Marin County Behavioral Health and Recovery Services Cultural Competency Plan: Fiscal Year 2020-2021 Update

Dr. Jei Africa, BHRS Director

Jennifer Moore, Manager of Equity and Inclusion

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Introduction

Marin County Behavioral Health and Recovery Services (BHRS) continues to strive to build a culturally and linguistically appropriate and affirmative system in support of the behavioral health and recovery needs of Marin County's increasingly diverse population. Our newly appointed Program Manager of Equity and Inclusion (PMEI), formerly known as Ethnic Services Manager (ESM), is partnering with BHRS staff and community members to lead this work through both historic and contemporary challenges, such as ongoing racial disparity and the COVID-19 pandemic. This work is fortified through collaborations with the following, 1) the community advisory board – the Cultural Competency Advisory Board (CCAB); and 2) the broader County Department of Health and Human Services (HHS) Strategic Plan to Achieve Health and Wellness Equity[PDF][1] and the County of Marin Racial Equity Action Plan[PDF][2]. The County of Marin BHRS department recognizes the 8 criterion required areas from the California Department of Health Care Services (DHCS) as a guide to our cultural competence work. The following identifies highlights from each criterion point over the last fiscal year (2019 to 2020) and identifies some focus areas moving forward.

Criterion 1: Commitment to Cultural Competence

Criterion 1: Provide documents on how the county intends to serve the community appropriately.

1. Mission statement and goals.
2. Policies, Procedures & Practices Related to Cultural and Linguistic Competence (i.e. Hearing-Impaired MH Access, Language Interpreters, Service Area Advisory Committees, Bilingual Bonus, and Employee Trainings Minimum Standards)

Impact of COVID-19

The COVID-19 pandemic has significantly impacted our world and all aspects of our work here at BHRS, including our cultural competence and equity work, such as our Cultural Competency Plan 2019 to 2020[3] and our ability to hire a Program Manager of Equity and Inclusion (a position that was left vacant for almost 9 months). Through these challenges, we have been able to respond to various and prolific calls to action, shifting gears, and re-prioritizing where and whenever possible to meet the need of the communities we serve.

Within BHRS the immediate focus was on ensuring our essential services were available across our system of care, including crisis support—including maintaining staffing levels for the Mobile Crisis Response Team (MCRT) and the Crisis Stabilization Unit (CSU)—as well as maintaining Jail Mental Health Program and increasing staffing and support at the Access team to ensure all seeking behavioral health support could do so quickly and easily. Most BHRS programs made the quick switch to providing services and support via telehealth over the video and over the telephone, to ensure the safety of both the client and BHRS staff. In addition, when necessary, BHRS staff would meet clients in the field. BHRS also recognized the need to increase our offerings focused on the broader community through education, training, and tips around

[1] https://drive.google.com/file/d/1la9GyivJ3maWKGTcRzDttq7ZGAXS7Xnn/view
[2] https://www.marincounty.org/-/media/files/departments/hr/eeo/marin_racial_equity_action_plan2017.pdf?la=en
[3] https://www.marinhhs.org/sites/default/files/boards/general/final_mcbhrs_ccp_19-20_0.pdf

mindfulness and self-care, coping with the stress of the pandemic, how to support children's mental health during this time, and launched our suicide prevention initiative in a virtual space. Our engagement efforts also needed to be done differently, transitioning the CCAB to meet virtually rather than in person.

BHRS responses to COVID-19 pandemic included:

- Creating a COVID-19 resources page[4] for our community on our publicly available website, including self-care resources in English, Spanish, and Vietnamese.
- 46.7% of BHRS staff being deployed as Disaster Service Workers (DSW) throughout the pandemic, and the number is continuing to grow as the pandemic continues.
- BHRS staff being deployed at various locations including staffing motels and encampments (e.g. Project Room Key – a program that was put in place to support at risk individuals experiencing homelessness), call centers, food distribution sites, CSU, Access, our Emergency Operations Center, and Care and Shelter.
- 36 BHRS being cross trained to cover essential services throughout our system of care, and we mobilized our resources to add safety precautions at all sites, including personal protective equipment provisions and installing sneeze guards at our clinic sites.
- Partnering with other counties in the Bay Area to create "Crushing the Curve," a youth-led social marketing campaign designed to educate youth about mental and physical health during and following the COVID-19 pandemic.
- Increasing our collaboration with community partners and continuously updating the BHRS website with resources and tools for the community.
- Transitioning services rapidly to include telehealth:
    - Approximately 55% of all mental health services provided during the pandemic were provided via telehealth.
    - In our Substance Use Division, between April and August 2020, 69% of outpatient treatment encounters were provided by Marin Outpatient and Recovery Services (MORS), reflecting their rapid implementation of remote services.
- Facilitating more individualized care and flexible service delivery [From February 2020 to July 2020, there were increases in case management (52%) and individual counseling (97%)] in the substance use service delivery system.
- Support to Helen Vine Recovery Center: Health and safety protocols require clients seeking admission into Helen Vine Recovery Center to undergo COVID-19 testing and receive medical clearance prior to entry into the facility. There was a period where there was a delay of up to 72 hours between COVID-19 testing and receipt of results due to a regional shortage of rapid tests, which hindered admissions to this critical service. To enhance the ability to isolate new referrals from the rest of the milieu pending test results—which was critical ensuring continued admissions and staff and client safety—Marin's Emergency Operations Center loaned a trailer to Helen Vine Recovery Center.
- Emergency Funding for Sober Living Environments/Recovery Residences: Between April and June 2020, BHRS and Probation authorized "emergency" funding for beneficiaries in our contracted Sober

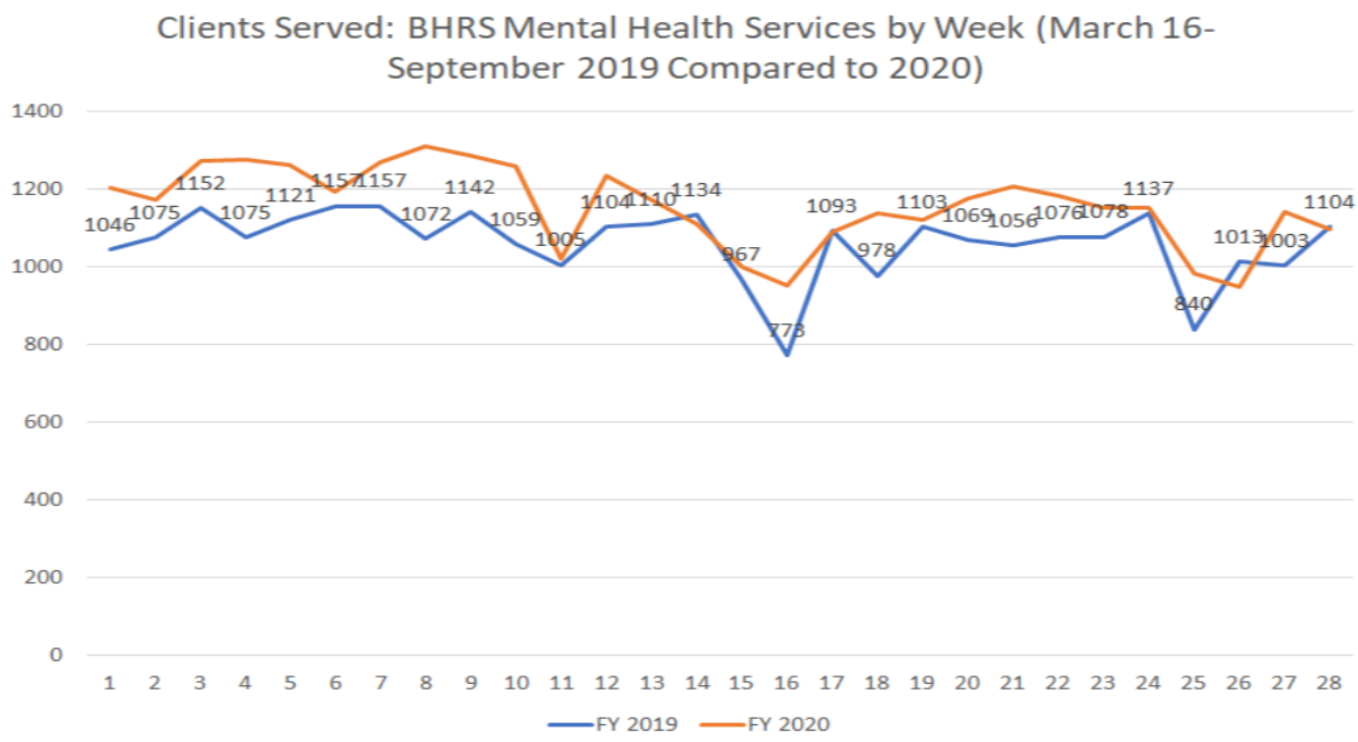
[4] https://www.marinhhs.org/coping-covid-19

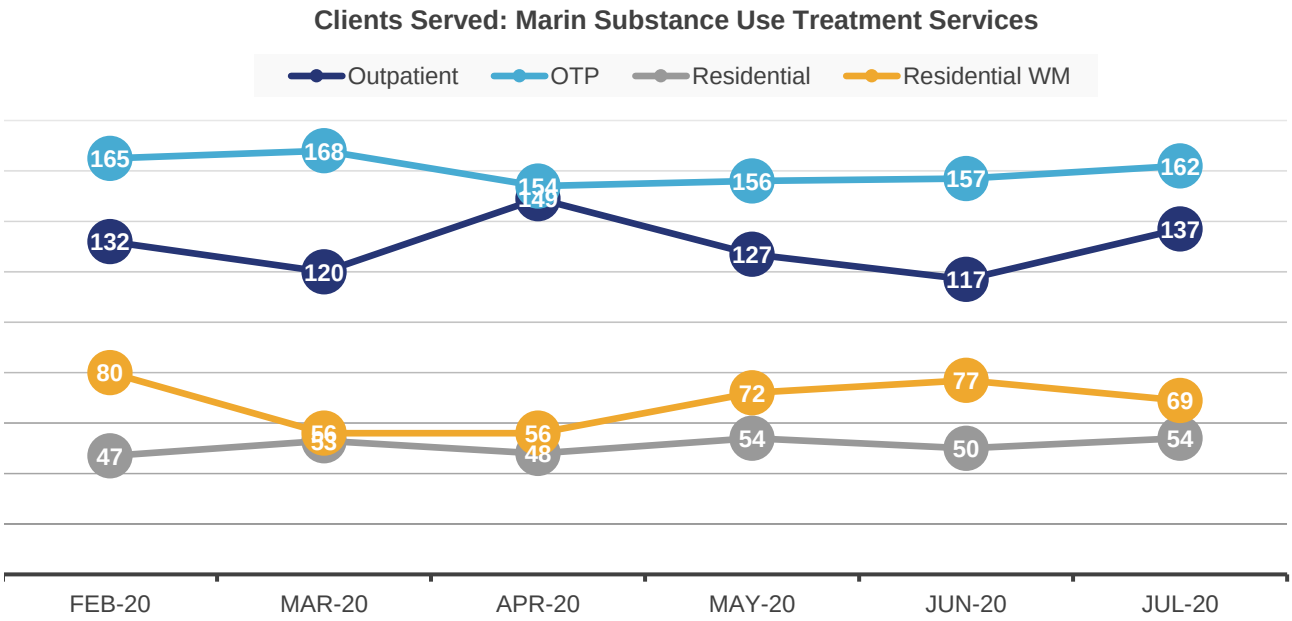
Living Environments who were at risk of losing their housing due to COVID (e.g. loss of income and employment). In this three-month period, there were 41 requests approved for a total of $48,960.

- Recovery Support: BHRS worked in partnership with Public Health and AA to develop a best practice document that Recovery Support Groups can use when considering conducting outdoor in-person groups.

The ability and necessity to transition to telehealth contributed to beneficiaries being able to access needed care, and overall, outcomes in the substance use system of care were similar—and superior in some domains—as compared to pre-Public Health Emergency (PHE) levels. Rapid implementation of telehealth impacted equitable access to care – some positive impacts and others that further exacerbated disparities.

- Some beneficiaries experienced gaps in care due to inability to access services via telehealth (e.g. lack of a confidential space, Wi-Fi, equipment).
- In the weeks following the Shelter in Place, there was a notable reduction in services, which had traditionally been provided in face-to-face settings. Following broader implementation of telehealth, the client census returned to pre-PHE levels.





Impact on Latinx Community

As a result of sheltering-in-place in response during the COVID-19 pandemic, unemployment, poverty, and houselessness has increased. For Marin County, this has been acutely experienced by residents who have been systemically oppressed by California's most racially disparate county, even before the pandemic. Though COVID-19 did not create Marin County's racial disparity, it shines a light directly on it, with COVID-19 disproportionately impacting communities of color nationwide, and in Marin County namely our Latinx communities:

Race/Ethnicity	COUNTY POPULATION	Cases	Case Percent	Hospitalizations	Hospitalizations Percent	Deaths	Deaths Percent
Hispanic/Latino	16.1%	3,309	57.9%	61	35.5%	13	14.4%
White	71.1%	1,795	31.4%	84	48.8%	62	68.9%
Asian	6.3%	165	2.9%	12	7%	7	7.8%
Black/African American	2.4%	97	1.7%	5	2.9%	4	4.4%
Native Hawaiian/Pacific Islander	0.2%	18	0.3%	0	0%	0	0%
American Indian/Alaska Native	0.1%	9	0.2%	0	0%	0	0%
Multi or Other Race	3.8%	320	5.6%	10	5.8%	4	4.4%

Note: Approximately 65% of confirmed COVID-19 cases have known race/ethnicity. Those who identified as Hispanic/Latino are not counted in any other race/ethnicity category. Native Hawaiian/Pacific Islander, American Indian/Alaska Native, and Multi or Other NH Race/Ethnicity are combined as "Other" in the pie charts above.

Marin County HHS: Outbreak Response as of 12/27/2020[5]

[5] https://coronavirus.marinhhs.org/outbreak-response-canal-neighborhood#:~:text=Coronavirus%20has%20disproportionately%20affected%20communities,occurred%20among%20Hispanic%2FLatino%20residents

Essential service work, such as construction, food service, caregiving, etc. combined with pre-existing overcrowded housing conditions are compounding transmission rates. Vulnerability to the coronavirus is more critical when examining the additional impact of historic and persistent racial inequities in access to employment, housing, and health care.

In response to this disproportionate impact on our Latinx communities, BHRS focused on:

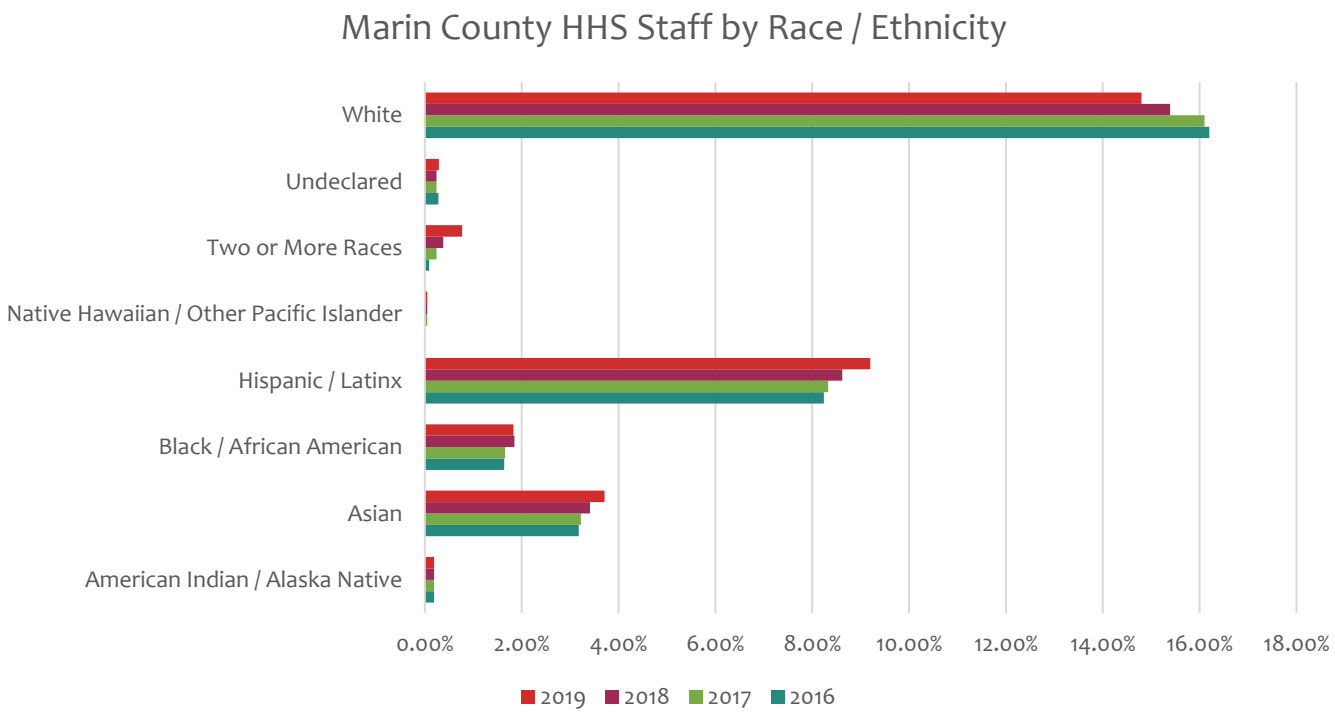
- MORS providing all services in Spanish, meaning the majority of outpatient substance services during this period were provided to our Spanish speaking beneficiaries.
- Increasing Spanish language engagement, prominently through starting a series of support groups in collaboration with community partners, such as Marin County Office of Education (MCOE) and Community Action Marin (CAM) with family partners.
- Adding additional Spanish bilingual contractors to our Prop 47 Improving Lives Via Opportunity and Treatment (PIVOT) team, a low-barrier, care coordination program for people with behavioral health needs in the criminal justice system (i.e. connection to mental health, substance use treatment, housing, and public benefits).
- HHS and BHRS are providing temporary space at the HHS Health and Wellness Campus so that Bay Area Community Resources (BACR) can continue to provide Driving Under Influence (DUI) program services for individuals lacking telehealth access, which is prominently our Latinx population.
- Ongoing work with *Cuerpo Corazon Comunidad* radio show, topics of which have included how to support youth and families during COVID-19, how to manage anxiety and stress, and how to cope with isolation.
- Continuing to fund Community Action Marin (CAM) when Enterprise Resource Center closed its doors to provide peer-run warm lines, including starting a new warm line in Spanish[6] Monday – Sunday from 1 – 6 PM.
- Increasing presence at food banks, rental assistance centers, test result centers, and other Disaster Service Worker (DSW) locations to connect with families directly.
- Increasing bilingual services availability to families in Childrens' System of Care (CSOC), providing increased collateral services, and offering multiple contacts weekly to meet the needs of the community post COVID-19.
- Using flex funds through the Mental Health Services Act (MHSA) funding to support Latinx clients and families with needs that are consistent with their treatment goals, including supporting families to maintain stable housing, minimizing food scarcity, etc.
- Ensuring all flyers were translated into Spanish, including our new community pages regarding COVID-19: Coping with COVID-19 (*Sobrellevar el* COVID-19)[7]; Limited Essential Services (*Servicios esenciales limitados*)[8]; BHRS Community Events (*Eventos communitarios de* BHRS)[9].
- Engaging BHRS leaders during celebration of Latinx Heritage Month to brainstorm ways to increase mental health support to Latinx communities (**Appendix A**).

[6] https://camarin.org/extrawarmlinesupport/
[7] https://www.marinhhs.org/coping-covid-19
[8] https://www.marinhhs.org/limited-essential-services
[9] https://www.marinhhs.org/bhrs-community-events

- DHCS temporarily granted flexibilities, such as conducting individual medical necessity determinations and group counseling via telephone and telehealth. The ability to provide initial assessments via telephone enabled access to care for beneficiaries that otherwise may have been unable to engage. This was particularly important for our Spanish-speaking beneficiaries accessing substance use services, 15.4% of whom utilized telephone to access care, as compared to 8.7% of the English-speaking population.
- Marin County Driving Under the Influence Program: The Marin County Driving Under the Influence Program temporarily re-located to the HHS Health and Wellness Campus in September 2020. The program would have been forced to close without this temporary re-location. Although most DUI program services will continue via telehealth, the HHS Campus location will serve clients who are unable to access services via telehealth (e.g. do not have the needed technology or private space to participate in services). This would have disproportionately impacted our low income and Spanish-speaking community members.

Marin County

The County created an interactive equity dashboard[10] to use data to help ensure that it will achieve its stated policy of having a diverse workforce that is reflected across the breadth (functions) and depth (hierarchy) of the organization. Within the Marin County Department of Health and Human Services (HHS), we have seen a slight trend to hiring more diverse individuals, though we recognize that the agency's staff is still predominantly white and not a reflection of those we serve.



[10] https://public.tableau.com/views/MarinCountyEquityandDiversity/CountyEqualityandOpportunity?:showVizHome=no&:embed=true

Though there is a long way to go, the County of Marin, HHS, and BHRS continue to put in work toward becoming a more equitable County, such as creating Strategic Action Priority Teams through a race equity lens in alignment with the HHS Equity Strategic Plan[11]. The Action Priority Teams were developed out of identified strategic plan equity actions prioritized for implementation in 2020-2021. The Action Teams aim to develop workplans to move equity goals forward. The following Action Priority Teams have all County participants, including BHRS staff:

- **Community Empowerment Model Action Team:** Focus area to engage community to effect meaningful change. Outcomes include that HHS is more responsive to communities.
- **Equity Capacity Building Action Team:** Focus area is building capacity for racial equity through the HHS Strategic Plan. Outcomes include that HHS staff advance racial equity by effectively applying a racial equity lens to decision making, policies, programs, and services and that the internal culture of HHS is inclusive and diverse.
- **Data Sharing and Service Coordination Action Team:** Focus area is to integrate service delivery to support clients. Outcomes include identifying areas of improvement for care coordination with HHS or understanding the scope and content of the data systems used by HHS service.
- **Client Experience Action Team:** Focus area is to strengthen accessibility and cultural responsiveness of services. Outcome is to transform HHS into being an organization based around continuous quality improvement.
- **West Marin Action Team:** Focus area is to integrate service delivery to support clients. Outcomes include that more people receive culturally responsive, life improving services and support when and where they need them.
- **Educational Equity Action Team:** Focus area to use a collaborative approach to align resources and create change. Outcomes include improved educational outcomes from African American and Latinx communities in Marin County and increased racial/ethnic equity in education in Marin County.
- **Contracts Action Team:** Focus area to implement evidence-based and data-driven work. Outcome is for HHS contracts to advance racial equity.

Also, Marin County is implementing strategies to increase racial equity and build an antiracist organization via intergroup dialogue, such as through the World Trust Learning Labs with Dr. Shakti Butler. This takes place in the form of learning labs that identify ways in which we reinforce racism and bias while working with leadership on dismantling barriers.

Finally, Marin County's HHS has revamped its mandatory Cultural Intelligence Training to be compatible with the new virtual environment we are all in and to address the basic knowledge, skills, and toolkits to addressing institutional racism in the county.

BHRS Vision, Mission, and Values

BHRS is a Division of the Marin County HHS. BHRS offers a broad range of services from prevention and early intervention, suicide prevention, and crisis services to all residents of Marin County. BHRS also provides outpatient, residential, and hospital care addressing specialty mental health and substance use service needs

[11] https://drive.google.com/file/d/1la9GyivJ3maWKGTcRzDttq7ZGAXS7Xnn/view

of Marin Medi-Cal beneficiaries and uninsured residents. The priorities and goals of BHRS strive to establish a comprehensive, integrated, and recovery-oriented continuum of evidence-based services that are responsive to community needs, engage multiple systems and stakeholders, encourage community participation, promote system integration, and embrace a comprehensive approach to service delivery.

The Vision

BHRS envisions a safer community for all where individuals may realize a meaningful life and the challenges of mental health and/or substance use are addressed in a respectful, compassionate, holistic, and effective manner. Inclusion and equity are valued and central to our work. Our diverse communities are honored and strengthened because of our differences.

The Mission

BHRS provides prevention, treatment, and recovery services to inspire hope, resiliency, and connection with others to enhance the lives of those affected by mental health and/or substance use challenges. We are dedicated to advancing the health and social equity for all people in Marin County and for all communities. We are committed to be an organization that values inclusion and equity for all.

Our Values:

- We promote culturally responsive person-and-family centered recovery.
- We are inspired by the individuals and families we serve, their achievements, and potential for wellness and recovery.
- The people, families, the communities we serve, and the members of our workforce guide the care we provide and shape policies and practices.
- We can achieve our mission and progress towards our vision only through mutual and respectful partnerships that enhance our capabilities and build our capacity.
- We use proven practices, opportunities, and technologies to prevent and/or reduce the impacts of mental illness and/or substance use, and to promote the health of the individuals, families, and communities we serve.

Notable and Ongoing Challenges and Opportunities

BHRS' former ESM was a very beloved, active, and integral collaborator in all of Marin County's and BHRS' equity and culturally competent efforts. In the wake of their retirement from BHRS came the additional unexpected challenge of COVID-19. With both a vacant ESM position and county efforts prioritizing COVID-19 response, several aspects of the Cultural Competency Plan FY 19-20[12] were put on pause or stalled. The position was finally filled in August 2020 after a nearly nine-month period of vacancy. Furthermore, upon further reflection as to how to better align the title and role of ESM with the needs of the community and scope of work, the title of ESM was replaced by the title PMEI. There is now an opportunity to revitalize the work that was on hold in addition to fortifying the foundations of the CCAB in its original intention/role, as the new PMEI continues to build relationships within BHRS, the CCAB, and the communities of Marin.

[12] https://www.marinhhs.org/sites/default/files/boards/general/final_mcbhrs_ccp_19-20_0.pdf

Another challenge that is ongoing in the county of Marin is the low utilization rate of BHRS services by the adult Latinx Medi-Cal population. BHRS is continuing to track data on progress toward increasing our penetration rate within Latinx communities and is seeing marginal progress. This is an area of continued opportunity, as we increase services within the community, such as Spanish groups, our work with the *Promotores*, and our new program for newcomers. These will be detailed later in this report. The MHSA community engagement process (detailed later in this report) identified the following as opportunities for better serving our Latinx communities:

- Increase the diversity of staff from front line providers to the administration, including increasing the number of providers who are bilingual to reflect the same percentage of clients with limited English proficiency and non-English speaking.
- Evaluate our language access and the effectiveness current policies, processes, and practices.
- Continue to collect better data that is more inclusive and representative.
- Target Prevention and Early Intervention (PEI) efforts to specific high-risk populations.
- Enable co-location of behavioral health services with other services.
- Implement broad prevention strategies to help with effective intervention.

Notable Highlights and Accomplishments in Fy19/20:

- BHRS expanded hours and funding of Mobile Crisis Response Team to support an additional 4 hours a day. The new hours of operation are 8 AM – 9 PM Monday – Friday and 1 PM – 9PM on Saturdays. The primary impetus of this addition was to meet the needs of our youth and our schools.
- Program brochures are available in our threshold language Spanish; in addition, we strive to have all our materials available in Vietnamese, as it is a large and growing population in our community[13].
- Outreach and engagement efforts were expanded in Latinx communities through the hiring of a bilingual health navigator in the field with the Access Team.
- Latinx Outreach and Engagement Coordinator was hired in April 2020 that provides groups and outreach activities in Spanish, as well as supports additional contracts and community lead activities including the following stigma reduction, outreach, and linkage programs for our recent immigrant populations that are funded through MHSA.
- MHSA 3-year plan community engagement involved 397 individuals who identified as "Latino" or "Hispanic." Survey conducted over a series of months in winter of 2019-2020 on what the biggest barriers to mental health and substance use treatment were pre-COVID, the results of which include new programs and funding in the FY20/21-22/23 MHSA 3 year plan[14].
- MHSA 3-year plan community engaged involved over 2,000 people total.
- First ever countywide Suicide Strategic Plan[15] was released in January 2020 to provide a roadmap for reducing suicide deaths and attempts in communities and neighborhoods countywide.
- BHRS continued to recruit and hire Peer and Family Partners, created Peer Program Coordinator position (see page 58) and Access Peer roles, and added a health navigator to Access with our

[13] Examples of our translated materials can be found at BHRS website including at our Limited Essential Services webpage: https://www.marinhhs.org/limited-essential-services

[14] https://www.marinhhs.org/sites/default/files/libraries/2020_10/mhsa_fy2021-2023_three_year_plan_and_annual_update_approved.pdf

[15] https://www.marinhhs.org/sites/default/files/files/servicepages/2020_01/marin_county_suicide_prevention_strategic_plan-final-jan_2020.pdf

partnership with Buckelew and with the HMIOT grant to work with those currently experiencing houselessness.
- Title of Ethnic Services Manager was changed to Program Manager of Equity and Inclusion and was integrated into the BHRS Senior Management Team (SMT) to provide consultation and guidance in management's efforts to advance BHRS in the direction of equity.
- The LGBTQ+ workgroup came together, which continues to expand and consists of BHRS staff and community partners, including the SPAHR Center, a local non-profit devoted to serving, supporting, and empowering the LGBTQ+ community.
- 27 trainings were provided/offered on Cultural Competency, Mental Health First Aid, Assertive Community Treatment (ACT), etc. to BHRS staff and contracted providers (**Appendix B**).
- CSOC created a racial justice committee geared toward review of internal practices and procedures through a lens of racial equity and anti-racism. Over 60 items have been identified and categorized. CSOC also hosts a quarterly event to explore cultural/social trends that impact youth and families, staff, and communities. They most recently held a book discussion of Post Traumatic Slave Syndrome by Dr. Joy Degruy.
- Policy and Procedure Workgroup was launched with the purpose of serving as the advisory board and reviewing entity for all current and new policies and procedures. The group consists of Division Directors, Program Managers, Unit Supervisors, Direct Service Staff, Admin Staff, and partners with community advocacy groups, such as the CCAB and the LGBTQ+ workgroup to ensure that all current and new policies include a cultural lens.

Policies, Procedures & Practices

BHRS updated our cultural competency related policies this past calendar year in August 2020 combining three former policies:

- **Use of Interpreters - MHSUS-16** - BHRS implemented a policy and procedure to ensure that culturally and linguistically appropriate interpretation and translation assistance is available to all individuals seeking or receiving behavioral health services who do not meet the threshold language criteria, have Limited English Proficiency, or have language or communication barriers (i.e. visual or hearing impairment, in a manner that afford equal access to these services.
- **Cultural Competency - MHSUS-ADP-05** - The purpose of this policy is to ensure equal access to quality services and that cultural competency is embedded as a critical component in the planning and delivery of behavioral health services.
- **Cultural Competence Training Plan - BHRS-39** - The purpose of this policy is to ensure that Marin County and its contractors are in compliance with Federal, State, and local cultural competence and linguistic standards and guidelines.

This new policy was developed to unite these policies in their adherence to national culturally and linguistically appropriate services (CLAS) standards and to have a standardized policy and practice for both mental health and substance use divisions. The new policy is more inclusive of principles of cultural humility, equity, and inclusion, as well as outlines organizational accountability for these principles.

- **Cultural Competency and Humility, Equity, and Inclusion Framework: Implementation of CLAS Standards – BHRS 57 –** The purpose of this policy is to ensure that diverse populations have equal access to quality services by formally identifying cultural and linguistic competency and humility as an essential standard to be inherent in all aspects of BHRS continuums of care. It is intended to

inform BHRS staff and contractors about existing and ongoing organizational efforts to embrace diversity, improve quality, and eliminate health disparities that align with the National CLAS Standards.

The PMEI has been added to the Policy and Procedure Workgroup, which launched in early 2020, to ensure that we update and write all policies and procedure with a cultural lens. With the development of the policy and procedure workgroup and with addition of PMEI to the group, we will be able to ensure that the CCAB has a bigger voice in the feedback process.

BHRS identified new ways to ensure staff have access to and are aware of all policies that impact their work, including sending emails to all staff that include the updates to policies, high-level info, and who to contact. Policies and procedures are also placed on the BHRS Intranet and staff are alerted to this at the time that the policies and procedures are sent out via email.

Broad Goals for FY 20/21:

- Continue to review policies and procedures to ensure that are all up to date in meeting the current CLAS standards, including our training policies and use of the interpreters policy now that PMEI has been added to the policy and procedure workgroup
- Re-affirm our commitment to collect community feedback, including from individuals and families with lived experience, on all new relevant policies and procedures during the drafting and review process through the use the CCAB
- Ensure all staff are adequately trained prior to implementation of any new policy and ongoing technical assistance through seasoned staff, supervisors, and / or senior management is provided to ensure that all policies are carried out effectively
- Complete Substance Use Services (SUS) Prevention Strategic Plan, which aligns with the four focus areas of the HHS Equity Plan[16] (substantial focus on increasing outreach and service provision/engagement for our adult Latinx population)
- Start Spanish speaking parenting groups for immigrant community in West Marin
- Maintain a new MHSA PEI program called "Newcomer[17] Support and Coordination" that includes:
    - the creation of a Newcomer Coordinator to provide assessments, linkage to resources, and short-term case management for newly arrived immigrant youth in San Rafael secondary schools, as well as training for school staff and system development. Funding for this position was awarded via RFP to Bay Area Community Resources; and
    - funding for school-based Newcomer Groups throughout San Rafael, Novato, and West Marin—contracts for those programs were awarded to Canal Alliance, Petaluma Health Center (formerly known as Coastal Health Alliance), North Marin Community Services, and Huckleberry Youth Programs.
- Explore and analyze the need for full time licensed mental health professional position in West Marin and reconfigure what position would look like based on needs of that community
- Re-evaluate effectiveness of our interpretation services and current contracts so that we can provide more robust and timely interpretation/translation services

[16] https://drive.google.com/file/d/1Ia9GyivJ3maWKGTcRzDttq7ZGAXS7Xnn/view

[17] "Newcomers" is defined in this document as immigrant youth who arrived to the United States 2-3 years ago with limited or no English language proficiency.

- Send BHRS staff to Marin Leadership for Equity & Opportunity (LEO)[18] Marin Leadership for Equity & Opportunity (LEO) to explore equity and cultural responsiveness issues throughout identified departments
- Develop strategic training plan that is in alignment with Workforce, Education and Training report and the MHSA 3-Year Plan
- Develop implementation plan to transform BHRS into a trauma informed, resiliency-oriented, and equitable place to work via partnership with the National Council
- Broadly improve data collection via representation of more specific categories of race/ethnicity, Sexual Orientation and Gender Identities (SOGI), Native and Indigenous populations, languages spoken, and folks with disabilities
- Increase mental health support and recovery services to adult Latinx populations via residential treatment programs, adult system of care, Access team, and Crisis Stabilization Unit (CSU), all of which are BHRS programs where Latinx are underrepresented in comparison to Medi-Cal beneficiary rates
- Provide funding in MHSA FY2020/2021 through FY2022-2023 Three-Year Plan[19] for telehealth kiosks to be installed in key locations, such as the Canal and West Marin, that could increase access to telehealth services, as well as some funding for devices for clients who may want access to remote services but do not have a way to do so

Criterion 2: Updated Assessment of Service Needs

Criterion 2: Describe the population assessment, assessment data and disparity concerns regarding access to mental health care.

1. General population by race, ethnicity, age, and gender
    a. Charts or countywide ethnic break down
    b. EQRO data, EQRO penetration rate, MEDS file Data, US Census data, TAY pop and MHSA population assessment
2. List of threshold languages

Marin County Demographics and Assessment

Marin County is a mid-sized county with a population of 258,826 and spanning 520 square miles of land according to the 2019 population estimated by the U.S. Census Bureau[20]. It is the fourth smallest County in California by land area and ranks 26th of the 58 California Counties in population. The majority of residents live in the eastern region of the county, along the Highway 101 corridor. Marin is a lush county with 58% of land considered protected open space comprised of local, state, and Federal parkland including the Golden Gate National Recreation Area and Point Reyes National Seashore. Factoring in Agricultural Land Trusts and zoning rules, over 85% of Marin's lands are protected from development according to the Greenbelt Alliance

[18] https://www.impactlaunch.org/marinleo
[19] https://www.marinhhs.org/sites/default/files/libraries/2020_10/mhsa_fy2021-2023_three_year_plan_and_annual_update_approved.pdf
[20] https://www.census.gov/quickfacts/marincountycalifornia

2012 report[21]. Due to the lack of affordable housing, 62% of people who are employed in Marin commute into the county each day for work.

The demographic assessments from U.S. Census 2019 estimates are consistent with 2018 demographic information reported in the 19-20 CCP[22]:

> The median age of Marin County residents is 46.1 years; 4.6% percent of the population was under 5 years old; 20.0% were under 18; and; 22.3% percent were 65 or older. An estimated 18% of Marin County residents are foreign born. Approximately 85% of residents classify as white; 2.8% black or African American; 1% American Indian and Alaska Native; 6.5% Asian; 0.3% Native Hawaiian and Other Pacific Islander; 4% classify as two or more races; 16.1% Hispanic or Latinx.[23]

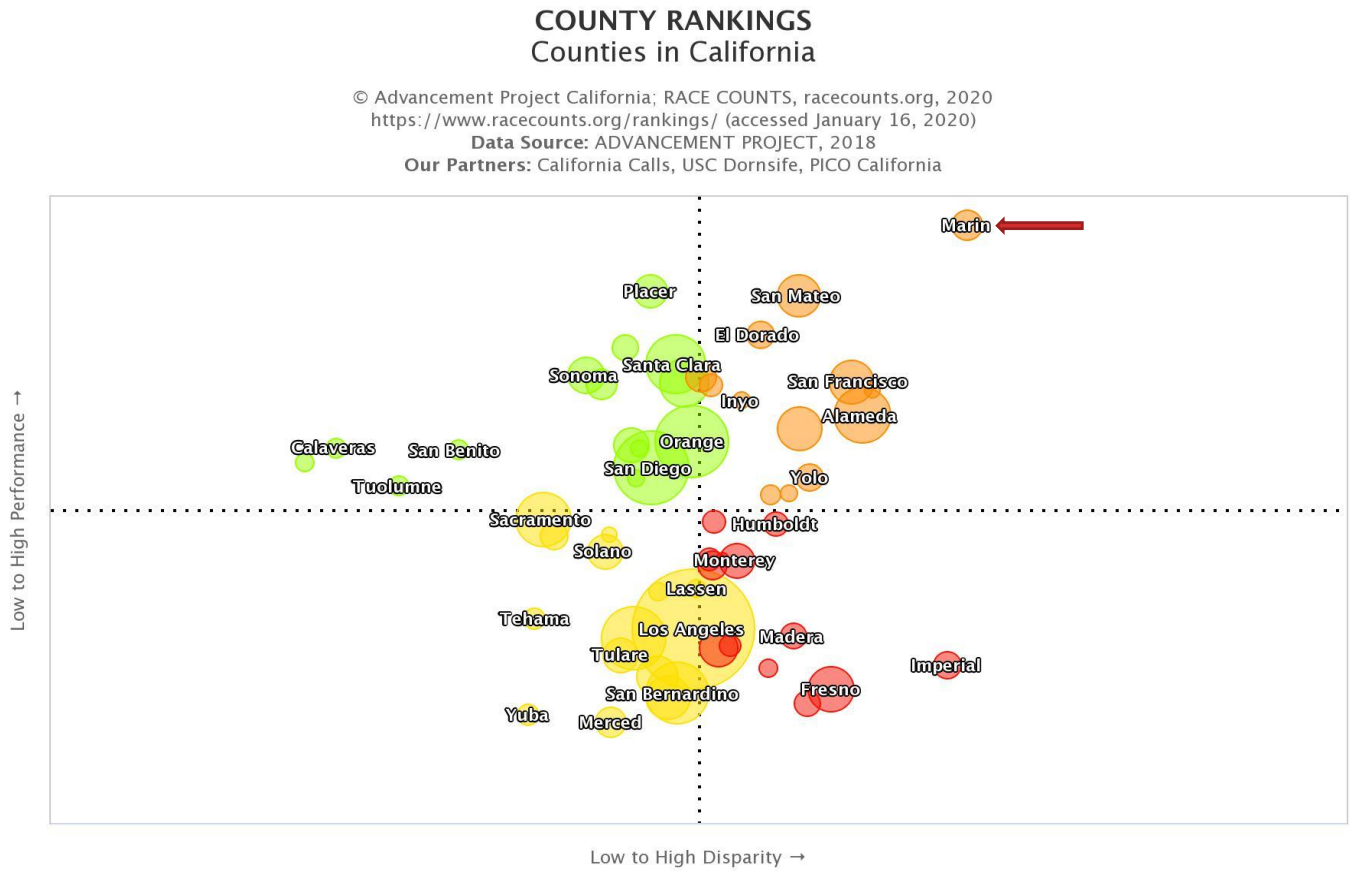
The U.S. Census Data currently only reports on male and female gender binary and reports that Marin's female population accounts for 51.1%.

22.7% of individuals in Marin County speak a language other than English at home[24]. Spanish is the only threshold language in Marin County; however, the county has identified Vietnamese as a priority language based on the growing number of clients served. BHRS has made strides in this past fiscal year in making most documents available in both Spanish and Vietnamese, including signage throughout public County offices, flyers, and reports[25].

Focusing on Equity

While Marin has enjoyed the ranking of healthiest county in California by Robert Wood Johnson Foundation and Population Health Institute for 2019[26], Marin continues to also be the most racially disparate County in the state of California[27]. Housing affordability, income inequality, high rates of substance use, and racial disparities in health were highlighted as weaknesses in Marin's health profile. Among 58 California counties, Marin ranked 39th in housing cost burden and 54th in income inequality. African-American, Hispanic, and Latinx children are four and eight times more likely, respectively, to live in poverty than their white counterparts.[28] The Bay Area has experienced a rise in inequality over the last decade where the top income families are now earning over 21 times more than low-income families in Marin County.[29] In the chart below you can see that Marin (in the top right) was ranked at the highest performance county as well as the county with the highest disparity.

[21] https://www.greenbelt.org/research/at-risk-the-bay-area-greenbelt-2012/
[22] https://www.marinhhs.org/sites/default/files/boards/general/final_mcbhrs_ccp_19-20_0.pdf
[23] "Latinx" is used throughout this document as an inclusive, gender-neutral alternative to Latino and Latina, referencing people of Latin American descent
[24] https://www.census.gov/quickfacts/marincountycalifornia
[25] Examples of our translated materials can be found at BHRS website including at our Limited Essential Services webpage: https://www.marinhhs.org/limited-essential-services
[26] https://www.countyhealthrankings.org/app/california/2019/rankings/marin/county/outcomes/overall/snapshot
[27] https://www.racecounts.org/county/marin/
[28] https://www.marincounty.org/main/county-press-releases/press-releases/2019/hhs-healthiestcounty-031919
[29] https://uwba.org/wp-content/uploads/2017/10/Marin-Snapshot.pdf



In recent years, residents of Marin County have also experienced an increase in the tragic and far-reaching impacts of suicide. Marin County has the highest suicide rate in the Bay Area. Between 2015 and 2017, 14.1 people per 100,000 died by suicide in Marin County, well above the state average over the same period (10.7)[30]. The data shows that white middle-aged and older men and LGBTQ+ youth are at highest risk of suicide; however, suicide is public health a concern across the lifespan and can affect people of all races, sexual orientations, and gender identities. This report later includes an update on the work of our Suicide Prevention Collaborative and Suicide Strategic Plan[31].

According to DHCS, Marin County individuals who are eligible for Medi-Cal as of October 2020 total 46,852. Among those, 15,687 fall under the Affordable Care Act (ACA) Expansion (ages 19 to 64), 15,042 are parents / caretakers of a relative or child, and 3,481 are undocumented[32].

Access to social and economic opportunities, resources and supports, quality education, safe workplaces, clean water, food, and air, and social and community interactions and relationships all impact health. Who

[30] https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Violence%20Prevention%20Initiative/Data%20Brief%201_Overview%20of%20Homicide%20and%20Suicide%20Deaths%20in%20California_Updated%203%2018%2019.pdf
[31] https://www.marinhhs.org/sites/default/files/files/servicepages/2020_01/marin_county_suicide_prevention_strategic_plan-final-jan_2020.pdf
[32] https://www.dhcs.ca.gov/dataandstats/statistics/Pages/Medi-Cal-Certified-Eligibles.aspx

lives in neighborhoods that have decent opportunities and resources is frequently determined by government institutional policies and practices.

Housing

Housing affordability, like most counties in California, is a growing issue in Marin County. Home ownership is dominated by white residents at 69.4%; followed by Asian at 61.4%; Native American at 51%; Black or African American at 29.4%; Hispanic or Latinx at 28.8%.[33]

Education

White (94.3%) and Asian (92.9%) residents are more likely to graduate from high school compared to their, Black or African American (84.2%) and Hispanic or Latinx (78%) neighbors.[34]

Economic Stability

8.8% of Whites live below poverty, compared to 10.3% Asian, 21.1% Hispanic or Latinx, 28.1% Black and 34.6% Native Americans. Latinos and Blacks are roughly 3x more likely than Whites to live below the minimum income necessary to cover a family's basic needs.[35]

Healthcare Access

Black residents are 3.4 times more likely to be uninsured than their white counterparts and Latinx residents are 7.3 times more likely to be uninsured than their white counterparts.[36]

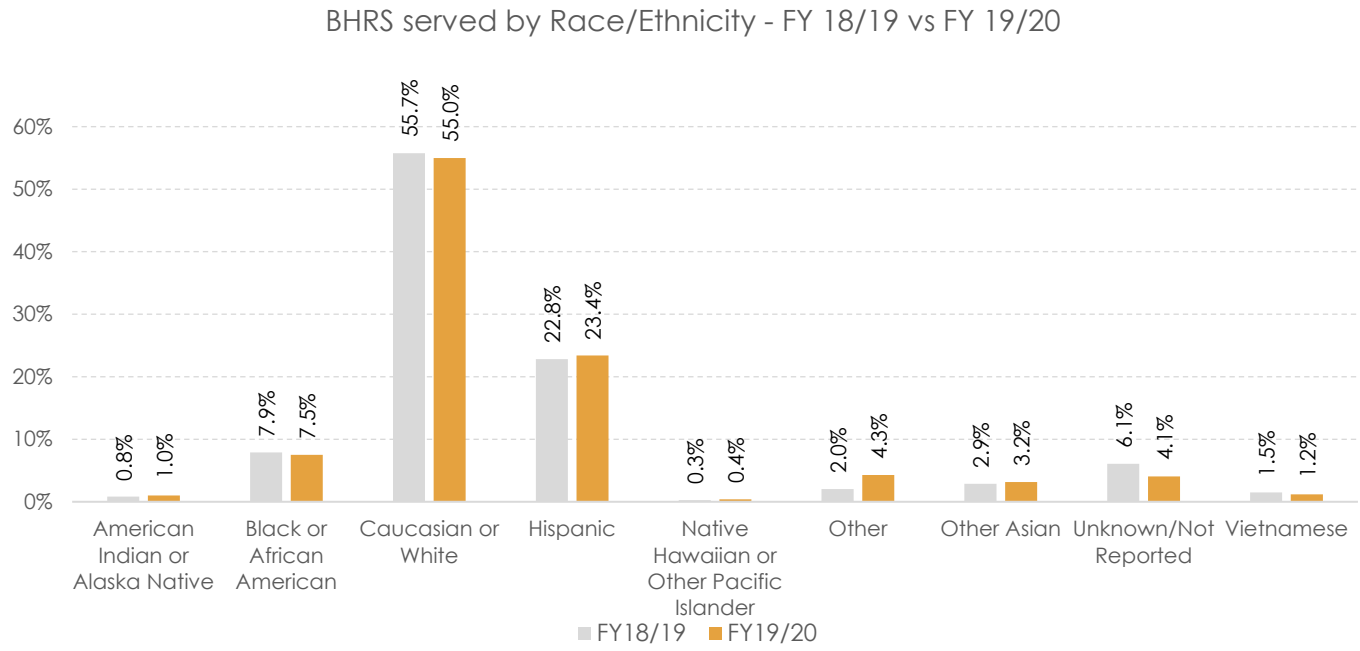
Our Equity Commitment

BHRS recognizes that, to be truly equitable, there needs to be focus placed on understanding of intersectionality. Kimberlé Crenshaw coined the term "intersectionality" over 30 years ago[37] and describes it today as a lens for understanding how various forms of inequality can combine, compound, and intensify each other. When strategizing how to imbue equity throughout the County of Marin, we must consider all impacted identities and how each of those identities exist on a spectrum of privilege and oppression. In this next fiscal year, BHRS is committed to starting the conversation about inclusivity of folks with disabilities and creating more accessibility within treatment and within the workplace, exploring and nurturing relationships with Indigenous and Native peoples of Marin, expanding understanding beyond the gender binary, continuing to increase mental health support and access to Latinx communities, newcomers, and Black and Indigenous People of Color (BIPOC), and re-committing to not only passive inclusivity and representation of diverse identities within the BHRS' workforce, but fostering a workplace environment where active engagement from and with diverse identities is priority.

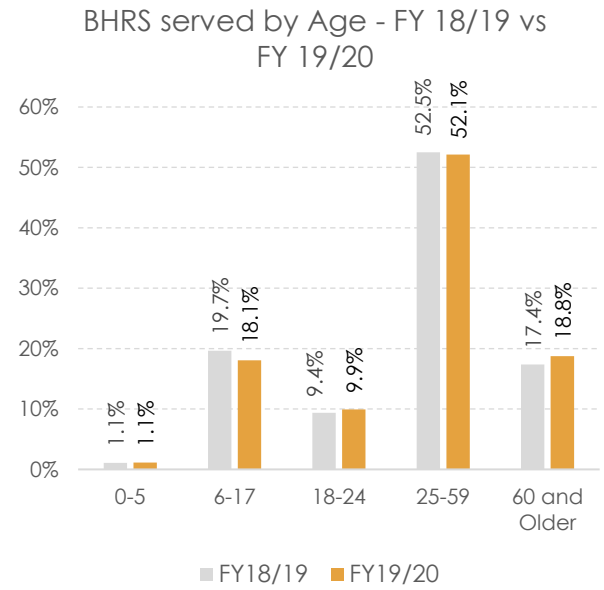
[33] https://www.racecounts.org/county/marin/
[34] https://www.racecounts.org/county/marin/
[35] https://www.racecounts.org/county/marin/
[36] https://www.racecounts.org/county/marin/
[37] https://time.com/5786710/kimberle-crenshaw-intersectionality/

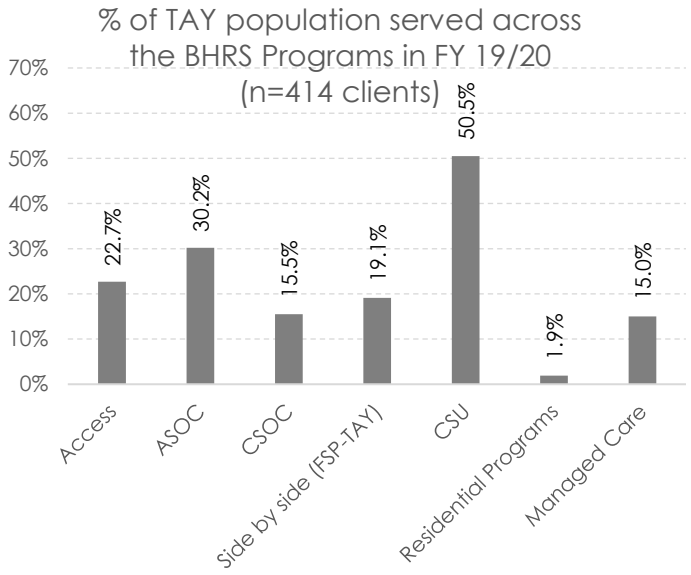
Demographics of BHRS Clients Served

BHRS annually assesses the demographics of clients served to better understand which and where clients need services. We found that in FY 18/19 and FY 19/20, Caucasians and/or whites, and Hispanic and/or Latinx made up the majority of BHRS service recipients:



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





When race and ethnicity are further broken down by age, we saw again that Caucasians or whites represented most of the adults (ages 26-59) and older adults (age 60 and over) receiving services, while Hispanics and Latinx represent the majority of children and transition age youth served (ages 0 to 25):

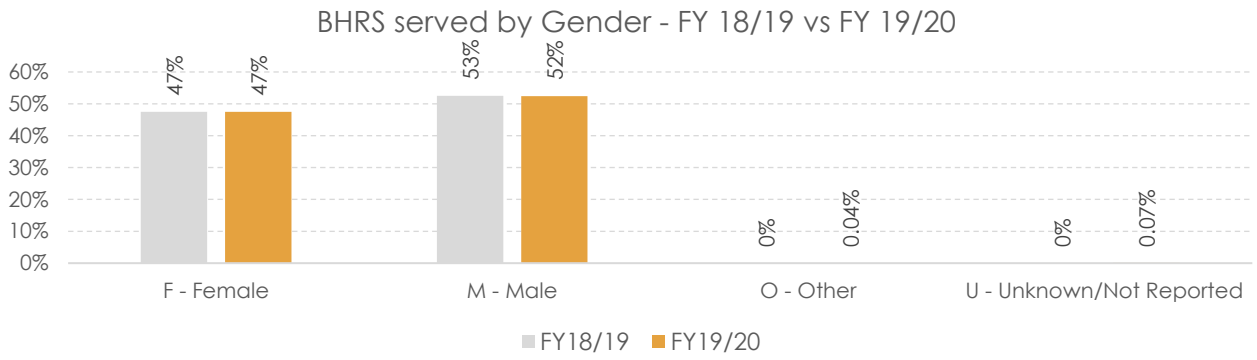
	Count (Adult vs Child)		%	
By Race/ Ethnicity	**Adult**	**Child <18**	**Adult**	**Child <18**
American Indian or Alaska Native	24	4	86%	14%
Black or African American	164	43	79%	21%
Caucasian or white	1398	120	92%	8%
Hispanic	354	291	55%	45%
Native Hawaiian or Other Pacific Islander	9	2	82%	18%
Other	88	30	75%	25%
Other Asian	74	13	85%	15%
Unknown / Not Reported	86	26	77%	23%
Vietnamese	33		100%	0%
Grand Total	**2230**	**529**	**81%**	**19%**

BHRS formed a sexual orientation and gender identity (SOGI) data workgroup and race/ethnicity data workgroup, both comprised of BHRS staff, in August 2020 to examine our data collection efforts of BHRS clients to advocate for inclusivity of all sexual orientation and gender identities and in race, ethnicity, and language. The findings of these workgroups will be integrated into our screenings and intake forms throughout our systems of care so that we may collect data to better understand our clients and the communities we serve.

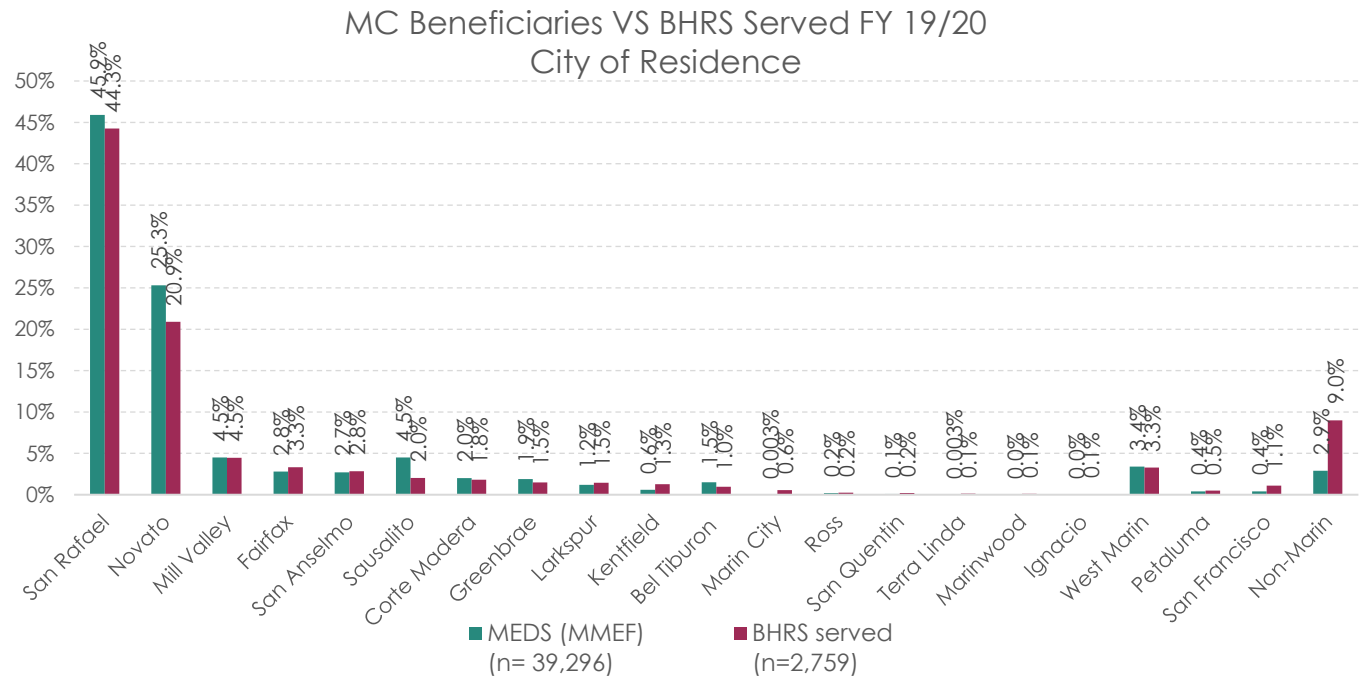
The SOGI data workgroup includes participants from the LGBTQ+ community and is advocating for adding questions such as "what pronouns do you use," and "what is your current gender identity," and "what is your sexual orientation" with a variety of categories, including a self-identity box to be filled in. There is also a domain for folks who identify as transgender and a new "intersex" category under "gender assigned at birth." At this time, the proposed additions from the SOGI data workgroup are now sitting with the LGBTQ workgroup to await any additional feedback on what can be considered before making a final proposal for screenings and intake forms throughout our systems of care.

The race, ethnicity, and language data workgroup is similarly expanding available categories for selection, allowing folks to pick more than one option, and allowing folks to enter in an option. This workgroup is shifting language in the questions from "what is your race/ethnicity" to "what categories best describe you as a person." This workgroup is advocating for multiple new categories of race and ethnicity and primary, preferred and/or spoken languages in the home.

Knowing that no one fits perfectly into just one box, we are hoping these new efforts will help clients feel included and represented in our intake process. Prior to this effort, data has remained largely unchanged, as it assesses gender identities along the gender binary (male and female) and provides only two additional options of "other" or "not reported." This data is not representative, however the SOGI data gathering workgroup has expanded these categories of identity and are expecting to inform data gathering practices moving forward into the new fiscal year. It remains true from FY 18/19 to FY 19/20 that BHRS serves more male identifying clients than female identifying clients:

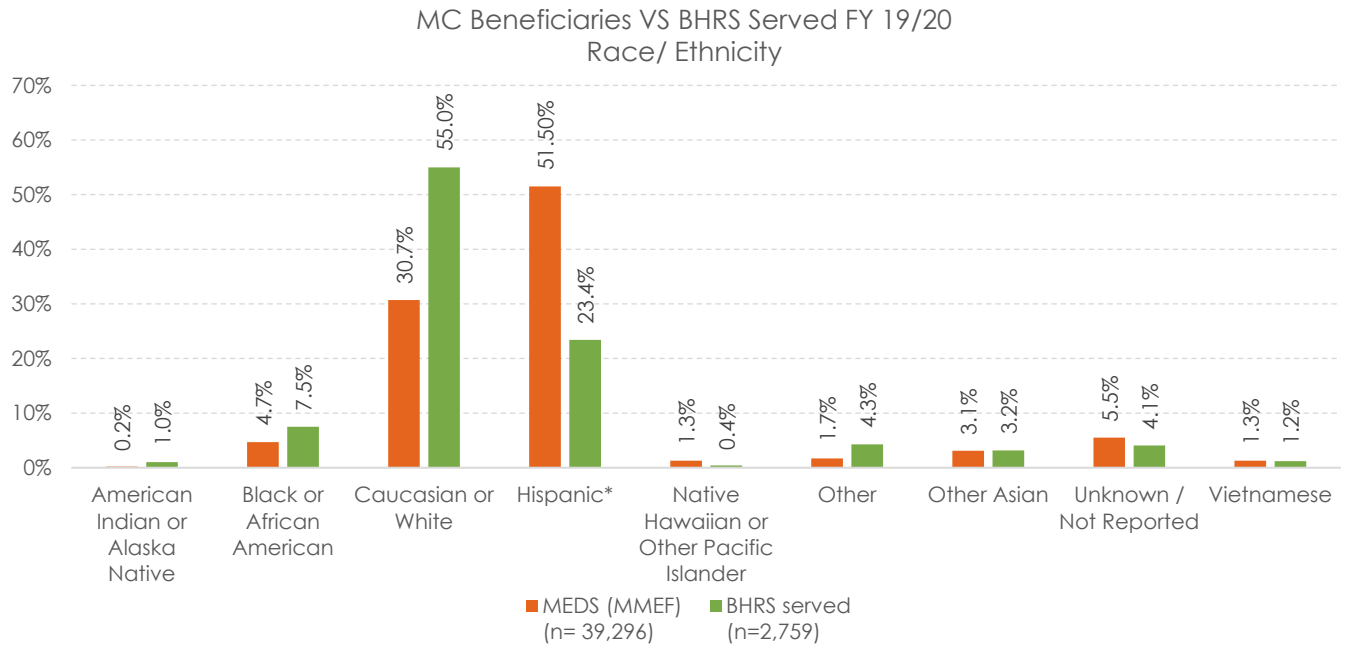


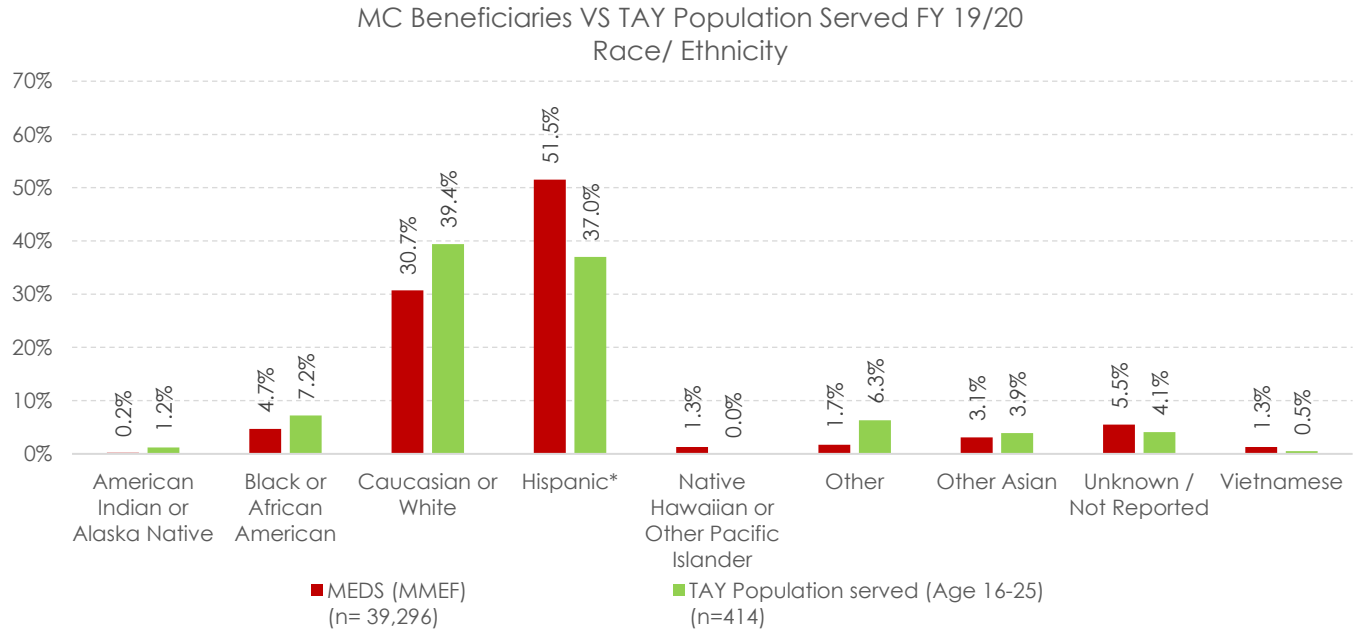
When looking at where BHRS clients receive services, our more urban areas (San Rafael and Novato) continue to receive most of our clients. We continue to need to do more to better understand where clients are coming from and put into action steps to address that need in enhancing mobile services (for example, in Access), remote services now with impact of COVID-19, and health navigators in the field. West Marin continues to be an area of focus for Marin County BHRS:



Penetration Rates

Designation of unserved and underserved populations is based on those Marin residents who are eligible for County mental health or substance use services, best represented by Medi-Cal Beneficiaries, compared to those receiving county behavioral health services. In FY 19/20 Marin's Latinx population, including Latinx transitional aged youth (TAY) populations, continues to be underserved:



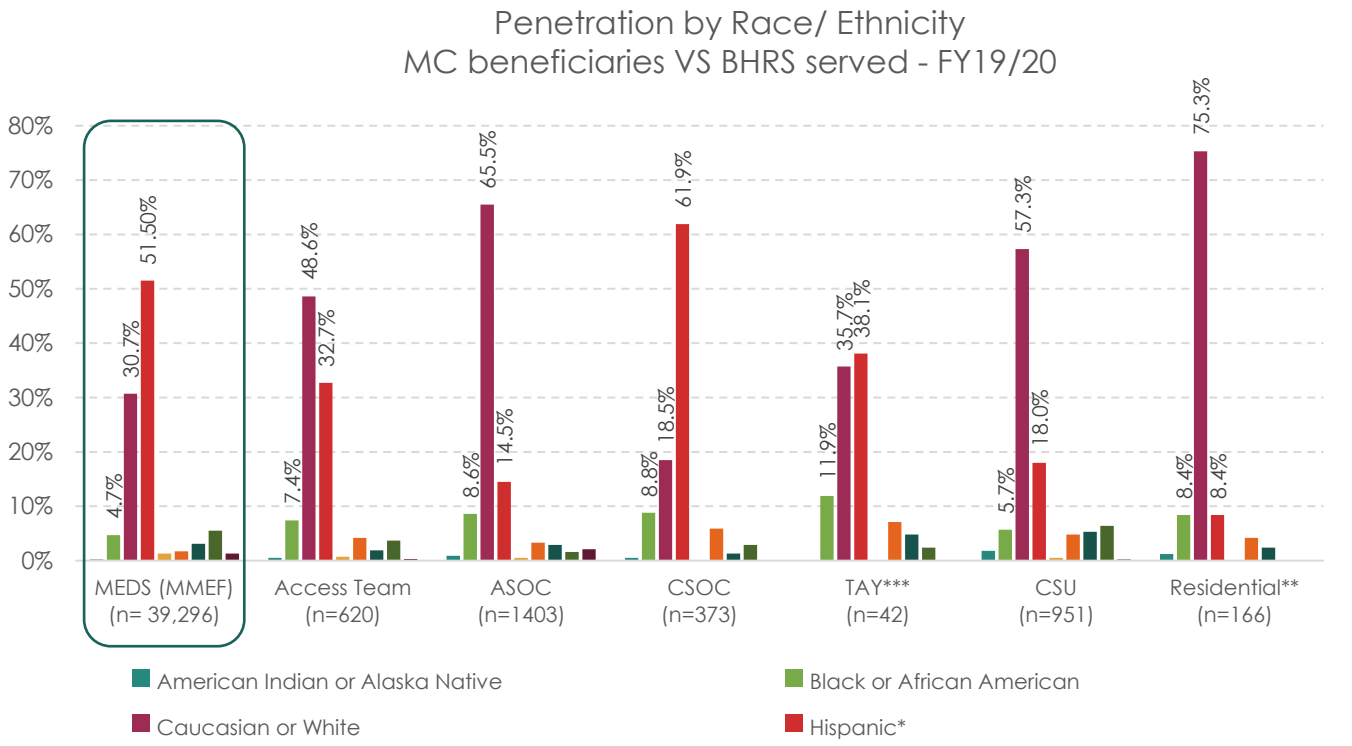


*39% (Full scope MC) and 12.5% (Restricted MC - only eligible for pregnancy-related, postpartum, and emergency services only)

This holds true in our substance use division, as well. Although Marin continues to exceed expected penetration rates for accessing substance use services generally, Hispanic/Latinx and Asian/Pacific beneficiaries continue to be accessing services at disproportionally lower levels as compared to the overall penetration rate:

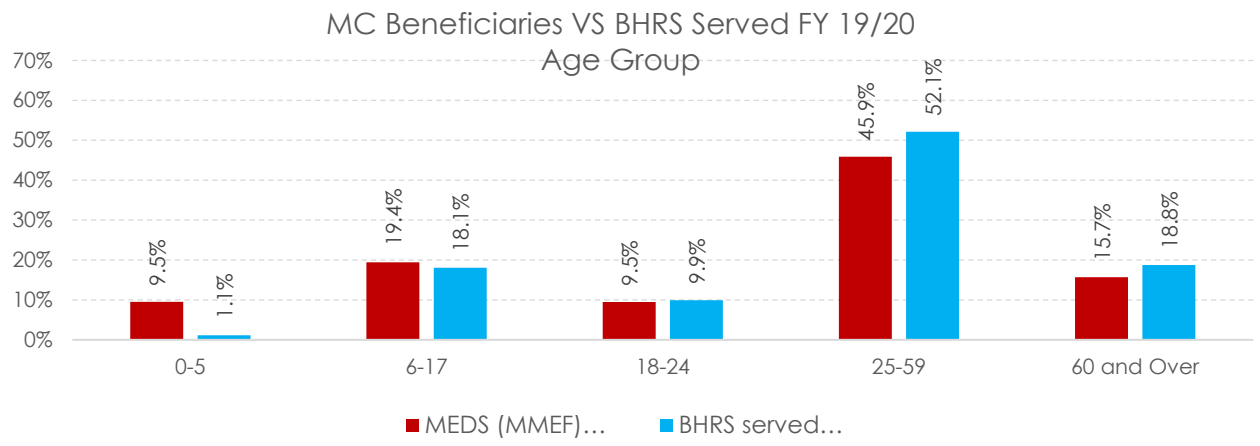
Measure – Penetration Rates	**FY 2019-20 CalOMS Data (n=817)**
Overall	2.40%
Race Ethnicity	
White	3.78%
Hispanic/Latinx	1.02%
African American	4.50%
Asian/Pacific Islander	0.78%
Native American	6.10%
Other	1.47%
Missing	1.07%

That being said, our Children's System of Care (CSOC) continues to serve our Latinx communities at higher rates than Medi-Cal beneficiaries:

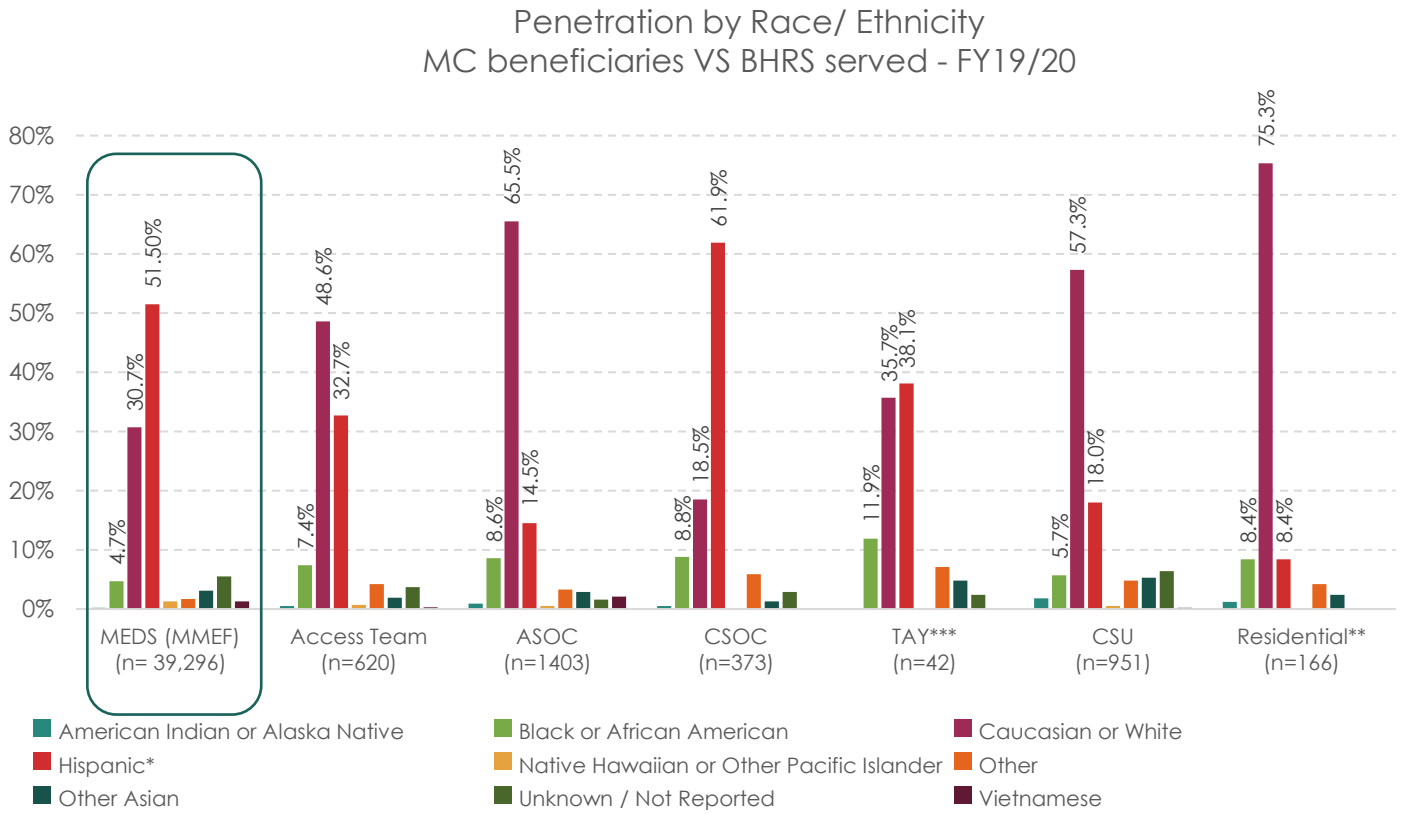


*39% (Full scope MC) and 12.5% (Restricted MC - only eligible for pregnancy-related, postpartum, and emergency services only)
**Includes all Buckelew-Adult Residential facilities, SNF and MHRC
*** Side by side - FSP program

BHRS clients served are generally in alignment with Medi-Cal beneficiaries:

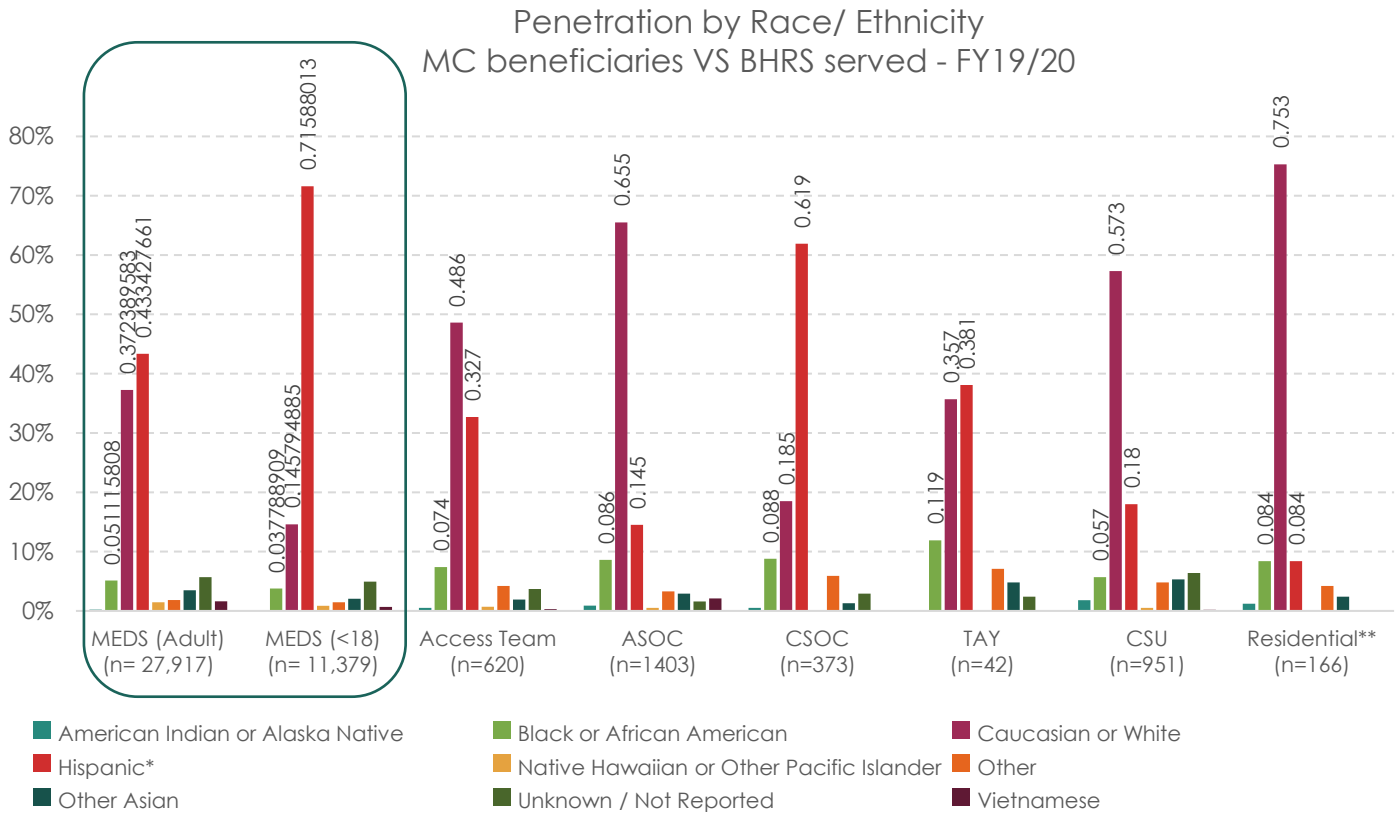


Caucasian and whites are over-represented and Hispanic and Latinx are underrepresented in our residential treatment programs, adult system of care, Access team, and Crisis Stabilization Unit (CSU):



*39% (Full scope MC) and 12.5% (Restricted MC - only eligible for pregnancy-related, postpartum, and emergency services only)
**Includes all Buckelew-Adult Residential facilities, SNF and MHRC
*** Side by side - FSP program

The following chart is similar to what is stated above. The Hispanic and Latinx penetration rates in our Children's System of Care are similar to those who are eligible according to MEDS data, while the penetration rates for that same sub population in the Adult System of Care falls short of meeting the needs of those who are eligible.



*39% (Full scope MC) and 12.5% (Restricted MC - only eligible for pregnancy-related, postpartum, and emergency services only)
**Includes all Buckelew-Adult Residential facilities, SNF and MHRC
*** Side by side - FSP program

Summary of Data Highlights:

- Marin continues to be the most racially disparate County in the state of California.
- Caucasians and/or whites, and Hispanic and/or Latinx make up the majority of BHRS service recipients with the majority of those served falling into the age category of 26 – 59 years.
- Hispanics and Latinx represent the majority of children and transition age youth served (ages 0 – 25).
- Marin's more urban areas (San Rafael and Novato) continue to receive most of our clients.
- Marin's Latinx population, including Latinx transitional aged youth (TAY) populations, continues to be underserved.
- Caucasian/whites are over-represented and Hispanic/Latinx are underrepresented in our residential treatment programs, adult system of care, Access team, and Crisis Stabilization Unit (CSU).

Focus Areas for FY 20/21

- Continue outreach and engagement to community leaders, organizations and residents to seek input on strategies and/or services to more effectively serve the Latinx population, primarily within Access team, Adult System of Care, Crisis Stabilization Unit, Substance Use Services, and Residential programs
- Promote available resources through broad outreach and engagement efforts
- Maintain sexual orientation and gender identity (SOGI) and race/ethnicity data collection workgroups to identify and implement more equitable data gathering processes, resulting in more inclusive and representative data
- Biannually review penetration rate data to assess trends and identify opportunities to address disparities and enhance mechanisms in collecting baseline data and ongoing information about the groups that are served
- Continue to institute practices where all data analyses also include stratification by race and ethnicity to identify and address any disparities in terms of access, quality, and outcomes
- Continue to strive to implement and develop dashboards, which are automatically distributed to providers quarterly, on key performance measures by race and ethnicity in all BHRS programs to use data to help improve our services
- Gather data that is inclusive of Marin's Native and Indigenous communities and folks with disabilities

Criterion 3: Strategies and Efforts to Reduce Behavioral Health Disparities

Criterion 3: Provide the mechanisms and processes used for the systematic collection of baseline data, on-going info about groups served

1. Planning, tracking and assessment of cultural competence

BHRS Strategies

Tracking and Assessment

BHRS continues to collect baseline data and ongoing information about the groups that are served. We utilize dashboards that collect a variety of indicators on the clients served in our Access Team, our Crisis Stabilization Unit, our Inpatient services, and Residential services. Substance Use Division developed and now automatically distributes their dashboards on a monthly basis to substance use providers on key performance measures by race and ethnicity (e.g. outcomes, admissions, timely access, length of stay). These dashboards are reviewed by BHRS senior management and shared with BHRS staff to help us better understand the clients we serve across our system in the hopes of improving our services and ensuring they are equitable.

Tracking and assessment of cultural competence is also achieved through ongoing updating of Cultural Competence Plans (CCPs), led by the PMEI. These annual updates are in alignment with the 8 criterion points set out by DHCS and with the National Culturally and Linguistically Appropriate Services (CLAS) standards.

They include end of fiscal year reports, highlights and challenges, and endeavor to identify priority areas and goals for the upcoming fiscal year.

Strategies and Efforts to Reduce Disparities

- Prioritize outreach and engagement to community leaders, organizations, and residents to seek input on strategies and/or services to more effectively serve the Latinx population:
    - In this past fiscal year, we created a new Bilingual outreach and engagement coordinator position to lead this effort. This coordinator began engaging community leaders to develop county-wide *Promotores* model. We also conducted focus groups with community-based providers that provide services to Latinx community around COVID-19 response and tele-health.
- Continue to offer a specialty tracks in internship programs:
    - Latino Family Health track focuses on Latinx residents, such as those based in the Canal District, and interns are provided supervision and seminars in Spanish.
    - We also continue to have a specialty track for practicum students in Asian Family Health with a focus on non-English speaking Asian immigrants, many of whom speak Vietnamese primarily.
- Via a contract with North Marin Community Services (NMCS), BHRS hired and retained at least 11 Hispanic or Latinx community mental health advocates (*Promotores*) to be placed throughout the County, particularly in underserved communities, and to attend community events to expand our engagement and outreach efforts:
    - Efforts included increased BHRS coordination for the *Promotores* and Community Health Advocates to develop additional learning and training opportunities in targeted communities such as Marin City, Latinx communities in West Marin, San Rafael, and Novato, and Asian populations, with a focus on Vietnamese in San Rafael.
    - NMCS provided the following trainings/events coordinated by *Promotores* and staff to increase knowledge about mental health risks, signs, and symptoms, and how to link people to services:
        - Holiday share event for low income families – for NMCS clients, parents, grandparents, adults. 177 people attended
        - Scream on the green – for community members, mostly parents and adolescents. 274 people attended
        - Lynwood Elementary newcomer fair – immigrant parents; 18 people attended.
        - Ritter Center – for adults; 80 people attended
        - Covid-19 information related by phone and text – for community members: 150 people served
- School-Based Mental Health Services and Supports for Spanish Speaking youth and families, with a focus on enhancing service and systems integration and coordinating supports for Newcomers. NMCS, BACR, Huckleberry, and Canal Alliance all provide Newcomer services, and NMCS and Coastal Health Alliance provide additional bilingual school-based clinicians.
  New/expanded programs include:
    - Expansion of Newcomers groups that address acculturation, trauma, and mental health (San Rafael, Novato, West Marin)

  - Coordinated care for Newcomers including assessment, outreach, and linkage to school and community resources (San Rafael City Schools)
  - Bilingual/Spanish early intervention services- individual, group, and family (Novato and West Marin)
- Continued to expand community classes and groups[38], including parenting classes, anger management, and other group activities to ensure community engagement and provide support, however, West Marin expansion was put on hold due to COVID-19 pandemic. This will remain a goal for the 20/21 fiscal year:
    - Virtual Parenting class for Spanish speakers
    - Parent Conversations Series in Collaboration with Marin County Office of Education (MCOE) with following topics:
        - Effective strategies/coping skills to address anxiety
        - Supporting maladaptive behaviors in the home using positive reinforcement strategies
        - Effective strategies to support loneliness and isolation due to lack of direct peer interactions
        - Developing coping skills to help adapt to change
        - Strategies to address building an effective home routine/schedule for individuals and families
        - Suicide Prevention
        - Substance use
    - "Lean on Me": A Community Check in Series
    - "*Hablemos sobre la Prevención del Suicidio*" (Let's Talk About Suicide Prevention)
    - Effective Telehealth when Working with Communities of Color
- Continued our radio and podcast efforts through *Cuerpo Corazon Comunidad* (CCC), weekly live hour-long interactive educational program on health and wellness in Spanish transmitted on radio stations in Northern California and online. This show now reaches approximately 3,000 Spanish speaking adults weekly throughout Marin County including West Marin:
  - Multicultural Center of Marin promoted the radio show via social media, websites, newsletters, flyer distribution, and other modes.
  - They also distributed flyers in food bags at Saturday food distribution, with 300-600 recipients each week.
  - Per an NPR mapping system[39] KBBF's signal reaches 1.3 million people who are Spanish speakers. The Executive Producer estimates that at 11am on weekdays KBBF reaches ~2,500 adults 18+ in Marin and ~4,000 adults 18+ in Sonoma County; for KWMR, ~400 adults 18+ in Marin.
  - CCC is posted on the CCC Facebook page. In FY18-19 this page had over 2200 followers.
- The Children's System of Care (CSOC) provided outreach and engagement services to Marin City:
  - Offered mental health consultation at classroom and administrative level at Bayside MLK (included bi-weekly meetings with admin team, biweekly meetings with 3rd/ 4th grade class staff and bi-weekly classroom observation)
  - Provided outreach and engagement services to Marin Housing Authority following homicide in Marin City community to offer support and establish potential ongoing relationship

[38] https://www.marinhhs.org/bhrs-community-events

[39] www.nprlabs.org

Emerging Internal Committees to Reduce Disparities

- Committee for Advancement of Racial Equity (CARE) Team: Conversations around race and equity have been present within the Children's system of care for some time now. Youth and Family Services clinicians have been active and vocal in amplifying the voices and experiences of people of color throughout the county. The nation-wide uprising to the recent display of state-sanctioned violence against black and brown bodies presented an opportunity to make an intentional change and engage in anti-racist work. The CARE Team consisting of supervisors, clinicians, and interns, was formed to identify and dismantle the social inequities replicated by our mental health systems.
    - Since the group's inception, the CARE team has worked to build a space that embodies the principles of effective and sustainable equity work. The team has collaborated on projects within YFS, including contributing to a cross-training with a partnering organization, review and edits of our brochure to capture culturally sensitive and gender-affirming services being provided, and connected with Equity Director Anya Muse to learn about similar work within the larger BHRS/HHS. The Care team identified over 60 items within YFS that will be explored through a racial equity lens. We narrowed the list to four major areas: Culturally responsive service delivery, community outreach and engagement, YFS climate and culture, and policies within our system. The team is currently creating a timeline to examine how the above areas can begin to shift to address the racial inequities within our system of care and the communities we serve.
- LGBTQ workgroup came together in September 2019 after BHRS offered LGBTQ+ trainings with Anthony Ross (a consultant). Anthony led a two-day training about gender affirming services and then a 6-month cohort called the LGBTQ+ resource leads emerged (**Appendix C**). The purpose of that group was to train individuals to better support programs and act as leads internally and with providers. After the 6-months the LGBTQ+ workgroup (Sept 2019) was created.
    - Mission: dedicated to building and maintaining a safe, inclusive, and equitable environment for LGBTQ+ clients, employees, and families
    - Highlights of the workgroup's efforts throughout the 2019-2020 fiscal year (**Appendix C**):
        - Increased the diversity of the LGBTQ+ workgroup members
        - Created list of LGBTQ events throughout year
        - Created the resolution that was passed by the Board of Supervisors declaring June LGBTQ+ Pride month and the Philadelphia pride flag was raised all month long at several facility flagpoles
        - Created an assessment to evaluate program/facilities LGBTQ+ messaging (**Appendix C**)
        - Sent email to all staff acknowledging pride month and intersectionality (**Appendix C**)
        - Sent email acknowledging November- trans awareness month and Transgender day of remembrance (**Appendix C**)
    - LGBTQ workgroup goals for FY 20/21 include:
        - Assess 2-3 programs/facilities on LGBTQ+ competency/visibility
        - Start a pilot of providing education and adding more LGBTQ+ messaging

        - Assist with developing more representative collection of SOGI data
        - Provide LGBTQ+ trainings within BHRS
- In the next fiscal year, Marin County BHRS will be collaborating with the National Council for Behavioral Health as a part of their Trauma-Informed Resiliency-Oriented Care (TIROC) community of action (**Appendix D**). Part of this process will involve a core implementation team (CIT) from across BHRS departments to identify concrete action steps to transform BHRS into a trauma-informed, resiliency-oriented, and equitable place to work.
    - At the beginning of FY 20-21, a CIT was created, with the following participants:
        - Program Manager of Equity and Inclusion (Team Lead)
        - MHSA Coordinator (Data Lead)
        - WET Supervisor
        - Bilingual Access Team Unit Supervisor
        - Adult Case Management Team Unit Supervisor
        - Children's Mental Health Unit Supervisor
        - Clinical Psychologist II
        - Peer Counselor II
        - Bilingual Mental Health Practitioner
        - Substance Use Division Psychiatrist/Chief of Addiction Services
        - Social Services Worker
    - CIT vision and mission statements to guide the work:

        BHRS is a welcoming place for all individuals to have access to healing in ways that restore and support dignity and ensure their voice is heard and valued. The tenets of wellness and recovery radiate through our organization from employees, staff, and community partners to the clients we serve and the community we are a part of.

        BHRS offers fair treatment of people of all races, genders, gender identities, physical and mental abilities, socio-economic statuses, educational statuses, languages, national origins, sexual orientations, spiritual and/or religious practices/beliefs, documentation statuses, and ages resulting in equitable opportunities and outcomes for everyone.

        We recognize historical trauma and define equity as the decentering and dismantling of white supremacy and other oppressive policies and practices within support service systems in Marin County. BHRS will replace these oppressive systems with services and structures that heal past harms, challenge current inequities, support resiliency, and foster recovery.

Workforce, Education and Training Strategies

BHRS expanded on workforce development and training in this past year that prioritizes cultural humility, inclusion, and equitable quality care.

Peers

We increased our peers and family members throughout our system at all levels from service to administration, including:

- Increasing Peers at Access by creating 1.5 new county peer positions in the MHSA plan.
- Within our Substance Use Services, continuing to work with five (5.0 FTE) Recovery Coaches, two of whom are bilingual (English/Spanish).
- In FY 2019-20, issuing a Request for Proposals to hire an additional 1.0 FTE Recovery Coach to support the BHRS Mental Health System of Care, including Access, the Crisis Continuum, and the Bridge teams. BHRS has had to re-issue the RFP three times and anticipates filling the position in FY 2020-21.

Trainings

BHRS has continued to provide culturally competent trainings to BHRS employees and associated contractors. With the prior developments and expansion of our BHRS Intranet, the former Ethnic Services Manager (ESM) and equity team were able to track BHRS employees and contractors who took the provided trainings. BHRS employees worked with their respective supervisors to ensure that they were fulfilling the annual requirement of 4 hours of cultural competency training. Trainings were vetted ahead of time to ensure compliance with cultural competence standards, and materials, evaluations, and attendee information was stored on BHRS intranet.

The impact of COVID-19 has mandated a shift to virtual and remote trainings, which has proposed new challenges, such as navigating technological difficulties and finding ways for staff to have equal access to trainings, though this virtual and remote space also provides some opportunities. With our newly hired PMEI and Workforce, Education, and Training (WET) Supervisor, in this next Fiscal Year we are planning to re-vamp our training program and formalize the way we track trainings and monitor compliance.

The WET Supervisor role was created to enhance the capacity of our systems of care by designating a person to focus on workforce development, a role that previously fell within the scope of work of the ESM. With the roles of the ESM now being separated out into the roles of the PMEI and the WET Supervisor, the PMEI and WET Supervisor can now work as a team to imbue equity within programming and workforce development. In addition to focusing on our training program, training strategic planning, and tracking mechanisms, our new WET Supervisor will help to ensure that all services provided are evidence-based, effective, and that all staff have the proper training and resources to be successful, such as helping BHRS to implement ACT with fidelity to the model. Evidence-based services include practices that are considered emerging, community defined, and culturally responsive.

The WET Supervisor will manage our internship program and explore ways to expand that program, ensuring that it is inclusive and staying in alignment of our goals to create career pathways for diverse candidates. Our WET Supervisor will also investigate new ways to involve peers in our programs, looking to develop opportunities for enhancing peer partner roles and creating mechanisms to integrate them better into our system of care.

MHSA - Prevention and Early Intervention Strategies

All Marin County PEI programs use a broad range of strategies to reduce disparities. PEI strategies are aligned with BHRS efforts to reduce inequities in service delivery and Marin County Health and Human Services Equity and Operational Plan. This includes strengthening accessibility and cultural responsiveness of services and integrating service to delivery to support clients (such as building school-based coordination teams, building learning communities to share resources and best practices). A focus of PEI is to reach un and underserved populations. Some of the strategies employed are:

- Improve Timely Access: increase the accessibility of mental health and substance use services for underserved populations by being culturally appropriate, logistically, and/or geographically accessible, and financially accessible
- Non-stigmatizing: promote, design, and implement services in a way that reduces the stigma of accessing services, such as locating them within other trusted services
- Effective Methods: use evidence-based, promising and community defined practices that show results

During the MHSA community planning process (details to be discussed later in this document), community members, providers and county staff identified a range of PEI program priorities:

- Priority One: Expanding School-Age Prevention and Early Intervention Services, with a focus on enhancing school climate and coordination systems
- Priority Two: Enhancing services for newly arrived immigrant youth or "Newcomers" by partnering with schools and community-based organizations to increase coordination and linkages to health and wellness supports
- Priority Three: Building capacity of individuals, organizations, and schools to implement culturally responsive, best practices around mental health and wellness across the lifespan.
    - This includes supporting and facilitating professional development workshops and trainings, providing coaching and consultation, and promoting youth-led activities that raise awareness and build community
- Priority Four: Implementing the recommendations from the newly released Suicide Prevention Strategic Plan, including funding a full-time Suicide Prevention Coordinator to engage key county and community partners in prioritizing and carrying out the objectives and activities outlined in the plan

In response to stakeholder input, evaluations of existing PEI programs, and gaps identified, some of the ongoing programs will be changed or expanded and several new programs will be started in FY20/21. Requests for Proposals (RFP) were released in the Spring of 2020 for all continued and new PEI programs.

To expand and strengthen the Community Health Advocates (CHA) programs including the *Promotores*, these programs were moved to the Outreach and Engagement component of Community Services and Supports (CSS). This will consist of RFPs (to be released later this Fall) for three (3) Community Health Advocates programs targeting the following underserved populations:

1. Latinx individuals with a focus on West Marin, Novato, and the Canal District of San Rafael (*Promotores*)

2. Vietnamese and other Asian/Pacific Islander populations with a focus on mono-lingual and recent immigrants from Asian and the Pacific Islands
3. Black and African American individuals with a focus on Marin City residents

In addition to other responsibilities, the new Outreach and Engagement coordinator will provide structured support of the three contracts and coordinate additional training opportunities. They will also provide a structure where the CHA programs can learn from each other.

Over the life of PEI, the programs have been adjusted to increase their ability to reach underserved populations. Introducing behavioral health Community Health Advocates/*Promotores* has increased the number of individuals from the Latinx and Vietnamese communities receiving services. Locating programs within Marin City and West Marin have increased access for African Americans and geographically isolated communities. Providing programs specifically for Transition Age Youth (TAY) and Older Adults (OA) and expanding school-aged services has ensured PEI services are available for residents of all ages.

In addition, PEI providers consistently report that they are serving individuals and communities who prior to PEI would have not received mental health support, whether due to language, stigma, cost, or other barriers. This is also validated by the results of satisfaction surveys completed by clients. The program narratives in this report include program descriptions, outcomes, and client stories.

BHRS Contractor Strategies

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

Many of the BHRS contracts currently include objectives about numbers of individuals from unserved and underserved communities; however, continuing efforts are needed to meet and exceed the goals and objectives of each program as it relates to monitoring the reduction and elimination of disparities. Both HHS and BHRS have taken on the task of reviewing and revising contractor requirements, including our contract monitoring tools and bidding processes, as it relates to culturally appropriate services to ensure our contractors are providing the best possible support to our clients and promoting equal access to all. HHS has formed an Action Team that is being led by the Chief Operating Officer (COO) of HHS and includes significant participation from within BHRS. This is in line with the HHS Race Equity Plan[40].

BHRS endeavors to continue to improve and reinforce system-wide communication and has taken a major step toward strengthening communication between the CCAB and BHRS Leadership to influence policy development and resource availability that supports cultural competence planning and implementation. In this past fiscal year, the PMEI was included in Senior Management Team and continues to be present for

[40] https://drive.google.com/file/d/1la9GyivJ3maWKGTcRzDttq7ZGAXS7Xnn/view

meeting with executive leadership. It is the goal of these efforts to ensure the PMEI is bringing community (and contractor) feedback to BHRS leadership.

Goals, Strategies, and Activities for FY 20/21:

- Workforce and Development Transformation:
    - Expand trainings that are available to both staff and community members to include trainings in Spanish and Vietnamese
    - Increase the number and make more readily available trainings that promote cultural humility and competence, including offering additional trainings on working for subpopulations and other underserved/underrepresented communities
    - Promote behavioral health careers and other strategies to recruit, hire, and retain diverse staff
    - Expand capacity and reach of internship and peer programs
    - Improve tracking of Cultural Competency Trainings for all BHRS staff and contracted agencies
    - Create pathways for individuals with lived experience in behavioral health careers within BHRS and partner agencies
- Ongoing Community Engagement and Empowerment - Create opportunities for individuals and families with lived experience, as well as other community members, to engage in decisions that impact their lives
    - Continue to use social media to expand our outreach and engagement efforts
    - Recruit, train, hire, and support mental health and SUD clients and family members at all levels of the behavioral health workforce
    - Create, support, and enhance existing programs that build community empowerment and capacity building for mental health recovery and skills training
    - Create opportunities for genuine shared decision making with community, including encouraging community members to attend, and become members of advisory boards, increase the number of town halls offered, and strengthen our outreach and engagement efforts to underserved communities
    - Continue work with Community Health Advocates/*Promotores*
- Strategic Community Partnerships - Strengthen and create new meaningful partnerships in the community to maximize reach and impact on equitable behavioral health outcomes
    - Create and sustain partnerships that build on shared lived experience, cultural identities, and geographical service areas
    - Create programs and partnerships that advance an effective model of integration of mental health, physical health, and substance abuse services
    - Identify partnerships with key non-traditional stakeholders
    - Develop a communication plan focused on the impact and urgency of behavioral health equity work to strengthen community, including non-traditional partners, buy-in and engagement in the work
- Policy and Systems Change - Influence organizational level policies and institutional changes across Marin County agencies to positively impact behavioral health outcomes

  - Participate in National Council TIROC community of action and implement OSA and PMT tools
  - Expand dashboards to include all BHRS programs via partnership with Quality Management
  - Identify policies, practice, and systemic changes needed to become a genuinely multicultural organization
  - Identify key outcome indicators for behavioral health equity including internal policies and practices
  - Assess, prioritize, and implement the CLAS Standards across the department and contracted agencies
- Contracted Partnerships:
  - Increase communication and collaboration between the CCAB and Substance Use Services teams, which review Cultural Competence Plans of contract providers, for timely feedback and addressing contractor needs
  - Ensure information is funneling from BHRS leadership to contract providers
  - Continue to provide, promote, encourage, and make more readily available cultural competence trainings for contractors, contract analysts, and managers
  - Have specific training on CLAS, its importance, legality, and application and make this available not only to contractors and their staff, but contract analysts and contract managers
  - Increase the available formats of trainings, such as through archived webinars, to ensure all staff have access
  - Strengthen uniform collection of data across all providers via plans for PMEI to work with Quality Management (QM) and admin to enforce with contracted providers
  - Provide contractors with community assessment information for their geographic area for them to make informed decisions on how to implement CLAS for the specific communities they serve
  - Collect the same demographic information from all contractors, to begin looking at data trends that indicate countywide CLAS advancement
  - Strengthen CBO capacity to embed cultural humility and focus on equity

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

Criterion 4: Describe the exchange of information within different levels of the organization, as well as between the organization and the community, target population, and partner organizations.

1. Policy and procedure regarding Cultural Competence Committee and how it reflects community, management, and line staff
2. Organizational chart, list of cultural competence committee members and affiliation to cultural competence
3. Can include advisory committee(s) to the CCC

Cultural Competence Advisory Board

The CCAB is comprised of BHRS management, line staff, contract agency providers, consumer advocates, consumers, community leaders, and an administrative aide to one of the County Board of Supervisors. The full list of CCAB members can be found in **Appendix E**.

The purpose of the CCAB is to improve service delivery to various cultural groups by lifting up the voices of those who are directly impacted by the services BHRS provides. Additionally, the Board identifies barriers and challenges within BHRS' system that prevents consumers and their families from adequately accessing needed mental health and substance use services. The board advocates for the rights of consumers and/or family members, when needed and appropriate, to ensure that consumers' civil rights are respected and protected.

Objectives:

- Examine, analyze, and make recommendations about promising and current behavioral health services and practices that are culturally sensitive, appropriate, and responsive to our diverse consumer community
- Analyze data, review performance plans, and make recommendations to BHRS management
- Ensure adequate representation from all underserved communities within Marin County
- Rely on individual and collective expertise of its members to make informed decisions and recommendations
- Available for community and staff input, utilizing members of the Board as liaisons to the entire stakeholder community
- Work collaboratively to ensure that the interests of stakeholders are appropriately and effectively represented

BHRS endeavors to continue to improve and reinforce system-wide communication and has taken a major step toward **s**trengthening communication between the CCAB and BHRS Leadership to influence policy development and resource availability that supports cultural competence planning and implementation. In this past fiscal year, Marin County's BHRS Senior Management Team (SMT), elected to have the PMEI, who is acting chair of the CCAB, included in Senior Management meetings. It is the goal of this to ensure the PMEI is bringing community (and contractor) feedback directly to BHRS executive leadership while imbuing equity within all BHRS frameworks and programming.

Impact of Unanticipated Transitions

Due to former ESM leaving their County position, the CCAB held a regular meeting on January 2020 in place of its annual half-day retreat. Minutes for all CCAB meetings can be found at our Cultural Competency Advisory Board Website[41]. The purpose of the meeting was to evaluate BHRS' 2019 accomplishments. Typically, the retreat is where current and emerging challenges are identified, development of the division's Cultural Competency Plan (CCP) begins, and goals are established for the year. With the absence of an ESM, goal setting for the CCAB and upcoming CCP was put on hold until a new ESM could be hired. When the COVID-19 pandemic hit, this delayed hiring processes and set filling the role back, along with the work of the

[41] https://www.marinhhs.org/boards/cultural-competence-advisory-board

CCAB. The CCAB meetings in this interim focused more on hosting guest speakers, such as having Legal Aid of Marin come and give a presentation on Public Charge.

The new PMEI was hired in August 2020 and initially placed focus on building relationships and establishing trust. In meeting with the CCAB and some of its individual members, it is clear that the CCAB would be benefit from building a solid foundation by identifying the structure, role, goals, and purpose of the board. There is a needed emphasis placed on building a strong infrastructure within the CCAB before identifying new targeted goals and priorities, by acknowledging and addressing disappointments and frustrations, collaborating on formal policies and procedures, terms of engagement and how to manage conflict within the group, getting clear around the intended impact of the CCAB, and moving forward with unity and cohesion.

Challenges from FY 19/20:

- Lack of person in the PMEI position and subsequent lack of leadership in goal / direction setting
- Transitions to remote and virtual work making in-person participation difficult
- Former ESM's departure felt significantly within the community and CCAB
- Difficulty balancing hiatus of direction or goal definition during major national movements / events with being a catalyst for change

Highlights from FY 19/20:

- Even through the transitions, participation has been relatively steady within the group. The CCAB is fairly well attended, something folks want to be a part of, and still generates new member interest.
- The CCABs former advocacy for increased peer representation within the workforce paid off, as there is a Board of Supervisors approval for peer program coordinator role (**Appendix F**).
- A great deal of ongoing advocacy for increased peer representation within the workforce came from the CCAB. There are now 3.0 FTE peer positions and 1.0 FTE Family Partner, and 1.0 FTE Peer Program Coordinator.
- Workforce diversity demographics have increased from 2017-2019.
- CCAB helped in a successful development of a systems navigator role.

Consistent to one of the state's high priority list to improve culturally competent mental health and substance use services, and to reduce stigma among the consumer community, the board will identify areas of BHRS systems, policies, procedures, service delivery and practices that can be improved upon. Priorities and recommendations will be established by the board upon careful examination and analysis of BHRS system. The CCAB is planning to begin foundational work in their December 2020 meeting and intend to set goals for the new year in early 2021.

As a result of the lack of direction and leadership within the CCAB post ESM departure and COVID-19 pandemic, all of the sub-committees within the CCAB, known as the Recovery Change Team (RCT), the Equity and Inclusion Committee (E&IC), and the Workforce Diversity and Retention Committee (WDRC)[42], have either dissolved or their work has been put on hold / pause. This will need to be a focus within the CCAB

[42] Reference 2019-2020 CCP for description of former sub-committees: https://www.marinhhs.org/sites/default/files/boards/general/final_mcbhrs_ccp_19-20_0.pdf

to decide which sub-committees to revitalize and which efforts from the sub-committees can be absorbed into larger CCAB efforts or redefined into new subcommittees. For example, there are conversations about bringing back the Recovery Change Team (RCT) to work with our new WET Supervisor with a focus on expanding and fortifying our peer support network, especially with the passing of Assembly Bill 803.

CCAB Focus Areas for FY 20/21:

- Foundational Goals:
  - Identify items to continue / build upon, as well as identify strategic goals for the next fiscal year
  - Re-establish subcommittees within CCAB, namely the RCT
  - Identify what the mission and charge are for the CCAB
  - Increase participation from community members-- committee to be comprised of at least 50% community members (i.e. clients and caregivers, people with lived experience, peers, community-based organizations, and other community stakeholders)
  - Bring intersectionality into the overall framework, mission, and vision of CCAB
  - Examine overlap areas, gaps, and collaborative opportunities between other county committees, such as the Mental Health Board (MHB)[43] and Alcohol and Other Drug Board (AODB)[44]
  - Reach out to former committee members for feedback about lack or absence of participation
  - Develop a survey to send out to CCAB members to get high-level feedback and identify possible barriers to participation, as well as solutions to increase participation and ensure that participation is meaningful for all
  - Develop a membership book that includes stated purpose, charter, creed, organizational chart, policies and procedures, principles/community agreements, etc.
- Policy, Procedure, Practices Goals:
  - Identify annual work plan
  - Continue cross participation between CCAB board members and BHRS Policy and Procedure Workgroup
  - Identify which policies and procedures are important for CCAB members to review for community input and ensure that they are effective and culturally appropriate
  - Identify ways to enhance or establish key partnerships with additional human services partners, including integrating services across substance use and public health
  - Explore partnership with community-based organizations on forming an ongoing consultation group for supervisors, managers, and directors on how to manage issues related to cultural competence, cultural humility, cultural responsiveness, and anti-oppressive practice
  - Investigate usefulness of dialogue space for line staff and self-assessment measure for supervisors, managers, and directors
  - Establish a mutual understanding and definition of culturally competent service delivery, current initiatives, bilingual/bicultural capacity, and training resources
  - Develop mechanism for bringing ideas from community to the state level
- Community Facing Goals:

[43] Reference MHB website for more information: https://www.marinhhs.org/boards/marin-county-mental-health-board

[44] Reference AODB website for more information: https://www.marinhhs.org/boards/alcohol-other-drug-advisory-board

    - Identify how COVID-19 has impacted and changed our communities
    - Identify emerging groups within Marin
    - Advocate for and support work around increasing language accessibility and capacity building
    - Increase engagement in client and staff participation in climate surveys and find a way to track observations and experiences of those who utilize services
    - Support and invest in our Community Based Organizations (CBOs) in their own equity work
    - Understand what the community needs and lift up their voices by outreaching for new participation in CCAB
    - Increase trust with community members in order to increase their participation in CCAB, to understand and lift up their perspectives, and to develop partnerships
- Workforce and Data Goals:
    - Obtain baseline data on breakdown of county and contracted employees, volunteers, and interns by race/ethnicity
    - Explore and investigate BHRS employee retention rate data and stratify based on race/ethnicity
    - Advocate for increased data gathering efforts to be more inclusive and representative of all impacted identities (i.e. SOGI, languages, Native and Indigenous, BIPOC, disability, etc.)
    - Improve Diversity Hiring Toolkit[45]
    - Work on strategic initiatives[46], such as the new 5-Year business plan with the county that focuses on equity with our partnership with Government Alliance on Race Equity (GARE)
    - Establish formal process for Employment Satisfaction Surveys, Exit Interviews, and Stay Interviews
    - Work with HR to ensure that a minimum of 2 POC pass MQs prior to interviewing
    - Increase diversity within leadership and our outreach efforts
    - Support leadership of color

MHSA Community Planning Process

In May of 2019, Marin County began the community planning process for the wider MHSA Three-Year Program and Expenditure Plan for FY2020-21 through FY2022-23[47], which includes all five (5) MHSA components. This Plan was developed with local stakeholders, including adults and seniors with serious mental illness (SMI), families of children, adults, and seniors with SMI or serious emotional disorders (SED), community-based providers of mental health and alcohol and other drug services, law enforcement, education, social services, veterans, health care organizations, representatives of unserved and/or underserved groups, and other important interests.

[45] https://www.marincountyhr.org/find-employee-tools/diversitytkmain

[46] https://www.marincountyhr.org/get-to-know-us/strategic-initiatives

[47] https://www.marinhhs.org/sites/default/files/libraries/2020_10/mhsa_fy2021-2023_three_year_plan_and_annual_update_approved.pdf

Marin County's MHSA Community Planning Process includes a wide array of community stakeholders, system partners, consumers and families, and Marin County HHS staff. The County receives input on an ongoing basis from stakeholders through a variety of forums, including through the Mental Health Board, the MHSA Advisory Committee, Cultural Competency Advisory Board/WET Steering Committee, Growing Roots Transitional Age Youth (TAY) Advisory Committee, and the Prevention and Early Intervention Steering Committee.

BHRS representatives regularly discuss MHSA services and supports with individuals, the Mental Health Board, MHSA Advisory Committee, Alcohol and Other Drug Advisory Board (AOD), the Quality Improvement Committee, Probation, and other forums. Input received in these settings is brought to BHRS Senior Management, the MHSA component coordinators, and as appropriate, to the MHSA Advisory Committee, for consideration.

Overall, well over 2,000 community members, consumers, families, BHRS staff, providers of service, law enforcement/criminal justice, LGBTQ+ individuals, veterans, and other interested parties attended the community meetings, participated in a focus group or key informant interview, or completed one of our online surveys (suicide prevention planning or community planning). Of those who participated, 1,726 people completed a demographic form. Over 500 people attended the in-person meetings with 255 completing the demographic survey.

BHRS conducted planning meetings in each region of the county (West Marin, South Marin, North Marin, and Central Marin) to be sure to capture the input from individuals representing the full geographic location diversity of the county.

Females were over-represented in the community planning process so there were focus groups specifically targeting men for their input. 51.1% of the county identifies as female whereas 71.6% of those who participated in our community planning meetings identified as female. During this community planning cycle, we did have an increase of 4 percentage points for males as compared to the community planning cycle for the last 3-year plan; however, engaging men to discuss topics of mental health remains a challenge.

The unserved and underserved racial/ethnic populations in Marin participated in the community program planning process at a higher rate than their white counterparts, for instance the Latinx population represented 23% of the total community planning participants and 25.5% of the meeting participants, but only 16.1% of the county.

Demographic forms were not collected at the youth mental health summit or the forum lead by the TAY Advisory council; however, youth under 16 represented 2% of the participants who completed demographic forms in the regional and targeted community planning meetings (excluding the 30 plus children who participated in the child care offered at the community planning meetings) and TAY made up 7.5% of the regional and targeted meeting participants. Adults between the ages of 26-59 made up 57.5% of participants in those meetings, and older adults between 60-74 made up 30%. Those over 75 years of age made up the final 5% of the participants. Given that Marin County is the oldest county in the state and has a rapidly aging population it was important to get input from older adults in the community.

In addition, 13.7% of MHSA Community planning meeting participants identified as part of the LGBTQ+ community (32 individuals). In addition, 7.3% of meeting participants unidentified themselves as currently homeless (17 individuals). 1.7% identified as veterans (4 individuals) and 23.5% reported having a disability (55 individuals), and 37.2% identified as a service provider (87 individuals).

BHRS conducted significant outreach to clients with SMI and SED and their families to ensure the opportunity to participate in the Community Program Planning Process. Gift cards for their time and bus tickets were provided to all clients who participated in the community planning process.

Outreach techniques included:

- Hosting specific targeted community planning meetings for consumers / peers and one focused on family members to ensure they felt welcome
- Individualized one-on-one outreach to clients from their case managers and from peers working and volunteering for the county
- Flyers and handouts in all the waiting rooms where BHRS services are provided
- Outreach through the Peer Wellness Programs including the Empowerment Clubhouse and Enterprise Resource Center
- Outreach through the National Alliance on Mental Illness (NAMI Marin) and other family member and consumer groups
- Through our all stakeholder email list

As a result of the intensive outreach to the consumers and family members throughout our system, 82 consumers attended community planning meetings making up 35% of the participants. In addition, 94 family members participated, representing 40.2% of meeting attendees.

For the first time BHRS, in partnership with the Community Development Agency (CDA) and the Substance Use Services team, released a community survey to gain input for our plans from people who might not be able to attend meetings in person in order to ensure stakeholders have an opportunity to participate. Previously these efforts were done separately. Behavioral Health questions included questions around barriers to accessing services and strategies that should be implemented in the Three-Year Plan. This is the first time since the establishment of the MHSA that the planning timeline lined up with the Substance Use Services 5-Year Planning cycle. Given the high rates of co-occurring substance use and mental health, the similarity in many of our prevention efforts, and in order to help address self-medicating with other substances to address mental health concerns, we held many of our community planning meetings jointly. The breakout groups did not separate by Substance Use and Mental Health, but rather by Prevention/Early Intervention and Treatment/Recovery Services. This was very effective at getting to address the many overlaps. In addition, the Federal Grants division of the county CDA also had their 4-year plan on the same cycle for a FY2020 start date. Due to the high housing costs, housing is often raised as the number one concern in our county and for our clients, so we coordinated our community planning efforts to invite CDA to participate in our community meetings as well to maximize the effectiveness of our stakeholder's time.

Online and paper surveys available in English, Spanish, and Vietnamese were used to gather community input to inform funding priorities. Surveys were disseminated in partnership with local nonprofit service and

housing providers and County departments including the Community Development Agency and the Marin County Free Library. To enhance and encourage participation staff attended numerous community events, including weekly Health Hubs organized through the Marin Community Clinics in both Novato and San Rafael, the Canal Alliance food pantry, and events put together by local organizations, including Community Action Marin, the Marin Organizing Committee, and Performing Stars. A total of 352 surveys were collected, with 259 in English, 92 in Spanish, and 1 in Vietnamese.

The answers to the key behavioral health related questions on the survey are displayed on the next two pages broken down to show the distribution of answers in both the Spanish version of the survey and the English version. The top three barriers identified for accessing behavioral health services were the perceived **Limited Availability of High-Quality Treatment Options, the Belief that Services Won't Be Helpful Even if Accessed, and Unsure of How to Access Services.**

The top strategies that respondents thought would be the most effective for delivering behavioral health services where slightly different in the English response and the Spanish responses.

In English, the top three answers were:

1) *Co-location of behavioral health services with other services*
2) *Prevention and Early Intervention activities targeted to high-risk populations*
3) *Services to Increase Social Connection and Community Engagement*

In Spanish the top three answers were:

1) *Prevention and Early Intervention activities targeted to high-risk populations*
2) *Co-location of behavioral health services with other services*
3) *Broad Prevention Strategies*

MHSA Meetings and Updates

- The MHSA Advisory Committee meets monthly to hear directly from programs and providers, review and advise on metrics, and make recommendations regarding all significant changes/additions to MHSA programs
    - The MHSA Advisory Committee supported the MHSA Three Year Planning Process by helping to develop the *Road Map* for MHSA Community Planning, helping at community planning meetings throughout the county, and providing help in prioritization. During the final few months of FY19/20 the committee switched to meeting virtually in order follow public health guidelines in response to COVID-19.
    - During the first 6 weeks of the pandemic, the MHSA Advisory Committee developed a sub-committee workgroup that championed two primary tasks identified by the committee:
        - Developed a resource guide[48] to share with the community, case managers, and non-profits around how to help folks get access to technology equipment and resources

[48] https://www.marinhhs.org/sites/default/files/files/servicepages/2020_12/digital_peer_resources.pdf

        - Developed a Peer Support one pager[49] and resource website that pulls together all the Peer Support options (virtual support groups, warmlines, peer apps, websites, and resources in Marin (and elsewhere that are accessible)

- The PEI Committee meets quarterly to discuss PEI Program implementation, including reviewing annual program evaluation reports. It is comprised of PEI providers, community advocates, consumers, Marin Health and Human Services representatives, Mental Health Board members, school representatives, and other community organizations.
    - The PEI providers, representing over 20 community-based organizations, met quarterly during the FY19/20- starting with in person meetings and switching to virtual zoom meetings in response to COVID-19. Meetings focused on the following areas:
        - Supporting the Suicide Prevention Strategic Planning process through a provider focus group
        - Enhancing coordination and linkages between PEI providers and Access / BHRS services including the new BHRS Health Navigator to support their clients with barriers to accessing BHRS supports
        - Sharing resources and information on PEI programs including how to access new school-based services and storytelling programs that expanded services for monolingual Spanish speaking and LGBTQ youth and those at disproportionate risk for suicide
        - Given the large number of immigrant and monolingual (Spanish and Vietnamese) community members that PEI providers serve, COVID-19 necessitated that providers rapidly mobilize to switch to tele health and help their clients get access to tablets, hot spots, etc. Meetings focused on best practices in reaching these communities and exploring challenges and solutions during COVID

- Quality Improvement/Quality Management (QI/QM) Committee meets quarterly. The participants are a mix of county staff, community-based providers, and other community partners.

- The Growing Roots project[50] was completed in FY19/20. Transitional Age Youth now have the higher penetration rate within BHRS out of all age groups, and through this effort partnerships were strengthened throughout the County with informal partners. See video[51] about the project to hear directly from the youth who lead the effort.

MHSA Priorities/Goals Identified for FY20/21 – FY22/23

- Enhanced focus on equity and improving outreach and engagement with underserved populations
    - Developing a comprehensive outreach and engagement program targeting underserved populations including more robust community health advocates programs (including *Promotores*)
    - Leading a Trauma Informed System transformation process including the wider Health and Human Services as well as partner agencies and organizations

[49] https://www.marinhhs.org/sites/default/files/files/servicepages/2020_12/peersupportonepager115.pdf
[50] https://www.marinhhs.org/sites/default/files/files/servicepages/2020_01/marin_bhrs_inn_2018-2019-eval_report_20191017.pdf
[51] https://vimeo.com/349166539/c62f23971b

- Implementing alternative programs and expanded support to reduce the number of people with serious mental illness involved in the criminal justice system
    - New **Stepping Up** General System Development program focused on implementing a new AB1810 Pre-sentencing Diversion program as well as supporting individuals experiencing serious mental illness re-enter smoothly from jail to the community
    - Expanding the capacity of the STAR Full-Service Partnership by integrating the Assisted Outpatient Treatment (AOT) team
    - Expanding the Crisis Intervention Training (CIT) for law enforcement officers to providing continuing education in addition to more in-depth training around implicit bias
- Recovery-Oriented system development including expanding peer support for the Access Team, the HOPE Full-Service Partnership, and implementation of the Peer Program Coordinator
- Supporting the sustainability of the Mobile Crisis program following the end of the SB 82 Triage Grant
- Increasing fidelity to the Assertive Community Treatment model for our Full-Service Partnership programs
- Improving engagement and supportive partnerships to help people experiencing serious mental illness and homelessness
- Supporting telehealth enhancements and website improvements to make information accessible and easy to navigate

Substance Use Strategic Prevention Plan

The Substance Use Services Strategic Prevention Plan 2020-2025[52] began with a community-wide stakeholder planning process to gather input into the development of the five-year Substance Use Strategic Plan, which will align with the HHS Plan to Achieve Health and Wellness Equity[53].

A plan was completed including strategies to address communities and populations disproportionately affected by substance use. The Substance Use Prevention Coalition model was expanded to include representation from two to five geographic areas across Marin (e.g. West Marin, Novato, San Rafael, Southern Marin, and Central Marin).

Community Engagement Methodologies

Marin BHRS-SUS collaborated with other county departments to assess cross-system planning needs, address service improvements, and identify focus populations to streamline community engagement data collection events such as community listening sessions and community planning surveys. Community listening sessions collected input across systems that included housing, mental health, and substance use. Six different brown bag sessions were facilitated between September 17, 2019 and October 8, 2019 at various locations throughout the County. BHRS-SUS compiled and coded the transcripts for assessment purposes (**Appendix G**).

SUS Goals for FY 2020-21:

[52] https://www.marinhhs.org/sites/default/files/files/servicepages/2020_07/marin_hhs_-_sus_prevention_strategic_plan_-_final.pdf
[53] https://drive.google.com/file/d/1la9GyivJ3maWKGTcRzDttq7ZGAXS7Xnn/view

- Complete and begin implementation of the Substance Use Services Strategic Plan, which aligns with the HHS Equity Strategic Plan.
- In FY 2020-21, all substance use contacted providers will implement at least one initiative to address racial equity.
- In FY 2020-21, the days from initial request to first DMC-ODS service is equitable when disaggregated by race / ethnicity.
- In FY 2020-21, there will be a 15% increase from FY 2019-20 in penetration rates among the Latinx population.
- In FY 2020-21, the percentage of beneficiaries who have a positive response (4+ out of 5) on the Treatment Perceptions Survey when asked about cultural sensitivity of services is equitable when disaggregated by race / ethnicity.
- In FY 2020-21, 100% of beneficiaries receiving services in their preferred language.
- In FY 2020-21, at least 90% of DMC-ODS staff participating in annual cultural competency training.
- In FY 2020-21, there will be an equitable distribution of Marin Medi-Cal beneficiaries having a treatment encounter within 7, 14 and 30 days following a non-fatal opioid overdose when disaggregated by race / ethnicity.

Criterion 5: County Mental Health Plan Culturally Competent Training Activities

Criterion 5: Describe the organization's efforts to ensure that staff, and service providers have requisite attitudes, knowledge, skills, ability to deliver culturally competent services

1. Narrative summary of steps taken to provide cultural competence trainings to staff in last 3 years
2. List of CCC goals, objectives, activities, trainings, and learning series
3. Analysis of effectiveness of CCC trainings such as pre/post test results

BHRS Cultural Competence Training

Trainings on cultural humility are designed to reduce health disparities in the community, provide instruction in culturally and linguistically competent services, and to increase access, capacity, and understanding by partnering with community groups and resources. The trainings provide instruction and protocols for providing culturally and linguistically appropriate services and increase access, capacity, and understanding by partnering with community groups and resources. Educational and training activities are made available to employees, contracted providers, clients/consumers, family members and those working and living in the community. A list of trainings is provided in **Appendix B**.

The PMEI and WET Supervisor, along with feedback from the CCAB, are charged with developing and ensuring that all trainings provided are culturally competent and responsive and reflect the growing needs of our clients. BHRS requires that its employees satisfy an annual expectation of 4 hours of cultural competency trainings. Trainings are either provided in house or through outside agencies, both of which are vetted for fidelity to cultural competence training standards ahead of time. For in house trainings, evaluations are collected to interpret feedback from trainings and to understand the needs of our

workforce. If continuing education credits are being offered, a post-test is required to receive a certificate of completion.

In 2019, we also surveyed BHRS staff on workforce, education, and training opportunities to better understand where the gaps and needs are (**Appendix H**). The top training needs identified as foundational / required knowledge for all behavioral health providers and employees were:

- Cultural competence (including cultural humility and cultural responsiveness)
- Trauma Informed Care (ability to understand the impact of trauma on individuals and / or systems)
- Co-occurring Informed Care (ability to address mental health and substance use across our systems of care)
- Crisis Management and Safety (including de-escalation skills)
- Engaging and care coordination for clients (including welcoming, outreach, and how to do warm hand offs to ensure a seamless transition in care)

Our WET Supervisor will be spearheading this work and ensuring that our Training Strategic Plan is in alignment with these survey results and the MHSA 3-Year Plan.

There will also be an emphasis on developing a training for use of interpreters and translation services, in alignment with RFP process for new contracted vendors.

Plans and Goals for FY 20/21:

- Create and implement a BHRS wide strategic training plan, including for contractors, peers, interns, and volunteers, that will expand our training offerings and accessibility
- Increase participation at all levels at trainings and begin to track training completion by employee classification
- Align our trainings with the Workforce, Education, and Training Survey results and MHSA 3 Year Plan by ensuring that all priority items are addressed in the training plan
- Ensure there are training options for all staff with various scheduling needs
- Increase number of trainings offered and topic variance
- Create training for using interpreters and translation services
- Develop better training tracking system

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

Criterion 6: Describe the extent to which the agency and its members participate in the community as well as what degree the community are actively engaged in agency activities.

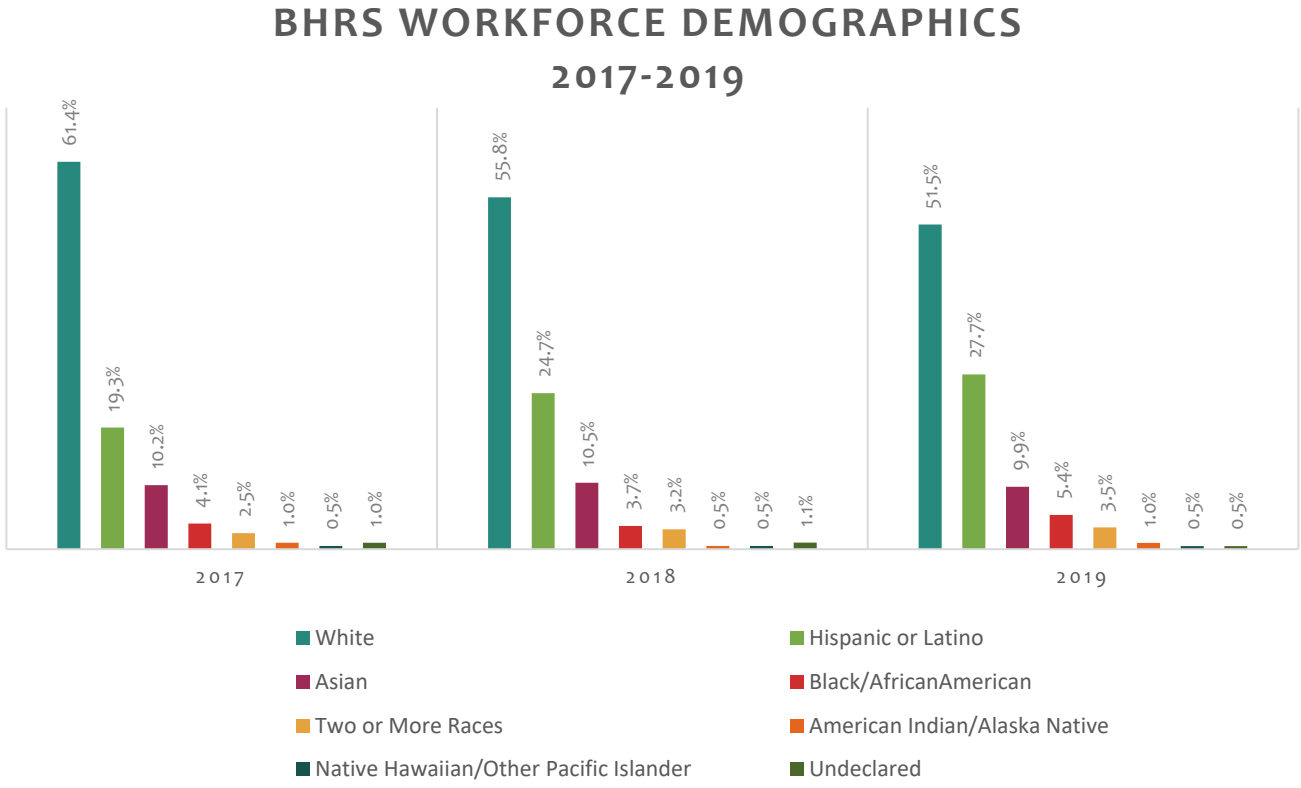
1. MHSA workforce assessment (i.e. staffing classification and bilingual capability)
2. Analysis of workforce assessment and compare with general population (census, medical, poverty)
3. Summary of how we will target and grow a multicultural workforce in the future

BHRS' Commitment to Growing and Retaining a Multicultural Workforce

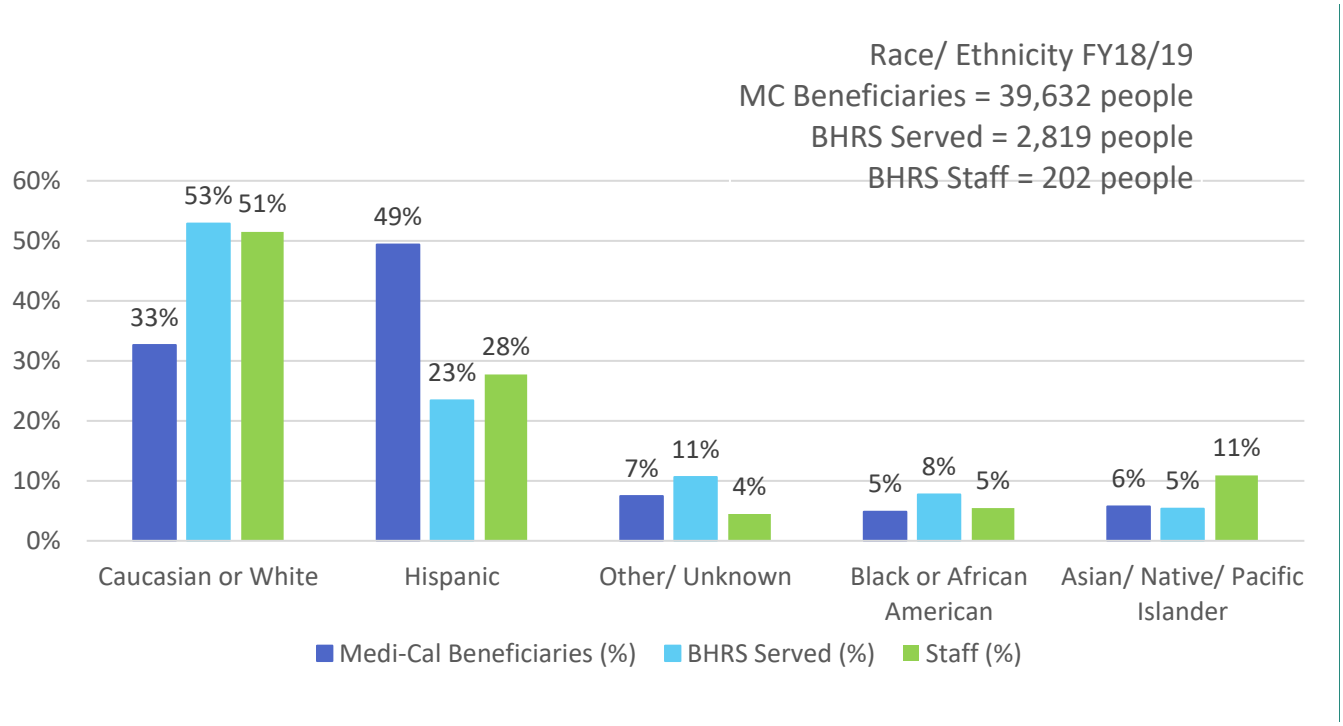
Behavioral Health and Recovery Services (BHRS) and our partner service providers are dedicated to providing services that meet the needs of racially and ethnically diverse populations. There are many challenges and barriers to success as well as strengths and strategies being implemented to try to overcome many of the barriers (i.e. COVID-19 and Marin's historical culture of not being very welcoming to Black, Indigenous, and people of color (BIPOC).

Strengths:

- BHRS' and partner providers' dedication and commitment to become more culturally sensitive, responsive, and competent to meet the needs of ethnically diverse populations
- Robust training, education, and consultation opportunities around cultural competency-related subjects
- A growing BHRS clinical workforce who are culturally and linguistically competent and proficient, including a 43.5% increase in Hispanic or Latinx staff members since 2017 (from 19.3% of the staff to 27.7%) and a 31.7% increase in Black/African American staff members since 2017 (from 4.1% of the staff to 5.4%)



Below is a graph showing the distribution of BHRS staff members, as compared to the distribution of the total population eligible for services (Medi-Cal Beneficiaries) and the total population being served. This data has not significantly changed since FY 18/19:



Challenges:

- BHRS' cultural competence-related trainings lack a systematic and follow-up/ongoing coaching and consultation to make the training offerings relevant, useful and applicable.
- Many contract agency partners are not held truly accountable nor are adequately provided with tools, resources and/or support to provide consistent culturally sensitive, responsive, and competent services.
- There is lack of a system to strategically utilize existing bilingual/bicultural staff to serve and meet the needs of racially and ethnically diverse populations.
- Language line capability is Inadequate.

Strategies to Overcome Challenges:

- Shifting culture of Marin to be more welcoming to BIPOC
- Enhanced partnership with Human Resources
- Development of a BHRS *Division-Wide Action Plan* to address program staffing and increasing ways of supporting staff to reduce burn-out
- Releasing a new Request for Proposals (RFP) for the Language Line services
- Continuing to work in partnership with the Cultural Competency Advisory Board (CCAB)
- Increased outreach and engagement efforts
- Increased peer career pathways

Bilingual Proficiency in Threshold Languages

Spanish is the only threshold language in Marin however official documents are often also translated into Vietnamese as that is our second largest population. Every Full-Service Partnership has at least one bilingual Spanish provider.

In 2020 BHRS has the following 53 bilingual employees, either in their job classification or through a differential:

- 1 Program Manager
- 3 Unit Supervisors
- 1 Admin Services Tech
- 1 Peer Support Counselor II
- 3 Clinical Psychologist II
- 5 Support Service Workers II
- 1 Social Service Workers II
- 8 Office Administrators III
- 26 Mental Health Practitioners
- 1 Social Service Worker III Bilingual
- 1 Medical Director
- 1 Division Director
- 1 Director

Workforce, Education and Training

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

The programs are designed to increase the number of peer and family providers, as well as culturally and linguistically competent providers. In Marin this includes Spanish speaking, Latino, African Americans, Vietnamese speaking, Asian, LGBTQ and other providers that reflect our current and emerging client populations. WET partners with other county divisions and community-based organizations, including primary care providers, to support the development and employment of a diverse workforce.

Trainings are open to staff, interns, and volunteers from county, Community-Based Organizations (CBO), peer programs, and family members. The intent is to be inclusive and to reach beyond the traditional training of the "professional" staff in the public mental health system. In this Three Year Plan, as prioritized during the MHSA Community Program Planning Process, there will be a focus on strengthening the implementation of the goals of the Health and Human Services Race Equity Plan[54] including developing a unified trauma informed system of care throughout Health and Human Services and with our partner agencies.

[54] https://drive.google.com/file/d/1la9GyivJ3maWKGTcRzDttq7ZGAXS7Xnn/view

The programs in the Marin County WET FY2020-21 through 2022-23 Three-Year Plan are consolidated into three categories that align with the MHSA Regulations. These are: 1) Training and Technical Assistance, 2) Mental Health Career Pathways, and 3) Regional Partnership: Loan Assumption Program.

Training and Technical Assistance

DESCRIPTION: BHRS will continue to utilize WET Training and Technical Assistance funds to fund trainings, technical assistance, curriculum development, and consultation services. These will focus on cultural competency/humility, trauma informed care, resiliency, client/family driven mental health services, recovery and other evidence-based and community driven strategies to improve services and integrate the MHSA general standards. In FY19/20 BHRS performed a survey of staff to determine training priorities which is being used to inform the next training plan. In addition, funding will be used for trainings for consumers and family members.

In addition, new in this Three-Year Plan—and consistent with the Health and Human Services Race Equity Plan[55]—there will be a focus on developing a unified trauma informed system of care throughout Health and Human Services and with our partner agencies. Employees, contractors, and volunteers in non-mental health systems, such as criminal justice, social services and health care may participate in programs and activities under this funding category. This unified trauma informed system development work has the long-term goal of decreasing exposure to trauma and increasing resilience.

OBJECTIVES: Promote cultural competence and the other MHSA General Standards; support the participation of clients and family members in the public mental health system; provide increased training, technical assistance, and consultation opportunities to improve the efficacy of services.

WORKFORCE NEED ADDRESSED: Current staff and CBO partners need ongoing training to provide culturally competent and evidence-based services; staff from across systems need a comprehensive training, consultation, and technical assistance strategy to implement unified trauma informed practices.

STRATEGIES IMPLEMENTED: Training, technical assistance, consultation, and curriculum development.

Mental Health Career pathways

DESCRIPTION: This program implements three main strategies:

1) Training: This includes two specific types of training:
    a) Funding for local peer education and training with a focus on programs that provide wholistic training to support people with both substance use and mental health difficulties, as well as
    b) Providing scholarships for culturally diverse consumers and family members to complete other vocational/certificate courses in mental health, substance use and/or domestic violence peer counseling.
2) Placement Program: Internship stipends to mental health, substance use, and domestic violence peer counselor graduates who are placed as interns in public behavioral healthcare settings (including contracted partners).
3) Mentoring/career counseling support for interns and scholarship recipients—as well as for individuals from other groups that are underrepresented in the Public Mental Health system

[55] https://drive.google.com/file/d/1la9GyivJ3maWKGTcRzDttq7ZGAXS7Xnn/view

(PMHS)—to promote successful completion of those programs and to increase access to employment.

OBJECTIVES: Prepare clients and/or family members of clients for employment and/or volunteer work in the Public Mental Health System (PMHS); Increase access to employment in the PMHS to groups such as immigrant communities, Native Americans and racial/ethnic, cultural and linguistic groups that are underrepresented in the PMHS, as underrepresentation is defined in Section 11139.6 of the Government Code.

WORKFORCE NEED ADDRESSED: Increase number of people with lived experience and diverse backgrounds in the PMHS (including contracted partners).

STRATEGIES IMPLEMENTED: Career counseling, training, and placement programs

Regional Partnership: Financial Incentive Program

DESCRIPTION: In January 2019, the California Behavioral Health Planning Council approved the Statewide 2020-2025 MHSA WET Five-Year Plan developed by Office of Statewide Health Planning and Development (OSHPD). Their plan included a focus on supporting individuals through MHSA *Regional Partnerships*. The Greater Bay Area Regional Partnership will implement a loan repayment program for hard-to-fill and hard-to-retain Public Mental Health System (PMHS) personnel with educational loans.

OBJECTIVES: Promote recruitment and retention of hard-to-fill and hard-to-retain personnel.

WORKFORCE NEED ADDRESSED: Recruitment and retention of staff in hard-to-fill and hard-to-retain positions including—but not limited to—Licensed Mental Health Practitioners, Licensed Crisis Specialists, Mental Health Nurse Practitioners, and Psychiatrists, with an emphasis on bilingual classifications in the public mental health system.

STRATEGIES IMPLEMENTED: Mental Health Loan Assumption

Workforce Staffing Support

DESCRIPTION: This funding will support the salary, benefits, and operating costs of the WET Coordinator as required in WIC Section 3810(b). This position will plan, recruit, coordinate, administer, support, and evaluate Workforce Education and Training programs and be responsible for:

- Developing and implementing the Training and Technical Assistance plan including a focus on evidence-based practices
- Preforming regular workforce needs assessments
- Supporting the internship program
- Acting as a liaison to appropriate committees, regional partnerships, and oversight bodies

OBJECTIVES: Implement, evaluate, and sustain WET programs aimed to train and support current staff and promote MHSA General Standards, as well as to increase recruitment and retention of staff in hard-to-fill and hard-to-retain positions.

FUNDING CATEGORY: Workforce Staffing Support

WORKFORCE NEED ADDRESSED: Training and support for current staff, promotion of MHSA General Standards, and increase recruitment and retention of staff in hard-to-fill and hard-to-retain positions.

STRATEGIES IMPLEMENTED: Implementation of the WET programs; coordination; evaluation.

FY19/20 Accomplishments:

1. BHRS worked with the CCAB and HR to create a new classification for a Peer Program Coordinator to add someone with lived experienced to the leadership team of BHRS and to provide mentorship and support to our peer support network. This position will be leading implementation of best practices for Peer Support and Advocacy. Approval of position occurred in beginning of FY 20/21.
2. Scholarships for Consumers and Family Members:
    - 22 (22) scholarships were awarded to community members in the fall of 2019 with lived-experience, three (3) of which identified as Black and/or African American, seven (7) of which identified as White and/or Caucasian, three (3) of which identified as Hispanic and/or Latinx, two (2) who identified as South East Asian, three (3) who identified as "Mixed," and five (5) who did not disclose their race or ethnicity.
3. BHRS recruited and retained peer mentors with lived experience to provide support to scholarship recipients who are attending vocational/certificate courses in mental health, AOD and/or domestic peer counseling to ensure that recipients successfully complete their coursework.
4. BHRS developed Peer Counselor classified positions: in collaboration with Human Resources, develop Peer Counselor I, II, and Peer Supervisor job classifications and positions.
5. BHRS hired new Bilingual Outreach and Engagement Coordinator to lead previous WET strategic initiatives with Latinx communities.
6. BHRS' Peer Counseling-funded course, Co-Occurring Peer Education (COPE) program[56]:
    - 10 clients were served in the Fall.
    - The COVID virus prevented the starting of a Spring cohort in the Spring. Looking to reopen with public health guidelines permit and provide smaller cohorts that can appropriately distance.
    - In early 2020 the COPE Program was approved by Mental Health America as a Nationally Certified Advanced Peer Specialist Training Program! This involved expanding the curriculum to meet their requirements. This a benefit for prospective COPE students considering the state of California does not currently have a statewide certification program. Already, the listing on their website has engendered some interest from people who might not have been aware that COPE existed.
    - COPE continues to work closely with the Empowerment Clubhouse in Marin City. They have been particularly important in placing COPE graduates in internships and providing them with further training and skill development for them to succeed in potential job placements.
7. BHRS Graduate Clinical Internship Program:
    - Graduate Clinical Training Program for FY 19-20 included 1 post-doctoral intern, 6 predoctoral psychology interns, 4 psychology practicum students, and 4 MSW/MFT students. Of the 15 interns, 5 brought bilingual/bicultural experience.
    - BHRS continued to have 4 bilingual interns as part of the Latinx Family Health training program, including 2 at the practicum level and 2 at the predoctoral internship level.

[56] https://www.connectics.org/cope

8. Peer Specialist, Domestic Violence, and Substance Use Intern Stipend Program:
    - Another 22 peer or family member interns for Fall 2019, including 7 white or Caucasian, 3 black or African American, 2 Hispanic or Latinx, 2 Asian, 2 of two or more races, 6 unknown or undisclosed interns.
    - Placements for interns are all over Marin County and include the Multicultural Center of Marin, as well as:
        - Juvenile Detention Office
        - Substance Use Services
        - Rehabilitation Centers
        - Schools
        - Empowerment Clubhouse

Plans and Goals for Fiscal Year 20/21

- Engage stakeholders throughout the community and review the Drug Medi-Cal Organized Delivery System (DMC-ODS) special terms and conditions to identify workforce development and training needs
- Assess BHRS workforce trends over time to better understand our workforce and where we need to focus our efforts to improve diversity
- Discuss accessibility needs of our staff and our communities, including how to better serve and work with folks with disabilities
- Hire Peer Program Coordinator and develop a collaborative pilot project with the department's Human Resources that will enhance recruitment, application reviews, interview and hiring processes and practices that will increase a culturally diverse applicant pool to compete for available BHRS job opportunities
- Revamp scholarship program and formalize process
- Expand Peer supports and resources in alignment with SB 803
- Expand internship program to include other educational programs, such as MSWs, MFTs, and Co-Occurring Specialties
- Hire and onboard Peer Program Coordinator to enhance our peer support network, including building a more diverse workforce that engages people with lived experience

Criterion 7: County Mental Health System Language Capacity

Criterion 7: Describe the delivery or facilitation of a variety of services offered equitably & appropriately to all cultural groups served.

1. Policy and procedure and practices in place for meeting clients' language needs, including a 24/7 telephone line.
2. 24/7 telephone line number for non-English speaking.
3. Evidence that staff and interpreters are trained and monitored (i.e. Staff proficiency report)
4. Summary of any efforts/programs allocated toward language assistance to individuals who have limited English proficiency.

Policies, Procedures, and Practices for Language Needs

As stated previously, BHRS updated our cultural competency related policies this year in August 2020 combining the three former policies, which included our Use of Interpreters (MHSUS-16), Cultural Competency (MHSUS-ADP-05), and the Cultural Competence Training Plan (BHRS-39). The new policy, titled, **Cultural Competency and Humility, Equity, and Inclusion Framework: Implementation of CLAS Standards – BHRS 57** ensures that diverse populations have equal access to quality services by formally identifying cultural and linguistic competency and humility as an essential standard to be inherent in all aspects of BHRS continuums of care. It is intended to inform BHRS staff and contractors about existing and ongoing organizational efforts to embrace diversity, improve quality, and eliminate health disparities that align with the National CLAS Standards. BHRS 57 unites the former policies in their adherence to CLAS standards and to have one policy for both mental health and substance use divisions. It improves our language access / abilities and is more inclusive of principles of cultural humility, equity, and inclusion.

BHRS is contracted with a variety of vendors to expand our language and access needs. Our 24/7 Access line is contracted to **Optum** who provides our community and clients with coverage after hours, including holidays, to everyone including non-English speaking individuals.

In addition, BHRS contracts with **Linguistica** and **Excel Interpreting** provide a full array of language and interpretation services, including both telehealth and live interpretation and translation of written materials. **Purple Communications, Inc.** is our provider for American Sign Language Services and another contract will be issued to **Quick Caption** for Communication Access Real-time Translation services. Instructions on how to access these services will be forthcoming.

Training and Tracking

Due to our language access needs being met by individual vendors, BHRS does not provide ongoing trainings for interpreters, as they are trained through the vendor. Any bilingual BHRS staff that are hired with a bilingual differential or within their classification are tested for fluency by Linguistica prior to hire.

In the beginning of FY 20/21, a training tracking workgroup was developed to assess our current system for tracking and monitoring mandatory trainings. This workgroup is currently in process of identifying resourcing needs for developing a more robust and centralized system of monitoring, tracking, and holding staff and contracted staff accountable for their required trainings. This workgroup will continue to meet in FY 20/21 to identify areas for improvement and development. Please see minutes from first meeting (**Appendix I**).

Highlights from FY 19/20:

- BHRS website[57] now includes information in various languages.
- 2 Mental Health First Aid trainings were offered (one in Spanish and one in Vietnamese.
- Outreach and engagement efforts were expanded in underserved communities through the hiring of a bilingual health navigator in the field with the Access Team.
- Latinx Outreach and Engagement Coordinator was hired in April 2020 that provides groups and outreach activities in Spanish as well as supports additional contracts and community lead activities

[57] https://www.marinhhs.org/behavioral-health-recovery-services

including the following stigma reduction, outreach, and linkage programs for our recent immigrant populations that are funded through MHSA:
    - The *Promotores* program throughout West Marin, Novato, and San Rafael for the Latinx community
    - The *Cuerpo Corazon Comunidad* radio show
    - Contracts with Canal Alliance and North Marin Community Services to provide accessible, culturally responsive, bi-lingual counseling services and groups for the Latinx population
    - Spanish speaking parenting groups offered weekly
- MHSA 3-year plan community engagement involved 397 individuals who identified as "Latino" or "Hispanic." Survey conducted over a series of months in winter of 2019-2020 on what the biggest barriers to mental health and substance use treatment were pre-COVID, the results of which include new programs and funding in the FY20/21-22/23 MHSA 3 year plan[58].
- Spanish-English Bilingual staff are now on all teams within our Forensics division, including Assisted Outpatient Treatment, Jail Mental Health, Prop 47, and STAR. STAR program has enhanced cross departmental collaboration with an aim to identify underserved defendants early in the court process and provide wraparound services. Prop 47 program included 2020 expansion of a 2-Cohort grant that focuses on Spanish-speaking individuals and transition age youth.
- Our Substance Use Division contracts with Marin Outpatient and Recovery Services (MORS) to provide outpatient and intensive outpatient substance use treatment services for both uninsured individuals and Medi-Cal beneficiaries, the primary service population which are Latinx adults whose preferred language is Spanish.
- Substance Use Division awarded a Friday Night Live RFP/grant to Youth Leadership Institute and are incorporating into the Scope of Work that among the three school-based Chapters, one which will focus on engaging newcomers.
- The Access Team has 8 staff members out of 10 (including contractors) who speak Spanish.
    - Screenings and assessments are offered in Spanish via in-person at Bon Air and at YFS in the Canal neighborhood (for children), phone, and telehealth.
    - Our Behavioral Health Navigator (also bilingual) is outreaching to PEI providers to strengthen relationships and facilitate referrals to Access. The Navigator will also be providing info sessions per agency with regards to how we have adapted our work during COVID.
- Access Team continues to advocate for more services for psychotherapy (as we see a deficit in the ability for providers to see Spanish-speaking clients) and materials/data gathering to identify indigenous languages spoken by our Latinx community members.
- Children's System of Care (CSOC) has 10 bilingual staff, 2 bilingual supervisors, 2 bilingual family partners, a bilingual child psychiatrist and 2 Latino Family Health interns annually. Bilingual family partners provide parent coaching, help with accessing community resources and assistance navigating the County system, when needed.
- Adult System of Care (ASOC) provided a Spanish speaking family group with Community Action Marin (CAM) and family partners in addition to bilingual services at CalWorks.
- BHRS supports a Spanish speaking parenting group, which meets weekly.
- Staff have participated in the local Spanish speaking radio show to speak on parenting issues, how to support youth during COVID, managing anxiety and stress, coping with isolation, etc.

[58] https://www.marinhhs.org/sites/default/files/libraries/2020_10/mhsa_fy2021-2023_three_year_plan_and_annual_update_approved.pdf

Plans and Goals for FY 20/21:

- The PMEI and WET Supervisor will work with the CCAB, BHRS staff, and contracted providers to ensure that language access policies and procedures are adhered to and effective.
- BHRS will develop and implement a training for all existing BHRS staff and for any BHRS staff upon hire that is a formal introduction to Language Line and use of interpretation services.
- BHRS will explore how to improve the experiences of clients when using interpreters.
- BHRS will continue to fortify data collection efforts by adding additional language categories to demographic forms to increase representation.
- BHRS will investigate current vendors and contractors for interpretation and translation services and potentially engage in new RFP process for locating more robust services to meet the language needs of our communities.

Criterion 8: County Mental Health System Adaptation of Services

Criterion 8: List and include brief description of county's client driven/operated recovery and wellness programs (i.e. centers, drop-in centers, client-run programs etc.) and which of these programs are racially, ethnically, culturally, and linguistically specific

1. Describe beneficiary problem resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve grievance

BHRS Strategies to Adapt Services to Client Needs

Support and Enhance Client Driven/Operated Programs:

- **Empowerment Clubhouse** - Marin City - *The Empowerment Clubhouse* operated by the Marin City Community Development Corporation (MCCDC) provides a welcoming place in Marin City to help individuals living with a mental illness to develop hope, purpose, self-efficacy, and independence.
- **Enterprise Resource Center** (aka Enterprise Recovery Center) is a low barrier support services for adults with serious mental illness in the County who are disenfranchised and reluctant to seek help and services. Managed and staffed entirely by mental health consumers, the center promotes a strengths-based, harm-reduction approach and offers clients a one-stop central location to access and receive services such as socialization activities, peer counseling, mentoring, psycho-educational activities, and support groups. Increasingly, other agencies and individuals are coming to the ERC to provide classes and groups at the center.
    - Services are targeted for transition-age youth (18+), adults and older adults who have serious mental illness and their families, many of whom are currently disenfranchised or reluctant to become involved in the mental health system. These individuals may or may not have a co-occurring substance abuse disorder and/or other serious health condition.
- New **Eating Disorder** programming: BHRS contracted with Helen Savin, LCSW (a subject matter expert) to provide training and consultation to BHRS staff. BHRS contracted with Amrita[59] (San

[59] https://www.amritaedt.com/

Rafael, CA) for outpatient and intensive outpatient services. BHRS contracted with Northern California Center for Discovery[60] for residential services. Finally, BHRS contracted with Healthy Teen Project[61] (San Francisco, CA) for partial day services. Using MHSA funding to ensure sustainability of program efforts.

- **Help@Hand:** MHSA innovations project to improve mental health care access and delivery using mobile mental health technologies. Marin identified their targeted population as isolated older adults. Marin County worked with CalMHSA and the Help@Hand evaluation team to explore potential technologies to pilot, including remote technologies due to the impact of COVID-19. Focus groups were held with isolated older adults to gather feedback from potential users and inform selection of appropriate technologies to pilot. Marin County also collaborated in the Linguistic and Cultural Adaptation Workgroup to ensure linguistic and cultural sensitivity of Help@Hand technologies. Please reference Help@Hand Marin Spotlight[62] and Learning from Older Adults[63] reports to review more about this project.
- **School-Based Mental Health Services and Supports for Spanish Speaking youth and families**, with a focus on enhancing service and systems integration and coordinating supports for **Newcomers**.
New/expanded programs include:
- Expansion of Newcomers groups that address acculturation, trauma, and mental health (San Rafael, Novato, West Marin)
- Coordinated care for Newcomers including assessment, outreach, and linkage to school and community resources (San Rafael City Schools)
- Bilingual/Spanish early intervention services- individual, group, and family (Novato and West Marin)
- Expansion **Community Health Advocates/Promotores** funding and capacity building. Target communities:
- Marin City
- Latinx community in WM, San Rafael, Novato
- Asian populations, with a focus on Vietnamese in San Rafael
- **Suicide Prevention Strategic Plan** development and implementation with a focus on:
- Developing comprehensive, trauma informed, and culturally responsive health and wellness supports and suicide prevention resources in schools
- Peer supports and trainings for older adults, LGBTQ+, Latinx and other groups at disproportionate risk for suicide
- **Expanded storytelling programs** designed to raise awareness of mental health, suicide, and substance use, create safe and healthy environments for sharing and increase
    - knowledge of community resources (includes a digital storytelling program where Transition Aged Youth are trained to develop videos documenting community members stories around mental health to be shared with the community)

[60] https://centerfordiscovery.com/

[61] https://healthyteenproject.com/

[62] https://www.dropbox.com/s/d3riu1a49pgfs37/Spotlight-%20Marin.pdf?dl=0

[63] https://www.dropbox.com/s/qshfrpynibh84u3/Help%40Hand%20Learning%20Brief_Marin%20and%20San%20Mateo.v7.pdf?dl=0

Update on Suicide Prevention Strategic Plan

The Suicide Prevention Collaborative[64] launched in August 2020 in response to the first ever suicide prevention strategic plan[65] approved by the Marin County Board of Supervisors. It is led by two co-chairs (a county staff and the Marin National Alliance on Mental Illness Executive Director), in addition to the Senior Program Coordinator for Suicide Prevention.

The Collaborative addresses three key goals:

1) Foster community building
2) Increase education and awareness
3) Advance the objectives outlined in the strategic plan

Meetings are held monthly and attended by upwards of 80 participants, including community members, CBOs, Board of Supervisors reps, and other partners. In addition to the leadership, there are five active community teams made up of diverse community representatives to carry out specific activities related to the strategic plan. The Community Teams (Schools, Data, Training and Education, Postvention (after a suicide), and Communications) address prevention, intervention and postvention activities across the life span. Examples of the Collaborative's accomplishments during the last six months include, but are not limited to:

- **Implementing community-wide communication awareness campaigns, events, and toolkits, including:**
    - Development of the "You are Not Alone" and "We are Here to Help" transit campaign

    - September Suicide Prevention and Recovery Month events (**Appendix J**)
    - Movember Men's Mental Health social media[66] and video campaign[67]

[64] https://www.marinhhs.org/suicide-prevention

[65] https://www.marinhhs.org/sites/default/files/files/servicepages/2020_01/marin_county_suicide_prevention_strategic_plan-final-jan_2020.pdf

[66] https://www.instagram.com/p/CH-4gJfp5ml/

[67] https://www.instagram.com/p/CIoydBbJ6fg/

  - Each Mind Matters Toolkit[68] dissemination
  - Serving on the planning committee for the International Loss Survivor's Day with the American Foundation for Suicide Prevention
  - Upcoming communication strategies will include:
    - Outreach component to ensure both universal and group specific messaging reaches diverse populations disproportionately impacted by suicide including older adults, youth (LGBTQ), postpartum mothers, and men and boys.
    - The County's suicide prevention website (in development) will launch this Winter providing a "hub" of resources, trainings and campaigns to support CBO's in their suicide prevention efforts.
- **Establishing key partnerships addressing shared risk factors, such as mental health, substance use, and lethal means, including:**
  - American Foundation for Suicide Prevention, Rx Safe Marin, Marin Healthy Youth Partnership, Marin Prevention Network, North Marin Community Services, Marin Schools Wellness Collaborative, Spahr Center, Rodof Shalom, National Alliance for Mental Illness, the Brady Campaign and Marin Moms Demand Action, and Community Health Advocates.
  - In many cases, the Collaborative and our partners host events together, present at meetings, and identify collaborative activities to promote the important intersection among/between different public health issues. For example, the Collaborative co-hosts community events addressing lived experiences, substance use and the impact on suicide, how to communicate with someone in distress (in English and Spanish), suicide care and risk assessment and parent education events.
  - Upcoming events include safety planning in diverse care settings, a Train-the-Trainer for gatekeepers, and continued trainings for parents of teenagers with the school district and other partners.
  - The Collaborative is also working with CBOs, community members and county partners to implement and expand upon suicide prevention and wellness resources to underserved communities including increasing peer supports, *Promotores* and Community Health Advocates programs, and opportunities for residents from diverse communities with lived experiences to share their stories around suicide and mental health.
  - Lastly, a key partnership with the Marin Schools Wellness Collaboratives is addressing Strategy 6 of the strategic plan[69] with a focus on social emotional learning and suicide prevention training for students, faculty and staff, as well as parent education. The Schools Team leadership and Coordinator attend the monthly Wellness Collaborative meetings and make recommendations to support safe and healthy school campuses.
- **Implementing the pre-planning launch activities of postvention efforts:**
  - This model supports loved ones upon immediate notification of a possible suicide to ensure those exposed are encouraged to engage in support services. This "prevention as postvention" approach can be an immediate intervention in reducing suicide risk and contagion. In addition to the suicide loss survivor outreach model, the County has supported

[68] https://www.eachmindmatters.org/spw2020/

[69] https://www.marinhhs.org/sites/default/files/files/servicepages/2020_01/marin_county_suicide_prevention_strategic_plan-final-jan_2020.pdf

the development of the Buckelew Programs SOS Allies of Hope[70] survivor's group which has been expanded to twice monthly.

- **Data collection and coordination:**
    - The Collaborative's Data Team is working in partnership with the Golden Gate Bridge Patrol, the Coroner's Office and the County's Public Health Department to collect up to date data which will be presented by this panel team in February 2021. A key priority for this Team is the development of a data dashboard. In addition, the Coordinator recently attended a meeting to learn more about Death Review Boards to help inform an understanding of deaths by suicide in our community.

Grievance Process

BHRS staff and all contracted providers are expected to follow the **Consumer Grievance and Appeal Resolution policy and procedure (BHRS-19)**. The purpose of this policy is to inform staff of the established procedures for the grievance and appeal processes and to ensure that Marin BHRS complies with current Department of Health Care Services (DHCS) and other State and Federal Regulations. The goal of the policy to ensure that staff and providers understand and can provide every reasonable effort to meet client's needs. All clients are advised of the Consumer Grievance and Appeals Resolution process and provided the opportunity to resolve dissatisfaction about any matter or concern that they may have at any time.

Grievances include, but are not limited to, the quality of care or services provided, for instance, if staff are rude or disrespectful; an individual feels staff did not respect their rights; services requested were not authorized and/or provided. A decision is made within 90 calendar days of receiving a grievance. Information related to the grievance may be provided in person, on the phone or in writing at any time during the process. Clients receive an acknowledgment letter and a resolution letter in clients' preferred language and are not discriminated against in any way for expressing a problem or filing a grievance. Clients may file an appeal if they do not agree with a grievance decision and appeals are decided within 30 days. Clients / consumers and family members are provided various ways to file a grievance or appeal including; calling to set up a meeting (language support is provided as per policy); completed and mailed/faxed form or a letter; calling the ACCESS Call Center; or, in person where clients received services and staff will assist with forms and/or making calls. Decisions are made by people with the right skills and training to understand the clients' unique conditions or illness; people who read all the records, comments, or other information provided; people who were not involved in any earlier decision about the grievance or appeal. Clients have the right to provide testimony and may request copies, free of charge, of all documents in the case file, including medical records, other documents and any new or additional evidence considered, relied upon or generated in connection with the appeal of adverse benefit determination.

There were only two filed grievances in 2019 with the following resolutions:

- "Client unhappy that case manager provided interpretation services with psychiatrist. Client stated he requested telephone interpreter service and that request was denied." Resolution was that client was transferred to different team and original staff were trained on interpreter services and to honor future clients' requests.

[70] https://buckelew.org/event/survivors-of-suicide-bereavement-support-group-virtual/2022-11-09/

- "Transgender client unhappy that Financial Responsibility Form (FRF) only had options for male, female, other." Resolution is that forms subcommittee and billing working on more inclusive gender identity options for all forms.

Plans and Goals for FY 20/21:

- The Peer Program Coordinator position will be hired to provide strengths-based supervision of the county peer (including family partner) positions, strengthen oversight of contracted peers and peer programs, lead groups, help advance the path forward for peer integration in the workforce with SB 803 Peer Certification legislation and the current MHSA Three-Year Plan[71] and strengthen the career ladder for peers in our workforce.
- BHRS will re-evaluate use of client satisfaction surveys.
- BHRS will engage cultural and community brokers to expand outreach and change the narrative about mental health across our communities.
- A new RFP will be posted for new innovations project funded by MHSA.
- BHRS will partner with Social Services HHS department to resource Help@Hand innovations project.

Summary

Consistent to the County Board of Supervisors and the Health and Human Services Department's Strategic Plan to Achieve Health and Wellness Equity[PDF][72], BHRS is continuing to invest and prioritize its time and resources to develop sustainable strategies that will hopefully lead to a system that is more inclusive, sensitive, and responsive to the needs of its growing diverse client population. This undertaking comes at a time when a recent statewide report concluded that Marin County is the most racially disparate county in California in health and health outcomes[73] and when County priorities are shifting around due to impact of COVID-19. By examining and working toward improving the county's public behavioral healthcare system and its culture through an equity lens, the Cultural Competence Plan can be a tool to actively address the issue of race and racism as a health indicator and factor which often result in poor outcomes for consumers of color and their families. BHRS cannot achieve this work without a more intersectional understanding of impacted identities and communities. COVID-19 has shone a light on pre-existing inequities, and BHRS is committed to equity work by fortifying relationships within the community, with its staff, with its contracted providers, and with the County of Marin.

[71] https://www.marinhhs.org/sites/default/files/libraries/2020_10/mhsa_fy2021-2023_three_year_plan_and_annual_update_approved.pdf

[72] https://www.marinhhs.org/sites/default/files/libraries/2019_02/mc_hhs.stratplan18_v7.pdf

[73] https://www.racecounts.org/county/marin/

Appendix A: ELM Latinx Heritage Month Celebration Brainstorm

Increasing support and engagement of Marin's Latinx communities:

- Build some capacity around other indigenous languages like Mam, K'iche, amongst others. We continue to experience ongoing issues on how to effectively reach out to the families.
- Understand there are different levels of literacy and language levels. Use of pictures, oral tools, verbal information, things to listen to that explain the services.
- Outreach in West Marin, need to have a clinician out there. There is a large Latinx community there that are uninsured, and we need to expand on ideas of who to meet their needs and provide services. Services have been allocated Medi-Cal residents and we need to target our undocumented residents.
- Community outreach at events, farmer's market, *Día de los Muertos*, Marin Community Clinic, food pantries.
- Video of services explaining ACCESS services, other mental health programs.
- **We continue to have this conversation and there is a need to take the next step to get it out to the community.**
- Now is a good time to take a step back and re-evaluate, how do we accomplish this? How can we get the information?
- Use of *Promotores*, Embed ourselves into community program, religious institutions, the schools.
- Build trust, allow the families to have access to basic needs (food, rent), so they can access other services, especially mental health.
- Use Cultural consultants by partnering with community partners (Canal Alliance, North Marin Community Services, Multicultural Center of Marin)
- **Are we presuming that there's an issue with underserving?**
- The rate of engagement in Marin is not as high as other MCal Counties
- We could be doing more. The fact that there are higher rates of COVID.
- Going into the communities with offices (perhaps the multi-cultural center)
- Closer collaboration with home health to develop a connection there (MCC, Marin health and Wellness)
- What about pop up clinics? Any trucks or something to possibly plan to deliver services into the community. Psycho-ed, counseling, outreach.
- The percentage of clients being seen in the children's system is high
- There appears to be a drop off in 18-25 range. **What about the connection from CSOC to ASOC?**
- Services we provide are maybe not as culturally aligned as they could be. Would still have to be within our spectrum of services. Tailored or more engaging so that people will stay.
- TAY is likely a linkage. There may not be enough providers that speak Spanish in TAY programs.
- Language appropriate services: across HHS (ex: CFS line missing bilingual operators)
- Concretely accessing interpreter services (training) and enhance support for bi-lingual staff
- Models of service? Times of service?
- Challenges of outreach: going to non-traditional places

- Public Charge presents some hurdles. There may be the potential to reach out to folks who are already receiving services as well as to advice anyone concerned with the implications of receiving services.

Appendix B: FY 19/20 BHRS & County Cultural Competence Trainings

The Intersection Of Immigration and Trauma. How To Promote Trauma Informed Systems	06/30/2020	3.50hrs	CBRN, CAMFT, SAMHSA, Cultural Competence	FY2019-20
The Intersection Of Immigration and Trauma. How To Promote Trauma Informed Systems	06/29/2020	3.50hrs	CBRN, CAMFT, SAMHSA, Cultural Competence	FY2019-20
Utilizing Cultural Humility Principles in Race Equity Work	06/01/2020	4.00hrs	CBRN, CAMFT, Cultural Competence	FY2019-20
Transcending the Divides: A Conversation about Race, Place and Persona for Behavioral Health Providers	05/29/2020	4.00hrs	Cultural Competence	FY2019-20
Utilizing Cultural Humility Principles in Race Equity Work	05/11/2020	4.00hrs	CBRN, CAMFT, Cultural Competence	FY2019-20
Mental Health First Aid Training - Youth	04/09/2020	8.00hrs	MHFA	FY2019-20
Mental Health First Aid Training - Adult	03/23/2020	8.00hrs	MHFA	FY2019-20
Transcending the Divides: A Conversation about Race, Place and Persona for Behavioral Health Providers	02/10/2020	4.00hrs	Cultural Competence	FY2019-20
Eating Disorder or Disordered Eating and What to do?	02/07/2020	3.00hrs	APA, CBRN, CAMFT	FY2019-20
Mental Health First Aid Training (Vietnamese)(CANCELLED)	02/05/2020	8.00hrs	MHFA	FY2018-19
Eating Disorder or Disordered Eating and What to do?	01/24/2020	3.00hrs	APA, CBRN, CAMFT	FY2019-20
Mental Health First Aid Training - Adult	01/14/2020	8.00hrs	MHFA	FY2019-20
Transcending the Divides: A Conversation about Race, Place and Persona for Behavioral Health Providers	11/08/2019	4.00hrs	Cultural Competence	FY2019-20
Adult MHFA	10/17/2019	8.00hrs	MHFA	FY2019-20
Mental Health First Aid Training _ Spanish	10/12/2019	8.00hrs	MHFA	FY2019-20
Law and Ethics	09/20/2019	6.00hrs	APA, CCAPP, CBRN, CAMFT	FY2019-20
Mental Health First Aid Training - Youth	09/18/2019	8.00hrs	MHFA	FY2019-20

Assertive Community Treatment (ACT) Training for Team Leaders 8-28-19	08/28/2019		N/A	FY2019-20
Assertive Community Treatment (ACT) Program	08/27/2019	5.50hrs	APA, CCAPP, CBRN, CAMFT	FY2019-20
Assertive Community Treatment (ACT) Program	08/26/2019	5.50hrs	APA, CCAPP, CBRN, CAMFT	FY2019-20
Situational Assessment and Response	08/21/2019	3.50hrs	N/A	FY2019-20
Situational Assessment and Response	08/20/2019	3.00hrs	N/A	FY2019-20
Situational Assessment and Response	08/20/2019	3.00hrs	N/A	FY2019-20
Mental Health First Aid Training-Adult 8-15-19	08/15/2019	8.00hrs	MHFA	FY2019-20
Mental Health First Aid Training-Adult 8-13-19	08/13/2019	8.00hrs	MHFA	FY2019-20
Mental Health First Aid Training-Adult	07/12/2019	8.00hrs	MHFA	FY2019-20
Compliance Training - Talenquest	07/01/2019	8.00hrs	Cultural Competence	FY2019-20

Appendix C: LGBTQ+ Workgroup

Pride Month Email

Dear BHRS staff,

We would like to start with a clear and firm statement acknowledging the atrocities against Black people recently and historically, specifically against George Floyd, Breonna Taylor, Tony McDade, and Ahmaud Arbery, along with too many others. As a workgroup, we stand for the dignity, humanity, respect, and right to liberty of all people in Marin County, and are committed to always strive to make central the needs of Black and Brown people, with a focus on our LGBTQ+ community members. While we understand this work to be uncomfortable, slow, and difficult, we know the effort only strengthens the larger community as a whole. With this in mind, and grief in our hearts, we share our first efforts to recognize Pride Month in Marin county at BHRS, in collaboration with local community members and organizations.

The BHRS LGBTQ+ Work Group would like to kick off Pride Month with some information and resources. **Tuesday, June 2, 2020** the Marin County Board of Supervisors announced a resolution proclaiming June 2020 as Lesbian, Gay, Bisexual, Transgender, Queer+ Pride Month. The Philadelphia Pride Flag was raised at county facility flagpoles and will stay raised throughout the month of June. This flag was raised for the first time in June 2017 in the city of Philadelphia over City Hall. The difference? This new flag included a brown and a black stripe in addition to the six-colored flag originally designed by Gilbert Baker. These stripes were added to be an outward facing sign of visibility of LGBTQ+ individuals of color. See the BOS meeting here.

LGBTQ+ individuals of color have made and continue to make important contributions to the struggle for LGBTQ+ rights. It was the Brown and Black LGBTQ+ community who were instrumental in the Stonewall uprising, including activists like Marsha P. Johnson and Stormé DeLarverie. However, it is the unfortunate fact that racism, discrimination, and marginalization occur in all communities, including the LGBTQ+ community. The Philadelphia Pride flag is a symbol of inclusivity which honors the rich history of LGBTQ+ individuals of color.

Throughout the month we will share additional information about virtual pride events, as well as information and resources for the LGBTQ+ community in Marin, including COVID 19 and its effect on the LGBTQ+ community. We will also share resources for our community members who wish to work on or continue working on better understanding privilege and the impact of white supremacy.

Pride events began with a riot at the Stonewall Inn in New York by Black and Brown Trans and Queer people. It has since become a celebration of our humanity and creativity, however as activists, we hold this year and future Prides also as protests as long as our Black and Brown community members continue to experience racism, violence, discrimination, harassment, and lack of access to services, healthcare, housing, and employment. We invite you to join with us in recognizing Pride, celebrating who we are, and raising and centering the voices of those who continue to fight for their most basic rights.

In community,

BHRS LGBTQ+ Work Group

Brian Robinson, Mark Parker, Anthony Ross, Vanessa Blum, Audrey Vera, Nhan Pham, Maria Rea

Resource links:

* Office of LGBTQ Affairs of Santa Clara Co. Instagram - if you scroll down you can see what they posted for Black History Month. Thought of this when you were talking about quotes. Generally interesting what they do anyway here. Keep in mind they have a paid position to work on media! https://www.instagram.com/LGBTQSCCgov/

* GLAAD &Together Campaign - intersecting identities campaign.

Resources for White Allies/Accomplices:

* Black Feminism and the Movement for Black Lives (Video)

* Various options to start from where you are: https://www.whiteaccomplices.org/

* For folks with a bit more experience in activism work: Community Ready Corps Allies and Accomplices

* Curriculum for White Americans to Educate Themselves on Race and Racism–from Ferguson to Charleston as a more in-depth primer written specifically for White people with links to an ever-expanding collection of resources.

Transgender Awareness Month Email

Dear BHRS colleagues,

November is Transgender Awareness Month. Our BHRS workgroup would like to share the following information to raise awareness about the lives and experiences of transgender and gender non-conforming people all around the world. On November 20th, the Transgender Day of Remembrance is highlighted to honor the memory of transgender people whose lives were lost in acts of anti-transgender violence. This day was inspired by Rita Hester, a black trans woman who was brutally murdered in 1998. For this year, there have been at least 22 transgender and gender non-conforming people who have been killed.

If you're interested in learning more about the transgender community, here are a few resources:

- Trans and Gender Identity
- About Transgender People
- Tips for Allies of Transgender People
- Resources for transgender people

BHRS remains committed to diversity, inclusion and equity. We strive to support the rights of all people, including transgender and gender non-conforming folks.

If you are interested in being a part of this workgroup, please join us this Friday 11/8 from 9-10 at 20 North San Pedro, Pt. Reyes Room.

List of LGBTQ Events

Date	Event	
February 7th	**National Black HIV/AIDS Awareness Day:**	National Black HIV/AIDS Awareness Day (NBHAAD) is an HIV testing and treatment community mobilization initiative for Blacks in the United States and across the Diaspora. There are four specific focal points: Get Educated, Get Tested, Get Involved, and Get Treated.
Last Week of March	**National GLBT Heath Awareness Week**:	The Annual LGBT Health Awareness Week, an event that promotes the unique health and wellness needs of the lesbian, gay, bisexual, and transgender (LGBT) community. Sponsored by the National Coalition for LGBT Health.
March 10th	**National Women and Girls HIV/AIDS Awareness Day**	
March 20th	**National Native HIV/AIDS Awareness Day**	
March 31st	**International Transgender Day of Visibility**	International Transgender Day of Visibility is an annual holiday occurring on March 31 dedicated to celebrating transgender people and raising awareness of discrimination faced by transgender people worldwide. The holiday was founded by Michigan-based transgender activist Rachel Crandall in 2009 as a reaction to the lack of LGBT holidays celebrating transgender people, citing the frustration that the only well-known transgender-centered holiday was the Transgender Day of Remembrance which mourned the loss of transgender people to hate crimes, but did not acknowledge and celebrate living members of the transgender community.
April	**STD Awareness Month**	
April 10th	**National Youth HIV/AIDS Awareness Day**	
April 17th	**Day of Silence**	The Day of Silence is the Gay, Lesbian and Straight Education Network's (GLSEN) annual day of action to protest the bullying and harassment of lesbian, gay, bisexual, and transgender (LGBT) students and their supporters. Students take a day-long vow of silence to symbolically represent the silencing of LGBT students and their supporters.

April 18th	**National Transgender HIV Testing Day**	
April 26th	**Lesbian Visibility Day**	celebrates, recognizes, and raises the visibility of lesbians. The National Coalition for LGBT Health first organized it.
May 3rd	**International Family Equality Day**	
May 17th	**International Day Against Homophobia and Transphobia**	International Day Against Homophobia and Transphobia (IDAHO or IDAHOT) are widely recognized as an essential feature in the international LGBT rights calendar. In the 9th edition, in 2013, commemorations took place in almost 120 countries, in all world regions. The day aims to coordinate international events that raise awareness of LGBT rights violations and stimulate interest in LGBT rights work worldwide. IDAHO's date was chosen to commemorate the decision to remove homosexuality from the International Classification of Diseases of the World Health Organization (WHO) in 1990. The original founders of the International Day Against Homophobia (or "IDAHO"), established the IDAHO Committee to co-ordinate grass-roots actions in different countries, to promote the day and to lobby for official recognition of May 17.
May 19th	**National Asian & Pacific Islander HIV/AIDS Awareness Day**	
May 22nd	**Harvey Milk Day**:	Harvey Milk Day is organized by the Harvey Milk Foundation and celebrated each year held on May 22 in memory of Harvey Milk, a gay rights activist assassinated in 1978
May 24th	**Pansexual and Panromantic Visibility Day**	

June	**LGBTQ Pride**	Gay pride or LGBT pride is the positive stance against discrimination and violence toward lesbian, gay, bisexual, and transgender (LGBT) people to promote their self-affirmation, dignity, equality rights, increase their visibility as a social group, build community, and celebrate sexual diversity and gender variance. Pride, as opposed to shame and social stigma, is the predominant outlook that bolsters most LGBT rights movements throughout the world. Pride has lent its name to LGBT-themed organizations, institutes, foundations, book titles, periodicals and even a cable TV station and the Pride Library. Ranging from solemn to carnivalesque, pride events are typically held during LGBT Pride Month or some other period that commemorates a turning point in a country's LGBT history, for example Moscow Pride in May for the anniversary of Russia's 1993 decriminalization of homosexuality. Some pride events include LGBT pride parades and marches, rallies, commemorations, community days, dance parties, and large festivals, such as Sydney Mardi Gras, which spans several weeks.
June 5th	**HIV Long-Term Survivors Day**	
June 12th	**Pulse Night of Remembrance**	commemorates the loss of 49 people in the Pulse Nightclub shooting in Orlando, Florida on June 12, 2016.
June 26th	**Legalization of Same-Sex Marriage in the US Anniversary**	
June 27th	**National HIV Testing Day**	
June 27th	**Stonewall Riots Anniversary:**	The Stonewall riots were a series of spontaneous, violent demonstrations by members of the gay community against a police raid that took place in the early morning hours of June 28, 1969, at the Stonewall Inn in the Greenwich Village neighborhood of New York City. They are widely considered to constitute the single most important event leading to the gay liberation movement and the modern fight for gay and lesbian rights in the United States.

July 16th	**International Drag Day:**	International Drag Day is to celebrate the greatness and wonder that is Drag Artists from every corner of the planet. Created by Adam Stewart in 2009, International Drag Day was set up to give Drag Artists a well-deserved chance to shine and be celebrated for everything they give to gay life and culture.
September 18th	**National HIV/AIDS and Aging Awareness Day**	
September 23rd	**Celebrate Bisexuality Day**	Celebrate Bisexuality Day is observed on September 23 by members of the bisexual community and their supporters. This day is a call for the bisexual community, their friends, and supporters to recognize and celebrate bisexuality, bisexual history, bisexual community, and culture, and all the bisexual people in their lives. First observed in 1999, Celebrate Bisexuality Day is the brainchild of three United States bisexual rights activists: Wendy Curry of Maine, Michael Page of Florida, and Gigi Raven Wilbur of Texas.
September 27th	**National Gay Men's HIV/AIDS Awareness Day**	
October	**LGBTQ History Month:**	LGBT History Month is a month-long annual observance of lesbian, gay, bisexual, and transgender history, and the history of the gay rights and related civil rights movements. It is observed during October in the United States, to include National Coming Out Day on October 11. In the United Kingdom, it is observed during February, to coincide with a major celebration of the 2005 abolition of Section 28
October 11th	**National Coming Out Day:**	National Coming Out Day (NCOD) is an internationally observed civil awareness day celebrating individuals who publicly identify as a gender or sexual minority. The day is observed annually by members of the LGBT community and allies on October 11. NCOD was founded in 1988 by Robert Eichberg, a psychologist from New Mexico and founder of the personal growth workshop, The Experience, and Jean O'Leary, an openly gay political leader from Los Angeles and then head of the National Gay Rights Advocates. The date of October 11 was chosen because it was the anniversary of the 1987 National March on Washington for Lesbian and Gay Rights.

October 15th	**National Latino HIV/AIDS Awareness Day**	
October 17th	**International Pronouns Day**	The day "seeks to make asking, sharing, and respecting personal pronouns commonplace." This was the inaugural year for this "holiday."
October 17/20th	**Spirit Day:**	In early October 2010, Canadian teenager Brittany McMillan promulgated the observance of a new commemoration called Spirit Day, the first observance of which took place on October 20, 2010; it now however takes place on October 17. On this day people wear the color purple to show support for LGBT youth who are victims of bullying. Promoted by GLAAD, many Hollywood celebrities wore purple on this day to show their support of this cause, and many websites added a prominent purple shade to their design. The name Spirit Day comes from the purple stripe of the Rainbow flag, whose creator Gilbert Baker defined it as "representing 'spirit'". The observance was inaugurated in response to a rash of widely publicized bullying-related suicides of gay school students in 2010, including that of Tyler Clementi. More than 1.6 million Facebook users signed up for the event globally.
October 19th	**National LGBT Center Awareness Day**	
October 23rd- 29th - dates vary every year	**Asexuality Awareness Week:**	Asexual Awareness Week is an international campaign that seeks to educate about asexual, aromantic, demisexual, and grey-asexual experiences and to create materials that are accessible to our community and our allies around the world.
October 26th	**Intersex Awareness Day**:	Intersex Awareness Day is an internationally observed civil awareness day designed to highlight the challenges faced by intersex people. The event marks the first public demonstration by intersex people in North America. On October 26, 1996, intersex activists from Intersex Society of North America (carrying the sign "Hermaphrodites with Attitude") and allies from Transsexual Menace demonstrated in Boston, outside the venue where the American Academy of Pediatrics was holding its annual conference. Intersex Awareness Day is an international day of grass-roots action to end shame, secrecy, and unwanted genital cosmetic surgeries on intersex children.

November 8th	**Intersex Day of Remembrance**	marks the birthday of French intersex memoirist Herculine Barbin. The internationally observed awareness day is intended to draw attention to issues faced by intersex people.
Second Week of November	**Transgender Awareness Week**	celebrates and educates about transgender and gender non-conforming people
November 20th	**Transgender Day of Remembrance**	Transgender Day of Remembrance (TDoR), which occurs annually on 20 November, is a day to memorialize those who have been killed as a result of transphobia, or the hatred or fear of transgender and gender non-conforming people, and acts to bring attention to the continued violence endured by the transgender community The Transgender Day of Remembrance was founded in 1998 by Gwendolyn Ann Smith, a trans woman who is a graphic designer, columnist, and activist, to memorialize the murder of Rita Hester in Allston, Massachusetts. Since its inception, TDoR has been held annually on 20 November, and has slowly evolved from the web-based project started by Smith into an international day of action. In 2010, TDoR was observed in over 185 cities throughout more than 20 countries.
December 1st	**World AIDS Day**:	World AIDS Day, observed on 1 December every year, is dedicated to raising awareness of the AIDS pandemic caused by the spread of HIV infection. Government and health officials, non-governmental organizations and individuals around the world observe the day, often with education on AIDS prevention and control.
December 8th	**Pansexual/Panromantic Pride Day**	
December 10th	**Human Rights Day**	

BOS Resolution Declaring June LGBTQ + Pride Month

RESOLUTION
of
THE BOARD OF SUPERVISORS
MARIN COUNTY

PROCLAIMING
LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER+ PRIDE MONTH
JUNE 2020

WHEREAS, the County of Marin recognizes and proclaims the month of June 2020 as "Lesbian, Gay, Bisexual, Transgender, Queer+ (LGBTQ+) Pride Month" throughout the entire County; and

WHEREAS, in honor of the 1969 Stonewall Uprising in Manhattan, each June Americans come together to celebrate LGBTQ+ people; and

WHEREAS, the County of Marin has a diverse LGBTQ+ community and is committed to supporting visibility, dignity, and equity for all people in the community; and

WHEREAS, the County of Marin observes June as a time to celebrate our dynamic LGBTQ+ community, raise awareness of quality services, and foster a dialogue to promote healthy, safe, and prosperous school climates and communities for all; and

WHEREAS, in the 2020 Marin County Suicide Prevention Strategic Plan, community survey respondents that identified as LGBTQ+ reported being affected by suicide at a higher rate than any other demographic subset: 52% of LGBTQ+ respondents have seriously contemplated suicide, and 28% have attempted suicide; and

WHEREAS, LGBTQ+ people are at greater exposure and risk of both economic and health complications from COVID-19 because of the types of jobs they are more likely to have, their experiences with poverty and lack of paid leave, and health disparities; and

WHEREAS, LGBTQ+ people and people living with and affected by HIV make vital contributions to and enhance the social and economic fabric of Marin County in the fields of education, law, health, business, science, research, economic development, architecture, fashion, sports, government, music, film, technology, literature, civil rights, and politics; and

WHEREAS, because of the acts of courage of the millions who came out and spoke out to demand justice, and of those who quietly toiled and pushed for progress, our country has made great strides in recognizing what these brave individuals long knew to be true in their hearts - that no person should be judged by anything but the content of their character.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Supervisors of the County of Marin hereby proclaims June 2020 as "Lesbian, Gay, Bisexual, Transgender, Queer+ Pride Month" in Marin County to inspire equity, create alliances, celebrate diversity, and establish safe environments in our schools and communities throughout the County.

BE IT FURTHER RESOLVED, that the Board of Supervisors of the County of Marin fully supports the rights, freedoms, and equal treatment of lesbian, gay, bisexual, transgender, and queer people; acknowledges that LGBTQ+ rights are to be protected by Marin County ordinances; and commits to ensuring that County programs and services are fully inclusive of and responsive to the needs of LGBTQ+ people and people affected by HIV.

PASSED AND ADOPTED at a regular meeting of the Board of Supervisors of the County of Marin held this 2nd day of June 2020.

KATIE RICE – SUPERVISOR, DISTRICT 2, PRESIDENT

DAMON CONNOLLY – SUPERVISOR, DISTRICT 1

KATHRIN SEARS – SUPERVISOR, DISTRICT 3

DENNIS RODONI – SUPERVISOR, DISTRICT 4

COUNTY OF MARIN

JUDY ARNOLD – SUPERVISOR, DISTRICT 5

LGBTQ+ Program Readiness Checklist

LGBTQ+ Readiness Checklist

The LGBTQ+ workgroup is dedicated to building and maintaining a safe, inclusive, and equitable environment for LGBTQ+ clients, employees, and families.

Please rate your agreement with the following list of statements related to BHRS offices being LBGTQ inclusive.
For each statement, please only circle one of the correct numeric response.
1 = Strongly Disagree 2 = Some Disagree 3 = Neither Agree nor Disagree 4 = Somewhat Agree 5 = Strongly Agree

1	The organization makes space to talk about LGBTQ+ issues when making organizational decisions (e.g. program priorities, funding opportunities, staff assignments, etc.)	1 2 3 4 5
2	A potential client who is lesbian, gay or bisexual would feel comfortable and welcome coming into your office and seeking help.	1 2 3 4 5
3	A potential client who is transgender would feel comfortable and welcome coming into your office and seeking help.	1 2 3 4 5
4	All staff are comfortable serving clients who are LGBTQ+ and clients who do not conform to traditional gender stereotypes.	1 2 3 4 5
5	All staff use inclusive language when talking with clients about the people in their lives, and refrain from making assumptions about the nature of a client's relationships.	1 2 3 4 5
6	For clients who are transgender or do not conform to traditional gender stereotypes:	
	Staff can respectfully ask about a client's preferred name and gender in a way that does not convey discomfort with the topic.	1 2 3 4 5
	Staff consistently use clients' preferred name and gender pronouns once learning of them.	1 2 3 4 5
7	I intervene appropriately when I observe others (i.e., staff, parents, family members, children, and youth) within my program/agency behave or speak about sexual orientation/gender identity or expression in ways that are insensitive, biased, or prejudiced	1 2 3 4 5
8	I understand the impact of stigma associated with mental illness, behavioral health services, and help-seeking behavior among LGBTQ+ and their families within	1 2 3 4 5

	cultural communities (e.g., communities defined by race or ethnicity, religiosity or spirituality, tribal affiliation, and/or geographic locale).	
9	I am aware of resources and community referrals for LGBTQ+ clients. Known resources:	1 2 3 4 5

Additional Comments/Reflections/Concerns/Feedback:

Summary of 6-Month Resource Leads Pilot

Anthony W Ross Consulting - January 2020

Background:
Two trainings were held in June 2019 for all BHRS staff on LGBTQ+ topics. From each training, an application was distributed for anyone who wished to join the Resource Leads group and continue learning for the next six months, including contract staff. Twelve people were chosen to join the Resource Leads six-month pilot. Leads met with consultant once a month for 3 hours on Friday mornings: July 12, August 9, September 27, October 18, November 8, and December 13, 2019.

Brief agendas for each module:
Session 1 - Framework and welcome, Terminology, privilege, and identity
Session 2 - Focus on sexual orientation, self-reflection, history, disparities
Session 3 - Focus on gender, pronouns, resources
Session 4 - Continued focus on gender, non-binary identity, tips and tools
Session 5 - Resources and Welcoming environment, guest speaker on trans care
Session 6 - Continued resources and welcoming environment, next steps, postmortem/next steps

Evaluations:
Three process evaluations were administered throughout the six sessions to capture participants current learning, feedback, and questions. A pre/post survey outcome evaluation was administered; pre during session 2 and post during session 6. Feedback was also verbally encouraged by consultant throughout each module. All evaluations are attached to this summary for review.

Highlights/trends:

Session 2 - 12 pre-surveys (outcome) completed
Session 6 - 7 post surveys pre-surveys (outcome) completed

Trends: from pre/post outcome surveys - Generally Resource Leads a good understanding of basics, disparities, and language, as well as basic clinical topics. All Leads came in with varying levels of knowledge. Most Leads increased educational understanding evidenced in process and outcome surveys. We were not able to adequately cover information on DSD/Intersex identity (2 questions) and most missed the question referring to the year sexual orientation was taken out of DSM, possibly due to wording of question. Therefore, those three questions were dropped. Workload as a barrier was apparent throughout as leads struggled with completing homework and doing process evaluations between modules. (See attached.)

Discussion with Resource Leads during sessions often followed a trend around lack of time and support from managers to continue depth of work with this topic. Leads often asked for more consultation time, especially with specific cases, as well as more time to role play potential difficult conversations. Questions came up around what the goal of their roles as Resource Leads were, which was not clearly defined from the start. The Leads are generally interested in continuing work in some capacity as long as it is supported by managers and leadership. There was also expressed interest in reaching out to various BHRS teams during regular staff meetings to present what they accomplished in these past six months and ask for feedback or questions from team members around these topics to best determine next steps. Some Leads joined the Work Group to continue the work.

Overall, the pilot of developing Resource Leads showed some success in improving levels of knowledge and comfort with LGBTQ+ topics. It became clear that more time and training is needed for all BHRS staff, as well as capacity to focus on work, with clear, vocal support from county leadership. Clear direction as to what the role of the Leads will best be determined by the Work Group, which now has some Resource Leads participating. It is recommended that the Work Group continue to increase membership from all BHRS departments, as well as from contractors and clients to help steer the direction and priorities of the group. The Work Group has already begun prioritizing tasks and will continue potentially with support of consultant.

Notes from leads on what they would like to see happen:

- Client-centered clinicians - more training, recruiting, and accountability
- Training for supervisors so clinical supervision is on the same page.
- Visual office/environment changes
- Encouraging more open conversations, culture shifts
- Get more client perspectives, especially youth
- More clinical support on transference and more work on privilege
- Managers work with other managers to increase understanding of LGBTQ+ community and support needed
- Assessment of workload and actual support around the importance of this topic (big topic of convo throughout 6 modules - direct service clinicians don't feel supported in the work.)
- Refreshers - structure on how to integrate information
- Intersectionality - more in work group as well - languages, ethnic diversity, abilities, etc.
- Have work group take over support for leads and help define specific actions to take from here.
- Work group chooses 2-3 tasks and call on leads for assistance (but leads need support from supervisors to take time to do the work.)
- Productivity standards - exemptions?
- More support from managers
- Consultation groups for clinicians

Appendix D: National Council TIROC Welcome Packet

2020-2021 Trauma-Informed, Resilience-Oriented Equity Call to Action Community of Practice
Welcome Packet

Congratulations! **County of Marin Behavioral Health and Recovery Services** has been selected to participate in the National Council for Behavioral Health's 2020-2021 Trauma-Informed, Resilience-Oriented Equity Call to Action Community of Practice. We are thrilled to have the opportunity to work more closely with you and your team over the next year. Our kickoff session will be on **Wednesday, October 21, 2020 from 3:30 to 5:00 PM EST** with all of the teams to discuss the foundational information of the Community of Practice and share information about what you can expect. We strongly recommend that as many of your core implementation team members as possible participate. **Please** register here for all of your sessions.

This Community of Practice will be fully virtual and will be conducted via zoom meetings and an online forum/listserv.

Please confirm your ability to participate in the Community of Practice by **completing the Letter of Commitment at the end of this welcome packet** and sending it to **Ciara Hill at** CiaraH@thenationalcouncil.org **by COB on Friday, September 25, 2020. Payment for the Community of Practice by check or direct deposit will be due no later than September 25, 2020.** Once payment is confirmed you will receive a follow up email containing training materials and details on how to sign up for your individual team coaching calls. Please note that coaching call sign up is on a first come, first serve basis.

Again, congratulations and thank you for your participation! If you have any questions about the program, please contact Ciara Hill at CiaraH@thenationalcouncil.org

Best Regards,

Linda Henderson Smith , PhD, LPC, CPCS, CCMP
Director, Children and Trauma Informed Services
LindaHS@TheNationalCouncil.org

CONTENTS

PROJECT OVERVIEW

A trauma-informed, resilience-oriented equity approach provides a pathway to successfully addressing the pressing concerns facing behavioral health and community service organizations. The National Council for Behavioral Health is pleased to announce the 2020 – 2021 Trauma-informed, Resilience-oriented Equity Call to Action Community of Practice. Since 2011, we have worked with behavioral health, social service and community organizations to implement trauma-informed, resilience-oriented change. This Community of Practice will provide participating organizations, systems and communities with training, technical assistance and coaching to advance trauma-informed, resilience-oriented equity approaches to addressing historical and ending contemporary racial inequities.

Benefits of Participation

- Virtual training, consultation and technical assistance from a team of national experts, including 12 virtual learning sessions and six individual coaching calls.
- A thorough self-assessment of your program/organization to guide your action plan.
- An array of tools to support implementation of organizational change.
- Identification of outcomes that include performance indicators and tracking tools.
- Our national listserv with our team of trauma experts and alumni TIC Learning Community members with access to resources, tools and contacts.

Time Commitment

Activity	Time Commitment
Virtual Learning Sessions (Monthly sessions for 12 months)	18 hours total
Monthly Core Implementation Team meetings (the most successful teams meet twice monthly)	1-2 hours monthly

Individual team coaching calls with your coach (all team members are expected to attend)	6 hours total
Completion of assessments and reports	6 hours total

GUIDE TO PROJECT PROCESS AND STRUCTURE

- **Kickoff Session**: A 90 minute virtual meeting to welcome accepted applicants on **Wednesday, October 21, 2020 from 3:30 to 5:00 PM EST**. This session will provide an opportunity to meet the other participants and the National Council faculty and to review participation commitments, technical assistance events, and other program logistics. The Team Lead is required to attend this webinar. Please register here.
- **Online forum/Listserv**: An online forum/listserv will facilitate the development of a professional network of participants in this learning collaborative. The listserv will allow participants to pose questions to the group, share resources and exchange ideas. The Team Lead will automatically be added to the listserv. If additional parties are interested, please sent a request to CiaraH@TheNationalCouncil.org.
- **Monthly Virtual Learning Sessions:**
- **Coaching Calls:** There will be six, one-hour, one-on-one coaching calls with your designated coach, the Core Implementation Team and, as needed, other appropriate agency staff. These calls will provide targeted support to practices to assist in developing goals, overcoming challenges, and identifying opportunities. Coaching calls will begin after the first virtual learning session.

TRAUMA-INFORMED, RESILIENCE-ORIENTED EQUITY COMMUNITY OF PRACTICE ACTIVITY SCHEDULE

Item	Date	Time
Learning Session 1: CoP Orientation https://thenationalcouncil-org.zoom.us/meeting/register/tJElcOmvqT4uH933yT9sduyMI4vM99bOuuw7	October 21, 2020	3:30pm – 5:00pm EST
Learning Session 2: TIROC Equity Overview https://thenationalcouncil-org.zoom.us/meeting/register/tJElcOmvqT4uH933yT9sduyMI4vM99bOuuw7	November 18, 2020	3:30pm – 5:00pm EST
OSA #1 and PMT #1 Submission Due Date	December 4, 2020	COB
Learning Session 3: TIROC Equity Principles Overview https://thenationalcouncil-org.zoom.us/meeting/register/tJElcOmvqT4uH933yT9sduyMI4vM99bOuuw7	December 16, 2020	*3:30pm – 5:00pm EST*
Learning Session 4: Creating and Sustaining Safe and Secure Environments for All https://thenationalcouncil-org.zoom.us/meeting/register/tJElcOmvqT4uH933yT9sduyMI4vM99bOuuw7	January 20, 2021	3:30pm – 5:00pm EST
Learning Session 5: Diversity, Equity and Engagement in Human Resource Processes https://thenationalcouncil-org.zoom.us/meeting/register/tJElcOmvqT4uH933yT9sduyMI4vM99bOuuw7	February 17, 2021	3:30pm – 5:00pm EST
Learning Session 6: Supporting a Resilient and Diverse Workforce https://thenationalcouncil-org.zoom.us/meeting/register/tJElcOmvqT4uH933yT9sduyMI4vM99bOuuw7	March 17, 2021	3:30pm – 5:00pm EST

Learning Session 7: Screening and Assessment Best Practices for Diverse Populations https://thenationalcouncil-org.zoom.us/meeting/register/tJElcOmvqT4uH933yT9sduyMI4vM99bOuuw7	April 21, 2021	*3:30pm – 5:00pm EST*
Learning Session 8: Person-Driven Services: How to Involve Communities of Color https://thenationalcouncil-org.zoom.us/meeting/register/tJElcOmvqT4uH933yT9sduyMI4vM99bOuuw7	May 19, 2021	3:30pm – 5:00pm EST
Learning Session 9: Cultural Adaptations to Evidence-Based Practices https://thenationalcouncil-org.zoom.us/meeting/register/tJElcOmvqT4uH933yT9sduyMI4vM99bOuuw7	June 15, 2021	3:30pm – 5:00pm EST
OSA #2 and PMT #2 Submission Due Date	July 9, 2021	COB
Learning Session 10: Cultural Humility in Outreach, Partnership, Advocacy and Continuous Quality Improvement Processes https://thenationalcouncil-org.zoom.us/meeting/register/tJElcOmvqT4uH933yT9sduyMI4vM99bOuuw7	July 21, 2021	3:30pm – 5:00pm EST
5x5 Summit Presentations Due	August 7, 2021	COB
Learning Session 11: 5x5 Presentations Part 1 https://thenationalcouncil-org.zoom.us/meeting/register/tJElcOmvqT4uH933yT9sduyMI4vM99bOuuw7	August 18, 2021	*3:30pm – 5:00pm EST*
Learning Session 12: 5x5 Presentations Part 2 https://thenationalcouncil-org.zoom.us/meeting/register/tJElcOmvqT4uH933yT9sduyMI4vM99bOuuw7	September 15, 2021	3:30pm – 5:00pm EST

CURRICULUM

Community of Practice Objectives

The National Council's trauma-informed experts will help you develop and implement a complete trauma-informed and resilience-oriented equity plan to:

- Increase awareness of intergenerational trauma and systemic racism impact, resilience and trauma-informed, resilience-oriented care.
- Implement trauma-informed, resilience-oriented equity best practices suited to your organization.
- Embed understanding of trauma, resilience and equity into all intake, screening and assessment processes.
- Develop an equitable, trauma-informed and resilient workforce.
- Build resilience in your workforce through prevention efforts that address secondary traumatic stress and compassion fatigue.
- Increase persons served resilience, engagement and involvement.
- Create safe environments that avoid re-traumatization, microaggressions, and inequity and promote resilience.
- Organize, collect, analyze and utilize data to sustain quality improvement.

And more…

Community of Practice Primary Tools and Resources

- **Organizational Assessment Tool (OSA):** The OSA is a tool to facilitate a guided process for the CIT and all its stakeholders to embrace and act trauma-informed, resilience-oriented and equitable. Within the first two months of the Community of Practice, each team will distribute the OSA to their staff to collect baseline data and have an individual call (approximately 1 hour) from the Community of Practice Faculty to discuss their assessments and to support the organization in establishing reasonable goals for their year of work. The expectation is that, based on the OSA, each organization will make improvements within their areas of focus over the course of the year.
- **TIROC Equity Climate Assessment:** This tool was created to assist organizations in assessing their current climate to understand and improve diversity, equity and inclusion practices. The information gathered from this assessment will aid organizational leadership and staff in process improvement activities including modifications, and subsequent supports that may need to be engaged in to create safe and equitable spaces for staff. This assessment will be implemented at the same time as the OSA.
- **Performance Monitoring Tool (PMT):** A simple tool that helps the CIT review progress, identify next steps and address challenges. It creates the opportunity for the team to regroup, refocus and monitor momentum. The 1st PMT will be completed within 30 days post-kickoff and before the first coaching call. The 2nd PMT will be completed prior to the sixth coaching call with the follow-up OSA and TIROC Equity Climate Assessment.

Appendix E: FY 19/20 Cultural Competence Advisory Board Members

Name	Position / Representation	Race / Ethnicity
Agency Partner		
Claude Crudup ccrudup@multiculturalmarin.org	Program Director, The Multicultural Center of Marin	
Douglas Mundo dmundo@multiculturalmarin.org	Director, The Multicultural Center of Marin	Latino
Iris Allen-Willis Iallen-willis@marincounty.org	Direct Services Manager, Community Action Marin	
Julie Lehman julie@lehmantherapy.com	LFMT, Lehman Therapy	
Kelli Finley kelli.namimarin@gmail.com	Executive Director, NAMI	
Kristen Gardner kgardner@mulitculturalmarin.org	Director of Organizational Development, The Multicultural Center of Marin	Caucasian
Leticia McCoy LMcCoy@marincounty.org	Family Partner, Community Action Marin	
Terry Fierer terry.fierer@gmail.com	COPE Program Director, Co-Occurring Peer Education Program	Caucasian
Vinh Luu vluu@marinaap.org	PEI Contractor, Marin Asian Advocacy Program	Asian Pacific Islander
Community Volunteers		
Alexis Wise alexiswiselaw@gmail.com	Former Consumer, Marin City	African American
Cheryl August journeyom@yahoo.com	Former Consumer, San Rafael	Jewish
Jaime Faurot dharmayy283@gmail.com	Volunteer Peer Advocate BHRS	
Kerry Peirson ican77@hotmail.com	Family Member, Older Adult	African American
Maya Gladstern mgladstern@hotmail.com	Mental Health Board Member, West Marin	Caucasian
Gustavo Goncalves mrgustavobg@gmail.com	Community Member	Latino
Marin County		
Angela Nicholson Anicholson@marincounty.org	Assistant County Administrator, Marin County	
Anya Muse Amuse@marincounty.org	Equity Director, Marin County	
Liz Darby Ldarby@marincounty.org	Social Equity Policy and Programs, Marin County	

BHRS Staff		
Angela Tognotti Atognotti@marincounty.org	Mental Health Supervisor	
Cecilia Guillermo Cguillermo@marincounty.org	Mental Health Practitioner – Bilingual – Bridge Team	Latina
Chandrika Zager Czager@marincounty.org	Prevention and Outreach Unit Supervisor	
Hamaseh Kianfar Hkianfar@marincounty.org	Mental Health Practitioner – Bridge Team	
Jei Africa Jafrica@marincounty.org	Director of BHRS	Asian Pacific Islander
Jennifer Moore Jmoore@marincounty.org	Equity and Inclusion Program Manager	
Jessica Diaz Jdiaz@marincounty.org	Access Team Supervisor	Mixed Heritage
Kaitlyn Motley Kmotley@marincounty.org	Senior Department Analyst	Caucasian
Kara Connors Kconnors@marincounty.org	Suicide Prevention Coordinator	
Maria Abaci Mabaci@marincounty.org	Supervisor Bridge Team	African American
Maria Rea Mrea@marincounty.org	Outreach and Engagement Coordinator	Latina
Mark Parker Mparker@marincounty.org	BHRS Peer Counselor	
Marta Flores Mflores@marincounty.org	Clinical Psychologist II	
Melissa Bermudez-Rivers mbermudez-rivers@marincounty.org	Support Service Worker – Bilingual Bridge Team	
Ngoc Loi Nloi@marincounty.org	Mental Health Practitioner - Bilingual	
Rebecca Stein Rstein@marincounty.org	BHRS Unit Supervisor/ WET Program Supervisor	
Robert L. Harris, Jr. Rharris@marincounty.org	Mental Health Practitioner – Bridge Team	
Sadegh Nobari Snobari@marincounty.org	Licensed Mental Health Practitioner-Youth and Family Services	
Sara Fusenig Sfusenig@marincounty.org	Administrative Services Associate	
Veronica Alcala Valcala@marincounty.org	Administrative Services Technician	Latina

Appendix F: Board Of Supervisors Approval Letter for Peer Program Coordinator

COUNTY OF MARIN

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.

MARIN HEALTH & HUMAN SERVICES

Benita McLarin, FACHE
DIRECTOR

20 North San Pedro Road
Suite 2002
San Rafael, CA 94903
415 473 6924 T
415 473 3344 TTY
marinhhs.org

APPROVED
NOV 17 2020
MARIN COUNTY
BOARD OF SUPERVISORS

November 17, 2020

Marin County Board of Supervisors
3501 Civic Center Drive
San Rafael, CA 94903

SUBJECT: Department of Health and Human Services, Division of Behavioral Health and Recovery Services (BHRS) requests approval of cost-covered personnel and budget adjustments adding a BHRS Peer Program Coordinator fixed term position in the Mental Health Services Act (MHSA) Community Services and Supports (CSS) Recovery Oriented System Development program.

Dear Supervisors:

RECOMMENDATIONS:

1. Authorize your Board to approve the cost-covered personnel adjustment adding a BHRS Peer Program Coordinator fixed term position through December 31, 2023 effective for the November 29, 2020 pay period.

Action	SAP Cost Center	Munis Org Code	Program Name	FTE	Job Title	Step	Class	SAP/ Munis Position #
Add	1000047100	23821141	Mental Health Prop 63	1.00	BHRS Peer Program Coordinator fixed term through 12/31/2023	5	0428	04280TBD/ 042810TBD

2. Approve the related one-time FY 20/21 budget adjustment as detailed in the Fiscal Impact Section

SUMMARY: The Department, through its Division of Behavioral Health and Recovery Services (BHRS), is expanding the career ladder and support for the peer workforce by creating a new Peer Program Coordinator fixed term position. This proposed position was included in the Mental Health Services Act (MHSA) plan and prioritized through a comprehensive planning process that included the communities and stakeholders most interested in mental health and substance use issues. In a companion staff report to your Board, the Human Resources Department is recommending the adoption of this new class specification and accompanying salary range.

The proposed personnel adjustment supports implementation of best practices around peer and family partner support. This position will plan, coordinate, and advocate for peer and family support programs, policies, and procedures within Behavioral Health and Recovery Services including the implementation of Peer

CB IC

Certification following the passage of Senate Bill 803. In addition, this position will act as the lead on peer-related efforts and initiatives, as well as training of peer staff, contractors, and interns.

Given the current fiscal climate, the Department proposes a three-year fixed-term position resulting in a 1.00 FTE net increase in fixed-term FTE. The new position will be filled through a competitive recruitment process.

COMMUNITY BENEFIT: MHSA, formerly Prop 63, was approved by voters in November 2004 and was designed to expand and transform California's county mental health services system to provide better coordinated and more comprehensive care to those with serious mental illness, particularly in underserved populations. This position will ensure the voice of people with lived experience is included at the leadership level in Behavioral Health and Recovery Services and will promote wellness and recovery within and beyond BHRS.

FISCAL IMPACT: There will be no increase in General Fund Net County cost as a result of your Board's approval. The increased FY 2020-21 expenditure appropriations in the MHSA-CSS program of $87,270 will be offset by use of available MHSA fund balance. The Department will work with the County Administrator's Office to adjust the FY 2021-22 baseline budget.

Action	Fund	Munis Org Code	Program Name	Object Code	Object Code Name	FY 2020-21 Budget Adjustment	FY 2021-22 Budget Adjustment
Increase	2380	23821141	MHSA - CSS	511110	Salaries and Benefits	$86,020	$162,947
increase	2380	23821141	MHSA - CSS	561175	Interfund-Exp PC Lease	$1,140	$1,140
Increase	2380	23821141	MHSA - CSS	561185	Interfund-Exp Communication	$110	$110
					Fund 2380 Net Adjustment	**$87,270**	**$164,197**

PG. 3 OF 3

Action	Fund	Munis Org Code	Program Name	Object Code	Object Code Name	FY 2020-21 Budget Adjustment	FY 2021-22 Budget Adjustment
Increase	6610	66114011	Information Services and Technology	522910	Rents and Leases	$1,140	$1,140
Increase	6610	66134122	Information Services and Technology	521310	Communication	$110	$110
					Total Expense	**$1,250**	**$1,250**
Increase	6610	66114011	Information Services and Technology	463110	Interfund Revenue	($1,140)	($1,140)
Increase	6610	66134122	Information Services and Technology	463420	Interfund Revenue-Communication Services	($110)	($110)
					Total Revenue	**($1,250)**	**($1,250)**
					Fund 6610 Net Adjustment	**$0**	**$0**

REVIEWED BY:

[X]	County Administrator	[ ]	N/A
[X]	Department of Finance	[ ]	N/A
[ ]	County Counsel	[X]	N/A
[X]	Human Resources	[ ]	N/A

Respectfully submitted,

Benita McLarin
Director

Munis Budget Adjustment Document Number: 2021/04 2333

Appendix G: Community Listening Sessions for Substance Use Services Strategic Plan

Community Listening Sessions	
Date of Events: West Marin – June 18, 2019 Novato – July 22, 2019 San Rafael – August 1, 2019 Marin City – August 5, 2019 Central Marin – August 14, 2019 Spanish Speaking Residents – September 26, 2019 Prevention & Early Intervention – August 27, 2019 Substance Use Services & Treatment – October 2, 2019 Family Members of People with Lived Experience – October 9, 2019 Older Adults – October 24, 2019	**Populations Included/Demographics of Participants:** Marin County Residents, Marin County staff, BHRS Consumers/Family Members, BHRS Service Providers

Description: The community listening sessions were an essential cornerstone to Marin County's approach for community engagement in the development of the Strategic Plan. The County used the Strategic Prevention Framework (SPF) and content analysis to identify key themes regarding the evolving needs of Marin County residents. This analytic approach allowed staff to systematically process data from each listening session to identify patterns and themes within and across data sources. Marin County BHRS, in collaboration with several other County departments, facilitated multiple community listening sessions to retrieve input about community priorities relative to Substance Use Disorder Prevention (SUD Pv).

Summary of Key Findings:

- Fear, stigma, and shame limit the accessibility to SUD efforts especially for communities of color, immigrants, and/or non-English speaking communities.
- Individuals leaving the criminal justice system lack linkages to SUD and other support services when reintegrating in the community.
- Transition Age Youth (TAY) and LGBTQ+/TAY are identified at greater risk for substance use and in need of stronger connections to community resources.
- Older adults and LGBTQ+ older adults face additional barriers such as social isolation and patterns of substance use that are not as well understood; thereby increasing their risk of negative consequences.
- Early education and information campaigns (community-wide and for parents) were identified as a significant need by family members of people with lived experience and Latinx communities.

- Latinx communities also identified the need to enhance capacity of current behavioral health initiatives by expanding community outreach for these initiatives.
- Parents prioritized the need to begin SUD Pv education before high school and educate parents around mental health and substance use.

Community Planning Survey	
Dates Administered: July 2019 – October 2019	**Populations Included/Demographics of Participants:** Marin County Residents

Description: The *Community Planning Survey 2019* was developed in collaboration with Marin County MHSA and Community Development Agency staff and administered between July and September 2019. The survey was made designed to collect anonymous feedback from County residents in which respondents were asked to indicate the following:

- ❖ Critical services and support needs for residents living in Marin County
- ❖ Populations of residents who are underserved and the barriers to address
- ❖ Potential strategies, risk factors, and barriers, and potential strategies related specifically to SUD Pv services

The *Community Planning Survey* reached over 316 individuals combined between both the English (n=224) and Spanish (n=92) versions of the survey. Survey respondents represented communities from across the County, but most heavily Novato, San Rafael, and West Marin. The majority of English-language survey respondents were White (67%), followed by Latinx (11%) and Asian (9%). All respondents to the Spanish-language version of the survey reported their race/ethnicity as Latinx. For both language versions of the survey, the majority of respondents (57%) indicated their age range as 25-59 years old.

The survey was marketed using snowball and referral sampling methods. The survey was advertised online and through the community listening sessions. Individuals in attendance to at those events were encouraged to send the survey link to their networks, and so on. Additionally, Marin County BHRS and partner agencies invited community leaders to complete the survey if they were unable to attend a listening session.

Summary of Key Findings:

- 76% of survey respondents identified a lack of organizational capacity as being the most significant obstacle to meeting the needs of underserved populations.
- 41% of survey respondents identified prevention and intervention activities specific to populations experiencing high-risk behaviors (e.g. children of family members with mental health and/or substance use conditions; binge drinking, those using high potency THC cannabis products, etc.) as effective interventions to address substance use in the community.
- 36% of survey respondents also identified services to increase social connection and community engagement (e.g. Inter-generational programming, mentoring) as effective interventions to address substance use in the community.

- Survey respondents identified the following as the most significant risk factors in the community that contribute to substance use: Anxiety/depression (71%); lack of social connection or isolation (49%); experiencing trauma (46%); family history of behavioral health issues (39%); and availability of alcohol and drugs (38%) .
- 38% of survey respondents identified stigma as a significant barrier to accessing behavioral health services.
- Survey respondents emphasized the need to address social isolation and poor social supports by enhancing community connections and creating an inclusive culture of mutual aid (e.g. more formalized agreements between community groups and different stakeholder groups to lend each other assistance in the case of emergencies or other traumatic events).

Appendix H: Workforce, Education, and Training Report

The purpose of the Workforce, Education, and Training (WET) survey was to gather feedback regarding staff's perspective on training priorities and the impacts of WET. The survey was sent to all BHRS employees and contract agency staff in all positions (administrative, clinical, managerial, peer positions, case managers etc.) in September 18th. The data from this survey will be used to develop staff training priorities for the next three years. The survey emphasized 4 major areas of training: specific populations, foundational knowledge, core clinical skill areas and competencies and specific treatment practices.

Specific Populations

Survey respondents identified specific populations within Marin County for whom behavioral health staff need more training to effectively treat and serve. These populations include:

1. The LGBTQ+ Community
2. The African American Community
3. The Latinx/Hispanic Community
4. The Asian- American/ Pacific Islander Community
5. The aging and older adult population
6. Individuals with Co-occurring Mental Health and Substance Use conditions
7. Chronically homeless individuals

Foundational Knowledge

Foundational knowledge are areas of knowledge that are fundamental for all behavioral health employees regardless of work site or position. This include both values and areas of practice. The following list represents the foundational knowledge areas that were top priority in the survey results.

1. Cultural competence (including cultural humility, cultural responsiveness)
2. Trauma Informed Care (ability to understand the impact of trauma on individuals/systems)
3. Co-occurring Informed Care (ability to address both mental health and substance use conditions)
4. Welcoming and engaging clients
5. Crisis management and safety
6. Professional legal and ethics standards (including HIPAA and confidentiality)
7. Knowledge of BHRS and partner programs/services and how to access them
8. Wellness and recovery
9. Partnering and collaboration with other providers and systems
10. Self-care

Core Clinical Skill Areas and Competencies

Staff that have direct contact with clients and provide direct assessment and treatment related services, identified key areas of clinical competency that should be prioritize for staff training. These areas include:

1. Assessment and diagnosis of mental health and substance use conditions
2. Client centered treatment planning and documentation
3. Motivational enhancement/engagement in treatment

4. Assessing managing angry and/or assaultive behavior
5. Assessing /treating suicide risk/harm
6. Safety/threat assessment
7. Co-occurring informed care
8. Trauma informed care
9. Cultural competence, responsiveness, humility

Specific Treatment Practices

Supervisors/managers and all clinical/direct service staff with clinical duties identified a number of specific treatment practices and modalities to emphasize in the clinical care of clients/consumers.

1. Trauma focused CBT (TFCBT)
2. CBT for psychosis
3. Motivational Interviewing
4. Cultural humility
5. Solution focused therapy
6. Relapse prevention
7. DBT/ DBT Informed treatment

Information about administrative staff/managers

Administrative staff who participated in the survey, included front desk staff, general clerical, receptionist, billing, benefits analysis and payroll. Managers/supervisors referred to those overseeing staff performances, and operations of programs and clinics, made up the managerial group who participated in the survey. Administrative staff identified the following training priorities:

1. How to respond/provide support in behavioral health crisis
2. De-escalation of conflict
3. Engagement and welcoming
4. Asking difficult questions (i.e. personal identifying information about client's sexual orientation, gender identity, race/ethnicity)

Managerial staff emphasized the following training priorities:

1. How to give and receive feedback in a culturally sensitive/responsive way
2. Creating safety and trust among teams
3. How to facilitate dialogues on racism, sexism, etc.
4. Evaluation of staff clinical competency
5. Engaging staff in change process, including learning new skills
6. Increasing staff motivation

Summary of Top Training Priorities

From reviewing the above categories, 3 major areas of trainings have been identified and should be prioritized for the next 3 years. These categories are:

1. Cultural competence and humility

2. Crisis management and safety
    a. Assessing and managing angry and/or assaultive behavior
    b. Assessing and treating suicide risk/harm
3. Co-occurring informed care

Accessibility and Sustainability of Trainings

Another theme of the WET survey was ensuring accessibility and sustainability of trainings. Survey results showed that half day trainings that start in the morning are the preferred structure and length of trainings and recommended that trainings be held at different locations to improve accessibility. Survey respondents also requested trainings to be offered several times a year to improve sustainability.

Appendix I: Cultural Competency Training Tracking Workgroup Minutes

Cultural Competency Training Tracking Workshop
November 9th, 2020 at 12pm via TEAMS

Trent Boeschen, Kasey Clarke, Jennifer Moore, Katie Smith, Claribel Ojeda, Gustavo Goncalves, Michael

Purpose of this meeting was to create a process to track the Cultural Competency Training. There is a 4-hour requirement for staff member to meet.

- Katie Smith shared some information about the audit:
- Over the past fiscal year only 30% of staff participated in the 4-hour requirement
- There were many trainings offered in the past and that was cut in half
- FY18/19 there was 6 trainings FY 19/20 there was 7 trainings
- The shortage of staff has made it difficult to keep up with the data

- Kasey Clarke gave some historical context on the Intraweb
- Supervisors can check to see if staff has completed training
- Some staff does not have the capability to attend trainings due to coverage
- There are not enough trainings offered for staff to be able to attend when there is coverage
- There needs to be more effort to make sure that supervisors are using the tracking system to hold up to the mandate requirement

- Gustavo Goncalves gave some insight on the role of setting up trainings which created a lot of other more requirements:
- Mental health practitioner, RN's, APA, CAMFT, CCAPP needing CEU's and being able to track those hours
- There's the notion of having inhouse trainings and being able to sponsor trainings as Cultural Competency trainings performed by other agencies as a way of supplementing the total amount of recognized trainings
- Staff have also been encouraged to bring the flyer for an outside training to the supervisor and ethnic manager if the training qualifies as a Cultural Competency Training so they could participate
- Being able to have support staff to dedicate time to support these efforts
  - Registration for the event
  - Creating certificates of completion
  - Having staff there the day of the event
  - Coordinating with the trainer
- Internal and external staffing must be tracked to make sure they have participated in Cultural Competence training, including contractors
- Something else to consider is if the Intraweb should be used to track individuals internally and externally

- Trent Boeschen discussed TalentQuest:
- It's the county's training system
- There may an opportunity to leverage TalentQuest
- It's a system designed to providing digital and in person training and to do reporting for data required
- You can use roles to automatically enroll people
- In the Intraweb you can build the functionality to see who has completed trainings
- You can also set up reminders for supervisors for staff

- Jennifer Moore expressed the possibility of maybe brining in TalentQuest which can send reminders that you have to complete the training:
- You get an email that you are set up for a training
- It helps you track your trainings
- Can there be another way of keep track of everyone's training?
- Can there be a concrete way place of operationalizing a better way to keep a tracking system?

- Trent Boeschen can create the right tool for the job but wants to make sure that there will be human resources that can be applied to this task.
- What dedicated resources look like to support the new tracking system

- Gustavo Goncalves gave follow up comments regarding having dedicated resources due to the following:
- There is a high amount of work that goes into these trainings
- BHRS staff handling the internal inhouse trainings and then externally endorsed trainings
- There's a lot of technical nuances that goes into accounting what record keeping looks like for those situations
- Looking into additional support to focus on dedicating time for this project so that it will have the ability to succeed in a one-time effort and also on an on-going sustained capacity

- Claribel Ojeda keeps track of the CBO's:
- For network adequacy one of the requirements every quarter is for CBO's to be report how many of those providers have already completed the Cultural Competency Training.
- Information is collected every quarter from the CBO point of contact so they can very if the CBO's have completed the training
- There is not a way to verify that the information is accurate or if has met the standards
- The only way to track them is if they attend a BHRS training and their name was put in the Intraweb

- Michael Aycock discussed features of TalentQuest:
- Not sure what the export data would look like
- There are a couple different things that are needed as far as data and workflow for tracking the trainings
    1. There is tracking training people have completed and that could be from a variety of sources whether it's internal or external accounting
    2. You need to upload trainings into a training system in TalentQuest to be able to track it.

3. If you want to track something in TalentQuest you need to be able to put the training in TalentQuest for people to enroll in them
4. You still won't be able to see if people did training outside the organization

- County training has a mandatory 4-hour training separate from BHRS training
  - Wet supervisor to see if there are any cons in applying County training to BHRS training

- Action Items:
  - Potentially using multi-platform solution to keep track of training
  - See what staff capacity is available
  - If keeping Trent Boeschen onboard he would like the following:
    - List out what number of staff and what positions are available to do support
    - What are the minimum requirements for the tracking
    - What does the data look like
    - Then take a look at what TalentQuest offers and not offers
    - What already exists on the Intraweb and what is needed to amend it
  - Keep in mind that there are various types of training's that need to be tracked
  - Jennifer Moore asked group for idea's regarding staffing capacity to bring to Senior Management Team
  - Kasey and Jennifer to meet regarding staffing capacity and how teams are using some of the Admins
    - Possibly sharing some of the staff and seeing what the classification meets
    - Using some of the volunteer staff
  - QI will get back to Jennifer if they have any ideas for keeping track of the data component
  - Michael Aycock suggested Jennifer talk to Dominque from the OD Learning team to discuss how TalentQuest works
  - Jennifer had discussion with Kaitlyn Motley regarding having a consultant for Drupal related stuff regarding tracking data
    - Kasey had talked with Galen regarding funding for a Drupal consultant.
    - Jennifer and Kasey to possibly have a discussion with Galen regarding funding to have a consultant for Drupal.

Appendix J: Suicide Prevention Work