



Cultural Humility and Responsivity Plan

Marin County Behavioral Health and Recovery Services Annual Update Fiscal Year 2021-2022

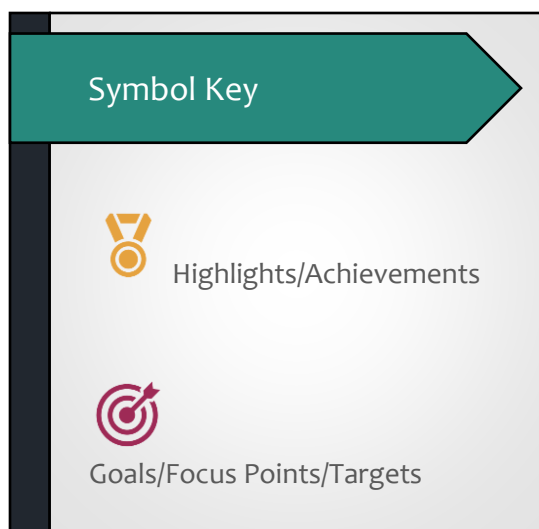
Jenn Moore, Equity and Inclusion Manager

Dr. Jei Africa, BHRS Director

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Executive Summary

Purpose

Marin County Behavioral Health and Recovery Services (BHRS) continually strives to build a culturally and linguistically responsive and affirmative system in support of the behavioral health and recovery needs of Marin County's increasingly diverse population. BHRS is also committed to identifying and collaborating in ongoing and emerging accessibility needs within the historically marginalized and underserved communities of Marin.

Significant inequities continue to persist within the county of Marin, and this annual update is intended to serve as an implementation guide and accountability source to better meet the cultural and linguistic needs of all our community members. This work is facilitated by our Equity and Inclusion Manager, BHRS staff and contracted providers, and community members, in alignment with the California Department of Health Care Services (DHCS) Cultural Competence Plan Requirements (CCPR)¹, Culturally and Linguistically Appropriate Services (CLAS)

¹ https://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice10-17_Enclosure1.pdf

standards², and the California Behavioral Health Director's Association (CBHDA) Framework for Advancing Cultural, Linguistic, Racial, and Ethnic Behavioral Health Equity³. This work is additionally fortified through collaborations with the following, 1) the community committee– the BHRS Equity and Community Partnerships Committee (ECPC); and 2) the broader County Department of Health and Human Services (HHS) [Strategic Plan to Achieve Health and Wellness Equity](#) and the [County of Marin Racial Equity Action Plan](#).

The Marin County BHRS Mental Health Plan (MHP) and Drug/Medi-Cal Organized Delivery System (DMC-ODS) has multiple initiatives and leverages several funding sources to carry out its mission towards equity. This report provides updates about the culturally responsive strategies implemented by BHRS during Fiscal Year (FY) 2020/2021, updates on planning, and strategies being implemented to address disparities during FY 2021/2022.

Marin County Demographics

Marin County is a mid-sized county with a projected population of 262,321 in 2021 and spanning 520 square miles of land according to the 2020 Census Redistricting Data Profile by the U.S. Census Bureau. It is the fourth smallest County in California by land area and ranks 26th of the 58 California Counties in population. Most residents live in the eastern region of the county, along the Highway 101 corridor. Marin is a lush county with 58% of land considered protected open space comprised of local, state, and Federal parkland including the Golden Gate National Recreation Area and Point Reyes National Seashore. Factoring in Agricultural Land Trusts and zoning rules, over 85% of Marin's lands are

² <https://thinkculturalhealth.hhs.gov/>

³ <https://www.cbhda.org/>

protected from development according to the Greenbelt Alliance 2012 report⁴. Due to the lack of affordable housing, 62% of people who are employed in Marin commute into the county each day for work.

The demographic assessments from U.S. Census 2019: ACS 5-Year Estimates are as follows⁵:

The median age of Marin County residents is 46.8 years; 4.7% percent of the population was under 5 years old; 20.2% were under 18 and 21.6% percent were 65 or older. Approximately 77.8% of residents classify as white alone; 2.2% Black or African American alone; 0.4% American Indian and Alaska Native alone; 5.9% Asian alone; 0.2% Native Hawaiian and Other Pacific Islander alone; 4.9% classify as two or more races; 16.0% Hispanic or Latinx.⁶ The U.S. Census Data currently only reports on male and female gender binary and reports that Marin's female population accounts for 51.2%. 5.1% of Marin's population is classified as with a disability, under age 65 years.

People in Marin are getting younger, with previous year median age being 47.3.⁷ As of 2019, 18.12% of Marin residents are foreign born, and of those not born in the United States, the largest percentage (59.3%) are from Latin America. 9.36% of residents are not US Citizens, which includes legal permanent residents, international students, temporary workers, humanitarian migrants, and undocumented immigrants.⁸ 21.9% of individuals in Marin County speak a language other than English

at home⁹. The ACS 5-Year Estimates from 2015-2019 indicated that 11.9% spoke Spanish and 3.3% spoke Asian and Pacific Islander languages.¹⁰ Spanish is the only threshold language in Marin County; however, the county has identified Vietnamese as a priority language based on the growing number of clients served. BHRS has made strides in this past fiscal year in making most documents available in both Spanish and Vietnamese, including signage throughout public County offices, flyers, and reports¹¹.

Impact of COVID-19

Within Behavioral Health and Recovery Services (BHRS) the immediate focus was on crisis support—including maintaining staffing levels for the Mobile Crisis Response Team and the Crisis Stabilization Unit—as well as maintaining Jail Mental Health Program and assessments through the Access team. Many other Behavioral Health programs made the quick switch to telehealth and telework. BHRS also provided education, training, and tips around mindfulness and self-care, coping with the stress of the pandemic, how to support children's mental health during this time, and launched our suicide prevention initiative in a virtual space. Our engagement efforts also needed to be done differently, transitioning the Marin Mental Health Services Act Advisory Committee, the Equity and Community Partnerships Committee (ECPC), the Mental Health Board, and the Alcohol and Drug Advisory Board to meet virtually rather than in person.

⁴ <https://www.greenbelt.org/research/at-risk-the-bay-area-greenbelt-2012/>

⁵ <https://data.census.gov/cedsci/table?q=United%20States&t=Age%20and%20Sex%3APopulations%20and%20People%3ARace%20and%20Ethnicity&g=0500000US06041&tid=ACSDP5Y2019.DPo5&hidePreview=true>

⁶ "Latinx" is used throughout this document as an inclusive, gender-neutral alternative to Latino and Latina, referencing people of Latin American descent

⁷ <https://datausa.io/profile/geo/marin-county-ca/#economy>

⁸ <https://worldpopulationreview.com/us-counties/ca/marin-county-population>

⁹ <https://www.census.gov/quickfacts/marincountycalifornia>

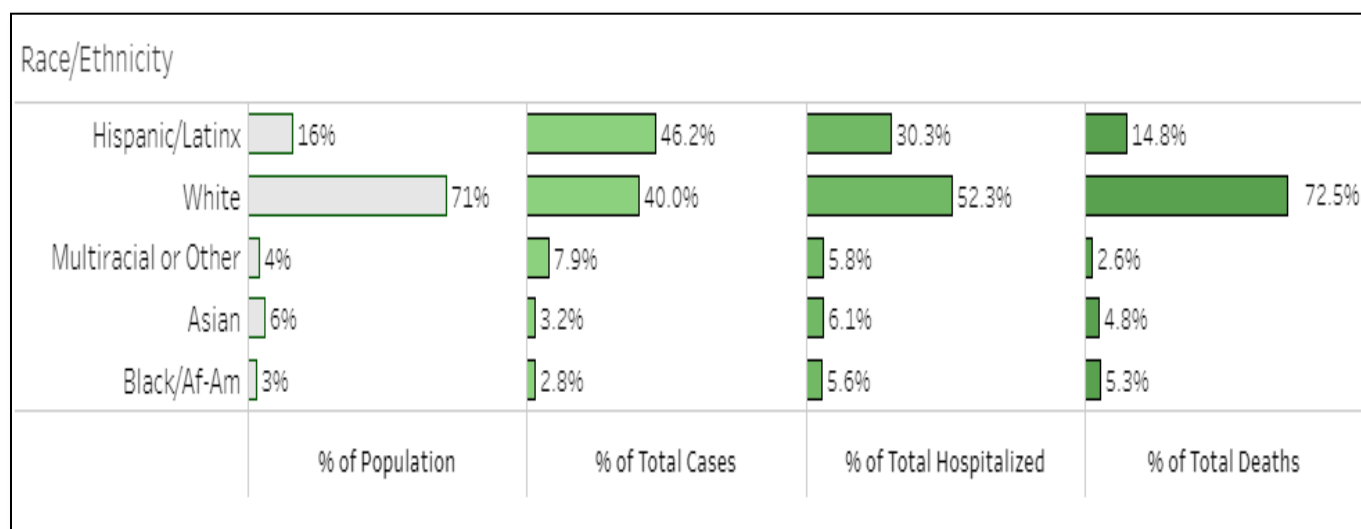
¹⁰ <https://www.livestories.com/statistics/california/marin-county-language>

¹¹ Examples of our translated materials can be found at BHRS website including at our Limited Essential Services webpage: <https://www.marinbhers.org/>

In addition to the on-going behavioral health needs, 42% of Behavioral Health and Recovery Services (BHRS) staff were deployed as Disaster Service Workers (DSW). Many were deployed to the hotels to implement Project Room Key (supporting at-risk individuals experiencing homelessness shelter-in-place in a safe environment), as well as staffing the COVID-19 county hotline or working at the testing or quarantine sites and food distribution centers.

COVID-19 shone a light on racial disparities through discrimination, healthcare access and use,

occupation (essential workers without essential benefits), education and income gaps, and housing (crowded living conditions). There was a disproportionate burden on Marin's Hispanic/Latinx community, who make up approximately 16% of the overall Marin population but made up 46% of total COVID-19 cases and 30% of total hospitalizations. There was also a disproportionate burden on Black and African-American communities, which make up approximately 3% of Marin's total population but made up 5.6% of total hospitalizations and 5.3% of total deaths related to COVID-19.¹²



Measures of COVID-19 mortality rates in Marin show that death rates are highest amongst Marin's Black and African American population. Mean age of COVID-19 deaths are youngest in the Hispanic/Latinx population of Marin:

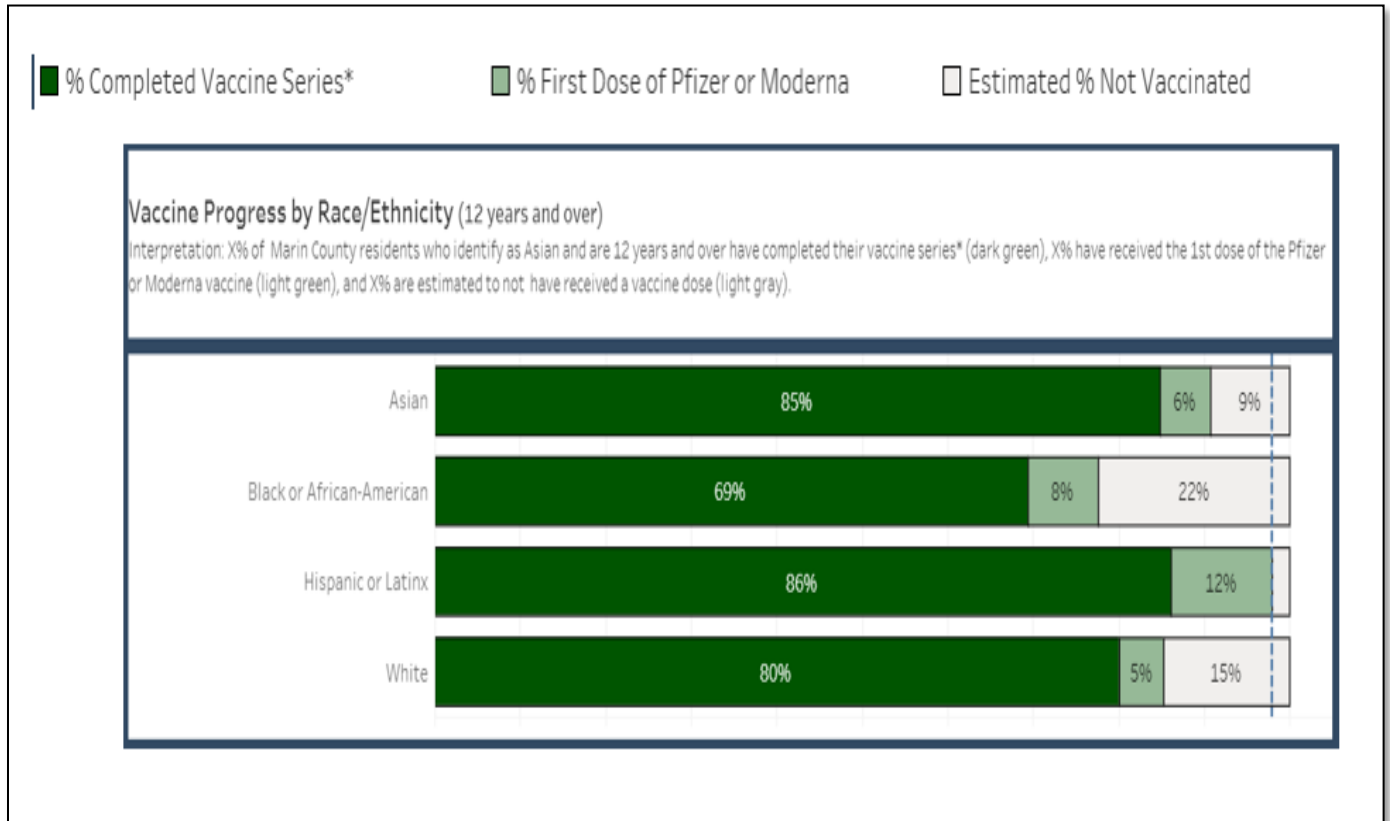
Race/ Ethnicity	Mean Age of Death	Death Count (All Ages)	Death Rate (All Ages, DOF)	YPLL Rate Per 100,000 (CHR, DOF)
Asian NH	90.1	9	58.65	181.75
Black NH	71.9	9	129.37	1084.05
Hispanic	68.5	28	63.11	1311.77
White NH	85.3	134	72.99	290.64

Additional disparities are shown in geographical areas of outbreak. In Spring of 2020, there was a COVID-19 surge in the Canal neighborhood of Marin, a historically Latinx and Hispanic community of Marin. In Summer 2020, there was a San Quentin State Prison outbreak. In Summer of 2021, there was a Marin City outbreak, a

¹² <https://coronavirus.marinhhs.org/surveillance>

historically Black and African-American community in Marin. These outbreaks highlight the impacts of structural racism, social determinants of health, population health, and carceral policies. With radical collaboration across departments, including Public Health and BHRS and grassroots outreach and education, the County was able to develop Community Response Teams to assist the community with access to testing and disaster relief payments.

Marin County has achieved the following vaccine progress by race/ethnicity since July 2021.



BHRS has continued to serve clients throughout the COVID-19 pandemic and has also participated in HHS organized efforts, such as the community response teams, to help develop outbreak prevention measures. BHRS offers clients the opportunity to meet in person or virtually to accommodate various needs and comfort levels. *Promotoras/Community Health Advocates* continue to serve/support underserved communities. During the pandemic, they played an essential role in sharing testing and vaccination resources with their communities and contributed to the County's COVID-19 response by educating and providing other important information that contributes to the overall mental well-being of our communities such as sharing housing resources, food pantries, and rental assistance.



Notable

Highlights/Achievements from FY 20/21

Policies/Plans:

- BHRS Equity and Community Partnerships Committee (ECPC) reviewed and provided feedback on 7 policies that impact clients and community
- Began shift from cultural competency to cultural humility, with a new policy in FY 21/22 that also includes improved tracking mechanisms and internal processes
- Began work on a new policy to address when staff experience racism and discrimination from clients with policy expected in FY 21/22
- Completion of Substance Use Prevention Strategic Plan

Language Access:

- New contract with Language Line Services (LLS) and subsequent remote video interpreting
- 2 Bilingual Staff Listening Sessions and began discussions around relevant policy changes, including Use of Interpreters and Translation of Written Materials
- Began development of Working with Interpreters training
- Started a Spanish speaking parent group in West Marin
- 95.3% of clients had services provided in their preferred language, demonstrating an increase from FY 19/20 (94.1%). In SUD, 99.4% of beneficiaries received services in their preferred language.

Diversified Client Demographics:

- In SUD, the proportion of Hispanic/Latinx increased from 14.6% to 17.5%, the proportion of Black/AA increased from 7.9% to 8.7%, and the proportion of white decreased from 71.5% to 67.6%

- Percent MHP services going to Black/African American/African Descent individuals increased from 7.5% to 8.7%

Workforce, Education, and Training (WET):

- Hired WET Supervisor and created a new Peer Program Coordinator position
- Re-administered WET training survey to workforce to identify training needs
- Created a needs assessment to evaluate program/organization on LGBTQ+ related needs and training
- Developed a Core Implementation Team (CIT) of representatives from across BHRS to build a trauma-informed, resiliency-oriented, equitable strategic plan
- BHRS staff were offered a combination of internal (5) and external (11) trainings that totaled (16) different trainings, a two-fold increase in different kinds of opportunities for staff to meet their requirement. In SUD, 86% of DMC-ODS staff participated in annual cultural competence training.
- Developed a cultural events proposal to engage staff in celebration of various heritage months throughout the year in alignment with the California Reducing Disparities Project
- Growing a more diverse BHRS clinical workforce, including an 85.3% increase in the proportion of Black/African American staff from FY 17/18 to FY 20/21 and a 40.4% increase in the proportion of BHRS staff who identify as Hispanic/Latinx from FY 17/18 to FY 20/21
- New workgroup assembled to address response to racism from clients, resulting in trainings for supervisors and upcoming policy initiatives
- Partnership with Marin Information System Technology (IST) department to develop ADA compliance and improving accessibility in trainings by including live captions and ASL interpretation

- Sent cohort of 4 BHRS staff to Marin Leadership Equity Opportunity and cohort of 10 HHS staff to Health Equity Summit
- BHRS Graduate Clinical Internship Program for FY 20/21 included 6 pre-doctoral psychology interns, 2 psychology practicum students, and 2 MSW/MFT students. Of the 6 interns, 2 brought bilingual/bicultural experience. Of the 2 psychology practicum students, 1 brought bilingual/bicultural experience
- Provided sustainability funding to continue a county Homeless-focused Access clinician and a contracted outreach coordinator

Peers:

- Addition of 1.5 peer positions, including new Peer Program Coordinator and Access peer
- Increased Recovery Coach capacity from 4 to 5
- Relaunched Recovery Change Team, a peer led meeting with representatives from BHRS and community
- BHRS re-launched our WET Scholarship program and increased the capacity by opening recruitment cycles from 2 up to 4 times per year: A total of 12 scholarships were awarded during the FY 20/21 cycle

Prevention/Diversion:

- Enhanced services for newly arrived immigrant youth (Newcomers) by partnering with schools and community-based organizations to increase coordination and linkages to health and wellness supports
- Prevention and Outreach website was launched, which serves as a centralized place to find information about suicide prevention, peers, Help@Hand, prevention and early intervention programs and resources and events
- Implemented a county-wide campaign in English and Spanish with print/digital ads/banners, social media, and bus shelter kiosks, and transit bus ads of “You Are Not

Alone” and “Need Support?” representing diverse populations across the life span

- Expanded Community Health Advocates and *Promotores* model to support suicide prevention efforts
- Supported community-based organization in hosting speaker series for residents from diverse communities with lived experiences around suicide
- Secured Mental Health Student Services Act (MHSSA) funding- 4 million over 4 years to build and enhance coordination in Marin’s two largest districts, Novato, and San Rafael by hiring Health and Wellness Coordinators
- BHRS launched a Behavioral Health Diversion program with a specific focus on equitable access to diversion for individuals of diverse racial, ethnic, and language groups
- Implemented 5 community substance use prevention coalitions representing various geographic regions in Marin

Partnerships:

- Significant increase in collaboration with MCOE and schools around newcomers, suicide prevention, and PEI/MHSSA/SWAP
- Joined 3 new community collaboratives (West Marin Collaborative, Immigrant Rights Workgroup, ISOJI)
- Our team lead the West Marin HHS Action Team with the objective of increasing/creating a bigger *Promotora* program in West Marin
- Increased membership of ECPC with new participation from community members, such as Marin American Indian Alliance, Showing Up for Racial Justice, and Canal Alliance)
- SUD partnered with Equity and Community Partnerships Committee
- BHRS partnered with Social Services to resource Help@Hand innovations project
- Program Manager of Equity and Inclusion recruited from Marin County to serve as BHRS Department Disability Access liaison
- More integration between MHP and SUS



Focus Areas for FY 21/22

This document provides information that demonstrates how these areas were identified, which includes current efforts with the BHRS Equity and Community Partnerships Committee (ECPC), BHRS staff and leadership, contracted providers, and community:

Language Access

- Strategy 1: collect bilingual staff data to comparatively analyze each team's bilingual capacity
- Strategy 2: create process for written translation requests, leaning on contracted language partners for primary translation of documents, using BHRS bilingual staff for secondary review, and engaging community members via a stipend program for tertiary review
- Strategy 3: provide Working with Interpreters trainings and supportive trainings for bilingual staff

Disparities in Latinx Service Utilization

- Strategy 1: increase collaboration through development of internal steering committee of BHRS representatives, intentional partnership with *Promotores*, consultation with Latinx behavioral health professionals, and participation in learning collaboratives
- Strategy 2: develop inclusive data metrics, identify how to effectively measure outcomes, and utilize community participatory research principles
- Strategy 3: focus outreach and engagement on points of entry and system and financial navigation

Cultural Humility, Anti-Racism, and Trauma-Informed Frameworks

- Strategy 1: develop action teams around identified priority areas to operationalize and mobilize the trauma-informed, resilience-oriented, equitable system transformation
- Strategy 2: create a cultural context within BHRS that supports restorative approaches to conflict, affinity and accountability spaces, and anti-oppressive practice
- Strategy 3: implement cultural humility training through an anti-racist and trauma-informed lens

WET Strategic Planning

- Strategy 1: develop WET Training Plan that identifies theory of change, focuses training topics in priority areas, supports learning in between trainings, and incorporates cultural-humility, anti-racist, and trauma-informed frameworks
- Strategy 2: develop Peer Certification SB-803 Implementation plan and increase peer supports
- Strategy 3: identify recruitment and retention strategies

Engagement with Underserved or Inappropriately Served Communities

- Strategy 1: create in deliberate partnership with Native/Indigenous communities of Marin
- Strategy 2: elevate the disparities in Black/African American/African Descent beneficiary return rates and responses to treatment perception survey to identify and address institutional
- Strategy 3: identify outreach and engagement strategies to target Pacific Islander and LGBTQ+ communities, potential beneficiaries, and current beneficiaries
- Strategy 4: develop behavioral health indicators that move beyond the limitations of penetration rate data (i.e., tracking access to care, engagement timeframes in services, and impact of treatment)

Criterion 1: Commitment to Cultural Competence

Updated BHRS Vision, Dedication, and Values

BHRS is a Division of the Marin County HHS. BHRS offers a broad range of services from prevention and early intervention, suicide prevention, and crisis services to all residents of Marin County. BHRS also provides outpatient, residential, and hospital care addressing specialty mental health and substance use service needs of Marin Medical beneficiaries and uninsured residents. The priorities and goals of BHRS strive to establish a comprehensive, integrated, and recovery-oriented continuum of evidence-based services that are responsive to community needs, engage multiple systems and stakeholders, encourage community participation, promote system integration, and embrace a comprehensive approach to service delivery.

BHRS launched a new website in the fall of 2021, which includes an updated version of our vision, mission, and values.¹³

The Vision

BHRS envisions a safer community for all, where the challenges of mental health and/or substance use are addressed in a respectful, compassionate, holistic, and effective manner. Inclusion and equity are valued and central to our work.

The Dedication

We are dedicated to advancing the health and social equity for all people in Marin County and for all communities through the resources and programs described above. We are committed to be an organization that values inclusion and equity for all.

Our Values

Culturally responsive, person-and family-centered recovery.

Individuals and families we serve, their achievements, and potential for wellness and recovery.

Respectful partnerships that enhance our capabilities and build our capacity.

Proven practices, opportunities, and technologies to prevent and/or reduce the impacts of mental illness and/or substance use, and to promote the health of the individuals, families, and communities we serve.

Dedicated Role: Program Manager of Equity and Inclusion (PMEI)

As part of our commitment to culturally and linguistically appropriate services, Marin County has a dedicated staff member who oversees the Cultural Humility and Responsivity Plan and other BHRS equity efforts. Each county is mandated by the state to appoint a representative who is responsible for the oversight of the MHPs efforts toward achieving equity and addressing disparities. The Program Manager of Equity and Inclusion leads the Equity and Community Partnerships Committee (ECPC);



Jenn Moore (they/them)

¹³ <https://www.marinbhhs.org/about-us>

participates in program planning and policy development; sits on various advisory groups/task forces; monitors data; is responsible for developing and monitoring the Cultural Humility and Responsivity Plan; oversees BHRS Prevention and Early Intervention and Workforce Education and Training units; develops initiatives to address disparities; identifies needed supports to enhance diversity, equity, inclusion, and belonging for BHRS staff and contractors; plans cultural heritage celebrations throughout the year; and sits on executive leadership team to ensure equity is imbued in discussions and decision making processes. Recently, the PMEI was also recruited to serve as BHRS' Disability Access Coordinator liaison to the larger Marin County disability work.

Updated Policies and Procedures

Ongoing, BHRS has continued to re-affirm our commitment to collect community feedback, including from individuals and families with lived experience, on all new relevant policies and procedures during drafting and review. BHRS has continued to review all policies and procedures to ensure they are up to date and that relevant policies include an equity lens. In FY 20/21, the BHRS Equity and Community Partnerships Committee (ECPC) reviewed and provided feedback on the following policies:

- Cultural Competency and Humility, Equity and Inclusion Framework, Implementation of CLAS Standards
- BHRS Consent for Treatment Adults
- Change of Provider Requests
- Notice to Clients of Unlicensed Status
- Residential Authorization
- Tarasoff Warning Duty to Protect
- Mental Health Board Racism as a Public Health Crisis Resolution to the Board of Supervisors



The ECPC continues to review relevant policies and procedures, and at the end of FY 20/21 started to advise on the following upcoming FY 21/22 policies:

- Cultural Humility Training Activities (BHRS-39)
- Translation of Written Materials
- Zero-Tolerance for Racism and Discrimination from Clients



BHRS modified our Cultural Competency and Humility, Equity and Inclusion Framework, Implementation of CLAS Standards policy to separate out our new Cultural Humility Training Activities (BHRS-39) policy. This policy will be detailed further in Criterion 5. In summary, our new FY 21/22 BHRS-39 policy moves away from cultural competence as the standard toward culturally humility and includes new annual training requirements for BHRS staff and contractors.

Additionally, BHRS re-evaluated the effectiveness of our interpretation services and current contracts so that we can provide more robust and timely interpretation/translation services. BHRS partnered throughout FY 20/21 with the County Disability Access Coordinator (who was tasked with centralizing language access across the county) to provide insight on other contractors/vendors that were more responsive and effective in other counties.



Also, BHRS Equity and Workforce, Education, and Training (WET) team held 2 bilingual listening sessions in FY 20/21 (see Appendix A) to gather additional information from bilingual and bicultural staff on their challenges and pain points. As a result, the following was accomplished:

- New contracts were put into place with new vendors, including Language Line Solutions. This contract has also now made it possible for BHRS' Mobile Crisis Response Team (MCRT) to have remote video interpretation capabilities.
- Development of working with interpreters training, which is now provided twice per year for all staff.
- Beginning efforts to collect pertinent data on number of bilingual staff/leadership.
- Begin effort to revise our Translation of Written Documents policy, which will include a stipend program for community review of public-facing documents (to be finalized and implemented in 2022).



Currently, BHRS has a workgroup that is developing a policy to address when clients are racist and/or discriminate against staff. BHRS is committed to taking racism seriously, including its impacts on our staff. With this new policy, which will be launched in 2022 after additional review from BHRS and our community facing committees, BHRS hopes to incorporate more restorative practices and approaches to have impactful conversations with one another and with our clients. This goal is in alignment with current County Human Resources (HR) efforts to bring restorative approaches to Marin more broadly.

Integration of Mental Health Program and Substance Use Services



In this past fiscal year, BHRS has made some strides toward integration of the MHP and SUS.

There is still a long way to go, however the following has been achieved:

- SUD Division Director and PMEI meet monthly
- SUD Division Director now sits on the Equity and Community Partnerships Committee (ECPC)
- SUD Division Director and Program Manager continue to meet with Workforce, Education, and Training (WET) Supervisor to discuss the integration of SUS into trainings, including co-occurring disorders, and to also discuss the integration of peers into SUD
- SUD collaborated with Equity team on Latinx Study (detailed later in this report)
- SUD representative sits on the Core Implementation Team (CIT) for Trauma-Informed, Resiliency-Oriented, Equitable systems of care
- SUD Division Director and PMEI are partnering around relationship development and outreach to Marin's Native American and Indigenous communities

To create programs and partnerships that advance an effective model of integration of mental health, physical health, and substance use services, BHRS SUD has started conducting regular consultation with mental health and primary care. Two SUD staff have piloted office hours for consultation. In addition, a Recovery Coach has been embedded in the BHRS MHP and the SUD Division Director now sits on the ECPC. Finally, SUD participated in and convened in meetings/presentations with SUD providers and Access and Beacon. In this next FY, SUD is exploring a re-location of their Road to Recovery program to co-locate with Adult MHP at the Health and Wellness Campus.

Criterion 2: Updated Assessment of Service Needs

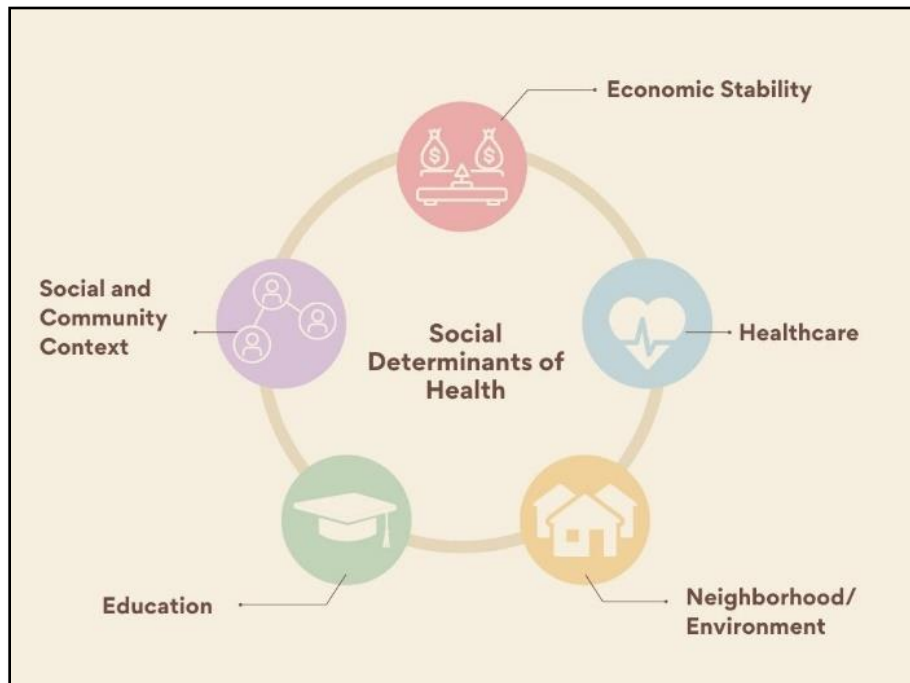
Social Determinants of Health

While Marin has enjoyed the ranking of healthiest county in California by Robert Wood Johnson Foundation and Population Health Institute for 2019, Marin continues to also be the most racially disparate County in the state of California¹⁴. Housing affordability, income inequality, and racial disparities in health were highlighted as weaknesses in Marin's health profile. Among 58 California counties, Marin ranked 39th in housing cost burden and 54th in income inequality. African-American, Hispanic, and Latinx children are four and eight times more likely, respectively, to live in poverty than their white counterparts. While Marin ranks first in clinical care, these benefits differ greatly amongst racial groups. For example, mammography rates for African American and Black women are less than half the rates among white women.¹⁵



Housing

Marin County's rate of home ownership is at 63.7%.¹⁶ Housing affordability, like most counties in California, is a growing issue in Marin County. Home ownership is dominated by white residents at 69.4%; followed by Asian at 61.4%; Native American at 51%; Black or African American at 29.4%; Hispanic or Latinx at 28.8%.¹⁷



Education

The highest rate of high school graduation is among white people with a rate of 97.82%, and the highest rate of bachelors degrees is among white people with a rate of 66.47%. Comparatively, the lowest rate of high school graduation is among Islander people with a rate of 56.52%, and the lowest rate of bachelors degrees is also among Islander people with a rate of 3.73%. Hispanic high school graduation rate and bachelors degree rate is 67.04% and 23.89%, respectively. Native American high school graduation rate and bachelors degree rate is 77.69% and 7.23%, respectively. Black and African American high school graduation rate and bachelors degree rate is 84.01% and 28.70%, respectively. Asian high

¹⁴ <https://www.racecounts.org/county/marin/>

¹⁵ <https://www.marincounty.org/main/county-press-releases/press-releases/2019/hhs-healthiestcounty-031919>

¹⁶

<https://data.census.gov/cedsci/table?g=05000000US06041&tid=ACST5Y2019.S1101&hidePreview=true>

¹⁷ <https://www.racecounts.org/county/marin/>

school graduation rate and bachelors degree rate is 92.79% and 62.19%, respectively.¹⁸



Economic Stability

7.23% is the overall poverty rate in Marin County. The race most likely to be in poverty is Islander, with 65.09% living below the poverty level. The race least likely to be in poverty in Marin is white with 4.78% living below the poverty level. The rate of poverty in the Native community is 22.11%; Hispanic community is 16.91 %; Black and African American is 16.81%, and Asian is 8.22%. The unemployment rates in Marin County are highest for those who identify with “other race,” Black and African American, “two or more races,” and Black and African American, respectively.¹⁹



Healthcare Access

According to DHCS, Marin County individuals who are eligible for Medi-Cal as of September 2021 total 51,619. Among those, 18,306 fall under the Affordable Care Act (ACA) Expansion (ages 19 to 64), 16,688 are parents / caretakers of a relative or child, and 3,693 are undocumented²⁰. Black residents are 3.4 times more likely to be uninsured than their white counterparts and Latinx residents are 7.3 times more likely to be uninsured than their white counterparts.²¹

Our Equity Commitment

In December 2018, after a thorough data review combined with multiple perspectives gathered from clients, community members, community organizations, Marin County Department of health and Human Services released a [Strategic Plan to Achieve Health and Wellness Equity](#) focused on race. BHRS also utilizes data and community planning process to inform our decision making, such as MHSA Community Planning processes, Suicide Prevention data, SUD Prevention data, Medi-Cal data, penetration rate data, social determinants of health, etc. as data points.

When strategizing how to imbue equity throughout the County of Marin, we must consider all impacted identities and how each of those identities exist on a spectrum of privilege and oppression. BHRS is committed to continuing the conversation about inclusivity of folks with disabilities and creating more accessibility within treatment and within the workplace, exploring and nurturing relationships with Indigenous and Native peoples of Marin, expanding understanding beyond the gender binary, continuing to increase mental health support and access to Latinx, Immigrant, and Newcomer communities Black and African American Communities, Asian and Pacific Islander communities, and Indigenous communities , and re-committing to not only passive inclusivity and representation of diverse identities within the BHRS’ workforce, but fostering a workplace environment where active engagement from and with diverse identities is priority.

¹⁸ <https://worldpopulationreview.com/us-counties/ca/marin-county-population>

¹⁹ <https://worldpopulationreview.com/us-counties/ca/marin-county-population>

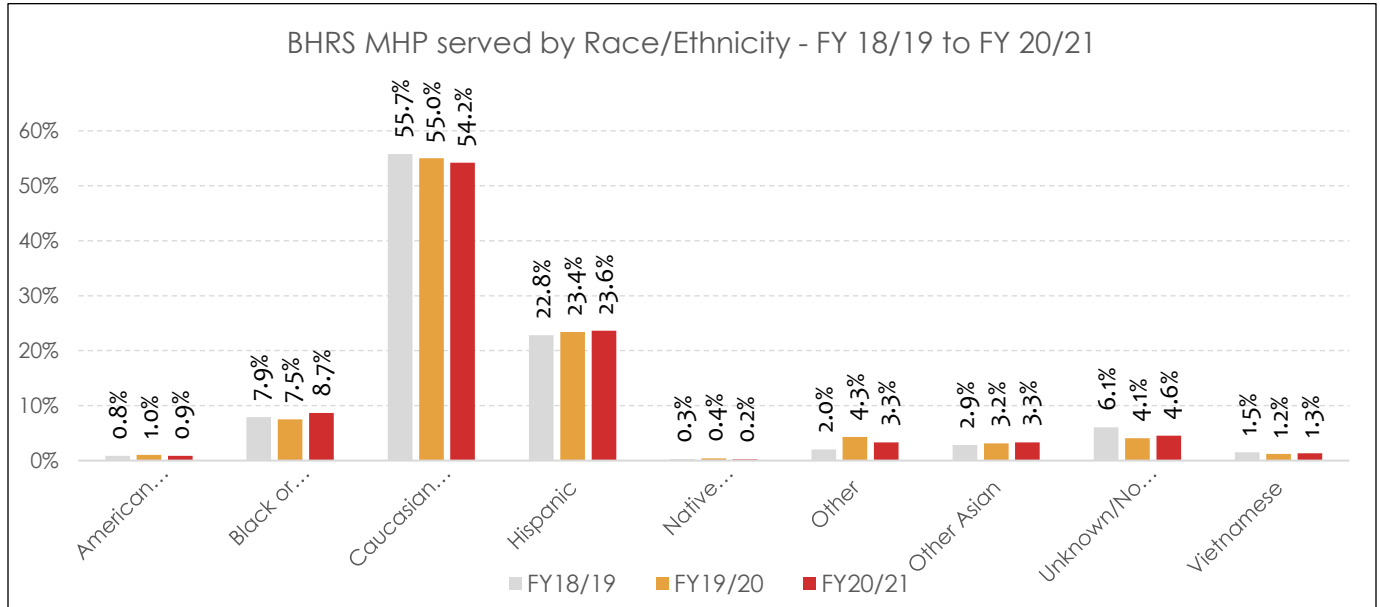
²⁰

<https://www.dhcs.ca.gov/dataandstats/statistics/Pages/Medi-Cal-Certified-Eligibles.aspx>

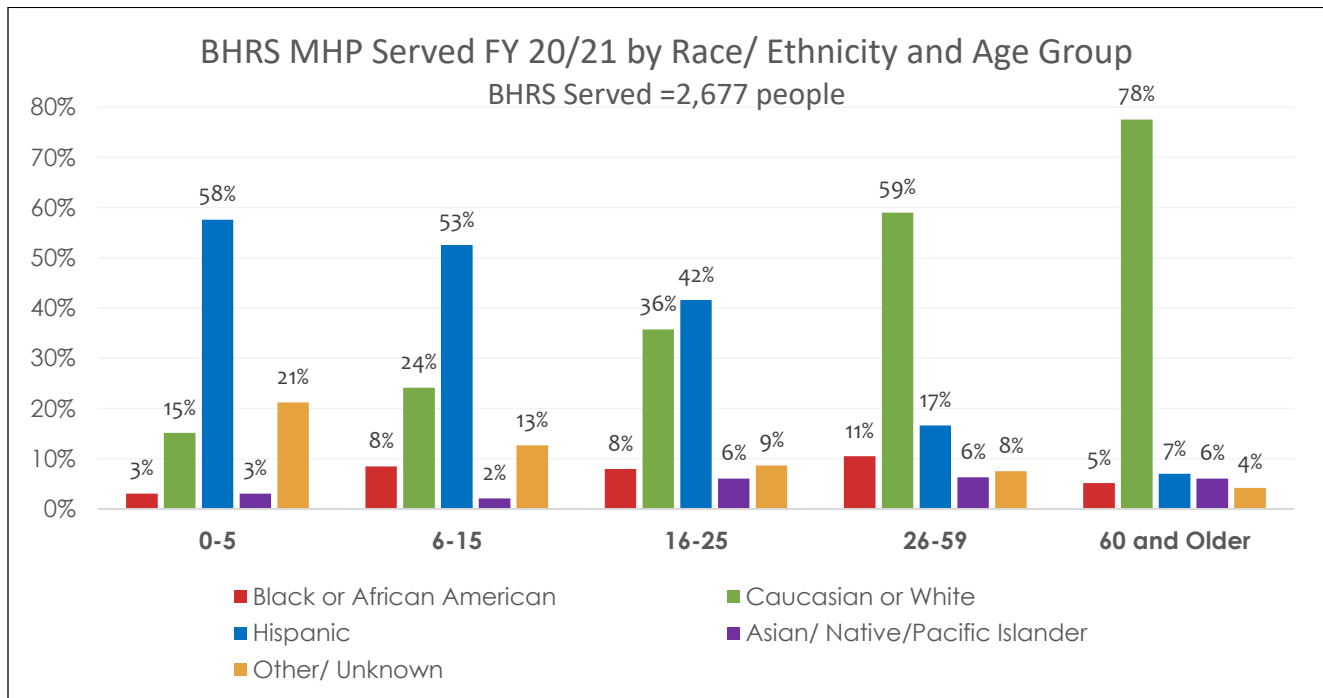
²¹ <https://www.racecounts.org/county/marin/>

Demographics of BHRS Clients Served

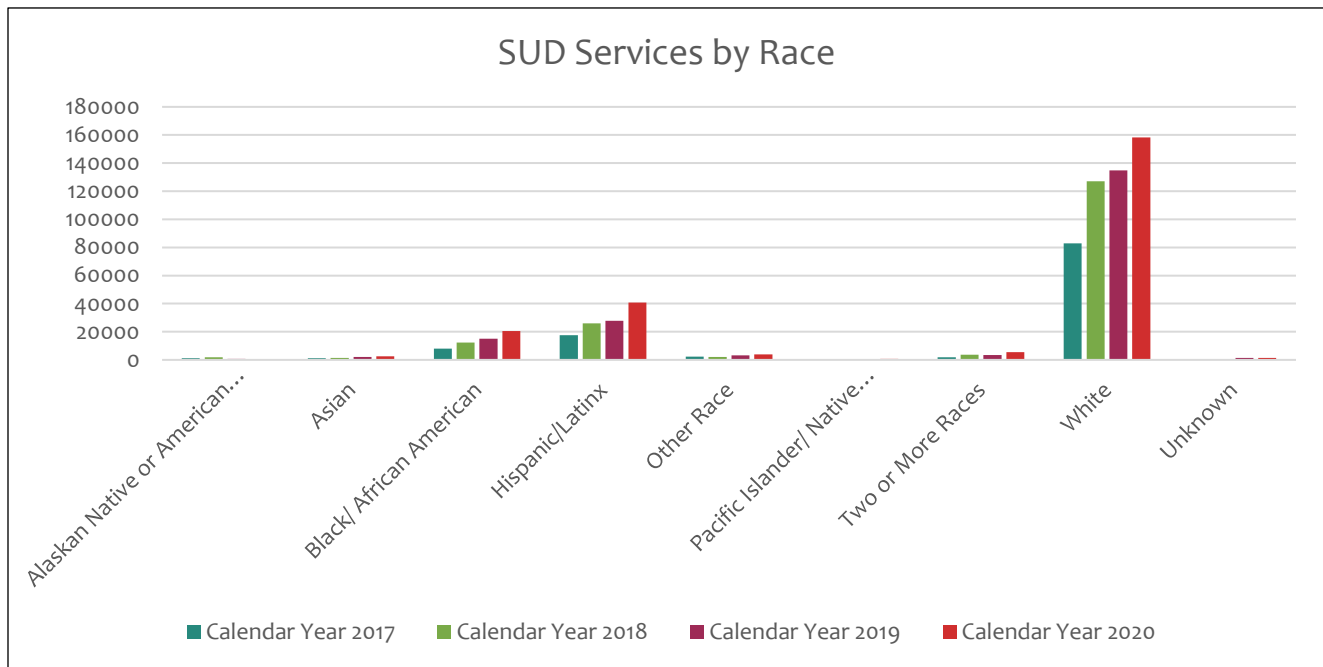
BHRS annually assesses the demographics of clients served to better understand which and where clients need services. In our Mental Health Program (MHP), we found that in FYs 18/19 - 20/21, Caucasians and/or whites, and Hispanic and/or Latinx made up the majority of BHRS service recipients:



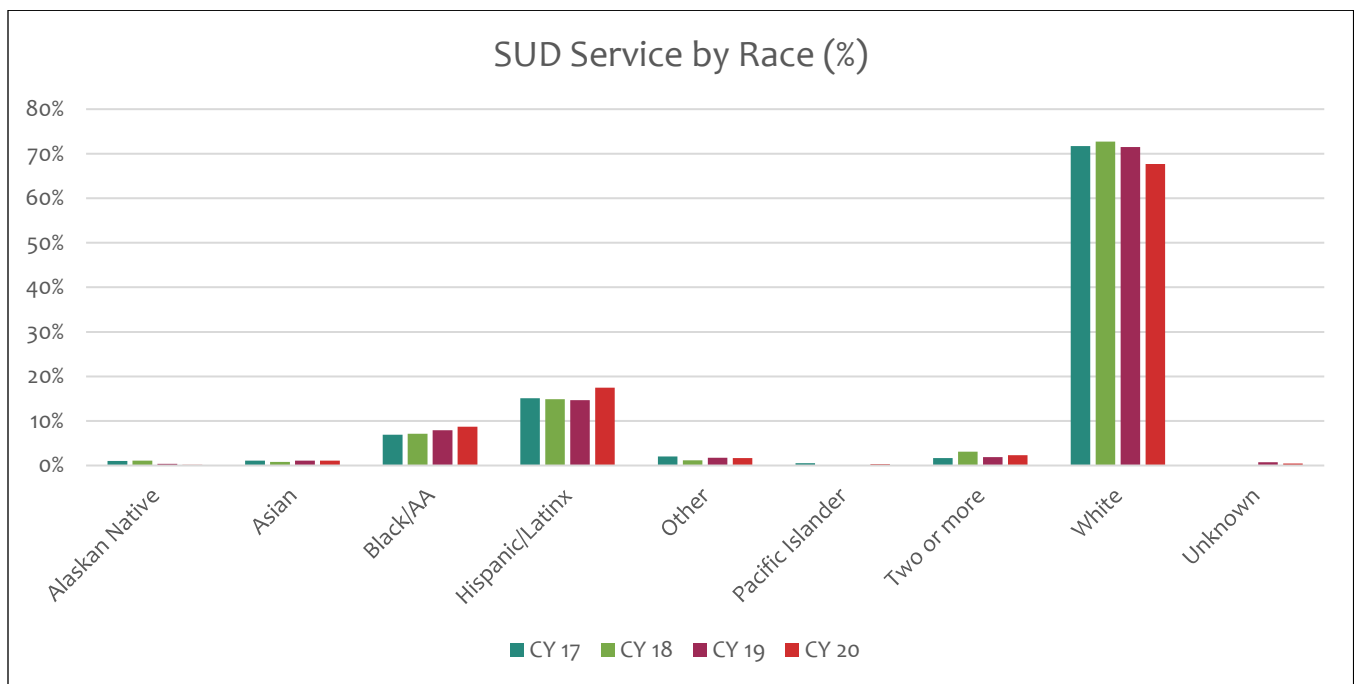
When looking at the data for race and ethnicity of those served by BHRS in FY 20/21 broken down by age group, there is a striking trend of the Latinx population receiving significantly higher proportion of services as youth than adults:



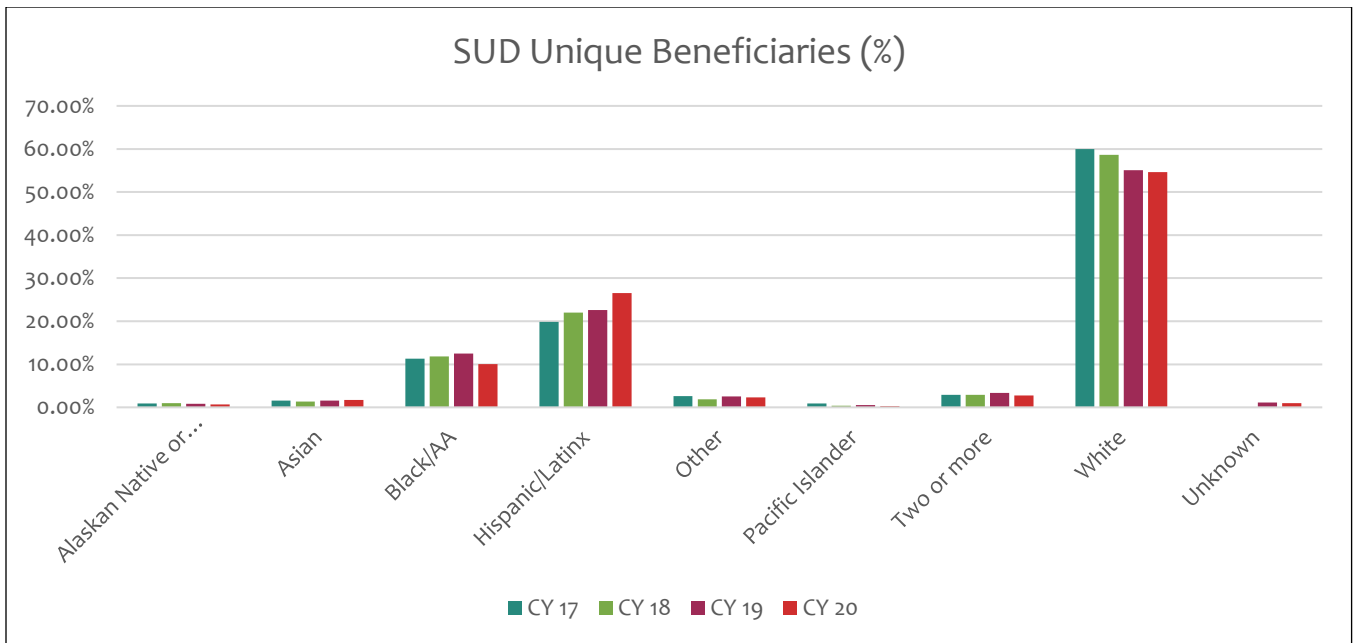
In our Substance Use Division (SUD), services have been expanding in all race/ethnicity groups every year:



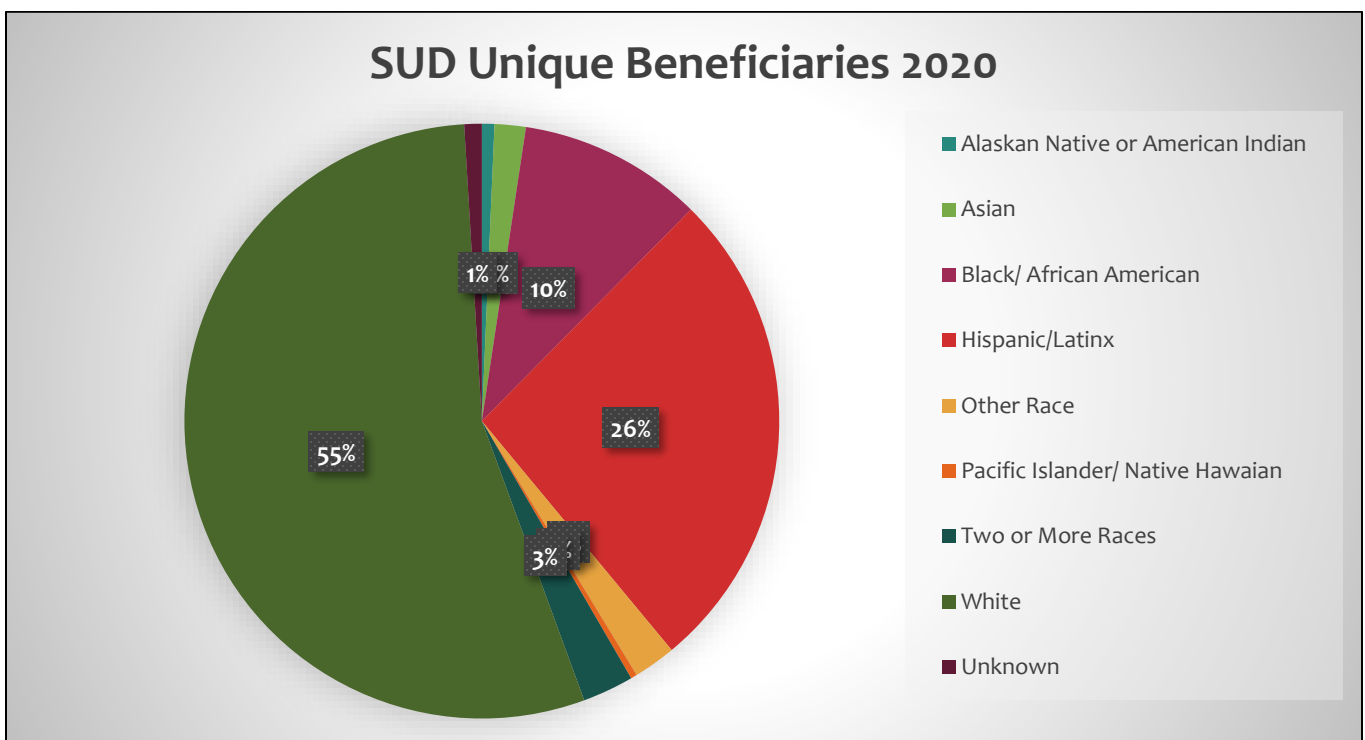
Although the proportion of services by race/ethnicity has held steady, in 2020 the proportion of Hispanic/Latinx increased from 14.6% to 17.5%, the proportion of Black/AA increased from 7.9% to 8.7%, and the proportion of white decreased from 71.5% to 67.6%:



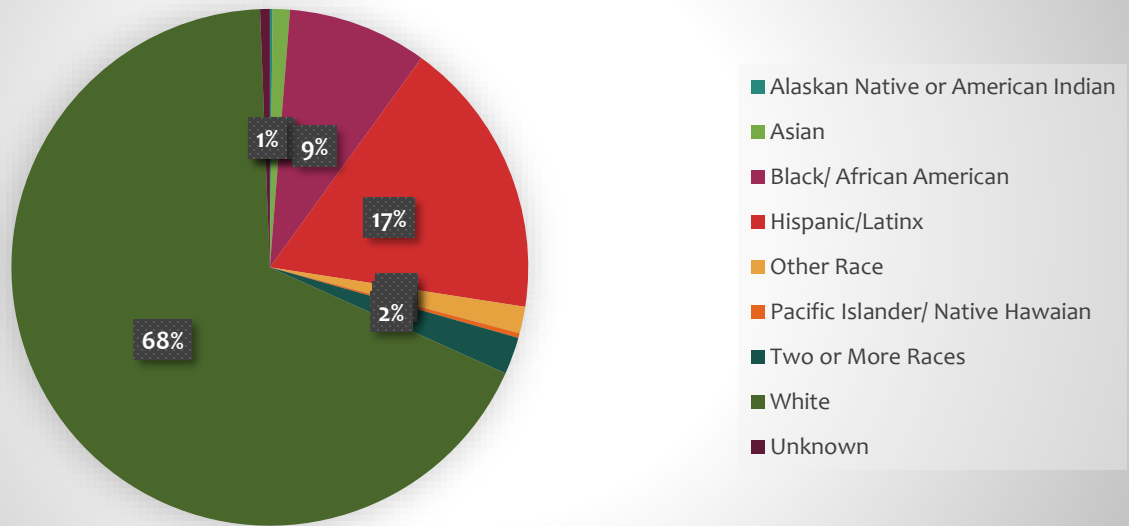
We also observe a decreasing percentage of beneficiaries that are white, Black, Pacific Islander, and Alaskan Native/American Indian, and an increase in the proportion that are Latinx and Asian.



However, though there is a decrease in percentage of beneficiaries that are white (55%), there is a disproportionate rate of white beneficiaries who receive services (68%). The opposite is true for Latinx:

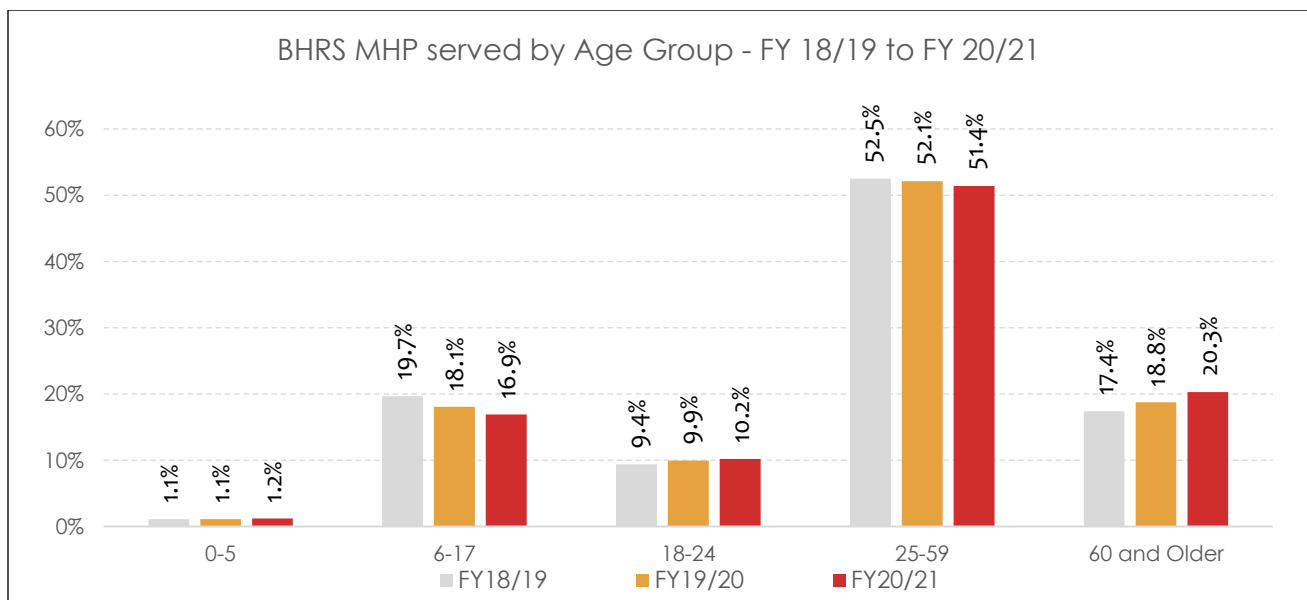


SUD Services 2020



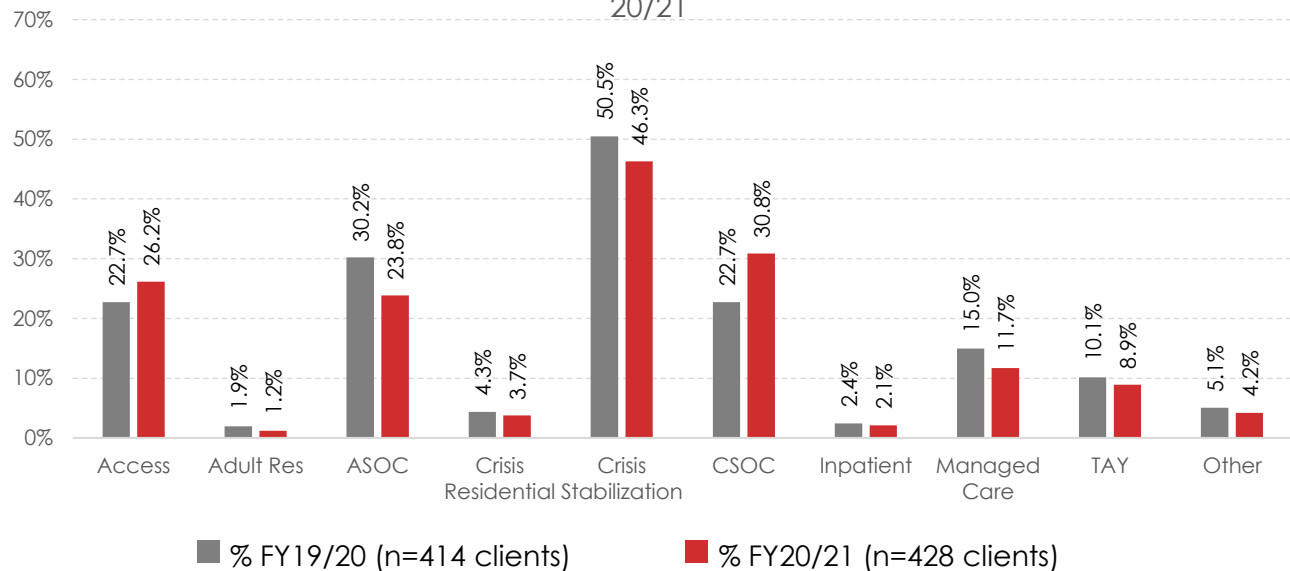
It is important to note that “services” encompass all services, including repeated services for the same unique beneficiary. Each unduplicated client may access multiple/more than one service.

We also continued to notice that the majority of those served in the MHP fall into the age category of 26 to 59 years, with older adults (those over 60 years) and children and youth and transition age youth (TAY) in the next category of those served, respectively:



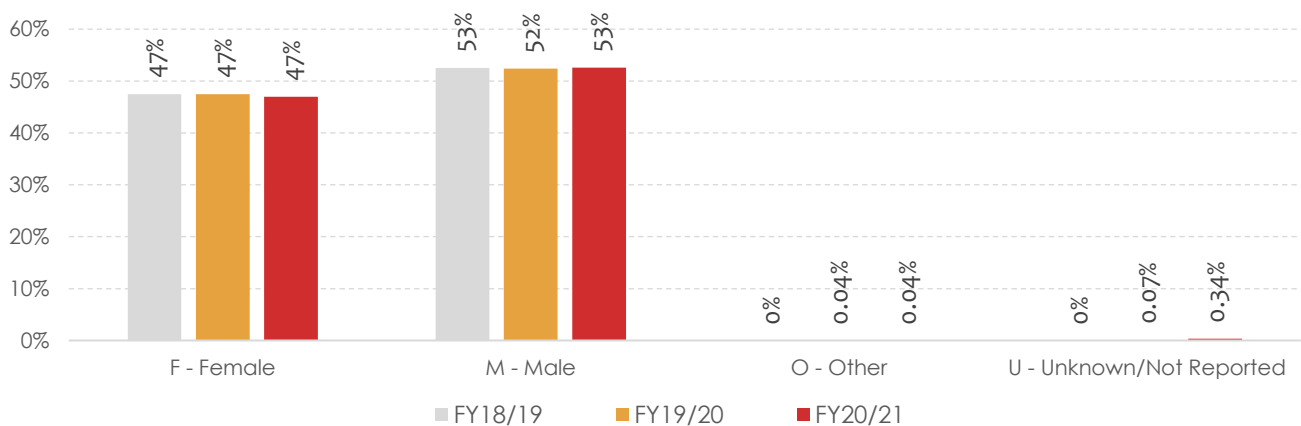
In FY 20/21 we noticed a notable increase in percentage of TAY population receiving services from Access and Children’s System of Care (CSOC) and a notable decrease in percentage of TAY population receiving services from Adult System of Care (ASOC), Crisis Stabilization, and Managed care:

% of TAY population served across the BHRS MHP Programs FY 19/20 vs FY 20/21



As required by the state, BHRS collects gender data along the gender binary (male and female) and provides only two additional options of “other” or “not reported.” In order to address the lack of representation in these limited categories, the SOGI data gathering workgroup provided Quality Management with a final set of recommendations as to what to include in Clinicians Gateway (BHRS EHR) to expanded categories of identity. These new categories are expected to be available in 2022. It remains true from FY 18/19 - FY 20/21 that BHRS serves more male identifying clients than female identifying clients:

BHRS MHP served by Gender - FY 18/19 to FY 20/21

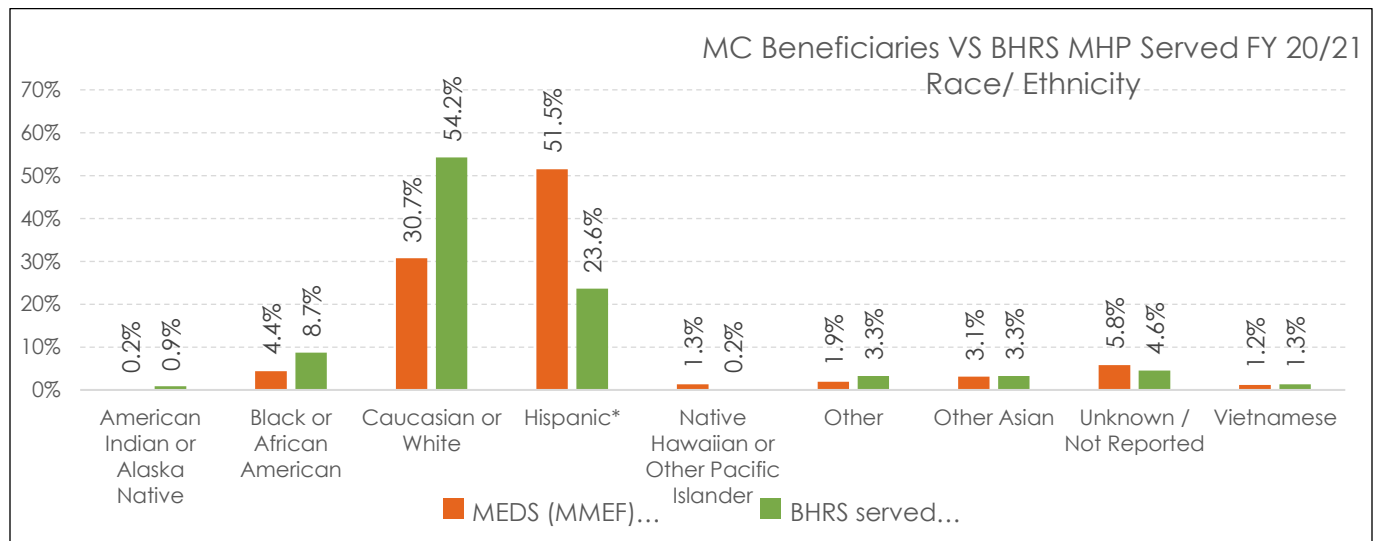


Penetration Rates

Designation of unserved and underserved populations is based on those Marin residents who are eligible for County mental health or substance use services, best represented by Medi-Cal Beneficiaries, compared to those receiving county behavioral health services.



Notably, between FY 19/20 and FY 20/21, percent of BHRS services provided to Black/African American/African Descent individuals increased significantly from 7.5% to 8.7%.



*38.8% (Full scope MC) and 12.7% (Restricted MC- only eligible for pregnancy-related, postpartum and emergency services only)

**MMEF: April 2021

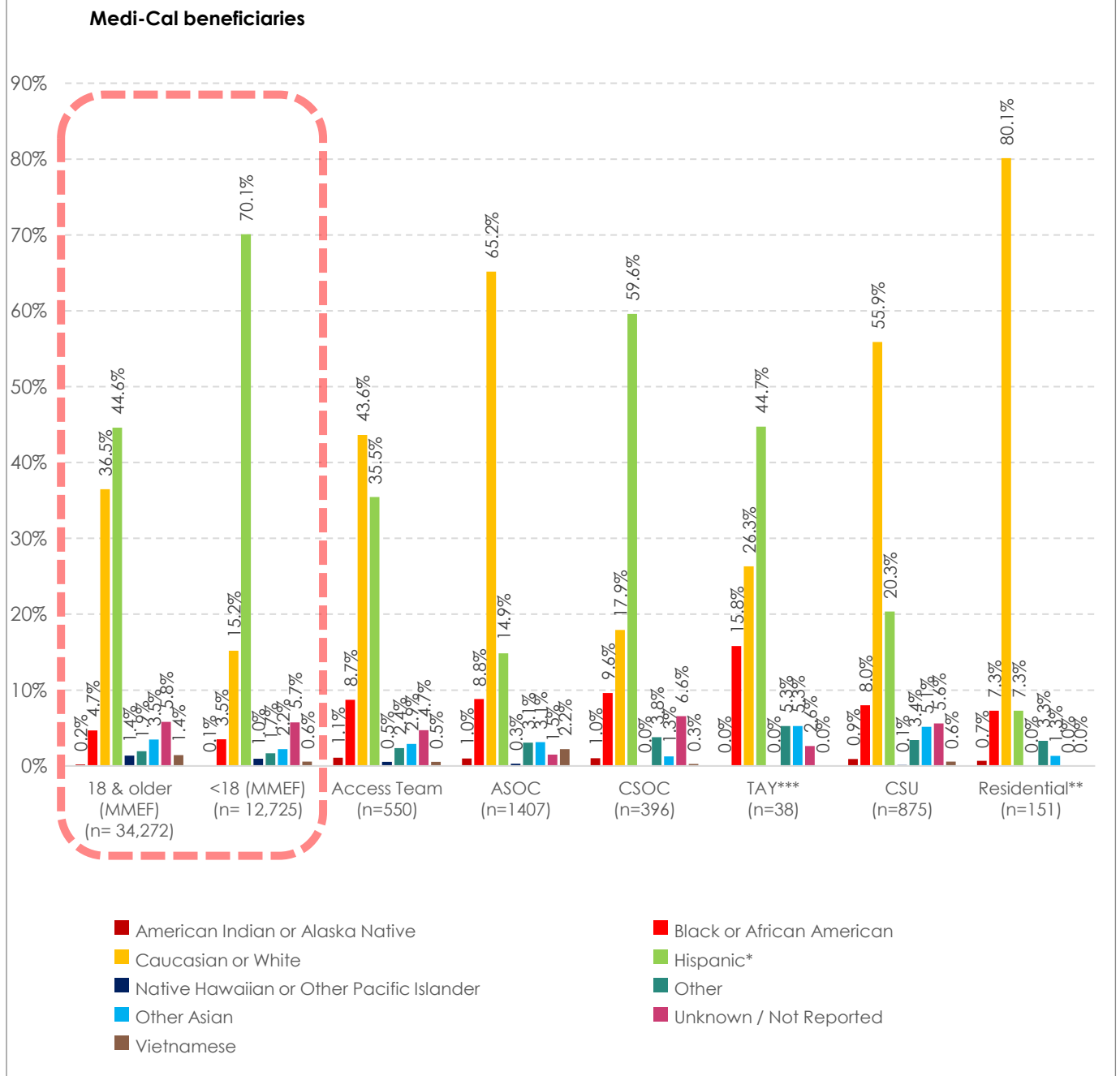


In our Substance Use Division (SUD), Hispanic/Latinx and Asian/Pacific beneficiaries continue to be accessing services at disproportionally lower levels as compared to the overall penetration rate. In FY 20/21, there was also a decrease in penetration rate for Native American substance use beneficiaries, however it remains among the highest penetration rate among all race/ethnicities:

Measure – Penetration Rates	Performance Target	FY 2019-20 CalOMS Data (n=817)	FY 2020-21 CalOMS Data (n=734)
Overall	2.76%	2.40%	2.08%
White	3.79%	3.78%	3.29% (478)
Hispanic/Latino	1.17%	1.02%	0.95% (125)
African-American	4.50%	4.50%	4.63% (89)
Asian/Pacific Islander	0.90%	0.78%	0.67% (16)
Native American	6.10%	6.10%	3.80% (3)
Other	1.47%	1.47%	2.96% (23)
Missing	NA	1.07%	NA

Underserving our Latinx/Hispanic is also apparent in our Adult System of Care (ASOC), Crisis programs, and Residential programs. Caucasian and whites are over-represented in all BHRS programs:

MC beneficiaries VS BHRS MHP served by Race/Ethnicity - FY20/21

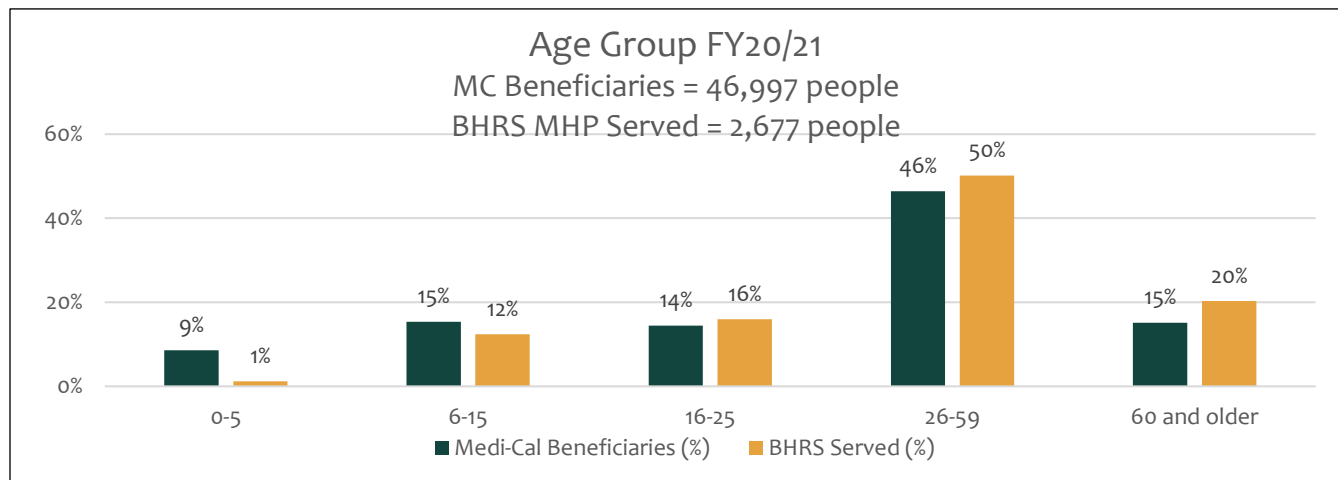


*38.8% (Full scope MC) and 12.7% (Restricted MC- only eligible for pregnancy-related, postpartum and emergency services only)

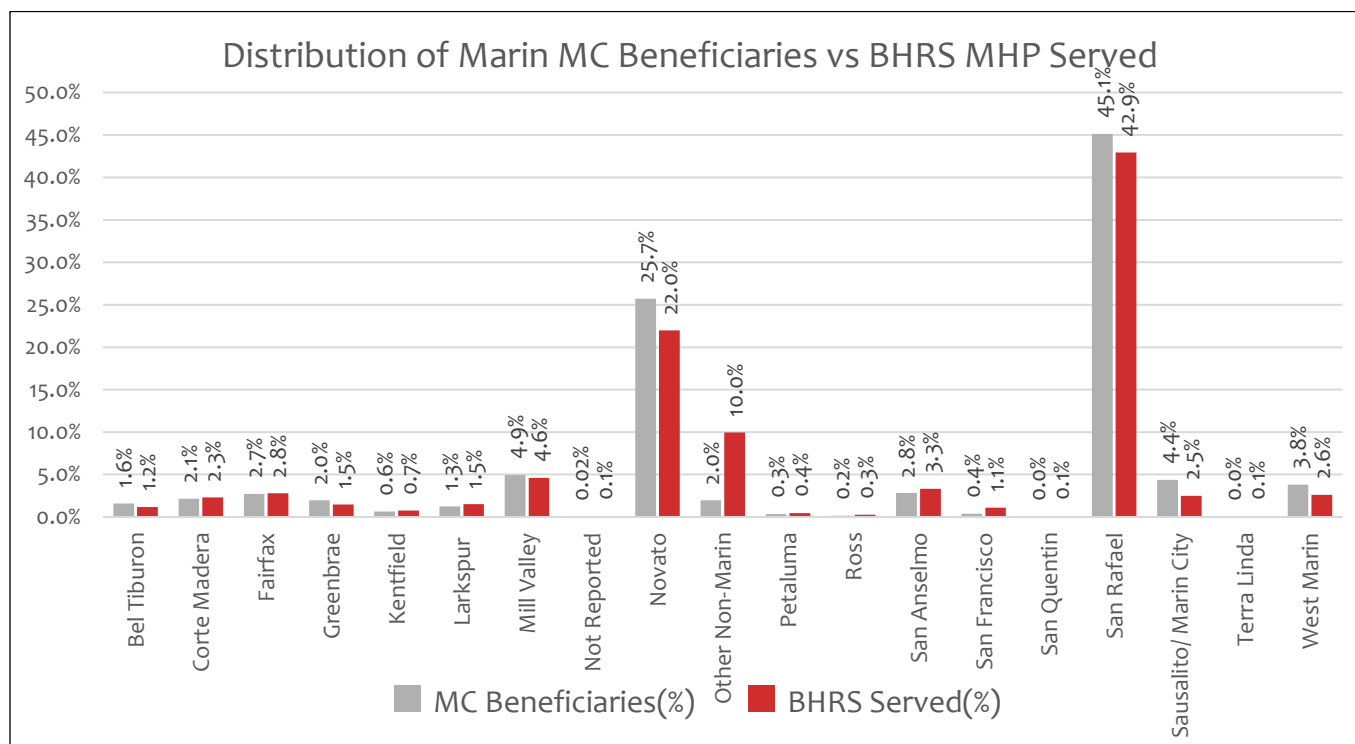
**Includes all Bucklew-Adult Residential facilities, SNF and MHRC

*** Side by side - FSP program

The graph below compares the distribution of Medi-Cal beneficiaries in Marin to those who receive BHRS services by age group, showing that BHRS underserves our eligible children's population below the age of 15.



Over 70% of Marin Medi-Cal beneficiaries live in either San Rafael or Novato, which is very similar to the percentage served by BHRS in those geographic areas, with Novato being slightly less served. Marin City/Sausalito remains underserved. In FY17/18, 2.9% of those served by BHRS in Marin lived in Marin City/Sausalito, in FY18/19 it was 3.6%, in FY19/20 it was back down to 3.0%, and in FY 20/21 it is down to 2.5%. In FY 20/21, West Marin continues to be underserved:



Behavioral Health Indicators



Currently, Marin County BHRS Mental Health Plan is unable to obtain certain access to care indicators, such as the percentage of people requesting services who received an assessment and the percentage of people requesting services who received a treatment appointment. This will be an ongoing goal for BHRS to identify processes to track access to care metrics.

Current and available timeliness of care data covers December 2020 to June 2021 and indicates the following:

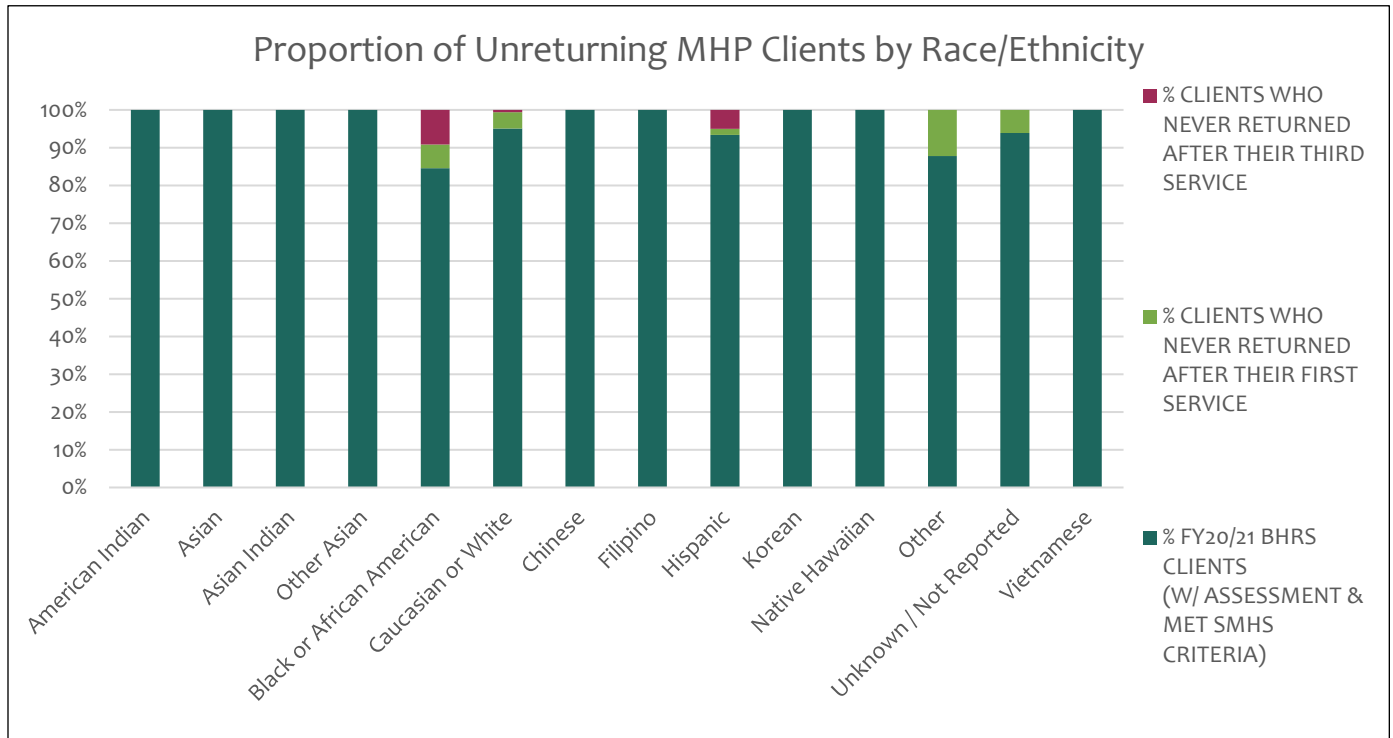
- Average number of days from a request for services to an assessment: 13.8 business days
- Average number of days from a request to a treatment appointment: 27.0 business days

For SUD, in FY 2020-2021 we see the following timeliness of care metrics:

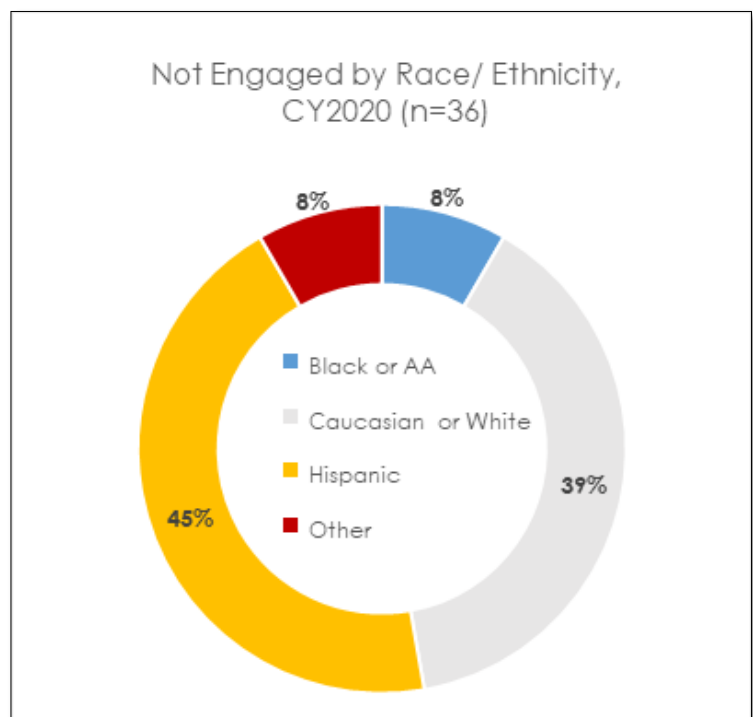
Measure	Performance Target	Baseline (FY2019-2020)	FY 2020-2021
Days from Initial Request to First DMC-ODS Service	95% within 10 business days	<ul style="list-style-type: none"> • Outpatient/IOS: 91.8% [Mean: 3.68 days] 426/464 • Residential: 89.7% 183/204 [Mean: 4.67 days] • Withdrawal Management: 99.6% 778/781 [Mean: .5 days] 	<ul style="list-style-type: none"> • Outpatient/IOS: 95.0% [Mean: 2.98 days] 360/379 • Residential: 85.1% [Mean 5.23 days] 154/181 • Residential Withdrawal Management: 99.5% [Mean 0.25 days] 562/565
Days from Initial Request to First Dose of NTP	95% within 3 business days	<ul style="list-style-type: none"> • OTP: 100% [Mean: 0 days] 	<ul style="list-style-type: none"> • 95.4% [Mean: 2.08 days, Min: 0 days, Max: 85 days] 62/65
Days/hours from Initial Request to Urgent Appointment	95% within 48 hours	<ul style="list-style-type: none"> • Urgent Appointment: 92.73% [21.6 hours] 	<ul style="list-style-type: none"> • Urgent Appointment: 96.50% [Avg of 0.40 days]



The following shows racial disparities in clients who have been assessed and met Specialty Mental Health (SMH) criteria but did not return after their first and/or third service. This highlights a disproportionate rate of Black/African American and Hispanic/Latinx clients not returning over other races/ethnicities:



In 2020, 551 Access assessments were completed with 350 people meeting SMH criteria. Of those 350 people, 36 were not successfully engaged in services within 90 days. The pie chart to the right shows the racial breakdown of which clients were not successfully engaged within 90 days after their access assessment. 45% of those who were not successfully engaged after meeting specialty mental health criteria were Hispanic which is significantly higher than the 24% of BHRS clients who are Hispanic showing that they are not being successfully engaged at a disproportionate rate. Black or African Americans make up 8% of those who were not engaged and 9% of those served.



The table below reflects the percent of beneficiary admissions meeting the Performance Standard of 10 days from Initial Request to First DMC-ODS service. The percentage of beneficiaries admitted within the performance standard is equitable when disaggregated by race/ethnicity.

Percent of Admissions Meeting Performance Standard of 10 Days from Initial Request to First DMC-ODS Service			
	OS/IOS	Residential	Residential Withdrawal Management
Overall Average	95.0%	85.1%	99.5%
White	93.9%	85.6%	99.3%
Hispanic/Latino	96.6%	82.8%	100%
African American	95.8%	84.0%	100%
Other Race	100%	83.3%*	100%
Two or More Races	83.3%*	100%*	100%
*Sample size of 6 or fewer			

However, when analyzing the number of days from initial request to first DMC-ODS service, there is variability when disaggregated by race/ethnicity. For example, it is 0.8 days longer than the average for beneficiaries identifying as Black/African American to access OS/IOS services and 1.1 days longer than the average for beneficiaries identifying as Hispanic/Latino to access Residential services.

Average Days from Initial Request to First DMC-ODS Service by Modality			
	OS/IOS	Residential	Residential Withdrawal Management
Overall Average	3.0	5.2	0.25
White	2.7	4.8	0.31
Hispanic/Latino	2.9	6.3	0.07
African American	3.8	5.0	0.10
Other Race	3.9*	9.3*	0.22
Two or More Races	4.7	3.7*	0.00
*Sample size of 6 or fewer			

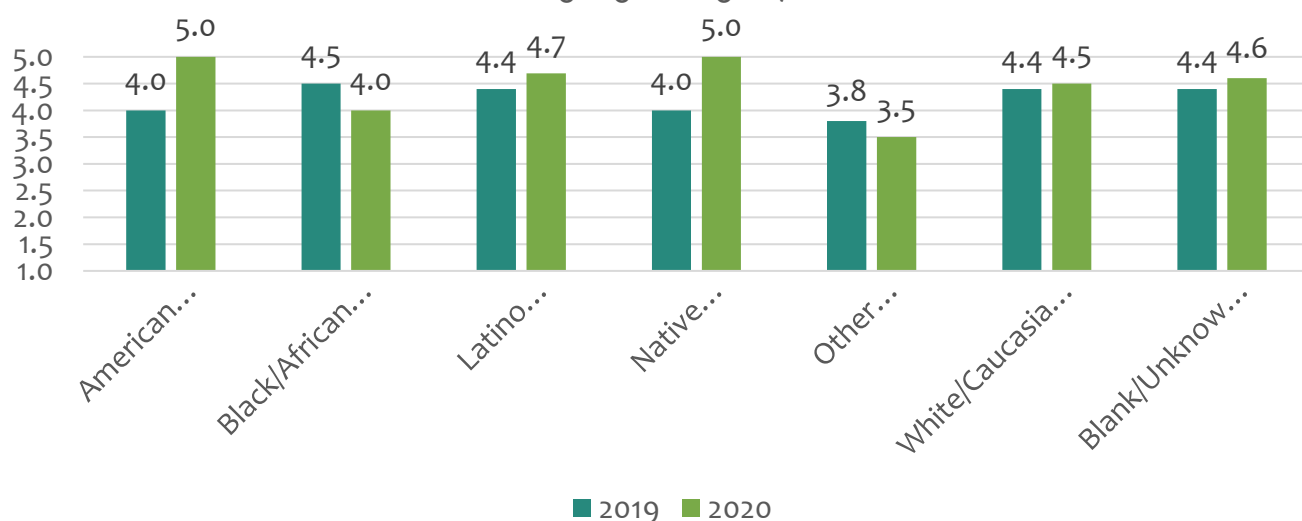
Consumer Surveys

The latest consumer survey data on culturally responsiveness is from June 2020:

- 87% of consumer participants from Adult System of Care who answer the question rated that BHRS staff were sensitive to their cultural background (race, religion, language, etc.): 263/303
- 90% of consumer participants from the Children's System of Care who answered the question rated that BHRS staff were sensitive to their cultural/ethnic background: 18/20
- In SUD, 88% of non-white beneficiaries had a positive response on the treatment perceptions survey when asked about cultural sensitivity of services. However, given the lower proportion of satisfaction reported by beneficiaries identifying as Black/African American (see chart below), Marin DMC-ODS did additional analysis and identified one provider as the driver in this disparate response. BHRS staff worked with the specific provider to share the data and discuss opportunities to address the disparate experiences of beneficiaries.

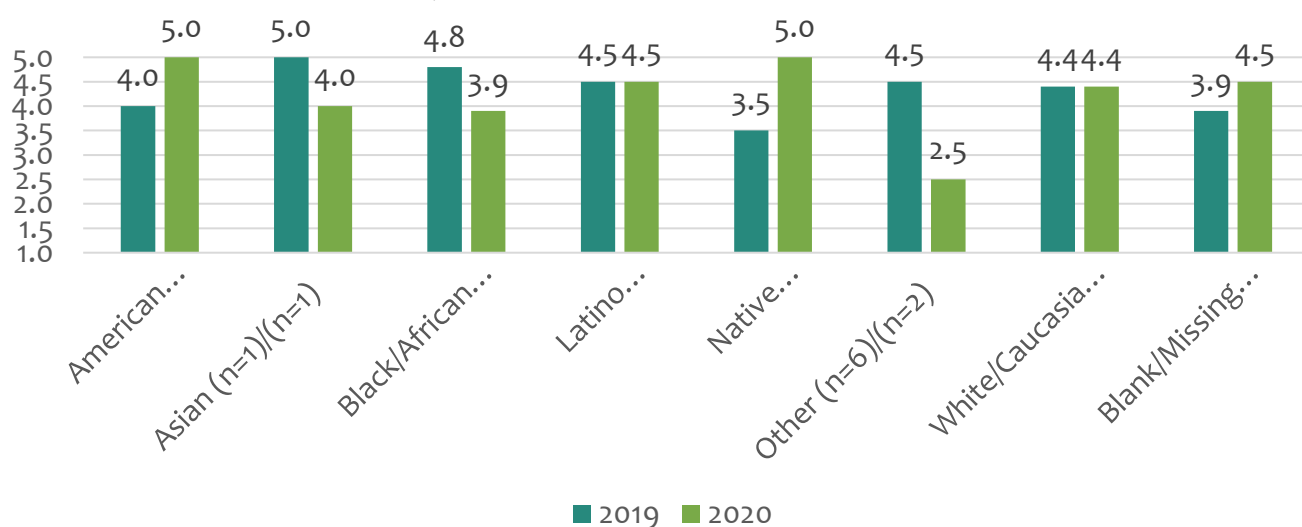
Treatment Perception Survey Results (2019 and 2020)

"Staff were sensitive to my cultural background (e.g. race/ethnicity, language, religion)"



Adult Treatment Perception Survey Results (2019 and 2020)

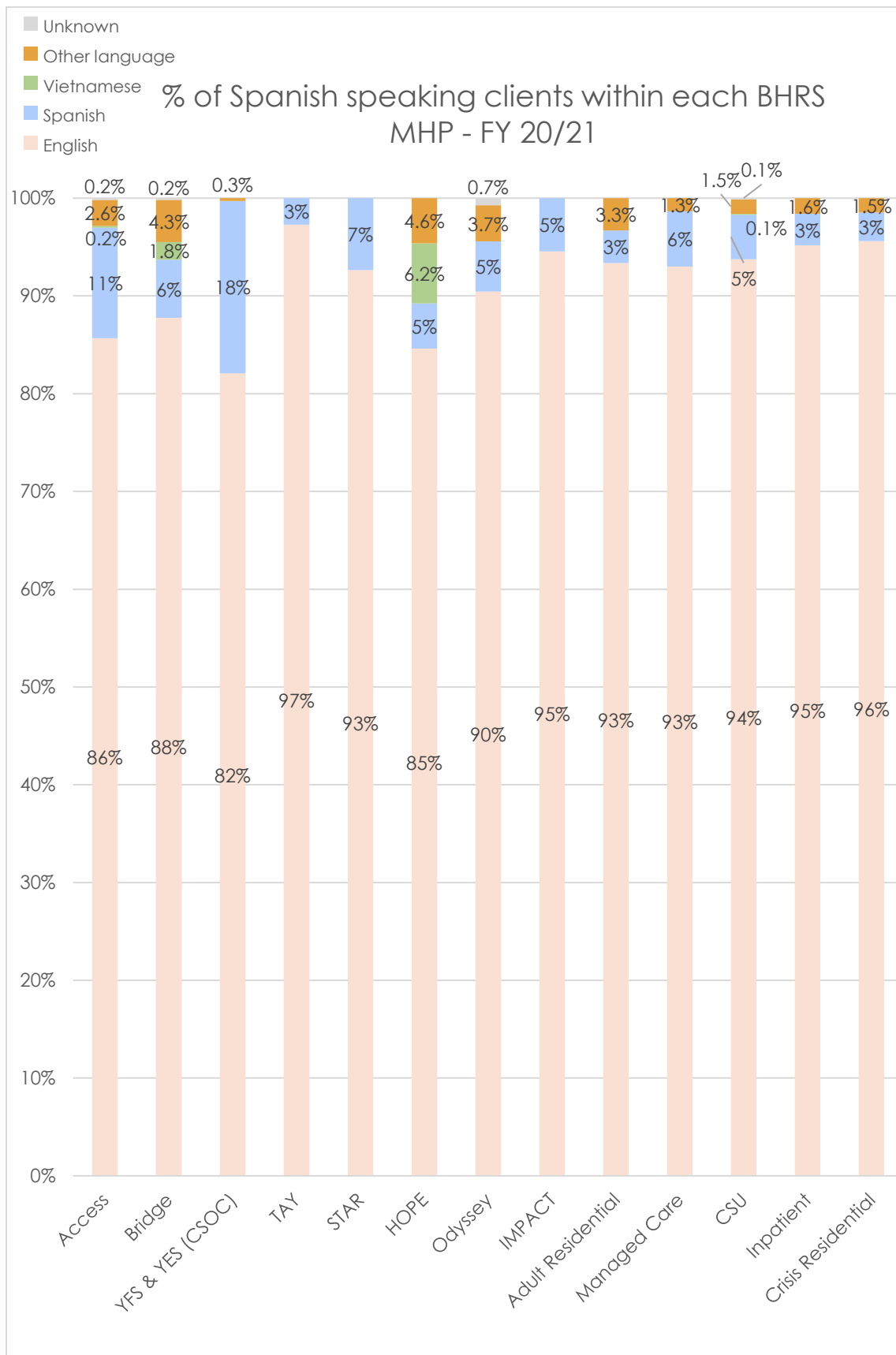
"Overall, I am satisfied with the services I received"



Threshold Languages



21.9% of individuals in Marin County speak a language other than English at home. The [ACS 5-Year Estimates](#) from 2015-2019 indicated that 11.9% spoke Spanish and 3.3% spoke Asian and Pacific Islander



languages. Spanish is the only threshold language in Marin County; however, the county has identified Vietnamese as a priority language based on the growing number of clients served.

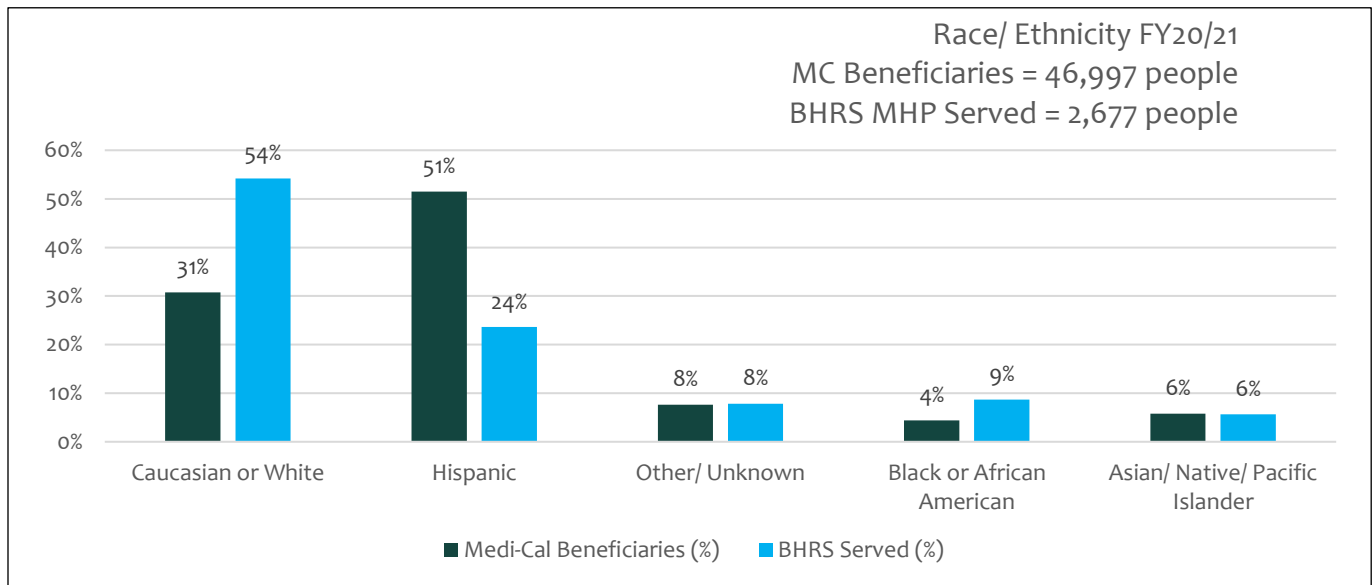
BHRS is working on collecting bilingual staff data in 2022 to comparatively analyze each team's bilingual capacity. We know that the following breakdown (image left) will be an important metric when this data becomes available for additional comparative analysis.

Latinx Study

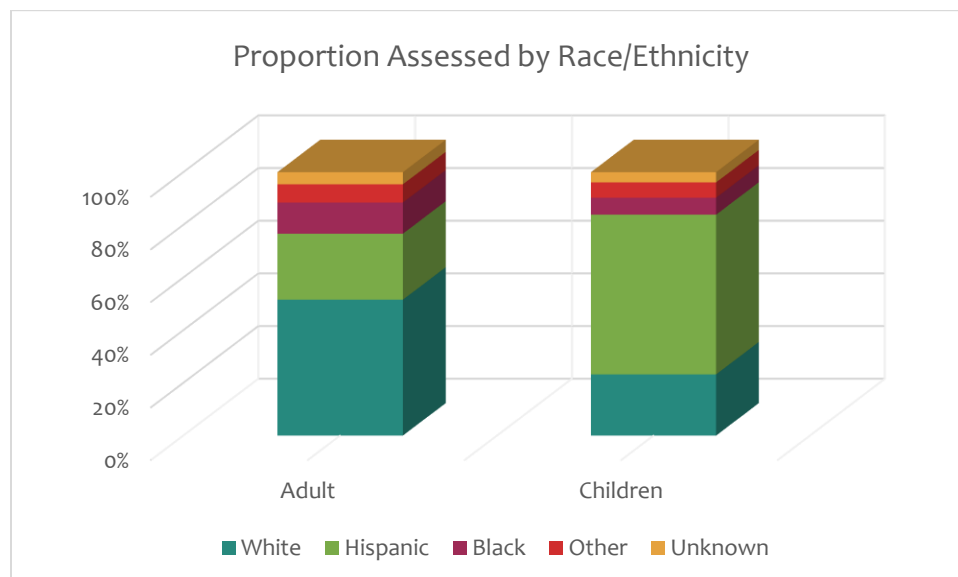


Near the end of FY 20/21, BHRS Equity and MHSA team started working on a report that would focus on Latinx data and recommendations increased service utilization. In October 2021, that report was shared internally.

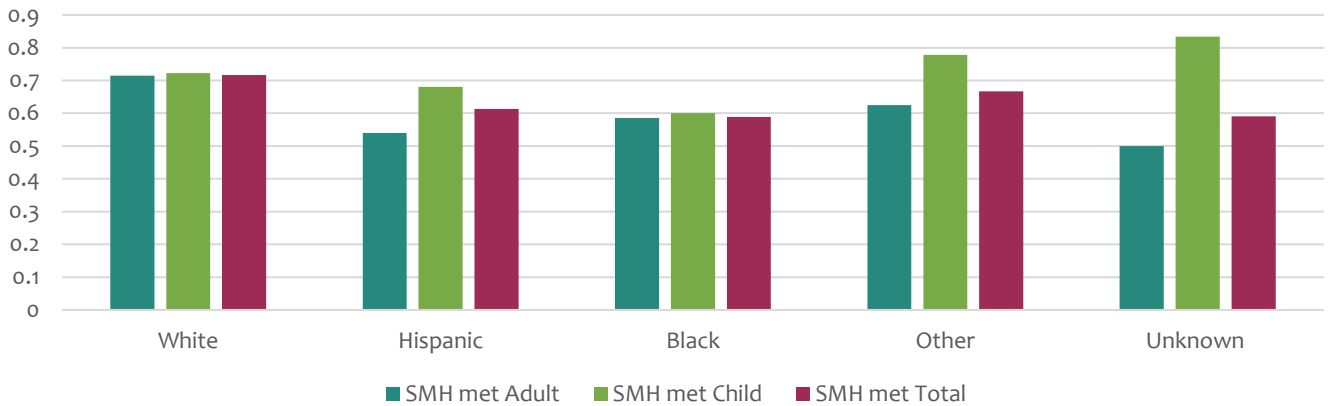
Despite the strong presence of risk factors indicating Latinx community need for BHRS services, as shown below, low utilization of services by Latinx residents continues to suggest the need for addressing systems and barriers that may be perpetuating inequities within the behavioral health system:



As noted above under penetration rates, more Latinx/Hispanic children receive services through BHRS than Latinx adults, including greater numbers receiving assessments via Access (first graph below), and a higher number of children who meet SMH criteria than adults (second graph below):

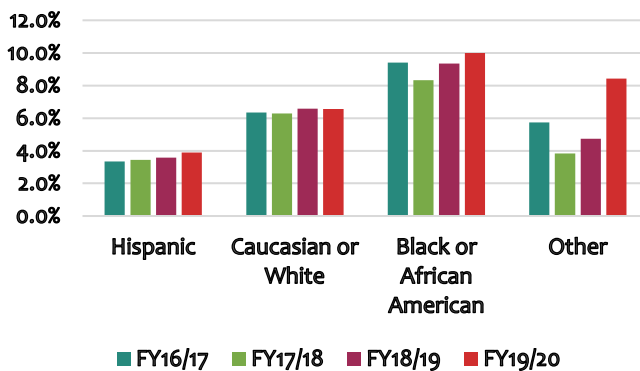


% SMH Met by Age Group

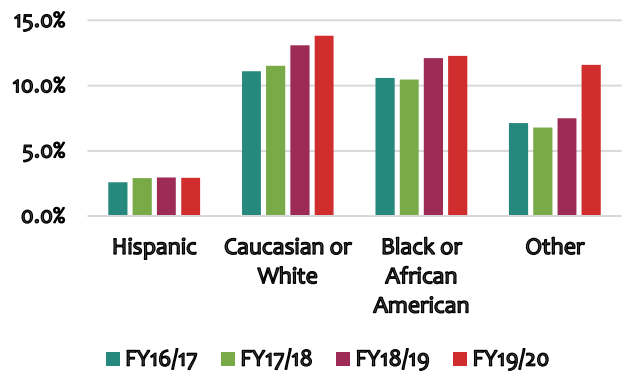


In all age categories, the proportion of Medi-Cal beneficiaries that receive BHRS services are lowest in Hispanic/Latinx:

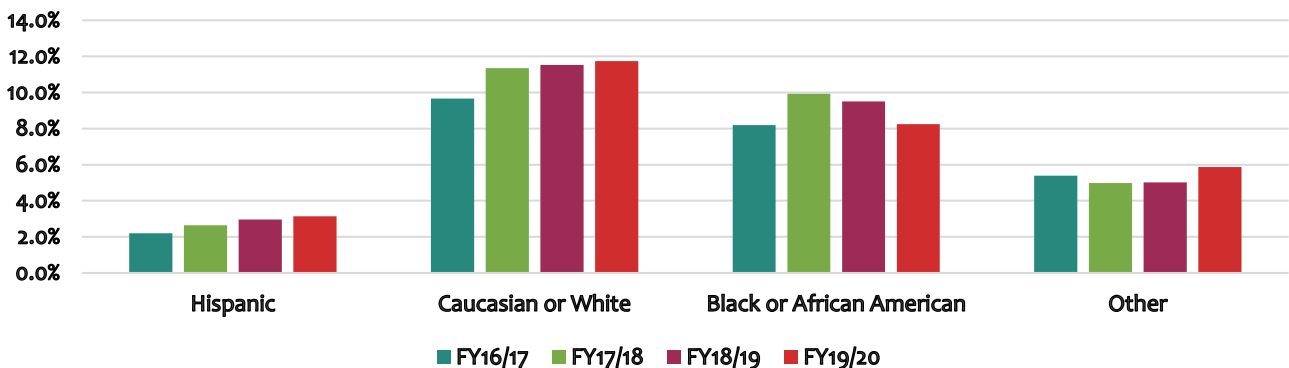
Proportion of Medi-Cal Beneficiaries Receive BHRS MHP Services: Children 0-17



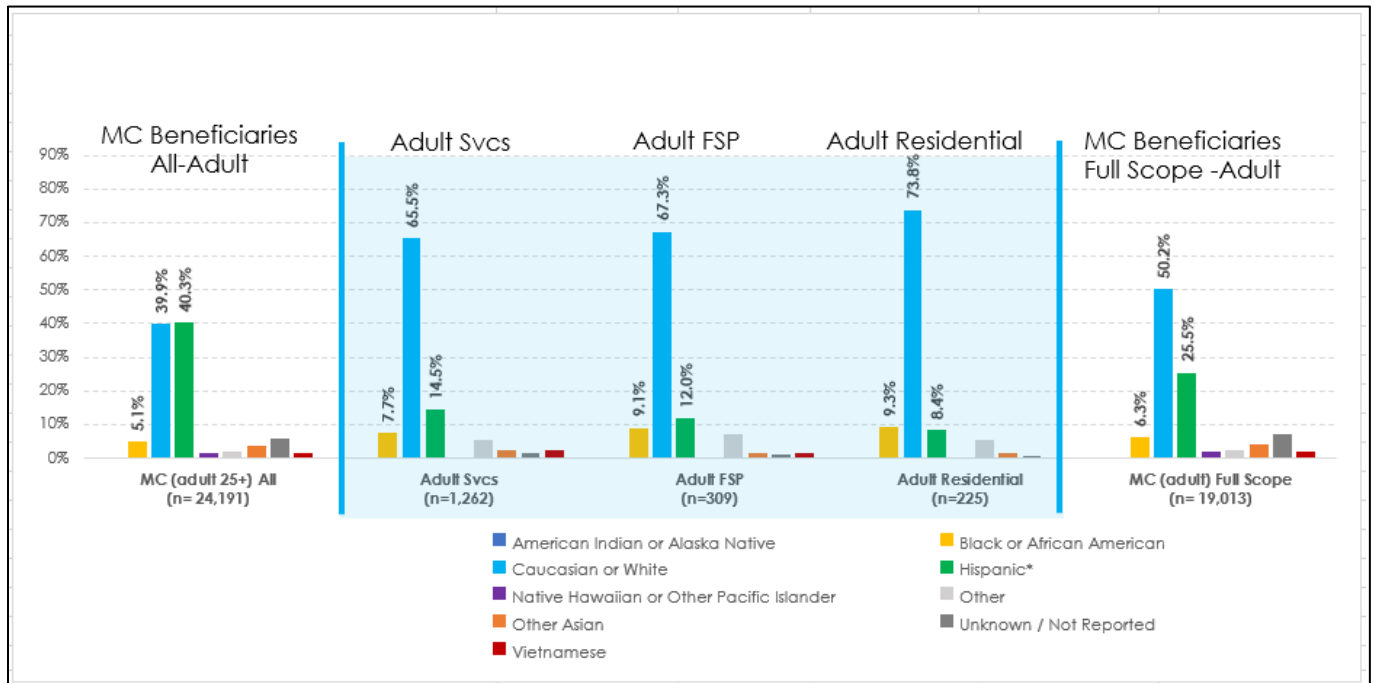
Proportion of Medi-Cal Beneficiaries Receive BHRS MHP Services: Adults 18-59



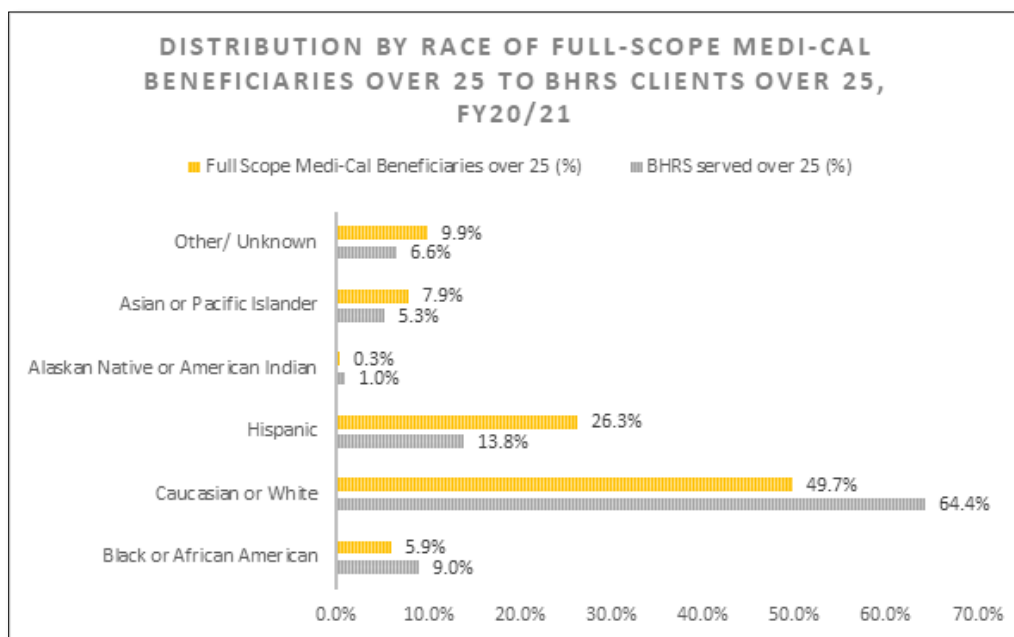
Proportion of Medi-Cal Beneficiaries Receive BHRS MHP Services: Adult 60+



This study helped us to understand the structural barrier adult Latinx clients encounter in Medi-Cal eligibility. Below you can see Medi-Cal Beneficiaries vs BHRS MHP Served for the ASOC by race/ethnicity for CY 2020, which reveals that 25.5% of adults with full scope Medi-Cal identify as Latinx/Hispanic even though 40.3% of adult Medi-Cal beneficiaries identify as Hispanic/Latinx, leaving many adult Latinx/Hispanic beneficiaries eligible for restricted Medi-Cal (pregnancy related, postpartum, and emergency services) only:



Disparities in service utilization remain present even when comparing the racial distribution of adults over 25 who utilize BHRS services with those who are on full scope Medi-Cal.





Summary of Data

Highlights

- Marin continues to be the most racially disparate County in the state of California.
- Caucasian/white and Hispanic/Latinx clients make up the majority of BHRS service recipients with the majority of those served falling into the age category of 26 – 59 years.
- There are more Latinx/Hispanic children receiving services through BHRS than Latinx adults, including greater numbers receiving assessments and meeting SMH criteria.
- In our substance use division, there is a decreasing percentage of beneficiaries that are white, Black, Pacific Islander, and Alaskan Native/American Indian, and an increase in the proportion that are Latinx and Asian. However, Hispanic/Latinx and Asian/Pacific beneficiaries continue to be accessing services at disproportionately lower levels as compared to the overall SUD penetration rate.
- In FY 20/21, there was a notable increase in percentage of TAY population receiving services from Access and CSOC, with a notable decrease in ASOC, Crisis Stabilization, and Managed care.
- Between FY 19/20 and FY 20/21, BHRS percent services going to Black/African American/African Descent individuals increased from 7.5% to 8.7%.
- BHRS is underserving our Latinx/Hispanic and Native Hawaiian/Pacific Islander communities.
- Marin's more urban areas (San Rafael and Novato) continue to receive most of our clients, with Marin City/Sausalito and West Marin remaining underserved.

- There is a disproportionate rate of Black/African American/African Descent and Hispanic/Latinx clients not returning for services over other race/ethnicities.
- Over 80% of consumer participants from both Adult System and Children's Systems positively rated BHRS staff as being sensitive to their cultural background.
- Spanish is the only threshold language in Marin: 11.9% of the county speaks Spanish



BHRS broadly improved data collection via representation of more specific categories of race/ethnicity; sexual orientation, gender identity and expression (SOGIE); Native and Indigenous populations; languages spoken; and folks with disabilities. SOGIE and Race/Ethnicity focus groups identified additional questions to include in our BHRS assessments. Currently, we are updating the client profile form to utilize these new fields by June 2022.



New dashboards have been developed specific to EMS data for overdoses, which is being used to identify individuals to conduct outreach and to identify and address any disparities by race/ethnicity, gender, language, and age. Marin DMC-ODS also produces monthly provider-specific dashboards which include key metrics disaggregated by race/ethnicity and preferred language. To continue striving to implement and develop dashboards on key performance measures by race and ethnicity in all BHRS programs, we are currently identifying what these key performance indicators will be. A workgroup has been assembled to explore these measures. In this next fiscal year, the hope is to present a draft dashboard and then solicit feedback from division directors, program managers, and supervisors. Additionally, the goal is to select an Outcomes tool by 2022-year end that can be used for the case management programs.

Criterion 3: Strategies and Efforts to Reduce Behavioral Health Disparities

1. Latinx Outreach and Engagement Recommendations

As discussed in the previous criterion, an ongoing challenge in the county of Marin is the low utilization rate of BHRS services by the adult Latinx Medi-Cal population. BHRS is continuing to track data on progress toward increasing our penetration rate within Latinx communities. BHRS MHSA Equity team assembled a report to utilize for internal guidance. The report identified known data, barriers, current strategies to address these barriers, and recommendations in looking ahead.

The following were identified as contributing factors and barriers:

- Structural and procedural barriers, such as Medi-Cal eligibility criteria, SMH criteria, functional impairments, and waitlist for assessments
- Lack of culturally responsive outreach and engagement strategies
- Gaps in knowledge about mental health and awareness of services
- Cultural barriers, such as cultural mistrust, stigma, language, and culturally responsive services
- Socioeconomic barriers, such as childcare needs and transportation issues

Current BHRS Strategies to Address Latinx Disparity in Service Utilization

Language Strategies



Over the past year, the County has put concerted effort into identifying and working with more reliable external contract providers as more feedback has come in within current contracts. As a result, the County now contracts with 4 different language translation and interpretation providers so that there are multiple pathways for service needs. For example, one of these contracts now includes video remote interpreting for the Mobile Crisis Response Team (MCRT) to provide on-demand interpretation services when doing crisis assessments and response in the community.



BHRS hosted 2 bilingual staff listening sessions in the past year, both of which included over 10 different bilingual staff in attendance.



BHRS is currently in process of identifying policies, procedures, and practices that will ease the process of translation requests, creating a more equitable distribution of work for bilingual staff who receive a pay differential or who are in a bilingual job classification. So far, this has included recommendations on the creation of a tier system for translation requests to be managed by a centralized BHRS representative and creation of policies and procedures that identify when staff utilize internal vs. external interpretation services.

Access Team Strategies



Some of the strategies that the BHRS Access Team has implemented to increase accessibility of services for the Latinx communities in Marin County have been:

- Increased the number of bilingual clinicians on the team to 64%
- Provided services through telehealth to serve community members who do not have a reliable means of transportation or live-in rural communities
- Diversify the locations in which clients are seen: Access has been in the process of establishing satellite or shared offices throughout Marin County, including in Marin City, Novato, West Marin, and the Canal.
- Engaged with the community: Access staff have been a presence in the community through presentations and media platforms aimed at providing psychoeducation and increasing engagement specifically with the Latinx community. For example, Access joined one of the Prevention and Early Intervention (PEI) provider meetings to share with providers how to navigate Access. Also, Access joined a community family support group to give a presentation on Access services.
- Improved systems for following up with clients to conduct behavioral health and substance use screenings by implementing an “appointment - only” clinic. This allows for increased coordination in client care and scheduling.
- Provided follow up and outreach by the clinical team: whenever a client case requires further screening or follow-up from a clinician, Access clinicians outreach to conduct the screenings and collect collateral from clients and providers they

have provided consent for. Although Access does not provide case management, clients are presented with their treatment options, mental health resources, substance use resources and connections to providers once a determination has been made as to whether they meet medical necessity or will be referred to a provider in the community.

- Hired a new Bilingual/Bicultural Peer Provider position on the Access team.

Substance Use Strategies

BHRS Substance Use Division (SUD) used data collection and analysis to identify needs by conducting key informant interviews and focus groups/listening sessions with organizational/individual providers and community members to identify opportunities for improving engagement, service design and delivery, and messaging. In addition to the joint Substance Use Services/MHSA community planning process, where the Latinx population represented 25.5% of the community meetings, BHRS also solicits feedback through client perceptions surveys (15.5% of respondents identify as Latinx) and provider partners.



More recently, BHRS conducted a focus group with Latinx parents/caregivers to solicit input on strategies for effective messaging. The Substance Use unit also invested in prevention and outreach strategies such as media/marketing – Paid print and social media (Spanish) on accessing substance use services, various community outreach (e.g., participation in community-based events, meeting with stakeholders, etc.) and expanded Prevention Coalitions (for more, see Appendix B).



**Sus adolescentes ya
hablan sobre la marihuana.
¿Ha hablado usted con
ellos sobre la marihuana?**



Other efforts included expanding services by increasing Recovery Coach capacity from five in FY 2020-21 to nine in FY 2021-22 and hiring additional bilingual (Spanish/English) Recovery Coaches, supported provider workforce development initiatives (e.g. salary increases, developing career paths, etc.) to recruit and retain bilingual (Spanish/English) staff, issued multiple RFPs for Residential services offered in Spanish (through staff, not interpreter), began offering services via telehealth and telephone to ensure continued access to services during COVID-19 and temporarily relocated Marin DUI Program to the Marin Health & Wellness Campus (Kerner) to



ensure continued access to services for individuals unable to access the program via telehealth/telephone. A substantial number of community members needing access to these face-to-face services are from the Latinx community. At the time of the re-location, the DUI Program reported that there were 167 current participants who were monolingual Spanish speaking and without the ability to participate via telehealth, either due to insufficient technology, internet access and/or a private space.

Children and Families Strategies



BHRS Children's System of Care (CSOC) has a large Latinx population, averaging around 60% of total clients in recent years. CSOC has built a high proportion of bilingual/bicultural staffing to better serve our clients, with the most common scenario being bilingual clients with monolingual parents, Newcomers, and youth who primarily speak Spanish. When fully staffed, CSOC has 11 out of 16 clinicians that are bilingual and all but 1 are bicultural. There is also a bilingual psychiatrist, bilingual admin staff, bilingual supervisor and manager and bilingual contractors serving as

family partners. This year, CSOC will be adding 2 new bilingual peer counselors to the FSP programs. Because these clients are largely immigrants, many of them present with considerable trauma, necessitating better trainings for staff in trauma specific practices.



Of note, CSOC contractors do not reflect the same advances as our own BHRS programs, specifically lacking in bilingual and diverse staff that reflect Marin's clients. An identified area of focus for contractors is increasing bilingual capacity and cultural responsiveness.

Prevention and Early Intervention Strategies

In April 2020 the Prevention and Early Intervention (PEI) team hired a Bilingual Outreach and Engagement Coordinator (role description to the right) that provides groups and outreach activities in Spanish, as well as supports additional contracts and community lead activities. This includes stigma reduction, outreach, and linkage programs for our recent immigrant populations that are funded through MHSA.

Promotores/Community Health Advocates continue to serve/support underserved communities. During the pandemic, they played an essential role in sharing testing and vaccination resources with their communities and contributed to the County's COVID-19 response by educating and providing other important information that contributes to the overall mental well-being of our communities such as sharing housing resources, food pantries, and rental assistance. We continue to work with the West Marin Workgroup to create different strategies to increase the number of *Promotores* in this area.

Outreach/Engagement Coordinator Role:

The *Promotores* program throughout West Marin, Novato, and San Rafael for the Latinx community. The *Promotores* work to provide support and resources to community members by building bridges between organizations and the community.

The *Cuerpo Corazón Comunidad* radio show. Topics include providing resources on managing substance use and depression and importance of coordinated medical care, COVID testing, rental assistance, etc.

Contracts with Canal Alliance and North Marin Community Services to provide accessible, culturally responsive, bilingual counseling services and groups for the Latinx population.

Weekly Spanish speaking parenting groups offered throughout the year. Topics include positive parenting, self-care, discipline, suicide prevention, etc.

New monthly West Marin Parent Support Group, with plans for both virtual and in-person access.

Provide monthly trainings (12 sessions) for the Parent Wellness Education Series in collaboration with Shoreline Unified School District. Topics include resilience, suicide prevention, substance use prevention, etc.

Increase collaboration with all PEI providers to improve outreach to Latinx communities, to coordinate resources, to provide resources specific to Latinx communities, and to identify specific outreach strategies to help increase the number of Latinx community members accessing services.

A Newcomer is a student who has been enrolled in a US school for three years or less and scores between 1 – 2 on CA English Language Development Test.



Additionally, a new MHSA Prevention and Early Intervention (PEI) program called “Newcomer Support and Coordination” was created. Over this past year, BHRS has enhanced services for newly arrived immigrant youth by partnering with schools and community-based organizations to increase coordination and linkages to health and wellness supports. This included funding a Newcomers Coordinator for San Rafael Schools, expanding groups for newcomers in Novato, Shoreline, and San Rafael and trainings for teachers, funding Huckleberry (a BHRS partner) to develop *Nuestra Salud* peer health educator program for Spanish-speaking and Newcomer high school youth. *Nuestra Salud* recruits youth as peer health educators known as *Promotores*, trained by Huckleberry staff to become confident health advocates and leaders in their communities. They develop school outreach campaigns to bring awareness to the importance of mental and/or reproductive health, shadow Huckleberry health educators, and assist with presentations in schools on the importance of mental health.

- The creation of a contracted Newcomer Coordinator to provide assessments, linkage to resources, and short-term case

management for newly arrived immigrant youth in San Rafael secondary schools, as well as training for school staff and system development. Funding for this position was awarded via RFP to Bay Area Community Resources (BACR).

- Funding for school-based Newcomer Groups throughout San Rafael, Novato, and West Marin—contracts for those programs were awarded to Canal Alliance, Petaluma Health Center (formerly known as Coastal Health Alliance), North Marin Community Services, and Huckleberry Youth Programs.
- BHRS Prevention and Outreach team is partnering with CBOs, Marin County Office of Education (MCOE), and schools to create a [Newcomers toolkit](#), which will document best practice guidelines for schools to support this population.



This is an area of continued opportunity, as we increase services within the community, such as Spanish groups, our work with the *Promotores*, and our new program for Newcomers. BHRS will be working with UCSF to implement the FUERTE curriculum in schools. Providers will be trained and participate in consultation groups.

Opportunity:



BHRS is currently in consideration of becoming a mentee county in Solano County’s Learning Collaborative. Marin would mentee under Solano County’s Ethnic Services Manager and MHSA Coordinator to identify a QI plan to address the disparities within our Latinx community.

Outreach and Engagement Strategies

During the development of this Latinx study, the BHRS Equity and MHSA team met with community partners who predominantly serve the Latinx community, such as Canal Alliance, Multicultural Center of Marin (MCM), and North Marin Community Services, while gathering data to receive feedback and identify areas of

growth. BHRS is now taking part in a Latinx/Spanish-Speaking Community Service Providers meeting with other community partners to build relationships and identify resources and areas of crossover for collaboration.

In this past year, BHRS also partnered with MCM to support one of their pilot programs, “Empowered Women Cleaning Marin,” by providing monthly trainings and support. This is a program that empowers Latina women in the Canal Area by “developing green jobs for women, reduce waste in San Rafael, and offer healing through a series of mental health workshops.”

Training and Education Strategies

Over 10 years ago, a specialty track for interns in Latino Family Health based in the Canal District was created and over the years we have continued to invest and focus on this. The focus is on serving individuals and families from the Canal community and interns are provided supervision and seminars in Spanish. Currently, we have 3 interns on this track this year, however the program typically has between 2 and 4 interns each year. This track has also acted as a pathway to full-time BHRS employment.

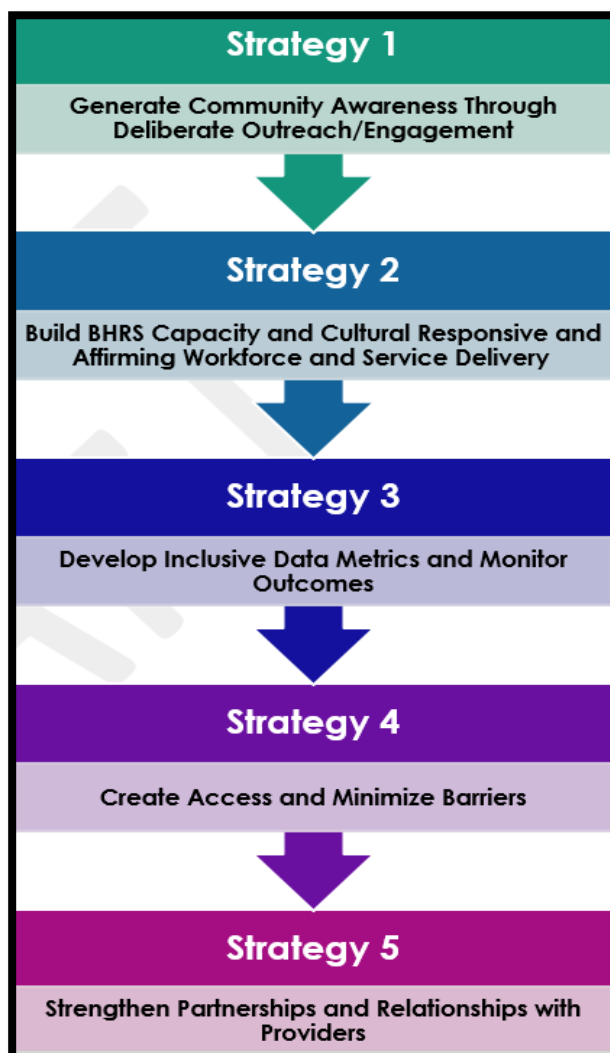


Workforce, Education, and Training (WET) further addresses gaps by providing trainings for staff on how to utilize interpreters, including when to utilize internal vs. external providers, and other trainings on cultural humility and culturally responsive service delivery, including working with Latinx and Indigenous populations. This past year, BHRS developed a Working with Interpreters training series that will now be a bi-annual requirement for our staff to take. In addition, BHRS hosted two trainings during Latinx Heritage Month on Culturally Affirming Healing Practices in Latinx Communities.

Recommendations to Address Latinx Disparity in Service Utilization



In consideration of evidence on contributing factors to underutilization and service provision, and the improvement strategies already implemented by BHRS, the 5 strategies (below) were developed to improve BHRS outreach to and engagement by Latinx residents of Marin County. Next steps require building an internal collaborative/steering committee, with representatives from across BHRS who can utilize this data and recommendations to develop concrete goals to operationalize and implement an action plan for systemwide change.



2. Tracking and Assessment

BHRS continues to collect baseline data and ongoing information about the groups that are served. We utilize dashboards that collect a variety of indicators on the clients served in our Access Team, our Crisis Stabilization Unit, our Inpatient services, and Residential services.



Substance Use Division developed and now automatically distributes their dashboards monthly to substance use providers on key performance measures by race and ethnicity (e.g., outcomes, admissions, timely access, length of stay). These dashboards are reviewed by BHRS senior management and shared with BHRS staff to help us better understand the clients we serve across our system in the hopes of improving our services and ensuring they are equitable.

Tracking and assessment of cultural competence is also achieved through ongoing updating of Cultural Competence Plans (CCPs), led by the PMEI. These annual updates are in alignment with the 8 criterion points set out by DHCS and with the National Culturally and Linguistically Appropriate Services (CLAS) standards. They include end of fiscal year reports, highlights and challenges, and endeavor to identify priority areas and goals for the upcoming fiscal year.



BHRS is currently in the process of identifying specific outcome measures that we would report on annually. We are awaiting identification of these outcomes measures, such as decreased wait times for clients to access and receive services, improvement in symptoms as evidenced by scores on outcomes tools, decrease in unhoused days for clients who are struggling with homelessness, and increase in penetration rates and service utilization for populations such as the Latinx population.

3. MHSA Funded and Outreach and Engagement Strategies to Reduce Disparities

Partnership Building

We have strengthened our outreach and engagement efforts by increasing our collaboration with organizations that provide services to underserved communities such as North Marin Community Services, Multicultural Center of Marin, Bay Area Community Resources and Shoreline Unified School District. By collaborating with these organizations, we have been able to provide trainings to community members that were not familiar with BHRS services or did not feel comfortable accessing our resources because of mistrust or fear.

Linkage Story

After a training with Shoreline Unified School District about suicide prevention, we received a call from a community member that expressed concerns about one of her family members. We were able to provide support and share resources so they could get the appropriate help. When we followed up with them, they had already scheduled an assessment/session for the following week and thanked us for guiding them and providing the resources for them to get support.



In this past fiscal year, BHRS joined several collaboratives/meetings to share BHRS resources and engage with other Community Based Organizations (CBOs), such as the West Marin Collaborative, the Immigrant Rights Workgroup, and ISOJI. Additionally, BHRS recently joined an effort led by MCM called “Resource, Opportunity, and Service Market (ROSM),” which allows for a “gathering of non-profit and government agencies to share resources, opportunities, and service offerings to benefit Marin County’s vulnerable and underserved communities and its residents. ROSM is an identified form of inter-agency and multi-disciplinary method of Outreach and Engagement.”

Social Media

BHRS recently partnered with Univision for an interview that was published on one of their radio shows Facebook page (<https://fb.watch/6kVu60tb70/>). Also, they are currently running ads with information about how to access our website and resources in the county. In the past months, we have also placed ads on buses and bus shelters (top right) with information about the ACCESS line (for more, see Appendix C).

Additionally, BHRS has provided brochures and flyers with information and resources about BHRS to different organizations such as First Missionary Baptist Church and Performing Stars, who were supporting the COVID-19 testing in Marin City and shared these resources with their community members.



BHRS has recently started doing tabling events to provide community members information about our resources. Our first tabling event took place in October 2021 at an event in



Mill Valley Recreational Center and around 40 to 60 people attended. We are currently coordinating with Sausalito Marin City School District to organize the next tabling event. We hope to increase the number of events we attend during fiscal year 21-22 and create materials that target underserved communities.

BHRS continues to use social media to expand our outreach and engagement efforts to reach various communities:

- In May 2021, the [Prevention and Outreach website](#) was launched, which serves as a centralized place to find information about suicide prevention, peers, Help@Hand, prevention and early intervention programs and resources and events

- Bus advertisements (below) were created for May Mental Health Month 2021 (for more, see Appendix D).
- Use of HHS Instagram (1,485 followers) and Facebook (5,700 followers) pages to share information through partnership with HHS IT
- Partnering with Univision to post ads on their social media pages that are specifically targeted for Marin County



Mental Health First Aid (MHFA) Trainings

During fiscal year 20-21, due to the Covid-19 Pandemic, we only offered 4 Mental Health First Aid trainings. 76 People registered for those trainings, the demographics of the people that register for the trainings were: 5 Asian, 8 Black or African American, 27 Latino/Hispanic, 5 more than one race, 1 Native Hawaiian or other Pacific Islander, 25 White/Caucasian and 2 declined to answer. 18 of these registrants were between 16 and 25 years of age. 43 between 26 and 59, 9 were older than 60 and 3 people declined to state their age.

Promotores

Community Health Advocates/Promotores work continues through our contracts with North Marin Community Services, Marin Asian Advocacy Project, and First Missionary Baptist Church. We have increased our collaboration with these community-based organizations by scheduling monthly meetings for check ins, provide resources and coordinate trainings if needed. These meetings have helped Promotores feel more comfortable when referring clients to the BHRS Access team as they have been able to familiarize with the system and how it works. We are also in the process of creating a learning collaborative to provide the same formalized trainings for all Promotores/Community Health Advocates.

For the past year, our team lead the West Marin HHS Action Team with the objective of increasing/creating a bigger Promotora program in West Marin. This action team identified the need to consult with other organizations that have experience in creating this type of program and provided the following recommendations:

- Promotores work should center community
- Promotores should be paid/compensated,
- Create new positions/staffing to support coordination efforts

These recommendations were taken into consideration and HHS created a *Promotoras* Initiative to plan for the expansion of *Promotores* and Community Health Advocates (CHWs) in Marin County. The initiative seeks to expand the number of volunteer and employed *Promotoras*/CHWs in Marin County, improve coordination and support for *Promotoras*/CHWs countywide, and establish defined pathways and support to sustainable wage jobs. They will build on the success of the COVID-19 community response teams' model and existing *Promotora* and community health worker programs within clinics and community-based organizations.

4. Forensics Strategies



In partnership with the Superior Court, DA, Public Defender, and Probation, BHRS launched a Behavioral Health Diversion program in January of 2021. This program provides treatment in lieu of punishment through the criminal justice system, per PC1001.35 and 1001.36. Since the program's launch, we've taken over 50 referrals with 12 individuals successfully granted Diversion. This program has a specific focus on equitable access to Diversion for individuals of diverse racial, ethnic, and language groups. To ensure equitable access to Diversion for all communities in Marin, we released a RFP for targeted outreach to Latinx, Black, Indigenous, and communities of color about Diversion. The winning bidder was Multicultural Center of Marin and we expect outreach services to begin in January of 2022.



The STAR Full-Service Partnership (FSP) expanded staffing and eligibility in FY2020/21 by incorporating clinicians from the Assisted Outpatient Treatment (AOT) team and our Department of State Hospital funded Felony Incompetent to Stand Trial (IST) Diversion grant. STAR's maximum targeted capacity rose from 50 to 65, including parolees newly eligible for MHS-

funded services. In response to the needs of the Superior Court, STAR created a new specialty sub-Court called Marin Alternative Judicial Integration Court (MAJIC) for individuals that had not traditionally responded to the structure of STAR Court. MAJIC takes a harm-reduction approach for individuals with co-occurring SUD and mental health conditions as well as prominent personality disorders. STAR now provides clinical services to individuals in Diversion (both Felony IST Diversion and general Diversion), STAR Court, MAJIC Court, and the STAR Community Program.



After a 1-year hiatus due to COVID restrictions, Crisis Intervention Training (CIT) relaunched in March of 2021. In partnership with the Marin County Sheriff's Office and Probation, BHRS led three CIT courses in March, April, and June of 2021. Although each training had reduced capacity due to need for physical distancing, a total of 46 law enforcement officers were trained in FY20/21.



We anticipate holding one more CIT course in November of 2021 with a goal to achieve 90% of law enforcement officers in Marin County having completed the initial CIT course. Additional content areas have been developed and incorporated into the training, including LGBTQ+, implicit bias, and non-verbal communication.



The demographics of all Forensics programs do not broadly match the demographics of the jails. In this next year, the Forensics team will work with a data consultant to identify places in the referral process where inequities arise, along with potential policy changes to address this. There are many gaps in Forensics data and understanding of who gets referred and who does not.

5. Substance Use Division (SUD) Strategies



Planning, Partnership and Workforce Development

- Complete and begin implementation of the Substance Use Services Strategic Plan, which aligns with the HHS Equity Strategic Plan
- Increase communication and collaboration between the ECPC and BHRS Substance Use Services.
- Partner with BHRS Workforce, Education and Training unit to integrate substance use training and support the substance use counselor scholarship program.
- By June 30, 2022, implement at least three strategies to integrate substance use and mental health services.
- By June 30, 2022, Marin DMC-ODS will be prepared to implement SB 803.



Access, Timeliness, Quality and Outcomes

- In FY 2021-22, the days from initial request to first DMC-ODS service is equitable when disaggregated by race / ethnicity.
- In FY 2021-22, there will be a 15% increase from FY 2020-21 in penetration rates among the Latinx population
- In FY 2021-22, implement at least three strategies to increase penetration rates among the Latinx population.
- In FY 2021-22, the percentage of beneficiaries who have a positive response (4+ out of 5) on the Treatment Perceptions Survey when asked about cultural sensitivity of services is equitable when disaggregated by race / ethnicity.

- In FY 2021-22, 100% of beneficiaries will receive services in their preferred language.
- In FY 2021-22, at least 90% of DMC-ODS County and contractor staff will participate in at least four hours of cultural humility training.
- In FY 2021-22, there will be an equitable distribution of Marin Medi-Cal beneficiaries having a treatment encounter within 30 days following a non-fatal opioid overdose when disaggregated by race / ethnicity.
- In FY 2021-22, the percentage of clients with a positive discharge status will be equitable when disaggregated by race/ethnicity.
- In FY 2021-22, the percentage of clients reporting independent/dependent living status at discharge from residential treatment will be equitable when disaggregated by race/ethnicity.

6. Internal BHRS Workgroups to Reduce Disparities

CARE

Committee for Advancement of Racial Equity (CARE) Team continues to be the Children's System of Care (CSOC) primary space to address areas of equity and cultural competency.



Over the past year, the group continued to meet to identify strategies to implement objectives determined in previous year, specifically making our space culturally inclusive and inviting and increasing dialogue about racial equity/social location in clinical meetings. The group explored and brought to their individual teams reflective supervision/ group consultation models that include race, class, culture in every case/ client presentation. The group reviewed interview questions for MHP, Peer Counselor and

Program Manager positions and modified to include where CSOC is currently as a department. Members of the CARE team also joined the BHRS Equity and Community Partnerships Committee (ECPC) to increase CARE and BHRS collaboration. CARE team members also joined existing BHRS workgroup to address responding to racism from clients.



Upcoming goals for the CARE team are to complete collaboration with other BHRS partners on how to support staff when experiencing racism from clients, returning to addressing objectives within our department, and facilitating activities/discussions within our department around equity issues.

LGBTQ+ Workgroup

LGBTQ workgroup came together in September 2019 with the mission of building and maintaining a safe, inclusive, and equitable environment for LGBTQ+ clients, employees, and families.



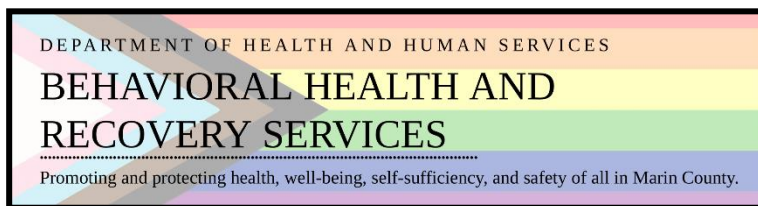
Highlights of the workgroup's efforts throughout the 2020-2021 fiscal year:

- Created needs assessment to evaluate program/organization on LGBTQ+ related needs and training
- Sent email acknowledging November-trans awareness month and Transgender day of remembrance
- Developed a newsletter for LGBTQ+ Pride Month, including Pride themed signature logos (see right and for more, see Appendix E)
- Assisted with development of more representative collection of SOGI data
- Provided LGBTQ+ affirmative clinical training to two classes of interns
- Developed resources to promote LGBTQ+ inclusivity within service access points for both physical and online environments



LGBTQ+ workgroup goals for FY 21/22 include:

- Create baseline data on LGBTQ+ consumers in Marin County
- Implement SOGIE data collection points for all intakes of new consumers in Marin County to promote enhanced identification of LGBTQ+ service needs
- Expand LGBTQ+ resources provided within BHRS services
- Support LGBTQ+ trainings with contracted provider “Expanding Identities Development”
- Develop ongoing training curriculum to support the needs of LGBTQ+ consumers, staff, and community, as determined by ongoing needs assessment
- Create authentic and honest LGBTQ+ materials (i.e., posters, signage) to display at BHRS locations



Core Implementation Team (CIT) for Trauma-Informed, Resiliency-Oriented, Equitable System of Care

In FY 20/21 BHRS collaborated with the National Council for Behavioral Health as a part of their Trauma-Informed Resiliency-Oriented Care (TIROC) community of action. The Core Implementation Team (CIT) includes representatives from across BHRS departments to identify concrete action steps to transform BHRS into a trauma-informed, resiliency-oriented, and equitable place to work.



Over the 12 months of this group working together and using an Organizational Self-Assessment (OSA), the CIT identified systemic pain-points, disparities within treatment and the workforce, and other barriers to target and address. The 7 domain areas of the OSA that were assessed are broken down (image to the right). Further details of the OSA will be provided later in this update. These items were shared with the BHRS community, along with a set of recommendations. For a breakdown of the CIT implementation timelines (see Appendix F).



Currently, BHRS staff are voting on which recommendations are priority for the next year. The recommendations are divided up into 5 strategy areas including:

- Healing Centered Services
- Creating Access and Minimizing Barriers
- Developing Institutional Accountability
- Improving BHRS Culture and Morale Through Interconnectedness, Cultural Humility, and Wellness
- Safe and Inclusive Workforce, Environments, and Practices

Once a priority recommendation is identified for each strategy area, the CIT will develop action

teams around those corresponding items. These action teams are expected to launch in 2022.

ORGANIZATIONAL SELF ASSESSMENT (OSA) DOMAINS

DOMAIN 1

EARLY SCREENING AND COMPREHENSIVE ASSESSMENT



DOMAIN 2

PERSON-DRIVEN CARE AND SERVICES



DOMAIN 3 *

RESILIENCE AND TRAUMA-INFORMED, EDUCATED, AND RESPONSIVE WORKFORCE (I.E. PERFORMANCE APPRAISALS AND SELF-CARE)



DOMAIN 4

PROVISION OF RESILIENCE-ORIENTED, TRAUMA-INFORMED, EVIDENCE-BASED, AND EMERGING BEST PRACTICES



DOMAIN 5 *

CREATE SAFE AND SECURE ENVIRONMENTS (I.E. ADVERSE INCIDENTS, INTERPERSONAL INTERACTIONS, CULTURAL HUMILITY, AND CONFLICT RESOLUTION)



DOMAIN 6

ENGAGE IN COMMUNITY OUTREACH AND PARTNERSHIP BUILDING



DOMAIN 7 *

ONGOING PERFORMANCE IMPROVEMENT/EVALUATION (I.E. PRESENTATION OF DATA, DATA REPORTS, DATA INFORMED DECISION MAKING)



7. Workforce, Education and Training (WET) Strategies

BHRS acknowledges that to address disparities in the community and within treatment, we must also look internally to identify any contributing factors. We know that we can better meet the needs of our community through the advancement of peer positions in our system and culturally responsive service delivery trainings.

Peers

Expansion of peer positions within the BHRS family is a top priority, and now with SB-803 Peer Certification and a new Peer Program Coordinator (PPC) position filled in June 2021, BHRS is ready to continue elevating this crucial role within our systems of care.



In this next year, BHRS is adding 3 new peer positions, for a total of 8 peers across our system. This includes expanding peer support on the Access Team and in the HOPE Full-Service Partnership. Additionally, through MHSA funding, this year BHRS will be providing culturally relevant peer wellness activities focused on under-served communities (i.e., sunset meditation in Spanish and Vietnamese, Healing Circles, Cooking groups, etc.) More on peers will be included later in this update.

Trainings



BHRS is working on increasing the number of more readily available trainings that promote cultural humility and competence, including offering additional training on working with subpopulations and other underserved/underrepresented communities. Detailed later in this update, BHRS is working with a contracted Provider, “Indigenous Visions” to train BHRS staff in cultural humility. A cohort of 10 BHRS staff have already been trained as trainers.

The plan is for this cohort to roll out systemwide cultural humility trainings with an antiracist lens. Additionally, we have provided multiple trainings for staff and for community members on working with AAPI, Latinx, and LGBTQ+ populations. More on how these trainings were identified will also be detailed later in this report.

8. BHRS Contractor Strategies

BHRS requires all contractors to abide by Federal and State guidelines, specifically with the U.S. Office of Minority Health (OMH) Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) Standards and the California Department of Health Care Services (DHCS) Welfare and Institutions Codes (WIC) 14684(h). BHRS is still in the process of reviewing and revising contractor requirements, including our contract monitoring tools and bidding processes, as it relates to culturally appropriate services to ensure our contractors are providing the best possible support to our clients and promoting equal access to all.

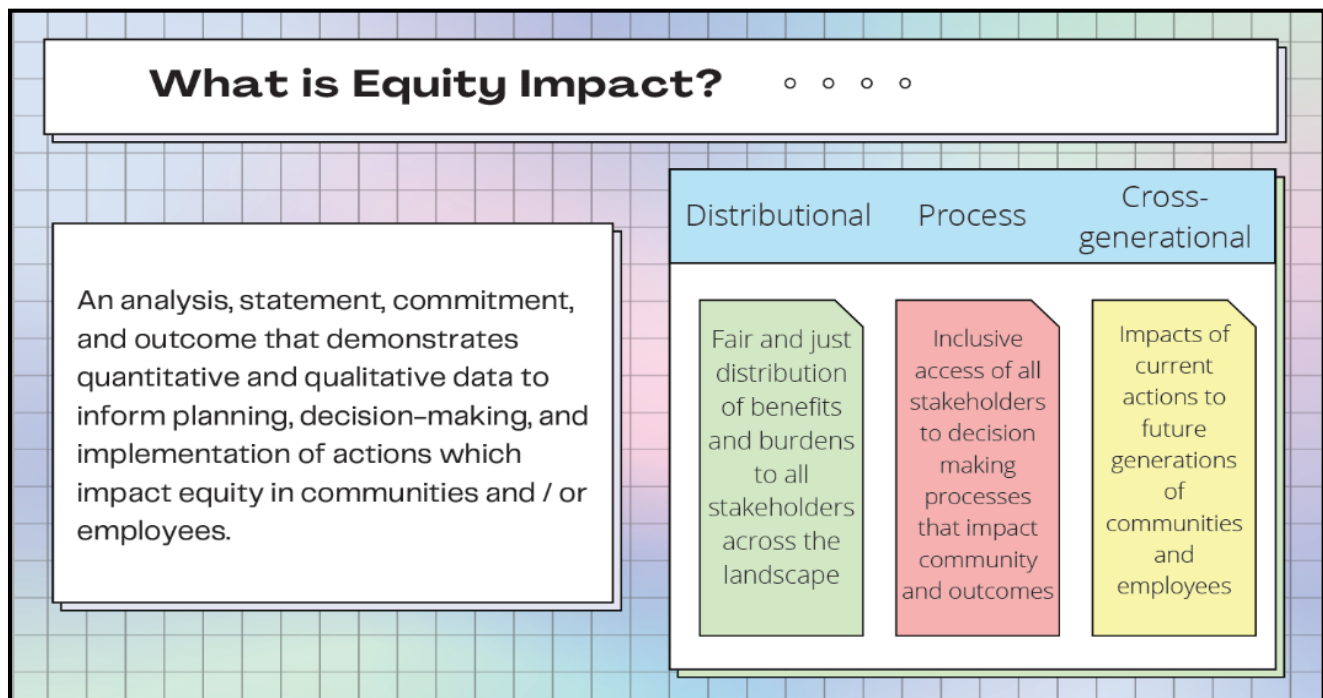
Many of the BHRS contracts currently include objectives about numbers of individuals from unserved and underserved communities; however, continuing efforts are needed to meet and exceed the goals and objectives of each program as it relates to monitoring the reduction and elimination of disparities. Both HHS and BHRS have taken on the task of reviewing and revising contractor requirements, including our contract monitoring tools and bidding processes, as it relates to culturally appropriate services to ensure our contractors are providing the best possible support to our clients and promoting equal access to all.



BHRS continues to discuss how we can support our contractors in their equity work. Moving forward, BHRS will begin preparations for reviewing contractor equity plans and provide them with feedback.



In July 2021, the PMEI presented during the contract monitoring group on equity impact of Board of Supervisor (BOS) letters, Scope of Work in contracts, and Requests for Proposals (RFPs), to support contract managers be better equipped at overseeing contracts. This meeting addressed the equity impact statement and sections in each of these domains (see sample presentation slide below). The presentation included helpful tools and resources for our contract monitors and managers, sample language to include in contracts and letters to the BOS, and the importance of analyzing and outlining the equity impact for every action we take (see Appendix G for resources). BHRS plans to continue supporting our contractors in their equity work, including offering trainings to both contract managers and contractors on equity related actions.



Criterion 4: Integration of the Client/Family/Community Committee Within the County Behavioral Health System

Equity and Community Partnerships Committee

In December 2021, the BHRS [Cultural Competency Advisory Board](#) changed its name to the BHRS Equity and Community Partnerships Committee (ECPC) to better reflect the purpose and mission of this space. BHRS has an active ECPC that meets monthly and is led by the PMEI. The committee is comprised of county and contractor staff, peer specialists, community members, and other key stakeholders. BHRS endeavors for this committee to move beyond its role as a state requirement and into a vital component of the system of care. BHRS is also making every effort to ensure that committee participants reflect the demographic profile of Marin County. The full list of ECPC members and Charter can be found on our [Google Drive](#).



Highlights from FY 20/21:

- The Recovery Change Team (RCT) was re-established
- A new mission and charge have been identified in the updated ECPC charter
- Added new participation from community members (CBOs, non-profits, cultural brokers, organizing groups), including representatives from Native and Indigenous communities and non-traditional stakeholders
- Developed and implemented a survey for current and former ECPC members to provide high-level feedback and identify possible barriers to participation
- Reviewed 7 policies to ensure cultural appropriateness
- Integrated SUD into ECPC with SUD Division Director and new SUD contracted providers
- Advised on the Marin County Mental Health Board's Resolution to Declare Racism a Public Health Crisis to promote the urgency of behavioral health equity work to strengthen community, including non-traditional partners, buy-in, and engagement in the work
- Engaged in annual retreat and identified new goal areas



Current ECPC Focus Areas:

- Base-building:
 - Re-establish subcommittees
 - Create a process for and identify a community co-chair
 - Recruit consumers for the committee and develop stipend program
- Policy, Procedure, Practices:
 - Continue to review relevant policies and procedures
 - Improve qualitative and quantitative data collection to include data collection strategies outside of typical comparative analysis between Medi-Cal beneficiaries and BHRS program counts
 - Support development of a process of community review of translated documents that includes a stipend
 - Identify languages spoken in Marin's Medi-Cal population and Marin's general population and include Indigenous languages
- Community Facing:
 - Advocate for increased services, supports, and outreach and engagement strategies for Black/African American/African Descent, Latinx, Native and Indigenous, AAPI, LGBTQ+, and folks with disabilities
 - Analyze West and South Marin service needs
 - Develop incentives program and budget for clients and community members to complete surveys and pilot interview/survey tool that peers can utilize with clients
 - Build partnerships with community liaisons to address referral process disparities within Forensics
- Workforce:
 - Assist with development of WET Training Plan
 - Identify recruitment strategies for growing bicultural and bilingual capacity throughout crisis services

- Create two-way review process between contractors and BHRS
- Work with HR on hiring process of bilingual staff and the bilingual competency test that is administered

Other BHRS Community Facing Boards

Mental Health Board (MHB)

The [Mental Health Board](#) (MHB) meets once a month to review and evaluate the community's mental health needs and to advise the county's Behavioral Health Director and the Board of Supervisors on any aspect of the local mental health program. See Appendix H for MHB Boards and Commissions Biennial Report.

The purpose and duties of this board are:

- To represent and advocate for the mental health needs of the people of Marin by being fully informed on all related issues in order to promote a creative, comprehensive and dynamic mental health system of care.
- To inform and advise the Behavioral Health Director and Board of Supervisors on behalf of clients, families, and the community-at-large.
- To facilitate communication between the community, mental health service providers and Board of Supervisors to ensure that the system is responsive to our community needs.
- To promote education, prevention, and early intervention to meet the needs of the mentally ill.

Alcohol and Other Drug Advisory Board (AODB)

The [Alcohol and Other Drug Advisory Board](#) (AODB) makes recommendations to the Board of Supervisors and County Alcohol and Drug Administrator on substance use related issues.

To participate in the alcohol and drug program planning process; to review the scope of alcohol and drug problems in the County; to review County Alcohol and Drug Program Plans and any amendments thereto; advise on policies and goals of Alcohol and Drug Programs; encourage and educate the public to understand the nature of alcohol and drug problems; encourage support throughout the County for development and implementation of effective alcohol and drug programs; to network with other community resources; to review community alcohol and drug program needs, services, facilities, and special programs; and to review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process leading to the formulation and adoption of the County Alcohol and Drug Program Plans.

Criterion 5: County Behavioral Health Plan Culturally Competent Training Activities

BHRS Cultural Humility Training Activities



Fiscal Year 20/21 has been a transitional year for BHRS equity and training. In August 2020, BHRS hired a new Program Manager of Equity and Inclusion. In January 2021, the equity team expanded to encompass a Workforce, Education, and Training (WET) unit, led by a WET Unit Supervisor. Through the onboarding of these two positions, BHRS strategized and prioritized the promoting of externally sourced training opportunities for BHRS staff to fulfill their annual cultural competency training requirement.

From August 2020 – December 2020, BHRS promoted (9) different external trainings while awaiting the hiring of the WET Program Supervisor, (5) of which were offered by CIBHS, and the other (4) were provided by Marin County Health and Human Services (HHS), of which BHRS is a sub-department. Also, during that time, BHRS hosted (2) internal trainings that would satisfy the cultural competency requirement.



In fiscal year 19/20, BHRS provided (7) internal training and promoted (1) externally sourced training, for a total of (8) cultural competency related trainings. Fiscal Year 20/21, BHRS staff were offered a combination of internal (5) and external (11) trainings that totaled (16) different trainings (see Appendix I for full list of trainings). This was a two-fold increase in different kinds of opportunities for staff to meet their requirement.



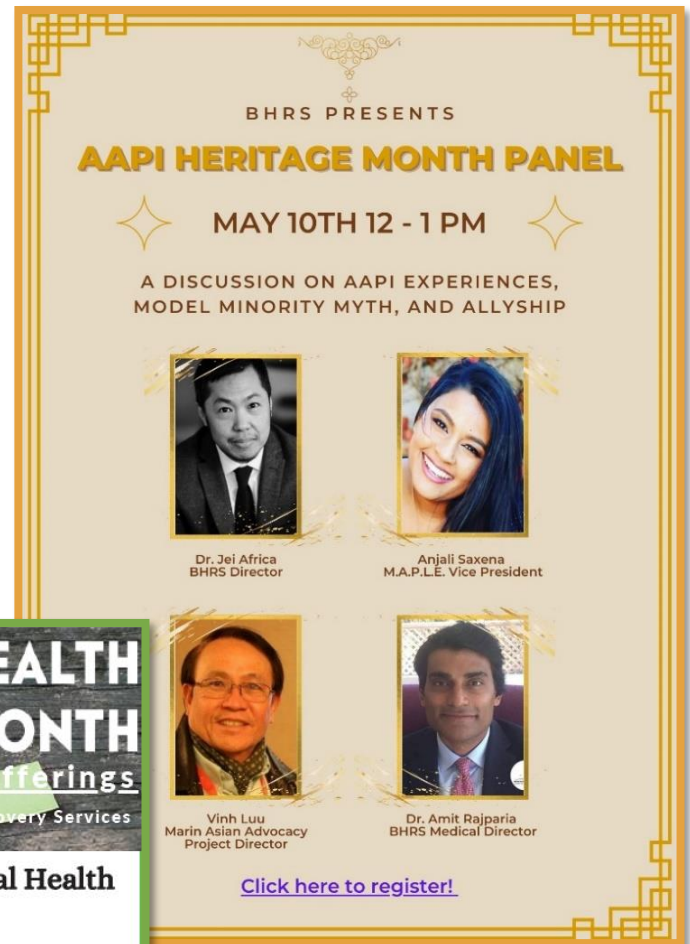
In this next fiscal year, BHRS will be focusing on increasing the amount of internally provided trainings, with the leadership of the WET Unit Supervisor and team. With the ongoing challenge of consistent participation in trainings, BHRS has begun tracking our training participation by looking at registration/enrollment rates compared to attendance rates. Thusly, adjustments to parameters have been made (i.e., opening training registration to community members, opening longer trainings to partial attendance for partial CEUs, etc.) Trainings are also evaluated by attendees, and feedback is then integrated into our collective process. The WET team will consider on-demand options for trainings to ensure there are training options for all staff with various scheduling needs (i.e., archived webinars and trainings).




In April 2021, a Cultural Events Proposal (see Appendix J) was shared with BHRS staff to engage them in heritage months celebrated throughout the year. The heritage months to systemically recognize were chosen in alignment with [California's Reducing Disparities Project](#) (CRDP), which is funded by MHSa to reduce mental health disparities for Black and African American, Latinx, Native Americans, Asian and Pacific Islander, and LGBTQ+ populations in California. With this proposal, we have been able to broaden the trainings that we are providing to our employees in FY 21/22 on how to better serve specific populations, specifically our LGBTQ+, Latinx, Native and Indigenous, people with disabilities, and AAPI community members. In addition to relevant trainings, during these cultural heritage months, a newsletter (see Appendix K) is sent out to all staff with resources

and cultural information. Several events have also been hosted during these cultural heritage months, such as panel discussions or listening sessions. For example, in May 2021 during Asian American and Pacific Islander Heritage Month and May Mental Health Month, the following were hosted:


- Beyond Cultural Competence - Therapist Efficacy working with Asian American Communities
- Sustenance and Resilience- A Culinary Asian American History
- AAPI Heritage Month Panel (flyer right)
- Addressing Trauma through Decolonizing Mental Health (flyer below)




BHRS PRESENTS
AAPI HERITAGE MONTH PANEL
MAY 10TH 12 - 1 PM
A DISCUSSION ON AAPI EXPERIENCES, MODEL MINORITY MYTH, AND ALLYSHIP




Dr. Jai Africa
BHRS Director



Anjali Saxena
M.A.P.L.E. Vice President



Vinh Luu
Marin Asian Advocacy Project Director



Dr. Amit Rajparia
BHRS Medical Director

[Click here to register!](#)



MAY IS MENTAL HEALTH AWARENESS MONTH
2021 Virtual Events and Offerings
Marin County Behavioral Health and Recovery Services

Addressing Trauma through Decolonizing Mental Health
Wednesday May 26 at 1:00-2:30 pm

The past year revealed and magnified inequalities that exist in marginalized communities. Panelists will discuss the ways in which trauma impacts people of color. We will examine addressing trauma through the lens of decolonizing mental health as a way to liberate and empower the communities we serve and ourselves in the process.

Speakers:



Lucia Martel-Dow
Director of Immigration and Social Services
Canal Alliance



Vanessa Blum, PhD
Clinical Psychologist
County of Marin-BHRS



Jahmeer Reynolds
Executive Director
Marin City Cooperation Team



Nhan Pham
Director of Operations
Program Assistant
Multicultural Center of Marin

Register Here
Closed caption and live Spanish translation provided.

Logos: Mental Health Awareness Month, Marin County Behavioral Health and Recovery Services, Marin County Department of Public Health, Each Mind Matters, and a circular logo with a person icon.

So far in FY 21/22, we have hosted the following:

- Understanding and Affirming the LGBTQ+ Community and Everything In Between
- Culturally Affirming Healing Practices in Latinx Communities
- Working Respectfully with LEP Clients and Language Professionals in a BHRS Setting
- An Introduction to the Native American Community of Marin County and “Now What?”
- Intellectual and Developmental Disabilities (IDD) and Marin County: Community, Services, Resources, and Partnerships

Culturally Responsive Supervision

In FY 20/21, a workgroup came together because of BHRS staff expressing a lack of support when experiencing racism from clients. This workgroup developed a presentation and survey to share with supervisors to identify their challenges and growth areas. The survey resulted in the following:

- 41% of Expanded Leadership Meeting (ELM) attendees believe it is “likely” and 44 % believe it is “very-likely” that staff will experience racism/ racial discrimination from clients
- 38% reported having experienced racism or racial discrimination from clients while on the job at BHRS
- 47% of ELM attendees reported that their staff “sometimes” come to them with issues pertaining to race when working with clients; 10% answered “very often”; 25% answered “never”
- 41% reported that the topic of race or racism with clients comes up in supervision “sometimes”
- 72% report that they consider experiencing racism and/or racial discrimination from clients as mostly a clinical issue in the workplace (as opposed to administrative or HR)
- 34% report that they would go to a colleague if they experienced racism or racial discrimination while on the job at BHRS while 50% reported they would go to their own supervisor
- 34% report moderate comfortability and competency in talking with their team, colleagues, and managers about racism/racial discrimination from clients
- 81% reported that to adequately address the issue of staff experiencing racism and racial discrimination from clients, they would need:

- A supportive environment and culture of regularly talking about race and racism at all levels and diversity amongst staff at all levels
- Anti-Oppressive Practice and other training for supervisors
- Ongoing consultation
- Procedure/Protocol
- In utilizing or participating in an informal peer group/consultation for supervisors that included how to supervise staff when they encounter racism or discrimination from clients:
 - 31% attendees reported: would utilize often
 - 63%: as needed and/or if an issue came up within supervision
 - 10%: if I knew who was facilitating it
 - 16%: if I knew that BIPOC/racial/ethnic representation was a consideration for such a group
 - 16%: would attend every group
 - Note: no one answered they would never attend, which was a response choice

In summary, supervisors largely agreed that racial discrimination will be experienced by staff from clients, believe it is a clinical issue that is helped by regularly talking about it in supervision, yet report rarely/moderately talking about it with teams/meetings/supervisions.

What's Next?



BRING IN AOP
TRAINER FOR
SUPERVISORS
DR. GLORIA
MORROW
CONFIRMED FOR
MAY 2021



WORKGROUP TO
DEVELOP
WELCOME
BROCHURE AND
TERMS OF
ENGAGEMENT
FOR CLIENTS



START BIPOC
FACILITATED
CONSULTATION
GROUP FOR
SUPERVISORS
(RFP IN
DEVELOPMENT)



As a result of this work, the BHRS WET team contracted with Dr. Gloria Morrow to provide 2 trainings for supervisors on how to manage racism within their teams and in treatment relationships. These trainings will also be provided to direct service staff in 2022. This workgroup is now working on developing a procedure for staff to follow when they experience discrimination from a client, which will include the use of a new Serious Incident Report (SIR) form, a zero-tolerance for discrimination policy, and a mutual agreement to review with clients during consent for treatment. These materials are expected to be implemented in 2022.

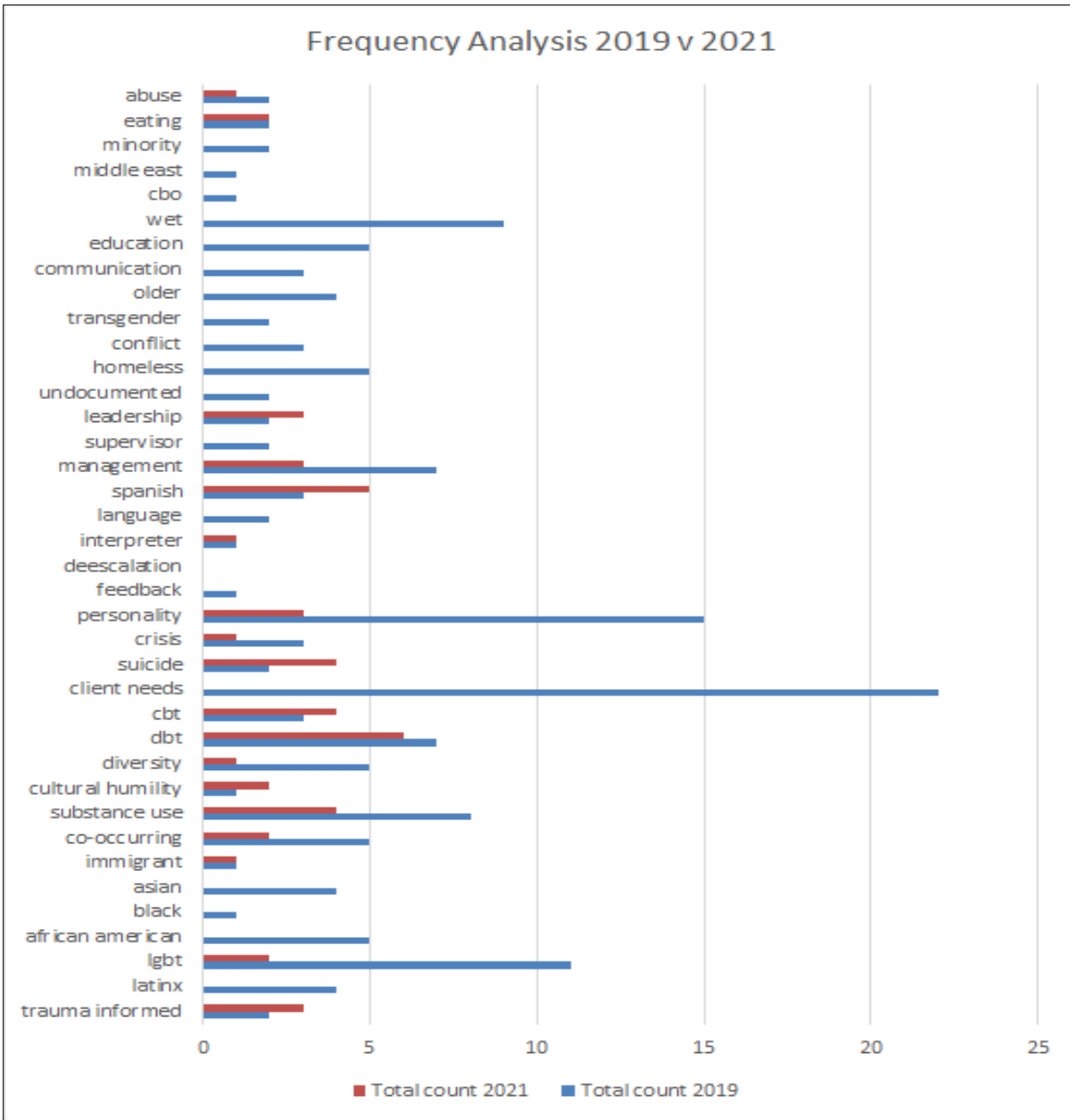
WET Training Plan



After the WET Program Supervisor was hired and onboarded, BHRS staff were re-

evaluated on their training needs (see next page chart).

The 2021 survey was presented to staff with a statement about the 2019 survey and a short summary of what the findings were. Staff were then instructed to respond to a series of four open response questions asking to provide any feedback they felt was not captured by the 2019 survey. As such, the strategic plan team identified that a lack of responses identifying a theme with less frequency in 2021 compared to 2019 does not indicate a decrease in interest. Rather, the observed increase identifies a significant push to provide services under this theme. Only an explicit statement about decreased interest would indicate staff preference not to engage the theme.



Comparison of the 2019 and 2021 frequency analysis reveals a general agreement between the majority of themes but identifies a shift in level of importance for key themes. The 2019 survey yielded evidence that department wide, the major focus was using a client centered approach (client needs). The 2021 survey results did not include any mention of this, however as stated, this indicates a general consensus that a “client centered approach” should be key in provision of services. A consistent theme across both surveys is training

for staff to more adequately tailor services to various communities. The 2021 results list the following communities as high significance: LGBT+, Latinx, Black, individuals diagnosed with a personality disorder.

A significant focus on the clinical skills DBT and CBT are consistent across both time periods, with direct care staff composing the majority of interested parties in the 2021 survey results.

The following was prioritized as a result of the 2021 survey:

- Trainings related to social justice (cultural humility, language access, different ability access, anti-racism)
- Trainings that help employees better serve specific populations (culturally affirming treatment and intervention for LGBTQ+, individuals with dual diagnosis, people with personality disorders, people in crisis)
- Interventions specific trainings (EBPs, working with psychosis)
- General professional and leadership development trainings



The WET team is creating a BHRS wide strategic training plan for FY 22/23. This plan will focus on developing skills and ongoing learning in the following areas:

- Cultural humility
- Culturally affirming and appropriate treatment and intervention
- Trauma informed and resiliency-oriented care
- LGBTQ+ affirming and appropriate treatment and intervention
- Language access
- Substance use and behavioral health treatment integration
- Anti-racism
- Consumer/wellness and recovery movement
- Crisis intervention and risk assessment
- Evidence based practice interventions

The WET team also plans to release a comprehensive 3-year WET strategic plan, including a community specific planning and involvement, for FY 23/24, 24/25, and 25/26.

Cultural Humility

BHRS-39 Policy

In FY 20/21, 72.9% of BHRS employees did not meet the cultural competence training requirement, necessitating a new process for accountability.



At the start of FY 21/22, BHRS released a new Cultural Humility Trainings Activity Policy (BHRS-39) that shifted the annual requirement expected of both internal and contracted BHRS staff. This new policy also promotes a shift from “cultural competency” to “cultural humility,” promotes expanded learning through the addition of new required trainings and shifts the reliance on hours to meet the annual requirement toward creating space for agency and individualized growth.

The former policy was for each BHRS staff and contractor to complete 4 hours of cultural competency training per year. With the results of the WET survey, BHRS identified three new categories for training: cultural humility, LGBTQ+, and working with interpreters. BHRS contractors are also expected to complete annual cultural humility and LGBTQ+ trainings:

BHRS Staff	Contracted Providers
<ul style="list-style-type: none"> • One (1) Cultural Humility training (annually) • One (1) LGBTQ+ training (annually) • One (1) Working with Interpreters training (bi-annually – every other year) 	<ul style="list-style-type: none"> • One (1) Cultural Humility training (annually) • One (1) LGBTQ+ training (annually)

Additionally, this policy introduces 2 new Microsoft forms for our internal staff to utilize when initiating and completing external trainings, which we anticipate will aide us in tracking trainings for staff more efficiently. The policy contains a new pilot program to increase training compliance and accountability by requiring supervisors to check the status of their staffs' cultural humility training completion on the BHRS Intranet. Supervisors and staff are offered automated quarterly reminders to check their trainings and discuss training plans throughout the year. If staff have still not met the requirement with this ongoing support from supervisors, the lack of completion will now be addressed in annual performance evaluations.



BHRS will increase cultural humility training opportunities for staff and contract providers from the previous year. At least 80% of Marin MHP providers will complete the minimum new Cultural Humility Training requirements of 3 hours

annually. This includes completing at least 1 Cultural Humility training annually, at least 1 LGBTQ+ training annually, and at least 1 Working with Interpreters training bi-annually.

Train-the-Trainer Series



BHRS has engaged in collaboration with HHS and contracted partner “Indigenous Visions” to bring a train the trainer series on cultural humility. A total of 11 BHRS staff have been trained to become cultural humility trainers who can provide cultural humility training to our system on an ongoing basis.



This team is currently in discussion around how to embed cultural humility and equity within trainings and when to start offering trainings to our system. The team will discuss how to potentially utilize this team to also strengthen CBO capacity on cultural humility.

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

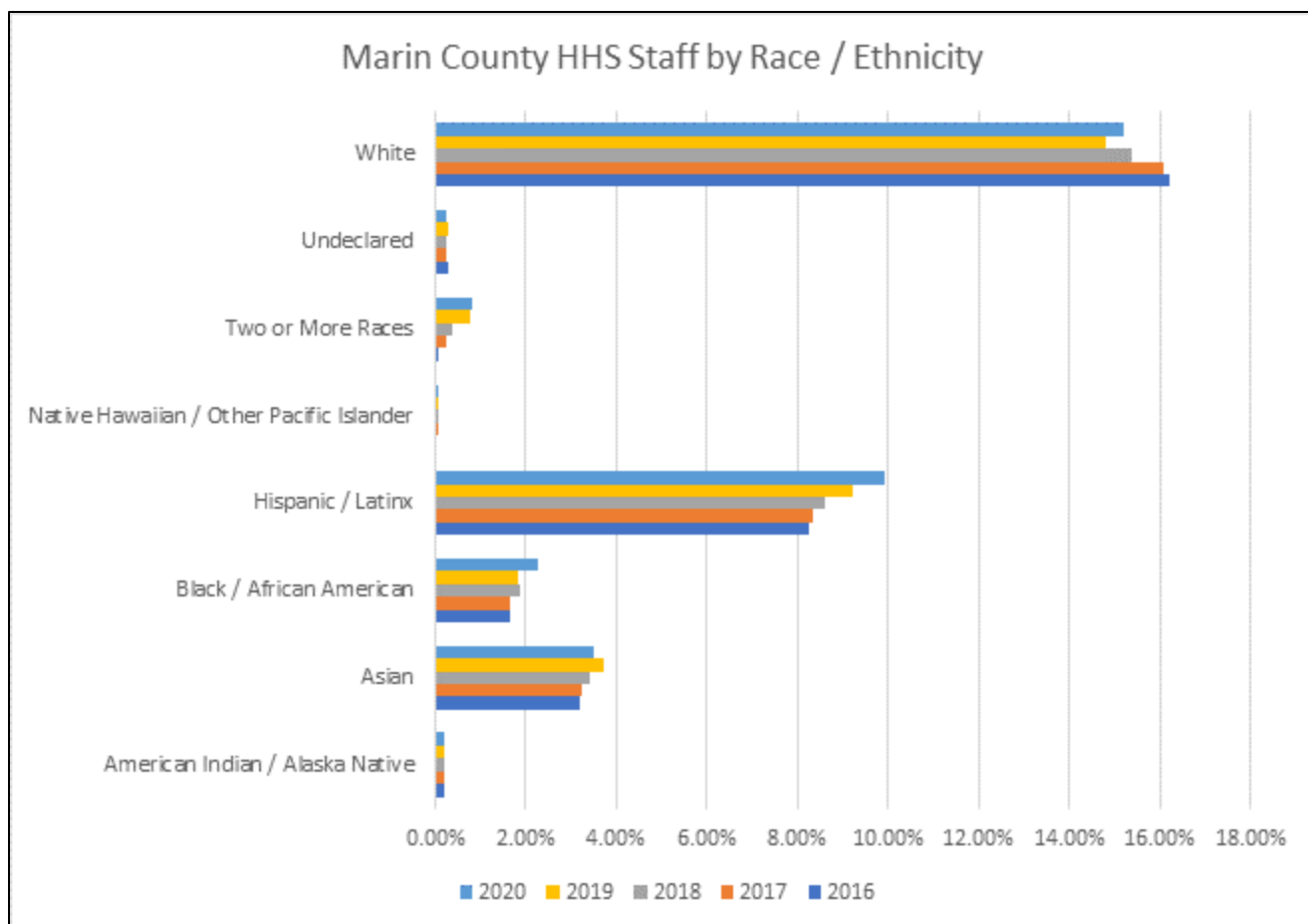
HHS Demographics by Race/Ethnicity



The County created an interactive [equity dashboard](https://public.tableau.com/views/MarinCountyEquityandDiversity/CountyEqualityandOpportunity?:showVizHome=no&:embed=true)²² to use data to help ensure that it will achieve its stated policy of having a diverse workforce that is reflected across the breadth (functions) and depth (hierarchy) of the organization. Within the Marin County Department of Health and Human Services (HHS), we have seen a slight trend to hiring more diverse individuals, though we recognize that the agency’s staff is still predominantly white and not a reflection of those we serve.

²²

<https://public.tableau.com/views/MarinCountyEquityandDiversity/CountyEqualityandOpportunity?:showVizHome=no&:embed=true>



In this next FY, BHRS has been invited to participate with the County of Marin Administrative Office of Equity to partner in providing support to a new program called FIRE Foundry. This program will provide a career pathway for marginalized communities into the Fire Department. BHRS will be providing Mental Health First Aid Trainings, Substance Use workshops, and other seminars to support this county equity effort.

Additionally, the County of Marin has rolled out a new training platform through BiasSync to address implicit bias within the Marin County workforce. An initial training and implicit bias questionnaire are administered to identify areas for growth, followed up by monthly trainings to help improve skillsets. The following is the data collected from the Inclusivity Climate Dashboard via BiasSync as of October 2021 for the Health and Human Services (HHS) Department of Marin County. The table includes the questions asked of staff, the overall County average response, and the specific HHS department average response.

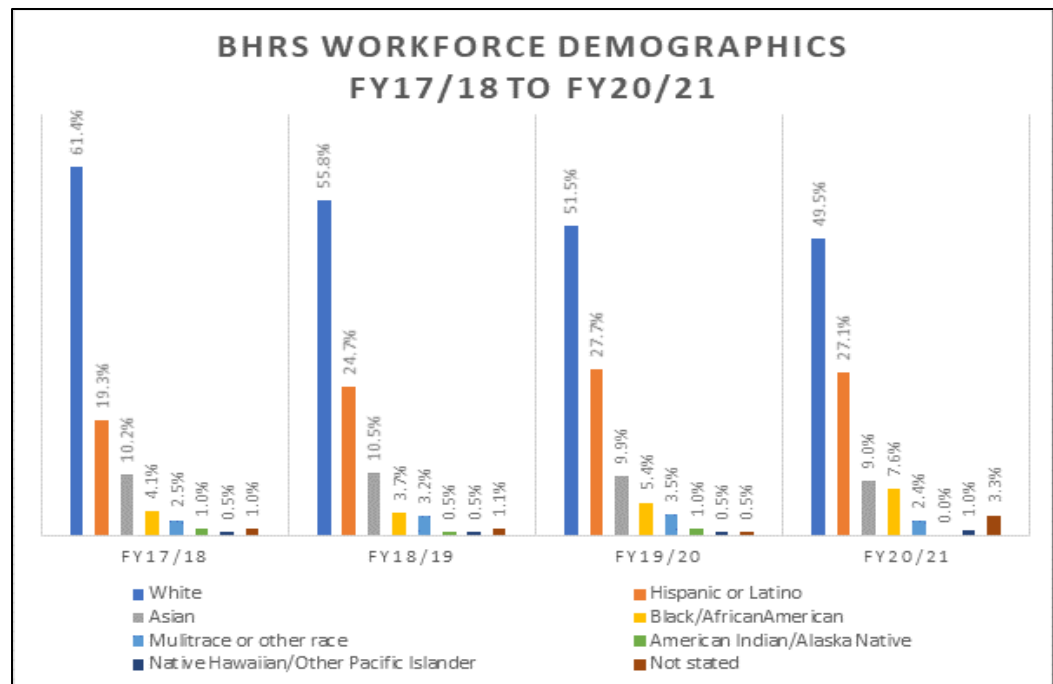
Question	County 2021	HHS 2021
I feel like my peers value diversity	90%	92%
I feel like my manager(s) value diversity	82%	81%
I feel like my organization values diversity	75%	66%
I feel like my manager treats my peers impartially based on their race, gender, and ethnicity	73%	70%
I think that I work with a diverse group of people	76%	79%

I feel like the people at County resemble those in my broader community	64%	56%
I feel like my voice is valued	74%	71%
I feel like I have equal opportunity to communicate with my manager without repercussions	80%	78%
I feel included at County of Marin	79%	75%
Even if I am different than everyone in the room, I still feel like I belong at County	79%	74%
I feel encouraged to present myself the way I am	78%	74%
I feel respected by my peers	87%	87%
I feel like my peers cooperate to achieve common goals	86%	84%
I feel like I have equal access to opportunities to prove myself	75%	70%
I understand how decisions that affect me are made	64%	56%
I feel that County leaders take different perspectives into account when making decisions	63%	56%
I feel like I'm evaluated fairly on my work	85%	84%
I feel like recognition and rewards are clearly linked to job performance	58%	51%
I feel like I'm being compensated fairly based on others in similar roles	67%	65%
I consider my work important to the County	89%	91%
In the last 6 months at the County, I have been treated UNFAIRLY, intentionally, or not, because of my ...		
Gender	16%	18%
Ethnicity	16%	20%
Religion	4%	5%
Sexual Orientation	4%	4%
Age	14%	18%
Weight	6%	6%
Physical Disability	5%	4%
Political Party	7%	5%
In the last 6 months at the County, I have WITNESSED another be treated UNFAIRLY, intentionally, or not, because of their...		
Gender	20%	22%
Ethnicity	23%	30%
Religion	4%	4%
Sexual Orientation	5%	7%
Age	14%	17%
Weight	6%	6%
Physical Disability	4%	4%
Political Party	9%	6%

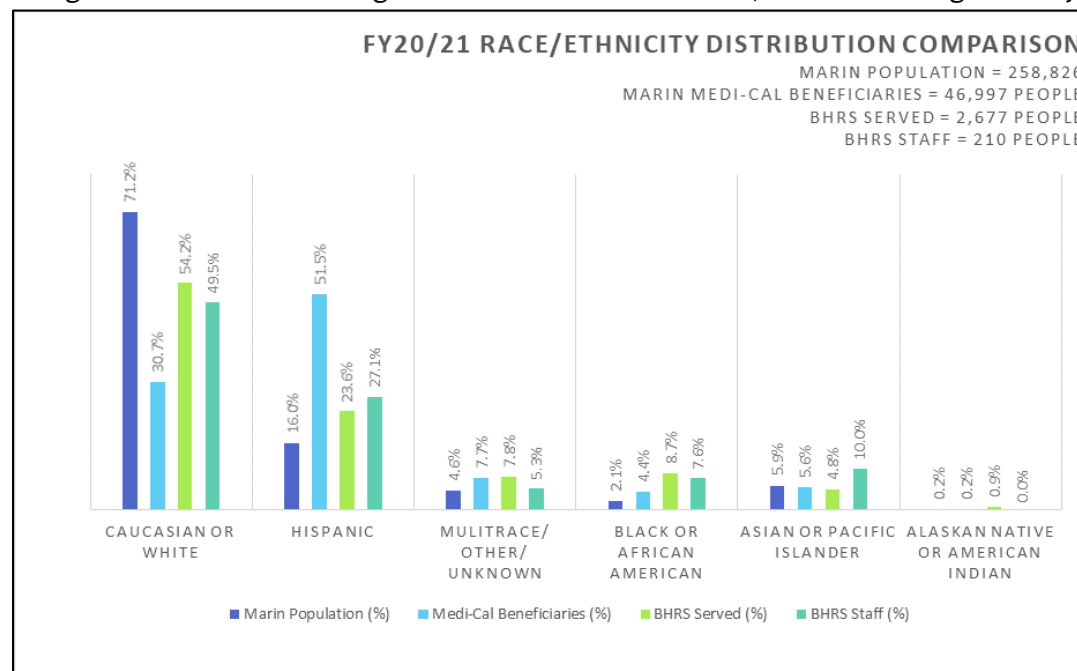
These results are helping to shape the work of the HHS Equity Manager and is also useful to the BHRS PMEI. In general, employee's lowest scored responses are in alignment with the priority areas identified in the TIROE work that will be rolling out in 2022.

Commitment to Growing and Retaining a Multicultural Workforce

BHRS' and partner providers are dedicated and committed to becoming more culturally sensitive, responsive, and competent to meet the needs of Marin's ethnically diverse populations. As noted, we see a growing BHRS workforce, including an 85.3% increase in the proportion of Black/African American staff from FY 17/18 to FY 20/21 (4.1% of all staff to 7.6% of all staff) and a 40.4% increase in the proportion of BHRS staff who identify as Hispanic/Latinx from FY 17/18 to FY 20/21 (19.3% to 27.1% of all staff).

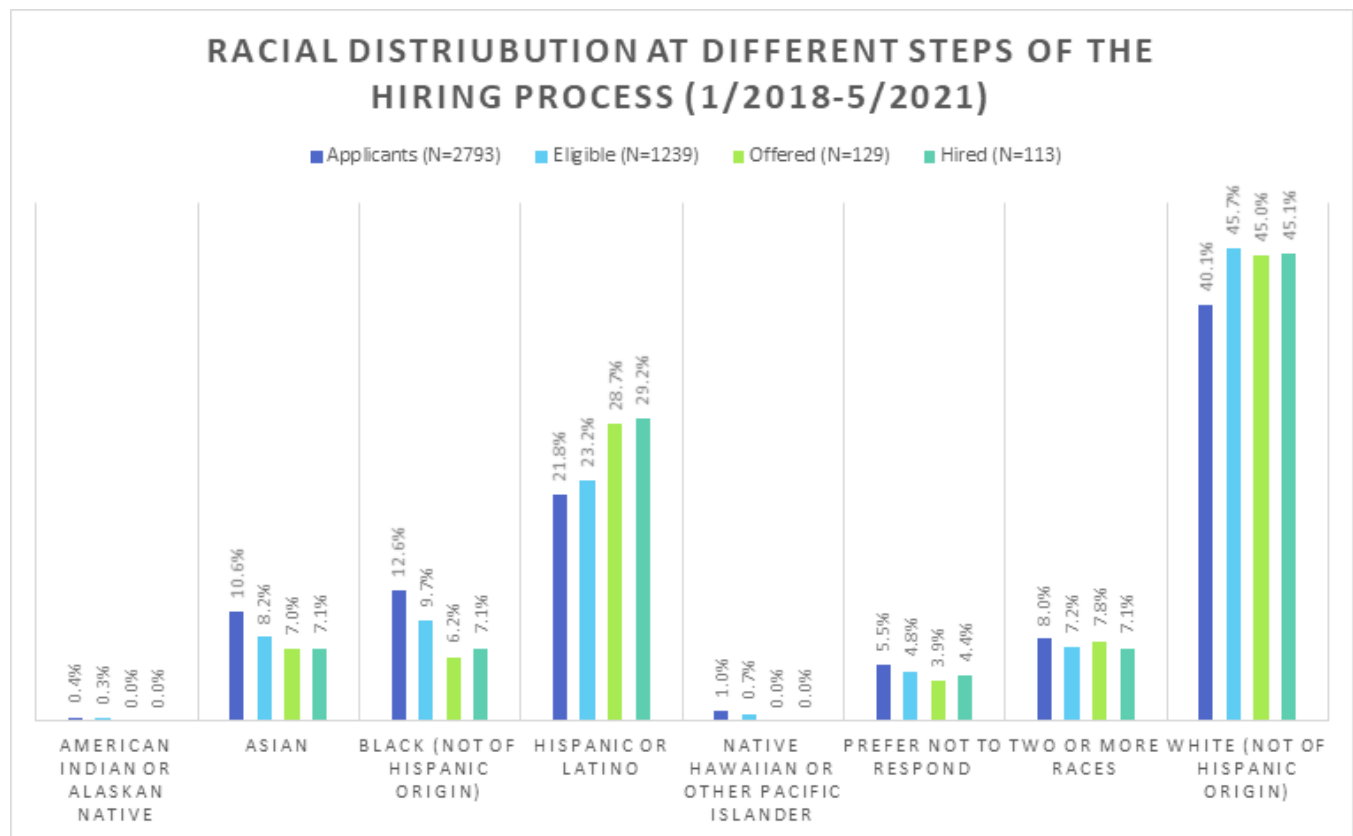


We recognize that BHRS staff are still predominantly white and that BHRS still needs to make strides in hiring staff that reflect our eligible consumer base. However, BHRS staff is significantly more diverse than



the potential employment base in Marin County. The graph to the left shows the distribution of BHRS staff members, as compared to the distribution of the total population of Marin, the Marin Medi-Cal beneficiary population, and the total population being served.

When we take a closer look at what is going on with different races/ethnicities at various steps of the hiring process, we see that there is an encouraging trajectory of Latinx applicants, however we continue to see a glaring disparity, particularly within our Black and Asian applicant base:



BHRS continues to work on identifying inclusive, engaging, and creative recruitment and retention strategies. In 2020, the HHS Director initiated exit interviews with any staff leaving HHS, and now, our BHRS Director engages in entrance interviews with any new staff to BHRS. There is discussion of potentially piloting “stay” interviews with current employees in the future.

Additionally, a BHRS retention workgroup formed in 2020 to administer an employee recognition and appreciation survey. In March 2021, 56 BHRS staff completed the survey with the following results:

- Verbal and written thank you notes are the most preferred form of recognition
- Informal and team recognition are the preferred method of recognition
- Recognition from immediate supervisor is the highest preference
- Written thank you notes are the top response for program design preferences

This survey also shared narrative comments from staff about what makes them feel valued and appreciated in the workplace. These comments provided information that continues to be discussed amongst executive leadership in order to improve workplace morale.



A major focus area for BHRS is in recruitment, which has been a challenge across the state in county mental health systems. However, the graph above indicates that even though 9.7% of Black applicants were eligible for a position, there was a major drop off in the percentage of Black applicants who were offered and hired into the position. With the county's focus on implicit bias training for managers and leadership, we hope to see a shift in this trend.

Bilingual Proficiency in Threshold Languages

In 2020, BHRS had 51 bilingual employees who received either a bilingual differential or had bilingual included in their job classification. In August 2021, that number had decreased to 46 bilingual employees (see below).

- 2 Unit Supervisors
- 1 Admin Services Tech
- 1 Peer Support Counselor
- 3 Clinical Psychologists
- 5 Support Service Workers
- 2 Social Service Workers
- 7 Office Administrators
- 25 Mental Health Practitioners



BHRS is working to start collecting more meaningful bilingual staff data that will help us to better understand the needs of our Limited English Proficiency (LEP) populations by analyzing each BHRS program bilingual capacity.



As previously noted, BHRS hosted 2 bilingual staff listening sessions in FY 20/21 to gather information from bilingual staff on how to improve their experience. BHRS is currently developing a more centralized approach for internal translation requests to support our bilingual staff and ease their workload. A workgroup is also currently gathered to help

develop a process for reviewing translated documents from external providers before release to the community, an effort that needs some coordinating with HHS and County Human Resources.

Workforce, Education and Training (WET)

MHSA WET programs address the fundamental concepts of creating and supporting a workforce (both present and future) that is culturally responsive, provides client/family driven mental health services, and adheres to wellness, recovery, and resilience values. The WET component of MHSA provides dedicated funding to address the shortage of qualified individuals and to enhance the skills of the current workforce to provide services to address serious mental illness. The focus is on developing and maintaining a more diverse workforce, including individuals with personal experience of mental illness and/or substance use disorders as well as their family members.



Notably, in FY 20/21 WET initiated partnership with Marin County IST department to develop ADA compliance in documents and improving accessibility in trainings by including live captions in trainings. Our Program Manager of Equity and Inclusion is now liaison to Marin County disability work and is providing ongoing updates from these partnerships. For example, in October 2021, BHRS hosted a listening session

with Marin County's Disability Access Coordinator to hear from staff how BHRS can be a more inclusive environment to employees with disabilities (see flyer to the right). This facilitated conversation provided insight on important trainings that are needed, such as support for supervisors in facilitating a reasonable accommodations process. These trainings are expected in 2022.

Training and Technical Assistance

BHRS will continue to utilize WET Training funds to fund trainings, technical assistance, curriculum development, and consultation services. The topics of trainings has already been addressed in this report.



To promote behavioral health careers and other strategies to recruit, hire, and retain diverse staff, BHRS is in the process of contracting with an agency to provide group and triadic supervision to unlicensed staff. Through WET and in partnership with CalMHSA we will be rolling out a loan repayment program later in the fiscal year.



BHRS supported two major training efforts in this past fiscal year, including sending a cohort of 4 to Marin Leadership Equity Opportunity (LEO), hosted by the Marin Community Foundation, to explore equity and cultural responsiveness issues throughout identified departments. Each cohort member brought with them a systemic pain-point to think through. As a result, the Latinx Outreach Recommendations mentioned earlier in this update were created.



BHRS also financially supported a cohort of 10 Marin County representatives to attend the 2021 [California Health Equity Summit](#), hosted by California Institute for Behavioral Health Solutions (CIBHS). A collection of notes from throughout



this summit can be accessed through a collaborative [Google Document](#) that the cohort created to memorialize the experience and lessons learned.

Trauma-Informed, Resiliency-Oriented, Equitable System Transformation

In addition, there will be a focus on developing a unified trauma-informed, resiliency-oriented, equitable (TIROE) system of care throughout BHRS. This unified trauma-informed system development work has the long-term goal of decreasing exposure to trauma and increasing resilience. In FY 20/21, BHRS partnered with the National Council on Behavioral Health and joined their community of practice to transform BHRS into a TIROE system.



As mentioned previously, an identified Core Implementation Team (CIT) with representatives from across BHRS came together to start building

trust, leaning into difficult and challenging conversations, and identifying systemic pain-points. With the workforce results from the OSA (graph below) combined with the qualitative data (narrative experiences provided from staff), the CIT identified the following 2 domains as priority areas for the workforce:

- Resilience and Trauma-Informed, Educated and Responsive Workforce
- Create Safe and Secure Environments

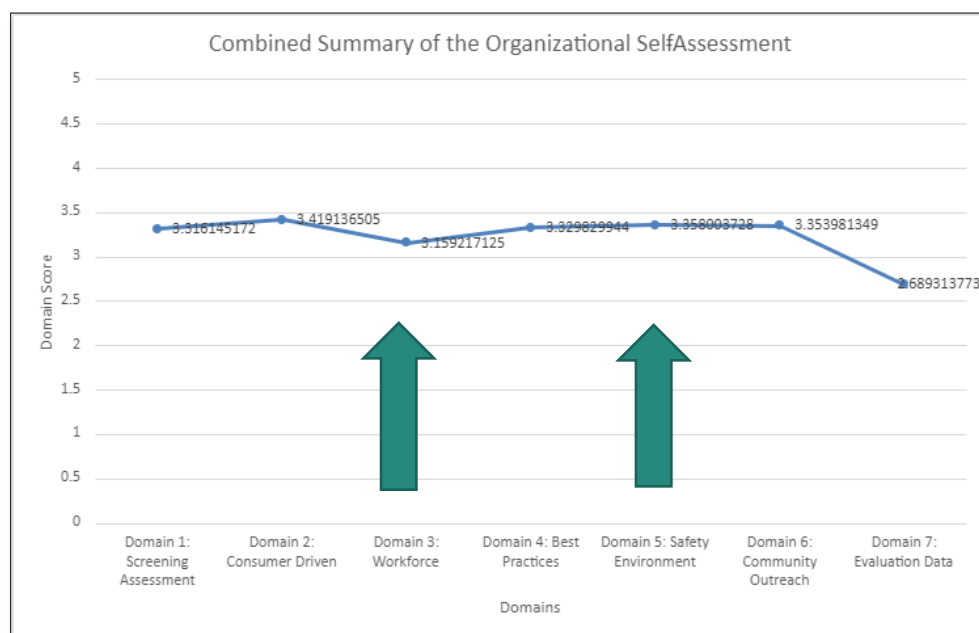
Establishing these priority areas allowed the CIT to establish the aforementioned recommendations for leadership consideration. Again, these recommendations are currently being presented to BHRS staff as a whole (see example below). To learn more about the recommendations currently being prioritized, please reference (see Appendix L). Once recommendations are prioritized with each staff voice, the CIT will release a final report and create action teams to disseminate this all-

hands-on-deck work. The ultimate goal will be for BHRS to lead a trauma-informed system transformation process, including the wider HHS, as well as partner agencies and organizations.




Also related to trauma-informed care workforce development, BHRS launched a Trauma-Informed Prevention and

Postvention Recovery Project, including a LOSS Team and support groups for youth loss survivors and adult attempt survivors. The Felton institute was awarded the contract.




HEALING CENTERED SERVICES



Develop staff-to-client ratios that meet the needs of clients

Step 1: Analyze current staffing ratios and identify priorities systematically

Step 2: Develop an ongoing data-driven way to support leadership in monitoring changes in client-to-staff ratios over time



Provide trauma-focused assessment and treatment


Step 1: Identify trauma screening tool that includes cultural assessment

Step 2: Create guidelines around how to manage trauma at each stage from Access or Crisis to treatment and recovery

Step 3: Identify funding to create new team of co-occurring and trauma-focused therapists

Step 4: Assess potential of creating a trauma-healing center or other physical space

Step 5: Identify a cross system task-force (in consultation with TIROC) to develop scope of work



Celebrate client recovery through graduations and warm-hand offs

Step 1: Identify protocols and budget to support teams in celebrating client graduations

Step 2: Identify a navigator within each team and protocol teams can follow when clients graduate out of county service

Step 3: Identify protocol teams can follow when clients transition between different levels of care within our system of care

Step 4: Develop tracking mechanism for successful graduations and transitions to report out positive outcomes

Anti-Racism Groups with a Facilitator



In this next FY, BHRS is hoping to contract with a clinical consultant. This project will involve facilitating trauma-informed groups and consultative spaces on how to respond to racism in both working relationships and relationships with consumers for BHRS staff, including groups for BHRS supervisors, groups for BHRS management, groups for BHRS direct-care staff, and any requested/needed one-on-one support. Executive leadership is also currently exploring a regularly facilitated space for executive leaders (i.e., Division Directors) that focuses on dialogue and engaging in challenging conversations.

Behavioral Health Career Pathways

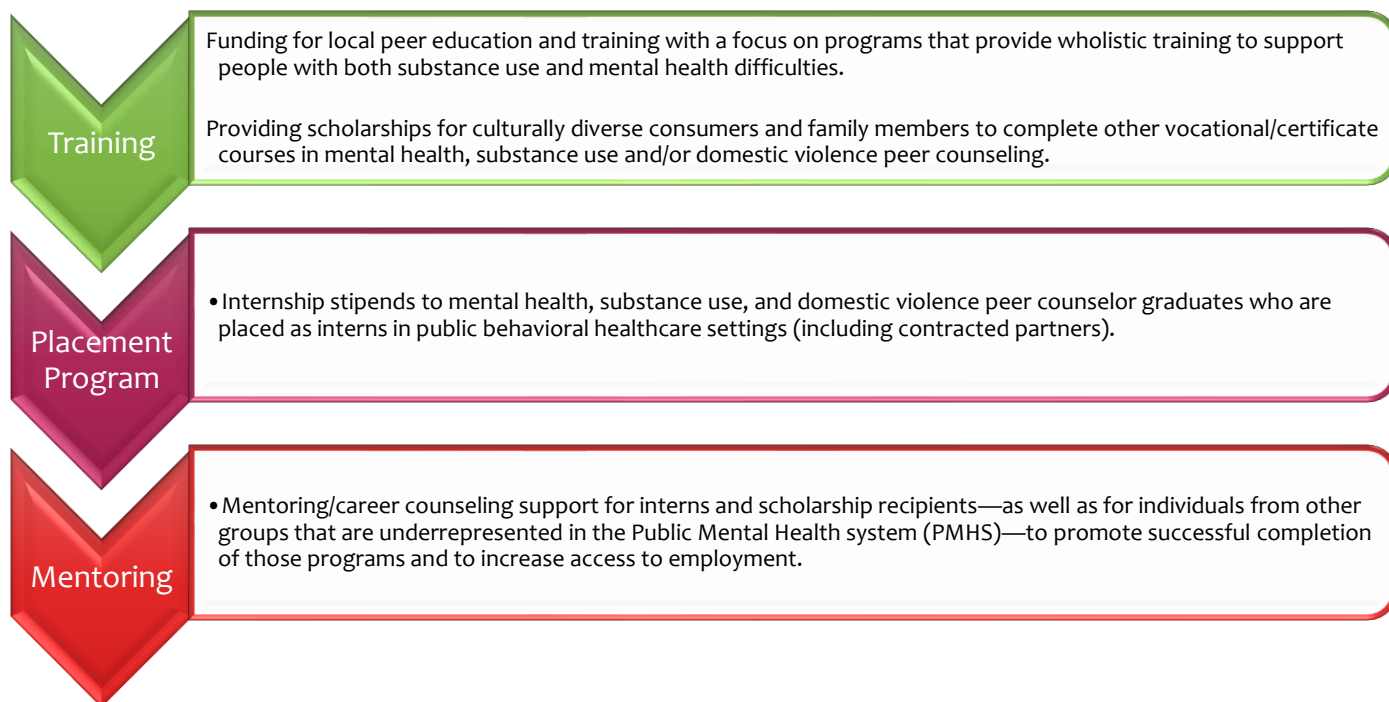
1. Peers

Creating pathways for individuals with lived experience in behavioral health careers within BHRS and partner agencies is a top priority for BHRS. BHRS knows that diversifying our workforce so that it is multicultural includes increasing the number of people with lived experience and diverse backgrounds.



In FY 20/21, BHRS added 1.5 peer positions, including our new Peer Program Coordinator and a peer within Access. A new Recovery Coach was also added to our SUD system. In FY 21/22, another 3 peers are being added for a total of 8 peers in the BHRS system.

BHRS Peers work encompasses the following:



The objective of our peer program is to prepare clients and/or family members of clients for employment and/or volunteer work in the Public Mental Health System (PMHS) and increase access to employment in the PMHS to groups such as immigrant communities, Native Americans, Black/African America, Asian American and Pacific Islander, and other racial/ethnic, cultural, and linguistic groups that are underrepresented.



BHRS has expanded the capacity and reach of our peer programs. This fiscal year, BHRS re-launched our WET Scholarship program and increased the capacity by opening recruitment cycles from 2 up to 4 times per year, making that program now more accessible to the community. A total of 12 scholarships were awarded during the FY 20/21 cycle, which only began in early 2021. We are expecting a more robust pool of recipients for FY 21/22 with the new cycle re-launch. Out of the 12 scholarship recipients, 3 identified as Black/African American, 2 identified as Latinx/Latino/Hispanic, 3 identified as White/Caucasian, 1 Identified as Other/Asian/White/Hispanic, 2 identified Unknown, and 1 identified as Other. 50% of the FY 20/21 scholarship cohort utilized their scholarship funds for the California Consortium of Addiction Programs and Professionals (CCAPP) credential.



We also re-launched our Recovery Change Team (RCT), a peer specialist meeting with representatives from across Marin County, led by our Peer Program Coordinator (PPC). We are looking at developing more internship opportunities for peer and recovery professionals, post scholarship award, and have a sub-workgroup of our RCT that is working to develop out more recovery internships in the community. This sub-workgroup is also developing a list of community partners from different geographical areas, lived experience, and multicultural identities.



In FY 21/22, the focus is on increasing supports for peers in our system. The PPC and WET Supervisor are planning listening sessions in the future for collaborative consultation. This will be a space for recovery coaches and peer specialists to consult on their caseloads. PPC has already started two new groups, including Wellness Recovery Action Planning (WRAP) and Hearing Voices networking (HVN) groups. WRAP and HVN groups started October 2021 and are ongoing. WRAP groups allow participants to develop a plan to stay on track with life goals, discover effective tools to maintain wellness, identify what throws you off track, and gain support and stay in control during crisis. HVN is a group model that provides a space where people can discuss navigating the experience of hearing voices, having visions, or a variety of other nonconscious experiences and beliefs. The group is confidential and is peer led. The Peer team plans to work with consultants on expanding peer supports and trainings in our system during 2022.



SB-803 (Peer Support Specialist Certification)

The additional focus in FY 21/22 is SB-803. This [bill](#) requires the State Department of Health Care Services (DHCS), by July 2022 to establish statewide requirements for counties to use in developing certification programs for the certification of peer support specialists. The Peer Program Coordinator is leading BHRS in the implementation of SB-803 at Marin BHRS, which will include exploring implementation of SB-803 within the DMC-ODS system, as well.

2. Internships



BHRS has a thriving psychology internship program. Our WET team is exploring ways of diversifying our clinical internship training program to include more masters level/BBS interns. This includes discussions on potential new directions in which our psychology internship training program may grow, such as the

potential development of an additional crisis specific track and the discussion of making our interns, which are currently contractors, county employees. The WET team has identified a BHRS representative as the point of contact for coordination around these internship asks. Also, in the works is determining if BHRS has capacity to have a more focused and centralized process or programming around BBS internships. This would necessitate supervision capacity to support these interns in BHRS, as well as determining what kind of a supportive structure or process would be needed to increase the number of BBS interns in our system of care. Finally, our WET team has contracted with a consultant who will explore feasibility of integrating SUD counselor certification into the BHRS internship program.



The BHRS Graduate Clinical Internship Program for FY 20/21 included 6 pre-doctoral psychology interns, 2 psychology practicum students, and 2 MSW/MFT students. Of the 6 interns, 2 brought bilingual/bicultural experience. Of the 2 psychology practicum students, 1 brought bilingual/bicultural experience.

- For Latino Family Health track in FY 20/21, BHRS had 2 pre-doctoral students, both of whom were bilingual.
- For our Asian Family Health track, we had 1 practicum student who was bilingual

Criterion 7: County Behavioral Health System Language Capacity



In FY 20/21, 95.3% of MHP clients served had services provided in their preferred language, demonstrating an increase from FY 19/20 (94.1%). In FY 20/21, 99.4% of DMC-ODS clients received services in their preferred language.

Encounters (n=72,046 rendered services)	% Encounters
Rendered in <u>Cl't's</u> Preferred Language (includes the use of interpreter/language line)	95.3%
Language Provision Not Recorded	0%*
Services Not Provided in <u>Cl't's</u> Preferred Language	4.7%**



For FY 21/22, BHRS' goal is to continue to ensure that when preferred by client, interpretation or bilingual staff was utilized to provide services in the client's preferred language (or if not preferred, client declined offer of interpretation/service in preferred language), and this is documented in the medical record) 100% of the time. The Program Manager of Equity and Inclusion and WET Supervisor work in connection with the ECPC, BHRS bilingual staff, quality management, and contracted providers to ensure that language access policies and procedures are adhered to and effective.



This past year, BHRS partnered with Marin County to expand our contracted provider network to address disparities. After ongoing reports from staff and clients about the inaccessibility of our former contracted language partner, BHRS now regularly works with Language Line Solutions for our interpreting and translation needs.

Policies, Procedures, and Practices for Language Needs



In FY 20/21, BHRS began the work of re-evaluating our language related processes, including how we use of interpreters and translate written materials. Both are still currently in review and under revision. At this time, a workgroup has assembled to develop a process for easing internal requests of translated document review. This was a major pain point identified during our 2 bilingual staff listening sessions, who expressed that there is no formal process and/or expectation. In 2022, a process will be released for staff to follow when requesting an internal BHRS staff review a translated document and/or assist with translating a simple document. BHRS is moving more in the direction of leaning on contracted partners for primary translation of documents with BHRS bilingual staff utilized as secondary review. We are also adding a tertiary review from bilingual community members through a stipend program. Once this policy is finalized and updated, we plan to update our use of interpreters policy, which outlines when it is appropriate to seek external vs. internal bilingual support.



As mentioned previously, BHRS is prioritizing this next FY to fortify data collection efforts by implementing additional language

categories to our client profile forms and tracking bilingual staff metrics. This is also in alignment with the ECPC goal to better track language data, including Indigenous languages, and to evaluate HR processes regarding bilingual staff (i.e., bilingual competency test).

Training



In October 2021, BHRS launched its first ever Working with Interpreters training series, which will now be implemented two times per year. All BHRS staff are expected to complete this training bi-annually. This training has been teaching BHRS that interpretation and translation are specific skillsets that are not always encompassed in bilingual skillsets. This baseline knowledge will help to inform our policies moving forward so that we are creating systems that are supportive to both our bilingual staff and bilingual and/or monolingual clients.



Additionally, we heard during our bilingual listening sessions that bilingual staff would benefit from trainings that increase their skillset, including mental health terminology, and other interpretation and translation skillsets. These trainings are currently being considered with the WET team.

Criterion 8: County Behavioral Health System Adaptation of Services

BHRS Strategies to Adapt Services to Client Needs

Residential

To provide additional levels of care in our community, BHRS contracted with Progress Foundation in Spring 2021 to begin the construction of a first of its kind in Marin County adult transitional residential treatment center for adults 18+ stepping down from higher levels of care. The goal of this program is to provide

community-based services and supports to ensure individuals are ready to reenter their community successfully upon discharge. This facility will have between 14-16 beds, pending construction, with a maximum of 18 month stays. This new facility will be in downtown San Rafael at 920 Grand with proximity to many resources and amenities, including public transportation and community clinics. 920 Grand is anticipated to open late summer 2022.

On May 19, 2020 the County of Sonoma's Board of Supervisors approved a psychiatric health facility (PHF) The facility will support sixteen inpatient acute care psychiatric beds, of which fourteen will be guaranteed to Sonoma County and two will be guaranteed to County of Marin in exchange for Marin County's contribution to the cost of the improvements. Partnering with Sonoma County will help close the gap in psychiatric crisis care continuum, improve client care, address negative impacts experienced by other local services and realize cost savings.

Telehealth

At the start of the pandemic, BHRS recognized the need to provide safe alternatives for clients to receive services, including the modality in which services are provided, including telehealth.



BHRS has a new contract with BrightHeart health to improve telehealth services, launching a pilot with Access, Medical, and Road to Recovery in March 2020. Full BHRS system was on telehealth by the end of summer 2020. Telehealth will be funded at least partially by MHSA and the MHBG MAT grant.



BHRS also put in place 3 telehealth kiosks, located in the Bon Air, Novato, and Kerner clinics. Currently, there are 13 new locations planned, with approval received from Marin County's Information Security Team as of Winter 2021. The goal is to increase access to telehealth services for individuals without proper access to technology and private spaces. These kiosks are provided in private spaces and allow clients to directly access their appointments and connect with the Access Team and/or their provider.



As already noted, BHRS launched two websites in this past year, including a new [BHRS website](#) and [Prevention and Outreach website](#), after a series of stakeholder listening sessions.

Suicide Prevention

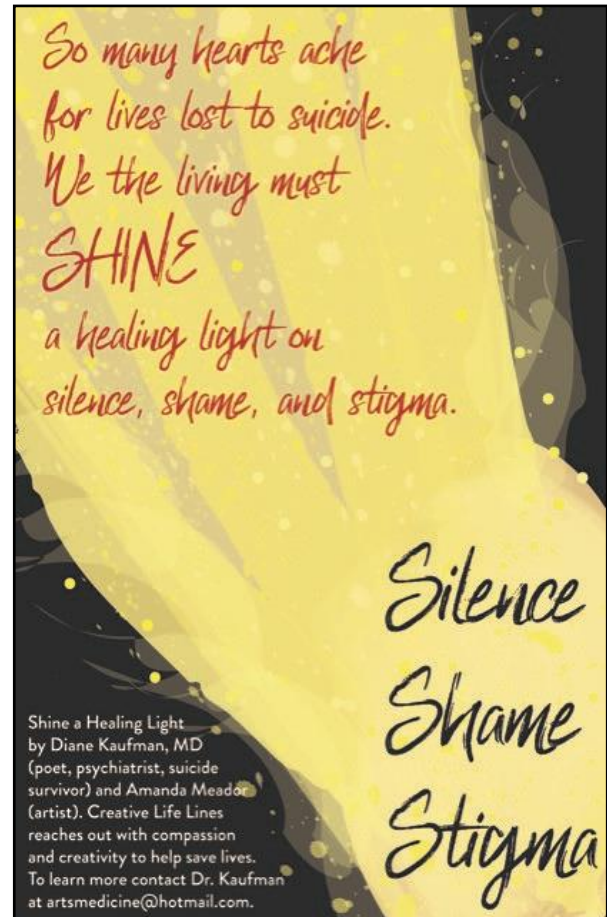


In FY 20/21, BHRS implemented a county-wide campaign in English and Spanish with print/digital ads/banners, social media, and bus shelter kiosks, and transit bus ads of "You Are Not Alone" and "Need Support?" representing diverse populations across the life span (see image to the right).





BHRS Suicide Prevention team also expanded Community Health Advocates and *Promotores* model to support suicide prevention efforts among mental health ambassadors in communities of color and vulnerable populations that experience barriers to equitable and culturally appropriate health and wellness services. In addition, BHRS supported a community-based organization in hosting a speaker series for residents from diverse communities with lived experiences around suicide to share their experiences in safe community spaces. A link to the FY 20/21 annual report can be found [here](#).



Finally, in FY 20/21, BHRS supported the development of the [Toolkit Teach Pride, Reach Wide](#). This Toolkit was designed by Spahr Center staff and student leaders to help educators and staff build the skills to become stronger allies and advocates in classrooms for LGBTQ+ students.



In FY 21/22, the following is prioritized for suicide prevention:

- Contract with a community-based organization to host training for primary care providers working with older adults to identify mental health and suicide risk.
- Expand Spanish only language suicide prevention trainings in partnership with community-based partners throughout Marin.
- Develop county-wide [Newcomer's Wellness Toolkit](#) for school partnerships.



Innovations (INN) Projects through MHSAs

1. From Housing to Healing: A Re-entry Community for Women

This project offers healing-centered and holistic support for women with serious mental illness and potentially co-occurring substance use disorders who have been incarcerated or otherwise resided in a locked facility and have high Adverse Childhood Experiences (ACEs) scores. These women frequently cycle through the Marin County Jail and have experienced significant trauma in their lives that has been left unaddressed. This project includes a safe and welcoming home for 6 women (one of the women will be a peer provider) to focus on healing and gaining skills before moving to independent housing. Supported by a Trauma Therapist, a peer, and a house manager these women will also be introduced to a variety of healing modalities such as yoga, meditation, and tapping. The program is funded for 60 months as a MHSAs Innovation project (January 2022-December 2026).

2. Student Wellness Ambassador Program (SWAP)

A County-Wide, Equity-Focused Approach will be rolled out in January of 2022. This project was developed in response to community and youth advocating for additional school-based peer-led wellness supports and a strategy that would ensure equitable distribution of resources across the 18 school districts. Up until now, it has been up to each individual school or district to develop their own peer wellness program. SWAP introduces a centralized county-wide coordination, training, and evaluation structure that will be managed by a full-time bilingual/bicultural Program Coordinator, housed at the Marin County Office of Education. Having the coordinator centralized will ensure that each

school district receives the same level of training and support to either start a program or strengthen an existing program.

Another key component of this project is the equity-focused recruitment and engagement strategy. Wellness Ambassadors will be recruited from traditionally underserved communities like LGBT and Newcomer youth. Contracts will be established with CBO partners who have expertise in supporting Marin youth from underserved communities. There will also be opportunities for cross-training with existing Marin County Teen Clinics Health Promoters so that the SWA youth are fully informed about the services offered in Teen Clinics and there is alignment in messaging around important health topics. In addition, to ensure all students are included, this project will include outreach to students in alternative education settings, those students using remote learning and those who have stopped attending school. Another exciting component of this project is the Career Pathways component. SWAs will have the opportunity to learn from experts in the helping profession through presentations, panels, volunteer, and shadowing opportunities. They will gain real life skills and have valuable experiences that can go on their resume for future internships and career opportunities down the road.



Help@Hand

In FY 20/21, BHRS partnered with Social Services HHS department to resource Help@Hand innovations project. Currently, Help@Hand Team is finalizing implementation design outlining all core planning elements of the implementation and evaluation for MyStrength rollout. Help@Hand Team actively meets with key partners for potential participant recruitment and volunteer/peer recruitment. Public presentations and private meetings on pilot findings are currently underway. For more information, please reference the following [report](#).

School-Based Services

Coordination of Services Teams (COST) model is a nationally recognized best practice. COST is being used in schools and districts across the Bay Area. In Marin county, BHRS partnered with Seneca to support the implementation of the COST model at Bayside MLK, which has greatly enhanced their ability to serve students in a timely fashion and coordinate care more effectively. COST, and the strength-based approach it promotes, not only increases student access to services, but enhances young people's connection to the school and community, helping all the adults in a child's life to better understand and support them. COST helps improve a school's ability to serve students and to provide more equitable access to supports and resources. BHRS is supporting school districts across Marin County to implement COST or enhance their existing coordination processes to improve access to resources for all students. This work is being held primarily by our Prevention and Early Intervention (PEI) team and our Children's System of Care (CSOC). We have also expanded our school-based services through PEI over the last year as prioritized in the MHSA 3-Year Plan. PEI providers engage in 1:1 support, group counseling, service coordination, and support school climate efforts.



So far, accomplishments include:

- Secured Mental Health Student Services Act (MHSSA) funding- \$4 million over 4 years to build and enhance coordination in Marin's two largest districts by hiring Health and Wellness Coordinators.
- In partnership with MCOE, utilizing Mental Health Student Services Act (MHSSA) grant and Prevention and Early Intervention funds, contracted with Seneca to provide bi-monthly Professional Learning Community (PLC) sessions to wellness coordinators in Novato, San Rafael, Shoreline, and Sausalito Marin City.

The overall aim of the coaching and consultation model is to support the deepening and operationalizing of the approach to data-based coordination of services. Coordinators are also being supported through individualized coaching and consultation.

- Partnered with California Children's Trust to identify funding opportunities to help school districts build out and sustain health and wellness coordinator positions.



Goals for the upcoming year include:

- Expand Implementation of COST or similar models across additional school sites in Shoreline Unified, Novato, San Rafael and strengthen existing processes in SMCSO.
- Identify and implement data management system in each participating school district
- Implement key recommendations from CCT's COST report analysis and sustainability plan.



LGBTQ+ Clinical Consultant

BHRS recognizes that there is work to do to be more supportive of our LGBTQ+ population. In this next FY, BHRS hopes to partner with a LGBTQ+ Clinical Consultant who can do the following:

- Complete a needs assessment to develop groups held to create systems of support
- Collaborate with system partners on outreach and/or referrals to engage folks in groups, trainings, and consultations
- Lead clinical groups for youth and adults
- Train staff and develop a sustainability plan to ensure ongoing needs are met
- Provide clinical consultation to staff on providing LGBTQ+ affirming services
- Be available for emergent and/or ongoing clinical consultation

- Develop a framework with recommendations for BHRS staff and leadership on how to provide enhanced support for LGBTQ+ clients, staff, and families, including a standard curriculum or guide so we have something we can use post cessation of this contract.

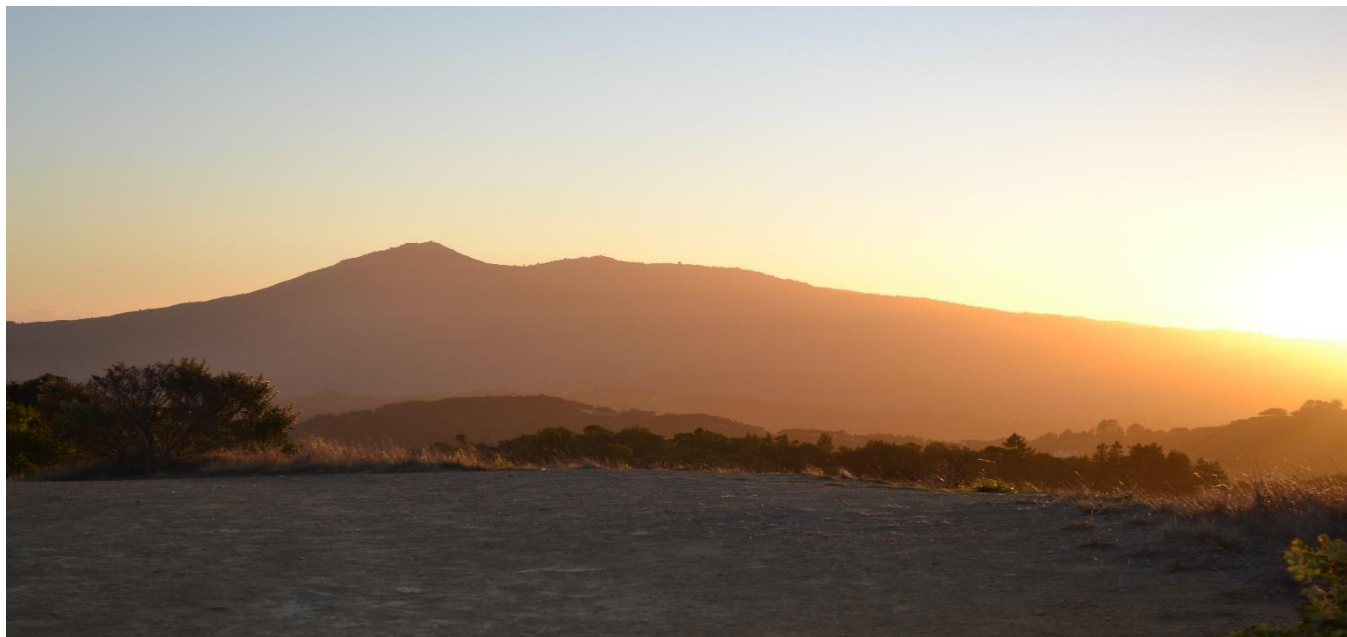


Marin City Hub

In this next FY, BHRS will be partnering with HHS Equity team to begin conversations about developing a Marin City hub to better serve the Marin City/Sausalito population. This work is currently being held by the HHS Community Engagement Action Team, on which several BHRS representatives sit.

Summary

Consistent to the County Board of Supervisors and the Health and Human Services Department's [Strategic Plan to Achieve Health and Wellness Equity](#), BHRS is continuing to invest and prioritize its time and resources to develop sustainable strategies that lead to a system that is more inclusive, sensitive, and responsive to the needs of its diverse client population. By examining and working toward improving the county's public behavioral healthcare system and its culture through an equity lens, the Cultural Humility and Responsivity Plan can be a tool to actively address the issue of race and racism as a health indicator.



Appendix A: Bilingual Staff Listening Session Flyer



BILINGUAL BHRS STAFF LISTENING SESSION

1) ARE YOU RECEIVING A DIFFERENTIAL AND/OR HAVE **BILINGUAL** STATUS IN YOUR JOB CLASSIFICATION?

2) DO YOU WANT TO PROVIDE FEEDBACK ON **YOUR EXPERIENCE** AS A BILINGUAL STAFF?

If yes to both, you are invited to attend! **RSVP link below!**

- **Thursday May 6, 2021**
- Drop-in or stay for full session between **10 AM and 12 PM**

RSVP link: <https://forms.gle/iJ8UvjiJUDwKXncS7>



Appendix B: SUD Spanish Announcements



**¿Le preocupa
el uso de
sustancias de
un ser querido?**

Encuentre opciones
para tratamientos
locales.

Aprende más.

MARIN
HEALTH &
HUMAN
SERVICES
Health, Well-being & Safety



**Los tiempos cambian al
igual que la marihuana.**
**Obtenga recursos sobre
cómo hablar con sus hijos
sobre la marihuana.**

[] DECODED



**LOS TIEMPOS
CAMBIAN AL
IGUAL QUE LA
MARIHUANA.**

¿Usted habla con
sus hijos?

OBTENGA RECURSOS


[] DECODED



**¿HABLAN SUS
ADOLESCENTES
SOBRE LA
MARIHUANA?**

Obtenga consejos
y recursos.

APRENDA MÁS



**¿Cómo hablar con sus
hijos sobre la marihuana?**
**Obtenga herramientas
e ideas sobre cómo iniciar
la conversación.**

Appendix C: Ads for BHRS Access



Appendix D: May Mental Health Month Events



MAY IS MENTAL HEALTH AWARENESS MONTH

2021 Virtual Events and Offerings

Marin County Behavioral Health and Recovery Services

- **May 1st - 2nd - 10 am - 12 pm - Mental Health Youth Summit.** During these two interactive and youth-led sessions, participants will learn about demystifying mental health, suicide prevention, and how to support themselves and their peers with mental health struggles. Guest speaker: Kelechi Ubozo, author, poet, mental health activist.
- **May 4th - 9-11 am - Board of Supervisors Proclamation**
- **May 4th - 7 pm - Suicide Prevention Awareness for Parents and Teens.** Hosted by PEI program, Jewish Children and Family Services. Speaker Tim Lea, Outreach and Education Coordinator for Suicide Prevention, Buckelew Programs will discuss with parents what to do if your child, or their friend, is in distress. Teens welcome.
- **May 4th, 11th, 18th, 25th - 3pm - NAMI Marin Story Telling Series.** A Five-Part Series featuring people with lived experience with mental health challenges.
- **May 5th - 2 pm - Marin County Suicide Prevention Collaborative.** This monthly meeting will address mental health and progress by the Community Teams advancing the suicide prevention strategic plan.
- **May 6th - 10 am - "The Practice of Self Compassion."** Speaker: Oren Jay Sofer. Participants will learn self-compassion practices, motivate oneself from a place of kindness rather than criticism, combat caregiver fatigue, and cultivate self-appreciation and resilience. (Marin County employees only).
- **May 18th - 5 pm - "Breaking the Silence: A Conversation with Men and Boys About Mental Health."** Leaders across the life span from Marin share ways they cope with distress and thoughts they have for engaging men and boys in our community for improved well-being.
- **Now thru May 15, What Helps Me Youth Art Campaign.** Youth in Marin are invited to tell their story of emotions and mental health through art.
- **May 19th - 6pm. Healing Drum Circle.** Hosted by Multicultural Center of Marin. Special drum circle to uplift your energy, boost your immune system and shift your mind into the present moment.
- **May 20th - 12 pm - "Safety Planning for Those in Distress: Implications for LGBTQ+ Youth and Adults."** Speakers: Vanessa Blum, PhD, BHRS, and Tim Lea, Buckelew Programs Suicide Prevention Program, share how safety planning can reduce distress and foster resilience.
- **May 22nd - 9am - Youth Mental Health First Aid Training.** Facilitators: Maria Rea, LMFT and Christina Fass, ABSNP. This training gives adults who work with youth the skills needed to reach out and provide initial support to youth (ages 6-18) who may be developing a mental health or substance use problem and help connect them to care.
- **May 24th - 2 pm - "Building a Safe Community For Older Adults in Marin: A Suicide Prevention Training".** Presenter: Kara Connors, MPH, BHRS, will share how to care, respond and connect an older adult to support.
- **May 25th - 11 am - AFSP Talk Saves Lives.** Learn more about how to help those who are reaching for a new day.
- **May 26th - 1 pm - "Addressing Trauma through Decolonizing Mental Health."** Moderator: Vanessa Blum, PhD, BHRS. The past year revealed and magnified inequalities that exist in marginalized communities. Panelists will discuss the ways in which trauma impacts people of color through the lens of decolonizing mental health as a way to liberate and empower the communities we serve and ourselves in the process.



DEPARTMENT OF PUBLIC WORKS SERVICES
BEHAVIORAL HEALTH AND RECOVERY SERVICES
10000 SERRAVALLO DRIVE, SUITE 100, SAN RAFAEL, CA 94903






Appendix E: LGBTQ+ Workgroup

BHRS ALL-STAFF MEETING

Pride Edition

FRIDAY, JUNE 18, 2021

June's BHRS All-Staff meeting will incorporate the LGBTQ+ Workgroup's BHRS Pride Event featuring interactive games for a portion of the meeting time.

Exciting !

A Not-At-All Exhaustive LGBTQ+ Playlist

Let's dance Janelle Monae RuPaul Andy Bell (Erasure) Lil Nas X Todrick Hall Lady Gaga Dead or Alive MC Lyte Snow Tha Product Da Brat Ricky Martin Sylvester Big Freedia Frankie Goes to Hollywood SOPHIE WILLOW Mueveloreina Tavia Parks	Road Trip Time King Princess St. Vincent Elton John George Michael (Wham) Brandi Carlile Frank Ocean Melissa Ethridge Freddie Mercury (Queen) David Bowie Miley Cyrus Grace Jones Indigo Girls Pet Shop Boys Boy George Sarah Shook & the Disarmers Amyl and the Infinitely Small Chely Wright Ani DiFranco French Vanilla Hux and His Funx Hayley Kiyoko Princess Nokia Ashnikko B-52s Lance Bass (NSYNC) Dresden Dolls Scissor Sisters Young M.A. Demi Lovato The xx
Weekend Brunch Vibes KD Lang Brittany Howard Billy Porter Tracy Chapman Grizzly Bear Lower Dens Perfume Genius Jason Mraz Tegan and Sara Billy Porter Meshell Ndegeocello Sea of Bees Sam Smith Christine and the Queens Clay Aiken Vanessa Carlton Phoebe Bridgers Loomlands My Gay Banjo Girl in Red Kehlani Rufus Wainwright Sophie B Hawkins	Queercore L7 G.L.O.S.S Bikini Kill Pansy Division Limp Wrist Worriers

BHRS 2021 PRIDE MONTH

HOW HAS (OR WHO IN) LGBTQ+ CULTURE IMPACTED YOU?

SHARE YOUR STORY, THOUGHTS, OR PHOTOS THAT REFLECT HOW PEOPLE WITHIN LGBTQ+ CULTURE MAKE A PERSONAL IMPACT

Share on BHRS - Positivity Outlook Team Folder !

JUNE POSITIVITY CHALLENGE

PRIDE 2021

Transgender Awareness Week

November 13-19

Transgender Day of Remembrance: November 20

Transgender Day of Remembrance (TDOR) is an annual observance that honors the memory of the transgender people whose lives were lost in acts of anti-transgender violence.

TDOR was first held on November 20, 1999 as a vigil for Rita Hester who was a Black trans woman murdered in 1998.

TDOR also highlights the continued need for changes in state and federal laws to protect LGBTQ+ people from discrimination and stop the ongoing violence endured especially by transgender and gender non-conforming people of color.

Why do we honor Transgender Awareness Week?

November is Transgender Awareness Month.

Transgender Awareness Week raises awareness about the lives and experiences of transgender and gender non-conforming people all around the world.

2021 has seen a record number of anti-transgender violence and anti-transgender bills introduced in state legislature.

Spahr Center TDOR Panel

Saturday, November 20th
 @ Osher Marin JCC
 (200 N San Pedro Rd, San Rafael) 4PM - 6PM

SOURCE: GLAAD.ORG

What Can You Do To Stop Violence Against Trans People?

- Stop transphobic & anti-trans talk when you hear it
- Support your local trans organizations
- Hire trans people and advocate for trans people in the workplace
- Post one positive, pro-trans message on social media each week

@imara_jones

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 BEHAVIORAL HEALTH AND RECOVERY SERVICES

BHRS LGBTQ+ Workgroup

Did you know ?



LGBTQ+ WORKGROUP

Creates, facilitates, organizes LGBTQ+ related events and outreach within BHRS

The LGBTQ+ workgroup is dedicated to building and maintaining a safe, inclusive, and equitable environment for LGBTQ+ clients, employees and families. The LGBTQ+ workgroup recognizes the value of identifying intersectionalities and attending to issues of marginalization within the LGBTQ+ community.

WE MEET FROM 10-11AM EVERY LAST THURSDAY OF THE MONTH. JOIN US!

Zoom Meeting ID: 979 5070 2723
Passcode: 672146

LGBTQ+ RESOURCE

CHECK OUT THIS FREE TRAINING:

This online 6 module self-paced course on Transgender Health 101 is provided from the San Francisco Community Health Clinic.

It offers a basic introduction to providing culturally responsive care to trans clients, discusses key concepts about gender diversity and can help identify factors that contribute to creating a welcoming environment :

<https://sfcommunityhealth.course.tc/catalog/course/transgender-health-101>

BROUGHT TO YOU BY THE BHRS LGBTQ+ WORKGROUP

Appendix F: TIROC



BHRS Self Assessment

- OSA tool
 - Evaluate degree to which we are trauma-informed and equitable
 - ID: keep, stop, start
- Email from Taffy
 - Due December 4
- What we need:
 - All Hands on Deck
 - Honesty/Transparency

MAKE
Make your voice heard
YOUR VOICE HEARD

Appendix G: Equity Impact With Contracts/BOS Letters

EQUITY IMPACT

Do's and Don'ts

CONSIDER

- How will this action benefit the targeted group? What are the corresponding anticipated results and consequences expected?
- Is there any population that will be disproportionately impacted (either positively or negatively) by this action?
- How might this action impact ancillary populations positively or negatively?
- How will this action prioritize or increase equity?
- How is this action demonstrating a commitment to equity?
- What impact does this action have on communities of color? On under-resourced communities? On immigrant communities? On LGBTQ+ communities?
- How is this action ensuring culturally responsive and linguistically appropriate services?
- How is this action increasing accessibility to services and lowering barriers to accessing services?
- How is this action impacting intersectional identities (i.e. race / ethnicity, age, disability, sexual orientation, gender identity and expression, etc.)

INCLUSIVE LANGUAGE

- Communities / People of Color (vs. minority or minorities)
- Culturally responsive / appropriate / affirming / informed services (vs. culturally competent services)
- Unhoused or houseless (vs. homeless)
- Substance use (vs. substance abuse)
- People living in poverty (vs. poor)
- Under-resourced (vs. vulnerable or marginalized)
- Underserved (only when referring to services and not as generalization)
- Re-allocating resources (vs. empowering)
- Person with a disability (vs. impaired)
- Person with schizophrenia (vs. schizophrenic)
- Gender neutral language (vs. mailman, men and women, girls and boys, his/her etc.)
- Trans / transgender / trans person (vs. transgendered, the trans)

STRATEGIES

- Use strong and compelling facts
- Identify the problem and offer solutions
- Incorporate role of county responsibility
- Combine language of responsibility with message about opportunity
- Identify what is unjust and what inequities are creating disparities
- Provide specific examples, wherever possible
- Aggregate data by demographics (i.e. race and ethnicity)

For BHRS, contact Program Manager of Equity and Inclusion: Jennifer Moore at jmoore@marincounty.org

Appendix H: Mental Health Board Biennial Report



COUNTY ADMINISTRATOR'S OFFICE 2022 - 24 BUDGET BOARDS AND COMMISSIONS BIENNIAL REPORT

Please note that this report should reflect accomplishments for the 2020-22 budget cycles (July 1, 2020 – June 30, 2022) and goals, initiatives, etc. for the upcoming two year budget cycle (July 1, 2022 – June 30, 2024). The next time this report will be updated will be for the 2024-2026 budget cycle (July 1, 2024 – June 30, 2026).

Please fill out all sections. Click on the gray boxes where prompted to enter text. Any sections that are not applicable can be notated as "N/A".

I. Commission Name/Title

Marin County Mental Health Board

II. Commission Purpose/Mandate

In a paragraph or two, please describe what is the purpose or mandate of the Board/Commission

The MHB is an advisory board and its functions are provided in Sections 5604, et seq. of the State Welfare and Institutions Code. The MHB shall:

-Review and evaluate the community's behavioral health needs, services, facilities, and special problems

Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council (CMHPC) [5604.2 (a)(7)] WIC

- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process [5604.2 (a)(4)] WIC

- Advise the Board of Supervisors (BOS) and the Behavioral Health Director as to any aspect of the Marin mental health programs

- Review and make recommendations on applicants for the appointment of director of Behavioral Health and Recovery Services (BHRS). The MHB shall be included in the select process prior to the vote of the BOS

- The Board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community

- Perform any additional duties or exercise any additional authority the BOS deems appropriate to transfer to this Board.

The MHB also has the following duties with respect to the Mental Health Services Act (MHSA):

- Make recommendations to the BHRS Director regarding the annual updates to the MHSA plans.
- Review the MHSA plan's annual update performance outcome data and communicate findings to the California Mental Health Planning Council - Review county agreements and contracts with MHSA service providers

III. Accomplishments for 2020-22 Budget Cycles

Provide a summary in 1-3 paragraphs or bulleted points of the Board/Commission's accomplishments for the 2020-22 budget cycle (July 1, 2020 – June 30, 2022)

The Boards accomplishments and local speakers this past year have been :

- Continued focused efforts to recruit new Board members with the intention of being representative of the diverse communities within Marin; sponsoring a Mental Health Board Information Session (in June 2021)
- The Board continued its work to reduce stigma and create a forum to engage CBOs, consumers, family members and consumer based organizations to address the problem of stigma through dialogue and information sharing
- Participated MHSA annual update and discussion, MHSA Older Adult Innovation Update, TAY Innovation Project, Co-occurring and addiction updates, Prevention and Early Intervention updates, Marin's LGBTQ+ and HIV communities and The Spahr Center's programs addressing them, as well as BHRS overview and client transitions
- Forensic/Criminal Justice System of Care Division Director presented on the development of a forensic system of behavioral health care in Marin, including the Stepping Up Initiative, sequential intercept mapping, funding mechanisms, and how we can improve care for individuals within the criminal justice system
- A presentation and discussion on the County-wide, Equity-focused Approach in Marin led by Couty Equity Officer
- Provided updates and recommendations related to BHRS' response to the COVID19 pandemic including outreach efforts, continuation of essential services, etc. Information was also provided on any statewide efforts to address Behavioral Health needs during COVID
- Authored and submitted to the CAO's office, a resolution to declare Racism as a Public Health issue
- The Board was presented with and gave feedback on the BHRS website (<https://www.marinbhers.org>) as well as the new PEI and Outreach website

<https://bhrrprevention.org/> that includes an overview of all the prevention and early intervention programs, the new suicide prevention page and other wellness resources

- Discussed a retreat to update on accomplishments and come up with new goals as things start opening back up for in person meetings/services. Public guidance on indoor meetings will determine when this will be set.

IV. Goals and Key Initiatives for 2022-24 Budget Cycle (July 1, 2022 – June 30, 2024)

List the Board/Commission's most important goals (up to 5). These goals should be statements that reflect your highest priorities, which may or may not change over time.

For each goal below, list (up to 5) key initiatives (activities) the Board/Commission will be working towards to achieving a particular goal. Typically, initiatives are discrete activities that can be achieved over the course of one or two years.

Goal #1: Achieve full MHB membership that reflects the diversity of the populations served.

2022-24 Key Initiatives to Achieve Goal #1 – List up to 5 bullet points

- Achieve full MHB membership that reflects the diversity of the populations served, including consumers, through recruitment efforts by MHB members, Board of Supervisors, and allied organizations and groups
- Increase public attendance and comments at MHB meetings, especially consumers and family members, by conducting outreach.

Goal #2: Maintain a high attendance and participation at all MHB meetings, including Executive Committee meetings

2022-24 Key Initiatives to Achieve Goal #2 – List up to 5 bullet points

- Maintain an 80% attendance rate and active participation of all attendees at all MHB meetings, including the Executive Committee, by encouraging attendance and participation, and by following up with members who are absent

Goal #3: Increase diversity and number of members on the Alcohol and Other Drug Advisory Board

2022-24 Key Initiatives to Achieve Goal #3 – List up to 5 bullet points

- The MHB will encourage interested members to represent the MHB on outside committees as well as represent the MHB in community outreach efforts and involvement in Mental Health Month (May), and others as may be appropriate. This will be accomplished by interested MHB members who volunteer for these assignments. Members will be asked to attend at least one event per year

Goal #4: Complete 100% of scheduled site visits

2022-24 Key Initiatives to Achieve Goal #4 – List up to 5 bullet points

- The Executive Committee will select three sites to be visited per year and will schedule with interested/available MHB members, with the assistance of the Director of BHRS and staff
- Written reports of site visits will be submitted to the Executive Committee for preliminary review, followed by a full presentation and open discussion with the entire MHB and public

Goal #5: Provide training opportunities to MHB members and complete an Annual Report at the end of the fiscal year

2022-24 Key Initiatives to Achieve Goal #4 – List up to 5 bullet points

- The Executive Committee will host an annual MHB retreat to provide training to members, gather feedback on current MHB functioning, and plan goals and objectives for the following year
- Annual Report to include Executive Summary, Goals and Accomplishments, Status of MHB, and Member Bios
- Select members will present this report to the Board of Supervisors

V. Key Challenges and Issues

Please list any challenges in achieving your 2022-24 budget cycle goals.


- Recruiting Board members who reflect the ethnic diversity of client population continues to be a challenge
- COVID 19 restrictions presented it's own new challenges on what the MHB was able to get done and many of our goals had to be postponed
- Increase public awareness of Mental Health board meetings and encourage public comment
- Board members are volunteers and may not have the time to commit to achieving Board goals of site

Appendix I: BHRS FY 21/22 Cultural Competency Trainings

Sustenance and Resilience- A Culinary Asian American History	05/25/2021	1.50hrs	Cultural Competence	FY2020-21
White Privilege and Racism: How to Address It in the Therapy Room	05/21/2021	4.00hrs	Cultural Competence	FY2020-21
A Culture-Centered Approach to Recovery	05/20/2021	1.00hrs	Cultural Competence	FY2020-21
Beyond Cultural Competence - Therapist Efficacy working with Asian American Communities	05/18/2021	1.50hrs	APA, CBRN, CAMFT, Cultural Competence	FY2020-21
Critical Clinical Conversations About Race, Racial Identity and Racism	05/13/2021	2.00hrs	APA, CBRN, CAMFT, Cultural Competence	FY2020-21
Cultural Competence & Intelligence Session	12/10/2020	4.00hrs	Cultural Competence	FY2020-21
Cultural Competence & Intelligence Session	11/10/2020	4.00hrs	Cultural Competence	FY2020-21
Cultural Competence & Intelligence Session	10/28/2020	4.00hrs	Cultural Competence	FY2020-21
Navigating Amidst Overwhelming Times – Whether Because of Trauma, Crises, or Really, Really, Hard Days	10/08/2020	2.00hrs	CAMFT, Cultural Competence	FY2020-21
Cultural Competence & Intelligence Session	09/29/2020	4.00hrs	Cultural Competence	FY2020-21
Talking About Race and Racism With Clients: Challenges, Benefits & Strategies for Fostering Meaningful Dialogue	09/17/2020	1.50hrs	APA, CCAPP, CBRN, CAMFT, Cultural Competence	FY2020-21
Navigating Amidst Overwhelming Times – Whether Because of Trauma, Crises, or Really, Really, Hard Days	09/17/2020	2.00hrs	CAMFT, Cultural Competence	FY2020-21
The Role and Responsibilities of Health and Behavioral Health Leaders in Addressing Systemic Racism to Eliminate Behavioral Health Disparities	09/10/2020	1.50hrs	APA, CCAPP, CBRN, CAMFT, Cultural Competence	FY2020-21
Implicit Bias: Recognizing Its Harmful Impact and Taking Actions to Counter Unconscious Bias	09/03/2020	1.50hrs	APA, CCAPP, CBRN, CAMFT, Cultural Competence	FY2020-21
• Systemic Racism and Structural Racialization: Examining the Impact on Behavioral Health Disparities	08/27/2020	1.50hrs	APA, CCAPP, CBRN, CAMFT, Cultural Competence	FY2020-21
Introduction to a Framework for Confronting Racism in Behavioral Health	08/20/2020	1.50hrs	APA, CCAPP, CBRN, CAMFT, Cultural Competence	FY2020-21

Appendix J: Cultural Events Proposal


CULTURAL EVENTS PROPOSAL



**BHRS EQUITY
TEAM**

WE'RE INVITING YOU...

In Fiscal Year 2021-2022, Marin County Behavioral Health and Recovery Services (BHRS) plans to recognize cultural and heritage events that are in alignment with California's Reducing Disparities Project (CRDP). CRDP is funded by MHSa to reduce mental health disparities for **Black and African American, Latinx, Native Americans, Asian and Pacific Islander, and LGBTQ+** populations in California. BHRS will also celebrate wellness and disability awareness months.



For the celebrated months, including **Black History Month** (February), **Mental Health Month** (May), **Asian and Pacific Islander Heritage Month** (May), **LGBTQ+ Pride Month** (June), **Suicide Prevention Month** (September), **Latinx Heritage Month** (September 15 - October 15), **National Disability Employment Awareness Month** (October), and **Native American Heritage Month** (November),


TO ENGAGE, ELEVATE, & CONNECT

BHRS will provide a presentation **elevating** the significance of the month in Expanded Leadership Meeting (ELM), arrange related trainings/panel discussions, and provide staff with an opportunity to **connect** via emails and bi-weekly **engagement** activities.



OPPORTUNITIES

- Support BHRS **equity** work
- Commit to **cultural humility** via events that increase **awareness** and **inclusivity**
- Improve **client care** by learning about various cultural lenses
- Positively impact **staff relationships** by increasing appreciation and understanding
- Engage in more opportunities to **challenge implicit biases**
- Promote **culturally affirming and adaptive** clinical practice



If you would like to join BHRS equity team in elevating and developing out events, activities, educational and/or visual content for any of the celebrated months, please contact Jennifer Moore (contact information listed below).

CONTACT: JENNIFER MOORE (SHE/THEY), PROGRAM MANAGER OF EQUITY AND INCLUSION
JMOORE@MARINCOUNTY.ORG

Appendix K: Cultural Heritage Month Newsletters

Happy Asian American and Pacific Islander (AAPI) Heritage Month!



The United States celebrates [Asian American Pacific Islander \(AAPI\) Heritage Month](#) throughout the month of May.

According to the [US Census](#), 6.5% of Marin County's population (total 258,826 people) identifies as Asian and 0.3% identify as Native Hawaiian and Other Pacific Islander. The United States has recorded [22.2 million Asians and 1.6 million Native Hawaiian and other Pacific Islander communities](#).

Throughout the month of May, BHRS will endeavor to raise awareness about the historic and current disparities impacting AAPI communities via trainings and panel discussions and provide resources on how to be culturally responsive to the needs and strengths of our AAPI community members and fellow co-workers.

Historical Background of AAPI Heritage Month:

Capitol Hill staffer [Jeanie Jew](#) (pictured right via [Cleveland.com](#)) noticed a gap in recognition of Asian Americans and Pacific Islanders during the U.S. Bicentennial celebrations in 1976, a time in which celebrations of Black History Month and Latinx Heritage Month were already in place. May was selected for AAPI Heritage Month to commemorate the arrival of the first known Japanese immigrant to the United States (May 7, 1843) and to remember the 20,000+ Chinese workers who helped to construct and complete the transcontinental railroad (May 10, 1869).



Timeline:

- In 1977, House Reps Horton and Mineta introduced a proclamation to make the first 10 days of May Asian-Pacific Heritage week.
- In 1978, President Jimmy Carter designated the annual celebration.
- In 1990, President George W. Bush extended the celebration to a full month.
- 1992, the official designation of May as Asian-Pacific American Heritage Month was signed into law.
- In 2009, Asian-Pacific American Heritage Month became known as AAPI Heritage Month.

Happy Latinx Heritage Month!



The United States celebrates [Latinx Heritage Month](#) from September 15 to October 15.

16.3% of Marin's County population identifies as Hispanic or Latino, according to the [US Census](#). As of July 1, 2019, the [Hispanic population of the United States was 60.6 million](#), making people of Hispanic origin the nation's largest ethnic or racial minority. Hispanics constituted 18.5% of the nation's total population.

Latinx Heritage Month is an important month for BHRS to highlight due to our ongoing challenges with community outreach and engagement to our Latinx adult population. Hispanic/Latinx residents are underrepresented in our Adult System of Care (ASOC), SUD services, residential treatment programs, crisis programs, and STAR program. They make up a smaller proportion of people assessed through ACCESS, and they are less likely to meet SMH criteria. BHRS is currently working on an Latinx Outreach and Engagement Plan to

address these known and historical disparities.

Historical Background of Hispanic and Latinx Heritage Month

Latinx Heritage month began in 1968 as a week of cultural and historical recognition of Latinx Americans and expanded to a 30 day celebration in 1988. The start of the month commemorates six Latin American countries' Independence Day anniversary, including Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua (Sep 15), Mexico (Sep 16) and Chile (Sep 18).

Definition of the Terms Latinx and Hispanic

The term **Latinx** refers to a person of Latin American origin or descent and it is used as a gender-neutral or nonbinary alternative to Latino or Latina. This term came into popular use in October of 2014 in the U.S and has been mostly used by American blogs and American institutions of higher education. However, the term is rarely used in any Spanish speaking country. Recently, LGBTQIA+, gender non-binary, and feminist communities in Spanish speaking countries have started replacing the term Latino with Latinx that has the gender-neutral Spanish letter E and can be seen in many gender-neutral words like "estudiante".

The term **Hispanic** refers to people who speak Spanish or who are descendants of those Spanish speaking countries. This term came into use by the United States government during Richard Nixon's presidency and it first appeared in the U.S Census in 1980, as a question prompting the Census taker to determine whether the person was of Spanish/Hispanic origin.

In other words, **Latinx** focuses on the geography of where someone comes from and **Hispanic** refers to the language spoken.

Spotlight Topic: Impact of COVID-19 on Latinx Communities

The COVID-19 pandemic has impacted the Latinx Community in the United States significantly due to



Happy PRIDE

June 2021 is Lesbian, Gay, Bisexual, Transgender, Queer + (LGBTQ+) Pride Month!

LGBTQ+ **Pride** Month is observed to recognize, remember, support and celebrate people within the LGBTQ+ family. San Francisco is known as a mecca for LGBTQ+ people and while you may already know about the **Pride** Parades that are hosted yearly as part of **Pride** Month to celebrate in the Bay Area, **Pride** events are also hosted internationally, generally, during the month of June. **Pride** is observed in June to commemorate the impact of the Stonewall Riots that took place in New York, June 1969.

Pride month events are important for people within the LGBTQ+ community because of the personal significance it has to be proudly out and surrounded by like-minded people. A 2019 poll by Gallup indicated that U.S. adults estimate the percentage of Americans who are gay or lesbian as being nearly one in four adults (23%), when the actual estimate of people who identify as gay, lesbian, bisexual, or transgender in the U.S. is closer to 4.5% (Gallup, 2017). While estimates are inherently an approximation, the relevance is that people who identify within the LGBTQ+ community may be more visibly out now than they have been in previous years, but are still overwhelmingly considered a sexual minority.



Pride month events create a space for people within the LGBTQ+ community to feel supported, celebrated, unified, and represented. In this type of space, a "gay kiss" is just a kiss. For people who identify as LGBTQ+, coming out can be a stressful process that may break relationships with family, friends, co-workers, or community. Being visibly gay or trans in the community can still lead to homophobic or transphobic violence (even in the Bay Area). Having the month of June as a moment to acknowledge the rights and impact of the LGBTQ+ community contributes to lifting up these voices to help empower everyone within the LGBTQ+ family to live their truth without fear.

Historical Context of PRIDE Month:

Pride celebrations are generally tied to the Stonewall Riots that took place in June of 1969. However, the Stonewall Riots were not the first time that LGBTQ+ people and communities rose up to state sanctioned violence. Before the events of Stonewall, there were riots in Los Angeles and San Francisco, but Stonewall is the best-known, leading to the creation of what we now know as **Pride**. Stonewall Riots started with a police raid in Greenwich Village in New York after law enforcement stormed Stonewall Inn (a popular refuge for LGBTQ+ people) and started arresting patrons. Following the riots, local organizers wanted to keep the momentum going and organized a march to Central Park, reclaiming the theme of "Gay **Pride**" as a counter to the historical attitudes of shame. This soon expanded to other cities and **Pride** became the massive celebration that we now know today. Several major Supreme Court rulings on LGBTQ+ equality have taken place in June, such as the decision to legalize marriage equality, ending sodomy bans, and stopping hospitals from turning away trans patients.

Pride has always been a political event, and

Happy National Disability Employment Awareness Month!



The United States celebrates [National Disability Employment Awareness Month](#) (NDEAM) throughout the month of October. During this month we raise awareness about disability employment issues and celebrate the many and different contributions of America's workers with disabilities.

According to the [US Census](#), in the years 2015 to 2019, 9.1% of the population in Marin County reported a disability. "The likelihood of having a disability varied by age - from 2.4 percent of people under 18 years old, to 6.1 percent of people 18 to 64 years old, and to 23.7 percent of those 65 and over".

Throughout the month of October, BHRS will endeavor to raise awareness about National Disability Employment Awareness Month via listening sessions and trainings to provide resources and other information about disability employment issues and BHRS commitment to an inclusive work culture.

Historical Background of National Disability Employment Awareness Month

On 1945 Congress enacted a law declaring the first week in October "National Employ the Physically Handicapped Week." In 1962, the word "physically" was removed to acknowledge the employment needs and contributions of individuals with all types of disabilities. In 1988, Congress expanded the week to a month and changed the name to National Disability Employment Awareness Month.

Spotlight Topic: On Monday September 27, 2021, Gov. Gavin Newsom signed Senate Bill (SB) 639 ending the policy that allowed businesses with special licenses to be able to pay people with disabilities subminimum wage for their work. California now becomes the 13th state to end this practice. Once the implementation process is complete all California employees with disabilities will earn at least minimum wage for their work. Additional information on SB 639 is available at [scdd.ca.gov/sb639](#).

How to Avoid Using Ableist Language

Ableist language is any word or phrase that devalues people who have a disability. Though often inadvertent, ableist language suggests that people with disabilities are abnormal. Paying attention to our language can help us understand how embedded ableism really is in our communities. Common examples of ableist language are words like, "lame", "dumb", "blind", "nuts", "Psycho", and "spaz". These terms can be associated with a person's identity or their challenges, and because of that, can be interpreted as insulting or hurtful. You're not a bad person or ally if you have used these words before. But if you have the ability to change the language you use, it's important to be aware of how language can perpetuate ableism.

Using people first language helps us emphasize the person, not the disability. By placing the person first,

BHRS Native American Heritage Month Events:

- **November 30, 2021 10 – 12 PM: An Introduction to the Native American Community of Marin County and “Now What?” (After Colonization)**

[REGISTER HERE](#)

Sky Road Webb will open the presentation with a traditional prayer song and will offer a lecture to provide an overview of the Coast Miwok, Native American and Indigenous Community found in Marin County, and a brief history lesson on how they got there. Some perspectives will be offered which may illuminate paths to provide services effectively and respectfully within the Native Community. This part of the event will end with a blessing song. Marty Meade will offer insight on Natives who are living in the two worlds, “that of my forefathers, and as an active human rights worker in Marin County.” Marty will share about the Freedom of Religion Act, as well as Spirituality of her people, such as the proclamation that was made by Spiritual Leaders and Bundle Keepers for the protection of Ceremonies. Marty is interested in the work of Don Coyhis’ and Richard Simonelli on a different approach in Leadership and on Sobriety and Joan Sebastian Morris who writes about Traditional Native Culture and Resilience. Marty’s goal “is to offer your organization an insight of how we see the world, and how you might include that in your valuable work.”



Sky Road Webb

Federally documented lineal descendant of the Tamal’ko – Tomales Bay Band of Miwok of the Coast Miwok Tribe who originated in present day Marin County, California

Councilman of Coast Miwok Tribe Council of Marin

President of the Marin American Indian Alliance (MAIA)

Board of Directors for “ACORN” (All California Oratory Resource Network) and for MAPOM (Marin Archeological Preserve of Marin)

Teacher of traditional native crafts and trades skills at DQ University, the Tribal College in Davis, CA.

Chief of operations for Inter-Tribal Council of California



Marty Meade

Native American Elder – Pima

Certified Art Therapist, Marin County Schools

Artist/Teacher for College of Marin

Grandmother of a child born on the Wind River reservation

Appendix L: TIROC Recommendations

CREATING ACCESS AND MINIMIZING BARRIERS



Create Access video for shared understanding of eligibility criteria BHRS system navigation

Step 1: Identify budget

Step 2: Identify team to include Access representatives, bilingual and bicultural folks, cultural brokers and community partners (i.e. [Promotores](#))

Step 3: Distribute with contracted partners and community in deliberate and creative way

Step 4: Create a process so that the burden of turning community away does not fall solely on the teams (i.e. how to connect clients to the next step beyond county services)



Support multiple pathways for community voice and choice

Step 1: Coordinate with community empowerment team to organize annual listening sessions for community and clients (budget identified)

Step 2: Identify staff members (e.g., outreach and engagement ambassadors within each program) who will play a key role in supporting annual listening sessions

Step 3: Evaluate current surveys administered to community and clients and assess for trauma-informed and equity principles



Focus resources and more bilingual, bicultural, and BIPOC staff within major points of system entry (Access and Crisis)

Step 1: Create contracted community liaison positions (bilingual and bicultural person who understands the communities of Marin) to partner and perform outreach with Access and Crisis and work with the Access bilingual peer (but remain independent)

Step 2: Complete external evaluation to increase Access capacity

Step 3: Support creative and active recruitment for Crisis services (i.e. hire a recruiter)



Create regional peer outreach/engagement staffing and strategy

Step 1: Engage community and peer specialist workgroup in further developing strategy

Step 2: Identify budget and linkage to SB 803

DEVELOPING INSTITUTIONAL ACCOUNTABILITY



Mandatory Anti-Racism Training Tailored for Executives and Leadership

Step 1: Identify needs and topics to cover by engaging direct-care staff

Step 2: Identify a trainer / program (and budget)

Step 3: Incorporate mandatory trainings as part of the work-day (i.e. ELM)



Develop strengths-based and anti-oppressive supervision toolkit

Step 1: Curate resources to include in toolkit such as, VT/Compassion Fatigue Survey, [ProQOL](#) tool, etc.

Step 2: Identify outside facilitator to create a workshop that supports leadership and managers in growing their skills (i.e. navigating difficult conversations, engaging in repair and affirming dialogue, and managing professional pressures)



Develop mentorship and additional support for staff of color

Step 1: Create BHRS affinity spaces (partner with CCAB)

Step 2: Identify leaders

Step 3: Outreach to BHRS staff



Develop Trauma-Informed and Equity Assessment Climate surveys

Step 1: Inform BHRS staff and community of our intentions for change based on their historical recommendations

Step 2: Review current climate surveys, other county examples, and identify areas for improvement

Step 3: Develop new consolidated survey

Step 4: Develop survey schedule and place to post them (e.g. dashboard)



Incorporate all levels of staff in existing project workgroups, decision-making, and meetings

Step 1: Create place on intranet that details the various workgroups

Step 2: Identify mechanism for staff to sign up for groups

Step 3: Develop process for exclusion hours and permissions to join special projects groups

IMPROVING BHRS CULTURE & MORALE THROUGH INTERCONNECTEDNESS, CULTURAL HUMILITY, & WELLNESS



Assess productivity expectation models and institute boundaries around meeting schedule

Step 1: Research models utilized by other counties within California ([i.e.](#) permitted timelines) and share findings with SMT

Step 2: Ensure direct-service and supervising staff are involved in development of the productivity policy

Step 3: Mandate system-wide “meeting-free day” each month (ensure coverage for urgent client needs)



Develop Justice Equity Diversity Inclusion (JEDI) group & website

Step 1: Identify group that will continue to hold TIROE-C work (making it opening and welcoming and not closed)

Step 2: Create page on existing BHRS prevention and outreach website to house resources and develop materials for website

Step 3: Identify strategies to brand this work to unify efforts ([e.g.](#) email signatures, water bottles, lanyards, stress balls)

Step 4: Encourage JEDI team to participate in community events ([e.g.](#), NAMI walk)



Create a “white supremacy characteristics” (Tema Okun) annual assessment

Step 1: Develop assessment and/or peer led process

Step 2: Provide a training on the white supremacy characteristics document

Step 3: Identify priority areas based on results, develop action steps, and strategies to overcome



Create more opportunities for staff to get support

Step 1: Develop intentional healing spaces for staff:

- Mindfulness groups
- Wellness Tool Wednesdays
- Pilot program-specific groups throughout system (based on Access model)

Step 2: Institute critical stress incident debriefing process

Step 3: Celebrate staff milestones/ client success

Step 4: Annual listening sessions

Step 5: Encourage staff to take mental health days and trust staff to know when these are needed

SAFE & INCLUSIVE WORKFORCE, ENVIRONMENT, & PRACTICES



Develop toolkit and integrative champions team for confronting workplace racism

Step 1: Hold listening sessions with impacted staff

Step 2: Identify team that can be trained in navigating challenging conversations, creating Covenants of Safety, and facilitating reparative work

Step 3: Evaluate PMR-21 process and identify supports on what involved staff can expect and where to get support

Step 4: Ensure protocol is immediately in place to initiate reparative work and support when racism is experienced



Develop concrete strategies to become an anti-racist organization

Step 1: Include in WET Training Plan a vision to broaden training efforts to include Anti-Oppressive Practice, restorative practice, and trauma-informed practices

Step 2: Ensure alignment of BILPOC Group Facilitator RFP with TIROC recommendations

Step 3: Discuss with SMT a new contract with Dr. Ken Hardy to provide services in line with TIROC recommendations

Step 4: Ensure accountability structures with a firm commitment from leadership



Create culturally affirming, welcoming, and warm physical spaces

Step 1: Research a checklist and assess each BHRS physical space

Step 2: Develop BHRS welcoming vision statement and materials that include diverse photos, client art, etc.

Step 3: Post J.E.D.I. materials and messaging throughout county agencies

Step 4: Identify a space at each BHRS location that is utilized for meditation, cultural practice, or other decompression activities



Policies & Procedures

Step 1: Utilize equity principles assessment tool to evaluate our policies and procedures

Step 2: Support policy, pledge, and protocol for when clients are racist toward staff

Step 3: Evaluate MQs, job descriptions, recruitment practices, and interviewing questions

Step 4: Create a policy that mandates annual requirement for trauma-informed trainings