



DIRECTOR'S NEWSLETTER: Advancing Health Equity



Health equity is defined by the CDC as the state in which everyone has a fair and just opportunity to attain their highest level of health. While there may be uncertainties regarding the future of health equity today, it remains a fundamental value for San Mateo County Health and BHRS. A critical effort that we support is the development of Cultural Competency Plans (CCP). These Plans are created to outline how programs and teams ensure equitable access to services and how providers demonstrate how equity is embedded into their everyday work. There are many efforts related to equity that exist in BHRS but this newsletter will highlight a handful of details included in the CCP. While there is more work to be done, we are proud of how equity has driven our work for decades to ensure that residents can thrive.

Health Equity Initiatives

The Health Equity Initiatives (HEIs) serve as a vital strategy to ensure equitable access to behavioral health services across San Mateo County communities. Funded by the Mental Health Services Act and housed within the Office of Diversity, HEIs help BHRS remain linked to the pulse of communities in the county. They work to reduce stigma, educate and empower community members, and promote the delivery of culturally responsive services. HEIs also serve as a platform for advocacy, especially for behavioral health clients. The timeline below outlines the establishment of the various HEIs and key events over the years.

1998

The Cultural Competence Committee, later known as the Diversity and Equity Council (DEC) is established to ensure that topics related to diversity, health disparities, health equity and cultural humility are reflected in SMC's mental health and substance use services.

2004

Proposition 63 is enacted into law as the Mental Health Services Act, providing funding to counties for personnel and resources, leading to the creation of HEIs. These Initiatives aimed to improve access and quality of care for underserved, unserved and inappropriately served cultures and ethnic communities.

2006

Pacific Islander Initiative (PII) and the Filipino Mental Health Initiative (FMHI) are created after a needs assessment in 2005 identified service needs among Pacific Islander and Filipino communities.



2007

African American Community Initiative (AACI) and Chinese Health Initiative (CHI) are formed as a result of BHRS service providers and community members acknowledging a need for providers that reflect and understand the communities being served.

2008



Latino Collaborative (LC) and PRIDE Initiative are formed, reflecting the County's continued commitment to delivering services that reflect the needs of the specific populations and communities.

2009

BHRS Office and Diversity and Equity (ODE) is formally established.

2010

The Spirituality Initiative is formed to help the County develop policies that integrate spirituality with behavioral health services.



2011

BHRS allocates funding and provides paid time for BHRS staff and additional funding to contract agencies to serve as HEI co-chairs.

2012



The Native American Initiative is formed to help address the chronic health conditions affecting Native American community members.

19 years after the start of the first Initiative, nine HEIs continue to plan and implement activities in collaboration with other County staff, community partners, consumers/clients/family members and community stakeholders. Activities include educational resources (translated in different languages); facilitated training on culturally-responsive practices, workshops, support groups and community outreach. Through the creation of HEIs, BHRS has established a decade-spanning framework that keeps the communities we serve at the forefront of our work.

For more information on HEI's, including the meeting schedules, please visit smchealth.org/health-equity-initiatives or email Tia Bell, HEI program coordinator at tbell1@smcgov.org.

BHRS Contract Monitoring Prioritizes Equity

The BHRS Alcohol and Other Drug Services (AOD) provider network depends on contracted community services to deliver prevention, treatment and recovery services to San Mateo County. Our substance use treatment provider network includes 25 facilities that offer a full continuum of services, and 10 partners focused on prevention. The AOD Contracts, Compliance and Monitoring Team is responsible for developing and overseeing contracts and services to ensure adherence to federal, state and local requirements. Throughout AOD's contracted community services, these contracts are designed to ensure that the services provided prioritize equity in a consistent, systemic manner.

In partnership with the Office of Diversity and Equity, the AOD Contracts, Compliance and Monitoring Team implements a yearly monitoring procedure to ensure The National Culturally and Linguistically Accessible Standards (CLAS) are maintained across all AOD contracted providers. This effort aims to promote health equity and improve access to care and health outcomes for the entire community while addressing health care disparities. Annual site visits include evaluations of BHRS cultural competency standards through various methods, including:

- Ensuring each CLAS Standard is associated with policies and procedures that ensure compliance with cultural competency.
- Verifying completion of required annual cultural competency trainings among staff.
- Evaluation of the facility environment and materials, which includes:
 - Availability and clear display of materials in key languages and cultural representation in facility displays and materials.
 - Accessibility of interpretation services.
 - Language access: reviewing substance use providers' effort to recruit, train and promote diverse staff that represents demographic patterns of the service area.
 - Data collection on client's cultural background, race, ethnicity, spoken and written language, gender and sexual orientation to assist in determining the appropriate diversity of services needed to best serve the health care needs for the county.
- Conducting client chart audits to assess cultural and linguistic needs are being met; ensuring proper language assistance and culturally appropriate interventions are present in treatment planning.
- Monitoring the incorporation of cultural competency standards into service delivery, especially for specialized programs like perinatal services where gender-specific and culturally appropriate care is essential.



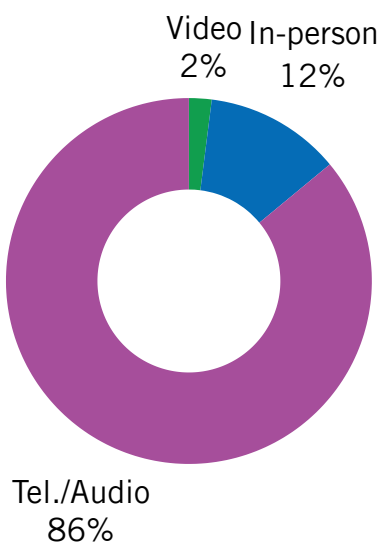
These monitoring efforts have resulted in improved provider performance and enhanced service delivery across our system of care. For questions on BHRS AOD Cultural Competency, please contact Meron Asfaw, BHRS analyst, at masfaw@smcogv.org.

By Melina Cortez, BHRS analyst II, AOD Contract Compliance and Monitoring Team. Melina recently celebrated 20 years of service with San Mateo County. Her passion is advancing diversity and equity in the community and she has extensive experience working with youth and the most vulnerable populations within SMC.

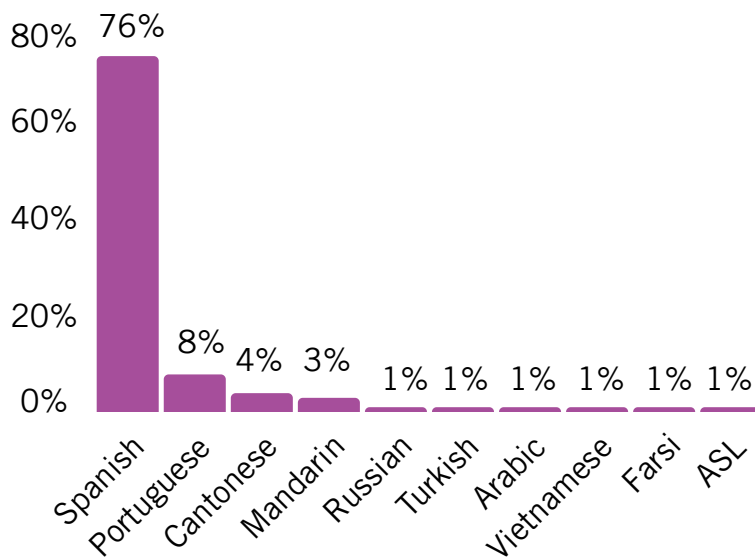
Advancing Language Access and Culturally Competent Services in BHRS

Did you know we speak over 30 languages in San Mateo County? Last fiscal year, BHRS made close to 4,000 requests for interpretation services and supported clients in 32 different languages. As part of our core mandates with the Department of Health Care Services (DHCS), BHRS is required to provide services and materials in the primary language of our clients to ensure equitable and quality care. And while our current County threshold languages are identified as Spanish and Chinese, we continue to go above and beyond to meet the needs of our diverse communities. Internally, we also work to support our workforce in the utilization of these language resources by providing trainings, technical assistance and tracking utilization across our division.

Language Interpretation Mode



Top 10 Most Requested Languages for Interpretation



To learn more about how we continue to advance culturally and linguistically appropriate services at BHRS, check out the newly submitted three-year [Cultural Competency Plan](#). Key areas of focus in the report include our commitment to cultural competence as a system of care, strategies for reducing disparities, efforts to grow a multicultural workforce and enhancing language capacity. Additionally, the plan highlights our dedication to advancing Diversity, Equity, Inclusion and Belonging (DEIB) and trauma-informed systems within our organization. This submission highlights the trends, challenges and accomplishments of BHRS during fiscal years 2021 through 2024—a period marked by significant transitions as we collectively recover from the COVID-19 pandemic, welcome new leadership and prepare for statewide systemic changes.

Thank you, BHRS, for your unwavering commitment to fostering equity, inclusion and belonging in behavioral health care. Together, we are making a difference.

For more information on our language access services or cultural competence efforts please reach out to Frances Lobos at flobos@smcgov.org. For BHRS workforce members, please visit the [Language Services](#) page on the BHRS Intranet for more information.

By Frances Lobos, BHRS community health planner and Diversity & Equity Council co-chair.

Behavioral Health Services Act Update: Join the Transition Taskforce

Proposition 1 was approved by California voters in March 2024 to address gaps in the continuum of care for the most vulnerable individuals living with the most severe mental health and/or substance use conditions. Prop. 1 will impact how county behavioral health systems approach funding, programs and client and performance outcomes. Key priorities in Prop. 1 include:

- Integration of substance use and mental health services.
- A focus on the most vulnerable individuals living with serious mental illness (SMI) and/or substance use disorders (SUD).
- Building supportive housing and unlocked community-based mental health and substance use residential care treatment settings.
- Reforming the Mental Health Services Act (MHSA) allocations from a 1% tax on Californian's who have a personal income of over \$1M.
- Fiscal planning and reporting across all behavioral health revenue; not just the millionaires' tax.
- Standardization of outcome reporting across all behavioral health services towards statewide outcomes.

Prop. 1 is composed of two legislative bills:

1. AB 531: Behavioral Health Infrastructure Bond Act (BHIBA): this bill allocates \$6.38 billion for the development of permanent supportive housing for individuals and veterans living with SMI/SUD and behavioral health residential treatment settings.
2. SB 326: Behavioral Health Services Act (BHSA): this bill renames Mental Health Services Act (MHSA) to BHSA to establish an integrated approach to substance use and mental health services and imposes new requirements for MHSA funding allocations to fund to housing interventions, full service partnerships and other core services, including workforce development, peer supports and early intervention

In San Mateo County, a community planning process for the transition from MHSA to BHSA is well on the way. A [BHSA Transition Taskforce](#) will launch in April to help inform priorities as we transition to meet Proposition 1 requirements. If you are interested in joining the BHSA Transition Taskforce, in an advisory role, please complete the following short interest [survey here](#), and MARK YOUR CALENDARS! The meetings will be open to the public:

April 3, June 5, August 7, October 2, 2025, 3:00 – 4:30 pm (hybrid meetings) at Redwood Shores Library, Meeting Rooms A/B, 399 Marine Pkwy, Redwood City. Zoom [link here](#). Dial in: +1 669 900 6833 / Mtg ID: 836 3520 3327.

To learn more about Prop. 1, visit California Health & Human Services Agency Behavioral Health Reform [website](#).



By **Doris Estremera**, Mental Health Services Act manager.