



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**

# Behavioral Health and Recovery Services (BHRS)

## Cultural Competence Strategy Updates (FY22-23)

Updates based on the last San Mateo County Cultural Competence Plan 2021-2022 (please refer to plan for additional detailed activities that are continuing)

To review previous larger 3 year Cultural Competency Plan: [final\\_smc\\_bh\\_rs\\_ode\\_cultural\\_competency\\_plan\\_20\\_21.pdf](https://www.smchealth.org/files/2022/01/final_smc_bh_rs_ode_cultural_competency_plan_20_21.pdf) (smchealth.org)

Goal	Activities/Focus	YEAR TWELVE (2021-2022)	YEAR THIRTEEN (2022-2023)
<p>Systematic Collection of Baseline Data, Tracking and Assessment Provide the mechanisms and processes used for the systematic collection of baseline data, on-going info about groups served. (Criterion 3)</p>	<p>San Mateo County's Behavioral Health and Recovery Services (BHRS) Office of Diversity &amp; Diversity (ODE) Indicators, Demographic Data and Satisfaction Surveys Institutionalize local data review as a practice (plan for demographic changes by region/clinic) Improve data gathering (e.g., unknown, or unreported ethnicity)</p>	<p>San Mateo County's Behavioral Health and Recovery Services (BHRS) continue to support our communities in responding to the impacts of the pandemic. Specifically, impacting change in the percentage of eligible clients who have received COVID-19 vaccination (eliminate any gap between this rate and the countywide rate). BHRS (County Equity Measure) work focused on conducting an outreach campaign that increased rates above the 80% goal for adults, incorporated vaccine outreach into the standard work of clinicians during the assessment process and ongoing care and continue to monitor vaccination rates to evaluate the effectiveness of the standard work. As of November 2022, 94% of BHRS full clients had received at least one Covid-19 vaccination. Additionally, BHRS continues to:</p> <ul style="list-style-type: none"> <li>• support the work of information sharing about Covid-19 vaccination clinics and benefits of vaccinations.</li> <li>• Continue to provide resources for community members to maintain engagement w/ BHRS (Telehealth, virtual meetings, interpreter services at virtual meetings, moving toward hybrid meetings, providing tablets and phones to clients).</li> <li>• Working toward our organization continuing to foster relationship with stakeholders where their voice as experts is included in decision making and they are informed of updates.</li> <li>• Continue workforce wellness activities every April, with focus on trauma informed and racial equity supports and learnings.</li> </ul> <p>In Summer of 2021 our BHRS African American Community Initiative brought to the attention of our director the lack of African American Clinicians within our organization. Through numerous meeting and</p>	<p>BHRS continues to support and address our workforce, partners, clients, and community needs. Through various methods, including activities and projects led by the Office of Diversity &amp; Equity (ODE), BHRS works to create opportunities to collect information, engage stakeholders, oversee work, and communicate needs to better inform service provision and overall system improvements. Below are some of the responses and activities that took place in FY 22-23.</p> <p><b>Service Assessment/Input</b></p> <ul style="list-style-type: none"> <li>• Updated <b>MHSA Three-Year Plan</b> included the perspective of over 400 individuals including clients and family members, community members and leaders representing diverse geographical, ethnic, cultural backgrounds, contracted providers, County staff, and other partner agencies across health, social services, education, and other sectors. Individuals participated via workgroups, input sessions, surveys, public meetings, video testimonials and public comments. This level of participation has surpassed previous planning processes, and it ensures that MHSA funding is prioritized for some of the most pressing gaps in our system of care (<i>please refer to MHSA CPP section</i>).</li> <li>• <b>Community Assessments</b> were conducted via contracted providers to determine how the County can better promote mental health and prevent substance use disorders in the communities they serve, for key groups: 1) African American community assessment led by Bay Area Community Health Advisory Council, 2) Latino community assessment led by <i>Ayudando Latinos A Soñar</i> and 3) Pacific Islander community assessment led by <i>Taulama</i>.</li> <li>• <b>Certified Welcoming</b> by Welcoming America– BHRS ODE supported the San Mateo County (SMC) Welcoming America Certification process, assisting in the process of working towards earning this designation for</li> </ul>

collaborations, these dialogues led to numerous system changes in our hiring and recruitment efforts. Specifically, BHRS leadership launched its first culturally informed recruitment brochure, where experience and knowledge of working with African American community members was highlighted. Additionally, the list of recruiting sites where the organization places job posting's 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. Lastly, in FY21-22 SMC engaged in a Racial Equity Employee Survey. 93% of County staff shared that it is valuable to focus on racial and social equity. Key findings will inform future directions.

During this fiscal year, our San Mateo County's Equity Officer led our county in creating our first Countywide Racial and Social Justice Action Plan 1.0. This plan supports our divisions in working together to share resources, data and creative solutions. Under the Equity Officers directions multiple committees also moved forward the work of creating spaces for racial equity trainings/learning, creation of Community Engagement Toolkit, Equity Impact Assessment Resources, staff Affinity Groups and data portal for SMC workforce. Future work includes the completion of an online SMC Equity Hub.

In FY21-22 BHRS began working on our long-term goal of embedding trauma and resiliency-informed policies and practices at every level of our system (Trauma & Resiliency Informed Systems Initiative, TRISI). The initial phase of this work is starting to create leads, committees, collaborations, and ultimately a road map to support our system toward our long-term goal. This initial work is also being incorporated into the current efforts of our BHRS Executive in creating our BHRS Strategic Plan and updating our Racial Equity work to formally include a trauma-informed lens (i.e.: Racial Equity Card updated to include Trauma-Informed focus).

In January of 2021 our BHRS Executive Team (ET) began working with an expert consultant to 1) Increase the ability of the Senior Leadership team to achieve a racial equity action plan for the organization; 2) Achieve a greater level of understanding and analysis of factors that assist in achieving a focus on racial equity and anti-Black racism within the organization; 3) Continue to develop skills and capacities to

SMC. As a leader in health equity, BHRS was asked to present around equitable access, government, and community leadership. Specific programs highlighted were our Health Equity Initiatives, Health Ambassador Program and our BHRS Cultural Competency Plan.

- **Community-Informed Culturally Responsive Improvement Process:** ODE continues to support culturally responsive improvements to our system. First, by reinforcing the role of the Diversity & Equity Council (DEC), as a space to collect real time stakeholder feedback, and more meaningfully embed it in a feedback loop with the Quality Improvement Committee (QIC). This exchange of information between the DEC, the QIC, the Health Equity Initiatives and BHRS, supports continuous quality improvement of services (*please refer to DEC, HEI, & HAP sections*).



### Workforce Support and Engagement

- In April 2023 BHRS leadership acknowledged staff for their dedication, compassion, and skills, and were appreciated for their commitment, serving our communities and being part of BHRS. This was all acknowledged in a letter that each staff member received, along with a wellness kit to support their individual self-care.
- **MCOE Tour & Meet n' Greet** presentations began to update BHRS workforce on equity work, introduce Trauma and Resiliency Informed Systems Initiative (TRISI) and gather staff feedback on current workplace challenges and climate (*please refer to MCOE section*).

contribute to the ongoing education and transformational change processes necessary to move the organization towards an understanding of the content of a racial equity strategy, in theory, and practice. This work has continued, leading to an ET racial equity presentation, the creation of equity partners within our ET, and standing racial equity agenda items at our Executive and Leadership meetings. During this fiscal year, the ET racial equity core group began working on ET Bylaws while intentionally holding a racial equity lens. This work will institutionalize the importance of diversity (racial, gender, sexual orientation) within the group. Additionally, the entire ET currently can consult with our consultant in relation to diversity, equity, inclusion, and belonging. During this fiscal year, the BHRS director resigned, and we have had an interim director supporting our work and leading our division. The ET equity cohort and consultant have supported this transition and ensured that equity remains core and that our work continues to move forward.

The ODE celebrated 10 years in 2019, however, due to the pandemic there was no highlighting this accomplishment and the work that had been done over a decade. As a result, in 2020 the team began working on a website to highlight the offices equity impact, noting at least 3 impactful community, systemic and or county wide impacts per year. The website was completed, and we will be working with Health Communications on ways to share this informative work that we hope will increase BHRS and Health visibility, encourage trust in our valued community and workforce, encourage diverse hiring candidates. Increase participation in DEIB and share a decade of impact made by many in San Mateo County.



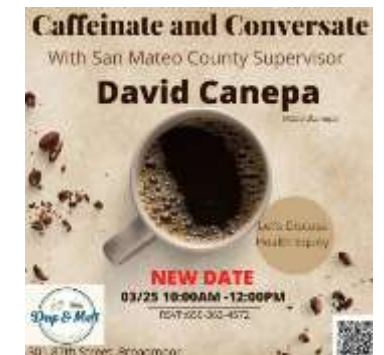
- **SMC BHRS Employee Equity Awards** was expanded to honor managers/supervisors and direct care/administrative team members (*please refer to MCOB section*).
- The Workforce, Education and Training (WET) team introduced the **“WET Spotlight Series”** to highlight and support BHRS units while improving access to CEUs which are necessary for our staff to maintain their licenses and/or certifications. The spotlight series includes recommendation from teams to best address the needs and learning opportunities for our workforce.
- **BHRS Names New Director** -Dr. Jei Africa returns to San Mateo County bringing exceptional leadership experience to BHRS, including four years as the Behavioral Health Director for Marin County Health and Human Services, and prior to that, 11 years as the Director of San Mateo County BHRS ODE.
- **Diversity, Equity, Inclusion & Belonging Recruitment Checklist List developed.** Based on the BHRS MCOB framework goals, BHRS worked with Health Administration to create a Health wide recruitment interview “Question Bank.” Additionally, BHRS collaborated to create a hiring/recruitment checklist that includes DEIB questions into a general County Health hiring checklist. A pilot of the checklist will be completed next fiscal year within BHRS and Aging and Adult Services.
- **Language Toolkit development** -BHRS developed a toolkit based on community feedback to support the use of empowering and strength-based language and to minimize harmful interactions and communications. The toolkit glossary terms were added to the County

Office of Racial & Social Justice Equity Resource Hub webpage. Additionally, a DEIB Calendar is being considered by the ODE team to be an information tool for our BHRS workforce to increase understanding of culturally observed holidays/recognitions. It also serves as a way to learn about available resources that we have for the workforce, clients, and community members. The calendar will inform our workforce of cultural days which should be taken into consideration when planning activities and/or working with clients. Calendar to be completed by next fiscal year.

- San Mateo County developed its first Countywide **Racial and Social Equity Action Plan for FY 22-23**. The Plan includes actions and metrics from 25 departments across the County, including BHRS. These metrics align with BHRS' internal MCOD framework action plan.
- BHRS was consulted and assisted in **responding to an employee concern** in the area of racial equity, supervisors were supported in holding and navigating difficult conversations in the workplace. The incident included two divisions, where collaboration and continued learning was prioritized.

**Community outreach events/response**

- Participation in two **“Caffeinate and Conversate with Canepa”** events hosted by San Mateo County Supervisor David Canepa. On 2/18 the topic centered on mental health following the Half Moon Bay shooting



tragedy and the severe Bay Area winter storms, and on 3/25, a community discussion on advancement of health equity and addressing the gaps impeding access to health services.

- On 3/15 ODE collaborated with retired Congresswoman Jackie Speier and SMC Health to host **“Jackie Speier Dialogue with Latinx Mothers”** (please refer to HAP section).

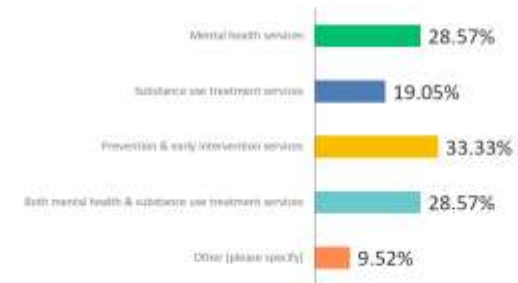
			<ul style="list-style-type: none"> <li>• <b>BHRS response to mass shooting incident in Half Moon Bay.</b> The ODE team and Director provided guidance on cultural response for Latinx and Chinese communities impacted supporting behavioral health needs, appropriate housing needs and ongoing supports. The ODE Director assisted collaborative response with multiple departments, community-based organizations, and Stanford.</li> <li>• <b>BHRS support of employee experiencing racial slurs in local community</b> during work hours. ODE provided guidance, resource, and ongoing support to address situation, and to provide culturally and trauma informed support to employee.</li> <li>• <b>Aragon High School loss of youth to suicide-</b> ODE and HAP provided onsite support to school staff and Latinx families following the incident, including for the mother who lost their child. This work led to a number of impacted families becoming perspective Health Ambassadors and continue their learning and involvement with BHRS. This also led to support for those impacted accessing services (please refer to HAP section).</li> <li>• <b>ODE 10-year anniversary</b> project was integrated into the County website for public view, it includes a chronological list of key events and accomplishments that advanced behavioral health equity in SMC.</li> <li>• <b>Free Tech Support for Clients:</b> BHRS, in collaboration with Painted Brain, is piloting a program through the end of 2022 to offer free on-call technical IT support for BHRS clients, their family members and staff, including those from contracted providers.</li> </ul>
	<p>Review contract agencies' Cultural Competence (CC) Plans annually and provide feedback and recommendations</p>	<p>Eighteen (18) Cultural Competence (CC) Plans received ODE Cultural and Linguistic Standards Team reviewed CC Plans with AOD and provided feedback and recommendations to agencies based on a rubric. Contractors continued to utilize the plan template.</p> <p><b>Summary of Successes 2021-2022</b></p> <ul style="list-style-type: none"> <li>• Increase in submissions (23% increase from last year).</li> <li>• DEC created a subcommittee to support contractors, the Cultural Competence Open Forum. This space to support contracted agency partners in their implementation and reporting of CLAS standards.</li> <li>• ODE began dialogue around improve data collection, specifically reviewing other county processes and ways of gathering information. This work also entailed reviewing considerations with valued stakeholders.</li> <li>• continued to expand virtual trainings and continued discussion with stakeholders regarding hybrid options.</li> </ul> <p><b>Areas of Improvement 2021-2022</b></p>	<p>Twenty (20) Cultural Competence (CC) Plans received out of 41. Contractors provided feedback on their current progress in implementing and advancing the Culturally and Linguistically Appropriate Services (CLAS) Standards. Below are some of the findings from the information reviewed.</p> <p><b>Summary of Successes 2022-2023</b></p> <ul style="list-style-type: none"> <li>• Increase in plan submissions due to new data collection method, information was collected via survey.</li> <li>• Time continued to be dedicated support CLAS advancement during DEC meetings and additional forums.</li> <li>• 95% of contractors have existing policies &amp; practices that support CLAS.</li> <li>• 90% of contractors reported their attendance/participation in DEC, HEIs and/or other community partnerships.</li> </ul> <p><b>Areas of Improvement 2022-2023</b></p> <ul style="list-style-type: none"> <li>• Next FY BHRS will be working to better align data collection with new DHCS CCPR reporting template.</li> <li>• Only 71% reported that their (CBO) staff completed the 8-hr annual</li> </ul>

- Increase rate of plan submission, implementing new survey format for FY 22-23 reports.
- continue to work to disaggregate data that is reported out in order to have a deeper understanding of community and workforce needs. In addition, ODE is participating and leading the Bay Area Ethnic Services Manager regional cohort. This is an opportunity to engage and learn from other jurisdictions, providing a discussion space for best practices to support the needs of the County and State.

training requirement. This upcoming FY the DEC will be working to increase training opportunities to support the completion of this standard.

- The access/availability of language assistance services continues to be a challenge for contractors, 67% reported bilingual staff are their primary resource for interpretation. In the coming FY BHRS will be launching a pilot to support an extension of these resources, please refer to “Language Access” section below.

**What type of contract does your agency/partnership have with BHRS?**



Multicultural Organizational Development (MCOD) an organizational change framework utilized by BHRS to advance equity, diversity and principles of cultural humility and inclusion in the workplace

**1) Multicultural Organizational Development (MCOD)** continues to be a BHRS priority this is being integrated into our system, several subcommittees (lead by Executive Team members) began to meet regularly and complete MCOd action items. Other subcommittees are pending to get started due to changes in executive leadership and overall BHRS priorities. ODE continues to provide monthly updates for BHRS leadership.

BHRS MCOd work has informed both Health and County equity measures via sharing of plan, work completed to retain, promote and hire diverse staff (equity interview questions, posing jobs in diverse recruitment sites, adding language to job posting encouraging diverse candidates, sharing Implicit Bias Training and learnings, Sharing Cultural Humility Training Learnings and sharing demographic surveys previously vetted by stakeholders.

In FY 21-22 ODE began recruitment for a Program Coordinator to support with implementation and tracking of MCOd progress, this position is expected to be filled in 2023.

During this FY MCOd became a standing agenda item at our monthly BHRS Leadership Team meeting and our Executive Team meetings.

**2) County Equity Measure Results:** In FY 21-22, BHRS provided 18 Implicit Bias Trainings to all staff in order to (a) identify implicit biases and how they affect interactions and communication with others, (b) explore personal biases via Harvard Implicit Bias Test and (c) discuss the influence of biases. A total of 353 participants attended the trainings, approximately 68% of the BHRS workforce. A total of 258 participants who attended submitted an evaluation, below are some of the findings:

- 97% of participants reported that the objectives of this training were met.
- 96% rated the information as relevant to their professional activities.
- 90% of participants rated the overall training as “excellent/good.”

BHRS will continue to provide this training twice per FY for new hires and pending staff.

**3) Executive Teamwork with Dr. Melanie Tervalon:** In FY 21-22 Equity Cohort Executive Members introduced entire Executive Team (ET) to Racial Equity in BHRS via all day presentation. During this time “accountability partners” were established to continue the work of exploring and learning together about racial equity issues. Racial Equity Card was updated and provided to ET members to support “holding equity at our core” and infusing equity lens into all our work. The Racial Equity Card was later shared with the Health GARE team and Health executives to support utilization and racial equity lens across Health.

The work of the ET Equity Cohort also established a permanent seat for the ODE Director.

With consultant and ET equity cohort members – support was provided to ensure racial equity was at center of strategic plan discussion and that continued learning occurred during this multi-day meeting.

Ongoing individual coaching and group coaching continued to consolidate the language, content and practices of Racial Equity, with a look toward spreading this framework throughout all departments, amongst all staff.

**4) Alignment with Trauma-Informed Systems-**BHRS has partnered with First 5, the County Office of Education, and Child and Family Services to complete a year-long assessment of our organization to determine the extent to which trauma-informed principals have been implemented and to create a roadmap of what steps need to be taken to become a trauma-informed

**Multicultural Organizational Development (MCOD)**



- **Program Coordinator:** In FY 22-23 a new **Program Coordinator** was hired to oversee our MCOd implementation and progress. The coordinator conducted an overview of our MCOd activities to date and met with our executive team sponsors to understand success and challenges implementing our original MCOd activities. From



these meetings data was gathered to support an action plan update. In collaboration with the ODE Director, MCOd continued to be a standing agenda item in our BHRS monthly Leadership meetings, leading to sharing of work, presentations on

DEIB related topics, successes, and places of improvement. Ongoing collaboration with the Executive team continued via ODE Director sharing work and listening to needs.

- **Staff engagement opportunities:** Two activities were launched to inform staff of progress and gather their input on potential action plan updates. First, an **MCOd Tour** was launched in Spring 2023; presentations for each BHRS unit began to reintroduce the MCOd purpose, plan and discuss current needs for workforce to be included in future activities. Evaluations were conducted to get anonymous feedback; this information has been helpful to understand current BHRS workforce climate. Second, informal “**Meet n’ Greet**” meetings began to create an opportunity for staff to learn about ODE programs/activities and broader DEIB efforts. Some of the topics covered included Language Access resources, introduction to BHRS Workforce Education & Training, and Introduction to Prevention & Early Intervention programs like the Parent Project. The goal is to continue to host these meetings quarterly and expand for other areas/units of BHRS to present in the future.
- **Alignment with Trauma & Resiliency Informed Systems Initiative (TRISI) & County DEIB efforts:** The 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.
- **MCOd Action Plan 2.0:** A plan update began based on work

organization. Representative of the various BHRS programs and work units are participating in two cohorts that will support the deployment of an assessment, analyze the results of the assessment, and then formulate action steps to be taken to become a trauma-informed organization, as well as align these efforts with the broader MCOB action plan and the overall county equity efforts. Additionally, ODE is supporting that racial equity and trauma-informed work are threaded together to bolster the movement of this joint effort.

**5) Annual Workforce Wellness Events:** In April 2022, BHRS hosted Workforce Wellness events where four 1.5-hour training webinars were provided by Laura Van Dernoot Lipsky, director of Trauma Stewardship Institute. Training and discussions were focused on:

- Keynote presentation
- Direct Line Staff – Clinical Workforce members
- Leadership Workforce members
- Administrative and non-clinical Workforce members

Additionally, during this time Wellness kits were given to all workforce members and leadership hosted Ice Cream Socials in different regional spaces where all staff was invited.

**6) First SMC BHRS Employee Equity Award:** The BHRS Workforce, Education, and Training Team identified the benefits of a yearly acknowledgment that honors workforce members who have shown passion, dedication, and action to bolster practices and policies that support equitable outcomes. This was the first year this award was given to a BHRS workforce Member. Our goal is to expand this program next year to recognize one Manager/Supervisor, one Direct Care/Administrative Team member, and one Executive Team member. The ODE team created this award to recognize the people who are living into our Multicultural Organizational Development vision.

completed to date, and the feedback received from staff and leadership. More importantly, the renewed plan will be merging trauma informed principles by reviewing the results of the Trauma-Informed Organizational Assessment (TIOA) survey. In FY 23-24, the ODE Director and DEIB/MCOB coordinator will be working closely with the TRISI consultant and larger cohort to better embed these principles, employee wellness and County equity measures into our updated Action Plan 2.0.

**Trauma and Resilient Informed Systems Principles**  
Healing Ourselves, Our Communities



• **2nd SMC BHRS Employee Equity Award:** The BHRS Employee Equity Award was started in 2021 by the Workforce Education and Training Director with the *Scott Gruendl Equity in Leadership* award. It was created to honor workforce members who have shown passion, dedication, and action when it comes to bolstering policy and practices that support equitable outcomes. This year the award was renamed the Leadership in Equity Award and expanded to honor and recognize managers/ supervisors and direct care/administrative team members who have shown exceptional work in leading BHRS equity work. The awardees included Yolanda Booker/Care or Administrative Team Award, Regina Moreno, Manager/Supervisor Team Award, and Ziomara Ochoa, Scott Gruendl Executive Team Award.



Understanding Cultural Humility All BHRS staff are required to complete Cultural Humility 101 as per our recent Policy 18-01: Cultural Humility, Equity and Inclusion Framework, established in February 2018.

Understanding Cultural Humility - All BHRS staff are required to complete Cultural Humility 101 as per our recent Policy 18-01: Cultural Humility, Equity, and Inclusion Framework, established in February 2018. Since 2017 759 BHRS staff have completed the Cultural Humility Training. This **fiscal year 2021-2022** BHRS had a total of 94 participants, 21% of current BHRS workforce. Trainings have continued to be provided virtually, which has presented challenges with staff engagement and zoom fatigue. A cohort of Cultural Humility facilitators meets monthly to troubleshoot issues and continue to improve the training experience. This upcoming fiscal year the cohort will be focusing on the data collection tools e.g.: pre and posttest for this training and beginning the transition to hosting trainings in person. Again, there are no permanent positions supporting workforce education and training for BHRS currently, the Director position is currently vacant. ODE is working on hiring new staff and expects this position to be filled in 2023. In addition, a guide for participants taking virtual trainings was developed using the principals of Cultural Humility as a foundation. The



**FY 22-23** a total **171 staff** received the Cultural Humility 101 training. This training continued to be provided virtually, which presented challenges with facilitator

availability, staff engagement and zoom fatigue. Another barrier to meeting our current measurement was the experience of high staff turnover and current teams being short staffed, limiting availability to participate. In FY 23-24 this training requirement will change to focus on training **all new staff members within 90 days of hire**. Work is currently taking place to create process and supports for meeting this new equity measure.

**Participant training highlights:**

- Acknowledgment of personal growth and deepened self-reflection through the activities and discussions.






Cultural Humility Group started work at the end of this fiscal year to prepare for another Training of Trainers for next FY.

- Emphasis on learning about the differences between cultural competence and cultural humility, as well as other related concepts like equity and equality.
- Understanding the importance of critical self-reflection in the context of cultural humility.



A cohort of Cultural Humility facilitators meets monthly to troubleshoot issues and continue to improve the training experience. This year a training of trainers was provided, and an additional set of facilitators will now be available to support trainings. This upcoming fiscal year the cohort will be working on developing **Cultural Humility 2.0** to expand on the concepts of this training. Finally, the Office of Diversity & Equity hired a new Workforce Education Director and supporting staff that is working to improve outreach and training completion goals.

<p>BHRS staff who have direct client contact are required to complete the Working Effectively with Interpreters in the Behavioral Health Setting training upon hire and complete a refresher every 3 years.</p>	<p>This <b>Fiscal Year (FY) 2021-2022</b>, a total of 74 BHRS staff completed this training. The training was adapted to be provided virtually over 2 sessions. Participants received additional information on video remote interpretation.</p> <p>BHRS had a total of 42 new hires this FY 21-22 including regular, extra-hire, relief, and interns. Of these new hires 34 provide some direct service and interact regularly with clients and/or community. Of these direct staff 7% (3) took the Working with Interpreters in Behavioral Health Settings training. The training schedule conflicted with other BHRS staff meetings, and this year we also saw an increase in BHRS contracted staff participating and completing this training.</p> <p>BHRS new staff participate in multiple orientations. New staff are informed of the requirement to attend the “Working with Interpreters in a Behavioral Health Setting” during the New Hire Orientation, the BHRS Internship Orientation and the Onboarding Orientation provided by the BHRS Payroll/HR. Supervisors are also asked to inform their new hires during their team onboarding process. New hires are also given BHRS policy documents referencing this requirement. Lastly, the training was assigned via the BHRS LMS when the session was offered virtually due to the COVID pandemic. Generally, two in-person Working with Interpreters in a Behavioral Health Setting are provided annually (all and Spring sessions).</p> <p>There are some barriers impacting this ongoing goal. Staff are hired over the course of the fiscal year. There are no permanent positions supporting workforce education and training for BHRS currently, the Director position is currently vacant. The ODE is working on hiring new staff to support this.</p>	<p>In <b>FY 22-23</b> a total of <b>46</b> (38 BHRS and 8 Contracted CBO ) staff completed BHRS’ biannual “Working Effectively with Interpreters and Limited English Proficient Clients in a Behavioral Health Setting” training. A virtual and in-person training was offered.</p>  <p>This is a mandatory training for all BHRS staff providing direct service every three (3) years. Due to this being a reoccurring training and staff being hired throughout the year, it is difficult to measure when we’ve reached a total of 100%. Since inception a total of <b>455</b> have been trained.</p> <p>New staff are informed of the requirement to attend this training during the New Hire Orientation. In FY 23-24 this training is projected to be updated, BHRS will be exploring additional vendors by consulting with neighboring counties, to support the expansion of this training and a training of trainers will be provided to increase the number of facilitators available to provide training. The newly established WET team will also be working to increase outreach and meet training completion goals.</p> 
<p>How to be an Effective Interpreter</p>	<p>This training continues to be inactive due to contractual challenges with providers, the greatest being that BHRS would have to cover the cost for the interpreters’ time to take this training.</p> <p>Contracts were extended through June 2023. Therefore, the contract renewal/RFP cycle will begin in November 2022 for FY 2023-2024 this will provide an opportunity to introduce alternatives to meet this gap. Such as requiring all providers to go over an introductory document that prepares interpreters to work in the behavioral health setting in San Mateo County.</p>	<p>This interpreters training (focused on behavioral health) continues to be inactive due to contractual challenges with language providers, the greatest challenge being that BHRS would have to cover the cost for the interpreters’ time to take this training.</p> <p>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 2024.</p>
<p>MHSA Loan Repayment Program</p>	<p><b>MHSA Loan Repayment Incentives Awarded to Thirty-Five Staff</b></p> <p>Through Mental Health Services Act (MHSA) funding and in collaboration with other counties in the Bay Area region and the California Mental Health Services Authority (CalMHSA), San Mateo County launched a student loan repayment program to provide a financial incentive to retain currently qualified, eligible employees in “hard to fill/retain” positions in county-operated settings or contracted, community-based mental health agencies. Thirty-five eligible employees at BHRS and contracted providers were awarded financial incentives in amounts of up to \$15,000 toward repayment of educational loans in exchange for a 12-month service obligation. The MHSA Workforce Education and Training Loan Repayment Program is designed to retain mental health professionals who reflect the population served and who share the same ethnic, cultural, and linguistic</p>	<p>This FY the BHRS Workforce Education &amp; Training (WET) team focused on the logistics and planning for the distribution and roll out of the <b>Loan Repayment &amp; Staff Retention programs</b>. The WET team completed an analysis on the first loan repayment launch, and identified areas of improvement to support a second round of the Loan Repayment program and will offer for the first time BHRS Staff Retention Bonus. Starting in the <b>Spring of 2024</b>, BHRS will award up to \$10,000.00 towards qualifiable educational loans to eligible clinical staff members, and another</p> 

		<p>backgrounds as the communities served. Through this program, BHRS seeks to support qualified employees who meet eligibility requirements and commit to their service obligations. Eligible “hard to fill/retain” positions include licensed and associate clinical social worker, marriage and family therapist, and professional clinical counselor; licensed psychologist, psychiatrist, and clinical psychiatric pharmacist; advanced nurse practitioners (psychiatric mental health nurse practitioner or nurse practitioner specialized in mental health); and certified substance use counselor (must be working in an integrated behavioral health setting).</p>	<p>\$10,000.00 towards qualified employees working in a public mental health or integrated behavioral health setting who can commit to a 12-month service obligation.</p>
<p>Community Empowerment - Create opportunities for individuals with lived experience, families and community members to engage in decisions that impact their lives (Criterion 4)</p>	<p>The Parent Project® 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.</p>	<p>San Mateo County BHRS ODE began offering the Parent Project® (PP) courses in 2010. Since its inception in 2010, <b>The ODE has completed 91 courses and reached approximately 1,373 participants.</b> During fiscal year 2021-2022, PP contractors served 110 participants across 6 classes with an average of 18 participants per class.</p> <p>Nearly all PP respondents reported satisfaction with their parenting skills (94%), and patience with their child (94%), both of which increased from pre-survey responses (83% and 71%, respectively). Nearly all respondents felt supported as a parent following the program (94%), an increase from pre-survey responses (78%). Additionally, respondents reported fewer difficulties relating to communication with their child (89% at pre to 56% at post).</p> <p>Some areas of concern increased among PP respondents at post-compared to pre-survey. For instance, PP respondents reported higher levels of concern about their child’s future (100%), depression and mental health (56%), alcohol use (33%), drug use (39%), and gangs (29%), compared to pre-program survey responses. This may be a result of increased awareness of these challenges for their youth as well as the current local and global environment. Surprisingly, PP respondents reported less satisfaction about their child’s grades at post-survey (73%) compared to pre-survey (80%). We will continue to monitor these findings and provide supports as requested and/or needed.</p> <p>In FY 22-23, the ODE will continue improving the implementation of the PP courses, improve participation by expanding program staff, partnering with key stakeholders, and building upon current course offerings. First, the ODE has hired a program coordinator to oversee PP (a position that was vacant since 2018), which will result in additional support for contracted facilitators and bolster program oversight and promotion. Secondly, the ODE will be working alongside contracted providers to rebuild relationships with schools and community partners to host more PP courses and expand program resources, such as behavioral health service information and presentations on relevant topics (e.g., vaping, bullying, and mental health support). Thirdly, the ODE will continue working with an external data consultant and other contractors to improve data collection processes and tools. Lastly, the ODE plans to resume in-person courses to re-engage participants and increase the number of graduates. These efforts are intended to better support, inform, and equip participants by bolstering the platform already made available by PP.</p> <p>Lastly, Parent Project presentations were offered at local schools to provide information and resources on this valued intervention.</p>	<p>In <b>FY 22-23</b> the Parent Project Program conducted <b>9 classes</b> with an average 17 participants per class, reaching a total of <b>152 participants</b>, and impacting approximately <b>106 children</b> who were reported to reside with participants. We believe this impact is larger due to caregivers impacting more youth than those that reside in their homes. Contracted providers, StarVista and Peninsula Conflict Resolution Center (PCRC), facilitated the courses.</p> <p>Among applicants, 85% had not taken PP classes before. When asked why they were interested in PP, 68% reported that they were having difficulties with one or more child. Participants reported a variety of racial/ethnic identities, more than two-thirds were born outside of the United States (64%).</p> <p><b>Program highlights:</b></p> <ul style="list-style-type: none"> <li>• After taking the course, 95% of respondents reporting feeling supported compared to approximately 74% before the course.</li> <li>• The number of respondents reporting satisfaction with their relationship with their child and their parenting skills increased from 87% to 97%</li> </ul>  <ul style="list-style-type: none"> <li>• PP respondents reported lower levels of concern about teen pregnancy (15% change) and their child’s depression and mental health issues (13% change). This may be a result of learning about services offered in SMC, accessing services and increased communication taking place between parents and children that can bring about more trust or awareness among parents toward their children and their children’s behaviors.</li> <li>• Some of the highest increases in parenting skills from pre- to post-assessment were in participants sharing their feelings with their child (10% increase) as well as having and enforcing rules in their home (8% and 10% increase, respectively). Moreover, nearly all respondents (69, 97%) reported that their child follows the rules in their home.</li> </ul> <p>In addition to course content, Parent Project instructors and ODE aim to use PP to facilitate connections between program participants and mental health and substance use services. In the past fiscal year, ODE and instructors worked to increase program engagement in a variety of ways to facilitate these connections. The Program Coordinator conducted outreach with the San Mateo County Office of Education to re-establish connections with San Mateo County</p>

			<p>schools. This outreach contributed to increased program participation. Additionally, PP increased its focus on educating community members about services and programs available through Behavioral Health and Recovery Services and ODE. Upcoming in <b>FY 23-24</b>, the program coordinator will 1) work to implement revised surveys to increase data collection with the support of RDA consulting, 2) will expand number of contracted providers to facilitate PP and increase number of participants, and 3) continue to support connection of PP graduates to BHRS' Health Ambassador Program.</p>
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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.

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 October of 2021 our HAP lead began working with a contractor to streamline data collection and support data improvement efforts (screener and information gathering related to ODE's 5 key indicators - Self-Empowerment; Community Advocacy, Cultural Humility; Access to Treatment/Prevention Programs (Reducing Barriers); Stigma Reduction. Additionally, a process for tracking and supporting ambassador community events was created and is currently being implemented.

- 12/4<sup>th</sup> and 5<sup>th</sup>: HAP supported ST Raymond's Mental and Emotional Wellness event, providing resources, and responding to community questions about behavioral health services, how to access services and learn more.
- 2/7/22 HAP hosted Families with OMICRON: Stories & Resources- a livestream event that reached thousands of people around San Mateo County and other Bay Area Counties, as well as people tuned in from Mexico and El Salvador. The purpose of the event was to create a culturally appropriate/informative/healing space to: Share stories of Latinx families facing OMICRON, provide updated information on how to navigate the virus from an infection disease expert from Stanford University and share County resources.



- 4/26/2022 HAP was honored with the 2022 Tony Hoffman Community Mental Health Service Award in recognition of their instrumental work providing COVID-19 support and outreach. Including the creation of PSAs to promote vaccinations, the distribution of mental health support and an array of community virtual events (held in Spanish), including "La Vacuna, Mi bienestar, Mi Comunidad." Health Ambassadors also started a Door-to-door canvassing in San Mateo, East Palo Alto, Redwood City, and Half Moon Bay, where they distributed masks and critical resources for our communities.



In FY 22-23, HAP continued to expand supports for Health Ambassadors and community at large. There was an



increase in participation in a variety of events and interventions. There was also a focus on building Health Ambassador capacity to facilitate 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** that are active and provide varying supports for BHRS services, outreach, and early interventions.

**Program Highlights:**

- **Process for supporting resource tables during events established:** due to an increase in tabling opportunities at events throughout San Mateo County this year, ambassador support was streamlined, and guidelines were set to direct future ambassadors/volunteers to engage community, collect demographic data, and distribute resources on behalf of BHRS ODE. HAP supported 24 resource tables, reaching over 1,600 people.
- **Trainings to support capacity building.** HAP collaborated with the Office of Consumer and Family Affairs (OCFA) to host an **Advocacy Academy**, in Spanish for the first time, for current health ambassadors to improve engagement skills and the sharing of information with BHRS & County leadership. Specific trainings were also provided in response to unique ambassador needs around behavioral health topics.
- **Response to community needs:** HAP was vital in responding to the mental health needs of families and students at **Aragon High School** following the suicide of a student in late 2022. As a request from the school administrators, HAP, in collaboration with **KARA** and BHRS, hosted a healing circle for families and subsequently provided trainings around suicide prevention and accessing BHRS services for the broader Aragon High School community. HAP intervention as a trusted and well-known resource for the school established Latino Parents Group resulted in **8 parents** from the school becoming Health Ambassadors to further their knowledge/participation. It led to a more significant partnership with the **San Mateo Unified High School District** to distribute suicide prevention trainings and resources across the district. This greater collaboration also allows Ambassadors to take a leadership role in this work and expand their scope to become facilitators of these trainings.

- 5/9/2022 HAP supported an outreach event at Sequoia High School for May Mental Health Awareness Month.
- 5/21/2022 HAP supported Sequoia Healthcare Districts Event Health Fair on the Square providing resources and answering questions about behavioral health services and supports.
- 06/05/2022 HAP volunteered at the 10-year anniversary of San Mateo County's PRIDE Celebration. The ambassadors helped collect demographic data of attendees to learn which communities were represented at the event. This support was offered in English and Spanish.



Another significant collaboration included the participation of HAP in the March 15<sup>th</sup> **Jackie Speier Dialogue with Latinx Mothers** event. Retired Congresswoman Jackie Speier, SMC Health Chief Louise Rogers and ODE hosted a virtual event to better understand the needs of Latinx mothers. BHRS Health Ambassadors attended and provided authentic and compassionate dialogue on concerns around access to services, behavioral health needs for children, economic and employment challenges, and the desire for youth support in

different areas of their lives. Ambassadors shared thoughtful recommendations and hopes for mothers balancing many needs to provide the best life for their children.

- **Working with contractor to improve data collection & identification of trends:** HAP had the opportunity to work with RDA, 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. While better data analysis tools and improved report systems will be explored in FY 23-24, the information to date has emphasized an increase in the number of ambassadors that are recipients of U-visas, and also, that more than half of current ambassadors entered BHRS/HAP to support their children's or family members mental health needs and are now receiving BHRS services for themselves; highlighting the support, stigma reduction and warm hand off HAP is able to foster for ambassadors and participants. Also, through a new referral tracking system, HAP will be able to report next fiscal year the cases where the HAP Coordinator and Ambassadors provide Mental health and substance use referrals (SMI, SUD, MH) to other agencies and within BHRS. As well as programs and treatments referred to. The Ambassador's and participants' outcomes will show data regarding the increased protective factors and decreased risk factors in those people whom HAP attracts and supports to link with BHRS services.
- **Role expansion from recipients to facilitators:** As a result of the high need for outreach and support, ambassadors were trained to facilitate Parent Project, NAMI Basics, Stigma Free San Mateo, and *Reconozca Las Señales* (Know the Signs) trainings. Allowing for more opportunities to provide this training, as well as the inclusion of the ambassador's lived experience to connect with training attendees and promote BHRS services. There are currently **4 ambassadors** trained to facilitate this training.
- **Team building:** This year HAP worked on strategies to promote team identification, unification, and sense of belonging within BHRS. From more preparation sessions to support events to program promotional materials, this created a sense of empowerment, encouragement to expand participation and visibility of program to San Mateo County stakeholders. Also, having Ambassadors who speak different languages and have

different lived experiences, this year, HAP paired experienced with new Ambassadors from different cultural backgrounds to increase capacity building, inclusion, and experience in supporting training and events.

- **ODE staff support:** The addition of ODE staff this year helped improve data collection, data logging and following up on interested community members in joining HAP, this has also helped the program coordinator dedicate more individual and group support for Health Ambassadors.

**Upcoming in FY 23-24:**

- Increase English speaking ambassadors and support inclusivity during monthly meetings by including language assistance services.
- Pair experienced ambassadors with new ones to increase capacity building and experience in supporting trainings and events.
- Improve data analysis & reporting tools.
- Adapt Cultural Humility 101 & SOGI trainings in Spanish for HAP and monolingual Spanish community members.
- Raise number of HAP “Know the Signs” facilitators to **19**.
- Provide **30+** Suicide prevention trainings for community.
- Increase health ambassadors to **100!**



The Health Ambassador Program-Youth (HAP-Y)

HAP-Y engages youth (ages 16-24) in trainings, conversations, and workshops around mental health and wellness. The goal of the program is for participants to become mental health agents in their communities and work to reduce stigma through mental health awareness presentations and resource sharing.

The program was offered virtually for the FY 21-22; to continue to make this program accessible to youth throughout San Mateo County.

Individuals Served	Definition	FY Total #
<b>Unduplicated Clients Served</b>	Number of individuals served in the primary program component(s), unduplicated counts.	31

In **FY 22-23** HAP-Youth (HAP-Y) continued to engage youth to actively advocate for mental health and wellness, participants are asked to participate in three community involvement activities in which they educate their peers, share resources, and share personal lived experience (when appropriate). A total of **201 youth** have participated in the HAP-Y program since 2016.

Some of the topics included as part of the curriculum include:

- Be Sensitive Be Brave for Mental Health and for Suicide Prevention
- Wellness Recovery Action Plan (WRAP, offered through One New Heartbeat)
- Storytelling through Photovoice
- Mood and Personality Disorders
- Consent and Healthy Relationships
- Eating Disorders
- Self-Care

<b>Individuals Reached (duplicated)</b>	Number of individuals served in all other components, if applicable. May be duplicated counts based on service provided.	143
<b>TOTAL INDIVIDUALS SERVED</b>	All individuals served across all program components (Unduplicated Clients Served + Individuals Reached).	174

- 80% percent of the participants who completed program reported that participating in HAP-Y made them feel they were part of a community, and strongly agreed that HAP-Y has positively impacted their lives.
- For the first time since HAP-Y started, we had a youth come back to teach a workshop to latest cohort. With the support and guidance of their school professors and StarVista staff, Srimaye Samudrala who completed the program in 2020, founded the Lotus Project- an initiative to help start positive conversation about mental health and wellness to high school and middle school students.
- HAP-Y experienced a low number in youth participation. A Youth Outreach Ambassador was hired to support recruitment and outreach efforts.
- HAP-Y participants have expressed that social isolation and distance learning has drastically increased their anxiety around public speaking and socializing. Being mindful of this, HAP-Y staff have been more flexible when it comes to community involvement activities.
- StarVista has experienced a lot of transitions as an organization. HAP-Y Program Coordinator was promoted to Program Manager, and recruitment started for a new coordinator.

- Substance Use Prevention

This FY HAP-Y hosted an Instagram live event for Mental Health Month and HAP-Ys 7<sup>th</sup> year anniversary, in May 2023. HAP-Ys focus on social media presence came upon the request from youth ambassadors for a space where they can stay in touch and continue to be informed on HAP-Y updates. The launch of the social media page allowed for innovative engagement of past HAP-Y participants which supported HAP-Ys goal to continue to engage participants. One way that Instagram supported this is through the “Where Are You Now” Campaign. For this project ambassadors from former cohorts were asked a set of questions to hear from them that would be published on HAP-Ys page.



Another form of engagement is via the HAP-Y newsletter which highlights updates, upcoming events, and work/volunteer opportunities. This has been a huge success as it's received positive feedback from current and past ambassadors.

Individuals Served	Definition	FY Total #
<b>Unduplicated Clients Served</b>	Number of individuals served in the primary program component(s), unduplicated counts.	43
<b>Individuals Reached (duplicated)</b>	Number of individuals served in all other components, if applicable. May be duplicated counts based on service provided.	739
<b>TOTAL INDIVIDUALS SERVED</b>	All individuals served across all program components (Unduplicated Clients Served + Individuals Reached).	174

**Participant outcome indicators:**

- 77% agreed that participating in “HAP-Y, led [them] to consider a career in mental health-related field.”
- 93% of participants agreed that “after participating in HAP-Y, [they’re] able to contribute to other people’s learning about mental health.”

A challenge that HAP-Y is currently facing is maintaining curriculum as guest speakers/presenters transition in/out of roles and no longer able to support HAP-Y. While trying to find a replacement for presenters (on topics such as: Personality Disorders, Depressive Disorders: Bipolar and Major Depressive Disorder, and Psychotic Disorders), HAP-Y staff are also working on addressing the changing needs of participants and work towards updating curriculum so that the focus is on topics of prevalence to the youth. To support the HAP-Y curriculum, the program coordinator will continue to outreach and collaborate with potential organizations/presenters.



Adult Mental Health First Aid (MHFA) is an interactive 8-hour public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. Participants will gain an overview of mental illness and substance use disorders in the U.S., learn the risk factors and warning signs, build understanding of the impact of mental illnesses, and reviews common treatments. Those who take the course to become certified as Mental Health First Aiders 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.

**Adult Mental Health First Aid (AMHFA)** is an 8-hour public education course funded by the Mental Health Services Act (MHSA) and provided by San Mateo County's BHRS ODE. The course introduces participants to the unique risk factors and warning signs of mental health problems in adults, builds understanding of the importance of early intervention, and teaches individuals how to help an individual in crisis or experiencing a mental health challenge.

BHRS ODE works in partnership with other community organizations to facilitate AMHFA courses. In FY21-22, BHRS ODE contracted with trained instructors from Star Vista and Hope Oriented Wellness USA to facilitate courses, in addition to individual contractors. Course instructors provided 14 AMHFA courses to over 165 participants. Course participants include community members from a variety of backgrounds.

In addition to the AMHFA course offerings, participants complete five surveys throughout the program to assess course outcomes. The five forms include (1) an application, (2) a pre-program survey, (3) a post-program survey, (4) a course evaluation form, and (5) a six-month follow-up survey. These surveys collect demographic and contact information. These surveys also evaluate outcomes by assessing participants' confidence and changes in knowledge about mental health concepts.

In addition, 9 "Be Sensitive, Be Brave" (BSBB) trainings were offered; 6 focused on Mental Health, and 3 on Suicide Prevention. These trainings reached approximately 180 participants.

In partnership with the San Mateo County Mayors Mental Health Initiative, BHRS ODE introduced Mental Health First Aid to various cities during 2022 May Mental Health Month. The Mayors Mental Health Initiative is composed of 16 city Mayors (Atherton, Belmont, Brisbane, Daly City, Foster City, Half Moon Bay, Hillsborough, Menlo Park, Millbrae, Pacifica, Portola Valley, Redwood City, San Bruno, San Carlos, San Mateo, and South San Francisco) to support and address the growing mental health need throughout the county. One tactic to address this need is through mental health trainings. In April 2022, San Mateo County BHRS Director, Scott Gilman, was the keynote speaker at the 2022 San Mateo County Chamber of Commerce Progress Seminar, to describe and promote Mental Health First Aid just in time for the first set of trainings launched in May 2022.

BHRS ODE worked with Star Vista to start piloting Teen Mental Health First Aid as part of their youth mobile crisis program. If the program is successful, the Teen Mental Health First Aid program can be expanded across San Mateo County schools and youth-serving community-based organizations.

BHRS ODE continues to work in partnership with other community organizations to facilitate courses. During FY 22-23 **Adult Mental Health First Aid (AMHFA)** contractors facilitated a total of **10 classes**. This report reflects data gathered from a total of **124 participants** who attended eight of these AMFA classes.

The AMHFA course served a diverse group of community members and partners in San Mateo County.

- The age of participants ranged from 18 years old to over 60 years old, 65% were between 26 and 59 years old.
- 63% of participants identified as a female/woman/cisgender woman.
- 65% spoke English.
- 27% of participants identified as Asian or White, 14% as Hispanic/Latino/a/x, 14% as more than one race or ethnicity, and 4% Black or African American.

Program Learnings:

- **The course effectively communicated educational material on mental health.** There was an increase among participants in correctly identifying a misconception around mental illness and likelihood to commit violent crimes.
- 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.**
- There was a 29% increase in those who agreed or strongly agreed with the statement **"I have a better understanding of how mental health and substance use challenges affects different cultures."**

Additionally, a comparison of pre-course application responses to overall course evaluation form responses indicates that participants gained a sense of confidence in translating concepts learned in AMHFA to real-life, such as recognizing signs and misconceptions around behavioral health challenges, as well as reaching out and assisting someone in seeking help and support when in crisis. These indicators of confidence doubled from the time of initial application to the end of class evaluation assessment. Thus, participants not only learned mental health first aid concepts, but also felt confident in doing so in their work and out in the community. Moving forward, actions are being taken to improve data collection and response rates in future courses, which will help AMHFA better understand course impact, areas for improvement, and areas of success.



**FY 22-23 Youth Mental Health First Aid (YMHFA)** was a program covered under the San Mateo County or County Measure K half-cent sales tax to support essential County services. In FY 23-24 this program will be covered by MHSA. The next FY report will include this program data.

Storytelling Program emphasizes the use of personal stories as a means to draw communal attention to mental health and wellness. While reducing stigma and broadening the definition of recovery, workshops consider social factors such as racism, discrimination, and poverty.

In response to staffing shortages, this program was on hold during FY 21-22. New program coordinator began in FY 22-23 program is expected to resume activity in 2023.

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 a training to facilitate these sessions and began work to update program data collection tools.

A refresher training for facilitators and pilot session and three photovoice classes scheduled to be provided next fiscal year. The three courses will be a collaboration with 1. African American Community Initiative 2. Health Ambassador Program Youth and 3. Housing Hero's awardees. Coordinator will continue to engage workforce, clients, and stakeholders to partner in creating and sharing stories.

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.

BHRS promotes a vision of collaboration and integration by embedding MHSA programs and services within existing infrastructures. San Mateo County does not separate MHSA planning from its other continuous planning processes. The Mental Health and Substance Abuse Recovery Commission (MHSARC), the local "mental health board", is involved in all MHSA planning activities providing input, receiving regular updates as a standing agenda item on their monthly meetings, and making final recommendations to the San Mateo County Board of Supervisors (BOS) on all MHSA plans and updates.

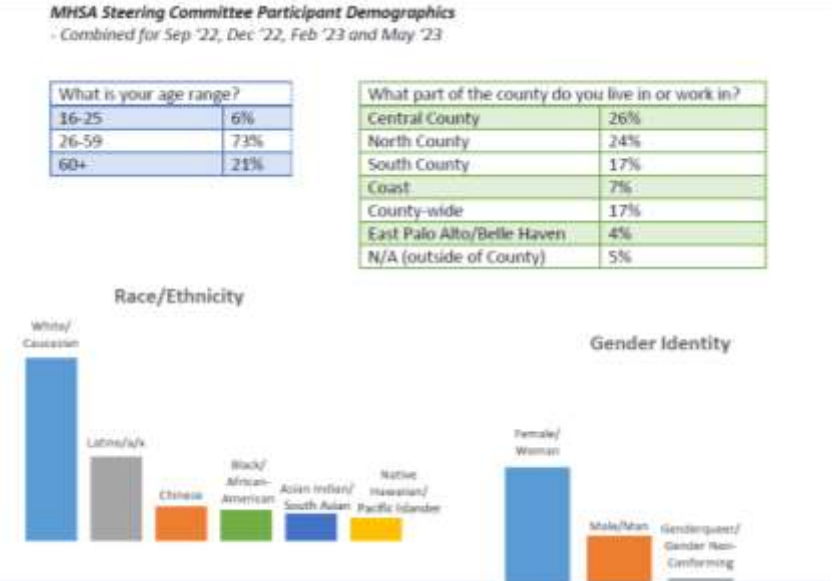
**MHSA STEERING COMMITTEE MEETING** continues to play a critical role in the development of MHSA program and expenditure plans in San Mateo County.

- The Committee makes recommendations to the planning and services development process and as a group, assures that MHSA planning reflects local diverse needs and priorities.
- Meetings are open to the public and include time for public comment as well as means for submission of written comments.
- Roles and Responsibilities were developed to strengthen the representation of diverse stakeholders by including member composition goals related to stakeholder groups (e.g., at least 50% represent clients/consumers and families of clients/consumers; at least 50% represent marginalized cultural and ethnic groups; maximum of two member representatives from any one agency, etc.).
- In response to ongoing feedback, the Committee was established as a Standing Committee of the MHSARC, requiring the appointment of 1-2 chairperson(s) to the committee.
- The Committee meets four times per year in February, May, September and December.
- Stakeholder participation continues to be promoted through various means, including flyers, emails, announcements, postings, community partners, clients/consumers, community leaders, and the public.
- When comparing race/ethnicity demographics to San Mateo County census data, all but Asian (underrepresented by 15%) are comparable.
- Communities of color are engaged in MHSA planning via the ODE Health Equity Initiatives, which represent 9 cultural and ethnic groups including: African American Community Initiative, Chinese Health Initiative, Filipino Mental Health Initiative, Latino Collaborative, Native and Indigenous Peoples Initiative, Pacific Islander Initiative, PRIDE Initiative, Spirituality Initiative, and the Diversity and Equity Council.

The **MHSA Steering Committee** continues to be a key component to support the MHSA program development. The following demographics represents unique participants in MHSA Steering Committee meetings in FY 2022-23:

San Mateo County Census Race/Ethnicity	Steering Committee Participation Race/Ethnicity
Asian	Asian Indian/South Asian, Chinese, Filipino* 19%
Black or African American	Black/African-American 4%
Hispanic or Latino	Hispanic/Latino/x 19%
Native Hawaiian or Pacific Islander	Native Hawaiian or Pacific Islander 2%
White alone, not Hispanic	White/Caucasian 43%
Two or More	Two or More* 9%
	Another Race/Ethnicity 3%

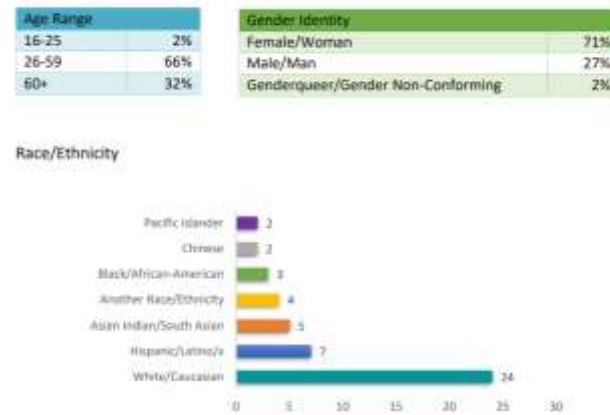
\* Combined to allow for comparison as per MHSA legislation but, represented uniquely below



**Peer, Client/Consumer and Family Engagement in MHSA**  
MHSA is committed to engaging individuals with lived experience in planning, implementation, and evaluation. Participation and expertise of individuals with lived experience is promoted and compensated with stipends. Stipends distributed almost doubled, compared to last reporting year (\$11,120). During the MHSA Three-Year Plan Community Program Planning (CPP) process, 35 stipends (\$1,050) were provided to clients/consumers and families of clients/consumers for their participation. A total of 147 unique recipients received stipends for their participation and input.

MHSA legislation requires counties to prepare and circulate MHSA plans and updates for at least a 30-day public comment period for stakeholders and any interested party to review and comment. Additionally, the Behavioral Health Commission (BHC) conducts a

MHSA Steering Committee Participant Demographics (Combined for Sep '21, Dec '21 and Feb '22)



The San Mateo County MHSA Annual Update FY 2021-22 (covering data from FY 2020-21) was presented to the MHSARC on March 2, 2022, where it was voted to open a 30-day public comment period and closing with a Public Hearing on April 6, 2022. A special meeting was held on April 20, 2022, where the MHSARC voted unanimously to submit the plan to the Board of Supervisors for approval.

**PROGRAM PLANNING HIGHLIGHTS**

San Mateo County has three Innovation projects approved in FY 2020-21.

**1. Social Enterprise Cafe for Filipino/a/x Youth - Kapwa Kafe**

Approved August 27, 2020; Launched October 2021

The proposed project is a cultural arts and wellness-focused Social Enterprise Cafe that offers youth development and mental health programming on-site. The Social Enterprise Cafe will hire and train at-risk youth from northern San Mateo County and serve as a culturally affirming space for Filipino/a/x youth and the community. The social enterprise model has proven to be a more sustainable funding approach. Annual projected number of participants served: 2,000 unique visitors; 300 referrals; 150 receive behavioral health services; 90 participate in services; 40 in full programming.

**2. Co-location of Prevention and Early Intervention Services in Low-Income Housing**

Approved November 17, 2020; Pending RFP process.

The proposed project will provide prevention and early intervention services including behavioral health resources, supports, screening, referrals and linkages to young adults, ages 18-25, on-site. at affordable housing properties, minimizing stigma and reducing barriers to accessing behavioral health care. Annual projected number of young adults served: 150.

**3. PIONEERS Program**

Approved December 10, 2020; Pending RFP process.

The proposed project, Pacific Islanders Organizing, Nurturing, and Empowering Everyone to Rise and Serve (PIONEERS) provides a culturally relevant, behavioral health program for NHPI college-age youth that prioritizes the mental wellbeing of students and their respective communities through empowerment, leadership and advocacy. Annual projected number of NHPI youth served: 45 direct; 30 through community projects.

**MHSA WORKGROUP – FULL-SERVICE PARTNERSHIPS (FSP)**

public hearing at the close of the 30-day comment period. The Three-Year Program and Expenditure Plan FY 2023-24 through FY 2025-26 and Annual Update FY 2023-24 with data from FY was presented on June 7, 2023, to the Behavioral Health Commission (BHC). The BHC voted to open a 30-day public comment period and held a Public Hearing. On July 5, 2023, the BHC reviewed the public comments received, voted to close the public comment period on July 7, 2023, and to submit the Three-Year Plan and Annual Update to the Board of Supervisors.

The Three-Year Plan and Annual Updates are submitted to the San Mateo County local Board of Supervisors for adoption and to the County of San Mateo Controller’s Office to certify expenditures before final submission to the State of California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Health Care Services (DHCS).

The MHSA Three-Year is developed in collaboration with clients and families, community members, staff, community agencies and stakeholders. In November 2022, a comprehensive Community Program Planning (CPP) process to develop the MHSA Three-Year Plan commenced. Planning was led by the MHSA Manager, Behavioral Health Commission MHSA Co-Chairpersons, an MHSA Three-Year Plan Workgroup and the MHSA Steering Committee. A draft CPP process was provided to the BHC on December 7, 2022. The BHC was asked for their input and comments on the process and what additional stakeholder groups should be engaged.



Extensive outreach was conducted to promote the MHSA Three-Year Plan Workgroup participation opportunity, the Facilitator Training opportunity, the MHSA Steering Committee meetings, and the Community Input sessions. Flyers were made available in English, Spanish, and Chinese. Stipends to consumers/clients and their family members and language interpretation was offered at every meeting, childcare for families and refreshments were offered for in-person meetings. Input included perspectives from clients and family members, communities across geographical, ethnic, cultural, and social economic status, providers of behavioral health care services, social services and other sectors. The sessions were conducted through 14 existing collaboratives/initiatives, 11 committees/workgroups, 3 geographically focused collaboratives (Coastside, East Palo Alto and North County) and 3 stakeholder group key interviews of transition-age youth, immigrant families and veterans. The majority of the meetings were

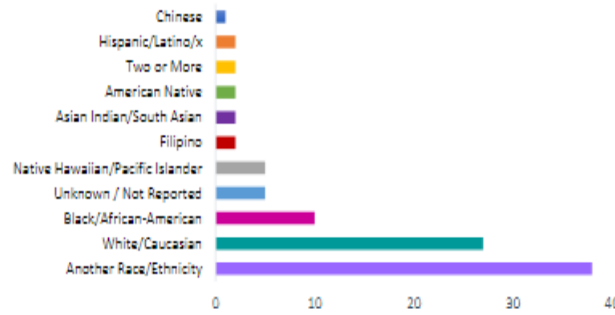
Within San Mateo County, the initial FSP programs, Edgewood, Fred Finch, and Telecare, have been fully operational since 2006. A fourth site, Caminar’s Adult FSP, was added in 2009. FSP programs do “whatever it takes” to help seriously mentally ill adults, children, transition-age youth and their families on their path to recovery and wellness. Edgewood Center and Fred Finch Youth Center serve children, youth and transition age youth (C/Y/TAY) using the Wraparound model and Caminar and Telecare offer Assertive Community Treatment (ACT) services to adults, older adults, and their families.

### FSP RACE/ETHNICITY DEMOGRAPHICS

Child/Youth and Transition Age Youth FSP Client Demographics  
FY 20/21 (total clients = 96)

Percent of FSP Clients by Ethnicity	
Hispanic or Latino	55%
Not Hispanic or Latino	39%
Unknown / Not Reported	6%

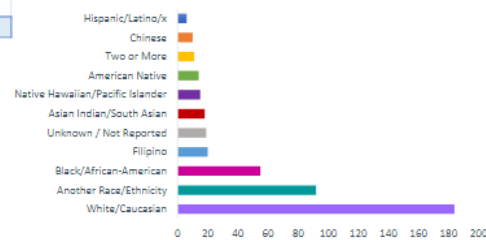
Child/Youth/TAY FSP by Race



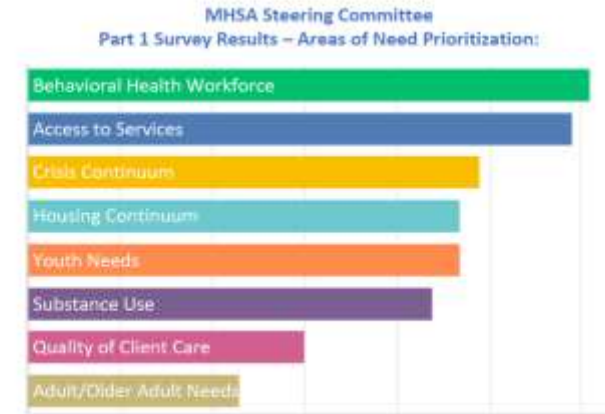
Adult and Older Adult FSP Client Demographics  
FY 20/21 (total clients = 334)

Percent of FSP Clients by Ethnicity	
Hispanic or Latino	27%
Not Hispanic or Latino	64%
Unknown / Not Reported	9%

Adult/Older Adult FSP by Race



conducted online. Over 400 individuals participated across the various means of providing input (surveys, input sessions, public comments).



### THREE-YEAR PLAN PRIORITIES

Over 1,000 strategy ideas were shared by stakeholders during the Community Input sessions. To support the narrowing down of these strategies, participants were asked: If you had to select one strategy to focus on over the next 3 years, which would you prioritize?

The Strategy Recommendations were presented to the MHPA Steering Committee on May 4, 2023, along with three key themes that emerged from the input sessions overall regarding the need to: 1) Increase community awareness and education about behavioral health topics, resources and services; 2) Embed peer and family supports into all behavioral health services; 3) Implement culturally responsive approaches that are data-driven to address existing inequities.

Area of Focus	Strategy	Allocation
Behavioral Health Workforce	Implement recruitment and retention financial incentives such as retention bonuses, signing bonuses, educational loan repayment for staff and contracted providers.	\$300,000
	Provide support, retention and leadership development of peer and family support workers (training, fair compensation, career ladders, flexible hours, and mentorship).	\$200,000
	Implement supports for direct service staff, including peers, to advance in their careers, specifically BIPOC staff (e.g., scholarships to pursue licensure, mentorship).	\$300,000
Access to Services	Expand drop-in behavioral health services that includes access to wrap around services for youth.	\$500,000
	Coordinate behavioral health services for cultural and ethnic communities (centralize services, outreach and education for the Chinese community, hire bilingual/bicultural peer staff, etc.).	\$200,000
Crisis Continuum	Expand non-armed 24/7 mobile mental health crisis response following recommendations in the Behavioral Health Commission’s Crisis Services Report, and other stakeholder input.	\$650,000

### PROGRAM PLANNING HIGHLIGHTS

San Mateo County Board of Supervisors (BOS) approved **4 new INN projects** and they were subsequently submitted and approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) on February 23, 2023.

**1. Adult Residential In-Home Support Element (ARISE).** The ARISE program creates a model for residential in-home services to support clients with a serious mental illness (SMI) and/or substance use disorder (SUD) who are at risk of losing their housing. Residential in-home support workers—approved in-home support services (IHSS) providers—will be provided with specialized training for working with SMI and/or SUD clients in collaboration with a peer support staff and occupational therapist.

			<p><b>2. Mobile Behavioral Health Services for Farmworkers.</b> The program will provide direct behavioral health mobile services and wraparound resources in Spanish to farmworkers and their families. It integrates cultural arts practices as a pathway for engaging farmworkers and their families with formal clinical behavioral health services spanning prevention, early intervention, treatment, and recovery.</p> <p><b>3. Music Therapy for Asians and Asian Americans.</b> This project will provide music therapy as a culturally responsive approach for Asian/Asian Americans to reducing stigma, increasing behavioral health literacy, and promoting linkages to behavioral health services and building protective factors to prevent behavioral health challenges and crises.</p> <p><b>4. Recovery Connection Drop-in Center.</b> This center will provide drop-in services for individuals with substance use challenges or co-occurring substance use and mental health challenges at all stages of their recovery, from pre-contemplative to maintenance and enhancement. The Recovery Connection will center around Wellness Recovery Action Plan (WRAP) programming, use a peer support model, provide linkages as needed and serve as a training center to expand capacity countywide.</p> <p><b>PREVIOUSLY APPROVED INNOVATION PROJECTS</b></p> <ol style="list-style-type: none"><li><b>1. Kapwa Kultural Center (KKC) and Cafe</b> introduces a social enterprise business model; a revenue generating endeavor to fund social causes. KKC will generate profit through the sale of boba tea and food items, to support the sustainability of youth-focused services, including youth development, culturally specific education and arts, and behavioral health services. The cafe and physical location will serve as a culturally affirming space for the Filipino/a/x community; soft opening is anticipated late 2023.</li><li><b>2. PIONEERS</b> - Pacific Islanders Organizing, Nurturing, and Empowering Everyone to Rise and Serve will provide culturally relevant, behavioral health support for Native Hawaiian/Pacific Islanders (NHPI) youth and young adults, ages 14-25. The PIONEERS Program will address wellness and behavioral health needs, as informed by a Youth Advisory Council of NHPI youth, young adults and leaders. This project is anticipated to launch FY 23-24.</li></ol>
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Grievance Process  
Office of Consumer  
and  
Family Affairs (OCFA) staff  
help resolve concerns or  
problems about individual  
rights relating to BHRS  
services received,  
including filing a  
grievance about services  
received from BHRS or  
providers. The grievance  
process considers all  
unique situations and  
circumstances, while  
listening with empathy,  
compassion and respect  
for clients' personal  
history and cultural  
values.

In **FY 21-22** San Mateo County BHRS received a total of 115 grievances, approximately 28% increase from the previous year: 82 for Mental Health services, 7 for AOD services and 26 specifically for youth services.

- Grievances past deadline: 0
- Longest: 80 days
- Average days to resolution: 22.8
- Ages: from 9 to 85 - Average: 41.5
- Languages: English: 106 Spanish: 9
- HPSM: 40
- Medi-Cal: 63
- Medicare: 7
- Unknown/Other: 4

**Program Improvements:**

- Alcohol & Other Drugs programs revised and improved policies and practices regarding groups, food guidelines.
- Canyon Oaks Youth Center (COYC) leadership reviewed the Residential Counselors Plan and trained staff on appropriate therapeutic interventions related to “alters”.
- COYC reviewed adherence to Community Care Licensing Division (CCLD) regulations to respond with a more trauma-informed approach.
- COYC management is working on providing trauma-informed training about the unique needs of COYC youth for all non-clinical staff.

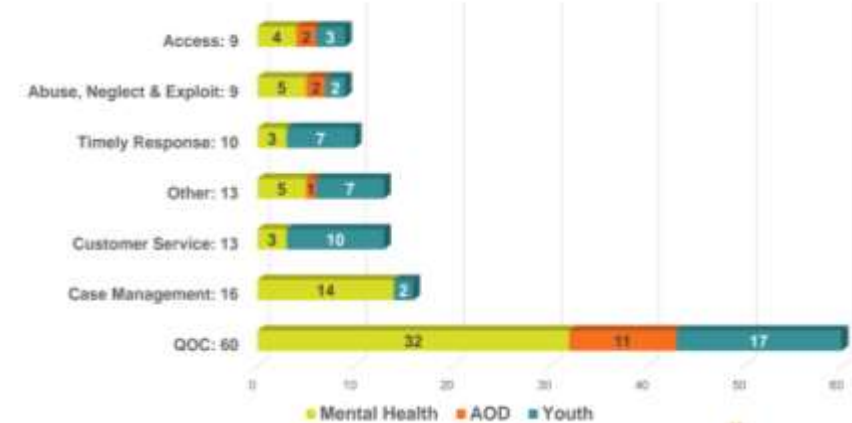
In **FY 22-23** San Mateo County BHRS received a total of **93 grievances**, (includes Medi-Cal and non-Medi-Cal reportable incidents) approximately 24% decrease from the previous year: 56 for Mental Health services, 14 for AOD services and 23 specifically for youth services. The increase in AOD grievances may be caused by increase in education and promotion of grievance filing.

- Grievances past deadline: 0
- Longest: 103 days
- Average days to resolution: 39.3 (increase in days to resolution due to staff shortage and office capacity)
- Ages: from 4 to 81 - Average: 38.3
- Languages: English: 81 Spanish: 12
- HPSM MC: 25
- Medi-Cal: 63
- Unknown/Other: 3

**Program Improvements:**

- ACCESS reviewed and edited the script and explored additional resources to assist the clients better.
- AOD contracted agency improved discharge and other procedures.
- AOD detox program improved procedures, physical environment, and training requirements for staff.
- Canyon Oaks Youth Center (COYC) updated the internal grievance process that meets CCL's and Medi-Cal regulations.

**Grievance Categories**



Strategic Partnerships Strengthen and create new meaningful partnerships in the community to maximize reach and impact on equitable behavioral health outcomes. (Criterion 8)

Health Equity Initiatives (HEIs) were created to address access and quality of care issues among underserved, unserved, and inappropriately served communities. There are eight HEIs representing specific ethnic and cultural communities that have been historically underserved: African American Community Initiative; Chinese Health Initiative; Filipino Mental Health Initiative; Latino Collaborative; Native American Initiative; Pacific Islander Initiative; PRIDE Initiative; and the Spirituality Initiative.

The Office of Diversity & Equity (ODE) began recruitment for a Senior Community Program Specialist to support the overall coordination and progress of the HEIs during FY 21-22, this position is expected to be filled in 2023. Current support is being provided via quarterly meetings with all the HEI co-chairs, this FY presentations were provided on how to collect participant demographic data and meeting progress notes to better document the impact of activities. In addition, there was an increase in collaborative work among the HEIs to support broader community events such as the SMC Pride Event, Day of Prayer and the Sana, Sana, Colita de Rana health forum.

**African American Community Initiative (AACI)**

One of the goals of The African American Community Initiative is to increase collaborative efforts with other HEI's in order to identify the health needs of communities of color and ultimately decrease disparities for communities of color. Black History Month events in 2022 focused on Black History Month, "Black Health and Wellness", takes a look at how American healthcare has often underserved the African American community. Additionally, the AACI in collaboration with Voices of Recovery presented the Juneteenth Celebration: Freedom and Fatherhood. This event held great value to the community as it had various workshop opportunities such as the fatherhood panel, Discussion with the keynote speaker James Simmons. As the COVID-19 pandemic has recently shown, a widespread disparity of access to quality healthcare negatively impacts outcomes for blacks and other minorities. For African Americans, the root of the problem goes deep, and back centuries. It acknowledged the chronic stress of racism and that everyday family challenges (such as securing resources, family stability) can add even more stress. The Initiative offered workshops and activities that provided coping strategies for the whole family to mitigate stress. Participants remarked that the workshops and speakers were very helpful and meaningful. The event planning began in the annual AACI strategic planning. In FY 21-22 community members participated in and/or hosted the following AACI events:

- Black History Month Celebration
- Juneteenth Celebration- Freedom and Fatherhood
- Support the Intergenerational Conversation with the San Mateo PRIDE Center
- Supported the 2022 Recovery Happens Event
- Umoja Health San Mateo County
- Information presentation – Social Ecological Determinants of Health
- Tabling Opportunities

AACI co-chairs reached out to ODE and to the BHRS to share the memberships concern regarding the low number of African American clinicians within BHRS. This initial contact led to discussions about the history and the impact of this important issue and ultimately a cross-divisional meeting with our Health Chief to work together to address this absence. By highlighting and elevating this concern we were able to obtain pertinent data, create more culturally focused recruitments and increase the number of African American clinicians in BHRS. This work will continue next FY in order to keep ensuring the diversity of our workforce.

**Chinese Health Initiative (CHI)**

During the FY 21-22 the Chinese Health Initiative (CHI) created public spaces where members of the community, BHRS staff and other residents could feel comfortable openly talking about issues they would normally prefer to talk about in a private setting, namely immigration and suicide. CHI was able to collaborate with many different organization, agencies, and county programs to provide education, information to CHI members. Partnership with Filipino Mental Health Initiative and the Pacific Islander Initiative helped us increase a commitment and understanding of common aspects of AAPI identity, struggles, and solidarity. We also increased collaboration with Self Help for the Elderly in order to better address the needs of monolingual Cantonese-speaking elders in San Mateo County. In FY 21-22 community members participated in and/or hosted the following CHI events:

- Sherry C Wang, PhD on AAPI Mental Health, Covid-19, and Racism

Health Equity Initiatives experienced a significant change this FY, in March 2023, ODE hired a Senior Community Engagement Specialist who understood SMC demographics and history and brought skills that facilitate trust, shared purpose, shared leadership and follow through. As a part of growing more internal capacity, the possibilities of HEIs continue to expand.

With the COVID pandemic slowly turning a corner, HEIs used this year to experiment with new ways to gather people—both online and safely offering ways to connect in person. That means that co-chairs have become more creative, strategic, and innovative with how to reach the community. Lastly, ODE leadership worked this FY to secure a contract to support HEI Strategic Planning, both individually for each HEI and as one group of initiatives. This work is essential in pivoting our HEI Covid response work, understanding current needs and working in partnership to address them.

All HEI co-chairs continue to meet quarterly with the ODE Director and HEI coordinator to offer support, share work and needs, engage in dialogue, build partnerships, and learn of internal and external work that is impactful to our HEIs. This meeting also includes continued learning for our co-chairs and updates on BHRS and ODE processes. One learning opportunity offered to all co-chairs this FY was an invitation to attend the 2023 California Reducing Disparities Project: A closer look at the Work, the Data, and the Improvements to Health Equity. This last FY all Demographic and Event surveys were updated and QR codes and links were provided to all co-chairs to initiate use.



On a broader level, HEIs are increasingly recognized as leaders in the community, as they build stronger partnerships with organizations, with other initiatives, and across County agencies. For instance, AACI's leadership was sought in the planning and coordination of the County's multiple celebrations for Juneteenth, including the Proclamation celebration, flag-raising ceremony, and film screening and panel discussion. Additionally, the SI was actively involved, with AACI's leadership, in the first-ever cross-county partnership where Alameda County and San Mateo County joined together to organize a Behavioral Health Black History Month event with over 200 people attending. Community-based organizations regularly seek HEI support and collaboration for events, trainings, and outreach. The Diversity and Equity Council has been strategically strengthening relationships with BHRS leadership and decision-making groups; and supporting areas of possible collaboration among various entities and further integration. One example includes BHRS Quality Management working directly with SI to explore how faith-based organizations can support outreach low service penetration rates within BHRS. We also had leaders and partnering organizations reach out to our Chinese Health Initiative and our Latino Collaborative for support and resources during the mass shooting incident that occurred in Halfmoon Bay.

- Elaine Hsieh, PhD, RDN on Nutrition and Healthy Living for the Asian Elder Community
- Be Sensitive Be Brave Mental Health & Suicide Prevention Workshop for Chinese Mandarin-speaking communities.
- Lung Cancer Prevention and Screening with Esther Chyan, RN
- Adult Mental Health First Aid
- Mills Mental Health Advancement Initiative Day
- Tabling Opportunities

**Filipino Mental Health Initiative (FMHI)**

In FY 21-22 the FMHI made efforts consisting of creating a community calendar where people could have access to outlets for social interaction and connection, as well as forming a bi-weekly support group (Kapwa Soul Sessions). This effort began in the fourth quarter of fiscal year 2019-2020 and FMHI was able to continue this through 2021-2022. These efforts aimed to address community needs brought on by the pandemic, but also focused on pointing them to the resources and support in the community. In addition, FMHI made sure the themes of Kapwa Soul touched on current events that were intensifying stress levels. Other COVID-19 responses included collaborating with other Filipinx organizations to create spaces for community, in the form of an open mic, to address both the pandemic and racial injustices. FMHI participated in the Phillipinx Wellbeing Conference at San Francisco State University where Christi & Alaina co-facilitating workshop: (Re)membering our Roots- this workshop is for registered youth 9th-12th graders interested in exploring Filipinx Identity. Topics that will be unpacked are family dynamics, Filipinx history & identity, knowledge of Self, and how to get help. Overall, FMHI has worked creatively about how to continue engaging the community and keep them informed, especially among our older adult Filipinx population that does not always access information online. As a result, the initiative created a wellness outreach campaign called the “Mano Po Project.” This included interfacing with elders and other vulnerable community members at places like one of the Daly City food bank distribution centers, where members volunteered to help hand out goods, while also providing important information about COVID-19 safety and mental health/wellness resources available in San Mateo County. These activities underscore the strengthening of FMHI’s approach to create activities that engage community members in a culturally responsive manner with the goal of building a consistent network of members, partners and collaborators who have successfully been doing this work in the community. In FY 21-22, FMHI participated and/or hosted the following events and activities:

- SOULidarity Healing Circle
- Mental Health First Aid training
- Kapwa Soul Sessions between July 2021 to June 2022
- Youth Engagement/Sala Talks
- BRIDGE Advisory
- Saints & Sentinels/Mano Po Project
- Suicide Prevention Month Events
- Black History Month
- Equity Through Arts Series
- Filipinx Kwentuhan: Equity through Art Webinar
- Filipinx Wellbeing Conference at SFSU: Remembering Our Roots

**Latino Collaborative (LC)**

In FY 21-22 the Latino Collaborative welcomed several presenters sharing local resources into its meetings. Because most members have direct contact with the community via direct services or outreach and prevention, these informational presentations can impact services. Additionally, the LC continued its efforts to provide the community with resources through its LC members and handing out physical information in English and Spanish. In FY 20-21, the LC participated and/or hosted the following events and activities:

- Sana, Sana In-person event
- Dia de los Muertos

Significantly, HEIs are also leaning on each other to build unity. For example, the Filipino Mental Health Initiative (FMHI), along with the Chinese Health Initiative (CHI), and the Pacific Islander Initiative (PII), banded together to celebrate Asian American Native Hawaiian Pacific Islander Heritage Month in May by creating a

**HEALTH EQUITY INITIATIVES**

**BECOME A MEMBER**

Would you like to be involved with events like the PRIDE Celebration, Indigenous People's Day, Interfaith Day of Prayer, "Sana, Sana Colita de Rana", Black History Month, or other cultural celebrations & recognitions?

Would you like to be part of a group of passionate individuals that are coming together to positively & intentionally support our marginalized communities behavioral health needs?

If so, join one of our 9 Health Equity Initiatives monthly meetings!

**BECOME A CO-CHAIR**

Do you or someone you know want to gain leadership skills, increase your professional network, & lead work that impacts all of San Mateo County behavioral health?

**Then you should become an HEI co-chair**

**SEEKING CO-CHAIRS:**

- **African American Community Initiative (AACI):** Do you know a CBO or community member that is interested in a leadership role?
- **Chinese Health Initiative (CHI):** Are you a BHRs/Health workforce member that is interested in a leadership role?

If so, please contact ODE for more information: [ODE@smcgov.org](mailto:ODE@smcgov.org).

Proclamation and addressing immediate concerns during a Board of Supervisors meeting where the coronavirus was referred to in public comment as the “Chinese virus.” Another example of the growing partnerships among HEIs includes LC’s leadership during the annual Cesar Chavez celebration. Through the strengthened foundation of our HEIs, FMHI fostered a moment of pure community when remembering the cross-cultural solidarity movement of Filipino and Latino/a/x laborers during the Delano grape strike. These endeavors from the HEIs directly have forged deeper and more meaningful connections to learn and support each other’s communities. This kind of solidarity, camaraderie, and leadership is special and unique.

BHRs ODE continues to work to engage our workforce in our HEIs in the areas of membership and becoming a co-chair. Roles that we have seen as beneficial to skill building, feeling a sense of belonging, promotion, and wellness within our workforce. The two avenues for sharing this opportunity have been all staff information flyers and working to update our HEI brochures. The work of updating HEI brochures began this FY and is expected to be completed by next FY.

**African American Community Initiative (AACI)**



To reduce disparities in access to care, AACI sought to foster deep relationships and connection among African American residents. One of those efforts was illustrated in this year’s hybrid Black History Month celebration, which centered around the theme of self-determination and resilience of African Americans. The program included live singing of the Black National Anthem, traditional music from Zimbabwe, resource tabling from several health agencies across the County, intimate talks around COVID-19, Health, Wellness, and Black Mental Health with physicians, and a recognition that honored East Palo Alto African American residents and their many contributions to their communities. AACI also participated in organizing and hosting the following events:

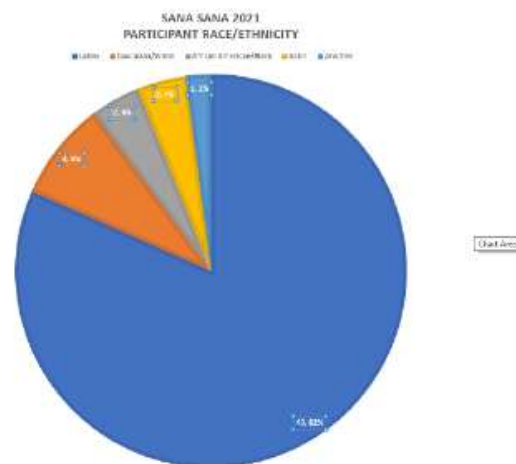
- Black History Month Celebration
- Juneteenth Celebration-the theme of “Discovering/Recovering Our Roots: The Continued Journey of Black Struggle.” An estimated 180 participants attended this event in East Palo Alto Academy. A total of 19 viewers joined the live-streamed event on Zoom. 163 demographic sheets were collected with an incentive of receiving a dinner ticket. 27 event evaluation surveys were collected in person at the event and a follow-up email after the event had happened. Event partners include Spirituality Initiative, Bay Area Community Health Advisory Council, Stanford Medicine, the County of San



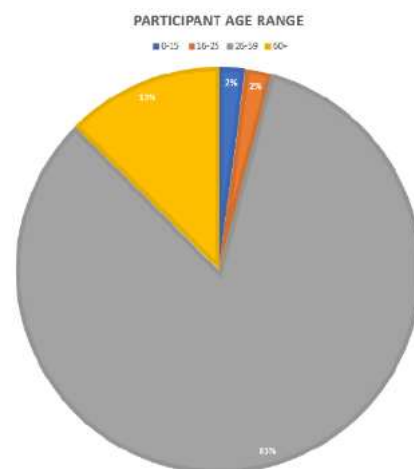
- National Day of Prayer
- MH Advocacy for Spanish Support Groups via Faciliatory Trainings
- Caesar Chavez Day
- PRIDE Event 2022
- Immigrant Heritage Month
- Mental Health Awareness Month Events
- Resources and lunch with our coastal farm workers

The annual 2021 LC event, the Sana was held in October 2021. Event data showed that 100% of participants that completed the post-event evaluation felt they would rate the event as Excellent (88/.89%) or good (11.11%). Also, 100% felt the event was sensitive to their cultural background and 89% felt that they know where to obtain mental health services in SMC after the event. Registration data provided the following information:

## Event Registration Data



Latinx: 40 participants  
 Caucasian/White: 4 participants  
 African American/Black: 2 Participants  
 Asian: 2 participants  
 Another: 1 participant



0-15 years: 1 participant  
 16-25 years: 1 participant  
 26-29 years: 40 Participants  
 60+ years: 6 participants

- Mateo, and San Mateo Behavioral Health and Recovery Service's Office of Diversity and Equity
- Additional activities offered by AACI:
- Shared resources and opportunities with all members, including how to obtain behavioral health services.
  - Supported SMC Mental Health Month.
  - Partnered with local CBO to support Recovery Happens.
  - Consulted w/ Health Plan of San Mateo to support their Black History Month events and campaign materials.
  - Received Redwood City Black History Month Proclamation due to AACI's "AACI's work in addressing health disparities and health information in Black communities in Redwood City and beyond". Also received East Palo Alto's Black History Month Proclamation (proclamations are distributed throughout our client-facing facilities to highlight inclusion and belonging for all of our communities).
  - Forged and fostered relationships with Student National Medical Association at Stanford, where African American physicians now support events by providing health screenings.
  - Updated AACI brochure.
  - MHSA 3-Year planning community input
  - Supported our Bay Area Community Health Advisory Committee's Soul Stroll and provided behavioral health information to participants.
  - Collaborated and supported the SMC Office of Equity and Social Justice Juneteenth event, Juneteenth Short Film Screening.
  - Black History Month Collaboration with Alameda County.

### Participant Demographics

Age:	0 – 15 years	16 – 25 years	26 – 59 years	60+ years	Decline to State
	3.07%	7.36%	59.51%	29.45%	0.61%

Primary Language	English	Spanish	Cantonese / Mandarin	Tagalog	Polish	Urdu	Decline
	88.96%	6.75%	0%	1.84%	0.61%	0.61%	1%

Gender Identity:	Male	Female	Gender Non-conforming	Another, not listed	Decline to State
	36.20%	58.28%	3.07%	0.61%	1.84%

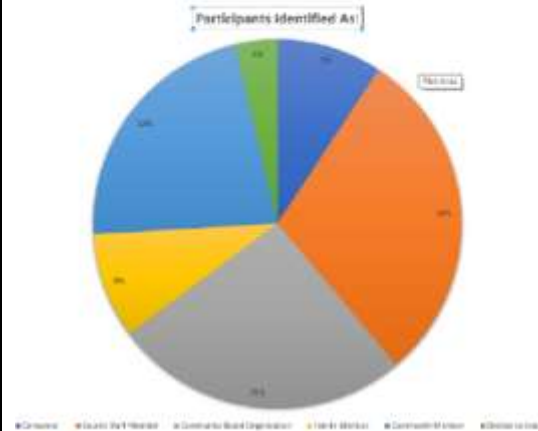
### Chinese Health Initiative (CHI)

During FY 2022-2023, the CHI hosted several forums for community members, BHRs staff, and other County stakeholders openly discuss resources and support across the County. These supports occurred through a transition of both co-chairs and the onboarding of new co-chairs. This work occurred in partnership with a variety of organizations, agencies, and County programs, CHI focused this year on providing timely information and education. Below is a list of presentations and training opportunities that CHI organized and hosted:



- Civic Leadership USA
- Heart and Soul Open House
- Chinese Herbs and Dietary Recovery for COVID 19
- Hepatitis B: Screening and Prevention
- Social Security and Disability Benefits
- Health Policy and Planning in San Mateo County
- MHSA 3-Year planning community input
- Addiction Treatment
- Community Collaboration Process for Public Health
- Medicare Open Enrollment Updates

Consumer: 4 participants  
 County Staff Member: 16 participants  
 Community-Based Organization: 14 Participants  
 Family Member: 5 participants  
 Community Member: 12 participants  
 Decline to State: 2 participants



Activities during this FY were impacted by having only one co-chair for a portion of the FY.

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

The NIPI has not only provided mental health resources to San Mateo County residents but has also contributed to the professional development of San Mateo BHRS providers through trainings and workshops Initiative members have organized. The collaboration with CBO-Nuestra Casa, Pride Center and Phoenix Garden-BHRS has provided NIPI with the exposure to work in the community. Unfortunately, limited community members identify as Native/Indigenous are receiving services in sister counties i.e., San Jose Indian Health Center and San Francisco Indian Health Center. NIPI has partnered with SMC Libraries to further education to the community. NIPI is in the process of collaborating with San Jose Indian Health Services to increase outreach to San Mateo County and will continue to strengthen the relationship with Nuestra Casa East Palo Alto. NIPI's trainings throughout the year have increased (via ZOOM) interest with increasing traditional healing practices in a clinical setting as well as in the community. In FY 20-21, NIPI participated and/or hosted the following events and activities:

Provider training - Native American Mental Health  
 Annual Indigenous Peoples Day: Promoting awareness to communities.  
 HOSTED Virtual Drumming and Spirituality as a Method of Healing and Recovery (collaboration with Spirituality)  
 NIPI has partnered with SMC Libraires to further education to the community.  
 Alcatraz honoring of Indigenous peoples.  
 Participated in numerous community events, providing the opening blessing and/or Land Acknowledgment  
 Created a NIPI Medicinal Garden at the Phoenix Garden Site.

**Pacific Islander Initiative (PII)**

The FY 21-22 continued with strengthening its virtual work and outreach to the community due to COVID-19 restrictions. Partners alike gathered to discuss their hopes and goals for the Pacific Islander Initiative. Several partners who had purposefully disengaged from the group after losing trust in its leadership were able to return, speak about their experiences, and commit to re-engaging. With this tone shift, PII embarked on the fourth year of long-term planning, building a comprehensive five-year plan that includes a youth leadership and mental health career pipeline program (PIONEER). Trust, engagement, and collaboration has greatly increased over the course of the past year. During the pandemic, the community expressed a need for security and safety. PII linked families to needed services and resources by supporting COVID related campaigns and events. Additionally, PII has deepened their relationship and

- In partnership with FMHI, led behavioral health discussion at the Millbrae Hosted Town Hall: Coming Together -Stop AAPI Hate with Jackie Speier
- Along with other HEI's, supported the Asian American, Native Hawaiian Pacific Island Month Board presentation and received proclamation.

**Diversity and Equity Council (DEC)**

One of the goals of the DEC was to implement their strategic plan developed in the last fiscal year. This made the DEC more deliberate in the information and resources shared in its transition from COVID response work to more direct activities to advance health equity. The group identified three areas of focus including: serving as an advisory body for BHRS, continuing to be a space of collaboration for community-based organizations and HEIs, and a hub of information for San Mateo County communities at large. The DEC's strategic plan helped ground members towards goals and allowed co-chairs to track its effectiveness. High participation and engagement have led to important conversations on how the DEC can continue to advance and encourage new members joining the initiative. Furthermore, DEC has started to explore aspirations to build more youth participation in DEC with the support of an intern and the Health Ambassador Program for Youth. To elevate partners in the County and support efforts of improving linkages for underserved populations, DEC organized the following presentations this fiscal year:

- Latino/a/x Collaborative and Heart and Soul
- StarVista Crisis Center
- Mental Health Association
- *Kapwa Kultural Center*
- Health Plan of San Mateo
- BHRS Quality Management PIP
- MHSA 3-year planning input session
- BHRS Pharmacotherapy for Opioid Use Disorder PIP
- Mental Health and Opioid Use
- Hosted BHRS DEC Cultural Competency Open Forum, second Friday of the month to discuss and brainstorm ways to advance and identify opportunities related to CLAS. Best practices and BHRS work and resources.
- Cultural Internship Stipend Student began work on project to engage youth, collaboration with HEI leadership create opportunities for youth participation and gathering youth input. Star Vista's Health Ambassadors Program – Youth (HAP-Y) was provided with a presentation an opportunity to share behavioral health needs.  
 Recommendations for the input session included:
  - Increase touch points with youth, by partnering with school clubs and student unions to present to or share relevant information with students.
  - Add school newsletters and youth organizations to BHRS communication channels for outreach.
  - Create opportunities for internships and volunteering credit, partnering with school and university advisers for outreach.
  - Consider making HEI meetings and events more accessible to youth by, for example, scheduling in afternoon or weekends, or supporting transportation to in person events

**Filipino Mental Health Initiative (FMHI)**



Over the past year, the FMHI has integrated more culturally affirming, relevant, innovative, and diverse practices into their offerings for mental wellness support and building community. FMHI's core intention was to spread a message of hope and foster a sense of empowerment that resonates with members' unique identities and experiences by exploring decolonization and shared experiences of systemic

contact with the College of San Mateo MANA program, the co-chair Brittany Afu has been asked to join their advisory board. Partnership with the College of San Mateo has been helpful in referring students to the ethnic program and linking those students and their families to services and care. The Pacific Islander Initiative engaged with community members directly through events and community trainings throughout the year. PII has continued to focus on reducing stigma and increasing awareness about suicide in Pacific Islander communities. In FY 20-21 PII participated and/or hosted the following activities and events:

Hosted Series of Heal and Paint- Journey to Empowerment Leadership Workshop

Provided COVID-19 support for PII community.

Supported county and community efforts to provide tsunami relief to Tonga.

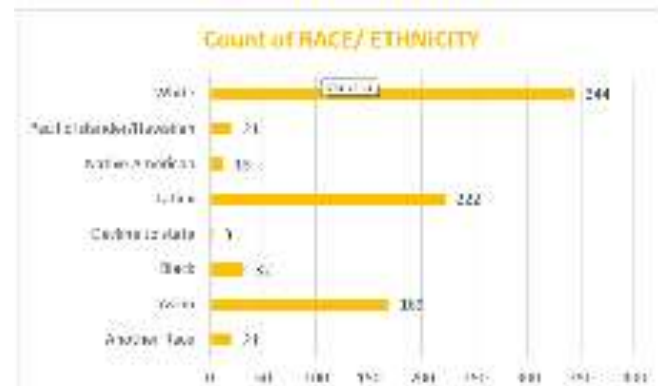
Shared information and later discussed the film *Waterman* which explores the journey and legacy of Duke Paoa Kahanamoku, the Native Hawaiian who was a five-time Olympic medalist and undisputed father of modern-day surfing.

Supported Pacific Islander Youth by joining forces with Elite Financial Team to provide fiscal literacy and how to develop good financial habits. This work was tied to mental wellness and self-care.

#### PRIDE Initiative (PI)

FY 21-22 The Pride Initiative experienced a difference in membership because we transitioned to an in-person Pride Celebration and as a result, more community members were interested in becoming members of the initiative both during and after the event. Another difference that occurred this year was the increase in youth participants at the Pride Celebration. It was remarkable to witness greater numbers of youth than in the past, that youth felt safe at the event to participate in greater numbers, and it is a testament to the reputation of the event. This is another difference that the work of the Pride Initiative has created by building upon the efforts of the last several years and based on survey data collected at the event, the reputation of the San Mateo Pride Celebration is that it is a family and pet friendly, clean and sober, relaxed and comfortable event, which not only sets us apart from all other events in the region, but it has also become a draw for attendees from outside the County. Pride Initiative members have contributed to events of other community organizations and the success of their events, such as the LGBTQ Commission and the Pride Center. The PRIDE initiative has shed light on the need to identify and promote LGBTQIA+ services and providers in the local community, transgender violence, the County's outdated transgender policy, and access to the MPX vaccine. Lastly, the co-chairs of the Pride Initiative have promoted themselves in their leadership positions as community members that hold tremendous responsibilities and authority in their daily lives yet model the need and importance to lead and volunteer on the Health Equity Initiatives.

2022 Pride Celebration DATA: approximately 3000 people attended, and 826 surveys reviewed.



○ White/Coastal: 164 ○ Pacific Islander/Native Hawaiian: 71 ○ Latinx/Asio: 222 ○ Central State: 3  
 ○ African American/Black: 32 ○ Asian: 168 ○ Another Race: 21

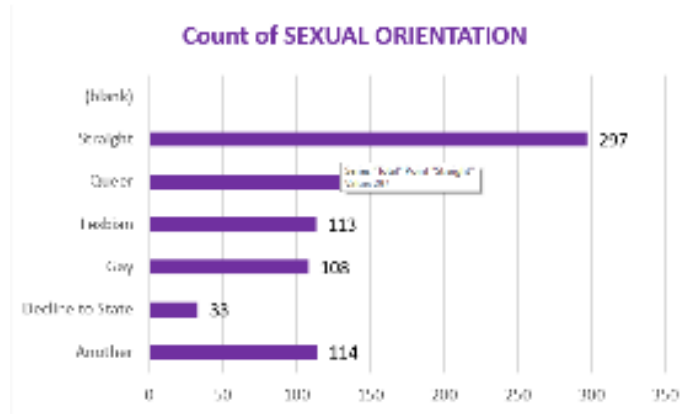
oppression. One significant addition has been the incorporation of *kuwentuhan*, or storytelling, in FMHI workshops like the *Mano Po* Project. This approach was intended to create a safe, open space for members to share their experiences, and to destigmatize mental wellness. Additional presentations organized by FMHI include:

- *Kapwa Soul Sessions*
- Serramonte District 5 Resource Fair
- Ethnic Studies Filipino/a/x Community Issues
- Visioning Board Workshop: Power of Pause
- City College SF Mental Health Panel
- MHSA 3-year planning input session
- Daly City Mental Health Month Proclamation
- Supported SMC first Cesar Chavez event, sharing behavioral health resources.
- Engaged new members via *Kapwa Kultural Center* (KKC) and Cafe project.
- Attended the Alliance for Community Empowerment (ALLICE), 14th annual Our Family, Our Future event and 20th Anniversary Gala. These events promoted elder care, prevent elder abuse, address Asian hate crimes and promoting healthier relationships, homes and communities through education.

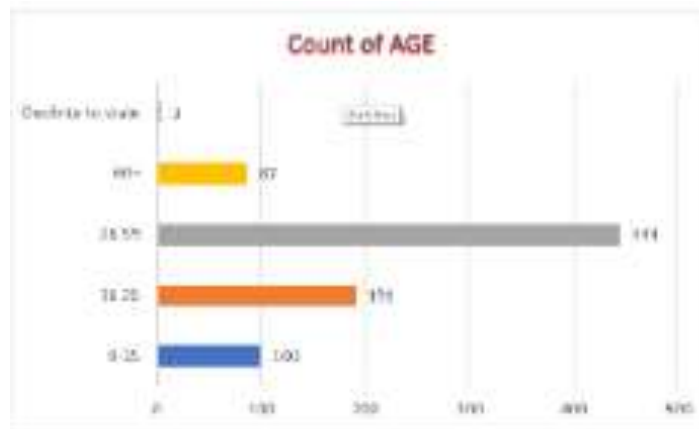
#### Latino/a/x Collaborative (LC)

In FY 2022-2023, the LC has increased its focus to centralize community input and become a hub of information sharing. In doing so, LC has had consistent attendance with its members this year and increased the promotion of resources and services for Latinx communities to help fill the health disparity gap among Latinx communities in our County. In order to support this focus, LC meetings included interpretation services. LC participated and/or hosted the following events and activities:

- Supported SMC Pride Celebration and Parade
- Supported SMC Day of Prayer
- Annual Health Forum “¡Sana, Sana! ¡Colita de Rana! Cuidate Hoy Para Un Mejor Mañana”
- Cesar Chavez Day In partnership with Voices of Recovery- SMC, BHRS’, Office of Diversity and Equity, Latino Collaborative hosted a cultural celebration, with the objective of advancing health equity by improving knowledge of and access to community services, such as mental health, recovery, and other county support services, to the Latino/a/x and Filipino/a/x community members. In order to empower community members, presentations focused on highlighting the “Strength and Resilience of Community,” which was the event’s theme. This event included resource tables, cultural presentations, and gift card drawings. Other organizational and agency partnerships included: Voices of Recovery-SMC, (Primary Host); ALAS (non-profit CBO in HMB); Filipinx Mental Health Initiative; San Mateo County Human Services Agency. Translation and interpretation services were provided in Spanish and English. An estimated 140 community members attended the first annual Cesar Chavez Celebration. 129 participants completed the demographic survey and 67 participants provided feedback through an end-of-event evaluation.
- ODE Director, team members and LC members went to local farms, met with farmworkers, and provided behavioral health resources and access information.
- Partnered with SMC Parks Foundation to showcase wellness and opportunities for members.
- Updated LC brochure



○ Straight: 297 ○ Queer: 147 ○ Lesbian: 113 ○ Gay: 108 ○ Decline to State: 33 ○ Another: 114



○ Decline to State: 3 ○ 60+: 87 ○ 26-59: 444 ○ 0-25: 100

The PRIDE initiative continues to create, support, and partner on LGBTQIA+ events, with the PRIDE Center, LGBTQ Commission, and ODE HEI's that build community infuses cultural humility and addresses intersectionality. In the different stages of the Global COVID-19 Pandemic, the initiative was able to put together and host the 10-year PRIDE celebration. They rebuilt those connections and created an affirming Pride Event in partnership with Outlet- Adolescent Counseling Services, CORA San Mateo, and San Mateo County Fairgrounds to support increasing outreach and increased recruitment to LGBTQIA+ Communities of Color, working on intersectional issues around Social and Racial injustice, homophobia, transphobia, and systemic racism. In conjunction with PRIDE Month, 16 cities across the county passed resolutions in support of the LGBTQIA+ communities and/or flew the PRIDE flag at their city halls throughout the month. In FY21-22, PRIDE participated and/or hosted the following events and activities:

- SMC In-Person PRIDE Week – 1,500+ attendees
- Pride Day at the Fair
- SOGI training
- Mental Health Awareness Month
- Trans Day of Remembrance
- Black History Month Celebration

**Spirituality Initiative (SI)**

In FY 21-22 the Spirituality initiatives' ongoing monthly meetings have become a place where a cross-section of the community comes to learn more about San Mateo County BHRS, community

- MHSA 3-year planning input session
- IMAT presentation to members and sharing of resources.
- Cultural Stipend Internship event, Power of Pause, Art for Wellness activity for clinicians

**Participant Demographics**

AGE:	0 – 15 years	16 – 25 years	26 – 59 years	60+ years	Decline to State
	9.3 %	12.4 %	71.3 %	7 %	0 %

PREFERRED LANGUAGE:	English	Spanish	Cantonese / Mandarin	Tagalog	Another Language
	41.86 %	48.84 %	0.78 %	0.78 %	7.75 %

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

Since its official launch in 2012, the NIPI has been steadily growing impact within the County. This is demonstrated in the most recent development of the Honoring Indigenous People Statement from the County, which sought NIPI's thought partnership and feedback along with the *Ramaytush* Ohlone Association, the Confederation of Ohlone People and the *Tamien* Nation. This statement is now being used across the County to open meetings in effort to honor Native Tribes' resilience and build awareness of the original inhabitants of the region. Additionally, NIPI has been invited to offer welcoming remarks and blessings to many behavioral health events throughout the County, including community-based organization partners, Health Equity Initiatives, the Commissions of Disabilities, San Mateo Libraries, and the International Indian Treaty Council. NIPI has offered traditional healing practices including events and trainings, using a clinical lens, that have been well received:

- Medicinal Drumming
- Native American Historical Trauma
- MHSA 3-Year planning input session
- Indigenous Peoples' Day presentation for BHRS Expanded Leadership
- Supported Confederation of Ohlone People in creation of Indigenous People Proclamation and accepted proclamation from Redwood City
- Cultural Stipend Internship event: Horticulture and Healing: using horticulture for adolescent MH.
- Supported Santa Clara County Native American Resources Fair, provided materials about SMC offerings and supports.
- 2023 California Chapter NEW PATH Conference, welcome ceremony.
- Attended the Intergovernmental Management Training (IGMT) Program event.

**The Pacific Islander Initiative (PII)**

PII has continued to focus on reducing stigma and increasing awareness and resources about suicide prevention in Pacific Islander communities. Significantly, in FY 2022-2023, PII successfully hosted a Pacific Islander Wellness Gathering that brought together community members, behavioral health agencies, and other stakeholders to increase linkages for Pacific Islanders.

From this event, many families shared that they were unaware of these services and that they felt more secure knowing that there are Pacific Islanders mental health providers who look like them. An additional activity that PII participated in was in the collaboration with CHI and FMHI to create a May Asian American, Native Hawaiian, and Pacific Islanders Heritage Month Proclamation uplifting the resilience and solidarity across their communities.

partners/stakeholders, consumers, and family members of those with lived experience, furthermore, the opportunity to interact with those who are in leadership positions have been rewarding for all. For instance, as a result of SI work and collaboration during this fiscal year or Black History Month February 26, 2022, solidarity with the African American Community Initiative, the Spirituality Initiative's current co-chairs and our past co-chair assisted in the planning and implementation of every aspect of the esteemed yearly Black History Month program. We requested that the reading of Indigenous People's Land Acknowledgment be a part of the program which led to the addition of the African Ancestral Acknowledgment also being read during the event. It has been said that music is the soul and spirit of Black folks. From offering musical selections by the Glide Ensemble: "Say Their Names" which chronicles contemporary African Americans murdered by police violence. A deeply significant source of sorrow and emotional pain in the African American community. We say their names despite their horrendous demise to commemorate this tragedy by giving their lives meaning and longevity. The song "Glory" was added to the program to acknowledge a communal desire for individual and community freedom in past, present, and future generations of African Americans. Equally as important, a piano recital entitled "Honey" by the talented Leon Bates was included with a description of its historic composer Robert Dett, a descendant of slaves to acknowledge our ancestors was also a noteworthy part of the program. In total, AACI's Black History Month 2022 was a successful event with our support. This year SI was able to hold the National Day of Prayer event, as it had been canceled in 2020 due to the pandemic, with mindfulness about health risks, we held the National Day Prayer on Zoom. The event featured Judaism, Christianity, Islam, Catholic, and Hindu, leaders, San Mateo Deputy County Manager Peggy Jensen, LEAP Institute Director Viral Mehta, as well as prayers/poems from consumers and providers. The planning of the event was led by the Co-Chairs of the ODE Spirituality Initiative, Isaac Frederick and Melinda Ricossa, along with consumers, members of the faith base community and community-based organizations. The event was a big success thanks to all those who helped with the planning. The 1 ½ hour virtual event drew 75 people in attendance, and many more expressed they would have attended if not for schedule conflicts. In FY21-22, SI participated and/or hosted the following events and activities:

- National Day of Prayer
- Virtual Juneteenth Event- Freedom and Fatherhood
- Board & Care Training
- Black History Month 2022
- STAR Vista Clinical intern training

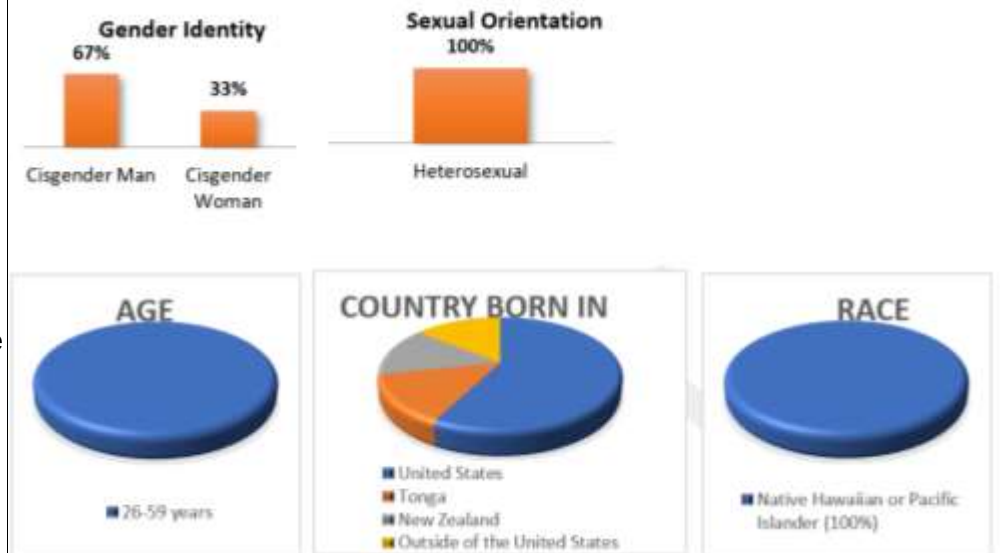
**Cultural Stipend Internship Program (CSIP):**

The BHRS-16 Cultural Stipend Internship Program (CSIP) Awardees have completed and presented their cultural humility-related projects to clinic sites, Health Equity Initiatives (HEI), and community groups. Eight awardees spent the past academic year participating in one of nine HEIs, and coordinating a year-long project, in addition to their regular duties as clinical interns. CSIP provides a stipend of \$7,000 awarded annually to interns selected on their expressed interest in and commitment to cultural awareness and social justice in both community and clinical settings; personal identification with marginalized communities; and/or lived experience with behavioral health conditions. Priority is given to bilingual and/or bi-cultural applicants whose cultural background and experience are similar to underserved communities in SMC. Once selected, awardees are then matched with an HEI and

- Over **30** participants attended this intimate event, which was a part of Mental Health Month.
- **7** survey responses were collected using the Event Evaluation for 2023 May Mental Health Month prompts. Survey respondents were entered into a raffle if they provided contact information that were disaggregated from the survey anonymous and voluntary report.
- Data limitations include the following: 4 incomplete demographic sheets.
- In collaboration with Samoan Solutions, PII hosted 12<sup>th</sup> annual 5k Turkey Trot; that provided behavioral health resources to participants.
- 5/20 hosted a Pacific Islander Wellness Gathering to celebrate AAPI Heritage Month and Mental Health Awareness Month.
- In June 2023 PII took part in the Pacific Islander Violence Prevention Conference for the development of evidence-based programs, increasing partnerships and collaboration to address the complex issues of violence that have become increasingly prevalent in Pacific Islander communities around the world.

During this FY, the PII has struggled with having 2 active co-chairs. The ODE provides support and will continue to work on stability by vetting contractors to support the initiative as co-chair. onboarding a new HEI coordinator and have staff attending the meetings to provide support.

- for the initiative and our communities.



**PRIDE Initiative (PRIDE)**



This year, the PRIDE has expanded its reach to include even more diversity, collaboration, and intersectionality in its activities and events. Most significantly, as with other years, the PRIDE initiative pours its energy and time into planning and organizing the Pride Annual Pride Celebration—and this year's celebration included the first-ever parade. Especially in the current rollback of LGBTQIA+ rights, the PRIDE initiative pushes opportunities to shed light on the diverse and complex needs of LGBTQIA+ people, to identify and promote LGBTQIA+ services and providers in the local community, and to address transgender violence. Additional events hosted by the PRIDE Initiative include:

- Pride Bingo, an event hosted on 6/9/22 for older adults at the San Mateo Senior Center to support PRIDE month outreach and engagement.
- African American Community Assessment: LGBTQIA+ Focus Group
- MHSA 3-Year Planning Input Session

tasked with conducting a project that helps BHRS become more culturally sensitive on a systemic level, and more accessible to marginalized communities. CSIP is truly a collaborative effort between interns, supervisors, Health Equity Initiative co-chairs and members, the Office of Diversity and BHRS staff.

**CSIP 21-22 Internship Projects:**

LC: **ACE's use among Latinx Children;** research paper on how Adverse Childhood Experiences should be utilized when assessing children of the LC community within the juvenile justice system

FMHI: **Growth for a Cafe;** Assistance in building up School-to-Career/Youth Development Social Enterprise Cultural Center, & Cafe by networking with community, surveying the community needs, and how to bring that into reality.

PRIDE: **SOGI research;** research-based project, understanding the barriers, advantages, and what the next steps for BHRS should be with SOGI.

AACI: **"BETA" Black Empowerment Through Awareness;** community outreach project, intern facilitated workshop during Black History Month Celebration to assist in promoting black wellness and recovery.

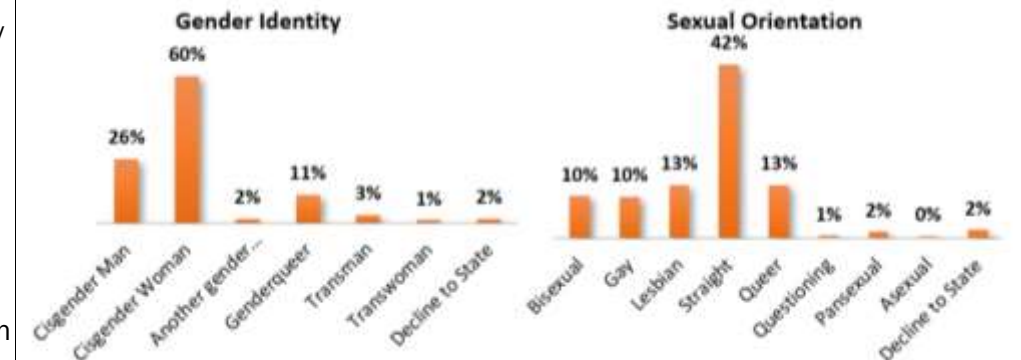
SI: **Spirituality Survey;** Collect data to assess treatment and holistic perspective that incorporates spirituality as a form of therapeutic interventions.

NIPi: **Knowledge is Power;** Facilitated a workshop for clinicians at placement focused on efficient ways to provide services to the NIPi community, while also providing a local history of Native Peoples from San Mateo County and acknowledging the stigmas.

- An estimated 4,000 people joined the Pride Celebration and First-ever Pride Parade in San Mateo County. 694 participants provided feedback through a survey for this event.
- Supported SMC Area Agency on Agency Community Assessment Survey for Older Adults 55+
- Collaborated with the SMC LGBTQ Commission TransACTION Day of Change, offering resources, Covid-19 and MPX vaccination clinics.

Participant Demographics

Age:	0 – 15 years	16 – 25 years	26 – 59 years	60+ years	Decline to State
	7.78%	20.03%	56.48%	14.99%	0.72%



**Spirituality Initiative (SI)**

In FY 2022-2023, the SI has provided a backbone and support to its members, other HEIs, and beyond to embody hope in the County. For instance, at SI monthly meetings, members have consistently volunteered to take responsibility of sharing a meditation for the group, ranging from prayers and poems to testimonies that ground is in our collective humanity, faith, and recovery journeys. This simple, yet profound practice, offers a pathway to reduce stigma and to implement recovery principles into the core of SI. Furthermore, SI has helped lead two successful presentations for older adults in Daly City in partnership with Mental Health Month, Chinese Health Initiative, Aging and Adult Services, North East Medical Services, and the City of Daly City. These presentations highlighted the growing concerns of scams and social isolation within older adults. Lastly, SI has notably empowered community members to outreach and promote mental health resources at several community events.

- The Spirituality Initiative co-organized a two-part workshop series during Mental Health Month for older adults and adults with disabilities, per the request of their members. The topics were covered included Scam Prevention (May 15, 2023) and Social Isolation (May 30, 2023). Both events were held at the Doelger Senior Center in Daly City and included resource tables, presentations, and gift card drawings. Translation and interpretation services were provided in Chinese (Cantonese).
- Supported the SMC Voices of Recovery Happens events
- Supported the SMC Cesar Chavez and Juneteenth events.
- Hosted the 7<sup>th</sup> annual National Day of Prayer Event, bringing together lived experience community members, Jewish, Hindu, Catholic, Christian, Islamic, Buddhist, and nondenominational individuals to focus on health and unity.
- Collaborated with BHRS Quality Management team to better incorporate individuals from faith communities and leaders in BHRS intervention planning and feedback process.
- Other organizational and agency partnership include: the City of Daly City, North-East Medical Services, Self Help for the Elderly, San Mateo Aging



and Adult Services, Commission on Aging and the Office of Diversity and Equity Chinese Health Initiative

**Participant Demographics**

May 15, 2023: SCAM PREVENTION (47 responses total)					
Age:	0 – 15 years	16 – 25 years	26 – 59 years	60+ years	Decline to State
	0%	0%	2.13%	97.87%	0%

May 30, 2023: SOCIAL ISOLATION (51 responses total)					
Age:	0 – 15 years	16 – 25 years	26 – 59 years	60+ years	Decline to State
	0%	0%	0%	96.08%	3.92%

**OUTCOME DATA & PROGRAM IMPACT**

Health Equity Initiatives hosted various events, trainings, and presentations as forms of intervention. Overall, HEIs held 23 community-driven events and 21 presentations related to behavioral health throughout the year. Please see the Appendix for Event Evaluation summaries that highlight health outcomes about:

- AACI: Juneteenth Celebration
- LC: Annual Health Forum “¡Sana, Sana! “Colita de Rana! Cuidate Hoy Para Un Mejor Mañana”
- LC: Cesar Chavez Celebration
- PII: Pacific Islander Wellness Gathering
- Pride Initiative’s Pride Celebration and Parade
- SI: Mental Health Month Events for Older Adults

**CLIENT INFORMATION & DEMOGRAPHICS**

Number of clients (duplicated) reached in monthly HEI meetings over the fiscal year:

All HEIs total	1,262
African American Community Initiative (AACI)	135
Chinese Health Initiative (CHI)	152
Diversity and Equity Council (DEC) <i>*Please refer to DEC section for additional information</i>	262
Filipino Mental Health Initiative (FMHI)	66
Latino/a/x Collaborative (LC)	183
Native and Indigenous Peoples Initiative (NIPI)	40
Pacific Islanders Initiative (PII)	66
PRIDE Initiative (PRIDE)	195
Spirituality Initiative (SI)	163

**Number of clients reached at trainings and events:**

All HEIs total	6,501
<b>African American Community Initiative (AACI)</b>	Total: 555
<i>Black History Month Event</i>	125
<i>Black History Month Collaboration with Alameda County</i>	250
<i>*Juneteenth</i>	180
<b>Chinese Health Initiative (CHI)</b>	Total: 152
<i>Civic Leadership USA</i>	9
<i>Heart and Soul Open House</i>	1
<i>Chinese Herbs and Dietary Recovery for COVID 19</i>	22
<i>Hepatitis B: Screening and Prevention</i>	20
<i>Social Security and Disability Benefits</i>	16
<i>Health Policy and Planning in San Mateo County</i>	18
<i>MHSA 3-year planning community input</i>	21
<i>Addiction Treatment</i>	12
<i>Community Collaboration Process for Public Health</i>	12

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			<p>Due to limited capacity, the Office of Diversity and Equity was not able to monitor, collect, and analyze data from every HEI event evaluation. Next FY with more staffing, HEIs will be able to analyze more event and training attendance. It will be a growing priority in the next fiscal year to ensure that a streamlined process is created to offer timely, consistent, and reliable data for events supported by MHSA.</p>																																																																																				



**CSIP 22-23 Internship Projects:**

**LC: Power of Pause, Art for Wellness activity for clinicians.** A survey was created to capture the voices of the therapists in six key areas. To capture potential correlation between demographics surveyed and contributors of stress. The project turned into more of a platform to elevate the voices of the clinicians and to tailor an intentional experience that would allow space for our community healers to reflect, process, dream and remember their “why” that propels them forward daily in the amazing work that they do.



**PII: Pacific Islander Community & Mental Health.** The project consisted of identifying service gaps in the community as well as offering up information about mental health through the Pacific Islander Initiative. The information had an emphasis on the impact of stigma and the prevalence of depression among pacific islander families.

**DEC: Youth Engagement with HEIs.** This project aimed to provide the first steps in



increasing space and opportunities for communication with and participation by youth in BHRS equity work. The main project objectives included a presentation to engage youth, collaboration with HEI leadership to highlight or create opportunities for youth participation and

gathering youth input on their desired outcomes to better inform future project development.

**CHI: Mental Health & Asian Culture:** A 1.5-hour workshop was created for local Asian-American high school students centered on the intersection of Asian-American Culture and Mental Health. Utilizing the workshop from the book, *Permission to Come Home: Reclaiming Mental Health as Asian Americans* (Wang, 2022). The goal of the workshop was to name unwritten rules or mindsets from their cultural backgrounds and bring them to the participant's awareness.

**SI: Spirituality Initiative & AOD Services** A presentation to increase outreach to AOD community and identifying new pathways/opportunities for collaborating with programs in the future so that SI can continue this type of integration. The initial phase included identifying specific AOD programs within the county that may benefit from and be open to a partnership with SI. A presentation on the topic was provided for Voices of Recovery, a peer led organization that supports individuals with addiction.

Diversity and Equity Council (DEC) is made up of BHRS staff, contracted providers, community leaders and members and work to ensure that topics concerning diversity, health disparities, 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

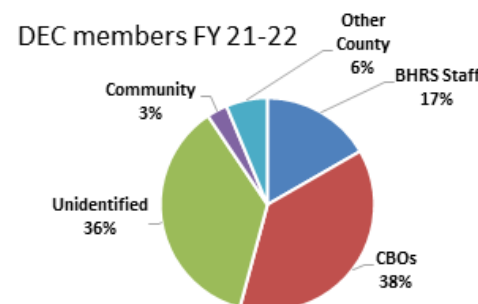
This fiscal year the DEC supported Suicide Prevention Month by offering the **Be Sensitive Be Brave for Suicide Prevention (BSBB)** training for DEC members and community at large. This was a foundational workshop in suicide prevention to teach participants how to act as eyes and ears for suicidal distress and connect individuals with appropriate services. Workshop participants learned to recognize suicide risk, how to ask individuals if they are thinking about suicide and connect them with help.

Secondly, the DEC successfully updated their Strategic Plan, this included an extended retreat hosted in January to collect feedback and help prioritize DEC activities for the upcoming year. This was very helpful as the DEC is transitioning from COVID response work to more direct activities to advance health equity. The group identified three areas of focus including: serving as an advisory body for BHRS, continuing to be a space of collaboration for CBOs and HEIs, and a hub of information for San Mateo County communities at large.

As part of our updated strategic plan, we included a monthly "Spotlight" on the DEC agenda to provide an opportunity for DEC members to give a presentation about their organizations/programs to encourage networking and collaboration. We also created a member contact list, to encourage communication between members. The DEC also created a subgroup, the Cultural Competence Open Forum, to discuss cultural competence specific requirements, barriers, successes, and progress with members representing contracted agencies. DEC also supported 4 of our members representing community-based organizations, to participate in a training on Emerging Best Practices for Communities of Color, Prevention & Treatment Modalities that took place on Wed. February 16th, 2022.

Some of our accomplishments and highlights for the year include:

- Strategic Plan update
- DEC webpage update
- Work towards building partnerships.
- Continued to serve as an information/networking hub for our members.
- Our membership grew significantly, including new organizations and stakeholders like San Mateo County Legal Aid and Innovate Public Schools that expand beyond BHRS.



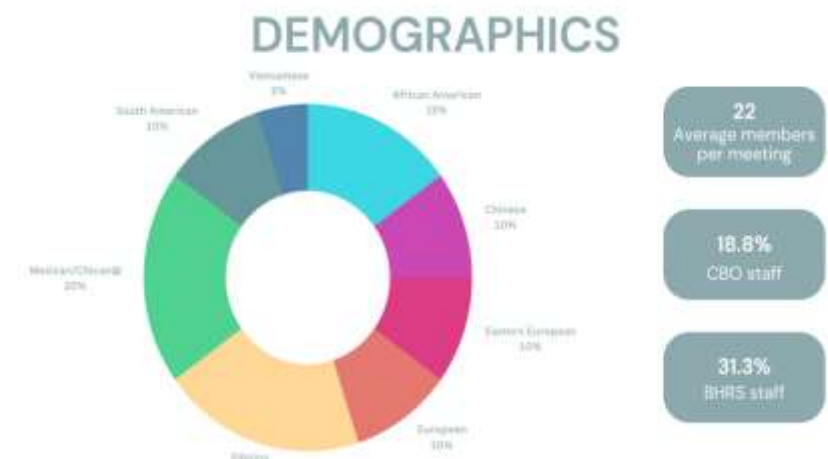
In total, the DEC gained 11 new members this year, bringing our total list serve to 96 members. On average 13 members from our

In addition to that aforementioned work, the **Diversity and Equity Council DEC (formerly the Cultural Competency Committee)** advanced its strategic plan goals, specifically in the areas of connection with stakeholders. First, by creating our "spotlight" standing agenda item for our members to provide information about their respective organizations/groups and share how they continue to work to support San Mateo County communities.

This year we had the opportunity to hear from and promote the work of other Health Equity Initiatives, Mental Health Association, Heart & Soul Inc. among others. This action helped build partnerships amongst members and provide up to date information on resources available.

Additionally, we strengthened our relationship with BHRS leadership and key decision-making groups. We had the opportunity to hear directly from the BHRS Quality Management (QM) team on two separate occasions on the Behavioral Health Quality Improvement Program-Performance Improvement Projects (PIPs). This informed our group on the specific disparities being experienced in SMC and allowed for DEC members to provide their input and feedback on possible interventions to improve behavioral health outcomes. This feedback has led to direct actions steps from QM to support our PIPs. The DEC also provided key input for the Mental Health Services Act (MHSA) 3-yr Planning session, members were able to share the challenges being experienced by the workforce and possible interventions for improvement.

We had the opportunity to receive a presentation on the recently conducted Population Needs Assessment by the Health Plan of San Mateo, this helped members understand the broader social determinants of health affecting behavioral health outcomes. From there, and with the support of QM, MHSA and Alcohol & Other Drugs leads, we were able to delve deeper on the BHRS gaps and challenges. This upcoming FY, we hope to incorporate more activities that will help to address some of these challenges.



In total, the DEC gained 5 new members this year, bringing our total list serve to 101 members. On average 22 members from our list serve attend the meetings on a regular basis, and we continue to have strong engagement via email for those not able to attend our virtual monthly meetings.

Upcoming in **FY 23-24** DEC will be hosting and facilitating trainings that supports the advancement of CLAS for contractors to meet their annual training requirement.

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	<p>Peer Recovery Collaborative is comprised of peer operated programs focused on education and community outreach to meet individuals where they are in their recovery journey. The collaborative is made up of Heart and Soul, Voices of Recovery and California Clubhouse, they continue to be strong partners working with BHRS and have sponsored the Peer and Family Member Summit.</p>	<p>The Peer Collaborative has suspended their meetings due to lack of funding and staff changes. However, in FY 21-22 BHRS Office of Consumer &amp; Family Affairs (OCFA) was focused on the certification process for Peer support workers. OCFA supported the Peers from community-based organizations get registered and begin the grandparenting process or aided those who aren't currently eligible.</p> <ul style="list-style-type: none"> <li>• Through the support of California Association of Social Rehabilitation Agencies (CASRA) provided 60-hr peer provider training. Including a 12-hr peer documentation training and a 6hr peer "boundaries &amp; ethics" training.</li> <li>• BHRS supported peers in attaining 56 scholarships, to further this work. In addition, the County made recommendations to CALMHSA. NAMI/Lived Experience members were also included.</li> <li>• BHRS will be working on the integration of peers in the coming year, building a career ladder for peer support workers. This will elevate/professionalize their support work. This will open the possibility for BHRS to develop contracts/expand work with peer agencies to provide peer work and Medi-Cal billable services.</li> <li>• Individual agencies have also received state funding to support their peer work, to support peer certification costs and recertification every 2 years.</li> <li>• The peer certification will include the following specializations: Family Care, Unhoused, Crisis Response Services and Justice Involved.</li> </ul>	<p><b>PEER SUPPORT WORKERS &amp; FAMILY PARTNERS</b></p> <p>BHRS continues to champion Peer Support Workers and Family Partners employed throughout the BHRS Children and Youth and Adult and Older Adults Services. These workers provide a very special form of direct service and support to BHRS 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. In FY 22-23 approximately 31 clients were served.</p> <p>There are 9 Peer Support Worker positions in BHRS Adult and Older Adult Services funded by MHSA. They support a variety of clinical program teams: OASIS (Older Adult system of Integrated Services), Pathways and the 5 County Regional Clinics. One part-time Peer Support Worker position was converted to full time.</p> <ul style="list-style-type: none"> <li>• 6 Peer Support Workers on the Adult Clinical Services Teams</li> <li>• 1 part-time Peer Support Worker in the Older Adult System of Integrated Services (OASIS) Team</li> <li>• 1 Senior Community Worker on the Adult Services Teams</li> <li>• 1 Senior Community Worker on the Pathway Team</li> </ul> <p>The Peer Support Workers are culturally, racially, ethnically and linguistically diverse representing Chinese, Pacific Islander, Latino, Caucasian, African American and LGBTQ communities, several of whom are immigrant bilingual and bi-cultural and assist by:</p> <ul style="list-style-type: none"> <li>• Facilitating the transition to a higher level of care</li> <li>• Connecting to vocational resources</li> <li>• Applying for benefits, process with Medi-Cal, Supplemental Security Income (SSI), unemployment Social Security Disability Insurance (SSDI), Department of Rehabilitation assistance, general assistance, food stamps, etc.</li> <li>• Providing transportation support to acquire medical or behavioral health services,</li> <li>• Assisting with the distribution of phones for clients to attend appointments.</li> <li>• Supporting clients with phone technology</li> <li>• Connecting to virtual peer support services as Heart and Soul, California Clubhouse, Voices of Recovery and the Barbara A. Mouton Multicultural Wellness Center</li> </ul> <p>Trainings FY 22-23: This fiscal year has been mostly dedicated to the implementation of Senate Bill 803 – Peer Support Specialist Certification. All of the Peer Support Workers have registered either for the Grandparenting process or Initial Certification Process. San Mateo County BHRS contracted with the California Association of Social Rehabilitation Agencies (CASRA) to provide a 60-hour training for new peer support staff.</p> <p>Peer Support Workers bring their lived experience to the broader community by participating in community groups and County BHRS committees and the BHRS Office of Diversity and Equity, Health Equity Initiatives such as:</p> <ul style="list-style-type: none"> <li>• African American Initiative</li> <li>• Lived Experience Speakers Academy</li> <li>• Lived Experience Education Workgroup</li> <li>• Housing Operations and Policy Committee</li> <li>• Housing Change Agent Meeting</li> <li>• MHSA Steering Committee</li> </ul> <p>A Peer Support Workers retreat was hosted in person in Half Moon Bay. This retreat was key for the integration of the new peers in the group. The</p>
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			<p>first half of the retreat they reflected on the last two years and are looking forward to the Peer Support Specialist Certification and how it will professionalize the role they have on their different teams and the system. Each Peer is at a different stage with the process. The second half of the retreat was dedicated to self-care and getting to know each other.</p> <p><b>Successes</b></p> <p>The program saw successes as a response to efforts with new COVID-19 protocols:</p> <ul style="list-style-type: none"><li>• Staff continue encouraging client engagement with telehealth services and reaching out to clients in between appointments, assessing their needs and providing resources.</li><li>• Support in getting clients to vaccination clinics.</li><li>• Support and distribution of electronic devices for clients to continue engaging in their treatment goals and participate in activities provided by San Mateo County peer-run organizations.</li><li>• BHRS contracted and provided a 60-hour Peer Support Specialist Training for Peer Support Workers in preparation for the implementation of Senate Bill 803 in July 2022 with CASRA.</li><li>• BHRS contracted a 12-hour Documentation Training for Peer Support Workers.</li></ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"><li>• A high percentage of unvaccinated BHRS clients and youth 12 and over, despite the outreach efforts to raise awareness on the importance of getting vaccinated.</li><li>• Effects of isolation and fear of getting sick during COVID-19 on the behavioral health of clients.</li><li>• Supporting clients with maintaining their housing to meet requirements for a mainstream voucher or other housing vouchers, food resources and applying for government grants for those qualified, such as Immigrant Families Fund.</li><li>• The inability to hold in person groups for clients.</li></ul>
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Anti-Stigma Initiative  
Suicide Prevention  
Initiative Co-Occurring  
Initiative & Mental Health  
Month (MHM)

**#BeTheOneSMC** is San Mateo County's anti-stigma initiative and aims to eliminate stigma against mental health and/or substance use matters in our San Mateo County community. **#BeTheOneSMC's** main message is that you can be that ONE who can make a difference in reducing stigma and promoting wellness in our community. Primary program activities and/or interventions provided include:

**Inclusive Language**

In October 2021 and January 2022, BHRS facilitated open forums where San Mateo County peer organizations and community organizations identified recommended inclusive language around mental health and substance use conditions.

**Annual May Mental Health Month (MHM) Observance**

This is one of the biggest mental health observances of the year for San Mateo County. The 2022 MHM consisted of a planning committee, advocacy days, event support & mini grants, communication campaigns, over 30 events with an estimated reach of 500 individuals. 68 survey responses collected from 8 out of 30 events. Results are shown below. Of the collected responses:

- 90% agreed that they have learned MORE about mental health and/or substance use services
- 87% agree or strongly agree that they are MORE willing to seek professional support for a mental health and/or substance use condition if I need it a direct result of this program.
- 94% agree and strongly agree that this program was relevant to me and other people of similar cultural backgrounds and experiences.
- 2022 MHM statewide theme was **Take Action** for Mental Health. The campaign goal was to offer our community mental wellness tools to seek help for themselves or a loved one.

**The stigma discrimination reduction highlights:**

- Website: The standalone MHM website was positively received as shown by the quantitative metrics referenced above and anecdotally from community partners. The website was a hub with all our communication materials, including social media calendar, resources, graphics and more.
- The San Mateo County Mayors Mental Health Initiative (lead by individual cities) partnered with San Mateo BHRS ODE during 2022 MHM with 4 cities launching 6 Mental Health First Aid classes, 15 cities Mental Health Month in their city council meetings, 5 cities lighting up their buildings in lime green/green and 1 city raising a green flag for Mental Health Month. This launch was just the start to an ongoing commitment to offer more mental health programs and resources across cities throughout San Mateo County.

The main challenge and area of growth is to broaden our reach, especially to marginalized communities with greater behavioral health need.

Solutions to mitigate the challenge of broader outreach include:

- Create a communication map with special emphasis on marginalized communities with greater behavioral health need (based on available county or state data)
- Media engagement (e.g., print, radio, television) to reach a very wide audience.
- Targeted outreach to marginalized communities (e.g., newsletters)

For the suicide prevention program in 2021-2022, the interventions we are most proud of are listed below. There is also a 2022 Suicide

**#BeTheOneSMC** continues to be San Mateo County's Anti-Stigma Initiative that aims to eliminate stigma against mental health and/or substance use matters. Primary program activities and/or interventions provided include:

**ANNUAL MAY MENTAL HEALTH MONTH (MHM) OBSERVANCE:** In the last few years, 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 2023 theme “#Share4MH.” The 2023 May Mental Health Month consisted of the following:

- a. **Planning Committee** which provided guidance and oversight for the 2023 MHM countywide virtual and in-person events. Planning committee members included clients/consumers, family members, county staff and community-based organization staff. Planning committee meetings convened from March to June 2023.



Image: 2023 MHM Planning Committee, April 17, 2023

- b. **Advocacy Days** are various days in April and May where community members can make public comment and advocate for mental health at local city and county meetings that proclaim May Mental Health Month. The County of San Mateo and 17 out of 20 San Mateo County cities proclaimed 2023 May Mental Health Month (up from 15 out of 20 in 2022). In 2023, the County and 7 local cities (up from 5 cities in 2022) also expressed support for May Mental Health Month by lighting up their government buildings in green (up from 5 cities in 2022); the 7 cities include Brisbane, Hillsborough, Millbrae, Pacifica, Redwood City, San Carlos and South San Francisco. Similar to previous years, one city (Half Moon

Prevention Committee Year in Review attached which includes accomplishments from half of FY2021-2022 (January – June 2022).

**2021-2026 Suicide Prevention Roadmap**

- As of September 2021, one of only 13 California counties to have a suicide prevention strategic plan.
- First county to add equity focus to suicide prevention strategic plan goals.

**Be Sensitive Be Brave Training Adaptation**

- San Mateo County is the first County to fund linguistic/cultural adaptation of Be Sensitive Be Brave training co-created by Dr. Joyce Chu and Santa Clara County
- In partnership with Dr. Joyce Chu and Chinese Health Initiative, San Mateo County helped complete the Be Sensitive Be Brave adaptation for Mandarin and Cantonese speaking Chinese community (first and only linguistically and culturally adapted mental health/suicide prevention community helper training for Chinese community).

Bay) raised a green flag on their government building to also show support for May Mental Health Month.

- c. **Mini-Grants and Event Support** is an opportunity for County and community partners to apply for modest amount of monetary funding and event support for their May Mental Health Month event. The process includes application, selection, event support, deliverable review, and fund. A total of 7 mini grants were awarded.
- d. **Communication Campaign** which promoted May Mental Health Month through the following below communication channels. New graphics and content align with the statewide #Share4MH campaign.

There was a total of over 23 MHM events with an estimated reach of 1,200 individuals. 83 survey responses were collected from 13 out of 23 events. Results are shown below. Of the collected responses:

- 93% (77/83) agreed or strongly agreed that as a direct result of this program, they have learned MORE about mental health and/or substance use services that they can reach out to.
- 82% (68/83) agreed or strongly agreed, that as a direct result of this program, they are MORE willing to seek professional support for a mental health and/or substance use condition if they need it.
- 88% (73/83) agreed and strongly agreed that this program was relevant to them and other people of similar cultural backgrounds and experiences (race, ethnicity, gender, religion, etc.)
- 88% (73/83) agreed or strongly agreed that as a direct result of this program, they are MORE likely to believe people with mental health and/or substance use conditions contribute much to society.

While 2023 May Mental Health Month improved in terms of a wider reach, particularly in marginalized communities, there is still a lot to grow and improve upon in this area. Similar to what was stated in last fiscal year’s report, solutions to mitigate the challenge of broader outreach include:

- Create a communication map with special emphasis on marginalized communities with greater behavioral health need (based on available county or state data)
- Targeted outreach to marginalized communities (e.g., newsletters, radio, online forums, chat, print)



**SEPTEMBER SUICIDE PREVENTION MONTH (SPM):** The purpose of SPM is to encourage all in the community to learn how we all have a role in preventing suicide. The 2022 SPM statewide theme was “Take Action for Suicide Prevention: Thriving At All Ages” and local hashtag was #SMCTakeAction4MH. SPM activities included:

			<p><b>Advocacy Days</b> are various days in August and September where community members can make public comment and advocate for suicide prevention at local city and county meetings that proclaim September Suicide Prevention Month. The County of San Mateo and 19 out of 20 San Mateo County cities proclaimed 2022 September Suicide Prevention Month (up from 17 out of 20 in 2021). In 2022, the County buildings were lit purple and teal for the first time for SPM.</p> <p><b>Mini-Grants and Event Support</b> is an opportunity for County and community partners to apply for modest amount of monetary funding and event support for their September Suicide Prevention Month event. The process includes application, selection, event support, deliverable review, and fund disbursement Mini-Grant applicants who may reach to diverse communities in high need of suicide prevention resources, including (but not limited to) the following groups:</p> <ul style="list-style-type: none"><li>• Youth</li><li>• Older Adults</li><li>• LGBTQ+ community</li><li>• Indigenous People</li><li>• Pacific Islanders</li><li>• Veterans</li><li>• Professions at Risk</li></ul> <p>Mini-Grants ranged were \$200-300. \$300 was distributed to 7 grantees recipient, Star Vista Health Ambassador Youth. Event details below. 2 events hosted by community partners, including a book club and open mic event. The first event was focused on youth and the second event was open to all ages. 20-30 estimated to have attended the 2 SPM events.</p> <p><b>Communication Campaign</b> which promoted September Suicide Prevention Month through the below communication channels. New graphics and content align with the statewide theme “Take Action for Suicide Prevention: Thriving At All Ages” and local hashtag #SMCTakeAction4MH. <b>Website</b> included schedule of events, ways to get involved and resources for behavioral health &amp; <b>Social Media campaign</b> included 7 social media posted across San Mateo County Health Facebook, Instagram, Twitter and BHRS Blog. among Facebook, Instagram, Twitter, the hashtag #SMCTakeAction4MH was featured and shared by organizations and individuals. <b>Outreach Materials</b> – created and mailed by state and distributed by Suicide Prevention Committee and County staff. For example, Redwood City staff distributed suicide prevention ribbons to first responders (police, fire) and Youth Commissioners received mental health promotion kits.</p> <p><b>SUICIDE PREVENTION TRAININGS:</b> Adult Mental Health First Aid &amp; Be Sensitive Be Brave Trainings were also part of the Suicide Prevention Program and there are separate annual reports for each.</p>
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STAR VISTA BEHAVIORAL HEALTH & RECOVERY SERVICES

## The S-Word Book Club

SUICIDE PREVENTION MONTH 2022

Join us for a book club! We invite you to read "Everything I Never Told You", by Celeste Ng. Meetings will start in September for Suicide Prevention Month.



Learn more about the book [here](#)

**MEETING DATES:** SEPT 23 AND OCT 7    **TIME:** 5PM TO 6PM    **WHERE:** VIRTUAL

Fill out this form down below to register:  
[HTTPS://FORMS.GLE/2NN2SAD1YCMQMVYH9](https://forms.gle/2NN2SAD1YCMQMVYH9)

## Surviving and Thriving: OPEN MIC NIGHT

Celebrating resilience and survival around suicide and suicide loss.

*Monday, September 12th*  
 Starts 5:45pm, Acts Begin 6:30pm  
 Redwood City Library Community Room  
 Event is FREE | Open to all audiences



Be a part of our artists line-up!  
 Sign up at [signup.com/go/aST3JTo](https://signup.com/go/aST3JTo)

StarVista Crisis Center    REDWOOD CITY PUBLIC library  
 SAN MATEO COUNTY HEALTH BEHAVIORAL HEALTH & RECOVERY SERVICES

Outreach Collaboratives are strong collaborations with local community-based agencies and health and social service providers are essential for cultivating a base of engaged community members.

**NORTH COUNTY OUTREACH COLLABORATIVE (NCOC)**

The North County Collaborative consists of five agencies that reside and serve in the North sector of San Mateo County. Asian American Recovery Services (AARS), Daly City Peninsula Partnership Collaborative (DCP), Daly City Youth Health Center (DCYHC), Pacifica Collaborative (PAC) and StarVista (SV). The North County Outreach Collaborative/ Community Outreach Team met on a regular quarterly basis during the fiscal year. The Community Outreach Team (COT) meetings were very supportive and successful in not only collaborating between agencies, but also figuring out how to be able to wrap clients/participants with needed care as a result. COT shared community resource information, outreach opportunities, collaborate on cases, and connect clients with necessary care. The COT team was a lifeline to the outreach that was being done in the community. Maneuvering through the pandemic was extremely challenging for COT and having the opportunity to discuss this openly was expressed as a true gift.

**COVID Efforts**

Through partnership with SMMC, DCYHC was able to receive information about COVID vaccination days designated for the community. Outreach for vaccination clinics taking place were shared to additional networks via email, social media posting, and networking. The DCYHC location also served as a COVID-19 testing site for community members and essential workers to get tested until January 2022. The vaccine clinic was then moved to an area that could accommodate the changing number of people. Daly City Partnership outreach was done through social media, flyers at the DCCSC, weekly food distribution, volunteer appreciation event spring 2022, family resource day, and other community events. AARS was able to partner with other Pacific Islander leaders to host several key sites for PI and other community members to get tested. PAC's bulk of the outreach consisted of sharing information about COVID testing, vaccines, and resources. Printed materials were included in food distribution boxes, drive and o senior lunch programs and curbside library pickups. Links to services were shared during collaborative meetings, on social media and trough youth-led Podcasts.

**Additional projects**

During this fiscal year, Daly City Youth Health Center partnered with Daly City Partnership to better serve clients and expand their mental health services and support their basic needs around housing and food insecurities. There has been an increasing demand for mental health support and in order to meet this, DCYHC expanded their mental health team. Any clients they were unable to see due to capacity, were referred to Daly City Partnership. All of Daly City Partnership's community partners helped in various ways such as, Food Bank distributions, community, and special events. All their agencies worked together in supporting each organizations projects and outreaches. The Pacifica Collaborative and Daly City Youth Health Center have created working relationships that included youth outreach in both Pacifica and Daly City. The groups collaborated with SMC on a youth-led campaign to encourage young people to get vaccinated. This included youth-led panel discussions in person vaccines events and Podcasts series on youth on COVID.

**EAST PALO ALTO PARTNERSHIP FOR BEHAVIORAL HEALTH OUTREACH**

The East Palo Alto Partnership for Behavioral Health Outreach (EPAPBHO) collaborative is comprised of community-based agencies from the East Palo Alto region of San Mateo County to provide culturally appropriate outreach, psychoeducation, screening, referral and warm hand-off services to East Palo Alto region residents. One East Palo Alto (OEPA) served as the lead agency and work in collaboration with El Concilio of San Mateo County (ECSMC), Free at Last (FAL) and 'Anamatangi Polynesian Voices (APV).

**NORTH COUNTY OUTREACH COLLABORATIVE (NCOC)**

The North County Collaborative consists of five agencies that reside and serve in the North sector of San Mateo County. Asian American Recovery Services (AARS), Daly City Peninsula Partnership Collaborative (DCP), Daly City Youth Health Center (DCYHC), Pacifica Collaborative (PAC) and StarVista (SV). During the beginning part of this review period many of the NCOC partners were able to outreach and connect community to Covid testing and vaccines. Daly City Partnership had a contract with San Mateo County to provide covid testing at the Daly City Community Service Center from July 22 to June 2023. Vaccination clinics were held a few times throughout this fiscal year at both DCCSC and Our Second Home. With the Daly City Youth Health Center and their partnership with SMMC, DCYHC was able to receive information about COVID vaccination days designated for the community. Outreach for vaccination clinics taking place were shared to additional networks via email, social media posting, and networking. During this year the NCOC partners were able to partner on some projects. Daly City Partnership saw their community partners helped in various ways, such as Food Bank distributions, Sister to Sister conference, family resource day, Covid testing and vaccine facilitation. This year the Daly City Youth Health Center partnered with Daly City Partnership to better serve clients and expand their mental health services and support their basic needs around housing and food insecurities.

**Outreach to the Chinese Community**

Daly City Youth Health Center continued to connect and engage with the Chinese community and provide translation services as needed. They hired a Mandarin speaking clinician and attended an Immigration Resource Fair as part of their continued outreach. Pacifica Collaborative had two volunteers from the Pacifica Resource Center that were available to translate for both Mandarin and Cantonese speakers. AARS has continued to outreach to Asian individuals in the community regarding their NCOC partner services and included handing out the Chinese Referral cards as well. They were also able to work closer with Chinese parents who participate in their parenting course and assist them by sharing referrals to help them with their needs including court matters. As the North County Outreach Collaborative moves forward, their goal is to have more outreach events for their community and the ability to offer hope to all through connection to services and the ability to access them without barriers.

**EAST PALO ALTO PARTNERSHIP FOR BEHAVIORAL HEALTH OUTREACH**

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**Anamatangi Polynesian Voices (APV)** recognizes that a multi-level approach to addressing the issues experienced by youth and young adults (in-school students and out-of-school) have been the intervention needed to succeed in serving families. As yet another successful, intervention provided by Mamadee 'Uhile (a Pacific Islander leader) in 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, she has been successful in serving the young men and their families and connecting them to other programs in the community. A main challenge for APV has been the ongoing need to train field representatives/community ambassadors to take charge of the work. APV seeks the support of the

**Free at Last (FAL)** continues strong work with patients in recovery. Its work with patients dealing with behavioral health and/or co-occurring issues is ongoing and consistent. They have a close partnership with East Palo Alto Community Counseling Center and its staff, meeting once a month or when necessary to go through cases and ensure that treatment is effective. Due to COVID-19, Free at Last, has had to adapt to changes in the way of doing business on a daily basis to assist the patients. Patients receive services from Doctors or Therapists and most of the time works together with community contact services via phone or via zoom. Residential treatment had successfully completed treatment during the difficult times, at the time of completion of treatment, patients had a job and were placed in SLE housing after their completed treatment and FAL staff continue to support them. Free at Last reopened on September 19, 2022, and the Drop-in Center, Residential Men and Women are also reopened to full capacity. Since reopening and back to full capacity the organization is now receiving more referrals frequently from the Residential Treatment Team.

**Anamatangi Polynesian Voices (APV)** recognizes 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 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 the young men and their families and connecting them to other programs in the community.

**El Concilio of San Mateo County (ECSMC)** reports there are many successes in the engagement process of our work. The fact that people had been isolated due to the pandemic was stressful, but for single parents with children at home it was even more difficult. One single mother came into the offices overwhelmed with bills, employment loss and children needing help with schoolwork and stuck at home day in and day out. She came into the office to request assistance for utilities through one of our programs. The pressures were evident in her conversation and emotional state. This was the entry point for staff to initiate the conversation about needing support. Some time was taken to listen and then convince her to seek support. The client left the office in a more hopeful state and agreed that she would seek mental health support for herself and the children before things got more serious for them. Another single mother of three children came to the office for a legal referral. She had rented a part of her home to a single father with two children, but the situation became unbearable, causing her much stress and emotional problems. She had given him an eviction notice but he refused to leave. She had become depressed and fearful. She was referred to Legal Aid and to mental health services for signs of depression.

**COASTSIDE COLLABORATIVE**

Priorities/goals for the Coastside Collaborative set for the fiscal year:

- Work on recognition of the Coastside Collaborative amongst providers and community members
- Create a tool to share different resources on the coast for providers.
- Create a tool to share resources with community members.
- Collaboration in meaningful ways
- Affordable housing is a priority for the collaborative.

This FY the Coastside Collaborative successfully impacted the community by:

clients to continue the community engagement and connection to the community. Staff will be developing a basic readiness training for potential community promotoras and champions to continue to uplift the organization's work in the community.

**El Concilio of San Mateo County (ECSMC)** continues to be successful in engaging community members, assessing them for mental health needs, and referring them to services. In particular, a single mother of two children walked into ECSMC offices because her electricity had been shut off for two days. She was very distressed and nervous because her food had spoiled from having her electricity shut off. ECSMC's Case Worker was able to assist her with submitting a LIHEAP application and have her electricity restored in a span of a few hours. She was referred to Nuestra Casa and Ecumenical Hunger Program (EHP) for some meals and food for the coming weeks. ECSMC hasn't encountered challenges with engaging clients and making referrals, but in general what is noticed is that the community doesn't treat mental health as equally as important as one's physical health. Those that do seek assistance, maybe don't find what they are looking for, because people don't believe that psychologists and psychiatrists can help them with their emotional health. There is still a lot of stigma around seeking mental health and misunderstandings with what a therapist can help with. Other clients, mainly, Spanish-speaking and Latinx community, have mentioned that they haven't had a good experience with their therapist or that they are put on a long waitlist and haven't been called for an appointment. Therefore, they give up and don't pursue getting assistance. Case Workers see that there is a large need for culturally and linguistically appropriate mental health services for the community. It can't stress enough the importance of making culturally relevant mental health services more accessible and creating a pipeline of mental health professionals that come from communities of color and specifically, those that the organization serves.

**Free at Last (FAL)** continues important work with individuals in recovery. Clients can receive continuing assistance from FAL if they are struggling with co-occurring disorders or mental health issues. FAL continues to work in 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. FAL staff members continue to assist those who have successfully finished residential treatment by assisting them with finding employment, referring them to SLE housing, shelters and or returning back to their families. The outpatient clinic expected to reopen in September 2023 and will be accepting clients. FAL still encounters challenges as a result of the COVID-19 pandemic's efficacy and the way it has changed how FAL may provide outreach services for the community. Due to Drug Medical's limitations, outreach staff members are unable to bring individuals directly into the treatment program. Pay salary limits are still an issue for FAL and continue to struggle with hiring more staff for outreach initiatives. FAL continues to follow health department regulations to safeguard the health of staff and clients and collaborate closely with the County to do so.

**The Barbara A. Mouton Multicultural Wellness Center (The Mouton Center/TMC)** provides behavioral health clients and their family members, culturally diverse community-based programs, support and linkages to services and resources as needed in the East Palo Alto community. To that end, the program creates a safe and supportive environment for adults with mental illness and/or co-occurring addiction challenges and their families who are multiracial, multicultural and multigenerational through various strategies. Referrals are entered into the EPAPBHO online system and are part of the partnership meetings with BHRS and EPACCC staff. Since the

- [Invited 3 faith and community leaders](#) to join the coastside collaborative to help strengthen the recognition of the collaborative and to help with duplication of resources and [recruited 28 new members](#).
- Created a collaborative [shared google folder](#) where partners can add resources and easily find resources within folder topics
- Brainstormed and began creating a [list of resources](#) to be part of a Collaborative Resource Guide
- Heard from Recovery Initiative on challenges of resource duplication and invited [Age-friendly initiative](#) and HMB Chamber to collaborate on the creation of the collaborative resource guide.
- Invited Half Moon Bay City to provide an update on affordable housing.

A total of 31 new members participated this year, out of 86 list serve members, the following data points describe the groups among the Coastside Collaborative:

- CBO or contract agency staff: 19%
- Other community members: 7%
- BHRS Staff: 5%
- Other County staff (e.g., Family Health, HSA): 5%
- Family members: 1%
- Clients: 0%
- N/A: 64%

**Cariño Project (Coastside Multicultural Wellness Project)**

The purpose of the Cariño Project is founded on the opportunity to create new models of mental health and wellness wrap-around services that are grounded in cultural frameworks of intervention. The program opens pathways for increased services on the Coastside which is limited in services. This Project has allowed for growth in programming and staff to increase wellness support services across the Coast. The organization Ayudando Latinos A Soñar (ALAS), which spearheads the project, is focused on an open-door process for all to come in to be met by staff who triage them to the best program and service. ALAS has strong community partnerships and is familiar with programs across the County which gives their staff the breadth of resources to be able to provide additional referrals within a timely manner. The goals of the project are:

1. Improve timely access & linkages for underserved populations.
2. Reduce stigma and discrimination.
3. Increase number of individuals receiving public health services
4. Reduce disparities in access to care.
5. Implement recovery principles.
6. Other activities that benefit clients; including working with partner agency, El Centro, to provide substance abuse support, referring clients to the County for programs and mental health services that extend beyond our services for mild to moderate. Finally, ALAS focuses on a whole family and community approach, so beyond the individual, working with families and engaging them in community.

Because of the Cariño Project, ALAS’s community has felt better about themselves, more engaged with the community and have a positive outlook for their lives. ALAS has many programs that help each community member along with the mental health counseling and case management services.

FY 21-22 Service Totals

pandemic, TMC gradually opened its programming hours and activities to the community during this fiscal 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, candle-making, journaling, sharing one’s narrative, etc. TMC, like so many other organizations have been challenged by staff shortage. The organization continues to pivot to meet the challenge and hold job fairs and open houses to attract interest and new members.

**COASTSIDE COLLABORATIVE** works with a variety of stakeholders located and servicing Coastside communities to address gaps in behavioral health and access to resources, their primary strategies include:

- Increase in direct grassroots outreach with food pantry services.
- Increase in outreach, warm hand offs, and communication so that community has more awareness of services available.
- Older adult program that addresses isolation and includes peer to peer facilitator support, social engagement, and intergenerational work.
- Leverage library partnerships and social workers in the library program
- Volunteer community programs that increase social engagement and community cohesion

**Cariño Project (Coastside Multicultural Wellness Project)**

Through the Cariño Project, ALAS is committed to wrap around services that connect clients to best services to address the whole person. At ALAS there is an open-door process for all to come in to be met by staff who triage individuals to the best program and service for them. Staff are trained to meet with each client and review and assess all supports that can be provided to them whether directly from ALAS or in the community and through County resources. ALAS is committed to screen clients for their direct needs and do a full assessment.

Here is a quote from an ALAS client: “ALAS has helped me grow as a person through their various programs. I feel more connected to the community and know I have the support from ALAS.”

One of the glaring challenges for MCWP is that ALAS continues to have a waiting list for clients in mental health. It is a consistent challenge and we have only one Clinician assigned to MCWP with very limited services for the demand. This was especially challenging during the tragic events that happened on the coast, most notable flooding and mass shooting. The flooding in Half Moon Bay displaced some community members and ALAS helped them through case management and mental health counseling.

Individuals Served	Definition	FY Total #
Unduplicated Clients Served	Number of individuals served in the primary program component(s), unduplicated counts.	590
Individuals Reached (duplicated)	Number of individuals served in all other components, if applicable. May be duplicated counts based on service provided.	2159
<b>TOTAL INDIVIDUALS SERVED</b>	All individuals served across all program components (Unduplicated Clients Served + Individuals Reached).	<b>2309</b>

Individuals Served	Definition	FY Total #
<b>Unduplicated Clients Served</b>	Number of individuals served in the primary program component(s), unduplicated counts.	355
<b>Individuals Reached (duplicated)</b>	Number of individuals served in all other components, if applicable. May be duplicated counts based on service provided.	1435
<b>TOTAL INDIVIDUALS SERVED</b>	All individuals served across all program components (Unduplicated Clients Served + Individuals Reached).	1790

OUTREACH WORKER PROGRAM: This program was discontinued due to agile staff members terming out. The previous program consisted of a focus on then the LGBTQ+ and Pacific Islander communities to identify and address existing gaps in service provisions.

The Cultural Humility Community of Dialogue Cohort was established in 2017. To seek opportunities for engagement, create visibility for cultural humility trainings and to be resource/toolkit guide for cultural humility trainers.

Monthly meetings continue to take place, to be resource/toolkit guide for cultural humility trainers. ODE staff shortages have also limited the support available for training implementation and ongoing support. Some highlights include:

- MCOD subcommittee dedicated to overseeing cultural humility training progress will begin supporting participation rates in 2023.
- Dr. Erica Britton, previous Workforce Development and Training Director, joined the cohort as a contractor to continue supporting the training implementation.
- The cohort is preparing to provide a Training of Trainers in 2023 to increase the availability of facilitators and training opportunities. Additionally, the cohort will be exploring the possibility of an expanding the cultural humility curriculum for more advanced discussions/topics.
- Training sessions were opened on weekends to make available for contracted providers.

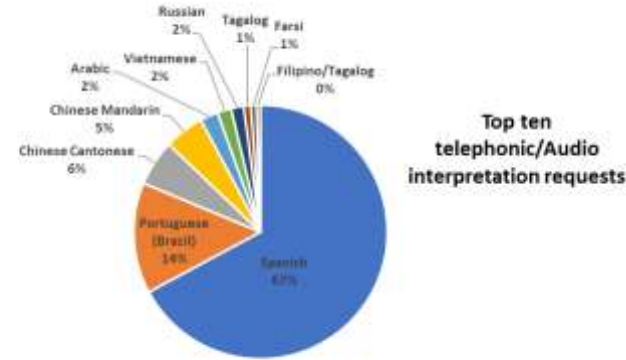
In **FY 2022-2023** the monthly **Cultural Humility** cohort meetings continued to focus on troubleshooting issues and continuing to improve the training experience. This year, newly trained facilitators, and staff from the BHRS Workforce Education & Training (WET) Team were added to the group. Some highlights include:

- **Increase in number of trainings** provided due to increased number of trained facilitators available.
- The inclusion of WET representatives resulted in improved coordination, logistics and data collection before, during, and after trainings.
- The cohort launched a subgroup to lead the development of a **Cultural Humility 2.0 curriculum**. Based on the feedback from our participants and the support of the framework creators, this new curriculum will focus on the application of cultural humility principles within our San Mateo County system. The training is projected to be piloted in Summer 2024.
- The original curriculum is also undergoing an adaptation to provide it **in Spanish** to our Health Ambassador Program members and broader monolingual Spanish speaking communities.
- Preparation for next FY new **Equity Audit Measure** for all new staff to complete the Cultural Humility 101 Training within 90 days of hire.

Policy & Systems Change Influence organizational level policies and institutional changes across San Mateo County agencies to positively impact behavioral health outcomes. (Criterion 7)

Language access services include translating materials in threshold languages Spanish, Tagalog, Chinese, a language line for over-the-phone interpretation services and a process for scheduling in-person language interpreters including ASL.

In FY 2021-2022 BHRS saw **3,186 unique requests for interpretation services in 22 languages**. There were 2,875 requests for telephonic/Audio interpretation, 155 requests for in-person/onsite interpretation, and 156 requests for video remote interpretation. In total, there were 34 unique requests for the translation of written materials into San Mateo County threshold languages.

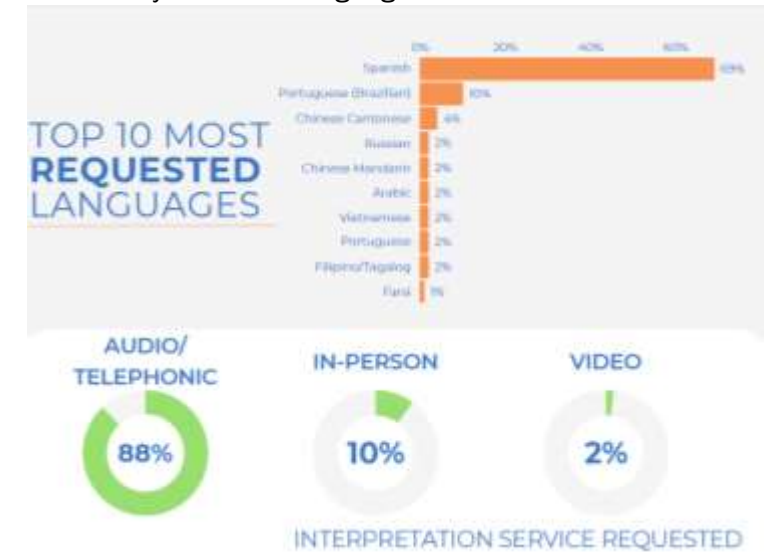


According to FY 20-21 data, 70.62% of clients with a preferred language other than English received a service in their preferred language.

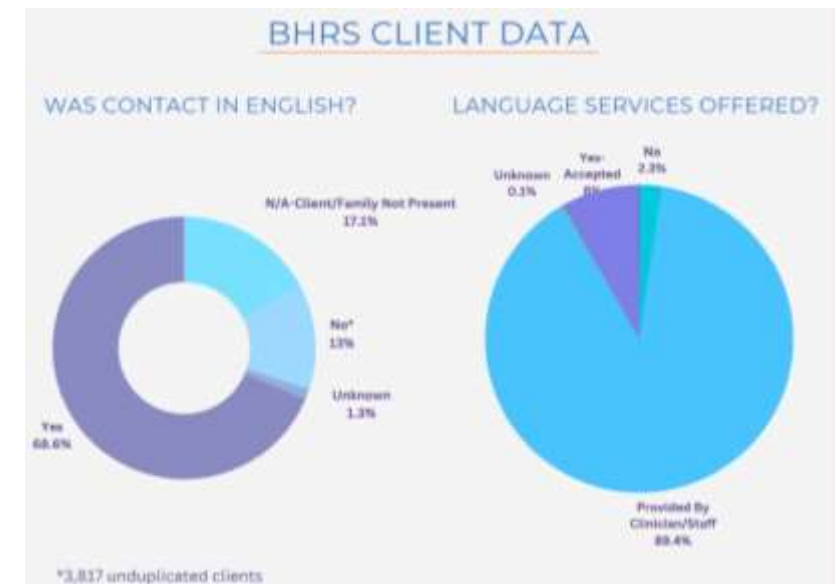
In addition, BHRS Integrated Medication Assisted Treatment (IMAT) team conducted outreach in FY 21-22 to the Latino and Asian/Pacific Islander populations to increase equity in access to care since those populations have the lowest engagement rates in AOD services. Some of these efforts included:

- Translation of all flyers, handouts and letters into Spanish and our informational handouts were also translated into Tongan.
- Information about IMAT services shared over a Tongan radio program and the IMAT flyers were distributed in the Pacific Islander community including at Churches and social gatherings.
- Attended the Worker Resource Center monthly to outreach/engage/educate the Latino community there about IMAT services.
- Participated in the Latino Collaborative's "Sana, Sana" event this year to outreach/engage/educate the Latino Community about IMAT services.
- Presentations/discussions were also provided at both the Latino Collaborative and Chinese Health Initiatives to better understand how to engage clients from those communities in AOD services.

In FY 2022-2023 BHRS saw **3,794 unique requests for interpretation services in 28 languages**. There were 3,345 requests for telephonic/Audio interpretation, 364 requests for in-person/onsite interpretation, and 85 requests for video remote interpretation. In total, there were 25 unique requests for the translation of written materials into San Mateo County threshold languages.



According to FY 22-23 data, approximately **3,817** clients received services in their preferred language.



Upcoming in FY 23-24, BHRS will be working to:

- Distribute a new language access services quick guide for staff.
- Providing monthly fee notices to improve usage of services.
- Update & expansion of our "Working Effectively with Interpreters & LEP Clients training."
- Launching a pilot to expand language access services to BHRS providers.

Government Alliance on Race and Equity (GARE) is a national network of government working to achieve racial equity and advance opportunities for all.

**Highlights in FY 21-22:**

In fall 2021 GARE administered a Racial Equity Employee Survey. A total of 2,109 San Mateo County employees participated.

**Respondents indicated a high degree of willingness and capacity to engage in racial equity work.**

- Strong indicators of impactful future engagement and action among employees

**Moderate agreement was found with regards to departmental and enterprise-wide actions to advance racial equity.**

- Calls for: Greater internal infrastructure and implementation of readily available tools and resource.
- Emphasis on organizing and operationalizing the work, as well as enhanced communication flows.

**Consist differences in responses emerged across race and ethnicity.**

- Black/African American and Native Hawaiian/Pacific Islander respondents, and to a lesser extent LatinX and Multiracial respondents, evaluated their department differently than White, non-LatinX respondents.
- Speaks to importance of data disaggregation to inform future actions and centering those most deeply impacted by decisions.

**Consistent differences in responses emerged between supervisors/managers and non-supervisors/non-managers.**

- Supervisors/managers were more agreeable and knowledgeable about activities being undertaken than non-supervisors/non-managers.
- Calls for greater communication flows and involvement at all levels.

**Results provide baseline data on equity efforts of the County.**

- Should be replicated every two years to monitor progress.

Our Health GARE team also finalized our Health Racial Equity Action Plan (REAP) worked with Health Executive Council members to document the alignment between the BHRS Multicultural Organizational Development Plan, The Health REAP and our San Mateo County Racial and Social Equity Action Plan (RSEAP). BHRS and Health contributed to the County's RSEAP by providing both divisional and departmental indicators, outcomes and actions, progress measures, etc. The various teams are currently working towards their collective and individual goals (Health Dept: 1. Reduce gap in COVID-19 test positivity between lowest HPI communities and countywide levels. (Dept-wide Measure); 2. Percent of Racial Equity Action Plan completed. (Dept-wide Measure); BHRS: 1. Percentage of eligible clients/patients who have received COVID-19 vaccination (eliminate any gap between this rate and countywide rate); 2. Measure and trend the percent of population by race that enters treatment(Penetration rates by race) (Behavioral Health and Recovery Services/Alcohol and Other Drugs (6170P)1.Older Adults2.Adults 3.Youth); 3. Percent of BHRS employees that complete training on Implicit Bias. Each division within Health created equity action items to move the organization forward.

BHRS and Health leaders intentionally and thoughtfully planned to inform our workforce of the importance of the equity plans and the places of alignment across our county. This was done by each division within health hosting staff forums to share their equity plans, hosting All Staff Health Forums on Health's new REAP and encouraging workforce members to attend our County Health Officers informational session regarding the RSEAP. Lastly, our Health Executive Council leads monthly meetings reviewing Health REAP progress, learnings and points of need.

**Highlights in FY 22-23:**

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.

Over the Fiscal year our **Health, Equity and Race Training** was again provided in person, as well as virtually. Additionally, work began to turn the training into modules for workforce members that 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 San Mateo County **Health Racial Equity Action Plan (REAP)** goals. Goals aligned and supported by BHRS MCOD Action Plan work listed under REAP goal.

1. 1A: A shared foundation of understanding about how race, equity, and health intersect and opportunities to build knowledge, understanding, capacity, and skill to sustain a workforce engaged and empowered to further racial equity.
  - a. 1,173 Health staff training in Race, Equity and Health (REH) 101 or equivalent.
  - b. Rolled out expanded frequency of REH training and processes for evaluation and tracking.
  - c. 89% of REH training participants who completed the survey indicated that the training increased their understanding that inequities exist, and that racism is a cause.
  - d. 60% of REH training participants who completed the survey indicated that they experienced increased comfort talking about racial equity.
  - e. 81% of training participants who completed the survey indicated increased knowledge regarding where to find equity resources.
    - i. MCOD GOAL 2: The workplace is a brave environment were speaking out, respectful dialogue, and acknowledging differences are accepted and encouraged.
      1. Activity 2.B.1. Increase awareness of implicit bias
      2. Activity 2.B.3. Ensure that all staff complete training on cultural humility and, social determinants of health -currently within 90 days of hire.
2. 2A: A shared culture of safety to normalize conversations about racial equity and work on problems to get better at our goals of an equitable workplace that promotes inclusion and belonging.
  - a. Pilots of cultural consultation, coaching, and mediation pathways completed and identified elements for replication and standardization for accessing, leading to new pathway to address racial equity concerns arising in the workplace to create system change.
  - b. Conducted focus groups and made recommendations to address staff experience of racism while working in the community/with patients/clients.
  - c. Support supervisors and managers to promote safety, and to identify and address problems that undermine workplace culture and performance. Learnings gathered and shared with supervisors and managers.
  - d. Lunch and Learn series developed and launched for

The Cross-Divisional GARE team continued hosting our foundational Race, Equity and Health Training to establish a shared understanding of how equity and health intersect and opportunities for knowledge, understanding, capacity, and skill to sustain a workforce engagement and empowered to further racial equity work. To date 951 Health workforce members have taken the 4-hour training where staff reported:

- Increase by at least 25% staff's self-reported:
  - a. understanding of racism as a cause of inequities (23% reported)
  - b. comfort in talking about racial equity (19% reported)
  - c. knowledge about resources and supports to further racial equity in their work (36% reported)

This FY we launched the 21-Day Racial Equity Challenge Program. The intent of the 21-Day Challenge is to grow in one's understanding of racism, privilege, and equity, participate in meaningful conversations about racism and equity at work, and build ways of doing, seeing, and acting alongside others, that create accelerated momentum toward racial equity in our workplace. To date the Health GARE cohort has hosted 4 group challenges with 36 participants.

Gare Health Cohort, co-lead by BHRS and PHPP gathered cross divisional members for its FY 21-22 retreat. During this time team members discussed strategic planning and updated committees based on current needs to the following:



supervisors and managers on requested and pertinent areas of work.

- i. MCOD GOAL 2: The workplace is a brave environment where people are speaking out, respectful dialogue, and acknowledging differences are accepted and encouraged.
  1. Activity 2.B.4. Facilitate workplace discussions that support effective and authentic communication.
  2. Activity 3.A.2. Establish guidelines for addressing interpersonal and diversity-related conflicts in the workplace.
3. 3A to 3D: Improved systems (recruitment and selection, purchasing/contracting, budget/financial planning, performance management) that intentionally address equitable representation, reach and results.
  - a. 3A: 71% or 5 out of 7 (AAS, BHRS, FHS, PHPP, SMMC) have at least some disaggregated data sources.
  - b. 3B: Each patient serving Health division was involved in a process to improve racial equity and other gaps in vaccination rates, following an earlier effort to improve access to testing. The Vaccine Equity Work Group gathered input for improvements by sharing data with partners. BHRS was able to engage contracted partners in looking at the data to assist in learning. 71% or 5 out of 7 (AAS, SMMC, BHRS, FHS, PHPP) divisions completed.
  - c. 3C: In May 2023, started a workgroup of BHRS hiring managers to adapt the DEIB recruitment checklist into a general recruitment checklist (with DEIB elements fully incorporated) and roll out on a pilot basis to BHRS.
  - d. 3D: All HEC members and fiscal officers were oriented to the racial equity tool.
    - i. 29% or 2 out of 7 AAS and FHS used the tool for at least one decision.
    - ii. County Health divisions aligned the majority of budget performance measures to reflect equity considerations.
      1. MCOD GOAL 1: The organization explicitly values diverse backgrounds and experiences, and seeks to recruit, retain, and promote diverse staff at ALL levels, including leadership.
        - a. Strategy 1.A. Adopt and implement inclusive equitable recruitment, hiring, and retention practices.
        - b. Activity 3.A.4. Standardize collection and analysis of demographic data.
4. 4A and 4B: Strengthened learning from and engagement with residents in our most vulnerable communities through the ways we work with clients/patients and community-based organization partners.
  - a. 4A: Participated in countywide effort to review Human Resources policies and practices to advance social and racial equity priorities aligned with Anchor Institution's framework.
  - b. 4B: Invested in and learned from 500 local families enrolled in a national guaranteed income pilot for families that are ineligible for the child tax credit due to documentation status through Mission Asset Fund's (MAF) Immigrant Families



			<p>Recovery Program.</p> <ul style="list-style-type: none"><li>i. Established a process to learn from MAF's national data collection and evaluation.</li><li>ii. Planned (at minimum) bi-annual check-ins between Health and MAF leaders.</li><li>iii. MAF hosts regular webinars to hear from evaluators, participants, and target populations.<ul style="list-style-type: none"><li>1. MCOD Goal 3: There is transparency and collaboration in decision-making and policymaking (and updating) to ensure that those who are most impacted have meaningful participation.</li></ul></li></ul> <p>5. 5A: Make SMC Health's commitment to racial equity visible and explicit to our workforce and partners.</p> <ul style="list-style-type: none"><li>a. HEC members received foundational Race, Health, and Equity 101 training.</li><li>b. HEC members discussed with each other the importance of communicating and modeling commitment to racial equity, strategies, and barriers to doing so.<ul style="list-style-type: none"><li>i. MCOD Goal 3: There is transparency and collaboration in decision-making and policymaking (and updating) to ensure that those who are most impacted have meaningful participation.</li><li>ii. Activity 2.B.2. Support employees in articulating how cultural humility, equity, and inclusion are embedded in their daily work and area of responsibility.</li></ul></li></ul>
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