County of Sacramento

Behavioral Health Services

CULTURAL COMPETENCE PLAN UPDATE

FISCAL YEAR 2020/2021

COVER SHEET

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

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

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

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

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 are returning their Cultural Competence Agency Self Assessment forms at the time of writing this update. The report of the Cultural Competence Agency Self Assessment for the SUPT system (FY 2021/22) will be available at the time of

the next visit. BHS will administer the Cultural Competence Agency Self Assessment to the Mental Health system during FY 2021/22. 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 reaches out and contacts 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 are 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 Annual Updates and MHSA Three Year Program and Expenditure Plans 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 FY 2021-22, 2022-23, 2023-24 Three Year Program and Expenditure Plan (https://dhs.saccounty.gov/BHS/Documents/Reports--Workplans/MHSA-Reports-and-Workplans/RT-2021-22--2022-23--2023-24-MHSA-Three-Year-Plan.pdf).

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. One of the current Co-Chairs of the MHSA Steering Committee is also a member of the Cultural Competence Committee (CCC) and is joined by other CCC members on the MHSA Steering Committee Executive Team.

  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.

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 2021-22, 2022-23, 2023-24 Three Year Program and Expenditure Plan (https://dhs.saccounty.gov/BHS/Documents/Reports--Workplans/MHSA-Reports-and-Workplans/RT-2021-22--2022-23--2023-24-MHSA-Three-Year-Plan.pdf).

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.

The BHREC Steering Committee considered the data from the community focus groups (Appendix 68) and existing state and local data to prioritize goals for BHREC Racial Equity Action Plans (BHREC Action Plans) to improve behavioral health outcomes in the Sacramento community. BHS, along with eight BHS contract providers, each formed a BHREC team that created their own BHREC Action Plan. Each agency's BHREC Action Plan included activities, responsible parties for implementing activities, and performance measures for each of the goals they selected. Due to the fact that BHS set an intention to improve internal workforce recruitment, hiring, development, promotion, and retention, BHS invited the Talent Acquisition Manager from the County Department of Personnel Services to participate as a member of the BHREC County team. The BHREC County team met weekly to work on developing REAPs for four goals that BHS selected from the list identified by the Steering Committee (Appendix 88).

Starting in the autumn of 2021, Phase 2 Implementation of the BHREC will commence for the next year and a half. BHS will report on this project in subsequent CCP Updates.

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 2020-2021			
Program/Description	**Amount**	**Translation / Interpretation**	**Bilingual / Bicultural Staff**
A Church For Us, dba A Church For All			
Ripple Effect, Mental Health Respite Program	$ 101,500.00	$	$
Supporting Community Connections - African American Community	$ 127,000.00	$	$
Aegis Treatment Centers - Roseville (SUPT)	$ 149,760.00	$	$ 149,760.00
Asian Pacific Community Counseling			
Supporting Community Connections - Hmong, Vietnamese, Cantonese	$ 157,000.00	$	$
Transcultural Wellness Center	$ 2,653,266.00	$	$
Associated Rehabilitation Program for Women, Inc. (SUPT)	$ 30,554.00	$	$ 30,554.00
Behavioral Health Racial Equity Collaborative, Behavioral Health Interpreter Training and additional CC Trainings	$ 250,000.00		
BHS Cultural Competence Unit Staff – 7 FTE	$ 1,001,955.00		
Cal Voices			
APSS Peer Partner	$ 484,903.00	$	$
Consumer and Family Voice (CFV)	$ 207,040.00	$	$
Sacramento Advocacy for Family Empowerment (SAFE)	$ 318,362.00	$	$
Mental Health Matters	$ 52,020.00	$	$
Supporting Community Connections - Older Adults	$ 147,400.00	$	$
Supporting Community Connections - Consumer Operated Warmline	$ 127,000.00	$	$
Capital Star			
Youth Help Network (YHN)	$ 137,865.20	$	$ 137,865.20
Full Service Partnership (FSP) TAY	$ 514,739.59	$	$ 514,739.59

Budget Dedicated to Cultural Competence			
Activities Expenditures – FY 2020-2021			
Program/Description	**Amount**	**Translation / Interpretation**	**Bilingual / Bicultural Staff**
Consultation, Support, and Engagement Team (CSET) for Commercially Sexually Exploited Children and Youth (CSEC)	$ 43,867.20	$	$ 43,867.20
Children's Receiving Home of Sacramento – Supporting Community Connections - Youth/TAY	$ 127,000.00		
Del Oro Caregiver Resource Center (Respite)	$ 1,042.80	$ 1,042.80	$
Dignity Health Medical Foundation	$ 754,000.00	$ 4,000.00	$ 750,000.00
El Hogar Community Services			
Regional Support Team (RST)	$ 20,217.45	$ 1,444.50	$ 9,136.63
Sierra Elder Wellness Program	$ 12,503.64	$ 642.31	$ 6,864.80
Gender Health Center – Danelle's Place Respite Program	$ 151,500.00		
TLCS, INC. DBA Hope Cooperative			
Transitional Community Opportunities for Recovery and Engagement (TCORE)	$ 321,123.50	$ 24,481.69	$ 276,974.81
Regional Support Team (RST)	$ 1,220,309.85	$ 15,765.85	$ 1,200,953.00
Interpreter/Translation Services – Countywide Vendors	$ 904,992.00	$ 904,992.00	
Iu Mien Community Services - Supporting Community Connections - Iu Mien Community	$ 120,500.00		
La Familia Counseling Center, Inc.			
Flexible Integrated Treatment – Youth	$ 1,463,206.42	$ 4,750.58	$ 1,458,455.84
Supporting Community Connections - Latinx/Spanish Speaking Community	$ 191,000.00	$	$

Budget Dedicated to Cultural Competence			
Activities Expenditures – FY 2020-2021			
Program/Description	**Amount**	**Translation / Interpretation**	**Bilingual / Bicultural Staff**
MedMark Treatment Centers (SUPT)	$ 243,322.00	$	$ 243,322.00
"Mental Illness: It's not always what you think" project	$ 954,591.25		
Omni Youth Programs (SUPT)	$ 54,725.00	$ 600.00	$ 54,000.00
Public Health Institute (Center for Collaborative Planning) (SUPT)	$ 1,059.80	$ 1,059.80	$
River Oak Center for Children	$ 354,320.00	$ 59,472.00	$ 270,848.00
Sacramento Children's Home			
The Source	$ 168,931.96	$ 3,504.96	$ 165,427.00
Wraparound	$ 59,987.00	$	$ 59,987.00
Flexible Integrated Treatment	$ 98,358.77	$ 41,718.29	$ 56,640.48
Sacramento County BHS CPS-MH and QCCC Teams	$ 197,149.13	$ 475.08	$ 196,674.05
Sacramento County Community-Driven Prevention and Early Intervention Grant Program	$ 9,569,922.00		
Sacramento LGBT Community Center			
Lambda Lounge (Respite)	$ 151,500.00	$	$
Q Spot (Respite)	$ 178,020.00	$	$
SacEDAPT	$ 399,945.00	$ 3,492.00	$ 396,453.00
Sacramento Cultural & Linguistic Center - Assisted Access Program	$ 671,292.00	$	$
Sacramento Native American Health Center - Supporting Community Connections - Native American Community	$ 127,000.00	$	$
Saint John's Program for Real Change (Respite)	$ 212,211.00	$	$
Slavic Assistance Center - Supporting Community Connections - Russian-speaking/Slavic Community	$ 127,000.00	$	$
Stanford Sierra Youth & Families	$ 833,332.48	$ 36,704.60	$ 796,627.88
Telecare ARISE	$ 245,046.56	$	$ 245,046.56
Telecare SOAR	$ 360,713.63	$ 4.50	$ 359,375.00

Budget Dedicated to Cultural Competence			
Activities Expenditures – FY 2020-2021			
Program/Description	**Amount**	**Translation / Interpretation**	**Bilingual / Bicultural Staff**
Sierra Health Foundation: Trauma Informed Wellness Program	$ 1,300,000.00	$	$
Turning Point Community Programs			
Mental Health Urgent Care Clinic	$ 6,191.90	$ 6,191.90	$
Flexible Integrated Treatment	$ 203,404.44	$ 38,841.24	$ 164,563.20
Regional Support Team (RST)	$ 480,646.40	$	$ 480,646.40
Visions Unlimited	$ 1,442,579.00	$ 13,905.00	$ 1,428,674.00
Wellspace Health	$ 126,880.00	$	$ 126,880.00
TOTAL	$ 20,789,834.97	$ 1,163,089.10	$ 10,295,627.64

During FY 2020/2021, BHS county-operated and contract providers spent $20,789,834.97 on cultural competence related activities. From that figure, the total costs spent in FY 2020/2021 for interpreting/translations and the hiring of bilingual/bicultural staff was $11,458,716.74. 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 non-traditional providers and natural healers.

SCC programs are focused on the following racial, cultural and ethnic communities: youth/transition age youth (TAY) (focusing on LGBT, foster and homeless youth); Native Americans; African Americans; Latinx; Cantonese/Vietnamese/Hmong; Iu Mien; Arabic-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)

Given the changes in power and leadership in Afghanistan taking place throughout the summer of 2021, numerous Afghan evacuees have been fleeing the country and Sacramento County will be 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 Afghani 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 Afghani community is indicative of the continually emerging needs of Sacramento County. 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.

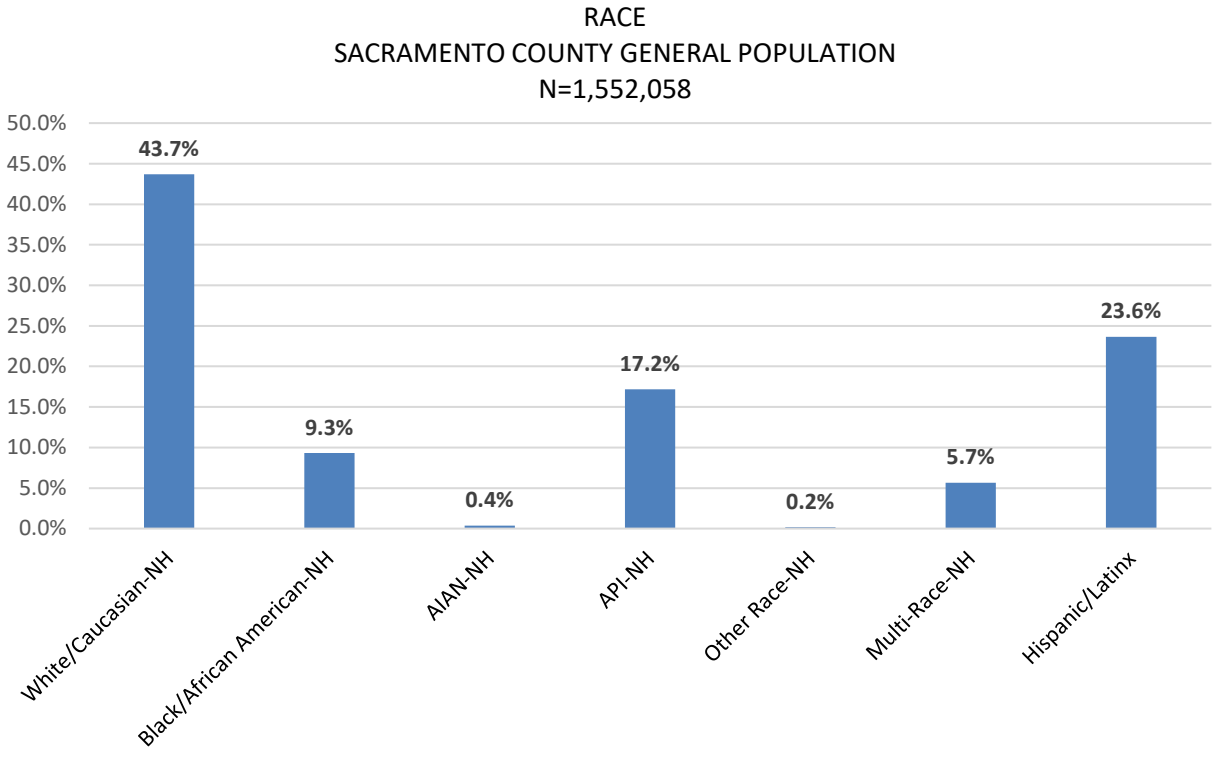
Race/Ethnicity - The Census Bureau, American Communities Survey (ACS) collects Hispanic/Latinx origin separately from race, as does Sacramento County. Additionally, the Census Bureau reports on seven racial categories: White, Black/African American, American Indian/Alaskan Native (AIAN), Asian, Native 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.

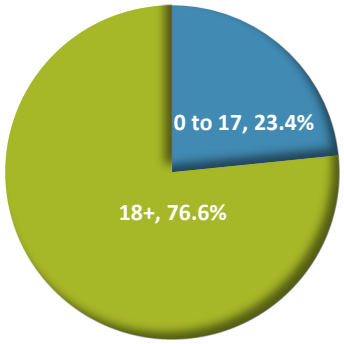
As the chart below indicates, less than 50% percent of the general population is White-NH. This illustrates the diversity in the general population of Sacramento County.



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.

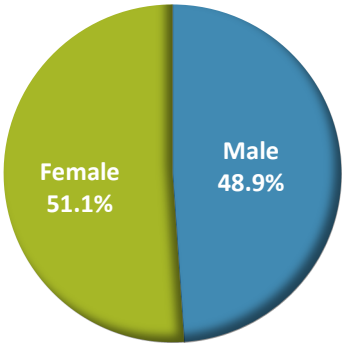
AGE
SACRAMENTO COUNTY GENERAL POPULATION
N=1,552,058



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

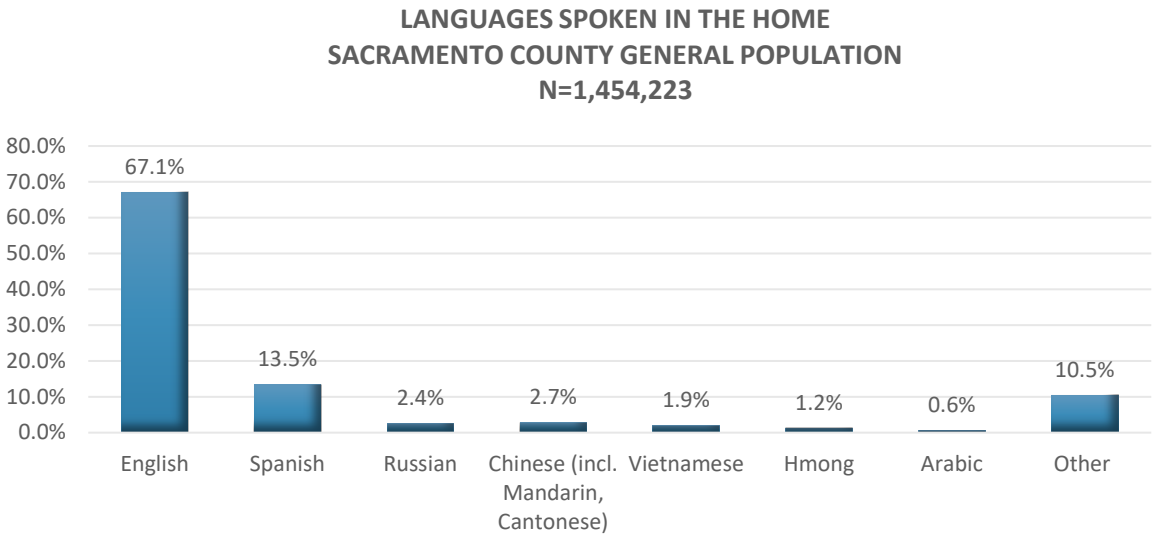
Gender – The gender breakdown of the general population in Sacramento County is almost equally distributed with slightly more females (51.1%) than males (48.9%).

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



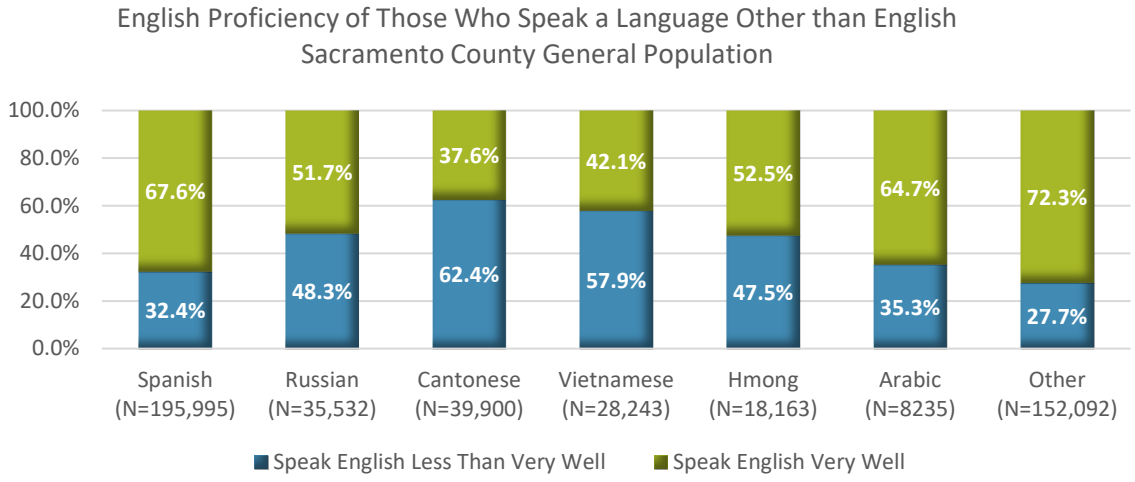
Source: 2019 U.S. Census, American Communities Survey (ACS)

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 (22.8%), Other Races (23.5%) and African American (15.0%).

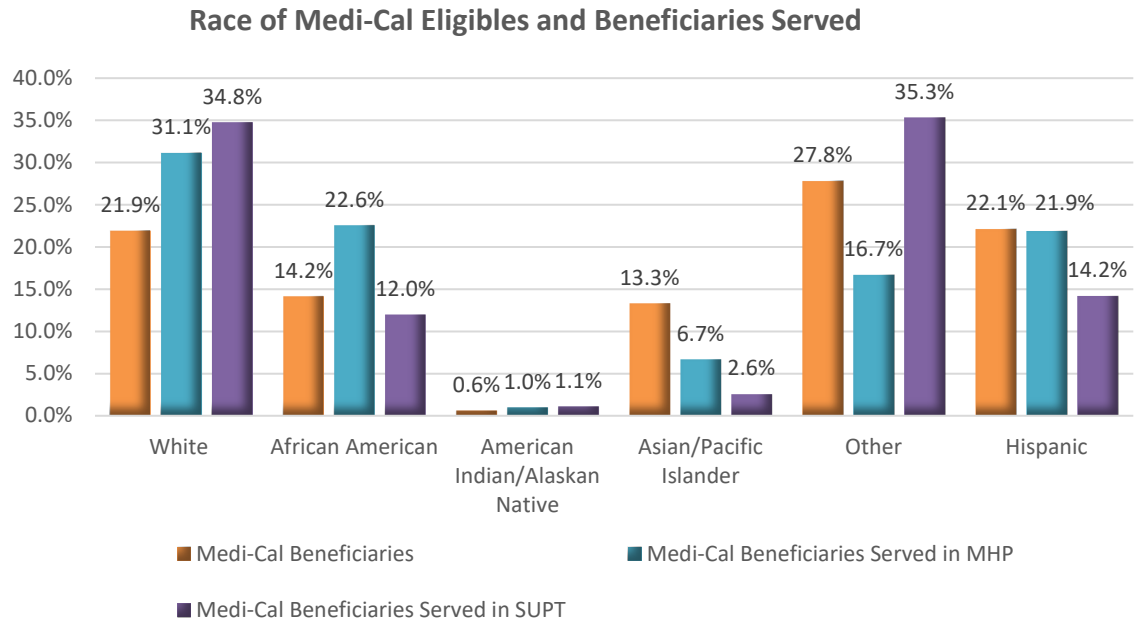
Age – Almost two-thirds of the population (63.7%) is 18 years or older and almost 24% are youth between the ages of 6 and 17.

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

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

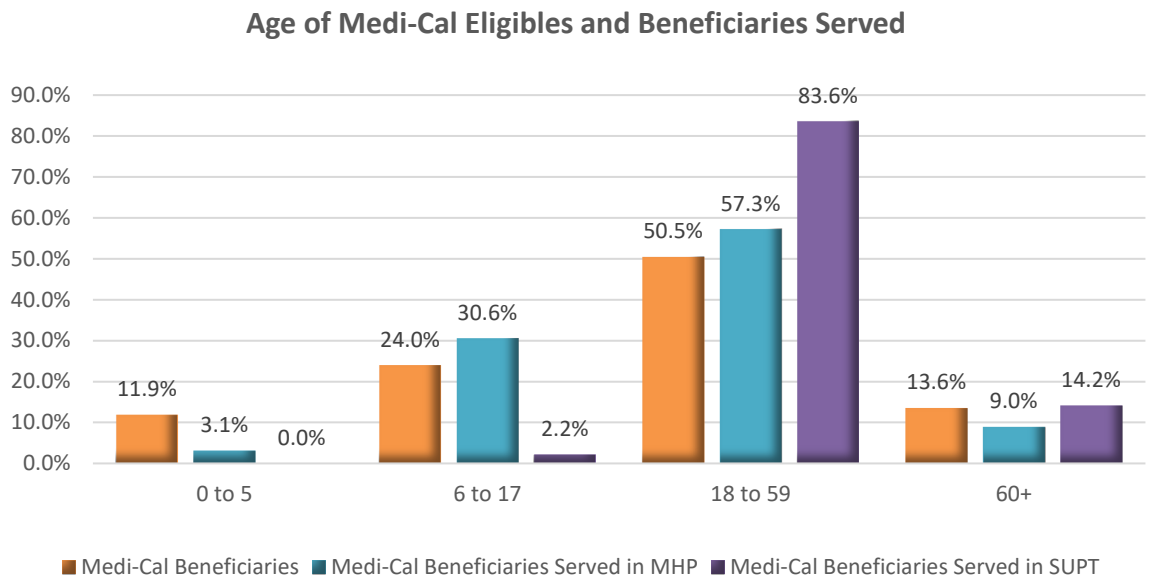
Medi-Cal Beneficiaries Receiving Specialty Mental Health Services and Substance Use Prevention and Treatment Services

Race/Ethnicity – Percentages of the Medi-Cal eligible clients receiving mental health specialty services (MHP clients) and SUPT services differ greatly in some racial/ethnic groups from their percentage of the overall Medi-Cal eligible population. Both Caucasian and African American are overrepresented in the specialty mental health system compared to the overall Medi-Cal eligible population. (Caucasian 31.1% vs 21.9% and African Americans 21.2% vs 14.9%). For SUPT, Caucasians are overrepresented (31.1% vs 14.2%), but African Americans are slightly underrepresented compared to the overall Medi-Cal population (12.0% vs 14.2%). Asian/Pacific Islanders (13.3% vs 6.7%) and Other races (27.8% vs 16.7%) are much higher in the Medi-Cal Eligible population compared to those who are MHP clients. This is also the case for Asian/Pacific Islanders receiving SUPT services (13.3% vs 2.6%). Hispanic/Latinx is comparable across the overall Medi-Cal population and those receiving MHP services, but the percentage receiving SUPT services is somewhatlower at 14.2% compared to 22.1% (overall Medi-Cal) and 21.9% (MHP). SUPT population has a high percentage of Other race/ethnicities, which includes unknown and not reported. This is due to a high amount of missing data in the Electronic Health Record. This problem is currently being addressed, which will considerably change the racial composition of the beneficiaries receiving SUPT services in the next reporting period.



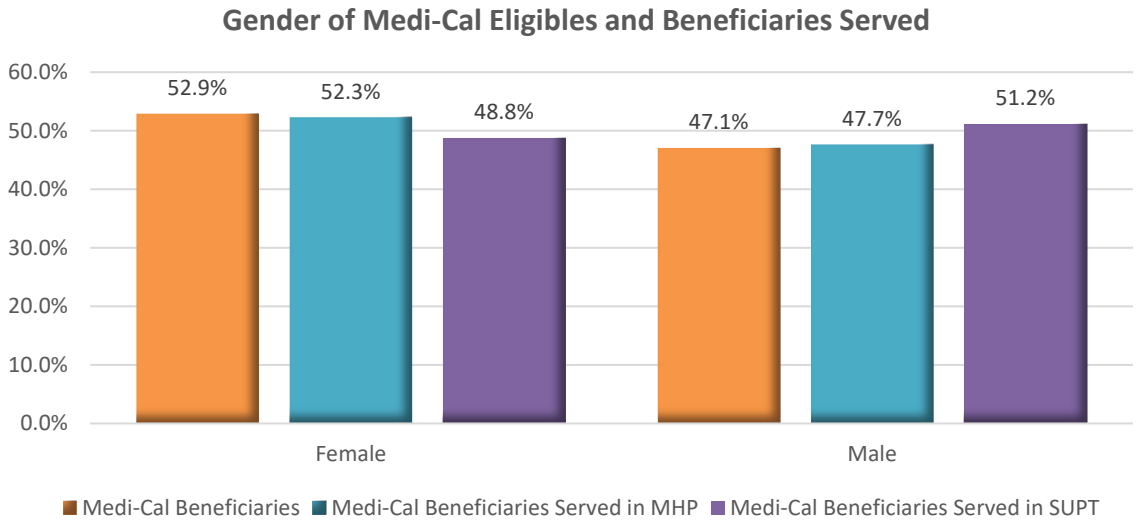
Source: 2019 External Quality Review Organization (EQRO) Report

Age –The majority of the specialty mental health clients are adults, between the ages of 18 and 59 (57.3%), slightly higher than the adult share of the general Medi-Cal population (50.5%). 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 (11.9% vs. 3.1%), 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 (30.6% vs. 24.0%). Older adults are also underrepresented in the MHP compared to their share of the Medi-Cal population (9.0% vs. 13.6%). 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: 2019 External Quality Review Organization (EQRO) Report

Gender – The majority of the mental health population served is female (52.3%), as with the general Medi-Cal eligible population (52.9%), whereas those receiving SUPT services are majority male.



Source: 2019 External Quality Review Organization (EQRO) Report

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

Penetration Rates – MHP and SUPT

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

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

Penetration Rates		Calendar Year 2020							
		A		B		B/A	C		C/A
		Medi-Cal Eligible Beneficiaries		MHP Medi-Cal Beneficiaries			SUPT Medi-Cal Beneficiaries		
		N	**%**	**N**	**%**	**%**	**N**	**%**	**%**
Age Group	0 to 5	65,377	11.9%	820	3.1%	1.3%	0	0.0%	0.0%
	6 to 17	131,913	24.0%	7,981	30.6%	6.1%	117	2.2%	0.1%
	18 to 59	276,864	50.5%	14,915	57.3%	5.4%	4,489	83.6%	1.6%
	60+	74,604	13.6%	2,334	9.0%	3.1%	761	14.2%	1.0%
	Total	548,758	100.0%	26,050	100.0%	4.7%	5,367	100.0%	1.0%
		N	**%**	**N**	**%**	**%**	**N**	**%**	**%**
Gender	Female	290,456	52.9%	13,626	52.3%	4.7%	2,619	48.8%	0.9%
	Male	258,301	47.1%	12,415	47.7%	4.8%	2,748	51.2%	1.1%
	Unknown	1	0.0%	9	0.0%	N/A	0	0.0%	0.0%
	Total	548,758	100.0%	26,050	100.0%	4.7%	5,367	100.0%	1.0%
		N	**%**	**N**	**%**	**%**	**N**	**%**	**%**
Race	White	120,308	21.9%	8,109	31.1%	6.7%	1,867	34.8%	1.6%
	African American	77,773	14.2%	5,882	22.6%	7.6%	644	12.0%	0.8%
	American Indian/Alaskan Native	3,492	0.6%	265	1.0%	7.6%	60	1.1%	1.7%
	Asian/Pacific Islander	73,132	13.3%	1,739	6.7%	2.4%	138	2.6%	0.2%
	Other	152,654	27.8%	4,354	16.7%	2.9%	1,897	35.3%	1.2%
	Hispanic	121,399	22.1%	5,701	21.9%	4.7%	761	14.2%	0.6%
	Total	548,758	100.0%	26,050	100.0%	4.7%	5,367	100.0%	1.0%

Penetration – Foster Youth

Data were compiled to calculate penetration rates for youth served in the Foster Care system during CY 2020. 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.

In addition, it is worth noting that although the foster youth population decreased from 2019 to 2020 that the number of those youth receiving services increased from 2019 to 2020

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

Penetration Rates		CY 2019					CY 2020					
		A		B		B/A	A		B		B/A	
		Medi-Cal Eligible Beneficiaries - Foster Youth		Total Receiving MH Services		Foster MH Penetration Rates	Medi-Cal Eligible Beneficiaries - Foster Youth		Total Receiving MH Services		Foster MH Penetration Rates	Percent Change
		N	%	N	%	%	N	%	N	%	%	%
Age Group	0 to 5	658	22.4%	103	9.4%	15.7%	634	22.9%	196	15.5%	30.9%	96.9%
	6+	2,283	77.6%	987	90.6%	43.2%	2,137	77.1%	1067	84.5%	49.9%	15.6%
	Total	2,941	100.0%	1,090	100.0%	37.1%	2,771	100.0%	1,263	100.0%	45.6%	22.9%
		N	%	N	%	%	N	%	N	%	%	%
Gender	Female	1,456	49.5%	555	50.9%	38.1%	1,356	48.9%	669	53.0%	49.3%	29.5%
	Male	1,485	50.5%	535	49.1%	36.0%	1,415	51.1%	594	47.0%	42.0%	16.6%
	Total	2,941	100.0%	1,090	100.0%	37.1%	2,771	100.0%	1,263	100.0%	45.6%	22.9%
		N	%	N	%	%	N	%	N	%	%	%
Race	White	702	23.9%	282	25.9%	40.2%	707	25.5%	304	24.1%	43.0%	7.0%
	African American	839	28.5%	398	36.5%	47.4%	759	27.4%	406	32.1%	53.5%	12.9%
	American Indian/Alaska	45	1.5%	23	2.1%	51.1%	43	1.6%	18	1.4%	41.9%	-18.1%
	Asian/Pacific Islander	89	3.0%	48	4.4%	53.9%	81	2.9%	50	4.0%	61.7%	14.5%
	Other	968	32.9%	164	15.0%	16.9%	942	34.0%	176	13.9%	18.7%	10.6%
	Hispanic	298	10.1%	175	16.1%	58.7%	239	8.6%	309	24.5%	129.3%	120.3%
	Total	2,941	100.0%	1,090	100.0%	37.1%	2,771	100.0%	1,263	100.0%	45.6%	22.9%

Note: The percentage of Hispanic foster youth receiving services in the MHP in CY 2020 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 2019 and 2020. In CY19 and CY20, 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 higher than Large County, but lower than Statewide for youth, ages 0 to 5 in both CY 19 and 20. For youth ages 6 to 17, Sacramento had higher penetrations Large County rates, but lower than Statewide rates for both CY19 and 20. Adults, ages 18 to 59 were higher than Large County but lower than Statewide from CY20, whereas the same age group was lower than Large County and Statewide for CY19. In both CY19 and 30, Sacramento County's rate for females was higher than Large County, but lower than Statewide rates. Males had a lower rate as compared to Large County and Statewide for both years. Penetration rates decreased in all race categories from CY 19 to CY 20. With the exception of Hispanic, Sacramento County penetration rates for all races were also lower than Large County and Statewide rates in CY19 and CY20. 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 CY19	Large County CY19	Statewide CY19	Sac County CY20	Large County CY20	Statewide CY20
Total		4.44%	4.40%	4.86%	4.23%	4.13%	4.55%
Age Group	0 to 5	1.28%	1.84%	2.23%	1.21%	1.64%	2.00%
	6 to 17	6.48%	6.02%	6.88%	5.91%	5.51%	6.22%
	18 to 59	4.63%	4.72%	5.06%	4.54%	4.50%	4.82%
	60+	2.95%	2.56%	2.90%	2.77%	2.50%	2.84%
Gender	Female	4.40%	4.02%	4.48%	4.23%	3.84%	4.26%
	Male	4.49%	4.84%	5.31%	4.24%	4.47%	4.89%
Race	White	6.15%	6.75%	6.73%	5.81%	6.31%	6.27%
	African American	6.06%	7.23%	8.49%	5.89%	6.76%	7.98%
	AI/AN	7.34%	7.78%	7.50%	6.47%	7.13%	6.76%
	API	1.86%	2.08%	2.26%	1.67%	1.96%	2.13%
	Other	4.03%	4.68%	5.01%	3.96%	4.43%	4.68%
	Hispanic	3.58%	3.52%	4.08%	3.43%	3.31%	3.83%

The overall penetration rate in Sacramento County for CY 2020, based on Medi-Cal eligible beneficiaries is 4.23%, compared to 4.55% 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 2019. 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 1.67% to 6.47%. Asian/Pacific Islander and Hispanic account for the lowest penetration rates at 1.67% (API) and 3.43% (Hispanic).

On the other hand, Native Americans, Caucasians and African Americans account for the highest penetration rates (6.47% Native American, 5.89% African American and 5.81% 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 1.21% to 5.91%. Children under the age of 5 represent the lowest penetration rate at 1.21%, while children between the ages of 6 and 17 represent the highest penetration rate at 5.91%. 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 females was slightly lower than that of males. There was not a large difference; the female penetration rate was 4.23%, whereas male was 4.24%. The Sacramento County penetration rate for females is higher compared to large counties but lower than statewide, while the rate for males is lower than other large counties and statewide rates.

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

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

		Sac County CY19	Large County CY19	Statewide CY19	Sac County CY20	Large County CY20	Statewide CY20
Total		39.14%	48.34%	51.91%	35.76%	47.06%	51.00%
Age Grou	0 to 5	20.67%	41.57%	48.62%	22.24%	39.73%	47.54%
	6+	44.46%	50.87%	53.18%	39.78%	49.81%	52.31%
Gend er	Female	37.71%	48.25%	51.82%	37.24%	47.48%	51.35%
	Male	40.51%	48.43%	52.00%	34.35%	46.66%	50.66%
Race	White	45.30%	50.93%	51.43%	40.74%	49.76%	50.45%
	African American	36.35%	48.78%	50.04%	29.91%	46.97%	49.94%
	AI/AN	37.78%	46.76%	39.71%	39.53%	48.55%	37.03%
	API	40.45%	46.35%	51.31%	35.80%	46.51%	49.01%
	Other	39.34%	47.80%	52.47%	38.14%	47.73%	50.24%
	Hispanic	31.21%	46.84%	53.29%	29.29%	45.10%	52.50%

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 19/20

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

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

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

Race/Ethnicity - As demonstrated below, Sacramento County's retention rates for children (0-17) of any race/ethnicity are relatively high for the total system (range, 75.0%-82.4%). With the exception of unknown/not reported, adults are retained at a high level across race/ethnicity, ranging from 67.2% for the Hispanic to 77.1% for Asian/Pacific Islanders (API)

Gender –Females are retained at a slightly higher rate than males (73.7% vs 72.0%).

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 80.9%, whereas the adult rate is just over 68.1%.

Language –With the exception of unknown/not reported, the retention rates for all languages are high, ranging from 72.6% (English) to 85.0% (Hmong).

Sacramento County Mental Health Plan

Retention - FY 19/20

FY 19/20		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	370	17	4.6	20	5.4	13	3.5	20	5.4	99	26.8	201	54.3
	Black	2,126	144	6.8	118	5.6	84	4.0	69	3.2	609	28.6	1,102	51.8
	Hispanic	3,256	209	6.4	158	4.9	123	3.8	94	2.9	906	27.8	1,766	54.2
	Nat-Amer	67	6	9.0	1	1.5	4	6.0	2	3.0	16	23.9	38	56.7
	White	2,101	111	5.3	112	5.3	79	3.8	68	3.2	564	26.8	1,167	55.5
	Other	761	58	7.6	36	4.7	31	4.1	18	2.4	201	26.4	417	54.8
	Unk/NR	1,010	96	9.5	72	7.1	49	4.9	35	3.5	308	30.5	450	44.6
Race (≥18)	API	1,523	111	7.3	91	6.0	85	5.6	62	4.1	691	45.4	483	31.7
	Black	3,673	427	11.6	299	8.1	215	5.9	234	6.4	1,346	36.6	1,152	31.4
	Hispanic	2,679	362	13.5	221	8.2	162	6.0	135	5.0	973	36.3	826	30.8
	Nat-Amer	182	30	16.5	11	6.0	6	3.3	6	3.3	60	33.0	69	37.9
	White	6,133	741	12.1	435	7.1	354	5.8	270	4.4	2,323	37.9	2,010	32.8
	Other	892	94	10.5	70	7.8	62	7.0	56	6.3	364	40.8	246	27.6
	Unk/NR	1,300	274	21.1	184	14.2	119	9.2	109	8.4	440	33.8	174	13.4
Age	0-17.9	9,691	641	6.6	517	5.3	383	4.0	306	3.2	2,703	27.9	5,141	53.0
	≥ 18	16,384	2,039	12.4	1,311	8.0	1,003	6.1	872	5.3	6,198	37.8	4,961	30.3
Sex	Male	12,523	1,386	11.1	876	7.0	688	5.5	554	4.4	4,055	32.4	4,964	39.6
	Female	13,552	1,293	9.5	953	7.0	697	5.1	625	4.6	4,846	35.8	5,138	37.9
	Unk/NR	14	6	42.9	2	14.3	1	7.1	0	0.0	3	21.4	2	14.3
Language	English	22901	2,388	10.4	1,631	7.1	1,216	5.3	1,035	4.5	7,610	33.2	9,021	39.4
	Spanish	1230	82	6.7	48	3.9	52	4.2	42	3.4	409	33.3	597	48.5
	Russian	246	15	6.1	6	2.4	13	5.3	6	2.4	116	47.2	90	36.6
	Hmong	247	11	4.5	4	1.6	13	5.3	9	3.6	127	51.4	83	33.6
	Vietnamese	173	12	6.9	11	6.4	7	4.0	8	4.6	88	50.9	47	27.2
	Cantonese	88	7	8.0	2	2.3	4	4.5	4	4.5	34	38.6	37	42.0
	Arabic	148	13	8.8	6	4.1	6	4.1	7	4.7	91	61.5	25	16.9
	Other	539	35	6.5	38	7.1	27	5.0	18	3.3	275	51.0	146	27.1
	Unk/NR	517	122	23.6	85	16.4	48	9.3	50	9.7	154	29.8	58	11.2
TOTAL		**26,089**	**2,685**	**10.3**	**1,831**	**7.0**	**1,386**	**5.3**	**1,179**	**4.5**	**8,904**	**34.1**	**10,104**	**38.7**

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.

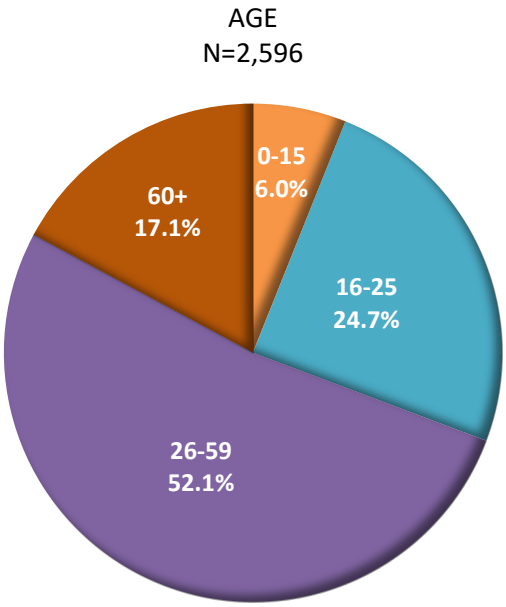
MHSA Demographics – Clients Served

The data provided below is based on data reported in the most recent MHSA Annual Update, which includes all clients served in an MHSA funded programs for FY 19/20.

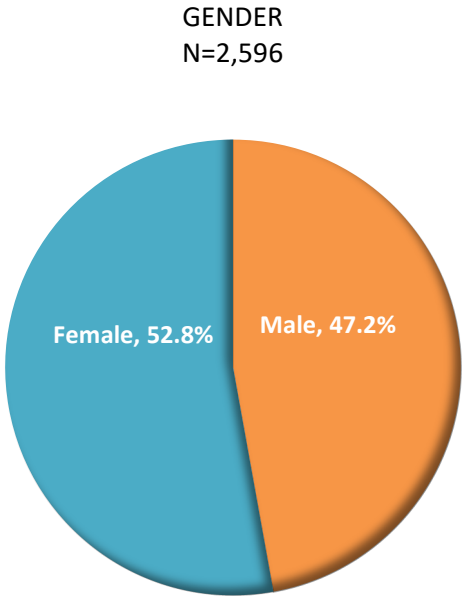
Community Services and Supports (CSS) – Full Service Partnerships (FSP)

The FSPs served a total of 2,596 partners in FY 19/20. The charts below examine demographics of the partners served.

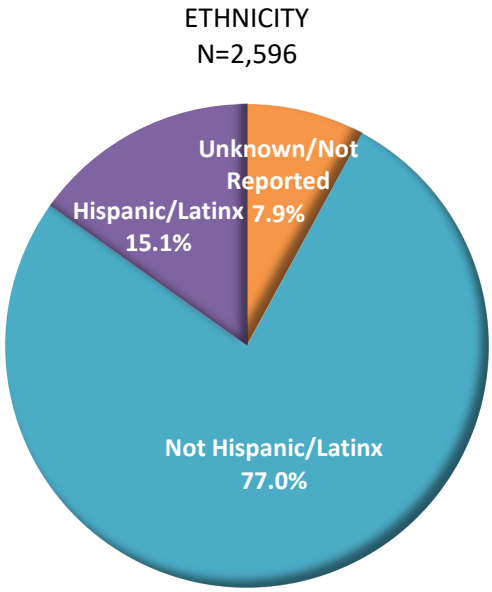
Age – The FSPs served an array of age groups, but over half (52.1%) were adults ages 26 to 59. Transition Age Youth (TAY) were the next highest age group served at just over 20% (24.7%).



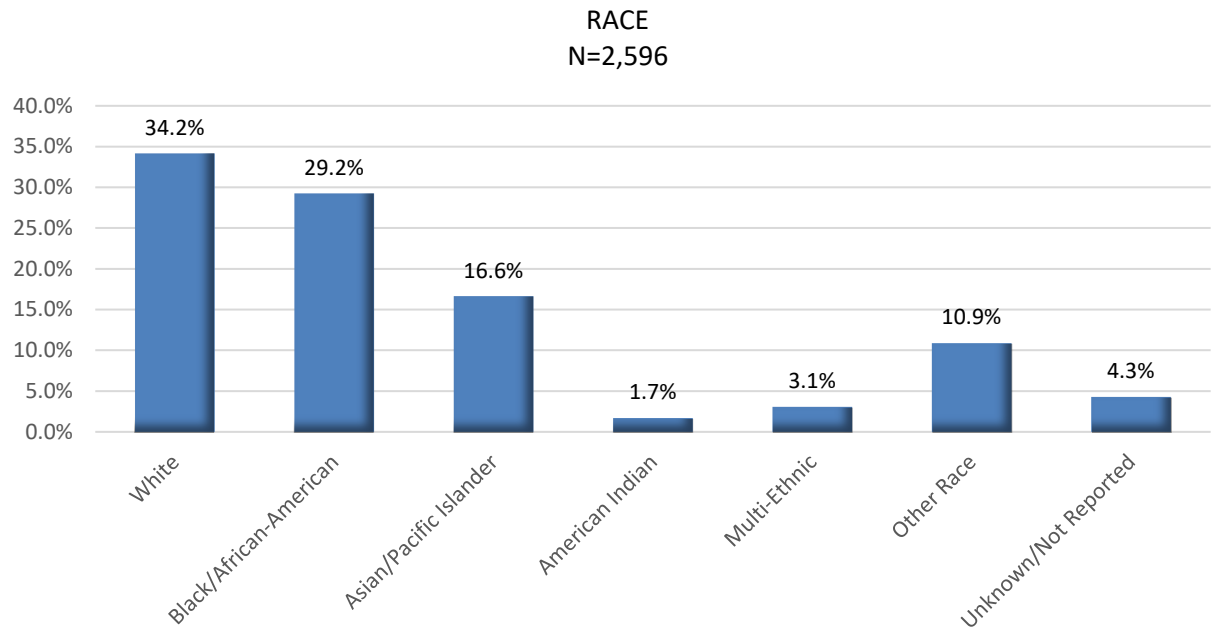
Gender **–** The FSPs served a slightly higher percentage of females than males (52.8% vs 47.2%). This is similar to the overall MHP where more females are served than males.



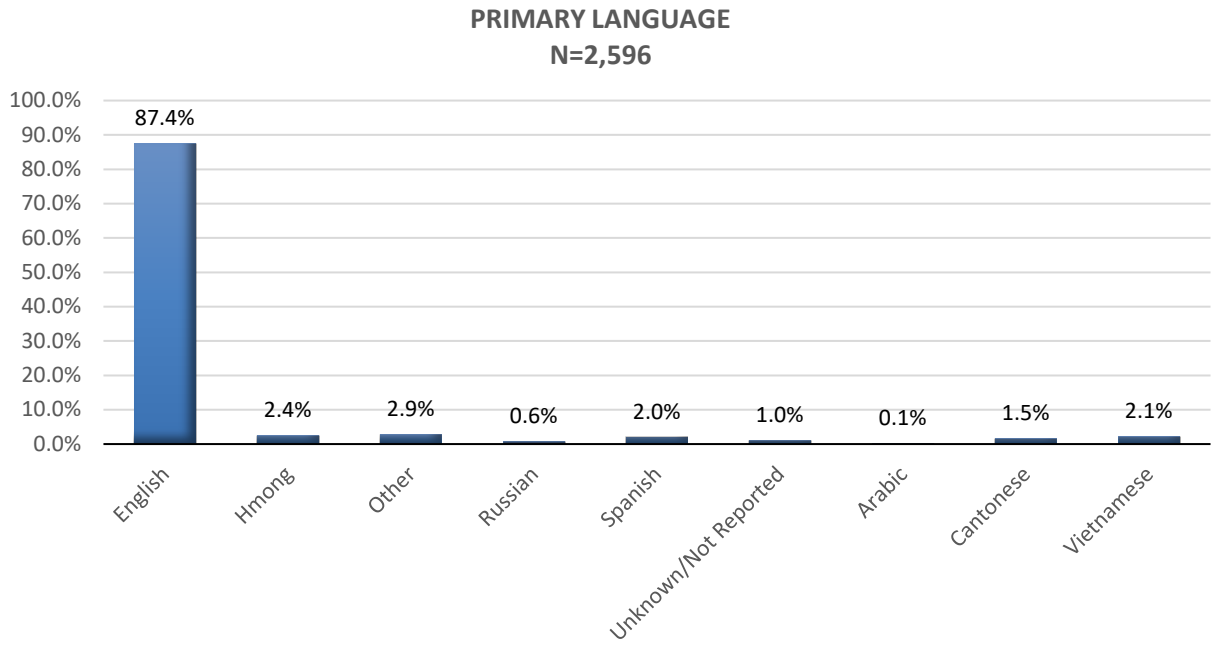
Ethnicity – Just over 15% (15.1%) of partners served in the FSPs identified as Hispanic/Latinx.



Race **–** Just under 35% (34.2%) of the partners served in the FSPs were Caucasian, followed by African American at 29.2%. Asian/Pacific Islanders were served at a higher percentage than the overall MHP, representing 16.6% served in the FSPs compared to 6.7% in the MHP.



Primary Language **–** The majority (87.4%) of partners identified English as their primary language.



Community Services and Supports – General System Development (GSD)

There were a total of 14,264 clients served in GSD programs in FY 19/20.

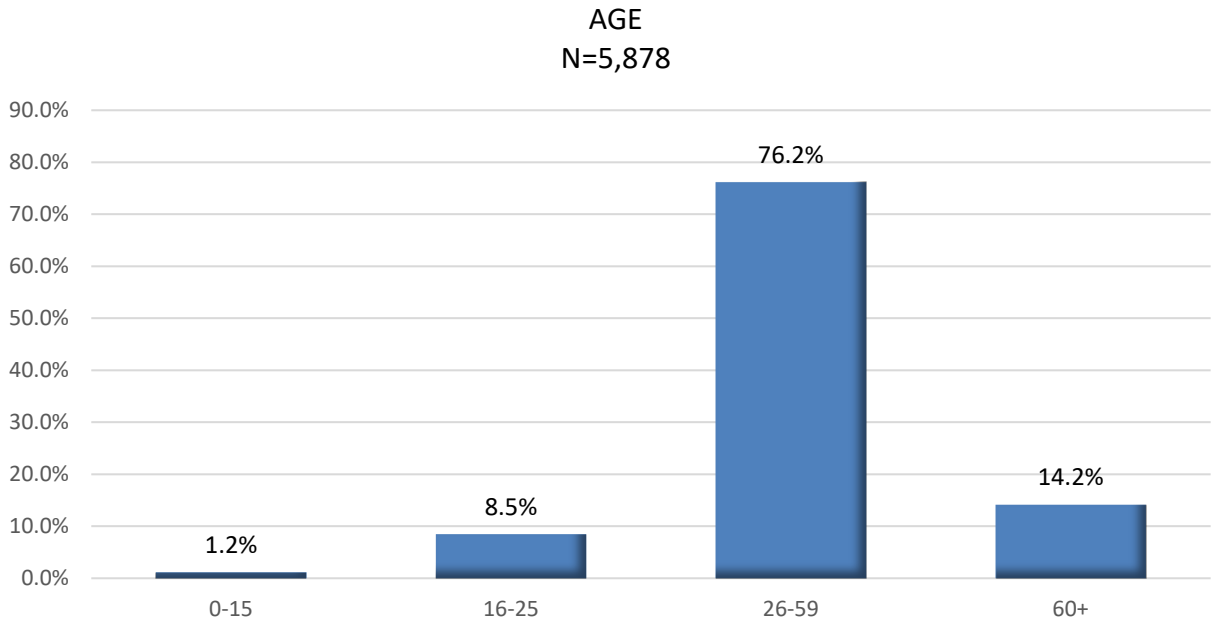
Total Number Served in General System Development Programs – FY 19/20																													
Characteristic	APSS		TCORE		Regional Support Teams		Guest House		Wellness and Recovery Center		Peer Partners		Consumer and Family Voice - SAFE		Crisis Residential Program 34th St.		Crisis Residential Program M St.		Crisis Residential Program Henrietta		Total	
	N	%	N	%			N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Gender																													
Female	463	67.5%	488	46.9%	4,470	57.2%	324	43.5%	1,718	56.9%	164	52.7%	47	43.5%	80	43.0%	66	37.7%	97	54.5%	7,917	55.5%
Male	223	32.5%	553	53.1%	3,343	42.8%	421	56.5%	1,292	42.8%	147	47.3%	35	32.4%	106	57.0%	109	62.3%	81	45.5%	6,310	44.2%
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%	1	0.01%	0	0.0%	10	0.3%	0	0.0%	26	24.1%	0	0.0%	0	0.0%	0	0.0%	37	0.3%
Total	**686**	**100.0%**	**1,041**	**100.0%**	**7,814**	**100.0%**	**745**	100.0%	**3,020**	**100%**	**311**	**100.0%**	**108**	**100.0%**	**186**	**100.0%**	**175**	100.0%	**178**	100.0%	**14,264**	**100.0%**
Age																						
0 to 15	0	0.0%	0	0.0%	2	0.03%	0	0.0%	0	0.0%	0	0.0%	50	46.3%	0	0.0%	0	0.0%	0	0.0%	52	0.4%
16 to 25	10	1.5%	52	5.0%	727	9.3%	0	0.0%	224	7.4%	34	10.9%	24	22.2%	22	11.8%	21	12.0%	26	14.6%	1,140	8.0%
26 to 59	498	72.6%	844	81.1%	6,005	76.8%	57	7.7%	2,316	76.7%	251	80.7%	6	5.6%	154	82.8%	147	84.0%	130	73.0%	10,408	73.0%
60 and Over	178	25.9%	145	13.9%	1,080	13.8%	688	92.3%	479	15.9%	26	8.4%	2	1.9%	10	5.4%	7	4.0%	22	12.4%	2,637	18.5%
Unknown/Not Reported	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	26	24.1%	0	0.0%	0	0.0%	0	0.0%	27	0.2%
Total	**686**	**100.0%**	**1,041**	**100.0%**	**7,814**	**100.0%**	**745**	**100.0%**	**3,020**	**100%**	**311**	**100.0%**	**108**	**100.0%**	**186**	**100.0%**	**175**	100.0%	**178**	100.0%	**14,264**	**100.0%**
Ethnicity																						
Non-Hispanic	69	10.1%	169	16.2%	5,345	68.4%	584	78.4%	505	16.7%	229	73.6%	25	23.1%	31	16.7%	29	16.6%	26	14.6%	7,012	49.2%
Hispanic	521	75.9%	796	76.5%	1,229	15.7%	117	15.7%	2,002	66.3%	44	14.1%	48	44.4%	129	69.4%	125	71.4%	130	73.0%	5,141	36.0%
Unknown/Not Reported	96	14.0%	76	7.3%	1,240	15.9%	44	5.9%	513	17.0%	38	12.2%	35	32.4%	26	14.0%	21	12.0%	22	12.4%	2,111	14.8%
Total	**686**	**100.0%**	**1,041**	**100.0%**	**7,814**	**100.0%**	**745**	**100.0%**	**3,020**	**100%**	**311**	**100.0%**	**108**	**100.0%**	**186**	**100.0%**	**175**	100.0%	**178**	100.0%	**14,264**	**100.0%**
Race																						
White	242	35.3%	470	45.1%	3,127	40.0%	350	47.0%	1,163	38.5%	142	45.7%	16	14.8%	85	45.7%	79	45.1%	80	44.9%	5,754	40.3%
Black	84	12.2%	251	24.1%	1,699	21.7%	268	36.0%	752	24.9%	69	22.2%	7	6.5%	48	25.8%	45	25.7%	53	29.8%	3,276	23.0%
Asian/Pacific Islander	164	23.9%	75	7.2%	630	8.1%	21	2.8%	176	5.8%	24	7.7%	2	1.9%	7	3.8%	9	5.1%	8	4.5%	1,116	7.8%
Am Indian/Alask. Native	11	1.6%	24	2.3%	124	1.6%	15	2.0%	94	3.1%	6	1.9%	2	1.9%	4	2.2%	7	4.0%	4	2.2%	291	2.0%
Multi-Race	6	0.9%	45	4.3%	290	3.7%	14	1.9%	124	4.1%	7	2.3%	7	6.5%	7	3.8%	9	5.1%	4	2.2%	513	3.6%
Other	91	13.3%	118	11.3%	1,032	13.2%	44	5.9%	300	9.9%	38	12.2%	35	32.4%	19	10.2%	19	10.9%	15	8.4%	1,711	12.0%
Unknown/Not Reported	88	12.8%	58	5.6%	912	11.7%	33	4.4%	411	13.6%	25	8.0%	39	36.1%	16	8.6%	7	4.0%	14	7.9%	1,603	11.2%
Total	**686**	**100.0%**	**1,041**	**100.0%**	**7,814**	**100.0%**	**745**	**100.0%**	**3,020**	**100%**	**311**	**100.0%**	**108**	**100.0%**	**186**	**100.0%**	**175**	100.0%	**178**	100.0%	**14,264**	**100.0%**
Primary Language																						
English	444	64.7%	958	92.0%	6,681	85.5%	733	98.4%	2,750	91.1%	280	90.0%	50	46.3%	179	96.2%	172	98.3%	173	97.2%	12,420	87.1%
Spanish	24	3.5%	21	2.0%	154	2.0%	3	0.4%	45	1.5%	9	2.9%	0	0.0%	0	0.0%	1	0.6%	0	0.0%	257	1.8%
Other	212	30.9%	41	3.9%	556	7.1%	3	0.4%	96	3.2%	17	5.5%	26	24.1%	1	0.5%	0	0.0%	1	0.6%	953	6.7%
Unknown/Not Reported	6	0.9%	21	2.0%	423	5.4%	6	0.8%	129	4.3%	5	1.6%	32	29.6%	6	3.2%	2	1.1%	4	2.2%	634	4.4%
Total	**686**	**100.0%**	**1,041**	**100.0%**	**7,814**	**100.0%**	**745**	**100.0%**	**3,020**	**100%**	**311**	**100.0%**	**108**	**100.0%**	**186**	**100.0%**	**175**	100.0%	**178**	100.0%	**14,264**	**100.0%**

Substance Use Prevention and Treatment (SUPT)

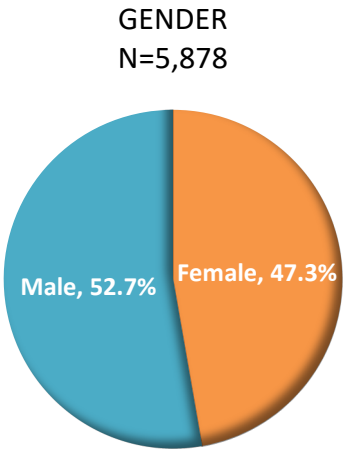
The SUPT system of BHS serves Drug Medi-Cal clients in a variety of settings, including residential, withdrawal management, medication assisted treatment (MAT), outpatient and intensive outpatient.

There were a total of 5,878 unduplicated Medi-Cal beneficiaries served in SUPT programs in FY 19/20.

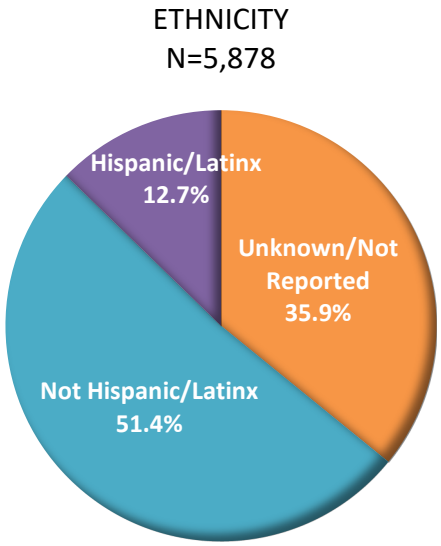
Age – the majority of beneficiaries served in SUPT are between the ages of 26 and 59, representing over 75% of the population served.



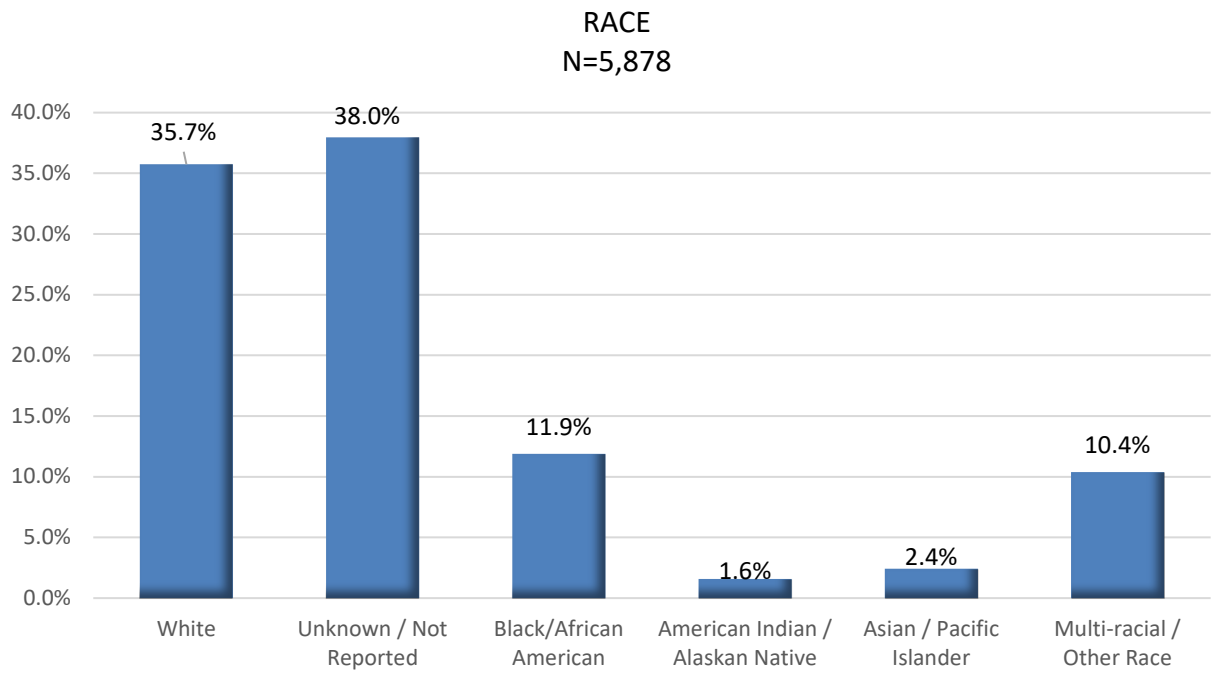
Gender – A slightly higher percentage of males are served than females, at just over 52%.



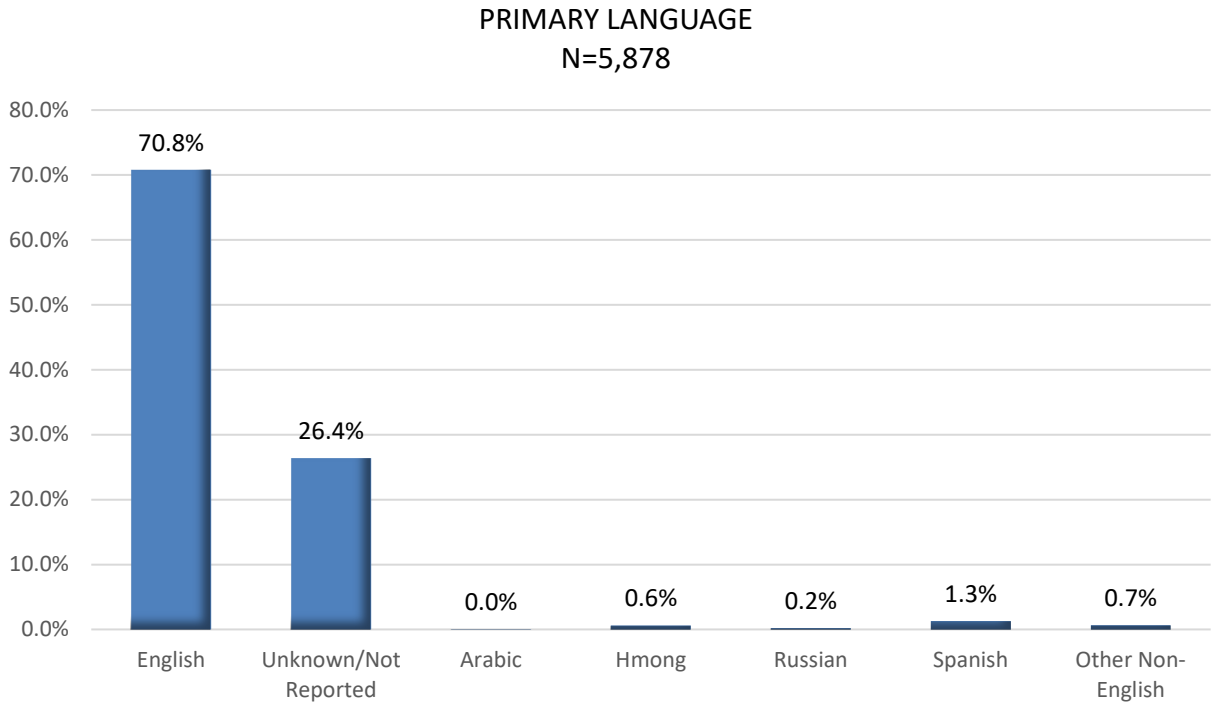
Ethnicity – Almost 13% (12.7%) of SUPT clients identified as Hispanic/Latinx.



Race– Of the beneficiaries reported, just over 35% reported Caucasian, followed by Black/African American at just over 11% and Multi-race at just over 10%. Unknown/not reported accounted for 38% served.



Primary Language – The majority (70.8%) of beneficiaries served in SUPT reported English as their primary language.



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

The following is a response to questions A and B.

Due to the fact that the data from the approved CSS plan is outdated, we are providing data on the participants served rather than the population assessment. We are unable to provide an analysis of disparities at this time and are exploring ways to do so in the future.

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

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

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

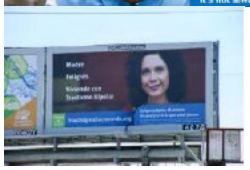
Prevention and Early Intervention (PEI)

During FY 19/20, there were a total of 51,826 individuals served in select PEI programs and 144,969 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 2019/20 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.



Messaging is conducted across multiple mediums and advertising placements, including TV, radio, online, and outdoor. For more examples, please see the MHSA FY 2021-22, 2022-23, 2023-24 Three Year Program and Expenditure Plan (https://dhs.saccounty.gov/BHS/Documents/Reports--Workplans/MHSA-Reports-and-Workplans/RT-2021-22--2022-23--2023-24-MHSA-Three-Year-Plan.pdf).

INTEGRATED HEALTH AND WELLNESS								
	SacEDAPT		Senior Link		Senior Link Outreach		Total	
Characteristic	**N=199**	**%**	**N=181**	**%**	**N=191**	**%**	**N=571**	**%**
Age Group								
Children/Youth (0-15)	50	25.1%	0	0.0%	0	0.0%	50	8.8%
TAY (16-25)	111	55.8%	0	0.0%	0	0.0%	111	19.4%
Adults (26-59)	38	19.1%	16	8.4%	13	6.8%	67	11.7%
Older Adults (60+)	0	0.0%	134	70.2%	178	93.2%	312	54.6%
Unknown/Not Reported	0	0.0%	31	16.2%	0	0.0%	31	5.4%
Ethnicity								
Hispanic or Latino	61	30.7%	37	19.4%	47	24.6%	145	25.4%
Non-Hispanic/Non-Latino	115	57.8%	93	48.7%	118	61.8%	326	57.1%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%
More than one ethnicity	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	23	11.6%	51	26.7%	26	13.6%	100	17.5%
Race								
White	56	28.1%	50	26.2%	68	35.6%	174	30.5%
Black or African American	53	26.6%	35	18.3%	36	18.8%	124	21.7%
Asian	15	7.5%	11	5.8%	6	3.1%	32	5.6%
American Indian or Alaska Native	2	1.0%	4	2.1%	6	0.5%	12	2.1%
Native Hawaiian or other Pacific Islander	1	0.5%	4	2.1%	5	3.1%	10	1.8%
More than one race	22	11.1%	0	0.0%	1	2.6%	23	4.0%
Other	42	21.1%	29	15.2%	45	23.6%	116	20.3%
Unknown/Not Reported	8	4.0%	48	25.1%	24	12.6%	80	14.0%
Primary Language								
English	184	92.4%	116	60.7%	148	77.5%	448	78.5%
Spanish	9	4.5%	19	9.9%	24	12.6%	52	9.1%
Vietnamese	1	0.5%	0	0.0%	0	0.0%	1	0.2%
Cantonese	1	0.5%	0	0.0%	2	1.0%	3	0.5%
Russian	0	0.0%	0	0.0%	2	1.0%	2	0.4%
Hmong	0	0.0%	11	5.8%	3	1.6%	14	2.5%
Arabic	0	0.0%	0	0.0%	1	0.5%	1	0.2%
Other	3	1.5%	0	0.0%	3	1.6%	6	1.1%
Unknown/Not Reported	1	0.5%	35	18.3%	8	4.2%	44	7.7%
Sexual Orientation								
Heterosexual or Straight	16	8.0%	161	84.3%	171	89.5%	348	60.9%
Gay or Lesbian	1	0.5%	1	0.5%	2	1.0%	4	0.7%
Bisexual	4	2.0%	0	0.0%	0	0.0%	4	0.7%
Questioning or unsure	2	1.0%	0	0.0%	0	0.0%	2	0.4%
Queer	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another sexual orientation	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	176	88.4%	19	9.9%	18	9.4%	213	37.3%
Current Gender Identity								
Female	76	55.2%	105	55.0%	134	70.2%	315	55.2%
Male	61	44.7%	44	23.0%	55	28.8%	160	28.0%
Transgender	2	1.0%	0	0.0%	1	0.5%	3	0.5%
Genderqueer	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another gender identity	4	2.0%	0	0.0%	0	0.0%	4	0.7%
Unknown/Not Reported	56	28.1%	32	16.8%	1	0.5%	89	15.6%
Veteran Status								
Yes	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
No	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Unknown/Not Reported	199	100%	181	100%	191	100%	571	100.0%

STRENGTHENING FAMILIES										
	QCCC		CPS Mental Health Teams		eVIBE		Adoptive Families Respite		Total	
Characteristic	**N=9**	**%**	**N=452**	**%**	**N=2496**	**%**	**N=218**	**%**	**N=3175**	**%**
Age Group										
Children/Youth (0-15)	4	44.4%	420	93%	2299	92.1%	74	33.9%	2797	88.1%
TAY (16-25)	0	0.0%	30	7%	29	1.2%	2	0.9%	61	1.9%
Adults (26-59)	5	55.6%	2	0%	51	2.0%	64	29.4%	122	3.8%
Older Adults (60+)	0	0.0%	0	0%	1	0.0%	4	1.8%	5	0.2%
Unknown/Not Reported	0	0.0%	0	0%	116	4.6%	74	33.9%	190	6.0%
Ethnicity										
Hispanic or Latino	2	22.2%	53	11.7%	913	36.6%	21	9.6%	989	31.1%
Non-Hispanic/Non-Latino	4	44.4%	126	27.9%	883	35.4%	134	61.5%	1147	36.1%
Other	0	0.0%	14	3.1%	0	0.0%	0	0.0%	14	0.4%
More than one ethnicity	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	3	33.3%	259	57.3%	700	28.0%	63	28.9%	1025	32.3%
Race										
White	2	22.2%	120	26.5%	441	17.7%	124	56.9%	687	21.6%
Black or African American	2	22.2%	98	21.7%	241	9.7%	58	26.6%	399	12.6%
Asian	1	11.1%	17	3.8%	356	14.3%	7	3.2%	381	12.0%
American Indian or Alaska Native	0	0.0%	6	1.3%	17	0.7%	0	0.0%	23	0.7%
Native Hawaiian or other Pacific Islander	0	0.0%	9	2.0%	32	1.3%	1	0.5%	42	1.3%
More than one race	0	0.0%	27	6.0%	380	15.2%	16	7.3%	423	13.3%
Other	2	22.2%	19	4.2%	671	26.9%	7	3.2%	699	22.0%
Unknown/Not Reported	2	22.2%	156	34.5%	358	14.3%	5	2.3%	521	16.4%
Primary Language										
English	3	33.3%	326	72.1%	1831	73.4%	188	86.2%	2348	74.0%
Spanish	1	11.1%	4	0.9%	206	8.3%	1	0.5%	212	6.7%
Vietnamese	0	0.0%	0	0.0%	17	0.7%	0	0.0%	17	0.5%
Cantonese	0	0.0%	0	0.0%	23	0.9%	0	0.0%	23	0.7%
Russian	0	0.0%	0	0.0%	22	0.9%	0	0.0%	22	0.7%
Hmong	1	11.1%	4	0.9%	19	0.8%	0	0.0%	24	0.8%
Arabic	1	11.1%	0	0.0%	5	0.2%	0	0.0%	6	0.2%
Other	0	0.0%	0	0.0%	46	1.8%	1	0.5%	47	1.5%
Unknown/Not Reported	4	44.4%	118	26.1%	327	13.1%	28	12.8%	477	15.0%
Sexual Orientation										
Heterosexual or Straight	4	44.4%	19	4.2%	40	1.6%	146	67.0%	209	6.6%
Gay or Lesbian	0	0.0%	0	0.0%	1	0.0%	16	7.3%	17	0.5%
Bisexual	0	0.0%	2	0.4%	0	0.0%	1	0.5%	3	0.1%
Questioning or unsure	0	0.0%	5	1.1%	0	0.0%	4	1.8%	9	0.3%
Queer	0	0.0%	0	0.0%	0	0.0%	2	0.9%	2	0.1%
Another sexual orientation	0	0.0%	0	0.0%	0	0.0%	7	3.2%	7	0.2%
Unknown/Not Reported	5	55.6%	426	94.2%	2455	98.4%	42	19.3%	2928	92.2%
Current Gender Identity										
Female	4	44.4%	213	47.1%	1243	49.8%	91	41.7%	1551	48.9%
Male	4	44.4%	215	47.6%	1229	49.2%	91	41.7%	1539	48.5%
Transgender	0	0.0%	1	0.2%	0	0.0%	0	0.0%	1	0.0%
Genderqueer	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another gender identity	0	0.0%	1	0.2%	0	0.0%	2	0.9%	3	0.1%
Unknown/Not Reported	1	11.1%	22	4.9%	24	1.0%	34	15.6%	81	2.6%
Veteran Status										
Yes	N/R	N/R	0	0	N/R	N/R	0	0.0%	0	0.0%
No	N/R	N/R	80	17.7%	N/R	N/R	68	31.2%	68	2.1%
Unknown/Not Reported	9	100.0%	372	82.3%	2496	100.0%	150	68.8%	3027	95.3%

SUICIDE PREVENTION																
	Suicide Crisis Line		Postvention Services		Suicide Bereavement Support Groups		Supporting Community Connections		Community Support Team		Triage Navigators		Mobile Crisis Support Team		Total	
Characteristic	**N=39,535**	**%**	**N=72**	**%**	**N=246**	**%**	**N=1,538**	**%**	**N=1,309**	**%**	**N=2,547**	**%**	**N=1,559**	**%**	**N=46,315**	%
Age Group																
Children/Youth (0-15)	1528	3.9%	0	0.0%	0	0.0%	166	10.8%	24	1.8%	104	4.1%	111	7.1%	1933	4.2%
TAY (16-25)	5364	13.6%	0	0.0%	7	2.8%	362	23.5%	162	12.4%	440	17.3%	285	18.3%	6620	14.3%
Adults (26-59)	6723	17.0%	0	0.0%	119	48.4%	729	47.4%	882	67.4%	1162	45.6%	898	57.6%	10513	22.7%
Older Adults (60+)	1632	4.1%	0	0.0%	51	20.7%	198	12.9%	243	18.6%	336	13.2%	262	16.8%	2722	5.9%
Unknown/Not Reported	24288	61.4%	72	100.0%	69	28.0%	83	5.4%	7	0.5%	5	0.2%	3	0.2%	24527	53.0%
Ethnicity																
Hispanic or Latino	1556	3.9%	4	5.6%	13	5.3%	669	43.5%	156	11.9%	318	12.5%	172	11.0%	2888	6.2%
Non-Hispanic/Non-Latino	6049	15.3%	0	0.0%	97	39.4%	693	45.1%	648	49.5%	1417	55.6%	927	59.5%	9831	21.2%
Other	0	0.0%	0	0.0%	0	0.0%	104	6.8%	49	3.7%	0	0.0%	45	2.9%	198	0.4%
More than one ethnicity	361	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	361	0.8%
Unknown/Not Reported	31,569	79.9%	68	94.4%	136	55.3%	72	4.7%	456	34.8%	812	31.9%	415	26.6%	33528	72.4%
Race																
White	4555	11.5%	6	8.3%	124	50.4%	341	22.2%	390	29.8%	1032	40.5%	811	52.0%	7259	15.7%
Black or African American	696	1.8%	8	11.1%	2	0.8%	241	15.7%	264	20.2%	511	20.1%	251	16.1%	1973	4.3%
Asian	693	1.8%	0	0.0%	9	3.7%	178	11.6%	38	2.9%	120	4.7%	30	1.9%	1068	2.3%
American Indian or Alaska Native	39	0.1%	0	0.0%	2	0.8%	26	1.7%	23	1.8%	28	1.1%	16	1.0%	134	0.3%
Native Hawaiian or other Pacific Islander	27	0.1%	0	0.0%	8	3.3%	8	0.5%	15	1.1%	13	0.5%	63	4.0%	134	0.3%
More than one race	361	0.9%	0	0.0%	1	0.4%	51	3.3%	42	3.2%	77	3.0%	63	4.0%	595	1.3%
Other	0	0.0%	2	2.8%	3	1.2%	665	43.2%	107	8.2%	244	9.6%	150	9.6%	1171	2.5%
Unknown/Not Reported	33164	83.9%	56	77.8%	97	39.4%	28	1.8%	430	32.8%	522	20.5%	175	11.2%	34472	74.4%
Primary Language																
English	29223	73.9%	0	0.0%	160	65.0%	647	42.1%	1043	79.7%	2277	89.4%	1448	92.9%	34798	75.1%
Spanish	227	0.6%	0	0.0%	2	0.8%	570	37.1%	17	1.3%	33	1.3%	24	1.5%	873	1.9%
Vietnamese	8	0.0%	0	0.0%	0	0.0%	1	0.1%	3	0.2%	0	0.0%	5	0.3%	17	0.0%
Cantonese	3	0.0%	0	0.0%	0	0.0%	8	0.5%	4	0.3%	1	0.0%	2	0.1%	18	0.0%
Russian	3	0.0%	0	0.0%	0	0.0%	158	10.3%	4	0.3%	8	0.3%	12	0.8%	185	0.4%
Hmong	0	0.0%	0	0.0%	0	0.0%	449	29.2%	3	0.2%	1	0.0%	1	0.1%	454	1.0%
Arabic	2	0.0%	0	0.0%	0	0.0%	1	0.1%	2	0.2%	1	0.0%	1	0.1%	7	0.0%
Other	17	0.0%	0	0.0%	2	0.8%	102	6.6%	7	0.5%	26	1.0%	17	1.1%	171	0.4%
Unknown/Not Reported	10052	25.4%	72	100.0%	82	33.3%	2	0.1%	226	17.3%	200	7.9%	49	3.1%	10683	23.1%
Sexual Orientation																
Heterosexual or Straight	564	1.4%	0	0.0%	153	62.2%	1303	84.7%	131	10.0%	197	7.7%	589	37.8%	2937	6.3%
Gay or Lesbian	115	0.3%	0	0.0%	2	0.8%	40	2.6%	5	0.4%	11	0.4%	16	1.0%	189	0.4%
Bisexual	17	0.0%	0	0.0%	3	1.2%	84	5.5%	2	0.2%	17	0.7%	1	0.1%	124	0.3%
Questioning or unsure	5	0.0%	0	0.0%	0	0.0%	42	2.7%	1	0.1%	6	0.2%	7	0.4%	61	0.1%
Queer	6	0.0%	0	0.0%	4	1.6%	11	0.7%	1	0.1%	0	0.0%	0	0.0%	22	0.0%
Another sexual orientation	15	0.0%	0	0.0%	0	0.0%	25	1.6%	2	0.2%	1	0.0%	2	0.1%	45	0.1%
Unknown/Not Reported	38813	98.2%	72	100.0%	84	34.1%	33	2.1%	1167	89.2%	2315	90.9%	944	60.6%	43428	93.8%
Current Gender Identity																
Female	16008	40.5%	24	33.3%	147	59.8%	1012	65.8%	600	45.8%	439	17.2%	394	25.3%	18624	40.2%
Male	13772	34.8%	48	66.7%	45	18.3%	428	27.8%	705	53.9%	539	21.2%	419	26.9%	15956	34.5%
Transgender	165	0.4%	0	0.0%	0	0.0%	83	5.4%	0	0.0%	7	0.3%	3	0.2%	258	0.6%
Genderqueer	13	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	13	0.0%
Questioning or unsure	12	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	12	0.0%
Another gender identity	13	0.0%	0	0.0%	2	0.8%	7	0.5%	0	0.0%	2	0.1%	2	0.1%	26	0.1%
Unknown/Not Reported	9565	24.2%	0	0.0%	52	21.1%	8	0.5%	4	0.3%	1560	61.2%	741	47.5%	11930	25.8%
Veteran Status																
Yes	534	1.4%	N/R	N/R	11	4.5%	7	0.5%	N/R	N/R	N/R	N/R	N/R	N/R	18	0.0%
No	39,001	98.6%	N/R	N/R	235	95.5%	1531	99.5%	N/R	N/R	N/R	N/R	N/R	N/R	1766	3.8%
Unknown/Not Reported	0	0.0%	72	100.0%	0	0.0%	0	0.0%	1309	100.0%	2547	100.0%	1559	100.0%	5487	11.8%

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 1,971 individuals served in PEI Suicide Prevention Respite activities in FY 19/20.

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 19/20																
	Caregiver Crisis		Homeless Teens		Ripple Effect		Danelle's Place		Q-Spot		Lambda Lounge		Adoptive Families		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group																
Children/Youth (0-15)	0	0.0%	4	0.5%	0	0.0%	1	0.5%	13	6.7%	0	0.0%	74	33.9%	92	4.7%
TAY (16-25)	0	0.0%	791	97.7%	10	8.2%	45	21.3%	177	91.2%	35	9.4%	2	0.9%	1,060	53.8%
Adults (26-59)	10	23.8%	3	0.4%	93	76.2%	123	58.3%	1	0.5%	201	53.7%	64	29.4%	495	25.1%
Older Adults (60+)	32	76.2%	0	0.0%	19	15.6%	15	7.1%	0	0.0%	25	6.7%	4	1.8%	95	4.8%
Unknown/Not Reported	0	0.0%	12	1.5%	0	0.0%	27	12.8%	3	1.5%	113	30.2%	74	33.9%	229	11.6%
Total	**42**	100.0%	**810**	**100.0%**	**122**	**100.0%**	**211**	**100.0%**	**194**	**100.0%**	**374**	**100.0%**	**218**	**100.0%**	**1,971**	**100.0%**
Ethnicity																
Hispanic or Latino	8	19.0%	151	18.6%	12	9.8%	32	15.2%	54	27.8%	57	15.2%	21	9.6%	335	17.0%
Non-Hispanic/Non-Latino	33	78.6%	557	68.8%	65	53.3%	130	61.6%	106	54.6%	236	63.1%	134	61.5%	1,261	64.0%
Unknown/Not Reported	1	2.4%	102	12.6%	45	36.9%	49	23.2%	34	17.5%	81	21.7%	63	28.9%	375	19.0%
Total	**42**	100.0%	**810**	**100.0%**	**122**	**100.0%**	**211**	**100.0%**	**194**	**100.0%**	**374**	**100.0%**	**218**	**100.0%**	**1,971**	**100.0%**
Race																
American Indian or Alaska Native	3	7.1%	19	2.3%	1	0.8%	3	1.4%	10	5.2%	11	2.9%	0	0.0%	47	2.4%
Asian	2	4.8%	5	0.6%	0	0.0%	1	0.5%	0	0.0%	3	0.8%	7	3.2%	18	0.9%
Black or African American	5	11.9%	438	54.1%	14	11.5%	32	15.2%	47	24.2%	37	9.9%	58	26.6%	631	32.0%
Native Hawaiian/Pacific Islander	2	4.8%	23	2.8%	0	0.0%	11	5.2%	3	1.5%	5	1.3%	1	0.5%	45	2.3%
White	24	57.1%	188	23.2%	27	22.1%	118	55.9%	73	37.6%	172	46.0%	124	56.9%	726	36.8%
Other	5	11.9%	62	7.7%	30	24.6%	17	8.1%	18	9.3%	87	23.3%	7	3.2%	226	11.5%
More than one race	1	2.4%	45	5.6%	47	38.5%	18	8.5%	23	11.9%	20	5.3%	16	7.3%	170	8.6%
Decline to answer	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	0	0.0%	30	3.7%	3	2.5%	11	5.2%	20	10.3%	39	10.4%	5	2.3%	108	5.5%
Total	**42**	100.0%	**810**	**100.0%**	**122**	**100.0%**	**211**	**100.0%**	**194**	**100.0%**	**374**	**100.0%**	**218**	**100.0%**	**1,971**	**100.0%**
Primary Language																
English	37	88.1%	792	97.8%	120	98.4%	191	90.5%	191	98.5%	351	93.9%	188	86.2%	1,870	94.9%
Spanish	1	2.4%	0	0.0%	2	1.6%	14	6.6%	3	1.5%	11	2.9%	1	0.5%	32	1.6%
Vietnamese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cantonese	1	2.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
Russian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.5%	0	0.0%	2	0.1%
Hmong	0	0.0%	0	0.0%	0	0.0%	1	0.5%	0	0.0%	1	0.3%	0	0.0%	2	0.1%
Arabic	1	2.4%	0	0.0%	0	0.0%	1	0.5%	0	0.0%	2	0.5%	0	0.0%	4	0.2%
Other	1	2.4%	12	1.5%	0	0.0%	2	1.0%	0	0.0%	1	0.3%	1	0.5%	17	0.9%
Unknown/Not Reported	1	2.4%	6	0.7%	0	0.0%	2	1.0%	0	0.0%	6	3.5%	28	12.8%	43	2.2%
Total	**42**	**100.0%**	**810**	**100.0%**	**122**	**100.0%**	**211**	**100.1%**	**194**	**100.0%**	**374**	**101.9%**	**218**	**100.0%**	**1,971**	**100.0%**

Prevention and Early Intervention (PEI) Respite Programs FY 19/20 Cont.																
	Caregiver Crisis		Homeless Teens		A Church for All		Gender Health		Q-Spot**		Lambda Lounge**		Adoptive Families		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Sexual Orientation*																
Gay or Lesbian	1	2.4%	40	4.9%	1	0.8%	0	0.0%	2	1.0%	49	13.1%	16	7.3%	109	5.5%
Heterosexual or Straight	41	97.6%	531	65.6%	29	23.8%	0	0.0%	1	0.5%	5	1.3%	146	67.0%	753	38.2%
Bisexual	0	0.0%	124	15.3%	2	1.6%	0	0.0%	2	1.0%	6	1.6%	1	0.5%	135	6.8%
Questioning or unsure	0	0.0%	6	0.7%	0	0.0%	0	0.0%	0	0.0%	4	1.1%	4	1.8%	14	0.7%
Queer	0	0.0%	6	0.7%	0	0.0%	0	0.0%	0	0.0%	7	1.9%	2	0.9%	15	0.8%
Another sexual orientation	0	0.0%	69	8.5%	0	0.0%	0	0.0%	0	0.0%	3	0.8%	7	3.2%	79	4.0%
Unknown/Not Reported	0	0.0%	34	4.2%	90	73.8%	211	100.0%	189	97.4%	300	80.2%	42	19.3%	866	43.9%
Total	**42**	**100.0%**	**810**	**100.0%**	**122**	**100.0%**	**211**	**100.0%**	**194**	**100.0%**	**374**	**100.0%**	**218**	**100.0%**	**1,971**	**100.0%**
Current Gender Identity*																
Male	10	23.8%	428	52.8%	22	18.0%	0	0.0%	2	1.0%	46	12.3%	91	41.7%	599	30.4%
Female	32	76.2%	339	41.9%	12	9.8%	0	0.0%	1	0.5%	33	8.8%	91	41.7%	508	25.8%
Transgender	0	0.0%	22	2.7%	0	0.0%	0	0.0%	2	1.0%	12	3.2%	0	0.0%	36	1.8%
Genderqueer	0	0.0%	6	0.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6	0.3%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another gender identity	0	0.0%	2	0.2%	0	0.0%	0	0.0%	0	0.0%	4	1.1%	2	0.9%	8	0.4%
Unknown/Not Reported	0	0.0%	13	1.6%	88	72.1%	211	100.0%	189	97.4%	279	74.6%	34	15.6%	814	41.3%
Total	**42**	**100.0%**	**810**	**100.0%**	**122**	**100.0%**	**211**	**100.0%**	**194**	**100.0%**	**374**	**100.0%**	**218**	**100.0%**	**1,971**	**100.0%**
Veteran Status																
Yes	5	11.9%	4	0.5%	11	9.0%	17	8.1%	0	0.0%	11	2.9%	0	0.0%	48	2.4%
No	37	88.1%	769	94.9%	80	65.6%	194	91.9%	172	88.7%	191	51.1%	68	31.2%	1,511	76.7%
Decline to answer	0	0.0%	37	4.6%	31	25.4%	0	0.0%	22	11.3%	172	46.0%	150	68.8%	412	20.9%
Total	**42**	100.0%	**810**	**100.0%**	**122**	**100.0%**	**211**	**100.0%**	**194**	**100.0%**	**374**	**100.0%**	**218**	**100.0%**	**1,971**	**100.0%**
*Totals are higher than other categories as clients select multiple categories																
**Totals are lower than FY16/17 due to data clean up efforts to enable us to report unduplicated clients. FY17/18 represents unduplicated clients whereas FY16/17 represented all contacts																

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 (7.0% vs 13.7%). 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 (51.6%), slightly higher than the general Medi-Cal population at 50.5%. Children ages 6 to 17 represent just over 36% and older adults represent just over 8% of the MHP. Younger children are under-represented, whereas older children and youth are over-represented. Children 0 to 5 make up 12.2% of the Medi-Cal population but only 3.6% of the MHP. Children and youth 6 to 17 comprise 36.1% of the MHP, while making up only 24.1% of the Medi-Cal population. Older adults are also under-represented in the MHP compared to the Medi-Cal population (8.7% vs. 13.3%). 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.

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 – 34.2% vs 31.1% for MHP and 21.9% Medi-Cal; African American - 29.2% vs 22.6% for MHP and 14.2% for Medi-Cal). With that said, the majority (61.5%) of races served in FSPs are of a race other than Caucasian.

Age - There were no disparities identified in the FSP programs. Older adults are actually over-represented compared to the overall Medi-Cal beneficiaries in the MHP (17.1% 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 – The majority (52.8%) of those served in the FSPs are female, which is comparable to the overall MHP and Medi-Cal beneficiary population.

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 GSD programs (53.0% vs 55.5%).

Age –Adults ages 26 to 59 represent highest percentage (73.0%) of those served in the GSD programs. Adults ages 18 to 59 represent the highest percentage (51.6%) of those served in the overall MHP.

Race –The percentage of Caucasians served in GSD programs is higher than Caucasians served by the MHP overall and by the Med-Cal beneficiary population (40.3% vs 31.1% and 21.9%). The percentage of African American served in GSD programs and overall MHP is virtually the same (23.0% vs 22.6%), while Asian/Pacific Islander is slightly higher (7.8% vs 6.7%).

Ethnicity – The percentage of those identifying as Hispanic served by GSD programs is higher than the overall MHP and the Medi-Cal beneficiary population (36.0% vs 21.9% and 22.1%)

Primary Language - The majority (87.1%) of clients in the GSD programs identified their primary language as English, very similar to the overall MHP at 87.7%.

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	Fully Implemented
	Integrated Services Agency	Fully Implemented
	New Directions	Fully Implemented
	Juvenile Justice Diversion and Treatment Program	Fully Implemented
	Transition Age Youth	Fully Implemented
	ARISE	Fully Implemented
CSS - General System Development	TCORE	Fully Implemented
	Guest House	Fully Implemented
	Flexible Housing Pool	Fully Implemented
	Adult Residential Treatment	Fully Implemented
	Augmented Board and Care	Fully Implemented
	Wellness and Recovery Centers	Fully Implemented
	Adult Psychiatric Support Services	Fully Implemented
	Peer Partners	Fully Implemented
	Consumer and Family Voice including SAFE Program	Fully Implemented
	Regional Support Teams	Fully Implemented
	Mental Health Crisis Respite Center	Fully Implemented
	Abiding Hope Respite House	Fully Implemented
	Crisis Residential Programs	4 Fully Implemented
	Consultation Support and Engagement Teams	Fully Implemented
	Flexible Integrated Treatment	Fully Implemented

Program Type	Program Name	Implementation Status
Suicide Prevention	Suicide Crisis Line	Fully Implemented
	ED Follow-up Postvention Services	Fully Implemented
	Suicide Bereavement Support Groups and Grief Services	Fully Implemented
	Consumer Operated Warmline	Fully Implemented
	Community/System Partner Training	Implemented and Completed
	Community Support Team	Fully Implemented
	Mobile Crisis Support Team	Fully Implemented
	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
	Danelle's Place Respite Program	Fully Implemented
	Q-Spot Youth/Transition Age Youth Respite Program	Fully Implemented
	Lambda Lounge Adult Mental Health Respite Program	Fully Implemented
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 Preventative Treatment	Fully Implemented
	Screening, Assessment, Brief Treatment	Implemented and completed

Program Type	Program Name	Implementation Status
	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
	Stipends for Consumer Leadership	Fully Implemented
	Stipends for Individuals, Especially Consumers and Family Members, for Education to Enter the Mental Health Field	Fully Implemented
SUPT: Treatment Services	Capital Star Outpatient Services for Transition-Age Youth	To Be Implemented January 2021
SUPT: Treatment Services	Residential Services for Youth	Planning
SUPT: Outreach	Future Forward Campaign: Targeted multi-cultures in low socio-economic neighborhoods	Implemented
Children's MH	Therapeutic Behavioral Services Wraparound Psychological Testing Therapeutic Foster Care Short Term Residential Therapeutic Program	All 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	In Development

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 FY 2021-22, 2022-23, 2023-24 Three Year Program and Expenditure Plan (https://dhs.saccounty.gov/BHS/Documents/Reports--Workplans/MHSA-Reports-and-Workplans/RT-2021-22--2022-23--2023-24-MHSA-Three-Year-Plan.pdf).

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.

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 2019 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 (34% vs 13% of Sacramento County) and American Indian/Alaska Native individuals are also overrepresented in Sacramento County (8% vs. 2% of Sacramento County). This mirrors national trends.

The Sacramento County Homeless Access Clinician and Encampment Team 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.

One of the strategies used by Sacramento Gender Health Center (GHC), a PEI Respite provider, includes:

> "Our strategy operates from the framework of needing to 'work ourselves out of a job' as providers to queer and transgender people as many of our community members fall into our care through the cracks in our healthcare system. In order to meet mental health and health, GHC provides micro-level care in the form of direct service as well as mezzo- and macro-level care in the form of impact litigation, filing grievances, education, and other interventions targeting systemic factors. The history of medicalization of transgender communities has resulted in stigma and diagnostic criteria used

today in our mental health and healthcare system that do not accurately reflect the lived experience nor meet the needs of our communities. At GHC, this looks like having a no-wrong-door policy to access our services. We have lowered our barrier to access care by removing financial and physical barriers to engaging - community members are never turned away for inability to pay and we provide a hybrid model of service delivery including video, phone, and in-person appointments. Over the last year, GHC has moved our events and services online to be accessed synchronously and asynchronously, as well as expanded mail and delivery access for our syringe exchange and basic needs supplies."
– submitted by Gender Health Center

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 a Request for Application with the intent of redesigning and transforming the Adult Outpatient Specialty Mental Health Services system (Appendix 94).

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, 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). 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 while meeting California's network adequacy standards for Medi-Cal. 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.

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.

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 (Appendix 88).

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).

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 2020/21:

- CCC provided its feedback to Sacramento County Public Health regarding how to more effectively reach out to and educate

underserved communities regarding COVID-19 pandemic information and vaccination efforts.

- In November of 2020, the Sacramento County Board of Supervisors approved a proclamation naming racism as a public health crisis. Committee members recommended that periodic follow-up regarding the actions taken to combat racism should be conducted for accountability purposes. (Appendix 84)

- CCC provided feedback regarding how to improve outreach efforts and knowledge of behavioral health (MH and SUPT) resources available, especially in underserved / diverse communities in Sacramento County. Some of the suggestions were as follows: using social media to a greater extent; using telephone to give reminders to senior citizens of information and events going on in the community; using video messages; and sending out flyers and posting them where the community can easily view them.

- Numerous programs presented to the CCC to inform the committee about their services available to underserved / diverse communities, including the California Reducing Disparities Project (CRDP) Phase 2 Implementation Pilot Project (IPP) grantees. Six of the thirty-five grantees are serving participants in Sacramento County and were invited to present about their community defined evidence practices:
  - California Black Women's Health Project (CABWHP)—Sisters Mentally Mobilized (African American/Black)
  - East Bay Asian Youth Center (EBAYC)—EBAYC Sacramento (API)
  - Gender Health Center (GHC)—Mental Health, Health Advocacy, Community-Building, Social & Recreational Programming (LGBTQ+)
  - Health Education Council (HEC)—Mente Sana, Vida Sana (Latinx)
  - La Familia Counseling Center (LAFCC)—Cultura de Salud (Latinx)
  - Muslim American Society-Social Services Foundation (MAS-SSF)—Shifa for Today Peer Counseling Program (API)

- 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. 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. In January 2021, one of the CCC members provided a training focused on cultural humility as it relates to sexual orientation, gender identity, and gender expression. This training was offered as a courtesy to the Cultural Competence Committee to provide a common understanding of terms and to identify strategies for reducing behavioral health disparities for LGBTQ+ consumers.

- The Cultural Competence Committee provided collective comment for consideration (see attachment Appendix 85) regarding the Draft Mental Health Services Act Fiscal Year 2021-22, 2022-23, 2023-24 Three-Year Plan and supported moving the Draft Three-Year Plan forward. A member volunteered to present the collective comment about the Draft Mental Health Services Act Fiscal Year 2021-22, 2022-23, 2023-24 Three-Year Plan on behalf of the Cultural Competence Committee at the public hearing on June 2, 2021.

- One of the Co-Chairs of the MHSA Steering Committee is a CCC member; several CCC members are Steering Committee members; and two CCC members serve on the MHSA Steering Committee Executive Committee.

- 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.

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 2021-22, 2022-23, 2023-24 Three Year Program and Expenditure Plan (https://dhs.saccounty.gov/BHS/Documents/Reports--Workplans/MHSA-Reports-and-Workplans/RT-2021-22--2022-23--2023-24-MHSA-Three-Year-Plan.pdf) 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 2020/21 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 (Appendix 97). In addition, please see copies of the training flyers/announcements for our Behavioral Health Interpreter Training and 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-one participants attended Introduction to Interpreting in Behavioral Health Settings, and twenty participants attended Therapeutic Cross-Cultural Communication during FY 2020/21. More training participants are expected for FY 2021/2022 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 CalVoices 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 18, 2021, from 10:00 AM – 1:30 PM via Zoom. There were 212 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. Presentations included:

- Opening remarks explaining Adverse Childhood Experiences (ACEs) and their impact on adult mental health by Dr. LaTanya Takla, a Licensed Clinical Psychologist and expert in trauma responsive practice.
- A presentation on the SACMAP program by Stephanie Ramos, Family Advocate and Training Manager from Cal Voices. The SACMAP is a website compiling local resources developed by peer and family advocates to help navigate the service system
- A panel discussion with question and answer period on the importance of Diversity in Mental Health Services. Panelists discussed health treatment, the biggest challenges facing mental health, and tips for self-advocacy and fielded an engaging discussion with mental health service peers and advocates. Panelists included:
    - Ryan McClinton | Sacramento Area Congregations Together, MHSA Steering Committee
    - Loreen Pryor | President/CEO of Black Youth Leadership Project
    - Dr. Shacunda Rodgers | Licensed Clinical Psychologist
    - Dante Williams | Former Youth Advocate and California Committee on Juvenile Justice
        - Adam Chin, LPHA | Program Coordinator, El Hogar's Sierra Elder Wellness Program

- Keynote Speaker: Sean Ellis of the Trial 4 Exoneree Network shared his personal story of his trials, incarceration and ultimately his exoneration and return to society. He spoke eloquently about the challenges of trauma while incarcerated and the need for behavioral health support as he transitioned back into the community. The presentation was compelling and well received by participants. This was followed by a question and answer period and the speaker was candid and open in his responses.
- The Zoom Peer Conference ended with an awards ceremony celebrating contributions to behavioral health in the Sacramento County community:
  - Consumer Provider: Leslie Napper
  - Non-Consumer Provider: Robert Baumgartner
  - Volunteer of the Year: Laura Bemis
  - Consumer Leader of the year: Gulshan Yusufzai

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 20/21, 10,315 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 2021-22, 2022-23, 2023-24 Three Year Program and Expenditure Plan (https://dhs.saccounty.gov/BHS/Documents/Reports--Workplans/MHSA-Reports-and-Workplans/RT-2021-22--2022-23--2023-24-MHSA-Three-Year-Plan.pdf) includes our progress on our WET Plan activities.

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

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

The following includes responses from B – C:

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

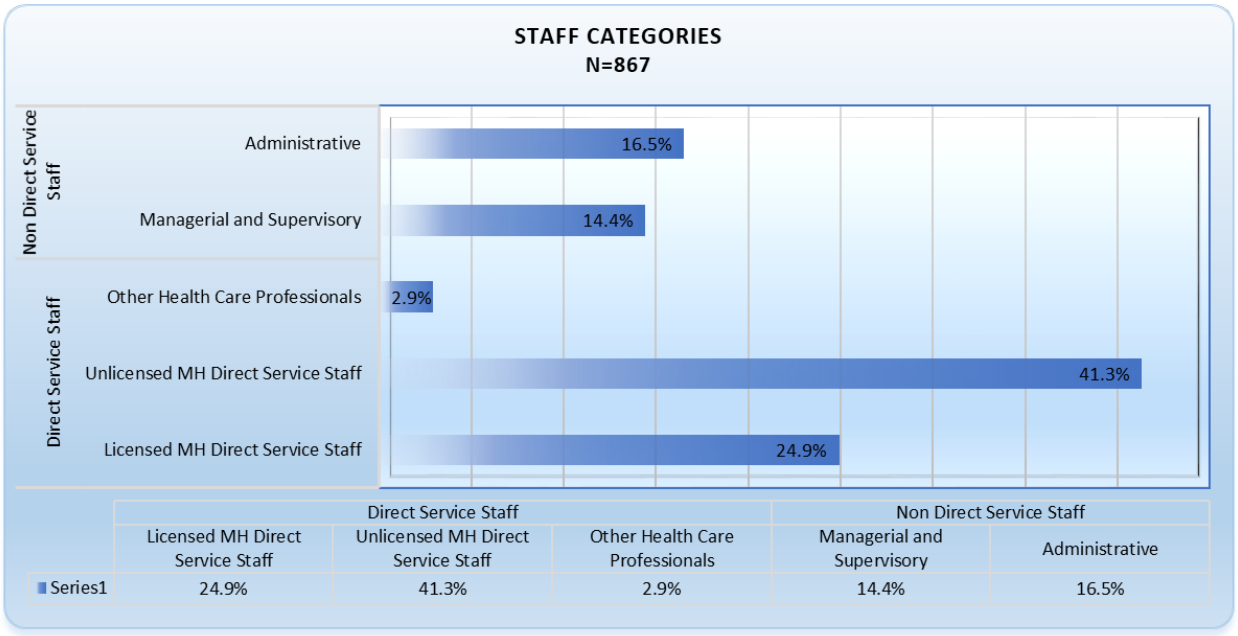
the state through the county's response to the Network Adequacy Certification Tool.

Beyond the staff rosters utilized for ongoing monitoring, the County surveys all staff (direct, indirect, administrative, management and volunteers) on an annual basis to analyze staff composition as compared to the community we serve. The purpose of the surveys is to assess demographic and linguistic information for those who provide services in our county to determine whether it is reflective of the diversity of the community as a whole. The information collected focuses on staff ethnicity, language proficiencies, consumer/family member status, gender, sexual orientation, disability and veteran status.

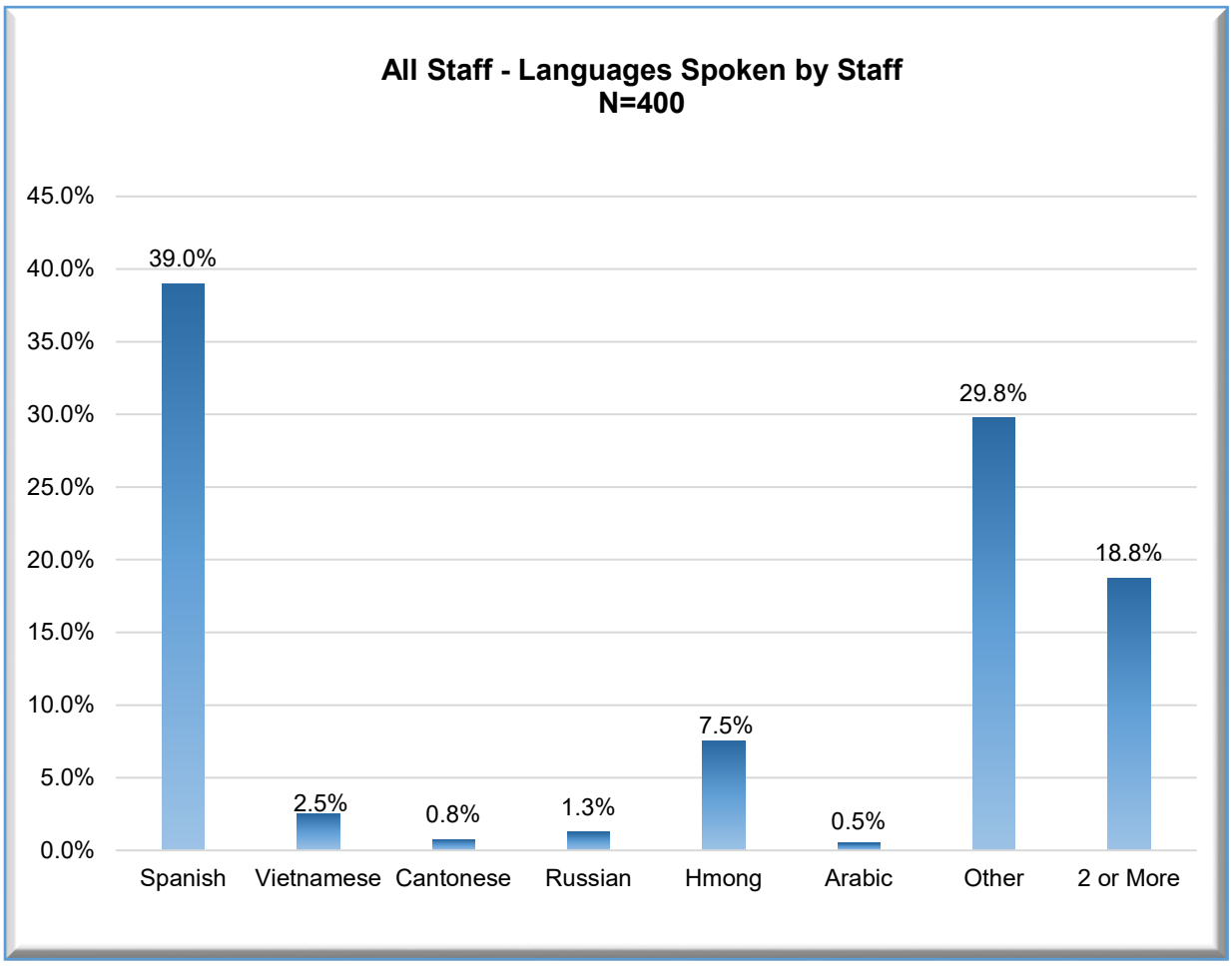
The 2021 Human Resource (HR) Survey was conducted with MH providers and completed in May 2021. Surveys were disseminated to all MH provider staff, county staff, volunteers and various committee members throughout the MHP. The HR Survey was also administered to SUPT providers in May 2021. An analysis 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)

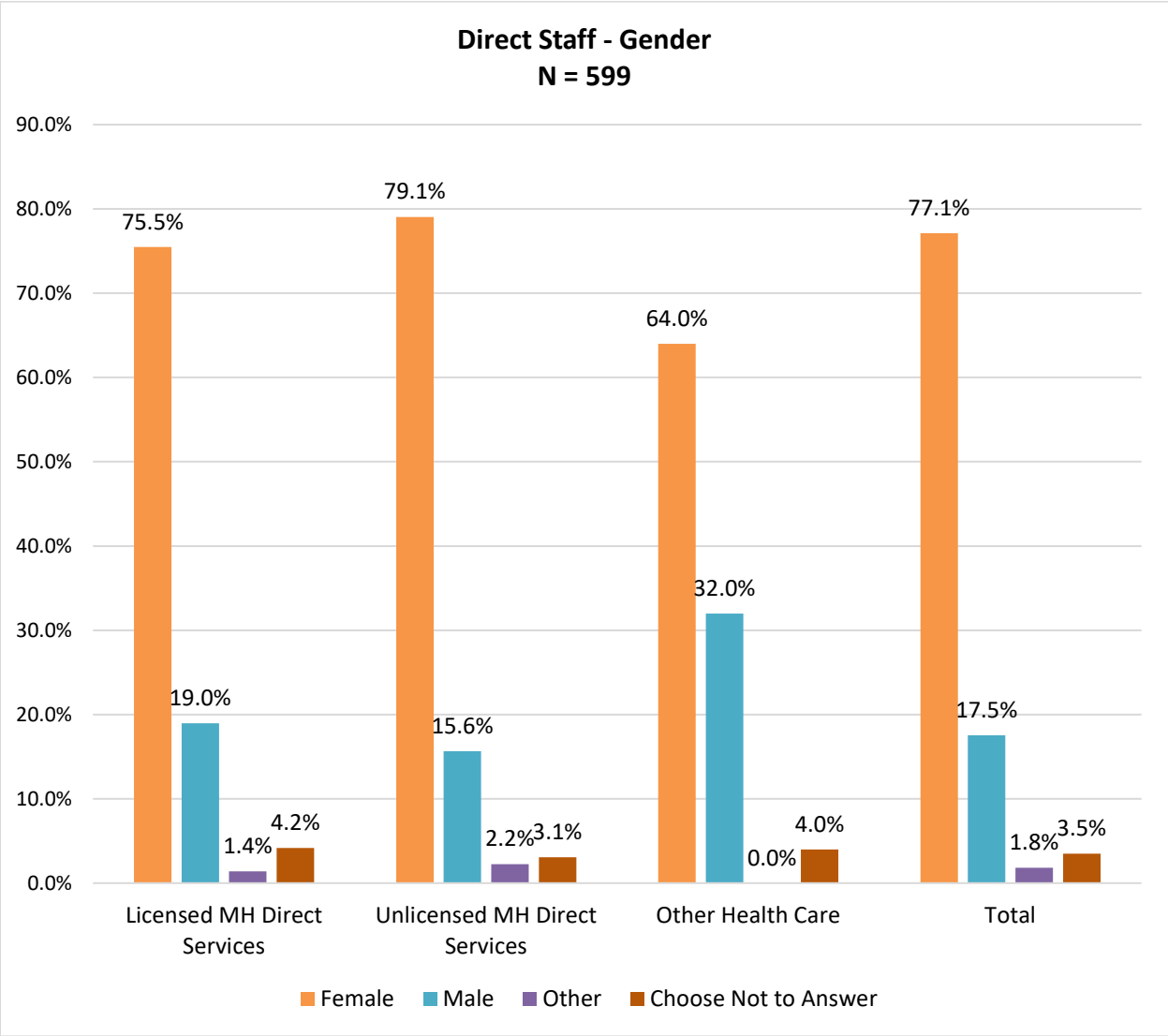


Language – Of all staff surveyed, 400 (32.3%) unduplicated staff indicated speaking a language other than English. For staff who spoke one language other than English, the majority spoke Spanish (39.0%) followed by Hmong at just over 7% (7.5%). Almost nineteen percent (18.8%) indicated speaking two or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

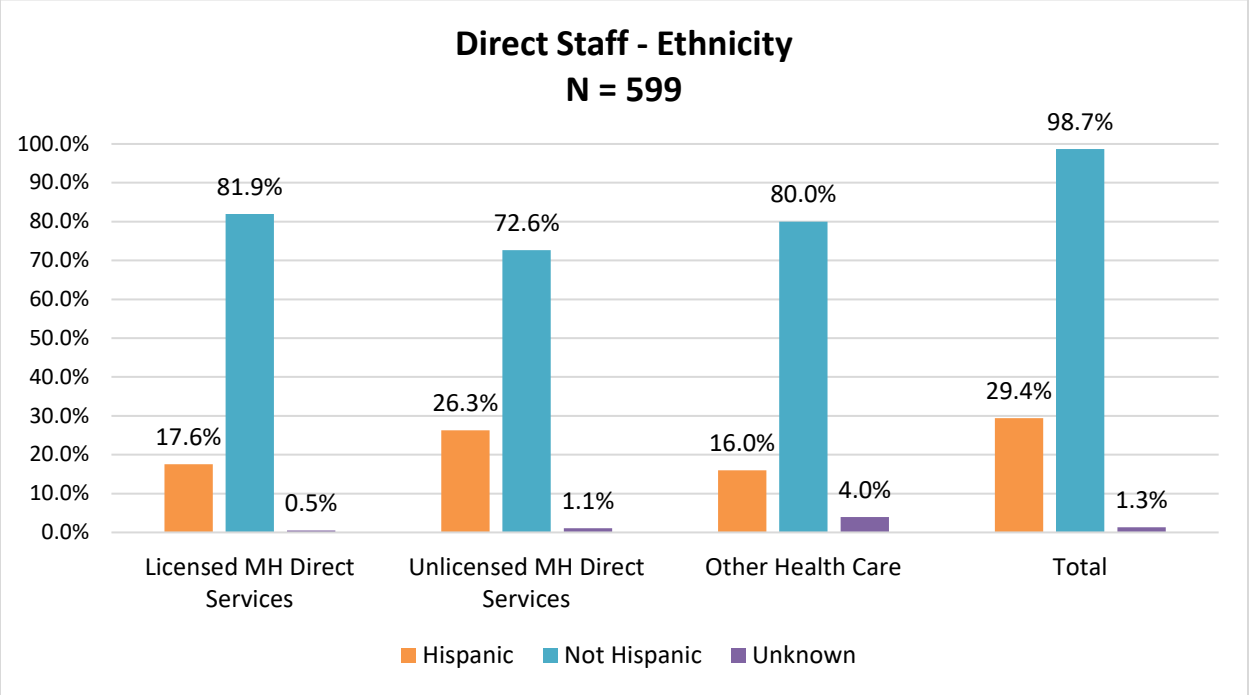


Direct Service Staff – There were a total of 599 survey responses from direct service staff in the system. This represents just under 70% (69.1%) of all respondents. The charts below depict the demographic characteristics for all direct service staff including Licensed Staff, Unlicensed Staff and Other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

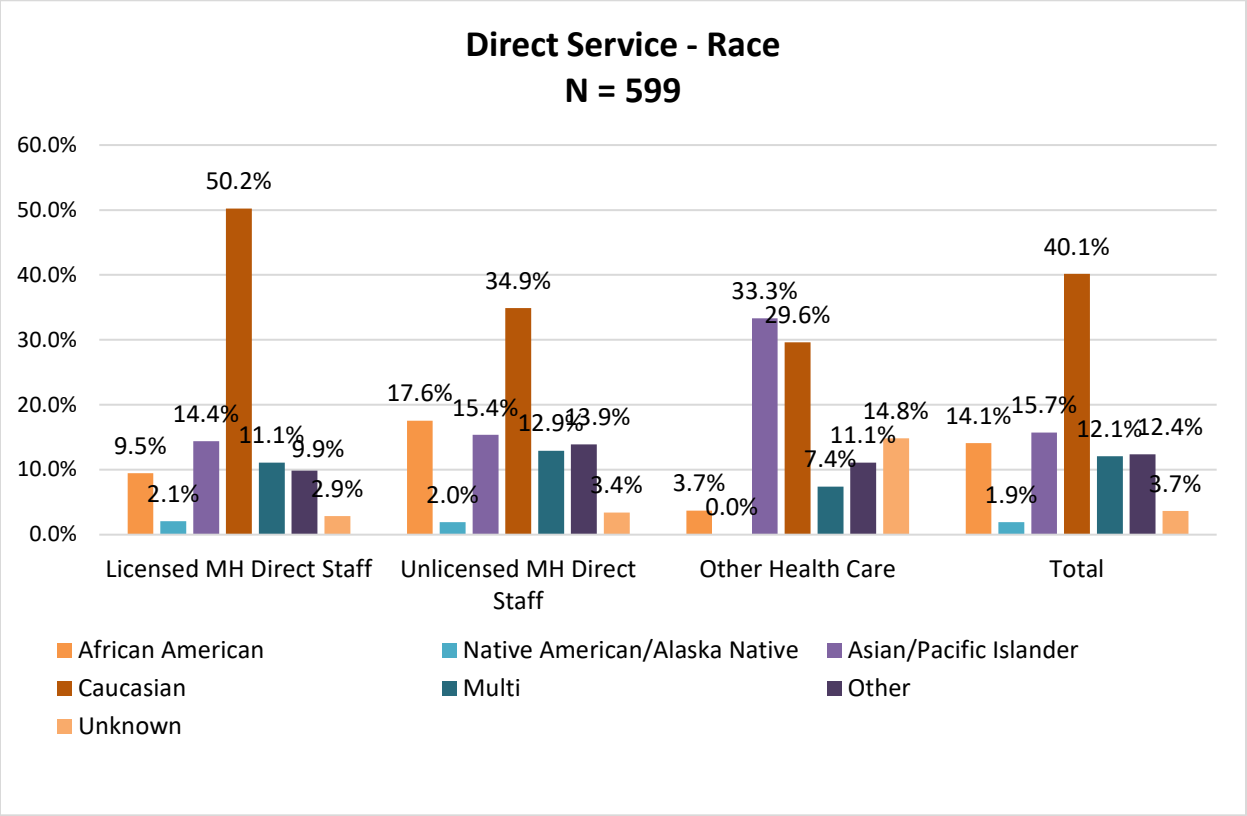
Gender – The majority of direct service staff are female, ranging from 64.0% (Other Health Care Professional) to 79.1% (Unlicensed MH Direct Staff). The highest percent of males were in the Other Health Care category at 32%. Very few staff (1.8%) identified as something other than male or female.



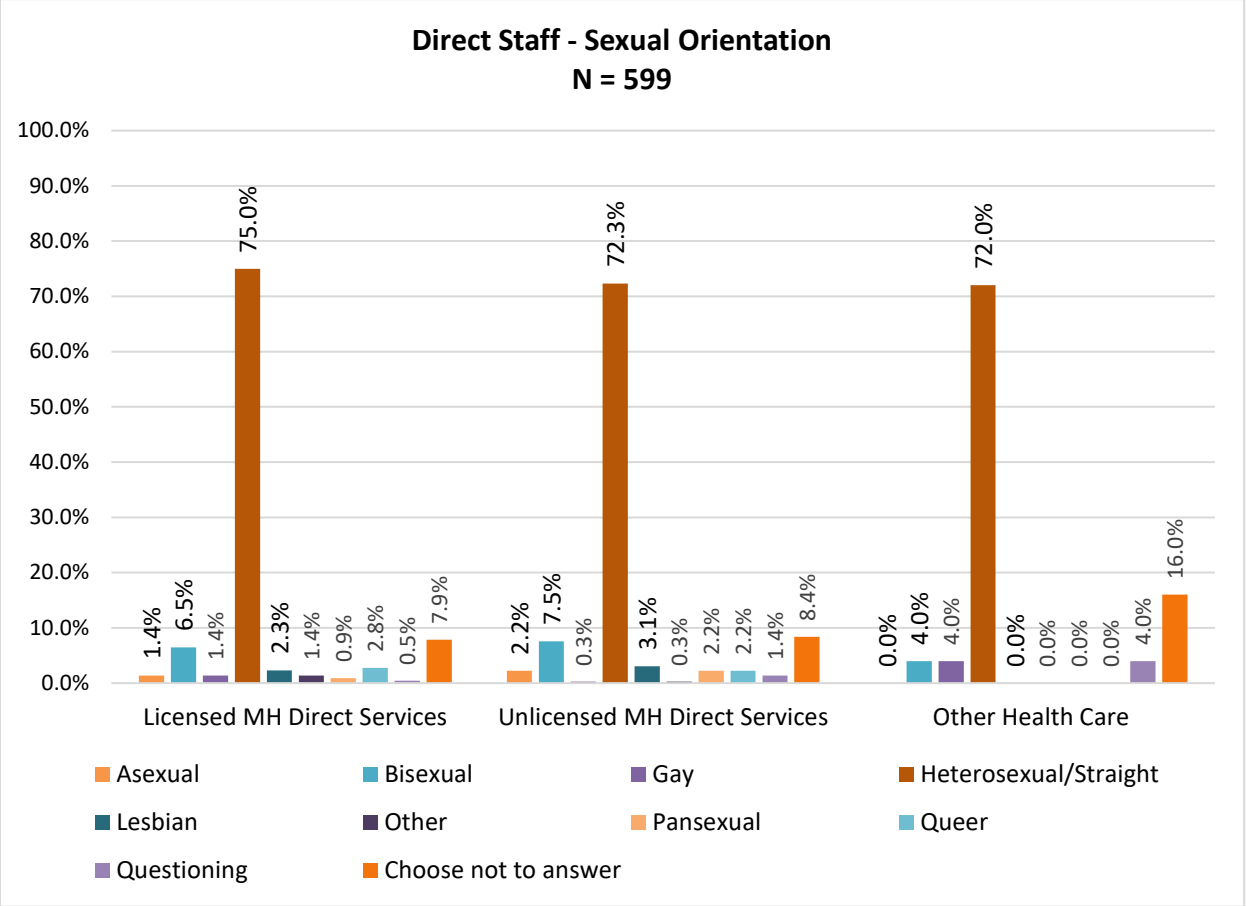
Ethnicity – Almost 30% (29.4%) of direct service staff identify as Hispanic. Of all direct service staff, 26.3% of Unlicensed Direct Service Staff identify as Hispanic, while 16.0% of Other Health Care Professionals identify as Hispanic.



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.

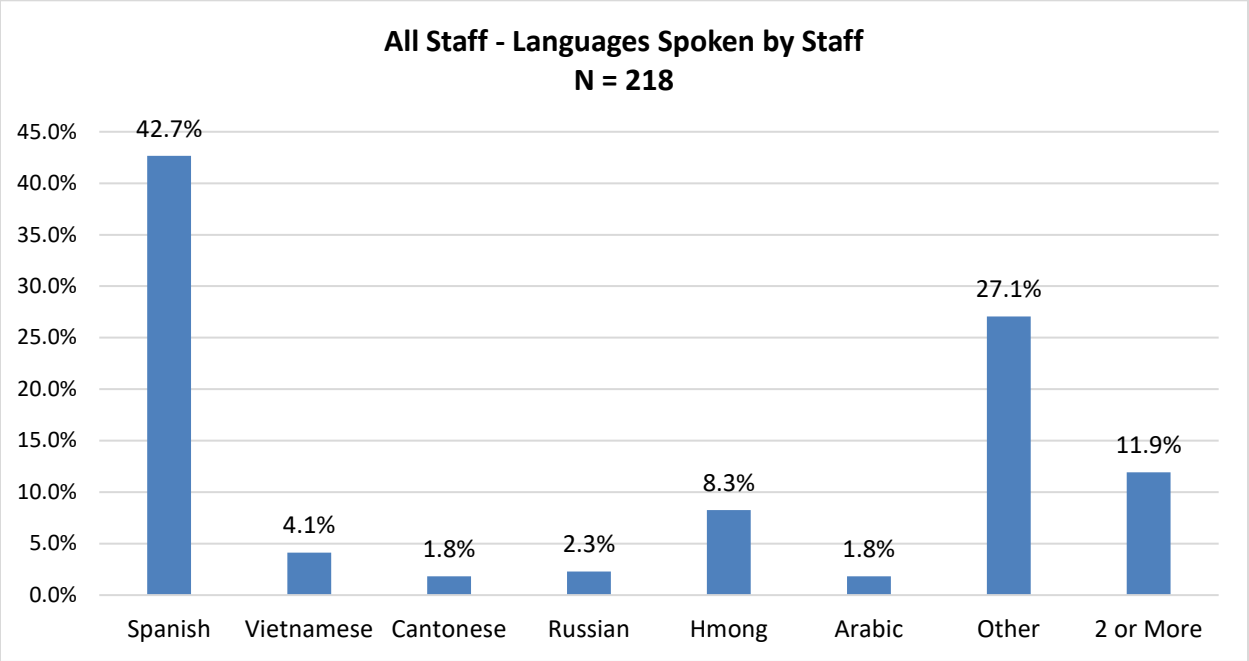


Sexual Orientation – Over 73% (73.3%) of Direct Service staff identified as heterosexual/straight. 75.0% of Licensed MH Direct Service staff, 72.3% of Unlicensed Direct Service Staff and 72.0% of Other Health Care Professionals identify as heterosexual/straight. An average of 10% (10.8%), across all 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.



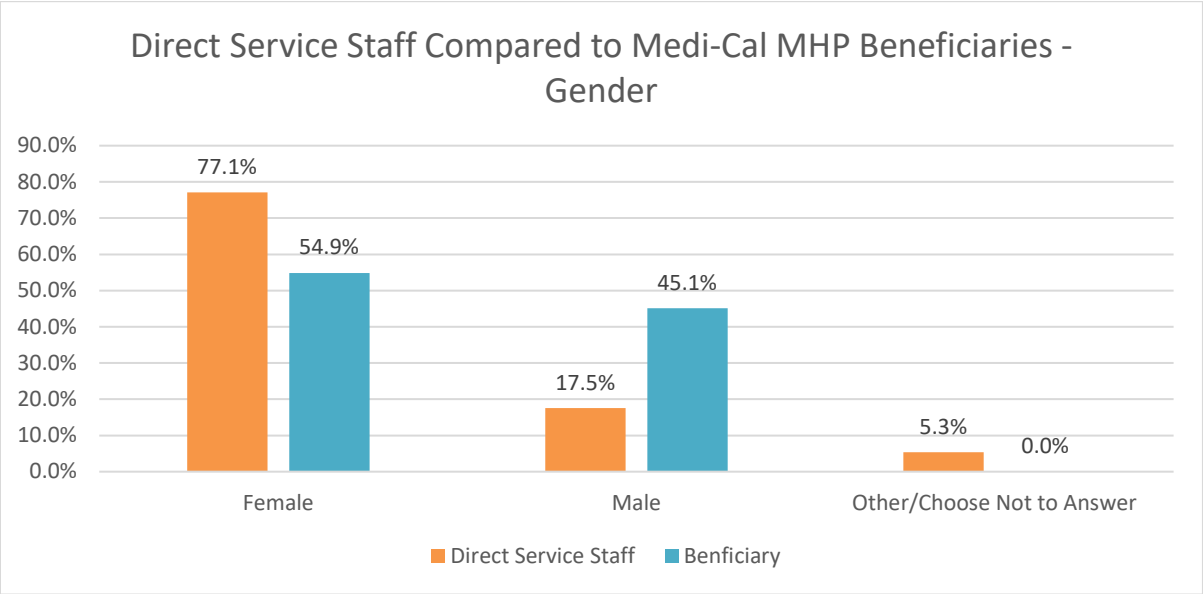
Consumers, Family Members, Disability and Military – As part of the HR survey, staff were asked whether they identified as a consumer, family member, other disability, and/or have served or currently serving in the military. Consumer – The graph below indicates the number of staff who identified as being 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%

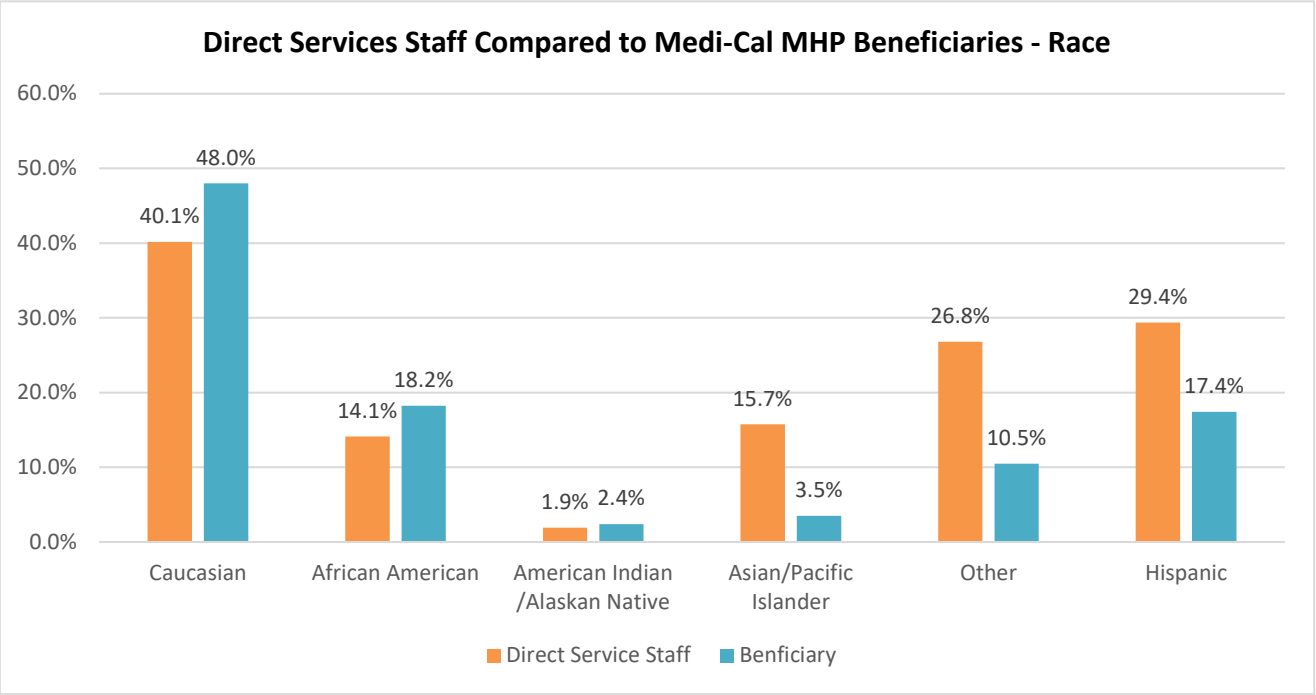
Sacramento County Direct Service Staff and Beneficiaries Served

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.

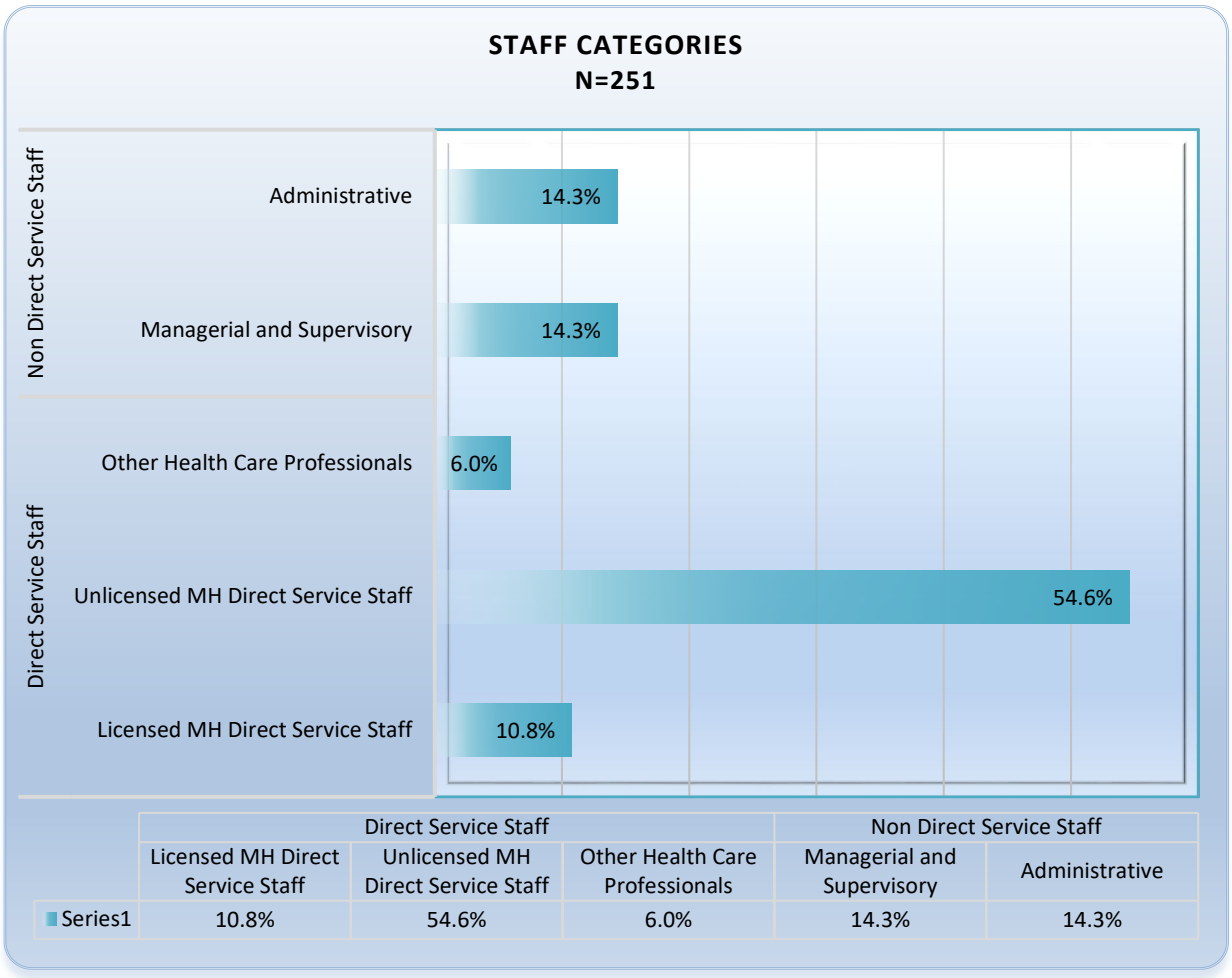


Race – with regard to race, Caucasian, African American, and American Indian/Alaskan Native (AI/AN) Direct Service Staff are underrepresented, compared to the number of Caucasian, African American, and AI/AN clients served, while all the other categories of Direct Service Staff are overrepresented.



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.



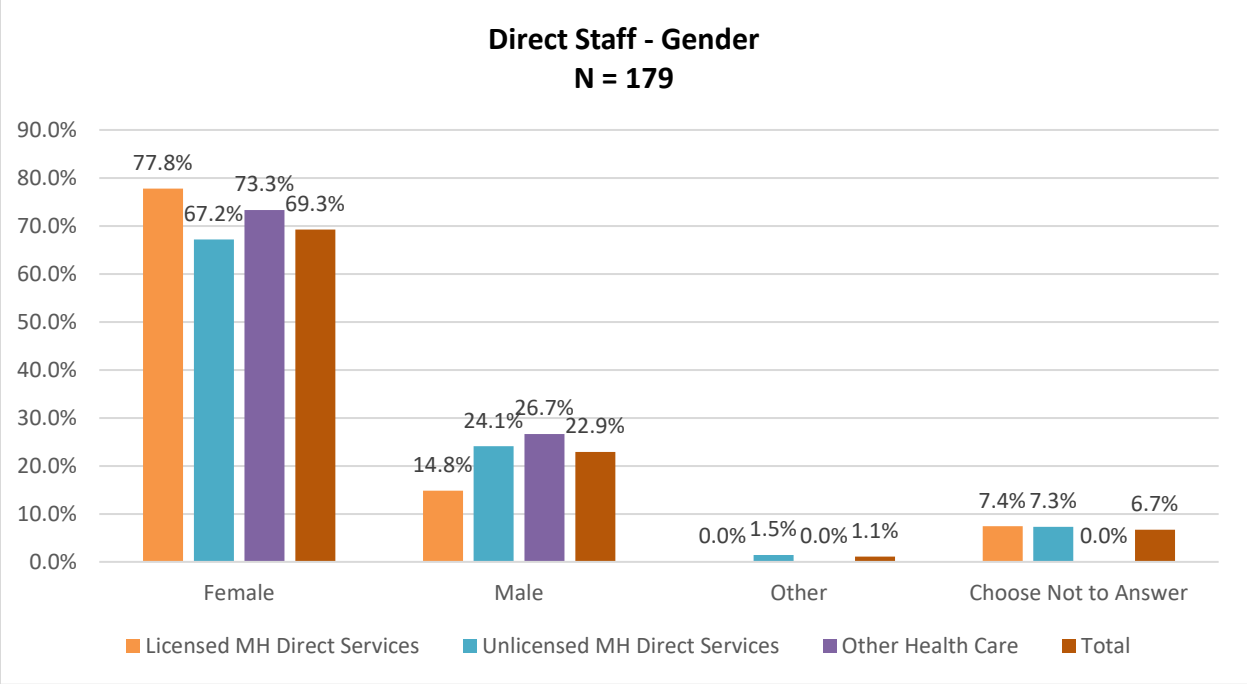
	Direct Service Staff			Non Direct Service Staff	
	Licensed MH Direct Service Staff	Unlicensed MH Direct Service Staff	Other Health Care Professionals	Managerial and Supervisory	Administrative
Series1	10.8%	54.6%	6.0%	14.3%	14.3%

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.

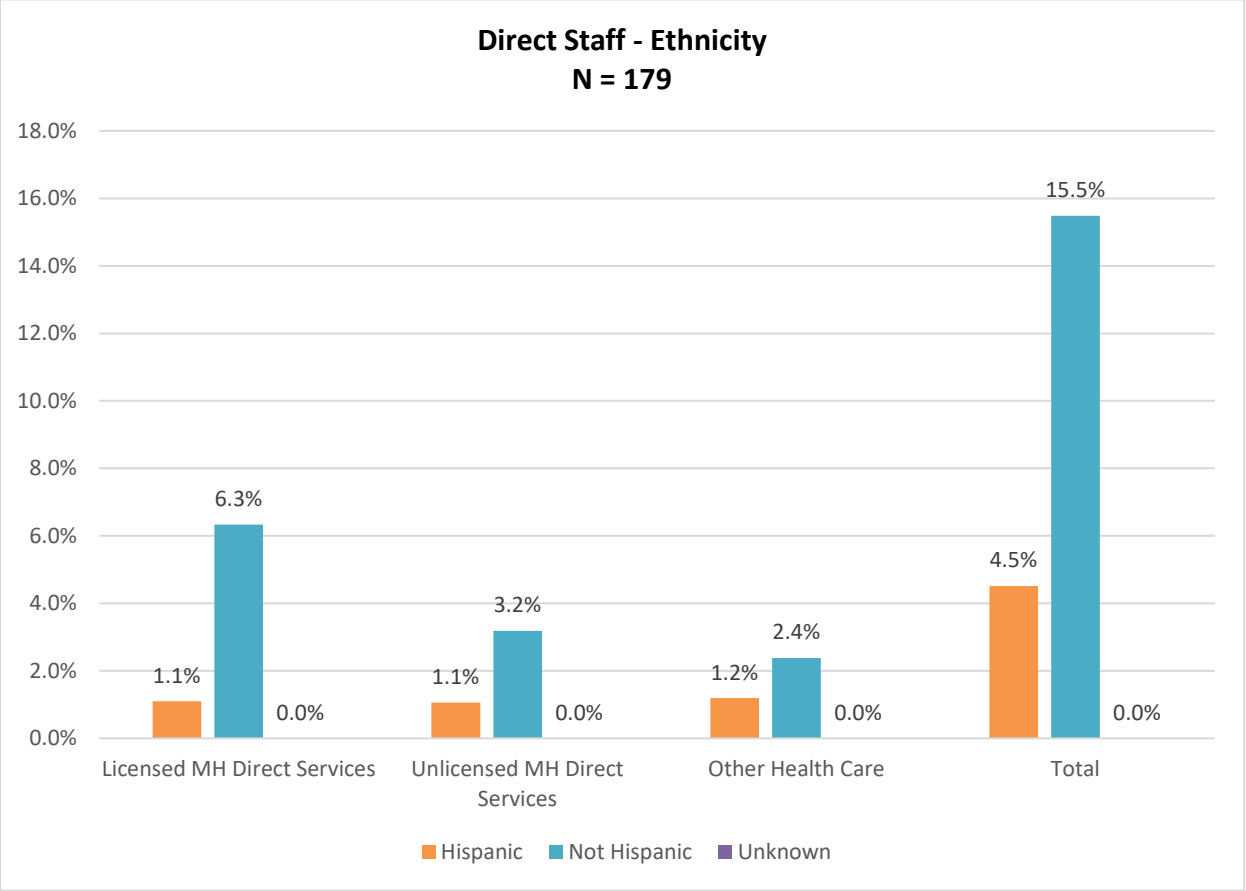
Gender

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



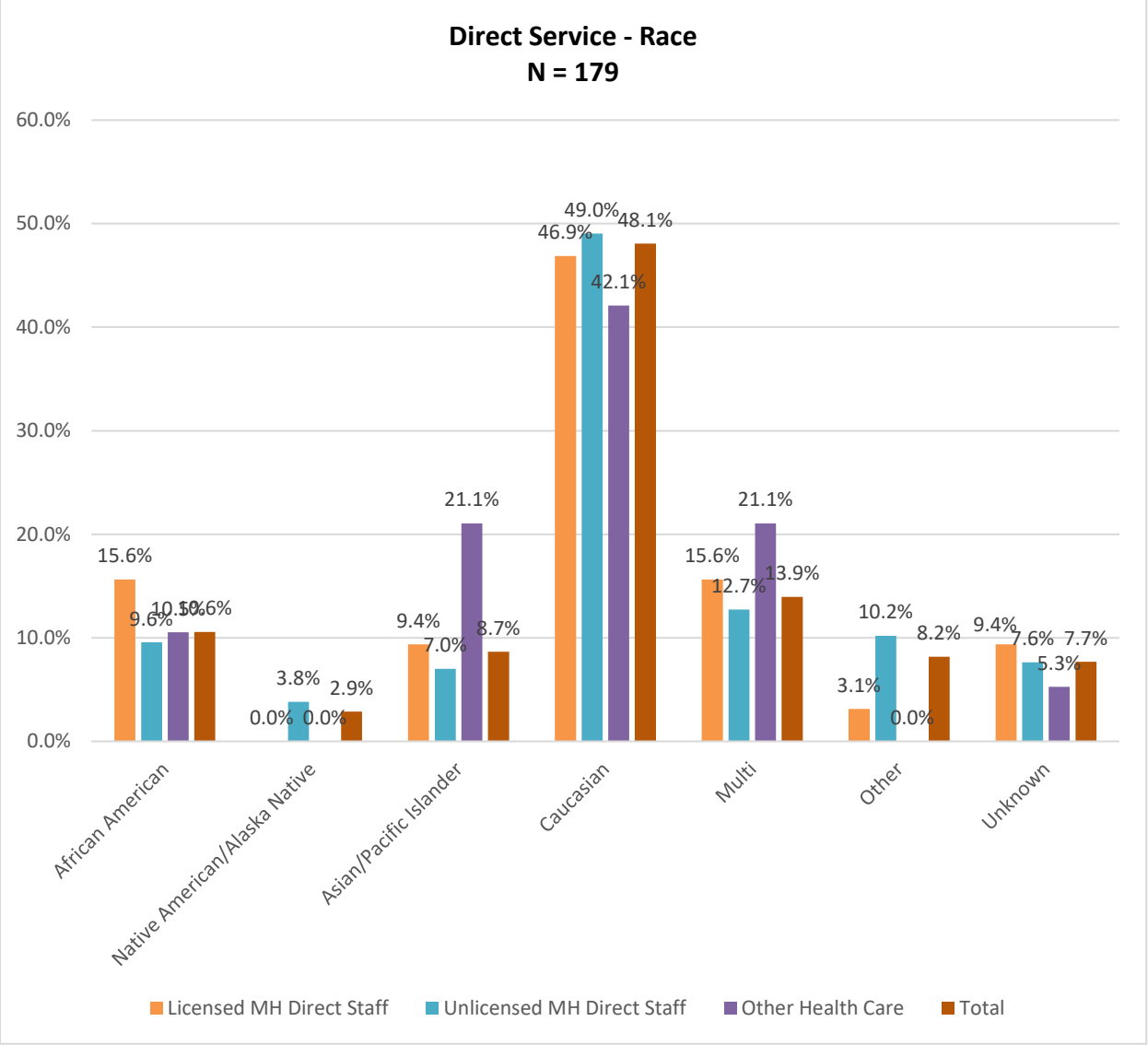
Ethnicity

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.



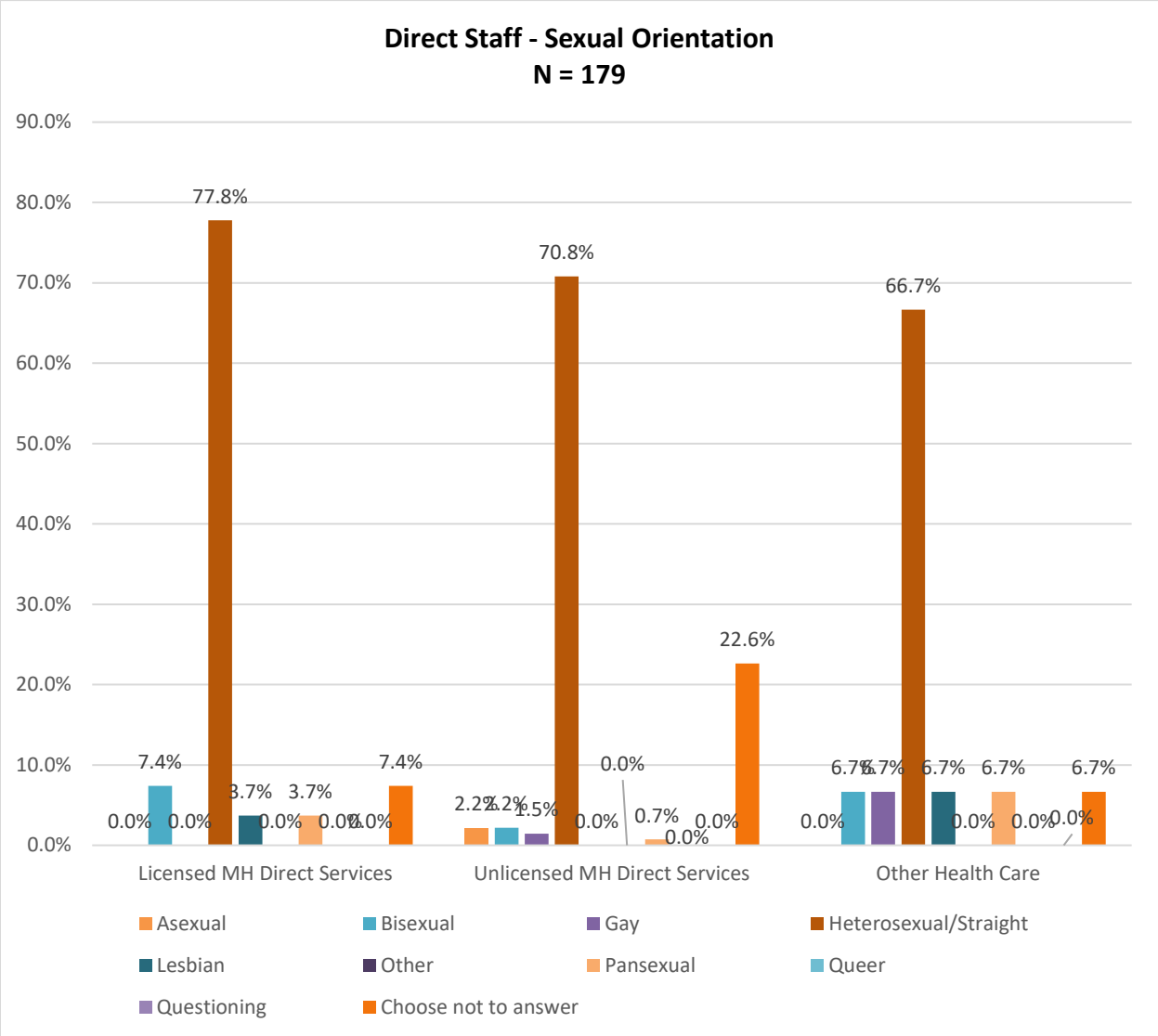
Race

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.



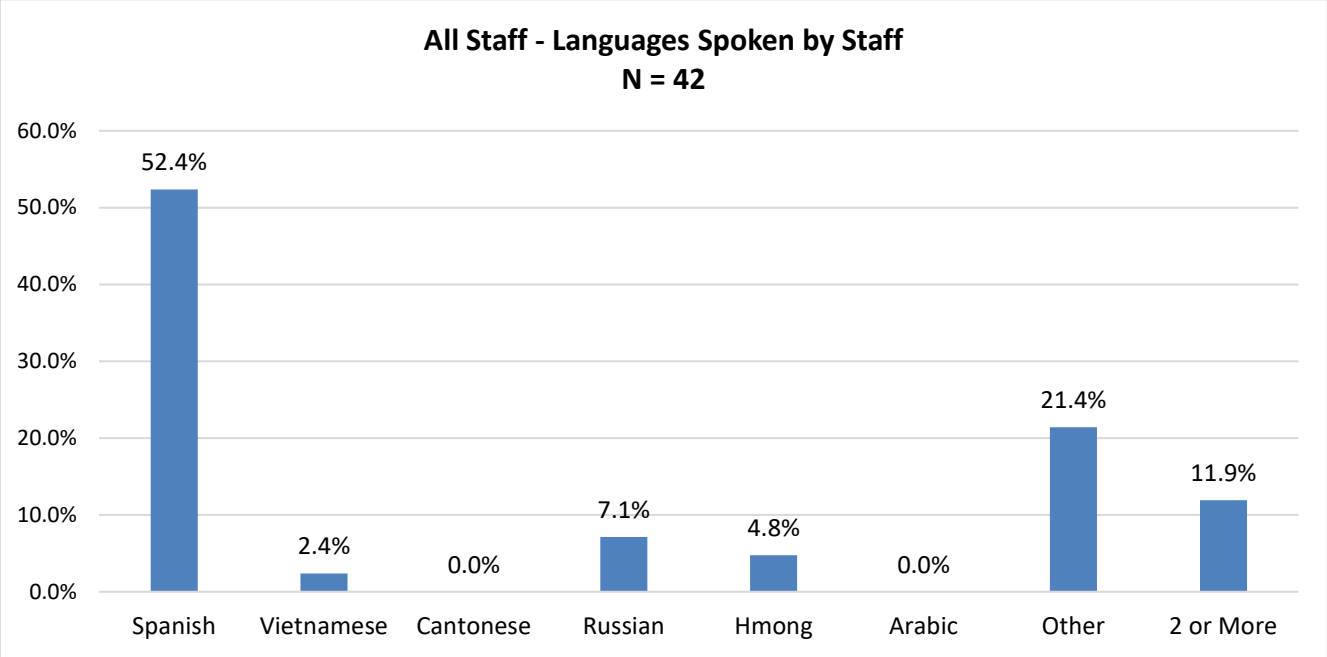
Sexual Orientation

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%.

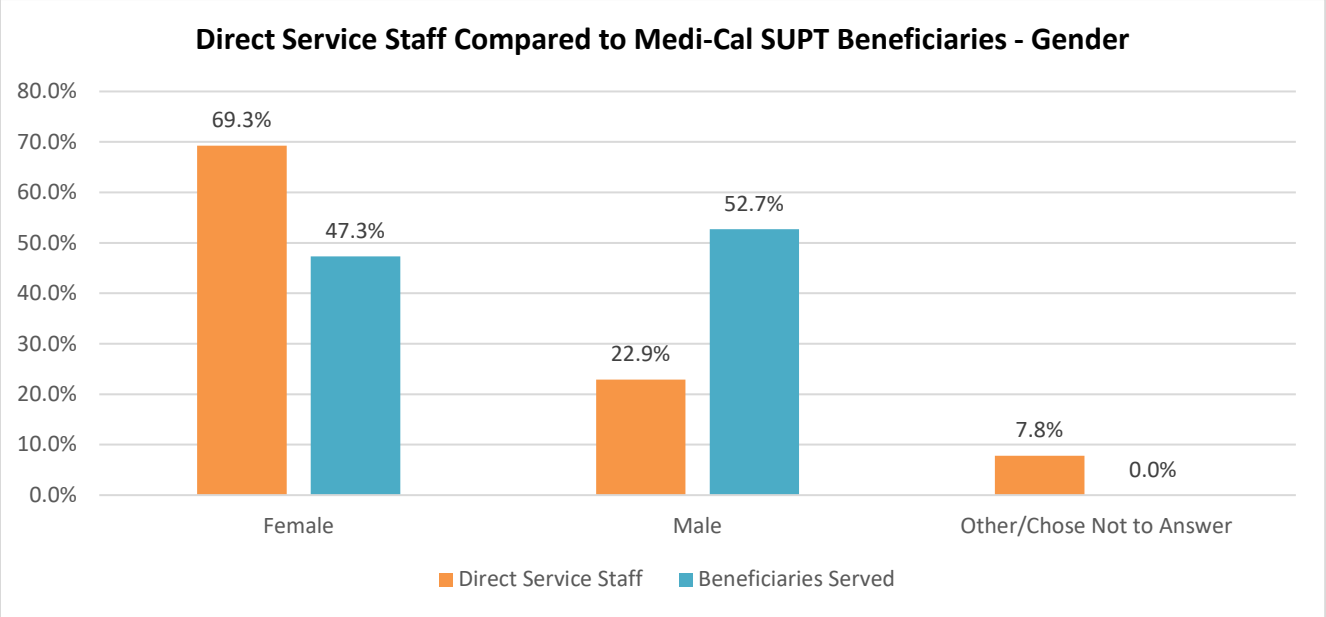
	Administrative Staff/Advisory Board/Steering Committee/Other		Licensed MH Direct Staff		Managerial and Supervisory		Other Health Care Professionals		Unlicensed MH Direct Staff		Unknown		Total	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
I am a consumer of Mental Health 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.

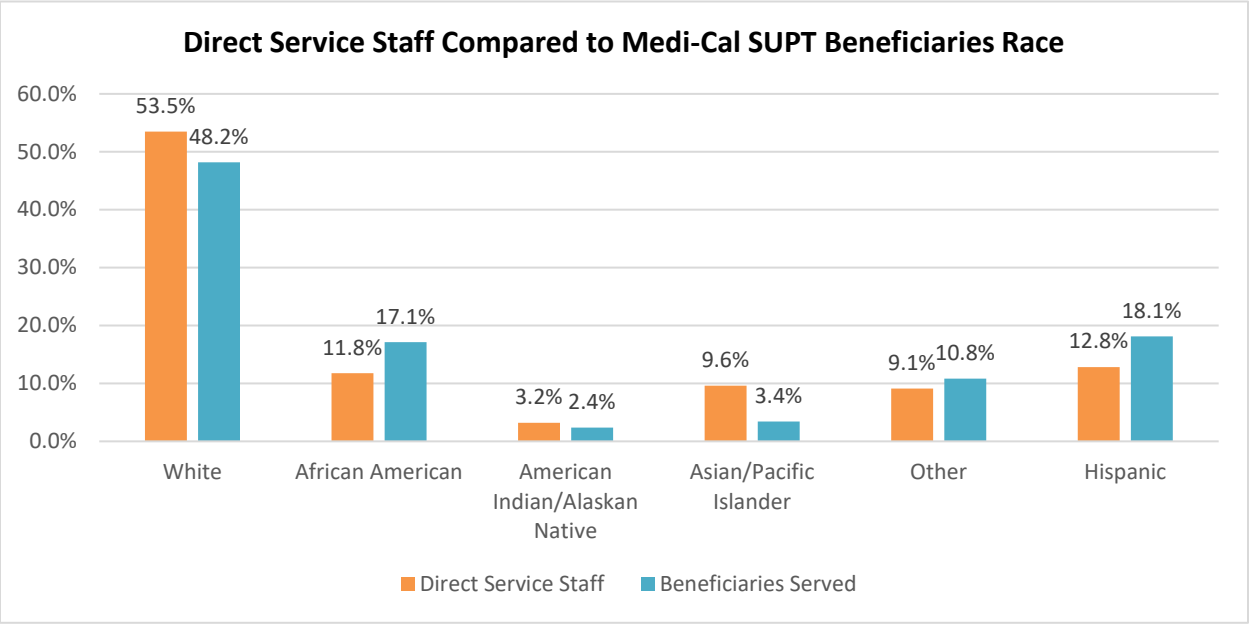
Gender

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



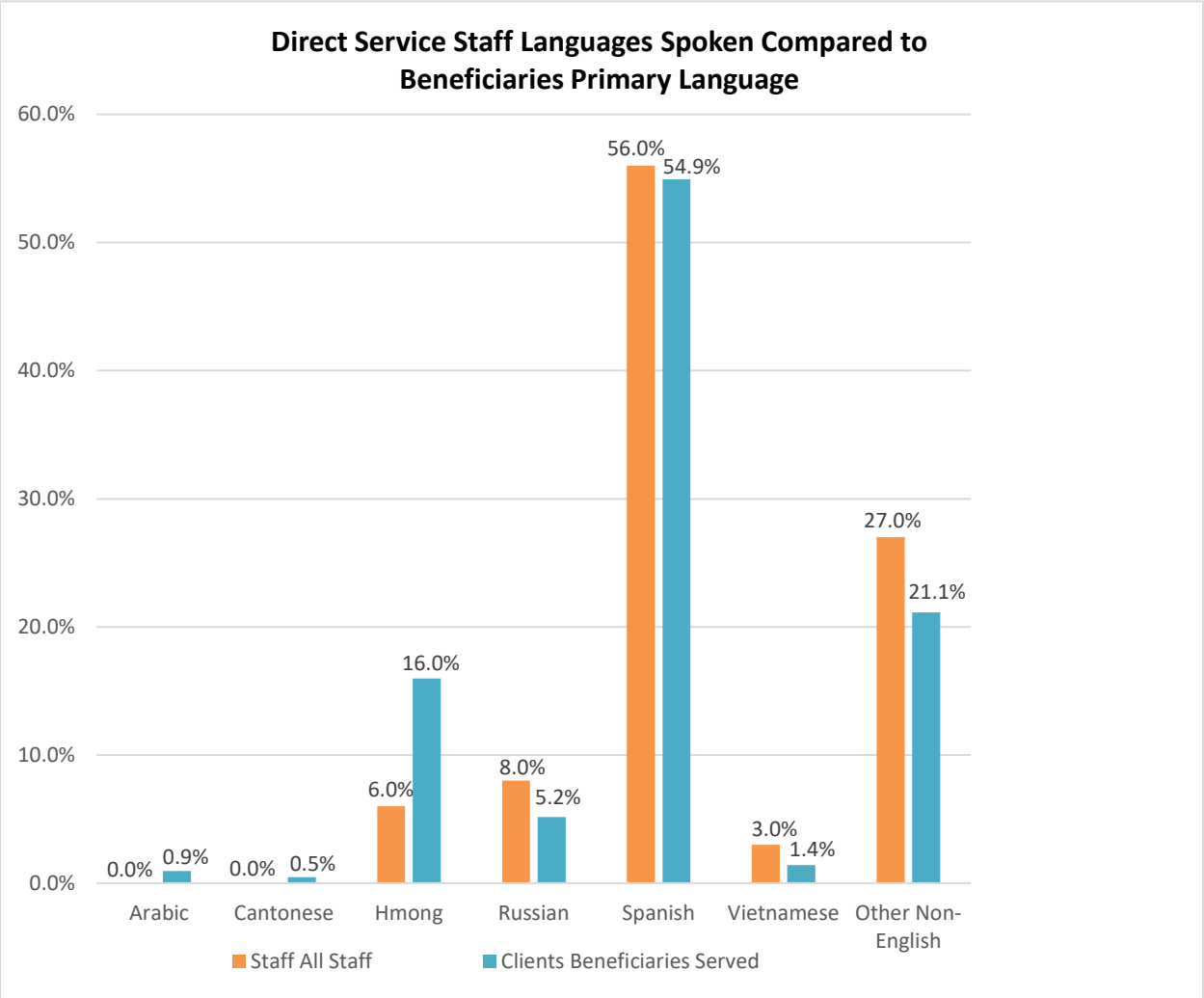
Race

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 2020-21, BHS introduced different strategies to expand our recruitment outreach efforts:

- Community events – developed a handout of vacancies from BHS contract providers and shared this handout with attendees at Juneteenth, a community celebration geared towards African American/Black/of African Descent communities (June 2021); talked about careers in behavioral health at other community events
- Professional associations – shared the handout of vacancies with various culturally specific professional associations
- Colleges and universities – provided the handout to local colleges and talked about careers in behavioral health
- Job fairs – participated in virtual job fairs

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

Throughout Phase 2, BHS and the other BHREC Phase 2 Implementation providers will be working on implementing the goals identified in their REAP and will be examining performance measures for each goal/activity.

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.

In the fall 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.

Many AA/B/AD community members who participated in one of several BHREC focus groups or key informant interviews reported several perceived gaps in service provision and employment opportunities. In response to the feedback, the BHS WET Coordinator, BHS WET Manager, BHS staff, and County Department of Personnel Services staff worked together to develop a webinar to walk potential employees through the county application process. BHS sent the flyer with registration information to the BHREC focus group members and to the Cultural Competence Committee (Appendix 100). The webinar covered important information such as the importance of providing specific examples that demonstrate skills and meaningful experiences when responding to the general application questions and supplemental questions. Attendees

were encouraged to highlight their strengths in their responses in ways that demonstrate that they meet minimum qualifications for the exam. The webinar was recorded and the link and password for viewing is available on the Job Seeker Resources website: (https://personnel.saccounty.gov/Pages/ESJobSeekerResources.aspx). Instructions for how to view the recording was sent out to the BHREC focus group members and to the Cultural Competence Committee.

Please note that we are also reporting on language capacity for Substance Use Prevention and Treatment (SUPT) in this update. The HR 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.

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

   Of all staff surveyed, 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.

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

   The total amount of expenditures for interpretation/translation services and bilingual staff employed throughout BHS MH and SUPT county-operated and county contracted providers is $12,460,671.74.

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. Training started during FY 20/21 with the Sacramento Mental Health Treatment Center, the APSS Clinic and the Access Team. Specialized clinical training is being conducted for those groups currently and the Deaf 101 training sessions are being scheduled that will be open to county staff, providers and community members.

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 (Appendix 57) contains the following information:

- how a member is eligible for substance use disorder treatment services
- how to access substance use disorder treatment services;
- who the service providers are;
- what services are available;
- what a member's rights and responsibilities are;
- BHS's Grievance and State Fair Hearing process; and
- important phone numbers regarding BHS's substance use disorder system of care.

The SUPT Member Handbook is currently being revised, which is close to completion. This year's goal is to translate the revised version in the seven threshold languages to be distributed to contracted service providers and to be posted on the County website.

Last year SUPT developed new DMC-ODS Informing Materials, which were translated in Sacramento County's six threshold languages: Arabic, Chinese, Hmong, Spanish, Russian, and Vietnamese. This year, SUPT had the following DMC-ODS Informing Materials translated into Farsi, Sacramento County's newest threshold language:

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

Sample provided in Farsi (Appendix 75)

- 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 on the SUPT website 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

  DHCS has approved the English version of the provider directory. This year's goal is to begin the process of translating the directory in the County's seven threshold languages to be posted on the SUPT website.

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

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

BHS recognizes the importance of recruitment and retention of bilingual/bicultural staff as being the best way of engaging and retaining clients 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 as a result of the pandemic 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 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 revising outreach brochures to reflect a recent name change 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, 283 bilingual staff have completed the BHIT and 216 staff have attended the training intended for staff who utilize interpreters in MH/behavioral health settings. Additionally, select staff from the Assisted Access program who have completed the forty-hour Health Interpreter Training and BHIT are available for consultation with agencies as the need arises.

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

BHS uses a systematic method for collecting language proficiency of staff employed in a behavioral health setting in Sacramento County.

This systematic data collection is conducted through the administration of the annual HR Survey. The Human Resource Survey contains a Language Proficiency Survey section (See Appendix 03) that solicits information from provider agencies about language proficiency testing. The following is an excerpt from the Human Resource Survey:

> Please state languages you are proficient in the space provided below.
>
> 1. Language: _____
>
> Check all that apply
> ☐Speak ☐ Read ☐ Write
>
> Did you take a formal test to determine Proficiency?
> ☐Yes ☐ No

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

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

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

The process that BHS uses to provide services in the preferred language of the client is the same whether the client speaks a threshold language or another language. BHS compiles a database of the responses from the HR Survey and Language Proficiency Survey responses. From this database, a report is generated that lists all of the staff employed by a county operated or contract provider who are proficient in a language other than English. Many of the languages reflected are beyond the scope of the 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 (Appendix 29 Mental Health Plan Provider List) that contains information about languages spoken by staff when assigning individuals to providers for continued outpatient MH services. In the event that on site bilingual staff are not available, staff enlist the services of interpreter staff from the Assisted Access Program, many of whom speak languages that do not meet the criteria to be considered a threshold language. Assisted Access Program staff are available during the hours of program operation for interpreting throughout the system. If needed, staff may contact additional interpreting agencies to schedule a face-to-face interpreter.

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

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.

- **Danelle's Place Respite Program** – Administered by Gender Health Center, this program provides mental health respite care via a drop in center to unserved and underserved adults ages 18 and over who identify as lesbian, gay, bisexual, transgender, queer, questioning and/or allied adults. There is an emphasis on serving transgender individuals who are experiencing overwhelming stress due to life circumstances in order to prevent an acute mental health crisis. Services include: assessment, supportive activities, individual and group chat, narrative authoring activities, therapeutic art activities, peer counseling, other crisis prevention services, and community outreach activities.

- **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 2020, two events were held to celebrate:

Recovery Happens

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

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

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.

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 (Appendix 94).

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 20-21, DMC-ODS Substance Use Prevention and Treatment (SUPT) served 5,479 Medi-Cal beneficiaries. Quality Management Member Services received nine grievances, representing 0.2% of SUPT beneficiaries. Adults submitted all grievances. One adult, ethnically identifying as "Other", had a financial concern. One adult, ethnically identifying as "White", had a concern regarding program requirements and one adult, ethnically identifying as "Black", had a concern regarding medication. Two adults, ethnically identifying as "Black" had concerns regarding interpersonal relationships. Two adults, ethnically identifying as "White" and "Multiple" had concerns related to treatment concerns and two adults, ethnically identifying as "Spanish/Hispanic", had concerns in the category of "Other". One-third of the issues received were from those identifying as "Black", but the total number of grievances is too small to draw any conclusions.

SUPT received zero standard and expedited appeals. SUPT received zero State Fair Hearings.

The number of SUPT grievances received this fiscal year almost doubled that of last year, nine received during FY 20-21 versus five received during FY 19-20. This may indicate beneficiaries are slowly becoming aware of their right to file a grievance for assistance

resolving issues of dissatisfaction regarding SUPT services. Appeals remained at zero and State Fair Hearings decreased from one to zero.

SUPT providers and beneficiaries continue to learn the various new processes regarding the grievance, appeal, and State Fair Hearing processes; combined, these processes are referred to as Member Rights. The County continues to offer training opportunities to providers regarding Member Rights 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, and Member Rights informing materials are on display in the providers' lobbies, and they are available on the County website. Informing materials are available to beneficiaries upon request, at no cost, and are available in threshold and prevalent languages and alternative formats. SUPT Member Services anticipates the number of grievances, appeals, and State Fair Hearings will continue to increase as beneficiaries become more comfortable with the filing processes.

During fiscal year 2020-2021, the number of beneficiaries served decreased by 5,669 members, or by 19%. The MHP served 30,201 beneficiaries during FY 2019-2020 and 24,532 beneficiaries during FY 2020-2021. During the last quarter of FY 19-20 through current, the COVID-19 pandemic has affected beneficiaries in various ways and some members may have postponed participation in MHP services due to the need to prioritize their basic needs and care for family members.

Similarly, there was a decrease in the total number of grievances, appeals, and State Fair Hearings received by Member Services, from 662 issues received during FY 19-20 to 477 issues received during FY 20-21, representing a 28% decrease. Yet, the percentage of issues filed with Member Services remains at approximately 2%, or 2 out of every 100 beneficiaries (2.2% vs 1.9%).

The California Department of Healthcare Services (DHCS) requires Mental Health Plans to submit an accounting of grievances and appeals filed by Medi-Cal beneficiaries regarding their provision of mental health services. This report is due on an annual basis. During fiscal year 20-21, the MHP received 285 grievances and 25 appeals, which are reportable on the Annual Beneficiary Grievance and Appeal Report (ABGAR). The ABGAR captures data specific to access, appeals, quality of care, change of provider requests resulting from a grievance, confidentiality, and other direct concerns related to the

provision of MHP services. In addition to these ABGAR areas, the MHP also assists beneficiaries in areas that include change of provider requests without a grievance, information only calls or calls not directly related to the MHP, and State fair hearings. These non-ABGAR issues totaled 167.

Table 20, below, shows a comparison between of the number of ABGAR grievances and appeals for Fiscal Years 19-20 and 20-21. According to the data, the number of ABGAR grievances decreased from 428 to 285. The number of standard appeals decreased from 48 to 25. These decreases may result from the lower number of total MHP Medi-Cal beneficiaries. It might also reveal an increase in satisfaction with services due to the ability to receive services at home versus in the office.

Table 20

Sacramento County Mental Health Plan Annual Problem Resolution Summary/Analysis Report						
Category	**Adults**		**Children**		**Total**	
	FY 19-20	**FY20-21**	**FY19-20**	**FY20-21**	**FY19-20**	**FY20-21**
Grievances	**327**	**219**	**101**	**66**	**428**	**285**
Standard Appeal	**30**	**19**	**18**	**6**	**48**	**25**
Expedited Appeal	**0**	**0**	**0**	**0**	**0**	**0**
Total	**357**	**241**	**119**	**73**	**476**	**310**

Grievance Issues by Ethnicity

The MHP predominantly provides services in English. Non-English speakers are provided services either by staff competent in the beneficiary's language or by interpreters. Auxiliary aids are also available to beneficiaries. These services are available, upon request, and at no cost to the beneficiary to ensure clear and accurate communication. Table 21 reflects the race/ethnicity of beneficiaries who have submitted grievances or other concerns during FY 20-21. The Beneficiary Protection database can identify the ethnicity of the beneficiary by type of grievance. As seen below, those identifying as White/Caucasian have the highest percentage of grievances (42%), followed by beneficiaries identifying their race/ethnicity as African American/Black (30%). The third largest population of grievances are those identifying their race/ethnicity as Spanish/Hispanic (15%). All other racial/ethnic groups report grievances in lower percentages. This racial/ethnic breakdown can also be seen within the types of

grievances reported, with the exception of Change of Provider Requests without a grievance issue. In this category, African American/Black requested consideration for a higher level of care provider more than Caucasian/White beneficiaries.

Table 21

FY 20-21 Grievances and Appeals by Type and Race/Ethnicity											
Ethnicity	**Access**	**Appeal**	**Quality of Care**	**Change of Provider with Grievance**	**Change of provider w/o grievance**	**PHI Shared**	**Other ABGAR Grievances**	**Other MHP Grievances**	**SFH**	**Total**	
African American	2	7	23	29	38	0	27	17	0	**143**	**30%**
American Indian	0	0	0	2	2	0	4	1	0	**9**	**2%**
Arab	0	0	0	0	0	0	1	0	0	**1**	**0.2**
Chinese	0	0	0	1	0	0	0	1	0	**2**	**0.4**
Filipino	0	0	0	0	0	0	1	0	0	**1**	**0.2**
Former Soviet	0	0	0	1	0	0	0	0	0	**1**	**0.2**
Hmong	0	0	0	1	0	0	1	0	0	**2**	**0.4**
Korean	0	0	1	0	0	0	0	0	0	**1**	**0.2**
Laotian	0	0	0	2	0	0	0	0	0	**2**	**0.4**
Mien	0	0	0	1	1	0	0	0	0	**2**	**0.4**
Multiple	0	0	6	9	11	0	1	3	0	**30**	**6%**
Other Asian	0	0	0	0	0	0	1	0	0	**1**	**0.2**
Spanish/Hispanic	3	8	9	13	22	0	9	7	2	**73**	**15%**
Unknown	0	0	0	1	0	0	0	6	0	**7**	**2**
Vietnamese	0	0	0	0	0	0	3	0	0	**3**	**0.6**
White	7	10	28	55	30	0	43	24	2	**199**	**42%**
Total	**12**	**25**	**67**	**115**	**104**	**0**	**91**	**59**	**4**	**477**	**100%**

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

Sacramento County Behavioral Health Services
Cultural Competence Plan Update - Fiscal Year 2020 - 2021

Appendix Number	Appendix Name
02	Outreach Tracking Tool/Outreach Log FY 2020-21
03	Human Resource Survey & Language Proficiency Survey
10	Cultural Competence - Organizational Chart
11	Combined Cultural Competence /System-wide Committee Roster FY 2020-21
16	Behavioral Health Services Cultural Competence Training Log FY 2020 -21
27	Acknowledgement of Receipt
29	Mental Health Plan Provider List
32	Progress Notes Policy QM-10-30 (Mental Health)
34	Electronic Utilization Review/Quality Assurance Activities Policy QM-09-05
35	Interpretation Services by Family Members Policy QM-01-03
36	Wellness Recovery Centers Schedules
43	BHS Assurance of Cultural Competence Compliance
50	P&P #01-02 Access to Interpreter Services
51	Child and Family Mental Health Continuums
52	Adult Mental Health Service Continuums
53	Document Translation Method and Process
54	Substance Use Prevention and Treatment Continuum - Revised August 2021
57	Substance Use Prevention and Treatment Member Handbook
59	Substance Use Prevention and Treatment Provider Directory
68	Behavioral Health Racial Equity Collaborative Focus Group Report
72	Substance Use Prevention and Treatment Brochures
74	Peer Empowerment Conference 2021 Summary Report
77	Summary of Community Input
82	Language Assistance Poster
83	Sacramento County Alcohol and Drug Advisory Board Recruitment Flyer
84	BOS Resolution: Racism is a Public Health Crisis
85	Culttural Competence Committee Collective Comments
86	Cultural Competence Newsletter
87	2021 Peer Empowerment Conference Program
88	Behavioral Health Racial Equity Collaborative Racial Equity Action Plans Summary Report
91	RFA MHSA071 Adult Outpatient Services Transformatin CORE Program
93	Selective Certifications Policy
94	Final Report Back Community/Stakeholder Input for Adult Outpatient Services Transformation
97	Cultural Competence Training Tracking Form
98	Behavioral Health Interpreter Training and Eliminating Inequities Webinar Announcements
99	Substance Use Prevention and Treatment Site Review and UR Tools
100	Sacramento County Employment Webinar
101	Mental Health Board Recruitment Letter
102	Behavioral Health Peer Specialist Series
103	Careers in Health Webinar flyer

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 2020 - 2021

Outreach Event	Description of Outreach/Activity	# of attendees	Date
Radio Talk Show on KFSG - 1690 AM	Educational Talk Show	2500	7/1/2020
4th of July Fireworks Sales Event	Tabling	20	7/1/2020
4th of July Sales Event	Tabling	11	7/2/2020
4th of July Sales Event	Tabling	17	7/3/2020
4th of July Fireworks Sales Event	Tabling	18	7/4/2020
PSA on radio KFSG-1690 AM	Play PSA about SCC Program	2500	7/8/2020
Radio Talk Show on KFSG - 1690 AM	Recruitment clients and presentation SCC Program	955	7/8/2020
Ethno FM - Community Voice Radio 87.7 FM	SCC Radio Program about Suicide Prevention	5000	7/9/2020
Young Rascals	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	7	7/13/2020
Older Adult Coalition Meeting "OAC"	Via Zoom; Warmline & Older Adult talked about virtual services, mentioned need for volunteers and upcoming WRAP. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	7	7/14/2020
PSA on radio KFSG-1690 AM	Talk Show about mental health, stigma and discriminations	2500	7/15/2020
PSA on radio KFSG-1690 AM	Play PSA about SCC Program	2500	7/22/2020
Family Matters Model Program Training	Educated and distributed resources at 3 part virtual training about drug and alcohol services to increase awareness about drug prevention and how to increase perceived risk through communication with family and adult guardians and sharing information with other youth. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities	10	7/23, 7/30,8/6/2020
Entercom Radio Interview	Jensen & Nicole did brief overview of Cal Voices, narrowing in on Warmline & OA Program as well as WRAP with Entercom Radio (6 stations total!)	850	7/24/2020
Sacramento Slavic Church Leaders ZOOM Meeting	SCC Online Presentation	14	7/24/2020
Antelope Community Page	Online	15	7/27/2020
Cultural Competence Committee	Via Zoom; Warmline & Older Adult talked about virtual services, mentioned need for volunteers and upcoming WRAP. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	4	7/28/2020
Facebook Live: "Let's Talk Pot - Part 3: Anxiety, Withdrawal & 'Greening' Out"	interactive presentation on Facebook Live to talk about thoughts on marijuana along with the little known facts about today's marijuana and its unique effect on diverse teens. Part 3 focuses on Anxiety withdrawal and greening out. Shared information to adults, parents/guardians, and general public. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities	137	7/29/2020
Golden Years	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	5	7/29/2020
Radio Talk Show on KFSG - 1690 AM	Talk Show about youth mental health	2500	7/29/2020
SCUSD Collaboration Meeting	Met with Coordinator of Student Support & Health Services Department, and Director of Student Support & Health Service to discuss ways that ROCC can support SCUSD students and staff during the upcoming, unusual school year. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	7	7/30/2020

Behavioral Health Services Cultural Competence Outreach Log
FY 2020 - 2021

Outreach Event	Description of Outreach/Activity	# of attendees	Date
North Sacramento FRC Training in Spanish	Worked with the North Sacramento Family Resource Center to provide a workshop to Spanish-speaking parents on underage drinking and marijuana prevention on zoom. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	10	7/31/2020
Radio Talk Show on KFSG - 1690AM	Talk Show on radio	2700	8/5/2020
CSUS: Gerontology Department	Online	2	8/7/2020
CSUS: Gerontology Department	Online	2	8/7/2020
Young Rascals	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	7	8/10/2020
Radio Talk Show on KFSG - 1690 AM	Talk Show on radio	2500	8/12/2020
SCUSD Student Support Manager Meeting	Met with Coordinator of Student Support & Health Services Department and about 18 Student Support Managers to Explain ROCC Mental Health services and Family Resource Center services. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	21	8/13/2020
Radio Talk Show on KFSG - 1690 AM	Presentation SCC Program	3000	8/19/2020
Sac State- Network Café	Warmline and Older Adult staff attended to hear about other community based organizations; did outreach and gained new contacts in regard to Warmline and Older Adults programs and services including WRAP. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	12	8/20/2020
VA Appreciation Picnic	Provide resources to Veterans and their families. Provide information regarding Crisis Respite Center. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	50	8/24/2020
Aging & Resource Exchange	Hosted monthly (virtually); Warmline & Older Adult attended to hear of new resources to provide to clients as well as spread word on outreach for both programs.	6	8/25/2020
Golden Years	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	5	8/26/2020
Radio Talk Show on KFSG - 1690 AM	Recruitment clients and presentation SCC Program	2500	8/26/2020
PSA on radio KFSG-1690 AM	Play PSA about SCCC Program	3000	9/2/2020
Homeless Youth Outreach	Street Outreach	8	9/2/2020
Social Media	Online Posting	10	9/2/2020
Recovery Happens	Participation in the annual Recovery Happens event. Outreach aimed at community education and referrals for our withdrawal management, residential,MAT, criminal justice and outpatient programs. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	15+ Staff/ 50+ Clients	9/3/2020
OAC	Via Zoom; Warmline & Older Adult talked about virtual services, mentioned need for volunteers and upcoming WRAP. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	1	9/8/2020
Radio Talk Show on KFSG - 1690 AM	Recruitment clients and presentation SCC Program	2500	9/8/2020
Older Adult Coalition	Announcements	30	9/8/2020
OAC	Meeting	30	9/8/2020

Behavioral Health Services Cultural Competence Outreach Log
FY 2020 - 2021

Outreach Event	Description of Outreach/Activity	# of attendees	Date
Facebook Live: "Let's Talk Alcohol – Part 1: Overdose or Just Sleeping it Off?"	Start of new series about underage alcohol prevention use. Facebook live interactive virtual presentation about when/why its important to call for help when someone has alcohol poisoning. Shared information to adults, parents/guardians, and general public. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	119	9/9/2020
Young Rascals	Older Adult Support Group	7	9/14/2020
Young Rascals	Support Group	6	9/14/2020
Radio Talk Show on KFSG - 1690 AM	Talk Show on radio	990	9/16/2020
Network Café	Warmline and Older Adult staff attended to hear about other community based organizations; did outreach and gained new contacts in regard to Warmline and Older Adults programs and services including WRAP. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	15	9/17/2020
Guided Painting Workshop	Workshop	11	9/17/2020
Network Cafe	Meeting	80	9/17/2020
Cultural Competence Committee	Via Zoom; Warmline & Older Adult talked about virtual services, mentioned need for volunteers and upcoming WRAP.	2	9/22/2020
Radio Talk Show on KFSG - 1690 AM	Talk Show on Radio	3000	9/23/2020
Social Media	Online Posting	11	9/23/2020
Out of the Darkness Walk: Virtual Presentation	NAMI's annual "Out of the Darkness" Walk was virtual this year. Warmline and Older Adult were able to provide brief videos including services they offer to display during OOTD Walk Presentation. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	24	9/26/2020
Out of Darkness Walk; Virtual	Presentation	91	9/26/2020
Aging & Resource Exchange Presentation	Hosted monthly (virtually); Warmline & Older Adult attended to hear of new resources to provide to clients as well as spread word on outreach for both programs. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	1	9/29/2020
Aging and Resource Exchange	Presentation	22	9/29/2020
Golden Years	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	5	9/30/2020
PSA on radio KFSG-1690 AM	Play PSA about SCCC Program	2500	9/30/2020
Golden Years	Support Group	6	9/30/2020
Young Rascals	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	7	10/5/2020
Radio Talk Show on KFSG - 1690 AM	Talk Show	2500	10/7/2020
Homeless Youth Outreach	Provided care packages to homeless TAY at the Wind Shelter including information on behavioral health resources in Sacramento and offered support to link youth to these resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	20	10/8/2020
Homeless Youth Outreach	Provided emergency supplies	20	10/8/2020
Suicide Awareness Presentation	Presentation	25	10/12/2020
Radio Program	Play PSA	3000	10/14/2020
City Church in Oak Park Wellness Forum	Shared self-care resources to African-American community.	3	10/17/2020

Behavioral Health Services Cultural Competence Outreach Log
FY 2020 - 2021

Outreach Event	Description of Outreach/Activity	# of attendees	Date
Sacramento Food Bank	Called and let them know of Warmline and Older Adult's current services & need for volunteers. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	5	10/19/2020
Sacramento Food Bank	Flyer Distribution	10	10/20/2020
Facebook Live: "Let's Talk Alcohol Pt. 2: Is Alcohol the "Safer" Drug?"	Let's Talk Alcohol: Is it the "safest" drug?": Explore the questions "Isn't alcohol the less harmful drug?", "Isn't it safer to use alcohol instead of turning to harder drugs?", why teens use alcohol, and explore some of the hidden dangers and surprising consequences of use. Shared information to adults, parents/guardians, and general public. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	123	10/21/2020
Radio Talk Show on KFSG - 1690 AM	Talking about available services for people who need help with mental health problems	3500	10/21/2020
Homeless Youth Outreach	Provided care packages to homeless TAY in the community. Care packages included information on behavioral health resources in Sacramento. Offered support to link youth to these resources.	15	10/22/2020
Homeless Youth Outreach	Providing emergency resources	15	10/22/2020
Cultural Competence Committee	Via Zoom; Warmline & Older Adult talked about virtual services, mentioned need for volunteers and upcoming WRAP. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	8	10/27/2020
Golden Years	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	5	10/28/2020
Family Matters Model Program Training	Educated and distributed resources at 3 part virtual training about drug and alcohol services to increase awareness about drug prevention and how to increase perceived risk through communication with family and adult guardians and sharing information with other youth. Shared information with Parents abd Health professionals/ Counselors	5	10/29, 11/5, 11/12/2020
COVID-19 Presentation	Warmline and Older Adult Program staff presented briefly to the county and webinar about services offered during COVID. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	9	10/30/2020
Trunk or Treat	Drive through trick or treat event for children in the community and distrubuted information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking families and youth.	608	10/30/2020
Suicide Prevention Resrouces in the Times of COVID-19	A webinar showcasing Supporting Community Connections suicide prevention strategies. Each program shared how COVID-19 has affected the populations their serve, and how they have adapted their services to fit the needs of diverse communities in these challenging times. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities	58	10/30/2020
Suicide Prevention in Times of COVID-19 Webinar	Presentation	56	10/30/2020
Suicide Prevention in Times of COVID-19	Presentation	35	10/30/2020
Social Media: Facebook	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	3	10/31/2020
Social Media: Instagram	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	1	10/31/2020
Young Rascals	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	7	11/9/2020
EGUSD Presentation	Presented self-care resources to a diverse group of families of children 0-5 years old. Outreach event to increase awareness and understanding of mental health conditions and improve access to available services, focusing on diverse youth and families.	10	11/10/2020

Behavioral Health Services Cultural Competence Outreach Log
FY 2020 - 2021

Outreach Event	Description of Outreach/Activity	# of attendees	Date
MH Aging Conference	Q2 -40th Annual Virtual Mental Health and Aging Conference - 10/10 Dual Pandemics: Impacts of COVID and Racism on Older Adults. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	7	11/12/2020
UC Davis Diaper Project	Collaborated with UC Davis diaper drive and distrubuted information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	6	11/12/2020
Social Media: Instagram	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	6	11/15/2020
EGUSD Presentation	Presented self-care resources to a diverse group of families of children 0-5 years old. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths from culturally and linguistically diverse communities.	10	11/17/2020
Golden Years	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	5	11/18/2020
Social Media: Facebook	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	1	11/19/2020
Leadership On The Go	Presentation	556	11/22/2020
Cultural Competence Committee	Via Zoom; Warmline and Older Adult talked about end of WRAP season and ongoing services still being offered during the holiday season. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	5	11/24/2020
San Juan Unified Foster Youth Staff Meeting	Presentation	20	12/1/2020
Radio Talk Show on KFSG - 1690 AM	Presentation SCC Program	900	12/2/2020
Radio program about mental health resources	Ethno FM - Community Voice Radio 87.7 FM	5000	12/3/2020
Homeless Youth Outreach	Provided care packages to homeless TAY in the community. Care packages included information on behavioral health resources in Sacramento. Offered support to link youth to these resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	10	12/4/2020
Social Media: Instagram	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	6	12/4/2020
PPE Drive	Provided PPE gear to members of the community and distributed information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	205	12/4/2020
Homeless Youth Outreach	Providing Resources	10	12/4/2020
UC Davis Diaper Project	Collaborated with UC Davis diaper drive and distrubuted infroamtion on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	4	12/7/2020
COVID-19 Testing	Recruitment	100	12/7/2020
Radio Talk Show on iBrat-TV	Mental Health round table Slavic Pastors and MH specialist	990	12/9/2020
Sutter Center for Psychiatry Inpatient Unit	Presented on early identification of psychosis to clinicians working with children from disadvantaged backgrounds on an inpatient unit. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	20	12/10/2020
SJUSD Counseling staff	Spoke with SJUSD Counseling staff two times to discuss referrals for families, the process, and coordination. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	1	12/10/2020
Health Education Council	Provided resource and career education to the Youth from Neighborhood Safety & Youth Engagement Program. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	30	12/10/2020

Behavioral Health Services Cultural Competence Outreach Log
FY 2020 - 2021

Outreach Event	Description of Outreach/Activity	# of attendees	Date
Former Foster Youth Outreach	Presentation	30	12/10/2020
Slavic Parent Workshop	SCC Presentation	34	12/10/2020
Meeting with Trans Queer Youth Collective	Provided a presentation about the SCC program and provided information on behavioral health resources in Sacramento. Offere support to link youth to these resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	5	12/11/2020
La Posada at LFCC	LFCC hosted Christmas activites for members of the community and distributed information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	704	12/11/2020
PPE Drive	Recruitment	100	12/11/2020
Meeting with Trans Queer Youth Collective	Presentation	5	12/11/2020
Slavic TV CHANNEL "iBrat TV" Program	Online/TV/Radio Interview	5000	12/11/2020
Young Rascals	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	7	12/14/2020
Lunch Program	Provided childeren of the community school lunches and distributed information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	10	12/15/2020
Meeting with North Highlands Family Resource Center	Provided a presentation about SCC and how the program can support linkages for underserved TAY to access behavioral health supports in Sacramento. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	3	12/16/2020
Meeting with North Highlands Family Resource Center	Presentation	3	12/16/2020
Radio Talk Show on KFSG - 1690 AM	Play PSA for Slavic Community	990	12/16/2020
Facebook Live: "Let's Talk Mental Health - Practical Steps to Manage Anxiety"	Facebook live presentation went over mental health tips for youth. talked about ways to cope that avoid the trap of turning to alcohol and/or marijuana. Shared information to adults, parents/guardians, and general public. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	117	12/17/2020
Social Media: Instagram	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	5	12/17/2020
UC Davis Toy Drive	Collaborated with UC Davis to collect toy donations and distributed information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	2 0	12/17/2020
Homeless Youth Outreach	Provided care packages to homeless TAY in the community. Care packages included information on behavioral health resources in Sacramento. Offered support to link youth to these resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	20	12/19/2020
Homeless Youth Outreach	Providing Resources	20	12/19/2020
Winter Wellness	Social media, invitation, online, postings	84	12/21/2020
A Day of Healing	Presentation	12	12/22/2020
A Day of Healing #2	Presentation	18	12/22/2020
A Day of Healing #3	Presentation	26	12/22/2020
Golden Years	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	5	12/23/2020
Radio Talk Show on KFSG - 1690 AM	Presentation SCC Program	900	12/23/2020

Behavioral Health Services Cultural Competence Outreach Log
FY 2020 - 2021

Outreach Event	Description of Outreach/Activity	# of attendees	Date
Homeless Youth Outreach	Provided care packages to homeless TAY in the community. Care packages included information on behavioral health resources in Sacramento. Offered support to link youth to these resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	15	12/29/2020
Homeless Youth Outreach	Providing Resources	15	12/29/2020
Social Media	Online	10	12/29/2020
LFCC Maple Center Outreach	Distributed information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	3	1/4/2021
Community Outreach Academy Charter School PD Day	SCC Online Presentation via Zoom	35	1/4/2021
LFCC Monthly Outreach	Hosted monthly outreach event at Fairsite Elementary school in Galt, CA to promote and distribute information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	21	1/5/2021
PSA on radio KFSG-1690 AM	Talk Show about youth mental health	950	1/6/2021
Homeless Youth Outreach	Provided care packages to homeless TAY in the community. Care packages included information on behavioral health resources in Sacramento. Offered support to link youth to these resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	11	1/7/2021
Homeless Youth Outreach	Providing Emergency Supplies	11	1/7/2021
LFCC Monthly Outreach	Collaborated with St. Hope Public School to promote and distribute information on LFCC resources Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	9	1/9/2021
Lunch Program	Provided children of the community school lunches and distributed information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	4	1/11/2021
PPE drive-thru distribution	Recruitment	232	1/11/2021
Older Adult Coalition	Via zoom; Warmline and Older Adult program discussed services being offered and need for volunteers. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	6	1/12/2021
COA Charter School Site Council Zoom Meeting	SCC Online Presentation via Zoom	15	1/12/2021
Dia Del Nino at Lao Family Community Center	Collaborated with Lao Family Community Center to promote and distribute information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	3	1/13/2021
PSA on radio KFSG-1690 AM	Play PSA about SCCC program	2500	1/13/2021
Ethno FM - Community Voice Radio 87.7 FM	Radio Interview	5000	1/14/2021
YMCA Lunch Program	Collaborated with YMCA to provided children of the community school lunches and distributed information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	81	1/15/2021
Radio Talk Show on KFSG - 1690 AM	Talk Show about mental health stigma discriminations	2500	1/20/2021
2021 Slavic Pastors Retreat	SCC presentation	23	1/22/2021
Healthy Village Senior Group Food Delivery	Sharing program flyers	56	1/22/2021
SAE Mien Youth Food Delivery	Sharing program flyers	21	1/22/2021
COVID-19 Testing	Recruitment	230	1/25/2021
CCC Meeting	Via zoom; Warmline and Older Adult program discussed services being offered and need for volunteers. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	4	1/26/2021

Behavioral Health Services Cultural Competence Outreach Log
FY 2020 - 2021

Outreach Event	Description of Outreach/Activity	# of attendees	Date
Lunch Program	Provided children of the community school lunches and distributed information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	19	1/26/2021
Dia Del Nino at HYPU	Collaborated with Hmong Youth and Parents United to distribute information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	6	1/26/2021
Family Matters Model Program Training	Educated and distributed resources at 2 part virtual training about drug and alcohol services to increase awareness about drug prevention and how to increase perceived risk through communication with family and adult guardians and sharing information with other youth. Shared information with Parents abd Health professionals/ Counselors	7	1/28, 2/4/2021
Dia Del Nino at HYPU	Collaborated with Hmong Youth and Parents United to distribute information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	8	1/28/2021
Birth and Beyond Outreach	Distributed information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	6	1/28/2021
Dia Del Nino at 916 INK	Distributed information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	3	1/29/2021
PPE Drive	Recruitment	200	1/29/2021
Instagram	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	16	1/31/2021
Facebook	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	7	1/31/2021
Safe Black Space	Consulted and collaborate with Ontrack Program Resources on creation of a Toolkit of resources and support services specificly for Black community member seeking mental health and SUD services. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on African-American / Black community.	potentially thousands	2/1/2021 to 6/30/2021
COVID-19 Testing Clinic	Recruitment	652	2/1/2021
Lyons Club Presentation	Presentation about behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on older adult community in Sacramento County. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	50	2/3/2021
Slavic Church Youth Meeting	SCC Presentation	15	2/3/2021
LFCC Maple Center Outreach	Distributed information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	2	2/4/2021
Young Rascals	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	7	2/8/2021
COA Charter School Site Council Meeting	SCC Presentation via Zoom	19	2/9/2021
Facebook Live: "How to get a Drug Free High: Making Beats"	Teach how to make music using free apps. Talk about how these creative outlets help young people from bordem. Shared information with youths/teens, parents/guardians and general public. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	14	2/10/2021
COVID Vaccine Workshop	Presentation	51	2/10/2021
STARS FIT Program	Presentation on the JJDTP program in collaboration with Probation to discuss refereral process and servcies offered. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	26	2/11/2021
Charter Schools Parent Liaisons zoom meeting	Online Zoom Presentation	5	2/11/2021
Food Distribution	Recruitment	274	2/12/2021
COVID-19 Vaccine Clinic	Recruitment	155	2/13/2021

Behavioral Health Services Cultural Competence Outreach Log
FY 2020 - 2021

Outreach Event	Description of Outreach/Activity	# of attendees	Date
SacMaps Workshop	Warmline and Older Adult. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	4	2/16/2021
Black History Month -	Distributed behavioral health information to improve access, knowledge and awareness of available	19	2/17/2021
River Oak FRC Training in Spanish	Worked with the River Oak Family Resource Center to provide a workshop to Spanish-speaking parents on underage drinking and marijuana prevention on zoom. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking families, youths and TAY.	20	2/17/2021
Sacramento Sherrif's Department, Mobile Crisis Team	Present crisis response services to staff. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	15	2/18/2021
START Program	START program that serves individuals with intellectual disabilities, who frequently utilize ED when in crisis. We reached out to them to offer MHUCC services and to collaborate when their existing clients show up at MHUCC. We also had them train our staff to understand the impact of trauma generating crises for clients and families. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	18	2/18/2021
Network Cafe	Online	45	2/18/2021
Network Cafe	Online	45	2/18/2021
Radio Program / EthnoFM 87.7 FM	Radio interview with school psychologist	5000	2/18/2021
Emergency Preparedness Workshop	Presentation	7	2/18/2021
Expert Pool	Via Zoom; Warmline & Older Adult talked about virtual services, mentioned need for volunteers and upcoming WRAP. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from cul	5	2/19/2021
Healthy Village Senior Group Food Delivery	Recruitment	55	2/19/2021
ARI Drive Through Lunar New Year	Tabling and give-away	200	2/19/2021
Itzza Pizza Making Pop-Up	Recruitment	55	2/19/2021
Golden Years	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	5	2/21/2021
CCC Meeting	Via Zoom; Warmline & Older Adult talked about virtual services, mentioned need for volunteers and upcoming WRAP. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	3	2/23/2021
Golden Years	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	5	2/24/2021
Mental Wellness Workshop	Presentation	1	2/24/2021
Facebook Live: Let's Talk Pot "Don't Drive the HIGH-way"	Let's talk about your thoughts on driving while using marijuana. New studies show 50% of U.S. teens who use marijuana admit to driving while high. Discuss what effects marijuana has on your brain & your ability to drive & what to say to a friend who wants to drive high. Shared information to adults, parents/guardians, and general public. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	8	2/25/2021
Inderkum Black Student Union Night	Provided information about The Be Bothered Movement prevention resources and opportunities to get involved. Received several inquiries about providing further information. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on African-American / Black community.	118	2/25/2021
SAE Mien Youth Club Game Night	Online social media (Instagram and Facebook)	12	2/26/2021

Behavioral Health Services Cultural Competence Outreach Log
FY 2020 - 2021

Outreach Event	Description of Outreach/Activity	# of attendees	Date
PPE Drive	Recruitment	287	2/26/2021
COVID Vaccine and Wellness Webinar	Webinar	14	2/26/2021
Network Café	Via Zoom; Warmline & Older Adult talked about virtual services, mentioned need for volunteers and upcoming WRAP. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	10	2/27/2021
Facebook	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	32	2/28/2021
Instagram	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	29	2/28/2021
Radio Talk Sow	Hosting Radio program - speaking about COVID-19 and mental health	900	3/3/2021
Su Mente Importa	Presentation	22	3/3/2021
Recognize the Signs of Suicide	Online Presentation	22	3/3/2021
Ethno FM - Community Voice Radio 87.7 FM	Online/TV/Radio Interview	5000	3/4/2021
First Ukrainian Baptist Church Conference	Presentation	65	3/6/2021
Young Rascals	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	7	3/8/2021
Homeless Youth Outreach	Provided care packages to homeless TAY in the community. Care packages included information on behavioral health resources in Sacramento. Offered support to link youth to these resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	10	3/9/2021
Homeless Youth Outreach	Street Outreach	10	3/9/2021
Older Adult Coalition	Via Zoom; Warmline & Older Adult talked about virtual services, mentioned need for volunteers and upcoming WRAP. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	2	3/10/2021
Round table with mental health professional and church leaders	Organized round table with mental health professional and church leaders	900	3/10/2021
Su Mentee Importa	Presentation	19	3/10/2021
City of Sacramento Youth Presentation	Presentation about behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth in Sacramento County.	5	3/11/2021
Homeless Youth Outreach	Provided care packages to homeless TAY in the community. Care packages included information on behavioral health resources in Sacramento. Offered support to link youth to these resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	20	3/12/2021
CSUS Counseling Services Presentation	Presentation about behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse communities in Sacramento County.	25	3/12/2021
Homeless Youth Outreach	Community Outreach	20	3/12/2021
Slavic TV CHANNEL "iBrat TV" Program	TV Round Table	3000	3/12/2021
Natomas Unified Social Workers Meeting	Presentation	9	3/15/2021
Su Mente Importa	Presentation	18	3/17/2021
Ethno FM - Community Voice Radio 87.7 FM	Radio Program about Depression	5000	3/18/2021
Facebook	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	1	3/22/2021

Behavioral Health Services Cultural Competence Outreach Log
FY 2020 - 2021

Outreach Event	Description of Outreach/Activity	# of attendees	Date
Instagram	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	3	3/22/2021
CCC	Via Zoom; Warmline & Older Adult talked about virtual services, mentioned need for volunteers and upcoming WRAP. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	5	3/23/2021
Su Importa	Presentation	18	3/24/2021
PSA on radio KFSG-1690 AM	Talk Show about mental health stigma discriminations	950	3/24/2021
CCP	Via Zoom; Warmline & Older Adult talked about virtual services, mentioned need for volunteers and upcoming WRAP. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	4	3/25/2021
City of Sacramento Youth Presentation	Presentation about behavioral health information and resources to improve access, knowledge and awareness about available services, focusing on diverse youth in Sacramento County.	5	3/25/2021
SAE Mien Youth Club Food Delivery	Online social media (Instagram and Facebook)	1964	3/25/2021
LGBTQ Youth Outreach	Provided care packages to LGBTQ youth. Care packages included information on behavioral health resources in Sacramento. Offered support to link youth to these resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on LGBTQ youths and TAY from culturally and linguistically diverse communities.	17	3/26/2021
Neighborhood Needs	Providing emergency supplies	17	3/26/2021
Dia Del Nino at Filipino Fiesta	Distributed information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	4	3/28/2021
Dia Del Nino at BCE	Distributed information on LFCC resources at the Brazilian Center for Cultural Exchange. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	2	3/30/2021
Foster Parents	Present challenges and crisis training. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on families and youth from culturally and linguistically diverse communities.	2	3/31/2021
PSA on radio KFSG-1690 AM	Play PSA about SCC Program	2500	3/31/2021
PCP (Peers Helping Peers) Cohort	Via Zoom; Warmline & Older Adult talked about virtual services, mentioned need for volunteers and upcoming WRAP. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	6	4/1/2021
Peers Helping Peers Cohort	Presentation	42	4/1/2021
Vaccination Clinic	Pass out flyers	906	4/1/2021
COVID-19 Testing	Recruitment	184	4/1/2021
Learn the Process of obtaining US Citizenship	Online	32	4/4/2021
Charter School Professional Development Day	SCC Online Presentation via Zoom	54	4/5/2021
Radio Talk Show	Speaking about SCC project	890	4/7/2021
Expert Pool	Via Zoom; Warmline & Older Adult talked about virtual services, mentioned need for volunteers and upcoming WRAP. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	2	4/9/2021
Slavic TV CHANNEL "iBrat TV" Program	Online/TV/Radio Interview with school physiologist	5000	4/9/2021
Young Rascals	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	7	4/12/2021
Missionary Gospel Church Clergy Meeting	Presentation	11	4/12/2021

Behavioral Health Services Cultural Competence Outreach Log
FY 2020 - 2021

Outreach Event	Description of Outreach/Activity	# of attendees	Date
World Relief Presentation	A series of presentations provided to World Relief refugee resettlement program, Afghan Refugee Women's group, to decrease stigma regarding mental illness, and increase understanding of the importance of self-care, as well as increase understanding of how to access the continuum of behavioral health services provided by Sacramento County and our contractors.	10	4/13/2021
Radio Talk Show on KFSG - 1690 AM	Talk Show, speaking about mental health, stigma and discrimination.	900	4/14/2021
World Relief Presentation	A series of presentations provided to World Relief refugee resettlement program, Afghan Refugee Women's group, to decrease stigma regarding mental illness, and increase understanding of the importance of self-care, as well as increase understanding of how to access the continuum of behavioral health services provided by Sacramento County and our contractors.	10	4/15/2021
Ethno FM - Community Voice Radio 87.7 FM	SCC Radio Program	5000	4/15/2021
Out of the Darkness	Recruitment	600	4/15/2021
Out of the Darkness	Resource Fair	43	4/15/2021
World Relief Presentation	A series of presentations provided to World Relief refugee resettlement program, Afghan Refugee Women's group, to decrease stigma regarding mental illness, and increase understanding of the importance of self-care, as well as increase understanding of how to access the continuum of behavioral health services provided by Sacramento County and our contractors.	10	4/20/2021
Teens in Action Model Program	Educated and distributed resources at 4 part virtual training about drug and alcohol services to increase awareness about drug prevention and how to increase perceived risk through communication with family and adult guardians and sharing information with other youth. Shared information with youth/teens, Parents abd Health professionals/ Counselors	26	4/22,4/29,5/6,5/13/2021
Dia Del Nino at St. Hope	Collaborated with St. Hope Public School to promote and distribute information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	8	4/22/2021
World Relief Presentation	A series of presentations provided to World Relief refugee resettlement program, Afghan Refugee Women's group, to decrease stigma regarding mental illness, and increase understanding of the importance of self-care, as well as increase understanding of how to access the continuum of behavioral health services provided by Sacramento County and our contractors.	10	4/22/2021
World Relief Presentation	A presentation provided to World Relief refugee resettlement program, Slavic 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.	5	4/23/2021
PPE Drive	Pass out flyers	273	4/23/2021
PPE Drive	Recruitment	200	4/23/2021
Kid's Day Drive Through Adventure	Outreach event to increase awareness and understanding of mental health conditions and improve access to available services, focusing on diverse youth and families.	800	4/24/2021
CCC	Via Zoom; Warmline & Older Adult talked about virtual services, mentioned need for volunteers and upcoming WRAP. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	1	4/27/2021
EGUSD Educators Presentation	Presentation to increase awareness and understanding of mental health conditions and improve access to available services, focusing on diverse youth and families.	22	4/28/2021
CE workshop for families with lived experience and clinicians working with psychosis	Full day workshop on dealing with tough topics in psychosis care, including engaging with families from various cultural backgrounds. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	700+	4/30/2021
Food Drive	Pass out flyers	229	4/30/2021
Big Day of Giving	Collaborated with Sacramento Community Region for the Big Day of Giving to distribute information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	5	5/5/2021
Radio Talk Show on KFSG - 1690 AM	Talk Show, speaking about mental health stigma discrimination.	980	5/5/2021

Behavioral Health Services Cultural Competence Outreach Log
FY 2020 - 2021

Outreach Event	Description of Outreach/Activity	# of attendees	Date
Facebook Post	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	6	5/6/2021
Instagram	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	9	5/6/2021
Lunch Program	Provided children of the community school lunches and distributed information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	159	5/6/2021
Big Day Of Giving	Online Social Media	4500	5/6/2021
Ethno FM - Community Voice Radio 87.7 FM	Online/TV/Radio Interview	5000	5/6/2021
HOPE Outreach - Carmichael	Information sharing and collaboration recruitment with Sheriff's Homeless Outreach Team rep	11	5/8/2021
HOPE Outreach - Carmichael	Information sharing and recruitment from homeless population	31	5/8/2021
Young Rascals	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	7	5/10/2021
Older Adult Coalition	Via Zoom; Warmline & Older Adult talked about virtual services, mentioned need for volunteers and upcoming WRAP. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	2	5/11/2021
Brown Issues	Distributed information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	5	5/12/2021
Radio iBrat-TV	Round table with mental health specialist and Slavic Clergy	950	5/12/2021
Slavic TV CHANNEL "iBrat TV" Program	TV Round Table with Slavic Clergy about depression	3000	5/14/2021
Car Seat Safety	Distributed information on LFCC resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on Spanish-speaking community.	23	5/15/2021
Sacramento Slavic Theological College ZOOM Meeting	SCC Online Presentation via Zoom	14	5/15/2021
Alcohol Beverage Control, state of CA speaking event	Outreach event to increase awareness and understanding of mental health conditions and improve access to available services, focusing on diverse community.	25	5/19/2021
Radio Talk Show on KFSG - 1690 AM	Play PSA on Radio	980	5/19/2021
Ethno FM - Community Voice Radio 87.7 FM	SCC Radio Program about Mental Health	5000	5/20/2021
Sacramento Slavic Church Youth ZOOM Meeting	Presentation	23	5/21/2021
CCC	Via Zoom; Warmline & Older Adult talked about virtual services, mentioned need for volunteers and upcoming WRAP. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	3	5/25/2021
Golden Years	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	5	5/26/2021
Bless Child Event	Presentation and participation at an event to increase awareness and understanding of mental health conditions and improve access to available services, focusing on African-American / Black community.	35	5/26/2021
Mental Health Matters/ La Salud Mental Importa	Presentation	15	5/26/2021
A conversation with a pharmacist	Online	2	5/28/2021
Post: Pride Month	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on the LGBTQ community.	3	6/1/2021
Post: Pride Month	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on the LGBTQ community.	23	6/1/2021

Behavioral Health Services Cultural Competence Outreach Log
FY 2020 - 2021

Outreach Event	Description of Outreach/Activity	# of attendees	Date
Radio Talk Show on KFSG - 1690 AM	Hosting radio program. speaking about COVID-19 and mental health	980	6/2/2021
Senior Activity Group	Recruitment/Presentation	14	6/2/2021
Ethno FM - Community Voice Radio 87.7 FM	Radio Program	5000	6/3/2021
Post: You are Not Alone	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	2	6/4/2021
Post: You are Not Alone	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on individuals from culturally and linguistically diverse communities.	5	6/4/2021
Radio Talk Show on KFSG - 1690 AM	Speaking about SCC project	950	6/9/2021
Vaccination Clinic	Pass out flyers	150	6/10/2021
Slavic TV CHANNEL "iBrat TV" Program	Online/TV/Radio Interview	3000	6/11/2021
LGBTQ Youth Art Show	Met with youth at the Sacramento LGBT Center Art Show event and provided information on SCC services including resources on Behavrioal Heatlh Services in Sacramento. Offered support to link youth to these resources. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on LGBTQ youths and TAY from culturally and linguistically diverse communities.	6	6/12/2021
LGBT Youth Art Show	Street outreach	6	6/12/2021
Young Rascals	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	7	6/14/2021
post: World Elder Abuse Awareness	Online Outreach. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	18	6/15/2021
How to Make Crisis Continuum Services Responsive to Families Experiencing Crisis Panel	families will share their perspectives on accessing crisis care services and discuss ways that the crisis care continuum can be more culturally responsive to families, especially those who are BIPOC. This includes a discussion on specific services and supports that have been helpful as well as approaches to improving safety plans. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on families and youth from culturally and linguistically diverse communities.	54	6/16/2021
Anti-Racism in the Crisis Continuum of Care from the Clinical Provider Perspective Panel	Panelists will reflect on challenges, opportunities, and lessons learned in engaging in anti-racism and share their perspectives on how providers can implement anti-racist practices in crisis care services. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on families and youth from culturally and linguistically diverse communities.	47	6/16/2021
Radio Talk Show on KFSG - 1690 AM	Talk Show, speaking about mental health, stigma and discrimination.	900	6/16/2021
Family Voices: Demanding Racial Equity in Systems of Care Panel	Demanding racial equity requires examining and listening to those impacted by systems that have not historically served communities of color appropriately. Hear from a panel of parents with diverse perspectives on how to tackle the complexities of race and social justice —what it means for them, its impacts, and how we can shape a better future. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on families and youth from culturally and linguistically diverse communities.	32	6/17/2021
Sacramento Missionary Gospel Church Kids/Teens Camp	SCC Presentations and Workshops	150	6/17/2021
Black Youth Leadership Project Graduation	Conducted community outreach and prevention information dissemination. Handed out 450 resources related to alcohol and marijuana use prevention. Flyer and Be Bothered video emailed to 350 people. 8751 Facebook followers, 1375 instagram followers, 723 twitter followers.	150	6/19/2021

Behavioral Health Services Cultural Competence Outreach Log
FY 2020 - 2021

Outreach Event	Description of Outreach/Activity	# of attendees	Date
Juneteenth	Presentation and participation at an event to increase awareness and understanding of mental health conditions and improve access to available services, focusing on African-American / Black community. Mental Health in the Black Community discussion panel.	50+	6/19/2021
Sacramento Slavic Church Youth Leaders Meeting	SCC Presentation	18	6/22/2021
PSA on radio KFSG-1690 AM	Play PSA about SCCC program	950	6/23/2021
Foster Youth and Foster Parents	Address challenges and crisis training. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally and linguistically diverse communities.	20	6/24/2021
US Education System	Webinar -Presentation	17	6/25/2021
Health Education Council	Provided resource and career education to the Youth from Neighborhood Safety & Youth Engagement Program. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on youths and TAY from culturally	30	6/29/2021
Golden Years	Older Adult Support Group. Distributed behavioral health information to improve access, knowledge and awareness of available services, focusing on older adults from culturally and linguistically diverse communities.	5	6/30/2021
Radio Talk Show on KFSG - 1690 AM	Talk Show about youth mental health	900	6/30/2021

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

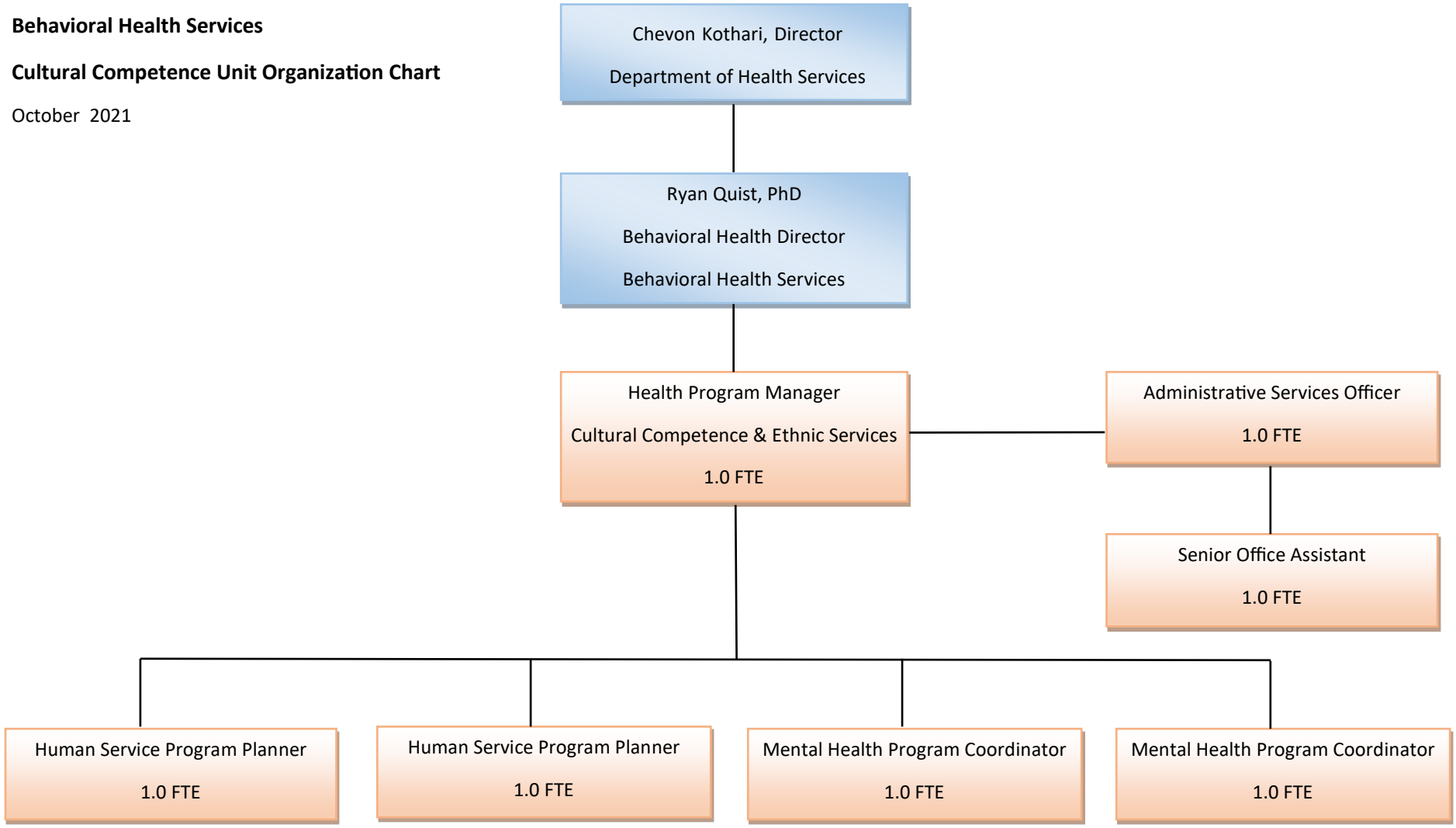
If you have any questions or need further clarification, please contact Romeal Samuel (Samuera@saccounty.net or (916) 875-6340).

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 2020/2021

Names	Names
Viva Asmelash	Amira Kotb
Jacquelyn Barkum	Vinder Lallian
Robin Barney	Andi Martinez
Emily Zelaya	Graciela Medina
Tynya Beverly	Jayna Mislang
Brandi Bluel	Darlene Moore
Jensen Bosio	Mary Nakamura
Rachel Brillantes-Jimenez	Leslie Napper
Nicole Brueckner	Mike Nguy
Cesar Castaneda	Pablo Paxtor
Sunjung Cho	Sadia Rajput
Michael Craft	Theresa Riviera
Stephanie Dasalla	Koby Rodriguez
Debrah DeLoney-Deans	Lupita Rodriguez
Karina Duarte	Roman Romaso
Christine Ellis	Anne-Marie Rucker
Linda Ford	Susan Saechao
Chuck Franklin III	Romeal Samuel
Julie Fuentes	Kao Thun
Olivia Garcia	Magda Van Brunt
Mykel Gayant	Thomisha Wallace
Amelia Garnica	Gwen Wilson
Ajna Glisic	Mary Ann Wong
Hafsa Hamdani	Angelina Woodberry
Maurine Huang	Yang Xiong
Lynn Keune	Gulshan Yusufzai
Craig Kirkpatrick	

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), 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, 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.

Behavioral Health Services Training Log FY 2020 - 2021

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	This course provides important information about becoming more respectful and culturally competent.	0.5 hrs/annually	Administration/mgt; Direct Services Contractors; Support Services	7/1/2020	36	Relias
Recovery - Adult	Warmline Orientation Training	Warmline Volunteer Operator Onboarding Training	2.5 hours/1-3x per quarter	Community Members/General Public	7/1/2020	2	Jensen Bosio Caitlin Hiles
Cultural Competence	Cultural Sensitivity: Addressing LGBTQ issues in working with children, adolescents, and their families	Cultural Sensitivity: Addressing LGBTQ issues in working with children, adolescents, and their families	1 hour not recurrent	Clinician/ Counselor, advocates	7/1/2020	26	Refugio Pantoja
Cultural Competence	DEI Trainings	Staff DEI training	1 hour/month		7/1/2020	1450	Staff with Subject Matter Expertise
Cultural Competence	Commercial Sexual Exploitation n Identification Tool (CSE-IT)	Understanding the Culture and dynamics of SEC	2 hours	Administration/mgt; Direct Services Contractors;	7/1/2020	336	WestCoast Children's Clinc
Cultural Competence	Increasing Spanish Behavioral Health Clinical Terminology	Increasing knowledge of Behavioral health terms in Spanish.	8 hrs/annually	Direct Services Contractors	7/1/2020	3	Sac County BHS
Recovery - Adult	On Call Training	Overview of the norms, policies and practices of the on-call service. Teach practical skills for managing on-call and crisis		Direct Services Contractors	7/1/2020	27	Brandi Blackman/ Rosie Zachery
Recovery - Adult	Clinical Practice: A Framework for Engagement and Retention of Clients During Sessions	provide a framework for conducting a virtual session with clients regardless of the specific practice interventions that are used	One Time	MGT	7/1/2020	105	Rick Goscha, PhD
Cultural Competence	Culturally and Linguistically Appropriate Service Standards for Behavioral Health Professionals	This e-learning program is designed to equip behavioral health professionals with the cultural and linguistic competencies to better respect and respond to each client's unique needs.	4-6 hours/annually	All TPCP Employees	7/1/2020	20	Virtual Training on Ascentis Platform

Behavioral Health Services Training Log FY 2020 - 2021

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Cultural Competence	Cultural Humility Training through the TPCP Online Learning Platform (Ascentis)	Annual training on cultural humility that is required for all staff.	1 hour/annually	All TPCP Employess	7/1/2020	20	Virtual Training on Ascentis Platform
Cultural Competence	Cultural Humility (LQBTQQIA+, Homlessness, Diverse/Marginalized Populations)	Engage all new TPCP hires in cultural humilty/sensitivity training on diverse populations	6 hours/annually	All TPCP New Hires	7/1/2020	0	Preeya Roe, Susan Miner, Alexis Bernard, Jennifer Vallin
Recovery - Adult	Abuse and Neglect: What to Look For and How to Respond	Teaching staff how to identify abuse and neglect, and methods for responding	1hr/annually	Support Services and Mgt	7/1/2020	13	Relias
Recovery - Adult	Best Practices in Suicide Screening and Assessment	Teaching staff to recognize risk and protective factors for suicide.	2hr/annually	Support Services and Mgt	7/1/2020	2	Relias
Recovery - Adult	Cultural Competence	Understanding cultural competence	1hr/annually	Support Services and Mgt	7/1/2020	5	Relias
Recovery - Adult	Telecare Policy B-27: Abuse, Neglect, and Exploitation	This policy defines client abuse, neglect, and exploitation, and describes appropriate action to take	1hr/annually	Support Services and Mgt	7/1/2020	10	Relias
Recovery - Adult	Telecare's Risk Assessment Part 3: The SAFE-T 5-steps	Teaches staff to identify SAFE-T steps, use SAFE-T assessment, and develop triage plans to reduce risk	1hr/annually	Support Services and Mgt	7/1/2020	3	Relias
Recovery - Adult	Telecare's Risk Assessment Parts 1 & 2: The Suicide and Violence Screen	Part 1 - Suicide risk screen education, Part 2 - Violence risk screen education	1hr/annually	Support Services and Mgt	7/1/2020	14	Relias
Recovery - Adult	Telecare's Screening, Brief Intervention and Referral to Treatment (SBIRT) Training	Teaches the SBIRT module to teach skills to reach individuals with substance use disorders.	1hr/annually	Support Services and Mgt	7/1/2020	7	Relias
Recovery - Adult	The RCCS Conversations: Awakening Hope	Teaches staff the RCCS conversations that help develop hope	1hr/annually	Support Services	7/1/2020	7	Relias
Recovery - Adult	Telecare's Stages of Change Module 1	Teaches staff the stages of change, motivation in each stage, and readiness ruler for behavior change.	1hr/annually	Support Services	7/1/2020	9	Relias
Recovery - Adult	Telecare's Stages of Change Module 2	Teaches staff to identify behavior member wants to change, identify change stage, and goals for each stage	1hr/annually	Support Services	7/1/2020	8	Relias
Recovery - Adult	Telecare's Supporting Recovery and Change (COEG 1)	Teaches staff how to identify and understand RCCS - MH and substance use interraction.	1hr/annually	Support Services	7/1/2020	15	Relias
Recovery - Adult	The RCCS Conversations: Choice Making	Understanding how the RCCS model addresses conversations about choice	1hr/annually	Support Services	7/1/2020	6	Relias

Behavioral Health Services Training Log FY 2020 - 2021

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	The RCCS Conversations: Identity	Understanding how the RCCS model addresses conversations about identity	1hr/annually	Support Services	7/1/2020	6	Relias
Recovery - Adult	The RCCS Conversations: Reducing Harm	Understanding how the RCCS model addresses conversations about reducing harm	1hr/annually	Support Services	7/1/2020	6	Relias
Recovery - Adult	Trauma-Informed Care	Illustrates the incorporation of trauma-informed care into the person-centered, culturally competent plan of care	1.5hr/annually	Support Services	7/1/2020	8	Relias
Recovery - Adult	Integrating Peer Support in Behavioral Health Settings	Teaches staff how peer support services are integrated into a behavioral health	1hr/annually	Support Services and Mgt	7/1/2020	8	Relias
Recovery - Adult	Telecare's BE DIRECT Training: A Safe Approach to Community Work	Teaches staff how to use safety techniques while working in the field.	1hr/annually	Support Services	7/1/2020	10	Relias
Recovery - Adult	Telecare's Introduction to Co-Occurring Conditions (COEG 2)	Provides staff with knowledge and skills to support and inspire members	1hr/annually	Support Services and Mgt	7/1/2020	10	Relias
Recovery - Adult	Therapeutic Boundaries	Teaches staff the difference between boundary crossings and boundary violations	1hr/annually	Support Services and Mgt	7/1/2020	14	Relias
Navigating Systems - Youth	Advocacy -- Autism	Advocacy Skills to help individuls and their families access resources and support their needs	1 hour	Direct Service Contrators	7/5/2020	1	My Learning Point
Cultural Competence	Culture Counts	The impact on African Americans	2 hours	Direct Service Contractors	7/5/2020	1	My Learning Point
Recovery - Adult	Trauma Informed Care	Trauma Informed Care	5.5 hrs/ one time	direct services	7/7/2020	9	L. Freidericks on and K Brockopp
Recovery - Adult	Trauma Informed Care	Trauma Informed Care	5.5 hrs/ one time	direct services	7/7/2020	9	L. Freidericks on and K Brockopp
Cultural Competence	Recognizing and Countering Implicit Bias by Changing Practices in Telehealth	Recognzing Bias & what changes to accommodate to improve practices in Telehealth	2hrs	Administration/mgt; Support	7/8/2020	8	Adele James, MA, CPC and Elizabeth Morrison, LCSW, MAC

Behavioral Health Services Training Log FY 2020 - 2021

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	Recognizing/Countering Implicit Bias	Understanding impact of implicit bias	1.5 hrs/annually	Direct Services	7/8/2020	2	CIBHS
Resiliency - Youth	Vaping their Brain: E-Cigarettes and the College Community	The extent of the adolescent nicotine use epidemic, various drugs, additives and devices marketed as "vapes" or e-cigarettes, how to direct students and staff to culturally appropriate resources for nicotine cessation and dangers of smoking in a respiratory disease pandemic.	1hr	Administration/management	7/8/2020	1	Rob Crane
Cultural Competence	Recognizing and Countering Implicit Bias by Changing Practices in Telehealth	Strategies for recognizing and addressing bias.	1.5	Administration/mgt; Direct Services Contractors	7/8/2020	20	CIBHS
Cultural Competence	Innovations and Key Learning from the Field	a panel of experts from the field who have learned innovative strategies and techniques to offer behavioral telehealth that empathically engages clients, demonstrates principles of trauma informed care, and helps clients advance in their recovery journeys.	One Time	MGT	7/8/2020	105	Many presenters
Cultural Competence	Microaggressions and Becoming Culturally Responsive	Strategies for being culturally response	1	Direct Services Contractors	7/10/2020	1	CIBHS
Cultural Competence	Micro Aggressions and Becoming Culturally Responsive	Examine, discuss and challenge issues related to cultural differences; differences between culturally sensitive and culturally responsive.	1.5hrs/one time	A, B, C, E, I, J	7/10/2020	500	Michele Quick
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	7/13/2020	5	Nicole Brueckner
Resiliency - Youth	Youth Crisis Intervention Training	Participants will learn the key aspects of managing crisis including establishing a rapport, understanding the youth's needs, coping with anger and crisis debriefing.	2 hours/ Annually	Direct Services	7/14/2020	1	Dafne Ordonez
Resiliency - Youth	Youth Crisis Intervention Training	Participants will learn the key aspects of managing crisis including establishing a rapport, understanding the youth's needs, coping with anger and crisis debriefing.	2 hours/ Annually	Direct Services	7/14/2020	1	Dafne Ordonez

Behavioral Health Services Training Log FY 2020 - 2021

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Cultural Competence	Youth Crisis Intervention	understanding youth culture and response to interventions and learn effective intervention when youth are in crisis	4 hours not recurrent	Clinician/Counselor	7/14/2020	3	John Glass
Resiliency - Youth	Wellness Planning	This course is meant to help direct care staff with introducing, creating and implementing a wellness plan to proactively plan for crisis.	3 hrs/ 12xannually	Administration/mgt; Direct Services;	7/15/2020	8	Rocci Jackson
Family Focused - Youth	Wellness Planning	This course is meant to help direct care staff with introducing, creating and implementing a wellness plan to proactively plan for crisis.	3 hrs/ 12xannually	Administration/mgt; Direct Services;	7/15/2020	2	Rocci Jackson
Cultural Competence	Health Across the Gender Spectrum	Exploraiton of several vignettes as well as practical tips for healthcare providers	3hrs/ annual	Direct Service Contractors	7/15/2020	1	Coursera
Cultural Competence	Effective Telehealth When Working with Communities of Color	Effective telehealth in communities of Color	2hrs	Administration/mgt; Support	7/15/2020	8	Gloria Morrow, PhD, Ritchie Rubio, PhD, Maria Rea
Cultural Competence	Tele-health with People of Color	Strategies on increasing effectiveness of tele-health with POC	1.5 hrs/annually	Direct Services	7/15/2020	2	CIBHS
Resiliency - Youth	Teen Vaping and COVID: Whats Different? Whats the Same?	COVID-19 impact on teen vaping usage and attitudes. Data from pre-COVID-19 focus groups & online teen interviews from diverse communities after quarantine began.Evidence-based insights of teens' vaping behaviors, attitudes, and knowledge; how regular & experimental users & susceptible youth have changed behavior; teens' vaping knowledge and attitude shifts ; which teen vaping prevention and cessation messages are most effective in the age of COVID-19	1hr	Administration/management	7/15/2020	1	Jeff Jordan
Navigating Systems - Youth	Media Literacy Basics for Prevention Professionals	webinar will provide a basic overview of media literacy. Participants will practice identifying key concepts of media literacy and discuss ways that they can incorporate culturally sensitive media literacy into their current prevention work.	1hr	Administration/management	7/15/2020	1	Multiple Presenters
Cultural Competence	Learning from BHP Offering Telehealth in Communities of Color	Strategies for working with communities of color	1.5	Administration/mgt; Direct Services Contractors	7/15/2020	20	Motivo

Behavioral Health Services Training Log FY 2020 - 2021

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	Effective Telehealth When Working with Communities of Color	Telehealth training with communities of color	1.5hrs	Direct Service: Contractors	7/15/2020	1	Gloria Morrow
Cultural Competence	Cultural Competency Training	An overview of agency culture and expectations and the concept of cultural humility to the work.	4 hours	All Staff	7/15/2020	20	Cultural Competency Committee Members
Cultural Competence	Training	Effective Telehealth When Working with Communities of Color			7/15/2020	1	
Cultural Competence	Advancing Behavioral Health Equity: Reflecting on the Past, Learning from the Present and Fostering Connections	Training Title Explains	1.5 hrs./once	Direct Services: County Staff	7/17/2020	1	Univ. of Maryland
Family Focused - Youth	Online TF-CBT Web 2.0	TFCBT	10	Direct Services Contractors	7/19/2020	2	Medical University of South Carolina
Resiliency - Youth	Crisis Prevention Intervention	Managing crisis situations, de-escalation skllls and education on crisis intervention techniques.	7 hours/Every 3 years	Direct Servcie Contractors; Support Servcies	7/20/2020	1	Heather Post & Kayleigh Swetland - ROCC
Cultural Competence	Cultural Considerations When Diagnosing and Treating ADHD in AA Children	Identification of cultural considerations when diagnosing AA kids with ADHD	1	Admin/mgt; Direct Services Contractors	7/20/2020	5	ADDitude
Family Focused - Youth	TFCBT Training	TFCBT	6	Direct Services Contractors	7/20/2020	2	CIBHS

Behavioral Health Services Training Log FY 2020 - 2021

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 Considerations When Diagnosing and Treating ADHD in African-American Children	Training Title Explains	1.0/once	Direct Services: County Staff	7/20/2020	1	Univ. of Maryland
Resiliency - Youth	Motivational Interviewing for the Substance Affected Client for Change	Client ownership in the change process during treatment	3 hours/annually	Direct Service Contractors, Administration/mgt	7/22/2020	12	My Learning Point
Cultural Competence	Multicultural Counseling and Allyship	Strategies for Allyship with communities of color	1	Administration/mgt; Direct Services Contractors	7/22/2020	16	Motivo
Cultural Competence	Spirituality in the Hispanic and Latino Culture and its role in prevention and Healthing	Educating the community on how to provide culturally and linguistically appropriate prevention services with an understanding fo cultural competence/humility	1.0/one time	A,B,C,D,I, J	7/22/2020	100	Priscilla Giamassi
Resiliency - Youth	Wellness Planning	This course is meant to help direct care staff with introducing, creating and implementing a wellness plan to proactively plan for crisis.	3 hrs/ 12xannually	Direct services	7/23/2020	1	Rocci Jackson
Family Focused - Youth	Family Matters	Working with caregivers regarding client's AOD use	6	Direct Services Contractors	7/23/2020	8	OMNI Youth Programs
Resiliency - Youth	CSEC 101 Training	This course is designed to provide a broad overview of three types of Human Trafficking and information regarding the ongoing research on the topic; narrowing in on CSEC and Domestic Minor Sex Trafficking (DMST). The course will focus on the impacts and implications for the child welfare system	8 hrs/ 4x annually	Administration/mgt; Direct Services	7/24/2020	6	Ranecia Cormier
Resiliency - Youth	CSEC 101 Training	This course is designed to provide a broad overview of three types of Human Trafficking and information regarding the ongoing research on the topic; narrowing in on CSEC and Domestic Minor Sex Trafficking (DMST). The course will focus on the impacts and implications for the child welfare system	8 hrs/ 4x annually	Administration/mgt; Direct Services	7/24/2020	6	Ranecia Cormier
Cultural Competence	Bisexual+ Evidenced Based Practice Webinar	Gain knowledge and skills to enhance mental health services with bisexual+ clients	2hrs/annual	Direct Service Contractors	7/24/2020	1	Tania Israel PhD

Behavioral Health Services Training Log FY 2020 - 2021

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Cultural Competence	Customer Service in Behavioral Health Part 1	Developing relationships with clients by treating them with dignity and respect	1 hour/annually	Administration/mgt; Direct Servcie Contractors; Support Servcies	7/24/2020	42	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	Adminstraion/mgt; Direct Service Contactors; Support Servcies	7/24/2020	15	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 Servcie Contractors; Support Servcies	7/24/2020	10	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 Service Contactors; Support Servcies	7/24/2020	16	My Learning Point
Cultural Competence	Bisexual & EBP	Evidenced based pracices in the LGBTQ+ communities	2	Direct Services Contractors	7/24/2020	4	out4Mental Health
Recovery - Adult	WRAP	WRAP-Facilitator Resfresher Training	16hrs/ annually	Direct Services: Contractors	7/24/2020	12	Eric Larson/Rachelle Weiss
Cultural Competence	Bisexual EBP Webinar	understanding Besexuality	2.0/once	Direct Services: County Staff	7/24/2020	1	
Cultural Competence	Trauma in Immigrant Families (Part 1)	Public charge, DACA, and Covid-19 Impacts	2.5 hrs/annually	Direct Services	7/28/2020	3	UC Davis Health
Cultural Competence	Rural Social Isolation & Loneliness: How to Build Grief Support by Creating Community	Strategies for building community in rurual areas	1	Direct Services Contractors	7/28/2020	1	MHTTC

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Recovery - Adult	Older Adult Training	Older Adult Volunteer Training		Community Members/General Public	7/29/2020	1	Nicole Brueckner
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	7/29/2020	7	Nicole Brueckner
Cultural Competence	Self Care for Minoritized Counselors	Self Care for Minoritized Counselors	1	Administration/mgt; Direct Services Contractors	7/29/2020	11	Motivo
Cultural Competence	Training	Our Responsibility as Leaders to Address Structural Racism and Resulting Health Inequities | Webinar (Part 1)			7/29/2020	1	
Cultural Competence	Racism and Mental Health	How racism impacts mental health	1 hr/annually	Direct Services	7/30/2020	1	Black Lives Matter & AGHMI
Resiliency - Youth	Culture, identity, history as sources of strength and resilience for Latino children and families	Explore resiliency and strength in Latino communities	2 hrs/annually	Direct Services	7/30/2020	1	Equity in IECMHC
Cultural Competence	Prioritizing Mental Health in Families of Color	Exploring mental health concerns in families of color	1.5 hrs/annually	Direct Services	7/30/2020	1	BeWELL Psychology
Family Focused - Youth	Cultural Considerations & Working with LatinX Families	Presentation on Terminology and common cultural factors relevant for treating those from LatinX backgrounds	3hrs/1x annually	a,c,d,e	7/30/2020	20	Karina Muro, PhD
Resiliency - Youth	Motivational Interviewing	Client ownership in the change process during treatment	3 hours	Direct Service Contractors, Administration/mgt;	7/31/2020	24	My Learning Point
Resiliency - Youth	Learning From and With Students, Caregivers, Advocates and Systems Leaders	Learning from these groups to improve client experience	1.5	Direct Services Contractors	7/31/2020	2	MHTTC

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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	Learning From and With Students, Caregivers, Advocates and Systems Leaders	Strategies for supporting students' mental health while navigating racial violence (in and out of school	1.5	A)Admin/Management B)Direct Services County Staff E) Community Members/General Public H9 MH Board/Commission	7/31/2020	100	Various
Recovery - Adult	Addiction and the Family System	This training looks at addictions in the family system	3 hrs/annually	Direct services	8/2/2020	1	Learning management system
Cultural Competence	Partnering/Listening to Youth/Students Who We Marginalize, in Telehealth Experience	Strategies for partnering with marginalized communities and telehealth	1.5	Direct Services Contractors	8/3/2020	2	MHTTC
Recovery - Adult	Peer to Peer Focus	Warmline Coordinators Check-in with volunteer(s) as needed and provide support services	As needed (min 1x QR)	Community Members/General Public	8/5/2020	2	Jensen Bosio Caitlin Hiles
Family Focused - Youth	Atachment Theory	understanding child development and attachment	2 hour not recurrent	Clinician, Advocates, Counselor	8/5/2020	29	Leslie Andrus-Hacia
Cultural Competence	VLS Session 4: How We Can Culturally Navigate Between The Two Communities	Description: The National Hispanic and Latino Prevention Technology Transfer Center, and the National American Indian and Alaskan Native Prevention Technology Transfer Center are happy to invite you to a series of Virtual Learning Sessions: CULTURE IS PREVENTION.	1.5	A)Admin/Management B)Direct Services County Staff E) Community Members/General Public H9 MH Board/Commission	8/5/2020	100	Various
Recovery - Adult	WRAP Workshop	Wellness Recovery Action Plan Workshop (3 of 4)	Once per Quarter (Warmline)	Community Members/General Public	8/6/2020	88	Jensen Bosio Nicole Brueckner
Cultural Competence	TFCBT Booster Training	TFCBT	7	Direct Services Contractors	8/6/2020	8	CIBHS
Resiliency - Youth	No More Silence, Reclaim Your Voice	Empowerment	4	Direct Services Contractors	8/6/2020	1	MHSOAC
Family Focused - Youth	Race and Mental health	This training examines the disparites between mental health services and raical minorites. It focuses on how to engage all groups and improve access.	5 hrs/ annually	Administration/mgt;	8/7/2020	1	Larke Nahme Huang

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Cultural Competence	Race and Mental health	This training examines the disparites between mental health services and raical minorites. It focuses on how to engage all groups and improve access.	5 hrs/ annually	Administration/mgt;	8/7/2020	1	Larke Nahme Huang
Cultural Competence	Culture & Mental Health within Central & South America	Education regarding Central & South American cultural competence	1	Direct Services Contractors	8/7/2020	1	MHTTC
Cultural Competence	Supporting School Mental Health in the Context of Racial Violence Series	Learning From and With the School Mental Health Workforce (School Counselors, Psychologists, and Teacher Educators)	1.5		8/7/2020	100	Jessica Gonzalez, MSW
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	8/10/2020	5	Nicole Brueckner
Cultural Competence	Bibliotherapy: Books that help talk about race	Discussion on books to help faciliate conversations about race	1 hr/annually	Direct Services	8/10/2020	1	Health Choice Arizona
Cultural Competence	How Racism Affects Mental Health	Exploring the impacts of racism on on mental health for communities of color	1 hr/annually	Direct Services	8/10/2020	1	NAMI Pomona Valley
Family Focused - Youth	Psychiatry Perspectives On COVID-19: Impact On Helath Care Providers & First Responders and a Path Forward	identify preliminary impacts of COVID-19 on the mental health and well-being of health care providers and first responders. webinar covered screening and assessment techniques and best practices for identifying psychological stress in these individuals on the front lines. Finally, the webinar will review treatment approaches for health care providers and first responders in a post-pandemic world.	1hr	Direct Services: Contractors	8/11/2020	1	Jacquelyn Canning
Resiliency - Youth	Motivational Interviewing	Motivational Interviewing is a person-centered strategy. It is used to elicit YP motivation to change specific negative behavior. MI engages YP, elicits change talk and evokes YP motivation to make positive changes.	8 hrs/ 4x annually	Administration/mgt; Direct Services; Support Services	8/12/2020	5	Rocci Jackson
Cultural Competence	Wellness Planning	This course is meant to help direct care staff with introducing, creating and implementing a wellness plan to proactively plan for crisis.	3 hrs/ 12xannually	Administration/mgt; Direct Services;	8/13/2020	5	Rocci Jackson
Family Focused - Youth	Wellness Planning	This course is meant to help direct care staff with introducing, creating and implementing a wellness plan to proactively plan for crisis.	3 hrs/ 12xannually	Administration/mgt; Direct Services;	8/13/2020	5	Rocci Jackson
Navigating Systems - Youth	Improve your Instagram Skills: Instagram tactics	You'll learn how to: Create engagement that never fails, Genuinely connect with those that you want to build relationships with, Use hashtags, Hook diverse people into clicking on your post instead of scrolling past it, Leverage one piece of content that can be used in four different ways	1hr	Direct Services: Contractors	8/13/2020	1	Multiple Presenters

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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	Sacramento County Methamphetamine Coalition	adult recovery, system services, etc.	2.0/once	Direct Services: County Staff	8/13/2020	2	Sac. Cty. BHS
Family Focused - Youth	Facilitating Child & Family Team Meetings	Using a CFT to provide youth and family voice and choice in treatment services - Fidelity Wrap Principles	3 hours	Direct Services Contractors	8/14/2020	9	My Learning Point
Cultural Competence	Anti-Racist Practice: Disproportionality and Systemic Racism	Strategies for providing an anti-racist practice	1.5	Direct Services Contractors; Support Services	8/14/2020	2	UC Davis
Resiliency - Youth	Trauma 101	This focuses on trauma and how to identify and cope with it	3 hrs/annually	Administration/mgt; Direct Services;	8/17/2020	7	Learning management system
Resiliency - Youth	Trauma 101	This focuses on trauma and how to identify and cope with it	3 hrs/annually	Administration/mgt; Direct Services;	8/17/2020	5	Learning management system
Recovery - Adult	Trauma Informed Care	Trauma Informed Care	5.5 hrs/ one time	direct services	8/18/2020	6	L. Freidericks on and K Brockopp
Recovery - Adult	Trauma Informed Care	Trauma Informed Care	5.5 hrs/ one time	direct services	8/18/2020	6	L. Freidericks on and K Brockopp
Resiliency - Youth	Trauma-informed, Resilience-oriented Crisis Navigation	Crisis navigation that is trauma-informed and resilient based	1	Admin/mgt	8/18/2020	1	The National Council of Behavioral
Cultural Competence	TFCBT: A Culturally Adapted Therapy to Work with Latino	Cultural adaptations to TFCBT	1.5	Admin/mgt; Direct Services Contractors	8/19/2020	6	Universidad Central del Caribe
Cultural Competence	Anti-racist Practices & Micro-aggressions	Discussion of ways to confront racism	1.5 hrs/annually	Direct Services	8/20/2020	1	CIBHS
Cultural Competence	Framework for Confronting Racism	Strategies on how to confront racism	1.5 hrs/annually	Direct Services	8/20/2020	2	CIBHS
Cultural Competence	Intro to a Framework for Confronting Racism in Behavioral Health	Framework for addressing racism in MH services	1.5	Administration/mgt; Direct Services Contractors	8/20/2020	10	CIBHS
Cultural Competence	Introduction to a Framework for Confronting Racism in Behavioral Health	To provide a framework that allows for a deeper understanding of ways to confront racism at multiple levels within behavioral health organizations.	1.5 hrs	Administration/mg; Support Services	8/20/2020	7	Jei Africa & Adele James: CIBHS

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Cultural Competence	CIBHS - Cultural Competence Training Series	Introduction to a Framework for Confronting Racism in Behavioral Health	1/1x	Administration/mgt	8/20/2020	1	CIBHS
Cultural Competence	Introduction to a Framework for Confronting Racism in Behavioral Health	Training Title Explains	1.5/once	Direct Services: County Staff	8/20/2020	4	CIBHS
Cultural Competence	Anti-Racist Practice: Implicit Bias and Microaggressions	Anti-racist practices	1.5	Direct Services Contractors, Support Services	8/21/2020	4	UC Davis
Cultural Competence	CSEC 101	Understanding the needs and culture of human trafficing	1 hour/annually	Direct Service Contractors, Administration/mgt;	8/23/2020	6	My Learning Point
Recovery - Adult	Cannabis USe in Pregnency and LActation: Understanding the Science and Assisting Practioners with Prevention Strategies	Participants will understand the basic tenets of the social determinants of health and its impact on behavioral health, prevention, and wellness efforts. Participants will critically examine the role of neighborhood conditions, education, socio-economic, and socio-political climate. This training will strengthen participants understanding of the social determinants of health and their role in shaping the prevention efforts of diverse populations.	1hr	Direct Services: Contractors	8/24/2020	1	PTTC
Cultural Competence	Preventing Harassment for CA Employees	Preventing harassment in the workplace	2 hours yearly		8/24/2020	1	ADP Learning
Cultural Competence	Preventing Harassment for CA Employees	Preventing harassment in the workplace	2 hours yearly		8/24/2020	1	ADP Learning
Cultural Competence	Preventing Harassment for CA Managers and Supervisors	Preventing harassment in the workplace	2 hours yearly		8/24/2020	1	ADP Learning
Cultural Competence	Trauma in Immigrant Families (Part 2)	How health systems and providers can deliver trauma informed care to immigrant families	2.5 hrs/annually	Direct Services	8/25/2020	2	UC Davis Health
Cultural Competence	Community Forum MAT	African American & Opioids community forum			8/25/2020	80	Debrah Deloney Deans

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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	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	8/26/2020	7	Nicole Brueckner
Cultural Competence	Navigating Racism Supporting mental health	Understanding mental illness, its connection to COVID 19 and recent acts of racial injustice	1.5hrs/annual	Administration/mgt	8/27/2020	1	Catalyst Center
Cultural Competence	Systemic Racism and Structural Racialization	Examining the Impact on Behavioral Health Disparities	1.5hrs	Administration/mgt	8/27/2020	2	Adele James, MA, CPC
Cultural Competence	Mental Health in the Black Community	Addressing Black Mental Health during COVID-19 and Civil Uprising	1hr	Administration/mgt; Support	8/27/2020	2	Panel from African American Alumni Committee from Crown Family School of Social Work, Policy and Practice
Cultural Competence	Systemic Racism and Structual Racialization	Exploring how systemic racism impacts behavioral health disparities	1.5 hrs/annually	Direct Services	8/27/2020	6	CIBHS
Resiliency - Youth	Recording the Growing Brain: A Multi-Media Presentation for Prevention Professionals	present information on the growing brain that will assist substance misuse prevention professionals in their work/working with youth from different backgrounds. At the end of this webinar, participants will be able to: Identify the structures of the brain including basic anatomy, the brain cell, and neurotransmitters; Describe brain growth that includes pruning, myelination, and neuroplasticity; and Identify the stages of addiction, dopamine's hijacking role, and what can stunt brain growth	1hr	Administration/management	8/27/2020	1	Dr. Roneet Lev

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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	Health Equity and Cultural Competency in Substance Use Prevention and Treatment	Impact of substance use in the Black, Latinx and Native American Communities	1 hr/once	Direct Services Contractor	8/27/2020	1	National Overdose Prevention Network
Cultural Competence	Systemic Racism and Structural Racialization: Examining the Impact on Behavioral Health Disparities	Racism and impact on services	1.5	Administration/mgt; Direct Services Contractors, Support Services	8/27/2020	9	CIBHS
Cultural Competence	Systemic Racism & Structural Racialization: Examining the Impact of Behavioral Health Disparities	To increase participants' ability to identify how systemic racism and structural racialization leads to disparities in access, quality, & outcomes of behavioal health for Black, Indigenous, and People of Color.	1.5 hrs	Administration/mg; Support Services	8/27/2020	7	Adele James: CIBHS
Cultural Competence	CIBHS - Cultural Competence Training Series	Systemic Racism and Structural Racialization: Examining the Impact on Behavioral Health Disparities	1/1x	Administration/mgt; Direct Services Contractors	8/27/2020	2	CIBHS
Cultural Competence	Systemic Racism and Structural Racialization: Examining the Impact on Behavioral Health Disparities	Training Title Explains	1.5/once	Direct Services: County Staff	8/27/2020	3	CIBHS
Cultural Competence	Anti-Racist Practice: Allyship	Allyship	1.5	Direct Services Contractors, Support Services	8/28/2020	4	UC Davis
Cultural Competence	CA Child Abuse Mandated Reporter Training	Mandated Reporter training	3 hours yearly		9/1/2020	2	CA Dept. of Social Services

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Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Navigating Systems - Youth	CA Child Abuse Mandated Reporter Training	Mandated Reporter training	3 hours yearly		9/1/2020	1	CA Dept. of Social Services
Cultural Competence	Preventing Harassment for CA Employees	Preventing harassment in the workplace	2 hours yearly		9/1/2020	1	ADP Learning
Cultural Competence	Empowering Collaboration: A Guide to Engaging Across Generations	learn about different generations and the impact on working together	1.0/once	Direct Services: County Staff	9/1/2020	1	DeVry
Cultural Competence	At-Risk for High School Educators	Working with at-risk students	1 hour yearly		9/2/2020	1	Montana Nurses Assoc.
Navigating Systems - Youth	CA Child Abuse Mandated Reporter Training	Mandated Reporter training	3 hours yearly		9/2/2020	1	CA Dept. of Social Services
Cultural Competence	At-Risk for High School Educators	Working with at-risk students	1 hour yearly		9/2/2020	1	Montana Nurses Association
Cultural Competence	Its Harmful Impact and Taking Actions to Counter Unconscious Bias	Bias	1.5hrs	Administration/mgt.; Support Services	9/3/2020	8	Adele James, MA, CPC and Eric Haram, LADC, CEO
Cultural Competence	Implicit Bias: Recognizing Harmful Impact and Taking Actions to Counter Unconcious Bias	Understanding role of unconcious bias in mental health services	1.5 hrs/annually	Direct Services	9/3/2020	4	CIBHS
Navigating Systems - Youth	Case Studies in Marijuana: From Pharmacology to the Emergency Department	Marijuana: its pharmacology, THC, CBD, effects on diverse body, examples of daily marijuana poisonings that present to emergency departments, and facts vs. myths.	1hr	Administration/management	9/3/2020	2	Roneet Lev

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Cultural Competence	Preventing Harassment for CA Employees	Preventing harassment in the workplace	2 hours yearly		9/3/2020	1	ADP Learning
Cultural Competence	2020 Bloodbourne Pathogens	online bloodborne pathogens	1 hour yearly		9/3/2020	1	ADP Learning
Cultural Competence	2020 Health Insurance Portability and Accountability	HIPPA traiing	1 hour yearly		9/3/2020	1	ADP Learning
Cultural Competence	2020 Health Insurance Portability and Accountability	HIPPA traiing	1 hour yearly		9/3/2020	1	ADP Learning
Cultural Competence	Implicit Bias: Recognizing Its Harmful Impact and Taking Actions to Counter Unconscious Bias	Strategies for countering unconcious bias	1.5	Administration/mgt; Direct Services Contractors	9/3/2020	9	CIBHS
Cultural Competence	CIBHS - Cultural Competence Training Series	Implicit Bias: Recognizing Its Harmful Impact and Taking Actions to Counter Unconscious Bias	1/1x	AdminIstration/mgt; Direct Services Contractors	9/3/2020	2	CIBHS
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 hrs/annually	Administration/mgt; Direct Services Contractors;	9/3/2020	12	Michele Ornelas Knight, Psy.D
Cultural Competence	Implicit Bias: Recognizing It's Harmful Impact & Taking Actions to Counter Unconscious Bias	Demonstrate how implicit bias not only impacts clinical-decision making and influences patient/provider interactions, but also obscures and compounds structural racism.	1.5 hrs	Administration/mg; Support Services	9/3/2020	7	Adele James: CIBHS
Cultural Competence	Implicit Bias: Recognizing Its Harmful Impact and Taking Actions to Counter Unconscious Bias	Implicit Bias, its impact	1.5/once	Direct Services: County Staff	9/3/2020	2	CIBHS

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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	Improving Cultural Competency for Behavioral Health Professionals	An introduction to cultural and linguistic competency	5 hours/year		9/4/2020	1	B. Mozelak
Navigating Systems - Youth	CA Child Abuse Mandated Reporter Training	Mandated Reporter training	3 hours yearly		9/4/2020	1	CA Dept. of Social Services
Cultural Competence	Preventing Harassment for CA Employees	Preventing harassment in the workplace	2 hours yearly		9/4/2020	1	ADP Learning
Navigating Systems - Youth	CA Child Abuse Mandated Reporter Training	Mandated Reporter training	3 hours yearly		9/4/2020	1	CA Dept of Social Services
Cultural Competence	2020 Bloodbourne Pathogens	online bloodborne pathogens	1 hour yearly		9/4/2020	1	ADP Learning
Resiliency - Youth	At-Risk for High School Educators	Working with at-risk students	1 hour yearly		9/7/2020	1	Montana Nurses Assoc.
Cultural Competence	DACA: Beyond the Supreme Court	Information on DACA process	1.5 hrs/annually	Direct Services	9/8/2020	1	Immigration Legal Resource Center
Cultural Competence	Improving Cultural Competency for Behavioral Health Professionals	An introduction to cultural and linguistic competency	5 hours/year	0	9/8/2020	1	B. Mozelak
Recovery - Adult	Trauma Informed Care	Trauma Informed Care	5.5 hrs/ one time	all staff	9/9/2020	10	L. Freidericks on and K Brockopp
Recovery - Adult	Trauma Informed Care	Trauma Informed Care	5.5 hrs/ one time	all staff	9/9/2020	10	L. Freidericks on and K Brockopp

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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	2020 Health Insurance Portability and Accountability	HIPPA traiing	1 hour yearly		9/9/2020	1	ADP Learning
Cultural Competence	Providing Affirmative Services to LGBTQ+ Clients	Strategies for providing affirming services	1	Direct Services Contractors	9/9/2020	3	Psychiatry & Behavioral Health Learning Network
Cultural Competence	The Role and Responsibility of Health and Behavioral Health Care Leaders	Addressing Systemic Racism to Eliminate Behavioral Health Disparities	1.5hrs	Administration/mgt; Support	9/10/2020	8	Jei Africa, PsyD, Andre V. Chapman, MA, Le Ondra Clark Harvey, PhD
Cultural Competence	Role and Responsibility of Health and Behavioral Health Care Leaders	Highlights responsibilities of providers to provide culturally competent services	1.5 hrs/annually	Direct Services	9/10/2020	4	CIBHS
Navigating Systems - Youth	Impact of Social Media & Technology on Suicidality	Professionals in the field of suicidology on the impact of social media on suicidality, and suicide prevention care for individuals at risk for a suicide-related crisis.	1hr	Administration/management	9/10/2020	1	Becky Stoll, Bart Andrews
Cultural Competence	2020 Bloodbourne Pathogens	online bloodborne pathogens	1 hour yearly		9/10/2020	1	ADP Learning
Cultural Competence	At-Risk for High School Educators	Working with at-risk students	1 hour yearly		9/10/2020	1	Montana Nurses Association
Cultural Competence	2020 Bloodbourne Pathogens	online bloodborne pathogens	1 hour yearly		9/10/2020	1	ADP Learning
Cultural Competence	At-Risk for High School Educators	Working with at-risk students	1 hour yearly		9/10/2020	1	Montana Nurses Association

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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	Role and Responsibilities of BH Leaders Addressing Systemic Racism to Eliminate Behavioral	Responsibilities and strategies for addressing racism to eliminate BH disparity	1.75	Administration/mgt; Direct Services Contractors	9/10/2020	11	CIBHS
Cultural Competence	CIBHS - Cultural Competence Training Series	The Role and Responsibilities of Health and Behavioral Health Care Leaders in Addressing Systemic Racism to Eliminate Behavioral	1/1x	Administration/mgt	9/10/2020	1	CIBHS
Cultural Competence	The Role & Responsibilities of Health & Behavioral Health Leaders in Addressing Systemic Racism to Eliminate Behavioral Health Disparities	Idenitfy levers/opportunities for meaningful action that behavioral health leaders can take to address structural racism in their own organizations.	1.5 hrs	Administration/mg; Support Services	9/10/2020	7	Jei Africa & Andre V. champan: CIBHS
Cultural Competence	The Role and Responsibilities of Health and Behavioral Health Care Leaders in Addressing Systemic Racism to Eliminate Behavioral	Leaders and responsibility re: implicit bias	1.5/once	Direct Services: County Staff	9/10/2020	3	CIBHS
Recovery - Adult	Warmline Volunteer Training	Warmline Volunteer Operator Training on new Software	2 hours/as needed	Community Members/General Public	9/11/2020	8	Jensen Bosio Caitlin Hiles
Cultural Competence	2020 Bloodbourne Pathogens	online bloodborne pathogens	1 hour yearly		9/11/2020	1	ADP Learning
Cultural Competence	2020 Health Insurance Portability and Accountability	HIPPA traiing	1 hour yearly		9/11/2020	1	ADP Learning
Navigating Systems - Youth	CA Child Abuse Mandated Reporter Training	Mandated Reporter training	3 hours yearly		9/11/2020	1	CA Dept of Social Services
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	9/14/2020	5	Nicole Brueckner

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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 compentence training	cultural humility	4 hours/one time	direct services	9/14/2020	18	Marjha Hunt, LMFT
Recovery - Adult	Substnce Use Recovery	AOD and Harm Reduction	2.5 hrs/one time	direct services	9/14/2020	0	William Schneider
Cultural Competence	cultural compentence training	cultural humility	4 hours/one time	direct services	9/14/2020	18	Marjha Hunt, LMFT
Navigating Systems - Youth	2020 Health Insurance Portability and Accountability	HIPPA traiing	1 hour yearly		9/14/2020	1	ADP Learning
Cultural Competence	2020 Bloodbourne Pathogens	online bloodborne pathogens	1 hour yearly		9/14/2020	1	ADP Learning
Cultural Competence	Trauma and Race Considerations	Understanding issues facing poor, urban African-American children who deal with Traumatic Stress	1.5hrs/annual	Direct Service Contractors	9/15/2020	1	Brad Stolbach and June Parks
Recovery - Adult	Mental Health Recovery	MH Recovery & First Person	2 hrs/one time	direct services	9/15/2020	18	Karen Brockopp, LCSW
Recovery - Adult	Mental Health Recovery	MH Recovery & First Person	2 hrs/one time	direct services	9/15/2020	18	Karen Brockopp, LCSW
Cultural Competence	At-Risk for High School Educators	Working with at-risk students	1 hour yearly		9/15/2020	1	Montana Nurses Assoc.
Cultural Competence	Preventing Harassment for CA Employees	Preventing harassment in the workplace	2 hours yearly		9/15/2020	1	ADP Learning
Family Focused - Youth	Omni Webinar - "Opioids and Marijuana" Workshop	Presentation to Big Brother Big Sister about how marijuana and opioids affect diverse youths growing brain. includes new data on how marijuana affects the brain and user, and how to approach the issue in a culturally sensitive manner	1hr	Administration/mgt; Direct Services Contractors;	9/16/2020	2	Shari Egeland
Cultural Competence	Improving Cultural Competency for Behavioral Health Professionals	An introduction to cultural and linguistic competency	5 hours/year		9/16/2020	1	B. Mozelak

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Cultural Competence	CLAS Standards & Cultural Competency Presentation	Training on understanding how to engage youth and families in a sensitive and competent manner by offering them culturally and linguistically appropriate services.	.5 hours	All Staff	9/16/2020	0	April Ludwig & Terrell Thomas
Cultural Competence	Talking about Race and Racism with Clients	How to faciliate conversations about race with clients	1.5 hrs/annually	Direct Services	9/17/2020	5	CIBHS
Family Focused - Youth	"Hidden in Plain Sight" Webinar	Presentation to prevention professionals. show cased "Hidden in Plain Sight" exhibit that shows different devises youth are using to hide their paraphernalia. Presentation also includes presentation about how marijuana affects youth and their growing brain	1hr	Administration/mgt; Direct Services Contractors;	9/17/2020	2	Shari Egeland
Cultural Competence	Improving Cultural Competency for Behavioral Health Professionals	An introduction to cultural and linguistic competency	5 hours		9/17/2020	1	B. Mozelak
Cultural Competence	Talking About Race and Racism With Clients: Challenges, Benefits & Strategies for Fostering Meaningful Dialogue	Strategies for addressing race and racism with clients	1.5	Administration/mgt; Direct Services Contractors	9/17/2020	11	CIBHS
Cultural Competence	CIBHS - Cultural Competence Training Series	Talking About Race and Racism With Clients: Challenges, Benefits & Strategies for Fostering Meaningful Dialogue	1/1x	AdminIstration/mgt; Direct Services Contractors	9/17/2020	3	CIBHS
Cultural Competence	Talking About Race & Racism with Clients: Challenges, Benefits & Strategies for Fostering Meaningful Dialogue	Build participants' skill to effectively engage in conversations about race with their clients that are healing and ultimately promotes racial equality.	1.5 hrs	Administration/mg; Support Services	9/17/2020	7	Adele James: CIBHS
Resiliency - Youth	Peer Support: Using non-clinical frameworks to build healthy therapeutic relationships	Presentation on evidence-based factors involved in peer services nad supporting the peer culture on the team	1hr/1x annually	a,c,d,e	9/18/2020	17	Leigh Smith, MA

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Family Focused - Youth	Trauma Focused CBT Latino Families	Understanding how to deliver the information to the Latino populations and using cultural modifications.	1.5 hrs	Support Services	9/18/2020	2	National Hispanic & Latino: Mental Health Technology Transfer Center Network
Navigating Systems - Youth	STRTPs as Part of an Integrated Trauma-Informed System	Provide a summary of the biological basis of stress and trauma in children and its impact on STRTPs. Topics include biological basis of stress/trauma, issues during care, and the admission/transfer/discharge process.	3 hrs	Administration/mg	9/18/2020	1	Dr. Loc Nguyen
Cultural Competence	Resilient Together: Coping with Loss at School	working with students who have experienced loss	2 hours Total		9/19/2020	1	Kognito
Cultural Competence	Trauma in Immigrant Families (Part 3)	Financial impacts and policy solutions for trauma in immigrant families	2.5 hrs/annually	Direct Services	9/22/2020	1	UC Davis Health
Cultural Competence	Suicide Prevention in Latino Youth	Exploring suicide prevention strategies in the Latino community	1.5 hrs/annually	Direct Services	9/23/2020	1	Prevention Technology Transfer Center
Cultural Competence	Substance Use in Prevention in Native Communities: Initiating and Sustaining Meaningful Comnnections Across Cultures	The role of culture in initiating and sustaining partnerships and collaborations in Native communities, tips for selecting culturally appropriate substance misuse prevention interventions, how to effectively initiate communications on substance misuse prevention, challenges, and recommendations of culturally appropriate best practices.	1hr	Administration/management	9/23/2020	1	Gerry RainingBird
Family Focused - Youth	Remove the Armor! Cultivating Empathy in Kids	Cultivating empathy for youth	1hr	Administration/management	9/23/2020	1	Kelly Spanoghe, Angelique McKoy
Family Focused - Youth	Navigating Teen Depressing and Substance use as a Family	cover how caring adults can fully engage in the process of prevention and treatment for adolescent substance use and depression, identify when a teen requires professional intervention, and communicate effectively about substance use and misuse.	1hr	Administration/management	9/23/2020	1	David Blair, Jamie Blair Echevarria

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Resiliency - Youth	Teen Vaping Cessation Strategies that Work	Latest trends in teen vaping patterns and attitudes towards quitting. - How to promote cessation to teens by tapping INTO their unique motivations to quit - Info on National Jewish Health's new teen vaping cessation service "My Life, My Quit" - Rescue Agency's research and best practices for promoting cessation programs to increase teen enrollment	1hr	Administration/management	9/24/2020	1	Multiple Presenters
Cultural Competence	Empowerment Training Center: Courageous Conversations, Actively Practicing Anti-Racism	Panelist presentation and townhall discussions to build our awareness and insights of how we can work together to be Anti-Racist	1.5 hours	Direct Care Staff + External Empowerment Training Subscribers	9/24/2020	80	
Resiliency - Youth	Enhancing Trauma Resilience	Strategies for reinforcing resilience within trauma survivors	1	Direct Services Contractors	9/25/2020	1	Dr. Dawn Elise Snipes
Cultural Competence	Cultural Competence	Becoming more cultural competent	.5/annually		9/27/2020	1	relias
Family Focused - Youth	Coronavirus Explained-A Unique Vantafe point	presents a fascinating look at the top story of 2020 -- the corona virus and COVID-19 -- during a special edition of The Rancho Cordova Luncheon via Zoom.	1hr	Administration/management	9/29/2020	1	Mayor David Sander
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	9/30/2020	7	Nicole Brueckner
Cultural Competence	Suicide Prevention in the Black Community	Exploring suicide prevention strategies in the black community	1.5 hrs/annually	Direct Services	9/30/2020	1	Relias
Recovery - Adult	Abuse and Neglect: What to Look For and How to Respond	Teaching staff how to identify abuse and neglect, and methods for responding	1hr/annually	Support Services and Mgt	10/1/2020	10	Relias
Recovery - Adult	Best Practices in Suicide Screening and Assessment	Teaching staff to recognize risk and protective factors for suicide.	2hr/annually	Support Services and Mgt	10/1/2020	10	Relias
Recovery - Adult	Cultural Competence	Understanding cultural competence	1hr/annually	Support Services and Mgt	10/1/2020	3	Relias
Recovery - Adult	Telecare Policy B-27: Abuse, Neglect, and Exploitation	This policy defines client abuse, neglect, and exploitation, and describes appropriate action to take	1hr/annually	Support Services and Mgt	10/1/2020	10	Relias
Recovery - Adult	Telecare's Risk Assessment Part 3: The SAFE-T 5-steps	Teaches staff to identify SAFE-T steps, use SAFE-T assessment, and develop triage plans to reduce risk	1hr/annually	Support Services and Mgt	10/1/2020	2	Relias

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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	Telecare's Risk Assessment Parts 1 & 2: The Suicide and Violence Screen	Part 1 - Suicide risk screen education, Part 2 - Violence risk screen education	1hr/annually	Support Services and Mgt	10/1/2020	4	Relias
Recovery - Adult	Telecare's Screening, Brief Intervention and Referral to Treatment (SBIRT) Training	Teaches the SBIRT module to teach skills to reach individuals with substance use disorders.	1hr/annually	Support Services and Mgt	10/1/2020	19	Relias
Recovery - Adult	The RCCS Conversations: Awakening Hope	Teaches staff the RCCS conversations that help develop hope	1hr/annually	Support Services	10/1/2020	4	Relias
Recovery - Adult	Telecare's Stages of Change Module 1	Teaches staff the stages of change, motivation in each stage, and readiness ruler for behavior change.	1hr/annually	Support Services	10/1/2020	3	Relias
Recovery - Adult	Telecare's Stages of Change Module 2	Teaches staff to identify behavior member wants to change, identify change stage, and goals for each stage	1hr/annually	Support Services	10/1/2020	4	Relias
Recovery - Adult	Telecare's Supporting Recovery and Change (COEG 1)	Teaches staff how to identify and understand RCCS - MH and substance use interraction.	1hr/annually	Support Services	10/1/2020	10	Relias
Recovery - Adult	The RCCS Conversations: Choice Making	Understanding how the RCCS model addresses conversations about choice	1hr/annually	Support Services	10/1/2020	5	Relias
Cultural Competence	The RCCS Conversations: Identity	Understanding how the RCCS model addresses conversations about identity	1hr/annually	Support Services	10/1/2020	1	Relias
Recovery - Adult	The RCCS Conversations: Reducing Harm	Understanding how the RCCS model addresses conversations about reducing harm	1hr/annually	Support Services	10/1/2020	4	Relias
Recovery - Adult	Trauma-Informed Care	Illustrates the incorporation of trauma-informed care into the person-centered, culturally competent plan of care	1.5hr/annually	Support Services	10/1/2020	6	Relias
Recovery - Adult	Integrating Peer Support in Behavioral Health Settings	Teaches staff how peer support services are integrated into a behavioral health	1hr/annually	Support Services and Mgt	10/1/2020	3	Relias
Recovery - Adult	Telecare's BE DIRECT Training: A Safe Approach to Community Work	Teaches staff how to use safety techniques while working in the field.	1hr/annually	Support Services	10/1/2020	6	Relias
Recovery - Adult	Telecare's Introduction to Co-Occurring Conditions (COEG 2)	Provides staff with knowledge and skills to support and inspire members	1hr/annually	Support Services and Mgt	10/1/2020	12	Relias
Recovery - Adult	Therapeutic Boundaries	Teaches staff the difference between boundary crossings and boundary violations	1hr/annually	Support Services and Mgt	10/1/2020	10	Relias
Recovery - Adult	WRAP Workshop	Wellness Recovery Action Plan Workshop (4 of 4)	Once per Quarter (Warmline)	Community Members/General Public	10/1/2020	72	Jensen Bosio Nicole Brueckner

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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 Sac Co from a cultrual perspective integrating the MH Pathways service model	1.5 hrs/annually	Administration/mgt; Direct Services Contractors;	10/1/2020	12	Michele Ornelas Knight, Psy.D
Cultural Competence	CLAS Training	Cultural & Linguistically Appropriate Services/Standards for Behavioral Health Professionals	5 hours/annually	Support Services	10/5/2020	5	Annual - Mandated online training
Cultural Competence	CLAS Training	Cultural & Linguistically Appropriate Services/Standards for Behavioral Health Professionals	5 hours/annually	Support Services	10/5/2020	5	Annual - Mandated online training
Cultural Competence	CLAS Training	Cultural & Linguistically Appropriate Services/Standards for Behavioral Health Professionals	5 hours/annually	Support Services	10/5/2020	5	Annual - Mandated online training
Cultural Competence	CLAS Training	Cultural & Linguistically Appropriate Services/Standards for Behavioral Health Professionals	5 hours/annually	Support Services	10/5/2020	5	Annual - Mandated online training
Cultural Competence	CLAS Training	Cultural & Linguistically Appropriate Services/Standards for Behavioral Health Professionals	5 hours/annually	Support Services	10/5/2020	5	Annual - Mandated online training
Cultural Competence	CLAS Training	Cultural & Linguistically Appropriate Services/Standards for Behavioral Health Professionals	5 hours/annually	Support Services	10/5/2020	5	Annual - Mandated online training
Cultural Competence	Cultural Competence	Becoming more cultural competent	.5/annually		10/6/2020	1	relias
Recovery - Adult	Reducing Racial and Ethnic Disparties	Substance abuse and prison reentry	4 hrs/quarterly	Governors Advisory Board	10/6/2020	10	Dr. B J Davis
Cultural Competence	Cultural Competence	Becoming more cultural competent	.5/annually		10/7/2020	1	relias
Resiliency - Youth	The Growing Brain: A Multi-Media Presentation for Prevention Professionals	n overview of brain anatomy, brain growth, and the chemistry of addiction. Identify the structures of the brain including basic anatomy, the brain cell, and neurotransmitters; Describe brain growth that includes pruning, myelination, and neuroplasticity; and Identify the stages of addiction, dopamine's hijacking role, and what can stunt brain growth	1hr	Administration/management	10/7/2020	1	Dr. Roneet Lev
Cultural Competence	Cultural Awareness & Sensitiviy	How to work with diverse population for substance misuse professionals/new hires	2 hrs/bi-monthly	managers, counselors, and support staff	10/7/2020	13	Dr. B J Davis

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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	Becoming more cultural competent	.5/annually		10/8/2020	1	relias
Cultural Competence	LGBTQ Health Disparities	Training Title Explains	2.0/once	Direct Services: County Staff	10/8/2020	1	DHCS
Cultural Competence	Our Community Aging and Disability	Social and Emotional Wellbeing of aging population	2hrs	Administration/mgt.; Support Services	10/9/2020	14	Priya Kannall, MHSA Coordinator; Shoua Her
Cultural Competence	CSUS Peer Health Educators – "Marijuana 101" Workshop	Presentation to CSUS Peer Health Educators on latest marijuana information, prevention techniques, and best practices and presenting to diverse peers and how to approach the issue in a culturally sensitive manner	1hr	Administration/mgt; Direct Services Contractors;	10/9/2020	2	Shari Egeland
Cultural Competence	CLAS Training	Cultural & Linguistically Appropriate Services/Standards for Behavioral Health Professionals	5 hours/annually	Support Services	10/9/2020	5	Annual - Mandated online training
Cultural Competence	CLAS Training	Cultural & Linguistically Appropriate Services/Standards for Behavioral Health Professionals	5 hours/annually	Support Services	10/9/2020	5	Annual - Mandated online training
Cultural Competence	CLAS Training	Cultural & Linguistically Appropriate Services/Standards for Behavioral Health Professionals	5 hours/annually	Support Services	10/9/2020	5	Annual - Mandated online training
Cultural Competence	CLAS Training	Cultural & Linguistically Appropriate Services/Standards for Behavioral Health Professionals	5 hours/annually	Support Services	10/9/2020	5	Annual - Mandated online training
Cultural Competence	CLAS Training	Cultural & Linguistically Appropriate Services/Standards for Behavioral Health Professionals	5 hours/annually	Support Services	10/9/2020	5	Annual - Mandated online training
Cultural Competence	CLAS Training	Cultural & Linguistically Appropriate Services/Standards for Behavioral Health Professionals	5 hours/annually	Support Services	10/9/2020	5	Annual - Mandated online training
Cultural Competence	Cultural Competence	Becoming more cultural competent	.5/annually		10/11/2020	1	relias
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	10/12/2020	5	Nicole Brueckner
Cultural Competence	Peer to Peer Focus	Warmline Coordinators Check-in with volunteer(s) as needed and provide support services	As needed (min 1x QR)	Community Members/General Public	10/13/2020	2	Jensen Bosio Caitlin Hiles

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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	Resilient Sacramento – "Hidden in Plain Sight" Workshop	Resilient Sacramento, a diverse collective of community members that prevents and reduces the number of adverse childhood experiences (ACEs) in the greater Sacramento area by promoting healing and creating more trauma-awareness. Presentation on latest trends in youth marijuana use, vaping and edibles, effects on teen's growing brains, what parents can do to help/prevent teen use, and how to approach the issue in a culturally sensitive manner.	1hr	Administration/mgt; Direct Services Contractors;	10/13/2020	2	Shari Egeland
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 Servcie Contractors; Support Servcies	10/13/2020	6	My Learning Point
Recovery - Adult	Trauma Informed Care	Trauma Informed Care	5.5 hrs/one time	direct staff	10/14/2020	13	L. Friederikse n K. Brockopp
Recovery - Adult	Trauma Informed Care	Trauma Informed Care	5.5 hrs/one time	direct staff	10/14/2020	13	L. Friederikse n K. Brockopp
Cultural Competence	Cultural Competence	Becoming more cultural competent	.5/annually		10/14/2020	1	relias
Family Focused - Youth	External stressors for Families of Orgin	Stressors that impact children and their families.	4 hrs	Support Services	10/15/2020	1	Dr. Lisa Cohen Bennett
Cultural Competence	How Stress and Trauma Affect ADHD in Children of All Colors — and How to Heal the Wounds	ADHD, diagnosis, implicit bias	1.0/once	Direct Services: County Staff	10/15/2020	1	ADDMag
Cultural Competence	Cultural Humility in Work with Youth	Training focuses on being culturally competent within the workforce pertaining to gender & orientation.	3 hrs	Support Services	10/16/2020	1	Seneca Institute for Advanced Practice
Cultural Competence	Pandemics, Policing, and Protest: On Racism and Health and Where We Go From Here	Training Title Explains	1.5/once	Direct Services: County Staff	10/16/2020	1	Madalynn Rucker
Cultural Competence	Cultural Competency in Youth Care	Understanding different cultures & learning more cultural competency.	3 hrs	Support Services	10/19/2020	1	Seneca Institute for Advanced Practice

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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	CLAS Standards & Cultural Competency Leadership Workgroup	Training on understanding how to engage youth and families in a sensitive and competent manner by offering them culturally and linguistically appropriate services.	1 hour	Executive Team Members	10/19/2020	17	April Ludwig & Terrell Thomas
Family Focused - Youth	MAS-SSF Pt.1 Drug Prevention Series for Families: "Drug Proof Your Youth"	Presentation to MAS SSF about the dangers of alcohol and marijuana to youth, effects of drugs on the mental well-being, and how to tell if your youth is exposed to drugs. and how to approach the issue in a culturally sensitive manner	1hr	Administration/management	10/23/2020	1	Cynthia Mumford
Resiliency - Youth	Transition to Independence Program (TIP) Model Orinetation and Training	Engage youth in their own futures planning process. Prepares and facilitates their independence and self-reliance.	8 hours	Administration/mgt; Direct Servcie Contractors;	10/26/2020	0	Sherri Daftarri - ROCC
Cultural Competence	Mother and Baby Substance Exposure Initiative Series: Addressing Social Determinants of Health Among Pregnant Women, Mothers with Substance Use Disorder	increase awareness of mothers who use during pregnancy	1.0/once	Direct Services: County Staff	10/26/2020	1	HMA
Cultural Competence	Cultural Competence	Becoming more cultural competent	.5/annually		10/27/2020	1	relias
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	10/28/2020	7	Nicole Brueckner
Cultural Competence	Improving Cultural Competency	General Introduction to cultural and linguistic competency	1 hour/annually	Direct Service Contractors	10/28/2020	1	HHS.gov
Navigating Systems - Youth	Beyond Virtual Facilitation: How to Maximize Engagement and Tackle Wicked Problems in your Virtual Meetings	How to determine a mtg's purpose, setting reasonable goals, preparing participants, facilitating for maximize engagement, how to tackle hard stuff, difficult dialogues & wicked problems, how to have deep complex, layered, nuanced discussions, moving things forward after the meeting, and utilizing the best facilitation tool out there - you	1hr	Administration/management	10/28/2020	1	Callopy Glaros
Family Focused - Youth	The Impact of Domestic Violence of Children, Families, & Communities	How domestic violence and trauma affect children and different ways to identify and intervene.	4 hrs	Support Services	10/29/2020	1	Seneca Institute for Advanced Practice

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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 Competency Training	An overview of agency culture and expectations and the concept of cultural humility to the work.	4 hours	All Staff	10/29/2020	27	Cultural Competency Committee Members
Recovery - Adult	Warmline Orientation Training	Warmline Volunteer Operator Onboarding Training	2.5 hours/1-3x per quarter	Community Members/General Public	10/30/2020	3	Jensen Bosio Caitlin Hiles
Resiliency - Youth	Suicide Prevention in Times of COVID-19	Learning about Supporting Community Connectionssuicide prevention program swill & how COVID-19has affected the populations they serve, and how they have adapted theirservices to fit diverse communities.	1hr	Administration/management	10/30/2020	1	Multiple Presenters
Cultural Competence	Improving Cultural Competency	General Introduction to cultural and linguistic competency, increasing self awareness, increasing awareness of client's cultural identities and appropriate interventions for services.	5.5 hrs/annual	Direct Service Contractors	10/31/2020	1	HHS.gov
Cultural Competence	Improving Cultural Competency	General Introduction to cultural and linguistic competency, increasing self awareness, increasing awareness of client's cultural identities and appropriate interventions for services.	5.5 hrs/annual	Direct Service Contractors	10/31/2020	1	HHS.gov
Cultural Competence	Improving Cultural Competency	General Introduction to cultural and linguistic competency, increasing self awareness, increasing awareness of client's cultural identities and appropriate interventions for services.	5.5 hrs/annual	Support Services	10/31/2020	1	HHS.gov
Recovery - Adult	Trauma Informed Care	Trauma Informed Care	5.5 hrs/one time	direct staff	11/1/2020	16	L. Friederikse n K. Brockopp
Cultural Competence	Cultural Competence	Cultural diversity	.5 hrs/annually	Clinical Staff	11/1/2020	38	Relias
Cultural Competence	Human Trafficking: Forced Labor	Forced Labor	1 hrs/annually	Clinical Staff	11/1/2020	32	Relias
Cultural Competence	Understanding Human Trafficking	Forced labor	1 hrs/retired	Clinical Staff	11/1/2020	10	Relias
Cultural Competence	Cultural Competence Training	Cultural Humility	4.5 hrs/one time	direct staff	11/2/2020	4	Marjha Hunt, LMFT

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Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Cultural Competence	Cultural Competence Training	Cultural Humility	4.5 hrs/one time	direct staff	11/2/2020	4	Marjha Hunt, LMFT
Cultural Competence	Cultural Competence	Becoming more cultural competent	.5/annually		11/2/2020	1	relias
Cultural Competence	Empowerment Training Center: Cultural Awareness and Sensitivity Training of The Indigenous People	presentation to build our awareness of the historical trauma of the Indigenous people	1.5 hours	Direct Care Staff + External Empowerment Training Subscribers	11/2/2020	73	
Recovery - Adult	Substane Use Recovery	AOD and Harm Reduction	2.5 hrs/one time	direct staff	11/3/2020	4	William Schneider
Recovery - Adult	Mental Health Recovery	MH Recovery & First Person Language	2 hrs/one time	direct staff	11/3/2020	4	Karen Brockopp, LCSW
Recovery - Adult	Substane Use Recovery	AOD and Harm Reduction	2.5 hrs/one time	direct staff	11/3/2020	4	William Schneider
Recovery - Adult	Mental Health Recovery	MH Recovery & First Person Language	2 hrs/one time	direct staff	11/3/2020	4	Karen Brockopp, LCSW
Cultural Competence	Microaggressions and Unconscious Bias	types of microaggression and the difference between implicit and explicit bias	1.5 hrs/annually	Administration/mgt; Direct Services Contractors;	11/5/2020	12	Michele Ornelas Knight, Psy.D
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	11/9/2020	5	Nicole Brueckner
Navigating Systems - Youth	Marijuana is Legal, Now What? Strategies for Navigating Legal & Health Communications	Gain strategic insights from 3 key states that have legalized non-medical Marijuana Use - Get ahead of new policies by implementing pressure-tested and evidence-based communications strategies. - Strategies to overcome misconceptions, conflicting sources of truth, and public skepticism.	1hr	Administration/management	11/11/2020	1	Multiple Presenters
Cultural Competence	CSEC 101	Understanding the needs and culture of human trafficing	1 hour/annually	Direct Service Contractors, Administration/mgt;	11/11/2020	2	My Learning Point
Navigating Systems - Youth	Employment Law & Employee Benefits for 2021	A Lively Discussion on Significant Legal Developments, COVID-19 in the Workplace, and Employee Taxes and Benefits Legal and HR Compliance Update, changes to CA labor and employment laws and benefits-related provisions,	2hr	Administration/management	11/12/2020	1	HOST: Sheppard Mullin and C3 Risk and Insurance Services

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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	Know Your Rights for Providers Working with LGBTQ Youth in Care	Learning about rights and laws that protect LGBTQ Youth in care.	4 hrs	Administration/mg	11/12/2020	1	Seneca Institute for Advanced Practice
Cultural Competence	Empowerment Training Center: Eating Disorders and The Impact of Social Media on Self-Image	to build our awareness of Eating Disorders and The Impact of Social Media on Self-Image	1.5 hours	Direct Care Staff + External Empowerment Training Subscribers	11/12/2020	55	
Cultural Competence	MH & Aging Conference	Pandemics: Impacts of COVID and Racism on Older Adults	2 hours	Administration/mgt; Direct Services Contractors; Support Services	11/12/2020	7	Dr. Gloria Morrow
Cultural Competence	MH & Aging Conference	Pandemics: Impacts of COVID and Racism on Older Adults	2 hours	Administration/mgt; Direct Services Contractors; Support Services	11/12/2020	7	Dr. Gloria Morrow
Cultural Competence	MH & Aging Conference	Pandemics: Impacts of COVID and Racism on Older Adults	2 hours	Administration/mgt; Direct Services Contractors; Support Services	11/12/2020	7	Dr. Gloria Morrow
Cultural Competence	MH & Aging Conference	Pandemics: Impacts of COVID and Racism on Older Adults	2 hours	Administration/mgt; Direct Services Contractors; Support Services	11/12/2020	7	Dr. Gloria Morrow
Cultural Competence	MH & Aging Conference	Pandemics: Impacts of COVID and Racism on Older Adults	2 hours	Administration/mgt; Direct Services Contractors; Support Services	11/12/2020	7	Dr. Gloria Morrow
Cultural Competence	MH & Aging Conference	Pandemics: Impacts of COVID and Racism on Older Adults	2 hours	Administration/mgt; Direct Services Contractors; Support Services	11/12/2020	7	Dr. Gloria Morrow
Recovery - Adult	Reducing Racial and Ethnic Disparties	Substance abuse and prison reentry	4 hrs/quarterly	Governors Advisory Board	11/12/2020	10	Dr. B J Davis
Cultural Competence	Cultural Competence Training- Orientation for new employees and annual for current employees	Understand the value of cultural competence and how this impacts and directs our client servicess	2 hours annually	All COC Staff	11/13/2020	168	Dr. BJ Davis
Cultural Competence	CLAS Standards & Cultural Competency Leadership Workgroup	Training on understanding how to engage youth and families in a sensitive and competent manner by offering them culturally and linguistically appropriate services.	1 hour	Executive Team Members	11/16/2020	17	April Ludwig & Terrell Thomas

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Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Recovery - Adult	Trauma Informed Care	Trauma Informed Care	5.5 hrs/one time	direct staff	11/17/2020	16	L. Friederikse n K. Brockopp
Cultural Competence	Diversity: Embracing Diversity in the Workplace -v1 & v.2	Understanding what each person brings to the workplace and to treatment.	2 hour/annually	Direct Service Contactors; Support Servcies	11/17/2020	2	My Learning Point
Cultural Competence	Improving Education Outcomes for Foster Youth	To provide participants with an overview of the Special Eduation Rights of children involved in the foster care system/probation system.	2 hrs	Administration/mg	11/17/2020	1	Seneca Institute for Advanced Practice
Cultural Competence	Cultural Competence	Becoming more cultural competent	.5/annually		11/18/2020	1	relias
Cultural Competence	CLAS Standards & Cultural Competency Presentation	Training on understanding how to engage youth and families in a sensitive and competent manner by offering them culturally and linguistically appropriate services.	.5 hours	Agency Board of Directors	11/18/2020	16	April Ludwig & Terrell Thomas
Cultural Competence	Empowerment Training Center:	to build our knowledge of Suicide Awareness and Prevention	1.5 hours	Direct Care Staff + External Empowerment Training Subscribers	11/18/2020	66	
Resiliency - Youth	Connecting Youth with Community Resources	Learning how to connect the correct resources to th client in the community & different aspects to consider while doing so.	2 hrs	Support Services	11/20/2020	1	Seneca Institute for Advanced Practice
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	11/25/2020	7	Nicole Brueckner
Cultural Competence	Understanding and Supporting Communities of Color in Maternal Mental Health	Training Title Explains	1.5/once	Direct Services: County Staff	11/30/2020	1	Sac. Cty. BHS
Cultural Competence	Cultural Competence Training	Ground Work for Equity	1.5 hrs/one time	all staff	12/1/2020	615	Tamu Green, PhD
Resiliency - Youth	Sacramento State AOD Morning Class - "Today's Marijuana" Workshop	Presentation to CSUS students on latest marijuana information, prevention techniques, and best practices and presenting to diverse peers	1hr	Administration/manag ement	12/3/2020	1	Cynthia Mumford
Resiliency - Youth	Sacramento State AOD Night Class- "Today's Marijuana" Workshop	Presentation to CSUS students on latest marijuana information, prevention techniques, and best practices and presenting to diverse peers	1hr	Administration/manag ement	12/3/2020	1	Cynthia Mumford

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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	2 hours	Administration/mgt; Direct Services Contractors;	12/3/2020	5	WestCoast Children's Clinc
Cultural Competence	Race, Racism and Trauma	How implicit bias impacts mental health services, the impact of microaggressions on client's experience, and recognizing and treatment of racial trauma	1.5 hrs/annually	Administration/mgt; Direct Services Contractors;	12/3/2020	12	Michele Ornelas Knight, Psy.D
Cultural Competence	Cultural Compentency and Humility	Information, resources and tools to help support youth who may identify as LGBTQIA	2hrs/annual	Direct Service Contractors	12/5/2020	1	ARC
Cultural Competence	Cultural Humility	How to identify, be aware and culturally sensitive in response to diverse cultures/needs	1 hour	Support Services	12/7/2020	1	Mandated online training
Cultural Competence	Cultural Humility	How to identify, be aware and culturally sensitive in response to diverse cultures/needs	1 hour	Support Services	12/7/2020	1	Mandated online training
Cultural Competence	Cultural Humility	How to identify, be aware and culturally sensitive in response to diverse cultures/needs	1 hour	Support Services	12/7/2020	1	Mandated online training
Cultural Competence	Cultural Humility	How to identify, be aware and culturally sensitive in response to diverse cultures/needs	1 hour	Support Services	12/7/2020	1	Mandated online training
Cultural Competence	Cultural Humility	How to identify, be aware and culturally sensitive in response to diverse cultures/needs	1 hour	Support Services	12/7/2020	1	Mandated online training
Cultural Competence	Cultural Humility	How to identify, be aware and culturally sensitive in response to diverse cultures/needs	1 hour	Support Services	12/7/2020	1	Mandated online training
Cultural Competence	Peer to Peer Focus	Warmline Coordinators Check-in with volunteer(s) as needed and provide support services	As needed (min 1x QR)	Community Members/General Public	12/8/2020	2	Jensen Bosio
Cultural Competence	SOGIE	Orientation module for all staff. Learning about sexual orientation, gender identiy, and expression as well as how it manfests with the youth we work with.	1 hour/annually	Administration/mgt, Direct Service Contractors	12/8/2020	2	Waruguru Ndirangu
Cultural Competence	How to Talk About Racism: Advancing our Work to Support Children, Youth, and their Families during COVID-19	Training Title Explains	1.5/once	Direct Services: County Staff	12/8/2020	1	Elizabeth Manley
Cultural Competence	Cultural Competence	Becoming more cultural competent	.5/annually		12/9/2020	1	relias

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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	Special Education Considerations	Understanding the needs of special education clients and approriate considerations	2 hours/annually	Direct Service Contractors, Administration/mgt;	12/9/2020	12	Mary Bush ROCC Family Advocate
Cultural Competence	Customer Service in Behavioral Health Part 1	Developing relationships with clients by treating them with dignity and respect	1 hour/annually	Administration/mgt; Direct Servcie Contractors; Support Servcies	12/10/2020	2	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	Adminstraion/mgt; Direct Service Contactors; Support Servcies	12/10/2020	2	My Learning Point
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	12/14/2020	5	Nicole Brueckner
Resiliency - Youth	Motivational Interviewing	Client ownership in the change process during treatment	3 hours	Direct Service Contractors, Administration/mgt;	12/14/2020	2	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 Service Contractors, Administration/mgt;	12/14/2020	2	My Learning Point
Recovery - Adult	Trauma Informed Care	Trauma Informed Care	5.5 hrs/one time	all staff	12/15/2020	14	L. Friederikse n K. Brockopp
Recovery - Adult	Trauma Informed Care	Trauma Informed Care	5.5 hrs/one time	all staff	12/15/2020	14	L. Friederikse n K. Brockopp
Cultural Competence	Empowerment Training Center: Self-Care-The Body, Heart, Mind, and Spirit	share with you the research behind the benefits of self-care, and brainstorm with one another changes we can make in our own life to make taking care of ourselves a priority	1.5 hours	Direct Care Staff + External Empowerment Training Subscribers	12/16/2020	30	
Cultural Competence	CLAS Standards & Cultural Competency Leadership Workgroup	Training on understanding how to engage youth and families in a sensitive and competent manner by offering them culturally and linguistically appropriate services.	1 hour	Executive Team Members	12/21/2020	17	April Ludwig & Terrell Thomas
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	12/30/2020	7	Nicole Brueckner

Behavioral Health Services Training Log FY 2020 - 2021

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	Navigating Racial and Gender Identity Violence	Exploring differences and how they impact therapeutic relationships as well as how to support youth in navigating some of these complex issues	1.5hrs/annual	Direct Service Contractors	12/30/2020	1	Julian Ford and Rocio Chang
Cultural Competence	Cultural Implications of Secondary Traumatic Stress	Explore the influence of culture on mental health providers coping with STS and the seeking of support	1.5hrs/annual	Direct Service Contractors	12/30/2020	1	Adriana Mollina, Susana Rivera, and Marta Casas
Cultural Competence	Cultural Competence	Understanding cultural competence	1hr/annually	Support Services and Mgt	1/1/2021	13	Relias
Recovery - Adult	The RCCS Conversation: Exporing Identity	Teaching rapport building and assessment skills for exploring identity with members	2hr/annually	Support Services	1/1/2021	3	Relias
Recovery - Adult	Integrating Peer Support in Behavioral Health Settings	Teaching staff about the use of peer support within program to best support members	2hr/annually	Support services	1/1/2021	3	Relias
Recovery - Adult	Telecare's BE DIRECT Training: A Safe Approach to Community Work	Teaching staff communication skills to best support members in their recovery while maintaining safety	1hr/annually	Support services	1/1/2021	3	Relias
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	Direct Services Contractors	1/2/2021	6	Online Course
Cultural Competence	UC Davis Anti-Racism Series: Allyship 1512	This training focuses on how to promote allyship within your community and workplace	2 hrs/ quarterly	Administration/mgt; Direct Services Support Services	1/3/2021	1	UC Davis
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 hrs/ quarterly	Administration/mgt; Direct Services Support Services	1/3/2021	1	UC Davis
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 hrs/ quarterly	Administration/mgt; Direct Services Support Services	1/3/2021	1	UC Davis

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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 Microagressions 1512	This training looks at individual biases and its impact on perception.	2 hrs/ quarterly	Administration/mgt; Direct Services Support Services	1/3/2021	1	UC Davis
Cultural Competence	UC Davis Anti-Racism Series: Allyship 1512	This training focuses on how to promote allyship within your community and workplace	2 hrs/ quarterly	Administration/mgt; Direct Services Support Services	1/3/2021	5	UC Davis
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 hrs/ quarterly	Administration/mgt; Direct Services Support Services	1/3/2021	5	UC Davis
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 hrs/ quarterly	Administration/mgt; Direct Services Support Services	1/3/2021	5	UC Davis
Cultural Competence	UC Davis Anti-Racism Series: Implicit Bias and Microagressions 1512	This training looks at individual biases and its impact on perception.	2 hrs/ quarterly	Administration/mgt; Direct Services Support Services	1/3/2021	5	UC Davis
Cultural Competence	UC Davis Anti-Racism Series: Allyship 1512	This training focuses on how to promote allyship within your community and workplace	2 hrs/ quarterly	Administration/mgt; Direct Services Support Services	1/3/2021	1	UC Davis
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 hrs/ quarterly	Administration/mgt; Direct Services Support Services	1/3/2021	1	UC Davis
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 hrs/ quarterly	Administration/mgt; Direct Services Support Services	1/3/2021	1	UC Davis
Cultural Competence	UC Davis Anti-Racism Series: Implicit Bias and Microagressions 1512	This training looks at individual biases and its impact on perception.	2 hrs/ quarterly	Administration/mgt; Direct Services Support Services	1/3/2021	1	UC Davis
Cultural Competence	CLAS Standards & Cultural Competency Leadership Workgroup	Training on understanding how to engage youth and families in a sensitive and competent manner by offering them culturally and linguistically appropriate services.	1 hour	Executive Team Members	1/4/2021	17	April Ludwig & Terrell Thomas

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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	Clients/Patient Rights	The importance of ethical care, informed consent, and advanced directives are widely underestimated in health care settings. The more familiar you are with these vital aspects of clinical practice, the better equipped you will be at providing higher quality patient care. This course covers the fundamentals of ethical care, the informed consent process, and various types of advance directives in medical and behavioral health care settings. Interactive exercises and vignettes will give you the opportunity to apply the concepts you learn in this course. After completing this course, you will be able to provide your clients a higher standard of care by offering them ethical and well-informed treatment.	2 hrs/annually	Administration; Direct Services Contractors	1/4/2021	24	Online Course
Recovery - Adult	Workplace Violence	Workplace violence includes threats or actual use of physical force. This course will cover the key elements to maintaining a safe workplace: Prevent, Report, and Respond.	.5 hrs/annually	Administration;Direct Services Contractors	1/4/2021	28	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 hr	Direct Services Contractors	1/4/2021	10	Online Course
Recovery - Adult	MHSA Documentation	How to complete County forms: 3M,KETfor Sacramento County and in Telecare AVATAR	1hr/annually	Direct Service	1/10/2021	29	Thy Nelson
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	1/11/2021	5	Nicole Brueckner
Recovery - Adult	Documentation Training/In-Service Training	Review of all documentation required by Telecare and MediCal		Direct Services Contractors	1/11/2021	10	Thy Nelson
Recovery - Adult	On Call Training	Overview of the norms, policies and practices of the on-call service. Teach practical skills for managing on-call and crisis		Direct Services Contractors	1/11/2021	5	Brandi Blackman
Navigating Systems - Youth	"Passing the Mic to the Next Generation"	Hear from three Virginia teens and how COVID and other issues have affected their lives and those around them; examples of youth-led strategies, implementation and evaluation from a variety of campaigns; and learn to effectively listen to the needs of youth and effective ways to communicate with young people.	1hr	Administration/management	1/12/2021	1	Multiple Presenters

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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	Cannibis, Equity and Racial Justice Webinar Series Session 1	Introduction and Overview	1.5 hours/once	Direct Services Contractor	1/12/2021	3	Alliance for Boys and Men of Color/Youth Forward/CA Urban Partnership
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	1/14/2021	14	Online Course Part 1
Cultural Competence	Workplace Harassment	This course is examines the various types of workplace harassment, and the basic skills needed to understand and deal with these situations. A healthy work environment is one that is free from harassment, and a key to achieving your company's goals is to ensure that employees have a safe and healthy work environment. This course will provide information that will help produce a healthy work environment free of harassment. It will also help you understand your role in this important effort should you encounter harassment in the workplace.	1.25 hrs/annually	Direct Services Contractors	1/14/2021	10	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.	.5 hrs/annually	Direct Service Contractors	1/14/2021	16	Online Course
Cultural Competence	Corporate Compliance & Ethics	Implementing and maintaining a compliance program may be the single most important activity an organization undertakes in its effort to enforce and monitor compliance and to minimize the risks and effects of misconduct. Establishing an effective corporate compliance program helps ensure that everyone adheres to policies and standards. In this course, the learner will learn about fraudulent and ethical conduct, the laws pertaining to fraudulent conduct, and their responsibility for preventing and identifying this conduct under a corporate compliance program.	1 hr/annually	Direct Services Contractors	1/17/2021	2	Online Course

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Cultural Competence	Cultural Competence	As workplaces become more diverse, effective and successful employees must become more knowledgeable of other cultural norms, be respectful of the wide range of cultural behaviors, and effectively communicate with people of various backgrounds. This course provides important information about becoming more respectful and culturally competent	.5 hrs/annually	Administration;Direct Services Contractors	1/17/2021	24	Online Course
Cultural Competence	Cannibis, Equity and Racial Justice Webinar Series Session 2	Proposition 64 Programs	1.5 hours/once	Direct Services Contractor	1/19/2021	2	Alliance for Boys and Men of Color/Youth Forward/CA Urban Partnership
Resiliency - Youth	Al-Arqam High School "Marijuana 101" Workshop	Presentation on latest trends in youth marijuana use, vaping and edibles, effects on teen's growing brains, what peers can do to help/prevent use, and how to approach the issue in a culturally sensitive manner	1hr	Administration/management	1/20/2021	1	Shari Egeland
Recovery - Adult	WRAP Workshop	Wellness Recovery Action Plan Workshop (1 of 4)	Once per Quarter (Warmline)	Community Members/General Public	1/21/2021	48	Jensen Bosio Nicole Brueckner
Recovery - Adult	trauma Informed Care	trauma informed care	5.5 hrs/ one tme	all staff	1/21/2021	12	l. Friederikse n K. Brockopp
Recovery - Adult	trauma Informed Care	trauma informed care	5.5 hrs/ one tme	all staff	1/21/2021	12	l. Friederikse n K. Brockopp
Cultural Competence	"The Roles of Culture and Collaboration in Preventing Suicide and Substance Misuse in Indigenous Communities	Overview: Suicide and substance misuse within indigenous communities, solutions, connections between suicide and substance misuse, the necessity of community partnerships, and ways culture can prevent suicide and substance misuse.	1hr	Administration/management	1/21/2021	1	Gerry RainingBird
Cultural Competence	Cannibis, Equity and Racial Justice Webinar Series Session 3	Youth development service provision in the era of Covid-19	1 hr/once	Direct Services Contractor	1/21/2021	2	Alliance for Boys and Men of Color/Youth Forward/CA Urban Partnership

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Cultural Competence	Peer to Peer Focus	Warmline Coordinators Check-in with volunteer(s) as needed and provide support services	As needed (min 1x QR)	Community Members/General Public	1/22/2021	2	Jensen Bosio
Cultural Competence	Race, Ethnicity and Mental Health	Embracing and Supporting Diversity in Undocumented Immigrant and Refugee Communities (Spanish speaking only)	2hrs	Support	1/22/2021	2	Cynthia Lubin Langtiw, Nancy Asirifi-Otchere, Omaris Z. Zamora and LaSaia Wade
Navigating Systems - Youth	CA Child Abuse Mandated Reporter Training	Mandated Reporter training	3 hours yearly		1/22/2021	1	CA Dept. of Social Services
Cultural Competence	At-Risk for High School Educators	Working with at-risk students	1 hour yearly		1/25/2021	1	Montana Nurses Assoc.
Cultural Competence	Improving Cultural Competency for Behavioral Health Professionals	An introduction to cultural and linguistic competency	5 hours/year		1/25/2021	1	B. Mozelak
Cultural Competence	Meet the Partner: Saving Lives with Law Enforcement	Learn law enforcements role in supporting overdose prevention, linkages to treatment, how to partner effectively, and what strategies look like in action.	1hr	Administration/management	1/26/2021	1	Judy A. Gerhardt, CPP, former Commander - Los Angeles County Sheriff's Department
Resiliency - Youth	Fighting the Negative Effects on Your Extraordinary Brain During Uncertain Times	Ways to tackle the negative effects on your extraordinary brain during times of great uncertainty and high stress, and help make brain fog disappear.	1hr	Administration/management	1/26/2021	2	Multiple Presenters

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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	Cannibis, Equity and Racial Justice Webinar Series Session 4	Status of equity in California's marijuana industry and policies	1.5 hours/once	Direct Services Contractor	1/26/2021	2	Alliance for Boys and Men of Color/Youth Forward/CA Urban Partnership
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	1/27/2021	7	Nicole Brueckner
Resiliency - Youth	Omni Webinar- "Teens Under Stress: How & Why to Avoid Drugs"	Teens Under Stress: How and Why To Avoid Alcohol & Marijuana": What happens in our brains when we are stressed or anxious? Did you know the young brain handles stress & anxiety differently than the older brain? Learn tips on how to cope and how to avoid the trap of turning to alcohol & marijuana. Learn what works and what doesn't and how you can help diverse peers	1hr	Administration/mgt; Direct Services Contractors;	1/27/2021	2	Shari Egeland
Cultural Competence	Empowerment Training Center: Power Imbalance	To educate on practicing the Conscientious and Compassionate Use of Power in Serving Youth and Families	1.5 hours	Direct Care Staff + External Empowerment Training Subscribers	1/27/2021	50	
Cultural Competence	SOGIE	Orientation module for all staff. Learning about sexual orientation, gender identiy, and expression as well as how it manfests with the youth we work with.	1 hour/annually	Direct Service Contractors	1/28/2021	4	Waruguru Ndirangu
Resiliency - Youth	CSUS aKDPhi "Today's Marijuana" Workshop	Learn surprising and little known facts about alcohol & today's marijuana and it's unique effect on the young brain while discovering what is myth and what is fact when discussing public perception. Whether you are totally new to the subject or not, you will learn valuable information and breaking news on recently discovered harms and resources. If diverse young people are informed about safe partying, they will be better prepared to protect themselves and their diverse peers	1hr	Administration/management	1/28/2021	1	Shari Egeland
Cultural Competence	Cannibis, Equity and Racial Justice Webinar Series Session 5	Local cannibis tax revenues: threat and opportunity.	1 hr/once	Direct Services Contractor	1/28/2021	3	Alliance for Boys and Men of Color/Youth Forward/CA Urban Partnership

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Cultural Competence	CLAS Standards & Cultural Competency Presentation	Training on understanding how to engage youth and families in a sensitive and competent manner by offering them culturally and linguistically appropriate services.	.5 hours	Agency Board of Directors	1/28/2021	16	April Ludwig & Terrell Thomas
Cultural Competence	2020 Health Insurance Portability and Accountability	HIPPA traiing	1 hour yearly		1/29/2021	1	ADP Learning
Cultural Competence	Preventing Harassment for CA Employees	Preventing harassment in the workplace	2 hours yearly		1/29/2021	1	ADP Learning
Cultural Competence	2020 Bloodbourne Pathogens	online bloodborne pathogens	1 hour yearly		1/29/2021	1	ADP Learning
Cultural Competence	Cultural Compentence	Cultural Humility	4.5 hrs/ one time	direct services	2/1/2021	8	Marjha Hunt, LMFT
Cultural Competence	Cultural Compentence	Cultural Humility	4.5 hrs/ one time	direct services	2/1/2021	8	Marjha Hunt, LMFT
Cultural Competence	Customer Service in Behavioral Health Part 1	Developing relationships with clients by treating them with dignity and respect	1 hour/annually	Administration/mgt; Direct Servcie Contractors; Support Servcies	2/1/2021	6	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	Adminstraion/mgt; Direct Service Contactors; Support Servcies	2/1/2021	6	My Learning Point
Cultural Competence	Commercial Sexual Exploitation n Identification Tool (CSE-IT)	Understanding the Culture and dynamics of SEC	2 hours	Administration/mgt; Direct Services Contractors;	2/1/2021	3	WestCoast Children's Clinc
Cultural Competence	Dr. Bryant Marks | Implicit Bias Awareness Training -	increase awareness of our own implicit bias, their impact	3.0/twice	Direct Services: County Staff	2/1/2021	2	Dr. Bryant Marks
Recovery - Adult	Substance Use Reovery	AOD and Harm Reduction	2.5 hrs/one time	direct services	2/2/2021	8	William Schneider
Recovery - Adult	Substance Use Reovery	AOD and Harm Reduction	2.5 hrs/one time	direct services	2/2/2021	8	William Schneider

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Cultural Competence	Cannibis, Equity and Racial Justice Webinar Series Session 6	Cannibis industry, equity and public health.	1 hr/once	Direct Services Contractor	2/2/2021	2	Alliance for Boys and Men of Color/Youth Forward/CA Urban Partnership
Recovery - Adult	Mental Health Recovery	MH Recovery & First Person Language	2 hrs/ one time	direct services	2/3/2021	8	Karen Brockoopp, LCSW
Recovery - Adult	Mental Health Recovery	MH Recovery & First Person Language	2 hrs/ one time	direct services	2/3/2021	8	Karen Brockoopp, LCSW
Cultural Competence	Intro. to the LGBTQ+ Community, Terminology, Definitions, Suicide Prevention & the Coming Out Process	Improve LGBTQIA+ education 101, terminology, understand history and culture/lifestyle, proper etiquette, coming out process, and suicide prevention.	2hr	Administration/management	2/3/2021	1	Kristina Padilla, M.A., LAADC, VP of CCAPP
Family Focused - Youth	Trauma Focused - CBT Part 1	Review of the TF-CBT Model	10 hours	Direct Services Contractors	2/3/2021	4	Leila Keen
Cultural Competence	Improving Cultural Competency	General Introduction to cultural and linguistic competency, increasing self awareness, increasing awareness of client's cultural identities and appropriate interventions for services.	4 hrs/annual	Administration/mgt	2/4/2021	1	HHS.gov
Cultural Competence	Cannibis, Equity and Racial Justice Webinar Series Session 7	Building people power and coalitions to advance equity and racial justice	1 hr/once	Direct Services Contractor	2/4/2021	3	Alliance for Boys and Men of Color/Youth Forward/CA Urban Partnership
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 hrs/annually	Administration/mgt; Direct Services Contractors;	2/4/2021	30	Elizabeth Mota-Garcia, LCSW & Christopher Norton, APCC

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Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	2/8/2021	5	Nicole Brueckner
Cultural Competence	Understanding Gender Identity	Foundational understanding of gender identity and working with LGBTQI+ youth.	90 minutes/annually	Administration/mgt; Direct Services Contractors; Support Services	2/8/2021	58	Gender Health Center Staff
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 Servcie Contractors; Support Servcies	2/8/2021	6	My Learning Point
Recovery - Adult	trauma Informed Care	trauma informed care	5.5 hrs/ one tme		2/9/2021	15	l. Friederikse n K. Brockopp
Recovery - Adult	trauma Informed Care	trauma informed care	5.5 hrs/ one tme		2/9/2021	15	l. Friederikse n K. Brockopp
Navigating Systems - Youth	Effectively Communicating in a New Virtual World	One-hour virtual event, you will hear from youth on how the current virtual world has affected their overall health; best practices that share power among youth and adults to advance co-created strategies for improving the health of our communities; and what attracts the attention of youth and how to actively create virtual conversations that creates effective change in the real world.	1hr	Administration/manag ement	2/9/2021	1	Multiple Presenters
Cultural Competence	Cannibis, Equity and Racial Justice Webinar Series Session 8	Advancing health-centerd and trauma informed approaches.	1 hr/once	Direct Services Contractor	2/9/2021	2	Alliance for Boys and Men of Color/Youth Forward/CA Urban Partnership

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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 hrs	Direct Services Contractors	2/10/2021	6	Online Course
Recovery - Adult	Diagnoses Training	Training Target population we serve	3hr/annually	Administration,Direct Service Contratcor	2/10/2021	90	Thy Nelson
Family Focused - Youth	Truama Stewardship	Understanding vicarious trauma and it's impact on our work.	3 hours/ 6x annually	Administration/mgt; Direct Services; Support Services	2/11/2021	1	Rocci Jackson
Family Focused - Youth	Truama Stewardship	Understanding vicarious trauma and it's impact on our work.	3 hours/ 6x annually	Administration/mgt; Direct Services; Support Services	2/11/2021	3	Rocci Jackson
Family Focused - Youth	Truama Stewardship	Understanding vicarious trauma and it's impact on our work.	3 hours/ 6x annually	Administration/mgt; Direct Services; Support Services	2/11/2021	3	Rocci Jackson

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Cultural Competence	Navigating Cal/OSHA's COVID 19 Emergency Tempoary Standard & Legal Issues Around Vaccinating your Employees	Cal/OSHA emergency standards requirements, how they interact with existing obligations to provide employees with paid time off, COVID-19 testing obligations, employee notice requirements, paperwork employers must complete to comply with these standards, what to do if subject to a Cal/OSHA investigation, employment legal issues surrounding COVID-19 vaccinations, if employers can mandate all or certain groups of employees receive a vaccination, how to respond to employees who refuse to be vaccinated, related discrimination and reasonable accommodation considerations, AND practical "real world" advice on how to comply with recent COVID-19 health and safety laws and regulations impacting every California employer.	1hr	Administration/management	2/11/2021	1	Employment law attorneys of Sheppard Mullin, C3 Risk & Insurance Services, and Trucking Proud
Cultural Competence	American Indian Health Disparities Webinar	Historical background of American Indians in California and understanding health data as related to American Indians.	1 hr/once	Direct Services Contractor	2/11/2021	1	Virginia Hedrick
Recovery - Adult	PSH Training	Understanding PSH and Housing First Model	1hr/monthly	Support Services and Mgt	2/11/2021	18	Relias
Cultural Competence	Cultural Humility	cultural sensitivity in behavioral health/ mental health / healthcare	4 hours not recurrent	Clinician, Advocates, Counselor	2/12/2021	23	Hendry Ton
Navigating Systems - Youth	CPI Virtual Trianing: From Risk to Resilience: Inside Out Prevention	How to promote healthy development of young people, even those already experiencing problems by shifting the focus of prevention from mitigating risk factors to tapping protective factors that enhance youth resilience. Overview of research base, identification of personal assets identified with resilience, examination of the resilience process, and strategies that tap youth resilience	6hr	Administration/management	2/12/2021	1	Angela Da Re, CCPS, ICPS, Certified Prevention Specialist
Family Focused - Youth	Al-Arqam High School Parent Workshop "Drug Proof Your Youth"	Recognizing teen drug use is not always easy. It can be hard to spot the signs if you don't know what to look for. And youth can be very creative in hiding their actions form parents. In this presentation you will learn the most prevalent signs and wha tyou can do if you suspect your child is using drugs. and how to approach the issue in a culturally sensitive manner	1hr	Administration/management	2/12/2021	1	Cynthia Mumford

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Cultural Competence	Cultural Responsive Caregiving	Learning how to be culturally aware and understanding cultures or your clients.	3 hrs	Support Services	2/12/2021	1	Seneca Institute for Advanced Practice
Cultural Competence	Cultural call to action	Understanding racism and how it impacts our communities	3 hours/ 6x annually	Administration/mgt; Direct Services; Support Services	2/16/2021	8	Sidney Caldwell
Cultural Competence	Cultural call to action	Understanding racism and how it impacts our communities	3 hours/ 6x annually	Administration/mgt; Direct Services; Support Services	2/16/2021	24	Sidney Caldwell
Cultural Competence	Cultural call to action	Understanding racism and how it impacts our communities	3 hours/ 6x annually	Administration/mgt; Direct Services; Support Services	2/16/2021	8	Sidney Caldwell
Cultural Competence	Cultural Awareness & Sensitiviy	How to work with diverse populations for subtance misuse counselors/new hires	2 hrs/bi-monthly	managers, counselors, and support staff	2/16/2021	8	Dr B J Davis
Family Focused - Youth	Incarceration on Mental Health	Impacts of incarceration on families and mental health.	3 hours/ 1x annually	Administration/mgt; Direct Services; Support Services	2/17/2021	3	Rocci Jackson

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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	Incarceration on Mental Health	Impacts of incarceration on families and mental health.	3 hours/ 1x annually	Administration/mgt; Direct Services; Support Services	2/17/2021	0	Rocci Jackson
Cultural Competence	Preventing Discrimination & Harassment	Legal requirement to ensure a safety workplace	1.5hrs	Direct Service: Contractors	2/17/2021	3	Webinar
Cultural Competence	Overview of ASD and Evidence-Based Practice	Learning about common behaviors and social challenges associated with ASD and how to use EBP and effective interventions.	1 hr	Administration/mg; Support Services	2/17/2021	7	Mary Rettinhouse
Cultural Competence	Dr. Bryant Marks | Implicit Bias Mitigation Training -	increase mitigation of our own implicit bias, their impact	3.0/twice	Direct Services: County Staff	2/18/2021	2	Dr. Bryant Marks
Resiliency - Youth	Motivational Interviewing	Client ownership in the change process during treatment	3 hours	Direct Service Contractors, Administration/mgt;	2/19/2021	6	My Learning Point
Resiliency - Youth	Crisis Response & Support for System: Involved Youth and Families	Learning how to respond to clients and responses to support clients.	3.5 hrs	Support Services	2/19/2021	1	Seneca Institute for Advanced Practice
Cultural Competence	Improving Cultural Competency	General Introduction to cultural and linguistic competency	1 hour/annually	Direct Service Contractors	2/21/2021	1	HHS.gov
Resiliency - Youth	the "S" Word - (Suicide) Video Screening	Screening of the documentary "The S Word," a SAMHSA Voice Award-winning film that breaks the silence and undermines the shame of suicide. Filmed by a suicide survivor who interviews a diverse group of people across race, ethnicity, gender, and sexual orientation about their experiences of trauma, suicide, survival, and mental health advocacy. Includes suicide prevention resources.	2hr	Administration/management	2/22/2021	1	Pacific Southwest Mental Health Technology Transfer Center
Cultural Competence	Building the Beloved Community Through Cultural Humility	Cutural Humility	3 hours	Administration/ Management	2/22/2021	5	Dr. Gloria Morrow

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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	Building the Beloved Community Through Cultural Humility	Cutural Humility	3 hours	Administration/ Management	2/22/2021	5	Dr. Gloria Morrow
Cultural Competence	Building the Beloved Community Through Cultural Humility	Cutural Humility	3 hours	Administration/ Management	2/22/2021	5	Dr. Gloria Morrow
Cultural Competence	Building the Beloved Community Through Cultural Humility	Cutural Humility	3 hours	Administration/ Management	2/22/2021	5	Dr. Gloria Morrow
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	2/24/2021	7	Nicole Brueckner
Cultural Competence	Racial Equity in Child Welfare	Training Title Explains	1.5/4	Direct Services: County Staff	2/25/2021	2	Strategies TA
Cultural Competence	Improving Cultural Competency	General Introduction to cultural and linguistic competency	1 hour/annually	Direct Service Contractors	2/26/2021	1	HHS.gov
Cultural Competence	Reducing Inequities in a time of crisis	Discuss impact of historical crises, history of discrimination, comtemporary inequities on clinical practice	1hr/ix	All staff expected to attend UC Davis Psychiatry Department Training	2/26/2021	20	Elizabeth Hilman, PhD
Cultural Competence	Black History - Presentation	Cultural Competence and awareness in the workplace	1 hour	Administration/mgt; Direct Services Contractors; Support Services	2/27/2021	21	ISA Management Team
Cultural Competence	Black History - Presentation	Cultural Competence and awareness in the workplace	1 hour	Administration/mgt; Direct Services Contractors; Support Services	2/27/2021	21	ISA Management Team
Cultural Competence	Black History - Presentation	Cultural Competence and awareness in the workplace	1 hour	Administration/mgt; Direct Services Contractors; Support Services	2/27/2021	21	ISA Management Team
Cultural Competence	Black History - Presentation	Cultural Competence and awareness in the workplace	1 hour	Administration/mgt; Direct Services Contractors; Support Services	2/27/2021	21	ISA Management Team
Resiliency - Youth	CSE-IT	Commercial Sexual Exploitaton Identification Tool	5 hours	Administration/mgt; Direct Services Contractors; Support Services	3/1/2021	17	West Coast Children's Clinic: Rachel Watkins

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Navigating Systems - Youth	CSSRS	Columbia Suiside Severity Rating scale	6 hours	Administration/mgt; Direct Services Contractors; Support Services	3/1/2021	17	Kelly Posner
Cultural Competence	CLAS Standards & Cultural Competency Leadership Workgroup	Training on understanding how to engage youth and families in a sensitive and competent manner by offering them culturally and linguistically appropriate services.	1 hour	Executive Team Members	3/1/2021	17	April Ludwig & Terrell Thomas
Cultural Competence	Therapeutic Cross Cultural Communication	Increase cross cultural communication in clinical interactions. How to work with language interpreters in clinical settings.	7 hrs/annually	Direct Services Contractors	3/2/2021	16	Lidia Gamulin, LCSW
Navigating Systems - Youth	Therapeutic Cross Cultural Communications	How different cultures communicate	6 hours	Direct Services Contractors	3/2/2021	2	External online training
Cultural Competence	Cultural Competence Training	Therapeutic Cross-Cultural Communciation in Behavorial Health	7HRS/annually	Direct Services: Contractors	3/2/2021	4	Ladia Gamulin, LCSW
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	Administration Mgt; Direct Service	3/3/2021	150	The Justive Collective
Cultural Competence	Cultural Competence	Becoming more cultural competent	.5/annually		3/3/2021	1	relias
Navigating Systems - Youth	The State of Cannabis Policy in California, Better is Possible	Getting it Right from the Start, a project of the Public Health Institute's 'Local Cannabis Policy 2020 Scorecards' on storefront cannabis retailers and polices in six public health and equity focused categories; policies related to retail cannabis sales, marketing and taxation; how to better protect youth, reduce problem cannabis use, and promote social equity. storefront cannabis retailers. In this Web Forum, we will be discussing our methodology and findings. Also: public health-focused Model Cannabis Retail Sales and Marketing Ordinance	1hr	Administration/management	3/3/2021	1	Lynn Silver
Cultural Competence	Special Education Considerations	Understanding the needs of special education clients and approriate considerations	2 hours/annually	Direct Service Contractors, Administration/mgt;	3/3/2021	16	Mary Bush ROCC Family Advocate
Cultural Competence	Peer to Peer Focus	Warmline Coordinators Check-in with volunteer(s) as needed and provide support services	As needed (min 1x QR)	Community Members/General Public	3/4/2021	2	Jensen Bosio

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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 IQ	Discussing our awareness of culture and how it impacts our perceptions.	3 hours/ 6x annually	Administration/mgt; Direct Services; Support Services	3/4/2021	1	Pam Robertson
Cultural Competence	Cultural IQ	Discussing our awareness of culture and how it impacts our perceptions.	3 hours/ 6x annually	Administration/mgt; Direct Services; Support Services	3/4/2021	4	Pam Robertson
Cultural Competence	Cultural IQ	Discussing our awareness of culture and how it impacts our perceptions.	3 hours/ 6x annually	Administration/mgt; Direct Services; Support Services	3/4/2021	1	Pam Robertson
Recovery - Adult	Warmline Orientation Training	Warmline Volunteer Operator Onboarding Training	2.5 hours/1-3x per quarter	Community Members/General Public	3/5/2021	1	Jensen Bosio Caitlin Hiles
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	3/8/2021	5	Nicole Brueckner
Cultural Competence	Cultural Awareness Workshop	Awareness of of other cultures, traumas and stigmas.	1.5hrs	Support	3/8/2021	14	Jazmine Sutton and Linda Martinez
Cultural Competence	Sacramento County Compliance Training	Legal and Ethical Issues in Clinical Settings. Anti-harrassment protections for employees.	2 hrs/annually	Administration/mgt; Direct Services Contractors; Support Services	3/8/2021	58	Candace Walls, AMCFT QI Manager

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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	Advanced SOGIE training	Exploring SOGIE beyond basic definitions and considering concepts including gender dysphoria	1.5hrs/annual	Support Services	3/9/2021	1	Waruguru Ndirangu
Cultural Competence	Cultural Compentence	I Can't Possibly Have Bias	1.5 hrs /one time	all staff	3/9/2021	615	Tamu Green, PhD
Cultural Competence	Cultural Compentence	I Can't Possibly Have Bias	1.5 hrs /one time	all staff	3/9/2021	615	Tamu Green, PhD
Family Focused - Youth	CBD 101 for Prevention Professionals	Describe the relationship between marijuana, THC and CBD • List the expected clinical effects from prescription and nonprescription CBD products • Compare and contrast the clinical effects of THC and CBD • Identify potential concerns related to mixing THC/CBD with medical problems or medications • Discuss the likelihood of CBD showing positive on a marijuana urine screen	1hr	Administration/management	3/9/2021	1	Dr. Karen Simone
Cultural Competence	CPI Virtual Training: Engaging Youth and Families: Culturally Competent Recruitment and Retention Strategies	Cultural competence training on how to recruit diverse families and how to approach the situation with sensitivity	6hr	Administration/management	3/9/2021	1	Multiple Presenters
Navigating Systems - Youth	Triumph Today (FASD)	Online training to Understand Fetal Alcohol Spectrum Disorders and strategies to help families suceed in navigating its challenges.	6 hours	Direct Services Contractors	3/9/2021	1	Double Arc
Resiliency - Youth	Pain and Pot: The Facts about Opioids and Marijuana	Latest trends in the opioid epidemic, the substitution of marijuana for pain management, whether it is helpful or harmful, the science and most recent data, real front-line stories from the emergency department, basic chemistry of opioids and marijuana., and five key reasons why marijuana should not be used to treat pain.	2hr	Administration/management	3/10/2021	2	Roneet Lev, MD, FACEP
Family Focused - Youth	Facilitating Child & Family Team Meetings	Using a CFT to provide youth and family voice and choice in treatment services - Fidelity Wrap Principles	3 hours	Direct Services Contractors	3/10/2021	30	Amera Dashyam - ROCC
Cultural Competence	Diversity, Equity and Inclusion in the Workplace	Considerations for an inclusive and diverse work force. Importance of supporting staff in maintaining cultural identity in the workplace.	2 hrs/annually	Administration/mgt; Direct Services Contractors	3/11/2021	4	Jei Africa, Ph.D.

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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	Omni Webinar – "Supporting Your Child's Mental Health - From a Distance"	College students are being confronted with unprecedented challenges. By itself, being away from home is stressful, but adding a public health crisis, isolation, and the pressures of a college education increases the stress on their mental health. How do you support your child's mental health while they are away? Talk about how to lend support by being cultually sensitive and identifying the signs that a student may be dealing with anxiety and/or depression and how you can help. Talk about tips on how to communicate the negative effects drugs and alcohol can have on their mental health along with safe alternatives that will help them feel	1hr	Administration/mgt; Direct Services Contractors;	3/11/2021	2	Shari Egeland
Cultural Competence	Helping Heal Childhood Wounds	Learning how to help clients heal from primary and secondary traumas	4.5 hrs	Support Services	3/11/2021	1	Seneca Institute for Advanced Practice
Resiliency - Youth	Transition to Independence Program (TIP) Model Orinetation and Training	Engage youth in their own futures planning process. Prepares and facilitates their independence and self-reliance.	8 hours	Administration/mgt; Direct Servcie Contractors;	3/12/2021	0	Sherri Daftarri - ROCC
Cultural Competence	Social (In)Justicee and Mental Health	discuss impact of social hierarchies and social injustice in mental heallh care. Discuss social justice advocacy	1hr/1x	All staff expected to attend UC Davis Psychiatry Department Training	3/12/2021	21	Sarah Vinson, MD
Navigating Systems - Youth	Compassion Fatigue	Developing professional resilliancy skills, techniqques to help caregivers to recognise and address compassion Fatigue	5 hours	Direct Services Contractors	3/12/2021	3	Sacramento County Training
Cultural Competence	Health Equity and Multicultural Diversity	County Multicultural training	8hrs	Direct Service: Contractors	3/13/2021	2	Adele James
Recovery - Adult	trauma Informed Care	trauma informed care	5.5 hrs/ one tme		3/16/2021	12	l. Friederikse n K. Brockopp
Recovery - Adult	trauma Informed Care	trauma informed care	5.5 hrs/ one tme		3/16/2021	12	l. Friederikse n K. Brockopp

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Training Types	Training Event	Description of Training	Duration and Frequency	Attendance by Function	Date of Training	# of days x # of attendees	Name of Presenter
Navigating Systems - Youth	Transracial Adoption	How to support and inform adoptive parents about issues of race and culture	2 hours	Direct Services Contractors	3/16/2021	1	Stanford Sierra Youth
Cultural Competence	Transracial Adoption Training	This training explores messages and actions that caregivers can use to assist children in exploring and appreciating their racial identity and ways to maintain their connection to their culture after adoption.	2 hours	Pathways and FYP Staff	3/16/2021	50	
Recovery - Adult	Infection Control	Infection control is a serious public issue and it is vital for healthcare workers and others working with the public to understand how to prevent infection. Every day in the United States, approximately 1 in 25 hospital patients has a hospital-acquired infection and about 755,000 of these patients will die each year (Magill et al., 2014). This course will provide you with knowledge about infection control and prevention in healthcare settings, as well as the basics of how diseases are transmitted, improper use of antibiotics, and specific guidelines on how to prevent illnesses such as influenza and Tuberculosis.	.75 hr/annually	Direct Services Contractors	3/16/2021	8	Online Course
Family Focused - Youth	Working with KTA and CPS Children and Families	Special considerations when working with children and families who are mandated in treatment by CPS.	2 hrs/annually	Direct Services Contractors	3/17/2021	12	Candace Walls, AMCFT QI Manager
Cultural Competence	Empowerment Training Center: Fatherhood Engagement	to acknowledge what we can do as professionals to ensure that Father's who navigate systems of care with their children have a voice	1.5 hours	Direct Care Staff + External Empowerment Training Subscribers	3/17/2021	70	
Recovery - Adult	Motivational Interviewing	In this course, you will learn about the Motivational Interviewing approach to helping people discover their own desire and ability to make difficult changes. Motivational Interviewing (MI) is a way of communicating that draws out people's own thoughts and beliefs in order to help them resolve ambivalence about change. In addition to examining the underlying spirit of MI, you will learn specific skills and techniques that will support the MI processes of engaging, focusing, evoking, and planning with clients as they discover their own reasons for change. You will also learn about the varied settings in which MI is currently being practiced. 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 hr	Direct Services Contractors	3/17/2021	2	Online Course /Zoom

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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	MAS-SSF Pt. 2 - Drug Prevention Series for Families: "Signs Your Child Might Be Using Drugs and What You Can Do" Workshop	Drug Prevention Series for Families - Part 2: "Signs Your Child May be Using Drugs" Recognizing teen drug use is not always easy. It can be hard to spot the signs if you don't know what to look for. And youth can be very creative in hiding their actions from parents. In this presentation parents will learn the most prevalent signs and what you can do if you suspect your child is using drugs and how to approach the issue in a culturally sensitive manner.	1hr	Administration/management	3/19/2021	1	Cynthia Mumford
Navigating Systems - Youth	Smokescreen: What the Marijuana Industry doesnt want you to know	Exposé about how 21st century pot—today's new and highly potent form of the drug—is on the rise, spreading rapidly across America by an industry intent on putting rising profits over public health. The inside story behind the headlines from his time in the Obama administration to revelations from whistleblowers, how the marijuana industry is running without proper oversight	2hr	Administration/management	3/19/2021	1	Multiple Presenters
Cultural Competence	CSEC 101	Understanding the needs and culture of human trafficing	1 hour/annually	Direct Service Contractors, Administration/mgt;	3/19/2021	1	My Learning Point
Cultural Competence	CLAS Standards & Cultural Competency Presentation	Training on understanding how to engage youth and families in a sensitive and competent manner by offering them culturally and linguistically appropriate services.	.5 hours	Agency Board of Directors	3/19/2021	16	April Ludwig & Terrell Thomas
Cultural Competence	Race-based Traumatic Stress & Mental Health Stigma with Dr. Takla	increase dr of our own stress & mental health stigma with, their impact	1.5/once	Direct Services: County Staff	3/19/2021	1	Dr. Takla-OnTrack Consulting
Cultural Competence	Eliminating inequalities	Eliminating Inequalities -5 session Webinars	5 Hours	Contractors, Administration Mgt' Direct Service	3/20/2021	20	CIBHS
Cultural Competence	Improving Cultural Competency	General Introduction to cultural and linguistic competency	1 hour/annually	Support Services	3/22/2021	1	HHS.gov
Family Focused - Youth	Trauma Focused - CBT Part 2	Review of the TF-CBT Model	6 hours	Direct Services Contractors	3/22/2021	4	Donna Potter
Cultural Competence	Cultural Competency Training	An overview of agency culture and expectations and the concept of cultural humility to the work.	4 hours	All Staff	3/22/2021	18	Cultural Competency Committee Members

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Resiliency - Youth	Marijuana Summit - "Marijuana What's the Harm" Workshop	Learn surprising and little known facts about today's marijuana and it's unique effect on teens that come from diverse backgrounds while discovering what is myth and what is fact when discussing public perception of marijuana.Whether you are totally new to the subject or you've been working in prevention or treatment for years, you will learn valuable information and breaking news on recently discovered harms and resources to help protect communities from the hidden hazards of marijuana use and educate them about the risks involved with this popular new drug.	1hr	Administration/mgt; Direct Services Contractors;	3/23/2021	3	Shari Egeland
Cultural Competence	Safe Space API Community Violence	Opportunity to discuss and process community events as well as share resources	.5 hours	All Staff	3/23/2021	7	
Cultural Competence	Cultural Awareness and Competency	Exploring Cultural Awarenes, Sensitivity and Competency	1 hour/ elective	Contractors, Administration Mgt' Direct Service	3/24/2021	1	My Learning Point
Cultural Competence	Safe Space API Community Violence	Opportunity to discuss and process community events as well as share resources	.5 hours	All Staff	3/24/2021	7	
Family Focused - Youth	Professional Boundaries	Review on creating workable, safe and clear boundaries with clients, management and colleagues	1.5	Direct Services Contractors	3/25/2021	1	External online training
Cultural Competence	Cultural Humility	Cultural Humility	1 hour	Administration/ Management	3/25/2021	1	Annual - Mandated online training
Cultural Competence	Cultural Humility	Cultural Humility	1 hour	Administration/ Management	3/25/2021	1	Annual - Mandated online training
Cultural Competence	Cultural Humility	Cultural Humility	1 hour	Administration/ Management	3/25/2021	1	Annual - Mandated online training
Cultural Competence	Cultural Humility	Cultural Humility	1 hour	Administration/ Management	3/25/2021	1	Annual - Mandated online training

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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	Reentry Collaborative	Challenges of individuals reconnecting to community from incarceration	1.5hrs	Administration/mgt	3/26/2021	1	Network group with Sacramento Area Reentry Collaborative
Resiliency - Youth	Building Resilency with Youth Impacted by Trauma & Loss	How trauma affects yourh and how they build resilency	3 hrs	Support Services	3/27/2021	1	Seneca Institute for Advanced Practice
Cultural Competence	Intepreting in Behavioral Health	How to effectively provide interpreting services to clients	14 hrs/annually	Direct Services	3/29/2021	8	Lidia Gamulin, LCSW
Cultural Competence	Improving Cultural Competency	General Introduction to cultural and linguistic competency	1 hour/annually	Direct Service Contractors	3/30/2021	1	HHS.gov
Cultural Competence	Behavioral Health Racial Equity Collaborative (BHREC) Initiative	Introduced BHREC and Cultural Insight Opportunities to Executive Team	.5 hours	Executive Team Members	3/30/2021	17	BHREC Team
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	3/31/2021	7	Nicole Brueckner
Resiliency - Youth	The Resilience of Youth	Exploring several vingettes around youth experiences and thoughts on resiliency as well as goals, challenges, and healthy coping styles.	1.5 hrs/annual	Direct Service Contractors	3/31/2021	1	NCTSN online
Cultural Competence	Cultural Competence Training	Providing Culturally Competent Care	1 hr/annually	Direct Services Contractors	3/31/2021	1	Healthstream
Recovery - Adult	WRAP Workshop	Wellness Recovery Action Plan Workshop (2 of 4)	Once per Quarter (Warmline)	Community Members/General Public	4/1/2021	80	Jensen Bosio Nicole Brueckner

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Cultural Competence	Clients/Patient Rights	The importance of ethical care, informed consent, and advanced directives are widely underestimated in health care settings. The more familiar you are with these vital aspects of clinical practice, the better equipped you will be at providing higher quality patient care. This course covers the fundamentals of ethical care, the informed consent process, and various types of advance directives in medical and behavioral health care settings. Interactive exercises and vignettes will give you the opportunity to apply the concepts you learn in this course. After completing this course, you will be able to provide your clients a higher standard of care by offering them ethical and well-informed treatment.	2 hrs/annually	Administration; Direct Services Contractors	4/1/2021	7	Online Course
Recovery - Adult	Corporate Compliance & Ethics	Implementing and maintaining a compliance program may be the single most important activity an organization undertakes in its effort to enforce and monitor compliance and to minimize the risks and effects of misconduct. Establishing an effective corporate compliance program helps ensure that everyone adheres to policies and standards. In this course, the learner will learn about fraudulent and ethical conduct, the laws pertaining to fraudulent conduct, and their responsibility for preventing and identifying this conduct under a corporate compliance program.	1 hr/annually	Direct Services Contractors	4/1/2021	9	Online Course
Recovery - Adult	Infection Control	Infection control is a serious public issue and it is vital for healthcare workers and others working with the public to understand how to prevent infection. Every day in the United States, approximately 1 in 25 hospital patients has a hospital-acquired infection and about 755,000 of these patients will die each year (Magill et al., 2014). This course will provide you with knowledge about infection control and prevention in healthcare settings, as well as the basics of how diseases are transmitted, improper use of antibiotics, and specific guidelines on how to prevent illnesses such as influenza and Tuberculosis.	.75 hr/annually	Direct Services Contractors	4/1/2021	10	Online Course
Cultural Competence	Workplace Harassment	This course is examines the various types of workplace harassment, and the basic skills needed to understand and deal with these situations. A healthy work environment is one that is free from harassment, and a key to achieving your company’s goals is to ensure that employees have a safe and healthy work environment. This course will provide information that will help produce a healthy work environment free of harassment. It will also help you understand your role in this important effort should you encounter harassment in the workplace.	1.25 hrs/annually	Direct Services Contractors	4/1/2021	12	Online Course

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Cultural Competence	Workplace Violence	Workplace violence includes threats or actual use of physical force. This course will cover the key elements to maintaining a safe workplace: Prevent, Report, and Respond.	.5 hrs/annually	Administration;Direct Services Contractors	4/1/2021	12	Online Course
Resiliency - Youth	Documentation Training/In-Service Training	Review of all documentation required by Telecare and MediCal		Direct Services Contractors	4/1/2021	4	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.	.5 hrs/annually	Administration;Direct Services Contractors	4/1/2021	16	Online Course
Recovery - Adult	Motivational Interviewing	In this course, you will learn about the Motivational Interviewing approach to helping people discover their own desire and ability to make difficult changes. Motivational Interviewing (MI) is a way of communicating that draws out people's own thoughts and beliefs in order to help them resolve ambivalence about change. In addition to examining the underlying spirit of MI, you will learn specific skills and techniques that will support the MI processes of engaging, focusing, evoking, and planning with clients as they discover their own reasons for change. You will also learn about the varied settings in which MI is currently being practiced. 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 hr	Direct Services Contractors	4/1/2021	10	Zoom class
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 hrs	Direct Services Contractors	4/1/2021	6	Online Course
Cultural Competence	LGBTQ Children and Trauma	understanding the importance of language and the unique experiences of LGBTQ youth when assessing and treating trauma	3 hrs/annually	Administration/mgt; Direct Services Contractors;	4/1/2021	13	Michele Ornelas Knight, Psy.D
Recovery - Adult	Abuse and Neglect: What to Look For and How to Respond	Teaching staff how to identify abuse and neglect, and methods for responding	1hr/annually	Support Services and Mgt	4/1/2021	9	Relias
Recovery - Adult	Administering Naloxone	Teaches staff how to administer naloxone	1hr/annually	Support Services and Mgt	4/1/2021	7	Relias

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Recovery - Adult	Becoming a Trauma Sensitive Workforce	Teaches staff how to identify and respond to trauma	2hr/annually	Support Services	4/1/2021	1	Relias
Recovery - Adult	Cultural Competence	Understanding cultural competence	1hr/annually	Support Services and Mgt	4/1/2021	19	Relias
Recovery - Adult	Telecare's Risk Assessment Part 3: The SAFE-T 5-steps	Teaches staff to identify SAFE-T steps, use SAFE-T assessment, and develop triage plans to reduce risk	1hr/annually	Support Services and Mgt	4/1/2021	4	Relias
Recovery - Adult	Telecare's Risk Assessment Part 1&2: The SAFE-T 5-steps	Part 1 - Suicide risk screen education, Part 2 - Violence risk screen education	1hr/annually	Support Services and Mgt	4/1/2021	6	Relias
Recovery - Adult	Telecare's Screening, Brief Intervention and Referral to Treatment (SBIRT) Training	Teaches the SBIRT module to teach skills to reach individuals with substance use disorders.	2hr/annually	Support Services and Mgt	4/1/2021	8	Relias
Recovery - Adult	The RCCS Conversations: Awakening Hope	Teaches staff the RCCS conversations that help develop hope	1hr/annually	Support Services	4/1/2021	4	Relias
Recovery - Adult	Telecare's Stages of Change Module 1	Teaches staff the stages of change, motivation in each stage, and readiness ruler for behavior change.	1hr/annually	Support Services	4/1/2021	3	Relias
Recovery - Adult	Telecare's Stages of Change Module 2	Teaches staff to identify behavior member wants to change, identify change stage, and goals for each stage	1hr/annually	Support Services	4/1/2021	4	Relias
Recovery - Adult	Telecare's Supporting Recovery and Change (COEG 1)	Teaches staff how to identify and understand RCCS - MH and substance use interraction.	1hr/annually	Support Services	4/1/2021	3	Relias
Recovery - Adult	The RCCS Conversations: Choice Making	Understanding how the RCCS model addresses conversations about choice	1hr/annually	Support Services	4/1/2021	4	Relias
Cultural Competence	The RCCS Conversations: Identity	Understanding how the RCCS model addresses conversations about identity	1hr/annually	Support Services	4/1/2021	6	Relias
Recovery - Adult	The RCCS Conversations: Reducing Harm	Understanding how the RCCS model addresses conversations about reducing harm	1hr/annually	Support Services	4/1/2021	4	Relias
Recovery - Adult	Trauma-Informed Care	Illustrates the incorporation of trauma-informed care into the person-centered, culturally competent plan of care	1.5hr/annually	Support Services	4/1/2021	3	Relias
Cultural Competence	Cultural Competence	Becoming more cultural competent	.5/annually		4/2/2021	1	relias
Cultural Competence	Racial Trauma in America	Understanding the Impact of racial trauma	1.5 1x	Direct Service: Contractors	4/2/2021	1	CIBHS

Behavioral Health Services Training Log FY 2020 - 2021

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	tauma informed Care	Trauma Informed Care	5.5 hrs / one time	all staff	4/4/2021	15	L. Frederiksen K. Brockopp
Recovery - Adult	tauma informed Care	Trauma Informed Care	5.5 hrs / one time	all staff	4/4/2021	15	L. Frederiksen K. Brockopp
Cultural Competence	CLAS Standards & Cultural Competency Leadership Workgroup	Training on understanding how to engage youth and families in a sensitive and competent manner by offering them culturally and linguistically appropriate services.	1 hour	Executive Team Members	4/5/2021	17	April Ludwig & Terrell Thomas
Cultural Competence	Understanding Human Trafficking	Human Trafficking	1 hour yearly		4/6/2021	1	You-Tube
Cultural Competence	Americans with Disability Act Basic Training	Working with special needs children	2 hours		4/6/2021	1	You-Tube
Cultural Competence	At-Risk for High School Educators	Working with at-risk students	1 hour yearly		4/6/2021	1	Montana Nurses Association
Cultural Competence	Cultural Responsiveness	Increasing understanding of CR and application.	4 1x	Direct Service: Contractors	4/6/2021	1	SCH
Cultural Competence	Cultural Competence	Becoming more cultural competent	.5/annually		4/7/2021	1	relias
Cultural Competence	Preventing Harassment for CA Employees	Preventing harassment in the workplace	2 hours yearly		4/9/2021	0	ADP Learning
Cultural Competence	Mental Health Care in America Indian Communities	Identify mental health concerns and culture of health in American Indian communities	1hr/1x	All staff expected to attend UC Davis Psychiatry Department Training	4/9/2021	20	Moniica Taylor-Desir, MD

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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	Universal Trauma-Informed Care: A Practical Guide for Helpers	Trauma-informed care	3.5 1x	Direct Service: Contractors. Admin/Management	4/9/2021	3	Sac County BHS
Cultural Competence	Cultural Competence	Becoming more cultural competent	.5/annually		4/11/2021	1	relias
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	4/12/2021	5	Nicole Brueckner
Cultural Competence	2020 Health Insurance Portability and Accountability	HIPPA traiing	1 hour yearly		4/12/2021	2	ADP Learning
Navigating Systems - Youth	CA Child Abuse Mandated Reporter Training	Mandated Reporter training	3 hours yearly		4/12/2021	1	CA Dept of Social Services
Cultural Competence	Translating Trauma-informed Care Principals into Practice	How to implement trauma-informed care practices	1.5 hrs/annually	Direct Services	4/13/2021	1	SAMHSA
Cultural Competence	cultural competence	Trauma informed Care	5.5	A, C	4/14/2021	5	Karen Brockopp & Lisa Fredericksen
Resiliency - Youth	In the Air- Youth and Vaping Resources - webinar	In the Air is built to foster conversations with young people around vaping, choices around substance misuse, and risk and protective factors. This is a graphic novel-styled story of five teens going through high school, built through the stories, interest, and ideas of members of the Tobacco Free Rhode Island Youth Ambassadors. The novel has questions to help guide discussion, a strong research base, and roots in risk and protective factors.	1hr	Administration/management	4/14/2021	1	Multiple Presenters
Cultural Competence	Gender Diversity and Neurodiversity: How to Support a Child, Teen, or Young Adult with ADHD As They Explore Gender	increase understanding around gender bias and stereotypes	1.0/once	Direct Services: County Staff	4/14/2021	1	ADDMag

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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	"Strategies for Becoming an Ally to Black/Indigenous/People of Color	The role of allies in advancing behavioral health, racial equity and countering systemic racism, actions that support their role as an ally, and organizational steps to build alliances in the workplace.	2hr	Administration/management	4/15/2021	1	Ken Epstein, PhD, LCSW, P.R.E.P. for Change Consulting, Adèle James, M.A., Certified Professional Coach, Adèle James Consulting.
Cultural Competence	BHREC Training Series 1: Strategies for Becoming an Ally to Black/Indigenous/People of Color	key roles and actions that allies can do to support and advance behavioral health, racial equity and countering systemic racism.	1.5 HRS/annually	Administration/Management;Direct Services: Contractors	4/15/2021	4	Adele James, Ken Epstein
Cultural Competence	Intersectionality of race and sexual exploitation	This training focuses on race and sexual exploitation and the disproportionate numbers of women of color subjected to this trauma..	2 hours/1x annually	Administration/mgt; Direct Services; Support Services	4/16/2021	5	Rachel Ewing
Cultural Competence	Intersectionality of race and sexual exploitation	This training focuses on race and sexual exploitation and the disproportionate numbers of women of color subjected to this trauma..	2 hours/1x annually	Administration/mgt; Direct Services; Support Services	4/16/2021	1	Rachel Ewing
Recovery - Adult	Seeking Safety Training	safety training	8	C	4/20/2021	5	Karen Brockopp
Resiliency - Youth	ANti- 420 Day Youth Marijuana Prevention Conference	4/20, is International Weed Day, the day people around the world celebrate a drug that remains illegal in the U.S. After the suicide death of her 19-year-old son, Johnny, on 11/20/19, Laura Stack founded the 501c3 nonprofit Johnny's Ambassadors to educate parents and teens about the dangers of today's high-THC marijuana on adolescent brain development, mental illness, and suicide	8hr	Administration/management	4/20/2021	1	Johnny's Ambassadors
Cultural Competence	Improving Cultural Competence	introduction, Core Competencies, Evaluation and Treatment Planning	5 hours	Administration/mgt	4/20/2021	2	online

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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	Ending Vaping the Way it Starts	educate teens on quitting, provide behavioral and cognitive coping tools to make quitting easier, and connect them with social support from other teens who are trying to quit.	1hr	Administration/management	4/21/2021	1	Multiple Presenters
Cultural Competence	Empowerment Training Center: Domestic Violence	To build awareness of the dangers of domestic violence and how to be a support to survivors	1.5 hours	Direct Care Staff + External Empowerment Training Subscribers	4/21/2021	75	
Cultural Competence	Cultural Emphasis-Autism Spectrum Disorder	Cultural Awareness/sensitivity and responsiveness	1 hour	Administration/Mgt; Direct Services Contractors; Support Services	4/21/2021	30	ISA Management Team
Cultural Competence	Cultural Emphasis-Autism Spectrum Disorder	Cultural Awareness/sensitivity and responsiveness	1 hour	Administration/Mgt; Direct Services Contractors; Support Services	4/21/2021	30	ISA Management Team
Cultural Competence	cultural competence	Give 'em the pickle	2	c	4/22/2021	2	Marlyn Sepulveda
Recovery - Adult	On Boarding New Hire training	Driving defensively, 5150, reporting	1	C	4/22/2021	2	Karen Brockopp
Recovery - Adult	Case Management Manual	assessments	1	C	4/22/2021	2	Marlyn Sepulveda
Cultural Competence	cultural competence	office & Fire Safety	1	C	4/22/2021	2	Karen Brockopp
Cultural Competence	cultural competence	Active Shooter	1	C	4/22/2021	2	Karen Brockopp
Recovery - Adult	Mandated Reporting & 5150	ethics & law	1	C	4/22/2021	2	Karen Brockopp
Recovery - Adult	Contagious Diseases	safety training	1	C	4/22/2021	2	Karen Brockopp
Cultural Competence	Multiculatural Considerations & TF-CBT	discussion of cultrually-modified TF-CBT; TF-CBT for Latino Children & Families, American Indians and Alaskan Natives	3 hrs/annually	Administration/mgt; Direct Services Contractors;	4/22/2021	14	Brandi Liles, PhD

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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	Cannabis and Psychosis: How THC Can Induce Cognitive Impairment	Substance use comorbidity in psychotic disorders has been described as "the rule rather than the exception". Cannabis is one of the most commonly used substances by patients with schizophrenia and related psychotic disorders. Modulation of the endocannabinoid system by THC can induce acute psychosis and cognitive impairment. Research on the association between cannabis and psychosis	1hr	Administration/management	4/23/2021	2	Dr. Brian Miller, Professor of Psychiatry, Department of Psychiatry and Health Behavior at Augusta University
Cultural Competence	Cultural Competence	Cultural Humility	4.5 hrs / one time	direct service	4/26/2021	11	Marjha Hunt, LMFT
Cultural Competence	cultural competence	Cultural humility	4	C	4/26/2021	3	Karen Brockopp
Recovery - Adult	Scope of practice & Boundaries	Boundaries	2	C	4/26/2021	3	Karen Brockopp
Cultural Competence	cultural competence	Mental health Recovery & First Person Language	1.5	C	4/26/2021	3	Karen Brockopp
Cultural Competence	Cultural Competence	Cultural Humility	4.5 hrs / one time	direct service	4/26/2021	11	Marjha Hunt, LMFT
Recovery - Adult	Substance Use Recovery	AOD and Harm Reduction	3 hrs / one time	direct service	4/27/2021	11	William Schneider
Recovery - Adult	HIPPA Compliance	HIPPA	4.5	C	4/27/2021	3	Karen Brockopp
Cultural Competence	cultural competence	AOD and harm reduction	2.5	C	4/27/2021	3	Karen Brockopp
Cultural Competence	Mental Health 101	assessments	1	C	4/27/2021	3	Karen Brockopp
Recovery - Adult	Substance Use Recovery	AOD and Harm Reduction	3 hrs / one time	direct service	4/27/2021	11	William Schneider

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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	Managing Teleworking Employees	What policies must be applied to a remote workforce, thereby reducing risk, practical strategies for keeping employees engaged in their work and connected to your nonprofit's mission, practicalities of implementing your workplace policies remotely including hiring, separation of employment and managing remote employees with performance problems, managing hours of work and productivity, disability accommodations, and tips for keeping employees focused and involved in organizational culture.	1hr	Administration/management	4/27/2021	1	Multiple Presenters
Cultural Competence	Equity Learning Exchange Cohort - Session 1	Racial Equity in Child Welfare, cohorts, discussions, P&P	1.5/4	Direct Services: County Staff	4/27/2021	1	Strategies TA
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	4/28/2021	7	Nicole Brueckner
Recovery - Adult	Mental Health Recovery	MH Recovery & First Person Language	2 hrs / one time	direct service	4/28/2021	11	Karen Brockopp, LCSW
Recovery - Adult	Risk Assessment	assessments	2	C	4/28/2021	3	Karen Brockopp
Cultural Competence	cultural competence	Housing	1	C	4/28/2021	3	Karen Brockopp
Cultural Competence	cultural competence	Hope Cooperative in more depth	1	C	4/28/2021	3	Erin Johansen
Recovery - Adult	Productivity and Timeliness	assessments	1	C	4/28/2021	3	Janelle Surrey-Miller
Recovery - Adult	Mental Health Recovery	MH Recovery & First Person Language	2 hrs / one time	direct service	4/28/2021	11	Karen Brockopp, LCSW
Cultural Competence	CMHACY	CMHACY Concerence - focused on MH and needs of BIPOC community.	8 2x	Direct Service: Contractors	4/28/2021	10	CMHACY
Cultural Competence	Racism and Discrimination as a Risk Factor for Toxic Stress	Toxic Stress	1	Direct Services: County Staff	4/28/2021	1	ACES
Recovery - Adult	Clinical Bundle/Safety Planning	Setting a Safety Plan with client	2 Hrs.	Administration/Direct Services	4/29/2021	4	Christine R.

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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	BHREC Training Series 2: Behavioral Health Equity and the African American/Black/of African Descent Transgender Community	Discussed transgender-affirming language, gender transition, and the importance of self-reflection in providing culturally competent care.	1.5 HRS/annually	Administration/Management;Direct Services: Contractors	4/29/2021	4	Ryan Tiêu Cītlali, Ōmeteōtl Cītlali de Tiêu
Recovery - Adult	Reducing Racial and Ethnic Disparties	Substance abuse and prison reentry	4 hrs/quarterly	Governors Advisory Board	4/29/2021	10	Dr B J Davis
Resiliency - Youth	Preventing Undersage Alcohol Use Part 1: An Over View of Data and Strategies	This webinar will provide a broad overview of the current state of underage drinking and related prevention efforts. It will include a review of the data on the prevalence of alcohol use and alcohol use patterns, along with data on the adverse effects of underage alcohol use and research on its risk and protective factors. The webinar will also discuss what is known about the impact of the COVID-19 pandemic on underage alcohol use. Finally, it will provide an overview of Federal underage drinking prevention efforts and the types of evidence-based strategies that prevention professionals can implement.	1hr	Administration/management	4/30/2021	1	Multiple Presenters
Cultural Competence	Safety Eval & Ergonomics	Overview of updated safety protocols and importance of ergonomics	1 hr/ annually	Direct Services Contractors	5/1/2021	4	Van Williams
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.	.5 hrs/annually	Direct Service Contractors	5/1/2021	4	Online Course
Resiliency - Youth	Sacramento State AOD Morning Class - "Marijuana 101" Workshop	Presentation to CSUS students on latest marijuana information, prevention techniques, and best practices and presenting to diverse peers	1hr	Administration/management	5/3/2021	1	Cynthia Mumford
Resiliency - Youth	Sacramento State AOD Night Class - "Marijuana 101" Workshop	Presentation to CSUS students on latest marijuana information, prevention techniques, and best practices and presenting to diverse peers	1hr	Administration/management	5/3/2021	1	Cynthia Mumford
Cultural Competence	Improving Cultural Competence	introduction, Core Competencies, Evaluation and Treatment Planning	5 hours	Direct Services: County Staff	5/3/2021	2	online
Cultural Competence	CLAS Standards & Cultural Competency Leadership Workgroup	Training on understanding how to engage youth and families in a sensitive and competent manner by offering them culturally and linguistically appropriate services.	1 hour	Executive Team Members	5/3/2021	18	April Ludwig & Terrell Thomas

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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	Process of having client bringing in prescriptionsc core assessment and client plans. (Billing codes, ANSA, discharge, notes ass.w/discharge	Accruate	2 Hrs.	Administation/direct Services	5/6/2021	6	Christine R.
Cultural Competence	Increasing Ability to Provide Culturally Responsive Supervision & Leadership	Strategies on how leadership can provide culturally responsive services	1.5 hrs/annually	Direct Services	5/6/2021	1	CIBHS
Cultural Competence	Increasing Ability to Provide Culturally Responsive Supervision & Leadership	How to take an active role in addressing the historical and current impacts of structural racism (the systems and processes that produce and reproduce unequal outcomes along racial lines) within organizations, increasing recruitment of diverse individuals to the workplace, lessen risk of losing staff and potentially causing harm, address systemic racism within behavioral health orgs, and how to strengthen relationships and understand supervisees from diverse backgrounds	1hr	Administration/management	5/6/2021	1	Dr. Gloria Morrow
Cultural Competence	Increasing Ability to Provide Culturally Responsive Supervision & Leadership	Increasing Ability to Provide Culturally Responsive Supervision & Leadership	1.5 1x	Direct Service: Contractors. Admin/Management	5/6/2021	5	Sac County BHREC
Cultural Competence	Cultural Training-BHREC Training Series - Webinar #2	Increasing ability to provide culturally responsive supervision & leadership	1.5 hour	Administration/mgt; Direct Services Contractors; Support Services	5/6/2021	5	CIBHS
Cultural Competence	Cultural Training-BHREC Training Series - Webinar #2	Increasing ability to provide culturally responsive supervision & leadership	1.5 hour	Administration/mgt; Direct Services Contractors; Support Services	5/6/2021	5	CIBHS
Cultural Competence	BHREC Training Series 3: Increasing Ability to Provide Culturally Responsive Supervisions & Leadership	How Clinical Supervisiors can become better equipped to provide culturally responsive supervision so that clients are provided appropriate care.	1.5 HRS/annually	Administration/Management;Direct Services: Contractors	5/6/2021	4	Dr. Gloria Morrow

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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	Racism, Managing Greif And Loss	Education and awareness around cultural differences pertaining to coping with greif and loss	One Time	Administration/mgt, direct services, contractors, support services	5/7/2021	4	Dr. Takla
Cultural Competence	Intro to a Framework Confronting Racism	Multicultural training	1.5hrs	Direct Service: Contractors; Administration/mgt	5/8/2021	3	CIBHS, Adele James
Cultural Competence	Systemic Racism and Structural Racialization	Multicultural training	1.5hrs	Direct Service: Contractors	5/8/2021	2	CIBHS, Adele James
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	5/10/2021	5	Nicole Brueckner
Cultural Competence	Cultural Competence	Becoming more cultural competent	.5/annually		5/10/2021	1	relias
Cultural Competence	Cultural call to action	Understanding racism and how it impacts our communities	3 hours/ 6x annually	Administration/mgt; Direct Services; Support Services	5/11/2021	18	Sidney Caldwell
Cultural Competence	Cultural call to action	Understanding racism and how it impacts our communities	3 hours/ 6x annually	Administration/mgt; Direct Services; Support Services	5/11/2021	4	Sidney Caldwell
Family Focused - Youth	International Rescue Committee "Drug Proof Your Youth" Workshop	Presentation to International Rescue Committee (IRC) Sacramento Chapters on "Drug Proof Your Youth". Real time live translation into Dari/Farsi and Pashto. Presentation on latest trends in youth marijuana use, vaping and edibles, effects on teen's growing brains, what parents can do to help/prevent teen use, and how to approach the issue in a culturally sensitive manner	1hr	Administration/management	5/11/2021	1	Cynthia Mumford
Cultural Competence	Let's Talk About Race: Nurturing and Affirming Racial Identity in Children	This training explores messages and actions that caregivers can use to assist children in exploring and appreciating their racial identity and ways to maintain their connection to their culture.	2 hours	Pathways and FYP Staff	5/11/2021	41	
Recovery - Adult	tauma informed Care	Trauma Informed Care	5.5 hrs / one time	all staff	5/13/2021	11	L. Frederiksen K. Brockopp
Recovery - Adult	tauma informed Care	Trauma Informed Care	5.5 hrs / one time	all staff	5/13/2021	11	L. Frederiksen K. Brockopp

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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	BHREC Training Series 4: Spirituality:The Key to Building Personal and community Resilience	Overview of the role of spirtuality and religion in the development of resilience and support for mental health wellness.	1.5 HRS/annually	Administration/Management;Direct Services: Contractors	5/13/2021	4	Adele James
Cultural Competence	A Tale of Two Pandmics: Racism and the Psychological Distress of Black Men and Boys	ID challenges black males face at the intersection of racism, mental health, definitions of manhood, and social suppport	1x/1hr	All staff expected to attend UC Davis Psychiatry Department Training	5/14/2021	22	Daphne Watkins, PhD
Cultural Competence	Behavioral Health Racial Equity Collaborative (BHREC) Initiative	BHREC Activity: Developing Agency Goals based on cultural supportive needs within the Black/ African American community	1 hour	Executive Team Members	5/17/2021	18	BHREC Team
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 hrs	Direct Services Contractors	5/17/2021	2	Online Course
Recovery - Adult	Working with Aging Adults-Early Signs of Dementia	assessments	1	AC	5/19/2021	21	Denise Davis
Cultural Competence	Improving Cultural Competency for Behavioral Health Professionals	Introduction to cultural and linguistic competency, Increasing self awareness, appropriate interventions and services	5 hours	Direct Services: County Staff	5/19/2021	2	online
Cultural Competence	Empowerment Training Center: Love Languages	To build awareness of how to utilize known languages to enhance quality of service provided to youth and families as well as relationships within the workplace	1.5 hours	Direct Care Staff + External Empowerment Training Subscribers	5/19/2021	80	
Cultural Competence	Mental Health & Stigma	Review & discussion about the disparities assoociated w/mental illness and stigma	1 hour	Adminsitration/mgt; Direct Services	5/19/2021	31	ISA Management Team
Cultural Competence	Mental Health & Stigma	Review & discussion about the disparities assoociated w/mental illness and stigma	1 hour	Adminsitration/mgt; Direct Services	5/19/2021	31	ISA Management Team

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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	Training & Review of Safety Plan and Evacuation Plan	Building safety and exit plan	2Hr	Administation/direct Services	5/20/2021	22	Heidi Cady
Cultural Competence	The Cricical Role of Cultural and Behavioral Health Equity when Working with Refugees	Overview of the refugee/migrant experience, mental health, and considerations for providing services	1.5 hours/once	Direct Services Contractor	5/20/2021	2	Hammad Khan & Hilda Khairallah
Cultural Competence	Cultural Competency Training	An overview of agency culture and expectations and the concept of cultural humility to the work.	4 hours	All Staff	5/20/2021	12	Cultural Competency Committee Members
Cultural Competence	Cultural Competnecy	Awareness and acceptance		Support Services	5/20/2021	13	Kriby, Thomisah
Cultural Competence	BHREC Training Series 5:The Critical Role of Culture and Behavioral Health Equity When Working with Refugees	Overview of the Muslim community refugees in Sacramento, the challenges they face, and interventions for working with refugee families and how these strategies can be used with other communities.	1.5 HRS/annually	Administration/Management;Direct Services: Contractors	5/20/2021	4	Hammad Khan and Hilda Khairallah
Cultural Competence	Everyone Belongs: Creating Authentically Inclusive and Equitable Infant and Toddler Care	Training Title Explains	1	Direct Services: County Staff	5/20/2021	1	WestEd
Recovery - Adult	Signs of Methamphetamine	assessments	4	C	5/25/2021	2	Dennis Poupart & Jennifer Jones
Cultural Competence	Cultural Awareness & Sensitiviy	How to work with diverse populations for subtance misuse counselors/new hires	2hr bi-monthly	managers, counselors, and support staff	5/25/2021	8	Dr. B J Davis
Recovery - Adult	Warmline Orientation Training	Warmline Volunteer Operator Onboarding Training	2.5 hours/1-3x per quarter	Community Members/General Public	5/26/2021	3	Jensen Bosio Caitlin Hiles

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Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	5/26/2021	7	Nicole Brueckner
Cultural Competence	Cultural Responsiveness 4 hr	Multicultural training	4hrs	Direct Service: Contractors	5/26/2021	3	SCH Staff
Cultural Competence	CLAS Standards & Cultural Competency Insight Activity	Training on understanding how to engage youth and families in a sensitive and competent manner by offering them culturally and linguistically appropriate services.	1 hour	All Staff	5/26/2021	0	Terrell Thomas
Cultural Competence	Equity and the LGBTQ Community	Increasing sensitivity to barriers/challenges in service delivery experienced by LGBTQ community	One Time	Administration/mgt; Direct Services Contractors; Support Services	5/27/2021	4	Unknown
Cultural Competence	BHREC Training Series 6:Behavioral Health Equity and the LGBTQ Community	How to become culturally competent, explore pathways for equity, and take action to create safe and inclusive space for Queer, Trans, and people of color clients.	1.5 HRS/annually	Administration/Management;Direct Services: Contractors	5/27/2021	4	Adele James
Cultural Competence	Cultural Competence	Becoming more cultural competent	.5/annually		6/1/2021	1	relias
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 hr	Direct Services Contractors	6/1/2021	4	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	6/1/2021	6	Rick
Cultural Competence	Cultural Competence	Can my brain reclaimed fr implicit bias	1.5 hrs / one time	all staff	6/2/2021	615	Tamu Green, PhD
Recovery - Adult	Signs of Methamphetamine	assessments	4	C	6/2/2021	2	Dennis Poupart & Jennifer Jones

Behavioral Health Services Training Log FY 2020 - 2021

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	Improving Cultural Competency for Behavioral Health Professionals	Introduction to cultural and linguistic competency, Increasing self awareness, appropriate interventions and services	5 hours	Direct Services: County Staff	6/3/2021	1	online
Cultural Competence	Peer to Peer Focus	Warmline Coordinators Check-in with volunteer(s) as needed and provide support services	As needed (min 1x QR)	Community Members/General Public	6/4/2021	2	Jensen Bosio
Cultural Competence	Cultural Awareness & Sensitiviy	How to work with diverse population for substance misuse treatment professionals	3 hrs semi-annually	mangers and counselors	6/4/2021	5	Dr. B J Davis
Cultural Competence	Cultural Competence	Becoming more cultural competent	.5/annually		6/6/2021	1	relias
Recovery - Adult	Supporting employees emerging from the pandemic cocoon	How to better support our employees in order to prevent any gaps of services	One Time	Administration/mgt	6/8/2021	4	Webinar
Recovery - Adult	Billing prior to diagnosis Determination for Medical Necessitty and Target Population in Treatment Folder.	Accuracy	1 Hr.	Administation/direct Services	6/9/2021	5	On line
Cultural Competence	CPI EVENT: Prevention 101 for Native Communities	Tribes have always had practices focusing on the future, such as ceremonies for a good acorn harvest or healing the earth. Each tribe was a caretaker of the present with intentional teachings that looked toward the health and wellbeing of the generations to come, consistent with that of prevention efforts. This training will share how information, programs, and strategies used in Native American communities, and cultural teaching for best practices, are used to prevent substance use. By the end of this training participants will be able to: Recognize prevention strategies for community, family, youth, and elders. Plan prevention strategies based on identified community needs that reflect Native American culture	1hr	Administration/management	6/9/2021	1	Angela DaRe, Maggie Steel
Cultural Competence	Building a Habit of Cultural Humility in Prevention	The terms cultural humility and cultural competency are often used inter-changeably when in fact, they are very different. This webinar will set a solid foundation for understanding the difference between cultural competency and cultural humility. We will also dig deep into the application of cultural humility for prevention practitioners in their day-to-day work	1hr	Direct Services: Contractors	6/10/2021	1	Anthony President
Cultural Competence	Equity Learning Exchange Cohort - Session 2	Racial Equity in Child Welfare, cohorts, discussions, P&P	2	Direct Services: County Staff	6/10/2021	8	Strategies TA

Behavioral Health Services Training Log FY 2020 - 2021

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	MAS-SSF Pt. 3 Drug Prevention Series for Families: "What to do and Say to Drug Proof your Youth" Workshop	Presentation to MAS SSF about the dangers of alcohol and marijuana to youth, effects of drugs on the mental well-being, and how to tell if your youth is exposed to drugs. what parents can do to help/prevent teen use, and how to approach the issue in a culturally sensitive manner	1hr	Administration/management	6/11/2021	1	Cynthia Mumford
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	6/14/2021	5	Nicole Brueckner
Recovery - Adult	tauma informed Care	Trauma Informed Care	5.5 hrs / one time	all staff	6/14/2021	10	L. Frederiksen K. Brockopp
Cultural Competence	cultural competence	Trauma informed Care	5.5	C	6/14/2021	4	Karen Brockopp & Lisa Fredericksen
Recovery - Adult	tauma informed Care	Trauma Informed Care	5.5 hrs / one time	all staff	6/14/2021	10	L. Frederiksen K. Brockopp
Cultural Competence	PMAD	Post Partum Mood and Anxiety Disorders in context of CPS investigations	1	Direct Services: County Staff	6/15/2021	37	DCFAS/CPS
Cultural Competence	SOGIE Training	SOGIE in Child Welfare	2hrs	Administration/mgt; Direct Services Contractors; Support Services	6/16/2021	38	Vida Khavar
Family Focused - Youth	Truama Stewardship	Understanding vicarious trauma and it's impact on our work.	3 hours/ 6x annually	Administration/mgt; Direct Services; Support Services	6/17/2021	12	Rocci Jackson
Family Focused - Youth	Truama Stewardship	Understanding vicarious trauma and it's impact on our work.	3 hours/ 6x annually	Administration/mgt; Direct Services; Support Services	6/17/2021	9	Rocci Jackson
Cultural Competence	PMAD	Post Partum Mood and Anxiety Disorders in context of CPS investigations	1	Direct Services: County Staff	6/17/2021	40	DCFAS/CPS
Cultural Competence	Mental Health in the Black Community	Discussion panel adddressing black mental health and SUD	3 hrs	general public	6/19/2021	40	Expert Panel
Family Focused - Youth	International Rescue Committee "Warning Signs Your Child May Be Using Drugs" Workshop	International Rescue Committee (IRC) Sacramento Chapter - Presentation to mostly Afghani mothers on "Warning Signs Your Child Might be Using Drugs". Presentation to MAS SSF about the dangers of alcohol and marijuana to youth, effects of drugs on the mental well-being, and how to tell if your youth is exposed to drugs. what parents can do to help/prevent teen use, and how to approach the issue in a culturally sensitive manner	1hr	Administration/management	6/22/2021	1	Cynthia Mumford

Behavioral Health Services Training Log FY 2020 - 2021

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	Improving Cultural Competency for Behavioral Health Professionals	Introduction to cultural and linguistic competency, Increasing self awareness, appropriate interventions and services	5 hours	Direct Services: County Staff	6/22/2021	1	online
Cultural Competence	Empowerment Training Center: Allyship withing the LGBTQ+ Community	to build awarenes about increasing allyship withing the LGBTQ+ community	1.5 hours	Direct Care Staff + External Empowerment Training Subscribers	6/22/2021	32	
Cultural Competence	Critical Conversation about Race	The impact of race & trauma for black men seeking SUD/mental health treatment	2 hrs	manager	6/22/2021	1	Dr. Gloria Morrow
Cultural Competence	Improving Cultural Competency for Behavioral Health Professionals	Introduction to cultural and linguistic competency, Increasing self awareness, appropriate interventions and services	5 hours	Direct Services: County Staff	6/23/2021	2	online
Cultural Competence	Improving Cultural Competency for Behavioral Health Professionals	Introduction to cultural and linguistic competency, Increasing self awareness, appropriate interventions and services	5 hours	Administration/Management	6/24/2021	1	online
Cultural Competence	The effects of Life Satisfaction on LGBTQ Youth Sexual Behaviors	understand importance of social supports, integrate trauma and substance abuse tx in LGBTQ+ youth	1hr/1x	All staff expected to attend UC Davis Psychiatry Department Training	6/25/2021	21	Kaitlyn Hoitomt, PsyD
Cultural Competence	Behavioral Health Racial Equity Collaborative (BHREC) Initiative	BHREC Activity: Developing Agency Goals based on cultural supportive needs within the Black/African American community	1 hour	Executive Team Members	6/28/2021	18	BHREC Team
Recovery - Adult	Support Group	SCC Older Adult Support Groups provide community sevices to the Older Adult Population	1-2 hours 2x per quarter	Community Members/General Public	6/30/2021	7	Nicole Brueckner
Cultural Competence	Community Violence and Civil Unrest	Creating awareness regarding youth responses to community violence, civil unrest, and societal history of racial trauma.	1.5 hrs/annual	Direct Service Contractors	6/30/2021	1	Nancy Fitzpatrick and Meghan Graham
Cultural Competence	Improving Cultural Competency for Behavioral Health Professionals	Introduction to cultural and linguistic competency, Increasing self awareness, appropriate interventions and services	5 hours	Direct Services: County Staff	6/30/2021	1	online

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 Services Mental Health Plan Medi-Cal Provider List

ENGLISH

Services may be delivered by an individual provider, or a team of providers, who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waivered, or registered mental health providers and licensed substance use disorder services providers are listed on the Plan's provider directory.

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

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

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.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 916-875-6069 or TDD 711.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 916-875-6069 TDD 711

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-916-875-6069 TDD 711

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [1-916-875-6069 TDD 711 번으로 전화해 주십시오.

繁體中文(Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-916-875-6069] (接力服務TDD 711。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-916-875-6069 TDD 711

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-916-875-6069 TDD 711

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما
فراهم می باشد. ب 1-916-875-6069 TDD 711) تماس بگیرید.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-916-875-6069 TDD 711まで、お電話にてご連絡ください。

Hmoob (Hmong)
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-916-875-6069 TDD 711

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 916-875-6069 TDD 711 'ਤੇ ਕਾਲ ਕਰੋ।

لعربية (Arabic)
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم916-875-6069 TDD 711

हिंदी (Hindi)

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

All Sacramento County Mental Health Plan Providers are able to meet the access needs of individuals with disabilities, as defined by the Americans with Disabilities Act. The Sacramento County Access Team can help you determine the programs that can best meet your specific accessibility needs.

Organizational

Asian Pacific Community Counseling**

7273 14th Avenue, Suite 120-B

(916) 383-6783

Sacramento, 95820

Hours: Mon-Fri 8am-5pm

24/7 Crisis On-Call

Linguistic/ Cultural Capacity: Arabic, Cantonese, Hindi, Hmong, Ilocano, Japanese, Korean, Mandarin, Punjabi, Tongan, Vietnamese

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

Population:

www.apccounseling.org

Accepting Clients Through Access Team

Organizational

Bay Area Community Services

9333 Tech Center Drive, Suite 100

(510) 613-0330

Sacramento, 95826

https://www.bayareacs.org/

Hours: Mon-Sun 8am-8pm

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

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

Casa Pacifica Centers

1722 South Lewis Road

(805) 366-4170

Camarillo, 93012

www.casapacifica.org

Hours: 24 hours/7 days

Linguistic/ Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Central Star Behavioral Health, Inc.

3815 Marconi Ave

(916) 584-7800

Sacramento, 95821

http://www.starsinc.com/sacramento-county/

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

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

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Central Star Children's Outpatient Specialty Mental Health Services

3800 Watt Ave Suite 110

(916) 584-7800

Sacramento, 95821

http://www.starsinc.com/sacramento-county/

Hours: Mon-Fri 9am-7pm

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

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Central Star-Consultation, Support and Engagement Team

401 S Street, Suite 101

(916) 584-7800

Sacramento, 95811-6919

http://www.starsinc.com/sacramento-county/

Hours: Mon-Sat 11am-8pm

Linguistic/ Cultural Capacity: Hmong, Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Central Star-Full Service Partnership

401 S Street, Suite 101

(916) 584-7800

Sacramento, 95811

http://www.starsinc.com/sacramento-county/

Hours: Mon-Fri 9am-5pm

Extended hours for therapeutic groups

Linguistic/ Cultural Capacity: Hmong, Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children (Transitional Age Youth)

Accepting Clients Through Access Team

Chamberlain's Youth Services

1850 San Benito Street

(831) 636-2121

Hollister, 95023

https://chamberlainsyouth.org

Hours: Mon-Fri 8am-9pm

Linguistic/ Cultural Capacity: Spanish, Hindi

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Children's Receiving Home

3555 Auburn Blvd.

(916) 482-2370

Sacramento, 95821

www.crhkids.org

Hours: 24hours/7 days

Linguistic/ Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Dignity Medical Foundation

9837 Folsom Blvd, Suite F

(916) 856-5700

Sacramento, 95827

https://www.dignityhealth.org/sacramento/medical-group/mercy-medical-group/services/counseling-and-psychiatry/dignity-health-medical-foundation-childrens-centers

Hours: Mon-Fri 9am-5pm

Linguistic/ Cultural Capacity: Hindi, Punjabi, Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Dignity Medical Foundation (Children's South)

6615 Valley Hi Drive Suite A

(916) 681-6300

Sacramento, 95823

https://www.dignityhealth.org/sacramento/medical-group/mercy-medical-group/services/counseling-and-psychiatry/dignity-health-medical-foundation-childrens-centers

Hours: Mon-Fri 8am-5pm

Linguistic/ Cultural Capacity: Hindi, Punjabi, Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

El Hogar Community Services, Inc. (Guest House)

600 Bercut Drive

(916) 440-1500

Sacramento, 95811

www.elhogarinc.org

Hours: Mon-Fri 8am-5pm

Linguistic/ Cultural Capacity: Polish, Spanish

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting
Homeless Clients Through Self-Referral

El Hogar Community Services, Inc. (Regional Support Team)

630 Bercut Drive

(916) 441-3819

Sacramento, 95811

www.elhogarinc.org

Hours: Mon-Fri 8am-5pm

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

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

Accepting Clients Through Access Team

El Hogar Community Services, Inc. (Sierra Elder Wellness Program)

3870 Rosin Court, Suite 130

(916) 363-1553

Sacramento, 95834

www.elhogarinc.org

Hours: Mon-Fri 8am-5pm

24/7 Response

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

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

Accepting Clients Through Access Team

Gateway Residential Programs

1780 Vernon Street, Suite 1

(916) 782-1111

Roseville, 95678

website not available

Hours: Mon-Fri 8am-5pm

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

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

Accepting Clients Through Access Team

God's Love Outreach Ministries

1111 W. Tokay Street

(925) 999-4119

Lodi, 95240

https://www.godsloveoutreach.com/

Hours: Mon-Fri: 8:00-5:00

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

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

Accepting Clients Through Access Team

Organizational

HeartLand Child & Family Services

2829 Watt Avenue, Suite 200

(916) 418-0828

Sacramento, 95821

www.doingwhateverittakes.org

Hours: Mon-Fri 9am-6pm

Linguistic/ Cultural Capacity: Cantonese, Hmong, Japanese, Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

HeartLand Child & Family Services

811 Grand Ave Suite D

(916) 922-9868

Sacramento, 95838

www.doingwhateverittakes.org

Hours: Mon-Fri 8am-7pm

Linguistic/ Cultural Capacity: Cantonese, Hmong, Japanese, Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

La Familia Counseling Center, Inc.**

3301 37th Avenue

(916) 452-3601

Sacramento, 95820

www.lafcc.org

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

Linguistic/ Cultural Capacity: Hmong, Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Mountain Valley Child and Family Services, Inc.

24077 State Highway 49

(530) 265-9057

Nevada City, 95959

https://mountainvalleyfamilyservices.net/

Hours: 24 hours/7 days

Linguistic/ Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Paradise Oaks Youth Services

6060 Sunrise Vista Dr Ste 2100

(916) 967-6253

Citrus Heights, 95610

www.paradiseoaks.com

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

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

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Psynergy Folsom Sacramento

9951 Horn Road, Suite B

(916) 457-3129

Sacramento, 95827

https://psynergy.org/campuses/sacramento-campus

Hours: Mon-Fri 8am-5pm

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

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

Psynergy Roosevelt Clinic A

4612 Roosevelt Ave

(916) 457-3129

Sacramento, 95820

https://psynergy.org/campuses/sacramento-campus

Hours: Mon-Fri 8am-5pm

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

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

Psynergy Roosevelt Clinic B

4616 Roosevelt Ave

(916) 457-3129

Sacramento, 95820

https://psynergy.org/campuses/sacramento-campus

Hours: Mon-Fri 8am-5pm

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

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

Rebekah Children's Services

290 IOOF Ave

(408) 846-2100

Gilroy, 95020

www.rcskids.org

Hours: 24 hours/7 days

Linguistic/ Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

River Oak Center for Children, Inc.

9412 Big Horn Blvd., Suite 6

(916) 609-5100

Elk Grove, 95758

www.riveroak.org

Hours: Mon-Thu 8am-6pm

Fri 8am-5pm

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

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

River Oak Center for Children, Inc.

5445 Laurel Hills Drive

(916) 609-5100

Sacramento, 95841

www.riveroak.org

Hours: Mon-Thu 8am-6pm

Fri 8am-5pm

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

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Sacramento Children's Home

2750 Sutterville Road

(916) 452-3981

Sacramento, 95820

www.kidshome.org

Hours: 24 hours/7 days

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

Linguistic/ Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Sacramento Children's Home - Transitional Age Program

2750 Sutterville Road

(916) 452-3981

Sacramento, 95820

www.kidshome.org

Hours: 24 hours/7 days

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

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

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Sacramento County Mental Health - Adult Psychiatric Support Services Clinic

2130 Stockton Blvd. Suites 100, 200
(916) 875-0701

Sacramento, 95817

https://dhs.saccounty.net/BHS/Pages/Mental-Health-Services.aspx

Hours: Mon-Fri 8am-5pm

Linguistic/ Cultural Capacity: Hmong, Mandarin, Spanish

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

Sacramento County Mental Health - Children & Adolescent Psychiatric Services

3331 Power Inn Rd Suite 140

(916) 875-1183

Sacramento, 95826

https://dhs.saccounty.net/BHS/Pages/Mental-Health-Services.aspx

Hours: Mon-Fri 8am-5pm

Linguistic/ Cultural Capacity: Mandarin, Spanish, Tagalog

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Sacramento County Mental Health - Intake Stabilization Unit

2150 Stockton Blvd.

(916) 875-1000

Sacramento, 95817

https://dhs.saccounty.net/BHS/Pages/Mental-Health-Services.aspx

Hours: Adult ISU: 24 hrs/7 days

Children ISU: Mon-Sun 10am-7pm

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

Specialties: Crisis Stabilization

Population: Adults/Children

Accepting Clients Through Access Team

Organizational

San Juan Unified School District - White House Counseling Center

6147 Sutter Avenue

(916) 971-7640

Carmichael, 95608

www.sanjuan.edu/Page/6926

Hours: Mon-Thu 8am-6pm

Fri 8am-4pm

Linguistic/ Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Stanford Sierra Youth & Families

8421 Auburn Blvd., Suites 3, 125 & 130
(916) 344-0199

Citrus Heights, 95610

https://www.ssyaf.org

Hours: Mon-Fri 9am-8pm

Linguistic/ Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Stanford Youth Solutions

8912 Volunteer Lane

(916) 344-0199

Sacramento, 95826

www.youthsolutions.org

Hours: Mon-Fri 8am-5pm

24 hr/7 day response

Linguistic/ Cultural Capacity: Armenian, Cantonese, German, Japanese, Mandarin, Russian, Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Star View Children and Family Services - 'The STAY'

3815 Marconi Ave

(916) 877-5994

Sacramento, 95821

https://www.starsinc.com/sacramento-county/

Hours: 24 hours/7 days

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

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

Summitview Child and Family Services

670 Placerville Dr. #2

(530) 644-2412

Placerville, 95667

www.summitviewtreatment.org

Hours: 24 hrs/7 days

Linguistic/ Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Telecare ARISE

1103 N B Street, Suite E

(916) 378-8266

Sacramento, 95811

https://www.telecarecorp.com/sacramento-arise

Hours: Mon-Fri 8:30am-5:00pm

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

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

Telecare EMPOWER

1103 N. B Street, Suite E

(916) 378-8266

Sacramento, 95811

https://www.telecarecorp.com/telecare-empower

Hours: Mon-Fri 8:30am-5:00pm

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

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting clients through referrals made through the Sacramento County Public Defender's Office

Telecare Sacramento Outreach Adult Recovery (SOAR)

900 Fulton Avenue, Suite 205

(916) 484-3570

Sacramento, 95825

www.telecarecorp.com/soar/

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

24 hr/7 day Response

Linguistic/ Cultural Capacity: Cambodian, Italian, Russian, Spanish

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

TLCS, Inc. - Regional Support Team (RST)

3727 Marconi Avenue

(916) 485-6500

Sacramento, 95821

www.tlcssac.org

Hours: Mon & Tues 8am-5:30pm

Wed & Thu 8am-6pm

Fri 8am-5pm

Linguistic/ Cultural Capacity: Arabic, Hindi, Kwali, Laotian, Obo, Punjabi, Russian, Spanish, Ukrainian

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

TLCS, Inc. - Transitional Community Opportunities for Recovery and Engagement (TCORE)

3737 Marconi Avenue

(916) 480-1801

Sacramento, 95821

www.tlcssac.org

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

Fri 8am-5pm

Linguistic/ Cultural Capacity: Farsi, Hindu, Hmong, Laos, Pashtu, Portuguese, Punjabi, Spanish, Thai, Urdu

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

TLCS, Inc. (New Direction - Transforming Lives, Cultivating Success)

650 Howe Avenue, Bldg. 400-B

(916) 993-4131

Sacramento, 95825

www.tlcssac.org

Hours: Mon-Fri 8am-4:30pm

24hr/7 day response

Linguistic/ Cultural Capacity: Bengali, Cantonese, German, Hindi, Hmong, Kinyarwanda, Lithuanian, Punjabi, Russian, Spanish, Urdu, Vietnamese

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

Turning Point Community Programs - Crisis Residential

4801 34th Street

(916) 737-9202

Sacramento, 95820

www.tpcp.org

Hours: 24 hours/7 days

Linguistic/ Cultural Capacity: Hmong, Portuguese, Spanish

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

Turning Point Community Programs - Crisis Residential II

505 M Street

(916) 559-5686

Rio Linda, 95673

www.tpcp.org

Hours: 24 hours/7 days

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

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

Turning Point Community Programs - Crisis Residential III

7415 Henrietta Drive

(916) 364-8395

Sacramento, 95822

www.tpcp.org

Hours: 24 hours/7 days

Linguistic/ Cultural Capacity: Russian, Spanish, Hmong

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

Turning Point Community Programs - Crisis Residential IV

3440 Viking Drive

(916) 559-5686

Sacramento, 95827

www.tpcp.org

Hours: 24 hours/7 days

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

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

Turning Point Community Programs - Flexible Integrated Program (FIT)

3161 Dwight Rd

(916) 427-7141

Elk Grove 95758

www.tpcp.org

Hours: Mon-Fri 8am-6pm

Additional hours as needed

24hr/7 day response

Linguistic/ Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Turning Point Community Programs - Integrated Services Agency (ISA)

6950 65th Street

(916) 393-1222

Sacramento, 95823

www.tpcp.org

Hours: Mon-Fri 8am-5pm

Sat 8am-4pm

24hr/7 day response

Linguistic/ Cultural Capacity: French, Greek, Hmong, Kru, Spanish, Tagalog

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

Turning Point Community Programs - Madison Regional Support Team (RST)

5417 Madison Ave.

(916) 364-8395

Sacramento, 95841

www.tpcp.org

Hours: Mon-Fri 8am-4:30pm

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

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

Turning Point Community Programs - Mental Health Urgent Care Center

2130 Stockton Blvd, Building 300

(916) 520-2460

Sacramento, 95817

www.tpcp.org

Hours: Mon-Fri 10am-10pm

Weekends & Holidays 10am-6pm

Linguistic/ Cultural Capacity: Hindi, Punjabi, Russian, Spanish,Tagalog, Urdu

Specialties: Adult General & Specialized Mental Health Services

Population: Adults/Children

Accepting Clients Through Access Team

Turning Point Community Programs - Regional Support Team (RST)

3810 Rosin Court Suites 170 & 180

(916) 567-4222

Sacramento, 95834

www.tpcp.org

Hours: Mon-Fri 8am-5pm

Linguistic/ Cultural Capacity: French, Lao, Mandarin, Mien, Russian, Spanish, Thai, Tongan, Ukrainian, Vietnamese

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

Organizational

Turning Point Community Programs - Therapeutic Behavioral Program (TBS)

7275 E. Southgate Drive, Suite 105

(916) 427-7141

Sacramento, 95823

www.tpcp.org

Hours: Mon-Fri 8am-4:30pm

Linguistic/ Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Turning Point Community Programs -Pathways

3810 Rosin Court Suites 170 & 180

(916) 283-8280

Sacramento, 95834

www.tpcp.org

Hours: Mon-Fri 8am-4:30pm

24hr/7 day response

Linguistic/ Cultural Capacity: French, Lao, Mandarin, Mien, Russian, Spanish, Thai, Tongan, Ukrainian, Vietnamese

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Only Homeless Clients Through Provider Referral

UC Davis Medical Center - SacEDAPT

2230 Stockton Blvd.

(916) 734-7251

Sacramento, 95817

http://earlypsychosis.ucdavis.edu/sacedapt

Hours: Mon-Fri 8am-5pm

Linguistic/ Cultural Capacity: Mandarin, Punjabi, Spanish

Specialties: Assessment, early identification & treatment of the onset of psychosis

Population:

Accepting Clients Through Access Team

UC Davis Medical Center Child Protection - UCD CAARE

3671 Business Drive

(916) 734-8396

Sacramento, 95820

www.ucdmc.ucdavis.edu/children/clinical_services/CAARE

Hours: Mon-Fri 8am-5pm

Linguistic/ Cultural Capacity: Cantonese, Farsi, Hebrew, Spanish, Tagalog

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Uplift Family Services

9343 Tech Center Dr., Suite 200

(916) 388-6400

Sacramento, 95826

www.upliftfs.org

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

Linguistic/ Cultural Capacity: Hmong, Korean, Serbo-Croatian, Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Uplift Family Services

4600 47th Avenue, Suite 210

(916) 921-0828

Sacramento, 95824

www.upliftfs.org

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

Linguistic/ Cultural Capacity: Spanish, Korean

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Uplift Family Services

3951 Performance Dr. Suite G

(916) 921-0828

Sacramento, 95838

www.upliftfs.org

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

Linguistic/ Cultural Capacity: Spanish, Korean

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Victor Treatment Center, Inc.

3164 Condo Court

(707) 576-7218

Santa Rosa, 95403

www.victor.org

Hours: 24 hours/7 days

Linguistic/ Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Victor Treatment Center, Inc.

855 Canyon Road

(530) 378-1855

Redding, 96001

www.victor.org

Hours: 24 hours/7 days

Linguistic/ Cultural Capacity: Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Visions Unlimited Inc.

6833 Stockton Blvd. Suite 485

(916) 394-0800

Sacramento, 95823

www.vuinc.org

Hours: Mon & Thurs 8:30am-6pm

Tue & Wed 8:30am-7pm

Fri 8:30am-5:30pm

Linguistic/ Cultural Capacity: Spanish, Mien, Arabic, Tagalog, Hmong, Cambodian, Farsi

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

Population:

Accepting Clients Through Access Team

Wellness and Recovery Center - North

2500 Marconi Ave, Suite 100

(916) 485-4175

Sacramento, 95821

www.consumersselfhelp.org

Hours: Mon-Fri 9am-7pm

Sat 9am-5pm

Linguistic/ Cultural Capacity: Hmong, Lao, Russian, Spanish, Thai

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

Wellness and Recovery Center - South

7171 Bowling Drive, Suite 300

(916) 394-9195

Sacramento, 95823

www.consumersselfhelp.org

Hours: Mon-Sun 9am-5pm

Linguistic/ Cultural Capacity: Hmong, Spanish, Tai

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Accepting Clients Through Access Team

Organizational

Youth for Change (The Community Services Building)

7204 Skyway

(530) 872-2103

Paradise, 95969

www.youth4change.org

Hours: 24 hours/7 days

Linguistic/ Cultural Capacity: Hmong, Spanish

Specialties: Children's General & Specialized Mental Health Services

Population: Children

Accepting Clients Through Access Team

Individual

Jane Ann Graff, MFT**

3550 Watt Avenue

(916) 979-7000

Sacramento, 95821

website not available

Hours: Wednesday day & evenings by appointment only

Linguistic/ Cultural Capacity: American Sign Language (ASL)

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

Population:

Accepting Clients Through Access Team

Hospital

Crestwood Psychiatric Health Facility

4741 Engle Road

(916) 977-0949

Carmichael, 95608

www.crestwoodbehavioralhealth.com

Hours: 24 hours/7 days

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

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Inpatient Hospital- Referrals only by Mental Health Plan (MHP), Mental Health Treatment Center (MHTC)

Crestwood Psychiatric Health Facility

2600 Stockton Blvd Suite B

(916) 520-2785

Sacramento, 95817

www.crestwoodbehavioralhealth.com

Hours: 24 hours/7 days

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

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Inpatient Hospital- Referrals only by Mental Health Plan (MHP), Mental Health Treatment Center (MHTC)

Dignity Health Crisis Stabilization Unit

6501 Coyle Avenue

(916) 537-5304

Carmichael, 95608

https://www.dignityhealth.org/sacramento/locations/mercy-san-juan-medical-center

Hours: 24 hours/7 days

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

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Inpatient Hospital- Referrals only by Mental Health Plan (MHP), Mental Health Treatment Center (MHTC)

Hospital

Heritage Oaks Hospital

4250 Auburn Blvd.

(916) 489-3336

Sacramento, 95841

www.heritageoakshospital.com

Hours: 24 hours/7 days

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

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

Population:

Inpatient Hospital- Referrals only by Mental Health Plan (MHP), Mental Health Treatment Center (MHTC)

Sacramento County Mental Health Treatment Center

2150 Stockton Blvd.

(916) 875-1000

Sacramento, 95817

https://dhs.saccounty.net/BHS/Pages/Mental-Health-Services.aspx

Hours: 24 hours/7 days

Linguistic/ Cultural Capacity: Tagalog, Spanish, Italian, French, Mandarin, Cantonese, Portuguese, Samoan, Arabic, Vietnamese, Korean, Polish, Russian

Specialties: Adult General & Specialized Mental Health Services

Population: Adults

Inpatient

Sierra Vista Hospital

8001 Bruceville Rd.

(916) 423-2000

Sacramento, 95823

www.sierravistahospital.com

Hours: 24 hrs/7 days

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

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

Population:

Inpatient Hospital- Referrals only by Mental Health Plan (MHP), Mental Health Treatment Center (MHTC)

Sutter Center for Psychiatry

7700 Folsom Blvd.

(916) 353-3369

Sacramento, 95826

Hours: 24 hrs/7 days

www.suttermedicalcenter.org/psychiatry/

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

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

Inpatient Hospital- Referrals only by Mental Health Plan (MHP), Mental Health Treatment Center (MHTC)

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

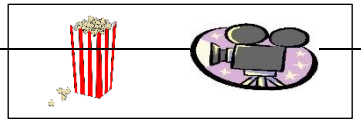
Wellnessinfo@Consumersselfhelp.org

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

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

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 2021-2022

August 2021

Prevention and Early Intervention (PEI)

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

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

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

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

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

Supporting Community Connections

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

Asian Pacific Community Counseling
Cantonese, Hmong, Vietnamese speaking community

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

Iu Mien Community Services
Iu Mien community

La Familia Counseling Center
Spanish speaking community

Cal Voices
Consumer Operated Warm Line

Cal Voices
Older Adult community

Sacramento Native American Health Center
Native American community

Slavic Assistance Center
Russian speaking community

Refugees Enrichment and Development Association
Arabic Speaking Community

Mental Health Respites

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

Capital Adoptive Families Alliance

Del Oro Caregiver Resource Center*

Gender Health Center*
Danelle's Place

Sacramento LGBT Community Center*
Lambda Lounge

Sacramento LGBT Community Center
Q-spot (Transition Age Youth 13-25)

St. John's Program for Real Change*

TLCS – Mental Health Crisis Respite Center*

Turning Point Community Programs*
Abiding Hope Respite House

Wind Youth Services
(Transition Age Youth 13-25)

Entry Points

Sacramento County MH Access Team and SUPT System of Care

Wellness Crisis Call Center & Response
(Planned – Not Yet Operational)

Homeless Shelter Access Clinician

Homeless Encampment Team
(Planned – Not Yet Operational)

Intensive Placement Team*

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

Child Protective Services/Mental Health Collaboration

Juvenile Probation/Mental Health Collaboration
(Implementing soon)

Interagency Placement Committee (IPC)
(STRTP and Out of State Authorization)

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

TLCS Triage/ Peer Navigators
- Main Jail*
- Loaves and Fishes/Genesis Homeless
- Kaiser South ED
- Kaiser North ED
- Mercy General ED
- Methodist ED
- San Juan ED
- Sutter ED
- U.C. Davis ED

Community Support Team

Capital Star CSET for CSEC
(Age 12 up to age 21)

Capital Star 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

Other Community Entry Points of Services

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

Sacramento County APSS Clinic*

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

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
- Central Star Transition Age Youth (Age 16-25)
- Turning Point ISA*
- Turning Point Pathways

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

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

Therapeutic Foster Care
- Stanford Sierra Youth and Families

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

SUPT Transitional Sober Living Environment Bridges
(Women & Children)

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

Mobile Crisis Support Teams
(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

Turning Point Community Programs
15 Beds
Crisis Residential Program*
Henritta

Turning Point Community Programs
15 Beds
Crisis Residential Program*
M Street

Turning Point Community Programs
15 Beds
Crisis Residential Program*
Viking

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

Sacramento Children's Home The Source
916-SUPPORT, 24/7

Capital Star 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

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

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

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

ADULT BEHAVIORAL HEALTH SERVICE CONTINUUM
FISCAL YEAR 2021-2022

August 2021

Prevention

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

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

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

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

Supporting Community Connections

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

Asian Pacific Community Counseling
Cantonese, Hmong, Vietnamese speaking community

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

Iu Mien Community Services
Iu Mien community

La Familia Counseling Center
Spanish speaking community

Cal Voices
Consumer Operated Warm Line

Cal Voices
Older Adult community

Sacramento Native American Health Center
Native American community

Slavic Assistance Center
Russian speaking community

Refugees Enrichment and Development Association
Arabic Specking Community

Mental Health Respites

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

Capital Adoptive Families Alliance

Del Oro Caregiver Resource Center

Gender Health Center
Danelle's Place

Sacramento LGBT Community Center
Lambda Lounge (age 18+)

Sacramento LGBT Community Center
Q-spot (Transition Age Youth 13-25)

St. John's Program for Real Change

TLCS/Hope Cooperative -Crisis Respite Center

Turning Point Community Programs
Abiding Hope Respite House

Wind Youth Services
(Transition Age Youth 13-5)

Community Programs

Sacramento CalWORKs Wellness Team
Partnership with DHA

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

Trauma Informed Culturally Responsive Therapy – Black/ African American Community

Sacramento County Collaborative Court Clinical Team

Entry Points

Sacramento County MH Access Team

Homeless Shelter Access Clinician

Sacramento County Homeless Encampment Team
(Coming soon)

Intensive Placement Team

Mental Health Treatment Center Intake Stabilization Unit

Sacramento County Community Support Team
In partnership with Cal Voices Peer Specialists

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

Capital Star CSET for CSEC
(Age 12-21)

Capital Star Youth Help Network
(Transistion Age Youth 16-25)

Other Community Entry Points of Services

SUPT System of Care

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

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

Outpatient Service Providers

CSH Wellness & Recovery Center South

CSH Wellness & Recovery Center North

El Hogar Guest House

Regional Support Teams

El Hogar

TLCS/Hope Cooperative

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

Visions

APSS Clinic
In Partnership with Cal Voices Peer Partner Program and UC Davis University

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

TLCS/Hope Cooperative - TCORE

APCC Transcultural Wellness Center (FSP)

El Hogar Sierra Elder Wellness (FSP)

Capital Star Transition Age Youth (Age 16-25) **(FSP)**

River Oak Juvenile Justice Diversion & Treatment Program (Age 13-26)(FSP)

Telecare ARISE (FSP)

Telecare SOAR (FSP)

TLCS/Hope Cooperative New Direction (FSP)

Turning Point Community Programs ISA (FSP)

Turning Point Community Programs Pathways (FSP)

El Hogar Behavioral Health Forensic (FSP)

Crisis Services

Turning Point Community Programs Mental Health Urgent Care Clinic

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

Turning Point Community Programs
15 Beds
Crisis Residential Program
Viking Drive

Turning Point Community Programs
15 Beds
Crisis Residential Program
Henrietta

Turning Point Community Programs
15 Beds
Crisis Residential Program
M Street

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

BACS Crisis Navigaton Peers
- 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

Acute Care

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
- Dignity Behavioral Health Crisis Services Collaborative – CSU Mercy San Juan

Inpatient
- MHTC – Stockton Blvd
- Sierra Vista
- Heritage Oaks
- Sutter Center for Psych
- Sacramento Behavioral Health Hospital

Psychiatric Health Facilities (PHF)-16 Beds
- Crestwood - Engle
- Crestwood – Stockton
- Heritage Oaks

Forensic Inpatient
- Jail Psychiatric
- Rio Consumnes Correctional Center

Sub Acute Care

ELIGIBILITY: Target population criteria is individuals who are unable to reside in the community as a result of psychiatric conditions. Often have co-morbid medical or substance abuse disorders. Clients in secure settings are on LPS Conservatorship.

Adult Residential Treatment (ART)

Transitional Residential Program

Mental Health Rehabilitation Centers

Psychiatric Skilled Nursing Facilities

State Psychiatric Hospitals

Housing Supports
- DHA FHP
- ABC

Funding Sources
- FFP/Medi-Cal
- Realignment/General Fund
- MHSA
- SAMHSA
- CalWORKS
- PATH
- SB82 CHFFA
- SB82 MHSOAC

System Partners
- Managed Care Plans
- Substance Use Prevention and Treatment
- Employment Cooperative
- Department of Human Assistance (DHA)
- Probation (Adult Day Reporting Center)
- Public Guardian/Conservator Office
- Law Enforcement Agencies

KEY
ABC – Augmented Board and Care Program
APSS – Adult Psychiatric Support Services
CSH – Consumer Self Help
CSU – Crisis Stabilization Unit
ED – Emergency Department
FSP – Full Service Partnership
FHP – Flexible Housing Pool
ISA – Integrated Service Agency
MHANC – Mental Health America of Northern California
MHTC – Mental Health Treatment Center
PD – Police Department
SAAC – Southeast Asian Assistance Center
SPD – Sacramento Police Department
SSD – Sacramento Sheriff Department
SUPT – Substance Use Prevention and Treatment

County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure		Policy Issuer (Unit/Program)	Cultural Competence & Ethnic Services
		Policy Number	01-03
		Effective Date	2/28/18
		Revision Date	Restatement of Existing Practices
Title: Documentation Translation Method and Process		Functional Area: Access to Care	
Approved By: Signed version available upon request			

Background/Context:

The provision of medically necessary, culturally competent and linguistically proficient specialty mental health service is fundamental to ensure access and delivery of appropriate services to all Medi-Cal beneficiaries. This policy reflects a restatement of existing practices and ensures compliance with the cultural competence and linguistic requirements mandated for mental health/behavioral health services to diverse populations as outlined in the Sacramento County Phase II Consolidation of Medi-Cal Specialty Mental Health Services - Cultural Competence Plan 1998, 2002, 2003, 2010; the California Code of Regulations Title 9, Chapter 11, Section 1810.410; the State of California Department of Health Care Services All Plan Letter 17-011; and the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Definitions:

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

"Forward and back method of translation" - a document is translated from English to a second language by one translator. A second translator performs a review by translating the document from the second language back to English so that it can be compared with the original document.

Purpose:

This policy ensures that all Sacramento County Division of Behavioral Health Services (DBHS) programs and DBHS contract providers follow a standardized process for translating documents.

Details:

A) All DBHS programs and DBHS contract providers shall utilize qualified translators or individuals who have passed a written language proficiency test to translate written materials.

B) If an individual who has not passed a written language proficiency test translates a document, then the completed document must be forwarded to the Division for review prior to use.

C) The translation should be done at a 5th grade reading level.

D) The forward and back method of translation shall be used for all documents requiring translation.

E) The layered review should be completed by a second and third translator reviewing the documents.

F) A review shall also be conducted with consumers/community members to ensure that the document is clear and meets the education level of the community.

Reference(s)/Attachments:

Title VI of the Civil Rights Act of 1964, U.S. Code 2000-d (Code of Federal Regulations, Part 21: the Std. Title VI); Executive Order 13166 of August 11, 2000; Section 1557 of the Affordable Care Act (ACA) of 2010; Welfare and Institutions Code (WIC), 14029.91 (a), (b), (e); California Code of Regulations Title 9, Chapter 11, § 1810.410; Department of Health and Human Services- Office of Minority Health: National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care.

Related Policies:

PP-BHS-CCES-02-01-Implementation-of-Cultural-Competence

PP-BHS-QM-03-08 Problem Resolution Forms & Brochures Distribution

Distribution:

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

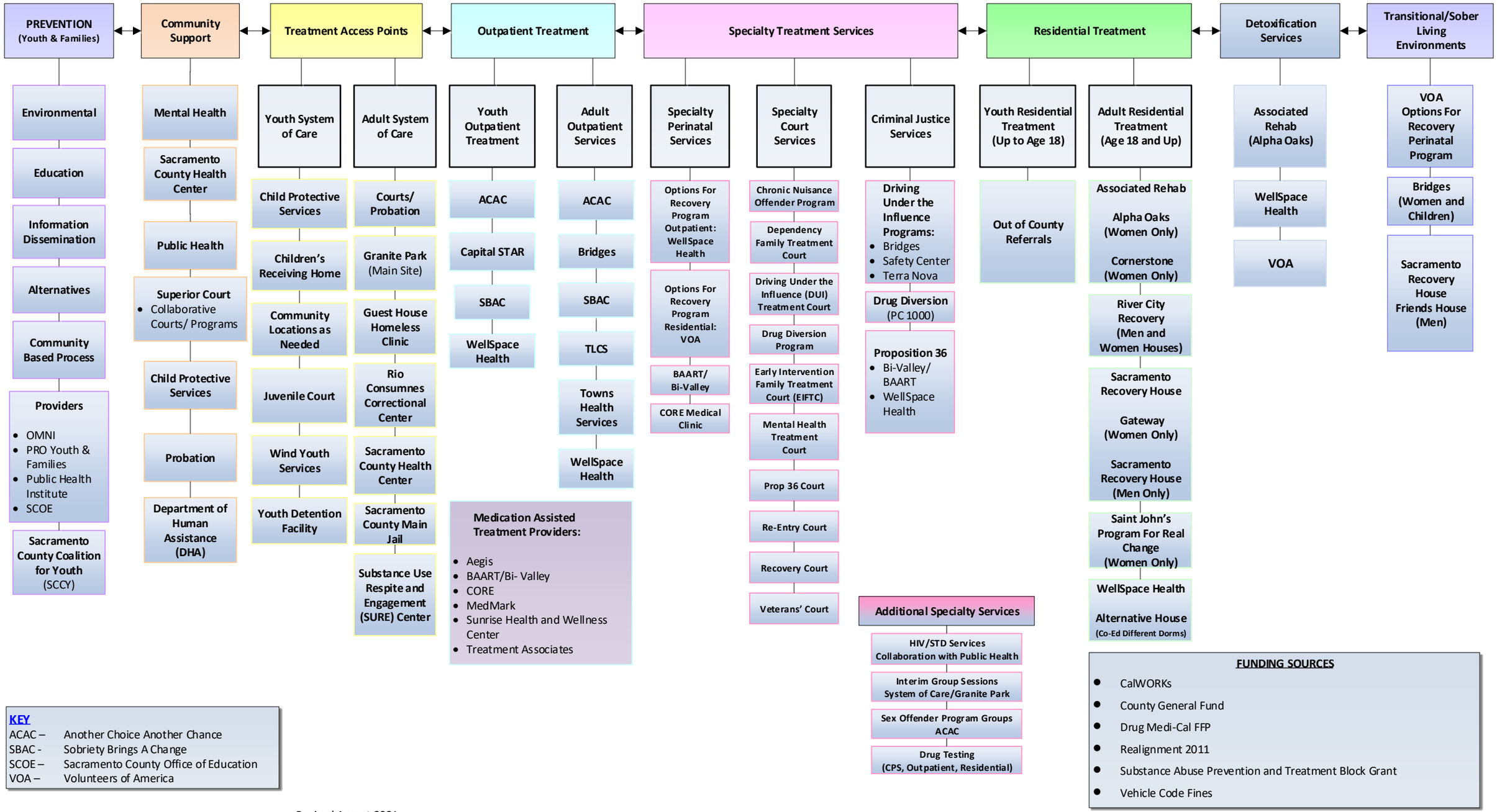
Contact Information:

Mary Nakamura, LCSW **PHONE NUMBER**

Cultural Competence and Ethnic Services Health Program Manager

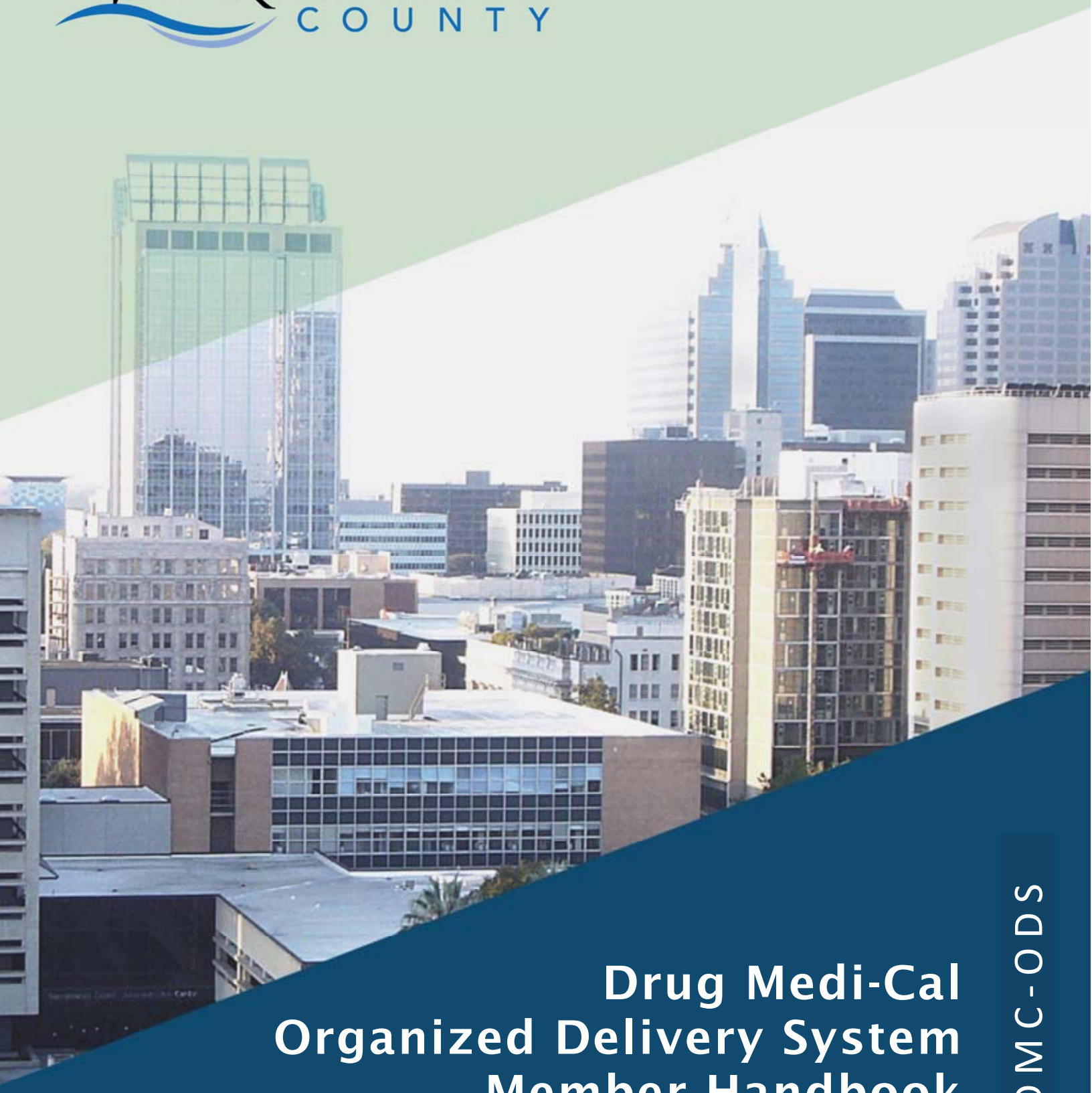
SACRAMENTO COUNTY SUBSTANCE USE PREVENTION AND TREATMENT SERVICES CONTINUUM
FISCAL YEAR 2021-22

(Contracted Providers and County Staff)



Revised August 2021

SACRAMENTO COUNTY



Drug Medi-Cal Organized Delivery System Member Handbook

DMC-ODS

Published April, 2019

English
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call
1-916-876-6069 8:00 AM to 5:00 PM, (TTY: *1-916-876-8853*)
1-888-881-4881 5:01 PM to 7:59 AM.

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al *1-916-876-6069,* (TTY: *1-916-876-8853*).

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số *1-916-876-6069,* (TTY: *1-916-876-8853*).

Tagalog (Tagalog/Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa *1-916-876-6069,* (TTY: *1-916-876-8853*).

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. *1-916-876-6069,* (TTY: *1-916-876-8853*) 번으로 전화해 주십시오.

繁體中文(Chinese)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 *1-916-876-6069,* (TTY: *1-916-876-8853*)。

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք *1-916-875-6069* (TTY (հեռատիպ)՝ *1-916-876-8853*):

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните *1-916-875-6069* (телетайп: *[1-916-876-8853*).

فارسی (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شمافراهم می باشد.
تماس بگیرید *1-916-875-6069* (TTY: *1-916-876-8853*)

日本語 (Japanese)
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。*1-916-875-6069* (TTY: *1-916-876-8853*) まで、お電話にてご連絡ください。

Hmoob (Hmong)
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau *1-916-875-6069* (TTY: *1-916-876-8853*).

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। *1-916-875-6069* (TTY: *[1-916-876-8853*) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم *[TTY 1-916-876-8853]* (رقم هاتف الصم والبكم: *1-916-875-6069*

हिंदी (Hindi)
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। *1-916-875-6069* (TTY: *1-916-876-8853*) पर कॉल करें।

ภาษาไทย (Thai)
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร *1-916-875-6069* (TTY: *1-916-876-8853*).

ខ្មែរ (Cambodian)
ប្រយ័ត្ន៖ រ សើ ិនជាអ្នកនិយាយ ភាសាខ្ម , រសរាជំនួយមននកភាសា រោយមិនគិត្ួ ល្ន
គឺអាចមានសំរា ់ ំរ អ្ើ នក។ ចូ ទូ សព្ទ *1-916-875-6069* (TTY: *1-916-876-8853*)។

ພາສາລາວ (Lao)
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,
ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ *1-916-875-6069* (TTY: *1-916-876-8853*).

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GENERAL INFORMATION

Emergency Services

Emergency services are covered 24 hours a day and 7 days a week. If you think you are having a health related emergency, call 911 or go to the nearest emergency room for help.

Emergency Services are services provided for an unexpected medical condition, including a psychiatric emergency medical condition.

An emergency medical condition is present when you have symptoms that cause severe pain or a serious illness or an injury, which a prudent layperson (a careful or cautious non-medical person) believes, could reasonably expect without medical care could:

- Put your health in serious danger, or
- If you are pregnant, put your health or the health of your unborn child in serious danger, or
- Cause serious harm to the way your body works, or
- Cause serious damage to any body organ or part.

You have the right to use any hospital in the case of emergency. Emergency services never require authorization.

Overdose

You should not hesitate to call 911 for medical emergencies involving substance use. If you or someone you are with has overdosed, calling 911 as soon as possible could help save a life.

Naloxone

Naloxone is medication that could immediately counter the effects of an opioid/heroin overdose. You can administer it while someone is overdosing and should call 911 immediately. Many emergency personnel carry it with them, and it is also available from select pharmacies without a prescription. Ask your health care provider for more information.

Who Do I Contact If I'm Having Suicidal Thoughts?

If you or someone you know is in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

For local residents seeking assistance in a crisis and to access local mental health programs, please call 1-916-875-1055 8:00 AM to 5:00 PM (TTY: 1-916-876-8853), 1-888-881-4881 5:01 PM to 7:59 AM (TTY: 711).

Why Is It Important To Read This Handbook?

Sacramento County Alcohol and Drug Services welcomes you to our services. This handbook is help you understand what Drug Medi-Cal Organized Delivery System (DMC-ODS) services are available to you. This delivery system of healthcare services are for Medi-Cal eligible individuals with substance use disorders (SUD). Substance use treatment services are part of your managed care benefits. This delivery system is required to provide a continuum of services to all eligible beneficiaries modeled after the American Society of Addiction Medicine (ASAM) Criteria. ASAM criteria provides a way to match individual suffering from addiction with the services and tools they need for a successful and long-term recovery. Services required to participate in the DMC-ODS include:

- Early Intervention (overseen through the managed care system)
- Outpatient Services
- Intensive Outpatient Services
- Short-Term Residential Services (up to 90 days)
- Withdrawal Management
- Opioid/Narcotic Treatment Program Services/Medicated Assisted Treatment
- Recovery Services
- Case Management
- Physician Consultation
- Recovery Residence
- Optional Services

It is important that you understand how the Drug Medi-Cal Organized Delivery System (DMC-ODS) plan works so you can get the care you need. This handbook explains your benefits and how to get care. It will also answer many of your questions. This handbook is available at the Alcohol and Drug (ADS) System of Care locations, on the ADS website, and/or a hardcopy will be offered and provided for your personal use during the ADS intake process. In addition, the Provider Directory is available online on the Sacramento County Behavioral Health, Alcohol and Drug Services website.

You will learn:

1. How to receive substance use disorder (SUD) treatment services through your county DMC-ODS plan
2. What benefits you have access to
3. What to do if you have a question or problem
4. Your rights and responsibilities as a member of your county DMC-ODS plan

Use this handbook as an addition to the member handbook that you received when you enrolled in your current Medi-Cal benefit. That could be with a Medi-Cal managed care plan or with the regular Medi-Cal “Fee for Service” program.

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

- Determining if you are eligible for DMC-ODS services from the county or its provider network.
- Coordinating your care.
- Providing a toll-free phone number that is answered 24 hours a day and 7 days a week that can tell you about how to get services from the County Plan. You can also contact the County Plan at this number to request availability of after-hours care.
- Having enough providers to make sure that you can get the SUD treatment services covered by the County Plan if you need them.
- Informing and educating you about services available from your County Plan.
- Providing you services in your language or by an interpreter (if necessary) free of charge and letting you know that these interpreter services are available.
- Providing you with written information about what is available to you in other languages or formats. Translated material are available in Arabic, Chinese-Traditional, Russian, Spanish, Hmong, and Vietnamese.
- Providing you with notice of any significant change in the information specified in this handbook at least 30 days before the intended effective date of the change. A change would be considered significant when there is an increase or decrease in the amount or type of services that are available, or if there is an increase or decrease in the number of network providers, or if there is any other change that would impact the benefits you receive through the County Plan.
- Informing you if any contracted provider refuses to perform or otherwise support any covered service due to moral, ethical, or religious objections and informing you of alternative providers that do offer the covered service.
- Ensuring that you have continued access to your previous, and now out-of-network, provider for a period of time if changing providers would cause your health to suffer or increase your risk of hospitalization.

If you have further questions you can call:

- Sacramento County Alcohol and Drug Services
  - 1-916-875-2050 (8:00 AM to 5:00 PM)
- Sacramento County Member Services
  - 1-888-881-4881 (5:01 PM to 7:59 AM)
- TTY 711 (California Relay Service)
- Medical Emergency 911
- Sacramento County Mental Health Access Team
  - 1-916-875-1055 (8:00 AM to 5:00 PM)

County ODS Overview

The Department of Health Services, Alcohol and Drug Services manages the network of agencies/providers that provide substance use treatment services, and is responsible for making sure these services are patient-centered and address the cultural and language (linguistic) needs of those served. This includes operating the 24-hour line and ensuring access to medically necessary outpatient, residential, withdrawal management (detoxification), opioid treatment programs, medication-assisted treatment, case management, and recovery support services as described in the benefit package below.

Our system of care will create a more robust network of agencies/providers and services to help you meet your substance use needs and recovery goals. The County and our network agencies/providers share the following values and commitments:

- **Provide Patient-Centered Care**

  ↳ You can help the treatment agency determine what services will best meet your individual needs and preferences. For this reason, your care may be different than others in the same program.

- **Provide Culturally Appropriate Services**

  ↳ You can request a treatment provider that delivers services specifically designed to meet the needs of your culture, racial and ethnic background, or sexual orientation. If a program is unable to match your needs, or is too far from where you would like to receive services, please know that all network providers are required to deliver culturally sensitive and appropriate services for all clients.

- **Provide Linguistically Appropriate Services**

  ↳ You can request a treatment provider that delivers services in your preferred language. If a program is unable to match your needs, you can access translation services instead. Key written materials are also available in all of the most commonly spoken locations in Sacramento County, also called “threshold languages”.

- **Provide Age And Developmentally Appropriate Services**

  ↳ You can request a treatment provider that delivers services for a specific age group (youth, young adults, adults and older adults). If a program is not available that matches your request, or it is too far from where you would like to receive services, there are programs available that serve more than one age group.

- **Treat Substance Abuse As A Chronic Condition Rather Than An Acute Condition**

  ↳ A chronic condition lasts for a long-time or maybe even a lifetime (i.e., asthma, diabetes) whereas an acute condition last for a short-time, typically a few days or weeks (i.e., ear infection). Because substance abuse can impact people over a long period and relapse is common, it is considered a chronic condition. For this reason, network providers can work with you even after your treatment program is done to provide on-going support or help you enter treatment again if needed.

- **Connect Health, Mental Health And Substance Use Services**

  ↳ Many people who need substance use services also need or receive services to address other physical health (i.e., diabetes, asthma, heart disease, liver disease) or mental health (i.e., anxiety, depression, bipolar) conditions. It is important to connect with others providers serving your health care needs to better coordinate your care and help you achieve all your health goals.

- **Educate and Empower Patients And Communities to Achieve Health**

  ↳ Healthy individuals and healthy communities are achieved through dedication and commitment, and shared goals to reduce the adverse impact of alcohol and drug use. You can play a key role to improve your health and the health of your community, and it can start by participating in treatment and recovery services.

- **Always Make Program Improvements To Enhance Client Care**

  ↳ Sacramento County and its network providers are dedicated to providing quality client care that will help you achieve your goals. This means looking at how services are provided today and finding ways to make them better through evidence-based practices, effective staff, and technology.

Information For Members Who Need Materials In A Different Language

To request materials in a different language, please contact:
Sacramento County Alcohol and Drug Services at 1-916-875-2050 or California Relay Service at 711.

Interpreters for limited English proficiency clients and deaf and hard of hearing individuals are available free of charge to the member.

Notice Of Privacy Practices

If you have any questions about this notice, please contact the County Office of Compliance at:
1-866-234-6883 (TTY 1-877-835-2929)
http://www.compliance.saccounty.net/Pages/default.aspx
(http://inside.saccounty.net/WebandPrivacyPolicies/Pages/default.aspx) or you may also obtain a copy of the Notice of Privacy Practices from the program staff where you receive services from the Sacramento County Alcohol and Drug Services. You may also obtain a copy of the Notice of Privacy Practices online at
http://inside.saccounty.net/WebandPrivacyPolicies/Pages/default.aspx

Information For Members Who Have Trouble Reading, Are Hearing Impaired Or Vision Impaired

To request this information in an alternative format (example: large print or audio), please contact Member Services at 1-916-875-6069 or Toll Free at 1-888-881-4881 (TTY: 1-916-876-8853).

Who Do I Contact If I Feel That I Was Discriminated Against?

Discrimination is against the law. The State of California and DMC-ODS comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. DMC-ODS:

- Provides free aids and services to people with disabilities, such as:
  - Qualified sign language interpreters
  - Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified oral interpreters
  - Information in threshold languages

If you need these services, contact your County Plan.

If you believe that the State of California or DMC-ODS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Elvia Leyva, Civil Rights Coordinator
1825 Bell Street, Suite 200, Sacramento, CA 95825
1-916-876-4455 (TTY) 1-916-874-2599ADS

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Elvia Leyva, Civil Rights Coordinator is available to help you.
You can also file a civil rights complaint electronically with the U.S. Department of Health and Human Services, Office for Civil Rights through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf. You can file a civil rights complaint by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at https://www.hhs.gov/ocr/filing-with-ocr/index.html.

ELIGIBILITY

Who Can Get Medi-Cal?

You may qualify for Medi-Cal if you are in one of these groups:

- 65 years old, or younger
- Under 21 years of age
- An adult, between 21 and 65 based on income eligibility
- Blind or disabled
- Pregnant
- Certain refugees, or Cuban/Haitian immigrants
- Receiving care in a nursing home

Youth (under 18 years of age), young adults (age 18 through 20), and adults (21 years of age and older) who meet the following eligibility requirements can access no-cost (free) substance use treatment services in Sacramento County:

1. Enrolled in or eligible for Medi-Cal in Sacramento County.
2. Resident of Sacramento County (proof may be required if your Medi-Cal benefits are assigned to another California County).
3. Need substance use treatment services based on an assessment (what is known as “meeting medical necessity” requirements).

You can also get Medi-Cal if you are enrolled in one of the following programs:

- CalFresh
- Supplemental Security Income (SSI) or State Supplemental Program (SSP)
- CalWORKs (California Work Opportunity and Responsibility to Kids)
- Refugee Assistance
- Foster Care or Adoption Assistance Program

If you are not sure if you are eligible for Medi-Cal, more information is below. This information can change, so please visit the website listed below for the most up-to-date and complete descriptions for these programs.

You must be living in California to qualify for Medi-Cal. Call or visit your local county social services office to ask for a Medi-Cal application, or get one on the Internet at http://www.dhcs.ca.gov/services/medi-cal/pages/MediCalApplications.aspx

Do I Have To Pay For Medi-Cal?

There are times you may have to pay for Medi-Cal depending on the amount of money you get or earn each month. This includes:

- If your income is less than Medi-Cal limits for your family size, you will not have to pay for Medi-Cal services.
- If your income is more than Medi-Cal limits for your family size, you will have to pay some money for your medical or substance use treatment services. The amount that you pay is called your 'share of cost'. Once you have paid your 'share of cost,' Medi-Cal will pay the rest of your covered medical bills for that month. In the months that you do not have medical expenses, you do not have to pay anything.
- You may have to pay a 'co-payment' for any treatment under Medi-Cal. You may have to pay an out of pocket amount each time you get a medical or substance use treatment service or a prescribed drug (medicine) and a co-payment if you go to a hospital emergency room for your regular services. Your provider will tell you if you need to make a co-payment. If your substance use treatment program asks you to pay for services, but you think your income is low enough that service should be free (no-charge), you can call the County at 1-888-881-4881 for help. Most people with Medi-Cal who receive substance use services from a provider in Sacramento County's network will not have a Medi-Cal share-of cost, so all services will be free (no-charge).

Does Medi-Cal Cover Transportation?

If you have trouble getting to your medical appointments or alcohol and drug treatment appointments, the Medi-Cal program can help you find transportation.

- For children, the county Child Health and Disability Prevention (CHDP) program can help. You may also wish to contact your county social services office at (916) 875-7151 You can also get information online by visiting www.dhcs.ca.gov, then clicking on 'Services' and then 'Medi-Cal.'
- For adults, your county social services office can help at (916) 874-3100, or
- You can get information online by visiting www.dhcs.ca.gov, then clicking on 'Services' and then 'Medi-Cal.'
- If you are enrolled with a Medi-Cal Managed Care Plan (MCP), the MCP is required to assist with transportation according to Section 14132 (ad) of the Welfare and Institutions Code.
- Transportation services are available for all service needs, including those that are not included in the DMC-ODS program.
- Please note that managed care plan phone numbers can change; refer to your member card.

SERVICES

What Are DMC-ODS Services?

DMC-ODS services are health care services for people who have at least one SUD that the regular doctor cannot treat.

DMC-ODS services include:

- Outpatient Services
- Intensive Outpatient Treatment
- Partial Hospitalization (only available in some counties)
- Residential Treatment (subject to prior authorization by the county)
- Withdrawal Management
- Opioid Treatment
- Medication Assisted Treatment (varies by county)
- Recovery Services
- Case Management

If you would like to learn more about each DMC-ODS service that may be available to you, see the descriptions below:

- **Outpatient Services**
  - Counseling services are provided to members up to nine hours a week for adults and less than six hours a week for adolescents when determined to be medically necessary and in accordance with an individualized client plan. Services can be provided by a licensed professional or a certified counselor in any appropriate setting in the community.
  - Outpatient Services includes intake and assessment, treatment planning, individual counseling, group counseling, family therapy, collateral services, member education, medication services, crisis intervention services, and discharge planning.
  - Services may be provided in-person, by telephone, or by tele-health in any appropriate setting in the community.

- **Intensive Outpatient Services**
  - Intensive Outpatient Services are provided to members (a minimum of nine hours with a maximum of 19 hours a week for adults and a minimum of six hours with a maximum of 19 hours a week for adolescents) when determined to be medically necessary and in accordance with an individualized client plan. Services consist primarily of counseling and education about addiction-related problems. Services can be provided by a licensed professional or a certified counselor in any appropriate setting in the community.
  - Intensive Outpatient Services include the same components as Outpatient Services. The increased number of hours of service are the main difference.
  - Services may be provided in-person, by telephone, or by tele-health in nay appropriate setting in the community.

- **Residential Treatment** (subject to authorization by the county)
  - Residential Treatment is a non-institutional, 24-hour non-medical, short-term residential program that provides rehabilitation services to members with a SUD diagnosis when determined as medically necessary and in accordance with an individualized treatment plan. Each member shall live on the premises and shall be supported in their efforts to restore, maintain, apply interpersonal and independent living skills, and access community support systems. Providers and residents work collaboratively to define barriers, set priorities, establish goals, create treatment plans, and solve SUD related problems. Goals include sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care.
  - Residential services require prior authorization by the County Plan. Each authorization for residential services can be for a maximum of 90 days for adults and 30 days for youth. Only two authorizations for residential services are allowed in a one-year-period. It is possible to have one 30-day extension per year based on medical necessity. Pregnant women can receive residential services through the last day of the month that the 60th day after delivery occurs. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) eligible members (under the age of 21) will not have the authorization limits described above as long as medical necessity establishes the need for ongoing residential services.
  - Residential Services includes intake and assessment, treatment planning, individual counseling, group counseling, family therapy, collateral services, member education, medication services, safeguarding medications (facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication), crisis intervention services, transportation (provision of or arrangement for transportation to and from medically necessary treatment), and discharge planning.
  - The length of stay may range from 1 – 90 day regimens, unless a reassessment of medical necessity justifies a one-time services reauthorization/extension of up to 30 days. Only two non-continuous 90- day regimens will be authorized in a one-year period. Perinatal and criminal justice involved clients may receive a longer length of stay based on medical necessity.
  - All residential treatment providers are required to accept and support clients who are receiving medication-assisted treatments.

- **Withdrawal Management (Detoxification)**
  - Withdrawal Management services are provided when determined as medically necessary and in accordance with an individualized client plan. Each member shall reside at the facility if receiving a residential service and will be monitored during the detoxification process. Medically necessary habilitative and rehabilitative services are provided in accordance with an individualized client plan prescribed by a licensed physician, or licensed prescriber and approved and authorized according to the State of California requirements.
  - Withdrawal Management Services include intake and assessment, observation (to evaluate health status and response to any prescribed medication), medication services, and discharge planning.
  - Currently Sacramento County has non-medical residential withdrawal facilities and is working on partnering with medical facilities to provide these services.

- **Opioid Treatment** (varies by county)
  - Opioid (Narcotic) Treatment Program (OTP/NTP) services are provided in NTP licensed facilities. Medically necessary services are provided in accordance with an individualized client plan determined by a licensed physician or licensed prescriber, and approved and authorized according to the State of California requirements. OTPs/NTPs are required to offer and prescribe medications to members covered under the DMC-ODS formulary including methadone, buprenorphine, naloxone, and disulfiram.
  - A member must receive, at a minimum, 50 minutes of counseling sessions with a therapist or counselor for up to 200 minutes per calendar month, although additional services may be provided based on medical necessity.
  - Opioid Treatment Services include the same components as Outpatient Treatment Services, with the inclusion of medical psychotherapy consisting of a face-to-face discussion conducted by a physician on a one-on-one basis with the member.
  - To qualify for Opioid Treatment Services a user must have a two year history of addiction, two treatment failures and one year of episodic or continued use pursuant to Title VIIII regulations.
  - Current opioid replacement medications include (varies by clinic): methadone, buprenorphine-naloxone (suboxone), naloxone, disulfiram, and vivitrol.

- **Medication Assisted Treatment** (varies by county)
  - Medication Assisted Treatment (MAT) Services are available outside of the OTP clinic. MAT is the use of prescription medications, in combination with counseling and behavioral therapies, to provide a whole-person approach to the treatment of SUD. Providing this level of service is optional for participating counties.
  - MAT services includes the ordering, prescribing, administering, and monitoring of all medications for SUD. Opioid and alcohol dependence, in particular, have well established medication options. Physicians and other prescribers may offer medications to members covered under the DMC-ODS formulary including buprenorphine, naloxone, disulfiram, Vivitrol, acamprosate, or any FDA approved medication for the treatment of SUD.
  - Sacramento County Alcohol and Drug Services will offer additional MAT related treatment services through the Sacramento County Health Center, Managed Care Plan Providers and Federally Qualified health Centers.

- **Recovery Services**
  - Recovery Services are important to the member's recovery and wellness. The treatment community becomes a therapeutic agent through which members are empowered and prepared to manage their health and health care. Therefore, treatment must emphasize the member's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to members.
  - Recovery Services include individual and group counseling; recovery monitoring/substance abuse assistance (recovery coaching, relapse prevention, and peer-to-peer services); and case management (linkages to educational, vocational, family supports, community-based supports, housing, transportation, and other services based on need).
  - Any eligible DMC provider within the network may provide medically necessary recovery services to beneficiaries. Linkage to these services are provided by a certified/registered SUD counselor, licensed clinician or peer support specialist.
  - Sacramento County currently offers these services through collaborative court programs and will expand to include other eligible providers in the network.

- **Case Management**
  - Case Management Services assist a member to access needed medical, educational, social, legal, financial, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of SUD care, integration around primary care especially for members with a chronic SUD, and interaction with the criminal justice system, if needed.
  - Case Management Services include a comprehensive assessment and periodic reassessment of individual needs to determine the need for continuation of case management services; transitions to higher or lower levels of SUD care; development and periodic revision of a client plan that includes service activities; communication, coordination, referral and related activities; monitoring service delivery to ensure member access to service and the service delivery system; monitoring the member's progress; and, member advocacy, linkages to physical and mental health care, transportation and retention in primary care services.
  - Case management shall be consistent with and shall not violate confidentiality of any member as set forth in Federal and California law.
  - Sacramento County currently offers these services through collaborative court programs and will expand to include eligible providers in the system of care.

- **Early Periodic Screening, Diagnosis, and Treatment (EPSDT)**
  - If you are under 21 years of age, you may receive additional medically necessary services under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). EPSDT services include screening, vision, dental, hearing and all other medically necessary mandatory and optional services listed in federal law 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered for adults. The requirement for medical necessity and cost effectiveness are the only limitations or exclusions that are applicable to EPSDT services.
  - For a more complete description of the EPSDT services that are available and to have your questions answered, please call the Sacramento County Mental Health Access Team at 1-916-875-1055 or Member Services at 1-888-881-4881.

Sacramento County ODS Benefit Package			
Service Type	**Services**	**Time**	**Duration**
Outpatient Services for At-Risk	*Intake Services* ➢ Intake and Assessment ➢ Treatment Planning *Direct Services* ➢ Individual Counseling ➢ Group Counseling ➢ Patient Education ➢ Case Management	Youth (12-20): No more than 4 hours of service per 60 days, including up to 2 hours for intake services. Adults (21+): Service is not available.	Youth and young adults can receive one episode of services every 60 days, if additional services are needed the individual may be more appropriate for outpatient services.
Outpatient Services	➢ Intake and Assessment ➢ Treatment Planning ➢ Individual Counseling ➢ Group Counseling ➢ Family Therapy ➢ Collateral Services ➢ Patient Education ➢ Crisis Intervention ➢ Medication Services ➢ Case Management ➢ Discharge Planning	Youth (under 18): 0 to 6 hours of service per week Adults (over 18): 0 to 9 hours of service per week	Available to youth and adults. No limit if medically necessary and in accordance with the individualized treatment plan.
Intensive Outpatient Services	➢ Intake and Assessment ➢ Treatment Planning ➢ Individual Counseling ➢ Group Counseling ➢ Family Therapy ➢ Collateral Services ➢ Patient Education ➢ Crisis Intervention ➢ Medication Services ➢ Case Management ➢ Discharge Planning	Youth (under 18): 6 to 19 hours of service per week Adults (over 18): 9 to 19 hours of service per week	Available to youth and adults. No limit if medically necessary and in accordance with the individualized treatment plan.

Residential Treatment	➢ Intake and Assessment ➢ Treatment Planning ➢ Individual Counseling ➢ Group Counseling ➢ Family Therapy ➢ Collateral Services ➢ Patient Education ➢ Crisis Intervention ➢ Medication Services ➢ Safeguarding Meds[1] ➢ Transportation[2] ➢ Case Management ➢ Discharge Planning Services occur in 24-hour care, non-institution, non-medical, short-term setting. Goals include sustaining abstinence, preparing for relapse triggers, improving personal health, social functioning, and engaging in continuing care. [1] Safeguarding medications means the facility will store resident medications and staff may assist with self-administration of medications. This includes allowing residents to use medication-assisted treatment such as methadone or buprenorphine. [2] Transportation means the arrangement for transportation to and from medically necessary treatment; emergency transportation not included.	Requires prior County Authorization Initial 60-day authorization for adults and 30 days for youth, with extensions based on medical necessity.* *EPSDT (under age 21) will not have authorization limits as long as medical necessity establishes the need for ongoing residential services.	<u>Youth (under 18)</u>: No authorization limits as long as medical necessity establishes the need for ongoing residential service <u>Young Adults (18-20)</u>: No authorization limits as long as medical necessity establishes the need for ongoing residential service <u>Adults (over 21)</u>: Initial authorization for 60 days with continued services based on medical necessity <u>Perinatal Females</u>: Up to length of the pregnancy and through the last day of the month that the 60th day after delivery occurs <u>Criminal Justice</u>: Extension up to 6 months if medically necessary
Withdrawal Management	➢ Intake and Assessment ➢ Observation[1] ➢ Medication Services ➢ Discharge Planning Services occur in either an outpatient or residential setting where individuals are monitored during the detoxification process. Medically necessary habilitative and rehabilitative services are provided as needed and/or prescribed by a licensed physician/prescriber. [1] Observation means evaluating your health status and response to any prescribed medications.	Up to 14 days of service per episode. No authorization required except for minors.	Available only to adults and as medically necessary. Youth may be provided services based on medical necessity.

Opioid Treatment Program and Medication-Assisted Treatment	➢ Prescribe Medications: o Methadone o Buprenorphine o Disulfiram o Naloxone ➢ Medical Psychotherapy[1] ➢ Intake and Assessment ➢ Treatment Planning ➢ Individual Counseling ➢ Group Counseling ➢ Patient Education ➢ Family Therapy ➢ Patient Education ➢ Crisis Intervention ➢ Medication Services ➢ Case Management ➢ Discharge Planning [1] Medical psychotherapy means a face-to-face discussion conducted by a physician on a one-on-one basis with the patient.	50-200 minutes of counseling per calendar month, although additional services may be provided based on medical necessity. Medically necessary services are provided in accordance with an individualized client plan determined by a licensed physician or licensed prescriber.	Available only to adults (18 year of age and up). Youth may be provided services based on medical necessity. These programs couple the daily or several times weekly use of prescribed opioid agonist medication with counseling to maintain stability for those with severe opioid use disorder.
Case Management	Available at every level of care to help patients access needed medical, educational, social, prevocational, vocational, rehabilitative or other community services. This includes coordinating substance use treatment services with other Network Providers and with the primary care doctor or other County departments to improve care and support independence. This includes comprehensive assessment and periodic reassessment of individual needs, including continuation of case management services, transitions to higher or lower levels of care, and/or development and periodic revision of a client plan. A client plan may include, but is not limited to, service activities, referral/linkages to physical and mental health care, monitoring members' progress, and/or transportation.	Up to 7 hours per month for all service levels except Outpatient At-Risk and Recovery Support Services These services focus on coordination of substance use treatment care, integration around primary care especially for individuals with a chronic substance use disorder, and interaction with the justice and social services system as needed and permitted by the patient.	Available to youth and adults.

Recovery Support Services	➢ Individual Counseling ➢ Group Counseling ➢ Recovery Monitoring ➢ Substance Abuse Assistance ➢ Recovery Coaching ➢ Relapse Prevention ➢ Peer-to-Peer Services ➢ Linkages to Services ➢ Educational ➢ Vocational ➢ Family Supports ➢ Community-Based Supports ➢ Housing ➢ Transportation ➢ Others as Needed ➢ Case Management Recovery Services are important to the member's recovery and wellness. The treatment community becomes a therapeutic agent through which members are empowered and prepared to manage their health and health care. Therefore, treatment must emphasize the member's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to members.	<u>Youth (12-17)</u>: No more than 6 hours per month <u>Adults (18+)</u>: No more than 7 hours per month	Available to youth and adults who have completed substance use treatment. The benefit is generally available for up to 6 months.
Recovery Residences	Safe living space that is supportive of recovery for adults who are receiving outpatient, intensive outpatient and opioid treatment program services. Services include peer support; group and house meetings; self-help and life skills development; and case management among other recovery-oriented services	Up to 90 days per calendar year for eligible patients Up to the length of pregnancy and postpartum period of 60 days based on medical necessity for females.	Available only for adults.

HOW TO GET DMC-ODS SERVICES

How Do I Get DMC-ODS Services?

If you think you need substance use disorder (SUD) treatment services, you can get services by asking the County Plan for them yourself. You can call your county toll-free phone number listed in the front section of this handbook. You may also be referred to your County Plan for SUD treatment services in other ways. Your County Plan is required to accept referrals for SUD treatment services from doctors and other primary care providers who think you may need these services and from your Medi-Cal managed care health plan, if you are a member. Usually the provider or the Medi- Cal managed care health plan will need your permission or the permission of the parent or caregiver of a child to make the referral, unless there is an emergency. Other people and organizations may also make referrals to the county, including schools; county welfare or social services departments; conservators, guardians or family members; and law enforcement agencies.

The covered services are available through Sacramento County's provider network. If any contracted provider raises an objection to performing or otherwise supporting any covered service, Sacramento County will arrange for another provider to perform the service. Sacramento County will respond with timely referrals and coordination in the event that a covered service is not available from a provider because of religious, ethical, or moral objections to the covered service.

Sacramento County will provide the initial in-person screenings to determine level of care. If it is determined you need more than outpatient-only services, case managers will work directly with you to assist in linking you between services. Case managers will focus on collaborating to establish accountability and help with transitions of care, create a proactive treatment plan with staff upon arrival at the next service modality, and to monitor and follow up as needed for success and support of your goals. Case managers are in place to stay with you throughout your treatment as a single point of contact.

Where Can I Get DMC-ODS Services?

Sacramento County is participating in the DMC-ODS pilot program. Since you are a resident of Sacramento County you can get DMC-ODS services in the county where you live through the DMC-ODS County Plan. Your County Plan has SUD treatment providers available to treat conditions that are covered by the plan. Other counties that provide Drug Medi-Cal services that are not participating in the DMC-ODS pilot will be able to provide regular DMC services to you if needed. If you are under 21 years of age, you are also eligible for EPSDT services in any other county across the state.

After Hours Care

Sacramento County Behavioral Health Services has an after hour 1-888-881-4881 (5:01 PM to 7:59 AM), 711 (California Relay Service) hotline for members to call for services, resources and referrals.

How Do I Know When I Need Help?

Many people have difficult times in life and may experience SUD problems.

The most important thing to remember when asking yourself if you need professional help is to trust yourself. If you are eligible for Medi-Cal, and you think you may need professional help, you should request an assessment from your County Plan to find out for sure since you currently reside in a DMC-ODS participating county.

How Do I Know When A Child or Teenager Needs Help?

You may contact your participating county DMC-ODS plan for an assessment for your child or teenager if you think he or she is showing any of the signs of a SUD. If your child or teenager qualifies for Medi-Cal and the county assessment indicates that drug and alcohol treatment services covered by the participating county are needed, the county will arrange for your child or teenager to receive the services.

How do I Change My Provider?

You can change your substance use provider anytime by contacting Member Services at (1-888-881-4881), Alcohol and Drug services Administration at (916-875-2050) or your current treatment provider can help you find a different agency that can better serve your needs.

HOW TO GET MENTAL HEALTH SERVICES

Where Can I Get Specialty Mental Health Services?

You can get specialty mental health services in the county where you live. Each county has specialty mental health services for children, youth, adults, and older adults. If you are under 21 years of age, you are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT), which may include additional coverage and benefits.

Your Mental Health Plan (MHP) will determine if you need specialty mental health services. If you do need specialty mental health services, the MHP will refer you to a mental health provider. If you need mental health services, please call the Sacramento County Access Team at 1-916-875-1055.

MEDICAL NECESSITY

What Is Medical Necessity And Why Is It So Important?

One of the conditions necessary for receiving SUD treatment services through your county's DMC-ODS plan is something called 'medical necessity.' This means a doctor or other licensed professional will talk with you to decide if there is a medical need for services, and if you can be helped by services if you receive them.

The term medical necessity is important because it will help decide if you are eligible for DMC-ODS services, and what kind of DMC-ODS services are appropriate. Deciding medical necessity is a very important part of the process of getting DMC-ODS services.

What Are The 'Medical Necessity' Criteria For Coverage Of Substance Use Disorder Treatment Services?

As part of deciding if you need SUD treatment services, the county DMC-ODS plan will work with you and your provider to decide if the services are a medical necessity, as explained above. This section explains how your participating county will make that decision.

In order to receive services through the DMC-ODS, you must meet the following criteria:

- You must be enrolled in Medi-Cal.
- You must reside in a county that is participating in the DMC-ODS.
- You must have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for a Substance-Related and Addictive Disorder. Any adult, or youth under the age of 21, who is assessed to be "at-risk" for developing a SUD will be eligible for Early Intervention services if they do not meet medical necessity criteria.
- You must meet the American Society of Addiction Medicine (ASAM) definition of medical necessity for services based on the ASAM Criteria (ASAM Criteria are national treatment standards for addictive and substance-related conditions).

You don't need to know if you have a diagnosis to ask for help. Your county DMC-ODS plan will help you get this information and will determine medical necessity with an assessment.

SELECTING A PROVIDER

How Do I Find A Provider For The Substance Use Disorder Treatment Services I Need?

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

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

Once I Find A Provider, Can The County Plan Tell The Provider What Services I Get?

You, your provider, and the County Plan are all involved in deciding what services you need to receive through the county by following the medical necessity criteria and the list of covered services. Sometimes the county will leave the decision to you and the provider. Other times, the County Plan may require your provider to ask the County Plan to review the reasons the provider thinks you need a service before the service is provided. The County Plan must use a qualified professional to do the review. This review process is called a plan payment authorization process.

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

If the county doesn't make a decision within the timeline required for a standard or an expedited authorization request, the County Plan must send you a Notice of Adverse Benefit Determination telling you that the services are denied and that you may file an appeal or ask for a State Fair Hearing.

You may ask the County Plan for more information about its authorization process. Check the front section of this handbook to see how to request the information.

If you don't agree with the County Plan's decision on an authorization process, you may file an appeal with the county or ask for a State Fair Hearing.

Which Providers Does My DMC-ODS Plan Use?

If you are new to the County Plan, a complete list of providers in your County Plan can be found at the end of this handbook and contains information about where providers are located, the SUD treatment services they provide, and other information to help you access care, including information about the cultural and language services that are available from the providers. If you have questions about providers, call your county toll-free phone number located in the front section of this handbook.

NOTICE OF ADVERSE BENEFIT DETERMINATION

What Is A Notice Of Adverse Benefit Determination?

A Notice of Adverse Benefit Determination, sometimes called a NOABD, is a form that your county DMC-ODS plan uses to tell you when the plan makes a decision about whether or not you will get Medi-Cal SUD treatment services. A Notice of Adverse Benefit Determination is also used to tell you if your grievance, appeal, or expedited appeal was not resolved in time, or if you didn't get services within the County Plan's timeline standards for providing services.

When Will I Get A Notice Of Adverse Benefit Determination?

You will get a Notice of Adverse Benefit Determination:

- If your County Plan or one of the County Plan providers decides that you do not qualify to receive any Medi-Cal SUD treatment services because you do not meet the medical necessity criteria.
- If your provider thinks you need a SUD service and asks the County Plan for approval, but the County Plan does not agree and denies your provider's request, or changes the type or frequency of service. Most of the time you will receive a Notice of Adverse Benefit Determination before you receive the service, but sometimes the Notice of Adverse Benefit Determination will come after you already received the service, or while you are receiving the service. If you get a Notice of Adverse Benefit Determination after you have already received the service you do not have to pay for the service.
- If your provider has asked the County Plan for approval, but the County Plan needs more information to make a decision and doesn't complete the approval process on time.
- If your County Plan does not provide services to you based on the timelines the County Plan has set up. Call your County Plan to find out if the County Plan has set up timeline standards.
- If you file a grievance with the County Plan and the County Plan does not get back to you with a written decision on your grievance within 90 calendar days. If you file an appeal with the County Plan and the County Plan does not get back to you with a written decision on your appeal within 30 calendar days or, if you filed an expedited appeal, and did not receive a response within 72 hours.

Will I Always Get A Notice Of Adverse Benefit Determination When I Don't Get The Services I Want?

There are some cases where you may not receive a Notice of Adverse Benefit Determination. You may still file an appeal with the County Plan or if you have completed the appeal process, you can request a state fair hearing when these things happen. Information on how to file an appeal or request a fair hearing is included in this handbook. Information should also be available in your provider's office.

What Will The Notice Of Adverse Benefit Determination Tell Me?

The Notice of Adverse Benefit Determination will tell you:

1. What your County Plan did that affects you and your ability to get services.
2. The effective date of the decision and the reason the plan made its decision.
3. The state or federal rules the county was following when it made the decision.
4. What your rights are if you do not agree with what the plan did.
5. How to file an appeal with the plan.
6. How to request a State Fair Hearing.
7. How to request an expedited appeal or an expedited fair hearing.
8. How to get help filing an appeal or requesting a State Fair Hearing.
9. How long you have to file an appeal or request a State Fair Hearing.
10. If you are eligible to continue to receive services while you wait for an Appeal or State Fair Hearing decision.
11. When you have to file your Appeal or State Fair Hearing request if you want the services to continue.

What Should I Do When I Get A Notice Of Adverse Benefit Determination?

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

You can request a continuation of the service that has been discontinued when you submit an appeal or a request for State Fair Hearing. You must request the continuation of services no later than 10 calendar days after the date the Notice of Adverse Benefit Determination was post-marked or personally given to you, or before the effective date of the change.

PROBLEM RESOLUTION PROCESSES

What If I Don't Get The Services I Want From My County DMC-ODS Plan?

Your County Plan has a way for you to work out a problem about any issue related to the SUD treatment services you are receiving. This is called the problem resolution process and it could involve the following processes:

- The Grievance Process – an expression of unhappiness about anything regarding your SUD treatment services, other than an Adverse Benefit Determination.
- The Appeal Process – review of a decision (denial or changes to services) that was made about your SUD treatment services by the County Plan or your provider.
- The State Fair Hearing Process – review to make sure you receive the SUD treatment services which you are entitled to under the Medi-Cal program.

Filing a grievance or appeal, or a State Fair Hearing will not count against you and will not impact the services you are receiving. When your grievance or appeal is complete, your County Plan will notify you and others involved of the final outcome. When your State Fair Hearing is complete, the State Hearing Office will notify you and others involved of the final outcome.

Learn more about each problem resolution process below.

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

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

If you would like help to file an appeal, grievance or state fair hearing, call Sacramento County Member Services at 1-888-881-4881 or 1-916-875-6069.

What If I Need Help To Solve A Problem With My County DMC-ODS Plan But Don't Want To File A Grievance Or Appeal?

You can get help from the State if you are having trouble finding the right people at the county to help you find your way through the system.

You may get free legal help at your local legal aid office or other groups. You can ask about your hearing rights or free legal aid from the Public Inquiry and Response Unit:

Call toll free: 1-800-952-5253
If you are deaf and use TDD, call: 1-800-952-8349

THE GRIEVANCE PROCESS

What Is A Grievance?

A grievance is an expression of unhappiness about anything regarding your SUD treatment services that are not one of the problems covered by the appeal and State Fair Hearing processes.

The grievance process will:

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

When Can I File A Grievance?

You can file a grievance with the County Plan at any time if you are unhappy with the SUD treatment services you are receiving from the County Plan or have another concern regarding the County Plan.

How Can I File A Grievance?

You may call your County Plan's toll-free phone number to get help with a grievance 1-888-881-4881. The county will provide self-addressed envelopes at all the providers' sites for you to mail in your grievance. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing.

How Do I Know If The County Plan Received My Grievance?

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

When Will My Grievance Be Decided?

The County Plan must make a decision about your grievance within 90 calendar days from the date you filed your grievance. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the County Plan believes that there is a need for additional information and that the delay is for your benefit. An example of when a delay might be for your benefit is when the county believes it might be able to resolve your grievance if the County Plan had a little more time to get information from you or other people involved.

How Do I Know If The County Plan Has Made A Decision About My Grievance?

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

Is There A Deadline To File A Grievance?

You may file a grievance at any time.

THE APPEAL PROCESS (Standard and Expedited)

Your County Plan is responsible for allowing you to request a review of a decision that was made about your SUD treatment services by the plan or your providers. There are two ways you can request a review. One way is using the standard appeals process. The second way is by using the expedited appeals process. These two forms of appeals are similar; however, there are specific requirements to qualify for an expedited appeal. The specific requirements are explained below.

What Is A Standard Appeal?

A standard appeal is a request for review of a problem you have with the plan or your provider that involves a denial or changes to services you think you need. If you request a standard appeal, the County Plan may take up to 30 calendar days to review it. If you think waiting 30 calendar days will put your health at risk, you should ask for an 'expedited appeal.'

The standard appeals process will:

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

When Can I File An Appeal?

You can file an appeal with your county DMC-ODS Plan:

1. If your county or one of the county contracted providers decides that you do not qualify to receive any Medi-Cal SUD treatment services because you do not meet the medical necessity criteria.
2. If your provider thinks you need a SUD treatment service and asks the county for approval, but the county does not agree and denies your provider's request, or changes the type or frequency of service.
3. If your provider has asked the County Plan for approval, but the county needs more information to make a decision and doesn't complete the approval process on time.
4. If your County Plan doesn't provide services to you based on the timelines the County Plan has set up.
5. If you don't think the County Plan is providing services soon enough to meet your needs.
6. If your grievance, appeal or expedited appeal wasn't resolved in time.
7. If you and your provider do not agree on the SUD services you need.

How Can I File An Appeal?

You may call your County Plan's toll-free phone number to get help with filing an appeal. The plan will provide self-addressed envelopes at all provider sites for you to mail in your appeal.

How Do I Know If My Appeal Has Been Decided?

Your county DMC-ODS plan will notify you or your representative in writing about their decision for your appeal.
The notification will have the following information:

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

Is There A Deadline To File An Appeal?

You must file an appeal within 60 calendar days of the date on the Notice of Adverse Benefit Determination. Keep in mind that you will not always get a Notice of Adverse Benefit Determination. There are no deadlines for filing an appeal when you do not get a Notice of Adverse Benefit Determination; so you may file this type of appeal at any time.

When Will A Decision Be Made About My Appeal?

The County Plan must decide on your appeal within 30 calendar days from when the County Plan receives your request for the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the County Plan believes that there is a need for additional information and that the delay is for your benefit. An example of when a delay is for your benefit is when the county believes it might be able to approve your appeal if the County Plan had a little more time to get information from you or your provider.

What If I Can't Wait 30 Days For My Appeal Decision?

The appeal process may be faster if it qualifies for the expedited appeals process.

What Is An Expedited Appeal?

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

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

When Can I File An Expedited Appeal?

If you think that waiting up to 30 calendar days for a standard appeal decision will jeopardize your life, health or ability to attain, maintain or regain maximum function, you may request an expedited resolution of an appeal. If the County Plan agrees that your appeal meets the requirements for an expedited appeal, your county will resolve your expedited appeal within 72 hours after the County Plan receives the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the County Plan shows that there is a need for additional information and that the delay is in your interest. If your County Plan extends the timeframes, the plan will give you a written explanation as to why the timeframes were extended.

If the County Plan decides that your appeal does not qualify for an expedited appeal, the County Plan must make reasonable efforts to give you prompt oral notice and will notify you in writing within 2 calendar days giving you the reason for the decision. Your appeal will then follow the standard appeal timeframes outlined earlier in this section. If you disagree with the county's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance.

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

THE STATE FAIR HEARING PROCESS

What Is A State Fair Hearing?

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

What Are My State Fair Hearing Rights?

You have the right to:

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

When Can I File For A State Fair Hearing?

You can file for a State Fair Hearing:

1. If you have completed the County Plan's appeal process.
2. If your county or one of the county contracted providers decides that you do not qualify to receive any Medi-Cal SUD treatment services because you do not meet the medical necessity criteria.
3. If your provider thinks you need a SUD treatment service and asks the County Plan for approval, but the County Plan does not agree and denies your provider's request, or changes the type or frequency of service.
4. If your provider has asked the County Plan for approval, but the county needs more information to make a decision and doesn't complete the approval process on time.
5. If your County Plan doesn't provide services to you based on the timelines the county has set up.
6. If you don't think the County Plan is providing services soon enough to meet your needs.
7. If your grievance, appeal or expedited appeal wasn't resolved in time.
8. If you and your provider do not agree on the SUD treatment services you need.

How Do I Request A State Fair Hearing?

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

State Hearings Division
California Department of Social Services
744 P Street, Mail Station 9-17-37
Sacramento, California 95814

You can also call 1-800-952-8349 or for TDD 1-800-952-8349.

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

You only have 120 calendar days to ask for a State Fair Hearing. The 120 days start either the day after the County Plan personally gave you its appeal decision notice, or the day after the postmark date of the county appeal decision notice.

If you didn't receive a Notice of Adverse Benefit Determination, you may file for a State Fair Hearing at any time.

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

Yes, if you are currently receiving treatment and you want to continue your treatment while you appeal, you must ask for a State Fair Hearing within 10 days from the date the appeal decision notice was postmarked or delivered to you OR before the date your County Plan says services will be stopped or reduced. When you ask for a State Fair Hearing, you must say that you want to keep receiving your treatment. Additionally, you will not have to pay for services received while the State Fair Hearing is pending.

If you do request continuation of the benefit, and the final decision of the State Fair Hearing confirms the decision to reduce or discontinue the service you are receiving, you may be required to pay the cost of services furnished while the state fair hearing was pending.

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

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

MEMBER RIGHTS AND RESPONSIBILITIES

What Are My Rights As A Recipient Of DMC-ODS Services?

As a person eligible for Medi-Cal and residing in a DMC-ODS pilot program county, you have a right to receive medically necessary SUD treatment services from the County Plan. You have the right to:

1. Be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
2. Receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.
3. Participate in decisions regarding your SUD care, including the right to refuse treatment.
4. Receive timely access to care, including services available 24 hours a day, 7 days a week, when medically necessary to treat an emergency condition or an urgent or crisis condition.
5. Receive the information in this handbook about the SUD treatment services covered by the county DMC-ODS plan, other obligations of the County Plan and your rights as described here.
6. Have your confidential health information protected.
7. Request and receive a copy of your medical records, and request that they be amended or corrected as specified in 45 CFR §164.524 and 164.526.
8. Receive written materials in alternative formats (including Braille, large size print, and audio format) upon request and in a timely fashion appropriate for the format being requested.
9. Receive oral interpretation services for your preferred language.
10. Receive SUD treatment services from a County Plan that follows the requirements of its contract with the State in the areas of availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.
11. Access Minor Consent Services, if you are a minor.
12. Access medically necessary services out-of-network in a timely manner, if the plan doesn't have an employee or contract provider who can deliver the services. "Out-of-network provider" means a provider who is not on the County Plan's list of providers. The county must make sure you don't pay anything extra for seeing an out-of-network provider. You can contact member services at 1-888-881-4881 for information on how to receive services from an out-of-network provider.
13. Request a second opinion from a qualified health care professional within the county network, or one outside the network, at no additional cost to you.
14. File grievances, either verbally or in writing, about the organization or the care received.
15. Request an appeal, either verbally or in writing, upon receipt of a notice of adverse benefit determination.

16. Request a State Medi-Cal fair hearing, including information on the circumstances under which an expedited fair hearing is possible.
17. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
18. Be free to exercise these rights without adversely affecting how you are treated by the County Plan, providers, or the State.

What Are My Responsibilities As A Recipient Of DMC-ODS Services?

As a recipient of a DMC-ODS service, it is your responsibility to:

- Carefully read the member informing materials that you have received from the County Plan. These materials will help you understand which services are available and how to get treatment if you need it.
- Attend your treatment as scheduled. You will have the best result if you follow your treatment plan. If you do need to miss an appointment, call your provider at least 24 hours in advance and reschedule for another day and time.
- Always carry your Medi-Cal (County Plan) ID card and a photo ID when you attend treatment.
- Let your provider know if you need an interpreter before your appointment.
- Tell your provider all your medical concerns in order for your plan to be accurate. The more complete information that you share about your needs, the more successful your treatment will be.
- Make sure to ask your provider any questions that you have. It is very important you completely understand your treatment plan and any other information that you receive during treatment.
- Follow the treatment plan you and your provider have agreed upon.
- Be willing to build a strong working relationship with the provider that is treating you.
- Contact the County Plan if you have any questions about your services or if you have any problems with your provider that you are unable to resolve.
- Tell your provider and the County Plan if you have any changes to your personal information. This includes address, phone number, and any other medical information that can affect your ability to participate in treatment.
- Treat the staff who provide your treatment with respect and courtesy.
- If you suspect fraud or wrongdoing, report it.

For questions: Contact the Office of Compliance at 1-866-234-6883
http://www.compliance.saccounty.net/Pages/default.aspx

FRAUD, ABUSE AND WASTE

Fraud, abuse and waste have a far-reaching impact by wasting millions of dollars of funds and resources that could go to providing better care to you and other clients in need.

What Is Fraud?

Fraud is when someone intentionally gives false or incomplete information to deceive someone else to benefit themselves or another. For example, it may be fraud for your substance use treatment provider to intentionally bill for services you did not receive or need, or for you to use someone else's social security number to qualify for Medi-Cal.

To Avoid And Help Prevent Health Care Fraud:

- Do not let anyone borrow your ID card or social security card
- Do you give anyone your ID card number or social security number to anyone except your physician, health care provider or health plan
- Do not sign a blank forms such as sign-in sheets for services that you did not receive or for dates in the future or insurance claims forms
- Do not accept money or gifts in exchange for participating in services that you do not need or that you do not receive
- Be wary of offers for free medical services in addition to Medi-Cal services in exchange for your ID card
- Report actions that do not seem right to you

What Is Abuse And Waste?

Abuse and waste are intentional or careless actions that result in unnecessary costs to our programs.

Abuse could include excessively using emergency rooms for non-emergency situations, requesting medical equipment you do not need for yourself, or other actions that use the program services and resources in a manner outside of the intended purpose. Waste could include prescribing more medication than is medically necessary.

How Do I Report Abuse Or Fraud?

If you suspect abuse or fraud, you may report is in one of the following ways:

- To a program supervisor or manager;
- To the Division of Behavioral Health Compliance Office, via one of the following methods:
    1. Phone: 1-916-876-7561
    2. Email: BHDivisionComplianceOfficer@saccounty.net,
    3. U.S. mail: 7001-A East Parkway, Suite 300, Sacramento, CA 95823
    4. Toll-Free Compliance Hotline: 1-866-597-2771

PROVIDER DIRECTORY

The most current version of Sacramento County Alcohol and Drug Services Provider Directory can be found online at https://dhs.saccounty.net/BHS/Documents/Alcohol-Drug-Services/GI-BHS-Sacramento_County_ADS_Provider_Directory.pdf as a hardcopy document as the Sacramento County Alcohol and Drug Services Adult System of Care, located at 3321 Power Inn Rd, Suite 120, Sacramento, CA 95826.

TRANSITION OF CARE REQUEST

When Can I Request To Keep My Previous, And Now Out-Of-Network, Provider?

- After joining the County Plan, you may request to keep your out-of-network provider if:
    - Moving to a new provider would result in a serious detriment to your health or would increase your risk of hospitalization or institutionalization; and
    - You were receiving treatment from the out-of-network provider prior to the date of your transition to the County Plan.

How Do I Request To Keep My Out-Of-Network Provider?

- You, your authorized representatives, or your current provider, may submit a request in writing to the County Plan. You can also contact member services at 1-888-881-4881 for information on how to request services from an out-of-network provider.
- The County Plan will send written acknowledgement of receipt of your request and begin to process your request within three (3) working days.

What If I Continued To See My Out-Of-Network Provider After Transitioning To The County Plan?

- You may request a retroactive transition of care request within thirty (30) calendar days of receiving services from an out-of-network provider.

Why Would The County Plan Deny My Transition Of Care Request?

- The County Plan may deny a your request to retain your previous, and now out-of-network, provider, if:
    - The County Plan has documented quality of care issues with the provider.

What Happens If My Transition Of Care Request Is Denied?

- If the County Plan denies your transition of care it will:
    - Notify you in writing;
    - Offer you at least one in-network alternative provider that offers the same level of services as the out-of-network provider; and
    - Inform you of your right to file a grievance if you disagree with the denial.

- If the County Plan offers you multiple in-network provider alternatives and you do not make a choice, then the County Plan will refer or assign you to an in-network provider and notify you of that referral or assignment in writing.

What Happens If My Transition Of Care Request Is Approved?

- Within seven (7) days of approving your transition of care request the County Plan will provide you with:
    - The request approval;
    - The duration of the transition of care arrangement;
    - The process that will occur to transition your care at the end of the continuity of care period; and
    - Your right to choose a different provider from the County Plan's provider network at any time.

How Quickly Will My Transition Of Care Request be processed?

- The County Plan will completed its review of your transition of care request within thirty (30) calendar days from the date the County Plan received your request.

What Happens At The End Of My Transition Of Care Period?

- The County Plan will notify you in writing thirty (30) calendar days before the end of the transition of care period about the process that will occur to transition your care to an in-network provider at the end of your transition of care period.

CONFIDENTIALITY

The County, treatment network providers, and other healthcare professionals must follow legal and ethical standards. There are federal and State laws and regulations that protect the confidentiality of your records and, where applicable, your identity. All providers that contract with the County are required to establish policies and procedures regarding confidentiality and comply with Title 42, Chapter I, Subchapter A, Part 2 of the Code of Federal Regulations, Part 2 (42 CFR Part 2), the Health Insurance Portability and Accountability Act (HIPAA) standards, and California State law regarding confidentiality for information regarding your medical records, including those related to alcohol and drug use.

January 2019

Recovery is possible

Help is available!

If you require this document in an alternate format (example: Braille, Large Print, Audiotape) you may request an alternate format at no cost by calling: 916-874-9754

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services
Substance Use Prevention and Treatment (SUPT) Services

Drug Medi-Cal Organized Delivery System

SERVICE PROVIDER DIRECTORY

October 2021

For an assessment and referral to a service provider within this directory, please call:

SUPT System of Care for Treatment Services
916-874-9754
Monday – Friday, 8 am – 5 pm
After-Hours: 1-888-881-4881
Deaf and hard of hearing: California Relay Service 711

Services may be delivered by an individual provider, or a team of providers, who are working under the direction of a licensed practitioner operating within the scope of practice. Only licensed, waivered, or registered substance use disorder services providers are listed in this Service Provider Directory.

Provider Name and Group Affiliations	Aegis Treatment Centers, LLC	
Address(es) (physical location of clinic or office)	1133 Coloma Way, Suite C Roseville, CA 95661	541 S. Ham Lane, Suite A Lodi, CA 95242
Telephone Number(s)	Lodi (209) 224-8940	Roseville (916) 774-6647
Website URL	https://pinnacletreatment.com/aegis/	
Specialties	Substance Abuse Counseling; Medication-Assisted Treatment (MAT)	
Service Modalities	MAT for heroin and opioid addiction	
Populations Served	Adults	
Provider Accepts New Beneficiaries	YES	
Cultural and linguistic capabilities	English, Language Line Available	
Provider's office/facility has accommodations for people with physical disabilities	YES	

List of Practitioners: AEGIS TREATMENT CENTERS, LLC

Lodi Location

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competence Training Completed
Alfaro	Angeles	1821560129	689129	Vocational Nurse	Yes
Campos	John	1407192297	36061	Psychiatric Technician	Yes
Evans	Mackenzie	1477151843	11068	Registered Alcohol and Drug Technician	Yes
Garcia	Abel	1851840664	R1334200119	Registered Alcohol and Drug Technician	Yes
Grant	Cory	1821560129	Ci25700618	Certified Alcohol and Drug Technician	Yes
Kaur	Prabhjot	1407192297	698775	Vocational Nurse	Yes
Ochoa	Yvonne	1164047429	R1434970621	Registered Alcohol and Drug Technician	Yes
Orellana	Katherine	1992389589	41913	Licensed Psychiatric Technician	Yes
Preap	Jennifer	1043866627	9798	Registered Alcohol and Drug Technician	Yes
Smart	Denise	1730289083	A39702	Physician and Surgeon	Yes
Talleur	Brian	1659791101	A154190	Physician and Surgeon	Yes
Trunnell	Kathryn	1093032559	6541	Certified Alcohol and Drug Technician	Yes
Truong	Maria	1124646815	42019	Psychiatric Technician	Yes
Tun	Suehei	1548673999	7228	Certified Alcohol and Drug Technician	Yes
Valenzuela	Alyce	1508092479	6478	Certified Alcohol and Drug Technician	Yes
White	Kimberly	1649459546	6413	Certified Alcohol and Drug Technician	Yes

Drug Medi-Cal Organized Delivery System Service Provider Directory

Roseville Location					
Last Name	**First Name**	**NPI Number**	**License Number**	**License/Discipline Type**	**Cultural Competence Training Completed**
Bibbee	Jessica	1962971960	11795	Substance Use Disorder Registered Counselor	Yes
Cooper Hutler	Tammie	1134713134	11816	Substance Use Disorder Registered Counselor	Yes
Crawford	Gretchen	1801452263	R1393650620	Registered Substance Use Disorder Counselor	Yes
Farkas	Linda	1447811724	R1375200120	Registered Substance Use Disorder Counselor	Yes
MonroeDuran	Rosa	1285170266	SUDRC #10530	Registered Substance Use Disorder Counselor	Yes
Ghamami	Carla	1801454970	VN695896	Vocational Nurse	Yes
Salvador	John	1225494511	SUDCC #10434	Substance Use Disorder Certified Counselor	Yes
Grandison	Brittany	1063934529	10440	Substance Use Disorder Certified Counselor	Yes
Freschi	Jill	1790453009	694271	Licensed Vocational Nurse	Yes
Hewitt	Kristy	1255778544	PT36166	Psychiatric Technician	Yes
Lopez	Lizbeth	1871127555	686052	Licensed Vocational Nurse	Yes
Matthews	Lori	1306886239	NP10802	Nurse Practitioner	Yes
Meyer	Deanna	1255529657	103774	Associate Marriage and Family Therapist	Yes
Munroe	Reed	1134790736	R1437080721	Substance Use Disorder Registered Counselor	Yes
Lee	Kia	1245800739	R1438300721	Substance Use Disorder Registered Counselor	Yes
Jesse	Hatler	1073185955	SUDRC #11995	Substance Use Disorder Registered Counselor	Yes
Morley	Thomas	1902234263	R1337090219	Registered Substance Use Disorder Counselor	Yes
Orthel	Steven	1720559685	R1200090415	Registered Substance Use Disorder Counselor	Yes
Panelli	Amy	1548662687	6149	Certified Alcohol and Other Drug Counselor	Yes
Powell	Lisa	1831663426	VN235848	Vocational Nurse	Yes
Ramacher	Rifka	1881161933	VN269623	Vocational Nurse	Yes
Robbins	Danielle	1770093296	R1304120148	Registered Substance Use Disorder Counselor	Yes
Rooke	Tori	1043839590	SUDRC #10737	Substance Use Disorder Registered Counselor	Yes
Santillan	Manuel	1881080604	C056610518	Certified Alcohol and Other Drug Counselor	Yes
Souza	Anthony	1952915076	SUDRC #11161	Registered Substance Use Disorder Counselor	Yes
Talleur	Brian	1659791101	A 154190	Physician and Surgeon	Yes

Drug Medi-Cal Organized Delivery System Service Provider Directory

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competence Training Completed
Torres	Isaias	1689859597	Aii10240515	Certified Substance Use Disorder Counselor	Yes
Vang	Callie	1992275432	SUDRC #11103	Substance Use Disorder Registered Counselor	Yes
Waring	Michael	1679956809	18639	Osteopathic Physician and Surgeon	Yes
Wilhelm	Benjamin	1669860300	AMFT81083	Associate Marriage and Family Therapist	Yes

Provider Name and Group Affiliations	Another Choice, Another Chance
Address(es) (physical location of clinic or office)	7000 Franklin Boulevard, Suite 625 Sacramento, CA 95823
Telephone number(s)	(916) 388-9418
Website URL	www.acacsac.org
Specialties	Substance Abuse Counseling; Cognitive Behavioral Therapy; Dialectical Behavioral Therapy; Rational Emotive Behavioral Therapy; Trauma-related Counseling; Family Support; Anger Management
Service Modalities	Outpatient; Intensive Outpatient
Populations Served	All ages
Provider Accepts New Beneficiaries	YES
Cultural and Linguistic Capabilities	English, Language Line Available
Provider's office/facility has accommodations for people with physical disabilities	YES

List of Practitioners: ANOTHER CHOICE, ANOTHER CHANCE

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training Completed
Bailey	Maurice	1740881952	A043341216	Certified Alcohol and Drug Counselor II	Yes
Breiling	Carol	1245665561	AMFT124395	Associate Marriage and Family Therapist	To be scheduled
Chand	Sneh	1851984926	R1420150221	Registered Alcohol and Drug Technician	Yes
Gomez	Myra	1346847704	R1423720321	Registered Alcohol and Drug Technician	To be scheduled
Jackson	Alicia	1912386525	AMFT93526	Associate Marriage and Family Therapist	To be scheduled
Jones	Craig	1700254638	R1389660520	Registered Alcohol and Drug Technician	Yes
Keefe	Patrick	1184390427	R1436470721	Registered Alcohol and Drug Technician	To be scheduled
Margolis	James	1750305777	G16502	Physician and Surgeon	Yes
Walker	Ascari	1003413691	R1357660819	Registered Alcohol and Drug Technician	Yes
Williams	Teasha	1376128025	A022350316	Certified Alcohol and Drug Counselor II	Yes

Provider Name and Group Affiliations	Associated Rehabilitation for Women – Alpha Oaks and Cornerstone	
Address(es) (physical location of clinic or office)	Alpha Oaks 8400 Fair Oaks Boulevard Carmichael, CA 95608	Cornerstone 6350 Appian Way Carmichael, CA 95608
Telephone number(s)	Alpha Oaks (916) 944-3920	Cornerstone (916) 966-5102
Website URL	www.alphaoaks.org	
Specialties	Substance Abuse Counseling; Cognitive Behavioral Therapy; Trauma-related Counseling	
Service Modalities	Residential Treatment; Withdrawal Management (Detoxification)	
Populations Served	Adult Women	
Provider Accepts New Beneficiaries	YES (requires prior authorization from Sacramento County SUPT)	
Cultural and Linguistic Capabilities	English, Spanish, Language Line Available	
Provider's office/facility has accommodations for people with physical disabilities	YES	

List of Practitioners: ASSOCIATED REHABILITATION FOR WOMEN – ALPHA OAKS and CORNERSTONE

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training Completed
Appel	Rachel	1912520107	R1391540520	Registered Alcohol and Drug Technician	Yes
Aragon	Nancy	1922246347	A018810515	Certified Alcohol and Drug Counselor II	Yes
Beintker	Lisa	1619115904	A018840515	Certified Alcohol and Drug Counselor II	Yes
Champe	Pamela	1720226947	A019510715	Certified Alcohol and Drug Counselor II	Yes
Cook	April	1821696691	R1408711020	Registered Alcohol and Drug Technician	Yes
Dooley	Allison	1497337901	R1426860421	Registered Alcohol and Drug Technician	Yes
Garrett	Breonna	1720752850	R1440660821	Registered Alcohol and Drug Technician	Yes
Henderson	Monique	1548782147	Ci28341019	Certified Alcohol and Drug Counselor I	Yes
Foote	William	1760593685	A21252	Physician and Surgeon	To be scheduled
Juarez	Leah	1578701702	A020110815	Certified Alcohol and Drug Counselor II	Yes
Pruitt	Mary	1619112901	A022490316	Certified Alcohol and Drug Counselor II	Yes
Romo	Daniela	1447804257	R1355980719	Registered Alcohol and Drug Technician	yes
Safrans	Jamie	1033732235	R1391680520	Registered Alcohol and Drug Technician	Yes
Smith	Markisha	1295300911	R1431610521	Registered Alcohol and Drug Technician	Yes
Taylor	Samantha	1447859541	R1408001020	Registered Alcohol and Drug Technician	Yes
Vaughan	Jennifer	1871117812	R1394280620	Registered Alcohol and Drug Technician	Yes

Drug Medi-Cal Organized Delivery System Service Provider Directory

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training Completed
Vierra	Jessica	1700807310	16798	Licensed Clinical Social Worker	Yes
Walker	Athena	1336656602	R1248230417	Registered Alcohol and Drug Technician	Yes

Provider Name and Group Affiliations	Bi-Valley Medical Clinic, Inc. (BAART)	
Address(es) (physical location of clinic or office)	6127 Fair Oaks Boulevard Carmichael, CA 95608	310 Harris Avenue, Suite A Sacramento, CA 95838
Telephone Number(s)	Harris (916) 649-6793	Carmichael (916) 974-8090
Website URL	www.baartprograms.com	
Specialties	Substance Abuse Counseling; Medication-Assisted Treatment (MAT)	
Service Modalities	MAT for heroin and opioid addiction	
Populations Served	Adults	
Provider Accepts New Beneficiaries	YES	
Cultural and Linguistic Capabilities	Harris – Arabic, English, French, Hmong, Russian, Spanish, Ukrainian, Language Line Available Fair Oaks – English, Russian, Ukraine, French, Hungarian, Language Line Available	
Provider's office/facility has accommodations for people with physical disabilities	YES	

List of Practitioners: BI-VALLEY MEDICAL CLINIC, INC. (BAART)

Fair Oaks Boulevard Location

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training Completed
Alfano	Marcella	1770824930	A021341215	Certified Alcohol and Drug Counselor II	Yes
Baer	Desiree	1306084744	Aii4181214	Certified Alcohol and Drug Counselor II	Yes
Bokoch	Natalya	1457501157	17760	Nurse Practitioner	Yes
Cohn	Larry	1568933307	Ci26110618	Certified Alcohol and Drug Technician	Yes
Ferreri	Cindy	1629217047	A05650315	Certified Alcohol and Drug Counselor II	Yes
Granlund	Kathleen	1790295962	Ci21880519	Certified Alcohol and Drug Counselor	Yes
Haesloop	Brian	1336472117	A069660315	Certified Alcohol and Drug Counselor II	Yes
Hettig	Judith	1396815866	3439	Nurse Practitioner	Yes
Ivey	Bruce	1548541287	C10081214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Jaramillo	Norma	1437338019	LCi04510315	Licensed Advanced Alcohol and Drug Counselor	Yes
Johnson	Ian	1265454706	G75719	Physician and Surgeon	Yes
Jonas	Fred	1427015841	A08520315	Certified Alcohol and Drug Counselor II	Yes
Jones	Curtis	1609914688	3862	Nurse Practitioner	Yes
Larkins	Justin	1083126643	R1221291215	Registered Alcohol and Drug Technician	Yes

Drug Medi-Cal Organized Delivery System Service Provider Directory

Fair Oaks Blvd Location					
Last Name	**First Name**	**NPI Number**	**License Number**	**License/Discipline Type**	**Cultural Competency Training Completed**
Marks	Lidia	1104452762	C030520115	Certified Alcohol and Drug Counselor	Yes
Maxfield	Kelli	1225562804	C035991015	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Maxwell	Jennifer	1457865248	R1349380519	Registered Alcohol and Drug Technician	Yes
Snow	Kabao	1780118513	Ci32460421	Certified Alcohol and Drug Technician	Yes
Swisher	Denise	1790052769	B00000240619	Certified Alcohol and Drug Counselor III	Yes
Vo	Anh	1508353830	Aii6161019	Certified Alcohol and Drug Counselor II	Yes
Wilson	Andrew	1528677580	R1396439729	Registered Alcohol and Drug Technician	Yes
Wilson	Candy	1194209486	R1323240918	Registered Alcohol and Drug Technician	Yes
Lloyd	Matthew	1891378022	7548	Registered Alcohol and Drug Technician	Yes
Mercado	Jacqueline	1548330392	20881214	Certified Alcohol and Drug Technician	Yes
Harris Avenue Location					
Last Name	**First Name**	**NPI Number**	**License Number**	**License/Discipline Type**	**Cultural Competency Training Completed**
Aqeel	Khaled	1427314020	A149152	Physician and Surgeon	Yes
Bale	Frank	1568602951	A02060315	Certified Alcohol and Drug Counselor II	Yes
Boggs	Deborah	1407068075	7710	Certified Alcohol & Other Drug Counselor	Yes
Botta	Toni	1013157387	C6621214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Clayton	Vanda	1780061978	C0216808	Certified Alcohol and Drug Counselor II	Yes
Cortez	Andrea	1992304760	R1402500820	Registered Alcohol and Drug Technician	Yes
Davies	Illesha	1548644115	5877	Certified Alcohol and Drug Counselor II	Yes
Dawa	Antonia	1568949527	Aii5981018	Certified Alcohol and Drug Counselor II	Yes
Dominguez	Patricia	1043886054	R1423320321	Registered Alcohol and Drug Technician	yes

Drug Medi-Cal Organized Delivery System Service Provider Directory

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training Completed
Develey	Melissa	1699097468	5991	Certified Alcohol and Other Drug Counselor	Yes
Garcia	David	1659721405	A052290421	Certified Alcohol and Drug Counselor I	Yes
Greear	Robert	1871778704	A020260815	Certified Alcohol and Drug Counselor II	Yes
Humble	Lisa	1710572151	R413911220	Registered Alcohol and Drug Technician	Yes
Jefferson	Donetta	1790142388	C15691214	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Koski	Stephanie	1831505932	A043950317	Certified Alcohol and Drug Counselor II	Yes
Larrick	Rebecca	1205301801	102540	Vocational Nurse	Yes
Matthews	Lori	1306886239	10802	Nurse Practitioner	Yes
McNulty	Kristin	1164868840	5954	Substance Use Disorder Certified Counselor	Yes
Porter	Franklin	1265016794	R1426000421	Registered Alcohol and Drug Technician	Yes
Ray	Carol	1538303672	6227	Certified Alcohol and Other Drug Counselor	Yes
Rhoe	Whitney	1104309392	R1319520818	Registered Alcohol and Drug Technician	Yes
Ryner	Ramona	1144352725	5918	Substance Use Disorder Certified Counselor	Yes
Shanahan	Karen	1689115420	R1242060117	Registered Alcohol and Drug Technician	Yes
Story	Tricia	1083093728	C040830217	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Thao	Pa	1588956270	6221	Substance Use Disorder Certified Counselor	Yes
Wilkerson	Johanna	1760610695	A019290715	Certified Alcohol and Drug Counselor II	Yes

Provider Name and Group Affiliations	Bridges Professional Treatment Services, Inc.		
Address(es) (physical location of clinic or office)	3600 Power Inn Road, Suites A-C Sacramento, CA 95826	2501 Cottage Way Sacramento, CA 95825	2515 48th Avenue Sacramento, CA 95822
Telephone number(s)	(916) 647-5343	(916) 450-0700	
Website URL	www.bridgesinc.net		
Specialties	Substance Abuse Counseling; Drug Diversion; DUI Treatment Offender Programs; Cognitive Behavioral Therapy; Trauma-related Counseling; Parenting and Family Programs		
Service Modalities	Outpatient Treatment; Intensive Outpatient Treatment; Transitional and Sober Living Environments		
Populations Served	Adults		
Provider Accepts New Beneficiaries	YES (Transitional/Sober Living Environments with authorization from Sacramento County SUPT)		
Cultural and Linguistic Capabilities	English, Hindi, Himchali, Punjan, Spanish, Language Line Available		
Provider's office/facility has accommodations for people with physical disabilities	YES		

List of Practitioners: BRIDGES PROFESSIONAL TREATMENT SERVICES, INC.

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training Completed
Alford	Larissa	192261341	R1382450420	Registered Alcohol and Drug Technician	Yes
Alvarez	Mitchell	1851810816	1222966	Licensed Marriage and Family Therapist	Yes
Boyken	Grant	1609549138	R1437190721	Registered Alcohol and Drug Technician	Yes
Brewer	Marty	326313818	C130790920	Certified Alcohol and Drug Counselor I	Yes
Daleiden	Patrick	1629611298	9954	Substance Use Disorder Registered Counselor	Yes
Edington	Alfonso	1467907345	Aii30910319	Certified Alcohol and Drug Counselor - II	Yes
Hewitt	Paige	1154956910	R1378450220	Registered Alcohol and Drug Technician	Yes
Kidwell	Kerri	1710555925	11205	Substance Use Disorder Registered Counselor	Yes
Mackenzie	Norman	1902350077	11042	Substance Use Disorder Certified Counselor	Yes
Marlang	Agnes	1891388039	R1419600221	Registered Alcohol and Drug Technician	Yes
Matheny	Ashley	1538639562	R1265010917	Registered Alcohol and Drug Technician	Yes
Matthews	Debra	1952865602	R1334620119	Registered Alcohol and Drug Technician	Yes

Drug Medi-Cal Organized Delivery System Service Provider Directory

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training Completed
Nanglu	Pardeep	1598251399	R1331141218	Registered Alcohol and Drug Technician	Yes
Ortega	Alexjada	1558935452	SUDRC 11849	Registered Alcohol and Drug Technician	Yes
Robinson	Chalissa	1518564384	11116	Substance Use Disorder Registered Counselor	Yes
Smith	Shirley	1659984839	R14045000920	Registered Alcohol and Drug Technician	Yes
Staats	Alyssia	1124661798	R1366741019	Registered Alcohol and Drug Technician	Yes
Suzuki	Ayumi	1598439317	R1432360621	Registered Alcohol and Drug Technician	Yes

Provider Name and Group Affiliations	Capital Star
Address(es) (physical location of clinic or office)	401 S St, Sacramento, CA 95811 & 3815 Marconi Ave, Sacramento, CA 95821
Telephone number(s)	916-584-7800
Website URL	https://www.starsinc.com/sacramento-county/
Specialties	Youth/TAY Youth (7 Challenges Model)
Service Modalities	Outpatient
Populations Served	Youth; 12-26 years of age
Provider Accepts New Beneficiaries	YES
Cultural and Linguistic Capabilities	English, Language Line Available
Provider's office/facility has accommodations for people with physical disabilities	YES

List of Practitioners: Capital Star

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training Completed
Affonso	Annelise	1006488750	R1442610821	Registered Alcohol and Drug Technician	To be scheduled
Drake	Ramona	1386085249	Aii053950418	Certified Alcohol and Drug Counselor II	To be scheduled
Dyckovsky	Rachel	1174120711	R1434210621	Registered Alcohol and Drug Technician	To be scheduled
Farfan	Daniela	1144899196	R1438090721	Registered Alcohol and Drug Technician	To be scheduled
Mercier	Nathaniel	1770166530	R1422830321	Registered Alcohol and Drug Technician	To be scheduled
Milton	April	1932770963	8005	Substance Use Disorder Certified Counselor	To be scheduled
Monroe	Terrica	1548796246	R1252500517	Registered Alcohol and Drug Technician	To be scheduled
Pabolo	Kristina	1689261786	CI29960620	Certified Alcohol and Drug Counselor I	To be scheduled
Potts	Jerry	1346788510	R1289340218	Registered Alcohol and Drug Technician	To be scheduled
Stirling	Hannah	1760050355	R1436860721	Registered Alcohol and Drug Technician	To be scheduled
Welch	Lorin	1073180600	R1434220621	Registered Alcohol and Drug Technician	To be scheduled

Provider Name and Group Affiliations	C.O.R.E. Medical Clinic, Inc.
Address(es) (physical location of clinic or office)	2100 Capitol Avenue Sacramento, CA 95816
Telephone number(s)	(916) 442-4985
Website URL	www.coremedicalclinic.com
Specialties	Substance Abuse Counseling; Medication Assisted Treatment
Service Modalities	Medication Assisted Treatment (MAT) for heroin and opioid addiction
Populations Served	Adults
Provider Accepts New Beneficiaries	YES
Cultural and Linguistic Capabilities	English, Hmong, Spanish, Arabic Language Line Available
Provider's office/facility has accommodations for people with physical disabilities	YES

List of Practitioners: C.O.R.E. MEDICAL CLINIC, INC.

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training Completed
Basma	Ibrahim	1205410818	SUDRC 11696	Substance Use Disorder Registered Counselor	Yes
Bell	Christine	1053475087	A82604	Physician and Surgeon A, American Board of Addiction Medicine Certified	Yes
Drake	Deanna	1487057329	SUDCC 7871	Substance Use Disorder Certified Counselor	Yes
Evans	Jermaine	1578238499	R1342310319	Registered Alcohol and Drug Technician	To be scheduled
Freeze	Kristine	1750521183	SUDCC 6249	Substance Use Disorder Certified Counselor	Yes
Lopez	Judith	1588960363	8040	Substance Use Disorder Certified Counselor	Yes
Mackenzie	Norman	1902350077	SUDCC II 10042	Substance Use Disorder Certified Counselor II	Yes
McLeod	LaTanya	1629587779	R1325191018	Registered Alcohol and Drug Technician	Yes
Meline	Helen	1184829632	SUDRC 10876	Substance Use Disorder Registered Counselor	Yes
Nelson Nawaz	Sheila	1346802212	R1281631017	Registered Alcohol and Drug Technician	Yes
Ortega	Nash	1225289283	7838	Substance Use Disorder Certified Counselor III	Yes
Record	Rene	1659338911	Aii056220518	Certified Alcohol and Drug Counselor II	Yes
Sharp	Katelyn	1205293370	95003603	Nurse Practitioner	Yes
Slocum	Jennifer	1932190022	741294	Registered Nurse	Yes
Smith	Jason	1144487570	7906	Substance Use Disorder Certified Counselor	Yes
Stenson	Randall	1164465357	G25548	Physician and Surgeon G, American Board of Addiction Medicine Certified	Yes
Stone	Adelina	1386040202	Aii16011018	Certified Alcohol and Drug Counselor II	Yes

Drug Medi-Cal Organized Delivery System Service Provider Directory

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training Completed
Summers	Phillip	1154666824	A145042	Physician	Yes
Vang	Neng	1336677715	Ci21930619	Certified Alcohol and Drug Counselor I	Yes
Wood	Michelle	1811455264	R1287740118	Registered Alcohol and Drug Technician	Yes
Wynn	Sally	1336406024	5940	Substance Use Disorder Certified Counselor-IV Clinical Supervisor	Yes
Yagi	Lynn	1891366027	R1428830521	Registered Alcohol and Drug Technician	To be scheduled

Provider Name and Group Affiliations	MedMark Treatment Centers, Inc.
Address(es) (physical location of clinic or office)	7240 East Southgate Drive, Suites B, G, and E Sacramento, CA 95823
Telephone Number(s)	(916) 391-4293
Website URL	www.medmark.com
Specialties	Substance Abuse Counseling; Medication Assisted Treatment
Service Modalities	Medication Assisted Treatment (MAT) for heroin and opioid addiction
Populations Served	Adults
Provider Accepts New Beneficiaries	YES
Cultural and Linguistic Capabilities	English, Hmong, Chinese, Russian, Spanish, Vietnamese, Mein, Laotian, Tai, Language Line Available
Provider's office/facility has accommodations for people with physical disabilities	YES

List of Practitioners: MEDMARK TREATMENT CENTERS, INC.

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competence Training Completed
Arroyo	Brenda	1740650936	RH0005490920	Registered Alcohol and Drug Technician	Yes
Bokoch	Natalya	1457501157	17760	Nurse Practitioner	Yes
Caraveo	Tanisha	1669740403	9325	Certified Alcohol and Drug Counselor I	Yes
Curtis	Rebekah	1588173686	R1287910118	Registered Alcohol and Drug Technician	Yes
Deltoro-Ruiz	Cassandra	1114554136	R1345110419	Registered Alcohol and Drug Technician	Yes
Johnson	Ian	1265454706	G75719	Physician and Surgeon	Yes
Lopez	Domasio	1811137375	Aii053010318	Certified Alcohol and Drug Counselor II	Yes
Macias	Felisha	1134508294	RH0005731120	Registered Alcohol and Drug Technician	Yes
Moua	Shoua	1720603236	R1393710620	Registered Alcohol and Drug Technician	Yes
Redwood	Latanya	1720456668	9875	Registered Alcohol and Drug Technician	Yes
Saephan	Nai	1306212576	10497	Substance Use Disorder Registered Counselor	Yes
Sanchez	Athecia	1235512245	Ci22181219	Certified Alcohol and Drug Counselor I	Yes

Provider Name and Group Affiliations	River City Recovery Center, Inc.	
Address(es) (physical location of clinic or office)	Women's Campus 2218 E. Street Sacramento, CA 95816	Men's South Campus 12490 Alta Mesa Road Herald, CA 95638
Telephone Number(s)	Women's Campus (916) 442-4519	Men's South Campus (916) 748-5073
Website URL	www.rivercityrecovery.org	
Specialties	Substance Abuse Counseling; Cognitive Behavioral Therapy; Trauma-related Counseling; Family Groups	
Service Modality	Residential Treatment	
Populations Served	Adults	
Provider Accepts New Beneficiaries	YES (with prior authorization from Sacramento County SUPT)	
Cultural and Linguistic Capabilities	English, Gujarati, Spanish, Language Line Available	
Provider's office/facility has accommodations for people with physical disabilities	YES	

List of Practitioners: RIVER CITY RECOVERY CENTER, INC.

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Allen	Elizabeth	1730766551	Pending	Certified Alcohol and Drug Counselor I	To be scheduled
Bednarski	Matthew	1366066367	R1373001219	Certified Alcohol and Drug Counselor I	Yes
Berhane	Selemawit	1275121550	R1424950421	Certified Alcohol and Drug Counselor I	To be scheduled
Cornejo	Paul	1295174472	A022510316	Certified Alcohol and Drug Counselor II	To be scheduled
Cox	Danny	1457919938	Ci29060220	Certified Alcohol and Drug Counselor I	Yes
Duplantier	Tanya	1447800883	Ci32620421	Certified Alcohol and Drug Counselor I	Yes
Driggs	Danielle	1316321839	Pending	Pending	Yes
Emerson	Chelsea	1447841887	R1416310121	Certified Alcohol and Drug Counselor I	Yes
Farquhar	Jamie	1689340085	RH0007340821	Certified Alcohol and Drug Counselor I	To be scheduled
Foote	William	1760593685	A21252	Physician and Surgeon	To be scheduled
Gillespie	Andrew	1417331471	RH0002030119	Certified Alcohol and Drug Counselor I	To be scheduled
Hembree	Sabreena	1144461435	C17521214	Certified Alcohol and Drug Counselor II	Yes
Kelly	Dana	1730771775	A08640315	Certified Alcohol and Drug Counselor II	Yes
Khushal	Neil	1720509714	Ci12800418	Certified Alcohol and Drug Counselor II	Yes
Leddy	Robin	1962007260	R1431400521	Certified Alcohol and Drug Counselor I	Yes

Drug Medi-Cal Organized Delivery System Service Provider Directory

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Mahoney	Dennis	1154834752	R1284101217	Certified Alcohol and Drug Counselor I	To be scheduled
Noland	Shawn	1285875583	A022530316	Certified Alcohol and Drug Counselor II	Yes
Pascua	Laura	1811474174	Ci28381019	Certified Alcohol and Drug Counselor I	Yes
Robblee	Jessica	11861078172	R1424220421	Certified Alcohol and Drug Counselor I	To be scheduled
Robinson	Justin	1497346555	R1409441120	Certified Alcohol and Drug Counselor I	Yes
Singer	Miranda	1144842360	R1392520520	Certified Alcohol and Drug Counselor I	Yes
Suzuki	David	1770173106	Ci33690821	Certified Alcohol and Drug Counselor I	Yes
Tinseth	Erik	1215414503	Ci31081020	Certified Alcohol and Drug Counselor I	Yes
Tomes	Victor	1568846012	C041870517	Certified Alcohol and Drug Counselor II	Yes
Vierra	Jessica	1700807310	16798	Licensed Clinical Social Worker	Yes
Willard	Rachel	1487288726	R1375740120	Certified Alcohol and Drug Counselor I	Yes

Provider Name and Group Affiliations	Sacramento Recovery House, Inc.			
Address(es) (physical location of clinic or office)	1914 22nd Street Sacramento, CA 95816	1916 23rd Street Sacramento, CA 95816		4049 Miller Way Sacramento, CA 95817
Telephone Number(s)	(916) 455-6258		(916) 451-9312	
Website URL	www.sacrecovery.org			
Specialties	Substance Abuse Counseling; Trauma-related Counseling			
Service Modalities	Residential Treatment; Transitional Living/Sober Living Environment			
Populations Served	Adults, Veterans			
Provider Accepts New Beneficiaries	YES (with prior authorization from Sacramento County SUPT)			
Cultural and Linguistic Capabilities	English, Spanish, Language Line Available			
Provider's office/facility has accommodations for people with physical disabilities	YES by referral			

List of Practitioners: SACRAMENTO RECOVERY HOUSE, INC.

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training Completed
Blacksher	Susan	1841784824	LS00041217-S	Licensed Advanced Alcohol and Drug Counselor Supervisor	Yes
Bowens	Ineeka	1043818917	R1404650920	Registered Alcohol and Drug Technician	To be scheduled
Chastain	Joanne	1558727297	Ci07460417	Certified Alcohol and Drug Counselor	To be scheduled
Cobb	Angela	1275603235	42421	Licensed Marriage and Family Therapist	Yes
Durbin	Lori	1891105813	3138336	Certified Alcohol and Drug Counselor	Yes
Evangelista	Michelle	1285236851	R1397550720	Registered Alcohol and Drug Technician	Yes
Giddings	Cynthia	1548600497	93926	Associate Clinical Social Worker	Yes
Giddings	Cynthia	1548600497	LCi04580515	Licensed Advanced Alcohol and Drug Counselor	Yes
Marlo	Cook	1972995561	CO38900816	Certified Alcohol and Drug Counselor	To be scheduled
Michael	Shelli	1467831512	A055040919	Certified Alcohol and Drug Counselor	To be scheduled
Nichols	Travis	1003431495	R1370771119	Registered Alcohol and Drug Technician	To be scheduled
Shirley	Karen	1669969416	C17351214	Certified Alcohol and Drug Counselor	Yes
Sousa	Paul	1083845143	AO15210315	Certified Alcohol and Drug Counselor II	To be scheduled
Stone	Kevin	1992194245	C4171214	Certified Alcohol and Drug Counselor	To Be scheduled
Tharpe	Michael	1093315400	R1407071020	Registered Alcohol and Drug Technician	To be scheduled

Drug Medi-Cal Organized Delivery System Service Provider Directory

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training Completed
Toloy	Lydia	1568927234	A050711118	Certified Alcohol and Drug Counselor II	To be scheduled
Torrecampo	Alexander	1083254569	R1375680120	Registered Alcohol and Drug Technician	To be scheduled
Weinman	Kristin	1598431363	R1434350621	Registered Alcohol and Drug Technician	To be scheduled
Wilson	Coral	1063919769	R1251750517	Registered Alcohol and Drug Technician	Yes

Provider Name and Group Affiliations	Saint John's Program for Real Change
Address(es) (physical location of clinic or office)	8401 Jackson Road Sacramento, CA 95825
Telephone Number(s)	(916) 453-1482
Website URL	www.saintjohnsprogram.org
Specialties	Substance Abuse Counseling
Service Modalities	Residential Treatment
Populations Served	Adult Pregnant Women and Adult Women with Children under 18 years old
Provider Accepts New Beneficiaries	YES (with prior authorization from Sacramento County SUPT)
Cultural and Linguistic Capabilities	English, Russian, Spanish, Language Line Available
Provider's office/facility has accommodations for people with physical disabilities	YES

List of Practitioners: SAINT JOHN'S PROGRAM FOR REAL CHANGE

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training Completed
Barron	Susan	1568657682	PSY 24140	Psychologist	To be scheduled
Baumberger	Terri	1568053627	ASW 96694*	Associate Clinical Social Worker	To be scheduled
DeLeon Lee	Anastasha	1477925014	LPCC 3589	Licensed Professional Clinical Counselor II	To be scheduled
Delgado	Justin	1720676893	ASW 99754	Associate Clinical Social Worker	To be scheduled
Greene	Jo	1972743276	Aii056250518	Certified Alcohol and Drug Counselor II	To be scheduled
Hendrickson	Jessica	1790369619	R1426490421	ADS Counselor 1	To be scheduled
Hernandez	Anastasiya	1023593951	LCS 99720	Licensed Clinical Social Worker	To be scheduled
Liu	Jade	1417543364	R1392090520*	Certified Alcohol and Drug Counselor I	To be scheduled
Martinez	Leah	1740863604	R1404420920	ADS Counselor 1	To be Scheduled
Oliver	Crystal	1669063657	APCC 8190*	Associate Professional Clinical Counselor	To be scheduled
Willis	Britney	1285220277	R1396750720*	Certified Alcohol and Drug Counselor I	To be scheduled

Provider Names and Group Affiliations	Sobriety Brings a Change		
Address(es) (physical location of clinic or office)	4600 47th Avenue, Suite 102 Sacramento, CA 95824	2315 34th Street Sacramento, CA 95817	810 V Street Sacramento, CA 95818
Telephone Number(s)	(916) 454-4242		
Website URL	Sobrietybringsachange.net		
Specialties	Substance Abuse Counseling; Anger Management; Parenting, Batterer's Treatment		
Service Modality	Outpatient Treatment and Intensive Outpatient		
Populations Served	All Ages		
Provider Accepts New Beneficiaries	YES		
Cultural and Linguistic Capabilities	English and Spanish speaking counselors Language Line Available		
Provider's office/facility has accommodations for people with disabilities	YES		

List of Practitioners: SOBRIETY BRINGS A CHANGE

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training Completed
Borges	Gabriel	11104809110	20A7049	Osteopathic Physician and Surgeon	Yes
Brown	Cheryl	1891965877	R1285681217	Registered Alcohol and Drug Technician	Yes
Cruz	Jenifer	1700465572	R1423650321	Registered Alcohol and Drug Technician	To be scheduled
Gaskins	Peter	1952972796	R1432510621	Registered Alcohol and Drug Technician	To be scheduled
Holden	Nancy	1083711774	LCi03470315	Licensed Advanced Alcohol and Drug Counselor	Yes
Noriega	Alex	1467810150	A033600816	Certified Alcohol and Drug Counselor II	Yes
Reyes	Mamelyn	1447892914	R1366531019	Registered Alcohol and Drug Technician	Yes
Rhyne	Darius	1477633502	R1423830421	Registered Alcohol and Drug Technician	To be scheduled
Tebbs	Michelle	1609468701	R1421870321	Registered Alcohol and Drug Technician	Yes

Provider Name and Group Affiliations	Sunrise Health and Wellness
Address(es) (physical location of clinic or office)	10089 Folsom Blvd, Suites A & C, Rancho Cordova, CA 95670
Telephone number(s)	916-366-6531
Website URL	getoffopiates.com
Specialties	
Service Modalities	Medication Assisted Treatment for opioids
Populations Served	Adults
Provider Accepts New Beneficiaries	YES
Cultural and Linguistic Capabilities	Yes, Language Line Available
Provider's office/facility has accommodations for people with physical disabilities	YES

List of Practitioners:

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training Completed
Alexander	Lisa	1841569340	R1311720618	Registered Alcohol and Drug Technician	To be scheduled
Baidwan	Damandeep	1760838981	A 158001	Family Medicine	To be scheduled
Guinn	Karen	1346765575	Ci31800121	Certified Alcohol and Drug Technician	To be scheduled
Laramee	Mary Ann	1023375482	C031400315	Certified Alcohol and Drug Technician	To be scheduled
Lira	Sheri	1750958591	R1435850621	Registered Alcohol and Drug Technician	To be scheduled
Littlejohn	Irene	1881186823	R1298560318	Register Alcohol and Drug Counselor	To be scheduled
Raviart	Danny	1801461140	7285	Substance Use Disorder Certified	To be scheduled
Vasti	Ernest	1205869849	G54133	Addiction Medicine/Family Practice	To be scheduled

Provider Name and Group Affiliations	TLCS, Inc. (Hope Cooperative)
Address(es) (physical location of clinic or office)	650 Howe Avenue, Building B Sacramento, CA 95825
Telephone Number(s)	(916) 779-7920
Website URL	www.hopecoop.org
Specialties	Substance Abuse Counseling; Mental Health Service; Peer and Family Support; Employment Support; Employment Support; Skill-Building
Service Modality	Outpatient Treatment
Populations Served	Adults
Provider Accepts New Beneficiaries	YES
Cultural and Linguistic Capabilities	English, Language Line Available
Provider's office/facility has accommodations for people with physical disabilities	YES

List of Practitioners: TLCS, INC. (HOPE COOPERATIVE)

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training Completed
August	Nicole	1679713002	A019590715	Certified Alcohol and Drug Counselor II	Yes
Beale	Sarah	1366043804	R1406801020	Registered Alcohol and Drug Technician	Yes
Blasingame	Janet	1053080960	R1443770921	Registered Alcohol and Drug Technician	To be scheduled
Bresci	Charlotte	1548877509	R1386150420	Registered Alcohol and Drug Technician	Yes
Cooke	Patricia	1689137127	R1287790118	Registered Alcohol and Drug Technician	Yes
Jones	Jennifer	1134591720	C041309317	Certified Alcohol and Drug Counselor I	Yes
Mehra	Neal	1255592721	A95686	Physician and Surgeon	Yes
Poupart	Dennis	1366953408	Ci20871018	Certified Alcohol and Drug Counselor I	Yes
Sepulveda	Marlyn	1669674776	LCSW 61921	Licensed Clinical Social Worker	Yes
Schneider	William	1295000248	LCi04830317	Licensed Advanced Drug and Alcohol Counselor	Yes

Provider Name and Group Affiliations	Towns Health Services
Address(es) (physical location of clinic or office)	750 Spaans Drive, Suites C, D and F Galt, CA 95632
Telephone Number(s)	(209) 744-9909
Website URL	www.townshealthservices.com
Specialties	Substance Abuse Counseling
Service Modalities	Outpatient Treatment; Intensive Outpatient Treatment
Populations Served	Adults
Provider Accepts New Beneficiaries	YES
Cultural and Linguistic Capabilities	English, Language Line Available
Provider's office/facility has accommodations for people with physical disabilities	YES

List of Practitioners: TOWNS HEALTH SERVICES

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training Completed
Brooks	Kendra	1932775814	SUDRC# 11905	Certified Alcohol and Drug Counselor I	Yes
Brown	Joshua	1730564808	Ci20520118	Certified Alcohol and Drug Counselor I	Yes
Gill	Gurpal	1427439612	R1433940621	Registered Alcohol and Drug Technician	Yes
Joshan	Solaiman	1114599677	#12053	Substance Use Disorder Registered Counselor	To be scheduled
Maxey	Heather	1104498658	R1438520721	Registered Alcohol and Drug Technician	Yes
Moran	Olivia	1407489941	R1377980220	Registered Alcohol and Drug Technician	Yes
Towns	Mark	1811183643	A100676	Physician and Surgeon	Yes

Provider Name and Group Affiliations	Treatment Associates, Inc.
Address(es) (physical location of clinic or office)	7225 East Southgate Drive, Suite D Sacramento, CA 95823
Telephone number(s)	(916) 394-1000
Website URL	www.sacramentoctc.com
Specialties	Substance Abuse Counseling; Medication Assisted Treatment
Service Modality	Medication Assisted Treatment (MAT) for heroin and opioid addiction
Populations Served	Adults
Provider Accepts New Beneficiaries	YES
Cultural and Linguistic Capabilities	English, Spanish, Hmong, Punjabi, Language Line Available
Provider's office/facility has accommodations for people with physical disabilities	YES

List of Practitioners: TREATMENT ASSOCIATES, INC.

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training
Baidwan	Damandeep	1760838981	A158001	Physician	Yes
Barclay	Edwina	1649470857	CiCA02640220	Clinical Supervisor Certified Alcohol and Drug Counselor II	Yes
Buckner	Dorian	1154878742	R1244400217	Registered Alcohol and Drug Technician	Yes
Davidson	Melissa	1427509835	R1322730918	Registered Alcohol and Drug Technician	Yes
Espinoza	Carlos	1235616251	C056720518	Certified Alcohol and Drug Counselor	Yes
Fox	Steven	1548621618	Ci22250420	Certified Alcohol and Drug Counselor	Yes
Ruh	Steven	1902929193	C41583	Physician	Yes
Snow	Kabao	1780118513	Ci32460421	Certified Alcohol and Drug Counselor	Yes
Velez-Noble	Joey	1801217146	9130	Substance Use Disorder Certified Counselor	Yes

Provider Name and Group Affiliations	Volunteers of America		
Address(es) (physical location of clinic or office)	1001 Grand Avenue Sacramento, CA 95838	3584 Femoyer Street Mather, CA 95655	3560 Femoyer Street Mather, CA 95655
Telephone Number(s)	(916) 929-1951	(916) 922-9335	
Website URL	www.volunteersofamerica.org		
Specialties	Substance Abuse Counseling; Cognitive Behavioral Therapy; Rational Emotive Behavioral Therapy; Trauma-related Counseling; Peer Support; Child Development and Parenting Classes		
Service Modalities	Residential Treatment; Withdrawal Management (detoxification); Sober Living Environment		
Populations Served	Pregnant and parenting (children ages 5 and under) adult women		
Provider Accepts New Beneficiaries	YES (with prior authorization from Sacramento County SUPT)		
Cultural and Linguistic Capabilities	English, Language Line Available		
Provider's office/facility has accommodations for people with physical disabilities	YES		

List of Practitioners: VOLUNTEERS OF AMERICA

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competency Training Completed
Evans	Gabrielle	1528735388	R1429220521	Registered Alcohol and Drug Technician	To be scheduled
Garner	Brandi	1215003330	49045	Licensed Marriage and Family Therapist	To be scheduled
Lockhart	Arica	1689289720	R1379380320	Registered Alcohol and Drug Technician	Yes
Nangalama	Andrew	1750481651	A62253	Physician and Surgeon	To be scheduled
Stanwick	Christopher	1902321334	6077	Substance Use Disorder Certified Counselor-III Clinical Supervisor	Yes
Sweatt	Melanie	1518520097	R1344440419	Registered Alcohol and Drug Technician	Yes
Vickers	Carri	1043833130	10719	Substance Use Disorder Registered Counselor	Yes

Provider Name and Group Affiliations	WellSpace Health			
Address(es) (physical location of the clinic)	4441 Auburn Boulevard, Suite E Sacramento, CA 95823	1820 J Street Sacramento, CA 95811	1550 Juliesse Avenue Sacramento, CA 95815	4343 Williamsbourgh Drive Sacramento, CA 95823
Telephone Number(s)	(916) 313-8434	(916) 395-3552	(916) 473-5764	Residential (916) 921-6598
				Withdrawal Management (916) 405-4600
Website URL	www.wellspacehealth.org			
Specialties	Addictions Counseling; Substance Use Counseling; Adult Primary Care; Counseling and Prevention; Integrated Behavioral Health; Cognitive Behavioral Therapy; Rational Emotive Behavioral Therapy; MAT Services			
Service Modalities	Residential Treatment; Withdrawal Management (Detoxification); Outpatient Treatment; Intensive Outpatient Treatment; Youth Treatment; Perinatal Treatment			
Populations Served	All adults; Youth ages 12+; Pregnant or parenting women			
Provider Accepts New Beneficiaries	YES (Residential and Withdrawal Management with prior authorization from Sacramento County SUPT)			
Cultural and Linguistic Capabilities	English, Language Line Available			
Provider's office/facility has accommodations for people with physical disabilities	YES			

List of Practitioners: WELLSPACE HEALTH

4441 Auburn Boulevard

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competence Training Completed
Alexander	Lisa	1841569390	A043510117	Certified Alcohol and Drug Counselor II	Yes
Bridge	Sarah	1154805174	Ci30370720	Certified Alcohol and Drug Counselor I	Yes
Caitano	Kyle	1609544394	R1441350821	Registered Alcohol and Drug Technician	To be scheduled
Cunningham	Amber	1558861690	Ci32700521	Certified Alcohol and Drug Counselor I	Yes
Dobbins	Christiane	1770117939	R1378160220	Registered Alcohol and Drug Technician	To be scheduled
Garcia	Misty	1053921304	R1357790819	Registered Alcohol and Drug Technician	Yes
Growney	Steven	1194490615	98892	Associate Clinical Social Worker	Yes
Jones	Jillian	1598305518	R1360510819	Registered Alcohol and Drug Technician	Yes
Jones	Renee	1871155861	R1352110619	Registered Alcohol and Drug Technician	Yes

Drug Medi-Cal Organized Delivery System Service Provider Directory

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competence Training Completed
Jones	Vicki	1326406711	RH0005931220	Registered Alcohol and Drug Technician	Yes
Lopez - Yuzon	Rachael	1407251226	A054800719	Certified Alcohol and Drug Counselor II	Yes
Nann	Ronni	1770908824	Ci28361019	Certified Alcohol and Drug Counselor I	Yes
Schambers	Morgan	1922575430	R1331151218	Registered Alcohol and Drug Technician	Yes
Stephen	Russell	1720563844	R1321870918	Registered Alcohol and Drug Technician	Yes
Taylor	Stefany	1316570153	R1371461119	Registered Alcohol and Drug Technician	Yes
Tinney	Destiny	1336460336	A020991015	Certified Alcohol and Drug Counselor II	Yes
Washburn	Heather	1427351501	A020951015	Certified Alcohol and Drug Counselor II	Yes
1820 J Street					
Last Name	**First Name**	**NPI Number**	**License Number**	**License/Discipline Type**	**Cultural Competence Training Completed**
Cauckwell-Rafferty	Kathrina	1497146955	87327	Licensed Clinical Social Worker	Yes
Lopez	DeAnna	1093242109	Aii10440915	Certified Alcohol and Drug Counselor II	Yes
Stephenson	Dustin	1881240539	Ci33130621	Certified Alcohol and Drug Counselor I	Yes
1550 Juliesse Avenue					
Last Name	**First Name**	**NPI Number**	**License Number**	**License/Discipline Type**	**Cultural Competence Training Completed**
Bones	James	1447890751	R1347280519	Registered Alcohol and Drug Technician	Yes
Dubois	Pate	1912441452	89165	Associate Marriage and Family Therapist	Yes
Escobar	Thelma	1861045015	R1396900720	Registered Alcohol and Drug Technician	Yes
Fay	Hillary	1588158703	Ci29930620	Certified Alcohol and Drug Counselor I	Yes
Gideon	Asher	1073286563	R1423190321	Registered Alcohol and Drug Technician	Yes
Hobbs	Terry	1174905467	Aii7641214	Certified Alcohol and Drug Counselor II	Yes

SACRAMENTO COUNTY

Drug Medi-Cal Organized Delivery System Service Provider Directory

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competence Training Completed
Jones	Raymond	1396381778	R1268491017	Registered Alcohol and Drug Technician	Yes
Koski	Stephanie	1831505932	B001210819	Certified Alcohol and Drug Counselor III	Yes
Krumm	Gustave	1114390564	6369	Substance Use Disorder Certified Counselor	Yes
LeMaster	Michael	1184159246	Ci21380219	Certified Alcohol and Drug Counselor I	Yes
Martinez	Linda	1235623299	Aii32610720	Certified Alcohol and Drug Counselor I	Yes
Miller	Natalie	1871126110	R1369971119	Registered Alcohol and Drug Technician	Yes
Nardine	Sean	1700341112	R1336680219	Registered Alcohol and Drug Technician	Yes
Rioux	Brian	1518248228	A043500117	Certified Alcohol and Drug Counselor II	Yes
Smith	Jessica	1669927836	A054140319	Certified Alcohol and Drug Counselor I	Yes
Young	Leonard	1548872187	R1400490820	Registered Alcohol and Drug Technician	Yes
4343 Williamsbourgh					
Last Name	**First Name**	**NPI Number**	**License Number**	**License/Discipline Type**	**Cultural Competence Training Completed**
Adams	Inez	1912442013	R1242410217	Registered Alcohol and Drug Technician	Yes
Allen	Fairy	1194374397	R1359500819	Registered Alcohol and Drug Technician	Yes
Corona	Marisela	1376175224	R1380350320	Registered Alcohol and Drug Technician	Yes
Jackson	Anthony	1396324554	R1418490221	Registered Alcohol and Drug Technician	Yes
Jackson	Tina	1881809291	C034980715	Certified Alcohol and Drug Counselor – Certified Addiction Specialist	Yes
Jaster	Laura	1013428713	R1257230717	Registered Alcohol and Drug Technician	Yes
Knifong	Matthew	1992180871	10966	Substance Use Disorder Certified Counselor	Yes
Leonesio	Jenifer	1235604604	Ci32020221	Certified Alcohol and Drug Counselor I	Yes
Lopez	Inez	1275023269	R1304620518	Registered Alcohol and Drug Technician	Yes
Lucchese	Brittany	1861049314	Ci31840121	Certified Alcohol and Drug Counselor I	Yes
Moore	William	1518556265	R1413861220	Registered Alcohol and Drug Technician	Yes

Drug Medi-Cal Organized Delivery System Service Provider Directory

Last Name	First Name	NPI Number	License Number	License/Discipline Type	Cultural Competence Training Completed
Narayan	Payal	1336664242	Ci32820521	Certified Alcohol and Drug Counselor I	Yes
Phillips	Shanie	1790453785	R1442230821	Registered Alcohol and Drug Technician	To be scheduled
Prasad	Sarita	1104062983	A012970315	Certified Alcohol and Drug Counselor II	Yes
Rice	Melissa	1952830713	R1252010517	Registered Alcohol and Drug Technician	Yes
Rideout	Leron	1326712878	R1433770621	Registered Alcohol and Drug Technician	Yes
Yancey	Mark	1386181337	Aii15590316	Certified Alcohol and Drug Counselor II	Yes

BEHAVIORAL HEALTH RACIAL EQUITY COLLABORATIVE (BHREC)

FOCUS GROUP & KEY INFORMANT INTERVIEW RESULTS

AUTHORS: Adèle James, M.A.; Jennifer Clancy, MSW; Stella Gukasyan, EdM

Prepared for the Sacramento County Behavioral Health Services (BHS)
by the California Institute for Behavioral Health Solutions (CIBHS)

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Thank you to all our focus group and key informant interview participants who generously spent their time to provide answers to our questions and give us their valuable opinions and recommendations. We appreciate all the participants for their feedback which made this report possible.

Administrative support including formatting and editing was provided by Kelly Bitz.

Cover artwork may reflect the many BIPOC voices who provided powerful reflections in this report.

Credit: Washington, Alice. 2021, digital. Sources also include members of the Facebook Sketchbook Buddies and one Adobe Stock image, the youth in the center of the graphic.

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INTRODUCTION TO THE SACRAMENTO COUNTY BEHAVIORAL HEALTH RACIAL EQUITY COLLABORATIVE (BHREC)

In the fall of 2020, the Sacramento County Behavioral Health Services (BHS) began the Behavioral Health Racial Equity Collaborative (BHREC) pilot program. BHS sought to partner with representatives from a spectrum of the African American/Black/of African Descent (AA/B/AD) community across age, gender identity, and sexual orientation. In addition, BHS is partnering with (AA/B/AD) leadership from diverse stakeholder groups including faith, education, law enforcement, LGBTQ+, after school programming, and domestic violence advocates. The Collaborative membership includes BHS leadership, provider, and community-based organizations. The purpose of the BHREC is to collaborate with community partners to define goals and measures that will shape racial equity action plans aimed at creating just opportunities for behavioral health and wellness in Sacramento County, regardless of race.

While Sacramento County BHS has sponsored many trainings with a focus on skills to further cultural competence within its system, fewer trainings have focused on addressing behavioral health equity. Behavioral health equity means that all communities get what they need so they have a fair chance and opportunity to live a life of behavioral health and wellness. Unfortunately, race remains a key forecaster of behavioral health outcomes in Sacramento County. Systemic racism practices, such as "redlining", have shaped social determinants of health which are conditions in the places we live, work, learn, and play. These social determinants drive health inequities such as the disproportionate levels of COVID-19 and death rates in communities of color that in turn lead to an increase in behavioral health symptoms and disorders, such as depression, anxiety, suicide, post-traumatic stress disorder, and substance abuse.

Behavioral health disparities among the AA/B/AD community are well documented. In the 2012 California Reducing Disparities Project African American Population Report, they identified inadequate or inappropriate treatment as significant concerns for this population. This included misdiagnosis or incorrect treatment, over-prescribed medications, timely access to care, lack of accurate mental health assessment, lack of follow up, and mischaracterization of behavior.[1] More recently, the 2019 Health Disparities report released by the Department of Health Care Services, found that the AA/B/AD population fared worse than all other races/ethnicities in

[1] https://cpehn.org/assets/uploads/archive/african_american_population_report.pdf

antidepressant medication management during both acute and continuation treatment phases.[2] Much also remains to be done to build the trust necessary for authentic relationships that support the implementation of behavioral health equity. The Collaborative structure is intended to support development of partnership between Sacramento County BHS and the AA/B/AD community to achieve shared goals that further behavioral health and racial equity. As BHS is learning how to build behavioral health racial equity action plans, the intention is to develop an effective design that will serve as a model for planning future work with other racial/ethnic communities that is informed by their own unique experience and data that is specific to them.

BHREC OUTCOMES

In collaboration with the California Institute for Behavioral Health Solutions (CIBHS), BHS is facilitating a ten-month process intended to create collective impact to advance behavioral health equity. The outcomes for the BHREC are to:

a) Increase trust and authentic partnership between BHS and the AA/B/AD community.

b) Define shared goals based on data analysis between BHS, its providers and community partners to advance behavioral health equity in Sacramento.

c) Support all BHREC participants, including the county, provider organizations, and community partners to create behavioral health racial equity action plans. These BHREC Action Plans will allow each organization that is a member of the BHREC to define their agenda and strategy to promote behavioral health equity.

FOCUS GROUPS & KEY INFORMANT INTERVIEWS

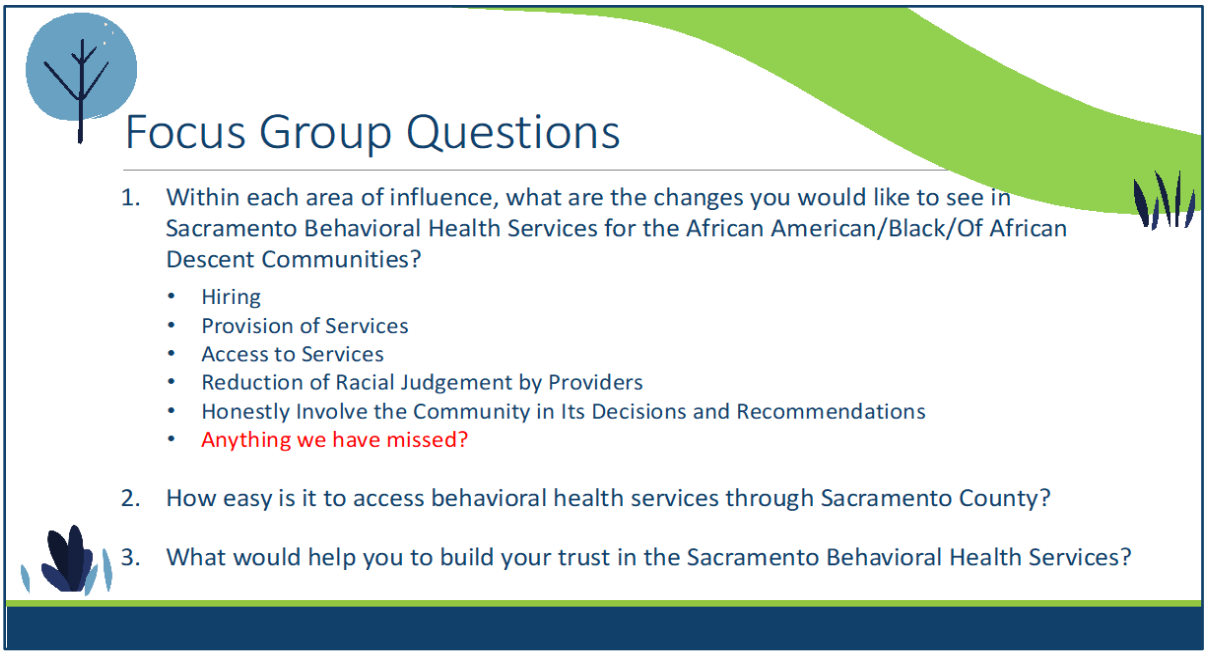
The BHREC Action Plans are intended to be informed by community-defined goals. In order to learn from the community, a series of focus groups and key informant interviews were conducted with members of the AA/B/AD community to gain direct input about how services could be improved by Sacramento County BHS and its contractors so that race no longer is a proxy for behavioral health wellness. The focus group information, along with qualitative data from the BHREC Steering Committee, and state level reports will be used to define and

[2] https://www.dhcs.ca.gov/Documents/MCQMD/2019-Health-Disparities-Report.pdf

prioritize the BHREC racial equity goals/results.

A total of 8 focus groups were conducted as well as two key informant interviews. All focus group participants were from AA/B/AD community. Six of the focus groups represented a general mix of people with a range of ages, genders, and experience with Sacramento County BHS. Of the two remaining focus groups, one was comprised of sixth and seventh graders and the other was comprised of formerly incarcerated men and/or individuals who worked closely with them. Finally, two key informant interviews were conducted with individuals representing the transgender AA/B/AD community.

Focus group questions were designed to align with the BHS areas of service to provide feedback on how each of the areas could be improved through use of an equity lens. All groups were asked the same questions. However, when meeting with the youth, and the formerly incarcerated individuals, as well as the key informant interviews with individuals from the transgender community, the questions were asked with the specific needs of the groups these individuals represented in mind. The questions addressed the changes participants would like to see to Sacramento County core clinical behavioral health services, access to those services, and trust building. Below are the specific questions that were utilized.



FOCUS GROUP & KEY INFORMANT INTERVIEW RESULTS

Three overarching Tracks emerged from across all eight focus groups and key informant interviews. These are described below.

- Track 1: Strengthening Diversity Equity & Inclusion (DEI) in the Workforce
- Track 2: Community Engagement to Improve Diversity, Equity, and Inclusion
- Track 3: Diversity, Equity, and Inclusion to Improve Access to Care

For participants these were the most critical activities BHS could undertake in order to reduce racial inequities in access and quality of behavioral health service for the AA/B/AD community. As used here, Track refers to one of the three overarching topics that were identified across all respondents. Within each Track, key Themes were identified and then broken down into Goals. Themes and Goals within each Track were weighted as indicated by the number of times a response was raised. The below provides an overview for each Track, the Themes across the Track, and Goals associated with each Theme. Numbers in parenthesis indicate the number of times a Theme or Goal was raised. Below lists the highest-ranking goals for each Theme. An analysis is also provided for each Track and the Themes and Goals. For a full list of all goals, please see the Appendices which includes a table for each Track showing all data collected.

Track 1: Strengthening Diversity, Equity, and Inclusion in the Workforce

Four Key Themes and Associated Goals

THEME 1: Hiring (25 references)

- Consider lived experience as equal to education (7)
- Increase outreach/improve community access to information about job openings/application process/career pathways (7)
- Focus on recruitment, retention, and leadership development for AA/B/AD and transgender Individuals (7)

THEME 2: Recruitment (18 references)

- Outreach through local and national groups known to focus on the AA/B/AD community such as historically Black universities, Black LGBTQ+ groups, the Association of Black Psychologists, and the Sacramento Cultural Hub (8)
- Increased use of social media not only for outreach but to access positive images of AA/B/AD community (6)

THEME 3: Training (10 references)

- Provide specific skills training needed for County positions (4)
- Evaluate AA/B/AD employment experience (3)

THEME 4: Workforce Development (4 reference)

- Increase training and mentorship for leadership roles and promotions (3)
- Build trust/provide support groups in the workplace for individuals with similar experiences (1)

ANALYSIS

In general, respondents, particularly the key informants, spoke to the importance of recognizing that there are historical and structural barriers to formal education for the AA/B/AD community. As a result, it might be necessary to develop entry points for exposure to careers such as internships, opportunities to shadow staff, mentoring and discussions about career ladders. It was also noted that recruitment alone is not enough and that employers must also shape organizational culture to be welcoming by actively promoting racial equity as key to retaining diverse staff. Respondents also spoke to the need for evaluating the experience of AA/B/AD employees as a strategy towards supporting retention.

> In all the meetings I have gone to at Sacramento County BHS, I have never seen a black male. I also see very few black females.
>
> GENERAL FOCUS GROUP RESPONDENT

Participants also stressed the importance of recognizing that the knowledge about the path for advancing professionally or the networks to support access may not always be known or available to many in the AA/B/AD community, as they may be among the first in their particular roles and without the support of others who have gone before them.

> As a black employee, I am not looking for equal opportunities any longer, I am looking for equal results to White employees.
>
> GENERAL FOCUS GROUP RESPONDENT

Track 2: Community Engagement to Improve Diversity Equity & Inclusion

Three Key Themes and Associated Goals

THEME 1: Community Engagement (45 references)

- Accountability/transparency through shared community decision making (14)
- Ask & align community requests with actions (virtual connection opportunity, flexible meeting times, childcare, provide BH services at comfortable/known community hubs) (11)
- Utilize Social Media/Social Groups/Town halls (NAMI, Sacramento State) to connect community with information about services (7)

THEME 2: Community Capacity Development (15 references)

- Develop partnerships with the community using peer and cultural brokers (8)
- Build trust by ensuring equitable resource distribution across Sacramento (5)

THEME 3: School & Education (2 references)

- Build trust and safety within schools (2)

ANALYSIS

Strategies to achieve accountability and transparency through shared community decision making were wide ranging, including the use of an annual evaluation as a means of assessing results of equity goal setting, ongoing community conversations regarding their perspectives on behavioral health services, and appropriate and fair compensation for key informants. Many respondents stated that they did not understand nor feel consulted regarding decisions impacting the behavioral health of the AA/B/AD community. Several noted the sense of being asked for information that would drive programs, but never being informed as to what came of the information. Respondents also expressed concern about receiving compensation for their time that was negligible despite their input being critical towards shaping a system within which others are fairly compensated. Another strategy frequently identified among participants to increase community engagement was the provision of behavioral health and ancillary services to ensure participation. Ancillary services included childcare, virtual meeting connections, and flexible meeting times.

Initially it had been proposed that one of the focus groups target the transgender AA/B/AD community. However, it was quickly recognized that the focus group format did not provide the sense of safety needed by this community given their historic experiences of discrimination based on both race and gender identity. As a result, the approach was taken to conduct key

informant interviews. A BHREC Steering Committee member served as the liaison and conducted direct outreach to explain the purpose of the interviews. It was agreed that the BHREC Steering Committee member also participate in the interviews to create a sense of support and safety. Participants were also given the option to keep their video cameras off during the interviews. Permission was requested to record the interviews for the purpose of ensuring accuracy of the conversations, and participants were informed that only the interviewer would have a copy of the recording. The recording would be transcribed but their identities remaining anonymous. Finally, each interviewee was to receive a copy of the transcript of their interview. Both participants spoke to the challenge of finding a therapist who understood about dysphoria experienced by transgender individuals in transition. They often find themselves in the position of having to educate therapists about the intersectional impacts of discrimination based on race and gender identity and the resulting trauma. Among the suggestions for improvement were tailored outreach to the transgender community, hosting regular meetups for the transgender community and embedding therapists in transgender community meeting sites as a way for them to both learn about the needs of this community and to serve as a connecting point to resources.

> You have to hear their heart. 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.
>
> TRANSGENDER KEY INFORMANT RESPONDENT

TRACK 3: Diversity, Equity, and Inclusion to Improve Access to Care

Three Key Themes and Associated Goals

THEME 1: Improved Access (70 references)

- Increase ease of access through the creation of community hubs with collocated services (23)
- Increase access through online connections/social media. (Raised most frequently by middle-school participants.) (8)

- Ensure providers are building trust (including reflection of community language, empathy for community experience, especially with transgender community.) (8)
- Tailor services for the community especially knowledge of gender transition process for transgender community) (7)

THEME 2: Invest in Stop Stigma/Reduce Provider Bias/Judgment (54 references)

- Increase re-occurring trainings with accountability component (implicit bias, cultural humility, empathy, transgender transitions, cultural needs, poverty, racial justice, LGBTQ issues, gender bias, intersectional identities ex/transgender and AA/B/AD) and include committee to review accountability data (24)
- Hire staff reflective of the community served to decrease implicit bias and increase cultural relevance (16)
- Create grievance process that has accountability by publicly sharing resolution steps and holding leadership accountable for ensuring implementation of those steps (7)

THEME 3: Changes to Core Clinical Services (47 references)

- Providers and leadership to reflect the Community (relate to Community, direct services, culturally similar, express empathy for Community experience) (9)
- Providers commit to equity, decreasing implicit bias and racial judgment (comfort being in AA/B/AD communities, recognize intersectional identities of transgender and AA/B/AD individuals, address individual's worry about service affordability) (8)
- Build Trust with Clients (Include Peers as Staff to Bridge gaps (8)
- Increase staff trainings in active listening, daily trauma of Community, trauma-informed care, clinical training for providers on transgender BH needs (7)

ANALYSIS

It should be noted that across all three Tracks, Track 3 received more responses than any other Track as did each of its three Themes when compared to Themes in other Tracks. Within the Theme of Improved Access, the goal "Increase ease of access through the creation of community hubs with collocated services," received 23 responses. It should be noted that a community hub was a priority across the groups. For participants from the focus group of 6th and 7th graders, the opportunity to connect online socially was raised several times. For this group, behavioral health symptoms such as depression were noted at times among friends and in association to the isolation resulting from the pandemic. Online social groups were seen as a virtual hub that can provide opportunities to connect with friends and a means of providing social supports and networks that would normally occur during the in-person school setting.

The youth also spoke to the desire for a sense of safety and the importance of interactions with individuals friendly to youth. For participants in the formerly incarcerated group, particularly those exiting incarceration where they had been treated for mental health challenges, the idea of a hub is critical to successful reentry and reduction of recidivism. As a one-stop-shop, community hubs were key to supporting formerly incarcerated individuals in linking to social supports such as housing, employment, health care, mental health, and alcohol and drug services. For key informants from the transgender community, hubs are also a priority, however, with a preference that services be collocated at LGBTQ service providers and other spaces where staff were likely to have more knowledge about the trans community and were more welcoming to gender nonconforming individuals resulting in a greater sense of safety.

In alignment with the Theme of Improved Access was that of Invest in Stop Stigma/Reduce Provider Bias/Judgment that received the second highest responses of 54. Across all groups, training for providers was critical and something that should be ongoing with the expectation that providers be held accountable for implementation of what they learned. Unique to the AA/B/AD community, respondents spoke to a need for training on implicit bias, cultural humility, cultural needs, and racial justice. While there was agreement regarding these topics for the transgender respondents, additional training requests included transgender transitions, gender bias and intersectional identities. Participants in the focus group of formerly incarcerated individuals also spoke to the uniqueness and need for training and services specific to this group, noting that upon exiting the system, many felt isolated and without basic supports to help them transition successfully. In alignment with Track 1 on Strengthening DEI in the Workforce, 16 respondents spoke to the need for hiring staff reflective of communities served in order to reduce judgment and increase competency when working with people of color, formerly incarcerated individuals and members of the transgender community. Receiving 7 responses under the Theme of Reduce Judgment was the Goal, "Create Grievance Process with Accountability to Share Back Response and System to Hold Leadership Accountable." The responses for this Goal also reflected the responses shared under the Goal of "Accountability" in Track 2 on *Community Engagement*.

> There is no blueprint for working with someone that has been imprisoned.
>
> FORMERLY INCARCERATED FOCUS GROUP RESPONDENT

Conclusion

The COVID 19 pandemic, coupled with the ongoing individual and community trauma of systemic racism, has created a behavioral health crisis. COVID 19 and the resulting physical isolation, closure of schools, widespread job losses, and anxiety about transmission of the disease have led to exacerbation of pre-existing individual and community trauma, significant increases in anxiety and depression and untold effects on the development and wellbeing of children. As a result, access to excellent behavioral health services is quickly becoming an urgent public health need. This need was confirmed by participants across all eight focus groups as well as by our key informants during their interviews. Focus group participants and key informants have offered Sacramento County Behavioral Health Services valuable insights and recommendations about how to promote racial and behavioral health equity across their system. A critical next step is for the Behavioral Health Racial Equity Collaborative Steering Committee to review these recommendations to inform priority goals for Racial Equity Action Plans that will be developed by all provider/community/county organizations that are part of the Collaborative.

Appendix A

Track 1 Strengthening Diversity, Equity, and Inclusion in the Workforce				
Themes	Hiring (25)	Recruitment (18)	Training (10)	Workforce Development (4)
Goal 1	Consider lived experience as equal to education (7)	AA/B/AD staff recruitment via historical Black universities, Association of Black Psychologists, Black LGBTQ+ groups, and other black professional organizations (www. sacculturalhub.com) (8)	Provide specific skills training necessary for county roles (4)	Leadership Role Opportunities/Promotions (3)
Goal 2	Increase outreach/access regarding job openings, application process & career pathways (7)	Increased social media outreach/visibility of AA/B/AD (6)	Evaluate AA/B/AD Employment Experience (3)	Build trust/provide support groups in the workplace for individuals with similar experiences (1)
Goal 3	Focus on recruitment, retention, leadership development of AA/B/AD and transgender individuals who know community (7)	Increased recruitment of AA/B/AD Staff (4)	Build trust/allyship with community (2)	
Goal 4	Provide skills development support (2)		Address current political events (1)	
Goal 5	Collect and track data on AA/B/AD hired (1)			
Goal 6	Inclusion including of black men in behavioral health roles (1)			

Appendix B

Track 2	Community Engagement to Improve Diversity, Equity, and Inclusion		
Themes	Community Engagement (45)	Community Capacity Development (15)	School & Education (2)
Goal 1	Accountability/transparency to the community/shared decision, shared annual evaluation on actions, build relationships with black professional associations, ongoing conversation regarding behavioral health services, fair compensation for key informants (14)	Develop partnership with the community (peer brokers, empathy, consistency in communication, nothing about us without us) (8)	Build trust with schools (1)
Goal 2	Ask & align community requests with actions (virtual connection opportunity, flexible meeting times, childcare, provide BH services at comfortable/known community hubs) (11)	Build trust through equitable resource distribution across different areas of Sacramento (5)	Increase safety in schools (1)
Goal 3	Utilize social media/social groups/town halls (NAMI, Sacramento State) to connect the community with information about behavioral health services (7)	Conduct ongoing focus groups and share recommendations with participants (2)	
Goal 4	Culturally Competent Committee (Educate and Reduce Judgment) (3)		
Goal 5	Build trust with transgender community (host regular meetups, embed therapists in trans community meeting sites, safe places about transition and intersectional trauma of being trans and black) and provide support post focus groups, when needed (3)		
Goal 6	Direct & tailored outreach to transgender community about needs, services, and safe spaces (1)		
Goal 7	Confidentiality and compensation for time (1)		

Appendix C

Track 3	Diversity, Equity, and Inclusion to Improve Access to Care		
Themes	Improved Access (70)	Invest in Stop Stigma/Reduce Bias/Judgment (54)	Changes to Core Clinical Services (47)
Goal 1	Increase ease of access/community hub locations/collocated services/familiar settings (ex. libraries, barber shops, community centers, and transgender community areas such as Gender Health Center and Church for All) (23)	Increase effective and re-occurring equity trainings (ex. topics: implicit bias, cultural humility, historical and community racial trauma, trans-competent care, racial justice, gender bias, LGBTQ+ issues, intersectionality) and increase accountability for skill development and behavior change in staff following training. Accountability strategies examples include pre/post surveys of clients and community assessment committees. (24)	Providers and leadership to reflect the Community (relate to Community, direct services, culturally similar, express empathy for Community experience) (9)
Goal 2	Ensure providers are building trust with the community (i.e. reflection of community language and empathy for community experience, especially with transgender community) (8)	Create safe space for culturally competent staff reflective of community (BIPOC, transgender, formerly incarcerated) (16)	Providers commit to equity, decrease implicit bias and racial judgment (comfort being in AA/B/AD communities, recognize intersection of identities of transgender individuals (8)
Goal 3	Increase communication of available services (social media) (8)	Create grievance process with accountability to share back responses and system in place to hold leadership accountable (7)	Build Trust with Clients (Include Peers as Staff to Bridge gaps) (8)
Goal 4	Tailor services for the community (especially knowledge of gender transition process for transgender community) (7)	Build trust and create safe space to allow for services to be sought (for example ask clients about pronouns and share yours) (3)	Increase staff trainings in active listening, daily trauma of community, trauma-informed care, clinical training for providers on transgender BH needs (7)

Track 3	Diversity, Equity, and Inclusion to Improve Access to Care		
Themes	Improved Access (70)	Invest in Stop Stigma/Reduce Bias/Judgment (54)	Changes to Core Clinical Services (47)
Goal 5	Cost as barrier to behavioral health (6)	Increase knowledge of trauma (community, state, nation), increase community listening sessions (2)	Increase number of services provided (geographic barriers, include programs in different income areas, include school programs) (5)
Goal 6	Create safe spaces (5)	Whole person care, beyond looking at my race, knowledge of culture, background, and race (2)	Work with and stay connected with clients' families (3)
Goal 7	Bridge gaps across systems (criminal justice and community outside) (4)		Improve accuracy of clinical diagnoses and improve medication management (state report) (3)
Goal 8	Demystify Mental Health Services (Historic Trauma, Current Trauma, Family Trauma) (4)		Offer coverage of holistic and wellness services (2)
Goal 9	Increase youth access for behavioral health services via technology (3)		Increase number of sessions for transgender transitions (2)
Goal 10	Ensure accountability of services offered (2)		

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

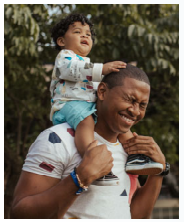
發生與酒精和(或)藥物有關的緊急醫療情況/過量服用時，請隨時**撥打911**。

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。

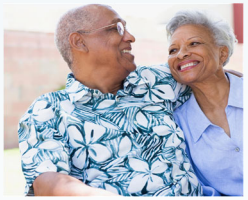
SACRAMENTO COUNTY

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

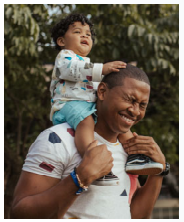
Do not hesitate to **call 911** for medical emergencies/overdose involving alcohol and/or drugs.

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.

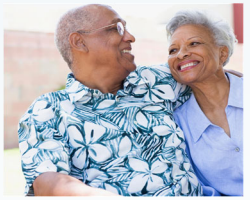
SACRAMENTO COUNTY

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

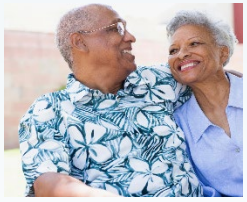
After Hours
(888) 881-4881

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

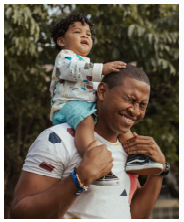
Tsis txhob ua siab deb hu **rau 911** los mus thov kev kho mob ti tes ti taw/ kev noj tshuaj ntau dhau lawm uas cuam tshuam nrog dej cawv thiab/los sis yeeb tshuaj.

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

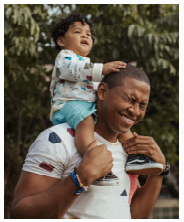
Если необходима экстренная медицинская помощь в связи с употреблением или передозировкой алкоголя или наркотиков, сразу же **звоните по номеру 911.**

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.

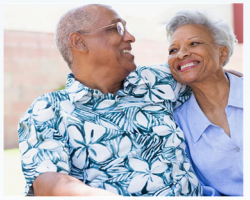
SACRAMENTO COUNTY

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

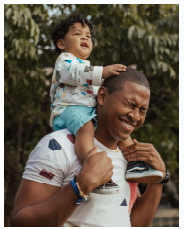
No dude en **llamar al 911** en caso de emergencias médicas o sobredosis que impliquen alcohol o drogas.

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

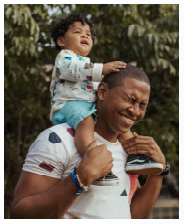
Xin đừng ngần ngại **gọi 911** đối với cấp cứu y tế/sử dụng quá liều rượu và/hoặc ma túy.

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.

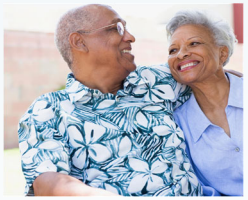
SACRAMENTO COUNTY

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

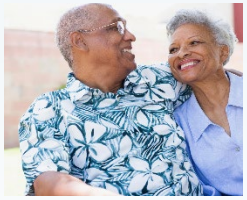
Ngoài Giờ Làm Việc
(888) 881-4881

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
ADVOCACY • RECOVERY • PEER SUPPORT
720 HOWE AVENUE, SUITE 102
SACRAMENTO, CA 95825
PHONE (916) 366-4600 | FAX (916) 855-5448
WEB www.calvoices.org | EMAIL info@calvoices.org

2021 PEER EMPOWERMENT CONFERENCE SUMMARY

CONFERENCE OVERVIEW

The Peer Empowerment Conference took place on June 18, 2021, from 10:00 AM – 1:30 PM via Zoom. There were 212 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:

OPENING REMARKS
ACEs/Trauma and the impact on adult mental health
Dr. LaTanya Takla | Licensed Clinical Psychologist

SACMAP PROGRAM OVERVIEW
Stephanie Ramos | Cal Voices

PANEL DISCUSSION AND Q&A: DIVERSITY IN MENTAL HEALTH SERVICES
Panelists will discuss health treatment, the biggest challenges facing mental health, and tips for self-advocacy

- Ryan McClinton | Sacramento Area Congregations Together, MHSA Steering Committee
- Loreen Pryor | President/CEO of Black Youth Leadership Project
- Dr. Shacunda Rodgers | Licensed Clinical Psychologist
- Dante Williams | Former Youth Advocate and California Committee on Juvenile Justice
- Adam Chin, LPHA | Program Coordinator, Elder Hogar's Sierra Elder Wellness Program

KEYNOTE SPEAKER PRESENTATION AND Q&A
Sean Ellis | Trial 4, Exoneree Network

AWARDS CEREMONY
Four awards were presented during the Awards Ceremony:

- Consumer Provider: Leslie Napper
- Non-Consumer Provider: Robert Baumgartner
- Volunteer of the Year: Laura Bemis
- Consumer Leader of the year: Gulshan Yusufzai

PARTICIPANT DEMOGRAPHIC HIGHLIGHTS

View all of the demographic data by viewing the full conference evaluation report here: https://reporting.alchemer.com/r/267733_6141283e165c11.01601567)

720 HOWE AVENUE, SUITE 102
SACRAMENTO, CA 95825
PHONE (916) 366-4600 | FAX (916) 855-5448
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Consumer/Family Member:

- 76.3% of survey respondents identified as a client/consumer
- 57.2% of survey respondents currently receive or previously received services in the public mental health system
- 41.9% of survey respondents identified themselves as an individual having a disability.
- 43.5% of survey respondents identified as a family member of an individual with mental health challenges.

Race:

- 57.9 survey respondents identified with a race other than Caucasian/White/European

PARTICIPANT FEEDBACK

View the full conference evaluation report here:
https://reporting.alchemer.com/r/267733_6141283e165c11.01601567))

77 individuals completed the conference evaluation.

The conference evaluation reflected that participants who attended the conference were satisfied with their experience:

- 93.8% of respondents agreed or strongly agreed that the conference goals were clearly communicated.
- 96.3% of respondents agreed or strongly agreed that the conference goals and objectives were achieved.
- 95% of respondents agreed or strongly agreed that the conference content was practical and easy to understand.
- 88.9% of respondents agreed or strongly agreed that there was adequate opportunity for questions and answers.
- 96.3% of respondents agreed or strongly agreed that they would recommend this conference to their friends or co-workers.

The evaluation asked for feedback on all of the presentations as well as the overall conference. Some of the responses regarding the overall conference include:

- "I enjoyed the conference thoroughly. It was informative on a number of issues that are rarely talked about. Hearing about the lived experience of those formerly incarcerated and the factor race plays in the education of our youth was very powerful."
- "I found all the information on diversity in mental health helpful. I am African- American and have experienced first-hand racism in mental health providers."
- "I liked that it was engaging from start to finish. I thoroughly enjoyed the mix up of information and key note speakers."
- "Something Tiffany Carter said - the statement "I don't see color is intended to be nurturing, but it is not…see my color." The whole conference was very eye opening to systemic issues

720 HOWE AVENUE, SUITE 102
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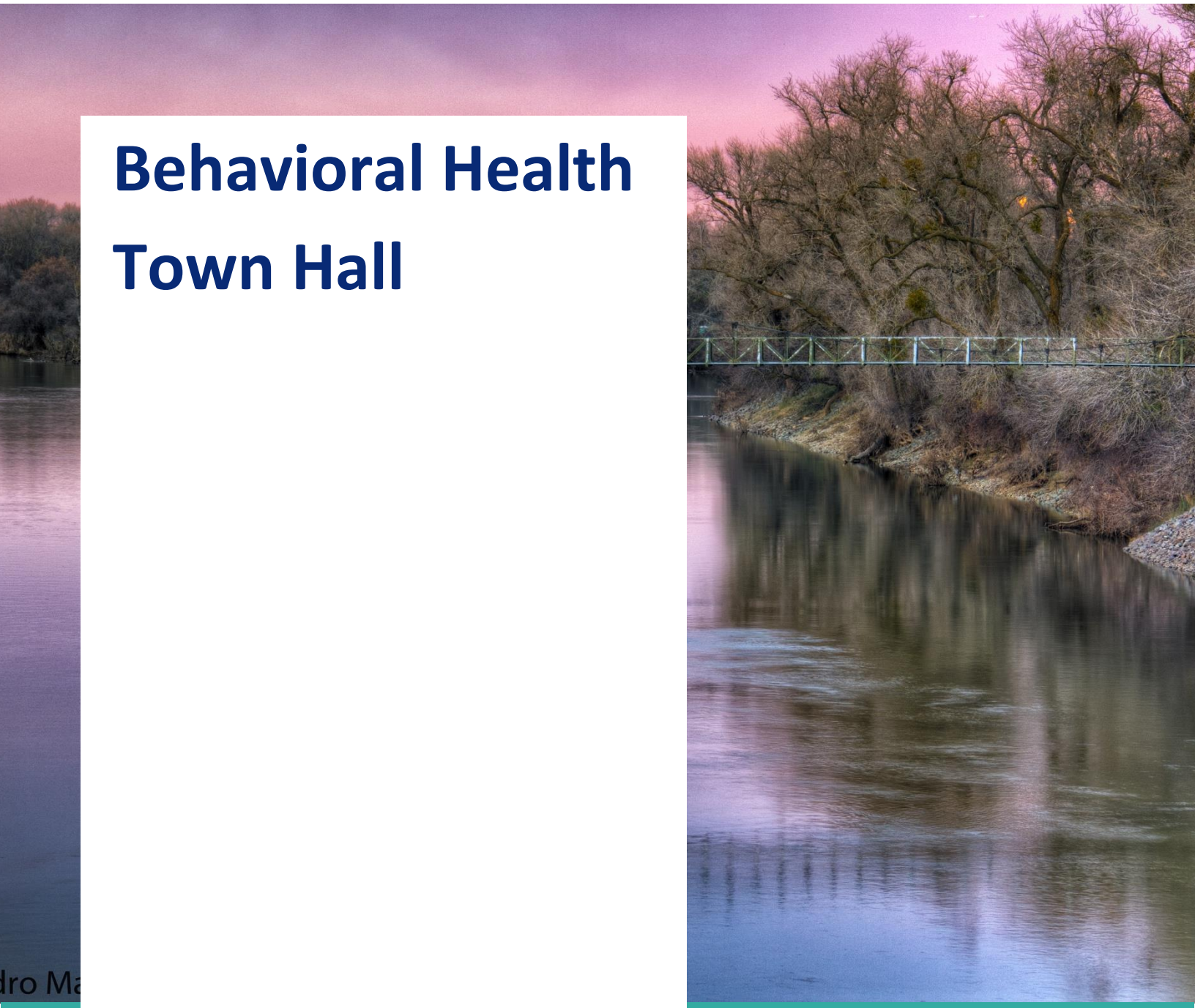
and failures but also about what we can do to reduce the stigma a The most helpful aspects of the conference that I interpreted was the overall support and awareness around mental health, racial injustices in different systems, and the presence of vulnerability. These topics are entirely relatable to me, and having conversations around all of it is very new. This conference let me know that my voice and experiences matter and that I am not the only one. Most of all I feel empowered to continue to grow and make a difference by sharing my story and hope to others and become advocates. Thank you so much. It was very impactful."



Behavioral Health Town Hall

JULY 30TH AND AUGUST 1ST, 2019

Dr. Ryan Quist
Director of Behavioral Health Services

Authored by: Liz Gomez

SACRAMENTO COUNTY

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Details

Goal: The goal of the Town Hall is to gather feedback and ideas about the current Behavioral Health Services System.

Feedback: The feedback of the Town Hall will influence current priorities and inform future needs for the Behavioral Health Services System.

Premise: There is value in engaging those who have a high stake in the work the County is driving forward around Behavioral Health.

Results we are looking to achieve:

- Representation from 50% systems partners and 50% individuals that access our services
- Participants are clear about the goal of this session and next steps based on their input
- Feedback and ideas are gathered from participants about the current system
- Participants feel heard and have the opportunity to have a voice in the feedback process

Town Hall #1: Tuesday, July 30th 3-6pm ♦ 2450 Florin Rd ♦ Susie Gaines Mitchell Community Room
Town Hall #2: Thursday, August 1st 3-6pm ♦ 7001 East Parkway

Total Numbers - Both Town Halls	
Participants	Total
Town Hall #1	87
Town Hall #2	84

Participation Groups	**Town Hall #1**	**Town Hall #2**
Systems Partners	36%	43%
Consumers	14%	6%
BHS Staff	31%	27%
Community Members (including family members)	18%	17%
Did not indicate	20%	20%

Overview

Welcome – Dr. Quist

Dr. Ryan Quist, Director of Behavioral Health Services, provided the welcome and opening remarks. The priority areas for Behavioral Health Services were outlined: crisis continuum, individuals who are experiencing homelessness, timely access to services, individuals involved with child welfare/probation, school-based services and individuals who have experience with the criminal justice system (youth and adult). It was indicated that these priorities have come up not only in Sacramento but also across other counties and cities. Participants were thanked for joining Behavioral Health in the first of many opportunities for the Division to listen to their feedback and experiences. The goal of the Town Hall was outlined as an opportunity to gather feedback and ideas about the current Behavioral Health Services System. Liz Gomez, Program Planner with the Department of Health Services, was introduced as the facilitator for the Town Hall. Liz was introduced as a neutral, third party outside of Behavioral Health Services which was one of the reasons she was chosen to facilitate. Ed Dziuk, Health Program Manager, and Melissa Jacobs, Human Services Division Manager, were introduced to provide an overview of the alcohol and drug services (ADS) and mental health (MH) services provided through the Behavioral Health Services System.

Behavioral Health Overview

Alcohol and Drug Services (ADS) Continuum Overview – Ed Dziuk

An overview of the Alcohol and Drug Services Continuum was presented by Ed Dziuk, Health Program Manager. ADS offers a full array of substance use disorder treatment and prevention services to youth and adults. Services include youth and adult substance use disorder assessment and referral, adult residential treatment, withdrawal management, Medication-Assisted Treatment (MAT), sober living environments, youth and adult outpatient services including intensive outpatient treatment and a women's perinatal treatment program. As of July 1, 2019, ADS implemented the Drug Medi-Cal Organized Delivery System (DMC-ODS), expanding reimbursable treatment and MAT services. ADS currently contracts with 21 community treatment and prevention providers and is actively building system capacity and improving access to care for Sacramento County residents.

Child & Family and Adult Mental Health Service Continuums – Melissa Jacobs

An overview of the Child and Family Mental Health and Adult Mental Health Service Continuums was presented by Melissa Jacobs, Human Services Division Manager. MH services to adults, children, youth and older adults are provided along a continuum of prevention and early intervention services, outpatient, intensive outpatient and acute residential services. Sacramento County provides mental health services through approximately 90 contracted and county-operated service providers. There are continuous efforts to improve access and timeliness to services across the continuum.

Overview

Liz Gomez, a Program Planner from the Department of Health Services, provided a Town Hall overview. The goal of the Town Hall was outlined as an opportunity to gather feedback and ideas about the current Behavioral Health Services System. Feedback from this Town Hall will influence current priorities and inform future needs for the Behavioral Health Services System. It was explained that each table in the room has a different focus area based on BHS priorities. A facilitator at each table raised their hand to identify their role at their table.

The Comfort Agreement for the Town Hall was reviewed (see Appendix 3). No changes or feedback to the comfort agreements were requested from participants. The Parking Lot was explained as a space at each table to provide ideas or feedback that are outside of the scope of this Town Hall. Responses to the Parking Lot will be provided in the follow-up report. A Suggestion Box, located at the back of the room, provided anonymous suggestions to the Behavioral Health Services team. Input placed in the suggestion box, without an email address, will be responded to through the follow-up report.

Agenda Sections

1. What does success look like?
2. What is working? "Glows"
3. What can be improved? "Grows"

Participants also had the opportunity to comment and provide feedback on other focus areas through a gallery walk that transpired later on in the event.

Agenda

What does success look like, and what would it look like if we did this right?
Participants provided ideas and insight around the question, "What would success look like?" After a period of discussion and idea generation, participants were asked to come up with a success statement for their focus area.

What is working? "Glows"

Participants provided ideas and insight around the question, "What is working?" After a period of discussion and idea generation, participants were asked to come up with their top three "Glows."

What can be improved? "Grows"

Participants provided ideas and insight around the question, "What can be improved?" After a period of discussion and idea generation, participants were asked to come up with their top three "Grows."

Gallery Walk

Each table was asked to bring their summary board and tape it to the designated wall. Participants were provided time and materials to provide comments around the feedback generated by other tables.

Conclusion

Participants were asked to provide feedback through an evaluation form regarding the Town Hall. Dr. Quist thanked participants for taking the time to provide feedback and ideas about the current Behavioral Health Services System. Liz outlined the goal of the Behavioral Health Services Town Hall and where participant's feedback is going.

Meeting Adjourned

Summary of Feedback from Participants

Crisis Continuum

Success would look like a supportive continuum that is culturally competent and easily accessible. There would be supportive family services and stabilization after discharge.

Individuals Who Are Homeless

Success would look like having a continuum of care (ADS, employment, MH, etc.) that is compassionate, trauma-informed and culturally competent. There would be no issues with access or barriers (such as paperwork) to getting treatment. Finally, there would be housing for all that is permanent and affordable in addition to shelter options.

Timely Access to Services

Success would look like a system that is built with a proactive, no fail first approach with access points at the earliest level of contact. Access points would be low barrier, coordinated and offer timely services. Triage and assessments would be expedited resulting in multiple access points for services. Services would be fully funded, staffed and culturally competent.

School-Based Services

Success would look like a system that has its foundation in prevention and early intervention. From that foundation, it would collaborate with teachers, family, outside programs and others to provide culturally competent wrap around services (tier 1, 2 and 3). These would include skill building, social emotional learning and at least one MH clinician at every school. There would be enough capacity to ensure schools can be trusted partners to students and their families in the community.

Child Welfare/Probation

Success would look like having a culturally competent system that serves children and their families. The services would be along a continuum and integrated with education and community-based navigators to equip children and their families to achieve wellbeing. There would be continuity in services, with no interruptions or barriers to linkage.

Criminal Justice System

Success would look like a system that collaborates, communicates and involves the family in the treatment plan. It would provide services that are culturally effective and a welcoming, positive environment. The services would provide immediate and comprehensive assessment prior, during and after custody. There would be no access issues with 24/7 MH services and strong MH training for probation and police.

Deep Dive - Feedback from Participants

Crisis Continuum: Diverting from hospitalization and reducing the length of hospital stays

What Would Success Look Like?

Success would look like a supportive continuum that is culturally competent and easily accessible. There would be supportive family services and stabilization after discharge.

Participants also noted:

- *Improved and increased MH Services (such as respite services and community support teams)*
- *Peer navigation support*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate $2.2 million for Mobile Crisis Support Teams.

Key Themes

Cultural Competency

Accessibility

Peer Support

What Is Working – "Glows"

1. **Urgent Care Services:** Wrap -around MH services and care management are offered.
2. **Mobile Crisis Services:** Proper assessment and stabilization services are provided.
3. **How the work is being done:** County holds trainings on cultural competence. A person-centered approach (whole person care) is used and there are opportunities to provide feedback to County.

Participants also noted:

- *Access points to navigators for crisis services within existing institutions*
- *Peer support services available*
- *Collaboration and communication between access points for services (institutions and communities)*

What Can Be Improved – "Grows"

1. **Access:** Create new access points as well as education and communication around existing access points.
2. **Phone Number:** Consider creating an easily accessible phone number for mental health crisis.
3. **Mobile Crisis:** Increase children's mobile crisis services and programs.
4. **Data-Driven:** Make data-driven decisions to both inform allocation of funding and to communicate what is working.

Participants also noted:

- *Increasing peer support*
- *Training particularly with law enforcement around cultural competence and mental health*
- *More programs and services*

Individuals Who Are Experiencing Homelessness

What Would Success Look Like?

Success would look like having a continuum of care (ADS, employment, MH, etc.) that is compassionate, trauma-informed and culturally competent. Service providers would be diverse and would take a non-punitive approach to homelessness (would not take property). Providers and systems partners would be given the education and training necessary to bridge the cultural competence gap and reduce the stigma surrounding homelessness.

There would be no issues with access or barriers (such as paperwork) to getting treatment. Finally, there would be housing for all that is permanent and affordable in addition to shelter options.

Participants also noted:

- *A collaborative network*
- *Continuous comprehensive approach to outreach*
- *Mentors and peer navigators*
- *Access to safe parking and bathrooms*
- *Additional services for youth*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved proposed MHSA CSS allocations for the following:

- $3.0 million for Augmented Care and Treatment Board and Care facilities
- $2.0 million for Housing Treatment (transitional residential pool)
- $6.0 million for current housing subsidies and supports
- $14.0 million for future housing subsidies and supports

Key Themes

Cultural Competency

Accessibility

Peer Support

What Is Working – "Glows"

1. **Urgency, Awareness and Passion:** There is an increasing call for action – we agree that there is a problem. There are passionate people doing the work including new County leadership, advocates, people with lived experience, etc.
   a) There is money available to support efforts (Prop 63, Mental Health Service Act (MHSA) money, etc.)
2. **Both Specific Programs (spec. Urgent Care) & Collaboration:** Some individual programs are working well, including an increase in emergency medical services and urgent care. Programs, County departments and leaders in the region are collaborating.
3. **Access:** Sacramento County has fewer restrictions on eligibility for services and for healthcare.

Participants also noted:

- *Additional funding has allowed for more housing navigators for homeless individuals*
- *Individuals receiving Supplemental Security Income being eligible for food stamps*
- *Outreach to shelters*
- *Access to healthcare*
- *Specific programs are working: supportive housing programs, respite center, impact team model, city homeless shelter, self-help housing collaboration, sheriff's homelessness team, 211, Food Bank, among others*
- *Awareness has led to understanding that homelessness is not a crime and there is more compassion in the community*

What Can Be Improved – "Grows"

1. **More housing:** Shelters and shelter beds, board and care, incentives, mixed tenancy, transitional and permanent. All types need to be affordable and accessible to families. Outside of formal housing, materials need to be provided: toilets, trashcans, etc.
2. **Timely access to services:** Eliminate current barriers to access: credit, legal, appointments, childcare, pet care, etc. Providers should meet clients where they are.
3. **Coordination and collaboration amongst silos:** Educate community groups around access points. Create assertive community treatment teams. Improve coordinated entry.

Participants also noted:

- *More preventative interventions, including changing the definition of homelessness to include those at risk of becoming homeless; ditch fail first.*
- *Cultural competence: training and education around community tolerance, stigma, treatment first. Bilingual navigators. Many systems are plagued by discrimination against the homeless.*
- *Lack of representation from those experiencing homelessness. We need more community voice.*
- *Capacity: (1) More staff (specifically navigators) to support individuals to apply for housing (2) More wrap around services for those at risk of homelessness (training, long-term resources, specialty healthcare)*
- *Provide restorative and educational trainings across the board*
- *Collect data in order to understand the root causes of homelessness*
- *No siloed programs: link all through HMIS, funding is depending on collaboration*
- *Policy-driven housing: landlords required to take vouchers, cap rent, landlords must fix housing.*

Timely Access to Services

What Would Success Look Like?

Success would look like a system that is built with a proactive, no fail first approach with access points at the earliest level of contact. Access points would be low barrier, coordinated and offer timely services. Triage and assessments would be expedited resulting in multiple access points for services. Services would be fully funded, staffed and culturally competent.

Participants also noted:

- *Strong access network*
  - *Reducing barriers: transportation, coverage, linkage, no wrong door, access to phones, telemedicine, personal services (laundry, etc.)*
  - *Increasing access points*
  - *Coordination and navigation with existing access points that allow for a warm hand off. (Consider navigators or engagement staff at organizations that serve basic needs).*
- *Timely authorization and linkage, walk-in hours*
- *Services and staff are culturally competent*
  - *Prioritize peer support and navigation*
  - *Integrate cultural brokers into BH system*
  - *Ensure cultural organizations know about services*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate $2.5 million for existing PEI programs.

Key Themes

Cultural Competency

Accessibility

Warm Hand-Offs

What Is Working – "Glows"

1. **Access:** There are increased access points for youth and adults, specifically SLVS, MCT, CST, and WRCs. The increase has been possible through capacity via funding and staff.
2. **Specific programs and services:** Programs such as FIT, Wellness Centers, Crisis Respite, and Mental Health Urgent Care are working well.
3. **Cultural sensitivity:** Staff are supportive and passionate, peer advocates are present and there are campaigns to reduce stigma around mental health.

Participants also noted:

- *There has been increased coordination between different partners: (a) law enforcement and mental health and (b) children's providers.*
- *Performance improvement projects have improved timelines to appointments and medication bridge has decreased wait time for psychiatrists.*

What Can Be Improved – "Grows"

1. **Capacity (staff and systems):** Build capacity for staff to reduce burnout (manageable caseloads, more staff and training, fair pay and support). The internal data collection systems are outdated and inaccessible. County needs to explore telemedicine.
2. **Culturally competent care:** Have bilingual staff members that are reflective of consumers they serve; services are specialized for diverse clients (such as seniors and formerly incarcerated). Deliver care through the model of whole-person care.
3. **Access:** Provide services where people are, including walk-in services, urgent care, navigators, transportation and childcare. Ensure there are warm handoffs.

Participants also noted:

- *Streamline the referral process particularly the intake packet*
- *More peer advocates*
- *Outreach to communities to inform about services and rights*
- *Ensuring strong assessment to support appropriate level of care*
- *More supervised safe spaces*
- *Data collection is skewed, since we don't have baselines*

Individuals Involved with Child Welfare/Probation

What Would Success Look Like?

Success would look like having a culturally competent system that serves children and their families. The services would be along a continuum and integrated with education and community-based navigators to equip children and their families to achieve wellbeing. There would be continuity in services, with no interruptions or barriers to linkage.

Participants also noted:

- *Families seen as experts and the system is focused to ensure the family gets the support they need*
- *Strong access points, with no delay in referral process*
- *Prevention and early intervention to support early screening and service delivery (consider focusing on families and schools)*
- *Regular trainings for partners around Indian Child Welfare Act and cultural awareness*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate $1.0 million for Foster Youth Supports.

Key Themes

Cultural Competency

Accessibility

Family Involvement

What Is Working – "Glows"

1. **Collaboration:** Agencies, systems partners, peer & family advocates are working together.
2. **Family and community focused approach to services:** Child and family teams, family partnerships and community support teams are central to service approach.
3. **Cultural competence:** Services are culturally competent and designed to be in a continuum and wrap-around.

Participants also noted:

- *Increase in services for crisis and foster youth and family*
- *Training for youth and adults: Child and Family Teams and Mental Health First Aid*
- *Specific Programs: youth groups, leadership groups and mentorship programs*
- *Mobile Crisis Support Teams*

What Can Be Improved – "Grows"

1. **Increase funding and priority for specific programs:** (1) BHS contracts with foster family agencies and (2) alcohol and drug services in schools.
2. **Decrease barriers to service delivery:** Integrate services and warm hand-offs. Eliminate barriers created by Medi-Cal.
3. **Culturally specific services:** Increase availability of culturally specific services. Include youth and family advocates and mentors.

Participants also noted:

- *Other programs and priorities need additional capacity: LGBTQ community providers, cross-over youth, local opportunities for placement, prevention and early intervention services in juvenile hall*
- *Medical access and awareness of services*
- *Integration of services including the follow-up particularly outcome of a referral*
- *Youth voice and advocacy, as well as youth integration into future town halls*
- *System education and training*

School-Based Services

What Would Success Look Like?

Success would look like a system that has its foundation in prevention and early intervention. From that foundation, it would collaborate with teachers, family, outside programs and others to provide culturally competent wrap around services (tier 1, 2 and 3). These would include skill building, social emotional learning and at least one MH clinician at every school. There would be enough capacity to ensure schools can be trusted partners to students and their families in the community.

Participants also noted:

- *Programs such as education around MH skills and wrap around services would be provided for the entire family, not just the child.*
- *There would be a culture change in school that would include restorative justice, trainings for teachers and a decrease in stigma/bias against trauma and mental health. As such, African-American students would not be adversely affected by suspensions.*
- *Access: Expanded MH services would allow for there would be no wrong door to catch kids at any level of need. Students would have the opportunity to self-refer.*
- *Schools are one piece of a cohesive system to support children and families. Events like this are helpful.*

What Behavioral Health has Done

More to Come!

✓ Meetings in progress with Sacramento County Office of Education to discuss possible models for school-based services.

Key Themes

Cultural Competency

Mental Health Support

Family Involvement

What Is Working – "Glows"

1. **Increased funding:** Additional resources have been allocated to school-based services due to policy change (AB 2246), increased awareness of MH challenges (including suicide prevention) and ACEs (MHOAC Grant).
2. **Cultural Competence:** Services are culturally competent, available on campus, more positive, and staff are representative of the community.
3. **Delivery of services:** Programs serve the whole child and doing so with a focus on early intervention. Quick access and 24/7 support are prioritized.

Participants also noted:

- *Collaboration: partners are willing to come to the table to remove siloes*
- *Programs (such as sports) and education services (relating to MH services or marijuana)*
- *Training for teachers around ACES, trauma and social emotional learning*
- *Social media posts of MH resources and the crisis text line*

What Can Be Improved – "Grows"

1. **Collaboration:** Collaboration between county departments, schools, funding streams, partners and providers to support youth with behavioral needs and their families. No wrong door.
2. **Capacity for programs and services:** Focus on prevention and early intervention programs. Increase capacity in trauma and MH classes. Hire additional staff in classrooms (specifically aides).
3. **Outreach:** Increase access, with a focus on social media, family nights and collaborations between schools, parents and MH providers.

Participants also noted:

- *Cultural competence: hire more diverse staff, train teachers to be trauma-informed, and to break down stigma. Provide services that are more culturally responsive*
- *Take school resource officers off of campuses*
- *Provide more support for families in the home*
- *Need for collaboration to transform typical silo (for example, teachers going to home visits, officers at tables for CFT teams)*
- *Adding capacity in schools could look like a MH app to increase access to MH clinicians, trauma informed yoga and headspace check-in café*

Individuals Who Have Experience with the Criminal Justice System (youth and adult)

What Would Success Look Like?

Success would look like a system that collaborates, communicates and involves the family in the treatment plan. It would provide services that are culturally effective and a welcoming, positive environment. The services would provide immediate and comprehensive assessment prior, during and after custody. There would be no access issues with 24/7 MH services and strong MH training for probation and police.

Participants also noted:

- *Training and education for probation would include de-escalation, stigma reduction, increasing buy-in for MH services*
- *Focus on prevention and early intervention, diverting individuals away from custody – a treatment model instead of a punishment model*
- *Community trained around criminal justice system and stigma reduction; engaged to stay in services and to increase buy-in; cultural healing services provided by people from the culture*
- *Some ways systems can collaborate are: (1) Have a MH clinician go with law enforcement for 5150 calls (2) discharge planning (3) advocate in criminal justice system (4) co-locate MH professional in community organizations (5) collaborative court programs*
- *No one goes to jail for mental illness and convictions that transpired during MH episode would be expunged*
- *Expanding services: mobile crisis teams, medication management, MH outpatient services and life skills*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate $2.2 million for Mobile Crisis Support Teams.

Key Themes

Family Involvement

Accessibility

24/7 Mental Health Services

What Is Working –"Glows"

1. **Coordination and Collaboration:** Court programs and agencies are collaborating and creating partnership programs.
2. **MH Court:** There is treatment and collaboration as well as increased linkage to MH services.
3. **Juvenile Hall:** Young people can access MH services.

Participants also noted:

1. *Mental Health Urgent Care Clinic and Mobile Crisis Support Teams have improved linkage and provided access*
2. *Collaboration: attorneys with mental health workers; parents with juvenile hall staff; law enforcement with ADS & mobile crisis; MH staff with medical professionals*
3. *Cultural competence: County is including more people with lived experience, Sacramento Police Department is receiving training and there is more advocacy*

What Can Be Improved – "Grows"

- **Collaboration:** All partners work together to ensure there is seamless access to services and warm hand-offs to treatment upon release. There is a single system or case file to facilitate this coordination.
- **Capacity:** Increase number of inpatient beds and multiple crisis/restoration centers throughout the community.
- **Cultural competence**: Family support and MH first responders need to be sensitive to cultural needs of the communities they serve.

Participants also noted:

1. *Proactive in-custody assessment and treatment services for all who are eligible*
2. *Jail: there should be an alumni group and day treatment in jail*
3. *Transparency in the distribution of funds and leveraging funds*
4. *More capacity in homeless services, mobile crisis, residential treatment for youth, housing (scattered site), and access to medication. Consider a detention center for clients who are mentally ill.*
5. *Trainings for officers and providers around de-escalation, implicit bias, sensitivity. More cultural mediators. Better representation. Reduce the jargon. Educate non systems workers about system.*
6. *Families should be integrated into support and services, better visitation in custody and a hotline for families*

Appendix 1: Participant Evaluation Feedback

What worked?

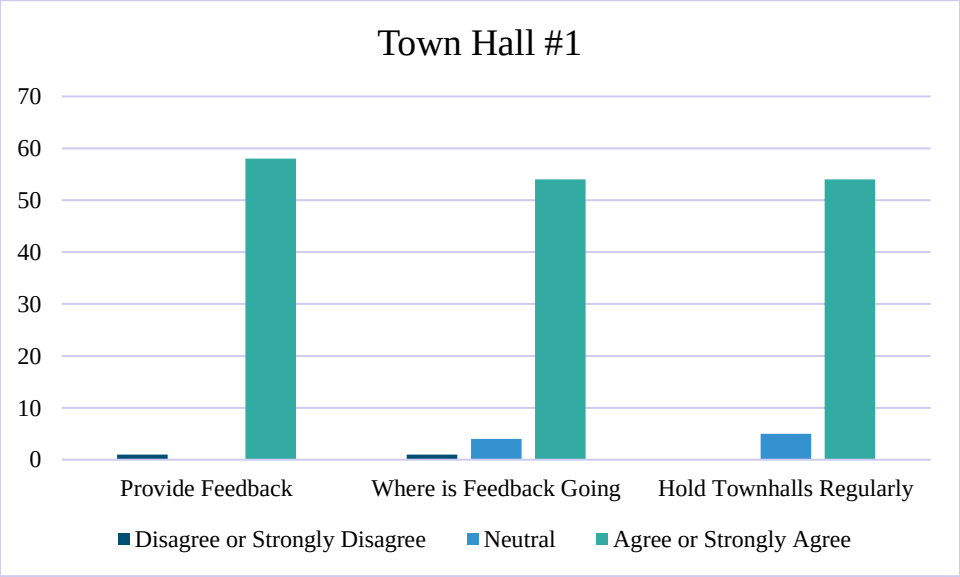
- Participants appreciated hearing from a diverse group at their tables, there was great discussion and fantastic facilitation
- They appreciated the opportunity to be heard around what is working and what can be improved, they also appreciated learning about the current system up front
- Participants appreciated the structure, flow and coordination around the meeting, great facilitation
- Thank you for the food and coloring books

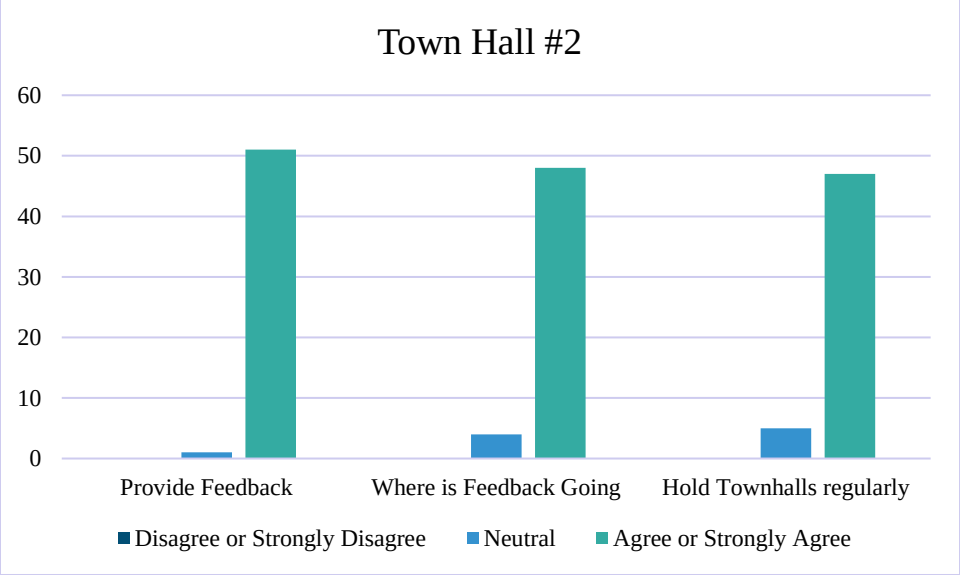
What can be improved?

- Meeting #1: Air conditioner, parking logistics and size of room
- Make it shorter and consider combining, re-organizing sections to do so
- Have more community members and consumers, do so through better advertisement and going into communities for future meetings
- What are the next steps from this and who is the Executive Team?
- This was not the format I expected from the flyer/communications
- Meeting #2: seemed to want more information around current services, service continuum that was presented at the beginning

Participants indicated a response to the following questions along a scale of strongly disagree to strongly agree.

- This town hall provided me an opportunity to provide feedback and ideas around the current behavioral health system in Sacramento County of Sacramento
- I understand where my feedback and input will go after this town hall
- BHS Behavioral Health Services should hold town halls on a more regular basis





Appendix 2: Family Support

At the first Town Hall a group formed around the theme of Family Support. While Family Support was not identified as a standalone focus areas of discussion for the BHS Town Hall, it is in alignment with the values and BHS so their responses are provided here.

What Would Success Look Like?

Success Statement: Families would be supported with (1) family resource binder (2) crisis/non-crisis phone line (3) family support rights and (4) social events. There would be peer advocacy for co-occurring (SUD/MH) lived experience.

Participants also noted:

- *Early intervention for family members*
- *Access to services: hours of operation in evening and on weekends, play care and transportation*
- *Inclusion of children of consumers*
- *Assisted outpatient*

What Is Working – "Glows"

1. NAMI Family to Family
2. Family advocacy (peer)

Participants also noted:

- *Communication within family*

What Can Be Improved – "Grows"

1. Family Rights Policy and Procedures with current MH documentation. Consider creating a focus group.
2. Phone line for family members (crisis/non crisis)
3. Resources for family members

Participants also noted:

- *Access: provide health information to other agencies, more outreach*
- *Respectful communication for family members*
- *Increase community-based co-occurring providers*
- *Having fun within family*

Appendix 3: Comfort Agreements

SACRAMENTO COUNTY
Division of Behavioral Health Services

COMFORT AGREEMENT

1. Honor the wisdom that each person brings
2. Listen with an open mind and a willingness to compromise
3. It's ok to disagree—have respect for each other's opinions
4. Disagree respectfully—no criticism of self or others
5. Show consideration to others, use respectful language
6. One person speaks at a time—no side bar discussions
7. Minimize distractions—please silence cell phone
8. Participate in the process—be mentally and physically engaged

Appendix 4: Key Definitions

Mobile Crisis Support Teams (MCSTs)

Mobile Crisis Support Teams (MCSTs) are a collaboration between DBHS and local law enforcement agencies across Sacramento County. Each team includes a police officer or sheriff's deputy, a licensed mental health counselor, and a peer navigator. The MCSTs serve individuals of all ages and diversity in Sacramento County by providing timely crisis assessment and intervention to individuals who are experiencing a mental health crisis. The goals of the program are to provide safe, compassionate and effective responses to individuals with a mental illness; increase public safety; decrease unnecessary hospitalizations for community members experiencing a mental health crisis; decrease unnecessary incarceration for community members experiencing a mental health crisis; and increase consumer participation with mental health providers by problem solving barriers and increasing knowledge of local resources.

Crisis Residential Programs (CRPs)

Crisis Residential Programs (CRPs) are comprehensive, short-term residential programs that provide a less restrictive alternative to hospitalization. CRPs provide treatment for adults experiencing a mental health crisis who require 24-hour support in order to return to community living. The services provided are time-specific, member-focused, and strength-based. Services routinely avert the need for hospitalization through teaching clients to successfully manage their symptoms, addressing psychosocial stressors and empowering clients to become agents of change in their recovery.

The Augmented Care and Treatment (ACT) Board and Care program

The Augmented Care and Treatment (ACT) Board and Care program offers a quality residential board and care living environment for individuals living with serious mental health and/or co-occurring conditions who are at risk of hospitalization or in need of intense programming. The philosophy behind the ACT program model is to provide a safe and supportive environment where

individuals can receive treatment, life skills, and connections to other resources at a less restrictive level of care than other residential models.

Respite programs

Respite programs provide services for people who need a different level of care than they can get at home, are not at immediate risk to themselves or others, and do not have acute medical conditions needing complex medical attention. Respite programs provide a safe environment in which participants increase their knowledge of available supports and how to access them, improve well-being, reduce stress, increase connectedness and reduce feelings of isolation, decrease risk of harm, and reduce visits to the emergency room and psychiatric hospitals.

Send with all notices

LANGUAGE ASSISTANCE

English
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 916-875-6069 or TDD at 711.

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call 916-875-6069 or TDD 711

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 916-875-6069 or TDD 711.

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 916-875-6069 TDD 711

Tagalog (Tagalog – Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-916-875-6069 TDD 711

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. *[1-*916-875-6069 TDD 711 번으로 전화해 주십시오.

繁體中文(Chinese)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-916-875-6069*]* (接力服務TDD 711。

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-916-875-6069 TDD 711

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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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注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1−916-875-6069 TDD 711まで、お電話にてご連絡ください。

Hmoob (Hmong)
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-916-875-6069 TDD 711

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 916-875-6069 TDD 711 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 916-875-6069 *TDD* 711

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 916-875-6069 TDD 711 पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 916-875-6069 TDD 711

ខ្មែរ (Cambodian)

យកចិត្តទុកដាក់:ប្រសិនបើអ្នកនិយាយភាសាខ្មែរសេវាកម្មជំនួយភាសាដោយមិនគិតថ្លៃអាចរកបានសម្រាប់អ្នក។ ទូរស័ព្ទទៅ ៩១៦-៨៧៥-៦០៦៩ ឬសេវាបញ្ជូនតតាមលេខ ៧១១ ។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,
ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 916-875-6069 TDD 711

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
Email: DHS-SUPT@saccounty.net

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.

APPROVED
BOARD OF SUPERVISORS
BY RESO NO. 2020-0773
NOV 17 2020
BY Florence Evans
Clerk of the Board

COUNTY OF SACRAMENTO
CALIFORNIA

42

For the Agenda of:
November 17, 2020
Timed: 9:30 a.m.

To: Board of Supervisors

From: Phil Serna, Chair – Board of Supervisors

Subject: Request From Supervisor Serna For Board Consideration Of Resolution Declaring Racism As A Public Health Crisis

District(s): All

RECOMMENDED ACTION

Consider approval of the attached resolution declaring racism as a public health crisis in Sacramento County.

BACKGROUND

Supervisor Serna has requested that the Board of Supervisors ("Board") consider the adoption of the attached resolution. This board letter summarizes the purpose and effect of the proposed resolution.

As one of the Nation's most diverse communities, Sacramento County should embrace, nurture and protect the diversity of our community and ensure that all of its citizens has the opportunity to enjoy a life free from institutional, structural, systemic and interpersonal racial prejudice, bigotry, bias, derision, and hate. An emerging body of research demonstrates that racism is a social determinant of the physical, mental and emotional health of people of color. Therefore, the Board of Supervisors of the County of Sacramento should acknowledge its responsibility to shape policies, appropriate resources, implement programs, issue directives and otherwise advocate for racial equity for the well-being of those they serve.

By asserting that racism, and the health inequities resulting therefrom, constitute a public health crisis affecting our entire community, Sacramento County can take the initial steps to remedy this emerging health crisis.

FINANCIAL ANALYSIS

There is no fiscal impact anticipated at this time.

Attachment:
RES – Declaration of Racism as a Public Health Crisis

RESOLUTION NO. 2020-0773
A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SACRAMENTO DECLARING RACISM A PUBLIC HEALTH CRISIS

WHEREAS, Sacramento County is one of the Nation's most diverse communities broadly recognized for celebrating its multi-cultural and ethnically diverse population, and it is the diversity of people of color who make the mosaic of Sacramento County such a wonderful place to live, work, play, learn, worship and raise a family; and

WHEREAS, it is incumbent on all locally appointed and elected policy makers to embrace, nurture, and protect the diversity of our community, and to ensure everyone has the opportunity to enjoy a life free from institutional, structural, systemic and interpersonal racial prejudice, bigotry, bias, derision, and hate; and

WHEREAS, institutional, structural, systemic and interpersonal racism adversely impacts the physical, mental and emotional health of people of color, and an emerging body of research demonstrates that racism is a social determinant of health that threatens health equity objectives; and

WHEREAS, the Sacramento County Board of Supervisors acknowledges and welcomes the inherent responsibility to shape policies, appropriate resources, implement programs, issue directives, and to otherwise advocate for racial equity and to speak-up and -out when it is clear institutional, structural, systemic and interpersonal racial prejudice,

bias, derision, and hate threatens the health and wellbeing of those they represent and serve; and

WHEREAS, Sacramento County is dedicated to improving health and wellness, eliminating health disparities and achieving health equity for all residents; and

WHEREAS, one such deliberative initiative to address racial health inequities and disparities that Sacramento County is proud to have initiated and continues to support, is the 'Black Child Legacy Campaign,' (BCLC) originally conceived as the 'RAACD' effort - 'Reducing African American Child Deaths;' and

WHEREAS, the BCLC/RAACD's purpose is to address decades of health and social disparities in Sacramento County's African American childhood population that have contributed to disproportionate death rates; and

WHEREAS, since commencing programmatic implementation of the BCLC/RAACD in 2015, Sacramento County has seen a considerable decrease in the disproportional mortality rate of African American children who have died due to well-documented leading causes of death; and

WHEREAS, the BCLC/RAACD effort serves as a clear example of Sacramento County's commitment to racial equity, health for all, and to fight against institutional, structural, systemic, and interpersonal racism in all its

manifest forms, but it is clear more must be done to confront continuing inequities that undermine fair and just governance and service delivery.

WHEREAS, more recently and in response to the coronavirus pandemic, Sacramento County Public Health commenced an initiative to further advance health equity by focusing on racial equity and confronting racism as a public health crisis from within and across its operations, programs and policies; and

NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors of the County of Sacramento, that Sacramento County commits to the following:

1. Assert that racism, and the health inequities therefrom, constitutes a public health crisis affecting our entire community; and

2. Work to shape an inclusive, well-informed governmental organization that is conscious of injustice and inequity through robust training and continuing education to expand understanding of how racial discrimination adversely affects individuals and communities most impacted by racism; and

3. Actively work to nurture and enhance diversity across the County workforce, especially in leadership and management positions; and

4. Review all policies, procedures, practices and protocols to ensure racial equity is a core value of Sacramento County, and work to eliminate

those policies, procedures, practices and protocols that facilitate and/or harbor racial discrimination against specific populations; and

5. Ensure the consistent collection, analysis and reporting of disaggregated demographic, socioeconomic and public health data to assess, evaluate and measure progress towards eliminating racial inequities; and

6. Prioritize the investment of time and budget in promoting racial equity to address social determinants of health, including but not limited to continuing support for the Black Child Legacy Campaign; and

7. Promote and cultivate early and ongoing community involvement to identify and implement strategic interventions and solutions such as trauma-informed practices, and give voice to the lived experiences of our communities of color; and

8. Encourage and build upon Sacramento County Public Health's strategic work to address racial equity and institutional racism; and

9. Identify, deploy and expand upon best practices used in other jurisdictions that promote racial equity and that address institutional, structural, systemic and interpersonal racism; and

10. Identify and implement solutions to eliminate institutional, structural and systemic racial inequity in all community services provided by the County including, but not limited to: public health, human assistance, protective services, homelessness and housing, economic development, land use and environment, finance, and criminal justice/law enforcement; and

11. Design, develop, enhance and deploy public education and messaging efforts to increase understanding and awareness around systemic racial inequity from a public health perspective, with special attention given to the experiences of communities of color; and

12. Design, develop, enhance and deploy community-based alternatives to prevent trauma and eliminate harm associated with racial inequity; and

13. Advocate for relevant local, state, and federal policies that improve health and wellness in communities of color, and support local, state, and federal initiatives and legislation that advance racial equity; and

BE IT FURTHER RESOLVED THAT the Board of Supervisors, through the County Chief Executive Officer and Assistant County Executive Officers, will work with the Department of Health Services, all County departments and other community partners, to assess and apply a racial equity lens to internal policies, procedures, practices and protocols; adopt preventive measures, and refine programs to fight institutional, structural and systemic racism and bigotry to promote the health, wellness and equity of Sacramento County's valued workforce; and

BE IT FURTHER RESOLVED THAT the Board of Supervisors intends to establish by separate resolution a "Sacramento County Racial Equity Policy Cabinet" which would issue periodic public reports to the Board of Supervisors and be responsible for promoting strategic coordination,

cooperation and collaboration across all County Departments and the community regarding all efforts documented herein to promote racial equity.

On a motion by Supervisor Serna, seconded by Supervisor Kennedy, the foregoing Resolution was passed and adopted by the Board of Supervisors of the County of Sacramento this 17th day of November, 2020, by the following vote, to wit:

AYES: Supervisors, Kennedy, Nottoli, Peters, Serna

NOES: Supervisor Frost

ABSENT: None

ABSTAIN: None

RECUSAL: None

(PER POLITICAL REFORM ACT (§ 18702.5.)

FILED
BOARD OF SUPERVISORS
NOV 17 2020
Florence Evans
BY _____
Clerk of the Board

Chair of the Board of Supervisors
of Sacramento County, California

(SEAL)

ATTEST: Florence Evans
Clerk, Board of Supervisors

In accordance with Section 25103 of the Government Code of the State of California a copy of the document has been delivered to the Chair of the Board of Supervisors, County of Sacramento on November 17, 2020

By: D Wilt
Deputy Clerk, Board of Supervisors

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

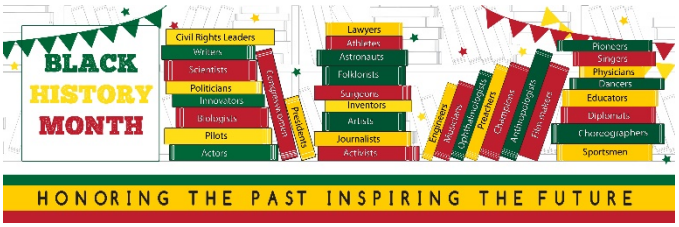
SACRAMENTO COUNTY

"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

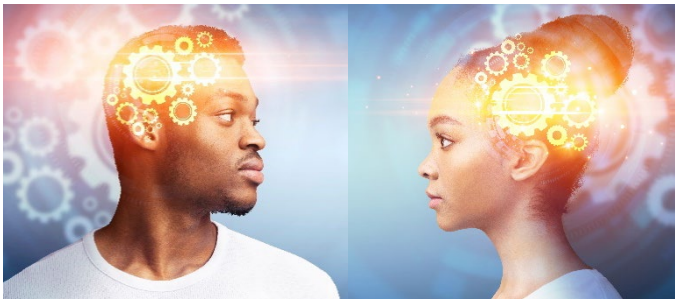
family offers a rich tapestry of images for exploring African American past and present," the ASALH writes on their website.

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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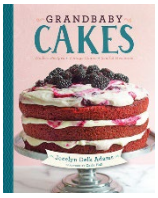
Recipe Row

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
I	T	S	F	P	I	U	A	C	N	L	T	A	C	I	R	Y
L	A	W	U	R	V	Z	A	O	F	F	R	N	R	O	E	O
W	R	S	B	F	N	R	I	U	R	C	A	O	O	N	V	S
A	G	D	S	A	F	T	E	E	H	M	I	R	W	P	A	U
R	E	K	W	R	I	R	E	V	B	G	J	T	V	C	L	B
H	T	K	F	L	C	D	A	U	R	M	V	O	W	A	S	C
I	N	T	O	T	O	V	T	G	R	A	T	Q	W	A	W	O
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

CAL VOICES AND SACRAMENTO COUNTY PRESENT

25TH ANNUAL
PEER EMPOWERMENT CONFERENCE

Can you see me now? The Importance of Diversity and Equity

FRIDAY, JUNE 18, 2021

10:00 AM – 1:30 PM

THIS PROGRAM IS FUNDED BY THE SACRAMENTO COUNTY DIVISION OF BEHAVIORAL HEALTH SERVICES THROUGH THE VOTER-APPROVED PROPOSITION 63, THE MENTAL HEALTH SERVICES ACT.

CAL VOICES
ADVOCACY · RECOVERY · PEER SUPPORT

a continuation of NorCal MHA Mental Health America

SACRAMENTO COUNTY

ABOUT CAL VOICES

In 1946, coalition of mental health patients, mental health service providers, and interested community members began a local Mental Health Association chapter in Sacramento, which is now known as Cal Voices, a continuation of NorCal MHA. For over 70 years, Cal Voices has provided mental health consumers with culturally-affirming peer support services, assistance in navigating various human service agencies, and advocacy for consumer-oriented public mental health policies. Currently, Cal Voices provides these services in Amador, Placer, and Sacramento counties in California, and offers technical assistance to other mental health agencies statewide. Cal Voices is an affiliate of Mental Health America (MHA) is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness.

Cal Voices is dedicated to improving the lives of residents in the diverse communities of California through advocacy, education, research, and culturally relevant services. In all of its programs, Cal Voices works with individuals and families with mental health challenges to promote wellness and recovery, prevention, and improved access to services and support. Cal Voices staff strive to provide peer services that foster recovery, reduce stigma and discrimination, and improve cultural competency through self-help, education, and culturally relevant research.

Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. (SAMHSA)

SAMHSA has delineated four major dimensions that support a life in recovery:

- Health: Managing disease(s) or symptoms
- Home: A stable and safe place to live
- Purpose: Meaningful daily activities
- Community: Relationships and social networks

CONFERENCE AGENDA

10:00 AM – 10:05 AM	**WELCOME AND MORNING KICK OFF** Angelina Woodberry | Consumer Advocate Liaison, Cal Voices/Sacramento County Division of Behavioral Health
10:05 AM – 10:15 AM	**OPENING REMARKS** Dr. LaTanya Takla | Licensed Clinical Psychologist ACEs/Trauma and the impact on adult mental health
10:15 AM – 10:20 PM	**SPOKEN WORD** Tiffany Carter | Statewide Advocacy Liaison, Cal Voices
10:20 AM – 10:25 AM	**SACMAP PROGRAM OVERVIEW** Stephanie Ramos | Cal Voices Overview of the SacMap Program
10:25 AM – 10:30 AM	**BREAK** Resource links and art show
10:30 AM – 11:30 AM	**PANEL DISCUSSION AND Q&A: DIVERSITY IN MENTAL HEALTH SERVICES** Panelists will discuss topics including destigmatizing mental health treatment, the biggest challenges facing mental health, and tips for self-advocacy ▪ Ryan McClinton | Sacramento Area Congregations Together, MHSA Steering Committee ▪ Loreen Pryor | President/CEO of Black Youth Leadership Project ▪ Dr. Shacunda Rodgers | Licensed Clinical Psychologist ▪ Dante Williams | Former Youth Advocate and California Committee on Juvenile Justice ▪ Adam Chin, LPHA | Program Coordinator, El Hogar's Sierra Elder Wellness Program.
11:30 AM – 11:40 AM	**BREAK/PERFORMANCE** Bajan the artist - song selections

11:40 AM – 12:50 PM	KEYNOTE SPEAKER PRESENTATION AND Q&A Sean Ellis | Trial 4, Exoneree Network
12:50 PM – 12:55 PM	BREAK Bajan the artist - song selections
12:55 PM – 1:10 PM	CONSUMER AWARDS CERAMONY ▪ Consumer Provider ▪ Non-Consumer Provider ▪ Volunteer of the Year ▪ Consumer Leader of the year
1:10 PM – 1:20 PM	CALL TO ACTION ACCESS California
1:20 PM – 1:30 PM	CLOSING REMARKS Angelina Woodberry | Consumer Advocate Liaison, Cal Voices/Sacramento County Division of Behavioral Health

Recovery occurs via many pathways

Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds—including trauma experience—that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is nonlinear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. (SAMHSA)

SPEAKER BIOGRAPHIES (in order of appearance)

ANGELINA WOODBERRY | CAL VOICES

Angelina R. J. Woodberry has devoted her professional and personal life to being a voice for the at risk and disenfranchised members of society through non-profit organization, management and advocacy. She has worked with foster families at River Oak Center for Children as a resource coordinator. At Child Action, she was the Community Outreach Specialist as well as a referral specialist. During her time with Sacramento County's successful early childhood intervention program, Birth and Beyond, she served as an AmeriCorps Home Visitor and Family Resource Center Aid. She worked for Consumers Self Help in the Office of Patients' Rights as a Patients' Rights Advocate for seven years. She currently works for Cal Voices as the Consumer Advocate Liaison to Sacramento County. Angelina has provided numerous workshops throughout the County on mental health issues as both a certified Mental Health First Aid Instructor and a Hearing Voices Network Facilitator. She currently serves as Chair of the Sacramento County Children's Coalition. She is also a member of the Sacramento County Human Services Coordinating Council, the State of California Office of Health Equity, and the California Behavioral Health Planning Council. A mother of two teens, she is a dedicated volunteer with their school's PTA. When not working, she enjoys writing fiction, shopping with her husband, and watching crime shows.

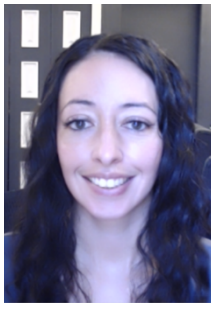
DR. LATANYA TAKLA | SPARK CENTER'S INCLUSIVE MENTAL HEALTH INITIATIVE

Dr. La Tanya Takla is an Educational Psychologist as well as a dually Licensed Marriage and Family Therapist (LMFT) and Professional Clinical Counselor (LPCC). She has been a licensed mental health provider for over a decade and works with a broad spectrum of clients. In addition to clinical practice she is an Associate Professor at the University of Phoenix and teaches in the Masters in Professional Counseling Program. Dr. Takla is the Director of Spark Center's Inclusive Mental Health Initiative. She facilitates training for therapists who work with ethnic minorities as well as provides consultation for therapists. Dr. Takla regularly conducts groups and workshops for the unique needs of clients including: Healing from Race-Based Trauma and Stress as well as psychoeducation for grief, loss and coping. Dr. Takla is passionate about providing culturally informed responsive services. She aims to promote therapeutic environments that foster awareness and encourage equitable participation of all groups; while seeking to address and acknowledge issues of oppression, privilege, and power.

DON'T FORGET TO COMPLETE THE CONFERENCE EVALUATION IN ORDER TO RECEIVE YOUR GIFT CARD AND BE ENTERED INTO THE RAFFLE: https://bit.ly/3pPJWCC

TIFFANY CARTER | CAL VOICES

Tiffany C. Carter possess a B.S. in Human Services and a Graduate Certificate and Master's Degree in Industrial/Organizational Psychology. She has over 10 years of experience working in the Public Mental Health System (PMHS) supporting consumers with advocating and obtaining appropriate and beneficial services with their treatment, housing, and overall wellness. Tiffany's service to the community has been groomed by the motto "nothing about us without us". Being honored twice with Cal Voices' Consumer Provider of the Year award, amongst a plethora of other moments, has been reassurance to Tiffany that she is fighting the good fight. While her professional experience has nurtured her fervor and enthusiasm working within the PMHS, her personal journey to wellness has afforded her genuine empathy and appreciation that cultivates a well-rounded understanding of the improvements needed for consumers impacted by stigma, displacement, and discrimination.



STEPHANIE RAMOS | CAL VOICES

Stephanie Ramos's is a family member of someone living with a severe mental illness. She has served as Youth Advocate, Family Coordinator, Director of Education, and now the Communications Director for Cal Voices over the course of 15 years. Her work has included grassroots local advocacy efforts in Sacramento on various boards and committees, including serving as co-chair of the County's Mental Health Services Act (MHSA) Steering Committee. She has facilitated numerous focus groups for peers and TAY in the Public Mental Health System (PMHS), and works with employers across California to implement and improve peer support programs. Stephanie has provided training throughout the PMHS for many years on a number of concepts and modules. Her acumen for understanding organizational culture and shared decision making related to the MHSA Community Planning Process brings added value to Cal Voices.

RYAN MCCLINTON | SACRAMENTO AREA CONGREGATIONS TOGETHER

As a community organizer at Sacramento Area Congregations Together, Ryan McClinton helped develop policy, cultivate nonprofits, and develop resources to create a more just and fair community. With a focus on communities of color, McClinton tackled issues like gun violence, homelessness and food insecurity. He pushed local government to address systemic racism through governance and budgetary practices. He also successfully pushed for legislative policy to create more police accountability and helped develop a funding mechanism to support Black communities. After some four years with the organization, McClinton started a new job in October with Public Health Advocates, a nonprofit that helps communities pass laws, reform systems and establish norms that foster justice, equity and health. As a program manager, McClinton is working on a campaign focused on building advisory teams to help inform and innovate new approaches to emergency response systems.

LORREEN PRYOR | BLACK YOUTH LEADERSHIP PROJECT

An Alumna of Sacramento State, Lorreen is a 16-year veteran Legislative staffer and the President of Black Youth Leadership Project (BYLP). BYLP provides civic engagement opportunities, hands-on experience learning the legislative process, and exposure to Legislators, community leaders and key staff, student support and direct family educational advocacy services. In 2019, the California Association of Black Lawyers presented her with the Civil Rights Activist Award for her "advocacy on behalf of our youth." In 2021, she was awarded The California Legislative Black Caucus - Unsung Hero for AD9 presented by Assembly member Jim Cooper and was featured in the Sacramento Observer. Lorreen has lead and implemented numerous community programs and initiatives to aid the community in healing and create an environment where youth can thrive. As a former radio personality, her most recent venture is the LIVE podcast - Black v. The Board of Education, which features 5 high school student co-hosts.

DR. SHACUNDA RODGERS

Dr. Shacunda (pronounced Sha-KON-da) Rodgers is a licensed clinical psychologist. In her private practice, she provides services to adults, teens, couples, and families. Her clinical interests include treating people with depression, trauma-related concerns, grief and loss, and relationship difficulties. Dr. Rodgers is the founder of Melanin Meets Mindfulness, a wellness-based program that works to create safe emotional spaces for African-American women. Dr. Rodgers is a member of Safe Black Space, the umbrella under which various services are offered to address people of African ancestry's individual and community reactions to cultural and racial trauma. She is a community partner with The Soul Space Alliance, and is an advisor to "Brother Be Well—Wellness for Boys and Men of Color." Dr. Rodgers is serving a 4-year term on the California Board of Psychology, the regulatory and consumer protection agency that oversees the practice of psychology throughout the state.

DANTE WILLIAMS | BLACK COFFEE ROASTERY

Dante has served in the community since 2008 in various capacities. After overcoming his own challenges as youth, he was inspired to help youth in reaching their maximum potential. Dante served for eight years at Stanford Sierra Youth Solutions overseeing Youth Advocacy/Mentoring activities within the Family and Youth Partnership program. In his time there, he founded the Resilience Leadership Academy and helped to implement and manage the CSEC program. Dante has served as chair for the Sacramento County Youth Advocate Committee, as well as co-chair of the County's Mental Health Service Act Steering Committee. He is pursuing an Associates to transfer in Philosophy, and plans to study Law to further his advocacy initiatives. Dante serves in many areas in the community. He is a deacon and acting Worship Leader at Elk Grove Bible Church, and a Chaplain for the Sacramento County Probation Department. Dante owns and operates Black Coffee Roastery and is happily married to his beautiful wife Claudia. They are enjoying their three-month-old daughter.

ADAM CHIN | EL HOGAR

Adam Chin is currently serving as the Program Coordinator for the El Hogar Sierra Elder Wellness program. Adam's professional experience includes Integrated Primary Care, Older Adult Day-Health, Triage and Crisis Intervention, and Community Mental Health programs. Adam is a first generation American, an Asian-American, and spent the majority of his life and education in North Carolina. He is excited to share his experiences and advocate for cultural representation and humility in the behavioral health field at the upcoming Peer Empowerment Conference.

BAJAN THE ARTIST (Bay-Jon)

Powerful, sultry, versatile! Bajan has been singing and performing over 15+ years in the United States and abroad. She has performed in venues as small as 50 people to a stadium of over 4000. Her sound is described as Contemporary, Inspirational, Pop, Neo Soul, and R&B wrapped in one sound. Bajan's musical influences are Anita Baker, Maysa Leak, Toni Braxton, and Chaka Chan just to name a few.

SEAN K. ELLIS | TRIAL 4

Sean Ellis is featured in the recently released NETFLIX Docu-Series, Trial 4, about his journey to defend his innocence against a false conviction of the murder of a Boston police officer. Sean is a staunch advocate of criminal justice and prison reform. He co-founded the Exoneree Network and is involved with the NAACP, Violence in Boston, The Ministry of Justice, Massachusetts Community Action Network, and Essex County Community Organizing. Sean also serves as a trustee on the board of the New England Innocence Project. Sean's recently released NETFLIX Docu-Series, Trial 4 has elevated his voice internationally as he continues to speak about his experiences with racism and injustice within the criminal justice system. A system that kept him behind bars for nearly 22 years for a crime he DID NOT COMMIT!

Movie Trailer: http://trialfour.com/trial-four-on-netflix/

Sean K. Ellis Enterprise: http://trialfour.com/

Health Equity: the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically

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COMMUNITY RESOURCES

CAL VOICES' COVID-19 SUPPORT LINE

Cal Voices' COVID-19 Support Line provides peer counseling support to those impacted by COVID-19. If you or someone you know is overwhelmed by the pandemic and needs support, call the Cal Voices COVID-19 Support Line at (916) 288-8535. You can also contact to the statewide CalHOPE Warm Line at (833) 317-4673. Don't wanna talk on the phone? Check out the chat feature at www.calhopeconnect.org.

MENTAL HEALTH URGENT CARE CLINIC

Provides services on a walk-in basis to individuals of all ages who are experiencing a mental health and/or co-occurring substance abuse crisis. Services are available at 2130 Stockton Boulevard, Building 300, Sacramento, CA 95817. Call (916) 520-2460 to verify hours.

SACMAP PROGRAM

SacMap aims to helps community members navigate and access Sacramento County's mental health services. Tools include an online resource finder, a web-based resource guide, as well as monthly workshops to educate community members on behavioral health services and supports in Sacramento County. Virtual workshops will be held through 2022. Learn more at www.calvoices.org/sacmap.

SACRAMENTO COUNTY DIVISION OF BEHAVIORAL HEALTH

Sacramento County 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 at www.dhs.saccounty.net/BHS or by calling the Mental Health Access Team at (916) 875-1055 or toll free (888) 881-4881.

STOP STIGMA SACRAMENTO

The Stop Stigma Sacramento project is a place where you can learn about mental health and local resources; read personal stories from community members living with mental illness; and, find out how you can help reduce stigma and discrimination in your community. Learn more at www.stopstigmasacramento.org.

SUBSTANCE USE PREVENTION AND TREATMENT SERVICES

Sacramento County provides prevention and treatment services for substance (alcohol and drugs) use disorders. The range of services provided includes prevention services, outpatient treatment, intensive outpatient services, medication-assisted treatment, withdrawal management (detoxification), residential treatment, recovery residences, and more. Services are available for youth, young adults, perinatal/parenting women, adults, and seniors. Services will be provided to meet your cultural and language needs free of charge. Learn more at www.dhs.saccounty.net/BHS/Pages/SUPT/Substance-Use-Prevention-and-Treatment.aspx or call (888) 881-4881.

SPECIAL THANKS TO

Sacramento County Division of Behavioral Health
Cal Voices Staff and the Conference Planning Committee
Sacramento County Behavioral Health consumer artists*
Bajan the Artist*
From You Flowers*
* Raffle Prizes provided by consumer artists, Bajan the Artist, and in partnership with From You Flowers.

NOTES:

NOTES:

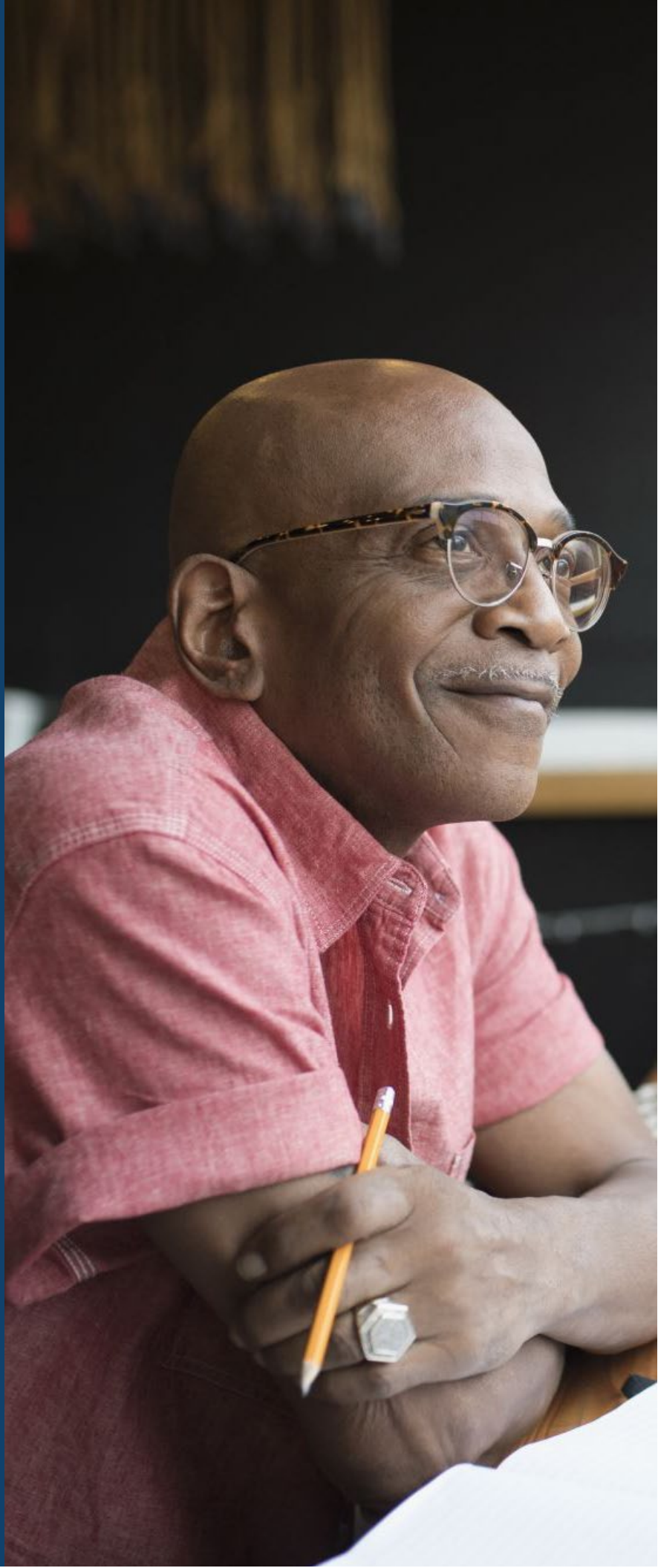
DON'T FORGET TO COMPLETE THE CONFERENCE EVALUATION IN ORDER TO RECEIVE YOUR GIFT CARD AND BE ENTERED INTO THE RAFFLE: https://bit.ly/3pPJWCC

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).

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Alcohol and Drug Advisory Board Advisory Board

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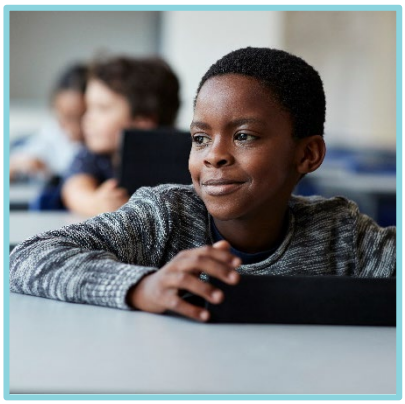
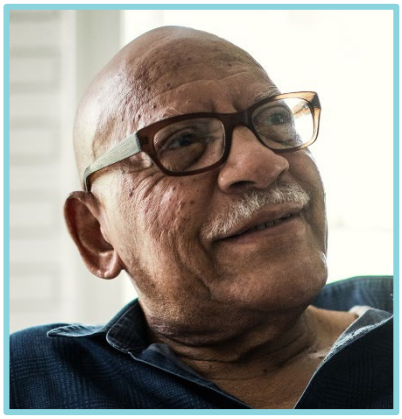
Consumers Self Help Center	HeartLand Child & Family Services	The Sacramento LGBT Community Center	Stanford Sierra Youth & Families
Turning Point Community Programs	UC Davis Health Children's Hospital: CAARE Diagnostic and Treatment Center	Uplift Family Services	Visions Unlimited

FOCUS GROUP

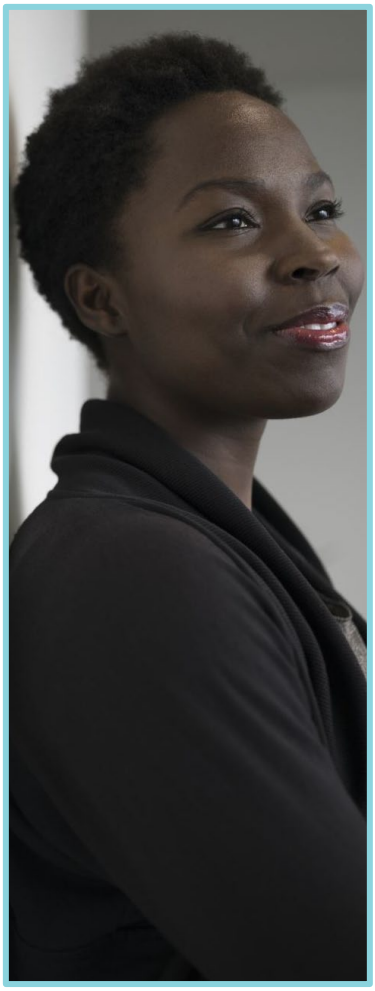
The California Institute for Behavioral Health Solutions appreciates the focus group and key informant individuals who provided their individual perspectives in accessing behavioral health services in Sacramento County.

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**

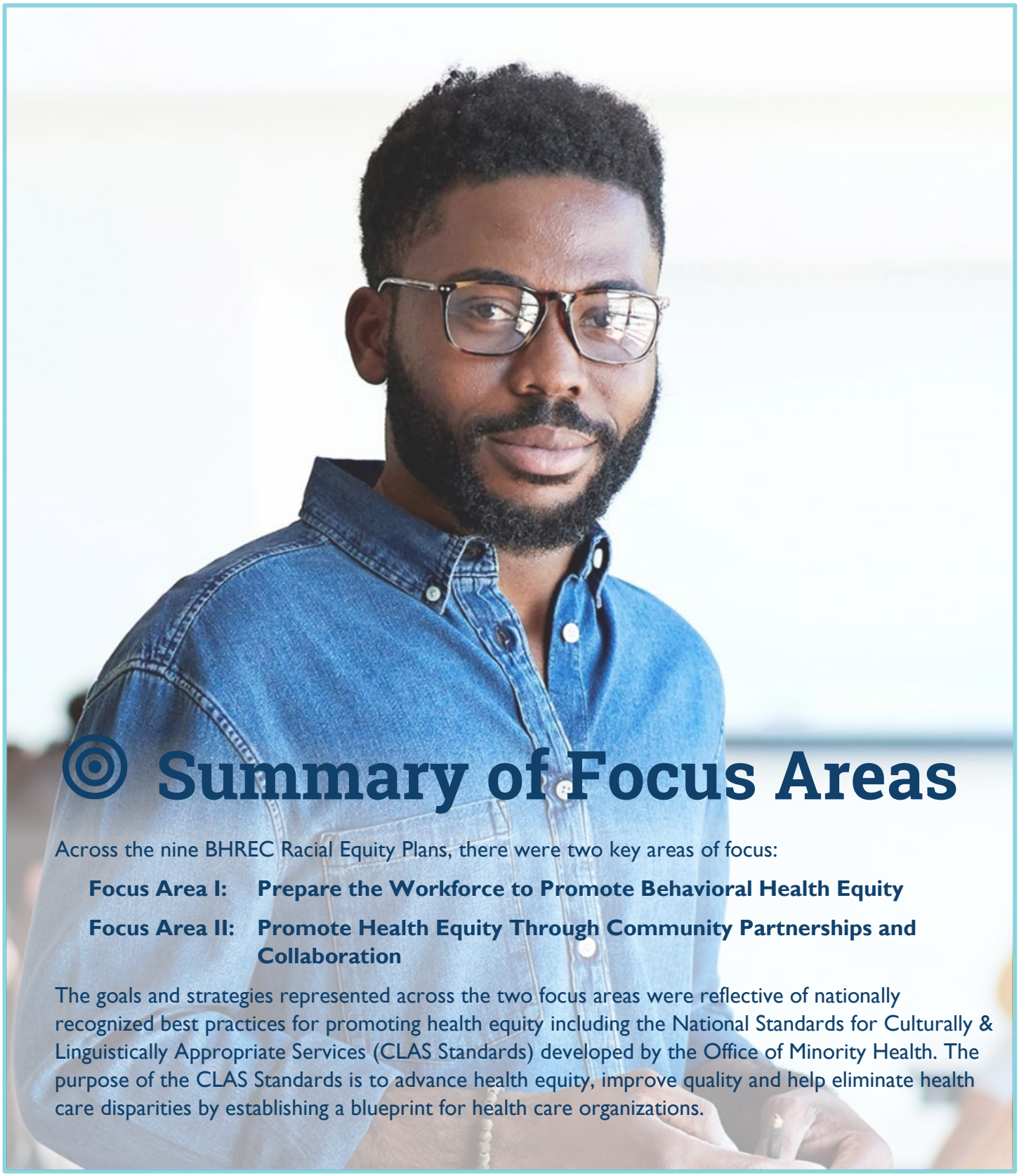
Sacramento County Behavioral Health Services (BHS), in collaboration with the California Institute for Behavioral Health Solutions (CIBHS) and Adèle James Consulting (AJC), facilitated the Sacramento County Behavioral Health Racial Equity Collaborative (BHREC) beginning in November 2020 and ending in 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.

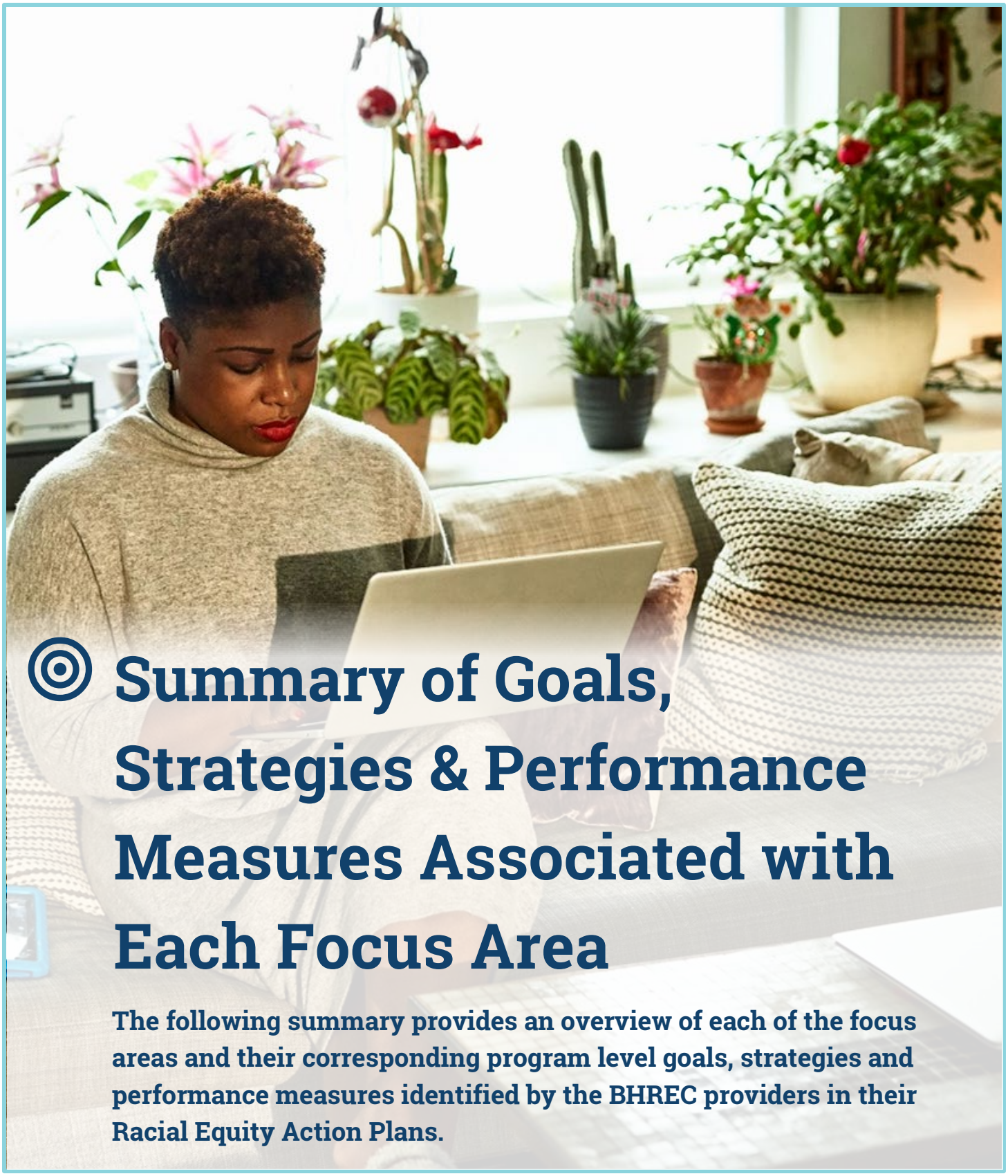
Focus Area II: Promote Health Equity Through Community Partnerships and Collaboration

> **"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.

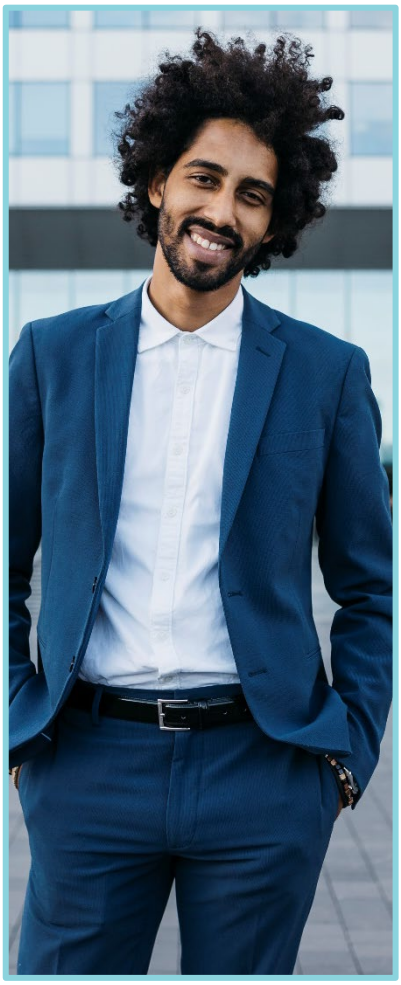
Implementation Strategy 1: Performance Measures

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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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

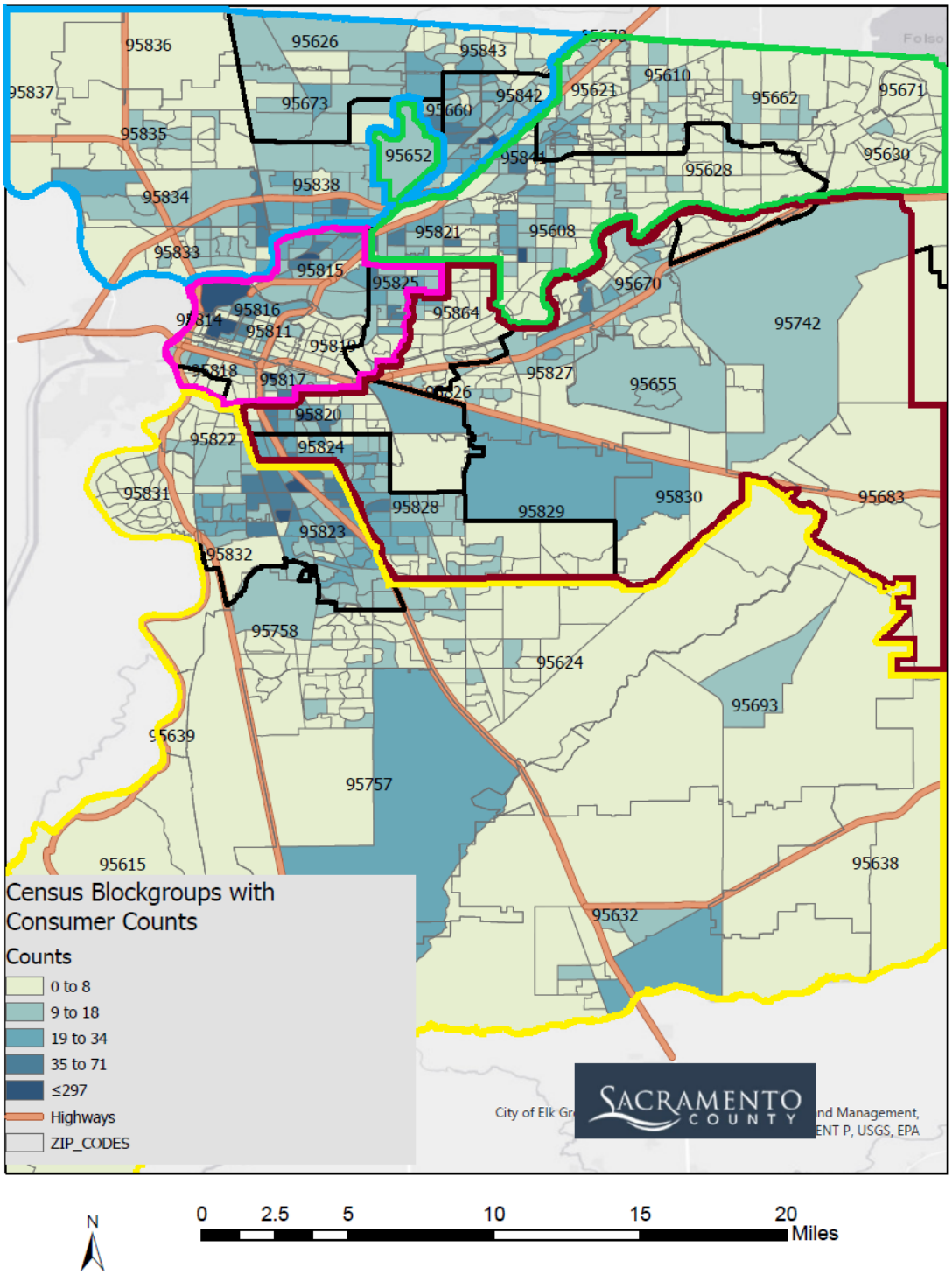
The CORE Program will balance the geographic distribution of outpatient mental health services throughout the Sacramento County area by siting outpatient mental health in the following areas:

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	$ -	$ -
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		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

Report Back on Community/Stakeholder Input for the Adult Outpatient Services Transformation

Division of Behavioral Health Services

MHSA Steering Committee

April 15, 2021

Kelli Weaver, LCSW, Division Manager
Michael Ameneyro, Program Planner

SACRAMENTO COUNTY

Background

- **August 6, 2019: MHSA Update Presentation**

Provided next steps for making MHSA funds available for services in the community through strategies for planning and stakeholder input, including bringing services in line with community needs and available resources through the Adult Outpatient Services Redesign.

- **January 21, 2021: Behavioral Health System and Stakeholder Participation Presentation**

Provided an overview to the MHSA Steering Committee outlining BHS' plan to implement a regular procurement schedule for contracted programs, utilizing stakeholder input from various methods and groups to ensure programming is effective, respectful and responsive.

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.

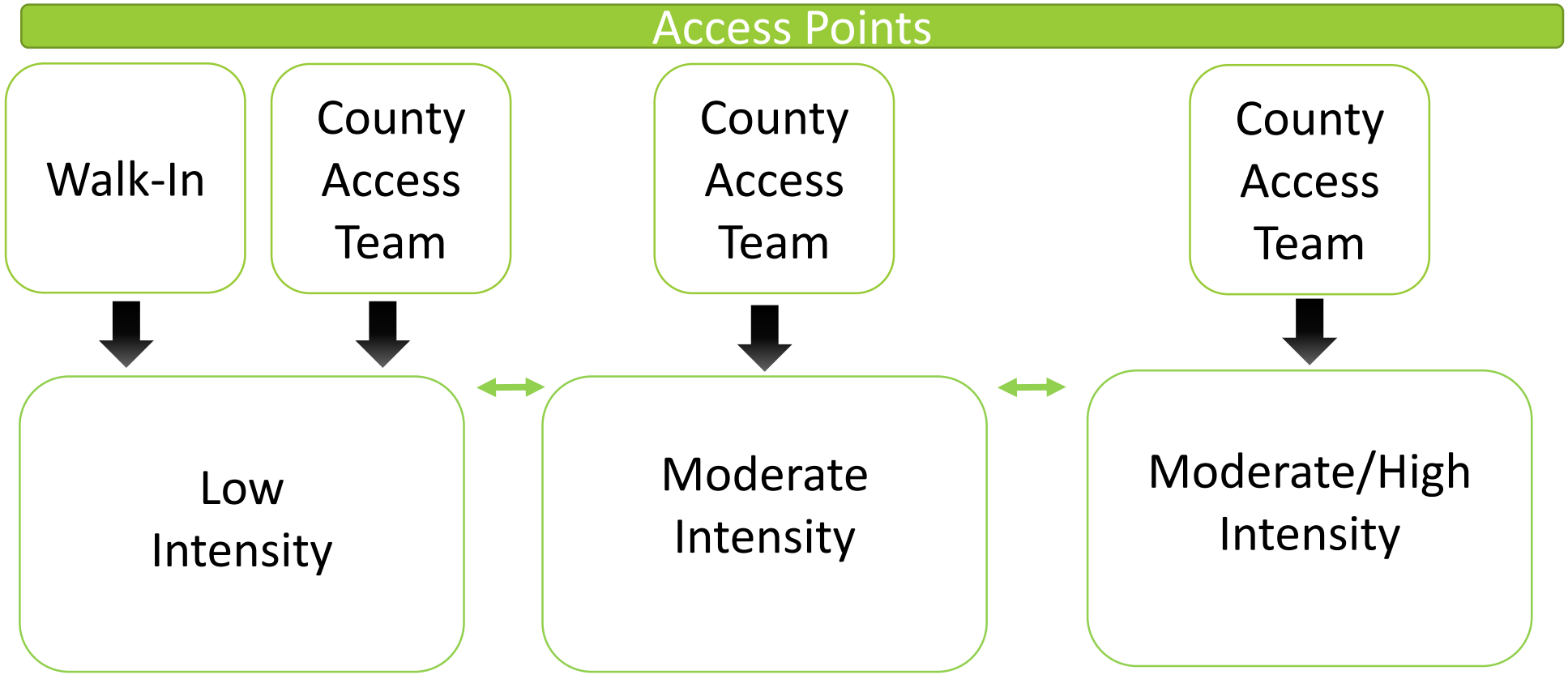
Current Outpatient Service Delivery

Current Adult Outpatient system includes:

Walk-in Centers providing site-based low to moderate level of care

Site-based clinics providing low to moderate level care

Flexible site-based & community-based services moderate to high level of care



Community Stakeholder Feedback Sessions

SACRAMENTO COUNTY

Community Stakeholder Feedback Sessions

Beginning in 2019, Sacramento County Behavioral Health Convened Several Stakeholder Feedback Sessions with a total of 649 participants

- **Goal:** The goal of the Stakeholder Feedback Sessions was to gather feedback and ideas about the current Behavioral Health Services System.
- **Feedback:** The feedback of the Stakeholder Feedback Sessions 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.

Community Stakeholder Feedback Sessions

Held On:

- 07/30/2019
- 08/01/2019
- 02/26/2020

Behavioral Health Community Town Halls

A total of 259 participants attended a Community Town Hall

Stakeholder Representation	Percentage
System Partners	33%
BHS Staff	23%
Community Members (including family members)	17%
Consumers	16%
Did not indicate	28%

Note: Those who indicated stakeholder category may identify in more than one category which is why the total exceeds 100%.

Community Stakeholder Feedback Sessions

Held On:

- 12/05/2019
- 12/10/2019
- 12/11/2019
- 12/12/2019
- 01/07/2020
- 01/13/2020
- 01/30/2020
- 02/07/2020
- 02/13/2020

Smaller Community Conversations

A total of 165 participants attended

Stakeholder Representation	Percentage
Iu Mien*	27%
Native American	12%
LatinX*	11%
Russian*	11%
African American/Black	10%
Hmong*	9%
Cantonese*	8%
Arabic*	7%
Vietnamese*	5%

*conducted in language

Community Stakeholder Feedback Sessions

Consumers:

- 09/01/2019
- 10/07/2019
- 10/10/2019
- 12/16/2019

Direct Services Staff:

- 10/16/2019
- 10/18/2019
- 10/21/2019

Family Members:

- 10/17/2019
- 11/01/2019

Focus Groups

Total of 50 Focus Group Participants

Stakeholder Representation	Percentage
Consumers Direct Service Staff Family Members	52% 42% 26%

Participants represented the following Outpatient Community-Based Organizations:

- Regional Support Teams:
  - Visions
  - Turning Point
  - TLCS/HRC
  - El Hogar
- El Hogar Guest House
- TLCS/HRC TCORE
- CSHC Wellness & Recovery Centers

Community Stakeholder Feedback Sessions

Held On:

- 01/12/2021
- 01/13/2021
- 01/14/2021
- 01/18/2021
- 01/19/2021
- 01/20/2021

Behavioral Health Racial Equity Collaborative
Focus Groups & Key Informant Interviews
Total of 31 Participants

Focus Groups with African American/Black/Of African Descent Community:

- Total of Eight Focus Groups & Two Key Informant Interviews
  - 6 focus groups with general mix of people by age, gender, and experience with County
  - 1 focus group comprised of 6th and 7th graders
  - 1 focus group comprised of formerly incarcerated men and/or individuals who worked with them
  - 2 interviews with key informants from the transgender community

Community Stakeholder Feedback Sessions

Survey open from:
03/05/21 - 03/19/21

Available in:
- English
- Spanish
- Russian
- Farsi
- Arabic
- Hmong
- Chinese
- Vietnamese

Community Survey on Outpatient Services

Total of 144 Participants

Stakeholder Representation	Percentage
Service Provider Staff	34%
Consumer	24%
Family Member	16%
Other	13%
Peer Advocate	10%
Consumer/Family Advocate	3%

Survey Distribution:
- MHSA Steering Committee Distribution List
- Mental Health Board Distribution List
- Cultural Competency Committee (CCC)
- CCC Ad Hoc Workgroup
- Supporting Community Connections

"We need to be seen, heard and genuinely supported" – participant

Community Stakeholder Feedback Sessions

Key Areas for Improvement

- Timely and Improved Access
- Culturally Responsive Services and Trauma Informed Delivery System
- Increase Peer Supports to Bridge Gaps
- Increase Family Involvement
- Data Informed Decisions
- Smaller/More Manageable Case Loads Sizes with Less Turn-Over
- No Fail Approach
- Transportation
- Telemedicine
- Walk In Capacity
- Warm Hand Off ~ Improve Care Coordination
- Diverse Workforce that Reflect and Speak the Language of the Community Served
- Improve Access through Community Hubs with Collocated Services
- Increase Opportunities for Job Training/Coaching and Integrating Employment as a Recover Goal
- Medication Support
- Inclusive Environment and Support for Consumers and Family Members

Feedback-Driven Goals for the Transformation

SACRAMENTO COUNTY

Goals of the Transformation

- Incorporate the four principles of **Recovery Oriented Leadership (ROL)** to increase hope, commitment, and action across the system of care.

Having a vision that is worth working towards and believing that things can improve.

Acknowledgement that people need healing, compassion and encouragement as they work towards finding wholeness and health.

People are encouraged to be a part of the community and their contributions are promoted, while they are accepted for who they are.

People with psychiatric disabilities have the power to decide their future and take meaningful action based on their beliefs and desires.

Goals for the Transformation (Con't)

- Practice values and principles that enhance culturally responsive services, recovery and resilience
- Increase treatment effectiveness through recovery framework
- Increase the use of evidenced-based practices and community-defined evidence practices
- Ensure funding is allocated to support mainstream Medi-Cal and community-defined recovery centered services, while maximizing federal funding
- Hiring and retaining staff that are able to support the unique needs of every service recipient (i.e. ethnic, racial, age, sexual orientation, gender identity and linguistic needs)
- Expand points of access points to mental health services including peer supports
- Increase supports to families, strengthen support systems and community connections

Recovery Stepping Stones

Journey To Wellness And Optimal Health

C.O.R.E

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

Next Steps

SACRAMENTO COUNTY

Proposed Timeline

- 2019 to 2021: Gathered Stakeholder Input
- March 5, 2021: Announcement of Upcoming Competitive Selection Opportunity on DHS Website & Media Release
- April 15, 2020: MHSA Steering Committee Presentation
- April/May 2021: Letter of Intent (LOI) Anticipated Release
- June 2021: Request For Applications (RFA) Anticipated Release*
- Fall 2021: Announcement of Awardees
- Fall/Spring 2022: Transition Period
- Summer 2022: Transformation Fully Implemented

*RFA will only be sent to organizations that respond to the LOI

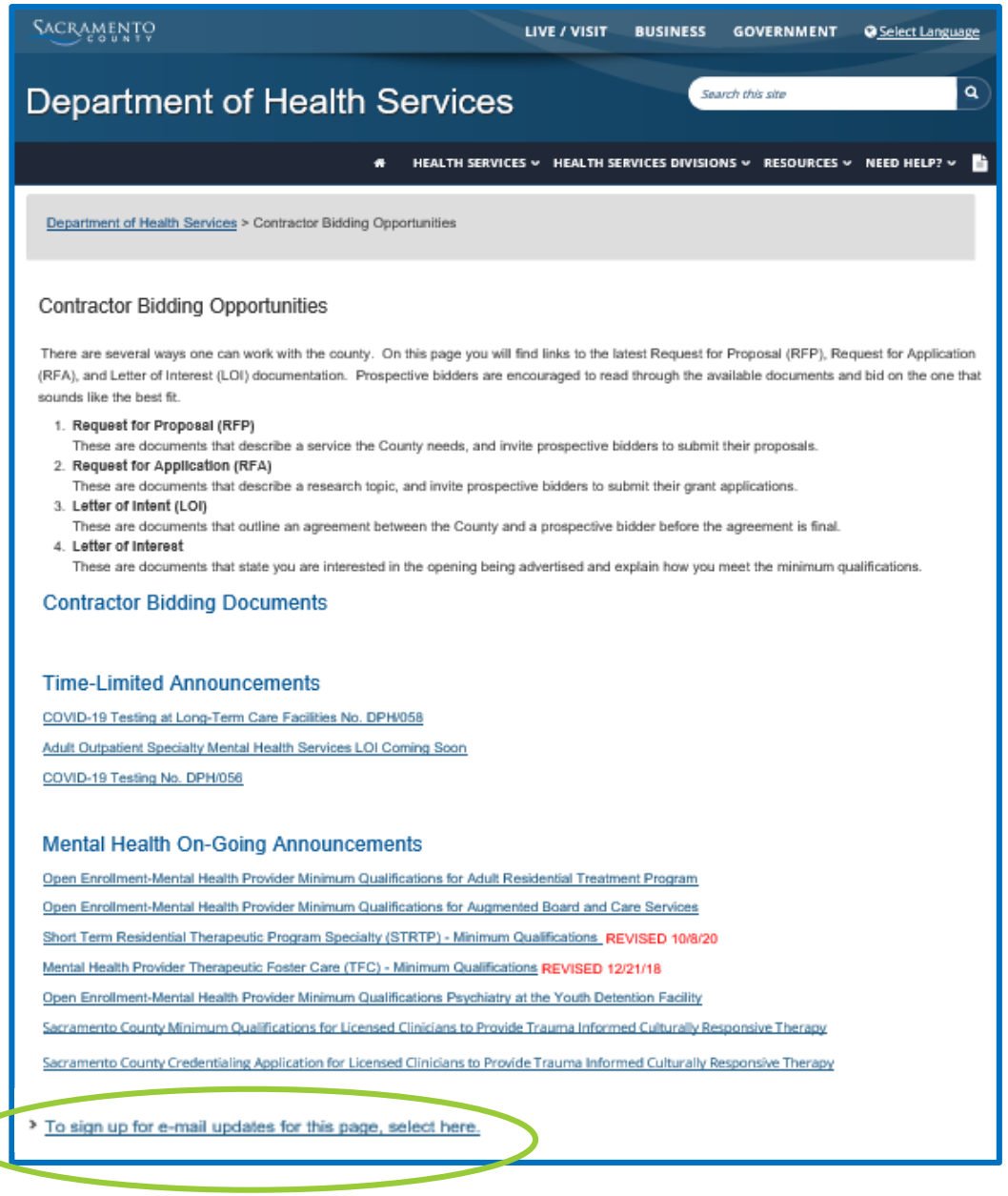
Competitive Selection Reminder

Interested organizations can subscribe to receive notifications of new opportunities at the website:

http://www.dhs.saccounty.net/Pages/Contractor-Bidding-Opportunities.aspx

and clicking:

To sign up for email updates for this page.



Questions?

AGENCY NAME:	
AGENCY CONTACT:	
CONTACT EMAIL:	
DATE LIST COMPLETED:	

THIS INFORMATION MUST BE FILLED FOR EACH REGISTRANT						ALL WEBINARS WILL BE ASSIGNED TO STAFF ON THIS LIST. IF STAFF HAVE ALREADY COMPLETED A WEBINAR, ENTER COMPLETED ****Please note: By indicating "completed" in any of the Eliminating Inequity Webinar Series trainings, we will take that as your attestation your staff attended the training.***				
First Name	**Last Name**	**Work Email (This should be the email used for training registration)**	**Select Function:**	**Title**	**Dept**	Webinar 1: Introduction to a Framework for Confronting Racism in Behavioral Health	Webinar 2: Systemic Racism and Structural Racialization: Examining the Impact of Behavioral Health Disparities	Webinar 3: Implicit Bias: Recognizing Its Harmful Impact and Taking Actions to Counter Unconscious Bias	Webinar 4: The Role and Responsibilities of Health and Behavioral Health Care Leaders in Addressing Systemic Racism to Eliminate Behavioral Health Disparities	Webinar 5: Talking About Race and Racism with Clients: Challenges, Benefits & Strategies for Fostering Meaningful Dialogue

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 mental health field. She received her Master's Degree in Social Work from the University of California in Los Angeles. As a trainer, she started her journey at the Los Angeles County Department of Mental Health, Training Division coordinating and providing trainings in Cultural Competence and Mental Health Interpreting. She is also a certified trainer for other curriculums. She has developed several training curriculums used nationwide. She provides mental health consultation and training locally and nationally.

March 29, 2021 - Day 1: 3 ½ hour virtual class, 8:30 to 12:00 pm
March 30, 2021 - Day 2: 3 ½ hour virtual class, 8:30 to 12:00 pm
April 5, 2021 - Day 3: 3 ½ hour virtual class, 8:30 to 12:00 pm
April 6, 2021 - 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. (Synchronous online learning)

Self-paced Learning

- 2 hours approximately
- Participants will download the course materials, and assignments. These engagements are external to the classroom experience. (Asynchronous self-paced learning)

Target Audience

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. Describe the fundamental principles of interpreting in behavioral health settings.
2. Examine at least four examples of compliance with the Interpreter Standards of Practice and Code of Ethics.
3. List, define and practice the three roles of an interpreter with an emphasis on the cultural clarifier role.
4. Examine the DSM-5 cultural interview, syndromes related to the culture and behavioral health terminology.
5. Define and practice the interpreting protocols: pre-session, positioning, basic principles of intervention and post session.
6. Describe the four models of interpreting commonly used in behavioral health settings
7. Learn how to interpret the mental health diagnosis
8. Learn and perform the introductions as an interpreter
9. Discuss features, limitations and at least four "red flags" when interpreting the reporting laws
10. Discuss the Certification Commission for Healthcare Interpreters – CCHI
11. Perform at least four memory exercises to improve interpreting skills
12. Develop strategies and tools for the creation of self-generated resources tailored to the interpreter's need, e.g. creation of glossary, internet research
13. Discuss and practice note taking techniques
14. Learn the consequences of misinterpret the true and false cognates

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.

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 mental health field. She received her Master's Degree in Social Work from the University of California in Los Angeles. As a trainer, she started her journey at the Los Angeles County Department of Mental Health, Training Division coordinating and providing trainings in Cultural Competence and Mental Health Interpreting. She is also a certified trainer for other curriculums. She has developed several training curriculums used nationwide. She provides mental health consultation and training locally and nationally.

March 2, 2021 - Day 1: 3 ½ hour virtual class, 8:30 to 12:00 pm
March 3, 2021 - 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. (Synchronous online learning)

Self-paced Learning

- 2 hours approximately
- Participants will download the course materials, and assignments. These engagements are external to the classroom experience. (Asynchronous self-paced learning)

Target Audience

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
2. List three or more of the Cultural Concepts of Distress itemized in the DSM-5
3. Identify at least three cultural belief 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.

Online Registration applications are due by **02/15/2021.**

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

Application Required. Access to the online training application:

https://www.surveymonkey.com/r/QNLBF7G

Greetings SUPT and MH Providers,

The State of California requires that Sacramento County, Behavioral Health Services (BHS) have a plan for cultural competency training for the administrative and management staff; the persons providing mental health or substance use prevention and treatment services employed by or contracting with BHS or with contractors of BHS; and the persons employed by or contracting with BHS or with contractors of BHS to provide interpreter or other support services to beneficiaries.

The state also requires that BHS track who has taken the required cultural competence training and have a mechanism in place to alert us when someone who should have taken the training has not yet completed the requirement so that we can send them a reminder to take the training (or trainings).

Sacramento County BHS has been offering the Health Equity Multicultural Diversity Foundational Training Utilizing the California Brief Multicultural Competence Scale (CBMCS) curriculum to meet this requirement since 2007. This year, BHS decided to focus more on strategies to advance behavioral health equity. In partnership with California Institute for Behavioral Health Solutions (CIBHS), BHS has identified that all five of the 1.5 hour Eliminating Inequities virtual webinars that were held last summer will fulfill the annual training requirements specified in the Cultural Competence Plan Requirements (see Department of Mental Health Information Notice 10-17).

Earlier this year, we asked all BHS county operated program and BHS contract provider agencies to complete the Sacramento County Required Cultural Competence Training and Tracking List, which we forwarded to CIBHS. CIBHS has developed a system to help us track who has watched all five of the webinars and who has yet to watch any of them. In order for them to send invitations and reminders, we must ensure that each BHS county operated program and BHS contract provider agency has completed the Sacramento County Required Cultural Competence Training and Tracking List. This list included the names and email addresses for all of an agency's direct service staff who provide BHS services to Sacramento County consumers as well as their supervisors, management and leadership of that agency. If you have already forwarded your information to us, thank you. If you have not completed the spreadsheet and returned it as requested, please do so no later than Friday, November 5, 2021.

Within the next few weeks, you will be receiving an email from the CIBHS learning management system (LMS) with details for logging into the system and completing the required trainings. We want to alert you to the importance of this email and participation in this program.

We realize that staff may have watched some or all five of the virtual Eliminating Inequities webinar series last summer. If you have watched a webinar previously, it was noted on the tracking log. The CIBHS LMS has created the user group "Sac County BHS" and assigned each user the five Eliminating Inequities webinars to watch. If you watched any of these you will receive a completion alert. You are only required to take the courses that you have not yet watched. **The required cultural competence trainings must be completed by June 30, 2022.**

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

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				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:					

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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);

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			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

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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

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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.

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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.

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Substance Use Prevention and Treatment (SUPT) Services

Opioid (Narcotic) Treatment Program

Client Chart Review Tool Fiscal Year:_____

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			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.

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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).

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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).

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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).

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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.).

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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**

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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.)

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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

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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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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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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.

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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 Employment Webinar

Step-by-step process for how to apply for a job with Sacramento County

Wednesday, March 17, 2021

10:00 am – 11:30 am

Please register in advance on the link below.

https://www.zoomgov.com/meeting/register/vJIsd--upzsvEovALx0-7594CxDnWKedHf8

The live webinar will be recorded and can be viewed later.

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 at (916) 875-3861 or ruckera@saccounty.net.

For more information, please contact Debrah Deloney-Deans at (916) 876-5128 or deloneyde@saccounty.net

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