

Behavioral Health Provider Minimum Qualifications (MQ) Checklist

Behavioral Health Bridge Housing (BHBH) Flexible Fund Supports Pool

Sacramento County Department of Health Services – Behavioral Health Services (BHS)

Provider Name: _____

Program Name: _____

Date of Submission: _____

Organizational Qualifications

- Must currently have an executed contract with Sacramento County through BHS Substance Use Prevention and Treatment (SUPT) and be licensed or certified to provide one or more of the following services (check all that apply):
 - Outpatient (OP) Treatment
 - Intensive Outpatient (IOP) Treatment
 - Residential Treatment Services
 - Sober Living Environment (SLE) / Recovery Residences
 - Medication-Assisted Treatment (MAT) / Narcotic Treatment Program (NTP)

System & Training Requirements

- Upon contract execution, we will use HMIS to track client housing status and engagement.
- Within 60 days of contract execution, have staff trained/approved for Coordinated Access System (CAS) Assessor Certification Training.
- Will use the Housing Conversation Tool and Crisis Assessment Survey for homeless clients.

Documentation & Technology

- Agree to use of BHS Maximum Rental Assistance Calculator (MRAC) to determine rental assistance.
- Agree to enroll, utilize, and document in SmartCare:
 - Housing-related assistance type and amount
 - Services to prioritized populations
 - Updates to “Special Population” status per housing/homeless changes
- Will ensure the necessary technology infrastructure is in place and will utilize SmartCare to enter and bill Flexible Funds either at the time of contract execution or within 60 days from the start date of the BHBH Flexible Fund Supports service

Contractual Status

- Currently in good standing on all executed contracts.

- Will comply with all applicable Sacramento County policies and procedures.

Certification of Accuracy

I hereby certify that the information provided above is true, accurate, and complete to the best of my knowledge. I understand that any falsification or omission may result in denial of participation in the BHBH Flexible Fund Supports Pool.

Authorized Representative Name (Print): _____

Title: _____

Signature: _____

Date: _____