SANTA CLARA COUNTY
Behavioral Health Services

Policy & Procedure Number: BHSD #SDM-002

Primary Category	Impacts
Line of Business	☒ Medi-Cal ☒ Non-Medi-Cal ☒ Managed Care ☒ Fee for Service ☒ AMT ☒ AOA ☒ CJS ☒ CYF ☒ OSH ☒ SUTS ☒TAY
Effected Parties	□ All Workforce Members ☒ Practitioners ☒ BHSD ☒Contracted Providers ☒Inpatient Providers □Quality Managers

BHSD POLICY & PROCEDURE

I. BHSD P&P INFORMATION

Assigned Policy Name: Assessment and Integration of Beneficiary Spiritual Interests in Their Recovery and Wellness

Assigned Policy Number: SDM-002

Policy Owner: Access and Unplanned Services

Impacted Managed Care Policy Area(s): Mark All That Apply

- ☐ Administration (ADM)
- ☒ Clinical (CLI)
- ☐ Contracts (CON)
- ☐ Fiscal (FIS)
- ☐ Health and Safety (HAS)
- ☐ Legal (LEG)
- ☒ Member Services & Materials (MSM)
- ☐ Provider Relations (PRR)
- ☐ Reporting (RPT)
- ☐ Utilization Management (UMR)
- ☐ Appeals, Grievances, Incidents (AGI)
- ☐ Compliance and Confidentiality (COP)
- ☐ Data Management (DTM)
- ☒ General Operations (GEO)
- ☐ Health Education (HED)
- ☐ Medical & Pharmacy (MPS)
- ☐ Personnel (PER)
- ☒ Quality Management (QAM)
- ☒ Service Delivery (SDM)

II. BHSD P&P APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: Date:

County Counsel: Date:

Section B: BHSD Director

BHSD Director: DocuSigned by: Sherri Terao DAB699BA2A1544D... Date: 5/26/2023

Approved/Issue Date: 4/23/2023	**Behavioral Health Services Director:**	Sherri Terao
Last Review/Revision Date:	**Next Review Date:** 4/22/2026	**Inactive Date:**

III. REPLACES	NEW

IV. REFERENCES:

- 9 CCR §1810.410. Cultural and Linguistic Requirements
- WIC § 1000. General Provisions
- BHIN 10-02. The 2010 Cultural Competence Plan Requirements.
- BHIN 10-17. 2010 Cultural Competence Plan Requirements Modification
- Culturally and Linguistically Appropriate Services (CLAS) Standards
- California Mental Health and Spirituality Initiative https://www.mhspirit.org/
- Toelken, B (1996). "Cultural Worldview." Dynamics of Folklore (revised and expanded
- edition), Logan: Utah State University Press, [263]
- Cornah, D. (2006). The impact of spirituality on mental health: A review of the literature. London, Mental Health Foundation
- Psychiatric Rehabilitation Journal, 2007. Volume 30, No.4, 247-249; and 287-294. Corrigan, P., McCorkle, B., Schell, B., & Kidder, K. (2003). Religion and spirituality in the lives of people with serious mental illness. Community Mental Health Journal, 39(6),487-499.
- Seybold, K & Hill P.C. (2001). The Role of Religion and Spirituality in Mental and Physical Health.
- Religious/Spiritual Commitments and Psychiatric Practice: Resource Document. https://www.psychiatry.org/File%20Library/Psychiatrists/Directories/Library-and-Archive/resource_documents/Resource-Document-2020-Interface-Religion-Spirituality-Psychiatric-Practice.pdf
- Dein, S. (2010). Religion, Spirituality and Mental Health, Psychiatric Times, 27 (1). www.psychiatrictimes.com/view/religion-spirituality-and-mental-health
- Puchalski, C. (2001). Role of Spirituality in Health Care, Baylor University Medical Center Proceedings, 14 (4), 352-357.
- Borneman T, Ferrell B, Puchalski CM. Evaluation of the FICA Tool for Spiritual Assessment. J Pain Symptom Manage. 2010; 40:163-173.
- George LK, Larson DB, Koenig HG, McCullough ME. Spirituality and health: what we know, what we need to know. J Soc Clin Psychol. 2000; 19:102-116.
- California Strategic Plan on Reducing Mental Health Stigma and Discrimination. Retrieved from California Mental Health Services Authority www.calmhsa.org/wp-content/uploads/2011/11/CDMH_MH_Stigma_Plan_09_V5.pdf

V. PURPOSE:

This policy outlines the best practice in collecting and utilizing spirituality data in clinical care. Collection of this data allows us to both meet our Plan obligation to understand the populations we serve and evolve our programing, such as staff training and beneficiary materials as needed.

Spirituality has been identified as a support that can contribute to a Beneficiary's recovery goals. This Policy provides best practice guidelines for how to collect and integrate the spiritual dimension into clinical care.

SANTA CLARA COUNTY
Behavioral Health Services

Policy & Procedure Number: BHSD #SDM-002

Primary Category	Impacts
Line of Business	☒ Medi-Cal ☒ Non-Medi-Cal ☒ Managed Care ☒ Fee for Service ☒ AMT ☒ AOA ☒ CJS ☒ CYF ☒ OSH ☒ SUTS ☒TAY
Effected Parties	□ All Workforce Members ☒ Practitioners ☒ BHSD ☒Contracted Providers ☒Inpatient Providers □Quality Managers

VI. POLICY:

The Behavioral Health Services Department (BHSD) has a contract with the Department of Health Care Services (DHCS) which mandates BHSD to have a Cultural Competency Plan in alignment with National Standards of Culturally and Linguistically Appropriate Services (CLAS) and State of California Cultural Competency Plan Requirements (CCPR) requirements. The Plan and Participating Providers must collect and report information on culture, which includes spirituality data.

BHSD recognizes the importance of collecting and analyzing this data; however, wants to ensure that all clinical staff has the tools to engage in these conversations which are more than data collection.

Religion and spirituality help many people to conceptualize their life experiences, values, beliefs, and behavior. Many individuals seek behavioral health treatment to address issues that may have a spiritual dimension such as hope, identity, purpose, meaning, and morality. Religion and spirituality are also often associated with social support networks and community resources.

Research has demonstrated that for many individuals, recognition, and acceptance of their spiritual or worldview beliefs may be a key component in helping them achieve their recovery goals. Inclusion of these beliefs in treatment and/or interventions has been associated with successful beneficiary outcomes.

The recovery model emphasizes that while a beneficiary may not have full control over their symptoms, they can work towards control in their lives. This view of healing is seen as an optimistic process or “journey” that incorporates all facets of the beneficiary’s life, including finding their place in their community. For a beneficiary, this may include their spiritual or religious community. The recovery movement reframes the view of healing, where the focus is not solely on a reduction of symptoms and a return to premorbid functioning, but rather in helping the beneficiary find a meaningful and purposeful life.

The guidelines provided in this policy are intended to assist workforce members, specifically practitioners, as they inquire about and address the spiritual beliefs, needs, strengths, interests, communities, and practices present in beneficiaries and families. Practitioners need not share a beneficiary’s specific worldview or spirituality to incorporate beneficiary strengths needs and values to support and provide relevant Spiritual or Worldview treatment options to help them get to where they want to be. Collaboration with beneficiaries and families around their spirituality and/or worldview should be an integral part of behavioral health assessment, formulation of goals, and treatment planning.

SANTA CLARA COUNTY
Behavioral Health Services

Policy & Procedure Number: BHSD #SDM-002

Primary Category	Impacts
Line of Business	☒ Medi-Cal ☒ Non-Medi-Cal ☒ Managed Care ☒ Fee for Service ☒ AMT ☒ AOA ☒ CJS ☒ CYF ☒ OSH ☒ SUTS ☒TAY
Effected Parties	□ All Workforce Members ☒ Practitioners ☒ BHSD ☒Contracted Providers ☒Inpatient Providers □Quality Managers

As a practitioner you also have a responsibility to use sound professional judgment, considering personal, interpersonal, cultural and Worldview effects on the beneficiary. Recognition and support of spiritual beliefs should be an integral part of behavioral health assessment and, when appropriate, goals formulation and treatment planning--but should not be confused with proselytizing. BHSD staff and treatment providers are not permitted to proselytize under the auspices of their work for the County of Santa Clara.

All clinical activities, including any that are related to spiritual practices or beliefs, must comply with any existing County regulations, and recognized ethical and professional standards.

Practitioners must have the tools and skills to understand the spiritual interests, beliefs and worldview of beneficiaries and families to integrate these into treatment goals whenever appropriate, recognizing that value-rich spiritual concepts are often at the core of hope, wellness, recovery, and the therapeutic processes.

As a Plan, BHSD does not subscribe to, endorse, or promote any religion to the exclusion of any other. All programs and services provided by BHSD are available to persons of any religious affiliation or no religious affiliation or belief system.

VII. DEFINITIONS:

Assessment. A service activity designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, psychosocial developmental assessment, analysis of the clinical history, analysis of relevant cultural issues and history; diagnosis; and the use of mental health testing procedures. For Beneficiaries in substance use treatment or co-occurring mental health and substance use services, the tool used to determine placement and care coordination needs is the American Society of Addiction Medicine (ASAM) Criteria.

Behavioral Health Services Department (BHSD). Encompasses all behavioral health operations, managed care functions, contracts, interfaces, funding streams and services to Santa Clara County beneficiaries. Includes and is not limited to the local County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), Mental Health Services Act (MHSA) and Santa Clara County programs reliant on General Funds.

Beneficiary. A person seeking or receiving behavioral health services from BHSD that is either a person certified as eligible for Medi-Cal or Medicare services, or someone for whom there is no third-party payor who may become responsible for paying all or part of the person's medically necessary behavioral health services.

SANTA CLARA COUNTY
Behavioral Health Services

Policy & Procedure Number: BHSD #SDM-002

Primary Category	Impacts
Line of Business	☒ Medi-Cal ☒ Non-Medi-Cal ☒ Managed Care ☒ Fee for Service ☒ AMT ☒ AOA ☒ CJS ☒ CYF ☒ OSH ☒ SUTS ☒TAY
Effected Parties	□ All Workforce Members ☒ Practitioners ☒ BHSD ☒Contracted Providers ☒Inpatient Providers □Quality Managers

Culturally Competent Health Care System. A system "That acknowledges and incorporates—at all levels—the importance of culture, assessment of cross-cultural relations, vigilance toward the dynamics that result from cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs. A culturally competent system is also built on an awareness of the integration and interaction of health beliefs and behaviors, disease prevalence and incidence, and treatment outcomes for different patient populations. Furthermore, the field of cultural competence has recognized the inherent challenges in attempting to disentangle "social" factors (e.g., socioeconomic status, supports/stressors, and environmental hazards) from "cultural" factors vis-à-vis their influence on the individual patient. As a result, understanding and addressing the "social context" has emerged as a critical component of cultural competence." *(Betancourt, Green, Carillo & Ananeh-Firempong, 2003).*

Culture. The integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups as well as religious, spiritual, biological, geographical, or sociological characteristics. Culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetimes. Elements of culture include, but are not limited to, the following:

- Age
- Cognitive ability or limitations
- Country of origin
- Degree of acculturation
- Educational level attained
- Environment and surroundings
- Family and household composition
- Gender identity
- Generation
- Health practices, including use of traditional healer techniques such as Reiki and acupuncture.
- Linguistic characteristics, including language(s) spoken, written, or signed; dialects or regional variants; literacy levels; and other related communication needs.
- Military affiliation
- Occupational groups
- Perceptions of family and community
- Perceptions of health and well-being and related practices
- Perceptions/beliefs regarding diet and nutrition
- Physical ability or limitations
- Political beliefs
- Racial and ethnic groups include — but are not limited to — those defined by the U.S. Census Bureau.

- Religious and spiritual characteristics, including beliefs, practices, and support systems related to how an individual finds and defines meaning in his/her life.
- Residence (i.e., urban, rural, or suburban)
- Sex
- Sexual orientation
- Socioeconomic status

National Standards for CLAS in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice

Family. Parents, siblings, children, spouses, extended family, foster family, life partner and other persons who are significant in a personal support system.

Participating Provider. A County, Individual Provider or Contracted Certified Provider (CCP) that has agreed to contract with the BHSD Plan to provide eligible services to Beneficiaries covered by its plan.

Practitioner. Workforce Members who are providing direct Beneficiary care services, are licensed, registered, waivered, certified, or meet criteria as a paraprofessional.

Proselytize. To induce someone to convert to one's faith, spiritual beliefs, or lack thereof.

Religion. A set of beliefs and practices that help individuals or groups express and carry out their spirituality.

Spirituality. A person's deepest sense of belonging and connection to a higher power or philosophy which may or may not necessarily be related to an organized religious institution. It is a process of pursuing meaning and purpose in life.

The Plan. BHSD Medi-Cal managed care plans include the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).

Workforce Member. Employees, residents, students, volunteers, interns, and other persons whose conduct, in performance of work for a covered entity, is under the direct control of the covered entity, whether or not they are paid by the covered entity.

Worldview. Refers to the way an individual or a culture sees and expresses its relation to the world around it.

VIII. OVERSIGHT AND MONITORING PROCEDURE

SANTA CLARA COUNTY
Behavioral Health Services

Policy & Procedure Number: BHSD #SDM-002

Primary Category	Impacts
Line of Business	☒ Medi-Cal ☒ Non-Medi-Cal ☒ Managed Care ☒ Fee for Service ☒ AMT ☒ AOA ☒ CJS ☒ CYF ☒ OSH ☒ SUTS ☒TAY
Effected Parties	□ All Workforce Members ☒ Practitioners ☒ BHSD ☒Contracted Providers ☒Inpatient Providers □Quality Managers

Processes	Requirements
Assessment	1. Inquiring about spirituality or religion may be done at any time, but is usually part of the assessment process, and is included in the section concerning cultural indicators. 2. As part of discovering current emotional and or social supports utilized by a beneficiary, staff may use the FICA Spiritual History Tool (an evidence-based spiritual assessment tool), CANs 5+, or other BHSD-approved measure, being careful not to lead the beneficiary into responses the beneficiary might think would be the "right" answer. 3. The beneficiary or family may also provide information or concerns and/or discuss their spirituality or religion. As part of the overall assessment, this inquiry may be a critical component of identifying a beneficiary's strengths, challenges, and inner and outer resources to obtain a fuller picture of the beneficiary's overall functioning. 4. Practitioners will communicate their reasons for asking questions about a beneficiary's spirituality by incorporating the following practices: a. Let the beneficiary know that asking about their spiritual values may (if relevant to the beneficiary) help the practitioner to provide culturally sensitive BHSD services, and that this can contribute to best treatment and recovery outcomes. b. Emphasize the non-judgmental and inclusive nature of the behavioral health assessment, especially as it relates to spirituality. c. Communicate that establishing a dialogue about spiritual information is a matter of choice and not a requirement for BHSD services, and that it will not be a basis for any form of discrimination or denial of services. d. If a beneficiary/family member does not wish to share this information or wants to discontinue the discussion, the practitioner will respect that position and discontinue further inquiry. 5. Assess key components of any spiritual preferences and practices, including: a. The beneficiary's wish to include such preferences and practices as part of care planning. b. The meaning of spirituality to the beneficiary, including affinity to any specific groups, organizations, or practices. c. Any spiritual/religious concerns or conflicts involving the

SANTA CLARA COUNTY
Behavioral Health Services

Policy & Procedure Number: BHSD #SDM-002

Primary Category	Impacts
Line of Business	☒ Medi-Cal ☒ Non-Medi-Cal ☒ Managed Care ☒ Fee for Service ☒ AMT ☒ AOA ☒ CJS ☒ CYF ☒ OSH ☒ SUTS ☒TAY
Effected Parties	□ All Workforce Members ☒ Practitioners ☒ BHSD ☒Contracted Providers ☒Inpatient Providers □Quality Managers

	beneficiary, their family, or others involved in the beneficiary's life. d. Any involvement from a spiritual community that has resulted in the beneficiary's seeking and obtaining or not seeking and not obtaining behavioral health services in the past. e. The role spirituality/religion may have previously played in the beneficiary's life. f. The role spirituality currently has in the beneficiary's life, plans, or hopes, specifically as it relates to coping and resiliency skills. g. Current sources of spiritual/religious comfort or guidance. 6. When performing a **Child/Youth Assessment.** The assessor should not assume uniformity of feeling and opinion about spiritual beliefs between the child and the parent(s)/guardian(s). Practitioners may also consult tools such as the FICA for guidance and ideas for how they can ask age-appropriate questions about spirituality and religious beliefs. 7. Special care must be taken to assure that all the above considerations have been included.
Treatment Planning Processes	1. Including spiritual dimensions within treatment planning should be designed for the purpose of: a. Utilizing opportunities to include culturally relevant spiritual/religious support, resources, and goals in recovery-based treatment planning. b. Coordinating contact, when desired by the beneficiary and clinically appropriate, with spiritual counselors or advisors of the beneficiary's choosing and, ideally, with the beneficiary present. i. Obtain beneficiary/family/guardian consent before initiating contact. ii. Treat the contact with cultural sensitivity and respect. iii. Note the outcome of such contact in the beneficiary's clinical record.
Training	Spiritual assessment, case formulation and treatment planning should be a part of both clinical and cultural competence training. Such training is in line with the *California Strategic Plan on Reducing Mental Health Stigma and Discrimination* (2009) which recommends providers are trained “on the value of spirituality in the wellness and recovery process and the contributions faith-based and other non-traditional providers make.” Topics covered by training should

SANTA CLARA COUNTY
Behavioral Health Services

Policy & Procedure Number: BHSD #SDM-002

Primary Category	Impacts
Line of Business	☒ Medi-Cal ☒ Non-Medi-Cal ☒ Managed Care ☒ Fee for Service ☒ AMT ☒ AOA ☒ CJS ☒ CYF ☒ OSH ☒ SUTS ☒TAY
Effected Parties	□ All Workforce Members ☒ Practitioners ☒ BHSD ☒Contracted Providers ☒Inpatient Providers □Quality Managers

	include: 1. Important clinical and administrative issues related to spiritual aspects of assessment and treatment, including discussion of clinical boundary issues and constraints. 2. Definitions and explorations of spirituality, worldviews, and religious practices, as they relate to hope, wellness, and recovery. 3. Discussion of therapeutic dynamics and cultural biases related to spirituality and religion. 4. Discussion of the cultural context, relevance and variations in spirituality and religious practices in local and regional communities. 5. Assessing the role of spirituality in the life experiences and behavioral health of beneficiaries and families 6. Incorporating the beneficiary's spiritual beliefs and practices in case formulations, treatment planning, and overall treatment. 7. Understanding and noting how beneficiaries describe the quality and meaning (essence) of their experiences as they relate to spirituality and behavioral health practices. 8. Introduction to the standard FICA Spiritual History Tool and research supporting its use in the clinical setting. (Attachment A) 9. Assessing practitioner's beliefs, values, and biases. 10. Introduction of different modalities that would dovetail well with faith and spirituality (i.e., positive psychology, logotherapy) 11. Addressing the stigma associated with behavioral health experienced by people of faith. 12. Addressing negative or harmful experiences related to religion the beneficiary may have had such as religious persecution, abuse by a religious leader, rejection due to sexual orientation, conversion therapy, etc.

IX. WORKFLOW PROCEDURE

Responsible Party	Action Required
Practitioner	1. Practitioners shall use sound professional judgment, considering personal, interpersonal, and cultural effects on the beneficiary, when choosing to:

	2. Share the staff member's personal spiritual information; thoughtful sharing must always be for the benefit of the beneficiary, not for the benefit of the workforce member. 3. Support beneficiary's or family's spiritual activities. 4. Participate in spiritual activities with a beneficiary (e.g., religious wedding, coming of age ceremony, funeral, etc.) 5. Consultation with a supervisor is highly encouraged when considering participation in any of the above activities or circumstances or whenever spirituality is a planned or possible component of a BHSD-sponsored activity. Examples might include types of yoga and meditation practices, drumming 6. Always be sensitive to the value of information provided by spiritual/religious advisors and to the disclosure constraints they may face. 7. Assist beneficiaries and families to link with the spiritual/religious resources of their choice in the community as appropriate and specifically on the beneficiary's request. 8. If applicable, work closely with faith/religious community in identifying the role of each entity involved in the beneficiary's behavioral wellness, while maintaining confidentiality. 9. Under no circumstances may Practitioners take actions that create an appearance of proselytizing. 10. Inform and consult with a supervisor/program manager if at some point you learn that a specific spiritual practice the Beneficiary is engaging in may be illegal or harmful.
Participating Providers	1. Will act upon beneficiary requests for specific services or Practitioners based on spiritual beliefs in an appropriate fashion, in accordance with the usual protocols for requesting a Change of Provider available to Beneficiaries.
The Plan	1. Will cultivate and maintain an avenue for receiving appropriate referrals from local spiritual and religious resources. 2. Inform spiritual communities about available behavioral health services. 3. Cultural Competency Plan will ensure the reduction of behavioral health service disparities identified in racial, ethnic, cultural, linguistic, and other underserved populations.
X. ATTACHMENTS	A. FICA Spiritual History Tool

XI. REVISION HISTORY

Policy Name	Active Dates Range	Date Approved	Reason for Review	Summary of Changes

SANTA CLARA COUNTY
Behavioral Health Services

Policy & Procedure Number: BHSD #SDM-002

Primary Category	Impacts
Line of Business	☒ Medi-Cal ☒ Non-Medi-Cal ☒ Managed Care ☒ Fee for Service ☒ AMT ☒ AOA ☒ CJS ☒ CYF ☒ OSH ☒ SUTS ☒TAY
Effected Parties	□ All Workforce Members ☒ Practitioners ☒ BHSD ☒Contracted Providers ☒Inpatient Providers □Quality Managers