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<b>Attachments:</b>	<b>A.</b> Companion Guide To Implementation of a Welcoming Environment

## PURPOSE

This policy establishes a framework for welcoming practices in all Behavioral Health and Recovery Services (BHRS) contracted and direct services.

## BACKGROUND

Since 2006, San Mateo County Behavioral Health and Recovery Services (BHRS) embarked on a process of creating a welcoming integrated system of care in which all programs and staff would become welcoming, recovery/resiliency oriented, trauma-informed, culturally fluent, and co-occurring capable. Since then, there have been continued state and local efforts to improve services for individuals with co-occurring conditions and other complex treatment needs. Some efforts include the California Advancing and Innovating Medi-Cal (CalAIM), Senate Bill 43 (Expansion of LPA gravely disabled criteria and target population to include severe substance use disorders), and Proposition 1.

## DEFINITIONS

**Change Agent:** An individual who takes on a formal role as an advocate for change within their program and/or organization.

**Self-Assessment Tools:** Tools designed to help organizations and programs assess their current state with regard to delivering recovery oriented co-occurring capable care. Some tools are for executives, administrators, and core implementation staff at the system level. The focus is on administrative policies and procedures that support the implementation of integrated systems and services. Some tools focus on the individual program level. One component of these processes is the identification of action items to drive progress, and the subsequent development of an action plan.

**Co-occurring Mental Health (MH)/Substance Use (SU) Conditions:** Any person of any age with any combination of any mental health (MH) issue, including trauma, and any substance use (SU), substance misuse or addictive condition (including, for example, gambling) whether or not the person is already diagnosed.

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**Cultural Humility/Fluency/Relevance:** We recognize that people come to us with their own culture(s), and it is our job to learn from them. Acknowledging the diverse cultural backgrounds individuals bring to our organization, we consider it our responsibility to wholeheartedly embrace and gather insights from these unique perspectives. This commitment is underscored by our curiosity, openness, and deliberate actions, as we strive to cultivate an environment that thrives on cultural exchange. In our continuous pursuit of understanding, we conscientiously reflect on our own competence levels, seeking expert guidance whenever necessary. This commitment to self-awareness ensures that we are well-equipped to navigate the complexities of diverse cultures effectively.

**Hopeful:** Our goal is to have everyone, especially those with the greatest challenges, to be inspired when they meet us with hope for a meaningful, happy life (including what some people term “recovery”).

**Integrated (Co-occurring capable/Complexity competent):** We understand that among the people we serve, co-occurring needs (i.e., mental health, substance use, physical health, intellectual and social needs) are an expectation, not an exception. Therefore, everything we do is designed to help us provide “integrated care” to individuals and families with complex needs who may face difficulties with making progress.

**Trauma-informed:** Understanding that an individual is more likely than not to have a history of trauma and acknowledging the role trauma may play in an individual’s life, we hold the highest regard for the people we serve and are fully committed to never contributing to re- traumatization at our hands.

**Welcoming:** We purposefully welcome everyone, especially those who may have the greatest challenges, as priority customers.

## POLICY

BHRS, including management, staff, and providers, is committed to creating and sustaining a welcoming environment designed to support recovery and resiliency for individuals 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. BHRS envisions an integrated system of care built at every level around the needs, hopes, and dreams of individuals and families, from prenatal to end of life, with co-occurring mental health (MH), substance use disorders (SUD), physical health (PH) needs, and other complex challenges.

Therefore, all BHRS programs and staff must be supported to deliver welcoming, hopeful, coordinated, and integrated services to individuals seeking support.

## PRINCIPLES

**Service providers who 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 allowing for the person seeking services to feel heard and safe. It is particularly

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important to welcome and engage 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, management, and communities.

We must be aware of how people seeking services are encouraged and supported or discouraged from engaging in care by our words and actions. Our commitment is to implement policies, practices, and procedures supportive of each person's recovery and 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** in addition to people seeking services (clients) and their families—**often across program and agency boundaries**. Welcoming staff 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 their families.

### **Recovery-oriented Engagement**

The cornerstone of recovery is hope and the belief that the person receiving services can improve their 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 status. 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 their need(s) and will be supported in accessing the appropriate services. Services must become "co-occurring capable" of providing core screening and engagement/early intervention to address both mental health (MH) and substance use disorders (SUD).

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

Individuals with complicated, co-occurring MH/SU 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.



### **Co-occurring Capable**

We recognize that individuals and families, including parents or caregivers of children receiving services, with co-occurring conditions may have any combination of mental health, substance use, physical health, and human service needs. All possible combinations are important and co-occurring conditions should be addressed together to ensure optimal treatment outcomes.

Therefore, we are dedicated to improving co-occurring and complexity capability across all County operated and contracted programs and staff. In such a system, all people providing help are supported in their programs to become “co-occurring” or “complexity-competent,” to experience more inspiration and success in helping people with co-occurring needs who are already being served. BHRS also welcomes all that are part of the larger health and behavioral health system in San Mateo County to the table, including people with lived experience and those involved in administration, prevention/early intervention, and provision of other health and human services in San Mateo County.

### **Trauma-Informed Care**

Experiences of trauma are highly prevalent among individuals and families served and should be considered as a co-occurring condition or issue as well. This policy recognizes the need for every aspect of our system to provide trauma-informed care, acknowledging the prevalence of trauma that has been experienced by the people we serve, including trauma in previous encounters with us and/or other similar systems. Therefore, it is important that we design services to be welcoming, inspiring, and culturally fluent for individuals and families who reflect the wide diversity of perspectives and experiences that characterize our county, with active recognition of the traumatic impact of discrimination against and marginalization of the most vulnerable people and communities.

### **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 collaborate with the client in finding effective solutions among 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 staff and people seeking and receiving services 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.

### **PROCEDURE**

This policy shall be operationalized through implementation of the companion guidelines in Attachment A. Contracts will be updated to include these requirements and all contractors and BHRS are expected to complete these requirements. These guidelines include:

- Making a formal commitment to becoming welcoming and co-occurring capable.
- Creating a quality improvement team that will conduct a self-assessment of the co-occurring capability of the organization.



- Develop an Action Plan based on the self-assessment that addresses a number of requirements that can be found in the companion guide.

The action plan must meet the requirements as listed in the Companion Guide (Attachment A), which generally include improvements in support of co-occurring capability through updating policies and procedures, improving screening and documentation, developing integrated stage- matched care, developing staff competency, improvement of medication support for co- occurring, improved access to peer support, improved collaboration and consultations across MH and SUD providers, and implementation of administrative services that support integrated care. BHRS will include as part of annual audits and site visits of all BHRS and contracted programs, a review of the program's or provider's action plan to assure that is current and active.

BHRS leadership shall also work to develop integrated services across the BHRS service spectrum, the Health Divisions, and the departments of the County.

These actions will help ensure that all organizations, programs, staff, and supporters can be successful in contributing to helping the community of San Mateo County to deliver welcoming, hopeful, coordinated, and integrated services to those in need.

## SIGNATURES

Approved: \_\_\_\_\_ *Signature on File*

Dr. Jei Africa, PsyD, FACHE  
BHRS Director

Approved: \_\_\_\_\_ *Signature on File*

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## REVISION HISTORY

Date of Revision	Type of Revision	Revision Description