ELIMINATING DISPARITIES, INEQUITIES, & STIGMA IN BEHAVIORAL HEALTH

San Mateo County Health System
Behavioral Health and Recovery Services
Office of Diversity and Equity

April 2014
Dear Colleagues,

The San Mateo County Health System is at the forefront of providing services to underserved, unserved, and inappropriately served communities in our county. The Office of Diversity and Equity (ODE), part of the Health System’s Behavioral Health and Recovery Services (BHRS), leads the way in defining culture, diversity, and social issues as critical pieces of wellness and recovery for people with mental health and substance use problems.

Over the past four years, ODE has been fortunate to have leadership that is progressive and cares deeply about our richly diverse populations. We are also grateful that the passage of the Mental Health Services Act in 2004 has provided funding to develop and sustain our programs and initiatives.

Many individuals and agencies have requested information about the work we do and what we have accomplished. We have seen the value of our work through both formal data collection and anecdotal stories, and are eager to share these with you. This document will shed light on our work, our successes, and the challenges we continue to face.

We have identified three critical lessons learned throughout the years:

• To be effective, the San Mateo County Health System and ODE must maintain their commitments to building and strengthening community partnerships. Our commitment and dedication to working with and being part of the community is what gives us the strength and capacity to fight against inequalities, inequities, and stigma. We continually tailor our programs and initiatives to meet local needs, and recognize the strengths that our communities bring to the table.

• The impact of culture on behavioral health as well as on health disparities, inequities, and stigma cannot be overstated. This must be incorporated into every aspect of our work. The factors that shape health, such as socioeconomic status, education, employment, immigration status, and environment drive health disparities, inequities, and stigma. For this reason, ODE uses a holistic approach that addresses all aspects of San Mateo County residents’ lives.

• ODE’s programs need to keep people engaged. Input and collaboration with stakeholders at all levels ensure that we can incorporate out-of-the-box thinking into our programs and initiatives. ODE also understands the power of voice, and provides opportunities for individuals and their families to share their stories to educate the community and service providers.

We are excited about what ODE has accomplished and what is in our future. We hope this document can be a tool to inspire other individuals and agencies to think and act creatively to address social issues. We also hope that other health systems and organizations will be able to apply the lessons ODE has learned while tailoring the work to their specific communities.

Thank you for your support.

Jei Africa, PsyD, MSCP, CATC, Director, ODE

Stephen Kaplan, LCSW, Director, BHRS
The United States population is becoming increasingly diverse. By the middle of the 21st century, the “minority” population will be almost equal in size to the non-Hispanic white population. As the makeup of the country changes, we are seeing increases in health disparities and health inequities, which requires greater efforts to reduce stigma.

Health disparities occur when certain populations suffer from worse health and receive lower-quality healthcare than other populations. Health inequities occur when there are systematic health disparities between populations. Stigma occurs when people are shamed, discredited, or treated differently because of a characteristic or condition.

Health disparities, health inequities, and stigma are often closely linked with social or economic disadvantages that affect people who face greater obstacles to health: racial or ethnic group, socioeconomic status, gender, sexual orientation, geographic location, religion, mental health, cognitive, sensory, or physical disability, or other characteristics historically linked to discrimination or exclusion.
Mental Health and Substance Use

It is widely documented that health disparities, health inequities, and stigma related to behavioral health hinder wellness and recovery. The Affordable Care Act, as well as the Disparities Action Plan that provides a special framework for eliminating health disparities, address these specific issues and those related to a number of other health conditions.

In 2012, Substance Abuse and Mental Health Services Administration (SAMHSA) established a federal Office of Behavioral Health Equity (OBHE) to reduce behavioral health disparities for diverse racial, ethnic, and sexual minority populations. OBHE’s efforts promote health equity for all of these groups, and support populations vulnerable to behavioral health disparities.

In 2013, President Obama formally recognized issues related to behavioral health in the United States, and publicly called for an end to the stigma against mental illness.

San Mateo County

San Mateo County, located in the San Francisco Bay Area, is rich in diversity. According to the United States Census Bureau’s 2012 estimates, the County’s population is 739,311, and the percentage of Hispanics, Asian/Pacific Islanders, African Americans, and people of multiple races is increasing. In addition, 34.1% of the population is foreign-born, and 44.9% of people ages five and older speak languages other than English at home.

San Mateo County is one of the most expensive places to live in California, and 18.9% of adults live below 200% of the Federal Poverty Line. This percentage has been increasing in the past decade, and varies by sex, age, education, and race, with women, younger adults, and non-whites at highest risk.

Behavioral Health Needs in San Mateo County

Many of the communities in San Mateo County experience challenges related to substance use, and mental health. A large number are underserved, unserved, or inappropriately served. Behavioral Health and Recovery Services (BHRS), part of the San Mateo County Health System, works to provide and manage effective prevention and behavioral health services that strengthen the community’s capacity to achieve wellness, resilience, and recovery.

These services are intended to spur a lifelong process of change and healing. BHRS employs over 400 professionals, including 275 direct service providers. Clients receiving mental health services, and alcohol and other drugs services disproportionately represent minority racial/ethnic groups. This reflects the link between health disparities and social and economic disadvantages.

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Race/Ethnicity of BHRS Clients in San Mateo County

- Hispanic (37%)
- White (34%)
- Other (13%)
- Asian/Pacific Islander (7%)
- African American (9%)

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Office of Diversity and Equity

The Office of Diversity and Equity (ODE) is dedicated to addressing health disparities, health inequities, and stigma in the areas of mental health and substance use, and supporting wellness and recovery among underserved, unserved, and inappropriately served communities in San Mateo County.

ODE works to achieve these goals by promoting cultural competence and cultural humility, which are rooted in principles of social justice. Culture is a system of values, attitudes, and beliefs that shape and influence perceptions and behaviors, individually or collectively. Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable effective work in cross-cultural situations. Cultural humility is a philosophy for engaging in a lifelong commitment of self-evaluation and self-inventory, establishing a respectful relationship with others through an attitude of openness and curiosity.

The Evolution of ODE

In November of 2004, California passed the Mental Health Services Act (originally Proposition 63), which provides increased funding to counties for additional personnel and other resources. These funds support the transformation of county mental health/behavioral health programs to better respond to the needs of individuals and family members struggling with mental health and substance use challenges and to the communities in which they live.

The Act addresses a broad range of prevention, early intervention, treatment, and service needs and provides funding for the necessary infrastructure, technology, and training elements that will effectively support this system.

In 2009, BHRS hosted a statewide Cultural Competence Summit that inspired the creation of ODE. Initially, ODE acted as an information and resources hub for data sharing, training, dialogue, and collaboration.

Since then, ODE has grown in both size and scope. Today, it offers many programs and services, and oversees nine Health Equity Initiatives (HEIs) focused on addressing racial, ethnic, cultural, and linguistic disparities.

ODE provides leadership to local and state organizations in the area of cultural competence, cultural humility, wellness, and recovery. ODE’s primary funding comes through the Prevention and Early Intervention component of the Mental Health Services Act; additional funding comes from other partnerships.

ODE’s long-term objectives are:

• To decrease disparities in mental health and substance use
• To increase equity in mental health and substance use services
• To decrease stigma about mental health and substance use among service providers and the community
• To improve quality of life and quality of services for people with behavioral health problems
• To support wellness and recovery, increase community cohesion and capacity building
• To build healthier communities and create a paradigm shift that incorporates cultural competence and cultural humility about mental health and substance use at the city, county, and state levels

For more information on ODE’s objectives and framework, visit the Office of Diversity and Equity Logic Models: Roadmaps for a Strategic Approach at [www.smchealth.org/ode](http://www.smchealth.org/ode).
The Heart of ODE’s Work

ODE utilizes a holistic approach

According to the World Health Organization, social conditions in which people are born, live, and work shape health. ODE recognizes the importance of using a holistic approach that address the "social determinants of health" that affect mental health and substance use. These determinants may include race and ethnicity, gender, sexual orientation, education, employment, socioeconomic status, marital status, place of residence, housing status, physical health, immigration status, family structure, and environment.

ODE tailors its programs to meet local needs

ODE continually adapts its efforts to meet the needs of San Mateo County residents. For example, ODE adapts programs to meet needs related to literacy, language, acculturation, childcare, and access to transportation. ODE emphasizes community partnerships and constantly engages to keep a finger on the pulse of the community and be sensitive to which local strategies are effective.

ODE values the voice of people with lived experience and their families

ODE understands the power of voice. People with lived experience and their families are empowered to share their stories to educate the community about cultural diversity and its relationship to behavioral health.

ODE strengthens workforce capacity

ODE works within BHRS to educate staff, and works with partner agencies to ensure that cultural competence and cultural humility are incorporated into education, community engagement, prevention, and clinical practice throughout San Mateo County.

ODE’s work is based on impact

ODE evaluates performance outcomes to legitimize its work and increase program impact on San Mateo County populations. Objective measures coupled with anecdotal stories help provide an overall picture of ODE’s effectiveness.

SOCIAL CONDITIONS IN WHICH PEOPLE ARE BORN, LIVE AND WORK SHAPE HEALTH
What is Mental Health First Aid?

Mental Health First Aid (MHFA) is an eight-hour evidence-based public education program designed to help non-mental health professionals and community members identify, understand, and respond to someone who is experiencing an emotional crisis. As with basic CPR, this aid is to be given until appropriate professional support is received or until the crisis is over. The certification course presents an overview of common mental illnesses, including depression, anxiety/trauma, psychosis, substance use disorders, and self-injury. Participants who successfully complete the courses are certified as Mental Health First Aiders.

For more information on Mental Health First Aid, visit www.mentalhealthfirstaid.org.

Major Accomplishments

Between September 2010 and December 2013:

- MHFA-USA trained 26 ODE MHFA facilitators
  - Bilingual/bicultural facilitators included Chinese, Latinos, Filipinos, Pacific Islanders, and African-Americans
- ODE offered 26 MHFA courses to over 550 participants
  - Courses took place in Belmont, Daly City, East Palo Alto, Redwood City, San Mateo, San Bruno, and Foster City. Special requests for courses were made from the Philippine Consulate General in San Francisco, West Bay Filipino Multi-Services Center, and Mabuhay Health Center in San Francisco
  - Three courses were taught in Spanish; one in English/Mandarin

Among participants who completed a survey six to 12 months after completing the course:

- 75% used MHFA skills to help someone in distress
- 75% tried to raise awareness of mental health issues as a result of attending MHFA
- 90% felt that the training increased their awareness of the needs of different cultural communities

In the fall of 2013, ODE partnered with San Mateo County Office of Education to launch Youth Mental Health First Aid (YMHFA), a new public education program that introduces service providers who work with youth to the unique risk factors and warning signs of mental health problems in adolescents. The program teaches providers how to help youth experiencing a mental health or substance use crisis.
Stigma Free San Mateo County

What is Stigma Free San Mateo County?

Stigma Free San Mateo County, formerly the Anti-Stigma Initiative, is a campaign to eliminate stigma and end discrimination against people with mental illness and substance use issues in San Mateo County.

The campaign outlines five steps for individuals to be stigma free:
1. Sign a pledge to fight behavioral health stigma in San Mateo County
2. Share your story
3. Get educated
4. Spread the word
5. Get involved

For information about these five steps as well as Stigma Free San Mateo County, visit www.smchealth.org/bhrs/stigma.

Raising Awareness and Encouraging Conversation

Culturally competent strategies for community education and outreach to reduce stigma and discrimination were developed in 2009. This included creating filmed vignettes performed by consumers, family members, county staff, and community partners representing seven groups:
- African-Americans
- Chinese
- Filipinos
- Latinos
- Pacific Islanders
- Mental health and substance use consumers
- Transition Age Youth ages 16 to 25

The vignettes highlight how stigma surrounding mental illness and substance use manifests in diverse communities and provide a visual for how it impacts the community. The vignettes also provide an opportunity for viewers to come together and support one another. ODE has conducted anti-stigma workshops using the films as tools to educate specific communities on mental illness and substance use and promote conversation and dialogue. Workshop participants and other partners are asked to sign a pledge to fight behavioral health stigma in San Mateo County.

Major accomplishments

Between September 2012 and December 2013:
- ODE trained 20 stigma education facilitators
  — Bilingual/bicultural facilitators included African-Americans, Chinese, Filipinos, Latinos, and Pacific Islanders
- ODE conducted 24 stigma education presentations with over 350 participants
  — Presentations were held in communities throughout San Mateo County
  — Presentations were held at partner agencies, such as Edgewood Center for Children and Families, the Latino Commission, North Central Alcohol and Drug Prevention Partnerships, Pacifica Collaborative, the Peninsula Conflict Resolution Center, and Skyline College

Since 2009, ODE received over 850 signed stigma-free pledges.

Let’s Put an End to Discrimination

Live performance of Latino vignette for Stigma Free San Mateo County.
Storytelling

Storytelling is a way for people to share their experiences in their own voices. Storytelling has a long history in many cultures as a means of entertainment, education, and cultural preservation.

ODE utilizes two types of storytelling, Digital Storytelling and Photovoice, to emphasize the use of personal stories to draw attention to mental health, substance use, and community issues such as racism, discrimination, and poverty. In Digital Storytelling, participants share their stories using a shortened form of digital media that includes words, photos, drawings, personal mementos, and music. Photovoice participants highlight and express important social issues that impact their everyday lives using photos and narrative. The goal of Photovoice is to evoke social change. The stories shared are personal and powerful.

For selected stories, visit www.smchealth.org/stories.

Digital Storytelling — Major accomplishments

Between June 2011 and December 2013:

- ODE conducted 3 digital storytelling workshops
  — 23 digital stories were created by participants, who included BHRS staff, partner organization staff, people with lived experience, and community members
  — Digital Storytelling facilitators were bilingual and bicultural, and included Latinos, Filipinos, Pacific Islanders, and African-Americans
- ODE sponsored one digital storytelling workshop in collaboration with InspireUSA Foundation

Photovoice — Major accomplishments

Between April 2011 and December 2013:

- ODE conducted 10 Photovoice workshops with partner organizations, including Caminar, Canyon Oaks Youth Center, Chinese Health Initiative, Filipino Mental Health Initiative, Latino Collaborative, Mental Health Association of San Mateo County—Cedar St. Apartments, Pacific Islander Initiative, Sequoia High School, and Spirituality Initiative
  — 77 Photovoice images were created on significant topics that affect wellness and recovery, such as spirituality, immigration, and healthcare
  — Photovoice projects were exhibited at local organizations, including BHRS Central County Clinic, BHRS North County Clinic, Caminar, Canyon Oaks Youth Center, Cordilleras Mental Health Facility, San Mateo County Hall of Justice, Second Harvest Food Bank, and Sequoia High School

SHARE YOUR EXPERIENCE IN YOUR OWN VOICE
Parent Project®

The Parent Project is a national award-winning and evidence-based curriculum developed over a period of 25 years, working with families of youth who are at high risk for behavioral health issues, juvenile justice involvement, and/or school performance issues. This training program is designed specifically for parents of strong-willed or out of control teens ages 13 to 18. The 16-week curriculum focuses on helping parents and caregivers learn to more effectively parent and relate to their children. The Parent Project teaches concrete prevention, identification, and intervention strategies for destructive behaviors, and participants are taught how to make an action plan and tap into available resources. ODE has expanded the target age to encompass all children. It provides free Parent Project workshops for San Mateo County residents with childcare and youth-led activities for participants’ children.

In addition to improving the quality of life for parents and their children, research from the National Parent Project shows that the program can lead to:

- Higher rates of high school graduation and college attendance
- Decreases in drug and underage alcohol use, teen pregnancy, domestic violence, HIV and other sexually transmitted infections among teens, teen suicide, youth violence, bullying, and gang involvement

For more information on the Parent Project, visit www.parentproject.com.

Major accomplishments

Between June 2010 and December 2013:

- The National Parent Project trained 12 ODE Parent Project facilitators—Bilingual/bicultural facilitators included African Americans, Pacific Islanders, and Latinos
- ODE offered 15 free Parent Project workshops to over 250 participants—Workshops took place in: East Palo Alto, Half Moon Bay, Menlo-Atherton, Redwood City, and South San Francisco—Six workshops were taught in Spanish and targeted to Latinos; seven were in English and targeted to Pacific Islanders; one was in English and targeted to Pacific Islanders and African-Americans; one was open to all participants—Participants represented a range of caregivers, including mothers, fathers, grandparents, and siblings—The majority of participants were female, born outside of the United States, uninsured, or insured through Medicare, Medi-Cal, or Health Plan of San Mateo

Pacific Islander-focused Parent Project graduation ceremony.
The Health Ambassador Program

The Health Ambassador Program, ODE’s newest program, is a bridge to build communities that are informed and equipped to address individuals’ needs. The program enables BHRS and the community to work together to provide more equitable mental health and substance use services.

The Health Ambassador Program offers Parent Project graduates the opportunity to learn more skills by taking at least four additional workshops and classes related to mental health and substance use.

Programs offered by ODE and BHRS
• Mental Health First Aid
• Stigma Free San Mateo County
• Digital Storytelling
• Photovoice

• Lived Experience Academy Program: an eight-hour academy for BHRS clients and family members to learn public speaking skills

Programs offered by community partners
• National Alliance on Mental Illness (NAMI) Family-to-Family Education Program: a 12-week educational program for family caregivers of people with severe mental illness that teaches current information about psychiatric diagnoses, treatment, and support strategies
• Applied Suicide Intervention Skills Training: an evidence-based training to help people effectively recognize and intervene to prevent suicide

Health Ambassadors will:
• Obtain volunteer experience and increase their opportunity for employment as a community worker
• Learn to teach youth and adult courses and assist in identifying unmet needs in the community
• Increase community knowledge of available San Mateo County Health System services and assist in connecting individuals to care
• Increase community understanding of mental health symptoms and practice intentional social change and reduce stigma
• Assist the community in practicing prevention and early intervention, leading to healthier and stronger families
• Have the skills to become peer navigators and family partners

Language Assistance Services Program

The Language Assistance Services Program, created in 2008, enables San Mateo County Health System staff to access in-person interpretation, document translation, and telephone interpretation through contracted language agencies.

The Language Assistance Program trains contracted interpreters to work in behavioral health settings and trains BHRS staff on how to effectively work with interpreters. The program conducts outreach to BHRS staff and partner agencies about interpreter and translation services and provides technical assistance to partner agencies, contractors, and organizations looking to strengthen their ability to serve and communicate with diverse communities.

San Mateo County Health System Interpretation and Translation Requests by Language, FY 2010–2013

- Spanish (38.4%)
- Other (15.2%)
- American Sign Language (11.5%)
- Arabic (8.2%)
- Cantonese (6.6%)
- Burmese (4.9%)
- Hindi (4.3%)
- Vietnamese (3.2%)
- Portuguese (2.8%)
- Farsi (2.5%)
- Mandarin (2.5%)
- Russian (2.3%)
The BHRS Cultural Stipend Internship Program awards selected BHRS interns with a stipend for one year. ODE oversees these students to learn about cultural competence and cultural humility and how to incorporate these concepts into clinical practice. ODE has worked with 80 interns since 2009. Each student is required to do a project at the end of the year. Examples of past projects include *An Assessment of Psychiatric Emergency Services, Suicide among Youth in the Pacific Islander Community*, and *Psychotherapy with Sexual Minority Youth*.

The ODE Internship Program provides opportunities for undergraduate and graduate students and recent college graduates to learn about the public behavioral health system. Interns are encouraged to participate in Health Equity Initiatives and provided opportunities to attend various trainings, conferences, and events. ODE interns help with a variety of activities, such as course facilitation, instructor outreach, data entry, and evaluation. They also practice public health in the community and participate in policy planning.

Feedback from past interns included:

“The internship experience was a great opportunity that allowed me to see the work that is being done for our communities. My experience and professional growth have solidified my aspirations of working in public health.”

“I valued ODE’s focus on community engagement and capacity building and its practice of cultural humility. It provides an environment that values embodied expertise and lived experience and encourages consumers to lead advocacy and education efforts.”
Evolution of the Health Equity Initiatives

The Health Equity Initiatives (HEIs) have been evolving since 2007. Even before the formal creation of ODE, staff within BHRS identified issues relevant to specific cultural groups. Small groups within BHRS met to discuss issues, including the representation of racial and ethnic minorities among BHRS staff. These groups have evolved over time, and are now funded by the Mental Health Services Act, and beginning in 2011, BHRS recognized the importance of allocating paid time for staff to act as initiative co-chairs. This support from leadership represented an important change that gave credibility to the initiatives, increased their ability to work effectively, and provided legitimacy to the work on equity and social justice.

Each HEI meets monthly to work on a variety of activities, including networking, building initiative capacity, and planning events.

For more information on the initiatives and their meeting schedules, visit www.smchealth.org/bhrs/hei.
African American Community Initiative

The African American Community Initiative (AACI) began in 2007. Its vision is to improve health outcomes and reduce health disparities for African-Americans in San Mateo County by working within the Health System and the community.

Accomplishments

AACI holds annual events for community members and BHRS staff to celebrate Black History Month. The initiative has conducted lunchtime training sessions for BHRS and community members. Members have attended a number of community events to educate the public about the initiative and about behavioral health disparities affecting the African-American community. AACI also wrote a white paper that has been the impetus for workforce improvement and connecting with the African-American community.

Chinese Health Initiative

The Chinese Health Initiative (CHI) was created in 2007 to bring people together who are interested in working to improve the health and well-being of San Mateo County’s Chinese residents. Initially, CHI was focused on professional development and improving client support within the BHRS system. Over the years, the group’s goals have expanded to promote the use of culturally and linguistically appropriate care that reduces stigma and increases access to services.

Accomplishments

CHI facilitates a Chinese Family Support Group that provides education and information about benefits and community resources to Cantonese- and Mandarin-speaking family members of people living with a mental illness. The initiative has conducted a number of trainings for BHRS staff, partner agencies, and community members. It has also facilitated community dialogues with Chinese and non-Chinese providers and community members to discuss barriers to behavioral health care. In 2013, members wrote a white paper on the need for a Chinese-Focused Clinical Team at BHRS. CHI also participated in a Photovoice workshop.

Qigong training: learning the practice of aligning movement, breath, and awareness for exercise, healing, and meditation.
Filipino Mental Health Initiative

The Filipino Mental Health Initiative (FMHI) is a partnership between community organizations and individuals who are interested in improving the well-being of Filipinos.

In 2006, FMHI was officially established through Mental Health Services Act funding; fiscal support was through Pilipino Bayanihan Resource Center. In 2008, a second round of funding was provided through the Federal Department of Health and Human Services, with fiscal sponsorship through Asian American Recovery Services. In 2010, ODE assumed oversight of FMHI.

**Accomplishments**

FMHI has hosted a number of community events, providing education and outreach about mental health. It has also hosted forums called *Sala Talks*, a culturally appropriate strategy that emulates conversations in Filipino families’ living rooms (*sala*). These forums offer Filipino youth opportunities to discuss mental health and substance use issues. FMHI has conducted trainings for clinical providers on how to work with Filipinos. FMHI developed a directory of resources for Filipinos in San Mateo County, and performed focus groups as part of a Filipino behavioral health needs assessment. FMHI has also worked closely with many community partners, such as ALLICE (Alliance for Community Empowerment), and the Filipino Consulate General.

Latino Collaborative

The Latino Collaborative, created in 2008, is focused on ensuring quality care that reflects Latino values to nurture and strengthen the family as part of the individual’s healing and recovery journey. The Collaborative encourages the development of new ways to adapt programs and institutions to address Latino heritage, culture, and language in an effort to achieve equality and stigma free healthy communities. The Collaborative includes BHRS providers, community agencies, consumers, family and community members.

**Accomplishments**

The Latino Collaborative partnered with San Mateo County Health System’s Workforce Development in 2010 to develop a mentoring program to provide BHRS staff with a direct line to leadership and provide leadership opportunities. The Collaborative has participated in a number of community outreach events in San Mateo County and provided trainings in which providers can learn about Latino culture and values. In September 2013, the Collaborative partnered with local agencies and the media to conduct *Sana, Sana, Colita de Rana*, a Latino Health Forum. The holistic focus included nutrition, physical activity, mental wellness, and substance use. Latino Collaborative has also participated in Parent Project® classes, conducted a Photovoice workshop and Spanish-speaking MHFA workshop.
Native American Initiative

The Native American Initiative, ODE’s newest initiative, started in 2012. A large proportion of American Indians and Alaska Natives are disproportionately affected by a host of chronic medical and psychiatric conditions, and many are without health coverage. The initiative was formed in an attempt to decrease health disparities and address the continuing effects of pervasive trauma in the community.

Accomplishments

The Native American Initiative has conducted two Brown Bag lunch events for BHRS staff: one focused on historical trauma and substance use, and one about how to work with Native Americans in San Mateo County in a culturally relevant way.

Pacific Islander Initiative

The Pacific Islander Initiative, started in 2006, is a group of community members and BHRS and partner agency staff that come together to identify innovative ways to raise awareness in the Pacific Islander community about health, wellness, and behavioral health stigma.

Accomplishments

The Pacific Islander Initiative is actively involved with the Parent Project®, and has hosted seven Parent Project classes for Pacific Islanders. The initiative has strong relationships with Pacific Islander youth and faith-based organizations, and law enforcement. The Pacific Islander Initiative has conducted trainings to help service providers and other organizations work with Pacific Islanders more effectively and increase access and enrollment to Medi-Cal and other public benefits. The Pacific Islander Initiative has been focused on a campaign about health coverage called “Wellness is Awareness” and hosted a Photovoice workshop to raise awareness around Pacific Islanders’ access to medical benefits.
PRIDE Initiative

The PRIDE Initiative, formed in 2008, is a collaboration of organizations and individuals working to improve visibility and access to services for lesbian, gay, bisexual, transgender, queer, questioning, intersex, and 2-Spirit (LGBTQQI2S) individuals in San Mateo County. The initiative is committed to fostering a welcoming environment for the LGBTQQI2S communities living and working in San Mateo County.

Accomplishments

The PRIDE Initiative has conducted trainings for BHRS management, and provided education to partner agencies and communities. The initiative created a policy to include language around transgender issues in the BHRS intake form clients fill out during their first visit to service providers, and hosted the first annual PRIDE event in San Mateo County in 2013.

Spirituality Initiative

The Spirituality Initiative works to integrate spirituality into the healing and recovery of people with mental health and substance use disorders. The initiative began in 2009, after a group of BHRS staff attended a Spirituality Conference in Oakland. One of the initiative’s first actions was to send out questionnaires to nearly 500 clients and family members and 300 clinicians in order to understand the nature and importance of spirituality in the lives of people with behavioral health issues. The findings have been used as a guide for the Initiative’s work. Initiative members include consumers, family members, clinicians, and people from faith-based organizations; and the number of members has tripled in size since 2009.

Accomplishments

The Spirituality Initiative has hosted several events to highlight spirituality from the client’s perspective for the community, and for clinicians and other services providers. Members developed an assessment tool called Spirituality Matters in both English and Spanish, and Spirituality Cards that serve as an assessment tool to assist staff in helping clients to discover how spirituality can aid their recovery and overall wellness.

Initiative members have worked with local churches to educate congregations and increase sensitivity to behavioral health issues. In 2013, a policy developed by the initiative on incorporating spirituality into clinical practice was adopted by BHRS, and Initiative members trained all BHRS staff on the policy. The Spirituality Initiative also hosted a Photovoice workshop.
Diversity and Equity Council

The Diversity and Equity Council, formerly known as the Cultural Competence Committee (1998-2009), and the Cultural Competence Council (2009–2012), is a guiding body that works to embrace diversity, eliminate health disparities, and advance equity in mental health and substance use services within San Mateo County. Council members include HEI co-chairs, community-based partners, people with lived experience, family members, clinicians, and other service providers.

Accomplishments

In its early years, the Council included a small number of individuals who were passionate about social justice, and committed to reminding the San Mateo County Health System that cultural competence and cultural humility were just as important as other departments within the organization. The Council was involved in the legitimization of ODE, and the establishment of the other HEIs. Over the years, the Council has acted as an advisory board to assure implementation of policies in a way that decrease health inequalities and increase access to services. In 2013, the Council hosted May Mental Health Awareness Month activities.

Co-Chairs presenting information about the Diversity and Equity Council.

PARTNERS AND COLLABORATORS

Collaborations and partnerships with local organizations and community groups are vital to ODE’s work. These connections provide ODE with multiple perspectives on the work it does and the populations it serves.

Signing of a Memorandum of Understanding between BHRS and the Philippine Consulate General in San Francisco.

Collaborators and partners:

• Participate in planning processes
• Generate ideas for approaches that are congruent to community needs
• Help to staff ODE programs
• Act as conduits to individuals and the families in diverse San Mateo County communities
• Provide programs that complement ODE’s work

ODE would like to thank all the partner agencies and collaborators for their dedication to the people of San Mateo County.
ODE is very excited for what the future holds. These are exciting times given the push at both the state and federal level to eliminate behavioral health disparities, inequities, and stigma.

ODE’s specific next steps include:

**Expanding partnerships**

Strong partnerships are essential to ODE’s framework. ODE was excited to have witnessed a historic event on August 13, 2013 in which BHRS and the Philippine Consulate General in San Francisco formalized a partnership by signing a Memorandum of Agreement to work together and provide support to Filipinos seeking behavioral health services. This partnership was the first of its kind in BHRS. ODE hopes to expand its efforts with other community agencies that have the pulse of many of San Mateo’s diverse communities. ODE will emphasize connections with schools and non-traditional partners, such as local churches and businesses.

**Strengthening evaluation**

ODE will continue to strengthen its ability to monitor and evaluate all of its activities by focusing on outcomes in order to legitimize its work, assess impact, and tailor programs and initiatives to meet organizational, clinical, and community needs.

**Building capacity**

ODE is committed to building capacity within local communities as well as within partner agencies. The Health Ambassador Program will play a key role in this process: local individuals will learn to become more aware of behavioral health issues and will be able to, in turn, help educate others to be in charge of the health, wellness, and recovery of themselves and their community.

**Striving for sustainability**

ODE strives to be a leader in the areas of social justice. ODE also strives for program sustainability so that San Mateo County can continue to address the health disparities among its communities.

**Inspiring others**

ODE hopes to inspire other individuals and agencies in this important work to promote cultural competence and cultural humility to address health disparities, health inequities, and stigma in the areas of mental health and substance use. Its hope is that other health systems and organizations will be able to replicate the lessons ODE has learned while tailoring the work to their specific communities.

**Expanding target populations**

ODE is committed to continuing its service to a large number of target groups in San Mateo County, as well as to prioritizing newly expanding racial and ethnic groups. In addition, ODE plans to increase its efforts among youth and transition aged youth (for example, through YMHFA), and begin targeted efforts among older adults.