

# EQUITY IN PRACTICE

MARIN COUNTY HEALTH AND HUMAN SERVICES  
EQUITY PROGRESS REPORT DECEMBER 2021





## LETTER FROM THE DIRECTOR

In 2018, the Health and Human Services Department of Marin County released our [Strategic Plan to Achieve Health and Wellness Equity](#). This plan centers on racial equity within all aspects of our work. Across our five divisions – Behavioral Health and Recovery Services, Public Health, Social Services, Whole Person Care, and Administration – we created a roadmap to a more equitable and healthier Marin County.

One year later, as we started to build momentum, the COVID-19 pandemic began. As our department's resources shifted to keep our county safe, our resolve to fighting health and racial inequities was bolstered. Our COVID-19 response required us to be resourceful, flexible, and collaborative in new ways. The continuing pandemic is the backdrop to the strategic plan's implementation.

Now, three years into the plan, we have radically collaborated with trusted community partners, rapidly prototyped solutions, incorporated the wisdom of community leaders, and shifted systems, such as our contracting process, to reflect best practices for increased inclusion. Although forged in a moment of crisis, our efforts benefitted from the inventive and responsive approaches that were required during the pandemic.

Centering our clients as experts, prioritizing our own learning, and quickly adapting to changing conditions required an emergent strategy – a strategy that incorporates new realities and applies new knowledge in real time. This realized approach revolves around three core principles: learning, innovation, and collaboration. This report showcases these principles in practice. Although not exhaustive, it highlights how we're actualizing our Equity Strategic Plan. Think of this as a snapshot of *our journey* so far with equity work.

This progress would not have been possible without the wisdom and partnership of our community and Health and Human Services employees. It is our hope that this report honors their leadership and hard work. We look forward to continuing our progress towards health and wellness equity in Marin.

Yours in health, wellness, and equity,

*Benita McLarin*

Benita McLarin, FACHE  
Director, Health and Human Services

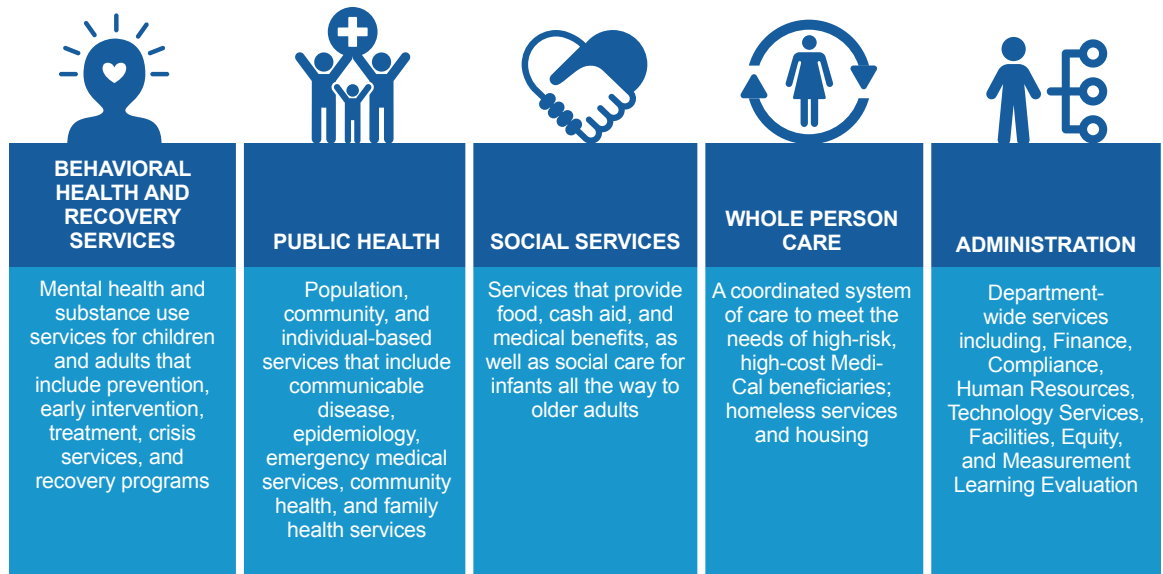


## ABOUT US

With 650+ employees, 40+ programs, and 12+ locations, Health and Human Services (HHS) is the largest department in the County of Marin, and it is our mission at HHS to promote and protect the health, well-being, self-sufficiency, and safety of all people in Marin.

OUR VISION, as outlined in our Strategic Plan to Achieve Health and Wellness Equity, is that All in Marin flourish by:

- HHS becoming an anti-racist organization for services, programs, clients, staff, and partners
- HHS being one integrated, coordinated, collaborative, and non-siloed organization for staff and clients
- All employees having the opportunity to influence the organization and thrive in their pursuits
- All residents being able to live their most happy, healthy, safe, and self-sufficient best lives.





# ABOUT THIS REPORT

Over the past three years, the department has implemented equity initiatives that map to four focus areas, outlined within the Strategic Plan to Achieve Health and Wellness Equity.

- **Client** – Embrace a culture where client perspectives and needs through the life span come first.
- **Community** – Ensure change is co-created and driven by community members
- **Conditions** – Transform inequitable conditions
- **Quality** – Strengthen effectiveness of our work with data and innovation

This report showcases how the focus areas show up within the work of HHS. Perhaps, more importantly, it illuminates *how* the department is implementing equity strategy, actualizing these four core priorities through learning, innovation, and collaboration.

This report was designed to provide an overview of HHS’s progress to all Marin County residents. The Department’s equity work is much broader and robust than what is presented here. This report also could not capture the numerous equity initiatives happening across the 22 County of Marin departments. For additional county-wide equity information, please visit [Marin County’s Equity Website](#).

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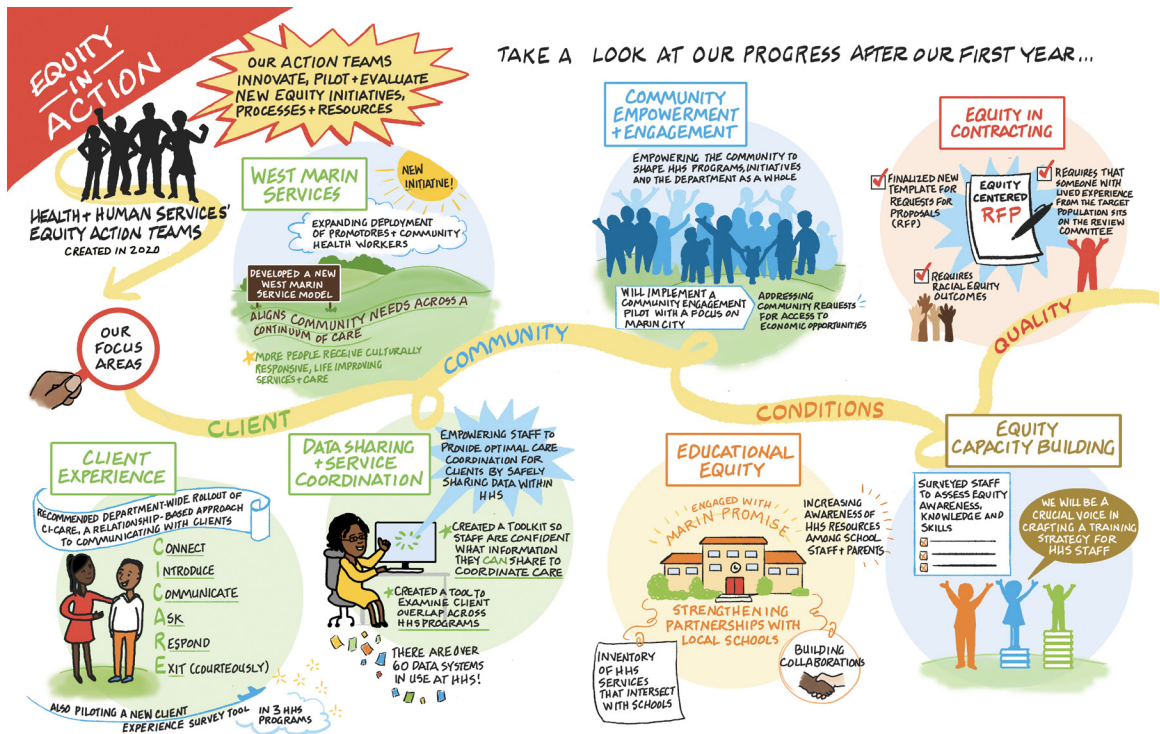




# LEARN, COLLABORATE, AND INNOVATE

HHS's equity journey has included experimentation and emerging strategies that incorporate community voice, adapt quickly based on new insights, and prioritize learning and innovation. The core practices of HHS' emergent strategy—learning, collaboration and innovation—comprise the department's approach to achieving equity goals within the four strategic focus areas: client, community, conditions, quality.

One tactic used to encourage learning, collaboration and innovation was the creation of Equity Action Teams. In July 2020, HHS initiated seven Equity Action Teams to focus on priorities within its Strategic Plan to Achieve Health and Wellness Equity. These cross-departmental action teams focused on improved service coordination through data sharing, equity in contracting, improved client experience, internal equity capacity, accessible and equity-focused services in West Marin, improved community engagement, and educational equity through deeper partnerships with Marin County schools. These staff-led action teams empowered colleagues at all levels to innovate new solutions for advancing department-wide equity goals.



EQUITY IN ACTION: OUTCOMES FROM THE SEVEN EQUITY ACTION TEAMS. [CLICK HERE TO ENLARGE.](#)



## LEARN

### SKILL BUILDING AND CREATING A LEARNING CULTURE

HHS employees are catalysts for change within the department's programs and services. Building a culture of continued learning and self-reflection within the department supports staff to transform health and wellness outcomes within Marin County. Learning is a key component of the department's strategy towards becoming an anti-racist organization.

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**Anti-Racism** “The work of actively opposing racism by advocating for changes in political, economic and social spheres.”<sup>1</sup> *Anti-racism implies everyone has a role and responsibility in proactively addressing racism (not just those who are harmed or perpetuating the harm). It also implies that awareness of racism is not the end goal, but should spur action through behavior or policy change.*

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Within HHS, there are many opportunities for staff, contractors, and partners to engage in learning about racial and health equity. These range from formal learning opportunities, such as speaking series with thought-leaders, to more informal spaces amongst staff. Starting in 2020 and continuing through 2021, HHS has integrated two frameworks to support ongoing learning and skill-building: Learning labs to become an anti-racist organization and training in cultural humility. This increased investment in learning acknowledges staff as champions of equity within Marin County.

#### **Building Core Competencies**

Beginning in August 2020, executives and senior management within the department participated in a year-long series of learning labs. The sessions were provided by World Trust Educational Services, a 21-year-old non-profit organization committed to building racial and social equity. World Trust Educational Services provided training, coaching, and peer support to increase HHS division directors' ability to confront implicit bias, conduct equity and empowerment analysis, build racial equity movements, and inspire culture change. In addition, each manager was supported in the visioning, work-planning, and instruction to begin an equity initiative within their teams and programs. This year-long commitment increased management's ability to implement program-specific equity work and empower their supervisees as co-creators of these initiatives.

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<sup>1</sup> Project Change, “The Power of Words”, <https://www.racialequitytools.org/glossary>, Accessed October 2021



## LEARN

### SKILL BUILDING AND CREATING A LEARNING CULTURE

*Cultural humility* is another learning framework that HHS has committed to department-wide. Selected by the Client Experience Equity Action Team, *Cultural Humility* is a recommended training goal for direct service staff. Cultural humility involves an ongoing process of self-exploration and self-critique combined with a willingness to learn from others. It means entering a relationship with another person with the intention of honoring their beliefs, customs, and values.<sup>2</sup> To-date, 20 percent of HHS staff have participated in an introductory training, and the Behavioral Health and Recovery Services Division has integrated a cultural humility learning requirement for all staff and contractors providing direct service. Additionally, 25 staff members participated in an advanced Cultural Humility training, which prepared them to further extend the model across the Department.

Creating a learning culture within HHS is a top priority for the department. It is a pathway for empowered staff and creative new solutions for improved health and racial equity for the County.

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**Self-Directed Learning** *Equity learning has touched every department within HHS. Smaller programs and teams are encouraged to identify and source their own program-specific trainings. For example, Children and Family Services (within Social Services) has been on a learning journey that has included conversations on implicit bias with partners, as well as in-depth trainings on restorative justice and racial sobriety with their staff. Behavioral Health and Recovery Services have also explored principles of restorative justice within their protocols and have incorporated culturally responsive care for the LGBTQ+ community within their training requirements.*

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<sup>2</sup> Melanie Tervalon MD, MPH, Jann Murray García, MD, MPH, "Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes In Multicultural Education". Journal of Health Care for the Poor and Underserved; May 1998, pg 117



## COLLABORATE

### USING COLLABORATION TO IMPROVE CLIENT EXPERIENCE AND HEALTH OUTCOMES

Behavioral Health and Recovery Services (BHRS) relies heavily on its collaborative initiatives to identify and incorporate community-sourced solutions. BHRS strives to engage in thoughtful and intentional collaboration with the community to honor clients' perspectives and experiences. Among the many current collaborative initiatives within BHRS, the Cultural Competence Advisory Board (CCAB) is one collective that has created long-lasting and transformative change within the division, particularly as it relates to client experience.

The Cultural Competence Advisory Board<sup>4</sup> recommends promising behavioral health services and practices that are culturally sensitive and responsive to the diverse communities of Marin. They have shaped staff and service-provider training, strengthened community engagement strategies, supported policy change, and advocated for the expansion of services. Comprised of 39 members from community-based organizations, service providers, and former clients, the Advisory Board helps address obstacles to equitable health outcomes within society and within BHRS. The members are change-makers who supports BHRS in addressing various barriers such as limited cultural awareness and difficulties navigating BHRS's systems.

For years, the Advisory Board has championed initiatives like the Peer Program as a culturally responsive solution to addressing mental health and substance-use-related stigma. Due to the Advisory Board's guidance and advocacy, BHRS has strengthened its commitment to the Peer Program, tripling the number of peer counselors on staff in recent years.

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*“[The] CCAB is important to me because I’d like to see more equitable hiring in the Behavioral Health and Substance Abuse areas as well as more equity in the services provided (includes hiring) in our county.”* IRIS ALLEN-WILLIS, CCAB MEMBER AND DIRECT SERVICES MANAGER OF PEER SUPPORT SPECIALISTS, COMMUNITY ACTION MARIN

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BHRS's Peer Program taps into the power of peer workers and counselors. Peer workers are credentialed staff with lived experiences that mirror those they serve. These counselors partner with Marin County residents to navigate county services and empower clients to meet their behavioral health and recovery goals. Research shows that Peer Counselors improve engagement and satisfaction with services and support, decrease expensive hospitalizations and inpatient stays, and improve the whole health of individuals (including chronic conditions like diabetes).<sup>5</sup>

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<sup>4</sup> [The] CCAB works in alignment with the California Behavioral Health Directors Association of California (CBHDA) framework for advancing cultural, linguistic, racial, and ethnic behavioral health equity.

<sup>5</sup> Mental Health America, Inc., "Peer Support Research and Reports", <https://www.mhanational.org/peer-support-research-and-reports>, Accessed October 2021





## COLLABORATE

USING COLLABORATION TO IMPROVE CLIENT EXPERIENCE  
AND HEALTH OUTCOMES



*“Peer support is beyond the traditional behavioral health model and prioritizes a mutual approach; shifting power within the client/provider relationship to that of a partnership.”* MARK PARKER

### **Meet Mark Parker**

*Peer Program Coordinator and former client, Behavioral Health and Recovery Services*

Before becoming a peer counselor, Mark Parker valued supporting his fellow friend or stranger, not knowing it was essentially the essence of peer support. After having an incredibly rough break-down as a young adult, struggling with identity and coming to terms with trauma, Mark, with support from family, utilized BHRS services and discovered the community and practice of peer support.

In seeing other peers open-up about their struggles, Mark shifted his perspectives around the shame and guilt of being diagnosed with a severe mental illness. Mark realized the power of reaching out and sharing in hopes of helping others not sit in shame and silence. “Peer support is beyond the traditional behavioral health model and prioritizes a mutual approach; shifting power within the client/provider relationship to that of a partnership.”

After ten years as a peer support worker, Mark is now a Peer Program Coordinator with BHRS and is working towards strengthening and diversifying the peer workforce with the help of community members, peer support professionals, and peer allies in clinical roles. Mark oversees the BHRS [Lived Experience Scholarship program](#), which offers funds to those with lived experience who want to obtain a certificate as a recovery coach, peer specialist, or domestic violence counselor.



## INNOVATE

### PIVOT, PIVOT, PIVOT — INCREASING RESPONSIVENESS TO COMMUNITY WISDOM THROUGH SYSTEMS-CHANGE

The COVID-19 pandemic tested and deepened HHS’s commitment to racial equity in unparalleled ways. Despite a long history of managing other health emergencies, COVID-19 exacerbated existing social ills like income inequality, health disparities, and the affordable housing crisis. This created enormous challenges for families, schools, businesses, and the HHS Public Health Division.

Nursing homes and assisted living facilities were the first areas of concern in the early months of Marin County’s COVID-19 response. Communal living conditions, an older adult population, and an increased likelihood of underlying health conditions created high risks for residents’ infection, hospitalization, and death. Therefore, Public Health’s equity strategy for the early months of COVID-19 prioritized this vulnerable population.

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*“It was never a lack of effort in trying to do the right thing, but sometimes not knowing what the right thing is, or not knowing how to do the right thing. The community is always going to be the first to figure out what’s not working. Our success was rooted in being open to constructive criticism and then pivot, pivot, pivot!”*

LISA SANTORA, DEPUTY PUBLIC HEALTH OFFICER, COUNTY OF MARIN HEALTH AND HUMAN SERVICES

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Initially, the Public Health Division focused on the nursing and medical staff of the congregate facilities. Nurses would be the trained professionals keeping their facilities COVID-19-safe. Historically, it was a proven strategy, and the facilities and other health partners were accustomed to this approach. However, the shortcomings of the approach were soon illuminated when the Public Health staff engaged impacted communities. For example, most of the care in assisted living facilities is provided by unlicensed staff: health aides, various forms of attendants, and housekeeping. In Marin County, these staff were predominantly Afro-Caribbean, Filipinx, and Latinx essential workers with low incomes, limited access to formal training, and low levels of influence with regards to workplace protocols and safety. These were the vulnerable community members that needed to be prioritized.



## INNOVATE

### PIVOT, PIVOT, PIVOT — INCREASING RESPONSIVENESS TO COMMUNITY WISDOM THROUGH SYSTEMS-CHANGE

As patients' most prevalent health providers and caretakers, the health aides and attendants would be the core implementers of COVID-19 safety protocols. In the year predating a COVID-19 vaccine, these essential workers were also highly vulnerable to COVID-19 exposure. They required the most support to curb future outbreaks and ensure their own safety. The Public Health Division realized that in order to protect patients of the assisted living facilities, they needed to protect the facilities' core staff.

The Public Health Division is regularly in a listening and learning mode, but being able to reframe the problem and quickly pivot was an approach that the COVID-19 pandemic made necessary. In fact, pivoting was a central theme throughout the pandemic response. Whether it was pivoting from nursing home residents to nursing home staff, then pivoting to support in-house health aides, and later to grocery store employees, and pivoting again to support farmworkers in West Marin, HHS had to lean on the insights of the community and then quickly readjust.

The Public Health Division created new infrastructure that allows them to better incorporate guidance from the community and quickly address shifting conditions. COVID-19 Outbreak Prevention Teams, created in 2020, are smaller and more nimble teams organized within low-income or vulnerable populations. These response teams were formed around four geographical areas (West Marin, Novato, the Canal Neighborhood, and Marin City) and were co-led by county staff and a community representative or community-based organization. These teams systemized increased responsiveness, adaptability, and community leadership within HHS' Covid response.

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*Creating COVID-19 Outbreak Prevention Teams around geographical areas allowed for HHS to scale efforts quickly without duplication. It also allows for the department to pre-identify community partners more easily, and identify specific needs related to the demographics of the zoned communities.*

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Centering community leadership, viewpoints, and realities requires a willingness to pivot. Pivoting and recalibrating is what active listening looks like. The creation of the COVID-19 Outbreak Prevention Teams reflects that pivoting should be encouraged and baked into the HHS strategy, particularly when responding to community needs and working towards equity.



## INNOVATE

PIVOT, PIVOT, PIVOT — INCREASING RESPONSIVENESS TO  
COMMUNITY WISDOM THROUGH SYSTEMS-CHANGE



*“Not only are Community Response Teams important for COVID-19 response and recovery, but really for advocating for those communities that we and all our partners serve. Communities that tend to get overlooked while simultaneously being most impacted. We see this as an investment in a relationship with the County and increased infrastructure for us to best advocate for the Canal Neighborhood and San Rafael as a whole.”* STEPHANIE MCNALLY,  
DIRECTOR OF ADVOCACY AND POLICY, CANAL ALLIANCE

### Meet Stephanie McNally and Rose Costello

*Director of Advocacy and Policy and Community Engagement Manager, Canal Alliance*

[Canal Alliance](#), which “exists to break the generational cycle of poverty for Latino immigrants and their families by lifting barriers to their success,” supports and empowers immigrants around a variety of issues, including housing, college and career access, and immigration and legal services. Health equity hasn’t historically been a part of the organization’s advocacy work. This changed with the COVID-19 Pandemic.

Canal Alliance was a valued partner in HHS’s COVID-19 response, partnering with the University of California San Francisco to coordinate testing and partnering with HHS to host vaccination clinics for the Canal neighborhood. They were also founding partners of their community’s COVID-19 Outbreak Response Team. In fall 2021, these COVID-19 Outbreak Response Teams transitioned to Community Response Teams, shifting from COVID-19-response partnerships to long-term infrastructure for community-driven public health.

Rose Costello, Canal Alliance’s Community Engagement Manager, co-convenes one of the Community Response Teams. Rose is heartened that this infrastructure will continue on past the County’s COVID-19 recovery. Rose says: “One of my great hopes for the Community Response Teams is to strengthen and make more agile our communication networks. We want to be prepared for the next crisis and better support our communities for the ongoing crises such as climate change and the lack of affordable housing.”

<sup>3</sup> Canal Alliance, “Who We Are”, <https://canalalliance.org/who-we-are/>, Accessed October 2021



## INNOVATE

### TRANSFORMING SYSTEMS FOR MORE INCLUSION

Contracting is a powerful way for Health and Human Services to provide care and resources to Marin County. Through our contract partners, HHS can increase access and geographical reach, source highly skilled labor and expertise, and competitively recruit for services that are most responsive to the communities' needs. The Department solicits and evaluates potential contractors and vendors through a Request for Proposals (RFP) process to ensure transparency and make the most of taxpayer dollars. The RFP process now also ensures that vendors are supporting HHS equity goals related to improving quality, creating equitable conditions, and improving client experience.

In 2020, HHS worked intentionally to better integrate racial equity into its RFP processes, thanks to the work and innovation of the Equity in Contracting Action Team. The team piloted an RFP template and process that requires equity outcomes and RFP reviewers (panelists) with relevant lived experience. In addition to creating consistency in ensuring equity outcomes, the template also simplifies the project management of RFPs for staff and the application process for potential contractors.

Improving and standardizing the RFP process increases the probability of smaller and more diverse organizations applying to provide contracted services. Historically, smaller organizations that may be trusted voices in the community have had limited capacity to begin the extensive process of responding to RFPs and contracting with the Department. HHS values these organizations and wants to leverage their unique strengths, perspectives, and relationships for the health of Marin's communities.

A streamlined process also allows HHS to increase the frequency with which RFPs are released. This increases access to contracting with Marin County by increasing the number of opportunities for potential contractors to submit a bid, promoting a more inclusive and competitive process. Increasing the frequency also allows for contracts to be more responsive to community needs, as new contracts can be shaped to meet shifting or new conditions within specific communities.





# INNOVATE

TRANSFORMING SYSTEMS FOR MORE INCLUSION



*“As we shifted our RFPs to be more race-equity focused, the proposals have become much more competitive. Potential service providers now need to show their own commitment and intentions around racial equity and a proven track record of supporting diverse communities.”* GALEN MAIN

## **Meet Galen Main**

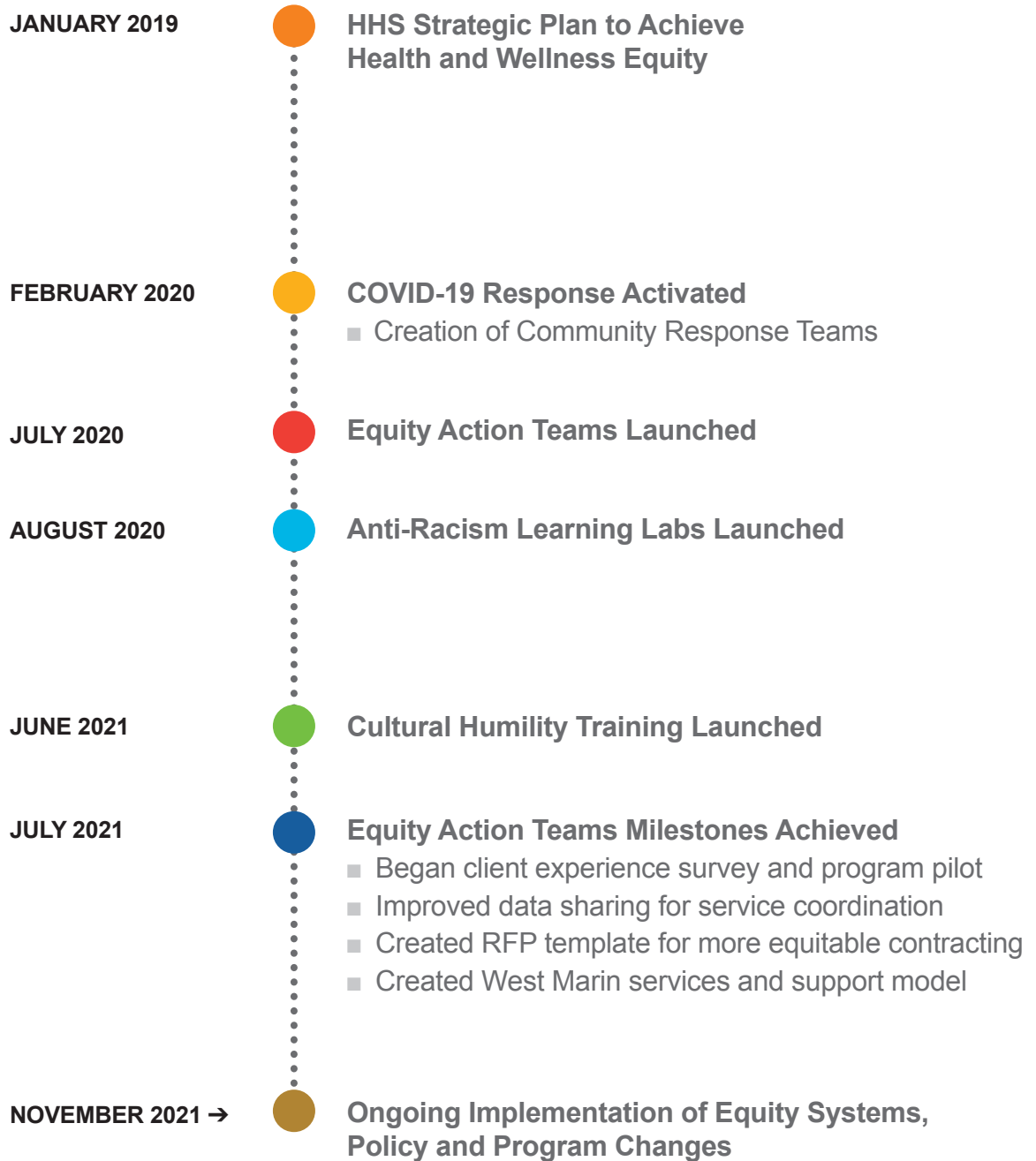
*Mental Health Service Act Coordinator,  
Behavioral Health and Recovery Services*

Galen Main, Mental Health Service Act Coordinator, manages numerous contracts and RFPs for Behavioral Health and Recovery Services Division (BHRS). These contracts provide critical care for community members requiring emergency psychological care, as well as managing recovery and mental health service needs.

Galen noted that disrupting the tendency to create large and cumbersome RFPs allows Behavioral Health and Recovery Services to provide the most culturally appropriate and responsive care. Since 2019, Behavioral Health and Recovery Services has doubled the number of RFPs released annually. The Department is hopeful that this more inclusive process will continue to incentivize and engage our partners in advancing racial equity in Marin County.



## EQUITY JOURNEY TIMELINE





## MOVING FORWARD: STRATEGIC PRACTICE

The past three years of implementing the Strategic Plan for Health and Wellness Equity have revealed the complexity of equity work and the importance of building our internal capacity to become an anti-racist organization. Our equity work has been advanced through collaboration, centering the leadership of communities of color, questioning and transforming systems, and engaging in uncomfortable conversations. The equity journey of Marin County's Health and Human Services Department is a case study in learning by doing – of a strategy in practice. There have been plenty of pivots along the way, but learning through concrete action has allowed for experimentation and spaces for co-creation with the community.

This journey has ushered in new ways of working. Within this report, the staff interviewed all identified shifts in organizational culture, infrastructure, and policy. In the future, the effectiveness of these shifts will not only be measured in health and well-being outcomes, but also in the departments' commitment and consistency with these proven practices. Some future next steps include:

- **Expanding the use of community health workers such as Peer Counselors and Promotores** to increase trusted one-on-one relationships and care coordination for vulnerable community members, while honoring the advice of community and collaborative groups.
- **Implementing an HHS department-wide client survey tool** to collect more feedback from clients and a more consistent, intentional space to listen to opportunities for improvement. This client survey is in addition to the many community feedback loops already existing within the department's divisions.
- **Evaluating inclusion metrics for contracting and RFPs** to track partnering organizations' commitment and progress towards racial equity in Marin County and the economic opportunities created in historically disenfranchised communities.
- **Continued staff training** for increased knowledge, skills, and confidence in engaging in racial equity work, including formal training in Cultural Humility, customer service excellence, and informal learning and leadership opportunities.
- **Increasing access to services for Marin City and West Marin**, as well as other communities that have long struggled with lengthy commutes or bus rides to access HHS services. West Marin Multi-Service Center will expand its reach into more remote areas, and the Marin City Service Hub, a new HHS site, is projected to open in Spring 2022.

Many of HHS's racial equity policy changes are approaching their first and second year of implementation. The process is already exhibiting gains, and the Department is committed to its continued progress. We look forward to expanding our partnerships and engaging our communities in our ongoing efforts to advance racial equity in Marin County.



## APPRECIATION AND ACKNOWLEDGEMENTS

Marin County Health and Human Services Department want to extend its gratitude to the staff, community leaders, faith-based groups, health workers of all stripes, and community-based organizations for their tireless service to Marin County during a challenging time. The COVID-19 pandemic highlighted the power of a collective striving towards a shared goal. It also highlighted that our essential workers, staff, and community members are our department's best teachers and leaders for equity. Thank you for keeping Marin safe.

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