2022 CULTURAL COMPETENCE PLAN

COUNTY OF SAN LUIS OBISPO
BEHAVIORAL HEALTH DEPARTMENT

Cover Sheet

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

Name of County: San Luis Obispo

Name of County Behavioral Health Director: Anne Robin, LMFT

Name of Contact: Nestor Veloz-Passalacqua, M.P.P., M.L.S.

Contact's Title: Contact: Diversity, Equity & Inclusion Program Manager

Contact's Unit/Division: Quality Support Team

Contact's Telephone: 805-781-1007

Contact's Email: nvelozpassalacqua@co.slo.ca.us

CHECKLIST OF THE
2016 CULTURAL COMPETENCE PLAN REQUIREMENTS CRITERIA

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Introduction

The County of San Luis Obispo Behavioral Health Department (SLOBHD) has a longstanding and strong commitment to justice, equity, diversity, and inclusion. SLOBHD is committed to developing a system that strives for cultural awareness, humility, and competence, which is embedded at all levels of the organization.

To accomplish this goal, the newly renamed, Diversity, Equity, and Inclusion (DEI) Committee, formerly known as Cultural Competence Committee, which was formed in 1996, leads and provides recommendation to the Behavioral Health Department. Members of the DEI committee assess, implement, and monitor policies and practices to ensure effective and inclusive services are provided in various cross-cultural interactions. The committee members, representing diverse cultural backgrounds with special interests, provide input and insight to write this report.

This report has been constructed to provide a snapshot of the Behavioral Health Department's strategies and efforts toward becoming a more inclusive and culturally attentive organization. This report provides an inclusive look to the entire behavioral health system, including Drug Medi-Cal Organized Delivery System (DMC-ODS) and Mental Health (MH).

Diversity, Equity & Inclusion (DEI) – Cultural Competence

As part of the continued efforts to solidify diversity, equity, and inclusion practices within the behavioral health system, the department's approaches to integrating services speak to cohesive strategies within the mental health and the drug and alcohol systems to best support all communities seeking services. The addition of new and relevant language within the behavioral health system has been important to showcase strengths and focus attention on internal practices, while highlighting areas for improvement.

The DEI Committee continues to provide feedback and support to the Behavioral Health Leadership team to best improve services and programming. The Committee aims to create and support a culturally inclusive and competent organization that continually assesses organizational diversity; invests in building capacity for cultural competency and inclusion, practices strategic planning that incorporates community culture and diversity, implements prevention strategies using culture and diversity as a resource, and evaluates cultural competence practices within the system (SAMHSA, Center for the Application of Prevention Technologies). The need to provide services to all individuals from many diverse cultures and socioeconomic backgrounds that are culturally and linguistically appropriate, diverse, and inclusive is first and foremost the purpose of the department. While efforts are built to increase diversity and inclusion practices in the workforce, the department faces challenges from local diverse candidate pools and retention strategies for current employees. This Plan is part of the Department's efforts to remain accountable to current

strategies and to enhance access by embracing innovative approaches rooted in a justice, equity, diversity, and inclusion lenses from organizational governance to service provision.

Key Objectives and Recommendations

By using the Department of Health Care Services Cultural Competence Plan requirements as a starting point and the lessons learned from the social and political climate within the county and the state, SLOBHD aims to develop integrative strategies based on a DEI lens that is meaningful and can impact the way staff interact with the community, and the how services continue to be more inclusive and affirmative to the current realities experienced by various community members.

The following key objectives have been developed and monitored for the next four years:

Goal	Objective	Action
The SLOBHD will complete and begin implementation of a Diversity, Equity & Inclusion Proposal that is adaptable and will serve as the foundation for culture change and affirmative service provision.	Organizational Culture shift developed and driven under the leadership of the Department and the Diversity, Equity & Inclusion Committee. Efforts include careful development of a clear identity statement (purpose, vision, and core values).	DEI Proposal has been developed. HR suggested to include Public Health as a partner and to make the proposal an agency-wide proposal. The proposal is under revision by leadership.
	Address hiring and retention practices for Black, Indigenous, and People of Color (BIPOC) candidates and staff members.	A comprehensive audit list has been created and will be presented to HR for review and potential testing implementation.
	DEI Committee will broaden the approach to cultural affirmative trainings to improve the behavioral health system's capacity to serve various populations including specific trainings focused on LGBTQIA+ individuals, veterans, consumers, and family members.	A comprehensive survey has been created to capture BH staff data from employment to training that will help develop a DEI training plan for the upcoming years.

Revise the BH DEI Committee Bylaws and review membership to ensure that we meet the requirements. Include key collaborative partners that will ensure a rich and engaging experience within the committee.	Develop a policy that requires the committee to meet specific community membership to enhance the diversity of the Committee, which serves to improve cultural competence principles across the department's programs and services.	For future development and implementation in the upcoming fiscal year.
The BH DEI Committee will develop a review process for policies and procedures to ensure it meets specific standards for diversity, equity, and inclusion.	Expansion of the BH DEI Committee's review process for policies and procedures and support to expand translation services. Establish BH DEI Committee's review process of SLOBHD programs and services within an inclusion lens.	For future development and implementation in the upcoming fiscal year.
Develop a stronger social media presence with culturally-and historically-based information applying a BH lens to instruct and raise awareness in the community.	Partner with the BH Public Information Officer to streamline processes for media outreach and important calendar events that highlight diversity.	For future development in current fiscal year.

Acknowledgements

County of San Luis Obispo Behavioral Health
Anne Robin, L.M.F.T. – Director

Quality Support Division
Amanda Getten, L.M.F..T – Division Manager

Diversity, Equity, & Inclusion Committee
Nestor Veloz-Passalacqua, M.P.P., M.L.S. – Program Manager
Annika Morse – DEI Intern

Kimberli Andridge, Psy. D
Jay Bettergarcia, Ph.D
Ana Isabel Cabezas, Psy. D
Michelle Call
Gabriel Granados
Nancy Jambor, L.M.F.T.
Barry Johnson
Claudia Lopez, L.C.S.W.
Annika Michetti, L.M.F.T.
Carlos Olson, L.M.F.T., M.P.H.
Maria Ordunez-Lara, L.M.F.T.
Lilia Rangel-Reyes, M.A.
Jill Rietjens, L.M.F.T.
Anne Robin, L.M.F.T.
Nasseem Rouhani, L.M.F.T.
Kendra Scott
Katherine Soule, Ph.D
Laura Zarate
Pam Zweifel

Culturally and Linguistically Appropriate Services (CLAS) Standards Reference Page

Criterion 1: Commitment to Cultural Competence

The following CLAS Standards align with Criterion 1:

2) Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.
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) Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
9) Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization's planning and operations.
15) Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

Criterion 2: Updated Assessment of Service Needs

The following CLAS Standards align with Criterion 2:

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.

This section meets the requirement of inclusion of Drug Medi-Cal Organized Delivery System (DMC-ODS) SUD service. A new CCP is revised and written annually, which include new data collection reporting and strategies identified, determined, and adopted for the year.

Criterion 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Behavioral Health Disparities

The following CLAS Standards align with Criterion 3:

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.
10) Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.
14) Create conflict and grievance-resolution processes that are culturally and linguistically appropriate to identity, prevent and resolve conflicts or complaints.

This section meets the requirement of inclusion of Drug Medi-Cal Organized Delivery System (DMC-ODS) SUD service. A new CCP is revised and written annually, which include new data collection reporting and strategies identified, determined, and adopted for the year.

Criterion 4: Client/Family Member/Community Committee: Integration of the Committee Within the County Behavioral Health System

The following CLAS Standards align with Criterion 4:

13) Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.

This section meets the requirement of inclusion of Drug Medi-Cal Organized Delivery System (DMC-ODS) SUD service regarding Cultural Competence Committee addressing issues, participating in decision-making, practices, and evidence of its engagement.

Criterion 5: County Behavioral Health System Culturally Competent Training Activities

The following CLAS Standards align with Criterion 5:

4) Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

This section meets the requirement of inclusion of Drug Medi-Cal Organized Delivery System (DMC-ODS) SUD service regarding Cultural Competence Committee activities.

Criterion 6: County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Diverse Staff

The following CLAS Standards align with Criterion 6:

3) Recruit, promote, and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
7) Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Criterion 7: County Behavioral Health System Language Capacity

The following CLAS Standards align with Criterion 7:

5) Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6) Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

8) Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

This section meets the requirement of inclusion of Drug Medi-Cal Organized Delivery System (DMC-ODS) SUD service regarding Cultural Competence Committee trainings for administrative, management, and staff providing SMHS and providers.

Criterion 8: County Behavioral Health System Adaptation of Services

The following CLAS Standards align with Criterion 8:

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.

Criterion 1

Commitment to Cultural Competence

I. County Behavioral Health System commitment to cultural competence

The county shall include the following in the CCPR:

A. Policies, procedures, or practices that reflect steps taken to fully incorporate the recognition and value of racial, ethnic, and cultural diversity within the County Behavioral Health System.

The County of San Luis Obispo Behavioral Health Department (SLOBHD) has developed various Cultural Competence Plans, the most recent in 2021. The plan has also received Annual Updates that highlight the work of the department in ensuring services and programs meet linguistically and culturally appropriate standards. The 2022 Cultural Competence Plan will continue to provide a foundation for policies, procedures, and practices to reflect the department's aim to enhance diversity, equity, and inclusion practices within the entire behavioral health system.

SLOBHD has revised their purpose statement, which serves as a banner for all official public records. The purpose statement mentions the following (Appendix 01):

> *To serve all individuals in the community affected by mental illness and/or substance abuse through culturally inclusive, diverse, strength-based programs centered around clients and families to improve emotional and physical health, safety, recovery, and overall quality of life.*

Regarding employment practices, all county employees, including candidates for employment, are provided the following statement by the County Administrative Office at the onset of any human resources activity:

> *The County is an equal opportunity employer committed to a program of Affirmative Action. Objectives are directed toward assuring equal opportunity in selection/promotion, pay, and job assignments. Recruitment and realistic selection procedures have been established to ensure non-discrimination on the basis of political or religious opinions or affiliations, age, sex, race, color, national origin, marital status, disability, sexual orientation or other non-merit factors. In addition, the County complies with the provisions of the Americans with Disability Act in hiring and retaining employees.*

Within the Mental Health Services Act (MHSA), the General Treatment Considerations (Appendix 02), includes the County's required process to incorporate clients' unique experiences and cultures into treatment and engagement:

> *Client's unique cultural needs and strengths must be a primary factor in treatment formulation and ongoing care. The Recovery Model, based on optimism, wellness, and client empowerment, should be used as a guiding principle for treatment.*

In order to create a culturally inclusive and consistent workforce, the department has focused resources and efforts in training activities with the goal to enhance knowledge and applicable skills of diversity, equity, and inclusion. The Department's use and strategic development under the MHSA components has allowed the implementation of training plans with the goal to increase capacity in the system and improve service provision. Likewise, the development of the Diversity, Equity, & Inclusion (DEI) Proposal, which is in draft format, first and foremost highlights the Department's unwavering commitment to transforming the behavioral system from governance practices to communication. The goal of the DEI Proposal is to create a framework for the next five years and to begin aligning programs, services, policies, and procedures with transformative objectives impacting the entire behavioral health system (Appendix 3).

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

B. 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. Human Resource Training and Recruitment Policies;
6. Contract Requirements; and
7. Other Key Documents (Counties may choose to include additional documents to show system-wide commitment to cultural and linguistic competence).

During all on-site compliance and audit review, the State will examine documents which demonstrate the Department's commitment to justice, equity, diversity, and inclusion strategies that support cultural competency practices embedded in the entire system, including the following:

- The draft of the County Behavioral Health Department's Purpose Statement, which is also listed in the annual budget documents.
- Previous Cultural Competence Plans, including all Annual Updates to the Cultural Competence Plans.
- Policy and Procedure Manual, including the DEI Committee Bylaws redone in 2022, meeting agendas and minutes, and newsletters.
- Human Resources policies and accompanying documents that support ways to incorporate DEI practices to best recruit, hire, and retain diverse staff and candidates, including the Civil Service Commission Rules & Ordinances, Guidelines, and Policy Against Discriminatory Harassment.
- Specialized reports focused on key stakeholders and population needs, such as the LGBTQIA+ Workgroup Report.
- Contracts outlining culturally competent service requirements, and other documents that support and enhance staff and providers' development.

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

The CCPR shall be completed by the County Behavioral Health Department. The county will hold contractors accountable for reporting the information to be inserted into the CCPR.

The county shall include the following in the CCPR:

A. A description, not to exceed two pages of practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, and linguistic communities with behavioral health disparities; including, recognition and value of racial, ethnic, cultural, and linguistic diversity within the system. That may include the solicitation of diverse input to local behavioral health planning processes and services development.

All Cultural Competence Plans and Annual Updates have been completed by the current Diversity, Equity, & Inclusion Program Manager, in collaboration with staff from the Behavioral Health Department and the recently renamed DEI Committee. The nature of the plan and the Department's partnerships with community providers and stakeholders allows for development of a robust plan focused on collaborative activities and efforts to train and support staff and to enhance culturally and linguistically appropriate services for all clients.

SLOBHD has identified that behavioral health services can often be perceived as out of reach for various diverse communities in the county. Strategies to address access to

services include outreach activities that support embedding SLOBHD staff in key access priority points, such as in educational settings, partner providers' locations, and streamlining referral processes. Another strategy includes ensuring a stronger presence in community social and advocacy events with non-profit organizations, supporting local groups and specialized centers that provide support to various diverse populations, such as the GALA Pride & Diversity Center, Race Matters SLO, The Diversity Coalition of SLO, The City of SLO Police Department Police Advisory Committee (PAC), The SLO Legal Assistance Foundation (SLOLAF), 40 Prado Shelter, El Camino Homeless Organization (ECHO), and the Housing Authority of SLO (HASLO) among others.

Latinx/Latino/Hispanic & Mixteco Speaking Communities: The largest ethnic group is the Latino/Latinx/Hispanic community and the threshold language in the county is Spanish. The Latino/Latinx/Hispanic community constitute about 24% of the entire county population according to the U.S. Census Bureau, but only represent about 22% of penetration rates for behavioral health services. Cultural barriers in accessing services as well as availability have become critical challenges for service provision. Additionally, an increase of Mixteco-speakers in the northern and southern region of the county have propelled the Department to expand linguistically appropriate information in partnership with the Public Health Department, including the provision of services in Mixteco by ensuring Mixteco is offered by the local Promotores group. The effects of the Covid-19 pandemic on this community, including the Mixteco-speaking community, have negatively impacted engagement. Besides maintaining and expanding partnerships with the Latino/Latinx/Hispanic community through social justice forums and presentations, consumers and family members through the MHSA Stakeholder group, and the DEI Committee, the Department is in the process to re-design the Latino Outreach Program to match the needs of the community with a more inclusive lens and the Department is currently in the process of hiring a Bilingual and Bicultural Public Information Officer solely dedicated to providing and engaging the Spanish-speaking community throughout the entire county with culturally and linguistically appropriate messaging about behavioral health services and helping the community navigate the system.

Older Adult Community: Another special interest group and community is the older adult population. Individuals aged 60 and above represent about 29% of the entire population of the county. Under the MHSA Stakeholder meeting and planning processes, stronger partnerships for outreach and services have been built with Wilshire Community Services and their partners. Special focus on suicide prevention and other prevention and early intervention activities have been implemented with senior care organizations and older adult consumers who are part of the stakeholder processes, including the expansion to include older adult Full-Service Partnerships (FSP) through MHSA funding.

Individuals Experiencing Homelessness: A deep commitment of the Department is to address the needs of all individuals who are experiencing homelessness. Understanding

that an intersectional lens must be applied in service provision for individuals experiencing homelessness, a comprehensive and fluid approach is needed to best engage and provide services to this population. Continued efforts have been implemented with local shelters and furthering support for the expansion of infrastructure to distribute information in several points of access in the county, including the new and soon-to-be-opened El Camino Homeless Organization (ECHO) shelter in Paso Robles where outreach services have been provided, and a deeper partnership has been established to support families and children. Additionally, the DEI Program Manager reviewed and provided feedback for the most recent San Luis Obispo Countywide Plan to Address Homelessness 2022-2027 to ensure careful consideration and vision in addressing intersectional experiences in homelessness were being implemented. The plan can be accessed in the following link: DRAFTSLOCountywidePlantoAddressHomelessnessJun9.pdf (ca.gov).

Veterans and Armed Forces: Another key community and population of focus is the veteran and armed forces community. Veterans are often at high risk for suicide and depression, and they have distinct cultural needs and barriers to accessing services. Under the Department's strategies, local veterans and veterans groups are engaged to receive services but also in the design and development of MHSA-funded programs and services that meet this particular community's needs. The continued and expanded efforts of the MHSA-funded Veterans Outreach Program (VOP) offering case management, social engagement, and clinical services are integral to continue to serve this population. Additionally, the clients are referred to local veterans services and navigation of services are offered to support clients and their families in accessing other behavioral health services, such as the Veterans Treatment Court program.

LGBTQIA+ Community: The Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Asexual (LGBTQIA+) community presents a widely intersectional experience and age groups from children to transitional aged youth, adults, and older adults. From 2018 with the LGBTQ Mental Health Needs Assessment to the current BH LGBTQIA+ Workgroup Report, the Department has continued to implement practices to ensure outreach, engagement, and service provision meets affirmative standards of care. Larger efforts to ensure messaging and public information meets inclusive standards have been operationalized throughout the entire department to reach the community, including messaging in Spanish. Other services include the First Episode Psychosis (FEP) program designed to embed a clinician at higher educational settings and college-based housing to provide immediate contact and support. The Department continues to expand training opportunities to ensure staff receive inclusive and affirmative training, including other policy practices such as the development of the first Transgender Policy (Appendix 4) to meet appropriate standards of care in the Psychiatric Health Facility (PHF).

Children and Youth: In each of the communities and populations discussed above, children and youth are impacted. Understanding the cultural aspects within each of the

groups and their behavioral health needs is key to strategize best practices to outreach and engage them in receiving and staying informed. County services and programs address families, children, and youth by helping them navigate and build skills to successfully engage in school, work, and various community settings. Youth and families are met in schools, churches, coffee shops, community centers, and in response to COVID-19, strategies for engagement were implemented virtually ensuring to meet safe, brave, welcoming, culturally, and linguistically appropriate services. Likewise, youth and their families take part of the MHSA Stakeholder meetings and planning processes, therefore impacting the manner in which services and programs are designed to ensure they meet cultural and linguistic standards.

B. Narrative description, not to exceed two pages, addressing the county's current relationship with, engagement with, and involvement of, racial, ethnic, cultural, and linguistically diverse clients, family members, advisory committees, local behavioral health boards and commissions, and community organizations in the behavioral health system's planning process for services.

A key factor impacting how services and programs are designed and delivered is dependent on the collaboration and partnerships established between the Department and local partner providers, organizations, families, clients, and social justice agencies targeting disenfranchised communities. The long-standing partnerships focus on strengthening efforts to ensure clients move within the behavioral health system seamlessly while addressing their specific cultural needs from a diversity, equity, and inclusion lens. While the Department partners with other County agencies, such as Probation, Social Services, Public Health, and the Veterans Services Office, clients and their loved ones and other interest groups drive engagement and provide feedback on programs and service provision.

The County's Behavioral Health Board provides direction and recommendations to the Department with the aim to meet mandates as outlined in the Welfare and Institutions Code 5604.2. The board reviews and evaluates the community's behavioral health needs, services, facilities, and special programs, while advising the governing body (Board of Supervisors) and the Behavioral Health Director regarding any aspect of the local behavioral health system. Likewise, the Board is representative of the community receiving services, including behavioral health providers, professionals from the County Office of Education, law enforcement agencies, local recovery and wellness organizations, community organizations, social justice non-profits, representatives from diverse interest groups, and members from the local NAMI chapter. The Board's bylaws require that "at least one-half of the seated membership shall be consumers of the public mental health system or family members of consumers. The Board membership should reflect the ethnic diversity of the client population of San Luis Obispo County."

While seeking diversity in leadership is important, the Board has experienced some challenges in recruiting and retaining bilingual and bicultural members. Ongoing recruitment efforts are focused on promoting diversity reflecting a more inclusive and culturally responsive approach. The Board continues to seek strategies to increase exposure to diverse populations and individuals who provide a richer perspective to the Board.

Under the MHSA process, the stakeholder group aim to create an atmosphere built on diversity, equity, and innovative approaches to address mental health needs. Each of the County's required stakeholder meetings have included clients, family members, and professionals as well as community members representing the ethnic and linguistic diversity of the County. This approach has helped in identified and designing specific programs and services targeting specific populations.

The Diversity, Equity, & Inclusion Committee, formerly known as the Cultural Competence Committee, is comprised of staff, partner providers, and behavioral health clients. The Committee seeks to provide the local behavioral health system with guidance and oversight to assure policies and procedures are in place to improve DEI efforts. The group meets six times a year and reviews agency processes, forms, and programs to provide input toward increasing capacity to deliver services which reduce disparities. The committee produces newsletters every other month (Appendix 5) for staff and providers to disseminate and features key cultural and linguistic information that expands knowledge on the importance of access to services.

C. A narrative, not to exceed two pages, discussing how the county is working on skills development and strengthening of community organizations involved in providing essential services.

The Department's strategy to address the shortage of qualified candidates, including the impact of the Covid-19 pandemic in overall workforce recruiting, has led to expand outreach capacities consistent with and supportive of the purpose, vision, goals, and objectives of the Department, which also align with the MHSA Workforce, Education, and Training (WET) component. As part of continued efforts, the Department partners with community organizations, clients and their loved ones, and diverse cultural groups to best target and address ways in which recruitment and retention of staff takes place.

With the addition of the Workforce, Education, & Training (WET) Coordinator, the Departments continues to consider the workforce development needs of the behavioral health system to create strategies and educational programs that meet the needs of the community and support best human resource practices. The WET Coordinator is the liaison to the Southern Counties Regional Partnership (SCRP) Collaborative. These meetings help identify state and regional trends in workforce challenges and needs in the system, needs

of clients and their loved ones, identification of inequities linked to diverse communities and populations receiving behavioral health services, as well as introduction to trainers and educational opportunities for each WET Coordinator to bring to their respective counties. Additionally, workshops and webinars sponsored by the California Institute of Behavioral Health Solutions (CIBHS) and the County Behavioral Health Directors Association (CBHDA) provide opportunities for collaboration and additional technical support.

The DEI Program Manager and the DEI Intern are in the process of releasing, upon approval, a comprehensive survey to collect workforce information with two main purposes. First to capture information on workforce challenges, barriers, and employment environment as it relates to DEI practices for staff to perform their assigned duties. Secondly, capturing data on essential training information to best develop a cohesive plan to ensure behavioral health staff is provided with the skills and knowledge needed to provide essential services. The implementation and completion of the survey will also help the Department for the very first time understand the makeup of the workforce and to identify the additional human resource strategies needed to offer support to current staff.

Continued partnership is essential to best understand and capture the local workforce challenges that the behavioral health system is experiencing. Focus groups, interviews, and information sessions held with Community Based Organizations (CBOs), the Behavioral Health Board (BHB), and the leadership team from the Latino Outreach Program (LOP), as well as social justice community organizations provide ideas and recommendations concerning workforce development throughout the process, including from recruitment, hiring, retention, and promotion practices.

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

In reviewing documents and strategies that highlight the success around community outreach and engagement, staff skill development, and improvements in the behavioral health system, the Department recognizes barriers and challenges that need further attention to ensure DEI practices are fully embedded in operation, governance, and service delivery.

The DEI Committee understands the importance in shaping and designing areas of impact in the behavioral health field. This is the reason that a diverse leadership with a strong behavioral health experience can help shape and respond to the needs of the community. By expanding diversity in leadership and in overall representation in the committee, the committee is also aligning with the Committee's purpose, vision, and values. The committee is also dedicated to expanding the role of clients and their loved ones in the Committee's activities.

Another lesson learned is that ever-changing communities and populations need a different approach for outreach and engagement. This translates into best practices through communication plans. For example, in partnership with the Behavioral Health Public Information Officer, social media campaigns and key informational posts and stories engage children and youth with the goal to emphasize prevention activities. This has proven to be effective to help reach out to remote and rural areas, and where continued partnerships with school districts and wellness centers provide support. Likewise, all social media posts are translated to the threshold language to ensure support and a diverse population of clients are reached. In designing and creating behavioral health posts, clear attention is paid to the cultural and historical components of specific communities and populations in order to highlight the importance of substance use prevention and treatment and mental health access in a manner that is respectful to cultural norms and language, and affirmative to service provision.

Other proven lessons include partnering with the local higher educational institutions to acquire diverse and innovative practices, research, and language use to support clients and their loved ones in navigating the behavioral health system by understanding cultural barriers and best building cultural support and rapport. Likewise, the use of online evaluation tools to assess training have proved useful. Online surveys have had higher rates of return than previous hard copy methods, and administrative staff have employed this tool in the development of pre- and post-testing to further assess skill development and retention of knowledge. Finally, another key lesson is to maintain fluidity in DEI practices within the organization while allowing key partnerships and innovative ideas to take place. This includes continued support from the leadership team in implementing new practices and to maintain communication with staff on the importance of becoming a behavioral health transformative institution meeting all individuals needs in a culturally affirmative environment.

E. Identify county technical assistance needs

The most pressing component where technical assistance is requested is for the State to release the newly approved Cultural Competence Plan Requirements template and to provide technical assistance to counties as the document is being produced. As this component is still under review by the Department of Health Care Services, it is also encouraged to receive technical assistance in the form of core competency policy development samples to provide counties with clear understanding and expectations when providing services and how policies and procedures shelter and ensure counties' behavioral health system become more diverse, inclusive, and equitable in service provision.

III. Each county has a designated Cultural Competence/Ethnic Services Manager who is responsible for cultural competence

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

The county shall include the following in the CCPR:

A. Evidence that the County Behavioral Health System has a designated CC/ESM who is responsible for cultural competence and who promotes the development of appropriate behavioral health services that will meet the diverse needs of the county's racial, ethnic, cultural, and linguistic populations.

B. Written description of the cultural competence responsibilities of the designated CC/ESM.

In FY 2020-2021, the MHSA Advisory Committee approved the addition of the Diversity, Equity, & Inclusion Program Manager for the Behavioral Health Department, which was previously known as the Cultural Competence Coordinator/Ethnic Services Manager (CCC/Ethnic Services Manager). In July 2008, Dr. Karen Baylor, the Behavioral Health Director, assigned Nancy Mancha-Whitcomb, L.M.F.T. as the CC/ESM. In April 2017, Anne Robin, the new Behavioral Health Director, assigned Nestor Veloz-Passalacqua, M.P.P., & M.L.S. as the new CCC/ESM, and now Diversity, Equity, & Inclusion Manager.

In his capacity, the DEI Program Manager is the liaison for state audit and program reviews, as well as the representative for ESM meetings for the Southern County Regional Partnership (SCRP) and is responsible for disseminating information to all behavioral health clinics and providing support and recommendations to behavioral health providers. The DEI Program Manager chairs the DEI Committee and, in collaboration with Annika Michetti (Drug & Alcohol DEI Co-chair), Jill Rietjens (Mental Health DEI Co-Chair), and Annika Morse (DEI Intern), provide larger direction for policy and procedures review, training, and information processing. Likewise, the DEI Program Manager is an active member of the MHSA Advisory Committee and other local groups/committees impacting services for various diverse groups.

The Behavioral Health Director recognizes the role and function of the current DEI Program Manager within the organization by allocating sufficient time for the performance of the job responsibilities and duties. Additionally, the Director promotes the staff influence in policy and program change by considering and following recommendations for change in

human resource practices, linguistically and culturally specific services, and all other related areas.

B. The responsibilities of the designated DEI Program Manager include:

- Develop department policies and procedures aimed at addressing health disparity and achieving health equity.
- Work with Human Resources to inform hiring and recruitment practices, and to guide the development of hiring committees that are culturally competent and trained in implicit bias.
- Support treatment providers and other department staff through training and mentoring, while monitoring and measuring the outcome of these training interventions.
- Develop mechanisms and strategies for outreach to underserved communities, and track outcomes to analyze and quantify the impact of these efforts.
- Inform and direct communication strategies to ensure messaging is inclusive and demonstrates our department's commitment to cultural competence.
- Collect and maintain accurate and reliable demographic data of our county residents and Medi-Cal beneficiaries, to inform service delivery and meet all reporting requirements.
- Take lead responsibility for the development and implementation of cultural competence planning within the organization.
- Participate and advise on planning, policy, compliance, and evaluation components of the county system of care, and make recommendations to the County Director or management team that assure access to services for ethnically and culturally diverse groups.
- Track penetration and retention rates of racially and ethnically diverse populations and develop strategies to eliminate disparities.
- Maintain an active advocacy, consultative, and supportive relationship with consumer and family organizations, local planning boards, advisory groups and task forces, the State, and other mental health advocates.
- Assist in the development of system-wide training that addresses enhancement of workforce development and addresses the training necessary to improve the quality of care for all communities and reduce mental health disparities.
- Attend trainings that inform, educate, and develop the unique skills necessary to enhance the understanding and promotion of cultural competence in the mental health system.
- Responsible for the establishment and continued operation of a Bilingual Certification Committee (BCC). The BCC Committee shall be made of the DEI Program Manager and three bilingual staff members, at least two of whom will be a native speaker of the threshold languages within the county.

The BCC is currently updating the policy for certifying staff. The policy is still consistent in ensuring all certified staff meet the following standards:

1. Fluency; the ability to communicate with ease, verbally and non-verbally.
2. Depth of vocabulary including the ability to communicate complex psychiatric/psychological concepts, which may or may not have direct corollaries in the language in question.
3. Grammar; appropriate use of tense and grammar.
4. Cultural considerations related to the potential client.

The SLOBHD Diversity, Equity & Inclusion Program Manager Areas of Responsibilities 2020-2021, is a written description of the responsibilities of the designated staff and is provided in Appendix 06.

IV. Identify budget resources targeted for culturally competent activities

The county shall include the following in the CCPR:

A. Evidence of a budget dedicated to cultural competence activities.

B. A discussion of funding allocations included in the identified budget above in Section A., also including, but not limited to, the following:

1. Interpreter and translation services;
2. Reduction of racial, ethnic, cultural, and linguistic behavioral health disparities;
3. Outreach to racial and ethnic county-identified target populations;
4. Culturally appropriate behavioral health services; and
5. If applicable, financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers

The Department is committed to providing necessary fiscal resources to support diversity, equity, and inclusion activities in the entire behavioral health department.
Below are the activities included in FY 2021-2022 Actual Budget for SLOBHD:

Table 1. FY 2021 – 2022 DEI – Cultural Competence Budget

2021-2022 Funding for Diversity, Equity, & Inclusion – Cultural Competence		
Item	**FY 2020-2021**	**FY 2021-2022**
MHSA-funded Diversity, Equity, & Inclusion Program Manager – Cultural Competence	$0	80,728

Explanation: The DEI Program Manager position is funded through MHSA and Medi-Cal.		
MHSA-funded Latino Outreach Program (LOP) 7.00 FTE permanent positions.	$765,289	$625,617
Explanation: Decrease in expense due to vacancies in FY 2021-22. If vacancies are filled a total of 9.00 FTEs will staff the entire Latino Outreach Program.		
WET-funded DEI-Cultural Competence trainings	$0	$25,000
Explanation: offered the Behavioral Health Interpretation Trainings in May and June 2022, but the invoice was paid in FY 2022-2023, therefore this will be counted for FY 2022-2023.		
WET-funded Clinical Bilingual Internship to work in three separate clinics.	$2,428	$6,328
Explanation: Slight increase of bilingual internship to support staff.		
SLOBHD one-time funding to support Promotores Behavioral Health Interpreters with maintenance cost for electronic equipment and internet access	$13,525	$0.00
Explanation: One time expense in FY 2020-21		
SLOBHD appropriation bilingual differential pay which includes coverage for the mental health core budget and MHSA.	$36,720	$121,848
Explanation: Includes expenses covered by release of MHSA Prudent Reserves funds.		
SLOBHD Crisis Intervention Training under MHSA WET Programming	$4,706	$66,658
Explanation: Includes CIT Vehicle for $57,409 funded by the release of MHSA Prudent Reserves funds.		
MHSA WET-funded Promotores Behavioral Health Interpretation Services Contract	$36,720	$37,454
Explanation: 2% increase in contract per fiscal year. This approach helps with providers and ensures continuity of services while addressing changes in the county.		
MHSA WET-funded Peer Advisory and Advocacy Team (PAAT)	$24,661	$26,265
Explanation: continued support through MHSA funding is critical to outreach clients and their loved ones, by increasing the funding for PAAT, additional interventions and practices are implemented.		
MHSA CSS & PEI-funded Veterans Outreach Program (VOP)	$403,425	$400,212
Explanation: Due to the pandemic certain activities were impacted in frequency, but clinical services and contact with the clients and their loved ones were maintained.		
Language Line Interpretation Services funded by County General Fund Support and Realignment	$20,375	$21,879
Explanation: An increase in usage on interpretation services has been recorded using Language Line services. It is expected this services will increase now that a more		

streamline process is being implemented to ensure less wait time and easier contact processing.		
Total Funding	**$1,307,849**	**$1,411,989**
Explanation: Part of the aim of the DEI – Cultural Competence practices is to increase funding in areas that support service provision, training opportunities, and operational interventions that enhance a DEI lens embedded in the department.		

Criterion 2

Updated Assessment of Service Needs

I. General Population

The county shall include the following in the CCPR:

A. Summarize the county's general population by race, ethnicity, age, and gender. 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).

Table 2. County's General Population Summary

TOTAL POPULATION	283,159	100%
Gender		
Female	140,514	49.62%
Male	142,645	50.37%
Age		
0-15 years	45,006	15.89%
16-24 years	46,665	16.48%
25-59 years	110,022	38.85%
60 years and up	81,466	28.77%
Ethnicity		
Black/African American	3,502	1.23%
Asian/Pacific Islander	10,235	3.61%
White/Caucasian	198,073	69.95%
Latino/x/Hispanic	67,302	23.76%
Native American	1,984	0.83%
Other/Unknown	2,063	0.72%
Language		
English	238,704	84.3%
Spanish	31,430	11.1%
Other	13,025	4.6%

Data Source: U.S. Department of Commerce, Census Bureau & the CensusReporter.org

The table above represents the most updated and recent demographic population captured in the U.S. Census Bureau data. What is notable about the data is that White/Caucasian, which does not include the category "White alone, not Hispanic or Latino," represents about 70% of the entire population. In previous reports, White/Caucasian alone represents about 89%. While it is important to distinguish racial groups within ethnic populations, we provide a more accurate representation of racial

diversity in ethnic populations in the data presented. Similarly, the percentage of Latino/Latinx/Hispanic increased from previous reports from about 23% to 24%. The third largest ethnic group is the Asian/Pacific Islander ethnic group with about 4%, followed by Black/African American at 1.23% and then Native American at 0.83%.

II. Medi-Cal population service needs (Use current CAEQRO data if available.)

The county shall include the following in the CCPR:

A. Summarize Medi-Cal population and client utilization data by race, ethnicity, language, age, and gender (other social/cultural groups may be addressed as data is available and collected locally).

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

Note: Objectives for these defined disparities will be identified in Criterion 3, Section III.

The following table breaks down the entire Behavioral Health Services (Drug & Alcohol and Mental Health) Medi-Cal population served:

Table 3. Behavioral Health Clients Medi-Cal Indicators

	Medi-Cal Beneficiaries		Medi-Cal Clients		Penetration Rate
	65,478	100%	21,092	100%	32.21%
Gender					
Female	34,681	52.96%	2,551	12.09%	7.35%
Male	30,797	47.03%	2,722	12.90%	8.83%
Other	N/A	N/A	N/A	N/A	N/A
Unsure	N/A	N/A	N/A	N/A	N/A
Age					
0-15 years	19,689	30.06%	1,075	5.09%	5.45%
16-24 years	8,179	12.48%	845	4.00%	10.33%
25-59 years	23,369	35.69%	2,907	13.78%	12.43%
60+ years	14,241	21.75%	446	2.11%	3.13%
Ethnicity					
African American	673	1.02%	184	0.87%	27.34%
Asian/Pacific Islander	1,333	2.03%	106	0.50%	7.95%
White/Caucasian	24,541	37.48%	3,289	15.59%	13.40%
Latino/x/Hispanic	19,949	30.46%	1,195	5.66%	5.99%
Native American	308	0.47%	106	0.50%	34.41%
Other/Unknown	18,674	28.52%	393	1.86%	2.10%

Language					
English	50,625	77.31%	4,887	23.16%	9.65%
Spanish	14,206	21.69%	318	1.50%	2.23%
Other	647	0.98%	68	0.32%	10.51%

The information listed above summarizes data by gender, age, race/ethnicity, and language categories. While the current electronic health record is limited in providing more comprehensive data, the Quality Support Division staff has been able to assist in the extraction of the most defined and accurate data of unduplicated clients served by the Department. Additional data was collected from the California Health and Human Services Open Data Portal. While the information is provided, margin of errors or other difficulties have been accounted for as accurately as possible to try to avoid errors in reporting. Based on the information on Table 3., White/Caucasian served clients constitute the largest population receiving services. While penetration rate for Black, Asian, and Native Americans are quite high, a cautionary analysis is recommended based in understanding that there is still a lower number of Medi-Cal beneficiaries under those three racial/ethnic groups in the entire County. Therefore, a higher number of clients served compared to the number of beneficiaries may not necessarily reflect equity in service provision, but a demographic reality of limited diversity. Additionally, the Latino/Latinx/Hispanic group constituting about 30% of Medi-Cal beneficiaries, only about 6% of them are part of service provision. Identifying these disparities have helped the Department identify appropriate interventions for the Latino/Latinx/Hispanic population to increase outreach, service delivery and retention.

The following two tables break down the data by services provided in Mental Health and Drug & Alcohol Services:

Table 4. Mental Health Services Medi-Cal Indicators

	Medi-Cal Beneficiaries		Medi-Cal Clients		Penetration Rate
	65,478	100%	15,852	100%	24.20%
Gender					
Female	34,681	52.96%	2,040	12.86%	5.88%
Male	30,797	47.03%	1,923	12.13%	6.24%
Other	N/A	N/A	N/A	N/A	N/A
Unsure	N/A	N/A	N/A	N/A	N/A
Age					
0-15 years	19,689	30.06%	1,050	6.62%	5.33%
16-24 years	8,179	12.48%	692	4.36%	8.46%
25-59 years	23,369	35.69%	1,826	11.51%	7.81%
60+ years	14,241	21.75%	395	2.49%	2.77%

Ethnicity					
African American	673	1.02%	134	0.84%	19.91%
Asian/Pacific Islander	1,333	2.03%	93	0.58%	6.97%
White/Caucasian	24,541	37.48%	2,382	15.02%	9.70%
Latino/x/Hispanic	19,949	30.46%	1,003	6.32%	5.02%
Native American	308	0.47%	79	0.49%	25.64%
Other/Unknown	18,674	28.52%	272	1.71%	1.45%
Language					
English	50,625	77.31%	3,633	22.91%	7.17%
Spanish	14,206	21.69%	300	1.89%	2.11%
Other	647	0.98%	30	0.18%	4.63%

Under provisions of Mental Health, most services are provided to males ranging between the ages of 16-24. White/Caucasian clients, representing about 15% of Medi-Cal clients, account for about 9% of services received. As stated above, cautionary analysis is presented for the Black/African American and Native American racial/ethnic groups. The higher penetration rates compare to the population the groups represent do not signify equity in service provision. Instead, it provides a picture of limited diversity in the county demographics.

Table 5. Drug & Alcohol Services Medi-Cal Indicators

	Medi-Cal Beneficiaries		Medi-Cal Clients		Penetration Rate
	65,478	100%	5,240	100%	8.00%
Gender					
Female	34,681	52.96%	511	9.75%	1.47%
Male	30,797	47.03%	799	15.24%	2.59%
Other	N/A	N/A	N/A	N/A	N/A
Unsure	N/A	N/A	N/A	N/A	N/A
Age Group					
0-15 years	19,689	30.06%	25	0.47%	0.12%
16-24 years	8,179	12.48%	153	2.91%	1.87%
25-59 years	23,369	35.69%	1,081	20.62%	4.62%
60+ years	14,241	21.75%	51	0.97%	0.35%
Ethnicity					
African American	673	1.02%	50	0.95%	7.42%
Asian/Pacific Islander	1,333	2.03%	13	0.24%	0.97%
White/Caucasian	24,541	37.48%	907	17.30%	3.69%
Latino/x/Hispanic	19,949	30.46%	192	3.66%	0.96%
Native American	308	0.47%	27	0.51%	8.76%

Other/Unknown	18,674	28.52%	121	2.30%	0.64%
Language					
English	50,625	77.31%	1,254	23.93%	2.47%
Spanish	14,206	21.69%	18	0.34%	0.12%
Other	647	0.98%	38	0.72%	5.87%

As reviewed in the analysis conducted for Mental Health Services; Drug & Alcohol Services show that males seek services more than females, showing a penetration rate of 2.59%. Adults ages 25-59 are seekingDrug & Alcohol services at a greater rate as well. White/Caucasian clients have a 3.69% penetration rate of services, while Black/African American and Native American represent 7.42% and 8.76% respectively, representing a disproportionate rate of penetration. As described above, this could be due to a lower number of Medi-Cal Beneficiaries within those populations, but a relatively low-to-medium proportion of Medi-Cal clients served. As pointed out above, this also represents the lack of higher diversity in the entire population overall.

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

The county shall include the following in the CCPR:

A. Summarize the 200% of poverty (minus Medi-Cal population) and client utilization data by race, ethnicity, language, age, and gender (other social /cultural groups may be addressed as data is available and collected locally).
B. Provide an analysis of disparities as identified in the above summary.

Note: Objectives for these defined disparities will be identified in Criterion 3, Section III.

The following table provides information on the data on population under the 200% federal poverty line. This population is calculated by identifying the 200% FPL population minus the current Medi-Cal beneficiaries. The data on the total population under the 200% FPL was included in the U.S. Census Bureau for the Fiscal Year June 30, 2021- June 30, 2022. The Medi-Cal Eligible data was located at California Health & Human Services Open Data Portal and corresponded to the same fiscal year. Upon further analysis, there were discrepancies in the State website between the total number of Medi-Cal Beneficiaries compared to several categories (race/ethnicity, sex, age, language) of the population under 200% of FPL. To remediate and lessen marginal errors in the analysis, mean values for each category were obtained from the available data and counted against the State reported Medi-Cal beneficiaries' values. Although such formulation was instituted to avoid greater marginal errors, by the nature of the reported data, we anticipate some minor errors, but in general terms it represents the most accurate representation.

Table 6. Calculation for the Population under 200% FPL (minus Medi-Cal Eligible Beneficiaries)

Population under 200% of Federal Poverty Line:	72,086
Medi-Cal Eligible Beneficiaries:	65,079
Population under 200% FPL minus Medi-Cal Eligible Beneficiaries:	7,007

Table 6. Population under 200% FPL minus Medi-Cal Eligible Beneficiaries

	Population Under 200% FPL		Medi-Cal Beneficiaries		Medi-Cal Clients Served		Non Medi-Cal Population	
	72,086	100%	65,478	100%	21,092	100%	7,007	100%
Gender								
Female	35,773	49.62%	34,681	52.96%	2,551	12.09%	N/A	N/A
Male	36,313	50.37%	30,797	47.03%	2,722	12.90%	N/A	N/A
Other	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Unsure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Age Group								
0-15 years	11,454	15.89%	19,689	30.06%	1,075	5.09%	N/A	N/A
16-24 years	11,882	16.48%	8,179	12.48%	845	4.00%	N/A	N/A
25-59 years	28,008	38.85%	23,369	35.69%	2,907	13.78%	N/A	N/A
60+ years	20,742	28.77%	14,241	21.75%	446	2.11%	N/A	N/A
Ethnicity								
African American	875	1.23%	673	1.02%	184	0.87%	N/A	N/A
Asian/Pacific Islander	2,590	3.61%	1,333	2.03%	106	0.50%	N/A	N/A
White/Caucasian	50,412	69.95%	24,541	37.48%	3,289	15.59%	N/A	N/A
Latino/x/Hispanic	17,115	23.76%	19,949	30.46%	1,195	5.66%	N/A	N/A
Native American	586	0.83%	308	0.47%	106	0.50%	N/A	N/A
Other/Unknown	508	0.72%	18,674	28.52%	393	1.86%	N/A	N/A
Language								
English	60,768	84.3%	50,625	77.31%	4,887	23.16%	N/A	N/A
Spanish	8,002	11.1%	14,206	21.69%	318	1.50%	N/A	N/A
Other	3,316	4.6%	647	0.98%	68	0.32%	N/A	N/A

With the implementation of the Affordable Care Act in 2010 and with the Medi-Cal expansion of 2014, this sharply increased the reach of health care coverage, and shifted individuals to have medical insurance and access to services through the open health care market. Due to the impact of these changes, the Department has no access to utilization data for the Non-Medical Population data shown above since they most likely gain access outside Medi-Cal service. The table above provides the most accurate estimates for the

200% Federal Poverty Line population in comparison to Medi-Cal Beneficiaries, and Medi-Cal Clients for the Behavioral Health Department, but not for the remaining non-Medi-Cal population.

B. Data analysis shows that males slightly receive more services and represent the majority of the population under the 200% FPL. The most prevalent age group is the population between the ages of 25-59, with them receiving about 13.78% of services and representing about 39% of the population under 200% of FPL, while White/Caucasian receive about 16% of services and represent about 70% of the 200% FPL population.

IV. MHSA Community Services and Supports (CSS) population assessment and service needs
The county shall include the following in the CCPR:

A. From the county's approved CSS plan, extract a copy of the population assessment. If updates have been made to this assessment, please include the updates. Summarize population and client utilization data by race, ethnicity, language, age, and gender (other social/cultural groups may be addressed as data is available and collected locally).

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

Note: Objectives will be identified in Criterion 3, Section III.

A. The following table reflects data from FY 2021-2022 and is a summary of client utilization data by gender, age group, race/ethnicity, and language for the Mental Health Services Act (MHSA) Community Services and Supports (CSS) component. This data should be viewed and analyzed against the overall county population to best understand the breakdown of service provisions for each of the above-mentioned categories. Female clients represent about 50% of clients accessing services. The age group with the highest number of client service provision is the 25-49 age group. Similarly, most of service provisions for the above tables are also congruent with previously analyzed data. Likewise, the White/Caucasian ethnic group represents about 42% of clients receiving services, which is also very similar to previously analyzed data. Under the category of language, the total number of clients equals 3,180, which is more than the actual total of 3,052, the reason being due to clients being bilingual and bicultural and deciding to receive services in English and Spanish in different sessions or services provided, creating duplicated counts of the total number of clients served, although the majority of services were provided in English, which represents about 94%, and Spanish representing about 6%.

Table. 7 MHSA CSS Client Utilization FY 2021-2022

	Total Clients Served	Percent of Clients Served
	3,052	100%
Gender		
Female	1,526	50.00%
Male	1,405	46.03%
Other/Unsure	121	3.96%
Age Group		
0-15 years	892	29.22%
16-24 years	650	21.29%
25-59 years	1,204	39.44%
60+ years	306	10.02%
Ethnicity		
African American	63	2.06%
Asian/Pacific Islander	39	1.27%
White/Caucasian	1,296	42.46%
Latino/x/Hispanic	464	15.20%
Native American	51	1.67%
Other/Unknown	1,139	37.31%
Language		
English	2,978	93.64%
Spanish	189	6.34%
Other	13	0.43%

B. In analyzing disparities, the Latino/Latinx/Hispanic population, which represents about 24% of the entire county, only represents about 15% of service provision under MHSA CSS, which is the most noticeable disparity. To address this, as it focuses on enhancing access to services and navigating the behavioral health system, the addition of case managers allows for a friendly and culturally appropriate engagement process. Further outreach and communication is needed to ensure we close the gap of insufficient access.

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:

A. Which PEI priority population(s) did the county identify in their PEI plan? The county could choose from the following six PEI priority populations:

1. Underserved cultural populations
2. Individuals experiencing onset of serious psychiatric illness
3. Children/youth in stressed families
4. Trauma-exposed
5. Children/youth at risk of school failure
6. Children/youth at risk or experiencing juvenile justice involvement

B. Describe the process and rationale used by the county in selecting their PEI priority population(s) (e.g., assessment tools or method utilized).

A. The County chose to address all six of the PEI priority populations in its original plan. The current PEI Programming includes all required MHSA Subcategories that also align with services provided to the six (6) PEI priority populations. This includes the following MHSA PEI Program categories and programs.

Table 8: MHSA PEI Programs

PEI Program Categories	PEI Program	Priority Population
Prevention		
	Positive Development	Mainly children ages 2-6, from all backgrounds, cultures, and experiences.
	In-Home Parent Educator	All families at elevated risk with children 0-18 years of age from all backgrounds, cultures, and experiences.
	Family Education, Training, and Support	Mainly parents/caregivers either families experiencing homelessness, fathers, teen parents, isolated families in rural areas, and parents in recovery from all backgrounds, cultures, and experiences.
	Middle School Comprehensive Program	At-risk middle school youth and families from all backgrounds, cultures, and experiences.
Early Intervention		
	Community Based Therapeutic Services	Individuals and families who are underinsured, at-risk, and needs of early intervention services from all backgrounds, cultures, and experiences.

	Integrated Community Wellness	All families, individuals, youth needing mental health and suicide prevention from all backgrounds, cultures, and experiences.
Increasing Recognition of Early Signs of Mental Illness		
	Older Adults Mental Health Initiative	Older adults at risk and experiencing isolation, their loved ones and support networks from all backgrounds, cultures, and experiences.
Access and Linkage to Treatment		
	Veterans Outreach Program	Veterans and their families (children, youth, TAY, adults, and older adults from all backgrounds, cultures, and experiences)
Stigma and Discrimination Reduction		
	Social Marketing Strategy – Community Outreach & Engagement	All communities and populations, including LGBTQIA+ communities, Peers, clients and their loved ones, Native American communities, Veterans, Children and Youth and other diverse groups)
	College Wellness Program	Transitional-Aged Youth and Adults in college settings from all backgrounds, cultures, and experiences.
Suicide Prevention		
	Suicide Prevention Coordination	All communities and populations, including LGBTQIA+ communities, Peers, clients and their loved ones, Native American communities, Veterans, Children and Youth and other diverse groups)

B. Interested parties and community members who are part of the PEI Planning Process reviewed and analyzed the various communities and populations whose behavioral health needs were reported as part of surveys, focus and work groups. During the initial and comprehensive planning process, priority services were aligned with targeted populations. This resulted in three population areas of emphasis, Children and Youth, TAY and Adult, and Older Adult. By focusing on each community and the intersection of experience within each group, the planning process developed long-lasting programs focused on

strengthening such groups' well-being. This resulted in applicable, client-centered, and adaptable to social changes of the communities/populations receiving services.

Criterion 3

Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Behavioral Health Disparities

I. Identified unserved/underserved target populations (with disparities):

The county shall include the following in the CCPR:

- Medi-Cal population
- Community Services Support (CSS) population: Full-Service Partnership population
- Workforce, Education, and Training (WET) population: Targets to grow a multicultural workforce
- Prevention and Early Intervention (PEI) priority populations: These populations are county identified from the six PEI priority populations

A. List identified target populations, with disparities, within each of the above selected populations (Medi-Cal, CSS, WET, and PEI priority populations).

Through the MHSA Planning Process, the Department has collected data and interested parties' input to identify unserved and underserved communities and populations throughout the entire county.

A. The following section identifies the target populations fully explaining disparities within the above selected populations.

Medi-Cal Population

SLOBHD describes and aligns "Medical Necessity" (Appendix 07) within the California Code of Regulations, Title 9, Chapter 11, Section 1830.205 Medical Necessity for MHP Reimbursement of Specialty Mental Health Services. Along the same lines, the department aligns with the Drug Medi-Cal Organized Delivery System (DMC ODS) model meeting service provision for substance use disorder treatment services. Likewise, with the implementation of California Advancing & Innovating Medi-Cal (CalAIM), and the development of integrative models taking place in mid-2023 by the local Managed Health Care Plan (CenCal), the Medi-Cal population will receive system of care that will be reflective of careful client consideration and experience.

While SLOBHD aligns services and follows through with State and Federal practices, there is still a barrier for those who do not meet required eligibility under Medi-Cal to access primary services from the department. Further legislative action could help expand Medi-Cal population eligibility and therefore ability to access services.

Community Services and Supports (CSS) Full-Service Partnership Population

The Full-Service Partnership (FSP) Program (Appendix 07) provides several services utilizing "whatever it takes," wraparound-like, intensive, community-based mental health services and supports to specific age-group populations facing mental illness. FSP is grounded on strength-based, solution-centered, culturally and linguistically affirmative approaches, client and family oriented, recovery, and resiliency. Target populations include:

1. **Children and Youth:** 0-15 years old, with one or more of the following characteristics:
    1) "High utilizers" of the system including, but not limited to, chronic history of 5150, psychiatric hospitalizations, emergency room visits, law enforcement involvement.
    2) Foster youth with multiple placements
    3) Risk of out-of-home placement
    4) In juvenile justice system
2. **Transitional Age Youth (TAY),** 16-25 years old, that have one or more of the following characteristics:
    1) "High utilizers" of the system including, but not limited to, chronic history of 5150, psychiatric hospitalizations, emergency room visits, law enforcement involvement.
    2) Co-occurring substance abuse issues
    3) Foster youth with multiple placements or aging out/have aged out
    4) Recently diagnosed with a mental illness
3. **Adults**, 26-59 years old, that have one or more of the following characteristics:
    1) At risk for involuntary institutionalization
    2) "High utilizers" of the system including, but not limited to, chronic history of 5150, psychiatric hospitalizations, emergency room visits, law enforcement involvement.
    3) Co-occurring substance issues
    4) Homeless or at-risk of becoming homeless
4. **Older Adults**, ages 60+, that have one or more of the following characteristics:
    1) "High utilizers" of the system including, but not limited to, chronic history of 5150, psychiatric hospitalizations, emergency room visits, law enforcement involvement.
    2) Homebound – unserved
    3) Homeless or at-risk of becoming homeless
    4) Co-occurring substance abuse issues
    5) Presenting with mental issues at their primary care provider's office

Workforce, Education, and Training (WET) Population

Priority populations identified in the original plan are still relevant today. With the impact of the COVID-19 pandemic, there is a growing importance in recognizing priority populations

and identifying key strategies for current retention, promotion, and innovative practices to recruit and hire staff.

1) Behavioral Health clinicians and support staff
2) Bilingual and bicultural staff across all positions from direct service staff to management and leadership
3) Clinicians with co-occurring specializations
4) Clients, family members, reentry clients with experience in the Behavioral Health field and are ready to be part of the workforce
5) Diverse staff from all different backgrounds and populations, including expanding recruiting pools from LGBTQIA+, Veterans, Disability, Ethnic and Racial, and Linguistic populations
6) Community Based Organizations serving mental health and drug and alcohol clients
7) Undergraduate and graduate students seeking a career in Behavioral Health
8) Mental Health clients seeking education/career in Behavioral Health
9) Expand diverse criminal justice personnel that best support diverse populations

Prevention & Early Intervention (PEI) Population

The PEI Committee addressed all PEI priority population in the original plan, and it continues the same:

1. Trauma Exposed Individuals
2. Individuals experiencing onset of serious psychiatric illness
3. Children and youth in stressed families
4. Children and youth at risk for school failure
5. Children and youth at risk of or experiencing juvenile justice involvement
6. Underserved Cultural Populations

1. From the above identified PEI priority population(s) with disparities, describe the process and rationale the county used to identify and target the population(s) (with disparities).

The PEI Planning Process led the review and analysis of the priority populations' needs. The outcome of such process led to a defined and narrowed targeted group application of services and programs. With a total of 592 PEI strategies submitted, the PEI Committee began combining and formalizing the plans.

Along the process, the PEI Community Planning Team created prioritization criteria for all required programming categories and adopted guiding principles that apply universally to all PEI programs. The guiding principles focus on cooperation, coordination, accessibility, use of current strategies, maximizing current networks/relationships, family-focus service provision, and diversity in culturally and linguistically appropriate services.

To gain more community feedback in development of the PEI plan, three age-specific workgroups were created. Children/Youth, Adults, and Older Adults. Each group addressed the specific needs of each population. Each workgroup utilized data, conducted additional research, and developed strategies and ideas that best met the PEI criteria and funding requirements. The recommendations were then brought up to the PEI Community Planning Team that ultimately used the information and data to develop the final Prevention and Early Intervention Plan.

II. Identified disparities (within the target populations)

The county shall include the following in the CCPR:

A. List disparities from the above identified populations with disparities (within Medi-Cal, CSS, WET, and PEI's priority/targeted populations).

Currently, based on penetration rates and Medi-Cal beneficiary data, the most significant population experiencing disparities is the Latino/Latinx/Hispanic community. The lack of access to services is made even more relevant when this community represents about 24% of the total county population but represent about 36% of the poverty population. To further understand the county makeup and experience of the Latino/Latinx/Hispanic population is the fact that they reside in rural areas that thus exacerbate access, transportation, outreach, and engagement to services.

Medi-Cal and CSS Populations

CenCal Health, the local Managed Health Provider, has provided Medi-Cal coverage in San Luis Obispo County since 2008. CenCal Health recognizes the importance of offering services that addresses the health education, quality of services, and health needs of its members. According to the population needs assessment, in San Luis Obispo County, about 81% of members speak English and 18% speak Spanish. Accompanying this analysis is the fact that individuals in the Latino/Latinx/Hispanic community receive considerably less services while representing about 36% of the population. Additionally, Latino/Latinx/Hispanic youth and transitional-aged youth represent the highest combined percentages of unserved individuals among youth. Cultural, language, geographical, and generational barriers are elements that still contribute to access to services. Constant education and outreach at all middle schools and partnerships with the local colleges are crucial to address the needs of this population.

Trauma either by acculturation or assimilation, as well as navigation of a foreign health care system, contribute to lack of access and disengagement for Latino/Latinx/Hispanic populations in various degrees, therefore presenting a greater access disparity, particularly for groups within the Latino/Latinx/Hispanic population that identify as immigrants. Also,,

use of government-based services is not considered culturally appropriate due to potential public charge challenges, impacting the wellbeing of the entire family unit.

The previous 2004 Latino/Latinx/Hispanic study revealed a few key variables, specifically for mental health services:

- Accessing services in government settings is uncomfortable, as government is perceived as authoritarian and intimidating.
- Receiving services can create confusion and involve disclosing personal information to various individuals before assignment of a therapist. Some reported that after disclosing information, they were advised they did not meet medical eligibility for services.
- Cultural trust and knowledge were aspects of concern that deterred full engagement in services.
- Knowledge of the Spanish language and the cultures of Spanish-speaking countries are essential for service provision. Interpretation is relevant and of utmost importance for the flow of information and rapport development.

While recognizing major challenges in addressing disparities for the Latino/Latinx/Hispanic population, the Department has strategized by expanding recruitment practices that are more inclusive of the threshold language in service provision and in various leadership roles throughout the entire behavioral health department. This is accomplished by recruiting, hiring, and promoting bilingual and bicultural staff into decision-making roles and ensuring service-oriented positions meet the proper culturally and linguistically standards of the county as well as State and Federal requirements. The inclusion of case managers under the Latino Outreach Program will allow for better service provision in the three larger areas of the county addressing the needs in the Northern, SLO, and Southern-regions, and meeting such population where they are located.

Under Medi-Cal, other populations encountering less access to services include the Asian and Pacific Islander population, who across age and gender groups access services a less rates. This is mainly more pronounced in youth and transitional aged youth. With the social and cultural negative impact of Covid-19, access and social support for this population was a focus of attention as the Department aimed to create a safe and inclusive space to engage with this community. Continued engagement and further review is needed to determine what other cultural aspects need to be strategized and implemented to address access and continue to provide cultural support in service provision.

Workforce, Education, and Training

Behavioral Health clinicians and support staff: there is a need for bilingual/bicultural staff in all service-oriented positions, especially in the threshold language of Spanish. Due

to cost of living, limited schooling in the community, capacity, and diverse pools, the Department continues to struggle in this area.

Community Based Organizations: while SLOBHD has strong partnerships with local and regional non-profit organizations, there are still organizations that do not have the capacity or are still in the process of developing policies and practices to provide more culturally appropriate and affirmative care to various populations/communities. Expanding and searching for a variety of potential partners is critical to ensure services are provided.

Diverse clinicians and staff: staff and clinicians who provide services and have specialized lived cultural experiences are critical to continuing to expand services and creating a welcoming atmosphere. Bilingual and cultural staff are one of the key points on disparity in the entire SLOBHD workforce, which places an increasing demand on keeping current employees and open positions available for recruitment.

Clinicians with co-occurring disorders specialization: while the Department has increased in hiring staff with co-occurring disorders experience, skilled therapists and clinicians who are able to navigate both systems and provide culturally appropriate engagement and diagnosis on addiction issues, is critical. As an integrated system, SLOBHD has sought to reduce disparities by creating a comprehensive system based on collaboration and integrative knowledge to best serve clients and their needs.

Undergraduate and graduate students seeking a career in Behavioral Health: SLOBHD has experienced a decrease in partnership and collaboration with the local college due to impacts from the pandemic and changes in students' career interests in the behavioral health field. Likewise, Cal Poly faces a challenge in recruiting and admitting diverse students with different experiences, therefore decreasing the pool of candidates the Department can target. This explains the larger systemic issues associated with the local educational system. With the WET Coordinator and the new Clinical Coordinator, an established relationship has begun forming with the local colleges to attract potential students/candidates.

Need for expansion on behavioral health justice personnel: SLOBHD's response to address the need of justice-involved population has dedicated funding and programming to increase staffing. Training staff in both systems has resulted partially in a challenge, but the staffing has slowly been increasing and in collaboration with the Drug & Alcohol Services and Mental Health, an integrated approach to service provision has been created to best target the co-occurring needs of clients.

Clients, family members, and re-entry: the Department has moved slowly in recognizing hiring practices that welcome lived experiences as key professional factors for employment. Since some or most of the contracted CBOs have programs employing clients

and their loved ones, the Department has increased contractual and grant programs which require peer and family member employment, therefore shifting the make up in the entire local behavioral health system.

Prevention and Early Intervention
Trauma Exposed Individuals: Disparities include reduced access by those who may avoid seeking services for the psycho-social effects of the traumas they have experienced.

Individuals Experiencing Onset of Serious Psychiatric Illness: Disparities include reduced access by those unlikely to seek services from traditional mental health services due to stigma, or lack of understanding of their illness.

Children and Youth in Stressed Families: Disparities include lack of services and reduced access due to stigma and inability to engage parents and caregivers in providing access.

Children and Youth at Risk for School Failure: Disparities include lack of services and reduced access due to stigma, and inability to engage school systems in increasing access to services.

Children and Youth at Risk of or Experiencing Juvenile Justice Involvement: Disparities include lack of services and reduced access due to stigma, and fear of further juvenile system involvement.

Underserved Cultural Populations: Disparities include lack of services and reduced access due to stigma, language barriers, lack of culturally sensitive locations and hours, and limited understanding of other systems which may support access (i.e. schools which cannot communicate with monolingual parents).

III. Identified strategies/objectives/actions/timelines

The county shall include the following in the CCPR:

A. List the strategies identified in CSS, WET, and PEI plans, for reducing the disparities identified.

B. List the strategies identified for each targeted area as noted in Criterion 2 in the following sections:

- II. Medi-Cal population
- III. 200% of poverty population
- IV. MHSA/CSS population
- V. PEI priority population(s) selected by the county, from the six PEI priority populations

This section outlines SLOBHD's strategies and objectives for each of the targeted populations. Programs described here range in scope from clinic-based therapeutic services to community partnerships, to public education, and engagement.

A. The strategies identified in the County's CSS, WET, and PEI plans are described here to provide a comprehensive demonstration of how SLOBHD addresses disparities:

Community Services and Supports (CSS)
The County originally established a partnership with a local psychologist to conduct research to determine best practice approaches to overcoming disparities with Latino/Latinx/Hispanic clients. The resulting paper, "Servicios Sicológicos Para Latinos: A Latino Outreach Program: Addressing Barriers to Mental Health Service" (Appendix 08) outlined the county's local data, described in the previous Criterion, and outlined the services which continue to anchor the CSS strategies.

Latino Outreach Program (LOP) offers culturally appropriate psychotherapy services to monolingual, low-income Spanish speakers, and their bilingual children. The model for LOP is based on the findings of research and the findings of the County study conducted in 2004. The program is in the process of re-establishing itself to address the current local, state, and national climate to support the specific needs of this population.
The client's access to services is conducted in a manner that minimizes unnecessary interaction, but directly connecting with their provider. The clients access services from either community referrals (e.g. Family Resource Centers, schools, etc.), or directly through the central access service – which now has bilingual, bicultural staff available at all times. This "managed care" team assigns the client to the therapist that conducts the intake and provides therapy. This method of accessing services addresses the barrier described in Criterion 3, Section IIA, which speaks to the difficulty of telling the personal story to various persons prior to receiving treatment, and is respectful of the findings of Casas, J.M., Pavelski, R., Furlong, M. & Zanglis, I, (2001) and Chung (1990) that indicate clients get lost when trying to navigate through the bureaucracy of the agencies that provide mental health services.

All LOP therapists are bicultural and bilingual. The program is currently experiencing a deficit due to the constrains placed by the COVID-19 pandemic and uncertainty in employment. The SLOBHD has launched a robust strategy to target potential candidates in the county and in nearby areas by employing direct outreach, social media, and reaching out to Spanish-speaking areas to spread the word. An entire list of current staff can be found in Appendix 09. The ethnicity of the therapists and their cultural backgrounds addresses the concerns stated in Criterion 3, Section IIA. By being Spanish speaking Latinos/Latinas/Latinx, or now referred to as well as Latine, the therapists can increase the probability of retaining when there is an ethnic and language match between the behavioral health professional and the client. By having therapists with experiences both

as immigrants and as first-generation U.S. citizens, staff can share world views and connect with the client's cultural perspectives and experiences. To begin addressing the needs at an earlier phase, the new LOP Supervisor designed and acquired MHSA funding to hire bilingual and bicultural Case Managers, one in each key region. One in North County, one is the San Luis Obispo City region, and one in the South County region.

In 2011, the SLOBHD launched an Innovation (MHSA) project to test improving mental health access for veterans and active military. "Operation Coastal Care" tested a unique community collaboration providing a licensed mental health therapist to be embedded with local "surf" recreation/rehabilitation programs for veterans and other high-risk individuals, which has proven to be a great success. Now called the *Veterans Outreach Program*, the County offers monthly outdoor activities, group experiences, and community service for local veterans and their family members. At each event, the participants are introduced to the County's veteran-focused clinician and are offered an opportunity to meet in a relaxed and supportive environment. Veterans seeking further counseling or treatment are provided a safe introduction to services, and often make their first appointments while at the event. The outreach event is funded, now, as part of the Prevention & Early Intervention plan. The clinician is funded with CSS, and now also provides services to the County's Veterans Treatment Court. During the COVID-19 impact, service provision was accommodated to ensure safety of each and all clients and their loved ones and allowed the staff to expand services via virtual alternatives.

Workforce Education and Training (WET)

The County's original WET plan addressed the disparities of recruitment, training, and education of qualified individuals who provide services. The County spent its WET funding over a ten-year period. Some original WET programs are now being funded with CSS funding. The County concluded programming associated with the following strategies:

- **Workforce Education and Training Coordinator and Intern:** The Department now has an Outreach & Training Coordinator, who is also the WET Coordinator for the Department. The WET Coordinator is assigned a group of staff ranging from suicide prevention staff, public information, college-based behavioral health services, opioid prevention services, and training coordination. Embedding the Coordinator within various aspect and strategies of the Department, is designed to reach a larger approach by identifying training needs and providing support to the community. Additionally, the Coordinator leads the implementation of educational and training strategies identified in the County, performing tasks such as conducting assessments of county staff, contract providers, consumers, youth, and family members' training needs; assisting in the development and implementation of a strategic training plan for SLOBHD; and participating both at a state and regional level to ensure coordination of training opportunities.
- **Workforce Training in Co-Occurring Disorders:** co-occurring disorder trainings and information is a key strategy to expand best service provision. Based on this,

the Department continues to strategize training in treating individuals with co-occurring mental health and substance disorders in a culturally competent manner to staff and volunteers of the County and contracting CBOs, and to consumers and family members.

- **Clinical Training Supervisor:** This new strategy is designed to address the clinical training needs and expanding skills and knowledge for the entire behavioral health clinical staff. In collaboration with the WET Coordinator and the DEI Program Manager, the Clinical Training Supervisor is currently defining plans in addressing workforce needs.
- **Scholarships and Repayment Programs:** This strategy addressed shortages and diversity needs in the behavioral health workforce, and increased consumer and family member participation in the workplace by offering stipends and incentives to those individuals interested in pursuing education in delivering behavioral health care in the county. Likewise, the WET Coordinator is the liaison at the State and Regional Levels where loan repayment plans have been instituted to support current staff with repayment and grant options as they are part of the field.

Going forward, the current MHSA plan includes the following original WET strategies, funded with CSS dollars:

- **Transitions Mental Health Association Peer Advisory, Mentoring, and Advocacy Team:** The County works with Transitions Mental Health Association (TMHA), a community-based organization, and their "Peer Advisory/Advocacy Team" (PAAT), to educate the community about mental health, wellness, and recovery. Members of the peer advisory team are consumers and family members that sit on local boards and commissions, provide training and outreach, and co-facilitate recovery groups with SLOBHD staff.
- **E-Learning:** Per a contract with Relias Learning, SLOBHD has developed, delivered, and managed educational opportunities and distance learning for staff, consumers/family members, and community-based organizations. Funding has been used to access an extensive course catalog and to customize courses to meet the specific, diverse needs of our community. Trainings are wellness, recovery, and resiliency oriented. All employees, including consumer and family members, have access to trainings. The DEI Committee makes recommendations for training curriculum and processes for accessing training. A recently a new expanded and more detailed DEI-Cultural Competence Training has been implemented starting in the current fiscal year.
- **Law Enforcement, First Responders and Crisis Intervention Training (CIT) Description:** This strategy trains law enforcement officers to handle crisis situations involving individuals with serious mental illness. This is conducted in collaboration with the Sheriff's Department and Local Police Departments touching on subjects of law enforcement, adult and youth mental health, and Cultural Competence.

- **Bilingual Internship Program:** This strategy provides funding to support three part-time Bilingual students to gain experience and knowledge working in the public mental health system within a recovery approach.
- **Consumers, family members, reentry and current students interested in working in the mental health field**: The County has supported several programs developed for consumer and family workforce opportunities. Some of the County's community-based partners have recovery programs which employ consumers. In the past decade the Department has increased contractual and grant programs which require peer and family member employment. In 2018, the Department adopted new job classifications which allow lived experience to be equitable to work and educational backgrounds. This allows the County to employ consumer staff in regular benefited positions versus relying on practices including volunteers, stipends, and personal service contracts. Additional support is being provided in defining and implementing the State's initiative about Peer Certification Program and embedding lived experience at a larger reach in the entire behavioral health field.

Prevention and Early Intervention

The County's PEI plan addresses disparities outlined in the previous section by first seeking to address stigma on a countywide public basis. The Stigma Reduction campaign includes mass media approaches to public education as well as targeted outreach to the high-risk, underserved populations described in Criterion 3 Section I. Second, access is a foundational component of all PEI services including increased exposure of wellness messaging and early intervention services on campuses, in parent training forums, and with risk populations including seniors and TAY. Hours and availability of short, brief intervention counseling services has been expanded as well. Finally, the County's cultural competence in providing PEI services is a major key in its strategies. All programs must increase both provider capacities to engage people in culturally appropriate services, and provide the public with warm, welcoming services which reduce those disparities linked to cultural competency gaps.

B. This section identifies further strategies per each targeted area examined in Criterion 2.

II. Medi-Cal Strategies

- The Latino Outreach Program (LOP) provides services to those who meet access criteria and those who have a diagnosis outside of access criteria such as substance abuse, marital problems, cultural trauma, and parent child relational problems. The LOP reduces the barrier stated in Criterion 3, Section IA which highlights that SLOBHD cannot provide psychotherapy to people who do not meet the criteria for access. LOP is in the unique position that regardless of the diagnosis, cases can be opened under criteria access or under CSS, therefore no one is turned away based on a diagnosis. Case Managers have been hired in three main areas of the county,

the North County Region, The City of SLO, and the South County Region. This allows for expansion and navigation of services within the entire county to best serve clients where their needs are present.

- Other strategies have included the addition of bilingual therapists in the SLOBHD to expand services for those who do meet access criteria. From administrative assistants at the very first contact to bilingual/bicultural staff embedded in various programs. The Department aims at increasing such bilingual services in collaboration with the HR Department.

III. 200% of Poverty Strategies

- Most, if not all the 200% poverty population, receive Medi-Cal or Private Insurance services due to the Affordable Care Act and the expansion on Medi-Cal. The population that mainly represents the 200% Federal Poverty Level are non-English speaking communities, including the Latino/Latinx/Hispanic populations. To address these needs, the LOP is embedded in the community to increase access and decrease barriers, primarily transportation within the county. Psychotherapy and Case Management is offered to all LOP clients in welcoming and community settings that are culturally comforting and reassuring, and with the impact of the pandemic, other modes of service expansion include telehealth and digital literacy. Alongside this strategy, contract expansion with the local Promotores group was implemented to address behavioral health needs, particularly in the Drug & Alcohol field.
- This strategy allows the program to break through the barrier stated in Criterion 3, Section IIA which addresses the discomfort of receiving psychotherapy in a government agency. The community-based model also is consistent with the findings of Cheung's (1990), and Kiselica & Robinson (2001), which stress the importance of "mental health professionals leaving the comfort of their offices and completing their work in other settings".

IV. Community Services and Supports (CSS) Strategies

- **Full-Service Partnership** programs provide a broad range of mental health services and intensive supports to targeted populations of children, transition age youth, adults, and older adults. The County has launched FSPs focused on homeless populations, and another on individuals with judicial and criminal-justice history. All services are provided in English and Spanish.
- **Client and Family Wellness Supports** provides an array of recovery-centered services to help individuals improve their quality of life, feel better and be more satisfied with their lives. Support includes vocational training and job placement; community and supportive housing; increasing day to day assistance for individuals and families in accessing care and managing their lives; expanding client and family-led education and support programs; outreach to unserved seniors; and expand services for persons with co-occurring substance abuse. This includes an Adolescent Co-Occurring Disorder program, launched in 2017.

- **Enhanced Crisis Response and Aftercare** will increase the number of mobile responders and add follow up services to individuals not admitted to the psychiatric health facility as well as to those discharged from the facility. With the inclusion of the crisis stabilization unit, services have expanded, and they are all offered in English and Spanish.
- **Latino Outreach & Services** program reaches unserved and underserved limited-English speakers and provide community-based, culturally appropriate treatment and support. The inclusion of Case Managers in the three (3) key specific regions, allows for best outreach and support.
- The **Behavioral Health Treatment Court** offers support to adults who are mentally ill, on probation and have been court-ordered as a condition of their probation to obtain mental health treatment. Strategies include individual and group therapy, socialization, medication management, drug screens, and referrals to appropriate support groups such as AA.
- **The Veterans Outreach and Veterans Treatment Court** therapeutic services invite local service people and their families to access care and referral in a stigma-free, culturally competent settings.
- **School-Based Mental Health Services** for students offers intense, daily contact to address serious emotional disturbances.

V. Prevention and Early Intervention (PEI)

- **Trauma Exposed Individuals**: Strategies include increased engagement with schools, seniors, and high-risk cultural populations (incl. Latino/Latinx/Hispanic communities, individuals experiencing homelessness, veterans, LGBTQIA+) to educate those at higher risk for depression and the trauma caused by transitions, discrimination, mortality, health, etc. and to provide skill building to better navigate difficult situations. One example is the creation and now expansion of Student Assistance Program to all middle schools in the county. These teams include a counselor specialized in risk assessment and trauma, along with a "Family Advocate" who meets with students and their families to build community linkage to needed resources, such as food, employment, and academic tutoring.
- **Individuals Experiencing Onset of Serious Psychiatric Illness**: Strategies include increased access to care on school campuses and in community centers where high risk populations (as mentioned above) will have more immediate responses from professional care and supports, this includes the new North County Health Campus in Paso Robles, which is an integrated facility offering public health and behavioral health services under one roof, and with easy access for all north county communities. Stigma reduction communitywide, including the original "SLOtheStigma" media campaign, which helped increase knowledge and capacity for mental health access. In its first six months, the

website www.slothestigma.org attracted over 8500 unique visitors, 96% of whom indicated they would use the resources found on the website.

- **Children and Youth in Stressed Families**: Strategies include parenting education for both universal and selective populations to reduce stress; as well as increased engagement with schools, including counseling interventions for those youth exhibiting risk factors, and youth development opportunities to build resiliency skills. One rewarding strategy has been the coordination of all county parent education offerings into an online family resource center website, www.sloparents.org. Available in Spanish, the website materials lead parents to targeted training, coaching, and education which deal with reducing stress in families and improving health outcomes.
- **Children and Youth at Risk for School Failure**: Strategies include increased engagement with schools, including counseling interventions for those youth exhibiting risk factors, and youth development opportunities to build resiliency skills through the Student Assistance Program now in all middle schools in the county. Likewise, the new North County Health Campus offers services for children 0-5 and youth from 6-25 years of age, and within a culturally and linguistically appropriate setting.
- **Underserved Cultural Populations**: Strategies include increased engagement with high-risk cultural populations (incl. Latinos/Latinx/Hispanic, those experiencing homelessness, veterans, LGBTQ) to both educate those at higher risk for depression and the trauma caused by transitions, acculturation, discrimination, mortality, health, etc. and to provide skill building to better navigate difficult situations. Programs such as the Latino Outreach Program, the Veterans Outreach, the LGBTQ Needs Assessment, and the SLO ACCEPTance Project provide services and enhance staff knowledge and skills to best engage these communities by addressing their specific needs.

IV. Additional strategies/objectives/actions/timelines and lessons learned

The county shall include the following in the CCPR:

B. List any new strategies not included in Medi-Cal, CSS, WET, and PEI. **Note:** New strategies must be related to the analysis completed in Criterion 2.

C. Share what has been working well and lessons learned through the process of the county's development of strategies, objectives, actions, and timelines that work to reduce disparities in the county's identified populations within the target populations of Medi-Cal, CSS, WET, and PEI.

In preparing the CCPR, the County's goal is to provide intended historical information and new initiatives and strategies put in place to address the requirements of the Cultural Competence Plan.

A. Since the development of CSS, the County has focused much of its approach to disparities through strategies brought forth in the MHSA process. Some of the strategies that have been developed outside of the Medi-Cal, CSS, WET, and PEI approaches include:

- **Co-Occurring Disorders**: With training initiated through the WET plan, the County has embarked on developing a program of integrated service which will allow individuals with dual diagnoses of mental illness and substance addiction to access integrated treatment. In 2015-2016 the SLOBHD incorporated all forensic programs under a co-occurring system of care. This integration of mental health and substance use disorder services provided clients with singular treatment plans and singular access points.
- **Innovation**: The County continues to expand knowledge and services utilizing Innovation (MHSA) component funds. San Luis Obispo County's community planning process has yielded several research-type projects that address cultural competency and assess the efficacy of new practices. As written earlier, the original Veterans Outreach program was designed as an Innovation project. Other projects are designed to support the LGBTQIA+ population, children, youth, and a system change regarding potential and imminent threats at educational settings. This also includes the incorporation of non-western perspective into treatment services to allow a more integrative and comprehensive approach to wellbeing.
- **Forensic Services**: The development of the Justice Division was designed to provide services for all behavioral health clients with a history in the justice system. The MHSA Stakeholder group approved funding in fiscal year 2019-2020 and expanded their Behavioral Health Treatment Court and their Forensic Re-entry Programs.

B. SLOBHD has identified several strategies and programs that are working well, and lessons learned through the process of the County's development of strategies intended to reduce disparities in the target populations of Medi-Cal, CSS, WET, and PEI.

The Latino Outreach Program, the major strategy addressing disparities in the Medi-Cal and CSS populations, continues to be a successful model for reducing the disparities in access for Latino/Latinx/Hispanic and Spanish-speaking clients.

Workforce Education and Training (WET)
Examples of successes and lessons learned with WET include the following:

- The original WET planning did not include funding or development of a training room which could be equipped with computers and technology training aids. The

SLOBHD used Capital Facilities and Technology opportunities to develop such a resource.

- The development of the Electronic Learning initiative was a morale boost for staff and created many opportunities for staff to build capacity and for the Department to enhance its services by expanding cultural competence and privacy training for all employees and community providers.
- Lessons learned regarding training include the need to develop stronger evaluation systems to accurately capture the growth in capacity. The Department has increased data collection in all programs, including its training offerings.
- The Department continues to build upon previous success and offer current staff scholarships and programs to help pay for their education as they are part of the behavioral health workforce.

Prevention and Early Intervention

After its first decade of implementation, the County's PEI plan has yielded several areas of success. Examples of successes and lessons learned with PEI include the following:

- Foremost are the County's PEI projects which sought to reduce and eliminate stigma. The "SLOtheStigma" campaign launched in the winter of 2009-2010 made a major impact on the community. Over 150,000 media impressions were made in its first year, and the www.SlotheStigma.org website demonstrated its capacity to drive individuals to needed mental health services and information. The campaign used traditional media (i.e. billboards, television, print, and web) to show its centerpiece, a documentary short on local people living with and recovering from mental illness. The debut of the documentary also launched a community tradition, the "Journey of Hope" forum which continues to draw large audiences every year. The program has featured nationally renowned speakers who have addressed the role of mental health and stigma in communities, veteran culture, law enforcement, schools, and families.

V. Planning and monitoring of identified strategies, objectives, actions, timelines to reduce behavioral health disparities (Criterion 3, Section I through IV requires counties to identify strategies, objectives, actions, and timelines to reduce disparities. This section asks counties to report processes, or plan to put in place, for monitoring progress.)

The county shall include the following in the CCPR:

A. List the strategies/objectives/actions/timelines provided in Section III and IV above and provide the status of the county's implementation efforts (i.e. timelines, milestones, etc.).

B. Discuss the mechanism(s) the county will have or has in place to measure and monitor the effect of the identified strategies, objectives, actions, and timelines on reducing disparities identified in Section II of Criterion 3. Discuss what measures and activities the county uses to monitor the reduction or elimination of disparities.

C. Identify county technical assistance needs.

The Department has worked to develop a system of planning and monitoring of the strategies to reduce mental health disparities, including establishing objectives and monitoring outcomes.

A. The strategies identified in the County's CSS, WET, and PEI plans described here provide a comprehensive demonstration of how the County of San Luis Obispo is addressing disparities in service throughout its system of care.

Community Services and Supports (CSS)

Full-Service Partnership programs provide a broad range of mental health services and intensive supports to targeted populations of children, transition age youth, adults, and older adults. The County has launched FSPs focused on homeless populations, and for judicial and criminal-justice history. All services are designed to reduce homelessness, jail, and inpatient hospitalization, and increase employment and school success. All programs are currently in operation.

Client and Family Wellness Supports provides an array of recovery-centered services to help individuals improve their quality of life. Support includes vocational training and job placement; community and supportive housing; increasing day to day assistance for individuals and families in accessing care and managing their lives; expanding client and family-led education and support programs; outreach to unserved seniors; and expanded services for persons with co-occurring substance abuse. This includes an Adolescent Co-Occurring Disorder program, launched in 2017. All services are designed to engage

consumers in wellness and recovery and increase employment and school success in a culturally and linguistically appropriate approach.

Enhanced Crisis Response and Aftercare has increased the number of mobile responders and add follow up services to individuals not admitted to the psychiatric health facility as well as to those discharged from the facility. With the Department's crisis stabilization unit, more clients are able to be seen and stabilized first and then referred and opened to a case. All services are designed to reduce jail and inpatient hospitalization, reduce suicide, and move people from crisis to care.

Latino Outreach & Services program reaches unserved and underserved limited-English speakers to provide community-based, culturally appropriate treatment, case management, and support. All services are designed to increase access to care, provide culture-affirming care, and increase satisfaction in system navigation.

The **Behavioral Health Treatment Court** offers support to adults who are mentally ill, on probation, and have been court-ordered as a condition of their probation to obtain mental health treatment. Strategies include individual and group therapy, socialization, medication management, drug screens, and referrals to appropriate support groups such as AA. All services are designed to reduce jail and inpatient hospitalization and move people from justice system involvement to recovery.

The Veterans Outreach and Veterans Treatment Court therapeutic services invite local service people and their families to access care and referral in a stigma-free, culturally competent setting. All services are designed to increase access to care, provide culturally affirming care, and increase satisfaction.

School-Based Mental Health Services offers intense, daily contact to address drug and alcohol and mental health issues for students. All services are designed to reduce crises and increase school success.

Workforce Education and Training (WET)
Transitions Mental Health Association Peer Advisory, Mentoring, and Advocacy Team: This strategy has been in place since 2009 and will continue to be monitored by PAAT activities and enrollment of consumers in education programs. PAAT members serve as an advisory team to the department and seek to align key strategies that support implementation around a client-focused approach.
E-Learning was launched in 2011 and is monitored annually to ensure staff and community partners are receiving current information on issues of culture, wellness, and recovery.

Law Enforcement, First Responders and Crisis Intervention Training (CIT) Description: This strategy was implemented as part of WET in 2009 and continues in partnership with the County's Sheriff Department.

Integrating Cultural Competence in the Behavioral Health System: This strategy is monitored with objectives described in Criterion 5.

Bilingual Internship Program: This strategy has been successful in engaging bilingual license-track interns to work within the behavioral health system. This is monitored by the MHSA team and SLOBHD management on a quarterly basis.

Prevention and Early Intervention
The Stigma Reduction Campaign was implemented in the fall of 2009. This project is reported monthly and quarterly, as well as having site visits conducted by SLOBHD with providers to assess successes and needs.

Access Strategies are embedded in each of the PEI projects. These strategies began in 2009 and are monitored by regular reporting and SLOBHD contract monitoring, including site visits and tests. Hours and availability of short, brief intervention counseling services are being tracked by rosters and client satisfaction.

Cultural competence in providing PEI is tracked in all programs including provider training events and evaluations, quarterly site visits, and client satisfaction rates.

Trauma Exposed Individuals and Children and Youth at Risk for School Failure: Some strategies include the Student Assistance Program teams now at all middle schools. This program is part of the County's extensive PEI evaluation, which includes regular tracking and reporting of pre-posts, student outcomes, and overall community impacts over time. This evaluation takes place every three years.

Children and Youth in Stressed Families strategies include parenting education for both all and specific populations to reduce stress and increase family communication outcomes. This youth- and adult-based program was implemented in fall of 2009 and the provider reports quarterly to the SLOBHD.

Underserved Cultural Populations, such as those detailed above for LOP and Veterans Outreach programs were embedded in the PEI plan to increase engagement with high-risk cultural populations (incl. Latinos/Latinx/Hispanic, those experiencing homelessness, veterans, LGBTQ) to both educate those at higher risk for depression and the trauma caused by transitions, acculturation, discrimination, mortality, health, etc. All programs are tracked and reported quarterly and annually.

Medi-Cal & 200% of Poverty Strategies
The Latino/Latinx/Hispanic Outreach Program (LOP), as described above, is also a strategy delivered to decrease disparities amongst Medi-Cal eligible consumers. The strategy is measured quarterly by reports of service, client outcomes, and client satisfaction. A copy of the LOP Client Survey is available in this document (Appendix 10).

New Strategies from Section IV
All strategies described in Section IV, are currently operational. Tracking and monitoring include provider quarterly reports, site visits, pre and posttests, and client surveys.

B. The County currently has various levels of mechanisms in place to measure and monitor the effect of the identified strategies, objectives, actions, and timelines on reducing disparities identified in Section II of Criterion 3. For instance, the PEI Plan and its projects are monitored by site visits, quarterly evaluative reports, and annual data analyses and reporting. Programs within the CSS Plan also collect data at many points along the intervention providing quarterly and annual reporting. Mental Health Service programs collect basic data, which the County then reports as part of EQRO and other audit functions. The County is working to construct outcome measurement systems which will better document the experience of consumers and track the effects of service interventions. With the implementation of the new Electronic Health Care Record, the Department is hoping to expand even more the way reporting is created to ensure a more comprehensive picture and description of the services provided.

The key strategy the County uses to monitor the reduction or elimination of disparities is a quarterly data review by the DEI Committee. This review is then reported to the SLOBHD quality Support Team (QST) division. The reduction of disparities is monitored by analyzing penetration rates, service documentation, and measures such as client satisfaction. The Latino Outreach Program regularly assesses its impact on consumers and their families by measuring satisfaction and effects of treatment.

C. SLOBHD has identified the need for technical assistance in evaluation, with the desire for better collection, analyses, and reporting. Currently, the Department does not employ a data analyst or statistician. Some program leaders have evaluation experience and skills which are often used in grant and report analyses and report writing. However, these responsibilities are often limited to the availability of time. The PEI and Innovation programs were launched with an evaluative end in mind, and therefore much data is being collected and reported. The CSS and other Mental Health Services programs have had less evaluative design, so technical assistance in this area would be beneficial.

Criterion 4

Client/Family Member/Community Committee: Integration of the Committee Within the County Behavioral Health System

I. The county has a Cultural Competence Committee, or other group that addresses cultural issues and has participation from cultural groups, that is reflective of the community.
The county shall include the following in the CCPR:

A. Brief description of the Cultural Competence Committee or other similar group (organizational structure, frequency of meetings, functions, and role).

B. Policies, procedures, and practices that assure members of the Cultural Competence Committee will be reflective of the community, including county management level and line staff, clients and family members from ethnic, racial, and cultural groups, providers, community partners, contractors, and other members as necessary;

C. Organizational chart; and

D. Committee membership roster listing member affiliation if any.

The DEI Committee, previously known as the Cultural Competence Committee, was formed in 1996, and continues to operate to this day. The DEI Committee consists of behavioral health staff, partner providers, clients and their loved ones, interested parties/groups from different cultural and linguistic backgrounds, and diverse interests. The Committee addresses various cultural components and issues impacting the entire behavioral health system.

A. The Committee is dedicated to providing guidance to the SLOBHD Leadership team to make the Department a more diverse, inclusive, and equitable organization. The Committee creates agency-wide awareness and strategies about relevant issues around diversity, equity, and inclusion, and application in practices and policies. The Committee operates as part of the Department and the DEI-CC Program Manager is appointed as the Chair and reports directly to the Behavioral Health Director. The Committee members are the decision-making body and represent a diverse range of cultural, ethnic, racial, and geographic regions within the County.

The Committee meets every other month with a total of six (6) meetings in one fiscal year and visitors are welcomed to attend. The current goals of the committee include:

1) To ensure that County Behavioral Health embraces and implements practices, attitudes, values, and policies that support diversity in cultural identity, gender

identity and expression, sexuality, language, abilities, veteran status, and spiritual affiliation.
2) To provide policy and practice recommendations that will help increase service delivery to individuals of various cultures, linguistic identities, gender identities and expressions, sexualities, abilities, veteran statuses, and spiritual affiliations.
3) To identify and facilitate the removal of barriers that affect sensitive and competent delivery of services to individuals of various cultures, linguistic identities, gender identities and expressions, sexualities, abilities, veteran statuses, and spiritual affiliations.
4) To provide recommendations that will address the policies and practices of recruiting, hiring, and retaining individuals of various cultures, linguistic identities, gender identities and expressions, sexualities, abilities, veteran statuses, and spiritual affiliations.
5) To provide recommendations that increase utilization patterns of the unserved and underserved populations.
6) To provide County Behavioral Health employees with the topics and information discussed among the DEI Committee to further diversity, equity, and inclusion processes and strategies.
7) To provide and sponsor training opportunities for new and current staff focused on expanding and enhancing diversity, equity, and inclusion knowledge and practices.
8) To forge alliances with other community agencies and committees who support the purpose and purpose, vision, and goals of the DEI Committee.
9) To foster a strong network among community agencies that will facilitate an integrated delivery of services.

B. The DEI – CC Committee's Bylaws (Appendix 11) provides details on the composition of the committee., which include staff from SLOBHD, partner agencies, network providers, interest social groups, clients and their loved ones, as well as individuals with lived experience. Individuals interested in being part of the Committee are presented to the Committee and approved by a simple majority. A vacancy exists when a member misses four consecutive meetings without prior notification to the Chairperson or when a member tenders their resignation verbally or in writing.

To ensure proper access, all meetings are held at facilities that allow easy access based on different abilities and/or held through virtual means as to ensure greater participation and to address the impact of the pandemic. Likewise, all meetings will be held where all individuals with different experiences, identities, and backgrounds are supported and celebrated. The Chairperson convenes the meetings and the DEI Intern, Annika Morse, in partnership with the members, develop the agenda. A quorum is required to approve Policies and Procedures. All policies and procedures require a simple majority by a quorum. A quorum is defined as 50% of the Committee. A motion may be made and

seconded by any of the Committee members. Motions require a simple majority to be recommended as action items or task assignments.

C. The organizational chart (Appendix 12) demonstrates the relationship of the Committee and the Behavioral Health Director.

D. Please see Appendix 13 for the most updated DEI Committee roster and affiliations.

II. The Cultural Competence Committee, or other group with responsibility for cultural competence, is integrated within the County Behavioral Health System.
The county shall include the following in the CCPR:

A. Evidence of policies, procedures, and practices that demonstrate the Cultural Competence Committee's activities including the following:

1. Reviews of all services/programs/cultural competence plans with respect to cultural competence issues at the county;
2. Provides reports to Quality Assurance/Quality Improvement Program in the county;
3. Participates in overall planning and implementation of services at the county;
4. Reporting requirements include directly transmitting recommendations to executive level and transmitting concerns to the Behavioral Health Director;
5. Participates in and reviews county MHSA planning process;
6. Participates in and reviews county MHSA stakeholder process;
7. Participates in and reviews county MHSA plans for all MHSA components;
8. Participates in and reviews client developed programs (wellness, recovery, and peer support programs); and
9. Participates in revised CCPR (2010) development.

A. The following information provides evidence of policies, procedures, and practices that demonstrate that the DEI- CC Committee activities include those listed in Criterion 3, Sec. II of the CCPR:

- ***Reviews of all services/programs/cultural competence plans with respect to cultural competence issues at the county***
    - As per the Committee guidelines - Article II: The Purpose of the Committee, Section 1 (Appendix 11): *The Committee is dedicated to assuring that San Luis Obispo County Behavioral Health Services becomes a culturally competent*

health system which integrates the concept of cultural, racial and ethnic diversity into the fabric of its operation. The committee will create agency-wide awareness of the issues relevant to cultural diversity.

- Goals of the Committee (Appendix 11) include:
  - To ensure that County Behavioral Health embraces and implements the behaviors, attitudes, values and policies of cultural diversity.
  - To provide recommendations that will increase service delivery to culturally diverse clients.
  - To provide recommendations that increase utilization patterns of the unserved and underserved populations.
  - To provide and sponsor trainings opportunities for new and current staff focused on expanding and enhancing diversity, equity, and inclusion knowledge and practices.

- ***Provides reports to Quality Assurance/Quality Improvement Program in the county***
  - Goals of the Committee (Appendix 11) include "To identify and facilitate the removal of barriers that affect sensitive and competent delivery of service to various culturally, linguistically, gender identity and expression, sexuality, abilities, veteran status, and spiritual affiliation individuals." This is done by having the CCC Chairperson provide quarterly information and briefs to both the County's Performance and Quality Improvement (PQI) and Quality Management (QMC) committees.

- ***Participates in overall planning and implementation of services at the county***
  - Goals of the Committee (Appendix 11) include:
    - To ensure that County Behavioral Health embraces and implements the practices, attitudes, values, and policies that support cultural, gender identity and expression, sexuality, language, abilities, veteran status, and spiritual affiliation diversity.
    - To provide recommendations that will increase utilization patterns of the unserved and underserved populations.
    - To provide County Behavioral Health employees with the topics and information discussed among the DEI Committee to further diversity, equity, and inclusion processes and strategies.

- ***Reporting requirements include directly transmitting recommendations to executive level and transmitting concerns to the Mental Health Director***
  - As per the Committee guidelines - Article II: The Purpose of the Committee, Section 2 (Appendix 11): "The Committee is dedicated to assuring that the County of San Luis Obispo County Behavioral Health Department becomes a culturally aware and competent behavioral health system which integrates the concept of diversity, equity, and inclusion into the fabric of its operation.

The committee will create agency-wide awareness of the issues relevant to cultural, linguistic, gender identity and expression, sexuality, abilities, veteran status, and spiritual affiliation diversity, equity and justice for all individuals, and inclusion of various experiences in decision-making processes with the goal of impacting service provision.

- ***Participates in and reviews county MHSA planning process***
    - Nestor Veloz-Passalacqua, M.P.P., M.L.S. the Chairperson of the Committee is a member of the MHSA Community Planning process, and previously held roles under MHSA as the Prevention & Early Intervention and Innovation Coordinator. Current members of the Committee have participated and are part of the Mental Health Advisory Committee. The MAC meets every other month to review MHSA components, programs, and to guide planning.

- ***Participates in and reviews county MHSA stakeholder process***
    - The Committee members have been active members of MHSA Community Planning Process for each component – CSS, PEI, WET, and Innovation. DEI - Cultural Competence issues were at the forefront of MHSA planning (including disparities, priority populations, and outreach to consumers and family members) and have been discussed and processed at each level of planning. Committee members have assured that each MHSA planning process included focus groups and feedback sessions that were held in Spanish or were provided in settings that were accessible and comfortable for diverse populations.
    - The Committee's Chairperson is responsible for representing the Cultural Competence Committee in reviewing the MHSA Community Planning Process.

- ***Participates in and reviews county MHSA plans for all MHSA components***
    - Nestor Veloz-Passalacqua, M.P.P.,M.L.S., as a member of the MAC, is responsible for representing the DEI - CC Committee in reviewing the MHSA plans for all components. Other members of the Committee, including the Behavioral Health Director, Anne Robin, LMFT, also participate in this oversight.

- ***Participates in and reviews client developed programs (wellness, recovery, and peer support programs)***
    - The Committee produces six (6) newsletters (Appendix 05) which addresses issues related to wellness and recovery – and is made available to organizations in the community dedicated to peer support programs.
    - The Committee is proud to have a member of the Peer Advisory and Advocacy Team (PAAT) which is coordinated by TMHA, one of the County's

premier MHSA partners, to join the Committee. PAAT members are residents, and most have received behavioral health services in this county. Members enjoy volunteering, whether at community events, on advisory groups and boards, and within the behavioral health system. Some are also in paid positions within TMHA.

- ***Participates in revised CCPR (2021) development***
    - Nestor Veloz-Passalacqua, M.P.P., M.L.S., the Chairperson of the Committee, launched the CCPR preparation sessions and remained on the ad-hoc workgroup charged with preparing the CCPR. Mr. Veloz-Passalacqua has provided content, oversight, and review of each section of the document, while the SLOBHD staff and direction from Committee members representing County staff have taken lead roles in preparing the material included herein (Appendix 14).

B. Provide evidence that the Cultural Competence Committee participates in the above review process

B. The following documents, included in the Appendix, demonstrate evidence of the Committee's participation in the activities listed in the CCPR:

- **Reviews of all services/programs/cultural competence plans with respect to cultural competence issues at the county**
    - The Chair of the Committee is responsible for providing a variety of services, including training of Behavioral Health Services staff in relation to cultural competency issues. This includes cultural competence under Crisis Intervention Training (Appendix 15). In his role as Chairperson of the CCC, Mr. Veloz-Passalacqua also provides reviews of programs and services by participating in the quarterly Performance Quality Improvement (PQI)/Quality Management team (see next).

- **Provides reports to Quality Assurance/Quality Improvement Program in the county**
    - An agenda for the QST/Quality Management team is included in this document (Appendix 16). The group receives reports from the CCC quarterly.

- **Participates in overall planning and implementation of services at the County**
    - As identified in DEI - CC Committee agendas and minutes included herein (Appendices 17 and 18), the County Behavioral Health Director, Anne Robin, LMFT, participates as a member of the Committee and provides monthly reports and discussions of County programs and services.

- **Reporting requirements include directly transmitting recommendations to executive level and transmitting concerns to the Mental Health Director**
  - As explained above, the DEI – CC Committee's agendas and minutes included herein (Appendices 17 and 18) along with QST agendas (Appendix 16) demonstrate the interaction and reporting transmittal between the Committee and the County Behavioral Health Director, Anne Robin, LMFT.

- **Participates in and reviews county MHSA planning process**
  - The Committee's Chairperson and some members are part of the MHSA Advisory Committee (MAC) and take part in all discussions regarding MHSA planning and major decision making. Included in the Appendix are sign-in sheets (Appendix 19) demonstrating this involvement.

- **Participates in and reviews county MHSA stakeholder process**
  - In 2008, Dr. Ortiz, along with other members of the Committee, including the Ethnic Services Manager (Nancy Mancha-Whitcomb) were active members of the MHSA community planning process, an example of which is demonstrated in the appendix (Appendix 20).

- **Participates in and reviews county MHSA plans for all MHSA components**
  - The Chairperson of the Committee and members are part of the MAC stakeholder group and take part in reviewing each of the county's MHSA plans and reports as documented in the included sign-in sheets or minutes (Appendix 19).

- **Participates in and reviews client developed programs (wellness, recovery, and peer support programs)**
  - The Committee does not currently have a formal project to review client-developed programs but seeks to increase its engagement with peer advocates and other recovery programs in future years.

- **Participates in revised CCPR (2010) development**
  - The chairperson and the membership of the Committee have been integral to the development of this Cultural Competence Plan, as evidenced in the agendas and correspondence herein (Appendix 17 and 18).

C. Annual Report of the Cultural Competence Committee's activities including:

1. Detailed discussion of the goals and objectives of the committee.
2. Were the goals and objectives met?
   - If yes, explain why the county considers them successful.
   - If no, what are the next steps?
3. Reviews and recommendations to county programs and services;

4. Goals of cultural competence plans;
5. Human resources report;
6. County organizational assessment;
7. Training plans; and
8. Other county activities, as necessary.

C. The last Annual Report of the DEI – CC Committee is in Appendix 21. The following section goes over the last Cultural Competence Plan goal and objectives:

1. The goals and objectives of the Committee from the previous Pan include the following:
    - The SLOBHD will complete a Diversity, Equity & Inclusion Organization Plan that is adaptable and will serve as the foundation for changes in the following four specific areas within the Behavioral Health Department:
        - Organizational Culture shift developed and driven under the leadership of the Behavioral Health Diversity, Equity & Inclusion (BH DEI) Committee, formally known as the Cultural Competence Committee. Efforts will include careful development of a clear identity statement (purpose, vision, and core values) that will become part of internal operations. This goal is under development and waiting for approval from the leadership team.
        - Work in collaboration with Human Resources to address hiring and retention practices for BIPOC candidates and staff members. Some strategies include addition of culturally appropriate interview questions for all positions ranging from managerial to frontline staff; as well as proper reporting incidents, and comprehensive exit interviews that promote a culture of inclusion and adaptation for inclusive practices. This is an ongoing process that continues to be implemented with changes in the way in which job postings are delivered and presented to the community.
        - Diversity, Equity & Inclusion trainings for the entire behavioral health department staff. The BH DEI Committee will also broaden the approach to cultural competence training to include activities which improve the behavioral health system's capacity to serve various populations including specific trainings focused on LGBTQIA+ individuals, veterans, consumers, and family members. This is an ongoing goal that continues to be met as part of interventions that support the staff's increasing knowledge and skills.
        - Training assessments and organizational evaluations shall be performed annually to understand material apprehension and skill development. Additionally, the feedback collected will be used to make appropriate changes to address training materials, information,

and topics. And will inform organizational change by reflecting on the continued work at various levels of the Behavioral Health Department. A comprehensive survey has been established and upon approval, the Department can begin assessing and analyzing the information to best shape and design new interventions and ideas to address the needs of the various served communities.

- Revise the BH DEI Committee Bylaws and review membership to ensure that we meet the requirements and extend impact by incorporating key collaborative partner that will ensure a rich and engaging experience within the committee.
    - To enhance the diversity of the Committee, which serves to improve cultural competence principles across the SLOBHD's programs. The main strategy employed to accomplish this objective will be to develop a membership policy that requires the committee to have at least one seat filled by specific community members such as a consumer/family member. This goal has been met and officially implemented by the committee.

- The BH DEI Committee, as part of its mission to "ensure that cultural diversity is incorporated into all levels of San Luis County Behavioral Health Department," will develop a review and recommendation process of policies and procedures to ensure it meets specific standards for diversity, equity, and inclusion.
    - This objective will include an expansion of the BH DEI Committee's review process for documents and translation services aimed at the Spanish-speaking community; staffing recruitment and recommendations, and presentations made to various Department programs. A strategy to meet this objective involves establishing BH DEI Committee's review of all SLOBHD programs that serve diverse clients. This is an ongoing completed goal. The Committee and the Chairperson leads on this strategy.

2. The Committee's Annual Report does not currently contain reviews and recommendations to county programs and services. This process is done through Committee meetings (staffed by SLOBHD leadership) and via reports to PQI.

3. As the committee continues to expand, the Cultural Competence Plan included updated goals in this plan to reflect the current activities held to accomplish the committee's goals.

4. The SLOBHD provides the Committee with its Human Resources information as requested. At this time the Committee does not review the SLOBHD's entire personnel

portfolio, but has focused, in recent years, on the increase of bilingual staffing. This is demonstrated by the roster of bilingual staff included in the Appendix section (Appendix 22).

5. The Committee reviews and provides recommendation to the Department's Leadership team to best integrate a diverse structure in operations and service delivery through assessments, surveys, and hiring interventions. A copy of the organization chart outlining the Committee's relationship to the Department is included herein (Appendix 12).

6. The Committee Chairperson, in collaboration with the WET Coordinator and the Clinical Supervisor Training Coordinator is in the first steps of developing a comprehensive approach to meet the training needs of the staff, including DEI-lens trainings, clinical trainings, and continuing education trainings. Development and implementation will take place in FY 2023-2024.

7. The last Annual Report (Appendix 21) included features information on activities and efforts made by the CCC during fiscal year 17-18.

Criterion 5

County Behavioral Health System Culturally Competent Training Activities

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

The county shall include the following in the CCPR:

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

1. The projected number of staff who need the required cultural competence training. This number shall be unduplicated.
2. Steps the county will take to provide required cultural competence training to 100% of their staff over a three-year period.
3. How cultural competence has been embedded into all trainings.

A. Through the MHSA Workforce, Education, and Training (WET) plan, the Department has recently developed meaningful training sessions and opportunities for the staff and partner providers. Most recently, under direction of the DEI Program Manager, a new DEI – Cultural Competency Training has been implemented, which also offers continuing education units (CEUs) for clinical staff. For the current fiscal year and next fiscal year, the DEI Program Manager, in collaboration with the WET Coordinator and the Clinical Coordinator, are in the process of developing a series of new training designated to meet the needs of the staff and supported by the Committee.

1. Through the use of Relias Learning, it is projected that the number of County staff trained is roughly 370. Direct service staff is about 150. The number of individuals increase once service providers staff is also included.

2. SLOBHD has taken steps to provide required training to reach 100% of the staff over the current training period:

- SLOBHD will partner with the local college and the university to increase the diversity and training opportunities, as well as increasing the capacity to train larger number of staff over time.
- Provide training through an electronic learning initiative. Through the use of Relias Learning, the Department providers core competency training modules on an annual basis, which is a required for all staff, including direct, management, and clerical staff.
- Throughout the year, additional training needs are identified through collaboration with the WET Coordinator and the Clinical Supervisor Coordinator. Additional

information will be collected through surveys, focus, groups, and conversational/listening sessions with staff.

3. For the last year, the DEI Manager has designed and slowly implemented a series of interventions through the development of the DEI Proposal. The Proposal has been designed to embed cultural competence into all trainings in order to address the needs of the staff and the entire local behavioral health community. Additionally, through the membership with the Southern Counties Regional Partnership (SCRP), the department has partnered up with Dr. Johnatan Martinez, Ph.D to ensure key trainings and all other trainings have a diversity, equity, and inclusion lens. While impacted by the COVID-19 Pandemic, the Department continued provide trainings virtually to maintain the learning momentum. Another intervention is a series of assessments that can help best understand the level of cultural knowledge and skill of the staff, then helping address the needs of the staff.

II. Annual cultural competence trainings
The county shall include the following in the CCPR:

A. Please report on the cultural competence trainings for staff. Please list training, staff, and stakeholder attendance by function (If available, include if they are clients and/or family members):

1. Administration/Management;
2. Direct Services, Counties;
3. Direct Services, Contractors;
4. Support Services;
5. Community Members/General Public;
6. Community Event;
7. Interpreters; and
8. Behavioral Health Board and Commissions; and
9. Community-based Organizations/Agency Board of Directors

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. Behavioral Health Interpreter Training

7. Training staff in the use of behavioral health interpreters
8. Training in the Use of Interpreters in the Behavioral Health Setting

The following table (Table 9) provides in detail cultural competency trainings attended by staff in FY2021-2022. The Department currently tracks registration for every single attendee based on professional role and organization they are coming from. Constant communication with partner providers is key to increase the number of clients and their loved ones that attend trainings. The following table provides a description of all workshops, forums, trainings, events as required in section A & B of the current criterion.

Table 9: Behavioral Health Training Calendar for FY 2021-2022

Table 9 – Behavioral Health Training Calendar			
2021-2022 Fiscal Year			
Training Title:	Suicide Prevention Summit		
Presenter(s)	Kelechi Ubozoh, Dr. Ashley Hart, Dr. Kelly Posner, Ellen Eggert, Stan Collins, and Meghan Boaz Alvarez.		
Description:	Workshop Session 1: This workshop explores the unique insights offered by a suicide attempt survivor and share with providers how to connect and provide effective support in a time of crisis, with the goal of providing intervention at the least restrictive level. Workshop Session 2: Sharing experience across the lifespan, this panel discussion explores the mental health needs of men, barriers to help seeking behaviors, and ways to outreach effectively to men who may need support. Workshop Session 3: The Columbia Lighthouse Project team provides training on the proper use, scoring, efficacy in clinical settings, and interpretation of the Columbia Suicide Risk Assessment Scale. Workshop Session 4 (Option 1): This workshop defines collaborative safety planning and explores the need for structured follow up, connecting the use of the Columbia-Suicide Severity Rating Scale to indicators for implementation of safety planning and follow up. Workshop Session 4 (Option 2): This workshop will present multiple ways to create safe messaging and social media postings related to suicide and suicide prevention work. Workshop Session 5: This session will explore various experiences and voices of lived experience of mental health crises and share insights into non-traditional ways to support and intervene effectively with individuals at risk. Systems collaboration and effectively utilizing natural supports in intervention work will be included.		
# Of Attendees	450	Date of Training:	9/30/21
Hours/Credits:	6	# Of CEU Certificates	200 (estimated)
Training Title:	Behavioral Health Interpreter Training		
Presenter(s)	MAXINE HENRY, MSW, MBA		
Description:	The need to communicate effectively and convey information in a manner that is easily understood by Limited English Proficient (LEP) clients in any clinical		

	situation in which behavioral health services are provided is critical. The number of LEP clients far exceeds the available number of bilingual, bi-cultural behavioral health professionals. Properly trained Interpreters can fill a critical role in improving the quality of care to clients whose first language is not English, ensuring accurate and complete communication to minimize risk and maximize appropriate care.		
# Of Attendees	46	Date of Training:	5/17/22-5/20/22 and 6/21/22-6/24/22
Hours/Credits:	14	# Of CEU Certificates	27
Training Title:	Behavioral Health Assessment Response Project (B-HARP)		
Presenter(s)	Joe Holifield, Ph.D. & Manny Tau, Psy.D.		
Description:	The B-HARP project aims to provide a highly-trained community-based and academically-informed training model and system to learn, assess, and intervene when cases of threat become apparent or imminent. This includes developing a community-based threat assessment system curtailed to the characteristics of our community with the guidance of experts and educating mental health professionals, faculty/teachers, parents, and students, in the threat assessment process.		
# Of Attendees	11	Date of Training:	10/21/21
Hours/Credits:	3	# Of CEU Certificates	7

III. Relevance and effectiveness of all cultural competence trainings

The county shall include the following in the CCPR:

A. Training Report on the relevance and effectiveness of all cultural competence trainings, including the following:

1. Rationale and need for the trainings: Describe how the training is relevant in addressing identified disparities;
2. Results of pre/posttests (Counties are encouraged to have a pre/posttest for all trainings);
3. Summary report of evaluations; and
4. Provide a narrative of current efforts that the county is taking to monitor advancing staff skills/post skills learned in trainings.
5. County methodology/protocol for following up and ensuring staff, over time and well after they complete the training, are utilizing the skills learned.

DEI-Cultural Competence trainings are a core element of staff development and the Department is committed to effective learning opportunities for all staff and community partners.

1. All trainings in recent years were identified and developed through key community planning processes. Our 2017 Internal Cultural Competence Survey identified the current tentative training priority (Appendix 23) which include Trans-Training 101, Challenges/Values of Different Cultures, LGBTQ and Gender Identity Training, Poverty and Youth Training, and others. The Internal Cultural Competence Survey employed the document "Building Bridges: Tools for Developing an Organization's Cultural Competence" by La Frontera Center to measure all Behavioral Health staffs' level of competence regarding populations which have disparities in access and treatment. The results indicated a need for further training in the areas related to different cultures, LGBTQ members, and older adults. Trainings that focused on Co-occurring Disorders were identified through a Workforce Education and Training needs assessment and the SLOBHD Co-Occurring Taskforce. The Department is continuing to further integrate its Drug and Alcohol Services with its Mental Health Services divisions to better serve the needs of co-occurring population.

2. SLOBHD has consistently measured the level of knowledge and skill earned through trainings. The tests help to better gauge the level of competency on a regular basis. The County will continue to develop strategies to evaluate the level of staff competence through pre and post testing over the next years.

3. Though impacted by the COVID-19 Pandemic, clinical trainings are still a priority to address the needs of the staff and to help with retention. With the Clinical Training Coordinator, new strategies to target open conversations on issues of diversity, equity, and inclusion will be designed through direct feedback from online surveys sent to staff. Similarly, online surveys on trainings are made available to participants one day after completing the training to receive Continuing Education Units (CEU). The training evaluation form is designed for post-training measurement asking demographic information regarding professional status/licenses held, work location, reasons for choosing the training, rating of the overall value of the training, and three concepts learned from the training. At the current time, the training evaluation form does not measure a level of information or skills learned.

4. At this time, the County is not currently monitoring the advancement of staff skills learned in trainings. The County will be developing strategies to monitor staff skill by utilizing follow up trainings, post-test, surveys, and employee evaluations.

5. The County will follow the Education and Training Policy (Currently under revision in draft form, Appendix 24) for the entire Behavioral Health Department, will identify the methodology/protocol that supports competency-based trainings, mandatory trainings, and orientation trainings, and will follow the guidelines put forth. This policy will assist employees, contracted employees, and volunteers in meeting training and licensing requirements and ensuring our workforce's ability to provide quality care and culturally

and linguistically competent services to the community. SLOBHD is currently using "e-learning" to allow each staff and community provider access to competency and mandatory trainings using personal computers. SLOBHD has contracted with Relias Learning to offer this service. This web-based system includes an interface with the County's human resources management software, and it has the capacity to track individual staff learning.

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

The county shall include the following in the CCPR:

A. Evidence of an annual training on Client Culture that includes a client's personal experience inclusive of racial, ethnic, cultural, and linguistic communities. Topics for Client Culture training may include the following:
- Culture-specific expressions of distress (e.g., nervios);
- Explanatory models and treatment pathways (e.g., indigenous healers);
- Relationship between client and behavioral health provider from a cultural perspective;
- Trauma;
- Economic impact;
- Housing;
- Diagnosis/labeling;
- Medication;
- Hospitalization;
- Societal/familial/personal;
- Discrimination/stigma;
- Effects of culturally and linguistically incompetent services;
- Involuntary treatment;
- Wellness;
- Recovery; and
- Culture of being a behavioral health client, including the experience of having a mental illness and of the behavioral health system.

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

A. The following trainings or workshops provide evidence of a variety of cultural competence trainings:

LGBTQIA+ Awareness, Sensitivity, and Competency: This highly interactive training leads participants through the foundational steps of LGBTQIA+ affirmative and culturally competent training, while creating a learning environment that is safe, and comfortable for attendees who may have varying degrees of knowledge or comfort with this subject matter. This training gives staff members a better understanding of sexual orientation and gender identity and expression, addresses myths and negative stereotypes about LGBTQIA+ individuals, and helps develop core competencies towards reducing LGBTQIA+ behavioral health disparities.

Out for Mental Health Ally Training: This interactive training provides a basic framework of understanding LGBTQ youth and the unique challenges they often face. This training is designed to create dialogue regarding what it means to be an adult ally for LGBTQIA+ youth by informing participants about terminology used in the LGBTQIA+ community, the process of "coming out" as an LGBTQIA+ person and a discussion of the challenges faced LGBTQIA+ youth in their homes, schools, and communities. Through activities, participants are encouraged to explore biases, build knowledge and understanding, enhance self-efficacy, and develop empathy. In addition to providing this framework, the Ally Training offers specific action items to improve the environment for LGBTQIA+ youth.

Intro to Substance Use Disorders for LGBTQIA+: This half-day training is intended for any provider in contact with LGBTQIA+ individuals, including MH and SUD clinicians, HIV providers, state, local and county governments employees, primary care providers, public health practitioners, prevention specialists, community based organizations, and school teachers and counselors. The training includes an introduction to key terms and concepts (such as gender identity, expression, and sexual orientation), treatment considerations for clinical work, and addressing the specific needs of lesbian, gay, bisexual, and transgender individuals.

Trans-Training 101: The purpose of this workshop is to enhance the attendee's ability to work in an effective and affirming manner with transgender clients across the lifespan. A broad overview of trans-related terms and topics are presented in an informative and accessible manner. Attendees will have the opportunity to engage in experiential activities, watch video clips, and observe mock therapy sessions. Attendees are presented with information about the subtleties in language and perspective that make interactions with trans people affirming.

SLO ACCEPTance: The SLO ACCEPTance Project is an innovative approach to training mental health professionals to provide affirming services for local Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) community members via two 9-month intensive training programs. These programs draw upon over two decades of quantitative

and qualitative research highlighting the dearth of providers with knowledge, awareness, and skills to provide LGBTQ-affirming services. This 101 training will provide the foundation for the remaining training modules.

Enhancing Cultural Humility in Working with Diverse Families: Cultural diversity and the rising emphasis on evidence-based practice within community based behavioral health settings has sparked dialogue regarding cultural competence among mental health professionals. Given the complexity of multiculturalism, we have a responsibility to recognize the value and diversity of our clients. Moreover, it is beneficial to understand cultural competency as a process rather than an end product. From this perspective, competency involves more than gaining or practicing scientific knowledge; it also includes our ongoing attitudes and unconscious thought process toward both our clients. We must enter work with diverse families with cultural humility, acknowledging that we are always in the process of learning and growing. This talk has a central aim to enhance the implementation of cultural humility values and skills into daily work with diverse families in community-based settings.

Toward a Culturally Informed Behavioral Health Practice: Toward A Culturally Informed Behavioral Health Practice is a workshop aimed at helping all behavioral health employees better serve an increasingly diverse client population. The workshop is divided into modules that help participants: 1) understand key terms such as intersectionality, structural inequality, and cultural proficiency; 2) understand the connection between these terms and a more inclusive behavioral health practice; 3) reframe equity, diversity, and inclusion within the context of behavioral health; and 4) recognize health care disparities among marginalized and underserved populations. Upon completion of the course, participants will be better informed and better equipped to serve culturally diverse populations.

Table 10. Tentative Behavioral Health Training Calendar

Table 10 – Tentative Behavioral Health Training Calendar **2022-2023 & 2023-2024 Fiscal Years**			
Training Title:	Suicide Prevention Forum		
Presenter(s)	Panel of local frontline and emergency response personnel		
Description:	Learn about SLO County's response to suicide crisis by hearing from a panel of local frontline and emergency response personnel. This free, in-person event is open to community members and professionals looking to support suicide prevention efforts in our community.		
# Of Attendees	25	Date of Training:	9/12/22
Hours/Credits:	2	# Of CEU Certificates	n/a

Training Title:	Assessing and Managing Suicide Risk (AMSR)		
Presenter(s)	Mark A. Taylor, MA, APCC 7166		
Description:	AMSR Training teaches clinicians and other healthcare professionals who conduct suicide risk assessments how to determine the level of suicide risk for an individual.		
# Of Attendees	33 (estimated)	Date of Training:	9/20/22 and 9/22/22
Hours/Credits:	6	# Of CEU Certificates	33 (estimated)
Training Title:	Involuntary Treatment: Review and Update		
Presenter(s)	Linda Garrett, JD		
Description:	Come learn about involuntary mental health holds and current behavioral health and legislative developments impacting mental health treatment in California.		
# Of Attendees	50 (estimated)	Date of Training:	10/18/22
Hours/Credits:	4	# Of CEU Certificates	unknown
Training Title:	Trauma Informed De-escalation, Grounding and Safety Planning		
Presenter(s)	Gabby Grant		
Description:	Designed to teach clinical professionals active skills to work effectively with trauma-exposed clients, this webinar training asks attendees to examine de-escalation, safety planning and grounding as key safety skills for any clinical professional working in publicly funded systems. Attendees will be able to use scaling to measure danger levels and use sensory awareness/grounding practices to detach from overwhelming emotions, as well as learning about safety planning and using the Anytime Safe Action Plan worksheet.		
# Of Attendees	250	Date of Training:	11/8/22
Hours/Credits:	1.5	# Of CEU Certificates	100 estimated
Training Title:	The Neurobiology of Trauma: An Update on the Science of Trauma		
Presenter(s)	Gabby Grant		
Description:	Neurobiology shows that traumatic events affect the brain at the time of the event and over the lifespan. Once the neurobiology of trauma is understood, through a user-friendly approach, staff and agencies can better understand client reactions, better understand how to minimize re-traumatization and triggering interaction, and know how to use neurobiology to create safety and connection.		
# Of Attendees	Unknown	Date of Training:	1/25/23
Hours/Credits:	1.5	# Of CEU Certificates	unknown
Training Title:	Trauma and Homelessness: Trends and Realities		
Presenter(s)	Gabby Grant		
Description:	Homelessness is both caused by trauma and is a symptom of trauma. By focusing shelter or program rules on safety, empowerment, and addressing unsafe behavior in a compassionate manner, agencies working on addressing homelessness in their communities can improve client outcomes, create safer shelters, and reduce staff burnout.		
# Of Attendees	Unknown	Date of Training:	3/7/23
Hours/Credits:	1.5	# Of CEU Certificates	unknown

Criterion 6

County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Diverse Staff

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:

A. Extract a copy of the Mental Health Services Act (MHSA) workforce assessment submitted to DMH for the Workforce Education and Training (WET) component.

SLOBHD is committed to the recruitment, hiring, and retention of a multicultural workforce from, or experience with, identified unserved and underserved populations.

A. The Mental Health Services (MHSA) workforce assessment submitted to the Department of Health Care Services (DHCS) for the Workforce, Education, & Training (WET) component can be found in Appendix 25.

B. Compare the WET Plan assessment data with the general population, Medi-Cal population, and 200% of poverty data.

B. Tables and analysis included in the WET Plan's workforce assessment demonstrate full-time staff-to-client ratios by race and ethnicity. An overall shortfall was indicated in the mental health workforce regarding meeting the prevalence needs within San Luis Obispo County. The Department and its providers continue to face difficulty in recruiting and retaining a multicultural workforce, and with the impact of the COVID-19 pandemic, other staff have felt the need to depart from the entire health care system. The Department and its partners work in collaboration to close the gap and provide culturally and linguistically appropriate programs to clients and their loved ones.

The plan's assessment also revealed a continued need for additional bilingual/bicultural staff in all classifications, especially in the county's threshold language of Spanish. As described in other sections of this document, these practitioners are difficult to recruit and retain.

C. If applicable, the county shall report in the CCPR, the specific actions taken in response to the cultural consultant technical assistance recommendations as reported to the county during the review of their WET Plan submission to the State.

C. The San Luis Obispo Behavioral Health Department never received cultural consultant technical assistance as part of any review of the WET Plan submission. However, the

County has taken the initiative to build cultural competence capacity activities, funded through statewide WET initiatives. This has included attending conferences focused on addressing the behavioral health needs of diverse populations sponsored by the Southern Counties Regional Partnership (SCRP). The partnership has also sponsored training opportunities for County staff (and its contracted partners) on diversity, equity, and inclusion service provision practices, as well as workforce development tools for high school students, and clinical supervision trainings.

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

D. The Department has not developed or implemented another WET Plan since the last plan. The DEI Program Manager has recommended for the WET Coordinator engage in the implementation of the WET Assessment for future reporting. Based on the past ten years of programming, the targets reached include:

- Bilingual clinical interns have been hired and placed in several clinics regionally.
- Over 75 scholarships were awarded to individuals working in the mental health field or wanting to seek employment in the field.
- The Transitions-Mental Health Association (TMHA) Peer Advisory and Advocacy Team (PAAT) meets weekly and provides stigma reduction education and peer counseling throughout the community.
- Crisis intervention training (CIT) has been provided to hundreds of law enforcement personnel.
- The DEI Committee has provided and sponsored several trainings to support competence in the behavioral health field. Additional trainings have been scheduled to support and meet licensure requirements for staff.

E. Share lessons learned on efforts in rolling out county WET planning and implementation efforts.

E. Several lessons were learned in implementing county WET planning, including:
WET funding for a training room equipped with computers and technology training aids was not originally conceived or proposed in the planning process, therefore the Department created a designated a computer training room.
The development and implementation of the Electronic Learning initiative has created many opportunities for staff to build capacity and for the Department to enhance its services. The SLOBHD create policy and procedures so that the product is used to an effective purpose.

“Action 5” of the WET plan, integrating Cultural Competence, has been adapted to provide community and interested parties with better monitoring of funds. For instance, training and hiring practices are intended to ensure diversity is embedded in the organization.

Lessons learned regarding training include the need to develop stronger evaluation systems to accurately capture the growth in capacity. This includes the ongoing identification of needs, including affirmative service provision for the LGBTQIA+ and Veteran community. The DEI Committee has been successful in guiding training decisions and developing core competencies.

F. Identify County technical assistance needs.

F. The SLOBHD has identified the need for further technical assistance in the area of data collection, evaluation, and statistical reporting to further improve the Department's ability to analyze the effectiveness of its DEI practices. The Department has developed standardized measures to evaluate learning outcomes and best practices in providing training. It would be useful to view standardized models of pre and post-tests to evaluate levels of knowledge and applicable skills.

Criterion 7

County Behavioral Health System Language Capacity

I. Increase bilingual workforce capacity

The county shall include the following in the CCPR:

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.

The SLOBHD has made significant progress in improving services to Spanish-speaking clients over the past years. Although the Covid-19 pandemic had truly impacted the bilingual and bicultural workforce, particularly in retention and recruitment, the Department had continued outreach to increase the pool of bilingual candidates and support a diverse workforce. By increasing the bilingual and bicultural workforce, SLOBHD hopes to reduce barriers and increase access.

A. The SLOBHD has committed resources and implemented interventions in its MHSA Plans to increase bilingual staff capacity. Based on the needs of the community, the most underserved population in the county is the Spanish-speaking community due to limited language proficiency. For the last years, MHSA Plans have not only increased in funding and staffing, but also in Spanish-speaking providers such as medication managers, case managers, behavioral health specialists, clinicians, and administrative and clerical staff, as well as leadership.

Another strategy is the translation of service-oriented positions/job postings to best target and reach out to a larger pool of diverse candidates. Under collaboration with the BHD Public Information Specialist, the DEI Program Manager, and the Human Resources team, strategies to expand recruitment include expanding the range throughout the county and in neighboring localities to reach a more diverse pool. Likewise, open positions have been advertised through presentations to local cultural organizations, partner providers, and in social media in Spanish and English.

1. The County's WET Plan addressed areas to increase bilingual capacity by building the Bilingual Internship Program on three clinics in the three regional areas to offer services. This strategy provides funding to support three part-time bilingual students to gain

experience and knowledge working in the behavioral health system. Currently, due to the strain placed on the health care system due to the Covid-19 Pandemic, these three positions are currently vacant.

2. Because diversity, equity, and inclusion are key component of each MHSA plan and its projects and local design, appropriate cultural, affirmative, linguistic interventions have been embedded in the entirety of the behavioral health system.

- The MHSA Community Services and Support (CSS) Component Latino Outreach Program has hired case managers to provide more culturally appropriate care and support to the Spanish-speaking community.
- Other CSS programs, including the supports provided by community partner agencies, have increased overall community bilingual capacity. Programs like TMHA's peer recovery programs are now available in Spanish.
- Several PEI Programs are being implemented in Spanish that support the inclusion of culturally and linguistically appropriate language services provided by staff and contracted providers. For instance, the SLOtheStigma campaign and subsequent public presentations are available in Spanish; the school-based wellness programs feature bilingual and bicultural "Family Advocates," and all parent education programs and coaches are offered in Spanish as well.

3. The total annual amount of dedicated resources for interpretation services increased to $59,333. This is funded by MHSA and Mental Health funding.

II. Provide services to persons who have Limited English Proficiency (LEP) by using interpreter services.
The county shall include the following in the CCPR:

A. Evidence of policies, procedures, and practices in place 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 preferable are language lines. Consider use of new technologies such as video language conferencing. 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.

4. Training for staff who may need to access the 24-hour phone line with statewide toll-free access so as to meet the client's linguistic capability.

SLOBHD is committed to providing services to person having Limited English Proficiency (LEP) by using interpretation services, translated forms, and language lines, which are culturally and linguistically appropriate and accessible to all individuals seeking those services.

A. The Culturally Competent Multilingual Services Policy (Appendix 26) states that "mental health services is committed to providing multilingual and culturally appropriate services to the diverse populations in the County including Telecommunication Device for the Deaf (TDD) and California Relay Services (CRS)."

1. A 24-hour phone line with statewide toll-free access (800-838-1381) that has linguistic capability, including TDD, is available for all individuals. We utilize AT&T Language Line for LEP callers and California Relay Services for hearing impaired callers. We utilize bilingual staff for initial contacts when available.

2. SLOBHD has expanded its use of technology to further improve access. The Department is currently using Anazasi or Cerner as the Electronic Health Record System, and Relias E-Learning to improve training outcomes, and NeoGov for their employment services including professional development. With the inclusion of telehealth, the Department will accommodate and implement ways to move forward with new technology, service delivery, and access.

3. The Language Line protocol consists of the following steps:
   a) Caller either calls the Drug and Alcohol line or the Mental Health Line.
   b) Staff identifies the required language. If Spanish is the required language, staff is prompted to push a key, otherwise they wait for a prompt to select another language
   c) Staff member is directly connected to the interpreter.

This new process has been recently implemented in FY2022-2023 which will help reduce the wait time for clients to be connected to services and for staff to complete the process ensuring services are provided on a timely manner and culturally responsive to the needs of the clients. Additionally, the DEI Program Manager has been working with the Language Line to identify promotional material that has been distributed to staff along with an online training to provide support to staff as the new process is implemented.

As described in Appendix 26, the Department's language line policy consists of the following standards:

1. Interventions in alternative languages are offered to all applicants upon request. This information is documented on the Service Request Form and logged in the Managed Care database.

2. Individuals with limited English proficiency are informed, in a language they understand, that they have a right to free language assistance. This is documented on the Service Request Form and logged in the Managed Care data base.

3. Interventions in alternative, culturally competent approaches are offered to all applicants upon request. This information is documented on the Service Request Form and logged in the Managed Care data base.

4. Each clinic site has the capacity to provide services in the County's primary threshold language upon request (i.e., Spanish).

5. All new employees are given information on the use of the AT&T Language Line Service. They receive further mandatory training at their site as a part of Human Resources' new employee orientation procedure.

6. Linguistic translation and interpretation services are provided in a confidential manner. As a general policy, family members will not be relied upon as interpreters. However, upon request of the Beneficiary, a family member may provide interpretation.

7. When culturally appropriate services are unavailable at the clinic site, or upon request of the beneficiary, referrals for such services will be made within the community.

8. If there is a need for services not currently available, the following progression of referral is followed:

a. From therapist to receptionist to Program Supervisor
b. Program Supervisor will facilitate language access through Central Access Language Line Services.

4. All new employees are presented with Language Line promotional materials that describes how to engage with the services. Clients are informed of the right to free interpretation services via the Language Line and an option available on the Service Request (Appendix 27).

B. Evidence that clients are informed in writing in their primary language, of their rights to language assistance services. Including posting of this right.

B. SLOBHD clients are informed in writing in their primary language, of their rights to language assistance services. Clients are informed of the right to free interpretation services via the Language Line and an option available on the Service Request (Appendix 27). This information is also posted in the Lobby of each SLOBHD center (Appendix 28).

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

1. Share lessons learned around providing accommodation to persons who have LEP and have needed interpreter services or who use bilingual staff.

C. According to the draft of SLOBHD's Bilingual Certification Policy (Appendix 29) "Provision of bilingual treatment services or facilitation of treatment services by means of bilingual interpretation services, are evaluated and certified by Health Agency Services." This is exhibited in the following procedures and practices.

1. Staff at SLOBHD routinely make accommodations to persons who have LEP, getting help for consumers and family members who need bilingual staff or interpreter services.

The Department also has staff certified in American Sign Language (ASL). Knowledge of those language and interpretation skills possessed by all members of the organization has increased the Department's capacity to meet the needs of a diverse population.

Lessons have also been learned regarding the Language Line. The tool can sometimes be difficult to use, and it is difficult to ask personal-but-necessary screening questions over the phone with an interpreter. Positively, it allows SLOBHD staff to rapidly do the screening needed to enroll clients.

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

D. The greatest challenge in establishing services to persons who have Limited English Proficiency (LEP) using interpreter services is the difficulty the County has with hiring and retaining bilingual and/or bicultural staff. Several factors play into this challenge. First, the well-established lack of Latino/Latinx/Hispanic (and other language-capable) health and social service professionals is present in the county and in adjacent areas, and is also challenging due to with competition from other providers. Secondly, the cost-of-living index in the County is higher than the California and U.S. averages, making recruitment of out-of-town professionals difficult – along with the challenge of maintaining a culturally diverse workforce in an expensive market. Advertisements for therapists and other providers who are bilingual get limited responses. Finally, the County faces competition for staff

recruitment and salary equity from institutions such as the Atascadero State Hospital and the California Men's Colony, a state prison; both of which pay much higher wages for qualified staff. These issues are at the core of the original County's WET Plan which seeks to improve both intra-county development of diverse providers as well as improve the County's current cultural and linguistic capacities.

E. Identify County technical assistance needs.

E. The Behavioral Health Department would be interested in any developments which may increase the County ability to provide services to persons who have Limited English Proficiency (LEP) using appropriate technology. The Department does not have staff capacity to develop computer or telecommunication solutions to this issue but would welcome technical assistance to increase the County's capacity and organizational change in targeting outreach and services with technological solutions.

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 other options are unavailable.

The county shall include the following in the CCPR:

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

The SLOBHD is committed to providing bilingual staff and/or interpreters for the threshold languages at all points of contact. Documents which demonstrate this commitment are described in the following section:

A. Signage on the client bulletin board, such as the Language Access Information Posting (Appendix 28) demonstrates the Department's availability of interpretation services for clients accessing services. Signs in Spanish and English indicating availability of free

interpretation services and assistance completing paperwork is made available and posted in the lobby/reception are of each clinic.

B. The Service Request Form (Appendix 27) which is completed at the first access contact point, demonstrate that SLOBHD's interpretation services are provided to clients and the response to the offer is recorded. Subsequent care plans, master service plans, and progress notes each document whether interpretation services were utilized. These forms are available for review upon State site visit.

C. The included list of bilingual staff (Appendix 22), as well as the County client services brochure (Appendix 30) in English and Spanish demonstrate that SLOBHD aims to meet the linguistic and cultural needs of the various populations we serve.

D. According to the new draft of the Bilingual Certification Policy (Appendix 29) "Provision of bilingual treatment services or facilitation of treatment services by means of bilingual interpretation services, are evaluated and certified by Health Agency Services." The following procedures are in place to monitor and certify bilingual staffing:

Procedure

A. *The Diversity, Equity, and Inclusion (DEI) Manager shall be responsible for the establishment and continued operation of a Bilingual Certification Committee (BCC), who proctors the certification examination.*
B. *The BCC is comprised of the DEI Manager and two or three bilingual and/or bicultural staff members whom at least two of them is a native speaker of the threshold languages in the county.*
C. *The BCC is responsible for developing a minimum of four scenarios in each threshold language when evaluating candidates for certification. The committee will develop an evaluation checklist, which will require a score from 0-25 for each of the areas described below for a total of 100. The checklist will include:*
   Fluency: the ability to communicate with ease, verbally and non-verbally.
   Vocabulary: the ability to understand and communicate complex health agency information, concepts, and
   Grammar: appropriate use of grammatical rules and tense.
   Cultural knowledge and nuance related to the potential client seeking services or information.
D. *The certification process is conducted by two committee members, one of whom is the committee's identified native speaker.*
E. *The entire certification process could take approximately 30 – 60 minutes. The BCC members may ask follow-up questions for clarification. The candidate is given an opportunity to make any remarks they may wish to make for clarification.*

F. Following the departure of the candidate the BCC members separately score their evaluation of the candidate's performance. The evaluators' score is then averaged. A passing score will be 70 or greater. The candidate is notified via e-mail by the DEI Manager, as well as their supervisor or hiring manager of the outcome of the evaluation, with copy given to Human Resources Department.

G. The BCC determines and assesses the language (grammar, reading, writing, and speaking) skills, knowledge, and application of the language for interpretation and translation purposes. The employee's hiring, supervisor, or division manager shall recommend compensation at one of the two differential levels based on staff role and expectation for using the non-English language.

High differential shall be approved when bilingual skills are a primary element of the staff member's job and are used as a regular and routine part of the job. Operationally, the high differential means that the staff member is regularly called upon to use the non-English language at least 50% of a normal workweek.

Low differential shall be approved when non-English language skills are used on a frequent but intermittent basis i.e., when the staff member is regularly called upon to use the non-English language less than 50% of a normal workweek.

H. A candidate who has failed to be certified may appeal to the BCC via e-mail and request to be retested by other committee members who will repeat the process.

IV. Provide services to all LEP clients not meeting the threshold language criteria who encounter the behavioral health system at all points of contact. The county shall include the following in the CCPR:

A. Policies, procedures, and practices the county uses 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.

According to SLOBHD's Services for Provider List Availability Policy (Appendix 31), "Mental Health Services provides clients with a list of specialty internal health providers upon first receiving mental health services, upon request, and on an annual basis." The Culturally Competent, Multi-Lingual Services Policy (Appendix 26) adds important procedures which assure clients receive the services they seek.

A. These policies outline the procedures for providing clients with updated lists of service providers who are equipped to handle specialty needs – including culturally and linguistically appropriate services. SLOBHD is prepared to make ASL interpretation

available upon request by way of a contract with Independent Living Resource Center (805-963-0595). Interpretation services are free to all Behavioral Health clients.

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.

B. The following procedure, from the Services for Provider List Availability Policy (Appendix 31), outlines how clients who do not meet the threshold language criteria are assisted to secure, or be linked to culturally and linguistically appropriate services:

Procedure

1. Upon initial contact with the Managed Care System, an applicant may request a list of service providers. This list contains the names, locations, and telephone numbers of current contracted providers in the beneficiary's service areas by category.
2. Each service site has a list of service providers available and will provide this list to any applicant upon request.
3. Upon completion of an application for services at the time of the first specialty behavioral health service, the applicant is offered a list of service providers.
4. The offer of this list is confirmed by the therapist or support staff checking the box labeled "list of service provides available to applicant" on the application form.
5. The list of providers is available at any time upon request all service sites and offered on an annual basis. The annual offer of the list is recorded on the Application for Services.

The Culturally Competent, Multilingual Services Policy (Appendix 26), adds the following procedures which assure clients get the culturally and linguistically specific services they seek:

- *Individuals with limited English proficiency are informed, in a language they understand, that they have a right to free language assistance. This is documented on the Service Request Form and logged in the Managed Care data base.*
- *When culturally appropriate services are unavailable at the clinic site, or upon request of the beneficiary, referrals for such services will be made within the community.*
- *If there is a need for services not currently available, the following progression of referral is followed:*
    - *a) From therapist or receptionist to Program Supervisors;*
    - *b) Program Supervisor will facilitate language access through Central Access or the AT&T Language Line Services.*

C. Policies, procedures, and practices that comply with the following Title VI of the Civil Rights Act of 1964 (see page 32) 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.

C. According to SLOBHD's Culturally Competent, Multilingual Services Policy (Appendix 26), the following procedures are in place to assure the Department complies with Title VI of the Civil Rights Act of 1964, including the above-mentioned requirements:

- *Individuals with limited English proficiency are informed, in a language they understand, that they have a right to free language assistance. This is documented on the Service Request Form and logged in the Managed Care data base.*
- *Linguistic translation and interpretation services are provided in a confidential manner. As a general policy family members will not be relied on as interpreters. However, upon request of the Beneficiary, a family member may provide interpretation.*
- *When culturally appropriate service are unavailable at the clinic site, or upon request of the beneficiary, referrals for such services are made within the community.*

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.

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

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

A. Examples of culturally and linguistically appropriate written information for threshold languages include the following:

Member service handbook or brochure:

1. The County provides Medi-Cal beneficiaries with a Beneficiary Handbook for Mental Health (Appendix 32) and Drug Medi-Cal Organized Delivery System (DMC-ODS) (Appendix 33). Upon intake, this and other informing materials are provided. The Beneficiary Rights & Informing Policy specifies that these materials are available in Spanish and in different formats to meet the needs of all clients (Appendix 34).
2. An example of the general correspondence template is included in Appendix 35.
3. Beneficiary problem, resolution, grievance, and fair hearing materials are included in the Beneficiary Handbook and the Department's Grievance Process materials (Appendix 36).
4. The Latino Outreach Program has created a satisfaction survey used for both Medi-Cal beneficiaries and community clients. This questionnaire is included in Appendix 10.
5. The Department's Informed Consent for Medication form is included in Appendix 37.
6. The Department's Confidentiality and Release of Information form is included in Appendix 38.
7. Service orientation for clients includes information about specialty services including the Latino Outreach Program. The brochure provided for clients and the community is included in Appendix 39.
8. SLOBHD makes several publications and behavioral health education materials available to the public and the clients visiting each clinic. An example of material in included in the Lobby Materials Checklist (Appendix 40).
9. The Lobby Materials Checklist, Drug & Alcohol and Mental Health Diagrams (Appendix 40) and the Distribution of Translated Materials (Appendix 41) provide further evidence of appropriately distributed and utilized translated materials.

B. The SLOBHD requires staff to accurately document clinical findings/reports communicated in the client's preferred language. Bilingual staff are required to document key findings and reports for clients using their preferred language within the Service Request form (Appendix 27). Elements of the plan which are written in both English and Spanish include goals, symptoms and objectives. This material is reviewed with the clients.

C. As referenced above, the Latino Outreach Program utilized a consumer satisfaction survey translated in the threshold language of Spanish (Appendix 10).

D. As per the County's Readability of Medi-Cal Informing Materials Policy (Appendix 42), the SLOBHD though the Behavioral Health Board periodically involves clients of the mental health plan in determining the readability of the Medi-Cal Beneficiary Handbook for literacy level. The Patients' Rights Advocate periodically meets face to face with a representative sample of beneficiaries and guides a process for reviewing the handbook. The process for readability in translated documents is reviewed by the Translation Committee on a continuous basis.

Criterion 8

County Behavioral Health System Adaptation of Services

I. Client driven/operated recovery and wellness programs
The county shall include the following in the CCPR:

A. List and describe the county's/agency's client-driven/operated recovery and wellness programs.

1. Evidence the county has alternatives and options available within the above programs that accommodate individual preference and racially, ethnically, culturally, and linguistically diverse differences.
2. Briefly describe, from the list in 'A' above, those client-driven/operated programs that are racially, ethnically, culturally, and linguistically specific.

The SLOBHD is committed to providing opportunities which enhance client-driven recovery and wellness programs (Appendix 43). The Department has established critical partnerships with community-based recovery and wellness programs to expand the capacity of the behavioral health system to provide culturally and linguistically appropriate recovery services.

A. SLOBHD's primary community partner for providing client-driven and operated recovery and wellness programs is Transitions-Mental Health Association (TMHA). This established non-profit organization is focused on reducing the stigma of mental illness, maximizing personal potential, and providing innovative mental health services to individuals and families in need. TMHA offers a full spectrum of programs in both San Luis Obispo and Northern Santa Barbara Counties. TMHA includes the National Alliance on Mental Illness (NAMI) as one of its partners in providing culturally appropriate recovery services, and internally, they have established their own DEI Committee.

TMHA operates 34 programs at over 35 locations that reach over 2,000 people and 1,500 families in San Luis Obispo County. The emphasis of TMHA's many services is to teach vital independent living skills and build a framework for community re-entry through personal empowerment and hands on experience. TMHA provides housing, employment, case management and life-skills support to mentally ill adults, at-risk youth, and adults experiencing homelessness.

TMHA also participates in multi-agency collaboration that provides 24/7 support services where and when they are needed. Staff teams are fully integrated to give everyone a range of choices and help them decide on a recovery process. Services include psychiatric care,

housing assistance, substance abuse recovery, medication management, health and financial education, employment, and social support options.

SLOBHD's **Full-Service Partnership** (FSP) is an MHSA program conducted in partnership with TMHA for adult clients, Wilshire Community Services for older clients, and Family Care Network for Transitional Aged Youth clients. FSP provides 24/7 intensive community-based wrap around services to help people in recovery live independently. Program participants are assisted in their efforts to gain the skills needed to make choices that reflect their own values, preferences, and goals; supports are developed to meet each person's and their loved ones needs and to empower everyone to attain their highest level of independence possible.

SLOBHD also provides recovery services via its **Behavioral Health Treatment Court** (BHTC), which operates as an FSP for adults, ages 18 to 60, with a serious and persistent mental illness, are on probation, and who have had mental health treatment as part of their probation orders. These individuals have been previously underserved because of a lack of effective engagement or in meeting their needs. They often have a co-occurring disorder, experience homelessness, and have had multiple incarcerations through the criminal justice system.

The County provides funding (via contractual agreements) for TMHA's various recovery and wellness programs, and the two organizations work closely to move clients, families, and supports fluidly between County and community services. TMHA provides the following client-driven/operated recovery and wellness programs:

In Our Own Voice is a NAMI-developed presentation format that equips individuals with mental illness to share their stories with others. This multi-media, interactive, public education program is intended for all audiences, including family members, health providers, law enforcement, faith communities, community or civic organizations, and other groups.

Stamp Out Stigma (SOS) is a client-driven advocacy and educational outreach program designed to make positive changes in the public perception of mental illness and inform the community about the personal, economic, and socio-political challenges faced by people living with mental illness. SOS presentations consist of 1-6 presenters who share personal experiences of living with mental illness, relating their own experiences of stigma and how they have worked to change the negative societal perceptions. **SLOtheStigma** is a PEI-developed partnership project between the County and TMHA consisting of a documentary and public media campaign utilizing this consumer-led stigma-reduction model.

The Peer Advisory Advocacy Team (PAAT) was created to give consumers the opportunity to participate in committees and workgroups at SLOBHD and other local mental health organizations to enhance the behavioral health system, educate the community, and reduce stigma.

TMHA offers **Peer Support Groups** run by and for people with mental illness. The groups provide peer-to-peer interaction, the sharing of stories, education, and a sense of community. Currently groups are run in Arroyo Grande, San Luis Obispo, and Atascadero. **Peer-to-Peer** is a formatted peer support group for any person with serious mental illness who is interested in establishing and maintaining wellness. This nine-week course (two hours per week) developed by NAMI uses a combination of lecture, interactive exercises, and structured group processes to explore recovery. Peer Support Groups are held at TMHA's Wellness Centers.

1. The Department has alternatives and options available within the above programs that accommodate individual preference and racial, ethnic, cultural, and linguistic differences. As described throughout this Criterion section and subsequent appendices, the County has policies and practices in place (including those with its community partners) to provide language support along with alternatives which meet a minimum standard of cultural competence.

Examples of community programs which offer alternative supports include:

Short Term Therapeutic Treatment Program (STRTP) is a residential treatment program serving young people who cannot cope with their present living situation and need a different living structure to recover and become stable.

Transitional Housing for Individuals Experiencing Homelessness serves different able adult residents who are currently or at risk of experiencing homelessness. The goal for all program residents is successful independent living within 24 months. At completion of the program, residents may be eligible for Section 8 housing assistance.

Full-Service Partnership (FSP) Intensive Residential Program is funded by the Mental Health Services Act (MHSA) and provides 24/7 intensive community-based wrap around services to help people in recovery live independently. Residents are referred to the program through SLOBHD and occupy a variety of community housing and apartment rentals throughout San Luis Obispo, Atascadero, and Arroyo Grande.

As described in Criterion Four, it is the intent of the DEI Committee to continue to develop monitoring strategies and programming options which increase the County's capacity to meet the needs of the diverse communities – including the LGBTQ community, veterans, and underserved ethnic populations.

2. Of the programs listed in the above section, all strive to meet the needs of participants including racially, ethnically, culturally, and linguistically specific services. Some examples of this effort include:

- SLOtheStigma: Both the documentary film and its website (www.slothestigma.org) are accessible in Spanish. This is critical as the website also serves as an MHSA directory of services including all the county's support and provider contacts.
- TMHA's Peer Support Groups include specific groups for LGBTQ, older adults, youth, and other diverse populations.
- All FSP and BHTC services are provided in Spanish, and other cultural needs are met by the one-on-one support and case management of these specialized programs.

II. Responsiveness of behavioral health services

The county shall include the following in the CCPR:

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 behavioral 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).

Currently, the Department has now developed a list of culturally and linguistically appropriate services for diverse clients. This list can be found on the DEI – Cultural Competence Website (BIPOC Affirming Services - County of San Luis Obispo, LGBTQIA+ Affirming Resources - County of San Luis Obispo (ca.gov), Recursos y Servicios en Español - County of San Luis Obispo (ca.gov)). Additionally, SLOBHD promotes the use of interpretation services for our threshold language population and has streamlined a process to set appointments for Promotores to assist clients as needed, which increases access to services. Additionally, the Drug & Alcohol Services LGBTQIA+ Workgroup has released recommendations, which have slowly been under implementation (Appendix 44). SLOBHD's current efforts are designed to provide us with information on how the recommended alternative services in the community can meet and improve the County's standards of service.

A. The primary resource provided to clients is the SLOBHD Mental Health and Drug & Alcohol Services brochure in English and Spanish (Appendix 30). This lists all local programs and services known to meet the behavioral health and wellness needs of clients. The Provider List includes language and cultural services as well as any other alternative supports available. This list is available to all SLOBHD clients.

The primary culture-specific program provided by SLOBHD is the **Servicios Sicológicos Para Latinos: A Latino Outreach Program (LOP)** described in Criterion 3, Part III, which offers culturally appropriate psychotherapy services to monolingual, low-income Spanish speakers, and their bilingual children.

The Department offers clients alternatives and options that accommodate individual preferences or cultural and linguistic preferences, provided by community-based, culturally appropriate, non-traditional mental health providers. Examples include:

- The Human Services and Support Groups Directory published by Hotline/211 (local crisis prevention/intervention phone services, although the publication is no longer in print).
- Contact information for LGBTQ+ resources including PFLAG (Parents & Friends of Lesbians and Gays) www.pflagcentralcoastchapter.net; GALA and Diversity Center www.ccgala.org; Tranz Central Coast http://tranzcentralcoast.web.officelive.com, R.A.C.E Matters SLO https://www.racemattersslo.org/welcome, among others.
- Spiritual resources including all faith-based services found in local directories, drumming circles found in the New Times (popular alternative weekly newspaper), and Salinan Tribe of San Luis Obispo (http://salinantribe.com/)
- Drug and alcohol recovery resources including lists and schedules of all local 12-Step (AA, NA, Al-Anon, etc.) which are available at each SLOBHD site; Christian-based 12-step groups, such as Celebrate Recovery at ABC Church in Atascadero, and specific neighborhood recovery centers such as North County Connection - (Alano club, 12-step & general info.) http://www.northcountyconnection.com/meetings.html.

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.

B. The SLOBHD informs clients of the availability of the above-mentioned listings primarily via de Beneficiary Handbook, the Provider List Policy of Behavioral Health Clinics and Contract Providers, and the Member Services Brochure which include all alternatives and options described in the previous section.

The Beneficiary Handbook is given to Medi-Cal beneficiaries at their intake assessment and subsequently annually thereafter. The Beneficiary Rights and Informing Policy (Appendix 34) outlines the Beneficiary Handbook protocol, which includes the engagement of clients regarding linguistic and cultural treatment options, as described in the Provider List. The Provider List Policy (Appendix 31) states that "Upon initial contact with Managed Care, an applicant may request a list of service providers. This list contains the names, locations, and telephone numbers of current contracted providers in the beneficiaries' service areas by category."

C. Counties have policies, procedures, and practices to inform all Medi-Cal beneficiaries of available services under consolidation of specialty behavioral health services. *(Outreach requirements as per Section 1810.310, 1A and 2B, Title 9)* (Counties may include **a.)** Evidence of community information and education plans or policies that enable Medi-Cal beneficiaries to access specialty behavioral 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 behavioral health services, etc.)

C. The Behavioral Health Department conducts several practices to inform all Medi-Cal beneficiaries of available services. These practices include internal policies which mandate staff to provide information regarding available services under consolidation of specialty mental health services, as described in the previous section. The Behavioral Health Department informs clients of the availability of the above-mentioned listings primarily via the Beneficiary Handbook and the Provider List of Behavioral Health Provider List Availability Policy.

Therapeutic Behavioral Services (TBS) are a specialty mental health service for children and youth under age 21 receiving EPSDT mental health services who are placed in or are being considered for Rate Classification Level 12 or higher; **or** have received psychiatric hospitalization in the past 24 months; **or** are being considered for psychiatric hospitalization.

Other efforts include outreach services, including those of the **Latino Outreach Program** (LOP). As described in Criterion 3, LOP engages the Latino and monolingual community during the year so that Medi-Cal beneficiaries (including those yet to engage the system) are made aware of the cultural and linguistic capacities of the mental health system locally. County partners, such as Transitions Mental Health Association (TMHA) and Family Care Network, Inc. (FCNI) utilize professional websites which disseminate information regarding specialty mental health services. FCNI's website provides information regarding its provision of **TBS** (Family Care Network (fcni.org)). TMHA's website (Supported Employment | Transitions Mental Health Association (t-mha.org)) outlines services including their

Supported Employment Program (SEP), which provides on-going job support services necessary for individuals with mental illnesses to choose, receive, and keep competitive employment while working in jobs and environments they prefer and with the level of professional support they desire.

Another program is the **Perinatal Outpatient Extended Group** (POEG) which is offers individuals the opportunity to receive substance use treatment along with their children ages birth to five years. This provides parents and caregivers more supervised time to spend with their child, while they are supported during the recovery to strengthen healthy relationships. Additionally, the **Children Affected by Drugs & Alcohol** (CADA) program provides support to the parents and children while they are in treatment and work to adopt healthy lifestyles in recover. An integrative approach to services includes the collaboration of social workers, treatment staff, and ancillary community support that help family reunification while offering a cadre of engaging topics such as nutrition, decision making and goal setting, facts about alcohol and drugs, healthy communication, feelings and anger management, and safe and healthy boundary setting.

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.)

D. The Department examines the factors which affect access to its services and develops plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services.

1. The SLOBHD maintains a Provider List of Behavioral Health Clinics and services available to all the community. This document is available to clients and the public, and includes information about provider services, operating hours, and location including access points near public transportation. Each clinic facility offers the public current and relevant public

transportation, informational brochures, and schedules. Some providers have contracted services with local transportation companies, outside of the scope of County services.

2. The SLOBHD clinics and offices are ADA compliant and accessible to all. The Department maintains a Provider List of Behavioral Health Clinics which includes information about provider services, language capacity, and ADA access. Department and provider sites aim to be warm, comfortable, and inviting to individuals of diverse cultural backgrounds.

3. SLOBHD has been a leader in developing collaborative and integrated services for several years. Systems Affirming Family Empowerment (SAFE) is the County's foundational integrated services system and continues to offer community members access to integral social and health services in warm, neighborhood settings.

The SAFE Children's System of Care has been evolving since the original Healthy Start Programs. The Substance Abuse and Mental Health Services Administration (SAMHSA) Children's System of Care grant helped establish initial funding for Multiagency Collocated Integrated Children's Systems of Care. The SAFE Program was designed to facilitate the development of a client-family-driven coordinated treatment planning and implementation system that is strengths driven; community based and demonstrates culturally competent service delivery. The program is made up of a Hub of Service centrally located in the South County. Radiating out from the center are three additional Family Resource Centers (FRCs) that reflect the structure and values inherent in Children's System of Care. Each of the FRCs offers bilingual resource specialists and access to bilingual therapists. Agency participants in the SAFE SOC are Education, Department of Social Services, Probation, Mental Health, and other appropriate entities that may be invited to participate when the family believes they are beneficial to the process. The outcomes of the program have been excellent as evidenced by continued reductions in group home placements, reduced hospitalizations, decreased arrests and improved school attendance and performance.

The County's Behavioral Health Services and Office of Education have a long history of collaborative programming for Seriously Emotionally Disturbed (SED) children. Mental Health has a contract with many school districts to provide Behavioral Health services in classes for children designated as SED. The County continues to provide AB3632, Individual Education Plan (IEP) driven services for children that qualify throughout the SELPA. Collocation allows for coordinated treatment planning. As a Children's System of Care County, the values of family inclusion, strength, and needs-driven services provided in the community by culturally competent trained staff permeates the entire system.

Stigma reduction is an outcome that is accomplished by having services available in the community where consumers live, provided by people that are visible and known to the community. SAFE has provided linkage and services that go beyond traditional therapy. FRCs provide linkage to multiple resources such as food, job opportunities, parenting

classes, recreational opportunities, and linkage to unique services and supports that families identify. The access to bilingual staff has helped reduce the stigma and has made coming to the FRCs safe and comfortable for the diverse population in the South County.

III. Quality of Care: Contract Providers

The county shall include the following in the CCPR:

A. Evidence of how a contractor's ability to provide culturally competent behavioral health services is taken into account in the selection of contract providers, including the identification of any cultural language competence conditions in contracts with behavioral health providers.

The Department has developed strong partnerships with community providers who deliver quality services to the public. The SLOBHD requires each community partner receiving funding from the County to demonstrate cultural competence and participate in the development of services which meet the needs of the community's diverse population.

A. Each of the County's MHSA plans has outlined the critical link between community provision of service and the need to improve diversity, equity, and inclusion throughout the behavioral health system. As described in previous sections of this document, the original CSS plan for the County created the Latino Outreach Program (LOP), which focused the County's attention on improving services for monolingual and bicultural individuals who made up the county's most significant disparity.

The Department's Prevention & Early Intervention Division also provides specific DEI and cultural competence interventions in the services it provides. Each of the PEI programs contain the directive that "Each PEI provider will be required to meet the Department's requirements for cultural competence, accessibility, evaluation, and innovation." This was followed through by requiring each applicant for PEI contractors to provide the following information as part of their request for funding:

> ***Cultural Competence:*** *Describe your organization's cultural competence in program approach, staffing and organization governance.*
>
> *A. Describe how services proposed will meet the requirements of cultural competence set forth the County's PEI plan.*

Subsequently, contract language for those receiving funding includes the following in the Special Conditions section, Exhibit E (Appendix 45):

> ***Compliance with County Cultural Competence Plan.***
> *Consistent with County Cultural Competence Plan and 42 C.F.R. section 438.206(c)(2), Contractors shall make services available in a manner consistent with Culturally and*

Linguistically Appropriate Service (CLAS) national standards. Contractor shall provide services that meet the cultural, ethnic, and linguistic backgrounds of clients, including but not limited to, access to services in the appropriate language and/or reflecting the appropriate culture or ethnic group. Contractor shall adopt effective measures to enforce compliance with this standard by its employees, subcontractors, and agents.
Within ninety (90) calendar days of hire, and annually thereafter, Contractor, its employees, subcontractors, and agents shall read the latest edition of the Cultural Competence Employee Information Pamphlet and complete related training provided by the Health Agency or other cultural competence training determined by Contractor. Contractor shall maintain records providing signatures (either actual or electronic) from each employee, subcontractor and agent stating that they completed annual cultural competence training. Records shall specify the training topic, provider or vendor, hours of training, and date completed. Relias Learning or equivalent E-learning records are sufficient to comply with this requirement.

IV. Quality Assurance

Requirements: A description of current planned processes to assess the quality of care provided for all consumers under the consolidation of specialty behavioral 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:

A. List if applicable, any outcome measures, identification, and description of any culturally relevant consumer outcome measures used by the County.

A. The SLOBHD participates in Treatment Perception Surveys (TPS) for both Mental Health and Drug & Alcohol Services. The most recent surveys come the September 2021 Survey Period. The surveys are compiled and prepared by the University of California, Los Angeles. The most recent survey results indicate that about 89% of mental health clients are satisfied with the services, about 82% are satisfied with the location where services are provided, and about 85% are satisfied with the time spent for clinical appointments. Likewise, Drug & Alcohol Services reported a 91.9% of agreement of appropriate cultural sensitivity when receiving services by staff, 91.5% reported treatment with respect, and 93.2% agreed that they understood communication between service staff and client.

B. Staff Satisfaction: A description of methods, if any, used to measure staff experience or opinion regarding the organization's ability to value cultural diversity in its workforce and culturally and linguistically competent services; and

B. in 2009, all Behavioral Health Services staff we asked to participate in the California Brief Multicultural Competence Scale (Appendix 46). This survey was sent to all staff via email, and returned surveys were kept confidential. This survey assesses staff comfort and proficiency with handling issues of cultural competence. As part of the County's Behavioral Health Department efforts to ensure cultural competence, the committee, in collaboration with Cal Poly, conducted a Cultural Competence Study and Survey in fall of 2017. Results from the study allowed the Committee to concentrate efforts in developing a training list that addresses the employees' experience and needs to better engage our community (Appendix 23).

C. Grievances and Complaints: Provide a description of how the county behavioral 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.

C. The following paragraph from SLOBHD policy 11.07, Grievance Process (Appendix 36), details how the complaints, grievances, and appeals are reviewed and analyzed.

> "Issues identified as a result of the complaint resolution or Appeal process are presented to the MHP's Performance and Quality Improvement/Quality Management Committee (PQI/QM), as needed and, on a quarterly basis, in summary form. The PQI/QM Committee forwards identified issues to the Behavioral Health Administrator or another appropriate body within the MHP for implementation of needed system changes."

There is not currently any comparison analysis between the general beneficiary population and ethnic beneficiaries with regards to client grievance and complaint data, except the availability of bilingual and multicultural staff addressing the need of the client. SLOBHD's intent is to fully address any grievance by any individual with the utmost care to their identity and experience in the behavioral health care system. The Department, through the Patient Rights Advocate, maintain a complaint/appeal list of all individuals and their preferred language as part of their grievance. Due to upcoming changes to the electronic health record system, future data will be able to discern in granular elements various social and demographic factors. It is essential to mention that a client may choose not to identify their ethnicity or any other personal identifier, and in this case, no actual comparison could be established.

MISSION STATEMENT

To serve all individuals in our community affected by mental illness and/or substance abuse through culturally inclusive, diverse, strength-based programs centered around clients and families to improve emotional and physical health, safety, recovery, and overall quality of life.

SERVICE PROGRAMS

Behavioral Health has a total expenditure level of $0 and a total staffing level of 0.00 FTE to provide the following services:

Outreach and Education

To engage and enhance knowledge and skills of all individuals in our community through advocacy, education, and awareness practices to recognize early signs of mental illness and addiction, reduce stigma and discrimination, prevent suicide and crisis, and increase access to services.

Total Expenditures: $
Total Staffing (FTE):

Prevention

To engage underserved individuals in our community impacted by the earliest onset of mental illness and substance abuse through increasing access to services and programs and diverse and inclusive initiatives to protect and promote emotional and physical health.

Total Expenditures: $
Total Staffing (FTE):

Early Intervention

To engage individuals in our community to precent and reduce the duration of untreated mental illness and substance use from becoming severe through culturally inclusive and diverse services focused on screening, education, brief intervention, and individual and group counseling to promote and encourage individuals to live fulfilling and productive lives.

Total Expenditures: $
Total Staffing (FTE):

Appendix 01

Treatment

A Behavioral Health interdisciplinary team provides a range of specialty mental health services and substance use disorder services including; individual, family, and group therapy; rehabilitation services; intensive home based services; case management; intensive care coordination and psychiatric services and medications support for adults and children.

Total Expenditures: $
Total Staffing (FTE):

Residential

Residential Services in Behavioral Health includes a range of locked facilities supporting individuals with mental illness to local residential housing supports for individuals receiving specialty mental health services or substance use treatment.

Total Expenditures: $
Total Staffing (FTE):

Appendix 01

Mental Health Service's primary goal is to provide the least restrictive treatment and rehabilitation strategies to help the clients with chronic mental illness maintain the highest possible quality of life. For clients with more quickly remediable disturbances, the Department's basic emphasis is on brief, crisis-oriented treatment. Maximum use of Recovery groups and time-limited Family and Collateral therapy is encouraged.

Client's unique cultural needs and strengths must be a primary factor in treatment formulation and ongoing care. The Recovery Model, based on optimism, wellness and client empowerment, should be used as a guiding principle for treatment.

Mental Health Services understands that clients have the right to be treated with respect and with consideration for their privacy and dignity. They have the right to receive information on alternative treatment options and choose to refuse treatment if they wish.

Continuity of care for clients is important organizational goal. Within the Mental Health system, this means retaining the same therapist or psychiatrist for a client whenever possible, as well as ensuring a seamless transition of services and transmission of information between programs and clinic sites when clients are transferred. Client's requests for change in Therapist or Psychiatrist will be given fair and open consideration according to the process outlined in standardized Mental Health policies and procedures. If the change in provider is due to a contract termination, reasonable efforts will be made to notify the beneficiary in writing.

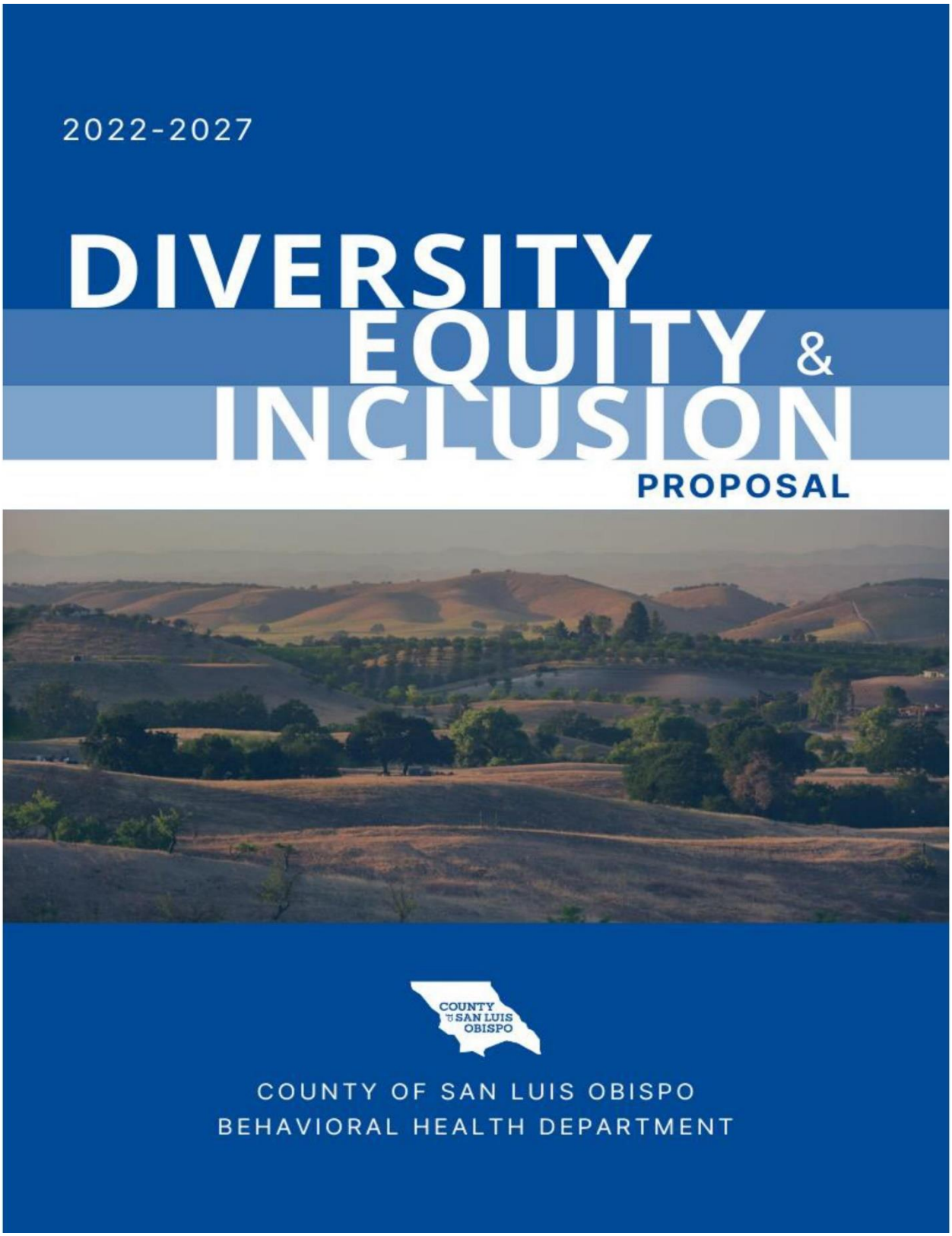
When individuals, who have received definitive evaluations and treatment in any of the direct services, are referred to other agencies or facilities, a positive referral should be made, with a clear understanding as to whether responsibility for care is transferred. Treatment summaries and other pertinent information should be promptly disclosed following client's written authorization, whenever needed.

In support of the primary goal of least restrictive treatment measures, every effort should be made to avoid the long-term placement or hospitalization of clients, especially children at risk of placement. This includes minimizing the placement of clients in Institutes of Mental Disorder (IMD), State Hospitals, and Out-of-County facilities by striving to keep them in the community whenever it is therapeutically indicated. Alternatives to inpatient hospitalization should be used whenever possible. Maximum use of community resources and caretakers should be made.

Appendix 02

Appendix 02

Approved by Behavioral Health Administrator: Karen Baylor, PhD, LMFT Date: 2/27/2009
Revision dates: 2/27/2009


2022-2027
DIVERSITY
EQUITY &
INCLUSION
PROPOSAL
COUNTY OF SAN LUIS OBISPO
BEHAVIORAL HEALTH DEPARTMENT

Appendix 03

DIVERSITY, EQUITY & INCLUSION PROPOSAL

2022-2027

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DIVERSITY, EQUITY & INCLUSION PROPOSAL

2022-2027

A MESSAGE FROM THE BEHAVIORAL HEALTH DIRECTOR

The Behavioral Health Department is proud to present this proposal to address Diversity, Equity, and Inclusion needs and goals within our agency. As healthcare leaders in the County, the Department and our partners must take firm steps to recognize that racism, stigma, and inequities have long term and serious impacts on our community's behavioral health. By addressing the systemic issues within our department, we hope to both improve our own quality of service and be a model to other systems.

We have an opportunity, by following these strategies, to heal wounds, increase diversity within our own workforce, embrace change, and diligently guard against policies or processes that would be exclusive or demeaning to any of our community, clients, families, or workforce. We also have the opportunity to create a truly healthy environment for all of our community members who seek our care. This is our purpose and goal; become the welcoming, caring, empathetic, and effective agency that we all aspire to.

This process will not be fast nor easy. Many of us will need to do some introspection; face some difficult truths; and learn to listen first and reflect on input from others who may have a different life view than our own. There will be discomfort and discussion. But we are all up to the task and, as behavioral health promoters, should be willing to support change when needed to benefit our community.

My thanks to the Diversity, Equity, and Inclusion Committee and others who helped contribute to this proposal. Let us all embrace the challenge to be better, do better, and provide the very best care we can.

Anne Robin.

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DIVERSITY, EQUITY & INCLUSION PROPOSAL

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A MESSAGE FROM THE DIVERSITY, EQUITY & INCLUSION PROGRAM MANAGER

Since the inception of this nation, multiple historical and social divisive forces have hindered the capacity of many groups to achieve their personal and economic potential, particularly people of color and those who are perceived as not fitting the established normalcy perpetuated by the media and rooted in discriminating systems and structures. It is misguided to think of these historical events and issues as elements of the past that do not reflect or take place in our present. This is the reason why, now more than ever, governmental social agencies, who are designed to provide services; such as shelter and support, must protect and empower all groups and individuals. Social service agencies must take a position of active reflection and organizational change to respond to an ever-changing community make-up and reality.

As we examine who and what we are as an organization, we must be open to the overdue conversation about race and racism and its effects in the U.S. and communities overall. Therefore, our view and engagement of diversity, equity, and inclusion (DEI) must be specific, feasible, and bold as to change attitudes, behaviors, and structures. We must be vigilant and deliberate as to how we make space and drive an inclusive message to the community and to the department's workforce. If we all are present and conscious in our capacity as public servants, we have the ability for profound social change.

Our current efforts and this proposal are a continuation of internal strategies. This proposal sets forth how the department will transform our workforce and how our efforts will ultimately help the individuals that we serve and make the behavioral health system more diverse, safe, fair, and inclusive. As we take an introspective look within as individuals and as an organization, we must be willing – and ready – to make a meaningful and impactful real change. The outlined feasible strategies listed in this proposal are designed to address longstanding challenges by embedding a DEI lens into the fabric of our operations and the way services are provided.

This proposal will drive meaningful progress for all, from leadership to front-line staff. It will take decisive steps toward addressing and dismantling structures of inequalities. We will hold ourselves accountable for the implementation and results of this proposal. Most importantly, we will stand against injustice and will create a culture of diversity, equity, and inclusion.

Nestor Veloz-Passalacqua

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DIVERSITY, EQUITY & INCLUSION PROPOSAL

2022-2027

PURPOSE

Purpose/Intention/Aim/Goals

Serve *all individuals*[1] engaging and seeking services in the behavioral health system by providing equitable access, respect, and empowerment through culture change, programs and services enhancement, and fostering an inclusive and diverse high-performing staff to improve behavioral health outcomes for all.

VISION

Vision/Inspiration

Foster and embed a culture of respect and acceptance within the department by embracing social innovative change rooted in justice, equity, diversity, and inclusion to achieve excellence and build community support.

[1] All individuals* refer to any person with different cultures, national origins, gender identities, gender expressions, sexual orientations, pregnancy statuses, racial and ethnic groups, linguistic backgrounds, age, abilities, genetic information, veteran status, and spiritual/religious beliefs.

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DIVERSITY, EQUITY & INCLUSION PROPOSAL

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CORE VALUES

Values/Principles

The following values reflect the vision, shape how the department will engage in implementing its purpose, and guide how employees are expected to treat one another and all individuals.

1. ***Embrace diversity*** to its broadest possible definition and application in and out of the workplace as a defining quality of the department.
2. ***Acknowledge difference*** in life experiences and identities that constitute individuals' unique sources of information and knowledge.
3. ***Engage and require*** fair treatment, accessibility, and opportunity for staff advancement and development.
4. ***Embed and expect*** the workforce to engage in developing an inclusive work environment built on mutual trust, respect, acceptance, and dignity.
5. ***Incorporate mindful and conscious efforts*** built on justice, equity, diversity, and inclusion on daily functions and interactions with colleagues and all individuals.
6. ***Commit to a safe and brave work environment*** where employees, clients, and all individuals feel safe to be their authentic selves.
7. ***Pledge to identify and eliminate barriers*** to equal opportunity by promoting open conversation and engagement.
8. ***Foster diversity, equity, and inclusion*** in the behavioral health system consistent with social change and state mandates.

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SUMMARY OF DIVERSITY, EQUITY, & INCLUSION GOALS

Governance & Organizational Culture

Ensure that leadership at all levels promote the purpose, vision, and values by taking action to increase diversity, equity, and inclusion in the workforce and in service provision.

Career

Recruit, hire, and develop a high-performing workforce that reflects the individuals and families we serve by optimizing experiences and promoting support and training throughout an employee's career path.

Communication

Develop consistent and compelling messages, both external communication with the public and internal communication with our staff, that reflect the department's commitment to diversity, equity, and inclusion.

Service & Community

Encourage diversity, equity, and inclusion activities and strategies that foster a welcoming environment in and out of the work setting by embedding consistency in strengthening policies and procedures and enhancing training opportunities.

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DIVERSITY, EQUITY & INCLUSION PROPOSAL

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1. GOVERNANCE & ORGANIZATIONAL CULTURE

Ensure that leadership at all levels promotes the department's purpose, vision, and values by taking action to increase diversity, equity, and inclusion in the workforce and in service provision.

1.1 Culture of Excellence

Ensure every employee understands, develops, and excels in their career by instilling a sense of responsibility around diversity, equity, and inclusion.

1) Adopt and promote a purpose, vision, and values statement in accordance with goals and service provision objectives. This information shall be displayed in clinic lobbies, hallways, and breakrooms where staff and clients have permitted access to.

2) Develop a standard language manual for common communication practices around diversity, equity, and inclusion. This manual will be provided to all incoming and current employees as part of the department's training requirements to support and inform their day-to-day engagement with clients and colleagues.

3) Develop leadership and management training to emphasize importance of leadership role to affect change and to create a team of experts who promote client and staff development and offers mentorship and coaching opportunities to staff members for professional advancement.

1.2 Accountability to Excellence

Build a system to review results-oriented DEI strategies based on actionable data.

1) Design and develop an audit/compliance list for DEI materials and information that must be displayed at all Behavioral Health facilities to ensure clear messaging about accessibility and inclusion.

2) Conduct assessments every two years or as needed to:

   a) Identify root causes of any barriers or challenges to equal employment opportunities

   b) Establish timelines to review programs and their policies for systemic barriers

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c) Review overall policies, procedures, or strategies that create barriers in service provision and employment practices

3) Identify key administrative and leadership indicators that measure success in tangible areas of possible reach and control, such as, work environment areas and internal manuals to support staff and create change.

4) Partner with the Human Resources Department to innovate and test practices that speak directly to social, and workforce change, by developing and including language to recruit and retain more culturally diverse candidates.

1.3 Best Practices

Develop, select, and implement a series of DEI best practices that would be most effective at the Behavioral Health Department.

1) Complete a department-wide assessment to:

a) Understand the workforce general knowledge of DEI and their role in engaging in practices that further the department's goals.

b) Understand workforce apprehension and barriers to engaging in DEI practices and the support needed to increase staff awareness and interest in comprehensively engaging in inclusive activities.

2) Develop and integrate diverse hiring panels and workgroups for all available positions from entry-level to management in service provision to human resources, accounting, and contracts.

3) Develop and require at least one (1) interview question to assess all management candidates their ability to foster, enhance and integrate DEI practices under their oversight and leadership capacity.

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2. CAREER

Recruit, hire, and develop a high-performing workforce in compliance with County of San Luis Obispo Civil Service Rules that reflects the individuals and families we serve by optimizing experiences and promoting support and training throughout an employee's career.

2.1 Talent Acquisition

Ensure that talent acquisition practices are consistent with a framework that supports diversity, equity, and inclusion and strives to promote individuals who have diverse experiences and perspectives.

1) Include the purpose, vision, and core values of the department in all job postings and highlight the importance of diversity, equity, and inclusion in the work that is being developed. Explain how each position will foster and enhance diversity, equity, and inclusion. This statement shall be included in all job postings and all job postings shall also be translated into Spanish.

2) Ensure Division Managers identify key staffing gaps and, in collaboration with the Diversity, Equity, and Inclusion Manager, develop a strategy to fill positions that reflect the needs of the clinic and the population that is being served.

3) Ensure hiring/division managers, within their capacity, advocate for candidates with lived and cultural experiences that will enrich the work environment and enhance the inclusion of diversity in service provision.

4) Include staff from several domains of diversity, including BIPOC, LGBTQIA+, and disabled staff, in hiring panels for all available positions, including entry level and management positions.

5) Establish a liaison role or assign to a current staff member the duty to develop partnerships with local universities and colleges to recruit trainees, interns, and staff.

2.2 Career Development

Support and maintain a diverse workforce and leadership-pipeline approach by offering diverse staff promotion, development, and advancement opportunities at all levels, while paying attention to specific skills (bilingual and bicultural) needed in the internal workforce.

1) Develop and implement a staff survey to gather information on:

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a) Needed support for staff to feel welcomed and motivated in their employment

b) Identification of professional advancement opportunities

c) Activities that welcome staff feedback and decision-making at a larger scale

2) Develop and maintain an active list of bilingual and bicultural staff and ensure ongoing leadership opportunities are offered to help them develop skills and promote their professional development.

3) Develop and implement a rotational pilot project in which staff are given the opportunity to shadow a mentor or leader in the department and ask questions about professional advancement.

2.3 Employment Engagement & Retention

Increase opportunities for staff to engage in and lead activities and projects meant to achieve DEI objectives or goals in their division and/or the entire department.

1) Implement staff-led workgroups that allow employees to address and lead in the development of program-based, division-based strategies regarding DEI.

2) Continue Staff Listening Sessions on a quarterly basis to build a stronger pathway for communication between leadership and all employees.

3) Develop and release an internal document that supports staff's intersectional identities with the goal of promoting diversity in the workplace.

4) Develop and pilot a DEI Staff Ambassador Project in which selected staff or staff members from each division provide support to the DEI Program Manager and provide information on internal issues that need mitigation or addressing.

5) Develop and pilot a DEI event designed to educate staff and their immediate community on the efforts of DEI in the Behavioral Health setting, including staff's family members and loved ones.

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3. COMMUNICATION

Develop internal and external compelling messages, including opportunities for dialogue that encourage all employees and individuals receiving services to value and see the importance of diversity, equity, and inclusion to their personal success and of the organization.

3.1 Transparency & Trust

Provide and use at all employment levels, including managerial, entry-level, and supervisory roles, clear, consistent, and regular messaging and images that validate and encourage the department's diversity, equity, and inclusion vision, purpose, and core values.

1) Post data and resources of trainings, webinars, and events on the Department's public-facing website and/or internal staff-facing website that demonstrate the efforts put in place that support the implementation of DEI work.

2) Post and frequently update all internal policies on the Department's public-facing website

3) Develop, implement, and communicate the availability of a system that allows clients to report complaints and grievances, including those related to diversity, equity, and inclusion.

3.2 Branding

Work collaboratively and closely with the Department's Public Information Officer (PIO) to use meaningful context and language to turn DEI quantitative and qualitative data into compelling narratives that make messaging impactful and that exhibit the necessity for continued DEI efforts.

1) DEI Manager to lead and update the DEI Website with information and material in the required threshold language and with key resources for various populations and community needs (Veteran, LGBTQIA, Black/African American, Native American communities).

2) DEI Manager in collaboration with PIO to update internal staff-facing website with compelling messages that illustrate the department's commitment to DEI in our workforce and service provision.

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3) DEI Manager in collaboration with PIO to develop and implement a social media and marketing campaign to:

   a) Engage and recruit a broad talent pool for employment

   b) Inform and enhance staff's skills and knowledge in DEI initiatives and strategies; and

   c) Inform and engage clients and various community members of the importance of DEI.

3.3 Language Standard & Reinforcement

Develop and integrate DEI into internal and external communications.

1) Coordinate with the Department Leadership and the Public Information Officer regarding:

   a) Crafting and issuing internal and external agency communication about DEI messaging in response to local, state, or national events impacting a community, racial, ethnic, or cultural group.

   b) Developing internal and external messages throughout the entire year on specific events highlighting inclusion, diversity, and equity, as well as important areas in which DEI is critical to disrupt systemic issues impacting various communities.

2) Develop a Department Glossary of commonly used terms consistent, reflective, and inclusive of DEI practices and strategies with a behavioral health lens, including specific manuals targeted to bilingual and bicultural staff.

3) Ensure Division Managers and Supervisory Staff meet at least once a year as a unit and devise a plan to introduce the Department Glossary of Commonly Used Terms to all staff.

4) Partner with the Human Resources Department to ensure language and training requirements maintain consistency with the Department Glossary of Commonly Used Terms.

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4. SERVICE & COMMUNITY

Encourage diversity, equity, and inclusion activities and strategies that foster a welcoming environment in and out of the work setting by embedding consistent frameworks that support strengthening policies and procedures and enhancing training opportunities.

4.1 Inclusive Work Environments

Develop and foster a work environment without barriers, aiming to accept and celebrate staff and clients' multiple identities, experiences, and perspectives. Create an environment in which all individuals feel welcomed, valued, respected, acknowledged, and engaged, and can actively participate based on their role as staff or individual seeking information or services.

1) Develop and integrate in the work setting a program dedicated to conduct yearly, internal audits, ensuring messaging and visual information in each satellite clinic, including all managerial settings, maintain an inclusive lens for all individuals accessing and requesting services.

2) Update telework, work-in-place, and remote work policies to better support inclusion by increasing, as appropriate, flexibilities available to meet staff needs.

3) DEI Program Manager to develop a departmental staff assessment to:

   a) Collect information about other inclusive work strategies to be implemented; and

   b) Measure success and challenges of current strategies addressing inclusive work environments.

4) DEI Program Manager to conduct focus groups to collect qualitative data from staff and individuals in the community to collaboratively improve and enhance current strategies to create more attuned inclusive work environments.

5) Update the DEI Proposal frequently to adapt to the needs of the populations served by the Department and to incorporate new learning and sensitivity towards current events related to diversity, equity, and inclusion.

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4.2 Technology Enhancement

Apply technology elements and outreach to improve and inform staff of the importance, reach, and effectiveness of DEI efforts and strategies, while encouraging a culture of acceptance.

1) Implement online surveys and assessments and report results to:
   a) Inform staff and individuals in the community of the efforts to enhance or change areas to support DEI practices regarding training, recruitment and retention practices, and communication efforts.

   b) Enhance MySLO with monthly messages that support representation from different cultural groups and reminders to create a culture of diversity, equity, and inclusion.

   c) Implement a voluntary internal survey mechanism for gender identity, sexual orientation, race, ethnicity, and other key identifiers to provide a full picture of diversity in the workforce.

4.3 Training Plan

Promote workshops and training opportunities designed to increase cultural awareness and skills in promoting inclusion and diversity.

1) Conduct an empathy-based and cultural awareness training for all leadership, management, and employees.

2) Train and develop a plan with key selective staff to ensure consistency in recruitment, hiring, and retention of diverse candidates.

3) Provide toolkits and other educational and learning opportunities through MySLO on a quarterly basis to engage staff in knowledge-acquisition and skill-retention of the various populations and communities the department serves.

APPENDIX 3

Appendix 03

CULTURALLY COMPETENT CARE OF TRANSGENDER AND NON-BINARY GENDERED PATIENTS

I. POLICY

The County of San Luis Obispo Psychiatric Health Facility (PHF) does not discriminate against any person based on gender identity or gender expression. This policy ensures that transgender and non-binary patients can present themselves in a manner consistent with their gender identity. The PHF recognizes that this is essential to the health and well-being of transgender and non-binary people.

PHF patients have the right to a competent, considerate, and respectful care in a safe setting that fosters the patient's comfort and dignity and is free from all forms of abuse and harassment, including abuse or harassment based on gender identity or gender expression. Gender-affirming room assignments are a crucial step toward breaking down barriers that have hindered transgender people's access to health care.

PHF Leadership Team and staff shall receive annual training in cultural attunement on gender identity and expression to ensure that all clients are treated with dignity and respect.

II. PURPOSE

- To establish guidelines for the safe, ethical, and appropriate treatment for transgender and non-binary patients.
- To ensure that transgender and non-binary patients have:
  - Safe and equal opportunity to participate in all programs, benefits, and services offered by the PHF.
  - Access to room assignment and restrooms in accordance with their gender identity.
  - Access to personal items that facilitate gender expression to the same extent that other patients have access to these items, regardless of sex assigned at birth, as long as the items do not threaten physical safety for the patient or other patients.

This policy is not intended to circumvent existing PHF policies that limit patients' access to certain personal items where such items could hinder treatment or jeopardize patient safety, nor does this policy contemplate that the PHF will purchase or supply personal items to transgender or non-binary patients that are not otherwise purchased and supplied to other patients.

III. REFERENCE(S)

- PHF Policy Section XII, Patients' Rights

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- PHF Policy 2.01 Culturally Competent Multi-Lingual Services
- Affordable Care Act Section 1557 Requires covered entities to provide individuals equal access to their health programs or activities without discrimination on the basis of sex. This applies to all health programs and activities and is intended to ensure that covered entities treat individuals consistent with their gender identity. Furthermore, this provision is intended to prohibit, among other forms of adverse treatment, the denial of access to facilities administered by the covered entity on the basis of gender identity and sex stereotyping.

IV. PROCEDURE

A. Name and Pronouns in Use: PHF staff will refer to the patient by the name and pronouns the patient wants to be addressed by, even though it may differ from the name appearing on the person's legal identity documents or the name assigned to the person at birth.

B. Access to Personal Items that Assist Gender Presentation:
   1. Transgender and non-binary patients have a right to access personal items that facilitate gender expression (e.g., clothing, makeup) to the same extent that other patients have access to these items, regardless of gender. In addition, transgender and non-binary patients may also have access to other personal items that assist in their gender presentation, such as those used in binding, padding, and tucking, unless the personal item presents a clearly identified and well documented safety risk (such as straps that pose ligature risk for the patient or other patients). If the personal item is secured by staff, the staff will explain the safety protocol to the patient in an empathetic and respectful manner and reassure the patient that the personal item will be returned as soon as it is safe to do so. The staff will document securing the item according to PHF Policy 12.03 Denial of Rights and notify the PHF Supervisor on shift and the Patients' Rights Advocate.
   2. Harassment of transgender and non-binary patients for using personal items to assist in their gender presentation in accordance with their gender identity will not be tolerated. Staff will assist patients who report being harassed in this manner by notifying the PHF Supervisor on shift and the Patients' Rights Advocate. The PHF Supervisor will notify the Clinical Director and/or the Medical Director.

C. Room Assignment: The admission staff shall determine a patient's self-identified gender prior to assigning the patient a room by speaking with the patient and by reviewing the patient's admission documentation/record. In the case that a patient's family members disagree and suggest that the patient is of a gender different from that with which the patient self-identifies, the patient's self-identification will be honored. If the patient is non-communicative, inferences should be drawn from the patient's presentation and mode of dress. No investigation of person's physical body should be undertaken for the purpose of gender identification.

D. Transgender patients will be assigned to rooms based on their self-identified gender, (unless the patient requests otherwise) regardless of whether their self-identified gender

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accords with their physical appearance, surgical history, genitalia, legal sex, sex assigned at birth, or name and sex as it appears in medical records. No patient will be denied admission if a gender-appropriate bed is not available.

E. Transgender and non-binary patients shall be assigned to inpatient rooms in the following order of priority:
   1. If the patient requests to be assigned to a room with a roommate of the patient's same gender identity and such a room is available, the request will be honored.
   2. If the patient requests a private room and there is one available, it should be made available to the patient as long as the patient census can be adequately provided for.
   3. If there is no private room available and the patient does not wish to share a room, other patients may be moved to make a private room available, if doing so would not compromise the safety or well-being of the patient(s) being moved.
   4. If there is no safe way to accommodate providing a private room, staff will inform the patient in a supportive manner that the patient will be assigned to a room with a patient of the gender with which the transgender or non-binary patient identifies or chooses.
   5. If the patient does not indicate a rooming preference and a private room is available, the private room should be offered to the patient as long as the PHF patient census can safely accommodate. The offer should be explained to the patient as optional and for the purpose of ensuring the patient's privacy, safety, and comfort but that the overall PHF patient census may increase and necessitate sharing a room at some point.

F. Handling Complaints or Reports of Harassment:
   1. If a transgender or non-binary patient reports that their roommate is subjecting him or her or them to harassment based on the patient's gender identity or expression, the PHF Supervisor or the Shift Lead will immediately resolve the situation, including moving the harassing patient if safe to do so. PHF Supervisor or Shift Lead will notify the Patients' Rights Advocate to formally process the patient's complaint. The Supervisor or Lead will also notify the PHF Social Worker to provide support and assistance to the patient.
   2. Complaints from another patient related to a roommate's gender identity or expression do not constitute grounds for an exception to this room assignment procedure, as would be the case for other patients protected by nondiscrimination policy, standards, and/or law. PHF staff should forward these complaints to the Patients' Rights Advocate and the Social Worker.
   3. The Patients' Rights Advocate and the Social Worker will work together to assist/educate patients as appropriate and work with staff to provide for best fit roommate options.

G. Access to Restrooms: All PHF patient bathrooms are clearly marked on the door as accessible to all patient genders including transgender and non-binary patients.

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V. DEFINITIONS:

- **Transgender**: For the purpose of this policy, "transgender" is defined to include any person whose gender identity, that is, their inner sense of being male, female, or something else, differs from their assigned or presumed sex at birth.
- **Non-binary**: For the purpose of this policy, "non-binary" is defined to include any person who does not meet society's expectations of gender roles.
- **Gender identity**: "Gender identity" is an individual's inner sense of being male, female, or another gender. Gender identity is not necessarily the same as sex assigned or
- presumed at birth. Everyone has a gender identity.
- **Gender expression**: refers to the way a person expresses gender through dress, grooming habits, mannerisms, and other characteristics.
- **Name and Pronouns in Use**: Refers to the name and pronouns by which a person wants to be addressed, even though it may differ from the name appearing on the person's legal identity documents or the name assigned to the person at birth.

###

V. **DOCUMENT HISTORY**

Revision Date:	Section(s) Revised:	Details of Revision:
March 18, 2021	New (all)	Initial Implementation
07/01/2022	All	Reviewed, no changes.
Prior Approval dates:		

E-Signature on file		*07/07/2022*
Approved by:	Daisy Ilano, MD, Medical Director	Date

E-Signature on file		*07/06/2022*
Approved by:	Anne Robin, LMFT, Behavioral Health Administrator	Date

Appendix 04


SEPTEMBER - OCTOBER 2022
Diversity, Equity, & Inclusion
Cultural Competence Newsletter
County of San Luis Obispo - Health Agency
COUNTY OF SAN LUIS OBISPO

Appendix 05

Diversity, Equity, & Inclusion Committee

Members:

Kimberli Andridge, Psy.D, Associate Director of Operations & Quality, Coor. of Gender & Sexual Inclusivity
Jay Bettergarcia, Ph.D, Professor & Director of QCARES
Ana Isabel Cabezas, Psy.D, Diversity & Multicultural Inclusion Coordinator
Michelle Call, former ED of The Gala Pride and Diversity Center
Gabriel Granados, Behavioral Health Specialist Veteran Outreach Program
Nancy Jambor, Behavioral Health Clinician
Barry Johnson, TMHA Division Director, Education and Advocacy
Claudia Lopez, L.C.S.W. Patient Rights Advocate
Annika Michetti, Behavioral Health Program Supervisor, Drug & Alcohol Services
Annika Morse, Diversity, Equity, & Inclusion - Cultural Competence Intern
Carlos Olson, Latino Outreach Program Supervisor
Maria Ordunez-Lara, L.M.F.T. FCNI Licensed Advanced Drug & Alcohol Counselor
Cailyn Ortega, Transitions-Mental Health Association
Lilia Rangel-Reyes, Multicultural Specialist, Tri-Counties Regional Center
Jill Rietjens, L.M.F.T. Behavioral Health Division Manager
Anne Robin, L.M.F.T. Behavioral Health Administrator
Nasseem Rouhani, Behavioral Health Specialist
Kendra Scott, Veterans Service Administrative Assistance
Katherine Soule, Ph.D, Director UC Cooperative Extension & Youth, Families, & Communities
Nestor Veloz-Passalacqua, M.P.P., M.L.S. Diversity, Equity & Inclusion Program Manager
Laura Zarate, Behavioral Health Secretary
Pam Zweifel, NAMI & Behavioral Health Board Member

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Appendix 05

In this Issue:

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SEPTEMBER:
NATIONAL SUICIDE PREVENTION MONTH

September 4-10: National Suicide Prevention Week
September 10: World Suicide Prevention Day

Current Issue: " Preventing Suicide Among Homeless Veterans: A Consensus Statement by the Veterans Affairs Suicide Prevention Among Veterans Experiencing Homelessness Workgroup" (2021)
By Ryan Holliday et al.

- Veterans experiencing homelessness have especially high rates of suicidal ideation and suicidal self-directed violence.
- This is thought to be due to factors such as social isolation, poverty, lack of housing, comorbidities, interpersonal violence, trauma, and psychological stressors such as unemployment.
- The Department of Veterans Affairs, therefore, has integrated suicide prevention into its services, including suicide screening.

https://doi.org/10.1097/mlr.0000000000001399

Current Issue: "Association Between Disability and Suicide-Related Outcomes Among U.S. Adults" (2021)
By Nicole Marlow, Zhigang Xie, Rebecca Tanner, Ara Jo, & Anne Kirby

- A 2021 study found that those with one or more disabilities were more likely to report suicidal ideation, suicide planning, and suicide attempt.
- Furthermore, individuals with disabilities who had higher numbers of limitations reported more suicidal ideation, suicide planning, and suicide attempt than those with less or no limitations.
- This study also highlights the need for suicide prevention programs specific to the needs of individuals with disabilities.

https://doi.org/10.1016/j.amepre.2021.05.035

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SEPTEMBER: NATIONAL SUICIDE PREVENTION MONTH

COMMUNITY EVENTS

Monday, 9/12, 5:30-7:30pm: Suicide Prevention Forum
1515 Fredericks St, San Luis Obispo, CA 93405 - Submit questions for the panel here
Learn about SLO County's response to suicide crisis by hearing from a panel of local frontline and emergency response personnel. This free, in-person event is open to community members and professionals looking to support suicide prevention efforts in our community. Community members are encouraged to submit questions to the panel online here.

Saturday, 9/24, 5-8pm: Knowing You Matter
100 Rodeo Dr, Arroyo Grande, CA 93420 - More information here
Free community event featuring local mental wellness and suicide prevention resource fair and keynote speaker Sam Anthony Lucania.

Friday, 9/30, 8:30am-4:30pm: Suicide Prevention Summit
Virtual Event - Register here
Fresno, San Luis Obispo, Kern, Tulare, Kings, and Marin Counties are coming together to offer a free Suicide Prevention learning day. Hear from three keynote speakers: Sally Spencer Thomas, Kevin Briggs, and Kevin Berthia. Event workshops include:

- Veterans & First Responder Mental Health panel
- Lived Experience panel
- Update from California Department of Public Health on their Zero Suicide initiative

Continuing Education units are available for those who attend the entire event. For questions, please email Lisa Crossley at lcrossley@fresnocountyca.gov.

RESOURCES

National Suicide Prevention Week Activity Guide
This can be used as a guide for designing, implementing, and planning events and activities centered on suicide prevention. Access the guide in English or in Spanish.

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Appendix 05

SEPTEMBER: NATIONAL RECOVERY MONTH

National Recovery month recognizes the strength of the recovery community, promotes the development of evidence-based treatment, and highlights the work of mental health and substance use service providers.

https://rm.facesandvoicesofrecovery.org/

Current Issue: "Comparative Outcomes for Black Children Served by the Sobriety Treatment and Recovery Teams Program for Families with Parental Substance Abuse and Child Maltreatment" (2021)

By Ruth Huebner, Tina Willauer, Martin Hall, Erin Smead, Velva Poole, Lynn Posze, & Paul Hibbeler

- The Sobriety Treatment and Recovery Teams (START) program has demonstrated effectiveness for families with parental substance use and child maltreatment.
- This study provided evidence that Black children served by START had significantly lower rates of placement in state custody and lower rates of repeated abuse or neglect compared to Black children in families served by treatment as usual.
- The authors predict that scaling up START programs can have a large-scale impact on keeping Black families intact and reducing racial disparities.

https://doi.org/10.1016/j.jsat.2021.108563

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NATIONAL HISPANIC HERITAGE MONTH

September 15 - October 15, 2022

About:
During National Hispanic Heritage Month, we celebrate Hispanic and Latino/Latina/Latine/Latinx Americans, as well as their ancestors, heritage, and accomplishments.

Hispanic and Latino/Latina/Latine/Latinx individuals may have ancestral history in Latin America and/or Spain.

Current Issue: "Characterizing Health Inequities for the U.S. Transgender Hispanic Population Using the Behavioral Risk Factor Surveillance System" (2021)

By Elle Lett, Emmanuella Ngozi Asabor, Sourik Beltrán, and Nadia Dowshen

- A case-control study was conducted using Behavioral Risk Factor Surveillance System (BRFSS) data to compare health outcomes for transgender Hispanic individuals to relevant control groups.
- The authors found that transgender Hispanic individuals had poorer access to healthcare and poorer health-related quality of life when compared to cisgender Hispanic individuals and white transgender individuals.
- Recommendations are made supporting further research and intervention for this intersectional group.

https://doi.org/10.1089/trgh.2020.0095

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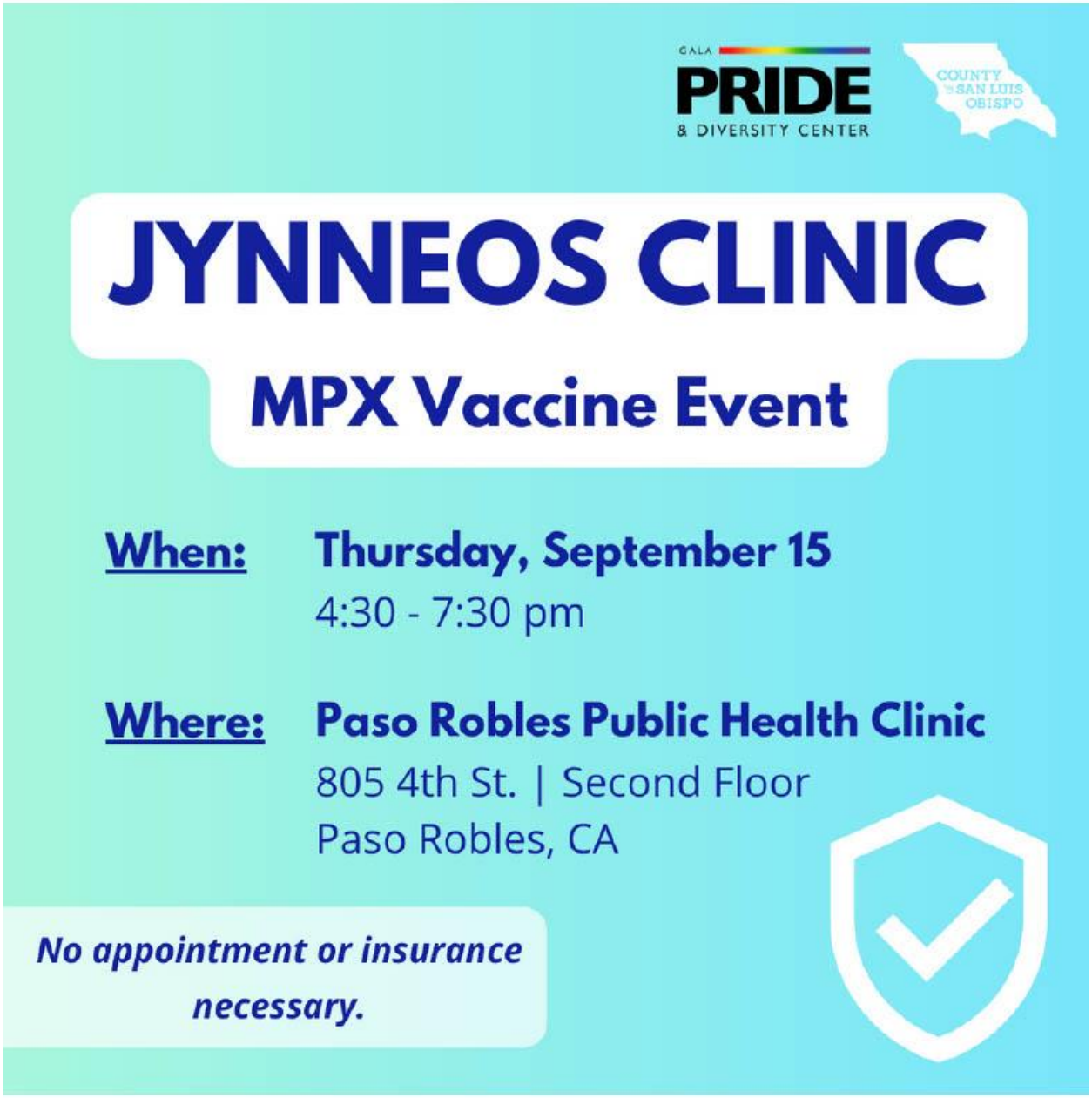

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CLÍNICA DE JYNNEOS

Evento de vacuna MPX

No necesita seguro o cita.

Cuando: **Jueves, Septiembre 15**
4:30 - 7:30 pm

Dónde: **Paso Robles Public Health Clinic**
805 4th St. | Segundo Piso
Paso Robles, CA

Los criterios de elegibilidad actuales incluyen personas mayores de 18 años que:

- Identificarse como gay, bisexual y otros hombres o personas trans que tienen sexo con hombres, o
- Identificarse como trabajadores sexuales de cualquier orientación sexual o identidad de género, incluidos aquellos que se involucran en sexo transaccional o de supervivencia.

Información de la Vacuna:
No necesita seguro o cita. Las vacunas se administrarán en el brazo mediante inyección intradérmica, que es similar a una prueba de tuberculosis. Son comunes reacciones como enrojecimiento e hinchazón en el lugar de la inyección. Aproximadamente 100 dosis estarán disponibles en este evento.

¡Se habla español y mixteco!

Para obtener más información sobre MPX en el condado de SLO, visite slocounty.ca.gov/MPX

GALA PRIDE & DIVERSITY CENTER

COUNTY OF SAN LUIS OBISPO

Si necesita recibir la vacuna en privado con cita previa, comuníquese con Salud Pública al 805-781-5500

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Appendix 05

OCTOBER: NATIONAL DEPRESSION AND MENTAL HEALTH SCREENING MONTH

October 2-8: Mental Illness Awareness Week
October 6: National Depression Screening Day
October 10: World Mental Health Day

Current Issue: "Screening Accuracy of a 14-Day Smartphone Ambulatory Assessment of Depression Symptoms and Mood Dynamics in a General Population Sample: Comparison with the PHQ-9 Depression Screening" (2021)

By Sebastian Burchert, Andre Kerber, Johannes Zimmermann, & Christine Knaevelsrud

- In this study, participants participated in a 14-day ambulatory assessment (AA) of depression symptoms using the app Moodpath.
- When AA scores were compared to PHQ-9 depression screening scores, there was a strong linear association between the two assessments. Also, AA scores had high sensitivity and acceptable specificity.
- This study reveals that, with further development, app-based AA screenings have promise for improving depression detection.

https://doi.org/10.1371/journal.pone.0244955

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OCTOBER: NATIONAL BULLYING PREVENTION MONTH

About

National Bullying Prevention Month is a time to raise awareness for the issue of bullying. Bullying involves aggressive, demeaning behavior and a real or perceived power imbalance between two individuals (often youth).

https://www.pacer.org/bullying/

October 19: Unity Day

On Unity Day, individuals may choose to wear orange to show their support for those who have been bullied and to show their commitment to ending bullying.

https://www.pacer.org/bullying/nbpm/unity-day.asp

Current Issue

"Racial and Ethnic Differences in Bullying: Review and Implications for Intervention" (2020)

By Mariah Xu, Natalia Macrynikola, Muhammad Waseem, & Regina Miranda

- Due to cultural and social norms, BIPOC may report bullying at rates that do not accurately convey the amount of bullying they experience.
- Socio-ecological factors associated with bullying behaviors may disproportionately affect BIPOC.

https://doi.org/10.1016/j.avb.2019.101340

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OCTOBER 11: NATIONAL COMING OUT DAY

On National Coming Out Day, we celebrate those who choose to share their sexual orientation and/or gender identity with the people in their lives. On this day, we also celebrate and affirm LGBTQIA+ individuals who have not come out. We recognize the myriad of factors that impact an individual's decision to keep their identify private, including safety concerns, community and workplace hostility, and other personal reasons. National Coming Out Day is for all LGBTQIA+ individuals, regardless of how public their identity is.

Resources

Several organizations have resources and information for individuals beginning the process of coming out. Use the links below to access guidebooks from the following organizations:

The Trevor Project • Human Rights Campaign • University of Arizona

Current Issue: "Coming Out as LGBTQ +: The Role Strength-Based Parenting on Posttraumatic Stress and Posttraumatic Growth" (2021)

By Claudia Zavala & Lea Waters

- Research has shown that coming out can cause Post-Traumatic Stress Symptoms (PTSS) and/or Post-Traumatic Growth (PTG).
- Strength-based parenting, a parenting style in which parents reinforce and cultivate their child's strengths, has been shown to reduce PTSS and increase PTG following a child's decision to come out.

https://link.springer.com/article/10.1007/s10902-020-00276-y

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Dates to Remember

September

- National Recovery Month
- National Suicide Prevention Month
- National Suicide Prevention Week (September 4-10)
- Labor Day (September 5)
- World Suicide Prevention Day (September 10)
- National Hispanic Heritage Month Begins (September 15)
- California Native American Day (September 23)

October

- ADHD Awareness Month
- National Bullying Prevention Month
- Health Literacy Month
- National Depression and Mental Health Screening Month
- Global Diversity Awareness Month
- LGBTQ+ History Month
- National Polish American, Filipino American, German American, and Italian American Heritage Month
- National Disability Employment Awareness Month
- Mental Illness Awareness Week (October 2-8)
- National Health Education Week (October 17-21)
- International Day of Non-Violence (October 2)
- National Depression Screening Day (October 6)
- World Mental Health Day (October 10)
- National Coming Out Day (October 11)
- Unity Day (October 19)

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Resources

DRUG & ALCOHOL SERVICES

SAN LUIS OBISPO ADULT
2180 Johnson Ave
San Luis Obispo, CA 93401
805-781-4275
Website

SAN LUIS OBISPO YOUTH
277 South St., Suite T,
San Luis Obispo, 93401
805-781-4754
Website

PASO ROBLES ADULT
805 4th St
Paso Robles, CA 93446
805-226-3200
Website

ATASCADERO ADULT
3556 El Camino Real
Atascadero, CA 93422
805-461-6080
Website

GROVER BEACH ADULT
1523 Longbranch Ave
Grover Beach, CA 93433
(805) 473-7080
Website

PREVENTION & OUTREACH
277 South St
San Luis Obispo, CA 93401
805-781-4754
Website

MENTAL HEALTH SERVICES

SAN LUIS OBISPO YOUTH 0-5 MARTHA'S PLACE CHILDREN'S ASSESSMENT CENTER
2925 McMillan Avenue Suite 108
San Luis Obispo, CA 93401
805-781-4948
Website

SAN LUIS OBISPO YOUTH
1989 Vicente Avenue
San Luis Obispo, 93401
805-781-4179
Website

SAN LUIS OBISPO ADULT
2178 Johnson Avenue
Paso Robles, CA 93446
805-781-4700
Website

SAN LUIS OBISPO PSYCHIATRIC HEALTH FACILITY
2178 Johnson Avenue
San Luis Obispo, CA 93401
805-781-4711
Website

CRISIS STABILIZATION UNIT
2180 Johnson Avenue
San Luis Obispo, CA 93401
805-781-4275
Website

ARROYO GRANDE YOUTH
345 S. Halcyon Road
Arroyo Grande, CA 93420
805-473-7060
Website

ARROYO GRANDE ADULT
1350 East Grand Avenue
Arroyo Grande, CA 93420
805-474-2154
Website

ATASCADERO YOUTH AND ADULT
5575 Hospital Drive
Atascadero, CA 93422
805-461-6060
Website

SERVICES AFFIRMING FAMILY EMPOWERMENT (SAFE)
Website

RESOURCES IN THE COMMUNITY

ACCESS SUPPORT NETWORK (ASN)
1320 Nipomo St
San Luis Obispo, CA 93401
805-781-3660
Website

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Resources (continued)

RESOURCES IN THE COMMUNITY (CONTINUED)

ASPIRE COUNSELING SERVICES
865 Aerovista Suite 130
San Luis Obispo, CA 93401
888-585-7373
Website

ATASCADERO - THE LINK FAMILY RESOURCE CENTER
4507 Del Rio Ave. Building #1
Atascadero, CA 93422
805-794-0217
Website

CAL POLY COUNSELING SERVICES (STUDENTS ONLY)
1 Grand Ave, Building 27
San Luis Obispo, CA 93405
805-756-2511
Website

CENTER FOR FAMILY STRENGTHENING (CFS)
3480 Higuera St, Suite 100
San Luis Obispo, CA 93401
805-543-6216
Website

CENTRAL COAST AREA NARCOTICS ANONYMOUS
800-549-7730
Website

CENTRAL COAST INTERGROUP (ALCOHOLICS ANONYMOUS)
1333 Van Beurden Drive
Los Osos, CA 93402
805-541-3211
Website

COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO (CAPSLO)
1030 Southwood Dr
San Luis Obispo, 93401
805-544-4355
Website

COPE INTENSIVE OUTPATIENT PROGRAM
628 California Blvd. Suite A
San Luis Obispo, CA 93401
805-541-9113
Website

CUESTA COLLEGE MENTAL HEALTH SERVICES (STUDENTS ONLY)
Building 3100, Room: 3150
Highway 1
San Luis Obispo, CA 93405
805-546-3171
Website

FAMILY CARE NETWORK
1255 Kendall Rd
San Luis Obispo, CA 93401
805-781-3535
Website

THE GALA PRIDE AND DIVERSITY CENTER
1060 Palm St
San Luis Obispo, CA 93401
805-541-4252
Website

HOSPICE OF SLO COUNTY
1304 Pacific St
San Luis Obispo, CA 93401
805-544-2266
Website

LUMINA ALLIANCE
51 Zaca Lane, Suite 150
San Luis Obispo, CA 93401
805-545-8888
Website

PASO ROBLES - COMMUNITY COUNSELING CENTER
1035 Vine Street, Suite #A
Paso Robles, CA 93446
805-543-7969
Website

PASO ROBLES - THE LINK FAMILY RESOURCE CENTER
1802 Chestnut Street
Paso Robles, CA 93446
805-794-0217
Website

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Resources (continued)

RESOURCES IN THE COMMUNITY (CONTINUED)

SAN LUIS OBISPO - COMMUNITY COUNSELING CENTER
676 Pismo St
San Luis Obispo, CA 93401
805-543-0859
Website

TRANSITIONS-MENTAL HEALTH ASSOCIATION
784 High St
San Luis Obispo, CA 93401
805-540-6500
Website

WILSHIRE COMMUNITY SERVICES
285 South St, Suite J
San Luis Obispo, CA 93401
805-547-7025
Website

CRISIS RESOURCES VIA PHONE

CENTRAL COAST HOTLINE
800-783-0607
Website

CRISIS TEXT LINE
Text 'HOME' to 741-741
Website

FRIENDSHIP LINE (PEOPLE AGED 60+)
800-971-0016
Website

LUMINA ALLIANCE 24 HOUR CRISIS LINE (FOR SURVIVORS OF SEXUAL/INTIMATE PARTNER VIOLENCE)
805-545-8888
Website

NATIONAL SUICIDE PREVENTION LINE
988
Website

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) HELPLINE
1-800-950-6264
Text 'NAMI' to 741-741
Website

SLO COUNTY MENTAL HEALTH EVALUATION TEAM (MHET)
800-838-1381
Website

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) NATIONAL HELPLINE
1-800-622-4357
Website

TREVOR LIFELINE (LGBTQ+ YOUTH)
1-866-488-7386
Text 'START' to 678-678
Website

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Appendix 05


Diversity, Equity, & Inclusion
Cultural Competence Newsletter
COUNTY of SAN LUIS OBISPO
County of San Luis Obispo Health Agency

Appendix 05

Diversity, Equity & Inclusion Manager Areas of Responsibility
FY 2020-2021

The Diversity, Equity & Inclusion Program Manager (DEIPM), which is known as Cultural Competence Coordinator or Ethnic Services Manager in other counties, promotes and monitors quality and equitable care as it relates to diversity, equity, and inclusion regarding racial, ethnic and cultural populations served by both county-operated and contracted behavioral health programs.

County DEIPMs are key members of the executive leadership team with a sustained and meaningful role in helping shape the county service delivery system in a way that advances health equity and cultural responsiveness. The Behavioral Health Director recognizes the essential role and function within the organization and allocates sufficient time and resources for the performance of job responsibilities and duties.

The importance of the CC/ESM position necessitates individuals with a level of expertise and professionalism that leads to results – better services and outcomes for diverse racial, ethnic and cultural populations experiencing health disparities. One approach to achieving this level of expertise and professionalism is to build on the strengths of existing staff members, address barriers and enhance their capacity to be effective.

The recommended qualifications include the following:

- Professional education (meeting county manager level requirements) in relevant fields like sociology, psychology, public health, public policy, ethnic studies, and healthcare administration
- Training and/or experience in areas pertaining to equity, community engagement and program and staff management
- A proven track record of demonstrating understanding and application of cultural humility, awareness and competence
- Knowledge of best practices for tracking and addressing disparities
- Demonstrated capacity to interact with individuals from various diverse communities with respect and commitment
- Demonstrated understanding of the impact of differing world views on the experience of mental health and substance use disorders, help-seeking behaviors and the conceptualization of what is appropriate care
- Demonstrated understanding of key drivers of system change and an ability to effectuate organizational change
- Demonstrated ability to effectively identify and collaborate with diverse community-focused service and civic organizations including faith communities, youth and senior organizations, business owners and social service providers

Appendix 06

The scope of duties varies by county due to size and available resources. Some DEIPMs have multiple overlapping job responsibilities and may need the support of other staff members who take shared ownership of these responsibilities.

In all counties, the DEIPM is an essential resource for helping the county to meet a growing number of local, state and federal cultural competence requirements. DEIPMs regularly review service utilization data, actively participate in local behavioral health planning and projects that respond to the needs of the county's diverse racial, ethnic and cultural populations, and review and comment on numerous major state policy and legislative proposals that would impact those populations.

Since counties are increasingly being held accountable for performance, DEIPMs offer more to the county than just being the designated person to complete any paperwork relating to cultural competence. Counties should designate the following responsibilities to the DEIPM and designated staff members (in small counties these duties are often divided among administrative team members; in large counties, they may be shared among a team led by the DEIPM):

- Participating as an official member of the local behavioral health management/leadership team that makes programs and procedural policy recommendations to the Behavioral Health Director
- Participating and providing advice in planning, policy, compliance and evaluation components of the county system of care and making recommendations to county Directors that assure access to services or ethnically and culturally diverse groups
- Promoting the development of responsive behavioral health services that will meet the diverse needs of the county's racial, cultural and ethnic populations. This includes, but is not limited to, reviewing local proposals to augment or decrease services to the local community, participating organizational units within and outside the local behavioral health department
- Participating in the development and implementation of local policies and procedures that would potentially impact services for racially, ethnically and culturally diverse consumers
- Reviewing and providing feedback to the county Director on materials generated at the State and local levels, including but not limited to, proposed legislation, State plans, policies and other documents
- Monitoring of county and service contractors to verify that the delivery of services is in accordance with local and State mandates as they affect underserved populations
- Identification of local and regional cultural behavioral health need of ethnic and culturally diverse populations as they impact county systems of care and making recommendations to local Behavioral Health Directors, CBHDA and the State Department of Health Care Services.

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- Working with the county's Quality Improvement team, tracking penetration and retention rates and outcome data for racially, ethnically and culturally diverse populations, and developing strategies to eliminate disparities
- Participating in the cultivation and maintenance of relationships with cultural, racial, ethnic community leaders and cultural-specific community organizations to promote an array of behavioral health programs and activities that are specific to underserved populations
- Maintaining an active advocacy, consultative and supportive relationships with consumer and family organizations, local planning boards, advisory groups and task forces, the State and other behavioral health advocates
- Working with the county's Human Resources office to help ensure that the workforce is ethnically, culturally and linguistically diverse. Assisting the Equal Employment Opportunity Office to ensure the recruitment, retention and upward mobility of staff
- Assisting in the development of system-wide training that addresses enhancement of workforce development and addressing the training necessary to improve quality of care for all communities and reduce behavioral health disparities
- Lead responsibility for the development and implementation of cultural competence planning within the organization
- Attending trainings that inform, educate and develop the unique skills necessary to enhance the understanding and promotion of cultural competence in the behavioral health system
- Attending meetings as required by the position including, but not limited to, CBHDA CCESJC, Full Association and other committee meetings, regionaL regular meetings, various State meetings, meetings convened by various advisory bodies and other meetings as appropriate
- Establishing and continuing operation of a Bilingual Certification Committee (BCC); the BCC shall be comprised of the DEIPM and two bilingual staff members, at least two of whom is a native speaker of the threshold languages within the county
- Developing a minimum of four clinical scenarios in each threshold language when evaluating candidates for certification
- Developing an evaluation checklist that includes: fluency, the ability to communicate with ease (verbally and non-verbally,) depth of vocabulary including the ability to communicate complex psychiatric/psychological concepts which may or may not have direct corollaries in the language question, grammar, and cultural considerations related to a potential client
- Conducting the certification process of a candidate with the BCC

Appendix 06

Medical Necessity

California Code of Regulations, Title 9, Chapter 11, Section 1830.205 Medical Necessity Criteria for MHP Reimbursement of Specialty Mental Health Services.

"The beneficiary must meet criteria outlined in (1,) (2) and (3) below to be eligible for services:

(1) Be diagnosed by the MHP with one of the following diagnoses in the Diagnostic and Statistical Manual, Fourth Edition, published by the American Psychiatric Association:
   (A) Pervasive Developmental Disorders, except Autistic Disorders
   (B) Disruptive Behavior and Attention Deficit Disorders
   (C) Feeding and Eating Disorders of Infancy and Early Childhood
   (D) Elimination Disorders
   (E) Other Disorders of Infancy, Childhood, or Adolescence
   (F) Schizophrenia and Other Psychotic Disorders
   (G) Mood Disorders
   (H) Anxiety Disorders
   (I) Somatoform Disorders
   (J) Factitious Disorders
   (K) Dissociative Disorders
   (L) Paraphilia
   (M) Gender Identity Disorder
   (N) Eating Disorder
   (O) Impulse Control Disorders Not Elsewhere Classified
   (P) Adjustment Disorders
   (Q) Personality Disorders, excluding Antisocial Personality Disorder
   (R) Medication-Induced Movement Disorders related to other included diagnoses

(2) Must have at least one of the following impairments as a result of the mental disorder(s) listed in subdivision (1) above:
   (A) A significant impairment in an important area of life functioning.
   (B) A probability of significant deterioration in an important area of life functioning.
   (C) Except as provided in Section 1830.210, a probability a child will not progress developmentally as individually appropriate. For the purpose of this section, a child is a person under the age of 21 years.

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(3) Must meet each of the intervention criteria listed below:
  (A) The focus of the proposed intervention is to address the condition identified in (2) above.
  (B) The expectation is that the proposed intervention will:
    i. Significantly diminish the impairment, or
    ii. Prevent significant deterioration in an important area of like functioning, or
    iii. Except as provided in Section 1830.210, allow the child to progress developmentally as individually appropriate.
  (C) The condition would not be responsive to physical health care-based treatment."

Section 18310.210 Medical Necessity Criteria for MHP Reimbursement for Specialty Mental Health Services for Eligible Beneficiaries Under 21 Years of Age

(a) "For beneficiaries under 21 years of age who do not meet the medical necessity requirements of Section 1830.205(b)(2) and (3,) medical necessity criteria for specialty mental health services covered by this chapter shall be met when all of the following exist:
  (1) The beneficiary meets the diagnosis criteria in Section 1830.205(b)(1,)
  (2) The beneficiary has a condition that would not be responsive to physical health care based treatment, and
  (3) The requirements of Title 2, Section 51340(e)(3) are met; or, for targeted case management services, the service to which access is to be gained through case management is medically necessary for the beneficiary under Section 1830.205 or under Title 22, Section 51340(e)(3) and the requirements of Title 22, Section 51340(f) are met."

Appendix 07

Servicios Psicologicos Para Latinos
A Latino Outreach Program: Addressing Barriers to Mental Health Service

Silvia Ortiz, PhD

The demographic and epidemiological data shows a significant increase in ethnic minorities in the United States. Estimates of the population shifts in California indicate that ethnic minorities will constitute significant pluralities, with the Latino population being the most represented group. With this demographic shift comes an increasing awareness in the mental health community that psychological services need to be responsive to the ethnic minority population. Research, task forces, and committees are tackling the complex issues associated with providing psychological services that are appropriate for ethnic and culturally diverse populations.

In 1988, the APA's Board of Ethnic Minority Affairs (BEMA) established a Task Force on the Delivery of Services to Ethnic Minority Populations. In July 1991 the Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse populations were published (American Psychological Association, 1993). In 1989, the Council for Children with Behavioral Disorders (CCBD) established the Committee on Ethnic and Multicultural Concerns (Bullock, 1999). In January1999, at the first Multicultural Conference coordinated by the American Psychological Association, the importance of developing cultural competence in mental health services was emphasized.

In February 2010, The California Department of Mental Health (DMH) issued the statewide Cultural Competence Plan Requirements (CCPR) which set new standards for achieving cultural and linguistic competence. In accordance with California Code of Regulations, Title 9, Section 1810.401, each county must develop and submit a Cultural Competence Plan that adheres to the CCPR (2010) by July 2010. The CCPR emphasizes the need to provide culturally and linguistically competent services within the mental health system to the racial, ethnic, and cultural communities which represent California's diversity.

Since 1988, a growing body of research is emerging that help guide the practitioners as they provide therapy to ethnic minorities. The research indicates that the underutilization of mental health services by ethnic minorities is not a reflection of fewer emotional problems, less severe emotional conditions or lack of awareness of these conditions. Minority individuals do recognize the need for services but contextual barriers such as difficulties with language, communication style, and discrepant cultural beliefs affect the utilization of mental health services (Casas, J.M., Pavelski, R., Furlong, M. & Zanglis, 2001).

Cheung (1990) conceptualizes the barriers in terms of institutional, cultural, language and economic. Studies on institutional barriers indicate that minority clients report that they "feel stupid and embarrassed" because they do not fit in with the culture of the agency or understand the procedures of the agency. Other studies indicate that the "red tape' or multiple steps before a person receives the actual help contributes to drop out rates. These studies

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explain that clients who are distraught, depressed, and anxious and cannot read or speak the language just give up trying to navigate through the bureaucracy of the agencies that provide mental health services (Casas, J.M., Pavelski, R., Furlong, M. & Zanglis, I, 2001)..

Even though theories and research provide some guidelines, many of the concepts such as culturally sensitive and culturally appropriate, are very difficult to implement. In their research with Latinos, Casa, Pavelski, Furlong & Zanglis (2001) note the importance of offering services that fit the paradigm of the culture. Since most theories have been developed based on the European culture, which is foreign and difficult for many Latinos to understand, adjusting the paradigm is critical. How to adjust the paradigm or enter into the Latino's world view remains vaguely undefined. The easiest approach is to belong to that world view and share the same values. It has been noted that there is an increase in the use of services and a decrease in dropout rates when there is an ethnic and language match between mental health professional and ethnic minority client (Lehman, E.W., Harrison-Ross, P. & Seigal, K.1982). Given the lack of bicultural/ bilingual mental health professionals, we are faced with the task of finding the way to provide mental health services within a less than ideal situation.

As a bilingual/bicultural Latina psychologist who has provided services to Latinos for about 25 years, I have noted many variables that affect utilization of mental health services as well as retention of clients. These variables are aspects of the Latino culture that need to become part of the therapeutic process.

One variable is that the low acculturated Latinos many not understand how a mental health professional can help. They tend to use family, friends, comadres, priests, and curanderos to help with emotional problems. Somehow we need to fit into this cluster of helpers. A way of fitting in is to be part of the network and work within the network. Lesley & Bestman (1984) and Kiselica &Robinson (2001) stress the importance of "mental health professionals leaving the comfort of their offices and completing their work in other settings". They note that some of these settings can be schools, churches, community centers, and local agencies. I have noticed that in addition to leaving the office, it is helpful to become part of the community by attending community events and becoming acquainted with the members of the community. This enables the mental health professionals to network with potential clients and other respected members of the community.

Another important factor is to have a deep understanding of the context of relationships within the Latino culture. Relationships have a hieratical system, an intense bond of trust that should not be broken, implicit and explicit respect, a strong spiritual connection to God and nature, and a very strong connection to family.

Within the Latino culture trust is critical. Sandoval and La Roza (1986) refer to this as personalism and describe it as a need to relate in personal terms and to trust people. They suspect it could be rooted in the strong family ties that are characteristic of this culture. Personalism provides strong feelings of attachment and commitment to family, friends, and others. It places great

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emphasis on interactions with people, which can make life meaningful or empty. In this paradigm people are judged according to their behaviors with their family and friends and not just on public or professional performance. As professionals it is important we extend ourselves in ways that foster interpersonal trust. This comes with knowledge of the cultural values, empathy, practice and exposure to the Latino culture.

Respect is important in the Latino culture. One needs to show respect and be worthy of receiving respect. It is shown in the way one carries oneself, speaks, looks at other, the words that are used, the way one addresses hierarchy, the ability to follow through with ones word, the ability to ask before assuming, the ability to have knowledge without arrogance, the relationships one has with one's own family and the community. The process of gaining respect can be an overwhelming burden. But again, it grows slowly, and is an essential component of the therapeutic process. Many times respect and trust grow simultaneously. At times, respect and trust can be given to a person by the position they hold in the community or through affiliation with a person of respect in the community.

An understanding of the family system and the ability to respect that system is very important. It is a hierarchical close net system based on machismo. Each member has a place in the family and each holds some form of power. The concept of power in the Latino culture differs from that of the majority culture. It is understood as "su position" or "ones position". Every member from the eldest to the youngest has a position. Men and women hold different positions. Providing therapy within the context of the Latino family system can be difficult when the system has been injured through domestic violence, child abuse, sexual abused, and/or substance/alcohol abuse.

The Latino culture is highly spiritual. The spiritual world impacts many aspects of life which at times can only be cured through spirituality. Destiny or "el destine" is closely connected to the spiritual world. Many clients utilize corianders, rely on priests, go on religious missions and use prayer to help deal with emotional problems. As professionals, it is important to have the ability to place one's own religious beliefs aside and work within the spiritual context of the Latino cultural. This culture is highly spiritual and it is an integral part of most clients' sense of self. Being able to therapeutically navigate through the spiritual world is an important role of the bicultural therapist.

The last variable I'll mention which affects the utilization of mental health services, especially those affiliated with the majority culture is the history of racism and oppression. For many Latinos this has become part of their identity. Current issues with the immigration system have given a rise to overt forms of racism. Many Latino clients report feeling the anger, hatred and not being wanted in this country. Although many mental health providers many abhor the oppression and racism that explicitly and implicitly occurred in the past and still exists, they have the burden of gradually proving this to each potential Latino client. Depending on the client's acculturation process and personal history, this may be fairly easy to do or almost impossible.

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In 2004, San Luis Obispo County Behavioral Health Services conducted a study to assess the characteristic which influence Latino's underutilization of Mental Health Services. The survey was administered to 200 Spanish speaking low income Latinos who resided in the County. All 200 surveys were completed by those who were Spanish literate and illiterate. The results showed that the following variables affect utilization of mental health services: (a) Latinos did not feel comfortable access services in a government building. They perceive the government as an authoritarian entity and were intimidated by it; (b) Some of the Latinos who had attempted to receive services from The County Behavioral Health Department reported that the experience was confusing and involved telling personal information to various persons prior to being assigned a therapist. Some reported that after sharing personal information they were told that their problem was not serious enough to qualify for services; (c) Latinos reported difficulty trusting someone who was not from their own culture and were concerned they would not be understood because of the differences in life experiences; and (d) Latinos preferred someone who spoke Spanish rather than having an interpreter. They found the interpreter to interfere with the flow of information.

The results of this survey are supported by the previously conducted research. In June of 2006, San Luis Obispo County Behavioral Health Services Via the Mental Health Service Act (MHSA) and Prevention Early Intervention (PEI) provided funding to a program that offers culturally appropriate psychotherapy services to the monolingual low income Spanish speakers and their bilingual children. The program is Servicios Psicologicos Para Latinos: A Latino Outreach Program (LOP) (appendix A, B, C, D). The model for LOP is based on the findings of previous research and the finding of the 2204 SLO County study. The program has been successful in establishing a community base model that provides psychotherapy, medication evaluation, psychotherapy groups, parenting groups for parents whose child is a ward of the court, substance abuse groups, and workshops (table 5 for workshops) to the Spanish speaking community and their bilingual children.

With the utilization of MHSA and PEI funding the program is able to provide services to those who meet medical necessity and those who have a diagnosis outside the realm of medical necessity such as substance abuse, marital problems, parent child relational problems, acculturation issues. The combined funding provides LOP the ability to remove the barrier stated in variable (a) which highlights That County Behavioral Health Services cannot provide psychotherapy to people who do not meet the criteria for medical necessity. LOP is in the unique position that regardless of the diagnosis, cases can be opened under Medical Necessity or under Community Services and no one is turned away based on a diagnosis.

LOP is embed in the community. All workshops, groups, and trainings are provided in community sites. Psychotherapy is offered in Paso Robles, San Luis Obispo, Oceano, Arroyo Grande, and Nipomo at eight community sites (appendix E). The clients who receive services from LOP are able to access therapists, workshops and groups in a familiar community site in their own neighborhood.

Appendix 08

This allows the program to break through the barrier stated in variable (a) which addresses the discomfort of receiving psychotherapy in a government agency. The community based model also is consistent with the findings of Cheung's (1990), Lesley & Bestman (1984) and Kiselica &Robinson (2001), which stress the importance of "mental health professionals leaving the comfort of their offices and completing their work in other settings".

The client's access to services is conducted in a manner that minimizes telling the personal story to multiple persons and navigating through a bureaucracy. The clients are referred to the director of LOP, Silvia Ortiz, Ph.D. who directly assigns the client to the therapist that conducts the intake and the therapy. This method of accessing services addresses variable (b) which speaks to the difficulty of telling the personal story to various persons prior to receiving treatment and is respectful of the findings of Casas, J.M., Pavelski, R., Furlong, M. & Zanglis, I, 2001 and Cheung (1990) that indicate clients get lost when they try to navigate through the bureaucracy of the agencies that provide mental health services.

LOP has been fortunate in the hiring process. All therapists are bicultural and bilingual. The director of the program and two of the therapists are immigrants from Colombia and Mexico, respectively. The other two therapists are first generation in the United States (appendix F). The ethnicity of the therapist and their cultural backgrounds address the concerns stated in variable (c), and (d). By being Spanish speaking Latinos/Latinas the therapists can increases the probability of retaining the client because as noted by Lehman, E.W., Harrison-Ross, P. & Seigal, K. (1982) there is a decrease in dropout rates when there is an ethnic and language match between mental health professional and ethnic minority client. This match, as indicated by Casa, Pavelski, Furlong & Zanglis (2001) also facilitates the ability to share world views and enables the therapist to enter the Latino client's paradigm.

Even though the therapist are bicultural and bilingual, the concept of adjusting theories that have been developed on the European culture to the paradigm of the Latino's world view remains vaguely undefined and can be very difficult to implement . Group supervision and individual supervision is conducted in Spanish on a weekly basis to provide a venue for monitoring the delivery of culturally appropriate therapy. The concepts of family, curanderos, spirituality, immigration, acculturation, respect, trust, and working within the Latino paradigm are addressed in supervision. The integration of therapeutic theories and interventions into the Latino worldview is examined in supervision in the hope that the therapists remain true to a culturally sensitive model.

In an effort to educate the community about LOP and to form a stronger partnership with the community, on October 25th 2008 LOP and The County Behavioral Health Department invited specific community members to an event which featured a power point presentation along with dinner, dancing and the opportunity to network (appendix F). It was sponsored via funding from a grant from the Board of Supervisors, The Latino Outreach Council, and MHSA. The event offered a venue for professionals and staff who represent community agencies in SLO county to network and learn about LOP. It drew a group of

Appendix 08

approximately 95 persons who represent The Board of Supervisors, the County Behavioral Health Department, The Department of Probation, Latino Outreach Council, Latino Outreach Program, Cal Poly University, Cuesta College, Drug and Alcohol Services, Services, Affirming Family Empowerment, Transitions Mental Health, Vision Unida, Family Care Network, Gay Lesbian and Transgender Alliance, SAFE, and the Public Schools.

This event along with the network system provides the venue for educating the community about LOP. Information on LOP is disseminated via media, workshops, presentations and visits to numerous locations in the community (appendix G). Due to the tremendous amount of requests for LOP services the program has been able to grow from 1 therapist to 3.5 therapist. The statistics reflect the number of persons who have received services in 2008-current (appendix H, I). Client referrals to the program occur through community programs, schools, churches, and the network system. Unfortunately, the program always has a wait list for services and at times referrals have been closed because the wait list is too long. The success of the referral system is a direct reflection of the people and community agencies working together to form a wonderful network that enables the clients to reach LOP directly.

Appendix 08

Servicios de Salud & Bienestar para Latinos
Latino Outreach Program
Staff

NAME	E-MAIL	PHONE NUMBER
Maricruz Salinas	msalinas@co.slo.ca.us	805-474-2029
Marisol Mariscal	mmariscal@co.slo.ca.us	805-474-7471
Susana Franco	sfranco@co.slo.ca.us	805-781-4342
Ana Sobalvarro de Garcia	asobalvarrodegarcia@co.slo.ca.us	805-781-4960
Jennifer Martinez Ramirez	jmartinezramirez@co.slo.ca.us	805-461-6060
Erica Andrade	erandrade@co.slo.ca.us	805-461-6076
Carlos Olson	cuolson@co.slo.ca.us	805-461-6076
Vacant Position	Behavioral Health Clinician	n/a
Vacant Position	Behavioral Health Specialist	n/a

Appendix 09

LATINO OUTREACH PROGRAM

	Refuse to answer survey

Age Group

□ 0-15 y/o	□ 16-25 y/o	□ 26-59 y/o	□ 60+ y/o

Race

□ American Indian/Alaska Native	□ Asian	□ Black/African American	□ Hispanic/Latino
□ Native Hawaiian/Pacific Islander	□ White	□ More than 1 race	□ Decline to Answer

Ethnicity

□ Caribbean	□ Central American	□ Mexican/Mexican American/Chicanx	□ Puerto Rican
□ South American	□ African	□ Asian Indian/South Asian	□ Cambodian
□ Chinese	□ Eastern European	□ European	□ Filipino
□ Japanese	□ Korean	□ Middle Eastern	□ Vietnamese
□ More than 1 ethnicity	□ Decline to Answer	□ Other:	

Country of Origin: **Primary Language:**

Sex: Please share what sex you were assigned at birth.

□ Male □ Female

Gender: Please select the option that best describes you.

□ Male	□ Female	□ Transgender	□ Genderqueer/fluid
□ Questioning	□ Another gender identity		

Sexual Orientation: Please select the option that best describes you.

□ Gay/Lesbian	□ Heterosexual/ Straight	□ Bisexual	□ Questioning
□ Queer	□ Another Sexual Orientation identity		

Disabilities

□ Difficulty seeing	□ Difficulty hearing	□ Learning/developmental	□ Physical mobility
□ Chronic health	□ None	□ Decline to answer	□ Other

Appendix 10

PLEASE RATE YOUR OVERALL EXPERIENCE WITH THE SERVICES PROVIDED:

Statements	Prefer Not to Answer	N/A	Strongly Disagree	Disagree Slight	Neutral	Agree	Strongly Agree
The therapy was sensitive to the Latino culture and language.		0	1	2	3	4	5
Therapy helped me understand and resolve my mental health needs.		0	1	2	3	4	5
Therapy helped me gain internal strength and feeling better about life.		0	1	2	3	4	5
I have learned coping skills		0	1	2	3	4	5
I am now familiar with mental health resources.		0	1	2	3	4	5
My resilience and positive outlook in life has improved.		0	1	2	3	4	5
Therapy has helped me improve when I feel nervous, anxious, or scared.		0	1	2	3	4	5
Therapy has improved my sleep quality.		0	1	2	3	4	5

Appendix 10

PROGRAMA DE BIENESTAR PARA LATINOS

	Prefiero no contestar encuesta

Grupo de Edad

□ 0-15 años □ 16-25 años □ 26-59 años □ 60+ años

Raza

□ Indio Americano / Nativo de Alaska □ Asiático □ Negro/Afroamericano □ Hispano/Latino

□ Nativo de Hawai / Isleño del Pacífico □ Blanco □ Más de un raza □ Prefiero no Contestar

Etnicidad

□ Caribeño □ Centroamericano □ Mexicano/Mexicano americano/Chicanx □ Puertorriqueño

□ Sudamericano □ Africano □ Asiatico Hindú / Sur Asiático □ Camboyano

□ Chino □ Europeo Oriental □ Europeo □ Filipino

□ Japonés □ Coreano □ Medio Este □ Vietnamita

□ Más de un grupo étnico □ Prefiero No Contestar □ Otro:

País de Origen: **Idioma Principal**

Sexo Por favor seleccione que sexo fue asignado en su ficha ó certificado de nacimiento

□ Masculino □ Femenino

Género Por favor seleccione el género que mejor lo describa

□ Masculino □ Femenino □ Transgénero □ Genderqueer /fluido

□ Cuestionando □ Otra identidad de género

Orientación Sexual Por favor seleccione la orientación sexual que mejor lo describa

□ Gay/Lesbiana □ Heterosexual □ Bisexual □ Cuestionando

□ Queer □ Otra identidad sexual

Disabilidades

□ Dificultad para ver □ Dificultad para escuchar □ Aprendizaje y Desarrollo □ Mobilidad Física

□ Salud crónica □ Ninguna □ Negar a contestar □ Otro

Appendix 10

POR FAVOR CALIFIQUE SU EXPERIENCIA CON LOS SERVICIOS PROPORCIONADOS:

Declaraciones	Prefiero No Contestar	N/A	Totalmente en Desacuerdo	En desacuerdo	Neutral	De Acuerdo	Totalmente deacuerdo
La terapia proporcionada abarca la cultura y el idioma latino.		0	1	2	3	4	5
La terapia proporcionada ayuda a entender y resolver mis necesidades de salud mental.		0	1	2	3	4	5
Los terapia proporcionada me ayuda a obtener fortaleza interna y me siento mejor acerca de la vida.		0	1	2	3	4	5
He aprendido formas que me ayudan a calmarme y sentirme mejor.		0	1	2	3	4	5
Ahora estoy mas familiarizado con los recursos de salud mental.		0	1	2	3	4	5
Mi capacidad de recuperación y mi actitud positiva en la vida han mejorado.		0	1	2	3	4	5
El terapia proporcionada me ha ayudado a mejorar cuando me siento nervioso, ansioso, ó asustado.		0	1	2	3	4	5
El terapia proporcionada ha mejorado mi calidad al dormir.		0	1	2	3	4	5

Appendix 10

COUNTY OF SAN LUIS OBISPO
BEHAVIORAL HEALTH DEPARTMENT

Diversity, Equity & Inclusion Committee
Cultural Competence

BYLAWS
Definitions:

- **Diversity**: The process of acknowledging and respecting differences, expanding multi-cultural representation, gender identity, and gender expression; promoting multiple expressions; celebrating a myriad of perspectives, and solidifying the presence of identity differences within a setting that encourages individuals' unique characteristics, ensuring equity and inclusion in day-to-day operations at organizational and community levels.

- **Equity**: The informal and formal process of ensuring that policies, procedures, services, programs, and practices are impartial, fair, and provide equal access and possible beneficial outcomes for every individual within a system and larger community.

- **Inclusion**: The practice, through internal formal and informal norms and policies, of ensuring that individuals feel a sense of belonging and acknowledgement in the workplace and community, where their identities, whether cultural, gender—based, spiritual, and others; as well as their contributions, presence, and perspectives of themselves and of different groups and identities of people are valued and integrated into the environment and day-to-day operations and decision-making processes.

Mission & Purpose

The County of San Luis Obispo Behavioral Health Department (SLOBHD) Diversity, Equity & Inclusion Committee serves to increase and enhance Cultural Humility and Competence in organizational and service provision levels through respect, access, empowerment, and understanding of diverse individuals, cultures, ethnic groups, gender, gender identities and expressions, sexualities, abilities, veteran status, spiritual affiliation, and linguistic groups by leading, developing, enhancing, recommending, and maintaining a culturally-aware high performing workforce, policies, services, and programs to improve health care outcomes for all individuals.

Vision

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To make diversity, equity, and inclusion a value-driven force and foundation of behavioral health service provision and management operations.

Core Values

1) **Integrity:** The DEIC is dedicated to high ethical standards rooted in acknowledging individual experiences and lenses that promote honesty, respect, and a commitment to public trust from all individuals.

2) **Collaboration**: The DEIC celebrates and encourages partnership and participation within member organizations, and between organizations seeking to develop and improve diversity, equity, and inclusion practices.

3) **Professionalism**: The DEIC consistently promotes treatment and engagement of all individuals and each other with awareness, respect, and honesty seeking to improve and expand interpersonal engagement.

4) **Accountability**: The DEIC promotes organizational and individual responsibility in conduct and actions ensuring interactions are rooted in a diverse and inclusive lens with the ability to learn and improve.

5) **Responsiveness**: The DEIC provides timely and complete information and feedback to all individuals and partner agencies focused on ensuring issues related to diversity, equity, and inclusion are addressed properly.

6) **Compassion**: The DEIC engages from a lens of empathy and kindness to safeguard personal well-being and promote awareness and respect.

7) **Inclusion**: The DEIC fosters actions and practices rooted in inclusion of various personal and group identities with the goal of embracing interconnectedness as a strength.

8) **Equity**: The DEIC fosters equity in access, treatment, and retention of services by revising and promoting policy and practices with impartiality, fairness, and justice for all individuals with different circumstances can achieve equal outcomes.

Goals

1) To ensure that County Behavioral Health embraces and implements the practices, attitudes, values, and policies that support cultural, gender identity and expression, sexuality, language, abilities, veteran status, and spiritual affiliation diversity.

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2) To provide policy and practices recommendations that will help increase service delivery to various culturally, linguistically, gender identity and expression, sexuality, abilities, veteran status, and spiritual affiliation individuals.

3) To identify and facilitate the removal of barriers that affect sensitive and competent delivery of service to various culturally, linguistically, gender identity and expression, sexuality, abilities, veteran status, and spiritual affiliation individuals.

4) To provide recommendations that will address the recruitment, hiring, and retention policies and practices of various individuals including culturally, linguistically, gender identity and expression, sexuality, abilities, veteran status, and spiritual affiliation groups.

5) To provide recommendations that increase utilization patterns of the unserved and underserved populations.

6) To provide County Behavioral Health employees with the topics and information discussed among the DEI Committee to further diversity, equity, and inclusion processes and strategies.

7) To provide and sponsor training opportunities for new and current staff focused on expanding and enhancing diversity, equity, and inclusion knowledge and practices.

8) To forge alliances with other community agencies and committees who support the mission and purpose, vision, and goals of the DEI Committee.

9) To foster a strong network among community agencies that will facilitate an integrated delivery of services.

Committee Guidelines

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Article I: Name of Committee

Section 1: The Committee shall beknown as the Diversity, Equity & Inclusion Committee, formerly known as the Cultural Competence Committee. The committee operates under the County of San Luis Obispo Health Agency, Behavioral Health Department (BHD).

Article II: Purpose of the Committee

Section 1: The Committee is dedicated to assuring that the County of San Luis Obispo County Behavioral Health Department becomes a culturally aware and competent behavioral health system which integrates the concept of diversity, equity, and inclusion into the fabric of its operation. The committee will create agency-wide awareness of the issues relevant to cultural, linguistic, gender identity and expression, sexuality, abilities, veteran status, and spiritual affiliation diversity, equity and justice for all individuals, and inclusion of various experiences in decision-making processes with the goal of impacting service provision.

Section 2: The Committee is dedicated to meeting the goals set forth in this document and will provide recommendations to the County Behavioral Health Director on issues pertinent to the achievement of these goals.

Article III: Structure of the Committee

Section 1: The Committee operates as an entity of the County of San Luis Obispo Behavioral Health Department.

Section 2: The County Behavioral Health Director appoints the Chairperson.

Section 3: The Chairperson reports to the County Behavioral Health Director.

Section 4: The Committee members are the decision-making body of the Committee. The members are elected by the Committee and represent a diverse range of cultural, ethnic, racial, linguistic identities, gender identities and expressions, sexualities, spiritual beliefs, and geographic regions of the country.

Section 5: The Committee will advise and serve as a resource group to the County Behavioral Health Director, the County Behavioral Health Training Program Manager, County Behavioral Health staff, and affiliated agencies.

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Section 6: General membership is not a requirement for involvement in the Committee. Visitors are welcome to attend Committee meetings and provide input.

Article IV: General Membership

Section 1: The Committee consists of approximately fifteen to twenty (15-20) members and serves to ensure a collaborative process is informed and influenced by community interests, expertise, and needs of several groups and organizations focused on behavioral health.

Section 2: Membership shall include, but is not limited to, Behavioral Health Department staff, mental health clients and their loved ones, mental health providers, cultural and linguistic organizations, veteran groups, LGBTQIA+ groups, higher education, and other advocacy groups and organizations that provide and support access and expansion of services in the behavioral health system.

Section 3: The Committee shall review on a yearly basis and ensure that strategies are built to meet the required group membership for the organizations listed above in Section 2.

Section 4: The Chairperson is part of the Committee.

Section 5: Anyone interested in serving on the Committee shall state their interest to serve by informing a current Committee member in writing via electronic mail or written letter format.

Section 6: A simple majority vote is required for the election of Committee members.

Section 7: A vacancy exists when a Committee member misses four consecutive Committee meetings without prior notification to the Chairperson or any other member. A vacancy also exists when a committee member tenders a resignation announcement either verbally or in writing to the Chairperson.

Section 8: When a vacancy exists, the Committee shall nominate individuals to serve on the Committee.

Article V: Meetings

Section 1: No meetings shall be held in a facility that prohibits the admittance of any person based on their culture, ethnic background, spiritual and religious beliefs, sex, sexual orientation, gender identity, gender expression, sex assigned at birth, or various emotional/physical abilities.

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Section 2: Meetings will convene upon agreed upon time, day, and frequency established by a majority of committee members.

Section 3: The Chairperson convenes the meetings.

Section 4: The Committee members are responsible for bringing forward agenda items for the meetings. Agenda items shall be sent directly to the chairperson.

Section 5: The Committee will strive to make decisions by consensus.

Section 6: A quorum is necessary to approve Policy and Procedures. All Policy and Procedures require a simple majority by a quorum to be recommended to the County Behavioral Health Director.

Section 7: A quorum is defined as 50 percent of the Committee.

Section 8: A motion may be made and seconded by any of the Committee member.

Section 9: Motions require a simple majority to be recommended as action items or task assignments.

Article VI: Amendments

Section 1: These Bylaws may only be amended or repealed, and new bylaws adopted by the affirmative vote of a majority of a quorum of the Board.

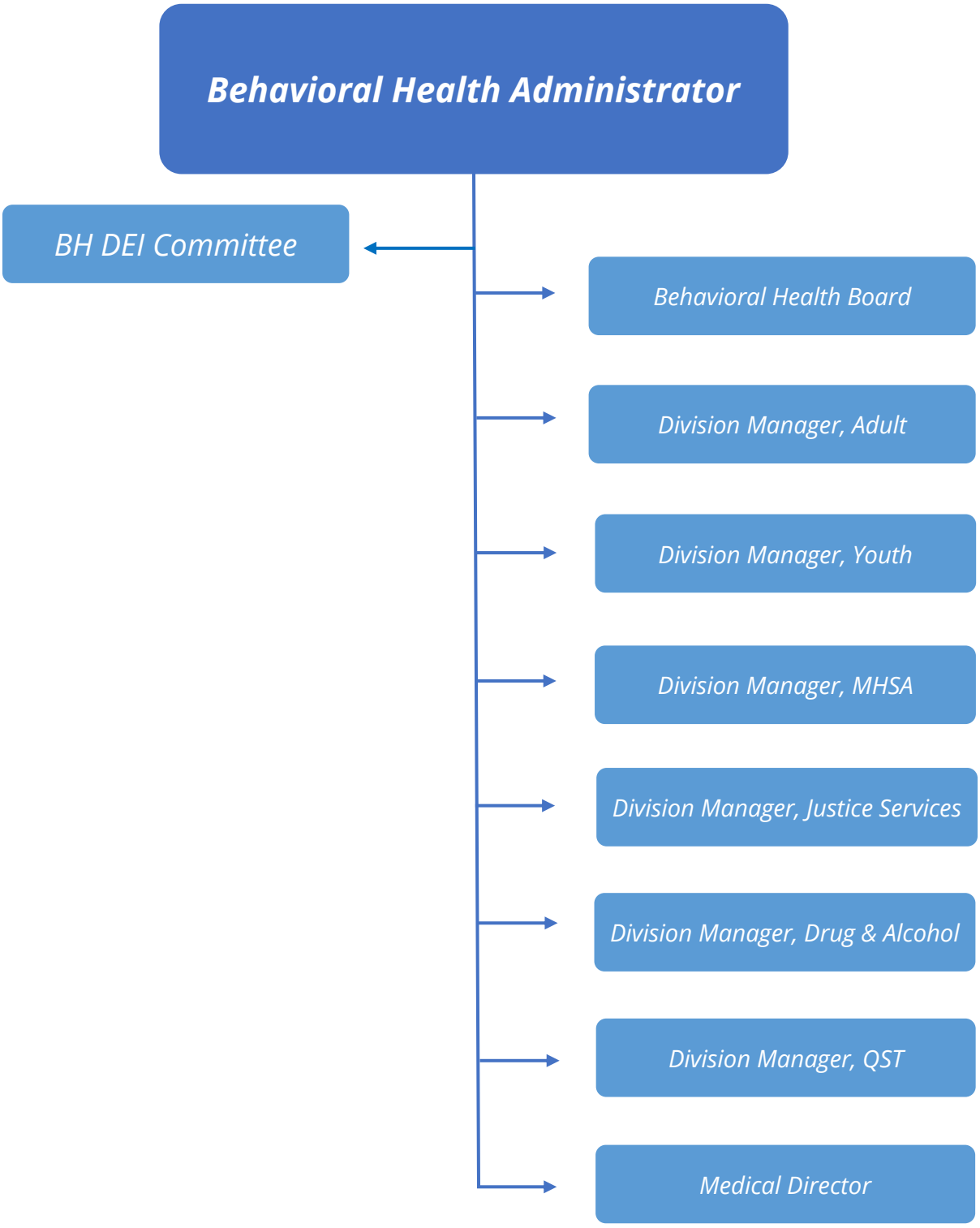
Appendix 11

REVISION HISTORY

Revision Date	Section(s) Revised:	Details of Revision:
06/06/2022	All	Reformatted and expanded. Added specificity to definitions, mission, vision, core values, goals, and guidelines.
Prior Approval dates:		
Not available		

		6/22/2022
Approved by:	Anne Robin, LMFT, Behavioral Health Administrator	Date

Appendix 11


Behavioral Health Administrator
BH DEI Committee
Behavioral Health Board
Division Manager, Adult
Division Manager, Youth
Division Manager, MHSA
Division Manager, Justice Services
Division Manager, Drug & Alcohol
Division Manager, QST
Medical Director

Appendix 12

2022-2023 DEI Cultural Competence Committee - Roster		
Name	**Title**	**Agency**
Nestor Veloz-Passalacqua, M.P.P., M.L.S.	Diversity, Equity & Inclusion Program Manager	Behavioral Health Department
Anne Robin, L.M.F.T.	Behavioral Health Administrator	Behavioral Health Department
Claudia Lopez, L.C.S.W.	Patient Rights Advocate	Behavioral Health Department
Michelle Call	Former Executive Director	The GALA Pride & Diversity Center
Jill Rietjens, L.M.F.T.	Division Manager	Behavioral Health Department
Jay Bettergarcia, Ph.D.	Professor & Director of QCARES	California Polytechnic State University SLO
Laura Zarate	Behavioral Health Secretary	Behavioral Health Department
Gabriel Granados	Behavioral Health Specialist – Veteran Outreach Program	Behavioral Health Department
Lilia Rangel-Reyes	Multicultural Specialist	Tri-Counties Regional Center
Barry Johnson	Division Director	Transitions-Mental Health Association
Katherine Soule	Director	UC Coop. Ext. Youth, Families, & Comm.
Annika Michetti	Program Supervisor	Drug & Alcohol Services
Kimberli Andridge, Psy.D	Associate Director of Operations & Quality, Coor. Of Gender & Sexual Inclusivity	California Polytechnic State University SLO
Ana Isabel Cabezas, Psy.D	Diversity & Multicultural Inclusion Coordinator	California Polytechnic State University SLO
Nancy Jambor	Behavioral Health Clinician	Behavioral Health Department
Margaux Jones	Independent Living Program Supervisor	Family Care Network
Annika Morse	Diversity, Equity, & Inclusion – Cultural Competence Intern	Behavioral Health Department
Carlos Olson	Program Supervisor	Behavioral Health Department
Juanita Patlan Mendez	WRAP Case Manager	Family Care Network
Nasseem Rouhani	Behavioral Health Specialist	Behavioral Health Department
Kendra Scott	Veterans Service Administrative Assistance	Veterans Services
Pam Zweifel	Board Member	NAMI & Behavioral Health Department

Appendix 13

2022-2023 County Staff Writing the Cultural Competence Plan		
Name	**Title**	**Agency**
Nestor Veloz-Passalacqua, M.P.P., M.L.S.	Diversity, Equity & Inclusion Program Manager	Behavioral Health Department
Annika Morse	DEI Intern	Behavioral Health Department
Claudia Lopez, L.C.S.W.	Patient Rights Advocate	Behavioral Health Department
Carrie Hansen, L.M.F.T.	Managed Care Program Supervisor	Behavioral Health Department
Katrina Feliciano	Quality Support Team	Behavioral Health Department
Landon King	MHSA PEI & INN Coordinator	Behavioral Health Department
Brita Connelly	WET & Suicide Prevention Coordinator	Behavioral Health Department

Appendix 14

2

Overview

- Activity: Unpacking
- Implicit Bias
- Race & Ethnicity
- Social Identity Wheel & Intersectionality
- Culture
- Cultural Competence & Cultural Humility
- Cultural Competence

Appendix 15

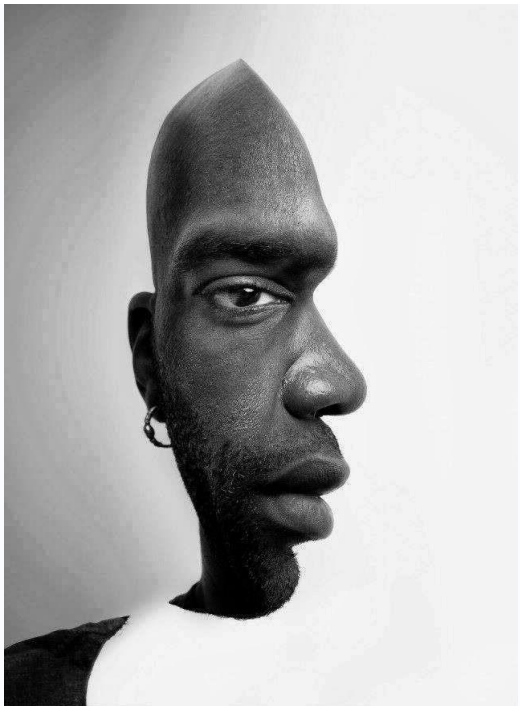
3

Unpacking

- Recognize Biases/Perceptions
- Becoming Aware
- Actionable Changes

4

What do we see?



Appendix 15

5

What face did you see in the previous slide?

Perceptions

Unconscious Responses

Learned attitudes/behaviors

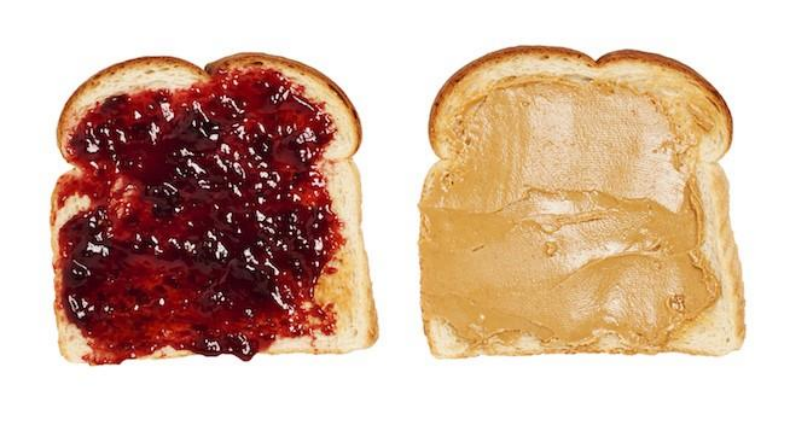
6

Car accident

Appendix 15

7

Implicit Bias



8

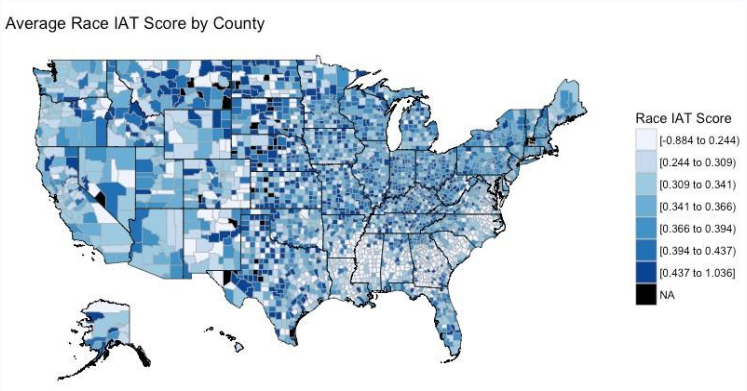
What is implicit bias?

Implicit bias is the thought process that refers to stereotypes that affect our attitudes, understanding, actions, and decisions in an unconscious manner.

Our biases are activated involuntarily and without our awareness or intentional control.

Biases happen at:

- Thinking (stereotypes)
- Feelings (prejudice)
- Behavior (discrimination)



Race Implicit Association Test (IAT) – the blue scale illustrate relative differences across counties: lighter blues indicate less pro-White bias.

Appendix 15

Race

Category of people who share certain inherited physical characteristics, such as skin color, facial features, and stature. – Race is a social construct/category

Ethnicity

Refers to the shared social, cultural, and historical experiences, stemming from common national or regional backgrounds that make subgroups of a population different from one another.

Source: Sociology: Understanding & Changing the Social World, 2016

Statistics

POPULATION: 284,010 (2018)

Race & Ethnicity

White 88%
Black/African American 2%
American Indian and Alaska Native 1.4%
Asian 4.0%
Native Hawaiian/Pacific Islander 0.2%
Two or More Races 3.5%
White Alone (not Hispanic/Latino) 68.8%

Hispanic/Latino 22.6%

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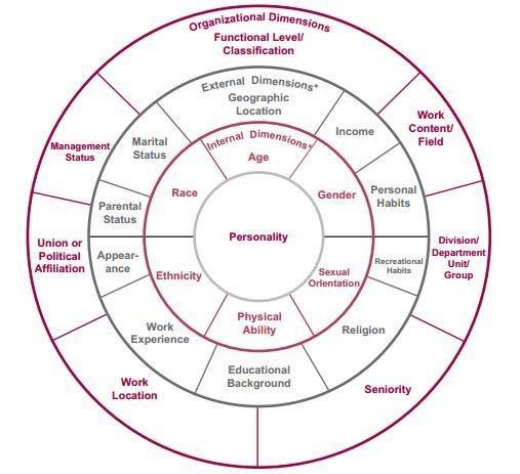
Social Identity Wheel



Intersectionality

Appendix 15

Culture

"Meanings, values, and behavioral norms that are learned and transmitted in society and within social groups."

Source: Guarnaccia, 2006

Culture Influences

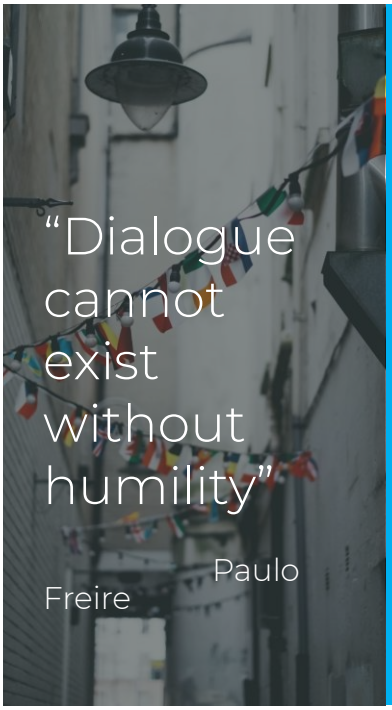
- How people communicate and manifest their symptoms
- Their style of coping
- Their willingness to seek treatment
- Their expectations of law enforcements
- Their family and community support

Source: Culture, Race, and Ethnicity; A supplement to Mental Health: A report of the Surgeon General, 2001

Appendix 15

Cultural Competence

- Integration process of skills and cultural knowledge about individuals and groups of people into specific workplace policies, programs, and behaviors for the purposes of increasing quality of workplace interactions and service delivery.
- Is the ability to interact effectively and appropriate with people of different cultures.
- Is the ability of systems to provide care to individuals with diverse values, beliefs, behaviors, backgrounds, including tailoring delivery to meet individuals' social, cultural, and linguistic needs.



Cultural Humility

- Cultural humility is about accepting our limitations. Those who practice cultural humility work to increase self-awareness of their own biases and perceptions and engage in a life-long self-reflection process about how to put these aside and learn from clients.

Source: Hohman, Cultural Humility: A Lifelong Practice, 2013.

Appendix 15

Cultural Competence

- Cultural competence provides a framework for assessing and understanding each client and family's unique rules, roles, habits, activities, and beliefs in the context of their cultural, linguistic, and ethnic identity.

Cultural Competence

- Become aware of the diversity of the populations with which the system is working.
- Acknowledge variations in acceptable behaviors, beliefs and values in accessing and treating a person's mental health or problems.
- The knowledge, skills, and attitudes to work within consumers' and their families' values and reality conditions.
- BECOME AWARE OF THE STEREOTYPES (BIASES/PERCEPTIONS) YOU CARRY, AND MAKE AN EFFORT TO SET THEM ASIDE WHEN INTERACTING WITH PEOPLE OF OTHER CULTURAL/ETHNIC/RACIAL GROUPS.

Appendix 15


17
Know about diversity
Acknowledge variations
Enhance skills and attitudes
Become aware of own stereotypes
Mental Health & Culture
STRATEGY #1
Become familiar with the culture(s) of the people you serve
STRATEGY #2
Become familiar with how you are perceived by the people you serve


Cultural Competence Committee
THANK YOU
Nestor VelozPassalacqua, M.P.P.
Ethnic Services Manager & Cultural Competence Coordinator
COUNTY OF SAN LUIS OBISPO

Appendix 15

agenda – MH QST

San Luis Obispo County Health Agency
MH Quality Support Team/Quality Management
September 08, 2022
10:00am - 11:30am

MH	X
PHF	

1. **Welcome and introductions, review, and approval minutes of July 2022**

2. **Follow-Up Old Business:**
   a. 5150 Writers/Renewal – policy/protocols for outside agencies writing holds – Dr. Ilano
   b. Spravado Treatment (pilot program) – Dr. Ilano
   c. Drug Testing – Swab in place of Urinalysis – Dr. Ilano
   d. Adult/Youth Assessment Workgroup – Amanda Getten

3. **New Items or Updates**
   a. QST Data Dashboard with Consumer Perception Survey Data – Sara Epps
   b. FY 2022-23 Diversity, Equity, and Inclusion – Cultural Competence Training Plan – Nestor Veloz-Passalacqua
   c. Diversity, Equity, and Inclusion Language Guidebook – Nestor Veloz-Passalacqua
   d. New Performance Improvement Project – Carrie Hansen
   e. Full-time Urgent Care Clinic – Dr. Ilano

4. **Statistics:**
   a. MH Outpatient – 21/22 FY
      i. Access Timeliness Metrics – Adults, Youths, Spanish
      ii. Appointments seen w/in standards – Adults, Youths, Spanish
      iii. Martha's Place (all)
      iv. Scheduled/Walk-in Attendance appointment types
      v. CSU Discharge reasons
      vi. TBS/IHBS Trends
      vii. Risk Management – Incident Reports
      viii. Morbidity and Mortality Committee Report (Dr. Ilano)

5. **Patients' Rights Advocate**
   a. Grievances, Appeals, and Expedited Appeals Overview

6. **Committee Briefings**
   a. Managed Care

7. **Consumer/Family Advocate**

8. **Round table**

Appendix 16

9. **Next Meeting(s):**
    - October 6, 7 – EQRO
    - October 13 – PHF QST

Appendix 16

QUALITY SUPPORT TEAM/QUALITY MANAGEMENT – MEETING MINUTES						
Date: Sept 08, 2022	**Time: 9:30am – 11:00am**		**Location:** Zoom			
Meeting called	Amanda Getten, LMFT, QST Division Manager		Facilitated by	Amanda Getten, LMFT, QST Division Manager		
Type of meeting	Quality Improvement / San Luis Obispo County MH Plan		X	BH – QST		PHF QST

Topic	Discussion	Recommendations/Actions
1. Introductions/ Minutes	July 2022 minutes presented – no new introductions.	Approved no corrections.
2. Follow-Up on Old Business	a. California-2021-AB2275-Amended.htmlThe bill would require that a certification review hearing be held within 7 days of the initial detention when a person is placed on a 5150 while awaiting placement at a designated facility. b. SPRAVATO® prescription will soon be offered as an Outpatient Clinical Treatment. Current workgroup, policies and staff training are in process. Prescription will treat: • Adults with treatment-resistant depression (TRD) • Depressive symptoms in adults with major depressive disorder (MDD) with suicidal thoughts or actions c. Voluntary Drug Screening - Swab testing will be explored in lieu of Urine Drug screening currently pending costs. d. Cal-Aim -Adult/Youth Assessment Workgroup - in process of streamlining seven (7) domain assessments. Final testing is occurring in AZ, feedback from staff currently pending.	a. Update at next meeting iv. (Policy revision – Dr. Ilano) b. End item c. End item d. Update at next meeting.
3. New Items	a. QST Data Dashboard with Consumer Perception Survey Data – Sara Epps b. FY 2022-23 Diversity, Equity, and Inclusion – Cultural Competence Training Plan – Nestor Veloz-Passalacqua. Training modules and .5CE will be offered. c. Diversity, Equity, and Inclusion Language Guidebook – completed on website. Links will be sent out to all staff and CBO's. Nestor Veloz-Passalacqua d. New Performance Improvement Project – Carrie Hansen e. Full-time Urgent Care Clinic – Hours 9-5"30 via Telehealth for current open BH clients and med support for youth. Referral form is online .	a. End item b. End Item c. End item d. Defer to next meeting e. End Item
4. Monthly Statistics (PPT)	a. **PPT/Statistics FY 21/22 - presented via Power Bi (new)** 1. MH Outpatient Statistics: 2. Access Timeliness Metrics 3. Appointments seen w/in standards 4. Scheduled/Walk-in Attendance appointment types 5. CSU Discharge reasons 6. TBS/IHBS Trends 7. Risk Management – Incident Reports 8. Morbidity and Mortality Committee Report (Dr. Ilano)	

Appendix 16

Topic	Discussion	Recommendations/Actions
5. PRA Updates	**PRA Quarterly Updates** – Grievances, Appeals, and Expedited Appeals– Q3 and Q4. In addition to overall DHCS changes reporting.	
6. Committee Briefings	a. **Managed Care**: none presented b. **M&M: Committee Findings:** FY 22/22 presented.	
7. Consumer Family Advocate	None presented	
8. Roundtable	National Suicide Prevention month is September 2022 Suicide Prevention Forum will be held September 12, 222 from 5:30 -730 Monkey Pox clinic will be held in Paso Robles Sept 15, 2022, from 4:30-7:30pm Law and Ethics will be held Oct 17 and 18th (virtual). Multi-Cultural Summit will be held Oct 20-22nd.	QST will send links and flyers to committee.

Members Present:	
Amanda Getten, LMFT, QST Division Manager	Joseph Kurtzman, PAAT
Avery Paulson, RN PHF Nursing Supervisor	Josh Peters, LMFT, Division Manager, Adult Services
Barbara Levenson, Behavioral Health Board	Julianne Schmidt, LMFT, QST Program Supervisor
Chad Kever, Quality Assurance, TMHA	Kathy McGuire, RHIT, BS, Medical Records Supervisor
Claudia Lopez, LCSW, PRA	Nestor Veloz-Passalacqua, M.P.P, BH Program Manager
Daisy Ilano, MD, Medical Director	Rachel McSpadden Tarver, LMFT, Clinical Training and Supervision Coordinator
Dr. Jeffrey Elliott, PsyD	Robert Rogers, FCNI Peer Advocate
Jill Rietjens, LMFT Division Manager, Youth Services	Angela Atwell, RN QST
Jon Nibbio, LMFT, Director of Clinical Services, Family Care Network	Anne Robin, LMFT, Behavioral Health Administrator
Members Absent:	
Brian Atwell, LPT PHF Program Supervisor	Frank Warren, M.P.P, Prevention and Outreach Division Manager
Carrie Hansen, LMFT Managed Care, Program Supervisor	Samantha Collins, LPT, PHF Training Coordinator
Chelsea Baker, LPT PHF Program Supervisor	Sandy Farley, Program Manager, CSU
Cyndi Barnett, FCNI	///

Amanda Getten, LMFT, QST Division Manager Committee Chair	**Sara Epps, ASO II- QST** Note Taker	Next Meeting October 2022 PHF QST will be presented

Appendix 16

agenda

San Luis Obispo County Health Agency
Quality Support Team/Quality Management
October 13, 2022
9:30am -11:00am

Presenting	
MH	
PHF	X

1. **Welcome, introductions & review and approval of Aug 2022 minutes.**

2. **Follow-Up Old Business:**
   a. Genoa Pharmacy
   b. MHET Data (rescinded, diverted clients) – Angie to retrieve from Bethany
   c. Non-Discrimination Notice updates – Nestor

3. **New Items or Updates:**
   a. Patients' Rights Advocate

4. **21/22 – FY Stats**
   a. Admissions
   b. Daily Census
   c. Average Length of Stay
   d. Length of Stay
   e. Seclusion/Restraint Data
   f. Incident Reports (w/client count on assaultive and transfer to acute care)
   g. Discharge Data
      - Brought In By
      - Brought In By - Law Enforcement
      - Medical Clearance
      - Medical Clearance - Law Enforcement
      - Drug Screens
      - Dual Diagnosis
      - Admin Days
      - Post PHF Wait Times
      - Aftercare Plans

5. **Committee Briefings**
   a. PHF Leadership
   b. State Audit Prep (SAP) Meeting
   c. HA- EFC (Health Agency Executive and Fiscal Committee) – formerly PHF Executive Committee

6. **Round Table:**

Next QST Meeting: (MH/CBO QST) November 10, 2022

Appendix 16

QST OCT 2022

QUALITY SUPPORT TEAM/QUALITY MANAGEMENT – MEETING MINUTES					
Date: October 13, 2022	Time: 9:30am – 11:00am	**Location:** Zoom			
Type of meeting	Quality Improvement / San Luis Obispo County MH		BH – QST	x	PHF QST
Members Present:					
Amanda Getten, LMFT, QST Division Manager		Daisy Ilano, MD, Medical Director			
Angela Atwell, RN QST		Dr. Jeffrey Elliott, PsyD			
Anne Robin, LMFT, Behavioral Health Administrator		Josh Peters, LMFT, Division Manager, Adult Services			
Aspen Snyder, Quality Assurance Coordinator		Kathy McGuire, RHIT, BS, Medical Records Supervisor			
Brian Atwell, LPT PHF Program Supervisor		Nestor Veloz-Passalacqua, M.P.P, BH Program Manager			
Chad Kever, Quality Assurance, TMHA		Robert Rogers, FCNI Peer Advocate			
Claudia Lopez, LCSW, PRA		Sara Epps, ASO II, QST			

Topic	Discussion	Recommendations/Actions
1. Introductions, Membership & Minutes	Reviewed August 2022 minutes Welcomed Aspen Snyder, Quality Assurance Coordinator for TMHA	Approved
2. Follow-Up on Old Business	**a. Genoa Pharmacy** • Soft opening to occur in September • Medi-Cal approval pending, estimated 4-6 months • Med Bank tower delivery estimated Jan 2023 b. **MHET Data** – rescinded, diverted. c. **Non-discrimination notice:** updated regulations will be reflected in upcoming revised contracts, policies, forms, and client consumer information boards for BH and CBO's.	a. Update at next meeting b. Follow up at next meeting c. End item
3. PRA Updates	PRA: Presence of patients' rights advocate on the psychiatric unit has reduced the number of grievances.	No updates
4. New Items	**a. AB 2275 – Approved by California State Legislature on Sept 30, 2022** • specify that the 72-hour period of detention begins at the time when the person is first detained. • remove the provisions for postponement of the certification review hearing, • when a person has not been certified for 14-day intensive treatment	a. Follow up at next meeting.

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Topic	Discussion	Recommendations/Actions
	and remains detained on a 72-hour hold, would require a certification review hearing to be held within 7 days of the date the person was initially detained and would require the person in charge of the facility where the person is detained to notify the detained person of specified rights. • bill expands the population of persons who are entitled to a certification review hearing, it would create a state-mandated local program **b. Resources for Clients when they Discharge on the PHF** • Will explore option for a "warm-handoff" and build rapport with clients to provide resources to clients. • Data to be included a. what % of clients are homeless b. what % of homeless clients are not connected with services	b. Follow up at next meeting. Data – Angie
5. Monthly Statistics (PPT)	**FY 21/22 presented** a. Admissions b. Daily Census c. Average Length of Stay d. Infection Control e. Length of Stay f. Seclusion/Restraint Data g. Incident Reports (Risk Management/Safety) ➢ *Brought In By* ➢ *Brought In By - Law Enforcement* ➢ *Medical Clearance* ➢ *Drug Screens* ➢ *Dual Diagnosis* ➢ *Admin Days* ➢ *Post PHF Wait Times* ➢ *Aftercare Plans - Aftercare Plans (Condensed)*	Item g) – Incident Reports – include client count for assaultive and transfer to acute care.
6. Committee Briefings	a. **PHF Leadership-** briefed on i. Covid 19	a. No follow up required b. No follow up required

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Topic	Discussion	Recommendations/Actions
	ii. Genoa Pharmacy iii. LCWS weekend availability – OT offered b. **State Audit Prep (SAP)** – preparation underway for 2022 PHF audit a. **PHF – EFC** (PHF Executive and Fiscal Committee) – Next meeting to discuss RFP timeline and staff retention.	c. Update at next meeting
7. Roundtable		

Members Absent:	
Avery Paulson, RN PHF Nursing Supervisor	Jill Rietjens, LMFT Division Manager, Youth Services
Chelsea Baker, LPT PHF Program Supervisor	Jon Nibbio, LMFT, Director of Clinical Services, Family Care Network
Claudia Lopez, LCSW, PRA	Joseph Kurtzman, PAAT
Cyndi Barnett, FCNI	Julianne Schmidt, LMFT, QST Program Supervisor
Daisy Ilano, MD, Medical Director	Samantha Collins, LPT, PHF Training Coordinator
Frank Warren, M.P.P, Prevention and Outreach Division Manager	Sandy Farley, Program Manager, CSU

Amanda Getten, LMFT, QST Division Committee Chair	**Sara Epps, ASO II, QST** Note Taker	Next Meeting December 2022 MH/CBO QST will be presented

Appendix 16

County of San Luis Obispo Behavioral Health Department
Diversity, Equity & Inclusion Committee
Date: May 2nd| Time: 10:00am-11:00am
************ZOOM Meeting************
Meeting ID: 941 7499 6749
Passcode: 059653

Agenda	
Purpose: to provide information on the co-chair selection, the bylaws, DEI intern, and upcoming events and trainings.	
1. Welcome / Introductions / Handouts	Mins allocated
2. Review Minutes – DEIC meeting March 2022	5 mins
3. Co-chair Announcement	10 mins
4. Behavioral Health Interpreter Training (BHIT)	15 mins
5. LGBTQIA+ Workgroup	15 mins
6. Mental Health Awareness Month & Pride Fest	10 mins
7. Membership	5 mins
8. Announcements / Upcoming Meetings? a. July 11th b. September 12th c. November 7th	

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County of San Luis Obispo Behavioral Health Department
Diversity, Equity & Inclusion Committee - Meeting Minutes

Date: Monday, May 2, 2022

Time: 10:00 am – 11:00 am

Attendees:

Annika Michetti	Claudia Lopez	Annika Morse	Nancy Jambor
Laura Zarate	Kim Andridge	Carlos Olson	Ana Cabezas
Cailyn Ortega	Anne Robin	Gabriel Granados	Barry Johnson
Maria Ordunez-Lara	Jill Rietjens	Lilia Rangel-Reres	Nestor Veloz-Passalacqua

Recorder: Nestor Veloz-Passalacqua, Diversity, Equity & Inclusion Program Manager, SLO County

Location: Zoom Meeting, San Luis Obispo, CA 93401

TOPIC	DISCUSSION	ACTION
1. **Agenda Item**: Welcome/Introductions/Handouts *(Facilitator: Nestor Veloz-Passalacqua)*	The meeting for the SLOBHD Diversity, Equity & Inclusion Committee was called to order at 10:05 am by Nestor Veloz-Passalacqua, Diversity, Equity & Inclusion Manager from the Behavioral Health Department. **Introductions:** Everyone introduced themselves and their organizations. Handouts: Nestor confirmed the delivery of about the meeting minutes and attachments for the January meeting. Nestor took a moment at the beginning of the meeting to honor and remember DEIC Member, Joe Madsen, who suddenly passed away. Barry Johnson with TMHA stated if the committee wanted to, we could send Joe's family a card expressing our condolences.	No
2. **Agenda Item**: *Review Minutes – Jan. 2022 Meeting*	The meeting minutes were approved by Anne Robin and seconded by Kim Andridge.	No
3. **Agenda Item:** Co-chair announcement	Nestor announced that Annika Michetti and Jill Rietjens have stepped forward and will now be Co-Chairs of the Committee and will help shape and direct work for the upcoming year.	No
4. **Agenda Item**: Behavioral Health Interpreter Training (BHIT)	Nestor stated that the Behavioral Health Interpreter Training (BHIT) will take place May 17th – May 20th from 9:00am – 1:00pm via Zoom. The training is geared to bilingual staff who use their skills for interpretation services. Partner Providers have been invited as well, this includes FCN, TMHA, DSS, CAPSLO, Wilshire, Public Health, Community Counseling Centers, etc. The Behavioral Health Department will offer CEUs as well. Another training will take place next month June 21st – 24th. Additional information will be sent in the next two weeks.	No
5. **Agenda Item:** LGBTQA+ Workgroup	Nestor stated that some of the LGBTQIA+ Workgroup recommendations are being strategized for implementation. The recommendation of Environmental Enhancements will be taking place in the upcoming months with visuals and messaging that supports and promotes access and gender-affirmative practices for all clients and staff in all clinics. The	Nestor to follow up on the updates and changes as implementation takes place.

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		material created will be translated into Spanish as well. A future presentation by the end of the year is being schedule to report back to the committee what elements work well.	
6.	**Agenda Item**: Mental Health Awareness Month & Pride Fest	Nestor stated that is Mental Health Awareness Month and that social media campaigns will be shared with partner providers. Additionally, the Pride Fest resource fair will take place Saturday, May 21st and Sunday, May 22nd from 10am- 6pm. Nestor will be tabling the booth on Saturday from 10am-6pm. He encourage committee members to stop by.	No
7.	**Agenda Item**: Membership	Nestor introduced three new committee members: Carlos Olson, SLOBHD Program Supervisor Nancy Jambor, SLOBHD Behavioral Health Clinician Annika Morse, SLOBHD DEI Intern	No
8.	**Agenda Item:** Announcements / Upcoming Meetings	The next meeting will be July 11th, 2022 via Zoom. The invite has already been sent. Laura Zarate stated that there is a show called "En Confianza con Laura". It is a 30-minute radio show from 12:00-12:30pm every Friday. She is welcoming any ideas for presentation or topics to cover during the show. Gabriel Granados announced that the Veterans Outreach Program has an event for veterans for kayaking this Saturday. He is also encouraging members to reach out to him if they serve family members of veterans or veterans as he can assist them with additional support.	No
	Adjourn	Approximately at 11:05am.	No

Appendix 18

SAN LUIS OBISPO COUNTY
BEHAVIORAL HEALTH DEPARTMENT

WELLNESS • RECOVERY • RESILIENCE

MHSA Stakeholder Meeting
Wednesday May 25, 2022
3:30pm-5:00pm
Live via Zoom

Meeting Minutes

1. Frank Warren welcomed the stakeholder group at 3:30 pm. All participants introduced themselves and Frank presented the goals for the meeting. Frank also reviewed the Stakeholder Process, format, and rules for the meeting (e.g., consensus voting, no rules of order, etc.).
2. **Department Update:** Anne Robin, Behavioral Health Administrator
    a. Anne stated that we are still looking for a Health Agency Director, Dr. Penny Borenstein is the acting Director. There are many vacancies within the County that we are working hard to fill. Anne also noted that we are sorting out the Governors revised budget. There will be a presentation to the Board of Supervisors in late June or early July for The Strategic Plan to reduce homelessness in the county.
    b. Frank Warren gave a warm welcome to Karina Silva Garcia who will take over the CSS portion of MHSA, she will also be the Program Manager for the MHSA team. Frank also introduced Landon King who will step into the Administrative Services Officer position for Innovation (INN) and Prevention and Early Intervention (PEI).
    c. Frank also spoke fondly of Joe Madsen who passed away last month. Joe was a partner with the County for many years and will be greatly missed.

3. **CSS Update:** Frank Warren, Prevention & Outreach, Division Manager, MHSA Coordinator
Frank asked our partners to share how their programs are doing.
    a. Dylan Hunt stated Family Care Network (FCN) is working hard to serve their Youth and Transitional Aged Youth (TAY). All programs continue to be full.
    b. Meghan Boaz Alvarez from Transition Mental Health Association (TMHA) stated they have staff vacancies they are looking to fill, and the current staff is working hard to continue serving their client's needs.

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c. Barry Johnson gave an update on the Client Family Wellness Program; all positions are filled, and the Wellness Centers are doing well.
d. Bethany Shakespeare stated the Mental Health Evaluation Team (MHET) is looking for additional help. Mark Taylor is the new Crisis Stabilization Unit (CSU) Supervisor.

4. **PEI Update:** Frank Warren, Prevention & Outreach, Division Manager, MHSA Coordinator
   a. Frank let the Stakeholders know the 7 workplans in Prevention and Early Intervention (PEI) were reduced to 6, as Perinatal Mood Anxiety Disorder (PMAD) was moved to Workforce Education Training (WET).
   b. We are looking to have a PEI Meeting hopefully this fall when our new staff is up and running.

5. **Innovation Update:** Frank Warren, Prevention & Outreach, Division Manager, MHSA Coordinator
   a. Barry Johnson stated that Behavioral Health Education & Engagement Team (BHEET) has hired 2 new peer navigators.
   b. Frank told the Stakeholders that SoulWomb had 14 clients the first month with positive feedback and is confident it will grow and become a great program.
   c. Owen Lemm spoke on the Behavioral Health Assessment & Response Project (BHARP) which is to research prevention of school and community violence.
   d. Frank stated we have no internal capacity right now to facilitate Innovation Meetings our goal is to launch the next planning round this fall when our new staff will be up and running.

6. **WET Update:** Brita Connelly, Program Manager
   a. Brita gave a big thank you to the Prevention and Outreach team for all their hard work on our Bike Breakfast and Pridefest, both were well attended and successful.
   b. Upcoming event will be Juneteenth which will be held on June 18th in Mission Plaza, San Luis Obispo.

7. **Fiscal Update:** Jalpa Shinglot, MHSA Accountant
   a. The fund balance as of May 23, 2022 (excluding actual Prudent Reserve) is $20,304,117 with the Prudent Reserve Fund balance of $2,774,412.
   b. CSS: Although the Full-Service Partnership should have most of the CSS funding (51%) and Fiscal Year 21-22 current budget is approximately 43%. With Forensic FSP 44%.

Appendix 19

c. PEI: Stakeholders will meet this summer to discuss potential new revenue.

d. The released Prudent Reserve to be spent by 6/30/2022 will be $48,000 after projected expenses.

8. **Old Business:**

a. Bishop Street Case Manager-still looking to fill the position.

b. Latino Outreach Program Supervisor- Still looking to fill the position.

c. Clinical Supervision Coordinator/Community School Program has hired Rachel McFadden Tarver to fill the position.

9. **New Business:** The following are decision/funding requests; a decision-making survey was sent to the Stakeholders, and all were approved after an electronic vote held May 26-30, 2022.

a. Transitions Mental Health Association (TMHA) Full-Service Partnership Psychiatry/Medication Management expansion. TMHA is requesting an increase in prescriber time from 8 hour/week to 24 hour/week the current needs of 45 clients cannot be met in only 8 hours per week.

b. Transitions Mental Health Association (TMHA) Hotline Staffing Expansion. This program relies on volunteers and would like to add 2 paid staff to ensure 24/7 coverage as they anticipate an increase in contacts.

c. MHSA Data Manager. This would coordinate Data and Administrative needs for the MHSA Program. This will not be included on the survey going out to Stakeholders at this time, it will be brought up in more detail at the July MAC Meeting.

10. **Updates:**

a. Electronic Health Record. Cal Mesa is leading the way to a better EHR, half the counties have signed on to the new system "Streamline" which will take 6 months to a year. Cost is unknown at this point; more information will be provided at the upcoming MAC Meetings.

b. Crisis Expansion Grants. MHSA contractors will receive a 4% increase this next year to make sure these programs are funded properly as per the Consumer Price Index (CPI).

i CCMU

ii CRRSAA/ARPA

iii BHCIP

11. **Next Meetings:**

Wednesday: July 27, September 28, 2022

Meeting adjourned at 5:00pm

Appendix 19

12. **Attendees:**

Anne Robin, Bethany Shakespeare, Brenda Serna Cortes, Joseph Kurtzman, Gus Chavez, Pam Zweifel, Karina Silva Garcia, Sarah Hayter, Landon King, Barry Johnson, Jalpa Shinglot, Dylan Hunt, Raven Lopez, Shannon McQuat, Owen Lemm, Nestor Veloz Passalaqua, Brita Connelly, Mike Bosenberry, Danijela Dornan, Meghan Boaz Alveraz, Lisa Fraser, Andrea Lawson, Jessica Yates, Mark Woelfle, Jenny Luciano, Sister Theresa Harpin, Clint Weirick, Frank Warren, Rebecca Redman

Appendix 19

PEI COMMUNITY PROGRAM PLANNING PROCESS
County: San Luis Obispo (SLO County) **Date: November 17, 2008**

1. The county shall ensure that the Community Program Planning Process is adequately staffed. Describe which positions and/or units assumed the following responsibilities:

a. The overall Community Program Planning Process

The San Luis Obispo County Behavioral Health Department Administrator, Karen Baylor, Ph.D., MFT in conjunction with Nancy Mancha-Whitcomb, Mental Health Services Act Division Manager, had the overall responsibility for ensuring that the Community Program Planning Process was carried out as required by statute.

Ms. Mancha-Whitcomb was responsible for participating in statewide discussions and ensuring that DMH Notices and communications were followed, and that a compliant, feasible proposed PEI plan was submitted to DMH for approval.

A County Mental Health Services Accountant II, Lisa Anderson, is dedicated to MHSA and had the overall fiscal responsibility during the planning process.

Frank Warren, Program Supervisor within Drug and Alcohol Services, was the lead for writing the plan document, and will work with the MHSA Oversight and Accountably Commission to obtain approval of the plan. Mr. Warren will be responsible for PEI program implementation.

A 34-member Community Planning Team of diverse public and private stakeholders was responsible for guiding the planning process, analyzing community input, and selecting projects in accordance with community priorities. That membership is described further in Section 1c below.

An independent planning consultant, Dale Magee, was contracted to design and manage the planning process resulting in project selection and assist Mr. Warren in writing the plan document. Ms. Magee was also responsible for the 2005 CSS Community Program Planning Process.

b. Coordination and management of the Community Program Planning Process

From January through October 2008, the planning consultant coordinated and managed all components necessary to conduct a comprehensive community input and program planning process, including: the recruitment and coordination of the Community Planning Team and age specific workgroups; a publicity campaign; develop and distribute surveys, create-
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informational materials; conduct focus groups and stakeholder interviews; synthesize and analyze input data; create data reports; identify community priorities; research program options and details, and facilitate the Planning Team's project selection process.

A mental health therapist experienced in community partnerships and integrated systems of care was dedicated half time from February through June 2008, to assist with outreach and input efforts, especially to reach underserved rural communities, age groups, and cultural populations.

From March through May 2008, the bilingual/bicultural psychologist who directs the CSS Latino Services Program and chairs County Mental Health's Cultural Competency Committee conducted extensive

outreach to low-acculturated Latino communities and other Latino groups, and conducted focus groups, interviews and PEI presentations. She also served an advisory role to the planning consultant.

An internal SLOBHD work team met at least monthly beginning September 2007 to review the PEI Guidelines, formulate the overall planning process, refine survey and input instruments, track the state and local planning process, and develop program and projects details. Those members included:

• Karen Baylor, Ph.D, MFT Behavioral Health Administrator
• Nancy Mancha-Whitcomb, MHSA Division Manager (joined January 2008)
• Frank Warren, Drug and Alcohol Services (DAS) Program Supervisor
• Lisa Anderson, MHSA Accountant
• Rhea Liiamaa, Systems Affirming Family Empowerment (SAFE) Coordinator (January - June 2008)
• Brad Sunseri, Youth Services Division Manager (September - December 2007)
• Janet Amanzio, Adult Services Division Manager (September - December 2007)
• Dale Magee, planning consultant

c. Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process

The comprehensive Community Program Planning Process began in August 2007 and consisted of four phases:

1. "Plan to Plan." August 2007 through January 2008.
2. Community Outreach and Input. February through April 2008.
3. Data Analysis; Priorities and Strategy Identification. May through August 2008.

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4. Project Selection and Design. August 2008 through October 2008.

More than 3,000 individuals were involved in the Community Program Planning Process throughout the phases. Stakeholders were involved from the beginning and will continue once PEI projects are operating.

Phase I: Plan to Plan (August 2007 - January 2008)

This phase was for educating the work team on the PEI guidelines and DMH's approach, for strategy development for the community input process, and to gather resources to ensure a successful Community Program Planning Process. This was primarily an internal effort yet key stakeholders provided valuable input and guidance.

The existing MHSA CSS Community Planning Team, whose membership includes most of the representatives required for the PEI planning process, was consulted in December 2007 to provide recommendations on outreach strategies and stakeholder groups to include during the forthcoming PEI community input process. More than 25 people, including consumers, family members and Latino community representatives, contributed.

Recruitment for the PEI Community Planning Team began during this phase. Both "required" and "recommended" stakeholders were enlisted.

The 34-member PEI Community Planning Team first convened in January 2008 for a PEI component orientation and training. The Planning Team represents most of the required and recommended PEI groups, and serves as the oversight body for the Community Program Planning Process, and ensured a comprehensive and inclusive input process and that the resulting proposed PEI Plan reflected the spirit of the community's wishes.

The **Community Planning Team** membership includes representatives from the following groups (some members represent more than one group):

• Individuals with mental illness (at least 4)
• Consumers (at least 2)
• Family members (at least 7)
• Family Advocates
• Behavioral Health Department Administrator
• California Polytechnic University (Cal Poly), Counseling Services
• Community Members at Large
Appendix 20

County of San Luis Obispo Behavioral Health Department
Cultural Competence Plan
Annual Update – December 2020

Summary

The County of San Luis Obispo Behavioral Health Department (SLOBHD), which includes divisions providing mental health and substance use disorder services, is committed to developing a system of care which serves an increasing, changing and diverse population in the county. The system must strive to ensure cultural competence at all levels of the organization. A Cultural Competence Plan is at the heart of the efforts to develop and maintain effective providers of health care for diverse communities.

The 2020 Cultural Competence Plan provides guidelines to help the Behavioral Health Department become a more culturally competent organization and to ensure that diverse populations in the county receive mental health and substance use services that are culturally appropriate throughout the behavioral health system. The Plan serves as a roadmap led by both the Cultural Competence Committee and the Department's Management Team.

The Cultural Competence Committee, formed in 1996, consisting of staff members from the various divisions and programs of the Behavioral Health Department as well as community partners, continues to assess, implement, and monitor policies and practices which ensure effective services are provided in cross-cultural situations. The committee members, representing diverse cultural backgrounds and other special interests, have provided input and insight in order to make the Plan an active document which will inform the County's mental health system for years to come.

La Frontera Inc., a mental health organization based in Arizona, developed a cultural competence self-assessment tool titled "Building Bridges", which the Department and its Cultural Competence Committee continues to use. In this assessment manual, culture is defined as follows: "The term culture is used in a broad inclusive sense. It includes race, ethnicity, gender, sexual orientation, primary language, spiritual life, age, and physical condition. Culture is also a multifaceted concept. It incorporates cultural objects such as music, art and clothing; ways of living such as kinship patterns, communication styles and family roles; as well as beliefs or values such as religion, attitudes towards time and views of the natural world." With this definition as a starting point, the committee hosts a series of discussions to define and operationalize the concept of cultural competence for the mental health system.
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As the Department continues to seek methods to engage staff and community providers with modern, effective cultural competence training and practices, a commitment to organizational growth is a Department value. According to the Substance Abuse and Mental Health Services Administration, Center for the Application of Prevention Technologies, culturally competent organizations are ones which:

- ***Continually assesses organizational diversity****: Organizations should conduct a regular assessment of its members' experiences working with diverse communities and focus populations. It also regularly assesses the range of values, beliefs, knowledge, and experiences within the organization that would allow for working with focus communities.*
- ***Invests in building capacity for cultural competency and inclusion****: Organizations should have policies, procedures, and resources in place that make ongoing development of cultural competence and inclusion possible. It must also be willing to commit the resources necessary to build or strengthen relationships with groups and communities. Including representatives of the focus population within the organization's ranks is especially useful.*
- ***Practices strategic planning that incorporates community culture and diversity****: Organizations are urged to collaborate with other community groups. Its members are also encouraged to develop supportive relationships with other community groups. When these steps are taken, the organization is seen as a partner by other groups and their members.*
- ***Implements prevention strategies using culture and diversity as a resource****: Community members and organizations must have an opportunity to create and/or review audiovisual materials, public service announcements, training guides, printed resources, and other materials to ensure they are accessible to and attuned to their community or focus population.*
- ***Evaluates the incorporation of cultural competence****: Community members must have a forum to provide both formal and informal feedback on the impact of all interventions.*

The Cultural Competence Plan is part of the Department's efforts to remain a culturally competent, responsive, and supportive community organization.

Key Objectives and Annual Results

In response to the Department of Health Care Services CCP requirement, the SLOBHD has developed a comprehensive Plan and has chosen to include key objectives to monitor.

- The SLOBHD will complete the revision and adopt the Cultural Competence Training Policy which includes requirements for staff development in cultural competence and demonstrated improvements in service to diverse clients.
    - In 2019-2020, the Department continued the use of the Relias E-Learning system to provide core competency training and education for all staff, as well as community partners, consumers, and family members.

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- The Department provided access to 500 providers, consumers, and family members with a total of over 2,000 completed hours in fiscal year 2019-2020.
- In 2019-2020, the Cultural Competence Committee selected training courses on Relias Learning for Behavioral Health staff focused on multicultural care and issues of abuse. The assigned curriculum included the completion of two courses:
  - Working with People Experiencing Homelessness (assigned to all staff)
  - Suicide and Depression in Older Adults (assigned to adult-based staff)
  - Developmental Concerns, Childhood to Adolescence (assigned to youth-based staff)
- Staff course completion was 85%, with 365 (out of 384) direct service employees (including temporary and volunteer staff) completing the curriculum.

- The Cultural Competence Committee (CCC) will increase cultural competence training for mental health and drug and alcohol system providers by two activities per year.
  - Strategies to accomplish this objective include networking with community partners who can provide quality training for mental health and drug and alcohol system provider professionals.
    - The CCC brought an important perspective to local providers in April, 2020 – "Bridges Out of Poverty" provided key lessons in dealing with individuals from poverty. Topics included increasing awareness of the differences in economic cultures and how those differences affect opportunities for success. This workshop was based on the book Bridges Out of Poverty: Strategies for Professionals and Communities, and was presented by Jodi Pfarr, an author focused on community training.
      - All attendees surveyed (n = 14) reported the ability to develop a mental model of generational poverty and explore the impact of poverty on those served by the organization and understand the six poverty registers of language, discourse patterns, and cognitive issues.
    - In partnership with the regional WET collaborative – Southern California Regional Partnership – the CCC (also in August, 2019) presented "Enhancing Cultural Humility in Working With Diverse Families in Community Based Mental Health Settings." The training was presented by Jonathan Martinez, PhD., of California State University, and was attended by 96 local providers.
      - All participants reported the ability to understand culture, cultural humility, race/ethnicity, and diversity. And, 87% (36/41 surveyed) reported gaining the knowledge to implement culturally-responsive, evidence-based strategies to enhance cultural humility values in daily practice.

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- The County and its CCC will also broaden the approach to cultural competence training to include activities which improve the mental health and the drug and alcohol system's capacity to serve cultural populations (e.g. LGBTQ, Veterans, consumers and family members).
  - In August 2019 and February 2020, the CCC hosted a powerful training focused on implicit bias, systemic racism, and racial inequities in behavioral health. "Cultural Competence: Toward a Culturally-Informed Behavioral Health Practice " was presented by Dr. Leola Dublin Macmillan and associates to the entire Behavioral Health Department over three weeks, with a follow-up session to enroll all staff. Nearly four hundred staff were engaged by Dr. Macmillan on issues of structural inequality, implicit bias, cultural relevance, and dismantling oppression within the behavioral health continuum of care.
    - Participants reported (83%, 110/131 surveyed) a greater understanding of the intersection of social justice and behavioral health, and how those terms relate to behavioral health. Participants also gained (85%, 111/131) knowledge of health care disparities in marginalized and underserved communities and how those disparities are salient issues for behavioral health practitioners.
  - The last training held prior to shelter at home orders, due to COVID-19, was a 'Trans Training 101" presented by Dr. Jay Bettergarcia (Cal Poly) and Stacy Hutton, on March 12, 2020. The purpose of the workshop (which had 75 attendees) was to enhance the ability to work in an effective and affirming manner with transgender clients across the lifespan. A broad overview of trans-related terms and topics was presented in an informative and accessible manner. Attendees engaged in experiential activities, watched video clips, and observed mock therapy sessions. All attendees surveyed (21) reported better understanding of subtleties in language and perspective that make interactions with trans people truly affirming.

- The CCC will increase membership of staff from the Drug and Alcohol Division by two or more members annually over the next two years.
  - This objective is critical to enhance the diversity of the Committee which serves to improve cultural competence principles across the SLOBHD's programs and services. This specific goal was accomplished as a total of five (5) qualified staff members from across the Department's divisions joined the committee.
  - The strategies to meet this objective include working with the County's Prevention and Early Intervention (PEI) programs which have built relationships and partnerships with organizations serving cultural populations often underserved in the mental health and drug and alcohol system, along with expanded services with the Latino and Latinx population. These include Asian/Pacific Islanders, LGBTQ, veterans, older adults, TAY, and consumers.

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- During FY 2019-2020, the CCC participated in the release of the findings of the LGBTQ+ Mental Health Needs Assessment which attempted to best identify the needs of the community. The research will help the County identify gaps and needs for training to develop a culturally competent system and workforce. The results became available in June 2019 with local presentations to the Behavioral Health Board and the MHSA Advisory Committee and PEI Stakeholder groups in November. The results are meant to influence and develop strategic practices to ensure services and programs needed for the LGBTQ+ community are addressed.

- The CCC, as part of its mission to "ensure that cultural diversity is incorporated into all levels of the Behavioral Health Department," will begin the development of practices to best process review and recommendation related to culturally competent factors and services in the mental health system.
  - This objective will need to include an expansion of the CCC's review process for documents and translation services aimed at the Spanish-speaking community; staffing recruitment and recommendations, and presentations made to various Department programs currently not represented in the CCC. Strategies to meet this objective include establishing CCC practices to provide feedback and advice to all SLOBHD programs and services that serve diverse clients to assure cultural competence policies and procedures are in place. These elements have begun implementation as the CCC is in the process of reviewing a specific policy for the Latino Outreach Program regarding clients' cultural gift appreciation.
    - The most critical advance in this objective was the need for the Cultural Competence Committee to monitor and assist the Department in meeting the cultural and linguistic challenges of the COVID-19 shelter orders. The CCC worked with the Department and its providers to ensure telehealth options were made available, staff had access to outreach vulnerable cultural populations, and all public communication by the Department reflected appropriate cultural competence.
      - Members of the CCC provided over 300 hours of public health translation services for the County during the first six months of COVID-19 operations.

The Cultural Competence Committee

The Cultural Competence Committee is dedicated to assure that the County of San Luis Obispo Behavioral Health Department becomes a culturally competent health system which integrates the concept of cultural, racial, and ethnic diversity into the fabric of its operation and organization. The committee creates agency-wide awareness of the issues relevant to cultural diversity and provides recommendations to the County Behavioral Health Administrator on issues pertinent to the achievement of these goals.

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The Committee members are the decision-making body and represent a diverse range of cultural, ethnic, racial and geographic regions of the county. The Committee advises and serves as a resource group to the Behavioral Health Director, County Health Agency Staff, Quality Support Team (QST), and affiliated agencies. Meetings are held quarterly. Visitors are welcome to attend committee meetings and provide input.

The goals of the Committee are:

- To ensure that County Behavioral Health embraces and implements the behaviors, attitudes, values and policies of cultural diversity.
- To provide recommendations that will increase service delivery to culturally diverse clients.
- To provide recommendations which address the need of continued training on cultural diversity topics.
- To identify and facilitate the removal of barriers that affect sensitive and competent delivery of service to culturally diverse clients.
- To provide recommendations which address the recruitment and retention of bilingual providers.
- To provide recommendations that increase utilization patterns of the unserved and underserved populations such as the Latinos, Native Americans, and transition age youth, and older adults.
- To provide County Behavioral Health employees with the topics and information discussed at the Cultural Competence Committee.
- To provide and sponsor trainings focused on expanding and enhancing cultural and linguistic knowledge;
- To forge alliances with other community agencies and committees who support the mission and goals of the Cultural Competence Committee.
- To foster a strong network among community agencies that will facilitate an integrated delivery of services.

Cultural Competence Newsletters

The Committee produces quarterly newsletters focused on cultural topics in relation to mental health issues. In 2019-2020, the CCC released a total of four newsletters, along with information on local resources and articles highlighting various topics related to the mental health field.

Cultural Competence Training

- Journey of Hope is a community forum presented in partnership with Transitions Mental Health Association. In February, 2019 the featured keynote speaker was comedian Adam Grabowski. An acclaimed performer and leader of the #sayitanyway campaign, Adam spoke about his depression and anxiety, empowering others to talk

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about their own mental health experiences, at two separate events. This was the first time hosting multiple Journey of Hope events (one in the south and one in north county) to engage diverse audiences.

- Relias "E-Learning": The Department provided access to 500 providers, consumers, and family members with a total of over 2,000 completed hours in fiscal year 2019-2020.
    - In 2019-2020, the Cultural Competence Committee selected training courses on Relias Learning for Behavioral Health staff focused on multicultural care and issues of abuse. The assigned curriculum included the completion of two courses:
        - Working with People Experiencing Homelessness (assigned to all staff)
        - Suicide and Depression in Older Adults (assigned to adult-based staff)
        - Developmental Concerns, Childhood to Adolescence (assigned to youth-based staff)
    - Staff course completion was 85%, with 365 (out of 384) direct service employees (including temporary and volunteer staff) completing the curriculum.

- Using a Trauma-Informed Lens: This training is designed to support a shift in thinking, perception, and behavior. Looking through a Trauma Informed Lens means being sensitive to the impact of trauma on others and yourself, understanding and utilizing tools to support self and others in regulating during times of stress; as well as identifying and supporting the system change needed to reduce re-traumatization. Continuing our efforts toward a Trauma Informed SLO County will enhance resilience, increase connection and support stability within our community.

- Trans-Training 101: The purpose of this workshop is to enhance the attendee's ability to work in an effective and affirming manner with transgender clients across the lifespan. A broad overview of trans-related terms and topics will be presented in an informative and accessible manner. Attendees will have the opportunity to engage in experiential activities, watch video clips, and observe mock therapy sessions. Attendees will be taught about the subtleties in language and perspective that make interactions with trans people truly affirming.

- Promotores Collaborative: The Cultural Competence work plan includes cultural competence-based workforce development and training. The funds are used with stakeholder approval to offer translation and interpretation services for the Latino Outreach Program (LOP) clients across the county. The Promotores Collaborative goal is to develop a sustainable, diverse, and comprehensive culture that promotes equal access to community resources and services among all members of the Latino community in the County of San Luis Obispo.

Appendix 21

Bilingual & Bicultural Staff Receiving Differential			
Behavioral Health Department			
	Department/Service	**Last Name**	**First**
1	Behavioral Health	Castaneda	Susana
2	Behavioral Health	Yozamp	Corinne
3	Behavioral Health	Zarate	Laura
4	Behavioral Health	Vasquez	Elba
5	Behavioral Health	Lopez	Ricardo
6	Behavioral Health	Soto	Melissa
7	Behavioral Health	Sommers	Allison
8	Behavioral Health	Ponce Alvarez	Fatima
9	Behavioral Health	Garcia	Esmeralda
10	Behavioral Health	Lopez	Gloria
11	Behavioral Health	Delgado	Abril
12	Behavioral Health	Parker	Samantha
13	Behavioral Health	Salinas	Marycruz
14	Drinking Driver Programs	Delgado	Salvador
15	Behavioral Health	Cantu	Humberto
16	Behavioral Health	Mendoza	Gricel
17	Behavioral Health	Martin	Diana
18	Behavioral Health	Ruvalcaba	Angelica
19	Behavioral Health	Mariscal	Marisol
20	Behavioral Health	Rubio	Kristel
21	Behavioral Health	Lopez	Mayra
22	Behavioral Health	Lopez	Claudia
23	Behavioral Health	Llamas Meza	Jakelyn
24	Behavioral Health	Real	Irma
25	Behavioral Health	Hernandez	Alexandra
26	Behavioral Health	Palafox	Leticia
27	Behavioral Health	Olson	Carlos
28	Behavioral Health	Acosta	Angie
29	Behavioral Health	Rivas Lua	Alisson
30	Behavioral Health	Garcia	Christina
31	Behavioral Health	Franco	Susana
32	Behavioral Health	Sanchez Ramos	Perla
33	Behavioral Health	Ratcliff	Aidee
34	Behavioral Health	Acevedo	Liliana

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35	Drinking Driver Programs	Torres Lazaro	Nereida
36	Behavioral Health	Mena	Roberto
37	Behavioral Health	Fuentes-Blevins	Marta
38	Behavioral Health	Garcia	Marisol
39	Behavioral Health	Munoz	Claudia
40	Behavioral Health	Diaz	Jairo

Appendix 22

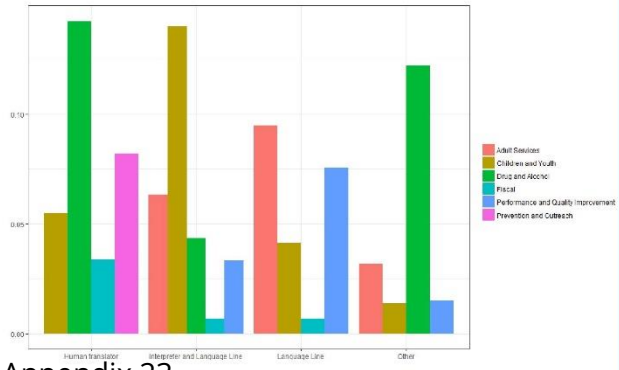
Research Questions

1. Does the staff's level of comfortability/understanding of cultural competence with their clients differ by the division in which they work? By their gender? By their race?
2. How does the staff of the Behavioral Health Department feel about connecting with different cultural groups?
3. How does the staff feel about their division serving its targeted populations?
4. How does the staff feel about cultural competency trainings preparing them for their job? What topics would they like to see in future trainings?
5. Overall, how does the staff of the Behavioral Health Department feel about their level of cultural competency?

Ex) Grouping together Similar Answers

How would you address a situation where a client speaks a language other than your own?

Coded Responses	Number in this category	Percent
Human translator	24	31%
Interpreter and Language Line	22	29%
Language Line	15	22%
Other	10	18%



Broken Down

Agreement Scale

Disagree | Somewhat Disagree | Somewhat Agree | Agree

- Agree
- Somewhat Agree

→ Agree

- Somewhat Disagree
- Disagree
- Neutral / Don't Know

→ Do Not Agree

Frequency Scale

Never | Seldom | Sometimes | Often | Always

Question: "Which race do you primarily identify with?"		
Response	Number of People	Percent
White	54	73.6%
Latino	12	17.6%
Other	6	8.8%

→ Hispanic/Latinx | White | Other

Division	Sample Size	Population Size	# of respondents
Fiscal	7	15	7
Prevention and Outreach	13	27	8
Performance and Quality Improvement	16	45	9
Adult Services	24	67	13
Child and Youth	23	73	18
Drug and Alcohol	27	109	16
			71

Response Rate = 64%

Cooperation Rate = 100%

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Of all the trainings you have received, which topic(s) did you find most relevant to your work?

Coded Responses	Number in this category	Percent
Issues of Mental Health, Access and/or Attitudes	12	18%
Issues of culture, race and/or language barriers	19	25%
Issues pertaining to gender and orientation	6	9%
Issues relating to trauma, poverty and/or substance abuse	6	8%
N/A or No Answer	12	16%
None	5	8%
Other (answers which strongly overlapped or themes not contained in other categories)	11	13%

Identify the subgroup(s) you believe are inadequately served by your division.

Coded Responses	Number in this category	Percent
Impoverished	3	6%
LGBTQ+	4	9%
Latinos and the spanish speaking community	18	39%
Mentally ill and/or Homeless population	9	23%
Non-Latino ethnic groups	6	10%
Other	5	10%

Future Trainings - Simplified

We went through the comments on the question: “Are there any subjects in particular that you would like to see
in a future training?” and tallied similar response and identified similar themes which are presented below. Near
the end of the appendix are the unedited comments for reference.
The results mainly speak for themselves, there were many topics that received some support (2-5 respondents), 2
that received a noticeable amount (6-9), and 2 that had a large amount of support.
Large:

- Challenges/Values of Different Cultures - 18
- Gender Identity - 10

Moderate:

- Poverty/Gang/Youth Training - 7
- Mental Health - 6

Some:

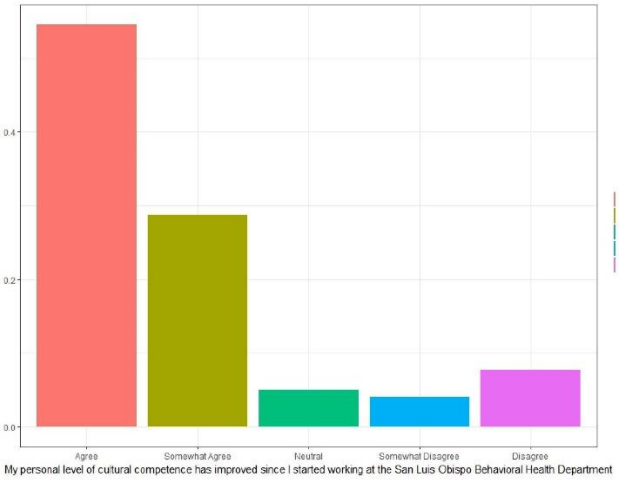
- LGBT Sensitivity - 5
- How to Reach Minorities - 5
- More Trainings (in general) - 4
- Dealing with Language Barriers - 3
- Co-worker Relationships - 2
- Working with Homeless - 2
- Substance Abuse - 2
- Women Treatment - 2
- Older Populations - 2

Appendix 23

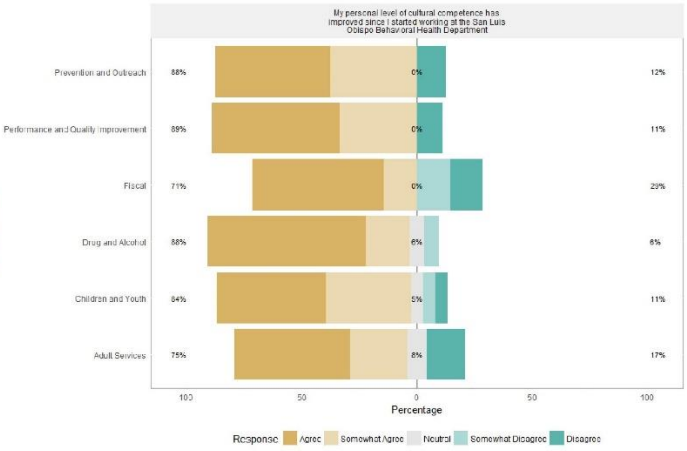
Example Analysis for Each Question

"My personal level of cultural competence has improved since I started working at the San Luis Obispo Behavioral Health Department"

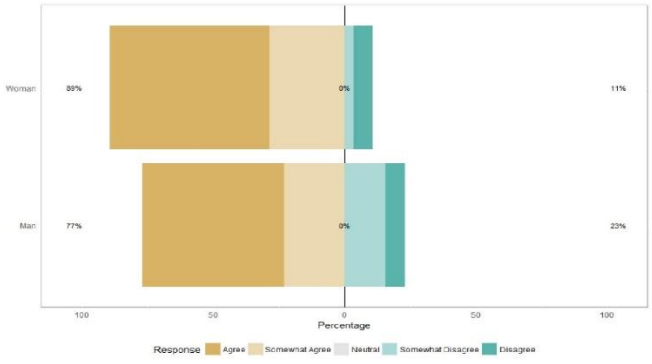
OVERALL



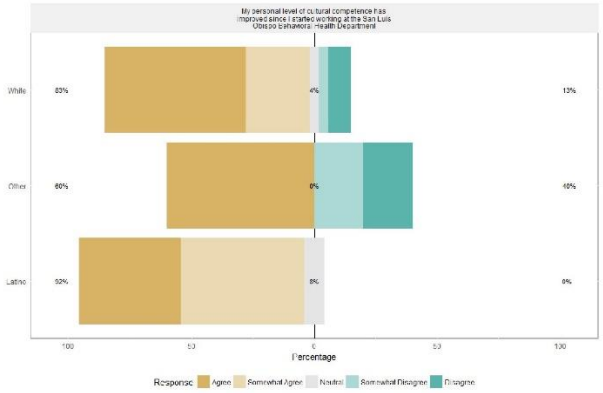
BY DEPARTMENT



BY GENDER



BY RACE



Appendix 23

Behavioral Health	**Subject: Education and Training**
Mental Health Services	**Policy No: DRAFT**
San Luis Obispo County	Page 1

Policy:
It is the policy of the Behavioral Health Department to provide education and training to employees, contracted employees, and volunteers that is in accordance with State requirements and Departments goals.

Purpose:
To assist employees, contracted employees and volunteers to meet training and licensing requirements and to ensure our workforces ability to provide quality of care and culturally and linguistically competent services to the community.

Definitions:

Competency Based Training:
Trainings/classes within a group of trainings/classes deemed a "competency", for a specific job classification to be completed in order to meet the Department's training requirements and or attain job related knowledge.

Mandatory Training:
Training required by BH, the supervisor or training necessary to maintain licensing and certification requirements for job classifications or job related duties.

Orientation Training:
Training provided by the Department during a new employee's orientation process.

Training Types:
Training may be delivered by any of the following sources:

* Online/Web – Essential Learning (E-Learning)
* County – BH or another County department
* Private – Contracted consultant or organization

Mental Health Services Act:
As part of the Mental Health Services Act (MHSA) Workforce Education and Training Component, the Departments education and training program is dedicated to:

* Maintaining a curriculum to train and retrain staff to provide services that are in accordance with provision under Act
* Establishing partnerships among the behavioral health system and educational system to expand outreach to multicultural communities
* Increasing the diversity of the behavioral health workforce to reduce the stigma associated with mental illness, co-occurring illness, and addiction
* Promoting the use of web-based technologies and distance learning techniques.
* Promoting the inclusion of behavioral health consumers and family members' viewpoints and experiences in the training and education program.
* Promoting the inclusion of the cultural competency in the training and education programs.

Approved by Behavioral Health Administrator: Karen Baylor, PhD, MFT, Date 08/2010

Revision dates:

Appendix 24

Cultural Competence:
As defined by the California Code of Regulations (CCR) Title 9 § 3200, 100, cultural competence means incorporating and working to achieve the items listed below, into all aspects of policy-making, program design, administration and service delivery.

Goals of cultural competence:

* Equal access to services
* Treatment interventions and outreach
* Reduction of disparities in services
* Understanding of the diverse belief system concerning behavioral illness
* Understanding the impact of historical bias, racism, and other discriminations have on behavioral health.
* Improvement of services and support unique to individuals racial/ethnic, cultural and linguistic populations.
* Development and implementation of strategies to promote equal opportunities for administrators, service providers and others involved in service delivery who share the diverse racial/ethnic and linguistic characteristics of individuals being served

Cultural Competency Training:
In accordance with the Cultural Competency Plan, it is required that all new employees attend the mandatory cultural competency training that the Department offers. In addition, administrative and management employees, as well as direct service providers are required to attend more extensive cultural competency trainings.

On a continuous basis, all BH employees are required to take cultural competency training annually.

Continuing Education (CE) Credit Training:
The Department will offer several training opportunities to obtain CE credits to meet licensing and certification requirements as needed.

Other Trainings:
Trainings related to the Departments rules, regulations, goals, as well competency based trainings, and those required under CCR, Title 9 §1922, will also be offered through the Department.

References:

* California Code of Regulations, Title 9, Division 1, Chapter 11 §1810.410, Chapter 12, § 1922, and Chapter 14, §3200.100
* Behavioral Health Department, (2010) Cultural Competency Plan
* Welfare and Institution Code, Division 5, Chapter 4 §5820 - §5822

Approved by Behavioral Health Administrator: Karen Baylor, PhD, MFT, Date 08/2010

Revision dates:

Appendix 24

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 1

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casian	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	# FTE filled **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. *Unlicensed* Mental Health Direct Service Staff:										
County (employees, independent contractors, volunteers):										
Mental Health Rehabilitation Specialist	0	0	0							
Case Manager/Service Coordinator	2.0	0	4.0							
Employment Services Staff	0	0	0							
Housing Services Staff	0	0	0							
Consumer Support Staff	1.0	0	2.0							
Family Member Support Staff	0	0	0							
Benefits/Eligibility Specialist	0	0	0							
Other *Unlicensed* MH Direct Service Staff	1.0	0	2.0	(*Unlicensed* Mental Health Direct Service Staff; Sub-Totals Only)						
Sub-total, A (County)	**4.0**	**0**	**8.0**	**3.0**	**1.0**	**0**	**0**	**0**	**0**	**4.0**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Mental Health Rehabilitation Specialist	60.4	1.0	120.8							
Case Manager/Service Coordinator	29.5	0	59.0							
Employment Services Staff	5.5	0	11.0							
Housing Services Staff	19.3	1	38.6							
Consumer Support Staff	16.0	0	32.0							
Family Member Support Staff	6.0	1.0	12.0							
Benefits/Eligibility Specialist	0	0	0							
Other *Unlicensed* MH Direct Service Staff	22.0	1.0	44.0	(*Unlicensed* Mental Health Direct Service Staff; Sub-Totals and Total Only)						
Sub-total, A (All Other)	**158.7**	**4.0**	**317.4**	**115**	**31.7**	**7**	**2**	**1**	**2**	**158.7**
Total, A (County & All Other):	**162.7**	**4.0**	**325.4**	**118**	**32.7**	**7**	**2**	**1**	**2**	**162.7**

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 2

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casian	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	# FTE filled **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
B. *Licensed* Mental Health Staff (direct service):										
County (employees, independent contractors, volunteers):										
Psychiatrist, general	10.0	1.0	20.0							
Psychiatrist, child/adolescent	1.0	1.0	2.0							
Psychiatrist, geriatric	0	0	0							
Psychiatric or Family Nurse Practitioner	4.0	1.0	8.0							
Clinical Nurse Specialist	0	0	0							
Licensed Psychiatric Technician	34.0	0	68.0							
Licensed Clinical Psychologist	3.0	0	6.0							
Psychologist, registered intern (or waivered)	0	0	0							
Licensed Clinical Social Worker (LCSW)	11.0	1.0	22.0							
MSW, registered intern (or waivered)	2.0	1.0	4.0							
Marriage and Family Therapist (MFT)	35.0	0	70.0							
MFT registered intern (or waivered)	12.0	0	24.0							
Other *Licensed* MH Staff (direct service)	1.0	0	2.0	(*Licensed* Mental Health Direct Service Staff; Sub-Totals Only)						
Sub-total, B (County)	**113.0**	**5.0**	**226**	**86**	**7**	**1**	**2**	**0**	**2**	**98**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Psychiatrist, general	0	0	0							
Psychiatrist, child/adolescent	0	0	0							
Psychiatrist, geriatric	0	0	0							
Psychiatric or Family Nurse Practitioner	0	0	0							
Clinical Nurse Specialist	0	0	0							
Licensed Psychiatric Technician	5.5	0	0							
Licensed Clinical Psychologist	3.0	0	6							
Psychologist, registered intern (or waivered)	0	0	0							
Licensed Clinical Social Worker (LCSW)	2.5	0	4							
MSW, registered intern (or waivered)	2.0	0	0							
Marriage and Family Therapist (MFT)	18.4	0	22							
MFT registered intern (or waivered)	12.8	0	2	(*Licensed* Mental Health Direct Service Staff; Sub-Totals and Total Only)						
Other *Licensed* MH Staff (direct service)	0	0	0							
Sub-total, B (All Other)	**44.2**	**3.0**	**88.2**	**38.2**	**4.5**	**1.5**	**0**	**0**	**0**	**44.2**
Total, B (County & All Other):	**157.2**	**8.0**	**314.2**	**124.2**	**11.5**	**2.5**	**2.0**	**0**	**2.0**	**142.2**

Appendix 25

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 3

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes' 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casian	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	# FTE filled **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
C. Other Health Care Staff (direct service):										
County (employees, independent contractors, volunteers):										
Physician	1.0	0	2.0							
Registered Nurse	8.0	1.0	16.0							
Licensed Vocational Nurse	0	0	0							
Physician Assistant	0	0	0							
Occupational Therapist	0	0	0							
Other Therapist (e.g., physical, recreation, art, dance)	0	0	0							
Other Health Care Staff (direct service, to include traditional cultural healers)	0	0	0	(Other Health Care Staff, Direct Service; Sub-Totals Only) ↓						
Sub-total, C (County)	**9.0**	**1.0**	**18.0**	**9.0**	**0**	**0**	**0**	**0**	**0**	**9.0**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Physician	0	0	0							
Registered Nurse	1.5	1.0	3.0							
Licensed Vocational Nurse	0	0	0							
Physician Assistant	0	0	0							
Occupational Therapist	0	0	0							
Other Therapist (e.g., physical, recreation, art, dance)	0	0	0							
Other Health Care Staff (direct service, to include traditional cultural healers)	0	0	0	(Other Health Care Staff, Direct Service; Sub-Totals and Total Only) ↓						
Sub-total, C (All Other)	**1.5**	**1.0**	**3.0**	**1.5**	**0**	**0**	**0**	**0**	**0**	**1.5**
Total, C (County & All Other):	**10.5**	**2**	**21.0**	**10..5**	**0**	**0**	**0**	**0**	**0**	**10.5**

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 4

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casian	Hispanic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	# FTE filled **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
D. Managerial and Supervisory:										
County (employees, independent contractors, volunteers):										
CEO or manager above direct supervisor	7.0	0	14.0							
Supervising psychiatrist (or other physician)	1.0	0	2.0							
Licensed supervising clinician	7.0	0	14.0							
Other managers and supervisors	2.0	1	4.0	(Managerial and Supervisory; Sub-Totals Only) ↓						
Sub-total, D (County)	**17.0**	**1**	**34.0**	**15.0**	**1.0**	**0**	**0**	**0**	**1.0**	**17.0**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
CEO or manager above direct supervisor	11.0	1.0	14.0							
Supervising psychiatrist (or other physician)	0.5	1.0	1.0							
Licensed supervising clinician	7.5	1.0	4.0							
Other managers and supervisors	22.0	2.0	14.0	(Managerial and Supervisory; Sub-Totals and Total Only) ↓						
Sub-total, D (All Other)	**41.0**	**5.0**	**33.0**	**40.5**	**0**	**0**	**0**	**0**	**.5**	**41.0**
Total, D (County & All Other):	**58.0**	**6.0**	**67.0**	**55.5**	**1.0**	**0**	**0**	**0**	**1.5**	**58.0**
E. Support Staff (non-direct service):										
County (employees, independent contractors, volunteers):										
Analysts, tech support, quality assurance	**3.0**	**0**	**6.0**							
Education, training, research	**1.0**	**1.0**	**2.0**							
Clerical, secretary, administrative assistants	**28.0**	**0**	**56.0**	(Support Staff; Sub-Totals Only) ↓						
Other support staff (non-direct services)	**11.0**	**0**	**22.0**							
Sub-total, E (County)	**43.0**	**1.0**	**86.0**	**37.0**	**6.0**	**0**	**0**	**0**	**0**	**43.0**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Analysts, tech support, quality assurance	**10.5**	**0**	**4.0**							
Education, training, research	**4.0**	**0**	**2.0**							
Clerical, secretary, administrative assistants	**13.8**	**0**	**4.0**	(Support Staff; Sub-Totals and Total Only) ↓						
Other support staff (non-direct services)	**8.8**	**0**	**1.0**							
Sub-total, E (All Other)	**37.2**	**0**	**11.0**	**30.4**	**6.0**	**0**	**0.8**	**0**	**0**	**37.2**
Total, E (County & All Other):	**80.1**	**1.0**	**97.0**	**67.4**	**12**	**0**	**0.8**	**0**	**0**	**80.2**

Appendix 25

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 5

GRAND TOTAL WORKFORCE (A+B+C+D+E)

Major Group and Positions	Esti-mated # FTE author-ized	Position hard to fill? 1=Yes; 0=No	# FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casian	Hispanic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	# FTE filled **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
County (employees, independent contractors, volunteers) (A+B+C+D+E)	**186.0**	**8.0**	**372.0**	**150.**	**15.0**	**1.0**	**2.0**	**0**	**3.0**	**171.0**
All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E)	**282.5**	**13**	**452.6**	**225. 6**	**42.2**	**8.5**	**2.8**	**1.0**	**2.5**	**282.5**
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	**468.5**	**21**	**824.6**	**375. 6**	**57.2**	**9.5**	**4.8**	**1.0**	**5.5**	**453.5**

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

				Race/ethnicity of individuals planned to be served -- Col. (11)						
				White/ Cau-casion	Hispanic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	All individuals **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
F. TOTAL PUBLIC MH POPULATION	**Leave Col. 2, 3, & 4 blank**			**3382**	**684**	**131**	**50**	**49**	**113**	**4409**
G. TOTAL % PUBLIC MH POPULATION	**Leave Col. 2, 3, & 4 blank**			**77.%**	**16%**	**3.0%**	**1.0%**	**1.0%**	**2.0%**	**100%**

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

II. Positions Specifically Designated for Individuals with Consumer and Family Member Experience:

Major Group and Positions	Estimated # FTE authorized and to be filled by clients or family members	Position hard to fill with clients or family members? (1=Yes; 0=No)	# additional client or family member FTEs estimated to meet need
(1)	(2)	(3)	(4)
A. *Unlicensed* Mental Health Direct Service Staff:			
Consumer Support Staff	7.0	0	7.0
Family Member Support Staff	6.0	1.0	6.0
Other *Unlicensed* MH Direct Service Staff	4.0	0	0
Sub-Total, A:	**17.0**	**1.0**	**13**
B. *Licensed* Mental Health Staff (direct service)	**16.2**	**0**	**0**
C. Other Health Care Staff (direct service)	**0**	**0**	**0**
D. Managerial and Supervisory	**10.5**	**1.0**	**2.0**
E. Support Staff (non-direct services)	**25.3**	**0**	**0**
GRAND TOTAL (A+B+C+D+E)	**69.0**	**2.0**	**15.0**

III. LANGUAGE PROFICIENCY

For languages other than English, please list (1) the major ones in your county/city, (2) the estimated number of public mental health workforce members currently proficient in the language, (3) the number of additional individuals needed to be proficient, and (4) the total need (2)+(3):

Language, other than English	Number who are proficient	Additional number who need to be proficient	**TOTAL (2)+(3)**
(1)	(2)	(3)	(4)
1. __ SPANISH	Direct Service Staff __44.0__ Others __10.0__	Direct Service Staff __88.0__ Others __20.0__	Direct Service Staff _132.0__ Others _30.0___
2. __VIETNAMESE	Direct Service Staff __0___ Others __0__	Direct Service Staff __2.0___ Others __1.0__	Direct Service Staff _2.0____ Others _1.0____
3. __CANTONESE	Direct Service Staff __0_ Others __0___	Direct Service Staff __1.0__ Others __1.0__	Direct Service Staff _1.0____ Others _1.0____
4. __ HMONG	Direct Service Staff _ 1.0___ Others __0___	Direct Service Staff __1.0___ Others __0___	Direct Service Staff _1.0____ Others _0____
5. __	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____

Appendix 25

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

IV. REMARKS: Provide a brief listing of any significant shortfalls that have surfaced in the analysis of data provided in sections I, II, and/or III. Include any sub-sets of shortfalls or disparities that are not apparent in the categories listed, such as sub-sets within occupations, racial/ethnic groups, special populations, and unserved or underserved communities.

Methodology: The projections of estimated need for staff were based on a comparison of the overall prevalence of mental illness in San Luis Obispo County with the proportion of that prevalent need currently being met by existing providers. In general, San Luis Obispo County needs to increase its current providers by three times the current level. This Needs Assessment attempted to capture the current workforce within the San Luis Obispo County Public Mental Health Service System. Accurate data was obtained from the San Luis Obispo County Human Resources data system (from FY2007-08) and directly from each Community Based Organization (CBO). Language proficiency data was obtained by survey of staff or from current, existing human resources data. Data was obtained from Behavioral Health Services (BHS) and all of its organizational and network providers including those organizations serving diverse unserved, underserved and inappropriately served communities. San Luis Obispo County conducted a Workforce Needs Assessment Survey of all BHS Staff and all Network Providers in December of 2008. Through vigorous follow up, San Luis Obispo County was able to achieve a 100% response rate. The information was analyzed to prepare these remarks.

A. Shortages by occupational category:

- There is a need for additional bilingual/bicultural staff in all classifications, especially in our threshold language of Spanish, which we have found to be hard to recruit.
- Psychiatrist and Registered Nurses that work at the Psychiatric Health Facility (PHF) are very hard to recruit.
- Other employers in the county, such as the State University, California Men's Colony and Atascadero State Hospital pays higher wages draws on the limited resources of the mental health workforce.
- Most of our positions are impacted greatly by the county's cost of living that limits the qualified pool of applicants.
- There is a small pool of graduate students looking for work, however the pay is minimal.

B. Comparability of workforce, by race/ethnicity, to target population receiving public mental health services:

- The table below displays FTE-to-client ratios by race and ethnicity for total and direct service staff. There is an overall shortfall in the mental health workforce in regards to meeting the prevalence needs within San Luis Obispo County. The county and its providers have indicated that it only provides services to 33% of the consumers who need mental health services.
- As indicated in the chart below, direct service providers for the County of San Luis Obispo do not represent target population in race/ethnicity and there is a specific shortage in bilingual staff.
- Contract providers and Behavioral Health Services need to hire more bilingual Spanish speaking employees as indicated below.
- It has been very difficult to find, hire, and train bilingual therapists skilled at working with individuals, families, and children.

	Number of Consumers who Identify as:	Direct Service Staff		Total Staff	
		Who Identify as	Ratio	Who Identify as	Ratio
White/Caucasian	3382 (77%)	108	31:1	280	12:1
Hispanic/Latino	684 (16%)	9	76:1	48	14:1
African-American	131 (3%)	2.5	52:1	9.5	14:1
Asian/Pacific Islander	50 (1%)	2	25:1	4	12:1
Native American	49 (1%)	0	0:1	1	49:1
Multi/Other	113 (2%)	2	56:1	5	23:1

C. Positions designated for individuals with consumer and/or family member experience:

- There is a significant shortfall in the mental health workforce in regard to the employment of consumer and family staff throughout the system though some CBO contractors have been more successful than others in recruiting consumer staff.
- There is a need to employ consumer staff in regular benefited positions vs. relying on volunteers, stipends, personal service contracts, ect.
- We need a significant increase in bilingual Spanish-speaking direct service consumer and family member staff in order to meet service demands.

D. Language proficiency:

- There is a great demand for bilingual (English/Spanish) clinicians.
- There is a strong need to improve the training and recruitment of language proficient and bicultural individuals.
- There is a need for bilingual (English/Spanish) consumer and family member staff.

E. Other, miscellaneous:

The geographic size and rural location of San Luis Obispo County makes the provision of services to all those in need of mental health services a challenge. For those individuals that do enter the mental health field, they seek higher paying positions with the State Hospital, Men's Colony Prison, or Cal Poly State University. Due to a high cost of living, it is particularly challenging to recruit professional staff into relocating to this area.

Appendix 25

2.00 Culturally Competent, Multi-lingual Services

I. PURPOSE

To describe the way we provide multilingual and culturally appropriate services to the diverse populations in the County, as detailed in the Cultural Competence Plan

II. POLICY

County of San Luis Obispo Behavioral Health Department (SLOBHD) continues to develop a system of care that serves an increasing, changing, and diverse population in the County. SLOBHD will follow the guidelines in the Cultural Competence Plan to become a more culturally competent organization and to ensure that each person receives Specialty Mental Health Services (SMHS) and Substance Use Disorder Services (SUDS) that are culturally and linguistically appropriate.

SLOBHD will value diversity, reduce disparities, and will not discriminate against or deny admission or services to any person based on age, ethnicity, marital status, medical condition, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation, gender expression or identity, socio-economic status, literacy level, or any other legally protected status.

III. REFERENCE

- Code of Federal Regulations, Title 45, Part 80
- Code of Federal Regulations, Title 42, §438.6(f)(1), §438.10, §438.100, §438.206
- Welfare & Institutions Code §5600.2(g)
- California Code of Regulations, Title 9, §1810.410
- California Code of Regulations, Title 9, §3200.100, §3200.210, §3320
- Mental Health Plan Contract with DHCS
- Drug Medi-Cal Organized Delivery System contract with DHCS
- SLOBHD Cultural Competence Plan and Updates
- SLO Health Agency Non-discrimination and Language Access Plan

IV. PROCEDURE

A. Language Needs/Informing:

1. Upon initial contact to request services, individuals are informed in a language they understand that they have a right to free language assistance. An offer of free interpretation services is documented on the BH Service Request form and on the Demographic form.

Appendix 26

2. Informing materials, including the Beneficiary Handbook, Notice of Privacy Practices, Consent for Treatment and other relevant documents are available in English and Spanish (SLOBHD's threshold language). Large print (72-point font) and audio CD versions of the Beneficiary Handbook are also available. See Policy 4.20, Information Process for Beneficiaries, for more detail.

3. When SLOBHD staff translate written materials into Spanish, every effort is made to provide review by two bilingual staff members to ensure that the translation is clear and culturally appropriate. See the SLO Health Agency Non-discrimination and Language Access Plan for additional detail.

B. Language Capacity:

1. SLOBHD is committed to the recruitment, hiring, and retention of a multicultural workforce from, or experienced with, identified unserved and underserved populations so that beneficiaries are provided with culture-specific and linguistically appropriate services. Our goal is to provide services by, in order of preference:

   - Bilingual/bicultural providers
   - Bilingual providers
   - Bilingual/bicultural interpreters
   - Language Line Solutions

2. SLOBHD will make key hiring and contracting decisions to grow our language capacity in all geographic regions of SLO County.

3. Particular emphasis will be placed on making sure that key points of contact, such as Central Access and SLOBHD afterhours 24/7 Access Line contractor employ staff who are bilingual (English and Spanish).

4. Language Line Solutions will be used to ensure oral interpretation capacity in Spanish if a more preferred option is not available.

5. Language Line Solutions will be used to accommodate consumers who speak non-threshold languages. Information and training in the use of the Language Line Solutions will be provided for all staff.

6. A specialized MHSA program, (Servicios Sicologicos Para Latinos: A Latino Outreach Program (LOP)) will offer culturally appropriate psychotherapy services to monolingual, low-income Spanish speakers and their bilingual children. LOP staff will be bilingual/bicultural.

7. Each clinic site will have the capacity to provide services in Spanish using bilingual staff.

V. REVISION HISTORY

Revision Date:	Section(s) Revised:	Details of Revision:
10/1/2015	All	Reformatted and expanded
3/15/2018	All	Added references to the SLO Health Agency Non-discrimination and Language Access Plan
Prior Approval dates:		
02/27/2009		

		3/15/18
Approved by:	Anne Robin, LMFT, Behavioral Health Administrator	Date

Appendix 26

SERVICE REQUEST

Referral received Date: / / Referral received Time:

Contact Type: Telephone

Caller (if not client): Caller's Phone (if caller is not client):

REFERRED FROM: Medical Outpt/CHC/Physician

LEGAL STATUS: Not Applicable Legally Responsible Person:

Responsible Person's Phone: Relationship to Client:

CLIENT DEMOGRAPHICS

Client's Date of Birth: / / Age (today): 33

Client's Gender: Female SSN:

Client's Physical Address:

City/State/Zip: ARROYO GRANDE CA 93420

Client's Mailing Address: 450 S ELM ST

City/State/Zip: ARROYO GRANDE CA 93420

Does client have a home phone? ○ Yes ◉ No ○ Unknown

Home Phone: Special calling instructions:

Does client have a work phone? ○ Yes ○ No ○ Unknown

Work Phone: Special calling instructions:

Does client have a cell or another phone? ◉ Yes ○ No ○ Unknown

Other Phone: Special calling instructions:

INSURANCE INFORMATION

Does client have Medi-Cal? ◉ Yes ○ No ○ Unknown County? San Luis Obispo

Does client have other insurance? ○ Yes ○ No ◉ Unknown Ins Carrier?

Personal Physician: CHC - ARROYO GRANDE

Physician's Phone: Physician's Fax:

Primary Language: English

Language Preferred (Individual): English

Appendix 27

Primary Language: English

Language Preferred (Individual): English

Language Preferred (Caretaker):

Interpreter Needed? ○ Yes ◉ No Free Interpreter Offered? ○ Yes ◉ No

---

Contact Date: / / Contact Time:

CALL NARRATIVE/CONTACT ATTEMPTS:

Template goes here

Are you pregnant? ○ Yes ◉ No ○ Unknown If yes, estimated Due Date: / /

Have you IV used any substances in the last 30 days? ○ Yes ○ No ○ Unknown

Have you had a drug overdose in the last 30 days? ○ Yes ○ No ○ Unknown

Risk of harm to self or others? ○ Yes ○ No ○ Unknown

Discharged from hospital? ○ Yes ○ No ○ Unknown If so, date of discharge: / /

Released from Jail? ○ Yes ◉ No ○ Unknown Date of Release: / /

DISPOSITION:

Contact Reason: Initial Request MH (#1) Referred To: MH SC Adult

Response Type:

MENTAL HEALTH FOLLOW-UP

Was an Assessment offered?

○ Yes ○ No

Was Assessment appointment accepted?

○ Yes ○ No ○ Client chose a delayed appointment

Date First Appointment Available: / /

Service: Assessment Date: / / Time:

Assessment Location: Assessing Therapist:

SUBSTANCE USE FOLLOW-UP

Appendix 27

Risk Factor and Functional Impairment Ratings Scales

Risk Asssment:
Review the Help Text descriptions (from the Adult Needs and Strengths Assessment (ANSA), copyright by Praed Foundation) and select the items that most closely match the client's current level of risk. Describe Severe' items in the comment box below and specify safety plan.

Referral Decision Support:
Severe/Significant/Acute: Refer to SLO Mental Health for routine, crisis, or acute specialty mental health services.
Moderate: Evaluate in context of levels of impairment. **May** qualify for specialty mental health services (SMHS).
Mild: Risk factor does not indicate a need for SMHS.
None: Risk factor does not indicate a need for SMHS.

Rate Overall Level of Danger to Self
(●) None ( ) Mild ( ) Moderate ( ) Severe/Significant/Acute

Rate Overall Level of Danger to Others
(●) None ( ) Mild ( ) Moderate ( ) Severe/Significant/Acute

Rate Overall Level of Self Injurious Behavior
(●) None ( ) Mild ( ) Moderate ( ) Severe/Significant/Acute

Risk Factors Comments/Safety Plan:

Functional Impairment/Life Domain Functioning: Review Help Text descriptions; select the items that most closely match the client's current impairments. Describe the client's impairments in the comment box below (required for ratings of severe and moderate, optional for mild or none).

Referral Decision Support (if impairment is due to mental illness):
Severe/Significant: Refer to SLO County Mental Health.
Moderate: Refer for non-specialty mental health services unless there is a reasonable probability of significant deterioration or failure to progress developmentally in this area of functioning (Describe reasonable probability below).
Mild: Impairment does not indicate a need for SMHS. Consider referral for non-specialty mental health services.
None: Impairment does not indicate a need for SMHS. Consider referral for non-specialty services.

Rate Overall Level of Self Care/ADL Impairment
(●) None ( ) Mild ( ) Moderate ( ) Severe/Significant/Acute
If Impaired, Select Primary Reason:

Rate Overall Level of Employment Impairment
( ) None ( ) Mild (●) Moderate ( ) Severe/Significant
If Impaired, Select Primary Reason: Substance Use

Appendix 27

Dear Consumers,
Informational materials are available in alternative formats. Please ask the receptionist for assistance.

Estimados Consumidores,
Los materiales informativos estan disponibles in otros formatos. Solicite ayuda a la recepcionista.

Appendix 28

Dear Consumers,
Free language assistance services are available upon request. Please ask the receptionist or any staff person for assistance.

Estimados Consumidores,
Los servicios gratuitos de asistencia para diferentes idiomas están disponibles. Por favor solicite asistencia a la recepcionista o a cualquier otro miembro del personal.

Appendix 28

Free language assistance available upon request.

La asistencia gratuita en diferentes idiomas está disponibile a pedido.

Appendix 28

Bilingual Certification Policy

Purpose

A. The purpose of this policy is to provide guidance on designation of positions and certification expectations for employees that desire to become County-certified bilingual through the County of San Luis Obispo Health Agency.

POLICY

B. The provision of bilingual treatment services or facilitation of treatment services by means of bilingual interpretation services, are evaluated, and certified by Health Agency Services.

PROCEDURE

C. The Diversity, Equity, and Inclusion (DEI) Manager shall be responsible for the establishment and continued operation of a Bilingual Certification Committee (BCC), who proctors the certification examination.

D. The BCC is comprised of the DEI Manager and two or three bilingual and/or bicultural staff members whom at least two of them is a native speaker of the threshold languages in the county.

E. The BCC is responsible for developing a minimum of four scenarios in each threshold language when evaluating candidates for certification. The committee will develop an evaluation checklist, which will require a score from 0-25 for each of the areas described below for a total of 100. The checklist will include:

1. Fluency: the ability to communicate with ease, verbally and non-verbally.
2. Vocabulary: the ability to understand and communicate complex health agency information, concepts, and
3. Grammar: appropriate use of grammatical rules and tense.
4. Cultural knowledge and nuance related to the potential client seeking services or information.

F. The certification process is conducted by two committee members, one of whom is the committee's identified native speaker.

G. The entire certification process could take approximately 30 – 60 minutes. The BCC members may ask follow-up questions for clarification. The candidate is given an opportunity to make any remarks they may wish to make for clarification.

H. Following the departure of the candidate the BCC members separately score their evaluation of the candidate's performance. The evaluators' score is then averaged. A passing score will be 70 or greater. The candidate is notified via e-mail by the DEI Manager, as well as their supervisor or hiring manager of the outcome of the

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evaluation, with copy given to Human Resources Department.

I. The BCC determines and assesses the language (grammar, reading, writing, and speaking) skills, knowledge, and application of the language for interpretation and translation purposes. The employee's hiring, supervisor, or division manager shall recommend compensation at one of the two differential levels based on staff role and expectation for using the non-English language.
   1. High differential shall be approved when bilingual skills are a primary element of the staff member's job and are used as a regular and routine part of the job. Operationally, the high differential means that the staff member is regularly called upon to use the non-English language at least 50% of a normal workweek.
   2. Low differential shall be approved when non-English language skills are used on a frequent but intermittent basis i.e., when the staff member is regularly called upon to use the non-English language less than 50% of a normal workweek.

J. A candidate who has failed to be certified may appeal to the BCC via e-mail and request to be retested by other committee members who will repeat the process.

DOCUMENT HISTORY			
Effective Date	**Status: Initial/ Revised/Archived Description of Revisions**	**Authors**	**Approved by**
09/14/22	Initial Release	Nestor Veloz-Passalacqua	Nicholas Drews

DOCUMENT HISTORY

Approved by: _____ Date: _____
Nicholas Drews
Health Agency Director

Appendix 29

Servicios de Droga & Alcohol

Detección /Evaluación
Servicios de tratamiento comienzan con un examen de detección seguido con una evaluación, esto nos ayuda a determinar el nivel de atención adecuado para sus necesidades. Clínica de consulta externa e intensiva están disponible.

Tratamiento/Recuperación
Trabajaremos con usted para encontrar el programa y los servicios de asesoramiento adecuados para ayudarle en su recuperación. Los servicios pueden incluir, entre otros:

- **Terapia Individual**
  Trabajaremos con usted individualmente para ayudarlo a encontrar métodos de afrontamiento para poder superar.
- **Terapia de Grupo**
  Ofrecemos grupos para ayudarlo a aprender sobre su consumo de sustancias y las formas de recuperarse.
- **Tratamiento para Manejar el Bajo de los Efectos de Sustancias**
  Brindamos asistencia médica y evaluación de medicamentos para reducir y manejar el bajo de los efectos de sustancias por uso de sustancias opiáceas, alcohol y metanfetaminas .
- **Manejo de Casos**
  Podemos ayudarlo a trabajar con agencias locales para obtener los servicios que necesita, como Tratamiento residencial o Residencia de recuperación.
- **Tratamiento de Trastornos Concurrentes**
  Ofrecemos servicios especializados para quienes padecen un trastorno de salud mental y por uso de sustancias.

Otros Servicios del Departamento

- **Servicios de Justicia y Programas AB109**
  Proporcionan una amplia gama de servicios dentro del sistema de justicia penal, incluidos los tribunales de tratamiento, la desviación y los programas de reingreso.
- **Prevención, intervención temprana, y servicios comunitarios**
  Proporcionar tratamiento para el uso de sustancias para jóvenes, asesoramiento de intervención y programas de educación y prevención primaria

Recursos y Líneas de Apoyo

Línea directa de la Costa Central: (800) 783-0607

Administración de Salud Conductual: (805) 781-4719

Defensora de los Derechos de los Pacientes:

(805) 781-4738

Otros Servicios Comunitarios

Centro de tratamiento AEGIS: (805) 461-5212

Consejería de Cal Poly: (805) 756-2511

Atención de Salud Conductual de CenCal (877) 814-1861

Costa central AA/NA/Alanon: (805) 541-3211

Centro de consejería comunitaria: (805) 543-7969

Hospicio: (805) 544-2266

Alianza Nacional de Enfermedades Mentales (NAMI) Costa central: (805) 236-1007

Asociación de Transiciones de Salud Mental (TMHA): (805) 540-6500

Oficina de Asuntos de Veteranos: (805) 543-1233

Víctima/Testigo (Victime Witness): (805) 781-5821

Salud y comunidad de Wilshire: (805) 547-7025

Servicios Para Niños/Familias

Centro de recursos para el desarrollo infantil:

(805) 544-0801

Family Care Network, Inc.: (805) 781-3535

SENECA Family/Kinship Center: (805) 434-2449

Centro Regional de los Tres Condados: (805) 543-2833

Asistencia Financiera/De Vivienda

Departamento de Servicios Sociales: (805) 781-1600

Autoridad de Vivienda de la Ciudad de San Luis Obispo (HASLO): (805) 543-4478

Asociación de Acción Comunitaria de San Luis Obispo (CAPSLO): (805) 544-4355

Servicios de Salud

Centros de salud comunitarios (CHC): (805) 269-1500

Defensor del pueblo de atención a largo plazo:

(805) 785--0132

Departamento de Salud Pública: (805) 781-5500

Línea Directa Nacional

Línea de vida para la prevención del suicidio:

1 (800) 273-8255

COUNTY of SAN LUIS OBISPO

AGENCIA DE SALUD

Departamento de Salud Conductual

www.slobehavioralhealth.org

Estamos Aquí Para Ayudar.

Para salud mental o servicios de droga y alcohol llame al:

(800) 838-1381

Si está experimentando una emergencia, llame al 911
Línea directa de la costa central las 24 horas, los 7 días de la semana: (805) 783-0607

Se habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Junio 2022

Servicios de Salud Mental

Detección/Evaluación
Los servicios en la clínica comienzan con una evaluación, que nos ayuda a comprender sus necesidades, fortalezas y objetivos. Hablaremos sobre los servicios que pueden ayudarle mejor, y podemos brindarle referencias a otras agencias

Tratamiento/Recuperación Continuo
Trabajaremos con usted para encontrar los servicios adecuados que lo ayuden a recuperarse. Los servicios pueden incluir, entre otros:

- **Terapia Individual**
  Trabajaremos con usted individualmente para ayudarlo a encontrar métodos de afrontamiento para poder superar.
- **Rehabilitación grupal**
  Ofrecemos grupos para ayudarlo a conocer su condición y las formas de recuperarse.
- **Manejo de Medicación**
  Incluye juntas con un psiquiatra para discutir si los medicamentos le ayudarán.
- **Manejo de Casos**
  Podemos ayudarlo a trabajar con agencias locales para obtener los servicios que necesita.
- **Tratamiento de Trastornos Concurrentes**
  Ofrecemos servicios especializados para quienes padecen un trastorno de salud mental y por uso de sustancias.

Otros Servicios del Departamento

- **Servicios de Justicia**
  Apoyando diferente tratamientos requeridos por la corte y programas de desvío.
- **Prevención, intervención temprana, y servicios comunitarios**
  Proporcionar tratamiento para el uso de sustancias para jóvenes, asesoramiento de intervención y programas de educación y prevención primaria.
- **Evaluación y Responder a crisis**

Línea de Acceso Para Los Servicios de Salud Conductual del Condado de San Luis Obispo: 1-800-838-1381

Salud Mental:

Servicios de Salud Mental
Atención administrada y Servicios de crisis 24/7:
(800) 838-1381

Defensora de los Derechos de los Pacientes:
(805) 781-4738

Una Clínica Cerca de Usted

Servicios de Adulto & Jóvenes
- Servicios para Adultos & Jóvenes
- Servicios de Tratamiento Concurrentes
- Servicios Internos
- Manejo de Medicamento
- Servicio de Evaluación de Salud Mental
- Servicios Terapéuticos

Servicios de la División de Justicia
- Tratamiento Ambulatorio Asistido
- Corte de Tratamiento de Salud Mental
- Programas Forenses
- Desviación Previa al Juicio

Prevención y Servicios Comunitarios
- Consejería de Intervención Temprana
- Educación y Servicio Comunitario
- Prevención de Suicidio
- Servicios para Veteranos

Servicios de Droga y Alcohol :

Servicios de Droga y Alcohol :
(800) 838-1381

Información de Programa Manejar Bajo la Influencia:
805-781-4275

Servicios de Tratamiento para Adultos
- Tribunal de Drogas para Adultos
- Tribunal coocurrencia
- Tribunal de Tratamiento Familiar
- Tratamiento ambulatorio
- Tratamiento de mujeres y niños del Grupo Extendido Ambulatorio Perinatal (POEG)
- Programa Prop 36
- El Programa de Prevención & Tratamiento para el Manejo Bajo la Influencia

Servicios de División de Justicia
- Colaboración con el Tribunal de Tratamiento para Adultos
- Desvío previo al juicio
- Servicios de tratamiento coocurrencia

Prevención y Servicios Comunitarios
- Friday Night Live
- Consejería de Apoyo para Estudiantes
- Youth Substance Use Treatment

Clínica Salud Mental Arroyo Grande (Adulto)
1350 E. Grand Ave., Arroyo Grande, CA 93420
(805) 474-2154

Clínica Salud Mental Arroyo Grande (Jóvenes)
354 S. Halcyon, Arroyo Grande, CA 93420
(805) 473-7060

Droga & Alcohol Atascadero (Adulto & Jóvenes)
3556 El Camino Real, Atascadero, CA 93422
(805) 461-6080

Salud Mental Atascadero (Adulto & Jóvenes)
5575 Hospital Drive, Atascadero, CA 93422
(805) 461-6060

Droga & Alcohol Grover Beach (Adulto & Jóvenes)
1523 Longbranch Ave., Grover Beach, CA 93433
(805) 473-7080

Droga & Alcohol Paso Robles (Adulto & Jóvenes)
805 E. 4th St., Paso Robles, CA 93446
(805) 226-3200

Droga & Alcohol San Luis Obispo (Adulto)
2180 Johnson Ave., San Luis Obispo, CA 93401
(805) 781-4275

Drug & Alcohol San Luis Obispo (Jóvenes)
277 South St., Suite T, San Luis Obispo, CA 93401
(805) 781-4754

Salud Mental San Luis Obispo (Adulto)
2178 Johnson Ave., San Luis Obispo, CA 93401
(805) 781-4700

Salud Mental San Luis Obispo (Jóvenes)
1989 Vicente, San Luis Obispo, CA 93405
(805) 781-4179

San Luis Obispo Mental Health (Niños 0-5)
Martha's Place Children's Center
2925 McMillan Ave., Suite 108, San Luis Obispo, CA 93401
(805) 781-4948

Prevención & Serv. Comunitario San Luis Obispo
277 South St., Suite T, San Luis Obispo, CA 93401
(805) 781-4754

Clínica de Salud Psiquiátrica San Luis Obispo
2178 Johnson Ave., San Luis Obispo, CA 93401
(805) 781-4711

Servicios que Afirman el Empoderamiento Familiar (SAFE)
1086 Grand Ave., Arroyo Grande, CA 93420
(805) 474-2105

La Agencia de Salud cumple con las leyes Federales de derechos civiles y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad, sexo o cualquier otra clase protegida.

San Luis Obispo County Health Agency
Behavioral Health Department

Effective Date: 05/30/2010
Page 1 of 2

4.24 Provider List Availability

I. PURPOSE

To describe the contents of and beneficiary access to the Provider List

II. POLICY

San Luis Obispo County Behavioral Health Department (SLOBHD) will maintain and make available a list of providers that will enable beneficiaries to make decisions about services. SLOBHD will update the Provider Lists monthly and within 30 days of any changes to the list or more often as needed to reflect the services available to beneficiaries.

III. REFERENCE

- California Code of Regulations, Title 9, §§ 1810.360, 1810.110, 1810.235
- Code of Federal Regulations, Title 42, §438.10
- MHP Contract, Exhibit A, Attachment 1, Section 7
- SLOBHD Policy 4.20 Beneficiary Rights and Informing Practices
- SLOBHD Policy 4.03 Change of Provider Request
- SLOBHD Policy 4.07 Grievances, Appeals and Expedited Appeals

IV. PROCEDURE

A. Availability:

1. The Provider List will be:
   a. Given to each beneficiary at the beginning of services
   b. Available at any time upon request at all service sites or by contacting Central Access at 800-838-1381
   c. Included in the Client Information Centers in all clinic sites
   d. Available electronically on the SLOBHD website

B. Documentation

1. Beneficiaries will confirm receipt of the Provider List by signature in the Consent For Treatment
2. SLOBHD clinical staff will check the box labeled “Provider List Given” on the Assessment Progress Note

C. Content

1. The Provider List will:
   a. Be written in English and Spanish

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b. Contain the following elements:

i. Category or categories of services available from each provider
ii. Names, locations, and telephone numbers of current contracted providers by category
iii. Options for services in languages other than English and services that are designed to address cultural differences

c. Detailed provider specialty information will be available to beneficiaries by request from Managed Care Staff and electronically on the SLOBHD website

D. Network Provider availability:

1. Managed Care staff will contact Network Providers to determine availability to provide services in a timely manner

2. Beneficiaries will be informed in person which beneficiaries are accepting new clients upon referral

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V. REVISION HISTORY

Revision Date:	Section(s) Revised:	Details of Revision:
11/01/2015	All	Added Purpose, reformatted
08/17/2017	All	Formatting
Prior Approval dates:		
05/30/2010		

Signature on file		*08/29/2017*
Approved by:	Anne Robin, LMFT, Behavioral Health Administrator	Date

Appendix 31

County of San Luis Obispo

Mental Health Plan Beneficiary Handbook

Specialty Mental Health Services

2180 Johnson Ave
San Luis Obispo, CA 93401-4535

June 2022

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English
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-838-1381 or TTY/CRS 1-800-735-2922

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 1-800-838-1381 or TTY/CRS 1-800-735-2922

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-1381; TTY/CRS 1-800-735-2922

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 1-800-838-1381; TTY/CRS 1-800-735-2922

Tagalog (Tagalog – Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-838-1381; TTY/CRS 1-800-735-2922

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-838-1381; TTY/CRS 1-800-735-2922 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 1-800-838-1381; TTY/CRS 1-800-735-2922。

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-838-1381; (TTY (հեռատիպ)՝ 1-800-735-2922)

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-838-1381 (телетайп: TTY/CRS 1-800-735-2922

Call your MHP at 1-800-838-1381
SLOBHD is here M-F 8AM to 5 PM. The call is free.
Or visit us online at www.slocounty.ca.gov/Behavioral Health
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فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. ب تماس بگیرید 1-800-838-1381 (TTY CRS 1-800-735-2922.

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。1-800-838-1381 TTY/CRS 1-800-735-2922 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 1-800-838-1381 TTY/CRS 1-800-735-2922

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-838-1381 TTY/CRS 1-800-735-2922 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-838-1381

(رقم هاتف الصم والبكم: TTY/CRS 1-800-735-2922 -

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-838-1381 TTY/CRS 1-800-735-2922 पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-838-1381 TTY/CRS 1-800-735-2922

ខ្មែរ (Cambodian)

ប្រយ័ត្ន៖ រ សើ ិនជាអ្នកនិយាយ ភាសាខ្មែ , រសវាជំនួយមននកភាសា ោយមិនគិត្ ្លន គឺអាចមានសំរា ់ ំរ អ្ើ នក។ ូច ទូ ស័ព្ទ 1-800-838-1381 TTY/CRS 1-800-735-2922 ។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-838-1381 TTY/CRS 1-800-735-2922

Call your MHP at 1-800-838-1381
SLOBHD is here M-F 8AM to 5 PM. The call is free.
Or visit us online at www.slocounty.ca.gov/Behavioral Health
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Call your MHP at 1-800-838-1381
SLOBHD is here M-F 8AM to 5 PM. The call is free.
Or visit us online at www.slocounty.ca.gov/Behavioral Health
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OTHER LANGUAGES AND FORMATS

Other Languages

You can get this Beneficiary Handbook and other materials for free in other languages. Call San Luis Obispo Behavioral Health Department. The call is toll free.

Other Formats

You can get this information for free in other auxiliary formats, such as Braille, 18-point font large print, or audio. Call San Luis Obispo Behavioral Health Department. The call is toll free.

Interpreter Services

You do not have to use a family member or friend as an interpreter. Free interpreter, linguistic, and cultural services are available 24 hours a day, 7 days a week. To get this handbook in a different language or to get interpreter, linguistic, and cultural help, call San Luis Obispo Behavioral Health Department. The call is toll free.

Call your MHP at 1-800-838-1381
SLOBHD is here M-F 8AM to 5 PM. The call is free.
Or visit us online at www.slocounty.ca.gov/Behavioral Health
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NONDISCRIMINATION NOTICE

Discrimination is against the law. San Luis Obispo Behavioral Health Department follows state and federal civil rights laws. The County of San Luis Obispo Behavioral Health Department complies with all applicable State and Federal civil rights laws including but not limited to nondiscrimination information notice, taglines, and beneficiary resolution processes for discrimination grievances. The County does not engage in any discriminatory practices in the admission of beneficiaries, assignments of accommodations, access to programs or activities, treatment, evaluation, employment of personnel, or in any other respect on the basis of race, color, gender, gender identity, gender expression, sexual orientation, religion or spiritual practices, marital status, national origin, age, abilities, or any other basis.
San Luis Obispo Behavioral Health Department provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact San Luis Obispo Behavioral Health Department

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Call your MHP at 1-800-838-1381
SLOBHD is here M-F 8AM to 5 PM. The call is free.
Or visit us online at www.slocounty.ca.gov/Behavioral Health
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between M-F 8 AM to 5 PM. Or, if you cannot hear or speak well, please call TTY/CRS 1-800-735-2922.

HOW TO FILE A GRIEVANCE

If you believe that SLOBHD has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Desiree Troxell, Patient' Rights Advocate. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact SLOBHD between M-F 8 AM to 5 PM by calling 1-800-838-1381 or 805-781-4738. Or, if you cannot hear or speak well, please call TTY/CRS 1-800-735-2922.

- In writing: Fill out a complaint form or write a letter and send it to:

  Patients' Rights Advocate
  2180 Johnson Ave
  San Luis Obispo, CA 93401-4535

- In person: Visit your provider's office or any SLOBHD clinic and say you want

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Call your MHP at 1-800-838-1381
SLOBHD is here M-F 8AM to 5 PM. The call is free.
Or visit us online at www.slocounty.ca.gov/Behavioral Health
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to file a grievance.

- Electronically: Visit SLOBHD's website at www.slocounty.ca.gov/Behavioral Health

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OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **(916) 440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.

- In writing: Fill out a complaint form or send a letter to:
  Brian Carthen
  Deputy Director, Office of Civil Rights
  Department of Health Care Services
  Office of Civil Rights
  P. O. Box 997413, MS 0009
  Sacramento, CA 95899-7413
  Complaint forms are available at
  http://www.dhcs.ca.gov/Pages/Language_Access.aspx

Call your MHP at 1-800-838-1381
SLOBHD is here M-F 8AM to 5 PM. The call is free.
Or visit us online at www.slocounty.ca.gov/Behavioral Health
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- Electronically: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint directly with the U.S. Department of Health and Human Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **1 (800) 368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1 (800) 537-7697**.

- In writing: Fill out a complaint form or send a letter to:

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

  Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html.

Call your MHP at 1-800-838-1381
SLOBHD is here M-F 8AM to 5 PM. The call is free.
Or visit us online at www.slocounty.ca.gov/Behavioral Health
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- Electronically: Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf.

GENERAL INFORMATION

Why Is It Important to Read This Handbook?

Welcome! San Luis Obispo Behavioral Health Department (SLOBHD) is the Mental Health Plan for residents of San Luis Obispo County. A Mental Health Plan, or MHP for short, is an agency that is responsible for providing al Medi-Cal beneficiaries with specialty mental health services. In SLO County, most people with Medi-Cal have coverage through CenCal Health, SLO's Managed Care Plan. In this handbook we will talk about Medi-Cal, but please know that we are talking about you if you have CenCal, too. CenCal and SLOBHD work closely together to make sure all members get the services they need.

This handbook tells you how to get Medi-Cal specialty mental health services through your county MHP. This handbook explains your benefits and how to get care. It will also answer many of your questions.

You will learn:

- How to get specialty mental health services through your MHP
- What benefits you have access to

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Or visit us online at www.slocounty.ca.gov/Behavioral Health
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- What to do if you have a question or problem
- Your rights and responsibilities as a Medi-Cal beneficiary

If you don't read this handbook now, you should keep this handbook so you can read it later. This handbook and other written materials are available either electronically at www.slocounty.ca.gov/Behavioral Health or in printed form from the MHP, free of charge. Call your MHP if you would like a printed copy.

Use this handbook as an addition to the information you received when you enrolled in Medi-Cal.

Need This Handbook in Your Language or a Different Format?

If you speak a language other than English, free oral interpreter services are available to you. Call SLOBHD at 1-800-838-1381 or TTY/CRS 1-800-735-2922. Your MHP is available 24 hours a day, seven days a week.

You can also contact your MHP at 1-800-838-1381 if you would like this handbook or other written materials in alternative formats such as large print or audio. Your MHP will assist you.

If you would like this handbook or other written materials in a language other than English, call your MHP. Your MHP will assist you in your language over the phone. This information is available in English and Spanish (Español)

Call your MHP at 1-800-838-1381
SLOBHD is here M-F 8AM to 5 PM. The call is free.
Or visit us online at www.slocounty.ca.gov/Behavioral Health
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What Is My MHP Responsible For?

Your MHP is responsible for the following:

- Figuring out if you are eligible for specialty mental health services from the county or its provider network.
- Providing a toll-free phone number that is answered 24 hours a day, seven days a week that can tell you how to get services from the MHP1-800-838-1381 or TTY/CRS 1-800-735-2922.
- Having enough providers to make sure that you can get the mental health treatment services covered by the MHP if you need them.
- Informing and educating you about services available from your MHP.
- 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 alternative forms like large-size print or audio in English or Spanish. We can also help by reading the Handbook to you.
- 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 is considered significant when there is an increase or decrease in the amount or types of services that are available, or if there is an increase or decrease in the number of network providers, or if there is

Call your MHP at 1-800-838-1381
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any other change that would impact the benefits you receive through the MHP.

INFORMATION ABOUT THE MEDI-CAL PROGRAM

Who Can Get Medi-Cal?

Many factors are used to decide what type of health coverage you can receive from Medi-Cal. They include:

- How much money you make
- Your age
- The age of any children you care for
- Whether you are pregnant, blind, or disabled
- Whether you are on Medicare

You also must be living in California to qualify for Medi-Cal. If you think you qualify for Medi-Cal, learn how to apply below.

How Can I Apply for Medi-Cal?

You can apply for Medi-Cal at any time of the year. You may choose one of the following ways to apply.

Call your MHP at 1-800-838-1381
SLOBHD is here M-F 8AM to 5 PM. The call is free.
Or visit us online at www.slocounty.ca.gov/Behavioral Health
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By Mail: Apply for Medi-Cal with a Single Streamlined Application, provided in English and other languages at http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SingleStreamApps.aspx. Send completed applications to your local county office. Find the address for your local county office on the web at http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx or http://www.slocounty.ca.gov/Departments/Social-Services/Our-Locations.aspx

Arroyo Grande
1086 East Grand Avenue
Arroyo Grande, CA 93420
(805) 474-2000

Atascadero
9415 El Camino Real
Atascadero, CA 93422
(805) 461-6000

Morro Bay
600 Quintana Road
Morro Bay, CA 93442
(805) 772-6405

Nipomo
681 West Tefft Street Suite 1
Nipomo, CA 93444
(805) 931-1800

Paso Robles
406 Spring Street
Paso Robles, CA 93446
(805) 237-3110

San Luis Obispo
3433 South Higuera
San Luis Obispo, CA 93401
(805) 781-1600

By Phone: To apply over the phone, call your local county office. You can find the phone number on the web at http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.

Phone numbers for each office are listed above.

Call your MHP at 1-800-838-1381
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Or visit us online at www.slocounty.ca.gov/Behavioral Health
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Online: Apply online at www.benefitscal.com or www.coveredca.com. Applications are securely transferred directly to your local county social services office, since Medi-Cal is provided at the county level.

In-Person: To apply in person, find your local county office at http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx, where you can get help completing your application.

Addresses for each office are listed above. If you need directions, please call or follow the link below to find a street map for each location. http://www.slocounty.ca.gov/Departments/Social-Services/Our-Locations.aspx

If you need help applying, or have questions, you can contact a trained Certified Enrollment Counselor (CEC) for free. Call 1-800-300-1506, or search for a local CEC at http://www.coveredca.com/get-help/local.

If you still have questions about the Medi-Cal program, you can learn more at http://www.dhcs.ca.gov/individuals/Pages/Steps-to-Medi-Cal.aspx.

What Are Emergency Services?

Call your MHP at 1-800-838-1381
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Emergency services are services for beneficiaries experiencing an unexpected medical condition, including a psychiatric emergency medical condition.

An emergency medical condition has symptoms so severe (possibly including severe pain) that an average person could expect the following might happen at any moment:

- The health of the individual (or with respect to a pregnant woman, the health of her unborn child) could be in serious trouble
- Serious problems with bodily functions
- Serious problem with any bodily organ or part

A psychiatric emergency medical condition occurs when an average person thinks that someone:

- Is a current danger to himself or herself or another person because of what seems like a mental illness
- Is immediately unable to provide or eat food, or use clothing or shelter because of what seems like a mental illness

Emergency services are covered 24 hours a day, seven days a week for Medi-Cal beneficiaries. Prior authorization is not required for emergency services. The Medi-Cal program will cover emergency conditions, whether the condition is medical or psychiatric (emotional or mental). If you are enrolled in Medi-Cal,

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you will not receive a bill to pay for going to the emergency room, even if it turns out to not be an emergency. If you think you are having an emergency, call 911 or go to any hospital or other setting for help.

Is Transportation Available?

Non-emergency transportation and non-medical transportation may be provided for Medi-Cal beneficiaries who are unable to provide transportation on their own and who have a medical necessity to receive certain Medi-Cal covered services.

If you need assistance with transportation, contact your managed care plan for information and assistance:

CenCal Health Member Services: 1-877-814-1861

If you have Medi-Cal but are not enrolled in a managed care plan, and you need non-medical transportation, you can either call an approved licensed, professional medical transportation company directly or you can call your medical health care provider and ask about transportation providers in your area. When you contact the transportation company, they will ask for information about your appointment date and time. If you need non-emergency medical transportation, your provider can prescribe non-emergency medical transportation and put you in touch with a transportation provider to coordinate your ride to and from your appointment(s).

Call your MHP at 1-800-838-1381
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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 SLOBHD at 1-800-838-1381 or TTY/CRS 1-800-735-2922.

You may also contact SLO Hotline at 1-800-783-0607.

HOW TO TELL IF YOU OR SOMEONE YOU KNOW NEEDS HELP

How Do I Know When I Need Help?

Many people have difficult times in life and may experience mental health 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 MHP.

You may need help if you have one or more of the following signs:

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- Depressed (or feeling hopeless, helpless, or very down) most of the day, nearly every day
- Loss of interest in activities you generally like to do
- Significant weight loss or gain in a short period of time
- Sleeping too much or too little
- Slowed or excessive physical movements
- Feeling tired nearly every day
- Feelings of worthlessness or excessive guilt
- Difficulty thinking, concentrating, and/or making decisions
- Decreased need for sleep (feeling 'rested' after only a few hours of sleep)
- Racing thoughts too fast for you to keep up
- Talking very fast or cannot stop talking
- Believing that people are out to get you
- Hearing voices and/or sounds others do not hear
- Seeing things others do not see
- Unable to go to work or school
- Not caring about personal hygiene (being clean)
- Having serious trouble with other people
- Pulling back or withdrawing from other people
- Crying frequently and for no reason
- Often angry and 'blow up' for no reason
- Having severe mood swings
- Feeling anxious or worried most of the time
- Having what others call strange or bizarre behaviors

Call your MHP at 1-800-838-1381
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Or visit us online at www.slocounty.ca.gov/Behavioral Health
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How Do I Know When a Child or Teenager Needs Help?

You may contact your MHP for an assessment for your child or teenager if you think they are showing any of the signs of a mental health problem. If your child or teenager qualifies for Medi-Cal and the county assessment indicates that specialty mental health services covered by the MHP are needed, the MHP will arrange for your child or teenager to receive the services. There are also services available for parents who feel overwhelmed by being a parent or who have mental health problems.

The following checklist can help you assess if your child needs help, such as mental health services. If more than one sign is present or persists over a long period of time, it may indicate a more serious problem requiring professional help. Here are some signs to look out for:

- Sudden and unexplained change in behavior
- Complains of aches/pains without any medical/physical cause
- Spends more time alone
- Tires easily and has little energy
- Fidgety and unable to sit still
- Less interested in school without apparent reason
- Distracted easily
- Is afraid of new situations
- Feels sad or unhappy without apparent cause

Call your MHP at 1-800-838-1381
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- Is irritable or angry without apparent cause
- Feels hopeless
- Has trouble concentrating
- Has less interest in friends
- Fights with others
- Absent from school without good cause
- School grades dropping
- Low self-esteem
- Has trouble sleeping
- Worries a lot
- Feels distressed when not with you
- Feels they can't do anything right
- Takes unnecessary risks
- Frequently feels emotionally or physically hurt
- Acts noticeably younger than children their age
- Does not understand other people's feelings
- Bullies others
- Does not take responsibility for their actions
- Takes things that do not belong to them and denies doing it

ACCESSING SPECIALTY MENTAL HEALTH SERVICES

What Are Specialty Mental Health Services?

Call your MHP at 1-800-838-1381
SLOBHD is here M-F 8AM to 5 PM. The call is free.
Or visit us online at www.slocounty.ca.gov/Behavioral Health
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Specialty mental health services are mental health services for people who have mental illness or emotional problems that a regular doctor cannot treat. These illnesses or problems are severe enough that they get in the way of a person's ability to carry on with their daily activities.

Specialty mental health services include:

- Mental health services
- Medication support services
- Targeted case management
- Crisis intervention services
- Crisis stabilization services
- Adult residential treatment services
- Crisis residential treatment services
- Day treatment intensive services
- Day rehabilitation
- Psychiatric inpatient hospital services
- Psychiatric health facility services

In addition to the specialty mental health services listed above, beneficiaries under age 21 have access to additional services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. Those services include:

- Intensive home-based services
- Intensive care coordination
- Therapeutic behavioral services

Call your MHP at 1-800-838-1381
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Or visit us online at www.slocounty.ca.gov/Behavioral Health
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- Therapeutic foster care

If you would like to learn more about each specialty mental health service that may be available to you, see the "Scope of Services" section in this handbook.

How Do I Get Specialty Mental Health Services?

If you think you need specialty mental health treatment services, you can call your MHP and ask for an appointment for an initial assessment. You can call your county's toll-free phone number.

You may also be referred to your MHP for specialty mental health services by another person or organization, including your doctor, school, a family member, guardian, your Medi-Cal managed care health plan, or other county agencies. Usually your doctor 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 directly to the MHP, unless there is an emergency. Your MHP may not deny a request to do an initial assessment to determine whether you meet the criteria for receiving services from the MHP.

The covered specialty mental health services are available through an MHP provider (such as clinics, treatment centers, community-based organizations, or individual providers).

Call your MHP at 1-800-838-1381
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Or visit us online at www.slocounty.ca.gov/Behavioral Health
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Where Can I Get Specialty Mental Health Services?

You can get specialty mental health services in the county where you live. SLO County residents may get services by calling SLOBHD at 1-800-838-1381. 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 additional coverage and benefits under EPSDT.

Your MHP will determine if you need specialty mental health services. If you do, the MHP will refer you to a mental health provider that provides the services you need.

The MHP must refer you to a provider who will meet your needs and who is the closest provider to your home.

When Can I Get Specialty Mental Health Services?

Your MHP must meet the state's appointment time standards when scheduling an appointment for you to receive services from the MHP. The MHP must offer you an appointment that meets the following appointment time standards:

- Within 10 business days of your non-urgent request to start services with the MHP;
- Within 48 hours if you request services for an urgent condition;
- Within 15 business days of your request for an appointment with a psychiatrist; and,

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Call your MHP at 1-800-838-1381
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Or visit us online at www.slocounty.ca.gov/Behavioral Health
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- For ongoing services (following the initial appointment), in a timely manner based on your condition and need for services.

Who Decides Which Services I Will Get?

You, your provider, and the MHP are all involved in deciding what services you need to receive through the MHP by following the medical necessity criteria and the list of covered services. The MHP must use a qualified professional to do the review for service authorization. This review process is called an authorization of specialty mental health services.

The MHPs authorization process must follow specific timelines. For a standard authorization, the MHP must decide based on your provider's request within 5 calendar days. If you or your provider request it, or if the MHP thinks it is in your interest to get more information from your provider, the timeline can be extended for up to an additional 14 calendar days. An example of when an extension might be in your interest is when the MHP thinks it might be able to approve your provider's request for treatment if they get additional information from your provider. If the MHP extends the timeline for the provider's request, the county will send you a written notice about the extension. You may ask the MHP for more information about its authorization process. Call your MHP to request additional information.

Call your MHP at 1-800-838-1381
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Or visit us online at www.slocounty.ca.gov/Behavioral Health
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If the MHP decides that you do not need the services requested, the MHP must send you a Notice of Adverse Benefit Determination telling you that the services are denied and informing you that you may file an appeal and give you information on how to file an appeal. To find out more about your rights to file a grievance or appeal when you do not agree with your MHPs' decision to deny your services or take other actions you do not agree with, refer to page 38 in this handbook.

How Do I Get Other Mental Health Services That Are Not Covered by the MHP?

CenCal Health is the Managed Care Plan for SLO residents. If you are enrolled in a Medi-Cal managed care health plan, you have access to the following outpatient mental health services through your Medi-Cal managed care health plan:

- Individual and group mental health testing and treatment (psychotherapy)
- Psychological testing to evaluate a mental health condition
- Outpatient services that include lab work, drugs, and supplies
- Outpatient services to monitor drug therapy
- Psychiatric consultation

To get one of the above services, call your Medi-Cal managed care health plan directly at:

CenCal Health Member Services: 1-877-814-1861

If you are not in a Medi-Cal managed care health plan, you may be able to get these services from individual providers and clinics that accept Medi-Cal. The MHP may

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Call your MHP at 1-800-838-1381
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Or visit us online at www.slocounty.ca.gov/Behavioral Health
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be able to help you find a provider or clinic that can help you or may give you some ideas on how to find a provider or clinic.

Any pharmacy that accepts Medi-Cal can fill prescriptions to treat a mental health condition.

How Do I Get Other Medi-Cal Services (Primary Care/Medical) That Are Not Covered by the MHP?

There are two ways you can get Medi-Cal services that are not covered by the MHP:

1. Enrolling in a Medi-Cal managed care health plan (CenCal Health)
   Call CenCal Health Member Services: 1-877-814-1861
   - Your health plan will find a provider for you if you need health care.
   - You get your health care through a health plan, a health maintenance organization (HMO), or a primary care case manager.
   - You must use the providers and clinics in the health plan unless you need emergency care.
   - You may use a provider outside your health plan for family planning services.

2. Receiving services from individual health care providers or clinics that take Medi-Cal.

Call your MHP at 1-800-838-1381
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Or visit us online at www.slocounty.ca.gov/Behavioral Health
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- You get health care from individual providers or clinics that take Medi-Cal.
- You must tell your provider that you have Medi-Cal before you begin getting services. Otherwise, you may be billed for those services.
- Individual health care providers and clinics do not have to see Medi-Cal patients, or may choose to see only a few Medi-Cal patients.

What If I Have an Alcohol or Drug Problem?

If you think that you need services to treat an alcohol or drug problem, contact SLO Drug and Alcohol Services at:

SLOBHD at 1-800-838-1381 or TTY/CRS 1-800-735-2922

MEDICAL NECESSITY CRITERIA

What Is Medical Necessity and Why Is It Important?

Medical necessity means there is a medical need for specialty mental health services, and you can be helped by these services if you receive them.

A licensed mental health profession will talk with you and will help determine if you are eligible for specialty mental health services and what kind of specialty mental

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health services are appropriate. Deciding medical necessity is the first step in the process of getting specialty mental health services.

You do not need to know if you have a mental health diagnosis for a specific mental illness to ask for help. The MHP will help you get this information by conducting an assessment of your condition. If the results of the assessment determine that you have a mental health condition that meets medical necessity criteria, specialty mental health treatment will be provided based on your needs.

What Are the Medical Necessity Criteria for People Under Age 21?

If you are under age 21, have full-scope Medi-Cal, and have a diagnosis covered by the MHP, the MHP must provide you with specialty mental health services if those services will help to correct or improve your mental health condition or to prevent your mental health condition from getting worse.

What Are the Medical Necessity Criteria for Psychiatric Inpatient Hospital Services?

You may be admitted to a hospital if you have a mental illness or symptoms of mental illness that cannot be safely treated at a lower level of care, and because of the mental illness or symptoms of mental illness, you:

Call your MHP at 1-800-838-1381
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Or visit us online at www.slocounty.ca.gov/Behavioral Health
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- Represent a current danger to yourself or others, or significant property destruction
- Are unable to provide for or utilize food, clothing, or shelter
- Present a severe risk to your physical health
- Have a recent, significant deterioration in ability to function
- Need psychiatric evaluation, medication treatment, or other treatment that can only be provided in the hospital

SELECTING A PROVIDER

How Do I Find a Provider for the Specialty Mental Health Services I Need?

Some MHPs require you to receive approval from your MHP before you contact a service provider. Some MHPs will refer you to a provider who is ready to see you. Other MHPs allow you to contact a provider directly.

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

Call your MHP at 1-800-838-1381
SLOBHD is here M-F 8AM to 5 PM. The call is free.
Or visit us online at www.slocounty.ca.gov/Behavioral Health
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Sometimes MHP contract providers leave the MHP on their own or at the request of the MHP. When this happens, the MHP must make a good faith effort to give written notice to each person who was receiving specialty mental health services from the provider, within 15 days after the MHP knows the provider will stop working. When this happens, your MHP must allow you to continue receiving services from the provider who left the MHP, if possible. Ask your MHP for "continuity of care" if you would like to continue seeing a provider who is no longer with the MHP.

Your MHP is required to post a current provider directory online. If you have questions about current providers or would like an updated provider directory, visit your MHP website www.slocounty.ca.gov/Behavioral Health Provider Directory or call the MHP's toll-free phone number. A current provider directory is available electronically on the MHP's website, or in paper form upon request.

Can I Continue to Receive Services From My Current Provider?

If you are already receiving mental health services (from another MHP, a managed care plan, or an individual Medi-Cal practitioner), you may make a request for "continuity of care" so that you can stay with your current provider, for up to 12-months, under certain conditions, including, but not limited to, all of following:

- You have an existing relationship with the provider you are requesting;

Call your MHP at 1-800-838-1381
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Or visit us online at www.slocounty.ca.gov/Behavioral Health
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- You need to stay with your current provider to continue ongoing treatment or because it would hurt your mental health condition to change to a new provider;
- The provider meets certain requirements under state and federal law; and,
- The provider agrees to the MHP's terms and conditions for contracting with the MHP.

SCOPE OF SERVICES

If you meet the medical necessity criteria for specialty mental health services, the following services are available to you based on your need. Your provider will work with you to decide which services will work best for you.

- **Mental Health Services**
    - Mental health services are individual, group, or family-based treatment services that help people with mental illness develop coping skills for daily living. These services also include work that the provider does to help make the services better for the person receiving the services. These kinds of things include: assessments to see if you need the service and if the service is working; plan development to decide the goals of your mental health treatment and the specific services that will be provided; and "collateral," which means working with family members and important people in your life (if you give permission) to help you improve or maintain your daily living abilities. Mental health

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services can be provided in a clinic or provider's office, over the phone or by telemedicine, or in your home or other community setting.

- **Medication Support Services**

  - These services include the prescribing, administering, dispensing, and monitoring of psychiatric medicines; and education related to psychiatric medicines. Medication support services can be provided in a clinic or provider's office, over the phone or by telemedicine, or in the home or other community setting.

- **Targeted Case Management**

  - This service helps with getting medical, educational, social, prevocational, vocational, rehabilitative, or other community services when these services may be hard for people with mental illness to get on their own. Targeted case management includes plan development; communication, coordination, and referral; monitoring service delivery to ensure the person's access to service and the service delivery system; and monitoring the person's progress.

- **Crisis Intervention Services**

Call your MHP at 1-800-838-1381
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Or visit us online at www.slocounty.ca.gov/Behavioral Health
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- This service is available to address an urgent condition that needs immediate attention. The goal of crisis intervention is to help people in the community, so they don't end up in the hospital. Crisis intervention can last up to eight hours and can be provided in a clinic or provider's office, over the phone or by telemedicine, or in the home or other community setting.

- **Crisis Stabilization Services**

  - This service is available to address an urgent condition that needs immediate attention. Crisis stabilization can last up to 20 hours and must be provided at a licensed 24 hour health care facility, at a hospital based outpatient program, or at a provider site certified to provide crisis stabilization services.

- **Adult Residential Treatment Services**

  - These services provide mental health treatment and skill-building for people who are living in licensed facilities that provide residential treatment services for people with mental illness. These services are available 24 hours a day, seven days a week. Medi-Cal does not cover the room and board cost to be in the facility that offers adult residential treatment services.

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- **Crisis Residential Treatment Services**

    - These services provide mental health treatment and skill-building for people having a serious mental or emotional crisis, but who do not need care in a psychiatric hospital. Services are available 24 hours a day, seven days a week in licensed facilities. Medi-Cal does not cover the room and board cost to be in the facility that offers crisis residential treatment services.

- **Day Treatment Intensive Services**

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

- **Day Rehabilitation**

    - This is a structured program designed to help people with mental illness learn and develop coping and life skills and to manage the symptoms of mental illness more effectively. The program lasts at least three hours per day. The program includes skill-building activities and therapies.

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- **Psychiatric Inpatient Hospital Services**

    - These are services provided in a licensed psychiatric hospital based on the determination of a licensed mental health professional that the person requires intensive 24 hour mental health treatment.

- **Psychiatric Health Facility Services**

    - These services are provided in a licensed mental health facility specializing in 24 hour rehabilitative treatment of serious mental health conditions. Psychiatric health facilities must have an agreement with a nearby hospital or clinic to meet the physical health care needs of the people in the facility.

Are There Special Services Available for Children, Adolescents, and/or Young Adults?

Beneficiaries under age 21 are eligible to get additional Medi-Cal services through a benefit called Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).

To be eligible for EPSDT services, a beneficiary must be under age 21 and have full scope Medi-Cal. EPSDT covers services that are necessary to correct or improve any mental health condition or to prevent a mental health condition from getting worse.

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Ask your provider about EPSDT services. You may get these services if your provider and the MHP find that you need them because they are medically necessary.

If you have questions about the EPSDT benefit, please call SLOBHD at 1-800-838-1381 or TTY/CRS 1-800-735-2922

The following are also available from the MHP for children, adolescents, and young people under the age of 21: Therapeutic Behavioral Services (TBS), Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services.

Therapeutic Behavioral Services

TBS are intensive, individualized, short-term outpatient treatment interventions for beneficiaries up to age 21. Individuals receiving these services have serious emotional disturbances, are experiencing a stressful transition or life crisis, and need additional short-term, specific support services to accomplish outcomes specified in their written treatment plan.

TBS are a type of specialty mental health service available through each MHP if you have serious emotional problems. To get TBS, you must receive a mental health service, be under 21, and have full-scope Medi-Cal.

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- If you are living at home, a TBS staff person can work one-to-one with you to reduce severe behavior problems to try to keep you from needing to go to a higher level of care, such as a group home for children, adolescents, and young people with very serious emotional problems.

- If you are living in a group home for children, adolescents, and young people with very serious emotional problems, a TBS staff person can work with you so you may be able to move to a lower level of care, such as a foster home or back home. TBS will help you and your family, caregiver, or guardian learn new ways of addressing problem behavior and ways of increasing the kinds of behavior that will allow you to be successful. You, the TBS staff person, and your family, caregiver, or guardian will work together as a team to address problematic behaviors for a short period, until you no longer need TBS. You will have a TBS plan that will say what you, your family, caregiver, or guardian, and the TBS staff person will do during TBS, and when and where TBS will occur. The TBS staff person can work with you in most places where you are likely to need help with your problem behavior. This includes your home, foster home, group home, school, day treatment program, and other areas in the community.

Intensive Care Coordination

ICC is a targeted case management service that facilitates assessment of, care planning for, and coordination of services to beneficiaries under age 21 who are

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eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service.

ICC service components include assessing; service planning and implementation; monitoring and adapting; and transition. ICC services are provided through the principles of the Integrated Core Practice Model (ICPM), including the establishment of the Child and Family Team (CFT) to ensure facilitation of a collaborative relationship among a child, their family, and involved child-serving systems.

CFT includes formal supports (such as the care coordinator, providers, and case managers from child-serving agencies), natural supports (such as family members, neighbors, friends, and clergy), and other individuals who work together to develop and implement the client plan and are responsible for supporting children and their families in attaining their goals. ICC also provides an ICC Coordinator who:

- Ensures that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized, client-driven, and culturally and linguistically competent manner.
- Ensures that services and supports are guided by the needs of the child.
- Facilitates a collaborative relationship among the child, their family, and systems involved in providing services to them.
- Supports the parent/caregiver in meeting their child's needs.
- Helps establish the CFT and provides ongoing support.

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- Organizes and matches care across providers and child serving systems to allow the child to be served in their community.

Intensive Home Based Services

IHBS are individualized, strength-based interventions designed to change or ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and improving the child/youth's family's ability to help the child/youth successfully function in the home and community.

IHBS services are provided according to an individualized treatment plan developed in accordance with the ICPM by the CFT in coordination with the family's overall service plan, which may include, but are not limited to assessment, plan development, therapy, rehabilitation, and collateral. IHBS is provided to beneficiaries under 21 who are eligible for full scope Medi-Cal services and who meet medical necessity criteria for this service.

Therapeutic Foster Care

The TFC service model allows for the provision of short-term, intensive, trauma-informed, and individualized specialty mental health services for children up to age 21 who have complex emotional and behavioral needs. Services include plan

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development, rehabilitation, and collateral. In TFC, children are placed with trained, intensely supervised, and supported TFC parents.

ADVERSE BENEFIT DETERMINATIONS BY YOUR MHP

What Rights Do I Have if the MHP Denies the Services I Want or Think I Need?

If your MHP denies, limits, delays or ends services you want or believe you should get, you have the right to a Notice (called a "Notice of Adverse Benefit Determination") from the MHP. You also have a right to disagree with the decision by asking for a "grievance" or "appeal." The sections below discuss your right to a Notice and what to do if you disagree with your MHP's decision.

What Is an Adverse Benefit Determination?

An Adverse Benefit Determination is any of the following:

- If your MHP or one of its providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria.
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and denies your provider's request, or reduces the type or frequency of service. Most of the time you will receive a Notice of Adverse Benefit Determination before you

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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 MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP does not provide services to you based on the appointment time standards it is required to follow (refer to page 22)
- If you file a grievance with the MHP and the MHP does not get back to you with a written decision on your grievance within 90 days.
- If you file an appeal with the MHP and the MHP does not get back to you with a written decision on your appeal within 30 days, or if you filed an expedited appeal, and did not receive a response within 72 hours.

What Is a Notice of Adverse Benefit Determination?

A Notice of Adverse Benefit Determination is a letter that your MHP will send you if it makes a decision to deny, limit, delay, or end services you and your provider believe you should get. 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 MHP's timeline standards for providing services.

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What Will the Notice of Adverse Benefit Determination Tell Me?

The Notice of Adverse Benefit Determination will tell you:

- The decision your MHP made that affects you and your ability to get services
- The date the decision will take effect and the reason for the decision
- The state or federal rules the decision was based on
- Your rights if you do not agree with the MHP's decision
- How to file an appeal with the MHP
- How to request a State Hearing if you are not satisfied with the MHP's decision on your appeal
- How to request an expedited appeal or an expedited State Hearing
- How to get help filing an appeal or requesting a State Hearing
- How long you have to file an appeal or request a State Hearing
- If you are eligible to continue to receive services while you wait for an appeal or State Hearing decision
- When you have to file your appeal or State 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 MHP can help you. You may also ask another person to help you.

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If the MHP tells you your services will end or get reduced and you disagree with the decision, you have the right to request an appeal of that decision. You can continue getting services until your appeal or State Hearing is decided. **You must request the continuation of services no later than 10 days after receiving a Notice of Adverse Benefit Determination or before the effective date of the change.**

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THE PROBLEM RESOLUTION PROCESS: TO FILE A GRIEVANCE OR APPEAL

What If I Don't Get the Services I Want From My MHP?

Your MHP must have a process for you to work out a complaint or problem about any issue related to the specialty mental health services you want or are receiving. This is called the problem resolution process and it could involve:

1. **The Grievance Process**: an expression of unhappiness about anything regarding your specialty mental health services or the MHP.
2. **The Appeal Process**: the review of a decision (e.g., denial or changes to services) that was made about your specialty mental health services by the MHP or your provider.
3. **The State Hearing Process**: the process to request an administrative hearing before a state administrative law judge if the MHP denies your appeal.

Filing a grievance, appeal, or State Hearing will not count against you and will not impact the services you are receiving. Filing a grievance or appeal helps to get you the services you need and to solve any problems you have with your specialty mental health services. Grievances and appeals also help the MHP by giving them information they can use to improve services. When your grievance or appeal is complete, your MHP will notify you and others involved of the final outcome. When your State Hearing is decided, the State Hearing Office will notify you and others

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involved of the final outcome. You can learn more about each problem resolution process below.

Can I Get Help With Filing an Appeal, Grievance, or State Hearing?

Your MHP will help explain these processes to you and must help you file a grievance, an appeal, or to request a State Hearing. The MHP can also help you decide if you qualify for what's called an "expedited appeal" process, which means it will be reviewed more quickly because your health and/or stability are at risk. You may also authorize another person to act on your behalf, including your specialty mental health provider.

If you would like help, call SLOBHD at 1-800-838-1381 or TTY/CRS 1-800-735-2922.

Can the State Help Me With My Problem/Questions?

You may contact the Department of Health Care Services, Office of the Ombudsman, Monday through Friday, 8 a.m. to 5 p.m. (excluding holidays), by phone at (888) 452-8609 or by e-mail at MMCDOmbudsmanOffice@dhcs.ca.gov. Please note: E-mail messages are not considered confidential. You should not include personal information in an e-mail message.

You may also get free legal help at your local legal aid office or other groups. You can also contact the California Department of Social Services (CDSS) to ask about

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your hearing rights by contacting their Public Inquiry and Response Unit by phone at (800) 952-5253 (for TTY, call (800) 952-8349).

THE GRIEVANCE PROCESS

What Is a Grievance?

A grievance is an expression of dissatisfaction about anything regarding your specialty mental health services that are not one of the problems covered by the appeal and State Hearing processes.

What Is the Grievance Process?

The grievance process is the MHP's process for reviewing your grievance or complaint about your services or the MHP.

A grievance can be made anytime orally or in writing, and making a grievance will not cause you to lose your rights or services. If you file a grievance, your provider will not get in trouble.

You can authorize another person, or your provider, to act on your behalf. If you authorize another person to act on your behalf, the MHP might ask you to sign a form authorizing the MHP to release information to that person.

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Any person who works for the MHP that decides the grievance must be qualified to make the decisions and not involved in any previous levels of review or decision-making.

When Can I File a Grievance?

You can file a grievance anytime with the MHP if you are unhappy with the specialty mental health services or have another concern regarding the MHP.

How Can I File a Grievance?

You may call your MHP to get help with a grievance. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing. If you want to file your grievance in writing, the MHP will provide self-addressed envelopes at all provider sites for you to mail in your grievance. If you do not have a self-addressed envelope, you may mail your grievance directly to the address in the front of this handbook.

How Do I Know If the MHP Received My Grievance?

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

When Will My Grievance Be Decided?

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The MHP must make a decision about your grievance within 90 calendar days from the date you filed your grievance. The timeframes for making a decision may be extended by up to 14 calendar days if you request an extension, or if the MHP 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 MHP believes it might be able to resolve your grievance if they have more time to get information from you or other people involved.

How Do I Know If the MHP Has Made a Decision About My Grievance?

When a decision has been made regarding your grievance, the MHP will notify you or your representative in writing of the decision. If your MHP fails to notify you or any affected parties of the grievance decision on time, then the MHP will provide you with a Notice of Adverse Benefit Determination advising you of your right to request a State Hearing. Your MHP will provide you with a Notice of Adverse Benefit Determination on the date the timeframe expires. You may call the MHP for more information if you do not receive a Notice of Adverse Benefit Determination.

Is There a Deadline to File a Grievance?

No, you may file a grievance at any time.

Call your MHP at 1-800-838-1381
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THE APPEAL PROCESS (STANDARD AND EXPEDITED)

Your MHP must allow you to request a review of certain decisions made by the MHP or your providers about your specialty mental health services. There are two ways you can request a review. One way is using the standard appeal process. The other way is by using the expedited appeal process. These two types 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 decision made by the MHP or your provider that involves a denial or changes to services you think you need. If you request a standard appeal, the MHP may take up to 30 days to review it. If you think waiting 30 days will put your health at risk, you should ask for an "expedited appeal."

The standard appeal process will:

- Allow you to file an appeal orally or in writing. If you submit your appeal orally, you must follow it up with a signed, written appeal. You can get help with writing 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.

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- Ensure filing an appeal will not count against you or your provider in any way.

- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the MHP might ask you to sign a form authorizing the MHP to release information to that person.

- Have your benefits continued upon request for an appeal within the required timeframe, which is 10 days from the date your Notice of Adverse Benefit Determination was mailed or personally given to you. You do not have to pay for continued services while the appeal is pending. However, 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 provided while the appeal was pending.

- Ensure that the individuals making the decision on your appeal are qualified to do so and not involved in any previous level of review or decision-making.

- Allow you or your representative to examine your case file, including your medical record, and any other documents or records considered during the appeal process.

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- Allow you to have a reasonable opportunity to present evidence and testimony and make legal and factual arguments, in person, or in writing.

- Allow you, your representative, or the legal representative of a deceased member's estate to be included as parties to the appeal.

- Let you know your appeal is being reviewed by sending you written confirmation.

- Inform you of your right to request a State Hearing, following the completion of the appeal process with the MHP.

When Can I File an Appeal?

You can file an appeal with your MHP in any of the following situations:

- The MHP or one of the contracted providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria.
- Your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and denies your provider's request, or changes the type or frequency of service.

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- Your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- Your MHP doesn't provide services to you based on the timelines the MHP has set up.
- You don't think the MHP is providing services soon enough to meet your needs.
- Your grievance, appeal, or expedited appeal wasn't resolved in time.
- You and your provider do not agree on the specialty mental health services you need.

How Can I File an Appeal?

You may call your MHP at 1-800-838-1381 or the Patients' Rights Advocate at (805) 781-4738 to get help filling an appeal. The MHP will provide self-addressed envelopes at all provider sites for you to mail in your appeal. If you do not have a self-addressed envelope, you may mail your appeal directly to the address in the front of this handbook or you may submit your appeal by e-mail dtroxell@so.slo.ca.us or fax to (805) 781-1177. Appeals can be filed orally or in writing. If you submit your appeal orally, you must follow it up with a signed written appeal.

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How Do I Know If My Appeal Has Been Decided?

Your MHP will notify you or your representative in writing about their decision for your appeal. The notification will have the following information:

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

Is There a Deadline to File an Appeal?

You must file an appeal within 60 days of the date on the 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 MHP must decide on your appeal within 30 calendar days from when the MHP receives your request for the appeal. The timeframes for making a decision may be extended up to 14 calendar days if you request an extension, or if the MHP believes that there is a need for additional information and that the delay is for your benefit.

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An example of when a delay is for your benefit is when the MHP believes it might be able to approve your appeal if it has 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 appeal process.

What Is an Expedited Appeal?

An expedited appeal is a faster way to decide an appeal. The expedited appeal process follows a similar process to the standard appeal process. However, you must show that waiting for a standard appeal could make your mental health condition worse. The expedited appeal process also follows different deadlines than the standard appeal. The MHP has 72 hours to review expedited 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 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 MHP agrees that your appeal meets the requirements for an expedited appeal, your MHP will resolve your

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expedited appeal within 72 hours after the MHP receives the appeal. The timeframes for making a decision may be extended by up to 14 calendar days if you request an extension, or if the MHP shows that there is a need for additional information and that the delay is in your interest. If your MHP extends the timeframes, the MHP will give you a written explanation as to why the timeframes were extended.

If the MHP decides that your appeal does not qualify for an expedited appeal, the MHP must make reasonable efforts to give you prompt oral notice and will notify you in writing within two 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 MHP's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance.

Once your MHP resolves your request for an expedited appeal, the MHP will notify you and all affected parties orally and in writing.

THE STATE HEARING PROCESS

What Is a State Hearing?

A State Hearing is an independent review, conducted by an administrative law judge who works for the California Department of Social Services, to ensure you

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receive the specialty mental health services to which you are entitled under the Medi-Cal program.

What Are My State Hearing Rights?

You have the right to:

- Have a hearing before an administrative law judge (also called a State Hearing)
- Be told about how to ask for a State Hearing
- Be told about the rules that govern representation at the State Hearing
- Have your benefits continued upon your request during the State Hearing process if you ask for a State Hearing within the required timeframes

When Can I File for a State Hearing?

You can file for a State Hearing in any of the following situations:

- You filed an appeal and received an appeal resolution letter telling you that your MHP denies your appeal request.
- Your grievance, appeal, or expedited appeal wasn't resolved in time.

How Do I Request a State Hearing?

You can request a State Hearing on-line at:
https://secure.dss.cahwnet.gov/shd/pubintake/cdss-request.aspx.

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You can request a State Hearing or an expedited State Hearing by phone:
Call the State Hearings Division, toll free, at (800) 743-8525 or (855) 795-0634, or call the Public Inquiry and Response line, toll free, at (800) 952-5253 or TDD (800) 952-8349.

You can request a State Hearing in Writing:

Submit your request to the county welfare department at the address shown on the Notice of Adverse Benefit Determination, or by fax or mail to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430
Or by Fax to (916) 651-5210 or (916) 651-2789.

Is There a Deadline to Ask for a State Hearing?

Yes, you only have 120 days to ask for a State Hearing. The 120 days start either the day after the MHP personally gives you its appeal decision notice, or the day after the postmark date of the MHP appeal decision notice.

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

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Can I Continue Services While I'm Waiting for a State Hearing Decision?

If you are currently receiving authorized services and you want to continue receiving the services while you wait for the State Hearing decision, you must ask for a State Hearing within 10 days from the date of receiving the Notice of Adverse Benefit Determination, or before the date your MHP says services will be stopped or reduced. When you ask for a State Hearing, you must say that you want to keep getting services during the State Hearing process.

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

When Will a Decision Be Made About My State Hearing Decision?

After you ask for a State Hearing, it could take up to 90 days to decide your case and send you an answer.

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

If you think waiting that long will be harmful to your health, you might be able to get an answer within three working days. Ask your doctor or mental health professional to write a letter for you. You can also write a letter yourself. The letter

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must explain in detail how waiting for up to 90 days for your case to be decided will seriously harm your life, your health, or your ability to attain, maintain, or regain maximum function. Then, make sure you ask for an "expedited hearing" and provide the letter with your request for a hearing.

The Department of Social Services, State Hearings Division, will review your request for an expedited State 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 three working days of the date your request is received by the State Hearings Division.

ADVANCE DIRECTIVE

What Is an Advance Directive?

You have the right to have an advance directive. An advance directive is written instruction about your health care that is recognized under California law. It includes information that states how you would like health care provided, or says what decisions you would like to be made, if or when you are unable to speak for yourself. You may sometimes hear an advance directive described as a living will or durable power of attorney.

California law defines an advance directive as either an oral or written individual health care instruction or a power of attorney (a written document giving someone

Call your MHP at 1-800-838-1381
SLOBHD is here M-F 8AM to 5 PM. The call is free.
Or visit us online at www.slocounty.ca.gov/Behavioral Health
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permission to make decisions for you). All MHPs are required to have advance directive policies in place. Your MHP is required to provide written information on the MHP's advance directive policies and an explanation of state law, if asked for the information. If you would like to request the information, you should call your MHP for more information.

An advance directive is designed to allow people to have control over their own treatment, especially when they are unable to provide instructions about their own care. It is a legal document that allows people to say, in advance, what their wishes would be, if they become unable to make health care decisions. This may include such things as the right to accept or refuse medical treatment, surgery, or make other health care choices. In California, an advance directive consists of two parts:

- Your appointment of an agent (a person) making decisions about your health care; and
- Your individual health care instructions

You may get a form for an advance directive from your mental health plan or online. In California, you have the right to provide advance directive instructions to all of your health care providers. You also have the right to change or cancel your advance directive at any time.

If you have a question about California law regarding advance directive requirements, you may send a letter to:

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California Department of Justice
Attn: Public Inquiry Unit,
P. O. Box 944255
Sacramento, CA 94244-2550

BENEFICIARY RIGHTS AND RESPONSIBILITIES

What Are My Rights as a Recipient of Specialty Mental Health Services?

As a person eligible for Medi-Cal, you have a right to receive medically necessary specialty mental health services from the MHP. When accessing these services, you have the right to:

- Be treated with personal respect and respect for your dignity and privacy.
- Receive information on available treatment choices and have them explained in a manner you can understand.
- Take part in decisions regarding your mental health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, punishment, or retaliation about the use of restraints and seclusion.
- Ask for and get a copy of your medical records, and request that they be changed or corrected, if needed.

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- Get the information in this handbook about the services covered by the MHP, other obligations of the MHP, and your rights as described here. You also have the right to receive this information and other information provided to you by the MHP in a form that is easy to understand. This means, for example, that the MHP must make its written information available in the languages used by at least five percent or 3,000 of its MHP beneficiaries, whichever is less, and make oral interpreter services available free of charge for people who speak other languages. This also means that the MHP must provide different materials for people with special needs, such as people who are blind or have limited vision, or people who have trouble reading.
- Get specialty mental health services from an MHP that follows its contract with the state for availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services. The MHP is required to:
  - Employ or have written contracts with enough providers to make sure that all Medi-Cal eligible beneficiaries who qualify for specialty mental health services can receive them in a timely manner.
  - Cover medically necessary services out-of-network for you in a timely manner, if the MHP does not have an employee or contract provider who can deliver the services. "Out-of-network provider" means a provider who is not on the MHP's list of providers. The MHP must make sure you do not pay anything extra for seeing an out-of-network provider.
  - Make sure providers are trained to deliver the specialty mental health services that the providers agree to cover.

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- Make sure that the specialty mental health services the MHP covers are enough in amount, length of time, and scope to meet the needs of Medi-Cal eligible beneficiaries. This includes making sure the MHP's system for approving payment for services is based on medical necessity and makes sure the medical necessity criteria is fairly used.
- Make sure that its providers do adequate assessments of people who may receive services and that they work with people who will receive services to put together a treatment plan that includes the goals for the treatment and services that will be given.
- Provide for a second opinion from a qualified health care professional within the MHP's network, or one outside the network, at no additional cost to you if you request it.
- Coordinate the services it provides with services being provided to you through a Medi-Cal managed care health plan or with your primary care provider, if necessary, and make sure your privacy is protected as specified in federal rules on the privacy of health information.
- Provide timely access to care, including making services available 24 hours a day, seven days a week, when medically necessary to treat an emergency psychiatric condition or an urgent or crisis condition.
- Participate in the state's efforts to encourage the delivery of services in a culturally competent manner to all people, including those with limited English proficiency and varied cultural and ethnic backgrounds.

- Your MHP must make sure your treatment is not changed in a harmful way as a result of you expressing your rights. Your MHP is required to follow

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other applicable federal and state laws (such as: Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91; the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1972 (regarding education programs and activities); Titles II and III of the Americans with Disabilities Act); Section 1557 of the Patient Protection and Affordable Care Act; as well as the rights described here.

- You may have additional rights under state laws about mental health treatment. If you wish to contact your county's Patients' Rights Advocate, you can do so by:

  Patients' Rights Advocate
  2180 Johnson Ave
  San Luis Obispo, CA 93401
  (805) 781-4738
  dtroxell@co.slo.ca.us

What Are My Responsibilities as a Recipient of Specialty Mental Health Services?

As a recipient of specialty mental health services, it is your responsibility to:

- Carefully read this beneficiary handbook and other important informing materials from the MHP. These materials will help you understand which services are available and how to get treatment if you need.

Call your MHP at 1-800-838-1381
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- 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 Benefits Identification Card (BIC) and a photo ID when you attend treatment.
- Let your provider know if you need an oral interpreter before your appointment.
- Tell your provider all your medical concerns in order for your treatment 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.
- Contact the MHP 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 MHP if you have any changes to your personal information. This includes your address, phone number, and any other medical information that may 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:
    - The Department of Health Care Services asks that anyone suspecting Medi-Cal fraud, waste, or abuse to call the DHCS Medi-Cal Fraud Hotline

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Call your MHP at 1-800-838-1381
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at **1 (800) 822-6222**. If you feel this is an emergency, please call **911** for immediate assistance. The call is free and the caller may remain anonymous.

- You may also report suspected fraud or abuse by e-mail to fraud@dhcs.ca.gov or use the online form at http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx.

Call your MHP at 1-800-838-1381
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County of San Luis Obispo Health Agency

Drug & Alcohol Services
Drug Medi-Cal Organized Delivery System

Member Handbook

June 2022

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ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call **1-800-838-1381** (TTY/California Relay Service: **1-800-735-2922**)

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 **1-800-838-1381** (TTY/California Relay Service: **1-800-735-2922**)

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-838-1381** (TTY/California Relay Service: **1-800-735-2922**)

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 **1-800-838-1381** (TTY/California Relay Service: **1-800-735-2922**)

Tagalog (Tagalog/Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-838-1381** (TTY/California Relay Service: **1-800-735-2922**)

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-838-1381** (TTY/California Relay Service: **1-800-735-2922**)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 **1-800-838-1381** (TTY/California Relay Service: **1-800-735-2922**。

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք **1-800-838-1381** (TTY/California Relay Service: **1-800-735-2922**)

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-838-1381** (TTY/California Relay Service: **1-800-735-2922**)

فارسی (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-838-1381** (TTY: **1-800-735-2922**) 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。**1-800-838-1381** (TTY/California Relay Service: **1-800-735-2922**) 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 **1-800-838-1381** (TTY/California Relay Service: **1-800-735-2922**)

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-800-838-1381** (TTY/California Relay Service: **1-800-735-2922**) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.

اتصل برقم *[***1-800-735-2922** (رقم هاتف الصم والبكم:*]***1-800-838-1381**).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-838-1381** (TTY/California Relay Service: **1-800-735-2922**)) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-838-1381** (TTY/California Relay Service: **1-800-735-2922**)

ខ្មែរ (Cambodian)

ប្រយ័ត្ន៖ រ សើ ិនជាអ្នកនិយាយ ភាសាខ្ម , រសវាជំនួយមននកភាសា
រោយមិនគិតុ ល្ន
គឺអាចមានសំរា ់ ំរ អ្ើ នក។ ចូ ទូ សព្ទ **1-800-838-1381**
(TTY/California Relay Service: **1-800-735-2922**)។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ **1-800-838-1381** (TTY/California Relay Service: **1-800-735-2922**)

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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.

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:

County of San Luis Obispo Behavioral Health Services
Central Access Line
1 (800) 838-1381
Toll-free - 24 hours a day and 7 days a week

Why Is It Important To Read This Handbook?

Welcome to the County of San Luis Obispo Drug Medi-Cal Organized Delivery System (DMC-ODS) also known and referenced in this Handbook as the **County Plan**. As your DMC-ODS provider, we have the responsibility for making needed substance use disorder treatment services readily

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available to you; as a member, you have certain rights and responsibilities, which we outline in this Handbook.

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.

You will learn:

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

If you don't read this handbook now, you should keep this handbook so you can read it later. 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. This handbook is available in English and Spanish. It is available in large print and in an audio CD format.
- 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.

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- 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.

For answers to questions about our services, call 1-800-838-1381

Information For Members Who Need Materials In A Different Language

This handbook is available in English and Spanish. It is available in large print and in an audio CD format. It is posted on our website in a machine readable format.

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

This handbook is available in English and Spanish. It is available in large print and in an audio CD format.

To request a large print or audio CD version of this Handbook, call the Central Access Line at 1 (800) 838-1381 (toll-free).

Notice Of Privacy Practices

Federal Law and regulations (Code of Federal Regulations, Title 42 Chapter I, Part 2) protect the confidentiality of substance use disorder treatment patient records. We will give you a full copy of these regulations upon your request. CFR 42, §2.22 requires us to give you the following summary:

Generally, the County Plan may not say that you attend the program or disclose any information identifying you as having a substance use disorder, unless:

- You (or your authorized representative) give us written permission (consent)
- The disclosure is allowed by a court order
- The disclosure is made to medical personnel in a medical emergency
- The disclosure is made to qualified personnel for research, audit, or program evaluation
- The disclosure is made pursuant to an agreement with a Qualified Service Organization which provides professional services to the County Plan, such as laboratory, billing, or accounting services
- To a third party insurance payor, including CenCal (Medi-Cal), in order to bill for your services

The County Plan may disclose information about you to law enforcement or local authorities if:

- You commit or threaten to commit a crime on our premises or against our personnel
- We need to report suspected child abuse or any other report that is required by law

Violation of these laws is a crime and you may report suspected violations to the United States Attorney.

We will also give you a copy of the County of San Luis Obispo Health Agency's Notice of Privacy Practices when you start services with us.

THE NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

It describes in more detail how we protect and use your health information. The Notice describes your rights to:

- Communicate confidentially with us
- Get a copy of your record
- Ask us to correct/amend your record
- Find out who we have disclosed information to
- File a complaint if you feel your rights have been violated

It also describes our responsibilities to:

- Protect your information
- Notify you if we think your information has been breached
- Notify you when we revise our Notice of Privacy Practices

You may obtain a copy of the Notice of Privacy Practices from the front desk at any DMC-ODS provider site or online at: Health Agency Notice of Privacy Practices

For questions about our Notice of Privacy Practices, contact the County Health Agency Compliance Program Manager at:

- Phone: 805-781-4788
- E-mail to: privacy@co.slo.ca.us
- Mail:
  SLO County Health Agency
  Compliance Program Manager
  2180 Johnson Avenue
  San Luis Obispo, CA 93401

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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. The County of San Luis Obispo Behavioral Health Department complies with all applicable State and Federal civil rights laws including but not limited to nondiscrimination information notice, taglines, and beneficiary resolution processes for discrimination grievances. The County does not engage in any discriminatory practices in the admission of beneficiaries, assignments of accommodations, access to programs or activities, treatment, evaluation, employment of personnel, or in any other respect on the basis of race, color, gender, gender identity, gender expression, sexual orientation, religion or spiritual practices, marital status, national origin, age, abilities, or any other basis. 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:

Patients' Rights Advocate
2180 Johnson Avenue
San Luis Obispo, CA 93401
(805) 781-4738

BH.PatientRightsAdvocate@co.slo.ca.us

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Patient Rights Advocate 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:

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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/complaints/index.html.

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 (Not provided by the County Plan)
- Residential Treatment (subject to prior authorization by the County Plan)
- Withdrawal Management
- Opioid Treatment
- Medication Assisted Treatment
- 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.
  - All County Plan-operated provider sites offer Outpatient Services.

- **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

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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.

- **Partial Hospitalization** (Not provided by the County Plan)

- **Residential Treatment** (subject to prior authorization by the County Plan)
  - 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 and 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.

- **Withdrawal Management**
  - 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

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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.
  - All County Plan-operated provider sites offer Withdrawal Management in an outpatient setting

- **Opioid Treatment**
  - 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.
  - The County plan contracts with Aegis Treatment Centers, LLC, for NTP services. For more information, call Aegis at (805) 461-5212 or visit their website at: https://aegistreatmentcenters.com/

- **Medication Assisted Treatment**
  - 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.
  - All County Plan-operated provider sites offer MAT in an outpatient setting.

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- **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).
  - All County Plan-operated provider sites offer Recovery Services in an outpatient setting.

- **Case Management**
  - Case Management Services assist a member to access needed medical, educational, social, 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.
  - All County Plan-operated provider sites offer Case Management in an outpatient setting.

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

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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 County of San Luis Obispo Central Access Line at 1 (800) 838-1381 (toll-free).

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 County of San Luis Obispo's provider network. If any contracted provider raises an objection to performing or otherwise supporting any covered service, the County Plan will arrange for another provider to perform the service. The County Plan 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.

We will work with you to find the right services to meet your needs. If you need to change services, we will work with you to make sure your treatment is right for you.

Where Can I Get DMC-ODS Services?

County of San Luis Obispo is participating in the DMC-ODS pilot program. Since you are a resident of San Luis Obispo, 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

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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

If you have questions or need to speak to someone after normal business hours, call the Central Access Line at 1 (800) 838-1381 (toll-free).

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 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 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.

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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 (Most Medi-Cal beneficiaries in SLO County have CenCal)
- 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).

County of San Luis Obispo Behavioral Health Services
Central Access Line
1 (800) 838-1381
Toll-free - 24 hours a day and 7 days a week

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.

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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.

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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.

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- 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:

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

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

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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.

1. The Grievance Process – an expression of unhappiness about anything regarding your SUD treatment services, other than an Adverse Benefit Determination.
2. 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.
3. 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, call the Central Access Line at **1 (800) 838-1381** (toll-free) or the Patients' Rights Advocate at **(805) 781-4738**.

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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?

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You may call your County Plan's toll-free phone number to get help with a grievance. 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?

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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:

- 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.
- Ensure filing an appeal will not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the plan might ask you to sign a form authorizing the plan to release information to that person.
- 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;
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous level of review or decision-making.
- Allow you or your representative to examine your case file, including your medical record, and any other documents or records considered during the appeal process, before and during the appeal process.
- Allow you to have a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.
- Allow you, your representative, or the legal representative of a deceased member's estate to be included as parties to the appeal.
- Let you know your appeal is being reviewed by sending you written confirmation.
- Inform you of your right to request a State Fair Hearing, following the completion of the appeal process.

When Can I File An Appeal?

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

- 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.

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- 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.
- 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.
- If your County Plan doesn't provide services to you based on the timelines the County Plan has set up.
- If you don't think the County Plan is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the 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.

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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?

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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:

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

When Can I File For A State Fair Hearing?

You can file for a State Fair Hearing:

- If you have completed the County Plan's appeal process.
- 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.
- 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.
- 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.
- If your County Plan doesn't provide services to you based on the timelines the county has set up.
- If you don't think the County Plan is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the 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

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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.

IMPORTANT INFORMATION ABOUT THE STATE OF CALIFORNIA MEDI-CAL PROGRAM

Who Can Get Medi-Cal?

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

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- 65 years old, or older
- 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

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/ApplyforMedi-Cal.aspx .

Do I Have To Pay For Medi-Cal?

You may have to pay for Medi-Cal depending on the amount of money you get or earn each month.

- 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 SUD 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 don't have medical expenses, you don't have to pay anything.
- You may have to pay a 'co-payment' for any treatment under Medi-Cal. This means you pay an out of pocket amount each time you get a medical or SUD 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.

Does Medi-Cal Cover Transportation?

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

- For children, the county Child Health and Disability Prevention (CHDP) program can help (805) 781-5502. You may also wish to contact your county social services office. (805) 781-1600. 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 (805) 781-1600. Or you can get information online by visiting www.dhcs.ca.gov, then clicking on 'Services' and then 'Medi-Cal.'

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- 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. In SLO County, **CenCal Health** is the Managed Care Plan.

Contact CenCal Member Services at (877) 814-1861 for help with transportation services

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:

- Be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.
- Participate in decisions regarding your SUD care, including the right to refuse treatment.
- To take medications prescribed by a licensed clinician for physical, mental health or SUD conditions.
- 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.
- 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.
- Have your confidential health information protected.
- 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.
- 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.
- Receive oral interpretation services for your preferred language.
- 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.
- Access Minor Consent Services, if you are a minor.

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- 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 1 800-838-1381 for information on how to receive services from an out-of-network provider.
- 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.
- File grievances, either verbally or in writing, about the organization or the care received.
- Request an appeal, either verbally or in writing, upon receipt of a notice of adverse benefit determination.
- Request a State Medi-Cal fair hearing, including information on the circumstances under which an expedited fair hearing is possible.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- 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.

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- 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. If you suspect Medi-Cal fraud, waste, or abuse, call the DHCS Medi-Cal Fraud Hotline at 1 (800) 822-6222 or email: fraud@dhcs.ca.us.
- In SLO, contact the Health Agency Compliance Officer
  By e-mail: privacy@co.slo.ca.us or phone: (805) 781-4788
- Call the toll-free and anonymous County of San Luis Obispo Fraud, Waste, and Abuse Line at: 1 (855) 326-9623

PROVIDER DIRECTORY

A current Provider Directory is available at all County of San Luis Obispo DMC-ODS provider sites by visiting our website at: DMC-ODS Provider Directory

The Provider Directory includes information about our current providers by category, including:

- Provider service availability
- Names, locations, telephone numbers, and websites
- Options for services in languages other than English and services that are designed to address cultural differences
- Which providers are accepting new beneficiaries
- Which providers have accommodations for individuals with mobility concerns

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 our Central Access Line: 1-800-838-1381 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.

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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 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 request 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 request a different provider from the County Plan's provider network at anytime.

How quickly will my transition of care request be processed?

- The County Plan will complete 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.

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4.20 Beneficiary Rights and Informing Process

I. PURPOSE

To describe beneficiary rights and beneficiary informing practices

II. POLICY

- County of San Luis Obispo Behavioral Health Department (SLOBHD) will comply with all Federal and State laws that pertain to beneficiary rights, and will ensure that all staff and providers take those rights into account when furnishing services.
- SLOBHD will ensure that each beneficiary is informed, in a language and format that the beneficiary can understand, of available services and the benefits, requirements and protections (rights) afforded to them.
- SLOBHD will ensure written materials are produced in alternative formats that take into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency and for those who have auditory limitations.
- SLOBHD will ensure that written materials are readily accessible on the SLOBHD website, which is compliant with Web Content Accessibility Guidelines (WCAG) 2.0 guidelines in a machine readable and printable format.
- SLOBHD will ensure that each beneficiary is free to exercise his or her rights, and that the exercise of those rights will not adversely affect treatment.

III. REFERENCE

- California Code of Regulations, Title 9, § 1810.360
- Code of Federal Regulations, Title 42, §§ 438.10 and 438.100
- MHP Contract, Exhibit A, Attachment I, Sections 7 and 15
- DMH Letter No. 04-05
- SLOBHD Policy 2.00 Culturally Competent, Multilingual Services
- SLOBHD Policy 4.00 Patient's Rights Advocate
- SLOBHD Policy 4.03 Change of Provider
- SLOBHD Policy 4.07 Grievances, Appeals and Expedited Appeals
- SLOBHD Policy 4.09 Fair Hearing Process
- SLOBHD Policy 4.23 Advanced Medical Directives
- SLOBHD Policy 4.24 Provider List Availability

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IV. PROCEDURE

A. SLOBHD will inform beneficiaries of their rights, protections and processes in the following ways:

1. The Beneficiary Handbooks, *Guide to Mental Health Services and Guide to Substance Use Disorders Services*, will contain detailed information about rights, protections and access. It will be available in English and Spanish in regular, large print (minimum 18 point font) and audio versions.

   i. The handbook will be:

   - Given to each beneficiary at the beginning of services and upon request thereafter
   - Available at all sites and by request through the 24/7 Central Access line at: 800-838-1381 within 5 business days
   - Posted in the lobby at each site
   - Available on the SLOBHD website

   ii. The handbook content will comply with contract requirements for informing beneficiaries about their rights

2. Client Information Centers at each site will make information readily available to both beneficiaries and staff, in English and Spanish. Beneficiaries will be able to obtain, complete and return a Consumer Request Form without having to make a verbal or written request to anyone. Client Information Centers will contain:

   i. "What are my Rights?" poster
   ii. Crisis Services poster
   iii. Provider List
   iv. Notice of Privacy Practices
   v. Notification that:
   - Alternative formats are available
   - Free language assistance is available
   - Assistance with forms is available

   vi. Consumer Request Form, which will describe problem solving processes, and:
   - Instructions
   - Patient's Rights Advocate contact information
   - Postage paid/addressed envelopes

   vii. Consumer Request Drop Box (locked)

3. Informing materials regarding Advance Medical Directives will be given to each adult consumer at the beginning of services.

4. The Consent for Treatment form will be explained to, signed by and given to each beneficiary at the start of treatment. It will further describe rights, responsibilities and payment processes.

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5. The Notice of Privacy Practices will explain the manner in which SLOBHD will maintain and use the beneficiary's medical record. An acknowledgement of receipt will be signed by each beneficiary.
6. Beneficiaries will also be inform of rights and benefits verbally by:
   i. Clinical and administrative staff
   ii. Patients' Rights Advocate (PRA)
7. The PRA will make informing materials, including the handbook titled, "Rights for Individuals in Mental Health Facilities" available to consumers.
8. The Patient's Rights Advocate will regularly train staff regarding beneficiary rights, including how to assist a beneficiary with completing the Consumer Request Form.

B. Documentation of Informing:

1. Distribution of the Beneficiary Handbooks and Provider lists will be documented by:
   - Client signature on the Behavioral Health Consent for Treatment form indicating receipt
   - Clinician attestation on the Assessment Progress Note
2. Right to Change Providers/limits on freedom of choice will be documented by clinician attestation on the Assessment Progress Note
3. Beneficiary signature on Consent for Treatment and Acknowledgement of Notice of Privacy Practices will be maintained in the medical record.

I. Definition

1. Each beneficiary has the right to:
   - Be treated with personal respect, dignity and with respect for privacy
   - Receive information on available treatment options and alternatives
   - Have treatment options resented in an understandable manner
   - Obtain services in a language of choice, without cost for interpretation services
   - Participate in decisions regarding care, including the right to refuse treatment
   - Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
   - Request and receive a copy of his/her medical records
   - Request that medical records be amended or corrected
   - Receive appropriate, available and accessible services
   - Access other community services regardless of participation in treatment
   - Access other government supported services and providers regardless of participation in treatment
   - Request a change of provider

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- Access the problem resolution processes, including the Grievance, Appeal, Expedited Appeal and Fair Hearing processes, without fear of any punitive action as a result

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V. REVISION HISTORY

Revision Date:	Section(s) Revised:	Details of Revision:
11/18/2015	All	Added purpose, reformatted, added F
08/17/2017	All	Reformatted, New CRF Language
01/02/2018	All	Reformatting
Prior Approval dates:		
02/27/2009, 08/08/2011, 1/20/2012		

Signature on file		*08/29/2017*
Approved by:	Anne Robin, LMFT, Behavioral Health Administrator	Date

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COUNTY OF SAN LUIS OBISPO
HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT
Michael Hill, *Health Agency Director*
Anne Robin, LMFT *Behavioral Health Director*

December 23, 2021

Client name, last name
Address
San Luis Obispo, CA

RE: (if minor name here)

Estimado Cliente:

Esta carta es respecto a sus servicios de psicoterapia:

Sus Servicios de psicoterapia han sido arreglados para usted con el siguiente consejero:
Network Provider Name, Office Address, and phone number

Por favor pongase en contacto con el consejero para hacer una cita para sus servicios.

Gracias,

Fatima Ponce
Health Information Technician I
Managed Care

CONFIDENTIAL PATIENT INFORMATION – NOT TO BE FORWARDED
This information has been disclosed to you from records that are **confidential** and protected by **state confidentiality law** that protects mental health records (See California Welfare and Institutions Code Section 5328). Information subject to release in accordance with Federal Privacy Act of 1974 (Public Law 93-597). This information has been disclosed to you from records protected by **Federal confidentiality rules** (42 CFR, Part 2, Section 2.32). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. Total pages included: _____

The Health Agency complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or any other protected class

County of San Luis Obispo Health Agency
2180 Johnson Avenue | San Luis Obispo, CA 93401 | (P) 805-781-4719 | (F) 805-781-1273
slobehavioralhealth.org | slocounty.ca.gov

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4.07 Beneficiary Grievances, Appeals & Expedited Appeals

I. PURPOSE

To ensure that all Medi-Cal beneficiaries are informed of and have access to effective problem resolution processes.

II. POLICY

San Luis Obispo County Behavioral Health Department (SLOBHD) will implement a problem resolution process that enables each beneficiary to resolve problems or concerns about any issue related to SLOBHD's performance of its duties.

The Appeals and Expedited Appeals processes will ensure that beneficiaries have consistent and timely means to respond to any adverse benefit determination taken by SLOBHD. The Grievance process will ensure that beneficiaries have a consistent and timely means to resolve all other concerns about the care they receive at SLOBHD.

SLOBHD will ensure that all Medi-Cal beneficiaries are well informed about the appeals process.

SLOBHD will process Grievances, Appeals and Expedited Appeals within the periods established by law.

III. REFERENCE

- California Code of Regulations, Title 9, §§ 1810.200, 1810.375, 1810.203.5, 1810.216.2,1850.205 – 1850.208
- Code of Federal Regulations, Title 42, §§ 438.400 – 438.424, 438.3(h)
- MHP Contract, Exhibit A, Attachment I, Sections 7 and 15
- DMC-ODS Waiver Contract
- DMH Letter 05-03

IV. PROCEDURE

A. Beneficiary Informing

1. Information regarding the problem resolution processes will be provided to clients at the beginning of services and upon request thereafter. See *Beneficiary Rights and Informing Processes* for detail regarding availability of materials in alternative formats and electronic form on the SLOBHD website.

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2. The Beneficiary Handbooks, *Guide to Mental Health Services and Guide to Substance Use Disorder Services* contain detailed information about the processes and will be available at all certified sites, through the 24/7 Central Access line at: 800-838-1381, and posted on the SLOBHD website in a machine readable and downloadable format.
3. SLOBHD will post Client Information Centers at each certified site, which will contain notices explaining grievance, appeal, and expedited appeal processes to ensure that the information is readily available to both beneficiaries and staff.
4. Consumer Request Forms and postage paid, self-addressed envelopes will be available in each Client Information Center. Clients are able to obtain, complete and return a Consumer Request Forms without having to make a verbal or written request to anyone.

B. General Provisions

1. A beneficiary may authorize another person to act on the beneficiary's behalf, including the Behavioral Health care provider in an appeal or expedited appeal. The beneficiary's legal representative may use the grievance/appeal/expedited appeal processes on the beneficiary's behalf.
2. All grievances/appeals/expedited appeals will be directed to the Patients' Rights Advocate (PRA) for logging and assistance.
3. A beneficiary or a provider will not be subject to discrimination or any other penalty or punitive adverse benefit determination for filing a grievance/appeal/expedited appeal
4. All grievances/appeals/expedited appeals will be resolved in a confidential manner that respects the rights and dignity of the beneficiary.
5. The PRA will present problem resolution issues to the Quality Support Team (QST) Committee a quarterly basis (more frequently if needed) for quality improvement purposes. The QST Committee will forward concerns to the Behavioral Health Administrator as needed to effect system changes.

C. Filing a Grievance/Appeal/Expedited Appeal

1. Appeals and expedited appeals must be filed within 60 days of the Notice of Adverse Benefit Determination (NOABD) that is being appealed.
2. Grievances can be filed orally or in writing at any time.
3. Appeals will be initially filed orally or in writing. An oral appeal must be followed up by a written, signed appeal.
4. Expedited appeals will be filed orally without requiring that the request be followed by a written appeal.
5. The Consumer Request Form will be available for written submission of grievances/appeals/expedited appeals.

6. The PRA will, at the beneficiary's request, assist with these filing processes. Assistance will include, but not be limited to, help writing the grievance/appeal/expedited appeal on a Consumer Request Form, interpreter services, including ASL and TTY/TTD.
7. The date of the initial oral or written submission starts the disposition timeline.

8. If SLOBHD denies a beneficiary's request for expedited appeal resolution, the PRA will:

    a. Resolve the issue as a standard appeal
    b. Make reasonable efforts to promptly notify the beneficiary and/or representative of the denial of the request for an expedited appeal
    c. Provide written notice within two calendar days of the date of the denial

D. Grievance/Appeal Log and Confirmation of Receipt

1. The PRA will record each grievance/appeal/expedited appeal in a Grievance/Appeal Log within one working day of receipt. The log will contain all of the following:

    - Name of the beneficiary
    - A general description of the reason for the appeal or grievance
    - The date received
    - The date of each review or, if applicable, review meeting
    - Resolution at each level of the appeal or grievance, if applicable
    - Date of resolution at each level, if applicable
    - Persons responsible for resolution
    - Final resolution
    - Date the written decision is sent to the beneficiary

2. The PRA will report de-identified data to DHCS from the log on an annual basis that summarizes beneficiary grievances, appeals and expedited appeals. The report shall include the total number of grievances, appeals and expedited appeals by type, by subject areas and by disposition.

3. The PRA will retain the log and records for a period of no less than 10 years.

4. The PRA will send written confirmation to the beneficiary within one working day of the receipt of the grievance/appeal/expedited appeal. The written notice of the resolution must include the following:

    a. The results of the resolution process and the date it was completed
    b. For appeals not resolved wholly in favor of the enrollees—
        I. Have the right to request a State fair hearing, and how to do so

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II. Have the right to request and receive benefits while the hearing is pending, and how to make the request
III. Know that the beneficiary, may, consistent with state policy, be held liable for the cost of those benefits if the hearing decision upholds SLOBHD's Notice of Adverse Benefit Determination (NOABD).

E. Timelines for Resolution

Resolution	Resolution and Notification Timeline
Grievance	90 calendar days
Appeal	30 calendar days
Expedited Appeal	72 hours

1. If the grievance/appeal/expedited appeal is not resolved in the allotted timeframe, the PRA will notify the beneficiary and issue a NOABD.
2. Timeframes may be extended by up to 14 calendar days if the beneficiary requests an extension or if SLOBHD determines that there is a need for additional information and that the delay is in the beneficiary's interest.
3. If SLOBHD extends the timeframes, the PRA shall, for any extension not requested by the beneficiary, notify the beneficiary of the extension and the reasons for the extension in writing within (2) two calendar days. The notice must include the reason the decision to extend the timeframe was made and information of the right to file a grievance if he or she disagrees with that decision.

F. Review process

1. SLOBHD will allow the beneficiary and/or representative to examine, before and during the appeal process, the beneficiary's medical records, any other documents or records and any new or additional evidence considered, relied upon or generated by SLOBHD in connection with the appeal.
2. In an appeal or expedited appeal, SLOBHD will provide the beneficiary with a reasonable opportunity to present evidence in person or in writing and make legal and factual arguments.
3. SLOBHD will utilize staff who were neither involved in any previous level of review or decision-making nor a subordinate of any such individual.
4. If an appeal or expedited appeal is about a clinical issue, SLOBHD will utilize staff with appropriate clinical expertise to review and make decisions on the appeal.
5. SLOBHD must take into account all comments, documents, records, and other information submitted by the beneficiary or their representative without regard to whether such information was submitted or considered in the initial adverse benefit determination.
6. SLOBHD must provide that oral inquiries seeking to appeal an adverse benefit determination are treated as appeals (to establish the earliest possible filing date for

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the appeal) and must be confirmed in writing, unless the beneficiary or the provider requests expedited resolution.

7. SLOBHD must provide the beneficiary a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments. SLOBHD must inform the beneficiary of the limited time available for this sufficiently in advance of the resolution timeframe for appeals and expedited appeals.
8. SLOBHD must provide the beneficiary and his or her representative the enrollee's case file, including medical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by SLOBHD in connection with the appeal of the adverse benefit determination. This information must be provided free of charge and sufficiently in advance of the resolution timeframe for appeals.

G. Notification of Resolution

1. The PRA will notify providers involved in the grievance/appeal/expedited appeal of the final disposition of the process.

2. The PRA will notify the beneficiary and/or his or her representative of the resolution of the grievance or appeal in writing. The notice will contain:

    I. The results of the appeal resolution process
    II. The date that the appeal decision was made
    III. If an appeal is not resolved wholly in favor of the beneficiary, the notice shall also contain information regarding the beneficiary's right to a fair hearing and the procedure for filing for a fair hearing after the appeal process has been exhausted

3. In addition to written notification following an expedited appeal, the PRA will make reasonable efforts to provide oral notice to the beneficiary and/or his or her representative.

H. SLOBHD will promptly provide or arrange and pay for the disputed services if the decision of the appeal resolution process reverses a decision to deny, limit or delay services.

I. Aid Paid Pending

1. SLOBHD will provide “aid paid pending” (APP) services during the resolution of an appeal or expedited appeal to beneficiaries who have filed a timely appeal (10 days from the date the Notice Of Adverse Benefit Determination (NOABD) was mailed or 10 days from the date the NOABD was personally given to the beneficiary).

2. The beneficiary must either have an existing service authorization, which has not lapsed, and the service is being terminated, reduced, or denied for renewal by SLOBHD.
3. This adverse benefit determination will permit a beneficiary to continue to receive their existing services until the period covered by the existing authorization expires, the date an appeal is resolved or a hearing decision is rendered, or the date on which the appeal is otherwise withdrawn or closed, whichever is earliest.
4. APP services will be provided at no cost to the beneficiary.

V. Definitions:

a. **Adverse benefit determination**:

- The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- The reduction, suspension, or termination of a previously authorized service.
- The denial, in whole or in part, of payment for a service.
- The failure to provide services in a timely manner, as defined by SLOBHD
- A failure to act within the timeframes for resolution of grievances, appeals, or expedited appeals

b. **Appeal**

- A review by **SLOBHD** of an adverse benefit determination when requested by a beneficiary or provider.
- A request by a beneficiary or a beneficiary's representative for review of an adverse benefit determination.
- A request by a beneficiary or a beneficiary's representative for review of a provider's determination to deny or modify a beneficiary's request for Specialty Mental Health Services (SMHS) and/or Substance Use Disorder Services (SUDS).
- A request by a beneficiary or a beneficiary's representative for review of the timeliness of the delivery of a SMHS or SUDS when the beneficiary believes that services are not being delivered in time to meet the beneficiary's needs, whether or not SLOBHD has established a timeliness standard for the delivery of service.

c. **Expedited Appeal:** The accelerated resolution of an appeal when SLOBHD determines or the beneficiary and/or the beneficiary's provider certifies that following the timeframe for an appeal would seriously jeopardize the beneficiary's life, health, or ability to attain, maintain, or regain maximum function.

d. **Grievance:** A beneficiary's verbal or written expression of dissatisfaction about any matter other than a matter covered by an adverse benefit determination. Grievances

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may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the enrollee's rights regardless of whether remedial action is requested. Grievance includes an enrollee's right to dispute an extension of time proposed by SLOBHD to make an authorization decision.

VI. DOCUMENT HISTORY

Revision Date:	Section Revised:	Details of Revision:
11/18/2015	Purpose All	Added Purpose Combined Policies 4.02, 4.07, 4.08, 4.10
08/15/2017	All	Updated with CFR 42 language and timeliness
Prior Approval dates: 5/30/2009, 6/5/2010, 10/12/2015		

Signature on file		*08/24/2017*
Approved by:	Anne Robin, LMFT, Behavioral Health Administrator	Date

Appendix 36

San Luis Obispo County Health Department
Consent for the Disclosure, Use and Exchange of Confidential Information for Multi-Purpose Consent

Last, First, MI Name: MR#:

Last 4 digits of SSN: XXX-XX- DOB:

☐ **By Initialing, I consent that my entire medical record can be Received, Shared and Disclosed from and between my Substance Use Disorder Program Health Information and the following Non-treatment providers initialed below.**

OR

☐ **By Initialing, I consent to only certain portions and/or date range of my Substance Use Disorder Program Health Information medical record can be Received, Shared and Disclosed from and between my Substance Use Disorder Program Health Information and the following Non-treatment providers initialed below (Indicate specifics)**
_____(Date) to _____(Date)

_____
_____
_____

Legal medical record includes the following:
CalOMS Admission and Discharge, Diagnostics, any Assessments, Re-Assessments or Screenings, Lab and Drug Testing and Results, Discharge Summaries/Plans, Treatment Plans, Progress Notes, including Group Counseling Notes, Physician/Prescriber Progress Notes, Attendance Records, Service Requests, Referrals, Physical Examinations, and Justification for Continued Treatment.

San Luis Obispo Behavioral Health-Substance Program will only disclose to whom you have given consent in writing.

Initials	Organizations	Initials	Organizations
	SLO County Social Services		Sentry/Cordant
	SLO County Sheriff (Bailiff)		Foster Parent
	SLO County Counsel		Veterans' Service Officer
	SLO County Superior Court		Family Members
	Testing Laboratories		Recovery Residences
	School		Other:
	CAPSLO Direct SVCS/Parent Education		Other:
	Pharmacy:		Other:
	Probation		Other:
	Parole		Other:
	Court Appointed Special Advocates (CASA)		Other:
	Attorney(s):		Other:

5-13-21

Appendix 37

Purpose and Limitations for the Use or Release of the Information
I understand that the purpose for the ongoing disclosure and sharing of my health information is to allow for coordination of care/Treatment/Referrals between any non-treatment providers listed in this consent.
By Initialing, this Consent to receive, share, and disclose: ☐ Will not expire until the end of treatment OR ☐ Will expire on (Enter date not to exceed 1 year) or specific event: _____
• I consent to the use and/or disclosure of my individually identifiable health information as described above for the purpose listed. I understand that I do not need to sign this consent to receive treatment, enroll in services or for payment for my health care. If my refusal to sign affects San Luis Obispo County's ability to provide services, San Luis Obispo County will try to offer services under another program. • I have the right to revoke this consent by sending a signed notice stopping the consent to: SLO County Privacy Officer: 2180 Johnson Ave., San Luis Obispo, CA 93401 Or via email at privacy@co.slo.ca.us; or call (855) 326-9623 • The Notice of Privacy Practices provides instructions if I choose to revoke my consent and includes limitations of my revocation. This consent expires on listed date or event unless revoked sooner and I understand that some information may have already been disclosed prior to my revocation. • PART 2-Confidentiality of Substance Use Disorder Patient Records are protected under Federal regulations governing confidentiality under 42 C.F.R Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R Part 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. • I have the right to receive a copy of this consent.
Client Signature:_____Print Name:_____Date:_____ Representative Signature:_____Relation:_____Date:_____ Staff Signature:_____Print Name:_____Date:_____

5-13-21

Appendix 37

Departamento de Salud del Condado de San Luis Obispo
Consentimiento para la divulgación, uso e intercambio de
Información confidencial para el consentimiento de propósitos múltiples

Apellido, Nombre, Mi: MR#:
Ultimos cuatro digitos del numbero de Seguro social: XXX-XX-___ Fecha de nacimento:

☐ **Al poner mis iniciales, doy mi consentimiento para que mi registro médico completo pueda ser recibido, compartido y divulgado desde y entre la Información del Programa de Trastorno por Uso de Sustancias y los siguientes Proveedores que no reciben tratamiento indicado(s) debajo desde_____ (fecha) hasta _____ (fecha)**

El registro médico legal incluye lo siguiente:
Admisión y alta de CalOMS, diagnósticos, cualquier evaluación, reevaluación o detección, resultados y pruebas de laboratorio y de drogas, resúmenes / planes de alta, planes de tratamiento, notas de progreso, incluidas notas de grupo y notas de progreso del médico, registros de asistencia, solicitudes de servicio, referencias , Exploraciones físicas, Justificación de la continuación del tratamiento.

☐ **Al poner mis iniciales, doy consentimiento pata que solo ciertas partes, de mi expediente médico del programa de Trastorno por Uso de Sustancia sea recibido, compartido y divulgado entre el Programa de Trastorno por Uso de Sustancia Información de Salud y los siguientes Proveedores que no reciben tratamientos indicado(s) debajo (indique los detalles específicos):**

_____
_____
_____
_____

El Programa de Sustancias de Salud Mental de San Luis Obispo solo revelará a quién usted ha dado su consentimiento por escrito.

Iniciales	Organizaciones	Iniciales	Organizaciones
	Condado de San Luis Obispo- Departamento de Servicios Sociales		Otro: Sentry/Cordant
	Condado de San Luis Obisop- Departamento de Sheriff (Bailiff)		Otro: Farmacia:
	Condado de San Luis Obispo- Departamento del consejo		Otro:
	Condado de San Luis Obispo- Corte Superior		Otro:
	Laboratorios de pruebas		Otro:
	Escuela		Otro:
	CAPSLO Direct SVCS/Parent Education		Otro:
	Tri-Counties Regional Center		Otro:
	Departamento de libertad condicional (Probacion)		Otro:
	Departamento de libertad condicional (Parole)		Otro:

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	Defensores especiales designados por el tribunal (CASA)		Otro:
	Abogados:		Otro:
	Miembros de la familia:		Otro:
	Oficial de servicios para veteranos:		Otro:
	Padres adoptivos (Foster Parent):		Otro:
	Instalaciones de tratamiento residencial		Otro:
	Residencias de recuperación		Otro:

Propósito y limitaciones para el uso o divulgación de la información

Entiendo que el propósito de la divulgación continua y el intercambio de mi información médica es permitir la coordinación de la atención / el tratamiento / las referencias entre los proveedores que no reciben tratamiento y que figuran en este consentimiento.

Al poner sus iniciales, este consentimiento para recibir, compartir y divulgar:

☐ **No caducará hasta el final del tratamiento.**

O

☐ **Expirará el (Ingrese la fecha que no exceda 1 año) o evento específico:**

_____

- **Doy mi consentimiento para el uso y / o divulgación de mi información médica identificable individualmente como se describe arriba para el propósito mencionado. Entiendo que no necesito firmar este consentimiento para recibir tratamiento, inscribirme en servicios o para el pago de mi atención médica. Si mi negativa a firmar afecta la capacidad del condado de San Luis Obispo para brindar servicios, el condado de San Luis Obispo intentará ofrecer servicios bajo otro programa.**
- **Tengo derecho a revocar este consentimiento enviando una notificación firmada deteniendo el consentimiento a:**
  Oficial de privacidad del condado de SLO: 2180 Johnson Ave., San Luis Obispo, CA 93401
  O por correo electrónico a privacy@co.slo.ca.us; o llame al (855) 326-9623
- **El Aviso de prácticas de privacidad proporciona instrucciones si elijo revocar mi consentimiento e incluye limitaciones de mi revocación. Este consentimiento vence en la fecha o evento indicado a menos que se revoque antes y entiendo que es posible que alguna información ya haya sido divulgada antes de mi revocación.**
- **PARTE 2: Confidencialidad de los registros de pacientes con trastornos por uso de sustancias están protegidos por las regulaciones federales que rigen la confidencialidad según 42 CFR Parte 2, y la Ley de Portabilidad y Responsabilidad de Seguros de Salud de 1996 (HIPAA), 45 CFR Parte 160 y 164, y no se pueden divulgar sin mi consentimiento por escrito a menos que las regulaciones dispongan lo contrario.**
- **Tengo derecho a recibir una copia de este consentimiento.**

Firma del cliente:_____ Imprimir nombre:_____Fecha:_____

Firma del representante:_____Relación:_____Fecha:_____

Firma del personal:_____ Imprimir nombre:_____ Fecha:_____

Appendix 37

San Luis Obispo County Behavioral Health Services
2178 Johnson Avenue, San Luis Obispo, CA 93401-4535
Phone: (805) 781-4700
Fax: (805) 781-4271

AUTHORIZATION TO USE AND/OR DISCLOSE PROTECTED HEALTH INFORMATION

Last Name	First	Middle	AKA:
Street Number/Name	City	State	Zip Code
Home Telephone: ( )	DOB:	Last four digits of SSN#: XXX – XX - _____	

San Luis Obispo County Behavioral Health Services is authorized to:

☐ Receive/Obtain information from **AND/OR** ☐ Release information to:

Contact Person Name/Organization:

Street Address:

City/State/Zip Code

Telephone: ( ) Fax:( )

_____ **I authorize the use and/or disclosure of the entire behavioral health record.**
(Initials)

OR*

I only authorize the use and/or disclosure of the following (initial):

_____ Mental Health Diagnosis/Diagnostic Information
_____ Initial Evaluation/Assessment
_____ Psychiatric Evaluation
_____ Medication History _____ Discharge Summary _____ Transfer Summary
_____ Labs _____ Nursing Assessment _____ Treatment Summary
_____ Other: _____
_____

*Psychotherapy notes require a separate authorization

I additionally specifically authorize the use and/or disclosure of the following health information (initial):

_____ Alcohol and/or Drug Abuse Treatment Program
_____ HIV/AIDS Testing, Diagnosis and/or Treatment

PURPOSE: I authorize San Luis Obispo County Behavioral Health Services to use or disclose my health information, during the term of this authorization for the following specific purpose:

☐ Evaluation ☐ Treatment Planning/Course/Delivery
☐ Other (Specify): _____
_____

Client Name:_____ **Record Number:**_____

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I understand the following about this authorization:

- I can revoke this authorization in writing. Requests to revoke authorizations must be made in writing at the Medical Records Office where this form originated. For additional information see our Notice of Privacy Practices. Revocation is effective upon receipt, except to the extent that others have previously acted in reliance upon this authorization
- Treatment cannot be denied to you if you refuse to sign this authorization. However, outside agencies, that require protected health information to provide various services to, or for, you may not be able to do so.
- If the recipient of this information is subject to California or federal confidentiality laws, it is possible that it may be redisclosed.
- This authorization includes written, electronic, and/or verbal disclosure.
- I have a right to receive and I will be offered a copy of this authorization. _____ _____
  Please Initial Received Offered copy
- A copy of this authorization is as valid as an original.

I may contact San Luis Obispo County Behavioral Health Services Privacy Officer by mail at:
2178 Johnson Avenue, San Luis Obispo, CA 93401-4535, or by calling (805) 781-4700.

TERM: This authorization will remain in effect from the date of this authorization until the _____ day of _____, 20 _____ .

I have read and understand the terms of this Authorization and I have had an opportunity to ask questions about the use and/or disclosure of my health information. By my signature below, I hereby, knowingly and voluntarily, authorize San Luis Obispo County Behavioral Health Services to use and/or disclose my health information in the manner described above.

Client Signature : _____ Date:_____

A minor client's signature (12-17) is required in order to release information concerning care for mental health conditions and/or alcohol drug abuse issues.

Signature of Parent/Guardian/Conservator and Authorized Representative and Description of Authority**

_____ Date:_____

**(with copy of court papers/letters of conservatorship)

Signature of Staff:_____ Date: _____
(MD, PhD, LCSW, LMFT)

Client Name:_____ Record Number:_____

Appendix 38

San Luis Obispo County Mental Health
2178 Johnson Avenue, San Luis Obispo, CA 93401-4535

Teléfono: (805) 781-4700
Fax: (805) 781-4271

AUTORIZACIÓN PARA USAR Y/O REVELAR INFORMACIÓN SANITARIA PROTEGIDA
AUTHORIZATION TO USE AND/OR DISCLOSE PROTECTED HEALTH INFORMATION

Apellido	Primer nombre	Segundo nombre	También conocido como:

Calle/Número	Ciudad	Estado	Código postal

Teléfono particular: ( )	Fecha nac.:	Últimos cuatro dígitos del Nro. de seguro social: XXX – XX - _____

El servicio de salud conductual del condado de San Luis Obispo está autorizado a:

☐ Recibir / Obtener información de **Y/O** ☐ Brindar información a:

Nombre de la persona/organización de contacto:

Domicilio:

Ciudad/Estado/Código postal

Teléfono: ( ) Fax:( )

_____ **Autorizo el uso y/o la publicación de toda la historia clínica conductual.**
(Firmas)

O*

Sólo autorizo el uso y/o la publicación de lo siguiente (firma):

_____ Diagnóstico de enfermedad mental/Información del diagnóstico
_____ Evaluación inicial/Diagnóstico
_____ Evaluación psiquiátrica
_____ Historial de medicación _____ Resumen del alta médica _____ Resumen para transferencia
_____ Laboratorio _____ Evaluación de las enfermeras _____ Resumen del tratamiento
_____ Otros: _____

*Las anotaciones de psicoterapia requieren una autorización por separado.

Sólo autorizo el uso y/o la publicación de lo siguiente (firma):

_____ Programa de tratamiento para el abuso de alcohol /drogas
_____ Pruebas para VIH, su diagnóstico y/o tratamiento

PROPÓSITO: Autorizo al Servicio de salud conductual del condado de San Luis Obispo a usar y publicar información sobre mi salud durante el término de esta autorización para los siguientes propósitos específicos:

☐ Evaluación ☐ Planificación del tratamiento/Curso/Entrega
☐ Otro (especificar) _____

Client Name: _____ **Client Number:** _____

Data Filss M AuthorizationToUseAndOrdiscloseProtectedHealth Information Spanish cd298s Rev 02/08

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Appendix 38

Entiendo lo siguiente acerca de esta autorización:

- Puedo revocar esta autorización por escrito. Las solicitudes para revocar autorizaciones pueden hacerse por escrito en la oficina de registros médicos donde se emitió este formulario. Para más información, vea nuestra notificación sobre prácticas de privacidad. La revocación tiene vigencia a partir de su recepción, excepto en la medida en que otros hayan actuado en base a la autorización.
- No se le pueden negar tratamientos sobre la base de haberse negado a firmar esta autorización. Sin embargo, es probable que agencias externas, que requieran información protegida de salud para brindarle varios servicios, no estén en condiciones de brindarle el tratamiento.
- Si quien recibe esta información está sujeto a las leyes de California o a las federales de confidencialidad, es posible que la pueda volver a publicar.
- Esta autorización incluye la revelación por escrito, en forma electrónica y/o oral.
- Tengo derecho a recibir y se me debe ofrecer una copia de esta autorización. _____ _____
  Firme Recibido Copia ofrecida
- La copia de esta autorización es tan válida como el original.

Puedo ponerme en contacto con la oficina de privacidad del Servicio de salud conductual del condado de San Luis Obispo por correo escribiendo a:
2178 Johnson Avenue, San Luis Obispo, CA 93401-4535, o llamando por teléfono al (805) 781-4700.

PLAZO: La presente autorización tendrá vigencia a partir de la fecha de la presente autorización hasta el _____ día de _____ de 20 _____ .

He leído y entiendo los términos de la presente Autorización y he tenido la oportunidad de hacer preguntas acerca del uso y/o la publicación de información relativa a mi salud. Por medio de mi firma, que aparece más abajo, en forma voluntaria y con conocimiento, autorizo por la presente al Servicio de salud conductual del condado de San Luis Obispo a usar y/ o revelar la información sobre mi salud en la forma descripta más arriba.

Firma del paciente: _____ Fecha:_____

En caso de un paciente menor de edad (12-17 años), se requiere su firma para revelar información relativa a su estado de salud mental y/o temas relacionados con el abuso de drogas y alcohol.

Firma del padre/tutor/protector, representante autorizado y descripción de autoridad**

_____ Fecha:_____

**(con copia de documentos del tribunal/documentos de tutela o curaduría)

Signature of Staff
Firma del personal:_____ Fecha(Date): _____
(Doctor en medicina, PhD., asistente social clínico matriculado, terapeuta familiar matriculado) (MD, PhD, LCSW, LMFT)

Client Name: _____ **Client Number:** _____

Data Filss M AuthorizationToUseAndOrdiscloseProtectedHealth Information Spanish cd298s Rev 02/08 Página 2 de 2

Appendix 38

Latino Outreach Program
COUNTY OF SAN LUIS OBISPO BEHAVIORAL HEALTH DEPARTMENT
EMOTIONAL WELLNESS SERVICES FOR THE LATINO COMMUNITY
SERVICIOS DE BIENESTAR EMOCIONAL PARA LA COMUNIDAD LATINA
TELEPHONE
TELÉFONO
1-800-838-1381
COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
Services
• Increase access to other community services / Acceso a otros servicios comunitarios.
• Services available at clinics, schools, and community resource centers / Los servicios están disponibles en clínicas, escuelas, y centros de recursos comunitarios.
• Services will help you improve your coping and social skills / Los servicios te ayudarán a mejorar tus habilidades sociales y para enfrontar problemas.
Mental Health Services Act
Ley de Servicios de Salud Mental
The services provide culturally competent behavioral health services.
Funding for this program is provided by Community Services and Supports, and Prevention and Early Intervention.
Los servicios proveen servicios de salud conductal culturalmente competentes.
El financiamiento para éste programa es propocionado por Servicios Comunitarios y Apoyos, y Prevención e Intervención Temprana.

Appendix 39

Information About the Services / Información Acerca de los Servicios
Services Offered
• Therapy for children, youth, adults, and families offered by bilingual and bicultural therapists.
Servicios Ofrecidos
• Terapia para niños, jóvenes, adultos, y familias ofrecidos por terapeutas bilingües y biculturales.
• Services are offered to Latinos who are low income and to those covered by MediCal. / Los servicios son ofrecidos a los Latinos que tengan poco ingreso y a aquellos que sean cubiertos por MediCal.
• Services are provided by bilingual and bicultural counselors. / Los servicios son proporcionados por terapeutas bilingües y biculturales.
We can help you if you are experiencing / Le podemos ayudar si esta experimentado:
1. Emotions and behaviors which you cannot understand / Emociones y comportamientos que no puedes entender.
2. Anger that you cannot control / Cólera que no puedes controlar.
3. Uncontrollable crying and prolonged periods of sadness / Llanto incontrolable y períodos prolongados de tristeza.
4. Excessive worry / Preocupación excesiva.
5. Painful and fearful memories / Recuerdos que traen dolor y temor.
6. Irrational thoughts / Pensamientos irracionales.
7. Decreased functioning at school, work, or home / Disminución del funcionamiento en la escuela, el trabajo, ó el hogar.
8. Suicidal and/or self-harm thoughts / Pensamientos suicidas.
9. Great difficulty adjusting to and coping with the American culture / Dificultad para adaptarse a la cultura Americana.

Appendix 39

LOBBY CHECKLIST

FOR THE FOLLOWING SLO COUNTY MENTAL HEALTH LOBBIES:
North County MH Clinic/Atascadero, Kinship Center, SLO Adult MH Clinic (CON REP), SLO Youth Services, MHSA, Martha's Place, Family Care Network, Juvenile Services Center, Transitions Mental Health Admin Office, South County Clinic/Arroyo Grande, SAFE Family Resource Center - South County

LOCATION: _____ AUDIT DATE: _____

___ Consumer Request Form ENGLISH, w/addressed stamped envelope
(Tri-fold double-sided: Addresses complaints, 2nd opinion, grievances, appeals)

___ Consumer Request Form SPANISH, w/addressed stamped envelope
(Tri-fold double-sided: Addresses complaints, 2nd opinion, grievances, appeals)

___ GUIDE TO Medi-Cal Mental Health Services, ENGLISH booklet
(Beneficiary Handbook)

___ GUIDE TO Medi-Cal Mental Health Services, SPANISH booklet
(Beneficiary Handbook)

___ Notice of Privacy Practices (May 10, 2010) ENGLISH (HIPAA)

___ Notice of Privacy Practices (10/1/2009) SPANISH (HIPAA)

___ Medi-Cal Ombudsman Services (tri-fold brochure), ENGLISH

___ Medi-Cal Ombudsman Services (tri-fold brochure), SPANISH

___ SIGN (font 48): "Dear Consumers, Informational materials are available in alternative formats. Please ask the receptionist for assistance."

___ SIGN (font 48): "Dear Consumers, Free language assistance services are available upon request. Please ask the receptionist for assistance."

___ SIGN (font 48): "Estimado Consumidores, Informar materias estan disponible en formatos alternativos. Pregunte por favor al recepcionista para la ayuda."

___ SIGN (font 48): "Si usted busca servicion de salud mentales y necesita ayuda en
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espanol por favor de informarle a la recepcionista. Gracias."

___ SIGN (font 72): "Free language assistance available upon request."

___ YOUR RIGHTS poster (8 ½ X 14), HEALTH AGENCY, County of SLO ENGLISH

___ YOUR RIGHTS poster (8 ½ X 14), HEALTH AGENCY, County of SLO SPANISH

___ Provider List of Behavioral Health Clinics and Contract Providers
7 pages (print double sided.) On M-Drive, each Program Supervisor has access/copy.

FOR THE FOLLOWING SLO COUNTY MENTAL HEALTH FACILITIES:
PSYCHIATRIC HEALTH FACILITY (PHF), SLO COUNTY MENTAL HEALTH; YOUTH TREATMENT PROGRAM, TRANSITIONS MENTAL HEALTH ASSOCIATION (TMA); SOCIALIZATION PROGRAM, TRANSITIONS MENTAL HEALTH ASSOCIATION (TMA); AMERICAN CARE HOME, ATASCADERO

LOCATION: _____ AUDIT DATE: _____

___ MENTAL HEALTH PATIENTS RIGHTS poster (CA Dept. M Health, 1999)

___ Rights for Individuals in Mental Health Facilities - Admitted under the Lanter-man-Petris-Short Act. HANDBOOK ENGLISH: (CA Dept. of Mental Health)

___ Rights for Individuals in Mental Health Facilities - Admitted under the Lanter-man-Petris-Short Act. HANDBOOK/MANUAL SPANISH: (CA Dept. of M. Health)

___ Consumer Request Form ENGLISH, w/addressed stamped envelopes
(Tri-fold double-sided) Addresses complaints, 2nd opinion, grievances, appeals

___ Consumer Request Form SPANISH, w/addressed stamped envelopes
(Tri-fold double-sided) Addresses complaints, 2nd opinion, grievances, appeals

___ GUIDE TO Medi-Cal Mental Health Services ENGLISH booklet
(Beneficiary Handbook)

___ GUIDE TO Medi-Cal Mental Health Services SPANISH booklet
(Beneficiary Handbook)

___ Notice of Privacy Practices (May 10, 2010) ENGLISH

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___ Notice of Privacy Practices (10/1/2009) SPANISH

___ Medi-Cal Ombudsman Services (tri-fold brochure) ENGLISH

___ Medi-Cal Ombudsman Services (tri-fold brochure) SPANISH

___ SIGN (font 48): "Dear Consumers, Informational materials are available in alternative formats. Please ask the receptionist for assistance."

___ SIGN (font 48): "Dear Consumers, Free language assistance services are available upon request. Please ask the receptionist for assistance."

___ SIGN (font 48): "Estimado Consumidores, Informar materias estan disponible en formatos alternativos. Pregunte por favor al recepcionista para la ayuda."

___ SIGN (font 48): "Si usted busca servicion de salud mentales y necesita ayuda en espanol por favor de informarle a la recepcionista. Gracias."

___ SIGN (font 72): "Free language assistance available upon request."

___ Provider List of Behavioral Health Clinics and Contract Providers
7 pages (print double sided.) This document is on the SLO County M-Drive

Appendix 40

DAS
SLO County Health Agency Client Information Center
Centro de Información para Cliente

Behavioral Health Patients' Rights Poster
English
(Located at I:\BH.PatientRightsAdvocate\Consumer Information Board materials) *Ask PRA*

Behavioral Health Patients' Rights Poster
Spanish
(Located at I:\BH.PatientRightsAdvocate\Consumer Information Board materials) *Ask PRA*

Guide to Medi-Cal Mental Health Services Handbook
English and Spanish
(Located on the slocounty.ca.gov website-Behavioral Health section)
Request hard copy from PRA

Drug Medi-Cal Organized Delivery System Handbook
English and Spanish
(Located on the slocounty.ca.gov website-Behavioral Health section)
Request hard copy from PRA

Language Assistance
(Located on the slocounty.ca.gov website-Behavioral Health section)

Emergency Phone List
Specific to site
(Located at I:\BH.PatientRightsAdvocate\Consumer Information Board materials\Emergency Services Clinic List) *Ask PRA*

Code of Conduct
(Request from PRA)

Notice of Privacy Practices
(Request from PRA)

SUDS Provider List
English
Spanish
(Located on the slocounty.ca.gov website-Behavioral Health section)

Mental Health Provider Directory
English
&
Spanish
(Located on the slocounty.ca.gov website-Behavioral Health section)

Complaint / Appeal Information **Información de Quejas / Apelaciones**

Consumer Request Instructions English
(Located at I:\BH.PatientRightsAdvocate\Consumer Information Board materials) *Ask PRA*

Consumer Request form English
slocounty.ca.gov website-Behavioral Health section
Envelopes (Request from PRA)

Consumer Request Drop Box

Consumer Request form Spanish
slocounty.ca.gov website-Behavioral Health section
Envelopes (Request from PRA)

Consumer Request Instructions Spanish
(Located at I:\BH.PatientRightsAdvocate\Consumer Information Board materials) *Ask PRA*

Appendix 40

Mental Health
SLO County Health Agency Client Information Center
Centro de Informacion para Cliente

Behavioral Health Patients' Rights Poster English (Located at I:\BH.PatientRightsAdvocate\Consumer Information Board materials) *Ask PRA*

Behavioral Health Patients' Rights Poster Spanish (Located at I:\BH.PatientRightsAdvocate\Consumer Information Board materials) *Ask PRA*

Guide to Medi-Cal Mental Health Services English and Spanish (Request from PRA)

Language Assistance (Located on the slocounty.ca.gov website-Behavioral Health section)

Emergency Phone List Specific to site (Located at I:\BH.PatientRightsAdvocate\Consumer Information Board materials\Emergency Services Clinic List) *Ask PRA*

Code of Conduct (Request from PRA)

Notice of Privacy Practices (Request from PRA)

Mental Health Provider Directory English & Spanish (Located on the slocounty.ca.gov website-Behavioral Health section)

Complaint / Appeal Information **Informacion de Quejas / Apelaciones**

Consumer Request Instructions English (Located at I:\BH.PatientRightsAdvocate\Consumer Information Board materials) *Ask PRA*

Consumer Request form English Envelopes (Request from PRA)

Consumer Request Drop Box

Consumer Request form Spanish Envelopes (Request from PRA)

Consumer Request Instructions Spanish (Located at I:\BH.PatientRightsAdvocate\Consumer Information Board materials) *Ask PRA*

Appendix 40

COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT

Nicholas Drews, *Interim Health Agency Director*
Anne Robin, LMFT *Behavioral Health Director*

Policy
County threshold language materials are distributed to all treatment sites.

Procedure

1. Behavioral Health Services maintains a list of bilingual materials including, but not limited to:
    a. Outpatient medical record materials on the list called Bilingual Forms
    b. Patient's Rights poster as contained in the medical records Forms Managed Care file
    c. Medi-Cal Beneficiary Member Handbook
    d. County of San Luis Obispo Health Agency Grievance Form
    e. Department of Behavioral Health Medi-Cal Ombudsman Services Brochure
    f. Consumer Satisfaction Survey

2. Bilingual materials are distributed on an as-needed basis by the Central Medical Records to sites.

3. Program Supervisors and Contract Provider Supervisors designate a contact employee for the inventory and distribution of bilingual materials at each service site.

4. The designated contact person replenishes the displayed bilingual materials from Patient's Rights Advocate and Medical Records.

County of San Luis Obispo Health Agency
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COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT

Nicholas Drews, *Interim Health Agency Director*
Anne Robin, LMFT *Behavioral Health Director*

Policy
San Luis Obispo Behavioral Health Services periodically involves clients of the mental health plan in determining the readability and accessibility of the Medi-Cal Beneficiary Handbook for literacy level.

Reference:
CFR, Title 42, Section 438.10(d)(1)(i)
CCR, Title 9, Chapter 11, Section 1810.110(a)

Procedure

1. The standardized review protocol is followed to assess the readability and accessibility of the Beneficiary Handbook as well as other informative handouts.

2. The Patients' Rights Advocate periodically meets face-to-face with a representative sample of beneficiaries and follows these steps:

    a. The presenter introduces the process to a group of clients using wording such as the following: "We need your assistance in reviewing our Beneficiary Handbook and other informing materials. If you wish to participate you may do so voluntarily. You are not required to participate in this focus group. Each client of mental health should receive a Beneficiary Handbook when he or she signs up for services and at the time of the review of their client care plan. We want to ensure that the handbook is understandable to our clients. Clients also receive other informative materials, and we would like to know whether or not these materials are easy to understand."

    b. The presenter distributes the handbook and materials to the clients and reads selected portions out loud as clients follow along by reading their own copy.

    c. The presenter queries for questions or comments and records all responses.

    d. The presenter offers a summary of the client responses to the Performance and Quality Improvement/Quality Management Committee.

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3. Tests of readability must happen with each significant revision of the Beneficiary Handbook or the informing materials.

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Policy & Procedure Manual	Subject: **MHSA Peer and Family Support Services**
Mental Health Services	Policy No.: **6.08**
San Luis Obispo County	Page **1 of 2**

Policy:
The Mental Health Services Act (MHSA) of County of San Luis Obispo establishes Peer support and family education support services and expand these services to meet the needs and preferences of clients and/or family members.

Reference
Title 9, Chapter 14, Section 3610(b)

Procedure
A. Transitions Mental Health Association (T-MHA) is the leading local Community-Based Organization (CBO) responsible for consumer based activities in San Luis Obispo County. MHSA funds the following consumer-based activities run by T-MHA which aims at providing a forum for advocacy, education, promotion of Wellness and Recovery, and striving to eliminate stigma:

1. **Supportive employment and vocational training** is provided through employment readiness classes and job placement.

2. **Client and family-run support**, mentoring and educational groups is conducted through the following programs overseen by a community-based organization.

3. **Peer to Peer** is a 9-week experiential education course on recovery that is free to any person with a mental illness. It is taught by a team of 3 to 4 peer teachers who are experienced at living well with mental illness.

4. **Family to Family** is a 12-week educational course for families of individuals with severe mental illness. It provides up to date information on the diseases, causes and treatments, as well as coping tools for family members who are also caregivers. A team of 2 family members teach the class.

5. The **Peers Empowering Peers** (PEP) Center is a consumer driven Wellness Center in the northern region of the county. Support groups and socialization activities as well as NAMI –sponsored educational activities are conducted here.

6. **Client & Family Partners act as advocates**, to provide day-to-day, hands on assistance, link people to resources, provide support and help to "navigate the system." This strategy will also include a flexible fund that can be utilized for individual and family needs such as uncovered health care, food, short-term housing, transportation, education, and support services.

Approved by Behavioral Health Administrator: Karen Baylor, PhD, LMFT Date: 05/30/2009
Review dates: 05/30/2009

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7. **Peer Advisory/Advocacy Team** (PAAT), Advocates and educates the community about mental health and recovery. Goals include: Eliminate the stigma attached to mental illness. Advocate and educate the mental health system about the valuable workforce contributions to be made by the individuals it serves. Educate individuals served and family members about their rights and responsibilities in the mental health system. Provide support to peer employees and other leaders of the peer movement to ensure that they have the tools they need to achieve and maintain success and job satisfaction. Promote the concept of wellness versus illness and focus attention on personal responsibility and a balanced life, grounded in wholeness.

B. Evidence that the County, in collaboration with T-MHA, has established ongoing peer support and family education support services, as well as expanded these services will be provided in the form of:

i. Announcements and flyers of the aforementioned programs.
ii. Agendas and sign-in sheets
iii. Brochures and newsletters
iv. Meeting minutes
v. Curricula or similar documents that reflect that peer support services and family education support services are available or offered.
vi. Records of statistics for required DMH reports will also be available.

Approved by Behavioral Health Administrator: Karen Baylor, PhD, LMFT Date: 05/30/2009
Review dates: 05/30/2009

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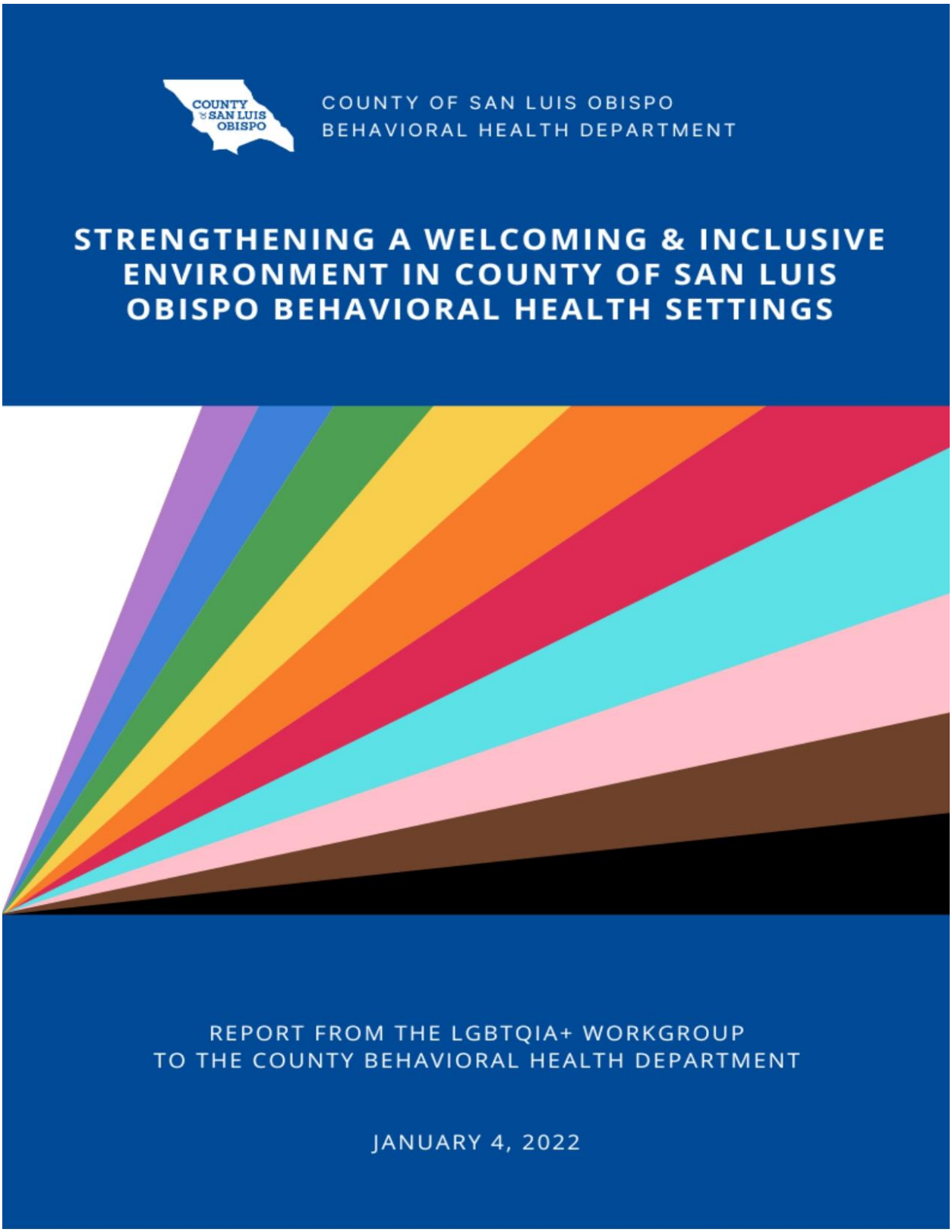
COUNTY OF SAN LUIS OBISPO
BEHAVIORAL HEALTH DEPARTMENT
STRENGTHENING A WELCOMING & INCLUSIVE ENVIRONMENT IN COUNTY OF SAN LUIS OBISPO BEHAVIORAL HEALTH SETTINGS
REPORT FROM THE LGBTQIA+ WORKGROUP
TO THE COUNTY BEHAVIORAL HEALTH DEPARTMENT
JANUARY 4, 2022

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"Judging a book
by its cover
only means
you're not committed to reading the book."

James Jackson[1]
Father of Kiana Shelton, LCSW
LGBTQIA+ Workgroup Member

[1] Ms. Shelton shared these comments about her father's saying. "My dad's quote can be applied to many things. With this work on inclusion, I looked at it from the lens of not summing someone up by their physical appearance. While we may all be guilty of this at times, it's quotes such as this that keep me mindful of the essence of this work: honoring the whole person, not just their 'cover'."

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Attachments:

- Gender-Affirming Systems Audit List
- Website Review: Summary of Findings
- List of Potential Questions for Focus Group of SLO ACCEPTance participants
- LGBTQIA+ Workgroup Roster
- LGBTQIA+ Workgroup Biographical Information

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Executive Summary

Formation of the LGBTQIA+ Workgroup came in response to discussion at the Management Team meetings of Behavioral Health for the County of San Luis Obispo. The discussion raised awareness of needs specific to the LGBTQIA+ community members in the context of behavioral health services. The purpose of the Workgroup was to provide recommendations to the Division Managers of Behavioral Health for their consideration to suggest ways to strengthen a welcoming and inclusive environment for clients, community members, staff and any others who are involved in providing or receiving services.

There are several related efforts that have emerged in San Luis Obispo County that, though launched independently over the last few years, are closely related in focus. Based on the Workgroup's recent experience receiving information from other community-based efforts that also focused on addressing the needs of the LGBTQIA+ community, it seems clear that this focus is timely and essential. While the LGBTQIA+ Workgroup membership was comprised at this time only of people working within the County of San Luis Obispo Behavioral Health programs, group members thought that additional community coordination and collaboration would have strong potential to create benefits for everyone.

Why LGBTQIA+

Designation of this workgroup as LGBTQIA+ reflects the workgroup's decision to use an expansively inclusive name. This in turn reflects the complexity of ways in which people want to be identified on a continuum of gender, including gender identity and gender expression among other constructs.

Below, the acronym is spelled out:
LGBT – Lesbian, Gay, Bisexual, Transgender.
LGBTQIA – Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, and Asexual and/or Ally.

The + indicates the open-endedness of this acronym as a reminder that this community continues to evolve in how members identify themselves.

See Out Right Action International for more information: https://outrightinternational.org

Below is a current list of the parallel efforts that the LBGTQIA+ Workgroup learned about during the last several months:

- *San Luis Obispo County LGBTQ+ Mental Health Needs Assessment* (2019);
- SLO ACCEPTance Mental Health Provider Development Project (2019 – 2021);
- The LGBTQ+ Mental Health Equity Task Force of SLO County, announcement that the group will be publishing their Strategic Plan following a two-year grant-funded community-based effort (2022);
- Program Manager for Diversity, Equity & Inclusion (new position recently filled); and
- County of San Luis Obispo Behavioral Health Proposal for Diversity, Equity & Inclusion (in development).

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As requested, at this time, the LGBTQIA+ Workgroup respectfully submitted this report to Dr. Star Graber, for review by the Behavioral Health Division Managers. The Workgroup members remain hopeful that this report can contribute to improving practices to better serve members of the LGBTQIA+ community in its programs.

Identification of Community Needs

QCARES (Queer Community Action, Research, Education & Support) conducted the *2019 San Luis Obispo County LGBTQ+ Mental Health Community Needs Assessment.*[1] This assessment was funded by County of San Luis Obispo Behavioral Health through the Mental Health Services Act (MHSA). The report identified elevated mental health risks faced by individuals who identify as members of the LGBTQIA+ community. According to the report, "findings suggest that there are several barriers to seeking mental health support services for LGBTQ+ people in San Luis Obispo (SLO) County, including several that were specific to finding or accessing an LGBTQ+ affirming or competent provider." The following examples are included to provide a snapshot of possible issues:

- Not knowing how to find an LGBTQ+ competent provider (68% of respondents);
- Having no LGBTQ+ knowledgeable mental health services in their neighborhood (60% of respondents);
- Experiencing "moderate to high levels of psychological distress (87% of respondents)" often presenting as "severe symptoms of depression and anxiety"; and
- Linking this distress, "at least in part, to their gender or sexual orientation (74% of respondents)."[2]

Recommendations in the *Needs Assessment* targeted improving "mental health and wellness of LGBTQ+ communities across San Luis Obispo County."

The findings of the Needs Assessment may be applicable to discussion of both Drug & Alcohol Services (DAS) programs as well as Mental Health services. As part of current practice, some mental health and substance use treatment providers have recognized an overlap between substance use disorder treatment and mental health treatment, noting that the same clients are often seen in both service locations. [It is noteworthy that DAS clinics have implemented co-occurring treatment options for clients for the last several years.] Given the linkage between mental health/wellness and recovery from substance use disorders, the LGBTQIA+ Workgroup members regard the Needs Assessment findings as important context and rationale for recommending strategies for strengthening a welcoming and inclusive environment at Behavioral Health programs.

Workgroups as a Planning Tool for Program Development. Within Drug & Alcohol Services (DAS), which are part of Behavioral Health for the County of San Luis Obispo Health Agency, staff-led workgroups have periodically taken up specific assignments to assist the management team in program development planning, providing programmatic perspective, information, insights, and recommendations related to specific topic areas. DAS Division Manager Dr. Star Graber confirmed the purpose of the workgroup as "providing guidance to ensure a welcoming, inclusive and responsive environment for all clients attending services at all of the clinics" (personal communication May 19,

[1] https://www.queercares.com/lgbtq-needs-assessment-1
[2] https://www.queercares.com/lgbtq-needs-assessment-1

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2021). This guidance was expected to take the form of prioritized recommendations to be presented to the County of San Luis Obispo's Behavioral Health Division Managers for their consideration. Following review of the recommendations, a potential ongoing role for the LGBTQIA+ Workgroup might entail some technical assistance and oversight for this process.

Beginning ideas. At an initial meeting in March 2021, the LGBTQIA+ Workgroup identified areas for continued exploration (personal communication with Ms. Getten, November 23, 2021). These were:

- Adding welcoming signage and LGBTQIA+ resource information in all clinic lobbies;
- Creating staff training to highlight LGBTQIA+ affirming communication and interactions;
- Reviewing procedures and protocols to accommodate trauma-informed care principles in the testing area; and
- Investigating additional community connections (e.g., QCARES, Access Support Network, GALA, and others) to cultivate opportunities for support groups, education, and more.

There was a hiatus of the Workgroup from end of March to June due to a change in facilitator necessitated by workload issues. When the LGBTQIA+ Workgroup reconvened in June 2021, exploration of the initial areas continued. The recommendations submitted in this report highlight three main areas for consideration that evolved from the first meeting of the Workgroup.

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Summary of Recommendations

LGBTQIA+ Workgroup members discussed priority areas to focus on and reached consensus on presenting the following three recommendations to the Division Managers. These are listed below, in priority order:

I. Environmental Enhancements;
II. Ongoing Staff Development; and
III. Structural Alignment in Policies, Procedures and Practices

The Workgroup considered these three priorities to be interconnected. The Workgroup members thought that each area represented significant opportunities to strengthen welcoming and inclusive environments throughout County of San Luis Obispo's Behavioral Health programs. The Workgroup viewed these recommendations as key elements in a sequenced set of efforts, on a continuum from "most easily achieved" to "more complicated to achieve" over time. Improvements in each of these areas would be best served when effort take into consideration the broader community connected to the County of San Luis Obispo Behavioral Health: clients, staff, community partners, community organizations, and other stakeholders.

The three recommendations are outlined below.

Priority I: Environmental Enhancements

- Analyze elements of the facility's physical appearance: what is *seen* can be aligned with better practices for inclusion (welcoming signage and other visual signals);[3]
- Utilize the Gender-Affirming Systems Audit List (Geilhufe, 2021);
- Attend to auditory congruence: ensure that what is *said* aligns with better practices for inclusion (personal pronoun awareness[4]; awareness of gender-bias, gender-affirming awareness); and
- Observe interactional cues: promote awareness of and conscious refraining from enacting micro-aggressions;[5] and focus on the impact of behavior even when unintentional harm is done.

Priority II: Ongoing Staff Development

- Provide ongoing staff development to support and encourage conversations that reflect current thinking about best practices for health care services for LGBTQIA+ community members (as this is generally regarded as a rapidly evolving, fluid societal space);
- Promote appropriate behavior change to reflect adoption of best practices;
- Emphasize *ongoing* focus for institutional and individual change;
- Clarify expected behavior change and plan specifically to reinforce better practices; \

[3] "Provide a welcoming environment." Online information from the American Medical Association. https://www.ama-assn.org/delivering-care/population-care/creating-lgbtq-friendly-practice
[4] "Gender Pronouns." Online information from the Lesbian, Gay, Bisexual, Transgender, Queer Plus (LGBTQ+) Resource Center, University of Wisconsin Milwaukee. https://uwm.edu/lgbtrc/support/gender-pronouns/
[5] Microaggression is defined as a "comment or action that subtly and often unconsciously or unintentionally expressed a prejudiced attitude towards a member of a marginalized group." https://www.merriam-webster.com/dictionary/microaggression

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- Utilize demonstrated behavioral health best practices in training and staff development efforts;
- Maintain focus on fostering strengths in intercultural communication;
- Arrange for quarterly focus on current issues, with reminders to keep the conversation going through tools, conversation starters, articles or other engagement tools (such as staff meetings or other no-cost options);
- Designate a person at each clinic to help facilitate communication among staff to keep the topic alive, acting in the role of champion for this focus; and procedures
- Consider adoption of corrective feedback[6] as a training tool;
- Plan for and support integrated implementation of concepts and skills; and
- Ensure Human Resources departmental involvement in all aspects of training from onboarding to evaluation and promotion.

Priority III: Structural Alignment in Policies, Procedures and Practices

- Review Health Agency policies and procedures to ensure they include language related to values, mission, and goals reflecting alignment with principles of a welcoming and inclusive environment;
- Investigate and adopt standards of care (practices) informed by client-centered practices that align with LGBTQIA+ community needs;[7]
- Review and ensure that management practices include guidance in utilizing corrective feedback (as well as other interventions and strategies) to improve consistency in establishing and maintaining a welcoming and inclusive environment for clients, staff, and others;
- Invest in coordination and collaboration with community organizations and partners who are working on similar projects, to strengthen and inform efforts; and
- Align efforts with those of the office of the Program Manager for Diversity, Equity, and Inclusion, as well as emerging community efforts (e.g., SLO County LGBTQ+ Mental Health Equity Task Force) to integrate and coordinate strategic development initiatives.

These three priorities form the basis of recommendations from the LGBTQIA+ Workgroup to the Division Managers of Behavioral Health programs for the County of San Luis Obispo. Workgroup members framed these recommendations as priorities, and contributed additional background research, highlighted in the next sections of the report, to provide rationales for their selection as well as additional details related to potential implementation. The LGBTQIA+ Workgroup respectfully presents these recommendations for consideration as important ways to strengthen a welcoming and inclusive environment at Behavioral Health programs.

[6] Corrective feedback is "feedback about how well a task is being accomplished or performed, such as distinguishing correct from incorrect answers, acquiring more or different information, and building more surface knowledge." Feedback.pdf Columbia.edu

[7] For example, see Guidelines for Care of Lesbian, Gay, Bisexual,, and Transgender Patients. https://npin.cdc.gov/publication/guidelines-care-lesbian-gay-bisexual-and-transgender-patients

Appendix 44

Introduction

Formation of the LGBTQIA+ Workgroup

Over its course, the LGBTQIA+ Workgroup membership included frontline staff in clinical roles (representing both drug and alcohol treatment and mental health treatment in adult and youth clinics), administrative support roles, the Medication Assisted Treatment (MAT) program, as well as testing services. In early June 2021, workgroup members unanimously agreed to recruit additional members from across all the Divisions in Behavioral Health. Dr. Star Graber carried this recruitment forward, and Division Managers invited other staff members to join the LGBTQIA+ Workgroup. The Workgroup began meeting every other week beginning in June 2021 and continuing through December 2021. As of August 2021, twelve workgroup members were listed on the roster. Since that time, between five and seven LGBTQIA+ Workgroup members have actively worked together to formulate the recommendations described in this report. (A roster of staff who have engaged in the workgroup process and products has been included in attachments to this report. Also attached, personal biographical information was included from workgroup members who have sustained their involvement over the last several months).

Initiation of the LGBTQIA+ Workgroup. Discussions regarding unmet needs of specialized clients began among management team members early in 2021. Ms. Amanda Getten, LMFT, Quality Support Team Division Manager for Behavioral Health for San Luis Obispo County, provided information to the Management Team after she attended an annual Substance Use Disorders conference where she learned about several initiatives designed to address the specialized treatment needs of those who identify as part of LGBTQIA+ communities (personal communication, November 23, 2021). These conversations eventually led to formation of the LGBTQIA+ Workgroup to further explore ways in which the County of San Luis Obispo Behavioral Health programs might become more responsive to the needs of this community of clients, as well as Health Agency staff in general and community organization partners.

Focus and Faces of the LGBTQIA+ Workgroup

In March 2021, an initial meeting of the LGBTQ workgroup was convened, with a stated focus to address issues and concerns related to treatment services for members of the LGBTQIA+ community. After a short hiatus and change in facilitator, the LGBTQIA+ Workgroup reconvened in June 2021. At this time, the workgroup roster had a dozen members; however, not all these individuals were able to sustain participation.[8]

Even though LGBTQIA+ Workgroup membership fluctuated over the course of this span of time, cohesion of purpose and vision was sustained. Each person who participated for any length of time in the LGBTQIA+ Workgroup contributed their ideas, passion, professional and personal commitment to the effort to articulate recommendations to strengthen a welcoming and inclusive Behavioral Health environment. The LGBTQIA+ Workgroup developed a group "voice" that held over time. There was consensus among Workgroup members to advocate for the recommendations described in this report.

[8] Attrition in the workgroup membership reflected changes in professional roles in the agency, resignations due to need for better work/family balance, workload pressures, lack of time set aside to effectively participate, and other challenges.

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Intersectionality

Intersectionality refers to a conceptual framework that identifies ways in which an individual's identity is comprised of multiple layers and aspects of experience, including social class, gender, gender assignment, sexual orientation, age, education, religious affiliation, and more. Intersectionality also describes identity from the standpoint of multiple cultural points of reference.[9] This term highlights the complexity of human identity and helps to frame the current discussion of strengthening welcoming and inclusive environments in treatment settings. Intersectionality is specifically viewed as encompassing "overlapping and interdependent systems of discrimination or disadvantage" (Oxford Dictionary, 2019). The construct also highlights the privilege inherent in class, gender, education, and more that frequently leads to advantageous positioning in society.

The LGBTQIA+ Workgroup utilized this concept to provide one way to begin to understand how an individual's identity reflects multiple elements. These multiple elements are shaped by experience, and shape experience. In relating the concept of intersectionality as it pertains to identity and substance use treatment, prior workgroup member Kevin Goodman, AMFT, Clinician II articulated that treatment is predicated on responding to an individual's core identity, recognizing personhood as a crucial element of the therapeutic relationship. Therefore, understanding the impacts of intersectionality on an individual's physical and mental health, substance use, and treatment responsiveness is critical to successfully engaging clients in healing processes.

Intersectionality

Definition:

"The joining of multiple identities"

"Our social identities intersect in ways that shape how we perceive the world, and how the world perceives us."

For more, see video by Taryn Crenshaw: https://www.youtube.com/watch?v=OWeDatP0cv4

[9] See https://www.womankind.org.uk/intersectionality-101-what-is-it-and-why-is-it-important/

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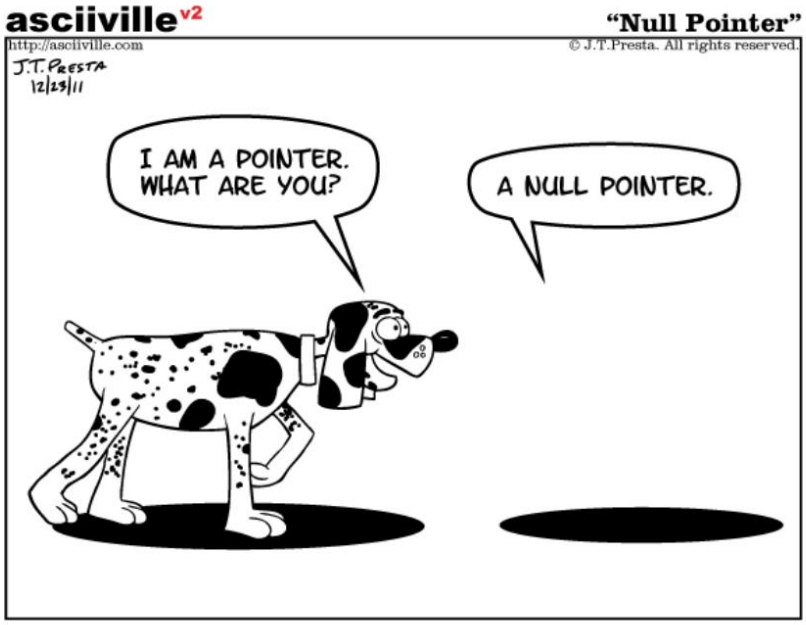
LGBTQIA+ Workgroup Recommendations

The LGBTQIA+ Workgroup explored ways in which Behavioral Health settings could be strengthened to promote a welcoming and inclusive environment for all those who spend time there: clients, community partners, direct service staff, and management/leadership staff. There are myriad ways in which a social and physical environment can become a crucial element in promoting inclusion across all groups and communities. What is heard, what is not heard; what is seen, what is unseen; what is felt and what feelings come up can contribute to *or* detract from an over-arching sense of belonging. The environment – the physical and virtual spaces at County of San Luis Obispo Behavioral Health – in which clients seek healing, staff seek satisfaction in service, and community partners collaborate can nurture a sense of belonging or engender one of isolation and separation. In the pamphlet, "Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients",[10] the Gay and Lesbian Medical Association (GLMA) suggested "simple ways" to make a difference in the impression clients have of clinic settings. The pamphlet notes that "lesbian, gay, bisexual and transgender (LGBT) patients often 'scan' an office for clues to help them determine what information they feel comfortable sharing with their health care provider." When an individual does not find evidence of inclusion of oneself in one's environment, this is referred to as a "null environment."[11]



[10] Guidelines for Care of Lesbian, Gay, Bisexual and Transgender Patients (2006)
[11] A "null environment" is one in which individuals do not find themselves represented. Rather, their perception of their physical and social environment suggests, by omission, that either they do not exist or do not belong there.

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Priority I: Environmental Enhancements

In 2019, a comprehensive research study was completed under the auspices of the Behavioral Health Department's Mental Health Services Act (MHSA) program. *The LGBTQ+ Mental Health and Wellness Needs Assessment*[12] was undertaken to provide a thorough and current understanding of the mental health statuses, experiences, and needs of LGBTQ+ individuals in San Luis Obispo County. The research included 438 LGBTQ+ participants who answered a quantitative online survey and 34 participants who participated in six qualitative focus groups. Findings of the research highlighted the following:

- 50% of participants thought their provider was aware and educated about LGBTQ+ people. (When people identified as transgender/nonbinary that number dropped to 42%.)
- 96% of participants believed there is a high or moderate need for LGBTQ-affirming mental health.
- 75% of participants reported moderate to high severity of psychological distress, a percentage that increased to 86% when people identified as transgender/nonbinary.
- 60% of participants reported that during the past 30 days their feelings over their LGBTQ+ identity had caused distress.

The study found that barriers to seeking mental health services were either always a barrier or sometimes a barrier: 68% did not know how to find a LGBTQ competent provider, 62% could not find a provider they were comfortable with who was also LGBTQ knowledgeable. 57% were concerned their provider would not be supportive of their LGBTQ identity or behavior, and 60% did not know of knowledgeable LGBTQ mental health services in their neighborhood.[13]

As referenced in the Executive Summary for this report, the *Needs Assessment* completed in 2019 identified service gaps and highlighted the needs of the LGBTQ+ community for competent and compassionate mental health care. [In this regard, the workgroup includes substance use disorder treatment alongside mental health treatment as crucial to supporting the health and well-being of community members.]

Prioritization of Recommendation I. Environmental Enhancement was selected as the first strategy for the following reasons:

- Implementation of suggestions for changes to environmental elements have the potential to create an *immediate positive impact* towards the goal of creating a welcoming and inclusive space for all clients, family, staff, and community members;
- Visual modifications to clinic spaces have the potential to open conversations about identity (gender, sexual, cultural, and other elements of identity) that may benefit everyone as increased awareness of diversity is built incrementally and personally;

[12] https://www.queercares.com/lgbtq-needs-assessment-1

[13] Youth as well as adults are impacted by lack of an affirming and welcoming environment when they seek care. The 2017–2019 California Healthy Kids Survey data shows that San Luis Obispo County LGBTQ+ students experience larger negative risk factors than their straight-identifying peers. 15% fewer LGBTQ+ students felt connected to their school, 41% more experienced harassment/bullying, 44% more experienced chronic sadness, 9% more were frequently truant, and 9% more reported current alcohol/drug use.

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- Non-verbal messages that align with and convey the values espoused by the San Luis Obispo County Health Agency (with particular emphasis on programs in Behavioral Health) can carry considerable heft with respect to upholding the integrity of the organization and staff who are provide treatment, care, support, and encouragement to clients and others; and
- Enhancements that deliver messages of welcome and inclusion can be effective ways to strengthen an embedded message of safety and support.

Implementation Details for Recommendation I

The LBGTQIA+ Workgroup respectfully recommends that Division Managers implement the following ideas to strengthen a welcoming and inclusive environment across all settings at the Health Agency:

- As a starting point, request that Division Managers/Management Team review the Gender Affirming Systems Audit List, among other tools, for recommendations from the gender care community professionals.[14] Using this tool for review of environments in the clinic settings may have some additional benefits, including:
  - Avoid reinventing the wheel.
  - Look at what recommendations are on the list already compiled.
  - Cross-reference forms that are already in place per the audit checklist.
  - Use the audit as guidance for making decisions about visual/physical additions to clinic and other Behavioral Health environments.
- In Behavioral Health settings, identify ways in which affirming messages are visible and make a welcoming statement of inclusion for all clients.
- Review other resources for information and guidance for developing affirming physical spaces.[15]
- Analyze all County websites where clients might be able to locate important information about resources, services, and connections to support during treatment and recovery from substance use and/or mental health challenges[16].
- Investigate development of a "refreshed" website (see the Santa Clara County website as a comparison example) for high-quality examples of ways to include affirming and welcoming language and graphics.
- Gather and include links within the County website for ease of connections for clients to related community resources [e.g., Q Cares, GALA, Cuesta, CalPoly].

Website Enhancements As part of the workgroup efforts to articulate recommendations in this area, a couple of Workgroup members undertook reviews of other websites in other counties for comparison. Josh Salmeron and Christine T. Tran scanned websites in Sacramento, Santa Barbara, and Santa Clara, to name a few. Josh Salmeron compiled comments related specifically to the County of San Luis Obispo's website using a search query based on a lens of LGBTQ engagement and inclusion (see Attachment SLO County Website Review for details).

Recommendations

- Create website pages with local and national resources easily accessible;

[14] Gender Affirming Systems Audit List, Compiled by Ben Geilhufe, LPCC, January 2021.
[15] e.g., Do No Harm Study/Santa Barbara County. https://www.countyofsb.org/behavioral-wellness/asset.c/2611
[16] Please see Table 1. Website Query research completed by J. Salmeron, AMFT, for the LGBTQIA+ Workgroup.

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- Provide general information and statistics on LGBTQIA+ Mental Health (MH) and Substance Use Disorders (SUD);
- Make the previously completed needs assessment (2019) more visible on the web site;
- Make policy and trainings accessible on the website for people to see how employees will be held to County standards and values;
- Create training/educational link to be accessed by staff for engaging with and working with LGBTQIA+ populations;
- Improve overall user interface and interactions on website for quicker navigation to LGBTQIA+ information;
- Increase involvement with and connection among both County of San Luis Obispo Behavioral Health programs and local community organizations and resources using the website (e.g., panels, groups, talks, seminars, etc.);
- Explore and utilize recommendations from Santa Barbara's "First Do No Harm" Study;[17]
- Create a database of LGBTQ+ affirming services and providers, as recommended by the SLO County LGBTQ+ Mental Health Equity Task Force; and
- Include community resource groups and the list of resources from SLO ACCEPTance project.[18]

[17] First, Do No Harm - countyofsb.org First, Do No Harm: Reducing Disparities for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California The California LGBTQ

www.countyofsb.org

[18] LGBTQIA+ Workgroup members coordinated with the SLO ACCEPTance project and MH Division to gain access via the I Drive to these resources.

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Priority II: Ongoing Staff Development

The LGBTQIA+ Workgroup respectfully recommends that Behavioral Health Division Managers explore training resources that hold promise for making behavioral shifts among staff and managers to set a foundation for strengthening a welcoming and inclusive environment at all County of San Luis Obispo Behavioral Health clinic settings. Ongoing staff development would be designed for staff to learn effective approaches for inclusion of diverse communities. Staff development, undertaken on an ongoing basis, would:

- Deepen understanding of the significance of making thoughtful environmental enhancements;
- Strengthen awareness of the needs of LGBTQIA+ clients, staff and community members who interact at Behavioral Health settings; and
- Contribute to the integrity of the Health Agency overall, through consistency in practices.

The LGBTQIA+ Workgroup strongly advocates for ongoing staff development activities that demonstrably strengthen interpersonal skills, diversity awareness, and responsive clinical behaviors that align with the Health Agency's mission and values and promote inclusive and welcoming experiences for all people in the Behavioral Health setting. Best practices in health care includes appropriate preparation for all staff who interact with clients as well as others in the general community. "Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients"[19] pointed out that "health care providers' ignorance, surprise, or discomfort as they treat transgender people may alienate patients and result in low quality or inappropriate care."

An outline of the SLO County LGBTQ+ Mental Health Equity Strategic Plan[20] identified trainings as "necessary to promote LGBTQ+ affirming practices" and specified "routine" sessions focused on building capacity in cultural competencies.

Prioritization of Recommendation II

The LGBTQIA+ Workgroup considered *ongoing* staff development to strengthen agency capacity to effectively serve diverse populations. Due to the fluidity of individual and group experiences of intersectionality, the Workgroup recommends that staff development be integrated on a sustained basis, to encourage continued professional and personal learning, as well as setting maintaining agency expectations of professional demeanor in the workplace. The Workgroup acknowledged that staff development entails a longer-term process, requiring focus, humility, patience, and resolve.

As part of the inquiry leading to this second priority recommendation, the LGBTQIA+ Workgroup explored information about the SLO ACCEPTance training project as a promising model for ongoing staff development. The purpose of the SLO ACCEPTance training effort was to prepare staff to effectively provide responsive clinical care to members of the LGBTQIA+ community. Some LGBTQIA+ Workgroup members attended the SLO ACCEPTance training and provided first-hand experience about this initiative. As of this writing, the SLO ACCEPTance training project in coordination

[19] Guidelines for Care of Lesbian, Gay, Bisexual and Transgender Patients (2006) Published by GLMA: National organization previously known as the Gay & Lesbian Medical Association.
[20] LGBTQ+ Mental Health Equity Task Force of SLO County primary contact is listed as Caroline Cerussi ccerussi@t-mha.org

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with some Workgroup members[21] have initiated arrangements to share resources from the SLO ACCEPTance training project. These resources are expected to be available to staff using the I-Drive of the shared network. Materials are anticipated to include:

- Gender-affirming approaches to interactions with diverse clients;
- Information about and perspectives of transgendered people; and
- Resources available locally in San Luis Obispo County that specifically support LGBTQIA+ community members.

Implementation Details for Recommendation II

The LGBTQIA+ Workgroup suggested looking at ways to amplify the potential of recent innovative staff development approaches. This may require additional research and information-gathering beyond the immediate scope of the LGBTQIA+ Workgroup. The Workgroup recommends to Division Managers that a plan be developed that builds from demonstrated success in strengthening the skills, capacities, and awareness of clinical staff (and others) to provide a welcoming and inclusive environment in all Health Agency settings. Specifically, the Workgroup pointed to the following steps:

- Examine published resources that provide a guide to appropriate practices, including language as well as concepts;[22]
- Identify opportunities and initiate conversations (informally as well as in a training context) regarding internalized discriminatory beliefs about LGBTQIA+ people;
- Include research-based information detailing health risks and vulnerabilities of LGBTQIA+ people;
- Recognize when to refer clients to health care professionals who can provide culturally appropriate services;
- Gather information about effective ongoing staff development that promotes welcoming and affirming practices;
- Refrain from relying on one-time or online individual trainings that do not tend to produce behavior change in the direction sought for achieving the goal of strengthening a welcoming and inclusive environment;
- Incorporate suggestions from previous reports (e.g., Guidelines for Care of Lesbian, Gay, Bisexual and Transgender Patients[23]) regarding topics to include in staff development plans; and
- Utilize the Innovation Project SLO ACCEPTance as a *potential model* for planning ongoing staff development.

Regarding the County of San Luis Obispo Behavioral Health staff development initiative, SLO ACCEPTance, LGBTQIA+ Workgroup members suggested exploring, possibly in a survey and/or focus group format, with participants in the SLO ACCEPTance training program the following:

- Explore specific benefits of the project as perceived by participants;

[21] Ms. Kiana Shelton, Ms. Amanda Getten, and others from SLO ACCEPTance project are key facilitators for finalizing these arrangements.
[22] An example of such a resource is the newly published GLMA Handbook on LGBT Health. http://www.glma.org
[23] https://npin.cdc.gov/publication/guidelines-care-lesbian-gay-bisexual-and-transgender-patients

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- Utilize the final research report of this innovation project to help identify key factors supporting successful staff development in this arena;
- Identify current obstacles or constraints related to implementing practices advocated in the SLO ACCEPTance training program; and
- Review research findings from the SLO ACCEPTance project to compare and contrast this model of ongoing staff development with other approaches for efficacy.

As mentioned in the preceding section, keeping this topic current and active among staff members might be accomplished through ongoing discussion forums, clinical consultation processes, adding topics for staff or treatment team meetings, and sharing of anecdotal experiences that highlight learning processes. The LGBTQIA+ Workgroup recognizes that staff development processes directed toward change in behaviors can be transformative, and therefore potentially more intensive and lengthier than can be accomplished in an individually attended online offering. Thus, the recommendation for ongoing staff development as a secondary priority reflects awareness that such change entails more commitment to planning and longer-term implementation to make a difference. The LGBTQIA+ Workgroup members who attended the SLO ACCEPTance staff development project described the process as 10-months in length, with a variety of modalities used to present information, coach clinical practice, and provide ongoing support for behavior change.

Use of Personal Pronouns. Appropriate use of personal pronouns in a workplace setting was something brought to the attention of the LGBTQIA+ Workgroup by those who attended the SLO ACCEPTance project sessions. Appropriate use of personal pronouns may be viewed as bridging between Recommendation I and Recommendation II. Personal pronouns reflect individual gender identity. As such, everyone can be viewed as having personal pronouns that they would use to identify themselves, on signage, in email signatures, and so forth. Proper use of a person's pronouns "is a way to respect them and create an inclusive environment."[24]

Illustration of the Power of Corrective Feedback

One of the LGBTQIA+ Workgroup members, MS. C.T. Tran, shared an experience she had with corrective feedback provided to her by a DUI client. Ms. Tran had unconsciously used the phrase "you guys: when saying goodbye to her group. A client alerted her to the error in using a gender-based phrase for the whole group of mixed-gendered people. They encouraged her to rethink her wording. Ms. Tran expressed to the workgroup that she is practicing a new awareness: using "people" or "folks" as more gender-neutral references when addressing the group. Ms. Tran acknowledged the importance to her of receiving the feedback as it was instrumental in helping her to see an issue she had not previously thought about.

[24] https://www.mypronouns.org/what-and-why

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Priority III: Structural Alignment

Policies and procedures are an essential part of any organization. Together, policies and procedures provide a roadmap for day-to-day operations. They ensure compliance with laws and regulations, give guidance for decision-making, and help streamline internal processes.[25] Policies are based on a system of values. They help structure administrative management, establish desired outcomes, and give transparency in an institution. In turn, policy can prescribe solutions to a range of issues and address uncertainties in the workplace. The Health Agency's policies and procedures are meant to guide both its mission to provide a broad array of services essential to the health and well-being of those living in and visiting San Luis Obispo County. The County of San Luis Obispo promotes a vision that individuals are healthy and have access to services essential to maintain optimal health.

Ethics in Healthcare Settings

"Formal ethical principles can never be substituted for an active, deliberative, and creative approach to meeting ethical responsibilities."

"Codes of ethics fulfill three objectives:

(1) Education of professionals;
(2) Accountability mechanism;
(3) Catalyst for improved practice."

Corey, Corey, Corey & Callanan, 2015. Issues and Ethics in the Helping Professions.

The Health Agency recently required all employees to individually complete, as an annual review, several online training materials designed to refresh staff on the Health Agency's policies and procedures. These trainings were set within the context of the values and mission of the organization. These training materials emphasized the importance of structural elements for establishing and maintaining a "roadmap for ethical behavior" that applies to all employees.[26]

Prioritization of Recommendation III

The LGBTQIA+ Workgroup designated this focus area as third priority to emphasize this aspect of change-making. When contrasted with environmental enhancements (Priority I) and ongoing staff development (Priority II), structural alignment would appear to present more complexity and need more prolonged focus to accomplish these goals. To ensure a welcoming and affirming environment, the LGBTQIA+ Workgroup recommended increased consistency in practice, backed up by policies and procedures structurally aligned with best practices for serving the needs of the LGBTQIA+ community. Successful inclusion of diverse community members in all aspects of Health Agency operations (staff, clients, leadership) may be viewed as a longer-range goal.

The LGBTQIA+ Workgroup members discussed their perception of current variability in the way policies and procedures appear to inform day to day interactions and behavior as staff interact with clients and community members. Fundamentally, policies and procedures are expected to reflect the values and mission of an organization; the behavior of people in the organization is also expected

[25] https://www.powerdms.com/policy-learning-center/following-policies-and-procedures-and-why-its-important
[26] NEOGOV platform for online training narrated by David V. Michels, Compliance & Privacy Officer for the Health Agency.

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to closely align with this guidance and reduce the incidence of other actions that might stray outside these set boundaries. The stated mission and values of the Health Agency, at present, emphasize certain things such as equality, equity, justice, and consistent attention to best practices to meet the needs of clients. The LGBTQIA+ Workgroup proposed that procedures and practices may need to be updated to align with the values that have been identified as core to the agency mission. The Health Agency leadership set the standards for all personnel as to how to treat people. The LGBTQIA+ Workgroup advocates that staff function as role models for our clients, coworkers, and those who come into Health Agency settings.

Implementation Details for Recommendation III

The LGBTQIA+ Workgroup highlighted the need for designated staff to periodically review policies, procedures, and other standardized guidance for operation of the Health Agency clinics. Such reviews would necessarily take into consideration "state of the art" perspectives and research information that provides guidance for standards of care in the health care setting.[27] In a rapidly evolving social climate, it is deemed essential that policies and procedures that guide practices in the health care setting be adopted to reflect:

- Updated insights;
- Current language and concepts;
- Best practice recommendations; and
- Research-informed rationales.

The LGBTQIA+ Workgroup respectfully suggested that the following recommendations be considered by Behavioral Health Division Managers as part of a comprehensive effort to strengthen a welcoming and inclusive environment in all clinic settings.

- Ensure periodic review and revamping of policies and procedures that pertain to strengthening a welcoming and inclusive environment for the purpose of updating language and concepts and aligning expectations and consequences. The recommended time for review and revamping, potentially as a review taskforce, is every three years.
- Utilize the language of current policies and procedures as part of ongoing staff development to reinforce expectations in line with County mission and values.
- Include management, Human Resources, SLOCEA and line staff in discussion of strengthening best practices for inclusive environments.

Structural alignment in policies, procedures and practices is expected to provide a skeleton for achieving a welcoming and inclusive environment for all clients, staff, and others who participate in the healthcare settings.

The Centers for Disease Control and Prevention (CDC), in connection with the National Prevention Information Network (NPIN) – produced a pamphlet for public health professionals to assist in developing "welcoming clinical environments" titled *Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients* (updated 7/8/2014). The guidelines are presented as follows:

[27] https://npin.cdc.gov/publication/guidelines-care-lesbian-gay-bisexual-and-transgender-patients

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"This pamphlet discusses how health care providers can promote the health of lesbian, gay, bisexual, transgender, and intersex (LGBTI) patients by creating a welcoming clinical environment for all patients. This entails examining their practices, offices, policies, and staff training for ways to improve the environment and treatment of LGBTI patients."

The pamphlet also suggests that health care providers encourage openness in patient provider discussions, use gender neutral language, and discuss sexual health issues openly using nonjudgmental questions about sexual practices and behaviors. It lists specific issues that should be discussed with LGBTI patients including safer sex techniques for men who have sex with men (MSM) or women who have sex with women (WSW). The health care provider is advised to conduct depression/mental health screening and to be aware of resources for LGBTI individuals in the local community to refer patients to LGBTI-sensitive and appropriate services. Sample questions for LGBTI-sensitive intake forms are included. The pamphlet also includes additional considerations for clinicians caring for MSM and a guide to sexual risk assessment in routine visits for MSM."[28]

One of the LGBTQIA+ Workgroup members, Tim Siler, performed a scan of current policies and procedures of the Health Agency. This process raised questions regarding how well some of these are functioning as *living documents* that are implemented, reinforced, and referenced daily to inform interactions among clients, staff, community members and others in the clinic settings. Examination of the Health Agency's current policies and procedures (P&P) identified the following policies pertinent to the LGBTQIA+ community:

- Policies and Procedures, Section I: Program Mission, Goals, and Priorities, Subsection IV, Part G "SLOBHD will strive to operate efficiently by providing services of a type, intensity, level, and duration to help individuals achieve a constructive and satisfying lifestyle of the individual's choosing in a least restrictive manner."
- Policies and Procedures, Section 2 Culturally Competent, Multi-lingual Services, Subsection II: "SLOBHD will value diversity, reduce disparities, and will not discriminate against or deny admission or services to any person based on age, ethnicity, marital status, medical condition, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation, gender expression or identity, socio-economic status, literacy level, or any other legally protected status."
- Policies and Procedures, Section 2 Culturally Competent, Multi-lingual Services, Subsection II: "In addition to ethnic and language considerations, SLOBHD will expand capacity and expertise in serving other underserved populations, including, but not limited to, the LGBTQ community, hard to reach veterans, homeless residents, transitional aged youth, and children aged zero to five."

The question arose during LGBTQIA+ Workgroup discussions: *Are we doing what we say we are going to do?* Over time, each clinic and functional area of the Health Agency tends to develop its own "culture;" even so, are policies and procedures assumed or expected? The structural/procedural portion of the work environment can set the stage for successful implementation of recommendations for updated practices. Structural alignment can be viewed as the meta-level for consideration of other recommendations. Addressing policies, procedures and practices represents

[28] https://npin.cdc.gov/publication/guidelines-care-lesbian-gay-bisexual-and-transgender-patients

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a more complex undertaking; therefore, the LGBTQIA+ Workgroup designated it as Priority III with an understanding that this area may require a sustained and more intensive exploration and commitment to drive desired changes.

Conclusions

The charge to the LGBTQIA+ Workgroup was to provide guidance to the Behavioral Health Division Managers about ways to ensure a more welcoming, inclusive, and affirming environment for clients whose personal identities align with the LGBTQIA+ community and who are participating in services at the clinics. The Workgroup purpose focused on identifying recommendations that had potential to strengthen Behavioral Health services in three areas:

(I) Environmental enhancements,
(II) Ongoing staff development, and
(III) Alignment of policies and procedures.

This report presents those recommendations, in priority order, listing some that are perhaps most easily accomplished to those requiring more sustained time and effort for research, planning, investigation and implementation.

The LGBTQIA+ Workgroup, over the six-month span of its work, completed the following tasks:

- Collected data about community needs,
- Investigated a variety of websites to compare and contrast effectiveness in embedding messages of welcome and inclusion,
- Reflected on some current promising practices for staff development, and
- Discussed Health Agency policies and procedures that are pertinent to this effort.

The report outlined this work as well as suggestions for improvements.

Based on previously completed research that detailed the needs of members of the LGBTQIA+ community for responsive Mental Health and Substance Use Disorder Treatment, it was clear to Workgroup members that there are significant community challenges that remain to be addressed to fulfill the goal of strengthening a welcoming and inclusive environment in County of San Luis Obispo Behavioral Health programs. Data gleaned from the *2019 Mental Health Community Needs Assessment* highlighted multiple risk factors that members of the LGBTQIA+ community face on an ongoing basis, particularly when they need Mental Health and Substance Use Disorder treatment.

Over the course of the Workgroup's efforts, it became clear that there were missed opportunities to coordinate and collaborate with other ongoing community-based efforts with similar purposes. The Workgroup became aware of the LGBTQ+ Mental Health Equity Task Force of SLO County, a group that is currently publishing a strategic plan developed over the last two years. Additionally, the San Luis Obispo County Health Agency Strategic Plan for Diversity, Equity and Inclusion is a document that is expected to add to the conversation about effective ways to address these issues. The LGBTQIA+ Workgroup, with members from Behavioral Health program, maintained a focus on within-agency recommendations; still, consideration of community-wide efforts would have added considerably to the perspective provided in this report. The LGBTQIA+ Workgroup

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members anticipate that additional efforts to create ongoing connections with private and public, non-profit, and other organizations to make further progress in this area will be beneficial.

The Workgroup's timeline of six months (June to January) nevertheless produced recommendations that appear to be aligned with other groups' strategies for addressing these issues. The LGBTQIA+ Workgroup members maintained a sense of optimism for change possibilities, even within the constraints of time, energy, and availability of the group. Workgroup members remain committed personally as well as professionally to participating in creating next steps to strengthen a welcoming, inclusive, and affirming environment within the County of San Luis Obispo Behavioral Health programs. Indeed, Workgroup members anticipate a continuation of efforts to fulfill roles as change-makers in the community.

The LGBTQIA+ Workgroup members respectfully submit the recommendations they have crafted, for consideration by the Division Managers of Behavioral Health for the County of San Luis Obispo, with appreciation for the opportunity to participate in advocating for this community need.

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Gender Affirming Systems Audit List[29]

Due to staff turnover and the continuous evolution of gender care, a yearly audit of gender affirming systems, including physical office space, virtual office space, training practices, and clinic policy and procedures is recommended. Basic checklist for annual review would include the following:

1. *Non-Discrimination Policy* explicitly protecting gender identity and expression for both patients & staff. Include any relevant local or state regulatory language and procedure for what is to be done if transphobia or discrimination is witnessed or experienced.
2. *Intake paperwork* includes sections for the following: affirmed/chosen name; legal name; and name associated with insurance (if different than legal name); gender identity; pronouns; and sex assigned at birth. Include write-in options for each section. Intake paperwork should include insurance information for billing and prior authorization.
3. *Affirmed/chosen name is on all documents* a patient sees (after visit summary, lab work, letters to patients, identifying wrist bands, labels, letters, envelopes, etc.). If the EHR system does not provide an option for this, staff should advocate with the EHR provider and write the affirmed name and pronouns on any EHR generated documents. Staff should communicate with the patient about why they may see inaccurate information on their patient forms. If the patient is a minor, communicate to the client that parents will have access to all patient paperwork. If the patient has not disclosed their gender experience to their parents, this may impact patient confidentiality and desire for accurate name and pronouns to be listed on paperwork.
4. Clinic *marketing materials and website* clearly state "All Genders Are Welcome"; depict images of TGI[30] people; list gender-related care provided
5. Staff *identify specific experience* with gender care in their online profiles.
6. *Staff identify their pronouns* in their profiles, in their email signatures, in online meetings, on their name tags, business cards and lab coats.
7. *Staff introduce themselves* to every patient with their own name and pronouns.
8. *Restrooms* designated for "all genders" are clearly marked, ADA compliant, and accessible (not on another floor or another part of a building).
9. A *Gender Care Liaison* (GCL) or Patient Navigator is appointed to navigate any patient who experiences discrimination or non-affirmation, and the policy for contacting the GCL is clearly outlined in patient intake paperwork. [©Ben Geilhufe, LPCC, 2021.]
10. An *updated referral list* for local gender-affirmative medical and mental health providers is maintained.[31]
11. Clinic staff engage in *on-going continuing education training* specific to supporting transgender and nonbinary patients.
12. Clinic staff engage in regular audits to *assess competency* in gender inclusive language, review office policy for gender care and understand why care for all genders is imperative to decreasing health disparity in the transgender and nonbinary community.
13. Clinic leadership identifies and *collaborates with a trans-led advisory committee* when developing training, policies, and procedures.
14. The trans flag, genderqueer, flag, non-binary flag, and other *gender-based symbols are clearly displayed* in waiting room and other clinic spaces

[29] ©Ben Geilhufe, LPCC, 2021.
[30] "TGI is used as an 'umbrella term' to designate a range of identities. People who identify as TGI feel that the gender they were assigned at birth is not an accurate or complete description of their gender identity." https://www.tginetwork.org
[31] Santa Cruz Trans Resources is an example of community resources compiled by clinicians and advocates in Santa Cruz County. https://www.sctrans.org

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15. *Books, magazines and pamphlets highlighting transgender and non-binary individuals* are in the waiting room. Reading materials discuss gender-specific care.[32]

[32] Two examples: Pre-Exposure Prophylaxis (PrEP) pamphlets for transgender and non-binary patients as part of preventative measures against contracting HIV, or the Safer Sex for Trans Bodies PDF. https://cdc.gov

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Additional Information Related to Priority I: Environmental Enhancements

SLO County Website Review

Section I:

To review the county's LGBTQ engagement and inclusion, a search query was used on the site map to explore how the public could access information on the website in various departments and programs. Three queries were used to explore the website. More results were populated if an internal search was used instead of using the site map i.e., using the SLO County google search function on the main page. The site map was used to inquire upon current programs and recent events/trainings.

1) SLO County Site map

Query: lgbt and lgbtq, and lgbtq+. 18 search results. 10 unique query results 8 repeated for flyers, past events, and training.

- Department News
  - Addressing mental health and substance use disparities among the LGBTQ+ community.
  - Innovative New Programs Serve Young Children, LGBTQ Clients
    - SLOACCEPTance
- Forms and Documents
  - Trainings
    - LGBTQ Awareness, Sensitivity and Competency Flyer August 2018
    - Healthy Relationships in LGBTQ+ Communities Community Member Training Flyer
    - Intimate Partner Violence in the LGBTQ+ Communities Training Flyer
    - Cultivating Empowerment Preventing Suicide in the LGBTQ Community Flyer
    - Free Presentation- Cultivating Empowerment: Preventing Suicide in the LGBTQ Community
- MHSA
  - Prevention and early intervention
    - SLO-LGBTQ-Mental-Health-Needs-Assessment-2019
- Prevention and Early Outreach
  - Healthy Relationships in LGBTQ+ Communities (repeat)
  - Intimate Partner Violence in LGBTQ+ Communities (repeat)
- Calendar of events
  - Cultivating Empowerment: Preventing Suicide in the LGBTQ+ Community (repeat)
  - Cultivating Empowerment: Preventing Suicide in the LGBTQ+ Community with 6 CEUs (repeat)
- Trainings and events (from services→BH trainings and events)
  - 2018
    - LGBTQ Awareness, Sensitivity and Competency Training (repeat)
    - ALLY and How to Support LGBTQ Youth Training
  - 2019
    - Healthy Relationships in LGBTQ Communities (repeat)
    - Intimate Partner Violence in the LGBTQ+ Communities Training (repeat)

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- Preventing Suicide in the LGBTQ Community (repeat)
- Preventing Suicide in the LGBTQ+ Community (repeat)

2) Alternatively, using the county's google search for lgbt which included lgbtq+ netted results for the needs assessment and some of the already listed results.

- Quality support services
    - Addressing mental health and substance use disparities among the LGBTQ+ community.
    - Needs assessment; hard to find but there: https://www.slocounty.ca.gov/getattachment/8eaab913-40f1-45be-b4a9-032cd19c2cbc/SLO-LGBTQ-Mental-Health-Needs-Assessment-2019.aspx

3) Google search SLO: LGBT; LGBTQ+ and slo

- Direct links to: GALA, queerslo, and other resources
- Cuesta has good resource identification and page
- Poly has good resource identification and page

Section II:

Santa Barbara and Monterey County Reviews for Comparison

1) Santa Barbara County Query: LGBT and LGBTQ; lgbtqa does not net results

- No direct links, tabs or explicit programs
- "Top Health Issues for LGBT Populations Information & Resource Kit" main listing for resource (also part of cultural competence training)
- External supports and resources listed
- 2020 Directory of Programs and Services: does not list **any** LGBTQ services
- "First do No Harm" Study
    - We could draw from this study too
- Directs suicide prevention info to outside state resource
- Higher data collection efforts in last 5 years
    - See do no harm study
- RISE connection

2) Santa Barbara general search

- Pacific Pride Foundation
    - General info and community engagement/resources
    - Syringe exchange (we have too)
- UCSB has good resources and pages

3) Monterey County

- Follows similar patterns of other county sites: limited resource identification, college resource pages are more familiar with local resources,

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- Mainly agendas from the past few years for HIV planning/group minutes
- Some identification of LGBT needs in the area based on AB 2029
- Monterey BH notes Trevor Hotline and National Hotline

4) Monterey general search
- Monterey peninsula pride as a local nonprofit with identified resources similar to SLO and SB

Section III:

General Notes

1) SLO County website has no direct linkage to LGBT services
   - Yes through multiple webpage navigation resulting to direction to Qcares which provides this information more succinctly in their resource page.
2) Site map does not include assessment which could be useful in page or link creation
3) Minimal visual representation on site be that policy, inclusion, information or training
4) Past events and trainings make up most results with trainings often being one-time events
5) Seems to be a private sector/non-profit focus rather than county programs in all 3 counties

Section IV:

Possible Recommendations

1) Create page with local and national resources that are easily accessible
2) Provide general information and statistics on LGBTQ MH and SUD
3) Make the previously done needs assessment more visible on the website
4) Make policy and trainings accessible on the website for people to see how employees will be held to County standards and values
5) Create training/educational link to be accessed by staff (and possibly residents) for engaging with and working with LGBTQ population
6) Improve overall user interface and interactions on website for quicker navigation to LGBTQ information
7) More involvement and connection of County and Local resources through website e.g. panels, groups, talks, seminars, etc.
8) Explore and utilize recommendations from Santa Barbara's "First Do No Harm" Study

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Additional Information Related to Priority II: Ongoing Staff Development
Questions for a Focus Group

A recommendation from the LGBTQIA+ Workgroup related to an element of the planning process for ongoing staff development. The workgroup agreed on the importance of identifying promising practices in this arena and wanted to utilize recent research completed in San Luis Obispo County as an Innovation Project through the Mental Health Services Act. The workgroup members suggested assigning the task of gathering feedback from participants of the SLO ACCEPTance training to a specific small group as follow-up for this priority area. The purpose would be to inform promising next steps in strengthening skills and perspective of clinical staff and others to work effectively with diverse clients. Two LGBTQIA+ Workgroup members, Kristy Barrette, LMFT and Kiana Shelton, LCSW, drafted a set of questions for this purpose. Barrette and Shelton listed some areas that could be used in a structured conversation about participant's experiences participating in the 10-month staff development program.

The questions could include:

- Has participation in the SLO ACCEPTance project training changed your practices in your clinic role? Describe.
- What, if any, were some of the most surprising or "A-HA" moments?
- What are some takeaways from the training that continue to inform your work?
- Are there specific things you changed in your work environment (e.g., visuals) to create a more affirming and welcoming space? What response have you noted to these changes?
- Were there any requests that you made to make changes in your work environment to support queer, non-binary, and gender-affirming spaces? What happened?
- Since completing the SLO ACCEPTance training project, is there any one change you would make to a current form or procedure or practice? What would it be? What would be the rationale for making the change?

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Roster of LGBTQIA+ Workgroup Members

Last Name	First Name	Email	Phone	Dept./Clinic		Notes
*Goodman	Kevin	kgoodman@co.slo.ca.us	805/473-7006	DAS TX: Level 1-Co; GB		
*Barrette	Kristy	kbarrette@co.slo.ca.us	805/473-7043	MH Youth Services		
*Curry	Else Mai	ecurry@co.slo.ca.us	805/781-4273	DUI; Program Sup		
Getten	Amanda	agetten@co.slo.ca.us	805/781-4733	MH Services, Division Manager		Initial Facilitator
Heriford	Julie	jheriford@co.slo.ca.us	805/781-4852; Cell: 458-8107	MAT; SLO and GB clinics		
*Jambor	Nancy	njambor@co.slo.ca.us	805/461-6086	CADA; whole county		Facilitator
Michetti	Annika	amichetti@co.slo.ca.us	805/788-2058	Program Supervisor, DUI		
Ortega	Robert	rortega@co.slo.ca.us	805/461-6190	Testing; AT		
Palafox	Leticia	lpalafox@co.slo.ca.us	805/226-3207	DAS TX; AB109 coverage; Paso		
*Salmeron	Josh	jsalmeron@co.slo.ca.us	805/461-6158	DAS TX; IOT-Co; AT		
*Shelton	Kiana	kshelton@co.slo.ca.us	805/781-4881	MH Program Supervisor, Managed Care		
*Siler	Tim	tsiler@co.slo.ca.us	805/781-4064	ASO/Prevention & Outreach; South St		
*Tran	Christine	cttran@co.slo.ca.us	805/788-2057	DUI; SLO		
*Vann	Melanie	mvann@co.slo.ca.us	805/781-4700	DAS TX: AB109; Level 1 & IOT-Co; SLO		

*Members actively participating after June 2021 and following expansion of membership to Divisions in addition to DAS. Attendance at bi-weekly meetings fluctuated as members' professional commitments changed.

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LGBTQIA+ Workgroup Membership – "Who We Are"

Bio Sketches provided below are either directly from or about workgroup members actively engaged in developing this report as of June 2021.

Department & Role	Name	Personal Statement
Behavioral Health Clinician III, Mental Health Youth Services South County Site	Kristy Barrette, M.S., LMFT	I became involved through my work and advocacy for LGBQIA+ youth, and because of my participation in the SLO ACCEPTance project. I was motivated due to my desire to help create a more affirming community that promotes health and wellness for all.
Program Supervisor, DUI Program; Management Liaison for the LGBTQIA+ workgroup.	Else Mai Curry, CADC-CAS	I have worked with underserved, underrepresented populations for 20 years. I have been with the County since 2013 and was a CBO contracted employee with the county prior to that. I had the privilege to be a part of bringing case management services to the county and piloting the AB109 program. I am passionate about innovation, inclusiveness and providing client centered services. The LGBTQIA+ workgroup is another opportunity to share these passions and be a part of positive change.
Behavioral Health Clinician II, Drug & Alcohol Services Level 1 Co-occurring treatment Grover Beach Clinic	Kevin Goodman, AMFT	
Behavioral Health Clinician II, Drug & Alcohol Services IOT Co-occurring treatment Atascadero Clinic	Josh Salmeron, M.S., AMFT	I am an Associate Marriage and Family Therapist at the Atascadero DAS clinic where I facilitate the co-occurring treatment track (including Level 2.1 and Level 1 clients). I have my M.S. in Psychology from Cal Poly where a large portion of our training focused on cultural competency and individualizing treatment to meet our client's needs.
Program Supervisor, Mental Health/Managed Care	Kiana Shelton, LCSW	I is a Licensed Clinical Social Worker with the Health Agency of San Luis Obispo, serving as Program Supervisor for Managed Care. I was part of the first cohort for SLO ACCEPTance staff development project. Within those ten months, there was a profound recognition

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		and increased passion for creating more affirming spaces with our agency for marginalized groups. Joining this workgroup is a way of staying connected to our county's most pressing needs. I received the Diversity Leadership scholarship at Concordia University, Irvine, where I received my B.A. in Psychology and Anthropology and was responsible for coordinating programs throughout the year that celebrated diversity, I received the California title IV-E stipend for graduate school. During my time at California State University, Dominguez Hills, I served on the Critical Race Theory committee, which focused on obtaining research and advocating for diverse representation among employees in settings that serve the public.
Administrative Services Officer II, Prevention & Outreach	Tim Siler, M.P.P.	Born and raised in SLO County, my background as a member of the LGBTQIA+ community, prior work as a member of the Board of Directors for the GALA Pride and Diversity Center, and graduate degree in Public Policy led to my interest in contributing to this workgroup to help present policies that can make the department a more welcoming place to support everyone in the community. **Tim's job duties include oversight of the Innovation Project that produced the SLO ACCEPTance training initiative.
Behavioral Health Specialist II DUI Program SLO Clinic	Christine T. Tran	Christine accepted a position with the MH Services Act program in Prevention and Outreach and was not able to maintain level of activity with the workgroup after her transition in the fall.
Behavioral Health Clinician II, AB109 Treatment/Co-occurring SLO Clinic	Melanie Vann, MSW, LCSW	I am a (very recently) Licensed Clinical Social Worker currently serving as the AB109 Co-occurring counselor in the SLO clinic. I love that I have a job that allows me to put into practice the values of social justice, equality, and empowerment. But to be honest, my part in this group wasn't much of a choice. Back in the summer, I was approached by my

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		Program Supervisor Clark Guest in the hallway and informed that he needed me to join the LGBTQI+ work group on Tuesday afternoons as "no one else can do it." I was a little intimidated by the others in the group who seemed to already know what was going on and I didn't know much about the group's goal other than what Clark had said about "adding posters in the lobby." I liked the idea of making the climate of the clinic more inviting and inclusive especially after noticing that our clinic in SLO was pretty bare and the only sign of LGBTQI+ acceptance was a tiny sticker on the front door. Several meetings later, I'm very grateful for the opportunity to be part of this caring group of professionals who are working together in reducing stigma, increasing awareness and education, and creating a more welcoming space for LGBTQI+ clients and staff alike.
Clinician II, CADA Program Lead Clinician for SLO County, Drug & Alcohol Services Workgroup Facilitator	Nancy Jambor, M.A., LMFT	Born and raised in Honolulu, Hawaii, #3 daughter in my family, from an early age I sought ways to be a peace and justice advocate. I was pleased to be offered the opportunity to facilitate this workgroup. My personal and professional experiences as well as my educational background contributes to sustaining my passion for embracing the complexity of human diversity. My educational background includes a B.A. in Psychology, completion of master's level intercultural communication coursework, M.A. in Human Development, and M.A. in Psychology for licensure. Over time, within my community of friends and relations, I have gained perspective, appreciation, and increased commitment to find ways to promote welcoming and inclusive spaces for everyone.

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EXHIBIT A
CONTRACT FOR BEHAVIORAL HEALTH SERVICES
SPECIAL CONDITIONS

1. **Compliance with Health Care Laws.** Contractor agrees to abide by all applicable local, state and federal laws, rules, regulations, guidelines, and directives for the provision of services hereunder, including without limitation, the applicable provisions of the Civil Code, the Welfare and Institutions Code, the Health and Safety Code, the Family Code, the California Code of Regulations, the Code of Federal Regulations ("C.F.R."), Mental Health Parity and Addiction Equity Act of 2008 ("MHPAEA"), and the Health Insurance Portability and Accountability Act ("HIPAA"). This obligation includes, without limitation, meeting delivery of service requirements, guaranteeing all client's rights provisions are satisfied, and maintaining the confidentiality of patient records.
2. **No Discrimination In Level Of Services.** As a condition for reimbursement, Contractor shall provide to and ensure that clients served under this Contract receive the same level of services as provided to all other clients served regardless of medical or medication status or other source of funding, or in any other respect on the basis of race, color, gender, gender identity, gender expression, religion, marital status, national origin, age, sexual orientation, disability, or on any other basis.
3. **Nondiscrimination.**
   a. Contractor shall comply with the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, pertaining to the prohibition of discrimination against qualified disabled persons in all federally assisted programs or activities, as detailed in regulations signed by the Secretary of Health and Human services, effective June 2, 1977, and found in the Federal Register, Volume 42, No. 86 dated May 4, 1977.
   b. Contractor shall comply with the provisions of the Americans with Disabilities Act (ADA) of 1990, the Fair Employment and Housing Act (Government Code § 12900 et seq.) and the applicable regulation promulgated thereunder. (California Code of Regulations, Title 2, § 7285 et seq.) Contractor shall give written notice of its obligations under this clause to labor organizations with which they have a collective bargaining or other agreement.
   c. Contractor shall comply with all state and federal nondiscrimination laws and regulations, and shall not engage in any unlawful discriminatory practices in the admission of beneficiaries, assignments of accommodations, access to programs or activities, treatment, evaluation, employment of personnel, or in any other respect on the basis of race, color, gender, gender identity, gender expression, religion, marital status, national origin, age, sexual orientation, disability, or on any other basis.
4. **Quality Assurance.** Contractor agrees to conduct quality assurance and program

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review that meets all requirements of the DHCS, and provide the outcome(s) to County on a quarterly basis. Contractor agrees to cooperate fully with program monitoring or other protocols that may be established by County to promote high standards of mental health care to clients at economical costs.

5. **Compliance Certification.**
   a. Contractor shall certify in writing on an annual basis that it has credentialed staff that comply with DHCS requirements including, but not limited to, the following elements of this Contract:
      1) Exhibit D.26.: Conflict of Interest
      2) Exhibit E.6.: Screening for:
         i. Inspector Generals' Excluded Provider List and Medi-Cal List of Excluded Providers
         ii. Social Security Death Master File
         iii. System for Awards Management (SAM) List
         iv. National Provider Identifier (NPI)/National Plan and Provider Enumeration System (NPPES) List
         v. National Practitioner Data Bank (NPDB) List
      3) Exhibit E.7.: Compliance Plan
      4) Exhibit E.8.: Cultural Competence Plan
      5) Exhibit E.9.: Health Information Privacy and Security Policy and Training Program
      6) Exhibit E.11.: Disclosures - Conviction of Crimes / Ownership Interest of Greater than 5%
      7) Exhibit E.12.: Drug Free Workplace
      8) Exhibit E.19.b.: Licensing Restrictions
   b. Contractor shall sign the Contractor Certification form in conjunction with signing this Contract. The Contractor Certification form has been approved by the Health Agency Director and will be either provided with this Contract or can be found at: http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Quality-Support/Services/Health-Agency-Contractor-and-Network-Provider-Supp.aspx

6. **Screening of Inspector Generals' Excluded Provider List, Medi-Cal List of Excluded Providers, Social Security Death Master File, SAM List, NPI/NPPES, and NPDB List.**
   a. Consistent with the requirements of 42 C.F.R. section 455.436, Contractor must confirm the identity and determine the exclusion status of all providers (employees and network providers), any subcontractor(s), any person with an ownership or control interest, and/or any person who is an agent or managing employee of the Mental Health and Drug Medi-Cal Organized Delivery Service (DMC-ODS) Plans through periodic checks of federal and state databases.
   b. Inspector Generals' Excluded Provider List and Medi-Cal List of Excluded Providers: At the time of securing a new employee or service provider, Contractor shall conduct, or cause to be conducted, a screening and provide documentation to County certifying that its new employee or service provider is not listed on the

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Excluded Provider List of the Office of the Inspector General or the Medi-Cal List of Excluded Providers. On a monthly basis, Contractor shall conduct or cause to be conducted a screening of all employees, subcontractors or agents assuring that neither Contractor nor any of its employees, subcontractors or agents are listed on the Excluded Provider List of the Office of the Inspector General or the Medi-Cal List of Excluded Providers.

c. Social Security Death Master File: Pursuant to 42 C.F.R. section 438.602(b), Contractor shall screen and periodically revalidate all network providers in accordance with the requirements of 42 C.F.R Part 455, subparts B and E.

d. System for Awards Management (SAM) List: At the time of securing a new employee or service provider, Contractor shall conduct or cause to be conducted a screening and provide documentation to County certifying that its new employee or service provider is not listed on the SAM Excluded Provider List. On a monthly basis, Contractor shall conduct or cause to be conducted a screening of all employees, subcontractors or agents assuring that neither Contractor nor any of its employees, subcontractors or agents are listed on the SAM Excluded Provider List.

e. NPI/NPPES List:
   1) Contractor shall certify that all employees, subcontractors, and agents who are required to have an NPI number have been checked monthly against the NPPES provider list on a monthly basis. Contractor will verify that NPI number and taxonomy number have not changed, and, if so, that the discrepancy has been corrected.
   2) If Contractor finds that any of the above persons or providers is/are excluded, it must promptly notify County and take action consistent with 42 C.F.R. section 438.610(c). Contractor shall not certify or pay any such person or provider with Medi-Cal funds, and any such inappropriate payments or overpayments may be subject to recovery and/or be the basis for other sanctions by the appropriate authority.

f. NPDB List: At the time of securing a new employee or service provider, Contractor shall conduct or cause to be conducted a screening and provide documentation to County certifying that its new employee or service provider is not listed on the NPDB List. Periodically, Contractor shall conduct or cause to be conducted a screening of all employees, subcontractors or agents assuring that neither Contractor nor any of its employees, subcontractors or agents are listed on the NPDB List.

7. **Compliance Plan.**

a. Contractor shall, at a minimum, adopt and comply with all provisions of the latest version of the Health Agency Compliance Plan and Code of Conduct–Contractor and Network Provider Version ("Compliance Plan"). Contractor may adopt and comply with an alternate Compliance Plan and Code of Conduct if granted written approval by the Health Agency Compliance Officer. Contractor shall adopt effective measures to enforce compliance with the Compliance Plan by its employees, subcontractors

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and agents.

b. Within thirty (30) calendar days of hire, and annually thereafter, Contractor, its employees, contractors and agents shall read the latest edition of the Health Agency Compliance Plan and Code of Ethics and complete related training provided by Contractor or the Health Agency.

c. Contractor shall maintain records providing signatures (either actual or electronic) from each employee, subcontractor and agent stating that they read the Compliance Plan, completed the related training and agree to abide by its contents. Relias Learning or equivalent E-learning records are sufficient to comply with this requirement.

d. The Compliance Plan and related training (YouTube video) may be found here: http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Quality-Support/Services/Health-Agency-Contractor-and-Network-Provider-Supp.aspx

8. **Compliance with County Cultural Competence Plan.**

a. Consistent with County Cultural Competence Plan and 42 C.F.R. section 438.206(c)(2), Contractors shall make services available in a manner consistent with Culturally and Linguistically Appropriate Service (CLAS) national standards. Contractor shall provide services that meet the cultural, ethnic and linguistic backgrounds of clients, including but not limited to, access to services in the appropriate language and/or reflecting the appropriate culture or ethnic group. Contractor shall adopt effective measures to enforce compliance with this standard by its employees, subcontractors and agents.

b. Within ninety (90) calendar days of hire, and annually thereafter, Contractor, its employees, subcontractors and agents shall read the latest edition of the Cultural Competence Employee Information Pamphlet and complete related training provided by the Health Agency or other cultural competence training determined by Contractor.

c. Contractor shall maintain records providing signatures (either actual or electronic) from each employee, subcontractor and agent stating that they completed annual cultural competence training. Records shall specify the training topic, provider or vendor, hours of training, and date completed. Relias Learning or equivalent E-learning records are sufficient to comply with this requirement.

d. The Cultural Competence Plan may be found here: http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Quality-Support/Services/Health-Agency-Contractor-and-Network-Provider-Supp.aspx

9. **Health Information Privacy and Security Policy and Training Program.**

a. Contractor shall provide health information privacy and security training to all employees as required by Title 22 of the California Code of Regulations, the Health Information Portability and Accountability Act of 1996 (“HIPAA”), the California Medical Information Act (“CMIA”), and as required by County.

b. Within fifteen (15) calendar days of hire, and annually thereafter, Contractor, its

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employees, subcontractors, and agents shall read the latest edition of the Confidentiality Agreement and HIPAA Primer for Contractor Use, and complete related training provided by the Health Agency. Contractor may adopt and comply with an alternate Confidentiality Agreement, HIPAA Policy, and related training if granted written approval by the Health Agency Compliance Officer.

c. Contractor shall maintain records providing signatures (either actual or electronic) from each employee, subcontractor and agent stating that they read the Health Information Privacy and Security Policy, completed the related training and agree to abide by its contents. Relias Learning or equivalent E-learning records are sufficient to comply with this requirement.

d. The Health Information Privacy and Security Policy and Procedure may be found here:
http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Quality-Support/Services/Health-Agency-Contractor-and-Network-Provider-Supp.aspx

e. The Confidentiality Agreement and HIPAA Primer for Contractor Use may be found here:
http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Quality-Support/Services/Health-Agency-Contractor-and-Network-Provider-Supp.aspx

10. **Confidentiality.** Contractor shall abide by all applicable local, state and federal laws, rules, regulations, guidelines, and directives regarding the confidentiality and security of patient information, including without limitation, Welfare and Institutions Code sections 14100 et seq. and 5328 et seq.; 42 C.F.R. section 431.300 et seq.; 42 C.F.R. Part 2; California Medical Information Act ("CMIA"); the Health Insurance Portability and Accountability Act ("HIPAA") and its implementing regulations, including but not limited to 45 C.F.R. Parts 142, 160, 162 and 164; and the provisions of Exhibit F of this Contract (the Business Associate Agreement). Any conflict between the terms and conditions of this Contract and Exhibit F shall be read so that the more legally stringent terms and obligations of this Contractor shall control and be given effect. Contractor shall not disclose any client/patient identifying information, except as otherwise authorized by law.

11. **Disclosures.** Pursuant to 42 C.F.R. sections 455.104 and 455.106, Contractor shall submit the disclosures described in this section regarding Contractor's ownership and control and convictions of crimes. Contractor must submit new or updated disclosures to the Health Agency prior to entering into or renewing this Contract. Contractor shall submit an updated disclosure to the Health Agency within thirty-five (35) calendar days of any change of ownership, conviction of crime by a Contractor employee, or upon request of the Health Agency. Disclosures as provided herein:

a. For disclosure of five percent (5%) or More Ownership Interest, Contractor shall provide in writing the following:

1) The name and address of any person (individual or corporation or other entity)

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with an ownership or control interest in Contractor/network provider. The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;

1) Date of birth and social security number (in the case of an individual);
2) Other tax identification number, in the case of a corporation or other entity that uses a tax identification number for tax purposes;
3) Whether the person (individual or corporation or other entity) with an ownership or control interest in Contractor/network provider is related to another person with ownership or control interest in the same or any other network provider of the Health Agency as a spouse, parent, child, or sibling; or whether the person (individual or corporation or other entity) with an ownership or control interest in any subcontractor in which the managed care entity has a five percent (5%) or more interest is related to another person with ownership or control interest in the managed care entity as a spouse, parent, child, or sibling;
4) The name of any other disclosing entity in which Contractor or subcontracting network provider has an ownership or control interest; and
5) The name, address, date of birth, and social security number of any managing employee of the managed care entity.

b. For disclosure of Conviction of Crime(s), Contractor shall provide in writing the following:
   1) The identity of any person who is a managing employee of Contractor who has been convicted of a crime related to federal health care programs. (42 C.F.R. § 455.106(a)(1), (2).)
   2) The identity of any person who is an agent of Contractor who has been convicted of a crime related to federal health care programs. (42 C.F.R. § 455.106(a)(1), (2).)
   3) Contractor shall supply the written disclosures to County before entering into this Contract and at any time upon County's request.
   4) Network providers should submit the same disclosures to County regarding the network providers' criminal convictions. Network providers shall supply the disclosures before entering into this Contract and at any time upon the Health Agency's request.

2. **Drug Free Workplace.** Contractor shall abide by all applicable local, state and federal laws, rules, regulations, guidelines, and directives regarding the Federal Drug-Free Workplace Act of 1988, Section 5151 et seq. of Subtitle D of Title V of United States Public Law 100-690 (100th Congress). Contractor shall certify that none of its employees, contractors, or agents use drugs or alcohol in a manner that would affect their ability to perform any functions required by this Contract.
3. **Record keeping and reporting of services.**
   a. Contractor shall keep complete and accurate records for each client treated pursuant to this Contract, which shall include, but not be limited to, diagnostic and

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evaluation studies, treatment plans, medication log, progress notes, program compliance, outcome measurement and records of services provided in sufficient detail to permit an evaluation of services, including timely access to such services, without prior notice. Such records shall comply with all applicable federal, state, and County record maintenance requirements.

b. Contractor shall submit informational reports as required by County on forms provided by or acceptable to County with respect to Contractor's program, major incidents, and fiscal activities of the program.
c. Contractor shall collect and provide County with all data and information County deems necessary for County to satisfy state reporting requirements, which shall include, without limitation, Medi-Cal Cost reports in accordance with Welfare and Institutions Code sections 5651(a)(3), 5664, and 5705(a), and guidelines established by DHCS. Said information shall be due no later than ninety (90) days after close of fiscal year of each year, unless a written extension is approved by County. Contractor shall provide such information in accordance with the requirements of the Short-Doyle/Medi-Cal Cost Reporting System Manual, applicable state manuals and/or training materials, and other written guidelines that may be provided by County to Contractor.
d. Contractor shall retain records of services rendered under the Medi-Cal program or any other health care program administered by DHCS for a minimum of ten (10) years from the final date of the contract period between County and Contractor, from the date of completion of any audit, or from the date the service was rendered, whichever is later in accordance with Welfare and Institutions Code section 14124.1.
e. If applicable, Contractor shall ensure insurance information is verified for every client at each service and record the current insurance information in County's EHR.

4. **State Audits.** Pursuant to California Code of Regulations, Title 9, section 1810.380, Contractor shall be subject to state oversight, including site visits, monitoring of data reports and claims processing, and reviews of program and fiscal operations to verify that medically necessary services are provided in compliance with said code and the contract between the state and County. If Contractor is determined to be out of compliance with state or federal laws and/or regulations, the state may require actions of County to rectify any out of compliance issue, which may include financial implications. Contractor agrees to be held responsible for their portion of any action the state may impose on County.
5. **Equipment.** Contractor shall furnish all personnel, supplies, equipment, telephone, furniture, utilities, and quarters necessary for the performance of services pursuant to this Contract with the exception of:
   a. All required Behavioral Health forms; and
   b. County may at its option and at County's sole discretion, elect to provide certain equipment which shall remain County property and be returned to County upon

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earlier demand by or in no event later than the termination of this Contract. Contractor may at its option use County provided equipment for non-County clients as long as the equipment in any given instance is not for the sole use of non-County clients.

6. **Other Employment.** Contractor shall retain the right to provide services at another facility or to operate a separate private practice, subject, however, to the following prohibitions:
   a. No such private practice shall be conducted or solicited on County premises or from County-referred clients.
   b. Such other employment shall not conflict with the duties, or the time periods within which to perform those duties, described in this Contract.
   c. The insurance coverage provided by County or by Contractor for the benefit of County herein is in no way applicable to or diminished by any other employment or services not expressly set forth in this Contract.
7. **State Department of Health Care Services Contract.** Contractor agrees that this Contract shall be governed by and construed in accordance with the laws, regulations and contractual obligations of County under its agreement with the DHCS to provide specialty mental health services to Medi-Cal beneficiaries of San Luis Obispo County. (Medi-Cal Specialty Mental Health Services, Welfare and Institutions Code § 5775.)
8. **Use of Information Provided by the Social Security Administration.** Contractor shall comply with all conditions required under the Social Security Administration agreement with the DHCS available at:

http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Quality-Support/Services/Health-Agency-Contractor-and-Network-Provider-Supp.aspx

9. **Placement Authority, if applicable.** County shall have sole and exclusive right to screen and approve or disapprove clients prior to placement in Contractor's facility. Approval must be obtained in writing by client's case manager or designee prior to placement under this Contract.
10. **License Information.**
    a. Contractor agrees that all facilities and staff including, but not limited to, all professional and paraprofessional staff used to provide services will maintain throughout the term of this Contract, such qualifications, licenses, registrations, certifications, and/or permits as are required by state or local law.
       1) Contractor shall assure that licensed staff are enrolled in the Medi-Cal Provider Application and Verification of Enrollment (PAVE) and Medi-Cal Rx portals, in accordance with current DHCS guidance and requirements available at: https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx and https://medi-calrx.dhcs.ca.gov/home/
       2) Contractor shall provide County a written list of all licensed/registered/waivered or certified persons who may be providing services under this Contract. The list shall include the name, title, professional degree, license number, and NPI

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number.

b. Licensing Restrictions.
   1) Contractor certifies that none of its subcontractors or agents has ever had a professional license, registration or certification revoked, limited, restricted, suspended, placed on probation/conditional status, or had other disciplinary action taken against them by a licensing or certification board. Contractor staff must also attest to the above.
   2) Contractor certifies that none of its subcontractors or agents have ever had professional privileges or membership revoked, cancelled or denied. Contractor staff must also attest to the above.
   3) Contractor certifies that any of its subcontractors or agents who have ever been convicted of a felony have reported the circumstances of the conviction to Contractor and Contractor has determined that the conviction will not affect the individual's ability to perform any of the contracted functions. Contractor staff must also attest to the above.

11. **Professional Licensing Waiver Requirements.** When Contractor employs or contracts with a provider who is licensed in another state, Contractor shall obtain a Professional Licensing Waiver from DHCS pursuant to Department of Mental Health ("DMH") Letter No 02-09 prior to allowing the provider to perform services pursuant to this Contract. The Professional Licensing Waiver shall remain in effect until such time as the provider is registered with the appropriate California licensing board.
12. **Gifts.** Gifts may not be charged to this Contract, whether to Contractor staff or anyone else. However, incentive items for youth clients used in a clinical behavioral modification program are allowed with clinical documentation and compliance with established County procedures.
13. **Violations and Deviations.**
    a. If County discovers any practice, procedure, or policy of Contractor which deviates from the requirements of this Contract, violates federal or state law, threatens the success of the program conducted pursuant to this Contract, jeopardizes the fiscal integrity of such program, or compromises the health or safety of recipients of service, County may require corrective action, withhold payment in whole or in part, or terminate this Contract immediately. If County notifies Contractor that corrective action is required, Contractor shall promptly initiate and correct any and all discrepancies, violations or deficiencies to the satisfaction of County within thirty (30) days, unless County notifies Contractor that it is necessary to make corrections at an earlier date in order to protect the health and safety of recipients of service. If Contractor is an in-patient facility, Contractor shall submit its patient admissions and length of stay requests for utilization review through existing hospital systems or professional standards review organizations.
    b. Contractor shall notify County immediately by telephone should Contractor or its agents be investigated for, charged with, or convicted of a health care related

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offense. In addition, Contractor shall promptly submit to County a written report including: (1) the names and addresses of the Contractor's employees and/or agents who are being investigated, charged, or convicted; (2) the time and location of the incident; (3) the names of County employees, if any, involved with the incident; and (4) a detailed description of the incident.

c. During the pendency of any such proceedings, Contractor shall keep County fully informed about the status of such proceedings and shall consult with County prior to taking any action which will directly impact County. This Contract may be terminated immediately by County upon the actual exclusion, debarment, loss of licensure, or conviction of Contractor or its agents of a health care offense. Contractor shall indemnify, defend, and hold harmless County for any loss or damage resulting from the conviction, debarment, or exclusion of Contractor or its agents.

14. **Reports of Death, Injury, Damage, or Abuse.**

a. Reports of Death, Injury, or Damage. If death, serious personal injury, or substantial property damage occur in connection with the performance of this Contract and involving County's clients, Contractor shall immediately notify County's Behavioral Health Administrator by telephone. In addition, Contractor shall promptly submit to County a written report including: (1) the name and address of the injured/deceased person; (2) the time and location of the incident; (3) the names and addresses of Contractor's employees and/or agents who were involved with the incident; (4) the names of County employees, if any, involved with the incident; and (5) a detailed description of the incident.

b. Child Abuse Reporting. Contractor shall ensure that all known or suspected instances of child abuse or neglect are promptly reported to proper authorities as required by the Child Abuse and Neglect Reporting Act, Penal Code section 11164 et seq. Contractor shall require that all of its employees, consultants, and agents performing services under this Contract, who are mandated reporters under the Act, sign statements indicating that they know of and will comply with the Act's reporting requirements.

c. Child Death Review. Contractor may disclose confidential mental health information to a County interagency child death review team that is investigating a child's death as per, Penal Code section 11174.32, the Interagency Child Death Review.

d. Elder Abuse Reporting. Contractor shall ensure that all known or suspected instances of abuse or neglect of elderly people sixty-five (65) years of age or older and dependent adults age eighteen (18) years of age or older are promptly reported to proper authorities as required by the Elder Abuse and Dependent Adult Protection Act. (Welfare and Institutions Code § 15600 et seq.)

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Contractor shall require that all its employees, consultants, and agents performing services under this Contract, who are mandated reporters under the Act, sign statements indicating that they know of and will comply with the Act's reporting requirements.

15. **Trafficking Victims Protection Act of 2000.**
    a. Contractor shall comply with Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000 (22 U.S.C. § 7104(g)) as amended by 22 U.S.C. section 7102. For full text, see:

http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title22-section7104d&num=0&edition=prelim

    b. Contractor, Contractor's employees, and subcontractors shall not:
        1) Engage in severe forms of trafficking in persons during the period of time that this Contract is in effect.
        2) Procure a commercial sex act during the period of time that this Contract is in effect.
        3) Use forced labor in the performance of the award or sub-awards under this Contract.
    c. Contractor shall:
        1) Immediately notify County's Behavioral Health Administrator, by telephone, in the event they receive any information from any source alleging a violation of a prohibition in section 25.a. of this Exhibit.
        2) Include the requirements of this section in any subcontract awarded under this Contract.
    d. Violation of any of these provisions is cause for immediate termination of this Contract.

16. **Disclosure of Unusual Incidents.** Contractor shall notify County's Behavioral Health Administrator, by telephone, of the violation of any provision of this Contract within twenty-four (24) hours of obtaining reasonable cause to believe such a violation occurred. Notice of such violation shall be confirmed by delivering to County's Behavioral Health Administrator, within seventy-two (72) hours of obtaining a reasonable cause to believe that such violation occurred, a written notice which shall describe the violation in detail. Contractor shall comply with state law and County's policies and requirements concerning the reporting of unusual occurrences and incidents.

17. **Standard for Security Configurations, if applicable.**
    a. Contractors accessing County's EHRs system shall abide by and implement the standard Security Configurations below. Contractor shall configure its computers with the applicable United States Government Configuration Baseline ("USGCB") and ensure that its computers have and maintain the latest operating system patch level and anti-virus software level.
    b. Contractor shall ensure IT applications operated on behalf of County are fully functional and operate correctly on systems configured in accordance with the

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above configuration requirements. Contractor shall test applicable product versions with all relevant and current updates and patches installed. Contractor shall ensure currently supported versions of information technology products meet the latest USGCB major version and subsequent major versions.

a. Contractor shall ensure IT applications designed for end users run in the standard user context without requiring elevated administrative privileges.
b. Contractor shall ensure hardware and software installation, operation, maintenance, update, and patching will not alter the configuration settings or requirements specified above.
c. Contractor shall ensure that its subcontractors (at all tiers) which perform work under this Contract comply with the requirements contained in this section.
d. Contractor shall ensure that computers which store Protected Health Information ("PHI") and/or Personally Identifiable Information ("PII") locally have hard drive encryption installed and enabled.
e. For those Contractors accessing County's EHRs system, County shall not provide Contractor with computer hardware support in connection with the performance of this Contract. County shall provide Contractor with necessary EHRs software support in connection with the performance of this Contract. County and Contractor shall be aware of and exclusively responsible for all legal implications of County providing Contractor with any computer support in connection with the performance of this Contract.

2. **Charitable Choice.**
   a. Contractor shall not use any money provided under this Contract for any inherently religious activities such as worship, sectarian instruction, and proselytization. In regard to rendering assistance, Contractor shall not discriminate against an individual on the basis of religion, a religious belief, or refusal to actively participate in a religious practice. If an individual objects to the religious character of a program, Contractor shall provide a secular alternative at no unreasonable inconvenience or expense to the individual or County.
   b. Contractor shall comply with 42 C.F.R. Part 54.
   c. Contractor shall submit documentation annually showing the total number of referrals necessitated by religious objection to other alternative substance use disorder activities. This information must be submitted to County by September 1st of each year, including the September 1st after the termination of this Contract. The annual submission shall contain all substantive information required by County and be formatted in a manner prescribed by DHCS.
3. **No Unlawful Use or Unlawful Use Messages Regarding Drugs.** Contractor agrees that information produced through funds allocated under this Contract, and which pertains to drug and alcohol related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol related program shall include any

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message on the responsible use, if the use is unlawful, of drugs or alcohol. (Health and Safety Code §§ 11999-1199.3.) Contractor agrees that it shall enforce, and shall require its agents, including subcontractors, to enforce these requirements.

4. **Restriction on Distribution of Sterile Needles.** Contractor agrees that no Substance Abuse Prevention and Treatment ("SAPT") Block Grant funds made available through this Contract shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.
5. **Network Adequacy Standards (applicable only to contractors located within San Luis Obispo County).** Contractor agrees to provide information required by the Network Adequacy Standards, as directed by the Medicaid Managed Care and Children's Health Insurance Program Managed Care Final Rule. Contractor shall provide the following, if applicable:
   a. Staff list, updated monthly, including, but not limited to the following items, or as required per DHCS, a copy of the following for each staff member:
      1) Credentials including copy of license, registration, certification, NPI, Taxonomy, etc.;
      2) California driver's license;
      3) Language capacity, including American Sign Language;
      4) Work location address and/or geographic coverage area if providing services in the community or mobile services;
      5) Cultural competence training received;
      6) Specialties practiced;
      7) Evidenced Based Practices utilized;
      8) Number of years' experience in the field;
      9) Date of hire or Contract start date; and
      10) Date and confirmation of negative tuberculosis test.
   b. Contractor and staff shall comply with DHCS Provider Enrollment requirements, which may include registering clinical staff in each DHCS database and/or providing County with all necessary provider data to allow enrollment in DHCS databases and County's Provider Directory.
   c. Work locations that are ADA compliant, including full street address and zip code.
   d. List of client complaints about lack of timely access, if any, updated monthly, for each site, submitted to County's Patients' Rights Advocate.
   e. Ability to ensure clients timely access at each site and/or provider, indicated by:
      1) Client screening and/or triage wait time;
      2) Availability of same or next day services; and
      3) Appointment wait time must be timely from client request to offered first service;
   f. Ability to provide evidence of timely access to County in a form and format

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approved by County in order to comply with DHCS reporting requirements;

1) Timely to be defined as:
   i. Within forty-eight (48) hours of client request for crisis services;
   ii. Within ninety-six (96) hours of client request for urgent services;
   iii. Within ten (10) business days of client request for routine services;
   iv. Within fifteen (15) business days of client request for psychiatry; and
   v. Within three (3) business days of client request for opioid treatment program ("OTP").

g. Ability to ensure that offered hours of operation are no less than the hours of operation offered to commercial enrollees or comparable to Medicaid Fee For Service, if the provider serves only Medicaid enrollees.

h. Client time and distance to County behavioral health services facilities shall be no longer than listed below and applies to clinics and individual offices:
   1) Outpatient mental health services = forty-five (45) miles or seventy-five (75) minutes' drive;
   2) Outpatient substance use disorder = sixty (60) miles or ninety (90) minutes' drive; and
   3) Drug Medi-Cal Organized Delivery System (DMC-ODS), or OTP services = forty-five (45) miles or seventy-five (75) minutes' drive.

i. Number of staff and subcontractors in County service area of each drive time/zone.

6. **Managed Care Final Rule.** Contractor shall comply with Managed Care Final Rule and County policy, if applicable, to provide timely access to services and abide by accessibility standards as per the Managed Care Final Rule. (Mental Health Parity and Addiction Equity Act of 2008, MHPAEA.) County reserves the right to adjust this policy if the state changes the rule.
7. **California Values Act.** Contractor, acting as a provider of mental health and wellness services to County clients, shall comply with Government Code sections 7284.2 and 7284.8, Cooperation with Immigration Authorities. Contractor shall ensure effective policing, to protect the safety, well-being, and constitutional rights of clients served by Contractor by limiting assistance with immigration enforcement to the fullest extent possible consistent with federal and state law, while assuring Contractor services remain safe and accessible to all California residents, regardless of immigration status. For full text, see:

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=7284.2.&lawCode=GOV

8. **Limitation on Use of Funds for Promotion of Legalization of Controlled Substances.** None of the funds made available through this Contract may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act. (21 U.S.C. § 812.)
9. **Debarment and Suspension.**

a. Contractor shall not subcontract with any party listed on the government wide

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exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 C.F.R. Part 180 that implement Executive Orders 12549 (3 C.F.R. Part 1986, Comp. p. 189) and 12689 (3 C.F.R. Part 1989, p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority.

b. Executive Order 12549. Contractor shall advise all subcontractors of their obligation to comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42 C.F.R. Part 1001.

10. **MHSA Contract Publicity Language, if applicable.**
    a. County requires public acknowledgment of the organizations, programs, and projects it supports, as outlined in Provider Publicity Guidelines.
    b. Contractor shall issue a press release announcing Contract award within 30 days of executed Contract.
        1) Press release shall acknowledge County Behavioral Health Department and the Mental Health Services Act (MHSA).
        2) Press release shall use the following standard language: Funding for this program is/was provided by the County of San Luis Obispo Behavioral Health Department, through the Mental Health Services Act.
    c. Include County logo on print and digital materials promoting MHSA-funded programs and activities; consult the Provider Publicity Guidelines for specifics.
        1) If space allows on design, Contractor shall also include the standard language stated above in section 36.b.2).
        2) The Behavioral Health Department will supply providers with County logo artwork. The logo must be produced as a unit without alteration.
        3) County Seal is for Board of Supervisors business only and shall not be used on materials related to this MHSA-funded program or activity.
    d. Contractor shall send all MHSA Contract-related activity press releases, media advisories and general publicity materials to County at slobehavioralhealth@co.slo.ca.us.
        1) Contractor shall submit all materials fourteen (14) days prior to Contract-related activities.

11. **Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352).** Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. section 1352. Contractor shall also disclose to County any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

12. **Information Access for Individuals with Limited English Proficiency.** Contractor

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shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code §§ 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.

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Print Form

California Brief Multicultural Competence Scale

Below is a list of statements dealing with multicultural issues within a mental health context.

Please indicate the degree to which you agree with each statement choosing from the drop down list.

1.	I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face.	1.	1 Strongly Disagree
2.	I am aware of how my own values might affect my client.	2.	1 Strongly Disagree
3.	I have an excellent ability to assess, accurately, the mental health needs of persons with disabilities.	3.	1 Strongly Disagree
4.	I am aware of institutional barriers that affect the client.	4.	1 Strongly Disagree
5.	I have an excellent ability to assess, accurately, the mental health needs of lesbians.	5.	1 Strongly Disagree
6.	I have an excellent ability to assess, accurately, the mental health needs of older adults.	6.	1 Strongly Disagree
7.	I have an excellent ability to identify the strengths and weaknesses of psychological tests in terms of their use with persons from different cultural, racial and/or ethnic backgrounds.	7.	1 Strongly Disagree
8.	I am aware that counselors frequently impose their own cultural values upon minority clients.	8.	1 Strongly Disagree
9.	My communication skills are appropriate for my clients.	9.	1 Strongly Disagree
10.	I am aware that being born a White person in this society carries with it certain advantages.	10.	1 Strongly Disagree
11.	I am aware of how my cultural background and experiences have influenced my attitudes about psychological processes.	11.	1 Strongly Disagree
12.	I have an excellent ability to critique multicultural research.	12.	1 Strongly Disagree
13.	I have an excellent ability to assess, accurately, the mental health needs of men.	13.	1 Strongly Disagree
14.	I am aware of institutional barriers that may inhibit minorities from using mental health services.	14.	1 Strongly Disagree
15.	I can discuss, within a group, the differences among ethnic groups socioeconomic status (SES), Puerto Rican client vs. high SES Puerto Rican client).	15.	1 Strongly Disagree
16.	I can identify my reactions that are based on stereotypical beliefs about different ethnic groups.	16.	1 Strongly Disagree
17.	I can discuss research regarding mental health issues and culturally different populations.	17.	1 Strongly Disagree
18.	I have an excellent ability to assess, accurately, the mental health needs of gay men.	18.	1 Strongly Disagree
19.	I am knowledgeable of acculturation models for various ethnic minority groups.	19.	1 Strongly Disagree
20.	I have an excellent ability to assess, accurately, the mental health needs of women.	20.	1 Strongly Disagree
21.	I have an excellent ability to assess, accurately, the mental health needs of persons who come from very poor socioeconomic backgrounds.	21.	1 Strongly Disagree

Gamst, G., Dana, R. H., Der-Karabetian, A., Aragon, M., Arellano, L., Morrow, G., & Martenson, L. (In Press, 2004). Cultural competency Revised: The California Brief Multicultural Competency Scale. Measurement and Evaluation in Counseling and Development, 37, 3.

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Print Form

California Brief Multicultural Competence Scale

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2.	I am aware of how my own values might affect my client.	2.	1 Strongly Disagree
3.	I have an excellent ability to assess, accurately, the mental health needs of persons with disabilities.	3.	1 Strongly Disagree
4.	I am aware of institutional barriers that affect the client.	4.	1 Strongly Disagree
5.	I have an excellent ability to assess, accurately, the mental health needs of lesbians.	5.	1 Strongly Disagree
6.	I have an excellent ability to assess, accurately, the mental health needs of older adults.	6.	1 Strongly Disagree
7.	I have an excellent ability to identify the strengths and weaknesses of psychological tests in terms of their use with persons from different cultural, racial and/or ethnic backgrounds.	7.	1 Strongly Disagree
8.	I am aware that counselors frequently impose their own cultural values upon minority clients.	8.	1 Strongly Disagree
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