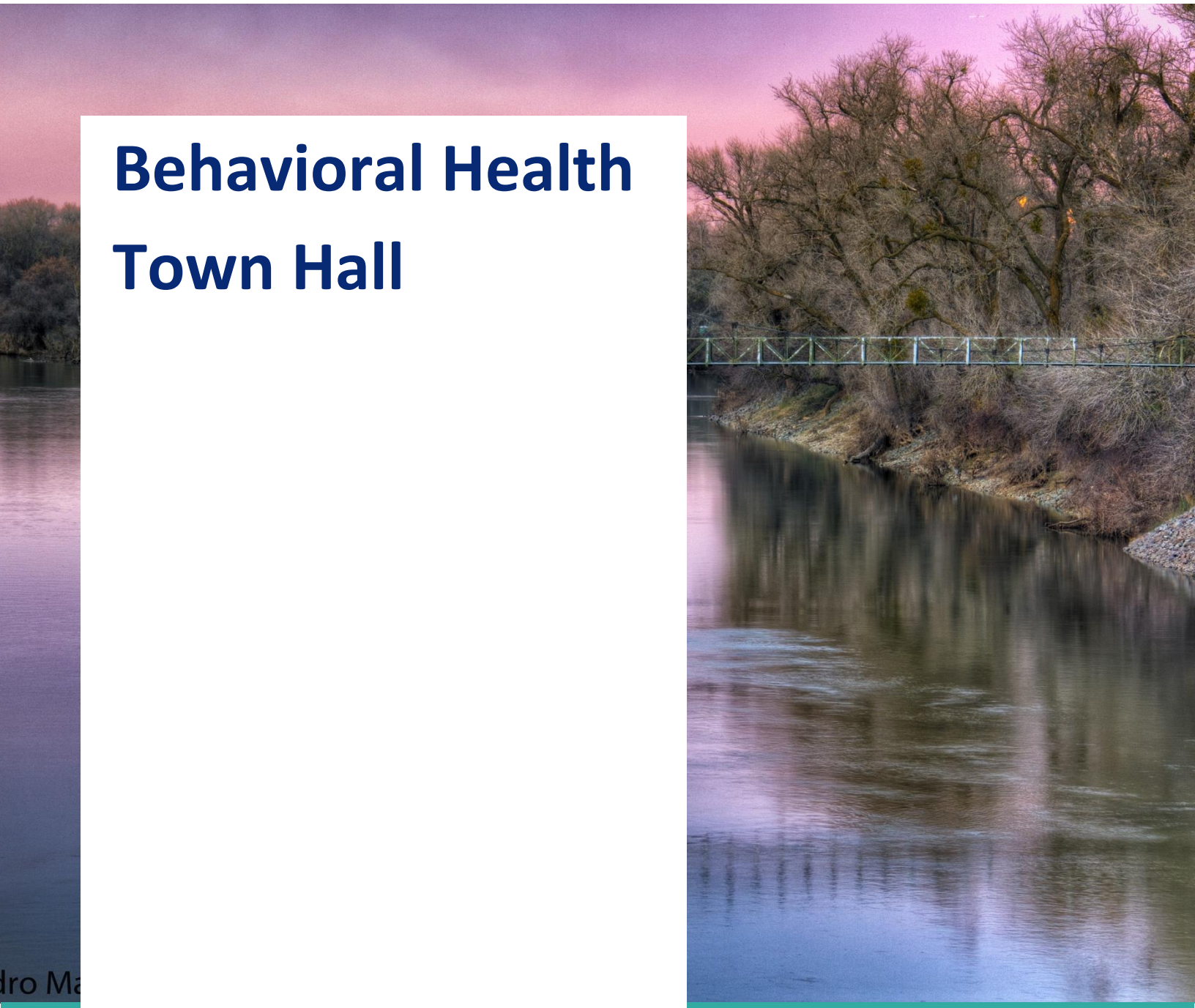


Behavioral Health Town Hall

JULY 30TH AND AUGUST 1ST, 2019

Dr. Ryan Quist
Director of Behavioral Health Services

Authored by: Liz Gomez

SACRAMENTO COUNTY

Table of Contents

You can click on the below headers

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?

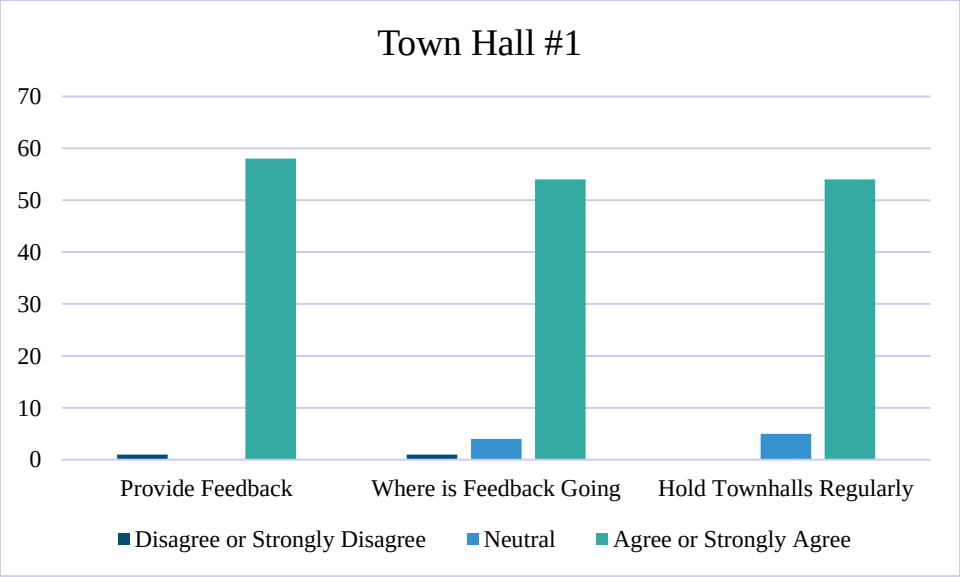
- Participants appreciated hearing from a diverse group at their tables, there was great discussion and fantastic facilitation
- They appreciated the opportunity to be heard around what is working and what can be improved, they also appreciated learning about the current system up front
- Participants appreciated the structure, flow and coordination around the meeting, great facilitation
- Thank you for the food and coloring books

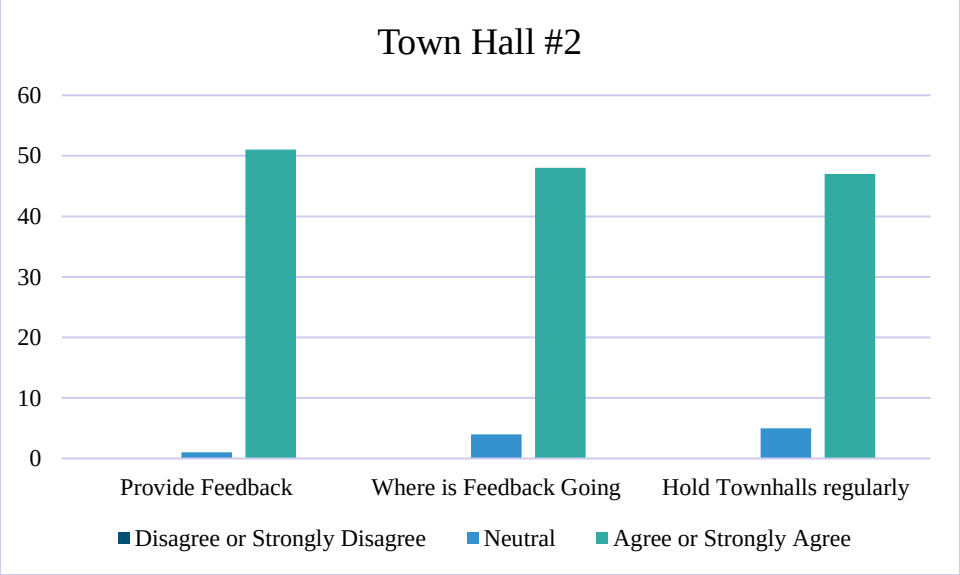
What can be improved?

- 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.