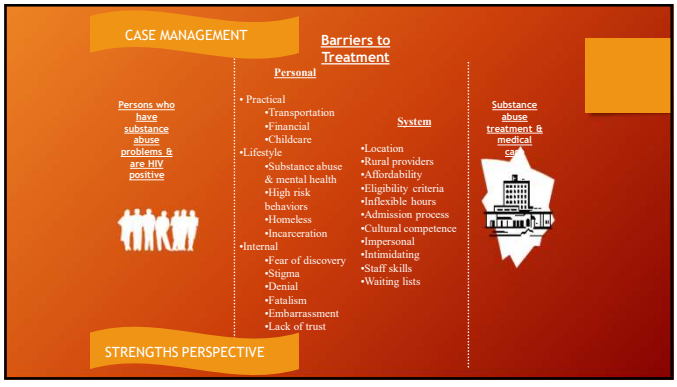
  AND/OR

- Support in achieving specific, short-term goals; assisting clients to link with services

4

Strengths Perspective

5



6

Principle I: Focus on Client Strengths

- Emphasize client strengths, positives, assets, skills, abilities, etc.
- De-emphasize client recounting of what they've done wrong
- Recognize motivation and personal efforts
- Base goal-setting on past assets

7

Principle II: Client Driven

- Establish client as responsible for identifying own goals and path to accomplish those goals
- Increase client investment in goals
- Promote self-determination
- Reduces resistance and denial

8

Principle III: Case Manager as Primary Relationship

- Development of working alliance, relationship is critical
- Provides the short-term foundation for client taking risks
- Primary, but not exclusive relationship

9

Principle IV: Community as a Resource

- Selective use of formal, informal, and created resources
- Formal – specialized, entitlements
- Informal – day to day functioning and community involvement
- Created – Expand personal interests, skills

10

Principle V: Assertive Outreach

- Encourages understanding of client's life
- Helps case manager to help client formulate plans
- Promotes relationship between client and case manager

11

Combining Case Management & Strengths Perspective

12

Strengths-Based Case Management

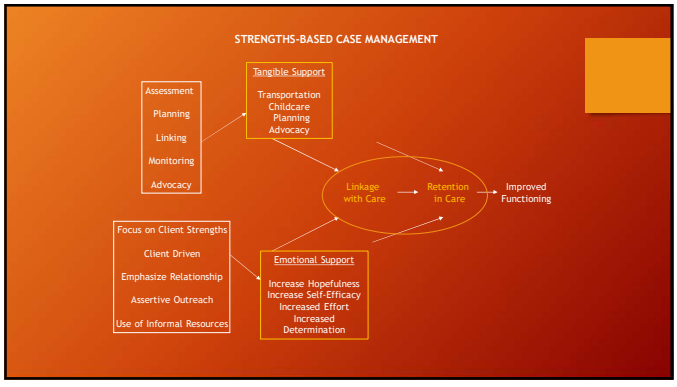
- A value-added intervention in that:
  - Case management provides concrete support in getting resources
  - Strengths perspective provides emotional support in identifying abilities

13

Case Management + Strengths Focus

Case Management	Strengths Perspective
• Assessment	• Focus on strengths
• Planning	• Client driven
• Linking	• Primary relationship
• Coordinating	• Assertive outreach
• Advocacy	• Creative use of resources

14



15

Strengths Perspective and Medical Model

Strengths Perspective	Medical/Disease Model
• Basic position is to find strengths, assets, and abilities	• Basic position is to find sickness, problems, disease & pathology
• Diagnosis and labeling is avoided	• Diagnosis is required; labeling is frequent
• Full discussion of client's story is encouraged	• Client/patient usually seen as less capable, needs to be helped/fixed

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Strengths Perspective and Medical Model

Strengths Perspective	Medical/Disease Model
• Individual is asked about needs	• Worker supports "party line" and agency role
• Individual seen as "able" and necessary participant in addressing needs	• Client/patient goes to services
• Active involvement encouraged	• Solutions usually involve formal resources
• Goals are (almost) always supported	• Doctor-patient relationship

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Advocacy

- Importantly, a significant part of Peer Support is advocacy, but…
- Advocacy is more than good intentions. It also takes knowledge and skills!

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Advocacy

- Advocacy is a core concept of the human rights movement terminology.
- It refers to a process through which people/groups of people who face structural disadvantage whether through disability, socio-economic status or
- An advocate's role is to support people express their views/wishes by providing them with information necessary to explore the options in a certain situation so that informed decisions are being made

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Types of Advocacy

- 3 kinds of advocacy:
- Self-advocacy
- Individual advocacy
- Systems advocacy

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Education

- Research your position and the situation.
- Read
- Gather statistics
- Talk to experts
- Survey others for opinions
- Research all relevant available resources

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Plan and Negotiate

- Positive goals and ideas
- Negotiate
- Strategy development
- Influencers/Alliances
- Messaging

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Plan and Negotiate Cont.

Create a written advocacy plan.

What do we want to accomplish?

What do they need to hear?

Make sure we are heard.

Figure out who the existing allies are.

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Communication Strategies

In person

Phone

Written

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Communication Strategies

DO

- Be direct
- Be assertive
- Connect feelings with behaviors
- Listen
- Talk to the appropriate people
- Prepare ahead of time

Avoid

- Being passive or submissive
- Using aggression
- Using guilt
- Losing our composure
- Using sarcasm, character assassination, or absolutes
- Acronyms and jargon

25

Stay Positive, Stay Focused

- Keep in touch
- Celebrate accomplishments
- Give credit where credit is due
- Thank people publicly
- Compromise where necessary
- Be persistent

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Personal Experience

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Putting Advocacy and Peer Support Into Action – My Personal Efforts

- I was able to prompt the county to stop treating co-occurring disorders in silos but rather simultaneously,
- I created the first "skill development" group to reduce the number of individuals with developmental disabilities getting discharged from SA treatment,
- I was instrumental in pushing the county to expand its treatment philosophy to include harm reduction, and to stop being ok with providers kicking clients out of their treatment programs for relapsing.
- I pressed the state into adding case management and recovery services (peer support) as a reimbursable component of treatment,
- As part of the Governors Advisory Board, I advocated to end prosecuting teenagers under 15 as adults.
- And both as a peer and a subject area expert I continue to advocate for a reduction in "racial and ethnic disparity" in criminal justice outcomes (arrests, bail, sentences, incarceration, etc.)

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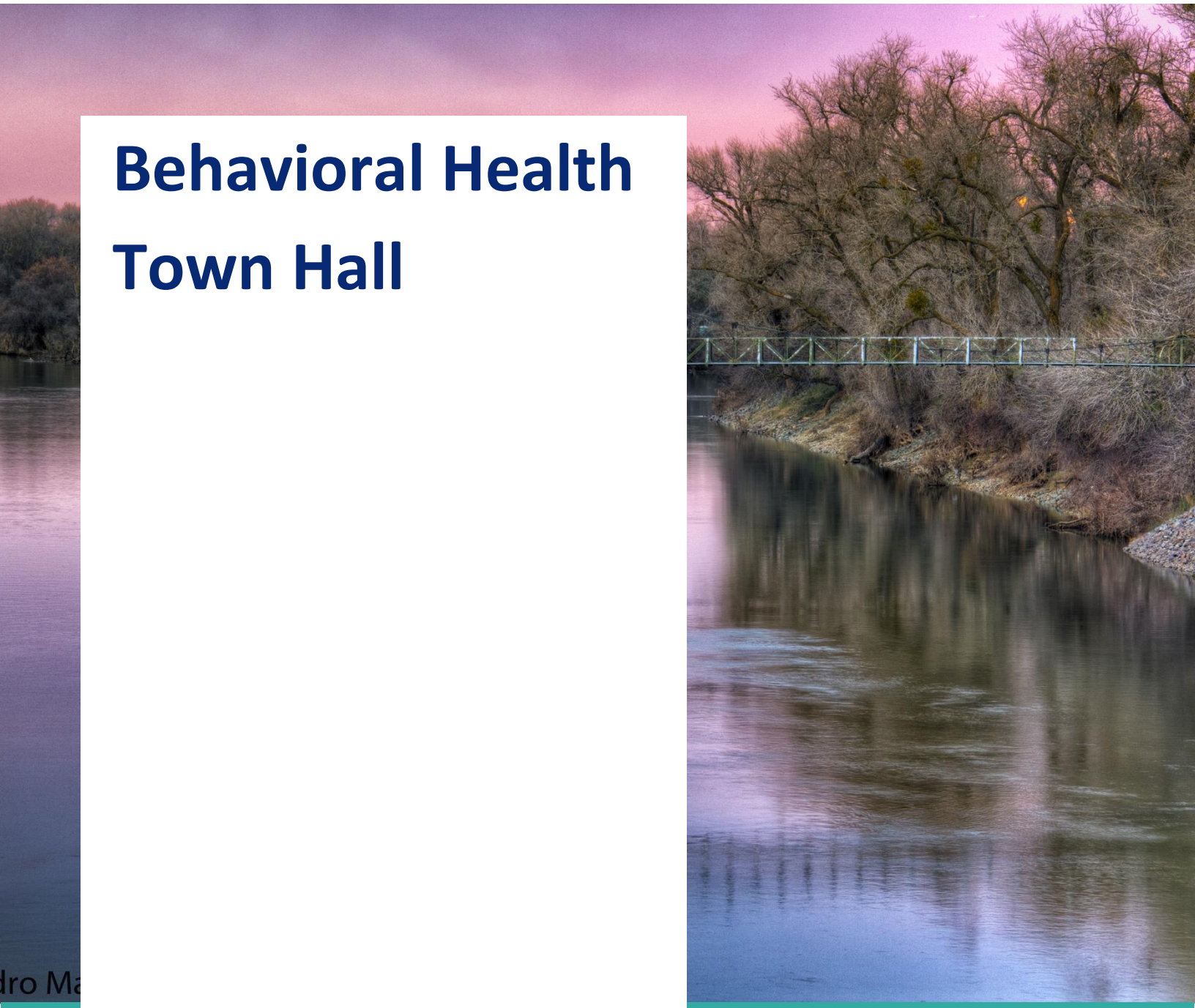

Behavioral Health Town Hall

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?

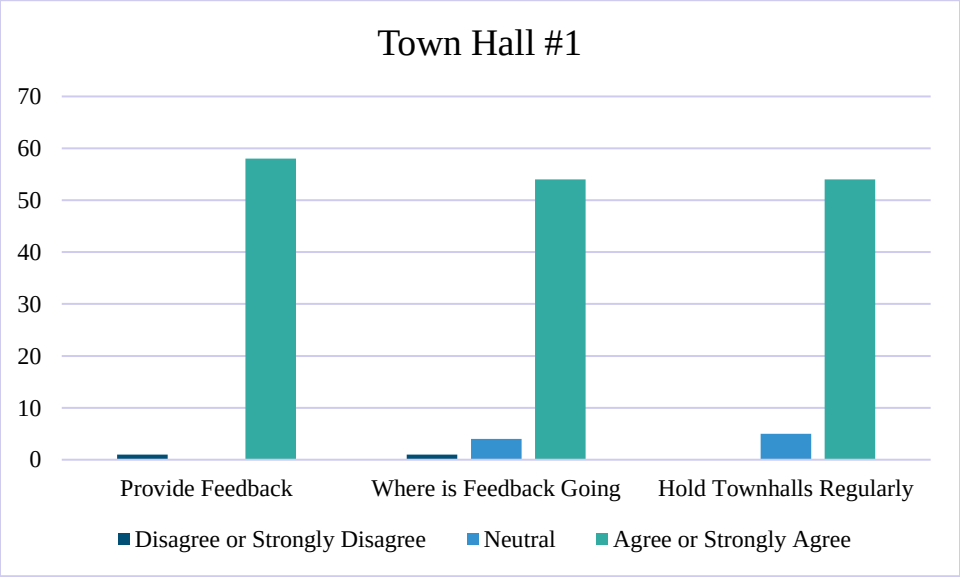
- Participants appreciated hearing from a diverse group at their tables, there was great discussion and fantastic facilitation
- They appreciated the opportunity to be heard around what is working and what can be improved, they also appreciated learning about the current system up front
- Participants appreciated the structure, flow and coordination around the meeting, great facilitation
- Thank you for the food and coloring books

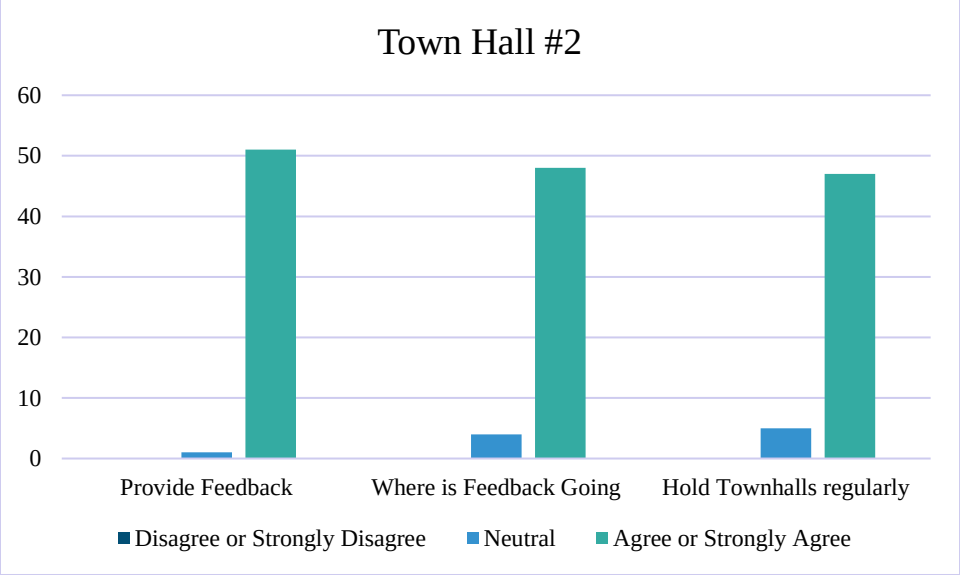
What can be improved?

- 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.

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)
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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

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Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-916-875-6069 TDD 711

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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.

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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

YOUR VOICE MATTERS!

Join the Sacramento County Alcohol and Drug Advisory Board

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

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

How To Apply?
Call: 916-875-2050
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The Advisory Board has a strong commitment to diversity and inclusion. Applicants of underrepresented groups are encouraged and desired.

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

Sacramento County Cultural Competence Committee
Collective Feedback for the Public Hearing on the Mental Health Services Act (MHSA) Draft Fiscal Year 2021-22, 2022-23, 2023-24 Three-Year Plan Collective Feedback
June 2, 2021
6 pm

On May 25, 2021, members of the Cultural Competence Committee (CCC) provided the following collective comments in response to the Mental Health Services Act (MHSA) Fiscal Year 2021-22, 2022-23, 2023-24 Three-Year Plan Collective Feedback. The Committee's comments are fully outlined below.

- The committee supports the three-year plan and appreciates the array of programs available for consumers and family members in Sacramento County.

- The Committee noted that many of the community driven programs funded by MHSA are time-limited programs that serve cultural, racial, ethnic, sexual and gender diverse communities who are often marginalized and closest to oppression. The Committee encourages BHS to consider creative solutions once the time limit has been reached so that we do not lose the clientele who have been served by these programs.

- The committee would like to see more of affordable housing units meet the needs of individuals living with disabilities, including physical disabilities. Currently, many shelters and agencies are unable to serve individuals with disabilities due to a lack of accessibility.

- It is great that BHS has funded community based organizations to provide culturally responsive support services available in many languages. The Committee recommends that BHS continue to increase the cultural and linguistic diversity of its workforce and partner with trusted community partners to reach out to even more underserved community members.

- The Committee recommends that BHS increase its efforts to reach out and support various refugee communities particularly since Farsi was recently added as a threshold language.

- The Committee recommends that BHS continue to support community defined, culturally responsive peer support. It is difficult to generalize and define what peer mentorship means to different communities. The CCC's experience with peer programs underscores the fact that the way lived experience is defined in the general population vs. in underserved and diverse communities is very different. The Committee recommends that BHS promote and support a diverse and robust peer workforce by supporting culturally and linguistically competent community-based organizations who are trusted by the communities they serve and are able to engage with unserved, underserved and inappropriately served community members from cultural, racial, ethnic, sexual and gender diverse communities.

- The Committee encourages BHS to increase collaboration with grass-roots organizations that have close ties to the communities they serve. COVID-19 vaccination efforts have shown that relationships with trusted community based organizations are very important to

building trust in unserved, underserved, and inappropriately served cultural, racial, ethnic, sexual and gender diverse communities.

- The committee has questions about the impact of the COVID-19 pandemic on data collection, including future data. For example, can the decrease in hospitalizations be attributed to the impact of COVID-19 pandemic?

Respectfully submitted,

On behalf of the Sacramento County Division of Behavioral Health Services Cultural Competence Committee

SACRAMENTO COUNTY

"Our ancestors knew they had a place here. I'm here because of them. I'm here because of all the folks who came before me. Who fought for treaty rights, fishing rights, water rights, voting rights? I owe a debt of gratitude to everyone who came before me."
- By Deb Haaland

Cultural Competence & Ethnic Services Newsletter –Special Edition

Issue 11.1| November 2021

Celebrate Native American Culture and Heritage with Sacramento Native American Health Center, Inc. SNAHC

Introduction to Native American Heritage Month

Britta Guerrero, CEO
Sacramento Native American Health Center, Inc.

November is American Indian and Alaska Native Heritage Month, often referred to as Native American Heritage Month.

Native American Heritage Month has evolved from its beginning in November 1986, when President Reagan proclaimed an annual celebration between November 20-23, called "American Indian Week." Starting in 1995, each president began issuing annual proclamations designating the entire month of November as a time to celebrate the culture, accomplishments, and contributions of Indigenous people who first inhabited and stewarded this land. In California, this celebration is supported by a 1968 resolution signed by then-governor Ronald Reagan to designate the fourth Friday in September as American Indian Day. 30 years later, the California State Assembly solidified this designation as an official state holiday.

Less commonly known, however, is that 50 years ago, a group of Native American activists occupied the ancestral land of the Ohlone people, now known as Alcatraz Island. During this occupation, they reclaimed the land in the name of "all American Indians by right of discovery." The activists issued the Alcatraz Proclamation, which held that not only did the defunct island prison represent the conditions on most reservations without fresh running water and with high unemployment, but that the island is the first sight ships see when they enter the San Francisco Bay from all over the world – A reminder of the true history of this country.

This act of resistance on Alcatraz Island commanded respect not only from within the Native community, but from those who had long ignored or perpetuated the oppression of Native American people. It brought attention to the false narrative this country has long maintained through the doctrine of discovery. It called out the ongoing failings of federal and state governments to keep the promises of congress approved treaties. The Occupation of Alcatraz is just one of thousands of examples of resilience we honor during Native American Heritage Month.

November is a time to learn about rich and diverse Indigenous cultures, traditions, and histories of the land you live on and

acknowledge the important contributions of this nation's original people. It is also an opportune time to educate the public about Tribes, to raise awareness about the unique challenges Native people have faced historically and in the present, and the ways in which Tribal citizens have worked to overcome and conquer these challenges in spite of inequitable systems.

We can most effectively address the historical and continued challenges of Native people through a sustained effort to effect real change, through historical acknowledgement, honest and accurate education, visibility and inclusion of Native people in our neighborhoods, communities, and public and private institutions.

Recently land acknowledgments have become popular and they are important. Yet, land acknowledgments are also a call-to-action that requires personal and organization-level responsibility to ensure Native people are present when and where decisions are made. Please consider and commit to ways that you and your organization will assess the impacts of a more diverse collaboration with Indigenous people, stakeholders, and Tribal organizations. I also encourage you to learn more about the people who first called this city, county, state, and nation "home." I am hopeful you will continue this process not just in November, but all year long.

Thank you for pausing to reflect on our past, understand the present, and progress toward a more just future.

Proclamation:
https://www.whitehouse.gov/briefing-room/presidential-actions/2021/10/29/a-proclamation-on-national-native-american-heritage-month-2021/

Native Miwok Community History and Heritage

Wilton Rancheria Tribal History

The members of Wilton Rancheria are descendants of the Penutian linguistic family identified as speaking the Miwok dialect. The Tribe's Indigenous Territory encompasses Sacramento County with a much larger Cultural affiliation. The lands the Tribe's ancestors inhabited were located along a path of massive death and destruction of California Indians caused by Spanish, Mexican, and American military incursions, disease and slavery, and the violence accompanying mining and settlements. Between March 1851 and January 1852, three commissioners hastily negotiated eighteen treaties with representatives of some of the indigenous population in California. The ancestors of the Tribe were party to the treaty signed at the Forks of the Cosumnes. The Treaty of the Forks of the Cosumnes River ceded the lands on which the Wilton Rancheria in Sacramento County was later established, but promised to establish a rancheria beginning at the Cosumnes River, "commencing at a point on the Cosumnes river, on the western line of the county, running south on and by said line to

its terminus, running east on said line 25 miles, thence north to the middle fork of the Cosumnes River, down said stream to the place of beginning; to have and to hold the said district of country for the sole use and occupancy of said Tribe forever."

The Tribe's ancestors came back from nearly being annihilated only to have their children taken to boarding schools that stripped their indigenous language and culture further. Finally in July of 1928 the United State of America acquired land in trust for the Miwok people that were living in Sacramento County. A 38.77 acre tract of land in Wilton, Sacramento County, California was purchased from the Cosumnes Company which formally established the Wilton Rancheria. In 1958, the United States Congress enacted the Rancheria Act, authorizing the termination of federal trust responsibilities to 41 California Indian Tribes including Wilton Rancheria. The Tribe official lost its Federal Recognition in 1964.

Congress reconsidered their policy of termination in favor of Indian self-determination in the 1970s. In 1991, surviving members of Wilton Rancheria reorganized their tribal government and in of Indian self-determination in the 1970s. In 1991, surviving members of Wilton Rancheria reorganized their tribal government and in 1999 they requested the United States to formally restore their federal recognition. Ten years later a decision of a U.S. District Court Judge gave Wilton Rancheria restoration, restoring the Tribe to a Federally Recognized Tribe in 2009. Wilton Rancheria is a federally recognized Indian Tribe as listed in the Federal Register, Vol. 74, No. 132, p. 33468-33469, as "Wilton Rancheria of Wilton, California". The Tribe passed their constitution in 2011. It stated its four branches of government that includes the Office of the Chair & Vice Chair, the Tribal Council, a Tribal-Court, and the General Council. The Tribe's administration office is located in the City of Elk Grove, Sacramento County in California.

As stated in the Federal Register, Vol. 78, No. 176, Notices 55731, on September 11, 2013 the Tribe was designated the geographic boundaries of the Service Delivery Area (SDA) of Sacramento County in the State of California. As the only Federally Recognized Tribe in Sacramento County it is designated administratively as the Tribe's SDA. To function as a Contract Health Service Delivery Area (CHSDA), for the purpose of operating a Contract Health Service (CHS) program pursuant to the Indian Self-Determination and Education Assistant Act (ISDEAA), Public Law 93–638.

What it means to Native American Community today

Photo provided courtesy of the SNAHC

Sarah Medicine Crow, Program Coordinator

To be a Native American today means I am born to thrive. My identity makes me feel strong because I am a part of strong communities. My identity isn't stagnant, nor is it a statistic; rather an interwoven culmination of thousands and hundreds of thousands of years of people who continue to thrive off of the lands they call and remember as home.

In fact, we have many stories that tell of our beautiful lands and histories – stories that illustrate our complex societies as holders of vast amounts of knowledge. Stories are how we remember. We also remember the truth of "American HIStory" and the attempts to de-humanize, erase, and assimilate our minds, souls, bodies, and lands.

These memories are a part of me as well. To be very clear, my story is not part of a monolithic tale as traditional "American HIStory" tells it.

Instead, I see myself as self-determined and very much alive.

My name is Sarah Medicine Crow; I am Hidatsa and a member of the Three Affiliated Tribes of Fort Berthold Reservation in North Dakota. I am also Agai Dicutta (Walker River Paiute) from Schurz, Nevada. I am also Wašiw (Washoe) and lived on the Hung-a-lel-ti reservation up until the time I was 11 years old. I moved with my family to Sacramento and attended Jonas Salk Preparatory Middle School. Later, I attended and graduated from Grant Union High School. For college, I attended UC Berkeley and majored in Native American Studies. I currently work at the Sacramento Native American Health Center as a Program Coordinator in the Community Health Department. I prefer to be recognized by the nations and lands I come from because I feel empowered knowing that if it weren't for the thriving survivors in my family, I would not be here. Therefore, I believe I was born with a purpose, which is to continue to dream and be strong for my communities.

It is my dream to create, prioritize, and normalize physical intentional spaces where community healing and restoration occur. I desire to work in the health care field because it is where I most want to inspire change. Change making in this field is not easy because of the present systematic oppressive laws and policies that hinder Native/Indigenous people's abilities to live healthy lives.

I would like allies/accomplices to know that we are diverse, have intersectional identities, and want to be seen and accepted. I am proud to work with the Community Health Department at the Sacramento Native American Health Center because we value the culture of "belonging" and push to center the Native community. Overall, I want a better future for Indigenous generations – they/we deserve it.

Photo provided courtesy of the SNAHC

I am a Miwok/Nisenan woman, mama, daughter, sister, auntie, friend, community

member, educator, leader. For me to be here – thriving, growing, helping, teaching, learning – is remarkable. It's a blessing.

California and the United States have a grim and painfully dark history in its treatment of its original peoples and our land. There is great atrocity and it has harmful and lasting impacts today. But as I was taught: Where there is trauma, healing is the answer. And that is what our people are doing; we are healing. We are healers. We are making strides to flourish, support our communities, and bring light to our worlds. Native American Heritage Month is a time where Native peoples and allies can take meaningful time to reflect on our resilience, strength, wisdom, cultures, medicines, traditions, histories, power, our beauty and balance; and truly honor that.

We are people deeply rooted in our ancestral stories, ceremonies, prayers, medicines, teachings, gratitude, and greater understanding of life and all living beings. I don't honor this for one month; rather, it is every day that I honor our ancestors, our people, our ways of life, our resilience. Native American Heritage further reminds me that we are powerful beings with great beauty, ancestral wisdom and strength, and the gifts to enhance the greater good.

With great gratitude, love, and honor to Creator, ancestors, community, land, water, all living beings. And from me to you, Happy Native American Heritage Month!

Crystal Blue, MA. (Miwok / Nisenan)
Ione Band of Miwok Indians
SNAHC Board of Directors – Tribal Liaison
Sacramento, CA

Celebrating our Heritage – ways we celebrate heritage today

SNAHC
Sacramento Native American Health Center
a californiahealth+center

Gathering of Native Americans (GONA)

Gathering of Native Americans (GONA) is a curriculum developed as a community intervention for healing from historical and intergenerational trauma. The GONA curriculum utilizes the framework that includes nurturing Belonging, Mastery, Interdependence and Generosity to heal as a community from historical and intergenerational trauma, grief, and loss. The physical, mental, emotional, and spiritual traumas that indigenous people faced in the past are still impacting the current generations in the form of historical and intergenerational trauma and loss that has gone unresolved (Brave Heart & DeBruyn, 1998; Brave Heart et al., 2011). Brown-Rice, 2013; Whitbeck et al., 2004). Today this ongoing and unresolved trauma, grief and loss results in the current health, mental health, substance abuse, social and economic disparities indigenous peoples face (Elamoshy et al., 2018; Grayshield et al, 2015; Skewes & Blume, 2019; Struthers & Lowe, 2003; Walters et al., 2011a; Walters et al., 2011b).

Many of the western models lack the cultural relevance and depth to deal with the underlying historical trauma and there are not identified evidence-based models being supported for healing from historical and intergenerational trauma at the community level. Research indicates that culture is significantly linked to positive mental health and has been used effectively to improve community outcomes (Barnett et al., 2020; Barraza et al., 2016; King

et al., 2019; Matheson, Bombay, & Anisman, 2018; Masotti etal., 2020; Snowshoe et al., 2015). GONA was developed by more than 30 individuals that consist of educators, prevention specialists, trainers of primarily Native community. In response to the disparities indigenous communities were facing this group developed the GONA, and the first pilot GONA was on the territory of the Cherokee Nation. Now 20 years later GONA continues to be used thru out Tribal communities in the United States, and territories including Canada, Hawaii, New Zealand, and Guam.

Each GONA is carefully planned, prepared, and implemented according to local customs, culture, and traditions. There are the foundational teachings of GONA that are not changed and continues to be delivered in its original form The foundational teachings builds upon Belonging making sure that everyone feels welcome and included in the process. Mastery is a time for taking stock in historical past but focus on the resilience that brought us here today. Interdependence is building upon our inter connectedness, establishes resources, and experiences. Finally, Generosity is about the gift giving and the larger picture of giving back to our families, communities and prevent suicide, substance use and abuse, and promote wellness in our communities.

At Sacramento Native American Health Center, (SNAHC) we celebrate our heritage by continuing to utilize and build our communities by engaging youth and families in annual GONA. This has been used in the community to strengthen individuals by sharing our Heritage, Culture, and Traditions. Providing the spirituality and ceremonies is one of the most impactful components of the GONA. SNAHC offered a GONA for youth in 2019, for the families via zoom in 2020, and this year we offered hybrid youth and adults together. We identified facilitators that have led the GONA development, included Tribal leaders, spiritual leaders, and educators in each GONA we presented. Shared opportunity to learn cultural skill, share traditional medicine teachings, explore their historical past, provide healing ceremonies, identified our resiliency, and generate a commitment to our future.

Culture is Prevention (CIP)

For generations, Native communities have used Traditional cultural practices to teach, to prevent, and to heal. Today we know that research indicates that culture is significantly linked to positive mental health and has been used effectively to improve community outcomes. (Barnett et al., 2020; Barraza et al., 2016; King et al., 2019; Matheson, Bombay, & Anisman, 2018; Masotti etal., 2020; Snowshoe et al., 2015).

There are many communities that continue to utilize culture as a healing modality and implement Culture is Prevention, CIP. Although this may look different from Tribe, Nation, Band, or Community, the key elements continue to be the same.

They include gathering, providing the sense of belonging, sharing historical stories and speaking of historical trauma, sharing laughter and identifying resilience, and learning new skills and practices to share the gift of generosity

Sacramento Native American Health Center, SNAHC, is pleased to provide the Sacramento community with biweekly CIP. We have been honored to bring individuals that have shared lifelong teachings from generation to generation.

Making moccasins, medicine bags, drum making, and many other teachings we are learning ancestral knowledge, utilizing our senses to feel and smell the natural hide, experiencing the skills of beading and sewing, and being able to share your knowledge or share your gift with someone else.

This is done over a course of two sessions, and each participant comes away with the foundational teachings of Gathering of Native Americans (GONA) – sense of belonging; mastery and understanding of historical trauma; interdependence to share resources and gain from each other; and generosity, the gift of giving.

We know that "Culture is Prevention," prevention from substances, prevention from violence, and prevention of suicide. More communities have been able to secure funding, overcome COVID-19 restrictions, incorporate CIP to honor those that are stakeholders in our communities, and provide the space for healing. For more information, please feel free to reach out to SNAHC at (916) 341 0575 https://www.snahc.org/

Toolkit:
https://files.constantcontact.com/d8137653601/d0128544-cb60-401f-a4de-a803ffc7016b.pdf

Upcoming events in Native American Community

Big Time/Powwow – gatherings and ceremonies that continue and are thriving in Native American communities

- **October 1st-3rd, 2021: Redding Rancheria's Still Water Powwow**
- **October 2nd, 2021: Yuchewahkenh (Bitter) 2021 First Look Play – Support Native Playwrights!**
- **October 6th, 2021: 2021 California Indian Law Virtual Panel Series**
- **October 13th, 2021: Indigenous Foodways: A conversation and cooking demonstration with Vincent Medina and Louis Trevino founders of mak-'amham: Contemporary Ohlone Cuisine**
- **October 17th, 2021: Auburn Big Time Powwow**
- **October 22-24, 2021: Susanville Indian Rancheria Powwow**
- **October 24th, 2021: California Native Poets Round Table: Registration Here**
- **November 5th-13th, 2021: Native American Film Festival**

To search for upcoming events throughout the year, please go to: Upcoming Events – News from Native California or https://newsfromnativecalifornia.com/events/

Native American Leaders: Highlights

Photo provided courtesy of the SNAHC

Britta Guerrero (San Carlos Apache) is the CEO of the Sacramento Native American Health Center, "SNAHC" by acronym, but warmly pronounced "SNACK" by everyone in

the organization. Recently, I had the opportunity to inquire about her life and career. She's been in her job for about 5,400 days, and when she speaks you get the sense that she lives in the present: self-aware and focused forward.

"The best advice I ever received was that I would have to work harder, faster and stronger just to be considered equal." As a child, she says she learned early to be resourceful and creative, and that as an adult, "I'm comfortable with some level of discomfort, and that is so important in community work. I don't think you get to decide if you're successful. Other people decide. It depends on who's looking."

Her "comfort with discomfort" dialectical approach to the scrutiny of others is part of her approach to growing and leading a major community health center. "You learn a lot of lessons in life, and I'm thankful for both the blessings and the burdens, even the painful ones." Asked about what she considers a guiding value, she says "You leave something better than you found it."

This incremental approach has proven to be successful for SNAHC. In 2020, SNAHC provided nearly 41,000 medical visits, 11,000 dental visits, 8,000 behavioral health sessions, and nearly 1500 home visitations. Since 2010, it has been accredited by the Accreditation Association of Ambulatory Health Care (AAAHC), and in 2013, became the third Urban Indian Health Organization nationally to be certified as a Patient-Centered Health Home. Sixty four percent of SNAHC's patients come from communities of color and ninety-two percent of patients receive Medicare or Medi-Cal.

"Being a Federally Qualified Health Center (FQHC) means we serve the most vulnerable in our community. We are a part of the community safety net, and we serve everyone who needs our services." Asked to describe a time she felt like SNAHC had "made it," she recalled a couple of years before when SNAHC was included in a call with the Governor's Office on a healthcare policy issue that was not Native-specific. "We were perceived as being the best healthcare guidance in the room, because our outcomes data was head and shoulders above other providers."

Going above and beyond is a common theme in her conversations. "We're a Patient-Centered Health Home because we go beyond providing quality clinical healthcare services." SNAHC has grown to provide a wide variety of supportive services, including a Community Health Department focused on prevention services, advocacy for crime and interpersonal violence victims, and Healing Ways, a Native-centered health and wellness approach that embeds traditional healing practices into the ambulatory care system.

Asked about books that she recommends for young professionals, she quickly named H3 Leadership: Stay Hungry, Be Humble, Always Hustle, by Brad Lomenick, Lead from the Outside, by Stacy Abrams, the author and former member of the Georgia House of Representatives, and Tribal Leadership: Leveraging Natural Groups to Build a Thriving Organization, by Dave Logan, John King and Halee Fischer-Wright. But when I asked what she is currently reading, she confessed that she was reading For Brown Girls with Sharp Edges and Tender Hearts: A Love Letter to Women of Color by Prisca Dorcas Mojica Rodriguez. She seems to know that she has some sharp edges, and she says that she can let them show through sometimes. She doesn't like to share her personal story a lot because she's aware that it can influence how people perceive her now, and her ability to be present and value the present moment came through again when I asked her what was at the top of her mind right now.

"My Dad. He's a comedian, a complete joker. When we're together, we laugh and laugh and laugh," her combination of intensity, gentleness and presence all coming through.

Photo provided courtesy of the SNAHC

Mary Tarango
Tribal Elder, Tribal Chair Emeritus
Wilton Rancheria

Mary Tarango is an American Indian woman, tribal elder, and enrolled member of the Wilton Band of Miwok Indians. She is a wife, mother, grandmother, singer/dancer, and teacher of traditions. Mary has a long history of commitment and contribution to the Sacramento American Indian/Alaska Native (AI/AN) community.

Mary is an activist and advocate who fought for native rights, equality, freedom, and restoration of federal recognition of Wilton Rancheria. Thanks to her commitment and dedication, Wilton Rancheria gained federal recognition in 2009. Mary has served on the board of directors of the Sacramento Native American Health Center (SNAHC) for 10 years as a Chairwoman. She is an emeritus Tribal Chair of Wilton Rancheria and has tremendous pride of serving tribal community.

For Mary, Native American Heritage Month is a time for recognition and celebration. Mary describes "it is a time to recognize the contributions and sacrifices of Native American leaders; a time of learning and sharing culture, dances, songs, foods: it is a time to remember who you are, where you come from and to know that you have purpose."

Mary is the proud daughter of activist, Alvin Daniels Sr., who was one of the original founders of California Indian Affirmative Action that fought for Native American rights/equality in employment and fought for the advancement of Indian rights through affirmative action. Mary describes her father as "a proud Indian man" that when he spoke, "people would stop to listen." A man who organized with leaders to "make things happen and move things forward."

Mary describes that her father taught her the importance of making a difference and serving her tribal community.

Mary is inspired by the resilience of her tribal community and the laughter that brings content to her heart. Mary wants AI/AN youth to know that they are the first people, the people of traditions, the dreamers, and to be proud of who they are and know that they have purpose.

Mary is a great elder, leader, advocate and someone that continues to bless tribal community.

Photo provided courtesy of the SNAHC

River Burkhart, Native Youth Ambassador and Youth Communications Team member

River Burkhart is a Native Youth Ambassador and Youth Communications Team member at Sacramento Native American Health Center, SkillsUSA competition participant, Two-Spirit Native Youth Panelist; and is affiliated with Dakota, Cherokee, Choctaw tribes. River attributes their resilience and success from being (bi) queer in the Native community.

Becoming comfortable with themselves and their Native identity helped create that. As well as, learning to look in on an outsider's perspective and seeing what they struggle with. They have stepped out of their own shoes and seen what others are going through.

Their mom is the first mentor they see as successful, stating, “she’s a great leader. She taught me pretty much everything I know about being a Native Leader.” As well as, pretty much everyone at SNAHC, Alea, Mike, Jeanine and River’s friends too.

River identifies success as a youth as helping to change your community, providing the change we need, especially for Native Youth. Trying to be the best you can be and working on yourself, while helping others.

River feels really happy that November is Native American Heritage Month. River states, “The only holiday where people would think about Indigenous people is Columbus Day, which isn’t really a holiday for us. We can show people that we are here.

We can finally feel safe to openly celebrate our culture and heritage.” To celebrate Native American Heritage Month, their sister, who works with SNAHC, made a digital art piece. River has made time to repost ways people can support the community and become knowledgeable.

One really big goal River has is seeing the introduction of and having Native history in schools. With things being written correctly. They learn about Mayan culture, maybe, one day out of the year. River said, “I am mixed and it created a lot of confusion. A lot of people didn’t know I was Native because I don’t look Native. I faced a lot of Racism and our history in schools is lacking.” I have grown up around a lot of people and gotten a lot of knowledge about substance abuse and how we have the highest rate of suicide. Using that information, I was able to guide where I am. River wants to go to UC Davis to study Conservation Biology and become a part of The Nest Organization to continue to remain connected to Native culture during their studies.

Thank you to Julie Fuentes (Pomo, Hopland Band) for sharing some Native specific resources for those interested in learning more:

Learn whose land you are standing on – SNAHC Land Acknowledgement https://tinyurl.com/bws9s3mt

Decolonizing Thanksgiving: a Toolkit for combatting Racism in Schools (Great resources for families outside of schools as well) https://tinyurl.com/265888zk

Native American Authors you Need to Read Right Now https://tinyurl.com/y8deez9a

Support Native Artists by Buying Native this Holiday Season https://tinyurl.com/hc963hxh

Native American Children's Books List https://tinyurl.com/ykeax8h8

Special Thank You to:

SNAHC
Sacramento Native American Health Center
a californiahealth+center

SNAHC for sharing these personal reflections and wisdom to elevate Native American Heritage Month so that we may all learn more from the voices of the community.

- **Britta Guerrero**
  CEO
  SNAHC
- **Mary Tarango**
  Tribal Elder, Tribal Chair Emeritus
  Wilton Rancheria
- **Sarah Medicine Crow**
  Program Coordinator
  SNAHC
- **Crystal Blue**
  SNAHC Board of Directors – Tribal Liaison
- **River Burkhart**
  Native Youth Ambassador and Youth Communications Team member
  SNAHC
- **Julie Fuentes**
  Care Coordinator Supervisor
  SNAHC
- **Alejandra Ramirez- Arreola**
  Associate Clinical Social Worker
  SNAHC

Helpful links:

Mental Health Access Service Request Form: Sacramento County Mental Health Access Team would like to announce a new option for submitting a mental health service request. In addition to submitting service requests via phone, fax, and US Postal Service, you will now have the option to submit a service request Online. The online submission allows for anyone in the community to submit a service request. The submitting party will need to provide their contact info in the event the Access team needs to reach them. The online service request allows for any important details regarding the referral to be provided on the document. One of the most useful features to the community is the ability to receive an email when the Access team has received your service request. Routine processing for all service request submission types is 3-5 business days. Sacramento County Behavioral Health is excited about the new online option and we hope that it helps to remove barriers in submitting and following up on service requests. You can access the new form at this link:

https://mhsr.saccounty.gov/

Please remember that if there is an immediate need for mental health services, the Access team can be contacted by phone at (916) 875-1055.

Substance Use Prevention and Treatment:
To learn about our services please click on this link:

https://dhs.saccounty.gov/BHS/Pages/SUPT/Substance-Use-Prevention-and-Treatment.aspx

To request treatment services, please call: (916) 874-9754 Toll Free: (888) 881-4881

COVID-19 Resources:

Behavioral Health COVID-19 (2019 Novel Coronavirus) General Resources (saccounty.gov)

Behavioral Health COVID-19 (2019 Novel Coronavirus) Provider Resources (saccounty.gov)

"Mental Illness: It's not always what you think" Project

Honor the Sacred, the Community, and Yourself. Stop the Stigma.

Learn more at:

https://www.stopstigmasacramento.org/communities/native-american/

Sacramento County Public Health

https://dhs.saccounty.gov/PUB/Pages/PUB-Home.aspx

Job Seeker Resources

https://personnel.saccounty.gov/Pages/ESJobSeekerResources.aspx

Please submit your ideas for future newsletters

Sacramento County Behavioral Health Services Cultural Competence & Ethnic Services Unit will continue to produce newsletters like this one. Please help us to celebrate the rich diversity of cultures in the County of Sacramento community by sharing your original content and photos along with your contact information to:

DHS Cultural Competence Unit

DHSCCUnit@saccounty.net

Please put "**newsletter**" in the subject line. Please note that we cannot use content without citing the source and cannot use photos without permission.

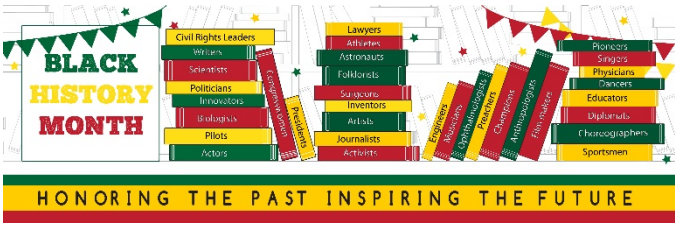
SACRAMENTO COUNTY

"I am no longer accepting the things I cannot change. I am changing the things I cannot accept."

--Angela Davis

Cultural Competence & Ethnic Services Newsletter Issue 1 | February 2021

Black History Month



February 1st marked the first day of Black History Month 2021. The month long celebration is a chance to acknowledge the historic achievements of Black Americans and to highlight their contributions and undeniable impact on American history. Prolific game changers like Malcolm X, Rosa Parks, Shirley Chisholm and Dr. Martin Luther King, Jr., are some of the names we learn more about each February. But the celebration that is now Black History Month started long before these civil rights leaders made their mark.

How It Started.

In 1915, historian Dr. Carter G. Woodson and Minister Jesse E. Moorland founded the Association for the Study of Negro Life and History, now known as the Association for the Study of African American Life and History (ASALH). This group focused on researching the advancements made by people of African descent and, in 1926, sponsored the first Negro History Week.

Why February?

The ASALH selected a week in February to coincide with Abraham Lincoln's birthday (Feb 12) and Frederick Douglass' birthday (Feb 14), as these were dates the Black community had, at the time, celebrated for decades. Though the timing was chosen based on set traditions, Woodson always had higher ideals for the celebration. "We are going back to that beautiful history and it is going to inspire us to greater achievements, he told a group of students just a few years before issuing a press release announcing Negro History Week.

Advancement

Through the 1920s, 30s and 40s, the observation of Negro History Week grew in popularity across America among budding Black History clubs. Joined with other celebrations like Negro Brotherhood Week, the period of time grew larger. Even before Woodson's death in the 1950s, cities in West Virginia and other pockets of the country were starting to elongate Negro History Week celebrations to the full month of February. Then came the civil rights movement.

In the 1960s, the focus on Black identity provided fertile ground for Negro History Week to grow into Black History Month.

In 1976, during the United States Bicentennial celebration, President Gerald Ford recognized February as Black History Month, and encouraged Americans to "seize the opportunity to honor the too often neglected accomplishments of Black Americans in every area of endeavor throughout our history."

What is the theme of Black History Month 2021?

Every year, a theme is chosen by the Association for the Study of African American Life and History, and this year the theme is*: "The Black Family: Representation, Identity and Diversity and will explore the African diaspora."* The

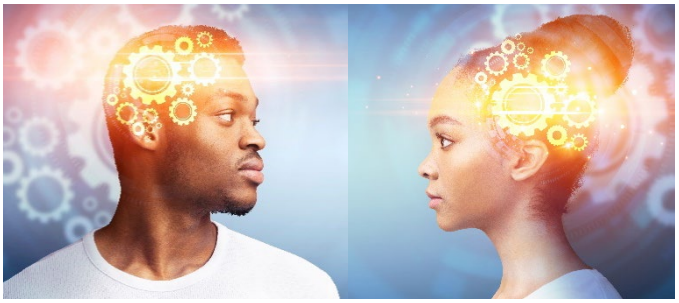
family offers a rich tapestry of images for exploring African American past and present," the ASALH writes on their website.

It is true, African Americans/Black people have made significant strides since the Civil Rights Movement towards equity, inclusion and social justice. But the current landscape of our country suggests that we still have quite a long way to go. In the famous words of Dr. Martin Luther King, Jr., "darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that." But for now, we will continue to celebrate each day of Black History Month with pride and respect, acknowledging our struggles and our triumphs. We continue to hold our heads high as we celebrate our rich history and culture; giving wings to our dreams as we honor our robust contributions to the world. With songs of victory on our lips and genuine love in our hearts, we will face the challenges ahead with wisdom, strength and hope, acknowledging that we have come too far to turn back now!

Submitted by: Debrah DeLoney-Deans, LMFT

Celebrating African American Achievement and Invention

Black History Month honors the contributions of African Americans to U.S. history. Among prominent figures are ***Madam C.J. Walker***, who was the first U.S. woman to become a self-made millionaire; ***George Washington Carver,*** who derived nearly 300 products from the peanut; ***Rosa Parks***, who sparked the Montgomery Bus Boycott and galvanized the civil rights movement; and ***Shirley Chisholm***, who was the first African American woman elected to the U.S. House of Representatives. She was elected in 1968 and represented the State of New York.



10 extraordinary African Americans you may not know, but should:

- **Jack Johnson** became the first African American man to hold the World Heavyweight Champion boxing title in 1908. He held onto the belt until 1915.
- **John Mercer Langston** was the first Black man to become a lawyer when he passed the bar in Ohio in 1854. In 1855, he was elected to the post of Town Clerk for Brownhelm, Ohio.
- **Claudette Colvin** was 15 years old when she was arrested nine months before Rosa Parks for not giving up her bus seat to white passengers. She was the first woman to be detained for her resistance**.**
- **Hiram Rhodes Revels** was the first African American ever elected to the U.S. Senate. He represented the state of Mississippi from February 1870 to March 1871.
- **Jackie Robinson** became the first African American to play Major League Baseball when he joined the Brooklyn Dodgers on April 5, 1947. He led the league in stolen bases that season and was named Rookie of the Year.
- **Robert Johnson** became the first African American billionaire when he sold the cable station he founded, Black Entertainment Television (BET) in 2001.
- **Bessie Coleman,** the first licensed Black pilot in the world, and was not recognized as a pioneer in aviation until after her death in 1926.
- **Gwendolyn Brooks** is considered to be one of the most revered poets of the 20th century. She was the first Black author to win the Pulitzer Prize in 1950 for *Annie Allen*, and she served as poetry consultant to the Library of Congress, becoming the first Black woman to hold that position.
- **Jane Bolin,** a pioneer in law was the first Black woman to attend Yale Law School in 1931. In 1939, she became the first Black female judge in the United States, where she served for 10 years**.**
- **Dr. Rebecca Lee Crumpler** was the first Black female doctor in the United States. Dr. Crumpler graduated from the New England Female Medical College in 1860 and worked as a physician for the Freeman's Bureau for the State of Virginia.

Kamala Harris:

Vice President of the United States

Kamala Devi Harris is an American politician and attorney who is now the vice president of the United States. Harris served as a United States senator from California from 2017 to 2021, and as attorney general of California from 2011 to 2017. On Saturday, November 7, 2020, after Joe Biden had sealed enough electoral votes to become president-elect, he and running mate Kamala Harris addressed the nation from Wilmington, Delaware. Harris spoke first. Here in part, is what she said.

Congressman John Lewis, before his passing, wrote: *"Democracy is not a state. It is an act."* And what he meant was that American's democracy is not guaranteed. It is only as strong as our willingness to fight for it, to guard it and never take it for granted. And protecting our democracy takes struggle. It takes sacrifice. But there is joy in it, and there is progress. Because we the people have the power to build a better future.

And when our very democracy was on the ballot in this election, with the very soul of America at stake, and the world watching, you ushered in a new day for America. I know times have been challenging, especially the last several months—the grief, sorrow and pain, the worries and the struggles. But we have also witnessed your courage, your resilience and the generosity of your spirit.

Excerpted from the Washington Post

Meet Amanda Gorman

National youth poet laureate reads a poem during Joe Biden's inauguration ceremony on the West Front of the U.S. Capitol on Wednesday, January 20, 2021.

Poet Amanda Gorman is the youngest ever inaugural poet and the country's first ever Youth Poet Laureate. Gorman became Youth Poet Laureate of Los Angeles at age 16, and later National Youth Poet Laureate in 2017, while she was studying at Harvard University. She has written for the New York Times and has three books forthcoming with Penguin Random House.

Gorman was born and raised in Los Angeles, California and was raised by her single mother, Joan Wicks, a 6th-grade English teacher in Watts, with her two siblings. She has a twin sister, Gabrielle, who is an activist and filmmaker.

Gorman is a stunning example of persevering in the face of hardship and significant challenges. In spite of a speech impediment, she has become a phenomenal, captivating orator. After experiencing chronic ear infections as a baby, she developed an auditory processing disorder that caused a speech impediment. Gorman says "My speech impediment…was dropping several letters that I just could not say for several years, most specifically the "r" sound. I had to really work at it and practice to get where I am today."

Gorman 's inaugural poem, "The Hill We Climb" was a poignant recognition of the pain of America's past — particularly its most immediate past — and the promise of its future. Wearing a bright-yellow coat and standing in front of the Capitol her words reverberated across the

inaugural stage as she offered hope, self-criticism and self-forgiveness to a country:

“And yet the dawn is ours before we knew it.

“Somehow, we do it.

“Somehow, we’ve weathered and witnessed

“A nation that isn’t broken, but simply unfinished.”

The author of the *The Hill We Climb: An Inaugural Poem for the Country* (Viking Books for Young Readers, March 2021), the poetry collection *The Hill We Climb* (Viking, September 2021) and *The One for Whom Food Is Not Enough* (Penmanship Books, 2015). Both of Gorman’s upcoming books, which aren’t due to be released until September, are Amazon’s top selling, sitting at the site’s #1 and #2 slots.

Written in part by:

Maya King, Campaign 2020 Reporting Fellow, POLITICO
Nolan D. McCaskill, Congressional Reporter

Moderna vaccine Co-Lead

Dr. Kizzmekia S. Corbett, Ph. D

Kizzmekia "Kizzy" S. Corbett is a viral immunologist at the Vaccine Research Center at the National Institute of Allergy and Infectious Diseases, National Institutes of Health based in Bethesda, Maryland.

At the onset of the COVID-19 pandemic, Dr. Kizzmekia Corbett started working on a vaccine to protect people from coronavirus disease. Her interest in science started from an early age, but she never knew the difference she would make. "To be honest, I didn't realize the level of impact that my visibility might have... I do my work because I love my work," Corbett said.

When asked about her involvement with the development of the COVID-19 vaccine, Corbett said, “To be living in this moment where I have the opportunity to work on something that has imminent global importance… it’s just a surreal moment for me.”

In December 2020, Dr. Anthony Fauci, the Institute’s Director and nation's top infectious disease expert and a constant presence on TV during the coronavirus pandemic, was asked a blunt question during a forum hosted by the National Urban League: "Can you talk about the input of African American scientists in the vaccine process?"

Fauci didn’t hesitate when giving an answer. “Kizzy is an African American scientist who is right at the forefront of the development of the vaccine.”

"The very vaccine that's one of the two that has absolutely exquisite levels -- 94 to 95% efficacy against clinical disease and almost 100% efficacy against serious disease that are shown to be clearly safe -- that vaccine was actually developed in my institute's vaccine research center by a team of scientists led by Dr. Barney Graham and his close colleague, Dr. Kizzmekia Corbett, or Kizzy Corbett," Fauci told the forum.

Corbett is an expert on the front lines of the global race for a SARS-CoV-2 vaccine, and someone who will go down in history as one of the key players in developing the science that could end the pandemic.

Submitted by: Debrah DeLoney-Deans, LMFT
Excerpted from various media sources

SAFE BLACK SPACE:

A Healing Circle by & for People of African Ancestry

Home. Healing. Hope.

Safe Black Space
HOME. HEALING. HOPE

Safe Black Space Community Healing Circles started in April 2018 in response to increased racial tensions and trauma after the killing of Stephon Clark, an unarmed 22 year old Black man, by the Sacramento Police. Meant to provide a chance for Black people to deal with the rage, shock, fear, and sadness that so many of us were (and are) feeling.

Safe Black Space has mobilized a growing collective of local practitioners, community members and activists,

faith leaders, educators and others of African ancestry. This village has been offering Safe Black Space Community Healing Circles on a monthly basis across Sacramento, as well as advocating locally and demanding justice in instances of racism and oppression.

For more information regarding SBS:

Phone: 530-683-5101
Email: SafeBlackSpace@gmail.com
Visit on Facebook

Have you heard?

Trauma Informed Culturally Responsive Treatment (TICRT)

Sacramento County Behavioral Health Services is now offering services focused on the African American/Black community: **Trauma Informed Culturally Responsive Treatment (TICRT).**

If you are looking to work through some personal issues you are facing, please reach out directly to one of the TICRT Therapists to schedule therapeutic services impacting the Black and African American community.

Please follow the link below to choose your provider today!!
https://dhs.saccounty.net/BHS/Pages/Mental-Health-Services.aspx

If you are a licensed clinician or you know someone who is who may be interested in becoming a contracted provider to deliver services through the Sacramento County TICRT, please see the links below for more information.

Here are the TICRT Minimum Qualifications:
https://dhs.saccounty.net/Documents/Sacramento%20County%20Minimum%20Qualifications%20for%20Licensed%20Clinicians%20to%20Provide%20Trauma%20Informed%20Culturally%20Responsive%20Therapy.pdf

Here is the Credentialing Application:
https://dhs.saccounty.net/Documents/Sacramento%20County%20Credentialing%20Application%20for%20Licensed%20Clinicians%20to%20Provide%20Trauma%20Informed%20Culturally%20Responsive%20Therapy.pdf

Advancing Behavioral Health Equity

Over the past few months, the Sacramento County Board of Supervisors has declared that racism is a public health crisis and Behavioral Health Services has initiated a targeted universalism approach to advance behavioral health equity. According to SAMHSA, "Behavioral Health Equity is the right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders (https://www.samhsa.gov/behavioral-health-equity)."

Targeted Universalism involves setting a universal goal that can be achieved through targeted approaches (https://belonging.berkeley.edu/targeteduniversalism).

This year, BHS is piloting a targeted universalism approach by partnering with African American/Black/Of African Descent community members and eight BHS providers to form a Behavioral Health Racial Equity Collaborative (BHREC) in order to improve behavioral health outcomes in Sacramento County. All organizational members of the BHREC will create their own BHREC Action Plan, each using their own strategies to achieve the shared behavioral health equity goals of the BHREC. The core goals of the BHREC Action Plans will be determined during the Collaborative through various strategies, including a survey of the community, focus groups and analysis of already existing Sacramento and state level data. This Collaborative will serve as a pilot so that BHS and its providers can learn how to work effectively in and with communities to achieve equity.

To read more about the Behavioral Health Racial Equity Collaborative, please see the overview at

https://dhs.saccounty.net/BHS/Documents/BHREC/Behavioral-Health-Racial-Equity-Collaborative.pdf.

Trauma Informed Wellness Program for the African American/Black Community

Sacramento County Behavioral Health Services in partnership with The Center at Sierra Health Foundation has awarded $2.5 million to four organizations for outreach, engagement and prevention services to African American/Black Community members. Funding will focus on people of all ages and genders, with special consideration for children, youth and transition-age youth (ages 0-25) who have experienced or been exposed to trauma. Programs will incorporate an understanding of African American/Black cultural heritage, including norms and traditions, the broad multifaceted definition of family, and historical trauma.

Trauma-informed Wellness Program grants have been awarded to:

- Improve your Tomorrow, Inc.
- ONTRACK Program Resources, Inc.
- Roberts Family Development Center
- Rose Family Creative Empowerment Center

"Sacramento's Black community has long advocated for real commitment to its potential, power and wellness. We are proud to bring funding and trusted community resources together in this program for culturally relevant healing—not only during a pandemic that has disproportionately impacted Black people and families but into the future," said Chet P. Hewitt, President and CEO of Sierra Health Foundation and The Center.

"We are committed to developing and implementing new prevention programs that include activities which help to mitigate the impact of trauma experienced by African American community members who have experienced trauma or have been exposed to trauma. I am very excited about the launch of the Trauma Informed Wellness Program for the African American/Black community and look forward to the positive impact it will have in the communities we serve," said Ryan Quist, Ph.D., Sacramento County Behavioral Health Director.

If you have questions regarding the TIWP and need more information regarding the services provided, please contact Sierra Health Foundation, Monday through Friday, 8:30am to 5:00pm at: 916.922.4755 or at www.sierrahealth.org.

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Building Black Resilience in 2021…

The Living Room
African American Suicide Prevention project

At the start of 2020, we had just completed the community needs assessment survey which provided input from the community on how this project should be designed. We learned that much of the community wanted services rendered by people who looked like them and understood the needs of the Black community. We learned that although the community knew what they wanted they were unsure about how and where to get it. Much of their vision was constructed utilizing strategies delivered in traditional health care settings. The challenge with utilizing these models is that they were unsuccessful in maintaining long term relationships which the Black community. But in the absence of significant funding, resources and time, the project started with a traditional way of looking at service provision. The basic model included drop-in services at multiple sites, phone access, groups and crisis counseling. The model also made some assumptions about how Black people access services; most people in response to advertisement would drop-in or call and then, show up for an appointment.

We learned quickly that our assumptions about how people would access services was wrong. Cold call advertisement was ineffective in engaging and moving people into care. Participation was influenced by trust and trust was certified through word of mouth advertising from family and friends who had already used the service. Then COVID-19 hit!! Instantly, we had to learn how to deliver most services online through zoom. An experience that required training for both staff and participants. Everything was influenced by our ability to deliver it through an electronic resource. Without instant access to established networks, the telephones rarely rang. We learned that appointments were a waste of time and that whenever they showed up, we needed to be ready. The concept of office hours eroded into a warmline effort where calls were answered whenever the phone rang.

Groups became the staple of what we offered. But the theme of those groups needed to address hope, perseverance, courage, and faith. We found that most people were suffering from the impact of social isolation, the absence of networks like church, clubs, sports and casual dating ("booty-calls"). Every human touch had to be designed to address the immediate need and to apply a Band-Aid of resilience. We began and continue to offer Restoration Hope, an online drop in group that's open to whomever shows up. It's designed to apply first aid to individuals seeking a quick fix and a push to try again. STAND UP was designed to address the needs of people in recovery, struggling to maintain the skills they developed in the face of police killings, social injustice, fear and anxiety. New Vision New You shines a light on the foundation of who you are. Participants are encouraged to use their gifts and talents to design a new way of addressing the new challenges of the day. The Ancestral Sit Spot engaged our cultural roots in the service of faith, hope and courage to get through anticipated acts of racism and white supremacy during the inauguration. Each group was designed based upon the immediate needs of the community using a rapid response model and established networks.

We are continually learning and flexing to address the needs of the Black community. It is exciting but also challenging. We look forward to stretching more in 2021.

For More information:
Call 916-234-0178
Facebook: African American Suicide Prevention Project
Email: aaspp@achurchforall.org

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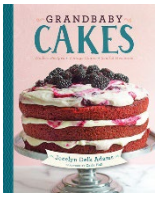
Recipe Row

Soul food, the foods and the techniques associated with the African American cuisine is a term that became popular in the 1960s during the rise of "Black pride." African Americans often find sanctuary and comfort in good food and genuine conversation.

Soul food is one of the most popular and recognizable types of cooking. For centuries, Black Americans have passed on hearty, sumptuous recipes that have marked many a special occasion. Soul food originates mostly from Georgia, Mississippi and Alabama, a collection of states commonly referred to as Deep South. There are staples at holiday dinner tables, like greens and hot water cornbread, okra, black-eyed peas, fried chicken, sweet potato pie and peace cobbler.

Jocelyn Delk Adams is the author of the award winning and best-selling cookbook Grandbaby Cakes and the founder of Grandbaby Cakes, a food blog that gives her family's, particularly her grandmother's, cherished generational recipes her modern spin while preserving the most important ingredient - tradition.



Use the link to find tasty traditional recipes for your whole family to enjoy! https://grandbaby-cakes.com/

Divas Can Cook is a food blog run by Monique Kilgore and features recipes that span from snickerdoodles to margaritas. *"I started Divas Can Cook back in 2009 when I noticed a shortage of authentic Southern recipes like the kind I grew up on. I'm talking about that deep south, Elberton, GA cooking like authentic, hamburger steak and gravy, and forgotten tea cakes. Sadly those recipes seemed to be fading away or was hard to come by. The fine folks who were actually sharing these types of recipes were much older than I and looked nothing like me. When I couldn't find my young, relatable, brown diva cooking soulful, from-scratch recipes, I decided to become her! That is when Divas Can Cook was born!"*

For Southern Recipes that anyone can cook. Find Monique and her wonderful recipes at: **https://www.Divascancook.com**

SACRAMENTO COUNTY

Black History Month Word Search Game
Find the words pertaining to African American history and the civil rights movement

L	O	P	P	R	E	S	S	I	O	N	Q	D	I	S	I	M
E	S	H	A	R	E	C	R	O	P	P	E	R	R	E	K	N
V	J	U	S	T	I	C	E	L	Y	Y	S	T	X	G	F	K
R	O	G	Q	B	P	R	O	T	E	S	T	T	F	R	I	N
K	C	L	P	F	M	X	N	W	T	H	Y	A	H	E	W	P
C	N	Q	Y	T	I	L	A	U	Q	E	F	T	J	G	Q	C
I	O	T	T	O	C	Y	O	B	J	R	S	W	I	A	I	O
V	I	H	O	U	Z	U	O	A	I	I	H	Y	M	T	Y	R
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A	G	D	S	A	F	T	E	E	H	M	I	R	W	P	A	U
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I	I	B	O	M	I	W	I	M	E	E	C	M	O	N	R	X
L	A	H	H	T	R	O	N	H	T	U	O	S	H	Y	F	N

ABOLITIONIST
AFRICA
BOYCOTT
BUS
CARVER
CIVILWAR
EQUALITY
FREEDOM
INTEGRATION
JIMCROW
JUSTICE
KWANZAA
MARCH
NAACP
NORTH
OPPRESSION
PROTEST
RIGHTS
SEGREGATION
SHARECROPPER
SLAVERY
SOUTH
SUFFRAGE
TUBMAN
VOTE

Lunar New Year

The Lunar New Year (LNY), celebrated by many Asian ethnic minorities, continues to be one of most important and festive holidays of the year. Although most commonly associated with China, many Asians from Vietnam, Korea, Laos, Malaysia, Singapore, and Indonesia celebrate LNY and the tradition varies from region to region. The date of LNY changes every year based on the lunar calendar and is celebrated for a few days. Oftentimes, families spend a few days preparing for the New Year and spend the next few days celebrating Lunar New Year with relatives and friends.

In 2021, Lunar New Year falls on February 12th and represents the Year of The Ox. The Ox is believed to represent strength, reliability, fairness, and conscientiousness. Despite the lack of gatherings and public celebration during the COVID-19 pandemic, families are most likely going to celebrate by performing the honored rituals and wearing bright clothes.

According to legends, the festive celebration LNY started with the story of a mythical beast called 年兽 (nián shòu) who lived in the mountains and hunted for a living. At the end of winter when there was nothing to eat in the mountain, it would come out to the villages to hunt and devour livestock, crops, and villagers. At that time, the villagers would put food outside of their door in the hope that Nian would be satisfied from the food they put out and would not attack any villagers. Throughout the years, the villagers then found out that Nian, who had the body of a bull and the head of a lion, was afraid of three things: the color red, loud noise, and fire. The villagers then would hang red lanterns and set off firecrackers during the New Year (at the end of Winter) to frighten away the Nian.

To this day, Chinese communities all around the world continues to perform and use the lion dance on New Year's Day as a ritual to scare away bad spirits from the community.

Similar to other holidays, LNY is most commonly celebrated with families and friends at home and follow the custom of exchanging visits — with close relatives first, then with distant relatives and friends. During these New Year's visits, children and the unmarried younger generation receive red envelope (*hongbao)* from married individuals and elders. It is also common to have certain dishes on the table, such as a whole fish (*yu)* and crescent-shaped dumplings, which represents good fortune and an abundance of wealth in the upcoming year.

In the few days leading to Lunar New Year, many families follow certain rituals and avoid doing certain activities. It is common for people to do a deep cleaning of their homes to "sweep away" the evil spirits, get a haircut to cut off the bad luck from the past year, or pay off debts to prevent financial issues following them into the New Year. Even though these rituals are believed to bring good luck for the upcoming year, it is considered a *taboo* to perform any of these rituals on New Year's Day as people want to avoid accidentally throwing away good luck for the upcoming year.

In addition to the previously mentioned rituals, kitchen work and sewing are also avoided because the use of sharp objects, such as knives and needles, is strictly discouraged as they represent bad luck and severing of relationships. Another *taboo* that people continue to stay away from is receiving medicine or doctor visits on New Year's Day as this is believed to lead to bad health in the upcoming year.

Submitted by Asian Pacific Community Counseling

ASIAN PACIFIC COMMUNITY COUNSELING

http://apccounseling.org/

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Please submit your ideas for future newsletters

Sacramento County Behavioral Health Services Cultural Competence & Ethnic Services Unit will continue to produce newsletters like this one. Please help us to celebrate the rich diversity of cultures in the County of Sacramento community by sharing your original content and photos along with your contact information to:

DHS Cultural Competence Unit

DHSCCUnit@saccounty.net

Please put "**newsletter**" in the subject line. Please note that we cannot use content without citing the source and cannot use photos without permission.

SACRAMENTO COUNTY

Helpful links:

Mental Health Access Service Request Form:
https://dhs.saccounty.net/BHS/Documents/Provider-Forms/MH-Forms/Service-Request-Form.pdf

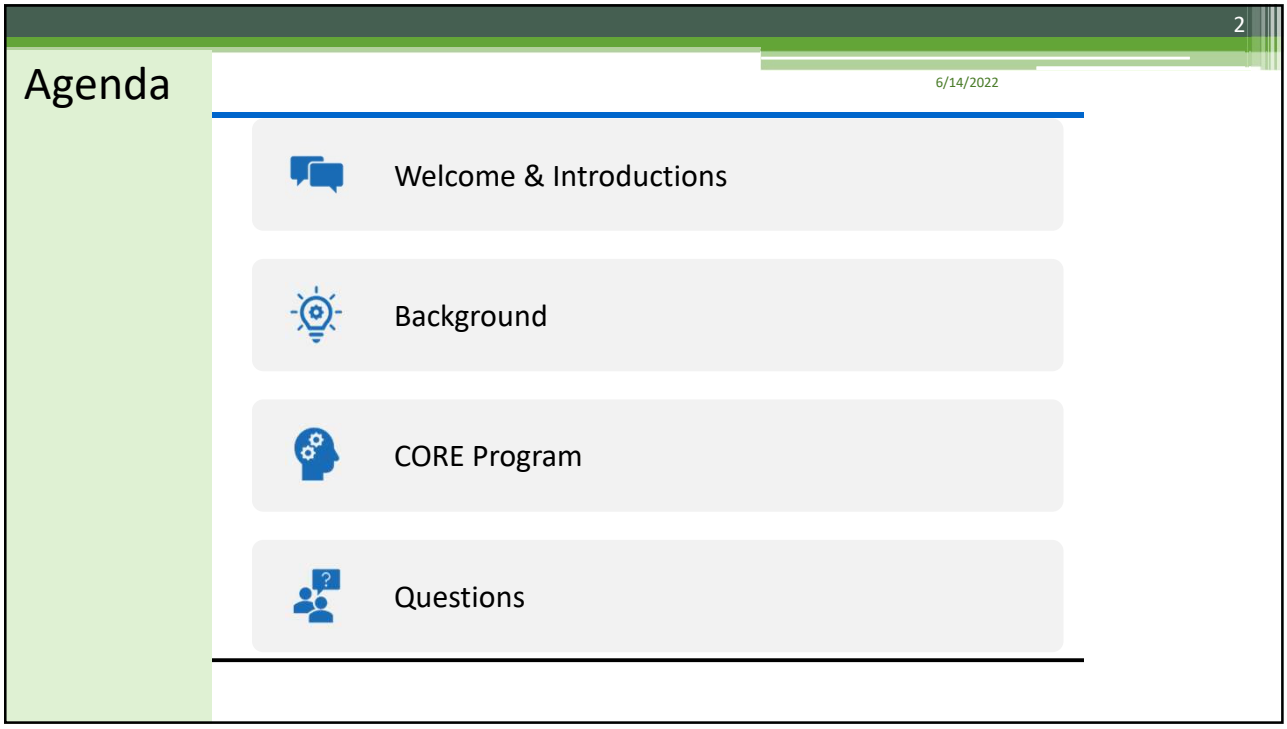
COVID-19 Resources:
Behavioral Health COVID-19 (2019 Novel Coronavirus) General Resources

Behavioral Health COVID-19 (2019 Novel Coronavirus) Provider Resources

Job Seeker Resources
https://personnel.saccounty.net/Pages/ESJobSeekerResources.aspx


CORE
Community Outreach Recovery Empowerment
Behavioral Health Services
June 10, 2022
Allison Williams, LCSW, Health Program Manager
Michael Ameneyro, Program Planner
SACRAMENTO COUNTY
Funded by the Sacramento County Division of Behavioral Health Services though the voter-approved Proposition 63, Mental Health Services Act (MHSA).

1


2
Agenda
6/14/2022
Welcome & Introductions
Background
CORE Program
Questions

2

Background

The *Adult Outpatient Transformation* is an opportunity to integrate community stakeholder input to refine our outpatient system to more effectively serve our community and to enhance the overall adult outpatient mental health services delivery system.

3

Community Planning/Stakeholder Input Sessions

Behavioral Health Town Hall sessions
held over 3 dates in July, August 2019, and February 2020

Adult Outpatient Services Focus Groups
held over several dates from September through November 2019

Smaller cultural-specific community conversations
held over several dates from December 2019 through February 2020

Behavioral Health Racial Equity Collaborative focus groups and key information interviews
held in January 2021

Adult Outpatient Online Survey
open from March 5th through March 19th, 2021

4

5

Recovery Stepping Stones

Journey To Wellness And Optimal Health

6/14/2022

CORE

Community: Increase community engagement and connections, belonging and supportive

Outreach: Inclusive, Inviting, welcoming, educational and inspirational

Recovery: Intentional progression towards optimal health and wellbeing

Empowerment: Client and family driven goals and outcomes, independent, confident, courageous and resourceful

5

6

CORE Program Goals

6/14/2022

- Practice values and principles that enhance culturally responsive services, recovery and resilience.
- Increase treatment effectiveness through a strength-based and recovery focus model
- Promote housing stability
- Expand access points, including peer support
- Increase successful discharges defined as meeting treatment goals
- Increase successful linkage to primary care or geographic managed care provider when appropriate
- Increase effectiveness of evidence based practices, community defined practices, and promising practices
- Ensure sufficient, equitable, and efficient capacity

6

7

Adult Outpatient System of Care Continuum

6/14/2022

Current System

Low Intensity

Wellness & Recovery Center
- 2 walk-in locations
- Capacity: 1000 annually for the wellness centers
- Capacity: 500 per site for outpatient program

Guest House
- 1 walk-in location
- Capacity: 500

Low to Moderate Intensity

Regional Support Teams
- 4 organizations, 5 locations
- Capacity: 1,050 per organization

Moderate to High Intensity

TCORE
- 1 location
- Capacity: 700
- Flexible site-based and community-based services

Transformed System

Flexible, Low to High Intensity

CORE Community Wellness Center
- 10 peer run walk-in locations
- Capacity: 600 per site annually

CORE Outpatient Program
- 10 locations
- Capacity: 700 per site at any given time
- Flexible site-based and community-based services, including housing supports

*Capacity is defined as the number of clients served within a 30 day period.

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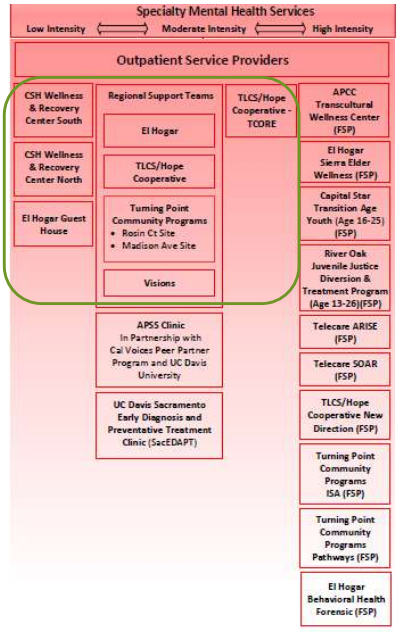
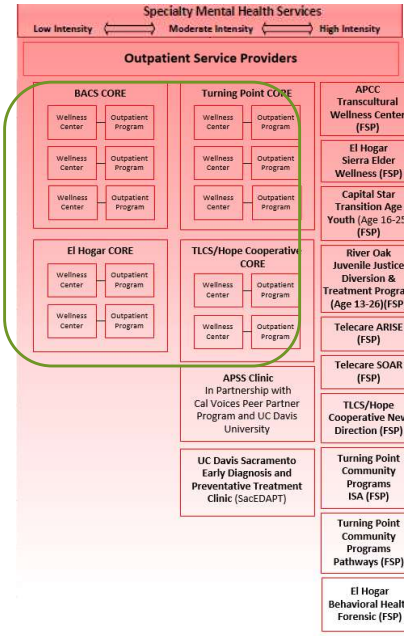
Current Outpatient Continuum



Future Outpatient Continuum



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Who is eligible?

- **CORE Outpatient Program:**
  - Individuals 18 and older who are eligible for Specialty Mental Health Services in Sacramento County, per BHS Policy and Procedure QM-01-07 Determination for Medical Necessity and Target Population

- **CORE Community Wellness Center**
  - All Sacramento County adult community members, age 18 years or older seeking meaningful activities offered by the Center

9

Service Delivery Approaches

1. Trauma informed care, based on the Center of Health Care Strategies' core principles and key ingredients of trauma-informed approach described in Key Ingredients for Trauma-Informed Care
2. Culturally and linguistically responsive and recovery-oriented care.
3. The "Strengths Model," a recovery-oriented practice model that will guide outpatient program practices and service delivery, exemplified in the Strengths Model Fidelity Scale [Evidenced-Based
4. Provide focused, time-limited, individual and/or group mental health services using best practices, community defined practices, evidence based practices, curriculum based practices and/or promising practices to all clients.
5. The "SSI/SSDI Outreach, Access, and Recovery (SOAR)" program model increases access to Social Security disability benefits for people experiencing or at risk of homelessness
6. Peer Support Services, a system of giving and receiving help based on key principles that include shared responsibility, and mutual agreement of what is helpful
7. Flexible, community/field-based specialty mental health service level of intensity and phase of treatment that matches the needs of the client.

10

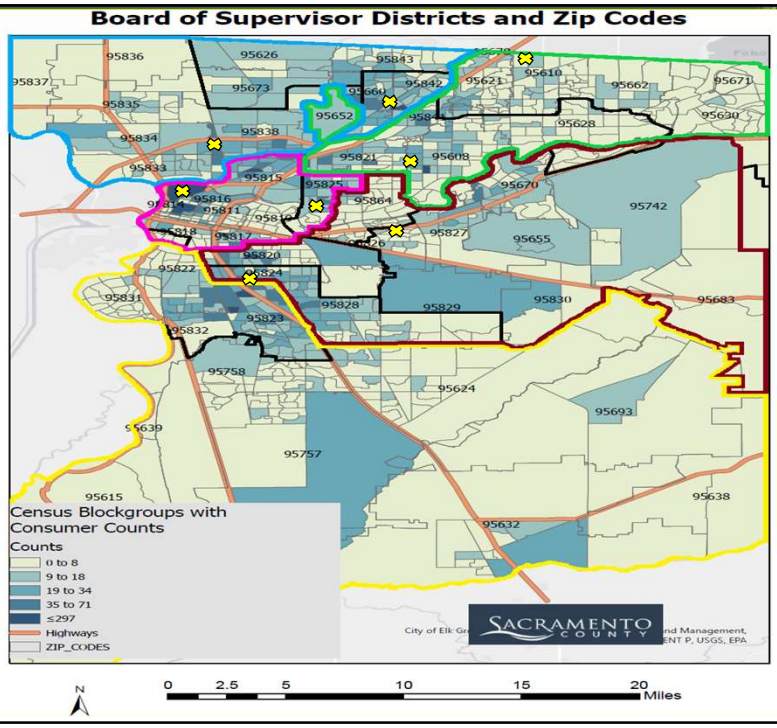
CORE Phases of Treatment

- Engagement & Planning Phase
- Monitoring and Adapting Phase
- Transition Phase

11

Where is CORE?

The CORE map features a general overview of the five areas with geographic boundaries identified by color along with the population density of adults served throughout Sacramento County in various shades of blue.



12

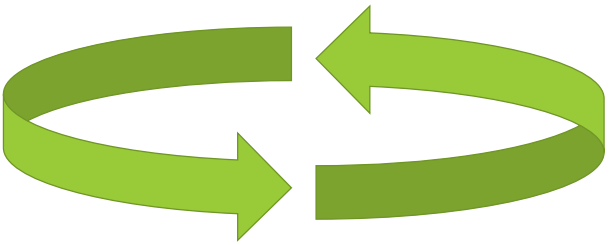
CORE Program Staffing

In addition to standard Medi-Cal requirements for staffing, CORE Program staffing will be:

- Reflective of the cultural, racial, ethnic, linguistic, sexual, and gender diversity of Sacramento County
- An array that includes a combination of education and experience, ranging from persons with lived experience, to licensed team members
- Specialized, relevant to program implementation and practices, such as those specialized in housing supports, benefit acquisition, and employment resources

CORE On-going Stakeholder Input

Community member input to develop meaningful, culturally relevant programing and activities



Inform and improve management and delivery of services, and future program planning

Robust performance data, client progress, and feedback

Transformation to CORE Timeline*

*subject to change

15

16

Resources

6/14/2022

- Adult Outpatient Services Transformation website:
  - https://dhs.saccounty.gov/BHS/Pages/Adult-Outpatient-Services-Transformation.aspx
- CIBHS Strengths Model
  - Introduction to the Strengths Model
  - Strengths Model Case Management
- Trauma Informed Care
  - Key Ingredients for Trauma Informed Care
- SAMHSA SOAR Initiative
  - SSI/SSDI Outreach, Access, and Recovery (SOAR) Overview
  - Implementing State and Local SOAR Initiatives
  - SOAR Online Course Catalog

16

Questions?

Can Americans Look Away Again at Racial Harms?

Critical Questions About CARE Court

1) Why does SB 1338 claim to solve homelessness but does not provide for permanent housing or long-term mental health care?
2) Why does SB 1338 ignore community defined evidence practices for mental health treatment and instead jumps to court ordered treatment based on unproven care?
3) Why does SB 1338 want to further institutionalize racism when the entire court system does not have the expertise to determine the appropriate care for people with mental health disabilities, especially Black and Brown people?
4) How is a court petition filed against a person with mental health disabilities considered a voluntary process?
5) Why is SB 1338 primarily a vehicle to supply tens of millions of dollars to the Judicial Council and not to key housing or services programs that will end homelessness?
6) Why are there no protections in SB 1338 that will protect people with mental health disabilities from being abused by this brand-new court system?

CARE Court Will Enact Serious Racial Harms

Only 6.5% of all Californians identify as Black or African-American compared to 40% of the unhoused Californians who identify as Black or African-American. Unhoused Black Californians will be more than likely to be subject to a CARE Court petition.

According to Mental Health America, clinicians overemphasize psychotic symptoms and overlook non-psychotic symptoms, such as major depression, when treating clients of other racial or ethnic background. This has led to Black men in particular being over-diagnosed with schizophrenia compared to white counterparts. Unhoused Black Men will be more than likely to be subject to a CARE Court petition.

Domestic violence is the third leading cause of homelessness in the United States. Research shows that housing is one of the main needs identified by survivors. Under CARE Court, a broad scope of people, including family members who may be the perpetrator of domestic violence, can file a petition creating a system ripe for abuse.

It is “fiscally irresponsible, as well as inhumane” not to provide permanent housing for Californians experiencing homelessness. CARE Court does not provide housing, solve homelessness, nor is it fiscally responsible.

Vote No on SB 1338

For More Information:
Please contact us at Eric.Harris@DisabilityRightsca.org


Community Information and Resource Slide Show
CAL VOICES

1


Self Care Tip
Get enough sleep:
Feeling well-rested is critical to your overall well-being. Try to get 7 to 9 hours of sleep each night so your body and brain can reset and be ready for the next day
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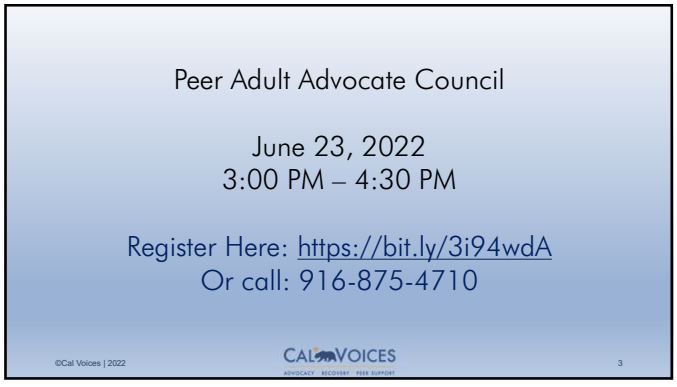
Peer Adult Advocate Council
June 23, 2022
3:00 PM – 4:30 PM
Register Here: https://bit.ly/3i94wdA
Or call: 916-875-4710
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3


California Association of
Peer Professionals
916-366-4600
www.californiapeers.org

4


Mental Health Support Group
Second and Fourth Wednesday Each Month
6:30 PM – 8:00 PM
https://bit.ly/SacMHSupportGroup
916-875-4710
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SACRAMENTO COUNTY
Department of Behavioral Health Services
https://dhs.saccounty.gov/BHS/Pages/BHS-Home.aspx
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6

Adult Access

Connect to services. Get the help you need.

Monday – Friday 8 am – 5 pm
(24/7 for Mental health Crisis Calls)
916-875-1055 or toll free 888-881-4881
Mental Health Service Request.saccounty.gov

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Consumer-Operated Warmline

Just need someone to talk to? Individuals with lived experience offer supportive listening, referrals to mental health resources, and more.

Monday - Friday, 9 am - 5 pm
(916) 366-4668

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Self Care Tip
Eat healthy food:
Dealing with busy and stressful days requires energy and eating the right kinds of foods can improve your mood and ability to function
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10


Formerly known as Alternatives to 911
https://dhs.saccounty.gov/BHS/Pages/Wellness-Crisis-Call-Center-and-Response.aspx
Wellness Crisis Call Center Response Team

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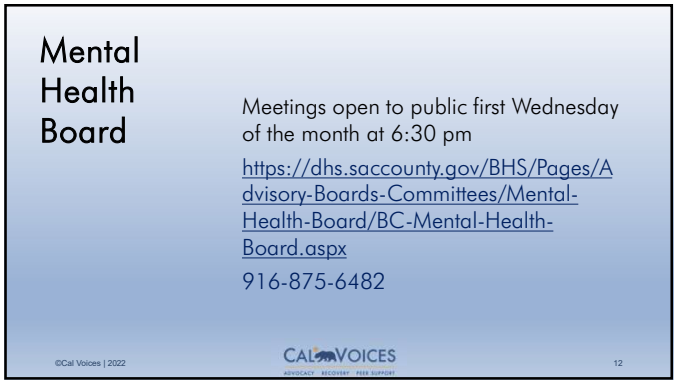
Mental Health Board
Meetings open to public first Wednesday of the month at 6:30 pm
https://dhs.saccounty.gov/BHS/Pages/Advisory-Boards-Committees/Mental-Health-Board/BC-Mental-Health-Board.aspx
916-875-6482
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MHSA Steering Committee

Meets the third Thursday of the month from 6:00 pm

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

916-875-6472

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Alcohol and Drug Advisory Board

Meets on the second Wednesday of the month at 5:30 pm

https://dhs.saccounty.gov/BHS/Pages/Advisory-Boards-Committees/Alcohol-and-Drug-Advisory-Board/BC-Alcohol-and-Drug-Advisory-Board.aspx

916-875-6482

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https://www.wellspacehealth.org/

916-737-5555

Wellspace Health

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Dignity & Power Now
https://dignityandpowernow.org/
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Consumers Self Help Center
https://www.consumersselfhelp.org/
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Disability Rights California
www.disabilityrightsca.org
916-504-5800
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Cal Voices Consumer & Family Voice

Angelina Woodberry
Adult Consumer Advocate Liaison
woodberryan@saccounty.net
916-875-4710

Robin Barney
Adult Family Advocate Liaison
barneyr@saccounty.net
916-875-5644

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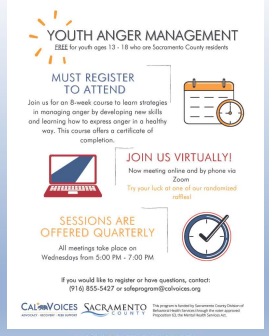

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21


Self Care Tip
Move your body:
Exercise increases your energy levels and boosts your mood.
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22


Complete the survey for a chance to win a raffle prize
40 prizes available!!
RAFFLE!
WIN!
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23

NO CARE Court Coalition

SB 1338 – Community Assistance, Recovery, and Empowerment (CARE) Court

Updated May 25, 2022

Concerns

- ***SB 1338 is coerced treatment, which violates human rights.***

CARE Court begins with an involuntary referral to the court by a family member, police officer, or government official. Treatment is imposed by a judge and enforced with sanctions, such as hospitalization, medication, or conservatorship. Given the frequency of misdiagnoses and the lack of efficacy for psychotropic medication, this proposal is ineffective for long term health and recovery.

- ***CARE Court does not provide housing.***

Housing is the foundation for mental health recovery and the ultimate solution to homelessness. But, this bill does not provide long term, stable housing. Involuntary treatment administered under coerced conditions will not be effective for people living on the streets.

- ***SB 1338 is a path to conservatorship.***

Under existing law, a person who is "gravely disabled" or a danger to themselves or others, may be conserved. CARE Court creates a pipeline to conservatorship – the ultimate loss of autonomy, dignity and liberty. If a person violates their CARE plan, under the broad conditions listed, those violations will form the basis for a referral to conservatorship, with a presumption that no community-based alternative is suitable.

- ***CARE Court does not increase access to voluntary behavioral health care.***

Californians suffer from inadequate access to voluntary mental health treatment. SB 1338 diverts existing resources from voluntary community-based services to court ordered care. Rather than funding California's social safety net, the State is funding judges, lawyers, and court orders. Unhoused individuals need homes, services, and supports, not state-imposed care, public defenders, and court orders.

- ***CARE Court will disproportionately harm Black and Brown communities.***

Because of a long history of discrimination in housing, employment, healthcare, policing and others, California's Black and Brown people represent most of the unhoused population. They are routinely misdiagnosed or over-diagnosed with schizophrenia or other psychotic disorders at much higher rates than their white counterparts. Rather than addressing structural racism within the behavioral health system, CARE Court strips Black and Brown people of their liberty by placing them under court ordered State control.

Solutions

- ***Fund permanent supportive housing.***

The State must fund permanent, affordable housing for all Californians. Reports for the State Auditor and Little Hoover Commission show the State is short two million homes. This cannot stand. We must invest in permanent housing that features stability, security and privacy for an individual while providing the support necessary to maintain their health and success.

- ***Invest in voluntary community based behavioral health services.***

Every dollar invested in involuntary care is one less dollar for voluntary care. We must do better. California must develop an effective trauma-informed, community-based, behavioral health system of care for all people**.** Such a system would focus on prevention and early intervention, to prevent people from reaching a crisis. It would be voluntary and respectful of the treatment needs and wishes of the individual seeking treatment.

Contact: Eric Harris, Director of Public Policy
Disability Rights California | Eric.Harris@disabilityrightsca.org | (916) 504-5940

Wellness Crisis Call Center and Response Team (WCCCRT)

Department of Behavioral Health Services

June 10, 2022

Alondra L. Thompson, LCSW
Robert Kesselring, LPCC
Behavioral Health Program Managers

Development of the WCCCRT

- Sacramento County Behavioral Health is building a new and innovative 24/7 Wellness Crisis Call Center and Response Team that will change the lives of individuals experiencing a crisis due mental illness or substance abuse.
- Name was developed in collaboration with community members and advocates. **Broader community feedback suggested reconsidering name.**
- Community Listening Sessions and Survey (October - November 2020)
- Board of Supervisors Budget Hearings (June 2021)
- Community Stakeholder Workgroup (August 2021)
- Community Report Back (December 2021)

All of the information is available at:
https://dhs.saccounty.gov/BHS/Pages/Wellness-Crisis-Call-Center-and-Response.aspx

What is Behavioral Health Services (BHS)?

- Sacramento's Behavioral Health Services (BHS) includes the promotion of health and wellness; resilience, wellbeing, and healing from traumatic experiences; prevention, support, and treatment for mental health and/or substance use challenges; and support of those who experience and/or are in recovery from these conditions, along with their families and communities.

WCCCRT Program Summary:

- The Wellness Crisis Call Center and Response Team (WCCCRT) will receive calls from community members requesting behavioral health services or when they are experiencing a mental health crisis.
- Clinicians and staff with lived experience can be dispatched to respond immediately to locations throughout the County.
- These Call Center and Response Teams staff provide immediate, 24/7 crisis intervention and de-escalation services, assess needs and risks, and create safety plans.
  - This includes identifying and leveraging individual strengths and natural supports; coordinating with existing Mental Health Plan (MHP) and Substance Use Prevention and Treatment (SUPT) providers as appropriate; linking to services; voluntary transport to urgent/emergency resources and accessing alternate response teams or emergency responders when necessary.

Goals from Community Input Sessions

- Safely **de-escalate** crises
- Provide linkages to **accessible and affordable mental health** resources to decrease repeat crises and emergency department visits
- Offer a **response team that does not include law enforcement staffing**
- Ensure the model is **community-based**
- **Decrease criminalization** of mental health and homelessness

Division of Behavioral Health

Wellness Crisis Call Center & Response Team

**Fulltime Employment Opportunity **

Join a Team That Will Make a Meaningful Difference in Our Community!

Currently Recruiting Bilingual Candidates

Wellness Crisis Call Center (CCC) & Response Team (RT) program will provide crisis intervention services and supports to individuals who are experiencing a behavioral health related crisis in the community. Behavioral Health is defined as: the promotion of health and wellness, resilience, wellbeing, and healing from traumatic experiences. It includes prevention, support, and treatment for mental health and/or substance use challenges and the support of those who experience and/or are in recovery from these conditions, along with their families and communities. BHS is committed to hiring a workforce that reflects the diversity of our community. As such, BHS is seeking to interview a wide-ranging pool of applicants from diverse backgrounds and different levels of clinical, professional, and/or lived behavioral health experience, with high energy, compassion, and enthusiasm for public service.

Description:
The 24/7 Behavioral Health Crisis Call Center and Response Team will be a combination of the following civil service classifications:

Mental Health Program Coordinator (Licensed): provides supervisory and administrative duties, including administration of the Wellness Crisis Call Center and Response Team. This is a continuous filing exam.

Behavioral Health Peer Specialist: provides peer support such as sharing their recovery story, identifies wellness goals, and provides emotional support to consumers of behavioral health services and their families. In partnership with a clinician, provides in-person response as part of the Response Team. This is a continuous filing exam.

Senior Behavioral Health Peer Specialist: provides peer support, oversees and coordinates the work of Peer Specialist, ensures completion of tasks in accordance with established policies and procedures; communicates policies, procedures and job expectations; and provides training to staff. This is a continuous filing exam.

Senior Mental Health Counselor (Licensed): serves in a lead role, which may include providing clinical consultation to peers or Mental Health Counselors. Also provides licensed behavioral health treatment services, including assessment, diagnosis, and crisis intervention. May also include assessing level of care needs and linking individuals to ongoing services and or community supports. Services may be delivered via call center and/or in-person response as part of the Response Team. This is a continuous filing exam.

Mental Health Counselor: provides professional behavioral health treatment services, including screening, assessment, and crisis intervention. May also include assessing level of care needs and linking individuals to ongoing services and or community supports. Services may be delivered via call center and/or in-person response. This is a continuous filing exam.

For classification descriptions and salary information, please visit:
https://www.governmentjobs.com/careers/sacramento

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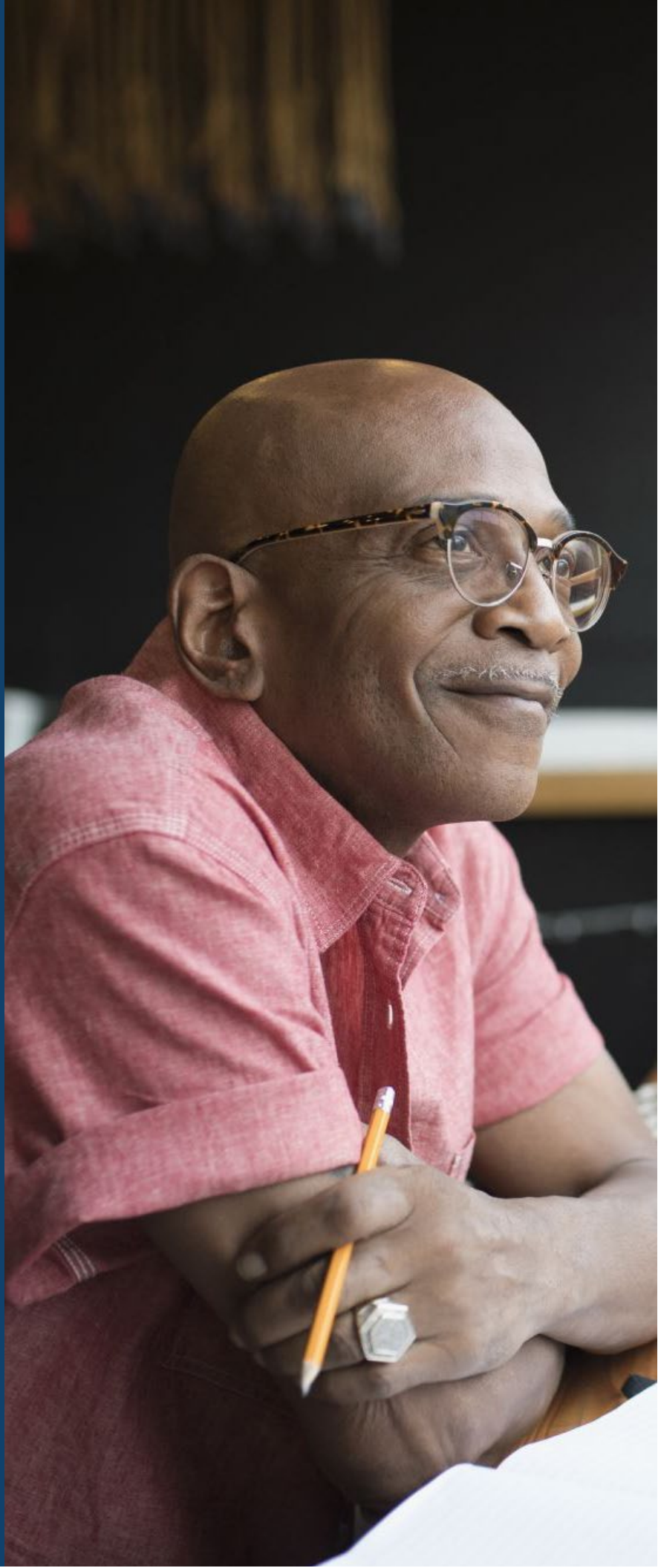
SACRAMENTO COUNTY

SACRAMENTO COUNTY BEHAVIORAL HEALTH RACIAL EQUITY COLLABORATIVE (BHREC)

RACIAL EQUITY ACTION PLANS SUMMARY REPORT

JULY 2021



CIBHS
CALIFORNIA INSTITUTE *for* BEHAVIORAL HEALTH SOLUTIONS

Prepared for Sacramento County Behavioral Health Services (BHS)

By the California Institute for Behavioral Health Solutions (CIBHS)

Table of Contents

Recognition

The California Institute for Behavioral Health Solutions would like to acknowledge and thank the following individuals for their thoughtful contributions to the Sacramento County Behavioral Health Racial Equity Collaborative (BHREC).

BEHAVIORAL HEALTH RACIAL EQUITY COLLABORATIVE STEERING COMMITTEE COMMUNITY MEMBERS

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Melinda Avey
Alcohol and Drug Advisory Board Advisory Board

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Stanford Sierra Youth & Families

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WEAVE

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Adult Family Liaison
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Robert Horst Medical Director Children's Mental Health	Stephanie Kelly Health Program Manager	Robert Kesselring Health Program Manager	Julie Leung Acting Health Program Manager
Ann Mitchell Avatar Health Program Manager	Anantha Panyala MHTC Executive Director	Matt Quinley Health Program Manager	Kari Wilson Senior Administrative Analyst
Glen Xiong Medical Director	Jane Ann Zakhary Division Manager Administration, Planning and Outcomes		

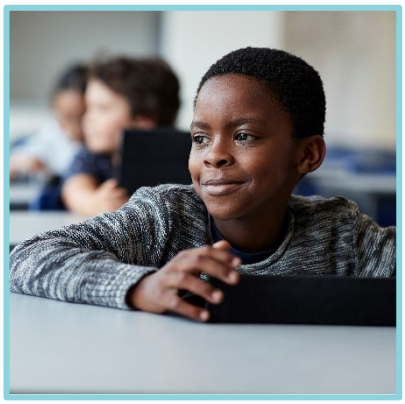
BEHAVIORAL HEALTH RACIAL EQUITY COLLABORATIVE PROVIDER MEMBERS

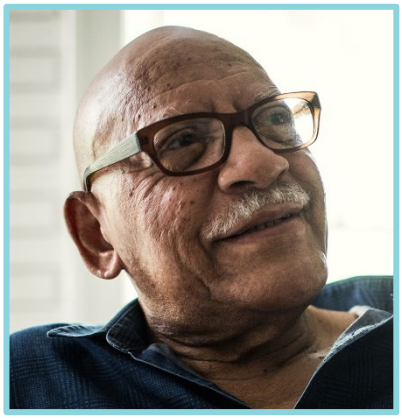
Consumers Self Help Center	HeartLand Child & Family Services	The Sacramento LGBT Community Center	Stanford Sierra Youth & Families
Turning Point Community Programs	UC Davis Health Children's Hospital: CAARE Diagnostic and Treatment Center	Uplift Family Services	Visions Unlimited

FOCUS GROUP

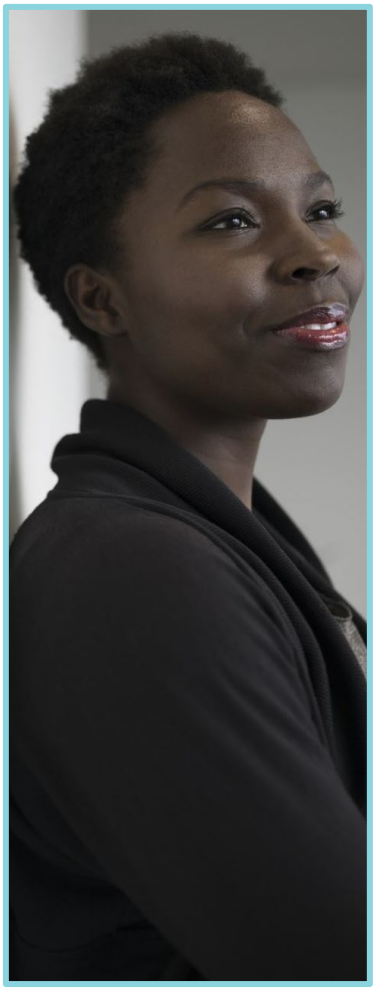
The California Institute for Behavioral Health Solutions appreciates the focus group and key informant individuals who provided their individual perspectives in accessing behavioral health services in Sacramento County.

A large group of African American/Black/Of African Descent individuals living in Sacramento representing a diverse array of ages and gender identities were asked to offer their perspectives about how to improve equity in Sacramento's behavioral health services. Their responses informed the BHREC goals for the Racial Equity Action Plans.





BACKGROUND



"In all the meetings I have gone to at Sacramento County Behavioral Health Services, I have never seen a Black male."

❖ **Focus Group Respondent**

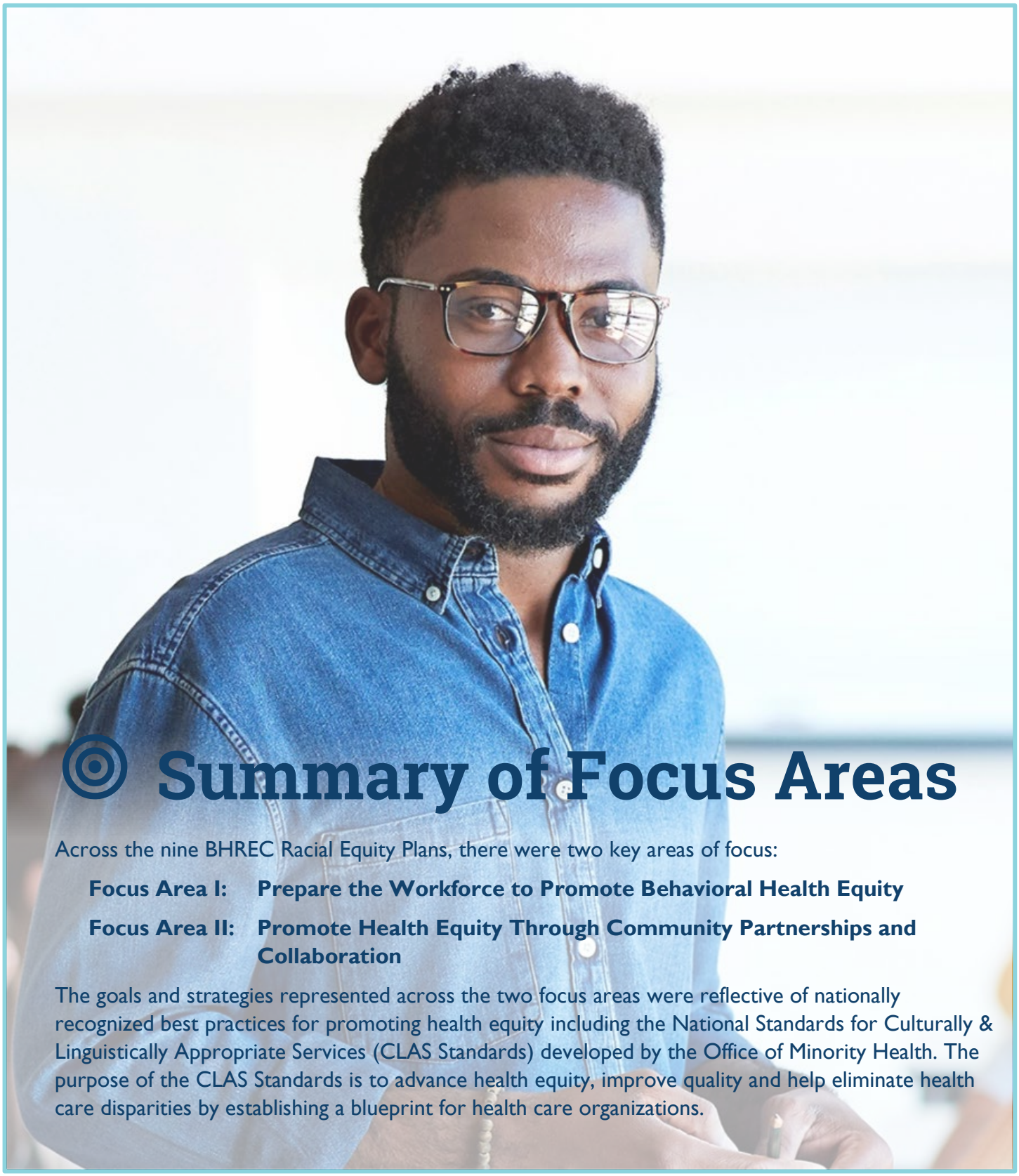
Sacramento County Behavioral Health Services (BHS), in collaboration with the California Institute for Behavioral Health Solutions (CIBHS) and Adèle James Consulting (AJC), facilitated the Sacramento County Behavioral Health Racial Equity Collaborative (BHREC) beginning in November 2020 and ending in August 2021. The intention of the BHREC was to use a targeted universalism approach to advance behavioral health equity for the African American/Black/of African Descent (AA/B/AD) communities in Sacramento County, California. The collaborative was led by a Steering Committee comprised of community leaders and BHS management staff. The overarching goals for the BHREC were to:

a) Increase trust and authentic partnership between BHS and the AA/B/AD community.

b) Identify community-defined goals to promote behavioral health equity across BHS.

c) Support all BHREC participants, including the BHS and eight providers to create Behavioral Health Racial Equity Action Plans (REAPs).

The purpose of these BHREC REAPs is to define each organization's strategy to promote behavioral health equity for the AA/B/AD communities. A series of focus groups and key informant interviews were conducted with members of the AA/B/AD communities in Sacramento to gain direct input about how services could be improved by Sacramento County BHS and its provider organizations so that race is no longer a proxy for behavioral health and wellness. This information, along with qualitative data from the BHREC Steering Committee and state level reports, was used to define and prioritize the BHREC racial equity program level goals. The Action Plans were in turn informed by these program level goals.



Summary of Focus Areas

Across the nine BHREC Racial Equity Plans, there were two key areas of focus:

Focus Area I: **Prepare the Workforce to Promote Behavioral Health Equity**

Focus Area II: **Promote Health Equity Through Community Partnerships and Collaboration**

The goals and strategies represented across the two focus areas were reflective of nationally recognized best practices for promoting health equity including the National Standards for Culturally & Linguistically Appropriate Services (CLAS Standards) developed by the Office of Minority Health. The purpose of the CLAS Standards is to advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for health care organizations.

Focus Area I: Prepare the Workforce to Promote Behavioral Health Equity

Equity in the workplace exists when all potential employees are provided with the resources they need to gain employment access, support and training to ensure successful retention, as well as further opportunities for promotion and leadership roles.

When participants in the BHREC Focus Group were asked what changes they would recommend in Sacramento County's behavioral health services to promote equity and reduce disparities, they prioritized increasing the representation of AA/B/AD individuals in behavioral health provider organizations. They specifically asked for an increase of representation not only among clinicians and direct care staff, but also in leadership. This requires intentional strategies to create equity in the workplace. Equity in the workplace exists when all potential employees are provided with the resources they need to gain employment access, support and training to ensure successful retention, as well as further opportunities for promotion and leadership roles. Without workplace equity, achieving this community defined goal will be a challenge. Impediments to equitable outreach, recruitment, hiring, retention, and promotion of AA/B/AD employees includes conscious and unconscious biases among hiring managers, lack of access to networks to diversify candidate pools, such as relationships with AA/B/AD behavioral health professional associations, job descriptions that do not place emphasis on lived experience, and lack of training, internship, and mentorship programs, to name a few. The behavioral health organizations that created REAPs with an emphasis on preparing the workforce to promote behavioral health equity specifically took on these challenges. They established goals and strategies to diversify their workforce at all levels, including leadership, and ensure training to increase knowledge about promoting behavioral health equity across the workforce. In addition, providers identified accountability measures to evaluate the effectiveness of their strategies. This ongoing evaluation allows for course correction if their strategies are not promoting behavioral health equity and reducing disparities.

Among the CLAS Standards reflected by the BHREC provider strategies were:

- Standard 3: Recruit and promote diverse leadership and workforce to strengthen responsiveness to the population served.
- Standard 9: Establish culturally appropriate goals and management accountability and infusing throughout the organization's planning and operations.

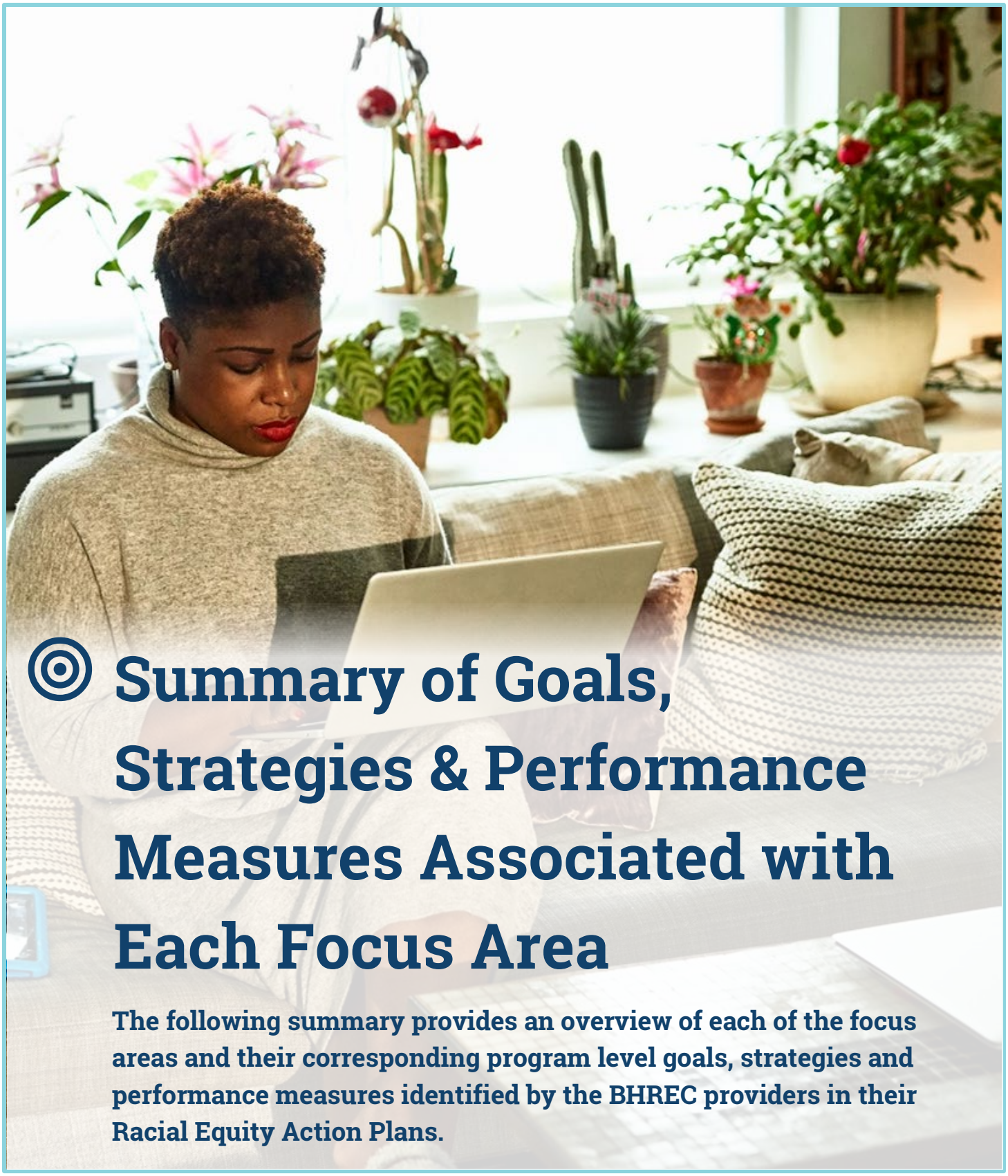
Focus Area II: Promote Health Equity Through Community Partnerships and Collaboration

> **"They want to know that they are being heard. You ain't gotta believe what I say, you ain't gotta accept what I say, you ain't gotta take it as gospel, but let me know that you hear me, validate my reality for me. Do not make me feel like what I'm going through is just me. I want to know that you really understand that I'm experiencing this."**
>
> **Focus Group Respondent**

Focus group participants also recommended that Sacramento County behavioral health providers partner with community members and leaders, as well as community-based organizations, where potential and current users of behavioral health services already had developed trusted relationships. These community leaders and organizations play the important role of serving as cultural brokers between the BHS and AA/B/AD communities. The trusted community-based organizations identified by focus group participants included faith-based organizations and agencies that address social determinants of health such as housing, food insecurity, and transportation. These agencies meet immediate needs of AA/B/AD community members that in turn positively impact their behavioral health. Focus group participants stressed the importance of traditional behavioral health providers partnering with the existing community infrastructure as compared to building in isolation from what already exists. The partnerships could create a network of services all of which can ultimately improve the behavioral health and wellbeing of the AA/B/AD community members across Sacramento County.

Strategies and activities identified by BHREC behavioral health providers in Focus Area II sought to develop a strong foundation for their improvement of service quality through the building of community partnerships and collaboration efforts. Several of the selected strategies reflected the CLAS Standards, including:

- Standard 12: Conduct regular assessment of community needs and use results to plan/implement responsive services.
- Standard 13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.



Summary of Goals, Strategies & Performance Measures Associated with Each Focus Area

The following summary provides an overview of each of the focus areas and their corresponding program level goals, strategies and performance measures identified by the BHREC providers in their Racial Equity Action Plans.

Focus Area 1: Prepare the Workforce to Promote Behavioral Health Equity

Three key goals emerged in this focus area that centered around a) increasing innovation in staff outreach and recruitment efforts; b) improving current retention efforts and investing in leadership development; and c) promoting effective health equity trainings as well as accountability for skill development after employee's participation in training events.

Goal 1: Increase outreach and recruitment to the AA/B/AD communities using innovative practices, including social media and partnership with local and national organizations that focus on the AA/B/AD communities.

Implementation Strategy 1:

Equity Practices

As used here, "equity practices" refer to new strategies' providers proposed to ensure equitable outreach to and recruitment of AA/B/AD candidates.

Equity practice strategies included activities such as:

- Design tools to be used by hiring panels to assess for implicit bias in their own hiring process.
- Require managers provide a summary of why AA/B/AD candidates were not chosen for positions when they presented with similar qualifications to chosen candidates.
- Intentionally diversify hiring panels to include not only more AA/B/AD individuals but also members representing LGBTQ+ community.
- Include questions in the exam supplemental questionnaire to assess each applicant's knowledge of the AA/B/AD community.
- Fund a leadership position that is dedicated to building equity strategies in the Human Resources department.
- Development of a monthly, 90-minute, targeted meeting with Executive Leadership to explore the impact of White Supremacy on the organization's hiring practices.
- Creation of an internship program tailored for LGBTQ AA/B/AD youth with appropriate compensation for their time and support in finding paid positions for graduate students who successfully graduated from the internship program.

Goal 1: Increase outreach and recruitment to the AA/B/AD communities using innovative practices, including social media and partnership with local and national organizations that focus on the AA/B/AD communities.

Implementation Strategy 1: Performance Measures

All BHREC participants identified performance measures to assess the impact of proposed equity practice strategies

The performance measures for equity practice strategies fell into one key category:

1. **Tracking representation of AA/B/AD individuals applying for BHS positions and on staff**
   - ❖ Identify baseline and then increase percentage of AA/B/AD staff represented across all programs and leadership where there is underrepresentation from X percent to X percent.
   - ❖ Measure and increase number of AA/B/AD individuals applying for posted positions from X percent to Y percent of applicant pool.
   - ❖ In the next six months, the number of AA/B/AD candidates interviewed will increase by at least X percent as evidenced by interviews conducted.
   - ❖ Implementation of equity practices in hiring decisions as evidenced by submission of written justification provided for all AA/B/AD candidates with comparable qualifications who are not selected for open positions.
   - ❖ Demonstrate racial equity in the promotion and utilization of internships opportunities through comparison of demographic data of individuals applying/selected for internships and professional development programs.

Goal 1: Increase outreach and recruitment to the AA/B/AD communities using innovative practices, including social media and partnership with local and national organizations that focus on the AA/B/AD communities.

Implementation Strategy 2:

Partnership

Many of the partnership strategies focused on building relationships with local and national groups to focus on the AA/B/AD communities to increase recruitment pools and more effective use of social media.

Partnership strategies included activities such as:

- Foster relationships with AA/B/AD professional networks, historically black universities, and Black Student Unions at local colleges and universities to identify broader potential candidate pools.
- Initiate outreach to local high schools, community colleges, and technical education programs to encourage younger AA/B/AD students to consider entering the behavioral health field.
- Increase relationships with religious organizations and community centers to recruit potential candidates.
- Decrease reliance on traditional social media and job board websites such as Linked In and Indeed and diversify use of recruitment websites by exploring sites such as blackcareernetwork.com, blackjobs.com, and diversityjobs.com, and hbcuconnect.com.

Implementation Strategy 2:

Performance Measures

All BHREC participants identified performance measures to assess the impact of proposed partnership strategies.

The performance measures for partnership strategies fell into two key categories:

1. **Tracking posting of employment opportunities, marketing & recruitment language:**
   - Number and type of recruiting platforms posted.
   - Post at least X employment opportunities to at least X national and local groups as well as shared with community leaders focused on the AA/B/AD community including LGBTQ+ groups, sororities, and fraternities to increase visibility of employment opportunities in the AA/B/AD community.
   - Increase number of new job-posting sites identified by X percent and length of time posted on those sites by at least X percent.
   - Revise recruitment advertising to include statements reflecting a commitment to racial equity, diversity, and inclusion to attract a more diverse work force.

Goal 1: **Increase outreach and recruitment to the AA/B/AD communities using innovative practices, including social media and partnership with local and national organizations that focus on the AA/B/AD communities.**

Implementation Strategy 2:

Performance Measures

continued

2. Tracking relationships with partner organizations:

- Number of active relationships with Black/Indigenous/People of Color organizations.
- Increase number of AA/B/AD resource outlets/networks effectively partnered and advertise with from X percent to X percent that lead individuals to completing an application.
- Increased percent of all applicants who were recruited through AA/B/AD community partnerships.

Goal 2: Improve retention efforts and leadership development of AA/B/AD staff members including transgender staff and those with lived experience.

Implementation Strategy 1: Retention

Retention strategies centered around tailoring efforts to target the retention of AA/B/AD employees, including an emphasis on AA/B/AD employees who are transgender and/or have lived experience.

Retention strategies included activities such as:

- Internally investigate key classifications experiencing a decrease in representation of AA/B/AD employees and design targeted strategies to increase retention.
- Integrate professional development opportunities into organizational workforce diversity goals.
- Designate a component of the organization's required Learning Academy to the teaching of DEI Principles.
- Assessment of factors considered for employee raises and promotions.
- Assessment of work/office environment to ensure welcoming culture.

Implementation Strategy 1: Performance Measures

All BHREC participants identified performance measures to assess the impact of proposed retention strategies

The performance measures for retention strategies fell into two key categories:

1. **Tracking number and retention of employees**
   - Retention rate reports.
   - Increased number of AA/B/AD individuals, including those who identify as transgender, recruited, and retained more than X months after hire.
   - Identify baseline and then increase number/percent of AA/B/AD staff represented across all programs and leadership where there is underrepresentation.
   - Satisfaction ratings of AA/B/AD staff and interns, as measured annually.
2. **Tracking engagement of AA/B/AD transgender and AA/B/AD staff with lived experience**
   - Increase the number of AA/B/AD transgender staff as well as AA/B/AD staff with lived experience recruited and retained for more than X months after hire.
   - Satisfaction ratings of AA/B/AD transgender staff as well as AA/B/AD staff with lived experience measured annually.

Goal 2: Improve retention efforts and leadership development of AA/B/AD staff members including transgender staff and those with lived experience.

Implementation Strategy 2:

Leadership Development

Leadership development strategies focused on increasing mentoring and coaching opportunities for AA/B/AD employees.

Leadership development strategies included activities such as:

- Provide professional development and mentorship opportunities for colleagues who desire to move into management, placing particular emphasis on underrepresented groups.
- Development of a targeted, organizational workforce plan that supports a career ladder to increase the inclusion of AA/B/AD individuals in leadership behavioral health roles.

Implementation Strategy 2:

Performance Measures

All BHREC participants identified performance measures to assess the impact of proposed leadership development strategies.

The performance measures fell into two key categories:

1. **Tracking improvements in promotion processes:**
   - Standard (for raises and promotions) established.
   - Increase in knowledge about raises/promotions.
   - Demonstrate racial equity in the promotion and utilization of internships and professional development opportunities through comparison of demographic data of individuals applying/selected for internships and professional development programs.
   - Annual percentage of employees with performance plans.
2. **Tracking number of mentors:**
   - Build a corps of X AA/B/AD mentors for staff/program participants for professional development & employment opportunities.

Goal 3: Increase effectiveness of equity trainings and accountability for skill development and behavior change in staff following trainings.

Implementation Strategy 1:

Training

Training strategies focused on increasing the availability of behavioral health equity training and increasing accountability for improvement in provider's skills as a result of the training.

Training strategies included activities such as:

- Create an online, asynchronous training platform dedicated to behavioral health equity that can be used by all staff on demand.
- Routinely disseminate information about health equity training from sources outside of the organization.
- Create staff training cohorts for groups of staff to access training as a team and work collaboratively to improve self-awareness, reduce bias, and increase skills in supporting the AA/B/AD community members and staff.
- Increase onboarding training dedicated to promotion of behavioral health equity.
- Develop a needs assessment survey for all BHS staff to identify training needs and growth development goals related to advancing behavioral health equity.
- Based on a needs assessment, dedicate resources to create a behavioral health equity training plan for BHS that outlines mandatory training for all staff, including management.
- Establish evaluation surveys to assess whether staff believe they experienced increased awareness of racial equity as a direct result of their racial equity training.
- Establish consumer perception survey to assess whether they experienced a qualitative change in their providers behavior.

Goal 3: Increase effectiveness of equity trainings and accountability for skill development and behavior change in staff following trainings.

Implementation Strategy 1: Performance Measures

All BHREC participants identified performance measures to assess the impact of proposed training strategies

The performance measures for training strategies fell into three key categories:

1. **Tracking representation of AA/B/AD individuals applying for BHS positions and on staff**
   - ❖ Minimum of X training events that address racial equity, diversity, inclusion, unconscious bias, microaggressions and cultural humility.
   - ❖ 100 percent of staff (including management) will complete mandatory, annual racial equity training by the end of the training program.
2. **Measuring effectiveness of trainings**
   - ❖ X percent of providers will agree or strongly agree they experienced growth and an increased awareness of racial equity as a direct result of their racial equity training.
   - ❖ Use pre-test/post-test scoring to measure retention.
3. **Measuring downstream impacts of training**
   - ❖ Number of complaints submitted, resolved, and unresolved.
   - ❖ X percent of consumers will rate their racial equity experiences with providers as an average score of X or higher.
   - ❖ Use ongoing consumer satisfaction surveys to measure implementation of training goals.
   - ❖ Number and type of policies, programs, and practices assessed with a racial equity lens.
   - ❖ The percent of yearly meetings where diversity, equity, and inclusion (DEI) topics/agenda items are discussed.

Focus Area 2: Promoting Health Equity through Community Partnerships

Two goals emerged from this focus area that centered around a) increasing ease of access through engagement of existing community hubs and other settings, and b) building trust through equitable resource distribution.

Goal 1: Develop more partnerships with the community to determine their service needs and priorities and align organizational actions with these priorities.

Implementation Strategy 1: Community Engagement

Community engagement strategies focused on increasing collaboration with the community to ensure they are defining their behavioral health service needs.

Community engagement strategies included activities such as:

- Work with local leaders and trusted organizations within the Black Community (Greater Sac Urban League, GHC, etc.) to develop a focus group of AA/B/AD youth to provide feedback and ideas.
- Reach out to known community organizations and cultural hubs in the area such as Fortune Schools, SCOE Core Schools, GHC, Greater Sac Urban League, St. Hope, etc. and host events to increase relationships.
- Engage in ongoing and consistent outreach to AA/B/AD and LGBTQ+ communities/cultural hubs through direct and written communication.
- Partner with neighborhood libraries and community churches to provide behavioral health resources to neighborhood families.
- Hold bi-monthly meetings of the Melanin Movement Group, a support group for AA/B/AD trans women.

Implementation Strategy 1: Performance Measures

All BHREC participants identified performance measures to assess the impact of proposed community engagement strategies

The performance measures for community engagement fell into two key categories:

1. **Tracking community engagement in program assessment**
   - X AA/B/AD youth responses to the survey.
   - Host at least X focus groups for AA/B/AD youth by X date.
2. **Track effectiveness of linkages to community hubs**
   - X community hubs will be identified with working partnerships established.
   - Identification and documentation of policies and protocols for linkage and referral to community hubs and staff trained on implementation processes.

Goal 1: Develop more partnerships with the community to determine their service needs and priorities and align organizational actions with these priorities.

Implementation Strategy 2:

Funding Positions to Identify/Address Community Needs

This strategy focused on dedicating resources to hire cultural brokers, leadership staff, and consultants to assist with identifying community needs and building bridges with community partners.

This strategy included activities such as:

- Develop a peer cultural broker position to assist in creating bridges with marginalized communities and increase accountability.
- Engage a consultant to survey staff and community members to assess whether current services and programs are welcoming to AA/B/AD individuals and how these programs can be improved.
- Create a new management position (Director of Employee & Community Development) to hold primary responsibility for developing community resources and shape organization's racial equity initiatives.
- Formally create a Diversity, Equity, and Inclusion (DEI) Office that will be led by a DEI Officer.

Implementation Strategy 2:

Performance Measures

All BHREC participants identified performance measures to assess the impact of dedicating resources for Cultural Brokers.

The performance measures fell into one key category:

1. **Tracking hiring that promotes accountability for partnership with diverse communities**
   - The hiring and onboarding of a peer cultural broker.
   - Tracking hiring that promotes assessment of agency service performance to diverse communities.
   - The hiring of a consultant to conduct staff and community assessment of agency service performance to diverse communities.

Goal 2: Build trust with the community through equitable resource distribution and increasing access by building behavioral health services at existing community sites.

Implementation Strategy 1:

Building services and locating them to increase ease of access

This strategy focused on creating services in zip codes where a high population of AA/B/AD individuals live but where behavioral health services currently do not exist, as well as locating services in community hubs to increase ease of access.

This strategy included activities such as:

- Hold listening sessions with community members and potential new providers in zip codes 95828 and 95842 to learn more about the types of behavioral health services needed.
- Development of a competitive selection process for new providers to ensure behavioral health services and resources are distributed across all of Sacramento County.
- Open an extension of the Q Spot to provide activities tailored to meet the needs of Queer AA/B/AD youth.
- Offer assistance with BH referrals at existing and trusted community hubs in order to make the process less intimidating, more easily trusted and understood.

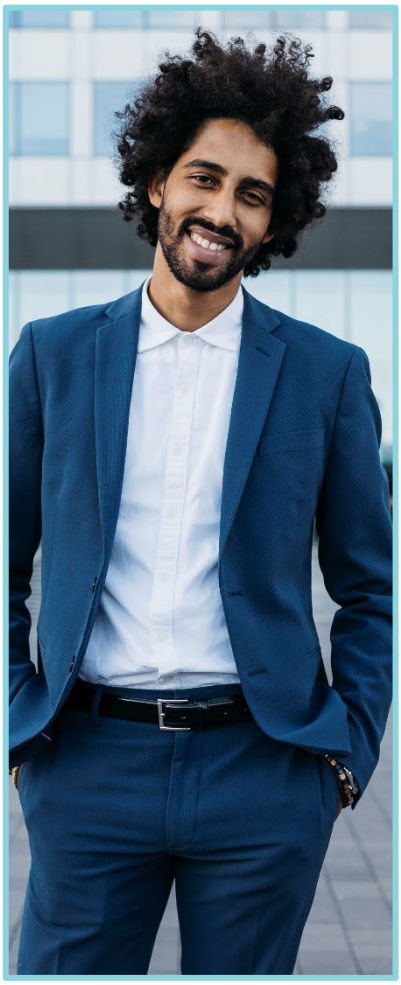
Implementation Strategy 1: Performance Measures

All BHREC participants identified performance measures to assess the impact of partnering with the community to increase access.

The performance measures fell into one key category:

1. **Tracking the number of new providers and effectiveness of linkages with the community**
   - Number of new providers funded in underserved communities.
   - X community hubs will be identified with working partnerships established.
   - Identification and documentation of policies and protocols for linkage and referral to community hubs and staff trained on implementation processes.
   - Conduct meetings at X intervals with hub partners to review linkage efforts, identify barriers, and revise protocols as needed
   - Consumer Satisfaction surveys completed and establishment of a baseline for improvement of future services

CONCLUSION



As a Black employee, I am not looking for equal opportunities any longer, I am looking for equal results to White employees.

Focus Group Respondent

Sacramento County Behavioral Health Services, inclusive of the County and eight providers, will be implementing their Racial Equity Action Plans (REAP) in FY 21/22 and FY 22/23. By the end of that period, the intended outcome is to have made significant internal changes across the organizations so they are better prepared to advance behavioral health equity. In addition to internal changes, all of the BHREC participants have strategies in place to increase trust with the community, build relationships, increase stakeholder engagement, and ultimately use these community engagement strategies to increase access to quality behavioral health services for the AA/B/AD communities. Collectively, by the end of FY 22/23, Sacramento County BHS hopes to see:

- An increase in the number and percent of AA/B/AD individuals employed by each organization.
- An increase in the number of community engagement activities conducted quarterly by the County and providers.
- An increase in engagement and skill development as a result of behavioral health equity trainings.

Sacramento County intends to sponsor an Implementation Collaborative to support the BHREC providers as they move forward with the implementation of their REAPs.

Appendix A

An overview of all BHREC Goals, Activities, and Performance Measures organized by County and Provider teams.

Consumers Self Help Center (CSHC)

GOALS	ACTIVITIES	PERFORMANCE MEASURE
Eradicate Barriers to Job Entry	▪ Assess current conditions and barriers ▪ Revise job descriptions to display consistent and inclusive language ▪ Develop a clear, expansive recruitment plan/policy ▪ Foster relationships with new recruitment outlets, CBOs, BIPOC professional networks and re-entry programs	▪ Increase in applicants with more diverse life, education, and professional experiences ▪ Number and type of recruiting platforms posted to ▪ Number of active relationships with BIPOC organizations
Create Paths to Promotion That Are Transparent and Work to Advance Equity	▪ Determine standard factors considered for raises and promotions and make this information available to staff ▪ Develop a formal and transparent process for raises and promotions ▪ Internally investigate key classifications experiencing a downturn in employee diversity and set forth strategies and training opportunities to support employee development to achieve mobility	▪ Standard established ▪ Increase in knowledge about raises/promotions ▪ Intervention to identified classifications implemented
Retain Top Talent with Professional Development Benefits	▪ Add an online training educational platform for use by all employees from anywhere at anytime ▪ Routinely disseminate information from outside sources regarding relevant trainings to all staff via email	▪ Training participant reports ▪ Annual percentage of employees with performance plans ▪ Retention rate reports
Foster An Intentional Organizational Culture That Is Committed to Inclusion and Belonging	▪ Ensure that the agency's mission, policies, and procedures reflect an ongoing commitment to an organizational culture of inclusion and belonging ▪ Have staff participate in trainings, conferences, and discussions that promote a wider understanding of racial equity ▪ Ensure that all staff meetings center a diverse range of speakers and inclusive topics in a transparent manner ▪ Incorporate a process to gather community feedback on projects, events, and communications that involve or will impact the community	▪ Number of offered trainings/learning opportunities and their capacity. ▪ Number of work units provided with applicable assessment tools and resources. Number and type of policies, programs, and practices assessed with a racial equity lens. ▪ Utilization rates of one-on-one wellness checks. ▪ Utilization rates of wellness activities. ▪ Number of complaints submitted, resolved, and unresolved.

HeartLand Child and Family Services

GOALS	ACTIVITIES	PERFORMANCE MEASURE
Develop more partnerships with the community (i.e., peer brokers, practicing/learning skills in empathy, consistency in communication)	▪ Connect with community agencies (WIC, Urban League, Mutual Assistance), community churches around the clinic to build relationships and establish community partnerships. ▪ Partner with neighborhood libraries to provide resources to neighborhood families. ▪ Enhance relationships with the school system and build partnership based on student needs.	▪ Four community agencies will be identified and contacted with informal partnerships established. ▪ Host four community events. Conduct retrospective pre and post event surveys to collect data on awareness of HeartLand and positive attitude toward mental health services. ▪ Participate in 100% of Sacramento County Office of Education (SCOE) collaborative meetings.
Reduce Provider Bias and Judgment in Care/Increase effective and re-occurring equity trainings and increase accountability for skill development and behavior change in staff following training.	▪ Create a new management position (Director of Employee & Community Development) to hold primary responsibility for developing community resources to shape HeartLand's Racial Equity initiatives. ▪ Arrange meetings between HeartLand management and community leaders to impanel community members for the purpose of sharing their lived experience and perspective with HeartLand staff. Follow up with staff discussion groups to explore shared insight and enhance empathy and sensitivity to barriers encountered by this population. ▪ Director of Employee and Community Development will develop a calendar of trainings.	▪ Minimum of 6 training events and 2 panel discussions regarding lived experience for entire HeartLand staff focusing on racial equity, diversity, inclusion, unconscious bias, microaggressions and cultural humility. ▪ Four Community events hosted by HeartLand open to the public and focused on enhancing relationships and awareness of HeartLand as a community partner. ▪ Analysis of results of 3 standard surveys of HeartLand staff deployed over 15 months to measure improvement in knowledge and attitudes regarding racial equity, diversity, inclusion, unconscious bias, microaggressions, and cultural humility.

GOALS	ACTIVITIES	PERFORMANCE MEASURE
Broaden recruitment efforts by increasing outreach to the AA/B/AD community regarding job openings, application processes, and career pathways. Partner on this outreach with local and national groups known to focus on the AA/B/AD community.	▪ HeartLand will solicit quotations or statements from our staff expressing personal values of inclusion. These will be used on our website, social media, in our clinics.	▪ HeartLand will revise recruitment advertising to include statements reflecting a commitment to racial equity, diversity and inclusion to attract a more diverse work force. Annual percentage of employees with performance plans ▪ HeartLand will post at least 10 employment opportunities with publicity flyers to at least 5 historically Black LGBTQ+ groups, UC/CSU AA/B/AD sororities and fraternities (Sacramento Chapters), and local community agencies and leaders to increase visibility of employment opportunities in the AA/B/AD community. ▪ The applications for the two paid internships will be developed and publicized with various graduate schools via meetings with field work directors. Recruitment will be ongoing, with candidates interviewed and accepted as appropriate. ▪ At least 10 quotations or statements from our staff expressing personal values of inclusion will be posted on our website, social media and in our clinics.
Increase ease of access through the engagement with already existing community hubs and resources.	▪ HeartLand will increase staff diversity to include staff members from the AA/B/AD community and with lived experience to better inform our sensitivity to the needs of this population. We will also focus on staff training related to racial equity, diversity, inclusion, implicit bias, and cultural humility.	▪ Community Advisory Board will have two meetings. Four community hubs will be identified with working partnerships established. ▪ At least two HeartLand staff members will be identified to serve as liaisons for all four of the community hubs. Policies and protocols for linkage and referral assistance will be written and liaisons will be trained in implementation. ▪ Liaisons will meet monthly with partners from the four community hubs to review linkage efforts, identify barriers, and revise protocols as needed. Dates of monthly meetings will be reported to HeartLand Quality Improvement Department. Liaisons will respond to 100% of requests for referral assistance from community hub partners. Requests for referral assistance and outcomes will be tracked via reports by liaisons to HeartLand Quality Improvement Department.

Sacramento County

GOALS	ACTIVITIES	PERFORMANCE MEASURE
Build trust with the community through equitable resource distribution across different areas of Sacramento County	▪ Competitive selection process for new providers in the underserved areas	▪ Begin by opening one behavioral health service provider in each target zip code ▪ Equitably fund new and existing programs (Equitably funding defined as the amount of funding needed to provide equitable access to behavioral health services within the targeted zip codes and relevant to community needs.) ▪ 90% of clients served in each site will be residents of the respective zip codes (95828 and 95842). (Will also report demographics of clients served, as well as percent of new clients to the Mental Health Plan.)
Increase outreach to the AA/B/AD community regarding job openings, application processes, and career pathways. Partner on outreach with local and national groups known to focus on the AA/B/AD community	▪ Identify and partner with local and national groups known to focus on the AA/B/AD community ▪ Use of a variety of outreach tools (leverage technology, community groups, religious organizations, professional groups, community centers, libraries, social media, historically black colleges and universities, etc.) ▪ Collaborate with the Countywide Recruitment Team to increase focused community outreach (application workshops, job posting distribution, virtual events, include employees who represent the community in outreach efforts, etc.) ▪ Initiate outreach to local high school and college career and technical education programs to encourage students to enter the mental health field ▪ Collaborate with network providers to ensure collaboration in the recruitment of staff	▪ Increase the number of AA/B/AD resource outlets/networks we effectively partner and advertise with (Note: Effective means listings lead individuals to completing an application.)Identify at least 10 possible cultural hubs/organizations that represent and assist the BIPOC and LGBTQ+ communities ▪ Increase the number of applicants from the AA/B/AD community. (We will increase the number of applicants from the AA/B/AD community by 20% - from 20% of applicants to 40% of applicants received.)

GOALS	ACTIVITIES	PERFORMANCE MEASURE
Increase recruitment, retention, and leadership development of AA/B/AD and transgender individuals who know the community.	▪ Develop a plan to integrate internships and professional development opportunities into workforce diversity goals ▪ Require leadership and hiring managers to be trained on issues of racial equity and implicit bias in hiring ▪ Include a question in the exam supplemental questionnaire to assess each applicant's knowledge of the AA/B/AD community ▪ Work to create a process to collect data to measure effectiveness of outreach to the transgender community	▪ Increase the number of AA/B/AD individuals (including those who identify as transgender) recruited and retained. (Retained means new hires are retained more than 18 months after hire) ▪ All employees will annually complete mandatory racial equity training. ▪ Demonstrate racial equity in the promotion and utilization of internships and professional development opportunities (compare demographic data of individuals applying/selected for internships and professional development programs.)
Increase effective and re-occurring equity trainings and increase accountability for skill development and behavior change in staff following training.	▪ Training will build skills and capacity, with quarterly measurement for targeted improvement within the organization. ▪ Incorporate consumer feedback to address staff training needs, creating a consumer-informed staff training plan.	▪ 75% of Providers will agree or strongly agree they experienced growth and an increased awareness of racial equity as a direct result of their racial equity training ▪ 75% of Consumers will rate their racial equity experiences with providers as an average score of 4 or higher ▪ Learning objective survey answers will average a score of 4 or higher, indicating the training was perceived as racial equity training, as intended. 75% benchmark by the end of the training program. ▪ 100% of staff (including management) will complete mandatory, annual racial equity training by the end of the training program.

Sacramento LGBT Community Center

GOALS	ACTIVITIES	PERFORMANCE MEASURE
Ask community what they need and align actions with their requests (i.e., increase virtual connection opportunities, flexible meeting times, childcare, provide BH services at comfortable/known community hubs)	▪ Work with Director of Youth Programs and Director Housing Services at the Center along with local leaders within the Black Community (Greater Sac Urban League, GHC, etc.) to develop a focus group of B/AA/AD youth to provide feedback and ideas. ▪ Reach out to known community organizations and cultural hubs in the area such as Fortune Schools, SCOE Core Schools, GHC, Greater Sac Urban League, St. Hope, etc. ▪ Distribute a survey based on both current youth program offerings and feedback from focus group members. ▪ Create an internship program for B/AA/AD youth to lead workshops and events at the center with appropriate compensation for their time.	▪ 100 B/AA/AD youth responses to the survey. ▪ Host at least 5 focus groups for AA/B/AD youth in Fall/Winter 2021. ▪ Recruit and maintain at least 5 B/AA/AD youth interns at the Center.
Community Engagement to Improve DEI: Embed the Marsha P Johnson Center South in the Queer AA/B/AD community in 95823	▪ Reach out to local AA/B/AD organizations to promote and build mutually aligned partnerships ▪ Hold bi-monthly meetings of the Melanin Movement Group, a support group for AA/B/AD trans women ▪ Open an extension of the Q Spot to provide activities tailored to meet the needs of Queer AA/B/AD youth ▪ Maintain Staff representation of the AA/B/AD community. ▪ Promote positive representations of the AA/B/AD community in the physical environment.	▪ By June 2022, host 12 Melanin Movement Meet-ups, serving at least 15 unduplicated members. ▪ Partner with three organizations in south Sacramento with demonstrated positive impacts to members of the AA/B/AD community ▪ Serve 100 new, unduplicated, AA/B/AD, queer youth.

GOALS	ACTIVITIES	PERFORMANCE MEASURE
Develop more partnerships with the community (i.e., peer brokers, practicing/learning skills in empathy, consistency in communication, "nothing about us without us")	▪ We have engaged a consultant to lead us through the process of surveying staff and community members on how we are doing, what we can improve, and services/programs would be welcomed to serve BIPOC. ▪ We will be holding professional development opportunities, in cohorts, for staff to improve self-awareness, reduce bias and build skills in supporting BIPOC community members and staff.	▪ Five new, unduplicated AA/B/AD orgs are in partnership with the Center for EJP ▪ Survey deployed to staff, survey deployed to participants, professional development pods created & launched ▪ Build a corps of 15 B/AA/AD mentors for staff/program participants for professional development & employment opportunities.
Embed the Marsha P Johnson Center in the Queer AA/B/AD community in South Sacramento **Build trust with transgender community (host meetups, embed therapists in trans comm. sites, safe places to share about transition and intersectional trauma of being trans/black) and, when needed, provide support post focus groups**	▪ Reach out to local AA/B/AD organizations, offer meeting/event space to attract attention to the space and the resources offered there ▪ Hold monthly meetings of the Melanin Movement Group ▪ Open an extension of the Q Spot to provide activities tailored to meet the needs of Queer AA/B/AD youth ▪ Maintain Staff representation of the AA/B/AD community. ▪ Promote positive representations of the AA/B/AD community in the physical environment.	▪ Hosting monthly social support groups in person and virtual for black trans community members in our midtown office and virtually. ▪ Increase accessibility for mental health services for our black/trans community in our Mid-town and South Sacramento office by providing once-a-month, two-hour, drop-in crisis intervention (emergency) first aid mental health counseling. ▪ Launch our Black Trans Health needs assessment survey as we prepare to open our gender affirming care services at The Marsha P. Johnson Center South community clinic. 40 black trans community members will complete the assessment.

Stanford Sierra Youth & Families

GOALS	ACTIVITIES	PERFORMANCE MEASURE
When hiring staff, consider lived experience as equal to education	▪ Change hiring application to ask about description of lived experience and how that experience can enhance client services and promote equity. ▪ Work with HR to adapt application to include language that reflects agency stance on equity. ▪ Valuing the role and importance of peer roles (i.e. Family & Youth Partnership) in service delivery is integral part of the organization's training plan that all staff receive when onboarding. Enhance the training to include specific training for HR and hiring managers to consider the value of lived experience and intersectional identities during the recruitment, interview, onboarding, and retention processes. ▪ Establish formalized P&P to ensure training and support (to include stipends) for identified Cultural Brokers (should include safety of staff in rural communities where there is a higher risk of safety concerns) ▪ Outreach and recruitment to African American high school and college level students (Pipeline/HR) ▪ Create awareness (education, training, champions, etc.) in rural communities regarding racial equity gaps and support strategies in hiring/contracting staff to meet those needs ▪ More trainings on Cultural Competency	▪ Percent of all applicants who opted to share intersectional lived experience on job application. ▪ Percent of applicants who opted to share intersectional lived experience and: Not interviewed; Interviewed; Not hired; Offered position; Did not accept; Hired. ▪ Percent of all applicants who were recruited through AA/B/AD community partnerships ▪ Percent of all recruited through AA/B/AD community partnerships who opted to share intersectional lived experience on job application
Increase outreach to the AA/B/AD community regarding job openings, application processes, and career pathways. Partner on this outreach with local and national groups known to focus on the AA/B/AD community	▪ Career Pathways Coordinator and HR to partner with HBCUs and AA/B/AD serving organizations and other groups, as defined, to identify targeted recruitment opportunities. ▪ Create an inclusive EEO statement for job postings	▪ Identify baseline and then Increase percentage of AA/B/AD staff represented across all programs and leadership where there is underrepresentation. (Compared to FY 20-21) ▪ Increased Percent of all applicants who were recruited through AA/B/AD community partnerships.

GOALS	ACTIVITIES	PERFORMANCE MEASURE
Increase recruitment, retention, and leadership development of AA/B/AD and transgender individuals who know community.	▪ Development of a monthly, 90 minute, targeted meeting with Executive Leadership to explore the impact of White Supremacy in our practices and decision making process in order for leadership to more effectively support influencing better hiring practices. ▪ Development of Diversity, Equity and Inclusion Screening Tools that support our organization in reviewing Policies & Procedures, Organizational Decisions, Hiring Practices/Questions, etc. ▪ Review of our Hiring Questions and Job Descriptions. ▪ Review of our recruitment strategies and development of mentorship opportunities. ▪ Provide professional development opportunities for colleagues who desire to move into management, placing particular emphasis on underrepresented groups.	▪ Identify baseline and then increase percentage of AA/B/AD staff represented across all programs and leadership where there is underrepresentation. (Compared to FY 20-21) ▪ Increased Percent of all applicants who were recruited through AA/B/AD community partnerships.
Increase inclusion of black men in behavioral health roles.	▪ Career Pathways Coordinator and HR to partner in developing a targeted workforce plan that supports a career pipeline and ladder to help increase the inclusion of black men in behavioral health roles (i.e. increase mentorship opportunities/experiences for individual's in college/boys & girls club, etc. to engage those at a younger age) ▪ Career Pathways Coordinator and HR to partner with HBCUs and AA/B/AD serving organizations and other groups, as defined, to identify targeted recruitment opportunities. ▪ Create an inclusive EEO statement for job postings.	▪ Identify baseline and then Increase percentage of AA/B/AD staff represented across all programs and leadership where there is underrepresentation. (Compared to FY 20-21) ▪ Increased Percent of all applicants who were recruited through AA/B/AD community partnerships.

TURNING POINT COMMUNITY PROGRAMS
A Path to Mental Health

TURNING POINT COMMUNITY PROGRAMS
ACTION STEPS TO STRENGTHENING DIVERSITY, EQUITY, AND INCLUSION IN THE WORKFORCE

Action Step	How Decision Made	Expected Equity Outcome
Create a complete DEI organizational plan that promotes a work environment that is free from all forms of discrimination and which increases awareness of, appreciation for, and acceptance of DEI in the workplace.	Senior Leadership Team (SLT) in consultation with the Board of Directors	Demonstrates our commitment to DEI by identifying the steps we will take to ensure equitable outcomes for all, by establishing who is responsible for ensuring this happens, and by providing opportunities career development and personal growth.
Require that all management recruitments assess candidates' demonstrated understanding of DEI	Best HR practice recommended by our Chief, DPO	Requires applicants to demonstrate a sensitivity to, and understanding of, the inherent value and benefits of diversity in the workplace.
Designate a component of the Learning Academy to the teaching of DEI principles and ensure access to underrepresented groups	Recommendation of SLT	Enables a diverse population of colleagues to prepare in advance for management opportunities as they arise.
Formally create a Diversity, Equity and Inclusion (DEI) Office that would be led by DEI Officer	Best HR practice recommended by our Chief, DPO	Enables greater compliance with legal requirements and diversity initiatives throughout the organization.
Develop Career Ladders and Paths to share with staff	Best HR practice recommended by our Chief, DPO	Enables staff to clearly understand career opportunities in a way that is transparent. The research data shows this approach has been successful in increasing diversity amongst management ranks.
Update job descriptions to eliminate artificial barriers in hiring processes that prevent applicants from enjoying the benefits of DEI.	Best HR practice recommended by our Chief, DPO	Removes non-job-related requirements that have previously resulted in the exclusion of candidates in the hiring process. For example, requiring advanced degrees, excessive amounts of experience, etc.
Provide professional development opportunities for colleagues who desire to move into management, placing particular emphasis on underrepresented groups.	Recommendation of SLT	Enables a diverse population of colleagues to prepare in advance for management opportunities as they arise.
Assess the demographic makeup of the organization's staff at regular intervals in order to identify areas of opportunity for greater DEI.	Best HR practice recommended by our Chief, DPO	Enables analysis of where we are and what adjustments are needed to ensure alignment with the goals and objectives.
Demonstrate commitment by actively choosing to pursue diversity, equity and inclusion in all workforce decision.	Best HR practice recommended by our Chief, DPO	Leads by setting the example to ensure emulation of desired behaviors. (Social Learning Theory)
Partner with HBCUs, HSIs, AANAPISI[1]; LGBTQIA[2] and other groups/community spaces as defined, to identify recruitment opportunities	Best HR practice recommended by our Chief, DPO	Increases the diversity of applicant pools.
Identify evidence-based DEI survey tools to use within the organization via the Qualtrics platform to measure success of DEI organizational plan.	Recommendation of SLT	Ensures measurement of DEI organizational plan objectives to monitor success of action steps and impact of action steps on the employee experience.

[1] Asian American and Native American Pacific Islander-Serving Institution - AANAPISI
[2] Lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual or allied - LGBTQIA.

CAARE Diagnostic and Treatment Center
Department of Pediatrics
UC Davis Children's Hospital

GOALS	ACTIVITIES	PERFORMANCE MEASURE
Broaden New Hire Search/Increase access in recruitment efforts	▪ Identify sites for recruitment; consider additional sites not yet identified, including sites that capture intersectionality ▪ Reach out and consult with Hospital Human Resource Department and proactively work to problem solve expected barriers ▪ Designate HR activities to a specific employee and fund their time to address BHREC goals. ▪ Develop and modify process in advance to avoid time as a barrier ▪ Seek input on process from staff and community; cocreate a better policy	▪ Increase # of AA individuals applying for posted positions; % of all applicants that are AA individuals by 20% ▪ Increase # of new job posting sites identified by 10% and length of time posted on those sites by at least 20% ▪ Measure and increase diversity within AA applicants: Increase #/% by gender identity, sexual orientation, religion, immigration status/nationality, disability by 20%.
Reevaluate Selection Process During Hiring	▪ Provide training to hiring panel on implicit bias in hiring (e.g., IAT and SEED) (increases equity by making interviewers more aware of how their biases may influence the process of recruitment, hiring, and selecting applicants; this goal was selected because team recognizes that our organization and team members control/influence decisions related to equity) ▪ Designating an internal HR person to take the lead in reevaluating and revising position descriptions, screening tools, and interview questions. ▪ Develop and modify process in advance to avoid time as a barrier ▪ Seek input on process from staff and community; cocreate a better policy	▪ Increase the # and % of AA/B/AD staff interview & # and % of AA/B/AD staff selected/offered a position by 10% ▪ Increase the # and % of AA/B/AD staff accepting positions by 10%. ▪ Improve applicants' satisfaction with the transparency, perceived equity, and value of diversity ratings in the hiring process to at least 80% of total (i.e., a rating of 4 out of 5).
Increase Retention and Leadership Development of AA/B/AD staff.	▪ Create leadership roles, consider internal development and consider outside recruitment of AA/B/AD staff only when internal AA/B/AD staff do not have an opportunity to apply. Plan to anticipate future needs. ▪ Redistribute responsibilities and cross train staff. ▪ Set aside time and funding for leadership development of internal staff	▪ Increase # and % of AA/B/AD staff in leadership roles by 10%Increased Percent of all applicants who were recruited through AA/B/AD community partnerships. ▪ Increase # and % of AA/B/AD staff in leadership roles by 10% ▪ Satisfaction ratings of AA/B/AD staff and interns, as measured annually.

Uplift Family Services

GOALS	ACTIVITIES	PERFORMANCE MEASURE
When recruiting, expand our outreach beyond typical recruitment searches and increase our diversity of staff	▪ Work with HR on the Taleo screening application to identify barriers. Are we unintentionally screening out candidates? ▪ Find alternative to outreach beyond online searches and develop relationships with a variety of schools for recruitment. ▪ Assess work/office environment to ensure it is welcoming to all cultures. ▪ When passing on a candidate of color, who matches other candidates in qualifications, we will have managers provide a summary of why they passed on a candidate to reduce implicit bias factoring in on hiring practices.	▪ In the next six months the number of black/African American/African Descent candidates we interview will increase by at least 10% evidenced the interviews conducted by managers. ▪ In the next three months we will reduce the percentage of client's who have demographic of "unknown" on race from 31% to 5%, to ensure that staffing model reflects populations we serve.

Visions Unlimited

GOALS	ACTIVITIES	PERFORMANCE MEASURE
When hiring staff, consider lived experience as equal to education	▪ Work with HR to modify job postings to reflect the agency's value of lived experience. ▪ Ensure hiring panels are diverse and include individuals with lived experience.	▪ Percent of all applicants who opted to share information regarding lived experience on cover letter, resume, or job application. ▪ Percent of interviewees that choose to respond to questions with answers that disclose lived experience within the interview process ▪ Percent of individuals who shared lived experience and were ultimately offered a position. ▪ Ensure at least 1/3rd of interview questions bring out individuals intersectionality's, lived experience, and commitment to DEI.
Develop more partnerships with the community.	▪ Use of consistent outreach to BIPOC and LGBTQ+ communities/cultural hubs through direct and written communication.	▪ The hiring and onboarding of a peer cultural broker ▪ Identify at least 10 possible cultural hubs/organizations that represent and assist the BIPOC and LGBTQ+ communities a. The number of attempted engagements b. Number of responses c. number of collaborative agreements made from responses d. Number of letters sent that received a response e. Number of collaborative agreements made from responses
Ensure providers are building trust with the community.	▪ Create and present an environment that values and promotes diversity.	▪ Consumer Satisfaction surveys a. number of surveys completed b. number of responses indicating dissatisfaction/satisfaction with staff using language reflective of community, showing empathy for community experience especially with transgender community ▪ Website has language reflective of commitment to DEI ▪ Promotional material has language reflective of commitment to DEI ▪ Percent of surveyed respondents who identify knowledge of grievance process

GOALS	ACTIVITIES	PERFORMANCE MEASURE
Increase effective and re-occurring equity trainings and increase accountability for skill development and behavior change in staff following training.	▪ Develop additional onboarding training reflective of commitment to diversity, equity, and inclusion. ▪ Modify existing training plans to include re-occurrent equity related trainings ▪ Ensure staff meetings regularly include topics related to the service delivery of diverse populations.	▪ The number of employees who read and retain information related to incorporated DEI content a. The number of employees who freely read the materials without further prompt b. The number of employees that need further prompting to read the materials c. The number of employees that verbalize empathy/understanding of the importance of the material for effective service delivery. ▪ Use pre-test/post-test scoring to measure retention. ▪ Use ongoing consumer satisfaction surveys to measure implementation ▪ The percent of yearly meetings where DEI topics/agenda items are discussed.

County of Sacramento
Department of Health Services

REQUEST FOR APPLICATIONS (RFA) No. MHSA/071

Adult Outpatient Services Transformation: Community Outreach Recovery Empowerment (CORE) Program

MANDATORY APPLICANTS' CONFERENCE

September 8, 2021, 2:00 pm – 3:00 pm (PDT)

- Organizations must have representation at the Mandatory Applicants' Conference, held virtually, to submit an application
- Organizations must register for the Mandatory Applicants' Conference through the on-line link shown in the RFA timeline. The registration deadline is shown in the RFA timeline.
- Each organization may register a maximum of three (3) representatives per organization. Organizations may only register one time.

Applications due no later than 5:00 pm (PDT), October 1, 2021

- LATE APPLICATIONS WILL NOT BE ACCEPTED
- The application packet must be sent via email to AppsMHSA70-71@SacCounty.net as a PDF file attachment or as a zipped file containing multiple documents.
- Mailed or hand delivered hard copies, faxed or emailed submissions will not be accepted. Applications received by any other office will not be accepted.

Review all sections carefully and follow all instructions.

Release Date: August 25, 2021

RFA Timeline

August 25, 2021	Request for Applications (RFA) released to organizations that responded to Letter of Interest (LOI) No. #MHSA/070.
September 1, 2021 5:00 pm (PDT)	**Mandatory Applicants' Conference Registration Deadline** **REGISTRATION IS REQUIRED TO ATTEND THE MANDATORY APPLICANTS' CONFERENCE** Register here: https://www.surveymonkey.com/r/BHS-CORE
September 8, 2021 2:00 – 3:00 pm (PDT)	**Mandatory Applicants' Conference** **ATTENDANCE IS REQUIRED TO APPLY FOR FUNDING** Conference will be held virtually with listen-only access
September 10, 2021 5:00 pm (PDT)	**Exhibit O: Questions Form submission deadline** **(see Exhibit O for submission instructions)**
October 1, 2021 5:00 pm (PDT)	**APPLICATION DEADLINE** The application packet must be sent via email to AppsMHSA70-71@SacCounty.net as a PDF file attachment or as a zipped file containing multiple documents
By October 6, 2021	Initial screening of Applications
By October 7, 2021	Notice of insurance deficiencies emailed to Applicants
October 14, 2021 5:00 pm (PDT)	Final date for Applicants to submit corrections of all insurance deficiencies
By October 20, 2021	Notice of disqualification emailed to Applicants
November 2-5, 2021	Applicants Virtual Briefing Sessions
November 9, 10, 12, 15 - 17, 2021	Applicants Virtual Presentations
By December 8, 2021	Evaluation of Applications completed
By December 15, 2021	Awards recommendation emailed to applicants
December 22, 2021 5:00 pm (PST)	Final date to submit written protest to Department of Health Services Director by email: DHS-Director@saccounty.net
January 7, 2022	Response to protest

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EXHIBITS

ATTACHMENTS

SECTION I. OVERVIEW

A. BACKGROUND

Introduction to Sacramento County

Sacramento County is one of eighteen counties located in the Central Mental Health Region of the State of California. The State of California, Department of Finance estimates the 2019 population of Sacramento County to be approximately 1.5 million. With more than a half million residents living in unincorporated Sacramento County, it makes our unincorporated county population the fifth largest in the state. As such, Sacramento is considered a large county, especially in comparison with the populations of surrounding counties.

Sacramento is one of the most ethnically and racially diverse communities in California. While the Wilton Rancheria Tribe is the only Federally Recognized Tribe in Sacramento County, Native Americans from local and out of state tribes currently reside in Sacramento. Historically, Sacramento County has been one of three counties with the highest number of newly arriving refugees in California. However, in recent years, Sacramento County has resettled the most Refugees and Special Immigrant Visa holders (SIVs) as compared to any other county in California. With the addition of Arabic as a threshold language in 2017 and Farsi in 2020, Sacramento County now has a total of seven threshold languages (Arabic, Cantonese, Farsi, Hmong, Russian, Spanish, and Vietnamese).

Specialty Mental Health Services

Since 1998, Sacramento County, through the Department of Health Services, Behavioral Health Services (BHS), is the Mental Health Plan (MHP) responsible for the provision of specialty mental health services to Medi-Cal eligible Sacramento County residents. In 2019, 342,202 adult Medi-Cal eligible beneficiaries resided in Sacramento. Of those, 14,638 unduplicated adults received services through the MHP.

Specialty mental health services are provided in accordance with California's 1915(b) Medi-Cal waiver. These services may be provided through the County or through contract providers. Outpatient specialty mental health services include treatment of co-occurring substance use disorders and are not limited to: assessment, plan development, individual and group therapy, individual and group rehabilitation, collateral services (inclusion of family members or significant support persons in services provided to individuals), case management, intensive care coordination, intensive home based services, medication support services, crisis intervention and crisis stabilization. Medi-Cal beneficiaries may receive specialty mental health services if it is medically necessary in order to address a particular mental health condition (diagnosis). A service is medically necessary if the interventions focus on addressing functional impairment resulting from a diagnosed mental disorder.

The adult outpatient services system provides community-based mental health services for individuals (age 18 and older) being released from acute care settings or who are at risk for entering acute care settings and are not linked to on-going mental health services.

Mental Health Services Act

The passage of Proposition 63, now known as the Mental Health Services Act or MHSA, in November 2004, provided the first opportunity in many years for the California Department of Health Care Services (DHCS) to provide increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. MHSA addresses a broad continuum of prevention, early intervention, and

service needs, as well as the necessary infrastructure, technology, and training elements that will effectively support this system. MHSA imposes a 1% income tax on personal income in excess of $1 million. Most of the revenue from this tax is provided to county mental health programs to fund programs consistent with local plans resulting from community and stakeholder planning processes. All county MHSA plans are approved by the local Board of Supervisors (BOS).

MHSA General Standards must be embedded and continuously addressed in all MHSA funded programs and projects:

- Community Collaboration,
- Cultural Competence,
- Client/Family driven mental health system,
- Wellness focus, which includes the concepts of recovery and resilience, and
- Integrated service experiences for clients and their families throughout their interactions with the mental health system.

The MHSA specifies five major components:

- Community Services and Supports (CSS) – programs, services, and strategies serving clients and families
- Workforce Education and Training (WET) – workforce development programs
- Capital Facilities and Technological Needs (CFTN) – building the capital infrastructure and technology systems needed to support implementation of MHSA
- Prevention and Early Intervention (PEI) – programs designed to prevent mental illnesses from becoming severe and disabling
- Innovation (INN) – component goal is to develop new mental health approaches, increase access to services, and increase the quality of services

The primary goal of all MHSA programs is to reduce the negative outcomes resulting from untreated mental illness, including suicide, incarceration, school failure or dropout, unemployment, prolonged suffering, homelessness, and the removal of children from their family home.

Sacramento County Behavioral Health Services' Adult Mental Health System

In Sacramento County, there is an array of services and supports that encompass BHS's Adult Mental Health System. This continuum is offered by county operated programs and community-based organizations that deliver mental health services in a culturally and linguistically responsive manner in order to help individuals function better at home, in the community, and throughout life. Services are provided along a continuum of prevention and early intervention services, outpatient, intensive outpatient and acute residential services.

BHS Mental Health Access Team authorizes specialty mental health services provided to eligible adults. The Mental Health Access Team provides an over the phone screening for an initial determination of medical necessity and refers adults for a more comprehensive face-to-face assessment.

Sacramento County Behavioral Health Services' Vision, Mission and Values

The following vision and mission statements and core values define BHS's mental health system of care objectives. They also provide direction and guiding principles for how all services are delivered through the mental health system of care:

BHS Vision - We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.

BHS Mission - To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency.

BHS Values:

- Respect, Compassion, Integrity
- Client and/or Family Driven
- Equal Access for Diverse Populations
- Cultural Competence, Adaptive, Responsive and Meaningful
- Prevention and Early Intervention
- Full Community Integration and Collaboration
- Coordinated Near Home and Natural Settings
- Strength-Based Integrated and Evidence-Based Practices
- Innovation and Outcome-Driven Practices and Systems
- Wellness, Recovery and Resilience Focus

The Adult Outpatient Services Transformation aligns Medi-Cal Specialty Mental Health Services requirements with the MHSA General Standards, MHSA CSS Component purpose, and BHS's vision and mission statement and core values. This RFA specifically relates to Specialty Mental Health Services serving Medi-Cal beneficiaries and combines MHSA CSS and Federal Financial Participation (FFP) funds. FFP is the funding mechanism under which Title XIX (Medi-Cal) dollars are accessed (via matching funds) to reimburse the MHP.

B. PURPOSE

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

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

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

- Hope: Having a vision that is worth working towards and believing that things can improve.

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

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

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

As stated, the CORE Program, takes into account the County's MHP need to meet California's network adequacy standards as defined and established by the Centers for Medicare & Medicaid Services (CMS) and California Department of Health Care Services (DCHS) (http://www.dhcs.ca.gov/formsandpubs/Pages/NetworkAdequacy.aspx). In February 2018, California DHCS informed all MHPs that they must meet network capacity requirements to serve the population of adults and children/youth Medi-Cal beneficiaries. Network capacity standards require that counties demonstrate timely access to care, reasonable time and distance from provider sites to beneficiary residences, and an adequate number of outpatient psychiatrist and clinical providers for Medi-Cal beneficiaries. Each MHP is required to submit at minimum, an annual Network Adequacy Certification Tool (NACT) detailing the MHPs' providers, site locations, services provided, staff composition, and language capacity. MHPs are required to submit supporting documentation such as policies and procedures relating to meeting and monitoring network capacity requirements, timeliness data, Geographic Information System (GIS) maps, and data demonstrating use of interpreters.

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

For the purpose of improving timely access to services, shortening distance parameters to services and collaborating with adult-serving systems and organizations (such as housing providers, transportation

systems, probation, health care, etc.), the CORE Program adult outpatient mental health service sites shall be geographically distributed throughout Sacramento County.

Service Area, Geographic Boundaries and number of service sites

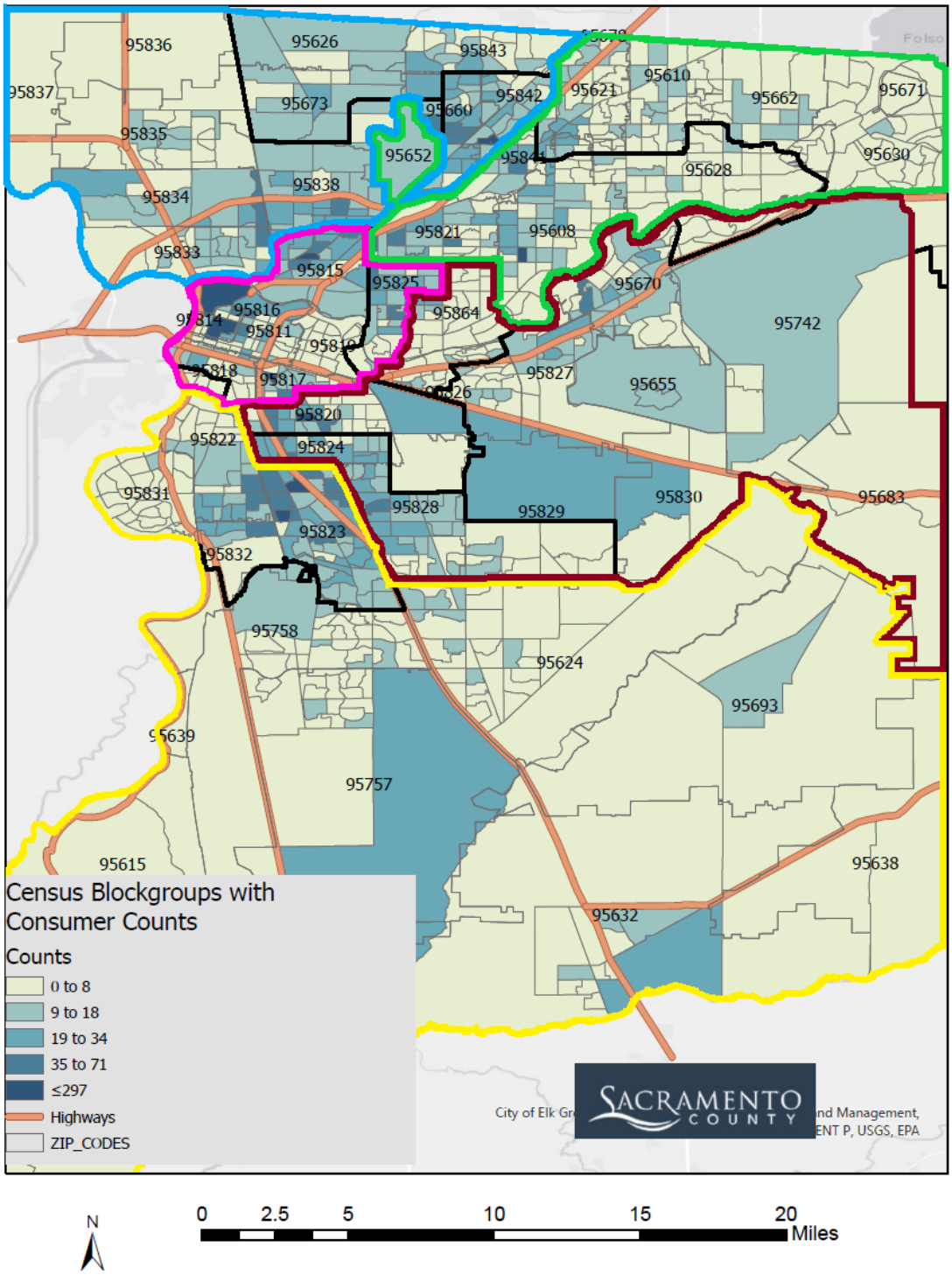
The CORE Program will balance the geographic distribution of outpatient mental health services throughout the Sacramento County area by siting outpatient mental health in the following areas:

Table 1: Area with geographic boundaries and number of service sites

AREA #	Area Boundaries	Estimated Number of Service Sites
Area #1 (Blue): North West	Zip Codes: 95626, 95660, 95673,95833, 95834, 95835, 95836,95837, 95838, 95842, 95843	2
Area #2 (Green): North East	Zip Codes: 95608, 95609, 95610, 95611, 95621, 95628, 95630, 95652, 95662, 95671, 95678, 95821, 95841	2
Area #3 (Burgundy): East	Zip Codes: 95655, 95670, 95683, 95741, 95742, 95820, 95824, 95826, 95827, 95828, 95829, 95830, 95864	2
Area #4 (Magenta): West	Zip Codes: 95811, 95812, 95813, 95814, 95815, 95816, 95817, 95818, 95819, 95825, 95852, 95860, 95866	2
Area #5 (Yellow): South	Zip Codes: 95615, 95624, 95632, 95638, 95639, 95641, 95690, 95693, 95757, 95758, 95759, 95822, 95823, 95831, 95832	2

The following map features a general overview of the five (5) areas with geographic boundaries identified by color along with the population density of adults served throughout Sacramento County in various shades of blue.

Board of Supervisor Districts and Zip Codes



This geographic analysis benefits Sacramento County's individuals 18 years and older and their families in assuring that services are delivered in the areas of greatest need, in the most efficient and effective manner, while meeting network adequacy requirements.

Sacramento County BHS intends to award multiple contracts to ensure that there is sufficient, equitable, and efficient capacity to provide outpatient mental health services to Sacramento County's adults living with a severe mental illness.

The CORE Program incorporates the MHSA Steering Committee's input for addressing the needs of adults, 18 years and older, living with serious mental illness who may be at risk or experiencing homelessness, struggling with a co-occurring substance use disorder, and/or who may be engaged in the criminal justice system or involuntary psychiatric hospitalization or institutionalized. The Committee's input includes:

1. Easy access to services, such as engaging clients in the field, reaching out to clients as they are being discharged or released from other services or systems, and offering services outside standard business hours, including 24 hour, 7 days a week on-call support.
2. Mental health treatment includes providing services in the community, coordination of care, skills building, benefits acquisition, and transportation.
3. Develop and maintain collaborations and partnerships with housing partners to better serve clients at risk of or experiencing homelessness.

The CORE Program consists of two components: outpatient mental health services with co-located community wellness center. The CORE Program will:

1. Outreach to Community Wellness Center participants to successfully engage them into services.
2. Provide community-based, flexible, recovery-oriented, trauma and culturally informed specialty mental health services and peer support services.
3. Provide housing supports/assistance.
4. Operate a community wellness center available to Sacramento County residents, age 18 years and older. The center will be designed to be welcoming, friendly, inclusive, and safe. The center will offer a wide spectrum of meaningful activities, including peer-led activities, groups, and experiences.

The CORE program services will support and promote the recovery of all clients. Recovery as defined by Substance Abuse Mental Health Services Administration (SAMHSA) is a process of change through which clients improve their health and wellness, live a self-directed life, and strive to reach their full potential by way of the four major dimensions that support a life in recovery:

1. Health – overcoming or managing one's symptoms and making informed, healthy choices that support physical and emotional well-being.
2. Housing – having a stable and safe place to live.
3. Purpose – engaging in meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.
4. Community – having relationships and social networks that provide support, friendship, love, interconnectedness, and hope.

The following approaches will guide the CORE practices and service delivery:

1. Trauma informed care, based on the Center of Health Care Strategies' core principles and key ingredients of trauma-informed approach described in Key Ingredients for Trauma-Informed Care (see Attachments 2).
2. Culturally and linguistically responsive and recovery-oriented care.
3. The "Strengths Model," a recovery-oriented practice model that will guide outpatient program practices and service delivery, exemplified in the Strengths Model Fidelity Scale (see Attachment 3).
4. Provide focused, time-limited, individual and/or group mental health services using best practices, community defined practices, evidence based practices, curriculum based practices and/or promising practices to all clients.
5. The "SSI/SSDI Outreach, Access, and Recovery (SOAR)" program model increases access to Social Security disability benefits for people experiencing or at risk of homelessness, described in SSI/SDI Outreach, Access, and Recovery: an Overview (see Attachment 4).
6. Peer Support Services, a system of giving and receiving help based on key principles that include shared responsibility, and mutual agreement of what is helpful, described in Core Competencies for Peer Workers in Behavioral Health Services (see Attachment 5).
7. Flexible, community-based specialty mental health service level of intensity and phase of treatment that matches the needs of the client.

On May 26, 2021, Sacramento County BHS released Adult Outpatient Services Transformation, Request for Letters of Interest (LOI) No. MHSA/070. Respondents of LOI No. MHSA/070 have been sent RFA No. MHSA/071. This RFA expands the scope of work, eligibility/minimum requirements and the application process detailed in LOI No. MHSA/070. Sacramento County is seeking applications from community-based organizations that responded to LOI No. MHSA/70 and are willing to work in partnership with the County in providing client-driven, recovery-oriented and trauma informed mental health services. Successful applicants must be experienced in and capable of providing a comprehensive array of mental health services and supports that address the needs of adults living with severe mental illness who may be at risk of requiring acute care, at risk or experiencing homelessness, struggling with a co-occurring substance use disorder, and/or who may be engaged in the criminal justice system or involuntary psychiatric hospitalization or institutionalization. Successful applicants must be able to provide any clinically indicated transitions for adults who are in need of continued mental health treatment from existing adult mental health outpatient service array to the CORE program.

It is anticipated that five (5) applicants, who successfully meet RFA requirements, will be awarded a contract through this RFA. Each of the five (5) successful applicants shall operate two (2) sites, for a total of 10 sites. Each site must offer both community-based outpatient specialty mental health services and community wellness center services to enrolled participants. Each site must be far enough apart within each identified area described above in order to provide equitable accessibility for outpatient mental health services – considering time and distance parameters. Assigned areas shall be determined by a prioritization system, starting with successful applicants with existing Medi-Cal certified Sacramento County adult outpatient mental health service sites that meet the area requirement, followed by RFA applicant scoring – from highest to lowest scores. Exact location of sites within each assigned area will be negotiated with Sacramento County BHS.

C. SCOPE OF WORK

1. **Program Description**: CORE encompasses two components - outpatient mental health services with co-located community wellness centers.

a. ***CORE Outpatient Program*** will provide community-based, client-driven, recovery-oriented, strength-based, trauma-informed, culturally and linguistically responsive, flexible and integrated, specialty mental health services and supports to adult beneficiaries who meet target population and medical necessity criteria as defined by the Sacramento County BHS Policy and Procedure QM-01-07 Determination for Medical Necessity and Target Population (see Attachment 6). Services are initially focused on intensive services for mental health clients who are either in, or discharged from, acute care settings, or who are at demonstrated risk of requiring acute care, with the goal of assisting individuals in transitioning to a lower level of service intensity over time and eventual successful completion of services from the MHP.

b. ***CORE Community Wellness Center*** will be available to the Sacramento County community members, age 18 years and older. The Centers will offer meaningful activities, including peer-led activities, groups, and experiences that promote principles of Wellness, Recovery and Resiliency. The Centers will serve as both an entry point for individuals who need mental health services as well as ongoing support for individuals stepping down from intensive services or transitioning from the MHP.

2. **Program Objectives:**

a. Promote recovery as defined by SAMSHA and optimize community functioning through the provision of mental health services and supports at the appropriate level of care;

b. Provide flexible and integrated mental health services and peer supported skill building and wellness activities;

c. Provide client driven, recovery-oriented, trauma informed and culturally responsive approaches that address mental illness and co-occurring substance use disorders;

d. Provide timely and appropriate linkage and coordination with key services and benefits impacting clients health and well-being (e.g. Primary Health, Supplemental Security Income, Medi-Cal, etc.); and,

e. Promote transition to lower level of service intensity and community integration as appropriate.

3. **Clients Served:**

a. ***CORE Outpatient Program will be available to*** eligible adults, as defined by the Sacramento County BHS Policy and Procedure QM-01-07 Determination for Medical Necessity and Target Population (see Attachment 6).

b. ***CORE Community Wellness Center services shall be available to all*** Sacramento County adult community members, age 18 years and older, seeking meaningful activities offered by the Center.

4. **Service Sites and Capacity:**

a. ***CORE Outpatient Program:*** Areas and service sites will be negotiated between successful applicants and Sacramento County BHS to ensure compliance with Network Adequacy State and County requirements during the contract development phase. Each awardee shall have two (2) sites and all service locations must be sited to allow all participants maximum use of Regional Transit Bus and Light Rail routes. Successful applicants' negotiated area and service sites must be in compliance with Sacramento County's Good Neighbor policy (see Attachment 7) and have written approval by BHS prior to executing the property lease agreement. Service capacity per service site will be approximately 650 clients served at any given point in time. Capacity is defined as the number of clients served within a 30 day period. Served is defined as one Medi-Cal claimable service provided directly to the client within a 30 day period.

b. ***CORE Community Wellness Center services***: Each outpatient site will have a Community Wellness Center attached or adjacent to the CORE Outpatient Program to serve community members. It is anticipated that each Center will provide engagement and peer activity services to 600 unduplicated community members annually, and 1,200 total between both sites – knowing one of the sites may serve more than 600 community members within the assigned area.

c. Each successful applicant shall have two (2) sites far enough apart within each identified area to provide equitable accessibility for outpatient mental health services – considering time and distance parameters consistent with State required Network Adequacy. Each site will offer a welcoming and inclusive environment that is reflective of the diversity of the residents in the neighborhood. An inclusive environment also offers gender affirming signs/forms and gender neutral restrooms. Exact location of sites within each assigned area will be negotiated with Sacramento County BHS.

5. **Hours of Operation:** Successful applicants shall extend business hours that include late evening and/or weekend hours for both CORE Outpatient Program and Community Wellness Center services. Successful applicants shall establish and maintain hours of operation that best accommodate client and natural supports. Successful applicants will establish an on-call system to provide immediate face-to-face response to a crisis call, if clinically indicated, twenty-four (24) hours per day, seven (7) days per week, including holidays. This will include meeting the client in emergency departments, the Intake Stabilization Unit at the Mental Health Treatment Center, the Mental Health Urgent Care Clinic, or other access points including the home or a community setting to facilitate crisis intervention and supports.

6. **Service requirements for *the CORE Program*:**

   Successful applicants shall:

   a. Provide outpatient community-based specialty mental health services that include assessment, plan development, individual therapy, group therapy, rehabilitation, collateral services, intensive case management, medication support services, and crisis intervention within the service delivery approaches as defined in Section I, C. 8. below and taking into account phases of treatment and service intensity as appropriate.

      i. **Assessment** is a service activity of gathering and analyzing information about the client, from multiple sources across multiple locations, evaluating an individual's mental health and social well-being. This includes assessing self-perception and the individual's ability to function at their desired level in the community. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client's clinical history, analysis of relevant cultural issues, analysis of behaviors, analysis of interpersonal skills, and an analysis of family dynamics and diagnosis. To assess level of service needs, provider will complete a Child and Adolescent Needs and Strengths Assessment (CANS) for clients age 18 to 20 years or Adult Needs and Strengths Assessment (ANSA) for clients age 21 years and older within 60 days of beginning services but prior to the treatment plan completion date, every six (6) months from the admit date or more often if clinically indicated, and at discharge. A Level of Care Utilization System (LOCUS) assessment will be completed in accordance with Sacramento County BHS policy when indicated to determine level of care services for clients age 21 and older.

      ii. **Intensive Case Management (ICM)** is defined as service activities provided by program staff to help clients access needed medical, educational, social, prevocational, vocational, rehabilitative, or other necessary community services. The service

activities may include communication, advocacy, consultation, coordination, linkage and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the client's progress; and plan development. Interventions may be with a family/caregiver, teacher, social worker, probation officer, and/or volunteers (i.e., shaman, pastor, teachers, coaches, peer mentors). A Case Management Progress Note documents who was contacted, information gathered or reported, for what purpose/service (if indicated), and the plan of action or follow-up. ICM is billed when the information gathered is "on behalf of"' or "for" the client.

iii. **Collateral services** is defined as a service activity to a Significant Support Person in an individual's life for the purpose of meeting the needs of the person in terms of achieving the goals of the individual's client plan. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of the client's serious emotional disturbance; and family counseling with significant support person(s) in achieving the goals of the individual's client plan. The client may or may not be present for this service activity.

iv. **Crisis Intervention** is a quick emergency response service enabling the client and/or family, support system and/or involved others to cope with a crisis, while maintaining his/her status as a functioning community member to the greatest extent possible, and in the least restrictive care as applicable. A crisis is an unplanned event that results in the client's need for immediate service intervention. Crisis intervention services are limited to stabilization of the presenting emergency. Service activities include but are not limited to assessment, evaluation, collateral and therapy (all billed as crisis intervention). For the purpose, of this program's scope of work, crisis intervention services are available twenty-four (24) hours per day, seven (7) days per week including holidays.

v. **Medication Support Services** include prescribing, administering, dispensing and/or monitoring of psychiatric medications or biologicals necessary to alleviate the symptoms of mental illness. Medication Support activities may include:

a) Evaluation of the need for medication;

b) Evaluation of clinical effectiveness and side effects of medication;

c) Obtaining informed consent;

d) Medication education (including discussing risks, benefits and alternatives with the individual, family or significant support persons); and,

e) Plan development related to the delivery of this service.

vi. **Plan Development** is defined as a service activity that consists of development of client plans; creating, monitoring and modifying planned interventions; approval of client plans, and/or monitoring and recording of the individual's progress; and ensuring that the individualized treatment plans reflect treatment objectives, goals and level of service needs, and are completed annually or more often, if needed, to reflect changes in accordance with County requirements or individual need. Individualized treatment plans include information of a client's natural support systems including, but not limited to family members, caregivers, peers, employers, or teachers.

vii. **Rehabilitation** is defined as a service activity that includes, but is not limited to:

a) Assistance in improving, restoring or maintaining the functional life skills, daily living skills, social skills, grooming and personal hygiene skills, obtaining support resources, obtaining medication education, medication compliance;

b) Age-appropriate counseling of the client and/or family, support systems and involved others;

c) Training in leisure activities needed to achieve the client's goals/desired results/personal milestones;

d) Medication education for client, family, support systems and involved others;

e) Coaching of clients and caregivers to help improve caregiving skills; and,

f) Assistance with education, vocational and employment goals.

viii. **Therapy** is a service activity that shall be delivered to a client or group of clients and may include family therapy (when the client is present). Therapeutic interventions are consistent with the client's goals, desired results, and personal milestones and focus primarily on symptom reduction as the means to improve functional impairments.

b. Deliver mental health services within a recovery framework. Services must be individually tailored to a client's unique needs based on a comprehensive assessment. The overarching goals of psychiatric rehabilitation are to be fully integrated into the community, and to function as independently as possible. For optimal functioning, treatment must eliminate or diminish the impact of symptoms on daily activities and increase those skills that promote self-efficacy.

c. Implement the Strengths Model within six (6) months of contract execution to high fidelity as a foundation of client services, per the California Institute for Behavioral Health Solutions (CIBHS) at https://www.cibhs.org/strengths-model-case-management.

d. Implement the SSI/SSDI Outreach, Access and Recovery (SOAR) initiative within 6 months of contract execution to a high fidelity as a foundation of benefit acquisition support and assistance per SAMHSA at https://soarworks.prainc.com/article/starting-your-soar-initiative.

e. Schedule a first psychiatric appointment within 20 business days of a client's discharge from an inpatient psychiatric hospital, justice institution or other 24-hour residential facility if the client is taking psychotropic medication. The first non-psychiatric appointment following hospitalization shall be offered within five (5) business days of discharge.

f. Offer a second non-psychiatric face-to-face no later than 20 business days after the first appointment.

g. Ensure that the individualized treatment plans reflect treatment objectives and goals and level of service needs, and are completed annually or more often, if needed, to reflect changes in accordance with County requirements or client's need. Individualized treatment plans include information of a client's natural support systems including, but not limited to family members, elders, friends, peers, board and care/room and board operators, employers, or faith-based or spiritual community leaders or members.

h. Ensure Individualized Safety Plans (Mental Health Wellness Plan) are developed during admission to the program in collaboration with each client and family/caregiver and updated as clinically indicated.

i. A copy of the Safety Plan shall be kept in the electronic health record (EHR) and a copy offered to the client/family and natural support system as indicated.

ii. The Safety Plan document will:

a) Include the client's triggers, risks factors, and risk behaviors;

b) List interventions, coping mechanisms, or treatments that have been effective in addressing life stressors associated with the current crisis including investigation of specific triggers, patterns of behavior, and needs across life domains taking into consideration medication, housing, finances, relationships/social supports, and mental health needs; and

c) Identify natural/community resources and support systems such as family/caregiver, friends, faith/spiritual community, group home staff, room and board / board and care operators, including contact information.

i. Ensure contact with the hospital or facility and the client to assist with treatment and discharge planning within three (3) business days of notification of client admission to the Sacramento County Mental Health Treatment Center (MHTC) or other acute psychiatric facility, including Jail Psychiatric Services Inpatient Unit. This includes meeting the individual and family in emergency departments, the Intake Stabilization Unit, the MHTC, the Mental Health Urgent Care Clinic or other access points including the home or a community setting to facilitate crisis intervention and supports.

j. Maintain a twenty-four (24) hour, seven (7) days a week, after-hours phone response with capacity for face-to-face staff response.

k. Ensure program team members conduct intervention review meetings every 30 days to discuss progress and identify solutions to improve behaviors and functioning with the team members who implement interventions for the client. Intervention review meetings may occur more frequently depending on the client's needs and intensity of services.

l. Provide integrated treatment that:

i. Includes linkages to educational services and supports;

ii. Includes linkages to employment services and supports;

iii. Provides co-occurring substance use services;

iv. Collaborates with physical health care systems;

v. Partners with the justice system, law enforcement, welfare and probation;

vi. Includes natural supports in all aspects of treatment; and,

vii. Complements, not supplants, necessary Alta California Regional Center services.

m. Provide client **advocacy** which is defined as a process that provides clients with information to make informed decisions; communicating, educating, interceding on behalf of a person to acquire needed services, benefit entitlements, managed care resources or housing supports.

n. Provide **Peer Support Services.** Peer supports are services provided by peer staff. SAMHSA defines peer staff as individuals who have been successful in the recovery process and help others experiencing similar situations. Peer staff shall provide services designed to enhance connectedness and decrease isolation. Peer Staff utilize their lived experience to provide peer support, engagement, wellness services, cultural brokerage, and navigation supports within the MHP, as well as other health systems and community supports.

o. Provide **Housing Subsidies and Support Services** to clients at risk of or experiencing homelessness which may include housing subsidies for permanent, transitional and temporary housing, master leases, rental security deposits, first and last month rental payments, closing rent gaps, short term emergency hotel/motel payments, utility hook ups, credit repair support,

application fees, damage repair, and/or landlord development. The provision of housing subsidies and support services will be based on clinical need after other natural supports or community resources have been exhausted or are unavailable. The purpose of provision of housing subsidies and support services are to assist with housing stability; prevent, divert and resolve homelessness; homeless diversion response; assist with establishing, strengthening and maintaining collaborations and partnerships between housing partners, and homeless services.

p. Transition all services and facilitate an appropriate discharge and linkages when the client is able to function more independently as demonstrated by his/her ability to implement new interventions and new skills and engagement in new habits and patterns of behavior.

7. **Service requirements for the CORE Community Wellness Centers:** Successful applicants shall:

   a. Open the Center to all Sacramento County residents, 18 years and older, and their family members.

   b. Provide peer-led and recovery-oriented support services and activities that enhance connectedness and decrease isolation such as, but not limited to, the following:

      i. Education and Support Groups.

      ii. Navigation support that includes providing information, referrals and linkages to the MHP and other health system and community supports.

      iii. Informing Sacramento County residents of their eligibility when meeting Target Population and Medical Necessity Criteria defined by Sacramento County BHS Policy and Procedure, of County MHP services and assisting them in enrolling in MHP services.

      iv. Coaching and Mentoring activities such as assistance with creating Personal Plans and setting recovery goals; supporting alcohol or drug recovery; helping problem-solve issues related to recovery; providing encouragement, motivation and support for optimum wellness.

8. **Service Delivery Approaches:** Successful applicants shall utilize the following approaches/practices in providing services as defined in Section I, C. 6 & 7:

   a. Trauma informed care, based on the Key Ingredients for Trauma-Informed Care for both CORE Outpatient Program and CORE Community Wellness Center. Core principles of a trauma-informed approach include program participant empowerment and choice, collaboration among service providers and systems, ensuring physical and emotional safety and trustworthiness for program participants. Key ingredients of providing comprehensive trauma informed care involve both organizational and clinical practices. Policies, practice, and culture that recognize the impact of trauma on both clients and staff should be adopted organization-wide, described in Key Ingredients for Trauma-Informed Care (see Attachment 2).

   b. Culturally and linguistically responsive and recovery-oriented care for both CORE Outpatient Program and CORE Community Wellness Center.

   c. Strengths Model to high fidelity within the CORE Outpatient Program. The Strengths Model is a set of values and philosophy of practice that views program clients as being the expert in their own recovery and having the potential to recover from adversity through identified strengths, natural supports, community resources and other opportunities. The model employs a set of tools and methods utilized by program staff to assist clients in assessing their strengths, establishing meaningful goals, and developing a recovery plan. The model is predicated on the following principles: i. Program clients can recover and reclaim their lives; ii. The focus is on

strengths rather than deficits; iii. Identifies and leverages existing community resources and views these resources as a strength; iv. Recognizes the participant as the expert of their own recovery; v. Views the program staff-participant relationship as primary and essential with both working together as co-partners; vi. Uses the community as the primary setting for the provision of services and supports, exemplified in Strengths Model Fidelity Scale (see Attachment 3).

d. SOAR initiative which promotes recovery and wellness through increased access to Social Security disability benefits for eligible individuals who are experiencing or at risk of homelessness and have serious mental illness, medical impairment, and/or co-occurring substance use disorder. SOAR providers assist individuals with complete and quality applications for both CORE community-based specialty mental health services and CORE Community Wellness Center. SAMHSA developed the SOAR model to address this critical need. SOAR- trained case managers submit complete and quality applications that are approved quickly, described in SSI/SDI Outreach, Access, and Recovery: an Overview (see Attachment 4 and SOAR Online Course Catalog).

e. Identify and use evidence based interventions and practice(s), community defined practice(s), and/or promising practice(s) and will register the practice with Sacramento County BHS, Quality Management (QM). Services shall be provided within standard theoretical frameworks that meet the needs of the individual served for CORE Outpatient Program, defined in Sacramento County BHS Policy and Procedure QM-14-04 Review Process for Implementation of New Clinical Practices Policy (see Attachment 10).

f. Integrate peer support services, a system of giving and receiving help based on key principles that include shared responsibility, and mutual agreement of what is helpful. Peer support services encompass a wide range of activities, including advocacy, linkage to resources, sharing of experience, community and relationship building, group facilitation, skill building, mentoring, goal setting, and more. Peer Support services also include planning for and developing groups, services or activities; supervising other peer workers, training and gathering information on resources, administering programs, educating the public and policymakers, and raising awareness, Peer services integrate support with engagement, cultural brokerage, wellness services and navigation within the MHP, as well as other health systems and community supports for both CORE Outpatient Program and CORE Community Wellness Center, described in Core Competencies for Peer Workers in Behavioral Health Services (see Attachment 5).

g. For the CORE Outpatient Program, provide flexible, community-based specialty mental health service level of intensity and phase of treatment that matches the needs of the client - with the highest intensity provided upon admission to the program and decreased over time until ready for community integration/discharge from the MHP. Service mode of contact shall be face-to-face and service delivery shall be primarily in the client's home or community, and at the successful applicant's office as appropriate. The service intensity levels should follow the phase of treatment as follows:

    i. Engagement and Planning Phase: All new program enrollees shall receive high intensity level of services until stable. This phase of treatment will include a minimum contact expectation of one time per week and a maximum of multiple times per day, 7 days per week, as needed to provide mental health services for the purpose of stabilization. At minimum, mental health services provided during the initial phase includes engagement, assessment, plan development, safety planning, and safety plan monitoring. In this phase, the CORE provider begins engagement and rapport building while gathering Releases of Information, assessment information from the client, as well as collateral information from involved natural supports and involved systems in

order to initiate referrals and linkages based on immediate and basic needs. Once the comprehensive biopsychosocial assessment is completed, the Client Plan is developed in collaboration with the client and identified natural supports.

ii. Monitoring and Adapting Phase: The Monitoring and Adapting phase of treatment includes a contact expectation of a minimum of one time per week for at least 30 minutes per week for the provision of mental health services for the purpose of ongoing stabilization and working on recovery. At minimum, services during this phase include individual and group social rehabilitation for skills building, enhancing relationships and community connections (i.e. work, school, volunteer, faith-based groups, community centers, etc.), case management, safety plan monitoring, and any other service that aids in wellness and recovery. During this phase, the CORE provider will monitor progress on the Client Plan and make individualized adaptations or revisions as needed to support progress toward meeting the goals of the plan. The CORE provider will meet regularly with the client and natural supports to acknowledge milestones and celebrate successes, problem solve challenges, and hold client and members accountable for task completion associated with the Client Plan. Service intensity may increase for stabilization as necessary.

iii. Transition Phase: The transition phase includes a minimum contact expectation of one time for at least 30 minutes per month to provide mental health services for the purpose of transition readiness. At minimum, mental health services during this phase includes a minimum of case management that supports discharge planning from the MHP to a lower level of care, such as the CORE Community Wellness Center, a Managed Care Plan, or other community resources based on need. If a client is unable to transition to a lower level of care within 3 months in the transition phase, the Transition Plan and Client Plan should be revisited and treatment services provided to aid in readiness for step-down. In the Transition Phase, the client takes a more active role in their planning and the Transition Plan developed will ensure needed services and supports are in place to support a step-down to a lower level of care. Service intensity may increase for stabilization as necessary.

9. **Program Staffing:** Successful applicants are expected to have staff necessary to provide services for both components of CORE defined above in this RFA's scope of work. The staffing array may include a combination of education and experience, ranging from persons with lived behavioral health experience, to licensed clinicians. Program staff will be reflective of the cultural, racial, ethnic, linguistic, sexual, and gender diversity of Sacramento County. The following list is a suggested representation of staff for this program:

   a. Licensed Practitioner of the Healing Arts (LPHA) staff conducts assessments and treatment planning, provides oversight and direction to the treatment team, provides individual and family therapy, crisis intervention services, and family intervention and support. The LPHA or LPHA Waived staff assists with developing interventions and directing the services delivered by team members.

   b. Mental Health Rehabilitation Specialist (MHRS) performs a wide variety of duties including intensive care coordination services and social rehabilitation services with a wellness and recovery focus; assists and supports team members and adults. MHRS have broad knowledge of co-occurring disorders supports, employment resources, benefits and entitlements, community supports, etc.

   c. Mental Health Assistant (MHA) I, II, III provides social rehabilitation, models behaviors and teaches/demonstrates skills to client and family, provides feedback on interventions to the team, as well as crisis intervention and support.

d. Benefit Specialist is an individual who provides assessment for benefits, advocacy with local, state, and federal organizations, case management, employment support services, group facilitation, and benefits support and assistance.

e. Peer Staff/Wellness Coach is an individual who has been successful in the recovery process and helps others experiencing similar situations. Peer Staff/Wellness Coach provides peer support, engagement, wellness services and navigation supports within the MHP, as well as other health systems and community supports.

f. Psychiatric Nurse/Nurse Practitioner provides psychiatric assessments, health screenings and evaluation, develops medication plan, and coordinates follow up care.

g. Licensed Vocational Nurse (LVN) / Licensed Psychiatric Technician (LPT) provides medical/medication training for staff, conducts health screenings, develops medication plan, provides medication education, and administers medications as prescribed.

h. Psychiatrist provides initial psychiatric assessment and evaluation, develops medication plan, prescribes medication, coordinates follow-up care, and provides oversight to medical staff.

The successful applicant will ensure that MHRS and/or MHA staff receive clinical supervision on identifying risk, safety planning, plan development and implementation of interventions. The LPHA/LPHA Waived staff will provide clinical oversight and guide the direction of services.

In addition to staff identified above, the applicant's proposed budget may include specialized staff relevant to program implementation and practices. All proposed staff must meet the definition of the Sacramento County BHS Quality Management Policy and Procedure for Staff Registration (see Attachment 8).

10. **Key Program Outcomes and Plans for Measuring:** Sacramento County BHS collects data and measures outcomes throughout the continuum of care. BHS will work with the successful applicant to develop and implement program evaluation of the outpatient program.

Data will be used to inform program planning decisions as well as to report progress towards desired outcomes and program effectiveness. Data will be reported on a quarterly and annual basis and will include outcome data, program analysis of data to determine significance of changes, and an evaluation of whether goals, objectives, and outcomes have been attained, as well as the effectiveness of funded services. Outcomes for this program align with MHSA goals and performance improvement activities outlined in Sacramento County BHS Quality Management Program Annual Work Plan (see Attachment 9). These outcomes include, but are not limited to:

a. Increase timely access to services defined as a face-to-face appointment within ten (10) business days of being admitted into program;

b. Reduce unnecessary hospitalizations and incarcerations;

c. Promote housing stability;

d. Improve positive behaviors and quality of life;

e. Increase ongoing meaningful activity;

f. Decrease in overall behaviors that contribute to law enforcement and judicial contacts, crisis residential treatment, mental health rehabilitation center treatment, and state hospitalizations;

g. Improve care coordination with primary care physician (PCP);

h. Improve care coordination with other system partners (i.e. Adult Protective Services, Child Protective Services, Probation, Public Guardian's Office, and collaborative justice courts);

i. Increase successful discharges defined as meeting treatment goals and sustained stability in functioning to prevent recidivism or transition to a higher level of services;

j. Increase successful linkage to primary care or geographic managed care provider if ongoing services are needed;

k. Increase effectiveness of evidence based practices, community defined practices, and promising practices; and

l. Other outcomes measures as defined by Sacramento County BHS.

The successful applicant must review performance data, assess progress, and use this information to inform and improve the management and delivery of services. There should be clear and convincing evidence, through carefully collected data, that the delivered services and interventions are responsible for client and caregiver satisfaction and placement stability.

11. Additional Provisions:

a. Successful applicants unable to implement the program consistent with the RFA's scope of work or within the timeframe agreed upon by Sacramento County BHS in the successful applicant's Start-Up Work Plan may be at risk of contract termination.

b. Subcontracting services for the co-located CORE Community Wellness Center is recommended if doing so increases the expertise in providing services as outlined in the RFA's scope of work. Additionally, subcontracting with grassroots and community-based organizations with knowledge, expertise and familiarity in working with Sacramento County's diverse ethnic and cultural neighborhoods and communities for the purpose of providing culturally responsive care, community defined practices, and cultural brokerage services, as outlined in the RFA's scope of work, is encouraged. Prior written approval from Sacramento County BHS will be required at the time of contract negotiation.

c. Follow all requirements consistent with California Advancing and Innovating Medi-Cal (CalAIM) – including Enhanced Care Management (ECM) anticipated to be implemented January 2022. ECM provides a whole-person approach to care, addressing the clinical and non-clinical needs of the client. ECM Core service components include: i. comprehensive assessment and care management plan, ii. enhanced coordination of care, iii. health promotion, iv. comprehensive traditional care, v. member and family supports, vi. coordination of referral to community and social support services. See DHCS CalAIM Executive Summary and Key Changes (https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx).

d. Successful applicants should be aware of the possibility of an expansion of the CORE Program in the next fiscal year. Sacramento County BHS will consider all options for operationalizing the anticipated expansion including but not limited to expanding successful applicants contracts or procuring the expansion. Selection through this competitive process does not guarantee selection for expansion funding or that the expansion will occur.

D. FUNDING

1. Available annual funding per service contract which is inclusive of operating two (2) sites:

Fund Source	Allocation	Available Funding*
Non-Federal Funding	Services	$4,277,598*
	Housing Supports	$406,580*
Federal Funding (FFP + Path)	Services	$2,989,666*
TOTAL		**$7,673,844***

* Approximate amounts
* The available funds are subject to change.

2. Indirect and allocated costs may not exceed 15% of actual direct expense.
3. The term of this RFA is three (3) years.
4. Each successful applicant will implement and operate two sites serving a point in time capacity of 650 unduplicated enrolled clients per site (1,300 per successful applicant) in the CORE Outpatient Program, delivering varying levels of mental health service need/care. Capacity is defined as the number of clients served within a 30 day period. Adult outpatient community-based specialty mental health service is defined as one Medi-Cal claimable service provided directly to the client within a 30 day period. The CORE Community Wellness Center will have the capacity to provide engagement and peer activity services to 600 community members per site (1,200 per successful applicant) annually.
5. Funding for the term of this RFA does not guarantee cost of living adjustment (COLA) / maintenance of effort (MOE) increases. COLA/MOE requests are subject to Board of Supervisors approval.
6. Each service contract may be negotiated and renewed annually, at the discretion of the County.
7. County does not guarantee (implied or otherwise) referral rate or volume. Each successful applicant is responsible to adapt/adjust to client volume and client service needs.
8. Unit volumes are averages based on specific client needs. Each successful applicant must deliver annual service volume total to ensure 100% reimbursement at cost settlement.
9. **The applicant understands that this will be a Net 30 day agreement; payment due in full 30 days** after receipt of an appropriate and correct invoice. Each successful applicant will certify they have and will maintain adequate working capital to cover costs during this period. Reimbursement is based on a Medi-Cal unit-driven system and each successful applicant will be reimbursed on a provisional unit rate value not to exceed the contract maximum.
10. Contracts awarded to successful applicants will be subject to cost settlement. In cost settlement contracts, funds due or owed will not occur until the State of California accepts the County annual cost report. At which point, the County and each successful applicant has 30 days to issue reimbursement. Furthermore, each successful applicant must have adequate working capital to cover costs during the cost reporting period.
    a. Each successful applicant will reimburse County for services at the cost settled rate found to be not reimbursable by State and/or Federal funds. Each successful applicant will be responsible for the costs associated with denied Medi-Cal claims. The successful applicant is responsible to make the appropriate corrections to Medi-Cal denials and for services that do not successfully claim out.
    b. If total approved unit volume is not achieved, then the percent difference between actual approved units and the unit volume specified in the contract will be the factor used to reduce contract maximum, and to determine the adjusted maximum reimbursement value to each successful applicant. This does not change the cost settlement rates.
    c. Provisional rates are determined based on a contract maximum, contracted unit volume, and the relative value of each service function code.
        i. Provisional unit rates serve as the basis for the payment, for monthly cash flow, and are subject to cost settlement to the lesser of actual and allowable costs or published charges of DHCS approved Mental Health Services. Rates are inclusive of all costs.

ii. County reserves the right to make annual adjustments to contract maximum by area and/or service site(s), based on data showing inadequate service utilization in a specified area compared to an area that demonstrates more need. Adjustments could be made within one particular contractor's location/area or across contractors, based on service need.

11. For the purpose of this RFA, one full time equivalent (FTE 1.0) is equal to 40 hours per work week.

E. ELIGIBILITY TO APPLY/MINIMUM REQUIREMENTS

Those organizations meet all of the following criteria are eligible to submit an application in response to this RFA. Organizations must:

1. Have successfully responded to LOI No. MHSA/70.
2. Submit single organization applications only. No partnerships, multi-organization, or fiscal sponsorships applications will be accepted. No more than one (1) application per applying organization will be accepted.
3. Obtain County approval in writing at the time of contract negotiation for subcontracting any portion of the work. Successful applicants will have the opportunity to subcontract for peer services and/or cultural brokerage as described in this RFA's scope of work.
4. Be represented at the Mandatory Applicants' Conference.
5. Have three (3) or more years' experience providing community-based outpatient Medi-Cal services that includes moderate-to-high intensity specialty mental health, and co-occurring substance use disorder services to adults living with serious mental illness providing. Experience must also include crisis intervention services defined as a service requiring an immediate response for clients experiencing a crisis.
6. Have three (3) or more years' experience collaborating with all of the following systems: mental health system of care/Mental Health Plans (MHP), law enforcement, court systems, welfare, housing resources, hospitals and health care systems.
7. Have three (3) or more years' experience utilizing culturally informed care, trauma informed care, wellness and recovery action planning, and wellness, recovery and resiliency principles related to the provision of mental health treatment and support for adults and their families/caregivers.
8. Have at least three (3) consecutive years within the past ten (10) years utilizing the same evidenced based practice (EBP), promising practice (PP), and/or community defined practice (CDP). EBP, PP and CDP are defined in Attachment 10, "Review Process for Implementation of New Clinical Practices Policy", of this RFA.
9. Must state the ability to provide and sustain at least one evidence based practice (EBP) in compliance with Sacramento County BHS EBP registration requirements at the time of contract execution.
10. Have the ability to submit, meet, and abide by any applicable state, federal, and county laws, statutes, regulations and certifications pertinent and necessary to the operations of an outpatient mental health program at the time of contract execution.
11. Comply with rigorous data collection, reporting, and audits, as required by the County or its funders, with the capability to implement program changes based on findings.
12. Have the ability to comply with the approved Start-Up Work Plan (Exhibit N) taking into consideration available expertise and any existing business commitments.
13. Possess 45 days of working capital.

14. Be in compliance with any outstanding corrective action plan.
15. Be a responsive applicant whose application complies with all requirements of the RFA.

F. MANDATORY APPLICANTS' CONFERENCE

1. A Mandatory Applicants' Conference will be held virtually to discuss the RFA and requirements. Organizations interested in submitting an application must have representation at this conference or their application will be rejected as non-responsive (disqualified) without review and eliminated from further consideration.
2. The date/time of the virtual Mandatory Applicants' Conference is shown in the RFA timeline.
3. Organizations must register to attend the Mandatory Applicants' Conference through the on-line link shown in the RFA timeline. The registration deadline is shown in the RFA timeline.
    a. Each organization may register a maximum of three (3) representatives per organization.
        i. Organizations should designate one (1) representative as their principal Point of Contact (POC). Any necessary Sacramento County BHS communication regarding this RFA process will be made through this POC.
        ii. **Organizations should register all representatives simultaneously (using the same form).**
    b. After registering, organization representatives will receive a confirmation email containing the virtual meeting link and password for the Mandatory Applicants' Conference.
4. Because there will be listen-only access to the Mandatory Applicants' Conference, applicant questions about the RFA, its scope of work, and related processes **will not be accepted** during the Conference. See Section I, G. Applicants' Questions for instructions on submitting written applicant questions.

G. APPLICANTS' QUESTIONS

1. Organization representatives registered for the Mandatory Applicants' Conference will be emailed the Exhibit O: RFA No. MHSA/071 Questions Form.
2. Applicant questions must be submitted on the Exhibit O: RFA No. MHSA/071 Questions Form. The completed form must be attached to the sender's email and emailed to QuesMHSA70-71@SacCounty.net by the date shown in the RFA timeline. Email's subject line must read, "RFA MHSA/071 Questions Form".
3. Questions in any other form (either written or oral) about the RFA, its scope of work, or related processes **will not be accepted.**
4. **Applicant questions will not be accepted after the Questions Form submission deadline as shown in the RFA timeline.**
5. Following the deadline for questions submission, answers to all substantive questions will be provided in the form of a question and answer document that will be emailed to organization representatives who attended the Mandatory Applicants' Conference. At the sole discretion of Sacramento County BHS, questions may be paraphrased for clarity. Questions and answers will be provided without identifying the submitters.

SECTION II. REQUEST FOR APPLICATION PROCESS

A. RULES GOVERNING COMPETITIVE APPLICATIONS

1. Costs for developing and submitting application packages are the responsibility of the applicant and shall not be chargeable in any way to the County of Sacramento.
2. If the County determines that revisions or additional data to the RFA are necessary, the County will provide addenda or supplements.
3. All applications submitted become property of the County and will not be returned.
4. Issuance of this RFA in no way constitutes a commitment by the County to award a contract. News releases pertaining to this RFA and its award shall not be made without prior written approval of the County.
5. All applications shall remain confidential and are not subject to the California Public Records Act until contract execution.

B. RIGHTS OF THE COUNTY

The County reserves the right to:

1. Make a contract award to one or more applicants.
2. Make awards of contracts for all the services offered in an application or for any portion thereof.
3. Reject any or all applications received in response to this RFA, or to cancel and/or re-issue this RFA if it is deemed in the best interest of the County to do so.
4. Negotiate, make changes, or terminate awards due to budgetary or funding changes or constraints.
5. Negotiate changes to application submissions.
6. Enter into negotiations with the applicant who submitted the next highest-rated application, or issue a new RFA, if a competitor that is selected through this RFA fails to accept the terms of the County contract.
7. Authorize renewal of contracts annually based on availability of funds and the success of the contractor in meeting the measurable outcomes stated in the contract.
8. Determine the amount of resources allocated to successful applicants.
9. Require information in addition to the application for further evaluation, if necessary.
10. Check with references and share any information it may receive with the evaluation committee.
11. Require successful applicants to sign a County contract.
12. Make the final determination of the requirement for the report of internal controls to be included with the financial statements.
13. Conduct an evaluation(s) and as a result make changes to various aspects of the program.

C. SCREENING CRITERIA

1. Organizations' application packets received by the deadline (from organizations with a representative at the mandatory applicants' conference) will be screened for RFA requirements as described in each exhibit.
2. Applications meeting all the screening requirements shall be submitted to an Evaluation Committee. The Committee will evaluate the applications based on the RFA evaluation criteria. Portions of responses, including attachments that exceed the maximum page allowance will not be reviewed by the Committee.
3. Failure to furnish all information required in this RFA or to substantially follow the application format requested shall disqualify the application. Applicants will be notified of disqualification **by the date shown in the RFA timeline.** An applicant may protest screening disqualification by following the rules found in the Section II, Request for Application Process, E. Opportunity to Protest.

D. RATING PROCESS: GENERAL

1. Those applications meeting minimum requirements as noted above will be included in an evaluation and selection process. The applications will be reviewed and evaluated by an Evaluation Committee, which will consist of County Staff, representatives from other public agencies, and/or individuals from the community at large. The Evaluation Committee will recommend the highest rated application to the Department of Health Services (DHS) Director. The DHS Director will make final recommendation for the applicant selection to the BOS. The DHS Director may recommend an applicant that is not the highest rated and provide justification for their recommendation to the BOS.
2. Recommendation for the awards is contingent on successful resolution of any protests, which would otherwise restrict or limit such award.
3. A notice of the recommendation for the award will be emailed to all applicants by **the date shown in the RFA timeline**.
4. A minimum score of 70% is required to pass the evaluation. If the minimum score is not met, the application will be rejected. Scoring will be as follows:

ELEMENT	POINTS POSSIBLE
Financial Statement	15
Narrative	105
Presentation	30
Start-Up Work Plan	10
Total	**160**

E. OPPORTUNITY TO PROTEST

1. Any applicant wishing to protest disqualification in the screening process or the proposed award recommendation must submit a written letter of protest. Submit such a letter by the date shown in the RFA timeline. Any protest shall be limited to the following grounds:

   a. The County failed to include in the RFA a clear, precise description of the format which applications shall follow and elements they shall contain, the standards to be used in screening and evaluating applications, the date on which applications are due, and the timetable the County will follow in reviewing and evaluating them, and/or

   b. Applications were not evaluated and/or recommendation for awards were not made in the following manner:

      i. All applications were reviewed to determine which ones met the screening requirements specified in the RFA; and/or

      ii. All applicants meeting the screening requirements were submitted to an Evaluation Committee which evaluated applications using the criteria specified in the RFA; and/or

      iii. Applicant judged best qualified by the Evaluation Committee was recommended to the Director of DHS for award; and/or

      iv. The County correctly applied the standards for screening for eligibility requirements or evaluating the applications as specified in the RFA.

2. The written letter of protest of the proposed awards must reference the title of this RFA and be submitted by email to DHS-Director@saccounty.net; email subject line must read, "Protest, RFA No. MHSA/071"

   Protest letters must be received at the above email address **by the date shown in the RFA timeline**. Mailed or hand delivered hard copy letters, or faxed letters will not be accepted. Letters received by any other office or any other email address will not be accepted. Oral protests will not be accepted. It is the applicant's responsibility to request an email delivery receipt to ensure receipt of delivery at the above email address by the date, time and place specified above and in the timetable. Protests will not be accepted after the deadline specified. Protest letter/email must clearly explain the failure of the County to follow the rules of the RFA as discussed above in Section II, E.

3. All written protests shall be investigated by the Director of DHS, or their designee, who shall make a finding regarding any protest by the date shown in the RFA timeline.

F. COMMENCEMENT OF WORK

1. Contract shall not be executed until after DHS has obtained BOS approval for the contract.

2. The successful applicant shall be required to sign a Sacramento County contract. The successful applicant must agree to all terms and conditions of any resultant contract with Sacramento County, which includes providing proof of required insurance coverage. Failure to conform to insurance requirements shall constitute grounds for termination of contract negotiations and the County may enter into negotiations with the next highest scoring applicant or reissue the RFA.

3. The successful applicant will not be allowed to begin work under any successfully negotiated contract until such time as the contract has been signed by the proposed contractor and Sacramento County.

SECTION III. APPLICATION SUBMISSION

A. APPLICATION PACKAGE

Applications must include the following Exhibits A. through N. in the order specified below: (See referenced exhibits for complete instructions.)

1. **Exhibit A. Application Package Checklist:** All items included in the Application package must be submitted in the order listed on the Application Package Checklist. The Checklist must be submitted as part of the Application package and will be provided electronically.

2. **Exhibit B. Application/Certification of Intent to Meet RFA Requirements:** The Application/Certification of Intent must be completed with authorized signature and submitted as part of the Application package. Electronic or scanned authorized signature will be accepted. The Application form will be provided electronically.

3. **Exhibit C. Insurance Requirements:** Applicants are required to obtain and maintain insurance according to Sacramento County Insurance requirements. Application packets must include the applicant's standard certificate of insurance showing current coverages and/or written evidence that the applicant will be able to have the required insurance in place before a contract is signed and services commence.

4. **Exhibit D. Resolution by the organization's Board of Directors:** Resolutions from the applicant's Board of Directors, allowing submission of the Application, must be submitted with authorized signature(s). Electronic or scanned authorized signature(s) will be accepted.

5. **Exhibit E. County of Sacramento Contractor Certification of Compliance with Child, Family and Spousal Support Form:** When Applicants submit a bid, application or other offer to provide goods or perform services for or on the behalf of the County, Applicants must complete and submit Certification with an authorized signature as part of the Application package. Electronic or scanned authorized signature will be accepted. The Certification of Compliance Form will be provided electronically.

6. **Exhibit F. Certification Regarding Debarment and Suspension:** Applicants agree to comply with 45 CFR Part 76.100 (Code of Federal Regulations), which provides that Federal funds may not be used for any contracted services, if CONTRACTOR is debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or organization. Applicants must submit Certification with an authorized signature as part of the Application package. Electronic or scanned authorized signature will be accepted. The Certification Regarding Debarment will be provided electronically.

7. **Exhibit G. Statement of Compliance with Sacramento County Good Neighbor Policy:** Applicants are required to comply with the Statement of Compliance with Sacramento County Good Neighbor Policy. Applicants must complete and include the Statement of Compliance with Sacramento County Good Neighbor Policy. Electronic or scanned authorized signature will be accepted. The Good Neighbor Policy Statement of Compliance will be provided electronically.

8. **Exhibit H. Assurance of Cultural Competence Compliance:** Applicants are required to comply with the Assurance of Cultural Competence Compliance requirements. The applicant must complete and submit a signed certification as part of the Application package. Electronic or scanned authorized signatures will be accepted. The Assurance of Cultural Competence Compliance will be provided electronically.

9. **Exhibit I. Statement of Compliance with Quality Management and Compliance:** Applicants agree to comply with Quality Management regulations and develop a Policy and Procedure to ensure compliance. Applicants must complete and submit Statement of Compliance with an authorized signature as part of the Application package. Electronic or scanned authorized signatures will be accepted. The Quality Management and Compliance will be provided electronically.

10. **Exhibit J. Independent Audited Financial Statement:** Applicants must submit their latest complete audited financial statement with accompanying notes, completed by an independent Certified Public Accountant, for a fiscal period not more than 24 months old at the time of submission.

11. **Exhibit K. Budget**: Applicants must submit a Budget as described in the RFA as part of the Application package. The Budget forms will be provided electronically.

12. **Exhibit L. Application Narrative and Presentation:** The application narrative must be submitted as part of the Application package. It must enable an evaluation committee to determine whether the written application narrative meets the requirements of this RFA. Thus, it should be clearly written and concise but also explicit and complete. Also, applicants whose applications meet eligibility and screening criteria as specified in this RFA will be expected to give a presentation to the evaluation committee.

13. **Exhibit M. Organizational Chart:** Applicants must submit a current organizational chart that includes the projected placement of the program described in this RFA.

14. **Exhibit N**. **Start-Up Work Plan:** Start-up Work Plan template must be completed as part of the Application package. Start-Up Work Plan template will be provided electronically.

B. APPLICATION SUBMISSION REQUIREMENTS

1. All Exhibits in the application should be given file names containing the Applicant's organization name or initials, followed by the RFA designation of MHSA071, followed by the Exhibit letter or letters. *Sample file names*: Smithsonian MHSA071 Exhibit C (*single exhibit file*) or Smithsonian MHSA071 Exhibits A-J (*multiple exhibit files*).
2. Exhibits A. through J. in the Application package must be submitted in the following format:
    a. Document type: Portable Document Format (PDF)
    b. Page size: letter (8 ½ inches by 11 inches)
    c. Page orientation: portrait
3. Budget (Exhibit K) must be submitted in the following format:
    a. Document type: Excel or PDF
    b. Page size: letter (8 ½ inches by 11 inches)
    c. Page orientation: portrait
4. Application Narrative (Exhibit L) must be submitted in the following format:
    a. Document type: Word or PDF
    b. Page size: letter (8 ½ inches by 11 inches)
    c. Page orientation: portrait
    d. Pagination: pages should be clearly and consecutively numbered.
    e. Question/area and response format:

i. Each question/area in the narrative should begin on a new page.

ii. State the question/area prior to providing a response

iii. Questions/areas should be **single spaced**, with 1 inch margins, using 12 point Arial or Times New Roman font.

iv. Narrative responses should be **double spaced**, with 1 inch margins, using 12 point Arial or Times New Roman font.

v. The maximum page requirements per question shown in Exhibit L include both the statement of the question/area and Applicant's response to that question/area. Portions of question/area responses exceeding the maximum page allowance will not be reviewed by the Evaluation Committee.

5. Exhibits M. and N. in the Application package must be submitted in the following format:
   a. Document type: PDF
   b. Page size: letter (8 ½ inches by 11 inches)
   c. Page orientation: portrait or landscape
6. The inclusion of elaborate artwork, expensive paper, binders and bindings, expensive visuals, embedded web links or other presentations as part of the application package are neither necessary nor desired and will not be rated or scored.
7. All applications must be submitted in the order specified in the Application Package Checklist (see Exhibit A).
8. The application must be submitted in the legal entity name of the organization and that legal entity shall be party to the contract. Applications submitted by a corporation must include the signature of an individual authorized by the organization's board of directors. Electronic or scanned authorized signature will be accepted.
9. This RFA requires no more than one (1) application per applying organization. Subsequent applications from an organization will not be reviewed.
10. The application packet must be sent via email to AppsMHSA70-71@SacCounty.net as a PDF file attachment or as a zipped file containing multiple documents. If size constraints require sending the application packet across multiple emails, all emails must be sent on the same calendar day. Email subject line should include organization name, RFA number, and whether the email contains all or parts of an application packet (examples: *Smithsonian, RFA MHSA071 Application – Complete Packet* or *Smithsonian, RFA MHSA071 Application – Part 1 of 3*). An emailed receipt of delivery will be sent in response to all emails containing application packets or parts thereof.
11. **Applications not received by 5:00 pm (PDT) on the application submission date shown in the RFA timeline will be rejected.** It is the responsibility of the applicant to submit the application package by email by the time and date shown in the RFA timeline.
12. **Mailed or hand delivered hard copies or faxed submissions will not be accepted.** Applications received by any other office will not be accepted. Applications emailed to other email addresses will not be accepted.
13. **DHS/BHS will reject any application not meeting ALL RFA requirements.**

EXHIBIT A: APPLICATION PACKAGE CHECKLIST

The Application Package Checklist must be completed and submitted with your application package. All items must be submitted electronically in the order listed. Please utilize this checklist to ensure that your application package is complete.

CHECKBOX ITEMS

- ☐ 1. Application Package Checklist (see Exhibit A)
- ☐ 2. Application/Certification of Intent to Meet RFA Requirements (see Exhibit B)
- ☐ 3. Certificate(s) of Insurance, documenting current coverage (see Exhibit C)
  - ☐ General Liability: $2,000,000
  - ☐ Automobile Liability: $1,000,000
  - ☐ Worker's Compensation/Employers Liability: Statutory/$1,000,000
  - ☐ Professional Liability or Errors and Omissions Liability: $1,000,000
  - ☐ Cyber Liability including Identity Theft, Information Security and Privacy Injury: $1,000,000 per claim or incident and $1,000,000 aggregate

  --OR--
  - ☐ Insurance Broker's Letter Demonstrating Ability to Meet County Requirements
- ☐ 4. Resolution by the organization's Board of Directors (see Exhibit D)
- ☐ 5. County of Sacramento Contractor Certification of Compliance with Child, Family and Spousal Support Form (See Exhibit E)
- ☐ 6. Certification Regarding Debarment and Suspension (see Exhibit F)
- ☐ 7. Statement of Compliance with Sacramento County Good Neighbor Policy (see Exhibit G)
- ☐ 8. Assurance of Cultural Competence Compliance (see Exhibit H)
- ☐ 9. Statement of Compliance with Quality Management and Compliance (see Exhibit I)
- ☐ 10. Independently Audited Financial Statement (see Exhibit J)
- ☐ 11. Budget (see Exhibit K)
- ☐ 12 Application Narrative (see Exhibit L)
- ☐ 13. Organizational Chart (see Exhibit M)
- ☐ 14. Start-Up Work Plan (see Exhibit N)

SUBMISSION STANDARDS

Use this list to check your Application for compliance with screening requirements

- ☐ Authorized signatures on ALL documents in application package (electronic or scanned authorized signature will be accepted)
- ☐ Application package submitted electronically by 5:00pm (PDT) on date shown in RFA timeline
- ☐ All documents meet format and content requirements
- ☐ Independently Audited Financial Statement not more than 24 months old
- ☐ Insurance requirements met
- ☐ Attended Mandatory Applicants' Conference

EXHIBIT B: ADULT OUTPATIENT SERVICES TRANSFORMATION REQUEST FOR APPLICATION No. MHSA/071 APPLICATION/CERTIFICATION OF INTENT TO MEET RFA REQUIREMENTS

Applicants are required to complete Exhibit B, RFA No. MHSA/071 Application/Certification of Intent to Meet RFA Requirements. The application is a Portable Document Format (PDF) with fillable fields; the Exhibit B will be included in an email sent to Mandatory Applicants' Conference attendees.

For the purposes of this document, the applicant is defined as the organization.
Instructions: Applicants must: A) Respond to all sections of this Exhibit; B) Concisely include applicable, essential, and specific information; attach supplementary sheets as necessary; C) Not alter, delete, or otherwise change any section in the form; D) Include this Exhibit in your organization's application packet with authorized signature. Electronic or scanned authorized signature will be accepted.

A. ORGANIZATION'S INFORMATION

1. Organization Name	2. Federal Tax ID#

3. Organization Address

4. Parent Corporation Name

5. Parent Corporation Address

6. Contact Person & Title	Phone	Email

7. Person/Title Authorized (per Board Resolution) to sign on organization's behalf	Phone	Email

8. Number of years organization has been in business under present business name:

9. List contracts, for outpatient mental health programs serving adults, ages 18 and older, that were successfully completed in the past three (3) years:

Contract Term(s) (ex: 2013-2014)	Legal Contract Name	Service Description	Fund Source(s)	Contract Value

10. List contracts that were terminated prior to end of term in the past three (3) years. Attach supplementary sheets if necessary.

Contract Term	Legal Contract Name	Service Description	Fund Source(s)	Contract Value	Reason for Termination

11. List active contracts or other commitments (e.g. consulting arrangements). Attach supplementary sheets if necessary.

Contract Term	Legal Contract Name	Service Description	Fund Source(s)	Contract Value

12. Describe any litigation involving the organization and/or principal officers thereof. Please include details about resolution/conclusion.

13. Does the organization hold financial interest in any other business?	
If yes, list business(es):	
14. Does the organization hold a controlling interest in any other organization?	
If yes, list organization(s):	
15. Is the organization owned or controlled by any other person or organization?	
If yes, list person(s) or organization(s):	

16. List name of persons with whom the prospective organization has been associated in business as partners or business associates within the past three (3) years:	

B. ORGANIZATION'S ELIGIBILITY TO APPLY/MINIMUM REQUIREMENTS

1. Organization successful responded to LOI No. MHSA/70?	
2. Single organization is submitting a single agency application only. (NOTE: No partnerships, multi-organization, or fiscal sponsorships applications will be accepted. No more than one (1) application per applying organization will be accepted.)	
3. Organization will obtain County approval in writing at the time of contract negotiation for subcontracting any portion of the work?	
4. Organization representative(s) was represented at the RFA No. MHSA/071 Mandatory Applicants' Conference?	
Name(s) of Organization Representative(s) in attendance	
5. Organization has three (3) or more years' experience providing community-based outpatient Medi-Cal services that includes moderate-to-high intensity specialty mental health, and co-occurring substance use disorder services to adults living with serious mental illness. Experience must also include crisis intervention services defined as a service requiring an immediate response for clients experiencing a crisis.	
How many years?	
6. Organization has three (3) or more years' experience collaborating with all of the following systems: mental health system of care/Mental Health Plans (MHP), law enforcement, court systems, welfare, housing resources, hospitals and health care systems.	

List experiences of collaboration.

Duration of Collaboration (ex: June 2007-June 2010)	List the Agency/Organization

7. Organization has three (3) or more years' experience utilizing culturally informed care, trauma informed care, wellness and recovery action planning, and wellness, recovery and resiliency principles related to the provision of mental health treatment and support for adults, and their families/caregivers.	
8. Organization has at least three (3) consecutive years within the past ten (10) years utilizing the same evidenced based practice (EBP), promising practice (PP), and/or community defined practice (CDP). EBP, PP and CDP are defined in Attachment 10, "Review Process for Implementation of New Clinical Practices Policy", of this RFA.	

If yes, provide the following details below. Attach supplementary sheets if necessary.

Year Range Utilized (ex: 2007-2010)	**Evidence Based Practice, Promising Practice, Community Defined Practice**

9. Organization has the ability to provide and sustain at least one evidence based practice (EBP) in compliance with Sacramento County BHS EBP registration requirements at the time of contract execution?	
10. Organization has ability to submit, meet, and abide by any applicable state, federal, and county laws, statutes, regulations and certifications pertinent and necessary to the operations of an outpatient mental health program at the time of contract execution?	
11. Organization will comply with rigorous data collection, reporting, and audits, as required by the County or its funders, with the capability to implement program changes based on findings?	
12. Organization will comply with the approved Start-Up Work Plan (Exhibit N) taking into consideration available expertise and any existing business commitments?	
13. Organization possesses 45 days of working capital?	
14. Organization is in compliance with any outstanding corrective action plan?	
15. Organization is a responsive applicant whose application complies with all requirements of the RFA No. MHSA/071?	

Certification:

I certify that all statements in this Adult Outpatient Services Transformation: CORE Program RFA No. MHSA/071 Application are true and that all eligibility to apply/minimum requirements in this RFA are satisfied. This certification constitutes a warranty, the falsity of which shall entitle Sacramento County Department of Health Services to pursue any remedy authorized by law, which shall include the right, at the option of the County, of declaring any contract made as a result thereof to be void.

I agree to provide the County with any other information the County determines is necessary for the accurate determination of the organization's qualification to provide services.

I certify that **(_____)** will comply with all requirements specified in the RFA. I agree to the right of the County, state, and federal government to audit **(_____)**'s financial and other records.

Electronic or Scanned Signature of Organization's Authorized Agent

Date

Print Name/Title

EXHIBIT C: INSURANCE REQUIREMENTS

Following this page is a sample of the insurance exhibit included in Sacramento County agreements. The types of insurance and minimum limits required for any agreement resulting from this RFA are specified in the sample insurance exhibit. A contract negotiated following this RFA will include the attached insurance exhibit.

Your organization's application package should include a standard certificate of insurance showing current coverages. If your organization's current insurance coverage does not conform to the requirements of the attached insurance exhibit, do not obtain additional insurance until a contract is offered. You must, however, provide written evidence, which must be in the form of a letter from your insurance broker or agent that you will be able to have the required insurance in place before a contract is signed and services commence.

If during the application screening for this RFA, the County finds a problem with the applicants' insurance submission, the applicant will have until the date shown in the RFA timeline to submit any required documentation to the county. Applicants will be notified via e-mail regarding any deficiencies in the insurance submission.

Certificate holder or additional insured proof is not required as part of this RFA.

If your organization receives a formal contract offer at the completion of this RFA process, and your organization's current insurance coverage does not meet the insurance requirements of the contract, you must provide proof of the required coverage at the time required by the County or the County has the right to enter into negotiations with the applicant who submitted the next highest-rated application, or issue a new RFA.

In general, the best course is to provide the sample exhibit to your organization's insurance agent or broker and direct him or her to provide a standard certificate of insurance to certify the coverage currently in force.

EXHIBIT B to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY," and
«CONTRACTORNAME», hereinafter referred
to as "CONTRACTOR"

COUNTY OF SACRAMENTO
INSURANCE REQUIREMENTS

1.0. INSURANCE REQUIREMENTS

1.1. CONTRACTOR shall procure, maintain, and keep in force at all times during the term of the Contract, at CONTRACTOR's sole expense, the following minimum required insurance policies and limits which are intended for the protection of COUNTY and the public. CONTRACTOR's obligations for loss or damage arising out of CONTRACTOR's work or services are in no way limited by the types or amounts of insurance set forth herein. In specifying minimum insurance requirements herein, COUNTY does not assert that the required minimum insurance is adequate to protect CONTRACTOR. CONTRACTOR is solely responsible to inform itself of the types and amounts of insurance it may need beyond these requirements to protect itself from loss, damage or liability. It is the sole responsibility of CONTRACTOR to notify its insurance advisor or insurance carrier(s) regarding coverage, limits and forms specified in this Insurance Requirements Exhibit.

1.2. COUNTY reserves the right to modify the required minimum insurance coverages and limits depending on the scope and hazards of the work or services to be provided. COUNTY's requirements shall be reasonable but shall be imposed to assure protection from and against the kind and extent of risks that exist at the time a change in insurance is required. Any claim by CONTRACTOR that COUNTY's insurance changes result in higher costs will be subject to review and approval by COUNTY, whose approval will not be unreasonably withheld.

1.3. Where a specific Insurance Services Office (ISO) form is referenced in these Requirements or the CONTRACTOR utilizes "a form or policy language as broad in scope and coverage" to satisfy the insurance requirements required herein, CONTRACTOR shall use the most recently approved State edition or revision of the form(s) or policy language to satisfy the insurance requirements.

2.0. Verification of Coverage

2.1. CONTRACTOR shall furnish COUNTY with original certificates and copies of required endorsements, or original certificates and copies of the applicable insurance policy language effecting coverage required by this Exhibit; or a combination thereof.

2.2. COUNTY reserves the right to require that CONTRACTOR also provide a copy of the declarations page and a copy of the schedule of forms and endorsements of each policy of insurance required herein. COUNTY further reserves the right to require that CONTRACTOR, through its broker, provide explanatory memoranda regarding coverages, endorsements, policy language, or limits as required herein. All required verifications of coverage are to be received and accepted by COUNTY before work or services commence. However, failure to obtain the required documents prior to the work beginning shall not waive CONTRACTOR's obligation to provide them.

2.3. COUNTY reserves the right to require complete copies of all required insurance policies, including endorsements, required by this Exhibit, at any time and with reasonable notice.

2.4. If CONTRACTOR utilizes proprietary coverage forms or endorsements, CONTRACTOR has the option of having its broker provide explanatory memoranda confirming coverage and limits as required herein.

3.0. Minimum Scope of Insurance and Limits

CONTRACTOR's coverage shall include the following:

3.1. GENERAL LIABILITY: Commercial General Liability insurance including, but not limited to, protection for claims of bodily injury and property damage, personal and advertising injury, contractual, and products and completed operations. Coverage shall be at least as broad as "Insurance Services Office (ISO) Commercial General Liability Coverage Form CG 0001" (Occurrence Form) or a form as broad in scope and coverage. The limits of liability shall be not less than:

Each Occurrence	Two Million Dollars ($2,000,000)
Personal & Advertising Injury	Two Million Dollars ($2,000,000)
Products and Completed Operations Aggregate	Two Million Dollars ($2,000,000)
General Aggregate	Two Million Dollars ($2,000,000)

3.2. AUTOMOBILE LIABILITY: Automobile Liability insurance providing protection for bodily injury and property damage arising out of ownership, operation, maintenance, or use of owned, hired, and non-owned automobiles. Coverage shall be at least as broad as ISO Business Auto Coverage Form CA 0001 (or a form or policy language as broad in scope and coverage), symbol 1 (any auto), if commercially available. Use of any symbols other than symbol 1 for liability for corporate/business owned vehicles must be declared to and accepted by COUNTY in writing. If there are no owned or leased vehicles, symbols 8 and 9 for non-owned and hired autos shall apply. The minimum limits of liability shall not be less than the following for each accident:

Corporate/Business Owned Private Passenger Vehicles	One Million Dollars ($1,000,000)
Commercial Vehicles	One Million Dollars ($1,000,000)

3.2.1. If there are no corporate/business owned vehicles covered by a Commercial Auto Policy, then personal automobile insurance requirements apply to any individually owned personal vehicles used by CONTRACTOR for work or services being provided.

3.2.2. The personal automobile liability limits shall not be less than:
$300,000 Combined Single Limit or, if split limits are used, $100,000 per person, $300,000 each accident, $100,000 property damage.

3.3. WORKERS' COMPENSATION: Workers' Compensation insurance, with coverage as required by the State of California (unless the CONTRACTOR is a qualified self-insurer with the State of California), and Employers' Liability coverage. The limits of Employers' Liability shall not be less than:

Each Accident	One Million Dollars ($1,000,000)
Disease Each Employee	One Million Dollars ($1,000,000)
Disease Policy Limit	One Million Dollars ($1,000,000)

3.3.1. The Workers' Compensation policy required herein shall be endorsed to state that the Workers' Compensation carrier waives its right of subrogation against COUNTY, its governing Board, officers, directors, officials, employees, and authorized agents and volunteers. In the event CONTRACTOR is self-insured, CONTRACTOR shall furnish a Certificate of Permission to Self-Insure by the Department of Industrial Relations Administration of Self-Insurance, Sacramento. CONTRACTOR hereby agrees that it waives its right of subrogation against COUNTY, its governing Board, officers, directors, officials, employees, and authorized agents and volunteers in the event a Workers' Compensation claim is filed by CONTRACTOR under any self-insured program.

3.3.2. If CONTRACTOR does not have any statutory employees, then Sections 3.3 and 3.3.1 do not apply. If CONTRACTOR hires employees during the term of the Agreement, then CONTRACTOR must comply with Sections 3.3 and 3.3.1.

3.4. UMBRELLA or EXCESS LIABILITY policies: CONTRACTOR is granted the option of arranging the required coverages and limits under a single policy or by a combination of underlying policies with the balance provided by an Excess or Umbrella liability policy equal to the total Per Occurrence and Aggregate limits required on the Commercial General Liability policy and the Combined Single Limit on the Commercial Automobile Liability policy.

3.5. CYBER LIABILITY INCLUDING ERRORS AND OMISSIONS, IDENTITY THEFT, INFORMATION SECURITY and PRIVACY INJURY LIABILITY

3.5.1. The minimum limits shall be not less than $1,000,000 per claim or incident and $1,000,000 aggregate. Coverage shall include but is not limited to:

3.5.2. Third party injury or damage (including loss or corruption of data) arising from a negligent act, error or omission or a data breach.

3.5.3. Defense, indemnity and legal costs associated with regulatory breach (including HIPAA), negligence or breach of contract.

3.5.4. Administrative expenses for forensic expenses and legal services.

3.5.5. Crisis management expenses for printing, advertising, mailing of materials and travel costs of crisis management firm, including notification expenses.

3.5.6. Identity event service expenses for identity theft education, assistance, credit file monitoring to mitigate effects of personal identity event, post event services.

3.6. PROFESSIONAL LIABILITY with TECHNOLOGY ERRORS AND OMISSIONS: OMITTED

3.7. PROFESSIONAL LIABILITY: Errors and Omissions (E&O) Liability insurance appropriate to the CONTRACTOR's profession or services.

3.7.1. The minimum limits shall be not less than $1,000,000 per claim and aggregate.

3.8. If Professional Liability with Technology Errors and Omissions or Professional Liability coverage is written on a Claims Made form:

3.8.1. The "Retro Date" must be shown, and must be on or before the date of the Agreement or the beginning of Agreement performance by CONTRACTOR.

3.8.2. Insurance must be maintained and evidence of insurance must be provided for at least one (1) year after completion of the Agreement.

3.8.3. If coverage is cancelled or non-renewed, and not replaced with another claims made policy form with a "Retro Date" prior to the contract effective date, the CONTRACTOR must purchase "extended reporting" coverage for a minimum of one (1) year after completion of the Agreement.

3.9. ABUSE or MOLESTATION: OMITTED

4.0. Specific Insurance Requirements Related to Commercial General Liability Policies

CONTRACTOR's Commercial General Liability policy shall contain the following provisions:

4.1. COUNTY, its governing Board, officers, directors, officials, employees, and authorized agents and volunteers (collectively, "COUNTY ADDITIONAL INSUREDS") shall be included as Additional Insureds as respects liability caused, in whole or in part, by the acts or omissions of CONTRACTOR, or the acts or omissions of those acting on behalf of CONTRACTOR; or premises owned, occupied or used by CONTRACTOR in conjunction with work or services provided by CONTRACTOR.

4.2. The required additional insured status of COUNTY ADDITIONAL INSUREDS may be satisfied by any of the following methods:

4.2.1. Use of a commercially available ISO Additional Insured form or other comparable insurance company form as broad in scope and coverage that provides "automatic" or "blanket" additional insured coverage as required by written contract or agreement.

4.2.2. Use of policy language as broad in scope and coverage that provides "automatic" or "blanket" additional insured coverage as required by written contract or agreement.

4.2.3. Use of a commercially available ISO Additional Insured endorsement form or other comparable insurance company form as broad in scope and coverage that specifically names COUNTY ADDITIONAL INSUREDS as Additional Insureds.

4.3. COUNTY ADDITIONAL INSUREDS shall be included under CONTRACTOR's Completed Operations coverage as required by written contract or agreement or as specifically endorsed as applicable.

4.4. CONTRACTOR's Commercial General Liability policy shall include a waiver of subrogation in favor of the COUNTY ADDITIONAL INSUREDS as required by written contract or agreement or as specifically endorsed as applicable.

4.5. CONTRACTOR's Commercial General Liability policy shall provide that for any claims related to the Agreement, CONTRACTOR's insurance coverage shall be primary and non-contributory, as required by written contract or agreement, or as specifically endorsed as applicable, as respects COUNTY ADDITIONAL INSUREDS. Any insurance or self-insurance maintained by COUNTY ADDITIONAL INSUREDS shall be excess of CONTRACTOR's insurance, whether CONTRACTOR's insurance is self-insurance, a primary Commercial General Liability policy, excess or umbrella policy, or a combination thereof, and any insurance or self-insurance maintained by COUNTY ADDITONAL INSUREDS shall not contribute with it.

4.6. CONTRACTOR's Commercial General Liability policy shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

4.7. If CONTRACTOR maintains higher limits than the minimums shown above, whether on a primary or excess basis, COUNTY requires and shall be entitled to coverage with the higher limits maintained by CONTRACTOR. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverages shall be available to COUNTY.

4.8. CONTRACTOR shall maintain the required Commercial General Liability policy, including Completed Operations, at not less than the required minimum limits, for not less than two (2) years after completion of the work or services; or termination or expiration of the contract. CONTRACTOR shall furnish COUNTY with original certificates and copies of required amendatory endorsements, or original certificates and copies of the applicable

insurance policy language effecting coverage required by this Contract; or a combination thereof, for the required two (2) years.

4.9. If CONTRACTOR will utilize subcontractors or subconsultants to perform work or services, CONTRACTOR shall require each of its subcontractors or subconsultants, at every tier, to include COUNTY ADDITIONAL INSUREDS as Additional Insureds, including Completed Operations, as required by written contract or agreement, or specifically endorsed as applicable.

4.10. CONTRACTOR shall also have each of its subcontractors or subconsultants, at every tier, to include primary language and waivers of subrogation on their Commercial General Liability policies and Workers' Compensation policies in favor of COUNTY ADDITIONAL INSUREDS, as required by written contract or agreement, or specifically endorsed as applicable.

4.11. It is the express duty of CONTRACTOR that it verifies that its subcontractors, at every tier, have met the requirements stated in 4.9. through 4.11.

4.12. Failure of CONTRACTOR to obtain additional insured status, primary and non-contributory language, and waivers of subrogation for COUNTY ADDITIONAL INSUREDS, by CONTRACTOR and its subcontractors or subconsultants, at every tier, shall be considered a material breach of the Agreement.

5.0. Specific Insurance Requirements Related to Commercial Automobile Liability Policies

5.1. CONTRACTOR's Commercial Automobile Liability policy shall include COUNTY ADDITIONAL INSUREDS as indemnitees and additional (designated) insureds as required by written contract or agreement, or specifically endorsed as applicable.

5.2. CONTRACTOR's Commercial Automobile policy shall include a waiver of subrogation in favor of the COUNTY ADDITIONAL INSUREDS, as required by written contract or agreement, or specifically endorsed as applicable.

6.0. Deductibles and Self-Insured Retention

6.1. Any deductible or self-insured retention that applies to Commercial General Liability, Commercial Automobile Liability or Professional (E&O), must be declared to COUNTY. Any deductibles or self-insured retention in excess of $100,000 must be declared to and accepted by COUNTY in writing. CONTRACTOR has the option to provide by separate letter the amount of its General Liability, Automobile Liability, Professional (E&O) and, if applicable, other coverage deductibles or self-insured retentions to COUNTY's Risk Management Office for a confidential review and acceptance prior to the execution of the Agreement. COUNTY reserves the right to require CONTRACTOR to substantiate its ability to maintain a deductible or self-insured retention in excess of $100,000 through furnishing appropriate financial reports. All deductibles or self-insured retentions shall be borne solely by CONTRACTOR, and COUNTY shall not be responsible to pay any deductible or self-insured retention, in whole or in part.

7.0. (Reserved for future use.)

8.0. (Reserved for future use.)

9.0. (Reserved for future use.)

10.0. Other Insurance Provisions – All Policies

The insurance policies required in this Exhibit are to meet the following provisions:

10.1. ACCEPTABILITY OF INSURERS**:** All of CONTRACTOR's insurance coverage, except as noted below, shall be placed with insurance companies with a current A.M. Best rating of at least A-:VII and admitted to write insurance in California. Any use of a non-admitted insurer shall be disclosed and shall require COUNTY approval in writing, which approval shall not be unreasonably withheld.

10.1.1. Exceptions:

10.1.1.1. Underwriters at Lloyd's of London, which are not rated by A.M. Best.

10.1.1.2. Workers' Compensation which is provided through a State Compensation Insurance Fund or a qualified self-insurer for Workers' Compensation under California law.

10.2. MAINTENANCE OF INSURANCE COVERAGE**:** CONTRACTOR shall maintain all insurance coverages in place at all times and provide COUNTY with evidence of each policy's renewal within ten (10) days after its anniversary date. CONTRACTOR is expressly required by this Exhibit to immediately notify COUNTY if it receives a communication from its insurance carrier(s) or agent that any required insurance is to be canceled, non-renewed, reduced in scope or limits (excepting reduction of limits due to claims) or otherwise materially changed that would reasonably adversely impact the required insurance coverages, limits or related requirements as required herein. CONTRACTOR shall provide evidence that such cancelled or non-renewed or otherwise materially changed insurance has been replaced or its cancellation notice withdrawn without any interruption in coverage, scope or limits. If commercially available, each insurance policy required herein shall state that coverage shall not be cancelled by CONTRACTOR or its insurer(s), reduced in scope of coverage or limits (excepting reduction by claims), non-renewed, or otherwise materially changed unless the insurer(s) provide thirty (30) days written notice to COUNTY prior to such change. Ten (10) days prior written notice shall be given to COUNTY in the event of cancellation due to nonpayment of premium. Failure to maintain required insurance in force shall be considered a material breach of the Agreement.

10.2.1. If CONTRACTOR fails to procure or maintain insurance as required herein, or fails to furnish COUNTY with proof of such insurance, COUNTY, at its discretion, may consider such failure to be a material breach of the Agreement.

10.2.2. It is understood and agreed that COUNTY shall not pay any sum to CONTRACTOR under this Agreement unless and until COUNTY is satisfied that all insurance required by this Agreement is in force at the time services hereunder are rendered. Failure to maintain insurance as required in this Agreement may be grounds for material breach of contract.

10.2.3. The failure of COUNTY to enforce in a timely manner any of the provisions of this Exhibit shall not act as a waiver to enforcement of any of these provisions at any time during the term of the Agreement.

11.0. Notification of Claim

11.1. If any claim for damages or injury is filed with CONTRACTOR or if any lawsuit is instituted against CONTRACTOR, that arise out of or are in any way connected with CONTRACTOR's performance under this Agreement and that in any way, directly or indirectly, contingently or otherwise, affect or might reasonably affect COUNTY, CONTRACTOR shall give prompt and timely notice thereof to COUNTY. Notice shall not be considered prompt and timely if not given within thirty (30) days following the date of receipt of a claim or ten (10) days following the date of service of process of a lawsuit.

EXHIBIT D: RESOLUTION NO. _____
BY THE BOARD OF DIRECTORS
SAMPLE

WHEREAS, an application to request funding for a program of services to be submitted to Sacramento County has been determined to be in the best interest of (NAME OF ORGANIZATION) by its duly constituted Board of Directors.

NOW, THEREFORE, BE IT RESOLVED that the persons named below are authorized to submit such an application and to negotiate and execute, on behalf of this corporation, any resulting Agreement and any and all documents pertaining to such Agreement, and to submit claims for reimbursement of other financial reports required by said Agreement.

AND FURTHERMORE, that the signatures recorded below are the true and correct signatures of the designated individuals.

AUTHORIZED TO EXECUTE AGREEMENT	**AUTHORIZED TO SUBMIT CLAIMS**
_____	_____
TITLE	TITLE
_____	_____
PRINT NAME	PRINT NAME
_____	_____
ELECTRONIC or SCANNED SIGNATURE	ELECTRONIC or SCANNED SIGNATURE

CERTIFICATION

I certify that I am the duly qualified and acting Secretary of (NAME OF ORGANIZATION), a duly organized and existing (NATURE OF BUSINESS). The foregoing is a true copy of a resolution adopted by the Board of Directors of said corporation, at a meeting legally held on (DATE) and entered into the minutes of such meeting, and is now in full force and effect.

_____	_____
DATE	PRINT NAME
	_____
	ELECTRONIC or SCANNED SIGNATURE

EXHIBIT E: COUNTY OF SACRAMENTO CONTRACTOR CERTIFICATION OF COMPLIANCE WITH CHILD, FAMILY AND SPOUSAL SUPPORT

WHEREAS it is in the best interest of Sacramento County that those entities with whom the County does business demonstrate financial responsibility, integrity and lawfulness, it is inequitable for those entities with whom the County does business to receive County funds while failing to pay court-ordered child, family and spousal support which shifts the support of their dependents onto the public treasury.

Therefore, in order to assist the Sacramento County Department of Child Support Services in its efforts to collect unpaid court-ordered child, family and spousal support orders, the following certification must be provided by all entities with which the County does business:

CONTRACTOR hereby certifies that either:

☐ (a) the CONTRACTOR is a government or non-profit entity (exempt), or
☐ (b) the CONTRACTOR has no Principal Owners (25% or more) (exempt), or
☐ (c) each Principal Owner (25% or more), does not have any existing child support orders, or
☐ (d) CONTRACTOR'S Principal Owners are currently in substantial compliance with any court-ordered child, family and spousal support order, including orders to provide current residence address, employment information, and whether dependent health insurance coverage is available. If not in compliance, Principal Owner has become current or has arranged a payment schedule with the Department of Child Support Services or the court.

New CONTRACTOR shall certify that each of the following statements is true:

a. CONTRACTOR has fully complied with all applicable state and federal reporting requirements relating to employment reporting for its employees; and
b. CONTRACTOR has fully complied with all lawfully served wage and earnings assignment orders and notices of assignment and will continue to maintain compliance.

Note: Failure to comply with state and federal reporting requirements regarding a contractor's employees or failure to implement lawfully served wage and earnings assignment orders or notices of assignment constitutes a default under the contract; and failures to cure the default within 90 days of notice by the County shall be grounds for termination of the contract. Principal Owners can contact the Sacramento Department of Child Support Services at (916) 875-7400 or (866) 901-3212, by writing to P.O. Box 269112, Sacramento, 95826-9112, or by E-mailing DCSS-BidderCompliance@SacCounty.net.

_____
ORGANIZATION'S NAME

_____ _____ _____
Printed Name of person authorized to sign **Electronic or Scanned Signature** **Date**

EXHIBIT F: CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

CONTRACTOR agrees to comply with 45 CFR Part 76.100 (Code of Federal Regulations), which provides that federal funds may not be used for any contracted services, if CONTRACTOR is debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.

I (We) certify to the best of my (our) knowledge and belief, that CONTRACTOR named below and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;

2. Have not within a three (3)-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

3. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and

4. Have not within a three (3)-year period preceding this Application/agreement had one or more public transactions (Federal, State, or local) terminated for cause or default.

5. Shall notify COUNTY within ten (10) days of receipt of notification that CONTRACTOR is subject to any proposed or pending debarment, suspension, indictments or termination of a public transaction.

6. Shall obtain a certification regarding debarment and suspension from all its subcontractors that will be funded through this Agreement.

7. Hereby agree to terminate immediately, any subcontractor's services that will be/are funded through this Agreement, upon discovery that the subcontractor is ineligible or voluntarily excluded from covered transactions by any federal department or agency.

_____

ORGANIZATION'S NAME

Printed Name of person authorized to sign	**Electronic or Scanned Signature**	**Date**

EXHIBIT G: STATEMENT OF COMPLIANCE WITH SACRAMENTO COUNTY GOOD NEIGHBOR POLICY

A. CONTRACTOR shall comply with COUNTY's Good Neighbor Policy. CONTRACTOR shall establish good neighbor practices for its facilities that include, but are not limited to, the following:

1. Provision of parking adequate for the needs of its employees and service population;
2. Provision of adequate waiting and visiting areas;
3. Provision of adequate restroom facilities located inside the facility;
4. Implementation of litter control services;
5. Removal of graffiti within seventy-two (72) hours;
6. Provision for control of loitering and management of crowds;
7. Maintenance of facility grounds, including landscaping, in a manner that is consistent with the neighborhood in which the facility is located;
8. Participation in area crime prevention and nuisance abatement efforts; and
9. Undertake such other good neighbor practices as determined appropriate by COUNTY, based on COUNTY's individualized assessment of CONTRACTOR's facility, services, and actual impacts on the neighborhood in which such facility is located.

B. CONTRACTOR shall identify, either by sign or other method as approved by DIRECTOR, a named representative who shall be responsible for responding to any complaints relating to CONTRACTOR's compliance with the required good neighbor practices specified in this Section. CONTRACTOR shall post the name and telephone number of such contact person on the outside of the facility, unless otherwise advised by DIRECTOR.

C. CONTRACTOR shall comply with all applicable public nuisance ordinances.

D. CONTRACTOR shall establish an ongoing relationship with the surrounding businesses, law enforcement, and neighborhood groups and shall be an active member of the neighborhood in which CONTRACTOR's site is located.

E. If COUNTY finds that CONTRACTOR has failed to comply with the Good Neighbor Policy, COUNTY shall notify CONTRACTOR in writing that corrective action must be taken by CONTRACTOR within a specified time frame. If CONTRACTOR fails to take such corrective action, COUNTY shall take such actions as are necessary to implement the necessary corrective action. COUNTY shall deduct any actual costs incurred by COUNTY when implementing such corrective action from any amounts payable to CONTRACTOR under this Agreement.

Contractor's continued non-compliance with the Good Neighbor Policy shall be grounds for termination of this Agreement and may also result in ineligibility for additional or future contracts with COUNTY.

ORGANIZATION'S NAME

Printed Name of the person authorized to sign	**ELECTRONIC OR SCANNED SIGNATURE**	**DATE**

EXHIBIT H: ASSURANCE OF CULTURAL COMPETENCE COMPLIANCE

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)
_____ Electronic or Scanned Signature of Authorized Representative	_____ Name of Authorized Representative (Printed)
_____ Date	_____ Title of Authorized Representative

EXHIBIT I: STATEMENT OF COMPLIANCE WITH QUALITY MANAGEMENT AND COMPLIANCE

IF AWARDED THE CONTRACT, the applicant will be required to comply with all applicable items below in conformity with the program being implemented:

Quality Management and Compliance policies and procedures and internal administrative controls are critical to prevent fraud, abuse and ensure appropriate quality of care, billing accuracy and fiscal integrity.

QUALITY MANAGEMENT:

Demonstrate ability to:

1. Meet site certification standards for State/County and funding sources for delivering services.
2. Analyze, resolve and respond to consumer grievances and complaints and County time sensitive requests for corrective actions.
3. Establish and track selected benchmarks and work plans meaningful to County Quality Management, agency and program quality improvement goals.
4. Conduct internal utilization review and participate in County utilization review/peer review processes.
5. Participate in system wide or community Quality Improvement Committees and other quality improvement studies and system-wide activities.
6. Monitor quality or client care in all elements of program design.
7. Establish internal protocols for reporting and responding to critical incidents, conducting appropriate follow-up investigations and plans of correction.
8. Designate qualified individuals to manage and prepare internal and external clinical reviews, audits and follow-up actions.

COMPLIANCE:

1. Demonstrate evidence of a Compliance Program to meet federal, state or regulatory requirements depending on the funding source.
2. Designate qualified individuals to manage key elements of agency Compliance Program and interface with County Compliance Program and complete follow-up actions.
3. Initiate and conduct agency level reporting, training, and education plan to meet federal, State and County Compliance Program requirements.
4. Develop and oversight procedures to monitor clinical documentation and billing accuracy.
5. Delineate designated internal controls to validate, crosscheck and correct staff billing and clinical privileges and service authorization accuracy.
6. Develop administrative systems and controls to monitor staff qualifications, enroll and disenroll staff in accordance with privileges and professional regulatory bodies (Office of the Inspector General (OIG), National Practitioners Database (NPDB).
7. Ensure site certification standards are continuously maintained in accordance with State / County and funding source requirements.

By my signature I certify that my agency is able to comply with Quality Management and Compliance reference listed above.

_____	_____
ORGANIZATION'S NAME	**DATE**
_____	_____
Printed Name of the person authorized to sign	**ELECTRONIC OR SCANNED SIGNATURE**

EXHIBIT J: INDEPENDENT AUDITED FINANCIAL STATEMENT

1. Independent Audited Financial Statement Instructions: Applicants must submit their latest complete audited financial statement with accompanying notes, completed by an independent Certified Public Accountant (CPA), for a fiscal period not more than 24 months old at the time of submission. Use of generally accepted accounting principles (GAAP) is required. The demonstration of the organization's financial stability will be screened then evaluated. If the audit is of a parent firm, the parent firm shall be party to the contract.

   If the total budget amount of the application, plus the total of all the organization's existing contracts with DHS is less than $150,000, a reviewed financial statement may be provided in place of the audited financial statement. The reviewed financial statement shall be prepared by an independent Certified Public Accountant in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants (AICPA), and must be for a fiscal period of not more than 24 months old at the time of submission.

2. Independent Audited Financial Statement (Exhibit J) that is not more than 24 months old at time of submission will be screened by the Department's Accounting Manager for:

   a. No adverse auditor opinion

   b. No disclaimer of auditor opinion

   c. No going concerns/issues

   The RFA allows for communication between the applicant, the CPA who prepared the financial statement, and the Department's Accounting Manager. This communication includes additional documentation and reports to be provided to the Department's Accounting Manager and for those documents and explanations to be considered as part of the demonstration of financial stability.

3. Once screened, the Independent Audited Financial Statement will be rated on:

   a. Liquidity ratios

      i. Current (current assets divided by current liability)

      ii. Quick (equal to cash plus government securities plus accounts receivable divided by total current liabilities)

   b. Leverage ratio: Debt ratio (total liability divided total assets)

   c. Working capital: Total current assets minus total current liabilities

4. **Maximum possible points: 15 points**

EXHIBIT K: BUDGET

Exhibit K, Excel spreadsheet, will be included in an email sent to the Mandatory Applicants' Conference attendees.

1. Instructions for completing Staffing Detail, Budget Template and Budget Narrative**:**
    a. Applicants are required to complete a 12 month budget (Exhibit K) that includes the Staffing Detail, Budget Template, and Budget Narrative. Exhibit K must be completed and submitted in your organization's application package. The budget is an Excel spreadsheet; the spreadsheet will include tabs for the Staffing Detail, Budget Template, and Budget Narrative.
    b. The amounts identified in the Staffing Detail sheet automatically calculate and carry over to the Budget Template.
    c. Round all expenditures to the nearest whole dollar.
    d. Provide detailed information for each line item in the budget and justification of expenses listed in each major category in the Budget Narrative. Identify one-time expenditures.
2. Budget Screening: Budget will be screened to verify that:
    a. Instructions listed above have been followed.
    b. Total proposed budget for services does not exceed total available funds.
    c. Proposed indirect/allocated costs for services do not exceed 15% of proposed salary/benefits, and operating costs.

EXHIBIT K STAFFING DETAIL

Organization Name:

Fiscal Year: 2021-22

Agency Position Classifications	QM Classification	No. of FTEs	Budgeted Compensation per FTE	Budgeted Compensation - County Funding
PROGRAM SERVICE STAFF -- EMPLOYEES				
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
Total Program Service Staff - Employees		**0.00**		**$ -**
PROGRAM SERVICE STAFF -- CONTRACTORS				
		0.00	$ -	$ -
		0.00	$ -	$ -
		0.00	$ -	$ -
Total Program Service Staff - Contractors		**0.00**	$ -	**$ -**
TOTAL PROGRAM SERVICE STAFF COMPENSATION		**0.00**		**$ -**

ADMINISTRATIVE PERSONNEL COSTS			
Administrative Personnel Support Positions: **(Non-Allocated Positions)** Example: Clerical, Data Entry exclusive to this program.	No. of FTEs	Budgeted Compensation per FTE	Budgeted Compensation - County Funding
	0.00	$ -	$ -
	0.00	$ -	$ -
	0.00	$ -	$ -
	0.00	$ -	$ -
	0.00	$ -	$ -
	0.00	$ -	$ -
	0.00	$ -	$ -
	0.00	$ -	$ -
	0.00	$ -	$ -
	0.00	$ -	$ -
Total Administrative Personnel Support	0.00		$ -
Allocated Positions: **Those Shared With Other Programs.** Examples include CEO, Fiscal, Legal, IT and HR staff. INCLUDE benefits and payroll taxes for these positons in the budgeted compensation.	No. of FTEs	Budgeted Compensation per FTE	Budgeted Compensation - County Funding
	0.00	$ -	$ -
	0.00	$ -	$ -
	0.00	$ -	$ -
	0.00	$ -	$ -
	0.00	$ -	$ -
	0.00	$ -	$ -
	0.00	$ -	$ -
	0.00	$ -	$ -
	0.00	$ -	$ -
	0.00	$ -	$ -
Total Allocated Positions	0.00		$ -
TOTAL ADMINISTRATIVE PERSONNEL COSTS			$ -

EXHIBIT K BUDGET TEMPLATE			
Organization Name:			**Fiscal Year:** 2021-22
	SECTION 1		County Funding
1.SALARIES AND EMPLOYEE BENEFITS			
a.	Program Staff - Employees (**FORMULA** from Staffing Detail)		$ -
b.	Admin Support - Employees (**FORMULA** from Staffing Detail)		$ -
c.	Payroll Taxes		$ -
d.	Employee Benefits		$ -
e.	Program Contracted Staff (**FORMULA** from Staffing Detail)		$ -
	TOTAL PROGRAM SERVICES PERSONNEL EXPENSES (FORMULA)		**$** -
	SECTION 2		
2. OPERATING EXPENSES			
	Use your General Ledger if available. The following key categories should be included:		$ -
a.	Occupancy expenses		$ -
b.	Office expenses		$ -
c.	Equipment Leases		$ -
d.	Computer Lab and IT support		$ -
e.	Phone and Internet Service		$ -
f.	Travel, transportation and mileage for staff members and volunteers.		$ -
g.	Professional services		$ -
h.	Other Operating Expenses		$ -
i.	Insurance		$ -
j.	Training and conferences. The training budget should match your training plan.		$ -
	TOTAL PROGRAM SERVICES OPERATING EXPENSES (FORMULA)		**$** -
	SECTION 3		
3. TOTAL PROGRAM SERVICES EXPENSES (FORMULA)			**$** -
	SECTION 4		
4. OVERHEAD AND ALLOCATED COSTS			
a.	Allocated Positions (**FORMULA** from Staffing Detail)		$ -
b.	Other allocated expenses. Provide explanation of allocation methodology in budget narrative		$ -
c.	Other INDIRECT expenses. Itemize and provide explanation in budget narrative.		$ -
	TOTAL ALLOCATED COSTS (NOT TO EXCEED 15% OF SECTION 3) (FORMULA)		**$** -
	SECTION 5		
5. HOUSING AND OTHER FLEXIBLE SUPPORTS - If Applicable			
a.			$ -
b.			$ -
c.			$ -
d.			$ -
e.			$ -
f.			$ -
g.			$ -
h.			$ -
i.			$ -
			$ -
			$ -
			$ -
			$ -
	TOTAL HOUSING AND OTHER SUPPORTS EXPENSES		$ -
6. TOTAL PROPOSED BUDGET			**$** -

Exhibit K Budget Narrative

Organization Name:	**Fiscal Year: 2021-22**
PROGRAM SERVICE PERSONNEL EXPENSES	
a. Personnel Expenses	
b. Payroll Taxes	
c. Employee Benefits	
d. Program Services Contracted Staff	
PROGRAM SERVICE OPERATING EXPENSES	
Use your General Ledger if available. List major categories and include brief explanations of expenses listed in each major category.	
a. Rent and security for program site	
b. Office expenses including supplies needed for program operation, paper, pens, ink cartridges, medical file folders, file storage and maintenance, office equipment, paper shredding, etc.	
c. Equipment leases for copier and scanner	
d. IT support and maintenance including repair and replacement of servers, computers and laptops, costs for offsite storage of servers in a secure location	
e. Phone and internet services for landlines, cellphones and WiFi	
f. Travel, Transportation, and Mileage; All clinical program staff are reimbursed for mileage to provide community-based services.	
g. Professional services for annual independent audit required for contract compliance.	
h. Medical waste disposal, injection supplies and related medical supplies.	
i. Insurance coverage for general liability, auto, professional liability, worker's compensation, sexual misconduct, cyber security	
j. Training plan includes costs for training programs, workshops, partial funding for licensure exams and resources.	
k. Utilities include electricity and gas.	

ALLOCATED COSTS
a. Allocated Administrative Salaries
b. Payroll Taxes and Benefits - Allocated Administrative Salaries
c. Other allocated expenses - Provide explanation of allocation methodology.
d. Other indirect expenses. Provide explanation.
HOUSING AND OTHER FLEXIBLE SUPPORTS
a.
b.
c.
d.
e.
f.
g.
h.
i.

EXHIBIT L: APPLICATION NARRATIVE AND PRESENTATION

A. Narrative formatting instructions may be found in Section III. B. of this RFA.

MHSA General Standards should be incorporated in all aspects of the narrative			
Areas to be addressed:	**Applicants will be rated on:**	**Maximum Pages**	**Maximum Points**
I. Experience A. Describe your organization's experience and knowledge as it relates to delivering services to the population defined in this RFA's scope of work. B. Describe three (3) of your organization's most important successes and demonstrate how they relate to the scope of work as defined in this RFA. Describe framework for quality measures and their impact on desired client outcomes and effective quality of care. Include client level outcomes and program outcomes that support program successes relevant to the scope of work defined in this RFA. C. Describe how your organization has implemented new program model(s). Include your organization's experience in shifting organizational culture and structure and implementing new practices and program models, from executive management to direct staff to support staff.	Clarity and completeness of response; and: A. Quality and relevance of experience that demonstrates the organization's understanding, ability and capacity to provide services to the population defined in this RFA's scope of work. B. Program successes are relevant to the RFA's scope of work; quality and relevance of framework for quality measures and demonstrated understanding of their impact on desired client outcomes and effective quality of care; client level and program outcomes that support program successes relevant to the scope of work defined in this RFA. C. Quality and relevance of experience that demonstrates the organization's understanding and experience in program-wide shifts in program models and culture, from executive management to direct staff to support staff.	3	10
II. Crisis Response Protocols Describe your organization's crisis response protocols to resolve a crisis for the following: A. Triaging client needs and providing face-to-face crisis intervention services 24 hours/7 days per week/365 days a year for the purpose of avoiding unnecessary hospitalization or incarceration. B. Care coordination when system partners, such as jail, law enforcement, local emergency rooms, mobile crisis/system navigator programs, psychiatric hospitals or urgent care service providers inform	Clarity and completeness of response, and; A. Identification of protocols that demonstrates the organization's ability and capacity to triage and provide immediate face-to-face crisis intervention services to avoid unnecessary hospitalization or incarceration as it relates to this RFA's scope of work. B. Identification of effective care coordination and crisis response protocols that demonstrates	3	10

MHSA General Standards should be incorporated in all aspects of the narrative			
Areas to be addressed:	**Applicants will be rated on:**	**Maximum Pages**	**Maximum Points**
your organization they are delivering services to your client. C. Identifying, assessing, managing and supporting clients who need urgent medication services and supports. D. Identifying, assessing, managing and supporting Community Wellness Center participants who need crisis support. E. Client follow-up after-care services to prevent a relapse into crisis.	understanding of the need to respond to, and coordinate with system partners coming into contact with clients. C. Identification of protocols that demonstrates the importance of, and ability to, assess the level of need for medication services as well as provide urgent medication services and supports. D. Identification of protocols that demonstrates the organization's ability to, assess, manage and support Community Wellness Center participants who need crisis support. E. Identification of protocols that demonstrates the organization's ability to effectively provide follow-up, after-care services to clients to prevent relapse.		
III. CORE Community Wellness Center A. Describe how your organization will solicit input and participation from the community where your centers will be sited as you develop the CORE Community Wellness Center defined in the RFA. B. Describe how your organization will incorporate community members input into the design and services of the CORE Community Wellness Centers. C. Explain how your organization will measure the effectiveness of the CORE Community Wellness Center design and services that are peer, family member, and community driven and that respond to the gender affirming, cultural, and linguistic needs of the community/neighborhood.	Clarity and completeness of response, and: A. Understanding, ability, and capacity to elicit quality feedback from their community as it relates to the CORE Community Wellness Center as defined in the RFA. B. Understanding and ability to effectively incorporate community member input into program design and services for the CORE Community Wellness Center as defined in the RFA. C. Understanding and ability to measure effectiveness of CORE Community Wellness Center design and services that are peer, family member and community driven and that respond to the gender affirming, cultural, and linguistic needs of the community/neighborhood.	3	15

MHSA General Standards should be incorporated in all aspects of the narrative			
Areas to be addressed:	**Applicants will be rated on:**	**Maximum Pages**	**Maximum Points**
IV. CORE Service Delivery Approaches A. Describe your organization's plan for operationalizing the CORE Program Service Delivery Approaches defined in this RFA's scope of work into your organization's culture and structure. Describe how your organization will implement and incorporate these service delivery approaches in all aspects of service delivery. B. Describe how your organization will measure the effectiveness of the Service Delivery Approaches. C. Describe relevant, evidence based practice(s), community defined practice(s) and/or promising practice(s) your organization will use for adults with a serious mental illness and the rationale for using the practice(s) in conjunction with the Service Delivery Approaches defined in this RFA's scope of work to support clients' movement through treatment.	Clarity and completeness of response, and: A. Demonstrated comprehensive understanding of all Service Delivery Approaches defined in this RFA's scope of work; demonstrated incorporation of the approaches throughout the organization's culture and structure and in all aspects of service delivery. B. Demonstrated understanding of methods that measure the effectiveness of the Service Delivery Approaches and in achieving recovery outcomes. C. Demonstrated understanding of relevant evidence based practice(s), community defined practice(s) and/or promising practice(s) to serve adults with serious mental illness and rationale for using them in conjunction with service delivery approaches defined in the RFA to effectively support clients' movement through treatment.	4	15

MHSA General Standards should be incorporated in all aspects of the narrative			
Areas to be addressed:	**Applicants will be rated on:**	**Maximum Pages**	**Maximum Points**
V. CORE Outpatient Program Treatment Effectiveness, Outcomes and Recovery Advancement A. Describe effective interventions and strategies for adults living with a serious mental illness for engaging them into services and supporting ongoing program participation that lead to effective outcomes defined in this RFA's scope of work. B. Describe the strategies your organization will use to promote recovery that lead individuals to optimum health and timely progression through services. Include how your organization will identify and measure the client's recovery progress through treatment, readiness for step-down to a lower level of care, and community integration. C. Describe how your organization will measure effective utilization of interventions and strategies. Include how your organization will use information gathered from these measures to ensure treatment effectiveness. D. Describe how your organization will obtain client and family feedback to improve services, outcomes, and define client-driven recovery goals.	Clarity and completeness of response, and: A. Demonstrated knowledge and understanding of effective interventions and strategies for Sacramento County adults with a serious mental illness that engage them into services and support ongoing program participation that lead to effective outcomes defined in this RFA's scope of work. B. Demonstrated knowledge of effective strategies that support and promote recovery that lead individuals to optimum health and progression through treatment, including demonstrated knowledge of measuring progression and readiness for step-down to a lower level of care and community integration. C. Demonstrated comprehensive plan to measure qualitative/effective utilization of interventions and strategies and how your organization will use the information gathered from these measures. D. Demonstrated knowledge of effective strategies for soliciting meaningful feedback from clients and their families for improvement of services, outcomes, and development of client-driven recovery goals.	4	15
VI. CORE Program Collaboration A. Identify the relevant Sacramento County system and community partners with whom your organization will collaborate to support clients and participants served through both components of the CORE Program. Include rationale for how these collaborations will enhance service delivery.	Clarity and completeness of response, and: A. Demonstrated knowledge and understanding of relevant and important Sacramento County system and community partners to collaborate with to support clients and participants served though both components of the CORE Program. B. Demonstrated knowledge of strategies for establishing and maintaining	2	10

MHSA General Standards should be incorporated in all aspects of the narrative			
Areas to be addressed:	**Applicants will be rated on:**	**Maximum Pages**	**Maximum Points**
B. Describe your organization's strategies for establishing and maintaining effective collaborations with relevant system and community partners, providers, organizations, and other local resources.	effective collaborations with relevant system and community partners, providers, organizations, and other local resources.		
VII. CORE Program Housing Services and Supports A. Describe the steps your organization will take to meet the housing needs of clients at risk of or experiencing homelessness. B. Describe how your organization will create an array of housing resources and provide assistance with benefit acquisition options for clients.	Clarity and completeness of response, and: A. Demonstrated knowledge and understanding of steps required to support the housing needs of clients at risk of or experiencing homelessness. B. Quality of plan to build housing resources and assistance with benefit acquisition options for clients.	2	10
VIII. CORE Program Staffing & Training A. Describe your organization's plan for recruiting and hiring or subcontracting quality staff for this program. Include effective recruitment and hiring strategies for selecting staff experienced in providing behavioral health services that support clients and community members served through both components of the CORE Program, and who reflect the cultural, linguistic, ethnic, sexual, and gender diversity of Sacramento County including those with lived mental health experience. B. Describe a staffing composition essential to the scope of work defined in the RFA. Include description of Full Time Equivalent (FTE), summary of job descriptions, necessary skill set, qualifications, and desired characteristics of each staff position. Describe how your organization arrived at the proposed staffing structure. Identify how your organization will provide staffing coverage for hours of operation as defined in the scope of work.	Clarity and completeness of response, and: A. Demonstrated understanding of an effective and successful hiring and recruiting plan for selecting staff experienced in providing behavioral health services that support clients and community members served through both components of the CORE Program, and who reflect the cultural, linguistic, ethnic, sexual, and gender diversity of Sacramento County including those with lived mental health experience. B. Demonstrated comprehensive understanding of staff positions, composition, structure and coverage essential to delivering services defined in this RFA's scope of work. C. Description of a comprehensive training plan for leadership and program staff, including subcontracted staff, that includes the necessary training to ensure the delivery of quality services defined in this RFA's scope of work. The plan includes effective supervisory	4	10

MHSA General Standards should be incorporated in all aspects of the narrative			
Areas to be addressed:	**Applicants will be rated on:**	**Maximum Pages**	**Maximum Points**
C. Describe your organization's training plan for leadership and program staff, including subcontracted staff utilized for the purposes described in the RFA. Include necessary training to ensure the delivery of quality services defined in this RFA's scope of work, effective supervisory methods, training methods, and tools that support staff morale and retention, provides guidance clinical and peer staff who deliver services defined in this RFA, and measures their ability to perform job duties related to delivering quality services.	methods, oversight and monitoring strategies, training methods, and tools that support staff morale and retention, and guidance to clinical and peer staff who deliver services defined in this RFA and measures their ability to perform job duties related to delivering quality services.		
IX. Program Siting and Compliance with Sacramento County's Good Neighbor Policy A. Describe how the principles of wellness and recovery, trauma-informed care, and culturally responsive care inform how your organization sites a behavioral health/mental health program that serves adults with a serious mental illness. B. Describe common issues and neighborhood concerns regarding clients accessing on-site services and how your organization will address common issues and concerns that ensure good neighbor practices and compliance with Sacramento County's Good Neighbor Policy (see Exhibit G and Attachment 7).	Clarity and completeness of response, and: A. Demonstrated understanding of how the principles of wellness and recovery, trauma-informed care, and culturally responsive care informs siting a behavioral health/mental health program. B. Demonstrated knowledge of common issues and concerns regarding clients accessing on-site services, and knowledge of effective protocols and practices that address common issues and concerns and that ensure good neighbor practices and compliance with Sacramento County's Good Neighbor Policy.	2	10
TOTAL PAGES MAXIMUM FOR NARRATIVE/ MAXIMUM POSSIBLE POINTS FOR NARRATIVE		**27**	**105**

B. PRESENTATION INSTRUCTIONS:

1. Organizations that submit applications meeting eligibility and screening criteria as specified in this RFA will be contacted by Sacramento County BHS and assigned a specific date and time for a virtual briefing session and their virtual presentation.
2. The pre-scheduled 30-minute virtual briefing session will provide applicants an opportunity to test their operating system, browser, microphone and camera and to familiarize themselves with the platform prior to their virtual presentation.
3. Each organization may have no more than five (5) representatives presenting.
4. BHS will audio-visual record all organizations' presentations to be used by the County for RFA process and evaluation purposes only. All recordings become property of the County and are not subject to the California Public Records Act until contract execution.
5. All organization presenters will be required to sign a Consent Form for Video/Audio Recording before presentations commence.
6. Organizations may **not** use any handouts, visual presentations, audio equipment or software programs during the presentation.
7. At the scheduled virtual presentation date and time, the organization will be provided:
    a. One (1) question and two (2) vignettes
    b. Thirty (30) minutes to prepare oral responses to the question and vignettes
    c. Thirty (30) minutes to respond to the question and vignettes
8. Applicant (organization) responses will be rated on:
    a. Question: Clarity, quality and completeness of response, and;
        i. Energy and enthusiasm that embodies a comprehensive understanding of services, clients and participants served, and Service Delivery Approaches defined in this RFA's scope of work;
        ii. Understanding of MHSA General Standards defined in this RFA's scope of work;
        iii. Creativity and use of effective approaches in both CORE Program components resulting in positive outcomes for the population served defined in this RFA's scope of work;
    b. Vignettes: Clarity and completeness of response and demonstrated comprehensive understanding of services, clients and participants served, service delivery approaches, and MHSA General Standards defined in this RFA.
9. **Maximum 10 points per question and 10 points per vignette for a total maximum possible points of 30 for the Presentation.**

EXHIBIT M: ORGANIZATIONAL CHART

Applicants are required to submit a current organizational chart that includes the placement of the new program as described in this RFA. Include this Exhibit M in your organization's application packet. The organizational chart will not be scored, but will complement your organization's narrative.

EXHIBIT N: START-UP WORK PLAN

The Exhibit N: Start-Up Work Plan is a formatted Word document and will be included in an email sent to the Mandatory Applicants' Conference attendees. Applicants are required to complete and include the Exhibit N: Start-Up Work Plan in your application packet.

Instructions for completing: **Identify the action steps for the development and implementation of the CORE Program.** Applicants will be rated on clarity, quality, comprehensiveness, organization, completeness and feasibility of the Start-Up Work Plan; demonstrated understanding of principles of wellness and recovery, strength based, trauma-informed and culturally responsive care as it relates to all aspects of organization culture and program siting and implementation; demonstrated understanding of program operations and creative hiring strategies; demonstrated understanding of community/neighbor collaborations as it relates to good neighbor practices and Sacramento County's Good Neighbor Policy; demonstrated ability to deliver services within a six (6) month time frame upon contract execution; demonstrated understanding of potential barriers to all implementation steps, including the potential of being awarded and starting up multiple contracts/programs at one time, and effectiveness of solutions to address barriers. **Maximum possible points for the Start-Up Work Plan: 10 points.**

Start-Up Work Plan						
Step	**Action Steps What will be done to ensure that the organization can deliver services by July 1, 2022**	**Responsibilities Who will complete the action step?**	**Resources A. Resources available B. Resources Needed (financial, human, political & other)**	**Timeline By When? (Day/Month) (for the purpose of this application, use January 1, 2022 start date)**	**Potential Barriers**	**Solution**
1.						
2.						
3.						
4.						
5.						

EXHIBIT O:
REQUEST FOR APPLICATION No. MHSA/071
APPLICANT QUESTIONS FORM

Instructions for completion and submission:

1. Exhibit O: RFA No. MHSA/071 Applicant Questions Form is a Portable Document Format (PDF) document with fillable fields. Organization representatives registered for the Mandatory Applicants' Conference will be emailed the Exhibit O: RFA No. MHSA/071Questions Form.
2. Applicant questions must be submitted on this RFA MHSA/071Questions Form. The completed form must be attached to the sender's email and emailed to QuesMHSA70-71@saccounty.net by the date shown in the RFA timeline. Emails subject line must read, "RFA MHSA/071 Questions Form".
3. Questions in any other form (either written or oral) about the RFA, its scope of work, or related processes will not be accepted.
4. Applicant questions will not be accepted after the Questions Form submission deadline as shown in the RFA timeline.
5. Following the deadline for questions submission, answers to all substantive questions will be provided in the form of a question and answer document that will be emailed to organization representatives who attended the Mandatory Applicants' Conference. At the sole discretion of Sacramento County BHS, questions may be paraphrased for clarity. Questions and answers will be provided without identifying the submitters.

Date	
Organization: (insert name)	
Submitted By: (insert name and title)	
E-Mail Address:	

RFA Section Number	**RFA Page Number**	**Concisely describe your Question. Use a separate row for each question.**

RFA Section Number	RFA Page Number	Concisely describe your Question. Use a separate row for each question.

ATTACHMENT 1: TIMELY ACCESS POLICY

County of Sacramento **Behavioral Health Services**		Policy No.	**QM-20-04**
		Issued Date	**07/01/2019**
		Revision Date	
AREA: **Federal Managed Care Regulations**	TITLE: **Timely Access**		
Approved by: (Signature on File) **Signed version available upon request**	Approved by: (Signature on File) **Signed version available upon request**		
Alexandra Rechs, LMFT Program Manager, Quality Management			

BACKGROUND

It is the policy of the Sacramento County Division of Behavioral Health Services (DBHS) and the Mental Health Plan (MHP) to comply with all state and federal statutory and regulatory requirements for timely access to services established by Title 42, Code of Federal Regulations (CFR), Part 438.68: Network Adequacy Standards, Part 438.206: Availability of Services, and Part 438.207: Assurances of Adequate Capacity and Services; Title 28, California Code of Regulations (CCR) § 1300.67.2.2: Timely Access to Non-Emergency Health Care Services; MHSUDS Information Notice No.: 18-011. Federal Network Adequacy Standards for Mental Health Plans (MHPS) and Drug MediCal Organized Delivery System (DMC-ODS) Pilot Counties; and MHSUDS Information Notice No: 19020. Client Services Information (CSI) Assessment Record.

DEFINITIONS

New Client - Any Medi-Cal beneficiary requesting a Specialty Mental Health Service that was not served within that system in the last 3 years.

Urgent Services - A request for service shall be considered urgent when the enrollee's condition is such that the enrollee faces an imminent and serious threat to his or her health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal timeframe for the decision making process, would be detrimental to the enrollee's life or health or could jeopardize the enrollee's ability to regain maximum function.

PURPOSE

This policy establishes the timely access to service standards and tracking requirements for Sacramento County Mental Health Plan (MHP).

DETAILS

Effective immediately, mental health and substance use disorder treatment providers in the Mental Health Plan (MHP) will comply with the network adequacy standards for timely access to services as specified in the table below. Timely access standards for outpatient services refers to the number of business days or hours in which a MHP provider must make an appointment available to a beneficiary from the date the beneficiary or a provider acting on behalf of the beneficiary, requests a medically necessary service. The initial assessment for outpatient services will begin with the Access Team or another designated entry point (e.g. Guest House, Intensive Placement Team) upon receipt of a service request.

Sacramento County MHP Timely Access Standards		
Type of Service	Non-Urgent	Urgent
Psychiatry	Within 15 business days from request to appointment	Within 48 hours of the request
Outpatient Services with a non-physician mental health providers where prior authorization is not required	Within 10 business days from request to appointment	Within 48 hours of the request
Outpatient Services with a non-physician mental health providers where prior authorization is required	Within 10 business days from request to appointment	Within 96 hours of the request

A. Tracking Requirements

For all new clients, providers who receive direct referrals from the public must track the following data in accordance with MHP procedures:

1. Date & Time of First Contact to Request Services
2. Urgency of the need for service (see definitions section for definition of Urgent Service)
3. Assessment Appointment First Offer Date & Time
4. Assessment Appointment Accepted Date & Time
5. Assessment Start Date
6. Assessment End Date
7. Treatment Appointment First Offer Date & Time

8. Treatment Appointment Accepted Date & Time
9. Treatment Start Date
10. Closed Out Date
11. Closure Reason
12. Referral Source
13. Referred To

B. Monitoring

The MHP will monitor the service delivery system for compliance with the timeliness standards and with this policy. MHP will also monitor each provider for compliance with timeliness standards, data collection and reporting, and issuing appropriate notices of action.

C. Non-Compliance with Timely Access Standards

1. If any timely access to service standard is not met for a beneficiary, the beneficiary will be sent a "Notice of Adverse Benefit Determination
2. NOABD-Timely Access shall be issued as follows:
   a. The beneficiary or the parent or legal guardian will be sent a NOABD-Timely Access by the provider responsible for providing the services.
   b. The issuing provider shall fax or send via US Mail a copy of the NOABD-Timely Access to Sacramento County Member Services immediately upon issuance to the beneficiary:

      Mail: Sacramento County Member Services
      Quality Management
      7001-A East Parkway, Suite 300
      Sacramento, CA 95823

      Fax: (916) 875-0877

D. Non-Compliance with Timely Access Policy

Any failure to comply with this policy will result in a plan of correction

REFERENCES/ATTACHMENTS:

- CMS Medicaid and CHIP Managed Care Final Rule (Final Rule)
- California Health and Safety Code (HSC) §1367.01
- Title 42, Code of Federal Regulation-s (CFR), Part 438.68: Network Adequacy
- Standards, Part 438.206: Availability of Services, and Part 438.207: Assurances of Adequate Capacity and Services.
- Title 28, California Code of Regulations (CCR) §1300.67.2.2: Timely Access to NonEmergency Health Care Services

RELATED POLICIES:

- No. 02-01 Notices of Action

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff	X	Mental Health Treatment Center
X	Adult Contract Providers	X	Children Contract Providers

CONTACT INFORMATION:

- Quality Management Information
  QMInformation@SacCounty.net

ATTACHMENT 2: KEY INGREDIENTS FOR TRAUMA INFORMED CARE

FACT SHEET | AUGUST 2017

Key Ingredients for Trauma-Informed Care

A trauma-informed approach to care acknowledges that in order to provide effective health care services, care teams need to have a complete picture of a patient's life situation — past and present.

Health policymakers and practitioners are increasingly aware of the detrimental effects of trauma on health. The landmark Adverse Childhood Experiences (ACE) study[1] demonstrated that the more an individual is exposed to adverse experiences like physical, emotional or sexual abuse, neglect, discrimination, and violence, the greater the risk for chronic health conditions and health-risk behaviors later in life such as heart disease, depression, liver disease, sexually transmitted diseases, and substance use. By recognizing trauma as an important factor impacting health throughout the lifespan, and by offering trauma-informed approaches and treatments in health care settings, provider organizations can more effectively treat patients, thereby potentially improving health outcomes, reducing avoidable care utilization, and curbing excess costs.

Supporting Key Organizational and Clinical Practices

A comprehensive approach to trauma-informed care must involve both organizational and clinical practices. Health care organizations often train their clinical staff in trauma-specific treatment approaches, but may not implement broad changes across their organizations to address trauma. Widespread changes to organizational policy and culture need to be adopted across a health care setting for it to become truly trauma-informed. Organizational practices that recognize the impact of trauma reorient the culture of a health care setting to address the potential for trauma in patients and staff, while trauma-informed clinical practices address the impact of trauma on individual patients.

Key Ingredients for Trauma-Informed Care

ORGANIZATIONAL

- Lead and communicate about the transformation process
- Engage patients in organizational planning
- Train clinical as well as non-clinical staff members
- Create a safe physical and emotional environment
- Prevent secondary traumatic stress in staff
- Hire a trauma-informed workforce

CLINICAL

- Involve patients in the treatment process
- Screen for trauma
- Train staff in trauma-specific treatment approaches
- Engage referral sources and partner organizations

This fact sheet describes key ingredients necessary for establishing a trauma-informed approach at the organizational and clinical levels. Drawing from the insights of experts across the country, the Center for Health Care Strategies (CHCS) compiled these elements to help guide practitioners interested in making the transformation to providing trauma-informed care. To bring each key ingredient to life, this fact sheet outlines a tangible example from one of the six pilot sites participating in *Advancing Trauma-Informed Care*, a national initiative made possible by the Robert Wood Johnson Foundation. The three-year initiative aims to increase understanding of how trauma-informed approaches can be implemented in the health care sector to improve patient outcomes and increase staff wellness.

CHCS Center for Health Care Strategies, Inc.

Robert Wood Johnson Foundation

Organizational Ingredients in Practice

Ingredient	In Practice
Lead and communicate about the transformation process	To reach its goal of becoming a trauma-informed system, the San Francisco Department of Public Health (SFDPH) is providing its staff of more than 9,000 employees with a foundational trauma training and spreading trauma knowledge throughout the system via staff champions.
Engage patients in organizational planning	The University of California at San Francisco (UCSF) Women's HIV Program hosts monthly stakeholder meetings, including at least four patient representatives at the table. Designed to ensure open channels of communication between patients and staff, these meetings have led to innovations such as new patient education and support groups.
Train clinical as well as non-clinical staff members	Montefiore Medical Group (Montefiore) works to ensure a positive overall experience at each practice by training both clinical and non-clinical staff, including front-desk personnel, to respectfully communicate with patients and understand how trauma influences behavior.
Create a safe physical and emotional environment	The bright atrium of Stephen & Sandra Sheller 11th Street Family Health Services (11th Street) was designed to serve as a calm and welcoming space for visitors. 11th Street is also creating an *emotionally* safe place for clients and staff by committing to open communication and democratic decision-making.
Prevent secondary traumatic stress in staff	Montefiore's clinics are in underserved areas in the Bronx and West Chester County, NY. Violence in these communities can have an emotional toll on staff. Montefiore's *Critical Incident Management Team*, including behavioral health specialists, visit clinics following a violent incident to provide support. These interventions help staff feel cared for, and may help prevent post-traumatic stress disorder.
Hire a trauma-informed workforce	When patients first arrive at the UCSF Women's HIV Program, they are greeted by someone who, like themselves, has been diagnosed with HIV. These peer clinic hosts help make patients feel welcome by reducing the stigma HIV-positive individuals often face in society.

Clinical Ingredients in Practice

Ingredient	In Practice
Involve patients in the treatment process	11th Street Family Services is seeking to address the anxiety that someone with a history of trauma may feel in specific situations—for example, in a "compromised" position in the dental exam chair. Patients develop a treatment plan with the dental staff to identify what they are comfortable with and what they are not, and treatment will not begin until the patient approves the approach.
Screen for trauma	The Center for Youth Wellness (CYW) in San Francisco is connected to the Bayview Child Health Center, located in one of the city's poorest neighborhoods. Staff screen each patient and caregiver using the ACE-Q — a screening tool developed by CYW. After reviewing a patient's score, the physician discusses the effect of toxic stress on health, and if necessary, coordinates referrals to trauma-informed partners.
Train staff in trauma-specific treatment approaches	The Greater Newark Healthcare Coalition (GNHHC) is a nonprofit collaborative of stakeholders committed to improving the quality of, and access to, health services in Newark, New Jersey. GNHHC is partnering with Rutgers University Behavioral Healthcare to provide trauma-informed care training to pediatric residents at Newark Beth Israel Medical Center and the staff of BRICK Academy schools.
Engage referral sources and partner organizations	GNHCC is conducting a citywide environmental scan of health care and social service providers to assess each organization's trauma-informed care knowledge and competency. GNHCC will provide trauma-informed care training to organizations based on the results of the scan, with the goal of all city providers becoming trauma-informed.

[1] V.J. Felitti, R.F. Anda, D. Nordenberg, D.F. Williamson, A.M. Spitz, V. Edwards, et al. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults The Adverse Childhood Experiences (ACE) Study." *American Journal of Preventive Medicine*, 14, no. 4 (1998): 245-258.

10 KEY INGREDIENTS FOR TRAUMA-INFORMED CARE

As health care providers become aware of the harmful effects of trauma on physical and mental health, they are increasingly recognizing the value of **trauma-informed approaches to care.**

WHAT IS TRAUMA?

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes trauma as **events or circumstances** experienced by an individual as **physically or emotionally harmful** or **life-threatening**, which result in adverse effects on the individual's **functioning and well-being**.

WHAT IS THE IMPACT OF TRAUMA ON HEALTH?

The Adverse Childhood Experiences (ACE) Study, conducted by the CDC and Kaiser Permanente, revealed that the more an individual is exposed to a variety of stressful and potentially traumatic experiences, the greater the risk for **chronic health conditions** and **health-risk behaviors** later in life.

HOW CAN PROVIDERS BECOME TRAUMA-INFORMED?

Trauma-informed care acknowledges that understanding a patient's life experiences is key to potentially improving engagement and outcomes while lowering unnecessary utilization.

In order to be successful, trauma-informed care must be adopted at the **organizational *and* clinical levels**.

Organizational practices reorient the culture of a health care setting to address the potential for trauma in patients *and* staff:

1. Lead and communicate about being trauma-informed
2. Engage patients in organizational planning
3. Train both clinical and non-clinical staff
4. Create a safe physical and emotional environment
5. Prevent secondary traumatic stress in staff
6. Build a trauma-informed workforce

Clinical practices address the impact of trauma on individual patients:

7. Involve patients in the treatment process
8. Screen for trauma
9. Train staff in trauma-specific treatments
10. Engage referral sources and partner organizations

For more details, read CHCS' brief, *Key Ingredients for Successful Trauma-Informed Care Implementation.*
Visit **www.chcs.org** for additional resources.

CHCS Center for Health Care Strategies, Inc.

Robert Wood Johnson Foundation

ATTACHMENT 3: STRENGTHS MODEL FIDELITY SCALE

Strengths Model Fidelity Scale

Center for Mental Health Research and Innovation University of Kansas School of Social Welfare

Item 1. ***Caseload Ratios***					
	1	2	3	4	5
1) Average caseload size for the team.	≥ 32	28-31	24-27	20-23	≤ 19

Item 2. ***Community Contact***					
	1	2	3	4	5
2) Percentage of client contact that occurs in the community.	≤ 49% or information cannot be determined	50-64%	65-74%	75-84%	≥ 85%

Item 3. ***Strengths-Based Group Supervision***

	1	2	3	4	5
3a) Group supervision occurs once a week lasting between 90 minutes and 2 hours.	Does not occur	< 1 hour per week, or less than once per week	1 hour, once per week	90 minutes, once per week	≥ 2 hours, once per week
3b) Group supervision focuses primarily on discussion of clients rather than administrative tasks.	≤ 40% client-focused	41-50% client-focused	51-69% client-focused	70-79% client-focused	≥ 80% client-focused
3c) A specific set of clients are presented using the formal group supervision process.	Formal group supervision not used		1 client presented	2 clients presented	≥ 3 clients presented
3d) Strengths Assessments are distributed to each team member for all presentations.	Never		Occasionally		Always
3e) The direct service worker clearly states the client's goal(s) during the presentation.	Never		Occasionally		Always
3f) The direct service worker clearly states what they want help with from the group during the presentation.	Never		Occasionally		Always
3g) The team asks constructive questions based on the client's Strengths Assessment during the presentation.	No questions are based on the client's SA		Minority of questions are based on the client's SA		Majority of questions are based on the client's SA
3h) The team brainstorms constructive suggestions related to the Strengths Assessment to help the client achieve their goal or help the direct service worker engage with the client and/or develop a goal.	0-4 ideas per presentation	5-9 ideas per presentation	10-14 ideas per presentation	15-19 ideas per presentation	≥ 20 ideas per presentation

3i) At the end of each presentation, the presenting staff person will: • State when they will see the person next or their plan to contact the person (and) • State what ideas they will present to the person or what strategy they will use to engage with the person	Does not occur	< 1 hour per week, or less than once per week	65-74%	75-84%	≥ 85%

Item 4. *Supervisor*

	1	2	3	4	5
4a) Supervisor spends at least 2 hours per week providing a quality review of tools related to the Strengths Model (i.e. Strengths Assessments and Personal Recovery Plans) and integration of these tools into actual practice.	≤ 29 minutes	30-59 minutes	60-89 minutes	90-119 minutes	≥ 2 hours
4b) Supervisor spends at least 2 hours per week giving direct service workers specific and structured feedback on skills/tools related to the Strengths Model of case management.	≤ 29 minutes	30-59 minutes	60-89 minutes	90-119 minutes	≥ 2 hours
4c) Supervisor spends at least 2 hours per week providing field mentoring for direct service workers.	≤ 29 minutes	30-59 minutes	60-89 minutes	90-119 minutes	≥ 2 hours
4d) Ratio of direct service workers to supervisor.	≥ 9:1	8:1	7:1	6:1	≤ 5:1

Item 5. ***Strengths Assessment***

	1	2	3	4	5
5a) There is evidence that the Strengths Assessment (SA) is used regularly in practice.	≤ 60% used and updated at least monthly	61-70% used and updated at least monthly	71-80% used and updated at least monthly	81-90% used and updated at least monthly	91-100% used and updated at least monthly
5b) Client interests and/or aspirations are identified with detail and specificity.	≤ 60% identified at least 3	61-70% identified at least 3	71-80% identified at least 3	81-90% identified at least 3	91-100% identified at least 3
5c) Client language is used (e.g. "I want more friends" rather than "increase socialization skills") and it is clear that the client was involved in developing the SA.	≤ 60% demonstrate predominant use of client language	61-70% demonstrate predominant use of client language	71-80% demonstrate predominant use of client language	81-90% demonstrate predominant use of client language	91-100% demonstrate predominant use of client language
5d) Talents and/or skills are listed on the SA in some detail and specificity.	≤ 60% identified at least 6	61-70% identified at least 6	71-80% identified at least 6	81-90% identified at least 6	91-100% identified at least 6
5e) Environmental strengths are listed on the SA in some detail and specificity.	≤ 60% identified at least 6	61-70% identified at least 6	71-80% identified at least 6	81-90% identified at least 6	91-100% identified at least 6
5f) Percent of clients who have a Strengths Assessment.	≤ 60%	61-70%	71-80%	81-90%	91-100%

Item 6. ***Integration of Strengths Assessment with Treatment Plan***					
	1	2	3	4	5
6) Strengths Assessment is used to help clients develop treatment plan goals.	≤ 60% of treatment plan goals link directly to the SA	61-70% of treatment plan goals link directly to the SA	71-80% of treatment plan goals link directly to the SA	81-90% of treatment plan goals link directly to the SA	91-100% of treatment plan goals link directly to the SA

Item 7. ***Personal Recovery Plan***					
	1	2	3	4	5
7a) Agency uses the Personal Recovery Plan (PRP) as a tool for helping clients achieve goals.	Not used	1-25% of clients used a PRP in the last 90 days	26-50% of clients used a PRP in the last 90 days	51-75% of clients used a PRP in the last 90 days	≥ 76% of clients used a PRP in the last 90 days
***Only rate items 7b through 7e if the agency stated they use the Personal Recovery Plan; otherwise, the rating for 7a will serve as the final rating for this item.**					
7b) Goals on the PRP should use the client's own language, the actual passion statement, and state why the goal is important to the person.	≤ 44% of goals use client's language	45-59% of goals use client's language	60-74% of goals use client's language	75-89% of goals use client's language	≥ 90% of goals use client's language

7c) Long-term goal on the PRP is broken down into smaller, measureable steps.	≤ 44% of steps on the PRP are broken down and measurable	45-59% of steps on the PRP are broken down and measurable	60-74% of steps on the PRP are broken down and measurable	75-89% of steps on the PRP are broken down and measurable	≥ 90% of steps on the PRP are broken down and measurable
7d) Specific and varying target dates are set for each step on the PRP.	≤ 44% of dates on the PRP are specific and have variation	45-59% of dates on the PRP are specific and have variation	60-74% of dates on the PRP are specific and have variation	75-89% of dates on the PRP are specific and have variation	≥ 90% of dates on the PRP are specific and have variation
7e) There is evidence that PRPs are used during nearly every contact with the client.	≤ 44% of PRPs are used nearly every contact with the client	45-59% of PRPs are used nearly every contact with the client	60-74% of PRPs are used nearly every contact with the client	75-89% of PRPs are used nearly every contact with the client	≥ 90% of PRPs are used nearly every contact with the client

Item 8. ***Naturally Occurring Resources***

	1	2	3	4	5
8a) Direct service workers help clients access naturally occurring resources to help people achieve goals.	≤ 10% of goals have evidence of the direct service worker helping to access at least one naturally occurring resource	11-25% of goals have evidence of the direct service worker helping to access at least one naturally occurring resource	26-40% of goals have evidence of the direct service worker helping to access at least one naturally occurring resource	41-75% of goals have evidence of the direct service worker helping to access at least one naturally occurring resource	≥ 76% of goals have evidence of the direct service worker helping to access at least one naturally occurring resource

8b) Direct service workers use more naturally occurring resources than formal mental health resources to help people achieve goals.	≤ 10% of goals clearly reflect a trend toward the use of naturally occurring resources	11-25% of goals clearly reflect a trend toward the use of naturally occurring resources	26-40% of goals clearly reflect a trend toward the use of naturally occurring resources	41-75% of goals clearly reflect a trend toward the use of naturally occurring resources	≥ 76% of goals clearly reflect a trend toward the use of naturally occurring resources

Item 9. *Hope Inducing Practice*

	1	2	3	4	5
9a) Direct service workers' interactions with people are directed toward movement on a goal that is meaningful and important to the person.	Direct service worker actively detracts from movement on a goal that is meaningful and important to the person	Direct service worker discourages movement on a goal that is meaningful and important to the person	Direct service worker is neutral relative to movement on a goal that is meaningful and important to the person	Direct service worker is accepting and supportive of movement on a goal that is meaningful and important to the person	Direct service worker actively contributes to movement on a goal that is meaningful and important to the person
9b) Direct service workers' interactions with people are directed toward expanding the person's autonomy and choice.	Direct service worker actively detracts from or denies client's perception of choice or control	Direct service worker discourages client's perception of choice or responds to it superficially	Direct service worker is neutral relative to client autonomy and choice	Direct service worker is accepting and supportive of client autonomy	Direct service worker adds significantly to the feeling and meaning of client's expression of autonomy in such a way as to markedly expand client's experience of own control and choice

ATTACHMENT 4: SSI/SSDI OUTREACH, ACCESS, AND RECOVERY: AN OVERVIEW

SOAR WORKS

SAMHSA
Substance Abuse and Mental Health Services Administration

SSI/SSDI OUTREACH, ACCESS, AND RECOVERY: AN OVERVIEW

THE ISSUE

Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) are disability income benefits administered by the Social Security Administration (SSA) that also provide Medicaid and/or Medicare health insurance to eligible children and adults. The application process for SSI/SSDI is complicated and difficult to navigate. Nationally, about 30 percent of adults who apply for these benefits are approved on initial application and appeals take an average of over 1.5 years to complete.

For people who are experiencing or at-risk of homelessness or who are returning to the community from institutions (jails, prisons, or hospitals), access to these programs can be extremely challenging. Approval on initial application for people who are experiencing or at-risk of homelessness and who have no one to assist them is about **10-15 percent**. For those who have a serious mental illness, substance use issues, or co-occurring disorders that impair cognition, the application process is even more difficult – yet accessing these benefits is often a critical first step in building resiliency and supporting recovery.

A SOLUTION

The Substance Abuse and Mental Health Services Administration (SAMHSA) developed the SSI/SSDI Outreach, Access, and Recovery (SOAR) model to address this critical need. SOAR-trained case managers submit complete and quality applications that are approved quickly. By maximizing income supports through benefits access and employment support, individuals experiencing or at risk of homelessness can achieve housing stability. The SAMHSA SOAR TA Center provides a three-step approach to SOAR implementation:

STRATEGIC PLANNING

Strategic planning meetings bring key state/local stakeholders (e.g., SSA and Disability Determination Services (DDS); State Mental Health Agency and Department of Corrections leadership; and community homeless, health, behavioral health providers, youth, family, and adult peer representatives) together to **collaborate and agree** upon a SOAR process for the submission and processing of adult SSI/SSDI and child SSI applications and **develop** an action plan to implement their SOAR program.

TRAINING LEADERS

Training of case managers using the **SOAR Online Course: Adult and Child Curricula**. These free, web-based courses include the development of a practice case using a fictional applicant. A **Leadership Academy** program creates strong local leaders to support SOAR-trained case managers and coordinate local SOAR programs.

TECHNICAL ASSISTANCE

Individualized technical assistance for supporting **action plan implementation**, identifying funding opportunities for **sustainability**, developing **quality review** procedures, and assisting with **tracking outcomes** to document success and identify areas for improvement and expansion.

OUTCOMES

Since 2006, over **55,210** people are receiving benefits because of SOAR.

The 2020 approval rate on initial SOAR-assisted applications averages **65 percent** in **115 days**.

In 2020 alone, SSI/SSDI brought at least **$518 million** into the economies of the participating localities.

For more information, e-mail us at soar@prainc.com or visit https://soarworks.prainc.com/

Getting Involved with SOAR

You want to be a SOAR provider? That's great! Here's what to expect.

SOAR promotes recovery and wellness through increased access to Social Security disability benefits for eligible individuals who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder. SOAR providers assist individuals with complete and quality applications. This is not an easy task, and we want to be sure that you understand the commitment required – we believe it is well worth the effort!

Training

The SOAR Online Course trains providers to assist individuals with the Social Security disability application process. The course includes an Adult Curriculum for assisting with Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) claims for adults and a Child Curriculum for assisting with SSI claims for children.

- The SOAR Online Course: Adult and Child Curriculums are free and are located on the SOARWorks website (https://soarworks.prainc.com/content/soar-online-course-catalog).
- Each curriculum consists of seven classes, each of which has a series of articles, short quizzes, and a practice case component. The practice case provides an opportunity for trainees to apply what they have learned in the course by completing a sample application packet for a fictitious applicant using SOAR techniques.
- It takes approximately 20 hours to complete each curriculum and participants can work at their own pace, starting and stopping as they wish. However, we encourage students to complete the curriculum within 30 days to retain the information learned.
- Upon successful completion, participants will receive 20 CEUs (continuing education units) from the National Association of Social Workers (NASW).

Many SOAR Local Leads offer one-day SOAR Online Course Review Sessions to review key components of the curriculum, discuss local/state practices, and connect new providers to local Social Security Administration (SSA) and DDS (Disability Determination Services) offices.

Time Commitment

We estimate that each SOAR application will take approximately 20-40 hours to complete, from initial engagement to receiving a decision on a claim. This generally occurs over the course of 60-90 days.

- The time spent on each application will vary depending on the amount of engagement that is needed as well as other variables such as the experience level of the SOAR worker. For example, engagement with an applicant who is residing in an institution may take 20 hours, while it may take longer to connect with someone who is living outside or difficult to contact.

SOAR Critical Components

SOAR providers with higher approval rates credit their success to implementing the SOAR critical components[1] and submitting high quality applications. Use of these components significantly increases the

[1] https://soarworks.prainc.com/article/soar-model-critical-components

likelihood of an approval on initial application for those who are eligible.[2] The five SOAR critical components of application assistance are:

- Serve as the applicant's appointed representative using the SSA-1696: *Appointment of Representative* form.
- Complete all required SSA application forms online, when available.
- Collect medical records, assessments, case management notes and collateral information.
- Write a comprehensive Medical Summary Report that includes psychosocial, treatment, and functional information and is co-signed, when possible, by an acceptable medical source.
- Perform quality review of application prior to submission.

Follow Up

The work of a SOAR provider does not end after submitting an application. SOAR providers are expected to:

- Communicate regularly with SSA and DDS regarding the status of applicants' claims.
- Continue ongoing outreach to stay connected throughout the determination process.
- Help individuals obtain other needed services (e.g. housing, employment, health care).

Outcome Tracking

Tracking SOAR outcomes is a critical way to document successes and target technical assistance needs.

- Use the SOAR Online Application Tracking (OAT) system[3] or your state's preferred method to track applications submitted, critical components used, approvals/denials, and time to decision (i.e. from application submission to receipt of SSA's decision).
- Tracking outcomes is an essential piece of funding and sustainability efforts.

Local Involvement

Many SOAR communities have local steering committees and/or SOAR practitioner meetings. Getting involved locally can be a great way to connect with others who are doing similar work. You can seek support, obtain refresher training and help with growing and expanding your local SOAR initiative.

- Find your state and local SOAR leads at: https://soarworks.prainc.com/directory

Benefit to Your Agency and the Individuals You Serve

Access to SSI/SSDI can be a major tool in recovery, both from mental illness and homelessness. With the income support and health insurance that SSI/SSDI provides, individuals are able to meet their basic needs, maintain housing, and pay their bills. As a result, they are more likely to keep appointments and engage in treatment. If your agency is Medicaid (or Medicare) reimbursable, you can recoup the cost of uncompensated care and receive payment for future services.

Without the support of a SOAR provider, it can take as long as 1-3 years to obtain approval for SSI/SSDI, during which time people are often lost to the process and require a great deal of community support simply to survive. With the SOAR approach, providers are achieving a national approval rate of 65 percent in an average of 100 days. The rewards are great for all involved!

[2] Based on data from January 15, 2005 to February 14, 2014 obtained from the SOAR Online Application Tracking (OAT) system. Data includes 4,200 application outcomes from 35 states.

[3] https://soartrack.prainc.com

SOAR WORKS

YES, YOU CAN WORK!

Interested in returning to work or trying out work for the first time, but unsure how work will impact your Social Security benefits or if work is even possible for you?

Many people receiving disability benefits, or applying for benefits, really want to work, but fear the consequences. This handout will give you the information you and your family need to learn more about programs, which will assist you with returning to work, or trying out work for the first time!

We can help you find success! These recommended resources provide information on where you can go for assistance to learn more about employment for people with disabilities. Quality services are available to help you better understand all of the federal work incentive programs, including Social Security work supports, for people with disabilities.

MYTHS WE'VE HEARD ON THE STREETS AND FACTS TO BUST THEM UP!

MYTH	FACT
"People with mental illness shouldn't work."	People with mental health conditions are just as productive as other employees. Employers who hire people with mental health conditions report good attendance and punctuality as well as motivation, good work, and job tenure on par with or greater than other employees.
"I will lose my disability benefits, income and health insurance, which I have worked so hard to obtain!"	Not so fast! SSA offers comprehensive work incentives which allows you to keep your benefits for quite a long time. Should you be unable to continue working as a result of your disability, SSA may restart your benefits. Because some SSA rules may be hard to understand, all states have benefit planning resources to help you get started. https://www.ssa.gov/redbook/
"I have never worked before, so I have no skills an employer needs."	People with disabilities with little or no work history do find work that meets their strengths, preferences, abilities, and skills. Supported employment services focus on these factors to help you seek and find competitive employment in the community.
"My family does not want me to work because they fear my symptoms will get worse."	Recent studies found that employment actually improves symptoms! Work offers less social isolation and a sense of purpose, just to name two benefits! Work is more than just a paycheck, and this brochure offers helpful resources for your family and friends to be supportive and understanding of your career goals.

MORE INFORMATION & RESOURCES

Social Security Administration (SSA)

SSA has a free Ticket to Work Program available to all SSI/SSDI beneficiaries. Specialists connect individuals to employment supports in their area, such as career counseling, training, and job placement. Also, they can explain in detail how going back to work will impact a person's benefits. The website includes links to local employment resources and offers free training webinars for beneficiaries and service providers.
https://www.choosework.net/

Department of Labor

Disability Program Navigators (DPNs)/ Disability Resource Coordinators (DRCs) provide comprehensive services to people with disabilities seeking resources and support with work incentives in DOL One Stop Centers. One Stop Centers provide job seekers with job listings, job finding workshops, and access to computers, copiers, and fax machines.
http://www.doleta.gov/disability/DPN.cfm

Supported Employment

The Association of Persons in Supported Employment (ASPE) helps improve and expand integrated employment opportunities, services, and outcomes for persons with disabilities and has numerous resources for individuals, employers, and community organizations.
http://apse.org/

SOAR (SSI/SSDI Outreach, Access, and Recovery) Website

The SOAR TA Center has gathered a number of employment resources and links for your reference. Check out the *Brief Overview of SSI/SSDI Work Incentives*!
http://bit.ly/2cqaFj2

VCU National Training and Data Center

The Virginia Commonwealth University National Training and Data Center provides comprehensive training and technical assistance to Work Incentives Planning and Assistance (WIPA) projects, the Ticket to Work Help Line, and community partners to ensure accurate and timely support for beneficiaries on the road to employment and financial independence.
http://vcu-ntdc.org/index.cfm

Disability.gov

Disability.gov provides one-stop online access to disability-related resources, services, and information available throughout the federal government.
https://www.disability.gov/

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

SAMHSA SOAR Technical Assistance Center
https://soarworks.prainc.com/

SOAR WORKS — SOAR Eligibility: Decision Tree

SSI/SSDI Outreach, Access, and Recovery (SOAR) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults and children who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

Should I complete a SOAR-assisted SSI/SSDI application?

Does the individual (child, youth, or adult) have a disabling condition?

One or more serious mental illness(es), medical condition(s), and/or a co-occurring substance use disorder that meets or equals the SSA Listings of Impairments.

- **N** → Explore employment support options and other local resources for economic support.
- **Y** → **Is the individual experiencing or at risk of homelessness?**

The SAMHSA SOAR initiative is intended for individuals experiencing or at risk of homelessness. These terms are defined differently by SOAR and the SSA. The SOAR model follows the definitions of "homeless" and "at risk of homelessness" used by the U.S. Department of Housing and Urban Development.

- **N** → The individual is stably housed and is not receiving a voucher or rental assistance.
  - → Use the Critical Components as outlined in the SOAR model to assist with a quality SSI/SSDI application. Do not flag as a SOAR application with SSA and DDS. Do not track the outcomes in the SOAR OAT program.
- **Y** → Use the SOAR model and all five SOAR Critical Components for assisting with SSI/SSDI applications. Flag the application as SOAR with SSA and Disability Determination Services (DDS).
  - → Track the outcome of the application in the SOAR Online Application Tracking (OAT) program!

SOAR Critical Components

Using these five SOAR Critical Components, case workers play a central role in gathering complete, targeted, and relevant information for SSA and DDS, resulting in high-quality SSI/SSDI applications. These components significantly increase the likelihood of an approval for those who are eligible.

1. **Serving as the Applicant's Representative**
2. **Collecting and Submitting Medical Records**
3. **Writing and Submitting a Medical Summary Report (MSR)**
4. **Obtaining a Co-signature on the MSR by an Acceptable Medical Source**
5. **Completing a Quality Review of Applications Prior to Submission**

For more information: soar@prainc.com | (518) 439-7415 | soarworks.samhsa.gov

SAMHSA Substance Abuse and Mental Health Services Administration

ATTACHMENT 5: CORE COMPETENCIES FOR PEER WORKERS IN BEHAVIORAL HEALTH SERVICES

BRINGING RECOVERY SUPPORTS TO SCALE

Technical Assistance Center Strategy (BRSS TACS)

Core Competencies for Peer Workers in Behavioral Health Services

OVERVIEW

In 2015, SAMHSA led an effort to identify the critical knowledge, skills, and abilities (leading to Core Competencies) needed by anyone who provides peer support services to people with or in recovery from a mental health or substance use condition. SAMHSA—via its Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) project—convened diverse stakeholders from the mental health consumer and substance use disorder recovery movements to achieve this goal. SAMHSA in conjunction with subject matter experts conducted research to identify Core Competencies for peer workers in behavioral health. SAMHSA later posted the draft competencies developed with these stakeholders online for comment. This additional input helped refine the Core Competencies and this document represents the final product of that process.

As our understanding of peer support grows and the contexts in which peer recovery support services are provided evolve, the Core Competencies must evolve over time. Therefore, updates to these competencies may occur periodically in the future.

Core Competencies are intended to apply to all forms of peer support provided to people living with or in recovery from mental health and/or substance use conditions and delivered by or to adults, young adults, family members and youth. The competencies may also apply to other forms of peer support provided by other roles known as peer specialists, recovery coaches, parent support providers or youth specialists. These are not a complete set of competencies for every context in which peer workers provide services and support. They can serve as the foundation upon which additional competencies for specific settings that practice peer support and/or for specific groups could be developed in the future. For example, it may be helpful to identify additional competencies beyond those identified here that may be required to provide peer support services in specific settings such as clinical, school, or correctional settings. Similarly, there may be a need to identify additional Core Competencies needed to provide peer support services to specific groups, such as families, veterans, people in medication-assisted recovery from an SUD, senior citizens, or members of specific ethnic, racial, or gender-orientation groups.

BACKGROUND

What is a peer worker?

The role of the peer support worker has been defined as “offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations.” Peer support has been described as “a system of giving and

receiving help" based on key principles that include "shared responsibility, and mutual agreement of what is helpful."[1]Peer support workers engage in a wide range of activities, including advocacy, linkage to resources, sharing of experience, community and relationship building, group facilitation, skill building, mentoring, goal setting, and more. They may also plan and develop groups, services or activities, supervise other peer workers, provide training, gather information on resources, administer programs or agencies, educate the public and policymakers, and work to raise awareness.[2]

As mentioned previously, the development of additional Core Competencies may be needed to guide the provision of peer support services to specific groups who also share common experiences such as family members. The shared experience of being in recovery from a mental or substance use disorder or being a family member of a person with a behavioral health condition is the foundation on which the peer recovery support relationship is built in the behavioral health arena.

What is recovery?

SAMHSA developed the following working definition of recovery by engaging key stakeholders in the mental health consumer and substance use disorder recovery communities:

> *Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.*[2]

Throughout the competencies, the term "recovery" refers to this definition. This definition does not describe recovery as an end state, but rather as a process. Complete symptom remission is neither a prerequisite of recovery nor a necessary outcome of the process. According the SAMHSA Working Definition of Recovery, recovery can have many pathways that may include "professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches." SAMHSA has identified four major dimensions that support a life in recovery:

1. **Health—Learning to overcome, manage or more successfully live with the symptoms and making healthy choices that support one's physical and emotional wellbeing;**
2. **Home—A stable and safe place to live;**
3. **Purpose—Meaningful daily activities, such as a job, school, volunteer work, or creative endeavors; and, increased ability to lead a self-directed life; and meaningful engagement in society; and**
4. **Community—Relationships and social networks that provide support, friendship, love, and hope**

Peer workers help people in all of these domains.

What are Core Competencies?

Core Competencies are the capacity to easily perform a role or function. They are often described as clusters of the knowledge, skills, and attitudes a person needs to have in order to successfully perform a role or job or as the ability to integrate the necessary knowledge, skills, and attitudes. Training, mentoring, and supervision can help people develop the competencies needed to perform a role or job.[43] This will be the first integrated guidance on competencies for peer workers with mental health and substance use lived experience.

Why do we need to identify Core Competencies for peer workers?

Peer workers and peer recovery support services have become increasingly central to people's efforts to live with or recover from mental health and substance use disorders. Community-based organizations led by people who have lived experience of mental health conditions and/or who are in recovery from substance use disorders are playing a growing role in helping people find recovery in the community. Both the mental health consumer and the substance use disorder recovery communities have

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[1] Mead, S., Hilton, D. & Curtis, L. (2001). Peer support: A theoretical perspective. Psychiatric Rehabilitation Journal, 25(2), 134-141. 2 Jacobson, N. et.al. (2012). What do peer support workers do? A job description. BMC Health Services Research. 12:205

[2] Substance Abuse and Mental Health Services Administration. SAMHSA's Working Definition of Recovery. PEP12-RECDEF, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2012. 4 Henandez, R.S., O'Connor, S.J. (2010). Strategic Human Resources Management in Health Services Organizations. Third Edition. Delmar Cengage Learning. P. 83.

[3] Sperry, L. (2010). Core Competencies in Counseling and Psychotherapy: Becoming a Highly Competent and Effective Therapist. Routledge. P. 5.

recognized the need for Core Competencies and both communities actively participated in the development of these peer recovery support worker competencies.

Potential Uses of Core Competencies

Core Competencies have the potential to guide delivery and promote best practices in peer support. They can be used to inform peer training programs, assist in developing standards for certification, and inform job descriptions. Supervisors will be able to use competencies to appraise peer workers' job performance and peers will be able to assess their own work performance and set goals for continued development of these competencies.

Core Competencies are not intended to create a barrier for people wishing to enter the peer workforce. Rather they are intended to provide guidance for the development of initial and on-going training designed to support peer workers' entry into this important work and continued skill development.

Core Competencies, Principles and Values

Core Competencies for peer workers reflect certain foundational principles identified by members of the mental health consumer and substance use disorder recovery communities. These are:

RECOVERY-ORIENTED: Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.

PERSON-CENTERED: Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individuals has identified to the peer worker.

VOLUNTARY: Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.

RELATIONSHIP-FOCUSED: The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.

TRAUMA-INFORMED: Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

Core Competencies for Peer Workers in Behavioral Health Services

Category I: Engages peers in collaborative and caring relationships

This category of competencies emphasized peer workers' ability to initiate and develop on-going relationships with people who have behavioral health condition and/or family members. These competencies include interpersonal skills, knowledge about recovery from behavioral health conditions and attitudes consistent with a recovery orientation.

1. **Initiates contact with peers**
2. **Listens to peers with careful attention to the content and emotion being communicated**
3. **Reaches out to engage peers across the whole continuum of the recovery process**
4. **Demonstrates genuine acceptance and respect**
5. **Demonstrates understanding of peers' experiences and feelings**

Category II: Provides support

The competencies in this category are critical for the peer worker to be able to provide the mutual support people living with behavioral health conditions may want.

1. **Validates peers' experiences and feelings**
2. **Encourages the exploration and pursuit of community roles**
3. **Conveys hope to peers about their own recovery**
4. **Celebrates peers' efforts and accomplishments**
5. **Provides concrete assistance to help peers accomplish tasks and goals**

Category III: Shares lived experiences of recovery

These competencies are unique to peer support, as most roles in behavioral health services do not emphasize or even prohibit the sharing of lived experiences. Peer workers need to be skillful in telling their recovery stories and using their lived experiences as a way of inspiring and supporting a person living with behavioral health conditions. Family peer support worker likewise share their personal experiences of self-care and supporting a family-member who is living with behavioral health conditions.

1. **Relates their own recovery stories, and with permission, the recovery stories of others' to inspire hope**
2. **Discusses ongoing personal efforts to enhance health, wellness, and recovery**
3. **Recognizes when to share experiences and when to listen**
4. **Describes personal recovery practices and helps peers discover recovery practices that work for them**

Category IV: Personalizes peer support

These competencies help peer workers to tailor or individualize the support services provided to and with a peer. By personalizing peer support, the peer worker operationalizes the notion that there are multiple pathways to recovery.

1. **Understands his/her own personal values and culture and how these may contribute to biases, judgments and beliefs**
2. **Appreciates and respects the cultural and spiritual beliefs and practices of peers and their families**
3. **Recognizes and responds to the complexities and uniqueness of each peer's process of recovery**
4. **Tailors services and support to meet the preferences and unique needs of peers and their families**

Category V: Supports recovery planning

These competencies enable peer workers to support other peers to take charge of their lives. Recovery often leads people to want to make changes in their lives. Recovery planning assists people to set and accomplish goals related to home, work, community and health.

1. **Assists and supports peers to set goals and to dream of future possibilities**
2. **Proposes strategies to help a peer accomplish tasks or goals**
3. **Supports peers to use decision-making strategies when choosing services and supports**
4. **Helps peers to function as a member of their treatment/recovery support team**
5. **Researches and identifies credible information and options from various resources**

Category VI: Links to resources, services, and supports

These competencies assist peer workers to help other peers acquire the resources, services, and supports they need to enhance their recovery. Peer workers apply these competencies to assist other peers to link to resources or services both within behavioral health settings and in the community. It is critical that peer workers have knowledge of resources within their communities as well as on-line resources.

1. **Develops and maintains up-to-date information about community resources and services**
2. **Assists peers to investigate, select, and use needed and desired resources and services**
3. **Helps peers to find and use health services and supports**
4. **Accompanies peers to community activities and appointments when requested**
5. **Participates in community activities with peers when requested**

Category VII: Provides information about skills related to health, wellness, and recovery

These competencies describe how peer workers coach, model or provide information about skills that enhance recovery. These competencies recognize that peer workers have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth.

1. **Educates peers about health, wellness, recovery and recovery supports**

2. **Participates with peers in discovery or co-learning to enhance recovery experiences**
3. **Coaches peers about how to access treatment and services and navigate systems of care**
4. **Coaches peers in desired skills and strategies**
5. **Educates family members and other supportive individuals about recovery and recovery supports**
6. **Uses approaches that match the preferences and needs of peers**

Category VIII: Helps peers to manage crises

These competencies assist peer workers to identify potential risks and to use procedures that reduce risks to peers and others. Peer workers may have to manage situations, in which there is intense distress and work to ensure the safety and well-being of themselves and other peers.

1. **Recognizes signs of distress and threats to safety among peers and in their environments**
2. **Provides reassurance to peers in distress**
3. **Strives to create safe spaces when meeting with peers**
4. **Takes action to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of peers**
5. **Assists peers in developing advance directives and other crisis prevention tools**

Category IX: Values communication

These competencies provide guidance on how peer workers interact verbally and in writing with colleagues and others. These competencies suggest language and processes used to communicate and reflect the value of respect.

1. **Uses respectful, person-centered, recovery-oriented language in written and verbal interactions with peers, family members, community members, and others**
2. **Uses active listening skills**
3. **Clarifies their understanding of information when in doubt of the meaning**
4. **Conveys their point of view when working with colleagues**
5. **Documents information as required by program policies and procedures**
6. **Follows laws and rules concerning confidentiality and respects others' rights for privacy**

Category X: Supports collaboration and teamwork

These competencies provide direction on how peer workers can develop and maintain effective relationships with colleagues and others to enhance the peer support provided. These competencies involve not only interpersonal skills but also organizational skills.

1. **Works together with other colleagues to enhance the provision of services and supports**
2. **Assertively engages providers from mental health services, addiction services, and physical medicine to meet the needs of peers**

3. **Coordinates efforts with health care providers to enhance the health and wellness of peers**
4. **Coordinates efforts with peers' family members and other natural supports**
5. **Partners with community members and organizations to strengthen opportunities for peers**
6. **Strives to resolve conflicts in relationships with peers and others in their support network**

Category XI: Promotes leadership and advocacy

These competencies describe actions that peer workers use to provide leadership within behavioral health programs to advance a recovery-oriented mission of the services. They also guide peer workers on how to advocate for the legal and human rights of other peers.

1. **Uses knowledge of relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that peer's rights are respected**
2. **Advocates for the needs and desires of peers in treatment team meetings, community services, living situations, and with family**
3. **Uses knowledge of legal resources and advocacy organization to build an advocacy plan**
4. **Participates in efforts to eliminate prejudice and discrimination of people who have behavioral health conditions and their families**
5. **Educates colleagues about the process of recovery and the use of recovery support services**
6. **Actively participates in efforts to improve the organization**
7. **Maintains a positive reputation in peer/professional communities**

Category XII: Promotes growth and development

These competencies describe how peer workers become more reflective and competent in their practice. The competencies recommend specific actions that may serve to increase peer workers' success and satisfaction in their current roles and contribute to career advancement.

1. **Recognizes the limits of their knowledge and seeks assistance from others when needed**
2. **Uses supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, peer)**
3. **Reflects and examines own personal motivations, judgments, and feelings that may be activated by the peer work, recognizing signs of distress, and knowing when to seek support 4. Seeks opportunities to increase knowledge and skills of peer support**

Last Updated December 7, 2015

ATTACHMENT 6: DETERMINATION FOR MEDICAL NECESSITY AND TARGET POPULATION

County of Sacramento **Department of Health Services** **Division of Behavioral Health Services** **Policy and Procedure**	Policy Issuer (Unit/Program)	**QM**
	Policy Number	**QM-01-07**
	Effective Date	**07-01-2005**
	Revision Date	**09-01-2020**
Title: **Determination for Medical Necessity and Target Population**	Functional Area: **Access**	
Approved By: (Signature on File) **Signed version available upon request** **Alexandra Rechs** Program Manager, Quality Management		

BACKGROUND/CONTEXT:

Sacramento County Mental Health Plan (MHP) is dedicated to serving people with psychiatric disabilities from various target populations, ages, cultural and ethnic communities. The goal is to promote recovery and wellness for adult and older adults with severe mental illness, and resiliency for children with serious emotional disorders and their families.

DEFINITIONS:

Medical Necessity: The criteria that identify service need based on inclusion of specific signs, symptoms, and conditions and proposed treatment associated with mental illness. Determination of medical necessity requires inclusion of a covered diagnosis; an established level of impairment; an expectation that specialty mental health treatment is necessary to address the condition; and the condition would not be responsive to physical health care based treatment. Medical necessity is defined by the California Code of Regulations and is contained in a variety of State Department of Health Care Services (DHCS) notices and letters delineating requirements for county mental health services**.**

Target Population: For the purposes of county mental health services, target population refers to individuals with severe disabling conditions that require mental health treatment giving them access to available services based on these conditions. Public mental health systems are obligated to serve those identified individuals across the age spectrum and acuity of need. Services for each target population are based on acuity of need and impairment as well as varying eligibility criteria. Uninsured individuals are served to the extent resources are available. (W&I 5600.2, W&I 5600.3).

The following target population groups are served in Sacramento County.

Adults:
(a) Individuals insured by MediCal
(b) Uninsured individuals (served as resources permit through realignment or other identified funding)

Youth:
(a) Youth insured by MediCal
(c) Uninsured youth (served as resources permit through realignment or other identified funding).

The following attached documents guide this policy:

1. Adult Target Population: Adult Target Population will be in accordance to the Mental Health Plan definition (see Attachment A)

2. Children's Target Population: Child Target Population will be in accordance to the Mental Health Plan definition (see Attachment C)

Serious and Persistent Mental Illness – W&I Code Section 5600.3(2): An adult is considered to have a serious mental disorder if he/she has an identified mental disorder that is severe in degree, persistent in duration, which cause behavioral functioning that interferes substantially with the primary activities of daily living, and result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.

Seriously Emotionally Disturbed - W&I Code Section 5600.3(a)(2): A child or adolescent is considered to have a serious emotional disturbance if they have he/she has a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use or developemental disorder, which results in behavior inappropriate to the child's age according to expected developemental norms. Members of this target population shall meet one or more of the following criteria as a result of the mental disorder:

- Has substantial impairment in at least 2 areas (self-care, school functioning, family relationships, ability to function in the community);
- Is either at risk of removal from home or has already been removed OR the mental disorder and impairments have been present for more than 6 months or are likely to continue for more than 1 year without treatment;
- Displays psychotic features, risk of suicide or risk of violence due to mental disorder.

PURPOSE:

This policy and procedure establishes Sacramento County medical necessity parameters for the following populations:

1. Medical Necessity for Adults ages 21 and older, determination will be made in accordance to Title 9, Section 1830.205 and MHP Contract, Exhibit A, Attachment 3. (See Attachment B)

2. Medical Necessity for Child/Youth ages 0 – 21 determination will be made in accordance to Title 9, Section 1830.210 and MHP Contract, Exhibit A, Attachment 3. (See Attachment D)

This document provides operational guidance for access to services for different target populations and the conditions that determine medical necessity.

DETAILS:

Determination of Medical Necessity Criteria: All Staff conducting the initial assessment meet the qualifications for Licensed Professional of Healing Arts (LPHA) and function as part of the MHP Access Team or specifically designated entry points of services.

1. Adult Outpatient Services

a. The Access Team will make an initial determination of Medical Necessity criteria for outpatient services. The Access Team will document their determination and refer to the appropriate provider based on said determination.

b. The Access Team designates additional specified points of entry for vulnerable population in order to provide presumptive determination of eligibility to prevent barriers to care.

c. Service providers receiving assignments from the Access Team are required to confirm medical necessity and to complete the appropriate assessment upon contact with referred individuals.

d. Service providers will continue to review and confirm medical necessity annually at minimum.

2. Child & Family Outpatient Services
   a. The Access Team will make an initial determination of Medical Necessity criteria for outpatient services except as delineated in #2(b) below. The Access Team will document their determination and refer to the appropriate provider based on said determination.

   b. If a client has full scope MediCal, an assignment to a provider will be made for a face-to-face assessment to confirm that medical necessity is met. For children and youth under the age of 21, this assignment to a provider may be made even if, based on initial Access Team screening, medical necessity is not met.

   c. Service providers receiving assignments from the Access Team are required to confirm medical necessity and to complete the appropriate assessment upon contact with referred individuals.

   d. Service providers will continue to review and confirm medical necessity annually at minimum.

REFERENCE(S)/ATTACHMENTS:

- California Code of Regulations, Title 9
- 9 CCR § 1830.205
- Behavioral Health Information Notice No. 20-043
- All Plan Letter No. 18-006

RELATED POLICIES:

- All MHP P&P's
- All MHTC P&P's

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff		
X	Mental Health Treatment Center		
X	Adult Contract Providers		
X	Children's Contract Providers		
X	Substance Use, Prevention, and Treatment Services		

	Specific grant/specialty resource		

CONTACT INFORMATION:

- Quality Management Program QMInformation@saccounty.net

ATTACHMENT A
ADULT TARGET POPULATION

For services in the adult specialty mental health system, individuals must meet Criteria A, B, C and D to meet service requirements for operational definition or core target population irrespective of funding.

Criteria A: At least one of the following diagnoses as defined in the current edition of the Diagnostic and Statistical manual of Mental Disorders Fifth Edition (DSM 5):

ICD-10 (Codes for Included Diagnosis for Adult Target Population)	**DSM 5 Classification**
	1. Schizophrenia Spectrum Disorder and Other Psychotic Disorders
F20.9 F28 F29* F20.81*	Schizophrenia Other Specified Schizophrenia Spectrum and Other Psychotic Disorder Unspecified Schizophrenia Spectrum and Other Psychotic Disorder (previously Psychotic Disorder NOS) Schizophreniform * ***Re-evaluation and resolution of diagnosis must be done within 6 months of initial diagnosis***
	2. Schizoaffective Disorder
F25.0 F25.1	Schizoaffective Disorder Bipolar Type Schizoaffective Disorder Depressive Type

	3. Bipolar Disorders
F31.11	Bipolar I Disorder current or most recent episode manic, mild
F31.12	Bipolar I Disorder current or most recent episode manic, moderate
F31.13	Bipolar I Disorder current or most recent episode manic, severe
F31.2	Bipolar I Disorder current or most recent episode manic, with psychotic features
F31.73	Bipolar I Disorder current or most recent episode manic, in partial remission
F31.74	Bipolar I Disorder current or most recent episode manic, in full remission
F31.9	Bipolar I Disorder current or most recent episode manic, unspecified
F31.31	Bipolar I Disorder current or most recent episode depressed, mild
F31.32	Bipolar I Disorder current or most recent episode depressed, moderate
F31.4	Bipolar I Disorder current or most recent episode depressed, severe
F31.5	Bipolar I Disorder current or most recent episode depressed, with psychotic features
F31.75	Bipolar I Disorder current or most recent episode depressed, in partial remission
F31.76	Bipolar I Disorder current or most recent episode depressed, in full remission
F31.9	Bipolar I Disorder current or most recent episode depressed, unspecified
F31.9	Bipolar Disorder current or most recent episode unspecified
F31.9	Unspecified Bipolar and Related Disorder (previously Bipolar NOS)
F31.81	Bipolar II Disorder
	4. Major Depressive Disorder Recurrent Episode
F33.9	Major Depressive Disorder, recurrent episode, unspecified
F33.0	Major Depressive Disorder, recurrent episode, mild
F33.1	Major Depressive Disorder, recurrent episode, moderate
F33.2	Major Depressive Disorder, recurrent episode, severe
F33.3	Major Depressive Disorder, recurrent episode, with psychotic features
F33.41	Major Depressive Disorder, recurrent episode, in partial remission
F33.42	Major Depressive Disorder, recurrent episode, in full remission
	5. Trauma- and Stressor-Related Disorders
F43.10	Posttraumatic Stress Disorder
F43.8*	Other Specified Trauma and Stressor Related Disorder
F43.9*	Unspecified Trauma and Stressor Related Disorder
	**** Re-evaluation and resolution of diagnosis must be done within 6 months of initial diagnosis***
	6. Borderline Personality Disorder
F60.3	Borderline Personality Disorder

Exclusions: Individuals with a primary diagnosis of substance abuse or those with a sole diagnosis of developmental disability. The criteria exclude those with organic brain syndromes such as dementia or delirium.

Criteria B: Severe impairment in community functioning that includes consideration of sociocultural issues in one or more areas as a result of covered above-listed covered diagnosis. Specific functional impairment must be clearly documented. Functional areas include:

Functional Area	Criteria
Basic self-care, independent living skills, consistent behaviors of endangerment of self or others	Consistent failure to maintain basic activities of independent living; inability to obtain food, clothing, and/or shelter without supports; serious disturbances in physical health such as weight change, disrupted sleep or fatigue that threatens health, separate from physical symptoms due to general medical conditions.
Productive Activities: Includes employment, education, volunteer, parent/caregiver, or other meaningful activities.	Inability to maintain participation in client specific meaningful activities and/or obligations to job, school, self, or others.
Interpersonal Relationships	Marked impairment of interpersonal interactions with consistently contentious or otherwise disrupted relations with others, which may include impulsive or abusive behaviors.
Co-morbidity – Substance Use	Inability to maintain roles in the following (see above parameters): self-care, productive activities, or interpersonal relationships due to a co-occurring substance use disorder.
Co-morbidity – Medical	Inability to attend to crucial medical needs as directed by a physician.

Criteria C: Focus of the proposed intervention will be to significantly diminish impairment or prevent significant deterioration in an identified important area of functioning.

Criteria D: Impairments and conditions require specialty mental health services and would not be responsive to physical health care based treatment.

Criteria A, B, C and D will be documented in the client medical record and will be the conditions that support medical necessity for continued services.

ATTACHMENT B ADULT MEDICIAL NECESSITY CRITERIA FOR SECONDARY OR TERTIARY DIAGNOSIS

Must have all, (A, B, and C) as per Title 9, CCR, Chapter 11, Section 1830.205(b)(1) and MHP Contract, Exhibit A, Attachment 3 A. Covered Psychiatric Diagnosis

Must have one of the following DSM-5 diagnoses, which will be the focus of the intervention being provided:

INCLUDED DIAGNOSIS:

- Pervasive Developmental Disorders, except Autistic Disorders
- Attention Deficit and Disruptive Behavior Disorders
- Feeding & Eating Disorders of Infancy and Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia and other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorders
- Eating Disorders
- Impulse-Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality disorder
- Medication-Induced Movement Disorders

EXCLUDED DIAGNOSIS

- Mental Retardation
- Learning Disorders
- Communication Disorders
- Autism Spectrum Disorder*
- Tic Disorders
- Delirium, Dementia, and Amnestic and Other Cognitive Disorders
- Mental Disorders due to a General Medical Condition
- Substance-Related Disorders
- Sexual Dysfunctions
- Sleep Disorders
- Antisocial Personality Disorder
- Other conditions that may be a focus of clinical attention, except Medication Induced Movement Disorders, which are included

A client may receive services for an included diagnosis when an excluded diagnosis is also present.
**Refer to APL No. 18-006 and Behavioral Health IN No. 20-043*

B. Functional Impairment Criteria

Must have one of the following as a result of the mental health disorder(s) identified in the diagnostic "A" criteria:

1. A significant impairment in an important area of life functioning
   OR
2. A probability of significant deterioration in an important area of life functioning

C. Intervention Related Criteria

1. The focus of proposed intervention is to address the condition identified in impairment criteria "B" above,
   AND
2. It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning
   AND
3. Not responsive to physical health care based treatment.

CHILDREN'S/YOUTH MENTAL HEALTH SERVICES
ATTACHMENT C TARGET POPULATION - CHILD & YOUTH

Children and youth to be served in a System of Care are found eligible in one of two main categories:

1. MEDI-CAL ELIGIBLE:
Full-SCOPE Medi-Cal eligible children and youth ages 0-21 are entitled by federal mandate to services to "treat or ameliorate any mental health condition" through Early and Periodic Screening, Diagnosis and Treatment (EPSDT). County Mental Health is required by law to ensure access to appropriate service to these individuals in a timely manner.

2. REALIGNMENT:
Children and youth up to age 18 who have a serious emotional disturbance may be the responsibility of the county under Realignment. Realignment resources are not utilized for children or youth with other eligibility or forms of insurance. Realignment Legislation (Welfare and Institutions Code Section 5600.3) secures services for eligible children and youth to the **extent that resources allow**. Children and youth who qualify for services using realignment funding meet the following criteria:

Must have a current included DSM 5 diagnosis. Clients with a primary included DSM 5 diagnosis may have a co-occurring substance abuse or developmental disorder as a secondary focus of treatment. Organic mental disorders are included only if the child currently manifests behaviors that are a danger to self or others and is amenable to treatment interventions which will ameliorate the presenting condition.

Child and youth shall meet one or both of the following criteria:

A. As a result of the mental disorder, the child has substantial impairment in at least two of the following areas:
   1. Self-care,
   2. School functioning,
   3. Family relationships,
   4. Ability to function in the community; **AND either of the following occurs:**
      a. The child is at risk of removal from home or has already been removed from the home.
      b. The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.

B. The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.

ATTACHMENT D CHILDREN'S MEDICAL NECESSITY CRITERIA

Must have all, (A, B, and C) as per Title 9, CCR, Chapter 11, Section 1830.205(b)(1) and MHP Contract, Exhibit A, Attachment 3

A. Covered Psychiatric Diagnosis

Must have one of the following DSM-5 diagnoses, which will be the focus of the intervention being provided:

INCLUDED DIAGNOSIS:

- Pervasive Developmental Disorders, except Autistic Disorders
- Attention Deficit and Disruptive Behavior Disorders
- Feeding & Eating Disorders of Infancy and Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia and other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorders
- Eating Disorders
- Impulse-Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality disorder
- Medication-Induced Movement Disorders

EXCLUDED DIAGNOSIS

- Mental Retardation
- Learning Disorders
- Communication Disorders
- Autism Spectrum Disorder*
- Tic Disorders
- Delirium, Dementia, and Amnestic and Other Cognitive Disorders
- Mental Disorders due to a General Medical Condition
- Substance-Related Disorders
- Sexual Dysfunctions
- Sleep Disorders
- Antisocial Personality Disorder
- Other conditions that may be a focus of clinical attention, except Medication Induced Movement Disorders, which are included

A client may receive services for an included diagnosis when an excluded diagnosis is also present. **Refer to APL No. 18-006 and Behavioral Health IN No. 20-043*

B. Functional Impairment Criteria

Must have one of the following as a result of the mental health disorder(s) identified in the diagnostic "A" criteria:

1. A significant impairment in an important area of life functioning;
   OR
2. A probability of significant deterioration in an important area of life functioning;
   OR
3. Children also qualify if there is a probability the child will not progress developmentally as individually appropriated. Children covered under EPSDT qualify if they have a mental disorder which can be corrected or ameliorated.

C. Intervention Related Criteria

Must have all (1, 2, and 3 listed below):

1. The focus of proposed intervention is to address the condition identified in impairment criteria "B" above;
   AND
2. It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning;
   AND
3. The condition would not be responsive to physical healthcare based treatment.

ATTACHMENT 7: GOOD NEIGHBOR POLICY

COUNTY OF SACRAMENTO
GOOD NEIGHBOR POLICY

Contact: Penelope Clarke
Public Protection & Human Assistance Agency
916 874-5886

Preamble

The County is a political subdivision of the State of California, that is mandated by state and federal law to provide certain services to all residents of the County, and that also provides non-mandated, desired or necessary services to enhance the well being and quality of life for its residents. Such services are provided within the territorial boundaries of all cities within Sacramento County and in the unincorporated areas of the County.

County facilities are generally located in close proximity to the constituent population served, and in areas that are easily accessible to public transportation. The siting of facilities is ultimately a County responsibility. The County requires its departments to have conducted reasonable outreach to affected neighborhoods in siting County facilities. The County takes into consideration a whole range of factors, including location of clients served, proximity of other related services needed by clientele, and any neighborhood revitalization plans and adoption siting policies of cities. The County will solicit the affected city's input and recommendation as to location, but retains the ultimate decision as to the parameters of the search area and determination of the most appropriate sites.

As a general rule, the County does not do site searches for programs, services or facilities operated by non-county entities that may receive County funding, but requires contractors to have conducted reasonable outreach to affected neighborhoods. The County contracts for services, but does not dictate the location of the facility. All businesses within the incorporated and unincorporated areas of the county must be in good standing with whatever city or County zoning laws apply in order to receive funding.

The County of Sacramento is committed to being an integral part of the neighborhoods and communities in which it is located and will implement measures in order to minimize the impact of such facilities on those neighborhoods and communities. Through its placement and management of facilities and its provision of appropriate services, the County endeavors to enhance revitalizing and strengthening of neighborhoods and communities.

Sacramento County -- Good Neighbor Policy

This policy is focused on those County-owned and County-leased facilities and those service providers under contract with the County where programs provide direct service to County constituents that have a potential impact on neighborhoods through increased traffic, noise, trash, parking, people congregating, and security risks to neighborhoods and program particoipants.

Generalized good neighbor policies that prohibit loitering, require litter control services, mandate removal of graffiti, provide for adequate parking and restroom amenities, require landscape and facility maintenance consistent with the neighborhood and require identification of a contact person for complaint resolution have general application to all county facilities and programs.

Good neighbor policies will also address specific and individualized impacts of proposed facilities and services based on actual circumstances which must be determined through a case by case analysis.

Good Neighbor Policies

This policy applies only to County-owned and leased facilities and those service providers under contract with the County if the facility programs and projects provide direct services to County constituents. In addition these service facilities must have a potential impact on neighborhoods and communities through increased traffic, noise, trash, parking, people congregating, and security risks to both neighborhoods and program participants.

The County requires, with regard to the actual location of a particular facility or service, that all applicable zoning laws have been complied with. The focus of this good neighbor policy does not include the propriety of the location of a facility or program in a properly zoned neighborhood or community.

While location is a consideration and input from cities, neighborhoods and communities will be sought, the ultimate decision as to location rests with the County.

Once a facility is sited and in compliance with zoning laws, the intent of this policy is to identify physical impacts and measures to mitigate those impacts so as to be an integral part of the neighborhood and community the County serves.

Provision A: Establish a cooperative relationship with all cities, neighborhoods and communities for planning and siting facilities and contracting for services where the service or project has a high impact on the neighborhood and mitigation of those physical impacts is necessary.

Provision B: Promote decentralization of County services where feasible as a means to improve accessibility and service delivery and reduce physical impact on the environment, neighborhoods and communities.

Provision C: Promote collocation of services, where feasible, as a way to enhance efficiency and reduce costs in the delivery of services.

Provision D: Promote exploration of innovative ways to increase accessibility to services that could also reduce physical impacts on the environment, neighborhoods and communities.

Provision E: Establish early communication with affected cities, neighborhoods and communities as a way to identify potential physical impacts on neighborhoods and to establish mitigation as necessary as well as appropriate property management practices so as not to be a nuisance.

Provision F: Maintain ongoing communication with cities, neighborhoods and communities as a way to promote integration of facilities into the community, to determine the effectiveness of established good neighbor practices, and to identify and resolve issues and problems expediently.

Provision G: Establish generalized good neighbor practices for high impact facilities, services and projects that include:

- Provision of adequate parking
- Provision of adequate waiting and visiting areas
- Provision of adequate restroom facilities
- Provision for litter control services
- Provision for removal of graffiti
- Provision for control of loitering and management of crowds
- Provision for appropriate landscape and facility maintenance in keeping with neighborhood standards
- Provision for identification of a contact person for complaint resolution
- Provision in contracts for the County to fix a deficiency and deduct it from the money owed to the program if the program fails to fix them.
- Provision to participate in area crime prevention and nuisance abatement efforts.

Provision H: Establish specific good neighbor practices for high impact facilities, services and projects based on a factual analysis of circumstances that would require more oversight and extraordinary measures to ensure the resolution of problems as they occur.

Sacramento County -- Good Neighbor Policy

Provision I: Establish requirements that all facilities, services and projects be in compliance with various nuisance abatement ordinances and any other provision of law that applies.

Provision J: Establish a central point of contact, within the County, for resolving noncompliance with this Good Neighbor Policy when all other administrative remedies have been exhausted. This requires contact with funding agencies, site contacts, call report logs, database maintenance, and trends analysis.

Provision K: Conduct a periodic review of all sites and projects included in this policy to determine the effectiveness of the application of the Good Neighbor Policy.

Provision L: Continued non-compliance by contractor to this policy and it's provisions may result in contract termination and ineligibility for additional or future contracts.

ATTACHMENT 8: STAFF REGISTRATION POLICY

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-03-07**
	Effective Date	**06-07-2005**
	Revision Date	**05-30-2018**
Title: **Staff Registration**	Functional Area: **Beneficiary Protection**	
Approved By: (Signature on File) **Signed version available upon request** **Alexandra Rechs, MFT** Program Manager, Quality Management		

BACKGROUND/CONTEXT:

Sacramento County Behavioral Health Services Mental Health Plan (MHP) is responsible for assuring that the mental health services provided are commensurate with the scope of practice, training and experience of the staff utilized. Behavioral Health Services - Quality Management (QM) must certify all staff that provides mental health and alcohol and drug services in accordance with Title 9, Welfare and Institution Code, and Business and Professions Code regulations. QM is responsible for issuing a Staff Registration Number when the certification requirements are met. In addition, QM maintains confirmation of licensure for the County staff performing in a licensed position whether or not they provide direct mental health services, even if they do not bill for those services provided.

DEFINITIONS:

Licensed Professional of the Healing Arts (LPHA)

An LPHA is an individual who can function as "Head of Service" on the agency Application and possesses a valid California Professional License in one of the following professional categories (California Code of Regulations, Title 9, Division 1, Article 8.):

1. **Psychiatrist**, **Medical Doctor**, **Psychiatric Resident (Licensed or Unlicensed) (MD)**
2. **Licensed Clinical Psychologist (PSY)**
3. **Licensed Clinical Social Worker (LCSW)**
4. **Licensed Marriage and Family Therapist (LMFT)**
5. **Licensed Professional Clinical Counselor I (LPCC I)**
6. **Licensed Professional Clinical Counselor II (LPCC II)***

7. **Registered Nurse, Nurse Practitioner, Nurse Practitioner Intern (RN, NP, NPI)*** 8. **Physician Assistant (PA)***

***Licensed Professional Clinical Counselor II (LPCC II)** must verify completion of additional training and education of six semester units or nine quarter units specifically focused on the theory and application of marriage and family therapy or a named specialization or emphasis are on the qualifying degree in marriage and family therapy, marital and family therapy, marriage, family and child counseling; or couple and family therapy. In addition, submit proof of no less than 500 hours of documented supervised experience working directly with couples, families, or children and a minimum of six hours of continuing education specific to marriage and family therapy, completed in each licensed renewal cycle. The Board of Behavioral Science must confirm these qualifications have been met and the LPCC II is to provide a copy of that confirmation to couples and family clients prior to the commencement of treatments and to Associate Marriage and Family Therapists, LPCC I, and Associate Professional Clinical Counselors who are gaining the supervised experience necessary to treat couples and families. Business and Professions Code 4999.20 and California Code of Regulations, Title 16, Sections 1820.5 and 1820.7.

***Registered Nurse, Nurse Practitioner, Nurse Practitioner Intern (RN, NP, NPI)**

- See Policy and Procedures # QM-03-04-Nurse Practitioner for additional details

***Physician Assistant (PA)**

- See Policy and Procedures # QM-03-09-Physician Assistant for additional details

Licensed Waived

A "waived" individual may function as an LPHA with the exception of "Head of Service". This individual is an Associate Marriage and Family Therapist (AMFT), an Associate Social Worker (ASW), an Associate Professional Clinical Counselor (APCC), Registered Psychologist (RPS) or a Registered Psychological Assistant (PSB), and is registered with their respective Board and is one of the following:

1. An individual with a **Master's Degree** who is granted a waiver by the County, which allows them to function as an LPHA for up to six years.
2. An individual with a **PhD** who has registered with the Board of Psychology and is granted a waiver by the State Department of Mental Health**,** *exception UCD Interns/ Fellows.(See Business and Professions Code Section 2909)*

***See P & P #03-06 Licensure Waiver and Monitoring of Accrued Supervised Hours for details.**

Student

A Student Trainee may function as an LPHA throughout the placement time period with appropriate co-signatures and is one of the following:

1. "**Medical Student Clinical Clerkship**" participating in a field trainee placement while enrolled in an accredited Medical School. Psychiatrist co-signature required.
2. "**Post Graduate Student"** participating in a field trainee placement while enrolled in an accredited PhD Psychology program. LPHA- co signature required
3. **"Master's Level Student"** participating in a field trainee placement while enrolled in an accredited Masters in Social Work (MSW) or Masters of Art (MA)/Masters of Science (MS) Counseling program. LPHA co-signature required.

Licensed Vocational Nurse (LVN)

An LVN possesses a valid California LVN License. Must meet specific criteria to function as "Head of Service. **(See P&P # 04-01 Site Certification for details).**

Psychiatric Technician (PT)

A PT possesses a valid California PT License. Must meet specific criteria to function as "Head of Service." **(See P&P # 04-01 Site Certification for details)**

Mental Health Rehabilitation Specialist (MHRS)

An MHRS is an individual who meets one of the following requirements:

1. **Master's Degree** or **PhD** and two years of full-time/equivalent (FTE) direct care experience in a mental health setting.
2. **Bachelor's Degree** and 4 years FTE direct care experience in a mental health setting.
3. **Associate Arts Degree** and six years of FTE direct care experience in a mental health setting. At least two of the six years must be post AA degree experience in a mental health setting.

FTE Experience may be direct services provided in a mental health setting in the field of:

1. **Physical Restoration**
2. **Psychology**
3. **Social Adjustment**
4. **Vocation Adjustment**

Mental Health Assistant (MHA)

MHA-III: "Mental Health Assistant-III" is an individual with **at least four** (4) years of full time/equivalent (FTE) direct care experience in the mental health field. Up to two (2) years of education in a mental health or alcohol and drug related field can substitute for years of experience.

1. Four years of FTE direct care experience in a mental health related field providing mental health. Or
2. Two years of FTE direct care experience in a mental health related field providing mental health; and two (2) years of education (60 semester or 90 quarter units) with a minimum of 12 semester (18 quarter) units in a mental health related subject area such as child development, social work, human behavior, rehabilitation, psychology, or alcohol and drug counseling.

MHA-II: "Mental Health Assistant-II" is an individual who has at least two (2) years but less than four (4) years of full-time/equivalent (FTE) experience in a mental health or related field providing direct mental health. There is no educational requirement.

MHA–I: "Mental Health Assistant-I" is an individual who has less than two (2) years of FTE in a mental health related field providing direct mental health. There is no educational requirement.

Alcohol and Drug Counselor

ADS Assistant: Is an individual who has not yet enrolled into a certification program. This candidate must register, within the first 6 months from the date of hire, and enroll in a State Department of Health Care Services (DHCS) Designated Certifying Organization.

ADS Counselor I is an individual who is successfully registered in a DHCS Designated Certifying Organization. This candidate must remain in good standing and complete certification within five (5) years from the date of registration

ADS Counselor II is an individual who has completed program requirements and is certified by a DHCS Designated Certifying Organization.

Graduate Student

Graduate student is an individual enrolled in the UCD Pre/Post Doctorial Training program.

Peer Staff

Peer staff is an individual identified by a provider whose contract contains provisions for Peer Partner Program staff. There is no education or direct care experience requirement. Lived experience is the basis for this classification.

PURPOSE:

The purpose of this policy and procedure is to delineate the staff classifications and the corresponding qualifications, education, documentation requirements, for all staff providing mental health and drug and alcohol services. It is the policy of Behavioral Health Services to certify each qualifying staff providing mental health and/or alcohol and drug services, directly or indirectly. A Staff Registration Number is issued based on meeting requirements for each classification.
This policy is not meant to supersede specific program design or contractual obligations.

DETAILS:

I. AVATAR Staff Registration Application
The completed Avatar Staff Registration Application Form (Attachment A) and a copy of the NPI printout is submitted to Quality Management with all the required supporting documentation for the requested professional classification.

A. Specify the reason for the application:
   1. New – this staff is unknown to the MHP and does not possess a Staff Identification (ID) Number.
   2. Update- this staff possesses a Staff ID and the agency wishes to change information previously submitted. Example: Name change, agency change, professional class or employment status changes.

B. Name and your **Social Security number (required to query State and Federal databases mandated as part of the credentialing process)** - indicate the current name to be used for certification. ***It must match the name on NPI Registry***
   1. If this is an Update, indicate any previous name(s) submitted in the AKA.

C. Program Name and Address

D. Date of Employment

E. Employment status – indicate appropriate status

F. Professional Class – indicate the specific classification for which this staff qualifies.

G. License or registration number

H. National Provider Identifier (NPI) number. Write the NPI number on the form and attach the NPPES printout. MFT/Associate Marriage and Family Therapist must use Taxonomy 106H00000X; LPCC/Associate Professional Clinical Counselor must use 101YM0800X

I. Termination is completed when a staff is no longer employed at a provider agency. The original copy of the registration may be faxed or a copy sent to QM with the information added for termination.

II. Professional Classification Supporting Documentation

A. LPHA Licensed Professional Class

1. Submits copy of appropriate license, which indicates the original was verified and is initialed by the Provider or a copy of the appropriate Board printout indicating the name and license status.
2. Provider will verify that the LPCC II classification provided proof of the additional training and education described in the definition and in accordance with Business and Professions Code 4999. (See Attachment B)
3. Provider will verify the LPCC II completed six (6) hours of continuing education specific to marriage and family therapy in each licensing cycle.
4. May co-sign for any staff's work.
5. May provide services and supervision in accordance with the professional class scope of practice*. LPCC I does not include the assessment or treatment of couples or families until they complete additional training and education as defined in LPCC II.*

B. Licensed Waived Professional Class: Associate Social Worker, Associate Marriage and Family Therapist, and Associate Professional Clinical Counselor.

1. LPHA Licensure Waiver Application for (Attachment C)
2. Copy of current, valid registration issued by the Board of Behavioral Science (BBS).
3. Completed copy of the appropriate Responsibility Statement for Supervisors of an Associate Social Worker, Associate Marriage and Family Therapist, or Associate Professional Clinical Counselor. Copies available on the following website: http://www.bbs.ca.gov-/Forms-Applicant Materials- Select appropriate discipline.
4. Registration with the BBS must be maintained until licensure is confirmed.
5. A Supervisors Statement of Responsibility must be maintained until the candidate is licensed. During the licensure process, the Supervisor's Statement located at the bottom portion of the LPHA Licensure Waiver Application may be utilized.

6. May not co-sign for Graduate Student therapy work.

C. Licensed Waived Professional Class RPS & PSB
   1. Licensure Waiver Application for Psychologist (Attachment D).
   2. Copy of current, valid registration issued by the Board of Psychology, if applicable. (UCD Program exempt)
   3. Copy of Doctoral Degree or letter, on School letterhead, stating the date the candidate was conferred.
   4. Copy of Resume
   5. May not co-sign for Graduate Student therapy notes.

D. Student Professional Class
   1. Student Application Form completed and signed. (Attachment E)
   2. Co-signature is required by a licensed individual of the same discipline or higher.
   3. LPHA status terminates when the placement term expires. The student must then submit an application for an appropriate classification for which they qualify.
   4. **May not co-sign for other staff.**

E. MHRS Professional Class
   1. MHRS Application completed and signed (Attachment F)
   2. Proof of Degree
   3. Copy of Resume indicating proof of qualifying experience (specify hours worked per week and months per year)

F. MHA Professional Classes

   MHA III
   1. Mental Health Assistant Application (Attachment G)
   2. Copy of Resume indicating proof of qualifying experience (specify hours worked per week and months per year)
   3. Copy of transcripts indicating number of units and classes completed (if applicable)

   MHA II
   1. Mental Health Assistant Application (Attachment G)
   2. Copy of Resume indicating proof of qualifying experience (specify hours worked per week and months per year)

   MHA I
   1. Mental Health Assistant Application (Attachment G)

G. Alcohol and Drug (ADS) Counselor

   ADS Counselor III
   1. ADS Counselor Application (Attachment H)
   2. Copy of Certification from a DHCS Designated Certifying Organization.

   ADS Counselor II
   1. ADS Counselor Application (Attachment H)
   2. Proof of enrollment in a DHCS Designated Certifying Organization. This must include the date of enrollment.

   ADS Assistant I
   1. ADS Counselor Application (Attachment H)

H. Graduate Student: UCD Pre/Post Doctorial Candidates
   1. Student Application Form completed and signed (Attachment E)
   2. Co-signature is required by a licensed individual of the same discipline or higher.
   3. LPHA status terminates when the placement term expires. The student must then submit an application for an appropriate classification for which they qualify.
   4. **May not co-sign for other staff.**

I. Peer Staff Professional Class
   1. Agency submits only the Avatar Staff Registration Application.
   2. The supervisor is the contact person.
   3. This classification is for tracking peer program activities only. Staff must be part of a specific program. Not for use without prior program approval.

III. Quality Management Staff Certification document

A. QM will return the signed Application to the agency following inspection of all the required supporting documents.
   1. The Staff ID number will be issued/activated when QM certifies the staff.
   2. The documents must be maintained in the agency staff file.

IV. Registry Staff

A. Registry staff may be utilized by the MHP provider agency provided the staff meets the requirements for the professional class being requested and submits the supporting required documentation.
B. The Agency must document that an appropriate orientation was provided to this staff. Orientation must include but not limited to, Documentation and program level HIPAA Training.
C. The Registry must provide the agency with verification that the staff completed the general HIPAA training.

REFERENCE(S)/ATTACHMENTS:

- Title 9. Division I, Chapter 3, Article 8; Welfare & Institutions Code Section 5600, 5750, 5751
- Title 9 Division 4, Chapter 3, Subchapter 3, Article 1 • Title 9 Division 4, Chapter 4, Subchapter 3, Article 1
- Title 9 Division 4, Chapter 5, Subchapter 3, Article 2
- Title 9 Division 4, Chapter 8, Subchapter 1,2 ,3
- Business and Professions Code Section 2900-2918, 4980.02,4996.9,4999.20,4989.14
- DMH Letter No. 10-03; 14-005
- MHSUDS Information Notice No. 14-0013

RELATED POLICIES:

- No. 03-06 Licensure Waiver and Monitoring of Accrued Supervised Hours
- No. 04-01 Site Certification of Physical Plant
- No. 03-04 Nurse Practitioner
- No. 03-09 Physician Assistant

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff	**X**	Children's Contract Providers
X	Mental Health Treatment Center	**X**	Alcohol and Drug Services
X	Adult Contract Providers		

CONTACT INFORMATION:

- Quality Management Information QMInformation@SacCounty.net

Attachment A

Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services

AVATAR STAFF REGISTRATION APPLICATION

County Staff ID Number (if known): _____ New: ☐ Update: ☐

Agency

Agency Name: _____ Phone Number: _____ Date: _____

Contact Person: _____ Contact Email: _____

Program Name: _____ Address: _____ (Street) _____ (City) _____ (Zip Code)

Applicant

Applicant Name: _____ (Last) _____ (First) _____ (M.I.) DOB: _____ (required)

Previous Name/AKA: _____ (Last) _____ (First) _____ (M.I.) SSN: _____ (required)

Secondary Language: _____ _____ (Additional language) Gender: _____ (required)

Date of Employment: _____ Employment Status:

Start Date in Classification: _____ ◯ Full Time ◯ Part Time ◯ Contracted ◯ Temporary/On-Call ◯ Volunteer

Professional Classification (choose one and attach license/certification)

◯ Psychiatrist	◯ Licensed Clinical Social Worker (LCSW)	◯ Licensed Psychiatric Technician (PT)
◯ Psychiatric Resident, licensed	◯ Licensed Marriage & Family Therapist (LMFT)	◯ Mental Health Rehabilitation Specialist (MHRS)
◯ Psychiatric Resident, unlicensed	◯ Licensed Professional Clinical Counselor I (LPCC I)	◯ Mental Health Assistant I (MHA I)
◯ Medical Physician	◯ Licensed Professional Clinical Counselor II (LPCC II)	◯ Mental Health Assistant II (MHAII)
◯ Licensed Clinical Psychologist (PSY)	◯ PHD, Unlicensed, Waived	◯ Mental Health Assistant III (MHA III)
◯ Nurse Practitioner (NP)	◯ Master's Level Unlicensed, Waived (ASW, IMF, PCCI)	◯ ADS Assistant
◯ Nurse Practitioner Intern (RN,NP Intern)	◯ Medical Student Clinical Clerkship	◯ ADS Counselor I
◯ Physician Assistant (PA)	◯ Psychologist Student "Post Graduate"	◯ ADS Counselor II
◯ Pharmacist	◯ Master's Level Student	◯ Graduate Student (UC Davis Only)
◯ Registered Nurse (RN)	◯ Licensed Vocational Nurse (LVN)	◯ Peer Staff –Peer Partner Program

License Number: _____ Expiration Date: _____ NPI Number: _____
(also include an NPI printout with this form)

Staff Termination

Date of Termination: _____

Send completed form to:
Email: DHSQMStaffReg@saccounty.net
-or- Fax: (916) 875-0877

Notify Quality Management of any staffing changes.

7001-A East Parkway, Suite 300 • Sacramento, California 95823 • phone (916) 875-6069 • fax (916) 875-0877

Revised 5/30/2018

Attachment B

Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services

LICENSED PROFESSIONAL CLINICAL COUNSELOR APPLICATION

Agency: _____ **Date:** _____.

Contact Person: _____ **Phone:** _____.

I attest that I, _____, have the following education and experience required to qualify for the designation of Licensed Professional Clinical Counselor, according to Business and Professions Code 4999. I meet at least one of the indicated options below:

- ☐ Licensed Professional Clinical Counselor II (LPCC II). I have the additional education and experience to qualify for this classification. I have obtained confirmation from the Board of Behavioral Sciences and submitted to the agency Clinical Director proof of at least six (6) hours of continuing education specific to marriage and family therapy, completed in each licensing cycle.

- ☐ Licensed Professional Clinical Counselor I (LPCC I) I understand that until I meet the requirements for LPCC II, this classification scope of practice does not include the assessment or treatment of couples or families.

_____. _____.
Signature of Applicant **Date**

I have retained a copy of proof of education, experience and specified continuing education for our agency on-site credentialing file and have submitted the initial supporting documents for this application. Based on the LPCC requirements, I believe this candidate qualifies for the identified classification indicated above. This file is available for review by Quality Management Services at any time.

_____. _____.
Agency Clinical Director Signature **Date**

_____. _____.
Approval: Rolanda Reed, LCSW **Date**
Quality Management Services

Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services

LPHA LICENSURE WAIVER APPLICATION (AMFT, ASW, APCC)

Agency: _____ **Date:** _____.

Contact Person: _____ **Phone:** _____.

This letter is to request a waiver of licensure for the following employee under Section 5600.2, Welfare and Institutions Code.

I, _____, am applying for a licensure waiver.
Print Name

I earned a _____ degree on _____
MSW, MS, MA, PhD, or EdD Date

I initially registered with the Board of Behavioral Sciences (BBS) on _____
Date

Attached are copies of my current BBS Internship Registration, BBS licensure status printout, and BBS Supervisor's Responsibility Statement. I understand that my waiver will expire six (6) years from the initial date of BBS registration. I understand that I must remain registered with the BBS and under supervision until I become licensed. QM must receive renewal of the BBS registration prior to the expiration date. I will not be considered waived for any period during which I allowed my registration to expire. If there is a change in supervisor, I must submit a new BBS Supervisor's Responsibility Statement to Quality Management (QM).

Applicant: _____ Date: _____
Signature and Date

SUPERVISOR'S STATEMENT - This Statement meets the requirements for supervision **in lieu of** the BBS Supervisor's Responsibility Statement if the candidate is in the testing process for licensure.

As the agency supervisor, I attest that I have and will maintain a current license in good standing in California. I have had sufficient experience, training and education in the area of clinical supervision to competently supervise trainees, interns and associates.

Clinical Supervisor's Name _____ Type of licensure: _____.
Print Name

Clinical Supervisor: _____ _____.
Signature Date

Attachment D

Sacramento County

Department of Health and Human Services

Division of Behavioral Health Services

LPHA LICENSURE WAIVER APPLICATION

For Registered Psychologist and Psychological Assistant

Agency: _____ **Date:** _____

Contact Person: _____ **Phone:** _____

This letter is to request a waiver of licensure under Section 5751.2, Welfare and Institutions Code for the following person employed as a psychologist.

Agency: _____ Contact Person: _____ Phone: _____

I _____ am applying for a licensure waiver.
Print Name

The type of waiver requested #1 _____. I received a _____ degree on _____
Percent FTE PhD, EdD, or PsyD Date

I first began employment with this agency as a psychologist on _____
Date

I initially registered with the Board of Psychology as a: PSB_____ RPS_____ on _____
Date

Clinical Supervisor's Name _____ Type of Licensure: _____
Print Name

Attached is a copy of my current Board of Psychology registration, doctoral degree and resume. I understand a waiver is granted by the State Department of Mental Health and **may not exceed five years (or three years if candidate is a license-ready out of state recruitment)**. I understand that the waiver is not effective until the Medi-Cal Oversight regional office receives the application. *It is not retroactive to the date of hire.*

I understand that I must provide the Sacramento County Behavioral Health Services, Quality Management, with subsequent renewals of registration within 60 days of the annual expiration date, informed of my progress toward licensure with the Board of Psychology. I also understand that I must remain under formal supervision by appropriately licensed staff at all times for my State DHCS waiver to remain valid, and that I must notify Quality Management of any change in supervisor.

_____ _____
Signature of Waiver Applicant Date

_____ _____
Signature of Clinical Supervisor Date

#1. Normal, Part-time, Out-of-State, Extenuating Circumstances. Attach explanation if request is for extenuating circumstances or percentage F.T.E. if request is for part-time.

Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services

STUDENT APPLICATION

Agency: _____ **Date:** _____

Contact Person: _____ **Phone:** _____

I attest that I, _____, am a student at an accredited college or university participating in a field placement at this agency. I understand that I may provide services as an LPHA, with the exception of the privilege of co-signing for other staff, throughout this placement.

Name of College/University _____.

- ☐ Medical Student Clinical Clerkship. I understand that all of my documentation must be co-signed by a psychiatrist.
- ☐ Doctoral Level Student. I understand that all of my documentation must be co-signed by a licensed PHD or MD.
- ☐ Master's Level Student. I understand that all of my documentation must be co-signed by an LCSW, LMFT, LPCC, PhD, or MD.

My internship begins on _____ (Date) and ends on _____ (Date)

Clinical Supervisor's Name: _____ (Print Name) Discipline _____ License#: _____

Student: _____ (Signature) _____ (Date)

Clinical Supervisor: _____ (Signature) _____ (Date)

_____ Date: _____
Reviewed by Quality Management

Attachment F

Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services

MENTAL HEALTH REHABILITATION SPECIALIST
APPLICATION

Agency: _____ **Date:** _____

Contact Person: _____ **Phone:** _____

I attest that I, _____, have the following education and experience required to qualify for the designation of Mental Health Rehabilitation Specialist, according to Title 9, Chapter 3, Article 8, Section 630.. I meet at least one of the indicated options below:

- ❑ **Option 1:** Master's Degree or PhD **and** two years of full-time/equivalent (FTE) direct care experience in a mental health setting.
- ❑ **Option 2:** Bachelor's Degree **and** 4 years of full-time/equivalent (FTE) direct care experience in a mental health setting.
- ❑ **Option 3:** Associate Arts Degree **and** six years full-time/equivalent (FTE) direct care experience in a mental health setting. At least two of the six years must be post AA degree experience in a mental health setting.

Attached is my resume and college degree, which qualifies me for this position.

FTE Experience may be in a mental health setting as a specialist in the fields of:

*** Physical Restoration** *** Psychology**
*** Social Adjustment** *** Vocational Adjustment**

_____ _____
Signature of Applicant Date

I have retained a copy of proof of education and experience for our on-site credentialing file. This file is available for review by Quality Management Services at any time.

_____ _____
Agency Representative's Signature Date

_____ _____
Approval: Rolanda Reed, LCSW Date
Quality Management Services

Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services

MENTAL HEALTH ASSISTANT APPLICATION

Agency: _____ **Date:** _____

Contact Person: _____ **Phone:** _____

I attest that I, _____, have the following education and experience required to qualify for the designated Mental Health Assistant category.

- ❑ **MHA-III:** An individual with **at least four** (4) years of full-time/equivalent (FTE) experience in a mental health related field providing direct mental health services. Two (2) years of education in a mental health related subject may be substituted for (2) years of work experience.* There is a minimum requirement of two (2) years of actual work experience.

- ❑ **MHA-II:** An Individual who has at least two (2) years but less than four years of full-time/equivalent (FTE) experience in a mental health related field providing direct mental health services. There is no educational requirement.

- ❑ **MHA-I:** An individual who has less than two (2) years of FTE experience in a mental health related field providing direct mental health services. There is no educational requirement.

Attached is a resume and college degree/transcript, if applicable, which qualifies me for this position.

*The education requirement must be a minimum of two (2) years of education (60 semester or 90 quarter units) with a minimum of 12 semester (18 quarter) units in a mental health related subject area such as child development, social work, human behavior, rehabilitation, psychology, or alcohol and drug counseling.

Applicant: _____ (Signature) _____ (Date)

Agency Representative: _____ (Signature) _____ (Date)

Quality Management: _____ (Signature) _____ (Date)

Attachment H

Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services

ADS COUNSELOR APPLICATION

Agency: _____ **Date:** _____

Contact Person: _____ **Phone:** _____

I attest that I, _____, have the following qualifications required to register for the counselor classification category indicated below.

- ☐ ADS Assistant: An individual who has not enrolled into a certification program. This candidate must register, within six (6) months from the date of hire, and enroll in a State Department of Health Care Services (DHCS) Designated Certifying Organization.

- ☐ ADS Counselor I –An individual who is successfully registered in a DHCS Designated Certifying Organization. This candidate must remain in good standing and complete certification within five (5) years from the date of registration.
  Must submit proof of registration with a DHCS Designated Certifying Organization

- ☐ ADS Counselor II. An individual who has completed program requirements and/or passed an exam issued by the DHCS Designated Certifying Organization and is a "certified AOD Counselor". Must submit proof as a Certified AOD Counselor from a DHCS Designated Certifying Organization.

Applicant: _____ (Signature) _____ (Date)

Agency Representative: _____ (Signature) _____ (Date)

Quality Management: _____ (Signature) _____ (Date)

ATTACHMENT 9: QUALITY MANAGEMENT PROGRAM ANNUAL WORK PLAN

Sacramento County Division of Behavioral Health Services

Quality Management Program Annual Work Plan - Fiscal Year 18/19
(July 1, 2018 to June 30, 2019)

Our Mission: *To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency.*

Our Vision: *We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.*

Our Values:

- *Respect, Compassion, Integrity*
- *Client and/or Family Driven*
- *Equal Access for Diverse Populations*
- *Culturally Competent, Adaptive, Responsive & Meaningful*
- *Prevention and Early Intervention*
- *Full Community Integration and Collaboration*
- *Coordinated Near Home and in Natural Settings*
- *Strength-Based Integrated and Evidence-Based*
- *Innovative and Outcome-Driven Practices and Systems*
- *Wellness, Recovery, & Resilience Focus*

Sacramento County Mental Health Plan (MHP) develops an annual Quality Improvement Work Plan (QI Plan) to guide its performance improvement activities. The QI Plan describes in detail the MHP activities of performance indicator development and refinement, ongoing and time-limited performance improvement projects or focused studies and other monitoring to ensure quality care. QI Plan activities derive from a number of sources of information about quality of care and service issues. These include State and Federal requirements, Department initiatives, client and family feedback, and community stakeholder input.

Cultural Competence is critical to promoting equity, reducing health disparities and improving access to high-quality mental health, mental health that is respectful of and responsive to the needs of the diverse clients in Sacramento County. The MHP recognizes the importance of developing a QI Plan that integrates the goals of the MHP Cultural Competence Plan as well as cultural competence elements throughout the plan to help us better understand the needs of groups accessing our mental health services and to identify where disparities may exist. Cultural Competence Plan goals and elements are noted throughout the plans with a "(CC)".

Structure of the Plan

The QI Plan includes four essential domains: Access, Timeliness, Quality and Consumer Outcomes. The "SCOPE" details the areas that make up each domain. Each SCOPE contains a:

Standard: This is the threshold expectation for Sacramento County's performance.
Benchmark: A point of reference drawn from Sacramento County's own experience (historical data) and/or legal and contractual requirements. Benchmarks are used to establish goals for improvement that reflect excellence in care.
Goal: Reflects Sacramento County MHP annual goals toward reaching the identified Benchmark.

Sacramento County Division of Behavioral Health Services

Quality Management Program Annual Work Plan - Fiscal Year 18/19

(July 1, 2018 to June 30, 2019)

DOMAIN	SCOPE
1. ACCESS	*1.1 Retention & Service Utilization- CC* *1.2 Penetration – CC* *1.3 Geographically Diverse* *1.4 Crisis Services Continuum* *1.5 Monitoring Service Capacity 1.6 24/7*
2. TIMELINESS	*2.1 Timeliness –CC (PIP)* *2.2 No Shows*
3. QUALITY	*3.1 Problem Resolution* *3.2 UR and doc standards* *3.3 Med Monitoring* *3.4 Access to PCP* *3.5 Coordination of care* *3.6 Diverse Workforce – CC* *3.7 Culturally Competent System of Care – CC* *3.8 Training/Education - CC*
4. CONSUMER OUTCOMES	*4.1 Beneficiary Satisfaction* *4.2 CANs and PSC-35* *4.3 ANSA* *4.4 Recidivism*

1.ACCESS
Ensuring that members have ready access to all necessary services within the MHP: this includes access to culturally relevant services to address the unserved, underserved and inappropriately served communities.

1.1 Retention and Service Utilization (CC)

Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
1.1a Standard: The MHP will demonstrate parity in mental health services across all cultures. ***1.1a Benchmark:*** TBD ***1.1a Goal:*** TBD ***1.1b Standard:*** Costs of mental health services are distributed proportionately across all cultures ***1.1b Goal:*** TBD	• Adjust retention and utilization methodology to be consistent with EQRO and DHCS POS report methodology • Utilize approved claims data provided by the EQRO to review retention, high utilizer, and mental health service costs across all cultures • Develop trend charts to explore differences and create strategies to address disparities • Update Work Plan to include goals and additional planned activities based on analysis of approved claims data	MHP Team, Research, Evaluation & Performance Outcome (REPO), Cultural Competence/ Ethnic Services (CC/Ethnic Services)	Annual Report to Cultural Competence Committee (CCC), Management Team (MT) and QIC

1.2 Penetration (CC)

Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
1.2a Standard: There is equal access to the MHP for all cultures ***1.2a Benchmark:*** TBD after data analysis ***1.2a Goal:*** TO have measureable benchmark by January 1, 2019	• Utilize Medi-Cal eligible data provided annually by the EQRO to track and trend penetration rates by age, gender, race/ethnicity, and language (when data is available) based on approved claims data as well as MHP all services data • Utilize published prevalence rates and analyze Sacramento County penetration rates in comparison to other Large county and Statewide penetration rates to determine possible concerns for equal access for certain cultures	MHP Team, Research, Evaluation & Performance Outcome (REPO), CC/Ethnic Services	Annual Report to Cultural Competence Committee (CCC), MT, and QIC

1.3 Geographically Diverse Services			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
1.3a Standard: Mental health services are provided in geographically diverse locations that best represent the community needs. ***1.3a Goal:*** Maintain service delivery sites across county care system through a variety of contracts with organizational and enrolled network providers	• Develop maps to assist in siting new and/or existing service locations. • Utilize population indicators such as poverty status, demographics, etc. to determine siting and service needs. (CC) • Annual report on changes in numbers of organizational and enrolled network providers from previous year. • Monitor MHP organizational capacity by tracking the number of contracts (hospitals, outpatients and enrolled network providers). • Utilize the Network Adequacy Certification Tool (NACT) to monitor geographic locations meet time and distance standard.	REPO, MHP, QM, CC/Ethnic Services	Review periodically with management team, QIC, CCC
1.4 Crisis Service Continuum			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
1.4a Standard: The MHP will have a continuum of Mental Health Crisis services available to residents in Sacramento County. **1.4a Goal:** Develop a multi-tiered crisis service continuum	• Continue to collaborate with community partners to come up with solutions to offer an array of crisis services to Sacramento County residents (hospital systems, law enforcement). • Continue work to implement SB82, crisis residential grants. • Increase access to crisis stabilization and crisis residential services.	Program, REPO, QM	Review periodically at Management Team, CC, QIC

1.4 Crisis Service Continuum (Cont'd)			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
	• Track and monitor programs already in place to address crisis services (CST, Mobile Crisis, Navigators). Analyze results to determine outcomes. • At least annually, analyze data by race, ethnicity and language, sexual orientation and gender identity. (CC) • Work with partners and the community to plan and implement an Innovation project that sites a crisis stabilization unit on the same campus as a local emergency room. • Continue to support and collaborate with hospital partner(s) to open a new Psychiatric Health Facility.		
1.5 Monitoring Service Capacity			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
1.5a Standard: All inpatient TARs must be approved within 14 calendar days of receipt of final TAR**.** ***1.5a Benchmark:*** 100% of TARS will be approved or denied for inpatient TARs within 14 days of final TAR. ***1.5a Goal:*** Continue to meet the benchmark	• Monitor Utilization Management compliance with State wide standards for approving or denying Inpatient TARs within 14 calendar days of the receipt of final TAR. • Enhance the current tracking tool and explore the feasibility of integrating the tracking into Avatar (EHR). • Update standard and benchmark upon receiving additional guidance from DHCS regarding concurrent review process for inpatient hospitalizations.	QM	Review quarterly at QIC

<table>
<tr><th colspan="4">1.6 24/7 Access Line with appropriate language access</th></tr>
<tr><th>Standard/Benchmark/Goal</th><th>Planned Activities</th><th>Resp Party</th><th>Review Process</th></tr>
<tr><td>1.6a Standard:
Provide a statewide, toll-free telephone number that can be utilized 24 hours a day, 7 days a week (24/7 line) with language capability in all languages spoken by beneficiaries of the county
1.6a Goal:
Continue to have a 24/7 line with linguistic capability. (CC)</td><td rowspan="2">• Conduct year round tests of 24 hour call line and MHP follow-up system to assess for compliance with statewide standards.
• Conduct test calls in all threshold languages. (CC)
• Provide periodic training for Access Team, after- hour’s staff, and test callers.
• Provide feedback to supervisors on results of test calls.
• Provide quarterly reports showing level of compliance in all standard areas.
• Monitor timeliness of obtaining interpreter services (CC)
• Attend trainings provided by DHCS
• Develop Call Log for MHTC to use within Avatar</td><td rowspan="2">Quality Management (QM), REPO, CC/Ethnic Services</td><td rowspan="2">Quarterly to Management Team, QIC and CCC</td></tr>
<tr><td>1.6b Standard:
The 24/7 line will provide information to beneficiaries about how to access specialty mental health services 1.6b Benchmark:
100% of test calls will be in compliance with the standard 1.6b Goal:
Increase percent in compliance annually until benchmark is met</td></tr>
</table>

1.6c Standard: The 24/7 line will provide information to beneficiaries about how to use the beneficiary problem resolution and fair hearing processes ***1.6c Benchmark:*** 100% of test calls will be in compliance with the standard ***1.6c Goal:*** Increase the percent in compliance annually until benchmark is met.			

1.6 24/7 Access Line with appropriate language access (Cont'd)			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
1.6d Standard: The 24/7 line will provide information to beneficiaries about services needed to address a beneficiary's crisis ***1.6d Benchmark:*** 100% of test calls will be in compliance with the standard ***1.6d Goal:*** Increase the percent in compliance annually until benchmark is met.	• Same as above	Quality Management (QM), REPO, CC/Ethnic Services	Quarterly to Management Team, QIC and CCC

1.6e Standard: All calls coming in to the 24/7 line will be logged with the beneficiary name, date of the request and initial disposition of the request ***1.6e Benchmark:*** 100% of test calls will be in compliance with the standard ***1.6e Goal:*** Increase the percent in compliance annually until benchmark is met.			

2.TIMELINESS
Ensure timely access to high quality, culturally sensitive services for individuals and their families.

2.1 Timeliness to Service

Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
2.1a Standard*:* The time between request for MHP Outpatient services and the initial service offered and/or provided to consumers will be 14 calendar days or less. ***2.1a Benchmark:*** 100% of Adult and Children will meet the 14 calendar day standard ***2.1a Goal:*** Increase in percent meeting standard annually until benchmark is met.	• Produce quarterly reports that monitor benchmarks and track timely and appropriate access to mental health plan services. • Produce annual report that evaluate benchmarks and timely access to mental health plan services by race, ethnicity, language, sexual orientation and gender identity **(CC)**. • Provide feedback to MHP providers of quarterly report findings at provider meetings.	REPO, Ethnic Services, QM	Review quarterly with management team, QIC, CCC

2.1b Standard**:* The time between request for MHP Outpatient services and the first psychiatric service offered and/or provided to consumers will be 21 calendar days or less. ***2.1b Benchmark: 100% of Adult and Children will meet the 21 calendar day standard ***2.1b Goal:*** Increase in percent meeting standard annually until benchmark is met.	• Review data measurement and reporting methodologies to ensure accurate timeliness measurement consistent with DHCS requirements. • Explore implementing successful strategies from Non-Clinical and Clinical PIPs across the system to address engagement and timeless to service. • Explore the feasibility of utilizing the scheduler in Avatar across the MHP. • Utilize technical assistance provided by EQRO and DHCS to identify additional strategies to address timely access to services. • Continue to track and report on timeliness of authorization of referrals and evaluate business process at County Access team to ensure timeliness and efficiency in processing referrals.		

2.1 Timeliness to Service (Cont'd)			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
2.1c Standard**:* The time between acute hospital discharge to first OP psychiatric service offered and/or provided to consumers will be 21 calendar days ***2.1c Benchmark: 100% of Children and 100% of Adults will meet the 21 day standard. ***2.1c Goal:*** Increase the percent meeting standard annually until benchmark is met.	• Same as above		

2.1d Standard**:* The time between acute hospital discharge to first OP service provided to consumers will be 4 calendar days/ (96 hours) ***2.1d Benchmark: 100% of Children and 100% of Adults will meet the 4 day standard ***2.1d Goal:*** Increase the percent meeting standard annually until benchmark is met.			
2.1e Standard: The time between referral for psychological testing and 1st psychological testing appointment offered and/or provided to children will be 14 days or less	• Hire 4th psychologist to add capacity • Train and collaborate with outpatient providers regarding the appropriateness of psychological testing referrals • Review psych testing referral and business processes	REPO	Review quarterly with management team and QIC

2.1 Timeliness to Service (Cont'd)			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
2.1e Benchmark: 65% of children and youth will meet the 14 day standard. ***2.1e Goal:*** Increase the percent meeting standard annually until the benchmark is met.			
2.2 No Shows/ Cancellations for scheduled appointments			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
2.2a Standard:		REPO	

The time between authorization for MH Services and 1st engagement activity where actual verbal or face-to-face contact is made is 3 business days. **2.2a Benchmark:** 70% of Children and Adults will meet the 3 business day standard ***2.2a Goal:*** Increase the percent meeting standard annually until benchmark is met.	• Continue implementing successful strategies from Non-Clinical and Clinical PIPs across the system to address engagement and timeless to service. • Evaluate current engagement activities and billing codes to assist in accurately measuring outreach and engagement efforts prior to initial appointment.		Review quarterly with management team, QIC, CCC

3. QUALITY
Analyzing and supporting continual improvement of MHP clinical and administrative processes in order to achieve the highest standard of care, with care processes that are recovery oriented, evidence-based and culturally sensitive

3.1 Problem Resolution

Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*

3.1a Standard: The MHP will have a Problem Resolution process that provides tracking of all grievances and appeals and ensures that all grievances and appeals are logged and resolved in a timely manner. ***3.1a Benchmark:*** Grievances and appeals logged within 1 business day 100% of all grievances will be resolved within 90 days 100% of all appeals will be completed within 30 days 100% of all expedited appeals will be resolved in 72 hours ***3.1a*** ***Goal:*** Percent of appeals logged and resolved in a timely manner will increase annually until benchmark has been met	• Monitor the problem resolution process tracking and reporting system. Make adjustments as needed to ensure integrity of data. • Track, trend and analyze beneficiary grievance, appeal and State Fair Hearing actions. Include type, ethnicity, race, and language as part of this tracking. **(CC)** • Track the timeliness of grievance, appeals and expedited appeal resolution for non-compliance tracking. • Track and analyze provider level complain, grievance process with concomitant corrective plans.	QM	Quarterly at QIC, CCC

3.2 Utilization Review and documentation standards			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
3.2a Standard: The MHP will have a rigorous utilization review process to ensure that all documentation standards are met. ***3.2a Goal:*** Monthly adult and child clinical chart reviews.	• Conduct monthly utilization review utilizing electronic health record for providers using Avatar (go to provider site for providers not using Avatar quarterly).	QM	Quarterly at QIC

3.2b Standard: All client treatment plans must have a client, staff signature and caregiver signature if applicable. If no client or caregiver signature, there must be documentation of the reason of refusal. ***3.2b Benchmark:*** 100% of treatment plans from UR chart review will have a client/caregiver signature. ***3.2b Goal:*** Increase in percent annually until benchmark is met.	• Information obtained through monthly reviews will be evaluated and issues will be reviewed at UR Committee. • All agencies will complete a monthly internal chart review which may include focused review of progress notes; assessments and client plans. • Identify specific QI reports in Avatar to develop monitoring and rapid feedback loop across system. • Develop quality assurance measures in Avatar reports to establish data measurement for MHP service system. Providers will use tracking measures to monitor documentation standards following minimum Medi-Cal and MHSA requirements. • Providers and county staff will review timeliness for documentation monthly through the use of the Avatar reports including: Active Client Final Assessment. Active Client Plan and Core Status, Active Client Psychiatric Assessments, Services with No Diagnosis and Progress Notes Remaining in Draft.		
3.2c Standard: All client charts will have documentation justifying medical necessity. ***3.2c Benchmark:*** 100% of client charts from UR chart review will have documented justifying medical necessity. ***3.2c Goal:*** Increase in percent annually until benchmark is met.			

3.2 Utilization Review and documentation standards (Cont'd)			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
	• Targeted chart review at provider sites when significant non-compliance issues are discovered. • Provide documentation training to MHP providers at least quarterly. • Provide targeted documentation and technical assistance to providers that have identified compliance issues.		
3.2d Standard: All Client Plan's will be completed within 60 days from request for services unless exception given. ***3.2d Benchmark:*** 100% of client plans will be completed within 60 days of request for services unless exception has been given ***3.2d Goal:*** Increase in percent annually until benchmark is met.	• Same as above	QM	Quarterly at QIC
3.2e Standard: All client objectives documented in the client plan will be measureable. ***3.2e Benchmark:*** 100% of client objectives in charts selected for UR will be measurable. ***3.2e Goal:*** Increase in percent annually until benchmark is met.			

3.2 Utilization Review and documentation standards (Cont'd)			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
3.2f Standard: Progress notes should always indicate interventions that address the mental health condition. ***3.2f Benchmark:*** 100% of progress notes will have interventions that address MH condition ***3.2f Goal:*** Increase in percent annually until benchmark is met.			
3.3 Medication Monitoring			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
3.3a Standard: Providers practice in accordance with community standards for medication/pharmacology ***3.3a Benchmark:*** Review medication/pharmacology in 5% of open episodes for each provider/program. ***3.3a Goal:*** Continue to monitor and meet benchmark.	• Study, analyze and continuously improve the medication monitoring and medication practices in the child and adult system. • Conduct monthly medication monitoring activities and report and discuss issues at the P & T committee meeting. • Strongly encourage all treatment providers to use practice guidelines developed by the P&T committee for the treatment of schizophrenia, bipolar disorders, depressive disorders and ADHD. • Continue improvements in criteria for medication monitoring of outpatient clinics based on best practices. • Create a reporting methodology for Medication Monitoring reviews.	MHTC, QM, Med Monitoring Committee	Review Pharmacy and Therapeutics Committee Quarterly at QIC

3.4 Member Access to PCP			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
3.4a Standard: All clients will be connected to a primary care physician, unless otherwise indicated by the client. ***3.4a Benchmark:*** 75% of adults and 60% of children will be connected to a PCP within 60 days of admission to a mental health treatment program ***3.4a Goal:*** Increase the percent of adults & children with a PCP each year until benchmark has been met.	• Monitor the number of adults and children connected to a PCP as indicated in the Client Resources in the MHP's electronic health record.	REPO, Program	Review annually with management , Quarterly at QIC
3.5 Coordination of Care			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
3.5a Standard: The MHP will collaborate with other government agencies/stakeholders to facilitate coordination and collaboration to maximize continuity of services for clients with mental health needs. ***3.5a Goal:*** Continue to work with our partners to provide coordination and collaboration.	• Pathways to Wellness -Monitor the use of ICC, ICC-CFT and IHBS services for children involved in the child welfare receiving intensive services. • Continue to have MHP representatives on task forces, initiatives and projects that involve clients with mental health issues (Commercially Sexually Exploited children, Crossover Youth Practice Model, MH Courts, TAY Homeless Initiative, Whole Person Care, etc).	REPO, Program, QM, Avatar, CC/Ethnic Services	Report annually at QIC, CCC

	• Collaboration with Child Welfare for completion and submission of CANS and PSC-35 documents required by State agencies.		

3.5 Coordination of Care (Cont'd)			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
	• Actively participate in CFTs for children involved with Probation and Child Welfare • Update Avatar to track referrals coming in from and going out to GMCs. • Explore methods of tracking care coordination between GMC, PCP and MHP. Develop and implement a bi- lateral screening and referral tool. • Explore data sharing across public agencies. • Evaluate data by age, ethnicity, race, language, and gender to look for disparities. **(CC)** • Continue implementation of CCR		
3.6 Diverse Workforce (CC)			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*

3.6a Standard: The MHP will have a diverse workforce that is representative of the clients and community they serve. ***3.6a Benchmark:*** The make-up of direct services staff is proportionate to the racial, cultural and linguistic make-up of Medi-Cal beneficiaries plus 200% of poverty population ***3.6a Goal:*** Increase the diversity of direct service staff by 5% each year until benchmark is met.	• Complete the annual Human Resources Survey and analyze findings	REPO, CC/Ethnic Services and Workforce Education and Training	CCC, QIC, Management Team

3.7 Culturally Competent system of care (CC)			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
3.7a Standard: The MHP will have a culturally competent system of care. ***3.7a Goal:*** The MHP will complete a biennial system-wide Agency Self-Assessment of Cultural Competence	• Biennially complete and analyze a system-wide Agency Self-Assessment of Cultural Competence.	CC/Ethnic Services	CCC, QIC, Management Team
3.8 Training -Education			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*

3.8a Standard: The County will provide and/or offer on-going training opportunities to the MHP workforce ***3.8a1 Goal:*** The MHP will have a well-trained, culturally and linguistically competent workforce that is adequately trained to provide effective services and administer programs based on wellness and recovery. **(CC)** ***3.8a2 Goal*:** By the end of FY 18/19, 75% of all BHS direct service staff and supervisors will have completed the California Brief Multicultural Competence Scale (CBMCS) and cultural competence training. **(CC)**	• Utilize Mental Health Services Act (MHSA) principles to enhance skill level through training and education at all levels of the MHP. • Continue implementation of MHP WET Training Plan based n community input and MHP prioritization. • Administer California Brief Multicultural Competence Scale (CBMCS) to service delivery and supervisory staff and provide CBMCS training modules across the system. **(CC)** • Provide Mental Health Interpreter training for interpreter staff and providers who use interpreters. **(CC)** • Develop and implement curriculum for integrating cultural competency and wellness, recover and resiliency principles for different levels and types of providers and stakeholders.	CC/Ethnic Services, QM	Annual and Periodic Report to QIC, CCC

3.8 Training - Education (Cont'd)			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
3.8a3 Goal: 98% of staff identified as interpreters complete the approved mental health/behavioral health interpreter training and receive certification. **(CC)**	• Refine system wide implementation of trauma informed and trauma specific trainings to address all ages and cultural groups served by the MHP. • Utilize training/educational opportunities to include methods to enhance the array of culturally competent skill sets and community interfaces for mental health and partner agencies. **(CC)** • Conduct at least one workshop on consumer culture with trainers to include consumer/youth/parent/ caregiver/family perspective on mental illness. • Conduct at least annual in-house training/consultation to MHP's mandated key points of contact to ensure competence in meeting the access needs of diverse communities. **(CC)** • Continue expansion and targeted implementation of MH training for law enforcement and first responders within and outside of the mental health provider community. • Explore training opportunities to provide a continuum of crisis intervention trainings to address all age groups and a variety of service specific issues to enhance crisis intervention competency skills across MHP services. **(CC)**		

4. CONSUMER OUTCOMES
Ensure the accountability, quality and impact of the services provided to clients in the Sacramento County MHP through research, evaluation and performance outcomes.

4.1 Beneficiary Satisfaction

Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
4.1a Standard All consumers served during the Consumer Perception Survey (CPS) collection period will be given the opportunity to provide feedback on the services they receive from the MHP ***4.1a Benchmark*** The MHP will obtain a 75% response rate during each CPS collection period ***4.1a Goal:*** Increase the response rate each year until Benchmark is met.	• Provide mandatory training to MHP providers on survey distribution and collection prior to CPS survey distribution periods. • Administer State required Consumer Perception Survey and English, Spanish, Chinese, Hmong, Russian, Tagalog, Vietnamese and any other available language. **(CC)** • Produce reports after each CPS survey period and share with providers. • Monitor response rate and establish protocols for both the system and those providers that fall below the benchmark. • Analyze results of CPS and provide written report on analysis of data. • Analysis to include examination of disparities by race, ethnicity and language. **(CC)**	REPO in collaboration with CC/Ethnic Services	Review semi-annually with management team, QIC, CCC
4.1b Standard Consumers will be satisfied with the services received in the MHP ***4.1b Benchmark*** Percent overall agreement in the General Satisfaction domain will be 90% or greater for each CPS sampling period	• Monitor performance on the six perception of general satisfaction indicators (questions 1, 4, 7, 5, 10 and 11) bi-annually and consider improvement project if significantly below the overall CPS percent agreement. • Track and trend on Division Dashboard		

4.1 Beneficiary Satisfaction (Cont'd)			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
4.1b Goal Increase the percent of consumer satisfaction on each domain each year until benchmark has been met.			
4.1 Beneficiary Satisfaction			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
4.1c Standard: Consumers will feel a higher social functioning as a result of receiving services in the MHP. ***4.1c Benchmark:*** Percent overall agreement in the Perception of Functioning domain will be 70% or greater for each CPS sampling period ***4.1c Goal****:* Increase the percent of consumer agreement on the Functioning domain each year until benchmark has been met	• Monitor performance on the five perception of better functioning indicators (questions 16, 17, 18, 20 and 22) bi-annually and consider improvement project if significantly below the overall CPS percent agreement. • Track and trend on Division Dashboard	REPO	Review semi-annually with management team, QIC, CCC

4.2 Recovery Tool			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
4.2 Standard: The MHP will track and measure recovery ***4.2 Goal:*** The MHP will implement the use of a recovery tool within FY18/19	• Work with MH advocates to analyze available recovery tools and develop a plan to implement a culturally sensitive recovery tool. **(CC)** • Explore other MHPs and how they measure recovery. • Explore client self-administered recovery tool options.	REPO, Advocates, Management Team, CC/ Ethnic Services	Annual update to QIC
4.3 CANS and PSC 35			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
4.3a Standard: All children providers in the MHP will complete a CANS at intake assessment, every 6 months and discharge for all children ages 6-21 served. ***4.3a Benchmark:*** 100% of children ages 6-21 will receive a CANS assessment at time of intake 100% of children ages 6-21 will receive a CANS every six months unless discharged prior to the 6 month assessment period 100% of children ages 6-21 will receive a CANs at discharge ***4.3a Goal:*** Increase percent completion annually until benchmarks have been met.	• Monitor the percent completion of CANS assessment at intake, six months and at discharge. • Provide annual reports with analysis of data. Analysis to include examination of disparities by race, ethnicity and language. **(CC)** • Provide CANs training and certification to providers.	REPO, QM	Annual Report to Management and QIC, CCC

4.3 CANS and PSC 35 (Cont'd)			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
4.3b Standard: All children providers in the MHP will complete a PSC-35 at intake assessment, every 6 months and discharge for all children ages 6-18 served. ***4.3b Benchmark:*** 100% of children ages 6-18 will receive a PSC-35 assessment at time of intake. 100% of children ages 6-18 will receive a PSC-35 every six months unless discharged prior to the 6 month assessment period 100% of children ages 6-18 will receive a PSC-35 at discharge ***4.3b Goal:*** Increase percent completion annually until benchmarks have been met.	• Monitor the percent completion of PSC-35 assessment at intake, six months and at discharge. • Provide annual reports with analysis of data. Analysis to include examination of disparities by race, ethnicity and language. **(CC)** • Provide CANs training and certification to providers.	REPO, QM	Annual Report to Management and QIC, CCC
4.4 ANSA			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
4.4a Standard: The MHP will have a standardized way of assessing the appropriateness of care for all adults receiving services ***4.4a Goal:*** Pilot the Adult Needs and Strengths Assessment (ANSA) for possible implementation across the entire adult system.	• Develop implementation plan for the use of (ANSA) for system wide outcome measures for adult programs.	REPO, QM, Program	Annual Report to Management and QIC

4.5 Recidivism			
Standard/Benchmark/Goal	*Planned Activities*	*Resp Party*	*Review Process*
4.5a Standard: The majority of clients will not return to acute psychiatric care within 30 days of discharge from acute psychiatric hospitalization. ***4.5a Benchmark:*** 15% Recidivism rate ***4.5a*** ***Goal:*** To reduce the recidivism rate to 15% by end of FY 18/19	• Monitor rates comparing with overall MHP rates from previous fiscal year. • Analysis to include examination of disparities by race, ethnicity, language, sexual orientation and gender identity and development of strategies to ameliorate. **(CC)** • Evaluate impact of crisis system rebalance efforts on recidivism	REPO in collaboration with CC/Ethnic Services	Review quarterly with Management team, QIC, CCC
4.5b Standard: Low proportion of hospital days should be attributable to recidivist admits. ***4.5b Benchmark:*** 25% of total acute days are attributed to recidivist clients ***4.5b Goal:*** To reduce the percent of days attributed to recidivist admits to meet the benchmark by the end of FY 18/19	• Quarterly monitoring and reporting on inpatient days attributed to consumers with 2 or more acute admissions during the quarter- dashboard item.	REPO	Review quarterly with Management team, QIC

ATTACHMENT 10: REVIEW PROCESS FOR IMPLEMENTATION OF NEW CLINICAL PRACTICES POLICY

County of Sacramento **Department of Health Services** **Division of Behavioral Health Services Policy and Procedure**	Policy Issuer (Unit/Program)	**QM**
	Policy Number	**QM-14-01**
	Effective Date	**04-01-2008**
	Revision Date	**10-01-2020**
Title: **Review Process for Implementation of New Clinical Practices**	Functional Area: **Clinical Care**	
Approved By: (Signature on File) **Signed version available upon request** **Alexandra Rechs, LMFT** Program Manager, Quality Management		

BACKGROUND/CONTEXT:
The Sacramento County Division of Behavioral Health Services (BHS) supports the adoption of Evidence-Based Practices (EBP), Promising Practices (PP), Community-Defined Evidence (CDE) and innovative service efforts to meet the needs of behavioral health clients. This support is anchored in a vision of clients achieving maximum positive outcomes based on a system of service providers that deliver safe, effective, culturally and linguistically competent services.

The Division of Behavioral Health Services recognizes that adoption of EBP's PP's and other innovative service efforts require significant new efforts in the area of education, training, documentation and evaluation. These initiatives are expected to evolve as the guidelines and directions are released.

DEFINITIONS:

The following definitions will be applied by the BHS to evaluate proposed EBPs, PPs, CDEs and SSs.

Evidence-Based Practice (EBP): The range of treatment and services of well-documented effectiveness. An EBP has been, or is being evaluated and meets the following criteria:

- Has some quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalized positive outcomes. **And**
- Has been subject to expert/peer review that has determined that a particular approach or strategy has a significant level of evidence of effectiveness in research literature. [Adapted from
  President's New Freedom Commission & MHSA Prevention & Early Intervention Guidelines Enclosure 4]

Promising Practice (PP): Innovations in clinical or administrative practice that respond to critical needs of a particular program, population or system and which seem to produce good outcomes but do not have enough research or replication to support generalized outcomes. [Adapted from California Institute of Mental Health "Toward Values-Driven, Evidence-Based Mental Health Practices]

Community-Defined Evidence (CDE): Practices that have a base for effectiveness in achieving mental health outcomes for underserved communities. It also defines a process underway that will develop specific criteria by which effectiveness may be documented that will eventually give the procedure equal standing with current EBP. [National Network to Eliminate Disparities Latino Work Group] (MHSA Prevention & Early Intervention Guidelines Enclosure 4)

Service Strategies (SS): Programs, interventions and approaches that are focused on particular population groups as the target for receiving service(s) with goal of positive outcomes in prevention or intervention. Frequently, service strategies are non-proprietary and have great variability in use and application.

Practice Review Panel (PRP): The PRP is the DBHS structure responsible for reviewing EBPs, PPs, CDEs and SSs.

PURPOSE:

The purpose of this policy is to outline the decision making process by which the BHS will determine whether proposed EBPs, PPs, CDEs or SSs will be implemented by contracted providers and county operated programs.

DETAILS:

A. <u>Roles and Responsibility</u>

The review process described below applies to proposed practices that fall within the definitions provided. The only exceptions to these definitions are the six SSs currently approved for Client Service Information (CSI) coding and included in documentation training by the DBHS. The approved SSs currently utilized are: Peer and/or Family Delivered Services (Code 50); Psychoeducation (Code 51); Family Support (Code 52); Supportive Education (Code 53); Delivered in Partnership with Law Enforcement (Code 54); and Unknown Evidence-Based Practice/Service Strategy (Code 99).

Any proposed EBP, PP, CDE or SS must be submitted in writing via a Clinical Practice Submission Packet (if the proposal is for a new EPB, PP, CDE, or SS that has **NOT** been identified and approved through the PRP), or Implementation Packet (if the proposal is for an EBP, PP, CDE, or SS that has been previously reviewed and approved), for review. Coding and documentation guidelines will be provided following approval. For example, if a CSI Senior age-specific SS is reviewed and approved, an existing CSI code (Code 61) will be utilized. Other Sacramento County specific practices will be coded with special local codes. For example, Cue-Centered Therapy or Parent Child Interaction Therapy (PCIT) are local practices. When approved for local coding and tracking, a newly developed code would be utilized, separate from CSI tracking.

B. **<u>PRP for EBPs, PPs, CDE & SSs</u>**

The BHS PRP was established as an extension of the DBHS Executive Quality Improvement Committee (QIC) structure. This panel includes: Adult Mental Health Services Division Manager or designee, Child & Family Mental Health Services Division Manager or designee, Substance Use, Prevention and Treatment (SUPT) Division Manager or designee, Support Services Division Manager or designee, Quality Management (QM) Manager or designee, Research, Evaluation and Performance Outcomes (REPO) Manager or designee, Cultural Competence Manager or designee, and an Advocate representation (Consumer, Family and/or Child and/or Adult Family), Program Coordinators, Medical Directors (Child and/or Adult) as needed, Mental Health Services Act representatives or other subject matter experts are included as participants in the PRP as indicated.

Any member of the PRP with direct involvement or perceived potential conflict of interest in any proposal shall disclose such involvement as part of the initial review process and can choose to recuse themselves for specific reviews. In addition, a consensus determination is made by the PRP members to include or exclude such member from final review decisions based on the type and level of involvement.

The charge of the PRP will be to review any EBP, PP, CDE or SS packet submitted by providers. In addition to the approval process, the PRP will conduct an annual system review. During this review the PRP will work on specific topics and administrative issues related to this subject, including exploring and making recommendations regarding EBPs, PPs, CDEs and SSs and related knowledge base. The PR will report findings and make recommendations to the QIC

C. **Provider Responsibility**

A provider must request and receive approval to implement the selected EBPs, PPs, CDEs or SSs. To receive this approval, a provider is required to submit a packet to the designated Contract Monitor or Program Manager for review. The designated Contract Monitor or Program Manager reviews the packet for completion of all requested materials, attaches any additional pertinent information or comments, and submits the documents to the Chair of there. Pertinent information may include contract or system impact or other information available to the Contract Monitor or Program Manager with relevance to the proposal.

Should a proposal be applicable across multiple providers or programs, the Contract Monitor or Program Manager may attach that information to the packet. The PRP decision will consider and approve a standard applicable to all providers within BHS implementing this practice. This proposal may also be coordinated by the BHS SUPT, Adult or Children's Programs on behalf of multiple providers (e.g. System wide Motivational Interviewing, Trauma Focused CBT, etc.).

1. Clinical Practice Submission Packet: If the proposal is for a new EPB, PP, or CDE, or SS that has **NOT** been identified and approved through the PRP the following information must be provided as part of the Clinical Practice Submission Packet below:
    a. Model Description - Information about the model including: Who within the Sacramento County MHP would this model benefit, proposed target population, supporting evidence/literature discussing the merits of implementation with the target population including cultural groups served in the Sacramento County MHP, modifications available to increase cultural competence, and any other information relevant to how this model differs from models currently approved by the MHP.
    b. Training: Cost analysis for initial training and implementation, what type of training is available (Train-the-trainer, one time training, on-line models, training stages, local trainer's vs out-of-town trainers, annual re-certification requirements, etc.)

2. Implementation Packet: If the proposal is for an EBP, PP, CDE, or SS that has been previously reviewed and approved by the PRP BHS, and QIC or has submitted through the process outlined above, the provider will only need to submit an Implementation Packet that will outline the implementation strategies for the specific program to the Contract Monitor or Program Manager. Once the Contract Monitor and/or Program Manager have reviewed and provided any feedback, the Implementation Packet will be sent to the PRP to begin the approval process. The Implementation Packet must include:

    a. Strategies: An outline of strategies to assess model fidelity including the provider's plan to adhere and monitor model fidelity. This plan or procedure should contain

sufficient detail for the PRP to determine the feasibility of efforts to assess fidelity including outcome tools and measures such as pre-posttests.

b. Sustainability: A sustainability analysis addressing such factors as staff turnover, supervision, ongoing funding for oversight and training activities, etc.

c. Training (Program Specific): Describe the selection criteria of staff to be trained, how training will be conducted, and by whom, to provide the EBP, PP, CDE or SS and ongoing staff oversight and training, and re-certification needs.

d. Other Key Information: For any proposed EBP, PP, CDE or SS, EPSDT providers must include the number of clients using EPSDT dollars from existing contracted slot capacity.

D. Panel Review And Approval Process

The PRP will convene a meeting to review a proposed request within 30 days of receipt of the packet from the Contract Monitor or Program Manager. The PRP may request additional information or meet with additional subject matter experts prior to making a final decision.

Within 30 days of the meeting, the PRP will submit a written response to the requestor, indicating the results of the review. "Approval," "Disapproval" or "Resubmission with instructions." Any requests for additional information will also be included in the response to the requestor.

E. Post Approval Plan

After approval by the PRP, the following administrative activities are conducted:

1. Provider submits response to approval letter, if applicable, and proceeds to incorporate updates, data and other information as part of quarterly report to Contract Monitor or Program Manager.
2. Contract Monitor works with the provider and DBHS administrative units to set up cost centers provider episodes in Avatar or other means of tracking services as decided by the PRP.
3. REPO, QM and Ethnic Services/Cultural Competence units will work with provider or Program Manager/designee to determine method of recording outcomes, including the documentation of the appropriateness of the model for services to cultural, ethnic and racial groups. In addition, providers will be given specific coding and documentation requirements to record information accurately into client records. Any unique coding or tracking decisions relating to EBP, PP, CDE and SS will be resolved on a case by case basis consultation with QM, Cultural Competence, REPO and Program staff.

F. Post-Implementation Review

Contract Monitors and Program Managers will receive updates of any significant changes related to the approved EBP, PP, CDE or SS in the quarterly report. Some examples of relevant areas for updates are staff turnover, additional costs for implementation of the model, new or additional training. PRP approval letter or subsequent Contract Monitor follow-up letters will provide any specific items requiring ongoing quarterly report from provider.

At the end of the first year of implementation the outcomes will be assessed by the PRP, with particular attention paid to the appropriateness of the model for services to cultural, ethnic and racial groups.

An annual or otherwise determined schedule for review of EBP, PP, CDE, and SS will be established.

REFERENCE(S)/ATTACHMENTS:
N/A

RELATED POLICIES:
N/A

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff		
X	Mental Health Treatment Center		
X	Adult Contract Providers		
X	Children's Contract Providers		
X	Substance Use, Prevention, and Treatment Services		
X	Specific grant/specialty resource		

CONTACT INFORMATION:

- Quality Management
  QMInformation@SacCounty.net

ATTACHMENT 11: SAMPLE AGREEMENT BOILERPLATE

COUNTY OF SACRAMENTO **«CONTRACTTYPENAME» AGREEMENT NO. «ContractNum»**

AGREEMENT

THIS AGREEMENT is made and entered into as of this ___ day of _____, 20__, by and between the COUNTY OF SACRAMENTO, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and «CONTRACTORNAME», a _____ [nature of business, such as an individual, sole proprietorship, non-profit California corporation, partnership, etc.], hereinafter referred to as "CONTRACTOR".

RECITALS

WHEREAS, _____ [County's reasons for contracting]

WHEREAS, _____

WHEREAS, _____ [Contractor's reasons for contracting]

WHEREAS, _____

WHEREAS, COUNTY AND CONTRACTOR desire to enter into this Agreement on the terms and conditions set forth herein.

NOW, THEREFORE, in consideration of the mutual promises hereinafter set forth, COUNTY and CONTRACTOR agree as follows:

I. SCOPE OF SERVICES

CONTRACTOR shall provide services in the amount, type, and manner described in Exhibit A, which is attached hereto and incorporated herein.

II. TERM

This Agreement shall be effective and commence as of the date first written above and shall end on «enddate».

III. NOTICE

Any notice, demand, request, consent, or approval that either party hereto may or is required to give the other pursuant to this Agreement shall be in writing and shall be either personally delivered or sent by mail, addressed as follows:

TO COUNTY	TO CONTRACTOR
DIRECTOR Department of Health Services 7001-A East Parkway, Suite 1000 Sacramento, CA 95823-2501	«ContractorName» «Address» «CITYSTATEZIP»

Either party may change the address to which subsequent notice and/or other communications can be sent by giving written notice designating a change of address to the other party, which shall be effective upon receipt.

IV. COMPLIANCE WITH LAWS

CONTRACTOR shall observe and comply with all applicable federal, state, and county laws, regulations, and ordinances.

V. GOVERNING LAWS AND JURISDICTION

This Agreement shall be deemed to have been executed and to be performed within the State of California and shall be construed and governed by the internal laws of the State of California. Any legal proceedings arising out of or relating to this Agreement shall be brought in Sacramento County, California.

VI. LICENSES, PERMITS, AND CONTRACTUAL GOOD STANDING

A. CONTRACTOR shall possess and maintain all necessary licenses, permits, certificates, and credentials required by the laws of the United States, the State of California, County of Sacramento, and all other appropriate governmental agencies, including any certification and credentials required by COUNTY. Failure to maintain the licenses, permits, certificates, and credentials shall be deemed a breach of this Agreement and constitutes grounds for the termination of this Agreement by COUNTY.

B. CONTRACTOR further certifies to COUNTY that it and its principals are not debarred, suspended, or otherwise excluded from or ineligible for, participation in federal, state, or county government contracts. CONTRACTOR certifies that it shall not contract with a subcontractor that is so debarred or suspended.

VII. PERFORMANCE STANDARDS

CONTRACTOR shall perform its services under this Agreement in accordance with the industry and/or professional standards applicable to CONTRACTOR's services. COUNTY may evaluate CONTRACTOR's performance of the scope of services provided in Exhibit A in accordance with performance outcomes determined by COUNTY. CONTRACTOR shall maintain such records concerning performance outcomes as required by COUNTY and provide the records to COUNTY upon request.

VIII. OWNERSHIP OF WORK PRODUCT

All technical data, evaluations, plans, specifications, reports, documents, or other work products developed by CONTRACTOR hereunder shall be the exclusive property of COUNTY and shall be delivered to COUNTY upon completion of the services authorized hereunder. CONTRACTOR may retain copies thereof for its files and internal use. Publication of the information directly derived from work performed or data obtained in connection with services rendered under this Agreement must first be approved in writing by COUNTY. COUNTY recognizes that all technical data, evaluations, plans, specifications, reports, and other work products are instruments of CONTRACTOR's services and are not designed for use other than what is intended by this Agreement.

IX. STATUS OF CONTRACTOR

A. It is understood and agreed that CONTRACTOR (including CONTRACTOR's employees) is an independent contractor and that no relationship of employer-employee exists between the parties hereto. CONTRACTOR's assigned personnel shall not be entitled to any benefits payable to employees of COUNTY. COUNTY is not required to make any deductions or withholdings from the compensation payable to CONTRACTOR under the provisions of this Agreement; and as an independent contractor, CONTRACTOR hereby indemnifies and holds COUNTY harmless from any and all claims that may be made against COUNTY based upon any contention by any third party that an employer-employee relationship exists by reason of this Agreement.

B. It is further understood and agreed by the parties hereto that CONTRACTOR in the performance of its obligation hereunder is subject to the control or direction of COUNTY as to the designation of tasks to be performed, the results to be accomplished by the services hereunder agreed to be rendered and performed, and not the means, methods, or sequence used by CONTRACTOR for accomplishing the results.

C. If, in the performance of this Agreement, any third persons are employed by CONTRACTOR, such person shall be entirely and exclusively under the direction, supervision, and control of CONTRACTOR. All terms of employment, including hours, wages, working conditions, discipline, hiring, and discharging, or any other terms of employment or requirements of law, shall be determined by CONTRACTOR, and COUNTY shall have no right or authority over such persons or the terms of such employment.

D. It is further understood and agreed that as an independent contractor and not an employee of COUNTY, neither CONTRACTOR nor CONTRACTOR's assigned personnel shall have any entitlement as a COUNTY employee, right to act on behalf of COUNTY in any capacity whatsoever as agent, nor to bind COUNTY to any obligation whatsoever. CONTRACTOR shall not be covered by workers' compensation; nor shall CONTRACTOR be entitled to compensated sick leave, vacation leave, retirement entitlement, participation in group health, dental, life, and other insurance programs, or entitled to other fringe benefits payable by COUNTY to employees of COUNTY.

E. It is further understood and agreed that CONTRACTOR must issue W-2 and 941 Forms for income and employment tax purposes, for all of CONTRACTOR's assigned personnel under the terms and conditions of this Agreement.

X. CONTRACTOR IDENTIFICATION

CONTRACTOR shall provide COUNTY with the following information for the purpose of compliance with California Unemployment Insurance Code Section 1088.8 and Sacramento County Code Chapter 2.160: CONTRACTOR's name, address, telephone number, social security number or tax identification number, and whether dependent health insurance coverage is available to CONTRACTOR.

XI. COMPLIANCE WITH CHILD, FAMILY, AND SPOUSAL SUPPORT REPORTING OBLIGATIONS

A. CONTRACTOR's failure to comply with state and federal child, family, and spousal support reporting requirements regarding a contractor's employees or failure to implement lawfully served wage and earnings assignment orders or notices of assignment relating to child, family, and spousal support obligations shall constitute a default under this Agreement.

B. CONTRACTOR's failure to cure such default within ninety (90) days of notice by COUNTY shall be grounds for termination of this Agreement.

XII. BENEFITS WAIVER

If CONTRACTOR is unincorporated, CONTRACTOR acknowledges and agrees that CONTRACTOR is not entitled to receive the following benefits and/or compensation from COUNTY: medical, dental, vision and retirement benefits, life and disability insurance, sick leave, bereavement leave, jury duty leave, parental leave, or any other similar benefits or compensation otherwise provided to permanent civil service employees pursuant to the County Charter, the County Code, the Civil Service Rule, the Sacramento County Employees' Retirement System and/or any and all memoranda of understanding between COUNTY and its employee organizations. Should CONTRACTOR or any employee or agent of CONTRACTOR seek to obtain such benefits from COUNTY, CONTRACTOR agrees to indemnify and hold harmless COUNTY from any and all claims that may be made against COUNTY for such benefits.

XIII. CONFLICT OF INTEREST

CONTRACTOR and CONTRACTOR's officers and employees shall not have a financial interest, or acquire any financial interest, direct or indirect, in any business, property or source of income which could be financially affected by or otherwise conflict in any manner or degree with the performance of services required under this Agreement.

XIV. LOBBYING AND UNION ORGANIZATION ACTIVITIES

A. CONTRACTOR shall comply with all certification and disclosure requirements prescribed by Section 319, Public Law 101-121 (31 U.S.C. § 1352) and any implementing regulations.

B. If services under this Agreement are funded with state funds granted to COUNTY, CONTRACTOR shall not utilize any such funds to assist, promote, or deter union organization by employees performing work under this Agreement and shall comply with the provisions of Government Code Sections 16645 through 16649.

C. If services under this Agreement are funded in whole or in part with Federal funds no funds may be used to support or defeat legislation pending before Congress or any state legislature. CONTRACTOR further agrees to comply with all requirements of the Hatch Act (Title 5 USC, Sections 1501-1508).

XV. NONDISCRIMINATION IN EMPLOYMENT, SERVICES, BENEFITS, AND FACILITIES

A. CONTRACTOR agrees and assures COUNTY that CONTRACTOR and any subcontractors shall comply with all applicable federal, state, and local anti-discrimination laws, regulations, and ordinances and to not unlawfully discriminate, harass, or allow harassment against any employee, applicant for employment, employee or agent of COUNTY, or recipient of services contemplated to be provided or provided under this Agreement, because of race, ancestry, marital status, color, religious creed, political belief, national origin, ethnic group identification, sex, sexual orientation, age (over 40), medical condition (including HIV and AIDS), or physical or mental disability. CONTRACTOR shall ensure that the evaluation and treatment of its employees and applicants for employment, the treatment of COUNTY employees and agents, and recipients of services are free from such discrimination and harassment.

B. CONTRACTOR represents that it is in compliance with and agrees that it will continue to comply with the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101 et seq.), the Fair Employment and Housing Act (Government Code § 12900 et seq.), and regulations and guidelines issued pursuant thereto.

C. CONTRACTOR agrees to compile data, maintain records, post required notices and submit reports to permit effective enforcement of all applicable anti-discrimination laws and this provision.

D. CONTRACTOR shall include this nondiscrimination provision in all subcontracts related to this Agreement.

XVI. INDEMNIFICATION

A. To the fullest extent permitted by law, for work or services (including professional services), provided under this Agreement, CONTRACTOR shall indemnify, defend, and hold harmless COUNTY, its governing Board, officers, directors, officials, employees, and authorized volunteers and agents, (individually an "Indemnified Party" and collectively "Indemnified Parties"), from and against any and all claims, demands, actions, losses, liabilities, damages, and all expenses and costs incidental thereto (collectively "Claims"), including cost of defense, settlement, arbitration, expert fees, and reasonable attorneys' fees, resulting from injuries to or death of any person, including employees of either party hereto, and damage to or destruction of any property, or loss of use or reduction in value thereof, including the property of either party hereto, and recovery of monetary losses incurred by COUNTY directly attributable to the performance of CONTRACTOR, arising out of, pertaining to, or resulting from the negligent acts, errors, omissions, recklessness, or willful misconduct of CONTRACTOR, its employees, or CONTRACTOR's subconsultants or subcontractors at any tier, or any other party for which CONTRACTOR is legally liable under law.

B. The right to defense and indemnity under this indemnity obligation arises upon occurrence of an event giving rise to a Claim and, thereafter, upon tender in writing to CONTRACTOR. Upon receipt of tender, CONTRACTOR shall provide prompt written response that it accepts tender. Failure to accept tender may be grounds for termination of the Agreement. CONTRACTOR shall control the defense of Indemnified Parties; subject to using counsel reasonably acceptable to COUNTY. Both parties agree to cooperate in the defense of a Claim.

C. This indemnity obligation shall not be limited by the types and amounts of insurance or self-insurance maintained by CONTRACTOR or CONTRACTOR'S subcontractors at any tier.

D. Nothing in this indemnity obligation shall be construed to create any duty to, any standard of care with reference to, or any liability or obligation, contractual or otherwise, to any third party.

E. The provisions of this indemnity obligation shall survive the expiration or termination of the Agreement

XVII. INSURANCE

Without limiting CONTRACTOR's indemnification, CONTRACTOR shall maintain in force at all times during the term of this Agreement and any extensions or modifications thereto, insurance as specified in Exhibit B. It is the responsibility of CONTRACTOR to notify its insurance advisor or insurance carrier(s) regarding coverage, limits, forms, and other insurance requirements specified in Exhibit B. It is understood and agreed that COUNTY shall not pay any sum to CONTRACTOR under this Agreement unless and until COUNTY is satisfied that all insurance required by this Agreement is in force at the

time services hereunder are rendered. Failure to maintain insurance as required in this Agreement may be grounds for material breach of contract.

XVIII. INFORMATION TECHNOLOGY ASSURANCES

CONTRACTOR shall take all reasonable precautions to ensure that any hardware, software, and/or embedded chip devices used by CONTRACTOR in the performance of services under this Agreement, other than those owned or provided by COUNTY, shall be free from viruses. Nothing in this provision shall be construed to limit any rights or remedies otherwise available to COUNTY under this Agreement.

XIX. WEB ACCESSIBILITY

CONTRACTOR shall ensure that all web sites and web applications provided by CONTRACTOR pursuant to this Agreement shall comply with COUNTY's Web Accessibility Policy adopted by the Board of Supervisors on February 18, 2003, as well as any approved amendment thereto.

XX. COMPENSATION AND PAYMENT OF INVOICES LIMITATIONS

A. Compensation under this Agreement shall be limited to the Maximum Total Payment Amount set forth in Exhibit C, or Exhibit C as modified by COUNTY in accordance with express provisions in this Agreement.

B. CONTRACTOR shall submit an invoice on the forms and in accordance with the procedures prescribed by COUNTY **insert - upon completion of services, on a monthly basis**. Invoices shall be submitted to COUNTY no later than the fifteenth (15th) day of the month following the invoice period, and COUNTY shall pay CONTRACTOR within thirty (30) days after receipt of an appropriate and correct invoice.

C. COUNTY operates on a July through June fiscal year. Invoices for services provided in any fiscal year must be submitted no later than July 31, one (1) month after the end of the fiscal year. Invoices submitted after July 31 for the prior fiscal year shall not be honored by COUNTY unless CONTRACTOR has obtained prior written COUNTY approval to the contrary.

D. CONTRACTOR shall maintain for four (4) years following termination of this Agreement full and complete documentation of all services and expenditures associated with performing the services covered under this Agreement. Expense documentation shall include: time sheets or payroll records for each employee; receipts for supplies; applicable subcontract expenditures; applicable overhead and indirect expenditures.

E. In the event CONTRACTOR fails to comply with any provisions of this Agreement, COUNTY may withhold payment until such non-compliance has been corrected.

XXI. LEGAL TRAINING INFORMATION

If under this Agreement CONTRACTOR is to provide training of County personnel on legal issues, then CONTRACTOR shall submit all training and program material for prior review and written approval by County Counsel. Only those materials approved by County Counsel shall be utilized to provide such training.

XXII. SUBCONTRACTS, ASSIGNMENT

A. CONTRACTOR shall obtain prior written approval from COUNTY before subcontracting any of the services delivered under this Agreement. CONTRACTOR remains legally responsible for the performance of all contract terms including work performed by third parties under subcontracts. Any subcontracting will be subject to all applicable provisions of this Agreement. CONTRACTOR shall be held responsible by COUNTY for the performance of any subcontractor whether approved by COUNTY or not.

B. This Agreement is not assignable by CONTRACTOR in whole or in part, without the prior written consent of COUNTY.

XXIII. AMENDMENT AND WAIVER

Except as provided herein, no alteration, amendment, variation, or waiver of the terms of this Agreement shall be valid unless made in writing and signed by both parties. Waiver by either party of any default, breach, or condition precedent shall not be construed as a waiver of any other default, breach, or condition precedent, or any other right hereunder. No interpretation of any provision of this Agreement shall be binding upon COUNTY unless agreed in writing by DIRECTOR and counsel for COUNTY.

XXIV. SUCCESSORS

This Agreement shall bind the successors of COUNTY and CONTRACTOR in the same manner as if they were expressly named.

XXV. TIME

Time is of the essence of this Agreement.

XXVI. INTERPRETATION

This Agreement shall be deemed to have been prepared equally by both of the parties, and the Agreement and its individual provisions shall not be construed or interpreted more favorably for one party on the basis that the other party prepared it.

XXVII. DIRECTOR

As used in this Agreement, "DIRECTOR" shall mean the Director of the Department of Health Services, or his/her designee.

XXVIII. DISPUTES

In the event of any dispute arising out of or relating to this Agreement, the parties shall attempt, in good faith, to promptly resolve the dispute mutually between themselves. Pending resolution of any such dispute, CONTRACTOR shall continue without delay to carry out all its responsibilities under this Agreement unless the Agreement is otherwise terminated in accordance with the Termination provisions herein. COUNTY shall not be required to make payments for any services that are the subject of this dispute resolution process until such dispute has been mutually resolved by the parties. If the dispute cannot be resolved within 15 calendar days of initiating such negotiations or such other time period as may be mutually agreed to by the parties in writing, either party may pursue its available legal and equitable remedies, pursuant to the laws of the State of California. Nothing in this Agreement or provision shall constitute a waiver of any of the government claim filing requirements set forth in Title 1, Division 3.6, of the California Government Code or as otherwise set forth in local, state and federal law.

XXIX. TERMINATION

A. Either party may terminate this Agreement without cause upon thirty (30) days' written notice to the other party. Notice shall be deemed served on the date of mailing. If notice of termination for cause is given by COUNTY to CONTRACTOR and it is later determined that CONTRACTOR was not in default or the default was excusable, then the notice of termination shall be deemed to have been given without cause pursuant to this paragraph (A).

B. COUNTY may terminate this Agreement for cause immediately upon giving written notice to CONTRACTOR should CONTRACTOR materially fail to perform any of the covenants contained in this Agreement in the time and/or manner specified. In the event of such termination, COUNTY may proceed with the work in any manner deemed proper by COUNTY. If notice of termination for cause is given by COUNTY to CONTRACTOR and it is later determined that CONTRACTOR was not in default or the default was excusable, then the notice of termination shall be deemed to have been given without cause pursuant to paragraph (A) above.

C. COUNTY may terminate or amend this Agreement immediately upon giving written notice to CONTRACTOR that funds are not available because: 1) Sufficient funds are not appropriated in COUNTY'S Adopted or Adjusted Budget; 2) the COUNTY is advised that funds are not available from external sources for this Agreement or any portion thereof, including

if distribution of such funds to the COUNTY is suspended or delayed; 3) if funds for the services and/or programs provided pursuant to this Agreement are not appropriated by the State; 4) funds that were previously available for this Agreement are reduced, eliminated and/or re-allocated by COUNTY as a result of budget or revenue reductions during the fiscal year.

D. If this Agreement is terminated under Paragraph A or C above, CONTRACTOR shall only be paid for any service completed and provided prior to notice of termination. In the event of termination under paragraph A or C above, CONTRACTOR shall be paid an amount which bears the same ratio to the total compensation authorized by the Agreement as the services actually performed bear to the total services of CONTRACTOR covered by this Agreement, less payments of compensation previously made. In no event, however, shall COUNTY pay CONTRACTOR an amount which exceeds a pro rata portion of the Agreement total based on the portion of the Agreement term that has elapsed on the effective date of the termination.

E. CONTRACTOR shall not incur any expenses under this Agreement after notice of termination and shall cancel any outstanding expense obligations to a third party that CONTRACTOR can legally cancel.

XXX. REPORTS

CONTRACTOR shall, without additional compensation therefore, make fiscal, program evaluation, progress, and such other reports as may be reasonably required by DIRECTOR concerning CONTRACTOR's activities as they affect the contract duties and purposes herein. COUNTY shall explain procedures for reporting the required information.

XXXI. AUDITS AND RECORDS

Upon COUNTY's request, COUNTY or its designee shall have the right at reasonable times and intervals to audit, at CONTRACTOR's premises, CONTRACTOR's financial and program records as COUNTY deems necessary to determine CONTRACTOR's compliance with legal and contractual requirements and the correctness of claims submitted by CONTRACTOR. CONTRACTOR shall maintain such records for a period of four (4) years following termination of the Agreement, and shall make them available for copying upon COUNTY's request at COUNTY's expense. COUNTY shall have the right to withhold any payment under this Agreement until CONTRACTOR has provided access to CONTRACTOR's financial and program records related to this Agreement.

XXXII. PRIOR AGREEMENTS

This Agreement constitutes the entire contract between COUNTY and CONTRACTOR regarding the subject matter of this Agreement. Any prior agreements, whether oral or written, between COUNTY and CONTRACTOR regarding the subject matter of this Agreement are hereby terminated effective immediately upon full execution of this Agreement.

XXXIII. SEVERABILITY

If any term or condition of this Agreement or the application thereof to any person(s) or circumstance is held invalid or unenforceable, such invalidity or unenforceability shall not affect other terms, conditions, or applications which can be given effect without the invalid term, condition, or application; to this end the terms and conditions of this Agreement are declared severable.

XXXIV. FORCE MAJEURE

Neither CONTRACTOR nor COUNTY shall be liable or responsible for delays or failures in performance resulting from events beyond the reasonable control of such party and without fault or negligence of such party. Such events shall include but not be limited to acts of God, strikes, lockouts, riots, acts of war, epidemics, acts of government, fire, power failures, nuclear accidents, earthquakes, unusually severe weather, acts of terrorism, or other disasters, whether or not similar to the foregoing, and acts or omissions or failure to cooperate of the other party or third parties (except as otherwise specifically provided herein).

XXXV. TRANSITION OF CARE

If CONTRACTOR provides services to patients/clients under the terms of this AGREEMENT, CONTRACTOR shall cooperate with COUNTY and any other Provider of services in circumstances where Patient care is transferred from

CONTRACTOR to another Provider. CONTRACTOR understands and agrees that such cooperation is necessary for coordination of care and will make all reasonable efforts to make such transfers as seamless for the Patient as is possible.

XXXVI. SURVIVAL OF TERMS

All services performed and deliverables provided pursuant to this Agreement are subject to all of the terms, conditions, price discounts and rates set forth herein, notwithstanding the expiration of the initial term of this Agreement or any extension thereof. Further, the terms, conditions, and warranties contained in this Agreement that by their sense and context are intended to survive the completion of the performance, cancellation, or termination of this Agreement shall so survive.

XXXVII. DUPLICATE COUNTERPARTS

This Agreement may be executed in duplicate counterparts. The Agreement shall be deemed executed when it has been signed by both parties.

Signatures scanned and transmitted electronically shall be deemed original signatures for purposes of this Agreement, with such scanned signatures having the same legal effect as original signatures. This Agreement may be executed through the use of an electronic signature and will be binding on each party as if it were physically executed.

XXXVIII. BUSINESS ASSOCIATE REQUIREMENTS

If COUNTY determines that under this Agreement CONTRACTOR is a "Business Associate" of COUNTY, as defined in the Health Insurance Portability and Accountability Act (45 CFR 160.103), then CONTRACTOR shall comply with the Business Associate provisions contained in Exhibit G, which is attached hereto and incorporated by reference herein.

XXXIX. AUTHORITY TO EXECUTE

Each person executing this Agreement represents and warrants that he or she is duly authorized and has legal authority to execute and deliver this Agreement for or on behalf of the parties to this Agreement. Each party represents and warrants to the other that the execution and delivery of the Agreement and the performance of such party's obligations hereunder have been duly authorized.

XL. DRUG FREE WORKPLACE

If the contract is funded in whole or in part with State funds the CONTRACTOR shall comply, and require that its Subcontractors comply, with Government Code Section 8355. By executing this contract Contractor certifies that it will provide a drug free workplace pursuant to Government Code Section 8355.

XLI. CLEAN AIR ACT AND WATER POLLUTION CONTROL ACT

CONTRACTOR shall comply with applicable standards of the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended. Subcontracts (Subgrants) of amounts in excess of $150,000 must contain a provision that requires the non-Federal awardee to agree to comply with all applicable standards, orders or regulations issued pursuant to the two Acts cited in this section. Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

XLII. CULTURAL AND LINGUISTIC PROFICIENCY

To ensure equal access to quality care by diverse populations, CONTRACTOR shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards, which can be found at http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53.

XLIII. CHARITABLE CHOICE 42 CFR PART 54

CONTRACTOR certifies that if it identified as a faith-based religious organization, and receives direct funding of substance abuse prevention and treatment services under the Substance Abuse Prevention and Treatment Block Grant (SAPT), the

Projects for Assistance in Transition from Homelessness (PATH) formula grant program, Substance Abuse and Mental Health Services Administration (SAMSHA), or Temporary Assistance to Needy Families (TANF) discretionary grants that:

1. CONTRACTOR shall adhere to the requirements contained in Title 42, Code of Federal Regulations (CFR) Part 54;

2. CONTRACTOR's services shall be provided in a manner consistent with the Establishment Clause and the Free Exercise Clause of the First Amendment of the United States Constitution (42 CFR § 54.3);

3. If CONTRACTOR offers inherently religious activities, they shall be provided separately, in time or location, from the programs or services for which the organization receives funds from federal, state, or local government sources. Participation in religious activities must be voluntary for program beneficiaries (42 CFR § 54.4);

4. CONTRACTOR shall not expend any federal, state, or local government funds to support any inherently religious activities such as worship, religious instruction, or proselytization (42 CFR § 54.5);

5. CONTRACTOR shall not, in providing program services or engaging in outreach activities under applicable programs, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice (42 CFR § 54.7);

6. CONTRACTOR shall inform program beneficiaries that they may refuse to participate in any religious activities offered by CONTRACTOR;

7. CONTRACTOR shall inform program beneficiaries that, if they object to the religious character of the program, they have the right to a referral to an alternate service provider to which they have no objections (42 CFR § 54.8); and,

8. CONTRACTOR shall, within a reasonable time of learning of a beneficiary's objection to the religious character of the program, refer the program beneficiary to an alternate service provider (42 CFR § 54.8).

If 42 U.S.C. 2000e-1 regarding employment practices is applicable to this Agreement, it shall supersede 42 CFR § 54.7 to the extent that 42 CFR § 54.7 conflicts with 42 U.S.C. 2000e-1.

XLIV. COVID-19 REQUIREMENTS

CONTRACTOR shall be solely and completely responsible for implementing the applicable COVID-19 guidelines from the California Division of Industrial Safety and the applicable COVID-19 guidance from the Centers for Disease Control and Prevention (CDC) including staff education, staff training, routine cleaning of staff and public space, on-site washing facilities, and to the extent applicable Personal Protective Equipment (PPE) donning and maintenance. CONTRACTOR shall submit a plan for compliance with these standards to the COUNTY. This safety plan and/or narrative description shall describe the education, training, routine cleaning, on-site washing facilities and the PPE to be used or provided by the CONTRACTOR. CONTRACTOR shall make any reasonable corrections that COUNTY requests to such plans.

XLV. ADDITIONAL PROVISIONS

The additional provisions contained in Exhibits A, B, C, D, E, F, and G attached hereto are part of this Agreement and are incorporated herein by reference.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed as of the day and year first written above.

ATTACHMENT 12: SAMPLE EXHIBIT D TO AGREEMENT "ADDITIONAL PROVISIONS"

EXHIBIT D to Agreement between the COUNTY OF SACRAMENTO, hereinafter referred to as "COUNTY", and «CONTRACTORNAME», hereinafter referred to as "CONTRACTOR"

ADDITIONAL PROVISIONS

I. LAWS, STATUTES, AND REGULATIONS

A. CONTRACTOR shall abide by all applicable state, federal, and county laws, statutes, and regulations, including but not limited to the Bronzan-McCorquedale Act (Welfare and Institutions Code, Divisions 5, 6, and 9, Sections 5600 et seq., and Section 4132.44), Title 9 and Title 22 of the California Code of Regulations, Title XIX of the Social Security Act, State Department of Mental Health Policy Letters, and Title 42 of the Code of Federal Regulations, Section 434.6 and 438.608, in carrying out the requirements of this Agreement.

B. CONTRACTOR shall comply with all Policies and Procedures adopted by COUNTY to implement federal/state laws and regulations.

C. CONTRACTOR shall comply with the requirements mandated for culturally competent services to diverse populations as outlined in the Sacramento County Phase II Consolidation of MediCal Specialty Mental Health Services—Cultural Competence Plan 1998, 2002, 2003, and the Department of Mental Health (DMH) 2010 Cultural Competence Plan Requirement. CONTRACTOR agrees to abide by the Assurance of Cultural Competence Compliance document, as provided by COUNTY, and shall comply with its provisions.

II. LICENSING, CERTIFICATION, AND PERMITS

A. CONTRACTOR agrees to furnish professional personnel in accordance with the regulations, including all amendments thereto, issued by the State of California or COUNTY. CONTRACTOR shall operate continuously throughout the term of this Agreement with at least the minimum of staff required by law for provision of services hereunder; such personnel shall be qualified in accordance with all applicable laws and regulations.

B. CONTRACTOR shall make available to COUNTY, on request of DIRECTOR, a list of the persons who will provide services under this Agreement. The list shall state the name, title, professional degree, and work experience of such persons.

III. OPERATION AND ADMINISTRATION

A. CONTRACTOR agrees to furnish at no additional expense to COUNTY beyond the amounts identified as NET BUDGET/MAXIMUM PAYMENT TO CONTRACTOR in Exhibit C, all space, facilities, equipment, and supplies necessary for its proper operation and maintenance.

B. CONTRACTOR, if incorporated, shall be in good standing and operate according to the provisions of its Articles of Incorporation and By-Laws. Said documents and any amendments thereto shall be maintained and retained by CONTRACTOR and made available for review or inspection by DIRECTOR at reasonable times during normal business hours.

C. CONTRACTOR shall forward to DIRECTOR all copies of its notices of meetings, minutes, and public information, which are material to the performance of this Agreement.

D. CONTRACTOR agrees that all materials created for public dissemination shall reflect the collaborative nature of all programs and/or projects. All program announcements, websites, brochures, and press releases shall include the Sacramento County logo, and shall adhere to the Logo Style Guide provided by COUNTY. Additionally, the program announcements, websites, brochures and press releases shall state the following language:

1. If MHSA funding is present in Exhibit C of this Agreement, "This program is funded by the Division of Behavioral Health Services through the voter approved Proposition 63, Mental Health Services Act (MHSA)."
2. If MHSA funding is not present in Exhibit C of this Agreement, "This program is funded by the Sacramento County Division of Behavioral Health Services".

3. Oral presentations shall include the above required statement.

IV. CONFIDENTIALITY

A. CONTRACTOR is subject to, and agrees to comply and require his or her employees to comply with the provisions of Sections 827, 5328, 5330, 5610 and 10850 of the Welfare and Institutions Code, Division 19-000 of the State of California Department of Social Services Manual of Policies and Procedures, Code of Federal Regulations Title 45, Section 205.50, and all other applicable laws and regulations to assure that:

1. All Applications and records concerning an individual made or kept by CONTRACTOR, COUNTY, or any public officer or agency in connection with the Welfare and Institutions Code relating to any form of public social services or health services provided under this Agreement shall be confidential and shall not be open to examination for any purpose not directly connected with the administration of such public social or health services.

2. No person will publish or disclose, or use or cause to be published, disclosed, or used, any confidential information pertaining to an applicant or recipient of services. Applicant and recipient records and information shall not be disclosed by CONTRACTOR to third parties without COUNTY's consent or the consent of the applicant/recipient.

B. CONTRACTOR agrees to inform all of his/her employees, agents, subcontractors and partners of the above provisions and that knowing and intentional violation of the provisions of said state and federal laws is a misdemeanor.

C. CONTRACTOR is subject to, and agrees to comply when applicable, with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)(42 USC § 1320d) and regulations promulgated thereunder by the U.S. Department of Health and Human Services and other applicable laws and regulations.

V. CLINICAL REVIEW AND PROGRAM EVALUATION

A. CONTRACTOR shall permit, at any reasonable time, personnel designated by DIRECTOR to come on CONTRACTOR's premises for the purpose of making periodic inspections and evaluations. CONTRACTOR shall furnish DIRECTOR with such information as may be required to evaluate fiscal and clinical effectiveness of the services being rendered.

B. DIRECTOR or his designee shall represent COUNTY in all matters pertaining to services rendered pursuant to this Agreement, including authorization for admission, care, and discharge of all clients for whom reimbursement is required under this Agreement.

VI. REPORTS

A. CONTRACTOR shall provide accurate and timely input of services provided in the Avatar System, or any replacement system, in accordance with COUNTY's Division of Mental Health Provider Manual, so that COUNTY can generate a monthly report of the units of service performed.

B. CONTRACTOR shall, without additional compensation therefore make further fiscal, program evaluation and progress reports as may be reasonably required by DIRECTOR or by the State Department of Mental Health concerning CONTRACTOR's activities as they affect the contract duties and purposes herein. COUNTY shall explain procedures for reporting the required information.

VII. RECORDS

A. Patient Records: CONTRACTOR shall maintain adequate patient records on each individual patient, which shall include diagnostic studies, records of patient interviews, treatment plans, progress notes, and records of services provided by various professional and paraprofessional personnel, in sufficient detail to permit an evaluation of services. Such records shall comply with all applicable federal, state, and county record maintenance requirements.

B. Service and Financial Records: CONTRACTOR shall maintain complete service and financial records, which clearly reflect the actual cost and related fees received for each type of service for which payment is claimed. The patient eligibility determination and the fees charged to and collected from patients shall also be reflected therein. Any apportionment of costs shall be made in accordance with generally accepted accounting principles.

C. Review, Inspection, and Retention of Records: At reasonable times during normal business hours, the State Department of Mental Health, COUNTY or DIRECTOR, the appropriate audit agency of any of them, and the designee of any of them shall have the right to inspect or otherwise evaluate the cost, quality, appropriateness and timeliness of services performed and to audit and inspect any books and records of CONTRACTOR which pertain to services performed and determination of amount payable under this Agreement. Upon expiration or termination of this Agreement all patient records shall be kept for a minimum of seven (7) years from the date of discharge and in the case of minors, for at least one (1) year after the minor patient's eighteenth (18^{th}) birthday, but in no case less than seven (7) years from the date of discharge. Service and financial records shall be retained by CONTRACTOR for a minimum period of four (4) years after the termination of this Agreement, or until audit findings are resolved, whichever is later.

VIII. PATIENT FEES

A. The Uniform Method of Determining Ability to Pay prescribed by the State Director of Mental Health shall be applied when services to patients are involved.

B. Charges for services to either patients or persons responsible shall approximate estimated actual cost.

C. CONTRACTOR shall use the Uniform Billing and Collection Guidelines prescribed by the State Director of Mental Health (non-billing providers excluded).

IX. ANTI-SUPPLANTATION

If MHSA funding is present in Exhibit C of this Agreement, the following language applies:

MHSA funds shall be used exclusively to develop new projects, expand existing programs and/or services or to enhance existing programs and services. CONTRACTOR shall not utilize MHSA funds to supplant existing state or county funds for mental health services.

CONTRACTOR shall execute a certification that it has complied with the anti-supplantation requirements. Such certification shall be executed prior to release of MHSA funds and CONTRACTOR shall annually execute such certification as part of the fiscal audit requirement. If COUNTY determines that supplantation has occurred, CONTRACTOR shall be required to reimburse COUNTY for all MHSA funds that were used in violation of this Section. Use of MHSA funds in violation of this Section shall be grounds for termination of this Agreement.

X. AUDIT/REVIEW REQUIREMENTS

A. Federal OMB Audit Requirements (also known as Omni Circular or Super Circular) for Other Than For-Profit Contractors

2 CFR 200.501 requires that subrecipients that expend $750,000 or more (from all Federal sources) in a year in Federal Awards shall have an annual single or program specific Audit in accordance with the OMB requirements. 2 CFR 200.512 sets forth the requirements for filing the Audit with the Federal Audit Clearinghouse (FAC). When filing with the FAC, CONTRACTOR must also simultaneously submit 3 copies of the required Audit and forms to DIRECTOR as described in paragraph E of this section. The Catalog of Federal Domestic Assistance number (CFDA#) and related required information shall be included in the Audit. The CFDA # and the required related information for the funds contained in this contract are provided in Exhibit E. Audits shall be supplied by the due dates discussed in paragraph E of this section.

B. COUNTY Requirements for Non-Profit, For-Profit, Governmental and School District Contractors In addition to the OMB requirements of paragraph A of this section, COUNTY requires CONTRACTOR to provide an annual Audited or Reviewed financial statement as follows:

1. Annual Audited financial statements and accompanying Auditor's report and notes is required from CONTRACTOR when DHS has awarded contracts totaling $150,000 or more for any twelve month period. The Audited financial statement shall be prepared in accordance with Generally Accepted Accounting Principles (GAAP) and the Audit shall be performed by an independent Certified Public Accountant in accordance with Generally Accepted Auditing Standards (GAAS).

2. Annual Reviewed financial statements are required from CONTRACTOR when DHS has awarded contracts totaling less than $150,000, but more than $50,000 for any twelve month period. The Reviewed financial statement shall be prepared by an independent Certified Public Accountant in accordance with Statements on Standards for Accounting and Review Services issued by the AICPA. Audited financial statements may be substituted for Reviewed financial statements.

3. Should any deficiencies be noted in the Audit or Review CONTRACTOR must submit an Action Plan with the Audit or Review detailing how the deficiencies will be addressed.

4. If management letters are issued by a Certified Public Accountant separate from the audit CONTRACTOR is required to provide copies to COUNTY, and submit corrective action plans to address findings or recommendations noted in the management letters.

C. Term of the Audit or Review

The Audit(s) or Review(s) shall cover the entire term of the contract(s). If CONTRACTOR'S fiscal year is different than the contract term, multiple Audits or Reviews shall be required, in order to cover the entire term of the contract.

D. Termination

If the Agreement is terminated for any reason during the contract period, the Audit or Review shall cover the entire period of the Agreement for which services were provided.

E. Submittal and Due Dates for Audits or Reviews

CONTRACTOR shall provide to COUNTY three copies of the Audit or Review, as required in this section, due six months following the end of CONTRACTOR'S fiscal year. Audit or Review shall be sent to:

Director of Health Services
County of Sacramento
Department of Health Services
7001–A East Parkway, Suite 1000C
Sacramento, CA 95823

F. Request for Extension of Due Date

CONTRACTOR may request an extension of the due date for the Audit or Review in writing. Such request shall include the reason for the delay, a specific date for the extension and be sent to:

Director of Health Services
County of Sacramento
Department of Health Services
7001–A East Parkway, Suite 1000C
Sacramento, CA 95823

G. Past Due Audit/Review

COUNTY may withhold payments due to CONTRACTOR from all past, current and future DHS contracts when past, current or future audits/reviews are not provided to COUNTY by due date or approved extended due date.

H. Overpayments

Should any overpayment of funds be noted in the Audit or Review, CONTRACTOR shall reimburse COUNTY the amount of the overpayment within 30 days of the date of the completion of the Audit or Review.

XI. SYSTEM REQUIREMENTS

A. CONTRACTOR shall adhere to the guidelines, policies and procedures issued by the County Information Technology Services (ITS) for use of COUNTY computers, software, and systems.

B. CONTRACTOR shall utilize the Avatar system for all County Mental Health Plan (MHP) functions including, but not limited to, client demographics, services/charges, assessments, treatment plans and progress notes. CONTRACTOR has the right to choose not to use the Avatar system but must comply with all necessary requirements involving electronic health information exchange between the CONTRACTOR and the COUNTY. The CONTRACTOR must submit a plan to the COUNTY for approval demonstrating how the requirements will be met.

XII. EQUIPMENT OWNERSHIP

COUNTY shall have and retain ownership and title to all equipment identified to be purchased by CONTRACTOR under Exhibit C of this Agreement. CONTRACTOR shall furnish, and amend as necessary, a list of all equipment purchased under this Agreement together with the bills of sale and any other documents as may be necessary to show clear title and reasonableness of the purchase price. The equipment list shall specify the quantity, name, description, purchase price, and date of purchase of all equipment. CONTRACTOR shall make all equipment available to COUNTY during normal business hours for tagging or inventory. CONTRACTOR shall deliver all equipment to COUNTY upon termination of this Agreement.

XIII. PATIENTS' RIGHTS/GRIEVANCES

A. CONTRACTOR shall give to all patients written notice of their rights pursuant to and in compliance with California Welfare and Institutions Code Section 5325 et seq.; California Code of Regulations Title 9, Section 860 et seq.; Title XIX of the Social Security Act; and Title 42, Code of Federal Regulations. In addition, in all facilities providing the services described herein, CONTRACTOR shall have prominently posted in the predominant language of the community a list of the patient's rights.

B. As a condition of reimbursement, CONTRACTOR shall provide the same level of treatment to beneficiaries served under this Agreement as provided to all other patients served.

C. CONTRACTOR shall not discriminate against any beneficiary of services provided under this Agreement in any manner.

D. CONTRACTOR agrees to provide a system through which recipients of service shall have the opportunity to express and have considered their views, grievances, and complaints regarding the delivery of services, including affording recipient's notice of adverse determination and a hearing thereon to the extent required by law.

XIV. ADMISSION POLICIES

CONTRACTOR's admission policies (if applicable) shall be in writing and available to the public and shall include a provision that patients are accepted for care without discrimination as described in this Agreement.

XV. HEALTH AND SAFETY

A. CONTRACTOR shall maintain a safe facility.

B. CONTRACTOR shall store and dispense medication in compliance with all applicable state, federal, and county laws and regulations.

XVI. MANDATED REPORTING

CONTRACTOR shall comply with the training requirements for identification and reporting of child abuse, adult, and dependent adult abuse as defined in Penal code Section 11165.7 and the Welfare and Institutions Code Section 15630-15632. All training shall be documented in an individual personnel file. CONTRACTOR shall establish procedures for paid and volunteer staff for reporting suspected child abuse cases.

XVII. BACKGROUND CHECKS

CONTRACTOR shall not assign or continue the assignment of any employees, agents (including subcontractors), students, or volunteers ("Assigned Personnel") who have been convicted or incarcerated within the prior 10 years for any felony as specified in Penal Code § 667.5 and/or 1192.7, to provide direct care to clients.

XVIII. GOOD NEIGHBOR POLICY

A. CONTRACTOR shall comply with COUNTY's Good Neighbor Policy, a copy of which is attached as Exhibit F.

B. If COUNTY finds CONTRACTOR has failed to perform, COUNTY shall notify CONTRACTOR in writing that corrective action must be taken by CONTRACTOR within an agreed upon time frame. If CONTRACTOR fails to comply, COUNTY shall take the required corrective action and deduct the actual cost to correct the problem from CONTRACTOR's claim, when appropriate, to ensure compliance with the Good Neighbor Policy.

XIX. BASIS FOR ADVANCE PAYMENT

A. Pursuant to Government Code § 11019(c) this Agreement allows for advance payment once per fiscal year when CONTRACTOR submits a request in writing, and request is approved in writing by DIRECTOR or DIRECTOR's designee.

B. If DIRECTOR finds both that CONTRACTOR requires advance payment in order to perform the services required by this Agreement and that the advance payment will not create an undue risk that payment will be made for services which are not rendered, DIRECTOR, or DIRECTOR's designee, may authorize, in her/his sole discretion, an advance in the amount not to exceed ten percent (10%) of the "Net Budget/Maximum Payment to CONTRACTOR" as indicated in Exhibit C.

C. In the case of Agreements with multiple-year terms, DIRECTOR or DIRECTOR's designee may authorize annual advances of not more than ten percent (10%) of the "Net Budget/Maximum Payment to CONTRACTOR" for each fiscal year as indicated in the Exhibit C.

D. CONTRACTOR's written request for advance shall include a detailed written report substantiating the need for such advance payment, and such other information as DIRECTOR or DIRECTOR's designee may require.

E. All advanced funds shall be offset against reimbursement submitted during the fiscal year.

F. COUNTY reserves the right to withhold the total advance amount from any invoice.

These provisions apply unless specified otherwise in Exhibit C of this Agreement

XX. AMENDMENTS

A. DIRECTOR may execute an amendment to this Agreement provided that:

1. An increase in the maximum contract amount resulting from the amendment does not exceed DIRECTOR's delegated authority under Sacramento County Code Section 2.61.100 (c) or any amount specified by Board of Supervisor's resolution for amending this Agreement, whichever is greater; and

2. Funding for the increased contract obligation is available within the Department's allocated budget for the fiscal year.

B. The budget attached to this Agreement as Exhibit C is subject to revision by COUNTY upon written notice by COUNTY to CONTRACTOR as provided in this Agreement. Upon notice, CONTRACTOR

shall adjust services accordingly and shall within thirty (30) days submit to DIRECTOR a revised budget. Said budget revision shall be in the form and manner prescribed by DIRECTOR and, when approved in writing, shall constitute an amendment to this Agreement.

C. The budget attached to this Agreement as Exhibit C may be modified by CONTRACTOR making written request to DIRECTOR and written approval of such request by DIRECTOR. Approval of modifications requested by CONTRACTOR is discretionary with DIRECTOR. Said budget modification shall be in the form and manner prescribed by DIRECTOR and, when approved, shall constitute an amendment to this Agreement.

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

1. Purpose

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

2. Authority

Sacramento County Civil Service Rule 7.9 – Selective Certification for Special Skills
Sacramento County Civil Service Rule 7.11 – Certification Based on Gender
The Civil Rights Act, Title VII, Section 2000e-2 – Unlawful Employment Practices
Code of Federal Regulations Section 1604.2 – Sex as a Bona Fide Occupational Qualification
California State Penal Code, Section 4021 – County Jails

3. Scope

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

Special Skills

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

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

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

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

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

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

Language and Cultural Skills

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

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

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

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

Certifications Based on Gender

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

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

Requests for certification based on gender must be approved by DPS for each position. Granted authorizations apply only to one specific position, not to other positions in the class. Granted authorizations apply only to the vacant position at the time of approval. In the event that a position which was approved for a gender specific certification becomes vacant in the future, approval of a new gender specific certification is required.

Definitions

Bona Fide Occupational Qualification (BFOQ): Employment qualifications which allow for the hiring of individuals based on race, sex, age, and national origin provided the characteristics are bona fide occupational qualifications.

Certification: The submission of names of persons from an appropriate eligible list to an appointing authority by the Director of Personnel Services or the delegated authority.

Language/Culture Skills Differential (Oral): The amount paid to the County employee for the following oral language/cultural skills: culture knowledge

only (Native American, African American, or Sign Language), and the speaking of approved language skills (See Civil Service Approved Language/Cultures for Pay Differential).

Language/Culture Skills Differential (Oral and Written): The amount paid to the County employee for speaking, reading, and writing approved language (See Civil Service Approved Languages/Cultures for Pay Differential).

Language/Culture Skills Evaluation Package: A set of questions, suggested responses, and rating guidelines/forms provided by DPS to be used to evaluate language/cultural skills.

Language/Culture Skills Evaluator: A current County employee holding permanent status in a language/culture skills specific classification, i.e. Human Services Specialist –Spanish Language/Latin Culture, approved to evaluate language/culture skills.

Note: If County employee meeting the above criteria is not available, DPS may approve a non-County evaluator. All non-County evaluators must be approved by DPS.

4. Procedures Not Applicable

5. Review Not Applicable

SACRAMENTO COUNTY

Behavioral Health Interpreter Training:
Introduction to Interpreting in Behavioral Health

Online Course

Primary Presenter: Lidia Gamulin, LCSW

Ms. Gamulin is a Licensed Clinical Social Worker with over 30 years of experience in the behavioral 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 behavioral health interpreting. She has been an adjunct professor at the University of Southern California, Social Work School. Currently, she provides behavioral health consultation and training locally and nationally.

Course Dates and Times

June 6, 2022 - Day 1: 3 ½ hour virtual class, 8:30 to 12:00 pm
June 7, 2022 - Day 2: 3 ½ hour virtual class, 8:30 to 12:00 pm
June 13, 2022 - Day 3: 3 ½ hour virtual class, 8:30 to 12:00 pm
June 14, 2022 - Day 4: 3 ½ hour virtual class, 8:30 to 12:00 pm

This course will take place in a virtual classroom allowing for live interaction between instructor and participants.

Course Self-paced Learning

Participants will download the course materials, and assignments. These engagements are external to the classroom experience. (2 hours approximately).

Target Audience

This intensive training is intended for bilingual staff who are fluent in English and at least one other language and who use their linguistic skills to provide interpreting services. This training is required for direct service staff, clinicians, administrative support staff, bilingual community members, contractors, consumers, case management staff and others who are currently serving as language interpreters in either mental health and/or substance use disorders program or who want to become interpreters

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. List three or more Federal and State laws and regulations for Limited English Proficiency
2. Identify three examples of cross-cultural communication in interpreting
3. Define the three roles of an interpreter and the four models of interpreting commonly used in behavioral health settings
4. Define and practice the interpreting protocols: introduction, pre-session, positioning, basic principles of intervention and post session
5. Learn how to interpret behavioral health diagnostic terminology

6. Examine the DSM-5 cultural interview, syndromes related to the culture and behavioral health terminology
7. Examine at least four examples of compliance with the Interpreter Standards of Practice and Code of Ethics
8. Discuss and practice note taking techniques
9. Perform at least four memory exercises to improve interpreting skills

Abstract of Course

This online language interpreter training series is designed for bilingual staff that is proficient in English and in a second language. The purpose is to train the bilingual workforce to accurately interpret and meet the requirements of Federal and State laws. The introductory level training creates a structure for participants to understand the complex roles of the behavioral health interpreter.

The course provides the interpreters with knowledge and skills related to models of interpreting, behavioral health terms, standards of practice, cultural interpreting, and skills to address challenges when interpreting. Development and maintenance of specialized behavioral health glossaries based on the interpreter's level of proficiency in both languages is included in the training.

Registration

Due to the interactive nature of this training, the class size is limited to 25 individuals.

If you are interested in participating in the training, please email your interest as soon as possible to Ajna Glisic at glisica@saccounty.net as the class may fill up quickly. Please note that if you have already taken this training in previous years, you have completed this requirement.

Training and CE Hours free of charge

All staff members who participate in the training will be given a certificate of completion and CE hours as appropriate at the end of the training. Course meets the qualification for 13 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 about CE hours, please e-mail QMTraining@saccounty.net

Questions, Concerns, or Grievances:

Quality training is the goal of Sacramento County; please direct any questions to Ajna Glisic (glisica@sacccounty.net). For concerns or grievances regarding this training, please send correspondence 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 one week prior to the event at phone (916) 876-8804 or via email at GlisicA@saccounty.net

SACRAMENTO COUNTY

Therapeutic Cross-Cultural Communication

Online Course

Primary Presenter: Lidia Gamulin, LCSW

Ms. Gamulin is a Licensed Clinical Social Worker with over 30 years of experience in the behavioral 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 behavioral health interpreting. She has been an adjunct professor at the University of Southern California, Social Work School. Currently, she provides behavioral health consultation and training locally and nationally.

Course Dates and Times

May 17, 2022 - Day 1: 3 ½ hour virtual class, 8:30 to 12:00 pm
May 18, 2022 - Day 2: 3 ½ hour virtual class, 8:30 to 12:00 pm

This course will take place in a virtual classroom allowing for live interaction between instructor and participants.

Course Self-paced Learning

Participants will download the course materials, and assignments. These engagements are external to the classroom experience. (2 hours approximately).

Target Audience

Monolingual clinicians working with language interpreter's services.

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. Examine the DSM-5 Cultural Formulation Interviews
2. List three or more of the Cultural Concepts of Distress itemized in the DSM-5
3. Identify at least three cultural beliefs for the causes of mental illness
4. Define cross cultural communication and identify multiple variables influencing clinical interactions
5. Explain the difference between high context and low context forms of communication
6. Describe the fundamental principles when using language interpreters in behavioral health settings
7. Recognize three variables that influence the cross-cultural dynamics while working with a language interpreter

Abstract of Course

This workshop offers practitioners an opportunity to increase cross cultural communication in clinical interactions. The training will review cross cultural communication variables such as language, culture, verbal and non-verbal communication, and low and high context communication. Also included are the DSM-5 Cultural Formulation in Diagnosis and the Cultural Concepts of Distress to incorporate culturally relevant information when conducting a diagnostic assessment.

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

Registration

Due to the interactive nature of this training, the class size is limited to 25 individuals.

If you are interested in participating in the training, please email your interest as soon as possible to Ajna Glisic at glisica@saccounty.net as the class may fill up quickly. Please note that if you have already taken this training in previous years, you have completed this requirement.

Training and CE Hours free of charge

All staff members who participate in the training will be given a certificate of completion and CE hours as appropriate at the end of the training. 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 about CE hours, please e-mail QMTraining@saccounty.net

Questions, Concerns, or Grievances:

Quality training is the goal of Sacramento County; please direct any questions to Ajna Glisic (glisica@saccounty.net). For concerns or grievances regarding this training, please send correspondence 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 one week prior to the event at phone (916) 876-8804 or via email at GlisicA@saccounty.net

From: donotreply@networkofcare.org
To: Nakamura. Mary
Subject: Sacramento Cultural Competence Training 2021-2022
Date: Friday, January 21, 2022 3:45:30 PM

Hello Mary Nakamura,

This email provides information to log into the CIBHS learning management system (LMS) which will allow you to complete the required Sacramento County Cultural Competence training for 2021-22.

Your first step is to update your account information.

1. Log into the LMS system by using the link and user name/password found below.
2. Click on the "My Account" link found in the left hand column navigation.
3. Fill out the required fields.

Next Steps

1. You will receive an email assigning you to the webinar series in the next few days.
2. Complete the series by June 30, 2022.

If you have already been assigned, please remember that the training is due to be completed by June 30, 2022.

If you have already completed the assignment, thank you!

Once you have completed all 5 webinars, you can print out a certificate for completing the *Sacramento County BHS Cultural Competency Courses for 2021-22*

1. Log into your Network of Care account on the CIBHS learning system.
2. Click "My Certificates" in the left hand navigation column.
3. The course bundle for Sac Co BHS Cultural Competency Courses for 2021-22 should show with your passed date.
4. Click "Print Certificate". Make sure your pop-up blocker is turned off.
5. The certificate will open in a new window. Then you can print or download.

NOTE: If nothing happens, you will need to allow pop-ups on your computer. Some network systems block pop-ups from occurring so you may need to work with your IT department.

Here is your login information:

User Name: CiM_MaryNakamura
Password: *****

https://cibhs.networkofcare4elearning.org/Login.aspx

From: donotreply@networkofcare.org
To: Nakamura. Mary
Cc: supportcibhs@cibhs.org
Subject: DUE NEXT WEEK: Sac BHS Cultural Competence Training 2021-2022
Date: Friday, June 24, 2022 2:54:06 PM

Hello Mary Nakamura,

The ***Sacramento Cultural Competency Training for FY 21-22*** is due by Thursday, June 30, 2022.

If you have completed the training, thank you! If you would like a certificate, click here for instructions.

If you have NOT completed the training, please do so by Thursday, June 30, 2022. To log into the system, use the link and personal account information provided below. Click here if you need detailed instructions.

If you need additional support, please email kbitz@cibhs.org.

Here is your login information:

User Name: CiM_MaryNakamura
Password: ****

https://cibhs.networkofcare4elearning.org/Login.aspx

SACRAMENTO COUNTY

Substance Use Prevention and Treatment Services

Annual Contractor Site Review Fiscal Year: _____

Provider: _____ **Date(s):** _____

Modality: _____

Reviewer(s): _____

Entrance Interview Attended By: _____

Sacramento County shall conduct, at least annually, a utilization review of Drug Medi-Cal Organized Delivery System (DMC-ODS) sub-contracted providers to ensure covered services are being appropriately rendered. The annual review shall include an on-site visit of the sub-contracted service provider. Reports of the annual review shall be provided to DHCS within 2 weeks of completion (Department of Health Care Services (DHCS)-Sacramento County Interagency Agreement (IAG), Exhibit A, Attachment I, EE. #1 – Contract Monitoring).

Sources for items reviewed:

DHCS - Prevention Data Quality Standards

DHCS - Sacramento County Substance Abuse Block Grant (SABG) IAG

Minimum Quality Drug Treatment Standards (MQDTS): DHCS/Sacramento County IAG, Document 2F(b)

California Alcohol and/or Other Drugs Program Certification Standards Feb 2020 (AOD Standards)

National Culturally Linguistically Appropriate Services (CLAS) Standards

Sacramento County/Provider Contract (Sac Co. Contract)

County Policy & Procedure (County P&P)

ORGANIZATION ADMINISTRATION

Governing Body: Board of Directors or Advisory Board

C	NC	NI	NA	Sources	**Standard Ratings:** C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				Sac Co. Contract	Board of Directors (at least 5 members age 18 or older)
				Sac Co. Contract	Meets at least quarterly
				Sac Co. Contract	Current list of members' names and contact information with Chairperson identified
				Sac Co. Contract	Meeting minutes available to the public
COMMENTS:					

Organizational Structure/Guiding Principles/Business Practices

C	NC	NI	NA	Sources	**Standard Ratings:** C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				AOD Standards 13030 (f)	Current Organizational Chart/Lines of Authority
				AOD Standards 12010	Program philosophy and/or mission statement
				SABG IAG	Program philosophy: no unlawful use or unlawful messaging of alcohol and drugs
				SABG IAG	Program philosophy: legalization of controlled substances are not promoted
				AOD Standards 12020	Program description: describing services, intensity, setting and approach to recovery
				AOD Standards 12020	Program objectives: written goals/measurable objectives must support program philosophy
				AOD Standards 12020	Process/outcome objectives are realistic and measurable
				AOD Standards 12010	Program evaluation: plan for management decision making
				AOD Standards7120(b)(8), 12010(d), & 12030	Surveys result in quality improvement/treatment planning process
				AOD Standards 12030	Quality Assurance/Continuous Quality Improvement
				Drug Standards II.C.1	Participant records stored according to policy
				Drug Standards II.E.1	Access to records controlled/recorded
				Drug Standards I.E.h	Staff/volunteers familiar with confidentiality laws
				Drug Standards II.E.2.	Written policies maintaining confidentiality cover all areas.

Annual Contractor Site Review Fiscal Year: _____

COMMENTS:	

Community Involvement

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				AOD Standards 19000	Program supported by community
				AOD Standards 19000	Collaborates with other agencies
COMMENTS:					

Cultural Competence: National Culturally Linguistically Appropriate Services (CLAS) Standards

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				Principle Standard	
				CLAS, Standard 1	Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
				Governance, Leadership and Workforce	
				CLAS, Standard 2	Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
				CLAS, Standard 3	Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
				CLAS, Standard 4	Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
				Communication and Language Assistance	
				CLAS, Standard 5	communication needs, at no cost to them, to facilitate timely access to all health care and services.
				CLAS, Standard 6	Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
				CLAS, Standard 7	Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
				CLAS, Standard 8	Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
				Engagement, Continuous Improvement, and Accountability	
				CLAS, Standard 9	Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
				CLAS, Standard 10	Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
				CLAS, Standard 11	Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
				CLAS, Standard 12	Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
				CLAS, Standard 13	Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
				CLAS, Standard 14	Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
				CLAS, Standard 15	Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.
COMMENTS:					

ADA Accommodations

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				DHCS/Sac County IAG	TTY/TDY/California Relay in place to support hearing impaired.
				DHCS/Sac County IAG	Services are accessible to the disabled at no additional cost.
				DHCS/Sac County IAG	Materials/devices available to serve persons with disabilities at no charge (e.g., Braille/large print/signing interpreter/wide doors/ramps, etc.)
COMMENTS:					

PHYSICAL FACILITY

SACRAMENTO COUNTY

Substance Use Prevention and Treatment Services

Annual Contractor Site Review Fiscal Year: _____

Physical Environment

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				AOD Standards 20000	Services provided at appropriate/clean/safe/well maintained sites offering adequate space to accommodate types of services provided.
				AOD Standards 20000	All participants shall be protected against hazards within the program through provision of protective devices.
				AOD Standards 20000	All outdoor and indoor passageways, stairways, inclines, ramps, open porches and other areas of potential hazard shall be kept free of obstruction and lighted for the visibility and safety of all participants.
				AOD Standards 20000	Program equipment and supplies shall be stored in appropriate space and are not to be stored in space designated for other activities.
COMMENTS:					

Facility Postings/Materials

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				AOD Standards 20020	Hours of Operation are posted.
				Sac Co. Contract	Equal Opportunity Acts conspicuously posted
				SABG IAG	No unlawful messaging regarding alcohol and drugs.
COMMENTS:					

FISCAL AND OTHER BUSINESS REQUIREMENTS

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				D/MC Standards	County notified in writing of service location changes.
				DHCS/Sac County IAG	Master Provider File reflects current information for agency.
				Sac Co. Contract	Funds are being used appropriately and only for authorized purposes
				Sac Co. Contract	Provider has appropriate fiscal controls in place
				Sac Co. Contract	Services provided according to contract program description.
				Sac Co. Contract	Worker's Compensation Insurance
				Sac Co. Contract	General Liability Insurance ($2 Million)
				Sac Co. Contract	Auto Liability
				D/MC Standards	Business License/Conditional use permits
				DMC Certification III.A	Fire Department approved-emergency evacuation procedures
				DMC Certification III.A	Fire Clearance
				Sac Co. Contract	Emergency medical care policies/procedures (incident report)
COMMENTS:					

PERSONNEL

Job Descriptions

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				MQDTS, A1	Job descriptions are developed, revised as needed, and approved by the Program's governing body. The job descriptions include:
				MQDTS, A1	*Position title and classification;*
				MQDTS, A1	*Duties and responsibilities;*
				MQDTS, A1	*Lines of supervision; and*
				MQDTS, A1	*Education, training, work experience, and other qualifications for the position.*
COMMENTS:					

Personnel Policy Review

C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable

Annual Contractor Site Review Fiscal Year: _____

				AOD Standards 13010	Personnel Policies/Procedure Manual current and made available to all staff/volunteers.
				AOD Standards 13005	Description of major duties/authority of CEO/Executive Director.
				AOD Standards 13005	CEO/Executive Director performance evaluated annually.
				AOD Standards 13010	Staffing pattern show Full Time Employees-contract/volunteer staff by gender/ethnicity - meets client language needs
COMMENTS:					

Employee Manual/Handbook/Code of Conduct

C	NC	NI	NA	Sources	**Standard Ratings:** C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				AOD Standards 13010	Provider has an Employee Manual/Handbook addressing at least the following:
				AOD Standards 13020	*Work Hours (overtime/compensatory time)*
				AOD Standards 13010	*Scheduled time off/leave (vacation/sick/holiday)*
				AOD Standards 13010	*Benefits (health/worker's compensation/unemployment)*
				AOD Standards 13010	*Hiring practices*
				AOD Standards 13010	*Discipline procedures*
				AOD Standards 13010	*Discharge procedures*
				AOD Standards 13010	*Promotion procedures*
				AOD Standards 13020	*Employee grievance procedure*
				MQDTS, A3	*Drug free workplace policy*
				MQDTS, A3	*Prohibition of social/business relationship with clients or their family members for personal gain;*
				MQDTS, A3	*Prohibition of sexual contact with clients;*
				MQDTS, A3	*Conflict of interest;*
				MQDTS, A3	*Providing services beyond scope;*
				MQDTS, A3	*Discrimination against clients or staff;*
				MQDTS, A3	*Verbally, physically, or sexually harassing, threatening, or abusing clients, family members or other staff;*
				MQDTS, A3	*Protection of client confidentiality;*
				MQDTS, A3	*Cooperation with complaint investigations.*
				Sac Co. Contract	*Policies/procedures for reporting suspected child/elder abuse (e.g. Tarasoff Act)*
COMMENTS:					

Personnel Records

C	NC	NI	NA	Sources	**Standard Ratings:** C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				MQDTS, A1	Files maintained for all paid/volunteer/intern staff and include at least the following:
				MQDTS, A1	Application for employment and/or resume;
				AOD Standards 13010	Date hired;
				Sac Co. Contract	Livescans/background check;
				AOD Standards 13030	TB test date/result (45 days prior or 5 days after date hired);
				MQDTS, A1	Health records/status as required by program or Title 9; Health Questionnaire Record or Medical Clearance;
				AOD Standards 13010	Annual TB tests; renewed annually from the last TB test.
				MQDTS, A1	Signed employment confirmation statement/duty statement;
				MQDTS, A1	Job description, which includes the following:
				MQDTS, A1	*Position title and classification;*
				MQDTS, A1	*Duties and responsibilities;*
				MQDTS, A1	*Lines of supervision; and*
				MQDTS, A1	*Education, training, work experience, and other qualifications for the position.*
				MQDTS, A1	Performance evaluations;
				AOD Standards 13010	Salary history, merit adjustments, and (if applicable) severance pay
				MQDTS, A1	Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries);
				MQDTS, A1	Program Code of Conduct and for registered, certified, and licensed staff, a copy of the certifying/licensing body's code of conduct as well.

Annual Contractor Site Review Fiscal Year: _____

				MQDTS, A1	Current registration, certification, intern status, or licensure; (NPI)
				MQDTS, A1	Proof of continuing education required by licensing or certifying agency and program;
				MQDTS, A1	Training documentation relative to substance use disorders and treatment.
COMMENTS:					

Volunteers/Interns

C	NC	NI	NA	Sources	**Standard Ratings:** C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				MQDTS, A4	If volunteers and or interns are utilized, procedures are implemented for the following:
				MQDTS, A4	*Recruitment;*
				MQDTS, A4	*Screening;*
				MQDTS, A4	*Selection;*
				MQDTS, A4	*Training and orientation;*
				MQDTS, A4	*Duties and assignments;*
				MQDTS, A4	*Scope of practice;*
				MQDTS, A4	*Supervision;*
				MQDTS, A4	*Evaluation; and*
				MQDTS, A4	*Protection of client confidentiality.*
COMMENTS:					

Staff Training/Education

C	NC	NI	NA	Sources	**Standard Ratings:** C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				Sac Co. Contract	Provider ensures that staff attend the following trainings:
				Sac Co. Contract	*American with Disabilities Act (ADA) Training (Minimum: 1 time)*
				Sac Co. Contract	*AIDS / HIV Training (Minimum: 1 time)*
				Sac Co. Contract	*Cultural Competency Training (Minimum: 1 time)*
				Sac Co. Contract	*HIPAA/Fraud Waste and Abuse Compliance Training (Every 2 years)*
				Sac Co. Contract	*Mandated Reporting (Every 2 years)*
				Sac Co. Contract	*Trafficking Victims Protection Act (Minimum:1 time)*
COMMENTS:					

SERVICE PROVISIONS

Service Program Policies

C	NC	NI	NA	Sources	**Standard Ratings**: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				SABG IAG	Program does not distribute sterile needles or syringes for the hypodermic injection of any illegal drug
				AOD Standards 17000	Nondiscrimination in providing services
				AOD Standards 18000	Confidentiality
				AOD Standards 12020(e)	Maintenance and disposal of participant documents (e.g. sign-in sheets) and complies with County policy.
				D/MC Standards	Client grievance/appeal procedures
				AOD Standards 7070	Referrals to appropriate services/current list of resources
				Sac County Contract	Communicable diseases
				42 CFR, Part 54	Faith-Based/Charitable Choice
COMMENTS:					

Primary Prevention SUD Data Service (PPSDS)

C	NC	NI	NA	Sources	**Standard Ratings**: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				DHCS Data Quality Standards	Quality data is timely.
				DHCS Data Quality Standards	Quality data is logical.
				DHCS Data Quality Standards	Confidentiality

Annual Contractor Site Review Fiscal Year: _____

				DHCS Data Quality Standards	Quality data is accurate.
				DHCS Data Quality Standards	Quality data is complete.
				DHCS Data Quality Standards	Quality data is valid.
COMMENTS:					

Strategic Prevention Plan

C	NC	NI	NA	Sources	**Standard Ratings**: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
				Strategic Prevention Plan	Provider's activities align with the current Strategic Prevention Plan and Logical Models.
				Strategic Prevention Plan	Provider is making adequate progress on Logical Model goals and objectives.
COMMENTS:					

Annual Contractor Review Personnel File Fiscal Year: _____

Provider: _____ **Review Date:** _____

Reviewer: _____

Employee's Name: _____

Position: _____ **DOH:** _____

Source for items reviewed:
Minimum Quality Drug Treatment Standards (MQDTS): DHCS/Sacramento County IAG, Document 2F(b)
California Alcohol and / or Other Drug Program Certification Standards 2004
Title 22 California Code of Regulations Section 51341.1

Personnel Files should be maintained for all paid/volunteer/intern staff and include at least the following listed below.

Y	N	N/A	Personnel File Content
			Application for employment and/or resume;
			Date hired;
			Livescans/background check;
			TB test date/result (3 months prior or 7 days after date hired;
			Health records/status as required by program or Title 9; Health Questionnaire Record or Medical Clearance;
			Annual TB tests
			Signed employment confirmation statement/duty statement;
			Job description, which includes the following:
			Position title and classification;
			Duties and responsibilities;
			Lines of supervision; and
			Education, training, work experience, and other qualifications for the position.
			Performance evaluations;
			Salary history, merit adjustments, and (if applicable) severance pay
			Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries);

Annual Contractor Review Personnel File Fiscal Year: _____

Provider: _____ **Review Date: _____**

Reviewer: _____

			Program Code of Conduct and for registered, certified, and licensed staff, a copy of the certifying/licensing body's code of conduct as well.
			Current registration, certification, intern status, or licensure; (NPI)
			Proof of continuing education required by licensing or certifying agency and program; and
			Training documentation relative to substance use disorders and treatment;
			Employee attended the following trainings:
			American with Disabilities Act (ADA) Training (Minimum: 1 time)
			AIDS / HIV Training (Minimum: 1 time)
			Cultural Competency Training (Minimum: 1 time)
			HIPAA/Fraud Waste and Abuse Compliance Training (Every 2 years)
			Mandated Reporting (Every 2 years)
			Trafficking Victims Protection Act (Minimum:1 time)

SACRAMENTO COUNTY

Substance Use Prevention and Treatment Services

Annual Contractor Site Review Fiscal Year: _____

Provider: _____ **Date(s):** _____

Modality: _____

Reviewer(s): _____

Entrance Interview Attended By: _____

Sacramento County shall conduct, at least annually, a utilization review of Drug Medi-Cal Organized Delivery System (DMC-ODS) sub-contracted providers to ensure covered services are being appropriately rendered. The annual review shall include an on-site visit of the sub-contracted service provider. Reports of the annual review shall be provided to DHCS within 2 weeks of completion (Department of Health Care Services (DHCS)-Sacramento County Interagency Agreement (IAG), Exhibit A, Attachment I, EE. #1 – Contract Monitoring).

Sources for items reviewed:

DHCS - Sacramento County DMC-ODS IAG

DHCS - Sacramento County Substance Abuse Block Grant (SABG) IAG

Minimum Quality Drug Treatment Standards (MQDTS): DHCS/Sacramento County IAG, Document 2F(b)

California Alcohol and/or Other Drugs Program Certification Standards Feb 2020 (AOD Standards)

Drug Medi-Cal Certification Standards July 2004 (DMC Certification)

Title 22, California Code of Regulations July 2015 (D/MC Standards)

National Culturally Linguistically Appropriate Services (CLAS) Standards

Sacramento County/Provider Contract (Sac Co. Contract)

County Policy & Procedure (County P&P)

ORGANIZATION ADMINISTRATION

1.0 Governing Body: Board of Directors or Advisory Board

	C	NC	NI	NA	Sources	**Standard Ratings:** C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
1.1					*Sac Co. Contract*	Board of Directors (at least 5 members age 18 or older)
1.2					*Sac Co. Contract*	Meets at least quarterly
1.3					*Sac Co. Contract*	Current list of members' names and contact information with Chairperson identified
1.4					*Sac Co. Contract*	Meeting minutes available to the public
	COMMENTS:					

2.0 Organizational Structure/Guiding Principles/Business Practices

	C	NC	NI	NA	Sources	**Standard Ratings:** C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
2.1					*AOD Standards 13030 (f)*	Current Organizational Chart/Lines of Authority
2.2					*AOD Standards 12010*	Program philosophy and/or mission statement
2.3					*SABG IAG*	Program philosophy: no unlawful use or unlawful messaging of alcohol and drugs
2.4					*SABG IAG*	Program philosophy: legalization of controlled substances are not promoted
2.5					*AOD Standards 12020*	Program description: describing services, intensity, setting and approach to recovery
2.6					*AOD Standards 12020*	Program objectives: written goals/measurable objectives must support program philosophy
2.7					*AOD Standards 12020*	Process/outcome objectives are realistic and measurable
2.8					*AOD Standards 12010*	Program evaluation: plan for management decision making
2.9					*AOD Standards7120(b)(8), 12010(d), & 12030*	Surveys result in quality improvement/treatment planning process

Annual Contractor Site Review Fiscal Year: _____

2.10					*D/MC Standards VI.B*	Medication Storage Policy
2.11					*AOD Standards 12030*	Quality Assurance/Continuous Quality Improvement
2.12					*Drug Standards II.C.1*	Participant records stored according to policy
2.13					*Drug Standards II.E.1*	Access to records controlled/recorded
2.14					*Drug Standards I.E.h*	Staff/volunteers familiar with confidentiality laws
2.15					*Drug Standards II.E.2.*	Written policies maintaining confidentiality cover all areas.
	COMMENTS:					

3.0 Community Involvement

	C	NC	NI	NA	Sources	**Standard Ratings:** C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
3.1					*AOD Standards 19000*	Program supported by community
3.2					*AOD Standards 19000*	Collaborates with other agencies
3.3	**COMMENTS:**					

4.0 Cultural Competence: National Culturally Linguistically Appropriate Services (CLAS) Standards

	C	NC	NI	NA	Sources	**Standard Ratings:** C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
					Principle Standard	
4.1					*CLAS, Standard 1*	Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
					Governance, Leadership and Workforce	
4.2					*CLAS, Standard 2*	Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
4.3					*CLAS, Standard 3*	Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4.4					*CLAS, Standard 4*	Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
					Communication and Language Assistance	
4.4					*CLAS, Standard 5*	other communication needs, at no cost to them, to facilitate timely access to all health care and services.
4.6					*CLAS, Standard 6*	Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
4.7					*CLAS, Standard 7*	Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
4.8					*CLAS, Standard 8*	Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
					Engagement, Continuous Improvement, and Accountability	
4.9					*CLAS, Standard 9*	Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
4.10					*CLAS, Standard 10*	CLAS-related measures into measurement and continuous quality improvement activities.
4.11					*CLAS, Standard 11*	Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
4.12					*CLAS, Standard 12*	Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
4.13					*CLAS, Standard 13*	Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
4.14					*CLAS, Standard 14*	Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
4.15					*CLAS, Standard 15*	Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.
	COMMENTS:					

SACRAMENTO COUNTY

Substance Use Prevention and Treatment Services

Annual Contractor Site Review Fiscal Year: _____

5.0 ADA Accommodations

	C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
5.1					*DHCS/Sac County IAG*	TTY/TDY/California Relay in place to support hearing impaired.
5.2					*DHCS/Sac County IAG*	Services are accessible to the disabled at no additional cost.
5.3					*DHCS/Sac County IAG*	Materials/devices available to serve persons with disabilities at no charge (e.g., Braille/large print/signing interpreter/wide doors/ramps, etc.)
	COMMENTS:					

PHYSICAL FACILITY

6.0 Physical Environment

	C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
6.1					*AOD Standards 20000*	Services provided at appropriate/clean/safe/well maintained sites offering adequate space to accommodate types of services provided.
6.2					*AOD Standards 20000*	All participants shall be protected against hazards within the program through provision of protective devices.
6.3					*AOD Standards 20000*	All outdoor and indoor passageways, stairways, inclines, ramps, open porches and other areas of potential hazard shall be kept free of obstruction and lighted for the visibility and safety of all participants.
6.4					*AOD Standards 20000*	Program equipment and supplies shall be stored in appropriate space and are not to be stored in space designated for other activities.
	COMMENTS:					

7.0 Facility Postings/Materials for Lobby

	C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
7.1					*AOD Standards 20020*	Hours of Operation are posted with emergency/after hours numbers.
7.2					*DHCS/Sac County IAG*	The following Informing Materials are placed in the lobby in English and threshold languages: Arabic, Chinese, Hmong, Spanish, Russian, Vietnamese
7.3					*DHCS/Sac County IAG*	*Members Rights & Problem Resolution Process Brochure*
7.4					*DHCS/Sac County IAG*	*Grievance Form/Brochure*
7.5					*DHCS/Sac County IAG*	*Appeal Form/Brochure*
7.6					*DHCS/Sac County IAG*	*Member Suggestion Form/Brochure*
7.7					*DHCS/Sac County IAG*	*Member Handbook*
7.8					*Sac Co. Contract*	Equal Opportunity Acts conspicuously posted
7.9					*SABG IAG*	No unlawful messaging regarding alcohol and drugs.
	COMMENTS:					

FISCAL AND OTHER BUSINESS REQUIREMENTS

8.0 Fiscal and Other Business Requirements

	C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
8.1					*D/MC Standards*	County notified in writing of service location changes.
8.2					*DHCS/Sac County IAG*	Master Provider File reflects current information for agency.
8.3					*Sac Co. Contract*	Funds are being used appropriately and only for authorized purposes
8.4					*Sac Co. Contract*	Provider has appropriate fiscal controls in place
8.5					*Sac Co. Contract*	Services provided according to contract program description.
8.6					*Sac Co. Contract*	Worker's Compensation Insurance
8.7					*Sac Co. Contract*	General Liability Insurance ($2 Million)
8.8					*Sac Co. Contract*	Auto Liability
8.9					*DMC Certification I*	Medi-Cal Certification

Annual Contractor Site Review Fiscal Year: _____

8.10					*Title 9, 10511*	State Certification/License (CARF) - Required for NTP
8.11					*D/MC Standards*	Business License/Conditional use permits
8.12					*DMC Certification III.A*	Fire Department approved-emergency evacuation procedures
8.13					*DMC Certification III.A*	Fire Clearance
8.14					*Sac Co. Contract*	Emergency medical care policies/procedures (incident report)
	COMMENTS:					

PERSONNEL

9.0 Job Descriptions

	C	NC	NI	NA	Sources	**Standard Ratings:** C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
9.1					*MQDTS, A2*	Job descriptions are developed, revised as needed, and approved by the Program's governing body. The job descriptions include:
9.2					*MQDTS, A2*	*Position title and classification;*
9.3					*MQDTS, A2*	*Duties and responsibilities;*
9.4					*MQDTS, A2*	*Lines of supervision; and*
9.5					*MQDTS, A2*	*Education, training, work experience, and other qualifications for the position.*
	COMMENTS:					

10.0 Personnel Policy Review

	C	NC	NI	NA	Sources	**Standard Ratings:** C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
10.1					*AOD Standards 13010*	Personnel Policies/Procedure Manual current and made available to all staff/volunteers.
10.2					*AOD Standards 13005*	Description of major duties/authority of CEO/Executive Director.
10.3					*AOD Standards 13005*	CEO/Executive Director performance evaluated annually.
10.4					*AOD Standards 13010*	Staffing pattern show Full Time Employees-contract/volunteer staff by gender/ethnicity - meets client language needs
	COMMENTS:					

11.0 Employee Manual/Handbook/Code of Conduct

	C	NC	NI	NA	Sources	**Standard Ratings:** C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
11.1					*AOD Standards 13010*	Provider has an Employee Manual/Handbook addressing at least the following:
11.2					*AOD Standards 13020*	*Work Hours (overtime/compensatory time)*
11.3					*AOD Standards 13010*	*Scheduled time off/leave (vacation/sick/holiday)*
11.4					*AOD Standards 13010*	*Benefits (health/worker's compensation/unemployment)*
11.5					*AOD Standards 13010*	*Hiring practices*
11.6					*AOD Standards 13010*	*Discipline procedures*
11.7					*AOD Standards 13010*	*Discharge procedures*
11.8					*AOD Standards 13010*	*Promotion procedures*
11.9					*AOD Standards 13020*	*Employee grievance procedure*
11.10					*MQDTS, A3*	*Drug free workplace policy*
11.11					*MQDTS, A3*	*Prohibition of social/business relationship with clients or their family members for personal gain;*
11.12					*MQDTS, A3*	*Prohibition of sexual contact with clients;*
11.13					*MQDTS, A3*	*Conflict of interest;*
11.14					*MQDTS, A3*	*Providing services beyond scope;*
11.15					*MQDTS, A3*	*Discrimination against clients or staff;*
11.16					*MQDTS, A3*	*Verbally, physically, or sexually harassing, threatening, or abusing clients, family members or other staff;*
11.17					*MQDTS, A3*	*Protection of client confidentiality;*

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11.18					MQDTS, A3	*Cooperation with complaint investigations.*
11.19					Sac Co. Contract	*Policies/procedures for reporting suspected child/elder abuse (e.g. Tarasoff Act)*
	COMMENTS:					

12.0 Personnel Records

	C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
12.1					MQDTS, A1	Files maintained for all paid/volunteer/intern staff and include at least the following:
12.2					MQDTS, A1	Application for employment and/or resume;
12.3					AOD Standards 13010	Date hired;
12.4					Sac Co. Contract	Livescans/background check;
12.5					AOD Standards 13030	TB test date/result (45 days prior or 5 days after date hired);
12.6					MQDTS, A1	Health records/status as required by program or Title 9; Health Questionnaire Record or Medical Clearance;
12.7					AOD Standards 13010	Annual TB tests; renewed annually from the last TB test.
12.8					MQDTS, A1	Signed employment confirmation statement/duty statement;
12.9					MQDTS, A1	Job description, which includes the following:
12.10					MQDTS, A1	*Position title and classification;*
12.11					MQDTS, A1	*Duties and responsibilities;*
12.12					MQDTS, A1	*Lines of supervision; and*
12.13					MQDTS, A1	*Education, training, work experience, and other qualifications for the position.*
12.14					MQDTS, A1	Performance evaluations;
12.15					AOD Standards 13010	Salary history, merit adjustments, and (if applicable) severance pay
12.16					MQDTS, A1	Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries);
12.17					MQDTS, A1	Program Code of Conduct and for registered, certified, and licensed staff, a copy of the certifying/licensing body's code of conduct as well.
12.18					MQDTS, A1	Current registration, certification, intern status, or licensure; (NPI)
12.19					MQDTS, A1	Proof of continuing education required by licensing or certifying agency and program;
12.20					MQDTS, A1	Training documentation relative to substance use disorders and treatment.
	COMMENTS:					

13.0 Volunteers/Interns

	C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
13.1					MQDTS, A4	If volunteers and or interns are utilized, procedures are implemented for the following:
13.2					MQDTS, A4	*Recruitment;*
13.3					MQDTS, A4	*Screening;*
13.4					MQDTS, A4	*Selection;*
13.5					MQDTS, A4	*Training and orientation;*
13.6					MQDTS, A4	*Duties and assignments;*
13.7					MQDTS, A4	*Scope of practice;*
13.8					MQDTS, A4	*Supervision;*
13.9					MQDTS, A4	*Evaluation; and*
13.10					MQDTS, A4	*Protection of client confidentiality.*
	COMMENTS:					

14.0 Staff Training/Education

	C	NC	NI	NA	Sources	Standard Ratings: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
14.1					Sac Co. Contract	Provider ensures that staff attend the following trainings:

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14.2					*DHCS/Sac Co. IAG*	*American Society of Addiction Medicine (ASAM) Change Company Certification Training (Minimum: 1 time)*
14.3					*Sac Co. Contract*	*American with Disabilities Act (ADA) Training (Minimum: 1 time)*
14.4					*Sac Co. Contract*	*AIDS / HIV Training (Minimum: 1 time)*
14.5					*Sac Co. Contract*	*Avatar Electronic Health Record Training (Minimum:1 time)*
14.6					*Sac Co. Contract*	*Cultural Competency Training (Minimum: 1 time)*
14.7					*Sac Co. Contract*	*HIPPA/Fraud waist and Abuse Compliance Training (Every 2 years)*
14.8					*Sac Co. Contract*	*Mandated Reporting (Every 2 years)*
14.9					*AOD Standards 7040*	*Medication Assisted Training (Minimum: 1 time)*
14.10					*Sac Co. Contract*	*Title 22 Training (Annually)*
14.11					*Sac Co. Contract*	*Trafficking Victims Protection Act (Minimum:1 time)*
14.12					*Sac Co. Contract*	*Quality Management Documentation Training (Minimum: 1 time)*
	COMMENTS:					

15.0 Medical Director

	C	NC	NI	NA	Sources	**Standard Ratings**: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
15.1					*DHCS/Sac County IAG*	A Medical Director is on staff who, prior to the delivery of services, has enrolled with DHCS under applicable state regulations, has been screened in accordance with 42 CFR 455.450(a) as a "limited" categorical risk within a year prior to serving as a Medical Director, and has signed a Medicaid provider agreement with DHCS as required by 42 CFR 431.107.
15.2					*DMC Certification IV.A 1*	Physician Contractual Obligation/Liability Insurance
15.3					*AOD Standards 13020*	Physician's Health Questionnaire and TB Test (7020)
15.4					*AOD Standards 13020*	Physician Licensure/Agency Code of Conduct/registered with County QM
15.5					*DMC Certification IV*	Physician Admittance Privileges / plan for ensuring needed hospital services
15.6					*MQDTS, A5*	Written roles and responsibilities and a code of conduct for the Medical Director (if applicable) shall be clearly documented signed and dated by an authorized program representative and the medical director.
	COMMENTS:					

SERVICE PROVISIONS

16.0 Priority Populations

	C	NC	NI	NA	Sources	**Standard Ratings**: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
16.1					*Sac Co. Contract (Federal)*	**Priority 1**: Pregnant injecting drug abusers, pregnant substance abusers, & injecting drug abusers.
16.2					*Sac Co. Contract (County)*	**Priority 2:** Child Protective Services
16.3					*Sac Co. Contract (County)*	**Priority 3:** County Multi-System Users and HIV Positive
16.4					*Sac Co. Contract*	**Priority 4:** All others who need treatment
	COMMENTS:					

17.0 Service Program Policies

	C	NC	NI	NA	Sources	**Standard Ratings**: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
17.1					*SABG IAG*	Program does not distribute sterile needles or syringes for the hypodermic injection of any illegal drug
17.2					*AOD Standards 17000*	Nondiscrimination in providing services
17.3					*AOD Standards 15000*	Admission agreement/Consent to treat

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17.4					*AOD Standards 18000*	Confidentiality
17.5					*AOD Standards 12020(e)*	Maintenance and disposal of participant files and complies with County policy.
17.6					*AOD Standards 16000*	Client Rights
17.7					*AOD Standards 16000(a)(7)*	Client's access to records
17.8					*D/MC Standards*	Client grievance/appeal procedures
17.9					*AOD Standards 7000*	Admission/Re-admission/Non-admission criteria
17.10					*AOD Standards 7060*	Referral for physical health, mental health, and emergency services
17.11					*AOD Standards 7050*	Drug Screening
17.12					*AOD Standards 7070*	Referrals to appropriate services/current list of resources
17.13					*AOD Standards 7110*	Continuing recovery/Discharge Plan
17.14					*AOD Standards 7030*	Use of prescribed medication
17.15					*Sac County Contract*	Communicable diseases
17.16					*42 CFR, Part 54*	Faith-Based/Charitable Choice
	COMMENTS:					

18.0 Admission & Re-Admission

	C	NC	NI	NA	Sources	**Standard Ratings**: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
18.1					*MQDTS, B1*	Each program shall include in its policies and procedures written admission and readmission criteria for determining client's eligibility and suitability for treatment. These criteria shall include, at minimum:
18.2					*MQDTS, B1*	*i. Use of alcohol/drugs of abuse;*
18.3					*MQDTS, B1*	*ii. Physical health status; and*
18.4					*MQDTS, B1*	*iii. Documentation of social and psychological problems.*
18.5					*MQDTS, B1*	If a potential client does not meet the admission criteria, the client shall be referred to an appropriate service provider.
18.6					*MQDTS, B1*	If a client is admitted to treatment, a consent to treatment form shall be signed by the client.
18.7					*MQDTS, B1*	All referrals made by the program shall be documented in the client record.
18.8					*MQDTS, B1*	Copies of the following documents shall be provided to the client upon admission:
18.9					*MQDTS, B1*	*i. Client rights, client fee policies, and consent to treatment.*
18.10					*MQDTS, B1*	*Copies of the following shall be provided to the client or posted in a prominent place accessible to all clients: Move to the annual review tab*
18.11					*MQDTS, B1*	*i. A statement of nondiscrimination by race, religion, sex, gender identity, ethnicity, age, disability, sexual preference, and ability to pay;*
18.12					*MQDTS, B1*	*ii. Grievance procedures;*
18.13					*MQDTS, B1*	*iii. Documentation of social and psychological problems.*
18.14					*MQDTS, B1*	*iv. Program rules, expectations and regulations.*
18.15					*MQDTS, B1*	Where drug screening by urinalysis is deemed appropriate the program shall:
18.16					*MQDTS, B1*	*i. Establish procedures which protect against the falsification and/or contamination of any urine sample; and*
18.17					*MQDTS, B1*	*ii. Document urinalysis results in the client's file.*
	COMMENTS:					

19.0 Treatment Services

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	C	NC	NI	NA	Sources	**Standard Ratings**: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
19.1					*MQDTS, B2*	Assessment for all clients shall include:
19.2					*MQDTS, B2*	*i. Drug/Alcohol use history;*
19.3					*MQDTS, B2*	*ii. Medical history;*
19.4					*MQDTS, B2*	*iii. Family history;*
19.5					*MQDTS, B2*	*iv. Psychiatric history;*
19.6					*MQDTS, B2*	*v. Social/recreational history;*
19.7					*MQDTS, B2*	*vi. Financial status/history;*
19.8					*MQDTS, B2*	*vii. Educational history;*
19.9					*MQDTS, B2*	*viii. Employment history;*
19.10					*MQDTS, B2*	*ix. Criminal history, legal status; and*
19.11					*MQDTS, B2*	*x. Previous SUD treatment history.*
19.12					*MQDTS, B2*	Treatment plans shall be developed with the client within 30 days of admission and include:
19.13					*MQDTS, B2*	*i. A problem statement for all problems identified through the assessment whether addressed or deferred;*
19.14					*MQDTS, B2*	*ii. Goals to address each problem statement (except when deferred);*
19.15					*MQDTS, B2*	*iii. Action steps to meet the goals that include who is responsible for the action and the target date for completion; and*
19.16					*MQDTS, B2*	*iv. Signature of primary counselor and client.*
19.17					*MQDTS, B2*	*Progress notes shall document the client's progress toward completion of activities and achievement of goals on the treatment plan.*
19.18					*MQDTS, B2*	Discharge documentation shall be developed with the client, if possible and include:
19.19					*MQDTS, B2*	*i. Description of the treatment episode;*
19.20					*MQDTS, B2*	*ii. Prognosis;*
19.21					*MQDTS, B2*	*iii. Client's plan for continued recovery including support systems and plans for relapse prevention;*
19.22					*MQDTS, B2*	*iv. Reason and type of discharge;*
19.23					*MQDTS, B2*	*v. Signature of primary counselor and client; and*
19.24					*MQDTS, B2*	*vi. A copy of the discharge documentation shall be given to the client.*
	COMMENTS:					

20.0 Residential Treatment

	C	NC	NI	NA	Sources	**Standard Ratings**: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
20.1					*Title 9, Sec 10573(a)(15)*	Safe storage of cleaning and toxic substances
20.2					*Title 9, Sec 10573(a)(7)*	Food: properly stored, prepared and served
20.3					*Title 9, Sec 10571*	Transportation: safe, reliable and valid drivers
20.4					*Title 9, Sec 10583*	Appropriate sleeping and personal storage quarters
20.5					*Title 9, Sec 10572(f &g)*	Medication: proper storage, recording, dispensing and destroying
20.6					*Sac County Contract*	Treatment Plan due within 10 days of admission and *reviewed again every 30 days*
20.7					*AOD Cert 8000(c)(4)(C)*	Treatment Plan progress recorded weekly in PN's
20.8					*Title 9, Sec 10567(b)*	TB Clearance: 6 months prior or 30 days after admission
20.9					*Title 9, Sec 10567(c)(1)*	Medical: proper recording, attention to health problems, including first aid kit
20.10					*Title 9, 10584(d)*	Water: warning posted over taps delivering water above 131 degrees
	COMMENTS:					

21.0 Narcotic Treatment/Opioid Treatment

	C	NC	NI	NA	Sources	**Standard Ratings**: C-Compliant, NC-Non-Compliant, NI-Needs Improvement, NA-Not Applicable
21.1					*Title 9 10305*	Treatment Plan due within 28 days
21.2					*HS Code 11757.59(b)*	50 minute monthly counseling minimum/240 minutes maximum
21.3					*Title 9 10310 & 10360*	Monthly U/A test [weekly for pregnant clients]
21.4					*Title 9 10210*	Multiple registration completely filled out
21.5					*Title 9 10355 & 10360*	Quarterly physician visit [monthly for pregnant clients]
21.6					*Title 9 10355*	Physician documentation of dosage change
21.7					*DHCS/Sac County IAG*	Add ASAM/Annual Justification
21.8					*Title 9 10567*	Required TB/RGB Tests

Annual Contractor Site Review Fiscal Year: _____

COMMENTS:	

Provider Signature/Date

Contract Monitor Signature/Date

Program Manager Signature/Date

Division Manager Signature/Date

Annual Contractor Review Personnel File Fiscal Year: _____

Provider: _____ **Review Date:** _____

Reviewer: _____

Employee's Name: _____

Position: _____ **DOH:** _____

Source for items reviewed:
Minimum Quality Drug Treatment Standards (MQDTS): DHCS/Sacramento County IAG, Document 2F(b)
California Alcohol and / or Other Drug Program Certification Standards 2004
Title 22 California Code of Regulations Section 51341.1

Personnel Files should be maintained for all paid/volunteer/intern staff and include at least the following listed below.

Y	N	N/A	Personnel File Content
			Application for employment and/or resume;
			Date hired;
			Livescans/background check;
			TB test date/result (3 months prior or 7 days after date hired;
			Health records/status as required by program or Title 9; Health Questionnaire Record or Medical Clearance;
			Annual TB tests
			Signed employment confirmation statement/duty statement;
			Job description, which includes the following:
			Position title and classification;
			Duties and responsibilities;
			Lines of supervision; and
			Education, training, work experience, and other qualifications for the position.
			Performance evaluations;
			Salary history, merit adjustments, and (if applicable) severance pay
			Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries);
			Program Code of Conduct and for registered, certified, and licensed staff, a copy of the certifying/licensing body's code of conduct as well.

Annual Contractor Review Personnel File Fiscal Year: _____

Provider: _____ **Review Date: _____**

Reviewer: _____

			Current registration, certification, intern status, or licensure; (NPI)
			Proof of continuing education required by licensing or certifying agency and program; and
			Training documentation relative to substance use disorders and treatment;
			Employee attended the following trainings:
			American Society of Addiction Medicine (ASAM) Change Company Certification Training (Minimum: 1 time)
			American with Disabilities Act (ADA) Training (Minimum: 1 time)
			AIDS / HIV Training (Minimum: 1 time)
			Avatar Electronic Health Record Training (Minimum:1 time)
			Cultural Competency Training (Minimum: 1 time)
			HIPPA/Fraud waist and Abuse Compliance Training (Every 2 years)
			Mandated Reporting (Every 2 years)
			Medication Assisted Training (Minimum: 1 time)
			Title 22 Training (Annually)
			Trafficking Victims Protection Act (Minimum:1 time)
			Quality Management Documentation Training (Minimum: 1 time)

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

ADULT Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

Client Name: _____ **DOB:** _____ ☐ **Mid-Year** ☐ **Annual**

Admission Date: _____ **Review Date:** _____

Discharge Date: _____ **Reviewer:** _____

Status: ☐ **Open** ☐ **Closed**

Funding Source(s): ☐ **CalWORKs** ☐ **DDC / EIFDC** ☐ **DMC-ODS**

☐ **SABG** ☐ **If non-DMC, is Preliminary Assessment & Authorization in chart?**

Sacramento County shall conduct, at least annually, a utilization review of Drug Medi-Cal Organized Delivery System (DMC-ODS) sub-contracted providers to ensure covered services are being appropriately rendered. The annual review shall include an on-site visit of the sub-contracted service provider. Reports of the annual review shall be provided to DHCS within 2 weeks of completion (Department of Health Care Services (DHCS)-Sacramento County Interagency Agreement (IAG), Exhibit A, Attachment I, EE. #1 – Contract Monitoring).

Sources for items reviewed:

Special Terms and Conditions of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver
California Alcohol and /or Other Drug Program Certification Standards, Title 22 California Code of Regulations Section 51341.1
Minimum Quality Drug Treatment Standards for Drug Medi-Cal/Substance Abuse Block Grant
Department of Health Care Services Perinatal Practice Guidelines
The ASAM Criteria, Third Edition
Sacramento County Implementation Plan for DMC-ODS Waiver
Sacramento County DMC-ODS Practice Guidelines Provider Procedure Manual
Sacramento County SUPT Contract Monitoring Manual

Y	N	N/A	Client Record Requirements
			The following personal information is included in the client record.
			First Name, Middle Initial, Last Name
			Date of Birth
			Client ID Number
			Address (Sacramento County resident?)
			Telephone Number
			Gender/race/ethnicity
			Next of kin and/or emergency contact
			Referral source and reason for referral are documented in client record.
			Provider Acknowledgement of Receipt is completed and signed.

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

ADULT Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Sacramento County Acknowledgement of Receipt is completed and signed (Notice of Privacy Practices, Member Handbook, Grievance/State Fair Hearing, Advance Directive, Provider Directory). Required to be fully completed and signed by the client and legal/personal representative, if applicable, at start of services and annually thereafter, with all applicable boxes checked.
			Accounting of Disclosures is completed and in the chart Minimum: Top of form completed with client's name and ID number.
			Admission Agreement/Consent to Treat is completed and signed.
			Informed Consent is completed and signed.
			Consent to Follow-Up completed and signed.
			Release of Information completed and signed for anyone contacted. MUST be completed in full with specific persons and signatures and no blank fields; updated annually.
			Release of Information for Emergency Contact is documented. Expiration date: _____
			Cal-OMS Admission completed in Avatar.

Comments:

Y	N	N/A	Intake Process
			Cultural Competence: The client's cultural and language needs were explored, accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
			Initial Assessment: Substance Use Disorder (SUD) American Society of Addiction Medicine (ASAM)
			Initial SUD ASAM Assessment completed within 30 days of the admission. Date:_____
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.
			The indicated Level of Care (LOC) is supported by severity ratings in each ASAM Dimension.
			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			ASAM Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an **LPHA** through a face-to-face consult.

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

ADULT Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.
Comments:			

Y	N	N/A	**Physical Examination/Health Requirements**
			Completed Health Questionnaire, which includes medical, disease screening, dental, and mental health. Date:_____
			The client has obtained a physical examination either prior to or after admission.
			Within 30 calendar days after admission, the physician reviewed the completed examination that was performed (within 12 months prior to admission date).
			If the provider was unable to obtain documentation of the physical examination, notes describe efforts made to obtain required documentation regarding physical exam.
			If the physical examination documents have not been reviewed by the physician or if the provider did not perform a physical examination, the physical examination is included as a Treatment Plan goal to be completed.
			Medical Conditions/Concerns: Referral/linkage to a PCP/GMC if client identified any medical condition(s) that need attention are documented (refer to Progress Notes).
			Alternative Healer: If client is not yet linked to PCP/GMC/Alternative Healer, efforts have been made to link the client to a PCP/GMC/Alternative Healer and, if warranted by medical condition, coordination of care is documented (refer to Progress Notes).
			Urinalysis results are documented (refer to Treatment Plan and Progress Notes).
Comments:			

Y	N	N/A	**Initial Treatment Plan**
			The Treatment Plan was completed. Date:_____
			The primary Counselor is identified in the Treatment Plan. Name: _____ Credentials: _____
			The Treatment Plan was completed and signed by the **Counselor** within 30 days of admission. If not, reasons and efforts documented.
			The Treatment Plan was reviewed and signed by the **LPHA** within 15 days of the **Counselor's** signature. Date_____

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

ADULT Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Client reviewed and signed the Treatment Plan, indicating that he/she participated in the preparation of the Treatment Plan, within 30 days of the Counselor's signature.
			All signatures are legible (name printed and signed with date).
			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.
			Statement of problems, identified through the SUD/ASAM Assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address **each** problem are documented (Short-term: within 90 days. Long-term: 90+ days).
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for each step(s) **and** goal(s) are included.
			Significant issues identified at intake/SUD Assessment are addressed in Treatment Plan.
			Description of service types (individual, group, or medical psychotherapy session) AND frequency to be provided to the client are documented. Individual counseling **MUST** be included in the Treatment Plan.
			If physical examination has NOT been completed, a goal of obtaining a physical examination is included in the initial Treatment Plan.
			If prior physical exam identified a significant medical illness, a goal for the client to obtain appropriate treatment has been identified.
Comments:			

Y	N	N/A	Continuation of Service Justification
			For ongoing services, a Physician or LPHA has re-evaluated the client for medical necessity at least every 6 months.
			Dates:_____ either from client admission date or most recent justification for continuing services (most recent SUD Assessment and associated Progress Notes
			The Physician or LPHA has documented their determination that services are still clinically appropriate and the client's prognosis.
			The client's personal, medical and substance abuse history, documentation of the client's most recent physical exam, and status of treatment goals have been considered in the determination to continue services.

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

ADULT Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

Y	N	N/A	Re-Assessment
			SUD/ASAM Re-Assessment(s) completed every 90 days or when a change in problem identification or focus of treatment occurs, whichever comes first. Date(s):_____
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.
			The indicated LOC is supported by severity ratings in each ASAM Dimension.
			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			SUD ASAM Re-Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an LPHA through a face-to-face consult.
			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.
Y	**N**	**N/A**	**Updated Treatment Plan(s)**
			Updated Treatment Plans are developed, signed, and dated no later than 90 days after signing the Intake Treatment Plan, and no later than every 90 days thereafter, or when a change in *problem identification* or *focus of treatment* occurs, whichever comes first.
			Updated Treatment Plan completed every 90 days of admission. Dates:_____
			The primary Counselor is identified in the Updated Treatment Plan. Name: _____ Credentials: _____
			Updated Treatment Plan was reviewed and signed by the **LPHA** within 15 days of the Counselor's signature.
			Client reviewed and signed the Updated Treatment Plan, indicating that he/she participated in the preparation of the Updated Treatment Plan, within 30 days of the **Counselor's** signature.
			All signatures are legible (name printed and signed with date).

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

ADULT Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Cultural Competence: Any changes in client's cultural and language needs were accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.
			Descriptions of the type (individual, group, or medical psychotherapy session) AND frequency of counseling services to be provided to the client are documented.
			Statement of problems, identified through the SUD/ASAM Re-assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address **each** problem are documented (Short-term: within 90 days. Long-term: 90+ days).
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for accomplishment of action step(s), goal(s), and resolution of problem(s) are documented.
			If physical examination has still NOT been completed, a goal of obtaining a physical examination is included in the Updated Treatment Plan(s) until the goal is met. Efforts are documented.
Comments:			

Y	N	N/A	Progress Notes
			Progress Notes are supported and validated by the Treatment Plan.
			LPHA or Counselor documented a Progress Note for every service provided.
			Progress Notes are documented within 7 calendar days of the session.
			Cultural Competence: Client's culture and language was explored and accommodated (use of interpreter) and documented.
			Progress Note documenting client's involvement in treatment planning.
			Topic of session(s) or purpose of session (s) is included in the Progress Note(s).
			Description of the client's progress of the Treatment Plan problems, goals, action steps, objectives and/or referrals is documented.
			Information on client's attendance, including date, start and end times of each service are documented (direct, doctor, travel, etc.).

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

ADULT Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Up to 9 hours of **Outpatient Services** were provided per week (no requirements on the number of or duration of sessions).
			A minimum of 9 hours with a maximum of 19 hours of **Intensive Outpatient Services** were provided per week (no requirements on the number of or duration of sessions).
			Crisis Services provided were as a result of an actual relapse or an unforeseen event or circumstance causing imminent threat of relapse.
			Collateral Services included face-to-face contact with significant person(s) in the life of the client (individuals that have a personal, not official or professional, relationship with
			Recovery Services were provided when the beneficiary was triggered, when the beneficiary had relapsed, or simply as a preventative measure to prevent relapse.
			How services were provided are documented (in person, by telephone, or by telehealth).
			If services were provided in the community, the location was identified and how confidentiality was ensured.
			Progress Note(s) were typed or legibly written in ink and included staff signature and date (month, day, and year). Staff signatures include registration/certificate/license information.
			Case Management Progress Notes
			Case Management Progress Notes are completed, signed, and dated within 7 calendar days of the service and contain:
			Date and start and end times of each service.
			Purpose of the service.
			Description of how the services relates to the Treatment Plan problems, goals, action steps, objectives, and/or referrals.
			Whether services were provided in-person, by telephone, or by telehealth.
			If services were provided in the community, the location was identified and how confidentiality was ensured.
			Assisted client in accessing medical, educational, social, vocational, rehabilitative, or other community services and/or service coordination medical/criminal justice/other agencies.
			LPHA or a registered or certified counselor provided Case Management Services.
			All Progress Notes
			All Progress Notes match billings during timeframe reviewed.
			Excessive Billing: Documentation to support the amount of time that is billable.
			Duplicative Services: Duplicative services are not billed.
			Non-Billable Services: Appropriate documentation of non-billable services, such as supervision, researching a topic, interpretation, filing, faxing, education, transportation, etc.

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Non-Billable Services: Appropriate documentation for services provided while in a client is in a lockout situation such as jail, juvenile hall, or psychiatric hospitalization.
			Disallowances: Progress Notes that need to be appended or disallowed. Please list the Progress Note that needs to be appended (within 45 days of the date of service) or disallowed, including the date and billing code of Progress Note and the reason for the disallowance. Please indicate if the Progress Note needs to be appended or disallowed. Provider must submit the supplemental worksheet with the corrected Progress Note.
			Progress Note Timeliness: Verify that Progress Notes are not in draft status past three business days. Progress Notes – later than one week from the date of service may be subject to non-reimbursement for the service provided.
Comments:			

Y	N	N/A	Pregnant and Parenting Women
			Engagement activities (Case Management/Referrals) were conducted. Date(s):_____ Activities: _____
			Treatment services were coordinated with other appropriate services, including health, criminal justice, social, educational, and vocational rehabilitation, well as additional services that are medically necessary to prevent risk to a fetus, infant, or mother. Provider arranged for transportation to ensure access to treatment. (Treatment Plan)
			SUD Curriculum included information to effectively minimize the risk of fetal exposure to drugs or alcohol, screening of pregnant women for continued substance use. (Specific to pregnant, peri-natal or gender specific programs)
			Gender-specific treatment and other therapeutic interventions for pregnant and parenting women, such as issues of relationships, sexual and physical abuse, and parenting were provided or arranged.
			Services addressed treatment issues specific to the pregnant and parenting women. Services included the following: (Progress Notes)
			Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;
			Access to services such as transportation;

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
			Coordination of ancillary services, such as medical/dental, education, social services, and community services.
			Case management services were provided or arranged to ensure that pregnant and parenting women, and their children, have access to the following:
			Primary medical care, including prenatal care;
			Primary pediatric care, including immunizations;
			Gender specific treatment; and
			Patenting includes therapeutic interventions for children to address developmental needs, sexual and psychological abuse, and neglect.
			Children's Services and referrals included: Clinical treatment services for the child that are deemed medically necessary, services should be comprehensive and, at a minimum, include the following: intake; screening and assessment of the full range of medical, developmental, emotional related-factors; care planning; residential care; case management; therapeutic child care; substance abuse education and prevention; medical care and services; developmental services; and mental health and trauma services as applicable.
Comments:			

Y	N	N/A	Group Counseling/Group Sign-In Sheets
			Typed/legibly printed name and signature of client attending the Group Counseling sessions.
			Typed or legibly printed name and signature and date from **LPHA** or **Counselor** conducting the Group Counseling sessions.
			Dates of Group Counseling sessions are documented.
			Topics of Group Counseling Sessions are documented.
			Start and end times of the Group Counseling sessions are documented.
			Group Counseling sign-in sheets match documentation in Progress Notes and billing.
			Group Counseling Sessions included 2-12 participants.
Comments:			

Y	N	N/A	Discharge Plan

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

ADULT Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Discharge Plan completed. Date:_____
			Completed 30 days prior to the LAST face-to-face treatment contact with the client.
			SUD Assessment was conducted for transition services.
			Description of each of the client's relapse triggers is documented.
			Relapse Plan to assist the client when confronted with each trigger is documented.
			Referral to a higher or lower LOC is documented.
			Provider ensured the smooth transition of the beneficiary to the new appropriate LOC by providing a warm hand-off to the new services provider, including transportation as needed.
			The transition to the new LOC occurred no later than 72 hours from the time of assessment or reassessment with no interruption of current treatment services.
			Discharge Plan is dated and signed by the **client** and **Counselor**.
			A copy of the Discharge Plan was provided to the client and documented.
			CalOMS discharge completed in Avatar.

Comments:

Y	N	N/A	Discharge Summary
			Discharge Summary completed. Date:_____
			Client discharged if no treatment contact for 30 days or more.
			Duration of treatment (date of admission to date of discharge) is documented.
			Reason and type of discharge is documented.
			Narrative summary of the treatment episode is documented.
			The client's prognosis is documented.
			CalOMS Administrative Discharge completed in Avatar.

Comments:

SACRAMENTO COUNTY Substance Use Prevention and Treatment (SUPT) Services

YOUTH Outpatient/Intensive Outpatient

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

Client Name: _____ **DOB:** _____ ☐ **Mid-Year** ☐ **Annual**

Admission Date: _____ **Review Date:** _____

Discharge Date: _____ **Reviewer:** _____

Status: ☐ **Open** ☐ **Closed**

Funding Source(s): ☐ **SABG** ☐ **DMC-ODS**

☐ **Minor Consent**

Sacramento County shall conduct, at least annually, a utilization review of Drug Medi-Cal Organized Delivery System (DMC-ODS) sub-contracted providers to ensure covered services are being appropriately rendered. The annual review shall include an on-site visit of the sub-contracted service provider. Reports of the annual review shall be provided to DHCS within 2 weeks of completion (Department of Health Care Services (DHCS)-Sacramento County Interagency Agreement (IAG), Exhibit A, Attachment I, EE. #1 – Contract Monitoring).

Sources for items reviewed:

Special Terms and Conditions of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver
California Alcohol and /or Other Drug Program Certification Standards, Title 22 California Code of Regulations Section 51341.1
Minimum Quality Drug Treatment Standards for Drug Medi-Cal/Substance Abuse Block Grant
Department of Health Care Services Perinatal Practice Guidelines
The ASAM Criteria, Third Edition
Sacramento County Implementation Plan for DMC-ODS Waiver
Sacramento County DMC-ODS Practice Guidelines Provider Procedure Manual
Sacramento County SUPT Contract Monitoring Manual

Y	N	N/A	Client Record Requirements
			The following personal information is included in the client record.
			First Name, Middle Initial, Last Name
			Date of Birth
			Client ID Number
			Address (Sacramento County resident?)
			Telephone Number
			Gender/race/ethnicity
			Next of kin and/or emergency contact
			Youth is between the ages of 12 and 20 years.
			If youth is younger than 12 years of age or 18-21 years of age, there is written protocol addressing developmentally appropriate services for the client's respective age group.
			Youth is eligible for Minor Consent Medi-Cal.
			If yes to above, eligibility been verified MONTHLY.
			Referral source and reason for referral are documented in client record.

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Provider Acknowledgement of Receipt is completed and signed.
			Sacramento County Acknowledgement of Receipt is completed and signed (Notice of Privacy Practices, Member Handbook, Grievance/State Fair Hearing, Advance Directive, Provider Directory). Required to be fully completed and signed by the client and legal/personal representative, if applicable, at start of services and annually thereafter, with all applicable boxes checked.
			Accounting of Disclosures is completed and in the chart Minimum: Top of form completed with client's name and ID number.
			Admission Agreement/Consent to Treat is completed and signed.
			Informed Consent is completed and signed.
			Consent to Follow-Up completed and signed.
			Youth Rights is completed and signed.
			Caregiver support documented in chart.
			Release of Information completed and signed for anyone contacted. MUST be completed in full with specific persons and signatures and no blank fields; updated annually.
			Release of Information for Emergency Contact is documented. Expiration date: _____
			Cal-OMS Admission completed in Avatar.
Comments:			

Y	N	N/A	Intake Process
			Cultural Competence: The client's cultural and language needs were explored, accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
			Initial Assessment: Substance Use Disorder (SUD) American Society of Addiction Medicine (ASAM)
			Initial SUD ASAM Assessment completed within 30 days of the admission. Date:_____
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.
			The indicated Level of Care (LOC) is supported by severity ratings in each ASAM Dimension.
			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			ASAM Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an **LPHA** through a face-to-face consult.

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.
			Youth provided written inventory of community services.
			Procedures in place for signing youth in and out of program site.
Comments:			

Y	N	N/A	**Physical Examination/Health Requirements**
			Completed Health Questionnaire, which includes medical, disease screening, dental, and mental health. Date:_____
			The client has obtained a physical examination either prior to or after admission.
			Within 30 calendar days after admission, the physician reviewed the completed examination that was performed (within 12 months prior to admission date).
			If the provider was unable to obtain documentation of the physical examination, notes describe efforts made to obtain required documentation regarding physical exam.
			If the physical examination documents have not been reviewed by the physician or if the provider did not perform a physical examination, the physical examination is included as a Treatment Plan goal to be completed. Date_____
			Medical Conditions/Concerns: Referral/linkage to a PCP/GMC if client identified any medical condition(s) that need attention are documented (refer to Progress Notes).
			Alternative Healer: If client is not yet linked to PCP/GMC/Alternative Healer, efforts have been made to link the client to a PCP/GMC/Alternative Healer and, if warranted by medical condition, coordination of care is documented (refer to Progress Notes).
			Urinalysis results are documented (refer to Treatment Plan and Progress Notes).
Comments:			

Y	N	N/A	**Initial Treatment Plan**
			The Treatment Plan was completed. Date:_____
			The primary Counselor is identified in the Treatment Plan. Name: _____ Credentials: _____
			The Treatment Plan was completed and signed by the **Counselor** within 30 days of admission. If not, reasons and efforts documented.

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			The Treatment Plan was reviewed and signed by the **LPHA** within 15 days of the **Counselor's** signature. Date_____
			Client reviewed and signed the Treatment Plan, indicating that he/she participated in the preparation of the Treatment Plan, within 30 days of the Counselor's signature.
			All signatures are legible (name printed and signed with date).
			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.
			Statement of problems, identified through the SUD/ASAM Assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address **each** problem are documented (Short-term: within 90 days. Long-term: 90+ days).
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for each step(s) **and** goal(s) are included.
			Significant issues identified at intake/SUD Assessment are addressed in Treatment Plan.
			Description of service types (individual, group, or medical psychotherapy session) AND frequency to be provided to the client are documented. Individual counseling **MUST** be included in the Treatment Plan.
			If physical examination has NOT been completed, a goal of obtaining a physical examination is included in the initial Treatment Plan.
			If prior physical exam identified a significant medical illness, a goal for the client to obtain appropriate treatment has been identified.
Comments:			

Y	N	N/A	Continuation of Service Justification
			For ongoing services, a Physician or LPHA has re-evaluated the client for medical necessity at least every 6 months.
			Dates:_____either from client admission date or most recent justification for continuing services (most recent SUD Assessment and associated Progress Notes
			The Physician or LPHA has documented their determination that services are still clinically appropriate and the client's prognosis.
			The client's personal, medical and substance abuse history, documentation of the client's most recent physical exam, and status of treatment goals have been considered in the determination to continue services.

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

Y	N	N/A	Re-Assessment
			SUD/ASAM Re-Assessment(s) completed every 90 days or when a change in problem identification or focus of treatment occurs, whichever comes first. Date(s):_____
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.
			The indicated LOC is supported by severity ratings in each ASAM Dimension.
			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			SUD ASAM Re-Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an LPHA through a face-to-face consult.
			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.
Y	**N**	**N/A**	**Updated Treatment Plan(s)**
			Updated Treatment Plans are developed, signed, and dated no later than 90 days after signing the Intake Treatment Plan, and no later than every 90 days thereafter, or when a change in *problem identification* or *focus of treatment* occurs, whichever comes first.
			Updated Treatment Plan completed every 90 days of admission. Dates:_____
			The primary Counselor is identified in the Updated Treatment Plan. Name: _____ Credentials: _____
			Updated Treatment Plan was reviewed and signed by the **LPHA** within 15 days of the Counselor's signature.

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Client reviewed and signed the Updated Treatment Plan, indicating that he/she participated in the preparation of the Updated Treatment Plan, within 30 days of the **Counselor's** signature.
			All signatures are legible (name printed and signed with date).
			Cultural Competence: Any changes in client's cultural and language needs were accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.
			Descriptions of the type (individual, group, or medical psychotherapy session) AND frequency of counseling services to be provided to the client are documented.
			Statement of problems, identified through the SUD/ASAM Re-assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address **each** problem are documented (Short-term: within 90 days. Long-term: 90+ days).
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for accomplishment of action step(s), goal(s), and resolution of problem(s) are documented.
			If physical examination has still NOT been completed, a goal of obtaining a physical examination is included in the Updated Treatment Plan(s) until the goal is met. Efforts are documented.
Comments:			

Y	N	N/A	Progress Notes
			Progress Notes are supported and validated by the Treatment Plan.
			LPHA or Counselor documented a Progress Note for every service provided.
			Progress Notes are documented within 7 calendar days of the session.
			Cultural Competence: Client's culture and language was explored and accommodated (use of interpreter) and documented.
			Progress Note documenting client's involvement in treatment planning.
			Topic of session(s) or purpose of session (s) is included in the Progress Note(s).

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Description of the client's progress of the Treatment Plan problems, goals, action steps, objectives and/or referrals is documented.
			Information on client's attendance, including date, start and end times of each service are documented (direct, doctor, travel, etc.).
			Up to 9 hours of **Outpatient Services** were provided per week (no requirements on the number of or duration of sessions).
			A minimum of 9 hours with a maximum of 19 hours of **Intensive Outpatient Services** were provided per week (no requirements on the number of or duration of sessions).
			Crisis Services provided were as a result of an actual relapse or an unforeseen event or circumstance causing imminent threat of relapse.
			Collateral Services included face-to-face contact with significant person(s) in the life of the client (individuals that have a personal, not official or professional, relationship with the
			Recovery Services were provided when the beneficiary was triggered, when the beneficiary had relapsed, or simply as a preventative measure to prevent relapse.
			How services were provided are documented (in person, by telephone, or by telehealth).
			If services were provided in the community, the location was identified and how confidentiality was ensured.
			Progress Note(s) were typed or legibly written in ink and included staff signature and date (month, day, and year). Staff signatures include registration/certificate/license information.
Case Management Progress Notes			
			Case Management Progress Notes are completed, signed, and dated within 7 calendar days of the service and contain:
			Date and start and end times of each service.
			Purpose of the service.
			Description of how the services relates to the Treatment Plan problems, goals, action steps, objectives, and/or referrals.
			Whether services were provided in-person, by telephone, or by telehealth.
			If services were provided in the community, the location was identified and how confidentiality was ensured.
			Assisted client in accessing medical, educational, social, vocational, rehabilitative, or other community services and/or service coordination medical/criminal justice/other agencies.
			LPHA or a registered or certified counselor provided Case Management Services.
All Progress Notes			
			All Progress Notes match billings during timeframe reviewed.
			Excessive Billing: Documentation to support the amount of time that is billable.
			Duplicative Services: Duplicative services are not billed.
			Non-Billable Services: Appropriate documentation of non-billable services, such as supervision, researching a topic, interpretation, filing, faxing, education, transportation, etc.

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Non-Billable Services: Appropriate documentation for services provided while in a client is in a lockout situation such as jail, juvenile hall, or psychiatric hospitalization.
			Disallowances: Progress Notes that need to be appended or disallowed. Please list the Progress Note that needs to be appended (within 45 days of the date of service) or disallowed, including the date and billing code of Progress Note and the reason for the disallowance. Please indicate if the Progress Note needs to be appended or disallowed. Provider must submit the supplemental worksheet with the corrected Progress Note.
			Progress Note Timeliness: Verify that Progress Notes are not in draft status past three business days. Progress Notes – later than one week from the date of service may be subject to non-reimbursement for the service provided.
Comments:			
Y	**N**	**N/A**	**Pregnant and Parenting Youth/Young Adults**
			Engagement activities (Case Management/Referrals) were conducted. Date(s):_____ Activities: _____
			Treatments services were coordinated with other appropriate services, including health, criminal justice, social, educational, and vocational rehabilitation, well as additional services that are medically necessary to prevent risk to a fetus, infant, or mother. Provider arranged for transportation to ensure access to treatment. (Treatment Plan)
			SUD Curriculum included information to effectively minimize the risk of fetal exposure to drugs or alcohol, screening of pregnant women for continued substance use. (Specific to pregnant, peri-natal or gender specific programs)
			Gender-specific treatment and other therapeutic interventions for pregnant and parenting women, such as issues of relationships, sexual and physical abuse, and parenting were provided or arranged.
			Services addressed treatment issues specific to the pregnant and parenting women. Services included the following: (Progress Notes)
			Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;
			Access to services such as transportation;
			Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Coordination of ancillary services, such as medical/dental, education, social services, and community services.
			Case management services were provided or arranged to ensure that pregnant and parenting women, and their children, have access to the following:
			Primary medical care, including prenatal care;
			Primary pediatric care, including immunizations;
			Gender specific treatment; and
			Patenting includes therapeutic interventions for children to address developmental needs, sexual and psychological abuse, and neglect.
			Children's Services and referrals included: Clinical treatment services for the child that are deemed medically necessary, services should be comprehensive and, at a minimum, include the following: intake; screening and assessment of the full range of medical, developmental, emotional related-factors; care planning; residential care; case management; therapeutic child care; substance abuse education and prevention; medical care and services; developmental services; and mental health and trauma services as applicable.
Comments:			

Y	N	N/A	Group Counseling/Group Sign-In Sheets
			Typed/legibly printed name and signature of client attending the Group Counseling sessions.
			Typed or legibly printed name and signature and date from **LPHA** or **Counselor** conducting the Group Counseling sessions.
			Dates of Group Counseling sessions are documented.
			Topics of Group Counseling Sessions are documented.
			Start and end times of the Group Counseling sessions are documented.
			Group Counseling sign-in sheets match documentation in Progress Notes and billing.
			Group Counseling Sessions included 2-12 participants.
Comments:			

Y	N	N/A	Discharge Plan
			Discharge Plan completed. Date:_____
			Completed 30 days prior to the LAST face-to-face treatment contact with the client.
			SUD Assessment was conducted for transition services.

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Description of each of the client's relapse triggers is documented.
			Relapse Plan to assist the client when confronted with each trigger is documented.
			Referral to a higher or lower LOC is documented.
			Provider ensured the smooth transition of the beneficiary to the new appropriate LOC by providing a warm hand-off to the new services provider, including transportation as needed.
			The transition to the new LOC occurred no later than 72 hours from the time of assessment or reassessment with no interruption of current treatment services.
			Discharge Plan is dated and signed by the **client** and **Counselor**.
			A copy of the Discharge Plan was provided to the client and documented.
			CalOMS discharge completed in Avatar.
Comments:			

Y	N	N/A	Discharge Summary
			Discharge Summary completed. Date:_____
			Client discharged if no treatment contact for 30 days or more.
			Duration of treatment (date of admission to date of discharge) is documented.
			Reason and type of discharge is documented.
			Narrative summary of the treatment episode is documented.
			The client's prognosis is documented.
			CalOMS Administrative Discharge completed in Avatar.
Comments:			

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

Client Name: _____ **DOB:** _____ ☐ **Mid-Year** ☐ **Annual**

Admission Date: _____ **Review Date:** _____

Discharge Date: _____ **Reviewer:** _____

Status: ☐ **Open** ☐ **Closed**

Funding Source(s): ☐ **CalWORKs** ☐ **DDC / EIFDC** ☐ **DMC-ODS**

☐ **SABG** ☐ **If non-DMC, is Preliminary Assessment & Authorization in chart?**

Sacramento County shall conduct, at least annually, a utilization review of Drug Medi-Cal Organized Delivery System (DMC-ODS) sub-contracted providers to ensure covered services are being appropriately rendered. The annual review shall include an on-site visit of the sub-contracted service provider. Reports of the annual review shall be provided to DHCS within 2 weeks of completion (Department of Health Care Services (DHCS)-Sacramento County Interagency Agreement (IAG), Exhibit A, Attachment I, EE. #1 – Contract Monitoring).

Sources for items reviewed:

Special Terms and Conditions of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver
California Alcohol and /or Other Drug Program Certification Standards, Title 22 California Code of Regulations Section 51341.1
Minimum Quality Drug Treatment Standards for Drug Medi-Cal/Substance Abuse Block Grant
Department of Health Care Services Perinatal Practice Guidelines
The ASAM Criteria, Third Edition
Sacramento County Implementation Plan for DMC-ODS Waiver
Sacramento County DMC-ODS Practice Guidelines Provider Procedure Manual
Sacramento County SUPT Contract Monitoring Manual

Y	N	N/A	Client Record Requirements
			The following personal information is included in the client record.
			First Name, Middle Initial, Last Name
			Date of Birth
			Client ID Number
			Address (Sacramento County resident?)
			Telephone Number
			Gender/race/ethnicity
			Next of kin and/or emergency contact
			Referral source and reason for referral are documented in client record.
			Provider Acknowledgement of Receipt is completed and signed.

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Sacramento County Acknowledgement of Receipt is completed and signed (Notice of Privacy Practices, Member Handbook, Grievance/State Fair Hearing, Advance Directive, Provider Directory). Required to be fully completed and signed by the client and legal/personal representative, if applicable, at start of services and annually thereafter, with all applicable boxes checked.
			Accounting of Disclosures is completed and in the chart Minimum: Top of form completed with client's name and ID number.
			Admission Agreement/Consent to Treat is completed and signed.
			Informed Consent is completed and signed.
			Consent to Follow-Up completed and signed.
			Release of Information completed and signed for anyone contacted. MUST be completed in full with specific persons and signatures and no blank fields; updated annually.
			Release of Information for Emergency Contact is documented. Expiration date: _____
			Dual Enrollment / Multiple Registration has been checked.
			If Dual Enrollment / Multiple Registration has not been checked, client is a transfer (from detox or from another clinic), or client tested negative (-) for methadone and methadone metabolite at intake.
			Cal-OMS Admission completed in Avatar.

Comments:

Y	N	N/A	Intake Process
			Cultural Competence: The client's cultural and language needs were explored, accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
			Initial Assessment: Substance Use Disorder (SUD) American Society of Addiction Medicine (ASAM)
			Initial SUD ASAM Assessment completed within 28 days of the admission and signed by the MD/LPHA within 14 days. Date:_____
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.
			The indicated Level of Care (LOC) is supported by severity ratings in each ASAM Dimension.

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			ASAM Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an **LPHA** through a face-to-face consult.
			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.
Comments:			

Y	N	N/A	Physical Examination/Health Requirements
			Completed Health Questionnaire, which includes medical, disease screening, dental, and mental health. Date:_____
			The client has obtained a physical examination either prior to or after admission.
			Within 30 calendar days after admission, the physician reviewed the completed examination that was performed (within 12 months prior to admission date).
			If the provider was unable to obtain documentation of the physical examination, notes describe efforts made to obtain required documentation regarding physical exam.
			If the physical examination documents have not been reviewed by the physician or if the provider did not perform a physical examination, the physical examination is included as a Treatment Plan goal to be completed.
			Medical Conditions/Concerns: Referral/linkage to a PCP/GMC if client identified any medical condition(s) that need attention are documented (refer to Progress Notes).
			Alternative Healer: If client is not yet linked to PCP/GMC/Alternative Healer, efforts have been made to link the client to a PCP/GMC/Alternative Healer and, if warranted by medical condition, coordination of care is documented (refer to Progress Notes).
			Vitals Signs (temp, pulse, blood pressure, respiratory rate) were taken and documented.
			Visual Exam (head, ears, eyes, nose, throat, chest, abdomen, extremities, skin) was conducted and documented.
			An evaluation of the client's organ systems (pulmonary, liver, cardiac abnormalities, skin) was conducted and documented.

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			An evaluation of the client's neurological system was conducted and documented.
			Test result for syphilis [typically antibody tests (serum): RPR reactivity] is documented.
			TB skin test results documented (6 mo. prior to or 30 days after admit). Date:_____
			Annual TB skin test results / review of TB symptoms are documented. Date:_____
			Chest x-ray results documented (every 5 years). Date:_____
			Urinalysis results are documented (refer to Treatment Plan and Progress Notes).
			Overall impression of medical/health issues is documented.
			Medical Director statement of evidence of physical dependence reviewed and documented before admission (e.g., symptoms, lab results)
			Medical Director statement of final determination of physical dependence/addiction to opiates prior to admission.
Comments:			

Y	N	N/A	**Initial Treatment Plan**
			The Treatment Plan is completed and signed by the Counselor and the client within 28 days after initiation of MAT. If not, reasons and efforts documented.
			The primary Counselor is identified in the Treatment Plan. Name: _____ Credentials: _____
			The Treatment Plan was reviewed and signed by the **LPHA** within 14 days of the **Counselor's** signature. Date_____
			All signatures are legible (name printed and signed with date).
			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Statement of problems, identified through the SUD/ASAM Assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address **each** problem are documented (Short-term: within 90 days. Long-
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for each step(s) **and** goal(s) are included.
			Significant issues identified at intake/SUD Assessment are addressed in Treatment Plan.
			Description of service types (individual, group, or medical psychotherapy session) AND frequency to be provided to the client are documented. Individual counseling **MUST** be included in the Treatment Plan.
			If physical examination has NOT been completed, a goal of obtaining a physical examination is included in the initial Treatment Plan.
			If prior physical exam identified a significant medical illness, a goal for the client to obtain appropriate treatment has been identified.
Comments:			

Y	N	N/A	Dosing
			An order exists to support the client's doses.
			Admission: **Initial dose did not exceed 30 mg**, unless dose is divided and subsequent dose is administered separately after prescribed observation period (exclude transitions).
			Total first day dose did not exceed 40 mg unless Medical Director documented that dosage was not sufficient to suppress the client's opiate abstinence symptoms (exclude transitions).

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Take Home Dosing was administered as follows:
			Step 1: A single take home if determined responsible for state approved holidays
			Step 2: After 90 days of continuous maintenance treatment, up to 2 day take home supply, 5 observed doses per week.
			Step 3: After 180 days of continuous maintenance treatment, up to 3 day take home supply allowed, 4 observed dose per week.
			Step 4: After 270 days of continuous maintenance treatment, up to 6 day take home supply allowed: 1 observed doses per week.
			Step 5: After 1 year of continuous maintenance treatment, up to 2 week take home supply allowed; 2 observed doses a month.
			Step 6: After 2 years of continuous treatment, up to 1 month take home supply allowed, 1 observed dose per month.
			Medical Director reviewed client's dosage level every 3 months (See Treatment Plan or Medical Orders).

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

Y	N	N/A	Continuation of Service Justification
			For ongoing services, a Physician or LPHA has re-evaluated the client for medical necessity at least every 6 months.
			Dates:_____ either from client admission date or most recent justification for continuing services (most recent SUD Assessment and associated Progress Notes
			The Physician or LPHA has documented their determination that services are still clinically appropriate and the client's prognosis.
			The client's personal, medical and substance abuse history, documentation of the client's most recent physical exam, and status of treatment goals have been considered in the determination to continue services.
			Annual Justification (for those in continuous treatment for x > 2 years) Date(s):_____
			MD determines discontinuance of treatment would lead to relapse.
			MD documents facts justifying decision to continue client's treatment.
			MD evaluates client's progress or lack on achieving treatment plan goals.
Y	**N**	**N/A**	**Re-Assessment**
			SUD/ASAM Re-Assessment(s) completed every 12 months or when a change in problem identification or focus of treatment occurs, whichever comes first. Date(s):_____
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			The indicated LOC is supported by severity ratings in each ASAM Dimension.
			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			SUD ASAM Re-Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an LPHA through a face-to-face consult.
			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.
Y	**N**	**N/A**	**Updated Treatment Plan(s)**
			Updated Treatment Plans are developed, signed, and dated no later than 90 days after signing the Intake Treatment Plan, and no later than every 90 days thereafter, or when a change in *problem identification* or *focus of treatment* occurs, whichever comes first.
			Updated Treatment Plan completed every 90 days of admission. Dates:_____
			The primary Counselor is identified in the Updated Treatment Plan. Name: _____ Credentials: _____
			Updated Treatment Plan was reviewed and signed by the **LPHA** within 14 days of the Counselor's signature.
			Client reviewed and signed the Updated Treatment Plan, indicating that he/she participated in the preparation of the Updated Treatment Plan, within 30 days of the **Counselor's** signature.
			All signatures are legible (name printed and signed with date).

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Cultural Competence: Any changes in client's cultural and language needs were accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.
			Descriptions of the type (individual, group, or medical psychotherapy session) AND frequency of counseling services to be provided to the client are documented.
			Statement of problems, identified through the SUD/ASAM Re-assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address **each** problem are documented (Short-term: within 90 days. Long-term: 90+ days).
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for accomplishment of action step(s), goal(s), and resolution of problem(s) are documented.
			If physical examination has still NOT been completed, a goal of obtaining a physical examination is included in the Updated Treatment Plan(s) until the goal is met. Efforts are documented.
Comments:			

Y	N	N/A	Progress Notes
			Progress Notes are supported and validated by the Treatment Plan.
			LPHA or Counselor documented a Progress Note for every service provided.
			Progress Notes are documented within 7 calendar days of the session.
			Cultural Competence: Client's culture and language was explored and accommodated (use of interpreter) and documented.
			Progress Note documenting client's involvement in treatment planning.
			Topic of session(s) or purpose of session (s) is included in the Progress Note(s).
			Description of the client's progress of the Treatment Plan problems, goals, action steps, objectives and/or referrals is documented.
			Information on client's attendance, including date, start and end times of each service are documented (direct, doctor, travel, etc.).

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Up to 9 hours of **Outpatient Services** were provided per week (no requirements on the number of or duration of sessions).
			A minimum of 9 hours with a maximum of 19 hours of **Intensive Outpatient Services** were provided per week (no requirements on the number of or duration of sessions).
			Crisis Services provided were as a result of an actual relapse or an unforeseen event or circumstance causing imminent threat of relapse.
			Collateral Services included face-to-face contact with significant person(s) in the life of the client (individuals that have a personal, not official or professional, relationship with
			Recovery Services were provided when the beneficiary was triggered, when the beneficiary had relapsed, or simply as a preventative measure to prevent relapse.
			Indicate program's response to any unfavorable UA result(s) [if applicable]
			Counseling frequencies match (TPs and PNs)
			Counseling sessions per each month (according to PNs reviewed in time period):
			Clients receiving 50 – 200 minutes of counseling [individual, including medical psychotherapy sessions, and group] each calendar month
			If not within range, medical justification is documented.
			How services were provided are documented (in person, by telephone, or by telehealth).
			If services were provided in the community, the location was identified and how confidentiality was ensured.
			Progress Note(s) were typed or legibly written in ink and included staff signature and date (month, day, and year). Staff signatures include registration/certificate/license information.
Case Management Progress Notes			
			Case Management Progress Notes are completed, signed, and dated within 7 calendar days of the service and contain:
			Date and start and end times of each service.
			Purpose of the service.
			Description of how the services relates to the Treatment Plan problems, goals, action steps, objectives, and/or referrals.
			Whether services were provided in-person, by telephone, or by telehealth.
			If services were provided in the community, the location was identified and how confidentiality was ensured.
			Assisted client in accessing medical, educational, social, vocational, rehabilitative, or other community services and/or service coordination medical/criminal justice/other agencies.
			LPHA or a registered or certified counselor provided Case Management Services.

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			All Progress Notes
			All Progress Notes match billings during timeframe reviewed.
			Excessive Billing: Documentation to support the amount of time that is billable.
			Duplicative Services: Duplicative services are not billed.
			Non-Billable Services: Appropriate documentation of non-billable services, such as supervision, researching a topic, interpretation, filing, faxing, education, transportation, etc.
			Non-Billable Services: Appropriate documentation for services provided while in a client is in a lockout situation such as jail, juvenile hall, or psychiatric hospitalization.
			Disallowances: Progress Notes that need to be appended or disallowed. Please list the Progress Note that needs to be appended (within 45 days of the date of service) or disallowed, including the date and billing code of Progress Note and the reason for the disallowance. Please indicate if the Progress Note needs to be appended or disallowed. Provider must submit the supplemental worksheet with the corrected Progress Note.
			Progress Note Timeliness: Verify that Progress Notes are not in draft status past three business days. Progress Notes – later than one week from the date of service may be subject to non-reimbursement for the service provided.

Comments:

Y	N	N/A	Pregnant and Parenting Women
			If client is pregnant, it is documented. Date: _____
			Within 14 calendar days of the date of primary counselor's knowledge of pregnancy; the Medical Director reviewed, signed, dated a confirmation of pregnancy.
			Within 14 calendar days of date of primary counselor's knowledge of pregnancy, the Medical Director documented his/her: -Acceptance of medical responsibility for the client's prenatal care, or

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			The Medical Director or licensed health professional designee documented completion of instruction on the risks to the client and unborn child from continued use of both illicit and legal drugs, including premature birth.
			The Medical Director or licensed health professional designee documented the following:
			Completion of instruction on the benefits of replacement narcotic therapy and risks of abrupt withdrawal from opiates, including premature birth.
			Completion of instruction on the need for evaluation for the opiate addiction-related care of both the patient and the newborn following the birth.
			Completion of instruction on the signs and symptoms of opiate withdrawal in the newborn child and warning that the patient not share take-home medication with the newborn child
			Completion of instruction on current understanding related to the risks and benefits of breast-feeding while on medications used in replacement narcotic therapy.
			Completion of instruction on postpartum depression.
			Completion of instruction on family planning and contraception.
			Completion of instruction on basic prenatal care, including nutrition and prenatal vitamins, and child pediatric care, immunization, handling, health, and safety.
			If client has repeatedly refused referrals offered by the program for prenatal care or
Comments:			

Y	N	N/A	Group Counseling/Group Sign-In Sheets
			Typed/legibly printed name and signature of client attending the Group Counseling sessions.
			Typed or legibly printed name and signature and date from **LPHA** or **Counselor** conducting the Group Counseling sessions.
			Dates of Group Counseling sessions are documented.
			Topics of Group Counseling Sessions are documented.
			Start and end times of the Group Counseling sessions are documented.
			Group Counseling sign-in sheets match documentation in Progress Notes and billing.
			Group Counseling Sessions included 2-12 participants.
Comments:			

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

Y	N	N/A	Discharge Plan
			Discharge Plan completed. Date:_____
			Completed 30 days prior to the LAST face-to-face treatment contact with the client.
			SUD Assessment was conducted for transition services.
			Description of each of the client's relapse triggers is documented.
			Relapse Plan to assist the client when confronted with each trigger is documented.
			Referral to a higher or lower LOC is documented.
			Provider ensured the smooth transition of the beneficiary to the new appropriate LOC by providing a warm hand-off to the new services provider, including transportation as needed.
			The transition to the new LOC occurred no later than 72 hours from the time of assessment or reassessment with no interruption of current treatment services.
			Discharge Plan is dated and signed by the **client** and **Counselor**.
			A copy of the Discharge Plan was provided to the client and documented.
			CalOMS discharge completed in Avatar.
Comments:			

Y	N	N/A	Discharge Summary
			Discharge Summary completed. Date:_____
			Discharge if dosing missed for 14 consecutive days.
			Duration of treatment (date of admission to date of discharge) is documented.
			Reason and type of discharge is documented.
			Narrative summary of the treatment episode is documented.
			The client's prognosis is documented.
			CalOMS Administrative Discharge completed in Avatar.
Comments:			

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Residential Treatment Services

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

Client Name: _____ **DOB:** _____ ☐ **Mid-Year** ☐ **Annual**

Admission Date: _____ **Review Date:** _____

Discharge Date: _____ **Reviewer:** _____

Status: ☐ **Open** ☐ **Closed**

Funding Source(s): ☐ **CalWORKs** ☐ **DDC / EIFDC** ☐ **DMC-ODS**

☐ **SABG** ☐ **If non-DMC, is Preliminary Assessment & Authorization in chart?**

Sacramento County shall conduct, at least annually, a utilization review of Drug Medi-Cal Organized Delivery System (DMC-ODS) sub-contracted providers to ensure covered services are being appropriately rendered. The annual review shall include an on-site visit of the sub-contracted service provider. Reports of the annual review shall be provided to DHCS within 2 weeks of completion (Department of Health Care Services (DHCS)-Sacramento County Interagency Agreement (IAG), Exhibit A, Attachment I, EE. #1 – Contract Monitoring).

Sources for items reviewed:

Special Terms and Conditions of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver
California Alcohol and /or Other Drug Program Certification Standards, Title 22 California Code of Regulations Section 51341.1
Minimum Quality Drug Treatment Standards for Drug Medi-Cal/Substance Abuse Block Grant
Department of Health Care Services Perinatal Practice Guidelines
The ASAM Criteria, Third Edition
Sacramento County Implementation Plan for DMC-ODS Waiver
Sacramento County DMC-ODS Practice Guidelines Provider Procedure Manual
Sacramento County SUPT Contract Monitoring Manual

Y	N	N/A	Client Record Requirements
			The following personal information is included in the client record.
			First Name, Middle Initial, Last Name
			Date of Birth
			Client ID Number
			Address (Sacramento County resident?)
			Telephone Number
			Gender/race/ethnicity
			Next of kin and/or emergency contact
			Referral source and reason for referral are documented in client record.
			Provider Acknowledgement of Receipt is completed and signed.

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Residential Treatment Services

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Sacramento County Acknowledgement of Receipt is completed and signed (Notice of Privacy Practices, Member Handbook, Grievance/State Fair Hearing, Advance Directive, Provider Directory). Required to be fully completed and signed by the client and legal/personal representative, if applicable, at start of services and annually thereafter, with all applicable boxes checked.
			Accounting of Disclosures is completed and in the chart Minimum: Top of form completed with client's name and ID number.
			Admission Agreement/Consent to Treat is completed and signed.
			Informed Consent is completed and signed.
			Consent to Follow-Up completed and signed.
			Release of Information completed and signed for anyone contacted. MUST be completed in full with specific persons and signatures and no blank fields; updated annually.
			Release of Information for Emergency Contact is documented. Expiration date: _____
			Cal-OMS Admission completed in Avatar.

Comments:

Y	N	N/A	Intake Process
			Cultural Competence: The client's cultural and language needs were explored, accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
			Initial Assessment: Substance Use Disorder (SUD) American Society of Addiction Medicine (ASAM)
			Initial SUD ASAM Assessment completed within 10 days of the admission. Date:_____
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.
			The indicated Level of Care (LOC) is supported by severity ratings in each ASAM Dimension.
			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			ASAM Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an **LPHA** through a face-to-face consult.

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Residential Treatment Services

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.
			Pre-authorization was obtained for Residential Treatment.
Comments:			
Y	**N**	**N/A**	**Physical Examination/Health Requirements**
			Completed Health Questionnaire, which includes medical, disease screening, dental, and mental health. Date:_____
			The client has obtained a physical examination either prior to or after admission.
			Within 30 calendar days after admission, the physician reviewed the completed examination that was performed (within 12 months prior to admission date).
			If the provider was unable to obtain documentation of the physical examination, notes describe efforts made to obtain required documentation regarding physical exam.
			If the physical examination documents have not been reviewed by the physician or if the provider did not perform a physical examination, the physical examination is included as a Treatment Plan goal to be completed.
			Medical Conditions/Concerns: Referral/linkage to a PCP/GMC if client identified any medical condition(s) that need attention are documented (refer to Progress Notes).
			Alternative Healer: If client is not yet linked to PCP/GMC/Alternative Healer, efforts have been made to link the client to a PCP/GMC/Alternative Healer and, if warranted by medical condition, coordination of care is documented (refer to Progress Notes).
			Urinalysis results are documented (refer to Treatment Plan and Progress Notes).
			TB skin test results documented (6 mo. prior to or 30 days after admit). Date:_____
			Chest x-ray results documented. Date:_____
Comments:			
Y	**N**	**N/A**	**Initial Treatment Plan**

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Residential Treatment Services

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			The Treatment Plan was completed. Date:_____
			The primary Counselor is identified in the Treatment Plan. Name: _____ Credentials: _____
			The Treatment Plan was completed and signed by the **Counselor** within 30 days of admission. If not, reasons and efforts documented.
			The Treatment Plan was reviewed and signed by the **LPHA** within 15 days of the **Counselor's** signature. Date_____
			Client reviewed and signed the Treatment Plan, indicating that he/she participated in the preparation of the Treatment Plan, within 30 days of the Counselor's signature.
			All signatures are legible (name printed and signed with date).
			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.
			Statement of problems, identified through the SUD/ASAM Assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address **each** problem are documented (Short-term: within 90 days. Long-
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for each step(s) **and** goal(s) are included.
			Significant issues identified at intake/SUD Assessment are addressed in Treatment Plan.
			Description of service types (individual, group, or medical psychotherapy session) AND frequency to be provided to the client are documented. Individual counseling **MUST** be included in the Treatment Plan.
			If physical examination has NOT been completed, a goal of obtaining a physical examination is included in the initial Treatment Plan.
			If prior physical exam identified a significant medical illness, a goal for the client to obtain appropriate treatment has been identified.
Comments:			

Y	N	N/A	Continuation of Service Justification
			For ongoing services, a Physician or LPHA has re-evaluated the client for medical necessity at least every 6 months.

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Dates:_____ either from client admission date or most recent justification for continuing services (most recent SUD Assessment and associated Progress Notes
			The Physician or LPHA has documented their determination that services are still clinically appropriate and the client's prognosis.
			The client's personal, medical and substance abuse history, documentation of the client's most recent physical exam, and status of treatment goals have been considered in the determination to continue services.
Y	**N**	**N/A**	**Re-Assessment**
			SUD/ASAM Re-Assessment(s) completed every 90 days or when a change in problem identification or focus of treatment occurs, whichever comes first. Date(s):_____
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.
			The indicated LOC is supported by severity ratings in each ASAM Dimension.
			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			SUD ASAM Re-Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an LPHA through a face-to-face consult.
			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.
Y	**N**	**N/A**	**Updated Treatment Plan(s)**
			Updated Treatment Plans are developed, signed, and dated no later than 90 days after signing the Intake Treatment Plan, and no later than every 90 days thereafter, or when a change in *problem identification* or *focus of treatment* occurs, whichever comes first.

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Residential Treatment Services

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Updated Treatment Plan completed every 90 days of admission. Dates:_____
			The primary Counselor is identified in the Updated Treatment Plan. Name: _____ Credentials: _____
			Updated Treatment Plan was reviewed and signed by the **LPHA** within 15 days of the Counselor's signature.
			Client reviewed and signed the Updated Treatment Plan, indicating that he/she participated in the preparation of the Updated Treatment Plan, within 30 days of the **Counselor's** signature.
			All signatures are legible (name printed and signed with date).
			Cultural Competence: Any changes in client's cultural and language needs were accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.
			Descriptions of the type (individual, group, or medical psychotherapy session) AND frequency of counseling services to be provided to the client are documented.
			Statement of problems, identified through the SUD/ASAM Re-assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address **each** problem are documented (Short-term: within 90 days. Long-term: 90+ days).
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for accomplishment of action step(s), goal(s), and resolution of problem(s) are documented.
			If physical examination has still NOT been completed, a goal of obtaining a physical examination is included in the Updated Treatment Plan(s) until the goal is met. Efforts are documented.

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Residential Treatment Services

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

Comments:			
Y	**N**	**N/A**	**Progress Notes**
			Progress Notes are supported and validated by the Treatment Plan.
			LPHA or Counselor documented a Progress Note for every service provided.
			Progress Notes are documented within 7 calendar days of the session.
			Cultural Competence: Client's culture and language was explored and accommodated (use of interpreter) and documented.
			Progress Note documenting client's involvement in treatment planning.
			Topic of session(s) or purpose of session (s) is included in the Progress Note(s).
			Description of the client's progress of the Treatment Plan problems, goals, action steps, objectives and/or referrals is documented.
			Information on client's attendance, including date, start and end times of each service are documented (direct, doctor, travel, etc.).
			Up to 9 hours of **Outpatient Services** were provided per week (no requirements on the number of or duration of sessions).
			A minimum of 9 hours with a maximum of 19 hours of **Intensive Outpatient Services** were provided per week (no requirements on the number of or duration of sessions).
			Crisis Services provided were as a result of an actual relapse or an unforeseen event or circumstance causing imminent threat of relapse.
			Collateral Services included face-to-face contact with significant person(s) in the life of the client (individuals that have a personal, not official or professional, relationship with
			Recovery Services were provided when the beneficiary was triggered, when the beneficiary had relapsed, or simply as a preventative measure to prevent relapse.
			Client received / participated in **at least 20 hours** of treatment per week.
			How services were provided are documented (in person, by telephone, or by telehealth).
			If services were provided in the community, the location was identified and how confidentiality was ensured.
			Progress Note(s) were typed or legibly written in ink and included staff signature and date (month, day, and year). Staff signatures include registration/certificate/license information.
			Case Management Progress Notes
			Case Management Progress Notes are completed, signed, and dated within 7 calendar days of the service and contain:
			Date and start and end times of each service.

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Purpose of the service.
			Description of how the services relates to the Treatment Plan problems, goals, action steps, objectives, and/or referrals.
			Whether services were provided in-person, by telephone, or by telehealth.
			If services were provided in the community, the location was identified and how confidentiality was ensured.
			Assisted client in accessing medical, educational, social, vocational, rehabilitative, or other community services and/or service coordination medical/criminal justice/other agencies.
			LPHA or a registered or certified counselor provided Case Management Services.
			All Progress Notes
			All Progress Notes match billings during timeframe reviewed.
			Excessive Billing: Documentation to support the amount of time that is billable.
			Duplicative Services: Duplicative services are not billed.
			Non-Billable Services: Appropriate documentation of non-billable services, such as supervision, researching a topic, interpretation, filing, faxing, education, transportation, etc.
			Non-Billable Services: Appropriate documentation for services provided while in a client is in a lockout situation such as jail, juvenile hall, or psychiatric hospitalization.
			Disallowances: Progress Notes that need to be appended or disallowed. Please list the Progress Note that needs to be appended (within 45 days of the date of service) or disallowed, including the date and billing code of Progress Note and the reason for the disallowance. Please indicate if the Progress Note needs to be appended or disallowed. Provider must submit the supplemental worksheet with the corrected Progress Note.
			Progress Note Timeliness: Verify that Progress Notes are not in draft status past three business days. Progress Notes – later than one week from the date of service may be subject to non-reimbursement for the service provided.

Comments:

Y	N	N/A	Pregnant and Parenting Women

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Residential Treatment Services

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Engagement activities (Case Management/Referrals) were conducted. Date(s):_____ Activities: _____
			Treatment services were coordinated with other appropriate services, including health, criminal justice, social, educational, and vocational rehabilitation, well as additional services that are medically necessary to prevent risk to a fetus, infant, or mother. Provider arranged for transportation to ensure access to treatment. (Treatment Plan)
			SUD Curriculum included information to effectively minimize the risk of fetal exposure to drugs or alcohol, screening of pregnant women for continued substance use. (Specific to pregnant, peri-natal or gender specific programs)
			Gender-specific treatment and other therapeutic interventions for pregnant and parenting women, such as issues of relationships, sexual and physical abuse, and parenting were provided or arranged.
			Services addressed treatment issues specific to the pregnant and parenting women. Services included the following: (Progress Notes)
			Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;
			Access to services such as transportation;
			Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
			Coordination of ancillary services, such as medical/dental, education, social services, and community services.
			Case management services were provided or arranged to ensure that pregnant and parenting women, and their children, have access to the following:
			Primary medical care, including prenatal care;
			Primary pediatric care, including immunizations;
			Gender specific treatment; and
			Patenting includes therapeutic interventions for children to address developmental needs, sexual and psychological abuse, and neglect.
			Children's Services and referrals included: Clinical treatment services for the child that are deemed medically necessary, services should be comprehensive and, at a minimum, include the following: intake; screening and assessment of the full range of medical, developmental, emotional related-factors; care planning; residential care; case management; therapeutic child care; substance abuse education and prevention; medical care and services; developmental services; and mental health and trauma services as applicable.

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Residential Treatment Services

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

Comments:

Y	N	N/A	Group Counseling/Group Sign-In Sheets
			Typed/legibly printed name and signature of client attending the Group Counseling sessions.
			Typed or legibly printed name and signature and date from **LPHA** or **Counselor** conducting the Group Counseling sessions.
			Dates of Group Counseling sessions are documented.
			Topics of Group Counseling Sessions are documented.
			Start and end times of the Group Counseling sessions are documented.
			Group Counseling sign-in sheets match documentation in Progress Notes and billing.
			Group Counseling Sessions included 2-12 participants.

Comments:

Y	N	N/A	Discharge Plan
			Discharge Plan completed. Date:_____
			Completed 30 days prior to the LAST face-to-face treatment contact with the client.
			SUD Assessment was conducted for transition services.
			Description of each of the client's relapse triggers is documented.
			Relapse Plan to assist the client when confronted with each trigger is documented.
			Referral to a higher or lower LOC is documented.
			Provider ensured the smooth transition of the beneficiary to the new appropriate LOC by providing a warm hand-off to the new services provider, including transportation as needed.
			The transition to the new LOC occurred no later than 72 hours from the time of assessment or reassessment with no interruption of current treatment services.
			Discharge Plan is dated and signed by the **client** and **Counselor**.
			A copy of the Discharge Plan was provided to the client and documented.
			CalOMS discharge completed in Avatar.

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Residential Treatment Services

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

Comments:

Y	N	N/A	Discharge Summary
			Discharge Summary completed. Date:_____
			Client discharged if no treatment contact for 30 days or more.
			Duration of treatment (date of admission to date of discharge) is documented.
			Reason and type of discharge is documented.
			Narrative summary of the treatment episode is documented.
			The client's prognosis is documented.
			CalOMS Administrative Discharge completed in Avatar.

Comments:

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Withdrawal Management

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

Client Name: _____ **DOB:** _____ ☐ **Mid-Year** ☐ **Annual**

Admission Date: _____ **Review Date:** _____

Discharge Date: _____ **Reviewer:** _____

Status: ☐ **Open** ☐ **Closed**

Funding Source(s): ☐ **CalWORKs** ☐ **DDC / EIFDC** ☐ **DMC-ODS**

☐ **SABG** ☐ **If non-DMC, is Preliminary Assessment & Authorization in chart?**

Sacramento County shall conduct, at least annually, a utilization review of Drug Medi-Cal Organized Delivery System (DMC-ODS) sub-contracted providers to ensure covered services are being appropriately rendered. The annual review shall include an on-site visit of the sub-contracted service provider. Reports of the annual review shall be provided to DHCS within 2 weeks of completion (Department of Health Care Services (DHCS)-Sacramento County Interagency Agreement (IAG), Exhibit A, Attachment I, EE. #1 – Contract Monitoring).

Sources for items reviewed:

Special Terms and Conditions of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver
California Alcohol and /or Other Drug Program Certification Standards, Title 22 California Code of Regulations Section 51341.1
Minimum Quality Drug Treatment Standards for Drug Medi-Cal/Substance Abuse Block Grant
Department of Health Care Services Perinatal Practice Guidelines
The ASAM Criteria, Third Edition
Sacramento County Implementation Plan for DMC-ODS Waiver
Sacramento County DMC-ODS Practice Guidelines Provider Procedure Manual
Sacramento County SUPT Contract Monitoring Manual

Y	N	N/A	Client Record Requirements
			The following personal information is included in the client record.
			First Name, Middle Initial, Last Name
			Date of Birth
			Client ID Number
			Address (Sacramento County resident?)
			Telephone Number
			Gender/race/ethnicity
			Next of kin and/or emergency contact
			Referral source and reason for referral are documented in client record.
			Provider Acknowledgement of Receipt is completed and signed.

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Withdrawal Management

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Sacramento County Acknowledgement of Receipt is completed and signed (Notice of Privacy Practices, Member Handbook, Grievance/State Fair Hearing, Advance Directive, Provider Directory). Required to be fully completed and signed by the client and legal/personal representative, if applicable, at start of services and annually thereafter, with all applicable boxes checked.
			Accounting of Disclosures is completed and in the chart Minimum: Top of form completed with client's name and ID number.
			Admission Agreement/Consent to Treat is completed and signed.
			Informed Consent is completed and signed.
			Consent to Follow-Up completed and signed.
			Release of Information completed and signed for anyone contacted. MUST be completed in full with specific persons and signatures and no blank fields; updated annually.
			Release of Information for Emergency Contact is documented. Expiration date: _____
			Cal-OMS Admission completed in Avatar.

Comments:

Y	N	N/A	Intake Process
			Cultural Competence: The client's cultural and language needs were explored, accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)
			Initial Assessment: Substance Use Disorder (SUD) American Society of Addiction Medicine (ASAM)
			Initial SUD ASAM Assessment completed within 30 days of the admission. Date:_____
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.
			The indicated Level of Care (LOC) is supported by severity ratings in each ASAM Dimension.
			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			ASAM Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an **LPHA** through a face-to-face consult.

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.
Comments:			

Y	N	N/A	**Physical Examination/Health Requirements**
			Completed Health Questionnaire, which includes medical, disease screening, dental, and mental health. Date:_____
			The client has obtained a physical examination either prior to or after admission.
			Within 30 calendar days after admission, the physician reviewed the completed examination that was performed (within 12 months prior to admission date).
			If the provider was unable to obtain documentation of the physical examination, notes describe efforts made to obtain required documentation regarding physical exam.
			If the physical examination documents have not been reviewed by the physician or if the provider did not perform a physical examination, the physical examination is included as a Treatment Plan goal to be completed.
			Medical Conditions/Concerns: Referral/linkage to a PCP/GMC if client identified any medical condition(s) that need attention are documented (refer to Progress Notes).
			Alternative Healer: If client is not yet linked to PCP/GMC/Alternative Healer, efforts have been made to link the client to a PCP/GMC/Alternative Healer and, if warranted by medical condition, coordination of care is documented (refer to Progress Notes).
			Urinalysis results are documented (refer to Treatment Plan and Progress Notes).

Y	N	N/A	**Initial Treatment Plan**
			The Treatment Plan was completed. Date:_____
			The primary Counselor is identified in the Treatment Plan. Name: _____ Credentials: _____
			The Treatment Plan was completed and signed by the **Counselor** within 48 hours of admission. If not, reasons and efforts documented.
			The Treatment Plan was reviewed and signed by the **LPHA** within 48 hours of the **Counselor's** signature. Date_____

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Withdrawal Management

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Client reviewed and signed the Treatment Plan, indicating that he/she participated in the preparation of the Treatment Plan.
			All signatures are legible (name printed and signed with date).
			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.
			Statement of problems, identified through the SUD/ASAM Assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address **each** problem are documented (Short-term: within 90 days. Long-
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for each step(s) **and** goal(s) are included.
			Significant issues identified at intake/SUD Assessment are addressed in Treatment Plan.
			Description of service types (individual, group, or medical psychotherapy session) AND frequency to be provided to the client are documented. Individual counseling **MUST** be included in the Treatment Plan.
			If physical examination has NOT been completed, a goal of obtaining a physical examination is included in the initial Treatment Plan.
			If prior physical exam identified a significant medical illness, a goal for the client to obtain appropriate treatment has been identified.

Comments:

Y	N	N/A	Continuation of Service Justification
			For ongoing services, a Physician or LPHA has re-evaluated the client for medical necessity at least every 6 months.
			Dates:_____ either from client admission date or most recent justification for continuing services (most recent SUD Assessment and associated Progress Notes
			The Physician or LPHA has documented their determination that services are still clinically appropriate and the client's prognosis.
			The client's personal, medical and substance abuse history, documentation of the client's most recent physical exam, and status of treatment goals have been considered in the determination to continue services.
Y	**N**	**N/A**	**Re-Assessment**

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Withdrawal Management

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			SUD/ASAM Re-Assessment(s) occurred within the following timeframes: 5 days, 3 days, 1 day thereafter.
			Client-specific facts are cited for each ASAM Dimension and support the severity rating chosen for each Dimension.
			The indicated LOC is supported by severity ratings in each ASAM Dimension.
			The actual LOC is either the same as indicated by the SUD ASAM Assessment or the different LOC is sufficiently justified.
			SUD ASAM Re-Assessment was completed by approved registered classification. (ADS I & II, LPHA)
			Placement was determined by an LPHA through a face-to-face consult.
			Progress Note documenting completion of SUD ASAM Assessment by approved registered classification. (ADS I, ADS II, LPHA)
			LPHA supported the basis for the diagnosis based on Medical Necessity.
Y	**N**	**N/A**	**Updated Treatment Plan(s)**
			Updated Treatment Plan update(s) occurred within the following timeframes: 5 days, 3 days, 1 day thereafter.
			The primary Counselor is identified in the Updated Treatment Plan. Name: _____ Credentials: _____
			All signatures are legible (name printed and signed with date).
			Cultural Competence: Any changes in client's cultural and language needs were accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Withdrawal Management

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Diagnosis (DSM-5/ICD-10 code) is identified and written out completely.
			Descriptions of the type (individual, group, or medical psychotherapy session) AND frequency of counseling services to be provided to the client are documented.
			Statement of problems, identified through the SUD/ASAM Re-assessment, to be addressed are listed, which identify specific impairment/distress in life functioning, including Stages of Change for each ASAM dimension.
			Goals to address **each** problem are documented (Short-term: within 90 days. Long-term: 90+ days).
			Action steps (including EBPs) to be taken by the provider and client to accomplish the identified goals are present [and include interventions the counselor will use with the client to assist the client with recovery / relapse prevention, case management etc.]
			Target dates for accomplishment of action step(s), goal(s), and resolution of problem(s) are documented.
			If physical examination has still NOT been completed, a goal of obtaining a physical examination is included in the Updated Treatment Plan(s) until the goal is met. Efforts are documented.
Comments:			

Y	N	N/A	Progress Notes
			Progress Notes are supported and validated by the Treatment Plan.
			LPHA or Counselor documented a Progress Note for every service provided.
			Progress Notes are documented within 7 calendar days of the session.
			Cultural Competence: Client's culture and language was explored and accommodated (use of interpreter) and documented.
			Progress Note documenting client's involvement in treatment planning.
			Topic of session(s) or purpose of session (s) is included in the Progress Note(s).
			Description of the client's progress of the Treatment Plan problems, goals, action steps, objectives and/or referrals is documented.
			Information on client's attendance, including date, start and end times of each service are documented (direct, doctor, travel, etc.).
			Up to 9 hours of **Outpatient Services** were provided per week (no requirements on the number of or duration of sessions).

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Substance Use Prevention and Treatment (SUPT) Services

Withdrawal Management

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			A minimum of 9 hours with a maximum of 19 hours of **Intensive Outpatient Services** were provided per week (no requirements on the number of or duration of sessions).
			Crisis Services provided were as a result of an actual relapse or an unforeseen event or circumstance causing imminent threat of relapse.
			Collateral Services included face-to-face contact with significant person(s) in the life of the client (individuals that have a personal, not official or professional, relationship with
			Recovery Services were provided when the beneficiary was triggered, when the beneficiary had relapsed, or simply as a preventative measure to prevent relapse.
			How services were provided are documented (in person, by telephone, or by telehealth).
			If services were provided in the community, the location was identified and how confidentiality was ensured.
			Progress Note(s) were typed or legibly written in ink and included staff signature and date (month, day, and year). Staff signatures include registration/certificate/license information.
			Case Management Progress Notes
			Case Management Progress Notes are completed, signed, and dated within 7 calendar days of the service and contain:
			Date and start and end times of each service.
			Purpose of the service.
			Description of how the services relates to the Treatment Plan problems, goals, action steps, objectives, and/or referrals.
			Whether services were provided in-person, by telephone, or by telehealth.
			If services were provided in the community, the location was identified and how confidentiality was ensured.
			Assisted client in accessing medical, educational, social, vocational, rehabilitative, or other community services and/or service coordination medical/criminal justice/other agencies.
			LPHA or a registered or certified counselor provided Case Management Services.
			All Progress Notes
			All Progress Notes match billings during timeframe reviewed.
			Excessive Billing: Documentation to support the amount of time that is billable.
			Duplicative Services: Duplicative services are not billed.
			Non-Billable Services: Appropriate documentation of non-billable services, such as supervision, researching a topic, interpretation, filing, faxing, education, transportation, etc.
			Non-Billable Services: Appropriate documentation for services provided while in a client is in a lockout situation such as jail, juvenile hall, or psychiatric hospitalization.

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Withdrawal Management

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Disallowances: Progress Notes that need to be appended or disallowed. Please list the Progress Note that needs to be appended (within 45 days of the date of service) or disallowed, including the date and billing code of Progress Note and the reason for the disallowance. Please indicate if the Progress Note needs to be appended or disallowed. Provider must submit the supplemental worksheet with the corrected Progress Note.
			Progress Note Timeliness: Verify that Progress Notes are not in draft status past three business days. Progress Notes – later than one week from the date of service may be subject to non-reimbursement for the service provided.
Comments:			

Y	N	N/A	Pregnant and Parenting Women
			Engagement activities (Case Management/Referrals) were conducted. Date(s):_____ Activities: _____
			Treatment services were coordinated with other appropriate services, including health, criminal justice, social, educational, and vocational rehabilitation, well as additional services that are medically necessary to prevent risk to a fetus, infant, or mother. Provider arranged for transportation to ensure access to treatment. (Treatment Plan)
			SUD Curriculum included information to effectively minimize the risk of fetal exposure to drugs or alcohol, screening of pregnant women for continued substance use. (Specific to pregnant, peri-natal or gender specific programs)
			Gender-specific treatment and other therapeutic interventions for pregnant and parenting women, such as issues of relationships, sexual and physical abuse, and parenting were provided or arranged.
			Services addressed treatment issues specific to the pregnant and parenting women. Services included the following: (Progress Notes)
			Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;
			Access to services such as transportation;
			Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
			Coordination of ancillary services, such as medical/dental, education, social services, and community services.

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Substance Use Prevention and Treatment (SUPT) Services

Withdrawal Management

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Case management services were provided or arranged to ensure that pregnant and parenting women, and their children, have access to the following:
			Primary medical care, including prenatal care;
			Primary pediatric care, including immunizations;
			Gender specific treatment; and
			Patenting includes therapeutic interventions for children to address developmental needs, sexual and psychological abuse, and neglect.
			Children's Services and referrals included: Clinical treatment services for the child that are deemed medically necessary, services should be comprehensive and, at a minimum, include the following: intake; screening and assessment of the full range of medical, developmental, emotional related-factors; care planning; residential care; case management; therapeutic child care; substance abuse education and prevention; medical care and services; developmental services; and mental health and trauma services as applicable.
Comments:			

Y	N	N/A	Group Counseling/Group Sign-In Sheets
			Typed/legibly printed name and signature of client attending the Group Counseling sessions.
			Typed or legibly printed name and signature and date from **LPHA** or **Counselor** conducting the Group Counseling sessions.
			Dates of Group Counseling sessions are documented.
			Topics of Group Counseling Sessions are documented.
			Start and end times of the Group Counseling sessions are documented.
			Group Counseling sign-in sheets match documentation in Progress Notes and billing.
			Group Counseling Sessions included 2-12 participants.
Comments:			

Y	N	N/A	Discharge Plan
			Discharge Plan completed 48 hours prior to the LAST face-to-face treatment contact with the client.
			Completed 30 days prior to the LAST face-to-face treatment contact with the client.
			SUD Assessment was conducted for transition services.

SACRAMENTO COUNTY

Substance Use Prevention and Treatment (SUPT) Services

Withdrawal Management

Client Chart Review Tool Fiscal Year:_____

Provider / Program: _____ **Client ID:** _____

			Description of each of the client's relapse triggers is documented.
			Relapse Plan to assist the client when confronted with each trigger is documented.
			Referral to a higher or lower LOC is documented.
			Provider ensured the smooth transition of the beneficiary to the new appropriate LOC by providing a warm hand-off to the new services provider, including transportation as needed.
			The transition to the new LOC occurred no later than 72 hours from the time of assessment or reassessment with no interruption of current treatment services.
			Discharge Plan is dated and signed by the **client** and **Counselor**.
			A copy of the Discharge Plan was provided to the client and documented.
			CalOMS discharge completed in Avatar.

Comments:

Y	N	N/A	Discharge Summary
			Discharge Summary completed. Date:_____
			Client discharged if no treatment contact for 30 days or more.
			Duration of treatment (date of admission to date of discharge) is documented.
			Reason and type of discharge is documented.
			Narrative summary of the treatment episode is documented.
			The client's prognosis is documented.
			CalOMS Administrative Discharge completed in Avatar.

Comments:

Sacramento County Mental Health Board

Dear Consumers and Family Members:

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

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

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

We are especially interested in increasing the ethnic and racial diversity of our board to more closely reflect the diversity of our community. You can obtain additional information about the MHB by going to our website at
https://dhs.saccounty.net/BHS/Pages/Advisory-Boards-Committees/Mental-Health-Board/BC-Mental-Health-Board.aspx
You can obtain an application by going to
https://sccob.saccounty.net/Documents/BoardsandCommissions/Bds%20%20%20Comms%20App%20rev%2012-3-15.pdf

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

Sincerely,

Ann Arneill

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

Behavioral Health Peer Specialist Series

Behavioral Health Peer Specialist Program Manager

(Manager Level Class)

Senior Behavioral Health Peer Specialist

(Lead/Advanced Journey Level Class)

Behavioral Health Peer Specialist

(Journey Level Class)

This information is intended to highlight a potential path for career advancement. For full job descriptions and associated minimum qualifications, please visit www.personnel.saccounty.net. Please note, job descriptions are subject to change. We encourage candidates to fully explore the opportunities available to them, and look forward to working together in service of all Sacramento County residents.

SACRAMENTO COUNTY

Sacramento County Behavioral Health Services presents:

Careers in Health and Scholarship Info Session

Wednesday, October 6, 2021
12:00pm to 1:00pm

Join Meeting link below

https://www.zoomgov.com/j/1608663296?pwd=RUptT0ZYOHoxQ202M3V6VUFpM1V6UT09

Meeting ID: 160 866 3296
Passcode: 106747

Have you ever wondered what it would be like to work in behavioral health? What kind of careers are represented in this field? What roles inclusion, equity, and diversity play in health related careers? How to access scholarships that support pursuing a health related career?

Join us to learn about scholarships and career opportunities in behavioral health, including peer, clinical, administrative, nursing, and research and evaluation positions in the fields of mental health services and substance use treatment and prevention. The discussion will include the importance of organizations supporting and celebrating diversity in the workplace in order to ensure that diverse communities are served with cultural competence and cultural humility.

If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Anne-Marie Rucker one week in advance
(916) 875-3861 or ruckera@saccounty.net

For more information, please contact Debrah Deloney-Deans
(916) 876-5128 or deloneyde@saccounty.net

خدمات جلوگیری استفاده از مواد و درمان کاونتی سکرامنتو

راهنمای حقوق اعضا و حل مشکلات

راهنمای حل مشکلات و حقوق اعضا

اعضای خدمات جلوگیری استفاده از مواد و درمان کاونتی سکرامنتو (SUPT) از موارد زیر برخوردار هستند:

- برخورد محترمانه از سوی همه ارائه دهندگان SUPT.
- خدمات در یک محیط محفوظ ارایه میشود.
- رضایت آگاهانه برای درمان و رضایت آگاهانه برای داروهای تجویز شده و گزینه های موجود.
- حفاظت از اطلاعات بهداشتی شخصی.
- شرکت در برنامه ریزی های درمانی.
- درخواست جهت تغییر سطح مراقبت، تغییر مشاور و نظر دوم.
- بررسی یک مشکل یا نگرانی در مورد خدمات توسط شخص کارمند یا سازمان ارائه‌دهنده خدمات مراقبتی.
- درج شکایت در مورد خدمات.
- درج پرونده دادرسی عادلانه دولتی پس از نتیجه درخواست
- درج درخواست تجدیدنظر در مورد اطلاع از حکم رد مزایا (NOABD)
- تعیین شخص دیگر تا در طول فرآیند شکایت، درخواست تجدید نظر و یا دادرسی عادلانه به نمایندگی از آنها اقدام کند.
- خدمات مرتبط با حساسیت فرهنگی.
- استفاده از مترجم به صورت رایگان.
- درخواست و دریافت نسخه کاپی از سوابق پزشکی خود، و درخواست اصلاح یا تصحیح آنها.
- مصئونیت از هر نوع خویشتنداری یا انزوا که به عنوان ابزاری برای زورگوئی، تنبیه، آسودگی یا انتقام جویی استفاده میشود.

مدافع حقوق بیماران 3800-333 (916)

خدمات جلوگیری استفاده از مواد و درمان کاونتی سکرامنتو مدیریت کیفیت خدمات - خدمات اعضا

(916) 875-6069
شماره تلفن رایگان **(916) 1-888-881-4881**

TDD California Relay Service: 711

خدمات جلوگیری استفاده از مواد و درمان کاونتی سکرامنتو قوانین حقوق مدنی فدرال را رعایت میکند و اعمال تبعیض بر اساس نژاد، رنگ پوست، تابعیت، سن، معلولیت یا جنسیت را ممنوع میداند.

منتشر شده توسط: بخش خدمات صحت روانی کاونتی سکرامنتو

February 2022

خدمات جلوگیری استفاده از مواد و درمان کاونتی سکرامنتو خدمات سوء استفاده از مواد مخدر را به کودکان و بزرگسالان واجد شرایط میدی-کل Medi-Cal ارائه میدهد.

مدافعان

منابع زیر جهت کمک برای تکمیل فرم ها و حل شکایات، درخواست تجدید نظر و دادرسی عادلانه دولتی موجود است

حقوق بیماران (916) 333-3800

خدمت اعضا (916) 875-6069

اعضا می‌توانند یک نماینده تعیین کنند تا در هر زمانی در طول فرآیند شکایت، درخواست تجدیدنظر یا دادرسی عادلانه دولتی به نمایندگی از آنها اقدام کند.

درج شکایت، تجدیدنظر و یا درخواست دادرسی عادلانهٔ دولتی بر خدمات الکل و مواد مخدر شما تأثیر نمیگذارند

شکایت

شکایت به معنای ابراز نارضایتی نسبت به هر مسئله به جز از اطلاعیه حکم رد مزایا (NOABD) میباشد.
یک شکایت می تواند با تماس با خدمات اعضا یا تکمیل فرم شکایت ثبت شود

- اعضا درمورد اینکه شکایت ایشان توسط خدمات اعضا دریافت شده یک پیام تاییدی کتبی دریافت می کنند
- اعضا درظرف نود (90) روز تقویمی نتیجه کتبی را دریافت خواهند کرد.

* تحت شرایط خاص ممکن است امکان تمدید 14 روزه وجود داشته باشد.

درخواست تجدید نظرمعیاری

درخواست تجدیدنظر به معنای تقاضا برای بازنگری بر اطلاع حکم رد مزایا است. اطلاع حکم رد مزایا وقتی اتفاق می‌افتد که کاونتی خدمات مجاز قبلی را رد، کاهش، به حالت تعلیق یا خاتمه میدهد؛ پرداخت برای خدمات را رد میکند؛ موفق به ارائه خدمات به موقع نمیباشد؛ یا این که در مهلت‌های تعیین شده برای رسیدگی به شکایات، درخواستهای تجدیدنظر معیاری و یا تجدیدنظر تسریع شده* عمل نمی‌کند، یا درخواست اعتراض به مسئولیت مالی را رد می‌کند.

- عضو می تواند درخواست تجدیدنظر را به صورت شفاهی یا کتبی ارائه دهد. درخواستهای شفاهی باید با درخواستهای کتبی امضا شده پیگیری شود
- اعضا تائیدیه کتبی مبنی بر دریافت درخواست تجدید نظر توسط بخش خدمات اعضا را دریافت خواهند کرد.
- درخواست تجدیدنظر باید ظرف ۶۰ روز از تاریخ اطلاع حکم رد مزایا دریافت شود
- اعضا ظرف ۳۰ روز تقویمی نتیجه کتبی را دریافت خواهند کرد*

درخواست تجدیدنظر تسریع شده

این درخواست زمانی درج می شود که جان ، سلامتی یا توانایی اعضا برای داشتن یا حفظ حداکثر قوه عملکرد در معرض خطر باشد

- اعضا ظرف 72 ساعت نتیجه کتبی را دریافت خواهند کرد.
- در صورت رد درخواست تجدید نظر تسریع شده، یک اطلاعیه کتبی برای عضو ارسال میشود و روند درخواست تجدیدنظر معیاری (استاندارد) آغاز میشود.

پیشنهادات

پیشنهادات اعضا برای ارائه خدمات موثر و با کیفیت مهم است. ارائه دهندگان در محل ارائه خدمات از صندوق پیشنهادات برخوردار هستند. از پیشنهادات اعضا استقبال میشود و میتوان آنها را در این صندوق‌ها انداخت، یا اینکه میتوان آنها را مستقیماً به کارکنان بخش سلامت روان و یا مدافعان ارائه کرد.

دادرسی عادلانه دولتی

اگر جزء ذینفعان Medi-Cal هستید، از حق درج درخواست برای دادرسی عادلانه دولتی برخوردار هستید. پیش از این که بتوانید درخواست دادرسی عادلانه دولتی را تنظیم کنید، شما ملزم به طی کردن روند حل مشکل خدمات جلوگیری استفاده از مواد و درمان کاونتی سکرامنتو برای درخواست تجدیدنظر هستید.

قاضی قوانین اداری که مسئولیت رسیدگی به دادرسی را برعهده دارد تنها مجاز به رسیدگی به مسائل مطرح شده مربوط به این اقدام است. این تصمیم نهایی خواهد بود.

برای درخواست دادرسی عادلانه دولتی درخواست خود را به بخش زیر ارسال کنید:

بخش دادرسی عادلانه دولتی سازمان خدمات اجتماعی کالیفرنیا
P.O. Box 944243, Mail Station 19-37
Sacramento, CA 94244-2430

روش دیگری برای درخواست دادرسی تماس با شماره تلفن رایگان زیر است: 1-800-952-5253. اگر ناشنوا هستید و از TDD استفاده می‌کنید، با شماره 1-800-952-8349 تماس بگیرید.

فرم‌ها

فرم‌های شکایت و درخواست تجدیدنظر در تمام مراکز ارائه دهنده موجود هستند و یا میتوان آنها را با تماس با بخش خدمات اعضا به شماره (916) 875-6069 و یا مراجعه به https://dhs.saccounty.net دریافت کرد

فرم تکمیل شده را به آدرس زیر ارسال کنید:

خدمات جلوگیری استفاده از مواد و درمان کاونتی سکرامنتو
مدیریت کیفیت - خدمات اعضا
7001A East Parkway, Suite 300M
Sacramento, CA 95823

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Substance Use Prevention and Treatment Services

بهبودی امکان‌پذیر است!

کمک در دسترس است!

اطلاعات مصرف بیش از حد

در موارد اضطراری/مصرف بیش از حد الکل و یا مواد مخدر حتماً با **911 تماس بگیرید**.

Narcan® دارویی است که می‌تواند اثرات **مصرف بیش از حد مواد شبه افیونی یا هروئین** را خنثی کند. پرسنل اورژانس آن را با خود همراه دارند. Narcan® همچنین در داروخانه‌های منتخب بدون نسخه قابل تهیه است.

نشانه‌های هشدار اختلال سوءمصرف مواد

تغییرات شدید در روحیه یا رفتار.

تغییر در عادات خوردن و یا خوابیدن.

مشاجره کردن با خانواده یا دوستان درباره سوءمصرف الکل یا مواد مخدر.

مشکلات حافظه/انسدادها.

بی‌اعتنایی به مسئولیت‌های خانگی یا کاری.

ارتباط با همسالانی که الکل/مواد مخدر مصرف می‌کنند.

تمایل شدید یا فکرکردن مداوم به الکل و یا مواد مخدر.

رانندگی تحت تأثیر دارو و الکل/بازداشت بخاطر مصرف الکل و یا مواد مخدر.

SACRAMENTO COUNTY

سیستم مراقبت برای درمان سوءمصرف مواد

لطفاً برای ارزیابی اختلال سوءمصرف مواد و ارجاع خدماتی با کارمندان سیستم مراقبتی ما تماس بگیرید.

تماس و درمان شما محرمانه نگهداری خواهد شد.

از دوشنبه تا جمعه
8:00 صبح تا 5:00 عصر.

شماره تلفن
(916) 874-9754

سرویس رله کالیفرنیا 711

پس از ساعات اداری
(888) 881-4881

مراقبت مداوم برای پیشگیری و درمان سوءمصرف مواد برای ساکنان 12 سال به بالای کانتی ساکرامنتو ارائه می‌شود.

خدمات پیشگیری، محیط‌های خانوادگی مثبت و پشتیبانی از پرهیز و بازگشت به حالت عادی را تقویت می‌کند.

خدمات درمانی بصورت رایگان برای اکثر ساکنان واجد شرایط Medi-Cal ساکرامنتو ارائه می‌گردد.

کارمندان سیستم مراقبت سؤالات ساده‌ای درباره سوءمصرف الکل و مواد مخدر از شما می‌پرسند تا بهترین میزان مراقبت را برای شما مشخص کنند و شما را به یکی از ارائه‌دهندگان درمانی محله خودتان معرفی کنند. کارمندان دوزبانه و مترجمان شفاهی بصورت رایگان در خدمت شما هستند.

ما درک می‌کنیم که دستیابی به کمک ممکن است دشوار باشد. خدمات پیشگیری و درمان از سوءمصرف مواد برای کمک شما اینجا آماده است!

خدمات ما

خدمات پیشگیری

درمان سرپایی

خدمات قبل ازتولد برای زنان باردار و شیرده

مدیریت ترک اعتیاد/خدمات سم زدایی

درمان مبتنی بر دارو (متادون، بوپرنورفین، نالتروکسون و دی‌سولفیرام، ®Narcan)

درمان به همراه اقامت

اقامتگاه‌های بهبودی/محیط‌های دارای زندگی هوشیارانه

خدمات بهبودی/خدمات پس از مراقبت

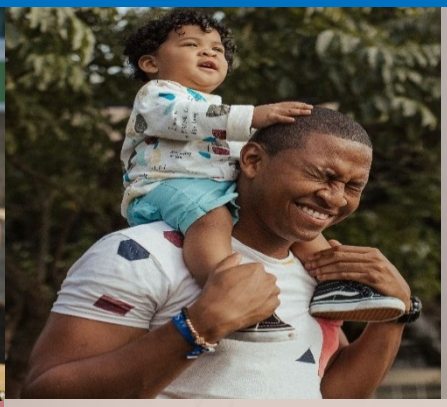
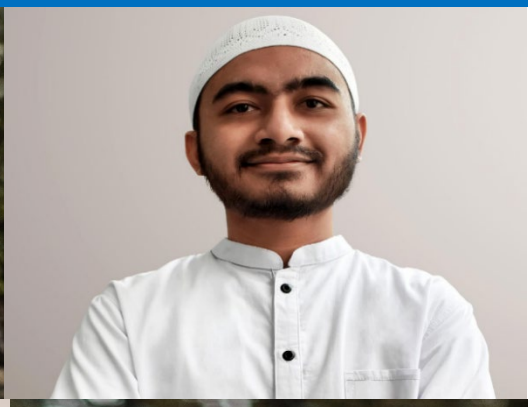
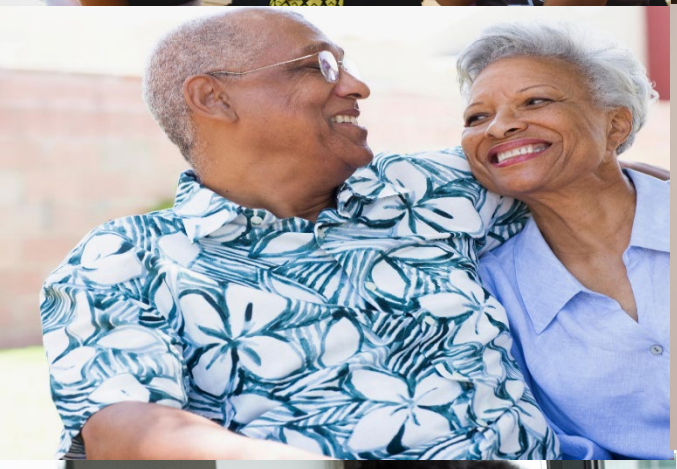
برنامه‌های رانندگی تحت تأثیر دارو و الکل

دادگاه‌های اشتراکی

پیشگیری و درمان مصرف مواد

بهبودی ممکن است - ما می‌توانیم کمک کنیم!

SACRAMENTO COUNTY



DMC-ODS

Drug Medi-Cal Organized Delivery System Plan Member Handbook

شماره تلفن‌های مهم

سوءمصرف الکل / مواد مخدر
تماس بگیرید 911

NATIONAL SUICIDE PREVENTION LIFELINE™
1-800-273-TALK
1-800-273-8255
www.suicidepreventionlifeline.org

Sacramento County Substance Use Prevention and Treatment
1-916-874-9754
8:00 صبح تا 5:00 عصر
پس از ساعت ها
1-888-881-4881
5:00 عصر تا 8:00 صبح

Sacramento County Mental Health Services
1-916-875-1055
8:00 صبح تا 5:00 عصر
پس از ساعت ها
1-888-881-4881
5:00 عصر تا 8:00 صبح

Sacramento County Member Services and Problem Resolution
1-916-875-6069

California Relay Service
The power to connect us all.
711 :تماس بگیرید

توجه

برای مشتریان محدود انگلیسی و افراد ناشنوا و کم شنوا مترجمان به صورت رایگان در دسترس هستند

به شماره 1-916-874-9754 از ساعت 8:00 صبح تا 5:00 بعد از ظهر، 1-888-881-4881 از ساعت 5:01 بعد از ظهر تا 7:59 صبح تماس بگیرید.

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-916-874-9754

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 1-916-874-9754

Tagalog (Tagalog/Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-916-874-9754

⌧⌧⌧ (Korean)
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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 □1-916-874-9754

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-916-874-9754

SACRAMENTO COUNTY

توجه

برای افرادی که مشکل خواندن، اختلال شنوایی یا بینایی دارند

میتوانید این کتابچه را در قالبی جایگزین مانند چاپ بزرگ یا صوتی درخواست کنید، تماس بگیرید:

1-916-874-9754
1-888-881-4881

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-916-874-9754

Farsi)) فارسی

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شمافراهم می باشد.
1-916-874-9754تماس بگیرید

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-916-874-9754

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-916-874-9754

ਪੰਜਾਬੀ (Punjabi)

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العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-916-974-9754**

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SACRAMENTO COUNTY

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فهرست مطالب

فهرست مطالب

SACRAMENTO COUNTY

فهرست مطالب

اطلاعات عمومی

خدمات اورژانسی 24 ساعت در روز، 7 روز در هفته و 365 روز در سال تحت پوشش قرار می‌گیرند. اگر فکر می‌کنید که در رابطه با سلامتی دچار یک اورژانس هستید، **برای کمک با 911 تماس بگیرید یا به نزدیکترین اتاق اورژانس بروید**.

خدمات اورژانسی خدماتی هستند که برای یک وضعیت پزشکی غیرمنتظره، از جمله وضعیت پزشکی اورژانسی روانپزشکی و سوءمصرف، ارائه می‌شوند. یک وضعیت پزشکی اورژانسی زمانی وجود دارد که علائمی دارید که باعث درد شدید یا یک بیماری جدی یا آسیب می‌شود، که یک فرد عامی محتاط (یک فرد غیرپزشکی مراقب یا محتاط) معتقد است که بدون مراقبت پزشکی می‌تواند انتظار داشته باشد:

- سلامتی شما را در معرض خطر جدی قرار دهد، یا
- اگر باردار هستید، سلامت فرزند متولد نشده شما را در معرض خطر جدی قرار دهید، یا
- باعث آسیب جدی به نحوه عملکرد بدن شما شود، یا
- باعث آسیب جدی به هر عضو یا قسمتی از بدن شود.

شما حق دارید در مواقع اورژانسی از هر بیمارستانی استفاده کنید. **خدمات اورژانسی هرگز نیاز به مجوز ندارند.**

سوءمصرف: برای فوریت های پزشکی مربوط به مصرف مواد **در تماس گرفتن با 911** دریغ نکنید. اگر شما یا کسی که می‌شناسید سوءمصرف کرده‌اید، تماس با 911 در اسرع وقت می‌تواند به نجات یک جان کمک کند. **Naloxone (Narcan®)** دارویی است که می تواند فوراً با اثرات یک **سوءمصرف افیونی/هروئین** مقابله کند. شما می‌توانید آن را به فردی که سوءمصرف می‌کند تجویز کنید **و باید فوراً با 911 تماس بگیرید**. بسیاری از پرسنل اورژانس آن را با خود حمل می‌کنند و همچنین از داروخانه های منتخب بدون نسخه در دسترس هستند. برای اطلاعات بیشتر از ارائه دهنده مراقبت های بهداشتی یا داروخانه محلی خود بپرسید.

وقتی افکار خودکشی دارم با چه کسی تماس بگیرم؟

اگر شما یا کسی که می‌شناسید در بحران هستید، لطفا با این شماره تماس بگیرید National Suicide Prevention Lifeline در 1-800-273-TALK (8255).

از کجا می‌توانم خدمات تخصصی بهداشت روانی دریافت کنم؟

Sacramento County خدمات تخصصی بهداشت روانی برای کودکان، جوانان، بزرگسالان و سالمندان ارائه می‌دهد. اگر زیر 21 سال سن هستید، برای Early and Periodic Screening, Diagnostic and Treatment (EPSDT)، واجد شرایط هستید که ممکن است شامل پوشش و مزایای اضافی باشد. برای کسب اطلاعات بیشتر در مورد خدمات بهداشت روانی که ممکن است برای شما یا فرزندتان در دسترس باشد، لطفاً با Mental Health Access Team تماس بگیرید به:

1-916-875-1055 8:00 صبح تا 5:00 بعد از ظهر
تلفن رایگان/بعد از ساعت کاری: 1-888-881-4881 5:00 بعد از ظهر تا 8:00 صبح

SACRAMENTO COUNTY

چرا خواندن این کتابچه مهم است؟
این کتابچه به شما کمک می‌کند تا بفهمید چه خدماتی در دسترس شما هستند. این مهم است که شما درک کنید چگونه Sacramento County DMC-ODS Plan کار می‌کند تا بتوانید مراقبت های لازم را دریافت کنید. این کتابچه مزایای شما و نحوه دریافت مراقبت را توضیح می‌دهد. همچنین به بسیاری از سوالات شما پاسخ خواهد داد. این کتابچه از طریق ارائه دهنده خدمات شما در دسترس است و در وب سایت Sacramento County موجود است.

شما یاد خواهید گرفت:

1. الزامات واجد شرایط بودن
2. چه مزایای خدماتی برای شما در دسترس است
3. نحوه دریافت خدمات درمان SUD
4. اگر سوال یا مشکلی دارید چه باید کرد
5. حقوق و مسئولیت های شما به عنوان عضوی از DMC-ODS Plan

از این کتابچه به عنوان مکملی برای **Medi-Cal کتابچه راهنمای اعضا** خود استفاده کنید که هنگام ثبت نام برای Medi-Cal Managed Care Plan یا Medi-Cal Fee for Service Plan فعلی خود دریافت کرده اید.

خوش آمدید به Sacramento County Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

این سیستم تحویل برای افراد مبتلا به اختلال مصرف مواد (SUD) است که در آن ثبت نام کرده اند یا برای Medi-Cal واجد شرایط هستند. این سیستم تحویل زنجیره ای از خدمات را ارائه می‌دهد که بر اساس معیار American Society of Addiction Medicine (ASAM) مدل سازی شده است. معیارهای ASAM راهی برای تطبیق افراد مبتلا به اعتیاد با خدمات و ابزارهای مورد نیاز برای بهبود موفقیت آمیز و طولانی مدت فراهم می‌کند.

علائم هشدار اختلال مصرف مواد

- تغییرات شدید در خلق و خو یا رفتار مانند:
  - خشم
  - زود رنجي
  - خصومت
  - تکانشگری
  - خشونت
  - اضطراب
  - خستگی
  - درون گرا
  - افسرده
- تغییر در عادات غذایی و/یا خوابیدن
- مشکلات حافظه (غش)
- بی توجهی به مسئولیت ها در محل کار، خانه، مدرسه
- مشاجره با خانواده یا دوستان در مورد مصرف مواد
- معاشرت با همسالانی که از الکل/مواد مخدر استفاده می‌کنند
- هوس / نیاز شدید به استفاده
- افکار مکرر در مورد الکل و/یا مواد مخدر
- رانندگی تحت تاثیر
- دستگیری‌های مرتبط با الکل یا مواد مخدر

ما می‌خواهیم کمک کنیم!

خدمات DMC-ODS چه هستند؟

خدمات DMC-ODS مراقبت های بهداشتی برای افرادی است که حداقل یک SUD دارند که پزشک معمولی شما نمی‌تواند آن را درمان کند.

مسئولیت DMC-ODS Plan شما چیست؟

- تعیین اینکه آیا برای خدمات DMC-ODS DMC-ODS Plan یا شبکه ارائه دهنده آن واجد شرایط هستید یا خیر.
- هماهنگی مراقبت شما.
- ارائه یک شماره تلفن رایگان که 24 ساعت در روز، 7 روز در هفته و 365 روز در سال پاسخ داده می‌شود و می‌تواند به شما بگوید چگونه از خدمات DMC-ODS Plan بهره ببرید.
- داشتن ارائه دهندگان کافی برای اطمینان از اینکه می‌توانید خدمات درمان SUD تحت پوشش DMC-ODS Plan را دریافت کنید اگر به آنها نیاز دارید.
- اطلاع رسانی و آموزش شما در مورد خدمات موجود از طریق DMC-ODS Plan.
- ارائه خدمات به زبان شما یا توسط مترجم (در صورت لزوم) رایگان و اطلاع دادن به شما که این خدمات مترجم در دسترس هستند.
- ارائه اطلاعات مکتوب در مورد آنچه در دسترس شما به زبان ها یا قالب های دیگر است.
- ارائه هر گونه تغییر مهم در اطلاعات مشخص شده در این کتابچه حداقل 30 روز قبل از تاریخ لازم برای تغییر. تغییر زمانی قابل توجه تلقی می‌شود که مقدار یا نوع خدمات موجود افزایش یا کاهش یابد، یا اگر تعداد ارائه دهندگان شبکه افزایش یا کاهش یابد، یا هر تغییر دیگری که بر روی مزایایی دریافتی از طریقDMC-ODS Plan تاثیر بگذارد، قابل توجه تلقی می‌شود.
- اطلاع رسانی شما اگر یکی از ارائه دهندگان قراردادی به دلیل مخالفت‌های معنوی، اخلاقی یا مذهبی از انجام یا پشتیبانی از خدمات تحت پوشش امتناع ورزند و اطلاع رسانی شما به ارائه دهندگان جایگزینی که خدمات تحت پوشش را ارائه می‌دهند.
- اطمینان بر این که اگر تغییر ارائه دهندگان باعث آسیب رساندن به سلامت شما یا افزایش خطر بستری شدن در بیمارستان شود، برای مدتی به ارائه دهنده قبلی و اکنون خارج از شبکه خود دسترسی دارید.

ماموریت ما

برای ترویج یک جامعه سالم و کاهش اثرات مضر مرتبط با مصرف الکل و مواد مخدر، در عین حال پاسخگو بودن و بازتاب تنوع در افراد، خانواده ها و جوامع.

DMC-ODS Plan بررسی اجمالی

DMC-ODS Plan شامل شبکه ای قوی از آژانس ها/ارائه دهندگان و خدمات برای کمک به شما و/یا کودک/نوجوانتان برای بهبودی از اختلال مصرف مواد (SUD) است. خدمات شامل خدمات سرپایی، مسکونی، مدیریت ترک (سم زدایی)، درمان با مواد افیونی/درمان به کمک دارو، مدیریت مورد، و خدمات پشتیبانی بهبودی است که بعداً در این کتابچه توضیح داده شده است. شبکه خدمات DMC-ODS:

یک شماره تلفن 24 ساعته رایگان ارائه می‌دهد

- شماره تلفن رایگان ما (1-888-881-4881) 24 ساعت در روز، 7 روز در هفته و 365 روز در سال پاسخ داده می‌شود.

مراقبت بیمار محور را ارائه می‌دهد

- شما می‌توانید به ارائه دهنده درمان کمک کنید تا مشخص کند چه خدماتی به بهترین وجه نیازها و ترجیحات فردی شما را برآورده می‌کند. به همین دلیل، مراقبت شما ممکن است در همان برنامه با بقیه متفاوت باشد.

خدمات فرهنگی مناسب ارائه می‌دهد

- شما می‌توانید از یک ارائه‌دهنده درمانی درخواست کنید که خدماتی را ارائه دهد که به طور خاص برای برآوردن نیازهای فرهنگ، پیشینه نژادی و قومیتی یا گرایش جنسی شما طراحی شده است. اگر برنامه‌ای نمی‌تواند نیازهای شما را برآورده کند، یا از جایی که می‌خواهید خدمات دریافت کنید بسیار دور است، لطفاً بدانید که همه ارائه‌دهندگان خدمات شبکه موظفند خدمات حساس فرهنگی و مناسب را برای همه مشتریان ارائه دهند.

خدمات زبانی مناسب ارائه می‌دهد

- شما می‌توانید از یک ارائه دهنده درمانی درخواست کنید که خدمات را به زبان دلخواه شما ارائه دهد. اگر برنامه ای نمی‌تواند نیازهای شما را برآورده کند، می توانید بدون پرداخت هزینه، یک مترجم درخواست کنید. مواد نوشتاری کلیدی نیز به همه رایج‌ترین زبان‌های رایج در Sacramento County موجود است که به آنها "زبان‌های آستانه" نیز می‌گویند.

خدمات مناسب سن و رشد را ارائه می‌دهد

- شما می‌توانید از یک ارائه دهنده درمانی درخواست کنید که خدماتی را برای یک گروه سنی خاص (جوانان، بزرگسالان جوان، بزرگسالان و بزرگسالان مسن تر) ارائه دهد. اگر برنامه ای مطابق با درخواست شما در دسترس نیست، یا از جایی که می‌خواهید خدمات دریافت کنید بسیار دور است، برنامه های دیگری در دسترس هستند که به بیش از یک گروه سنی خدمت می کنند.

سوءمصرف مواد را به عنوان یک وضعیت مزمن درمان می‌کند

- یک بیماری مزمن برای مدت طولانی یا شاید حتی یک عمر (به عنوان مثال، آسم، دیابت) طول می‌کشد در حالی که یک بیماری حاد برای مدت کوتاهی، معمولاً چند روز یا چند هفته (یعنی عفونت گوش) طول می‌کشد. از آنجایی که سوءمصرف مواد می تواند افراد را برای مدت طولانی تحت تاثیر قرار دهد و عود بیماری شایع است، به عنوان یک بیماری مزمن در نظر گرفته می‌شود. به همین دلیل، ارائه دهندگان شبکه می‌توانند حتی پس از اتمام برنامه درمانی شما با شما همکاری کنند تا در صورت نیاز به شما کمک کنند تا مجدداً وارد درمان شوید.

خدمات سلامت، سلامت روان و اختلال مصرف مواد را به هم متصل می‌کند

بسیاری از افرادی که به خدمات SUD نیاز دارند همچنین برای رسیدگی به سایر شرایط سلامت جسمی (به عنوان مثال، دیابت، نفس تنگی، بیماری قلبی، بیماری کبد) یا بهداشت روانی (یعنی اضطراب، افسردگی، دوقطبی) به خدمات نیاز دارند یا خدمات دریافت می‌کنند. مهم است که با سایر ارائه دهندگانی که به نیازهای مراقبت های بهداشتی شما خدمت می‌کنند، ارتباط برقرار کنید تا مراقبت های شما را بهتر هماهنگ کنند و به شما در دستیابی به تمام اهداف سلامتی شما کمک کنند.

به بیماران و جوامع برای دستیابی به سلامتی آموزش می‌دهد و توانمند می‌سازد

افراد سالم و جوامع سالم از طریق فداکاری و تعهد و اشتراک اهداف برای کاهش اثرات نامطلوب مصرف الکل و مواد مخدر به دست می‌آیند. شما می‌توانید نقشی کلیدی برای بهبود سلامت خود و جامعه خود داشته باشید و این می‌تواند با شرکت در خدمات درمانی و بهبودی آغاز شود.

برای افزایش مراقبت از مشتری، همیشه برنامه را بهبود ببخشید

Sacramento County و ارائه دهندگان شبکه آن به ارائه خدمات با کیفیت به مشتری اختصاص داده شده‌اند که به شما در دستیابی به اهدافتان کمک می‌کند. این به معنای نگاه کردن به نحوه ارائه خدمات امروزه و یافتن راه هایی برای بهبود آنها از طریق شیوه های مبتنی بر شواهد، کارکنان موثر و فناوری است.

Sacramento County DMC-ODS Plan Services

در زیر شرح خدمات که ممکن است از طریق DMC-ODS Plan در دسترس شما باشد، آمده است.

خدمات سرپایی

- خدمات سرپایی شامل دریافت و ارزیابی، برنامه ریزی درمان، مشاوره فردی، مشاوره گروهی، درمان خانوادگی، خدمات جانبی، آموزش اعضا، خدمات دارویی، خدمات مداخله در بحران و برنامه ریزی ترخیص است.
- خدمات سرپایی توسط یک متخصص دارای مجوز یا یک مشاور خبره به صورت حضوری، از طریق تلفن یا از طریق بهداشت از راه دور در هر محیط مناسب در جامعه ارائه می‌شود.
- خدمات سرپایی به اعضا تا نه ساعت در هفته برای بزرگسالان و حداکثر تا شش ساعت در هفته برای نوجوانان در صورتی که از نظر پزشکی ضروری و مطابق با یک برنامه مشتری فردی تشخیص داده شود، ارائه می‌شود.

خدمات سرپایی فشرده

- خدمات سرپایی فشرده شامل اجزای مشابه خدمات بیماران سرپایی است. افزایش تعداد ساعات خدمات تفاوت اصلی است.
- خدمات سرپایی فشرده به اعضای بزرگسال حداقل نه ساعت با حداکثر 19 ساعت در هفته و حداقل شش ساعت با حداکثر 19 ساعت در هفته برای جوانان در صورتی که از نظر پزشکی لازمی تشخیص داده شود و مطابق با برنامه مراجعه کننده فردی باشد.
- خدمات سرپایی فشرده توسط یک متخصص دارای مجوز یا یک مشاور خبره به صورت حضوری، از طریق تلفن یا از طریق بهداشت از راه دور در هر محیط مناسب در جامعه ارائه می‌شود.

درمان مسکونی (مجوز قبلی توسط DMC-ODS Plan الزامی است)

- درمان مسکونی یک برنامه غیرسازمانی 24 ساعته غیرپزشکی و کوتاه مدت است که خدمات توانبخشی را به اعضای مبتلا به تشخیص SUD در صورت تشخیص ضروری پزشکی و مطابق با یک برنامه درمانی فردی ارائه می‌دهد.
- هر یک از اعضا باید در محل زندگی کنند و در تلاش‌هایشان برای بازیابی، حفظ، بکارگیری مهارت‌های زندگی بین فردی و مستقل و دسترسی به سیستم‌های پشتیبانی جامعه مورد حمایت قرار خواهند گرفت. ارائه دهندگان و ساکنان برای تعریف موانع، تعیین اولویت ها، تعیین اهداف، ایجاد برنامه های درمانی و حل مشکلات مربوط به SUD با یکدیگر همکاری می‌کنند.
- اهداف شامل حفظ پرهیز، آماده شدن برای محرک های عود، بهبود سلامت فردی و عملکرد اجتماعی و درگیر شدن در مراقبت مداوم است. همه ارائه دهندگان درمان های مسکونی ملزم به پذیرش و حمایت از مشتریانی هستند که تحت درمان های کمک دارویی هستند.
- خدمات اقامتی شامل دریافت و ارزیابی، برنامه‌ریزی درمان، مشاوره فردی، مشاوره گروهی، درمان خانوادگی، خدمات جانبی، آموزش اعضا، خدمات دارویی، داروهای حفاظتی (این تسهیلات شامل تمامی داروهای ساکن و کارکنان مراکز درمانی می شود که می توانند به خودمدیریتی اداره دارو کمک کنند)، خدمات مداخله در بحران، حمل و نقل (تهیه یا ترتیبی برای حمل و نقل به و از درمان ضروری پزشکی)، و برنامه ریزی ترخیص است.
- طول خدمات مسکونی بر اساس نیاز پزشکی از 1 تا 90 روز متغیر است. تمدید و اقامت اضافی بر اساس نیاز پزشکی تایید می‌شود.

مدیریت بازگیری (دفع مسمومیت)

- خدمات مدیریت بازگیری شامل دریافت و ارزیابی، مشاهده (برای ارزیابی وضعیت سلامت و پاسخ به هر گونه داروی تجویز شده)، خدمات دارویی، و برنامه ریزی ترخیص است.
- خدمات مدیریت بازگیری زمانی ارائه می‌شود که از نظر پزشکی ضروری باشد و مطابق با یک برنامه فردی مشتری باشد.
- هر یک از اعضا در صورت دریافت خدمات مسکونی باید در مرکز اقامت کنند و در طول فرآیند سم زدایی تحت نظارت قرار خواهند گرفت.
- خدمات توانبخشی ضروری پزشکی مطابق با یک برنامه فردی مشتری که توسط یک پزشک مجاز یا تجویز کننده دارای مجوز تجویز شده و مطابق با الزامات State of California تایید و مجاز شده است، ارائه می‌شود.

درمان مواد افیونی/درمان به کمک دارو

- خدمات برنامه درمان مواد افیونی (مواد مخدر) (OTP/NTP) در مراکز دارای مجوز NTP ارائه می‌شود. خدمات توانبخشی ضروری پزشکی مطابق با یک برنامه فردی مشتری که توسط یک پزشک مجاز یا تجویز کننده دارای مجوز تجویز شده و مطابق با الزامات State of California تایید و مجاز شده است، ارائه می‌شود.
- یک عضو باید حداقل 50 دقیقه جلسات مشاوره با یک درمانگر یا مشاور به مدت حداکثر 200 دقیقه در ماه تقویم دریافت کند، اگرچه ممکن است خدمات اضافی بر اساس نیاز پزشکی ارائه شود.
- خدمات درمان مواد افیونی شامل همان اجزای خدمات درمان سرپایی است، با اضافه روان‌درمانی پزشکی که شامل یک بحث رو در رو است که توسط یک پزشک به صورت انفرادی با اعضا انجام می‌شود.
- خدمات درمان با کمک دارو (MAT) خارج از کلینیک OTP در دسترس است.MAT استفاده از داروهای تجویزی، در ترکیب با مشاوره و درمان های رفتاری، برای ارائه رویکردی کامل برای درمان SUD است. ارائه این سطح از خدمات برای شهرستان های شرکت کننده اختیاری است.
- خدمات MAT شامل سفارش، تجویز، مدیریت و نظارت بر همه داروها برای SUD است. به ویژه وابستگی به مواد افیونی و الکل، گزینه‌های دارویی ثابت شده‌ای دارد.
- درمان مواد افیونی / درمان با کمک دارو ممکن است شامل موارد زیر باشد (وابسته به کلینیک متفاوت است): methadone, buprenorphine, buprenorphine-Naloxone (Suboxone®), Naloxone (Narcan®), and disulfiram.

خدمات بهبودی

- خدمات بهبودی برای بهبود و تندرستی اعضا مهم هستند. جامعه درمان به یک عامل درمانی تبدیل می شود که از طریق آن اعضا برای مدیریت سلامت و مراقبت های بهداشتی خود توانمند و آماده می‌شوند. بنابراین، درمان باید بر نقش محوری اعضا در مدیریت سلامت خود تأکید کند، از راهبردهای حمایتی مؤثر خود مدیریتی استفاده کند، و منابع داخلی و جامعه را سازماندهی کند تا حمایت خود مدیریتی مستمر از اعضا ارائه شود.
- خدمات بهبودی شامل مشاوره فردی و گروهی؛ نظارت بر بهبودی / کمک به سوءمصرف مواد (مربیگری بهبودی، پیشگیری از عود، و خدمات همتا به همتا)؛ و مدیریت پرونده (ارتباط با حمایت های آموزشی، حرفه‌ای، خانواده، حمایت های مبتنی بر جامعه، مسکن، حمل و نقل و سایر خدمات بر اساس نیاز) است.

خدمات مدیریت پرونده

- خدمات مدیریت پرونده شامل ارزیابی جامع و ارزیابی مجدد دوره ای نیازهای فردی برای تعیین نیاز به ادامه خدمات؛ انتقال به سطوح بالاتر یا پایین تر مراقبت SUD؛ توسعه و بازنگری دوره ای یک طرح مشتری که شامل فعالیت های خدماتی است؛ ارتباطات، هماهنگی، ارجاع و فعالیت های مرتبط؛ نظارت بر ارائه خدمات برای اطمینان از دسترسی اعضا به خدمات و سیستم ارائه خدمات؛ نظارت بر پیشرفت اعضا؛ حمایت از اعضا؛ ارتباط با مراقبت از سلامت جسمی و روانی، و حفظ در خدمات مراقبت های اولیه است.
- خدمات مدیریت پرونده به یک عضو کمک می کند تا به خدمات مورد نیاز پزشکی، آموزشی، اجتماعی، حقوقی، مالی، پیش‌حرفه‌ای، حرفه‌ای، توانبخشی یا سایر خدمات اجتماعی دسترسی پیدا کند. این خدمات بر هماهنگی مراقبت های SUD، ادغام در مراقبت های اولیه به ویژه برای اعضای مبتلا به SUD مزمن، و تعامل با سیستم عدالت کیفری، در صورت نیاز، تمرکز دارند.

لطفاً توجه داشته باشید: هر جوان (زیر 21 سال) یا بزرگسال (بالای 21 سال) که در "معرض خطر" ابتلا به SUD ارزیابی می شود و معیارهای ضروری پزشکی را برای خدمات DMC-ODS برآورده نمی کند، ممکن است واجد شرایط خدماتی دیگر غیر DMC ODS مانند خدمات پیشگیری/ مداخله اولیه باشد.

واجد شرایط بودن برای خدمات Sacramento County DMC-ODS Plan خدمات

جوانان (زیر 18 سال)، بزرگسالان جوان (18 تا 20 سال)، و بزرگسالان (21 سال و بالاتر) که شرایط واجد شرایط بودن زیر را دارند، می توانند خدمات درمانی SUD را از طریق DMC-ODS Plan دریافت کنند:

1. شما باید در Medi-Cal ثبت نام کنید (نحوه اعمال در ادامه این کتابچه توضیح داده شده است).
2. شما باید ساکن Sacramento County باشید (ممکن است مدرک لازم باشد اگر مزایای Medi-Cal شما به یک California county) دیگر واگذار شده باشد.
3. شما باید نیازهای پزشکی را برآورده کنید، که توسط کارکنان بالینی تعیین می‌شود (که در ادامه این کتابچه توضیح داده شده است).

پوشش Medi-Cal

درخواست دادن برای Medi-Cal به صورت حضوری:
Sacramento County Department of Human Assistance
1725 28th Street, Sacramento, CA 95816
Phone: 1-916-874-3100
https://ha.saccounty.gov/Pages/default.aspx

برای درخواست آنلاین از طریق California Department of Health Care Services:
https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx

آیا برای Medi-Cal باید پرداخت کنم؟
پوشش Medi-Cal بر اساس مقدار پولی است که هر ماه دریافت می کنید یا به دست می‌آورید.

- اگر درآمد شما کمتر از محدودیت Medi-Cal با توجه به اندازه خانواده‌تان است، شما مجبور نخواهید بود برای خدمات Medi-Cal هزینه کنید.
- اگر درآمد شما بیشتر از محدودیت Medi-Cal با توجه به اندازه خانواده‌تان است، شما باید مقداری پول برای خدمات درمانی پزشکی یا مصرف مواد خود بپردازید. مبلغی که پرداخت می‌کنید "سهم هزینه" نامیده می‌شود. هنگامی که "سهم هزینه" خود را پرداخت کردید، Medi-Cal مابقی قبض های پزشکی تحت پوشش شما را برای آن ماه پرداخت خواهد کرد. در ماه هایی که هزینه های درمانی ندارید، مجبور نیستید چیزی بپردازید.

آیا Medi-Cal حمل و نقل را پوشش می‌دهد؟
برنامه Medi-Cal برای کمک به حمل و نقل به قرار ملاقات‌های پزشکی و/یا درمان مصرف مواد مورد نیاز است. اگر برای رسیدن به قرار ملاقات‌های خود مشکل دارید، Medi-Cal Program می‌تواند به شما در یافتن وسایل حمل و نقل کمک کند.

تماس:

Sacramento County Department of Human Assistance
1725 28th Street, Sacramento, CA 95816
Phone: 1-916-874-3100
Monday – Friday, 8:00 AM – 5:00 PM ر (به استثنای تعطیلات شهرستان)
https://ha.saccounty.gov/Pages/default.aspx

یا Medi-Cal Program مستقیماً در:
https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx

ضرورت پزشکی

ضرورت پزشکی چیست و چرا اینقدر مهم است؟
یکی از شرایط لازم برای دریافت خدمات درمان SUD از طریق DMC-ODS Plan چیزی است به نام "ضرورت پزشکی." این بدان معناست که یک پزشک یا دیگر متخصصان دارای مجوز تصمیم خواهند گرفت که آیا نیاز پزشکی به خدمات وجود دارد یا خیر.

اصطلاح ضرورت پزشکی مهم است زیرا به تصمیم گیری کمک می‌کند که آیا شما یا فرزند/جوانان شما برای خدمات DMC-ODS واجد شرایط هستید یا خیر، و چه نوع خدمات DMC-ODS مناسب هستند. تصمیم گیری در مورد ضرورت پزشکی بخش بسیار مهمی از فرآیند دریافت خدمات DMC-ODS است.

معیارهای ضرورت پزشکی برای پوشش خدمات درمانی SUD چیست؟
کارکنان بالینی DMC-ODS Plan برای تعیین اینکه آیا شما یا فرزند/نوجوانتان معیارهای "ضرورت پزشکی" را مطابق با فهرست زیر برآورده می‌کنید، ارزیابی می‌کنند:

- دارای تشخیص اختلالات مرتبط با مواد و اعتیاد از طرف *Diagnostic and Statistical Manual of Mental Disorders* است: و،
- به تعریف معیار "ضرورت پزشکی" American Society of Addiction Medicine (ASAM) برای خدمات صدق می‌کند.

چگونه می‌توانم خدمات DMC-ODS Plan را دریافت کنم؟
خدمات را می توان از طریق خود ارجاع یا توسط درخواست خدمات از دیگران برای شما درخواست کرد.

- خود ارجاع (درخواست خدمات برای خود)
- ارجاع توسط:
  - پزشکان و دیگر ارائه دهندگان مراقبت های اولیه/مراقبت های مدیریت شده
  - ادارات رفاه کودکان
  - بخش خدمات اجتماعی
  - اعضای خانواده
  - محافظان / نگهبانان
  - سازمان های اجرای قانون

ارجاع برای بزرگسالان، تماس بگیرید:
دوشنبه تا جمعه (به استثنای تعطیلات شهرستان)
8:00 صبح تا 5:00 بعد از ظهر
تلفن: 1-916-874-9754
تلفن رایگان/بعد از ساعت کاری: (888) 881-4881
California Relay Service: 711

ارجاع برای جوانان، تماس بگیرید:
دوشنبه تا جمعه (به استثنای تعطیلات شهرستان)
8:00 صبح تا 5:00 بعد از ظهر
تلفن: 1-916-875-2050
تلفن رایگان/بعد از ساعت کاری: 881-4881 (888)
California Relay Service: 711

انتخاب یک ارائه دهنده خدمات

چگونه می‌توانم یک ارائه دهنده برای خدمات درمانی SUD مورد نیاز پیدا کنم؟

یک بار کارکنان بالینی DMC-ODS Plan ارزیابی SUD را انجام می‌دهند، حداقل دو ارائه‌دهنده در اختیار شما قرار می‌گیرند که در اولین شروع خدمات، از بین آنها انتخاب کنید، مگر اینکه DMC-ODS Plan دلیل خوبی داشته باشد که چرا نمی‌تواند حق انتخاب دهد. به عنوان مثال، تنها یک ارائه دهنده وجود دارد که می‌تواند سرویس (های) مورد نیاز شما را ارائه دهد.

گاهی اوقات، ارائه دهندگان خدمات قراردادی، DMC-ODS Plan را از طرف خود یا بنا بر درخواست شهرستان ترک می‌کنند. وقتی این اتفاق می‌افتد، DMC-ODS Plan با حسن نیت تلاش خواهد کرد تا ظرف 15 روز پس از دریافت یا صدور اخطار فسخ، اخطار کتبی فسخ ارائه دهنده قراردادی را به شما اعلام کند.

DMC-ODS Plan من کدام ارائه دهندگان خدمات را استفاده می‌کند؟

فهرست ارائه‌دهنده ما شامل فهرست کاملی از ارائه‌دهندگان خدمات، اطلاعاتی درباره محل استقرار ارائه‌دهندگان، خدمات درمانی SUD که ارائه می‌کنند و خدمات فرهنگی و زبانی موجود است. فهرست ارائه دهنده را می‌توان با تماس تلفنی درخواست کرد:

Sacramento County System of Care for Substance Use Disorder Treatment
1-916-874-9754

Sacramento County Substance Use Prevention and Treatment Administration
1-916-875-2050

تلفن رایگان/بعد از ساعت کاری: 888-881-4881

فهرست ارائه دهنده را می توان به صورت آنلاین در آدرس زیر نیز مشاهده کرد:
https://dhs.saccounty.gov/BHS/Pages/SUPT/Substance-Use-Prevention-and-Treatment.aspx

وقتی یک ارائه دهنده پیدا کردم، DMC-ODS Plan می‌تواند به ارائه دهنده بگوید چه خدماتی دریافت می‌کنم؟

شما، ارائه دهنده شما، و کارکنان بالینی DMC-ODS Plan با پیروی از معیارهای ضرورت پزشکی و لیست خدمات تحت پوشش، همه در تصمیم گیری در مورد خدماتی که باید دریافت کنید، دخیل هستند. گاهی اوقات DMC-ODS Plan تصمیم گیری را به شما و ارائه دهنده واگذار می‌کند. زمان های دیگر، DMC-ODS Plan قبل از ارائه خدمات باید دلایلی را که ارائه دهنده فکر می‌کند شما به خدمات نیاز دارید را بررسی کند. DMC-ODS Plan برای انجام بررسی باید از یک متخصص باصلاحیت استفاده کند. این فرآیند بررسی فرآیند صدور مجوز پرداخت DMC-ODS Plan نامیده می‌شود. فرآیند صدور مجوز پرداخت DMC-ODS Plan باید از جدول زمانی خاصی پیروی کند. برای یک مجوز استاندارد، DMC-ODS Plan باید ظرف 14 روز تقویمی در مورد درخواست ارائه دهنده شما تصمیم گیری کند. اگر DMC-ODS Plan فکر می‌کند دریافت اطلاعات بیشتر از ارائه دهنده خود به نفع شماست، جدول زمانی را می‌توان تا 14 روز تقویمی دیگر تمدید کرد. اگر خط زمانی تمدید شود، DMC-ODS Plan یک اطلاعیه کتبی در مورد تمدید برای شما ارسال خواهد کرد.

اگر DMC-ODS Plan در خط زمانی مورد نیاز برای یک درخواست مجوز استاندارد یا سریع تصمیم گیری نمی‌کند، DMC-ODS Plan برای شما اعلامیه ای درباره تعیین منافع نامطلوب ارسال می‌کند تا به شما اطلاع دهد که خدمات رد شده است. اگر با تصمیم DMC-ODS Plan's موافق نیستید، می‌توانید درخواست تجدید نظر کنید.

انتقال درخواست مراقبت

آیا می‌توانم درخواست کنم که ارائه دهنده قبلی و خارج از شبکه خود را حفظ کنم؟

پس از پیوستن به DMC-ODS Plan، شما می‌توانید درخواست کنید که ارائه دهنده خارج از شبکه خود را نگه دارید اگر:

چگونه ارائه دهنده خدمات خود را تغییر دهم؟

ارائه‌دهنده درمان فعلی شما می‌تواند به شما کمک کند آژانس دیگری را پیدا کنید که می‌تواند نیازهای شما را بهتر برآورده کند یا می‌توانید تماس بگیرید با:

Sacramento County System of Care
8:00 صبح تا 5:00 بعد از ظهر
دوشنبه تا جمعه (به استثنای تعطیلات شهرستان)
تلفن: 1-916-874-9754
رایگان: 888-881-4881

Sacramento County Substance Use Prevention and Treatment Administration
8:00 صبح تا 5:00 بعد از ظهر
روز دوشنبه تا جمعه
(به استثنای تعطیلات شهرستان)
1-916-875-2050

DMC-ODS Plan همچنین باید به شما امکان تغییر ارائه دهندگان را بدهد. هنگامی که شما درخواست تغییر ارائه دهندگان را دارید، DMC-ODS Plan حداقل دو ارائه دهنده را به شما پیشنهاد می کند تا از بین آنها یکی را انتخاب کنید، مگر اینکه دلیل موجهی برای انجام این کار وجود نداشته باشد. به عنوان مثال، تنها یک ارائه دهنده وجود دارد که می‌تواند سرویس (های) مورد نیاز شما را ارائه دهد.

- انتقال به یک ارائه دهنده جدید به سلامت شما آسیب جدی وارد می‌کند یا خطر بستری شدن در بیمارستان یا نهادینه شدن شما را افزایش می‌دهد؛ و

- شما قبل از تاریخ انتقال خود به DMC-ODS Plan تحت درمان ارائه‌دهنده خارج از شبکه بودید.

اگر پس از انتقال به DMC-ODS Plan Sacramento County به دیدن ارائه‌دهنده خارج از شبکه خود ادامه دادم چه؟
شما می‌توانید درخواست انتقال عطف به ماسبق مراقبت را ظرف سی (30) روز تقویمی پس از دریافت خدمات از یک ارائه دهنده خارج از شبکه درخواست کنید.

چگونه می‌توانم درخواست کنم که ارائه دهنده خارج از شبکه خود را حفظ کنم؟
شما، نمایندگان مجاز، یا ارائه‌دهنده فعلی‌تان، می‌توانید درخواستی کتبی برای نگه داشتن ارائه‌دهنده خارج از شبکه خود ارسال کنید:

Sacramento County System of Care for Substance Use Disorder Treatment
3321 Power Inn Road, Suite 120
Sacramento, California 95826

DMC-ODS Plan تأییدیه کتبی دریافت درخواست شما را ارسال می‌کند و ظرف سه (3) روز کاری پس از دریافت، رسیدگی به درخواست شما را آغاز می‌کند.

درخواست انتقال مراقبت من چقدر سریع پیش می‌رود؟
DMC-ODS Plan بررسی درخواست انتقال مراقبت شما را ظرف سی (30) روز تقویمی از تاریخ دریافت درخواست تکمیل خواهد کرد.

اگر درخواست انتقال مراقبت من تایید شود چه اتفاقی می‌افتد؟
ظرف هفت (7) روز پس از تایید درخواست انتقال مراقبت شما DMC-ODS Plan به شما ارائه خواهد کرد:

- تایید درخواست؛
- مدت زمان انتقال ترتیبات مراقبت؛
- فرآیندی که برای انتقال مراقبت شما در پایان دوره تداوم مراقبت رخ می‌دهد؛ و
- حق شما برای انتخاب ارائه دهنده متفاوت از شبکه ارائه دهنده DMC-ODS Plan در هر زمان.

در پایان دوره مراقبت انتقالی من چه اتفاقی می‌افتد؟
DMC-ODS Plan سی (30) روز تقویمی قبل از پایان دوره انتقال مراقبت، روندی را که برای انتقال مراقبت شما به یک ارائه دهنده درون شبکه در پایان دوره انتقال مراقبت رخ می‌دهد، به شما اطلاع خواهد داد.

چرا درخواست انتقال مراقبت من رد می‌شود؟
DMC-ODS Plan ممکن است درخواست شما برای حفظ ارائه دهنده قبلی و اکنون خارج از شبکه شما را رد کند، اگر DMC-ODS Plan مشکلات کیفیت مراقبت را با ارائه دهنده تجربه و مستند کرده است یا اگر DMC-ODS Plan نتوانست با ارائه دهنده شما در یک دوره 30 روزه پس از تلاش با حسن نیت ارتباط برقرار کند.

اگر درخواست انتقال مراقبت من رد شود چه اتفاقی می‌افتد؟
اگر DMC-ODS Plan درخواست انتقال مراقبت شما را رد می‌کند، به شما:

- کتبا اعلام خواهد شد؛
- حداقل یک ارائه‌دهنده جایگزین درون شبکه ارائه خواهد شد که همان سطح خدمات را با ارائه‌دهنده خارج از شبکه ارائه می‌کند؛ و
- از حق شما برای ارائه درخواست تجدیدنظر در صورت مخالفت با رد مطلع خواهید شد.

اگر DMC-ODS Plan چندین گزینه ارائه دهنده در شبکه را به شما ارائه می‌دهد و شما انتخابی نمی کنید، سپس DMC-ODS Plan شما را به یک ارائه دهنده درون شبکه ارجاع می دهد یا منصوب می کند و آن ارجاع یا تکلیف را به صورت کتبی به شما اطلاع می‌دهد.

اطلاعیه تعیین سود نامطلوب

اطلاعیه تعیین سود نامطلوب چیست؟
اطلاعیه تعیین سود نامطلوب یک نامه است که DMC-ODS Plan برای اطلاع دادن شما می‌فرستد هنگامیکه تصمیمی در مورد خدمات DMC-ODS شما گرفته شده است یا زمانی که اقدامات خاصی انجام می‌شود.

چه زمانی اطلاعیه تعیین سود نامطلوب دریافت خواهم کرد؟
شما یک اعلان از تعیین سود نامطلوب دریافت خواهید کرد:

- اگر DMC-ODS Plan یا یکی از ارائه دهندگان خدمات DMC-ODS تصمیم می‌گیرند که شما واجد شرایط دریافت خدمات درمانی Medi-Cal SUD نیستید زیرا معیارهای ضروری پزشکی را برآورده نمی‌کنید.
- اگر DMC-ODS Plan نمی‌تواند برای تکمیل ارزیابی اولیه با شما تماس بگیرد یا اطلاعات کافی برای تصمیم گیری در مورد اینکه آیا شما نیاز پزشکی را برای خدمات درخواستی برآورده می‌کنید یا خیر ندارد. این شامل درخواست‌هایی برای تغییر در سطح خدماتی است که شما دریافت می‌کنید.
- اگر ارائه دهنده خدمات DMC-ODS شما فکر می‌کند که شما نیاز به تغییر در سرویس SUD دارید و از DMC-ODS Plan درخواست تایید می‌کند، اما DMC-ODS Plan موافقت نمی کند و درخواست ارائه دهنده شما را رد می‌کند، یا نوع، سطح یا تکرار خدمات درخواستی ارائه دهنده را تغییر می‌دهد.
- اگر یک ارائه دهنده خدمات از DMC-ODS Plan برای پرداخت خدماتی که قبلاً دریافت کرده اید، مانند بستری شدن در بیمارستان درخواست می‌کند، و DMC-ODS Plan تمام یا بخشی از هزینه را پرداخت نمی‌کند، شما مجبور نخواهید بود برای خدماتی که قبلاً دریافت کرده اید پرداخت کنید.
- اگر ارائه دهنده خدمات DMC-ODS شما از DMC-ODS Plan درخواست مجوز کرده است، اما DMC-ODS Plan برای تصمیم گیری به اطلاعات بیشتری نیاز دارد و طی 30 روز پس از درخواست خدمات، فرآیند مجوز را تکمیل نمی‌کند.
- اگر DMC-ODS Plan خدماتی را بر اساس استانداردهای به موقع DMC-ODS Plan به شما ارائه نمی‌کند.
- اگر شما شکایت ثبت می‌کنید و DMC-ODS Plan با تصمیم کتبی در مورد شکایت شما ظرف 90 روز تقویمی، درخواست تجدیدنظر استاندارد ظرف 30 روز یا تجدیدنظر سریع ظرف 72 ساعت به شما پاسخ نمی‌دهد.
- اگر ارائه دهنده خدمات DMC-ODS شما یا DMC-ODS Plan خدماتی را که در حال حاضر دریافت می‌کنید کاهش می‌دهد، تعلیق می‌کند یا خاتمه می‌دهد.
- اگر با صورت حساب که برای خدمات DMC-ODS دریافت کرده اید مخالف هستید و DMC-ODS Plan تصمیمی به نفع شما نمی‌گیرد.

اطلاعیه تعیین سود نامطلوب به من چه خواهد گفت؟
اعلامیه تعیین سود نامطلوب به شما می‌گوید:

- چه اقدامی DMC-ODS Plan گرفت که روی شما تاثیر می‌گذارد.
- تاریخ لازم الاجرا شدن تصمیم و دلیلی که DMC-ODS Plan تصمیم خود را گرفت.
- شهرستان، ایالت یا فدرال که بر DMC-ODS Plan حاکم است هنگام تصمیم گیری دنبال می‌شود.
- اگر با تصمیم DMC-Plan موافق نباشید، چه حقوقی دارید.
- نحوه ثبت درخواست تجدیدنظر با DMC-ODS Plan.
- نحوه درخواست یک State Fair Hearing.
- نحوه درخواست تجدیدنظر سریع یا State Fair Hearing سریع.
- نحوه دریافت کمک برای ثبت درخواست تجدیدنظر یا درخواست یک State Fair Hearing.
- چه مدت باید درخواست تجدید نظر یا درخواست State Fair Hearing بدهید.
- اگر تا زمانی که منتظر تصمیم بر تجدید نظر یا State Fair Hearing هستید، واجد شرایط ادامه دریافت خدمات هستید.
- زمانی که باید درخواست تجدیدنظر خود یا درخواست State Fair Hearing را ثبت می‌کنید اگر می‌خواهید تا زمانی که منتظر تصمیم هستید، خدمات ادامه یابد، درخواست کنید.

وقتی اطلاعیه تعیین سود نامطلوب دریافت می‌کنم چه باید بکنم؟
هنگامی که اعلامیه تعیین سود نامطلوب دریافت می کنید، باید تمام اطلاعات موجود در نامه را به دقت بخوانید. اگر نامه را متوجه نشدید، DMC-ODS Plan می‌تواند به شما کمک کند.

هنگام ارسال درخواست تجدیدنظر یا درخواست State Fair Hearing، می‌توانید ادامه خدمات را درخواست کنید. شما باید حداکثر 10 روز تقویمی پس از تاریخی که اعلامیه تعیین سود نامطلوب به شما علامت گذاری شده است یا شخصاً به شما داده شده است، یا قبل از تاریخ لازم الاجرا شدن تغییر، ادامه خدمات را درخواست کنید.

اگر با اطلاعیه تعیین سود نامطلوب مخالفم چه کنم؟
اگر شما بیمه Medi-Cal دارید و ارائه دهنده خدمات شما یا DMC-ODS Plan یکی از اقدامات ذکر شده در بالا را انجام داد، همچنان می‌توانید با DMC-ODS Plan درخواست تجدید نظر ارسال کنید اگر با اقدام انجام شده مخالف هستید. همچنین می‌توانید درخواست State Fair Hearing کنید. اطلاعات مربوط به نحوه ثبت درخواست تجدیدنظر یا درخواست رسیدگی عادلانه در ادامه این کتابچه گنجانده شده است. اطلاعات همچنین باید در دفتر ارائه دهنده خدمات شما موجود باشد.

روش حل مشکل

اگر خدماتی را که از DMC-ODS Plan خودم می‌خواهم دریافت نکنم چه؟
DMC-ODS Plan می‌تواند به شما کمک کند تا مشکل مربوط به هر موضوع مرتبط به خدمات درمانی SUD که دریافت می کنید را حل کنید. این فرآیند حل مشکل نامیده می‌شود و می تواند شامل روش های زیر باشد:

- **روش شکایت** - ابراز نارضایتی از هر چیزی در مورد خدمات درمانی SUD شما، به غیر از اعلامیه تعیین سود نامطلوب.
- **روش درخواست تجدید نظر** - بررسی یک تصمیم (انکار یا تغییرات در خدمات) که در مورد خدمات درمان SUD شما توسط DMC-ODS Plan یا ارائه دهنده شما گرفته شده است.
- **روش State Fair Hearing**- بررسی یک درخواست تجدیدنظر برای اطمینان از دریافت خدمات درمانی SUD که بر اساس برنامه Medi-Cal حق دریافت آن را دارید.

ثبت شکایت، تجدیدنظر یا یک State Fair Hearing در مقابل شما حساب نمی شود و بر خدماتی که دریافت می‌کنید تأثیری نخواهد داشت. وقتی شکایت یا درخواست تجدیدنظر شما کامل شد، DMC-ODS Plan نتیجه نهایی را به شما، نماینده مجاز شما و ارائه دهنده (های) دخیل اعلام می‌کند. وقتی شما State Fair Hearing شما کامل شد، State Hearing Office شما و سایر افراد دخیل را از نتیجه نهایی مطلع خواهد کرد.

شما می‌توانید از State of California کمک بگیرید اگر در یافتن افراد مناسب در شهرستان برای کمک به شما در یافتن راه خود در سیستم مشکل دارید.

شما می‌توانید از کمک حقوقی رایگان در دفتر کمک حقوقی محلی خود یا دیگر گروه ها کمک بگیرید. شما می‌توانید در مورد حقوق شنوایی یا کمک حقوقی رایگان خود از واحد تحقیق و پاسخ عمومی سؤال کنید:

تماس رایگان:
1-800-952-5253
711California Relay Service:

روش شکایت

شکایت چیست؟
شکایت بیان نارضایتی از هر چیزی در مورد خدمات درمانی SUD شما است که یکی از مشکلات تحت پوشش فرآیندهای درخواست تجدید نظر و State Fair Hearing نیست.

روش شکایت:

- روش های ساده و به راحتی قابل درک که به شما امکان می‌دهد شکایت خود را به صورت شفاهی یا کتبی ارائه کنید را فراهم می‌کند.
- به هیچ وجه برعلیه شما یا ارائه دهنده شما حساب نمی‌کند.
- به شما این امکان را می‌دهد که به شخص دیگری از جمله یک ارائه دهنده، اجازه دهید تا از طرف شما اقدام کند. اگر به شخص دیگری اجازه دهید از طرف شما اقدام کند، DMC-ODS Plan ممکن است از شما بخواهد که برای اجازه دادن DMC-ODS Plan به انتشار اطلاعات به آن شخص فرمی را امضا کنید.
- اطمینان می‌دهد که افرادی که تصمیم می گیرند، واجد شرایط انجام این کار هستند و در هیچ سطح قبلی بررسی یا تصمیم گیری دخالت ندارند.
- نقش ها و مسئولیت های شما، DMC-ODS Plan و ارائه دهنده شما را مشخص می‌کند.
- راه حل برای شکایت در بازه های زمانی مورد نیاز ارائه می‌دهد.

چه زمانی و چگونه می‌توانم شکایت کنم؟
شما می‌توانید شکایت خود را در هر زمانی با DMC-ODS Plan ثبت کنید اگر از خدمات درمانی SUD که دریافت می‌کنید ناراضی هستید یا نگرانی دیگری در مورد DMC-ODS Plan دارید. شما برای کمک در مورد یک شکایت می‌توانید با DMC-ODS Plan خود در 1-888-881-4881, 1-916-875-6069، یا 711 برای TDD، تماس بگیرید. پاکت‌های مهر شده با نشانی شخصی در همه سایت‌های ارائه‌دهنده خدمات موجود است تا شکایت خود را پست کنید. شکایات را می‌توان به صورت شفاهی یا کتبی ثبت کرد. شکایات شفاهی نیازی به پیگیری کتبی ندارند.

آیا ضرب الاجل برای ثبت شکایت وجود دارد؟
شما می‌توانید در هر زمانی شکایت خود را ثبت کنید.

چگونه بدانم که DMC-ODS Plan شکایت من را دریافت کرده است؟
DMC-ODS Plan شما با ارسال یک تأییدیه کتبی به شما اطلاع خواهد داد که شکایت شما را دریافت کرده است.

چه زمانی شکایت من به نتیجه می‌رسد؟
DMC-ODS Plan باید در مورد شکایت خود به سادگی و سریع ترین زمان ممکن تصمیم گیری کنید اما حداکثر تا 90 روز تقویمی از تاریخی که شما شکایت خود را ثبت کرده اید. در صورت درخواست تمدید، یا در صورتیکه DMC-ODS Plan معتقد است که نیاز به اطلاعات اضافی وجود دارد و تاخیر به نفع شماست، بازه‌های زمانی ممکن است تا 14 روز تقویمی تمدید شود. یک مثال از زمانی که تاخیر ممکن است به نفع شما باشد، زمانی است که DMC-ODS Plan معتقد باشد که ممکن است بتواند شکایت شما را حل کند اگر DMC-ODS Plan برای دریافت اطلاعات از شما یا دیگر افراد دخیل، کمی زمان بیشتری می‌داشت.

چگونه می‌دانم که آیا DMC-ODS Plan در مورد شکایت من تصمیمی گرفته است یا خیر؟
هنگامی که تصمیمی در مورد شکایت شما گرفته شده است، DMC-ODS Plan تصمیم را به صورت کتبی به شما یا نماینده مجاز شما اطلاع خواهد داد. اگر DMC-ODS Plan شما یا هر یک از طرف های متضرر را از تصمیم شکایت به موقع مطلع نکند، در این صورت یک اخطار تعیین سود نامطلوب به شما ارائه می‌شود که در آن توصیه به حق شما برای درخواست State Fair Hearing می‌شود. DMC-ODS Plan شما در تاریخ انقضای بازه زمانی، اعلامیه تعیین سود نامطلوب را به شما ارائه خواهد داد.

فرآیند تجدیدنظر (استاندارد و تسریع شده)

DMC-ODS Plan مسئول این است که به شما اجازه درخواست بررسی تصمیم در مورد خدمات درمان SUD شما، اتخاذ شده توسط ارائه دهنده خدمات DMC-ODS Plan یا DMC-ODS را بدهد. دو راه برای درخواست بررسی وجود دارد. یکی از راه ها استفاده از فرآیند تجدیدنظر استاندارد است. راه دوم استفاده از فرآیند تجدیدنظر سریع است. این دو شکل تجدیدنظر مشابه هستند؛ با این حال، شرایط خاصی برای واجد شرایط بودن برای درخواست تجدیدنظر سریع وجود دارد. شرایط خاص در زیر توضیح داده شده است.

تجدید نظر استاندارد چیست؟
درخواست تجدیدنظر استاندارد درخواستی برای بررسی عدم موافقت شما با DMC-ODS Plan است که شامل رد یا تغییراتی در خدمات شما می‌شود. اگر درخواست تجدید نظر استاندارد دارید، DMC-ODS Plan برای بررسی آن و تصمیم گیری ممکن است تا 30 روز تقویمی وقت بگیرد. اگر فکر می‌کنید انتظار 30 روز تقویمی سلامت شما را به خطر می‌اندازد، می‌توانید درخواست تجدید نظر سریع کنید.

روش تجدیدنظر استاندارد:

- به شما این امکان را می‌دهد که به صورت حضوری، تلفنی یا کتبی درخواست تجدید نظر کنید. اگر درخواست تجدیدنظر خود را به صورت شفاهی ارسال می‌کنید، باید با یک درخواست تجدیدنظر کتبی امضا شده پیگیری کنید. با این حال، تاریخی که شما درخواست تجدید نظر شفاهی را ارسال کرده اید، تاریخ تشکیل پرونده است. در صورت درخواست می‌توانید برای نوشتن درخواست کمک بگیرید.
- به هیچ وجه برعلیه شما یا ارائه دهنده شما حساب نمی‌کند.
- به شما این امکان را می‌دهد که به شخص دیگری از جمله یک ارائه دهنده، اجازه دهید تا از طرف شما اقدام کند. اگر به شخص دیگری اجازه می‌دهید از طرف شما اقدام کند، DMC-ODS Plan از شما می‌خواهد که فرمی را امضا کنید که اجازه انتشار اطلاعات برای آن شخص می‌دهید تا اطلاعات محرمانه را دریافت کند. ارائه دهندگان و نمایندگان مجاز نمی توانند ادامه مزایا را درخواست کنند.
- در صورت درخواست، مزایای خود را در صورت درخواست در ظرف 10 روز تقویمی از تاریخ اعلامیه تعیین سود نامطلوب یا قبل از تاریخی که DMC-ODS Plan می‌گوید خدمات شما در آن متوقف می‌شود، ادامه دهید. تا زمانی که درخواست تجدیدنظر در حال بررسی است، مجبور نیستید برای ادامه خدمات هزینه ای بپردازید. اگر درخواست ادامه مزایا را دارید و تصمیم نهایی درخواست تجدیدنظر، تصمیم به کاهش یا توقف خدماتی را که دریافت می‌کنید تأیید می‌کند، ممکن است از شما خواسته شود که هزینه خدمات ارائه شده را در زمانی که درخواست تجدیدنظر در جریان بود، بپردازید.
- اطمینان می‌دهد افرادی که تصمیم می‌گیرند، واجد شرایط انجام این کار هستند و در هیچ سطح قبلی بررسی یا تصمیم گیری دخالت ندارند.
- به شما یا نماینده‌تان اجازه می‌دهید تا در صورت درخواست، پرونده شما، از جمله سوابق پزشکی، و دیگر اسناد یا سوابق در نظر گرفته شده در طول فرآیند تجدیدنظر، قبل و در طول فرآیند تجدیدنظر را بررسی کنید.
- به شما این امکان را می‌دهد که فرصت معقولی برای ارائه شواهد و ادعاهای واقعی یا قانونی، حضوری یا کتبی داشته باشید.
- به شما، نماینده شما یا نماینده قانونی دارایی یکی از اعضای متوفی اجازه می‌دهد که به عنوان طرفین درخواست تجدیدنظر در نظر گرفته شوند.
- شما را کتباً از دریافت درخواست تجدیدنظر و حل و فصل آن مطلع می‌کند.
- شما را از حق درخواست یک State Fair Hearing، در صورت نارضایتی از تصمیم پس از تکمیل فرآیند تجدید نظر، مطلع می‌کند.
- اگر نامه حل و فصلی از طرف DMC-ODS Plan در مورد نتیجه درخواست تجدیدنظر خود ظرف 30 روز دریافت نکردید، می‌توانید State Fair Hearing را درخواست کنید و قاضی پرونده شما را بررسی خواهد کرد.

چه زمانی می‌توانم درخواست تجدید نظر کنم؟

اگر با اعلامیه تعیین سود نامطلوب مخالف هستید، می‌توانید با DMC-ODS Plan در عرض 60 روز از تاریخ اعلامیه تعیین سود نامطلوب یا ظرف 10 روز از تاریخ نامه تعیین سود نامطلوب درخواست تجدید نظر کنید اگر تمایل به دریافت خدمات دارید و می‌خواهید در طول فرآیند تجدید نظر به دریافت خدمات ادامه دهید.

چگونه می‌توانم درخواست تجدید نظر کنم؟
شما می‌توانید با تماس تلفنی به DMC-ODS Plan شما در 1-888-881-4881, 1-916-875-6069، درخواست تجدید نظر کنید یا به 711 برای TDD، تماس بگیرید تا در مورد درخواست تجدید نظر کمک دریافت کنید. همچنین می‌توانید درخواست تجدیدنظر خود را به صورت کتبی ثبت کنید. درخواست های شفاهی باید به صورت کتبی پیگیری شود. فرم‌ها در همه سایت‌های ارائه‌دهنده، با پاکت‌های مهر شده با آدرس خود در همه سایت‌های ارائه‌دهنده خدمات موجود است و در Sacramento County وب سایت در: https://dhs.saccounty.gov/BHS/Pages/Problem-Resolution/GI-Problem-Resolution.aspx در دسترس است

چگونه می‌توانم بفهمم که درخواست تجدید نظر من به نتیجه رسیده است؟
DMC-ODS Plan به شما یا نماینده شما کتباً در مورد تصمیم آنها برای درخواست تجدیدنظر شما اطلاع خواهد داد. این اطلاعیه دارای اطلاعات زیر خواهد بود:

- نتایج فرآیند حل و فصل تجدید نظر.
- تاریخی که تصمیم تجدیدنظر گرفته شد.
- اطلاعیه همچنین حاوی اطلاعاتی در مورد حق شما برای یک State Fair Hearing و در صورت لزوم مراحل تشکیل پرونده یک State Fair Hearing، است.
- در صورتی که DMC-ODS Plan به الزامات اعلامیه و زمان بندی پایبند نباشد، تلقی می شود که ذینفع فرآیند تجدید نظر طرح را تمام کرده است و می‌تواند یک State Fair Hearing را آغاز کند.

چه زمانی درباره درخواست تجدیدنظر من تصمیمی گرفته خواهد شد؟
DMC-ODS Plan باید ظرف 30 روز تقویمی از زمانی که DMC-ODS Plan درخواست تجدید نظر شما را دریافت می‌کند، درمورد درخواست تجدید نظر شما تصمیم گیری کند. در صورت درخواست تمدید، یا در صورتیکه DMC-ODS Plan معتقد است که نیاز به اطلاعات اضافی وجود دارد و تاخیر به نفع شماست، بازه‌های زمانی ممکن است تا 14 روز تقویمی تمدید شود. یک مثال از زمانی که تاخیر به نفع شماست زمانی است که DMC-ODS Plan معتقد است که ممکن است بتواند درخواست تجدیدنظر شما را تأیید کند در صورتی که DMC-ODS Plan زمان بیشتری برای دریافت اطلاعات از شما یا ارائه دهنده شما داشت.

اگر نتوانم 30 روز برای تصمیم تجدیدنظر خود منتظر بمانم چه؟
اگر 30 روز انتظار سلامتی شما را به خطر می‌اندازد، ممکن است درخواست تجدیدنظر شما واجد شرایط فرآیند تجدیدنظر سریع باشد.

درخواست تجدیدنظر سریع چیست؟
درخواست تجدیدنظر سریع راه سریع تری برای تصمیم گیری در مورد درخواست تجدیدنظر است. روند تسریع درخواست تجدیدنظر از روندی مشابه با فرآیند تجدیدنظر استاندارد پیروی می‌کند. با این حال، درخواست تجدیدنظر سریع باید ظرف 72 ساعت پس از این که DMC-ODS Planدرخواست تجدیدنظر را دریافت می‌کند، حل و فصل شود. در صورت درخواست تمدید، یا در صورتیکه DMC-ODS Plan معتقد است که نیاز به اطلاعات اضافی وجود دارد و تاخیر به نفع شماست، بازه‌های زمانی ممکن است تا 14 روز تقویمی تمدید شود. اگر DMC-ODS Plan شما بازه های زمانی را افزایش می‌دهد، DMC-ODS Plan توضیح کتبی در مورد علت تمدید بازه های زمانی به شما خواهد داد.

چه زمانی می‌توانم درخواست تجدید نظر سریع کنم؟
پس از دریافت اعلامیه تعیین سود نامطلوب، اگر فکر می‌کنید که انتظار حداکثر 30 روز تقویمی برای فرآیند تجدیدنظر استاندارد سلامت یا توانایی شما را به خطر می‌اندازد، می‌توانید سریعاً درخواست تجدیدنظر کنید.

اگر DMC-ODS Plan تصمیم می‌گیرد که درخواست تجدیدنظر شما واجد شرایط درخواست تجدیدنظر سریع نیست، DMC-ODS Plan باید تلاش های معقولی انجام دهد تا اطلاعیه شفاهی سریع به شما بدهد و ظرف 2 روز تقویمی از دلیل تصمیم گیری به شما اطلاع کتبی بدهد. سپس درخواست تجدیدنظر شما از بازه های زمانی استاندارد تجدیدنظر که قبلاً در این بخش ذکر شد، پیروی می‌کند. اگر با تصمیم DMC-ODS Plan's که درخواست تجدیدنظر شما معیارهای تجدیدنظر سریع را برآورده نمی کند مخالف هستید، می توانید شکایتی را ثبت کنید.

وقتی که DMC-ODS Plan شما درخواست تجدیدنظر سریع شما را حل می‌کند، به شما و همه طرف های متضرر به صورت شفاهی و کتبی اطلاع رسانی خواهد شد. تنها یک سطح درخواست تجدید نظر وجود دارد. اگر با تصمیم تجدیدنظر موافق نیستید، می‌توانید یک State Fair Hearing درخواست کنید.

فرآیند State Fair Hearing

State Fair Hearing چیست؟

یک State Fair Hearing یک بررسی مستقل است که توسط California Department of Social Services انجام داده می‌شود تا اطمینان حاصل شود که خدمات درمانی SUD را که بر اساس آن Medi-Cal Program به شما تعلق می‌گیرد، دریافت کنید.

حقوق State Fair Hearing من چه هستند؟

شما حق دارید که:

- قبل از جلسه شنوایی California Department of Social Services (همچنین یک State Fair Hearing نامیده می‌شود) داشته باشید.
- در مورد نحوه درخواست State Fair Hearing به شما گفته شود.
- در مورد قوانین حاکم بر نمایندگی در State Fair Hearing گفته شود.
- مزایای شما بر اساس درخواست شما در طول فرآیند State Fair Hearing ادامه دارد اگر شما در بازه های زمانی لازم یک State Fair Hearing را درخواست می‌کنید.
- درخواست State Fair Hearing سریع بکنید اگر فکر می‌کنید تا 90 روز صبر، سلامتی شما را به خطر می‌اندازد.
- در State Fair Hearing خودتان حرف بزنید یا یک نماینده، مانند خانواده، دوستان، و مدافع، وکیل و غیره تعیین کنید تا از طرف شما اقدام کند.
- یک مترجم بدون هزینه.
- با تماس با برنامه کمک حقوقی محلی در شهرستان خود به شماره 1-888-804-3536، کمک حقوقی رایگان بدست آورید.

چه زمانی می‌توانم برای یک State Fair Hearing اقدام کنم؟

شما می‌توانید درخواست یک State Fair Hearing کنید:

آیا می‌توانم برای ثبت درخواست تجدیدنظر، شکایت یا State Fair Hearing کمک دریافت کنم؟

ما می‌توانیم به شما کمک کنیم مشکلی را به‌عنوان شکایت، درخواست تجدیدنظر یا به‌عنوان یک درخواست State Fair Hearing گزارش کنید. ما همچنین می‌توانیم به شما کمک کنیم تصمیم بگیرید که آیا شما صلاحیت آنچه که فرآیند "تسریع" نامیده می‌شود دارید یا خیر، به این معنی که سریعتر بررسی می‌شود زیرا سلامت یا ثبات شما در خطر است. همچنین می‌توانید به شخص دیگری از جمله ارائه دهنده درمان SUD شما، اجازه دهید تا از طرف شما اقدام کند.

Sacramento County
Behavioral Health Services
Member Service
1-916-875-6069

- بعد از اینکه فرآیند تجدید نظر DMC-ODS Plan را کامل کردید.
- اگر طی 30 روز پس از ثبت درخواست تجدیدنظر، اعلامیه برای تصمیم تجدیدنظر دریافت نکردید.

آیا ضرب الاجل برای اقدام به یک State Fair Hearing وجود دارد؟
شما 120 روز تقویمی فرصت دارید که یک State Fair Hearing را درخواست کنید. دوره 120 روزه یا یک روز بعد از اینکه DMC-ODS Plan شخصاً اخطار تصمیم تجدیدنظر خود را به شما دهد، یا یک روز بعد از تاریخ مهر پستی اعلامیه تصمیم تجدیدنظر DMC-ODS Plan شروع می‌شود. اگر اعلامیه تعیین سود نامطلوب را دریافت نکردید، می‌توانید در هر زمانی یک State Fair Hearing را درخواست کنید.

چگونه یک State Fair Hearing را درخواست کنم؟
شما می‌توانید یک State Fair Hearing به طور مستقیم از California Department of Social Services را درخواست کنید. شما می‌توانید یک State Fair Hearing درخواست کنید با نوشتن به:

State Hearings Division
California Department of Social Services
744 P Street, Mail Station 9-17-37
Sacramento, California 95814

همچنین می‌توانید به شماره 800-952-8349- 1 یا برای TDD به 800-952-8349- 1 تماس بگیرید.

شما می‌توانید درخواست خود را به صورت آنلاین در California Department of Social Services در وب سایت: https://secure.dss.cahwnet.gov/shd/pubintake/cdss-request.aspx ثبت کنید

آیا می‌توانم خدمات را در حالی که منتظر تصمیم یک State Fair Hearing هستم ادامه دهم؟
بله، اگر در حال حاضر تحت درمان هستید و می‌خواهید در حین درخواست تجدیدنظر به درمان خود ادامه دهید، باید یک State Fair Hearing ظرف 10 روز از تاریخ درخواست تجدیدنظر نامه یا قبل از اینکه DMC-ODS Plan شما می‌گوید خدمات متوقف می‌شود یا کاهش می یابد، درخواست کنید. هنگامی که شما برای یک State Fair Hearing، درخواست می‌کنید باید بگویید که خواهان ادامه درمان خود هستید. علاوه‌براین، شما مجبور نخواهید بود هنگامیکه State Fair Hearing در حال بررسی است برای خدمات دریافتی هزینه‌ای بپردازید.

در صورت درخواست ادامه مزایای خود، و تصمیم نهایی State Fair Hearing تصمیم برای کاهش یا توقف خدماتی که دریافت می‌کنید را تأیید می‌کند، ممکن است از شما خواسته شود که هزینه خدمات ارائه شده را در زمانی که جلسه دادرسی منصفانه ایالتی در انتظار بود، بپردازید.

چه می‌شود اگر نتوانم 90 روز برای تصمیم State Fair Hearing خودم صبر کنم؟
شما ممکن است درخواست State Fair Hearing تسریع (سریعتر) کنید اگر فکر می‌کنید محدوده زمانی 90 روز معمول تقویمی مشکلات جدی از جمله مشکلاتی در توانایی شما برای به دست آوردن، حفظ، یا بازیابی عملکردهای مهم زندگی برای سلامتی شما ایجاد می‌کند. Department of Social Services, State Hearings Division، درخواست برای State Fair Hearing سریع شما را بررسی می‌کند و تصمیم می‌گیرد که آیا صلاحیت دارد یا خیر. اگر درخواست دادرسی سریع شما تایید شود، یک جلسه

دادرسی برگزار می‌شود و تصمیم دادرسی ظرف 3 روز کاری از تاریخ دریافت درخواست شما توسط State Hearings Division صادر می‌شود.

تنها یک سطح درخواست تجدید نظر وجود دارد. اگر تصمیم افسر دادرسی به نفع شما باشد، DMC-ODS Plan مطابق با تصمیم قاضی به شما خدمات ارائه خواهد داد. اگر State Fair Hearing تصمیم به نفع شما نیست، تصمیم نهایی است.

تقلب، سوءاستفاده و اتلاف

تقلب، سوءاستفاده و اتلاف با هدر دادن میلیون‌ها دلار سرمایه و منابعی که می‌تواند برای ارائه مراقبت‌های بهتر به شما و سایر مشتریان نیازمند مصرف شود، تأثیر گسترده‌ای دارد.

تقلب چیست؟

تقلب زمانی است که فردی عمداً اطلاعات نادرست یا ناقصی را برای فریب شخص دیگری به نفع خود یا دیگری می‌دهد. به عنوان مثال، ممکن است ارائه‌دهنده درمان مصرف مواد شما عمداً صورت‌حساب خدماتی را که دریافت نکرده‌اید یا به آن نیاز ندارید، پرداخت کند، یا از شماره تامین اجتماعی شخص دیگری برای واجد شرایط بودن به Medi-Cal استفاده کنید.

چگونه از کلاهبرداری جلوگیری کنم؟

- ✓ اجازه ندهید کسی کارت شناسایی یا کارت Social Security شما را قرض بگیرد؛
- ✓ آیا شماره کارت شناسایی یا شماره Social Security خود را به کسی جز پزشک، ارائه دهنده مراقبت های بهداشتی یا برنامه بهداشتی خود می‌دهید؛
- ✓ فرم‌های خالی مانند فرم‌های خسارت بیمه یا برگه‌های ورود به سیستم برای خدماتی که دریافت نکرده‌اید یا برای تاریخ‌های آینده امضا نکنید؛
- ✓ در ازای شرکت در خدماتی که به آنها نیاز ندارید یا دریافت نمی کنید، پول یا هدیه نپذیرید؛
- ✓ علاوه از خدمات Medi-Cal مراقب پیشنهادات خدمات پزشکی رایگان در ازای کارت شناسایی‌تان نیز باشید؛ و،
- ✓ اقداماتی را که به نظر شما درست نیست گزارش دهید.

سوءاستفاده و اتلاف چیست؟

سوءاستفاده و اتلاف اقدامات عمدی یا سهل انگارانه‌ای هستند که منجر به هزینه‌های غیرضروری برای برنامه‌های ما می‌شود. سوءاستفاده می‌تواند شامل استفاده بیش از حد از اتاق‌های اورژانس برای موقعیت‌های غیر اورژانسی، درخواست تجهیزات پزشکی که برای خود نیازی ندارید، یا سایر اقداماتی باشد که از خدمات و منابع برنامه به روشی خارج از هدف مورد نظر استفاده می‌کنند. اتلاف می‌تواند شامل تجویز داروی بیش از آنچه از نظر پزشکی لازم است باشد.

برای گزارش
کلاهبرداری، سوءاستفاده و اتلاف

Sacramento County
Office of Compliance

تلفن:
1-916-874-2999
رایگان: 1-866-234-6883
TTY: 1-877-835-2929

HIPAAOffice@saccounty.net

حقوق و مسئولیت‌های شما

محرمانه بودن

ما ماهیت حساس مبارزه از یک SUD را درک می‌کنیم. مطمئن باشید که ارائه دهندگان خدمات شبکه DMC-ODS Plan سایر متخصصان مراقبت های بهداشتی از استانداردهای قانونی و اخلاقی رازداری پیروی می‌کنند. قوانین و مقررات فدرال و ایالتی وجود دارد که از محرمانه بودن سوابق شما و در صورت لزوم از هویت شما محافظت می‌کند. همه ارائه دهندگان DMC-ODS Plan موظف هستند خط مشی‌ها و رویه‌هایی را در خصوص محرمانگی ایجاد کنند و آنها را با استانداردهای Title 42, Chapter I, Subchapter A, Part 2 of the Code of Federal Regulations, Part 2 (42 CFR Part 2), the 45 CFR, Part 164 Health Insurance Portability and Accountability Act of 1996 (HIPAA)، و قانون California State در مورد محرمانه بودن اطلاعات مربوط به سوابق پزشکی شما، از جمله موارد مربوط به مصرف الکل و مواد مخدر وفق دهند.

اطلاعیه اقدامات حریم خصوصی

اطلاعیه اقدامات حریم خصوصی نشان می‌دهد که چگونه اطلاعات سلامت محافظت شده در مورد یک فرد ممکن است مورد استفاده قرار گیرد و افشا شود و تحت چه شرایطی اجازه خاص فرد لازم باشد یا نباشد. ارائه‌دهنده خدمات شما می‌تواند نسخه‌ای از اعلان را در اختیار شما قرار دهد یا می‌توان به آن در آدرس زیر دسترسی داشت:
https://compliance.saccounty.gov/Pages/Notice-of-Privacy-Practices-2013.aspx

حقوق من به عنوان دریافت کننده DMC-ODS Services چیست؟

به عنوان یک فرد واجد شرایط برای Medi-Cal و با اقامت در شهر Sacramento County، حق دریافت خدمات درمانی ضروری SUD از نظر پزشکی را ازDMC-ODS Plan دارید. شما حق دارید که:

- ✓ با شما با توجه به حق شما برای حفظ حریم خصوصی و نیاز به حفظ محرمانه بودن اطلاعات پزشکی شما با احترام رفتار شود.
- ✓ اطلاعات در مورد گزینه‌های درمانی موجود و گزینه‌های جایگزین، ارائه شده به شیوه‌ای مناسب با شرایط و توانایی درک اعضا دریافت کنید.
- ✓ در تصمیم گیری‌های مربوط به مراقبت SUD خود، از جمله حق امتناع از درمان، شرکت کنید.
- ✓ دسترسی به موقع به مراقبت، از جمله خدمات در دسترس 24 ساعته، 7 روز هفته، در مواقعی که از نظر پزشکی برای درمان یک وضعیت اورژانسی یا یک وضعیت فوری یا بحرانی ضروری است، دریافت کنید.
- ✓ اطلاعات این کتابچه در مورد خدمات درمان SUD تحت پوشش DMC-ODS Plan، دیگر تعهدات DMC-ODS Plan و حقوق شما همانطور که در اینجا توضیح داده شده است دریافت کنید.
- ✓ اطلاعات محرمانه‌ی سلامتی‌تان محافظت شده است.
- ✓ یک کپی از سوابق پزشکی خود را درخواست و دریافت کنید، و درخواست کنید که مطابق با مشخص شده در 45 CFR §164.524 and 164.526 در آن اصلاح یا تصحیح شود. برای دریافت کپی یا اصلاح سوابق خود، می‌توانید فرم های مناسب را از ارائه دهنده خدمات خود درخواست کنید.
- ✓ مطالب مکتوب را در قالب‌های جایگزین (شامل خط بریل، چاپ با اندازه بزرگ و فرمت صوتی) در صورت درخواست و به‌موقع متناسب با قالب درخواستی دریافت کنید.
- ✓ خدمات ترجمه شفاهی را برای زبان دلخواه خود دریافت کنید.
- ✓ خدمات درمان DMC-ODS Plan SUD که از الزامات قرارداد خود با دولت در زمینه های در دسترس بودن خدمات، تضمین ظرفیت و خدمات کافی، هماهنگی و تداوم مراقبت، و پوشش و مجوز خدمات پیروی می‌کند را دریافت کنید.
- ✓ اگر اقلیت هستید، به Minor Consent Services، دسترسی پیدا کنید.

- ✓ به خدمات پزشکی ضروری خارج از شبکه به موقع دسترسی پیدا کنید، اگر DMC-ODS Plan کارمند یا ارائه دهنده قراردادی ندارد که بتواند خدمات را ارائه دهد. "ارائه دهنده خارج از شبکه" به معنای ارائه دهنده‌ای است که درلیست ارائه دهندگان خدمات DMC-ODS Plan حضور ندارد. DMC-ODS Plan باید اطمئنان دهد که شما برای دیدن یک ارائه دهنده خارج از شبکه هیچ هزینه اضافی پرداخت نمی‌کنید.
- ✓ نظر دوم را از یک متخصص مراقبت های بهداشتی باصلاحیت درچارچوب شبکه DMC-ODS Plan، یا یکی خارج از شبکه، بدون هزینه اضافی برایتان درخواست کنید.
- ✓ شکایات خود را به صورت شفاهی یا کتبی در مورد سازمان یا مراقبت های دریافتی ثبت کنید.
- ✓ پس از دریافت اعلامیه تعیین سود نامطلوب، به صورت شفاهی یا کتبی درخواست تجدید نظر کنید.
- ✓ یک Medi-Cal دولت دادرسی منصفانه، شامل اطلاعاتی در مورد شرایطی که تحت آن رسیدگی عادلانه سریع ممکن است درخواست کنید.
- ✓ از هر گونه محدودیت یا انزوا که به عنوان وسیله‌ای برای اجبار، انضباط، راحتی، یا تلافی استفاده می‌شود، آزاد باشید.
- ✓ در استفاده از این حقوق بدون تأثیر منفی نحوه رفتار ارائه دهندگان DMC-ODS Plan، یا ایالت با شما آزاد باشید.

مسئولیت‌های من به عنوان گیرنده خدمات DMC-ODS چیست؟

به عنوان دریافت کننده خدمات یک DMC-ODS، مسئولیت شماست که:

- مطالب اطلاع رسانی اعضا را که از DMC-ODS Plan دریافت کرده‌اید با دقت مطالعه کنید. این مواد به شما کمک می‌کند تا بفهمید که کدام خدمات در دسترس هستند و در صورت نیاز چگونه می‌توانید درمان شوید.
- طبق برنامه در درمان خود شرکت کنید. اگر برنامه درمانی خود را دنبال کنید بهترین نتیجه را خواهید داشت. اگر لازم باشد یک قرار ملاقات را از دست بدهید، حداقل 24 ساعت قبل با ارائه دهنده خود تماس بگیرید و برای روز و ساعت دیگری برنامه ریزی کنید.
- هنگام حضور در درمان همیشه کارت شناسایی و عکس شناسایی Sacramento County Medi-Cal خود را همراه داشته باشید.
- اگر به مترجم نیاز دارید قبل از قرار ملاقات، به ارائه دهنده خود اطلاع دهید.
- تمام نگرانی‌های پزشکی خود را به ارائه دهنده خود بگویید تا برنامه درمانی شما دقیق باشد. هرچه اطلاعات کامل تری در مورد نیازهای خود به اشتراک بگذارید، درمان شما موفقیت آمیزتر خواهد بود.
- هر سوالی دارید حتما از ارائه دهنده خود بپرسید. بسیار مهم است که برنامه درمانی خود و سایر اطلاعاتی را که در طول درمان دریافت می‌کنید کاملاً درک کنید.
- برنامه درمانی که شما و ارائه دهنده تان بر آن توافق کرده‌اید را دنبال کنید.
- با ارائه دهنده‌ای که شما را درمان می‌کند مایل به ایجاد یک رابطه کاری قوی باشید.
- اگر در مورد خدمات خود سؤالی دارید یا با ارائه دهنده خود مشکلی دارید که قادر به حل آن نیستید به DMC-ODS Plan تماس بگیرید.
- اگر تغییراتی در اطلاعات شخصی خود دارید به ارائه دهنده خود و DMC-ODS Plan بگویید. این شامل آدرس، شماره تلفن و هرگونه اطلاعات پزشکی دیگری است که می‌تواند بر توانایی شما برای شرکت در درمان تأثیر بگذارد.
- با کارکنانی که درمان شما را انجام می‌دهند با احترام و ادب رفتار کنید.
- اگر مشکوک به کلاهبرداری یا تخلف هستید، آن را گزارش دهید.

اگر احساس کنم مورد تبعیض قرار گرفته‌ام با چه کسی تماس بگیرم؟

تبعیض خلاف قانون است.State of California و DMC-ODS Plan از قوانین حقوق مدنی فدرال پیروی می‌کنند و بر اساس نژاد، رنگ، منشاء ملی، اصل و نسب، مذهب، جنسیت، وضعیت تأهل، جنسیت، هویت جنسی، گرایش جنسی، سن یا ناتوانی تبعیض قائل نیستند.DMC-ODS Plan کمک ها و خدمات رایگان را به افراد دارای معلولیت ارائه می‌دهد، مانند:

- ➢ مترجمان زبان اشاره دارای صلاحیت

- اطلاعات نوشتاری در فرمت‌های دیگر (بریل، چاپ با حروف بزرگ، فرمت‌های دسترسی‌پذیر الکترونیک و سایر فرمت‌ها)
- خدمات رایگان زبان را برای افرادی که زبان اصلی آنها انگلیسی نیست، مانند مترجمان شفاهی باصلاحیت و اطلاعات به زبان‌های آستانه ارائه می‌کند

اگر احساس می‌کنید مورد تبعیض قرار گرفته‌اید، لطفاً تماس بگیرید با:

Sacramento County Behavioral Health Services, Member Services به: 1-916-875-6970. اگر Members Services مشکل را با موفقیت حل نمی‌کند، شما همچنین می‌توانید یک شکایت حقوق مدنی را به صورت الکترونیکی با U.S. Department of Health and Human Services, Office for Civil Rights through the Office for Civil Rights Complaint Portal، موجود در: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf درخواست کنید

می‌توانید شکایت حقوق مدنی را از طریق پست یا تلفن به آدرس زیر ارسال کنید:

U.S. Department of Health and Human Services
Independence Avenue, SW 200
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

فرم ها: https://www.hhs.gov/ocr/filing-with-ocr/index.html

بخش خدمات بهداشتی
بخش خدمات سلامت رفتاری
خدمات درمان و پیشگیری از مصرف مواد

تاییدیه وصول

اینجانب موارد زیر را با آغاز خدمات این ارائه‌دهنده دریافت کرده‌ام. من مطلع هستم که می‌توانم هر یک از اطلاعات زیر را در صورت درخواست دریافت خواهم کرد.

✔ تمام موارد مربوطه را علامت بزنید	اسناد ارائه شده
	اطلاعیه حریم خصوصی اطلاعیه حریم خصوصی مربوط به ارائه‌دهندگان خدمات بهداشتی و درمانی کانتی ساکرامنتو به شما اطلاع می‌دهد که چگونه سازمان ما ممکن است از اطلاعات شما استفاده کند یا آن‌ها را افشا سازد. همه شرایط توصیف نخواهند شد. سازمان ما موظف است اطلاعیه حریم خصوصی ما در مورد اطلاعاتی که در مورد شما جمع‌آوری و نگهداری می‌کنیم و همچنین نحوه دسترسی به این اطلاعات را در اختیار شما قرار دهد.
	کتابچه راهنمای اعضای سیستم تحویل داروی سامان‌دهی‌شده Medi-Cal ساکرامنتو کانتی این کتابچه راهنما حاوی اطلاعاتی در مورد چگونگی واجد شرایط بودن یک عضو برای دریافت خدمات مربوط به مشروبات الکلی و مواد مخدر، نحوه دسترسی به خدمات مربوط به مشروبات الکلی و مواد مخدر، اینکه ارائه‌دهندگان خدمات ما چه کسانی هستند، چه خدماتی در دسترس هستند، حقوق و مسئولیت‌های شما، روند رسیدگی به شکایات و دادرسی عادلانه دولتی، و شماره تلفن‌های ضروری مربوط به برنامه سیستم تحویل داروی Medi-Cal می‌باشد.
	بروشور دستورالعمل پزشکی از پیش تعیین شده این بروشور حقوق شما برای تصمیم‌گیری در مورد درمان پزشکی شما را توضیح می‌دهد. این امر شامل نحوه تعیین یک نماینده مراقبت‌های بهداشتی است که می‌تواند از طرف شما تصمیم بگیرد و نحوه تغییر زیست خواست‌های شما در هر زمان را در برمی‌گیرد. آیا شما دارای یک زیست خواست پزشکی از پیش تعیین شده هستید؟ — **بله** / **خیر** / **صدق نمی‌کند** اگر پاسختان مثبت است، آیا می‌توانید نسخه‌ای از پرونده پزشکی خود را ارائه دهید؟ — **بله** / **خیر** / **صدق نمی‌کند**
	راهنمای ارائه‌دهنده خدمات درمانی مصرف مواد ساکرامنتو کانتی این راهنما شامل سازمان‌های قرارداد است که خدمات درمانی مربوط به مصرف مشروبات الکلی و مواد مخدر و سایر منابع جامعه ما را ارائه می‌دهند. سیستم تیم مراقبتی ساکرامنتو کانتی کلیه خدمات و ارجاعات به مکان‌های ارائه‌دهنده خدمات را مجاز می‌داند. برای کسب اطلاعات بیشتر در مورد این راهنمای ارائه‌دهندگان، می‌توانید با سیستم تیم مراقبتی ساکرامنتو کانتی از طریق شماره‌های 916-874-9754 یا 1-888-881-4881 تماس بگیرید. برای دسترسی به راهنمای ارائه‌دهنده خدمات درمانی به صورت آنلاین: https://dhs.saccounty.net/BHS/Documents/SUPT/GI-BHS-SUPT-DMC-ODS-Provider-Directory-English.pdf

اینجانب، _____ (نام مراجعه‌کننده با حروف خوانا و درشت)، یک نسخه از اسناد فوق علامت‌زده شده را دریافت کرده‌ام و فرصت آن را داشته‌ام در مورد این اسناد سوالات خود را مطرح کنم.

امضای مراجعه‌کننده:	**شناسه مراجعه‌کننده:**	**تاریخ:**
نماینده حقوقی یا شخصی مراجعه‌کننده **امضا (در صورت وجود):**	**نسبت با مراجع:**	**تاریخ:**

SACRAMENTO COUNTY

خدمات پیشگیری و درمان مصرف مواد ساکرامنتو کانتی

دستورالعمل پزشکی از پیش تعیین شده

حق شما برای تصمیم‌گیری در مورد درمان پزشکی

مدافع حقوق بیماران
(916) 333-3800

بخش سلامت رفتاری ساکرامنتو کانتی
مدیریت کیفیت - خدمات اعضا

(916) 875-6069

شماره تلفن رایگان 1-888-881-4881

TDD California Relay Service: 711

County Board of Supervisors
Phil Serna، منطقه اول
Patrick Kennedy، منطقه دوم
Rich Desmond، منطقه سوم
Sue Frost، منطقه چهارم
Don Nottoli، منطقه پنجم

County Executive
Ann Edwards

Health Services Director
Chevon Kothari

Behavioral Health Director
Ryan Quist, Ph.D.
سرپرست خدمات سلامت رفتاری

خدمات پیشگیری و درمان مصرف مواد ساکرامنتو کانتی قوانین حقوق مدنی فدرال را رعایت می‌کند و اعمال تبعیض بر اساس نژاد، رنگ پوست، تابعیت، سن، معلولیت یا جنسیت را ممنوع می‌داند.

منتشر شده توسط کانتی ساکرامنتو
وزارت خدمات بهداشتی،
بخش خدمات سلامت رفتاری
February 2022

منابع زیست خواست پزشکی از پیش تعیین شده

منابع زیر ممکن است در تصمیم‌گیری در مورد خواسته‌های مربوط به مراقبت‌های بهداشتی و تهیه زیست خواست پزشکی از پیش تعیین شده به شما کمک کنند.

ارائه‌دهنده خدمات درمانی اولیه
(Primary Healthcare Provider)

خدمات حقوقی کالیفرنیای شمالی
(Legal Services of Northern California)
515 12th Street
Sacramento, CA 95814
(916) 551-2150

برنامه خدمات حقوقی داوطلبانه
(Volunteer Legal Services Program)
517 12th Street
Sacramento, CA 95814
(916) 551-2102

خط تلفن حقوقی سالمندان (Senior Legal Hotline)
(916) 551-2140

دانشکده حقوق مک جورج
(McGeorge School of Law)
خدمات حقوقی جامعه
(Community Legal Services)
3130 Fifth Avenue
Sacramento, CA 95817
(916) 340-6080

ذینفعان می‌توانند شکایتی را در مورد عدم انطباق با الزامات زیست خواست پزشکی از پیش تعیین شده نزد این موارد مطرح کنند:

سازمان صدور مجوز و گواهینامه خدمات انسانی کالیفرنیا
P.O. Box 997413
Sacramento, CA 95899-1413
-یا تماس با-
1-800-236-9747

دستورالعمل پزشکی از پیش تعیین شده بهترین راه برای اطمینان از این امر است که اگر به هر دلیلی قادر به تصمیم‌گیری برای خود نباشید، خواسته‌های مربوط به مراقبت‌های بهداشتی جسمی شما شناخته شده و مورد توجه قرار می‌گیرد. برای تصمیم‌گیری در این باره نیازی نیست تا بیمار شدن شدید خود صبر کنید. قانون فدرال ما را ملزم می‌کند که این اطلاعات را به شما ارائه دهیم. شما می‌توانید هر دو و یا یکی از کارهای زیر را انجام دهید یا هیچ اقدامی نکنید:

- شما می‌توانید شخص دیگری را به عنوان «نماینده» مراقبت‌های بهداشتی خود منصوب کنید. اگر قادر به تصمیم‌گیری نباشید، این شخص از حق قانونی تصمیم‌گیری در مورد مراقبت‌های پزشکی شما برخوردار خواهد بود.
- می‌توانید خواسته‌های مراقبت‌های بهداشتی خود را در فرم دستورالعمل مراقبت‌های بهداشتی از پیش تعیین شده بنویسید.

چه کسی می‌تواند دستورالعمل پزشکی از پیش تعیین شده را ایجاد کند؟

هر کسی که بالای 18 سال سن داشته باشد (یا یک فرد زیر سن قانونی آزاد) که توانایی تصمیم‌گیری پزشکی برای خود را دارد می‌تواند یک دستورالعمل پزشکی از پیش تعیین شده ایجاد کند.

چه کسی در مورد درمان من تصمیم می گیرد؟

پزشک اصلی شما در مورد درمان به شما اطلاعات و مشاوره ارائه می‌دهد. شما حق انتخاب دارید. شما حق دارید به درمان «بله» یا «نه» بگویید - حتی اگر این درمان باعث زنده ماندن شما برای مدت طولانی‌تری شود.

چگونه می‌توانم بفهمم چه می‌خواهم؟

پزشک اصلی شما باید در مورد وضعیت پزشکی شما و گزینه‌های مختلف درمان و کنترل درد به شما اطلاع دهد. علاوه بر این پزشک شما باید هرگونه عوارض جانبی ناشی از درمان یا داروها را به شما اطلاع دهد. در بعضی مواقع، ممکن است بیش از یک درمان به شما کمک کند و پزشک می‌تواند در مورد گزینه‌های مختلف به شما مشاوره دهد.

ممکن است بخواهید گزینه‌های خود را با اعضای معتمد خانواده یا دوستان در میان بگذارید تا به شما در تصمیم‌گیری کمک کنند. در نهایت تصمیم بر عهده شما خواهد بود که تعیین کنید کدام گزینه درمانی برای شما مناسب است.

چه کسی را می‌توانم به عنوان نماینده مراقبت‌های بهداشتی خود تعیین کنم؟

شما می‌توانید هر فرد بالغی را به عنوان نماینده خود منصوب کنید. مهم است که با نماینده خود صحبت کنید تا مطمئن شوید که او خواسته‌های شما را می‌فهمد و قبول می‌کند این مسئولیت را بپذیرد. نوشتن خواسته‌های مراقبت‌های بهداشتی خود نیز برای نماینده شما مفید خواهد بود.

اگر بیش از حد بیمار شوم به حدی که نتوانم در مورد خودم تصمیم‌گیری کنم چه می‌شود؟

اگر نماینده‌ای را تعیین کرده‌اید، او از طرف شما تصمیمات پزشکی را اتخاذ می‌کند. در غیر اینصورت، پزشک از نزدیکترین اقوام یا دوست شما می خواهد در تصمیم‌گیری در مورد بهترین کار برای شما کمک کند.

اگر من یک دستورالعمل پزشکی از پیش تعیین شده نداشته باشم، آیا باز هم درمان می‌شوم؟

بله. شما همچنان تحت درمان پزشکی قرار خواهید گرفت. اگر به شدت بیمار شده‌اید و قادر به تصمیم‌گیری برای خود نیستید، شخص دیگری باید این تصمیمات را برای شما اتخاذ کند. تعیین آن شخص در یک دستورالعمل پزشکی از پیش تعیین شده راهی است که شما می‌توانید شخصی را که به او اعتماد دارید مشخص کنید تا به عنوان نماینده شما اقدام کند.

اگر پس از تکمیل دستورالعمل پزشکی از پیش تعیین شده نظر خود را تغییر دهم چه می‌شود؟

شما می‌توانید هر زمان که بخواهید دستورالعمل پزشکی از پیش تعیین شده را تغییر دهید یا آن را فسخ کنید. تکمیل فرم زیست خواست جدید، کلیه دستورالعمل های قبلی را لغو می‌کند. شما باید تغییرات را به پزشک خود اطلاع دهید.

چگونه می‌توانم اطلاعات بیشتری در مورد ایجاد یک دستورالعمل پزشکی از پیش تعیین شده کسب کنم؟

از پزشک اصلی، پرستار، مددکار اجتماعی یا ارائه‌دهنده مراقبت‌های بهداشتی خود بخواهید تا اطلاعات بیشتری را به شما ارائه دهند. می‌توانید از یک وکیل بخواهید دستورالعمل پزشکی از پیش تعیین شده را برای شما بنویسد، یا اینکه خودتان می‌توانید با پر کردن فرم خالی آن را تکمیل کنید. برای قانونی شدن زیست خواست خود نیازی به وکیل ندارید، اما باید امضای شاهد داشته باشید. پرسنل ارائه‌دهنده خدمات شما در صورت درخواست شما فرم‌های خالی را ارائه می‌دهند.

SACRAMENTO COUNTY

خدمات پیشگیری و درمان مصرف مواد ساکرامنتو کانتی

فرم تجدید نظر

استاندارد/تسریع شده

فرم تجدید نظر - Farsi

تمبر نیاز است

Sacramento County Substance Use Prevention and Treatment Services
Quality Management, Member Services
7001A East Parkway, Suite 300M
Sacramento, CA 95823

Sacramento County Substance Use Prevention and Treatment Services
Quality Management – Member Services
7001-A East Parkway, Suite 300M
Sacramento, CA 95823

اگر برای تکمیل این فرم به کمک نیاز دارید:
شما می‌توانید از کارکنان خدمات پیشگیری و درمان مصرف مواد درخواست کنید تا به شما کمک کنند.

شما می‌توانید با بخش خدمات اعضا (Member Services) تماس بگیرید.

(916) 875-6069

تلفن رایگان 881 4-881-888-1

TDD California Relay Service: 711

شما می‌توانید با مدافع حقوق بیمار (Patient Rights Advocate) تماس بگیرید.

(916) 333-3800

خدمات پیشگیری و درمان مصرف مواد ساکرامنتو کانتی قوانین حقوق مدنی فدرال را رعایت می‌کند و اعمال تبعیض بر اساس نژاد، رنگ پوست، تابعیت، سن، معلولیت یا جنسیت را ممنوع می‌داند.

منتشر شده توسط:
کانتی ساکرامنتو
بخش خدمات سلامت رفتاری
February 2022

فرم تجدید نظر

توجه داشته باشید که: تنظیم درخواست تجدیدنظر به دنبال حکم رد مزایا، بر خدمات شما نزد خدمات پیشگیری و درمان مصرف مواد ساکرامنتو کانتی تاثیر منفی نخواهد داشت. خدمات اعضا ظرف سی (30) روز تقویمی برای درخواست تجدیدنظر استاندارد یا 72 ساعت برای درخواست تجدید نظر تسریع شده پاسخ می‌دهد. در صورت رد درخواست تجدید نظر تسریع شده، یک اطلاعیه کتبی برای عضو ارسال می‌شود و روند درخواست تجدیدنظر استاندارد آغاز می‌شود. لطفا کادر مربوطه را علامت بزنید:

☐ درخواست تجدید نظر استاندارد ☐ درخواست تجدید نظر تسریع شده

لطفا با حروف خوانا درج کنید یا بنویسید.

تاریخ: _____ مکان خدمات: _____

نام مراجعه‌کننده: _____ تاریخ تولد: _____

اگر مراجعه‌کننده زیر سن قانونی است، نام سرپرست قانونی را درج کنید که از طرف فرد زیر سن قانونی این درخواست را تنظیم می‌کند: _____

آدرس (شهر/ایالت/منطقه): _____

شماره تلفن (لطفا بهترین زمان برای تماس را مشخص کنید): _____

1. **موضوع درخواست تجدید نظر شما چیست؟ لطفا این مسئله را با جزئیات دقیق شرح دهید.** در صورت لزوم، صفحات اضافی را ضمیمه کنید.

_____

_____

_____

2. **اگر کادر تسریع شده را علامت زده‌اید، بگویید به چه علت فکر می‌کنید این درخواست تجدید نظر باید تسریع شود؟** لطفا تا آنجا که ممکن است اطلاعات دقیق را درج کنید. در صورت لزوم صفحات اضافی را ضمیمه کنید.

_____

_____

_____

3. **آیا در مورد این مسئله با ارائه‌دهنده خدمات خود (هماهنگ‌کننده خدمات، درمانگر، مشاور، روانپزشک و غیره) صحبت کرده‌اید؟** ☐ بله ☐ خیر

4. **دوست دارید در زمینه حل و فصل این درخواست تجدیدنظر چه اتفاقی بیفتد؟**

_____

_____

_____

امضای شخصی که درخواست تجدید نظر را ارائه می‌دهد: _____ تاریخ امروز: _____

SACRAMENTO COUNTY

خدمات پیشگیری و درمان مصرف مواد ساکرامنتو کانتی

فرم شکایت

Sacramento County Substance Use Prevention and Treatment Services
Quality Management, Member Services
7001A East Parkway, Suite 300M
Sacramento, CA 95823

Sacramento County Substance Use Prevention and Treatment Services
Quality Management – Member Services
7001-A East Parkway, Suite 300M
Sacramento, CA 95823

تمبر نیاز
است

اگر برای تکمیل این فرم به کمک نیاز دارید:

شما می‌توانید از کارکنان خدمات پیشگیری و درمان مصرف مواد درخواست کنید تا به شما کمک کنند.

شما می‌توانید با بخش خدمات اعضا (Member Services) تماس بگیرید.
(916) 875-6069

تلفن رایگان 881 4-881-888-1
TDD California Relay Service: 711

شما می‌توانید با مدافع حقوق بیمار (Patient Rights Advocate) تماس بگیرید.
(916) 333-3800

خدمات پیشگیری و درمان مصرف مواد ساکرامنتو کانتی قوانین حقوق مدنی فدرال را رعایت می‌کند و اعمال تبعیض بر اساس نژاد، رنگ پوست، تابعیت، سن، معلولیت یا جنسیت را ممنوع می‌داند.

منتشر شده توسط:
کانتی ساکرامنتو
بخش خدمات سلامت رفتاری
February 2022

شکایت

توجه داشته باشید که: تنظیم شکایت بر خدمات شما نزد خدمات پیشگیری و درمان مصرف مواد ساکرامنتو کانتی تأثیر منفی نخواهد داشت. خدمات اعضا با این عضو تماس می‌گیرد و ظرف نود (90) روز تقویمی پاسخ کتبی را برای آن‌ها ارسال می‌کند. لطفا این فرم را تکمیل کنید، سپس آن را تا کرده و در پاکت قرار دهید، تمبر بزنید و پست کنید.

لطفا با حروف خوانا درج کنید یا بنویسید.

تاریخ: _____ مکان خدمات: _____

نام مراجعه‌کننده: _____ تاریخ تولد: _____

اگر مراجعه‌کننده زیر سن قانونی است، نام سرپرست قانونی را درج کنید که از طرف فرد زیر سن قانونی این فرم را تکمیل کرده است: _____

آدرس (شهر/ایالت/منطقه): _____

شماره تلفن (لطفا بهترین زمان برای تماس را مشخص کنید): _____

دلایل درخواست شکایت را بیان کنید.
لطفا در صورت امکان اسامی، تاریخ‌ها و زمان‌های مربوطه را مشخص کنید.

تاریخ حادثه: _____

1. **شکایت یا ماهیت شکایت را شرح دهید. لطفا در صورت لزوم صفحات اضافی را ضمیمه کنید:**

_____
_____
_____
_____
_____
_____

2. **آیا قبل از درخواست شکایت برای حل مشکل (مشکلات) تلاش کرده‌اید؟**

☐ **بله** لطفا توضیح دهید در زمینه تلاش برای حل مشکل چه کاری انجام داده‌اید و نتایج را درج کنید:

_____
_____

☐ **خیر**، من قبلا تلاشی برای حل و فصل شکایت نکرده‌ام.

3. **دوست دارید جهت حل این شکایت چه اتفاقی بیفتد؟**

_____
_____

من مطلع هستم که ظرف سی (30) روز تقویمی در رابطه با این درخواست با من تماس گرفته می‌شود

امضای شخصی که این شکایت را مطرح می‌کند: _____ تاریخ امروز: _____

خدمات جلوگیری استفاده از مواد و درمان کاونتی سکرامنتو

پیشنهاد اعضا

فرم پیشنهاد - فارسی

Sacramento County Substance Use Prevention and Treatment Services
Quality Management, Member Services
7001A East Parkway, Suite 300M
Sacramento, CA 95823

تمبر نیاز
است

Sacramento County Substance Use Prevention and Treatment Services
Quality Management – Member Services
7001-A East Parkway, Suite 300M
Sacramento, CA 95823

مدافع حقوق بیماران (916) 333-3800

خدمات جلوگیری استفاده از مواد و درمان کاونتی سکرامنتو
مدیریت کیفیت خدمات - خدمات اعضا

(916) 875-6069
TDD California Relay Service: 711

خدمات جلوگیری و درمان مصرف مواد کاونتی سکرامنتو قوانین حقوق مدنی فدرال را رعایت میکند و اعمال تبعیض بر اساس نژاد، رنگ پوست، تابعیت، سن، معلولیت یا جنسیت را ممنوع میداند.

منتشر شده توسط: بخش خدمات صحت روانی کاونتی سکرامنتو
February 2022

پیشنهاد اعضا

توجه داشته باشید که: خدمات جلوگیری استفاده از مواد و درمان کاونتی سکرامنتو از پیشنهادات شما برای بهبود خدمات استقبال می‌کند و تمایل دارد تا بازدیدهای شما هرچه بیشتر مثبت و مفید واقع شوند.

لطفاً چاپ ویا به طور خوانا بنویسید.

تاریخ: _____ مکان خدمات: _____

اسم مراجعه کننده: _____ تاریخ تولد: _____

اگر مراجعه کننده خورد سال (صغیر) است، اسم وکیل قانونی را درج کنید که از جانب صغیر فرم آتی را تکمیل میکند: _____

آدرس (شهر/ایالت/ زیپ کود): _____

شماره تلفن (لطفاً بهترین زمان برای تماس را مشخص کنید): _____

پیشنهادات: لطفا در صورت لزوم صفحات اضافی را ضمیمه کنید.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

آیا می‌توانیم در مورد پیشنهاد شما با شما تماس بگیریم؟

☐ **بله**، در مورد این پیشنهاد با من تماس بگیرید

☐ **خیر**، در مورد این پیشنهاد با من تماس نگیرید

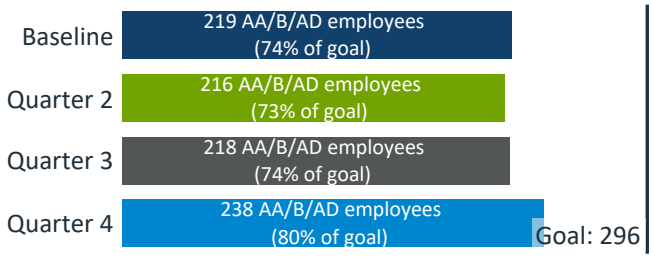
امضای شخصی که پیشنهاد را ارائه می‌دهد: _____ تاریخ امروز: _____

Behavioral Health Racial Equity Collaborative (BHREC)

Quarter 4 All Agencies

Goal 1: Increase Outreach, Recruitment, Retention, and Leadership Development of African American/Black/African Descent (AA/B/AD) Staff

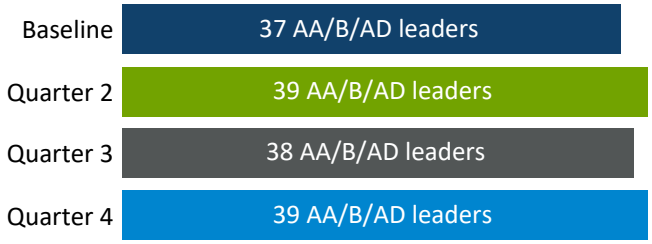
19 (9%)
more AA/B/AD individuals were employed in Quarter 4*



19%
of all positions were held by AA/B/AD individuals

2 (5%)
more AA/B/AD individuals held a ***leadership*** role in Quarter 4*

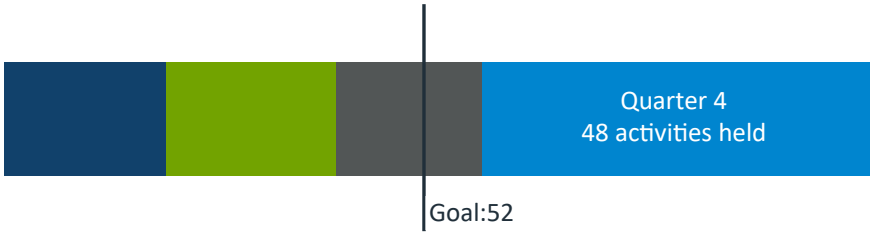
*Compared to Baseline



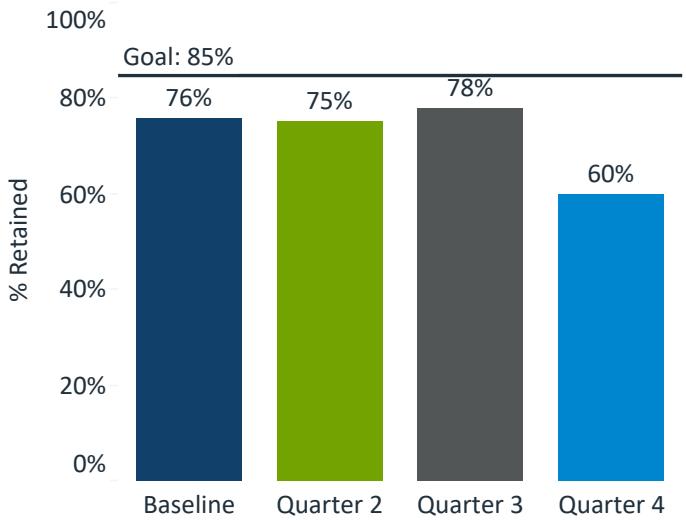
16%
of leadership positions were held by AA/B/AD individuals

Goal 2: Increase Community Engagement to Incorporate AA/B/AD Communities into Decision-Making

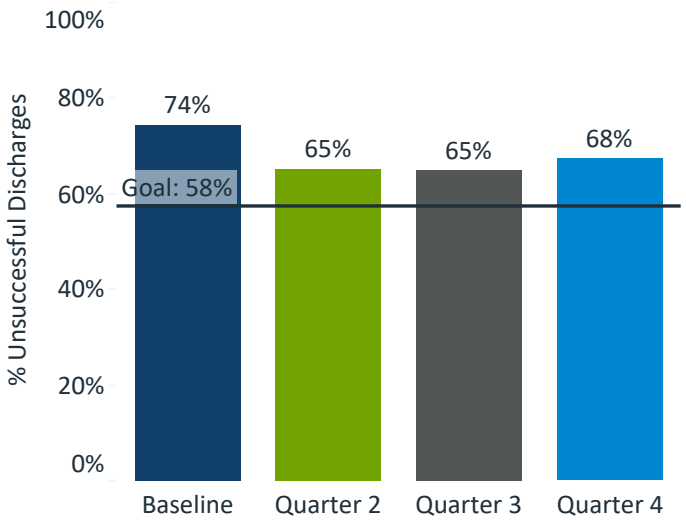
206%
of targeted Community Engagement activities have been held



Goal 3: Increase Retention of AA/B/AD Individuals from Intake to Next Service



Goal 4: Decrease Unsuccessful Discharges for AA/B/AD Individuals



NorCal Services for Deaf and Hard of Hearing

The following grant activities were conducted by our Peace of Mind Program from June 2020 through August 31, 2022.

I. **Referral/Linkage**: We provided information and referrals to 26 individuals from Sacramento County and 6 from out of Sacramento County. Of those who resided in Sacramento County, more than half of the contacts were from individuals however 15% were family members and 15% were service providers. Over 90% were requests for mental health services, specifically ASL-fluent counseling. One request was for a counselor experienced in helping people who lost their hearing as adult.

Our staff utilized the Information and Referral Communication Log form for documenting referrals. We were not able to use any of the forms provided to us by contract administrator because of language barriers. For many individuals we serve, ASL is their first language and English is a barrier for them. We also had issues with survey monkey which barred repeated submission of the same forms.

II. **Training to Sac County Providers**: The following trainings were provided live through Zoom. Anne-Marie Rucker and Mary Nakamoto were instrumental in disseminating our training flyers and encouraging participation in our trainings. The flyers provided information for registering. Upon registration, participants received Zoom link for the training. At the end of each training, we also disseminated online survey for participants to provide feedback and compiled the feedback into an evaluation report for each training.

Topic	Time Period	# Sessions	Total Participants
Deaf 101 Trainings (Live on Zoom)  **Photo: Cover of Training Video**	April 2021 to March 2022	16	316 providers
Mental Health in Deaf Community	October 2021 to December 2021	3	26 providers
How to Work with ASL Interpreters	August 25, 2022	1	21 providers

Comments from Participants about our Trainings:

- *This was an incredibly valuable, informative, eye-opening presentation. It helped me learn so much and in a way that I could apply it to so many work and personal situations. The insights into how ASL is a language took on so much more depth of understanding from how you explained it at different points in the presentation.*
- *This was an exceptional training! I cannot thank you enough. More please!*
- *I found that I do not really think about how complicated it would be in finding ways of communicating adequately to those like myself who take things for granted*
- *This training really enlightened me on a community often overlooked that share many of the same struggles as many other minority groups.*
- *I really enjoyed and appreciated this training. It was truly eye-opening, and it was only an hour! I can only imagine what I could learn in two hours!*
- *I cannot thank you for enough for this incredible training! It was very insightful, and I appreciate the awareness that I have for the culture. I love that she shared her personal experiences, the slide show statistics, and answered our questions. When she ended with the superhero quote, it was truly moved!*
- *Training was excellent as was the Q&A*
- *All the information presented was very informative! It truly opened my eyes to the Deaf Culture.*
- *It was a great learning experience. I feel I have learned quite an amount about the Deaf culture.*
- *I enjoyed the training!*
- *Great presentation and interpreters.*
- *It was a very informative training.*
- *It was helpful to see how I can serve and provide needs of D/HOH client.*
- *I learned very important facts about deaf people and can apply to my work as well as in life.*
- *The personal examples made the training interesting*
- *Jillian was a wonderful presenter and very engaging! Appreciated her personal experiences.*
- *I did not realize I was offending deaf people by using the incorrect term. Thank you for educating me.*
- *I appreciated her willingness to share her perspective of how navigating the world has had barriers because the world is designed as hearing centered, and the experiences she has in life of audism that would not have occurred to me to be a risk*
- *This workshop was very informative. I will recommend to colleagues. Thank you.*
- *The presentation was really well-done.*
- *I have gained a better understanding of some of the challenges a deaf person may encounter.*
- *Very moving presentation. It was helpful both professionally and personally.*
- *Very interesting and helpful training, thank you so much!*
- *Great job! I have told all my coworkers about how great this training is.*
- *Thanks for providing this valuable training*
- *One of the best online trainings I have attended.*
- *Very helpful and informative. Thank you so much!*
- *I don't say that often about a training, but this was really great.*
- *I learned so much, especially about that ASL has its own sentence structuring and the slang lingo!*

Continued the next page

Behavioral Health in Deaf Community July 29, 2022	Panel	Total Participants
	1. Amanda Somdal (Deaf), LCSW, Alabama Mental Health Deaf Services 2. Belinda McCleese (Deaf), MFT, Deaf Services Coordinator at Orange County Health Care Agency Behavioral Health 3. Makoto Ikegami (Deaf), DSW, MSW, LCSW, Georgia 4. Kevin DeWindt (Deaf), certified alcohol and drug counselor and addiction specialist, Orange County Health Care Agency Facilitator: Tiffany Wilson, (ASL Fluent) counselor	36 providers

Comments from Participants:

- *All of the information shared by the panelists was incredibly helpful and I appreciated the learning! Thank you!*
- *The presenters were incredible! Each presenter was knowledgeable and articulate about their professional and personal experiences.*
- *It was great learning from people who are actively working in the community and could share their direct lived experience"*
- *The awesome panel! And their HONEST discussion. I learned so much about my own limited vision as a hearing person.*

Note: At the end of the grant period, NorCal provided Mary Nakamoto at Sacramento County with 1) a video recording of the Deaf 101 training video and 2) an audio recording of Deaf Provider panel for their use in training new staff or providers.

III. NorCal Staff Trainings: NorCal provided 6 trainings for up to 33 NorCal Sacramento-based staff in addition to outreach staff. All trainings took place on Zoom on Wednesdays 11am – 1pm and were conducted in ASL with voice interpreting and captioning. At the end of each training, we also disseminated online survey for participants to provide feedback and compiled their feedback into an evaluation report.

Topic	Date	Trainer
Self Care	10/14/2020	Tiffany Wilson
Vicarious Trauma	6/23/2021	Christine Ellis
Suicide Prevention	10/6/2021	Alison Loughran
Mini-Intervention Strategies	2/2/2022	Alison Loughran
Racial Disparity in Mental Health	2/23/2022	LeeAnne Valentine
Somatic Experience: Personal Story of Deaf mother who lost her Deaf son to suicide	8/24/2022	Terrylene Sacchetti

Comments from Staff regarding training:

Self Care	• *A better understanding about how much working from home can impact our mental health and physical well-being.* • *One way I learned to improve work and life balance is to disconnect from work when I am off.*
Vicarious Trauma	• *With today's virtual training, I absolutely appreciated understanding what Vicarious Trauma looks like and ways to alleviate this experience.*
Suicide Prevention	• *This made me feel more comfortable with the serious topic. Now I'm not so scared of broaching the subject with clients.* • *Safety Plan template is a VERY resourceful tool to have!*
Mini-Intervention Strategies	• *I liked the acronym CAF because it provided me with a clear guided strategy to crisis intervention; Calm, Assess, Facilitate. Should I encounter any clients in crisis, I can use CAF to help them and also keep a level head myself.* • *It is great that our job provides this type of training so that we are fully prepared for any scenario. Great support for employees.* • *I really enjoyed the training because it helps me remember to be human above all else. Yes, I have a job to do, but that shouldn't get in the way of allowing other people their right to be human too. Life is messy, I have been messy, this helps me feel more confident in my ability to be the person helping to clean up when life gets messy.*
Racial Disparity in Mental Health:	• *Alot of the information was well known for the General POC population but learning about it through the Deaf POC lens was very insightful,* • *The information about the "white savior complex" was also terrific and it makes me mindful of my own interventions as a white person* • *I really enjoyed her presentation. It made me realize we have much work to do to make progress!*
Somatic Experience	• *Appreciate her bravery to share her story to help others understand the process.* • *Outstanding training, this needs to be continued to other audiences!* • *the training was wonderful - Terrylene is so open and articulate about her experience that you could not help but be moved by it.*

IV. Peer Group Activities: Through this grant, NorCal hired a parttime peer group facilitator to meet with Deaf and Hard of Hearing students at local schools in Sacramento and a licensed counselor to conduct staff training and facilitate peer group meetings at our one-week residential Camp Grizzly program**.**

- **Local Schools**: During the initial period of the grant, schools were online. Many teachers indicated they were overwhelmed with the online format and asked us to wait until classes resume in person. Demographic information was provided by teachers. The biggest largest group was age 6 – 12, most of whom ASL or ASL/English were identified as their primary language. Approximately one third of the students were identified as white, one third as Mexican, and one third identified as other races.

	# of Participating Schools	Total # DHH students	Total # of Peer Group Meetings
Spring 2021	3 schools	33 DHH students	21 peer group meetings
Fall 2021	7 schools	41 DHH students	65 peer group meetings

In absence of finding culturally and linguistically appropriate social emotional learning (SEL) curriculum, our facilitator used curricula which she modified to fit the students' language and their experience as Deaf and Hard of Hearing people. Unfortunately, our staff accepted a fulltime position and could not continue as facilitator for Spring 2022. The teachers welcomed having the peer group meetings during Spring 2022, but we were not successful in finding a replacement with the expectation that the grant would end May 2022.

Responses we received from two teachers who completed our evaluation surveys:

- *We loved having Rima come to our class. It is always good for our DHH students to get exposed to other deaf role models, and Rima was one of the wonderful role models. We would love if this can be continued. :)*
- *It was great for my kids!*

This is clearly an area of unmet need considering the lack of SEL materials that fit the experience and language of DHH students and the lack of accessible mental health services for DHH students that are available to hearing students.

- **Camp**: A licensed counselor, Sheila Jacobs, facilitated 9 cultural identity group meetings at Camp Grizzly during the week of July 31 – August 6, 2022, with 52 youth age 7 – 18 who are Deaf, hard of hearing, Koda (child of Deaf parents), Soda (sibling of Deaf family member), Goda (grandchild or family member of Deaf person). Sheila grew up as the only hearing family member in a Deaf family and is fluent in ASL. The camp took place at a camp facility in Wilseyville, CA.

Due to COVID Pandemic, our camp program was cancelled in 2020 and 2021. We were glad to have the opportunity to provide facilitated camp group meetings at our camp in 2022. Cultural identity which is the feeling or sense of belonging to a group has positive impact on self-esteem. Cultural identity is important in the Deaf community for Deaf children, most of whom have hearing parents or is the only Deaf person in their families, and for hearing children with Deaf parents. Most of the camp staff agreed that the campers benefitted from the cultural breakout peer group meetings led by the MFT counselor.

V. Training for ASL Interpreters: We provided 2 Mental Health Interpreting trainings to a total of 37 ASL interpreters. Our workshops provided CEUs (continuing education units) for certified interpreters. Both workshops were offered through ZOOM. At the end of each training, we also disseminated online survey for participants to provide feedback and compiled their feedback into an evaluation report.

Date	Trainer	Comments from Interpreters
August 9, 2022	Amanda Somdal: Deaf licensed social worker employed at Alabama Mental Health Deaf Services	Interpreters attending this workshop found information about language dysfluency in the Deaf population, especially in Mental Health, most helpful.
August 17, 2022	Marci Volkman: MFT Associate at Hope Counseling in Sacramento and an ASL interpreter	The interpreters found most helpful the explanations of the therapist's expectations and thought process of a therapist and the different types of therapy.

VI. Community Outreach:

- **Social Media and ASL Videos**: Initially, NorCal created a separate Facebook page for Peace of Mind, then decided to use NorCal's main Facebook page which has over 6,400 followers so everyone can benefit from learning about mental health. Postings included short ASL videos and visual messages related to Mental Health.

  Through this project, NorCal worked with Deaf West Theatre to produce the following five videos in American Sign Language (ASL). The ASL videos were posted on NorCal social media and website and will remain posted to serve as information and resource. Below are some Facebook metrics related to the video posts. The videos continue to attract new viewers every week.

Video		Date Posted	reached	engagement
What is Mental Health?		3/16/2022	8,201	389
What is Depression?		3/30/2022	1,946	66
Suicide Prevention		4/6/2022	770	30
What is Trauma with PTSD?		4/13/2022	1,123	40
What is Anxiety?		5/27/2022	6,446	244

- **Exhibit Booths:** We were fortunate to have the opportunity to attend three community events in person during our grant period. At these events, NorCal manned exhibit booths and provided ASL interpreters for the program. We asked the conference hosts to indicate on their promotional that ASL interpreters would be provided. We also promoted each event on NorCal Facebook page including making announcements in ASL.

  At our booth at NAMI Walk, we gave out stress toy that doubles as phone holder which drew people to our booth and provided us with opportunities to engage people about mental health services for Deaf people. Regarding the stress toy, we explained that Deaf people need their hands free (to sign) when talking on their phone which was an eye opener for many visitors. We had ASL interpreters to allow visitors to ask questions and learn more about our program. The ASL interpreters were also available to accompany Deaf individuals to be able to ask questions and receive information at other exhibitors. We also had ASL interpreters on the stage for the various speakers for Deaf individuals in the audience.

  We also provided interpreters for the program at Recovery Happens which took place at the Capitol during Fall 2021. At the end of the event, the event sponsor contacted our staff to find out how they could get ASL interpreters at their next event in Southern California. We referred them to the local Deaf service agency in Los Angeles.

Recovery Happens

9/1/2021

25 people

Photo: Jillian, Don Lee and ASL interpreters at NorCal booth at the event – posted on NorCal Facebook.

Nami Walk

5/4/2022

180 people

Photo: Don Lee promoting event in ASL on NorCal Facebook

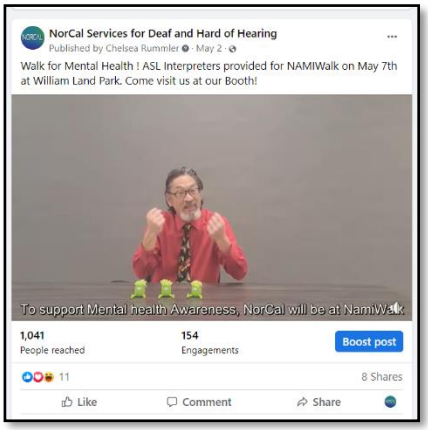


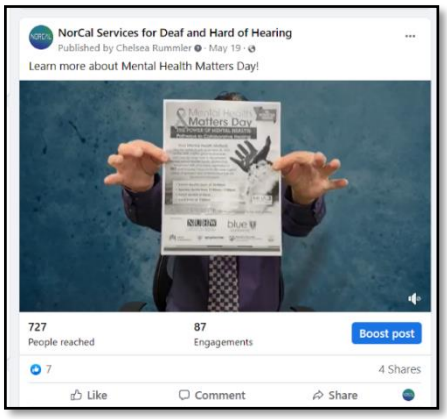
Photo: Our ASL interpreter on stage interpreting for Mayor Steinberg – posted on NAMI Sacramento Facebook

Mental Health Day Matters

5/26/2022

40 people

Photo: Don Lee promoting the event in ASL on NorCal Facebook page



Our staff joined the NorCal booth at these events to promote Peace of Mind.

Healthy Day Sacramento	10/23/2021	55
Love and Literacy (for families with Deaf children)	3/5/2022	25

VII. Collaboration: Our Peace of Mind staff attended Sacramento County Steering Board meetings and Cultural Competency Committee meetings and worked with Anne-Marie and Mary. In two separate situations, our office received complaints from family members and a social worker about the lack of interpreters in treatment facilities. By have working relationship with Sacramento County Behavioral Health, our CEO was able to connect with the county about these situations. Our staff also developed referral list for Deaf counseling services. While searching for licensed ASL-fluent counselors for our trainings, our staff developed network of professional counselors throughout the country who are Deaf and/or ASL-fluent.

VIII. Deaf Zen Activities: The pandemic had the biggest impact on our original proposal to conduct Deaf Zen activities in person which did not transition well to virtual environment as our training activities did. Our first two Zoom activities drew people from outside Sacramento. On the last three activities, we advertised priority for Sacramento residents. The challenges of virtual activities include unfamiliarity with using Zoom, not able to follow or understand ASL in 2-dimensional mode, Zoom fatigue. Many preferred in person but did not feel comfortable meeting in person yet.

Deaf Zen	**Topics**	**Attendance**
2/2021	Reset - Meditation	49
3/2021	Meditation	13
11/2021	Contemplative Painting	7
1/20/2022	Vision Board	12
2/3/2022	Vision Board	7

We were not able to use any of the forms provided to us by contract administrator because of language barriers. For many individuals we serve, ASL is their first language and English is a barrier for them. We developed our own simplified survey in English but not receive many responses.

IX. Individual case: Through our grant, we provided as ASL interpreter for Deaf parent (Sacramento Resident) who was referred by NAMI Sacramento to attend a NAMI support group meeting in Placer County for family members. After attending the meeting, the parent

expressed appreciation for the interpreting service, indicating *I have learned a lot about my son's mental disorder. And I feel good that I am not alone.*

Sustainability Plan

As a result of this project, NorCal will continue to provide referrals, network with Sacramento County Behavioral Health, and provide Deaf 101 trainings on request. The ASL videos developed through this project providing basic mental health information in ASL will remain posted on our social media and our webpage updated to serve as a Mental Health resource page.

We will continue to advocate for regional funding for mental health services for Deaf and Hard of Hearing Californians. There are simply not enough qualified personnel to fund direct mental health services for Deaf individuals on county level. Our primary goal remains to provide direct ASL-fluent counseling service. Most calls we receive are requests for counseling services. Deaf Counseling Center and National Deaf Therapists have waiting lists and only accept specific health insurances, not Medi-Cal or Medicare.

Despite the ending of our funding for Peace of Mind, our agency remains committed improving mental health access. Some of our post-grant activities include:

- Discussion with J. Reiman about preparing the Sacramento County Mobile Crisis Support Team if they encounter a Deaf person.

- Meeting with NAMI California about making their materials and training accessible to train Deaf leaders who can in turn train Deaf people to facilitate support groups in ASL.

- Development of video and webinar through a separate grant for mental health professionals working with or treating Deaf+ (with disabilities) individuals.

Cultural Competence Substance Use Prevention & Treatment Services
2021 Agency Self-Assessment Scale Summary Report
April 2022

Overview

The Cultural Competence Plan Requirements (CCPR) Modification (2010), issued by the Department of Mental Health (DMH) in DMH Information Notice No. 10-17, states that counties are required to collect demographic information and language capabilities of staff, volunteers and any committee members who participate in serving individuals throughout the entire County Behavioral Health System. Additionally, the CCPR requires that counties conduct organizational and service provider assessments to determine the readiness of the service delivery system to meet the cultural and linguistic needs of the target population.

The Sacramento County Division of Behavioral Health Services Cultural Competence Plan Objectives for Fiscal Year 2020-21 continue to include SUPT throughout all of the objectives. One of the objectives involves the completion and analysis of a system-wide Agency Self-Assessment of Cultural Competence. The SUPT system participated in a system-wide Agency Self-Assessment of Cultural Competence in 2015 and a baseline was identified for the SUPT system at that time. Now that the DMC-ODS waiver has been in effect for a few years, it is time for SUPT providers to re-assess their agency's readiness to meet the cultural and linguistic needs of the community members receiving services.

Implementation of Cultural Competence (CC) by the agency is expected to promote cultural competence in all its staff members and to create a milieu that serves to improve access and retention in treatment of persons from diverse cultural groups. The Cultural Competence SUPT Agency Self-Assessment is based entirely on the National Culturally and Linguistically Appropriate Services (CLAS) Standards and is applicable to any agency delivering substance use prevention treatment services. It is proactive in the sense that it is intended to suggest ways in which an agency can progress through a cultural competence continuum. Information from each agency's self-assessment will be used to generate an aggregate report for the SUPT system as a whole.

Between August and November 2021, sixteen (16) SUPT providers completed this scale for their agency. Data from the individual agency self-assessment scales has been aggregated to establish a system-wide baseline of cultural competence. This baseline information highlights collective areas of strength and improvement across SUPT services and will inform DBHS of areas where technical assistance and training may be needed. Some of the technical assistance may be agency specific and will be discussed in coordination with the SUPT contract monitor, whereas other types of technical assistance may be provided system-wide. Prominent themes that were expressed by agencies across the system are outlined in this report.

Cultural Competence SUPT Agency Self-Assessment

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

Standard 2 Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
Standard 3 Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
Standard 4 Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
Standard 5 Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
Standard 6 Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
Standard 7 Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
Standard 8 Provide easy-to-understand print and multimedia materials and signage in languages commonly used by the populations in the service area.
Standard 9 Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
Standard 10 Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
Standard 11 Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and inform service delivery.
Standard 12 Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
Standard 13 Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
Standard 14 Create conflict grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
Standard 15 Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Summary Findings

The following information is based on agencies' responses to the Cultural Competence SUPT Agency Self-Assessment). A total of 16 providers/programs (15 contracted providers and 1 County provider) submitted the Self-Assessment, and agencies are asked to rate themselves on a scale from 1-5, with the rating of "5" representing the ideal condition. (See Appendix A for information reflecting how individual agencies rated themselves in each of the areas).
Note: One contracted agency completed two assessment for their individual program and the responses are included in the narrative.

Highlights

- The median total rating was 54 (of a possible 70) and individual agencies rated themselves between 37 and 67.

- For the 14 areas agencies rated themselves on, the average area rating was 3.9.

- Across all respondents the following three areas were rated highest:

    - Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services at 4.4.

    - Standard 7: Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided at 4.3

    - Standard 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided at 4.2

- Across all respondents, the following three areas were rated lowest:

    - Standard 15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public at 3.5.

    - Standard 12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area at 3.4

    - Standard 10: Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities at 3.3.

- Many agencies agreed that the self-assessment process was helpful, and made them aware of the need to:
    - Re-evaluate areas that need improvements to address CLAS.
    - Focus on areas that scored lower on the assessment scale.

The table below contains an aggregate average score for each CLAS Standard. The average is based on data that was received from the sixteen (16) providers.

CLAS STANDARD	AVERAGE SCORE (1–5) N=16
Standard 1: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.	Do not rate Standard 1
Standard 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	3.9
Standard 3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	4.1
Standard 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	3.8
Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.	4.4
Standard 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	4.2
Standard 7: Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	4.3
Standard 8: Provide easy-to-understand print and multimedia materials and signage in languages commonly used by the populations in the service area.	3.8
Standard 9: Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.	3.8
Standard 10: Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	3.3
Standard 11: Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and inform service delivery.	3.9
Standard 12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.	3.4
Standard 13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	3.8
Standard 14: Create conflict grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	4.0
Standard 15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.	3.5

Overview of the narrative questions

1. What has your agency learned by participating in this process? **N=15**	**N**	**%**
Strength/weaknesses and areas for improvement	11	73.3%
Current policies and practices in place to ensure compliance	2	13.3%
The need to update policies and procedures based on ongoing changes and community needs	1	6.7%
Commitment to providing culturally and linguistically appropriate services	1	6.7%

2. What goals will you set for your agency as a result of completing this self-assessment scale? **N=17**	**N**	**%**
Training	5	29.4%
Improve on CLAS standards that scored low	4	23.5%
Increase communication with staff and community	3	17.6%
Implement new policies and procedures	3	17.6%
Review all goals, policies and procedures to ensure CLAS are included	1	5.9%
Convert additional forms into threshold languages	1	5.9%

3. Describe any revisions to current policies or practices you plan to make as a result of completing this self-assessment scale. **N=15**	**N**	**%**
Revise processes, policies and procedures to reflect CLAS standards	7	46.7%
Identify gaps based on current demographics to develop strategies to serve diverse populations	4	26.7%
Review policies and procedures annually	2	13.3%
Policies and procedures already in line with CLAS standards	1	6.7%
Look at additional resources to improve CLAS standards .e. training	1	6.7%

4. Describe any new policies or practices you intend to implement. **N=16**	**N**	**%**
Increase opportunities for staff to receive CLAS training	6	37.5%
New policies related to organizational operations and learning goals and ongoing assessments of CLAS standards	4	25.0%
Other	3	18.8%
Develop policy regarding interpreter services	1	6.3%
Create mentorship program and affinity groups	1	6.3%
Community outreach and provide culturally linguistically information to community partners	1	6.3%

Conclusion

DBHS appreciates the thoughtful processes taken by each agency to conduct the Cultural Competence SUPT Agency Self-Assessment. Throughout this process, agencies have identified their individual strengths and areas where they can improve. The following highlights reflect the BHS/SUPT Services, as a whole.

- The areas where agencies tended to score themselves the highest were in the following areas:
  - ❖ Standard 3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
  - ❖ Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
  - ❖ Standard 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.
- The areas where agencies tended to score themselves the lowest were in the following areas:
  - ❖ Standard 10: Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
  - ❖ Standard 12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
  - ❖ Standard 15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

DBHS will utilize the information in this report to further inform technical assistance and training opportunities for SUPT Services. Contract monitors shall work with individual agencies to monitor and provide technical assistance specific to their needs.

Appendix A
Cultural Competence Mental Health Agency Self-Assessment Scale based on

Culturally and Linguistically Appropriate Services (CLAS) Standards

Section I

CLAS STANDARD	SCORE (1–5)	COMMENTS: Primary factors leading to scoring choice; challenges; barriers associated with each domain.
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.)*		
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).*		
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.)*		

Cultural Competence SUPT Agency Self-Assessment

CLAS STANDARD	SCORE (1–5)	COMMENTS: Primary factors leading to scoring choice; challenges; barriers associated with each domain.
Engagement Continuous Improvement, and Accountability **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.)*		
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.		
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		

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.

Appendix B
Section II - Narrative Responses

Q1. What has your agency learned by participating in this process?
Our agency learned that we are doing many things correctly, while recognizing that there is always room for new learning and improvement.
We have some things to work further on. We have also discovered things we do well. We have good intentions and purpose, but need more stated policies.
Overall CLAS efforts successful. Some areas identified for potential improvement.
Difficult to say… process of survey?
We have learned that we excel in most CLAS standards but need some work to improve in standards 13.
This process has been humbling. We learned that we had A LOT more to learn than we previously thought. We also learned from our staff that they didn't feel as safe in the workplace as we hoped they did. This has led to great conversations and lots of difficult but important change.
It has helped to reassure us that we are doing a lot to meet CLAS standards and there are opportunities for improvement.
That there are a few areas that can be enhanced with the CLAS standards.
We can improve by converting more of our document into threshold languages.
Collectively going through this process showed us how committed our agency is to cultural and linguistically appropriate services and how it infuses almost every work conversation, plan, and service. One staff commented: "It is a part of who we are, not just what we're supposed to do." We recognized that we take a very pro-active approach in reaching out to culturally diverse populations and help provide services that truly meet unique needs. Everyone agreed with the staff member who said, "we reach out rather than wait for them to first approach us." It reinforced how big our commitment is to support overlooked, marginalized, hard to work with, or underserved groups in Sacramento county. We really care and put a lot of time and thought into cultivating these relationships and then tailoring our strategies and service content to every community differently. This process helped us feel confident in where we're going. "Our agency is unique because we do not provide direct services to the public, but instead educate and train organizations and individuals from the community who then go on to provide direct services throughout Sacramento." This process helped us realize we are in a unique position to not only maintain CLAS standards with our agency employees and volunteers, but to also support, foster and teach those standards to leaders in various culturally diverse communities. Another staff said, "we are, in essence, not only creating prevention advocates, but also culturally sensitive advocates."
Although we have developed our three year Cultural Competency Plan, we realize it is a working document that needs to reflect on-going changes and community needs. We also need to include health disparities review in our plan.
Although our agency is well prepared to meet most challenges, there is always room for improvement.
Although the agency has made great strides with the new DEI training and performance management process, there is still work to be done.
That there are many improvement needed to address in our internal policy and procedures to ensure cultural competence care is being provided to our clients.
It has helped to reassure us that we are doing a lot to meet CLAS standards and there are opportunities for improvement.

Cultural Competence SUPT Agency Self-Assessment

Q1. What has your agency learned by participating in this process?
It helped us to reflect on where we have been over the past year and where are going. It provided some important food for thought and discussion.
We are a new agency, we have policies and practices in place to ensure compliance.

Q2. What goals will you set for your agency as a result of completing this self – assessment scale?
Our agency identified that CLAS standard 10 is in an area of improvement. We have set a goal of conducting on-going assessment of our organizations CLAS-related activities in FY 2021/22. Our agency will ensure CLAS standard training to new staff member to maintain competency.
We want to implement some new policies related to organizational operations and learning goals, assess those on a regular basis, make our language assistance services clearer, and expand our language.
1. Have all staff complete the 5 CIBHS CLAS training modules. 2. Review translated materials-update with new information, and translate rule and information packet into Spanish.
Policy development and updates.
We will set a goal of improving outreach through community partnership to ensure that we reach a variety of populations in the community to make them aware of our services and the ability to be served utilizing their preferred language.
In all the areas we scored ourselves 3 or less, these will be our focus areas. In particular, we will endeavor to include more BIPOC representation on our board this year and increase the diversity of our Executive Team.
Increase communication at the Board level and leverage their experience in helping to increase our impact as an organization.
To review all goals, policies, and procedures to ensure that the CLAS standards are included and incorporated.
Convert additional forms into threshold languages.
Goal 1: Try to reach more culturally and linguistically diverse groups who might be overlooked or underserved. Goal 2: Ask our agency's Board of Directors if they would like a CLAS Standards overview training and a report on what we learned from this process.
We will continue to move forward with a three-year plan and regularly meet the benchmarks set in the plan.
Continue with DEI training and complete the Performance Management process for the development and evaluation of staff members.
To engage our agencies board of directors and management in developing and creating policies pertaining to the improvement of our quality of care provided to our community.
Increase communication at the board level and leverage their experience in helping to increase our impact as an organization.
We are beginning to design our own progress-monitoring based on some of these questions. We will be including additional topics in our conversations with our bargaining team. We will ensure line-level staff receive DEI related training.
We will be participating in all available trainings and will update our policies and practices.

Q3. Describe any revisions to current policies or practices you plan to make as a result of completing this self- assessment scale.
As identified in CLAS standard 15, we can improve our communication to stakeholders, constituents, and the general public.
We are continually learning about how we can revise our practices and curriculum to be more audience-appropriate. We hope to also incorporate more voices and stories from people with lived experience of substance use/misuse into program design and delivery.
Revised Cultural Competency plan to include new goal of having all staff complete 5 cultural competency training modules by 2022.
COVID policies.
I'm not anticipating the need for policy changes but instead will work to consistently improve on each standard.
We will be working to improve our communications to stakeholders and have more materials in more threshold languages. We will revise our client grievance procedure to ask the client at each level of dispute if they would like an interpreter to be present for the meetings.
Identify gaps based on current demographics to develop strategies to serve diverse populations.
The organization will make revisions on the conflict and grievance policies, in addition to providing ongoing training to staff, leadership, and governance.
None at this time.
Goal 1: Communicate our agency's staff and BOD cultural/racial background and trainings attended more often to instill confidence and familiarity.
The revisions were already underway as a result of our CARF preparation and three year plan, but the assessment continues to remind us of the importance of full implementation and the effect it has on our clients.
All policies and procedures are reviewed annually and presented to the Board of Directors for approval.
Additional training, update job qualifications for new hires and discuss concerns and improvement needed quarterly with Board of Directors.
Identify gaps based on current demographics to develop strategies to serve diverse populations.
Goal: Review policies and historical documents to ensure culturally appropriate language and terminology.
We have reviewed all standards to ensure alignment and compliance.
I'm not anticipating the need for policy changes but instead will work to consistently improve on each standard.

4. Describe any new policies or practices you intend to implement.
This was described in question #2.
We want to implement some new policies related to organizational operations and learning goals; assess those on a regular basis; make our language assistance services clearer, and expand our languages.
Have all staff (including new staff) complete the 5 CIBHS cultural competency modules.
Continue to update Board of Directors on policies and activities.
Staff will conduct community outreach and provide culturally and linguistically appropriate information to each agency that we partner with.
We are starting a mentorship program and affinity groups. In addition we will be surveying our staff twice per year to ensure that our efforts are on the right track. We will continue with our training plans engaging a variety of trainers in 2021/22.
Focus on more intentional governance and training of like staff.
Create and implement a formal CLAS implementation plan and tailor existing evaluation efforts to include measures of CLAS implementation.
None at this time.
Policy 1: Explore developing a Diversity, Equity, and Inclusion (DEI) policy for our agency. Policy 2: Ask cultural or linguistically diverse organizations we interact with (or wish to) to recommend trainings and tools we can educate our staff on about their unique culture, language, or communication needs.
We will develop a more comprehensive policy regarding interpreter services, using the Sacramento County DHHS policy as a model. We will also include health disparity review in our cultural competency plan. Finally, we will also develop a more concise way in communicating with stakeholder, constituents and the general public.
Redesigned 90-day and yearly evaluation documents of staff members and training supervisors on its use.
Unknown at this time. The upcoming Board of Directors meeting will determine what needs to be implemented.
Focus on one intentional governance and training of line staff.
Add DEI related questions to all interviews to signal SCOE's commitment to equity and job descriptions will be revised so language is culturally appropriate.
We will ensure that our agency is practicing our policies for all standards.

Appendix C
Provider Completion List

Agency Name
Another Choice Another Chance
Associated Rehabilitation Program for Women, Inc.
Bridges
Center for Collaborative Planning, Public Health Institute
CORE Medical Clinic, Inc.
MedMark Treatment Centers
Omni Youth
Pro Youth and Families
River City Recovery Center
Sacramento County Office of Education
Safety Center
Sobriety Brings a Change
Sunrise Health and Wellness Center, LLC
TLCS, Inc. dba Hope Cooperative
Volunteers of America

SACRAMENTO COUNTY

Division of Behavioral Health Services

2022 HIRING EVENT

- Join a Team That Will make a Meaningful Difference in Our Community!

September 15: 10AM - 7PM & September 16: 9AM - 5PM
9310 Tech Center Drive, Sacramento, CA 95826

We provide a full array of culturally competent and linguistically proficient mental health services to individuals of all ages. Services include prevention and early intervention, outpatient services, case management services, crisis intervention and stabilization services, and inpatient psychiatric hospitalizations. Learn more about our Behavioral Health Services.

We are recruiting for positions in all areas of Behavioral Health Services, including Peer Support positions, Clinical Counselors, Food Services, LVN/Licensed Psych Tech/RN, Program Planners, Contract Monitors, Administrative Support, and more!

TO VIEW THE POSITION VACANCIES AND LEARN WHICH ONES WE WILL BE INTERVIEWING AT THE EVENT, PLEASE VIEW THE RECRUITMENT EVENT PAGE USING THE LINK OR QR CODE BELOW:

Apply Here

Can't attend? Apply and email us expressing your interest: DPS-Recruitment@saccounty.net

Sacramento County is an Equal Employment Opportunity Employer.