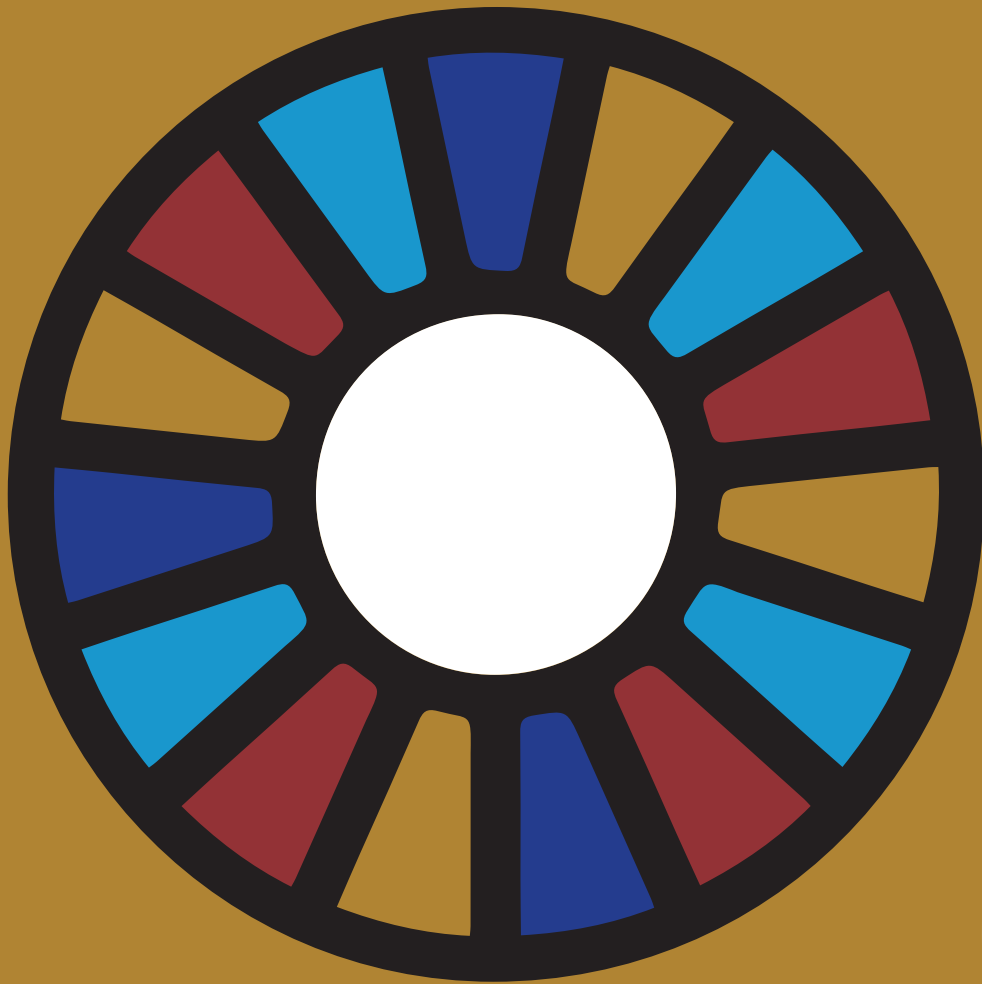


2022

# EQUITY PROGRESS REPORT

MARIN COUNTY HEALTH & HUMAN SERVICES



**OVER THE LAST FIVE YEARS, HHS HAS  
PRIORITIZED FOUR EQUITY FOCUS AREAS:**

- **CLIENT**  
Create a culture where client perspectives and needs through the lifespan 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

# LETTER

## FROM THE DIRECTOR



BENITA MCLARIN, PHD, FACHE

In 2023 Marin County's Health and Human Services Department (HHS) is developing a strategic plan to chart our equity goals for the next five years. Before we begin that process, we want to note the achievements from our current Strategic Plan for Health and Wellness Equity, created in 2018.

Over the last five years, HHS has prioritized four equity focus areas: client, community, conditions, and quality.

Collaboration was a key theme within our four focus areas this past year. Strengthened partnerships enabled us to better address the systems that impact our clients, communities, and shared conditions. In other words, collaboration created change in our focus areas by addressing the systems that shape them. Changing systems, frequently much larger than HHS, challenged us to build relationships beyond the borders of our department's programs and services. This past year has been a lesson in interdependence.

Our department has seen how collaboration—across county departments, with local non-profits and Marin communities—better addresses overlapping inequitable systems. As an anti-racist organization, we acknowledge the racialized impacts these systems create within our communities. Collaboration, and coalition-building must be a part of our race-equity work.

In addition to highlighting collaboration as a tool in our equity work, this report culminates with an overview of our accomplishments from the past several years and updates on our upcoming strategic planning process.

As always, this work would not be possible without the tireless efforts and brilliance of our staff, community partners and colleagues in the county. This is especially true this year, as we created better outcomes for our community by strengthening and piloting new collaborative efforts. To our fellow county-colleagues, contractors, non-profit and community partners: thank you. We appreciate your partnership in this critical work.

Sincerely,

*Benita McLarin*

Benita McLarin, PHD, FACHE  
Director, Health and Human Services

# ABOUT US

## HEALTH AND HUMAN SERVICES

With more than 800 employees, over 40 programs, and more than a dozen locations, Health and Human Services is the largest department in the County of Marin. Health and Human Services' mission is to promote and protect the health, well-being, self-sufficiency, and safety of all people in Marin.

Health and Human Services vision, as outlined in our 2018 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.**

HHS is comprised of five divisions: Behavioral Health and Recovery Services, Public Health, Social Services, Whole Person Care, and Administration.

These divisions and their dedicated staff provide the work, strategies, and innovation that bring HHS' vision to fruition.



**HHS IS COMPRISED OF FIVE DIVISIONS:**

- **BEHAVIORAL HEALTH AND RECOVERY SERVICES**

Mental health and substance use services for children and adults that include prevention, early intervention, treatment, crisis services, and recovery programs

- **PUBLIC HEALTH**

Services to support and protect the health of our broader population that include communicable disease prevention, epidemiology, emergency medical services, community and family health services

- **SOCIAL SERVICES**

Services that provide food, cash aid, and medical benefits, as well as social care for infants all the way to older adults

- **WHOLE PERSON CARE**

A coordinated system of care to meet the needs of high-risk, high-cost Medi-Cal beneficiaries; and services and housing for people in our community experiencing homelessness

- **ADMINISTRATION**

Department-wide services including, finance, compliance, human resources, technology services, media communications, facilities, equity, and measurement, learning & evaluation

# ABOUT THIS REPORT

## CREATING MORE EQUITABLE OUTCOMES

This Equity Progress Report has an emphasis on Health and Human Services' work transforming inequitable conditions through collaboration. The five case studies illustrate how Marin County's Health and Human Services Department is collaborating with partners to remove inequitable barriers, create restorative environments for clients, increase equity infrastructure, and improve alignment around health equity outcomes.

This report is not exhaustive and cannot capture all the efforts within HHS or Marin County. Instead, the report showcases how HHS creates more equitable health and well-being outcomes in Marin County. If you want more information, additional resources are provided within the case studies whenever possible. To learn more about Marin County's equity initiatives please visit [www.equity.marincounty.org](http://www.equity.marincounty.org).



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# TRAUMA-INFORMED CARE AS EQUITY WORK

## CARMELITA WOMEN'S HOME

Behavioral Health and Recovery Services (BHRS) supports community members across several county departments. The idea for Carmelita Women's Home grew from BHRS' work with Marin County jails and a desire to reduce recidivism driven by a history of trauma. Carmelita Women's Home and support services are a collaboration that spans systems to better address mental health issues impacted by race, gender, and class disparities.



MICHELLE FUNEZ-ARTEAGA, LCSW  
HHS DIVISION DIRECTOR

ration that spans systems to better address mental health issues impacted by race, gender, and class disparities.

In 2021, Michelle Funez-Arteaga, as the former Jail Mental Health Unit Supervisor, was exploring innovative ways to support BHRS' justice-involved clients. Funez-Arteaga realized that BHRS' justice-involved female clients had significantly higher incidences of Adverse Childhood Experiences compared to men.

**Adverse Childhood Experiences (ACEs)** is a tool that tallies abuse, neglect, or significant household struggle an individual experiences as a child. ACEs are common, with one quarter of Americans having at least one Adverse Childhood Experience<sup>1</sup>. There are also racial and socio-

economic disparities with ACEs. Children from diverse or low-income backgrounds are more likely to be impacted by discrimination and harm related to education, housing, wealth, and criminal justice inequities<sup>2</sup>. Many individuals overcome these experiences through the support of close, loving relationships. Relatively high ACE scores, however, may indicate trauma, which is helpful information for both clients and therapists to know. Marin County's BHRS is committed to trauma-informed approaches. Trauma-informed care acknowledges the lasting impacts of trauma and avoids processes that could unintentionally mirror harmful experiences.

BHRS saw the need for a more supportive environment for some of their female clients than what their co-ed residential programs provided. Gender dynamics frequently have a role in trauma-informed care, particularly when a client's traumatic experiences happened with another gender. These women inspired the idea for a women's sober house that could better support their unique recovery needs. In April 2022, BHRS opened Carmelita Women's Home, a re-entry community for women.

Carmelita Women's Home is a healing-centered residence for women (trans-inclusive) with serious mental illness and/or substance-use disorders and a history of



institutionalization in facilities such as jails or locked psychiatric hospitals. **Carmelita Women’s Home is a place where women can break the cycle of recidivism by focusing on healing from past trauma.**

Residents begin working with Carmelita Women’s Home’s full-time trauma therapist, Tara Spalty, LCSW, before they arrive—usually while they are incarcerated or in medical facilities. Their trauma-focused care continues during their residency and through their transition back into the community. Lastly, residents invest in healthy interpersonal relationships that will support them beyond graduation. Funez-Arteaga is excited about the prospect of future alumni meals and tapping into the protection and transformative healing that close, supportive relationships provide.

## COMMUNITY SPOTLIGHT

**Kendra Heiken, Program Director, Carmelita Women’s Home, Catholic Charities**  
**Lisa-Marie Riley, Peer Provider, Carmelita Women’s Home**

“Recovery is possible and here, we do it together” – Lisa-Marie Riley



LISA-MARIE RILEY, AND  
KENDRA HEIKEN

Kendra Heiken and Lisa-Marie Riley contribute to the trauma informed approach at the Carmelita Women’s Home. Heiken is the Program Director and Riley is a resident and Peer Provider for the Carmelita Women’s Home community. Peer Providers are people with personal experience with mental illness or substance-use recovery who support others with similar mental health journeys. In addition to the day-to-day work of running the home, Heiken and Riley spend a lot of time building community amongst residents.

Riley provides critical support helping residents access resources, navigate re-entry, and answer questions about long-term recovery. Heiken plans therapeutic activities including outings, mindfulness practices, and events that foster relationships with supportive family members. The emphasis on building trust as part of recovery has created a culture of reciprocity within Carmelita Women’s Home. Women often cook for one another as an act of appreciation. Heiken and Riley see it as evidence of the gratitude and genuine care for one another that defines the Carmelita community.

Riley has lived in other sober living environments, and notes that Carmelita Women’s Home is different than any previous facility she has known. Currently, Riley is pursuing a State of California Peer Provider Specialist credential. Riley’s role as a peer provider has brought a new purpose into her life and she is proud of her part in supporting the strong relationships and healing happening at Carmelita Women’s Home.

# COLLABORATING FOR SERVICE EQUITY

## CLEAN SLATE

Clean Slate is a collaboration across multiple Marin County departments for better health, self-sufficiency, and re-entry outcomes for formerly justice involved Marinites. Collaboration across county departments provides more holistic care as community members needs often go beyond the scope of any one program. Clean Slate is an example of service-providers collaborating to improve access to services for better outcomes for both county departments and their clients.



D'ANGELO PAILLET,  
HHS DIVISION DIRECTOR

Over a shared lunch-hour, D'Angelo Paillet, David Joseph Sutton, Chief Marlon Washington, and Otis Bruce Jr. came up with a plan. Marin County's Public Defender's Office, Probation Office, District Attorney's Office and Health and Human Services Department would formally collaborate to strengthen support for formerly justice-involved community members. Marin County's Clean Slate initiative began in 2022 and helps people attain a "clean slate" after successfully completing the terms of a conviction.

Convictions negatively impact housing, lending rates, immigration status, educational opportunities, child-custody, insurance premiums, and occupational licensing. Marinites who have been involved in the justice system may still be "paying" for past convictions long after they've completed probation. Expunging one's record is an arduous task that requires navigating multiple county departments. It is a test of endurance, that is nearly impossible for people lacking employment, secure housing, or reliable transportation.

Marin County's Clean Slate events are a one-stop shop for formerly justice-involved community members to clear their records. All the needed stakeholders Public Defender's Office, Probation Office, District Attorney's Office, and Health and Human Services Department are in one place and primed to support individuals in removing barriers to self-sufficiency. This process starts with the Public Defender's Office, where individuals can begin the paperwork to have records expunged or reduced to a lesser charge. Clean Slate is offered free-of-charge, saving community members thousands of dollars in potential fees, and ensuring that no one is denied a "second-chance" because they don't have the means to pay for it.

D'Angelo Paillet, HHS Social Services Division Director, provides a variety of wrap-around services that are critical for many people to achieve self-sufficiency. Healthcare, CalFresh (formerly known as food stamps), general relief funds, and housing services address the immediate needs of Clean Slate participants. Meeting client's immediate needs increases their capacity to pursue their professional, health, and family-related goals. Additionally, community members are introduced to county employment and training programs such as CalWorks, that provide mentorship and additional help securing employment.

## COUNTY SPOTLIGHT

### David Joseph Sutton, Public Defender, Marin County Public Defender's Office



DAVID JOSEPH SUTTON, JD

David Joseph Sutton, Marin County Public Defender, sees Clean Slate as an initiative to increase service equity. Sutton believes that our departments should be innovators and leaders in removing barriers to services. Recognizing that the difficulty of navigating across county departments is a barrier for many, Sutton is invested in seeing county departments work together to rebuild the lives of community members upon re-entry from the justice system.

At Clean Slate events the Public Defender's Office provides several resources to help people get their second chance. Their staff supports individuals in reinstating their driver's license by clearing DMV fines and fees, enrolling them in needed classes, and removing holds and warrants. The Public Defender's immigration attorney provides information and service referrals. For those interested in expunging their records, the Public Defender's Office can begin intake on the spot. For some individuals (with non-violent convictions and successful completion of parole) they may be able to complete the process remotely after their intake. For more complex cases, the Public Defender's Office can advise on next steps and identify actions community members can take to improve their chances in clearing convictions.

Sutton sees providing more integrated care for people re-entering society as critical to rebuilding communities after criminal convictions.

# CONTRACTING FOR INCLUSION

## WHOLE PERSON CARE

Whole Person Care (WPC) is the division of HHS that provides homelessness services. Most of these services are contracted out with experienced community partners and non-profits. Due to the scale of their contracting, WPC can shift the entire market for homelessness services in Marin County. In 2022, WPC began to leverage their unique position to embed equity outcomes into the DNA of homelessness services throughout all of Marin.



MOLLY SARGIN & CHARIS BAZ, MPH  
WHOLE PERSON CARE

Marin County is the main funder for homelessness services within Marin. As the HHS division that oversees most of these contracted services, Whole Person Care (WPC) recognizes their important role in creating equitable and inclusive contracting processes for the unhoused. Over the past two years, WPC has leveraged their power of the purse to increase client decision-making, encourage collaboration in the public and non-profit sector, and provide robust services tailored to the diverse needs of the unhoused.

In 2022, formerly unhoused community members served as advisors that shaped important homelessness services, such as Street Medical and Behavioral Health Services (also known as the Street Medicine Team). The Street Medicine Team is contracted to an organization that provides resources for harm reduction, outreach, and preventative care, while also connecting individuals with housing, and mental and physical health services. This contract requires at least 80% of services to happen in the field with unhoused clients—increasing access to services. Formerly unhoused community leaders helped at every stage of the Street Medicine Team procurement process. They also emphasized, during a client listening session, the importance of diversifying service providers with expertise relevant to their identities and backgrounds.

Fortunately, Marin County has several community-based organizations that have fostered trusting relationships with the unhoused community. Some of these organizations are small but have strong networks in diverse or niche populations. **Historically, smaller non-profits have lacked the capacity to meet the scale that larger WPC contracts require. WPC wanted to leverage the expertise of these trusted organizations and realized that a shift in their contracting processes was needed.** They decided to require collaboration amongst contractors who submitted proposals

to provide Street Medicine services. This would create a larger, and more inclusive contractor pool, while also increasing the amount of diverse and tailored support available. The Street Medicine contract was WPC's first contract to require collaboration amongst two or more organizations.

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**“The unhoused community identified goals for county services, reviewed proposals from potential contractors and participated in the selection panel to award contracts. There was a lot of pride and even a sense of healing amongst the leaders that supported our contracting process. The unhoused frequently have so little voice over their own lives and the needed services they use. This gave them an opportunity to make something better and correct things that they deeply care about.”**

**Charis Baz, Senior Department Analyst, Whole Person Care Division,  
Health and Human Services**

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The selection panel, which included representatives from the unhoused community, awarded the Street Medicine contract to the Ritter Center, with Community Action Marin (CAM) and the Spahr Center as collaborating partners. CAM has previously contracted with the county and provides direct assistance from staff with lived experience of homelessness. However, for the Spahr Center, the Street Medicine Team was their first county contract for homelessness services.

The Spahr Center supports Marin County's LGBTQ+ and HIV+ Communities. They bring decades of experience with harm reduction, LGBTQ+ issues, advocacy, and have built deep trust in the communities they serve. The trusting relationships the Spahr Center has built over the years can be the difference that allows people to begin their journey towards permanent housing.

# SHARING POWER AT COLLABORATIVE TABLES

## HEALTHY MARIN PARTNERSHIP

HHS' Public Health Division has far-reaching influence in the everyday health decisions, resources, and options available to Marin County residents. The Public Health Division regularly sits at tables that set county health priorities for many years to come. Recently, the Public Health division successfully advocated to operationalize community decision-making at Healthy Marin Partnership, a collaborative that shapes long-term strategy for public health in Marin. Creating a seat at the table for diverse community leadership is one of the ways that the Public Health division redistributes power back to communities and honors those communities' self-determination in county policy.



LISA SANTORA, MD, MPH,  
DEPUTY HEALTH OFFICER

Every three years Healthy Marin Partnership, a collaborative of Marin's healthcare sector and HHS' Public Health division, creates a Community Needs Assessment to address the shifting needs of Marin's communities and inform community services. The Community Health Needs Assessment is a foundational document that shapes strategy for Marin's non-profit hospitals—Kaiser Permanente, Marin Health, and Sutter Health—and Marin County's Community Health Improvement Plan. The Community Health Improvement Plan guides Marin County's Public Health division in ensuring coordinated, community-informed, and measurable health improvement in the county. It is an action-orientated plan that identifies services and policy changes that link

directly to meaningful improvement on health outcomes and health equity for everyone in Marin County.

Community Response Teams (CRTs) are small teams co-led by county staff and trusted community partners from four geographical areas in Marin County (West Marin, Novato, the Canal Neighborhood, and Marin City). An important way these teams advocate for their communities is by identifying the services needed within their geographical areas. Although the Public Health division started the CRTs in 2020 to support county COVID-19 response, these teams now play a permanent role in supporting community health in Marin.



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“Improving community health in Marin requires that persistent, structural inequities be addressed so that no one is left behind—especially when looking more closely at key populations within the county compared to the county’s overall population health. Incorporating community leadership into our strategy is one of the ways that we ensure more equitable structures, processes and outcomes.”

Dr. Lisa Santora, Deputy Health Officer, Public Health Division,  
Health and Human Services

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In 2022 representatives from the Community Response Teams joined Healthy Marin Partnership as full members. **Leadership from Canal Alliance, Marin City Cooperation Team, Marin Community Clinics, Marin City Health and Wellness, North Marin Community Services, and West Marin Community Services now have formal decision-making power at this table that shapes long-term public health strategy for the county.** With the CRTs as members, Marin Healthy Partnerships benefits from improved community decision-making in their processes that shape county policy.

The CRTs joining Marin Healthy Partnerships allows for the Canal Neighborhood, Marin City, West Marin, and Novato communities to not only be advisors but decision-makers on critical public health concerns. This re-structuring of power will have lasting impacts in how resources are distributed, priorities are identified, and the direction of the public and private health sector in Marin County. Most importantly, everyone in Marin will benefit from the leadership and wisdom that these communities provide in a sustained and lasting way.

# INCREASING SHARED EQUITY INFRASTRUCTURE

## JONATHAN'S PLACE

Whole Person Care (WPC) aims to end veteran homelessness and halve chronic homelessness in Marin by 2024. To achieve this goal, WPC has adapted homeless infrastructure to better support unhoused Marinites with disabilities. Like most HHS divisions, WPC frequently works at the intersection of multiple equity issues. Their infrastructure and partnerships reflect that intersectionality. Through collaboration with partners and strategic investment in equity infrastructure, WPC is better able to address the overlapping issues of disability, poverty, and race.



GARY NAJA-REESE, MPH,  
HHS DIVISION DIRECTOR

In August 2022, Homeward Bound of Marin re-opened Jonathan's Place, a renovated shelter and housing center in San Rafael. WPC funds Homeward Bound's shelter beds and were co-applicants on a state grant that awarded \$4.5 million towards the renovation and expansion. This funding supported the new permanent supportive housing units that were created within Jonathan's Place. It was the latest accomplishment in the county's work to end chronic homelessness in Marin.

**Chronic Homelessness** is when an individual has been unhoused for more than a year or has been repeatedly unhoused. Chronic Homelessness often indicates struggles with chronic mental illness, and/or cognitive or physical disabilities. People with disabilities are over-represented amongst the nation's unhoused and are more likely to experience chronic homelessness. Creating infrastructure tailored for chronic homelessness and the unique needs, bodies, and capacities of unhoused individuals is an act of disability justice.

**Disability Justice** evolved out of the Disability Rights Movement and recognizes how ableism intersects with other forms of oppression such as racism. Race is linked to both poverty and disability in the United States<sup>3</sup>, and poverty and disability is strongly linked to chronic homelessness. Hence, chronic homelessness is a race equity and disability rights issue. In Marin, African Americans represent 3% of the county's population, yet make up 18% of the county's chronically unhoused<sup>4</sup>.

**Permanent Supportive Housing** is key for addressing chronic homelessness. Permanent supportive housing provides long-term housing and support services tailored to those with a high risk of homelessness. It has been shown to be more



cost-effective than other approaches and to be more effective at housing the chronically unhoused. Currently, 94% of Marin’s chronically homeless individuals placed in permanent housing have remained housed<sup>5</sup>.

In 2022, WPC increased permanent supportive housing in Marin County by over 10%. Jonathan’s Place, and other WPC partners, play an important role in the county’s strategy for ending chronic homelessness through increased permanent supportive housing. Through the support of state and federal funding, WPC and their partners have added 255 permanent supportive housing beds since 2018. Their work is not done, but by transforming homeless infrastructure and systems, Marin County has invested in the tools to better address homelessness.

## COMMUNITY SPOTLIGHT

**Shakira Porter, Chief Equity Officer, Homeward Bound of Marin**



SHIKIRA PORTER

“Homeward Bound of Marin imagines a transformation of systems and structures that ensure not only a respected environment for all people with intersecting identities, but also a commitment to ensure our practices, policies, decision-making and work culture allow for entire community to participate with purpose, power and pride”

–Shakira Porter

Homeward Bound of Marin’s mission is to open doors to safety, dignity, and independence. In addition to their role in increasing equity infrastructure for the county, Homeward Bound and other county partners are also building their own internal capacity for equity.

In 2022, Shakira Porter became Homeward Bound of Marin’s first Chief Equity Officer. Long before this role was created, Porter and Homeward Bound held many conversations on justice, equity, diversity, and inclusion both internally and in their programs.

Homeward Bound of Marin, as one of the larger partner-agencies in ending homelessness in the county, compliments and amplifies HHS’ goal to create more equitable conditions, like permanent supportive housing, for all in Marin.

Homeward Bound of Marin expects for Jonathan’s Place’s permanent supportive housing to be fully occupied by March 2023. At the time of print, current residents are 63% Caucasian, 19% are African American, 12% are Latinx, and 6% are Native American.

# A LOOK BACK

## CLIENT, COMMUNITY, CONDITIONS, & QUALITY

The 2018 Strategic Plan for Health and Wellness Equity had four focus areas that shaped the department's equity work: client, community, conditions, and quality. Here are some of the accomplishments in achieving the goals outlined in the 2018 equity strategic plan. The list is by no means exhaustive, and many of the successes would have not been possible without the collaboration of our clients, community members and partners.

For brevity, much of the COVID-Response activities are not included here. Information on Marin County's COVID response can be found at [www.coronavirusmarinhhs.org](http://www.coronavirusmarinhhs.org), and was also featured heavily in our 2021 Equity Progress Report.

- **Client: Create a culture where perspectives and needs through the lifespan 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.**

## ACCOMPLISHMENTS

### 2018-2022

#### CLIENT

A staff workgroup selected CI-CARE, a communication tool for HHS to improve client experience. CI-CARE stands for Connect, Introduce, Communicate, Ask, Respond and Exit. Staff trained in Cultural Humility.

#### COMMUNITY

CRTs are created for a community-driven COVID-19 response.

CRTs are expanded for sustained community decision making in public health initiatives.

Behavioral Health and Recovery Services triples the number of peer providers.

#### CONDITIONS

Created West Marin Service Model, for improved regional care for communities with limited health infrastructure and resources.

Secured approval for the Marin City Service Hub, to mirror the success of the West Marin Service Model.

HHS finalized a new equity template for the RFP process.

#### QUALITY

HHS uses over 60+ data systems. A staff workgroup created tools for improved care coordination by safely sharing data across HHS.

The staff workgroup created an internal guide to empower staff to coordinate care across programs.

### 2022

#### CLIENT

HHS staff trained in using CI-CARE.

First HHS-wide client experience survey administered.

400+ staff participated in Talking Circles.

#### COMMUNITY

CRTs are incorporated into Marin Healthy Partnerships.

Community Health Worker Collaborative created to amplify and expand the work of CRTs, peer providers, and promotores.

#### CONDITIONS

Reviewed over 18 sites for Marin City Service Hub.

Recruited Marin City community member Ida Greene to facilitate securing a lease for the Hub.

All Behavioral Health and Recovery Services and Aging and Adult Services contractors have been trained on new equity requirements in the RFP, contracting and reporting process.

Whole Person Care has added equity-related criteria on all contracts.

#### QUALITY

Public Assistance and Employment Training Programs are now consolidated to improve care coordination for these programs' clients.

### 2023 & BEYOND

#### CLIENT

HHS' client experience survey available in all HHS sites.

Continued quality improvement based on client experience survey.

#### COMMUNITY

The county will continue to support community health workers, CRTs, peer providers, and promotores to leverage their important work.

A 2022 State Plan Amendment allows community health worker tasks to be funded by MediCal. This will provide a consistent funding stream for these community initiatives.

#### CONDITIONS

While continuing the search for Marin City Hub site, HHS has purchased a mobile hub that will bring HHS programs and services directly to Marin City residents.

# A LOOK FORWARD



NICCORE TYLER, MBA,  
HHS CHIEF STRATEGY OFFICER

This report offers a window into Marin County Health and Human Services' (HHS) collaborations internally and with community partners, community members, and across county departments to reduce racial disparities and improve health equity outcomes.

Marin County consistently ranks as California's healthiest county, while at the same time, is at the bottom statewide for racial disparity—in the 2021 Race Counts survey, Marin ranked 57th out of 58 counties<sup>7</sup>. Race is the largest determining factor for outcomes related to health, wealth, and overall quality of life. This is why we, as a county, must continue to lead with race.

While Marin is a healthy place for many, we must recognize that the benefits of our thriving county are not jointly shared. Advancing racial equity in Marin is a top priority for HHS and the county more broadly. On March 24, 2022, the Marin County Board of Supervisors passed a local resolution declaring racism as a public health crisis. And in 2023 HHS is committed to securing a location for a Southern Marin Service Hub to increase service-equity for HHS services and resources in our county.

Moving forward, HHS is reaffirming our commitment to anti-racism. Anti-racism means that the awareness of racism is not the end goal but should spur action through behavior or policy change. We at HHS will work to truly understand the racist systems that have led us to where we are right now and continue the trajectory of systems change.

Emerging from COVID-19 response, we are looking to reengage with our community and within HHS to develop our strategic plan for the next 3-5 years. We are entering 2023 with a not business-as-usual approach—where we not only engage with the known stakeholders in our communities, but also with people whose voices often go unheard.

We are focusing on three R's—**REFLECT**, **RECONNECT**, and **RE-ENGAGE**—as we work tirelessly to move the needle and improve equity in Marin.

The data we collect must inform us both in qualitative and quantitative ways—meaning learning as much from people's lived experiences as we do from the numbers—and where these measures of success overlap. Then comes the individual work. We need to challenge ourselves to listen to our communities openly, not allowing the systems in place to dictate our behaviors, and then saying, "this is what needs to change."

I am really excited for the year to come and look forward to connecting—stay tuned!

*Niccore Tyler*

**WE ARE FOCUSING ON THREE R'S AS WE WORK TIRELESSLY TO MOVE THE NEEDLE AND IMPROVE EQUITY IN MARIN:**

- **REFLECT**

Both individually and as a collective. Review and understand the data showing us who our clients are, how we are serving them, and most importantly—what are the outcomes. This is also an opportunity to discover what we value most.

- **RECONNECT**

The past three years have been challenging for everyone—but also have shown the incredible resilience of the people who make up our community. Reconnecting internally and externally with the communities we serve, and HHS staff is critical.

- **RE-ENGAGE**

Once we have done the work to reflect and reconnect, we hope to find out where people are now and work collectively to figure out exactly how to re-engage and establish a new commitment in this changing landscape.

# THANK YOU

## APPRECIATION AND ACKNOWLEDGEMENTS

Marin County Health and Human Services Department would like to thank the community-based organizations, county departments, and contracted vendors who deepen and improve the impacts of the department's work. It takes courage to take on the issues these partners face every day, and the department benefits from their shared expertise and efforts. HHS is grateful to have such innovative collaborators.

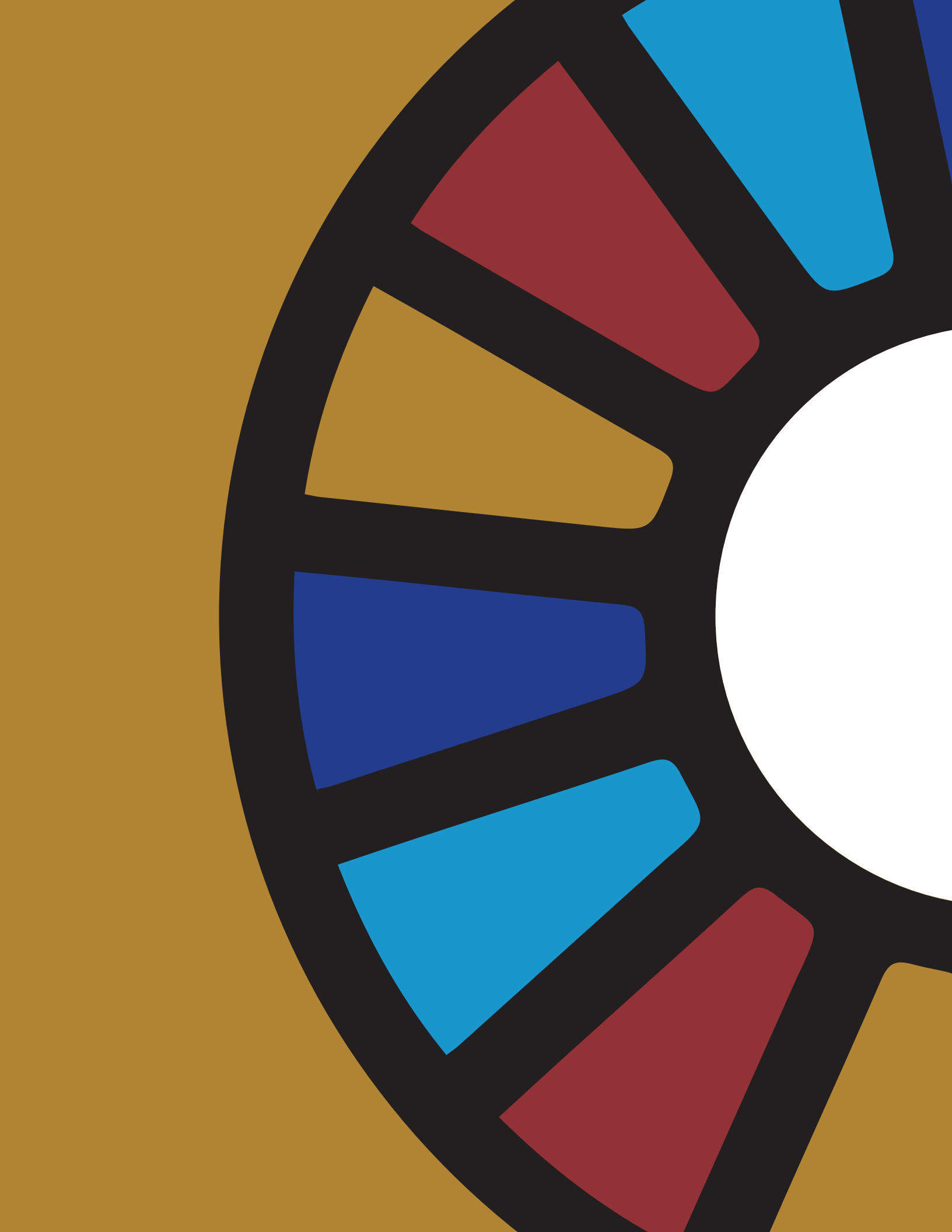
Lastly, Health and Human Services would also like to thank department staff, who bring HHS' vision of being an anti-racist organization to life every day through their advocacy, programs, and relationships with clients and communities.

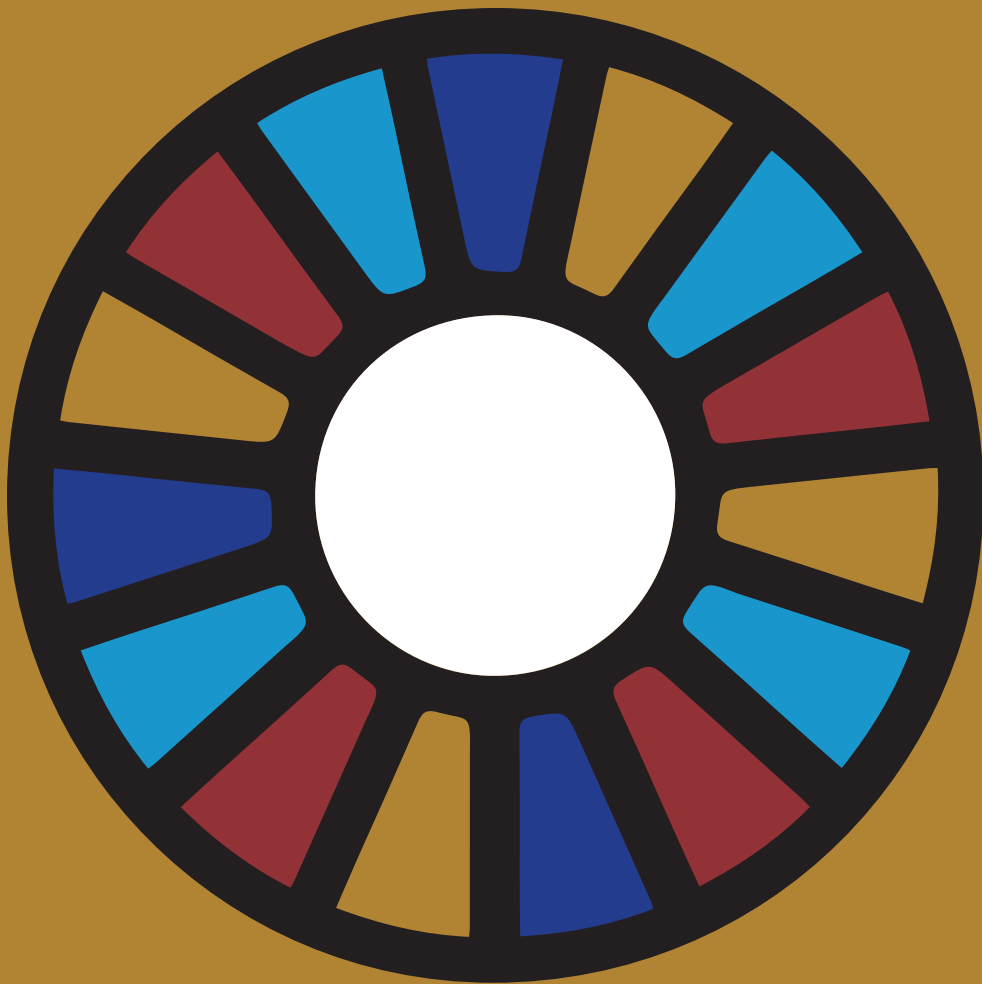
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