

SAN MATEO COUNTY  
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: February13, 2008

BHRS POLICY: 08-01  
SUBJECT: Welcoming Framework  
AUTHORITY: Local  
SUPERSEDES: New Policy

#### PURPOSE

The purpose of this policy is to establish a framework that results in policy guidelines and welcoming practices in all Behavioral Health and Recovery Services (BHRS) contracted and direct services.

#### POLICY

BHRS, including management, staff, and providers, is committed to creating and sustaining a welcoming environment designed to support recovery and resiliency for those seeking services, and their families. We are committed to building the capacity and competencies necessary to meet the challenges of creating and sustaining a welcoming environment. Our intent is to let people seeking services and family members know that they are “in the right place” regardless of when and where they arrive for support and services.

Our goal as BHRS—is to implement a welcoming policy that reflects the components identified below including procedures and practices that are clear and transparent to those seeking services and their families, and staff.

#### PRINCIPLES

**Service providers that are welcoming** engage with all individuals and families in empathic, hopeful relationships that facilitate appropriate identification of needs, access to appropriate assessment and properly matched services. Welcoming behavior includes open, attentive, verbal and non-verbal communication with the person seeking services that allows for him/her to feel heard and safe. It is particularly important to welcome and engage those individuals who might ordinarily have difficulty gaining access to services, such as those who have co-occurring mental health and addictive disorders, those who are from diverse cultural and/or linguistic groups, and

those who have associated medical disabilities, all of whom are particularly at high risk for poorer outcomes if not successfully welcomed into care.

**Welcoming is a relational process among all participants in our system of care:** people seeking services, their traditional and non-traditional families, staff, and management and communities. It is fundamentally about attitude, values, and ways of interacting. Therefore, we must be aware of how people seeking services are encouraged and supported or discouraged from engaging in care by the way we think and behave. Our commitment is to implement policies, practices, and procedures supportive of each person's recovery as well their personal responsibility for pursuing their own wellness.

**As service partnerships are fostered,** it is essential for staff to recognize how they welcome, encourage and support **each other** as well as people seeking services (clients) and families—**often across program and agency boundaries.** Partners in a welcoming recognize that attitudes are communicated in many ways and that how we welcome and support each other will ultimately impact the engagement and recovery of those seeking services and families.

### **Recovery-oriented Engagement**

The cornerstone of recovery is hope and the belief that the person receiving services can improve his/her health and well-being. We must understand and support clients to exercise a primary and active role in planning for their expressed needs and recovery including identification and coordination of services. Persons receiving services and family members may also engage and welcome each other by respecting the rights of others to receive services in a supportive and safe environment.

### **Culturally Fluent Engagement**

All persons will be welcomed with respect for their ethnic, cultural, and linguistic diversity, sexual orientation and gender identity, religious and spiritual background, age and socioeconomic issues. It is our responsibility to be aware of and open to each person's circumstances and cultural needs. Our goal is to continue to develop our capacity to best serve each person.

### **All Access Points to Services Will Be Responsive**

Regardless of where a person seeking services enters the BHRS system they will receive a basic screening to determine service need(s) and will be supported in accessing the appropriate services whether at the site of the screening and/or with other service provider(s). Services must become "capable" of providing core screening and engagement/early intervention to concurrently address both mental health and addictive disorders.

### **Removal of Arbitrary Barriers to Care**

Individuals with complicated, co-occurring disorders and their families will not be arbitrarily denied care. Improved access to care will require strategies such as: flexible scheduling, evening hours, staff outreach across programs, and linguistic/cultural matching. Supervisors and direct service providers will work with people seeking services and their families/significant others to address immediate barriers to care. Administration and management will mobilize BHRS and

other agencies to resolve barriers to care at the program, service system, organizational and community levels.

**Problem-solving, Yes-oriented Approach**

Respectful engagement requires openness to understanding the perspective of the person receiving services. This means that service providers must suspend quick judgments and willingly join with the client in finding effective solutions within the resources that can be leveraged. An important aspect of welcoming is helping clients find proactive solutions to their concerns, especially if they are in stressful, unpleasant or dangerous situations. A welcoming environment maintains safety for people seeking and receiving services and staff regardless of the circumstances. Staff, providers and programs will have limits regarding the type of problems/issues and individuals they can properly serve (including client behavioral issues), based on licensing requirements, funding and scope of practice.

Approved:

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