



CULTURAL COMPETENCE PLAN

2020-2021

INCLUDES THREE YEAR REVIEW



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**



In Solidarity With Our Community

- WE VALUE PEOPLE OF COLOR
- WE ARE ACCEPTING OF PEOPLE WHO ARE DISABLED AND DIFFERENTLY ABLED
- WE ARE LOVING OF FOLLOWERS OF ALL FAITHS
- WE SUPPORT IMMIGRANTS, MIGRANTS, AND REFUGEES
- WE HONOR INDIGENOUS AND NATIVE PEOPLE
- WE CELEBRATE LGBTQ+ AND OTHER NONCONFORMING GENDER OR SEXUAL IDENTITY

We Welcome All

ʻāloha e ka poʻe
 todos san bienvenidos
 КСЕМ ДОБРО ПОЖАЛОВАТЬ 我們歡迎所
 Oku mau talitali lelei 'a e tokotaha koto
 Todos são bem-vindos E Talia U
 اهلاً بكم جميعاً Lahat ay iniinib

Be The One
 I will be the one to...
 Help Break Down
 STIGMA

I KNOW THE SIGNS
 KNOW THE SIGNS

LOVE

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Introduction & Overview

San Mateo County (SMC) [Behavioral Health and Recovery Services \(BHRS\)](#) has over a decade long commitment and engagement in work around deepening its efforts to develop a culturally responsive and inclusive system in support of the behavioral health and recovery needs of San Mateo County's increasingly diverse population. Through the BHRS [Office of Diversity and Equity \(ODE\)](#), we have laid a strong foundation and legitimacy within our system for deepening the meanings and manifestations of cultural humility and inclusion in partnership with diverse stakeholders and communities across the county. ODE staff have been leading this work through 1) the community-oriented Health Equity Initiatives and the Diversity and Equity Council (formerly the Cultural Competence Committee); 2) facilitating BHRS' process utilizing the Multicultural Organization Development (MCO); 3) championing the adoption of the broader County Health Department (County Health) racial equity framework; and 4) development and implementation of a health equity focused Theory of Change framework with four clear priorities.

In the midst of this momentous and timely work, the COVID-19 pandemic became an immediate and critical priority and has had a large and wide impact on Cultural Competence efforts in San Mateo County. Responding to the COVID-19 pandemic:

- 1) the County intentionally prioritized our communities' health and wellness and shifted to activities dedicated to COVID-19 response and recovery,
- 2) allowed the County to expand the ways to engage with our communities including virtual meetings and telehealth services,
- 3) strengthened existing community relationships and partnerships,
- 4) BHRS leadership within San Mateo County (i.e., Board of Supervisors, County Manager's Office and the Health Department) sought out support from other divisions,
- 5) made intentional efforts to support our most vulnerable communities to amplify their voice and respond to their needs quickly, and
- 6) BHRS worked to address the needs of our workforce in assisting our clients and families, while caring for themselves (more details provided under Criterion 4).

The pandemic has shown us that everyone is vulnerable and that it will take all of us working together to ensure the wellness of our communities. We have also learned what is possible when we all work together toward a shared purpose. Working with literally hundreds of partners, SMC reached an overall San Mateo County vaccination rate (including all eligible and ineligible residents) of 85% for those who have received at least one dose and 78% for those who are fully vaccinated. As of December 20th, a total of 660,864 residents have received at least one shot, including 30,664 5–11-year-old children. In addition, we are glad to see the progress among patients of County Health, with every group approaching or exceeding the goal of “at least 80%” that we have set for every population.

Among patients of County Health, we now see 1st doses having reached 73% of San Mateo Medical Center patients (22% of those ages 5-11); 81% of Aging and Adult Services clients (39% of those ages 5-11); and 81% of BHRS clients (39% of those ages 5-11). As throughout our nation, the COVID-19 pandemic hit our vulnerable communities much harder and magnified the health disparities of those communities. San Mateo County BHRS will continue our work in diversity, equity, inclusion and belonging (DEIB) and with the Social Determinants of Health (SDOH) outcomes by gathering community feedback and identifying priorities in order to address the anticipated long-term impacts and prepare our communities in the anticipation of future challenges.

For some examples of our culturally responsive COVID-19 resources please see Appendix I (not a comprehensive list).

San Mateo County



Located on the San Francisco Peninsula, San Mateo County is bordered by the Pacific Ocean to the west and San Francisco Bay to the east. The 2019 population estimated by the U.S. Census Bureau was 770,038. The median age of San Mateo County residents is 39.3 years¹; 6% of the population was under 5 years old; 21.2% were under 18 and 15% were 65 or older². An estimated 34.6% of San Mateo County residents were foreign born, and this is among one of the highest percentages for foreign-born residents in the Bay Area Region. Projections for 2020 suggested that the biggest changes will be an increase in the senior population (5% increase), Hispanic/Latinx population (3.3% increase), and Asian population (1.9% increase).

In anticipation of the annual Cultural Competency Plan and Updates Report (CCP) required by the California Department of Health Care Services (DHCS), an independent consultant group was hired in 2021 to engage stakeholder groups, to report back on any progress with the BHRS's cultural competence investment and strategies, and to provide recommendations for next steps in advancing the BHRS' plan with greater impact and effectiveness. Through this process, it became evident that the county has many willing, experienced, and committed people who contributed and shared their voice in efforts to continue moving forward with intentionality and in braiding together efforts and resources when possible. One important finding during the input sessions was the desire for continued collaborative work in creating a robust and braided approach to DEIB.

¹ 2019 Census

² 2019 Census estimates

In addition to this CCP report, the focus on evolving and increasing accessibility of the information, framework and activities became a key component of creating a shared language. This shared language serves as the umbrella terms (e.g., Where We've Been, What We've Done) used to band together the state required criterion in the context of this report with the intention to reflect the humility and humanity of this work.

Criterion 1: Commitment to Cultural Competence

County of San Mateo Commitment

[The County of San Mateo](#) Shared Vision 2025 reflects the goals and priorities for the San Mateo County community as a whole. The five outcomes identified in the Shared Vision 2025 pave the way for a healthy, prosperous, livable, environmentally conscious, and collaborative community. The BHRS CCP directly ties into the goal for a healthy community where the vision is that neighborhoods are safe and provide residents with access to quality health care and seamless services.

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

This CCP reflects fiscal year 2019-2020 data with highlights from fiscal years 2017-2018 and 2018-2019. For a full picture of all 2017 through 2019 efforts please see Behavioral Health and Recovery Services (BHRS) Cultural Competency Strategies Update (Appendix A).

San Mateo County Policy & System Change

In June 2020, the San Mateo County Board of Supervisors (BOS) adopted Resolution No. 20-394 in support of Black Lives Matter and in August 2020, the BOS adopted Resolution No. 20-584, which recognized racism as a public health crisis. Soon after on September 14, 2021, the BOS adopted Resolution No. 21-672 to advance and improve San Mateo County's racial equity efforts and confirming its commitment to efforts to increase racial equity through all County policies and programs; to enhance educational efforts aimed at understanding, addressing, and combating racism in all forms to promote fairness and justice for our most impacted communities; and, to support collective liberation of all people in San Mateo County.

In 2020, the BOS and County Manager's Office (CMO) made high profile public commitments to racial equity. A BOS' resolution condemning racial injustice sponsored by the President of the BOS, David Canepa, was approved, and the CMO took administrative actions designed to promote racial equity, including the appointment of San Mateo County's first Chief Equity Officer in April 2021. Further, the 2020-2021 San Mateo Grand Jury³ published a report

³ https://www.sanmateocourt.org/documents/grand_jury/2020/Diversity.pdf

entitled “Diversity and Racial Equity-How Can San Mateo County Change ‘Talk the Talk’ to ‘Walk the Walk’?” (See Appendix B). The significance of an independent Grand Jury identifying Cultural and Equity work as a priority is a highlight of the need for continuous and intentional focus on this work.

The County’s [Chief Equity Officer](#), Shireen Malekafzali, supports the County in building more equitable structures, policies, practices and procedures in order to advance equitable outcomes for our communities. The officer has created a Core Equity Team that includes representatives from each department within the County. This will mark the first time the County is working to align efforts across all departments around diversity, equity, inclusion and belonging.

BHRS Vision, Mission and Values

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

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

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

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

Our Values

Person and Family Centered: We promote culturally responsive person-and-family centered recovery.

Potential: We are inspired by the individuals and families we serve, their achievements and potential for wellness and recovery

Power: The people, families and communities we serve, and the members of our workforce guide the care we provide and shape policies and practices.

Partnerships: We can achieve our mission and progress towards our vision only through mutual and respectful partnerships that enhance our capabilities and build our capacity.

Performance: We use proven practices, opportunities, and technologies to prevent and/or reduce the impacts of mental illness and addiction and to promote the health of the individuals, families and communities we serve.

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

The BHRS Office of Diversity and Equity (ODE)

The Office of Diversity and Equity (ODE) within the San Mateo County BHRS Division advances health equity in behavioral health outcomes of marginalized communities throughout San Mateo County and had a 19 member staff in 2019. Today, we see those resources have shrunk to an eight (8) member team, with two yearlong interns. The Director of ODE serves as the statewide required role of Cultural Competence/Ethnic Services Manager (CC/ESM) for San Mateo County and participates in the County Behavioral Health Directors Association (CBHDA), Cultural Competency Equity and Social Justice Committee to support and learn best and promising practices in the field and stay connected to statewide efforts. ODE leadership staff also serve statewide roles for the Mental Health Services Act (MHSA) including MHSA Manager and Workforce Education and Training (WET) Director. ODE leadership and staff have frequently taken the lead in these efforts due to their previous and existing work including the County's partnership with Government Alliance on Race and Equity (GARE), dating back to 2017.

Over the past decade, ODE has been a cornerstone of community and stakeholder engagement, while holding the commitment and implementation of the BHRS' Cultural Competence Plan. It is in that context that ODE has been the "driver" of diversity and equity work in San Mateo County, even while additional focus and other county departments have adopted such work. Because ODE sits within BHRS, the unit is deeply committed to our BHRS's Vision, Mission and Values as key pillars. Throughout this report when we use BHRS it is with the understanding that ODE is leading the implementation of the Division's DEIB work. In 2020, ODE began working on a public relations campaign to commemorate 10 years of diversity, equity, and inclusion efforts throughout San Mateo County. This

project was launched to highlight key milestones, accomplishments, and collaborations that have advanced equitable care in BHRS *since 2009*, while also acknowledging many contributors that have made these strides forward possible. A special anniversary website will be launched in January 2021 with attention focused on community connection, accessibility and a user-friendly engagement and experience.

ODE is funded primarily through MHSA to advance MHSA priorities of cultural competence, reducing ethnic/racial disparities, prevention of serious mental illness and suicide, access and linkage to treatment, stigma and discrimination reduction, and outreach for recognizing the signs and symptoms of mental illness. ODE also receives funding from a local half-cent sales tax, Measure K in San Mateo County.

BHRS Priorities

In the Spring of 2017 and as a result of a strategic plan, BHRS established a Theory of Change process as a critical step to creating a shared understanding of how various activities in ODE contribute and align with the long-term goal for BHRS' efforts to promote equity, cultural humility and inclusion. As noted, the verbiage "Theory of Change" has been evolved internally to represent the priorities to focus the DEIB work and currently acts as ODE's Strategic Plan. In stakeholder focus groups, the need to have accessible and shared language was elevated as discussions informed how community and stakeholder groups experienced the work. The ability to identify the awareness and impact of DEIB activities and events was not identified as the Theory of Change focused work. In incorporating feedback from stakeholders, it was determined that training, shared language and aligning resources and experiences would increase the ability to discuss, demonstrate and share engagement to propel DEIB work going forward. The ODE "Theory of Change" focuses on a long-term goal with identified pathways to deliver on changing and impacting measurable movements in the County.

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

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

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

Goal 1: Workforce Development and Transformation –

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



Workforce Development & Transformation

BHRS' workforce and service provision is transformed and prioritizes cultural humility, inclusion and equitable quality care

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



Community Empowerment

Deliberate opportunities exist for individuals with lived experience, families and community members to engage in decisions that impact their lives

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



Strategic Partnerships

Meaningful partnerships in the community exist to maximize the reach and impact on equitable behavioral health outcomes

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



Policy & System Change

BHRS influences organizational level policies and institutional changes across San Mateo County agencies to positively impact behavioral health outcomes

As a result of the engagement in these pathways, BHRS invests more in strategies that address SDOH outcomes. While culturally sensitive health education and awareness campaigns continue to be important strategies to decreasing stigma, BHRS is also moving forward in addressing important barriers to accessing behavioral health services for marginalized communities, getting to the root causes of inequities such as systemic and community biases and lack of social supports to move obtain health equity for all SMC residents.

BHRS Policies, Procedures & Practices

Recently, BHRS adopted Policy 18-01: Cultural Humility, Equity and Inclusion Framework. The policy is intended to inform on existing and ongoing organizational efforts to embrace diversity, improve quality, and eliminate health disparities that align with the National Standards for Cultural and Linguistically Appropriate Services (CLAS).

BHRS abides by the County's Bilingual Salary Differential Allowance Policy for non-supervisory employees required to use a second language critical to day-to-day operations and the Americans with Disability Act (ADA) Policies and Procedures to enable universal access to information.

CLAS related policies and practices are listed below under the relevant CLAS standard.

Principle Standard (CLAS Standard 1)

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

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

- **BHRS Policy 92-03: Affirmative Action** - BHRS is an equal opportunity employer committed to fair and equitable selection procedures and practices.
- **BHRS Policy 08-01: Welcoming Framework** - BHRS, including management, staff, and providers, is committed to creating and sustaining a welcoming environment designed to support recovery and resiliency for those seeking services and their families.
- **BHRS Policy 14-02: Family Inclusion Policy** - BHRS is fully committed to involve family members of clients/consumers to the fullest possible involvement to encourage active, culturally responsive partnership with the family, the consumer/client and clinical staff within all levels of the division.
- **Staff Training and Recruitment** - BHRS WET programming provides education/training and workforce development opportunities to San Mateo County behavioral health staff, clients/consumers, and family members. WET aims to create and sustain a diverse, culturally responsive, and clinically effective workforce that provides the best possible care for our communities.

Communication and Language Assistance (CLAS Standards 5-8)

- **BHRS Policy 99-01: Services to Clients in Primary or Preferred Language** - States that there shall be enough staff at all mandated key points of contact who are proficient in speaking and reading in the target primary languages.
- **Health System Policy A-25: Client's Right to Language Services Notification** - Limited-English proficient (LEP) clients will be informed in their primary language that they have the right to language assistance and that services are available free of charge.
- **Health System Policy A-26: No Use of Minors for Interpretation** - Staff will discourage LEP clients from using friends or family members and will not allow minors to interpret.
- **BHRS Policy 05-01: Translation of Written Materials** - Procedures for translation of written materials ensures information provided to consumers will be faithful to the intent of the document, contextually accurate, free from any errors, and culturally appropriate and understandable to all readers.
- **BHRS Interpreter Training** - BHRS ensures the County Health interpreter services contractors are trained in cultural competency and behavioral health context.

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

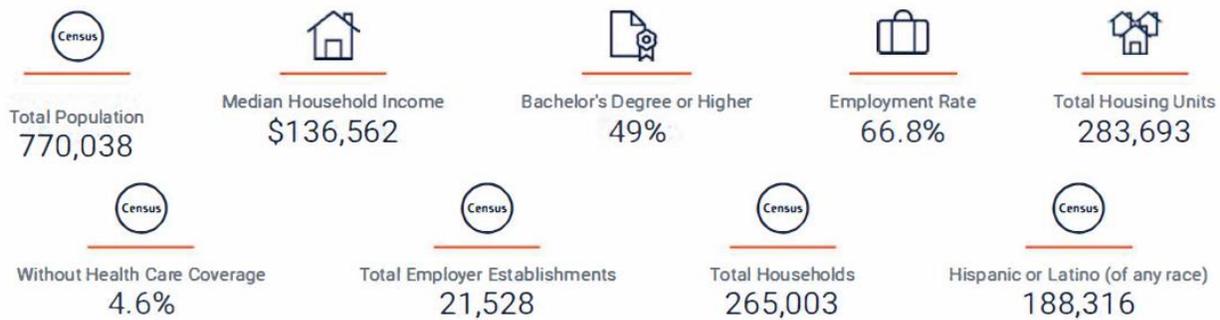
- **Mental Health Policy 97-03 Committee Structure** - Identifies advisory committees which have been established for BHRS priorities, which include to enhance diversity in staff and respect for diversity in service.
- **Cultural Competency Plan Requirement for Contractors** - BHRS contractors that provide client services include a cultural competency requirement in their contract.
- **External Quality Review Organizations (EQRO) BHRS Quality Improvement Work Plan** for cultural competence activities includes the following:
 1. “Working Effectively with Interpreters in Behavioral Health” refresher course training will be required for all direct service staff every 3 years.
 2. All staff with direct client contact will accurately report client’s “Preferred Language” including American Sign Language (ASL) or aids like braille or Teletype and/or Telecommunications Device for the Deaf (TTY/TDD) using the drop-down language option in electronic healthcare records (Avatar) progress notes. Trends will be determined and identified as “emerging languages”.
 3. All staff will complete mandatory training on cultural humility.
 4. All staff with direct client contact will appropriately ask client’s Sexual Orientation and Gender Identity questions (SOGI).
- **Data Collection of Sexual Orientation and Gender Identity (SOGI) and Race Ethnicity and Language (REAL)** - Standardizing how information is collected in the electronic health records for sexual orientation, gender identity, sex, preferred name and personal pronoun. Training and technical assistance will be provided to staff. Similar efforts will be undertaken to standardize and disaggregate race and ethnicity data.
- **BHRS Policy 06-02 Consumer/Client and Family Member Stipends for Services to Behavioral Health & Recovery Services** – Describes one mechanism to promote and fairly compensate participation of consumers/clients and family members in key behavioral health activities including committees, consultations, focus groups, and services. Policy update expected to be completed Fiscal Year (FY) 21-22.
- **BHRS Policy: 14-03: Selection of Evidence-Based and Community Defined Practices** - Defines a process for selection and evaluation of proposed practices that facilitates broad based and consistent evaluation of these proposals, is inclusive of a broad range of multi-cultural practices and places importance on reducing disparities in access to care.

Criterion 2: Updated Assessment of Service Needs

General Population Overview

San Mateo County has a total estimated population of 770,038. This is a 7.18% increase since 2010. Additionally, as of 2019 an estimated 34.9% of San Mateo County residents were born outside of the United States, which is higher than the national average of 13.7%. In 2018, the percentage of foreign-born citizens in San Mateo County, CA was 34.7%, meaning that the rate has been increasing and is one of the highest percentages for foreign-born residents in the Bay Area. The median age of San Mateo County residents was 39.9 years of age. Foreign-born citizens were older than the native-born, 47 years and 33 years respectively.

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

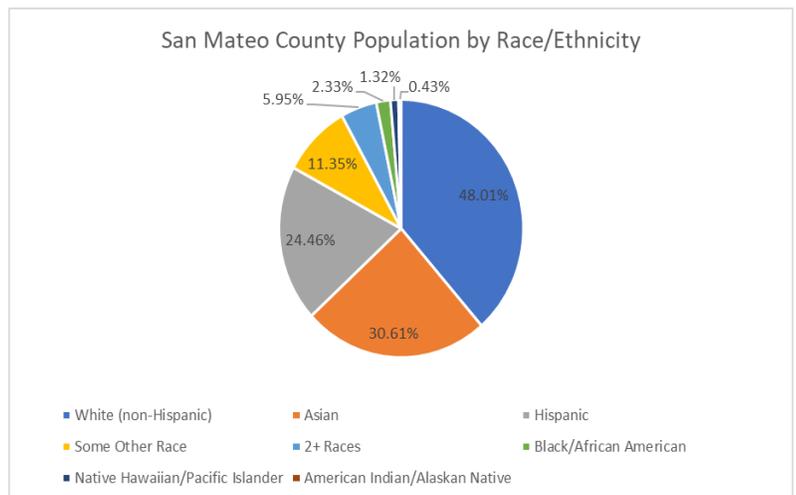


As the County’s population continues to shift, the racial and ethnic composition continues to grow in diversity. In 2019 White (non-Hispanic) were more represented than other races or ethnicities (369,712 residents, 48.01%).

Followed by individuals that identify as Asian (235,732 residents, 30.61%), Hispanic (188,316, 24.46%), (self-identified as) “other ethnicity” (87,364 residents, 11.35%) two or more races (45,853 residents, 5.95%), Black/African American (17,910, 2.33%) Native Hawaiian/Pacific Islander (10,182 residents, 1.32%) and American Indian/Alaskan Native (3,285 residents, .43%).

Since 2016 we have seen a change in the diversity within San Mateo County. Specifically, the only two groups to increase in population were those who identified as White (8.21% increase) or Asian (1.71% increase).

This is compared to individuals who identified as Black/African American (.5% decrease), American

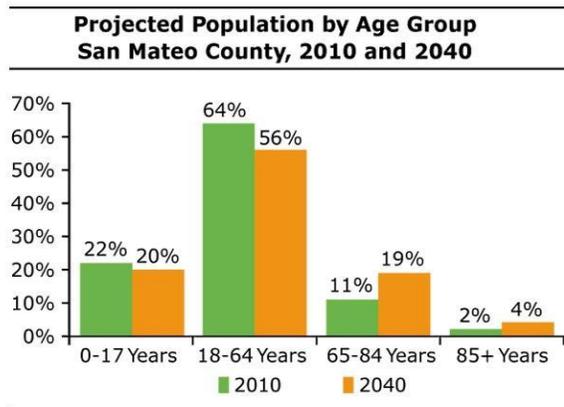


Indian/Alaskan Native (.37% decrease), Hispanic (.34% decrease), and Native Hawaiian/Pacific Islander (.28% decrease). The most common foreign languages spoken in San Mateo County are Spanish (17.4%), Chinese which includes Cantonese and Mandarin (8.83%) and Tagalog (6.32%).⁴

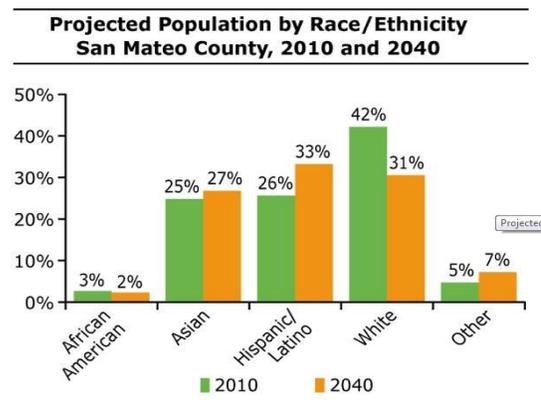
In 2019, according to Migration Policy Institute, San Mateo County had 55,000 undocumented residents. The regions of birth included Mexico and Central America, South America, Europe/Canada/Oceania, and Asia (60%, 6%, 5%, 29% respectively). Of these individuals, 42% had been living in the United States for 15 years or more. This number jumps to 63% when accounting for those who have been in the country for 10 or more years. Additionally, of these individuals, 66% have at least a high school diploma, with 30% having a bachelor's, graduate, or professional degree. Lastly, 77% of undocumented individuals in SMC were insured, giving them access to health care.

Demographic Projections

In 2018, growth projections by 2040 estimates San Mateo County's White population is projected to decrease as a proportion of the total population by 11%. The Latinx community is projected to increase by 7% (from 26% to 33% in 2040). San Mateo County's Asian population is also projected to increase but only by 2% (from 26% to 28% in 2040). Native Hawaiian and Other Pacific Islander population size is anticipated to double in size (from 1% to 2% in 2040)⁵. Additionally, the projected population by age group shows that the share of residents 65 and older is projected to almost double. This data points to the increased need to focus on making services relevant and accessible to the Hispanic/Latinx Asian, and older adult population.



Data Source: State of California, Department of Finance



Data Source: State of California, Department of Finance

⁴ <https://www.smcalledtogetherbetter.org/demographicdata?id=278§ionId=935>
<https://datausa.io/profile/geo/san-mateo-county-ca>

⁵ Sustainable San Mateo

Much has changed over the last year and a half with the profound impact of COVID-19, and racial and social unrest. It will be important for us to think about potential implications to our demographic trends and what unexpected disruptions this may have on our San Mateo County landscape.

Sexual Orientation and Gender Identity (SOGI)

Demographic data on SOGI is scarce. Data sources collect SOGI variables and not the full spectrum of data. The California Health Interview Survey from the University of California, Los Angeles (UCLA), collects annual data via telephone on four levels of sexual orientation. Data shown below pulls from multiple years in order to increase statistical power, among other benefits and is recommended.

Adults (2015, 2016, 2017, 2018, 2019, and 2020 data)

Sexual Orientation	San Mateo County	California
Straight, heterosexual	89%	90.4%
Gay/Lesbian	4%	3.3%
Bisexual	1%	3.3%
Not Sexual/Celibate/None/Other	6%	3.1%

Adult (2015, 2016, 2017, 2018, 2019, and 2020 data)⁶

Gender Identity	San Mateo County	California
Cisgender	97.4%	99.4%
Transgender or Gender Non-Conforming	2.6%	.6%

Teens (2015, 2016, 2017, 2018, 2019, and 2020 data)⁷

Gender Expression	San Mateo County	California
Gender Non-Conforming	14.8%	21.5%
Gender Conforming	85.2%	78.5%

⁶ 2020 California Health Interview Survey

⁷ 2020 California Health Interview Survey

Teens (2019 and 2020 data)

Gender Identity	San Mateo County	California
Cisgender	96.7	98.1%
Transgender or Gender Non-Conforming	3.3%	1.9%

San Mateo County Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Commission is California's first county commission focused on the needs to the LGBTQ Community. In 2019 the Commission, in collaboration with the San Mateo County Health Office of Public Health, Policy and Planning, presented the first wellness assessment in 15 years titled [Measuring and Improving LGBTQ Wellness in San Mateo County 2017-2018](#). The report findings are based on an online needs assessment survey, which included distinct versions for adults and for youth. The adult survey asked questions in the following areas: demographics of respondents; personal economy; housing; discrimination; safety; welcoming environment; social isolation; mental health; and health care. The youth survey addressed similar but slightly different areas: demographics of respondents; sense of belonging; school safety; harassment and assault at school; healthcare; mental health; health habits; access to services; food security; housing security; and violence. Findings highlighted five themes for possible policy recommendations. Specifically, the areas of Safety, Feeling Welcomed and Included, Health, Access to Resources & Services, and overall Visibility or Lack of Visibility.

Threshold Languages

The County of San Mateo's increasing foreign-born population continues to be linguistically diverse. More than 44% of the County population five years of age and older speak a language other than English at home; of this population, 45% spoke English less than “very well”⁸. The California legislature requires DHCS to implement requirements for language group concentration standards through its contracts with Medi-Cal managed care counties. In addition, counties must ensure equal access to health care services for LEP members through the provision of high-quality interpreter and linguistic services, and that translated written informing materials must be provided to all monolingual or LEP members that speak the languages identified by DHCS for the county service area.

On June 30, 2017, DHCS informed the San Mateo County that according to the language group threshold standards, the county would be required to provide translated materials in Spanish, Tagalog, Chinese (Mandarin and Cantonese)⁹. In addition, our partners at the Health Plan of San Mateo recommended Russian be included as a

⁸ U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

⁹ California Department of Health Care Services, All Plan Letter 17-011

required language. The SMC Health System also identified Tongan and Samoan as priority languages based on a growing number of clients served. Lastly, emerging languages such as Arabic, Burmese, Hindi, and Portuguese have also been identified.

Language Spoken at Home

44.5% +/- 1.3%

Language Other Than English Spoken at Home in San Mateo County, California

44.5% +/- 0.2%

Language Other Than English Spoken at Home in California

Table:
S1601

Table Survey/Program:
2019 American Community Survey 1-Year Estimates

Types of Language Spoken at Home in San Mateo County...

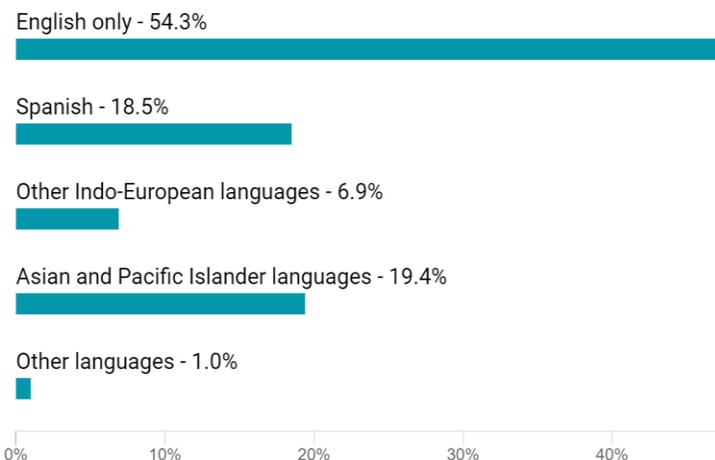


Chart Survey/Program: 2019 ACS 5-Year Estimates Data Profiles

Social Determinants of Health (SDOH) and Racial Equity

Social inequalities are associated with risk factors for behavioral health disorders. For example, the lack of safe and affordable housing is one of the most powerful barriers to recovery. Access to social and economic opportunities; resources and supports, quality education; safe workplaces; clean water, food, and air; and social and community interactions and relationships all impact health. Residents who live in neighborhoods that have decent opportunities and resources can be determined by government institutional policies and practices. Whether intentionally or not, these often discriminate by race. It is critical that we consider strategies that address social and racial inequities.

A look at Social Determinants of Health and Racial Equity in California and San Mateo County

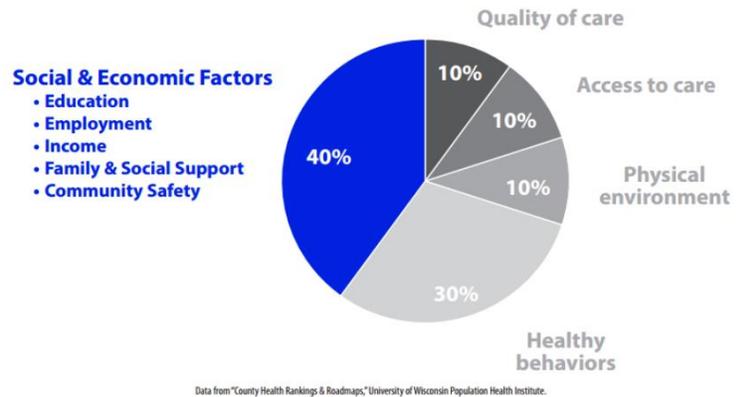
Housing

California

- Just over half of all renters in California are rent-burdened, meaning they spend more than 30% of income on housing costs.¹⁰
- Black, American Indian/Alaska Native and Pacific Islander Student students are more likely to experience homelessness.¹¹
- Black and Latino renters are most likely to be at risk of eviction, a disparity which has been exacerbated by the pandemic.¹²

San Mateo County

- The average value of an owner-occupied housing unit in San Mateo County is \$1,397,977, in comparison to the State of California which is \$611,133.¹³
- In 2019, 59.3% of residences were occupied by their owners, this is a decline from 2018 where 60.5% of owners lived in their own home. Importantly, Latinx and African American individuals were less likely to own the home they lived in (38%, 42% respectively).¹⁴
- Rent burden refers to households that spend 30% or more of their income on rent and other housing costs. Households that spend 50% or more are considered to be severely rent burdened. Fifty percent of households who rent in San Mateo County are rent burdened. San Mateo, Redwood City, and Daly City have some of the highest percentages of rent burdened households.¹⁵



¹⁰ <https://calbudgetcenter.org/wp-content/uploads/2021/01/IB-Renters-Remediated.pdf>

¹¹ <https://www.racecounts.org/student-homelessness/>

¹² <https://newsroom.ucla.edu/releases/blacks-latinos-more-likely-to-face-housing-displacement>

¹³ <https://www.smcalletogetherbetter.org>

¹⁴ <https://datausa.io/profile/geo/san-mateo-county-ca#:~:text=In%202019%2C%2059.3%25%20of%20the,the%20national%20average%20of%2064.1%25>

¹⁵ <http://www.getthehealthysmc.org/>

Education

California

- Black and Latino student are underrepresented in California’s universities. ¹⁶
- Compared to the lowest rates, African American and American Indian/Alaska Native students are 5x more likely to be chronically absent. ¹⁷
- Educational outcomes in Bay Area Counties show disparities by race. ¹⁸

San Mateo County

- Educational attainment is the highest level of education a person completes. People who are highly educated tend to be healthier and live longer. Twenty-seven percent of SMC adults have a high school degree or less. Forty-nine percent have a bachelor’s degree or higher. Fifty-one percent of adults who live below poverty have a high school degree or less, while 27% have a bachelor’s degree. Latinx (56%) and American Indian/Alaska Native (50%) adults have the highest percentages of having a high school degree or less. Asian (59%) and White (59%) adults have the highest percentages of having a bachelor’s degree or higher.¹⁹

Economic Stability

California

- Just under 50% of Latinx individuals earn a living wage (\$15/hr) in California, while about 70% of Asian and Whites do.¹⁷
- Nearly 80% of White households earn above the Cost-of-Living Adjusted Poverty level, while only 50% of Latinx households do. ¹⁷
- White adults are employed as Officials and Managers at twice the rate of Latinx adults. ¹⁸

San Mateo County

- Median household income in San Mateo County was \$136,562, in comparison to the State of California which is \$82,565. The lowest median income is seen in Black/African American (\$73,493), Native Hawaiian/Pacific Islander (\$90,452) Hispanic/Latinx (\$90,814), and American Indian/Alaskan Native (\$91,932). ¹⁹

¹⁶ <https://edsources.org/2020/students-at-californias-top-tier-universities-dont-reflect-states-racial-and-ethnic-diversity-says-urban-institute-study/635332>

¹⁷ <https://www.racecounts.org/>

¹⁸ <https://www.racecounts.org/>

¹⁹ <https://www.smcallytogetherbetter.org>

- In 2019, the most common racial or ethnic group living in poverty in San Mateo County were individuals that identify as White, followed by Latinx and Asian. ²⁰
- Of the highest Gini Coefficients among Bay Area counties is in SMC (0.46) indicating that it has one of the highest income/wealth inequalities of the 9-county region. The cities of Burlingame and Menlo Park have the highest Gini Coefficient of 0.51, indicating these two cities have the largest income disparities. Daly City has the lowest income disparity with a Gini Coefficient of 0.37. ²¹

Healthcare Access

California

- Latinx in California continue to experience higher rates of being uninsured than other racial and ethnic groups in California (16%). This is compared to other races that range between 4 and 6 percent. ²²
- African American communities have the highest rates of low birthweight births and preventable hospitalizations in California. ²³
- Latinx and Asian individuals are the groups least likely to get help for mental or behavioral health issues. ²⁴

San Mateo County

- In SMC 95.4% of individuals have health coverage. Specifically, we see that most are covered by employee plans (61.8%), followed by Medicaid, Medicare, non-group plans, and military/Veteran Affairs (VA) plans (10.5%, 11.2%, 11.4%, 49% respectively). Between 2018 and 2019, the percentage of uninsured San Mateo County individuals grew from 3.61% to 4.56%. ²⁵

Community Context

California

- In California, the racial and ethnic groups least likely to be counted in the 2020 Census were Latinx, Black, and American Indian/Alaska Native. ²³
- In presidential elections over the last decade, on average Latinx and Pacific Islanders in California were less likely to participate, even though eligible. ²³

²⁰ <https://www.smcallytogetherbetter.org>

²¹ <http://www.getthehealthysmc.org>

²² <https://laborcenter.berkeley.edu/undocumented-californians-projected-to-remain-the-largest-group-of-uninsured-in-the-state-in-2022/>

²³ <https://www.racecounts.org/>

²⁴ <https://healthpolicy.ucla.edu/newsroom/press-releases/pages/details.aspx?NewsID=363>

²⁵ <https://datausa.io/profile/geo/san-mateo-county-ca>

- Six of every 10 elected officials in California are White, even though White individuals represent 4 of 10 Californians. The rate is 5 times higher than that of Latinx elected officials, compared to those who identify as White.²⁶
- African American are 17 times more likely to experience police use of force than other racial and ethnic group in California.²⁷
- The highest rate of incarceration is found within our African American community. This rate is nearly 2 times higher than that of the next highest racial group (American Indian and Alaska Natives).²⁸
- African American youth have the highest rate of arrests for status offences (non-criminal act such as truancy, run away, underage use of alcohol, etc.). This rate is 2.8 times higher than the racial group with the lowest rate, which represents White youth.²⁹
- In California the Latinx and American Indians/Alaska Natives are more likely to be exposed to drinking water contaminants.³⁰
- The racial and ethnic groups in California most likely to live in areas with parks, community gardens, playgrounds, etc. are African Americans, Asians, and Latinx.³¹

San Mateo County

- Elected officials in 2019 were identified as primarily White (40%), followed by Asian/Pacific Islander (29%), Latinx (25%), Mixed/Other (4%) and Black (2%).³²
- The lowest racial and ethnic groups (adults) held in jail were Asian/Pacific Islanders (63.6 per 100,000), followed by those identified as White, (127.8 per 100,000), Native American (195.3 per 100,000), Latinx (259 per 100,000) and African American (1,766.3 per 100,000).³³
- Census tracts near East Palo Alto have the lowest percentage of households with access to a computer and broadband internet (77%). Census tracts near San Carlos, Burlingame, and Millbrae have the highest percentage of households with access to a computer and broadband (100%).ⁱ
- Across several social determinants of health, African American residents in San Mateo are most impacted by racial disparity.³⁴
- In comparison to California, San Mateo County performance is above average when looking at social determinants of health and racial disparities.³⁵
- Of notice, compared to other California counties, San Mateo County's high racial disparity in Student

²⁶ <https://www.racecounts.org/>

²⁷ <https://www.racecounts.org/>

²⁸ <https://www.racecounts.org/>

²⁹ <https://www.racecounts.org/>

³⁰ <https://www.racecounts.org/>

³¹ <https://www.racecounts.org/>

³² <https://www.racecounts.org/>

³³ <https://www.racecounts.org/>

³⁴ <https://www.racecounts.org/>

³⁵ <https://www.racecounts.org/>

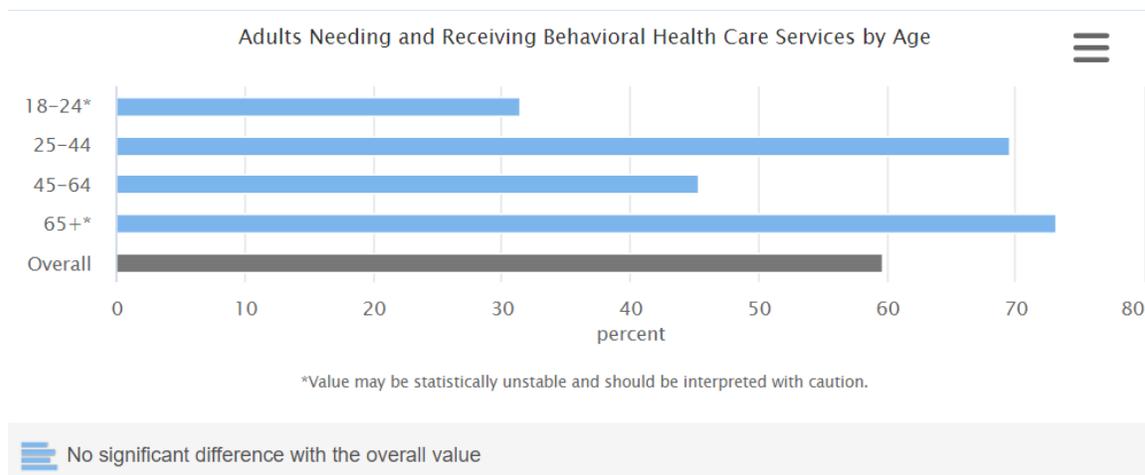
Homelessness was noted.³⁶

- Low overall performance in Access to Greenspace (parks, playgrounds, etc.) in San Mateo County stands out most compared to other counties.³⁷

Mental Health Indicators

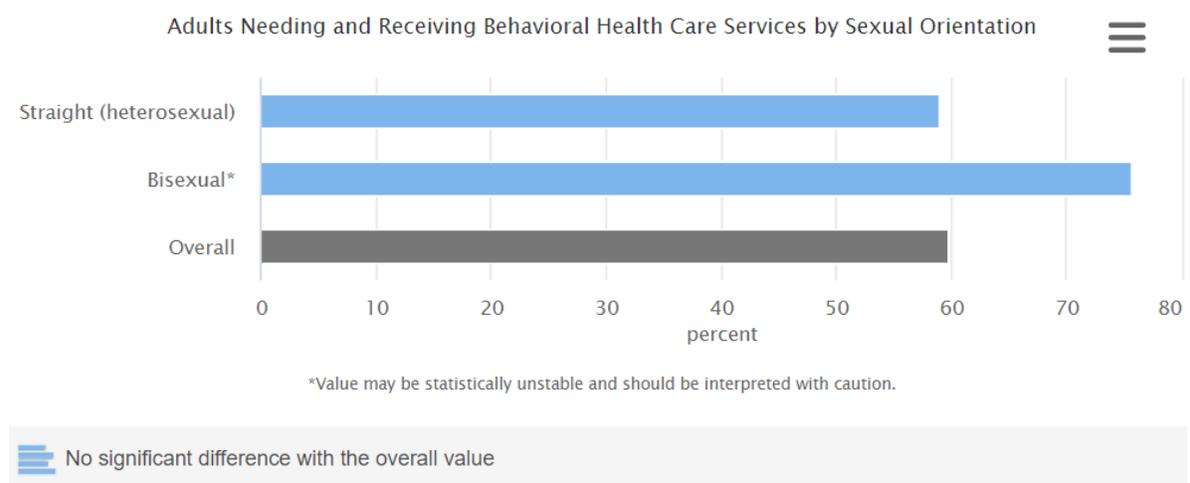
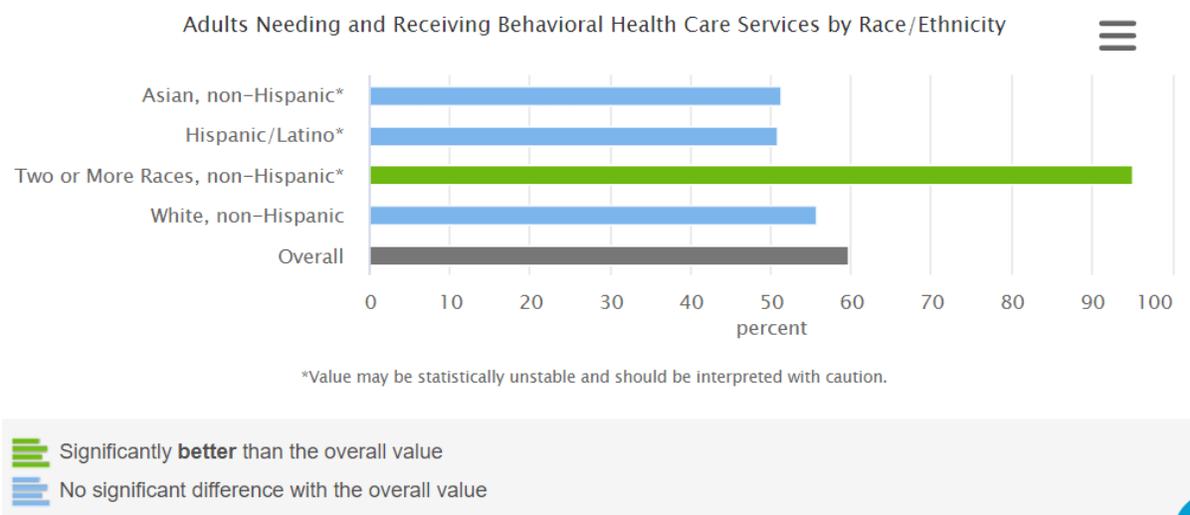
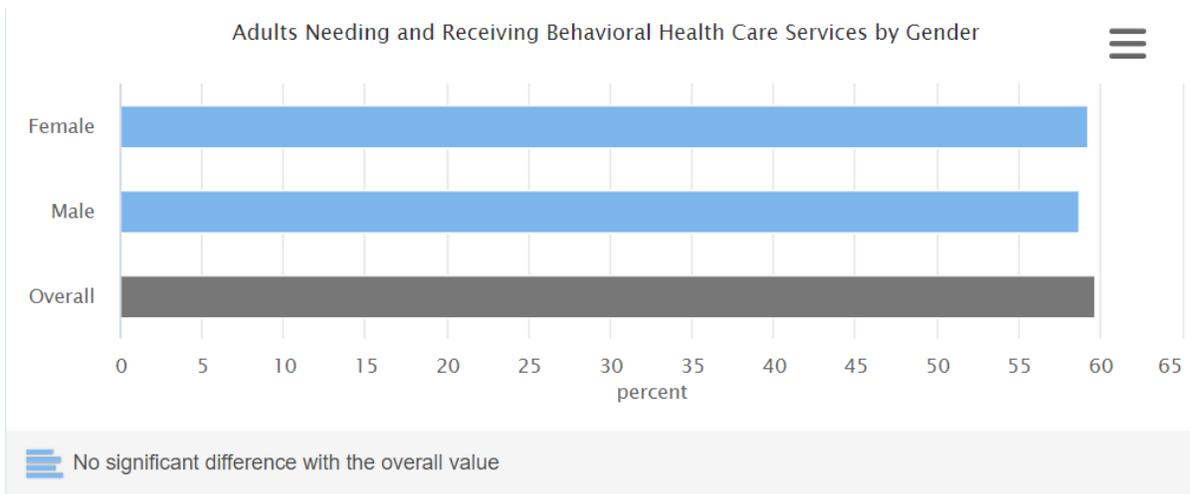
Experience with Mental Health & Help-Seeking

One-third of San Mateo County adults (36%) have had a mental health issue. Among those who have had a mental health issue, almost two-thirds (72%) sought treatment. Among adults who did not seek treatment for their mental health issue, most felt they could handle it on their own (63%). The majority of San Mateo County adults (74%) who sought treatment talked openly about their mental health issue with a close family member or friend. More than one-half agreed that it took a long time to begin seeking help (60%) and felt supported by others in seeking help for their mental health issue (59%). In 2020, the County facilitated a *Mental Health & Substance Misuse Knowledge, Beliefs & Behaviors: Community Stigma Baseline Survey* demonstrating various findings that continue to inform the BHRS system of care. The Executive Summary of the Stigma Baseline report can be found [here](#).



³⁶ <https://www.racecounts.org/>

³⁷ <https://www.racecounts.org/>



Help for Family Mental Health Issues

One-half of San Mateo County adults (52%) have a family member who has had a mental health issue. Almost all San Mateo County adults (83%) provided emotional support to help their family member with their mental health issue. More than one-half (58%) helped their family member seek professional help. Only very few (5%) did nothing to help their family member.

Substance Use

Substance use and its related problems are among society's most pervasive health and social concerns. Use of drugs, such as heroin, marijuana, cocaine, and methamphetamine are associated with severe consequences, including injury, illness, disability and death. The stigma around substance abuse often prevents individuals from seeking treatment.

Compared to California Counties, San Mateo County has a value of 17.7% of adults who report binge drinking at least once during the 30 days prior to the survey (measurement period 2018). Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion. This indicator shows the percentage of adults who reported binge drinking at least once during the 30 days prior to the survey.

County: San Mateo

17.7%

Source: [CDC - PLACES](#)

Measurement period: 2018

Maintained by: Conduent Healthy Communities Institute

Last update: January 2021

COMPARED TO



CA Counties



U.S. Counties



US Value
(16.4%)



HP 2020 Target
(24.2%)

Technical note: Sub-county small area estimates use state and county data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) in tandem with demographic data for census tracts and cities. It is not appropriate to use this data for evaluation purposes.

More details:

Click [here](#) for more information on how to use the CDC - PLACES

Compared to California Counties, San Mateo County has a value of 8.2 in Age-Adjusted death rate per 100,000 population due to drug poisoning. This is in the best 50% of California Counties, which have a value lower than 15.7 while counties in the worst 25% have a value of 20.7. Drug abuse and its related problems are among our most pervasive health and social concerns. Causes of drug induced deaths include dependent and non-dependent use of drugs (both legal and illegal use) and poisoning from medically prescribed drugs.

8.2

deaths/ 100,000 population

Source: [California Department of Public Health](#)
Measurement period: 2016-2018
Maintained by: [Conduent Healthy Communities Institute](#)
Last update: August 2020

Graph Selections

INDICATOR VALUES

Change over Time



CA Counties



CA Value
(13.1)



Prior Value
(8.2)

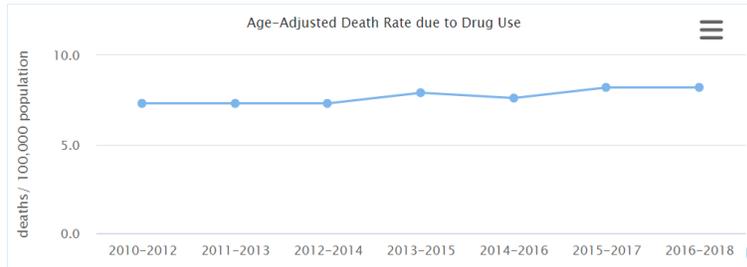


Trend



HP 2020 Target
(11.3)

Technical note: Data compiled by CDPH using the California Comprehensive Master Death Files.



Compared to California Counties, San Mateo County has a value of 1.7% of the population that is an opioid prescription patient (measurement taken in 2021) which is in the best 50% of counties. Counties in the best 50% have a value lower than 3.0% while counties in the worst 25% have a value higher than 3.9%.

1.7%

Source: [Controlled Substance Utilization Review and Evaluation System](#)
Measurement period: Q2 2021
Maintained by: [Conduent Healthy Communities Institute](#)
Last update: October 2021

Graph Selections

INDICATOR VALUES

Change over Time



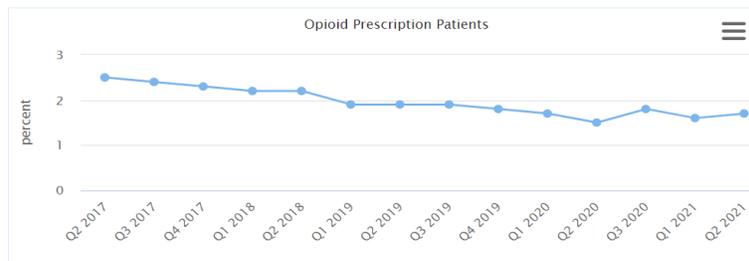
CA Counties



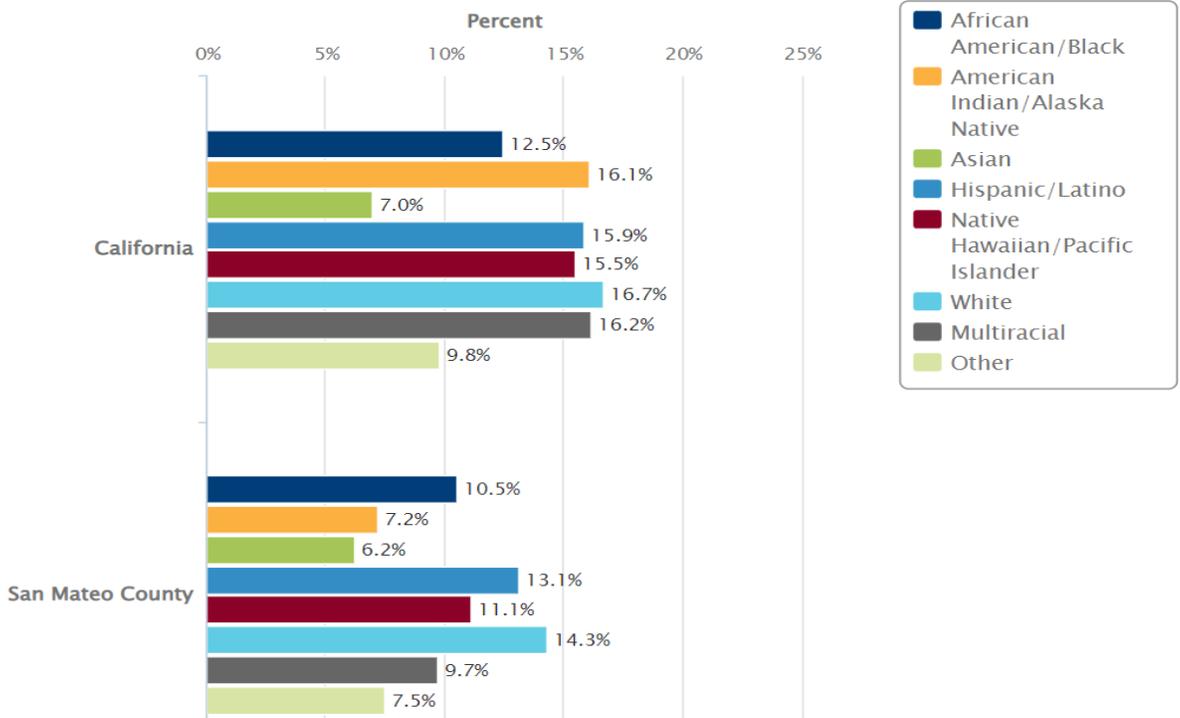
Prior Value
(1.6%)



Trend



For youth, data shows an estimated percentage of public-school students in grades 7, 9, 11, and non-traditional programs (community day schools or continuation education) who have used alcohol or drugs (excluding tobacco) in the previous 30 days, by race/ethnicity (e.g., in 2017-2019, an estimated 15.9% of Hispanic/Latinx students in grades 7, 9, 11, and non-traditional programs in California had used alcohol or drugs in the previous month). The chart below details the race and ethnicity of youth who reported alcohol or drug use (excluding tobacco) in the previous 30 days.



Youth information Data Source: WestEd, [California Healthy Kids Survey \(CHKS\)](#) & [Biennial State CHKS](#). California Dept. of Education (Aug. 2020).

In 2019-2020, compared to California Counties, San Mateo has a value of 59.7% of adults needing care for emotional or mental health or substance abuse concerns who stated they did not obtain help for those difficulties in the past year. Countries in the best 50% have a value higher than 59.8% while counties in the worst 25% have a value of 53.1%. The Charts below show this data by age, gender, race and ethnicity and sexual orientation.



Specialty Mental Health Service Penetration Rates

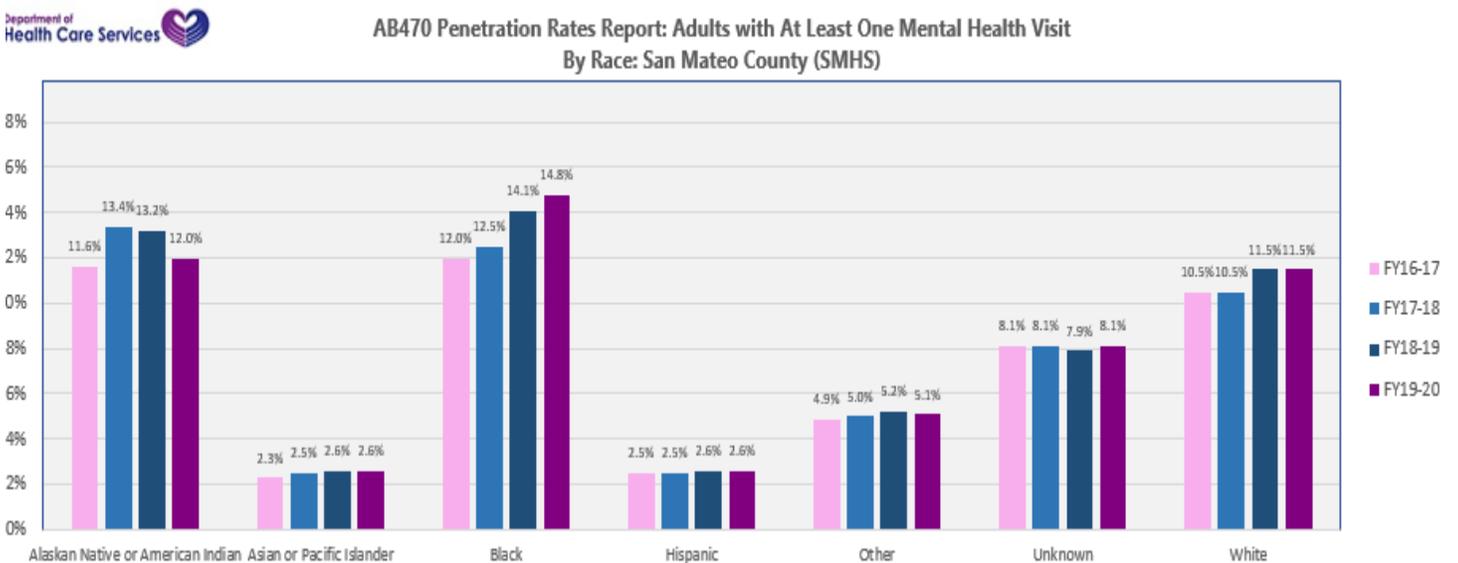
Penetration rates are a valuable piece of information that helps identify disparities in access to and/or the delivery of mental health services. Penetration rates are calculated by taking the total number of individuals who receive San Mateo Health Services (SMHS) in a Fiscal Year and dividing that by the total number of Medi-Cal eligible adults for that FY. The Department of Health Care Services Performance Dashboard provides data for FYs 2016-2017 through 2019-2020 for youth and adults served in our Medi-Cal Delivery System (Specialty Mental Health Services). The data measures used for each fiscal year are derived from the annual EQRO report.

* Disclaimer: Penetration rates are supposed to be based on prevalence, but the state of California no longer provided this data, so penetration rates as defined by the state are actually "percent to total" calculations and are not penetration rates.

PENETRATION RATES ~ Adults

Penetration rates for adults with at least one SMHS visit showed an increase for Black consumers (5.6%), and a decrease for Alaskan Native or American Indian (9%) between FY 2018-2019 and 2019-2020. Other racial or ethnic groups remained stable. Other noticeable changes are an increase in penetration rates for males (1.8%), those that are between the ages of 21-32 (2.3%), and 33-44 (6.8%). However, we did see a decrease in the ages of 45-56 (3.1%) and 69+ (3.4%) between the last two fiscal years.

Adults With At Least One SMHS Visit by Race:

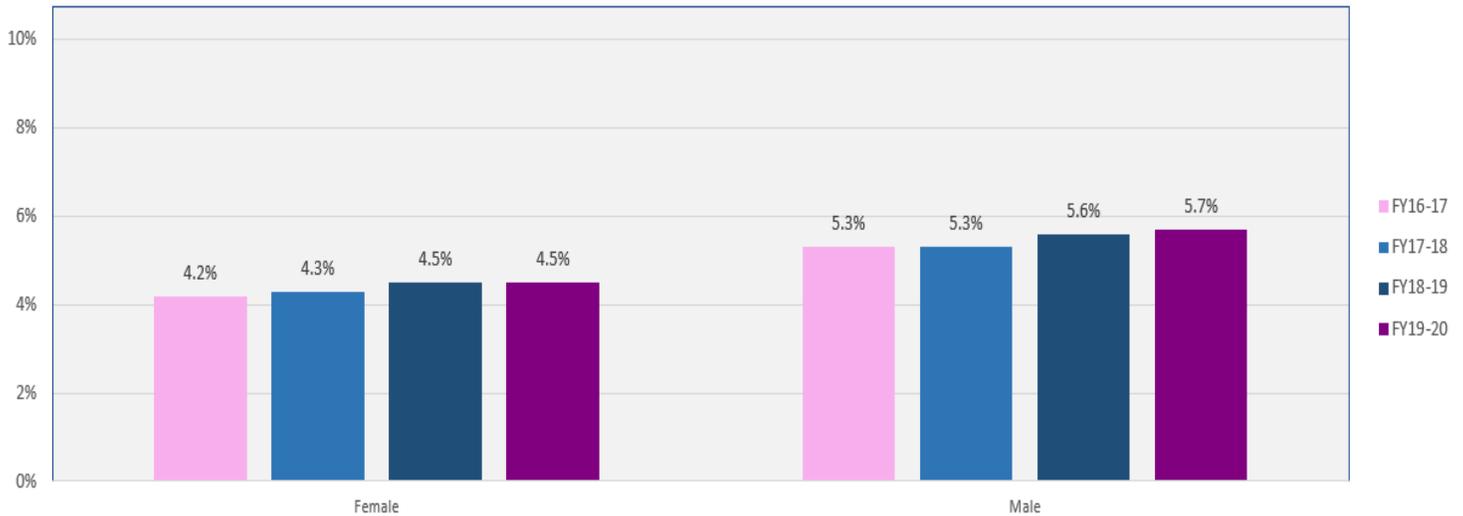


Display Report Selection Form	FY 16-17			FY 17-18			FY 18-19			FY 19-20		
	Number of Clients with MH Visits	Certified Eligibles	Rate	Number of Clients with MH Visits	Certified Eligibles	Rate	Number of Clients with MH Visits	Certified Eligibles	Rate	Number of Clients with MH Visits	Certified Eligibles	Rate
Alaskan Native or American Indian	26	225	11.60%	29	216	13.40%	25	190	13.20%	21	175	12.00%
Asian or Pacific Islander	642	27,735	2.30%	619	25,134	2.50%	605	23,040	2.60%	559	21,446	2.60%
Black	435	3,639	12.00%	429	3,442	12.50%	446	3,162	14.10%	436	2,945	14.80%
Hispanic	1,153	45,702	2.50%	1,139	45,444	2.50%	1,149	43,715	2.60%	1,096	41,366	2.60%
Other	554	11,236	4.90%	583	11,578	5.00%	646	12,448	5.20%	692	13,556	5.10%
Unknown	648	7,952	8.10%	621	7,632	8.10%	631	7,942	7.90%	697	8,558	8.10%
White	1,975	18,863	10.50%	1,839	17,598	10.50%	1,831	15,979	11.50%	1,713	14,894	11.50%

Adults With At Least One SMHS Visit by Gender:



AB470 Penetration Rates Report: Adults with At Least One Mental Health Visit
By Sex: San Mateo County (SMHS)

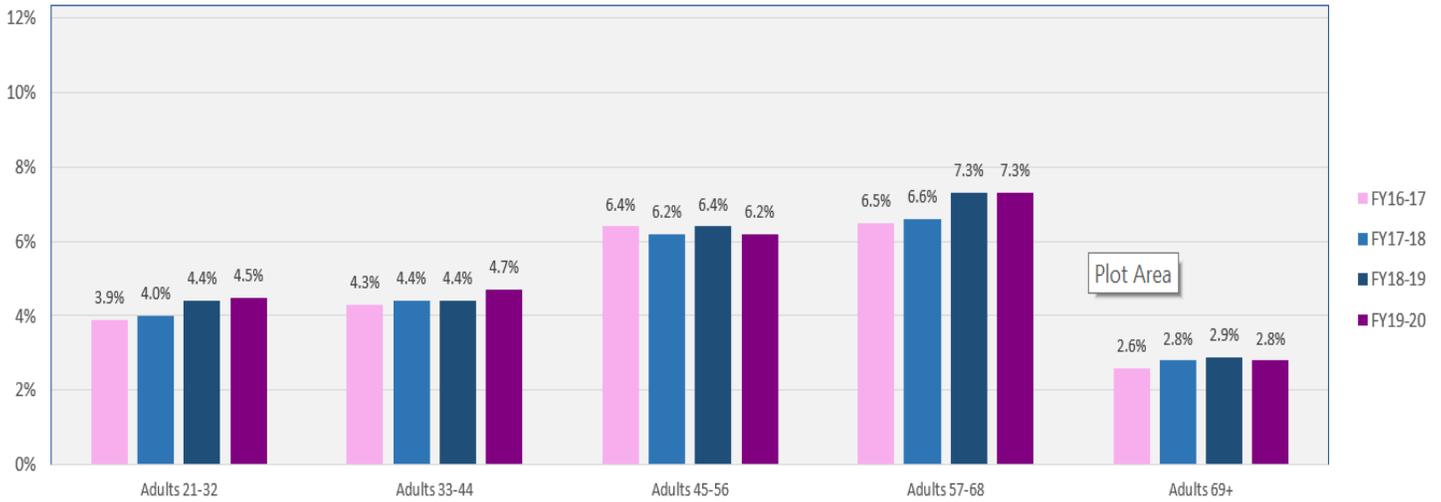


Display Report Selection Form	Number of Clients with MH Visits	Certified Eligibles	Rate	Number of Clients with MH Visits	Certified Eligibles	Rate	Number of Clients with MH Visits	Certified Eligibles	Rate	Number of Clients with MH Visits	Certified Eligibles	Rate
Female	2,726	64,339	4.20%	2,656	62,055	4.30%	2,698	59,476	4.50%	2,590	57,273	4.50%
Male	2,707	51,013	5.30%	2,603	48,989	5.30%	2,635	47,000	5.60%	2,624	45,667	5.70%

Adults With At Least One SMHS Visit by Age:



AB470 Penetration Rates Report: Adults with At Least One Mental Health Visit
By Age Group: San Mateo County (SMHS)



Display Report Selection Form	Number of Clients with MH Visits	Certified Eligibles	Rate	Number of Clients with MH Visits	Certified Eligibles	Rate	Number of Clients with MH Visits	Certified Eligibles	Rate	Number of Clients with MH Visits	Certified Eligibles	Rate
Adults 21-32	1,279	32,746	3.90%	1,257	31,343	4.00%	1,290	29,606	4.40%	1,272	28,288	4.50%
Adults 33-44	1,176	27,048	4.30%	1,135	26,027	4.40%	1,113	25,135	4.40%	1,152	24,382	4.70%
Adults 45-56	1,393	21,902	6.40%	1,290	20,951	6.20%	1,277	19,818	6.40%	1,188	19,103	6.20%
Adults 57-68	1,173	18,055	6.50%	1,141	17,348	6.60%	1,214	16,575	7.30%	1,184	16,279	7.30%
Adults 69+	412	15,601	2.60%	436	15,375	2.80%	439	15,342	2.90%	418	14,888	2.80%

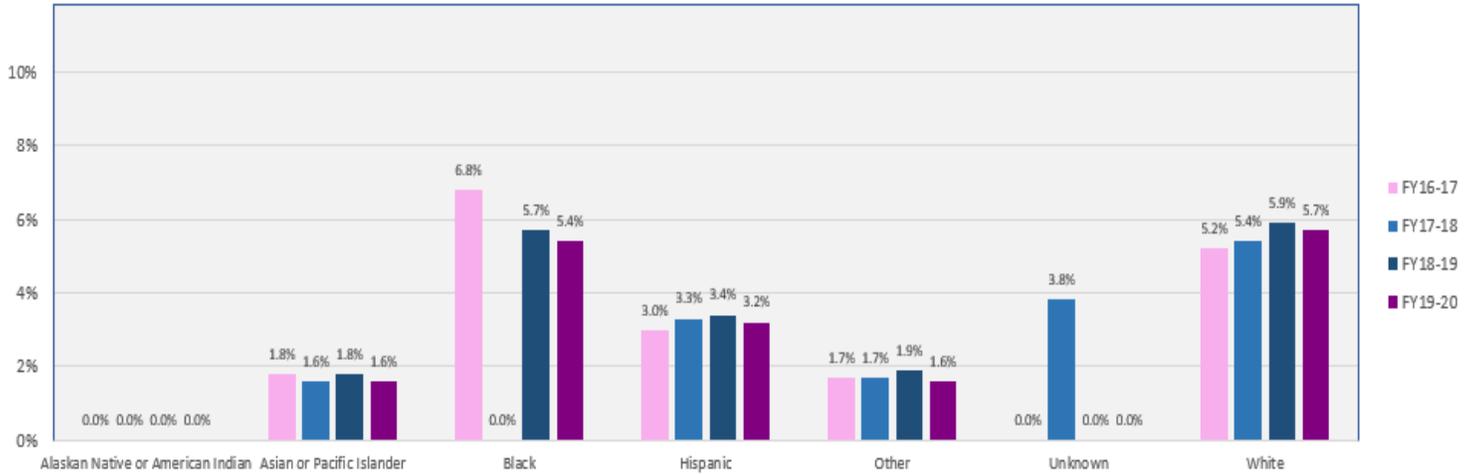
PENETRATION RATES ~ Youth

Penetration rates for children and youth with at least one SMHS visit seem to be declining. Penetration rates for FY 2018-2019 and 2019-2020 noted declines for Asian or Pacific Islanders, Black, Hispanic and White consumers (11%, 5.3%, 5.9%, 3.4% respectively). This trend is also seen in age and gender data below.

Youth With At Least One SMHS Visit by Race:



AB470 Penetration Rates Report: Children and Youth with At Least One Mental Health Visit
By Race: San Mateo County (SMHS)

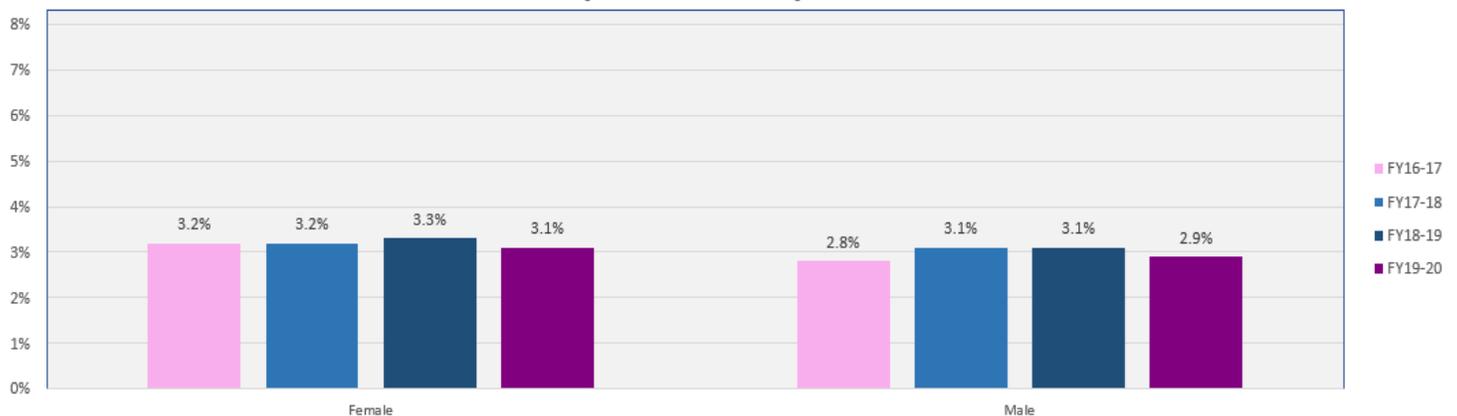


Display Report Selection Form	Number of Clients with MH Visits	Certified Eligibles	Rate	Number of Clients with MH Visits	Certified Eligibles	Rate	Number of Clients with MH Visits	Certified Eligibles	Rate	Number of Clients with MH Visits	Certified Eligibles	Rate
Alaskan Native or American	^	61	^	^	54	^	^	46	^	^	51	^
Asian or Pacific Islander	177	9,774	1.80%	143	8,708	1.60%	143	7,831	1.80%	120	7,479	1.60%
Black	101	1,480	6.80%	^	1,412	^	72	1,259	5.70%	61	1,136	5.40%
Hispanic	1,145	37,655	3.00%	1,212	36,574	3.30%	1,201	35,497	3.40%	1,124	34,598	3.20%
Other	126	7,476	1.70%	133	7,859	1.70%	152	8,172	1.90%	134	8,584	1.60%
Unknown	^	2,988	^	98	2,572	3.80%	^	2,559	^	^	2,687	^
White	279	5,393	5.20%	272	5,042	5.40%	270	4,544	5.90%	248	4,354	5.70%

Youth With At Least One SMHS Visit by Gender:



AB470 Penetration Rates Report: Children and Youth with At Least One Mental Health Visit
By Sex: San Mateo County (SMHS)

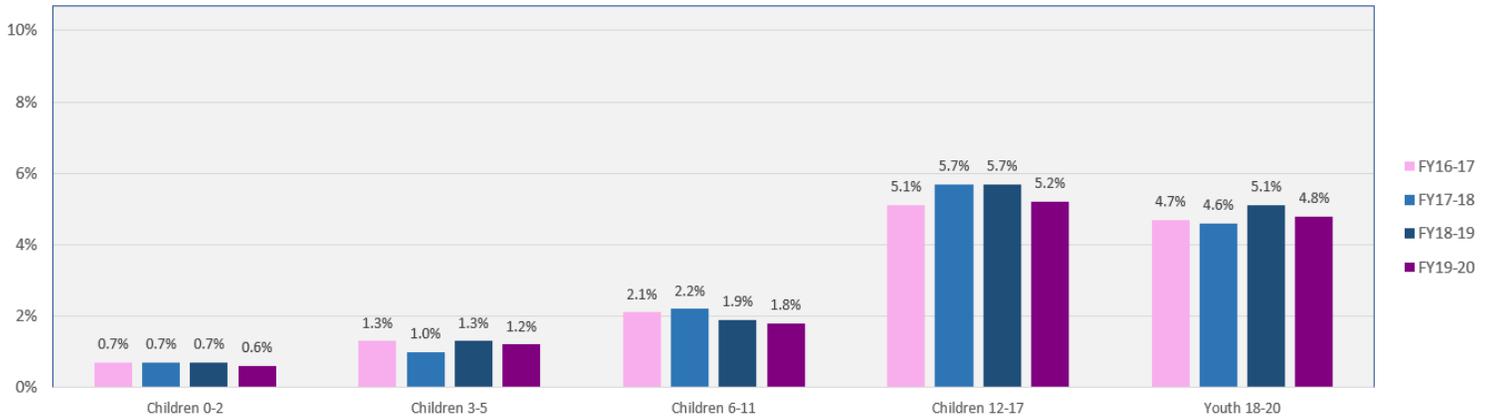


Display Report Selection Form	Number of Clients with MH Visits	Certified Eligibles	Rate	Number of Clients with MH Visits	Certified Eligibles	Rate	Number of Clients with MH Visits	Certified Eligibles	Rate	Number of Clients with MH Visits	Certified Eligibles	Rate
Female	998	31,413	3.20%	967	30,139	3.20%	962	28,944	3.30%	883	28,553	3.10%
Male	935	33,414	2.80%	987	32,082	3.10%	950	30,964	3.10%	873	30,336	2.90%

Youth With At Least One SMHS Visit by Age:



AB470 Penetration Rates Report: Children and Youth with At Least One Mental Health Visit By Age Group: San Mateo County (SMHS)



Display Report Selection Form	Number of Clients with MH Visits	Certified Eligibles	Rate	Number of Clients with MH Visits	Certified Eligibles	Rate	Number of Clients with MH Visits	Certified Eligibles	Rate	Number of Clients with MH Visits	Certified Eligibles	Rate
Children 0-2	70	9,388	0.70%	64	8,847	0.70%	59	8,428	0.70%	50	7,859	0.60%
Children 3-5	122	9,472	1.30%	85	8,893	1.00%	111	8,358	1.30%	94	8,151	1.20%
Children 6-11	407	19,306	2.10%	413	18,462	2.20%	342	17,575	1.90%	301	17,085	1.80%
Children 12-17	946	18,375	5.10%	1,013	17,830	5.70%	999	17,638	5.70%	928	17,838	5.20%
Youth 18-20	388	8,286	4.70%	379	8,189	4.60%	401	7,909	5.10%	383	7,956	4.80%

PENETRATION RATES ~ San Mateo’s Drug Medi-Cal Organized Delivery System (DMC-ODS)

San Mateo has an integrated Access Line serving the Mental Health Plan (MHP) and the DMC-ODS, with 11 full-time equivalents (FTEs) dedicated to their Access Call Center, 3.5 of which are dedicated to DMC-ODS. During Calendar Year (CY) 2019, calls averaged 24 per month for DMC-ODS services.

The penetration rate is calculated by dividing the number of unduplicated beneficiaries served by the monthly average enrollee count. The average approved claims per beneficiary served per year is calculated by dividing the total annual dollar amount of Medi-Cal approved claims by the unduplicated number of Medi-Cal beneficiaries served per year.

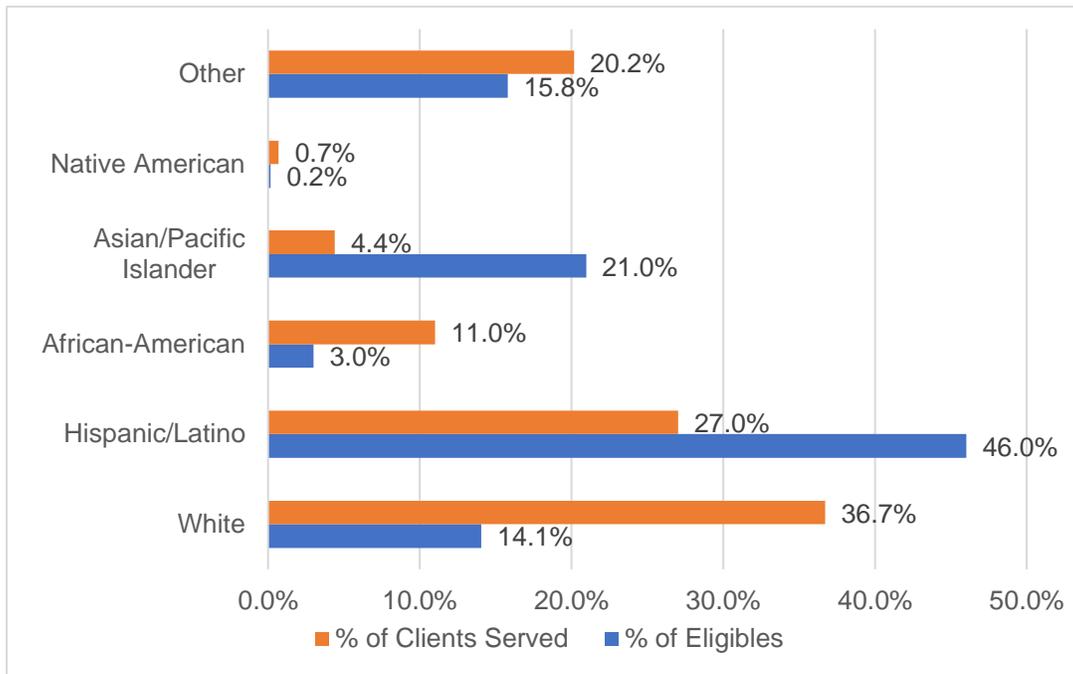
Based on claims data, San Mateo served 1,136 clients in FY 2018-19, which was a slight decrease of 53 clients from CY 2018. San Mateo’s penetration rate was on par with medium-sized counties in the 18-64 age group, higher in the 12-17 age group, and lower in the 65+ age group. The overall penetration rate (1.02 percent) was lower than medium-sized counties (1.06 percent) although slightly higher than the statewide average (0.93 percent).

DMC-ODS Penetration Rates by Age, FY 2018-19

Table 1: Penetration Rates by Age, FY 2018-19					
San Mateo				Medium Counties	Statewide
Age Groups	Average # of Eligibles per Month	# of Clients Served	Penetration Rate	Penetration Rate	Penetration Rate
Ages 12-17	15,516	49	0.32%	0.19%	0.26%
Ages 18-64	78,056	996	1.28%	1.27%	1.12%
Ages 65+	17,905	91	0.51%	0.98%	0.70%
TOTAL	111,477	1,136	1.02%	1.06%	0.93%

The race/ethnicity results can be interpreted to determine how readily the listed race/ethnicity subgroups access treatment through the DMC-ODS. If they all had similar patterns, one would expect the proportions they constitute of the total population of DMC-ODS enrollees to match the proportions they constitute of the total beneficiaries served as clients.

DMC-ODS Percentage of Eligible Beneficiaries and Clients Served by Race/Ethnicity, FY 2018-19



The table below shows the penetration rates by race and ethnicity compared to counties of similar size and statewide rates. Based on available data, 14.1 percent of San Mateo’s eligible beneficiaries are White, but this group made up 36.7 percent of clients served in FY 2018-19; thus, their use of services was not proportional to population size. Hispanic/Latino beneficiaries constitute 46% of the eligible population but only accounted for 27% of clients served. As such, their use of services was under-represented. Twenty-one percent of eligible beneficiaries are Asian/Pacific Islanders; however, they only represented 4.4% of clients served. The “Other” ethnicity/race group comprises 15.8% of eligible beneficiaries but represents 20.2% of clients served in FY 2018-2019.

San Mateo’s Native Americans had the highest penetration rate, at 4.1%, followed by African Americans, at 3.74%, and Whites, at 2.66%. The Hispanic/Latino population’s penetration rate was low (0.6%) relative to the other groups, although it was on par with rates for Medium-sized counties and the statewide average.

DMC-ODS Penetration Rates by Race/Ethnicity, FY 2018-19

Table 3: Penetration Rates by Race/Ethnicity, FY 2018-19					
San Mateo				Medium Counties	Statewide
Race/Ethnicity	Average # of Eligibles per Month	# of Clients Served	Penetration Rate	Penetration Rate	Penetration Rate
White	15,671	417	2.66%	1.92%	1.76%
Latino/Hispanic	51,299	307	0.60%	0.56%	0.67%
African-American	3,346	125	3.74%	1.54%	1.28%
Asian/Pacific Islander	23,368	*	n/a	0.25%	0.16%
Native American	195	*	n/a	1.72%	1.55%
Other	17,600	229	1.30%	1.37%	1.05%
TOTAL	111,479	1,136	1.02%	0.93%	0.93%

Asterisks and n/a indicate suppression of the data in accordance with HIPAA guidelines

San Mateo County is committed to ensuring the health and wellness of all its residents. This is exemplified in the Care for Everyone (San Mateo County ACE) Program. The San Mateo County ACE Program is a coverage program, which is committed to providing health care coverage to uninsured residents of the county. Individuals must be 19 years of age or older, meet the income requirement (at or below 200% of Federal Poverty Level {FPL}), live in SMC, and are not eligible for other state and federal insurance programs. This program is open to undocumented residents in SMC. Additionally, as of January 1, 2020, low-income undocumented young adults aged 19-25 can enroll in full-scope Medi-Cal coverage and receive care regardless of their current immigration status under the expansion of the Health4All Medi-Cal program. Lastly, The Healthy Kids program provides low-cost health care coverage for children under the age of 19 who are citizens, legal permanent residents or undocumented and family income is at or below 400% of FPL.

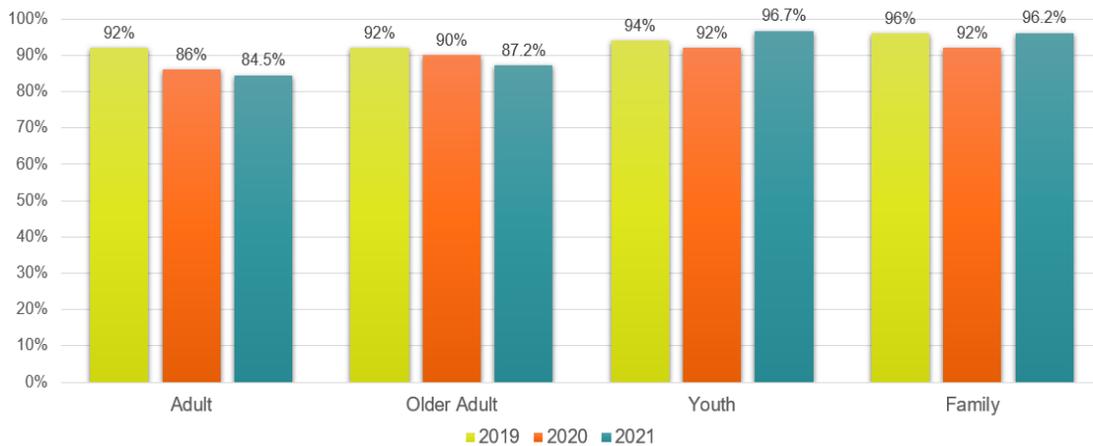
Client Surveys – Cultural Responsiveness & Recovery Principles

As required by the California Department of Health Care Services (DHCS) Counties are required to conduct a Consumer Perception Survey (CPS) each calendar year. The goal of this survey is to collect data for reporting on the federally determined National Outcome Measures (NOMs) and continue to inform BHRS on service provision and quality improvement. Due to the impact of the COVID pandemic the survey was delayed from May until June 2021. Surveys continued to be sent out by mail based on services delivered between 6/21 – 7/2 (only the first week is reported). The areas measured in the survey include:

- 1) Access: Appointment times, location, frequency.
- 2) Cultural Sensitivity (YSS & YSSF only): Respect for culture, ethnic background, spiritual beliefs, language, etc.
- 3) Outcome: As a result of services client reports functioning better.
- 4) Participation: Deciding Treatment Goals & able to ask questions.
- 5) Quality/Appropriateness: Able to receive services that were adequate and meet their needs; crisis support, informed of my rights.
- 6) Satisfaction: Liked services, still would use BHRS given other choices & would recommend BHRS to a friend or family member.

Based on the responses received for 2019-2021:

Overall SMC Satisfaction 90%



Youth/Family: Overall, I am satisfied with the services I receive here

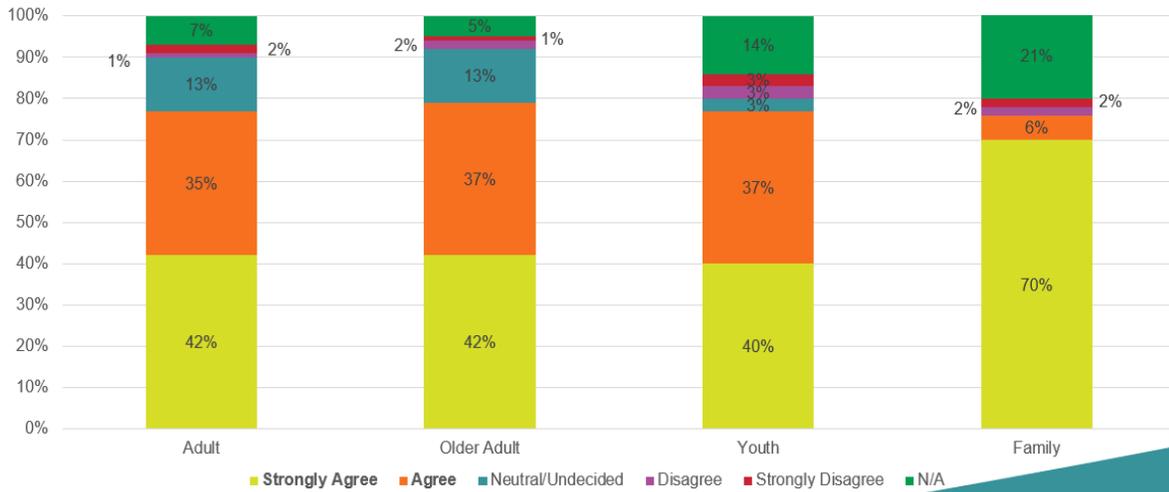
Adult/Older Adult: I like the services I receive here

Response Rate Overall: 21%



Cultural/Ethnic

- 1. Adult/Older Adult Question:** Staff were sensitive to my cultural background (race, religion, language, etc.).
- 2. Youth/Family Question:** Staff were sensitive to my cultural / ethnic background.



Where We've Been and What We've Done

Criterion 3: Strategies and Efforts to Reduce Behavioral Health Disparities

Systematic Collection of Baseline Data, Tracking and Assessment

ODE was originally developed as a BHRS strategic initiative to promote cultural humility and address health disparities, health inequities and stigma associated with mental health and alcohol and other drugs. There are a variety of mechanisms and processes for the systematic collection of baseline data, and ongoing information about the groups that are served.

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

ODE Indicators, Demographic Data and Satisfaction Surveys

ODE has identified 5 impact indicators based on our Theory of Change frameworks, mission, values and strategies. All ODE programs and activities will have standardized satisfaction and evaluation questions to inform the impact

on any relevant key indicators. Additionally, ODE collects demographics of participants for every event that is hosted and funded through our office. This process enables the staff to recognize groups that are being served, those underserved and those that may not be served at all. The ODE demographic survey, (see Appendix C) was developed in partnership with our Health Equity Initiatives to ensure culturally appropriate identity categories across race, ethnicities, and sexual orientation and gender identity. Following is a draft sample event survey that incorporates both the indicators and satisfaction-type questions.

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

Health Equity Initiative Event Evaluation

This evaluation has been adapted for virtual events and platforms. For the entire evaluation, please refer to Appendix D.

Intervention Evaluation

“Intervention” refers to any HEI activity besides meetings & reporting. These questions would be used at events and to measure the effectiveness of communications campaigns, pipeline programs, or other types of HEI interventions.

Evaluation questions may be delivered in various ways including: on paper at event, via email after event, in focus group with smaller number of participants, via random sampling at event, using butcher paper & dot group survey, via hand raising, or other methods as appropriate and agreed to with ODE HEI coordinator or ODE evaluation team.

REQUIRED QUESTIONS (in blue)

I heard a new or unfamiliar perspective today.	1	2	3	4	5	6	7	8	9
This intervention was sensitive to my cultural background.	1	2	3	4	5	6	7	8	9
I learned something new about [[[X COMMUNITY]]] as a result of this intervention.	1	2	3	4	5	6	7	8	9
Because of [[[THIS INTERVENTION]]], I see new ways to improve mental health/reduce substance use for people around me.	1	2	3	4	5	6	7	8	9
I learned something new about behavioral health.	1	2	3	4	5	6	7	8	9
I know who to contact for mental health or addiction care.	1	2	3	4	5	6	7	8	9
I would feel comfortable asking for behavioral health help for myself, a friend, or a family member.	1	2	3	4	5	6	7	8	9

Goals, Strategies and Activities

The last full Cultural Competence Plan (CCP) was submitted to the State in 2019, reviewing fiscal years 2016-2018. To-date we have not received final updated criteria for County plans. See Appendix A for the Fiscal Year (FY) 2019-2020 update of strategies and activities per the 2019 CCP strategies and activities. Moving forward the 2021 BHRS CCP goals, strategies and activities will be used to report on cultural competence efforts. The new 2021 BHRS CCP is organized based on ODE's Theory of Change pathways and incorporates the comprehensive stakeholder engagement process, needs assessment and data and learning from 10 years of addressing cultural competence in San Mateo County.

Goal 1: Workforce Development and Transformation - Expand on Workforce Development and Transformation that prioritizes cultural humility, inclusion and equitable quality care. In response to the pandemic, all courses were transitioned to a virtual platform with online evaluation tools and resources.

- **Strategy 1:** Deepen BHRS' commitment to diversity, cultural humility and inclusion principles through a MCOB process.
- **Strategy 2:** Implement a systemic approach to Workforce Education and Training.
 - 1) Provide training to introduce and initiate dialogue and individual-level culture shifts related to cultural humility, trauma-informed care, co-occurring informed and other integrated care, evidence-based practices, lived experience and client/family members integration, self-care, and other BHRS transformation goals.
 - 2) Establish policies, leadership engagement and quality improvement focus to sustain the transformation goals.
- **Strategy 3:** Create pathways for individuals with lived experience in behavioral health careers and meaningful participation.
 - 1.) Provide trainings for and by consumers and family members on various behavioral health, wellness and recovery topics.
 - 2.) Create new career pathways and expand existing efforts for clients and family members in the workforce.
- **Strategy 4:** Promote behavioral health careers and other strategies to recruit, hire and retain diverse staff.
 - 1) Attract prospective candidates to hard-to-fill positions.
 - 2) Increase diversity of staff to reflect the service population.
 - 3) Promote the behavioral health field in academic training institutions.
 - 4) Promote interest among and provide opportunities for youth.

Activities and programs that support the Workforce Development and Transformation:

- **Multicultural Organizational Development (MCOD)** is an organizational change framework focused on building BHRS's capacity to advance equity, diversity, inclusion and belonging principles in the workplace. BHRS focused on internal capacity development to work effectively and respectfully with diverse cultural, linguistic, and social backgrounds. To accomplish this goal, BHRS is using four levels of organizational change which include personal, interpersonal, cultural, institutional and structural/systemic. An *MCOD Action Plan* was developed (see Appendix E) and includes goals, strategies and shorter-term activities and tasks. The MCOD Action Plan will be reviewed, evaluated, and updated annually.

Highlights in FY 20-21:

- i. The creation of subcommittees composed of BHRS leadership, that with the support of an executive sponsor, will oversee a specific activity within the plan goals.
 - ii. BHRS executives received ongoing training with Dr. Melanie Tervalon (co-creator of the Cultural Humility Curriculum), to support ongoing work and assignment of accountability partners. This structure will support advancement of MCOd.
 - iii. BHRS will begin meeting a new County Equity Measure established to track the percent of staff who have taken at least 3 of the Harvard Implicit Association Tests. These tests will be used to help staff identify potential unconscious biases and help strengthen the leadership team.
- **Government Alliance on Race and Equity (GARE)** is a national network of government working to achieve racial equity and advance opportunities for all. Racial equity is critically important to getting different outcomes in our communities and our goal extends beyond closing the gaps. To advance equity we must focus not only on individual programs, but also on policy and institutional strategies that are driving the production of inequities. In 2019 the *Race, Health & Equity training* was developed and provided for San Mateo County Health Leadership, in total, approximately 74% or 268 supervisors and managers were trained. Additionally, in the past three years, the County Health's GARE team consisting of 23 individuals from six County Health Divisions held numerous Lunch & Learn sessions to continue divisional conversation on race; hosted film screenings to encourage learning and dialogue; conducted a race and equity survey to hear the workforce's experiences and thoughts; and completed a train the trainers session to expand our capacity to offer Race, Health, and Equity trainings to all staff across Health.

Highlights in FY 20-21:

- i. The GARE Health team began work on revising the *SMC Health Racial Equity Action Plan (REAP)*.
- ii. The San Mateo County Health Executive Committee (HEC) were integral in the creation of the REAP and all received the Race, Health & Equity Training.

- iii. The BHRS Director is part of the HEC Racial Equity Subcommittee which includes Health GARE member(s)
 - iv. Expansion of Race, Health & Equity training to all of our Health workforce: 10 sessions provided in 2021 with 493 staff training in San Mateo County Health.
 - v. Monthly meetings and subcommittees continue to take place to oversee data collection, policy & procedures, training, REAP, communications & recruitment.
 - vi. A *Racial Equity 21-Day Challenge* was developed, provided and made available for county and CBOs staff.
 - vii. Under the direction of our San Mateo County Equity Officer, the SMC Core Equity Team has begun to create a REAP for the entire County.
 - viii. The Health GARE team now works in conjunction with the County GARE team.
 - ix. SMC Equity Officer, the Health GARE teams, and the SMC Core Equity Team (which includes members from all SMC departments) is working on a GARE survey to disseminate in late 2021 to all County staff.
- **Behavioral Health Career Pathways Programs** aim to recruit, hire, support, and retain diverse staff in behavioral health careers. The components include:
 - i. Attract prospective candidates for hard to fill positions (including child/adolescent psychiatrists, psychiatric mental health nurses, and promotores/navigators) by addressing application barriers and providing incentives.
 - ii. BHRS participated in the *Mental Health Loan Assumption Program* which provides loan forgiveness for BHRS and contractor staff. BHRS also participated in the Behavioral Health Resources Forums which influence human resources practices and priorities towards hiring staff who reflect the community being served.
 - iii. Promote mental health/behavioral health field in academic institutions in order to attract individuals to the public mental health system. This includes the Intern/Trainee Program which consists of BHRS partnering with graduate schools to provide education, training and clinical experience for their students at various County worksites.
 - iv. Create new career pathways and expand existing efforts for consumers and family members in the workforce to allow for advancement within BHRS and in other parts of the County system. This includes the *Lived Experience Education Workgroup/Lived Experience Academy* and our *BHRS Health Ambassador Program*, which prepares clients/consumers and family members for workforce entry, advocacy, and participation on committees and commissions, etc. Additionally, the *BHRS New-Hire Orientation* is designed to help new staff understand how BHRS works and connect to other agencies and departments.

- v. Increase diversity of staff to better reflect our client population and retain diverse staff. This includes the *Cultural Competency Stipend Internship Program (CSIP)*, where funding was recently increased, which supports behavioral health graduate students who contribute to cultural humility/responsiveness of BHRS through linguistic capability, cultural identity or experience working with special populations in San Mateo County.
- o BHRS required trainings include *Working Effectively with Interpreters in Behavioral Health Settings* and *Cultural Humility 101*. Employee Training Minimum Standards require that each BHRS employee complete 20 hours of training per year.

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

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

Activities and programs that support the Community Empowerment:

- o **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 & Indigenous Peoples Initiative; Pacific Islander Initiative; PRIDE Initiative; and the Spirituality Initiative.
- o **Alcohol and Other Drug Prevention Partnerships** exist throughout San Mateo County. These partnerships are community-based and act locally to identify and address community-level conditions that promote or encourage underage alcohol use and to reduce the harmful consequences of alcohol and other drug use. The partnerships include the North County Prevention Partnership, One East Palo Alto: Substance Abuse Prevention Coalition, Peninsula Conflict Resolution Center: North Central San

Mateo Prevention Partnership, Puente De La Costa Sur: South Coast Prevention Partnership, Redwood City 2020: Alcohol and Other Drugs Prevention Partnership, San Mateo County Health System: Alcohol & Other Drug Services, and Youth Leadership Institute: Coastside Prevention Partnership.

- **Office of Consumer and Family Affairs (OCFA) Peer and Consumer Family Partners Program** is designed to support employment of consumer/client and family partners with lived experience within the county behavioral health system of care, which recognizes the special contributions and perspectives of consumers/family members and aids in case management as well as peer support. Peer Support Workers and Family Partners provide a very special type of expertise, direct service and support to BHRS consumers/clients. They bring the unique support that comes from the perspective of those experiencing recovery, either in their own personal lives, or as relatives of someone personally affected. They know firsthand the challenges of living with and recovering from a behavioral health challenge and work collaboratively with our clients based on that shared experience. There are 21 Peer Support Workers in the BHRS Adult System of Care and 6 Family Partners throughout BHRS representing diverse cultural and linguistic experiences including bicultural and bilingual Spanish and Tongan, as well as English speaking African American.
- **The Lived Experience Education Workgroup (LEEW)/Lived Experience Academy (LEA)** are overseen by OCFA in partnership with the BHRS Workforce Education and Training Coordinator. The primary purpose of LEEW is to identify and engage lived experience clients, consumers, and family members to prepare for workforce entry, advocacy roles, committee and commission participation, and other empowering activities. This group consists of BHRS and contractor staff, lived experience staff, clients/consumers, and family members. The LEEW plans, facilitates, and oversees the LEA, which trains clients/consumers and family members with behavioral health lived experience to share their stories as a tool for self-empowerment, stigma reduction, and education of others about behavioral health challenges. Graduates then become part of the LEA Speakers' Bureau and are paid \$35 per hour to speak at BHRS trainings and events around San Mateo County. Their participation greatly enhances BHRS trainings and events and provides staff and the community greater understanding of behavioral health clients/consumer's experiences.
- **The Parent Project**³⁸ is a free, 12-week course for anyone who cares for a child or adolescent. The classes meet for three hours each week. Parents learn parenting skills and get information about resources and other support available in their communities. Parents/caregivers learn and practice skills such as appropriate ways to discipline; preventing or stopping alcohol, drug and tobacco use; improving communication skills; improving grades and school attendance; dealing with unhealthy and/or dangerous behaviors in teens; strengthening family relationships. San Mateo County BHRS' ODE began

³⁸ <https://www.smchealth.org/general-information/parent-project-r>

offering the Parent Project® courses in 2010 and updated the course in 2014 to become more culturally informed. To date, ODE has completed 85 courses and graduated approximately 1,263 participants. During the pandemic, funds were allocated to participants to support participation and minimize barriers of full engagement, such as, additional technical support and gift baskets with home essentials to support families.

As a result, participants reported in FY 20-21:

Self-Advocacy

- 96% feel confident about their parenting skills as a result of taking Parent Project®
- 67% feel overall satisfied with the relationship with their child
- 63% feel supported as a parent

Community Empowerment

- 83% feel they can positively help their community after taking the Parent Project® course

Access

- 83% responded knowing where to go to receive behavioral health services
- 75% are more willing to seek behavioral health services for themselves and/or a loved one if needed

An ongoing challenge continues to be the Program Coordinator position vacancy. Currently ODE team members have added the responsibility of supporting contractors and facilitators as much as possible. Response time and overall program monitoring has been affected, such as collecting 6-month survey data and data analysis.

- **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, learn the risk factors and warning signs, build understanding of the impact of mental illnesses, and review common treatment options. Those who take the course 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. During the pandemic, this training was adapted to be provided virtually.



As a result, participants reported in FY 20-21:

- Stigma Discrimination Reduction
 - 83% feel that they strongly agree or agree that they are willing to take action to prevent discrimination against people with mental health conditions.

- Cultural Humility
 - 87% feel that spirituality can be a tool for recovery from mental health problems.
 - 80% feel that they strongly agree or agree that the Adult Mental Health First Aid training was relevant to them and their cultural background and experiences (race, ethnicity, gender, religion, etc.).
 - 70% feel that they strongly agree or agree that they have a better understanding of how mental health and substance use challenges affect different cultures through the Adult Mental Health First Aid training.

BHRS is currently considering the addition of the MHFA teen curriculum to the community prevention training suite. However, an ongoing challenge continues to be the Program Coordinator position vacancy. Currently, ODE team members have added the responsibility of supporting contractors and facilitators as much as possible. Response time and overall program monitoring have been affected, such as collecting 6-month survey data and data analysis.

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

Highlights in FY 20-21:

- Monthly meetings have continued despite the Program Coordinator position being vacant.

- Health ambassadors were key in providing COVID-19 support and outreach. These efforts included a Public Service Announcement (PSA) (in English and Spanish) to promote vaccination and distributing mental health resource cards at vaccination sites. Ten new ambassadors graduated in May 2021.
- Hosted several online events in Spanish, such as “Familia y Bienestar Durante COVID-19” (Family & Wellness during COVID-19).
- Started a door-to-door canvassing in San Mateo, East Palo Alto, Redwood City and Half Moon Bay, where they distributed masks and flyers with the 5 most important messages that San Mateo County highlights about the COVID-19 vaccine and how to register to receive notifications for the next vaccination clinic. The one-on-one conversations, outreach and distribution of materials continue happening in Spanish at laundromats, grocery stores and food distribution centers.
- Ambassadors also participated in a Stigma Free virtual workshop, a sex trafficking webinar and received training to become NAMI trainers.
- On October 28, 2021, ODE and the consultant group hosted a listening session with the Health Ambassadors and the Project Coordinator, which was recently hired. More detail regarding feedback received is included in the ‘What People are Saying’ section to follow.



- **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. Participants are asked to share their stories through words, photos, drawings, personal mementos, and even music. The stories shared have been both personal and powerful, creating a sense of connection, and for others, they've been transforming. ODE continues this powerful storytelling work with Digital Storytelling, Photovoice and Graphic Novel creation. ODE partners with community-based organizations, schools, faith-based organizations, correctional institutions, and other sectors of the community to offer these storytelling opportunities. These stories help shed light on important social issues including stigma and empower others with lived experience to share their stories. In response to staffing shortages, this program is now offered in a limited capacity through an external contracted provider and through the Health Equity Initiatives, such as the African American Community Initiative's event in May of 2021 "Hope for change" with ODE support. The Lived Experience Academy graduates also presented and shared their experiences, by sharing the [graphic novel](#) "#BeTheOneSMC:Where there is life, there is hope" during May Mental Health Awareness Month events.
- **Outreach Workers** (also known as promotores/health navigators) connect with and facilitate access for marginalized populations through culturally and language appropriate outreach and education and providing linkage and warm hand-off of individuals to services. Outreach Workers are usually members of the communities within which they outreach to. They speak the same language, come from the same community and share life experiences with the community members they serve. Outreach Workers use a variety of methods to make contact and connect with the community. From group gatherings in individuals' homes to large community meetings, and make direct contact with target audiences, warm hand-offs and convey crucial information to provide community support and access to services. The East Palo Alto Partnership for Behavioral Health Outreach employs Outreach Workers within the Latino, African American, Pacific Islander, and LGBTQ communities. The North County Outreach Collaborative employs Outreach Workers within the Chinese, Filipino, Latino, Pacific Islander and LGBTQ communities.
- **GARE Racial Equity Tool** is being piloted by the health system and will be used to operationalize equity. This tool is designed to integrate explicit consideration of racial equity and the communities most impacted by inequities in decisions including policies, practices, programs, and budgets.
- **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. This past fiscal year, in response to ongoing feedback



from stakeholders for deeper engagement in MHS, the MHS Steering Committee was restructured. On October 7, 2020 the MHS Steering Committee reviewed a proposed structure that would allow for increased meetings per year and working committees to recommend improvements on MHS structures and programs. On November 4, 2020, the Mental Health and Substance Abuse Recovery Commission (MHSARC) voted to amend their bylaws to establish the MHS Steering Committee as a Standing Committee of the commission and appoint chairperson(s) to work closely with the MHS Coordinator to plan, develop goals and objectives, and report to the broader MHSARC on a monthly basis. The MHS Steering Committee now meets four times per year in February, May, September and December.

Highlights in FY 20-21

1) **Housing Taskforce:** Early fiscal projections anticipated a recession due to the COVID-19 pandemic. Given this uncertainty, a strategic approach to addressing the input received during the MHS Three-Year Plan development was proposed. Twenty-two strategies prioritized by stakeholders were organized under 5 MHS Strategic Initiatives with the intent to engage stakeholders in deeper planning and develop strategy direction for MHS investments for when revenue improved. Housing was the initiative prioritized by the MHS Steering Committee. A Housing Initiative Taskforce was convened, between March and May 2021, to accomplish the following goals:

- Define a housing continuum of services for individuals living with mental illness
- Identify gaps at all levels of support or intensity in treatment
- Articulate and prioritize broad housing-related outcomes
- Identify and prioritize activities to fund under each prioritized outcome
- Taskforce members included 30 diverse stakeholders including clients, family members, service providers and County departments.

The Housing Initiative Taskforce began with a series of informational presentations including “Housing for BHRS Clients” and “Board and Care Housing Supports.” Members then convened once a month, led by an MHS housing consultant and the MHS Manager.

2) **Youth S.O.S.** (March 2021): The Youth Stabilization, Opportunity & Support (S.O.S.) Team start-up activities began in March 2021 with full implementation scheduled to launch July 1, 2021. The Youth S.O.S team is a non-law enforcement, culturally responsive, trauma-informed response to youth (age 0-21) who may be experiencing a crisis anywhere in San Mateo County. The team will be dispatched via the StarVista Crisis Hotline, available 24 hours per day, 7 days per -week. The Youth S.O.S. team consists of a triage clinician and a family partner to help improve the families’ level of comfort and trust, and support linkages and warm hand-offs for youth and families

In response to the Family Urgent Response System (FURS), established by Senate Bill 80 and amended by Assembly Bill 79, which requires counties to develop and implement a mobile response system for current and former foster youth and their caregivers, BHRS and the Human Services Agency partnered to implement a coordinated effort. For current and former youth in foster care, the Youth S.O.S. Team will provide an immediate, in-person, 24/7 response.

A comprehensive input process for Youth S.O.S. came after County-wide budget constraints and concerns related to ensuring an integrated approach to youth crisis response, led to the withdrawal of the RFP opportunity. Starting in October 2019, the Youth Committee of the Mental Health and Substance Abuse Commission (MHSARC) met monthly to plan an integrated approach to youth in crisis. See Appendix F for the Youth S.O.S. Team Scope of Work and Flow Chart developed as part of this planning process.

- **MHSA Annual Report (in progress) Highlights:** Innovation, The Cariño Project in Half Moon Bay soft-launched July 1, 2020, in the midst of the COVID- pandemic and devastating wildfires. The lead organization, Ayudando Latinos A Soñar (ALAS), found itself with increased demand for mental health services. The Cariño Project brought increased culturally responsive mental health services, peer support groups, art and wellness activities, capacity building, outreach, and linkages to behavioral health services and resources for marginalized Latinx and farmworker communities. A virtual ribbon-cutting event was held in September 2020 to acknowledge the launch of The Cariño Project. Most recently, a Request for Quotes (RFQ) process was facilitated in collaboration with the Healthcare for the Homeless and Farmworker Health (HCH/FH) Program to identify the co-occurring substance use service provider for The Cariño Project. The services will include co-occurring substance use case management and early intervention services.



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

- **Strategy 1:** Create and sustain partnerships that build on shared lived experience, cultural identities, and/or geographical service areas.
- **Strategy 2:** Create programs and partnerships that advance an effective model of integration of mental health, physical health, and substance abuse services.
- **Strategy 3:** Create and enhance partnerships with key non-traditional stakeholders.

- **Strategy 4:** Develop a communication plan focused on the impact and urgency of behavioral health equity work to strengthen community, including non-traditional partners, buy-in and engagement in the work.

Activities and programs that support the Strategic Partnership:

- **Power mapping** will continue to allow us to conceptualize the necessary partnerships and efforts and visually map out relationships between people, organizations, and institutions involved in equity work to better understand the value of these relationships.
- **Diversity and Equity Council (DEC)** and the **Health Equity Initiatives** (described in Goal 2 above) are made up of BHRS staff, consumers, contracted providers, community leaders and members and work to ensure that topics concerning diversity, health disparities, stigma reduction, and health equity are reflected in the work of San Mateo County’s mental health and substance use services. The formation of the DEC can be traced back to 1998 when staff members formed the state-mandated Cultural Competence Committee.
- **Alcohol and Other Drug Prevention Partnerships** (described in Goal 2 above).
- **Peer Recovery Collaborative** is a peer operated program 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*. Despite funding challenges in FY 20-21, the collaborative hosted a discussion series on *White Privilege, Institutional Racism and Being an Ally*, to promote community discussions and education around racial equity and social justice. In FY 21-22, with incoming state funds and peer work certification, the focus will be on restructuring the work and the goals identified at the last Peer Summit: advocacy, workforce development and common grounds. ODE staff shortages have also limited the support available for training implementation and ongoing assistance.
- **Partnerships with San Mateo Medical Center Federally Qualified Health Center (FQHC)** allow for collaboration with FQHC’s to identify patients presenting for healthcare services that have significant needs for mental health services. Ravenswood FQHC provides a means of identification of and referrals for the underserved residents of East Palo Alto with Serious Mental Illness (SMI) and Emotional Disturbance (SED) to primary care based mental health treatment or to specialty mental health.
- **Primary Care Interface** focuses on identifying persons in need of behavioral health services in the primary care settings, thus connecting people to needed services. BHRS clinicians are embedded in primary care clinics to facilitate referrals, perform assessments, and refer to appropriate behavioral health services when deemed necessary.

- **Outreach Collaboratives** (Described in Goal 2 above) are based on the key model of community-based organization collaboration. Strong collaborations with local community-based agencies and health and social service providers are essential for cultivating a base of engaged community members. Organizations leverage their influence, resources, and expertise, especially in providing services that address cultural, social and linguistic needs of the community. Collaboratives benefit from having regular meetings to share resources and problem solve, having a clearly defined infrastructure and consistent strategy and offering ongoing presence and opportunities for community members to engage in services.
- **The Pride Center:** LGBTQ+ individuals are at increased risk for mental health disorders given their experience with stress related to subtle or overt acts of homophobia, biphobia, and transphobia, and as such, need access to service providers and resources that are reflective and sensitive of their experiences and needs. The center is a collaboration of multiple agencies that will work to provide support to high-risk LGBTQ+ individuals through peer-based supports, with the goal of becoming a centralized resource for mental health services. The center promotes interagency collaboration, coordination, and communication, which will lead to increased access to mental health services among LGBTQ+ individuals, and ultimately, improved mental health outcomes.

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

- **Strategy 1:** Identify policies, practice, and systemic changes needed to become a genuinely multicultural organization.
- **Strategy 2:** Identify key outcome indicators for behavioral health equity including internal policies and practices.
- **Strategy 3:** Assess, prioritize and implement the National CLAS Standards across the department and contracted agencies.

Activities and programs that support the Policy & Systems Change:

- **Multicultural Organization Development** (described in Goal 1 above)



- **Government Alliance on Racial Equity** (described in Goal 1 above)
- **Cultural and Linguistic Appropriate Services (CLAS) Implementation**
 - i. **CLAS requirements in all contracts:** As described in Criterion 3, Contractor Requirements, in 2012 ODE developed benchmark criteria for all BHRS contractors that provide client services to develop and submit cultural competence plans that focus on improving quality of services and advancing health equity.
 - ii. **Language Access Services** (discussed in more detail in Criterion 7) includes translating materials in threshold languages Spanish, Tagalog, Chinese, a language line that is available 24/7 for over-the-phone interpretation services and a process for scheduling in-person language interpreters including ASL.

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

Diversity and Equity Council

The **Diversity and Equity Council (DEC)** works 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 Council serves as an advisory board to assure San Mateo

County BHRS policies are designed and implemented in a manner that strives to decrease health inequities and increase access to services. The formation of the DEC can be traced back to 1998 when staff members formed the state-mandated Cultural Competence Committee. This committee later became the Cultural Competence Council in 2009, which played an integral role in the formation of the Office of Diversity and Equity. The DEC has been involved in many of the opportunities to bring discussions of cultural humility in our work. The DEC is made up of BHRS staff, contracted providers, community leaders and members and works to ensure that topics concerning diversity, health disparities, stigma reduction and health equity are reflected in the work of San Mateo County’s mental health and substance use services. The DEC encourages participation of consumers/clients and family members by providing stipends or honorariums for ongoing participation. In the past few years, consumers have joined and participated, but due to scheduling issues and as a result of the COVID-19 pandemic, their participation has wavered. Current efforts are being explored to again increase community participation. (The focus group with the DEC was held on October 1, 2021.)

Criterion 4: Describe the exchange of information within different levels of the organization as well as between the organization and the community, target population, and partner organizations.

Mission, Vision & Objectives

The Council serves as an advisory board to assure San Mateo BHRS policies are designed and implemented in a manner that strives to decrease health inequalities and increase access to services. The DEC is committed to supporting community advocates throughout the County. It provides:

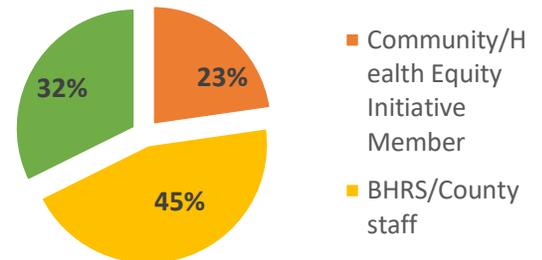
- a space for collaboration and guidance for the Health Equity Initiatives
- a forum for cultural competence questions from community-based organizations
- a hub of information and resources for community members committed to advancing equitable behavioral health care.

The Council currently has 198 members, 45% are BHRS or County staff, 32% represent Community-Based Organizations and 23% identify as community or Health Equity Initiatives members.

Highlights & Accomplishments

In FY 20-21 the DEC, in collaboration with San Mateo County Public Health, Policy and Planning, StarVista, Bay Area Community Health Advisory Council, the BHRS Office of Diversity & Equity and Health Equity Initiatives, held a total of 4 virtual Town Halls that focused on Community, Race & COVID-19. The events created opportunities for community members and organizations to share collective challenges, growth and experiences from the first year of Covid-19. Approximately 516 participants attended and provided input on supports needed, and identified community, clients, and Community Based Organization priorities in response to the pandemic. As a result of the information and feedback received: Digital (tablets with data plans, phones with data plans, county hotspots internet access) support has been made available, mental health support cards were developed and disseminated, Personal Protective Equipment (PPE) was distributed, and mask mobile information shared. Additionally, county leaders shared information about county efforts, which included the vaccination equity group for marginalized communities. Other supports included: school support, rental assistance, translation of materials, BHRS sponsored Workforce Wellness Month and Facebook live events with other groups to share resources. The DEC continues to focus on immediate response to community needs during COVID-19 recovery. Partnerships were strengthened through the town hall collaborations; this has broadened the opportunity for DEC to be involved in larger equity efforts and provide support for our HEIs and CBOs.

Diversity & Equity Council Membership



Identified needs/challenges of Community members & CBOs



Health Equity Initiatives

Health Equity Initiatives (HEIs) were created to address access and quality of care issues among underserved, unserved, and inappropriately served communities. HEI representatives attend the DEC to ensure cross-sharing and learning, collaboration, bring forward concerns and issues from San Mateo County’s most marginalized communities, and brainstorm systemic solutions.

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

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

HEI’s are comprised of San Mateo BHRS staff, community-based, health and social service agencies, clients and their family members, and community members. The HEIs are managed by two co-chairs, including a BHRS staff and a community agency, community leader or community member. HEIs implement activities throughout San Mateo County that are intended to decrease stigma; educate and empower community members; support wellness and recovery; and build culturally responsive services. The HEIs impact has been documented in the [Health Equity](#)

[Initiatives 10-Year Impact Report](#) published in Spring 2017. Following is an update including a few highlights under each key areas of impact identified in the report.

Staffing for the co-chair positions were heavily impacted through the COVID-19 pandemic. HEIs were frontline in the COVID-19 pandemic response as they were a major source to communities for information, resources and to share their voice and that of the SMC communities. All the HEIs, with the exception of FMHI, experienced co-chair turnover during this 3-yr reporting period. A lot of work was done, despite the transitions, to provide support through the newly initiated All HEI Quarterly Meetings. ODE also supported, as a planning member, the virtual 2021 *CA Health Equity Summit: Healing Communities Beyond 2020: Our Health, Our Culture, Our Climate* that took place in June. BHRS purchased 25 tickets for BHRS staff, HEI co-chairs, community members, SMC commissioners, HAP, youth and contractors to support building community knowledge and capacity on health equity.

In 2019 the Office of Diversity and Equity created the *Practicing inclusion: Health Equity Initiative Handbook*. The detailed 92-page HEI Handbook is intended to support our co-chairs in having a shared understanding of what our HEI's represent, roles and expectations, events and project guidance, cultural stipend award information, documentation and administrative forms and tasks, and an overview of our system. This was in response to our co-chairs needs and has provided a foundational document to orient all of our exceptional co-chairs who lead our equity efforts in SMC.

Highlights & Accomplishments

HEIs implement activities throughout San Mateo County that are intended to:

- Decrease stigma
- Educate and empower community members
- Support wellness and recovery
- Build culturally responsive services

African American Community Initiative (AACI)

Black History Month events in 2020 & 2021 focused on the mental wellness of African Americans of all ages, infusing Covid-19 prevention throughout the 2021 event. 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 facilitated by Leanna Lewis.

In FY 20-21, community members participated in and/or hosted the following AACI events:

- Black History Month Celebration
- Black Lives in Recovery/ Told Through Our Stories of Anti-Racism-BLM
- Suicide Intervention & Prevention for the African American Community
- Race and COVID; Diversity and Equity Townhall meeting
- Tabling Opportunities for resource sharing, outreach and other supports



Chinese Health Initiative (CHI)

During the FY 20-21 the 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 xenophobia and stigma. With the opportunity to elevate these voices, community members feel more confident and less anxious and more supported.

In FY 20-21, community members participated in and/or hosted the following CHI events:

- Asian American Native Hawaiian/Pacific Islander (AANHPI) Mental Health Day Proclamation, and tabling events in Daly City with Filipino Mental Health Initiative.
- Planned and facilitated Asian American and Pacific Islander (AAPI) Hate event, monthly family support groups, an AAPI focused support circle for the county staff.
- Piloted a behavioral health mentoring program at Mills High School.
- Collaborated with Millbrae library for the Mandarin Story Time event

- Collaborated with Adult and Aging, Self Help for the Elderly and Travonde for series of promoting health education with the elderly population called Asian Be Well
- CHI along with FMHI, Pacific Islander Initiative attended SMC API Caucus monthly membership meeting to present on recent hate crimes against the AAPI community.
- CHI created and distributed Xenophobia post cards, held a Xenophobia virtual workshop, supported translation of COVID-19 materials, and restored the Chinese Family Support group.

Filipino Mental Health Initiative (FMHI)

In FY 20-21 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 FY 19-20 and FMHI was able to continue this through FY 20-21. 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 that erupted after the death of George Floyd these events attracted 40 to 60 community members at each event: this included events in July, September and October of 2020. These served as vital spaces for expression and touched on topics that included political upheaval and unrest in the Philippines, how community has come together to support one another in the pandemic, addressed mental health issues, and served as a forum for many youths to connect with their culture and community.

FMHI also engaged a number of youth and community members to express themselves creatively through a project that aimed to address the emotions people were feeling about racial injustice and the Black Lives Matter movement. FMHI-SMC, together with the group made up of the COVID Bayanhihan Response (groups involved with open mic showcases), put out a call for community (especially youth) to be a part of this project. Over the course of several months, starting in June, FMHI onboarded a group of 9 youth and community members, and brainstormed, planned and carried out pre-production related activities -- including the script writing. Ultimately due to many scheduling challenges, this project was postponed. Despite the challenges, it was a tremendous learning experience for everyone, as well as an opportunity to share each other's passion, skills, and talents towards this endeavor; this was especially true for the youth participants, who described the experience as giving them purpose, voice, and opportunities to express themselves. Overall, FMHI has had to think more 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 20-21, FMHI participated and/or hosted the following events and activities:

- Filipinx PSA planning/filming (in solidarity and response to BLM Movement) June 2020 - October 2020
- MHSAOC Public Hearing for Social Enterprise Cultural Center
- Daly City Bayanihan Showcase: Build that Self-Care for Back to School
- Daly City Bayanihan Showcase: Fiesta Celebrating Filipinx American History Month
- FMHI Co-chair and members speak at the Exceptional Women in Publishing Conference: Our Stories| Our World focused on mental health
- DCP Volunteers: Mano Po Project
- Mano Po Kwentuhan Korner Online Space (for sharing wellness and connection stories)
- Kapwa Soul Sessions between July 2020 to June 2021
- Daly City Bayanihan Showcase: People Power in a Pandemic
- Engaged in Mobilization for the Justice for Angelo Quinto Coalition (signed letter with 160+ orgs to advocate for Antioch officials to adopt mental health response)

Latino Collaborative (LC)

In FY 20-21 the Latino Collaborative welcomed several presenters sharing local resources into its meetings. Because the majority of members have direct contact with the community via direct services or outreach and prevention, these informational presentations can impact services. Presentations included:

- Stanford Health Care research program on COVID-19 clinical trials
- Catholic Charities on immigration policies
- Immigrant Posada/ Pilgrimage

In FY 20-21, community members participated in and/or hosted the following LC events:

- Resource sharing, outreach and other supports provided to BHRS staff, partnering agencies and the community

- Participation in MHS Community Program Planning Process. During the input session members provided specific suggestions (prevention, direct services, workforce education and training) to support complex cases in San Mateo County. The feedback and input collected was presented and considered for the MHS budget.
- Switched all interactions, activities, and documents to a virtual platform with online resources.
- Supported the translation of documents, the dissemination of Covid-19 prevention materials and supported numerous social media events to address disparities within our Latinx community and COVID-19 transmission.

Native American Initiative & 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 that 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, many community members who identify as Native and/or Indigenous in San Mateo County 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 educate the community about SMC resources and history. NIPI is in the process of collaborating with San Jose Indian Health Services to increase outreach to San Mateo County residents 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.

On October 6, 2020 San Mateo County recognized its first Indigenous People Day. Our NIPI was supported by our SMC BOS, our County Manager and Supervisor Carole Groom for initiating the proclamation to recognize Indigenous Peoples Day. NIPI began collaborating with the San Mateo County Youth Commission several years ago to make this recognition possible. NIPI’s mission is to bring about a comprehensive revival of the Native American & indigenous community in San Mateo County through awareness, health education, and outreach which honors culturally appropriate traditional & healing practices. One of our objectives is to engage in outreach efforts in the community. Their work not only focuses on those who identify as Native American and Indigenous, but also to increase cultural responsiveness and awareness with the non-native individuals who may interact or work with Native American and/or Indigenous communities. Recognizing and celebrating Indigenous People’s Day will allow San Mateo County to be an ally, acting in solidarity with Native Americans and Indigenous communities throughout the San Francisco Bay Area.

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 Libraries to further education to the community
- Alcatraz honoring of Indigenous peoples
- Supported the dissemination of COVID-19 prevention information and resources
- Completing their medicinal garden at the SMC Phoenix Garden

Pacific Islander Initiative (PII)

The FY 20-21 PII 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 PII. Several partners who had purposefully disengaged from the group after losing trust in leadership were able to return, speak about their experiences, and commit to re-engaging. With this tone shift, PII embarked on the third year of long-term planning, building a comprehensive five-year plan that includes a youth leadership and mental health career pipeline program (PIONEER). PII also changed its meeting time from 6pm to 11am and utilized virtual Zoom calls for all its meetings. Trust, engagement, and collaboration has greatly increased over the course of the past year. A significant impact on the initiative was the transition of three co-chairs during the past 3 years. In FY 20-21 the initiative obtained one new co-chair in October and was planning on securing the second co-chair by August 2021.

The Pacific Islander Initiative engaged with community members directly through events and community trainings throughout the year. PII has continued to focus on increasing membership, 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
- Native Heritage Month
- Provided COVID-19 support and resources for PII community

PRIDE Initiative (PI)

In FY 20-21, the LGBTQ+ of San Mateo County was deeply impacted by COVID-19 and COVID-19 delta variant, which have limited-service availability and increased disparities in a community that already faced isolation. This year PRIDE Initiative felt it was particularly important to hold a PRIDE event due to the impacts of COVID-19 pandemic, racial injustices and gender inequalities. The initiative decided to have another virtual Pride event, along with the help of the Pride Initiative members and the LGBTQ+ community partners, the initiative was able to shift

the event from an in-person to a virtual one. The Pride Initiative met and decided to have an entire week of workshops and end the week with a Grand Finale celebration event. This included a Community SOGI workshop; Transgender/ Nonbinary Inclusive- Resources workshop; Kaiser Gender clinic resources workshop; CORA Healthy LGBTQ+ relationships workshop; Aging & Adult services Panel; Health Equity Initiatives Outreach workshop; LGBTQ+ Biblical workshop; and Coast pride services workshop. PRIDE had their Grand Finale hosted by DJ Ben which featured a diverse lineup of entertainment and special guest local poets. Overall, 1,074 participants via social media attended during SMC Virtual PRIDE week 2021 and Grand Finale Celebration 2021. The initiative also collaborated with San Mateo County Fair Grounds and supported the *Pride Day at the Fair 2021* event. Lastly, the Pride Initiative collaborated with SMC County Health for a *Grand Rounds Pride Month presentation* to medical practitioners.

In FY20-21, PRIDE participated and/or hosted the following events and activities:

- SMC Virtual PRIDE Week – 1,074 attendees
- Pride Day at the Fair
- SOGIE training
- Pride Grand Rounds
- Collaborated with the Pride Center, LGBTQ Commission and the LGBTQ Collaborative to create the *San Mateo County Pride Center LGBTQ Covid Impact Study* (Appendix G)
- Assisted in providing Covid-19 information and resource

Spirituality Initiative (SI)

In FY 20-21 the Spirituality Initiative’s ongoing monthly meetings have become a place where a cross section of the community comes to learn more about San Mateo County BHRS, community 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, the meeting in April Reverend Jane Doty MacKenzie, of the Burling Presbyterian Church, presented highlights from her churches 60-page safety plan of guidelines for staff to reopen. SI members were able to ask questions, learn about the church’s successful parking lot services, and the outside worship experiences.

In June of 2021, SI featured the community outreach person of the PRIDE Center, Marilyn Fernando, who spoke about the resources that are available for the LGBTQ+ community. The initiative also participated in the PRIDE event on June 8th, by collaborating and attending several celebrations/events through the month which expanded the insights to all those who attended. Since members of different faith communities attend the SI meetings along with family members, clinicians and those with lived experience, there is a healthy intersectionality dialogue which ensued. Throughout the year SI brings in speakers who enhance the understanding of BHRS and the surrounding community.

In FY 20-21, community members participated in and/or hosted the following SI events:

- Dr. Reverend Janet Bower Care Ministry Seminar – Autism and Strategies for Parents, in January presented about their Feb 10th seminar.
- Isaac Frederick, both a BHRS counselor, SI Co-Chair and faith-based leader during February’s African American Month presented about the role of African American Athletics voice about social injustices and exercising their civil right to peaceful protest.
- Poetry Reading – Poem written and read by Community member Tatiana; “PAUL ROBESON-SPEAK OF ME AS I AM”.
- Burlingame Presbyterian Church presented on seminar to support children/youth safe transition to in-person learning.
- Clinical Service Manager Regina Moreno of BHRS presented about Labyrinth at Phoenix Garden.
- Power Meditation and open discussion about Juneteenth.

This year the initiative collaborated with the African American Community Initiative on the first annual “Amazing Souls of Black Folks”. This is event recognized the resiliency of African Americans while facing systematic racism, the historical contents of slavery, and post which included Jim Crow, and the prison-industrial complex, a short-film on the history of misdemeanors and how African Americans became targeted to prosecute at higher rates for free labor.

Lastly, the SI, along with ODE, Health and our SMC Health Officer hosted three Faith Leaders Webinars specific to COVID-19 information and resources. This collaboration led to the creation of two Faith Leaders Q&A documents (Appendix H), Faith Leaders vaccination tool (English and Spanish) and the creation of a Faith Leaders letter (English and Spanish) supporting COVID-19 vaccination that was signed by 49 Faith Leaders. The SI ensured that information shared included safety protocols, and resources for testing and vaccination sites throughout the county. In addition, SI found two parishes – Daly City United Methodist Church and St Matthew Catholic Church who held onsite clinics for vaccinations for their congregants, as well as the surrounding community.

Community-Informed Culturally Responsive Improvement Process

ODE developed and piloted a community-informed process for making culturally responsive improvements to our system. It is intending to reinforce the role of the DEC 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 HEIs and the Director will lead to cultural competence going beyond compliance and towards institutional transformation and continuous quality improvement of services.

This last fiscal year offered unexpected opportunities to hear from the community, mainly due to increased needs as a result of COVID-19 and disparities within marginalized communities. For example, the Town Halls hosted by DEC, three Faith Leader Webinars (June 2020, December 2020, January 2021), that allowed for direct communication with communities.

Criterion 5: County Mental Health Plan Culturally Competent Training Activities

Trainings on cultural humility are designed to increase the capacity of providers to recognize biases in the workplace and engage in authentic dialogues and learning about different cultures and in turn reduce health inequities in our community. The trainings provide instruction and protocols for providing culturally and linguistically appropriate services

and increase access, capacity, and understanding by partnering with community groups, community members and resources. Educational and training activities are made available to consumers, family members, providers, and those working and living in San Mateo County. Trainings are also used to help support key Health Equity Initiatives. Understanding the importance of training and workforce development, BHRS quickly pivoted during the COVID-19 pandemic by transitioning to virtual trainings, designing or providing trainings in response to the impact of the pandemic, hosting Trainer of Trainer sessions to address capacity concerns and providing all materials online.

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

In a data informed system, our WET Department tracks two important equity measures. The first is the BHRS newly selected County Equity Measure to track the percent of staff who have taken at least 3 Harvard Implicit Association Tests. These tests will be used to help staff identify potential unconscious biases and support the work we do to serve our communities. This work will also strengthen the leadership team, allowing for focused and targeted training and coaching for measurable impact. Lastly, the goal of Implicit Bias Training will be to increase our workforce's awareness of biases and learn debiasing techniques. A second training measure tracked by BHRS is the goal of having 65% of the BHRS workforce trained in **Cultural Humility** as per our recent Policy 18-01: Cultural Humility, Equity and Inclusion Framework, established in February 2018. BHRS staff who have direct client contact are required to complete the **Working Effectively with Interpreters** training upon hire and a refresher every 3 years.

Cultural Humility

- Dr. Melanie Tervalon previously presented a system-wide 3-hour training on Cultural Humility: Working in Partnership with Family and Communities. These trainings are now provided by our Cultural Humility Community of Dialogue Cohort. Dr. Tervalon, again supported this work in SMC by providing an in-depth 6-

week Training of Trainers. The new trainers are now part of a Cultural Humility Community of Dialogue Cohort.

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 a resource for cultural humility trainers. The monthly schedule changed, and contracted facilitators are encouraged to attend meetings per their contract. Staff time and capacity continues to be a barrier, which has decreased monthly participation. ODE staff shortages have also limited the support available for training implementation and ongoing support.

- A consultant with expertise in diversity and inclusion, cultural humility, culturally responsive and trauma informed practice and Social Determinants of Health supports BHRS Units, the African American Community Initiative work and conducts trainings on how to use cultural humility and critical self-reflection to improve interactions with colleagues and create a more collaborative and supportive work environment. Training titles include:
 - Introduction to Reflective Supervision and Reflective Practice with Cultural Humility,
 - Cultural Humility 101: Building Bridges to Diversity & Inclusion
 - Cultural Humility for Non-Clinical Staff - Building Bridges to Diversity and Inclusion
 - Cultural Humility: Train the Trainers
 - Culturally Responsive Clinical Supervision: Strategies for Supervisees Using A Cultural Humility Framework

During FY 20-21 BHRS had a total of 86 participants, 18% of the workforce eligible, including contracted providers, to complete a Cultural Humility training. Since the initial curriculum was designed to be provided in-person due to the topic areas covered, the COVID-19 pandemic further reduced capacity to provide robust training sessions, lowering participation and reach. In 2019 and in 2021, two Cultural Humility Train the Trainer sessions were facilitated, with a total of 10 new facilitators completing the training, and we received guidance and permission to develop a virtual training based on the original curriculum. To encourage participation, weekend sessions for this training are being made available. Finally, this upcoming year there will be a BHRS subcommittee dedicated to overseeing the progress with this training and its provision, as part of our MCOB action plan.

Cultural Humility Participant Feedback

- 90% feel that cultural background influences the way that people seek help for mental health problems.
- 90% strongly agreed that this program was relevant to me and other people of similar cultural backgrounds and experiences (race, ethnicity, gender, religion, etc.).

Working Effectively with Interpreters in a Behavioral Health Setting

Since the inception of this training in 2010, BHRS has trained a total of 308 active staff, approximately 66% of our current workforce. Of this group, 37% (114) have taken a “Working with Interpreters in a Behavioral Health Setting” training refresher. This FY 20-21, a total of 93 BHRS staff completed this training. The training was adapted to be provided virtually over 2 sessions. Participants received additional information on video remote interpretation.

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 Learning Management System when the session was offered virtually due to the COVID pandemic. Generally, two in-person Working with Interpreters in a Behavioral Health Setting trainings are provided annually (April and October). There are some barriers impacting this ongoing goal staff are hired over the course of the fiscal year and the course has been offered, primarily, in-person. However, the largest attendance was during the Shelter-in-place related to the COVID-19 pandemic. Additionally, some staff have difficulty attending in-person and/or virtual trainings with a full caseload and many being reassigned to support our County Covid-19 response. Additionally, the BHRS New Hire Orientation (provided by the Workforce Education and Training Team) wasn’t offered this past fiscal year due to COVID-19 and staffing vacancies and is typically only offered once a year due to its labor-intensive organization (3 Sessions).

In 2019 ODE updated the videos used in this training to focus specifically on the use of interpreters in the behavioral health setting. Prior to this, the videos only featured interpretation uses in the medical setting and did not address the needs of staff or interpreters in BHRS. Using the feedback from staff, four videos were produced to depict the effective ways and potential pitfalls that may occur when working with professional and passerby interpreters. This endeavor was the first of its kind and the videos are now being shared with other counties.

Fiscal Year	Cultural Humility 101 (# of participants)	Working Effectively with Interpreters (# of participants)
2017 -2018	150	60
2018-2019	50	33
2019-2020	73	173
2020-2021	86	93

Sexual Orientation and Gender Identity Training

In 2017 BHRS ODE rolled out the Sexual Orientation and Gender Identity (SOGI) training and data collection tools. The implementation process was led by the PRIDE SOGI Workgroup, which consisted of members from ODE, BHRS, San Mateo Pride Initiative, San Mateo Medical Center, Adolescent Counseling Services-Outlet Program, and the San Mateo County Pride Center. Pride Initiative members participated in not only advocating for this, but also contributed to creating the training curriculum based on how to appropriately serve LGBTQ+ clients and ask SOGI questions with cultural humility. Over a year's time, 20 three-hour trainings were completed and over 600 BHRS Staff, providers and community members had been trained. This important work supported the reduction of health disparities experienced by LGBTQ+ folks by normalizing conversations about aspects of their identities that have a direct impact on their health. Currently this work is supporting the standardization of how information is collected to better serve our LGBTQ+ community and our SOGI work has been shared nationally and internationally.

Other Trainings Addressing Specific Ethnic and Cultural Populations

BHRS Workforce Wellness Month

On the anniversary of the pandemic, recognizing the impacted, both personally and professionally BHRS staff have experienced, BHRS, the County Office of Education, the Human Services Agency, First Five, the County Manager's Office, and Human Resources came together to offer "Workforce Wellness Month (WFWM)" in April 2021. WFWM was a month-long event with various speakers and activities to inspire, motivate, and provide a space for healing and growth. The events intentionally focused on trauma and culturally informed practices. BHRS also provided wellness kits that included a book about caring for oneself as a provider during times of stress and a few items to support sensory regulation. In addition, NIPi collaborated with BHRS to host a healing ceremony at a local garden, which included activities for staff to commemorate loved ones lost from Covid-19 and provided an ongoing space for the community to gather. General results from the WFWM included: 90% of attendees reporting that session(s) were helpful in providing skills for their wellness/resilience or self-care, 88% reported that attending the session(s) provided them with new skills/tools or a sense of well-being that will help them to minimize the impact of the pandemic. Ninety-three percent reported that the speaker/trainer of their session demonstrated or discussed Cultural humility or sensitivity. This has provided BHRS with a baseline and direction to keep supporting the workforce.

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

Behavioral Health Career Pathways Efforts

MCOD is the organizational change framework focused on building BHRS capacity to advance diversity, equity and inclusion principles in the workplace. BHRS focused on internal capacity development to work effectively and respectfully with diverse

cultural, linguistic, and social backgrounds. Through our MCOD action plan BHRS explicitly values diverse backgrounds and experiences and seeks to recruit, retain, and promote diverse staff at ALL levels, including leadership. This commitment is being actualized by our development and implementation of strategies to diversify its workforce. These strategies include:

Criterion 6: Describe the extent to which the agency and its members participate in the community as well as what degree the community are actively engaged in agency activities.

- **Recruitment:** Establish a multicultural recruitment policy for HR.
 - Post job opportunities to diversity recruitment sites (e.g., Professional Diversity Network).
 - Identify appropriate and most successful diversity recruitment sites, partner with outside organizations, and internal networks.
 - Add language on job postings stating that BHRS values and encourages diverse applicants and is committed to equity and inclusion in order to reach diverse candidates including for Leadership positions.
 - Incorporate the practice of cultural humility into existing and future job responsibilities.
 - Analyze demographic data related to hiring, promotion, and attrition.

- **Hiring:** Implement inclusive hiring practices.
 - Develop and implement questions related to diversity and equity principles, personal and professional experience addressing equity as part of the application, and department interview.
 - Establish a diverse interview panel (that includes people with lived experience on interview panels in order to hire leaders who embody cultural humility).
 - Minimize bias in hiring (e.g., by removing ID information from resume) by requiring implicit bias training for the hiring panel(s).
 - Develop workforce pipelines and identify recruitment opportunities in diverse networks.
 - Establish a checklist/step for the inclusive hiring process.

- **Onboarding:** Instill principles of cultural humility in the onboarding process.

- Identify/Create a manager, supervisor required suite of trainings including cultural humility, crucial conversations (e.g., work with the WET team to prepare schedule and availability of trainings) offered in-person and online.
 - Incorporate principles of cultural humility in the BHRS New Hire Orientation and the BHRS College in order to establish a foundation for new hires.
 - Set time frame for a new hire to complete a Harvard Implicit Bias Test and training.
 - Set due dates and keep a record of training completion.
- **Retention**: Identify and implement practices that support the retention of diverse staff.
 - Continue and analyze data from the mentorship program. Review progress and benefits biannually.

Cultural Stipend Internship Program (CSIP) is established under ODE

In 2009 ODE established oversight of our Behavioral Health & Recovery Services (BHRS) Cultural Stipend Internship Program (CSIP). CSIP is truly a collaborative effort between interns, supervisors, Health Equity Initiative co-chairs and members, ODE and BHRS staff. Awardees are selected based 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 is similar to underserved communities in San Mateo County. Once selected, awardees are then matched with a Health Equity Initiative (HEI) and tasked with conducting a yearlong project that helps BHRS become more culturally sensitive on a systemic level and more accessible to marginalized communities. Stipend Awardees join one of our nine Health Equity Initiatives and have created projects such as hosting “Sala” talks at our local high school, understanding causes of suicide among Native Indigenous communities, learning about coping mechanisms among migrant farmworkers, recognizing depression among Chinese Americans, learning of ways to care for our LGBTQ+ community and many others. ODE grants, oversees and supports from ten to twenty students each year in completing these valuable projects.

Pacific Islanders Organizing, Nurturing, and Empowering Everyone to Rise and Serve (PIONEERS) Program

In FY 20-21 BHRS approved a new MHSA Innovation Project that will provide culturally relevant, behavioral health support for Native Hawaiian/Pacific Islanders (NHPI) college-age youth. The PIONEERS Program will address high rates of depression and suicidality amongst the NHPI youth population in San Mateo County and improve access to behavioral health services through NHPI youth empowerment, leadership development and community advocacy. One of our long-term hopes for this program is the attainment of the aforementioned outcomes in addition to increasing the number of Pacific Islanders who consider and choose a career in behavioral health. Annual reporting will include at minimum the following outcomes:

- 75 NHPI college-age youth engaged in the PIONEERS Program
- 90% develop protective factors (cultural and behavioral health awareness, self-identity and coping skills)
- 90% report their attitudes and knowledge towards behavioral health improve
- 80% of youth’s wellbeing indicators improve
- 90% of youth identified as being qualified for behavioral health services are referred to BHRS services and 85% follow through and engage in services

Student Loan Repayment Opportunities for Behavioral Health Providers

This program is being offered by the BHRS Workforce Education and Training (WET) component of the MHSA. The passage of MHSA, in November 2004 provided a unique opportunity to expand and improve the workforce that supports public behavioral health systems, including educational loan repayment assistance to professionals identified at the local level as serving in high need positions. BHRS staff and county contract providers may be eligible to apply to receive up to a \$25,000 one-time loan payment to their student loan provider.

Criterion 7: County Mental Health System Language Capacity

Due to the earlier noted statistic of the increasing foreign-born population, it is increasingly important that we continue to be linguistically diverse. As mentioned previously, trainings are provided to support staff in working effectively and efficiently with interpreters to continue to support access and services for all community members. The commitment continues to focus on increased workforce members who represent service recipients culturally and linguistically.

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

According to the language group threshold standards, the County is required to provide translated materials in Spanish, Tagalog, Chinese and. In addition, our partners at the Health Plan of San Mateo identified Russian would also be included in the required languages. The Health System identified Tongan and Samoan as priority languages based on a growing number of clients served and emerging languages such as Arabic, Burmese, Hindi, and Portuguese.

In compliance with federal and state regulations, the County of San Mateo BHRS Language Assistance Services (LAS) program provides health system staff with in-person, video remote and telephonic interpretations services and translation of written materials to enrollees and potential enrollees at no cost. In FY 2020-2021 the BHRS saw 203 unique requests for interpretation services on video or in-person, 91% were video remote interpretation due to COVID-19 pandemic. There were 2,979 unique requests for telephonic interpretation, and 27 for translation of

written materials. According to FY19-20 data, 82.46% of clients with a preferred language other than English received a service in their preferred language.

Language Assistance Services Policies and Procedures

As summarized in Criterion 1, language assistance policies and procedures include the following:

- BHRS Policy 05-01: Translation of Written Materials
- BHRS Policy 99-01: Services to Clients in Primary or Preferred Language
- Health System Policy A-25: Client’s Right to Language Services Notification
- Health System Policy A-26: No Use of Minors for Interpretation

The BHRS policies continue to be updated to include definitions, reflect prevalent languages, align with BHRS overarching strategies and reflect lessons learned in current practices. These are vetted by the AOD team to include Drug Medi-Cal Organized Delivery System requirements. The policies are then routed through Quality Management for approval.

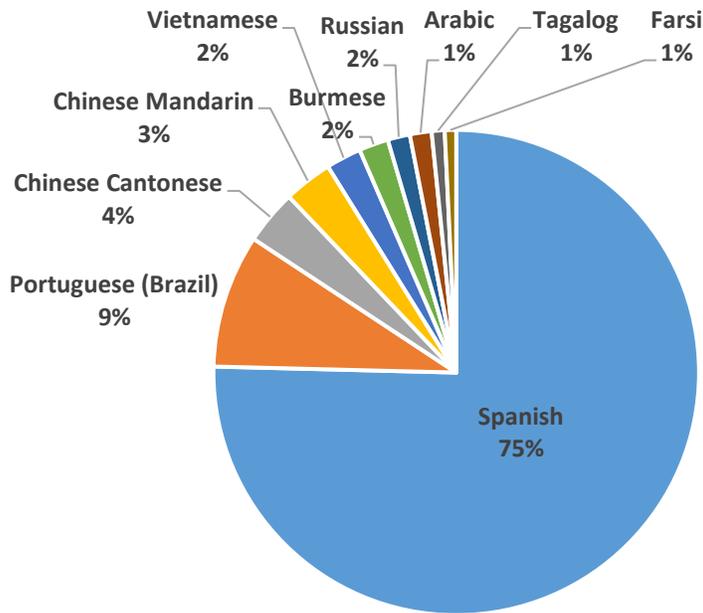
Language access services include translation of materials in threshold languages Spanish, Tagalog, Chinese, a 24/7 language line for over-the-phone interpretation services, in-person and on-demand video remote interpretation including ASL.

In-Person & Telephonic Interpretation

During FY 20-21, BHRS staff made 2,979 requests for telephonic interpretation services for 25 different languages. Approximately 10% of these requests were made by the BHRS Access Call Center, which assists San Mateo County community members in finding mental health and/or substance use services and provides information, assessment and referrals based on individual needs. Below is the number of requests for each language:

TELEPHONIC INTERPRETATION REQUESTS		
LANGUAGE	COUNT	PERCENTAGE
Amharic	11	0%
Arabic	42	1%
Armenian	4	0%
Assyrian	3	0%

Burmese	57	2%
Chinese	3	0%
Chinese Cantonese	105	4%
Chinese Mandarin	94	3%
Farsi	22	1%
Greek	1	0%
Hindi	11	0%
Karen	1	0%
Korean	3	0%
Mongolian	8	0%
Nepali	11	0%
Portuguese (Brazil)	258	9%
Punjabi	7	0%
Russian	43	1%
Spanish	2189	73%
Tagalog	25	1%
Toisanese	1	0%
Turkish	3	0%
Urdu	1	0%
Vietnamese	68	2%
Yemeni (Arabic)	8	0%
TOTAL	2979	100%



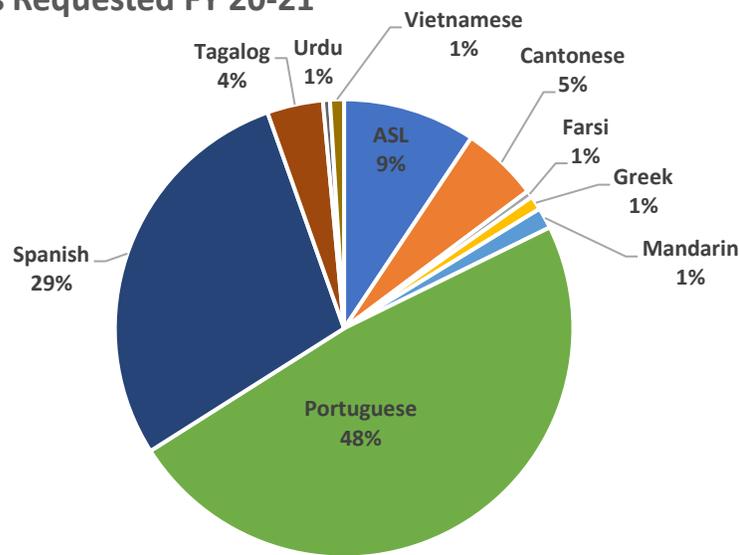
Top Ten Telephonic Interpretation Requests

Between July 1, 2020 and June 30th, 2021 BHRS staff made 203 unique requests for video remote and in-person interpretation services in 10 different languages, only 9% of these requests were for in-person services due to COVID-19 restrictions. Below are the number of requests for each language:

IN-PERSON/VIDEO REMOTE INTERPRETATION REQUESTS		
LANGUAGE	COUNT	PERCENTAGE
ASL	19	9%
Cantonese	11	5%
Farsi	1	0%
Greek	2	1%
Mandarin	3	1%
Portuguese	98	48%

Spanish	58	29%
Tagalog	8	4%
Urdu	1	0%
Vietnamese	2	1%
TOTAL	203	100%

Languages Requested FY 20-21



Translation of Written Materials

Between July 1, 2020 and June 30th, 2021 BHRS staff made 27 unique requests for translation of written materials. BHRS works with bilingual staff to review translations for cultural and linguistic appropriateness, however this year we experienced a shortage of staff that could support vetting these materials in some of our threshold languages. To meet this gap, BHRS established contracts with local community-based organizations to support reviewing our translated materials for languages such as Tongan and Samoan. In addition, our Health Equity Initiatives continue to be a strong resource for this process as well. Below are the materials and languages requested:

Document Name	Languages
ODE Demographic Survey	Chinese, Russian, Spanish, Tagalog

CHI & FMHI Caption Translations	Chinese, Tagalog
QM- Requirement to Provide Notice to Psychotherapy Clients	Chinese, Spanish, Tagalog
Stop the Spread of Germs	Chinese, Russian, Tagalog,
Canyon Oaks Client Forms	Spanish
QM 03-01 PHI Authorizations Attachments B, C, H	Chinese, Russian, Spanish, Tagalog, Tongan
Client Survey OCFA MHSRAC	Chinese, Spanish, Tagalog
QM Client Documents	Portuguese-Brazilian
Client Survey OCFA MHSRAC update	Chinese, Spanish, Tagalog
QM 03-02 Notice Privacy Practice Attachment B	Russian
QM PHI disclosure	Chinese, Russian, Spanish, Tagalog, Tongan
Spiritual Support During COVID-19 FAQ	Spanish
QM Advanced Directive & Benefits	Chinese, Russian, Tagalog, Tongan
QM Cell & Telehealth Consent	Russian, Tongan
QM Controlled Medication Agreement	Chinese, Tagalog
QM MAT Consent	Chinese, Spanish, Tagalog
QM MAT Consent & Controlled Medication *additional	Russian, Tongan
QM Med. Consent Avatar Project	Russian, Tongan
COVID Support docs for Faith Leaders: email, vaccination letter and tool	Spanish
Notice of License	Chinese Russian, Spanish, Tagalog, Tongan
COVID Support docs for Faith Leaders: email, vaccination letter and tool	Samoan, Tongan

PIP Tech Support Documents: iPhone Cheat Sheet, Android Cheat Sheet Teams Cheat Sheet, Doxy Cheat Sheet, Telehealth Overview	Chinese, Spanish, Tagalog
Pediatric Symptom Checklist (PSC)	Portuguese-Brazilian
QM Clinical Consent Forms in Avatar Guide for Clinicians: Scripts 2021	Chinese, Russian, Spanish, Tagalog, Tongan
Client Treatment Plan	Spanish
QM Client Survey about Remote (Phone/Video) Services	Chinese, Spanish, Tagalog
Controlled Medication Safe Use Agreement	Chinese, Russian, Spanish, Tagalog, Tongan

During FY 20-21, BHRS experienced changes in language assistance services and expenditures due to the COVID-19 pandemic. The suspension of in-person services expanded the use of telehealth/virtual platforms to provide care. While the total use of language services decreased this year; in-person interpretation requests decreased by 76%, telephone interpretation increased by 37%. In a recent survey, approximately 35% of BHRS staff reported that some or most of their clients were negatively impacted by their need for an interpreter during video or phone appointments. To support this transition, BHRS has updated the *Working Effectively with Interpreters* training to include how to use remote services and highlight the importance of utilizing these services and offers individual support for workforce members. This upcoming fiscal year BHRS will have access to a new on demand video interpretation provider that will work with a wider variety of platforms at more affordable rates. We anticipate this change will increase the use of language assistance services. In addition, BHRS has extended access to our Private Provider Network providers to utilize our interpretation services when working with San Mateo County BHRS clients.

What Stakeholders Are Saying

Criterion 8: County Mental Health System Adaptation of Services

Client-Driven Programs

BHRS continues to strengthen efforts to support clients/consumers and family members. BHRS believes that people can and do recover when provided the necessary resources and opportunities.

Through the **San Mateo County Behavioral Health and Recovery Services, Office of Consumer and Family Affairs (OCFA)** clients and

family members are supported to become more empowered and aware of services and community resources available to support your treatment and recovery. Staff of OCFA are culturally and ethnically diverse peers and family members with personal experience in the journey towards recovery from mental health and substance use challenges. OCFA's mission is to provide ways for BHRS consumers and their family members to participate and have a voice at every level of the system, and to have access to the problem resolution process. The team is dedicated to training and informing the Behavioral Health System about consumer and family member culture, so that the strengths of each individual is supported.

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

OCFA provides support to the following BHRS efforts:

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

The following programs are internal BHRS programs:

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

- **Outreach Worker Program:** The Office of Diversity and Equity employs community outreach workers to engage community, encourage participation in programming and continue targeted outreach to marginalized populations served in collaboration with the Health Equity Initiatives. This has included positions such as an LGBTQ Outreach Worker and a Pacific Islander Outreach Worker, that worked directly with these communities to improve behavioral health outcomes. These contracted positions ended in 2019.

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

- **Senior Peer Counseling Services:** These services are provided by Peninsula Family Service, which recruits and trains volunteers to serve homebound seniors with support, information, consultation, peer counseling, and practical assistance with routine tasks such as accompanying seniors to appointments, assisting with transportation, and supporting social activities. The Senior Peer Counseling program has been expanded to include Chinese, Filipino and LGBTQ.
- **The Health Ambassador Program-Youth (HAP-Y):** HAP-Y is an Innovation program under the Mental Health Services Act (MHSA). HAP-Y was originally modeled after our adult HAP and engages, trains, and empowers TAY between the ages of 16 and 24 as Youth Health Ambassadors to promote awareness of mental health and increase the likelihood that young people will access needed mental health services. Youth Ambassadors receive psycho-educational training to build their own mental health knowledge and advocacy skills. They engage in outreach and educational activities with other young people and deliver mental health presentations in the community. HAP-Y has led to opportunities to work and volunteer in the field; teach courses; assist in identifying unmet needs in their community and help create change. In the last fiscal year, 33 youth went through HAP-Y program in three hosted cohorts. This includes the current group, Cohort 14, who are still going through the training program and will have their community involvement activities completed by December 2021. HAP-Y was able to smoothly transition into virtual programming. The Fall and Winter cohorts had more youth start and complete programming in comparison to in-person programming. One reason for this may be the accessibility to joining meeting virtually and not having to stress over finding transportation. For the first time, youth were able to participate in planning and hosting an event for county-wide Mental Health Awareness Month efforts with Office of Diversity and Equity. Two separate groups, made up of HAP-Y youth, were involved in these projects. A challenge that HAP-Y staff encountered was with outreach for summer training sessions. In an effort to engage and provide a safe space to youth who identify as LGBTQ+, summer cohort was LGBTQ+ focused cohort. Another challenge that arose was the limited options for presentation opportunities for participants to conduct their individual presentations.
- **The San Mateo County Pride Center:** (Described in more detail under Criterion 3)
- **The Peer Recovery Collaborative (PRC)** (Described in more detail under Criterion 3)

- **Heart and Soul, Inc.**, offers a complete package of services: self-help centers, outreach and advocacy activities, referrals to a variety of resources, and an internationally known anti-stigma speaker's bureau. All of their activities are run solely by mental health consumers, and they are the only consumer-run organization in the state of California that is independently run by the consumers themselves. Heart and Soul, Inc., currently serves 200 to 300 consumers per week and is being used by other consumer organizations in the state as a role model for developing their own programs. Their anti-stigma program (Stamp Out Stigma) has trained organizations in other parts of the state and the United States to perform their own anti-stigma work.
- **Voices of Recovery (VOR) of San Mateo County** is for people seeking and maintaining long-term recovery from their own addictions, and long-term recovery from being affected by other people's addictions. VOR will coordinate efforts already established and connect with alcohol and drug treatment providers; other recovery groups; faith-based organizations; organizations providing treatment, information and support for co-occurring/complex disorders. Additionally, VOR facilitates Wellness Recovery Action Plan (WRAP) groups for BHRS and the community at large.
- **The California Clubhouse** is a social and vocational rehabilitation program for adults who suffer from mental illness. The Clubhouse is a membership-based service that creates a community of support through collegial relationships committed to the vocational and social recovery and assists, supports and empowers members to achieve their goals of increased socialization, employment, education, independence and self-advocacy.
- **NAMI San Mateo County** is dedicated to improving the quality of life for people with a mental illness and their families through support, education and advocacy. NAMI sponsors a Peer-to-Peer Education program for people with a mental illness.
- **Edgewood Drop-In Centers (DIC), North and South:** DICs support wellness and recovery of clients and their families in the community and provide opportunities for increased socialization, employment, education, resource sharing and self-advocacy. These drop-in centers are a component of Edgewood Full-Service Partnerships and provide basic needs and resources including hot meals, hygiene supplies, laundry, bus tokens, Internet and phone access, clothes, and educational and peer support services to emerging adults between the ages of 18-25. These youths often have been impacted by substance abuse, homelessness, violence, and/or mental health challenges. Edgewood hopes to lay the groundwork for a trusting relationship through a welcoming approach and unconditional positive regard while serving the basic needs of emerging.

- **Outreach Collaboratives, North County Outreach Collaborative (NCOC) and East Palo Alto Behavioral Health Advisory Group (EPABHAG):** The MHSAs Outreach and Engagement strategy works to increase access and improve linkages to behavioral health services for underserved communities. BHRS has observed increases in representation of these communities in its service system since the outreach strategy was deployed. Community outreach collaboratives include NCOC and the EPAPBHO with each working to engage with particular underserved populations and communities. EPAPBHO focuses their outreach efforts on at-risk youth, transitional-aged youth (TAY), and underserved adults, with a specific focus on Latino, African American, Pacific Islander, and LGBTQ+ communities. NCOC focuses their community engagement efforts on rural and/or ethnic communities, including Chinese, Filipino, Latino, Pacific Islander, and LGBTQ+ populations in the North County region of San Mateo. The outreach collaboratives are intended to facilitate a number of activities focused on community engagement, including outreach and education efforts aimed at decreasing stigma related to mental illness and substance abuse; increasing awareness of and access to behavioral health services; advocating for the expansion of local resources; gathering input for the development of MHSAs-funded services; and linking residents to culturally and linguistically competent public health and social services.
- **The Barbara A. Mouton Multicultural Wellness Center:** is a mental health facility and programmatic initiative resource for East Palo Alto (EPA) residents. Opened in June of 2009, The Mouton Center is a place where consumers of mental health services and their family members can go to receive support, information, and be in community with each other. BHRS contracts with One East Palo Alto (OEPA) to act as lead agency for The Mouton Center, implementing all aspects of its development and operation. The Mouton Center and OEPA are supported by collaborative mental health initiatives currently with organizational partners including BHRS, the East Palo Alto Mental Health Advisory Group and the East Palo Alto Partnership for Mental Health Outreach.

Grievance Process

To support the Grievance Process, the BHRS Office of Consumer and Family Affairs staff help resolve concerns or problems about individual rights relating to BHRS services received, including filing grievances 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. Over the past 3 years, OCFA staff have worked diligently to hold an equity lens when reviewing and resolving grievances. Additionally, they analyze yearly data by including race, ethnicity and language points.

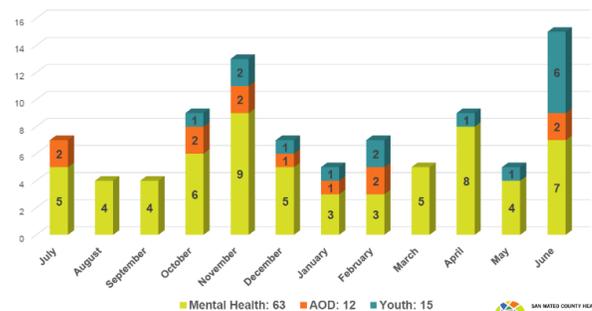
Grievances include, but are not limited to, the quality of care or services provided, for instance, if staff are rude or disrespectful; an individual feels staff did not respect their rights; services requested were not authorized and/or provided. A decision is made within 90 calendar days of receiving a grievance. Information related to the grievance

may be provided in person, on the phone or in writing at any time during the process. Clients receive an acknowledgment letter and a resolution letter in clients’ preferred language and are not discriminated against in any way for expressing a problem or filing a grievance. Clients may file an appeal if they do not agree with a grievance decision and appeals are decided within 30 days. Clients/consumers and family members are provided various ways to file a grievance or appeal including calling OCFA to discuss or to set up a meeting (language support is provided as per policy); completed and mailed/faxed form or a letter to OCFA; calling the ACCESS Call Center; or in person where clients received services and staff will assist with forms and/or making calls. Decisions are made by people with the right skills and training to understand the clients’ unique conditions or illness; people who read all the records, comments, or other information provided; people who were not involved in any earlier decision about the grievance or appeal. Clients have the right to provide testimony and may request copies, free of charge, of all documents in the case file, including medical records, other documents and any new or additional evidence considered, relied upon or generated in connection with the appeal of adverse benefit determination.

In FY 20-21 San Mateo County BHRS received a total of 87 grievances, a 19% increase from the previous year: 63 for Mental Health services, 12 for AOD services and 15 specifically for youth services. Approximately 74% of grievances were about the quality of care. Other data indicators include:

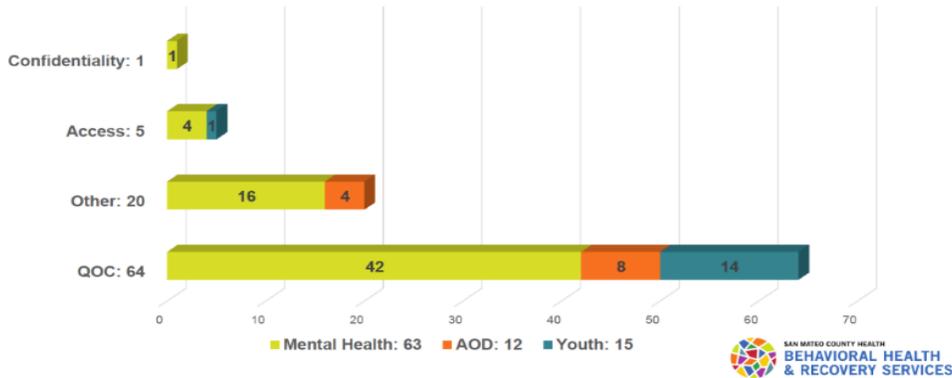
- Grievances past deadline: 0
- Longest: 89 - Shortest: 1
- Average days to resolution: 24
- Ages: from 8 to 87 - Average: 42.3
- Languages: English: 89 Spanish: 1
- HPSM: 29 Medi-Cal: 56 Medicare: 1 Unknown: 4
- MHSA grievances: 14

Grievances by Month

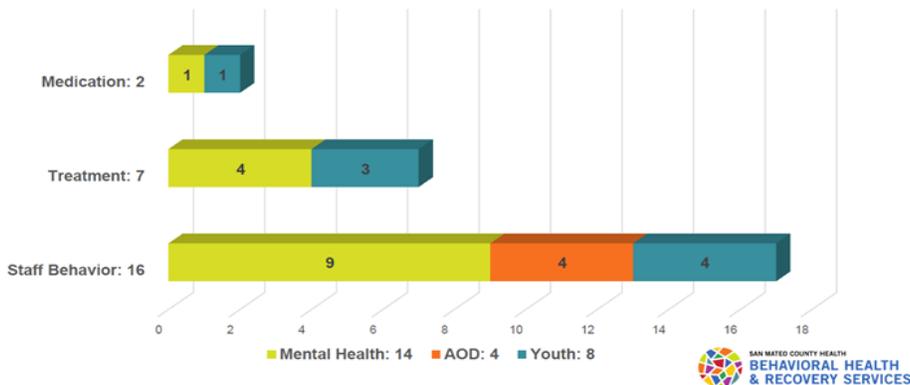


Program improvements directly resulting from the grievance process:

Grievance Categories



QOC filed by Minority Groups



- AOD/Access: Faster start of services for clients moving into SMC.
- Improved Shelter-in-Place programming, including expanding availability of tech tools and inter-program learning collaboration.
- Transitional housing for vulnerable clients exiting AOD residential treatment.
- Methadone client transferred to out of county clinic.
- FSP provider committed to improve documentation.
- Canyon Oaks Youth Center (COYC) implemented a trauma informed way that is sensitive to youth’s specific treatment needs during AWOL safety protocol.
- COYC wrote a COVID 19 home visit protocol to be shared in writing with youth and their families.
- COYC medication steward provided medication training for staff involved in the medication error and also provided a training and overview of youth medication changes during the following staff meeting.

Anti-Stigma Initiative

Completed San Mateo County's first Community Stigma Baseline Survey

While we know stigma is a major barrier, how pervasive is such stigma in our San Mateo County community? Are our current stigma reduction programs reducing this stigma overtime? To answer these questions, ODE launched and completed San Mateo County's first Community Stigma Baseline Survey around mental health and substance misuse knowledge, beliefs and behavior. The ODE commissioned an independent research firm, Strata Research Inc., to implement a baseline survey among San Mateo County residents who were at least 18 years of age. This 15-minute survey was completed by 450 residents in San Mateo County during March 2020. This survey built off of the statewide mental health stigma survey conducted by RAND Corporation.

The [Executive Summary](#) and Full Report have more information on key findings, each domain, differences by demographics (e.g. age, gender, race/ethnicity) and general information about the survey.

Suicide Prevention Committee

The San Mateo County Suicide Prevention Committee (SPC) is a coalition that consists of many of the above key partners who are already doing impactful suicide prevention work. The SPC will continue fostering further collaboration to implement this Roadmap. For more information about the SPC, please visit www.smchealth.org/SuicidePrevention. The SPC provides oversight and direction to suicide prevention efforts in San Mateo County. Led by BHRS ODE, the committee is comprised of suicide attempt survivors, suicide loss survivors, behavioral health providers, social service providers, local transportation agency staff, and other community members passionate about preventing suicide in our community.

BHRS acknowledges suicide is a complex public health issue that involves a variety of factors at the individual, relationship, community and societal level. While mental health is still a major factor of suicide, the Centers for Disease Control (CDC) reports many other factors that contribute to suicide, including relationship problems, crisis in the past or upcoming two weeks, problematic substance use, physical health problems, job/financial problems, criminal legal problems, and loss of housing.

With the current COVID-19 pandemic, these risk factors for suicide are exacerbated. Embracing suicide as a personal and public health issue, the San Mateo County Suicide Prevention Committee created a 2021-2026 Suicide Prevention Roadmap to outline a strategy on how to collectively prevent suicide in our community. This Roadmap is part of a larger vision to reduce suicide deaths, suicide attempts and pain associated with suicidal thoughts so that everyone in our community can realize healthy and meaningful lives.

The Roadmap is a living document informed by the ever-evolving best practices, resources, quantitative data and qualitative data, including input from community members and those with lived experience as suicide attempt or loss survivors. For the first time, the plan includes *equity focus– equity-centered action* that aims to improve outcomes for historically marginalized communities. There are many uses, and benefits of this Roadmap and it is being utilized in multiple ways:

1. Data to understand our local needs, best practices and inform local prevention efforts.
2. Education on how to approach, support and refer those who are at risk for suicide.
3. Resource directory of local suicide prevention programs and activities.
4. Opportunities to lead and/or collaborate that are guided by a comprehensive plan.

The San Mateo County Suicide Prevention Committee and the BHRS Office of Diversity host a yearly Suicide Prevention Month campaign. For 2020 the formal event was cancelled due to limited resources to host a month-long event. Instead, this event was offered virtually in 2021 with the theme of **“Supportive Transitions: Reconnect, Reenter, Rebuild.”**

Mental Health Month (MHM)

Each year, San Mateo County joins our state and country in celebrating Mental Health Month (MHM) in May. MHM is one of the best times of the year to increase awareness and inspire action to reduce stigma against those with mental health and substance use conditions. Each year we partner with local agencies and community members to promote events free and open to the public throughout the county. All events this year were virtual.

Mental Health Month: 156 participants responded to the evaluation survey and results are as follows:

- *Stigma Discrimination Reduction*
 - 100% strongly agree or agree that they can recognize the signs that someone may be dealing with a mental health problem, substance use challenge, or crisis.
 - 100% strongly agree or agree that they will reach out to someone who may be dealing with a mental health problem, substance use challenge, or crisis.
- *Access*
 - 100% feel that they strongly agree or agree that they are more willing to seek support from a mental health professional if they think they need it.
- *Cultural Humility*
 - 90% feel that cultural background influences the way that people seek help for mental health problems.

- 90% strongly agreed or disagreed that this program was relevant to me and other people of similar cultural backgrounds and experiences (race, ethnicity, gender, religion, etc).

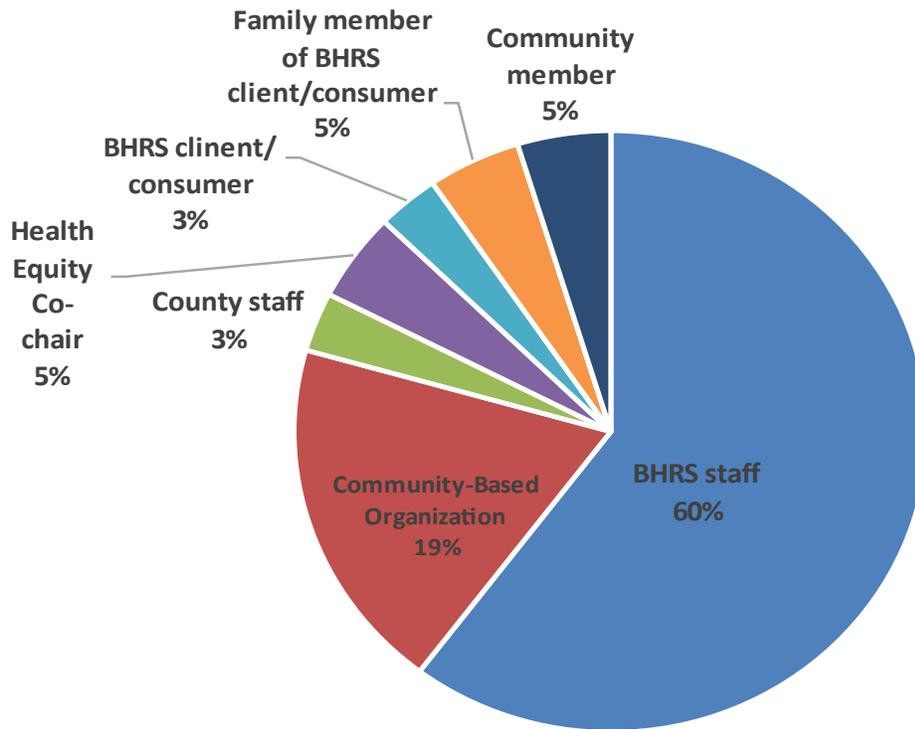
What Stakeholders Are Saying

ODE and the independent consultant group held interviews and focus groups to elicit the input and feedback on the response and progress of the planned DEIB work through the 4 priority pathways.

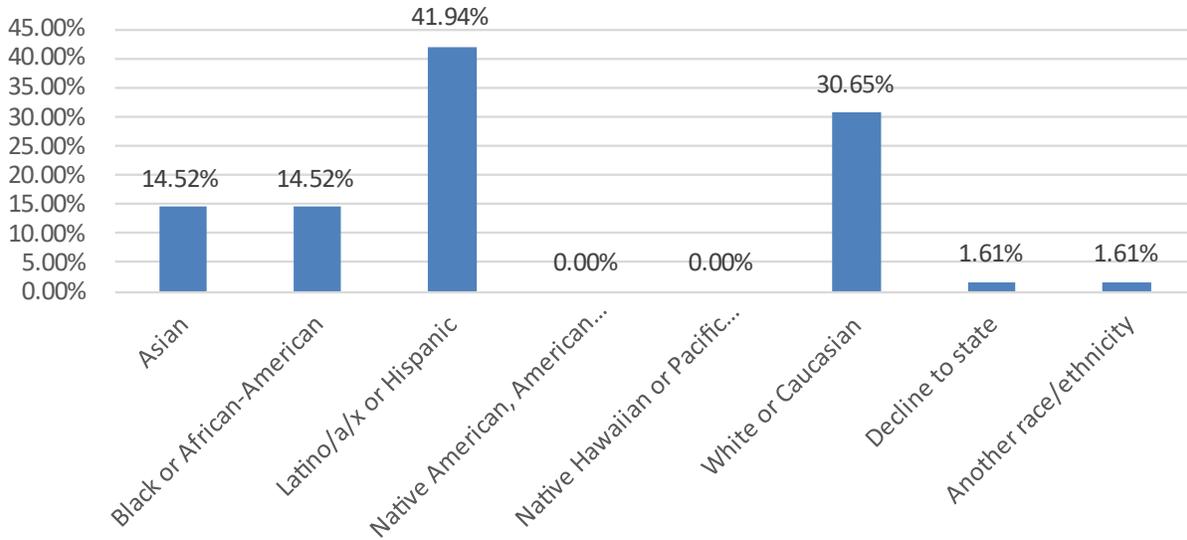
Stakeholder meeting list; list of meetings and focus groups held with a total of 63 participants (N=63 for the approximate people we received feedback from):

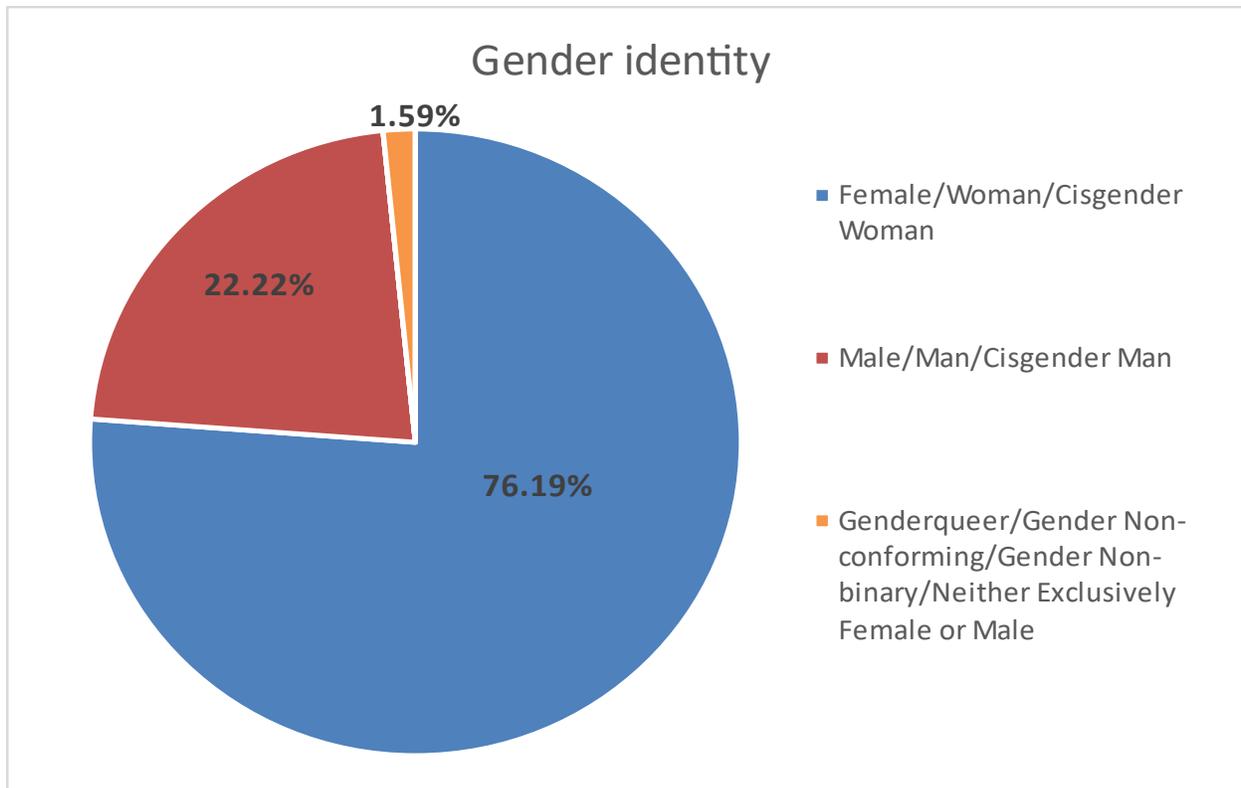
Group	Meeting Date
Diversity & Equity Council	Oct 1, 2021
ODE	Oct 15, 2021
BHRS Executive Team	Oct 19, 2021
Health Ambassadors Program	Oct 28, 2021
BHRS Leadership Team	Nov 3, 2021
Lived Experience Education Workgroup	Nov 2, 2021
County Contractors Association	Nov 18, 2021

What group are you representing today?



Race/Ethnicity





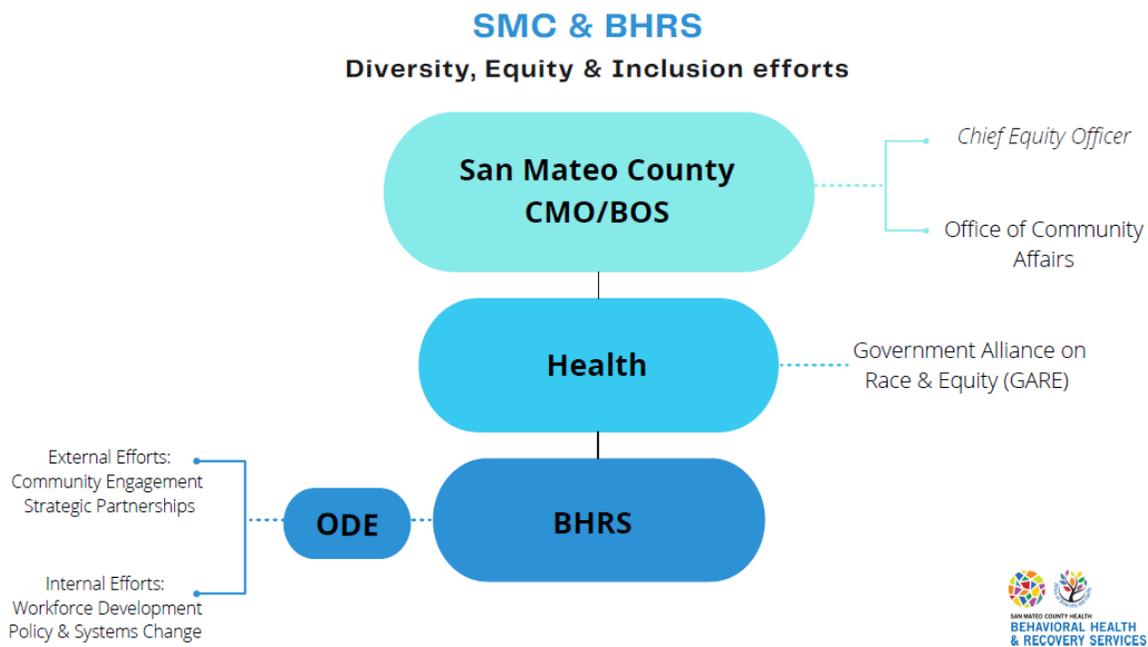
All meetings were held virtually due to the ongoing COVID-19 Pandemic. In addition to stakeholder group meetings, participants were offered the opportunity to follow up directly if they were interested in providing additional information.

Some of the emergent and common themes shared include:

- Stakeholders have long standing relationships and acknowledge goodwill within BHRS; strong relationships and appreciation for work in BHRS.
- Stakeholders identified a variety of communication challenges, especially resulting from COVID-19 restrictions.
- The reduction of ODE staffing is negatively impacting momentum, and the perception of the reduction contradicts emphasis and commitment to equity work.
- Stakeholders noted the value of the work, although it has limited impact given duplication and gaps in alignment of work Countywide.
- Contractors and program partners reinforced their commitment to this work and expressed a desire for increased consistency in training, access to partnering in this space and the ability to have transparent feedback loops of communication.

- Program partners see value in greater leverage of the work throughout the County and would like to see their contributions recognized more broadly.
- Stakeholders noted that the demographics of program providers and the BHRS workforce are not necessarily reflective of the people they’re serving. Specifically identifying the need for more Black/African American providers.
- Internally, employees expressed concern about commitment and ability to have significant community impact given resource and prioritization constraints.
 - Employees see minimized DEIB focus in light of the pandemic and limited resources and question genuine engagement.
 - The perceived lack of equity and flexibility in consideration of the return-to-work policy is raising concern as well – “one size does not fit all”.

The Road Ahead (Closing with Recommendations)



In providing recommendations from the focus groups for the pathways forward, we must first acknowledge and recognize that DEIB work is demonstratively a commitment in San Mateo County. Aligning and making actionable true change requires vulnerability and commitment to ongoing learning on the road ahead.

1. Create a braided pathway of all County departments, resources, staffing and activities with timelines and “owners” responsible for assuring an integrated approach to DEIB work.

2. Create change communications tools from ODE that deliver a consistent message for all staff to hear with trained management facilitators to create feedback loops
3. Solicit and engage some County contractors and stakeholder to join and inform the Countywide braided pathway. This will incorporate shared ownership, diverse voices and perspectives and can assist with dissemination of information across various groups.
4. Once a braided pathway document exists, utilize relevant data (staffing FTE impacts across County for DEIB work, demographics of County residents and County workforce, etc.) to present to BOS and CMO to realign or create resources matching the prioritization of this work.
5. Utilize BHRS internal resources (such as Cultural Humility training, data reporting and gathering, etc.) to support contracted agencies in reducing unfunded mandates in their contracts and enhancing alignment and leveraging resources for data informed decision making.
6. Recognize the relationship between bias and behavior to better understand root cause of organizational challenges and where there might be a conflation between bias, management, communication, and leadership and develop leadership programs accordingly.

As BHRS continues on the path of cultural humility and DEIB for all San Mateo County residents, the intention is to continue to engage and hear community members to continuously improve the care, systems and the institutions in which we serve. The wide foundation and commitment to this work is prevalent and championed by County Leadership and will continue to harness all who are passionate and driven by this work.

Appendices

Appendix A – FY 2019-2020 Update of Strategies and Activities per the 2019 CCP Strategies and Activities

Appendix B – Grand Jury Report

Appendix C ODE Demographic Survey

Appendix D– HEI Event Evaluation

Appendix E – BHRS MCOB Action Plan

Appendix F – Youth S.O.S. Team Scope of Work and Flow Chart (MHSA Annual Report)

Appendix G– LGBTQ Collaborative in San Mateo County Pride Center LGBTQ Covid Impact Study

Appendix H – Faith Leaders "Covid-19 Pandemic: Spiritual Support During a Surge Q&A" & "Covid-19 & Reopening Houses of Worship Q&A"

Appendix I – COVID-19 Response Tools

Appendix A – FY 2019-2020 Update of Strategies and Activities per the 2019 CCP Strategies and Activities



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

Behavioral Health and Recovery Services (BHRS) Cultural Competence Strategy Updates (FY19-20 and FY 18-19)

[Updates based on the last San Mateo County Cultural Competence Plan 2018-2019 \(please refer to plan for additional detailed activities that are continuing\)](#)

Goal	Activities/Focus	YEAR TEN (2019-2020)
<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>Office of Diversity & Diversity (ODE) Indicators, Demographic Data and Satisfaction Surveys Institutionalize local data review as a practice (plan for demographic changes by region/clinic)</p> <p>Improve data gathering (e.g. unknown or unreported ethnicity)</p>	<p>This fiscal year BHRS began looking closely at SMC data to understand demographics and the impact of COVID-19 in an effort to reduce disparities and provide appropriate resources. In addition, the demographic collection form was updated for HEI and ODE community events, this form has also been shared with our community-based partners and other organizations to utilize. The demographic form has also been translated into threshold languages. ODE with the support of a contracted provider developed and distributed survey to understand mental health and substance use disorder needs specific to San Mateo County. In addition, regular meetings began with individuals with substance use disorders to better understand the needs. ODE's continued collaboration with GARE has also supported</p>

		<p>the creation of SMART goals that include metrics to meet the needs of specific demographic groups within San Mateo County. Additionally, the LGBTQ collaborative resumed monthly meetings to identify needs of this community, and then transitioned to COVID response. This prompted the creation of a community survey that will be implemented in FY 20-21. Data on specific to ODE indicators will be gathered and analyzed in 2021.</p>
	<p>Review contract agencies' Cultural Competence (CC) Plans annually and provide feedback and recommendations</p>	<p>Nineteen (19) 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. This year a reporting template was developed and implemented to assist with data reporting. In addition, ODE met with contract analysts, managers, Contractor's Association and individual agencies to understand current challenges and successes. To better connect with contractors on a monthly basis, a standing agenda item has been created at our Diversity & Equity Council (DEC) monthly meetings to discuss CC plans and dedicated time will be added quarterly to discuss specific standards. BHRS is also looking for ways to connect contractor's CC plan in other processes, such as RFP reviews, in order to better inform and understand each organization's efforts around CLAS.</p>

<p>Workforce Development & Transformation Expand on Workforce Development and transformation that prioritizes cultural humility, inclusion and equitable quality care. (Criterion 5 & 6)</p>	<p>Multicultural Organizational Development (MCOD) is an organizational change framework focused on building BHRS capacity to advance equity, diversity and inclusion principles in the workplace.</p>	<p>In addition to providing updates to BHRS executive team, this year MCOB became a standing agenda item at all leadership monthly meetings. Here, BHRS supervisors and managers are provided MCOB information and/or updates on progress. This fiscal year work began on establishing subcommittees to work on each goal of the MCOB action plan, surveys were conducted to gauge staff areas of interest.</p>
	<p>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.</p>	<p>To date BHRS has offered 27 foundational Cultural Humility courses from a variety of trainers including Dr. Melanie Tervalon and BHRS Staff and Partners who participate as part of the training cohort. Currently, there are 507 active BHRS Staff in LMS. As of June 26th, 2020, 176 BHRS staff or 34% had taken a foundational Cultural Humility course. This number does not include BHRS Staff who may have taken Cultural Humility related course (e.g. Becoming Visible: Using Cultural Humility in Asking SOGI questions). There are some barriers impacting this ongoing goal. Due to the content, the course is offered primarily in person and the course is limited to 40 people. For this fiscal year, the Shelter-in-place related to the COVID-19 pandemic severely impacted the delivery of this course. Due to the content of the course, it has not been offered virtually, the cohort began planning the development of a virtual option for the upcoming fiscal year. Additionally, the number of Cultural Humility Cohort trainers has greatly diminished due to BHRS turnover. Another strategy to address limited staff has been to contract out the facilitation of the SOGI training to community-based organizations.</p>

	<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 fiscal year 2 sessions of our Working Effectively with Interpreters in a Behavioral Health Setting training were offered on November 2019 and April 2020 (173 total participants). BHRS in San Mateo County is the first department nationwide to create training videos on the effective use of interpreters in the behavioral health setting. This effort was led by ODE as a necessary resource to abide by the Culturally and Linguistically Appropriate services standard. The actors in the production were BHRS staff and providers. The videos provide examples on using an interpreter effectively, ineffectively as well as common challenges a provider may face when using an interpreter. Interpretation services are a resource that when used appropriately, can make a huge difference in the experience someone has with BHRS as well as their willingness to continue with services, build trust, and recommend our services. During FY 19-20 BHRS had a total of 75 new hires. Forty-eight (48) of the new hires are still active and 60% (26) have taken at least one of the Working with Interpreters in Behavioral Health Settings training that were available during this fiscal year. Nineteen (19) of the new hires who are still active and were eligible to take one of the sessions offered this fiscal year have not taken it. Ninety (90) percent of existing staff who have taken the course in 2017 or before having taken either a refresher course or an in-person course.</p> <p>There are some barriers impacting this ongoing goal. Staff are hired over the course of the fiscal year. The course has been offered, primarily, in-person. However, the largest attendance was during the Shelter-in-place related to the COVID-19 pandemic when the session offered in April 2020 was converted into a virtual training. However, some staff have had difficulty attending with a full caseload. The BHRS New Hire Orientation (provided by the Workforce Education and Training (WET) Team is only offered once a year due to its labor-intensive organization (3 Sessions) and insufficient staffing. However, changes have been implemented during this fiscal year. Specifically, the training was assigned via the BHRS LMS and the session was virtual.</p>
	<p>How to be an Effective Interpreter</p>	<p>This fiscal year BHRS leadership received updates on provider/client language matching and language access services. Another strategy to support our limited English proficient (LEP) clients has been for ODE to provide one on one education and tech support to BHRS providers and teams, in transitioning from in-person to video remote interpretation (VRI) services. While also creating a close relationship with our interpretation providers to continue to improve language access service provision and immediately respond to any challenges and/or grievances that are reported.</p>

<p>Community Empowerment - Create opportunities for individuals with lived experience, families and community members to engage in decisions that</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>From 2010 to June 2020, we have had approximately 1532 parents attend at least 1 Parent Project® class. Of those 1532 parents, 1187 graduated from completed courses giving us an approximate graduation rate of 77%. Currently the Parent Project is provided by three contracted agencies that are supported by and report to ODE on program data and activities. This year adaptations were made to provide the course on-line, as well as, support participants and their families with resources and behavioral health supports related to the COVID-19 pandemic.</p>
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<p>impact their lives (Criterion 4)</p>	<p>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.</p>	<p>This year the HAP program had the opportunity to continue to build their capacity through activities such as: NAMI Basics training, ASIST (Applied Suicide Intervention Skills Training), Stigma-Free course, and Lived Experience Academy (LEA). Some of the successes for the group included HAP participation in public speaking events, such as MHSAs input sessions, and hosting a Mental Health Awareness event in collaboration with the Latino Collaborative-HAP Zoom Webinar 2020 “Familia y Bienestar Durante COVID- 19” (Family & Wellness during COVID-19). During the pandemic health ambassadors met weekly to provide additional support to the community, and this led to six warm-hand offs that connected youth and/or adults to behavioral health services. This fiscal year, 24 new community members graduated from the Health Ambassador Program, bringing the total number of ambassadors to 51.</p>
	<p>The Health Ambassador Program-Youth (HAP-Y)</p>	<p>HAP-Y engaged nearly 100 youth ambassadors (n=98) over the course of the multiyear program (2016-2020) of the 98 youth who completed a demographic survey and attended an initial training session, 89 went on to complete the full course of HAP-Y training and 69 completed at least one presentation. In total, 229 presentations were conducted and over 3,888 audience members were reached. San Mateo County BHRS presented interim HAP-Y outcomes to stakeholders, the MHSAs Steering Committee, and the MHSARC in 2019. During this meeting, BHRS provided an update on progress toward program learning goals, client outcomes, and a proposed sustainability plan. The sustainability plan included a request of \$250,000 ongoing MHSAs funds, beginning in FY 2020-21. BHRS is currently working with StarVista to ensure funding and the continuation of the program.</p>

	<p>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.</p>	<p>In response to staffing shortage, this program is currently on hold and projected to be contracted out. Restructure in process.</p>
	<p>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.</p>	<p>As a result of Coastside needs assessment, a request for proposal was written and the Cariño Project via ALAS was inaugurated in August 2020. The program will provide culturally centered community based mental health and substance use services including peer support groups, art, capacity building, and linkages to behavioral health services for marginalized communities.</p>

	<p>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.</p>	<p>In FY 19-20 San Mateo County BHRS received a total of 73 grievances, a 22% decrease from the previous year.:</p> <ul style="list-style-type: none"> • 63 for Mental Health services and 10 for AOD services. • 59% of grievances were about quality of care. • Average Resolution: 24.9 days Past deadline: 1, with 126 days to completion. • Age: 10 to 79 y.o, Average: 40.9 • English: 70 Spanish: 3 • Insurance: HPSM: 23 Medi-Cal: 48 Medicare: 1 None: 1 • MHSA Programs: 21 Favorable: 48, Partially Favorable: 22, Not Favorable: 3 <p>BHRS attributes the decrease in grievances due to the COVID-19 pandemic. BHRS will continue to investigate this decrease in grievances in order to more clearly understand current data. ODE will continue to support OCFA in addressing any cultural competency grievances and responding promptly. Additionally, this process will include reviews of any identified system changes.</p>
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<p>Strategic Partnerships Strengthen and create new meaningful partnerships in the community to maximize reach and impact on equitable behavioral health outcomes. (Criterion 8)</p>	<p>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.</p>	<p>HEI collaborations:</p> <ul style="list-style-type: none"> -Community Town Hall 5/1/2020: COVID-19 & Race: to share county efforts underway to address equity issues, hear our community voices about the impact of COVID-19 and necessary resources. --Creating culturally appropriate PSA's on COVID-19, Race & Mental Health. -Each HEI meeting is focused on racial equity efforts at their monthly meetings. -All HEIs participated in the "Amazing Dialogue" event to onboard and inform incoming BHRS interns in equity work and community outreach. - All HEIs began supporting and have become an integral piece of the recovery plan and response efforts from San Mateo County Manager's office to the pandemic, by providing community input and representation for our marginalized communities. -All HEIs transitioned to virtual monthly meetings and hosting community activities on line beginning March 2020. <p>African American Community Initiative (AACI) Discussed creating space for Black County employees to meet and find support. Working on meeting and/or training to address racism and racial equity. Working to support members & workforce in processing and healing from current and historical trauma. On October 2019 AACI led a dialogue about the African American History of 400 years of inequity and a celebration of Black Fatherhood in collaboration with the Ravenswood Family Health Center in East Palo Alto. In addition, the San Mateo County Board of Supervisors brought forward a resolution acknowledging the 400th anniversary of slavery, with the support of AACI. The City of Daly City also collaborated with AACI to celebrate Black History Month February 2020.</p> <p>Chinese Health Initiative (CHI) Xenophobia post card developed and translated to address community stress during the early months of the COVID-19 pandemic. Also, a Xenophobia virtual 6-week workshop for community members was held with the support of interpreters to also address these experiences. To further respond, CHI supported a resolution denouncing xenophobia and anti-Asian sentiment brought forth in May 2020. CHI worked with BHRS Workforce Education & Training to organize Cultural Competence Training for BHRS providers serving the Chinese community, in order to increase their understanding of and ability to communicate effectively with parents about their children's mental health concerns. CHI also posted racial equity resources & support on their Facebook page. Also, provided support to North County Outreach Collaborative (NCOC) Chinese Outreach worker in ensuring referral phone line is known about & can be accessed by community. CHI also worked to restore Chinese Family Support Group Monthly Youth Leadership meeting at Mills High School to empower & educate youth via pipeline incentives for high school students interested in improving Chinese behavioral health. Other incentives were also developed to increase overall community engagement and increase access to services. For mental health awareness month, CHI also collaborated with FMHI and PII on the creation of a video PSA for Asian communities in San Mateo County.</p>
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		<p>Filipino Mental Health Initiative (FMHI) In addition to holding weekly focus groups & FilipinXChange sub-committee to strategize responses, needs assessments and working to collaborate/support local businesses, FMHI provided a variety of events and community support/resources this year. In a collaboration with Westmoor High School, FMHI put together a culturally-responsive parent education night geared towards Filipinx families. Also, in collaboration with the Pacific Islander Initiative and CHI, worked on collecting short video submissions from the community highlighting why talking about mental illness is so important & the cultural significance of these discussions. In October 2019, FMHI hosted a digital story telling workshop to encourage Filipinx LGBTQ+ community members to share their stories about mental health challenges and wellness with the goal of having these stories screened at future presentations and community forums. More importantly, in response to the COVID-19 pandemic, FMHI began a series called Kapwa Soul Session to Community. During these sessions, FMHI offered a safe and healing space to connect with new folks and provide them with tools to cope during this difficult time. This has allowed FMHI to attract potential new members, as well as being able to talk about the work they do in community.</p> <p>Latino Collaborative (LC) Speaker series on immigration trauma, environmental wellness, AOD System of Care, & holistic self-care at monthly meetings. Created Q&A for field-based staff regarding ICE interactions with clients and consumers. Held annual ""Sana, Sana"" as a two-part event focused on family separation at the border. Native &</p> <p>Indigenous Peoples Initiative (NIPI) held virtual Medicinal Drumming/healing event, May 22nd, 2020. NIPI provided opening blessings for several other events, such as PRIDE, Day of Prayer, in collaboration with other Health Equity Initiatives. Members of the initiative began discussions and planning on proclamation for the first Indigenous People's Day in San Mateo County.</p> <p>Pacific Islander Initiative (PII) Community outreach efforts to learn about community needs & providing information, monthly meeting discussions focused on how to support racial equity within Pacific Islander community. The initiative worked on printing and distribution of a suicide prevention card with messages specific to the community. The Pacific Islander Initiative also introduced the "Heal & Paint" program, a program designed to create space for the Pacific Islander community to engage in creative arts, connect to culture, and embrace healing. Over a 5-event series, PII held these sessions throughout San Mateo County.</p> <p>PRIDE Initiative (PI) Held Photovoice Workshop in Fall 2019 to encourage LGBTQ+ folks to find creative ways to support their mental health, recovery and overcome systemic barriers. In collaboration with ODE it hosted a 4-day Photovoice workshop to examine: how we cultivate our personal healing processes and find the support that works for us, what barriers we face with receiving mental health and recovery support, and what role community plays in building resilience and fighting against stigma.</p> <p>PRIDE's annual celebration transitioned from a one-day live event to virtual workshops held during Pride Celebration week, the workshops offered were on the topics of racism, sexism,</p>
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		<p>gender expression insensitivity, heterosexism, homophobia, and transphobia.</p> <p>Spirituality Initiative (SI) conducted community outreach this year to assess needs & provide resources. One resource included having the Chinese Health Initiative (CHI) provide a presentation at one of the monthly meetings on the topics of racism and xenophobia. SI also distributed information about Dr. Otis Moss III video on the history of racism against Black communities in America. As a response to the pandemic, SI also supported San Mateo County's Health Officer in engaging over 70+ faith leaders in a COVID-19 webinar on the new County health orders and creating an FAQ in response to faith leaders inquiries and need for support.</p>
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	<p>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</p>	<p>The Diversity and Equity Council (DEC) is a continuing space for emerging cultural/linguistic communities. During May 2020 the DEC hosted the first Town Hall on Race & COVID-19 to share county efforts underway to address equity issues, hear our community voices about out the impact of COVID-19 in their lives and what was needed at the time. This information was used to identify community priorities and it was shared to inform the County's larger recovery plan. Additionally, the LGBTQ collaborative resumed monthly meetings to identify needs of this community, and then transitioned to COVID response. This prompted the creation of a community survey that will be implemented in FY 20-21. The Town Hall became a series of events overseen by the DEC, planning began for a second and third town halls that took place later in 2020 to continue addressing COVID response. These activities led to additional collaborations with the GARE cohort to create and implement county forums specific to the topics of race and racism within our system. Please see information on GARE reported below.</p>
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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>This year ODE supported Voices of Recovery staff by providing a training on serving LGBTQ+ clients. This training worked with staff to address:</p> <ol style="list-style-type: none"> 1) Supporting clinicians in caring for LGBTQ+ community and queer clients. 2) Language around gender identity, sexual orientation and working with youth. 3) COVID-19, virtual meetings and LGBTQ specific considerations. <p>This fiscal year the Peer Recovery Collaborative created a COVID-19 Peer Taskforce (Heart & Soul, CA clubhouse and The Mouton Center and Putnam Clubhouse). The Taskforce began meeting weekly to share response strategies during the ongoing pandemic. In response to the social unrest during the summer of 2020, the collaborative began planning to provide a series on race and white privilege.</p>
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	<p>Anti-Stigma Initiative Suicide Prevention Initiative Co-Occurring Initiative & Mental Health Awareness Month (MHAM)</p>	<p>Suicide Prevention: A new suicide prevention strategic planning process was launched in October 2019 to develop a new San Mateo County Suicide Prevention Roadmap 2020- 2025. The effort was led by the San Mateo County’s Suicide Prevention Committee (SPC), a collective of passionate suicide prevention advocates, including behavioral health/social service providers, law enforcement, local crisis hotline, transportation agency, suicide attempt survivors and suicide loss survivors. The new Suicide Prevention Roadmap will be released early 2021. The SPC also developed crisis response cards to support individuals coming to the medical ER with issues relating to COVID-19.</p> <p>MH Stigma and Discrimination Reduction: For the first time hosted Mental Health Awareness Month calendar of events, virtually.</p> <p>A San Mateo County-wide Community Stigma Baseline Survey was launched to assess mental health and substance misuse knowledge, beliefs and behavior. The San Mateo County Behavioral Health & Recovery Services Office of Diversity and Equity commissioned an independent research firm, Strata Research Inc., to implement a baseline survey among San Mateo County residents who were at least 18 years of age. This 15-minute survey was completed by 450 residents in San Mateo County during March 2020. This survey built off of the statewide mental health stigma survey conducted by RAND Corporation.</p> <p>Key findings from the Community Stigma Baseline Survey are listed below. Mental Health</p> <ul style="list-style-type: none"> • One-third of San Mateo County adults (36%) have had a mental health issue. • Among those who have had a mental health issue, almost two-thirds (72%) sought treatment. • San Mateo County adults scored highest on Mental Health Inclusive Behavior across the three domains used to assess overall knowledge, beliefs and behavior, followed closely by Mental Health Knowledge. <p>Substance Misuse</p> <ul style="list-style-type: none"> • One in ten San Mateo County adults (13%) have had a substance misuse issue. • Among those who have had a substance misuse issue, one-half (55%) sought treatment. • San Mateo County adults scored highest on the Substance Misuse Knowledge domain. <p>MHAM 2020: This year, San Mateo County is joining Each Mind Matters, California’s Statewide Mental Health</p>
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		<p>Movement, in promoting the theme Express Yourself for our Mental Health Awareness Month (MHAM) activities. As we celebrate 2020 MHAM, we are focusing on how expressing ourselves in different ways can raise awareness about mental health, break down barriers between people, build our own wellness and strengthen our communities. Due to COVID-19, all of our events were held virtually. This year's MHAM supported over 23 courses which varied from virtual open mics, paint and dance classes, mental health panels, and more. All events were free and available to the public. MHAM was a collaboration with community-based organizations, clients community members and workforce staff coming together to organize and support all events.</p>
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	<p>Total Wellness is a collaborative peer-based care model integrating primary care with behavioral health coordinated by nurse care managers. This promotes one coordinated client care plan including behavioral health, physical health, and wellness goals.</p>	<p>Sustained through the Health Plan of San Mateo. In FY 19-20, 661 unique clients were served for mental health services under Primary Care Interface.</p>
	<p>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.</p>	<p>Data on total outreach efforts expected January 2021.</p>
	<p>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.</p>	<p>The Cultural Humility Cohort consulted with Dr. Melanie Tervalon, one of the creators of the Cultural Humility curriculum, regarding creating and standardizing a virtual version of the training. This year work began on a training of trainer's curriculum. Currently, several new BHRS staff have been trained in the delivery of the model.</p>

	<p>Community-Informed Culturally Responsive Improvement Process ODE is beginning to develop and pilot a community-informed process for making culturally responsive improvements to our system. It is intending to reinforce the role of the DEC 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 HEIs and the Director will lead to cultural competence going beyond compliance and towards institutional transformation and continuous quality improvement of services</p>	<p>Collaboration with PHPP, Bay Area Community Health Advisory Council and StarVista on the Race & COVID-19 Town Halls beginning in Spring 2020, community input sessions to inform San Mateo County's COVID-19 response and long term-recovery.</p> <p>BHRS ODE also has partnered with over 15 agencies to address the issue of digital literacy/divide highlighted by the COVID-19 pandemic. As a way to avoid further disparities in our marginalized communities this effort will proactively develop solutions to mitigate barriers to digital literacy and the resources needed for engagement in health visits and wellness supports. Through the Mental Health Service Act (MHSA) and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, BHRS has secured funding for BHRS Contractors to provide technology supports (devices and data plans), for one year, for clients and family members of clients that would benefit from telehealth and/or other behavioral health services but, do not have the resources to purchase the technology needed.</p>
<p>Policy & Systems Change Influence organizational level policies and institutional changes across San Mateo County agencies to positively impact behavioral health outcomes. (Criterion 7)</p>	<p>Language access services include includes 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.</p>	<p>BHRS translated a total of 14 documents in FY 19-20, into threshold languages. Site visits were conducted January in 2020 at BHRS clinics as an assessment of required "You Have a Right to an Interpreter" signage. Information was updated on threshold languages, including the addition of Burmese as an emerging language. One of the documents translated this year was the BHRS new client brochure, to engage all communities and inform of BHRS services In addition, the Office of Diversity & Equity (ODE) also created and translated COVID response guides on community resources and wellness tips for adult and youth into BHRS staff made 840 unique requests for in-person/video remote interpretation services in 18 different languages and 1,864 requests for telephonic interpretation services in 21 different languages. Of these telephonic requests, over 20% were from our ACCESS Call Center which is a gateway and entry point for community members into BHRS services. This fiscal year BHRS is working on making updates to our current language access policies, there will be submitted and reviewed by our Quality Management team.</p>

	<p>Government Alliance on Race and Equity (GARE) is a national network of government working to achieve racial equity and advance opportunities for all.</p>	<p>In August 2019, 80 BHRS managers and supervisors were trained on Racial Equity in a training titled Race, Health and Equity. Throughout Health 268 managers and supervisors have been trained as well as 91% of Health divisions. This training covers the historical context, current health disparities, the levels of racism as well as how important it is to connect with this subject personally, so we can make a difference as public servants and members of our larger community. Overall, the training was received positively, and most staff members cited sharing their own personal experiences with race and racism the most impactful part of the training. Additionally, staff filled out commitment cards for how they would drive racial equity forward in their everyday work. This effort has served to normalize conversations about race and racism within BHRS and has been coupled with the Multi-Cultural Organizational Development (MCOD) Plan.</p> <p>As preparation to this training, BHRS staff were invited to view & discuss episodes from the film "RACE: Power of an Illusion." These film screenings were held across the county. BHRS worked closely this year with the Health Executive Council, Public Health Policy & Planning and GARE cohorts to provide a racial equity speaker series to all San Mateo County Health staff. During these sessions staff identified priorities such as: Strong County Health Leadership commitment on racial equity. Increased safety for staff to normalize conversations on racial equity. Intentional implementation efforts with resources and accountability.</p> <p>Increased staff time, capacity and resources to engage and advance racial equity. Engage a broad set of staff and partners to advance equity.</p> <p>Ensure engagement from clients and community leaders. Performance metric(s) to support equitable outcomes.</p> <p>BHRS joined newly formed County GARE cohort supported larger county efforts on racial equity i.e. racial equity budget tool and staff training recommendations.</p>
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Appendix B: San Mateo County Grand Jury Report



DIVERSITY AND RACIAL EQUITY – HOW CAN SAN MATEO COUNTY CHANGE “TALK THE TALK” TO “WALK THE WALK”?

[Issue](#) | [Summary](#) | [Glossary](#) | [Background](#) | [Discussion](#) | [Best Practices](#) | [Findings](#) | [Recommendations](#) | [Request for Responses](#) | [Methodology](#) | [Bibliography](#) | [Appendices](#)

ISSUE

When San Mateo County leadership made commitments to racial equity in 2020, what institutional mechanisms existed in San Mateo County government to help achieve those objectives?

SUMMARY

Since civil rights laws in the 1960s outlawed discrimination in employment and in programs receiving federal funding, diversity and inclusion have become established principles used by public and private employers to develop a workforce that resembles the community. San Mateo County (SMC) is demographically diverse, and the SMC government workforce generally resembles the demographics of the available workforce, with some notable exceptions. More recently, the concept of racial equity, or a society where racial background does not predict life outcomes, has gained prominence. Public health professionals in SMC government, for example, have been working to reduce racial health inequities.

In 2020, the Board of Supervisors and County Manager’s Office (CMO) made high profile public commitments to racial equity. A Board of Supervisors resolution condemning racial injustice sponsored by the President of the Board of Supervisors was approved, and the County Manager’s Office took concrete administrative steps designed to promote racial equity, including appointment of SMC’s first chief equity officer. To understand important institutional mechanisms that were available to help deliver on these commitments, the Grand Jury examined the role of the San Mateo County Department of Human Resources (County HR), and the San Mateo County Department of Health (County Health).

County HR routinely maintains demographic data in its online HR management platform with the capability to report on the diversity of employees in all job categories and departments. It has reported that *management-level employees* within the SMC government workforce are less diverse than the SMC government workforce overall. County HR noted significant underrepresentation of specific racial, ethnic, and gender categories of employees *for some categories of jobs*. The principal public report on equal employment opportunity planning is released only once every four years. But that report is not designed to communicate sufficient *information to the public* to evaluate SMC’s progress. Similarly, it does not provide *clear, measurable goals or accountability mechanisms*.

County Health, its organizational mission to help everyone in SMC live longer and better lives, has created in the department a base of experience implementing cultural competency,



organizational change, and services delivery utilizing a racial equity lens. This experience is a source of organizational best practices that can be adapted by other departments in SMC government to meet its commitment to racial equity.

The Grand Jury recommends that the Board of Supervisors directs the County Manager’s Office:

1. To create, and annually present, a report detailing the racial, ethnic, and gender diversity of *management and leadership positions* within the SMC government workforce;
2. To require *annual reporting by each department* of SMC government detailing the racial, ethnic, and gender diversity of that department’s workforce and the efficacy of its programs to remediate any gaps;
3. To create, and annually present, a report recommending potential improvements to SMC’s current practice of *reporting to the public* on the status of racial, ethnic, and gender diversity in the SMC government workforce, and associated performance goals;
4. To develop a set of recommendations, such as a *model racial equity action plan*, to help departments accomplish organizational change promoting racial equity in their work; and
5. Additionally, the Board of Supervisors should discuss, in an open public meeting, the advisability and practicality of the measures identified as *best practices* in the Discussion section of this report.

GLOSSARY

CMO: County Manager’s Office

County Health: SMC Department of Health

County HR: SMC Department of Human Resources

DEI: Diversity, Equity, and Inclusion

Diversity: Difference between individuals or groups based on any factor, such as gender, race, sexual orientation, health condition, immigration status, socioeconomic status, or other identity category.

EEOC: Equal Employment Opportunity Commission

Equity: The goal of achieving fair outcomes for all populations, which requires offering people in diverse populations the type and level of services appropriate to their needs. Equality, in contrast, means providing all people with the same thing. ¹

Health Equity: Achieving fair health outcomes for diverse populations, so that diversity can no longer be used to predict health outcomes.

¹ Based on County Health, “Multi-Cultural Organizational Development Action Plan 2019, page 26.



Inclusion: The intentional action of including in a group, or a process, individuals from groups in society that may otherwise be excluded or marginalized.

Racial Equity: Achieving fair life outcomes for diverse populations, so that race can no longer be used to predict life outcomes.

SMC: San Mateo County

BACKGROUND

The civil rights movement of the 1950s and 1960s brought national focus to the discrimination faced by Black Americans and sparked major legal changes to end laws and practices that discriminated on the basis of race. Over time, this fight for justice, equality, and human rights led to major changes to civil rights laws nationwide, including new equal employment laws. The Civil Rights Act of 1964 is a landmark civil rights and labor law that outlawed discrimination based on race, color, religion, sex, national origin, and later sexual orientation and gender identity.² Among its many provisions, Title VI of the Act prevents discrimination by programs that receive federal funds, which includes many programs run by SMC government agencies. Title VII of the Act prohibits discrimination in employment. It is enforced by the federal Equal Employment Opportunity Commission (EEOC). Public and private employers collect, evaluate, and report employee demographic data to the EEOC annually and report their efforts to address underrepresentation in employment through recruitment, development, and retention programs.

In California, the passage of Proposition 209 in 1996 mandated that the State could not discriminate against, or grant preference to, anyone on the basis of race, sex, color, ethnicity, or national origin in the operation of public employment, public education, or public contracting.³

This ended early efforts of public and private employers to hire more persons of underrepresented communities, often collectively known as “affirmative action.” Today, principles of “diversity” and “inclusion” are used by public and private employers in California to limit the potential effects of bias in employment decisions, and to comply with mandates for equal opportunity in employment. Diversity honors the representation within a workforce of people with many kinds of backgrounds, without exclusion based on racial, cultural, gender, or other differences. Inclusion represents a sense of belonging, engagement, professional treatment, and opportunity within an organization for individuals and groups who may be vulnerable, excluded, or marginalized in society at large. With the emergence of racial equity as an important concept in public policy and administration, many government agencies refer to the combined principles of diversity, equity, and inclusion as “DEI.”⁴

² [Pub.L. 88–352](#), 78 [Stat. 241](#), enacted July 2, 1964.

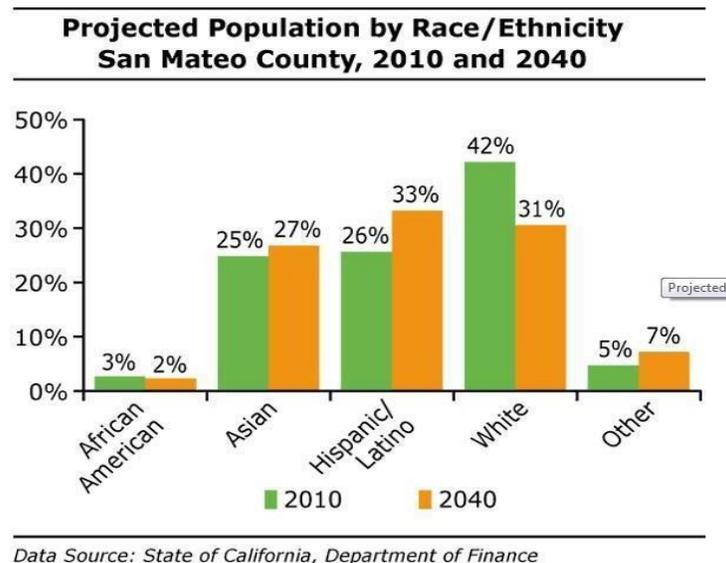
³ Proposition 209 added Section 31 to Article I of the California constitution. Secretary of State, accessed May 21, 2021. vigarchive.sos.ca.gov/1996/general/pamphlet/209.htm.

⁴ For an interesting look at the concepts of equality, diversity, inclusion, and equity, particularly as expressed in graphics, please refer to Maddox Pennington. “Defining Diversity, Equity, and Inclusion by Maddox Pennington.”

Demographics of San Mateo County and the SMC Government Workforce

San Mateo County has a population of 770,038, making it the 14th largest of California’s 58 counties; the population grew 7.2% between 2010 and 2020, in part due to its expanding economy.⁵ San Mateo County is demographically diverse; in 2019 its largest populations by race were White, Asian, and Latino/Hispanic.⁶ Almost half of SMC residents speak a language other than English – most commonly Spanish, or an Asian or Pacific Islander language.⁷

The racial and ethnic makeup of SMC is projected to continue evolving in coming decades. By 2040, the White population is expected to decrease as a proportion of the total population, making Hispanic/Latino the largest ethnic group, followed by Whites and Asians.⁸



The SMC government workforce consisted of 5,771 authorized positions (including vacancies) as of June 30, 2020.⁹ The SMC Department of Human Resources (County HR) supports these employees and the 23 departments across SMC government into which they are organized. County HR assists with employee recruiting and retention, training, risk management, workers’ compensation, employee relations, and labor negotiations. County HR’s Equal Employment Opportunity Division handles diversity and inclusion; other divisions handle training in harassment, discrimination, and implicit bias, and recruiting with a focus on inclusiveness, job fair outreach, and diverse interview panels. To measure the impact of its policies, County HR

⁵ 2021 Demographics, San Mateo County All Together Better, accessed May 9, 2021.

⁶ 2019 San Mateo County Population, accessed May 22, 2021. <https://www.california-demographics.com/san-mateo-county-demographics>

⁷ 2015-2019 San Mateo County Spoken Language Statistics, American Community Survey, U.S. Census Bureau, accessed May 22, 2021. <https://www.livestories.com/statistics/california/san-mateo-county-language>: <http://www.smcalltogetherbetter.org/demographicdata?id=278§ionId=935>

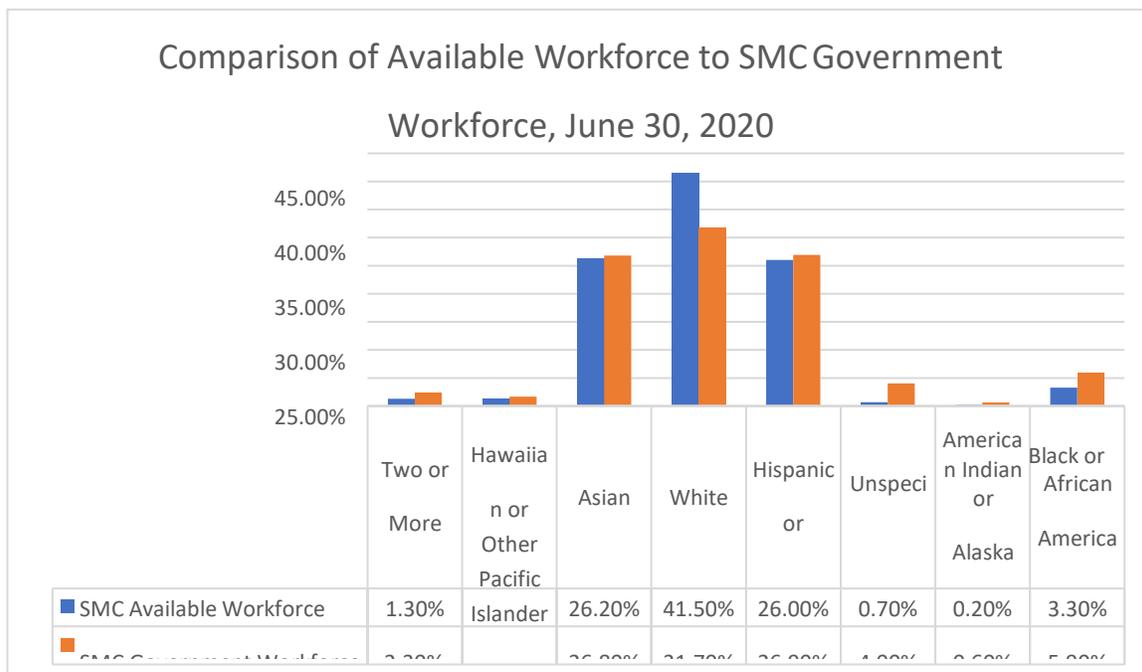
⁸ San Mateo County Cultural Competence Plan 2018, page 11.

⁹ San Mateo County Workforce Planning Report, FY 2019-20, page 3.



reviews changing demographic profiles of departments and solicits employee feedback; it also conducts an employee survey every two years.

The racial, ethnic, and gender diversity of the SMC government workforce largely tracks the diversity of the total available workforce in SMC, as shown in the following graph:¹⁰



However, there are also some notable exceptions to the general impression that the SMC government workforce matches the available workforce in terms of race, ethnicity, and gender. While Asian, and Hispanic or Latino employees generally approximate their proportions of the available County workforce, White employees constitute a significantly lower percentage than in the available workforce and Black employees constitute a significantly higher percentage than the available workforce.¹¹ In addition, women made up 62% of the SMC government workforce, compared with only 44% of the available workforce.¹²

County HR has the capability to make refined observations about the gender and ethnicity of employees at different departments, and for different job categories within those departments. For example, County HR concluded that White women were not significantly underrepresented among employees with law enforcement authority, but women of virtually all other race/ethnicity categories were under-represented.¹³ Likewise, County HR observed that

¹⁰ Workforce Planning Report FY 2019-20, page 7. Note that the “Available Workforce” data in this graphic is drawn from the 2017 EEO Utilization Report (Community Labor Statistics), and SMC Government Workforce data is as of June 30, 2020.

¹¹ EEO Plan 2018-2021, page 26.

¹² EEO Plan 2018-2021.pdf, page 34.

¹³ EEO Utilization Report 2019, pages 7-8. See the job category “Protective Services-Sworn.”

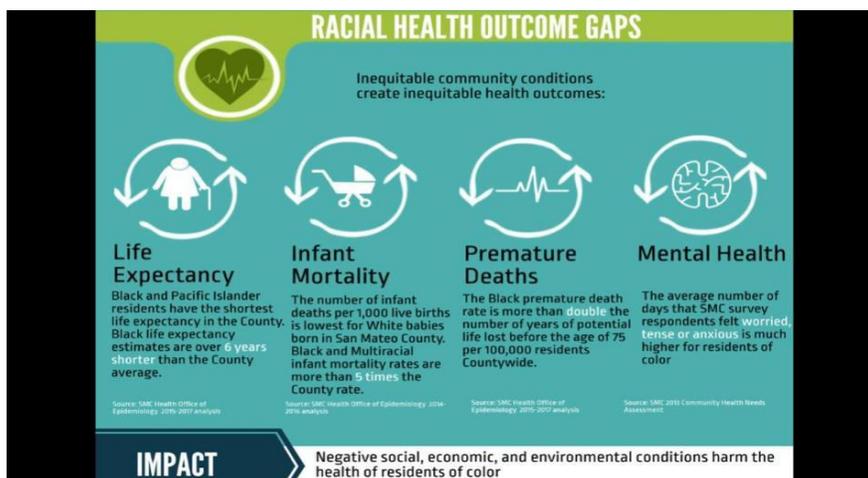


“although the overall percentage of White employees in the County is less than the available community, the percentage of White employees in management is comparable to or exceeds the percentage in the available community.”¹⁴ The reports did not assess, or suggest potential reasons for, these outcomes.¹⁵

Health Equity and Race

Health outcomes for individuals are the result of many factors, from the physical environment to clinical care, to health behaviors and socioeconomic factors like education, employment, income, family support, social support, and community safety.¹⁶ Rather than individual bias or intended racial discrimination, institutional and structural factors drive these outcomes. Structural racism is a system in which public policies, institutional practices, cultural representations, and other norms work in various, reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead, it has been a feature of the social, economic, and political systems in which we all exist. As a result of factors of this sort, race can be used to predict health outcomes, regardless of one’s income or wealth.

The following graphic, created by the SMC Department of Health (County Health), illustrates some of these health inequities, in terms of basic health outcome differentials such as life expectancy, infant mortality, premature death, and mental health:¹⁷



¹⁴ Workforce Planning Report FY 2019-20, page 7.

¹⁵ An example of detailed analysis of employee demographic data at the state level is available from the California Department of Human Resources. See for example, “2018 Annual Census of Employees in State Civil Service, Report to the Governor and the Legislature,” <http://www.calhr.ca.gov/state-hr-professionals/Pages/Annual-Census-2018.aspx>

¹⁶ For a detailed quantitative look at various measures of health in SMC, such as length of life, quality of life, health behaviors, clinical care, social & economic factors, and physical environment, see County Health Rankings & Roadmaps, at <https://www.countyhealthrankings.org>

¹⁷ San Mateo County Health Webinar, “All Together Better: Race, Equity, and Health,” March 9, 2021.

To assess how SMC might address its commitment to racial equity, the Grand Jury reviewed the practices of two departments in SMC government. One, County HR, is responsible for the administration of employment policies that apply to all SMC government employees. The other, County Health, is the largest department in SMC government, and approaches racial equity as part of its fundamental health mission to help everyone in San Mateo County live longer and better lives.¹⁸

DISCUSSION

In 2020, SMC government leadership responded to both the nationwide racial reckoning associated with the tragic deaths of George Floyd, Ahmaud Arbery, and Breonna Taylor and the COVID-19 pandemic with its particularly acute impacts on communities of color in SMC. In particular, the Board of Supervisors adopted a resolution supporting the Black Lives Matter movement and reaffirming its commitment to racial equity.¹⁹ It also adopted a resolution condemning racism and injustice, declaring racism a public health crisis, and affirming commitment to diversity, equity, access, and inclusion.²⁰ SMC's top administrator, the County Manager, addressed all SMC government employees in a letter titled "Equity and Justice for All," which emphasized the importance of systemic change to share in SMC's opportunities for prosperity.²¹ "Let us work to build a new tomorrow of equity, inclusiveness, diversity, unity, and equality," the County Manager stated.

More concretely, in December 2020 the County Manager's Office (CMO) took administrative action to make the commitment to racial equity quite concrete for all SMC departments. It required all annual departmental budget requests to look at departmental performance with an equity lens by identifying specific goals related to racial equity, using quantitative department-level measures that meaningfully communicate performance.²² In March 2021, after conducting a broad national search, the CMO appointed an experienced manager in County Health as SMC's first Chief Equity Officer.²³

SMC government leadership sought to incorporate a racial equity lens into how SMC government was managed, and to seek change through practical measures focused on outcomes

¹⁸ County Health has more than 2,200 employees. 2019-20 Workforce Analysis, page 4. For comparison, the Sheriff's Office has 822 employees, and the Human Services Administration has 775 employees.

¹⁹ In addition, the incoming message from the President of the Board of Supervisors in 2020 stated: "Vast disparities exist in San Mateo County and we know that systemic inequality diminishes us all." It also stated, "Equity is at the top of the list for me and today I ask the County Manager to explore bold new ways to anchor this idea of equity in county government."

http://sanmateocounty.granicus.com/player/clip/642?view_id=1&redirect=true

²⁰ Board of Supervisors August 4, 2020, which is attached as Appendix

²¹ "Equity and Justice for All," included with report as Appendix B.

²² San Mateo County Manager's Office of Budget, Policy and Performance, December 21, 2020

²³ SMC's first chief equity officer is Shireen Malekafzali, a long-time health equity activist and County Health's former Senior Manager for Health Policy, Planning, and Equity. See "County of San Mateo Names First Equity Officer," March 12, 2021, <https://www.smcgov.org/press-release/county-san-mateo-names-first-chief-equity-officer>



instead of intentions. Thus, attention shifted from how SMC government might “talk the talk” to how it would “walk the walk.”

County HR Administers Diversity Compliance, Not Racial Equity Initiatives

The mission of the SMC Department of Human Resources (County HR) focuses on recruiting, developing and retaining a high-performing and diverse workforce while fostering a work environment that maximizes individual and organizational capacity.²⁴ For this mission, County HR serves clients at all departments across SMC government, for over 5,700 SMC government employees. For example, recruitment, training, benefits, labor relations, planning, retention, and advancement programs all benefit individual employees and their departmental organizations. County HR has no specific racial equity goals, nor does it prepare reports for departments to assess the extent of diversity in their respective workforces, by job category or otherwise.²⁵ In 2020, the leadership for SMC’s effort to promote racial equity and social justice came from a core equity team within the CMO, which included a representative from County HR.

County HR files annual reports with the Federal Equal Employment Opportunity Commission, to verify SMC government’s compliance with the nondiscrimination requirements of federal civil rights law.²⁶ County HR enters demographic and employment data through a federal Department of Justice portal that generates an EEO Utilization Report showing areas of underrepresentation. The most recent EEO Utilization report, filed December 17, 2020, identifies significant underrepresentation by race or ethnic category, and by gender.²⁷ It also lists the ways in which SMC government, as the employer of the workforce, is attempting to remediate such gaps.

County HR Can Identify Diversity Gaps

County HR produces a comprehensive Equal Employment Opportunity Plan (EEO Plan) every four years, to serve as a reporting and planning tool for the County Manager and Board of Supervisors. Much of the EEO Plan consists of background information and formal policies, but it also includes a workforce analysis comparing the racial and ethnic makeup of the SMC government workforce to that of SMC’s available workforce as a whole. The EEO Plan presents similar data for specific race and ethnicity categories, and gender. This analysis identifies job categories where demographic underrepresentation is evident, reviews accomplishments, and recommends action steps.²⁸

The EEO Plan asserts: “As a result of our long-standing commitment to equal employment opportunity, the County of San Mateo has become a model of diversity among public sector

²⁴ County HR Strategic Plan, 2020-24, page 5.

²⁵ Grand Jury interviews.

²⁶ For more information, see <https://publicportal.eeoc.gov>.

²⁷ EEO Utilization Report, December 17, 2020, page 8. These federal filings use the term “under-utilization” when a particular demographic group is significantly below what would be indicated by the available workforce. In this report, the term “underrepresentation” is generally used rather than the more technical term.

²⁸ See County of San Mateo Equal Employment Opportunity Plan, 2018-2021.



entities.”²⁹ The EEO Plan discussed a new initiative, consisting of a pilot program for a small number of participating departments to learn, assess, set priorities, and develop action plans to advance diversity and inclusion efforts.³⁰ Otherwise, the EEO Plan encourages County HR to continue its regular ongoing work. None of the EEO Plan’s 2018-2021 action steps were stated in terms of quantifiable metrics to measure success.³¹ The EEO Plan also lacks explicit accountability mechanisms.

County HR also produces an internal Workforce Planning Report for all departments in SMC government.³² County HR leverages its online information management system to maintain data on the demographic characteristics of employees, including racial, ethnic, and gender identity. It also uses the system to deliver online training and other core County HR functionality. Departments are encouraged to interface through this system when considering workforce demographics and planning, race and ethnic diversity, recruitment, engagement and retention, and employee learning and career development.

The Workforce Planning Report presents data but little analysis of that data. For example, the report issued in November 2020 noted that White employees were overrepresented in SMC government management positions overall, but the report did not assess or suggest potential reasons for that result.³³ Four months later, County HR had not completed an analysis of that situation. County HR has the ability to analyze the diversity of different segments of the SMC government workforce through its information management system for granular reporting of demographic information and job categories.

Data Indicating Racial and Gender Disparities

The Grand Jury obtained information about the race, gender, and ethnicity of employees at the three largest departments of SMC government: County Health (2,212 employees), the Sheriff’s Office (822 employees), and the Human Services Agency (775 employees).³⁴ County HR’s data retrieval and reporting capabilities can be used to identify diversity anomalies and inform targeted strategies to address any significant disparities. The race and gender makeup of leadership personnel at the three largest departments (presented in compliance with EEO reporting requirements) showed some had lower levels of diversity. For example, leadership at County Health was less racially or ethnically diverse than the workforce of County Health overall, and leadership at the Sheriff’s Office was both less racially or ethnically diverse, and less gender diverse, than the workforce of the Sheriff’s Office overall:³⁵

²⁹ EEO Plan, page 11.

³⁰ EEO Plan, page 41.

³¹ EEO Plan, pages 41- 42.

³² Workforce Planning Report 2019 - 2020.

³³ Workforce Planning Report 2019-2020, page 7.

³⁴ Department size noted in Workforce Planning Report FY 2019-20, page 4.

³⁵ Gender and ethnicity data for these three departments that was provided to the Grand Jury is summarized in Appendix C.

SMC Workforce as of 6/30/2020				
White Employees as a Percentage				
	County Available Workforce	County Government Workforce	Specific County Department Workforce	Specific Department Supervisors and Above Workforce
County Health	41.5%	27.4%	22.1%	36.5%
Human Services Administration			18.2%	22.6%
Sheriff's Office			41.1%	62.5%

Women as a Percentage				
	County Available Workforce	County Government Workforce	Specific County Department Workforce	Specific Department Supervisors and Above Workforce
County Health	44.0%	60.9%	74.6%	73.3%
Human Services Administration			73.2%	79.6%
Sheriff's Office			28.4%	20.5%

County Health Demonstrates How to “Walk the Walk” to Deliver Health Equity

County Health administers public health programs and provides clinical and supportive services; its mission is to help everyone in San Mateo County live longer and better lives.³⁶ Based on evidence-based research demonstrating the importance of social determinants of health outcomes, County Health is committed to building healthy and equitable communities.³⁷ Some programs are oriented around direct delivery of services, particularly to specific categories of SMC residents with the least access to resources, while others address population health to support the health of all SMC residents. It has built internal capacity, such as specialist equity officers who inform public health policy and public health service. And it is in the process of implementing a detailed racial equity action plan.³⁸

³⁶ The Grand Jury would like to acknowledge the particularly difficult circumstances that County Health personnel faced during the time of this inquiry.

³⁷ See for example “Race, Race-Based Discrimination, and Health Outcomes Among African Americans”, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4181672/>

³⁸ See San Mateo County Racial Equity Action Plan 2017-2022 (draft). This plan is included as Appendix D for reference.



County Health has demonstrated that it can move the diversity needle in the County Health workforce. Between 2017 and 2019, Asian employees at County Health grew from 30% to 31%, Hispanic or Latino employees increased from 25% to 28%, and Native Hawaiian or Pacific Islander employees increased from 2% to 4%.³⁹

In line with its most recent strategic plan, County Health focuses on strategies rooted in community collaborations and community input.⁴⁰ For example, the Chinese Health Initiative empowers Chinese residents to seek mental health and substance use services, and the Native American Initiative builds appreciation and respect for Native American history, culture, and spiritual healing practices.⁴¹ Many programs coordinate with relevant community-based organizations. Over the years, County Health has initiated programs with an equity lens, such as a Black Infant Health Project to address less favorable health outcomes experienced by Black mothers and their babies, and an emergency medical services training program in local high schools to encourage diverse graduates to enter that field.⁴² Recently it set up Covid-19 vaccination programs targeted for underserved communities in East Palo Alto, South San Francisco, North Fair Oaks, and Belle Haven.⁴³

County Health's experience illustrates two paths that can lead to delivery of program services with racial equity in mind. One starts with government regulation and funding; the other starts with departmental initiative. Grand Jury interviews evoked spontaneous endorsements of County Health's leadership in promoting diversity and racial equity.⁴⁴ That leadership appears to anchor the organization with a shared sense of public mission that includes a racial equity component.

Change through Legislation and Regulation

The California Mental Health Services Act (MHSA) established funding for mental health facilities, education, and training, beginning in 2005. The funding helps support the efforts by county health departments to reach underrepresented and minority groups. It funds personnel and other resources for programs that utilize culturally and linguistically competent approaches for underserved populations. The MHSA encourages innovative projects with the expectation that if

³⁹ "Implementing Racial Equity in County Health," July 15, 2020, San Mateo County Web Forum, slide 22.

⁴⁰ County of San Mateo, "Strategies for Building Healthy, Equitable Communities," Get Healthy San Mateo County 2015-2020. http://www.gethealthysmc.org/sites/main/files/file-attachments/get_healthy_smc_strategic_plan_2015-2020_final.pdf?1485905434020 (viewed 05/06/2021).
from (Get Healthy SMC.org).

⁴¹ "Health Equity Initiatives: A Ten-Year Review", Harder + Co, pages 10 and 18.

⁴² <https://www.smchealth.org/bih>

⁴³ County of San Mateo, "County Expands Access to COVID-19 Vaccines in Communities Highly Impacted by Virus," March 17, 2021, <https://www.smcgov.org/press-release/county-expands-access-covid-19-vaccines-communities-highly-impacted-virus> (viewed May 10, 2021).

⁴⁴ See also 2020 County Health Racial Equity Forums. http://www.gethealthysmc.org/sites/main/files/file-attachments/final_december_17_racelequityforum_facilitationslidesv2final.pdf?1608254713

they are successful and the county chooses to continue them, the project work will transition to another category of funding.⁴⁵

Cultural Competence Plan

The MHSAs impose substantive requirements on programs receiving funding. For example, the Behavioral Health and Recovery Services (BHRS) division of County Health, which administers MHSAs-funded programs, is required to develop and implement a cultural competence plan and to update it annually.⁴⁶ The plans are filed with a state agency and must meet MHSAs requirements. County Health's most recent Cultural Competence Plan is a 61-page document replete with data relevant to the tasks and programs of the division's work.⁴⁷ It summarizes successes from the prior four-year plan and areas where more work is needed, and sets goals, strategies, and programs. The plan assesses service needs and addresses strategies to reduce racial, ethnic, cultural, and linguistic mental health disparities.⁴⁸ It also describes culturally competent training, language capacities, and commits to growing a multicultural workforce. Mandated annual updates review the achievements of each program plan of the prior year and the current year.⁴⁹ The regulatory mandates of MHSAs compliance have improved County Health experience and expertise in racial equity program planning and implementation.

Change through County Health Initiative

In 2017, County Health began a multi-year departmental initiative with representatives from six divisions within County Health attending in-depth training in racial equity and organizational change.⁵⁰ The training was facilitated by The Government Alliance for Racial Equity, a national network of government agencies that seeks to restructure government systems, increase racial equity, and create equitable outcomes for local communities.⁵¹ The following year, County Health circulated a racial equity survey to all its employees, and developed a racial equity learning curriculum for supervisors and managers. In 2019 a secondary cohort of County Health personnel went through the intensive training, and three-fourths of the supervisory and managerial staff were trained in the basics of racial equity. In 2020, facing an urgent need to

⁴⁵ MHSAs Section 5830(d). MHSAs funding is substantial: it contributed \$5.0 million to SMC's budget in 2005, growing to a projected \$36.6 million in 2021. This represents approximately 12% of the BHRS budget.

⁴⁶ California Welfare and Institutions Code, Title 9 Section 1810.410.

⁴⁷ Cultural Competence Plan 2018.

⁴⁸ Cultural Competence Plan 2018.

⁴⁹ Cultural Competence Strategy Updates (FY 19-20). The most recent Cultural Competence Strategy Updates (FY 19-20) includes a link to the 2018 Cultural Competence Plan and is included as Appendix E to this report.

⁵⁰ The divisions were BHRS/ODE, Aging and Adult Services, San Mateo Medical Center, Family Health Services, LEAP Institute, and Public Health Policy & Planning). Racial equity training has continued. For example, in August 2019, 80 BHRS managers and supervisors were trained on racial equity, and throughout County Health, 268 managers and supervisors had been trained. Cultural Competence Update, 2019-20, page 14.

⁵¹ The website for The Government Alliance for Racial Equity may be found at <https://www.racialequityalliance.org>

address the disparate impacts of the Covid-19 pandemic, County Health convened a series of three large racial equity forums to accelerate its racial equity activities further.⁵²

Key elements of County Health’s equity initiative included: a Multi-Cultural Organizational Development Action Plan; a Racial Equity Action Plan; and several Health Equity Initiatives.

Multi-Cultural Organizational Development Action Plan

Because organizations need time, planning, and accountability to bring about change, County Health built on a familiar planning process under MHSA. It designed a Multi-Cultural Organizational Development Action Plan (MCOD Action Plan) – a detailed framework to advance equity, diversity, and principles of cultural humility and inclusion in the workplace. The MCOD Action Plan looks within County Health to foster change, specifically addressing personal, interpersonal, cultural, and institutional racism that may be found within the organization. The following graphic outlines the interrelationship of the elements of the MCOD Action Plan:⁵³



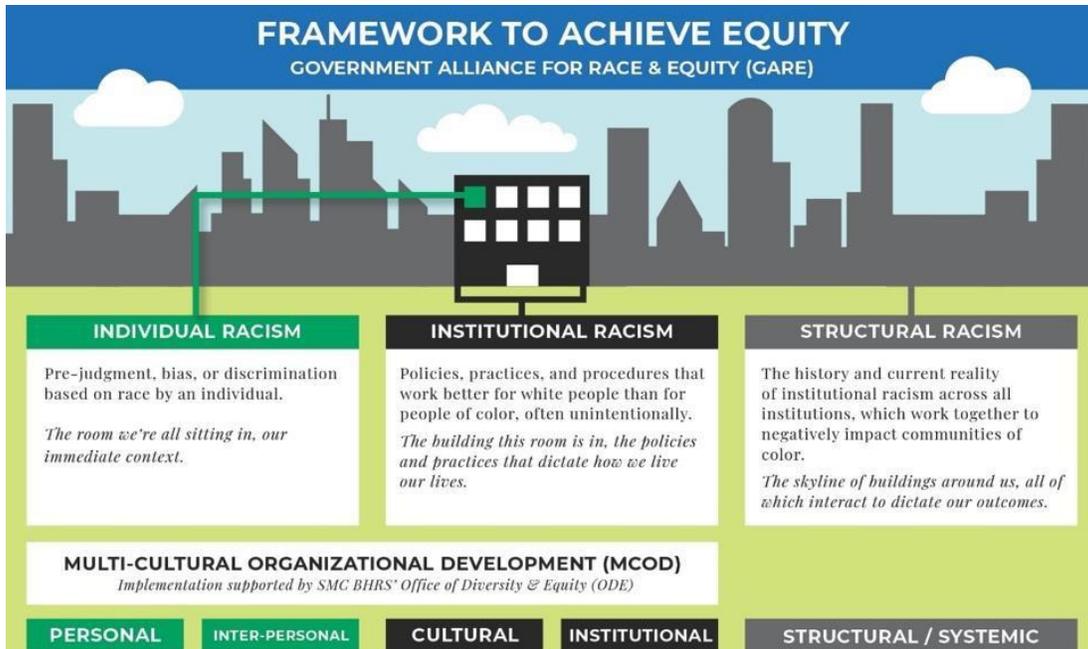
Like County Health’s Cultural Competence Plan, the MCOD Action Plan details specific goals for BHRS, as well as strategies and metrics to measure progress and promote accountability. It lists necessary activities and the persons responsible for them. Its function is to break down individual and institutional racism.

Finally, the MCOD Action Plan positions itself in the context of a national movement that has a broader, society-wide focus on structural racism and systemic racism:⁵⁴

⁵² The materials for these three racial equity forums may be found at <http://www.getthehealthysmc.org/racial-equity-forums>

⁵³ MCOD Action Plan, page 2.

⁵⁴ MCOD Action Plan, page 16.



County Health leveraged internal expertise in equity and justice, in the form of its Office of Diversity and Equity that already supported MHSA-related programs. Professionals in this office have broad experience in community outreach, program development, reporting, and program effectiveness.

Racial Equity Action Plan

Complementing the internal-facing MCOD Action Plan, County Health established a community-facing Racial Equity Action Plan to coordinate efforts to eliminate racial inequities in County Health programs and practices.⁵⁵ The Racial Equity Action Plan spans the years 2017-22 and specifies intended outcomes, persons responsible, and specific performance measures. Some goals are set for County Health as a whole; other, more specific goals are customized for each division within County Health. For example, the Racial Equity Action Plan identifies specific outcomes and actions, and identifies responsible parties and performance metrics, to promote County Health leadership (managers and above) that reflects the diversity of the SMC community. These include executive review of data on their workforce by race or ethnicity to achieve an inclusive workplace and reach the community served, mentorship programs to groom diverse leadership, and ensuring that County Health boards and commissions reflect the demographic diversity of the populations served. The plan is not a cookie-cutter exercise, integrating as it did feedback from communities served, employee forums and surveys, and

⁵⁵ The Racial Equity Action Plan is attached as Appendix D. The Racial Equity Action Plan is currently being updated for the period 2023-28.



County Health priorities established by departmental leadership. It promotes accountability through performance goals that are specific, measurable, assignable, realistic, and time related.⁵⁶

Health Equity Initiatives

County Health established a set of Health Equity Initiatives (HEIs) that demonstrate how the department applies a racial equity lens to its work of delivering health services.⁵⁷ The HEIs evolved out of efforts, more than a decade ago, connecting ethnic or other affinity groups of County Health employees with specific populations in SMC. Through them, County Health mobilizes community-based resources to address access and quality of care issues among underserved communities. These initiatives seek to decrease stigma, educate, and empower community members, support wellness and recovery, and build culturally responsive services.⁵⁸ For example, the PRIDE Initiative recognized health inequities and service gaps of LGBTQ+ communities. After many years of effort spearheaded by County Health’s Office of Diversity and Equity, PRIDE Initiative members and community partners, the PRIDE Center launched on El Camino Real in San Mateo in 2017. It offers counseling, case management, and peer support services internally while connecting clientele with additional support and services externally.⁵⁹

The following graphic represents the current HEIs:⁶⁰



⁵⁶ Building Racial Equity in County Health Web Forum #3, December 17, 2020.

<http://www.gethealthysmc.org/racial-equity-forums>

⁵⁷ Health Equity Initiatives are described on this County Health webpage:

https://www.smchealth.org/sites/main/files/hei_report_updated_09.06.17.pdf

⁵⁸ “Health Equity Initiatives: A Ten-Year Review” The Office of Diversity & Equity’s strategy to create equitable access to behavioral health services, Spring 2017, Harder + Company, p. 3. Also, Cultural Competence Plan 2018, page 19.

⁵⁹ <https://www.smchealth.org/article/countys-first-lgbtq-pride-center-officially-opens>

⁶⁰ This graphic can be found at [San Mateo County Health Equity Initiatives](#)

BEST PRACTICES

Some of County Health’s experiences in implementing organizational change and delivering public services offer examples of administrative processes that may be useful for other County departments, divisions, and offices seeking their own specific racial equity goals. In particular:

- The racial equity training program that County Health kicked off in 2017 demonstrates the degree of commitment required to effect organizational change.
- County Health’s practice of establishing equity officers, with specialized expertise in key positions where their work is leveraged across multiple programs, exemplifies one way to build internal capacity.
- The Cultural Competence Plan, with its annual updating, is an example of an effective planning tool that could be emulated by other departments or divisions in SMC government.
- The Multi-Cultural Organizational Development Action Plan is an example of how an agency can advance equity and diversity within an organization.
- The Racial Equity Action Plan is a model for how a large organization can promote and monitor changes across the organization with measurability and accountability.
- Health Equity Initiatives demonstrate how a public-facing agency can maintain connections with and promote its mission in diverse communities.

FINDINGS

- F1. In 2020, the Board of Supervisors and the County Manager’s Office made public commitments to racial equity in San Mateo County.
- F2. The Department of Human Resources maintains data on the racial, ethnic, and gender identity of SMC government employees, through a robust online enterprise human resources management platform, to report on the racial, ethnic, and gender diversity of employees in all job categories and departments of San Mateo County government.
- F3. The Department of Human Resources has reported significant underrepresentation of specific racial, ethnic, and gender categories of employees at *management levels* within the San Mateo County government workforce, relative to the San Mateo County government workforce overall, and the causes of these variances should be analyzed.
- F4. The Department of Human Resources reports significant underrepresentation of various racial, ethnic, and gender categories of employees for different *job categories* within the San Mateo County government workforce, relative to the available San Mateo County workforce, and the causes of these variances should be analyzed.
- F5. San Mateo County’s Equal Employment Opportunity Plan, published every four years, is outdated and does not communicate sufficient timely information to the public, lacks clear, measurable goals, and lacks accountability mechanisms.
- F6. The Department of Human Resources’ work related to diversity and inclusion is focused on legal compliance and recruiting and training for other departments, and the Department of

Human Resources depends on other departments and San Mateo County government leadership for guidance on racial equity initiatives.

- F7. The Health Department's experience implementing cultural competency, organizational change, and services delivery utilizing a racial equity lens provides examples of organizational best practices that could be used as models by other San Mateo County government departments.
- F8. The training in racial equity that Health Department personnel began in 2017, and currently continue, has been a valuable step for the Health Department to help build capacity and expand its racial equity activities.
- F9. Health Department personnel have specific training, institutional knowledge, and experience with racial equity planning and administration that could be adapted by other departments for their racial equity objectives.
- F10. The Health Department's Cultural Competence Plan and annual strategy updates effectively demonstrate how a department can monitor and administer ongoing efforts to achieve racial equity objectives.
- F11. The Health Department's Racial Equity Action Plan is a useful example of how a department can plan for organizational change while incorporating measurable performance indicators and organizational accountability.
- F12. The Health Department's Health Equity Initiatives are designed to promote racial equity in the delivery of services to communities being served.

RECOMMENDATIONS

Diversity-Related Recommendations

- R1. The Board of Supervisors should direct the County Manager's Office to create, and annually present, a report detailing the racial, ethnic, and gender diversity of *management and leadership positions* within the San Mateo County government workforce, change from prior years, and the effectiveness of specific programs to remediate any gaps, by January 31, 2022.
- R2. The Board of Supervisors should direct the County Manager's Office to require an *annual report from each department* of San Mateo County government (including performance measures, and accountability), detailing the racial, ethnic, and gender diversity of that department's workforce and the efficacy of its programs to remediate any gaps, by January 31, 2022.
- R3. The Board of Supervisors should direct the County Manager's Office to create, and annually present, a report recommending potential improvements to San Mateo County's current practice of *reporting to the public* on the status of racial, ethnic, and gender diversity in the San Mateo County government workforce, and associated performance goals, by January 31, 2022.

Racial Equity-Related Recommendations

- R4. The Board of Supervisors should direct the County Manager's Office to develop a set of recommendations, such as a *model racial equity action plan*, to help departments accomplish organizational change promoting racial equity in their work, by January 31, 2022.
- R5. The Board of Supervisors should discuss, in an open public meeting, the advisability and practicality of the measures identified as *best practices* in the Discussion section of this report, by January 31, 2022.

REQUEST FOR RESPONSES

Pursuant to Penal Code Section 933.05, the Grand Jury requests responses as follows:

- Board of Supervisors (all Findings and Recommendations)

The governing bodies indicated above should be aware that the comment or response of the governing body must be conducted subject to the notice, agenda, and open meeting requirements of the Brown Act.

Penal Code Section 933.05 (emphasis added)

(a) For purposes of subdivision (b) of Section 933, as to each grand jury finding, the responding person or entity shall report one of the following:

- (1) The respondent **agrees** with the finding.
- (2) The respondent **disagrees** wholly or partially with the finding, in which case the response shall **specify the portion of the finding that is disputed and shall include an explanation of the reasons therefor.**

(b) For purposes of subdivision (b) of Section 933, as to each grand jury recommendation, the responding person or entity shall report one of the following actions:

- (1) The recommendation has been implemented, **with a summary regarding the implemented action.**
- (2) The recommendation has not yet been implemented, but will be implemented in the future, **with a timeframe for implementation.**
- (3) The recommendation requires further analysis, **with an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.**
- (4) The recommendation will not be implemented because it is not warranted or is not reasonable, **with an explanation therefor.**

METHODOLOGY

The Grand Jury’s inquiry for this report was based on preliminary documentary research into diversity, equity, and inclusion practices in public employment, as well as information pertinent to San Mateo County. The Grand Jury conducted a series of interviews and collected documentary information both public and internal that related to its inquiry.

Documents

The Grand Jury reviewed multiple government public statements, formal policies, training materials and planning documents, internal reporting. In addition, the Grand Jury reviewed: select provisions of federal and California State law; policy research from professional, advocacy, and social research organizations; professional publications, newspaper articles, and Internet sites.

Interviews

Reports issued by the Civil Grand Jury do not identify individuals interviewed. Penal Code Section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Civil Grand Jury.

The Grand Jury interviewed seven representatives of departments, divisions and offices within San Mateo County, including: Department of Human Resources; San Mateo County Health Department; Human Services Agency; Division of Equal Employment Opportunity; Behavioral Health and Recovery Services Division; Office of Diversity and Inclusion; and Office of Health Public Policy and Planning. These individuals had both general and specific knowledge and experience in matters of diversity, equity, and inclusion.

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- County of San Mateo Human Resources Department, November 23, 2020, Leadership Forum, Presentation by Dwayne Marsh: “Leadership For Racial Equity,” <https://hr.smcgov.org/leadership-forum>



- Gender & Ethnicity Reports for three largest departments in SMC government. See Appendix C.
- “Tools and Resources/ The Government Alliance on Race and Equity,” <http://www.racialequityalliance.org/tools-resources/>
- San Mateo County All Together Better, “Population,” [http://www.smcalltogetherbetter.org/demographicdata?id=278§ionId=935\)](http://www.smcalltogetherbetter.org/demographicdata?id=278§ionId=935)
- San Mateo County Board of Supervisors – Board President Warren Slocum’s incoming message on inequality and equity (1-7-2020): Minutes item #1, page 2 http://sanmateocounty.granicus.com/player/clip/642?view_id=1&redirect=true
- San Mateo County Board of Supervisors – Resolution Condemning Racism and injustice, declaring racism as a public health crisis, and affirming commitment to diversity, equity, access, and inclusion (8-04-2020): <https://sanmateocounty.legistar.com/LegislationDetail.aspx?ID=4606260&GUID=13864D34-0F88-424D-A442-F5366A905316&Options=ID%7CText%7C&Search=diversity>
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- San Mateo County Racial Equity Action Plan 2017-2022 (draft) email attachment sent to the Grand Jury. See Appendix D.



APPENDIX A: SMC Board of Supervisors Resolution Adopted August 4, 2020

RESOLUTION NO.

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

* * * * *

**RESOLUTION CONDEMNING RACISM AND INJUSTICE, DECLARING RACISM AS
A PUBLIC HEALTH CRISIS, AND AFFIRMING COMMITMENT TO DIVERSITY,
EQUITY, ACCESS, AND INCLUSION**

WHEREAS, institutional and structural racism and injustice have led to racial disparities across all sectors in our nation; and

WHEREAS, acknowledging racism within San Mateo County is the start of creating change within our community; and

WHEREAS, studies link racism to unfavorable health outcomes; and

WHEREAS, public health categories include strong communities, violence prevention, rural health, technology, public health, climate change, and global health; and

WHEREAS, promoting healthy communities relates to the health of individuals, and encourages public health networks that would decrease racial disparities in health outcomes; and

WHEREAS, communities of color are disproportionately impacted by social detriments of health, such as: increased exposure to COVID-19, lead, poor air quality, lack of safe places to walk, bike, run, live, and inadequate health education; and

WHEREAS, by identifying racism as a public health crisis, the Board of Supervisors is acknowledging the detrimental effects our systems have created on people of color in our local communities and are affirming that the County of San Mateo will find ways to uproot systematic racism; and

WHEREAS, the Board of Supervisors remains committed to the mission of promoting equity and protecting public health and will continue to advance the cause of diversity, access, equity and inclusion in county policies, programs and practices; and

NOW, THEREFORE, IT IS HEREBY RESOLVED that the Board of Supervisors of San Mateo County condemns racism and discrimination, declares racism as a public health crisis and affirms its commitment to diversity, equity, access, and inclusion.



APPENDIX B: Equity and Justice for All

Tuesday, June 16, 2020

Dear Colleagues,

As a former police leader and current county manager, I'm no stranger to painful situations. But on May 25, 2020, I was like each of you — simply a human being who was shocked, saddened and disgusted to watch the tragic death of George Floyd at the hands of a police officer who knowingly took an oath to protect and serve all those with whom he came in contact but who deliberately decided on a different path that day.

For an agonizingly long eight minutes and 46 seconds caught on tape, the criminal justice system failed Mr. Floyd and, in turn, failed society as a whole. I say the entire system instead of the officers involved because law enforcement is more than one individual's deadly actions and several other officers standing by, choosing not to intervene. This in no way is a condemnation of law enforcement as a whole, as I know firsthand that most officers enter that difficult profession with the intent to help everyone they come in contact with. Yet, Mr. Floyd's death is a needless tragedy and only the latest manifestation of systemic inequities that can no longer be allowed to continue once the latest unnecessary death is replaced by new headlines.

George Floyd. Ahmaud Arbery. Breonna Taylor. So many others. The circumstances of their deaths serve to spread the seeds of mistrust of law enforcement and government as a whole. Many people have a deep distrust of government and those who recognize that skin color can prove a barrier at best and deadly at worst, have particular cause to be wary. They do not believe the law, or the system of equity applies to them and they feel a disconnect from a system where there is no “. . . freedom and justice for all.” Can we blame people for thinking that true? Should we blame ourselves for not acknowledging it more fully?

We, as a nation and a county must set aside hollow words and do better. We must not accept that any of our friends and neighbors do not feel the full compassion and strength of government to help bring about positive change and equity because history and experience has taught them that non-white skin color is a negative. Let us not waste a day as we unite in our outrage that racism and bigotry and lack of inclusiveness still exist today. Let us work to build a new tomorrow of equity, inclusiveness, diversity, unity, and equality.

The COVID-19 pandemic has compounded existing inequities in our county and disproportionately impacted the health and economic wellbeing of our communities of color. This is why it is more important than ever to make systemic changes that will give everyone the opportunity to share in the prosperity of San Mateo County.

So what will we do?

The Board of Supervisors, led by Board President Supervisor Warren Slocum, made 2020 the year to focus on equity. Several months ago, the Board retained the Social Progress Index firm



to create an equity index for every census track in San Mateo County. This will be the first time any county in the United States has endeavored to do this and it will help provide needed data to make funding and policy decisions through an equity lens. Sixteen members of this county were selected to undergo training through Government Alliance on Race and Equity (G.A.R.E.) to make that equity index actionable. Additionally, the County of San Mateo will look for better ways to connect with and expand our local small minority-owned businesses. We are currently developing a strategy to **make sure** these businesses, especially in these difficult economic times, not only survive but thrive into the future.

President Slocum also plans to request the implementation of a new “Office of Equity and Social Justice.” This will be an external facing division in the County Manager’s Office that will review through various lenses the development of policy and budgets through equity, social progress and justice.

None of these initiatives are a quick fix to the national legacy of inequality. But they are important steps that I am inviting you to take with me and your colleagues. Our County employees have always played an integral role in bringing about a more just and inclusive county through all the great work you do through our safety net of services and everyday services to the public. Now is the chance for us to double down on our commitment and willingly tighten that safety net of services for all needing our help.

In the defining moments before us, let us seize on the opportunity to build a better tomorrow — a tomorrow where we confront inequity head on, by eliminating explicit and implicit racial injustices, inequities, and bias. May 25, 2020 was truly a dark day for America. Moving forward, let’s make every day brighter for all, especially those who depend on us to be our very best every day. By Creating a Remarkable Experience (CARE) for our clients, we become part of the solution for the rest of the country to emulate.

Thank you for all you do. Stay safe, stay healthy,

Mike Callagy
County Manager



APPENDIX C-1: Ethnicity and Gender as Percentage of Workforce, County Health

SMC Health's Office Workforce as of 6/30/2020 (2,213 Employees)				
Ethnicity/Gender as a Percentage				
	County Available Workforce	County Government Workforce	SMC Health Workforce	SMC Health Supervisors and Above Workforce
American Indian or Alaska Native	0.2%	0.5%	0.6%	0.0%
Asian	26.2%	24.2%	30.5%	26.7%
Black or African American	3.3%	5.2%	4.8%	4.9%
Hispanic or Latino	26.0%	24.3%	28.1%	19.5%
Native Hawaiian or Other Pacific Islander	1.4%	1.5%	1.3%	0.6%
White	41.5%	27.4%	22.1%	36.5%
Other	1.3%	5.80%	5.5%	7.6%
Unspecified/blank	0.7%	11.2%	7.2%	4.3%
Women	44.0%	60.9%	74.6%	73.3%



APPENDIX C-2: Ethnicity and Gender as Percentage of Workforce, Sheriff's Office

SMC Sheriff's Office Workforce as of 6/30/2020 (822 Employees)				
Ethnicity/Gender as a Percentage				
	County Available Workforce	County Government Workforce	Sheriff's Office Workforce	Sheriff's Office Supervisors and Above Workforce
American Indian or Alaska Native	0.2%	0.5%	0.7%	1.8%
Asian	26.2%	24.2%	12.1%	8.9%
Black or African American	3.3%	5.2%	4.1%	2.7%
Hispanic or Latino	26.0%	24.3%	17.4%	17.0%
Native Hawaiian or Other Pacific Islander	1.4%	1.5%	1.4%	0.0%
White	41.5%	27.4%	41.1%	62.5%
Other	1.3%	5.80%	5.4%	4.5%
Unspecified/blank	0.7%	11.2%	17.8%	2.7%

Women	44.0%	60.9%	28.4%	20.5%
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APPENDIX C-3: Ethnicity and Gender as Percentage of Workforce, Human Services Administration

	SMC Human Services Administration Workforce as of 6/30/2020 (775 Employees)			
	Ethnicity/Gender as a Percentage			
	County Available Workforce	County Government Workforce	Human Services Administration Workforce	Human Services Administration Supervisors and Above Workforce
American Indian or Alaska Native	0.2%	0.5%	0.6%	0.0%
Asian	26.2%	24.2%	23.0%	28.0%
Black or African American	3.3%	5.2%	5.7%	8.6%
Hispanic or Latino	26.0%	24.3%	34.6%	24.7%
Native Hawaiian or Other Pacific Islander	1.4%	1.5%	2.6%	0.0%
White	41.5%	27.4%	18.2%	22.6%
Other	1.3%	5.80%	5.6%	11.8%
Unspecified/blank	0.7%	11.2%	9.7%	4.3%
Women	44.0%	60.9%	73.2%	79.6%

APPENDIX D: Racial Equity Action Plan, 2017-22.. [\Appendices\Appendix D - SMC Racial Equity Action Plan.pdf](#) APPENDIX E: Cultural Competence Strategy Updates (FY 19-20) [.. \Appendices\SMC BHRS Cultural Competency Plan 18-19 and 19-20 Updates.pdf](#)

Appendix C: ODE Demographic Survey

Program Name: _____ Location: _____ Date: _____

PARTICIPANT DEMOGRAPHIC SURVEY

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

What age range are you under? (check ONE)	
0-15 years	
16-25 years	
26-59 years	
60+ years	
Decline to state	
What is your primary language spoken at home? (check ONE)	
English	
Spanish	
Mandarin	
Cantonese	
Tagalog	
Russian	
Samoan	
Tongan	
Another language: _____	
Decline to state	
What race(s) do you identify with? (check ALL that apply)	
Asian	
Black or African-American	
Native American, American Indian or Indigenous	
Native Hawaiian or Pacific Islander	
White or Caucasian	
Another race: _____	
Decline to state	
What ethnicity or ethnicities do you identify with? (check ALL that apply)	
Latino/a/x or Hispanic	
Caribbean	
Central American	
Mexican/Mexican-American/Chicano	
South American	
Another ethnicity or tribe: _____	
Decline to state	
Non-Latino/a/x or Non-Hispanic	
African	
Asian Indian/South Asian	
Chamorro	
Chinese	
Eastern European	
European	
Fijian	
Filipino	
Japanese	
Korean	
Middle Eastern or North African	
Samoan	
Tongan	
Vietnamese	
Another ethnicity or tribe: _____	
Decline to state	
What is your sex assigned at birth? (check ONE)	
Female	
Male	
Decline to state	

Are you intersex ¹ ? (check ONE)	
Yes	
No	
Decline to state	
What is your gender identity? (check ONE)	
Female/Woman/Cisgender Woman	
Male/Man/Cisgender Man	
Transgender Woman/Trans Woman/Trans-Feminine/Woman	
Transgender Man/Trans Man/Trans-Masculine/Man	
Questioning or unsure of gender identity	
Genderqueer/Gender Non-Conforming/Gender Non-Binary/ Neither exclusively female or male	
Indigenous gender identity: _____	
Another gender identity: _____	
Decline to state	
What is your sexual orientation? (check ONE)	
Lesbian	
Gay	
Straight or Heterosexual	
Bisexual	
Queer	
Pansexual	
Asexual	
Questioning or unsure of sexual orientation	
Indigenous sexual orientation: _____	
Another sexual orientation: _____	
Decline to state	
Do you have a disability? ² (check ONE)	
Yes	
No	
Decline to state	
If you have a disability, what type do you have? (check ALL that apply)	
Mental disability ³	
Physical/mobility disability	
Chronic health condition ⁴	
Difficulty seeing	
Difficulty hearing or having speech understood	
Another type of disability: _____	
Decline to state	
What group(s) are you part of? (check ALL that apply)	
Behavioral health consumer/client	
Family member of a behavioral health consumer/client	
Provider of behavioral health services	
Provider of health and social services	
Law enforcement	
Homeless	
Student	
Community member	
Another group: _____	
Decline to state	
Are you a Veteran? (check ONE)	
Yes	
No	
Decline to state	
What city do you live in, work or represent in San Mateo County?	

(1) Intersex is a general term for several conditions resulting in a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male at birth; (2) Disability includes physical or mental impairment or medical condition lasting at least six months and limiting major life activity (not the result of a severe mental health condition); (3) Mental disability does not include mental health conditions and includes (but is not limited to) a learning disability, developmental disability and dementia; (4) Chronic health condition includes (but is not limited to) chronic pain.

Appendix D: HEI Event Evaluation



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

ODE HEI Intervention Evaluation

“**Intervention**” refers to any HEI activity besides meetings & reporting. These questions would be used at events and to measure the effectiveness of communications campaigns, pipeline programs, or other types of HEI interventions.

Evaluation questions may be delivered in various ways including: on paper at event, via email after event, in focus group with smaller number of participants, via random sampling at event, using butcher paper & dot group survey, via hand raising, or other methods as appropriate and agreed to with ODE HEI coordinator or ODE evaluation team.

REQUIRED QUESTIONS (in blue)

I heard a new or unfamiliar perspective today.	1	2	3	4	5	6	7	8	9
This intervention was sensitive to my cultural background.	1	2	3	4	5	6	7	8	9
I learned something new about [[[X COMMUNITY]]] as a result of this intervention.	1	2	3	4	5	6	7	8	9
Because of [[[THIS INTERVENTION]]], I see new ways to improve mental health/reduce substance use for people around me.	1	2	3	4	5	6	7	8	9
I learned something new about behavioral health.	1	2	3	4	5	6	7	8	9
I know who to contact for mental health or addiction care.	1	2	3	4	5	6	7	8	9
I would feel comfortable asking for behavioral health help for myself, a friend, or a family member.	1	2	3	4	5	6	7	8	9

OPTIONAL QUESTIONS

Please circle the number that describes your response.	Strongly Disagree						Strongly Agree		
	1	2	3	4	5	6	7	8	9
1. I feel people with mental illness are persons of worth, at least on an equal basis with others.	1	2	3	4	5	6	7	8	9
2. Before this intervention, my answer to #1 would have been:	1	2	3	4	5	6	7	8	9
3. I see people with mental illness as capable people.	1	2	3	4	5	6	7	8	9
4. Before this intervention, my answer to #3 would have been:	1	2	3	4	5	6	7	8	9

5. I feel comfortable talking about behavioral health.	1	2	3	4	5	6	7	8	9
6. Before this intervention, my answer to #5 would have been:	1	2	3	4	5	6	7	8	9
7. I feel comfortable talking about identity and difference.	1	2	3	4	5	6	7	8	9
8. Before this intervention, my answer to #7 would have been:	1	2	3	4	5	6	7	8	9

If you identify as someone with a mental illness, please rate how much you agree with the following:

9. Because I have a mental illness, I will not recover or get any better. 1 2 3 4 5 6 7 8 9

10. Before this intervention, my answer to #9 would have been: 1 2 3 4 5 6 7 8 9

As a result of this intervention I have changed the way I look at myself or my work.	1	2	3	4	5	6	7	8	9
This intervention has challenged some of my firmly held ideas about behavioral health and/or marginalized communities.	1	2	3	4	5	6	7	8	9
As a result of this intervention I will change my normal way of doing things.	1	2	3	4	5	6	7	8	9
Through this intervention, I discovered faults in what I had previously believed to be right.	1	2	3	4	5	6	7	8	9

What did you like about [[[THIS INTERVENTION]]]?

What else would you like to see in the future?

As a result of this, I will

Used in addition to: Budget proposal & Regular co-chair reporting

San Mateo County
Behavioral Health &
Recovery Services

**Multi-Cultural Organizational
Development Action Plan 2019**



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



raimi+
associates

Introduction

In 2015, the San Mateo County Behavioral Health & Recovery Services (BHRS) began a formal process of becoming a multicultural organization that is embedded within a racial equity lens. This journey has included reviewing best practices and relevant literature, holding staff dialogues and reflective meetings, and identifying possible areas of work. In December 2016, staff from the Office of Diversity reviewed notes from the work to date and identified goals and priorities. This document builds on the work that has been taking place since 2015 and presents a formal MCOD Action Plan. The work here is a call to action and requires ongoing dedication and leadership from staff throughout BHRS. However, becoming a multicultural organization is only a part of our overall goal of health system transformation. The health system transformation will ensure that jurisdictions use a racial equity framework that clearly names the history of government and envisions and operationalizes a new role towards a future where race can no longer be used to predict life outcomes and outcomes for all groups are improved. This document has been developed to support this work and is organized into the following sections:

The Background includes a brief overview of the focus and framework of the Multi-Cultural Organizational Development (MCOD) work and explains the four levels of organizational change. It also includes key messages to support using ensure consistent language.

Roles and Responsibilities provide an overview of the roles and responsibilities of key groups in BHRS who will ensure that the MCOD Action Plan is implemented, evaluated, and updated annually.

Updated BHRS Mission and Vision includes the latest BHRS version of the mission and vision that includes MCOD priorities.

Goals, Strategies, Activities, and Metrics outlines the strategies and activities (as well as the tasks that support each activity) identified in the MCOD Action Plan to achieve each goal. It also identifies metrics for each strategy as well as the status, deadline, and sponsors for activities and tasks.

Background

Why MCOD and what is it?

MCOD is an organizational change framework utilized by BHRS to advance equity, diversity and principles of cultural humility and inclusion in the workplace. MCOD focuses on the 4 levels of organizational change outlined below.

The MCOD Framework:

- To advance equity, diversity and inclusion principles in the workplace.
- Focused on developing *multicultural capacity*: an organization's ability to work effectively and respectfully with people from diverse cultural, linguistic, and social backgrounds.

"Social justice and equity are core values that guide all of the work I do. Our diversity is our strength, and I want [our work] to be a place that celebrates, affirms, and is accountable..."

Four Levels of Organizational Change:

- **Personal:** The personal level of change is focused on challenging interpersonal and implicit biases and supporting personal accountability.
- **Inter-personal:** The inter-personal level emphasizes authentic and effective communication, and the importance of practicing cultural humility.
- **Cultural:** The cultural level encourages creating a brave workplace and affirming differences.
- **Institutional:** The institutional level focuses on ensuring that staff feel included and policies and practices reflect diverse contributions. This level also emphasizes the importance of promoting diversity at all levels of the organization (including within leadership)
- **Structural/systemic:** There is currently not a focus on the structural/systemic within MCOB, though many staff are participating in other relevant efforts (e.g., GARE).

“ODE’s work fostering cross cultural understanding and educating BHRS [staff] about diversity and equity [is like] the work BHRS does with our clients. [To] see, understand, appreciate and relate to our clients’ culture and providing more efficient, appropriate, and effective treatments and healing opportunities.”

Other Key Terms

- **Cultural humility:** MCOB has lifted up the importance of cultural humility, emphasizing that this involves a lifelong learning commitment, critical self-reflection, and personal and institutional transformation.
- **Culturally & linguistically appropriate services:** The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities.



MCOD Key Messages

A key component of the MCOB work has been to identify common language and group agreements to support and clarify the work in each of the four levels of organizational change.

Personal: to recognize and challenge your own personal *implicit biases* and prejudices, how our

biases shape our work, and to start the conversation towards personal accountability and influence.

Key messages include:

Acknowledging biases and assumptions is crucial to our work. We also recognize that:

- biases are developed through your social/cultural environment
- biases have affected our lived experiences
- biases affect our behavior toward others

Accountability is another key component of the work. Accountability includes people working toward being comfortable with being “called in” to a dialogue and “calling in” someone when something is said or done that hurts, offends, or negatively impacts someone.

Interpersonal: to create brave spaces and enable more authentic and effective communication in the workplace. By establishing and practicing *cultural humility* with those we supervise, those we work with and our clients we start to transform institutionally and directly affect our culture.

Key messages include:

Fostering dialogue between people with the aim of eliminating biases, microaggressions and unintentional impacts and creating inclusive shared spaces. We encourage leading with respect and working to understand how others want to be treated:

- Intent: being aware that what you intend is not always how it's received
- Impact: regardless of intent, it is how something lands/is perceived
- Cultural humility: recognition of identities other than your own, bringing curiosity, open-mindedness, self-reflection, and humility to the situation

Cultural: the workplace is a brave environment where speaking out, respectful dialogue, and acknowledging differences is accepted and encouraged.

Key messages include:

This level refers to creating a foundation for the culture of our work.

- acknowledging intersectionality and overlapping sources of discrimination or disadvantage

Cultural Humility Group Agreements

- Listen as if the speaker is wise; listen to understand
- Practice “I” statements when speaking
- Okay to respectfully disagree
- Take risks
- No pressure to speak
- Be disciplined about not making assumptions
- No blaming, no shaming
- Confidentiality if stories are shared
- Courage to interrupt if something is going amiss or being left unsaid; make the invisible visible
- Voices, thoughts ideas, experiences welcome
- Pay attention to what moves you; use oops and ouch

valuing each other's perspectives, voices and diversity to promote and encourage braver spaces for understanding and finding common ground.

Institutional: ensures staff are fully included and practices are reflective of the contributions and interests of the wide diversity of cultural and social identity groups and develops a more open and brave culture of communication across all levels of BHRS staff. The organization explicitly values diverse backgrounds and experiences, and seeks to recruit, retain, and promote diverse staff at ALL levels, including leadership.

Key messages include:

BHRS workforce:

- mirror the communities that we serve and diverse staff with lived experience are acknowledged as advocates from within the system
- are trained in cultural humility
- have a strong sense of accountability and transparency, especially related to our work with communities of color
- understand how to make our work visible, at the forefront, and backed by data

Roles and Responsibilities

To achieve the work outlined in the MCOB Action Plan, the following groups have important roles and responsibilities, as outlined below.

Executive Team

- Review and approve all components of the MCOB Action Plan.
- Identify activities and tasks annually that members of this group lead.
- Assist BHRS staff in obtaining relevant data to further the MCOB work.
- Oversee evaluation of MCOB Action Plan annually.
- Provide leadership by modeling and setting expectations for the MCOB work.

Management Team

- Provide input on the development of the MCOB Action Plan.
- Ensure that the MCOB Action Plan is operationalized by supporting supervisors and teams to do the work.
- Assist in the evaluation of the MCOB Action Plan by tracking progress on activities and tasks.
- Provide leadership by modeling and setting expectations for the MCOB work.

Leadership

- Identify real-time successes and challenges in monthly meeting to inform course corrections throughout the year.
- Update the MCOB Action Plan annually (e.g., identify activities and tasks).
- Review annual progress and results of evaluation.
- Support staff to get involved in the MCOB work.
- Provide leadership by modeling and setting expectations for the MCOB work.

Office of Diversity and Equity (ODE)

- Provide ongoing support, training, tools and technical assistance related to implementing the MCOD Action Plan. (Please see BHRS Intranet > Projects & Initiatives > Multicultural Organizational Development for more information).
- Oversee evaluation and tracking of the MCOD Action Plan (e.g., identify trends over time).
- Provide annual progress report and evaluation update of MCOD Action Plan to Executive Team.
- Review and disseminate best and promising practices locally and nationally to inform ongoing work.

Subcommittees

- Create a subcommittee on an as needed basis that is time limited to complete an activity or task.
- Ensure that there is representation from staff across BHRS workforce to ensure that diverse perspectives are included.
- Make recommendations and report back to Leadership/Executive Team as appropriate.

Staff

- Participate in MCOD Action Plan activities and tasks as appropriate.

Updated BHRS Mission and Vision

A key accomplishment to date has been to update the BHRS Mission and Vision to reflect MCOD priorities. Below are the most recent updated BHRS mission and vision statements.

MISSION	We serve with excellence, compassion and dedication to improving and advancing social equity and diversity. We work together to instill hope, resiliency and a sense of connection to enhance the lives of those affected by substance use and mental health challenges.
VISION	Our communities are safe for all where individuals realize their dreams and challenges of mental illness and/or substance use are addressed in a compassionate, holistic and effective manner. Diverse communities are honored and strong because of our differences.

Goals, Strategies, Activities, and Metrics

This section presents the goals, strategies, and activities of the MCOD Action Plan. The Action Plan is organized around the three MCOD goals which represent the long-term aims of the MCOD work. Each goal has its own icon and color used to denote its corresponding strategies, activities, and tasks. Additionally, each strategy has metrics to track the progress and impact of implementation. Each goal is supported by 1-2 strategies which specify how to work towards each goal. For each strategy there are also corresponding shorter-term activities and tasks. Many of the activities and tasks listed in the tables on the following pages include work that MCOD is already doing and intends to complete in the next 1-2 years. Activities and tasks should be reviewed, evaluated and updated annually to ensure that they are effective. Additionally, the status, deadline, and sponsor columns should be reviewed (and

as necessary, updated) at least twice annually to ensure accountability, troubleshoot challenges, monitor implementation, and identify additional tasks.



Goal 1: The organization explicitly values diverse backgrounds and experiences, and seeks to recruit, retain, and promote diverse staff at ALL levels, including leadership.

Strategy 1.A. BHRS will develop and implement strategies to diversify its workforce.



Goal 2: The workplace is a brave environment where speaking out, respectful dialogue, and acknowledging differences is accepted and encouraged.

Strategy 2.A. Demonstrate the value of equity and inclusion through professional development goals and opportunities.



Goal 3: There is transparency and collaboration in decision-making and policy making (and updating) to ensure that those who are most impacted have meaningful participation.

Strategy 3.A. Review and update policies and procedures with a focus on equity and inclusion.

Strategy 3.B. BHRS supervisors and managers will increase their presence in the community, particularly among marginalized groups.

	Status	Deadline	Sponsor
 GOAL 1: The organization explicitly values diverse backgrounds and experiences, and seeks to recruit, retain, and promote diverse staff at ALL levels, including leadership.			
Strategy 1.A. Adopt and implement inclusive equitable recruitment, hiring, and retention practices.			
Strategy 1.A. Metrics <ul style="list-style-type: none"> ▪ Percent of job postings that state BHRS’ commitment to equity and inclusion (ODE, HR). ▪ Percent of job descriptions that include responsibilities related to equity and inclusion (ODE, HR). ▪ Percent of hiring panel members who receive materials or a training in how to recognize and minimize implicit bias (ODE, HR). ▪ Demographic and qualitative data from exit interviews related to organizational culture, cultural humility, and reasons for departure (ODE, HR). 			
Activity 1.A.1. Establish a multicultural recruitment policy.	In progress		Karen Krahn (sub-committee on hiring)/ Executive Team

	Status	Deadline	Sponsor
Task 1. Post job opportunities to diversity recruitment sites (e.g. Professional Diversity Network). Identify appropriate and most successful diversity recruitment sites, and partner with outside organizations to increase distribution of hiring opportunities.	In progress		HR
Task 2. Add language on job postings stating that BHRS encourages diverse candidates to apply and is committed to equity and inclusion in order to reach diverse candidates (including for Leadership positions).			HR
Task 3. Incorporate equity and inclusion activities and cultural humility into existing and future job responsibilities.			Frances and Tracy
Task 4. Analyze demographic data related to applicants.			HR
Activity 1.A.2. Standardize inclusive hiring practices.	In progress		Karen Krahn (sub-committee on hiring)/ Executive Team
Task 1. Develop questions related to diversity and equity principles (including opportunities for candidates to share relevant personal and professional experience addressing equity) as part of the application and department interview.			Karen/Tracy
Task 2. Establish diverse interview panel (that includes people with lived experience on interview panels in order to hire leaders who embody cultural humility).			
Task 3. Develop checklist and clear steps for an inclusive hiring process.			
Task 4. Minimize bias in hiring (e.g., by removing identifying information from resume) and require staff who serve on a hiring panel receive materials or a training in how to recognize and minimize implicit bias.			HR
Task 5. Develop workforce pipelines and identify recruitment opportunities in diverse networks			
Task 6. Analyze demographic data related to job offers and new employees.			HR
Activity 1.A.3. Incorporate principles of cultural humility throughout the onboarding process.	Not started		Cynthia Chatterjee/ Executive Team
Task 1. Identify/create a manager, supervisor required suite of trainings including cultural humility, crucial conversations (e.g., work with WET team to prepare schedule and availability of trainings both in-person and online)			Erica Britton /ODE
Task 2. Incorporate principles of cultural humility in the BHRS New Hire Orientation and the BHRS College in order to establish a consistent foundation for new hires.			
Task 3. Set timeframe for completion in which new hires should complete the implicit bias tests (see Activity 2.A.1.) and maintain record of completion.			

	Status	Deadline	Sponsor
Task 4. Set timeframe for completion (including due dates) for specific levels (e.g., supervisors) and/or units to complete trainings and keep record of training completion.			
Activity 1.A. 4. Identify and implement practices to increase support for staff from underserved/marginalized communities			Regina Moreno/ Executive Team
Task 1. Develop mentorship program.			
Task 2. Obtain data from mentorship program. Review progress and benefits biannually.			
Task 3. Analyze demographic data related to attrition (including qualitative data from exit interviews).			HR



GOAL 2: The workplace is a brave environment where speaking out, respectful dialogue, and acknowledging differences is accepted and encouraged.

Strategy 2.A. Provide professional development opportunities that highlight the value of equity and inclusion staff at all levels.

Strategy 2.A. Metrics

- Percent of staff who have taken at least 3 of the Harvard Implicit Association Tests (LMS).
- Number of trainings focused on equity and inclusion offered to BHRS staff in-person and via webinar, as well as the topics and participation in those trainings (ODE, LMS).
- Percent of training participants who report equity or inclusion training was valuable (either in evaluation following training or who report, “In general, I have found trainings / workshops about racial equity to be useful” via GARE employee survey)
- Percent of staff reporting they feel comfortable talking about race or initiating dialogue about difficult cultural topics in the workplace (from MCOB Questions for Leadership or via GARE employee survey).

Activity 2.B.1. Increase awareness of implicit bias.	In Progress		Janet Gard/ Executive Team
Task 1. Set deadline by which Leadership needs to take at least 3 of the Harvard Implicit Association Tests.			Erica Britton
Task 2. Send email to Leadership with an explanation, clarification of which tests they can or should take, a URL to the Harvard Implicit Association Tests, and the deadline for Leadership to complete tests.			
Task 3. Develop a tracking system (LMS) to track staff completion of at least 3 implicit bias tests.			
Task 3. Send email to all staff with instructions, explanation, and URL to the Harvard Implicit Association Tests with a deadline for all staff who have not yet taken to complete them <i>and</i> instructions for staff who have already completed them to indicate that (for the LMS).			
Activity 2.B.2. Support employees in articulating how cultural humility, equity, and inclusion are embedded in their daily work and area of responsibility.	In Progress		Scott Gilman/ Managers
Task 1. Revise the BHRS mission, vision, and value statements to highlight commitment to inclusion and equity.	Complete		BHRS Director/ Executive Team
Task 2. Send explanation, examples, and instructions (including timeline) to Leadership for how they can develop a personal mission statement that articulates how cultural humility, equity, and inclusion are embedded in their daily work and area of responsibility.			Leadership

	Status	Deadline	Sponsor
Task 3. Plan and facilitate Leadership meeting to discuss how to ensure that the staff each member of Leadership supervises develops a personal mission statement that describes how they embed cultural humility, equity, and inclusion into their daily work (e.g., cultural humility agreements).			ODE
Task 4. Post example mission statements from staff on BHRS blog or Wellness Matters (with their authors' consent) to promote and model this activity.			
Task 5. Send instructions and timeline for Leadership to share their personal mission statement and introduce toolkit for developing personal mission statements with their team (i.e., the staff whom they supervise).			
Task 6. Ensure that the personal mission statement is reviewed during an employee's annual review (or that they identify the additional support or clarification they need to complete this during their review).			
Activity 2.B.3. Ensure that all staff complete a training on cultural humility and social determinants of health.	In Progress		Clara Boyden/ Managers
Task 1. Create materials and templates and distribute to staff (e.g., ODE Frequently Asked Questions, Introduction to MCOB Action Plan)			ODE
Task 2. Work with WET on training schedule for both in-person and web-based trainings.			Erica Britton
Task 3. Set deadline by which all staff should participate in at least one training on cultural humility and social determinants.			
Activity 2.B.4. Facilitate workplace discussions that support effective and authentic communication.	In Progress		Tracy Loum/ Managers
Task 1. Each member of BHRS Leadership will complete a training on crucial conversations in multicultural organizations (e.g., what "safe spaces" are, how to build trust between employees).			
Task 2. Work with LMS to set deadlines for training completion as part of 20hr annual requirement			

Status

Deadline

Sponsor



Goal 3: There is transparency and collaboration in decision-making and policy making (and updating) to ensure that those who are most impacted have meaningful participation.

Strategy 3.A. Review and update policies and procedures with a focus on equity and inclusion.

Strategy 3.A. Metrics

- Number of policies and written procedures revised to increase equity or inclusion and rationale for how the revisions increase equity or inclusion (ODE, Leadership).
- Number of units that have reviewed their policies and procedures with a focus on equity and inclusion (ODE, Leadership).
- Percent of Leadership reporting that within their team diverse input is asked for and acted on (from MCOB Questions for Leadership).

Activity 3.A.1. Improve communications and openness across all levels of staff.	Not Started		Adam Crits/ Managers
Task 1. Create standing agenda item at monthly Leadership Team meeting to provide updates about MCOB work and support implementation.	Ongoing		Executive Team
Task 2. Establish ongoing agenda item in each units/teams' staff meeting to take meaningful action and share goals and progress with all units/teams in between surveys.			ODE
Task 3. Use employee engagement results to guide work (e.g., invite ODE to present survey findings at unit/team meetings).			ODE
Task 4. Create opportunities for staff to share their personal and professional experiences related to inclusion (e.g., Photovoice, digital storytelling workshops to staff).	In Progress		Maria Lorente- Foresti
Activity 3.A.2. Establish guidelines for addressing interpersonal and diversity-related conflicts in the workplace	In Progress		Ziomara Ochoa/ Executive Team
Task 1. Set up and implement process for San Mateo County Human Resources Department to provide guidance to managers/supervisors in instances involving microaggressions, discrimination, harassment, or racial/gender bias as needed.			Janet Gard
Task 2. Distribute guidelines to managers and implement process to respond to workplace situations involving (perceived or validated) microaggressions, discrimination, harassment, or racial/gender bias.			
Activity 3.A.3. Review BHRS' and/or any team policies and procedures to assess inclusion of diverse cultural and social identity groups and identify possible revisions.	Not Started		Scott Gruendl/ Executive Team
Task 1. Select policies and procedures to review (e.g., set up a timeline with 1 policy reviewed each month and a list of policies prioritized for the first year).			
Task 2. Discuss, make recommendations, and update policies.			

	Status	Deadline	Sponsor
Activity 3.A.4. Standardize collection and analysis of demographic data.	In progress		Ingall Bull/ Leadership
Task 1. Incorporate SOGI/REAL (Sexual Orientation Gender Identity/Race Ethnicity and Language) questions in intake and Electronic Health Record (Avatar) data for clinical services and consultations.	Complete		
Task 2. Ensure that Avatar is able to produce reports/queries to present client services and outcomes data by SOGI.			Erica Britton
Task 3. Ensure that Avatar is able to produce reports/queries to present client services and outcomes data by REAL.			
Task 4. Report findings in monthly Executive Meeting.			
Task 5. Review paper intake forms and other data collection tools to ensure that SOGI/REAL data are collected in a consistent way (or able to be summarized consistently for reporting).			
Strategy 3.B. Increase interactions between BHRS Leadership and community groups with a focus on engaging underserved/marginalized communities.			
Strategy 3.B. Metrics			
<ul style="list-style-type: none"> ▪ Number of BHRS managers and supervisors who have attended a community meeting (HEI, CSA, etc.) (ODE, Leadership). ▪ Percent of HEIs and CSAs that have had a BHRS manager or supervisor participate (ODE). 			
Activity 3.B.1. Ensure staff at all levels participate in community meetings (e.g., Health Equity Initiatives, CSA's).	Not Started		Talisha Racy/ Leadership
Task 1. Update and make available list of HEI meetings and locations (to ensure staff are working closely with diverse communities).			
Task 2. Create standing agenda item at Leadership meetings and BHRS team staff meetings to promote upcoming community events and invite HEI and CSA representatives to present to Leadership.			
Activity 3.B.2. Solicit community feedback (especially from historically excluded groups) to better leverage existing community strengths/resilience and address needs.	In Progress		Maria Lorente- Foresti /ODE
Task 1. Work with HEIs to gather feedback from their members.			

Aligned MCOB Levels of Organizational Change

	Personal	Inter-personal	Cultural	Institutional
 GOAL 1: The organization explicitly values diverse backgrounds and experiences, and seeks to recruit, retain, and promote diverse staff at ALL levels, including leadership.				
Strategy 1.A. Adopt and implement inclusive inequitable recruitment, hiring, and retention practices.				
1.A.1. Establish a multicultural recruitment policy.				✓
1.A.2. Standardize inclusive hiring practices.				✓
1.A.3. Incorporate principles of cultural humility throughout the onboarding process.			✓	✓
1.A.4. Identify and implement practices to increase support for staff from underserved/marginalized communities.				✓
 GOAL 2: The workplace is a brave environment where speaking out, respectful dialogue, and acknowledging differences is accepted and encouraged.				
Strategy 2.A. Provide professional development opportunities that highlight the value of equity and inclusion staff at all levels.				
2.B.1. Increase awareness of implicit bias.	✓			
2.B.2. Support employees in articulating how cultural humility, equity, and inclusion are embedded in their daily work and area of responsibility.	✓		✓	
2.B.3. Ensure that all staff complete a training on cultural humility and social determinants of health.	✓	✓		
2.B.4. Facilitate workplace discussions that support effective and authentic communication		✓		
 Goal 3: There is transparency and collaboration in decision-making and policy making (and updating) to ensure that those who are most impacted have meaningful participation.				
Strategy 3.A. Review and update policies and procedures with a focus on equity and inclusion.				
3.A.1. Improve communications and openness across all levels of staff.			✓	
3.A.2. Establish guidelines for addressing interpersonal and diversity-related conflicts in the workplace			✓	✓
3.A.3. Review BHRS' and/or any team policies and procedures to assess inclusion of diverse cultural and social identity groups and identify possible revisions				✓
3.A.4. Standardize collection and analysis of demographic data.				✓
Strategy 3.B. Increase interactions between BHRS Leadership and community groups with a focus on engaging underserved/marginalized communities.				
3.B.1. Ensure staff at all levels participate in community meetings (e.g., Health Equity Initiatives, CSA's).				✓
3.B.2. Solicit community feedback (especially from historically excluded groups) to better leverage existing community strengths/resilience and address needs.				✓

San Mateo County, Behavioral Health & Recovery Services (BHRS) Multicultural Organizational Development Frequently Asked Questions (FAQ)

This FAQ document is designed to answer questions staff might have about the work that San Mateo County Behavioral Health & Recovery Services (BHRS) is doing to promote diversity, equity and an inclusive workforce and community primarily through the Multicultural Organizational Development (MCOD) framework.

This FAQ addresses the following questions:

1. [What is MCOB?](#)
2. [Why is MCOB important?](#)
3. [What is being done about diversity and inclusion at the County level?](#)
4. [How are MCOB, GARE, and other efforts that BHRS has led over the years connected?](#)
5. [What has been done and where are we headed with MCOB/GARE?](#)
6. [How can I participate in MCOB/GARE?](#)
7. [As a supervisor or manager, do I have a specific role with MCOB/GARE?](#)
8. [How can I learn more, request support and/or get started?](#)
9. [What if I or someone I work with feels uncomfortable with this work?](#)
10. [How will success be determined and how will we hold ourselves accountable?](#)

It also contains a glossary with the following terms:

- Diversity
- Inclusion
- Cultural humility
- Equity
- Equality
- Health Equity
- Racial Equity
- Workforce Equity
- Implicit Bias
- Individual Racism
- Institutional Racism
- Structural Racism
- Microaggressions

1. What is MCOB?

MCOB is an organizational change framework utilized by BHRM to advance equity, diversity and principles of cultural humility and inclusion in the workplace. MCOB takes into account 4 levels of organizational change.

1. **Personal:** to recognize and challenge your own personal *implicit biases* and prejudices, how our biases shape our work, and to start the conversation towards personal accountability and influence.
2. **Interpersonal:** to create brave spaces and enable more authentic and effective communication in the workplace. By establishing and practicing *cultural humility* with those we supervise, those we work with and our clients we start to transform institutionally and directly affect our culture.
3. **Cultural:** work culture encourages speaking out, respectful disagreements, dialogue and differences are acknowledged and affirmed.
4. **Institutional:** ensures staff are fully included and practices are reflective of the contributions and interests of the wide diversity of cultural and social identity groups. The organization explicitly values diverse backgrounds and experiences, and seeks to recruit, retain, and promote diverse staff at ALL levels, including leadership.

2. Why is MCOB important?

All San Mateo County residents deserve an equitable opportunity to be healthy. San Mateo County Health is committed to creating a strong, inclusive, and resilient community where all people can flourish. As public servants we have a duty to provide accessible, high quality services so that people from all communities can thrive in our county.

MCOB allows us to turn intention into action and focuses on not only developing a diverse workforce but being sensitive to the communities we serve, recognizing biases and prejudices, and changing the policies and practices at BHRM that contribute to institutionalized racism and racial inequities.

3. What is being done about diversity and inclusion at the County level?

San Mateo County Health is participating in the Government Alliance on Race and Equity (GARE) a national network of governments working to achieve racial equity and advance opportunities for all, across the country. In order to attain these goals the Health System aims to ensure staff are informed, engaged and empowered to foster equity among coworkers and for clients.

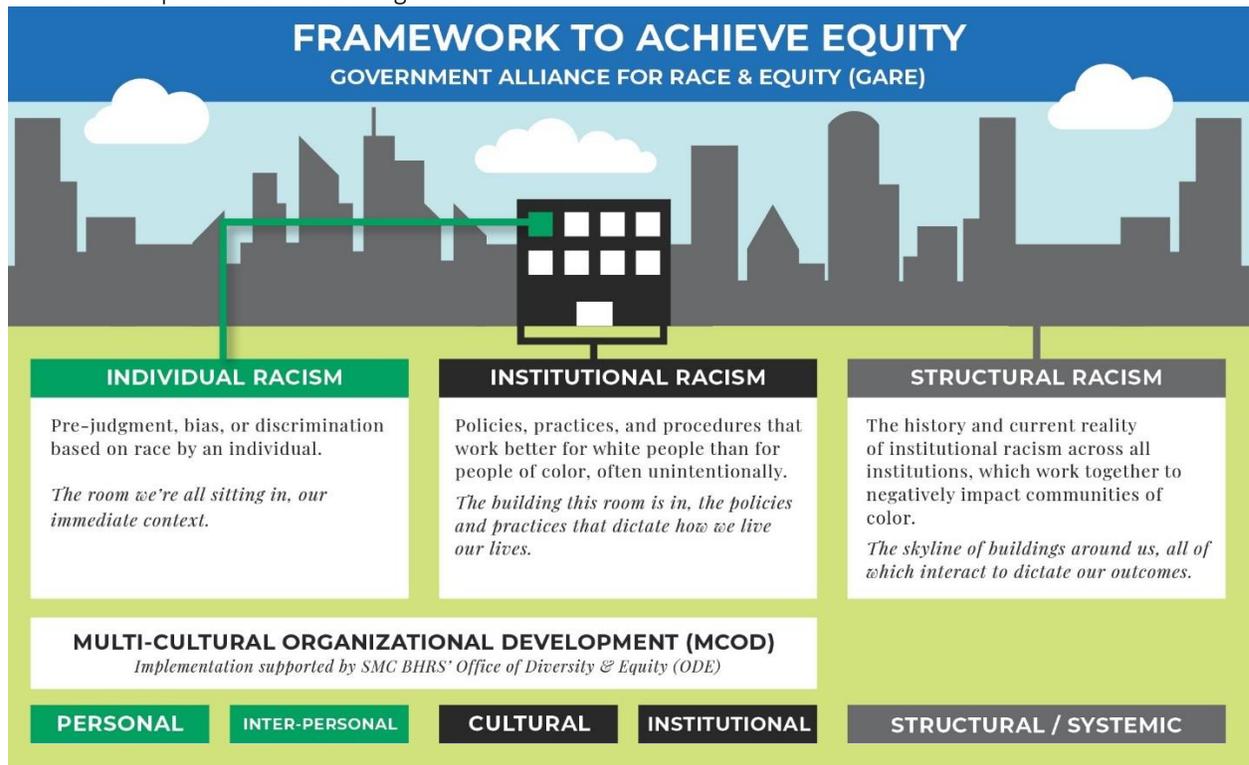
The County Board of Supervisors recently approved leadership support for a county-wide Diversity and Inclusion (D&I) Initiative taskforce. The D&I is a multi-year process and opportunity for Departments, including BHRM, to learn, gather information, set priorities, and develop action plans to advance their diversity and inclusion efforts.

4. How are MCOB, GARE, and other efforts that BHRM has led over the years connected?

MCOB and GARE each have overlapping priorities and a common goal of transforming our current system in such a way that we are able to reach health equity for our clients. Each Health System division is developing a plan customized to their unique internal structures, services and challenges. BHRM's GARE plan is the implementation of MCOB Goals.

BHRM has had a long-standing commitment to Cultural Humility and implementation of the National Culturally and Linguistically Appropriate Services (CLAS) Standards, which guide our required BHRM Cultural Competence Plan and hold our system accountable to providing quality services that are responsive to diverse cultures. These efforts will continue. MCOB is allowing us to delve more meaningfully into our internal practices that may inhibit achievement of CLAS specifically by considering all levels of organizational change; interpersonal interactions (cultural humility), personal (implicit biases), cultural (supportive/brave spaces) and institutional (inclusive systems).

The alignment between the MCOB Framework and the Government Alliance for Race & Equity (GARE) framework is presented in the image below.:



5. What has been done and where are we headed with MCOB/GARE?

- Multicultural Organizational Development (MCOB)
 - Starting in February 2016, BHRM supervisors and managers engaged in dialogue and sought to normalize conversations about privilege, power and oppression. Films were used to spark conversations about interpersonal racism, microaggressions, implicit and explicit bias, trust, and safety and a facilitated retreat in October deepened the conversations and introduced the 4 levels of organizational change.
 - Between January and November 2017, MCOB goals were identified.
 - Two workgroups have been addressing MCOB goals around diversifying the workforce through recruitment, hiring and onboarding initiatives.
 - The BHRM, Office of Diversity and Equity (ODE) is in the process of developing tools to aid with the implementation of MCOB goals, including consultation. We recognize that implementation of MCOB will look different for each team across BHRM and want to provide resources for teams along with designated staff to help teams with facilitation, troubleshooting and support.
 - Consultants are in the process of developing communication tools and specific metrics and benchmarks to measure the success of implementation as well as reinforce the accountability within teams.
- Government Alliance on Race & Equity (GARE)
 - In 2017, the Health System sponsored a GARE cohort, representing 6 of 11 Health System divisions in our system to develop a strategy for advancing racial equity.

- A Racial Equity Survey was sent to all Health System staff to identify baseline indicators of racial equity in the workplace.
- To begin dialogue among employees, a Racial Equity Training will be provided to all Health System employees, starting with supervisors.
- Additionally, racial equity tools will be piloted to support explicit consideration of racial equity in decisions, including policies, practices, programs, and budgets.

6. How can I participate in MCOG/GARE?

- [Review resources and MCOG Goals.](#) We have compiled resources for staff to review on the intranet site. The MCOG Goals include personal level (take an implicit bias test) and interpersonal level goals (get trained in Cultural Humility or Having Cross-Cultural Difficult Conversations) that you can implement immediately.
- [Cultural humility card.](#) The Office of Diversity and Equity can provide you with a Cultural Humility at Work and Cultural Humility and Leadership card to place it by your workstation. These cards provide tangible ways to make cultural humility part of your everyday work interactions.
- [Racial equity survey.](#) Everyone will be asked to complete the racial equity survey periodically. The survey will help us see our progress in making racial equity a priority throughout the HS.
- [Racial equity training.](#) Everyone will be asked to complete racial equity training, which should help you feel more comfortable discussing how to address racial equity in your work.
- [Be a Cultural Humility and Racial Equity Champion.](#) Encourage your colleagues and team to participate in implementing MCOG goals as a team. Ultimately, BHRS needs everyone's commitment to make the workplace a truly inclusive and diverse place.

7. As a supervisor or manager, do I have a specific role with MCOG/GARE?

All staff play essential roles in the implementation and success of MCOG/GARE work. Yet, it is imperative that supervisors and managers support their staff through this process and reach out for consultation pertaining to implementation. MCOG will not be possible nor sustainable without your commitment and buy-in to this work so we ask you to have conversations with your staff and acknowledge and use your power appropriately to move the work forward.

8. How can I learn more, request support and/or get started?

Implementation tools and resources are now available on the intranet. The BHRS Office of Diversity and Equity (ODE) has dedicated staff and consultants to assist teams with implementation. ODE exists to advance health equity in behavioral health outcomes of marginalized communities throughout San Mateo County. Contact ODE at ODE@smcgov.org. To learn more about GARE, you can visit <https://www.racialequityalliance.org>.

9. What if I or someone I work with feels uncomfortable with this work?

It's a common response to feel emotional, or uncomfortable when we talk about racism and inequality. We are using cultural humility practices because we believe that this framework will help you engage in open and crucial conversations that have a common purpose and benefit, instead of simply correcting or labeling each other. This work requires bravery and empathy.

For example, we encourage you to use the "oops" and "ouch" method: If someone says something they subsequently want to take back, they are encouraged to say "oops". If someone is hurt, offended, or negatively impacted by something someone else says or does, they are encouraged to say "ouch". However, as a facilitator of a conversation we do not use either of the terms because of the power dynamics with the group we are facilitating for. If necessary, there can be further dialogue about this exchange. For more information on the

oops and ouch model please view our resources in the MCOB toolbox related to this.

10. How will success be determined and how will we hold ourselves accountable?

Independent consultants are assisting with the development of indicators of success and tracking system. With the development of the tracking system we will monitor the progress of MCOB including accountability within BHRM teams.

Glossary of Terms

Diversity	Difference between individuals or groups based on any identifier, including gender, race, sexual orientation, health condition, immigration status, socioeconomic status, or other identity category.
Inclusion	The intentional action of including groups in society who may otherwise be vulnerable, excluded or marginalized.
Cultural Humility	A practice that engages in lifelong learning and critical self-reflection about culture, acknowledges power imbalances, and encourages institutional accountability.
Equity	The goal of achieving just outcomes for all populations, which requires offering diverse populations the type and level of services appropriate to their needs.
Equality	Providing all people with the same thing; different from equity, which encourages giving each person or population what they need to succeed.
Health Equity	Achieving a just opportunity to positive health outcomes and acknowledgement that health includes access to quality services, healthcare, education, employment, housing, safe environments, social networks and supports.
Racial Equity	As an outcome, we achieve racial equity when race can no longer be used to predict life outcomes and outcomes for all racial groups are improved. As a process, those most impacted by racial inequities are meaningfully involved in the creation and implementation of the institutional policies and practices that impact their lives.
Workforce Equity	The workforce of San Mateo County government reflects the diversity of San Mateo County residents, including across the breadth (functions and departments) and depth (hierarchy and leadership) of government.
Implicit Bias	Biases people are usually unaware of and that operate at the subconscious level. Implicit bias is usually expressed indirectly.
Individual Racism	Pre-judgment, bias, or discrimination based on race by an individual.
Institutional Racism	Policies, practices, and procedures that work better for white people than for people of color, often unintentionally.
Structural Racism	A history and current reality of institutional racism across all institutions, combining to create a system that negatively impacts communities of color.
Microaggressions	Verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership.

*“Diversity is a fact,
cultural humility/
inclusion is
a practice,
equity is a goal.”*

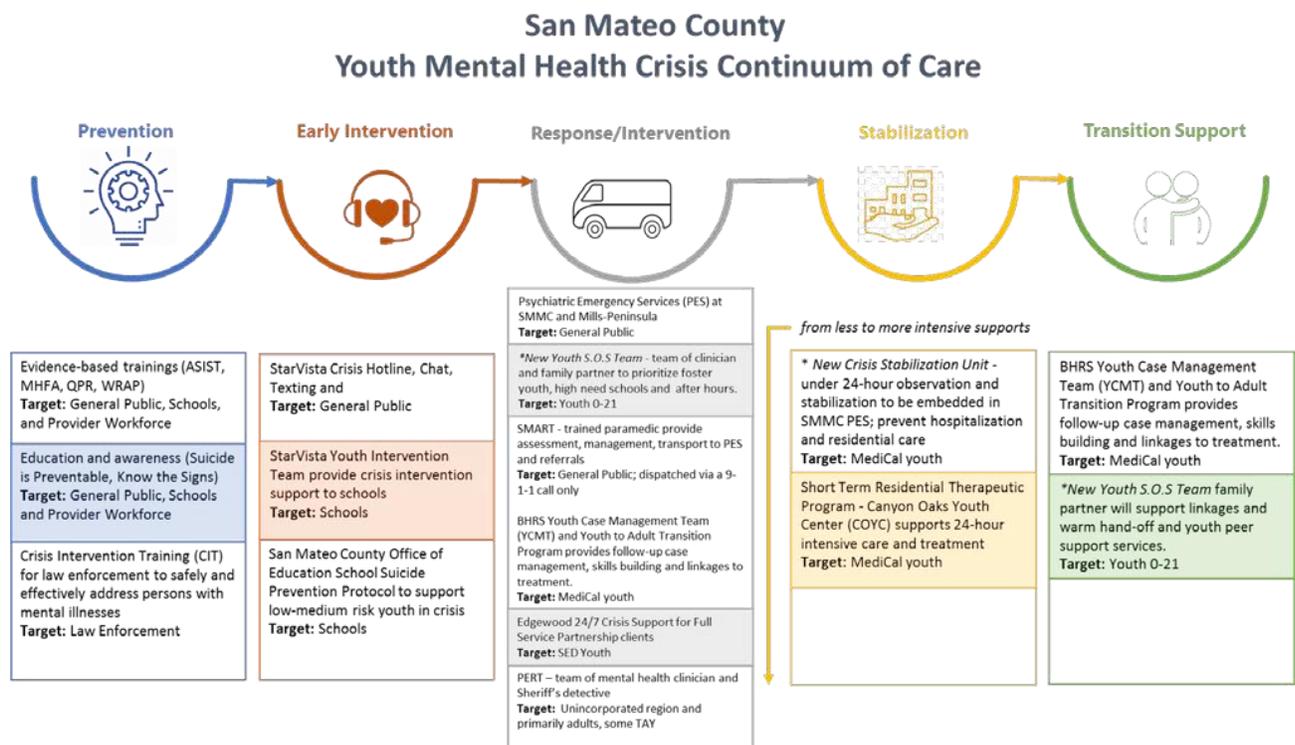
Appendix F: Youth S.O.S. Team Scope of Work and Flow

SAN MATEO COUNTY - YOUTH S.O.S. TEAM

BACKGROUND

As part of the Mental Health Services Act (MHSA) Three-Year planning process, stakeholders recommended the convening of a Taskforce of Prevention and Early Intervention (PEI) experts, leaders, clients/consumers and family, and community members to develop specific strategic and programmatic recommendations for children 0-21. Taskforce participants reviewed data, prioritized across issues, and recommended the expansion of mobile behavioral health crisis support for youth in the community and including evidence-based crisis prevention efforts such as training of youth, parents and school staff on identifying signs of mental health or substance use-related issues, reducing stigma and supporting youth behavioral health and knowledge of available local resources. Starting in October 2019, the Youth Committee of the Mental Health and Substance Use Commission (MHSARC) met monthly to plan an integrated youth crisis strategy.

San Mateo County Behavioral Health and Recovery Services (BHRS) continues to seek out resources and opportunities to develop a comprehensive Youth Crisis Continuum of Care, depicted below and attached, that integrates essential elements of behavioral health prevention, early intervention, response, stabilization and transition supports for youth in crisis.



Additionally, the Family Urgent Response System (FURS); established by Senate Bill 80 and amended by Assembly Bill 79 requires counties to develop and implement a Mobile Response System for foster youth and their caregivers. San Mateo County BHRS and Human Services Agency (HSA) partners opted to implement a coordinated effort for both youth crisis supports, and the FURS foster youth response needs via the Youth S.O.S. Team.

SCOPE OF WORK

A) Service Description

The Youth Stabilization, Opportunity, & Support (S.O.S.) Team is designed to respond within 24 hours in the community to any location where youth may be in crisis, provide 24/7 immediate in-person response to current and former youth in foster care, and community awareness and education about behavioral health crisis, suicide prevention and response services. The Youth S.O.S. Team will incorporate trauma-informed, cultural responsiveness and best practice approaches for safety assessment and crisis intervention, brief counseling, family supports, linkages and warm hand-offs, and transition clients to the most appropriate level or care as determined by clinical assessment. The contracting agency will:

1. Respond to youth ages 0-25 years old experiencing a mental health or substance use-related crisis and their families/caregivers in San Mateo County, regardless of insurance;
2. Serve as the Family Urgent Response System (FURS) system of support for children and youth in foster care to provide 24/7 immediate trauma-informed in-person response and support during situations of instability¹, which is defined more broadly than mental health or a substance use-related crisis.
3. Provide behavioral health crisis prevention activities for youth.

The expected outcomes of the Youth S.O.S. Team include:

1. Decreased youth psychiatric emergency service visits;
2. Decreased hospitalization for self-inflicted injury and/or behavioral health issues;
3. Decreased emergency calls to law enforcement for youth in crisis;
4. Increased linkages for children or youth and their caregivers to services;
5. Improved capacity of youth and family/caregivers to recognize the need for intervention and ability to seek services when needed.

¹ Instability is defined broadly to include situations involving tension and conflict and does not require the child/youth to be the presenting problem or require a mental health crisis nor meet any clinical criteria to receive phone or in-person support.

Additionally, for children and youth in foster care, expected outcomes include:

6. Decreased placement in out-of-home facilities;
7. Improved child and youth and family outcomes;
8. Improved retention of current foster caregivers;
9. Maintained current living situations for children and youth in foster care;
10. Improved trust and relationship between the child or youth and their caregiver;
11. Improved stability for youth in foster care, including youth in extended foster care.

B) Target Community

The Youth S.O.S. Team will prioritize current and former foster youth, schools with limited resources and/or complex cases and non-school related community response for youth in crisis. The contracting agency will have expertise and/or capacity to provide trauma-informed services for high risk children and youth in the child welfare field or other similar experience. The contracting agency will provide cultural and language appropriate services for marginalized ethnic, linguistic and cultural communities in San Mateo County; specifically lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth, given their disproportionate experiences with adverse childhood events such as abuse, foster care and unstable housing, homelessness and mental health disparities including depression, anxiety, and suicidal crisis.

C) Service Approach

The Youth S.O.S. Team will incorporate trauma-informed, culturally responsive services.

A trauma-informed approach shall be incorporated when serving youth with mental health and/or substance use-related issues and their families; safety, trustworthiness and transparency, peer support, collaboration, empowerment and cultural issues. Specifically, a trauma-informed approach that is culturally responsive for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth would include attention to hate crimes, the coming out process, familial rejection and abuse related to LGBTQ+ identity and would have standardized follow-up practices to these reports. Supportive services will be provided in the least intrusive and most family friendly manner to avoid triggering further trauma to the child or youth. Current and former foster care youth have expressed that they often feel like existing resources to address situations of instability make the youth's behavior the focal point of the discussion rather than exploring how all the members of the family contribute to the tension. The Youth S.O.S. Team will remove blame, facilitate discussion between the youth and the family, identify ways to reduce the immediate tension, and determine a plan to utilize local resources to further strengthen the family long-term.

Culturally responsive services are sensitive to the diverse cultural identity, are delivered by bilingual/bicultural staff and/or are available in the primary language of clients and use the natural supports provided by the client's culture and community. Services shall be designed to reach diverse communities including adequate levels of staff who can communicate in the languages spoken by the communities they serve and that are reflective of their communities. As required of all BHRS contract agencies, a Cultural Competence Plan will include strategies for communicating with families in other languages if/when staff who speak the language are not available to respond and practices that are inclusive of diverse communities, including LGBTQ+ youth. For example, verbal and written communication like S.O.S. brochures, website, and intake assessment language should be inclusive of people with same gender partners and consideration should be made for privacy of publicly undisclosed LGBTQ identities (e.g., if a youth has not disclosed LGBTQ identity at home or school, crisis care staff should not disclose this identity unless essential for care).

D) Program Components

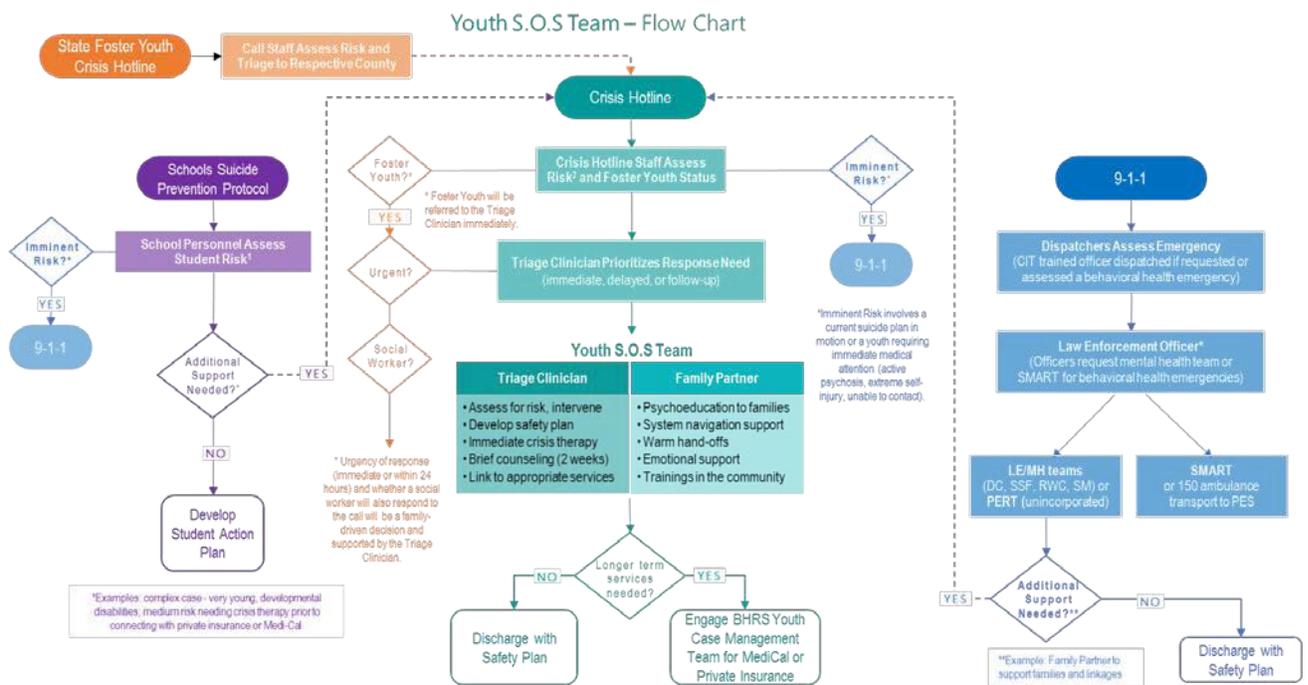
1. **COVID-19 Planning Considerations:** The program will incorporate COVID-19 policies and protocols including but, not limited to the procurement and use of appropriate personal, protective equipment (PPE) when responding in the community, including home-based responses.
 - (a) Telehealth services would be made available if deemed appropriate.

2. **Collaboration with San Mateo County Human Services Agency and Behavioral Health Services:** While foster children, youth, and caregivers are encouraged to contact any current provider, social worker, or probation officer for support during situations of instability, there is no requirement that they do so before receiving a Youth S.O.S. response. There may be times when those professionals are not available or cannot be quickly reached or when a child, youth, or caregiver may have chosen to reach out to the FURS statewide hotline because they wanted support from someone else. Moreover, the Youth S.O.S. Team can be a resource for social workers or probation officers who may need immediate help in supporting their families and children or youth during situations of instability. When responding to a child, youth, or caregiver, the Youth S.O.S. Team can support them and provide warm hand-offs to their existing providers and/or culturally responsive resources to support them in future situations of instability. All former and current foster youth response will require a notification to child welfare and probation. Whether a social worker will also respond to the call will be primarily a family-driven decision and supported by the Triage Clinician on the Youth S.O.S. Team. In coordination with the San Mateo County Human Services Agency (HSA), Children and Family Services,

policies will be developed for instances where a social worker response is necessary, including but not limited to, after-hour response for foster care youth.

3. **Crisis Hotline:** The program must use an existing Crisis Hotline, available 24 hours per day and 7 days per week, to respond to all crisis calls from the general public and community partner requests for the Youth S.O.S. Team. Protocols will be developed for screening, assessing safety status and dispatching the Youth S.O.S. Team by hotline volunteers and clinician on staff. Protocols shall also determine the priority of the call and timeline for response including whether the caller is a current or former foster youth and the level of risk.

Aside from the 24/7 phone-based hotline, other youth-friendly and preferred modes of receiving crisis intervention and supports will be provided including, maintaining and operate a website, teen peer-to-peer chatroom and social media support, and texting supports.



1. School personnel are trained to assess low, moderate, high risk and take appropriate actions as per the San Mateo County Office of Education Schools Suicide Prevention Protocol 2019-2020.
 2. Crisis hotline staff and volunteers use the iCarol tool to assess risk levels.

Updated: 2/5/2021

4. **Other Access Points:** The Youth S.O.S. Team Flow Chart above, and attached, depicts the various access points for children and youth in crisis in San Mateo County. All access points may result in a referral to the Youth S.O.S. While the

ultimate goal is to reduce and prevent law enforcement contacts and psychiatric emergency services visits, at all points of access if danger to self or others is assessed, it would require a 9-1-1 call or welfare check involving law enforcement. Currently, “imminent risk” is used to assess whether to involve law enforcement; imminent risk definition involves a current suicide plan in action, a youth requiring immediate medical attention (active psychosis, extreme self-injury including active engagement and/or infections or medical repercussions, current and extreme intoxication), and/or unable to make contact with the youth in contact or they are non-responsive when they have previously disclosed suicidal intent.

- (a) The FURS Statewide Hotline will handoff all San Mateo County calls needing an in-person mobile response to the Crisis Hotline for the Youth S.O.S. Team response. Statewide Hotline staff will be trained to make determinations of calls that require a high-level emergency response and will take the appropriate action to connect the caller to the necessary services. However, even in situations that are psychiatric in nature and could benefit from a mental health intervention, a referral to the Youth S.O.S. Team may be sent as a secondary response. A warm hand-off will be facilitated by FURS Statewide Hotline staff to avoid a second triage before in-person support is provided via a three-way call with the caregiver, child or youth, and the Youth S.O.S. Team staff. The FURS Statewide Hotline staff will share information gathered during the call, including information on whether an urgent or non-urgent response is needed and any identified risk or safety concerns.
- (b) San Mateo County Office of Education will continue training school personnel on the San Mateo County Suicide Prevention Protocol, which provides prevention and intervention guidelines to help school personnel assess suicide risk and develop appropriate action plans for low-level risk students and/or request additional support if needed. School personnel may refer to the Youth S.O.S. Team if a student is very young, has developmental disabilities or other complex situation where they may need support. If student meets moderate to high-level risk and is not requiring medical attention or in imminent risk, Youth S.O.S. Team may be referred for immediate response to the school location. If a student requires transport to psychiatric emergency services and parents are not able to transport the youth, school personnel will contact 9-1-1 and request a CIT trained officer and SMART vehicle transport. School

personnel may also refer to the Youth S.O.S. Team for support and follow-up.

- (c) Law enforcement will have access to the Youth S.O.S. Team via the Law Enforcement/Mental Health partnerships launching in Daly City, South San Francisco, Redwood City and San Mateo and the Psychiatric Emergency Response Team, which serves unincorporated San Mateo County. Behavioral Health and Recovery Services (BHRS) will continue to work with law enforcement partners to make a connection to the Youth S.O.S. Team earlier in the Flow Chart, either by 9-1-1 dispatch personnel and/or Law Enforcement Officers responding. This may include the development of protocols so that behavioral health crisis callers to 9-1-1 can be transferred without disruption to the Youth S.O.S. Team. Currently, BHRS provides CIT training and awareness and communication efforts regarding the Youth S.O.S. Team availability.
- (d) Other Referrals: If other agencies and/or programs (Child Welfare, Probation, and other community programs) requires an assessment or a safety plan to be developed, they may contact the Youth S.O.S. Team via the crisis hotline. The Youth S.O.S. Team will collaborate with the agency/program to stabilize the behavioral health crisis. Youth S.O.S. Team will do an assessment, develop a safety plan and follow-up plan with the youth and family.

- 5. Hours of Operation: The Crisis Hotline will be available 24 hours per day and 7 days per week. Youth S.O.S. Team response will be available, at minimum, Monday through Friday, 9am to 9pm and Saturday through Sunday, 11am to 11pm. A Triage Clinician will be available on-call after-hours for assessment and next-day deployment scheduling as needed. If there is no need to dispatch first responders, the reason for call and eligibility for the Youth S.O.S. Team will be assessed. If caller is requesting mobile crisis services and meets age eligibility, the Youth S.O.S. Team may be dispatched. A Youth S.O.S. Team Triage Therapist will further assess the caller/situation and based on location/case load and request will prioritize caller and dispatch accordingly. Responses may include;
 - (a) Immediate Response (within 1 hour) to location by Youth S.O.S. Team
 - (b) Delayed Response (within 4 hours)
 - (c) Follow Up Appointment Response (within 24 hours)

For former and current foster youth, in-person response 24/7 will be made available. All foster youth calls will be considered “urgent” unless the caller

specifically indicates that they do not want the response to be immediate. The purpose is to provide a child or youth and their caregiver with support at the time they identify they need it. This means that situations not traditionally considered emergencies will still require an urgent Youth S.O.S. Team response. Response times and explanations of the extenuating circumstances should be documented when the response cannot occur within one hour. Youth S.O.S. Team response will include:

- (a) Immediate response (within 1 hour) to location by Youth S.O.S. Team
- (b) If extenuating circumstances prevent in-person support within 1 hour, response shall not exceed 3 hours
- (c) Non-urgent response (within 24 hours)

6. Staffing: Youth S.O.S. Team staff must be available 24-hours a day to respond to crisis calls. The Youth S.O.S. Team response will include capacity of two response teams that will overlap during a 12-hour response time each day and will primarily be made up of a Triage Clinician and a Family Partner to help improve families' level of comfort and trust and support linkages and warm hand-offs. Additional staff may be designated on-call if additional response is required. Given the challenges with hiring for 24 hours on-call coverage, after-hours response for foster care youth may be coordinated with the San Mateo County Human Services Agency (HSA), Children and Family Services who currently have a pool of Social Workers on-call rotations and could provide the connection necessary for foster care youth. At a minimum, two team members will respond in the community in order to have one team member who can meet individually with the caregiver while another team member meets with the child or youth. A youth peer partner should be available during call shifts to support youth as needed.

Policies will be developed for when more than two people should go in-person (including a youth peer partner for example), exceptions when only one person may be needed and staffing during times of peak activity for Youth S.O.S. Team requests.

For current and former youth in foster care, in-person response 24/7 will be made available. All foster youth calls will be considered urgent unless the caller specifically indicates that they do not want the response to be immediate. In-person response will include situations of instability (as defined previously) that

include, but are not limited to, mental health and or substance use-related crises.

Specifically, the Youth S.O.S. Team will consist of the following staffing:

- (a) *Supervisor*: will supervise all team members and be responsible for the programmatic (administrative and clinical) oversight for the Youth S.O.S. Team. The supervisor will be responsible to ensure compliance of all programmatic operations and to participate in any county mandated activities.

- (b) *Triage Therapists*: will have a minimum of 3-5 years working with high risk children and youth who have experienced trauma and/or in the child welfare field or similar experience. The Triage Therapist will be familiar with San Mateo County system resources and be responsible for responding to triage calls at schools, in homes or in the community. Will assess the individual for risk and based on clinical judgement take appropriate steps to ensure safety of the client. This may include working with CIT trained law enforcement and SMART to transport the youth to further evaluation and possibly hospitalization. Therapist will work with client and family/caregiver to develop a safety plan, link client to appropriate outside resources including ongoing behavioral health treatment as needed. Therapist will continue to meet with client for 8-12 weeks, when appropriate, and ensure a warm hand-off.

Not all calls to the hotline will result in dispatch of the Youth S.O.S. Team as some callers may receive the support they need over the phone. When the Youth S.O.S. Team response is not needed or desired, the Triage Clinician and hotline staff as appropriate can still help with connecting the caller to other local resources they may need and be available to assess a mental health crisis over the phone and make recommendations regarding need for immediate actions (such as Law Enforcement response) or help stabilize the situation over the phone and schedule the Youth S.O.S. Team for a follow up assessment within the next 24 hours.

For former and current foster youth, the Triage Therapist will be available, along with trained hotline staff, to provide the caregivers, and/or youth with immediate over-the-phone support in deescalating and addressing situations of instability, resolving conflicts, and assessing risk and safety. The

required response will depend on the individualized circumstances of each call and the desires and needs of the caregiver or youth after receiving phone support.

- (c) *Family Partners:* Family Partners will accompany the Triage Therapists on Youth S.O.S. Team response. Family Partners will be trained individuals with lived experience as a parent of a child receiving behavioral health services and/or as a foster parent and preferably members of the community who speak a threshold language other than English (Spanish, Cantonese, Mandarin, Tagalog). The role of the Family Partner is to provide the family members or caretakers of the youth with psychoeducation about behavioral health issues, suicide risk, self-harming behavior, support and resources while the Triage Therapist assesses the youth.

The Family Partner will continue to work with the parents or caregivers after the initial crisis to provide continued support and help with navigation of behavioral health systems, insurance and school supports for ongoing support to the family and youth. The Family Partner will, if necessary, assist the family in understanding the process of a 5150 and hospitalization, along with helping the family access ongoing treatment supports if needed. Family Partners will be able to offer emotional support the parents/caregivers, if wanted, during this difficult time.

- i) As part of Youth S.O.S. Team's required services, the family partners will engage in prevention and education activities and Question, Persuade, Refer (QPR) trainings for parents countywide. These may include specialized parent education nights at local community centers, schools/districts, Parent Teacher Association/Organization events. They will also deliver training and educational presentations to schools, youth agencies and community members on how to access Youth S.O.S. Team and QPR trainings.

- (d) *Youth Peer Partner:* The Peer Partners will be young adults (21-28 years old) who have any of the following experiences:

- i) Lived experiences (self or a family member), as a LGBTQ, consumer of behavioral health services and/or foster youth.
- ii) Experience as a peer educator, health educator, advisor, youth leader, student worker or youth commissioner.

- iii) Interested in pursuing a career in behavioral health, social work, public health or criminal justice.

Youth Peer Partners will be the main team members to provide community education and training. They will offer presentations to classrooms for youth around suicide prevention, facilitating QPR for students, faculty, community members and parents alongside of the Family Partner, Triage Therapist or Supervisor. Youth Peer Partners will attend collaborative meetings to conduct outreach with youth and family/caregivers regarding how to access the Youth S.O.S. Team Services. Youth Peer Partners will be available during call shifts to support youth as needed.

- (e) *Interns:* In order to provide all necessary services, interns may be used to support the behavioral health clinicians. In addition to supporting the Youth S.O.S. Team activities, interns can co-provide clinical services with the clinicians.

7. Community Education and Prevention Activities: Youth S.O.S. Team staff will be trained in these evidence-based trainings;
 - (a) Question, Persuade, Refer (QPR);
 - (b) Youth Mental Health First Aid (YMHFA);
 - (c) Applied Suicide Intervention Skills Training (ASIST).

At least two staff will complete the train-the-trainer training for each evidence-based training listed above and work with BHRS crisis coordination staff to provide the trainings to current and future Youth S.O.S. Team staff, schools, providers and communities throughout San Mateo County. The Youth S.O.S. Team staff will also conduct psychoeducational sessions and community awareness and education about mental health and substance use-related crisis, suicide prevention and response services as needed for school/communities impacted by a behavioral health crisis including participation in the San Mateo County Suicide Prevention Committee, which meets monthly and provides oversight and direction to suicide prevention efforts in San Mateo County.

8. Staff Training Requirements: The contracting agency will develop an onboarding and ongoing training plan provided by trainers with experience on the topic. Youth and caregivers should be incorporated into trainings, when appropriate, and consulted in the development of the training. The training plan should include the crisis care continuum of care, trauma-informed supports, mentoring support, individual supervision, group team meetings, and hands-on

learning/role-playing opportunities. Additionally, agencies will support peer staff in pursuing credentialing as Certified Peer Specialists, which will be available and provided by BHRS.

Per statute, FURS response must consist of individuals with specialized training in trauma of children or youth and the foster care system on the mobile response and stabilization team.

Staff must complete twenty (20) hours of training per calendar year. Other training topics can include, but are not limited to, the following:

- (a) HIPPA
- (b) Cultural Humility and Sexual Orientation and Gender Identity reporting
- (c) LGBTQ culturally affirming care
- (d) Suicide Prevention (Mental Health First Aid, QPR, ASIST)
- (e) Wellness and Recovery Action Plan (WRAP)
- (f) Peer support
- (g) NAMI family to family
- (h) Harm Reduction
- (i) Motivational Interviewing

9. Tracking, reporting and evaluation: The contracting agency will support the following activities:
- (a) Document all services provided to clients, consultations, trainings and presentations and submit to BHRS monthly.
 - (b) Collect youth referral outcomes and demographics.
 - (c) Enter data into an online survey portal, which will be provided by BHRS. The data collected will be analyzed by a BHRS independent contractor as part to inform responsive support services.
 - (d) Monthly implementation meetings with BHRS and HSA.
 - (e) Update presentations, as requested, to keep stakeholders informed (i.e. at the Mental Health and Substance Abuse Commission, the MHSA Steering Committee, the San Mateo Board of Supervisors, etc.)
 - (f) Support facilitation of any evaluation activities as determined by BHRS for example, focus groups and/or key interviews to assess the impact of the mobile crisis response services.
 - (g) Submit a year-end report by the fifteenth (15th) of August each fiscal year.

Appendix G: LGBTQ Collaborative in San Mateo County Pride Center LGBTQ Covid Impact Study



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LGBTQ+ COVID-19 Impact Survey Data Report

San Mateo County Pride Center

Produced March 2021

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Why did we conduct this survey?

We know that the COVID-19 pandemic has had a disproportionate impact on many underserved and vulnerable communities, but it's been difficult to assess exactly *how* the pandemic has affected different communities. To our knowledge, there hasn't been a specific, targeted effort to look at how COVID-19 has affected LGBTQ+ community members in San Mateo County. Knowing who the pandemic is affecting and how exactly the pandemic is affecting them is important because it tells us how we can best show up for our community during one of the worst public health crises in modern history.

In the Spring of 2020, the San Mateo County Pride Center was invited to participate in creating the long term COVID-19 recovery plan for the county. This report led to an invitation to participate in the county's COVID-19 Community Recovery Committees. Since the Pride Center serves the LGBTQ+ community, it made sense to participate in the Vulnerable Populations Committee. Although the Vulnerable Populations Committee proposed a strong recovery plan to support communities around race, ethnicity, age, language, and ability, there was a gap in supporting communities around gender identity and sexual orientation. When the Pride Center was presented with the opportunity to work with Ada Zhang, a Schweitzer Fellow and student at Stanford Medical School, this became the impetus for and opportunity behind the LGBTQ+ COVID-19 Impact Survey.

How did we distribute and analyze this survey?

Starting in Fall 2020, we worked with our wonderful team at the San Mateo County Pride Center and key community stakeholders, such as the LGBTQ Collaboration, to send out a detailed survey for people living in or near San Mateo County. There was some overlap in regional demographics because some people work in one area but live in another. This meant that the cities that people wrote on the survey didn't always fall strictly into San Mateo County jurisdictions. The survey was primarily shared in a digital format and was available to complete for approximately six weeks from November 11, 2020 to December 4, 2020. We shared the survey through a combination of social media posts and email communications. The main social media platforms that the Pride Center uses are Facebook, Instagram, and Twitter. The survey was also promoted during external and internal meetings, through our community partners, and at the Pride Center's social events and peer support groups. A link to the survey was listed in Pride Center staff email signatures and was also featured on the front page of our website.

We want to acknowledge first and foremost that the ways we distributed the survey may have limited who was able to access the survey. Because most of our distribution was in a digital format, respondents would have needed reliable access to technology and wi-fi, as well as accounts on the social media platforms we used to share the survey. Community members may not have access to some or all of those things during the

COVID-19 pandemic. Even for community members who do have access to technology, wi-fi, and social media accounts, some people may not have had the time, energy, or ability to take the survey. We also only offered our survey in English because we did not have the resources to translate the survey into multiple languages, so we may have excluded community members who are not highly proficient in reading English. Finally, although we offered phone and paper options for the survey, we recognize that these alternative survey formats placed the burden on community members to reach out to us in order to access these alternative formats.

Many of our survey questions, like the ones about race, gender, and sexuality, were designed to allow respondents as much flexibility as possible. For these questions, we included the ability to check multiple boxes and an “It’s not listed here” choice with a write-in option. Keeping in mind the long history of suppression, oppression, and stigma experienced by LGBTQ+ people, we decided to use a survey software called Qualtrics because it was the only option we had that didn’t force people to select “Other” when their identities or experiences didn’t fit into the categories that we provided. When analyzing the data, however, we had to flatten some of these complexities because of limitations in how we could visualize and display the data. We recognize that some of the data listed in this report will feel inadequate in describing the breadth of our community’s diversity.

The survey data is listed here in aggregate, meaning that we looked at all identity and impact categories in terms of proportions and percentages so that we can respect survey respondents’ privacy. We recognize that the complexity and intersectionality of identity is an incredibly important topic, but for the sake of keeping the numbers easy to understand, this report only contains single-identity information. We think it’s also important to point out that this survey does have some under- and over-representation of different identities, because it’s simply impossible without a lot of time and resources to make sure that the people taking the survey reflect specific proportions of different identity categories.

When writing this data report, we decided not to spend a lot of time making data charts and graphs to represent the information that we collected. This is in part because we didn’t have the time and resources to do so, in part because we felt that data charts and graphs sometimes simplify very complicated issues into “bite-size” pieces of information, and in part because we wanted this data report to be as accessible as possible to as many people as possible. In order to maximize these principles, we decided that writing all of our results in list format would be the best way to report the stories and experiences that our community shared.

One final note: we also had a number of cisgender, heterosexual respondents (in other words, not people we would consider to be a part of the LGBTQ+ community, but perhaps as allies or accomplices). Their survey responses are included in the analysis of demographics (section 1) but not in the analysis of COVID-19 impacts (section 2).

We also include their survey responses as points of comparison across identity categories where relevant (section 3).

SECTION 1: Who responded to the COVID-19 impact survey?

532 respondents

Although we had more than 700 responses to the survey, only 532 of these responses had enough information to include in our analysis. For the sake of consistency, we only included respondents who filled out both the demographics and the impacts portions of the survey.

63 different cities (the remaining cities had <10 respondents each)

- San Mateo	101
- Redwood City	59
- Pacifica	32
- San Bruno	31
- Belmont	27
- Daly City	25
- San Francisco	25
- South San Francisco	25
- Foster City	22
- San Carlos	21
- Burlingame	20
- San Jose	12
- Menlo Park	10

95% English speakers

According to Get Healthy San Mateo County, which used 2013-2017 US census data, about 9% of households in San Mateo County have limited English proficiency. This percentage is probably higher given the prevalence of undocumented individuals in some areas who may have not responded to censuses or annual surveys.

Average age of 40, ranging from 12 to 84

Gender (11% of respondents were trans, and 1% of respondents were intersex)

- Cis women	51%
- Cis men	28%
- Non-binary/genderqueer/gender non-conforming/demigender	11%
- Trans women/transfeminine	4%
- Trans men/transmasculine	2%

- Agender 2%
- Two-spirit/Indigenous gender identity 1%

Sexual orientation

Here, the heterosexual/straight category includes gender-diverse respondents as well as cisgender respondents.

- Heterosexual/straight 22%
- Lesbian 22%
- Gay 20%
- Bisexual/pansexual 17%
- Queer 6%
- Asexual/demisexual/asexual spectrum 6%
- Questioning 3%

Race

- White 57%
- Asian, Asian American, Filipinx, or Middle Eastern 16%
- Biracial, mixed, or multiracial 11%
- Hispanic or Latinx 6%
- Black, African, or African American 3%
- Indigenous, American Indian, or Native American 1%
- Pacific Islander 1%

Ethnicity (20% identify as Hispanic or Latinx)

- European or Eastern European 44%
- Multiple ethnicities 14%
- East Asian 9%
- Filipinx 8%
- South Asian 3%
- African 2%
- Indigenous 2%
- Southeast Asian 2%
- Middle Eastern, West Asian, or Arab 2%
- Pacific Islander 1%
- Jewish 1%
- Afro-Caribbean <1%

51% identify as having a disability; among those respondents:

- Multiple conditions/disabilities 37%
- Mental health condition 26%

- Chronic health condition 22%
- Difficulty seeing 4%
- Learning disability 3%
- Difficulty hearing 3%
- Developmental disability <1%

89% are United States citizens or hold dual citizenship status, and 8% are permanent residents

3% are military veterans

Education

- Bachelor's degree 38%
- Graduate degree 30%
- Some college 15%
- Associate's degree 5%
- High school diploma/GED 4%
- Didn't graduate high school 4%
- Vocational or trade certificate 2%

Employment

- Full-time employment 62%
- Student 12%
- Part-time employment 7%
- Self-employed 5%
- Unemployed and looking for work 5%
- Retired 5%
- Unemployed and not looking for work 3%
- Disability 1%

Housing status

Unstable housing wasn't offered as a specific choice. Therefore, those who selected "rents current home" may in fact be living in unstable housing or are at risk of eviction.

- Stable housing 61%
- Staying with friends or family 14%
- Owns current home 14%
- *Rents current home 9%
- *Unstable housing 1%
- Shelter or transitional housing 1%

Income

According to the US Census Bureau, in 2019 the median gross rent in San Mateo County was \$2,316 per month, which is roughly \$28,000 for 12 months. The median household income was \$122,641, which means that someone making above \$100,000 a year is still spending more than 20% of their income on rent. We asked people about their annual household income, but keep in mind that the number of people an income supports may be different from household to household.

- Above 100k 47%
- 75k to 100k 17%
- 50k to 75k 15%
- 25k to 50k 11%
- Below 25k 9%

SECTION 2: How has COVID-19 impacted our community members?

(* means not offered as a specific choice, but multiple people mentioned these as part of the "it's not listed here" text input)

Current employment situation

- Working remotely 42%
- Working in-person 19%
- Working remotely and in-person 14%
- Was not working before the COVID-19 pandemic 13%
- Have not worked since the COVID-19 pandemic 11%

36% of respondents reported negative impacts on financial stability

- 18% worked fewer hours
- 17% became unemployed, struggled with finding jobs, or faced job insecurity
- 10% experienced pay cuts or unexpected expenses associated with changes in employment
- 6% had trouble receiving stipend checks or unemployment benefits
- *1% had partners or family members who were financially impacted

18% of respondents reported negative impacts on housing stability

- 14% had trouble maintaining or paying for current or future stable housing
- 3% moved into an unstable or unsafe housing situation
- *3% had unplanned moves or other changes to their housing situation

85% of respondents reported negative impacts on emotional or mental health

- 76% were unable to access the social support they needed
- 55% were unable to access the activities that sustained them prior to the pandemic
- 26% experienced worsened mental health or were unable to access adequate mental health support

65% of respondents reported negative impacts on physical health

- 57% were unable to exercise, do physical activity, or maintain other healthy life habits
- 14% had trouble accessing medical care
- 12% had trouble accessing COVID-19 testing or adequate personal protective equipment (PPE)
- 9% had trouble maintaining a healthy diet or accessing healthy foods
- 6% had trouble affording medical care

17% of respondents reported negative impacts on safety or access to supportive resources

- 6% experienced physical, emotional, or sexual violence or harassment
- 5% had trouble accessing safe or consistent transportation
- 5% had trouble maintaining or paying for stable access to wi-fi or mobile data
- 3% had trouble maintain or paying for stable access to childcare
- *2% had trouble accessing other types of social support or supportive resources

SECTION 3: How has COVID-19 impacted community members who hold different identities?

Compared to cis respondents, trans and non-binary respondents were:

- 1.9x more likely to have experienced negative financial impacts
- 4.3x more likely to have had trouble receiving stipend checks or unemployment benefits
- 4.2x more likely to have moved into unsafe or unstable housing
- 2.6x more likely to have experienced violence or harassment
- 2.8x more likely to have trouble affording medical care

Compared to heterosexual respondents, non-heterosexual respondents were:

- 6.7x more likely to have become unemployed
- 6.7x more likely to have had trouble receiving stipend checks or unemployment benefits
- 3.5x more likely to have had trouble accessing COVID-19 testing or PPE

Compared to white respondents, non-white respondents of all races were:

- 2.5x more likely to have had trouble receiving stipend checks or unemployment benefits
- 1.9x more likely to have had trouble maintaining or paying for stable current or future housing
- 1.7x more likely to have experienced negative impacts on safety or access to supportive resources

Compared to respondents without disabilities, respondents with disabilities were:

- 2.1x more likely to have become unemployed
- 7.3x more likely to have moved into unsafe or unstable housing
- 2.4x more likely to have had trouble accessing adequate mental health support
- 3.9x more likely to have had trouble affording medical care
- 3.7x more likely to have experienced violence or harassment

Compared to respondents who were 30-55 years old, respondents over 55 years old were:

- 1.4x more likely to have had trouble receiving stipend checks or unemployment benefits
- 1.2x less likely to report negative impacts on mental and emotional health

Compared to respondents who were over 55 years old, respondents under 30 years old were:

- 2.0x more likely to have become unemployed
- 2.6x more likely to have had trouble accessing adequate mental health support
- 2.3x more likely to have experienced negative impacts on safety or access to supportive resources

SECTION 4: What has this survey told us about how COVID-19 has impacted our community members?

First and foremost, we want to acknowledge that more than 100 survey respondents left us detailed comments at the end of the survey with additional information about how COVID-19 impacted them. That's more than 1 in 5 survey respondents! Normally it's very difficult to get people to add extra comments at the end of a detailed survey. The sheer number of comments on our survey tells us that **the kinds of things we asked about were things that people had been wanting to share, one way or another, and that this survey was an important way for people to share their experiences with COVID-19.** These comments also remind us that the data we collected in this survey can only broadly outline the very, very different ways that COVID-19 has impacted individuals, families, and communities in San Mateo County. These comments filled up 14 full pages, and we include a condensed and edited version of these comments as a supplemental section in this report. We decided to condense and edit these comments to maintain and protect the privacy and confidentiality of some of the deeply personal experiences that people shared with us. These narratives offer a fuller picture of the impact of the COVID-19 pandemic on our community. We thank everyone for trusting us with their stories.

The diversity within our community is reflected in the demographics of the people who took our survey. Our respondents came from 63 different cities and held a wide range of gender identities, sexual orientations, racial and ethnic backgrounds, and abilities. Our respondents also came from a breadth of lived experiences relating to education, employment status, housing status, and income. These differences in lived experiences are important because they help us to identify the disproportionate ways that COVID-19 impacts less privileged members of our community.

Looking at our diverse community as a whole, COVID-19 has impacted people across many dimensions of life. For every 5 of our respondents:

- 2 out of 5 reported negative impacts on their financial stability,
- 1 out of 5 reported negative impacts on their housing stability,
- 4 out of 5 reported negative impacts on their emotional or mental health,
- 3 out of 5 reported negative impacts on their physical health, and

- 1 out of 5 reported negative impacts on their safety or access to supportive resources.

These numbers are important to know because in an ideal world all of these numbers would be 0. We hurt when even a single member of our community is hurting. These numbers are even more sobering because we know that our LGBTQ+ community members face unique challenges and stigmas that contribute to all of these negative impacts.

We know that intersectionality of identity is important to consider when we talk about the disproportionate impacts of COVID-19 on different members of our community. We wanted to make sure that even given the limitations of the data we collected, we could still take a look at how different subsets of our community have been impacted by the COVID-19 pandemic. These statistics are also very daunting. We find that our gender-diverse community members report more negative impacts across different dimensions of life when compared to our cis community members. We find similar results when we look at our non-heterosexual community members compared to our heterosexual community members, when we look at our non-white/POC community members compared to our white community members, and when we look at our community members with disabilities compared to our community members without disabilities. We even find differences across community members of different ages. **These results tell us that even among people who have been negatively impacted by COVID-19, some have been more impacted than others depending on the identities that they hold.**

As a whole, this survey has shown us that COVID-19 has swept through the LGBTQ+ community in San Mateo County in ways that we wouldn't have known without asking our community members directly. We knew before conducting this survey that the LGBTQ+ community in San Mateo County is diverse, multi-faceted, and complex, and that the pandemic has affected members of our community in different ways, but through this survey we now have numbers and statistics that we can use to think about ways that we can best show up for the most marginalized and vulnerable among us. This survey has also underscored how important it is that we have the resources and infrastructure to collect data about the LGBTQ+ community, because only with this kind of information can we target our efforts and serve our community the best we can.

SECTION 5: Acknowledgements

Thank you to every single person who filled out our LGBTQ+ COVID-19 Impact Survey. You all are the reason why we do this work, and your responses represent the time, love, and energy you hold for this community. We appreciate all the boxes you checked and all the comments that you left. Without you, we wouldn't have the information in this data report. This information is desperately needed so that we can target our efforts to better support our community in need.

Thank you to everyone who helped circulate the survey and to all our community partners and representatives for your assistance. The work behind this survey was done by a collective of amazing people with care in their hearts. A special thank you to the LGBTQ Collaboration, which consists of members from the Pride Center, Pride Initiative, Behavioral Health and Recovery Services, Office of Diversity and Equity, and LGBTQ Commission, for their hard work behind the scenes to inform the work of this survey. The San Mateo County Pride Center would also like to extend much gratitude to the Pride Initiative for donating five \$50 gift cards as raffle prizes for those who completed the survey. 217 respondents entered the raffle, proving that the incentive was successful.

The Pride Center thanks the Office of Diversity and Equity (ODE) and Behavioral Health and Recovery Services (BHRS) for their ongoing commitment to engaging, supporting and funding our essential work. Without their support this survey could not have happened, and neither could our core programs and services.

Lastly, The San Mateo County Pride Center is indebted to the work of Ada Zhang, a Schweitzer Fellow and student at Stanford Medical School. Ada's passion and dedication for this project helped launch the survey into reality, but their knowledge and skills are what enabled us to create a survey that was as inclusive as possible of all the identities our diverse and beautiful community can hold. The Pride Center is forever grateful to have benefited from their work and expertise. Ada, without you this incredible work would not be possible. Words cannot express the level of gratitude the Pride Center and San Mateo County has for you. Thank you is not enough, but it is what we offer. Thank you for everything you do and thank you for all that you are.

This report was produced by the San Mateo County Pride Center. The data was analyzed by Ada Zhang (They/Them) and the narrative benefitted from the additional expertise of Francisco Sapp (He/Him) and Bonnie Alexander (She/Her).

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SUPPLEMENTAL SECTION 1: How do the demographics of this survey compare to existing demographics information in San Mateo County?

- Our survey shows 4% of respondents were under 18 years old, compared to 20.2%
- Our survey shows 8% of respondents were 65 years or older, compared to 16.6%
- Our survey shows an average respondent age of 40, which is consistent with existing demographics information
- Our survey shows 89% of respondents were US citizens, compared to 85%
- Race and ethnicity:
 - o 56% white respondents, compared to 59.5%
 - o 16% Asian, Asian American, Filipinx, or Middle Eastern respondents, compared to 30.6%
 - o 11% biracial, mixed, or multiracial respondents, compared to 4.8%
 - o 3% Black, African, or African American respondents, compared to 2.8%
 - o 1% Indigenous, American Indian, or Native American respondents, compared to 0.9%
 - o 1% Pacific Islander respondents, compared to 1.5%
 - o 20% Hispanic or Latinx respondents, compared to 24%

SUPPLEMENTAL SECTION 2: Additional comments shared by respondents

Thank you to everyone who trusted us with their experiences. The following narratives have been edited and condensed to protect identities and maintain confidentiality. We hope we kept true to the integrity of what was shared.

“In general terms, this situation has been stressful- little support from social leaders, too much confused and controversial information forcing us to accept solutions that are neither conventional nor convincing.”

1. Employment and unemployment

“I lost my job for non-Covid related issues overall, though one concern my former employer had was that I had "incited panic" by sounding the alarm regarding the risks of Covid in February. I know many people now who have faced similar difficulties who were let go well after shutdowns began, as if the employers were trying to save face.”

"I am unable to work on site at any location due to being considered high risk (I have chronic moderate to severe asthma that is very difficult to control). This limits what I can apply to.”

"Work from home options are limited and I have so far been unsuccessful at finding work despite sending my resume all over the place."

"I was approved for UI in September. I haven't gotten it yet. My understanding is there are major delays."

"Both my parents lost their jobs, so I had to provide for them which created a lot of financial stress on me."

"Hours at work have been reduced. Before the Pandemic my parents helped me with childcare, but now their work schedule has changed. Which means sometimes I'm unable to go to my scheduled shifts. Therapy has to be through video calls. Limited access to gloves. Several co-workers have tested positive for Covid-19, which is terrifying."

"I've been on furlough since March and was not able to receive unemployment until June and even then I'm missing back pay to March when I filed. After the pandemic stimulus ran out I've been struggling to make ends meet and have worked only 30 hours in the last month. All the resources available for rent relief require that one is already in arrears and doesn't support those who barely making it."

"Uh, basically I have made NO money since February. My partner has been employed, but that doesn't cover our expenses. I have borrowed via cc loans and bank loans quite a bit of money, which will run out in January/February 2021."

"My income dropped by at least 60%; I work in a tech adjacent field."

"My spouse lost his job which cause to move my entire family to another county and NOW commuting 88 miles just to come to work and 88 miles to return home. COVID-19 has had a large impact in my life and family as well also losing loved ones."

"Was laid off in March 2020, was living in San Diego with roommates who were also laid off. We all had to move home back with parents to not continue to pay rent without income. We did receive unemployment after some time battling with the State, although it is not equivalent to the amount we made previously. We had to pay for individual insurance out of pocket, which lead to high medical bills as I had a fractured foot at the time among other needs."

2. Housing

"I am currently living off of charity from friends, friends of friends, and family. But everyone is running dry, and I am terrified that I will be evicted. I was 3 weeks late on my rent last month because of this. I don't know what comes next."

"The inability to plan for the future, not knowing what will happen is hard. I planned to move out of state, but don't want to move away from my support system if I do get sick."

3. Mental health and social connections

“I was a regular participant in Monday night Trans group at the Pride Center. The lack of shared community combined with living in a house with strangers who willfully misgender me has been traumatizing.”

“I needed IOP earlier this year. It was effectively canceled; I desperately needed this care and was unable to get it. As a result, recovery from a severe mental health crisis was significantly delayed. This ultimately would lead to me losing my job, as I was effectively on unpaid medical leave for almost two months as my doctors had not cleared me to resume work.”

“Deepening financial issues combined with massive systemic stress from the pandemic has worsened the symptoms of almost all of my mental health difficulties.”

“Loneliness has become acute at times, and relationships are under strain. I worry that I'll come out of all of this with no functional relationships at all.”

“As a queer person, chosen family is everything. Having only virtual connections has been hard and emotionally isolating. Locating therapeutic support has felt like an unending battle. I am experiencing trauma from being an essential health care worker and I am unable to access my regular self-care tools.”

“Our teenage daughter got very depressed and anxious from the pandemic and started self-harming and had a plan to kill herself. We have had to send her away from home for treatment, which has been really difficult for our entire family.”

“I feel my family is destroyed, two of my children moved away from the state looking a place more affordable after their incomes were so affected.”

“COVID-19 has forced my stepdad to stop working in order to homeschool my autistic 9-year-old brother. This has caused us to lose thousands of dollars per month when we were barely getting by before. My entire household caught COVID-19 in early March and the effects are definitely lasting. I have had diagnosed anxiety, depression, and symptoms of PTSD since I was 11 and the pandemic has made my symptoms much, much worse.”

“During the COVID-19 pandemic, I have been experiencing increasingly worse mental health episodes (depression and anxiety), and have had great difficulty securing mental health treatment due to financial limitations. There are not very many therapists/psychologists who have experience with LGBTQIA+ clients, and those who do are far out of my price range as they are not covered by my insurance.”

“I cannot be take the chance to hug my aging parents and siblings (one is a nurse in the ICU and the other is in cancer remission). I miss them.”

“I have been having bouts of severe anxiety, exacerbated by COVID-19. I do not feel like my health insurance provides adequate access to mental health care.”

“I have lost motivation to do things that I normally enjoy and it has become difficult for me to focus on school.”

“I, like many, miss being able to go out and interact with people. I am very fortunate to be able to have a job that allows me to work from home and to live so close (next door) to family. I do feel like there is a unique strain on the gay community - where one is often a minority in your own family - it can be isolating even with your family. I am privileged in many ways and I am grateful to have a loving family, gainful employment, and a nice place to live. I am well connected to my health services and to resources, I have all my essential needs met. I am just hungry for joy, novelty, and connection, like most people.”

“Isolation sent me to severe depression, suicidal thoughts. Exercise not accessible in the gym.”

“My daughter is mentally ill and has become homeless in large part because of COVID. This has affected my ability to sleep and general well being.”

“While some mental health support is available virtually, access to space to privately participate in sessions is limited and some types of support/activities cannot easily be received out of the office (e.g., EMDR).”

“Work load has increased considerably and with work from home becoming commonplace, it has blurred the boundaries between professional and personal space. This has affected stress levels and ability to carve out time for physical activity.”

4. Physical health

“I need physical therapy for multiple joint issues. While I have been given home exercises, in-person appointments are important for proper learning of the movements.”

“I feel access to doctors is reduced and no real help is available. Dental offices were closed and no emergency services available, dental insurance doesn't assist on this matter. I'm still in need of assistance and no solution, I worry a worse situation may be coming, with my dental health and our society's health.”

“I have been fearful of contracting Covid-19 due to existing health issues. As a result, I aggravated (through deconditioning) a problem I have been having with my knees. It has created a situation where it's so hard to move it hurts to do minimal walking and standing. It is a growing problem that seems to be picking up momentum in limiting my mobility.”

“I have physical and mental health disabilities. With no physical therapy, and limited mental health therapy (limited phone minutes), things have been very difficult. I need an In Home Support Services worker to really do well, and the workers are afraid to work

during COVID, and one time I had an interview with a lady, and a couple of days lady found out her teenage son was COVID positive, so not only could she not work, but I was worried about exposure.”

“To go in deeper to the health one, I know I have cavities, but I'm terrified of going into a dentist's office to get work done because of COVID. Especially as an essential worker for my office, I interact with a few other essential employees when I'm in the office and don't want to do anything to put them at risk.”

5. Safety

“I cannot move, and yet I live with a person (5 people total live in my home) who uses the wrong name and pronouns for me, and disregards my life-threatening medical issues.”

“I had to move to find a safer living situation because my former housemate did not take the pandemic as seriously as I did.”

“It was one more thing heaped on the political tension of the times and created the need to learn and re-figure much of what I do. At times my self-esteem suffered, my inability to learn new ways (that others take for granted) fast enough. The spiritual community I attend faced new threats of Zoom Bombers specifically targeting queer friendly and Jewish gatherings.”

“My spouse got COVID, and I got tested at Kaiser and they got care at Stanford. They are non binary and despite sharing their pronouns were regularly mispronounced. Kaiser kept assuming I had a husband and talking about him. Made us feel unwelcome and exhausted.”

6. Resource access

“This is honestly a joke right now. Beyond EBT, I have had zero success accessing community resources. I am on the brink of... something. Something bad. I am afraid and scared.”

“I need access to supportive resources. School is closed. Childcare access is limited. Therapies for my son, who has special needs, have stopped.”

“I was facing technical issues working from home, bad connectivity, I was forced to buy devices and update Internet services that it's simply not working. I realized services companies taking advantages of our needs and ignorance on this matter, which I would say it dropped us in a chaotic time.”

“Before COVID I frequently used Caltrain and the bus to get around, but these are no longer safe options. Since I don't drive, this has felt like a major blow to my independence.”

“Foster City can’t support the internet usage of so many people working and schooling from home! The best internet is lagging due to the infrastructure.”

“I am unable to access and engage with the outlets I had pre-COVID-19 that allowed me to freely express myself without worrying about homophobic microaggressions from the people around me.”

“I own a small business in personal service industry and have been made to close depending on the latest restrictions. The back and forth with reopening has caused financial strain and I have not been able to access unemployment or PPP throughout the pandemic nor received any rent relief from the office building landlords. “

“Transportation has been challenging. I don't own and can't afford a car, and I'm not comfortable taking public transportation or ubers, so I'm limited to walking distance from my house. “

Appendix H: Faith Leaders "Covid-19 Pandemic: Spiritual Support During a Surge Q&A" & "Covid-19 & Reopening Houses of Worship Q&A"



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

COVID-19 PANDEMIC: SPIRITUAL SUPPORT DURING A SURGE Q&A

San Mateo County
December 10, 2020

INTRODUCTION:

San Mateo County Health is dedicated to ensuring the health, safety, and welfare of all our residents. We value the critical work that is being provided by our Houses of Worship during the COVID-19 pandemic. Our hope is to come together as a community and support one another along this new path.

On December 3, 2020 San Mateo County (SMC) held a webinar focused on Covid-19 Pandemic: Spiritual Support During a Surge. This webinar allowed our San Mateo County Faith Leaders to hear from Dr. Curtis Chan, Public Health, Policy and Planning Deputy Health Officer about the current Covid-19 impact on our communities, current data, resources, and priorities in preventing transmission.

Some resources that were provided (please click on the underlined link for resource):

- California Department of Public Health's [COVID-19 INDUSTRY GUIDANCE: Places of Worship and Providers of Religious Services and Cultural Ceremonies and Cultural Ceremonies](#)
- [Blueprint for a Safer Economy](#)
- [Dr. Scott Morrow June 3, 2020 Webinar](#)

The Q&A's below are from the inquiries received during the December 3, 2020 webinar and were created by the Behavioral Health & Recovery Service Spirituality Initiative.

COVID-19 SPECIFIC QUESTIONS:

ARE FACE SHIELDS ABLE TO BE USED INSTEAD OF FACE MASKS FOR A MOMENT ENCOUNTER? FOR EXAMPLE, DURING, BAPTISMS.

The Centers for Disease Control and Prevention (CDC) recommends against using face shields as a substitute for facial coverings or masks. The use of masks or face coverings is intended to reduce the spray of respiratory droplets from the wearer into the environment, onto another person, or onto a surface. The mask or cloth face covering should cover the nose, mouth, and chin with little to no gap. A face shield alone has very little protection for yourself. However, wearing both together prevents the small likelihood of transmission through the eyes.

HOW FAR DO DROPLETS TRAVEL ON AVERAGE OR HOW LONG DO THEY STAY IN THE AIR?

Infections with respiratory viruses are principally transmitted through three modes: contact, droplet, and airborne.

Contact transmission is infection spread through direct contact with an infectious person (e.g., touching during a handshake) or with an article or surface that has become contaminated. The latter is sometimes referred to as "fomite transmission."

Droplet transmission is infection spread through exposure to virus-containing respiratory droplets (i.e., larger and smaller droplets and particles) exhaled by an infectious person. Transmission is most likely to occur when someone is close to the infectious person, generally within about 6 feet.

Airborne transmission is infection spread through exposure to those virus-containing respiratory droplets comprised of smaller droplets and particles that can remain suspended in the air over long distances (usually greater than 6 feet) and time (typically hours).

WHAT IS THE SPREAD LIKE IN OUTDOOR GATHERINGS, SOCIALLY DISTANCED? ANY REPORTED CASES OF TRANSMISSION IN THE COUNTY FROM THESE GATHERINGS?

We have not seen a significant theme of exposure/risk in minimal size outdoor gatherings. Our medical professionals continue to recommend avoiding singing/chanting, even outdoors.

Many factors impact the risk of spread in outdoor gatherings (i.e., number of individuals attending, length of gathering, protective measures utilized). Please refer to [Considerations for Events & Gatherings](#).

WHEN WE FINALLY GATHER, WILL RUNNING THE FAN CONSTANTLY BE OF ANY HELP?

According to the World Health Organization (WHO), fans should be avoided when people who are not part of the immediate family are visiting, since some people could have the virus despite not having symptoms. Air blowing from an infected person directly at another in closed spaces may increase the transmission of the virus from one person to another.

Please refer to the following WHO link for additional information [Coronavirus disease \(COVID-19\): Ventilation and air conditioning](#).

HOW CAN LARGE FAMILIES ISOLATE IF THEY DO NOT HAVE THE SPACE?

Residents experiencing barriers in isolating, if exposed to someone diagnosed as Covid-19 positive or having had a confirmed positive test themselves, can receive support for alternative housing, such as in a hotel, for the period in which they need to isolate (when resource is not at capacity). These supports are accessed through the contact tracer with whom the person interacts.

It is recommended that individual refer to the recommendations from the CDC regarding protecting yourself and your family when living together in a limited space. Please refer to [Households Living in Close Quarters How to Protect Those That Are Most Vulnerable](#) and [Guidance for Large or Extended families living in the Same Household](#).

CAN YOU DISCUSS THE DIFFICULTY OF ONE PERSON MEETING A NUMBER OF OTHER PEOPLE INDIVIDUALLY OUTSIDE, MASKED, AND SOCIALLY DISTANCED? I WORRY IF I WERE TO MEET SIX PEOPLE IN THE COURSE OF THE DAY COULD I BE A PROBLEM OF TRANSMISSION AMONG THESE PEOPLE WHO NEVER MEET.

Per CDC guidelines, each person should minimize contact with different people at all times during the day. One should always wear a mask and maintain a distance of at least 6 feet. Frequent & thorough hand washing is important, which includes washing your hands upon arrival at your destination. This will minimize the risk of the disease being transmitted to others whom we never meet. We recommend video/phone supports as the safest way to ensure transmission of the virus does not occur.

HOW DO WE GET OUR SANCTUARIES FITTED TO HAVE BETTER AIRFLOW FOR GATHERING IN SMALL GROUPS IN THE FUTURE INSIDE? WHAT ARE THE NEEDS IN AIRQUALITY?

Please refer to the CDC recommendations found at [CDC Guidance for COVID-19 Employer Information for Office Buildings](#).

HOW IS THE LATEST RULING BY SCOTUS AFFECT THE COUNTY HEALTH ORDERS?

On December 3, 2020 The Supreme Court ordered a lower federal court to reexamine California restrictions on indoor religious services in areas hard hit by the coronavirus in light of the justices' recent ruling in favor of churches and synagogues in New York. San Mateo County will continue to adhere to the recommendations from the state.

FAITH SERVICES SPECIFIC QUESTIONS

AIRBORNE DROPLETS ARE SHARED THROUGH SINGING, TALKING, COUGHING, ETC.. , HOW DO MUSICAL INSTRUMENTS APPLY TO AIRBORNE DROPLETS?

It is unclear at this time if playing musical instruments transmit Covid-19. However, public health officials have recommended suspending performances that involve wind instruments (i.e., trumpet, horns, tubas, flutes, etc.).

CAN YOU GO OVER THE RECOMMENDATIONS FOR GRAVESIDE SERVICES, IF THIS HASN'T YET BEEN COVERED?

Please refer to the CDC recommendations found in [Funeral Guidance for Individuals and Families](#).

A PERSON IS WORKING IN A ROOM AT A CHURCH AND IS UNMASKED. THEY ARE WORKING ALONE OR ONLY WITH MEMBERS OF THEIR HOUSEHOLD. AFTER THEY ARE DONE - HOW LONG WOULD A CLOUD OF AEROSOL HANG AROUND AND BE DANGEROUS TO OTHERS WHO MIGHT COME INTO THE ROOM LATER? I KNOW VENTILATION PLAYS A ROLE, TOO.

Per the CDC resources, interventions to prevent the spread of Covid-19 appear sufficient to address transmission both through close contact and under the special circumstances favorable to potential airborne transmission. Among these interventions, which include social distancing, use of masks in the community, hand hygiene, and surface cleaning and disinfection, ventilation, and avoidance of crowded indoor spaces are especially relevant for enclosed spaces, where circumstances can increase the concentration of suspended small droplets and particles carrying infectious virus.

According to [Harvard Medical School](#), aerosolized coronavirus can remain in the air for up to three hours.

IS THERE A DISTANCE AT WHICH SINGING IN OUTDOOR SETTINGS IS SAFE -OR- PLAINLY SPEAKING- SHOULD WE JUST SAY NO TO SINGING (I'M THINKING OF OUTDOOR CHRISTMAS CAROLING) & HOW ABOUT SINGING MASKED, OUTSIDE, 15 FT DISTANCE BETWEEN SINGERS AND CONGREGATION, ALSO SOCIALLY DISTANCED.

Singing and chanting, a mainstay of many services, while very comforting and healing is about the best way you could think of to spread the virus far and wide and infect many. The particular problem is that this creates aerosols that spread far distances. This is not recommended at indoor nor outdoor gatherings. Even 6ft and 10 ft away can cause a super spreader event. The recommendation is to only sing on a virtual platform.

IF IT'S BETTER TO JUST COMPLETELY SUSPEND IN-PERSON ACTIVITIES UNTIL SAY NEXT SUMMER?

Balancing what you know of your community and their spiritual needs and what you're reading about the virus is important. Disease prevention would say no in-person services until all get vaccinated.

TESTING AND VACCINE SPECIFIC QUESTIONS

DOES SAN MATEO COUNTY HAVE A VACCINATION PLAN?

A safe and effective COVID-19 vaccine is one of the most critical interventions to end the COVID-19 pandemic. In active partnership with the state and federal government, San Mateo County Health is committed to being transparent, careful, and above all, equitable in providing COVID-19 vaccines to everyone who needs and requests vaccination. Please refer to our [SMC Health COVID-19 Vaccination Program](#) web page for further information.

Additionally, please feel free to review the [COVID-19 VACCINATION PLAN, SAN MATEO COUNTY](#).

IF VACCINATED MIX WITH UNVACCINATED ARE THE VACCINATED AT RISK FOR RE-INFECTION? ARE THEY ABLE TO TRANSMIT?

Public Health leaders, such as Dr. Fauci, have advised that the vaccine's safety and efficacy do not equate to preventing the spread of the disease and therefore residents will need to continue key mitigation measures, such as wearing masks, maintaining 6 feet physical distance, and frequent hand washing until we reach a level of "herd immunity" in which a high proportion of the general public is vaccinated. This will prevent the risk of transmission between vaccinated and unvaccinated residents.

IS THERE A BREAKDOWN OF VACCINE PARTICIPANTS BY RACE IN THE CLINICAL TRIALS THAT DEEMED THEM SAFE AND EFFECTIVE?

Per reports, in clinical trials for the Pfizer and BioNTech vaccine, 10% of U.S. participants were Black and 13% of subjects were Latino (13% and 19% of the U.S. population, respectively). Asian and American Indian participation was roughly in line with population numbers.

In the Moderna vaccine trials, 20% of participants were Latino, 10% black and 4% were Asian, under Asians 6% share of the U.S. population. Data on American Indians were not provided.

Namandje Bumpus, Director of the Pharmacology and Molecular Sciences Department at John Hopkins University states that the aforementioned trials are more ethnically diverse than most trials.

CAN YOU EXPLAIN HOW THE VACCINE WAS CREATED AND ITS EFFECTIVENESS? IS THERE A RACE COMPONENT?

The CDC has a helpful section on [Frequently Asked Questions about Vaccinations](#). Specifically, you can find information on 1. Planning for a vaccine, Vaccine Development, 3. Getting Vaccinated and 4. Safety.

WILL THE COUNTY CONSIDER UTILIZING LOCAL CHURCHES AS TESTING SITES AND, MOST IMPORTANTLY, VACCINE DISTRIBUTION/TAKING THE VACCINE?

San Mateo County has engaged faith leaders in supporting testing efforts. This opportunity has depended on the flow of the physical plant. This will be the same for the vaccine. If you want to volunteer your site for these opportunities please contact the Spirituality Initiative Co-chairs, Isaac Frederick at ifrederick@smcgov.org and Melinda Ricossa at mricossa@smcgov.org (650) 372-8573.

RESOURCES AND SUPPORTS

CAN WE GET A COPY OF THE RESOURCES FROM THIS WEBINAR?

Yes, please refer to the information below (please click on the underlined link for resource):

1. [Covid-19 Pandemic: Spiritual Support During a Surge webinar](#)
2. [Covid-19 Pandemic: Spiritual Support During a Surge powerpoint](#)
3. [Office of Diversity & Equity \(ODE\)](#)
4. [Behavioral Health & Recovery Services Spirituality Initiative](#)
5. [San Mateo County Office of Community Affairs](#)

HOW DO I GET ON THE “LIST” FOR NOTIFICATIONS FOR SAN MATEO COUNTY CLERGY?

Learn about our San Mateo County Office of Diversity and Equity (ODE) that is dedicated to creatively bringing discussions of inequities, disparities, and injustice front and center in our work. We invite you to visit our [ODE webpage](#), read our [ODE blog](#) (<https://smcbhrsblog.org/category/office-of-diversity-equity/>) and/or get on our [ODE Mailing list](#). You can also join one of our [San Mateo County Health Equity Initiatives \(HEI\)](#), and attend one of our [9 HEI monthly meetings](#). Our Spirituality Initiative collaboratively explore, increase awareness of, and support spirituality and its relationship to health and well-being, especially for those with or at risk of co-occurring alcohol/drug addiction and mental health challenges.

Become part of the Peninsula Solidarity Cohort, a group of over 40 interfaith clergy and faith leaders working for social justice in our county, please email peninsulasolidarity@ccsm-ucc.org for additional information.

WHAT SUPPORT OR FINANCIAL RESOURCES MIGHT BE AVAILABLE TO US FOR VIRTUAL MEETINGS?

San Mateo County Behavioral Health and Recovery Services (BHRS), Office of Diversity and Equity (ODE) is reviewing opportunities to provide technology trainings to our communities and community organizations. Please contact our Spirituality Initiative co-chairs and join their mailing list to become aware of these opportunities.

DO WE HAVE A SITE TO COLLECT MASKS – WHERE CAN WE DROP MASKS OFF TO DISTRIBUTE TO THE COMMUNITY?

Yes, San Mateo County has secured masks to distribute and has partnerships to support distribution. Additionally, mask donations are accepted. Please contact our Office of Community Affairs at 650-363-1800 for additional details.

HOW CAN I SUPPORT OUR MEMBERS IN OBTAINING BEHAVIORAL HEALTH AND RECOVERY SERVICES SUPPORT?

San Mateo County Behavioral Health and Recovery Services (BHRS) provides services for children, youth, families, adults, and older adults, for the prevention, early intervention, and treatment of mental illness and/or substance use conditions. We are committed to supporting the treatment of the whole person to achieve wellness and recovery and promoting the physical and behavioral health of individuals, families, and communities we serve. For information, assessment, and referrals for residents of San Mateo County with Medi-Cal or those who are uninsured :Phone: (800) 686-0101 TTY: for deaf or hearing impaired, dial 711

COVID-19 & REOPENING HOUSES OF WORSHIP Q&A

San Mateo County
June 6, 2020

INTRODUCTION:

San Mateo County Health is dedicated to ensuring the health, safety and welfare of all our residents. We value the critical work that is being provided by our Houses of Worship during the COVID-19 pandemic. Our hope is to come together as a community and support one another along this new path.

On June 3, 2020 San Mateo County (SMC) Health Officer, Dr. Scott Morrow held a webinar for clergy in San Mateo County to answer questions about letter (link below) which provides additional guidance on the revised order allowing "Places of Worship and Businesses to Reopen with Special Consideration to Ensure the Safety of our Community".

- Webinar recording: [Dr. Morrow Clergy Town Hall](#) or <https://youtu.be/SN1qbVQY6wQ>
- [Dr. Morrow's letter to clergy](https://www.smchealth.org/sites/main/files/file-attachments/faith_based_letter_20200529.pdf?1592247114): https://www.smchealth.org/sites/main/files/file-attachments/faith_based_letter_20200529.pdf?1592247114
- California Department of Public Health's [COVID-19 INDUSTRY GUIDANCE: Places of Worship and Providers of Religious Services and Cultural Ceremonies and Cultural Ceremonies](#).
- [Order No. c19-5e - Appendix C-1 \(REVISED\): Additional Businesses Permitted to Operate Effective June 1, 2020 \(Section 6\)](#)
- [Recent health officers statement](https://www.smchealth.org/health-officer-orders-and-statements): <https://www.smchealth.org/health-officer-orders-and-statements>

The Q&A's below are from the inquiries received during the webinar.

WHAT PRECAUTIONS CAN FAITH LEADERS TAKE TO ENSURE THE SAFETY OF CONGREGANTS?

- Congregants sign an informed consent that lays out the risk of these type of gatherings and identifies high risk groups who are particularly prone to bad health outcomes. Congregants need to make fully informed decisions about the gatherings you host.
- Obtain a Line List of names and contact information for each participant at each gathering. These lists should be kept for 45 days and can then be destroyed. This list allows for a swifter case investigation and contact tracing and the rapid initiation of appropriate isolation and quarantine of affected congregants, should the need arise. Should the lists need to be used, please note that they are completely confidential and are protected from law enforcement and immigration authorities.
- Though gathering is not recommended, if you do decide to proceed with gatherings, please be aware, that smaller is safer and outdoor services are safer than indoor ones. Attendance is limited to a maximum of 25% of building capacity or 100 individuals, whichever is lower (for both indoor and outdoor gatherings). This limitation on attendance will be reviewed by the State of California at least once every 21 days, beginning May 25, 2020. The State of California has indicated it will assess the impacts of these imposed limits on public health

and provide further direction as part of a phased-in restoration of activities in places of worship. Following any change by the State of California, the Health Officer will consider further changes as well.

WHY DID YOU CHOOSE THE AGE OF 50?

It is especially unsafe for people over the age of 50 and folks who have chronic medical conditions to gather. Data has shown us that the COVID-19 death rate substantially increases at age 50 and above. There is high risk of disease transmission and it is highly recommended that these individuals participate virtually.

ARE SINGING AND CHANTING SAFE?

Singing and chanting, a mainstay of many services, while very comforting and healing, is about the best way you could think of to spread the virus far and wide and infect many. The particular problem is that this creates aerosols that spread far distances. This is not recommended at indoor nor outdoor gathers.

IS IT SAFE TO RECEIVE COMMUNION?

Disease transmission during communion is high due to the amount of opportunities for spread during preparation and giving communion to congregants. It is not recommended that traditional communion practices be followed at this time due to the high risk of handling, providing and congregates having to remove masks to take communion. You can also refer to the [CDC guidelines Interim Guidelines for Communities of Faith](#) and the [California Department of Public Health's COVID-19 INDUSTRY GUIDANCE: Places of Worship and Providers of Religious Services and Cultural Ceremonies](#). This is not a violation of the order, however it is recommended to think of a different way to honor this practice.

IS THE REQUIREMENT FOR HOUSES OF WORSHIP TO TAKE CONGREGANTS TEMPERATURES?

No, this is not a requirement. Some work sites are screening and taking the temperature of individuals prior to entering their place of employment. This is currently not required in Houses of Worship, however can be done if you believe it will provide congregants with a greater sense of safety.

DO YOU BELIEVE WE WILL BE ABLE TO GATHER FOR OUR JEWISH HIGH HOLIDAYS IN SEPTEMBER AND OCTOBER?

We do not believe that we will be in a significantly different place in September and October. The virus will still be around and any large gathering is not recommended.

IS IT ADVISABLE TO INSTALL PLEXIGLAS AT OUR PODIUM?

Theoretically this decreases the amount of droplets that spread the virus. However, we know that wearing face coverings definitely decreases droplets. Face coverings and maintaining physical distancing recommendations are known to protect the community.

IS IT SAFE FOR DIFFERENT GROUPS TO USE THE SAME SHARED SPACES AT DIFFERENT TIMES?

Yes, with ensuring that spaces are properly cleaned and that different groups use the spaces after allowing 12 hours to pass. Please refer to [CDC guidelines for Cleaning and Disinfecting](#). Additionally, you could refer to the [CDC FAQs for Administrators and Leaders at Community- and Faith-Based Organizations](#) page.

IF HOUSES OF WORSHIP DECIDE TO STAY CLOSED WHEN WOULD IT BE SAFE TO COMPLETELY REOPEN?

When we have a treatment, vaccine or have achieved herd immunity. Experts do not believe these options will happen for months or even years.

OUR CONGREGATION HAS A CHILD CARE PROGRAM IN THE FALL. WILL WE BE ABLE TO CONTINUE THIS PROGRAM THIS FALL?

It is unclear at this time if this is recommended. We will know more when we have clarity on what are schools are going to do in the fall and when we are closer to this time.

HOW WILL YOU KNOW IF YOU NEED TO REVISE THE CURRENT ORDER?

We reviewed our county data and hospitalizations. Hospitalizations are the best indicators we have, however they are 3 to 4 weeks behind and therefore considered late indicators. Looking at R nought, a mathematical term that indicates how contagious an infectious disease is, we want this number below 1. Therefore, for every infection we would see less than one new infection. During SMC initial Shelter in Place order our R nought was .9. Since loosening restrictions SMC R Naught is now 1.3. Our community has to work to do everything right now to decrease this number and avoid an exponential growth phase. We are using the data to inform our decisions.

DO YOU LOOK AT OUR NEIGHBORING COUNTIES DATA AS SO MANY RESIDENCE CROSS COUNTY LINES DAILY?

Yes, the Health Officers of our neighboring counties are in daily contact. Currently our R nought (refer to previous questions) is the highest in the Bay Area. However, our county loosened restrictions 2 weeks prior to other neighboring counties. We are continuously monitoring these numbers and working together to ensure the safety of all our residents.

WHAT DO WE DO IF SOMEONE AT OUR GATHERING TESTS COVID-19 POSITIVE?

If all wear face coverings, maintain a 6 foot physical distance, keep list of congregates in attendance and follow recommendations the risk of spread is decreased. When an individual tests positive our Public Health Department will complete an investigation

to learn if others are at risk. If the investigation deems that others are at risk they will be contacted, tested, quarantined and monitored for 14 days.

WHERE CAN INDIVIDUALS GO TO GET TESTED?

It is recommended that you contact your health care provider and follow their directives on where and how to get tested. Additionally, VERILY Testing is available. This is a state sponsored testing contractor, supported by County's as to location and logistics with usually 24 hour turnaround time and is available to asymptomatic individuals as well.

VERILY TESTING REQUIREMENTS: Register online and get appointment ([verily.com](https://www.verily.com)).

Must have gmail account and phone number. Additionally one needs ID or the ability to prove identity on the day of test.

Verily Testing Schedule and Locations: Site Definitions -

SMEC (Event Center); HMB (Half Moon Bay); DC (Daly City); EPA (East Palo Alto); and NFO (North Fair Oaks).

Site Addresses:

NFO- Sports House Parking Lot, 3151 Edison Way, Redwood City

DC- Jefferson High School District, 699 Serramonte Blvd, Daly City, CA 94015

HMB- Cunha Intermediate School, 600 Church St., Half Moon Bay

EPA- 550 Bell St, East Palo Alto, CA 94303

Schedule: (there are no times listed because this is by appointment (drive up with accommodation for pedestrians and bicycles):

6/1/20 - 6/13/20

M - SMEC Tu - SMEC W - HMB Th - HMB F - NFO Sa - NFO

6/15/20 - 6/26/20

M - SMEC Tu - DC W - DC Th - EPA F - EPA

6/29/20 - 7/10/20

M - SMEC Tu - HMB W - HMB Th - NFO F - NFO

SHOULD ALL FAITH LEADERS HAVE A COVID-19 TEST PRIOR TO OPENING?

We do have guidelines for this process in work setting with individuals who have a lot of contact with the public. However, we have not had this discussion in regards to Houses of Worship. If this becomes a recommendations this information will be disseminated.

HOW CAN WE SUPPORT THE DISSEMINATION OF ACCURATE INFORMATION?

You each play an important role in getting accurate information out to our communities. To begin with, explain to your congregation why you are making the decisions you are making. You can also explain why Dr. Morrow is making the decisions he has made. You can also encourage your members to find information on COVID-19 at our [SMC County Manager Office COVID-19 Resources](#) page or our [San Mateo County Health COVID-19](#) data page. Additionally, community members can always refer to our [California Department of Public Health COVID-19](#) page and the [CDC COVID-19](#) page. The CDC website is kept up to date with the most recent information and they have guidelines by topic with the most current information.

SHOULD WE KEEP OUR MISSALETTES IN THE PEWS?

No. Anything that is touched by multiple individuals should be removed. Please refer to [COVID-19 INDUSTRY GUIDANCE: Places of Worship and Providers of Religious Services and Cultural Ceremonies and Cultural Ceremonies](#).

HOW CAN I BECOME MORE INVOLVED WITH LOCAL FAITH BASED EFFORTS?

- Learn about our San Mateo County [Office of Diversity and Equity \(ODE\)](#) that is dedicated to creatively bringing discussions of inequities, disparities, and injustice front and center in our work. We invite you to visit our page, read our [ODE blog](#) and/or get on our [ODE Mailing list](#).
- Join one of our San Mateo County [Health Equity Initiatives \(HEI\)](#) and attend one of our [9 HEI Monthly meetings](#). Our [Spirituality Initiative](#) collaboratively explore, increase awareness of, and support spirituality and its relationship to health and well-being, especially for those with or at risk of co-occurring alcohol/drug addiction and mental health challenges.
- Become part of the [Peninsula Solidarity Cohort](#), a group of over 40 interfaith clergy and faith leaders working for social justice in our county, please email peninsulasolidarity@ccsm-ucc.org for additional information.

WILL THIS WEBINAR WITH DR. MORROW BE AVAILABLE AFTER TODAY?

Yes, we hope that you have the time to watch the webinar where Dr. Morrow answers our faith leaders questions. Webinar can be found at [Dr. Morrow Clergy Town Hall](#) or <https://youtu.be/SN1qbVQY6wQ>.

IS IT SAFE FOR STAFF TO WORK IN THEIR CHURCH OFFICES (OBSERVING ALL THE PRESCRIBED PROTOCOLS OF DISTANCING ETC)

Yes. There are prescribed safety requirements for office space. You can find this under [CDC Guidelines for Business and Offices](#).

WHAT RESOURCES ARE AVAILABLE FOR OUR CHILDCARE PROGRAMS?

- Please refer to the [CDC Guidance for Child Care Programs that Remain Open Supplemental Guidance](#)
- For additional information you can refer to the [CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again](#), [INTERIM GUIDANCE FOR CHILD CARE PROGRAMS](#)
- You may also find the [CDC Considerations for Youth and Summer Camps](#) useful.

WHAT RESOURCES ARE AVAILABLE FOR OUR OLDER ADULT COMMUNITY?

Please refer to the [CDC Get Your Home Ready Checklist for Older Adults](#). This checklist can be very helpful in keeping our older adults protected during the COVID-19 pandemic.

WHAT RESOURCES ARE AVAILABLE FOR OFFICES AND CLEANING DURING COVID-19?

- Please refer to the [CDC COVID-19 Employer Information for Office Buildings](#). This document provide support in maintaining a safe and healthy work space
- .For guidance on cleaning and disinfecting please refer to the links provided by the CDC at [Cleaning and Disinfecting Plan, Prepare, and Respond](#)

Appendix I: COVID-19 Response Tools

Whatever emotions you have in light of COVID-19

WE ARE HERE FOR YOU

Mental Health Tips

1. Focus on what you can control
2. Limit media/social media
3. Maintain physical health
4. Do things you enjoy
5. Connect with people & resources (see back)



smhealth.org/bhrsservices



<p>Crisis (24/7)</p> <p>Suicide Prevention Lifeline 800-273-8255 (TALK)</p> <p>Domestic Violence Hotline 800-799-7233 (SAFE)</p> <p>Crisis Text Line Text BAY to 741741</p> <p>Disaster Distress Line 800-985-5990 Text TalkWithUs to 66746</p>	<p>Non-Crisis (24/7)</p> <p>Behavioral Health & Recovery Services ACCESS Call Center Mental health and substance use referrals for San Mateo County residents with Medi-Cal or no insurance 800-686-0101 TDD: Dial 800-943-2833 or 711</p> <p>California Peer Run Warmline Emotional support and referrals 855-845-7415</p>
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Cualquier emoción que tenga debido a la COVID-19

ESTAMOS AQUÍ PARA USTED

Consejos de salud mental

1. Concéntrese en lo que puede controlar
2. Limite los medios de comunicación o las redes sociales
3. Mantenga su salud física
4. Haga cosas que disfrute
5. Conecte con gente y con recursos (consulte el reverso del folleto)



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<p>Crisis (24/7)</p> <p>Línea de ayuda para la prevención de suicidios 800-273-8255 (TALK)</p> <p>Línea directa de violencia en el hogar 800-799-7233 (SAFE)</p> <p>Línea de mensajes de texto en caso de crisis Envíe BAY al 741741</p> <p>Línea de ayuda para casos de desastre 800-985-5990 Envíe TalkWithUs al 66746</p>	<p>Sin crisis (24/7)</p> <p>Servicios de salud del comportamiento y de recuperación Centro de llamadas de ACCESS Remisiones para los residentes del condado de San Mateo que cuenten con Medi-Cal o que no tienen seguro médico que tienen problemas de salud mental o de uso de sustancias 800-686-0101 TDD: marque el 800-943-2833 o el 711</p> <p>Línea de asistencia atendida por pares de California (California Peer Run Warmline) Apoyo emocional y remisiones 855-845-7415</p>
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Anumang emosyon ang nararamdaman mo dahil sa COVID-19

NARITO KAMI PARA SA IYO

Mga Tip para sa Kalusugan ng Isip

1. Mag-focus sa kung ano ang makokontrol mo
2. Limitahan ang media/social media
3. Panatilihin ang kalusugan ng katawan
4. Gawin ang mga bagay na kinaaalwan mo
5. Makipag-ugnayan sa mga tao at resource (tingnan ang likuran)



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<p>Krisis (24/7)</p> <p>Lifeline sa Pag-iwas sa Pagpapakamatay 800-273-8255 (TALK)</p> <p>Hotline sa Karahasan sa Tahanan 800-799-7233 (SAFE)</p> <p>Linya ng Text para sa Krisis I-text ang BAY sa 741741</p> <p>Linya para sa May Problema sa panahon ng Sakuna 800-985-5990 I-text ang TalkWithUs sa 66746</p>	<p>Walang Krisis (24/7)</p> <p>Mga Serbisyo para sa Kalusugan ng Pag-uugali at Paggaling ACCESS Call Center Mga referral kaugnay ng kalusugan ng isip at paggamit ng substance para sa mga residente ng San Mateo County na may Medi-Cal o walang insurance 800-686-0101 TDD: I-dial ang 800-943-2833 o 711</p> <p>Warmline ng California para sa Kapwa (California Peer Run Warmline) Emosyonal na suporta at mga referral 855-845-7415</p>
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Какие бы эмоции Вы не испытывали в период COVID-19

МЫ РЯДОМ, ЧТОБЫ ПОМОЧЬ

Советы по психическому здоровью

1. Концентрируйтесь на том, что можете контролировать
2. Ограничьте просмотр СМИ/социальных сетей
3. Поддерживайте физическое здоровье
4. Делайте то, что Вам нравится
5. Взаимодействуйте с другими людьми и используйте доступные ресурсы (см. на обратной стороне)



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<p>В случае кризисной ситуации (24/7)</p> <p>Национальная линия предупреждения самоубийств 800-273-8255 (TALK)</p> <p>Горячая линия по вопросам бытового насилия 800-799-7233 (SAFE)</p> <p>Линия для текстовых сообщений в кризисных ситуациях Отправьте текстовое сообщение BAY на номер 741741</p> <p>Линия экстренной помощи 800-985-5990 Отправьте текстовое сообщение TalkWithUs на 66746</p>	<p>В случае некризисной ситуации (24/7)</p> <p>Служба охраны поведенческого здоровья и реабилитационных услуг ДОСТУП В ИНФОРМАЦИОННО-СПРАВОЧНЫЙ ЦЕНТР По вопросам психического здоровья и психоактивных препаратов используйте направления для граждан округа Сан-Матео, авторизованные по плану Medi-Cal 800-686-0101 TDD: звоните по номеру 800-943-2833 или 711</p> <p>Линия помощи штата Калифорния для лиц, попавших в сложную жизненную ситуацию (California Peer Run Warmline) Эмоциональная поддержка и забота 855-845-7415</p>
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COPING WITH GRIEF & LOSS DURING COVID-19 SAN MATEO COUNTY



Are you feeling Grief & Loss?

- Grief is a **natural reaction** to loss. Grief is both a universal and a very personal experience.
- You may experience all kinds of unexpected emotions, like **anger, shock, disbelief, guilt**, or profound **sadness**.
- The pain of grief can even disrupt your **physical health**, impacting your sleep, eating, or concentration
- You might have strong feelings about all the changes, transitions, and uncertainty, feel scared for yourself and others, sad, or alone in your experience.
- **Past losses** and grief experiences may feel more present during this time
- Your experience of grief **can vary** day-to-day, and is influenced by the degree of loss as well as your emotional, mental and physical state.
- These are normal reactions to loss—remember, **caring for yourself** will lessen the intensity of the reaction.

You may be grieving about:



- A sense of normalcy and structure
- Job or financial losses
- Physical Contact / Time with family & friends
- Cancelled plans, trips and celebrations
- Sheltering in place
- Missing school, work or social time
- Death of loved one without a final goodbye
- Not being able to be with ill family members
- Missed milestones like graduations and weddings

Grieving is a healthy & normal response to Loss



We are ALL experiencing a significant amount of loss during the COVID-19 global pandemic, this a unique human experience of collective grief.

Please be compassionate with your self & others



Tips to Keep Regulated

- **Create a Routine:** Incorporate healthy habits around eating, sleeping & exercising
- Manage information overload from news/media
- Use substances safely and avoid self-medicating
- Stay Connected during Physical Distancing: call family and friends, take an online class, give back to the community, engage in acts of kindness
[Physical Distance and Wellness](#)
- **Just Notice** what emotions & sensations arise and approach them with compassion. Name it. Notice that even the most difficult emotions pass through.
- **Grounding Technique:** Look around you and identify 5 things you see, what color are they? Name 4 things you hear, 3 things you can feel or touch, 2 things you smell, 1 thing you can taste.



When & Where to Get Help

If you are having a hard time managing
PLEASE GET HELP
You are not alone in this

If your worry, sadness, or grief is interrupting your ability to cope or function day-to-day:
Follow up with your health care provider or contact MH ACCESS* 1-800-686-0101
*for public insurance & currently uninsured

KARA Grief Support:
For children, families & adults
650-321-5272 kara-grief.org

Mission Hospice
Compassionate, quality, end-of-life care
650.554.1000. missionhospice.org

ADDITIONAL RESOURCES:



[COVID 19 – COUNTY RESOURCES:](#)
[Youth and Family Mental Health Guide](#)
[Community Resource List \(Spanish\)](#)

[CORE SERVICE AGENCY FLYER LINK](#)

If you or your family have been impacted by COVID-19 please [see here](#) for information about resources.

San Mateo County Health

Racial Equity Efforts

Behavioral Health & Recovery Services (BHRS), Office of Diversity & Equity (ODE)

HEALTH EQUITY INITIATIVES (HEI):

Collaborations :

1. Town Hall, 5/1/2020: COVID-19 & Race
2. Creating PSA's: COVID-19, Race & Mental Health
3. BHRS Health Ambassadors & LC: Familia y Bienestar durante COVID19 (Family & Wellness during COVID-19)
4. Town Hall Continued: Community feedback second session
5. Health GARE Speaker Series: panel of racial equity champions (Marin County- Jei Africa & Santa Clara County, Analilia Garcia) July 15th
6. Health GARE working on all staff Race, Health & Equity Training roll out
7. Each HEI meeting is focusing on racial equity efforts at their monthly meeting
8. ODE working to provide virtual Cultural Humility Training's
9. BHRS Multicultural Organizational Development work



Spirituality Initiative:

1. Undertaking community outreach to assess needs & provide resources
2. Had CHI present at monthly meeting on Racism and xenophobia
3. Distributed information about Dr. Otis Moss III video on the history of racism against Black communities in America
4. Supported Dr. Morrow's in engaging 70+ faith leaders regarding the health orders and COVID-19

Native & Indigenous Peoples Initiative (NIPI)

1. Hosted two Medicinal Drumming/healing event,

Filipino Mental Health Initiative (FMHI):

1. Weekly focus group & FilipinXChange sub committee strategizing response & needs assessment
2. Working to collaborate & support local business
3. Soliciting/managing volunteers to support community
4. Collaborated with FMHI and PI on collecting short video submissions from the community highlighting why talking about mental illness is so important & cultural significance of these discussions

Chinese Health Initiative (CHI):

1. Xenophobia Post Card
2. Xenophobia virtual 6 week workshop
3. With Workforce Education & Training organized Cultural Competence Training for the Chinese Community
4. Posting racial equity resources & support on CHI Facebook page
5. Supporting NCOC Chinese Outreach worker in ensuring referral phone line is known about & accessed
6. Working to restore Chinese Family Support Group
7. Monthly Youth Leadership meeting at Mills High School to empower & educate youth

African American Community Initiative (AACI)

1. Discussing creating space for Black County employees to meet and find support
2. Working on meeting and/or training to address racism and racial equity
3. Working to support members & workforce in processing and healing from current and historical trauma

PRIDE Initiative:

1. Held workshops during Pride Celebration week around racism, sexism, gender expression insensitivity, heterosexism, homophobia, transphobia.
2. Collaborating with AACI and LC initiatives on an equity event

Latino Collaborative:

1. Speaker series on immigration trauma, environmental wellness, AOD System of Care, & holistic self-care (just to highlight a few) at monthly meetings
2. Created Q&A for Field based staff re: ICE interactions
3. Reviewed and supported creation of resource in Spanish for community and workforce

Diversity & Equity Council:

1. Ongoing space for implementation of Town Hall learnings, needs, proposals
2. Coordinating all HEI efforts around racial equity

LEARN MORE & STAY CONNECTED:

ODE HEI:
<https://www.smchealth.org/health-equity-initiatives>

ODE Website:
<https://www.smchealth.org/office-diversity-equity>

Presenter Contact:
 Maria Lorente-Foresti, Ph.D.
MLorente-Foresti@smcgov.org



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



WELLNESS WHILE PHYSICAL DISTANCING



SAN MATEO COUNTY BEHAVIORAL HEALTH & RECOVERY SERVICES

OFFICE OF DIVERSITY & EQUITY

This resource was created to help our community stay well and active during the COVID-19 Shelter in Place. Together we will get through this and experience our strength and interconnectedness more deeply than before.

This is not a comprehensive list and is intended to spark your creativity and curiosity. Be Well SMC!

Please click on underlined link to connect to website.

TAKE AN ADVENTURE:

1. [Monterey Bay Aquarium Live Cam](#)

Discover the adventures of the ocean with 10 live web cams .

2. [Guggenheim Museum, NY](#)

See beautiful online exhibits.

3. [Musée d'Orsay, Paris](#)

Discover hundreds of french painters.

4. [National Museum of African American History & Culture](#)

Search the collection and explore exhibitions, centers, and digital initiatives.

5. [Louvre, Paris](#)

Visit the museum's exhibition rooms and galleries.

6. [The J. Paul Getty Museum, Los Angeles, CA](#)

Travel back in time to the 8th century with this collection of European paintings, drawings, sculptures.

7. [Curious Travelers](#)

Learn and explore cities from around the world.

8. [United States Holocaust Memorial Museum](#)

Explore collections of photographs, texts, weapons, clothes, machinery, and many other items related to the holocaust.

9. [Chinese American Museum of Chicago](#)

Learn about Chinese American culture through exhibitions, education, and research.



