



SAN MATEO COUNTY HEALTH

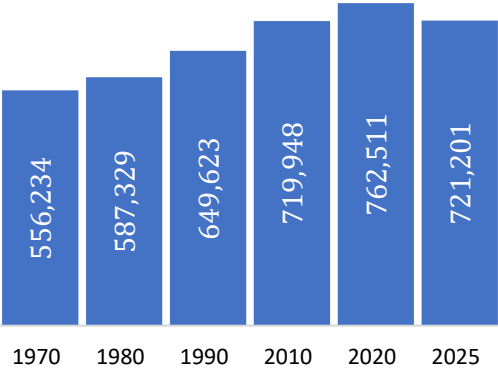
BEHAVIORAL HEALTH & RECOVERY SERVICES

Behavioral Health and Recovery Services (BHRS)

Cultural Competence Strategy Updates (FY24-25)

Updates based on the last San Mateo County 3-year Cultural Competence Plan FY2024– FY2027 (please refer to full plan for additional detailed activities that are continuing)

https://www.smchealth.org/sites/main/files/file-attachments/cultural_competence_plan_2024.pdf?1736276873

Goal	Activities/Focus	YEAR FIFTEEN (2024-2025)														
<p>Systematic Collection of Baseline Data, Tracking and Assessment Provide the mechanisms and processes used for the systematic collection of baseline data, on-going info about groups served. (Criterion 3)</p>	<p>San Mateo County’s Behavioral Health and Recovery Services (BHRS) Office of Diversity & Diversity (ODE) Indicators, Demographic Data and Satisfaction Surveys Institutionalize local data review as a practice (plan for demographic changes by region/clinic) Improve data gathering (e.g., unknown, or unreported ethnicity)</p>	<p>Behavioral Health and Recovery Services (BHRS), a division of San Mateo County Health, provides services for residents who are on Medi-Cal or are uninsured, including 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 treatment of the whole person to achieve wellness and recovery and promoting the physical and behavioral health of individuals, families, and communities we serve.</p> <p>The following statements were developed out of a dialogue involving consumers, family members, community members, staff, and providers sharing their hopes for BHRS.</p> <p>SAN MATEO COUNTY DEMOGRAPHICS</p> <p>The projected 2025 population of San Mateo County is 721,201, a 5.4% decrease from 2020, see Exhibit 1. Daly City remains the most populous city, followed by San Mateo and Redwood City.</p> <p>San Mateo County Population</p>  <table border="1" data-bbox="728 1036 1225 1401"> <caption>San Mateo County Population</caption> <thead> <tr> <th>Year</th> <th>Population</th> </tr> </thead> <tbody> <tr> <td>1970</td> <td>556,234</td> </tr> <tr> <td>1980</td> <td>587,329</td> </tr> <tr> <td>1990</td> <td>649,623</td> </tr> <tr> <td>2010</td> <td>719,948</td> </tr> <tr> <td>2020</td> <td>762,511</td> </tr> <tr> <td>2025</td> <td>721,201</td> </tr> </tbody> </table> <p>The estimated median age of residents is 39.8 years, with a median household income of \$128,091. The town of Portola Valley has the highest median age of 51.3 years, whereas East Palo Alto, a much less affluent community, has the lowest median age at 28.1 years, an indicator of health inequity.</p> <p>As the county’s population continues to shift, it also continues to grow in diversity; 45.57% of residents speak a language other than English at home, and 35.01% are foreign born. San Mateo County’s threshold languages are Spanish, Chinese (Mandarin and Cantonese), Tagalog, and Russian (as identified by Health Plan of San Mateo). San Mateo County Health identified Tongan and Samoan as priority languages on the basis of a growing number of clients served and Arabic, Burmese, Hindi, and Portuguese as emerging languages.</p> <p>BHRS continues to support and address the needs of our workforce, partners, clients, and community needs. Through various methods, including activities and projects led by the Office</p>	Year	Population	1970	556,234	1980	587,329	1990	649,623	2010	719,948	2020	762,511	2025	721,201
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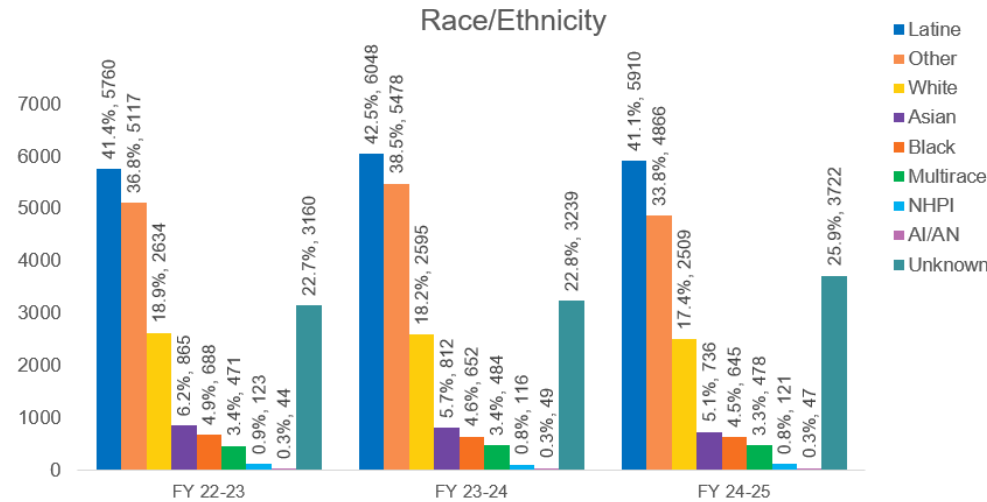
of Diversity & Equity (ODE), BHRS works to create opportunities to collect information, engage stakeholders, oversee work, and communicate needs to better inform service provision and overall system improvements. While providing all specialty mental health services and substance use disorder treatment services support for Medi-Cal beneficiaries.

Below are some of the responses and activities that took place in FY 24-25.

San Mateo County Client Demographics

Client Race/Ethnicity and Sexual Orientation

BHRS client race/ethnicity and sexual orientation demographics have also remained consistent over the years and represent San Mateo County's diverse communities.



Data includes individuals who identified with a particular race or ethnicity category, either solely by itself or in combination with another race or ethnicity category.

**Sexual Orientation
FY 2024-25*:**

BHRS clients served primarily identify as straight or heterosexual (28.2%). Smaller but meaningful populations identify as bisexual (1.6%), lesbian, gay, or homosexual (.9%) other orientations (.6%), queer (.2%) and asexual (.1%), underscoring the importance of culturally competent, inclusive behavioral health services that address the unique experiences and needs of LGBTQ+ clients.

Notably, there is a consistently large portion of clients with unknown sexual orientation, increasing from 8,866 to 9,948, which indicates a significant need for improved data collection and culturally informed client engagement. Initiatives are currently being considered to address this next FY.

First MHEART Conference

The Mental Health Equity and Advocacy Roundtable (MHEART) enhanced this commitment by sharing community knowledge and engagement. The MHEART expanded from a single afternoon event at Stanford last year into a two-day conference co-sponsored by psychiatry training programs at BHRS, Stanford, UCSF, UC Davis, and by La Clínica. The event strengthened partnerships between public sectors, academia, and community organizations while promoting leadership and advocacy training. Day one was organized by the BHRS Psychiatry Residency Program, with support from BHRS Alcohol and Other Drugs, and funded from the California Residency Program Collaborative grant and Opioid Settlement Funds. Due to collaboration with the BHRS Workforce, Education and Training Team, Continuing Education Units (CEUs), credit awarded for participation in education and professional development programs, were also available to attendees.

This marks our residency’s first conference in BHRS’ 60-year history. Day one was held on March 26, 2025, at the Regional Operations Center in Redwood City; day two was at Stanford University. Keynote speakers included author, podcaster, and advocate Marlon Peterson, and Dr. Sarah Vinson, MD, child/adolescent and forensic psychiatrist who is the author of *Social (In)justice and Mental Health*. The conference featured panels on addiction treatment in the carceral system, youth mental health and substance use, peer support, and leadership in public psychiatry. Workshops on advocacy, mental health systems research, and trainee projects featured diverse attendees and panelists.



Panel discussion at MHEART Conference 2025

BHRS Transformation Journey & BHSA Transition Taskforce

Over the past several years, BHRS has been responding to a series of legislative and policy initiatives that are reshaping how we serve our community. These initiatives reinforce and bring to the forefront our responsibility as a Behavioral Health Plan for providing or arranging Specialty Mental Health Services (SMHS) and Drug Medi-Cal services to Medi-Cal beneficiaries within their county.

In June, BHRS kicked off an exciting new chapter with what we call our Transformation Journey, a strategic vision aimed at reshaping the way we provide care across our behavioral health system. With the changing behavioral health landscape driven by new state laws and local needs, we want to continue our commitment to equity work and serving the most vulnerable individuals living with substance use and mental health challenges. Our Commitment: A collaborative strategic vision recognizing the magnitude of these changes, BHRS is embarking on a strategic visioning journey, which includes identifying our local San Mateo County priorities, reinstating our values and commitments to providing quality integrated services, client-centered care, and fostering a skilled and engaged workforce. We have an exciting opportunity to:

- Strengthen and improve quality services for the highest need individuals
- Align our funding, priorities and expertise across our County Health system of care
- Engage staff and community in the process
- Make data-informed decisions Improve communication and transparency

This journey began with an Organizational Capacity Assessment in Fall 2024 to evaluate our current strengths and areas for growth as a division to meet new demands. Results show that BHRS demonstrates relatively strong readiness in areas tied to collaboration, inclusive leadership, and, importantly, equity focus, which reflects a solid foundation of values and practices aligned with BHRS’s mission. Equity emerged as one of the highest-rated competencies, indicating both strong staff proficiency and a continued organizational commitment to advancing fairness and culturally responsive care. Maintaining this strength will require ongoing investment in equity-centered training, leadership development, and practice integration to ensure BHRS continues to lead with an equity lens even as system demands grow. As BHRS addresses capacity gaps in data processes, financial management, key performance indicators (KPI) tracking, and regulatory compliance, preserving and deepening its equity focus will be essential to grounding future systems, policies, and workforce development in the values that best serve diverse communities. Following this assessment, BHRS presented a visioning process to staff and kicked off a Community Program Planning process to facilitate community input and voice in the visioning. The process is leveraging requirements under Proposition 1 to bring this vision together including the Community Program Planning process and the development of a Three-Year Integrated Plan. To ensure a smooth transition to BHSA by July 1, 2026, implementation deadline, we are actively engaging in organizational and system changes and gathering input from clients, family members, staff and community partners

Building on BHRS’s ongoing efforts to support both our workforce and the communities we serve

The newly established Office of Improvement and Innovation (OII) strengthens BHRS by creating a unified structure for continuous learning, staff wellness, data-driven decision-making, and system modernization. By integrating performance management, compliance oversight, trauma-informed practices, and dedicated workforce-wellness support, OII ensures that BHRS staff are equipped, supported, and empowered to do their best work. The new Limited Term wellness position within OII plays a critical role in fostering a healthy, engaged, and resilient workforce, recognizing that staff well-being is foundational to delivering high-quality, culturally responsive care. Together, OII and the wellness function enhance the experience of both staff and clients by improving coordination, maintaining regulatory compliance, strengthening infrastructure, and promoting equity, ultimately enabling BHRS to deliver compassionate, reliable, and effective services for the communities we serve.

Lastly, San Mateo County’s Targeted Strategies 4.0 (TS 4.0) is a countywide initiative designed to strengthen organizational alignment, improve internal systems, and ensure that Health and BHRS are positioned to meet evolving community needs with clarity, efficiency, and purpose. Through BHRS’s active participation, TS 4.0 fosters consistent communication, streamlined processes, and shared accountability across programs, allowing staff to work more effectively and collaboratively. This initiative benefits the workforce by reducing operational barriers, improving access to data and resources, and enhancing opportunities for professional growth and cross-department learning. For those we serve, TS 4.0 supports more coordinated, responsive, and equitable behavioral health care by ensuring that our internal systems are strong, our workforce is supported, and our services are guided by clear priorities and measurable outcomes. Together, these efforts help create a more resilient, client-centered, and high-performing BHRS.

Countywide Equity Advancements in FY 2024–2025

During Fiscal Year 2024–2025, San Mateo County advanced several major initiatives to strengthen racial and social equity across county systems. A key milestone was the adoption of the County’s first Racial and Social Equity Ordinance in May 2024, which formally embedded equity, inclusion, and belonging into county governance, service delivery, staffing practices, and policy decision-making. Implementation efforts, led by the countywide Office of Racial and Social Justice (ORSJ), expanded the use of equity frameworks, equity impact assessments, and disaggregated data analysis to better identify and address disparities. The County also advanced procurement-equity work by adopting a Local Business Procurement Preference, helping ensure that local and small businesses, many of which serve or represent marginalized communities, have greater access to contracting opportunities. In addition, the County transitioned to the Targeted Strategies 4.0 (TS 4.0) framework, and Health, alongside BHRS, developed its TS 4.0 strategies to further institutionalize equity practices, strengthen accountability, and build on progress from previous years. Together, these efforts strengthened countywide infrastructure, expanded equitable access to resources, and supported departments like BHRS in aligning programs, workforce practices, and community partnerships with a unified, system-wide commitment to fairness, inclusion, and meaningful equity-driven change.

For more information and highlights of BHRS’ work in FY 24-25 please visit: [BHRS Annual Report - San Mateo County Health](#)

Review contract agencies' Cultural Competence (CC) Plans annually and provide feedback and recommendations



BHRS Contractor Cultural Competence Reporting

FY 24-25 Results & Trends

Summary of Successes 2024-2025

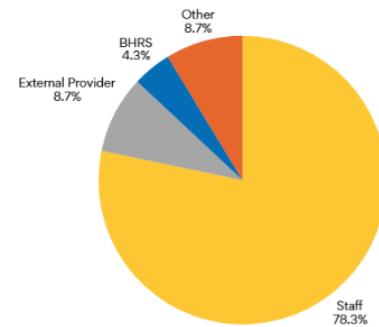
- 61% of contractors have an existing cultural competence committee
- 83% of contractors participate in BHRS' Health Equity Initiatives and other equity efforts.
- Majority of staff completed at least 8 hours of CLAS training within the year.

Areas of Improvement 2024-2025

- Most language access services are provided primarily by staff.
- Support active participation and support with cultural competence activities and reporting.

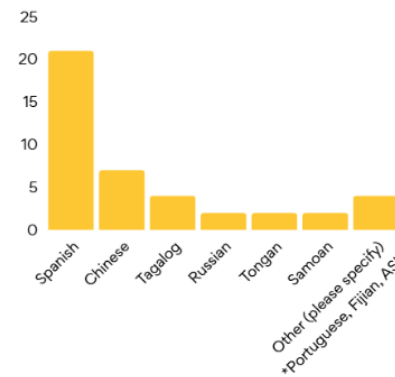


Who is your primary interpretation provider?

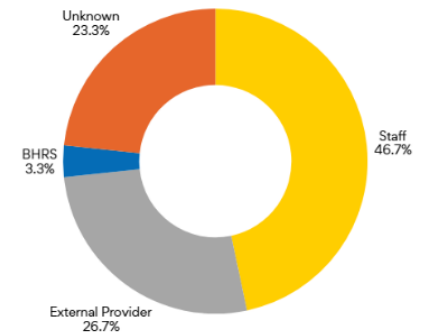


30 Provider Responses:
 28% MH
 24% SUD
 31% PEI
 14% MH & SUD
 3% Advocate

What languages are most requested for interpretation?



Who is your primary translation provider?



All San Mateo County BHRS contracts that provide client services include cultural competence requirements, to help our system align with National CLAS (Culturally and Linguistically Appropriate Services) Standards. Contractors are required to **submit cultural competence information annually to provide details about on-going and future efforts to address the diverse needs of clients, families and the workforce.** In FY 24-25 Thirty (30) Cultural Competence (CC) Plans received out of 40. Contractors provided feedback on their current progress in implementing and advancing the CLAS Standards. Below are some of the findings from the information reviewed.

Contracted Provider Utilization

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

ACTION PLAN

Since its inception in 2015 MCOD has encountered shifts in the needs of our workforce. This allowed for TRISI (Trauma and resiliency informed systems initiative) to be included into our existing framework.



Multicultural Organizational Development (MCOD)

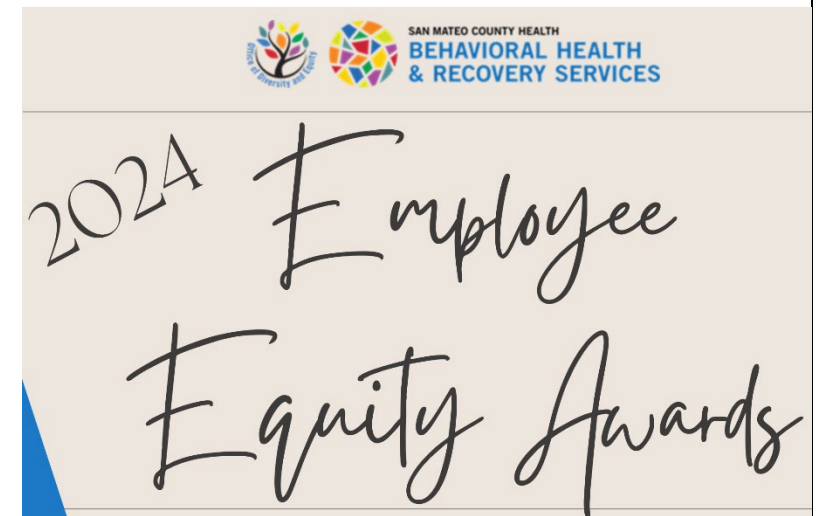
- MCOD was able to re-connect with the BHRS executive team. MCOD provided an updated look at new structures that will be implemented within the equity action plan. This includes a complete assimilation of TRISI principles into our action plan (with the assistance contractor expertise) as well as including the BHRS Wellness Coordinator to further support staff wellness engagement opportunities.
- MCOD piloted its first steering committee structure in which, multiple BHRS staff members with various cross-functional workgroup engagements

came together to brainstorm new additions to the action plan. Goal #1 was vetted with two new activities assigned to be taken on by workgroups (i.e. special assignments & employee evaluations). The steering committee will reconvene following the receipt and review of new applications during the outreach campaign.

- The ongoing work of updating/implementing MCOD activities was created (i.e. steering committee application process). The addition of an outreach model within BHRS will assist with department staff engagement and will be useful in maintaining clear communication with staff who may not be directly connected. The MCOD steering committee will now be a workgroup that is available for BHRS staff to join and share their feedback directly with MCOD program coordinators for continued modeling of collaborative decision-making processes as well as continuing direct alignment to the county's Targeted Strategies 4.0 Action Plan.

4th SMC BHRS Employee Equity Award: In 2021, ODE was proud to launch the first BHRS Employee Equity Award, led by our Workforce Education and Training (WET) team, to honor workforce members who demonstrate exceptional dedication to advancing equity, inclusion, and culturally responsive care across our system. These awards highlight individuals who go above and beyond to challenge disparities, elevate community voices, and create safer, more accessible spaces for both clients and colleagues. By uplifting leadership, innovation, and everyday actions that promote justice and belonging, the Equity Awards reinforce our shared values and inspire continued progress toward a more equitable BHRS. Through our longstanding MCOD work and beyond, we have witnessed countless individuals transform our system and champion the voices of our workforce and communities. All nominees must be current SMC BHRS staff members who meet one or more of the following criteria:

- Show leadership in elevating racial equity within our workforce and those we serve
- Work to address barriers experienced by our workforce or those we serve related to racial equity
- Work to foster inclusive relationships and environments within BHRS
- Promote equity within their team and/or the communities we serve
- Work to elevate our BHRS MCOD goals





2024 Equity Awards Recipients (left to right):

Diana Gomez (Supervising Mental Health Clinician) Over a decade of dedicated involvement in DEIB initiatives.

Lee Harrison (Senior Community Worker/Housing Specialist) A dedicated leader in advocating for the African American/Black community and workforce.

Dr. Ronni Brown (Senior Community Health Planner) Applied a racial and equity-informed lens to guide work and programming decisions.

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.

Completion of Cultural Humility 101: Building Bridges to Diversity and Inclusion (2024-2025)

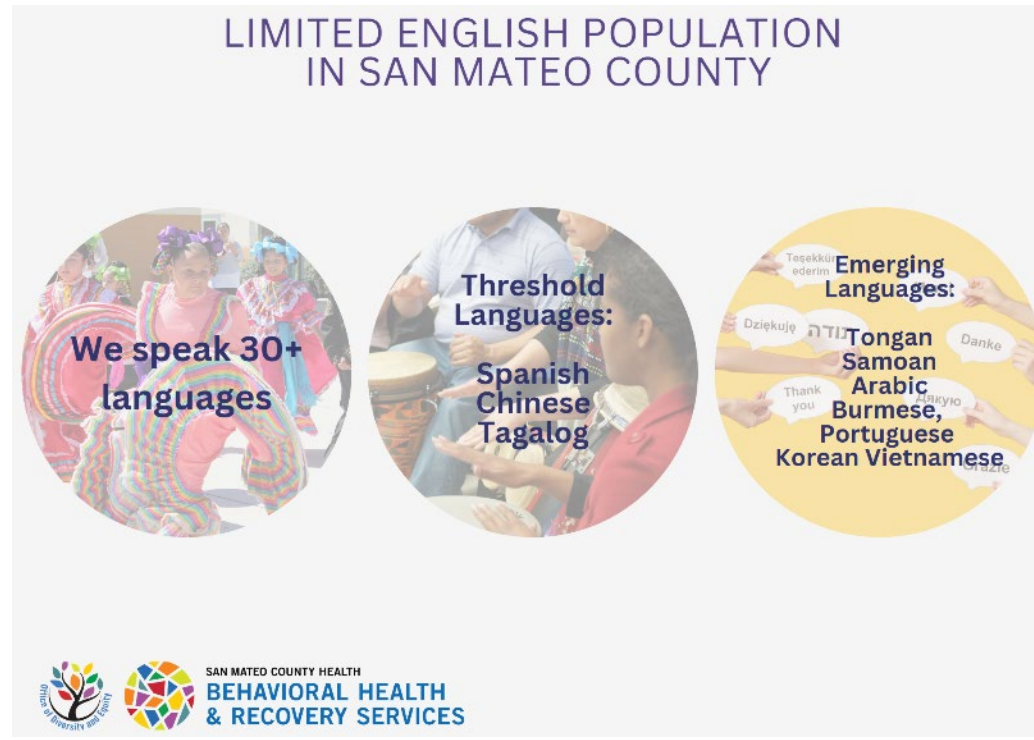


In fiscal year 2024-2025, 82% of BHRS staff completed Cultural Humility 101, reflecting a 6% increase from last year's 76% completion rate. To support this growth, 18 sessions were offered throughout the year, averaging two to three sessions each month. A total of 286 individuals participated in the training, including 126 BHRS staff and 174 contracted providers.

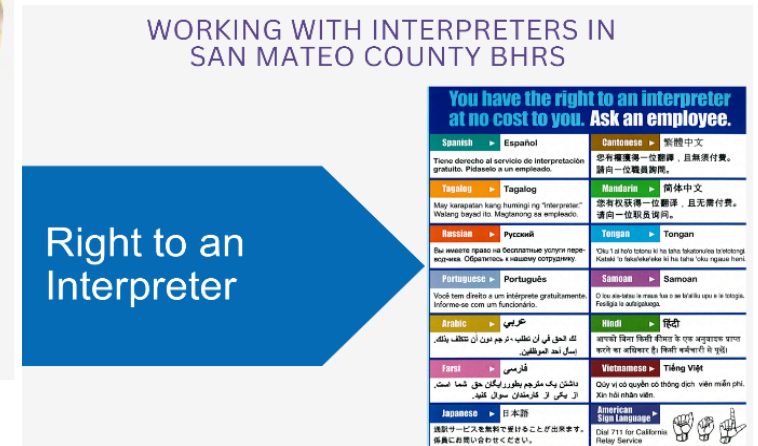
An expansion of this training has been created based on participant feedback. **Cultural Humility 102** builds on CH 101 by deepening understanding and practical application of Cultural Humility in daily work and across our behavioral health system. The session explores how CH principles influence relationships, decision-making, service delivery, and organizational culture. Training is projected to be launched in January 2026.

Working Effectively with Interpreters & How to be an Effective Interpreter

In Spring 2024 we secured a contract with the National Latino Behavioral Health Association to provide an updated training for working effectively with interpreters in the behavioral health setting and another one to support existing bilingual staff working within BHRS.



In FY 24-25 a total of 4 trainings were provided to ensure the effective use of language services, the trainings included local data on language needs, policies and demographics for San Mateo County. In Spring 2026 a new training will be introduced to support existing bilingual staff working with limited English proficient (LEP) clients. This 14-hour training course is designed to immerse bilingual staff in the principles and practices of interpreter communication skills.



BHRS Workforce Education & Training (WET)

The Workforce Education and Training (WET) team plays a vital role in supporting and strengthening our behavioral health workforce by cultivating a diverse, skilled, and culturally responsive pipeline of providers, peers, consumers, and community leaders. WET builds and sustains workforce capacity through high-quality training, professional development, internship programs, and opportunities that center client- and family-driven care. The team ensures that clients and families/caregivers receive the knowledge and skills needed to support others, promote wellness, and contribute to positive behavioral health outcomes in their communities. WET also facilitates collaboration across programs and roles, expands outreach to underserved and underserved populations, and helps tailor services to be linguistically and culturally responsive. By elevating the lived experience and expertise of clients and families, WET strengthens the entire BHRS system—ensuring our workforce is prepared, empowered, and aligned with values of equity, inclusion, recovery, and meaningful community engagement.

WET received a one-time allocation in (year) totaling **\$3,437,600** with a 10-year reversion period, and WET activities continue to be supported by MHSA with **\$500,000 in annual funding**. These investments ensure long-term sustainability for career pathways, training, and workforce development efforts.

As part of the Office of Diversity and Equity (ODE), whose mission is to advance health equity in behavioral health outcomes for marginalized communities, the WET team is guided by broader social justice and equity frameworks, a wellness and recovery orientation, and two advisory committees. In partnership with ODE, WET equips the workforce, consumers, and family members for system transformation by planning, coordinating, and implementing a wide range of initiatives, trainings, and program activities across BHRS and in collaboration with community partners.

- WET serves several key populations:**
- The BHRS workforce
 - Contractors providing behavioral health services
 - Consumers, family members, and caregivers
 - Community partners and emerging professionals

For example, WET's **BHRS Clinical Internship Program** and **ODE Cultural Stipend Internship Program** provide interns and early-career professionals with supervised experience in a public behavioral health setting, while also creating pathways to recruit and retain a diverse workforce that reflects and effectively serves San Mateo County communities.

As an ODE program area, WET ensures that all activities model ODE's values and align with County equity and inclusion policies—such as

intentional use of pronouns, culturally responsive training approaches, and trauma-informed facilitation practices. WET's work is organized into three main program areas:

1. **Training and Technical Assistance** – offering an annual training plan and ongoing educational opportunities to ensure staff are equipped with current, evidence-based, and culturally responsive practices and policies.
2. **Behavioral Health Career Pathways** – developing and supporting internships, stipends, and workforce-pipeline programs that strengthen recruitment and retention.
3. **WET Workplace Enhancement Projects** – implementing initiatives that improve the work environment, support wellness, and advance equity within BHRS.

Together, these efforts ensure that San Mateo County continues to develop a strong, diverse, and well-supported behavioral health workforce capable of delivering high-quality, equitable, and culturally grounded care.

Program Impact

The WET Team under the Office of Diversity & Equity (ODE) delivers programs that build the capacity of the workforce, community providers, consumers, and family members through comprehensive training, education, and professional development. Ensuring that underserved and marginalized communities have timely access to culturally responsive services is essential to BHRS's mission. These communities include racial and



ethnic groups, individuals with limited English proficiency, and members of the LGBTQ+ community—many of whom face systemic barriers such as inadequate language access, limited cultural humility among providers, and insufficient understanding of trauma-informed or recovery-oriented practices. WET activities directly address these barriers by equipping staff, community providers, and consumers with knowledge and skills that reduce stigma, increase cultural responsiveness, and promote equitable behavioral health outcomes. While much of WET's work has an indirect effect on service delivery, the absence of these efforts would significantly impact community trust and access. By maintaining a consistent presence at community events and offering culturally grounded training, WET helps build relationships, strengthen trust, and increase the likelihood that community members will seek support when they or their families need services. Equity remains a foundational principle across all WET trainings.

Staff training provided by the WET team

In August 2024, the WET Annual Survey was distributed to approximately 500 BHRS staff and BHRS-contracted providers, with just over 100 respondents—approximately 75% BHRS staff and 25% contracted providers. Survey findings show that WET's training efforts are meaningfully enhancing workforce skills, supporting continuous professional growth and alignment with BHRS goals. Staff reported the greatest gains in their ability to integrate culturally informed practices into their work (73%) and in their understanding of diversity, equity, and inclusion (72%), demonstrating the significant impact of WET's training and development initiatives.

In 2024-2025 WET trainings were only offered to BHRS Staff and Contracted Providers

Total number of WET Implemented/Supported training topics: 23 (20 WET Implemented, 3 Supported)

- Total Sessions: 70
- Total number of Attendees: 1577
- Total number of ASIST/Suicide Prevention Trainings: 3
- Total Required MCOB Trainings: 27
- Total number of Cultural Humility Trainings: 18
- Total number of Working with Interpreters Trainings: 4
- Total number of Sexual Orientation Gender Identity and Expression SOGIE Trainings: 5

New Trainings offered to BHRS

- Cultural Considerations: Responding Multi-culturally with CLAS via Cultural Complexities in Assessment Diagnosis and Engagement-21 participants
- Eating Disorders Training Series, Hoarding Disorder Series-184 participants

- Portals into Their World: Social Media and Screens' Impacts on Kids and Teens Pronouns and Trans 101 Training-3 participants
- Welcoming Integrated Systems for People with Co-occurring MH/SU-49 participants

**Other trainings include: Culturally Responsive Clinical Supervision for Supervisees, Embracing Difference Through the Lens of Cultural Humility: Focus on Implicit Bias, Engaging African American and Black Clients and Families: Building Trust and Deepening Practice in Behavioral Health, Internship Orientation, Law and Ethics Training, Mindfulness Based Substance Use Treatment (MBSAT) Introduction to Mindfulness with Trauma-Impacted Youth (Half-Day Session), Motivational Interviewing – The Basics for Behavioral Health Professionals / MI for Trauma Informed Care, Neurosequential Model Treatment (NMT) 6 Core Series, Neurosequential Model Treatment (NMT) Phase I Training, Prevention and Management of Assaultive Behavior (Beginner + Advanced), Pronouns and Transgender 101, and SOGIE 201.

Educational Student Loan Program Awards: 9

The WET Team, in collaboration with CalMHSA, expanded workforce retention efforts through the Educational Loan Repayment Program (ELRP) and related retention initiatives. Through this innovative opportunity, San Mateo County began promotion of the program during this Fiscal Year (FY). In the new FY the WET team supported nine staff members with loan repayment awards of \$50,000 each. These awards are targeted at positions that are historically difficult to fill or retain within clinical practice settings and are provided in exchange for a three-year service commitment. This program not only supports staff financially but also strengthens workforce stability and continuity of care for the communities we serve. In the new FY the WET team will also promote HCAI and BH-Connect

Recruitment and Retention Opportunities:

The WET team has also made efforts to set a foundation for a pipeline mentorship program to bridge the gap between employees within SMC BHRS. The focus of the program is to build upon peer-to-peer mentoring mechanisms by enhancing the connection between staff members. Mentoring serves to help individuals build professional competencies, develop leadership skills, support career advancement and prevent job burn-out. The mentoring process provides a wealth of accumulated knowledge and wisdom, as well as professional stimulation and growth. It is also an opportunity to contribute to the development of the workforce. The mentoring program is designed to address many levels of needs, including sharing of experience, information and skills development. This program aims to garner strength and knowledge among our BHRS employees. With this foundational work we hope to launch this program next FY, given budgetary approvals.

Internship Programs

The WET team oversees the management and implementation of the Cultural Stipend Internship Program (CSIP) and the Office of Diversity and Equity Internship. Both programs focus on providing insight into SMC’s unique community demographics by providing community facing events and opportunities.

Internship Data Summaries:

- Total of BHRS Interns (clinical and non-clinical): 12
- CSIP Interns: 9 applicants- 7 chosen
- ODE Interns: 22 applicants- 2 chosen

CSIP provides an opportunity for BHRS clinical interns to work with a specific Health Equity Initiative (HEI) and develop projects aligned with the cultural demographics, strengths, and needs of their assigned communities. CSIP recipients are selected based on their demonstrated commitment to cultural awareness and social justice, personal identification with marginalized communities, and/or lived experience with behavioral health conditions. Additional priority is given to interns with non-English language capacity and cultural identity that reflects the communities they serve. During FY 24–25, nine students applied for CSIP consideration; seven were selected based on their exceptional qualifications, alignment with BHRS values, and dedication to advancing health equity.

This year’s CSIP group completed a collaborative project focused on San Mateo County’s declaration of loneliness as a Public Health Emergency, following the Board of Supervisors’ unanimous resolution on January 30, 2024. This local effort responds to the national call to action issued by U.S. Surgeon General Dr. Vivek Murthy, emphasizing the urgent need to strengthen social connection and address the significant health risks associated with loneliness. Within this framework, each intern conducted a focused exploration of loneliness through a unique racial, cultural, or social lens, examining how different communities experience, navigate, and attempt to reduce loneliness.

		<p>The group collectively designed a study to explore how loneliness is perceived and addressed cross-culturally in San Mateo County. Interns conducted interviews, reviewed community feedback, and identified gaps within the current BHRS and broader county systems. By analyzing loneliness through culturally distinct perspectives, the interns highlighted disparities, surfaced protective cultural practices, and lifted up community-informed strategies for reducing isolation. This work not only aligns with the County’s public health priorities but also enriches BHRS’s understanding of how loneliness impacts diverse populations and how culturally responsive solutions can be integrated into behavioral health practice.</p> <p>Successes:</p> <ul style="list-style-type: none"> • CSIP Cohort Achievement: Despite departmental workforce shortages, the WET team successfully supported seven CSIP recipients, providing stipends for their contributions to HEI-centered projects that advance BHRS’s equity goals and strengthen culturally inclusive care. • Continued and Expanded University Partnerships: The Internship Coordinator renewed MOUs with Smith College and San Francisco State University and established new partnerships with Alliant International University, Touro University, and Arizona State University, broadening the recruitment pipeline and enhancing academic collaboration. • BHRS Retention Initiatives: In partnership with CalMHSA, WET awarded nine BHRS employees Educational Loan Repayment Program (ELRP) awards, supporting workforce stability and incentivizing retention in hard-to-fill clinical positions. • Enhanced Training Promotion and Access: WET expanded its external training calendar, allowing staff to better plan, register, and participate in professional development opportunities aligned with organizational needs. • Growth in Cultural Humility Training Completion: In FY 2024–2025, 82% of BHRS staff completed Cultural Humility 101, a 6% increase from the previous year. Eighteen sessions were offered, averaging two to three per month. A total of 286 participants attended, including 126 BHRS staff and 174 contracted providers. <p>Challenges:</p> <ul style="list-style-type: none"> • Agency-Wide Staff Shortages: Staffing shortages across BHRS impacted the team’s ability to host a larger intern cohort and limited staff capacity to participate fully in training opportunities. • Clinical Supervision Constraints: Reduced availability of licensed clinical supervisors resulted in a smaller pool of interns able to be placed within BHRS clinics and programs. • Training–Workload Balancing: Survey results highlighted that many BHRS employees struggle to balance essential trainings with high workloads, signaling a need for ongoing support and flexibility.
<p>Community Empowerment - Create opportunities for individuals with lived experience, families and community members to engage in decisions that impact their lives (Criterion 4)</p>	<p>The Parent Project® is a free, 12-week course for anyone who cares for a child or adolescent. The classes meet for three hours each week. Parents learn parenting skills and get information about resources and other support available in their communities.</p>	<p>In FY24-25, 97 individuals participated in the Parent Project® course. Of the 97 participants, 90% (87) completed at least one of the evaluation surveys, and 45% (44) completed both the pre-course and the post-course surveys. Additionally, 16% (16) completed the six-month follow-up survey. This response rate allowed us to compare pre-course and post-course responses by applying statistical testing methods. We also provide the full results of all survey responses we received, regardless of statistical testing. We organize the data in the following manner:</p> <p>Relational Practices & Dynamics: Parent Project® participants have a high level of emotional investment and care and believe they have positive relationships with their children but feel they need support in specific relational practices. Based on survey results, the Parent Project® course does not appear to reach families that feel deeply troubled about their child’s happiness or feel immense concern about relational or educational behaviors of their children at the outset of the course. This suggests that these improvements are the result of learning, insight, and skill-building gained through participation in the Parent Project® Program.</p> <ul style="list-style-type: none"> • A very high proportion of parents/caregivers reported they always or often express love (89%, 52) to their children. • Most feel that their children are somewhat or very happy (73%, 41). • Most express their feelings (69%, 39) to their children. • About half felt satisfied or very satisfied with their relationship with their children (57%, 33). • Very few parents/caregivers (4%, 16) reported that their children frequently display or engage in negative relational and educational behaviors, such as raising their voices or slapping when arguing, not sharing their whereabouts, or being truant, suspended, or having disciplinary problems at school.



Parenting Practices & Communication: Parent Project® is well-positioned to influence participants' parenting skills, demonstrated by pre-course responses where only about half of participants reported 'positive' responses, indicating an area with room for participant growth.

- **About half of participants felt satisfied or very satisfied with their parenting skills** (53%, 31) at the start of the course. Only a small subset of parents/caregivers (16%, 9) felt dissatisfied in this area.
- **Around half of parents/caregivers reported often or always engaging in positive communication and parenting practices**, including defining clear expectations (58%, 32), remaining calm when arguing (56%, 32), and helping with homework (48%, 23). Around half reported it was somewhat or very easy to communicate with their children (29).

Worries & Concerns: Another area that facilitators can further explore in the course is participants' worries about their children's

risk behaviors and mental health. Notably, course participants are more worried about their children's mental health compared to risky behaviors. The Parent Project® course (it would appear) is not reaching families whose children engage in risky behaviors such as substance use or gang-related activities.

- **Only some** parents/caregivers were moderately or very **worried about their children's risk behaviors**, however **only a small proportion** parents/caregivers reported that their **children engage in those risk behaviors**:
 - **Between 20% and 30%** of parents/caregivers were **moderately or very worried about their children's alcohol use, drug use, and gang involvement respectively**.
 - **Only 0% to 13%** of parents/caregivers reported that their children **"sometimes" or more frequently consume alcohol, drugs, are involved in gangs, or run away from home**.
- In comparison, **more parents/caregivers are worried about their children's mental health**: 42% (23) were moderately or very worried about their children's mental health.

Relational Practices & Dynamics: At the conclusion of the Parent Project® course, parents/caregivers reported very positive ratings related to their emotional investment and relationship with their children. When asked about the best part of the course in an open-ended question, many participants said their biggest takeaway was how important it is to show love and affection to their children. In addition to specific techniques and a sense of camaraderie, the course affirmed the value of care and love in building strong relationships between parents/caregivers and their children.

- **A very high proportion** of participants reported they always or often **express love** (96%, 66) to their children and that they are **satisfied or very satisfied with their relationship with their children** (93%, 65).
- Four in five often or always **share their feelings** (82%, 59) with their children.
- Most feel that their children are somewhat or very **happy** (76%, 55).
- Few parents/caregivers (ranging from 3% to 14% or 2 to 7 respondents) reported that their children **often display or engage in negative relational and educational behaviors**, such as raising their voices or slapping when arguing, not sharing their whereabouts, or being absent or having disciplinary problems at school.

Parenting Practices & Communication: At the conclusion of the Parent Project® course, parents/caregivers expressed high satisfaction with their parenting skills and practices. Between two-thirds and three-quarters of parents/caregivers reported engaging in positive parenting practices. In open-ended responses, participants mentioned improvements in their communication skills, their self-control during arguments, and techniques for moments of discipline (e.g., TEASPO).

- **A majority of parents/caregivers reported they felt satisfied or very satisfied with their overall parenting skills** (84%, 59).
- **A high proportion of parents reported often or always engaging in positive communication and parenting practices**, including defining clear expectations (76%, 54), remaining calm when arguing (74%, 53), and helping with homework (68%, 43).

- For most (70%, 49), it was easy or somewhat easy to communicate with their children.

Worries & Concerns: At the end of the course, few participants reported that their children engaged in visibly dangerous behavior. Similarly, few participants reported they were moderately or very worried about such behaviors:

- Between 10% and 21% (7 to 15) of parents/caregivers were moderately or very worried about their children’s alcohol use, drug use, or gang involvement.
- A small but slightly larger proportion of parents/caregivers (28%, 20) were moderately or very worried about their children’s mental health.
- Still, the course offers participants knowledge about how to access services: most (91%, 64) noted that they have gained knowledge they can use to access behavioral health services.

Course Evaluation: The Parent Project® course, including its facilitators and guest speakers, received positive evaluations from participants, who indicated that they enjoyed and benefitted from participating in the course:

- Virtually all respondents (99%, 67) reported a “good” or “excellent” experience with the Parent Project® course.
- A majority (96%, 65) reported the course was helpful to them.
- In open-ended responses, participants expressed appreciation for the course facilitation. They describe the course facilitation and facilitators as professional, respectful, clear, and kind.
- Additionally, the Parent Project® course connects participants to community resources, including behavioral health resources and access information. Almost all participants (92%, 66) participants reported learning about community resources, including alcohol and drug services, the Health Ambassador program, and suicide prevention materials, among others.

Participants continue to report positive sentiments and practices in the three to six months after taking the course. For this subset of participants, the learnings and growth from the course continue to stick with them months after taking the course. A majority reported high levels of satisfaction and agreement with respect to:

- Their relationship with their children (94%, 15 - satisfied or very satisfied) as well as the frequency with which they show love (94%, 15 - always or often) and share their feelings (88%, 14 - always or often). Notably, all other responses were neutral, and none expressed dissatisfaction or rarely demonstrated these behaviors.
- Their overall parenting skills (88%, 14 - satisfied or very satisfied), including having fun with their children (94%, 15 - always or often) and defining clear expectations (100%, 16 - always or often). Similarly, no respondents expressed dissatisfaction or rarely demonstrating these behaviors.

When asked to reflect specifically on their experiences in the time that has passed since their participation in the Parent Project® course, all (or nearly all) respondents indicated continued growth in their parenting behaviors and relationships:

- All (100%, 15) parents/caregivers agreed or strongly agreed that they express love and affection to their children more often and all (100%, 15) indicated that their parenting skills have improved.
- All but one parent/caregiver (94%, 15) agreed or strongly agreed that they notice a positive change in the relationship with their children and feel communication with their children has improved.

Opportunities for Improvement:

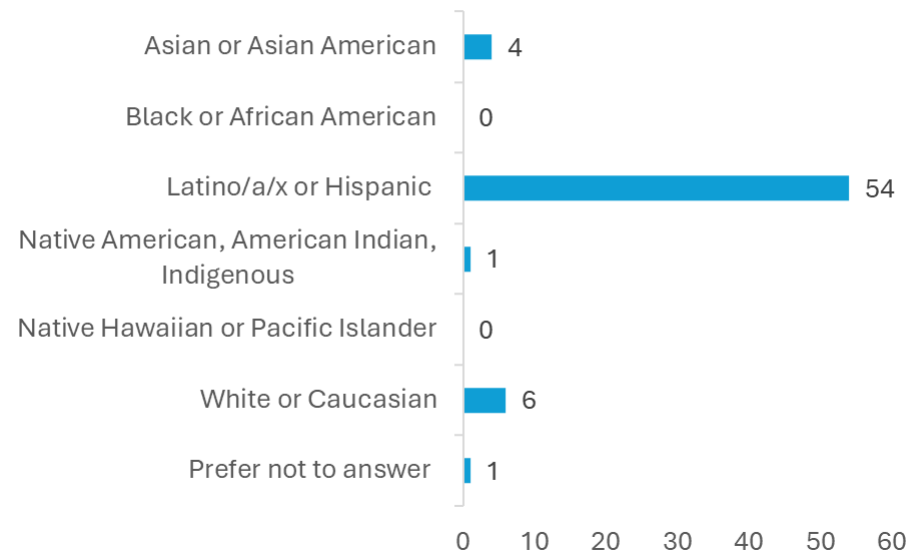
- Continue to focus on building parents’/caregivers’ capacity to express their feelings to their children. The increase from pre-assessment to post-assessment with respect to the frequency with which parents/caregivers express their feelings to their children is not statistically significant at the same level as other areas related to relational dynamics and parenting practices. While there is a positive increase in the number of parents/caregivers who often or always express their feelings to their children, it was not possible to conclude with the same level of confidence that the effect was due to the Parent Project® course. Still, these results are encouraging and something to explore in future courses.
- Explore ways to engage parents/caregivers around their concerns about their children’s behaviors and the strategies for preventing behaviors while mitigating feelings of worry. Course participation did not shift the group’s worries and concerns about their children’s mental health, alcohol and drug use, gang involvement, and teen pregnancy at statistically significant levels, unlike many other areas asked about in the survey. The same is true when comparing post-assessment to follow-up assessment. Instead, changes tended to happen at the individual level with some respondents becoming more worried while others became less worried. However, worry levels were already relatively low across the group. Notably, worry can be informed by many factors both outside of the course, such as where a family lives, changing child behaviors, or parental/caregiver assessment of potential dangers, as well as factors within the course, such as hearing other participants’ concerns, learning about resources, or improving skills. The Parent Project® facilitators can pay attention to these dynamics in class and try to identify whether some concerns can be addressed in class.

- **Reinforce communication skills.** Though a small sample, from post- to follow-up, participants reported slightly less favorable outcomes related to their communication practices (like remaining calm). This may indicate that communication skills do not persist as consistently for participants compared to other skills.
- **Continue to adapt course materials and be responsive to younger parents and parents of younger children.** While very positive overall, a small number of participants wished for the course to be geared toward younger parents and include more material aimed at younger children. In open ended responses, a small number of participants mentioned that the existing materials felt geared toward parents/caregivers of teenagers.

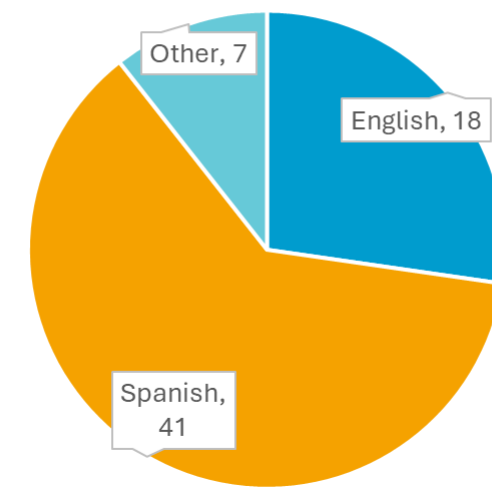
Parent Project Application Data: Respondents' Demographics (2024-2025)

Of the 97 course participants, 67 people completed the application, which was the only survey that collected demographic information. As a result, these demographics only account for 69% of participants. These results may not be representative of all course participants.

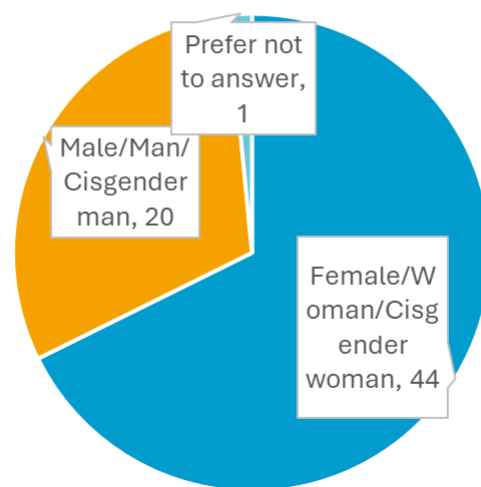
Participant Race/Ethnicity (n=66)



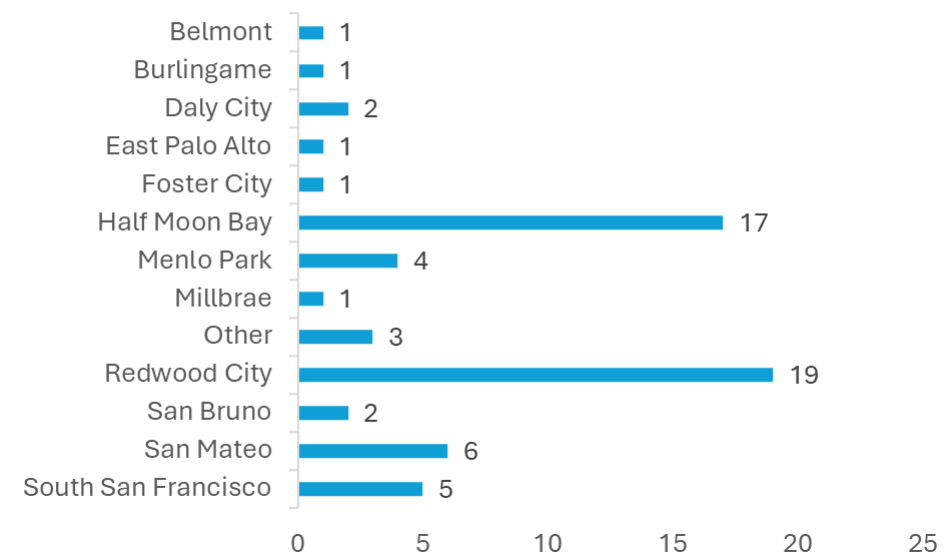
Participant Primary Language (n=66)



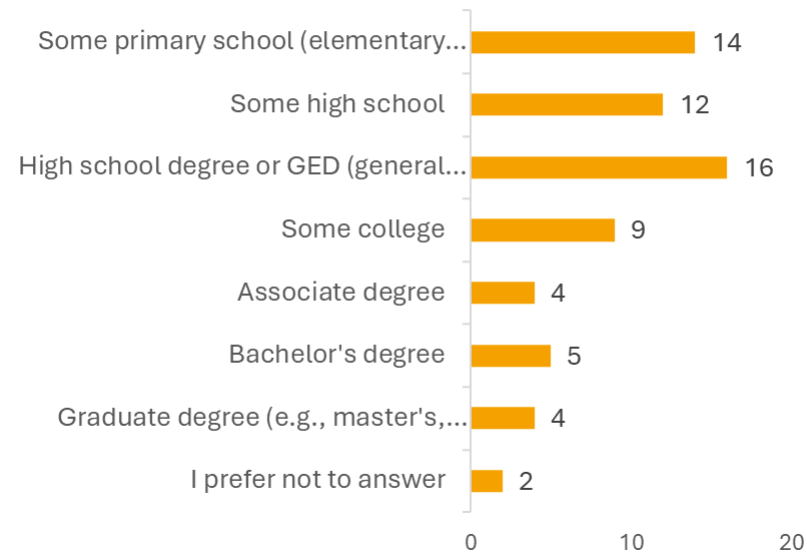
Participant Sex/Gender Identity (n=66)



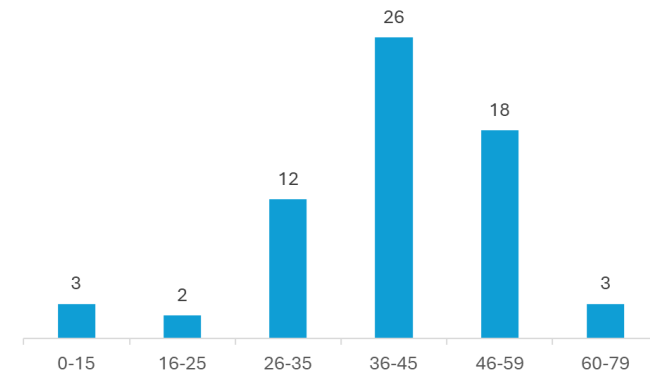
Participant City of Residence (n=64)



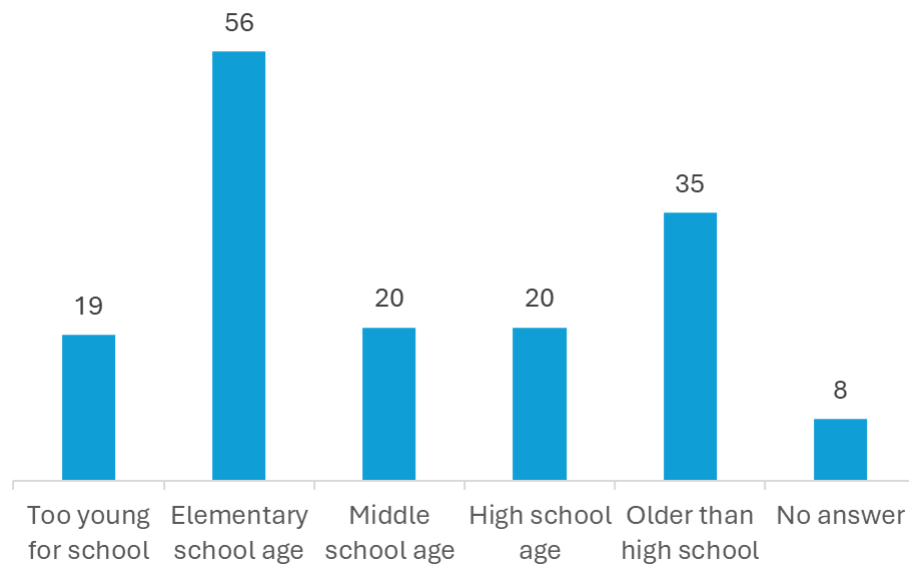
Participant Level of School (n=66)



Participant Age (n=64)



Grade Level/Age of Children (n=158)



Higher participation of Latine community members in the Health Ambassador Program (HAP) and Parent Project® reflects intentional targeted outreach, documented behavioral health needs and structural barriers to care for Hispanic/Latine families in San Mateo County. Latine residents comprise about 25% of the county’s population, making them one of the largest ethnic groups locally. At the same time, Latine communities nationally experience lower access to behavioral health care and lower rates of treatment utilization

		<p>compared to other groups, with Hispanic adults receiving mental health treatment at a rate about 28% lower than the general population. These disparities are shaped by language access limitations, structural barriers to care, stigma, and social determinants of health that contribute to higher unmet needs. Youth behavioral health trends in the county further underscore the urgency: San Mateo County high school students report elevated rates of suicidal ideation, with Hispanic students reporting substantial levels of serious consideration of suicide (on par or slightly higher than White peers in regional surveys). Local adolescent surveys also show widespread feelings of depression, nervousness, or emotional stress among youth (around 70% reported these feelings in one county report).</p> <p>Participation patterns in Parent Project® are also influenced by service delivery constraints. Over time, community partner facilitation has decreased, leaving only two providers offering the course exclusively in English and Spanish, and currently only one community-based provider active after the second closed. This reduction has limited language access beyond English and Spanish and concentrated participation among Spanish-speaking Latine families who continue to face gaps in culturally and linguistically responsive early-intervention services.</p> <p>Upcoming FY 25-26-Loving Solutions</p> <p>Parent Project's® Loving Solutions curriculum is a parent training program for parents and caregivers of children, ages 5 to 10 years, who display difficult or unwanted child behaviors. This program replicates the methods used in the Parent Project® program and adapts them to suit the needs of younger children. The Office of Diversity and Equity's (ODE) intends to launch the Loving Solutions Program amongst Behavioral Health and Recovery Services (BHRS) Youth Leadership team to integrate clinical practices to the curriculum.</p> <p>In FY 24-25 BHRS clinicians were trained to facilitate the Loving Solutions curriculum to provide for parents and/or caregivers of BHRS youth clients. Clinicians will build on these teachings with a therapeutic lens to support existing therapeutic practices. The Office of Diversity and Equity (ODE) will support with adapting the curriculum to be culturally and trauma informed. ODE will also provide support in data collection (administering surveys, creating annual reports, etc.) and classes are projected to start in 2026 by the BHRS Youth Interface team.</p>
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Health Ambassador Program (HAP) was developed as a response to feedback from the graduates of the Parent Project® who wanted to continue learning about how to appropriately respond to behavioral health issues and get involved within their communities and the broader BHRS decision-making processes.



BHRS Health Ambassador Program (HAP)

BHRS Health Ambassadors are trusted community members who use their lived experience, compassion, and cultural understanding to promote healing and well-being. Established in 2014, the Health Ambassador Program (HAP) was created in recognition of the essential role that clients, family members, and community leaders play in fostering recovery, resilience, and connection within their communities.

The Ambassador journey begins with personal healing and growth. Ambassadors first work through their own experiences with stigma, trauma, and behavioral health challenges while building self-awareness and self-compassion. They connect with behavioral health services and support to strengthen their personal well-being and resilience. Throughout this process, Ambassadors receive ongoing support and create meaningful connections with the program coordinator and support team and with one another, cultivating a strong sense of belonging and mutual encouragement.

Grounded in their lived experience and training, Ambassadors are then empowered to support their loved ones and their broader community through advocacy, education, and outreach that promotes safety, hope, and empowerment.

Health Ambassadors:

- Facilitate youth and adult behavioral health education (e.g., Mental Health First Aid, Know the Signs Suicide Prevention, NAMI Basics and Family to Family, Parent Project®, WRAP) to build community understanding and compassion.
- Help identify community needs and share feedback with the County to ensure services are responsive, inclusive, and culturally and trauma-informed.
- Promote awareness of behavioral health and wellness resources to reduce stigma and encourage healing-centered, help-seeking behaviors.
- Support culturally responsive and trauma-informed outreach and engagement efforts that foster trust and belonging.

By the end of the **24-25 Fiscal Year**, there are **89 BHRS Health Ambassadors**, with a goal of reaching 100 by December 2025.

The Behavioral Health & Recovery Services (BHRS) Health Ambassador Program (HAP) continues to play a vital role in advancing health equity, expanding access, and strengthening community wellness across San Mateo County. Rooted in lived experience, cultural humility, and trauma-informed practice, HAP empowers trusted community members to serve as bridges between underserved populations and essential behavioral health resources. Through education, advocacy, and peer-based support, Ambassadors reduce stigma, promote recovery, and ensure that families who have historically faced barriers can access timely, culturally relevant care. The following sections summarize the program’s impact across six core areas aligned with BHRS strategic goals.

- 1) **Improves timely access & Linkages for Underserved Populations:** HAP improves timely access by using **trusted community members**, individuals with lived experience who are embedded in local neighborhoods, to connect underserved residents with behavioral health education, county services, and crisis resources. Ambassadors promote BHRS support in culturally resonant ways, reducing confusion and fear about seeking help. Because Ambassadors are often the **first point of contact**, by conducting outreach and promotion of BHRS services in community settings, they provide immediate linkages to services, helping community members access care earlier and more confidently. The program has additionally supported warm handoffs, connecting eligible medi-cal recipients to the Call Access Center,
- 2) **Reduces Stigma and Discrimination:** The foundation of HAP is the personal healing journey of Ambassadors, who openly address their own experiences with stigma, trauma, and behavioral health challenges. By modeling vulnerability, strength, and recovery, Ambassadors normalize conversations about mental health, and substance use ant with that reduce fear, shame, and misinformation. Their culturally grounded outreach, delivered in the community’s preferred language and from a place of mutual respect, helps break down stigma and discrimination related to seeking behavioral health support.
- 3) **Increase Number of Individuals Receiving Public Health Services:** The BHRS Health Ambassador Program significantly expands community access to public health education, prevention, and early intervention services. Ambassadors facilitate high-impact training, including **Mental Health First Aid, Know the Signs Suicide Prevention, WRAP, NAMI Family programs, and Parent Project®**, bringing behavioral health knowledge directly into the community. Through these efforts, more residents receive timely education, support, and connection to BHRS care pathways.

A core example of this impact is the delivery of **31 Spanish-language suicide-prevention presentations**, which reached **390 community members** across nine cities. These culturally responsive sessions equipped participants with essential knowledge of crisis lines, BHRS services, and local supports—substantially increasing the likelihood that individuals and families will access public health services when needed. For many Spanish-speaking residents, HAP serves as a trusted and accessible **gateway into care**, particularly for communities that have historically underutilized behavioral health services.

In addition to training, Ambassadors expand reach through community engagement. During the reporting period, HAP supported: **27 Resource-Tabling Community Events** including SMC Health Equity Initiative events, community health and wellness fairs at libraries, parks, community centers, immigration support events, and specialized presentations.

Through these combined efforts, trainings, presentations, and resource-tabling events, HAP meaningfully increases the number of residents who receive public health services in San Mateo County. The program broadens awareness, reduces barriers, and **strengthens pathways to care**, particularly for underserved and linguistically isolated communities.

5) Reduces Disparities in Access to Care: HAP specifically focuses on communities that historically face barriers to care, immigrant communities, monolingual speakers, marginalized groups, and families affected by trauma. Ambassadors offer information and resources in culturally responsive ways that honor language, lived experience, and community norms. By identifying local needs and sharing them with the County, Ambassadors help ensure that services are **inclusive, responsive, and trauma-informed**, directly reducing disparities in who receives care and how.

6) Implements Recovery Principles: HAP integrates core recovery principles, including:

- **Hope:** Ambassadors model healing and possibility, and that individuals can support one another in healing.
- **Empowerment:** They gain skills, self-awareness, and confidence to support their loved ones and communities.
- **Peer support:** Ambassadors use their lived experience to connect authentically with others.
- **Respect & cultural humility:** Training, presentations, and outreach are grounded in compassion, belonging, and cultural understanding.
- **Community inclusion:** Ambassadors strengthen community ties and help people feel safe, valued, and seen.

7) Additional Activities that Benefit the Individuals we Serve:

- **Community voice & advocacy:** Ambassadors help identify gaps and provide feedback to BHRS to improve service equity.
- **Trauma-informed outreach:** Their compassionate presence fosters trust in systems that many communities historically distrust.
- **Leadership development:** Ambassadors develop confidence and skills that positively influence their families and neighborhoods.
- **Strengthened support networks:** HAP foster collective healing, shared learning, and stronger support systems within the community and with BHRS teams.
- **Sustainable community capacity:** With nearly 100 Ambassadors, HAP creates a lasting network of culturally responsive wellness leaders throughout the county.

8) Health Ambassadors' Role in Compliance and Quality Assurance: BHRS Health Ambassadors play an important role in supporting compliance efforts by assisting with test calls designed to ensure community members receive accurate, timely, and culturally responsive information about available behavioral health services. Through these test calls, Health Ambassadors help identify gaps in communication, access, and customer service, allowing BHRS to strengthen its responsiveness and ensure that individuals seeking support are appropriately connected to the services they need. Since this collaboration began, and in partnership with the Office of Consumer and Family Affairs, all required test-call targets have been met and consistently exceeded—demonstrating the effectiveness of this model and the dedication of those involved. Their participation not only enhances quality assurance and compliance with state and county standards but also brings valuable community perspective into system-improvement efforts, reinforcing BHRS's commitment to equitable, client-centered care.

~ANNUAL SURVEY OUTCOMES

The following highlights reflect the strengths, growth, and progress reported through the Program's **Annual Survey**. **A total of 75 Health Ambassadors shared their experiences and reflections through SurveyMonkey.** Their voices help us celebrate the program's impact in promoting career growth, confidence, and access to behavioral health care while reducing stigma and fostering healing within the community.

CAREER GROWTH AND PROFESSIONAL DEVELOPMENT

Many Ambassadors shared that their participation in the Health Ambassador Program (HAP) supported them in building confidence, skills, and motivation to pursue professional goals in behavioral health.

Peer Certification Progress

- 43% of respondents have either received, applied for, or are working toward State Peer Certification, reflecting increased readiness and interest in professional advancement.
- I am interested in working toward peer certification: 33%
- I have applied or am currently working toward peer certification: 2%
- I have received peer certification: 8%

Employment and Career Advancement

Ambassadors reported meaningful progress in securing employment or pursuing opportunities in the behavioral health field:

- 26% of Ambassadors have been hired for contract work, applied for jobs, or gained employment with BHRS or another behavioral health organization.
 - I have been hired for contract work with BHRS or another behavioral health organization: 10%
 - I have applied for a job with BHRS or another behavioral health organization, or I am working toward applying: 10%
 - I have gotten a job with another behavioral health organization: 6%

These outcomes highlight the program’s role in supporting personal empowerment, career readiness, and community leadership. In addition, the outcomes show how Ambassadors are using their lived experience to serve and strengthen their communities.

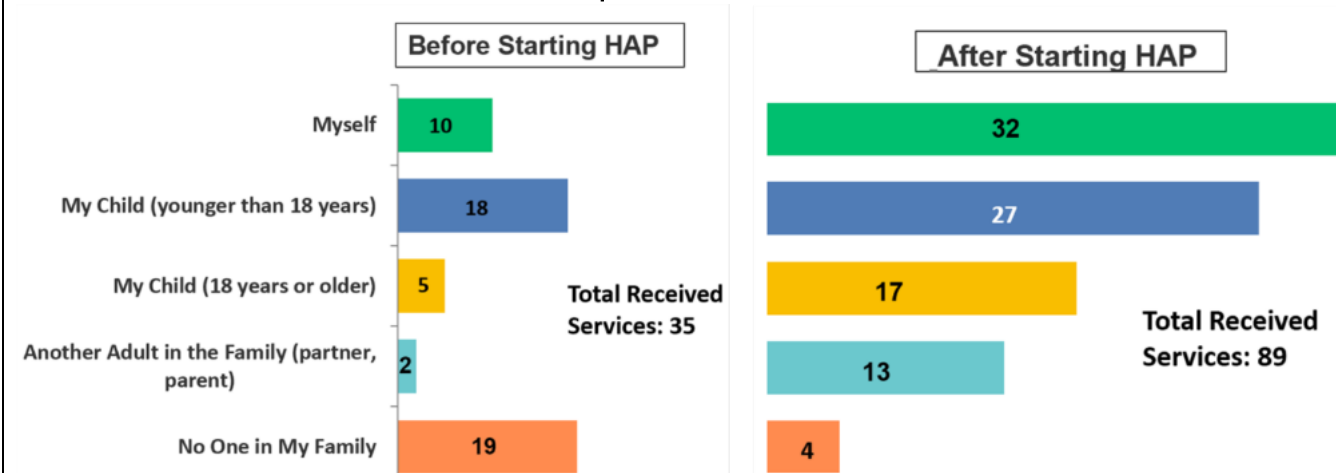
STIGMA REDUCTION AND INCREASED ACCESS TO SERVICES

Through participation in HAP, Ambassadors reported feeling more comfortable discussing mental health, accessing behavioral care, and supporting others in accessing services. This confidence translated into increased access to behavioral health services for themselves, their families, and their communities.

- Before HAP training: 35 ambassadors reported that they or their family members were receiving mental health, substance use, or recovery services.
- After HAP participation: 89 ambassadors reported that they or their loved ones had begun accessing services for mental health, substance use, or recovery needs.

This growth reflects the program’s success in reducing stigma and fostering safe, compassionate connections to care through peer leadership and community trust. The data demonstrate how the Health Ambassador Program helps bridge gaps between community members and San Mateo County Behavioral Health and Recovery Services (BHRS), empowering participants to seek support for themselves and others.

Access to Services Before and After HAP Participation



Increased Access to Behavioral Health Services Among HAP Participants

Access to Services	Before HAP Participation	After HAP Participation	Change / Growth
Participants (or their loved ones) receiving mental health, substance use, or recovery services	35	89	+54 individuals
Percentage of survey respondents reporting increased comfort discussing mental health and accessing services	154%	Significant increase reported qualitatively	Reflects reduction in stigma and enhanced connection to care

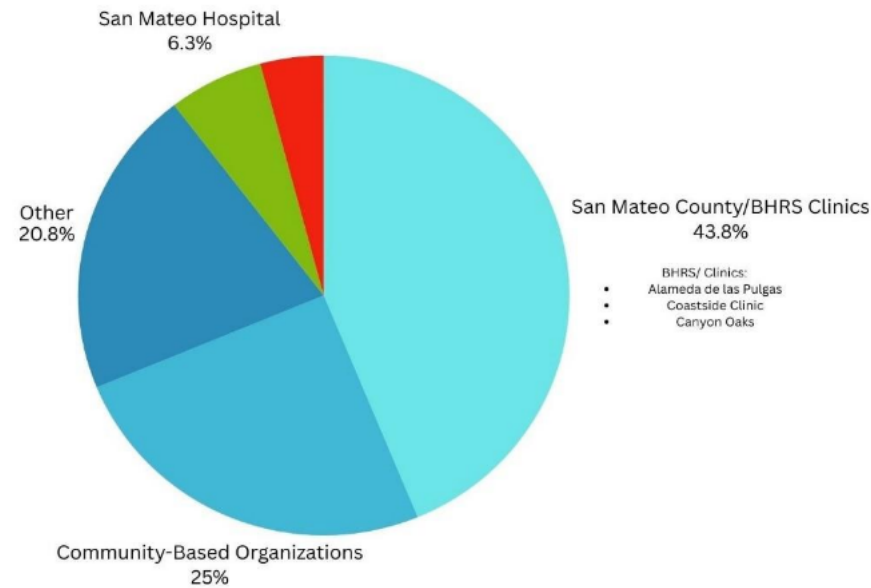
Following their involvement in the Health Ambassador Program, 54 additional participants (or their family members) began receiving BHRS

services. This shift demonstrates meaningful progress toward stigma reduction, empowerment, and improved access to care across the community. The increase in service engagement shows how community trust, peer connection, and culturally responsive education can empower individuals and families to access the care they deserve. In addition, this increase reflects not only more people accessing services, but more individuals from marginalized communities who have historically faced discrimination, harm, and broken trust with government systems engaging in care. Many of whom have been hesitant to reach out for support due to these historical experiences.

Ambassadors’ Preferred Access to Care

When asked where they prefer to access behavioral-health services, Health Ambassadors most commonly identified **San Mateo County BHRS clinics**, including Alameda de las Pulgas, Coastside Clinic, Canyon Oaks, and other county sites, as their primary choice, with **43.8%** selecting these locations. This reflects strong trust and familiarity with county-operated services.

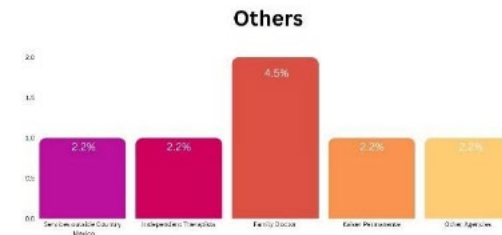
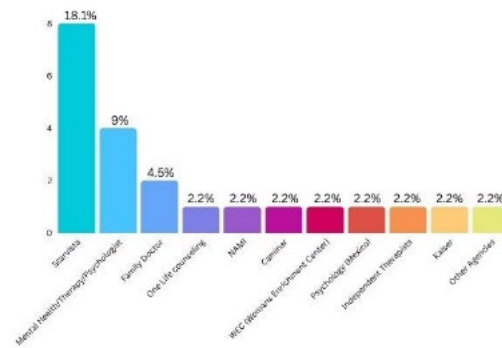
Preferred Behavioral Health and/or Substance Use Provider



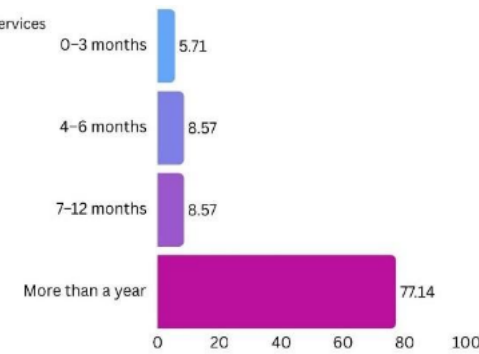
An additional **25%** of Ambassadors prefer receiving care through **community-based organizations**, highlighting the importance of culturally rooted, community-driven supports. Another **20.8%** indicated “other” settings, suggesting a mix of private providers, schools, peer-led spaces, or alternative care pathways. Meanwhile, **San Mateo Medical Center** was selected by **6.3%**, showing a smaller yet meaningful connection to hospital-based behavioral-health services.

Overall, the data suggests that Ambassadors rely most heavily on BHRS clinics and community organizations, settings known for cultural responsiveness, accessibility, and trust, which underscores the critical role these systems play in supporting community wellness.

Community Based Organizations



Q: Length of receiving services



The Program Annual Survey included 23 questions, five of which were open-ended. The data collected is shared below.

Q. 5 If applicable, please share about the people (including other Health Ambassadors), organizations, and/or resources you got connected to through HAP. 42 answers were collected and categorized by the most common themes.

1. Connection and Support

Many of the participants mentioned the sense of belonging and community they've gained from the program. "It was helpful meeting others who understand their struggles or through developing a strong support network."

"By taking the HAP classes, I found good friends. Now I have two good Health Ambassador friends with whom I go walking and eat, we talk about our lives and support each other. I feel more connected to the community that I help."

2. Personal Growth and Empowerment

Participants expressed a sentiment of personal development during the program. This ranges from gaining knowledge or confidence and recognizing personal strengths.

3. Learning and sharing knowledge

Many participants expressed that they learned a lot about mental health, how to share resources and being able to empower others.

4. Sense of Purpose and Advocacy

With the training, participants have felt more comfortable with advocating for themselves and others. This could involve speaking about mental health issues, navigating resources or even just supporting family and friends.

"HAP helped me recognize my strengths, work on my weaknesses, strengthen my voice, and advocate for myself, my family, and others. It has allowed me to face certain challenges, like speaking in public and sharing our message about Suicide Prevention."

5. Healing and personal well-being.

Many participants talked about how their experience in the program allowed them to overcome challenges, heal from trauma and even improve their mental health.

QUESTION 6: If applicable, how has being involved in leadership opportunities with HAP impacted you and your family? 42 answers were collected and categorized by the most common themes.

1. Community Engagement and Advocacy

Many participants described actively engaging with their communities. Whether it be with collecting data, volunteering at events, leading resource tables, supporting vaccination drives and advocating for mental health awareness. It seems there is a strong emphasis on helping others and spreading accurate information.

“I didn’t know about data collection at all. My daughter and I participated in the PRIDE event collecting data, and it was a very surprising experience. It was our first time in an event like that, and we learned that the LGBT people just want to be people, and they deserve respect. The following year we volunteered again.”

2. Cultural Inclusion

Several participants felt that cultural understanding and language access (since training was offered in Spanish) was valued and a better representation of diverse voices in mental health conversations.

3. Healing and Family Transformation

Many participants emphasized personal and family healing through the program. HAP was able to assist with key support during crises, helping them recover, offered stability and provided hope for their families.

4. Skill Building and Personal Development

Many felt that they were learning practical and professional skills, such as being given the opportunity to organize events, and understanding the mental health systems.

“I participated in focus groups to improve BHRS services. I received training to facilitate the Recognize the Signs workshop. If I hadn’t received that training, I wouldn’t have had the right words to talk to people going through a suicide situation. I learned to listen.”

5. Empowerment and Confidence

Participants had frequently mentioned in their responses that they had developed a confidence, self-esteem and a sense of purpose with their involvement in HAP. Many were able to overcome fears about speaking in public or sharing their stories.

This follow-up question was asked after participants indicated whether HAP had supported their career development in the behavioral-health field (e.g., obtaining a job, applying for roles, completing peer certification). We then asked: **QUESTION. 9 “How has this impacted your life and your family’s life?”** 26 responses were collected and categorized into the most common.

“Now that I have papers to work, I would like to ask for a job in a mental health organization because I have a lot of knowledge and lived experience, but English limits me.”

Career Growth, Workforce Participation & Volunteerism

- Securing jobs or becoming job-ready
- Pursuing Peer Certification
- Enrolling in higher education (e.g., addiction studies programs)
- Volunteering with NAMI, CARON, PCRC, Faith in Action, and others
- Feeling confident to pursue work in behavioral health due to lived experience and training (e.g., Family Partner)
- Recognition for their contributions (e.g., Hoffman Award)

“I’m pursuing an associate’s degree in Addiction Studies specializing in Co-occurring Disorder and hopefully earn a position with the county as an addiction counselor and a certified Peer Support worker.”

Question 11: (Optional) Could you share one or two situations in which you have advocated for yourself/family/community? 30 answers were collected and categorized by the most common themes.

1. Advocacy for Children in Schools

Participants frequently described advocating for their children’s educational needs, including:

- Requesting evaluations and services for ADHD, speech delays, or behavioral health needs
- Addressing unfair treatment or misunderstandings by teachers and school administrators
- Securing accommodations, therapeutic schooling, or appropriate support

“We advocated for our children at the school district level to obtain the necessary services, considering their behavioral challenges. Because of the services provided, they graduated from High School.”

2. Advocacy for Behavioral-Health Services (Self & Family)

Many participants shared how they can now:

- Request psychiatric, psychological, or crisis-support services
- Stand up for their rights in clinical settings (e.g., with doctors, dentists)
- Recognize symptoms early and seek help promptly
- Support family members through mental health or recovery

3. Community Advocacy & Peer Support

Several respondents described providing direct support to others by:

- Connecting neighbors, friends, and extended family to mental-health resources
- Offering guidance after HAP trainings (e.g., suicide prevention, WRAP)
- Sharing information across counties—even supporting individuals outside San Mateo County
- Advocating for community-level improvements, especially in Half Moon Bay

4. Empowerment & Assertiveness (“Finding My Voice”)

A strong theme was personal empowerment, including:

- Feeling confident to say “no” and set boundaries
- Speaking up at work or in community spaces
- Developing the courage to ask for help during personal crises
- Becoming more self-aware and emotionally resilient

5. Professional Growth & Workplace Advocacy

A number of participants highlighted:

- Advocating in workplaces for fair treatment of themselves and colleagues
- Pursuing jobs or roles in mental health (e.g., school district, wellness coach, facilitator roles)
- Using new skills to support clients, coworkers, or community members

“I felt so confident in myself after graduating twice from HAP that I was able to ask for a job at the School District, and now I am already working with high school students.”

6. Crisis Navigation & Safety Advocacy

Participants described:

- Intervening in mental-health crises
- Guiding others to crisis hotlines, legal support, or substance-use treatment
- Ensuring personal safety (e.g., seeking shelter, leaving unsafe relationships)

7. Faith, Hope, and Emotional Resilience

Some answers included:

- Relying on spiritual grounding when advocating
- Using WRAP and stress-reduction tools to regulate emotions
- Modeling resilience and hope for family members

Q. 23 How has being involved in mental health and/or substance use services impacted you and your family's life? (for example, relationship with children, hospitalizations, engagement in school, financial security) 32 answers were collected and categorized by the most common themes.

Most common themes expressed across all 32 responses.

Participants shared powerful and deeply personal accounts of how mental health and substance use services, including the support of the Health Ambassador Program, have impacted their lives. Across all responses, several strong themes emerged, reflecting healing, resilience, and transformation at the individual and family level.

1. Strengthened Family Dynamics

- Better communication
- More peaceful environments
- Stronger parent-child relationships

I communicate my needs better. Now I already have a job because before, with my daughter's challenges and mine, it was very difficult. I feel better. My daughter is now independent.

2. Increased Advocacy Skills

- Parents and youth are more confident seeking help
- Greater ability to navigate behavioral health systems

3. Enhanced Mental Health Literacy

- Recognizing warning signs sooner
- Responding effectively to crises
- Preventing hospitalizations through early action

"Because of my life experience and the trainings I've received (ASIST and Know the Signs) in suicide prevention, I have been able to help four people with suicidal thoughts; I talked to them, made a safety plan and gave them the resources to get help. All four received help in time and regained their desire to live."

4. Personal Growth and Recovery

- Reduced isolation and stress
- Participants manage their conditions more confidently
- Stories of long-term recovery and life improvement

"Before, it was hard for me to express myself, and I felt isolated from people. I feel more comfortable advocating for my children and seeking help for them and for myself."

5. Community Leadership & Contribution

- Participants supporting others with lived expertise
- Referring peers to resources
- Growing interest in behavioral health careers

6. Renewed Hope and Connection

- Increased sense of belonging
- Emotional healing
- Hopeful outlook for themselves and their families

SPANISH LANGUAGE SUICIDE PREVENTION IMPACT

In the *Reconozca Las Señales* suicide-prevention training, HAP collected data using the BHRS Office of Diversity and Equity Indicators (as seen in the chart and graphs below) to ensure the training was inclusive, respectful, culturally relevant, and trauma-informed. Results showed overwhelmingly positive outcomes: **Participants reported greater confidence advocating for their own or their family's behavioral-health needs**

(96%), stronger understanding of how mental health and substance-use conditions affect different cultures (95%), and increased knowledge and skills to access behavioral-health services (96%). Additionally, 94% said the training reinforced their belief that people living with mental illness can make meaningful contributions to society. These findings demonstrate the program's effectiveness in reducing stigma, empowering families, and improving culturally responsive access to care.

ODE Indicators:

Indicator 1: Self-Empowerment

1. Due to my participation in this program/training/event, I am more confident in my ability to advocate for the behavioral health needs of myself and/or my child/ren and/or another family member.

Indicator 2: Community Advocacy (or Community Empowerment)

1. Due to my participation in this program/training/event, I feel more confident in my ability to create change in my community.

Indicator 3: Cultural Humility/Identity

1. As a result of this program/training/event, I have a better understanding of how mental health and substance use challenges affect different cultures.
2. I feel like my identity, cultural background, and experiences (race, ethnicity, gender, religion, etc.) were affirmed by this program/training/event.

Indicator 4: Access to Treatment/Prevention Programs (Reducing Barriers)

1. Through my participation in this event/program/training, I have learned knowledge and skills that I can use to access behavioral health services.

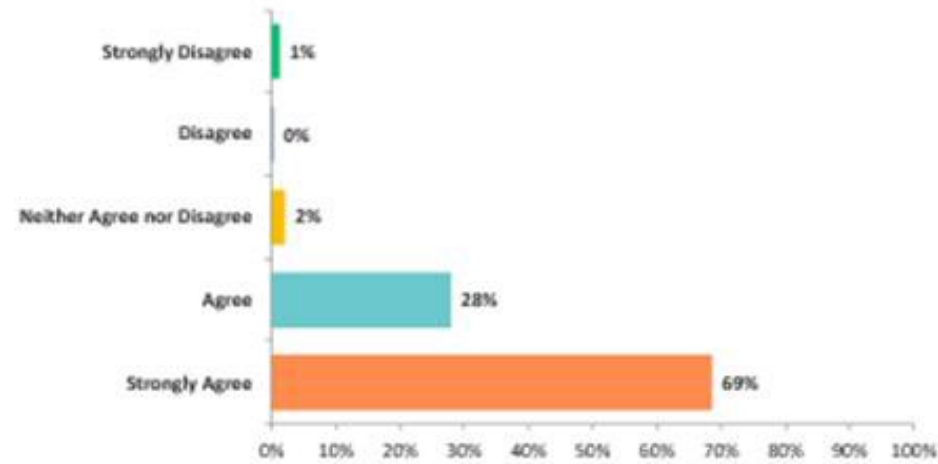
Indicator 5: Stigma Discrimination Reduction

1. Due to this program/training/event, I feel more comfortable talking about my mental health and/or substance use (*self/internal*).
2. This program/training/event affirmed that people with mental illness are capable and able to make positive contributions to society.

HAP RLS Data:

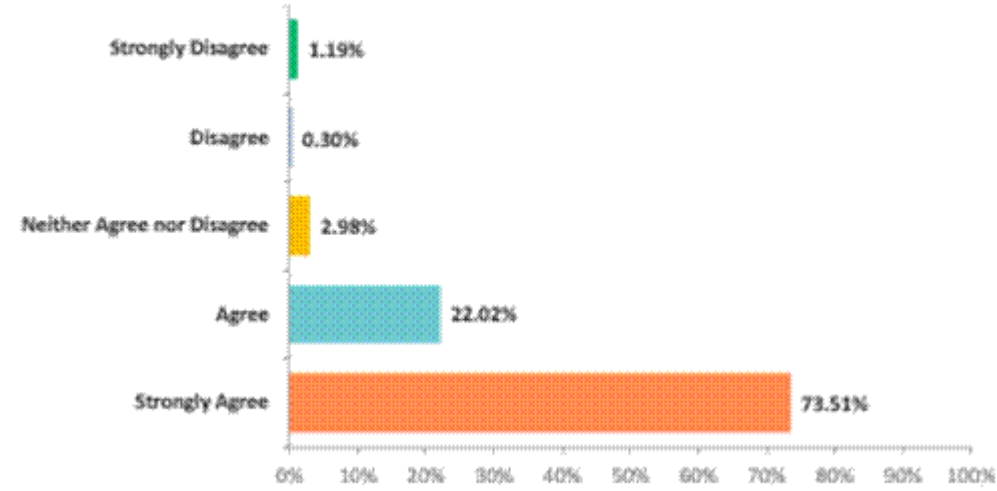
Q5: Thanks to my participation in this program/training/event, I feel more confident in my ability to advocate for my own behavioral health needs or those of my children or other family members.

Answered: 337 Skipped: 11



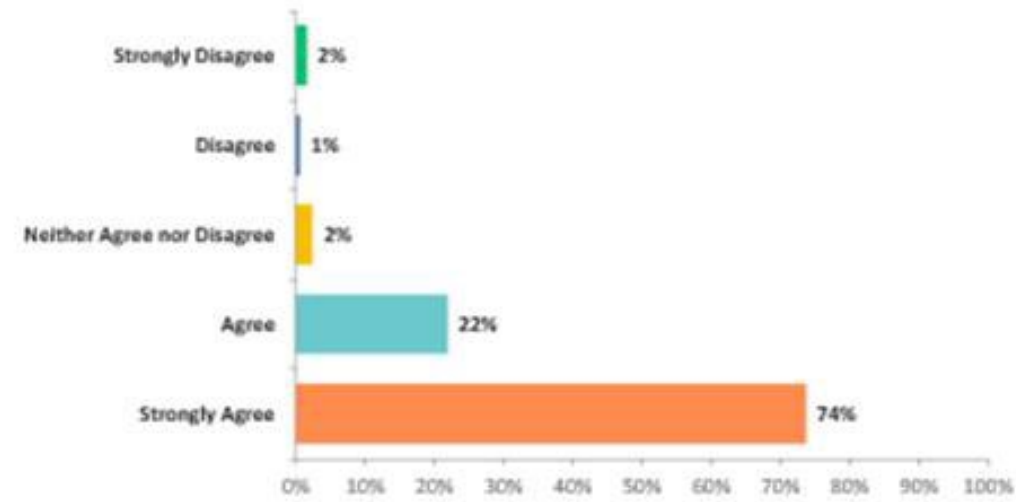
Q6: As a result of this program/training/event, I have a better understanding of how mental health and substance-use conditions affect different cultures.

Answered: 336 Skipped: 12



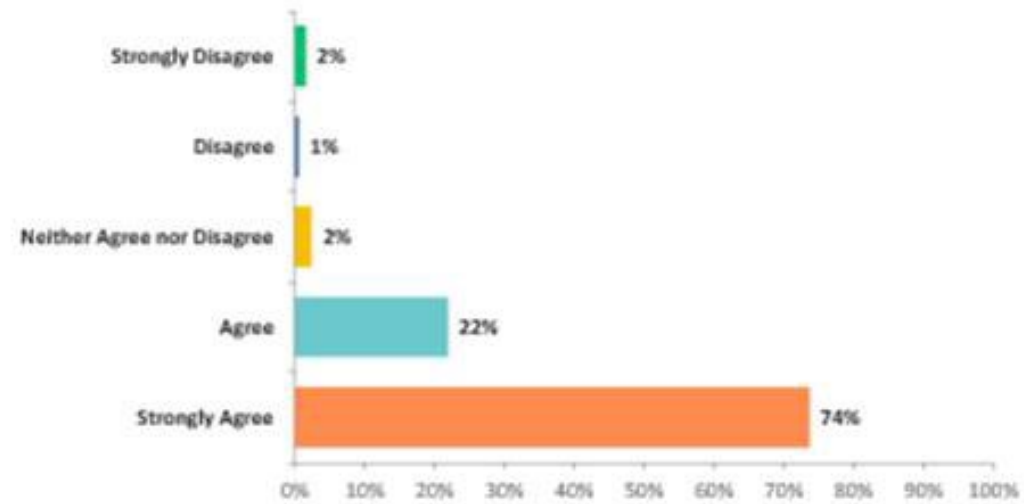
Q8: Through my participation in this event/program/training, I gained knowledge and skills that I can use to access behavioral-health services.

Answered: 334 Skipped: 14



Q8: Through my participation in this event/program/training, I gained knowledge and skills that I can use to access behavioral-health services.

Answered: 334 Skipped: 14



HAP OUTREACH

The Health Ambassador Program annually reach hundreds of people with the purpose of connecting the most vulnerable populations with San Mateo County Behavioral Services and to reduce stigma against substance use and mental health. This fiscal year HAP held **27 Resource-Tabling Community Events** including SMC Health Equity Initiative events, community health and wellness fairs at libraries, parks, community centers, immigration support events, and specialized presentations.

- Approximately 1,353 individuals served, with 2,320 visitors to our resource tables.
- 16 Health Ambassadors staffed these events, sharing BHRS information and resources, providing warm connections, collecting demographic and evaluation data, and offering support grounded in lived experience.



Health Ambassadors supporting community events in 2024.

The program challenges during the past fiscal year.

- Space available to offer training
- Improve data analysis & reporting tools.

5. CLIENT INFORMATION & DEMOGRAPHICS

Individuals Served	Definition	FY Total #
Unduplicated Clients Served	Number of individuals served in the primary program component(s), unduplicated counts.	399
Individuals Reached (duplicated)	Number of individuals served in all other components, if applicable. May be duplicated counts based on service provided.	1,353
TOTAL INDIVIDUALS SERVED	All individuals served across all program components (Unduplicated Clients Served + Individuals Reached).	1,752

7. OUTCOME DATA

HAP Unduplicated Participants Demographics Data Summary

The 399 community members who participated in the program reflect the rich cultural diversity, resilience, and lived experience of San Mateo County’s Spanish-speaking communities. Most participants were adults in caregiving and working years, **the vast majority (68%) between ages 26 and 59, with another 21% ages 60–73**. This age distribution highlights how deeply the program reached individuals who are often supporting families, navigating multiple stressors, and holding significant roles within their households and communities.

AGE RANGE	COUNT	% of TOTAL
26-59 years	272	68.17%
60-73 years	84	21.05%
16-25 years	23	5.76%
74 years or more	9	2.26%
Unanswered	8	2.01%
0-15 years	2	0.50%
Decline to state	1	0.25%
Grand Total	399	100.00%

Language and cultural identity were central to participants’ experiences. **Nearly 9 in 10 (87%) identified Spanish as their primary language, and 97% identified as Latino/a/x or Hispanic. Many were born outside the United States (76%), most commonly from Mexico and Central and South America.** These data reflect a community that may face additional barriers—such as language access, immigration-related stress, or historical trauma—yet continues to show strength, connection, and willingness to engage in healing-centered education.

PRIMARY LANGUAGE	COUNT	% of TOTAL
Spanish	348	87.22%
English	39	9.77%
Both English & Spanish	8	2.01%
Another Language	4	1.00%
Grand Total	399	100.00%

Gender identity also shaped participation: the majority identified as **female/woman/cisgender woman (72%)**, reflecting the strong engagement of women, many of whom often carry significant caregiving and community-support roles. About **20% identified as male/man/cisgender man**, showing balanced participation across genders. A small portion of participants chose not to answer (**6%**) or declined to state (**1%**), which is expected and respected in trauma-informed data collection where privacy and emotional safety are prioritized. One participant identified as a **transgender woman**, highlighting the program’s inclusivity and accessibility to gender-diverse community members.

Educational backgrounds varied, with many participants having a high school education or less, underscoring the importance of providing behavioral health information in clear, accessible, and community-informed ways.

GENDER IDENTITY	COUNT	% of TOTAL
Female/Woman/Cisgender Woman	288	72.18%
Male/Man/Cisgender Man	81	20.30%
Unanswered	24	6.02%
Decline to state	5	1.25%
Transgender Woman/Trans Woman/Trans-Feminine Woman	1	0.25%
Grand Total	399	100.00%

Participants represented a wide range of cities across San Mateo County, with the largest numbers from **Redwood City, San Mateo, South San Francisco, and Half Moon Bay**, as well as nearby communities. This broad geographic reach demonstrates the program’s ability to meet people in familiar, trusted spaces close to home.

When asked about their **connection to behavioral health**, responses varied: some participants identified as clients or family members, while many were not connected to formal services. This reinforces the need for community-based programs that offer safe, welcoming entry points to behavioral health support, especially for those who may feel hesitant or unsure about seeking help.

CLIENT/CONSUMER OR FAMILY MEMBER	Count of CLIENT/CONSUMER OR FAMILY MEMBER	% of TOTAL
Unanswered	129	32.33%
Neither	105	26.32%
Client/Consumer	62	15.54%
Family Member	45	11.28%
Decline to state	41	10.28%
Both	17	4.26%
Grand Total	399	100.00%

Overall, the demographics tell a powerful story: **the BHRS Health Ambassador Program is reaching the very communities most impacted by cultural stigma, language barriers, and inequitable access to care**, while honoring their lived experience, community wisdom, and resilience. By engaging Spanish-speaking immigrants, women, low-income families, and individuals with limited access to traditional health systems, the program is helping build community safety, belonging, and empowerment—core elements of trauma-informed practice.

7A. Increased Protective Factors; Decreased Risk Factors

The following positive mental health outcomes were reported through the Program’s **Annual Survey**. **A total of 75 Health Ambassadors shared their experiences and reflections through SurveyMonkey.**

Domain	Increased Protective Outcomes; Decreased Risk Factors Indicators/Questions	Total Individual s Answered the question	# who had positive outcome	%
<i>General mental health</i>	<i>Example: Due to this program, I am better able to participate in daily life.</i>			
<i>Self-empowerment</i>	<i>Example: Due to participating in this program, I think more positively about challenges in my life.</i>			
Access to Services	Q2: Through my participation in HAP courses and/or activities, I've learned knowledge and skills that I can use to access mental health and/or substance use services.	65	52	80%
Cultural Responsiveness	Q3: I feel like my identity, cultural background, and experiences (race, ethnicity, gender, sexuality, religion, etc.) were affirmed by HAP courses/activities.	65	49	75.38%

	Connecti on and Support	Q4: Due to my participation in HAP courses and/or activities, I feel more connected to other people or resources to support my goals.	65	54	83.08%
	Career Develop ment	Q7: Due to my participation in HAP courses and/or activities, I am interested in pursuing a career in behavioral health.	59	46	78%
	Self-Empower ment & Advocacy	Q10: Due to my participation in HAP courses and/or activities, I am more confident in my ability to advocate for the mental health and/or substance use needs of myself, my child/ren and/or another family member, and/or my community.	52	45	86.54%
	General Behavior al Health	Q12: Due to my participation in HAP courses and/or activities, I have experienced an improvement in my overall behavioral health. (Note: Behavioral health refers to mental health and/or substance use recovery)	52	47	90.38%
	General Behavior al Health	Q13: Due to my participation in HAP courses and/or activities, I am better able to support the wellness of my family and/or community.	52	44	84.62%
		TOTAL CLIENTS WHO EXPERIENCE AN INCREASE OR DECREASE		337	82.57%
		TOTAL CLIENTS SURVEYED/ASSESSED	75		
	<p>Conclusion</p> <p>The BHRS Health Ambassador Program (HAP) continues to demonstrate the profound impact that community-led, culturally rooted, and trauma-informed behavioral health initiatives can have across San Mateo County. Built on lived experience, compassion, and community trust, HAP strengthens the behavioral health ecosystem by equipping Ambassadors with the knowledge, skills, and confidence to support themselves, their families, and their communities. What began as individual journeys of healing has grown into a powerful collective movement, one that expands access to services, reduces stigma, enhances cultural humility, and builds pathways to recovery where they previously did not exist.</p> <p>Through education, outreach, suicide-prevention training, resource-sharing, and direct advocacy, Ambassadors reach thousands of residents, especially those traditionally underserved or disconnected from care. Their leadership is reflected in measurable outcomes: increased confidence, improved understanding of behavioral health conditions, greater awareness of crisis resources, and real-world stories of recovery, family healing, and community empowerment. The data is clear; HAP not only increases public health engagement but also transforms lives.</p> <p>Most importantly, HAP fosters a sense of belonging, dignity, and hope. Ambassadors help ensure that no one has to navigate behavioral-health challenges alone. They model resilience for their families, advocate for equitable care, and extend support far beyond their immediate circles. As the program continues to grow, approaching 100 Ambassadors, it stands as a testament to what is possible when communities are trusted, empowered, and resourced to lead their own healing.</p> <p>HAP is more than a program; it is a network of community strength, a pathway to recovery, and a bridge to care. Its impact will continue to ripple outward for years to come, shaping a healthier, more connected, and more equitable San Mateo County.</p>				
	The Health Ambassador Program-Youth (HAP-Y)	<p>Health Ambassador Program for Youth (HAP-Y) engages youth (ages 16-24) in training and workshops on behavioral health and mental wellness. HAP-Y aims to train participants as mental health ambassadors in their communities to help reduce stigma, increase mental health awareness, and share resources. To prepare youth to support their peers, youth participate in an extensive 14-week training program that focuses on psychoeducation and suicide prevention workshops. Some of the topics included as part of the curriculum are:</p> <ul style="list-style-type: none"> • Introduction to Mental Health and Stigma • Be Sensitive Be Brave for Mental Health and for Suicide Prevention • Wellness Recovery Action Plan (WRAP, offered through One New Heartbeat) • Storytelling Through Photovoice • Mood and Personality Disorders • Consent and Healthy Relationships 			

- Self- Care
- Substance Use Prevention
- Careers in Mental Health
- SOGIE + Pronouns 101
- Mental Health and the Justice System
- Teen Blues with NAMI

To encourage youth to be active advocates, participants are asked to participate in three community involvement activities in which they educate their peers, share resources, and share personal lived experiences (when appropriate). The community presentation that ambassadors conduct entails a brief introduction to mental health, discussing stigma and how it plays a role in whether individuals seek support for their mental health. The presentation also has a focus on depression, stress, anxiety, and healthy coping skills to address those symptoms. The presentation ends with Suicide prevention portion- recognizing the signs, helpful things to say, and resources available.



HAP-Y Cohort 2025

The primary goal of HAP-Y is to reduce stigma around behavioral health and help-seeking among both youth ambassadors and the community members they reach. Through education, open dialogue, and guided conversations, HAP-Y helps normalize topics that are often highly stigmatized—such as suicide prevention, substance use, mental health conditions, and seeking support. These learning spaces help clarify misconceptions, demystify behavioral health, and highlight how stigma can prevent individuals from accessing the care they need. Program effectiveness is measured through two key tools: the Ambassador Exit Survey, completed at the end of the 14-week program, and the Audience Survey, administered by ambassadors after community presentations. Data collected through these surveys reinforces the program’s impact and informs ongoing improvement. Over the course of the 14-week series, workshops create a safe, supportive environment where participants can explore mental health topics, challenge harmful preconceptions, and build confidence. By the end of the program, ambassadors report feeling empowered, informed, and ready to bring these vital conversations back to their communities.

The following quote from the HAP-Y Exit Survey illustrates the program’s impact and highlights the significance of the community involvement requirement:

“I am very glad that I did HAP-Y because now I am way more confident in my ability to help my friends, family, and community. This was a life changing experience, and I now know more about myself and everyone else around me.”

“I rest enjoyed that assignments [photovoice workshop] at the end of HAPY where we were able to open up about a struggle and describe how it was mentally draining on us. It felt like a weight lifted off from my shoulders and felt really good to let it out.”

“...it was a fun experience, and I learned way more than I thought I would which was a plus one. Communication, leadership, and engagement with the community was actually very refreshing knowing I spend most of my days either at home or letting someone lead me outside my home. It gave me a bit more confidence to speak up, which is amazing and recently I’ve been educating people on what I’ve learned so far. I’m grateful for the support from the adults and my peers who were able to learn a lot about me within 4 months.”

HAP-Ys goal to reduce stigma goes beyond the three cohorts that take place each year; HAP-Y has a community-wide impact made possible by community events led by the ambassadors, event in which the ambassadors bring recognition to topics related to behavioral health challenges. An audience of **4601 was reached in the 24-25 fiscal year**, some of the community activities hosted by HAP-Y ambassadors include:

- Community Presentation-presentation- to peers at schools or within their communities
- Mental Health Jeopardy Game during the Annual OYE Conference- created and led by Spanish speaking ambassadors
- Online campaign collaboration with community partners, such as Community Overcoming Relationship Abuse (CORA) and SMC Crisis Center

The impact of youth-led community educational presentations is profound. Survey responses show that HAP-Y presentations effectively raise mental health awareness, normalize conversations about behavioral health, and connect community members with accessible resources that encourage help-seeking behaviors. An overwhelming 94% of audience members reported that the presentation was helpful, noting that it deepened their understanding of stigma and the supports available to them. Several participants also shared that, despite previous negative experiences when seeking mental health support, the presentation renewed their hope and willingness to reach out again. Below are direct quotes from audience survey responses that highlight this impact:

“I have had bad experiences with my mental health before, really enjoyed the information given in the presentation 😊”
“I’ve had previous bad experiences with getting mental health help, this presentation was reassuring”

“I gained a deeper understanding of stigmas and became more familiar with the mental health hotlines available to me. I’m also grateful for the opportunity to learn about the symptoms of depression and how to recognize them.”

“I’ve been struggling with my mental health recently and it’s given me a lot of resources to use.”
“It provided me with information that is often not included in most school-taught curriculum. It was nice to hear from a student what are the signs we should be watching out for.”

These powerful quotes illustrate the profound impact of youth-led community presentations, demonstrating how they increase confidence in discussing mental health and encourage community members to seek support. HAP-Y staff and programming excel at introducing participants to foundational mental health concepts and exposing them to behavioral health as a potential career pathway. Notably, **77% of ambassadors in the FY 24–25 cohort reported that their participation inspired them to consider a career in behavioral health.** Guest speakers representing diverse professional backgrounds further enriched the program, helping participants envision rewarding and meaningful futures in the field.

The final HAP-Y cohort achieved a significantly higher completion rate than the previous summer’s cohort. Program staff attribute this success to the implementation of a **hybrid delivery model**, which increased accessibility and strengthened participant engagement compared to the fully in-person format used previously. Participants also shared overwhelmingly positive feedback about the curriculum. The **Photovoice workshop**, in particular, stood out as a deeply impactful component, prompting participants to reflect on how they construct and share their personal stories.

StarVista (the contractor that operated the HAP-Y Program) unexpectedly closed in August and is no longer able to deliver HAP-Y services. Combined with the conclusion of MHSA Prevention funding, this has resulted in the Summer 2025 cohort, which finished in mid-August, becoming the final graduating class of the Health Ambassador Program for Youth. During the analysis of pre- and post-survey data, staff identified an additional challenge: one of the measurable domains outlined in the HAP-Y crosswalk was not captured in the post-survey, preventing a complete assessment of outcomes in that area.

Individuals Served	Definition	FY Total #
Unduplicated Clients Served	Number of individuals served in the primary program component(s), unduplicated counts.	48
Individuals Reached (duplicated)	Number of individuals served in all other components, if applicable. May be duplicated counts based on service provided.	4,601
TOTAL INDIVIDUALS SERVED	All individuals served across all program components (Unduplicated Clients Served + Individuals Reached).	4,649

Increased Protective Factors, Decreased Risk Factors

Domain	Increased Protective Outcomes; Decreased Risk Factors Indicators/Questions	Total Individuals Surveyed	# who had positive outcome	%
<i>General mental health</i>	<i>Example: Due to this program, I am better able to participate in daily life.</i>			
<i>Self-empowerment</i>	<i>Example: Due to participating in this program, I think more positively about challenges in my life.</i>			
Community Advocacy	Due to this program, I am more willing to use my voice to prevent discrimination against people with mental health challenges in my community. (population = cohort)	48	--	
Community Advocacy	Due to my participation in HAP-Y, I feel I have made a difference in advocating for mental health. (population = cohort)	48	12	25
Community Advocacy	I am confident in my ability to create change in my community. (population= cohort)	48	20	42
TOTAL CLIENTS WHO EXPERIENCE AN INCREASE OR DECREASE		48	32	67%
TOTAL CLIENTS SURVEYED/ASSESSED				100%
Stigma Reduction Strategy ONLY				
	Stigma Reduction Indicators/Questions	Total Individuals Surveyed	# who had decrease in stigma	%
	<i>Example: Due to this program, I feel more comfortable talking about mental health.</i>			
	<i>Example: I think people with mental health challenges can lead healthy lives.</i>			
	Due to this program, I feel comfortable seeking behavioral health services. (populations= cohort and audience)	400	176	44
	Due to this program, I feel comfortable discussing topics related to mental health and substance use. (population = cohort and audience)	400	136	34
TOTAL CLIENTS WHO EXPERIENCE A DECREASE		400	312	78
TOTAL CLIENTS SURVEYED/ASSESSED				100%
Additional Outcomes				
Domain	Other Outcome Indicators/Questions	Total Individuals Surveyed	# who had positive outcome	%
<i>Knowledge, Skills, and/or Abilities</i>	<i>Example: Due to this program, I learned something that is useful to me.</i>			
<i>Connection & Support</i>	<i>Example: Due to this program, I feel more connected to my community/family/peers.</i>			
Career pathways/ career pipelines	Being involved with HAP-Y has introduced me to different careers within behavioral health (population = cohort)	48	44	92

Career pathways/ career pipelines	Due to participating in HAP-Y, I am interested in pursuing a career in behavioral health. (population = cohort)	48	34	71
TOTAL CLIENTS WHO EXPERIENCED POSITIVE OUTCOME*		48	78	61%
TOTAL CLIENTS SURVEYED/ASSESSED				100%

HAP-Y Demographics

HAP Y Graduates:

HAP-Y engages youth from diverse and historically underrepresented communities, prioritizing culturally responsive outreach and peer-led education to ensure behavioral health information reaches youth who have been least served by traditional systems.

- Total Youth Ambassadors: 48
- Age: 100% ages 16–24
- Primary Language: English and Spanish represented among participants (language data not consistently captured at the cohort level)
- SOGI: Youth ambassadors include LGBTQ+ and gender-diverse youth, as reflected in program content, participation in SOGIE-affirming curriculum, and qualitative feedback; however, SOGI data were not consistently captured for all cohort members

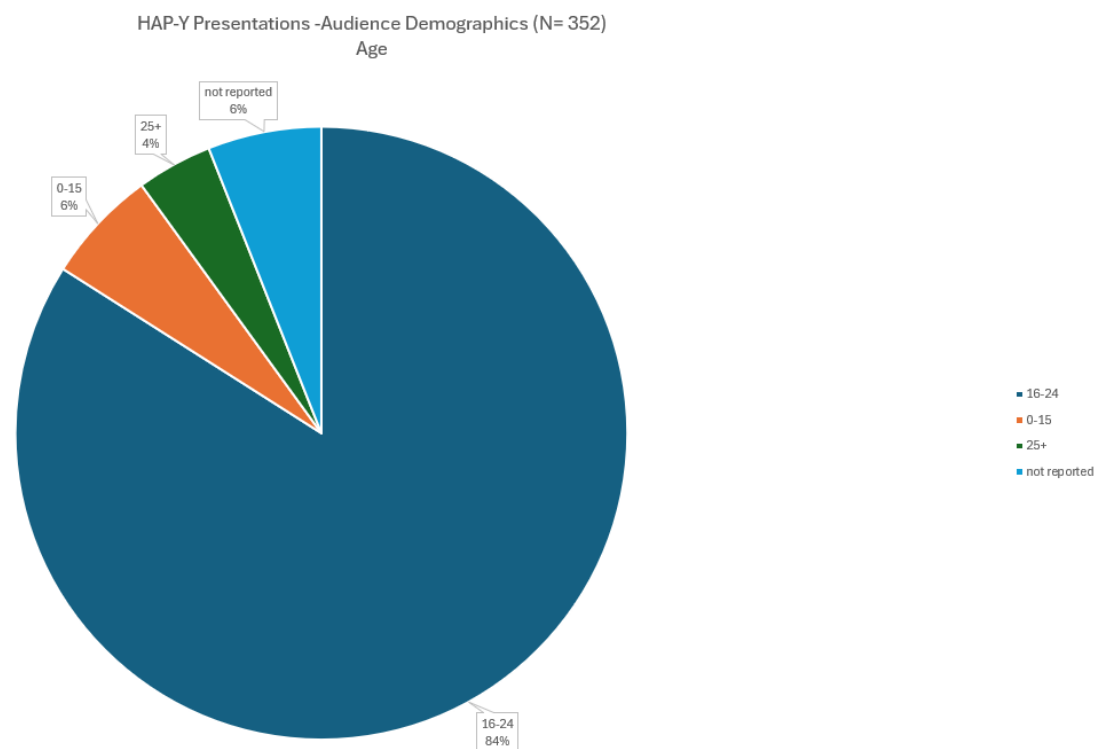
Note: While full demographic disaggregation is limited at the cohort level, qualitative data and program design confirm strong participation from diverse and historically underrepresented youth, including LGBTQ+ youth and youth of color.

HAP-Y Audience Members:

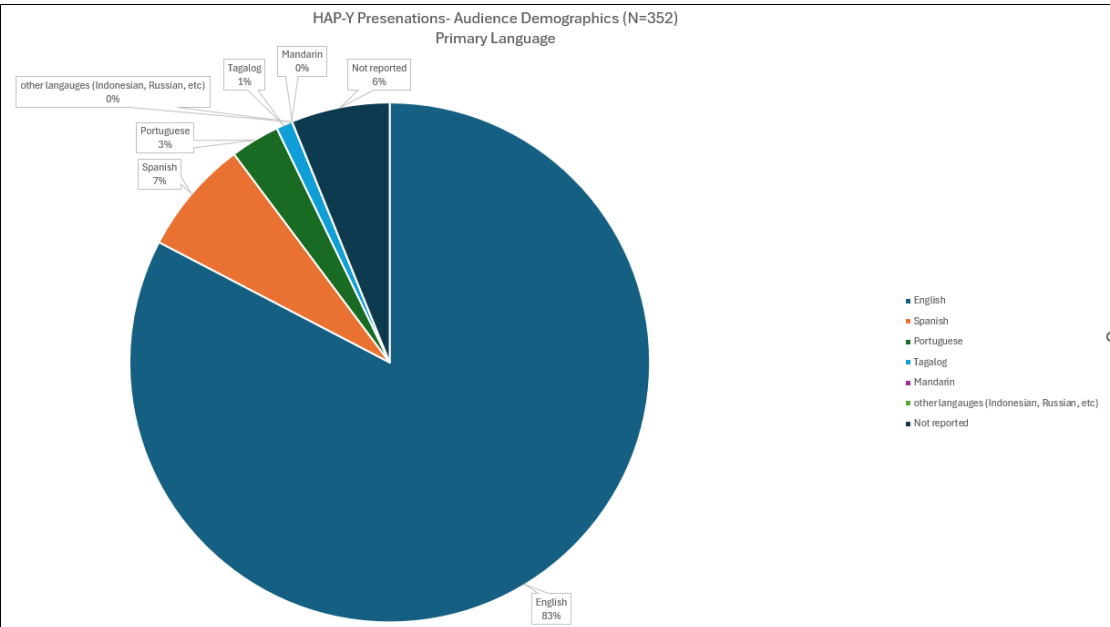
Demographic data for community and audience members reflect the broader reach of youth-led education and provide a more complete picture of who HAP-Y reached countywide.

Total Audience Members Surveyed: 352

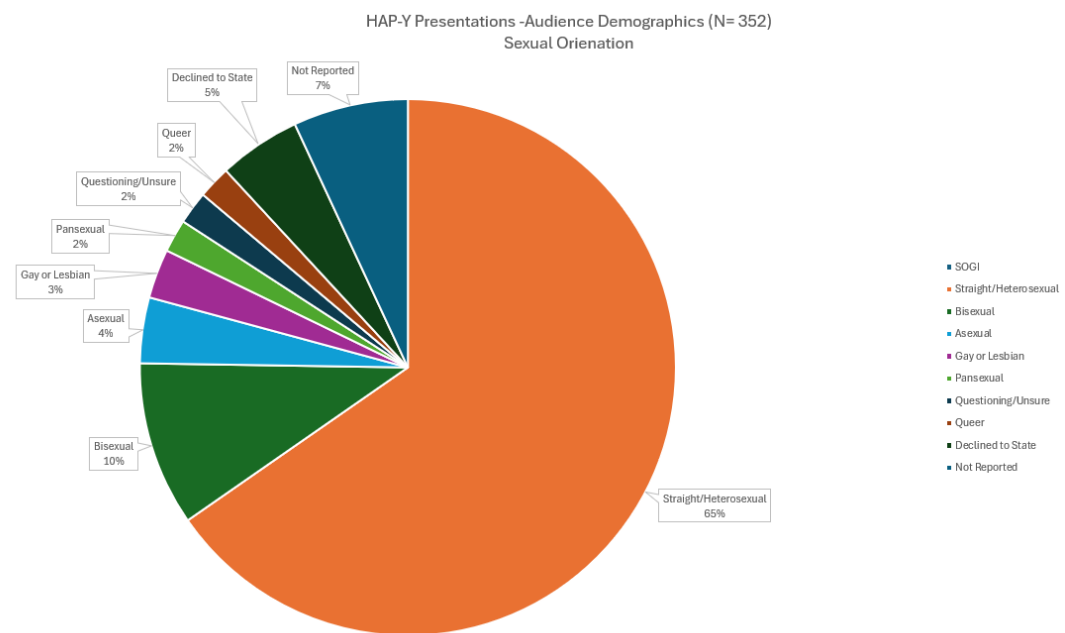
AGE:



Primary Language:



Sexual Orientation:



Themes from Youth Ambassador Reflections

- *Belonging & Connection:* Youth ambassadors described HAP-Y as a space where they felt seen, valued, and connected to peers with shared experiences. Many reflected that participating in HAP-Y reduced isolation and strengthened their sense of belonging within their schools and communities.
- *Healing & Emotional Growth:* Youth emphasized the importance of having safe, affirming spaces to talk openly about mental health. Activities such as storytelling and Photovoice supported emotional expression, reflection, and healing, allowing participants to release stress and process personal challenges.
- *Leadership & Voice:* HAP-Y strengthened youth confidence in speaking publicly, educating peers, and advocating for mental health. Youth reported increased comfort leading conversations, sharing lived experience when appropriate, and using their voices to reduce stigma.
- *Hope & Help-Seeking:* Both youth ambassadors and community audiences shared that youth-led presentations normalized conversations about mental health and restored hope. Participants reported feeling more comfortable seeking help, supporting others, and accessing

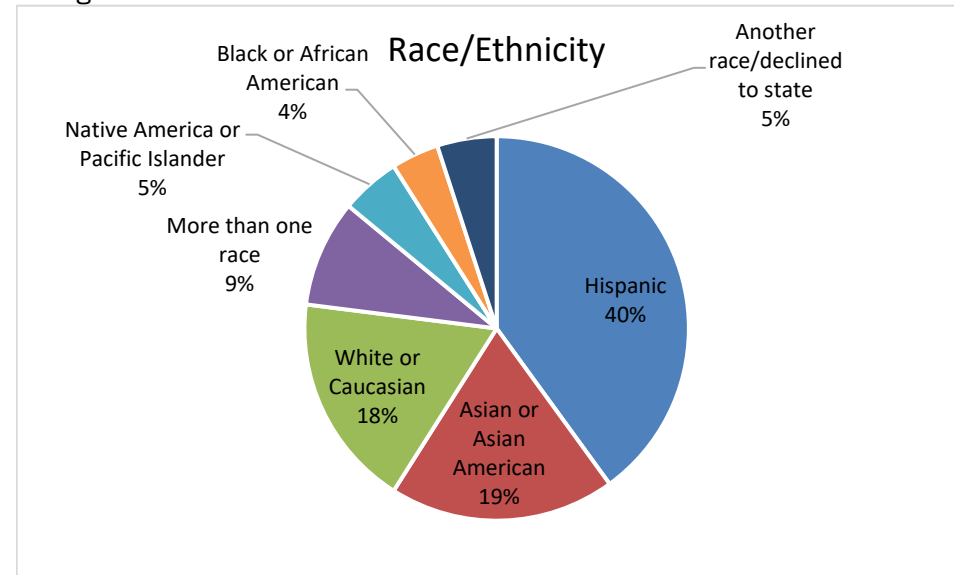
available resources.

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

BHRS ODE works in partnership with other community organizations to facilitate AMHFA courses. **Between July 2024 – June 2025 (FY24-25), BHRS ODE contracted with trained instructors from Kingdom Love to facilitate courses.** Course instructors provided 12 AMHFA courses in both in-person, virtual, and blended formats (blended virtual and blended in-person).

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

In FY 2024-2025, there were 155 AMHFA applications and 10 post-program assessment submissions that collected demographic information of incoming course participants.¹ These data provide a sense of the demographic distribution of course participants because many applicants end up participating in the MHFA course. Based on the data submitted, MHFA course participants include community members from a variety of backgrounds as seen in the chart below.



Over half of respondents reported their primary language as English (92 out of 155, 59%) and about a third of respondents reported their primary language as Spanish (49 out of 155, 32%). Moreover, the majority of respondents were between the ages of 26-59 (124 out of 164, 76%), identified as female (113 out of 162, 70%), and identified as straight or heterosexual (126 out of 155, 81%). The majority of respondents reported living in San Mateo (37 out of 155, 24%). Lastly, a little over one-third of respondents (57 out of 155, 37%) identify as either a client/consumer of behavioral health services or a family member and one-in-six identify as both (27 out of 155, 17%).

Through analysis of pre-course and post-course surveys, we found that for the average participant, the course helps to clarify their role and their understanding of the difficulty of engaging in mental health first aid. At the same time, the course builds confidence, increases the likelihood that participants will perform mental health first aid actions, and fosters their beliefs that those actions will have an effect. We are encouraged by the fact that nearly all participants maintained (43%, 42 of 98) or increased (52%, 51 of 98) their knowledge, resulting in very high knowledge scores by the end of the course. We see that participants feel more encouraged to take action to help those they work with to address mental health or substance use challenges post-course (68% (67 of 98) agree or strongly agree) compared to pre-course (42% (42 of 98) agree or strongly agree). Additionally, by the end of the course, over two-thirds of participants feel that their mental health first aid actions will have an effect: 68% (66 of 98) agree or strongly agree that reaching out will help a person to seek timely support and 66% (65 of 98) agree or strongly agree that giving information will assist a person to get help.

Some participants reflected on why the class was useful to them, and shared that they appreciated the focus on stigma reduction and the opportunity to practice their new skills in an interactive class setting:

"Addressing the class about stigmas surrounding mental health and how to approach the conversation with someone who is depressed and may have thoughts of suicide. I like that they had us ask our partners "Do you want to kill yourself?" this allowed us to say it out loud and realize that this is something we should ask straight forward."

"Interactive teachings because I had the opportunity to speak with someone with experience. Having face to face meetings greatly prepares me, especially if I have questions."

The course is well-received by participants

Participants appreciate the Adult Mental Health First Aid course and the facilitators. More than 9 in 10 participants agree or strongly agree that they have gained knowledge and skills to access mental health and substance use services (94% (138 of 147) agree or strongly agree) and 96% (138 of 144) of participants rate their overall course experience as excellent or good. Participants described the course as:

"A comprehensive course that teaches the fundamentals of listening to others and aiding when there is a mental health challenge."

"It was very engaging, and very informative. I can confidently say I have learned so much from just a day worth of training"

When reflecting on their instructors, most participants felt they brought energy, knowledge, and enthusiasm to the presentation in what would have otherwise been a very long day. Participants shared:

"A lot of material covered with upbeat energy"

"Everything was explained thoroughly"

"Instructors were knowledgeable and helpful"

"[The instructors] were very passionate about this course and did a great job at helping us learn the importance of Mental Health Aid"

An instructor shared how the course positively impacts instructors and participants

One instructor provided testimony about the impact of being trained in Adult MHFA: *"Looking back now, I realize just how life-changing [becoming an AMHFA Instructor] has been. Becoming certified as a Mental Health First Aid instructor through the Office of Diversity and Equity has allowed me to walk alongside my community, share tools of hope and healing, and honor the memory of my sister Yanira Serrano by turning pain into purpose. Her spirit continues to guide me in this work..."* Now that this Instructor is certified in both English and Spanish, they expressed that "Creating safe spaces in both English and Spanish is not just about teaching; it's about equity, healing, and strengthening community."

This year, there were some challenges with survey implementation and data transfer to the evaluators. Unfortunately, there were some delays in inputting paper surveys into the electronic survey platform, which caused additional delays in the analysis and compressed the timeline.

Furthermore, some classes were unable to collect and submit course survey data, so not all classes are represented in the analysis (though most classes are represented). Finally, some of the paper surveys needed to be manually transferred to the electronic survey platform. In the process, the data export was in a very different format from the electronic surveys, which caused challenges during the analysis. Next year, the team will monitor survey completion more closely to ensure consistency.

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.

The **BHRS Storytelling Program** is a free workshop series offered by the Office of Diversity and Equity (ODE) within San Mateo County Behavioral Health and Recovery Services (BHRS). During FY24–25 (July 1, 2024 – June 30, 2025), ODE delivered Storytelling in two modalities: a four-week course meeting once a week for two hours (eight hours total), and a short, one-time intervention embedded within a larger community event.

Purpose

Across both formats, Storytelling is designed to empower community members to share their recovery and wellness journeys through creative mediums such as Photovoice and Digital Storytelling. By providing accessible and culturally responsive avenues for expression, BHRS helps reduce stigma associated with mental health and substance use conditions while supporting participants in exploring their emotions, reframing their experiences, and inspiring changes within their communities.

Target Population

Storytelling is open to all community members, regardless of their connection to BHRS services or how they identify their experiences with mental health or substance use conditions.

Pop-up Photovoice booth at Pride Celebration 2025



Primary Program Activities and Interventions

Storytelling’s primary intervention, Photovoice, invites participants to use photography and narrative to document meaningful life experiences and highlight issues that affect their wellbeing. Facilitators begin with a framing question and guide participants in crafting a narrative of 100–300 words to accompany a photograph they take themselves. Each Photovoice concludes with a “call to action” to empower others to engage in dialogue and community change. Completed Photovoice’s are displayed throughout the County to elevate participant voices, build understanding among staff and decision-makers, and increase community awareness of behavioral health needs and strengths.

In FY24–25 Storytelling Offerings

- Housing-Focused Series (January–February 2025)

ODE delivered a four-session housing-focused Photovoice workshop guided by the question, “How has having or not having housing impacted you?” The facilitator

team included a BHRS housing expert and a Health Ambassador with lived experience, creating a supportive, culturally grounded learning environment. Fourteen individuals registered, and five participants ultimately completed the series. This Photovoice is planned to be displayed at the San Mateo County 2025 Housing Hero’s Awards.

- Pride Pop-Up Photovoice (June 14, 2025)

At the San Mateo County Pride Initiative’s annual Pride event, ODE hosted a Storytelling booth where participants—many of them children and families—responded to prompts such as “What does LGBTQ+ wellness mean to you?” and “Celebrating Pride is important because...” Participants could choose to create a narrative-only Photovoice or pair it with a Polaroid photo taken onsite. Staff displayed the completed Photovoice’s around the booth, drawing in additional attendees who engaged with the stories and images.

Community
Photovoice
Viewing event
2025

Impact and Approach

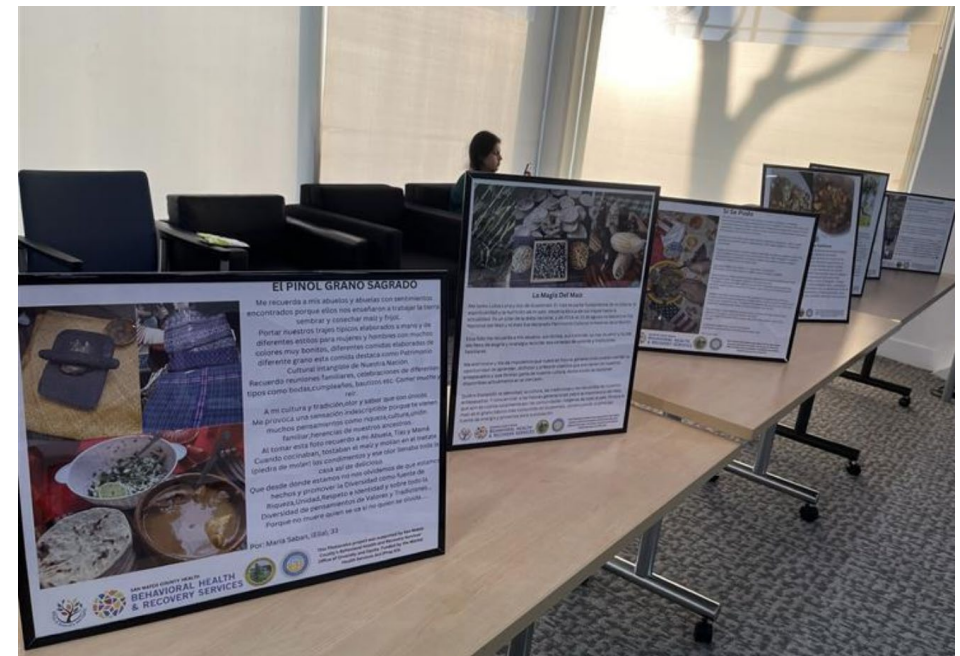
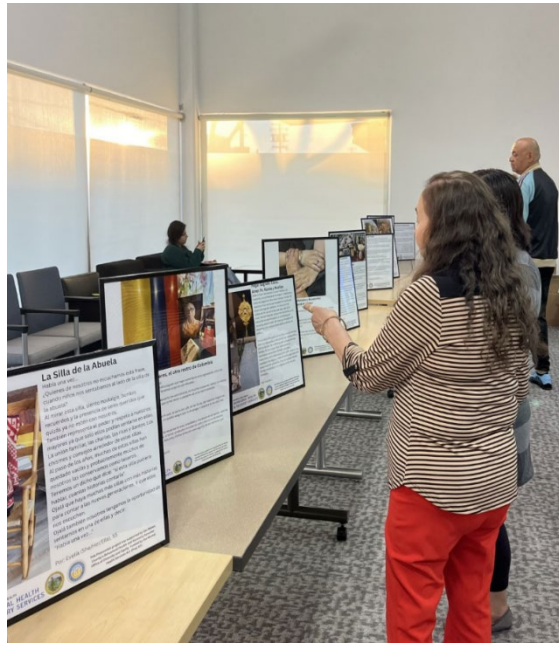
Photovoice is intentionally structured to reduce stigma by creating a safe environment for individuals to explore and reframe experiences that are often misunderstood or marginalized. In

FY24–25, ODE centered two highly stigmatized identities, housing instability and LGBTQIA+ identity, highlighting how these experiences intersect with behavioral health. Facilitators intentionally cultivated warm, trauma-informed spaces that encouraged participants to move from internalized stigma toward narratives of resilience, agency, and healing.

At the housing series graduation, participants displayed their project/photo during a gallery walk attended by BHRS housing experts, who engaged with stories they might not otherwise encounter. All viewers reported gaining a deeper understanding of participants' lived experiences, underscoring Photovoice's power to foster empathy and reduce stigma within systems and communities. Participants also received framed copies of their project/photo to share with loved ones or within their communities, extending the program's reach.

Future Directions

In FY25–26, BHRS will continue to provide Photovoice workshops, while funds are still available via MHSa, throughout the County and create additional opportunities for staff, partners, and community members to engage with existing Photovoice galleries. This continued investment supports stigma reduction, community education, and early intervention by elevating lived experience and strengthening the connection between behavioral health services and the communities they serve.



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.

ODE 15-Year Anniversary event in Fall 2024



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

A comprehensive **Community Program Planning (CPP) process framework** was developed to inform the FY 2023–26 MHSA Three-Year Program and Expenditure Plan (MHSA Three-Year Plan), in collaboration with clients and families, community members, staff, community agencies, and stakeholders. The CPP framework guided decisions and priorities for the plan and included three phases: (a) needs assessment, (b) strategy development, and (c) MHSA Three-Year Plan development. The needs assessment phase

begins with a review and analysis of more than 20 local assessments, reports, and data sets, including the BHRS Cultural Competence Plan, which cites data and narrative analysis on population demographics and needs of unserved, underserved, or inappropriately served communities. As per California Code Regulations, Title 9, § 3650(a)(1)(A), counties must identify the number of children, transitional-age youth (TAY), adults, and older adults by gender, race/ethnicity, and primary language spoken at home. The most recent 2024 BHRS Cultural Competence Plan is included as Appendix 1 to support this requirement for MHSA.

The MHSA Steering Committee continues to play a critical role in the development of MHSA program and expenditure plans in San Mateo County. The MHSA Steering Committee makes recommendations to the planning and services development process and, as a group, ensures that MHSA planning reflects local diverse needs and priorities, contains the appropriate balance of services within available resources, and meets the criteria and goals established. Steering committee meetings are open to the public and include time for public comment as well as means for submission of written comments.

MHSA Steering Committee roles and responsibilities were developed to strengthen the representation of diverse stakeholders by including member composition goals related to stakeholder groups (e.g., at least 50% represent clients/consumers and families of clients/consumers; at least 50% represent marginalized cultural and ethnic groups; maximum of two member representatives from any one agency). In response to ongoing feedback from stakeholders, the MHSA Steering Committee was established as a standing committee in the by-laws of the BHC, San Mateo County’s local mental health board, which requires the appointment of one to two chairperson(s) to the committee.

The MHSA Steering Committee meets four times per year in February, May, September, and December. All MHSA Steering Committee meeting materials, including slides, minutes, and handouts, can be found on the MHSA website (www.smchealth.org/MHSA) under the Steering Committee tab.

The following lists MHSA Steering Committee members in FY 2024–25.

Stakeholder group	Name	Title (if applicable)	Organization/affiliation (if applicable)
Family member	Jean Perry ^a	MHSA co-chairperson	Behavioral Health Commission, Lived Experience Education Workgroup
Public	Leticia Bido ^a	MHSA co-chairperson	Behavioral Health Commission
Client/consumer	Jana Spalding	Program coordinator	Behavioral Health and Recovery Services, Office of Consumer and Family Affairs
Cultural responsiveness	Maria Lorente-Foresti	Director	Behavioral Health and Recovery Services, Office of Diversity and Equity
Cultural responsiveness	Kava Tulua	Executive director	One East Palo Alto
Family member	Chris Rasmussen	Chair	Behavioral Health Commission
Family member	Juliana Fuerbringer	Board member	California Clubhouse

Health care	Jackie Almes	Youth behavioral health programs	Peninsula Health Care District
Health care	Jessica Ho/Dee Wu	Government and community affairs manager	North East Medical Services
Other—peer support	ShaRon Heath	Executive director	Voices of Recovery San Mateo County
Provider of behavioral health services	Adriana Furuzawa	Division director	Family Service Agency
Provider of behavioral health services	Melissa Platte	Executive director	Mental Health Association
Provider of behavioral health services	Mary Bier	Coordinator	North County Outreach Collaborative
Public	Michael Lim	Commissioner	Behavioral Health Commission, Lived Experience Education Workgroup
Public	Paul Nichols	Commissioner	Behavioral Health Commission

The Behavioral Health Commission's MHSA co-chairpersons termed out as of December 2024. New commissioners will be appointed starting February 2025.

Stakeholder Engagement

MHSA Steering Committee meetings are open to the public, and diverse stakeholder participation is promoted through various means, including flyers, emails, announcements, postings, community partners, clients/consumers, community leaders, and the general public.

Representation Across Diverse Race/Ethnicity Demographics Groups

When race/ethnicity demographics of MHSA Steering Committee participants are compared with San Mateo County census data, there is a need to increase Hispanic/Latinx community representation. The most notable improvement is in the engagement of Asian/Asian American identifying communities, which were underrepresented by 15% in FY 2020–21 and are now underrepresented by 8%. This improvement has been supported by increased partnerships and contracts with Asian/Asian American serving organizations. Diverse communities are engaged in planning through the BHRS Office of Diversity and Equity (ODE) Health Equity Initiatives (HEIs), which are not represented in these data.

Comparison of San Mateo County and MHSA Steering Committee Demographics

San Mateo County race/ethnicity		MHSA Steering Committee race/ethnicity	
White alone, not Hispanic	37%	White or Caucasian	43%
Asian	30%	Asian Indian/South Asian, Chinese, Filipinx ^a	22%
Hispanic or Latino	24%	Hispanic or Latinx	14%
Black or African American	2%	Black or African American	8%
Native Hawaiian or Pacific Islander	1%	Native Hawaiian or Pacific Islander	4%
American Indian or Alaska Native	0.2%	Native American or Indigenous	0%
Two or more	5%	Two or more ^a	8%
Other	0.8%	Another race/ethnicity	1%

MHSA planning continues to engage diverse communities through regional collaboratives, North County Outreach Collaborative (NCOC), the East Palo Alto Community Service Area, and the Coastside Collaborative, and through the ODE's HEIs. HEIs represent diverse cultural and ethnic groups including the African American Community Initiative (AACI), Chinese Health Initiative (CHI), Filipino Mental Health Initiative (FMHI), Latino/a/x Collaborative (LC), Native and Indigenous Peoples Initiative (NIPI), Pacific Islander Initiative (PII), PRIDE Initiative (PI), Spirituality Initiative (SI), and the Diversity and Equity Council (DEC).

The MHSA Steering Committee hosts one to two small workgroups per year focused on a specific MHSA topic that is aligned with MHSA planning needs or programs and services that may require more intensive input, improvements, and/or other recommendations. Previous MHSA workgroups have focused on housing, full-service partnerships (FSPs), innovation (INN), community program planning (CPP), and communications. The workgroups are open to public participation and are time limited, and 10 to 12 participants are selected via an interest survey.

MHSA Outcomes workgroup

Between October and December 2024, an MHSA Outcomes Workgroup was convened, made up of diverse stakeholders including clients, family members, community members, service providers, and BHRS staff. The workgroup met monthly with the goal of identifying direct treatment program outcomes to inform on the impact of MHSA-funded programs.

The MHSA Outcomes Workgroup was facilitated by an independent consultant, American Institutes for Research, with support from BHRS staff.

Specific objectives of the group included the following:

- Develop a standardized framework for reporting on the outcomes of direct treatment programs funded by MHSA.
- Identify and define key indicators that capture behavioral health outcomes of clients in a meaningful and accessible manner.
- Discuss strategies for improving both the data collected and reporting of key indicators.

Participants provided input on the definitions of nine outcome measures: emergency utilization, employment, housing, connection, personal goals met, criminal justice involvement, hospitalization, substance use, and education. Workgroup members' input focused on the need to shift from deficit-based, crisis-focused indicators toward more holistic, person-centered measures of connection, wellness, and resilience, while also understanding the challenges of data collection and system constraints. In addition, facilitated dialogues provided opportunities to discuss data collection and reporting best practices. All MHSA Outcomes Workgroup meeting materials, including slides, minutes, and handouts, can be found on the MHSA website (www.smchealth.org/MHSA) under the Community Program Planning tab.

On September 5, 2024, the MHSA Steering Committee met to review the two community-derived INN ideas, and the two multi-county collaborative projects, and provide comment and considerations for the projects through breakout room discussions and online comment forms. The Behavioral Health Commission (BHC) voted to open the 30-day public comment period on October 2, 2024, and held a public hearing at closing of the public comment period on November 6, 2024.

The projects were approved by the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) on February 27, 2025. Request for Proposal process will follow to support an open procurement process for the relevant projects. The 4 INN project plans and all public comments received were submitted to BHSOAC and DHCS as an Amendment to the FY 2024-25 MHSA Program and Expenditure Plan.

1. *Peer Support for Peer Workers*. Total amount proposed: \$580,000 for 4 years (\$450K service delivery, \$55K BHRS administration, \$75K evaluation). The project creates a team of trained peers to provide on-demand peer support services for peers and family members in the workforce. The project supports behavioral health workforce development priorities as peer and family support specialists are supported, stable and well, leading to higher job satisfaction and retention rates, better work-life balance, improvement in services provided, and a decrease in burnout, vicarious trauma, and compassion fatigue.
2. *Animal Fostering and Care for Client Housing Stability and Wellness*. Total amount proposed: \$990,000 (\$870K service delivery for 3 years, \$120K evaluation). The project will provide temporary animal foster care, veterinary and pet support services as needed by adult and older adult clients living with serious mental illness (SMI) and/or substance use disorders (SUD) for whom animal care is an urgent and temporary barrier to receiving a higher level of care such as residential treatment or hospitalization or maintaining their housing stability and wellness.
3. *Allcove Half Moon Bay*. Total amount proposed: \$1,600,000 for 4 years \$1.5M service delivery for 3 years, \$100K BHRS administration, evaluation to be provided by Stanford as part of the multi-county collaborative). This youth-focused "one-stop-shop" health center for youth ages 12 to 25 living in the Coastside region of San Mateo received a grant to support start-up costs. Local INN funding will supplement and support the delivery of mental health support groups, individual therapy and other early intervention treatment services at the center.
4. *Progressive Improvements for Valued Outpatient Treatment (PIVOT) – developing capacity for MediCal billing*. Total amount proposed is \$5,650,000 for 5 years (\$5M service delivery for 5 years, \$200K BHRS administration, \$450K evaluation). The project will support community-based organizations that are interested become certified providers of specialty mental health services (SMHS) for individuals living with serious mental illness (SMI) or substance use disorders (SUD) and/or bill MediCal for allowable for peer support and early intervention services. The project has the potential to support the sustainability of critical Community-Defined Evidence Practices (CDEPs) by identifying billable components of CDEPs.

The MHSA Issue Resolution Process resolves process-related issues with (a) the MHSA community program planning process, (b) consistency between approved MHSA plans and program implementation, and (c) the provision of MHSA-funded programs.

In San Mateo County, the MHSA Issue Resolution Process is integrated into the broader BHRS Problem Resolution Process facilitated by the Office of Consumer and Family Affairs (OCFA). OCFA supports clients in filing grievances about services received from BHRS or contracted providers and ensures that client issues are heard, investigated and appropriately resolved. BHRS clients receive client rights information upon admission to any program, which includes information on the right to a problem resolution process and how to file a grievance or appeal or request a state fair hearing after exhausting the local resolution process.

For the FY 2024–25 reporting year of this MHSA Annual Update, there were three quality-of-care-related grievances filed with the BHRS OCFA for MHSA-funded programs.

Grievance Process Office of Consumer and Family Affairs (OCFA) staff help resolve concerns or problems about individual rights relating to BHRS services received, including filing a grievance about services received from BHRS or providers. The grievance process considers all unique situations and circumstances, while listening with empathy, compassion and respect for clients' personal history and cultural values.

In FY 24-25 San Mateo County BHRS received a total of **68 grievances**, (includes Medi-Cal and non-Medi-Cal reportable incidents) approximately 38% increase from the previous year: 73 for Mental Health services, 28 for AOD services and 16 specifically for youth services. The increase in AOD grievances may be caused by increase in education and promotion of grievance filing.

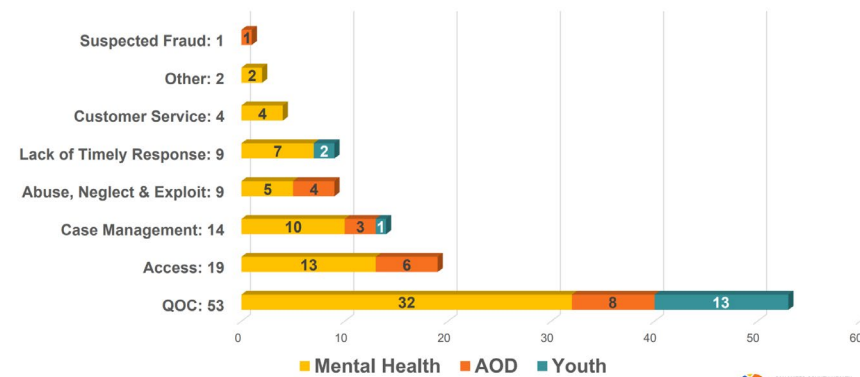
- Grievances past deadline: 0
- Longest: 86 days
- Average days to resolution: 28.9 (increase in days to resolution due to staff shortage and office capacity)
- Ages: from 8 to 76 - Average: 43.7
- Languages: English: 63 Spanish: 4 Turkish: 1
- HPSM MC: 10
- Medi-Cal: 49
- Unknown/Other: 1

Program Improvements:

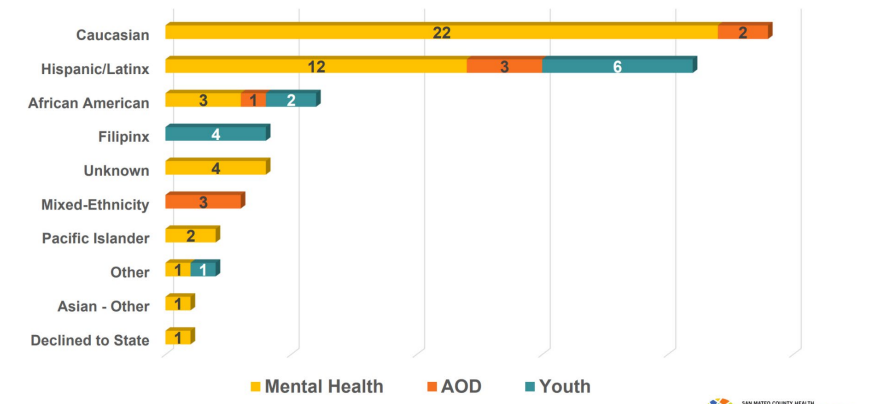
- A residential AOD program improved its policies and procedures to better assess fentanyl levels and improve withdrawal management referrals.
- Regional Clinic improved case managers' therapy referrals workflow to avoid delays or Cts being dropped from the process.
- Streamlined and clarified admissions requirements to SUD program that also implemented training program for all staff on de-escalation and conflict resolution.
- Regional Clinic improved procedures for calls to better reach the Officer of the Day.
- Increased supervision and guidance for non-clinical staff at several residential facilities.

Grievance Categories

Discrimination grievances: 2



Ethnicity of Clients Filing Grievances



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

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



Health Equity Initiatives

In 1998, San Mateo County's Behavioral Health and Recovery Services (BHRS) employees began discussing racial and ethnic gaps in the department's services, including the lack of workforce diversity and cultural sensitivity in the county's clinical practices. These discussions highlighted a pressing need to address barriers to access and disparities in the quality of care for underserved, unserved, and inappropriately served communities. Over time, several priority communities were identified, including African Americans, Chinese residents, Filipinos, Latino/a/x communities, Native and Indigenous peoples, Pacific Islanders, and LGBTQIA+ individuals. Out of opportunity and great need, BHRS launched nine Health Equity Initiatives (HEIs), which have since become vehicles for promoting cultural humility, equity, and community empowerment. Each HEI addresses health disparities, inequities, and stigma by bringing together residents, mental health professionals, clinicians, community-based organizations, and other stakeholders. Through ongoing collaboration, they provide outreach, programs, and advocacy that advance meaningful solutions for the communities they represent. HEIs implement activities designed to:

- Decreasing stigma

- Educating and empowering community members
- Supporting wellness and recovery
- Building culturally responsive services

Below is a high-level statement of purpose for each initiative:

- The **African American Community Initiative (AACI)** aims to be a recognized resource and support system for African American community members facing challenges with finding and utilizing mental health services while addressing inequalities faced by African Americans in the County.
- The **Chinese Health Initiative (CHI)** works with the community to empower and support better outcomes for prevention, outreach, and referrals, while advocating for services to be in the appropriate language and culturally relevant to community members.
- The **Diversity and Equity Council (DEC)** is an advisory board that ensures BHRS policies are designed and implemented to decrease health inequalities and increase access to services.
- The **Filipino Mental Health Initiative (FMHI)** seeks to connect and empower Filipinos regarding mental health and social services, reduce stigma, and advocate for culturally appropriate services through provider collaboration.
- The **Latino/a/x Collaborative (LC)** promotes holistic practices that integrate Latino/a/x heritage, culture, spirituality, and family values to destigmatize community mental health services and treatments.
- The **Native and Indigenous Peoples Initiative (NIPI)** was created to bring about a comprehensive revival of the Native American community in San Mateo County through awareness, health education, and outreach that honors culturally appropriate, traditional Native healing practices.
- The **Pacific Islander Initiative (PII)** aims to address health disparities experienced by Pacific Islander families and help change systems and policies to better meet community needs through awareness, prevention, capacity building, and leadership.
- Using an interdisciplinary and inclusive approach, the **PRIDE Initiative (PRIDE)** seeks to support and advocate for the well-being of lesbian, gay, bisexual, transgender, queer, questioning, intersex, and two-spirit (LGBTQQIA+) communities across the County.
- The **Spirituality Initiative (SI)** builds opportunities for community members, families, and providers to collaboratively explore, increase awareness of, and support spirituality and its relationship to health and well-being.

Number of clients reached (duplicated) in monthly HEI meetings over the 2024-2025 fiscal year:

All HEIs total	1,741
African American Community Initiative (AACI)	187
Chinese Health Initiative (CHI)	153
Diversity and Equity Council (DEC)	469
Filipino Mental Health Initiative (FMHI)	61
Latino/a/x Collaborative (LC)	239

Native and Indigenous Peoples Initiative (NIPI)	53
Pacific Islanders Initiative (PII)	124
PRIDE Initiative (PRIDE)	296
Spirituality Initiative (SI)	159

Number of clients reached at trainings and events over the 2024-2025 fiscal year:

All HEIs Total	6748
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African American Community Initiative (AACI) made significant strides in deepening community engagement and strengthening cross-sector partnerships. One of AACI's key accomplishments was the successful planning and execution of culturally resonant events such as Black History Month and Juneteenth. These events were not only well attended but were also co-created with meaningful input from community members. Their voices helped shape the content and direction of the programming, reaffirming AACI's commitment to centering community voice in all aspects of its work. Despite experiencing leadership transitions, AACI maintained its momentum and public visibility throughout the year. This continuity was made possible through a collective effort involving the remaining co-chair, staff from the Office of Diversity and Equity (ODE), Behavioral Health and Recovery Services (BHRS) team members, and a dedicated network of community partners. Together, they ensured that AACI remained grounded in its mission to uplift and serve African American and Black communities in San Mateo County, while continuing to foster culturally responsive, community-driven solutions. AACI participated in organizing and hosting the following events:



- Black History Month Celebration-February 2025, 92 attendees
- Juneteenth Celebration-June 2025, 96 attendees



AACI members during Juneteenth Celebration Event 2025

Several key factors contributed to the **African American Community Initiative's (AACI)** success in achieving its goals over the past year. Consistent community involvement and long-standing, trusted partnerships laid a strong foundation for meaningful progress. Community members provided valuable input throughout the year, helping to shape events, outreach, and activities that were culturally relevant and responsive to the needs of African American residents in San Mateo County. Support and collaboration from the *Office of Diversity and Equity (ODE)*, *Behavioral Health and Recovery Services (BHRS)* staff, and previous co-chairs also played a vital role. Their institutional knowledge and guidance helped sustain continuity and momentum, especially during leadership transitions. Although the finalized Strategic Work Plan was delayed, AACI remained focused on its goals by adapting ideas and programming to align with the initiative's core mission. Hosting events at community-centered venues such as Eastside College Preparatory Academy strengthened youth engagement and increased AACI's visibility and accessibility within the community. Culturally grounded programming focused on mental, physical, and emotional wellness enabled AACI to deepen trust, build capacity, and stay responsive to community needs. The **AACI** welcomed an additional co-chair with significant expertise in equity-driven systems, diversity, equity, inclusion, and belonging (DEIB),

and systems transformation. This individual's leadership infused the initiative with valuable insight and renewed energy. However, after three months, the co-chair stepped down due to a shift in professional responsibilities that required greater departmental involvement and supervision. Following this transition, AACI continued its work under the guidance of a single co-chair. To maintain momentum and ensure consistency, AACI relied on the strong support network of the ODE staff, former co-chairs, BHRS colleagues, and engaged community partners. This collective effort was critical in sustaining AACI's visibility and reinforcing its commitment to advancing health equity for San Mateo County African American and Black communities.

Chinese Health Initiative (CHI) prioritized addressing violence in all forms—particularly interpersonal violence and anti-Asian hate—through culturally responsive education, awareness-building, and community engagement. Over the past year, CHI has built upon the success of its collaboration with Community Overcoming Relationship Abuse (CORA), which helped Chinese community members begin to recognize domestic violence and feel more comfortable discussing it. This partnership marked a significant step in reducing stigma and promoting safety within the community. CHI continued these efforts by offering workshops in Chinese, led by culturally and linguistically competent providers. These sessions focused on behavioral health, domestic violence/intimate partner violence (IPV), and racial trauma—sensitive topics that were approached with care and cultural understanding to support healing and empowerment among participants.



- Lunar New Year Celebration-20 attendees
- Telecare San Mateo County Mobile Crisis Response Team-18 attendees
- Institute on Aging: Friendship Line-12 attendees
- CORA: Intimate Partner Violence-14 attendees
- San Mateo County Libraries-14 attendees
- Organization for Chinese Americans-19 attendees
- The FCSN Journey (Friend of Children with Special Needs)-16 attendees
- Tips for a healthy winter season: Dr Mah-18 attendees
- Legal Aid Society: SMC immigration Resources-22 attendees
- AANHPI Board of Supervisors Proclamation-50+ attendees



CHI hosted performance during ODE 15-Yr Anniversary Event 2024

The **Chinese Health Initiative (CHI)** deepened key partnerships that broadened its reach and strengthened its understanding of the Chinese community's needs. A notable example is the evolving relationship with CORA, which began with a presentation on domestic violence and has since grown into collaborative efforts focused on culturally responsive outreach and stigma reduction. CHI also continued its partnership with StarVista, which retained a Chinese-speaking student therapist and expressed interest in co-developing CHI-led support groups. These partnerships reflect CHI's role as a connector—fostering trust, reducing barriers, and co-creating lasting, culturally relevant solutions. With the addition of a new County co-chair, CHI is well-positioned to expand its leadership capacity, strengthen its community collaborations, and continue advancing its mission of equity and culturally responsive care for the Chinese community. While many **CHI** members preferred the convenience of virtual (Zoom) meetings, the initiative recognized that building trust and connection around sensitive topics, such as behavioral health, domestic violence, and anti-Asian hate, proved more difficult in a virtual setting. In response, CHI actively sought a balanced approach that maintained accessibility while fostering safe, supportive spaces for healing and open dialogue through in-person engagement. Another ongoing challenge involved clarifying CHI's role within the community. Some members expressed frustration that CHI was not providing direct services or leading larger-scale initiatives. This reflected a genuine need for expanded services and a misunderstanding of CHI's structure. As a county-supported initiative, CHI's purpose is to elevate community voice, strengthen culturally responsive partnerships, and inform systems—not to function as a standalone nonprofit or service provider. While deeply committed to supporting the community, CHI remains focused on fulfilling its mission within its intended scope.

Diversity and Equity Council (DEC) maintained high engagement and attendance during monthly meetings through strategic planning, intentional communication, and responsiveness to current events. Despite the challenges of the past fiscal year—marked by significant systemic changes and increasing scrutiny of Diversity, Equity, Inclusion, and Belonging (DEIB) efforts, many community members turned to DEC as a supportive and informative space. Adding new organizations and partners was a fascinating development during this period. In addition, the DEC supported the community by ensuring access to resources tailored to their specific needs. These included immigration services with Know Your Rights training, the Implicit Bias Training, the BHRS AOD Prenatal Campaign Presentation, the Cultural Competence Annual Report, and a presentation by their Cultural Stipend Internship Program (CSIP) students. The DEC hosted the following trainings for the community:

- Implicit Bias Training- August 2024, 10 attendees
- Immigration: Know Your Rights-January 2025, 38 attendees



DEC members at San Mateo County Pride Center 2023

Strong communication and consistent support from the *Office of Diversity & Equity (ODE)* enabled the **Diversity & Equity Council (DEC)** to begin addressing several needs identified in its strategic plan. In particular, the Workforce Education and Transformation (WET) Team played a key role in launching a Sexual Orientation, Gender, Identity, Expression (SOGIE) focused Implicit Bias training after the original training provider cancelled. For the second consecutive year, the DEC maintained a Spotlight List to support members and partners, share updates, and introduce topics of interest during monthly meetings. This practice has facilitated the exchange of valuable information and positioned DEC as a key space for community and partner input. The Spotlight List remains a living document & is accessible to all members and partners for sign-ups. In the upcoming year, the DEC aims to collaborate more directly with partners to support final prevention efforts covered by the Mental Health Services Act (MHSA). A challenge for the **DEC** was the need to reschedule several meetings due to holidays and scheduling conflicts. However, the DEC managed these adjustments and kept members informed throughout the year. An identified area for growth is the continued development of stronger connections with BHRS and state leadership to better support its members and other HEIs during this transition period. Strengthening these relationships will enhance the DEC's role as a key feedback loop and connection between service providers and decision makers.



Filipino Mental Health Initiative (FMHI) cultivated relational spaces by weaving storytelling and other culturally rooted practices into its meetings, creating environments emphasizing connection, authenticity, and inclusivity. These approaches went beyond standard information-sharing, allowing attendees to feel safe expressing themselves, building trust, and developing meaningful connections across diverse experiences. Community feedback consistently reflected this impact, with many noting they felt more connected, seen, and supported. FMHI provided a space to engage as whole people, valued for their knowledge and lived experience. In addition, FMHI deepened partnerships that reinforced its decolonial approach to behavioral health, collaborating with organizations such as *Therapinay, that connects individuals with mental health therapists, ancestral healers, and wellness providers understanding the Filipino/a/x experience. Offers resources and guides to find culturally relevant practitioners. Bridges ancestral healing and modern mental health, and the Asian American Psychological Association (AAPA) Division on Filipino Americans (AAPA DOFA)* to explore healing practices grounded in culture, story, and community care. The initiative also strengthened its relationship with Skyline College, engaging emerging youth leaders who expressed strong interest in culturally attuned behavioral health advocacy. Together, these practices and partnerships enriched FMHI's understanding of the nuanced needs of the Filipino community while underscoring the importance of relationship-centered organizing as a foundation for healing and empowerment. In addition, FMHI also participated in organizing and hosting the following events:

- Kapwa Soul Sessions (July 2024-June 2025), 50 attendees
- Asian American, Native Hawaiian, Pacific Islander Board of Supervisors Proclamation, 50+ attendees



FMHI members at the KKC

This year, the **Filipino Mental Health Initiative (FMHI)** advanced its decolonial vision of wellness and healing through community guidance, innovative projects, and strong partnerships. A significant milestone was the grand opening of the *Kapwa Kultural Center and Café (KKC)*, an MHS Innovation Project rooted in the Filipino values of *kapwa* (shared identity) and *ginhawa* (well-being), which serves as a cultural hub for youth engagement, wellness, and leadership development. Collaborations with Skyline College, *Therapinay*, and *AAPA DOFA* inspired youth, provided space to address colonial trauma, and reinforced FMHI’s role in the Filipina/x/o wellness movement. Community voices continued shaping priorities such as *Kapwa Soul Sessions* and culturally grounded healing practices. At the same time, connections with FMHI chapters in San Francisco, Solano, Hawaii, and Alameda amplified visibility through talks, events, and social media. Together, these efforts expanded FMHI’s reach and affirmed its role as a vital connector for wellness, innovation, and community empowerment. Setbacks emerged in sometimes due to limited capacity, as the co-chairs worked to balance full-time professional responsibilities with the demands of HEI commitments. This balancing act often required careful prioritization and, at times, created constraints on availability. Despite these pressures, the group remained committed to its mission, ensuring responsiveness to community needs and providing healing spaces supporting wellness and connection. The mutual support shared between members, and the broader community played a critical role in sustaining momentum during these periods of limited capacity. By leaning on one another and fostering collaboration, the group was able to continue advancing its goals, even when external obligations posed difficulties. This collective resilience underscored the strength of the partnership and demonstrated how shared commitment can carry forward vital community work, even in the face of challenges.

Latino/a/x Collaborative (LC) focused on engaging the community in safe, supportive, and responsive ways to a shifting political climate. Rising fears around immigration and legal uncertainties created widespread concern, prompting the initiative to become a space for connection and a hub for access to knowledge, resources, and shared experiences. Recognizing barriers such as limited transportation and financial constraints, the co-chairs intentionally pivoted to offer smaller, more accessible opportunities for engagement and access to resources. In response, the LC adapted its strategies by partnering more closely with trusted community-based organizations and service providers who had established relationships within immigrant communities. These collaborations allowed the LC to continue disseminating information, providing support, and maintaining a presence—albeit in more sensitive and responsive ways. Moving forward, the LC remains committed to creating safe, inclusive, and trauma-informed spaces that reflect the realities and needs of the communities it serves, particularly in times of political uncertainty. In addition, the LC also participated in organizing and hosting the following events:

- ¡Sana, Sana! Colita de Rana! -November 2024, 53 attendees
- Cesar Chavez Day-March 2025, 25 attendees



Health Ambassadors & Planning Committee Members at “Sana,Sana” 2024

The **Latino/a/x Collaborative (LC)** deepened its commitment to a holistic approach to wellness by expanding partnerships with a wide range of community-based organizations, county departments, and fellow Health Equity Initiatives. Through collaborative events and educational presentations, the LC ensured that Latine community members had meaningful opportunities to engage in culturally responsive wellness programming and access supportive resources. Key partnerships included close collaboration with the *San Mateo County Board of Supervisors* (Office of Supervisor Ray Mueller), which helped elevate community priorities at the policy level. The Initiative also worked closely with *BHRS staff* and the *ODE* to align efforts with broader county health equity goals. Strong relationships with the Native and Indigenous Peoples Initiative (NIPI) and organizations such as *ALAS*, *Voices of Recovery*, *Front Door Español*, *Health Ambassadors Program*, and the *Office of Community Affairs* helped expand culturally relevant outreach and engagement. Relationships with the *Institute on Aging*, *KARA (Grief Support Services)*, *The Boys and Girls Club of Redwood City*, *Silicon Valley Latino*, and *Second Harvest of Silicon Valley* enriched the Initiative’s programming, allowing for a more integrated response to the evolving needs of the Latine community members across generations. Following shifts in the political landscape after the start of the new year, the **LC** observed significant changes in community engagement, particularly among immigrant and undocumented populations. Heightened fears surrounding immigration enforcement and increased visibility of *Immigration and Customs Enforcement (ICE)* activity created an atmosphere of anxiety and uncertainty. Many community members, especially those from mixed-status families, felt unsafe participating in public events, accessing services, or even leaving their homes. This fear and hesitation deeply impacted the LC’s ability to fully engage with and show up for the community in the ways it had planned. Outreach efforts, in-person gatherings, and community-based programming were met with lower attendance and increased caution. While the LC remained committed to offering culturally responsive and welcoming spaces, the broader political climate presented real barriers to participation. In response, the LC adapted its strategies by partnering more closely with trusted community-based organizations and service providers who had established relationships within immigrant communities. These collaborations allowed the LC to continue disseminating information, providing support, and maintaining a presence, although in more sensitive and responsive ways.



Native and Indigenous Peoples Initiative (NIPI) continues to strengthen its presence by expanding community participation, offering education and psychoeducation, and integrating traditional healing practices. Over the past year, NIPI has provided opportunities to educate community members, CBOs, and BHRS staff on honoring Ramaytush/Ohlone land, deepening awareness of Native heritage and values. In alignment with the Behavioral Health Services Act (BHSA) requirements and mandates, NIPI has also begun developing a work plan to guide its efforts. This work will be carried into the next fiscal year by finalizing a NIPI Strategic Plan, focused on training, staff and client education, and support—alongside other priorities identified by membership. In addition, NIPI also participated in organizing and hosting the following events

- Indigenous Peoples Day-October 2024, 27 attendees
 - In 2024, NIPI hosted a Native and Indigenous Peoples Day celebration on Saturday, October 12, from 10:00 AM–12:00 PM at Oyster Point. The event brought community members together for Indigenous cultural performances, access to behavioral health and wellness resources, and meaningful reflection. We were honored to welcome Charlene Eigen Vasquez, Chairwoman of the Confederation of the Ohlone People, as a special guest speaker, grounding the gathering in history, resilience, and the ongoing presence of Indigenous communities.
- Indigenous Peoples Day Board of Supervisors Proclamation- 50+ attendees



NIPI Co-Chairs at Indigenous Peoples Day Proclamation

The **Native and Indigenous Peoples Initiative (NIPI)** has strengthened its visibility in San Mateo County through meaningful collaborations with community-based organizations and partners, including the Pride Center, the Commission on Disabilities, Phoenix Garden–BHRS, and the San Mateo County Libraries. These partnerships have expanded NIPI’s opportunities to engage directly with the community, share resources, and provide education grounded in behavioral health and traditional healing practices. In particular, the collaboration with the San Mateo County Libraries has

been especially impactful, cultivating ongoing community engagement, presentations, and resource-sharing that NIPI hopes to continue nurturing. NIPI is also partnering with the International Indian Treaty Council to broaden outreach efforts county-wide. Looking ahead, NIPI seeks to build stronger collaborations with the Alcohol and Other Drug Services (AOD) programs and the Public Health, Planning, and Policy Division, recognizing the urgent need to address high rates of substance use and diabetes within the Native and Indigenous community. **NIPI** made concerted efforts to strengthen connections with Native and Indigenous communities in San Mateo County. Despite their efforts, the number of residents who self-identify as Native/Indigenous remains very low. Many continue to seek services outside the county at longstanding facilities such as the *San Jose Indian Health Center* and the *San Francisco Indian Health Center*, which have deeper histories of serving these populations. According to county data, only about 1% of San Mateo County residents identify as Native American or Indigenous, underscoring both the small population base and the pressing need for expanded, culturally appropriate services within the county. This limited representation highlights the importance of initiatives like NIPI, which work to increase visibility, reduce barriers to care, and provide culturally grounded healing practices that honor the unique histories and traditions of Native and Indigenous peoples.

The Pacific Islander Initiative (PII) has a long-standing, culturally rooted tradition of collective care—showing up for one another is not simply an action, but an essential part of identity. This deeply held value was reflected throughout the year as members of PII consistently supported the initiative’s programming and each other’s healing, resilience, and personal growth. Through ongoing opportunities such as behavioral health trainings, community empowerment workshops, and strategic partnerships, PII was able to deepen its understanding of community priorities and respond to them in meaningful ways. These services proved valuable & also urgently necessary. For many community members, this year marked the first time they felt genuinely seen, heard, and supported in environments that acknowledged their cultural identity and behavioral health needs. PII is committed to building upon this foundation by creating safe, culturally affirming spaces where Pacific Islanders in San Mateo County can access healing, advocacy, and community-driven solutions that honor their unique experiences and strengths. In addition, PII also participated in organizing and hosting the following events:

- Samoan Solutions 5K Turkey Trot for Charity-November 2024, 168 attendees
- Adult and Youth Mental Health First Aid (MHFA) certification trainings-9 attendees



PI hosted performance during ODE 15-Yr Anniversary Event 2024

The **Pacific Islander Initiative (PII)** reflects the community’s long-standing, culturally grounded tradition of collective care. Within Pacific Islander culture, showing up for one another is not simply an act of kindness; it is an intrinsic part of identity and community life. This deeply rooted value was evident throughout the fiscal year, as initiative members supported programmatic efforts and one another’s healing, resilience, and personal growth. The Initiative deepened its understanding of the community's priorities through various activities, including behavioral health trainings, community empowerment workshops, and cross-sector partnerships. These engagements underscored the urgent need for culturally responsive behavioral health services. For many participants, it was the first time they felt seen, heard, and supported in spaces that honored their cultural identity and behavioral health experiences. **PII** continued its advocacy for data disaggregation throughout the year, recognizing the critical role that accurate, disaggregated data plays in identifying and addressing the unique needs of Pacific Islander communities. Despite persistent efforts, PII encountered ongoing challenges, including limited access to disaggregated data sets and systemic barriers within existing data collection frameworks. These obstacles made it difficult to capture the full scope of disparities affecting Pacific Islander populations. Nonetheless, PII remained committed to elevating the issue across county departments and with community partners, emphasizing that equitable policy and service delivery cannot occur without visibility and representation in the data.

As a result of the **Pride Initiative's (PRIDE)** efforts, outreach and attendance at the annual *PRIDE Celebration and Parade* have grown significantly. This year's event drew more than 7,000 attendees – over 1,000 more than the previous year – while the parade expanded by approximately 30% from 2024. Survey data reflected broader racial and ethnic representation, increased participation from previously underrepresented groups, and higher satisfaction due to improvements such as manageable walking paths, tailored services, and continued education on behavioral health. Many attendees were consumers, family members, or both, underscoring PRIDE's role as a celebration and a supportive community space. These achievements were made possible through teamwork, extensive planning, and the commitment of a broad representation of LGBTQIA+ community members – including consumers – who came together with the shared desire to accomplish meaningful change. In addition, PRIDE participated in organizing and hosting the following events and trainings:



- PRIDE Celebration and Parade-June 2024, 517 attendees
- CORA: LGBTQ+ Program-18 attendees



San Mateo County Pride Event 2024

The **PRIDE Initiative (PRIDE)** is most proud of the *Pride Parade and Celebration's* reputation and tremendous growth, as it has become the signature event of the LGBTQIA+ community in San Mateo County—one that residents actively seek to attend, participate in, and experience. This level of community engagement reflects the normalization of the LGBTQIA+ community, demonstrating that its members are accepted, respected, and appreciated as equals, rather than subjected to ridicule or violence. Achieving this cultural shift in San Mateo County is one of the Initiative's most significant accomplishments. The Initiative successfully brought together a broad representation of the LGBTQIA+ community to collaborate as a unified team, addressing key issues and organizing the event. Members, including consumers, were influential and highly engaged individuals within the community who shared a strong commitment to achieving meaningful outcomes. **PRIDE** did not have representation from *Aging and Disability Services*, whose participation could have played a vital role in event planning and ensuring that the unique needs of aging and disabled community members were fully considered. Without their perspective, opportunities may have been missed to address accessibility barriers and to create programming that more intentionally reflects the lived experiences of older adults and people with disabilities. Their involvement would have strengthened the event by expanding inclusivity, improving accessibility, and reinforcing *PRIDE* as a space where all members of the LGBTQIA+ community feel welcome, safe, and valued. Moving forward, building stronger connections with *Aging and Disability Services* should be a priority for *PRIDE* planning, as it would not only enhance event design but also model the importance of intergenerational solidarity and disability justice within LGBTQIA+ spaces.



SI Co-Chairs 2024

The **Spirituality Initiative (SI)** intentionally integrated individuals with lived experience into various subcommittees supporting its signature event, the Interfaith National Day of Prayer, and community-based training sessions. These efforts were part of a broader strategy to ensure programming authentically reflected the lived realities of San Mateo County residents and their diverse needs. SI collaborated with several key partners to strengthen community outreach, including *Heart & Soul, Voices of Recovery, One East Palo Alto,* and *NAMI San Mateo County*. This collaborative model aligns closely with SI's core vision to integrate spirituality into the behavioral health system in ways that promote holistic wellness and recovery for individuals, families, and communities. These partnerships exemplify SI's ongoing commitment to hope, inclusiveness, and cultural humility. By uplifting diverse perspectives and centering lived

experiences, SI promotes spaces that encourage connection, healing, and personal transformation. Ultimately, this approach deepens community engagement and strengthens the delivery of culturally responsive, spiritually grounded behavioral health support. In addition, SI also participated in organizing and hosting the following events:

- *Interfaith Day of Prayer-October 2024, 27 attendees*
- *StarVista Didactic Presentation” Spirituality in Clinical Practice-7 attendees*

Number of clients reached at trainings and events:

All HEIs Total	5531
African American Community Initiative (AACI)	Total:334
• <i>Black History Month Event*</i>	92
• <i>Juneteenth*</i>	96
• <i>ODE 15TH Anniversary Event</i>	17
• <i>African American Community Assessment 2023 Bay Area Community Health Advisory Committee (BACHAC) Presentation</i>	12
• <i>SOGIE and LGBTQ Community and Mental Health Presentation</i>	12
• <i>Putting Hands On...Intimate Partner Violence in the Black/African American Community Presentation</i>	16
• <i>Vibe Up: Black Joy as a strategy for Resilience Presentation</i>	19
• <i>The Importance of Inclusive Neuroimaging for African Americans Presentation</i>	20
• <i>The Selma to Montgomery March 60 years ago- a Personal Presence Revisited Presentation</i>	21
• <i>Black Infant Health Presentation</i>	9
• <i>Training Opportunities for Community Members and Partners Presentation</i>	20
• <i>Be Sensitive Be Brave: Suicide Prevention & Mental Health Awareness for Community Members</i>	21
Chinese Health Initiative (CHI)	Total:220
• <i>ODE 15TH Anniversary Event</i>	17
• <i>Telecare San Mateo County Mobile Crisis Response Team</i>	18
• <i>Institute on Aging: Friendship Line</i>	12
• <i>CORA: Intimate Partner Violence</i>	14
• <i>San Mateo County Libraries</i>	14
• <i>Organization for Chinese Americans</i>	19
• <i>The FCSN Journey (Friend of Children with Special Needs)</i>	16
• <i>Tips for a healthy winter season: Dr Mah</i>	18
• <i>Chinese Lunar New Year Celebration*</i>	20
• <i>Legal Aid Society: SMC immigration Resources</i>	22
• <i>AANHPI Board of Supervisors Proclamation</i>	50+
Diversity and Equity Council (DEC)	Total: 275
• <i>ODE 15TH Anniversary Event</i>	1726
• <i>Cultural Competence Annual Report</i>	43
• <i>CSIP Presentation: Loneliness Project-Exploration of How Loneliness is Perceived and Addressed Across Cultural Demographics in San Mateo County</i>	32
• <i>BHRS AOD Prenatal Campaign Presentation</i>	9
• <i>Implicit Bias Training*</i>	110
• <i>Legal Aid of San Mateo County overview of Health Consumer Center</i>	38

	<ul style="list-style-type: none"> Resources & County Efforts to support immigrant communities – SMC Office of Community Affairs 	
	Filipino Mental Health Initiative (FMHI) <ul style="list-style-type: none"> ODE 15TH Anniversary Event Kapwa Soul Sessions (Aug. 24- June 25) * Pride Event (tabling) AANHPI Board of Supervisors Proclamation 10th Annual Kasayahan sa Daly City Event Skyline College/KKC Youth Conference: Resiliency & Power of Youth Summit for Partnerships in Education- United for Youth Cultivating Cultural Wealth Through Youth & Behavioral Health & Healing City of Daly City- Suicide Prevention Proclamation Skyline College Presentation in Ethnic Studies 142: Filipina/o/x Community Issues Class Asian American Psychological Association’s DOFA Conference- UC Davis Summit for Partnerships in Education- A Culturally Attuned Framework Fostering Healing-Centered Community Care Practices Skyline College Presentation in Ethnic Studies 142: Filipina/o/x Community Issues 	Total: 517 17 50 45 50+ 30 80 80 20 40 30 40 35
	Latino/a/x Collaborative (LC) <ul style="list-style-type: none"> ODE 15TH Anniversary Event ¡Sana, Sana! Colita de Rana!* Cesar Chavez Event* BHRS Contractor Cultural Competence Reporting FY 23-24 Results and Trends Dia de los Muertos, Honoring Loved Ones with Nichos Well Connected Español Indigenous Medicine Practices for Wellness Immigration Know Your Rights Presentation What is Dia de los Ninos Day Institute on Aging: Friendship Line Stanford Health: Understanding Palliative Care 	Total: 273 17 53 25 26 23 22 17 34 17 17 22
	Native and Indigenous Peoples Initiative (NIPI) <ul style="list-style-type: none"> ODE 15TH Anniversary Event Indigenous Peoples Day* SMC Board of Supervisors: Native American and Indigenous Peoples’ Day Proclamation The Commission on Disabilities San Mateo County Arts & Cultural Festival Event Interfaith National Day of Prayer Event Indigenous Peoples Day Native Teachings Presentation Belle Air Elementary School 	Total: 343 17 27 50+ 100+ 75+ 27 27 20
	Pacific Islanders Initiative (PII) <ul style="list-style-type: none"> ODE 15TH Anniversary Event Samoan Solutions 5K Turkey Trot for Charity* AARS: Sister 2 Sister Conference 	Total: 2345 17 168 161

		<ul style="list-style-type: none"> • PCRC Mana Summit Youth Mental Health Summit & Pacific Islander Violence Prevention Summit 150 • Mental Health First Aid-Adult 9 • Mental Health First Aid-Youth 13 • P.I.E.F.E.S.T STEAM Fair: Hosted by P.I.E.F.E.S.T. 1000+ • AANHPI Board of Supervisors Proclamation 50+ • Showcasing Our Community: A Talent Show and Resource Fair with HealthRight360 and Victory Outreach Redwood City Community Resource Fair 75+ • Community Empowerment Workshop 24 • Pasifika Health And Unity Day 64 • Health Right 360/Asian American Recovery Services, Essence of Mana: Waves of Wellness Event 60+ • Pacific Islander Mental Health Conference: From Stigma to Strength 189 • StarVista, HAP-Y Program Presentation 17 • Taulama for Tongans: Financial Empowerment Program Presentation 14 • Review of BHRS Data in the PI Community Presentation 14 • Mama Dee Day Pacific Islander Heritage Festival 200 • Faatasi Youth Services & All My Usos: Health & Unity Day 100 • YEEE! Middle School Site MH & PII/HEI workshop 20 		
PRIDE Initiative (PRIDE) <ul style="list-style-type: none"> • ODE 15TH Anniversary Event 17 • Pride Celebration and Parade* 517 • Leadership Council Presentation 15 • Voices of Recovery: WRAP Services 15 • CORA: LGBTQ+ Program Presentation 18 		Total: 582		
Spirituality Initiative (SI) <ul style="list-style-type: none"> • ODE 15TH Anniversary Event 17 • Interfaith National Day of Prayer* 27 • Black History Month Event 92 • Juneteenth Event 96 • Didactic: Spirituality and Clinical Practice 7 • "What is the Spirituality Initiative?" 20 • Spirituality Retrospective Speech 200 • Voices of Recovery Grand Opening 125+ • Mobile Crisis Unit presentation 15 • Selma Civil Rights March 20 • Heart and Soul Presentation 23 		Total: 642		
<p>This helps demonstrate the impact of HEI activities, guides e ODE staff were better equipped to monitor, collect, and analyze data from a greater number of HEI events. Strengthening this capacity underscores the importance of data as both a tool for accountability and a driver of equity. Reliable data not only helps to demonstrate the impact of HEI activities but also guides decision-making, ensures resources are directed where they are most needed, and amplifies the voices and experiences of the communities being served. By building stronger data practices, ODE is positioned to deepen its understanding of community needs and measure progress toward reducing disparities more effectively.</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

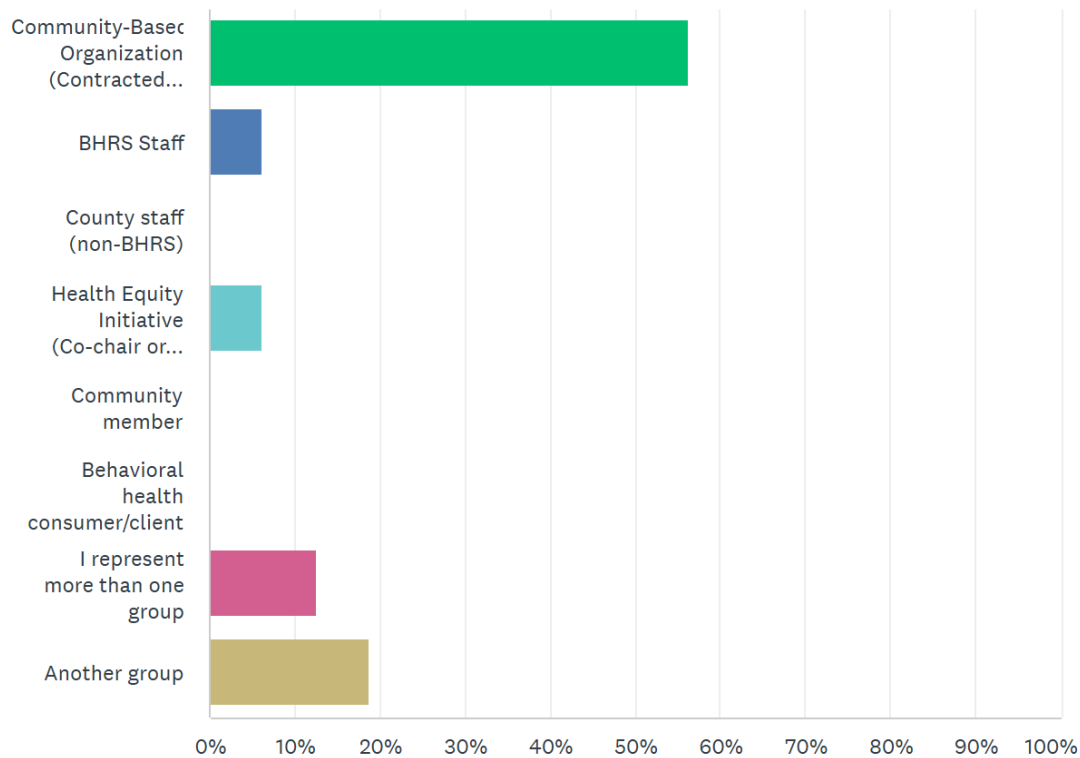
In addition to that work mentioned above, the **Diversity and Equity Council DEC (formerly the Cultural Competency Committee)** was able to maintain high engagement and attendance during monthly meetings thanks to the strategic planning, intentional communications, and responsiveness to current events. This past FY was difficult as we face many systemic changes and DEIB work is being challenged, yet many turned to DEC as a supportive and informative space. The addition of new organizations and partners was particularly exciting this year. Strong communication and consistent support from the Office of Diversity & Equity helped the DEC begin to address some of the needs identified in our strategic plan. Specifically, the Workforce Education Team was key in helping us launch a SOGIE focused on Implicit Bias training

For a second year, the DEC has maintained a "Spotlight" list to support members and partners, share updates or bring a topic of interest to the group during our monthly meetings. This has led not only to great information being shared, but the DEC being considered as a key space for community/partner input. This list is a living document available to all members and partners to sign up. This coming year, we'd like to collaborate more directly with our partners to support final prevention efforts covered by MHSA. DEC members were also key in guiding our work and providing real time input to BHRS leaders on what community members and clients are experiencing in San Mateo County. Our members supported a wide range of activities this year; from reviewing BHRS policies to providing input on an AOD campaign created to support mothers dealing with substance use. Next, the group will be providing their input on the development of the BHSA integrated plan.

We're particularly proud of the growth of the council, our average attendance was higher than in previous years. More importantly, for the community that has been created through initiative. We have had members attend regularly over the years, and new members that truly care about the work that we do, as initiative and in their respective roles within SMC, and this has helped create a space for difficult conversations and deliberate input that can impact change across our system of care. Below is a snapshot of our current member demographics based on average of monthly attendees.

What group(s) do you represent?

Answered: 16 Skipped: 0



ANSWER CHOICES	RESPONSES	
Community-Based Organization (Contracted Provider)	56.25%	9
BHRS Staff	6.25%	1
County staff (non-BHRS)	0.00%	0
Health Equity Initiative (Co-chair or Member)	6.25%	1
Community member	0.00%	0
Behavioral health consumer/client	0.00%	0
I represent more than one group	12.50%	2
Another group	Responses 18.75%	3
TOTAL		16

- “Another group”-included family member of consumer/client and representatives from Legal Aid Society of SMC.
- Full demographic survey results can be found here: https://www.surveymonkey.com/results/SM-ZXj1UjRF3I0z9r5XpIKoSQ_3D_3D/
- Survey is conducted annually.

DEC co-chairs continued to improve our communication skills and understanding of DEC needs. This year, with the guidance of the strategic plan, allowed for further resources and partnerships to support our members. Having regular check-ins outside of monthly meetings has been very helpful during this year of transition. These check-ins kept the group organized and provided space to brainstorm and think long term about DEC’s role and engagement.

Upcoming in **FY 25-26** DEC will continue building its connection to BHRS and state leadership to support its members and other HEIs during this transition period into BHSA and strengthen the initiative as a key feedback loop/connector between service providers and decision makers.

Anti-Stigma Initiative
Suicide Prevention
Initiative Co-
Occurring Initiative
& Mental Health
Month (MHM)

The Suicide Prevention program aims to coordinate efforts to prevent suicide in the San Mateo County community. The primary program activities and/or interventions provided include:

San Mateo County Board of Supervisors, Mental Health Month Proclamation 2025



SUICIDE PREVENTION COMMITTEE (SPC): The mission of the San Mateo County Suicide Prevention Committee (SPC) is to provide oversight and direction to suicide prevention efforts in San Mateo County. Created in 2009, this coalition consists of passionate suicide prevention advocates, including suicide attempt survivors, suicide loss survivors and representatives from behavioral health, primary care, emergency health services, social services, law enforcement, transportation, education, communication & media, art & culture, spirituality & faith, and community members. The SPC uses its strategic plan (Suicide Prevention Roadmap 2021-2026) to prioritize and connect efforts that reduce suicide in the general population and among specific high-risk communities in San Mateo County. For 2025, Suicide Prevention Committee prioritized “Goal 2: Increase Development and Coordination of Suicide Prevention Resources.” This Roadmap is also the first to intentionally embed an equity lens, ensuring that strategies address systemic barriers, disproportionate impacts, and the unique needs of marginalized communities.



Materials provided at SPM tabling event Fall 2024

2. SEPTEMBER SUICIDE PREVENTION MONTH (SPM): The purpose of SPM is to encourage all in the community to learn how we all have a role in preventing suicide. The 2024 SPM statewide and countywide theme was “Love Over Loneliness” and local hashtags was #SMCAgainstLoneliness and #SuicidePreventionMonth. SPM activities included:

- a. Advocacy Days are various days in August and September where community members can make public comment and advocate for suicide prevention at local city and county meetings that proclaim September Suicide Prevention Month.
- b. Mini-Grants and Event Support is an opportunity for County and community partners to apply for modest amounts of monetary funding (\$200-\$300) and event support for their September Suicide Prevention Month event. The process includes application, selection, event support, deliverable review and fund disbursement. A total of 12 mini-grants were awarded in 2024
 - i. Event Support includes
 1. Input/ideas on event theme, programming, communication/outreach and logistics (up to 2 hours consultation)
 2. Speakers with lived mental health and/or substance use experience
 3. Digital stories for screening
 4. Photo voices for exhibits
 5. Event templates (flyer, presentation slides, chat script)
 6. Event promotion on website and social media (Facebook, Twitter, blog and email networks)
 7. Interpretation/translation with SMC Health Contractors
- c. Communication Campaign which promoted September Suicide Prevention Month through the communication channels below. New graphics and content align with the statewide theme.
 - i. Website included schedule of events, ways to get involved and resources for behavioral health
 - ii. Social Media campaign included social media posted across San Mateo County Health Facebook, Instagram, Twitter and BHRS Blog. Among Facebook, Instagram, Twitter, the hashtags mentioned above

- iii. Email Blasts – Email blasts distributed to behavioral health staff, community partners and community members to promote activities and information about suicide prevention.
- iv. Outreach Materials – created and mailed by state and distributed by Suicide Prevention Committee and County staff.

3. SUICIDE PREVENTION TRAININGS:

The below programs were also part of the Suicide Prevention Program and there are separate annual reports for each of the below programs.

- a. Mental Health First Aid
 - i. Participant Trainings for Adult, Youth and Teens
- b. Be Sensitive Be Brave Training
 - i. Participant Trainings for Suicide Prevention and Mental Health
 - ii. Adaptation for Middle School Students

San Mateo County Mental Health Awareness Month

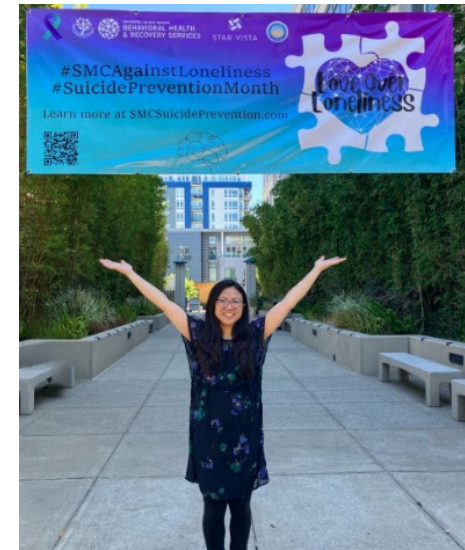
Mental Health Month (MHM) 2025 in San Mateo County was observed with the overarching aim of significantly increasing community awareness, actively working to reduce the persistent stigma surrounding mental illness, and crucially, promoting accessible pathways to vital mental health resources for all residents. This year, San Mateo County’s May Mental Health Month theme was thoughtfully chosen as "Mental Health as a Continuum." This powerful theme directly challenged the prevalent and binary idea of mental health as simply "healthy" versus "unhealthy." Instead, it sought to normalize the wide range of mental health experiences that individuals navigate throughout their lives, emphasizing that everyone exists somewhere along the spectrum, rather than at fixed points. By framing mental well-being in this way, the campaign encouraged individuals to embrace and accept the full, dynamic spectrum of their well-being, fostering self-compassion and reducing the pressure to conform to an idealized state. This approach aimed at creating a more inclusive and understanding environment where seeking support at any point on the continuum is seen as a normal and healthy action.

Approximately 3,500+ unique attendees participated in various events. (Note: Due to limited data collection, this figure is an estimate and may include some repeat attendees).

Evaluation and Demographic Data of Event Participants

- **Age Groups:**
 - Under 18: 15%
 - 18-25: 25%
 - 26-59: 45%
 - 60+: 15%
- **Gender Identity:**
 - Female: 55%
 - Male: 40%
 - Non-Binary/Other: 5%
- **Race/Ethnicity:**
 - Hispanic/Latinx: 20%
 - Asian/Pacific Islander: 24%
 - Black/African American: 1%

SPM Banner at San Mateo County Center 2024



MHM Event at Redwood City Library, May 2025

- White: 50%
 - Other: 5%
- **Languages Spoken at Home:**
 - English: 70%
 - Spanish: 20%
 - Unknown: 10%
 - **Zip Codes Represented:**
 - Top zip codes include:
 - 94065 (Redwood City),
 - 94403 (San Mateo),
 - 94010 (Burlingame),
 - 94080 (South San Francisco)
 - 94014 (Daly City)



MHM Kick Off with BHRS Staff 2025

- **Advocacy:**
 - # of cities participating in proclamation: 10 out of 20 cities/towns (Belmont, Brisbane, Half Moon Bay, Hillsborough, Menlo Park, Millbrae, Pacifica, San Bruno, San Carlos, San Mateo) in San
 - Mateo County issued official proclamations recognizing MHM.
 - # of cities participating in lighting: 3 cities participated in lighting up
 - prominent landmarks (e.g., city hall, bridges) in green to signify mental
 - health awareness.
- **Events:**
 - # of events: 28 official events were held throughout May, ranging from workshops and webinars to community fairs and awareness walks.
 - # of attendees across all events (Including new attendees):

Website Engagement Metrics

- Total Pageviews (Main Website/Homepage): 693
- Unique Visitors: 421
- Average Time on Page: 17s
- Top Performing Pages:
 - o Attend events – 45 views
 - o Get involved – 26 views

Social Media Engagement Metrics

INSTAGRAM:

- Total Mental Health Month Related Posts by StarVista: 15
- Total Reach Across Platforms: 2,063
- Engagement Rate (likes, shares, comments): 89%
- Top Performing Posts:
 - o Wear Your Wellness post for Mental Health Month | 4/26
- 236 Views, 169 accounts reached, 22 Interactions, 13 likes,
 - o 5/8 – Collaboration Post with @starvistasmc:
- 1,116 views, 534 accounts reached, 84 interactions, 44 likes, 2 comments

Testimony

“I think the work that you’re doing destigmatizes asking for help. I see you working on your weekends – thank you. I see you with your little one, how passionate you are to get the word out, and your daughter is seeing that as well. How important it is to share with the community the resources and that impact is going to reverberate. So, Thank you.”

– Juslyn C. Manalo, Councilmember of Daly City,

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.

OUTREACH COLLABORATIVES

Community outreach collaboratives funded by MHSa include the East Palo Alto Partnership for Behavioral Health Outreach (EPAPBHO), the NCOC, and Coastside Community Engagement. The collaboratives provide advocacy, systems change, resident engagement, expansion of local resources, education and outreach to decrease stigma related to mental illness and substance use and increase awareness of and access and linkages to culturally and linguistically competent behavioral health, entitlement programs, social services, and a referral process to ensure those in need receive appropriate services; in addition, they promote and facilitate resident input into the development of MHSa-funded services.

NORTH COUNTY OUTREACH COLLABORATIVE

The North County Outreach Collaborative (NCOC) consists of 4 partner agencies: Asian American Recovery Services (AARS), Daly City Partnership (DCP), Daly City Youth Health Center (DCYHC), and Pacifica Resource Center (PRC). The NCOC aims to connect people who need support around mental health, alcohol/other drug treatment, medical and other social services.

NCOC consists of a Steering Committee which are senior leaders of the partner agencies which meet quarterly and the Community Outreach Team (COT) who meet monthly. COT are the outreach leads who oversee the agencies outreach efforts and connect with community through various engagements and events while making sure all efforts are accounted for.

The NCOC reduces stigma and discrimination of mental illness along with alcohol and other drug issues by increasing awareness of available resources through education and creating access to care for those in the community who are underserved. NCOC continues to establish and nurture effective relationships with culturally and linguistically diverse community members to assist in increasing Behavioral Health and Recovery Services capacity and performance in addressing the specific needs of their various populations located in the North Sector of San Mateo County such as Filipinx, Pacific Islander, Latinx, Chinese and LGBTQQ.

Listed below are the partners' program purpose, target populations served, and primary program activities/interventions provided.

AARS

Asian American Recovery Services/HealthRight360 (AARS) is a program of HealthRight360 and provides an array of culturally informed services to the Asian and Pacific Islander and other ethnically diverse communities. AARS is dedicated to reducing the impact and incidence of substance use. Programs serve youth, adults and families in San Mateo County and AARS offers programs and services each tailored to meet the needs of the participants/clients. Their culturally oriented, gender-responsive approaches are delivered by multicultural staff who are part of the communities they serve.

AARS has programs in prevention and early intervention with education around reducing stigma by providing safe and brave spaces in the community on a regular basis. Their primary focus has been the Native Hawaiian, Pacific Islanders and Filipino with a focus on outreaching to the Samoan and Tongan community. One of their programs is Journey to Empowerment which was requested by a Tongan community member who met with her therapist and AARS staff to create a space so that her Pasifika community could talk about taboo topics. This event happens monthly where staff and community leaders have guided conversations on topics such as mental health, physical health, healthy relationships, LGBTQQ, and community healing. They have also been able to partner with other Pasifika organizations and community individuals to host these monthly events. Their goal is to build community by providing spaces which have cultural activities and conversations regarding various topics that connect to mind, body and soul to wellness and help share available resources and make connections and referrals. Staff expressed that often in order to connect with individuals the planting of an informational seed must be gently harvested and then building of a relationship with supporting it with watering by follow up and check-ins helps build trust to take the next steps of seeking services. Some community topics were: Community Building-Pasifika Game Night, Suicide Prevention-Beat by Beat, Conquering Fear- Fear to Flames, Financial Literacy-Money Moves, Community Building- Pasifika Holiday Game Night, Goal Setting and Intentions-Visions and Vibes, Fitness and Wellness-Get Fit with Fa'atasi, Art of Elei making and preserving culture by practicing traditions- E.L.E.I. with SCDC, Healthy hobbies and coping skills-Lego Block Party, Tahitian Dance and Culture-'Ori Tahiti, Inner shadow work and exploring intersectional Identities- Connection to Self-Embracing our Identity

AARS also provides a 13-week parenting course with a focus on targeting the Pasifika community, however they are welcoming to all who are willing to commit and actively participate. They use the Parent Project curriculum and facilitate it with a cultural lens discussing taboo topics such as rape, molestation, mental health, alcohol and other drugs, gangs, human trafficking, mental health and current social trends.

AARS also provides programming for Pasifika young folks ages 12-25 who reside in San Mateo County educating them on mental health and wellness. Their 10-week workshops cover topics such as self-identity, self-care, identifying emotions, anger and violence prevention, family and social connections, substance abuse, healthy relationships, problem solving restorative and social justice. They have a Pasifika youth leadership group that is involved in community engagement and advocacy. Case management is provided to support the youth in navigating their individual needs with the aim of exposing them to resources. Their intent is to have a soft hand off to needed services and creating a pipeline for the youth and transitional age youth to navigate their education with the hope that they find interest in pursuing a higher education around mental health, public health or social health.

In addition, AARS provides a Sister to Sister Youth Leadership Conference celebrating Asian American, Native Hawaiian & Pacific Islander young woman of Tomorrow who have been identified as engaging in at risk behaviors as well as for those girls who are demonstrating a desire to develop

strong leadership skills.

AARS continues to utilize their social media platform to uplift community voices on their weekly live podcast called Talanoa Tuesday. This platform allows AARS staff to share community resources while speaking on topics in the community and promoting wellness. They have 3,111 followers on this platform. This has been a steady outreach tool to keep the community informed on what is happening locally while connecting those in need of support.

DCP

Daly City Partnership is dedicated to creating transformative change by providing comprehensive, multi-generational services that empower children, families, and older adults to overcome challenges and promote community advancement. DCP's purpose is to engage and connect low-income and historically marginalized communities with mental health resources. Our target population served consists of low-income, Latinx/Hispanic, Filipino, Chinese, Pacific Islander, LGBTQ+ populations. Target populations range from preschool aged to senior citizens. The primary program activities and interventions provided are through individual, group, family, couples therapy and outreach in person and virtually.

The Brain Health Department serves individuals from all backgrounds regardless of race, sex, age, and income level. As long as individuals complete the consent forms, they are eligible for services with the Brain Health team. The consent forms currently do not ask about race and ethnicity so often the counselors meet their clients for the first time without knowing this background information, hopefully reducing the potential for immediate biases and prejudice. In the future, Brain Health is looking to change their data collection process to better track race/ethnicity information to have a better understanding of which communities may be underrepresented. There will still be a strong emphasis of serving as many people from diverse backgrounds as they can.

DCYHC

Daly City Youth Health Center (DCYHC) provides effective, safe and respectful health services to the underserved youth and young adults ages 12-24 in North San Mateo County at no cost to them. DCYHC provides physician lead primary healthcare, counseling services from licensed therapists, sexual health education and social and emotional development from health educators. Every medical and counseling appointment that DCYHC provides to its client base, which is composed of low-income youth, is an example of a reduction of the disparity of access to care and increase in the number of underserved youths receiving public health services in the community.

Daly City Youth Health Center (DCYHC) has created a position for a Behavioral Health Manager that works closely with their Intake Coordinator to streamline the referral process. DCYHC created a refined system for their referral process that resulted in more referrals coming from their community and increased the number of individuals established at their center. All clients are contacted, and appointments are made within under a week of receiving the referral. DCYHC kept track of timely access on their Avatar electronic health records system. DCYHC Behavioral Health Manager also served as a liaison between DCYHC and JUHSD, as well as SMMC. By doing so, they were able to serve the community in a more efficient way as they now have a main point of contact that handles anything referral related. DCYHC expanded their outreach efforts and almost doubled the number of outreach events they participated in this year. They have increased their social media presence by hiring a Social Media Coordinator who revamped their website, Instagram, Linked in, donation website, etc. By the end of the school year, DCYHC reached an increase of 100.8% in their account engagement, which was reflected in the growth of self-referrals they received throughout the year. DCYHC expects the number of self-referred clients to keep growing as they will keep them as their Social Media Coordinator for the upcoming year.

In addition, they used their social media for various outreach strategies to address and reduce stigma and discrimination. Examples of some of their posts include celebrating heritage months, resources for LGBTQIA+ youth, and information for health education workshops. DCYHC broadened their area of care this year by including Brisbane School District, serving their middle school, Lipman Middle School. This resulted in a huge growth of families and children seeking services at the center. DCYHC clinicians were able to practice and implement their Family Systems Approach to ensure that they are meeting clients' needs and help them through their complex traumas. DCYHC utilizes evidenced based principles in treatment and has seen successful results through their outcomes data collection. By having this new contract with Brisbane School District, mental health clinicians were able to work closely with youth and families to reduce stigma surrounding mental health care. They were also able to get valuable feedback from the community to recognize stigma-reducing efforts in the future.

To reduce disparities in access to care, mental health clinicians began to offer meeting clients in public spaces, where they felt safe enough to do so for therapy appointments. DCYHC continues to connect and engage with the Chinese community and provide translation services as needed. They hired a Mandarin speaking clinician and attended an Immigration Resource Fair as part of our continued outreach. Through their partnership with SMMC, DCYHC was able to receive information about COVID vaccination days designated for the community. Outreach for vaccination clinics taking place were shared to additional networks via email, social media posting, and networking. Their primary health clinic provides vaccinations and testing to patients.

PRC

The fiscal agency that oversees the Pacifica Collaborative is Pacifica Resource Center. The Pacifica Resource Center: Target Population: Low income,

people at risk of or experiencing homelessness, families and children affected by mental health issues, Chinese, Filipino, Latino, African American/Black, Pacific Islander and LGBTQ communities of all ages.; Faith Community; Business Community.

The Pacifica Collaborative has been connecting people to services and connecting the agencies in all sectors to enrich the community and sharing resources since 1999. The mission of the Pacifica Collaborative is to bring the community together regularly to foster meaningful connections, strengthen partnerships, and support one another's efforts to build a healthier, more inclusive, and resilient community.

PRC' outlined activities play a critical role in advancing public health goals, particularly in improving access, reducing disparities, and promoting recovery-oriented practices for underserved communities. Facilitating monthly Pacifica Collaborative meetings and organizing outreach events and community-wide campaigns ensures continuous engagement among stakeholders, which strengthens coordination and communication. The collaborative infrastructure improves timely access and linkages to services, and warm handoffs particularly for individuals experiencing homelessness or behavioral health challenges. By conducting outreach to encampments and vehicle dwellers and connecting individuals and families to shelters and behavioral health resources, the program directly reduces barriers that typically prevent underserved populations from receiving care. These efforts also reduce stigma and discrimination through targeted anti-stigma events like overdose awareness and panel discussions. These platforms humanize lived experiences, encourage empathy, and engage community sectors including schools, faith communities, and LGBTQ organizations in reducing negative perceptions around mental illness and experiencing homelessness.

In addition, community education presentations, mental health workshops, and information sharing through the Collaborative promote greater understanding and normalization of behavioral health issues across all demographics. Our partnership with Pacifica Libraries provided the venue and promotions for Be Sensitive, Brave Trainings that focus on suicide prevention. This normalizes discussions about suicide and helps to reduce the stigma historically associated with the word. The increased presence at community events, schools, festivals, and resource fairs, along with routine initial screenings at the Pacifica Resource Center and in the community, directly increases the number of individuals receiving public health services. These screenings help identify mental health needs early and enable warm handoffs and follow-up care, especially for those with serious mental illness (SMI) or serious emotional disturbance (SED). The role of the Community Outreach Team in nurturing trusting relationships makes these transitions smoother and more successful. By actively reducing disparities in access to care, these activities intentionally reach out to marginalized groups, including unhoused individuals, youth, older adults, and LGBTQ+ populations. Partnerships with organizations like Coast Pride and targeted LGBTQ+ outreach events ensure culturally competent services and inclusive programming. The assistance provided in applying for insurance and ancillary services further removes barriers that often disproportionately affect underserved populations.

Finally, the incorporation of recovery principles is evident throughout the structure of the Collaborative. Emphasizing person-centered care, community support, peer involvement, and empowerment, especially through programs like Journey to Empowerment and involvement in the Spirituality Initiative these activities foster holistic and sustained recovery. Continuous improvement processes, such as training for outreach workers, gap assessments, and participation in steering committees, ensure that outreach is not only effective but also evolves to meet the changing needs of the community. In sum, the Pacifica Collaborative's multi-faceted approach creates a well-coordinated, stigma-reducing, equity-driven, and recovery-oriented system that improves outcomes and quality of life for some of the most vulnerable individuals in the community.

PROGRAM IMPACT

North County Outreach Collaborative FY 2024–25

Total clients served 8,322

Total cost per client \$30

EAST PALO ALTO PARTNERSHIP FOR BEHAVIORAL HEALTH OUTREACH

The EPAPBHO collaborative is comprised by community-based agencies from the East Palo Alto region of San Mateo County to provide culturally appropriate outreach, psychoeducation, screening, referral, and warm handoff services to East Palo Alto region residents. One East Palo Alto serves as the lead agency and works in collaboration with El Concilio of San Mateo County (ECSMC), FAL, and 'Anamatangi Polynesian Voices ('APV). The program goals are as follows:

- Increased access for marginalized ethnic, cultural, and linguistic communities accessing and receiving behavioral health services. The collaborative will facilitate connecting people who need mental health and substance use services to responsive programming (e.g., Parent Project®, MHFA, WRAP, support services) and/or treatment—specifically, looking at how to increase access for children living with SED and adults and older adults living with SMI or at high risk for a higher level of care because of mental illness.
- Strengthened collaboration and integration. Established effective collaborative relationships with culturally and linguistically diverse agencies and community members to enhance behavioral health capacity and overall quality of services provided to diverse populations. The collaboration improved communication and coordination among community agencies involved and with broader relevant efforts through the ODE, HEIs, and others.

- Established strong linkages between the community and BHRS. It is expected that there will be considerable collaboration that would include but not be limited to mutual learning. The outreach workers received trainings from BHRS and the ODE to support outreach activities as needed—for example, Becoming Visible—Using Cultural Humility in Asking Sexual Orientation Gender Identity (SOGI) Questions, HEI-sponsored trainings, and so on. Partnership with the BHRS regional clinic(s), ACCESS Call Center referral team, and many other points of entry to behavioral health services were prioritized by BHRS. Likewise, the collaborative agencies and outreach workers work with BHRS regarding strategies to improve access to behavioral health services. They will build linkages between community members and BHRS to share vital community information through the participation input sessions, planning processes, and/or decision-making meetings (e.g., boards and commissions, steering committees, advisory councils).

- Reduced stigma, including self-stigma and discrimination related to being diagnosed with a mental illness or SUD or seeking behavioral health services. The outreach workers make services accessible, welcoming, and positive through community approaches that focus on recovery, wellness and resilience, use of culturally appropriate practices including provision of other social services and engaging family members, speaking the language, efforts that address multiple social stigmas such as race and sexual orientation, and employment of peers. Specific anti-stigma activities include but not be limited to community-wide awareness campaigns, education, and training.

- The target populations served by EPAPBHO were marginalized ethnic, linguistic, and cultural communities in the region including Latinx, Pacific Islander, African American/Black, and LGBTQ+ communities of all ages. EPAPBHO services are based on two key models of community engagement: the community outreach worker model and CBO collaboration.

- Outreach workers (also known as *promotores*/health navigators) connected with and facilitated access for marginalized populations through culturally and language appropriate outreach and education and provide linkage and a warm handoff of individuals to services. Outreach workers were usually members of the communities to which they outreach. They speak the same language, come from the same community, and share life experiences with the community members they serve. Outreach workers used a variety of methods to make contact with the community: from group gatherings in individuals’ homes to street outreach and large community meetings, as well as making direct contact with target audiences, conducting warm handoffs, and conveying crucial information to provide community support and access to services.

- Strong collaborations with local community-based agencies and health and social service providers were essential for cultivating a base of engaged community members. Organizations leveraged their influence, resources, and expertise, especially in providing services that address cultural, social, and linguistic needs of the community. Collaboratives benefited 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.

Improves timely access and linkages for underserved populations: Historically, the population served by EPAPBHO are undercounted and underserved. The partnership’s ongoing interventions provide timely access and linkages to treatment. For example, during initial screening, outreach workers engage clients when they either come in for services or are engaged in the community. During the verbal assessment, outreach workers help clients with presenting needs for which they are seeking services. Outreach workers listen nonjudgmentally, assessing for risk of suicide or harm to self or others, and give reassurance that there are local programs and services that will address whatever their specific need or concern may be. If/when appropriate, an immediate referral to the appropriate agencies in San Mateo County BHRS’s system of care is made for assessment and follow-up treatment. In most cases, partners make warm handoff referrals by accompanying the consumer member to the agency and, depending on their request, participating in the initial assessment appointment. This has become standard practice for all EPAPBHO partners, particularly among monolingual speakers who need translation services and rely on an ambassador whom they know and trust.

Reduces stigma and discrimination: EPAPBHO partners are founding members of the East Palo Alto Behavioral Health Advisory Group (EPABHAG), convened by One East Palo Alto. EPABHAG was created as an advocacy group to ensure that quality mental health services are provided to East Palo Alto residents. Over the years, it has partnered with BHRS leadership to ensure that programs provided are created by the community and for the community. Major goals of the work have been to raise awareness of mental health issues and reduce the stigma associated with those issues. To this end, EPABHAG has held 12 annual Family Awareness Night events to achieve these goals with the most recent event held May 30th. Since its inception, EPABHAG has served more than 1,000 residents through these events and has addressed topics including but not limited to mental health versus mental illness, stigma, trauma, substance use, wellness, and faith.

Increases number of individuals receiving public health services: EPAPBHO partners facilitate connections between people who may need mental health and substance use services or other social services and relevant programming and/or treatment by

- Performing the initial screening and engaging potential clients,
- Providing brief interventions to engage clients, and
- Referring members who may need behavioral health services to appropriate agencies in the San Mateo County BHRS system of care for assessment and follow-up treatment as needed.

In addition, for most clients, continued support is needed to encourage participation in follow-up treatment. On many occasions, this means providing transportation when the services are outside of the East Palo Alto community, making a reminder phone call, and accompanying them to sessions, as needed.

Reduces disparities in access to care: See comments above regarding stigma and discrimination.

Implements recovery principles: EPAPBHO partners incorporate the five key recovery concepts into outreach efforts as follows:

- Hope—People who experience mental health difficulties get well, stay well, and go on to meet their life dreams and goals.
- Personal responsibility—It's up to the individual, with the assistance of others, to take action and do what needs to be done to keep themselves well.
- Education—Encouraging learning all that one is experiencing so they can make good decisions about all aspects of their life.
- Self-advocacy—Teaching how to effectively reach out to others so that one can get what it is that one needs, wants, and deserves to support wellness and recovery.
- Support—Allowing others to provide support while working toward one's wellness and giving support to others will help one feel better and enhance the quality of one's life.

SUCSESSES

'APV recognizes that a multilevel approach to addressing issues experienced by youth and young adults (both in and out of school) has been crucial for successfully serving families. One of 'APV's successful interventions is MamaDee 'Uhila's work within the county juvenile system. MamaDee works with young people referred by county probation, providing cultural and linguistic support for these young men and their families. Her approach has effectively served them and connected them to other community programs.

Client Success Story #1: Mr. H arrived in the United States in 2019 and stayed past his return date to the Kingdom of Tonga. He's been living at Fofu'anga in East Palo Alto since 2021. His leg was amputated because of diabetes. He came to 'APV after other Tongan community members told him that 'APV could help with his medical situation. 'APV assisted Mr. H in participating in activities such as COVID-19 pop-up clinics, where he received the vaccine. They provided translation services for his medical appointments at Ravenswood Clinic and Stanford Medical, as he doesn't speak English. Despite his disability, Mr. H remains active in cultural activities, especially singing. Mr. H has become part of 'APV's Cultural Practitioners program. He shared valuable knowledge about the four pillars of Tongan culture created by Queen Salote, enriching 'APV's cultural understanding. When Mr. H lost his teeth, APV helped refer him to Stanford for dental work. He has become an integral part of 'APV's cultural initiatives, supporting 'APV at town hall meetings, "take the mic" programs, and various festivals. Update since last year's report: Mr. H has been attending 'APV's Cultural Practitioner Training every Thursday since spring 2024. He currently resides at the Good Samaritan Shelter in San Mateo and is seeking employment. Mr. H successfully completed the 12-week Parent Project® led by One East Palo Alto, applying the tools and strategies he learned to support his children in Tonga. While job hunting, Mr. H actively participates in community activities, including One East Palo Alto's Wellness Wednesdays and Climate Resilient Communities adaptation, and volunteers with St. Andrew's weekly food distribution. 'APV remains committed to supporting Mr. H in his ongoing progress. ECSMC continues to successfully engage community members, assess them for mental health needs, and refer them to services.

Client Success Story #2: A single mother of two children came to ECSMC offices because her electricity had been shut off for 2 days. She was very distressed and nervous because her food had spoiled. ECSMC's case worker assisted her with submitting a Low-Income Home Energy Assistance Program (LIHEAP) application and had her electricity restored within a few hours. She was referred to Nuestra Casa and Ecumenical Hunger Program for meals and food for the coming weeks. The client was extremely grateful and relieved. While working with this client, staff also recognized that she could benefit from mental health counseling and referred her accordingly. FAL continues to do well with people who are fully recovering. Patients can receive ongoing assistance from FAL if they struggle with co-occurring mental health and substance use disorders. FAL maintains its partnership with the East Palo Alto system of care, which includes the Ravenswood Community Health Center, Ecumenical Hunger Program, and the East Palo Alto Community Counseling Center. FAL staff members continue to assist those who have successfully completed residential treatment by helping them find employment, referring them to sober living housing or to shelters, or reuniting them with their families.

Client Success Story #3: A client who was facing incarceration, financial hardship, and substance dependency when she entered FAL's treatment program. For more than a week, she collaborated with FAL staff, focusing intently on transforming her lifestyle. On April 3, 2024, she committed to the FAL Residential Treatment Program, determined to shift her perspective and improve her circumstances. Throughout the program, she demonstrated resilience and dedication to personal growth. Upon graduation, she successfully secured employment and continues to maintain her sobriety, embodying the positive change she set out to achieve. The Mouton Center has gradually reopened its programming hours and activities to the community since the pandemic. A significant success for The Mouton Center was the launch of Wellness Wednesdays for the community in May 2023. These sessions are open to the community to focus on wellness while enjoying healing activities. Topics have included painting, candle making, journaling, sharing one's narrative, musical breathing, and coloring for calm.

Client Success Story #4: One of The Mouton Center’s clients reported excitement about returning to the wellness center, citing the welcoming and relaxing atmosphere. Another participant, a mother of a child with special needs, shared that she attends the evening painting sessions as a self-care activity. Since the launch of Wellness Wednesdays, The Mouton Center has seen an increase in attendance from the Latinx community, especially young couples. Some couples have expressed gratitude for having a space to enjoy and heal together away from home responsibilities. Many community members attending these sessions agree that wellness offerings are a great way to care for oneself in order to then care for their families and the community at large.

PROGRAM IMPACT

East Palo Alto Partnership for Behavioral Health Outreach FY 2023–24

Total clients served 606

Total cost per client \$148

COASTSIDE COMMUNITY ENGAGEMENT

The Coastside Collaborative provides culturally responsive outreach to the Coastside community and targets a broad community network with the goal of strengthening service collaboration, coordination, and integration into the Coastside region of San Mateo County. The collaborative is co-chaired by Ayudando Latinos a Soñar (ALAS) and the Youth Leadership Institute (YLI).

YOUTH LEADERSHIP INITIATIVE (YLI)

During FY24-25, regular attendees at Coastside Collaborative meetings included representatives from YLI, El Centro, La Costa Adult School, the City of Half Moon Bay, Cabrillo Unified School District (CUSD), ALAS, CARON, Senior Coastsiders, Unitarian Universalist Coastside Community, and San Mateo County Libraries. YLI coordinated various presentations and workshops that highlighted opportunities for multisector and cross-collaboration. These included sessions from Coastpride on Allcove, La Costa Adult School, HMB City (Karen Decker) on the Coastside Recovery Initiative, HMB City (Judith Guerrero) on the Farmworker Commission, the Unitarian Universalist Coastside Community discussing the Loneliness Epidemic, Half Moon Bay High School on SafeSpace, JobTrain on their services, the Office of Community Affairs (County of San Mateo) covered immigrant services, the College of San Mateo on local services, David Seidner on Telecare, the Surgeon General's report, and San Mateo County Health (Behavioral Health and Recovery Services & Office of Diversity and Equity) addressing Prop 1. Faith in Action focused on knowing your rights. YLI organized an in-person gathering to foster collaboration and supported the development of a postcard for partners to share, enhancing community visibility. Additionally, YLI helped create and implement a needs survey during the wellness festival, providing insights into family needs on the coastside.

In FY24-25, the Coastside Collaborative continued fostering cooperation and community engagement through sharing various initiatives and events. The development of their Google group, allowing members to post messages for contact or coordination with the entire group, facilitated this effort. Member updates during meetings also supported this goal, enabling members to share information about events and collaboration opportunities, such as Senior Coastsiders' plans to expand intergenerational programming, YLI's community services for youth interested in attending meetings, HMB Library's workshops for parents and youth—including citizenship classes—and Coastside HOPE's onsite resources and public assistance sessions for families in need. Half Moon Bay City also highlighted local projects such as a memorial honoring farmworkers, community health outreach, and healthcare access. Other initiatives included youth internship programs, mental health awareness campaigns, cultural activities such as Chinese Calligraphy workshops, and environmental efforts, including household hazardous waste drop-off locations. This year, efforts to strengthen collaboration and resource sharing among community organizations continued, with events such as the San Mateo County Office of Community Affairs' "Know Your Rights" presentation and bilingual red card distribution for community members. Members are encouraged to stay involved, attend upcoming meetings, and connect with facilitators to learn more about the collaborative.

CARIÑO PROJECT (COASTSIDE MULTICULTURAL WELLNESS)

The Cariño Project is funded 80% CSS and 20% PEI. The program opens pathways for increased services on the Coastside, limited in services. Counseling services include crisis counseling, family counseling, and counseling at schools, local churches, and community spaces. Staff often use a home visiting model to serve families. *Ayudando Latinos a Soñar* (ALAS) is committed to meeting the client where they are, both emotionally and physically.

In FY 2024–25, the Cariño Project served 458 unduplicated individuals in San Mateo County through their clinical component (therapy); 2,130 individuals (duplicated) were also engaged through various services including groups, training, arts activities, and other supports.

The Cariño Project was founded on the opportunity to create new models of mental health and wellness Wraparound services that are grounded in cultural frameworks of intervention. The program opens pathways for increased services on the Coastside, limited in services. MHSA funding has allowed growth in programming and staff to increase wellness support services across the coast. ALAS is centered on honoring the client and their cultural wealth. The program believes that each person and family are rooted in a history of tradition and culture that strengthens who they are, which

should be honored and valued. Operating from a strengths-based and cultural wealth perspective, ALAS values each person, family, and child, embracing each person's identity, sexual orientation, race, ethnicity, and cultural background(s). The Cariño Project strengthens opportunities to work closely with expanded community groups.

PROGRAM IMPACT

Cariño Project FY 2024-25
Clients served (unduplicated) 458
Cost per client: \$164
Individuals reached (duplicated) 2,130
Total served 2,588

SAN MATEO COUNTY PRIDE CENTER

The Pride Center (35% CSS, 65% PEI) creates a welcoming, safe, inclusive, and affirming space for individuals of all ages, sexual orientations, and gender identities through education, counseling, advocacy, and support. The Pride Center takes a holistic approach to improving the health and well-being of the LGBTQ+ community by providing direct mental health services to individuals living with severe mental health challenges and individuals in the community seeking support groups, resources, community-building activities, and social and educational programming.

The clinical program of the Pride Center provides high-quality, LGBTQ+-affirming behavioral and mental health services to marginalized and at-risk LGBTQ+ community members in San Mateo County. Clinical services include individual therapy, relationship therapy, family therapy, group therapy, and case management. The Pride Center work is strengths based, and trauma informed, engaging both natural supports and the whole family whenever possible. The primary purpose is to assist clients, their families, and their communities in reducing stigma and supporting the creation of safe, affirming environments for LGBTQ+ clients. To this end, services are aimed at not only reducing high-risk symptoms such as self-harming behaviors and trauma symptoms but also providing family support and education to non-affirming family members. Last, in addition to offering direct clinical care, the program's clinical team provides extensive consultation and LGBTQ+ training for other mental health and medical service providers, school administrators and educators, parents of LGBTQ+ youth, students, LGBTQ+ older adults, and the general public.

*San Mateo County Pride Center at
community event 2024*

The mission of the Pride Center is to create a welcoming, safe, inclusive, and affirming community climate that fosters personal growth, health, and opportunities to thrive for individuals of all ages, sexual orientations, and gender identities through education, counseling, advocacy, and support. Its vision is to create an innovative, respectful, and equitable community of all ages, ethnicities, cultures, sexual orientations, and gender identities that supports complete inclusion, is free of discrimination, strives for knowledge, challenges barriers, and seeks to empower agents of social change.

The Pride Center experienced significant challenges at the end of the fiscal year due to the closure of its parent organization, StarVista. StarVista's closure and dissolution in August 2025 resulted in a drastic restructuring of the clinical program. In May 2025, all active case management clients were transferred to the care of the Center Manager and Clinical Administrative Coordinator, both of whom have experience offering case management support. In FY 25-26 oversight of the Pride Center will be provided by the San Francisco Public Health Foundation.

PROGRAM IMPACT

Pride Center FY 2024-25
Clients served (unduplicated) 135
Cost per client: \$4,572
Individuals reached (duplicated) 15,409
Total served 15,544

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.

In FY 2024-2025 the monthly **Cultural Humility** cohort meetings continued to focus on troubleshooting issues and continuing to improve the training experience. This year, newly trained facilitators and staff from the BHRS Workforce Education & Training (WET) Team were added to the group. Some highlights include:

- **Increase in number of training courses** provided due to increased number of trained facilitators available.
- **Availability and review of evaluation data** provided to the cohort make any necessary training adjustments
- **WET support** for training logistics and planning
- **Improved communication** with training participants
- **Support for Cultural Humility 102**; participation in two training pilots to review curriculum and provide feedback before expected launch in 2026.



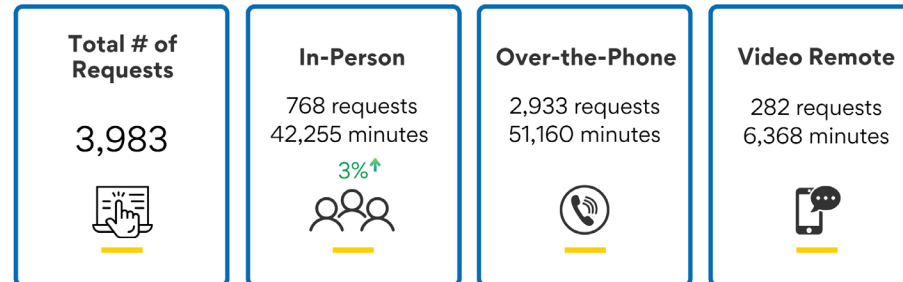
*The Cultural Humility Community of Dialogue
Members 2024*

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

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

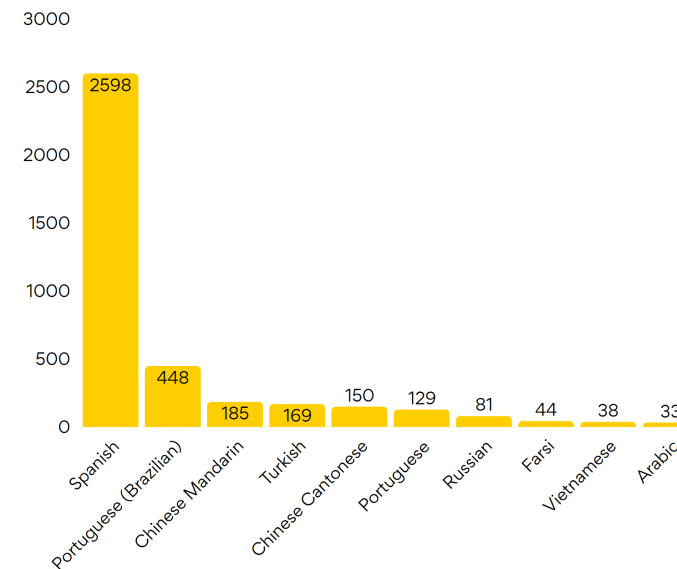
In FY 2024-2025 BHRS saw **3,983 unique requests for interpretation services in 34 languages**. There were 2,933 requests for telephonic/Audio interpretation, 768 requests for in-person/onsite interpretation, and 282 requests for video remote interpretation. In total, there were 35 unique requests for the translation of written materials into San Mateo County threshold languages. Please the utilization and top ten language break down below.

FY 24-25 Utilization



Top 10 Languages Requested FY 24-25

34 languages requested in total.



In FY 24-25, language assistance services were offered in 99.05% of encounters (approximately 30,245 encounters) with clients with a preferred language other than English. Of these, 10% were assisted via our language services and 89% by our BHRS clinicians/staff.

Upcoming FY 25-26, BHRS will be working to:

- Launch of new training to support bilingual staff providing services to Spanish speaking clients.
- Continue to chair state-wide Language Justice Workgroup to learn best practices.
- Completion of County Health-wide Language Access Policy to better support clients across various Health divisions.

	<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>Over the past year, Health GARE (Government Alliance on Race and Equity in Health), co-led by BHRS at both the Executive and managerial levels, has significantly advanced efforts to embed racial equity principles across San Mateo County Health’s policies, practices, and organizational culture. BHRS’s leadership and active participation have strengthened cross-division collaboration, shared learning, and unified action to address disparities affecting both the workforce and the communities we serve.</p> <p>Committee Accomplishments</p> <p>1. Consultation & Conversation Facilitation Committee</p> <ul style="list-style-type: none"> Facilitated a GARE retreat, where members identified shared priorities for the coming year, including: <ul style="list-style-type: none"> <i>Togetherness</i>: strengthen community presence <i>Community</i>: increased internal representation <i>Evolution</i>: challenge current structures and innovate <i>Balance</i>: increase protected time for equity work <i>Safety</i>: establish feedback loops for concerns and pain points Hosted a facilitated debrief following the retreat, which informed the next phase of strategic planning supported through the upcoming consultant engagement. Led the development and release of an RFP for a Health GARE strategic planning consultant, who has now been selected and will begin work in July 2025. <p>2. Data Committee</p> <ul style="list-style-type: none"> Advanced improvements in Sexual Orientation and Gender Identity (SOGI) data collection at the San Mateo Medical Center, increasing accuracy and consistency across systems. Supported a presentation from Epidemiology on LGBTQ+ disparities in San Mateo County, which was later integrated into strategies within Targeted Strategies 4.0. <p>3. SEED Lab</p> <ul style="list-style-type: none"> Produced quarterly <i>What the HEC</i> videos, highlighting health equity work, champions, and promising practices across County Health. Developed a Health Equity Communications Menu, a flexible, user-friendly tool that division directors can adapt to proactively communicate equity updates to staff. Supported County Health’s participation in the 21-Day Equity Challenges, including BHRS-specific content for <i>Pride Month</i> and <i>Native American Heritage Month</i>. <p>4. Training & Capacity Building Committee</p> <ul style="list-style-type: none"> Led the creation and rollout of County Health’s first GARE Survey, with all divisions receiving individualized reports to help continue strengths and address areas of challenge. Advised on the Health Pronoun Badge Topper Program, offering recommendations to strengthen inclusion and ensure consistent practices across divisions. Provided ongoing support for equity-related training, learning, and staff capacity-building efforts. <p>5. Truth to Power Committee</p> <ul style="list-style-type: none"> Facilitated dedicated spaces for staff to discuss current events, their impacts on workforce well-being, and the implications for the communities we serve. Offered collegial support spaces that promote healing, connection, and psychological safety. Helped uplift workforce voices to leadership, ensuring that emerging needs and concerns are clearly communicated and addressed. <p>Support for Countywide Transformation: Targeted Strategies 4.0</p> <p>Health GARE played a key role in supporting County Health leadership in the transition from SREAP (Social and Racial Equity Action Plan) to the Targeted Strategies 4.0 Action Plan (TS 4.0). TS 4.0 is a countywide initiative focused on:</p> <ul style="list-style-type: none"> Strengthening alignment across divisions Improving internal systems and accountability Reducing disparities through data-driven strategies Enhancing workforce support, communication, and collaboration Embedding equity into day-to-day operations and long-term planning <p>By linking GARE equity work with TS 4.0 priorities, BHRS and other divisions benefit from greater organizational consistency, shared language, and</p>
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clearer pathways to address disparities at both the workforce and community levels.

BHRS Impact and Benefits

BHRS continues to be an active partner in Health GARE's work, contributing behavioral health expertise, participating in cross-division committees, and integrating equity frameworks into program planning, workforce development, compliance, and service delivery. This collaboration has:

- Strengthened BHRS's internal equity infrastructure
- Increased staff understanding and application of equity tools
- Enhanced cross-division relationships and shared learning
- Helped align day-to-day practices with countywide and Health equity goals
- Supported unified responses to disparities impacting workforce well-being and the people we serve

As a result, BHRS is better positioned to deliver **culturally responsive, equitable, and client-centered behavioral health services** across San Mateo County.

Lastly, the results of the BHRS GARE Survey highlight several important themes that demonstrate both progress and opportunities for improvement. Staff reported that training and capacity building are most effective when they are contextualized, practical, mandatory, and directly tied to their day-to-day responsibilities, noting that formal Race Equity and Health trainings, written communications, and team meeting segments were the strongest supports, while one-off activities such as the 21-Day Challenge, WTH videos, and stand-alone Equity Impact Statements were less impactful. Employees shared that they apply equity concepts most meaningfully through conversations with coworkers, supervisors, and community partners, and by connecting the work to lived experience, underscoring that learning becomes actionable when it is integrated into daily practice rather than limited to policy-level tools. Survey responses also revealed a disconnect between leadership's stated racial and social equity goals and observable practices, with staff wanting stronger modeling of equity behaviors, clearer accountability, and institutionalized support across all levels of the organization. Communication gaps remain, as equity activities and progress are not consistently shared across teams, contributing to siloed efforts and limiting coordination. Staff continue to face systemic barriers, including limited time and resources, inconsistent supervisor support, and challenges accessing meaningful data. Across responses, there was a strong desire for more meaningful, actionable change, moving beyond discussion toward structural solutions that produce tangible improvements for staff and the communities served. Despite these challenges, staff also expressed appreciation for visible progress and leadership acknowledgment of equity work, conveying a sense of optimism and a belief that continued momentum, paired with intentional improvements, will strengthen the BHRS's long-term commitment to racial and social equity. In response to these challenges, BHRS continues to work on improving communication across the organization and creating opportunities for input, dialogue and community building. Here are some of the current and upcoming activities to address these gaps:

- Monthly meetings with all staff to advance transparency and collaboration. Specifically, with BHRS Management and Leadership teams.
- Targeted focus groups on BHRS' transformation journey, and timely updates.
- Improving communication tools and methods to ensure information is accessible to all. This includes monthly [Director's Updates](#) Newsletter and information blasts on BHRS' Teams channel.
- Inclusion of wellness activities and cultural recognitions during monthly meetings and staff appreciation events.
- Implementation of "Special Assignment" hours for staff to participate in equity efforts/activities.
- BHRS created specific departmental strategies to support the County and Health Wide Targeted Strategies 4.0. We are currently tracking how successfully we are at leveraging media and communication channels to spread awareness of how to connect to BHRS services.



As part of a broader County equity plan (Targeted Strategies 4.0) all of Health has committed to track the following action items: Executives, managers and supervisors have a plan to improve how they communicate and model the importance and commitment to social and racial equity.

Health executives, managers and supervisors implement communications strategies and templates to deepen their teams' learning and engagement about equity.

Health executives, managers and supervisors use equity resources to support team conversations related to equity. Leverage media and communications channels to spread awareness of how to connect to BHRS services.

For more information and highlights of BHRS' work in FY 24-25 please visit: [BHRS Annual Report - San Mateo County Health](#)