

# 2024 Cultural Competence Plan



SAN MATEO COUNTY HEALTH  
**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**



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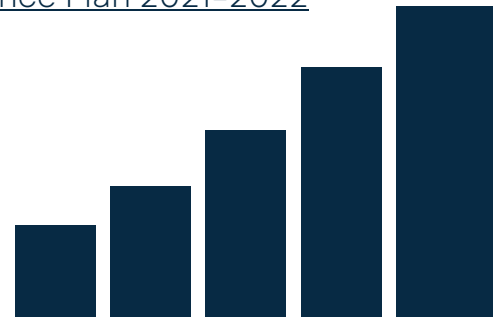
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This 3-year Cultural Competence Plan (CCP) focuses on fiscal year (FY) 2023–2024 while referencing the two preceding fiscal years. For more details, please refer to:

- FY 2022–2023 CCP Update: [San Mateo County Cultural Competence Plan 2022–2023](#)
- FY 2021–2022 CCP Update: [San Mateo County Cultural Competence Plan 2021–2022](#)




# Introduction

Located on the San Francisco Peninsula, San Mateo County (SCM) is bordered by the Pacific Ocean to the west and San Francisco Bay to the east. The 2023 population estimated by the U.S. Census Bureau was 726,353. A reduction in population from the data available in 2019. The median age of San Mateo County residents is 39.3 years; 5% of the population was under 5 years old; 19.3% were under 18 and 18.3% were 65 or older.<sup>1</sup> An estimated 35.2% of San Mateo County residents were foreign-born, and this is among one of the highest percentages for foreign-born residents in the Bay Area Region.

SMC Behavioral Health and Recovery Services (BHRS) has a demonstrated commitment to the work of health equity, fostering a culturally responsive and inclusive system, and a recognition that our diversity is one of our greatest assets. The work of equity requires multipronged solutions many of which involve the Office of Diversity and Equity (ODE). Through the compiling of the data and analysis of this report, we recognize the challenges we continually are faced with including social determinants of health an ever-changing political landscape, and fear that many of our residents are holding. In an effort to better serve the most marginalized, we see we have a long way to go but also feel heartened by the work accomplished so far.



# Criterion 1: Criterion 1: Commitment to Cultural Competence



Criterion 1: Provide documents on how the county intends to serve the community appropriately.

The County of San Mateo (SMC) continues to work toward Shared Vision 2025 until the next update. The five outcomes that were identified in this plan were a healthy, prosperous, liveable, environmentally conscious, and collaborative community. The Cultural Competence Plan ties into this shared vision through the goal of a healthy community that outlines the vision of safe neighborhoods being areas that provide residents with access to quality healthcare and seamless services. Additionally, in 2023 the Board of Supervisors passed an ordinance<sup>1</sup> to promote racial and social equity, inclusion, and belonging. This ordinance established key responsibilities for county officers, and employees while discharging their public responsibilities. This ordinance declares that the county will intentionally address issues of inequity within the institution, proactively advance equity, and promote a culture of belonging, as permitted by law. BHRS has implemented portions of the ordinance, including creating Equity Impact Statements for board-level contracts, supporting the BHRS components of the Health Racial and Social Equity Action Plan, and supporting data-informed decision-making, engaging stakeholders and clients in community engagement efforts. This comes after a Resolution to advance and improve San Mateo County’s Racial Equity efforts was passed in 2021 and a resolution committing the County of San Mateo to the Anchor Institution Framework and calling for the development of a plan for inclusive staffing, procurement and investment in 2022.

Another way the county has shown commitment to equity is by becoming certified as a “Welcoming Place.”<sup>2</sup> San Mateo is the first county in California with this certification, which shows its commitment to immigrant inclusion and belonging. BHRS played a role in this certification process by showcasing the work of the Health Equity Initiatives and Health Ambassador Program.



San Mateo County's Office of Racial and Social Justice<sup>3</sup> under the County Executive's Office, has supported the county in advancing equity. Equity is the goal of just and fair inclusion into a society where all can participate, prosper, and reach their full potential. In order to move equity forward it is necessary to create conditions that allow all to reach their full potential (Policy Link). The Chief Equity Officer has built a cross-departmental team with seven committees that finalized the development of a countywide Social and Racial Equity Plan (SREAP). Additionally, affinity groups have also been created for those who identify with marginalized identities as well as allies. This Office has also pushed forward enhancing staff capacity through equity modules in supervisory skills, advancing the supplier diversity study and the shared prosperity coordinating council. BHRS has been deeply involved in this work by sharing learnings, resources, and partnerships.

Another county-wide effort that will greatly influence priorities has been that San Mateo County is the first county in the US to recognize loneliness as a public health emergency. David Canepa, a Board of Supervisor, introduced the resolution with the hope that there would be further state action as well as awareness of the issue and support to address this behavioral health impact. This priority informed our SMC 2024 Mental Health Month where the theme was "Heal Through Connection" and "#SMCAgainst Loneliness".





## BHRS Mission, Vision and Values

The following statements were developed out of a dialogue involving consumers, family members, community members, providers, and staff who share their hopes for the BHRS Division. The members of the BHRS community agree to support the Vision, Mission, and Values and to strive to demonstrate our commitment within both our individual and collective responsibilities.

### Vision

We envision safer communities for all where individuals may realize a meaningful life and the challenges of mental health and/or substance use are addressed in a respectful, compassionate, holistic, and effective manner. Inclusion and equity are valued and central to our work. Our diverse communities are honored and strengthened because of our differences. (rev. May 2019)

### Mission

We provide prevention, treatment, and recovery services to inspire hope, resiliency, and connection with others to enhance the lives of those affected by mental health and/or substance use challenges. We are dedicated to advancing health and social equity for all people in San Mateo County and for all communities. We are committed to being an organization that values inclusion and equity for all. (rev. May 2019)

- \*The Vision and Mission statements were revised in 2019 as part of our MCOD work to more explicitly state our commitment to diversity, equity, inclusion and belonging. The Values below will also be revised.

# Values

- **Person and Family Centered:** We promote culturally responsive person-and-family centered recovery.
- **Potential:** We are inspired by the individuals and families we serve, their achievements, and potential for wellness and recovery
- **Power:** The people, families, and communities we serve, and the members of our workforce guide the care we provide and shape policies and practices.
- **Partnerships:** We can achieve our mission and progress towards our vision only through mutual and respectful partnerships that enhance our capabilities and build our capacity.
- **Performance:** We use proven practices, opportunities, and technologies to prevent and/or reduce the impacts of mental illness and addiction and to promote the health of the individuals, families, and communities we serve.

## About BHRS Services

The Behavioral Health and Recovery Services (BHRS) division of San Mateo County Health provides mental health and substance use services across the core continuum of behavioral health services including prevention and early intervention, wellness and recovery supports, outpatient and inpatient treatment, residential, rehabilitation, detoxification, medication assisted treatment, and other services. BHRS is committed to supporting treatment of the whole person to achieve wellness and recovery, and promote the physical and behavioral health of individuals, families, and communities of all ages in San Mateo County including the uninsured and undocumented. BHRS strives to provide integrated and culturally responsive services and employs mental health clinicians, psychiatrists, alcohol and drug counselors, peers, family partners and other professionals through county clinics, contracts with community agencies and a network of private providers.



BHRS’s commitment to Cultural Competence also includes the recommendation for different terminology that is more responsive and reflective of ongoing learning, from “cultural competence” to “cultural humility” and “diversity, equity, inclusion, and belonging”. Within BHRS we encourage the use of more inclusive terms, such as Latinx, Filipinx, etc. Throughout this report, identifiers such as Hispanic and other gender binary terms are used to reflect the original data or information source. We did not change these in this report, however continue to advocate for inclusivity in our data collection methods.

## Transitions

Behavioral Health and Recovery Services (BHRS) is a San Mateo County (SMC) Health Division in which the Office of Diversity and Equity (ODE) is located.

Throughout the last 3 years there has been a number of transitions that have impacted division leadership. Scott Gilman left his position as BHRS Director in August of 2022, and the division transitioned to an Interim Director, Lisa Mancini who was coming from the SCH Health Aging and Adult Services Division. She held her role from August 2022 to March 2023.



In March the Director Role was given to Dr. Jei Africa, who was once the founding Director of the BHRS Office of Diversity and Equity (ODE). Additionally, under new leadership, BHRS has created the Office of Improvement and Innovation which will be key to improved client outcomes and a supported workforce. This is an important step in developing infrastructure and will expand existing BHRS efforts such as employee wellness and engagement, data tracking and reporting, and integrating trauma-informed approaches. During his first year and a half, Dr. Africa has focused on organizational and systems change by prioritizing transparency and accountability in BHRS.



## Office of Diversity and Equity (ODE)

The role of the Office of Diversity and Equity (ODE) within the BHRS division is to advance health equity in behavioral health outcomes of marginalized communities throughout San Mateo County. This year ODE celebrated their 15-year anniversary and proudly shared highlights and accomplishments in their retrospective webpage<sup>4</sup>. It was noteworthy to take stock of all the accomplishments, partnerships, and support for families and communities the office has initiated and continued throughout this time.



With this celebration, it is also necessary to reflect on the challenges, one of which has been staffing. The staffing of the office has dramatically changed, in 2019 there were 19 staff members, then in 2021, only 5 positions remained within the office, after losing many extra help and limited term staff in FY 20-21. This shrinking greatly affected the office during the COVID-19 pandemic. The grief of losing staff not only affected remaining staff, but also the trust that was built with our community partners and clients. Today, ODE has 17 staff members, including one limited-term position and one intern. The Director of ODE also serves as the statewide required role of Cultural Competence/Ethnic Services Manager (CC/ESM) for San Mateo County and participates in the County Behavioral Health Directors Association (CBHDA), Cultural Competency Equity and Social Justice Committee this way BHRS can support and learn best and promising practices in the field as well as stay connected to statewide efforts. Additionally, ODE's Director and CLAS Coordinator lead the Bay Area Regional ESM group supporting our neighboring counties and encouraging shared learning. ODE leadership and staff have also taken the lead in many equity efforts including the County's partnership with the Government Alliance on Race and Equity (GARE), dating back to 2017. In 2018 the ODE Director led this group and then created a partnership with SMC Public Health and Policy Division where they began co-leading the Health GARE cohort together.

## 15 Year Anniversary

Over the past 15 years, ODE has grown from a lunch meeting at a BHRS clinic to a full-fledged office situated within BHRS, that works to implement and drive the commitment of the Cultural Competence Plan. ODE has been an essential piece of driving workforce, community, and stakeholder engagement as well as energizing the work around diversity and equity for San Mateo County. As the commitment to diversity, equity, inclusion, and belonging (DEIB) is felt county-wide and through the division, the importance of ODE becomes even greater. While there is an urgency for all staff to think of how to incorporate equity into their work, there is still a need for expert guidance and ODE embodies both the expert guidance that is shared through workforce and community voice as well as the expertise in driving forward internal DEIB efforts. Equity language, community needs, and research in this field change constantly and this office holds an important role in steering the ship toward equitable outcomes in partnership with the leadership, community, and workforce. This commitment to equity can be felt through the ODE Director Dr. Maria Lorente Foresti being honored and inducted into the SMC Women's Hall of Fame in 2024.

The Office of Diversity and Equity (ODE), primarily funded through the Mental Health Services Act (MHSA), focuses on advancing cultural competence, reducing ethnic and racial disparities, preventing serious mental illness and suicide, increasing access to care, linking individuals to treatment, reducing stigma and discrimination, and promoting awareness of mental health and substance use disorders.

With the upcoming transition to the Behavioral Health Services Act (BHSA) starting in July 2026, ODE looks forward to collaborating with leadership to provide thought partnership on diversity, equity, inclusion, and belonging (DEIB) considerations while supporting the system through this significant change.





Some of the ways BHSA will enhance the County’s behavioral health systems are by raising awareness, promoting early identification of behavioral health challenges, simplifying access to treatment, improving service effectiveness, and combating stigma. It builds on strategies to meet communities' needs for culturally responsive services, aiming to improve health outcomes and reduce disparities. Key goals include improving penetration rates for marginalized communities, integrating mental health with alcohol and other drug services, and ensuring the adoption of evidence-based practices. The act also seeks to reduce silos in planning and service delivery, mandate stratified data and targeted strategies to address disparities, and prioritize community-defined practices to enhance diverse representation and equity.

The BHSA emphasizes mental health promotion and early intervention (PEI) by engaging diverse communities, individuals, families, and partners in accessible settings such as schools, cultural/community centers, and other health providers. PEI programs focus on stigma reduction, school-based mental health, population-specific promotion, capacity building, crisis services, and peer-to-peer support. Peer services draw on lived experiences to combat stigma and remove barriers to recovery.

Additionally, vocational services play a vital role in supporting recovery by providing skill development, career counseling, job placement, coaching, and retention support for clients and families. Workforce development efforts focus on recruiting and training individuals from underrepresented communities through career pathways, technical assistance, internships, and financial incentives. Together, these initiatives aim to create an equitable, accessible, and integrated behavioral health system that prioritizes wellness, recovery, and inclusivity for all.



# Theory of Change

In the Spring of 2017, BHRS ODE established a Theory of Change (TOC) process to create a shared understanding of how ODE activities contribute and align with the long-term goal of BHRS' efforts to promote equity, cultural humility, and inclusion. This Theory of Change acts as the ODE Strategic Plan and was developed with the input of workforce members, clients, family members, and feedback from community stakeholders. These pathways have become a shared language and are often referred to in any planning process with ODE stakeholders. With the implementation of BHSA, these pathways may be adjusted and shaped by evolving regulations and priorities.

**Long-term Goal:** In collaboration with, and for communities, advance health equity in behavioral health outcomes of marginalized communities by influencing systems change and prioritizing lived experience.

**Pathways in Theory of Change:** Based on the beliefs that 1) advancing health equity is a key strategy to the prevention of mental health and substance use issues; 2) overall systems need redesign to address inequities where individual, institutional, and structural biases are addressed; 3) lived-experience matters; and 4) a value-based approach centering cultural humility, inclusion, social justice, community collaboration and focus on wellness, recovery and resilience are necessary; the four (4) ODE pathways were identified: **Workforce Development & Transformation, Community Empowerment, Strategic Partnerships, and Policy & System Change.**

The most recent BHRS CCP is organized based on ODE's Priority Pathways and incorporates the comprehensive stakeholder engagement process, needs assessment and data, and learning from the past 10 years of addressing cultural competence in San Mateo County.





**Goal 1: Workforce Development and Transformation** – Expand on Workforce Development and Transformation that prioritizes cultural humility, inclusion, and equitable quality care.

**Goal 2: Community Empowerment** – Create opportunities for individuals with lived experience, families, and community members to engage in decisions that impact their lives.

**Goal 3: Strategic Partnerships** – Strengthen and create new meaningful partnerships in the community to maximize reach and impact on equitable behavioral health outcomes.

**Goal 4: Policy & Systems Change** – Influence organizational-level policies and institutional changes across San Mateo County agencies to positively impact behavioral health outcomes.

Engagement in these pathways allows the ODE to think expansively about their roles, and through this method, BHRS is able to invest more in strategies that address social determinants of health outcomes. This enables us as a system to move towards getting to the root causes of inequity and start to address important barriers to accessing behavioral health services for marginalized communities. This expansion allows us to continue culturally sensitive health education and awareness campaigns for decreasing stigma but expands our ability to move towards health equity.



## BHRS Policies & Procedures

The policy that was most recently passed and has an equity impact is **A-44: Behavior Expectations for Clients, Patients, and Visitors**. This policy came out of our Multicultural Organizational Development (MCOB) work and later became a collaborative effort with other Health divisions to expand and become a policy and training. This policy strives to ensure a safe, secure, respectful, and healing environment for everyone, including patients, clients, visitors, providers and staff. It prohibits abusive language including threats and slurs, harassment, assault, and weapons, and provides action to ensure a safe environment.

BHRS continues to abide by the County's Bilingual Salary Differential Allowance Policy for non-supervisory employees required to use a second language critical to day-to-day operations and the Americans with Disabilities Act (ADA) Policies and procedures.

### **The National Standards for Culturally and Linguistically Appropriate Services (CLAS) related policies and practices are listed below under the relevant CLAS standard.**

#### Principle Standard (CLAS Standard 1)

- **BHRS Policy 18-01:** Cultural Humility, Equity, and Inclusion Framework BHRS is committed to providing effective, equitable, and welcoming behavioral health and compassionate recovery services that are responsive to individuals' cultural beliefs and practices.

#### Governance, Leadership and Workforce (CLAS Standards 2-4)

- **BHRS Policy 92-03:** Affirmative Action - BHRS is an equal opportunity employer committed to fair and equitable selection procedures and practices.
- **BHRS Policy 08-01:** Welcoming Framework - 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. The 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 Policy 14-02:** Family Inclusion Policy - BHRS is fully committed to involving family members of clients/consumers to the fullest possible involvement to encourage active, culturally responsive partnership with the family, the consumer/client, and clinical staff within all levels of the division.
- **Transgender Policy** - Reaffirms the County's commitment to providing a welcoming, safe, and inclusive environment for all employees and provides guidance to address the issues that arise pertaining to transgender and transitioning employees, clarifies expectations and processes for managers, supervisors, and employees.

Communication and Language Assistance (CLAS Standards 5-8)

- **BHRS Policy 99-01:** Services to Clients in Primary or Preferred Language - States that efforts will ensure communication in clients' primary or preferred language by maintaining sufficient bilingual staff at key contact points to support target language, assign language proficient staff at sites with localized language need and additional recommendation for culturally responsive care.
- **Health System Policy A-25:** Client's Right to Language Services Notification - Limited-English proficient (LEP) clients will be informed in their primary language that they have the right to language assistance and that services are available free of charge.
- **Health System Policy A-26:** No Use of Minors for Interpretation - Staff will discourage LEP clients from using friends or family members and will not allow minors to interpret.
- **BHRS Policy 05-01:** Translation of Written Materials - Procedures for translation of written materials ensures the information provided to consumers will be faithful to the intent of the document, contextually accurate, free from any errors, and culturally appropriate and understandable to readers.



# BHRS Policies & Procedures

Engagement, Continuous Improvement, and Accountability (CLAS Standards 9-15)


**Cultural Competency Plan Requirement for Contractors** - All San Mateo County BHRS contracts that provide client services must follow cultural competence requirements, to help our system align with National CLAS (Culturally and Linguistically Appropriate Services) Standards. Contractors are required to submit cultural competence information annually to provide an update on their efforts to address the diverse needs of clients, families, and the workforce. Since FY 21-22, this information has been collected via a survey to increase the rate of submissions and track progress more seamlessly. In FY 23-24 twenty-seven (27) Cultural Competence (CC) survey submissions were received, out of 42 possible respondents. Contractors provided feedback on their current progress and challenges in advancing CLAS, below are some of the findings from the information reviewed:

- There was a 29% increase in survey submissions from the year prior.
- 77.8% of contractors reported their attendance/participation in BHRS' Diversity and Equity Council (DEC), Health Equity Initiatives (HEI), and/or other community partnerships.
- 70.4% offer language assistance services via an external language line or interpretation service.
- 70.3 % reported that their (CBO) staff completed the 8-hour annual training requirement.
- 59.3 % of contractors have an existing cultural competence committee within their organizations.

To continue supporting our contractors, the DEC will be working on providing more training opportunities in the coming fiscal year. Additionally, BHRS will be working to launch a pilot that extends BHRS' resources to contractors that currently do not have any language assistance services available.

External Quality Review Organizations (EQRO) BHRS Quality Improvement Work Plan for cultural competence activities includes the following: "Working Effectively with Interpreters in Behavioral Health" refresher course training will be required for all direct service staff every 3 years.



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- All staff with direct client contact will accurately report the client’s “Preferred Language” including American Sign Language (ASL) or aids like braille or Teletype and/or Telecommunications Device for the Deaf (TTY/TDD) using the drop-down language option in electronic healthcare records (Avatar) progress notes. Trends will be determined and identified as “emerging languages.”
  - All staff will complete the mandatory training on cultural humility.
  - All staff with direct client contact will appropriately ask the client’s Sexual Orientation and Gender Identity questions (SOGI).

**Data Collection of Sexual Orientation and Gender Identity (SOGI) and Race Ethnicity and Language (REAL)** - Standardizing how information is collected in the electronic health records for sexual orientation, gender identity, sex, preferred name, and personal pronoun. Training and technical assistance will be provided to staff. Similar efforts will be undertaken to standardize and disaggregate race and ethnicity data. In 2024, 26.63% of clients were documented as “unknown” for the gender category in our EHR. Highlighting the importance of continuous training and support to ensure accurate information is captured.

**BHRS Policy 06-02 Consumer/Client and Family Member Stipends for Services to Behavioral Health & Recovery Services** – Describes one mechanism to promote and fairly compensate participation of consumers/clients and family members in key behavioral health activities including committees, consultations, focus groups, and services. Policy update expected to be completed early next fiscal year.

**BHRS Policy: 14-03:** Selection of Evidence-Based and Community-Defined Practices defines a process for selection and evaluation of proposed practices that facilitates broad-based and consistent evaluation of these proposals, is inclusive of a broad range of multi-cultural practices, and places importance on reducing disparities in access to care.

**BHRS Policy A 44:** Establishes a safe, secure, respectful, and healing environment for everyone through respectful behavior from both our staff and those persons receiving services on our premises, at home, via phone or email, virtually online, and in the community. Prohibits the use of abusive language including threats and slurs, harassment, assault, or weapons.

# Criterion 2: Updated Assessment of Service Needs

Criterion 2: Describe the population assessment, assessment data and disparity concerns regarding access to mental health care.

- a. General population by race, ethnicity, age, and gender
  - Charts or countywide ethnic break down
  - EQRO data, EQRO penetration rate, MEDS file Data, US Census data, TAY pop and MHSA population assessment
- b. List of threshold languages

## General Population Overview

San Mateo County has an estimated population of 728,762<sup>5</sup> this is a 4.67% decrease in population from 2020 to 2024. This decrease in population was greatly affected by decreased births, increased deaths, and migration out of the county. This decrease is projected to be a part of a larger increase of 11.7% from 2010 to 2060.<sup>6</sup> As our population continues to shift SMC can expect an increase in population over the next several decades among those aged 60 or older. This segment of older adults will make up nearly 36.2% of the population by 2060.<sup>7</sup> 45.3% of persons over the age of 5 speak a language other than English at home, which is higher than the CA percentage of 43.9%. San Mateo County continues to see a demographic shift when it comes to Race/Ethnicity with Non-Hispanic (NH) White (37.23%), Hispanic/Latinx (25.35%), and NH Asian populations (31.6%) making up the largest racial/ethnic groups, followed by Multirace (12.7%), Black (2%) and Native Hawaiian/Pacific Islander (1.17%) and American Indian/Alaska Native (0.90%).

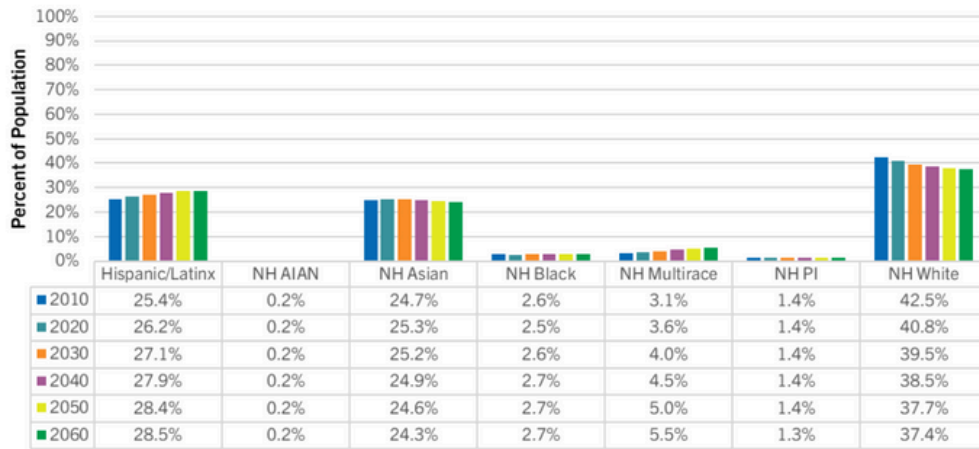
35.2% of the population is foreign born and the Migration Policy Institute estimates that 55,000 people are currently undocumented. With the majority coming from Mexico, the Philippines, and El Salvador. 77% of undocumented individuals had access to insurance.

## Demographic Projections

Over the next few decades, the NH White population is expected to decrease 12% between 2010 and 2060, while the Latinx population is expected to increase 12% between 2010 and 2060. Additionally, the number for Multirace is expected to also increase.



### Projected Population by Race/Ethnicity San Mateo County, 2010-2060



Sources:  
 • California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2010-2060 (Baseline 2019 Population Projections; Vintage 2020 Release). Sacramento: California. July 2021.

This cultural and demographic shift paired with the shift for older adults point to a need to make sure that services are culturally congruent, relevant and accessible to growing populations in our county that currently experience disparities.

### Sexual Orientation and Gender Identity (SOGI)

SOGI data is difficult to obtain because many data sources do not have it available or have such low numbers reported that the data becomes unstable\*. Below are the results from the California Health Interview Survey from the University of California, Los Angeles (UCLA), this data is collected via telephone throughout the state of California. In order to reach stability with the data we have pooled a number of years below for data.

\*Data instability means the data is unreliable or inconsistent due to factors like small sample size, high variability, or errors, making it unsuitable for drawing accurate conclusions.

# Sexual Orientation and Gender Identity Adult Data 2015-2023



**Table 1: Gender Identity (2 Levels)**

*All Adults*

Gender Identity	Region	Percentage	Confidence Interval	Population Estimate
Cisgender (not transgender or gender-expansive)	San Mateo	99.3%	98.9 - 99.7	596,000
	Entire State	99.2%	99.2 - 99.3	29,207,000
Transgender and gender-expansive	San Mateo	0.7%	0.3 - 1.1	4,000
	Entire State	0.8%	0.7 - 0.8	228,000
<b>Total</b>	San Mateo	100.0%		600,000
	Entire State	100.0%		29,435,000

**Table 2: Gender Identity (2 Levels)**

*Teen Population*

Gender Identity	Region	Percentage	Confidence Interval	Population Estimate
Cisgender (not transgender or gender-expansive)	San Mateo	99.3% *	98.4 - 100.0	59,000
	Entire State	97.5%	97.2 - 97.9	3,000,000
Transgender and gender-expansive	San Mateo	-	-	-
	Entire State	2.5%	2.1 - 2.8	76,000
<b>Total</b>	San Mateo	100.0%		60,000
	Entire State	100.0%		3,076,000

\*Statistically unstable.

**Table 3: Sexual Orientation (4 Levels)**

*All Adults*

Sexual Orientation	Region	Percentage	Confidence Interval	Population Estimate
Straight	San Mateo	93.5%	92.1 - 94.9	565,000
	Entire State	91.3%	91.1 - 91.6	26,914,000
Lesbian or Gay	San Mateo	2.5%	1.7 - 3.3	15,000
	Entire State	3.0%	2.9 - 3.2	894,000
Bisexual	San Mateo	2.4%	1.5 - 3.4	15,000
	Entire State	3.8%	3.7 - 4.0	1,135,000
Not sexual / celibate / other	San Mateo	1.6%	0.8 - 2.3	10,000
	Entire State	1.8%	1.7 - 1.9	529,000
<b>Total</b>	San Mateo	100.0%		604,000
	Entire State	100.0%		29,472,000

\*Teen Gender Expression data is statistically unstable for evaluation or drawing conclusions

San Mateo County is home to California's first LGBTQ+ Commission that works closely with the San Mateo County Pride Center. Data collection has been a crucial topic for many groups and organizations that serve LGBTQ+ community members. In March 2021 the Pride Center published a [LGBTQ+ COVID-19 Impact Survey Data Report](#). This report was important for seeing the impact on the LGBTQ+ community during the pandemic, especially with very limited data sources. The data collection was done through survey measures and outlined how COVID-19 impacted community members of various identities, and collected data such as employment, housing stability, financial stability, physical health, and access to supportive resources.

In June 2021, CoastPride opened to support LGBTQ+ individuals and families along San Mateo County's coast. Serving the region from Pescadero to Pacifica, the nonprofit fosters belonging, promotes safety, and celebrates diversity through education, social services, and community events. Partnering with schools and local organizations, CoastPride works to build an inclusive community where all can thrive. BHRS ODE is proud to support this growing organization as it expands services through a Measure K funding award in the next fiscal year.





## Threshold Languages

54.8% of people in SMC speak only English, while 45.2% speak a language other than English. The highest percentage at 17.5% speak Spanish followed by various Asian and Pacific Islander Languages at 20%. The California legislature requires the Department of Health Care Services (DHCS) to implement requirements for language group concentration standards through its contracts with Medi-Cal managed care for Limited English Proficient (LEP) members through the provision of high-quality interpreter and linguistic services, and that translated written informing materials must be provided to all monolingual or LEP members that speak the languages identified by DHCS for the county service area, including alternative formats for individuals with disabilities.

As of July 2021, DHCS informed the County of San Mateo Mental Health Programs that according to the language group threshold standards, the county would be required to provide translated materials in Spanish, Chinese (Mandarin and Cantonese), and Tagalog. In addition, our partners at the Health Plan of San Mateo recommended Russian be included as a required language. The SMC Health System also identified Tongan and Samoan as priority languages based on the growing number of clients served. Lastly, emerging languages such as Arabic, Burmese, Hindi, and Portuguese have also been identified.





## Social Determinants of Health and Racial Equity

As research continues on the topics of the Social Determinants of Health (SDOH) and their effects on behavioral health, the connection becomes stronger. We continue to see that people who are exposed to more unfavorable social circumstances which in the US context today continue to be those most marginalized and affected by racism, we see elevated vulnerability to poor mental health over the life course<sup>8</sup>. Structural racism shapes the social determinants of health through policy, disproportionately affecting ethno-minoritized groups, LGBTQ+ individuals, displaced persons, refugees, disabled people, and those living in poverty, leaving them most vulnerable to social conditions that exacerbate behavioral health challenges while also creating significant barriers to accessing care. For example, lack of safe and affordable housing, quality education, clean water, food, economic opportunity, and social connectedness all impact health and can pose barriers. At BHRS we work to expand our understanding of the social determinants of health and see the intersection with clinical work such as Adverse Childhood Experiences, how services are rendered to be accessible, resources offered to individuals we serve, and staff training. It is clear to see that our clients do not live in a vacuum and that to achieve wellness it will not only be clinical work that aids in recovery but also a deep consideration and advocacy for transformational societal change.

BHRS is working with San Mateo County Public Health, Policy, and Planning (PHPP) and its community partners to create the 2023-2026 San Mateo County Community Health Improvement Plan (CHIP). The CHIP is a community-driven plan focused on improving the health outcomes of those who live, work, learn, and play in San Mateo County. On November 1, 2023, PHPP conducted a virtual CHIP Kick-Off. Representatives from over 90 community-based and non-profit organizations, hospitals, Health Plan of San Mateo, members of San Mateo County Health Programs, and community advocates and leaders participated in the meeting. During the CHIP Kick-Off, participants reviewed key findings from the [2023 Community Health Needs Assessment](#) and feedback from community forums held in September and October 2023. At the end of the meeting, attendees participated in a prioritization process to identify health areas to include in the CHIP. Based on the prioritization process, the following are the three priority areas in the 2024-2026 CHIP for San Mateo County: 1) Access to Health Care Services; 2) Mental Health; and 3) Social Determinants of Health.



## Housing

- In 2022, the median price of a single-family home in San Mateo County was \$1,910,000 an increase of 0.6% from 2021 a 12.5% increase from 2020, and 22.5% from 2019.
- 77.9% of adults over 18 years and older consider the availability of affordable housing in their community as fair or poor.<sup>10</sup>
- Homeownership rates for White and Asian households are significantly higher than those of Black, American Indigenous Alaska Native, Latinx, and Native Hawaiian Pacific Islanders.<sup>11</sup>
- High housing prices have various consequences including crowded housing conditions which can spread communicable diseases, something we saw during the COVID-19 pandemic and the disproportionate burden on Latinx low-income residents. Unaffordable housing also diverts money away from other household needs such as medical care, healthy food, or childcare.<sup>11</sup>

## Education

- Latinx students account for over half of all SMC student suspensions, despite making up only 38% of the student body. Black students are overrepresented among student suspensions.<sup>11</sup>
- Asian and White students had the lowest four-year push-out rates in San Mateo County and California. Latinx, Black, and PI students had the highest four-year push-out rates in SMC with Latinx students having the highest rate at 8.7%.<sup>12</sup>
- 52.5% of the population aged 25 and over have a bachelor's degree or higher.<sup>13</sup>

## Economic Stability

- White and Asian Households on average, receive \$64,000 more a year than Black households, \$58,000 more than AIAN households, and \$65,000 more than Latinx households.<sup>11</sup>
- Census tracts in Redwood City, Menlo Park, and East Palo Alto have the highest percentages of households using CalFresh.<sup>14</sup>

## Health Care Access

- Access to care affects migrant farm workers, older adults, and undocumented communities making them particularly vulnerable.
- Latinx residents are less likely to have a usual source of care, 7% less than white residents in the county.<sup>15</sup>
- Black residents of San Mateo County have a shorter expected lifespan, averaging 11, 9, and 4 years less than Asian, Latinx, and white residents, respectively.<sup>15</sup>
- Black residents have high rates of preventable hospitalizations, with 549 more preventable deaths per 100,000 people than Latinx residents in San Mateo County.<sup>15</sup>





## Substance Use

Substance use and related disorders have been long misunderstood and stigmatized by both the healthcare systems and the community at large. We know that substance use poses many health risks including injury, illness, domestic violence, and loss of family. Additionally, people who struggle with Alcohol and Other Drug (AOD) challenges without adequate harm reduction efforts available to them run a high risk of contracting hepatitis B and C infections through injection drug use. There are also long-term consequences such as increased rates of chronic depression, psychosis, and sexual dysfunction. However, when we speak of substance use we rarely speak of the causes of use especially in communities that experience the largest disparities and have been marginalized. In 2023 AOD, a unit of the BHRS, launched a partnership with various Community-Based Organizations to conduct community needs assessments about substance use in marginalized communities including, African Americans, Pacific Islanders, and Latinx community members. Each of these communities went through a process in partnership with the county that was community driven from the questions asked to the analysis of the data.

The African American Community Assessment<sup>16</sup> conducted by the Bay Area Community Health Advisory Council (BAHAC) revealed that major reasons for substance use included isolation, loneliness, and grief and that 64% of youth surveyed who identified a lack of companionship used substances. Additionally, experiences of stress related to racism, community racism, and lack of connection were also associated with substance use. 69% of adults and 73% of youth reported experiencing racism personally. Protective factors included a sense of belonging, a personal support system, and community connection.

The Latine Community Assessment<sup>17</sup> conducted by Ayudando Latinos A Sonar (ALAS) found that the main challenges for substance use were financial challenges, affordable housing, and lack of services in Spanish. 34% of adults felt sad or alone and 17% did not know where to go for services. 18% of youth use substances to deal with stress at school, 16% to deal with anxiety and 36% of youth that engaged in self-injurious behavior did not receive services.

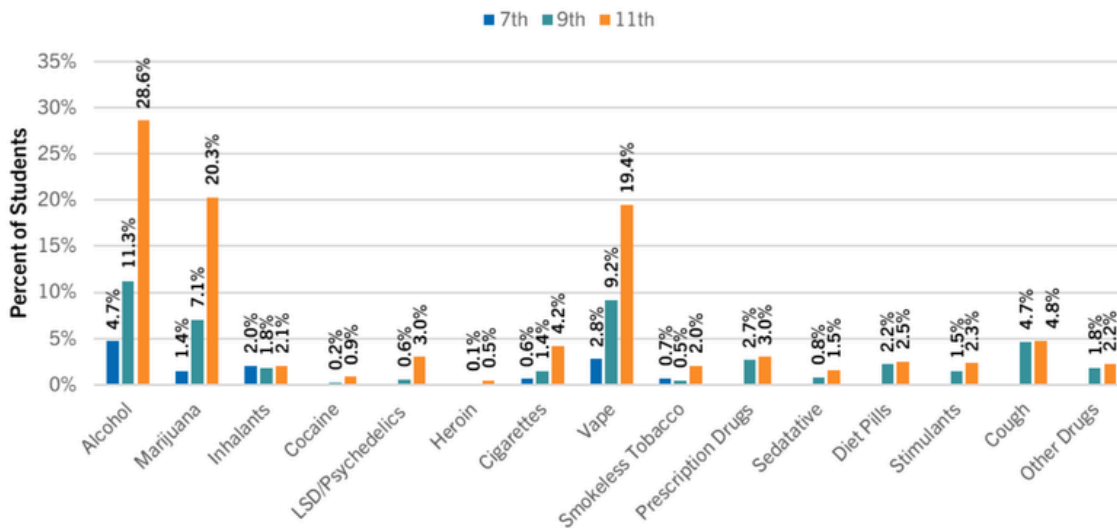
The San Mateo Tongan community assessment<sup>18</sup> was headed by Taulama for Tongans who administered surveys and conducted focus groups and found that 13% of adults use substances to deal with stress at home,

20% felt isolated from others, and almost 30% of those who answered no to accessing behavioral health services experienced barriers to access. Cost of living was a huge stressor including housing instability as well as access to affordable quality food and utilities. Key themes included youth using substances to escape and numb pain, and a lack of knowledge of community resources.

All of these community organizations included recommendations for assessing substance use and mental health to be implemented collaboratively that included addressing SDOH, such as housing affordability, capacity building for providers to center cultural humility and language access availability as well as mentoring programs, educational initiatives, and youth-led boards.

Additional substance use data reveals that drug use among adolescents increased with age and it was found that 28.6% of 11th graders had tried alcohol and 20.3% tried marijuana and 19.4% have tried vaping/e-cigarettes.<sup>19</sup>

**Adolescent Lifetime Use of Drugs by Grade Level**  
San Mateo County, 2020-2021



Sources:  
• CHKS, 2020-2021.

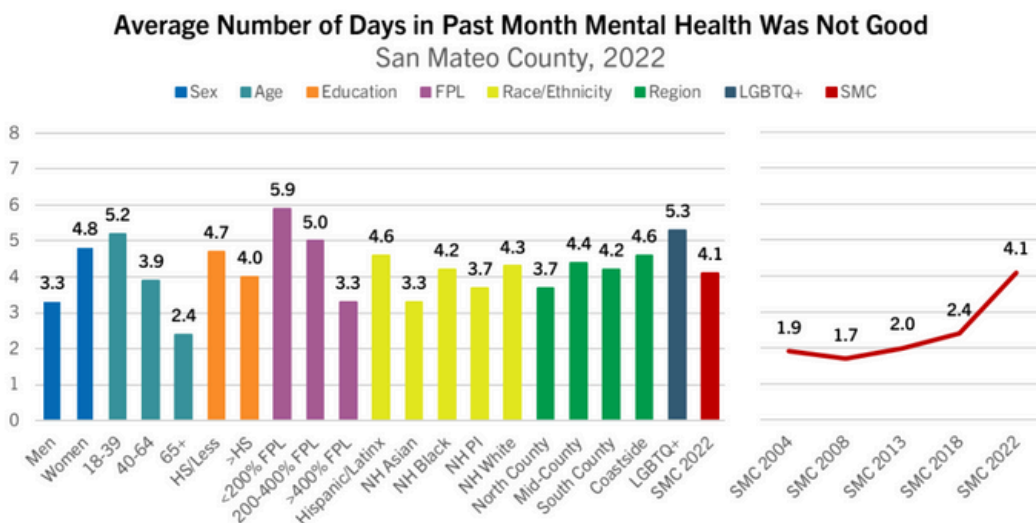
Age-adjusted rates of Emergency Department visits due to opioid overdose in SMC were 12.7/100,000 lower than the state rate of 17.5/100,000, and opioid prescriptions were below the state rate.



Alcohol abuse is the most common substance use problem we face as a majority of the population engages in drinking alcohol. 16.5% of adults reported binge drinking in the past 30 days which is higher than the state rates. Binge drinking is highest among young adults aged 18-39 (24%), Pacific Islanders and Latinx respondents. Nearly 1 in 2 San Mateo County adults reported they would not know where to access treatment for a drug-related problem for themselves or a family member. This is an increase from 4 out of 10 respondents in the 2013 Community Health Assessment and shows that over time fewer people know where to access treatment for drug-related problems.<sup>21</sup>

## Mental Health Indicators

Adults reported an average of 4.1 days in the preceding month in which their mental health was not good, which is significantly higher than in previous years. Those who survive below the 200% poverty threshold have the highest average number of poor mental health per month. Additionally, averages are also higher for those 18 to 39, those who are Latinx, and LGBTQ+ respondents.<sup>20</sup>

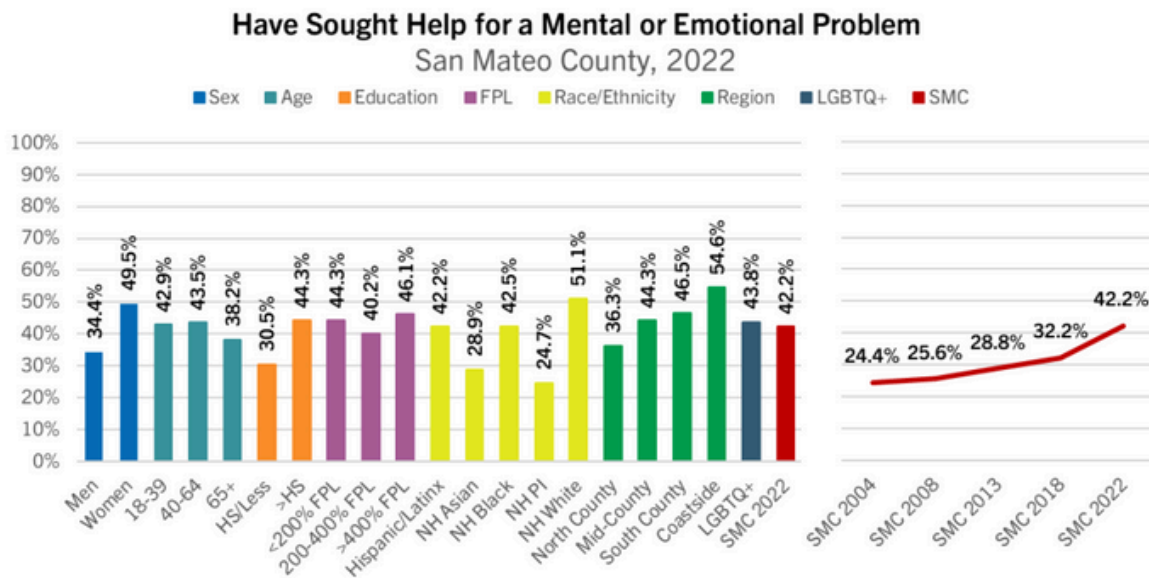


Sources:  
 • 2004/2008/2013/2018/2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.

Notes:  
 • Asked of all respondents.



17.6% of adults surveyed in 2022 reported they have a history of mental or emotional illness and more than 4 in 10 have sought some form of professional help for a mental and emotional problem. This is significantly higher than previous findings. Utilization of services is particularly low among men, persons with only a high school education, NH Asian and NH Pacific Islander respondents and North County residents<sup>20</sup>.

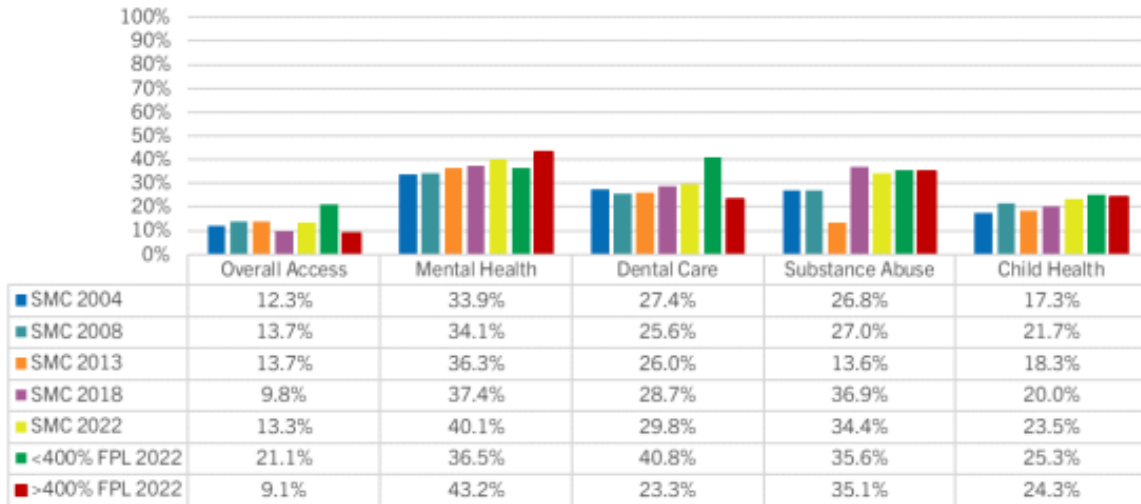


**Sources:**  
 • 2004/2008/2013/2018/2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.  
**Notes:**  
 • Asked of all respondents.

Through the Health and Quality of Life Survey county respondents were asked to evaluate the ease of access to each of four types of healthcare services; mental health, dental care, substance abuse, and child care. Of the listed categories respondents were most critical of mental health services (40.1% rate this as fair/poor) and evaluations this year were significantly worse than those in 2004 and 2008.<sup>20</sup>



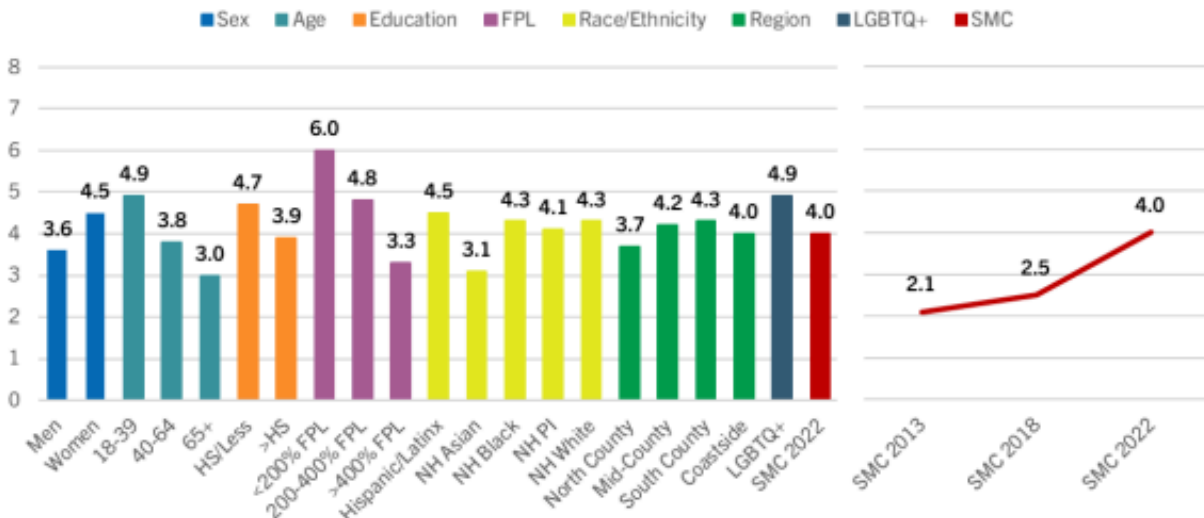
### Perceive "Fair/Poor" Access to Health Care Services San Mateo County, 2004-2022



Sources:  
 • 2004/2008/2013/2018/2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.  
 Notes:  
 • Asked of all respondents.

Additional data from the 2023 Community Health Needs Assessment shows that surveyed adults reported an average of 4 days in the preceding month in which they felt sad, blue, or depressed, higher than previous findings. Those most affected were women, those without post-secondary education, persons living below the 200% poverty threshold, Latinx respondents, and LGBTQ+ respondents among others, and averaged a higher number of days of depression.<sup>20</sup>

### Average Number of Days in Past Month Respondent Felt Sad, Blue, or Depressed San Mateo County, 2022



Sources:  
 • 2013/2018/2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.  
 Notes:  
 • Asked of all respondents.




Another finding of the 2023 Community Health Needs Assessment<sup>20</sup> was that from the SMC adults surveyed about 8% had thought about taking their own life in the past 12 months. This percentage was higher among community members from the Pacific Islander community and those who were LGBTQ+. Additionally, 15.6% of seniors have someone for emotional support a “little” or “none” of the time.

Youth mental health data also shows us a trend of worsening mental health affected by the COVID-19 pandemic, political environment, and social determinants of health.

- Multiracial Students had a higher percentage of chronic sadness followed by Latinx, NHPI, and Black students.<sup>19</sup>
- Black students have the lowest percentage of being satisfied with their life.<sup>19</sup>
- SMC reports lower levels of depression than the state but SMC high schoolers were more likely to seriously consider suicide in the past year than statewide 16.3% of 9th graders and 17.6% of 11th graders.<sup>22</sup>
- Suicidal ideation is more prevalent among LGBTQ+ youth (44%), Native Hawaiian/Pacific Islanders (30.2%), multi-racial students (22.4%), and Black Students (17.4%).<sup>22</sup>





From the various data sources used in this section, we see that there has been an overall worsening of behavioral health in the San Mateo County community. Many of these effects are felt due to the increased isolation during the COVID-19 pandemic, which also caused a rise in anxiety, depression, and suicidal ideation. Community members have identified that there were many people seeking support for isolation, but also that they have observed a reluctance to ask for help especially if police enforcement will be involved. Also, economic hardships are felt both by adults and the youth in their families, and this makes it so that there is less money for treatment, but also adds stress and anxiety to daily life. Economic instability, housing and access to care continue to be significant social determinants of health that need to be addressed. Community members through the various needs assessments conducted by community organizations, non-profit hospitals, and the county have highlighted the need for more culturally responsive services and providers who are culturally and linguistically congruent.

Additionally, greater collaboration and coordination among the hospital providers, county and community organizations is needed as worsening behavioral health is a symptom of greater problems that need to be addressed through multi-pronged actions. SMC Health has increased collaboration through the county's first Community Health Improvement Plan which includes AOD, BHRS, Public Health, other county divisions as well as community partners and hospital partners. Additionally, the implementation of the Behavioral Health Services Act (BHSA) gives us an opportunity to increase partnerships with our Public Health department and continue to work on population health strategies collaboratively.

## **Penetration Rates**

Penetration rates (PR) are calculated by taking the total number of individuals who receive Specialty Mental Health Services in a Fiscal Year (FY) and dividing that by the total number of Medi-Cal eligible adults for that FY. The data measures used for each fiscal year are derived from the annual External Quality Review Organization (EQRO) report. .

## Drug Medi-Cal Organized Delivery System

SMC has a broad availability of recovery support services across the agency, and interagency collaboration is coordinated and impressive. The highest penetration rates were among African Americans and Whites, Latinx populations had lower penetration rates than statewide, and Asian/PI folks had the lowest penetration rates. From Calendar Year (CY) 2021 to CY 2022, there was an increase in rates for African Americans, Latinx, Native Americans, and White racial groups. Overall PR in 2022-2023 is significantly lower than same-size counties and statewide averages, notably affecting the Latinx community since they are the highest proportion of beneficiaries which points to a need for an increase in meaningful outreach.

**Table 4: San Mateo DMC-ODS Medi-Cal Eligible Population, Members Served, and Penetration Rates by Racial/Ethnic Group, CY 2022**

Racial/Ethnic Groups	# Members Eligible	# Members Served	County PR	Same Size Counties PR	Statewide PR
African American	3,182	50	1.57%	1.35%	1.19%
Asian/Pacific Islander	24,608	-	-	0.23%	0.15%
Hispanic/Latino	52,646	191	0.36%	0.69%	0.69%
Native American	177	<11	-	2.07%	2.01%
Other	29,889	304	1.02%	1.51%	1.26%
White	16,081	258	1.60%	1.85%	1.67%

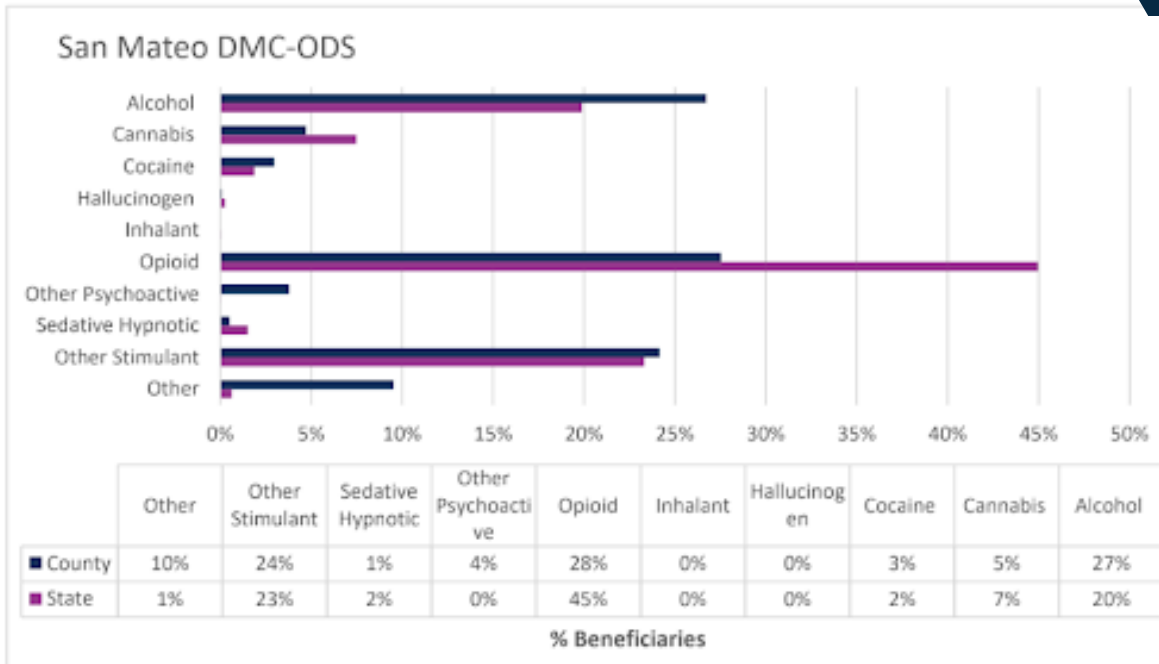
**Table 4: County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Race/Ethnicity, CY 2021**

Race/Ethnicity Groups	# of Eligibles	# of Clients Served	County PR	Similar Size Counties PR	Statewide PR
African-American	3,438	75	2.18%	1.33%	1.13%
Asian/Pacific Islander	26,283	-	-	0.23%	0.15%
Hispanic/Latino	66,230	209	0.32%	0.54%	0.56%
Native American	185	<11	-	1.76%	1.75%
Other	29,498	286	0.97%	1.32%	1.15%
White	17,036	302	1.77%	1.77%	1.64%
<b>TOTAL</b>	<b>142,668</b>	<b>921</b>	<b>0.65%</b>	<b>0.97%</b>	<b>0.85%</b>

The most common diagnostic categories in the DMC-ODS were Opioid, Alcohol, and other stimulants. Alcohol was more prevalent than statewide and opioid-related diagnoses were less. There is also an overrepresentation of the “other” category in San Mateo.



**Figure 5: Percentage of Beneficiaries by Diagnosis Code, CY 2021**



**Mental Health Plan (MHP)**

Through the External Quality Review, SMC received positive feedback regarding the value of diversity, equity, and inclusion, a culturally competent workforce, collaborations with partners, and community outreach by family and members. For penetration rates, the MHP penetration rates were higher in San Mateo than statewide for all racial/ethnic groups. However, the Asian/Pacific Islander rate remains the lowest. The most proportionally overrepresented racial/ethnic groups among members was White, and the most underrepresented were Latinx and API.

Race/Ethnicity	PR MHP 2021 (%)	PR State 2021 (%)	PR MHP 2022 (%)	PR State 2022 (%)
African-American	11.82	7.64	11.98	7.08
Asian/Pacific Islander	2.44	2.08	2.48	1.91
Hispanic/Latino	3.05	3.74	3.55	3.51
Native American	12.17	6.33	13.33	5.94
Other	5.29	4.25	5.44	3.57
White	9.89	5.96	9.82	5.45

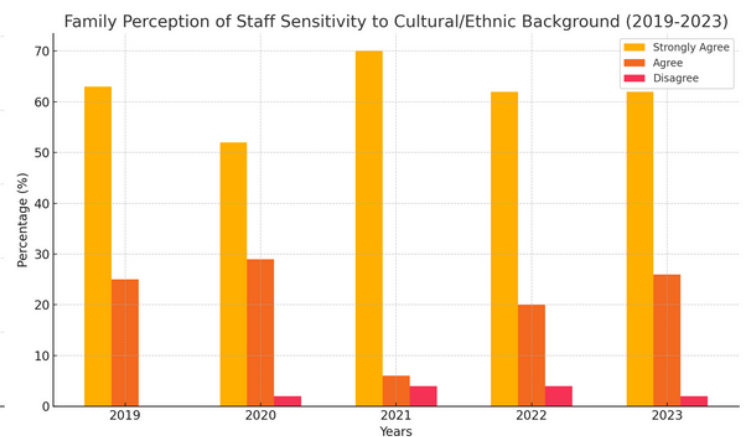
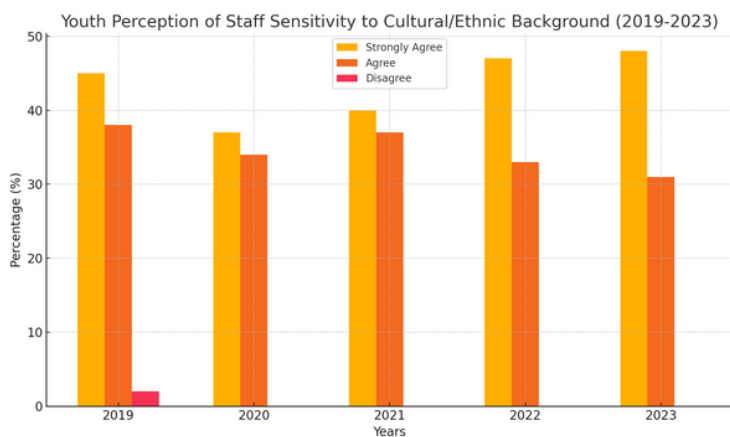


Over the past 3 years, there has been a consistent trend in penetration rates for racial/ethnic groups with API and Hispanic/Latino exhibition the lowest rates. In 2021 SMC reported a lower Latinx penetration rate compared to counties of a similar size and the statewide average. Now, San Mateo figures exceed those of counties of similar size and are aligned with statewide PRs. Penetration rates for API, although lower than its other race/ethnicity PRs, have been consistently higher than the corresponding averages for counties of similar size and statewide.


## Client Surveys

Client satisfaction surveys were gathered as required by DHCS once each calendar year. These surveys serve as a way to collect data for reporting on the federally determined National Outcome Measures (NOMs) and additionally, continue to inform BHRS on service provision and quality improvement. One of the questions on the survey states “Staff were sensitive to my cultural background (race, religion, language, etc.)” The survey is delivered to adults, youth, older adults and family.

For youth, there was a dip from 2019 (45%) to 2020 (37%) and then a marked increase in 2021 (40%) to 48% in 2023 that strongly agreed that staff were sensitive to their cultural/ethnic background. For families, there was a decrease from 2019 (63%) to 2020 (52%) and then an increase (70%) in 2021 and another decrease in 2023 (62%) in 2023 that strongly agreed that staff were sensitive to their cultural/ethnic background. The same pattern can be observed with Adults and Older Adults.



# Criterion 3: Strategies and Efforts to Reduce Behavioral Health Disparities



Criterion 3: Provide the mechanisms and processes used for the systematic collection of baseline data, on-going info about groups served

- a. Planning, tracking and assessment of cultural competence

## Systematic Collection of Baseline Data, Tracking and Assessment

ODE continues to strive towards the goal of promoting cultural humility and addressing health disparities, health inequities, access to care, and stigma associated with mental health and alcohol and other drugs. There are a variety of mechanisms and processes for the systematic collection of baseline data, and ongoing information about the groups that are served.

### ODE Indicators, Demographic Data and Satisfaction Surveys

ODE has identified 5 impact indicators based on our Theory of Change frameworks, mission, values, and strategies. All ODE programs and activities have standardized satisfaction and evaluation questions to inform the impact on any relevant key indicators. Additionally, ODE collects the demographics of participants for every event that is hosted and funded through MHSA. This process enables the staff to recognize groups that are being served, those underserved, and those that may not be served at all.

The ODE demographic survey was developed in partnership with our Health Equity Initiatives to ensure culturally appropriate identity categories across race, ethnicity, sexual orientation, and gender identity. On the following page, you will find a draft sample event survey that incorporates both indicators and satisfaction-type questions. We make sure that all surveys are available in English, Chinese, Tagalog, Spanish, Russian, Tongan, Samoan, and Portuguese to reach the majority of our diverse communities in San Mateo. Additional language translation services are provided upon request to ensure that the voices of all community members are heard and represented.



### SHORT - MHSA PARTICIPANT DEMOGRAPHIC SURVEY

San Mateo County is committed to serving diverse communities. Your answers to these questions will help us understand whom we serve and who we still need to reach. All this information is **VOLUNTARY** and **CONFIDENTIAL**.

**What age range are you under? (check ONE)**

<input type="checkbox"/> 0-15 years	<input type="checkbox"/> 60-73 years
<input type="checkbox"/> 16-25 years	<input type="checkbox"/> 74+ years
<input type="checkbox"/> 26-59 years	<input type="checkbox"/> Decline to state

**What is your primary language spoken at home? (check ONE)**

<input type="checkbox"/> English	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Tongan
<input type="checkbox"/> Spanish	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Russian	<input type="checkbox"/> American Sign Lang.
<input type="checkbox"/> Another language:		<input type="checkbox"/> Decline to state	

**What race(s)/ethnicities do you identify with? (check ALL that apply)**

<input type="checkbox"/> Asian or Asian-American	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White or Caucasian
<input type="checkbox"/> Latino/a/x or Hispanic	<input type="checkbox"/> Another race, ethnicity, or tribe:
<input type="checkbox"/> Native American, American Indian, Indigenous	<input type="checkbox"/> Decline to state

**What is your gender identity? (check ONE)**

<input type="checkbox"/> Female/Woman/Cisgender Woman	<input type="checkbox"/> Male/Man/Cisgender Man
<input type="checkbox"/> Transgender Woman/Trans Woman/Trans-Feminine/Woman	<input type="checkbox"/> Transgender Man/Trans Man/Trans-Masculine/Man
<input type="checkbox"/> Genderqueer/Gender Non-Conforming/Gender Non-Binary/Neither exclusively Female or Male	<input type="checkbox"/> Indigenous gender identity
<input type="checkbox"/> Another gender identity (including more than one gender identity):	<input type="checkbox"/> Questioning or unsure of gender identity <input type="checkbox"/> Decline to state

**What is your sexual orientation? (check ONE)**

<input type="checkbox"/> Heterosexual or Straight	<input type="checkbox"/> Gay	<input type="checkbox"/> Queer	<input type="checkbox"/> Pansexual
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Asexual	<input type="checkbox"/> Indigenous sexual orientation
<input type="checkbox"/> Another sexual orientation (including more than one sexual orientation):		<input type="checkbox"/> Questioning or unsure of sexual orientation	<input type="checkbox"/> Decline to state

**Do you identify as behavioral health client/consumer or family member? (check ONE)**

<input type="checkbox"/> Client/consumer <input type="checkbox"/> Family member	<input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Decline to state
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What zip code do you spend most of your time in? _____	Date of today's event or program: _____
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## ODE evaluation form

To allow for BHRS to assess the impact across all of its PEI-funded programs, the data collection and reporting framework uses a set of Outcome Domains under which programs can report their specific data. ODE Programs select the domain(s) that best align with the intent of the intervention (why the program was developed), program goals, and primary anticipated outcomes (vs. secondary/tertiary impacts). The ODE uses the following domains to learn about our events' impacts.

- **Self-Empowerment** - enhanced sense of control and ownership of the decisions that affect your life.
- **Community Advocacy**- increased ability of a community (including clients and family members) to influence decisions and practices of our behavioral health system.
- **Cultural Humility** - heightened responsiveness of behavioral health programs and services for diverse cultural communities served and/or heightened self-awareness of community members' culture impacting their behavioral health outcomes.
- **Access to Treatment/Prevention Programs (Reducing Barriers)** - enhanced knowledge, skills, and ability to navigate and access behavioral health treatment and prevention programs despite potential financial, administrative, social, and cultural barriers.
- **Stigma Discrimination Reduction** - reduced prejudice and discrimination against those with mental health and substance use conditions.

The specific evaluation questions (listed below) use a scale ranging from 1, representing "strongly disagree," to 5, indicating "neutral," and 10, signifying "strongly agree."

1. Through my participation in this event/program/training, I have learned knowledge and skills that I can use to access behavioral health services.
2. I feel like my identity, cultural background, and experiences (race, ethnicity, gender, religion, etc.) were affirmed by this program/training/event.
3. Due to my participation in this program/training/event, I feel more confident in my ability to create change in my community.
4. This program/training/event affirmed that people with mental illness are capable and able to make positive contributions to society.
5. Due to this program/training/event, I feel more comfortable talking about my mental health and/or substance use.
6. Due to my participation in this program/training/event, I am more confident in my ability to advocate for the behavioral health needs of myself and/or my child/ren and/or another family member.



## Alcohol and Other Drugs

Alcohol and Other Drugs (AOD) Contracts, Compliance, and Monitoring Team program staff develop and monitor contracts and services for quality and compliance with federal, state, and local requirements. Training and technical assistance are provided by BHRS direct service and program staff to build capacity and enhance quality and compliance throughout the system of care.

- Contracted Community Services
  - Prevention, treatment, and recovery service contractors work within communities to improve health, wellness and promote recovery
  - Drug Medi-Cal Organized Delivery System (DMC-ODS) and Substance Use Block Grant (SUBG) treatment services are provided via contracts with community-based organizations.
  - The substance use treatment provider network has 25 facilities offering a full continuum of services; and 10 prevention partners.
- Cultural Competency Site Visit Results and Monitoring:
  - The AOD Contracts, Compliance, and Monitoring Team implements a monitoring procedure to ensure cultural competency standards are maintained across all AOD contracted providers. Our FY23-24 site visit protocols incorporate assessments of Cultural Competency Standards through multiple mechanisms including:

### Annual Site Visit Monitoring includes:

- Review of personnel files to verify completion of required annual cultural competency trainings.
- Assessment of policies and procedures for cultural competency compliance.
- Evaluation of facility environment and materials, including the availability of materials in threshold languages, visible posting of required taglines, accessibility of interpretation services, and cultural representation in facility displays and materials.
- Client chart audits to verify cultural and linguistic needs assessment, provision of language assistance services when needed, documentation of culturally appropriate interventions, evidence of cultural considerations in treatment planning, and integration of cultural competency standards within service delivery monitoring, particularly for specialized programs such as perinatal services where gender-specific and culturally appropriate care are essential.

## Key Findings and Quality Improvement Focus

Through the monitoring process in FY23-24, several areas for enhancement were identified:

- Training Compliance: Site visits revealed that providers need to strengthen their compliance with cultural competency training hour requirements. In response, BHRS has:
  - Increased communication and support around training requirements and deadlines.
  - Provided additional resources and training information to help Contractors complete required training hours.
- Documentation Enhancement Initiatives:
  - Based on monitoring findings, BHRS has implemented specialized progress note training to improve documentation quality.
  - Treatment plan development training to ensure cultural considerations are properly integrated.
  - Regular quality review sessions with providers.
- Strengthened Oversight Process: To ensure continuous quality improvement, BHRS has established:
  - Monthly meetings between providers and program analysts to review:
    - Program utilization.
    - Implementation challenges.
    - Progress on correction plans.
    - Technical assistance needs.
    - Regular data review sessions to track progress and identify emerging trends.
    - Collaborative problem-solving approaches to address identified challenges.

These monitoring efforts have resulted in improved provider performance and enhanced service delivery across our system of care.





## HEI Strategic Planning Process

In the Winter of 2023, the 9 Health Equity Initiatives (HEI) began to engage in a Strategic Planning Process. Following the passage of Proposition 1 (BHSA) in 2024, the focus of this process shifted to developing Work Plans that facilitate the transition from MHSA to BHSA. This process sought to center the voices of HEI co-chairs and members that include staff, individuals we serve, community members, and partnering organizations. Meetings were held with co-chairs and data was pulled specific to each HEI that showed any disparities in access as well as documented behavioral health needs. Each HEI then was able to give feedback and ideas for the direction for the next 1.5 years, and participation included folks in the meeting but also a survey to prioritize strategies. Within these strategic work plans, we were able to see opportunities for collaboration between HEIs as well as common challenges. Through this process, there were plans for a new slate of trainings, continuation of outreach and engagement events, and more involvement in data analysis for policy change.


### **Goals, Strategies, and Activities**

The current BHRS Cultural Competence Plan strategies and activities continue to be organized based on ODE's Theory of Change Pathways since we have not received the final updated criteria for county plans.

**Goal 1: Workforce Development and Transformation:** Expand on Workforce Development and Transformation that prioritizes cultural humility, inclusion, and equitable quality care.

- Strategy 1: Deepen BHRS' commitment to diversity, cultural humility, and inclusion principles through a Multicultural Organizational Development (MCO) process.
- Strategy 2: Implement a systemic approach to Workforce Education and Training.
  - a. Provide training to introduce and initiate dialogue and individual-level culture shifts related to cultural humility, trauma-informed care, co-occurring informed and other integrated care, evidence-based practices, lived experience and client/family members integration, self-care, and other BHRS transformation goals.
  - b. Establish policies, leadership engagement, and quality improvement focus to sustain the transformation goals.
- Strategy 3: Create pathways for individuals with lived experience in behavioral health careers and meaningful participation.



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- a. Provide trainings for and by consumers and family members on various behavioral health, wellness, and recovery topics.
  - b. Create new career pathways and expand existing efforts for clients and family members in the workforce.
  - Strategy 4: Promote behavioral health careers and other strategies to recruit, hire, and retain diverse staff.
    - a. Attract prospective candidates to hard-to-fill positions.
    - b. Increase diversity of staff to reflect the service population.
    - c. Promote the behavioral health field in academic training institutions.
    - d. Promote interest among and provide opportunities for youth.

### **Activities and programs that support the Workforce Development and Transformation:**

Multicultural Organizational Development (MCO) is an organizational change framework focused on building BHRS's capacity to advance equity, diversity, inclusion, and belonging principles in the workplace. BHRS focused on internal capacity development to work effectively and respectfully with diverse cultural, linguistic, and social backgrounds. To accomplish this goal, BHRS is using four levels of organizational change which include personal, interpersonal, cultural, institutional, and structural/systemic. In 2018 an MCO Action Plan was finalized which includes goals, strategies, shorter-term activities, tasks, and metrics. The MCO Action Plan is currently being updated and will integrate trauma-informed systems practices (Refer to criterion 6).

#### • **Highlights**

- **Beginning in 2023** the newly restructured BHRS executive team began working with an expert equity consultant to recalibrate their role in leading equity work in BHRS. The consultant's goal was to provide support and continued learning to maintain gains from the past two years. Previous work included overseeing specific DEIB activities and presentations to increase executive team knowledge, assignment of accountability partners, and group and individual executive team consultation.

**Government Alliance on Race and Equity (GARE)** is a national network of governments working to achieve racial equity and advance opportunities for all. Racial equity is critically important to getting different outcomes in our communities and our goal extends beyond closing the gaps.

To advance equity we must focus not only on individual programs but also on policy and institutional strategies that are driving the production of inequities.

## Highlights

- The Health GARE Cohort, co-led by Behavioral Health and Recovery Services (BHRS) and Public Health Policy and Planning (PHPP), comprises 27 members representing seven divisions within Health: Aging and Adult Services, BHRS, Family Health, Health Administration, Health IT, PHPP, and the San Mateo Medical Center.
- In April 2024, BHRS, in collaboration with Health Administration and Aging and Adult Services, launched the Pronoun Badge Topper Pilot program. This new, optional initiative enables workforce members to display their pronouns on the SMC employee badge, fostering a more inclusive and welcoming environment for all county staff.




The effort aligns with the Health Racial Equity Action Plan (REAP), MCOD, and Pride Initiative, supporting inclusion, belonging, and the celebration of workforce diversity while helping to prevent unintentional misgendering. The program is ongoing, with continuous improvements based on workforce feedback, such as expanding pronoun options, creating a customizable order form for badge toppers, and enhancing distribution processes.

- In early 2024, BHRS, in collaboration with the Health GARE Training Committee and a consultant, completed the modularization of the Race, Equity, and Health (REH) Training originally developed by the Health GARE team. This modularization transformed the original training into a series of smaller, self-directed online components, making it more accessible to Health staff who work weekend or evening shifts or require accommodations due to the typical length of in-person training sessions. The updated format includes a 90-minute introductory facilitated session, four 15-minute self-paced modules, and a facilitated closing session. Feedback from the pilot implementation has been reviewed, and updates are currently being made to enhance the program further.
- In 2024, the Health GARE SEED (Spotlighting Engagement of Equity Development) Lab launched an innovative communication tool, the interview video series What the HEC (Health Equity Champions). Over the past fiscal year, four episodes were created and released:
  - Celebrating Juneteenth
  - Celebrating Pride Month (Part 1) and Gender-Affirming Care (Part 2)
  - A Discussion with Our New Deputy County Health Chief, covering Power, Equity, and Accountability (Part 1) and Grief and Power (Part 2)
  - Office of Diversity and Equity: 15-Year Anniversary Celebration



This new format has successfully fostered engagement and provided valuable learning opportunities around diversity, equity, inclusion, and belonging. The series has been well-received with over 900 views, generating more recommendations for future topics than the team can currently accommodate. We look forward to continuing this dynamic and engaging communication approach.

- There have been several transitions for the group in terms of staffing. SMC Deputy County Health Chief and our Executive champion retired, and the co-lead of the group was promoted to a different position and provides a different level of support. Various other health equity champions have also moved positions or have reported increased workloads and an inability to support the GARE Health cohort as in previous years.
- In fall 2021, GARE conducted a Racial Equity Employee Survey, with 2,109 SMC employees participating. Of the County's 32 departments, County Health accounted for 544 responses, representing 34.3% of the total. Within County Health, BHRS contributed 115 responses, or 21.4% of County Health's participation. The insights gained from the survey are actively informing ongoing efforts to respond to the needs and experiences of our workforce.
- Our Health GARE team contributed to the yearly report and update of the Health Social and Racial Equity Action Plan (SREAP) and our ODE team continues to work on its alignment with the BHRS MCOD Action Plan.
- The Cross-Divisional GARE team continued hosting our foundational Race, Equity, and Health Training. To date, 951 Health workforce members (695 BHRS Staff) have taken the 4-hour training.
- The GARE Training Committee launched the 21-Day Racial Equity Challenge Program. To date, the Health GARE cohort has hosted 4 group challenges with 36 participants. BHRS has sponsored some of these 21-day challenges, such as June Pride Month and November Native Heritage Month.
- In January of 2023 our Health GARE cohort, led by BHRS and PHPP received the Diversity, Equity, & Inclusion-Stars Award, which recognizes and rewards County programs that foster and promote diversity and inclusion for employees and/or populations served.
- The Health, Equity, and Race Training was again provided in person, as well as virtually. As previously mentioned the training was adapted (modules) for workforce members who did not have the capacity to complete the training due to their work schedule (PM shifts, weekend shifts).
- The Health Executive Council, with support from the Health GARE Cohort, moved forward on several of our SMC Health Social and Racial Equity Action Plan (SREAP) goals. Goals aligned and supported by BHRS MCOD Action Plan work listed under REAP goal. Specifically, the goals on foundational understanding of intersection between race, equity, and health, and having a shared culture of safety to normalize conversations about racial equity.
- In May 2023, the Health GARE Cohort hosted its annual Strategic Planning Retreat. The retreat achieved its goals of sharing updates on the REAP and



County Wide Core Equity Team progress, highlighting equity accomplishments across SMC Health, fostering cross-divisional collaboration, and identifying opportunities to expand these efforts. Discussions and brainstorming during the retreat will guide our ongoing work and inform the support provided to the Health Executive Council.


**Behavioral Health Career Pathways** Programs aim to recruit, hire, support, and retain diverse staff in behavioral health careers. The components include:

- Highlights:
  - Loan Repayment (refer to Criterion 5).
  - Employee Retention Bonus (refer to Criterion 5).
  - Creation of Job postings with an equity lens (refer to Criterion 5).
  - In 2023, a hiring bonus program was launched for hard-to-fill positions, offering a \$15,000 incentive for eligible roles.
  - Diversity, Equity, Inclusion & Belonging Recruitment Checklist List developed and implementation started. Based on the BHRS' Multicultural Organizational Development (MCO) framework goals, BHRS worked with the Health Administration to create a Health-wide recruitment interview "Question Bank." Additionally, BHRS collaborated to create a hiring/recruitment checklist that includes DEIB questions in a County Health hiring checklist. A pilot of the checklist will be completed next fiscal year within BHRS.

**SMC BHRS Employee Equity Award:** The BHRS Workforce, Education, and Training team identified the benefits of a yearly acknowledgment that honors three BHRS workforce members who have shown passion, dedication, and action to bolster practices and policies that support equitable outcomes.

### **Staff Celebrated for Equity Work**

- Ziomara Ochoa Receives 2023 Alumni Impact Award. Ziomara Ochoa, Youth Services Deputy Director of BHRS, was awarded the 2023 Alumni Impact Award by the National Hispanic and Latino Executive Leadership and Fellowship Program. Selected for the 2022 cohort, Ochoa later mentored a 2023 fellow, contributing to meaningful change in her community and County Health.
- Dr. Jei Africa was Honored with the ACHE Regent's Award. Dr. Jei Africa, Director of BHRS, received the American College of Healthcare Executives (ACHE) Regent's Award for his significant contributions to healthcare management excellence in Northern and Central California.
- Louise Rogers Receives SMC Equity Award. County Health Chief Louise Rogers was awarded the SMC Equity Award for her leadership in advancing



diversity, equity, inclusion, and belonging initiatives within County Health, including promoting the Social and Racial Equity Action Plan and supporting inclusive hiring practices.

- Women in County Government Honors BHRS Staff at the annual Women in County Government Luncheon, two BHRS staff were recognized: Ziomara Ochoa received the Development Champion Award for her leadership in Child and Youth Services. Sandy Torres, Mental Health Counselor on the Crisis Response Team, was honored with the Public Service: Going the Extra Mile Award for her support of Half Moon Bay shooting survivors and her work on assisted outpatient treatment. These awards highlight the ongoing dedication of County Health leaders in driving equity and excellence.
- Dr. Maria Lorente-Foresti was inducted into the San Mateo County Women’s Hall of Fame. BHRS Office of Diversity & Equity (ODE) Director. Dr. Lorente-Foresti was recognized for her leadership in advancing efforts to support the County’s behavioral health system in advancing cultural responsiveness and inclusiveness for the individuals we serve, workforce, and community members.

**Goal 2: Community Empowerment** - Create opportunities for individuals with lived experience, families, and community members to engage in decisions that impact their lives. ODE has established and sought opportunities to continue to empower community members, particularly those groups who have historically been underrepresented and/or identified as vulnerable populations. ODE has a membership at various community committees, meetings, and associations to be engaged in solutions and assure voice and representation to the feedback of BHRS priorities. These empowerment activities and engagements include: The Lived Experience Academy Group, the Health Ambassadors (Adult and Youth programs), the Diversity and Equity Council, and the Mental Health Services Act Steering Committee.

- Strategy 1: Recruit, train, hire, and support behavioral health clients and family members at all levels of the behavioral health workforce.
- Strategy 2: Create, support, and enhance existing programs that build community empowerment and capacity building for behavioral health recovery and skills training.
- Strategy 3: Create opportunities for genuine shared decision-making with community members.

**Activities and programs that support Community Empowerment:**

- Health Equity Initiatives (HEIs) were created to address access and quality

of care issues among underserved, unserved, and inappropriately served communities. There are nine HEIs representing specific ethnic and cultural communities that have been historically underserved: African American Community Initiative; Chinese Health Initiative; Filipino Mental Health Initiative; Latino/a/x Collaborative; Native & Indigenous Peoples Initiative; Pacific Islander Initiative; PRIDE Initiative; the Spirituality Initiative; and the Diversity and Equity Council.

- Alcohol and Other Drug Prevention Partnerships** exist throughout San Mateo County. These partnerships are community-based and act locally to identify and address community-level conditions that promote or encourage underage alcohol use and to reduce the harmful consequences of alcohol and other drug use. The partnerships include the North County Prevention Partnership, One East Palo Alto: Substance Abuse Prevention Coalition, Peninsula Conflict Resolution Center: North Central San Mateo Prevention Partnership, Puente De La Costa Sur: South Coast Prevention Partnership, Redwood City 2020: Alcohol and Other Drugs Prevention Partnership, San Mateo County Health System: Alcohol & Other Drug Services, and Youth Leadership Institute: Coastside Prevention Partnership.

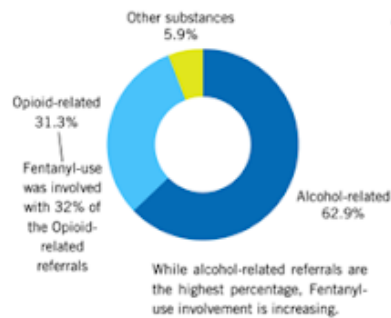
- The Integrated Medication Assisted Treatment (IMAT) team **Expands Outreach to the Navigation Center.**

The IMAT team was formed in 2015 to provide an evidence-based treatment approach for substance use disorders. The goal is to help people with addiction to alcohol and opioids find their chosen recovery path using harm reduction techniques, behavioral therapies, and medication. In April of 2023, the 240-bed Navigation Center opened in Redwood City. The goal of this state-of-the-art facility is to offer shelter, food, counseling, and linkage to a variety of support services. As part of this effort to provide wraparound services, the IMAT team has been offering regular support to the Navigation Center residents.

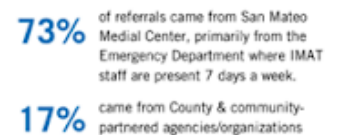
#### IMAT Referral Data: March 2023 - February 2024

IMAT has responded to 1,519 referrals in the past year:

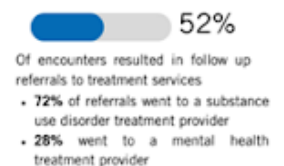
##### Type of Referrals



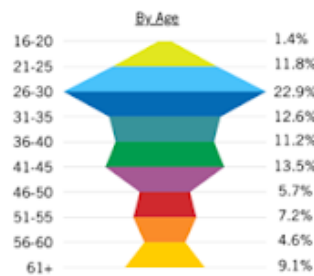
##### Referral Sources




##### Linkage to Services



##### Client Demographics



IMAT acknowledges the disparity in the race/ethnicity data of populations served. While there are gaps in data collection and reporting, IMAT continues equity efforts in earnest.




**Naloxone Distribution** From January to date, 1,056 boxes of Naloxone were distributed at community events and trainings.

- o Highlights

- Community Events and Trainings programed to begin in FY 24-25, designed to increase knowledge of signs and symptoms of opioid-related overdoses and knowledge of naloxone as an opioid-reversal agent and change attitudes towards naloxone possession, distribution, and use post-training.
- Naloxone Vending Machine Project. BHRS received Opioid Settlement Funds, plans to expand both the distribution and access to naloxone to at-risk individuals by purchasing and installing naloxone vending machines with the goal of decreasing opioid-involved overdose fatalities. These are self-service automated machines that do not collect individually identifying health information. The machines provide a short training video on how to use naloxone nasal spray. Naloxone vending machines will be installed in each of the 8 BHRS clinics (expected date 03/2025). This initiative not only improves access to this life-saving medication but also helps reduce barriers such as the stigma associated with obtaining naloxone.
- Overdose Prevention Coalition Focus Groups in FY 24-25 BHRS in the beginning stages of coalition development. Over the past few months, the IMAT team has hosted a series of focus groups to listen to the concerns and needs of the community. This formative research and data collection will help capture the diverse viewpoints surrounding the overdose epidemic, engage key partners on this issue, and assist in developing a strategic and county-wide, community-based response.

**Office of Consumer and Family Affairs (OCFA) Peer and Consumer Family Partners Program**

is designed to support the employment of consumer/client and family partners with lived experience within the county behavioral health system of care, which recognizes the special contributions and perspectives of consumers and family members and aids in case management as well as peer support. Peer Support Workers and Family Partners provide a very special type of expertise, direct service, and support to BHRS consumers/clients. They bring the unique support that comes from the perspective of those experiencing recovery, either in their own personal lives or as relatives of someone personally affected. They know firsthand the challenges of living with and recovering from a behavioral health challenge and work collaboratively with our clients based on that shared experience.




To date, there are 13 Peer Support Workers/Peer Support Specialists and 11 Family Partners/Family Peer Support Specialists that work with BHRS. Additionally, per the CalMHSA registry, there are 81 certified Peer Support Specialists within San Mateo County.

**The Lived Experience Education Workgroup (LEEW) and the Lived Experience Academy (LEA)** are overseen by OCFA in partnership with the BHRS Workforce Education and Training Coordinator. The primary purpose of LEEW is to identify and engage lived experience clients, consumers, and family members to prepare for workforce entry, advocacy roles, committee and commission participation, and other empowering activities. This group consists of BHRS and contractor staff, lived experience staff, clients/consumers, and family members. The LEEW plans, facilitates, and oversees the LEA, which trains clients/consumers and family members with behavioral health lived experience to share their stories as a tool for self-empowerment, stigma reduction, and education of others about behavioral health challenges. Graduates then become part of the LEA Speakers' Bureau and per our BHRS Stipend Policy are paid \$35 per hour to speak at BHRS trainings and events around San Mateo County. Their participation greatly enhances BHRS trainings and events and provides staff and the community a greater understanding of behavioral health.

- Highlights:
  - LEEW members actively participate in various BHRS committees and initiatives further connecting underserved populations to resources and support.
  - Members have continued to develop as leaders collaborating with entities outside of BHRS such as churches and libraries to create public events on their own.


**The Parent Project® (PP)** is a free, 12-week course for anyone who cares for a child or adolescent. The classes meet for three hours each week. Parents learn parenting skills and get information about resources and other support available in their communities. Parents/caregivers learn and practice skills such as appropriate ways to discipline; preventing or stopping alcohol, drug, and tobacco use; improving communication skills; improving grades and school attendance; dealing with unhealthy and/or dangerous behaviors in teens; and strengthening family relationships. San Mateo County BHRS' ODE began offering the Parent Project® courses in 2010 and updated the course in 2014 to become more culturally informed.



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- Highlights
    - Since its inception in 2010, ODE has offered 91 courses and reached approximately 1,373 participants. During fiscal year 2021-2022, PP contractors served 110 participants across 6 classes with an average of 18 participants per class.
    - In FY 22-23, the Parent Project® Program conducted 9 classes with an average of 17 participants per class, reaching a total of 152 participants, and impacting approximately 106 children who were reported to reside with participants. We believe this impact is greater because caregivers impact more youth than those who reside in their homes.
    - In FY 23-24, only 3 classes were conducted, due to the loss of a contracted provider that supported the facilitation of this course. The average number of participants continued to be 17 per class, reaching a total of 50 participants. Almost all (96%, 26) survey respondents who completed the post-program survey reported learning about community resources while participating in the Parent Project® course. The most common resources learned about by respondents (n=26) were the San Mateo County Information Handbook (65%), Alcohol or Other Drug (AOD) services (62%), the Health Ambassador Program (62%), and StarVista services (62%). In addition, more than three-fourths (77%) of respondents reported that through the course, they have learned knowledge and skills to access behavioral health services.

**Adult Mental Health First Aid (AMHFA)** is an interactive 8-hour public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use challenges. Participants will gain an overview of mental illness and substance use disorders, learn the risk factors and warning signs, build an understanding of the impact of behavioral health issues, and review common treatment options. Those who take the course become certified as Mental Health First Aiders and learn a 5-step action plan encompassing skills, resources, and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.


- Highlights
  - In FY23-24, BHRS ODE contracted with trained instructors from Kingdom Love and Voices of Recovery to facilitate courses. Course instructors provided 14 Adult MHFA courses in both in-person, virtual, and blended formats (blended virtual and blended in-person). There were 189 Adult MHFA applications submitted that collected demographic information of incoming course participants.



This was an increase from the prior FY, in which 124 participants from eight Adult MHFA classes completed at least one of the five forms.

- Participants were asked questions about mental health concepts before or at the beginning of the Adult MHFA class through the pre-program assessment (“pre”) and after or at the end of the Adult MHFA class through the post-program assessment (“post”). Participants correctly identified true statements and false statements on the post-program assessment more consistently than on the pre-assessment for all assessment questions, indicating that the course effectively communicated educational material around behavioral health. In particular, there was an increase among participants in correctly identifying a misconception about mental illness and likeliness to commit violent crimes. Moreover, participants demonstrated increases in knowledge related to asking others about suicidal feelings, distinguishing a panic attack from a heart attack, and understanding common mental health disorders.

**Youth Mental Health First Aid (YMHFA)** is a 6–8-hour training funded by the Mental Health Services Act (MHSA) and offered by the San Mateo County’s Behavioral Health & Recovery Services Office of Diversity & Equity (BHRS ODE). The program trains participants to recognize risk factors and warning signs of adolescent mental health challenges, respond to crises, and provide early intervention support. In FY23-24 (July 2023-Jun3 2024), BHRS ODE partnered with Kingdom Love to deliver 11 YMHFA courses in person, virtual, and blended formats. The training incorporates culturally relevant examples and resources, equipping participants to support underserved populations and improving access to timely care. YMHFA reduces stigma by sharing recovery stories and connects participants with local behavioral health resources to support referrals. By partnering with agencies serving marginalized groups, such as incarcerated youth, the program addresses disparities in mental health care access. With participants from diverse backgrounds, YMHF broadens community impact, empowering individuals to provide hope, support, and linkages to care for youth in need.

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- Highlights
    - In FY23–24, the YMHFA Program focused on expanding services to cities with significant marginalized populations and heightened support needs, including Half Moon Bay, Redwood City, East Palo Alto, and South San Francisco.
    - YMHFA served 153 individuals this fiscal year. Among respondents, 15% (24 out of 156) reported residing in San Mateo, followed by 11% each in East Palo Alto (17 out of 156) and Redwood City (17 out of 156). Additionally, 20% (31 out of 156) identified as behavioral health services clients, family members of clients, or both.
    - YMHFA measures key ODE indicators, including Cultural Identity/Humility and Access to Services. Among participants, 85% reported a better understanding of how mental health and substance use challenges affect different cultures, while 86% felt their identity, cultural background, and experiences—including race, ethnicity, gender, sexual orientation, and religion—were affirmed by the program. Additionally, 98% of participants indicated that they gained knowledge and skills to access behavioral health services through their participation.

**Health Ambassador Program (HAP)** was developed as a response to feedback from the graduates of the Parent Project© who wanted to continue learning about how to appropriately respond to behavioral health issues and get involved within their communities and the broader BHRS decision-making processes. After completion of the Parent Project©, individuals continue to increase their skills and knowledge in behavioral health and substance use-related topics by completing 4 additional community education programs such as MHFA certification training, the 12-week National Alliance on Mental Illness (NAMI) Family to Family program, the Photovoice Course, the Applied Suicide Intervention Skills Training (ASIST), The Be Sensitive Be Brave Suicide Prevention Training and/or a Wellness Recovery Action Plan (WRAP) workshop. Health Ambassadors are also encouraged to become advocates in Stigma-Free San Mateo and be part of the BHRS Health Equity Initiatives. In this work, individuals engage in outreach, education, and dialogue with members of our communities to reach our goal of a stigma-free County and increasing access to behavioral health care. Becoming a Health Ambassador can potentially lead to opportunities to work and volunteer amongst other dedicated individuals; teach both youth and adult courses in their community; assist in identifying unmet needs in their community and help create change; or become a Community Worker/Family Partner.

o Highlights

- In FY 21-22, HAP regained a program coordinator and worked on a series of community events to support with COVID response efforts. Additionally, with the new program coordinator ongoing, regular HAP meetings have resumed, providing support, resources, and opportunities to our current Health Ambassadors.
- In FY 22-23, HAP received the Tony Hoffman Award for its extraordinary impact on individuals with mental illness. During the pandemic, Health Ambassadors provided essential outreach and support. They launched multilingual campaigns, including PSAs in Spanish, Tagalog, Tongan, and Zapotec, promoted behavioral health resources, and hosted virtual community events. Ambassadors also conducted door-to-door outreach in San Mateo, East Palo Alto, Redwood City, and Half Moon Bay, distributing masks and critical resources. Their ongoing efforts in local laundromats, grocery stores, and food centers served vulnerable communities.
- In FY 22-23, there was an increase in participation in a variety of events and interventions. There was also a focus on building the Health Ambassador's capacity to comprehensively provide BHRS information to the public and to provide information back to BHRS on the client/consumer experience, such as being part of focus groups for the MHSA 3-Year Community Planning Process and the Behavioral Health Commission on Children & Youth Services Committee.
- Improvements in data collection also allowed for trends to be identified to better inform future activities and resources. There are currently 65 ambassadors who are active and provide varying support for BHRS services, outreach, and early interventions.
- Working with a contractor to improve data collection & identification of trends: HAP had the opportunity to work with, a consulting group, to develop a database to track the social determinants of health of ambassadors and those that come into contact with the program- prospective Ambassadors.



- o Highlights

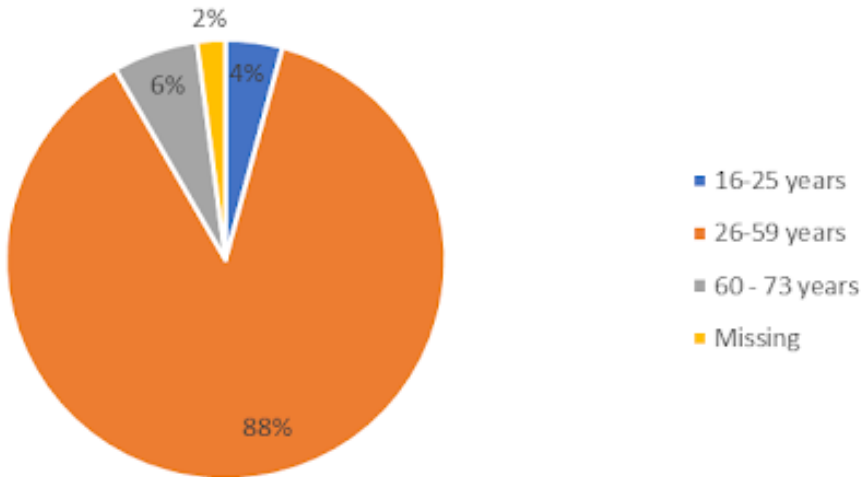
- HAP led work to initiate adaptation of the Cultural Humility 101 & SOGI trainings in Spanish for HAP and monolingual Spanish community members.
- In FY 23-24, HAP celebrated the graduation of 13 new Health Ambassadors, marking the first in-person ceremony since 2019. The evening featured an awards ceremony, a program slideshow, and key highlights such as 119 unduplicated clients served, 21,000 individuals reached, 45 resource tables supported, hosting 10 behavioral health wellness training sessions, and leading 4 focus groups, including the Retired Congresswoman Jackie Speier Foundation, MHSA 3-Year Plan, Youth Commission Roadmap, and State Suicide Prevention Campaign.
- HAP held 13 trainings, with a total of 192 duplicated participants, and 96 unduplicated.



**Demographic data for participants of the Health Ambassador Program workshops & Trainings  
FY 23-24**

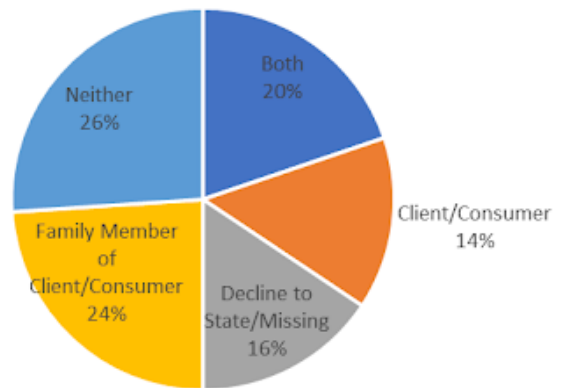


Health Ambassador Age Range

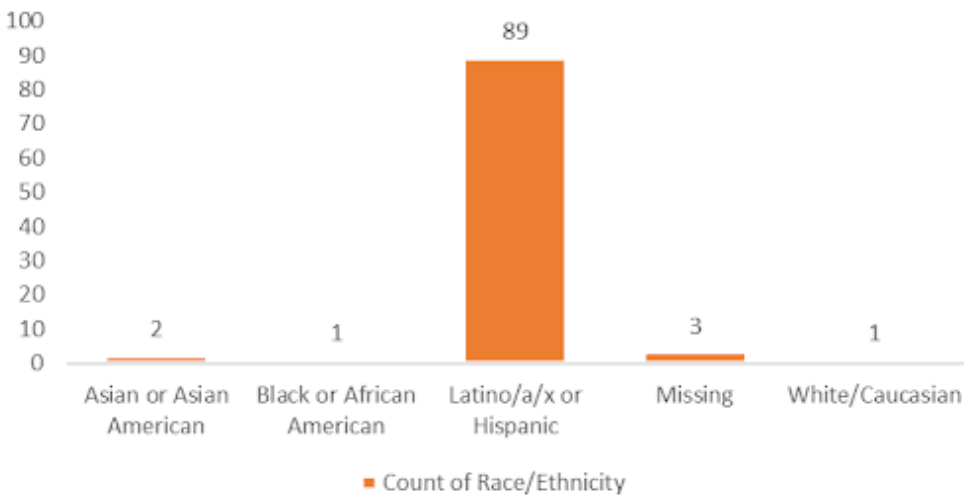



- 16-25 years
- 26-59 years
- 60 - 73 years
- Missing

Are Health Ambassadors BHR clients/consumers or family members?



Health Ambassador Race/Ethnicity





**Storytelling Program** emphasizes the use of personal stories as a means to draw communal attention to behavioral health and wellness. While reducing stigma and broadening the definition of recovery, workshops consider social factors such as racism, discrimination, and poverty. Participants are asked to share their stories through words, photos, drawings, personal mementos, and even music. The stories shared have been both personal and powerful, creating a sense of connection, and for others, they've been transforming. ODE continues this powerful storytelling work with Photovoice and Behavioral Health Graphic Novel creation. ODE partners with community-based organizations, schools, faith-based organizations, correctional institutions, and other sectors of the community to offer these storytelling opportunities. These stories help shed light on important social issues including stigma and empower others with lived experience to share their stories. In response to staffing shortages, this program is now offered in a limited capacity and through Health Equity Initiatives, such as the African American Community Initiative's event in May of 2021 "Hope for Change" with ODE support. The Lived Experience Academy graduates also presented and shared their experiences, by sharing the graphic novel “#BeTheOneSMC: Where there is life, there is hope” during May Mental Health Awareness Month events.

- Highlights:

- In response to staffing shortages, this program was on hold during FY 21-22.
- In FY 22-23, a new program coordinator was hired to support the storytelling/photovoice program. The coordinator had the opportunity to meet with the previous coordinator to understand program logistics and implementation challenges. In Fall 2023 the new coordinator received training to facilitate these sessions and began work to update program data collection tools.
- In FY 23-24, two additional facilitators were trained in Photovoice to expand the program across BHRS and SMC. Additionally, evaluation forms, the program plan, and logistics were updated, incorporating considerations for behavioral health support and information provided throughout the course.

**Outreach Workers (also known as promotores/health navigators)** connect with and facilitate access for marginalized populations through culturally and language-appropriate outreach and education and provide linkage and warm hand-off of individuals to services. Outreach Workers are usually members of the communities within which they reach out to. They speak the same language, come from the same community, and share life



experiences with the community members they serve. Outreach Workers use a variety of methods to make contact and connect with the community. From group gatherings in individuals' homes to large community meetings, making direct contact with the target audiences, warm hand-offs, and conveying crucial information to provide community support and access to services. The East Palo Alto Partnership for Behavioral Health Outreach employs Outreach Workers within the Latinx, African American, Pacific Islander, and LGBTQ+ communities. The North County Outreach Collaborative employs Outreach Workers within the Chinese, Filipinx, Latinx, Pacific Islander, and LGBTQ+ communities.

**MHSA Community Program Planning (CPP)** process engages in ongoing community input opportunities. MHSA CPP includes training, outreach, and involvement in planning activities, implementation, evaluation, and decisions of clients and family members, broad-based providers of social services, veterans, alcohol and other drugs, healthcare, and other interests.

- Highlights:

- The updated MHSA Three-Year Plan included the perspective of over 400 individuals including clients and family members, community members, and leaders representing diverse geographical, ethnic, and cultural backgrounds, contracted providers, County staff, and other partner agencies across health, social services, education, and other sectors.


**Goal 3: Strategic Partnerships** - Strengthen and create new meaningful partnerships in the community to maximize reach and impact on equitable behavioral health outcomes.

- **Strategy 1:** Create and sustain partnerships that build on shared lived experience, cultural identities, and/or geographical service areas.
- **Strategy 2:** Create programs and partnerships that advance an effective model of integration of mental health, physical health, and substance abuse services.
- **Strategy 3:** Create and enhance partnerships with key non-traditional stakeholders.
- **Strategy 4:** Develop a communication plan focused on the impact and urgency of behavioral health equity work to strengthen the community, including non-traditional partners, buy-in, and engagement in the work.

**Activities and programs that support the Strategic Partnership:**

- Diversity and Equity Council (DEC) and the Health Equity Initiatives (described in Goal 2 above) are made up of BHRS staff, consumers, contracted providers, community leaders, and members and work to





ensure that topics concerning diversity, health disparities, stigma reduction, and health equity are reflected in the work of San Mateo County's mental health and substance use services. The formation of the DEC can be traced back to 1998 when staff members formed the state-mandated Cultural Competence Committee.

**Alcohol and Other Drug Prevention Partnerships (described in Goal 2 above).**

- Partnerships with San Mateo Medical Center Federally Qualified Health Center (FQHC) allow for collaboration with FQHC's to identify patients presenting for healthcare services that have significant needs for mental health services. Ravenswood FQHC provides a means of identification of and referrals for the underserved residents of East Palo Alto with Serious Mental Illness (SMI) and Emotional Disturbance (SED) to primary care-based mental health treatment or specialty mental health services.
  - Highlights:
    - 386 total clients served

**Primary Care Interface** focuses on identifying persons in need of behavioral health services in primary care settings, thus connecting people to needed services. BHRS clinicians are embedded in primary care clinics to facilitate referrals, perform assessments, and refer to appropriate behavioral health services when deemed necessary.

- Highlights:
  - Is now embedded in five primary care clinics throughout the County.
  - 617 unduplicated individuals were served in San Mateo County.

**Community Outreach Collaboratives** (Described in Goal 2 above) are based on the key model of community-based organization collaboration. Strong collaborations with local community-based agencies and health and social service providers are essential for cultivating a base of engaged community members. Organizations leverage their influence, resources, and expertise, especially in providing services that address the cultural, social, and linguistic needs of the community. Collaboratives benefit from having regular meetings to share resources and problem solve, having a clearly defined infrastructure and consistent strategy, and offering ongoing presence and opportunities for community members to engage in services. North County Outreach Collaborative populations of focus are Filipinx, Pacific Islander, Latinx, Chinese, and LGBTQ+ communities. East Palo Alto Partnership for Behavioral Health Outreach's population of focus are marginalized ethnic, linguistic, and cultural communities in the region including Latinx, Pacific Islanders, African American/Black, and LGBTQ+ communities of all ages.

- 
- Highlights:
    - In 2022-2023
      - North County Outreach Collaborative served 4,573 clients.
      - East Palo Alto Partnership for Behavioral Health Outreach served 946.

**The Pride Center:** LGBTQ+ individuals are at increased risk for behavioral health challenges given their experience with stress related to subtle or overt acts of homophobia, biphobia, and transphobia, and as such, need access to service providers and resources that are reflective and sensitive of their experiences and needs. The center is a collaboration of multiple agencies that will work to assist high-risk LGBTQ+ individuals through peer-based support, with the goal of becoming a centralized resource for behavioral health services. The center promotes interagency collaboration, coordination, and communication, which will lead to increased access to behavioral health services among LGBTQ+ individuals, and ultimately, improved behavioral health outcomes.

- Highlights:
  - The first in-person therapy group since the pandemic was held and it was a Multisexual Therapy Group that helped reduce multisexual stigma and increased pride among participants.
  - Counseling services were offered as well as training and education, outreach, peer support groups, and hosted a number of events.
  - In FY 23-24:
    - The Pride Center served 147 clients and 12,287 individuals
    - The Legal Name and Gender Change Workshop served 82 individuals, with 100% reporting being “very Satisfied” with the workshop.
    - In partnership with Outlet, the center made over 800 points of contact with the community, fostering a supportive and inclusive environment for queer youth and their families/support networks.
    - Held 4 SOGIE 101 training sessions for BHRS staff, training 105 individuals.
    - Served 677 individuals through the Pride Center Peer Support Groups.
    - Tabled at 39 in-person events and interacted with 3,217 community members.

**Goal 4: Policy & Systems Change** - Influence organizational-level policies and institutional changes across San Mateo County agencies to positively impact behavioral health outcomes.



- **Strategy 1:** Identify policies, practices, and systemic changes needed to become a genuinely multicultural organization.
- **Strategy 2:** Identify key outcome indicators for behavioral health equity including internal policies and practices.
- Assess, prioritize, and implement the National CLAS Standards across the department and contracted agencies.

**Activities and programs that support the Policy & Systems Change:**

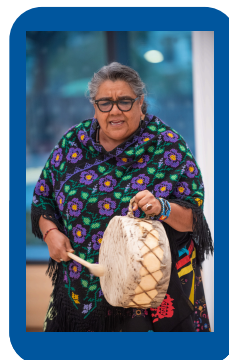
Multicultural Organization Development (described in Goal 1 above)

Government Alliance on Racial Equity (described in Goal 1 above)

**Cultural and Linguistic Appropriate Services (CLAS) Implementation**

o Highlights:

- CLAS requirements in all contracts: As described in Criterion 3, Contractor Requirements, in 2012 ODE developed benchmark criteria for all BHRIS contractors that provide client services to develop and submit cultural competence plans that focus on improving the quality of services and advancing health equity.
- Language Access Services (Refer to Criterion 7) includes translating materials in threshold languages Spanish, Tagalog, and Chinese, a language line that is available 24/7 for over-the-phone interpretation services, and a process for scheduling in-person language interpreters including ASL.



# Criterion 4: County Mental Health System Client/Family Member Criterion

## Diversity and Equity Council

- Criterion 4: Describe the exchange of information within different levels of the organization as well as between the organization and the community, target population, and partner organizations.
- a. Policy and procedure regarding Cultural Competence Committee and how it reflects community, management and line staff
  - b. Organizational chart, list of cultural competence committee members and affiliation to cultural competence
  - c. Can include advisory committee(s) to the CCC

The Diversity and Equity Council (DEC), one of our Health Equity Initiatives, works to ensure that topics concerning diversity, health disparities, and health equity are reflected in the work of San Mateo County’s behavioral health services. The Council serves as an advisory board to assure San Mateo County BHRIS policies are designed and implemented in a manner that strives to decrease health inequities and increase access to services. The formation of the DEC can be traced back to 1998 when staff members formed the state-mandated Cultural Competence Committee.

This committee later became the Cultural Competence Council in 2009, which played an integral role in the formation of the BHRIS Office of Diversity and Equity. The DEC has been involved in many of the opportunities to bring discussions of cultural humility in our work.

### THE DIVERSITY & EQUITY COUNCIL

The DEC serves as an advisory board, a guiding body that works to embrace diversity, eliminate health disparities and advance equity in San Mateo County. We coordinate, inform, support, advocate and consult with BHRIS and its communities.



It also serves as the umbrella of the HEIs, co-chairs of the other initiatives, and members are encouraged to attend the DEC to receive new resource information, to view presentations about County and BHRIS initiatives as well as presentations that include data that pertains to health disparities in behavioral health. The DEC is made up of BHRIS staff, clients, family members, contracted providers, community leaders, and members and works to ensure that topics concerning diversity, health disparities, stigma reduction, and health equity are reflected in the work of SMC BHRIS. The DEC encourages the participation of consumers/clients and family members by providing stipends or honorariums for ongoing participation. The DEC also serves as an umbrella organization for the HEIs, encouraging HEI co-chairs and members to attend and benefit from the aforementioned activities in addition to increased networking opportunities, insights into work happening across other HEIs and throughout the county, and, most importantly, hearing directly from providers, individuals we serve, and their family members.



## **Mission, Vision & Objectives**

The Council serves as an advisory board to assure San Mateo BHRS policies are designed and implemented in a manner that strives to decrease health inequalities and increase access to service.

- a space for collaboration and guidance for the Health Equity Initiatives.
- a forum for cultural competence questions from community-based organizations.
- a hub of information and resources for community members committed to advancing equitable behavioral health care.

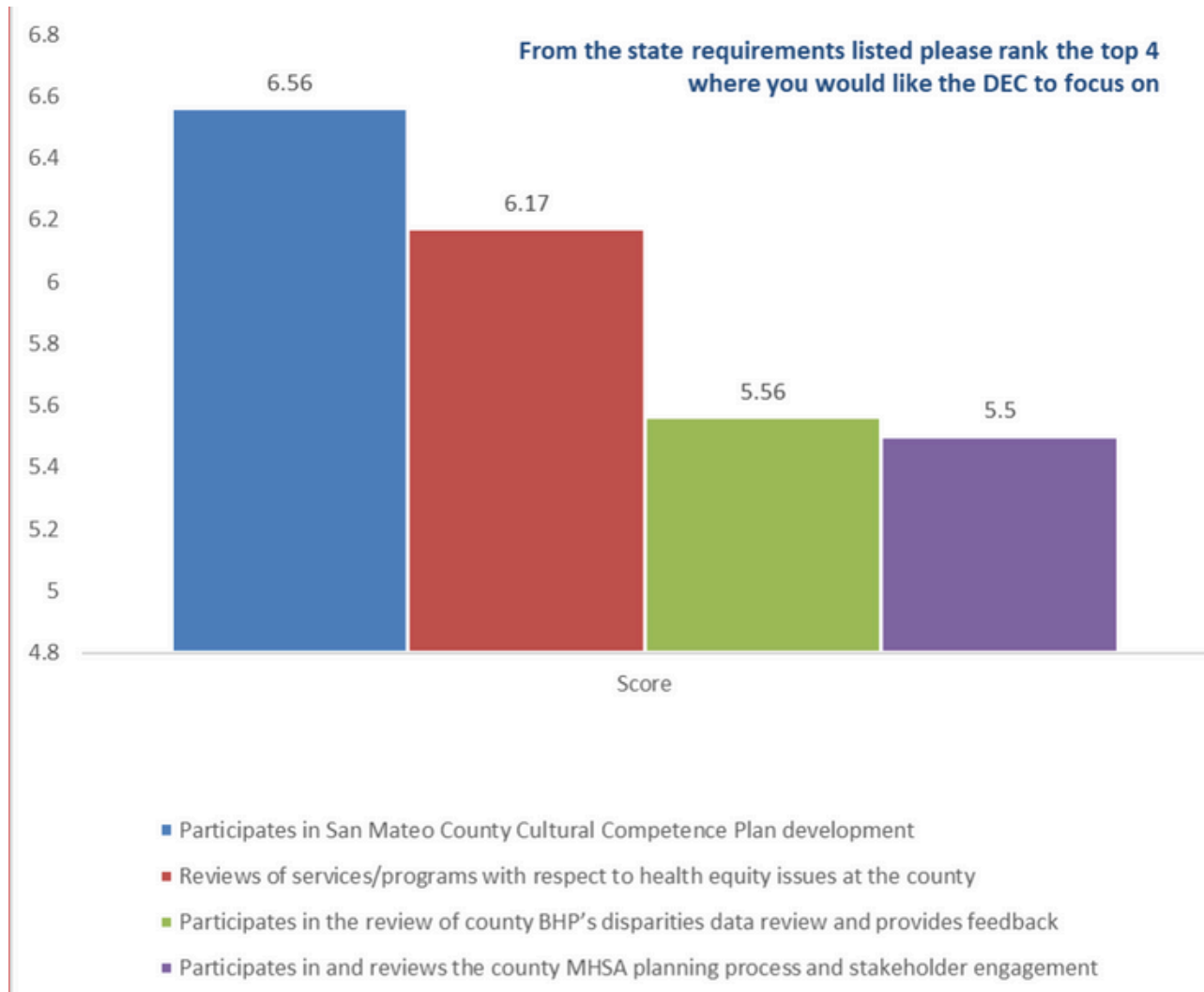
The council currently has 143 members, 52% are BHRS or County staff, 35% represent Community-based Organizations and 7% identify as community members, 6% are HEI members or others. The average number of attendees per virtual meeting is 24.

## **Highlights and Accomplishments**

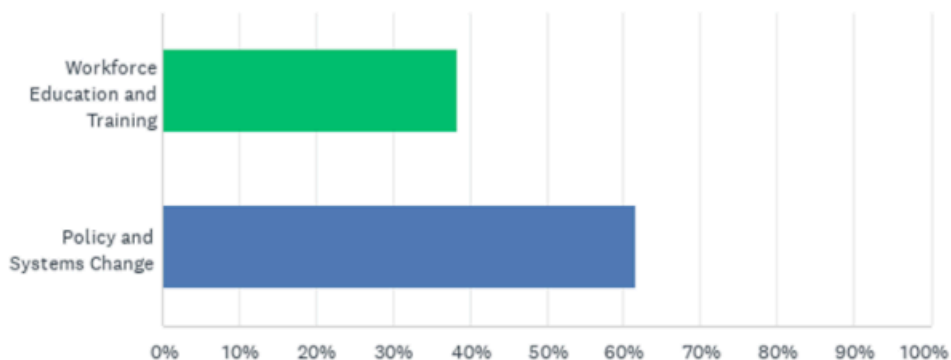
Some of the highlights from this year include working with The County's Office of Racial and Social Justice to provide input on the SMC Equity Ordinance that passed in May of 2024 and will be implemented in January 2025. The input that was gathered directly affected the ordinance and members were able to reassure the importance of the ordinance as well as the type of changes and activities that should be supported by the county Board of Supervisors to continue our journey towards a more equitable County. With the input of members and the support of the community, this ordinance was successfully passed. Another highlight was providing feedback on divisional policies regarding the integration of Peer Support Workers within BHRS. Another highlight was working with a CSIP intern who led an introspective project that allowed the membership to grow closer and learn more about each other and what brought this diverse group of people to the behavioral health field. Finally, the DEC is looking forward to implementing its HEI strategic work plan this upcoming year. Below are the areas that were prioritized by DEC members during our strategic plan development.



## DEC Member's Priority Areas Reported Over the Fiscal Year



If you had to choose one area to prioritize for immediate action, which would it be?



More broadly, the DEC also serves to reinforce the role of the DEC as a part of policy and systems change, and strengthens the exchange of information between the DEC, QIC, and the HEIs and the Director.

## Health Equity Initiatives

Health Equity Initiatives (HEIs) were created to address access and quality of care issues among underserved, unserved, and inappropriately served communities. HEI representatives attend the DEC to ensure cross-sharing and learning, collaboration, bring forward concerns and issues from San Mateo County's most marginalized communities, and brainstorm systemic solutions. Each of the HEIs addresses health disparities, inequities, and stigma by working collaboratively to bring together behavioral health professionals, clinicians, organizations, and stakeholders on a regular basis to provide outreach, programs, and advocacy toward meaningful solutions for communities.

Eight HEIs are representing specific ethnic and cultural communities that have been historically underserved:


- African American Community Initiative (AACI)
- Chinese Health Initiative (CHI)
- Filipino Mental Health Initiative (FMHI)
- Latino Collaborative (LC)
- Native & Indigenous Peoples Initiative (NIPI)
- Pacific Islander Initiative (PII)
- PRIDE Initiative (PI)
- Spirituality Initiative (SI)



HEIs implement activities that are intended to:

- Decrease stigma
- Reduce health disparities
- Increase access to culturally informed quality care
- Support workforce development
- Educate and empower community members
- Support wellness and recovery
- Build culturally responsive services

Previous to 2020, the HEIs were managed by a Senior Community Health Planner who held a limited-term position and whose time with ODE ended due to the specifications of the contract.



After that, the ODE Director took over management of the HEIs while thrust into emergency response due to the COVID-19 pandemic and social unrest. The members, co-chairs, and staff were greatly impacted by the COVID-19 pandemic not only professionally but also personally as each person was confronted with many layers of grief. In 2022, there was another HEI coordinator hired who was able to take on the transition from emergency response to returning to more standard work. In mid-2023, a permanent Program Coordinator II was brought onto the team and has supported the HEIs in a number of ways, including co-leading the HEI strategic work plan development, supporting the various events as well as creating change in policies and practices that optimize administrative processes. The HEIs continue to face challenges in recruiting county staff members to serve as co-chairs, reportedly due to capacity constraints and workload demands. The current Program Coordinator serves as the interim co-chair of both the Latino/a/x Collaborative and the Pacific Islander Initiative. During the last year, 1,262 clients were reached through meetings, and 7,617 were reached through trainings and events. The HEIs also worked collectively to improve outreach materials by updating initiative-specific brochures to be distributed during community events and activities.

### **HEI Highlights for FY 23-24**

#### **African American Community Initiative (AACI)**

AACI held two events this past year which included the Black History Month and Juneteenth celebrations. Throughout the past few years, AACI has sought to foster deep relationships and connections among its members. Each of the events hosted included art, centering on community and resources, and health screenings from African American Medical Residents from Stanford University. Additionally, the initiative brought to the attention of the ODE and BHRS director the lack of African American Clinicians within our organization. Through numerous meetings and collaborations, these dialogues led to numerous system changes in our hiring and recruitment efforts, which were supported by our Health Chief. Specifically, BHRS leadership launched its first culturally informed recruitment brochure, where experience and knowledge of working with African American community members were highlighted. Additionally, the list of recruiting sites where the organization places job postings was expanded to include more diversity. Our ODE team also supported our hiring managers in having a question bank of DEIB questions and encouraged diversity (race/ethnicity, gender, LGBTQ, discipline) on all hiring panels. This work led to going from one African American clinician in 2022 to nine in May of 2023! AACI also hosted two trainings, Putting Hands on.. Intimate Partner Violence in Black/African American Community and Evidence-Based Practices.



## Chinese Health Initiative (CHI)

CHI held a Lunar New Year in-person meeting alongside a number of workshops including “What I Wished My Parents Knew about Mental Health” workshop in collaboration with the Chinese Community Association of Belmont, Redwood Shores, and San Carlos as well as "Love Does Not Hurt: Domestic Violence Awareness Seminar" workshop conducted by CORA and Star Vista. The initiative also hosted a training on *Mentorship as an Intervention*. They were able to take proactive steps and launch a survey for their membership where they gathered feedback on different workshop topics to offer and gather information on current membership needs.

Additionally, they advocated at the March 2024 Board of Supervisors meeting for more awareness of the Chinese Community, they also engaged with North East Medical Services (NEMS) as advisory members for their Music Therapy program (MHSA Innovation). Furthermore, the initiative co-chairs and a long-time member, spoke on Sing Tao Radio Mandarin Channel on youth behavioral Health, CHI offerings and programs, and suicide prevention.



## Filipino Mental Health Initiative (FMHI)

This year FMHI focused on creating more in-person opportunities for members and the broader community to gather, connect, and share resources. During Kapwa Soul Sessions that took place during Filipinx-American History Month and May Mental Health Month, they were able to integrate culturally-affirming practices including storytelling, mindfulness practices, and learning about resources. They also were able to create space during these sessions to discuss the socio-political and global stressors that have impacted marginalized communities. This year was focused on creating safe and brave spaces for folks to dialogue about distressing issues while also promoting diverse behavioral health support options.



FMHI supported the Alliance for Community Empowerment (ALLICE), a Filipino American anti-domestic violence advocacy group, during its 20th Anniversary Gala. This year, the initiative also began planning the 2024 Summer Youth Summit, a culturally attuned and affirming space for Filipinx/a/o youth ages 14-24. The summit will offer experiential workshops and activities focused on behavioral health & wellness, leadership development, career exploration, and ethnic studies. Additionally, FMHI collaborated with the SMC Board of Supervisors to support a proclamation recognizing Asian American, Native Hawaiian, and Pacific Islander Month.

### **Latino/a/x Collaborative (LC)**

Over the last few years the LC has increased its focus on community input and becoming a hub for information sharing, as well as building a broader membership base. They have had growing consistent attendance and have also participated in a number of tabling opportunities, as well as hosted a successful Sana, Sana, 10th anniversary event in South San Francisco as well as a Cesar Chavez event in collaboration with Voices of Recovery.



These events provided BHRS resources, health screenings, workshops culturally relevant artistic expressions, and keynote speakers to share messages around wellness and resiliency. They also continued to have guest speakers offer additional educational and health resources as well as promoted cultural humility opportunities, implemented language access, and supported members in learning about behavioral health services (eg: KARA, BHRS ACCESS Call Center, Suicide Prevention, etc) during monthly meetings. This work was reinforced outside of regular meetings with the LC encouraging membership to attend community trainings such as Applied Suicide Intervention Skills Training (ASIST). During Hispanic Heritage Month, they were honored with a Proclamation and had the opportunity to present on Hispanic Heritage for the first time to the City of Belmont.

### **Native Indigenous Peoples Initiative (NIPI)**

The highlights from NIPI include hosting a Native Heritage Month event, and a Native Heritage gathering as well as continuing to increase awareness of the prevalence and risks of behavioral health challenges in Native American/Indigenous communities & the barriers to seeking treatment.



NIPI also provided a workshop using Sound Bath in a clinical setting as well as medicinal drumming to best meet the needs of the community. Additionally, they are working on a project that teaches the differences between community-defined and evidence-based practices (EBPs). NIPI offers opening blessings of the four directions at events and gatherings for all of our HEIs and BHRS, while also tending to a medicinal garden and NIPI space within the SMC Phoenix Garden. This space has become a gathering place for the initiative, hosting ceremonies and meetings throughout the year. In addition to fostering community, it serves as a place of stewardship, where we care for the land and provide education on wellness.



### **Pacific Islander Initiative (PII)**

The Pacific Islander Initiative (PII) has remained committed to reducing stigma and increasing awareness and resources around behavioral health and suicide prevention within Pacific Islander communities. Over the past year, PII supported key events such as the Sister to Sister: Ride with the Waves Leadership Conference and the Be Sensitive, Be Brave Suicide Prevention training, helping disseminate BHRS resources and access information. The initiative’s co-chairs, in collaboration, were honored with the AANHI Heritage Month proclamation from the SMC Board of Supervisors.



PII also hosted the Journey to Empowerment: Arts and Voices Exhibit and supported community-focused events, including the 5K Turkey Trot, Pacific Islander Wellness Gathering, and Essence of Mana Village Walk, where participants engaged in wellness activities and learned about SMC behavioral health resources. In 2023, the initiative experienced leadership transitions, with new leadership from Samoan Solutions stepping in. The initiative is still seeking a second co-chair, with the HEI Coordinator serving as interim co-chair. To ensure sustainability, PII has worked to establish systems of operation and promote opportunities for data collection through community input. These efforts reflect their ongoing dedication to empowering the Pacific Islander community and enhancing access to behavioral health resources.

## Pride Initiative (PI)

The Pride initiative has seen great growth throughout the last few years with such high community and local government official support of the Pride Parade and Celebration. This event, the largest of its kind in San Mateo County, offers attendees access to BHRS information and resources. Featuring over 30 resource tables, it showcases local community-based organizations providing information on social supports. As the Bay Area's largest sober, pet- and family-friendly event focused on behavioral health, it plays a vital role in reducing stigma, promoting wellness resources, and offering opportunities for health screenings. The event continues to grow, and reach diverse community members within the LGBTQ+ population including transgender men/women, gender non-conforming, and gender non-binary folks as well as more representation of race/ethnicities. Additionally, this initiative has changed its agenda to also include program presentations from community-based organizations, to learn what LGBTQ+-oriented services are available in the community. The initiative also collaborates with the LGBTQIA+ Commission, the Pride Center, CoastPride, and other community organizations to honor Transgender Day of Remembrance. This event featured an altar, a reading of the names of transgender individuals who have been murdered and served to raise awareness, reduce stigma, and share BHRS resources.



## Spirituality Initiative (SI)

SI continued to provide support to its members, as well as held a number of events including Healing Connections Open Mic, as well as the Annual Interfaith Day of Prayer for Behavioral Health, and hosted a, "Telling Our Own Stories" training that focused on recovery as a spiritual journey. They also had monthly presenters as well as opened and closed each of their meetings with a healing poem, prayer, or wellness quote. The SI also continued to work closely with CBOs as well as continued to ensure that consumer perspective is incorporated in initiative leadership. The initiative collaborated with the San Mateo County Office of Equity and Social Justice to host an anti-hate webinar titled Honoring Our Shared Humanity: Countering Islamophobia and Antisemitism. Additionally, the initiative supported numerous events by providing tabling, resources, and BHRS support.



## Community-Informed Culturally Responsive Improvement Process

This process was created in 2018, and throughout the years has been used on a wide variety of issues that are reported by community members, and then action is taken by ODE. It was designed to make culturally responsive improvements to the greater behavioral health system. It also serves to reinforce the role of the DEC as a part of policy and systems change and strengthens the exchange of information between the DEC, QIC, the HEIs, and the BHRS Director. This exchange of information then leads to continuous quality improvement of services. A wide range of issues have been addressed using this model including, creating spaces for mothers and families in the county to process, response efforts including supporting parents, youth, and a local school after one of the students died by suicide. ODE and HAP provided onsite support to school staff and Latinx families following the incident including to the mother that lost her child. This work led to families impacted wanting to become Health Ambassadors and continue their learning and involvement with BHRS. Additionally, San Mateo County was struck with another tragedy that involved a response to a mass shooting incident in Half Moon Bay. The ODE team and Director provided guidance on a culturally informed response for Latinx and Chinese communities, addressing behavioral health needs, language access, appropriate housing, and ongoing support services. The ODE Director assisted in coordinating a collaborative response including various departments, community-based organizations, and Stanford.



# Criterion 5: County Mental Health Plan Culturally Competent Training Activities

Criterion 5: Describe the organizations efforts to ensure that staff, and service providers have requisite attitudes, knowledge, skills, ability to deliver culturally competent services

- a. Narrative summary of steps taken to provide cultural competence trainings to staff in last 3 years
- b. List of CCC goals, objectives, activities, trainings and learning series Analysis of effectiveness of CCC trainings such as pre/post test results

Trainings in the area of cultural humility are designed to reduce health disparities in our community, provide instruction in culturally and linguistically competent services to improve services, increase service access, and build capacity and understanding by partnering with community groups and resources. Trainings are also created and implemented by the Health Equity Initiatives.

A number of trainings were implemented by the Health Equity Initiatives, including:

- Putting Hands on... Intimate Partner Violence in Black/African American Community
- Evidence-Based Practices
- Mentorship as an Intervention
- Cultural Humility 101
- Sound Bath in Clinical Settings
- Be Sensitive Be Brave



The Workforce Education and Training (WET) Team of the Office of Diversity & Equity provides programs that build the capacity of the workforce, community providers, and consumers and family members primarily through training/education/development. It is imperative for underserved, marginalized community members and populations to have timely access and links to services provided by the county and for our workforce to be skilled in culturally responsive and trauma-informed practices. These communities include ethnic/racial communities, community members with limited English proficiency, and members of the LGBTQ+ communities. However, there are sometimes barriers that may hinder the timely access to services. Some of those barriers might include a lack of language services, issues around cultural humility, lack of knowledge of trauma-informed care practices, and/or recovery as a lifestyle. WET activities help to reduce stigma and discrimination by training providers and community members. Most workforce education activities have an indirect impact however, without it, members of the community may suffer a lack of access to services or insufficient services. By attending some events as a constant presence, trust is built, and communities are more likely to reach out when they or



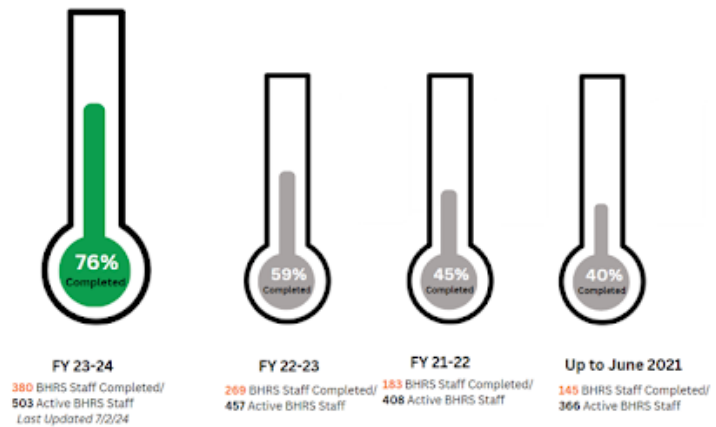
someone they know may need services. The WET department tracks two important equity measures

- (1) Percent of staff that have taken at least 3 Harvard Implicit Association Tests
- (2) New staff members being trained in Cultural Humility 101 within the first 90 days of employment.

### Cultural Humility 101 Training BHRIS Workforce Training Percentage of Completion

All BHRIS staff are required to complete Cultural Humility 101 as per our Policy 18-01: Cultural Humility, Equity, and Inclusion Framework established in February 2018. Since 2017, 759 BHRIS staff have completed the Cultural Humility Training. Dr. Melanie Tervalon previously delivered a system-wide 3-hour training on Cultural Humility. These trainings


### Cultural Humility 101 FY 23-24



are now provided by the Cultural Humility Community of Dialogue Cohort (CHCOD). A biyearly intensive Training of Trainers (TOT) was completed in the 2022-2023 fiscal year to expand the pool of trainers with 5 new members that include both BHRIS and contract staff. The TOT format and materials were updated during fiscal year 21-22 to include more current information and activities, with the guidance and support of Dr. Melanie Tervalon. There was a significant increase in training participation from 94 in FY 21-22 to 171 in FY 22-23 to 321 in FY 23-24. With our Health Ambassador Program, the CHCOD also created a subcommittee in 2023 to begin working on the Spanish adaptation of our CH 101 curriculum, with the intention to pilot the course next fiscal year.

### Working Effectively with Interpreters in a Behavioral Health Setting

Since the inception of this training in 2010, BHRIS has trained a total of 455 staff. There has been a slight decrease in the number of staff that have been able to take this training due to a change in training provider in FY 23-24. New staff are informed of the requirement to attend “Working with Interpreters in a Behavioral Health Setting” during New Hire Orientation.



Fiscal Year	Cultural Humility 101 (# of participants)	Working Effectively with Interpreters (# of participants)
2021-2022	94	74
2022-2023	171	46
2023-2024	321	0 (refer to Criterion 7)

### Challenges

Some challenges with the trainings have been facilitator availability, staff engagement, and Zoom fatigue. The Cultural Humility Cohort often troubleshoots to find ways to engage the staff deeply with the material including the addition of mixed media such as videos to the training. Investing in the Training-of-Trainers (TOT) was crucial to ensuring more people are able to train staff. This upcoming fiscal year the cohort will be focusing on updating data collection tools e.g.: pre and post-tests for this training and continue the transition to hosting trainings in person. There were previously several staffing challenges within the WET team, but with the recent hiring of a Director and training support staff, they are now able to collaborate with the team to ensure the successful coordination and delivery of trainings. In addition, a guide for participants taking virtual trainings was developed using the principles of Cultural Humility as a foundation. The Cultural Humility Group started work at the end of this fiscal year to prepare for another TOTs for next FY.

### Cultural Humility 2.0 Training

A team of Cultural Humility trainers and the ODE Director have come together to collaborate with Dr. Melanie Tervalon to create and launch Cultural Humility 2.0. This new training will focus on reviewing the framework of cultural humility and additionally allow participants to practice their skills, implement the skills in their professional interactions, learn about each other through interactive activities, and continue their lifelong learning. This training is currently being developed and we are hopeful for a 2025 launch date.





## How to be an Effective Interpreter Training

This interpreter training (focused on behavioral health needs) continues to be inactive due to contractual challenges with language providers, the greatest challenge being that BHRS would have to cover the cost for all interpreters' time to take this training. In 2023, approval was granted by one of our language assistance services providers to add an introductory document/information on BHRS to their existing compliance checklist for interpreters. Specifically, for our in-person interpreters, this would allow them to become familiar with SMC practices prior to being scheduled and attending an interaction with a BHRS client. This will be implemented in FY 24-25, as the BHRS Language Access Liaison continues to work closely with County language contractors to adapt their practices to the behavioral health setting.

## Sexual Orientation and Gender Identity Training

BHRS ODE rolled out the Sexual Orientation and Gender Identity (SOGI) training and data collection tools in 2017. Since then, this work has continued to be important in collecting baseline data and being able to analyze gaps that could then lead to a reduction of health disparities experienced by LGBTQ+ folks by normalizing conversations about aspects of their identities that have a direct impact on their health. Currently, this work is supporting the standardization of how information is collected to better serve our LGBTQ+. The population assessment highlights significant health disparities affecting LGBTQ+ individuals. Through this training, we aim to enhance the inclusivity and quality of services while improving data collection and analysis to identify and address existing gaps.

<b>Fiscal Year</b>	<b>SOGIE (# of participants)</b>	<b>Implicit Bias(# of participants)</b>
2021-2022	140	357
2022-2023	123	44
2023-2024	105	69



## **Implicit Bias Training**

As part of our MCOB work and staff feedback, this training was created and rolled out in collaboration with a partnering organization in FY 21-22. This training was also part of our BHRS equity metrics. These trainings help staff identify implicit biases and how they affect interactions and communications with others. During the training they also explore personal biases using the Harvard Implicit Bias Test and then discuss the influence of biases on their work. Opportunities for these trainings are also being extended via the DEC, as part of their identified strategic goals to advance workforce education and development. The DEC is working closely with the WET team to provide implicit bias training opportunities in FY 24-25, and in this way also support BHRS' contracted providers in meeting their annual cultural competence training requirement.

## **Difficult Conversations Training**

Another training topic under development was reported as a need by BHRS staff and is focused on having difficult conversations in the workplace. In 2024, the ODE team began working collaboratively on developing and preparing to roll out a new training around holding difficult conversations for the BHRS workforce. This training aligns with the BHRS Multicultural Organization Development Plan (MCOB) and will be delivered through an equity- and trauma-informed lens. The training is designed to equip workforce members with skills and strategies to navigate challenging conversations which include DEIB components with clarity, cultural humility, and professionalism. Attendees will learn concrete, step-by-step approaches to identifying potentially difficult conversations and effectively understanding, preparing for, and conducting them. Upon completing the training, participants will gain skills to enhance communication effectiveness, promote understanding, incorporate cultural considerations, and foster a more harmonious work environment. The training will be available to the workforce at the end of FY 24-25.

## **Cultural Considerations: Responding Multi-Culturally with CLAS via Cultural Complexities in Assessment, Diagnosis and Engagement**

As part of its MCOB and CLAS initiatives, the WET team worked to secure this training in response to the increasing need for behavioral health providers to effectively navigate cultural complexities in clinical practice. Successful behavioral health outcomes rely on accurate clinical assessment, diagnosis, treatment planning, engagement, and service delivery. As the diversity of communities seeking services continues to increase, providers must be equipped to navigate these complexities from the start of clinical

engagement. This training presents a cultural framework designed to help clinicians systematically address the unique needs of individuals, families, and communities, ensuring a more effective and culturally engaged approach to assessment, diagnosis, and treatment planning.


**Race, Health, and Equity Training**

This training was implemented in 2019 and in 21-22, the training had been taken by 951 health workforce members. This training is brought to us by the Health Government Alliance on Race and Equity (GARE) cohort. This cohort is part of a greater national network of government working to achieve racial equity and advance opportunities for all. The training covers structural racism, the history of the US, and how it affects racial inequities, as well as where we go from here. A 21-Day Racial Equity Challenge was also launched to accompany this training, this challenge has been hosted 4 times and had 36 participants.

Fiscal Year	Race, Health and Equity (# of participants)
2021-2022	416
2022-2023	250
2023-2024	29

**Additional Trainings**

The GARE Race, Equity, and Health Training provides a space to deepen our collective understanding of the roots and consequences of racism. Post-training evaluations from FY 23-24 show that 90% of health workforce members increased their understanding of existing inequities and the role of racism as a cause. Additionally, 62% reported greater comfort discussing racial equity, and 82% gained new knowledge about resources and training options. The 2024 GARE survey revealed that 92.7% of health respondents found racial equity training and workshops useful, while 97.4% reported feeling comfortable talking about race. As a follow-up to this training, the 21-Day Challenge was created. It addresses the critical issue of racial equity, with all challenge content available virtually. The goals of the 21-day racial equity



challenge is to: deepen understanding of racism, privilege, and equity; engage in meaningful conversations about racism and equity in the workplace; and foster actions, perspectives, and collaboration that accelerate progress toward racial equity in our workplace. BHRS ODE and the HEIs supported two 21-Day Challenges: one in observance of Native American Heritage Month and another during Pride Month.

In Fiscal Year 2023-24, BHRS also supported the development and launch of a new pilot training for BHRS and Aging and Adult Services managers and supervisors titled **Guidance and Training for Supervisors and Managers: Supporting Staff Amid Implementation of SMCH Policy A-44**. This training emerged from a comprehensive process involving Health staff and focus groups aimed at understanding experiences of racism and intersecting biases faced by employees while working in the community or with clients. The findings led to a series of recommendations, including the need for structured guidance and training to help supervisors, managers, and colleagues effectively support staff when such incidents occur. The pilot training is designed to inform the broader implementation of this training across Health. Its goal is to foster a shared culture of safety where conversations about racial equity are normalized, and staff feel empowered to speak up, seek support, and collaboratively address challenges. This effort is part of ongoing work to create an equitable, inclusive workplace that prioritizes belonging and continuous improvement. In the first, month 44% BHRS staff were trained with more training opportunities programmed for next FY.

**San Mateo County Office of Equity and Social Justice All Staff Trainings:** The County's commitment to equity is reflected in its comprehensive countywide training initiatives. These programs are designed to deepen understanding of key equity concepts and promote more inclusive practices across all County operations. In FY 23-24, County staff had the opportunity to participate in the Foundational Equity Training: Cultivating More Equitable and Inclusive Communities. Supported by the County Executive, this training aimed to establish a shared understanding of equity and create conditions that advance equity in every aspect of County work. Looking ahead, the Office is preparing to roll out a new training, Advancing Equity: Understanding Sexual Orientation, Gender Identity, and Expression. This program will equip staff to engage clients and colleagues with dignity and respect, fostering a culture of inclusivity. Additionally, the Office has introduced the Equity and Belonging: Fundamentals Learning Badge to encourage staff to participate in other DEIB (Diversity, Equity, Inclusion, and Belonging) training opportunities across the County.

# Criterion 6: County Mental Health Systems Commitment to Growing a Multicultural Workforce

- Criterion 6:** Describe the extent to which the agency and its members participate in the community as well as what degree the community are actively engaged in agency activities.
- MHSA workforce assessment (ie staffing classification and bilingual capability)
  - Analysis of workforce assessment and compare with general population (census, medical, poverty)
  - Summary of how we will target and grow a multicultural workforce in the future

## Behavioral Health Career Pathways Efforts

The Multicultural Organizational Development (MCOd) is an organizational change framework utilized by BHRS to advance equity, diversity, and principles of cultural humility and inclusion in the workplace. The past three years have been dedicated to building a better infrastructure and updating the MCOd action plan to include trauma-informed practices to support the advancement of this framework. In FY 22-23, a new Program Coordinator was brought on board to support MCOd implementation and progress. Their primary focus was to build staff engagement and meet with previous Executive Sponsors of the work to understand the success and challenges of implementing the original MCOd Plan activities.

Staff engagement opportunities included an “MCOd Tour” relaunched and updated in 2023 to reintroduce the MCOd purpose, plan and discuss current needs with BHRS workforce.

The anonymous evaluations conducted during these presentations provided key information to understand workplace climate and staff-identified priorities. Second, informal “Meet n’ Greet” meetings began to create an opportunity for staff to learn about DEIB activities and broader efforts across our organization. Some of the topics covered included Language Access resources, introduction to BHRS Workforce Education & Training, and Introduction to Prevention & Early Intervention (PEI) programs like the Parent Project© and Photovoice. These meetings were not only informative but also created opportunities for BHRS staff to actively engage in PEI activities.






One opportunity that grew out of these activities was for BHRS clinicians to become trained facilitators in the Loving Solutions curriculum. A Parent Project® junior course that targets unwanted child behaviors in children ages 5 to 10 years old, by utilizing the same principles from Parent Project® and adapting them to fit the needs of parents and caregivers of younger children. With this added group of facilitators, this course will be made available to BHRS clients in 2025 and will become part of a clinician's clinical toolbox.

Another area of priority was the continued alignment with the Trauma & Resiliency Informed Systems Initiative (TRISI) & County DEIB efforts. The ODE Director and MCOD Program Coordinator joined the TRISI cohort, County Health GARE group, Trauma Learning Collaborative, and County Core Equity Team to better align BHRS equity efforts, work collaboratively, and inform our MCOD action plan updates. In FY 23-24 an official merge occurred between TRISI and MCOD, the Program Coordinator began working with a TRISI consultant and larger cohort to integrate TRISI principles into the updating of the MCOD action plan 2.0. Work began by comparing the feedback gathered from staff during the MCOD presentations and the results from the 2023 Trauma-Informed Organizational Practices Assessment (TIOA) and Employee Engagement.

The information was presented to BHRS leadership in March 2024 to identify next steps and possible changes to the MCOD structure. The MCOD coordinator also began meeting with members of the Office of Improvement and Innovation to stay up to date with BHRS'

MCOD Feedback	TIOA Feedback
<p>"Addressing staff concerns about <b>safety</b> should be paramount. All staff should feel <b>comfortable</b> in sharing concerns about <b>equity and inclusion</b>-- if that's not happening, that is a really serious problem."</p>	<p>"The common challenges across the categories included <b>burnout, secondary trauma</b>, understaffing, lack of support (to include mental health support), lack of <b>psychological safety</b>, lack of collaboration or communications (between people, departments, or leadership), top-down leadership."</p>

areas of priority and alignment. An MCOD steering committee has been approved and members will be identified in 2025 to begin working on specific action items and tracking metrics. Simultaneously while we continued to work on updating the action plan, some action items identified in the first plan were elevated and advanced by our Health System administration. Examples of this include the development of the Diversity, Equity, Inclusion & Belonging Recruitment Checklist. BHRS worked with the Health Administration team to create first, a Health-wide recruitment interview "Question Bank." Then, collaborated to create a hiring/recruitment checklist that includes DEIB



questions into a County Health hiring checklist. An interactive tool was created in direct response to BHRS staff and client feedback on the challenges experienced when recruiting and hiring diverse staff. This checklist was piloted with BHRS hiring managers in Summer 2024, with the goal of expanding to the rest of the San Mateo County Health System in the coming year. Another example of this Health wide reach includes the development of San Mateo County Health Policy A-44, implemented in December 2023, and subsequent leadership training on Behavior Expectations for Clients, Patients, and Visitors. Also, a project that began within BHRS after conducting an assessment that identified the need for guidelines to ensure a safe, secure, respectful, and healing environment for everyone, including patients, clients, visitors, providers, and staff. Both cases demonstrate the far reach of the MCOD framework and activities beyond BHRS and the strong collaborative partnerships established within our broader system of care. This work has had ripple effects throughout the county, informing other divisions, departments, and the County equity efforts, including informing our County Health Social and Racial Equity Action Plan (SREAP) and creating system change. Specifically, through DEIB work completed in BHRS, we have supported the SREAP areas of training, engaging workforce, cultural consultation, Lunch and Learns around language access, GARE Seed Lab (communications), Cultural Humility Trainings within 90 days of hire, annual BHRS Cultural Poll, 21-day challenge.

### **Recruitment and Retention Opportunities**

In partnership with CalMHSA, the WET Team offered opportunities to support retention efforts through the Education Loan Repayment Program (ELRP) and retention bonuses. These programs were designed to provide financial incentives to retain qualified, eligible employees within San Mateo County's Integrated Behavioral Health Care system. Recipients who met the eligibility criteria for either program committed to a 12-month service obligation. These financial incentive strategies are an integral component of the Statewide MHSA WET plan. The Educational Student Loan Program (ELRP) offered staff loan repayments to individuals identified by their positions that are hard to fill or retain within the clinical practice setting. Staff retention bonuses were focused on staff who mirror the ethnic, cultural, and linguistic backgrounds of the communities they serve. With over 190 applications submitted overall for both programs, the team was able to award its highest amount of awards to workforce members with each awardee receiving \$7,500.

Total BHRS employees awarded: 100

- Retention Stipends: 73
- Educational Student Loan Program Awards: 27



## **Affinity Groups for Staff**

A pilot program was launched in November 2022 of six staff affinity groups. These groups are intended to enhance a sense of belonging in the work place, especially for colleagues that experience marginalization. These groups were offered monthly and included groups for staff that identify as: Asian/Pacific Islander, Black, Latinx, LGBTQIA+, have disabilities, and White Allies.

## **Additional Efforts to Growing a Multicultural Workforce**

In response to staff feedback and the objectives outlined in the **BHRS Multi-Cultural Organizational Development (MCOB) plan**, Behavioral Health & Recovery Services (BHRS) began developing a Special Assignments policy. Special assignments will be projects outside an employee's regular duties designed to align with their career goals, agency priorities and initiatives, and succession planning. These assignments will connect employees with the broader organization to work on shared objectives, offering opportunities to develop new skills, collaborate with others, engage more deeply in their work, and increase job satisfaction and longevity. They will allow individuals to make meaningful contributions in areas they are passionate about or skilled in, without detracting from their day-to-day responsibilities. This initiative will support BHRS's commitment to advancing diversity, equity, inclusion, belonging, and trauma-informed systems. By fostering transparency and collaboration in decision-making and policy development, the policy will ensure that those most impacted have meaningful opportunities to participate, as emphasized in the MCOB plan.

BHRS established a dedicated committee to create a recruitment pathway for recently graduated students, allowing them to apply for BHRS positions while in the process of obtaining their registration with the Board of Behavioral Sciences (BBS). Historically, our system faced challenges retaining these individuals, as registration was a prerequisite for applying to social work or marriage and family therapy positions. This new pathway will enable BHRS to engage and retain talented graduates, providing them with an opportunity to contribute to the workforce while completing their registration, ultimately strengthening our ability to meet the needs of the communities we serve.

In May 2024, the BHRS ODE Director participated in the Student Success Panel at Palo Alto University, alongside two other psychologists. The Director shared insights with current students pursuing bachelor's, master's, and doctoral degrees about community behavioral health and careers within county organizations. The presentation aimed to inspire students to explore various professional opportunities while highlighting BHRS internship and workforce offerings.





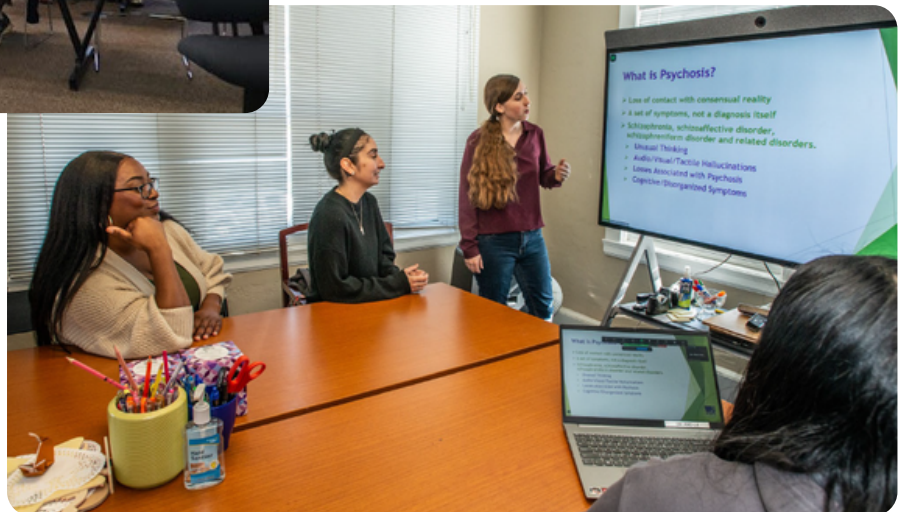
## Cultural Stipend Internship Program (CSIP)

The WET team of the Office of Diversity & Equity oversees the management and implementation of the CSIP program. This program provides an opportunity for BHRS clinical interns to pair with a specific Health Equity Initiative (HEI) and develop projects focused on the demographics of their respective HEI. CSIP recipients are selected based on 1) expressed interest in and commitment to cultural awareness and social justice in the community and clinical settings 2) personal identification with marginalized communities 3) and/or lived experience with behavioral health conditions. Priority is also considered for those interns with non-English language capacity and cultural identity with that language. During FY 23-24, four students submitted applications for CSIP consideration. Of the four candidates, all were selected based on their qualifications and dedication to advancing BHRS' efforts at creating a more inclusive community.

Below are highlights from the last round of CSIP projects:

- Diversity and Equity Council- “Retrospection”: This project was intentionally chosen to encourage a reflective approach to assist in identifying the considerations that brought individuals to this specific point in their journey. The purpose of the project was to highlight the identities, cultural backgrounds, and collective experiences of the council members. Additionally, this project helped to illuminate stigma, encourage collaboration, and highlight individual passions while normalizing diversity.
- Native and Indigenous Peoples Initiative - “Sound Bath Healing.” This introduced Sound Baths as a tool for clinicians to serve community members and was an exciting addition to SMC’s care delivery approaches. By encouraging a relaxing and meditative state, this healing method creates an opportunity to align the Vagus nerve.
- Spirituality Initiative - “The Medicine Wheel”: The Lakota Medicine Wheel was introduced as a tool to strengthen recovery for those navigating substance misuse concerns. This tool helped community members locate additional purpose during their recovery journey within themselves. It was introduced to encourage balance, introspection, and strength in identifying areas of improvement.
- PRIDE Initiative - “SOGIE Data Collection Guide”: The creation of a helpful and much-needed tool for our clinicians to hold difficult conversations regarding sexual orientation and gender identity. This project created brochures in English and Spanish and was identified as a need by our clinicians and data analysts. Upon reflecting on our data measuring demographic information, two areas showed a deficit in data collection.

These internship efforts are largely supported by our WET Internship Coordinator, who has played a pivotal role in strengthening the internship program, fostering partnerships with local academic institutions, and creating a sustainable recruitment pathway for BHRIS. The program has grown significantly and formalized its processes and procedures over the past year, which has been supported by the hiring of a limited-term WET Internship Coordinator. This role has facilitated an increase in the number of interns who contribute to our programs and strengthen our workforce. However, the limited-term nature of this position, set to expire in 2026, poses a challenge to sustaining and expanding this progress. To ensure the continued success of the program and its critical role in workforce development, we hope this position will be approved as a permanent role.

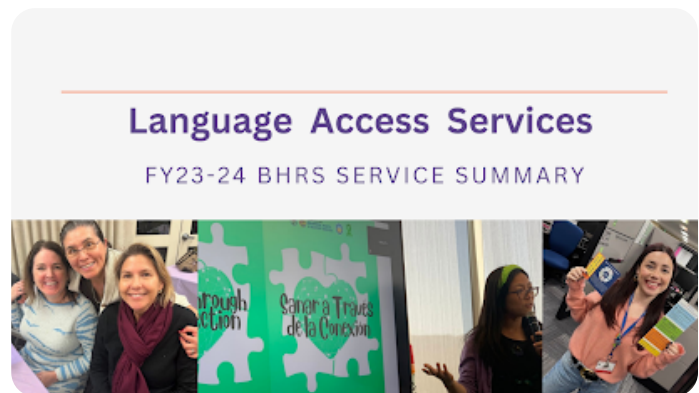


# Criterion 7: County Mental Health System Language Capacity

**Criterion 7:** Describe the delivery or facilitation of a variety of services offered equitably & appropriately to all cultural groups served.

The County of San Mateo's increasing foreign-born population continues to be linguistically diverse. More than 46% of the County population five years of age and older spoke a language other than English at home; of this population, 45% spoke English less than “very well”. The California legislature requires DHCS to implement requirements for language group concentration standards through its contracts with Medi-Cal managed care counties. In addition, counties must ensure equal access to health care services for limited English proficient (LEP) members through the provision of high-quality interpreter and linguistic services, and that translated written informing materials must be provided to all monolingual or LEP members that speak the languages identified by DHCS for the county service area.

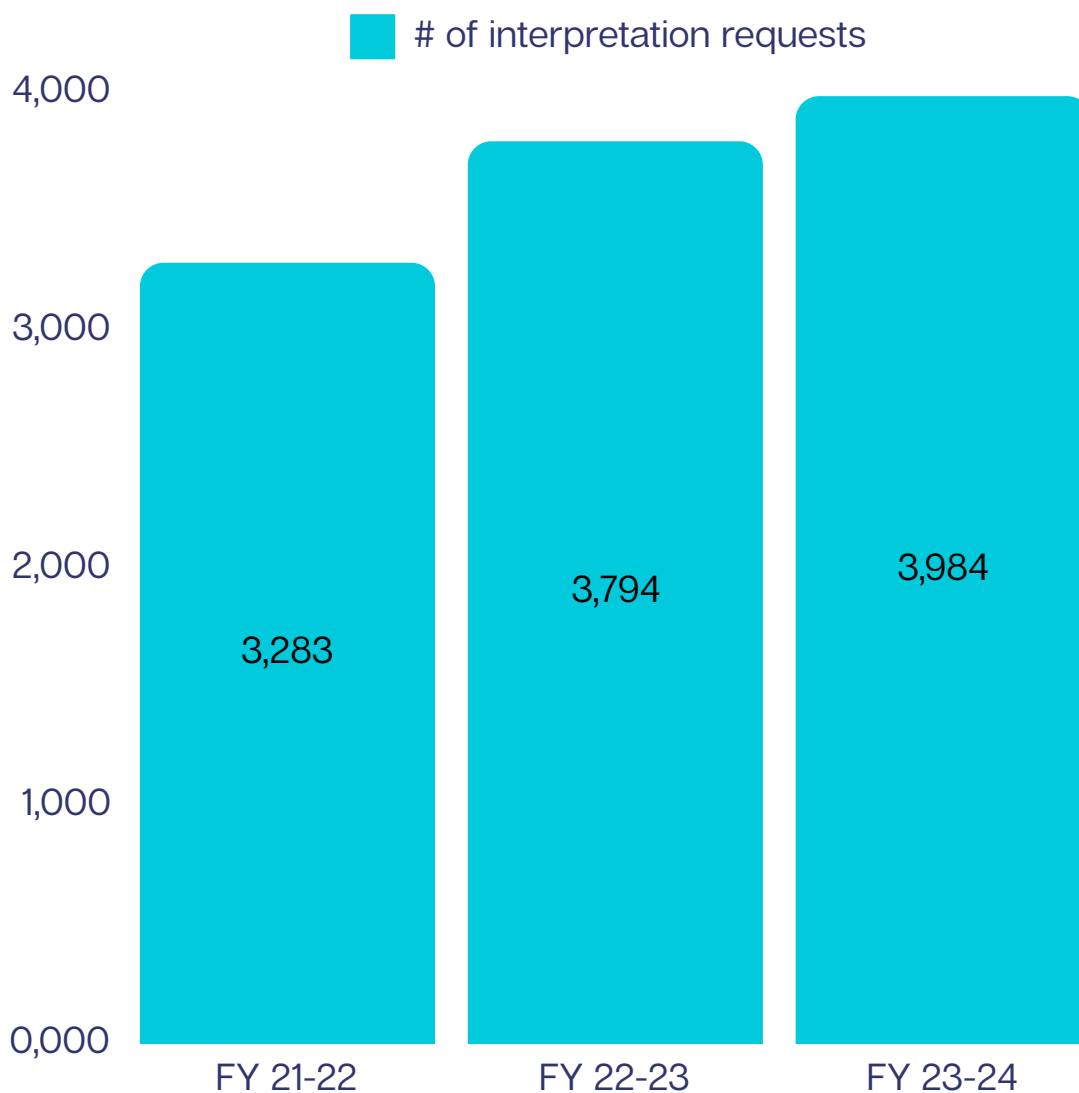
As of July 2021, DHCS informed the County of San Mateo that according to the language group threshold standards, the county would be required to provide translated materials in Spanish, Chinese (Mandarin and Cantonese), and Tagalog.<sup>23</sup>



In addition, our partners at the Health Plan of San Mateo identified Russian would also be included in the required languages. The Health System identified Tongan and Samoan as priority languages based on a growing number of clients served. and emerging languages such as Arabic, Burmese, Hindi, and Portuguese. In compliance with federal and state regulations, the County of San Mateo Behavioral Health and Recovery Services (BHRS) Language Assistance Services (LAS) program provides health system staff with in-person, video remote and telephonic interpretations services and translation of written materials to enrollees and potential enrollees at no cost.

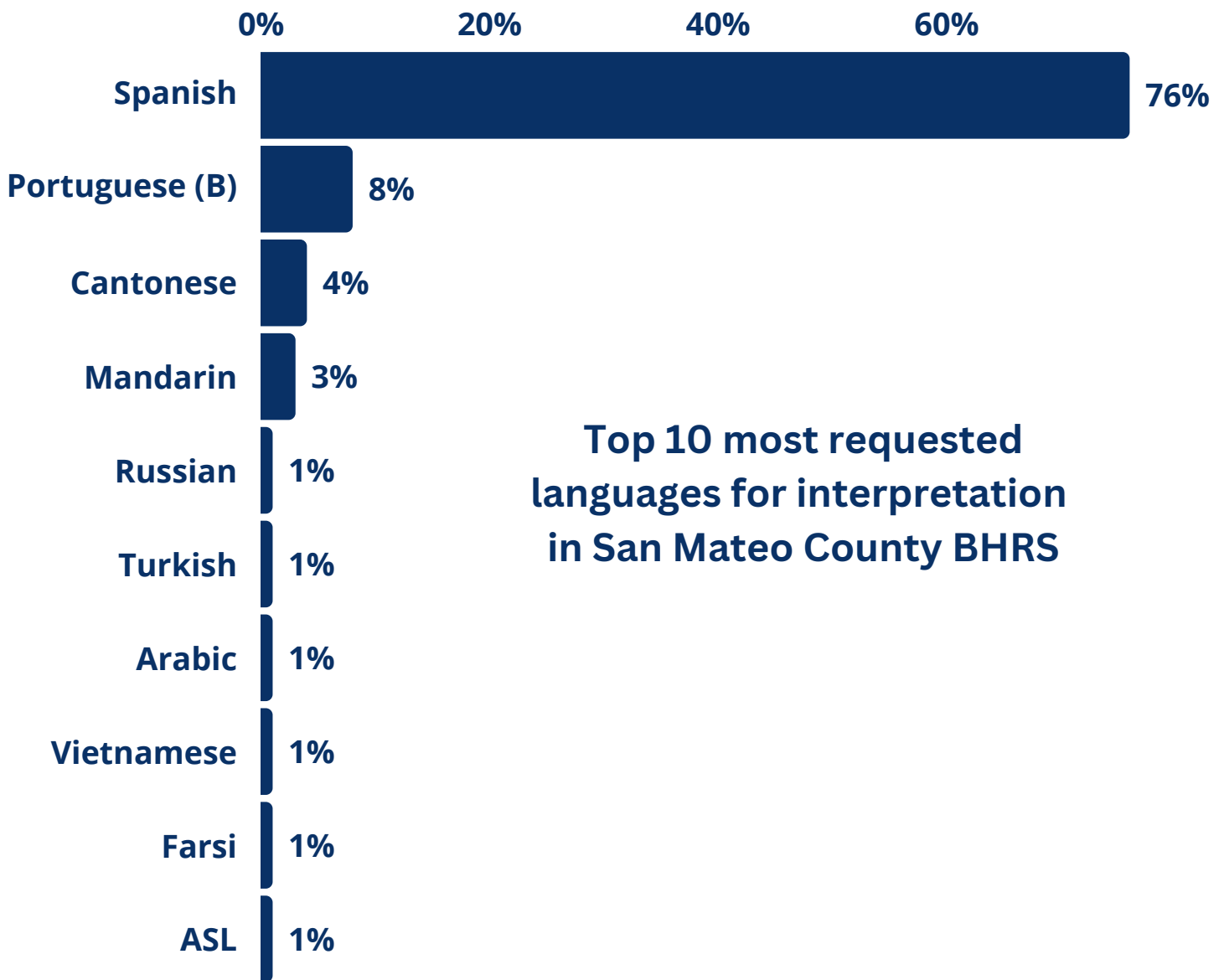


In FY 2023-2024, BHRS saw 3,984 unique requests for interpretation services, of which, 2% were for video remote interpretation, 12% for in-person, and 86% for telephonic interpretation. There were 36 unique requests for translation of written materials. A total of 32 different languages were requested for interpretation during interactions with BHRS. Spanish continues to be the most requested language at 76% and for the first time Turkish and ASL made the top ten list for most requested languages. BHRS has also seen a continued increase in Brazilian Portuguese speakers over the last three years. To meet the language needs of our diverse communities, BHRS continues to work closely with County Health leadership to ensure we have access to various resources. We work collaboratively with other County Health Divisions to troubleshoot issues and improve utilization.



For our workforce, we are reinstating our required “Working Effectively Interpreters” training, after a year-long hiatus. This training was paused in FY 23-24 while we worked to identify a new facilitator, in Spring 2024 we secured a contract with the National Latino Behavioral Health Association to provide this training and another one to support existing bilingual staff working within BHRS. In addition, BHRS is also working to support our contracted providers to expand their language access capacities. BHRS will be launching a pilot to connect specific contractors that support SUD services, with our telephonic interpretation services to promote usage and client access to care.

**BRHS Top 10 Languages**





In 2024 BHRS became co-chair of the Language Justice Workgroup which is a subgroup of the Cultural Competency, Equity and Social Justice Committee (CCESJC), a committee of the County Behavioral Health Directors Association (CBHDA). The mission of this workgroup is to work with counties across the state to learn, guide and promote best practices of language access to ensure equitable behavioral health care for Limited English Proficient (LEP) individuals. In 2025, this group will be working on a broader language plan that provides guidance on the assessment, modalities, notices, training, and evaluation of language access services.



# Criterion 8: County Mental Health System Adaptation of Services

## Client Driven Programs

**Criterion 8:** List and include brief description of county's client driven/operated recovery and wellness programs (ie centers, drop in centers, client-run programs etc.) and which of these programs are racially, ethnically, culturally, and linguistically specific

a) Describe beneficiary problem resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve grievance and

## Internal BHRS Programs

- Older Adult System of Integrated Services (OASIS): OASIS serves a client population that is aging, increasingly fragile, and medically complex. OASIS clients come into the program with multiple co-occurring conditions related to physical health, cognitive impairment, substance use, functional limitations, and social isolation in addition to their serious mental health conditions. This requires more hands-on case management support and assistance to enable these clients to remain living in a community-based setting. The case management provided also necessitates greater collaboration among the OASIS psychiatrists and primary care providers due to complex medical conditions and comorbidity with their serious mental health conditions.
- Health Ambassador Program (described in criterion 3)

## BHRS funds several client-driven programs in the community including:

- Senior Peer Counseling Services: These services are provided by Peninsula Family Service, which recruits and trains volunteers to serve homebound seniors with support, information, consultation, peer counseling, and practical assistance with routine tasks such as accompanying seniors to appointments, assisting with transportation, and supporting social activities. The Senior Peer Counseling program has been expanded to include Chinese, Filipinx, and LGBTQ+.
- The Health Ambassador Program- Youth (HAP-Y): The Health Ambassador Program for Youth (HAP-Y) engages youth aged 16-24 in training and workshops focused on behavioral health and mental wellness. This program aims to empower young adults to serve as behavioral health ambassadors within their communities, helping to reduce stigma, raise behavioral health awareness, advocate for change, and share vital resources. To prepare youth for this role, HAP-Y offers a comprehensive 14-week training program that includes psychoeducation and suicide prevention workshops. In the current fiscal year, HAP-Y served 47 unique participants and reached 1,167 individuals through various program components. Evaluations revealed that 100% of participants agreed the program "provided me with knowledge and skills that I will continue to use." This year marked a significant milestone with the first in-person cohort since 2019, allowing HAP-Y to expand its reach to the Coastside community.

## The San Mateo County Pride Center

- The San Mateo County Pride Center, led by StarVista in collaboration with Outlet of Adolescent Counseling Services and Peninsula Family Service, fosters a safe, inclusive, and affirming environment for individuals of all ages, sexual orientations, and gender identities. Its mission is to support personal growth, health, and thriving through education, counseling, advocacy, and community support. By providing behavioral health services, resource navigation, and social and educational programming, the Pride Center addresses the disproportionately high rates of depression, anxiety, suicidal thoughts, substance use, homelessness, and discrimination faced by the LGBTQ+ community. Its holistic, collaborative approach reduces stigma while improving access to and quality of behavioral health services. Some highlights include, obtaining support by a grant from Kaiser Permanente Northern California Community Benefit Programs, the Pride Center launched the Resource Roadmap campaign to support transgender, gender-diverse, and nonbinary individuals. Additionally, in partnership with Mission Hospice, the center hosted an LGBTQ+ grief group, further expanding its vital programming.
- Client Information and Demographics can be found on the next page.



# Welcome!

The San Mateo County Pride Center  
is a place where you can be you.

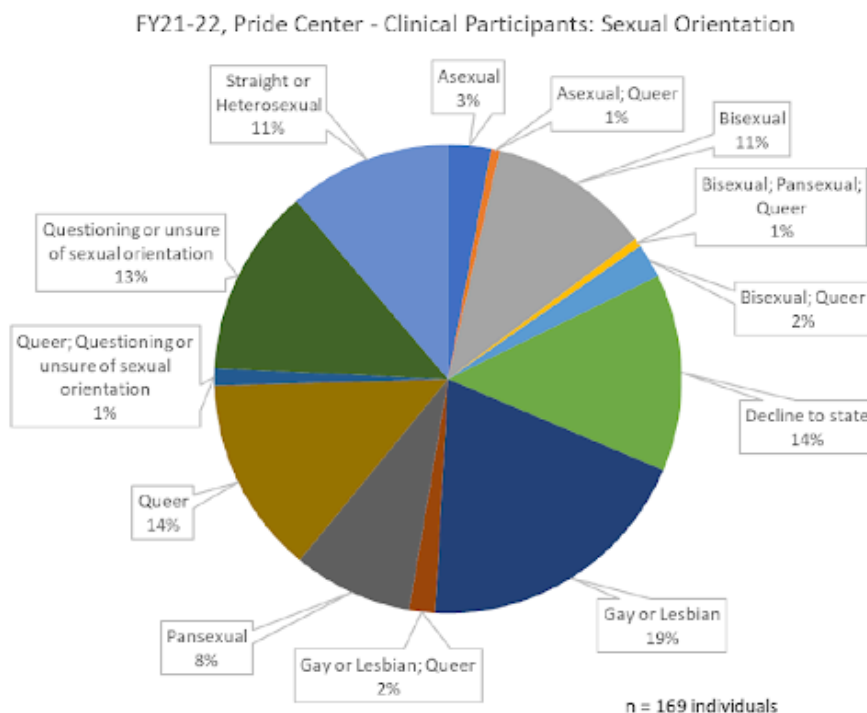
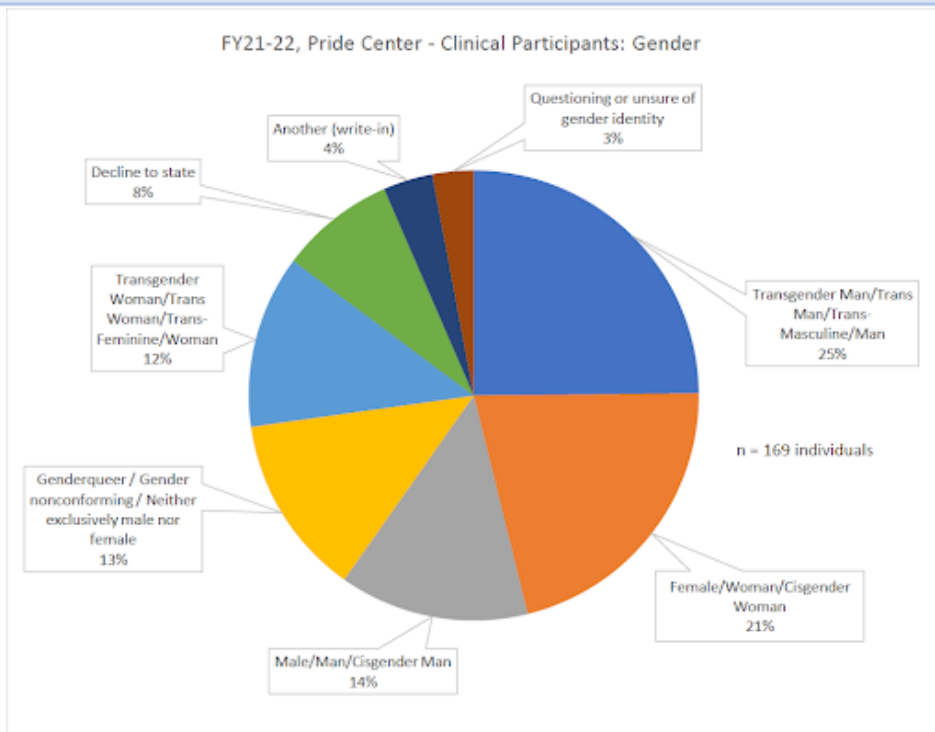
As the first of its kind in San Mateo County,  
we recognize, affirm, value, and support  
all LGBTQ+ individuals, families, and friends.

**We're glad you're here!**



# SMC Pride Center: Client Information and Demographics

Referral Information	
Total number of referrals received to the program	182
Total number of referrals that resulted in program enrollment (number engaged)	107
<b>For programs with a clinical primary program component ONLY:</b>	
Average duration of untreated mental illness	Data not available
Average length of time between referral date and enrollment date	37 Days
Minimum length of time	1 Day
Maximum length of time	219 Days





### California Clubhouse

- The California Clubhouse is a peer-led community-centered organization where adults with behavioral health challenges can go every day during business hours to work on overcoming obstacles they face. It offers support, training, education, employment, healthy social interactions, and positive reinforcement through collegial relationships and work.


### Edgewood Drop-In Centers (DIC), North and South

- Full-Service Partnership (FSP) Wraparound operated by Edgewood Center for Children and Families offers: 1) a comprehensive FSP Turning Point program provided to children, youth and their families; 2) comprehensive FSP Turning Point program and Drop-In Centers provided to transition-age youth (TAY) and their families; and 3) integrated FSP Short-Term Adjunctive Youth and Family Engagement (SAYFE) wraparound services provided to children, youth and transition-age youth within the BHRS outpatient, Therapeutic Day School and the regional behavioral health clinics. FSP Wraparound services are based on clients' individual needs and goals, with a commitment to do "whatever it takes" to help them progress toward recovery, health, and well-being.

### Outreach Collaboratives

For FY2023–2024, SMC BHRS providers reported that there were 8,928 attendees at all outreach events, which reflects a 62% increase in total attendance compared to FY2022–2023 (which saw 5,519 attendees). The attendance at group outreach events increased by 72% between FY2022–2023 and FY2023–2024. The attendance at individual outreach events showed a modest increase of 10%, with an additional 90 attendees served in FY2023–2024 than in FY2022–2023.

- North County Outreach Collaborative (NCOC): NCOC consists of five partner agencies: Asian American Recovery Services (AARS), Daly City Partnership (DCP), Daly City Youth Health Center (DCYHC), Pacifica Collaborative (PAC) and StarVista (SV). The NCOC aims to connect people who need support around mental health, alcohol/other drug treatment, medical, and other social services. The NCOC is constant in reducing stigma and discrimination of mental illness along with alcohol and other drug issues by increasing awareness of available resources through education and creating access to care for those in the community who are underserved.



NCOC continues to establish and nurture effective relationships with culturally and linguistically diverse community members to assist in increasing Behavioral Health and Recovery Services capacity and performance in addressing the specific needs of their various populations located in the North Sector of San Mateo County such as Filipinx, Pacific Islander, Latinx, Chinese, and LGBTQQ.


- In FY 23-24, AARS partnered with other Pasifika organizations and community leaders to host these monthly events. Their goal is to build community by providing safe/brave spaces and having cultural activities and conversations regarding various topics and help share resources and make connections and referrals. Some community facilitators and topics were PasifikaByDesign-Stop the Hate Anti Racism Campaign, MANA-Movie Night, Pasifika Urban Roots-Shadow Work, AMU- Murder Mystery, MANA-Movie Night, Heal & Paint, SF Hep B Free, Hep B Awareness and Weaving, SCDC – Wellness and Music, PIONEERS LIT Council(Youth Lead)- Heal & Paint Nurturing the VA, Pacific Islander Initiative- Art & Voices Exhibition.
- In FY 23-24, DGP offered workshops on how to reduce stigma and discrimination regarding mental health. Workshops are done within their communities and schools when needed. Workshops are being offered on-site and virtually, based on preference. At DGP, they offer services at no cost to clients. The ability to provide this service makes it one less barrier that clients face. All clients are given tools to help them better work through behavioral health issues that they are facing.
- In FY 23-24, DCYHC created a position for a Behavioral Health Manager that works closely with their Intake Coordinator to streamline the referral process. DCYHC created a refined system for their referral process that resulted in more referrals coming from their community and increased the number of individuals established at their center. All clients are contacted, and appointments are made within a week of receiving the referral. DCYHC kept track of timely access on their Avatar electronic health records system.
- In FY 23-24, the PAC and Pacifica Resource Center worked together to ensure that underserved populations receive referrals and timely linkages to services. PRC's Houseless on the Coast team implements consistent outreach to folks living in RV's, vehicles, and encampments in Pacifica. The consistency of this outreach, over time, creates a trusting relationship with the outreach workers and allows for information to be shared without fear or mistrust.



- Pacifica School District provides fiscal oversight of the Pacifica Collaborative contract and is now regularly providing information to the parents and student body of Pacifica School District. PSD also refers families to services at the Pacifica Resource Center that include linkages to food, rental, and housing assistance. Addressing the mental health needs of children and families helps to address the many health disparities that can arise from untreated mental illness including prolonged suffering, homelessness, and school dropout rates. The outreach efforts to the Chinese community are two volunteers from the Pacifica Resource Center who are available to interpret for both Mandarin and Cantonese speakers. There are set times during the week when they are available, and appointments are scheduled accordingly. Phone appointments have allowed families to be connected to services through these interpretation services. Promotion of the Chinese Referral Line includes postcard-sized cards at food distribution sites and in the curbside book pickups at the Pacifica Libraries, 200 cards were distributed throughout the past fiscal year. Additionally, Covid-19 printed materials about testing and vaccination resources were included in food distribution boxes, in-person congregant senior lunch programs, and through the library. Lastly, links to services were shared during collaborative meetings, on social media, and through youth-led Podcasts.


#### The East Palo Alto Partnership for Behavioral Health Outreach (EPAPBHO)

- EPAPBHO Collaborative is comprised of community-based agencies from the East Palo Alto region of San Mateo County to provide culturally appropriate outreach, psycho-education, screening, referral, and warm hand-off services to East Palo Alto region residents. One East Palo Alto (OEPA) served as the lead agency and worked in collaboration with El Concilio of San Mateo County (ECSMC), Free at Last (FAL), and 'Anamatangi Polynesian Voices (APV).
- EPAPBHO partners facilitate connections between people who may need mental health and substance abuse services or other social services and relevant programming and/or treatment by:
  - Performing initial screening and engaging potential clients.
  - Provide brief interventions to engage clients.
  - Refer members who may need behavioral health services to appropriate agencies in the SMC BHRS system of care for assessment and follow-up treatment as needed.

- 
- Additionally, for most clients, continued support is needed to encourage participation in follow-up treatment. On many occasions, this means providing transportation when the services are outside of the East Palo Alto community, making a phone call as a reminder and as needed, accompanying individuals to sessions.
  - In FY 23-24, APV recognized that a multi-level approach to addressing the issues experienced by youth and young adults (in-school students and out-of-school) has been the intervention needed to succeed in serving families. As yet another successful, intervention provided by Mamadee ‘Uhila is her work at the Juvenile system in the County. Mamadee has been working with young people who have been referred to her by County Probation to provide intervention for these young men and their families. With her cultural/linguistic intervention, Mamadee has been successful in serving young men and their families and connecting them to other programs in the community.
  - ECSMC continues to excel in engaging community members, identifying their behavioral health needs, and connecting them with services. For example, a single mother of two visited ECSMC after her electricity had been shut off for two days. She was understandably worried and concerned because her food had spoiled. An ECSMC Case Worker promptly assisted her in submitting a LIHEAP application, resulting in her electricity being restored within a few hours. She was also connected with Nuestra Casa and the Ecumenical Hunger Program (EHP) for meals and groceries to support her family in the coming weeks. Grateful for the assistance, she expressed significant relief. During their work with her, staff also recognized an opportunity to connect her with behavioral health counseling, and she was successfully referred for additional support.
  - FAL continues to support individuals on their recovery journey, offering ongoing assistance to those managing co-occurring conditions or mental health challenges. FAL maintains a strong partnership with the East Palo Alto System of Care, which includes the Ravenswood Community Health Center, EHP, and the East Palo Alto Community Counseling Center. Staff members provide vital support to individuals transitioning from residential treatment, helping them find employment, connecting them with SLE housing or shelters, and facilitating reunification with their families when appropriate.

### **The Barbara A. Mouton Multicultural Wellness Center (The Mouton Center/TMC)**

- Since the pandemic, TMC gradually opened its programming hours and activities to the community during last fiscal year and has since, expanded



programming this year. A great success for The Mouton Center is the launching of Wellness Wednesdays for the community in May 2023. Wellness Wednesdays are sessions that are open to the community to come and focus on their wellness while enjoying a healing activity. Topics and activities have included painting, candlemaking, journaling, sharing one's narrative, musical breathing, coloring one's calm, etc. During one of the sessions, a TMC client shared his excitement about returning to the wellness center, expressing gratitude for the opportunity to participate. He mentioned feeling consistently welcomed and relaxed whenever he attends, highlighting the positive impact of the center on his well-being.

### The Coastside Collaborative

- During FY23-24, the regular attendees at Coastside Collaborative meetings included representatives from Youth Leadership Institute (YLI), El Centro, La Costa Adult School, City of Half Moon Bay, Cabrillo Unified School District (CUSD), Ayudando Latinos a Sonar (ALAS), and Community Alliance to Revitalize Our Neighborhoods (CARON). The collaborative implemented a Google Group and Shared Drive to facilitate mutual resource sharing among members, helping to streamline communication and collaboration within the Coastside Collaborative. YLI coordinated various presentations and workshops that emphasized opportunities for multisector and cross-collaboration. These included sessions from La Costa Adult School on the community schools grant updates on the Cabrillo Unified School District's workforce housing project, mold prevention strategies, Half Moon Bay's Downtown Streetscapes Project and the Opportunity Center of the Coastside, and youth internship opportunities available during the summer. This next fiscal year, the Coastside Collaborative aims to boost resident and youth involvement by increasing participation in meetings and initiating more projects, while improving visibility through events and outreach efforts. They plan to strengthen engagement from Coastside organizations by increasing outreach efforts, enhancing member commitment, and advancing health equity initiatives. Key activities include organizing events like the Wellness Festival and Farmworker Bike Event, increasing outreach through partnerships and a shared calendar, and tracking participation with SMART metrics. Additional goals include reaching more residents and youth, preparing to include youth on the steering committee by the beginning of next fiscal year, and growing Collaborative membership.




## **Anti Stigma Initiatives**

- Behavioral Health Awareness and BeTheOne SMC Campaign. The BeTheOneSMC is San Mateo County’s anti-stigma initiative and aims to eliminate stigma against mental health and/or substance use issues in the San Mateo County community. #BeTheOneSMC can mean many things to different people. #BeTheOneSMC’s main message is that you can be that ONE who can make a difference in reducing stigma and promoting wellness in the community.

## **Primary program activities and/or interventions provided include:**

- Annual May Mental Health Month (MHM) Observance: This is one of the biggest mental health observances of the year for San Mateo County. San Mateo County aligns with the statewide efforts and 2024 theme “Heal Through Connection.” The 2024 May Mental Health Month (MHM) consisted of the following:
  - Planning Committee which provided guidance and oversight for the MHM activities in San Mateo County. Planning committee members included clients/consumers, family members, county staff, and community-based organization staff. Planning committee meetings convened from February 2024 to June 2024.
  - Advocacy Days are various days in April and May where community members can make public comments and advocate for behavioral health at local city and county meetings that proclaim May MHM and some local governments also light their building in green for May MHM.
  - Mini-Grants and Event Support is an opportunity for County and community partners to apply for a modest amount of monetary funding (\$200-300) and event support for their May MHM event. The process includes application, selection, event support, deliverable review, and fund disbursement.
    - Event Support includes
      - Input/ideas on event theme, programming, communication/outreach, and logistics (up to 2 hours consultation).
      - Speakers with lived mental health and/or substance use experience.
      - Digital stories for screening.
      - Photo voices for exhibits.
      - Event templates (flyer, presentation slides, chat script).
      - Event promotion on website and social media (Facebook, Twitter, blog, and email networks).
      - Interpretation/translation with SMC Health Contractors.

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- Communication Campaign which promoted May MHM through the below communication channels.
  - The website included a schedule of events, ways to get involved, and resources for behavioral health.
  - The social media campaign included social media posts across San Mateo County Health Facebook, Instagram, Twitter, and BHRS Blog. Among Facebook, Instagram, and Twitter, the hashtags #SMCAgainstLoneliness and #MayMentalHealthMonth were featured and shared by organizations and individuals.
  - Email Blasts – Weekly email blasts were distributed to behavioral health staff, community partners, and community members.
  - Outreach Materials – Outreach/promotional materials included t-shirts, tote bags, lanyards, pop keychains, ribbons, and printed materials created by County and state.
  - CARE Court began in San Mateo County on Monday, July 1, 2024. The Community Assistance, Recovery, and Empowerment (CARE) Act is a new law that provides community-based behavioral health services and supports to those living with untreated schizophrenia spectrum or other psychotic disorders through a new civil court process. It is designed to disrupt the revolving door of homelessness, short-term hospitalization, and incarceration for those with untreated serious mental illness. The evidence-based program will connect eligible adults in crisis to a CARE Agreement or Plan, which may include comprehensive treatment, housing, and supportive services for 1 year and may be extended for up to 12 additional months if needed. CARE will serve people who need help most and work with clients and their families to help them towards recovery so they can remain in our community and thrive.
  - CalAIM Beginning in March through November of 2024, BHRS staff and providers completed monthly trainings necessary to implement CalAIM, the reformation of the Medi-Cal system, into practice. In addition to the trainings, resources have been set for staff, from monthly updates on the internal BHRS newsletter, and direct lines of communication to provide TA, to CalAIM specific intranet page with training information and videos.
  - Mobile Crisis Team In 2024 the San Mateo County Mobile Crisis Response Team launched 24/7 service anywhere within San Mateo County. Over the past year, the team has responded to over 80 clients during behavioral health crises.



## OCFA grievances

The BHRS Office of Consumer and Family Affairs (OCFA) supports the grievance process, they aid in resolving concerns about individual rights related to BHRS services provided, as well as with contract providers. The average days to resolution are 39.3 days, with the longest being 103, which is an increase from the last 3-year plan where the longest time was 89 days and the average was 24 days. Grievance categories span access, to abuse, neglect, and exploitation, as well as timely response and customer service with the largest category being quality of care. The OCFA team holds an equity lens when reviewing and resolving grievances analyzing data by race, ethnicity, and language points.

FY 22-23, 93 grievances were received, and the grievances for mental health decreased, however, they increased for AOD and decreased for youth. The highest proportion of grievances was for Medi-Cal recipients and the highest category of grievances was for quality of care. Latinx clients filed the most grievances.

The improvements that were made because of the grievances were:

- ACCESS reviewed and edited their script to explore additional resources.
- AOD also contracted an agency to improve discharge.
- AOD detox programs improved procedures and training requirements.
- Canyon Oaks Youth Center updated its internal grievance process that meets Medi-Cal requirements.

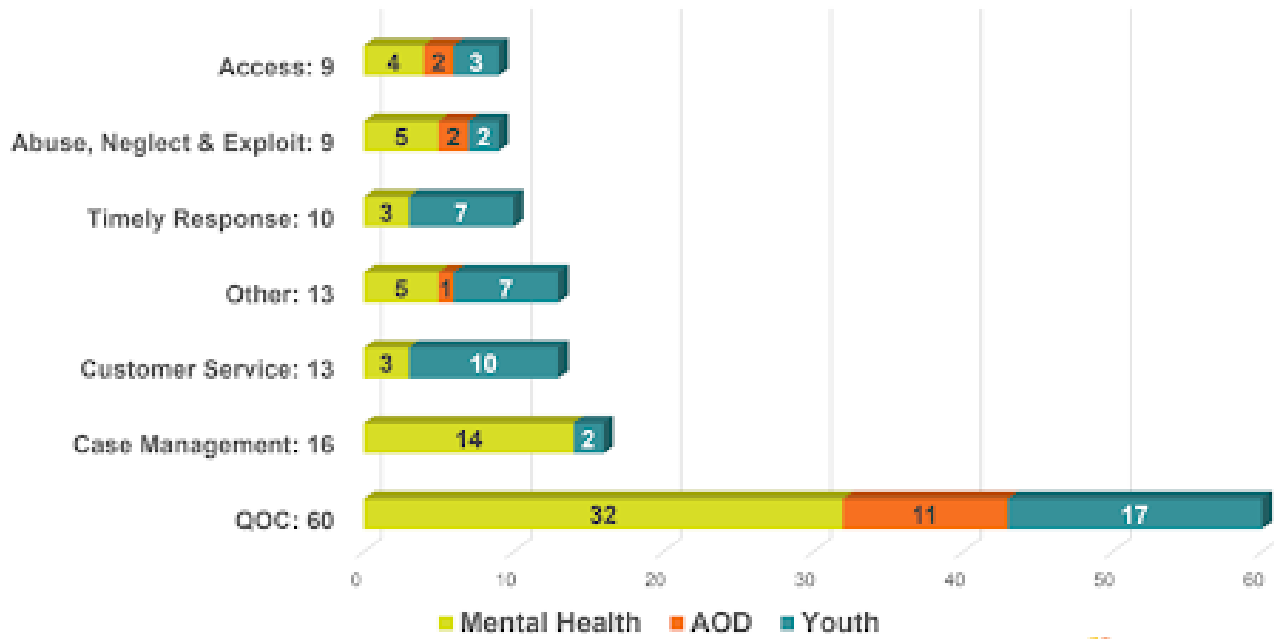
Please refer to the grievance category data and ethnicity of clients filing grievances on the next page.



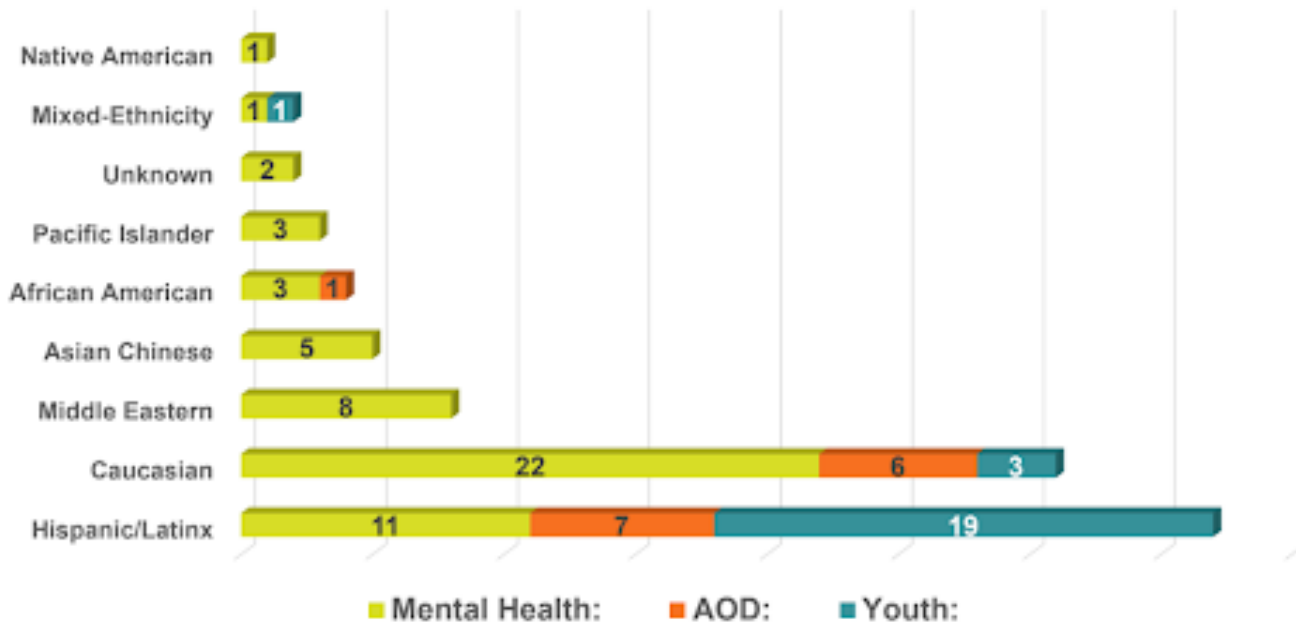


## OCFA grievances Data

# Grievance Categories



# Ethnicity of Clients Filing Grievances





.OCFA provides support for the following programs:

- **Peer and Consumer and Family Partners:** (Described in more detail under Criterion 3)
- **The Lived Experience Education Workgroup (LEEW)/Lived Experience Academy (LEA):** (Described in more Detail Criterion 3).



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The work, progress, and integration of DEIB and trauma-informed care, along with system changes in our BHRS efforts, are a direct result of our invaluable partnerships. While there are too many to name, we express our deepest gratitude to each of you for supporting our behavioral health system of care, our workforce, and, most importantly, those who face barriers to accessing culturally responsive care and the individuals we are privileged to serve.