

Report for Fiscal
Year (FY) 21/22
and Update for FY
22/23

Marin County Behavioral Health and Recovery Services Cultural Humility and Responsivity Plan



jenn moore and Cody Milner
Behavioral Health and Recovery
Services
Report for Fiscal Year (FY) 21/22 and
Update for FY 22/23

Introduction	4
Significant Changes to the System	4
Land Acknowledgement from Marin County Board of Supervisors	6
Behavioral Health and Recovery Services (BHRS) Mission	6
Dedicated Role: Program Manager of Equity and Inclusion (PMEI)	6
Authors	7
FY 21/22 Cultural Humility and Responsivity Plan	8
2022 BHRS Highlights	8
Status Updates for FY 21/22 Plan Goals.....	11
Updates for Criterion 1: Commitment to Cultural Competence	13
What We Did in FY 21/22	13
Policies and Procedures.....	13
Integration of Mental Health Plan and Substance Use Services	14
Celebration of Cultural Heritage Months	14
What We Are Doing in FY 22/23	15
MHSA and CHRP Plan Integration	15
Marin County Behavioral Health Board.....	16
Updates for Criterion 2: Updated Assessment of Service Needs	17
What We Did in FY 21/22	17
Mental Health Plan (MHP) Medi-Cal Eligible Vs. BHRS Served	17
Access Study Assessment (SMH criteria not met) by Race/ Ethnicity.....	25
Program Referral by Race/ Ethnicity	26
Equity and Quality Management Workgroup	29
Kick-Off SOGIE Data Collection Efforts	29
What We Are Doing in FY 22/23	29
More Robust SOGIE Data Collection	29
MHSA and CHRP Community Planning for FY 23-26	32
Equity and Quality Management Workgroup	32
Other Ways to Evaluate Disparities and Solano County ICCTM Learning Collaborative	33
Criterion 3: Strategies and Efforts to Reduce Behavioral Health Disparities	33
What We Did in FY 21/22	33

Substance Use Division Strategies	33
Crisis System Strategies	35
Disability Justice Strategies	35
MHSA and Outreach and Engagement.....	36
Latinx Steering Committee	37
Equity in Contracts.....	38
What We are Doing in FY 22/23.....	38
MHSA 3-Year Plan and CHRP Strategies	38
MHSA and Outreach and Engagement Strategies.....	39
Substance Use Services Strategies	40
Access Strategies	41
Crisis Strategies.....	42
Children’s System of Care (CSOC) Strategies.....	42
Crisis Intervention Training Strategies	42
Latinx Steering Committee and Solano Learning Collaborative.....	42
Combating Ableism and Focusing on Intersectional Approach to Service Delivery	43
BHRS LGBTQ+ Collaborative	43
Criterion 4: integration of the Client/Family/Community Committee within the County Behavioral Health System	44
What We Did in CY 2022	44
Summary of Achievements.....	47
Repeated Areas of Discussion	47
What We are Doing in CY 2023:.....	48
Criterion 5: County Behavioral Health Plan Culturally Competent Training Activities.....	48
What We Did in FY 21/22	48
New Cultural Humility Policy	49
Training Activities	49
HHS Talking Circles	49
Mandatory Anti-Racism Coaching/Training for BHRS Leadership	49
Expanding Identities Development (EiD) LGBTQ+ Training and Consultation	50
Cultural Humility Community of Practice with Indigenous Visions.....	50

Working with Interpreters Training.....	50
Disability Justice.....	50
What We are Doing in FY 22/23.....	51
Health and Human Services (HHS)	51
Behavioral Health and Recovery Services	52
Criterion 6: County Behavioral Health Systems Commitment to Growing a Multicultural Workforce	54
What We Did in FY 21/22	54
Recruitment/Retention	57
Peer Workforce Updates	58
Children’s System of Care (CSOC).....	59
WET Scholarships.....	59
Psychology Internship Training Program.....	60
What We are Doing in FY 22/23.....	60
Trauma Informed Care	60
Peer Workforce.....	61
MHSA and Workforce Education and Training (WET)	63
Human Resources Advancements in Hiring Process	64
Psychology Internship Training Program.....	64
Criterion 7: County Behavioral Health System Language Capacity	64
What We Did in FY 21/22	64
Language Capacity	64
Adult System of Care (ASOC)	68
Substance Use Services (SUS) – Adult and Adolescent Programs.....	69
Children’s System of Care.....	69
What We are Doing in FY 22/23.....	69
Language Capacity	69
Adult System of Care (ASOC)	70
Latinx Steering Committee and Solano Learning Collaborative.....	71
MHSA and Cultural Humility and Responsivity Community Engagement for Planning.....	71
Training in Spanish.....	71

Criterion 8: County Behavioral Health System Adaptation of Services	72
What We Did in FY 21/22	72
Residential Facilities	72
Telehealth	72
Suicide Prevention	72
MHSA Innovations	73
What We are Doing in FY 22/23.....	74
Residential Facilities	74
Telehealth	75
OD Free Marin	75
Marin City HHS Hub	75
MHSA INN	75
Suicide Prevention	75
Summary	76
Appendices.....	77
Appendix A: Solano Learning Collaborative + Latinx Steering Committee Visioning	77
Appendix B: ECPC Visioning	79
Appendix C: Cultural Humility Trainings Approach.....	80
Appendix D: Cultural Humility Training Activities FY 21/22.....	81
Appendix E: LGBTQ+ Collaborative Vision Mapping (Supported by EiD).....	82
Appendix F: Slides from Yejin Lee Sessions.....	84
Appendix G: TICIT Vision Boarding.....	87

Introduction

Significant Changes to the System

In July 2022, our BHRS Director Dr. Jei Africa resigned, and we were appointed a new BHRS Director. The following is a statement from our new BHRS Director, Todd Schirmer:

Marin County Behavioral Health and Recovery Services (BHRS) is proud to offer this annual update of our Cultural Humility and Responsivity Plan. 2022 has been a time of transition, as we work our way out of a two-year global pandemic, we face ongoing staffing shortages, the economy is unsettled and challenges are forecast ahead, and we've begun

preparing for transformation in the way we provide services, with CalAIM-related reforms and a new electronic health record anticipated next year. This year in July our BHRS Director, Dr. Jei Africa, resigned and I was appointed to fill that role.

Despite these challenges and transitions, BHRS continues to be committed to becoming an anti-oppressive, anti-racist, accessible, and culturally affirming space for healing and recovery. As part of the larger Health and Human Services (HHS) Department in Marin County, BHRS is focused on the advancement of racial equity and reducing barriers to access to behavioral healthcare. This includes recruitment and hiring of a diverse workforce, providing culturally affirming services to individuals in schools, offices, hospitals, and out in the community, enhancing our capability to provide services in languages other than English, and critically examining our internal operations through a lens of cultural humility.

This Cultural Humility and Responsivity Plan represents our effort to take a detailed look at our programs and services, examine data, and report this information publicly. We highlight our strengths and accomplishments throughout this report, but also note we have room to grow in several areas.

Changes to Marin BHRS Equity Team

Over the summer, the equity team was reorganized under a new BHRS Operations Director, a position that had just been filled a couple of months before the resignation of the BHRS Director. The BHRS Equity team was formerly under the BHRS Director and is now under the purview of BHRS Operations Director.

Marin County BHRS continues to feel the impacts of the great resignation happening across this country, and it has not skipped the BHRS equity team. Throughout the latter part of 2021 and early 2022, the BHRS Equity team, which houses both our Prevention and Early Intervention (PEI) and Workforce Education and Training (WET) programs, experienced a significant shift within the PEI team. During this time, the PEI team experienced the loss of the PEI Unit Supervisor, the Outreach and Engagement Coordinator, the older adult innovations Peer Counselor, and the older adult innovations Program Coordinator. The team went from five members to one member, leaving a gaping hole in our team and our system, as the PEI team holds a substantial budget, manages major contracts, and contributes massively to our internal and external equity initiatives. Our WET team experienced numerous extended leaves throughout 2022 and struggled to recruit a new WET administrative support position to help with the workload.

The resilience of this team cannot be overstated, and we are recovering in stride considering that many of the positions were vacant for 6+ months, while others are still vacant. In September 2022, we hired a new PEI Unit Supervisor, followed by a new Peer Counselor for the remaining term of our older adult innovations project. We split our Suicide Prevention Coordinator full-time position into two part-time positions to help with the heavy emotional

labor of the job, and we have just hired the other part-time coordinator. We are finalizing recruitments for the older adult innovation Program Coordinator, and we are awaiting approval for the Outreach and Engagement Coordinator, who will now be classified as a Senior Program Coordinator under the Equity Manager if approved. Our WET team brought back the Post-Doctoral Fellow position, a role which is now filled, and we are still in recruitment for the WET Administrative Services Technician (AST).

Land Acknowledgement from Marin County Board of Supervisors

We acknowledge the Coast Miwok people who occupied and stewarded this land for thousands of years before non-indigenous people removed them from their land. Marin County was named after Chief Huicmuse, a great chief of the Coast Miwok, Huiman band. Chief Huicmuse was renamed “Marino” by his Spanish oppressors, where he lived at Mission San Rafael for many years. The Coast Miwok people are made up of Olomko, consisting of Bodega in the north part of Marin and Huukuiko in the south part of Marin. These two main bands made up 12 tribal villages. The Coast Miwok are from the areas of Sausalito to Petaluma and stretch from the bayside out to the coastal areas of Tomales, Bodega, and Marshall. Let this acknowledgment be a reminder to recognize and honor the traditional owners of this land, whom are still here, and acknowledge the genocide and continuous displacement of indigenous peoples throughout the history of this nation.¹

Behavioral Health and Recovery Services (BHRS) Mission

Under the new BHRS Leadership, we want to re-establish a new Mission Statement for the division. The overall mission of BHRS is dedicated to advancing health and social equity for all people in Marin County.²

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 mental health programs (MHPs) efforts toward achieving equity and addressing disparities. In Marin County, the PMEI supports both the mental health plan and the substance use services for addressing disparities and addressing equity outcomes across the division. The Program Manager of Equity and Inclusion leads the Equity and Community Partnerships Committee (ECPC); 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

¹ <https://www.marincounty.org/-/media/files/maringov/board-actions/2021/november/2111166caolandackmiwokltr.pdf?la=en>

² <https://www.marinbhers.org/about-us>

throughout the year; and sits on the executive leadership team to ensure equity is imbued in discussions and decision-making processes.

Authors

jenn moore (they/them) is the Program Manager of Equity and Inclusion (PMEI) for Marin County's Health and Human Services – Behavioral Health and Recovery Services. jenn oversees BHRS' efforts related to cultural humility/equity, workforce development and training, consumer and family relations, and community outreach and engagement. They believe in being a values-driven leader and prioritizing the work toward collective liberation. jenn is a Licensed Clinical Social Worker (LCSW) with experience in trauma-informed systems' change, cultural humility and restorative approaches, training and group facilitation, social justice campaigning and coalition building, and anti-oppressive supervision and practice. Other concentrated settings that jenn has navigated include community mental health systems, the non-profit sector, Short Term Residential Treatment Programs (STRTP), juvenile detention centers, wraparound programs, shelters, and hospital inpatient units.

Originally from Georgia, jenn now lives in the Bay Area of California with their soon-to-be spouse, their pomsy pup, and their calico kitty. When not working for Marin County BHRS, jenn is either organizing with their local chapter of Showing Up for Racial Justice (SURJ), spending quality time with their support system of choice, cycling around the East Bay, cooking up a storm in their kitchen, or tending to their indoor plants.

Cody Milner (he/him) is a Senior Department Analyst for Marin County's Health and Human Services – Behavioral Health and Recovery Services. He is committed to continuing Marin County's HHS/BHRS division's work to be more diverse and provide more inclusive and equitable services to our community members. Cody holds an AA in Social and Behavioral Science from Santa Rosa Junior College, a BA in Business Administration with a concentration in Finance from Sonoma State University, and a Master's in Public Administration with a concentration in Health Administration Services from the University of San Francisco. He also holds a certificate from the University of Southern California Sol Price School of Public Policy, California Institute for Behavioral Health Solution (CIBHS) Leadership Institute.

With over eleven years of experience working in the healthcare field, Cody has worked in the private, non-profit, and public healthcare sectors primarily focused on behavioral health services. Some of his work has included client support services, office administration, program administration, fiscal and medical billing, systems implementation, program auditing and compliance, and project management. Originally from Louisiana, Cody now lives in California and loves to spend quality time with his family, friends, and two dogs, he also loves to travel both domestically and internationally, hiking, camping, and scuba diving. In his spare time, he volunteers with Sonoma County's Sheriff Dive Team.

Other significant contributions to this report from:

- Cat Condon, Division Director – Substance Use Services
- Jessica Diaz, LCSW, BHRS Program Manager for Adult and Older Adult Division
- Galen Main, MSW, Mental Health Services Act Coordinator
- Walter Ongwongsakul, Department Analyst II – Quality Management
- Katie Smith, LMFT, Unit Supervisor – Quality Management
- Leigh Steffy, Department Analyst II – Substance Use Services

FY 21/22 Cultural Humility and Responsivity Plan

The County of Marin call the Cultural Competency Plan (CCP) the Cultural Humility and Responsivity Plan (CHRP).

The [FY 21/22 Cultural Humility and Responsivity Plan](#)³ is still in an active state. The FY 22/23 CHRP is to serve the purpose of providing an update on the main areas of focus outlined in the FY 21/22 plan and provide descriptions of existing priority focus areas for FY 22/23.

We are excited to announce that the FY 23/24 CHRP will showcase and prioritize input from the community and stakeholders, as BHRS merged our MHSA and CHRP planning efforts. The MHSA 3-Year Plan for FY 23/24 – 25/26 is currently being developed, and the community planning process began in October 2022 and will continue through February 2023. Throughout this community planning and engagement phase, our Mental Health Services Act (MHSA) Coordinator and PMEI have worked collaboratively to integrate planning processes to ensure that disparities reduction, cultural humility, and accessibility were priorities. As a result of that effort, we have coordinated and are anticipating focus groups conducted in our threshold and near threshold languages (Spanish and Vietnamese), in our underserved localities (Marin City, West Marin, and Novato), and for communities which we have historically not engaged in planning efforts (LGBTQ+ community and people experiencing disability/disabilities). The information we are collecting will be past the deadline for this report and will be featured next year.

2022 BHRS Highlights

BHRS has experienced many challenges, changes, and growth in 2022. The following is a list of highlights from each of the different sectors within BHRS.

Administration

- Newly appointed BHRS Director
- New Operations Director
- Newly named Forensic Division Director
- Newly created Program Manager positions in the Children’s System and Mobile Crisis, Forensic, Re-Entry, and Diversion System

³ <https://www.marinbhers.org/sites/default/files/2022-01/Marin%20County%20BHRS%20CCP%202021-2022%20Update.pdf>

- Newly hired Unit Supervisors in PEI, CSU, Jail Mental Health, Mobile Crisis, YES, YFS, Road to Recovery, HER
- New EHR (SmartCare) set to “go live” in July 2023

Residential

- Opened Grand Avenue, an Adult Transitional Residential Treatment Facility (TRTF) in partnership with Progress Foundation
- Opened Jonathan’s Place, permanent supportive housing units, in partnership with Homeward Bound
- Opened Carmelita House, an MHSA Innovation Project providing housing for women with trauma histories who are exiting the criminal justice system, in partnership with Catholic Charities
- Contracted with Crestwood Sonoma Healing Center, a Psychiatric Health Facility (PHF), in Sonoma County, for two dedicated beds
- Expanded the Residential Substance Use Treatment Provider network by adding three new providers

Access Team

- Added several new fee-for-service network providers, including bilingual Spanish providers.
- No Wrong Door policy implemented in July 2022
- Revised/implemented new Outpatient Authorization Form to align to the short-term treatment model and CalAIM
- Added additional Support Service Worker, Full-time Peer Counselor, and Mental Health Practitioner
- Process improvements made to reduce duplication from initial screening to appointments to treatment placement
- Implemented six hours/week of psychiatry support for consultation on complex cases, diagnosis, quick medication evaluation, and joint sessions with MHP/MD when clinically indicated

Prevention and Early Intervention (PEI)

- Suicide Prevention Collaborative released [*From Compassion to Action: A Guide for Suicide Prevention and Support in Marin 2022*](#)⁴
- Local Outreach to Suicide Survivors (LOSS) team launched

Workforce, Education, and Training (WET)

- Psychology internship program awarded 10-year re-accreditation by the American Psychological Association (APA)
- Received CEU program approval from the California Association of Marriage and Family Therapy (CAMFT) and the California Consortium of Addiction Programs and Professionals (CCAPP)

⁴ https://www.marinhhs.org/sites/default/files/libraries/2022_06/sp_booklet_v13.pdf

Diversity, Equity, and Inclusion

- Diversified membership on Equity and Community Partnerships Committee (ECPC) with more than 50% of members representing community-based organizations
- Latinx Steering Committee launched to address disparities in access to care for Latinx individuals, now in partnership with the Interdisciplinary Collaboration and Cultural Transformational Model (ICCTM) Solano Learning Collaborative
- Expansion of peer workforce from 7 to 9.5 county peer positions and 13 contracted peers
- January 2022 launch of collecting SOGIE data in the Client Profile

Children's System of Care

- Mental Health Student Services Act (MHSSA) grants increased for the four-year cycle to expand coordination of school-based services, including building Wellness Centers in San Rafael and Novato schools
- Consolidated school-based prevention and early intervention services
- Year-long family training for staff to add to ongoing core competencies (e.g., Trauma Focused CBT, child-parent psychotherapy, eating disorders)
- Therapeutic Foster Care (TFC) offered to youth beginning this year
- New contract with Edgewood Center for hospital diversion services
- Expanded eating disorder services in collaboration with Partnership Health Plan

Adult/Older Adult System of Care (ASOC)

- Added floating clinical staff to cover vacancies and part-time service in full-service partnerships teams, Access team, and Senior Peer Counseling (ACASA) program for Spanish speakers
- Started planning stage of Assertive Community Treatment (ACT) Fidelity reviews for Adult FSP programs
- Implemented level of care and placement process consultation meetings with the Access team
- Expanded services in West Marin, including direct line to ASOC leadership
- Contracted with Partnership Health Plan to provide Enhanced Case Management (ECM) for BHRS clients

Mobile Crisis, Forensic, Re-Entry, and Diversion

- Partnered with Buckelew Programs to launch the 988 behavioral health crisis number and to offer in-person Mobile Crisis response when needed
- Expanded Mobile Crisis with Crisis Care Mobile Unit (CCMU) grant
- Provided twice annual Crisis Intervention Training (CIT) for law enforcement and expanded CIT committee and training offerings

Medical Providers

- Piloted involuntary medication procedures in the Jail
- Expanded full nursing services in the HOPE program

Substance Use

- Expanded services, including new residential and withdrawal management capacity, and four new Recovery Coaches

- Treatment Ecosystem Grant culminated in the “Envisioning the Future,” event in August
- Expanded efforts to address overdoses, including developing overdose and suicide attempt follow-up protocols, securing funding for a Medications for Addiction Treatment (MAT) Coordinator in the Marin County Jail, deploying vending machines that dispense Narcan free of charge, implementing media campaigns and outreach initiatives to promote available treatment resources and reduce stigma, and rebranded RxSafe Marin to OD Free Marin
- Awarded a County Innovation Grant to implement the WePROTECT wastewater-based epidemiology project

Status Updates for FY 21/22 Plan Goals

In FY 21/22, BHRS’s Cultural Humility and Responsivity Plan had five high-priority goals. The following is an update on each of the goals and their individual strategies:

Goal 1: Language Access

Strategy:

Status:

1: Collect bilingual staff data to comparatively analyze each team’s bilingual capacity.

Completed and Ongoing

2: Create a 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.

Not Completed – Not Yet Started

3: Provide Working with Interpreter training and supportive training for bilingual staff.

Completed and Ongoing

Goal 2: Disparities in Latinx Service Utilization

Strategy:

Status:

1: Increase collaboration through the development of an internal steering committee of BHRS representatives, intentional partnership with *Promotores*, consultation with Latinx behavioral health professionals, and participation in learning collaboratives.

Completed and Ongoing

2: Develop inclusive data metrics, identify how to effectively measure outcomes, and utilize community participatory research principles.	In Progress
3: Focus outreach and engagement on points of entry and system and financial navigation.	Paused until outreach and engagement position is filled

Goal 3: Cultural Humility, Anti-Racism, and Trauma-Informed Frameworks

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

Goal 4: WET Strategic Planning

Strategy:	Status:
1: Develop a WET Training Plan that identifies the theory of change, focuses training topics in priority areas, supports learning in between training, and incorporates cultural-humility, anti-racist, and trauma-informed frameworks.	Not Completed – Not Yet Started
2: Develop Peer Certification SB 803 Implementation plan and increase peer support.	Completed
3: Identify recruitment and retention strategies.	In Progress

Goal 5: Engagement with Underserved or Inappropriately Served Communities

Strategy:

Status:

1: Create in deliberate partnership with Native/Indigenous communities of Marin.

Paused until outreach and engagement position is filled

2: Elevate the disparities in Black/African American/African Descent beneficiary return rates and responses to treatment perception survey to identify and address institutional.

Not Completed – Goal has shifted in response to new data.

3: Identify outreach and engagement strategies to target Pacific Islander and LGBTQ+ communities, potential beneficiaries, and current beneficiaries.

Paused until outreach and engagement position is filled

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).

In Progress



Throughout this report, you will see this symbol utilized to denote either an area of ongoing work and/or a newly identified goal for our system.

Updates for Criterion 1: Commitment to Cultural Competence

What We Did in FY 21/22

In FY 21/22, BHRS worked on Policies and Procedures, Integration of Mental Health and Substance Use Services, and Celebration of Heritage Months. The following are individual updates on action steps taken to complete the work.

Policies and Procedures

- In October 2021, the BHRS Director signed our new [Cultural Humility Training Activities policy⁵](#) outlining the training requirement for BHRS staff and contracted providers to complete the following:
 - One (1) Cultural Humility training annually
 - One (1) LGBTQ+ training annually
 - One (1) Working with Interpreters training bi-annually

⁵ https://drive.google.com/file/d/14HjTj-d1oT_-aZTC9z3z_Skn0ULNdK9H/view

- In April 2022, the BHRS PMEI, in partnership with BHRS representatives from across the system and Quality Management, modified our [Serious Incident Report⁶](#) (SIR) form and policy to include a protocol for when staff wants to report experiencing discrimination from a client.
- In May 2022, the BHRS PMEI and the BHRS Mental Health Board developed and spearheaded a [Resolution to Declare Racism as a Public Health Crisis⁷](#), which was accepted and passed by the Marin County Board of Supervisors in May 2022.

Integration of Mental Health Plan and Substance Use Services

- Integrated substance use data and goals into the Cultural Humility and Responsivity FY 21-22 plan
- Ensured substance use representation in the Equity and Community Partnerships Committee (ECPC), Trauma-Informed Resiliency-Oriented Care (TIROC) Core Implementation Team (CIT), LGBTQ+ Collaborative, Latinx Steering Committee, and Cultural Humility Community of Practice
- \$43,638 awarded to 30 WET scholarship recipients, including CCAPP scholarships

Celebration of Cultural Heritage Months

- BHRS created a [process for celebrating culturally specific days/months/events⁸](#). Based on the California Reducing Disparities Project (CRDP) 5 target populations, BHRS coordinated training, events, and newsletters in alignment with Black Heritage Month, AAPI Heritage Month, PRIDE, Latinx Heritage Month, National Disability Employment Awareness Month, and Native American Heritage Month. The following includes what events/trainings were hosted during cultural heritage months:
 - Latinx Heritage Month - Culturally Affirming Healing Practices in Latinx Communities
 - Native American Heritage Month: An Introduction to the Native American Community of Marin County and "Now What?"
 - National Disability Employment Awareness Month training: Intellectual and Developmental Disabilities and Marin County Community, Services, Resources, and Partnerships
 - Black History Month:
 - Joy - Fueling Our History, RE-centering the Work
 - Building Resilience through Self-Compassion During Traumatic Stress
 - Black Food: Celebrating Food Culture of the African Diaspora
 - AAPI Heritage Month:
 - 1000 Cranes
 - PRIDE Month:

⁶ https://drive.google.com/file/d/16mrPcZkq5EjmwzoJrApYGw_qqcUo9Q_j/view

⁷

<https://pav.marincounty.org/publicaccessbosrecords/api/Document/ATl4%C3%81y6Fu6Tp46CEKkHum%C3%81Bk2XZctQsU5Mtx5NE0nZmOTc%C3%89P5C3CyDCG%C3%89vwguTMLPn6%C3%81eTN9eh6w1cVoyDWTpMs%3D/>

⁸ <https://www.canva.com/design/DAEX1YPH3dw/8fvcBa00zG55YxeT6m6g2g/view?website#4>

- Understanding and Affirming the LGBTQ+ Community and Everything In Between
- At the start of the calendar year 2022, the equity team began creating interactive websites to share out with BHRS staff and community. The first three heritage months celebrated via this new platform in CY 2022 include:
 - [Black History Month](#)
 - [AAPI Heritage Month](#)
 - [PRIDE](#)

What We Are Doing in FY 22/23

In FY 22/23, BHRS is planning to work on MHSA and CHRP Plan Integration, Marin County Behavioral Health Board, Continued Efforts to Integrate the Mental Health Plan and Substance Use Services, and Continued Creation of Interactive Cultural Websites. The following are plans and goals for BHRS in FY 22/23.


MHSA and CHRP Plan Integration

At the start of FY 22/23, the MHSA Coordinator and PMEI came together to review elements of both the MHSA and CHRP plans to see where there might be more partnership, alignment, and integration. The MHSA plan holds cultural competency as a value, funding programs that reduce disparities. The MHSA plan has an inherent commitment to cultural competence baked in, yet the community engagement component of the MHSA plan is not an official requirement for the development of the Cultural Humility and Responsivity Plan (CHRP).

To continue prioritizing equity, disparities reduction, and imbuing cultural humility throughout all that BHRS does, it made sense to merge the MHSA planning and CHRP planning. As a result of these conversations and discovered areas of overlap, it was decided that for the upcoming MHSA 3-Year Plan, the MHSA Coordinator and PMEI would work together to coordinate community engagement groups that reflect the underserved in Marin County. Due to the timing of the MHSA 3-Year Plan, the results of these focused spaces will not be shared in this current Cultural Humility and Responsivity Plan and will be reported out instead at the end of next year. The following focus groups were identified in addition to those needed to complete the MHSA plan:

- Threshold language groups:
 - 4 Spanish-speaking groups in strategic locations:
 - West Marin
 - Novato
 - Canal
 - Virtual
 - 1 Vietnamese-speaking group
- LGBTQ+ community and providers listening session(s)
- People experiencing disabilities
- People providing professional services to those with disabilities

- Other locality-based groups:
 - Marin City

Most of these groups will be launching in the New Year of 2023 and will inform both the  upcoming MHSA plan and next year's CHRP. Additional groups might be added if the need arises.

Note: This is the first year that Marin has hosted a separate community engagement space for the LGBTQ+ community and for those experiencing disabilities who also are trying to access behavioral health services.

Marin County Behavioral Health Board

In November 2022, the Marin Board of Supervisors approved for the Mental Health Board to change its name to the [Behavioral Health Board⁹](#), with an additional adjustment to the Bylaws. The revised Bylaws change the name from the Marin County Mental Health Board to the Marin County Behavioral Health Board, reflecting an inclusive focus on individuals experiencing both mental health and substance use challenges.

The Board now also includes revised Bylaws to expand the Board's membership composition with a focus on youth voice representation. At least one member of the board shall be between the ages of 18 to 25 years old.

Continue Efforts to Integrate the Mental Health Plan and Substance Use Services

- In September 2022, the Equity Team hired a new PEI Unit Supervisor intending to integrate substance use prevention
- Two (2) Senior Department Analyst(s) for Substance Use and Mental Health were created to assist with the implementation of the various pertinent CalAIM initiatives, which includes the initiative to integrate Behavioral Health administration by January 2027.
- Equity and Community Partnerships Committee (ECPC) plans to engage in recruitment for additional substance use representation from contracted providers.
- BHRS was approved to be a CCAPP Continuing Education Provider in September 2022. With this, BHRS will be able to increase the number of co-occurring trainings offered to its providers and support continuing education requirements for individuals seeking to become or maintain substance use counselor certification.
- BHRS is working on a proposal for a co-occurring needs assessment and a subsequent pilot in tandem with the ACT rollout.

Continued Creation of Interactive Cultural Websites

- [Latinx Heritage Month](#)
- [Native American Heritage Month](#)

⁹ https://marin.granicus.com/MetaViewer.php?view_id=33&clip_id=11596&meta_id=1230470

Updates for Criterion 2: Updated Assessment of Service Needs

Current Marin County characteristics can be found in the most recent [County of Marin FY22/23 Mental Health Services Act \(MHSA\) Annual Update \(marinhhs.org\)](https://www.marinhhs.org/sites/default/files/libraries/2022_06/marin_county_fy2022-2023_mhsa_annual_update.pdf)¹⁰.

What We Did in FY 21/22

In FY 21/22, BHRS worked on Mental Health Plan (MHP) Medi-Cal Eligible vs. BHRS Served, Access Assessment Study Assessment (SMH Criteria not met) by Race/Ethnicity, Program referral by Race/Ethnicity, Disparities from FY 20/21 in FY 21/22, Equity and Quality Management Workgroup, and SOGIE Data Collection. The following are individual updates on action steps taken to complete the work.

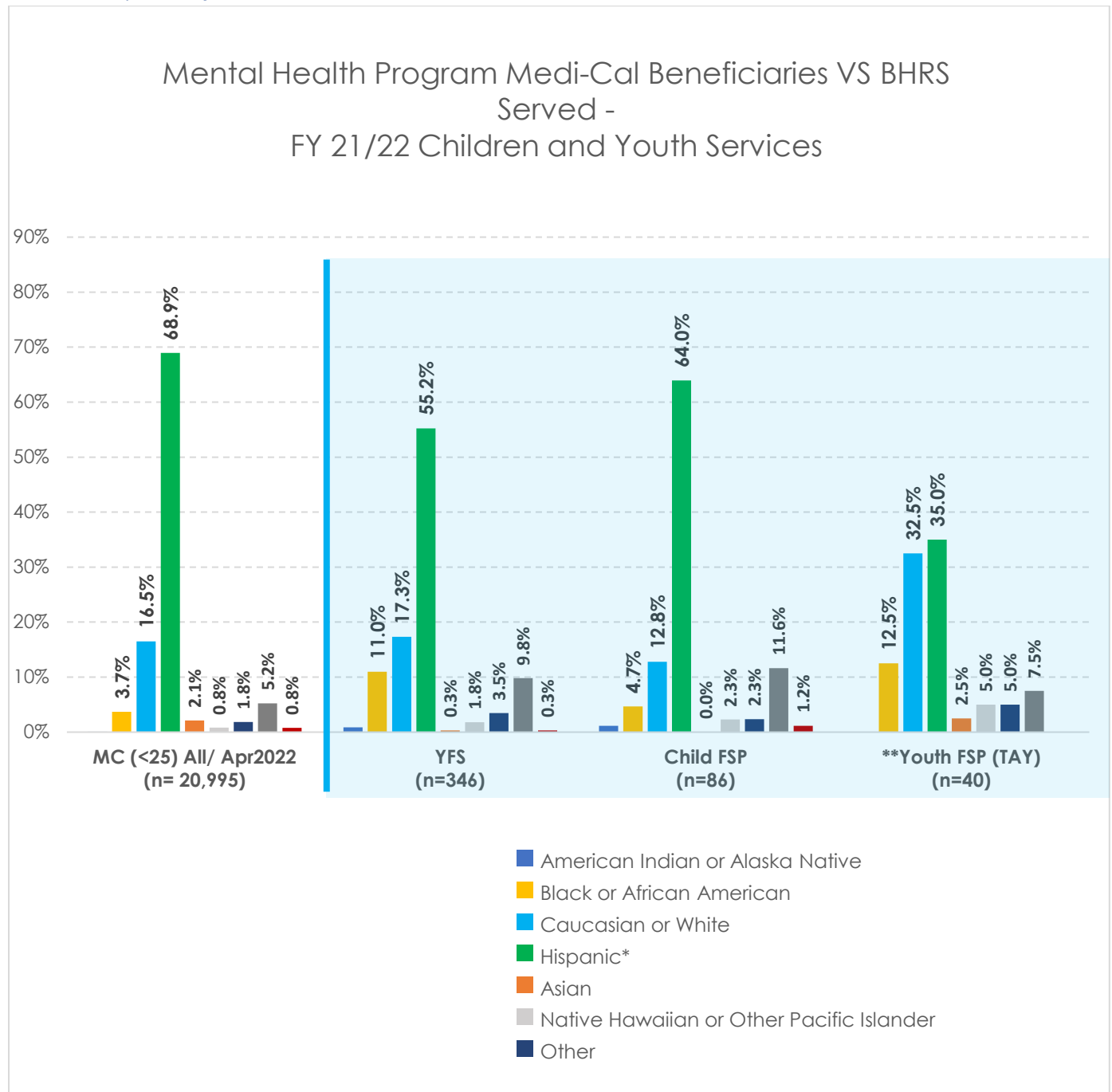
Mental Health Plan (MHP) Medi-Cal Eligible Vs. BHRS Served

Every year, BHRS completes a comparative analysis of those eligible for Medi-Cal versus those who are served by BHRS by race/ethnicity to determine if there are any disparities. This category replaces the previously named “penetration rates,” as BHRS endeavors to be more trauma-informed, which includes evaluating the language that we utilize. In this report, it will be referred to as Medi-Cal Eligible/Beneficiaries vs. BHRS Served or SUS Claims Data vs. Race/Ethnicity Performance Targets.

Marin County BHRS is still underserving our Latinx/Hispanic Medi-Cal beneficiaries/eligible across the board, with less of a disparity noted in our Children’s System of Care as made evident in the below two graphs.



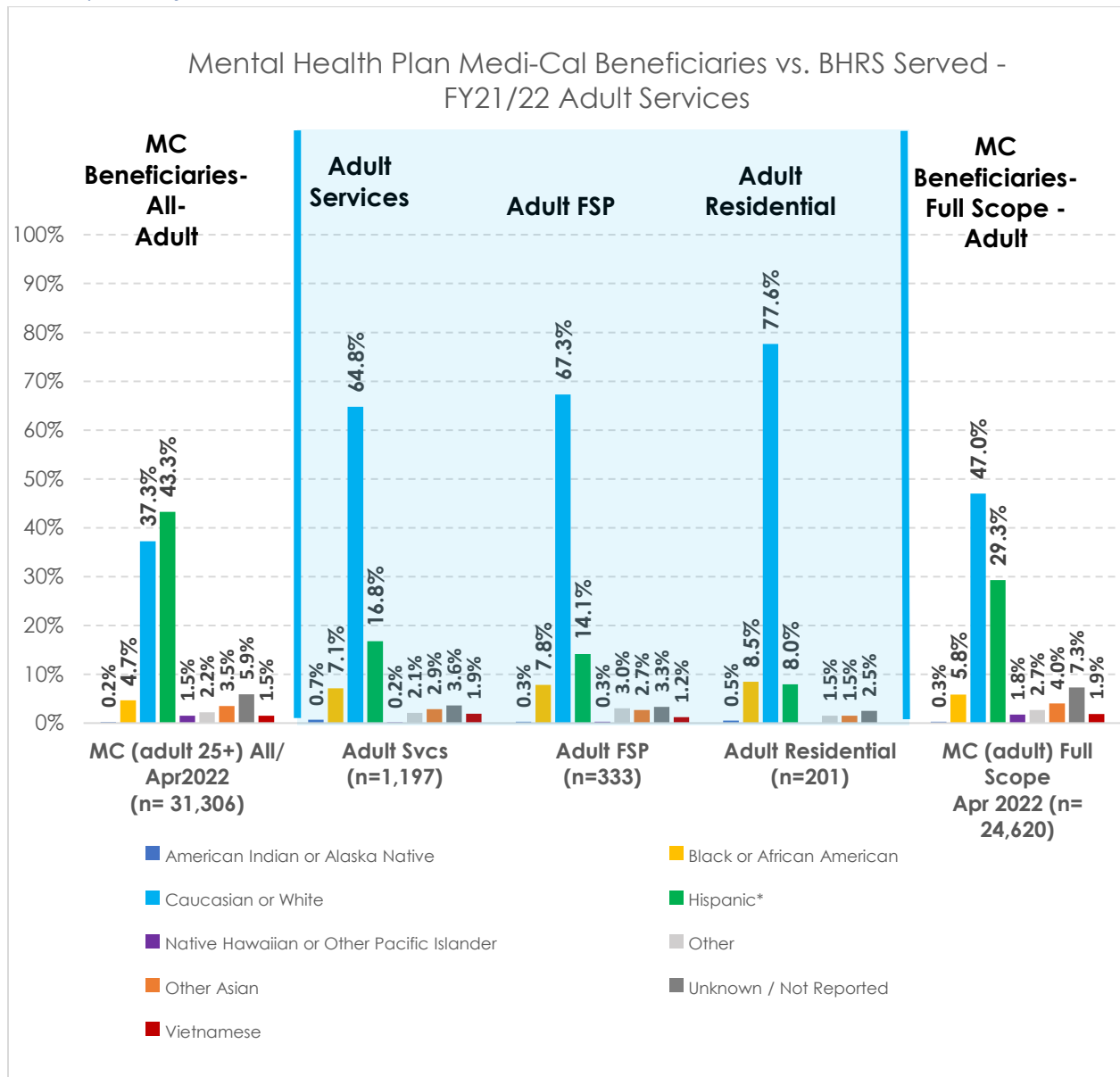
¹⁰ https://www.marinhhs.org/sites/default/files/libraries/2022_06/marin_county_fy2022-2023_mhsa_annual_update.pdf



*Please note:

- 50% of Adult Hispanic beneficiaries (Age 25 and older) are eligible only for pregnancy-related, postpartum, and emergency services (restricted MC)
- 99.5% of Children Hispanic beneficiaries (Age <25) are eligible for Full Scope MC

Adult System of Care



*Please note:

- a) 50% of Adult Hispanic beneficiaries (Age 25 and older) are eligible only for pregnancy-related, postpartum, and emergency services (restricted MC)
- b) Data on Native Hawaiian and Other Pacific Islander is currently under review.

Drug Medi-Cal Services

Drug Medi-Cal (DMC) Claims Data vs. Race/Ethnicity Performance Targets for FY 21/22 include a reduction in every race/ethnicity, except Native American CalOMS Data, which saw a notable increase (keeping in mind that numbers for Native Americans are relatively low). The decreases are due to a combination of both the increase in the number of Medi-Cal eligible and a decrease in the unduplicated number of clients. The unduplicated number of DMC clients

decreased by approximately 7% and the unduplicated number of all clients (DMC and non-DMC) decreased by approximately 10% between 20/21 and 21/22.

FY 20/21 and 21/22 SUS Claims Data Vs. Race/Ethnicity Performance Targets

The below chart is to show the full scope of substance use services including Drug Medi-Cal claims, Marin County Low Income/Uninsured and Non-DMC providers. The low income/uninsured data is represented in the CalOMS data.

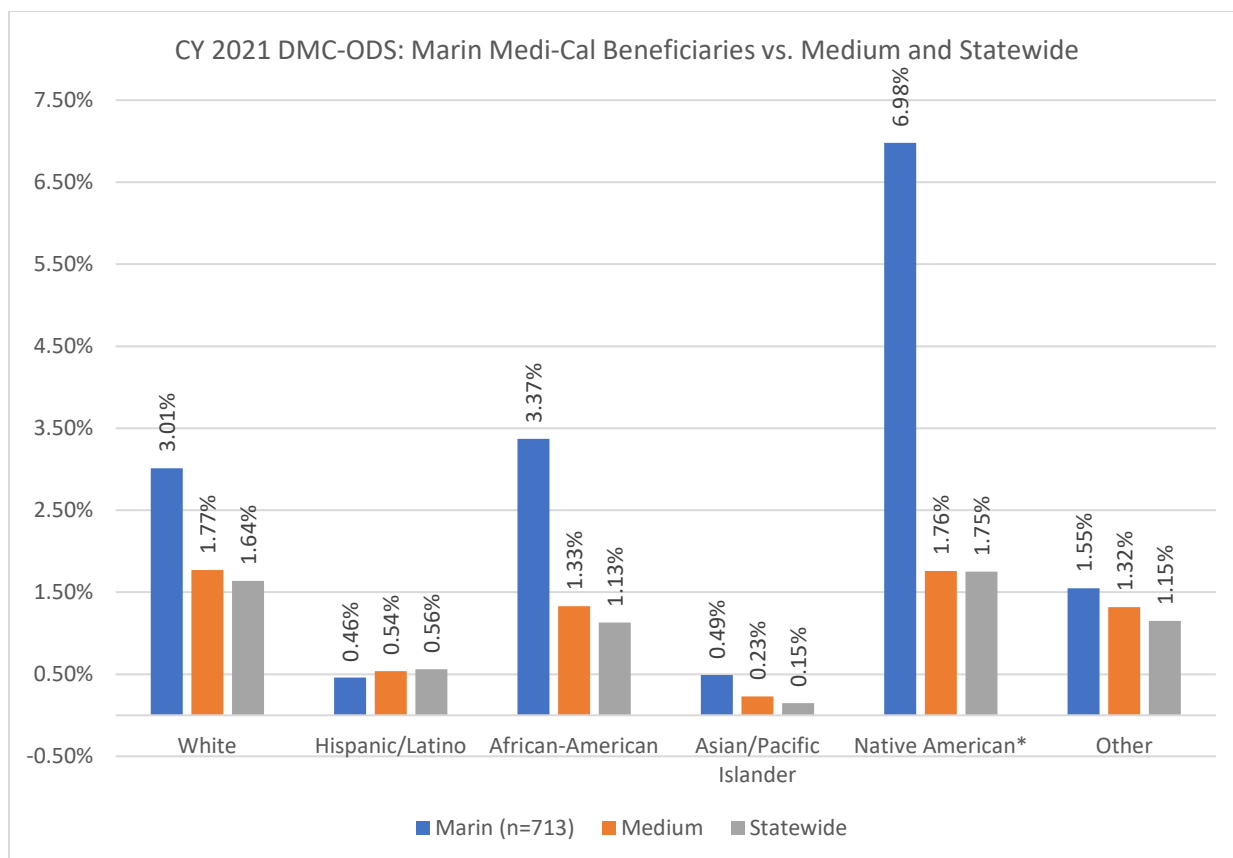
Race/Ethnicity	Performance Target*	FY 2020-21 DMC Claims (n=676)	FY 2020-21 CalOMS Data (n=734)	FY 2021-22 DMC Claims (n=627)	FY 2021-22 CalOMS Data (n=655)
Overall Rate		1.91%	2.08%	1.57%	1.64%
White	3.29%	3.02% (439)	3.29% (478)	2.65% (397)	2.78% (416)
Hispanic/Latino	1.09%	0.76% (100)	0.95% (125)	0.63% (105)	0.84% (141)
African-American	4.63%	3.70% (71)	4.63% (89)	2.90% (59)	2.95% (60)
Asian/Pacific Islander	0.67%	0.59% (14)	0.67% (16)	0.32% (8)	0.56% (14)
Native American	3.80%	5.06% (4)	3.80% (3)	3.30% (3)	6.59% (6)
Other	2.96%	1.03% (8)	2.96% (23)	1.22% (11)	1.99% (18)
Missing	NA	1.60% (40)	NA	1.63% (44)	NA (0)

*Rates are determined by number of served beneficiaries divided by the number all eligible beneficiaries.

CY 2021 DMC - ODS Medi-Cal Beneficiaries vs. BHRS served data indicates Marin exceeded rates across all races/ethnicities as compared to the State and other medium-sized counties, except for Hispanic/Latinx beneficiaries.



Serving Hispanic/Latinx continues to be a substantial disparity and a focus of FY 22/23 activities to address.



*Note: There is a small sample size (n=<10) for Marin Native American beneficiaries.

As noted in the table below, there is a 4-5% variance in timely access to the first service when disaggregated by race/ethnicity.

FY 21/22 Percent Meeting Performance Standard of 10 days from Initial Request to First DMC-ODS Service by Race/Ethnicity

	OS/IOS	Residential	Residential WM
Overall Average	92.6%	91.7%	100%
Black/African American	89.3%	94.4%	100%
Hispanic/Latino	93.2%	87.5%	100%
Other Races	88.9%*	87.5%*	100%
Two or More Races	100%*	100%**	100%
White	92.6%	93.0%	100%

*Sample size of 9 or fewer

**Sample size of 5 or fewer

Another disparity we note within substance use services includes the percentage of beneficiaries discharged with successful outcomes in Intensive Outpatient programs for Black and African American clients:

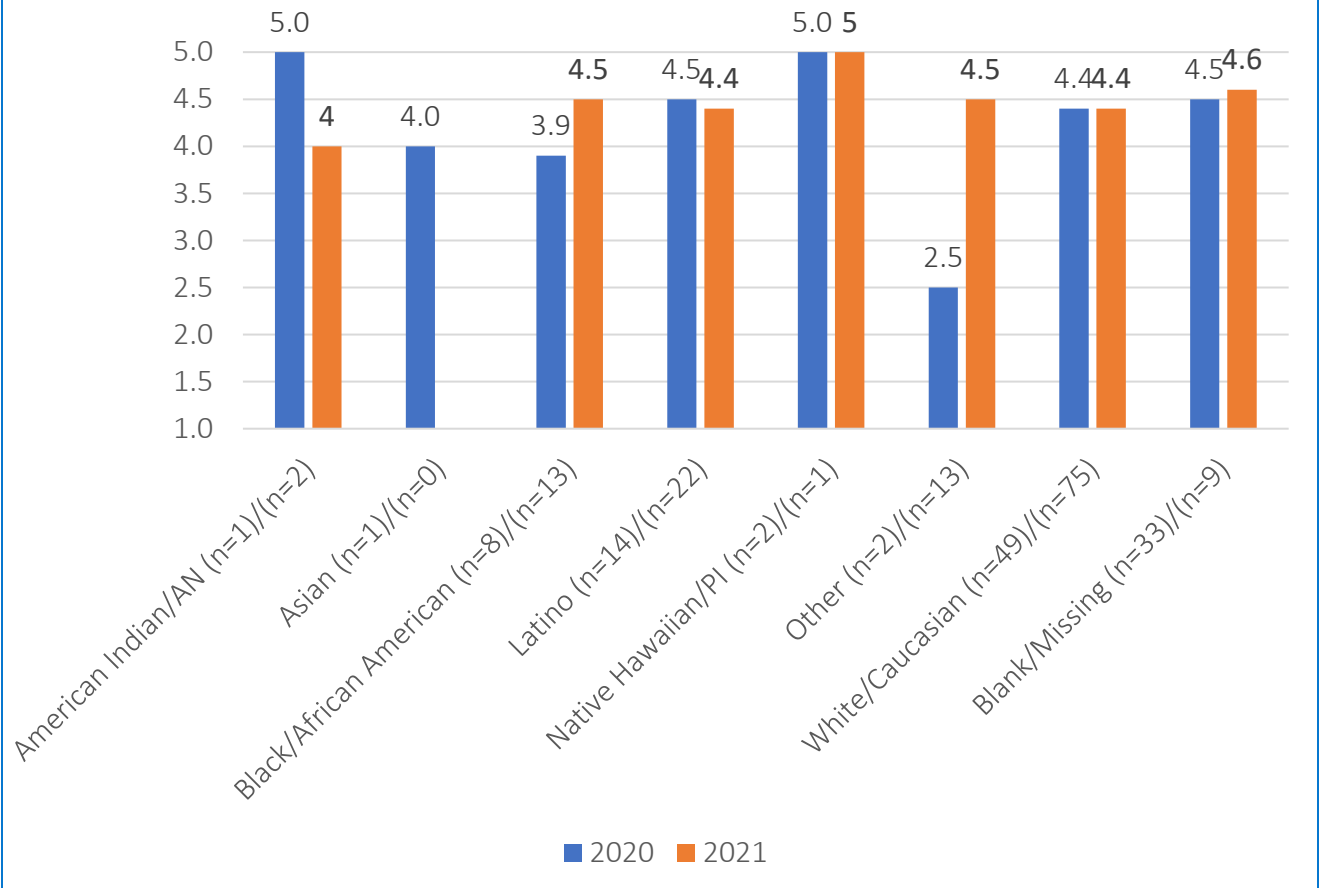
Intensive Outpatient					
	n	Positive	Negative	%Positive	% Negative
Overall	161	96	65	60%	40%
Race / Ethnicity					
White	77	48	29	62%	38%
Hispanic/Latinx	67	40	27	60%	40%
African American	8	3	5	38%	62%
Other Race	9	5	4	56%	44%

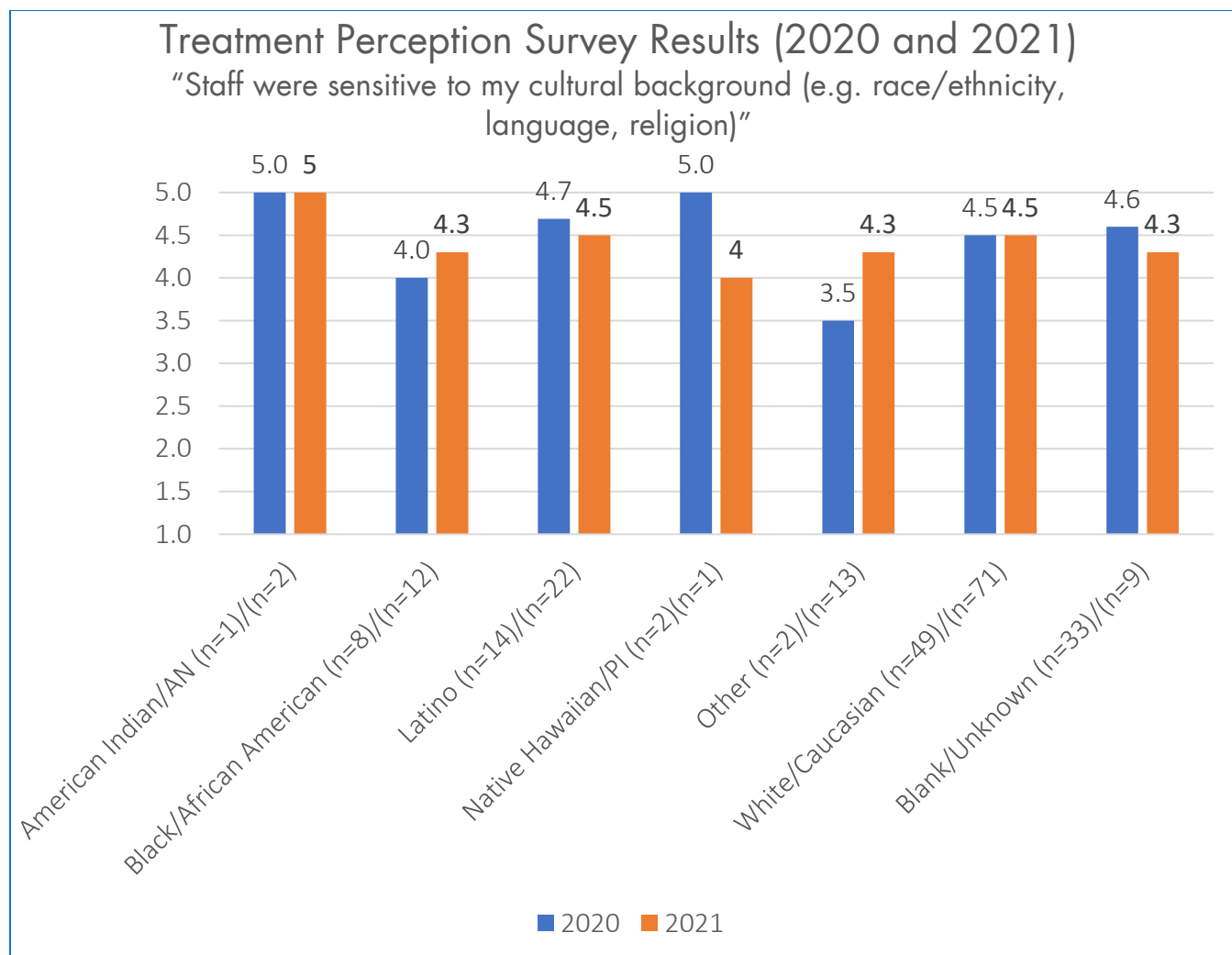
With all of that said, we do note some improvements in SUS treatment perception in FY 21/22 for Black/African American clients, which was a goal in last year's [cultural humility and responsivity plan](#).¹¹ You can see below in the graphs comparisons of rates from 2020 and 2021.

¹¹ <https://www.marinbhrs.org/sites/default/files/2022-01/Marin%20County%20BHR%20CCP%202021-2022%20Update.pdf>

Adult Treatment Perception Survey Results (2020 and 2021)

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





BHRS All Age Groups, Access, and Crisis Stabilization Unit

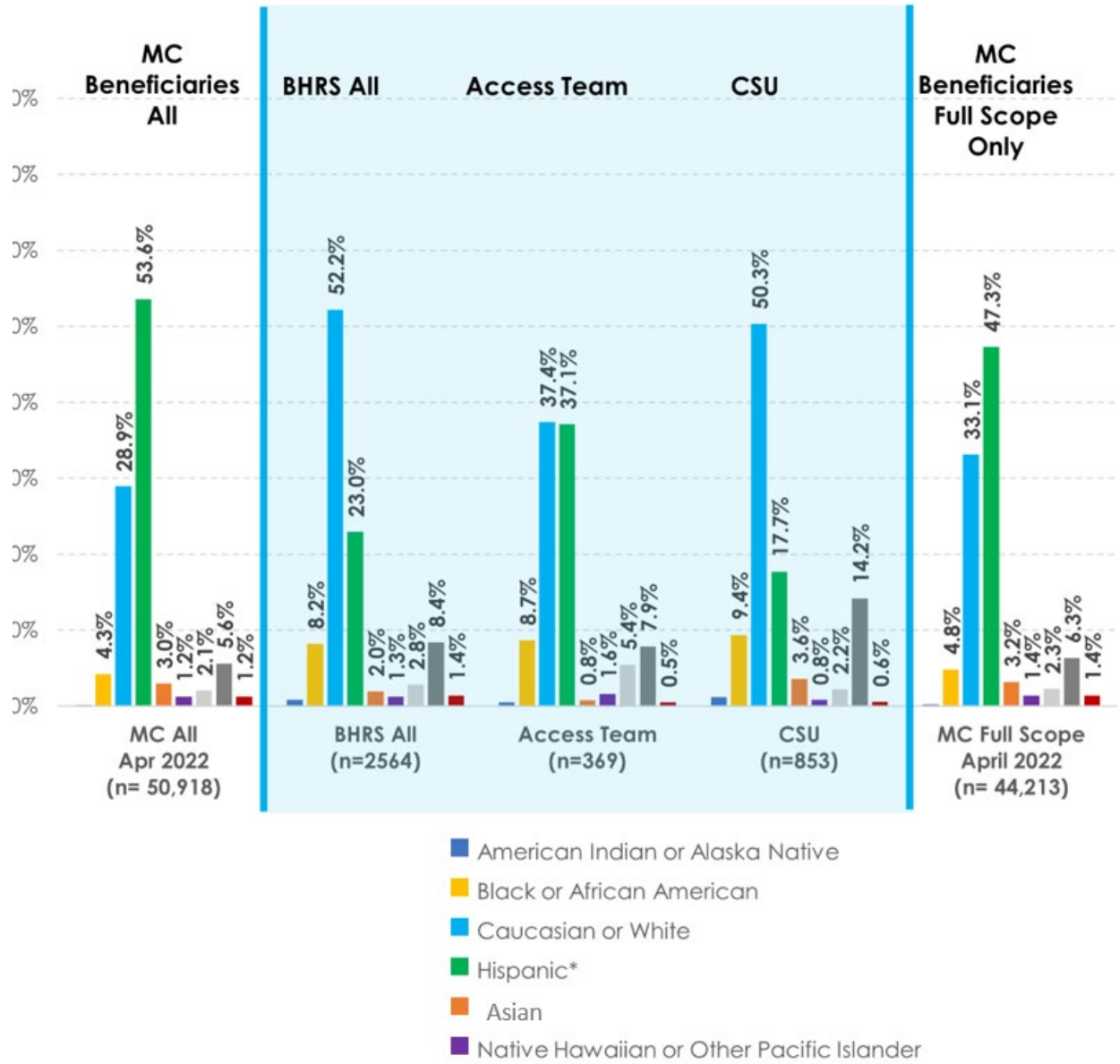
In the study below, we suggest evaluating “Crisis Stabilization Unit (CSU)” next to “MC Beneficiaries” and “Access” and “BHRS All” next to “MC Beneficiaries - Full Scope Only” due to CSU being open to all Medi-Cal beneficiaries whether they are full-scope or not. We see that the Latinx/Hispanic disparity is significant here. However, CSU is also serving markedly more “Unknown/Not Reported,” which might reflect not being able to get race/ethnicity information during a crisis or because of a lack of diverse racial/ethnic categories for people to select from.

When comparing the Access Team to MC Beneficiaries – Full Scope Only, we can see that the Latinx/Hispanic disparity is not as prominent at the point of assessment. In an additional graph below in a referral-based study, we can see that nearly 50% of Hispanic/Latinx clients are referred to YFS, which also is the part of the system that sees less of a disparity overall in Latinx/Hispanic MC beneficiaries vs. BHRS served.



Though this disparity impacts all BHRS systems of care, including the Children’s System of Care, BHRS continues to focus primarily on adult Latinx/Hispanic beneficiaries due to the more significant disparity noted in the adult Latinx/Hispanic population.

MC beneficiaries VS BHRS served - FY21/22



*Please note:

- a) 50% of Adult Hispanic beneficiaries (Age 25 and older) are eligible only for pregnancy-related, postpartum, and emergency services (restricted MC)
- b) 99.5% of Children Hispanic beneficiaries (Age <25) are eligible for Full Scope MC

Access Study Assessment (SMH criteria not met) by Race/ Ethnicity

Like last year, our quality management department completed a comparative analysis of Access assessments by race/ethnicity to evaluate if there are disparities in those being determined to

not meet specialty mental health (SMH) criteria. In FY 21/22, there was a significant drop in the number of assessments completed, however a higher percentage of people who were assessed met the criteria as compared to the prior year. The most significant change in percent of individuals assessed as not eligible was in the Black or African American population with only 6% of those who were assessed as not meeting criteria in FY 21/22 as compared to 32% the year before. Similarly, 25% of Hispanic individuals assessed were determined not to meet the criteria for specialty mental health services, down from 35% determined to be ineligible the year before.

FY 20/21			
Race/ Ethnicity	Assessment count	SMH Criteria not met	% SMH criteria not met by Race
Caucasian or White	200 (42%)	45 (33%)	23%
Hispanic	174 (37%)	61 (45%)	35%
Black or African American	37 (8%)	12 (9%)	32%
Other Asian	13 (3%)	2 (1%)	15%
Vietnamese	3 (1%)	1 (1%)	33%
American Indian	2 (0%)	n/a	0%
Hawaiian/ Pacific Islander	1 (0%)	n/a	0%
Other	13 (3%)	4 (0%)	31%
Not Reported	31 (7%)	11 (0%)	35%
Grand Total	474	136	29%

FY 21/22			
Race/ Ethnicity	Assessment count	SMH Criteria not met	% SMH criteria not met by Race
Caucasian or White	133 (37%)	25 (32%)	19%
Hispanic	137 (38%)	34 (43%)	25%
Black or African American	31 (9%)	2 (3%)	6%
Other Asian	6 (2%)	2 (3%)	33%
Vietnamese	2 (1%)	2 (3%)	100%
American Indian	2 (1%)	n/a	0
Hawaiian/ Pacific Islander	3 (1%)	n/a	0
Other	20 (6%)	8 (10%)	40%
Not Reported	27 (7%)	6 (8%)	22%
Grand Total	361	79	22%

Program Referral by Race/ Ethnicity

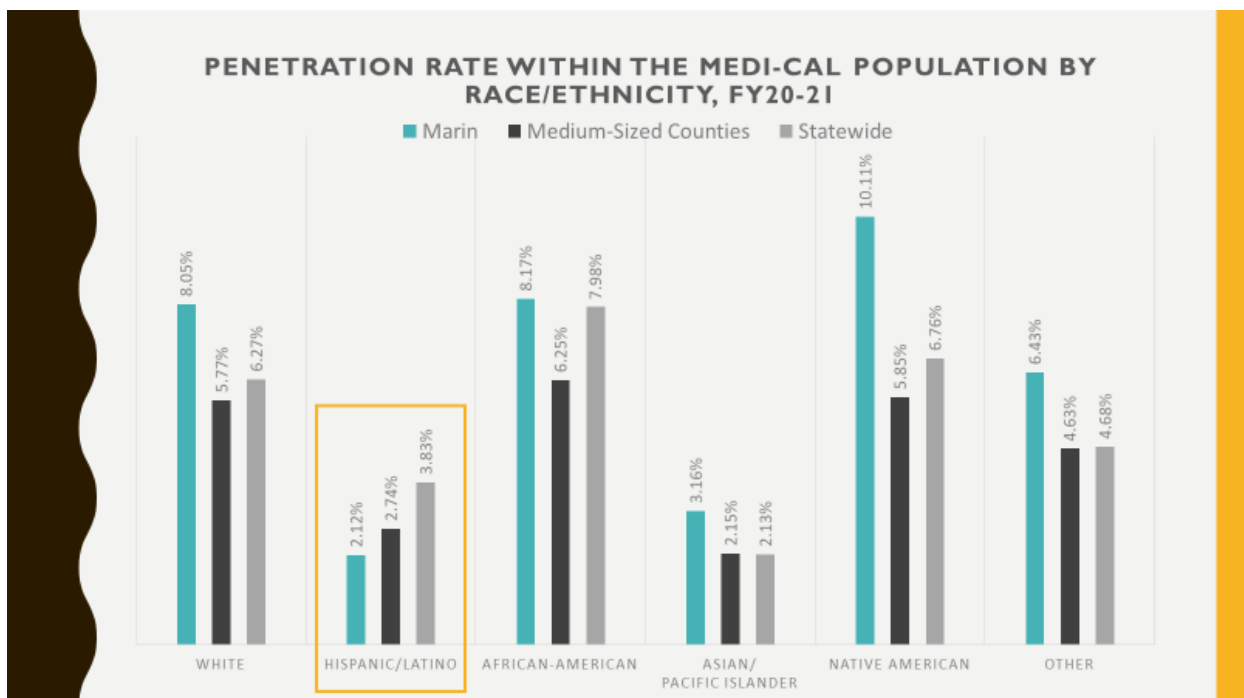
Similarly, we completed a side-by-side comparison between FY 20/21 and FY 21/22 to see if there were any significant changes in referrals to various teams across BHRS by race/ethnicity. Of note includes an increase of referrals of Hispanic, Black/African American, and Asian clients all the to Bridge Team.

FY 20/21							
Race/ Ethnicity	Referral Total	Bridge Team	YFS	FSP Adult	TAY & YES	Other	Total
Caucasian or White	155	54%	14%	25%	4%	3%	100%
Hispanic	113	27%	50%	7%	8%	8%	100%
Black or African American	25	27%	40%	20%	4%	9%	100%
Asian	13	23%	38%	31%	0%	8%	100%
Other	32	34%	34%	13%	9%	10%	100%
Total	338						

FY 21/22							
Race/ Ethnicity	Referral Total	Bridge Team	YFS	FSP Adult	TAY & YES	Other	Total
Caucasian or White	108	56%	12%	26%	3%	3%	100%
Hispanic	103	34%	46%	14%	1%	5%	100%
Black or African American	29	41%	31%	14%	7%	7%	100%
Asian	4	100%				0%	100%
Other	38	37%	29%	24%	5%	5%	100%
Total	282						

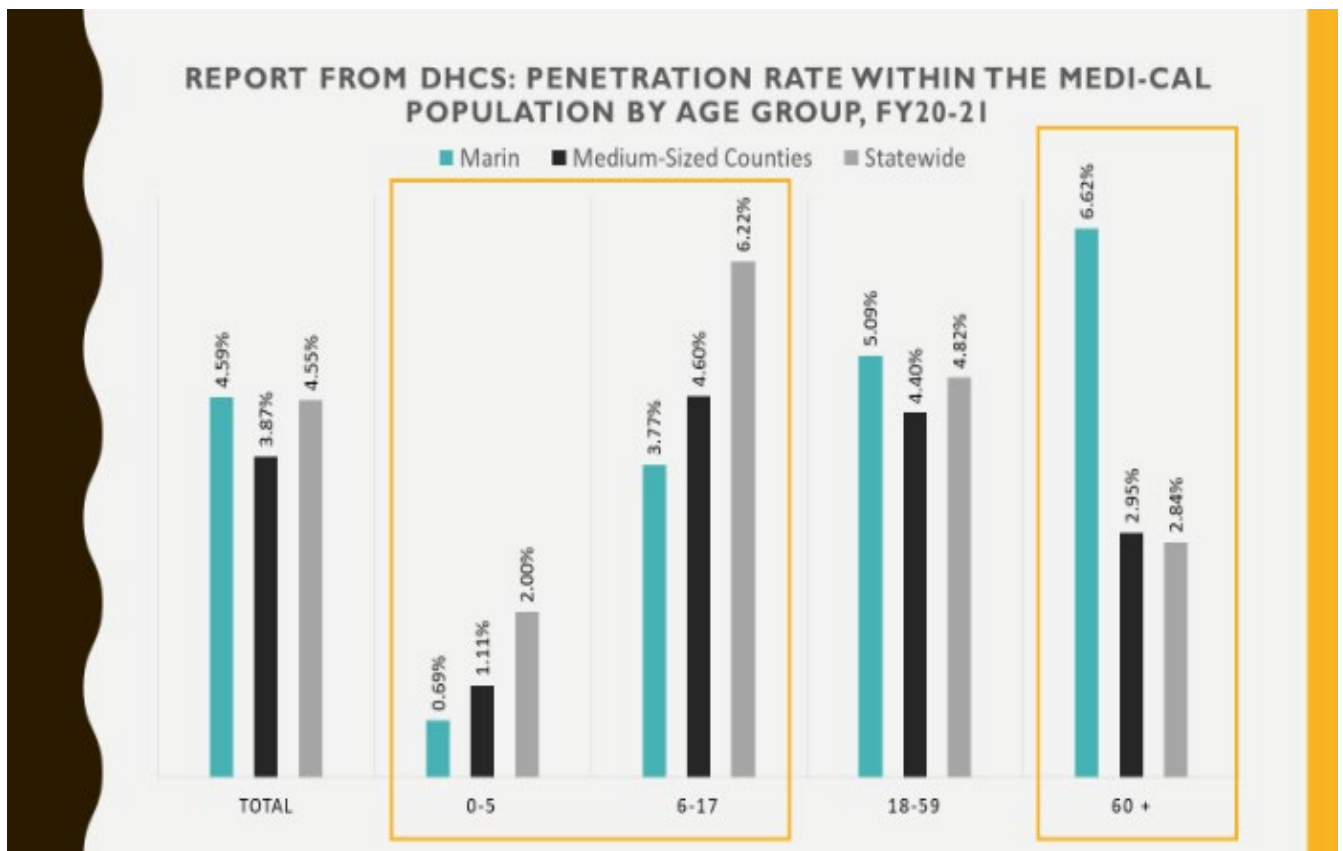
Same Disparities from FY 20/21 in FY 21/22

In this past year, even though we noticed an increase in the percentage of Hispanic/Latinx Medi-Cal beneficiaries who were assessed and met SMH criteria, there was still a decrease in the percent of Hispanic/Latinx Medi-Cal beneficiaries' population who received services because there was significant growth in the Medi-Cal population in FY 21/22. In FY 20/21, that rate was 2.1%, and in FY 21/22, the rate went down to 1.8%. In comparison to other Medium-Size Counties, Marin BHRS is still far behind.



	MARIN					MEDIUM		STATEWIDE	
	Average Number of Eligibles per Month (4)	Number of Beneficiaries Served per Year	Approved Claims	Penetration Rate	Approved Claims per Beneficiary Served per Year	Penetration Rate	Approved Claims per Beneficiary Served per Year	Penetration Rate	Approved Claims per Beneficiary Served per Year
TOTAL									
	52,490	2,049	\$26,851,871	3.90%	\$13,105	3.33%	\$7,602	3.85%	\$6,496
RACE/ETHNICITY									
White	15,426	1,060	\$14,533,035	6.87%	\$13,710	4.98%	\$7,892	5.32%	\$6,505
Hispanic/Latino	27,220	494	\$5,509,372	1.81%	\$11,153	2.41%	\$6,589	3.29%	\$5,955
African-American	2,213	162	\$1,789,923	7.32%	\$11,049	5.28%	\$7,429	6.83%	\$6,660
Asian/Pacific Islander	2,823	77	\$914,598	2.73%	\$11,878	1.89%	\$6,939	1.90%	\$6,816
Native American	89	9	\$94,783	10.11%	\$10,531	5.20%	\$8,262	5.58%	\$6,734
Other	4,721	247	\$4,010,160	5.23%	\$16,235	3.78%	\$9,164	3.72%	\$7,712

BHRS is also serving child Medi-Cal beneficiaries ages 0-5 and 6-17 at a lower rate than other medium-sized counties and the state in both FY 20/21 and FY 21/22.



	MARIN					MEDIUM		STATEWIDE	
	Average Number of Eligibles per Month (4)	Number of Beneficiaries Served per Year	Approved Claims	Penetration Rate	Approved Claims per Beneficiary Served per Year	Penetration Rate	Approved Claims per Beneficiary Served per Year	Penetration Rate	Approved Claims per Beneficiary Served per Year
TOTAL									
	52,490	2,049	\$26,851,871	3.90%	\$13,105	3.33%	\$7,602	3.85%	\$6,496
AGE GROUP									
0-5	4,554	25	\$267,667	0.55%	\$10,707	0.89%	\$4,697	1.59%	\$4,988
6-17	10,835	350	\$4,573,209	3.23%	\$13,066	3.93%	\$7,887	5.20%	\$7,660
18-59	29,601	1,220	\$16,738,801	4.12%	\$13,720	3.69%	\$7,590	4.03%	\$6,188
60 +	7,501	454	\$5,272,194	6.05%	\$11,613	2.79%	\$7,695	2.59%	\$5,119

Equity and Quality Management Workgroup

In early 2022, we created a check-in space for the MHSA Coordinator, PMEI, and Quality Management representatives to discuss disparities data more routinely and how to organize future systems for gathering, analyzing, and reporting on equity metrics. The focus of this group quickly shifted to Access, as it continues to be an area that allows us to better understand what is going on in the system and where the needs are at.

Kick-Off SOGIE Data Collection Efforts

After modification of the client profile, ensuring the SOGIE-related demographic questions included more expansive and inclusive answer selections, in January 2022, BHRS started to collect SOGIE data through the Client Profile. The client profile is completed by the client, with assistance from Access staff at times. In June 2022, BHRS provided training to DMC-ODS Providers to ensure SOGIE data is entered in Marin WITS, the current substance use electronic health record.

What We Are Doing in FY 22/23

In FY 22/23, BHRS is planning to work on SOGIE Data Collection, MHSA and CHRP Community Planning for FY 23-26, Equity and Quality Management Workgroup, and ICCTM Learning Collaborative. The following are plans and goals for BHRS in FY 22/23.

More Robust SOGIE Data Collection

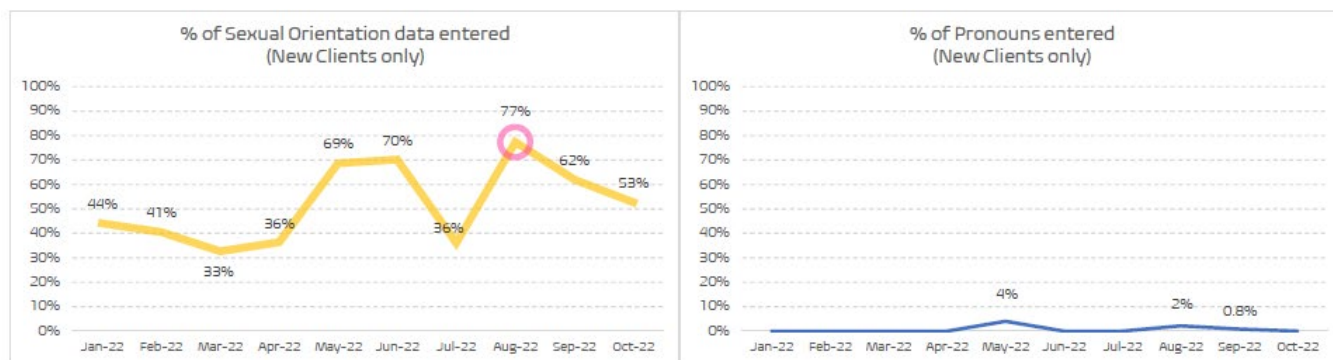
Ahead of FY 23/24, when we will see a new EHR, we are preparing for a shift in the way we will be reporting in EHR. During this time, the focus is on continuing to collect SOGIE data through the client profile and identifying ways to improve that process ahead of the significant changes that will come with the new EHR.

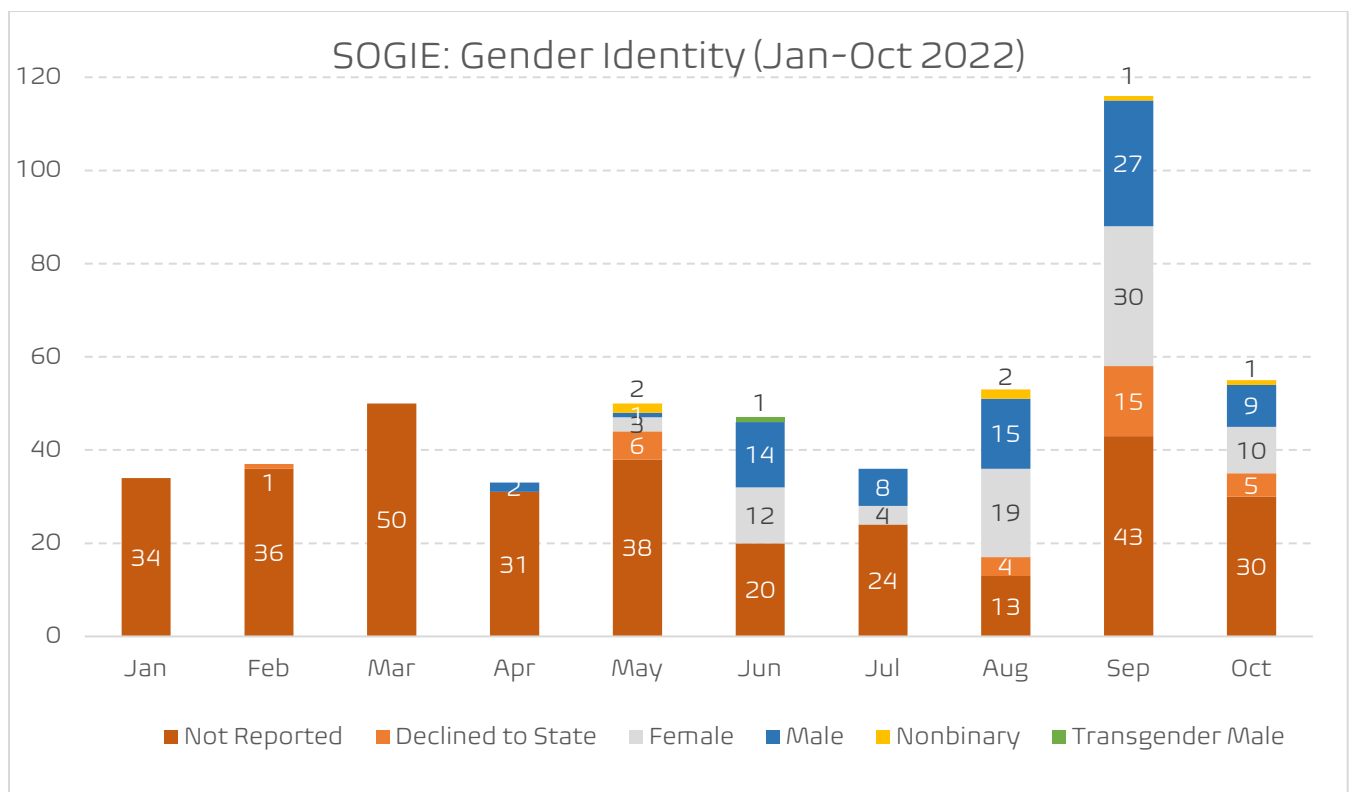
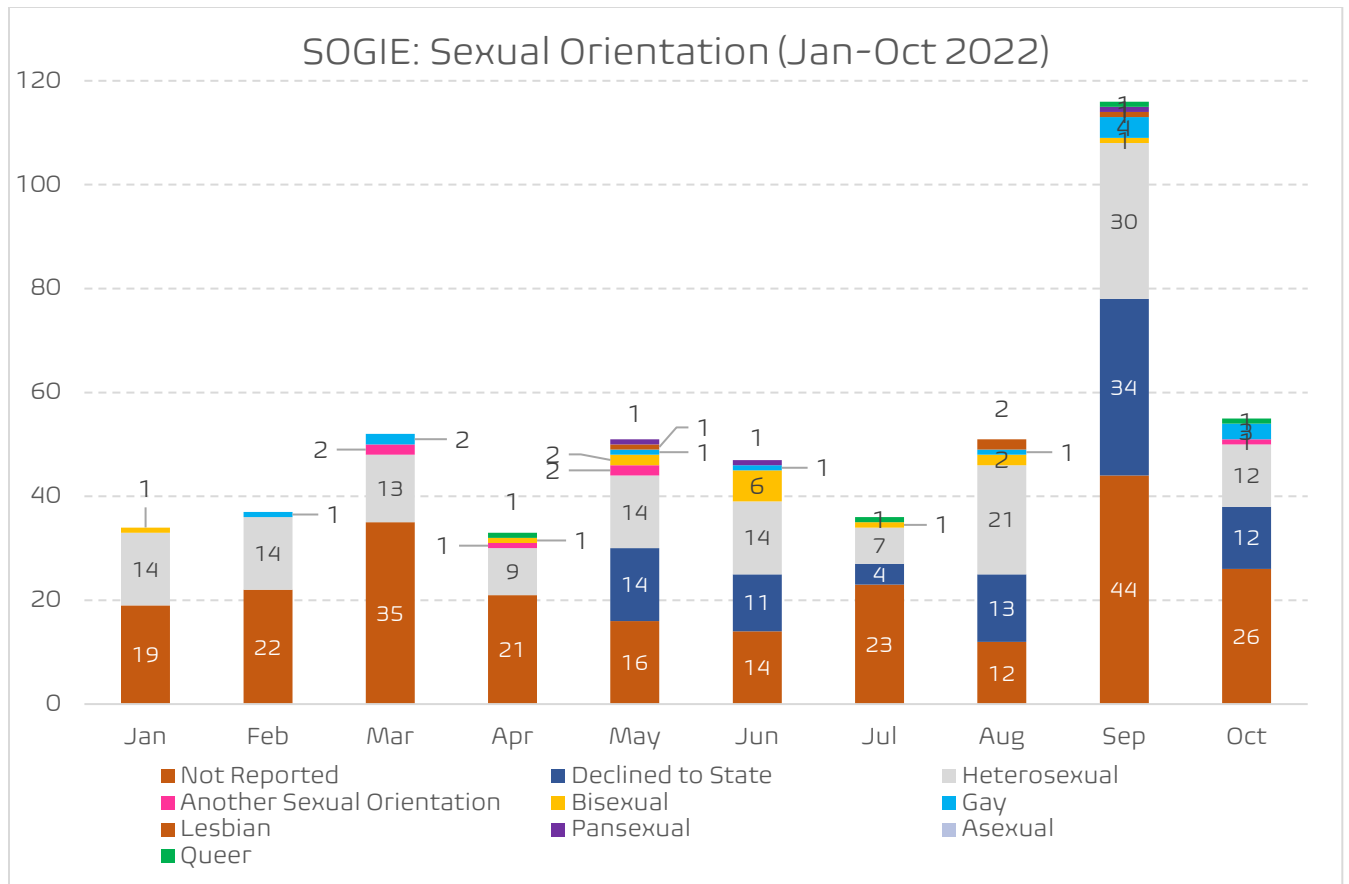


BHRS has opted into participating in the semi-statewide EHR implementation for both mental health and substance use services. The new EHR, SmartCare is set to “go live” in July 2023 and is anticipated to meet all state requirements, including SOGIE data collection. BHRS has been

working closely with CalMHSA to ensure the software captures all the necessary data elements. We will continue to explore ways to incorporate our current client profile form into the new EHR and/or develop new processes/forms for gathering and entering this data into the new system. As of late December 2022, CalMHSA has led efforts in the process of finalizing various functions of the EHR and planning to have the first pilot counties implemented in February 2023. This will allow for several months of testing and adjusting the system before training and implementation for Marin County. During that time, workgroups are forming to determine the county's needs and allow for customization of the program to Marin County's business practices.

Currently, Mental Health Program SOGIE data tells us that we are improving with entering this information overall, though still struggling to enter pronouns. You can see that more expansive options are being recorded starting in May 2022, which at this time we are attributing to the robust LGBTQ+ training efforts BHRS has invested in with Expanding Identities Development (EiD).





We do not currently have sufficient SOGIE data to report on from our SUS Marin WITS system. We are still working with Providers to ensure they are entering SOGIE information into the system so that we have a meaningful baseline to evaluate.



This is a continuous goal and one that we hope further integration of Substance Use Services within the new EHR will help to solve.

MHSA and CHRP Community Planning for FY 23-26

As mentioned previously, we are currently organizing and coordinating groups based on lived experience and cultural identity to create safe spaces for genuine feedback. Part of these groups means engaging in an updated assessment of service needs through qualitative and quantitative data. A survey is being distributed to gather information broadly from our communities on what they believe the priorities to be for Marin BHRS moving forward. The survey also asks for demographic data so that we can aggregate information by race/ethnicity, gender, etc.

We also hope to collect robust feedback via the group dialogue spaces where each group can



share what their unique challenges have been in accessing or receiving behavioral health services. The information gleaned from these groups will drive the updated assessment of service needs for future CHRPs and MHSA plans.

Equity and Quality Management Workgroup

This workgroup will expand out to now be inclusive of representatives from Access and SUD, because of identifying the future of this space and what it should focus on. Some of the concrete goals of this group for the next year include:



- Ensure Substance Use representation is present in the workgroup by inviting a data analyst from the Substance Use Administration Team to join and actively participate in all discussions, including addressing disparities across our entire system of care.
- Invite the Access Unit Supervisor for focused discussions on the Access Team and continuous system improvements.
- Create a spreadsheet of data that we want to collect on an ongoing and continuous basis, including timelines, descriptions of information needed, and future goals (include data that QM has not historically tracked, such as social determinants of health, etc.).
- Create a checklist of all data that is needed to be stratified by race/ethnicity, including behavioral health indicators (and cross-check with QAPs from EQRO).
- Assist with the new EHR roll-out, ensuring that the data we are collecting is inclusive and that BHRS staff have the tools they need to complete important demographic information.
- Create better processes of evaluation between data received from QM, SUD, and HR (i.e., cross-walking bilingual staff capacity with individual program needs and client needs).
- Discuss any data-related inquiries that arise from ECPC conversations.

- Identify what is needed to increase participation in treatment response surveys.
- Identify what is needed to create an equity dashboard.

Other Ways to Evaluate Disparities and Solano County ICCTM Learning Collaborative

Marin BHRS is participating in Solano County's year-long learning collaborative, through September 2023, of which one of the outcomes and anticipated learning sessions is how to look at other ways of evaluating disparities within the community.

Historically, when Marin has presented any data from the state (i.e., EQRO data) to the community, we receive feedback that the data does not accurately reflect the experience of the community. For example, our Black/African American Medi-Cal beneficiary vs. BHRS served rate demonstrates that we are over-serving our Black/African American community in comparison with other Medium-Sized counties. This is not the stated experience however of our Black/African American community.

This reality is pushing us to find other ways of understanding and new ways of engaging, including adding qualitative data to our updated service needs sections on CHRPs and including data on the social determinants of health in Marin County that often intersect with poor mental health outcomes.

With a new EHR on the horizon, we are also hoping to be able to collect more inclusive and



robust data, with an expansion of demographic categories that are more representative of diverse identities and experiences.

Criterion 3: Strategies and Efforts to Reduce Behavioral Health Disparities

What We Did in FY 21/22

In FY 21/22, BHRS worked on strategies for Substance Use Services, Crisis Services, Children's System of Care, Disability Justice, MHSA and Outreach and Engagement, Latinx Steering Committee, and Equity in Contracts. The following are individual updates on action steps taken to complete the work.

Substance Use Division Strategies

SUD Service Expansion

- Added four (4) new Recovery Coaches to support various client populations with accessing and navigating substance use services
- Expanded Residential Treatment Services:
 - Expanded the existing network to add three (3) new Residential Providers to expand service capacities and specialty populations
 - Expanded access to Perinatal and Women with Children Residential Treatment through two (2) new providers in neighboring counties

- Expanded our linguistic capabilities through a new provider that provides Men's Residential services for adults who are mono-lingual Spanish speakers or prefers services in Spanish and added a second provider that offers ASAM 3.3.
- Expanded ASAM LOC 3.2 W/M with two (2) of the previously contracted Residential Providers by adding Withdrawal Management as a component to their Residential Treatment Program

New and Expanding Partnerships and Initiatives

- In partnership with BHRS Forensics, Probation, HHS Whole Person Care, and Helen Vine Recovery Center, Marin DMC-ODS participated in a QI Cohort to examine and address disparities in homelessness at admission and discharge from Residential treatment. Though not the direct intent of the cohort, through this work, the Plan's Residential WM Provider updated practices that may have positively influenced these metrics, such as incorporating the VI-SPADT into the intake process, increasing assessments for the next level of care while in WM, and linking beneficiaries with Recovery Coaches to assist with follow-up post-discharge.
- In partnership with HHS Whole Person Care, San Rafael Police Department and two individuals with lived experience, we implemented the Seeds of Hope initiative, which aims to increase social connection among individuals experiencing homelessness.
- DMC-ODS participated in various BHRS equity initiatives including ECPC, TIROC, LGBTQ+ collaborative, Latinx Steering Committee, and Cultural Humility Community of Practice.
- SUS Director and PMEI integrated substance use data and goals into the [Cultural Humility and Responsivity FY 21-22](#)¹² plan.
- DMC-ODS implemented media campaigns, messaging and community events in English and Spanish to promote available substance use resources and reduce stigma.

Data/Outcomes

- There were no substantial disparities in timeliness from the initial request to the first DMC-ODS service when disaggregated by race/ethnicity.
- In CY 2021, Marin exceeded Medi-Cal vs. BHRS Served rates for all races/ethnicities as compared to state and medium size county rates, except Hispanic/Latinx beneficiaries.
- In CY 2021, there were substantially higher rates of positive treatment completion outcomes for beneficiaries accessing Marin DMC-ODS services as compared to state rates.
- Ninety-eight (98%) percent of beneficiaries received services in their preferred language.
- There were no disparities in beneficiaries reporting satisfaction with the cultural sensitivity of services when disaggregated by race/ethnicity.

Challenges

- Despite training and technical assistance with substance use providers, completion of SOGIE data in Marin WITS continues to be low.

¹² <https://www.marinbhhs.org/sites/default/files/2022-01/Marin%20County%20BHRS%20CCP%202021-2022%20Update.pdf>

- BHRS continues to have lower Medi-Cal Beneficiary vs. BHRS Served rates for the Hispanic/Latinx population as compared to State averages.
- BHRS and contracted providers continue to experience challenges with workforce recruitment, retention, and sufficient capacity.
- The Access line is screening far fewer beneficiaries for substance use than expected.
- Limited location options for some services, including youth substance use treatment services, residential treatment for beneficiaries with complex co-occurring SUD/SMI, and more treatment options and clinical staff who can provide services in Spanish.
- Eighty-seven (87%) percent of Marin DMC-ODS staff completed cultural competency/humility training.
- There continue to be challenges with recruiting Spanish-speaking clinical staff.

Crisis System Strategies

- Implementation of video translation services in CSU and both mobile teams, participation in various workgroups for collaboration on the needs of underserved communities, pursuing and obtaining grant funding with requirements for filling bilingual positions, identifying areas of need using client satisfaction surveys
- Crisis leadership team participation in equity workgroups, participation in the “train the trainer” cultural humility training initiatives and talking circles, and leadership team having access to coaching

Children’s System of Care Strategies

- Starting January 2022, Youth and Family Services began accepting direct referrals from Probation and Children and Family Services, to streamline the referral process and to offer services as soon as possible. This CalAIM change ensures that all probation and foster care youth will be eligible for Specialty Mental Health Services.

Disability Justice Strategies

In FY 21/22, our PMEI became a member/representative associated with the following disability justice groups to support BHRS’ aim to be inclusive of people experiencing disabilities:

- Disability Access Advisory Group (DAAG)
 - To represent the Marin County disability community and advise the County on the implementation of the Marin County Self-Evaluation and Transition Plan and to recommend ways to continuously improve accessibility to all County programs, services, activities, and facilities. Members will assist the County in setting priorities for future program and architectural improvements. Members must be interested in, and representative of, Californians with disabilities.
- Departmental Disability Access Coordinator
 - Each department of the County government has at least one Department Disability Access Coordinator to assist with assuring access to the programs and services of their respective department and serves as the liaison for their department with the Disability Access Program.
 - Becoming programmatically accessible typically requires ensuring the service eligibility criteria do not screen out, or tend to screen out, people with

disabilities; that staff are trained to be able to make reasonable modifications in policies, procedures, and practices when needed to avoid discriminatory events; provision of appropriate notices of individuals rights, of accessibility features and reasonable accommodation procedures; and the existence of a formal grievance process for clients of government services, as well as employees.

- The expectations of the Departmental Disability Access Coordinators are:
 - To promote, develop and maintain department-level policies and procedures to ensure full programmatic and communication accessibility to persons with disabilities,
 - To facilitate analysis and resolution of physical and programmatic access issues,
 - To facilitate the development of the appropriate assessment tools to monitor departmental services for accessibility,
 - To facilitate ongoing department-level training on disability access issues for all departmental staff.

MHSA and Outreach and Engagement

In FY 21/22, MHSA revenues increased by 15%. Of this \$3.3m increase across Community Services and Supports (CSS), Capital Facilities and Technology Needs (CFTN), and Prevention and Early Intervention (PEI), 22% went toward County-administered services including new positions and admin/indirect, 41% went to contracts with community-based organizations, and 37% went toward the new Enterprise Health Record System project. This increase included contract increases to support the Community Health Advocate (CHA) outreach and engagement contracts including the *Promotores* program in West Marin, Novato, and the Canal; the Marin Asian Advocacy Project; the Marin City First Missionary Baptist Church; and the Canal Alliance Behavioral Health navigation.

A major triumph for PEI included the release and implementation of a Newcomers toolkit. In partnership with the Marin County Office of Education, the BHRS Prevention and Outreach team and PEI-funded Newcomers providers developed and implemented in partnership with Marin County Office of Education the “[Championing Newcomer Success: Best Practices & Approaches](#)” Newcomers toolkit¹³.

At the end of 2021, BHRS’ Outreach and Engagement Coordinator left their position. This position leads efforts to address disparities through outreach and engagement strategies, such as building out community health advocates and worker presence within our system, attending community meetings and sharing about BHRS services, identifying difficult-to-reach populations and strategies to engage them in services, etc. At the time of writing this report, this position is still vacant. Many of our outreach and engagement efforts were put on pause throughout this period and found revitalization in designing our MHSA and CHRP planning strategies. We are hoping to elevate this role to a Senior Program Coordinator who works directly with the PMEI in this next year so that we can prioritize outreach and engagement and elevate the importance of this work.

¹³ https://prevention.marinbhrs.org/sites/default/files/2021-12/Championing_Newcomer_Success.pdf



We are hoping to elevate this role to a Senior Program Coordinator who works directly with the PMEI in the next year so that we can prioritize outreach and engagement and elevate the importance of this work.

Latinx Steering Committee

In March 2022, BHRS formed an internal Latinx Steering Committee with representatives from across the system to discuss BHRS' historic disparities in serving the adult Latinx community. BHRS invested in external expertise to lead and facilitate this meeting, with Sal and Edith Nunez of Crossing Edge Consulting. Below are some details of the committee. In addition, you can reference Appendix A to see some images from committee planning meetings.

Initial Phase Commitment Requirement: 3 - months

Meeting Frequency Requirement: 1x/week for 1 month and then bi-weekly for 2 months

Objectives:

1. Identify priority areas for the BHRS system to address Latinx service utilization disparities
2. Identify key partners outside of BHRS
3. Identify concrete goals for each participating department

Requirements of Participants:

1. Read Latinx Outreach and Engagement Recommendations report (formerly reported on in the last CHRP)
2. Attend weekly meetings initially, then bi-weekly
3. Identify program-specific pain points, barriers, and goals

Steering Committee Participants:

- Are driven and ignited by this project
- Understand the seriousness of this disparity and the urgency of this project
- Understand the values and culture of Latinx communities
- Will support peer involvement and community partnerships
- Are leaders within their division
 - Note: For phase 1, we will need those who possess program/dept/division knowledge of goals, pain points, challenges, resourcing needs, staff capacity, and other program-specific details.

The results of this steering committee can be viewed in our collective [miro board¹⁴](#), developed for tracking ideas, progress, and next steps.

¹⁴ https://miro.com/app/board/uXjVOG_m9H0=/?share_link_id=863777758557

Equity in Contracts

In January 2021, BHRS' PMEI and HHS' Equity Manager presented on developing equity outcomes for contracts at the BHRS Contractors Meeting. PMEI and HHS Equity Manager also offered technical assistance for contract managers throughout the remainder of the fiscal year, in preparation for FY 22/23, in how to develop outcome outcomes and equity impact statements. The presentation can be reviewed [here](#).¹⁵

The PMEI also developed an Equity Impact One-Pager (imaged right) to provide a visual aid for those developing equity impact statements in their contract addendums, revisions, and/or board letters.

What We are Doing in FY 22/23

In FY 22/23, BHRS is planning to work on strategies for the MHSA 3-Year Plan and CHRP, MHSA and Outreach and Engagement, Substance Use Services, Access, Crisis, Children's System of Care, Crisis Intervention Training, Latinx Steering Committee and Solano Learning Collaborative, Combating Ableism and Focusing on Intersectional Approach to Service Delivery, and BHRS LGBTQ+ Collaborative. The following are plans and goals for BHRS in FY 22/23.

MHSA 3-Year Plan and CHRP Strategies

One of our utmost priorities at the writing of this report includes our strategy for organizing feedback from the community for our MHSA 3-Year Plan and Cultural Humility and Responsivity Plan for next year. The places where these plans overlap are right at the heart of



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

¹⁵ <https://www.canva.com/design/DAE29W-8k-Y/A0MSAtb08dgMPpYyUJQWKA/view?website#4:where-is-bhrs-in-their-process>

disparities reduction. We will be excited to share out next year the results of these groups and sessions, which will include funded strategies in the new MHSA Plan geared toward disparities reduction.

MHSA and Outreach and Engagement Strategies

As detailed above, another disparity that we observe is in serving our children and youth. In the [MHSA FY 22/23 Annual Update](#),¹⁶ the following goal is identified around youth:

- Prioritize the heightening mental health needs of youth in our community which has been exacerbated during the pandemic
 - Rationale:
 - The age group that experienced an increase in deaths by suicide and non-fatal Emergency Room department visits related to attempted suicide in Marin County in 2021 was youth under the age of 15.
 - In 2019, 14.3% of 9th graders in Marin self-reported that they “seriously considered attempting suicide in the previous year” on the California Health Kids Survey.
 - The Marin County Grand Jury report released in 2020 and the leadership from the State have both highlighted the growing need for more school-based and youth mental health services
 - Strategies:
 - Increased funding for school-based mental health contracts including adding an additional clinician in the Sausalito Marin City School district.
 - Create a new partnership with Edgewood’s Youth Hospital Diversion Program in San Francisco to offer a residential housing alternative to a psychiatric hospital or temporary placement for children in acute mental health distress
 - Support the creation of a Behavioral Health School Partnership Supervisor position to oversee the growing need for School-Based and other youth-focused behavioral health contracts, lead partnership work with the Marin County Office of Education, overseeing the Mental Health Student Services Act grant program with local school districts, and the Student Wellness Ambassador Innovation project.

As stated previously, BHRS is currently awaiting board approval for an Outreach and Engagement Senior Program Coordinator position. This role will now be supervised directly by the PMEI and will work collaboratively with the PMEI on disparities reduction through outreach and engagement to underserved populations. This role will continue to facilitate, expand, and

¹⁶ https://www.marinhhs.org/sites/default/files/libraries/2022_06/marin_county_fy2022-2023_mhsa_annual_update.pdf

uplift our Community Health Advocates (CHA) contracts, including our work with the *Promotores*, Marin City CHAs, and Asian Advocacy CHAs.

At the beginning of FY 22/23, we expanded our CHA contracts to prioritize this work, as one of our most prominent strategies for outreach and engagement throughout Marin's underserved communities, and we are currently exploring the possibility of increasing the capacity and scope of these programs with the upcoming MHSA 3-Year plan. So far, some of the loudest feedback we have encountered in the MHSA planning sessions for the next 3-year plan include advocacy for more *Promotores*, more programs like the *Promotores*, system positions for those with lived experience in navigating the system, and for culturally responsive outreach and engagement strategies.

Substance Use Services Strategies

- Development of two (2) Performance Improvement Projects (PIP):
 - Follow-up After Emergency Department Visit of Alcohol and Other Drug Abuse or Dependence (FUA) PIP:
 - Develop a referral workflow for identifying and communicating with beneficiaries needing post-ED follow-up for a substance use service
 - A bilingual Recovery Coach or Peer Provider will conduct post-ED discharge follow-up, recovery support, and care coordination for beneficiaries.
 - Pharmacotherapy for Opioid Use Disorder (POD) PIP:
 - Implement a formal workflow between local providers to track and refer clients who are receiving Medications for Opioid Use Disorders (MOUD) dosing only and would benefit from a referral for counseling and/or other wrap-around supports.
- Intervention, Treatment, and Recovery Committee Goals:
 - By December 31, 2022, there will be an equitable distribution of Marin Medi-Cal beneficiaries having a treatment encounter within 30 days following a non-fatal overdose when disaggregated by race/ethnicity and primary language.
 - By December 31, 2023, there will be an equitable increase in the percentage of Medi-Cal beneficiaries that initiate MOUD when stratified by race/ethnicity. Specific strategies to meet these goals are under development, the ITR committee at the Overdose Prevention Summit in November 2022 generated good ideas for the next steps and more to come.
 - As an FYI: The rate of MOUD initiations for White beneficiaries is 42.8 per 1,000 as compared to 22.2 per 1,000 for Black/AA beneficiaries and 1.8 per 1,000 for Hispanic beneficiaries (CY 2021)
- Strategic Plan:
 - Complete and begin implementation of the Substance Use Services Strategic Plan, which aligns with the HHS Equity Strategic Plan. It covers the following four areas Client, Community, Conditions, and Quality. Built into each of these areas are various strategies, indicators, and metrics to reduce disparities and improve equitable access to care.

- Implement CI CARE in BHRS clinical and administrative programs
- Increase substance use representation on the ECPC and BHRS initiatives supporting equity
- Partner with BHRS Workforce, Education and Training unit to integrate substance use training, support the substance use counselor scholarship program, and pilot a co-occurring needs assessment and capacity building initiative within a BHRS Full-Service Partnership
- Issue and respond to Requests for Proposals (RFP) to address current service gaps, such as expanding providers who offer services in Spanish and exploring the development of a local Residential substance use treatment program for beneficiaries with co-occurring substance use disorder and serious mental illness (SUD/SMI) diagnosis.
- Expand the continuum of services for adolescents, including implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Early Intervention benefit, continuing regional efforts to establish a JPA for adolescent residential treatment services, and exploring enhancing school-based capacity to provide substance use services.
- Expand access, availability, and promotion of available Medications for Addiction Treatment (MAT) resources through strategies such as: implementing a MAT program in the Marin County Jail, developing workflows to link beneficiaries to MAT, and implementing media campaigns to promote the availability of services and address stigma related to substance use and accessing services.
- Ensure geographically equitable availability of Narcan, the opioid overdose reversal medication.
- Implement culturally and linguistically responsive outreach strategies focused on engaging non-fatal overdose survivors and beneficiaries accessing the Emergency Department for a substance use visit.
- Provide and support staff and providers to participate in training topics, including the following: Cultural Humility, LGBTQ+, Trauma-Informed Treatment, Co-Occurring SUD/MH issues, Supervisor skill development, Evidence-Based Practices for and other topics.
- Continue SUD and MH integration efforts specific to BHRS Workforce, Education, and Training
- Engaged individuals with lived experience in program design and implementation, with a particular focus on areas with identified disparities
- Expand the utilization of Peer Support Specialists in DMC-ODS Services

Access Strategies

- Transition an Access clinician to West Marin once a week to increase access to mental health services and linkage in that community, for Spanish-speaking participants.
- Increase availability and accessibility of Access clinicians to provide screening and assessments within the community.
- Continue to measure the distribution of pre-screenings conducted, assessments performed, and referrals by race/ethnicity and language to identify and address disparities. The new EHR will help gather better data in this area.

- Discuss doing a research project that will look at the rate of Access assessments considering changing county demographics.
- Explore training series hosted by Access clinicians with contracted providers to ensure a smoother referral process.
- Partner with ECPC on initiatives that target Access to ensure alignment.
- Evaluate the use of the current bilingual navigator position to ensure it is meeting the intended objectives of this position.

Crisis Strategies

- Implement grant funding to improve the ability to meet the cultural and language needs of the community, identify areas of need using client satisfaction surveys, establish working relationships with the various outreach programs in the county, and reformat CIT training for the various county law enforcement agencies.
- Engage in cultural humility training for leadership who can foster growth with their team members through team meetings and individual supervision, implementation of grant funding to recruit and hire bilingual and bicultural staff.
- Explore the need for training for crisis staff on how to gather demographic information during a crisis to ensure demographic reports and dashboards reflect accurate information.

Children's System of Care (CSOC) Strategies

In July of 2022, CSOC began oversight of most of the county's school-based mental health contracts, allowing for expansion and integration of the county's continuum of care.

As a result, CSOC is now a direct partner with the Marin school districts, not just to provide targeted mental health services, but also to support prevention and early intervention (PEI) efforts. This includes early childhood mental health services and wellness programming across the county:

- Oversee PEI contracts related to Newcomer work- individual and group- administered by four different CBOs across the county.
 - Update for FY 22/23 so far: this has allowed BHRS to reach the over 200 Newcomers that arrive in Marin school districts each school year.
- Oversee funding for the Spahr Center to support LGBTQ+ informed education for school staff and focused counseling for youth who identify as LGBTQ+.
- Partner with Side by Side's TAY (transitional age youth) program to offer their youth an on-site LGBTQ+ support group.

Crisis Intervention Training Strategies

- Add a learning element on unconscious bias that incorporates roleplays, which haven't been part of the curriculum yet.

Latinx Steering Committee and Solano Learning Collaborative

BHRS plans to develop a quality improvement plan to address the previously mentioned adult Latinx disparity. The Latinx Steering Committee is now intersected with the Solano Learning

Collaborative, which The Mental Health Services Oversight and Accountability Commission (MHSOAC) has contracted with the Center for Reducing Health Disparities (CRHD) and Solano County Behavioral Health to bring the statewide ICCTM Learning Collaborative based on the [AAMC award-winning¹⁷](#), [Solano County ICCTM Innovation project](#).¹⁸ The purpose of the ICCTM Learning Collaborative is to address health inequities in access and utilization of quality mental health services that are prevalent within many of our communities.

This training series focuses particular attention on the racial, ethnic, and economic inequities that occur in historically underserved communities, which have been exacerbated by the ongoing COVID-19 pandemic. The Latinx Steering Committee developed a set of proposals at the end of FY 21/22, which will now be considered with the support and coaching of Solano County. In addition, we plan to incorporate the information gathered from the MHSA 3-Year and CHRP planning sessions to identify the most realistic plan for our system to address this historic disparity.

Combating Ableism and Focusing on Intersectional Approach to Service Delivery

Disability is likely to impact everyone at some point in their lives, whether it is their own direct experience or the experience of someone with whom they are close. Currently, we are not aware of how much ableism and/or lack of accessibility to those who are experiencing disability factor into the disparities that we see throughout the underserved communities of Marin. To move toward a more intersectional approach in our equity and disparities reduction work, BHRS is uplifting the voices of those experiencing disabilities who are trying to access or navigate behavioral health systems in FY 22/23.

The PMEI is working with the aforementioned disability advocacy groups to help coordinate the MHSA 3-Year Plan and CHRP listening sessions with people who are experiencing disabilities while accessing and receiving BHRS services. What we hear from these upcoming sessions will help guide our goals in terms of accessibility, combating ableism within the workforce and service delivery, and being inclusive of those with disabilities in our planning processes. This has historically been a group left out of the conversation, left out of community engagement, and left out of our plans.

BHRS LGBTQ+ Collaborative

At the start of FY 22/23, BHRS expanded our contract with Expanding Identities Development (EiD), a Los Angeles based LGBTQ+ training and consultation organization, to provide more training for our system of care and to facilitate a BHRS LGBTQ+ Collaborative space. The BHRS LGBTQ+ Collaborative is currently assisting with the coordination of the MHSA and CHRP community planning sessions that are focused on LGBTQ+ identities, to identify what steps BHRS can take to better serve our LGBTQ+ community.

¹⁷ <https://www.aamc.org/what-we-do/aamc-awards/innovations-in-research>

¹⁸ <https://health.ucdavis.edu/crhd/archived-projects/solano-county-innovations-project>

In addition, the LGBTQ+ Collaborative is hoping to assist with the rollout of the new EHR platform so that we can collect more inclusive, consistent, and accurate SOGIE demographic information. The collaborative recognizes that not having access to accurate or encompassing SOGIE data creates barriers to how we analyze disparities. This is a top priority for this group, to continue advocating for the development of systems, protocols, and tools that will ensure LGBTQ+ identities are included in our service needs assessments.

Criterion 4: integration of the Client/Family/Community Committee within the County Behavioral Health System

What We Did in CY 2022

Last year, the Equity and Community Partnerships Committee (ECPC) decided to align the ECPC goals with the CCP criterion points.

The following progress is reported from the calendar year 2022:

Criterion 1: Commitment to Cultural Competence

Strategy:

Status:

1: Advocate for increased services and support for Black/African American/of African Descent, Latinx, Indigenous, AAPI, LGBTQ+, and folks with disabilities

Ongoing

2: Improve qualitative and quantitative data collection

Transitioned to Equity and QM Workgroup

Criterion 2: Updated Assessment of Service Needs

Strategy:

Status:

1: Identify languages spoken in Marin's Medi-Cal population and Marin's general population (including Indigenous languages)

Transitioned to Equity and QM Workgroup

2: Identify data collection strategies outside of typical comparative analyses between Medi-Cal beneficiaries and BHRS program counts

Transitioned to Equity and QM Workgroup

3: Analyze West and South Marin service needs

Transitioned to MHSA
and CHRP Community
Planning Sessions

Criterion 3: Strategies to Reduce Behavioral Health Disparities

Strategy:

Status:

1: Focus outreach and engagement to community leaders, organizations, and residents of Black/African American/of African Descent, Latinx, Indigenous, AAPI, LGBTQ+, and individuals with disabilities

Transitioned to
Outreach and
Engagement
Coordinator

2: Build out partnerships with community liaisons to address referral process disparities within forensics

Transitioned to
Forensics team

3: Partner with BHRS to help advise, approve, and implement Latinx Outreach Plan

Ongoing

Criterion 4: Integration of Equity Committee

Strategy:

Status:

1: Re-name the CCAB

Completed

2: Identify a community co-chair

Completed

3: Identify and re-establish sub-committees

Goal no longer
applicable

4: Recruit for and increase community participation

Completed and
Ongoing

5: Develop a process for BHRS contractors to submit cultural humility/equity plans

Not yet started

6: Review relevant BHRS policies that impact the community and/or equity work within BHRS

Ongoing

7: Identify the process for making recommendations and advisements	Completed
--	-----------

8: Identify the relationship between ECPC, Board of Supervisors, Health and Human Services Equity Team, County Administrator's Office (CAO) Equity Team, Behavioral Health Board, etc.	Ongoing
--	---------

Criterion 5: Culturally Competent Training Activities

Strategy:

Status:

1: Assist with the development of the WET Training Plan	Handed off to WET Steering Committee
---	--------------------------------------

Criterion 6: Commitment to Multicultural Workforce

Strategy:

Status:

1: Identify recruitment strategies for growing bicultural and bilingual capacity throughout crisis services	Handed off to Latinx Steering Committee
---	---

2: Create a 2-way review process between contractors and BHRS	Not yet started
---	-----------------

Criterion 7: Language Capacity

Strategy:

Status:

1: Support the development of a process of community review of translated documents that include a stipend	Not yet started
--	-----------------

2: Work with HR on the hiring process of bilingual staff and the bilingual competency test that is administered	Not yet started
---	-----------------

3: Create a resource language assistance resource hub to be shared between BHRS staff and contractors	Not yet started
---	-----------------

Criterion 8: Adaptation of Services

Strategy:

Status:

1: Develop incentives program and budget for clients and community members to complete surveys	Completed
--	-----------

2: Align the community planning process as venues for feedback	Completed
--	-----------

3: Pilot interview/survey tool that peers can utilize with clients	Completed
--	-----------

Summary of Achievements

- Committee Changes:
 - Name change: Cultural Competency Advisory Board → Equity and Community Partnerships Committee
 - Established a community co-chair
 - Created a [shared google drive](#)¹⁹ to keep member materials, rosters, charters, and meeting minutes organized
 - Created a decision-making process
 - Increased CBO participation: more than 50% of members are from CBOs
- Access:
 - Began [access mapping project](#)²⁰ to identify barriers to entry
 - Welcomed new Access rep to ECPC
- Aligned community engagement:
 - Informed on MHSA and Cultural Humility planning processes, including peer interviews, incentives for surveys, and cultural broker facilitation
- Reviewed pertinent policies:
 - Informed on Racism as a PH Crisis Resolution

Repeated Areas of Discussion

- Trauma-informed services: includes services and restorative approaches to workforce conflict
- Language access: includes community translation stipend program, tracking Indigenous languages in data, and shared resources
- Recruitment and retention (with focus on bilingual/bicultural staff): includes tools to address burnout and promote wellness, protecting bilingual job duties, and differentiating between bilingual and professional interpreter/translator; wage equity for direct service providers
- Access barriers leading to detrimental outcomes: includes misinformation about the role of the public behavioral health system, eligibility criteria, long wait times, system navigation, and financial barriers
- Community engagement approaches: includes how we approach the community for input, how we deliver on promises, and how we report back out on outcomes
- Outreach and engagement: includes a partnership with cultural brokers
- Accountability: includes outcomes of internal and contracted services
- Peer support: includes system preparation for Peer professionals
- Disparities data: includes finding other sources of data beyond “penetration” rates and culturally responsive approaches to presenting on disparities data
- LGBTQ+ service delivery: includes affirming care and data collection

¹⁹ <https://drive.google.com/drive/u/2/folders/1o8MdeWsQxRTXGR-XQ-NGwwK34F20TAcb>

²⁰ <https://docs.google.com/spreadsheets/d/1S9sQIK44heuZ0KGCKWrrjgvBPHMfuGO4vKOnEGZtugg/edit#gid=0>

- COVID: impacts of COVID on communities and health-focused workforce
- Social Determinants of Health: Impacts on mental and behavioral health

What We are Doing in CY 2023:



For CY 2023, the ECPC named that they would like to focus on Access rather than create goals around each criterion area. The following feedback was named as possible areas of focus:

- Access phone line
- Co-located services, such as an Access rep at CBOs
- Contracting with CBOs to do Access assessments
- Access to crisis services for those with disabilities
- Clear referral process to get to Access team, including how it works; review of the revenue streams, insurance, managed care, and eligibility; how do we streamline services and accept more patients with varied insurance/billing methods
- Triage/ information needed for intake process/ how to send through shared info needed with the urgency needed with the client not having to go through the process each time
- Delineate roles between intake coordinator vs. therapist
- Identifying therapy providers that accept Medicare

ECPC minutes, charters, rosters, etc. can all be referenced in our [Google Drive²¹](#). You can also find some images from ECPC planning meetings in Appendix B. At the writing of this report, the ECPC is still identifying priority and goal areas for CY 2023. The ECPC has advised on the upcoming MHSA 3-Year Planning process and priorities for BHRS in FY 23/24. The ECPC is also continuously working on an Access mapping project.

In this next year, the ECPC will pilot a new monthly agenda structure, which will allow for



tracking of CHRP goals, showcasing the equity work of our CBO partners, and designating time for project-specific work. The repeated areas of discussion will continue to guide BHRS' equity work and the development of CHRP goals for next year.

Criterion 5: County Behavioral Health Plan Culturally Competent Training Activities

What We Did in FY 21/22

In FY 21/22, BHRS worked on training for Cultural Humility, HHS talking circles, mandatory anti-racism coaching/training for BHRS leadership, LGBTQ+ training and consultations, working with interpreters, and disability justice. Please reference Appendix C for a visual guide on our approach to cultural humility training. The following are individual updates on action steps taken to complete the work.

²¹ <https://drive.google.com/drive/u/2/folders/1o8MdeWsQxRTXGR-XQ-NGwwK34F20TAcb>

New Cultural Humility Policy

A new policy effective July 1, 2021, began the annual requirement of all BHRS and contracted staff to complete 1 hour of cultural humility training and 1 hour of LGBTQ+ training; in addition to requiring all BHRS staff (not contracted) to complete Working with Interpreters training bi-annually. The new policy also indicated a way for staff to self-track their training and for supervisors to support their staff in tracking training. The policy change reflects the shift from cultural competency to cultural humility, to promote learning habits, and to increase personal accountability for training attendance.

- How many trainings were for cultural humility: 23
- Attendees: Over 400
- Total number of NEW cultural humility contracts/trainers/consultants: 8

The new policy also allows for supervisors to check the status of their staff's cultural humility training completion, along with hours completed, on the BHRS Intranet at any time.

Training Activities

A copy of all the cultural humility training that BHRS hosted in FY 21/22 can be found in Appendix D.

During FY 21/22, 44% of BHRS staff completed Cultural Competency/Humility Training. Due to challenges in tracking because of short administrative staffing and changes in how participation was captured, it is currently unclear how reliable this data is. BHRS' current online system also is not entirely user-friendly, making it a challenge to navigate for staff and supervisors.



In this next year, BHRS is hoping to advocate for a more robust online tracking system through the upcoming MHSA 3-Year planning.

HHS Talking Circles

Talking Circles are a framework for dialogue that has roots in many Indigenous nations and peoples around the world. Talking Circles prioritize active listening to deepen understanding, build connections, and address conflict. Although Talking Circles are ancient technology, they are used in modern settings for restorative justice, cross-cultural dialogue, and decision-making amongst the Indigenous peoples that the practice originates.

Talking Circles were hosted as virtual gatherings that started in April 2022. Talking Circles were held monthly for 1.5 hours for 6 months, and were required of all full-time staff, with staff expected to attend 5 out of 6 Circles. Each Circle was staff-led and contained approximately 25 or so staff that remained together for the entire 6 months.

Mandatory Anti-Racism Coaching/Training for BHRS Leadership

One of the adopted recommendations of BHRS' trauma-informed core implementation team (TICIT), which was detailed in last year's CCP and will be detailed again later in this report, was to require anti-racism coaching and/or training for various levels of leadership through BHRS. In

FY 21/22, our senior management team (SMT), which includes the BHRS Director, Division Directors, and some Program Managers, contracted with an outside race equity expert to provide coaching to SMT. In this iteration, only Division Directors and BHRS Director participated in this coaching once per month. After the close of the contract with the former facilitator, SMT expressed interest in ongoing coaching and this time include all members of SMT, including Program Managers.

Expanding Identities Development (EiD) LGBTQ+ Training and Consultation

BHRS began a relationship with Los Angeles based training and consultation company, Expanding Identities Development, to provide LGBTQ+ training to our system of care, including contracted partners. During FY 21/22, EiD began their training series, which is based on an academy model, meaning training build upon knowledge from former training. This contract was developed after BHRS began requiring LGBTQ+ training as one of the annual cultural humility training activities expected of each staff and contractor. See the trainings provided in Appendix D.

Cultural Humility Community of Practice with Indigenous Visions

When BHRS released the new Cultural Humility Training Activities Policy (referenced and linked earlier in this report), BHRS also began a contractual relationship with [Indigenous Vision²²](#), a cultural humility train-the-trainer training and consultation company, to provide a cohort of BHRS staff with training to support BHRS' cultural humility goals. In October 2021, a cohort of 10 BHRS staff participated in 2 separate 2 full-day trainings to become cultural humility trainers for BHRS. In early 2022, as capacity throughout BHRS began to diminish, the community of practice re-grouped to identify the next steps that would not begin to take shape until the beginning of FY 22/23.

Working with Interpreters Training

Along with the annual requirement for LGBTQ+ training and cultural humility training, BHRS initiated a requirement with internal BHRS staff to complete Working with Interpreters training on a bi-annual basis. This training is provided at least 2 times a year and is a 5-hour training that includes how to work with interpreters and how to differentiate between interpretation, translation, and other bilingual skillsets. BHRS is continuing to explore the format of this training and the scope of this training, as we continue to learn about the linguistic needs of our system.

Disability Justice

In FY 21/22 during National Disability and Employment Awareness Month (NDEAM), BHRS launched a listening session, co-hosted by the PMEI and the County Disability Access Coordinator, to hear feedback from BHRS staff around how BHRS could become a more accessible organization for employees experiencing disability. As a result of these listening sessions, BHRS held mandatory training for expanded leadership on how to navigate the

²² <https://www.indigenousvision.org/>

accommodations process for employees experiencing a disability that potentially impacts their role/work.

Marin County's Digital Accessibility team has also started to offer training to County staff on



how to make Microsoft Suite documents more digitally accessible to people with disabilities. There is also a formal remediation process for these documents that the team offers.

The Cultural Humility and Responsivity Plan should be a digitally accessible document to those



with disabilities, so we plan to explore with the digital accessibility team if they can remediate larger reports.

What We are Doing in FY 22/23

In FY 22/23, BHRS is planning to participate in training at the Department of Health and Human Services (HHS) level, as well as provide BHRS specific trainings. The following are plans and goals for BHRS in FY 22/23.

Health and Human Services (HHS)

C-I-CARE

HHS launched a new framework for structuring best practice communications and developing relationship-based care approaches with clients and patients. The model they selected is known as "C-I-CARE."

- **Connect** - Greet clients
- **Introduce** - Introduce yourself and your role/purpose for interaction
- **Communicate** - Communicate what you are going to do
- **Ask** - Ask for permission before taking action. Ask if they have any questions.
- **Respond** - Respond to questions or concerns in a timely manner
- **Exit** - End politely, ensure the client understands the next steps (if any)

CI-CARE training is a HHS-wide training and will continue until the end of CY2022. HHS's goal is for 90% of full-time staff to complete CI-Care Training. By the end of December 2022, HHS will have completed 28 pieces of training.

- [Watch 'CI-CARE Video' | Microsoft Stream \(Classic\)](https://web.microsoftstream.com/video/b7ffb263-a693-427f-85ac-19a7ef3ff6c3)²³
- [CI-CARE and Client Experience \(sharepoint.com\)](https://marincounty.sharepoint.com/sites/EquityMLETeam/SitePages/CI-CARE-and-Client-Experience.aspx)²⁴

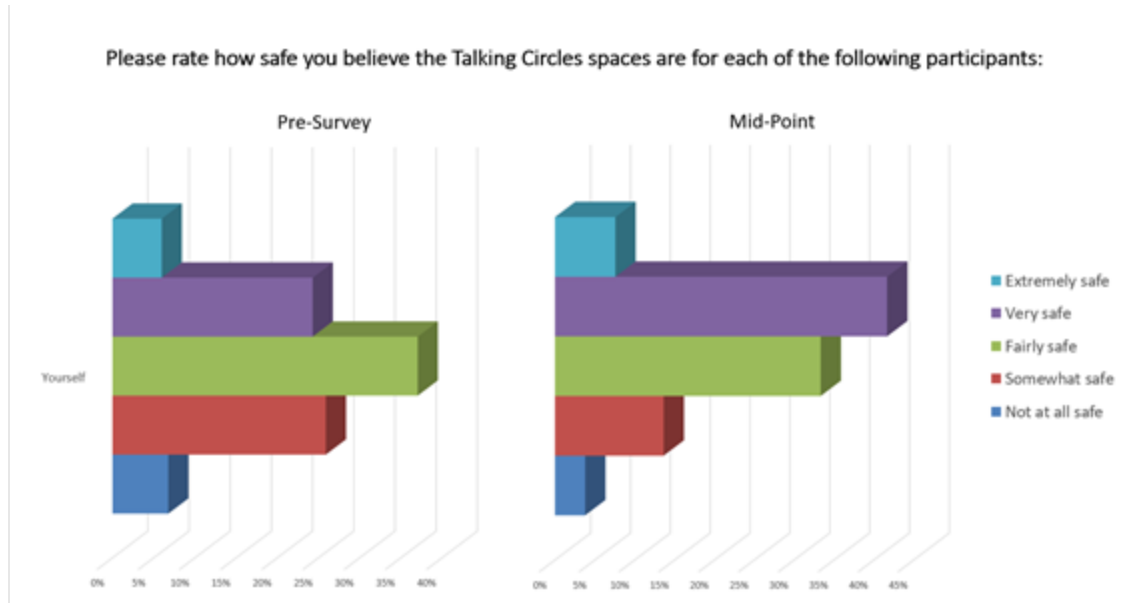
Talking Circles

Approximately 420 participants participated in the talking circles throughout 2022. Below is a visual distribution of how participants experienced safety within the Talking Circles at the

²³ <https://web.microsoftstream.com/video/b7ffb263-a693-427f-85ac-19a7ef3ff6c3>

²⁴ <https://marincounty.sharepoint.com/sites/EquityMLETeam/SitePages/CI-CARE-and-Client-Experience.aspx>

beginning and midpoint of the program. Safety in having discussions within these spaces appeared to increase.



Other Talking Circle materials for reference:

- [* |MC:MC MC SUBJECT| * \(campaign-archive.com\)](https://us6.campaign-archive.com/?e=test_email&u=6fe22f1135e47927ba61bbb94&id=6cbfb6ab90)²⁵
- [Strategy Team SharePoint - Talking Circle - A Practice into a Project.pdf - All Documents](https://marincounty.sharepoint.com/sites/EquityMLETeam/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FEquityMLETeam%2FShared%20Documents%2F3rd%20Circle%20%2D%20Meeting%20our%20Colleagues%2FTalking%20Circle%20%2D%20A%20Practice%20into%20a%20Project%2Epdf&parent=%2Fsites%2FEquityMLETeam%2FShared%20Documents%2F3rd%20Circle%20%2D%20Meeting%20our%20Colleagues&p=true&ga=1)²⁶

Behavioral Health and Recovery Services

- Cultural Humility - Community of Practice
 - In FY 22/23, BHRS addended our contract with Indigenous Vision to shift the work from a train-the-trainer model to an ambassador model. With diminishing capacity due to workforce shortages impacting the original 10 trainers from the original cohort, we were forced to regroup and think about another form of engagement. In January 2023, this community of practice will be re-launching with Indigenous Vision coaching to be cultural humility agents of change vs. trainers for the system. This community of practices hopes to advise on relevant policy changes, develop physical materials for distribution about cultural humility, and focus primarily on how to shift the culture of BHRS to one that centers on cultural humility.
- Dr. Hardy Culturally Responsive Supervision Series

²⁵ [https://us6.campaign-archive.com/?e= test_email &u=6fe22f1135e47927ba61bbb94&id=6cbfb6ab90](https://us6.campaign-archive.com/?e=test_email&u=6fe22f1135e47927ba61bbb94&id=6cbfb6ab90)

²⁶

<https://marincounty.sharepoint.com/sites/EquityMLETeam/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FEquityMLETeam%2FShared%20Documents%2F3rd%20Circle%20%2D%20Meeting%20our%20Colleagues%2FTalking%20Circle%20%2D%20A%20Practice%20into%20a%20Project%2Epdf&parent=%2Fsites%2FEquityMLETeam%2FShared%20Documents%2F3rd%20Circle%20%2D%20Meeting%20our%20Colleagues&p=true&ga=1>

- In January 2023, BHRS is piloting a project with Dr. Ken Hardy to provide culturally responsive supervision to BHRS supervisors. This was a result of the work of the trauma-informed core implementation team (TICIT) throughout FY 21/22, which identified that supervisors also needed mandatory anti-racism coaching and training. This was also a result of supervisors advocating for support from an outside facilitator to provide a space for supervisors to process these challenges when they arise within their teams. Dr. Hardy is expected to perform an organizational assessment in mid-January and will execute a pilot series for 6 months through the end of FY 22/23 with 2 cohorts of supervisors.
- Expanding Identities Development (EiD)
 - In FY 22/23, BHRS expanded their contract with EiD to include more LGBTQ+ training for the system, including training for Spanish speakers and clinical intervention training, but also added a consultation element, including EiD co-facilitating the BHRS LGBTQ+ Collaborative. EiD is assisting the BHRS LGBTQ+ Collaborative with LGBTQ+ leadership development and sustainability of that leadership, community engagement, LGBTQ+ service delivery, and SOGIE data collection methods and training. See Appendix E to see a snapshot of current planning for this Collaborative.
- MHSA 3-Year Community Engagement – Workforce Education and Training (WET)
 - Before the close of FY 22/23, BHRS' WET Supervisor will host 2 listening sessions to inform the upcoming MHSA 3-Year Plan and the WET regulations for the next 3-Years. As of right now, in these sessions BHRS plans to gather feedback around the following:
 - Clinical and cultural humility training needs
 - Trauma-informed and evidence-based training needs
 - Co-occurring training needs
 - We also hope to explore the utility of an online platform, a robust learning academy system, and the benefits of a learning lab system to support learning between training.
- Substance Use Services
 - SUS team plans to partner with the BHRS WET unit to integrate substance use training, support the substance use counselor scholarship program, and pilot a co-occurring needs assessment and capacity building initiative within a BHRS Full-Service Partnership.
 - In September 2022, BHRS was approved to be a CCAPP CEU provider, allowing us to incorporate co-occurring lenses into our training that are approved for CEUs.
- Children's System of Care
 - In FY 22/23, CSOC initiated a 12-week, biweekly Family Training Seminar to put increased emphasis on family engagement and healing within a family context. Each of these 12 training speaks to cultural considerations, including 2 hours on personal and systemic biases in family work.
- Senior Management Team (SMT) Coaching with Yejin Lee

- In FY 22/23, BHRS began a contractual relationship with [Yejin Lee](#)²⁷ of Jeong Coaching and Consulting. Yejin is continuing the anti-racism coaching with SMT that was held by a different facilitator throughout FY 21/22 on stewarding meaningful equity and justice work at BHRS. Discovery sessions with SMT so far have included exploration of BHRS' culture around conflict, feelings about equity and justice work at BHRS, level of comfort/competence in leading equity work at BHRS, and skills needed to support leadership more in stewarding the work. Yejin will work with SMT every month through the end of FY 22/23, in connection with 4 larger pieces of training she is providing the BHRS system of care. The seminar series provided by Yejin Lee to All Staff of BHRS is focused on locating and disrupting operational practices of resistance and punishment for equity work. So far, we have explored experiences of punishment for equity and justice work, examples of resistance to equity work, and various types of harm. See some slides from polls taken throughout Yejin's work with SMT and BHRS All Staff so far in Appendix F.

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

What We Did in FY 21/22

In FY 21/22, BHRS worked on Recruitment and Retention, Peer Workforce Updates, Children's System of Care, WET Scholarships, and the Psychology Internship Training Program. The following are updates on the action steps taken to complete the work.

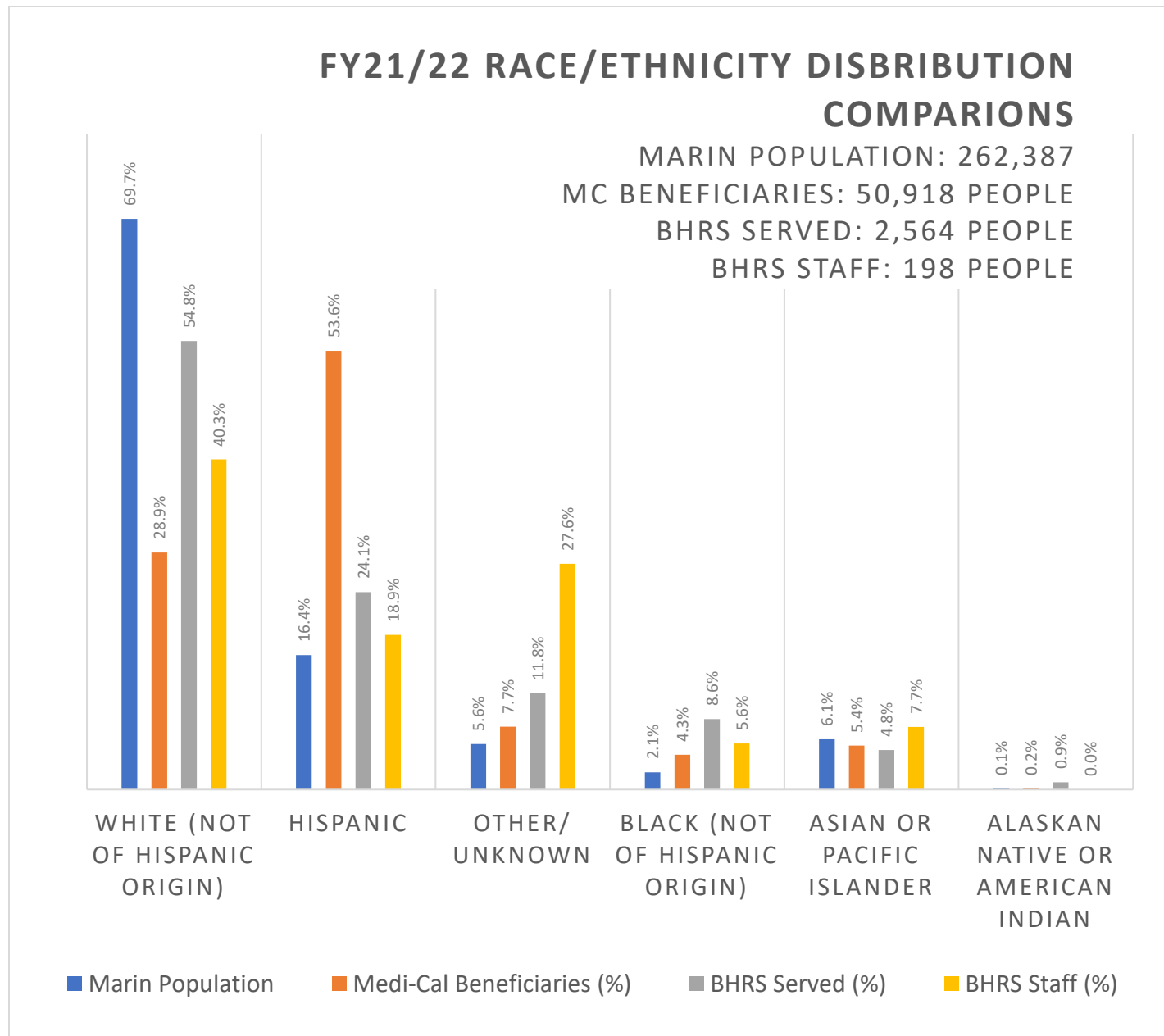
As previously mentioned, workforce retention and recruitment have remained a challenge both within BHRS and for our community-based organizations. Not only is it difficult to recruit and retain mental health professionals, but it is increasingly becoming more difficult to recruit and retain bilingual/bicultural staff.

As you can reference from the [Cultural Humility and Responsivity Plan for FY 21/22](#)²⁸, in the FY 20/21 race/ethnicity distribution comparison chart featured in Criterion 6 of the report, the Marin County population was 258,826, the Marin Medi-Cal beneficiaries = 46,997 people, BHRS served = 2,677 people, and BHRS staff = 210 people. Below is the same chart but for FY 21/22. We notice an increase in Medi-Cal beneficiaries, a decrease in BHRS served, and a decrease in BHRS staff. The staff decrease includes a drop in % of BHRS Staff across all aggregated race/ethnicity categories, except for "other/unknown." However, the distribution of comparison aggregated by race/ethnicity for the other categories (Marin Population, Medi-Cal Beneficiaries, and BHRS served) stays consistent, except for % of Hispanic Medi-Cal beneficiaries increasing in FY 21/22.

²⁷ <https://www.jeongllc.com/aboutyejin>

²⁸ <https://www.marinbhers.org/sites/default/files/2022-01/Marin%20County%20BHRS%20CCP%202021-2022%20Update.pdf>

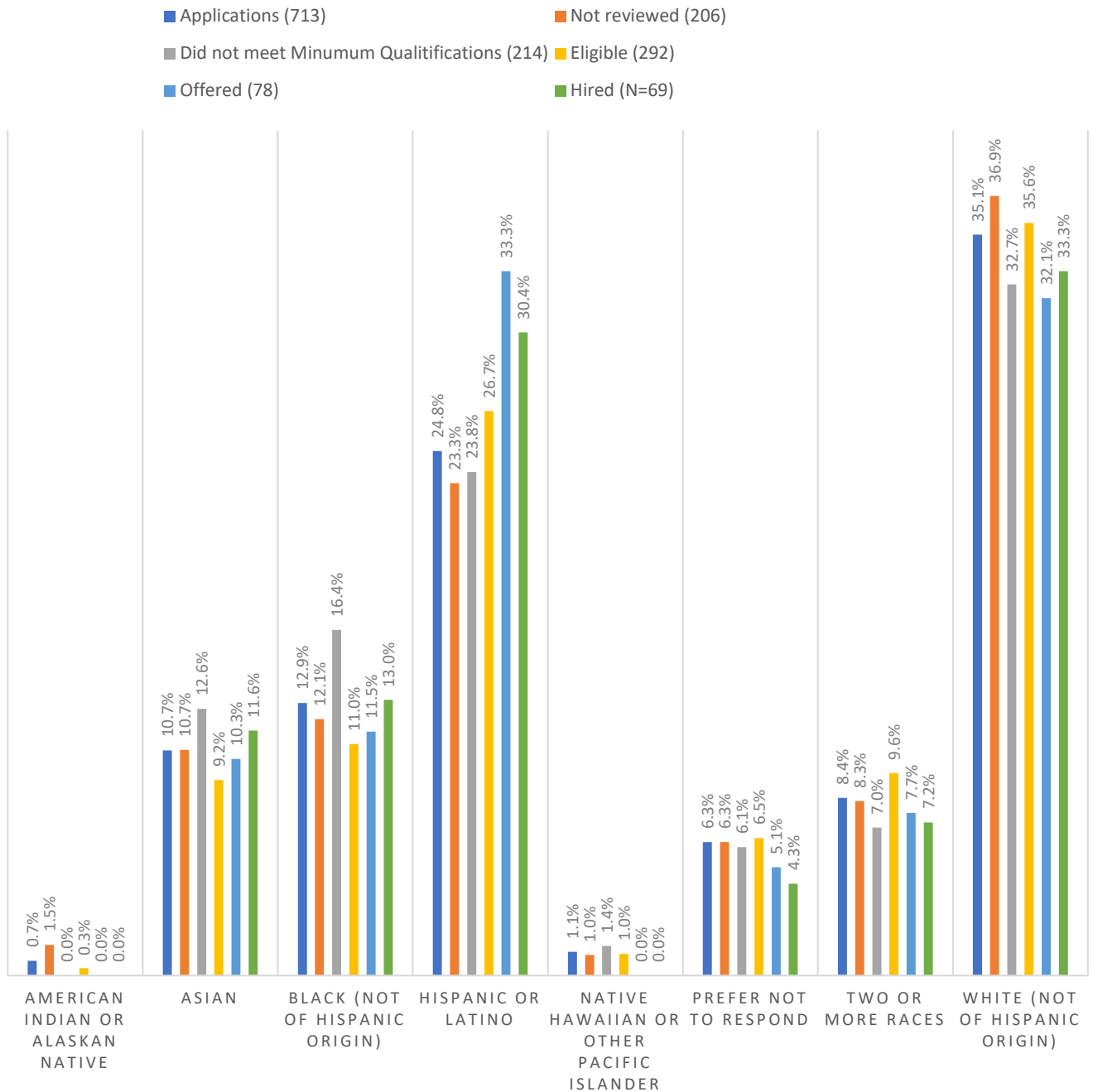
This data is prepared by our Human Resources (HR) department, and available data is based on a combination of the demographic information collected by HR and how this data is reported in their software. In this next year, BHRS PMEI is hoping to implement a workforce survey that is completed in-house rather than having to interpret this information/data from HR.



Also, in our FY 21/22 CCP, we completed an analysis looking at the racial distribution at different steps in the hiring process to identify any disparities in the hiring process. The table below is for FY 21/22 and indicates the following:

- 33% of the staff hired in FY21/22 were White compared to 45% of the staff hired from 2018-2021.
- Percent of individuals hired who were Black increased from 7.1% of people hired between 2018-2021 up to 13.0% of people hired in FY21/22, despite no real change in the percent of applications received from individuals who were Black (12.6% in 2018-2021 vs 12.9% in FY21/22)
- Percent of individuals hired who were Asian increased from 7.1% of people hired from 2018-2021 up to 11.6% of people hired in FY21/22, despite no real change in the percentage of applications received from individuals who were Asian (10.6% in 2018-2021 vs 10.7% in FY21/22)

RACIAL DISTRIBUTION AT DIFFERENT STEPS OF THE HIRING PROCESS (FY21/22)



Recruitment/Retention

In FY 21/22, the HHS management team introduced a workgroup within the Management Forum to address retention needs for HHS management. This workgroup polled management and found themes related to managing workload as the most significant barriers to retention:

- Chronic understaffing: turnover, inability to structure long-term growth of employees
- Lack of training and feeling confident in the supervisory role (clarity of role)
- Siloed work which means duplicative work or “extra work” that’s not tied to a clear vision or overall strategy
- Lack of communication and people operating under unclear or outdated information
- Inefficiencies that impact crucial workflows such as:
 - Recruitment
 - Onboarding

This resulted in various trainings held during the Management Forum, as well as a 4-5 Lunch & Learns around various topics. 3 Main strategies were identified:

- Provide clarity about roles and responsibilities and increased resources to performing supervisory functions, including streamlining, and improving the onboarding process, initiating supervisor support circles, initiating informal peer mentoring program, assessing, and prioritizing knowledge gaps for supervisor, and determining resources needed to help fill gaps, encouraging mental health checks, and improve communication
- Encourage and support division and program-level innovation and problem-solving
- Utilize HHS leadership/exec team members and other resources to engage county partners in meaningful change in identified areas that are beyond our control, including retention, recruitment, operations, work/life balance, etc.

Peer Workforce Updates

In FY 21/22 there were seven (7) county peer positions and thirteen (13) contracted peer positions.

Recovery Change Team (RCT)

Recovery Change Team is a team of peer specialists, advocates, county staff, and community members dedicated to embedding recovery fully in Behavioral Health Recovery Services using peers’ and consumers’ voices. The Committee meets monthly to discuss updates relevant to training, SB 803, and community planning subcommittees such as the **Peer Resource Task Force, Peer Outreach Committee, Peer Intern, and Placement Committee**. The subcommittees below started in FY 21/22:

- **Peer Resource Task Force** - The Peer Resource Taskforce (Formerly Peer Digital Task Force) is a team of peers dedicated to sharing the awareness of resources available to meet the specific behavioral health needs of the people of Marin County. Our team values the importance of connection and of overcoming the barriers to individuals accessing peer services that are meaningful to recovery and wellness in mental health and substance use challenges. This resource team has developed a comprehensive guide that includes resources related to, Support Lines, Crisis Lines, Digital Access, Support Groups, Peer Resources, Wellness Apps, Therapy Options, Homeless Resources, Foster Parent Resources, Food Resources, Transportation, Legal Support, Immigration Support,

Rent/Utility Assistance Programs, Community Resources, Advocacy resources, and a catalog of community-based organizations. The guide is housed in our Peer section on the BHRS outreach and prevention site.

- **Peer Outreach Subcommittee** – The Peer Outreach subcommittee is a team of peers dedicated to the outreach of our communities and community-based organizations. The team meets to work on action steps towards educating community-based organizations on all aspects of the Peer Specialist workforce including, relevant peer training, history of Peer Support, evidence of the Peer Support Model, core competencies, Peer workforce in Marin, SB 803 Peer Specialist Certification, and resources for organizations.
- **Peer Intern Placement Subcommittee** – The Peer Placement Subcommittee was formed based on the expressed need from stakeholders for formalized guidelines in place for our individuals seeking intern work experience. This temporary subcommittee met monthly to establish overarching guidelines for peer interns placed at the empowerment clubhouse and the enterprise resource center. This group discussed and created documents that included guidelines that qualified interns, placement assessment questions, and monthly evaluations to track Peer Specialist interns' progress. Placement coordinator processes were established, and Peer Interns were referred through our Workforce and Education Scholarship program.

SB 803 Peer Support Certification

With the passing of the SB 803 Peer Support Certification Act of 2020, BHRS has opted into CalMHSA as the certifying body. Peer Program Coordinator and leadership have been tracking developments with CalMHSA ensuring our Peer Specialists are supported on their pathways toward certification. CalMHSA has allotted 18 Scholarships for Marin County Peer Specialists to seek initial certification or for individuals wanting to grandparent into certification. BHRS has taken steps to ensure that stakeholders, supervisors, and contracted providers are aware of the changes with Peer Certification, including training and presentations on how the changes will affect our system of care.

Children's System of Care (CSOC)

Around 60% of CSOC clientele are Latino/a/x, and for FY 21-22, much like all BHRS, CSOC had to contend with vacancies that restricted its ability to take on monolingual Spanish clients. This challenge required triaging with the Access team and other local providers to ensure these referrals were assigned to a culturally relevant provider. The lack of Spanish-speaking providers also limited the ability to refer to the county's Early Psychosis Program, provided by Felton. Felton currently does not have a Spanish-speaking Mental Health Practitioner, and thus must resort to translation tools.

WET Scholarships

Marin County's Behavioral Health and Recovery Services (BHRS) have set aside WET funds via the Mental Health Services Act (MHSA) for vocational, training, and educational support to residents of Marin County who have lived experience with behavioral health (mental health

and/or substance use) conditions, or their families, and who wish to join the behavioral health services profession. We have awarded scholarships for individuals who may not have the resources needed to pursue vocational education in the field of Peer Support and Co-Occurring Substance Use Counseling. Individuals are offered the opportunity to pursue funding for training in their desired field. Individuals are assigned a mentor to provide ongoing support as they engage in their coursework. Our mentors have lived experience and connections with community organizations to ensure appropriate placement whether it be internships or employment opportunities.

- Number of recipients: 22
- Total amount of scholarship funds awarded: \$43,638

Psychology Internship Training Program

BHRS maintains a Psychology Internship Training program, and in FY 21/22 began preparation for the APA site visit, which will be detailed more below. This program welcomes a diverse array of students and offers a Latino Family Health track for interns who are bilingual/bicultural in the Spanish-speaking language. This program offers supervision in Spanish as a feature to increase bilingual/bicultural skillset while in the field with clients.

In FY 21/22 the Psychology Internship Training program had the following participation:

- Total number of interns: 6 pre-doctoral interns and 3 practicum students
- Number of bilingual/bicultural intern/practicum students: 2 Latinx bicultural/bilingual interns, 1 Latinx bilingual/bicultural practicum student, 1 bicultural (AAPI/Black) intern, 1 AAPI bicultural practicum student, and 1 AAPI bicultural/bilingual practicum student
- Number of Latino Family Health interns: 2 interns, 1 practicum student

What We are Doing in FY 22/23

In FY 22/23, BHRS is planning to work on Trauma Informed Care, Peer Workforce, MHSA and Workforce Education and Training (WET), Human Resources Advancements in Hiring Process, and Psychology Internship Training Program. The following are plans and goals for BHRS in FY 22/23.

Trauma Informed Care

BHRS' trauma-informed core implementation team (TICIT) has recently taken on more of an advisory role within the system, which so far has included advising on policies and job positions within the system that require a trauma-informed lens. TICIT plans to regroup with new BHRS leadership in the new year of 2023 to identify new leadership goals and willingness to allocate resources toward broadening the efforts of this group. TICIT remains focused on building a more inclusive, trauma-informed, and multicultural workforce that can provide anti-oppressive and healing-centered services to the community. To take a peek at some TICIT project-based work, please see Appendix G.

Peer Workforce

[MHSA FY 22/23 Annual Update](#)²⁹ includes the following goal related to the Peer workforce:



- Promote pay equity for Peer Support Specialists in alignment with new expectations around certification and professionalization of the field
 - Rationale:
 - Contracted Peer Support Specialists have not been making a living wage
 - New statewide regulations from SB 803 require significant shifts in training, experience, certification, continuing education requirements, etc., leading to a transformation and professionalization of the field and allowing the County to bill Medi-Cal for peer-specific services. To meet the demand, there is a need to increase the wage to a professional standard in line with the new requirements.
 - Strategies:
 - As this was a clear priority from stakeholders, especially from people with lived experience (clients/consumers and family members), and the MHSA Advisory Committee, BHRS released an RFP for Peer Support Specialists that was in alignment with the new SB 803 regulations and increased the available funding for contracted Peer Support Specialist positions (awarded to Mental Health Association of San Francisco in March 2022—new contract to start July 1, 2022; increasing wages from ~\$21/hr. to ~\$29/hr.)
 - Continue to increase the number of county peer support specialist positions (2.5 FTE, one dedicated to Mill Street 2.0, one enhancing services for LGBTQ+ clients, and expanding the bilingual Peer position in Access to full time) iii. Increase paid internship opportunities for Peer Support Providers in training (through reprioritizing within the existing Workforce Education and Training (WET) Mental Health Career Pathways budget)

BHRS currently supports county and contracted peer positions in our adult system and children's system of care embedded in our clinical treatment teams. In FY 22/23 2.5 FTEs of peer positions were added, including increasing Peer support through the Access process, and increasing bilingual Peer support for the Access team from .5 FTE to 1.0 FTE.

BHRS established a contract with Crossing Edge Consulting in FY21/22, to work in partnership with our Peer Program Coordinator and train our peer professional and non-peer professional staff on wellness and recovery topics such as the role of peers, peer leadership, peer/clinician collaboration, principles of wellness and recovery, wellness and recovery model, and integration of wellness and recovery into the system of care. Pieces of training were also

²⁹ https://www.marinhhs.org/sites/default/files/libraries/2022_06/marin_county_fy2022-2023_mhsa_annual_update.pdf

designed to respond to the needs and feedback of the workforce. In addition to the training, funding was set aside for planning and consultation services to be provided as needed which included conferring with stakeholders, sharing insights, and offering feedback.

The first initial training was provided to BHRS Expanded Leadership in August 2022, in which the history of the consumer movement, public policy, peer perspectives recovery-oriented language, and the wellness and recovery model was presented. Additionally, members of BHRS leadership were presented with an opportunity to discuss some of the benefits and challenges of utilizing peer providers on clinical teams. In November 2022, a training for peer specialists, recovery coaches, family partners, and other lived experience professionals was hosted. In this training, similar topics were discussed in addition to an active discussion on peer roles, advocacy, and peer leadership. The goal of these pieces of training is intended to provide separate spaces for non-peer and peers to be able to share thoughts and perspectives in a space they felt safe to do so.

For the remaining months of FY22/23, BHRS intends to deliver two more pieces of training with peer and non-peer professionals in the same training.

Supportive Spaces for Peers

BHRS also continues to host weekly spaces, one for SB 803 discussion and one for a drop-in collaborative consultative space with learning segments included. Peers engage in these weekly meetings to share and learn with each other about the work they do. It is also a space to get support from one another. The Peer Program Coordinator developed a mandatory collaborative consultative space that is held at the end of the month. In this space, Peers occasionally may have guest speakers join who are experts in certain topics like substance use disorder. Peers also engage in a space in collaboration with MHASF (Mental Health Association Of San Francisco) to participate in what is called co-reflection. So far, the feedback is positive about having a space for Peers to connect. Our Peer Program Coordinator makes themselves available to all Peers in the BHRS system of care, and as soon as a Peer is hired, the PPC reaches out to see how best they can support them in acclimating to their role.

A note from our Peer Program Coordinator:

One thing we are seeing in our system of care is a lack of understanding of what it is peer support is and how we can utilize peers in a way that is a complementary team approach. We are working to address more integration of our peers by collaborating with supervisors (Peer and non-peer) on how peers are utilized effectively. We have held two pieces of training on peer support, one for leadership and one for peers. In the coming months, we will be hosting another training with peer and clinical staff in the same training with the hope of more understanding of what true collaboration looks like. Making sure peers feel supported and respected is my number one goal as program coordinator and we are continuing to brainstorm ways we can improve upon the integration of peers in our system of care.

SB 803 Peer Support Certification

As of writing this report, BHRS has two Medi-Cal Certified Peer Support Specialists, with several peers in a certified training and/or ready to take the exam. BHRS continues to utilize CalMHSA scholarships and identify other areas of funding such as our Workforce Education and Training Scholarship (WET) funds to support this work.

MHSA and Workforce Education and Training (WET)

The FY22/23 Annual Update provides an opportunity to make changes to the Mental Health Services Act (MHSA) FY20/21-22/23 Three-Year Plan as well as report on outcomes and activities from FY20/21 (Fiscal Year from July 1, 2020-June 30, 2021). FY20/21 was the first year of implementation of the MHSA Three-Year Program and Expenditure Plan for FY20/21 through FY22/23. All MHSA-related Annual Updates and the MHSA Three-Year Plan can be found at: www.MarinHHS.org/MHSA³⁰.

Workforce challenges—especially for community-based organizations—were a prevailing issue in delivering planned services during the second year of the pandemic with local community-based organizations and county behavioral health services having difficulty recruiting, supporting, and retaining staff working in the behavioral health field. Many new remote-only opportunities sprung up in the Behavioral Health field making it even more difficult to recruit and retain staff for needed in-person services, especially when many staff have long commutes from areas with lower costs of living. Multiple of the top priorities highlighted during Community Planning for FY 22/23 was around supporting non-profit organizations to build sustainable local workforces. The overall sentiment from community planning meetings was to shore up existing services.

[MHSA FY 22/23 Update](#)³¹ includes the following workforce goal:



- Promote recruitment and retention of behavioral health providers throughout the county:
 - Rationale:
 - Many community-based organizations that BHRS contracts with have vacant positions and quick turnover leaving them unable to meet the needs of those they are dedicated to serving. Many of the salaries have historically been below market rate. Community-based providers have a harder time retaining or recruiting staff who want to work close to home but cannot afford to live in Marin given the high cost of living. I
 - Within BHRS there are many vacancies, and the new positions that were created in the FY21/22 MHSA Annual Update are averaging over 7.5 months to fill.

³⁰ <https://www.marinhhs.org/content/mental-health-services-act-mhsa>

³¹ https://www.marinhhs.org/sites/default/files/libraries/2022_06/marin_county_fy2022-2023_mhsa_annual_update.pdf

- Strategy:
 - Invest resources to support increased salaries, benefits, or wellness supports for direct service providers at contracted non-profit organizations
 - Increase county Human Resources capacity by adding a second Human Resources Analyst II to support Behavioral Health and Recovery Services (BHRS)

Human Resources Advancements in Hiring Process

In September 2022, County HR implemented revisions to its contingent hire recruitment process to reduce recruitment timelines and ease workload where possible. We are hopeful that these changes will allow for more productive and efficient recruitment and hiring processes, which have previously been identified as barriers to multicultural diverse workforce expansion.

Psychology Internship Training Program

The APA site visit is a 2-year comprehensive program review process, which includes a self-study and virtual site visit. This process resulted in a 10-year reaccreditation for our Psychology Internship training program, awarded in August 2022. In FY 22/23, we have the following participation in our Psychology Internship training program:

- Total number of interns: 6 predoctoral interns, 4 practicum students, and 1 post-residency fellow
- Number of bilingual/bicultural interns/practicum students: 2 bilingual/bicultural interns, 1 bicultural/monolingual intern, 3 bilingual/bicultural practicum students (2 Latinx, 1 AAPI), and 1 Filipino bicultural post-residency fellow
- Number of Latino Family Health interns: 2 interns, 2 practicum students

The training program in FY 22/23 also relaunched the post-doc position as a post-residency fellow to increase capacity for assessment and group programming and to increase field capacity for the internship program administration in public health settings. We have also been welcoming more interns into our broader equity efforts, including interns participating in the LGBTQ+ Collaborative.

Criterion 7: County Behavioral Health System Language Capacity

What We Did in FY 21/22

In FY 21/22, BHRS worked on Language Capacity, Adult System of Care, Substance Use Services, and Children's System of Care. The following are updates on the action steps taken to complete the work.

Language Capacity

On the Mental Health Plan side, for the provider linguistic capacity, 93.75% of clients served during CY2021 had services provided in their preferred language, as documented in the EHR,

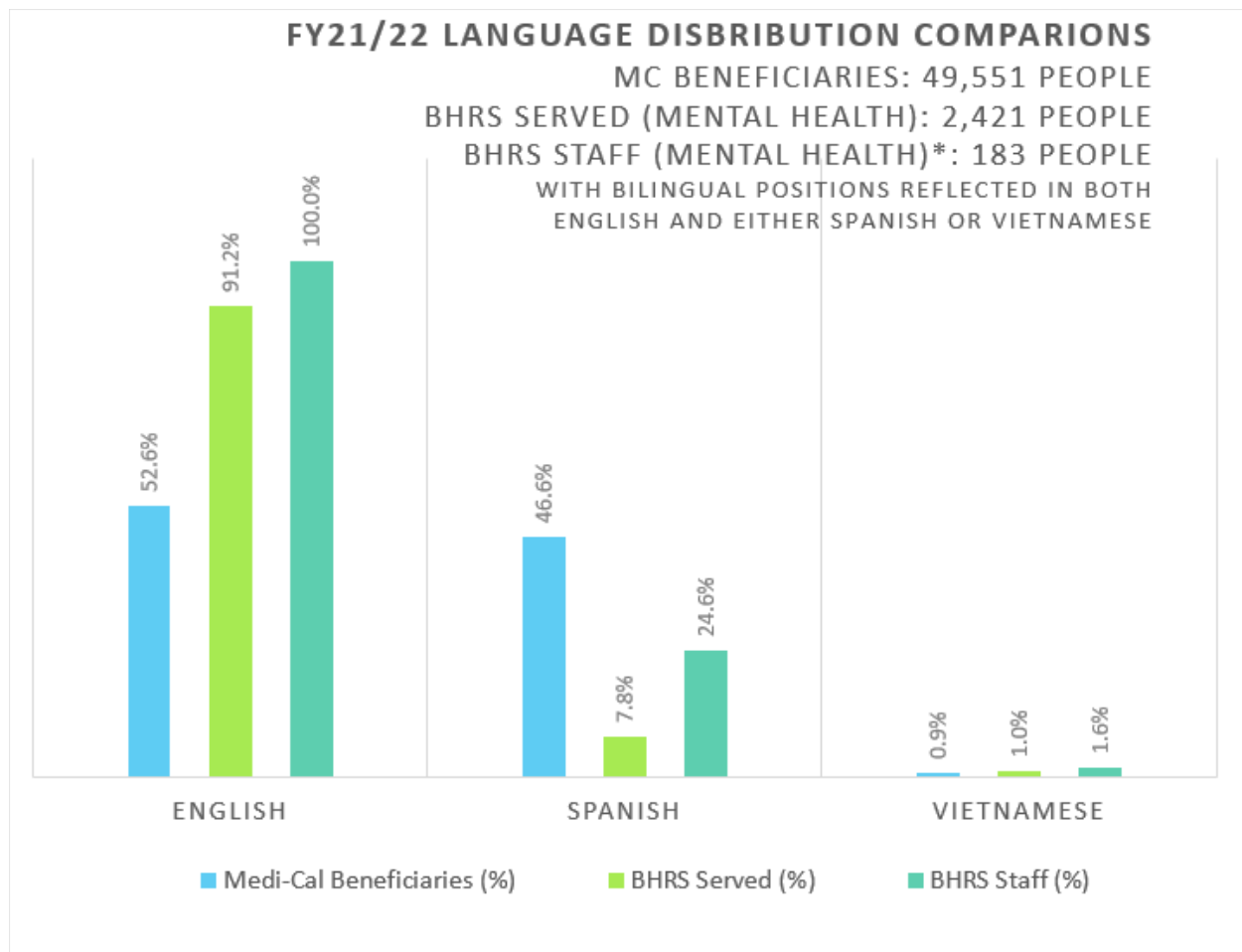
demonstrating a slight decrease from FY20-21 (95.3%). On the Drug Medi-Cal Side, there was also a slight decrease from 99.4% in FY 20-21 to 98% in FY 21-22. Marin County's threshold language is Spanish, however, BHRS has also identified Vietnamese as an important language to include in our language evaluations.

Language capacity was one of the major goal areas of our last cultural humility and responsiveness plan, however, because of diminished capacity throughout the equity team and throughout all the teams within BHRS, we were not able to launch some of the initiatives we had hoped for.

In the upcoming MHSA 3-Year Planning session, the equity team plans to advocate for the creation of a Language Access Coordinator position, who can help with evaluating our current interpretation and translation contracts/vendors, establish policies and procedures about working with bilingual/bicultural staff and professional interpreters, and create a process for community input on translated documents. Similarly, there is a statewide challenge with recruiting and retaining bilingual staff. A subject matter expert on how to attract more bilingual/bicultural staff into our workforce is necessary.



This year we initiated a similar study to our workforce studies in the previous section, looking at the percentage of Mental Health Program Medi-Cal beneficiaries who are Spanish Vietnamese-speaking, the percentage of BHRS served through Mental Health Plan who are primarily Spanish and Vietnamese speaking, and the percentage of BHRS staff (excluding SUS team) who are in bilingual classified (or differential) positions for either Spanish or Vietnamese.



As has been previously mentioned, 50% of our adult Latinx population is eligible for restricted Medi-Cal only, and BHRS is only able to seek Medi-Cal reimbursement for individuals with Full Scope Medi-Cal. Even when looking at the distribution above, we can see that the number of BHRS staff who are in Bilingual classified positions for Spanish is not adequate to meet the needs of the community, however, we do see that the percentage of our Spanish classified staff does greatly outnumber the percentage of Spanish speaking BHRS clients served. For our Vietnamese-speaking capacity, the distribution is on par with the percentage of Vietnamese speakers in the community.

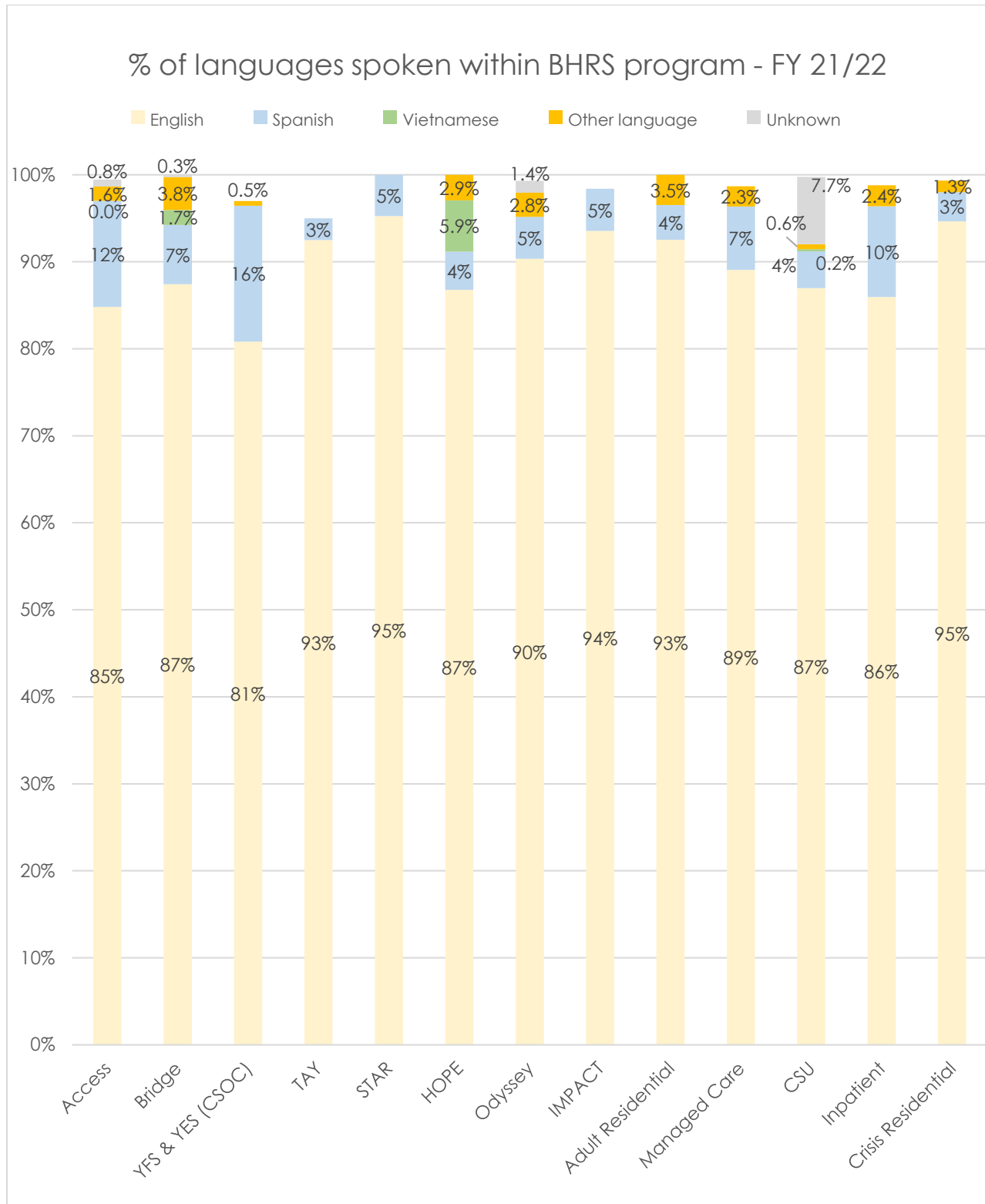
This is potential evidence for utilizing our Spanish classified staff more for outreach and engagement, since we see that we are greatly underserving our Latinx population in Marin County.

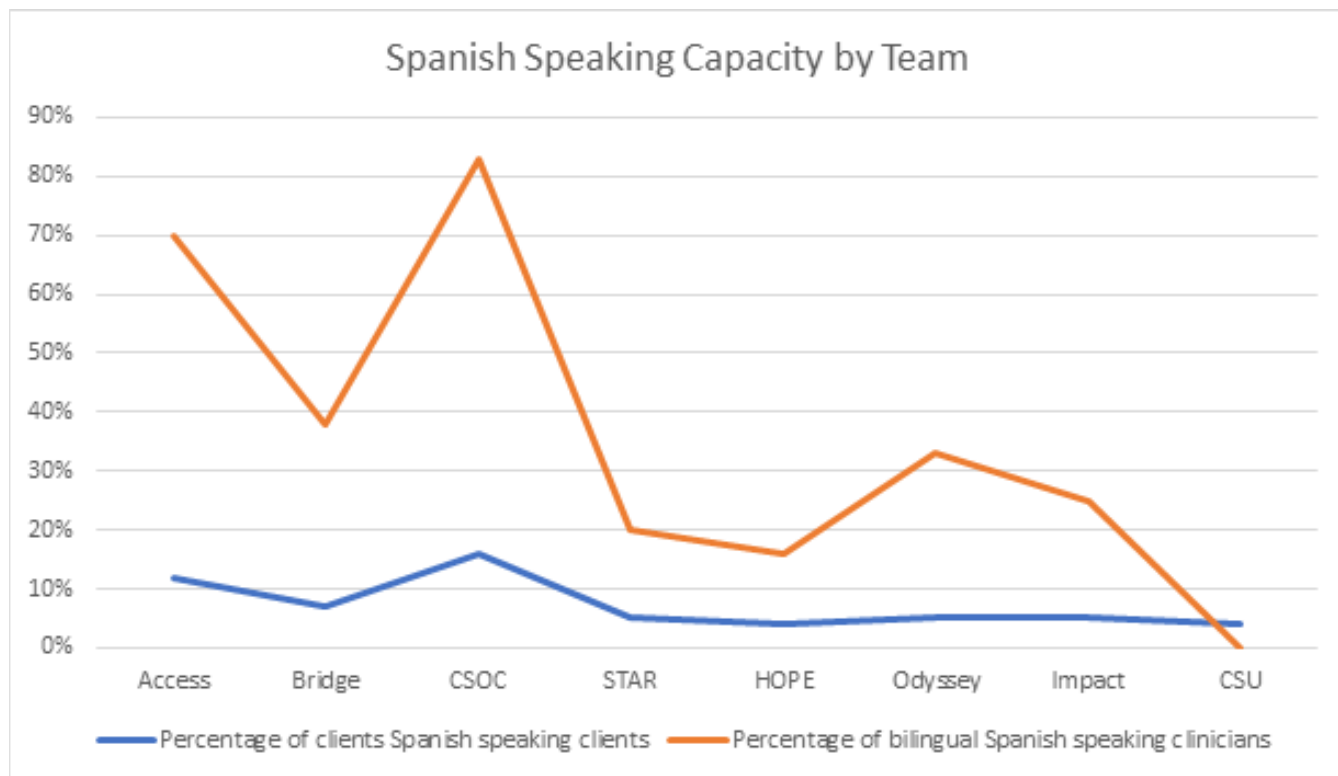


Below we can see the percentage of various languages spoken by clients within identified BHRS programs for FY 21/22 and then an analysis of Spanish-speaking capacity across identified BHRS programs. In FY 21/22, the most observed need for Spanish Speaking staff was in CSU. We have started to take in reports for FY 22/23 which demonstrates that this is also now true for HOPE.



Next year, it would also be beneficial to differentiate the above graph between the adult system, children's system, and substance use division of care.





Adult System of Care (ASOC)

The following reflects bilingual staff capacity and challenges throughout ASOC in FY 21/22.

- 1 Bilingual FSP Supervisor hired for IMPACT spring 2022
- 1 Bilingual Peer hired for IMPACT spring 2022
- 1 Bilingual Support Service Worker hired for Odyssey Fall 2021
- 1 Bilingual Peer hired for Odyssey and Jonathan's Place Summer 2022
- Concentrated placements for Spanish speakers needing FSP in Odyssey program due to limited Bilingual services in other programs
- Bridge Kerner- added 1 contracted MHASF Bilingual Peer
- Odyssey, IMPACT, Kerner- 1 contracted (total) MHASF Bilingual Family Support
- Engaged IMPACT peer and supervisor, Odyssey MHP, and SSW to engage with Latinx Steering Committee efforts and community engagement to increase community knowledge about our programs and make face-to-face connections with Latinx communities in Marin.
- 1 underfill MHP at HOPE, reduced FY22/23 Bilingual capacity to zero staff who speak Spanish
- 1 underfill MHP at IMPACT, reduced FY 22/23 Bilingual capacity in MHP staff (currently zero)
- 1 staff Bilingual MHP left Odyssey, reducing Bilingual capacity in MHP from 2 to 1 staff
- No applicants for the Bilingual MHP Floater position that would serve as a relief to HOPE and Odyssey primarily (due to language)

- Peer support amongst Bridge Teams is not sufficient as there is only 1 Bilingual MHSF staff for two large programs
- Therapy capacity needs to be increased for Spanish speakers in all ASOC programs. The current barrier is time and bandwidth, training, and guidance moving from the case management (primary) model to the case management and therapy integrative model of service delivery.



Substance Use Services (SUS) – Adult and Adolescent Programs

The following reflects the bilingual staff capacity throughout the SUS services in FY 21/22:

- Residential Treatment: 5 providers
 - 1 mono-lingual Spanish-speaking program
 - 1 program with Spanish bilingual staff
- Outpatient Treatment: 4 providers
 - 1 mono-lingual Spanish-speaking program
 - 3 programs with bilingual staff
- 118 rendering providers total in the Substance Use Network
- 7.63% of rendering providers speak Spanish
- 1 rendering provider in Opioid Treatment Program speaks Tagalog

*Note: Marin County Substance Use Services Administration Office contracts with local community-based organizations to provide a vast majority of its services. Therefore, the above data reflects the bilingual language capacity of its contracted network providers.

Children's System of Care

Currently, 11 of our 16 Mental Health Practitioners positions are bilingual classifications, three of these bilingual positions were vacant for a portion of FY 21-22. When there are vacancies for bilingual positions this puts a greater strain on existing bilingual staff, as we try to triage and appropriately assign Spanish-speaking clients with limited staffing. We currently have two such openings, with few applications coming in for bilingual practitioners.

What We are Doing in FY 22/23

In FY 22/23, BHRS is planning to work on Language Capacity, Adult System of Care, Latinx Steering Committee and Solano Learning Collaborative, MHSA, and Cultural Humility and Responsivity Community Engagement for Planning, and Training in Spanish. The following are plans and goals for BHRS in FY 22/23.

Language Capacity

As of November 2022, BHRS has 38 filled bilingual positions (compared to 51 filled positions in 2020 and 46 filled positions in 2021). We have seen a need to underfill previously bilingual positions, and when a position is underfilled with a monolingual English speaker, the position loses its bilingual status. Though we note that we have the significant internal capacity to provide Spanish-speaking services to Spanish-speaking clients, we continue to struggle to meet

language capacity needs. We also continue to struggle with the recruitment and engagement of Spanish-speaking clients.

One possible area to explore, which is being explored by the Latinx Steering Committee, is protecting bilingual staff roles to help with outreach to Spanish-speaking clients and to provide Spanish Speaking services (rather than providing both Spanish and English services).



We have also observed that BHRS leadership positions are often not eligible for bilingual differential and/or classification, which is something that we plan to examine with HR when developing our leadership positions. There are several bilingual supervisor positions, but we have recently encountered barriers in creating bilingual positions for managers, coordinators, etc.



In terms of data, we continue to struggle with the internal capacity to track unique elements to make better decisions around language capacity. This is another reason a Language Access Coordinator would be helpful.



We have identified that the following would be helpful to track regularly:

- Tracking the number of bilingual/bicultural staff, the team they are on, their role within the county, and what language they are bilingual in
 - Discontinue utilizing HR or fiscal, which does not consider when positions are underfilled and lose bilingual status
- Tracking of new and current clients who need or request bilingual services, where they are referred/placed, how long it takes them to get bilingual services/wait for bilingual services
- Working with the SUS team to identify how to track bilingual capacity within the provider network

Adult System of Care (ASOC)



Related language capacity goals for FY 22/23 within the ASOC include:

- Bilingual Spanish Access Clinician offering more support to West Marin and has taken on brief therapy with the adult client; hope to increase services to adult Spanish speakers in West Marin.
- Increase therapy at all ASOC sites with training and guidance moving from case management model to integrating therapy into service delivery; would greatly benefit Spanish speakers as it is a service often sought after
- Increase staff engagement in community activities, outreach
- Continue to work with Access looking at language and culture and best fit for programs based on staffing and level of care

- Protecting Bilingual staff (increasing overall caseload capacity for Spanish speakers, including outreach/engagement efforts), balancing the caseloads of non-Bilingual workers
- Increase ability to provide comprehensive services in West Marin (therapy, case management, groups, community engagement) with a partnership with Access clinician
- With Bilingual Peer at Jonathan's Place, increase awareness of BH services in Marin to unhoused Spanish speakers, warm handoffs to Access BH services
- Substantiated need to add bilingual capacity at Kerner. Kerner only has 1 Bilingual half-time MHP and 1 full-time Support Service Worker, 1 Peer Support Specialist contracted through the Mental Health Association of San Francisco).
- Data improvements: closing data to see what it looks like for folks being closed to our system of care with language and ethnicity.
 - It should be noted that not all clients select Latinx or Hispanic at the time of intake and many choose "other". Something to dig into further in our system of care on how we note indigenous Latinx populations, Black, White, and Asian Latinx populations as well.

Latinx Steering Committee and Solano Learning Collaborative

Another area of exploration is BHRS adopting the CLAS standards formally to increase language capacity within teams. As a mentee county of Solano, BHRS anticipates learning about how to implement the CLAS standards in a strategic way that can support our goal of increasing services and support for the Latinx and Spanish-speaking community.

MHSA and Cultural Humility and Responsivity Community Engagement for Planning

Five of the focus groups that we are planning for the upcoming MHSA 3-Year Plan and Cultural Humility and Responsivity Plan will be conducted in threshold languages and facilitated by bilingual/bicultural staff and cultural brokers. Four of those focus groups will be conducted in Spanish and one will be facilitated in Vietnamese. We hope to collect qualitative data from these focus groups on how to improve services for those who identify as Latinx, AAPI, and who also speak Spanish and/or Vietnamese.

Training in Spanish

BHRS has recently started to offer key training in Spanish, which has been identified as an ongoing need in the coming years. So far, BHRS has hosted 1 LGBTQ+ training in Spanish and 1 training for bilingual staff to improve their interpretation skillset in behavioral health settings.



We are also hoping to increase our capacity to provide more training in Spanish in the future and potential to offer this to our contracted providers.

Criterion 8: County Behavioral Health System Adaptation of Services

What We Did in FY 21/22

In FY 21/22, BHRS worked on an adaptation of services through Residential Facilities, Telehealth, Suicide Prevention, and MHSA Innovations. The following are updates on the action steps taken to complete the work.

Residential Facilities

Housing and residential continue to be a high priority. The Crestwood Sonoma Healing Center Psychiatric Health Facility (PHF) was opened in the 1st quarter of 2022 for Marin Medi-Cal beneficiaries open to the system of care or likely eligible for a system of care (anyone needing ongoing hospitalization related to an LPS hold). Marin BHRS had two dedicated beds whether they are filled or not. So far:

- 15 BHRS clients have been treated and/or awaited LPS-level placement at the facility since inception.
- Demographics served:
 - African American – 20%
 - Latinx – 20%
 - Caucasian- 60%
 - Female – 20%.
 - Male – 80%

Telehealth

FY 21/22 required a major transition from largely virtual sessions during heightened Covid restrictions, towards a return to more in-person and in-office work in mid-2021. We are currently fully operational and able to see clients in the community, in their homes, and schools. We are also still providing Telehealth to many clients, as appropriate to their needs.

Suicide Prevention

In FY 21/22, Marin County Suicide Prevention Collaborative launched Trauma-Informed Prevention and Postvention Recovery Project to address the prevention and postvention needs of families, youth, and adults following a suicide attempt or suicide loss. This program includes three different prevention and postvention components:

1. **The LOSS (Local Outreach to Suicide Survivors) Team:** This postvention model involves two or more volunteers, comprised of suicide loss survivors, clinicians, and sometimes other concerned community members, who are dispatched to the scene of a suicide to provide immediate support to those left behind. The LOSS Team members receive training to understand how to best support bereaved family members or witnesses. A LOSS Team Coordinator, with guidance from the LOSS Team expert, will be responsible for coordinating activities tied to the implementation of the program, including marketing, partnership building, outreach, and serving on the Postvention Team for the Marin County Suicide Prevention Collaborative.

2. **Youth and young adult suicide loss survivor support group:** This support group is a postvention service for youth/young adults (ages 15-25) who have witnessed or experienced the loss of a loved one by suicide. Through a non-judgmental approach and understanding of complicated grief, survivors can learn from peers and facilitators on ways to process their grief and trauma in a supportive and safe environment.
3. **Attempt survivor support groups for youth, young adults, and adults:** This group, led by a Clinician, provides an opportunity for attempt survivors to connect with peers who share similar experiences and includes an emphasis on tools and skills (e.g., coping skills through safety planning) that can help members stay safe. The role of the Support Group Coordinator is to implement outreach activities, market, support, and conduct/facilitate for the loss survivor and attempt groups.

MHSA Innovations

From Housing to Healing: A Re-Entry Community for Women

Launched in January 2022, this project is aimed to support women who frequently cycle through the county jail and homelessness and who had significant adverse childhood experiences (ACEs). This program is testing a healing-centered approach to address trauma at the forefront by building community, utilizing somatic healing approaches, and providing extensive trauma therapy, nutrition, and a safe home surrounded by nature.

Student Wellness Ambassador Program: A County-Wide, Equity-Focused Approach

Launched in April 2022, this project is providing centralized support and expertise for all middle and high schools in the County to develop or expand peer support programs on their campuses. Before this project there were significant inequities in access to student-led wellness programs on campuses and this project is testing out the approach of providing a high degree of support for all schools—and directly to student wellness ambassadors from across the county. This approach aims to expand who has access to this type of support and to build a learning collaborative for the students to both learn directly from their peers from other schools about the approaches they are taking as well as to learn about potential career pathways in behavioral health and wellness.

Marin's Older Adult Innovation Technology Suite Project (a.k.a. Help@Hand)

Launched in 2018 as part of a multi-county initiative to learn about technology implementation with different target populations. Marin County focused on isolated older adults. This project is beginning its final year and is looking to provide grants to a local organization to help expand the impact of the project and spread the learnings throughout the county, building a more supportive environment for isolated older adults to access wellness resources through technology.

- See the [publication³²](#) of Marin County Pilot Study in the Journal of Medical Internet Research (JMIR)- Understanding the Role of support in Digital Mental Health Programs with Older Adults

³² <https://formative.jmir.org/2022/12/e43192>

What We are Doing in FY 22/23

In FY 22/23, BHRS is planning to work on Residential Facilities, Telehealth, OD Free Marin, Marin City HHS Hub, MHSA Innovations, and Suicide Prevention. The following are plans and goals for BHRS in FY 22/23.

Residential Facilities

Grand Avenue

Grand Avenue Transitional Residential treatment facility opened in December of 2022 mostly for individuals in long-term locked psych settings (typically out of county) that can step down and return to the community. May be used for individuals at high, immediate risk of such institutionalization to prevent such placements. [New Residential Treatment Facility Launches in Marin \(marincounty.org\)](https://www.marincounty.org/press-releases/2022/hhs-bhrs-920grand-040822)³³

- Currently fewer than 10 residents in the program
- Demographics:
 - Female = 33%
 - Male = 66%
 - Non-Binary gender identity = 0% currently
 - Caucasian = 100% currently

Mill Street/Johnathan's Place

In August 2022, Jonathan's Place, also known as Mill Street 2.0, opened with 15 units dedicated to individuals eligible for BHRS services. There is a full-time Mental Health Practitioner-Bilingual staff as well as a half-time Peer Support Counselor dedicated to these 15 units, in addition to 4 hours of medication services (Psychiatrist or Mental Health Nurse Practitioner) per week provided on site. The second half of the Peer Support Specialist position will provide outreach and engagement at the Mill Street site to other residents in the shelter or other permanent supportive housing units to help engage them in services. Jonathan's Place is fully staffed up and BHRS is moving in 15 Full-Service Partnership clients who have been chronically homeless into this beautiful new Permanent Supportive Housing Site.

South Eliseo

1251 S. Eliseo is scheduled to open in the Spring of 2023, therefore there is a need for funding allocated for the final four months (March-June) of the year for a contract with Episcopal Community Services for supportive services for the projected 16 units designated (pending results of the No Place Like Home application) for people eligible for BHRS services. Episcopal Community Services will be the lead service provider and BHRS will also provide medication management and other specialty mental health services to ensure the clients receive all the services they need to be successful.

³³ <https://www.marincounty.org/main/county-press-releases/press-releases/2022/hhs-bhrs-920grand-040822>

Telehealth

Substance Use Services and Mental Health continues to utilize telehealth throughout the system of care to better serve our beneficiaries.

OD Free Marin

On November 15, 2022, at the Marin County Overdose Prevention Summit, RxSafe Marin announced they are rebranding to OD Free Marin and redefining their 2023 goals to end overdoses in Marin County.

The three main goals for OD Free Marin are:



1. PREVENT substance misuse and overdose deaths
2. MANAGE and treat chronic pain and substance use disorders
3. EDUCATE the community about opioid use and misuse.

[OD Free Marin – Reducing the Risk of Drug Overdose in Marin County³⁴](#)

Marin City HHS Hub

HHS is working to establish a multidisciplinary hub in Marin City in 2023. BHRS is seeking input from the community regarding what Mental Health services would be most helpful to offer at the hub.

MHSA INN

Help@Hand

Marin is in the final stage of this innovations project, looking to the grant model to support local libraries, peer-run organizations, CBOs, and senior centers in implementing learnings from this project to make a lasting impact after the end of the Older Adult Technology Inn project. This project is set to end in Dec 2023.

Suicide Prevention

The [MHSA FY 22/23 Annual Update³⁵](#) includes the following:

- Care Coordination in alignment with the Suicide Prevention Strategic Plan including Emergency Room based peer response and follow-up support after a suicide attempt or non-fatal overdose
 - This has risen from a need that has been highlighted in the Marin County Suicide Prevention Strategic Plan and with the hundreds of stakeholders who participate in the Suicide Prevention Collaborative. At the current time depending on insurance type, location, or type of self-harm behavior the intervention or follow-up after an attempt may be different or may not be in place at all. This new project will help launch the Care Coordination Action Team of the Suicide Prevention Collaborative and provide a new service county-wide to provide

³⁴ <https://odfreemarin.org/>

³⁵ https://www.marinhhs.org/sites/default/files/libraries/2022_06/marin_county_fy2022-2023_mhsa_annual_update.pdf

immediate support to anyone in Marin County who has attempted suicide or experienced a non-fatal overdose.

- Individuals who have attempted suicide or experienced a non-fatal overdose are at significantly higher risk of making another attempt if supports and interventions are not in place
- Coordinated cross-Behavioral Health (meaning spanning both Mental Health and Substance Use Services) approach to provide immediate support and consistent follow-up in the critical time after an attempted suicide or non-fatal overdose

Ahead of September Suicide Prevention Month 2022, BHRS released a community guide to Suicide Prevention designed to create greater awareness and understanding of a complex health issue that can be prevented. [From Compassion to Action](#)³⁶ guide includes:

- Facts and terminology
- Risk and Protective factors
- Warning signs
- Communication strategies for a direct and open conversation
- Caring ideas for community members to support those who have attempted suicide or families bereaved by suicide
- Resources

Accompanying this guide, BHRS hosted various talking circles through September 2022 to discuss this guide. One of the talking circles was geared toward LGBTQ+ identities and utilizing gender-affirming language as a form of suicide prevention.

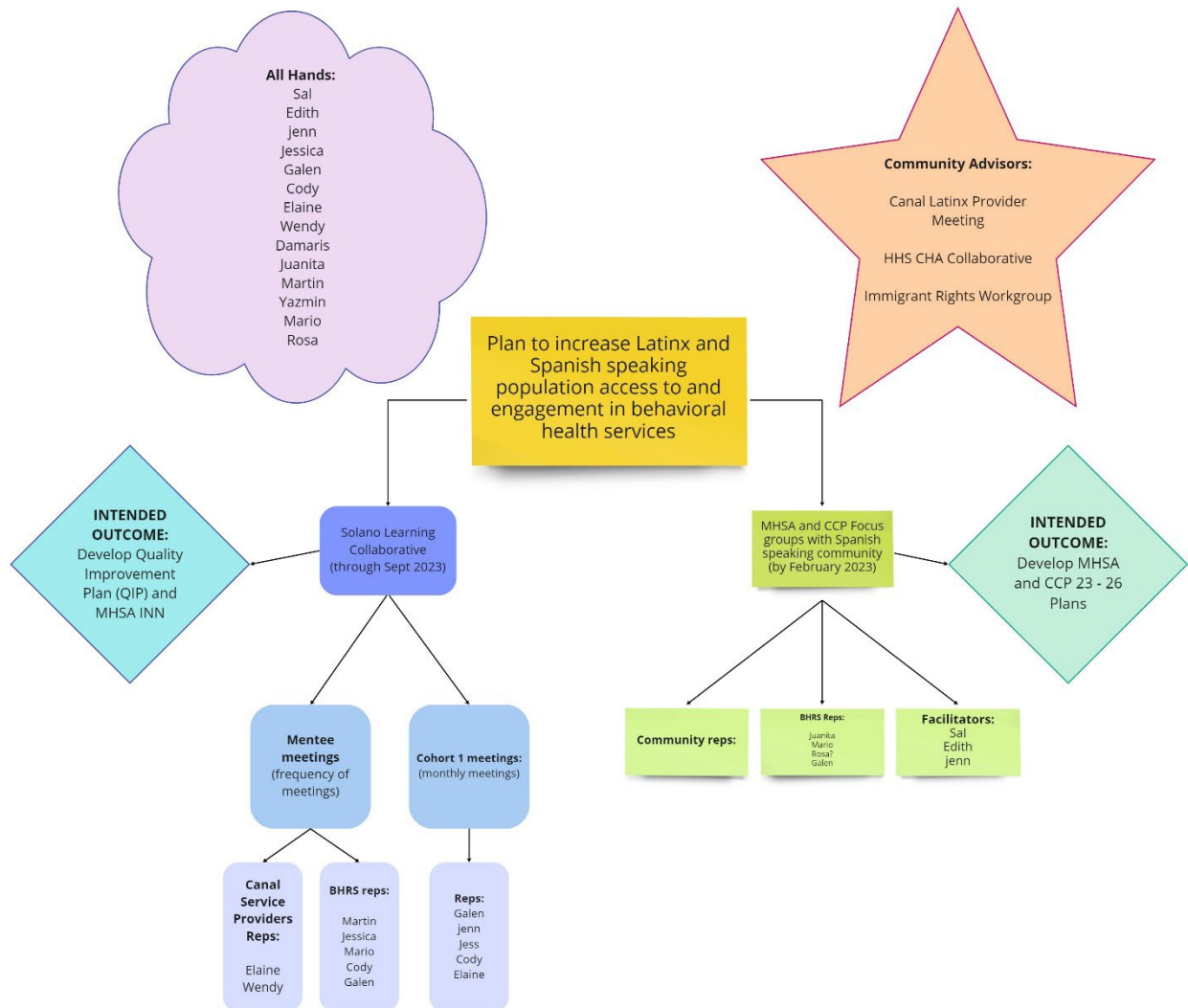
Summary

BHRS continues to work on the goals detailed throughout this report, both those that were not yet accomplished from FY 21/22 and those that we've identified heading into the next calendar year. New cultural humility and responsiveness goals are currently being identified through the merged MHSA 3-Year Planning and CHRP planning and community engagement process. BHRS looks forward to completing a CHRP that includes input directly from the community and that is in more intentional alignment with MHSA.

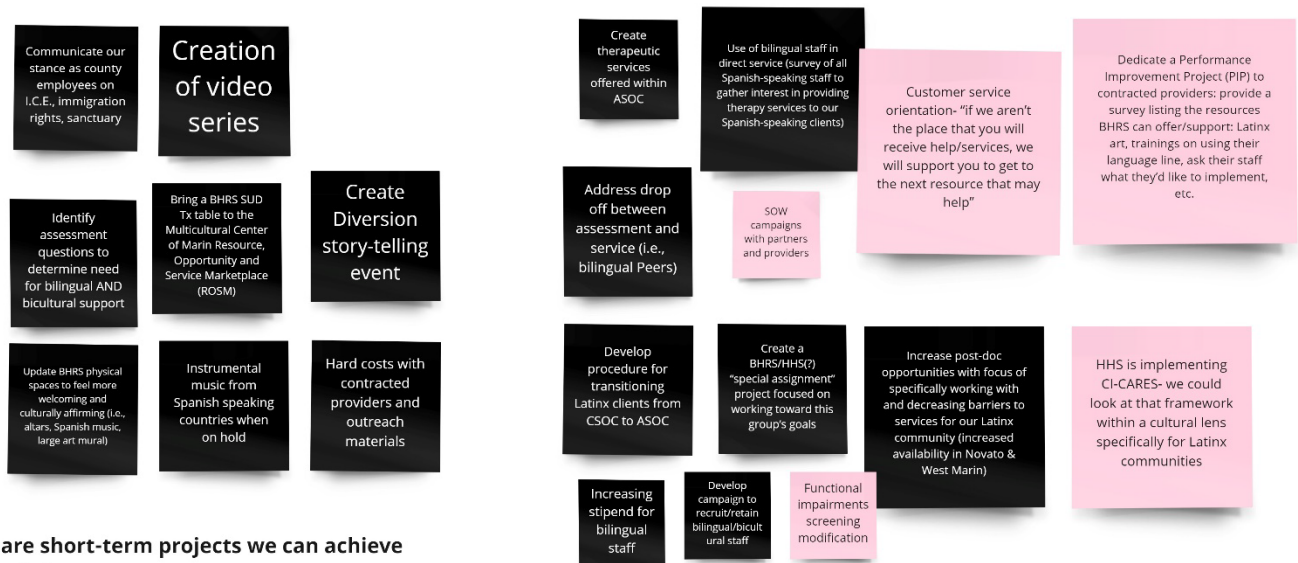
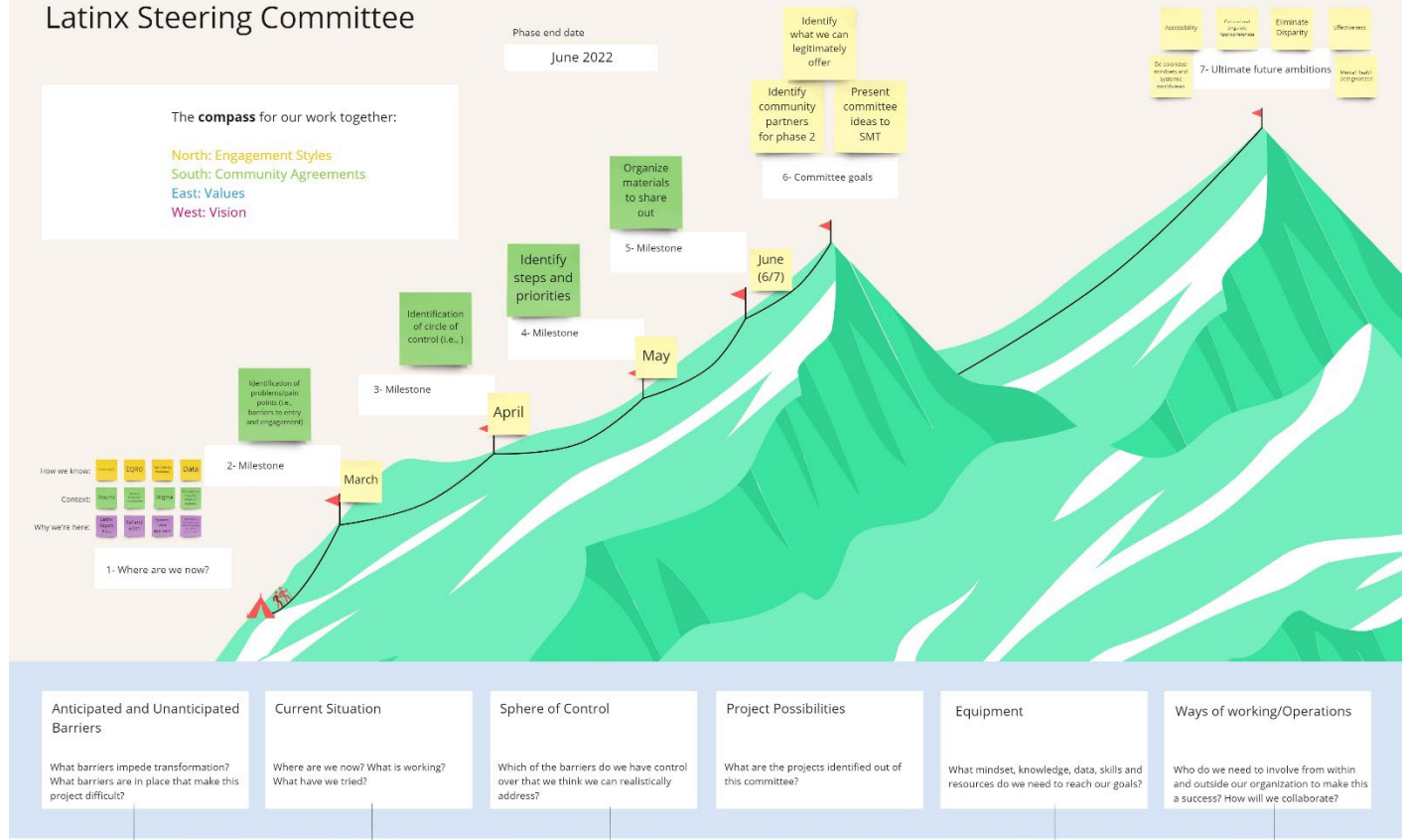
³⁶ https://www.marinhhs.org/sites/default/files/libraries/2022_06/sp_booklet_v13.pdf

Appendices

Appendix A: Solano Learning Collaborative + Latinx Steering Committee Visioning



Latinx Steering Committee



What are short-term projects we can achieve internally?

What are long-term projects we can look forward to internally?

ECPC

Connections

Systems

Power Systems

- Marin Community Foundation (MCF)
- Disability Rights California (DRC)
- Board of Supervisors
- Human Resources
- Licensing Boards (APA)
- County Administrators Office
- Sheriff's Office
- DHCS
- Marin IJ

Our Connections

- ISOJI
- West Marin Collaborative (Marin Promise Partnership) NAMI and BHRS
- RCDM (MCIM, NAMI, BHRS, PA)
- MH Service Updates for Marin's Latinx/Spanish (Canal) NAMI, BHRS
- Executive Advisory Council (EAC) Meeting Foster and Homeless Youth (MCOD) Seneca
- Promotors (NMCS)
- CHAdvocates (FMBC)
- MHA-Child Abuse Prevention Council (CPS) Seneca, BHRS
- MHA-Alameda
- Public Authority
- Canal Alliance
- MAIA
- MCM
- COM
- NMCS
- Seneca
- YJT
- NAMI
- MALT
- MHA Marin
- MHA SF
- Huckleberry
- ICS
- County
- Suicide Prevention Collaborative (BHRS) Marin Prevention Network, NAMI, MHA-Alameda
- Homeless Policy Steering Committee MHA-Alameda
- 9 to 25 (?) Seneca, MCM
- MHB (BHRS)
- RCT (BHRS) MHA-Marin, MHA-SF, BHRS
- CVA Workshop (BHS) MCOW Child BHS, NMCS
- MHSA Advisory Committee (BHRS)
- Immigrant Rights Workshop (MCP)
- Latino Steering Committee (BHRS)
- LGSTG Collaborative (B-HRS)

ECPC Reps

County	Huckleberry	ICS
NAMI	MALT	MHA Marin
YJT	Seneca	NMCS
Public Authority	Canal Alliance	MAIA
		MCM
		COM
		NMCS
		MHA SF

The infographic features a pink background with ten white rectangular boxes, each containing a text-based function. The boxes are arranged in a grid-like fashion. Each box is accompanied by a colorful star icon: a red star (top left), a teal star (top left), a yellow star (top center), a purple star (top right), a blue star (middle left), a green star (middle center), a light blue star (middle right), a dark green star (middle right), a pink star (bottom left), and a grey star (bottom center). The text in the boxes describes various support functions for the BHRS executive leadership team.

- Can be guided by community interests, expertise, and needs
- Identifies cultural competence, humility, and responsibility issues at the county
- Transmits recommendations to BHRS executive leadership, including the Behavioral Health Director
- Reviews and makes recommendations for all trainings, services, programs, cultural responsiveness plans
- Design and improve acceptable, responsive, efficient and effective services with attention to community needs
- Provides reports and recommendations around BHRS Quality Management, including County HR
- Participates in and reviews MHSA planning process, stakeholder process, and MHSA plans for all MHSA components
- Participates in and reviews client developed programs (wellness, recovery, and peer support programs)

Advise on CCP implementation and coordination	Assist with the development, review, approval, and implementation of the required Cultural Competency Plan Requirements (CCPR) and annual updates	Help develop strategies to provide timely access to culturally- and linguistically-appropriate services across BHRS
Assist with creating a work environment where cultural humility, dignity and respect are modeled	Assist with innovative, trauma-informed, and culturally responsive strategies that inform service delivery for BHRS and its contracted partners	Develop outreach and educational activities focused on relay information about behavioral health and substance use disorder services for groups and organizations known to serve specific racial and ethnic groups within the community
Identify what data is missing in order to make more informed recommendations	Review data to understand and evaluate the impact of services on health equity, cost-effectiveness, and treatment outcomes in order to support recommendations	Recommend policies, practices and protocols to support cultural humility and CLAS standards across the system of care

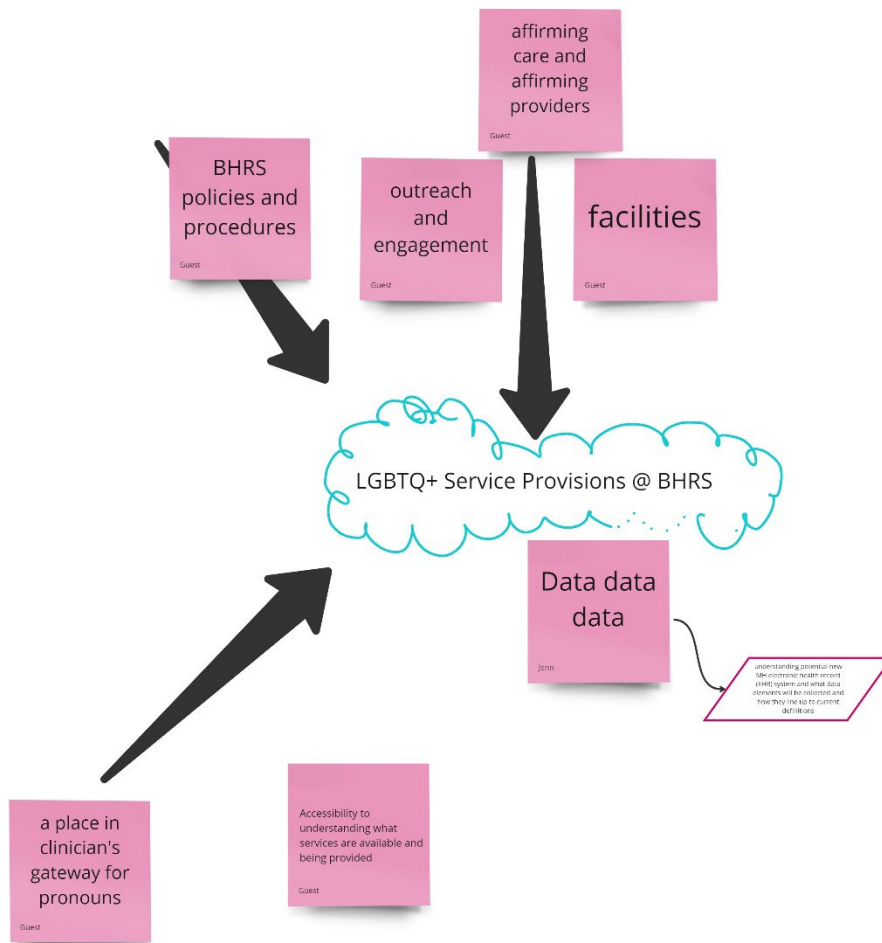
Appendix C: Cultural Humility Trainings Approach



Appendix D: Cultural Humility Training Activities FY 21/22

Understanding and Affirming the LGBTQ Community and Everything In Between 102.2	06/29/2022	3.00hrs	Cultural Competence	FY2021-22	LGBTQ+
Preventing Discrimination & Harassment: CA Managers	06/24/2022	2.00hrs	Cultural Competence	FY2021-22	Cultural Humility
Understanding and Affirming the LGBTQ Community and Everything In Between 102.2	06/07/2022	2.00hrs	Cultural Competence	FY2021-22	LGBTQ+
Gender Inclusive Language En Español	05/24/2022	1.00hrs	Cultural Competence	FY2021-22	LGBTQ+
Working Respectfully With LEP Clients and Language Professionals 5.11 & 5.18	05/11/2022	2.50hrs	Cultural Competence	FY2021-22	Working with Interpreters
Trans Affirmative Care in Integrated Behavioral Health with Dr. Sand Chang	04/04/2022	1.00hrs	Cultural Competence	FY2021-22	LGBTQ+
Bryant Terry - Black Food: Celebrating Food Culture of the African Diaspora	03/07/2022	1.00hrs	Cultural Competence	FY2021-22	Cultural Humility
Building Resilience through Self-Compassion During Traumatic Stress	02/28/2022	2.00hrs	APA, CCAPP, CAMFT, Cultural Competence	FY2021-22	Cultural Humility
Ahsha Upchurch: Joy - Fueling Our History, RE-centering the Work	02/25/2022	1.00hrs	Cultural Competence	FY2021-22	Cultural Humility
Law and Ethics	02/23/2022	6.00hrs	APA, CBRN, CAMFT, Cultural Competence	FY2021-22	Cultural Humility
Working With Interpreters Training Attendance	01/19/2022	2.50hrs	Cultural Competence	FY2021-22	Working with Interpreters
Intellectual and Developmental Disabilities and Marin County Community, Services, Resources, and Partnerships	12/09/2021	2.00hrs	APA, CBRN, CAMFT, Cultural Competence	FY2021-22	Cultural Humility
An Introduction to the Native American Community of Marin County and "Now What?"	11/30/2021	2.00hrs	Cultural Competence	FY2021-22	Cultural Humility
Working Respectfully with LEP Clients and Language Professionals in a BHRS Setting	10/27/2021	2.50hrs	APA, CBRN, CAMFT, Cultural Competence	FY2021-22	Working with Interpreters
Working Respectfully with LEP Clients and Language Professionals in a BHRS Setting	10/20/2021	2.50hrs	APA, CBRN, CAMFT, Cultural Competence	FY2021-22	Working with Interpreters
Public Healthcare Systems, Medi-cal Managed Care, Federally Qualified Health Centers, and Integrated Behavioral Health	10/19/2021	1.00hrs	CAMFT, Cultural Competence	FY2021-22	Cultural Humility
Culturally affirming healing practices in Latinx communities	10/19/2021	2.00hrs	APA, CBRN, CAMFT, Cultural Competence	FY2021-22	Cultural Humility
Indigenous Vision	10/14/2021	2.00hrs	Cultural Competence	FY2021-22	Cultural Humility
Culturally affirming healing practices in Latinx communities	10/12/2021	2.00hrs	APA, CBRN, CAMFT, Cultural Competence	FY2021-22	Cultural Humility
Understanding and Affirming the LGBTQ Community and Everything In Between	09/29/2021	2.00hrs	APA, CBRN, CAMFT, Cultural Competence	FY2021-22	LGBTQ+
Safe Space Brave Space Morning Star Gali	09/09/2021	2.00hrs	Cultural Competence	FY2021-22	Cultural Humility
Understanding and Affirming the LGBTQ Community and Everything In Between	07/21/2021	2.00hrs	APA, CBRN, CAMFT, Cultural Competence	FY2021-22	LGBTQ+

Appendix E: LGBTQ+ Collaborative Vision Mapping (Supported by EiD)



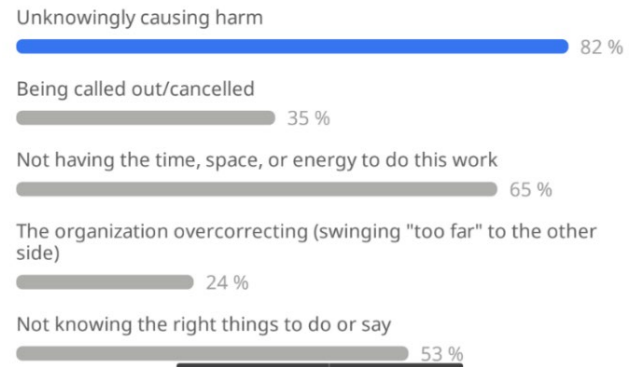
Appendix F: Slides from Yejin Lee Sessions

What feelings come up for you when you think about your role in stewarding meaningful equity & justice work at BHRS? 0 1 7



What gives you the most anxiety about the work of equity & justice at BHRS as a leader/manager? 0 1 7

(1/2)



What are some skills or categories of knowledge you would like to gain that will support you in being more effective as a steward of equity & justice at BHRS? 0 1

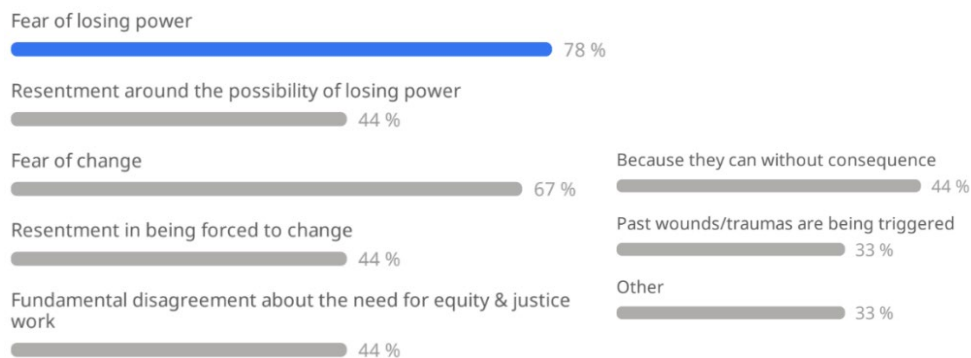
(1/2)

- Owning our mistakes, failures, and how we are complicit in harm
- Fear of the PC police
- There is a culture of people not wanting to share for fear of saying something wrong and getting labeled
- How to effectively Integrate equity and justice work into our day to day work.
- The rigidity of being scapegoated shuts down opinion sharing
- Prioritizing those impacted
- over the intention of those who have harmed
- Opportunity for more celebrating each other
- This work is sometimes too prescriptive....tell people how to think, what to say or not say, what holidays to celebrate or not. This doesn't help IMO
- Being okay making mistakes
- Create culture of individual accountability
- Open conversations
- without judgement
- Patience to let a response emerge vs reacting
- Support with challenging conversations
- Transparency
- Modeling sitting with discomfort instead of avoiding it
- Honest dialogue
- Navigating conflict
- Conflict resolution skills
- Creating culture of direct communication
- Ability to be fully present in the moment
- More events for interaction
- Being a supportive collaborator
- Listening
- Being courageous to call out/in microaggressions instead of staying silent.
- Restorative approaches to conflict

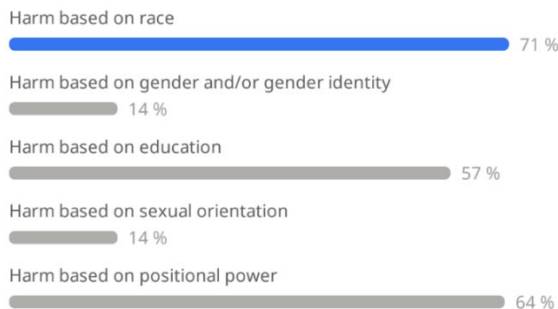
What are other examples of resistance to equity & justice work in the workplace? 007

- supervisors/persons in positions of power protecting of others in dominate group (i.e. they have a friendship, concerns presented are minimized)
- Busywork -- creating activities to look like you're doing something without actually doing anything
- unconscious bias
- Gatekeeping Lack of funds
- Blaming taxpayers -- factors "out of control" of the organization or leadership
- Prioritizing data over all else
- Not allowing space and time for this work
- Blaming taxpayers
- "Too busy"
- Postponing conversations and never coming back to it
- Dismissing Postponing change/ conversations
- Delegating equity work to frontline staff and others without power

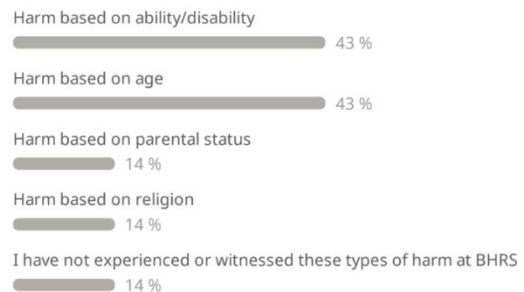
Why do you think people at BHRS might resist or punish folks around this work? (1/2) 009



What are types of harm you have experienced or witnessed at BHRS? (1/3) 014



What are types of harm you have experienced or witnessed at BHRS? (2/3) 014



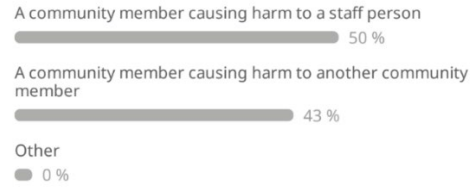
Which of the following instances/patterns of harm have you witnessed at BHRS?
(1/2)

0 1 4



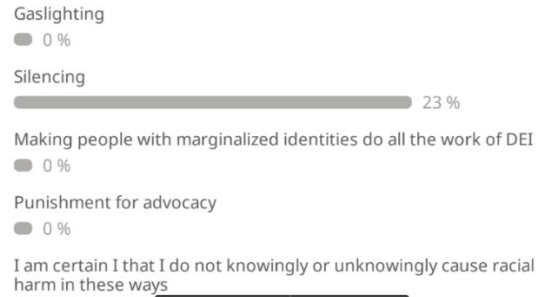
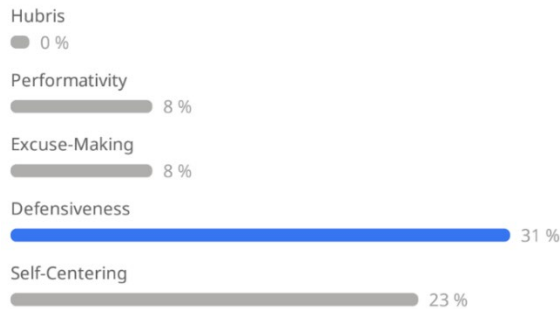
Which of the following instances/patterns of harm have you witnessed at BHRS?
(2/2)

0 1 4

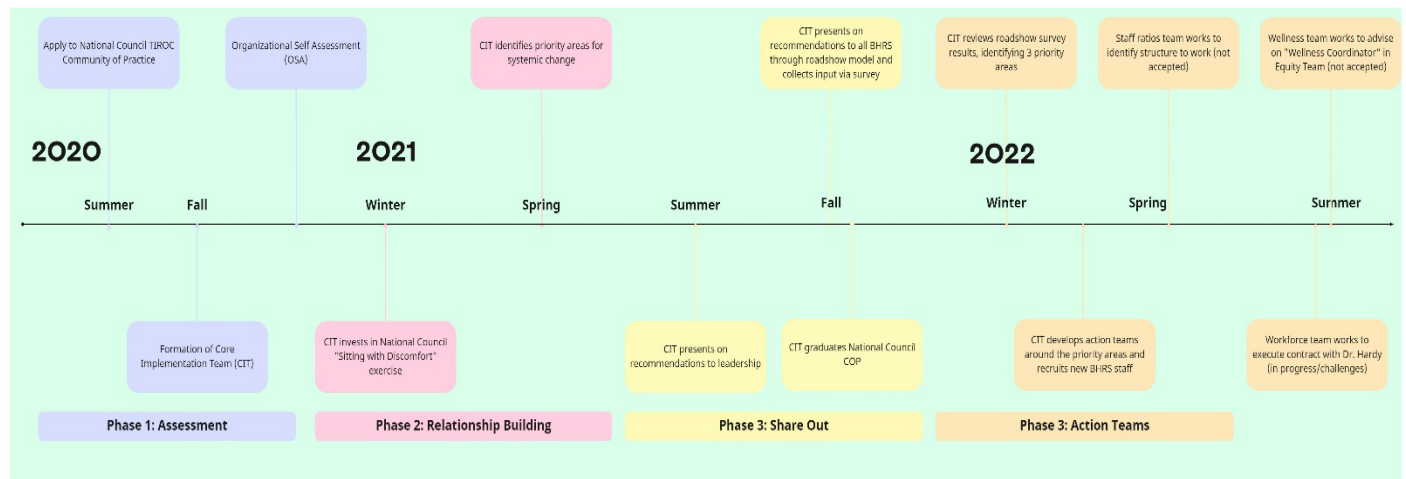


If you were to be really honest with yourself, which of the following harmful practices do you think you might need to work on?
(1/2)

0 1 3



Appendix G: TICIT Vision Boarding



On hold	In progress	Needs review
<p>Staff to client ratios</p> <p>Protection of staff roles to do their jobs (i.e., bilingual)</p> <p>Affinity spaces for staff</p> <p>Wellness campaign and mental health days</p> <p>Restorative options for staff to resolve conflict</p>	<p>DSR Policy and roll out - Restorative approach to performance issues?</p> <p>Cultural Responsive Supervision with Dr. Hardy</p> <p>Cultural Humility COP</p> <p>Yejin work with SMT</p> <p>Trauma MHP Position Development</p>	<p>Trauma-informed case consultation/vignette hours (with goal of looking through every case brought through a TI lens)</p> <p>Trauma-Informed boot-camp training series or train the trainer model</p> <p>Assessing for trauma in every client (during and post access assessment; ongoing)</p> <p>Principles of trauma-informed care posted in all offices</p> <p>Accountability (performance evaluation question asked about TIC)</p>