

January 31, 2017

# Health Equity Initiatives: A Ten- Year Review

The Office of Diversity &  
Equity's strategy to create  
equitable access to behavioral  
health services



# Introduction Letter

Dear Colleagues,

As part of the San Mateo County Health System's Behavioral Health and Recovery Services (BHRS), the Office of Diversity and Equity (ODE) values and amplifies the voices of underserved, unserved, and inappropriately served community members in conversations about wellness, recovery, and resilience. We strive to make behavioral health services culturally appropriate and mental wellness accessible for all San Mateo County residents.

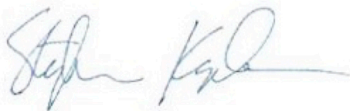
The Health Equity Initiatives (HEIs) provide one path for ODE to link community needs to County and community-based resources. Funded by the Mental Health Services Act (MHSA) since 2007, the HEIs have built on the work done by BHRS' Cultural Competence Committee. The HEIs work to decrease stigma, educate and empower community members, support wellness and recovery, and build culturally responsive services. Over their ten-year history, the HEIs have hosted events and trainings, implemented culturally-responsible policy interventions, and created safe ways to engage with behavioral health services for residents whose identities might otherwise keep them away.

This past year, BHRS hired an independent consultant, Harder+Company Community Research, to understand the impact HEIs have had on using collected data from quarterly reports, activities and events and interviews to provide a window into a few HEI case studies. Three critical lessons were identified:

- HEIs provide a valuable, meaningful and authentic connection to on-the-ground community needs and interests and impact awareness and access of BHRS services
- HEIs can influence innovative and community-aligned policies and practices related to mental wellness, recovery, and resilience.
- HEI work must be resourced appropriately to create consistency and advance the development of culturally responsive access to services.

To the co-chairs and members who have dedicated their time to the HEIs over the past ten years, we say thank you. Your dedication and hard work have been substantiated by this document and have illuminated a new path towards health equity for other individuals and agencies. We hope this document will be a tool to inspire organizations and community members to think and act creatively to address health inequities. We also hope that other health systems and jurisdictions will be able to apply the lessons the HEIs have learned while tailoring the work to their specific communities.

Thank you for your support.



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# Report Overview

This report documents and synthesizes a subset of the work that the Office of Diversity and Equity (ODE), a department within San Mateo Behavioral Health and Recovery Services (BHRS), has been engaged in for the last several years. ODE, although formally established in 2009, has been engaged in, overseen and/or sponsored the work of nine Health Equity Initiatives (HEIs) for the past ten years. Recognizing that a number of years have passed since the first Health Equity Initiative was informally established, ODE contracted Harder+Company Community Research (Harder+Company) to produce a report highlighting the work and impact<sup>1</sup> of the HEIs.

## Report Structure

The report begins with a brief background and timeline of the Office of Diversity and Equity and the Health Equity Initiatives. The report provides overviews of each of the nine HEIs and includes the following information for each HEI:

- Background
- Mission, Vision, Objectives
- Key highlights and accomplishments to date

As many of the activities planned and organized by the HEIs are related to goals of engaging with community members to reduce stigma and increase access to services, and promoting principles of cultural humility and health equity among San Mateo BHRS staff, key highlights and accomplishments have been categorized as *Community Outreach & Engagement* or *Strengthening Cultural Competency and Practice*. The final sections of the report include a summary of the HEIs impact to date as well as recommendations for ODE and San Mateo BHRS to consider moving forward.

The report also includes three case studies to demonstrate the impact HEIs have had at a systems-level. Information for the case studies was gathered during semi-structured phone interviews with a representative from each of the three HEIs (the Chinese Health Initiative, the PRIDE Initiative, and the Spirituality Initiative). While all HEIs contribute to BHRS and community wide system-level changes, as can be seen in the HEI key highlights and accomplishments sections, due to limited resources three were selected to provide in-depth examples of their impact.

## Data Sources and Limitations

The Harder+Company research team, with the support of ODE staff, identified and obtained existing data sources from each of the HEIs: HEI webpages; quarterly reports and work plans; logic models; and/or additional reports produced by various HEIs. Materials were reviewed and key events, accomplishments, goals and

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<sup>1</sup> In the field of evaluation, the term "impact" is primarily used when discussing findings from a specific type of an evaluation, an impact evaluation. Here, the term is used to describe the perceived benefits and effects the HEIs have had on community members, San Mateo BHRS staff, and systems of care as an impact evaluation design was not feasible for this report.

objectives were noted.

While we were able to collect information about each of the nine HEIs, it is important to acknowledge the limitations of our data sources. The information found in the quarterly reports includes process-type information, such as copies of meeting agendas, meeting minutes, and sign-in sheets. While this information provides details regarding events and activities each of the HEIs planned or participated in, it does not always include additional information regarding content of the events, attendance, or participant feedback. Furthermore, quarterly reports were not consistently submitted by the HEIs. As such, this report may not accurately reflect all of the work each of the HEIs has conducted over the past several years. It is also important to note that at the time of writing this report, the HEIs were in the process of developing work plans for 2017-2019.

# Background

## Office of Diversity and Equity

The Office of Diversity and Equity (ODE), a department within San Mateo County's Behavioral Health and Recovery Services (BHRS) division, is dedicated to supporting the wellness and recovery of under- and inadequately-served communities in San Mateo County. Demonstrating a commitment to understanding and addressing how health disparities, health inequities, and stigma impact an individual's ability to access and receive behavioral health and recovery services, ODE works to promote cultural competence and cultural humility within the County's behavioral health service system. A report detailing their principles and approach to providing services, as well as the initial efforts of many of the Health Equity Initiatives, were documented in a 2014 report, *Eliminating Disparities, Inequities, & Stigma in Behavioral Health*.<sup>2</sup>

### History

The Mental Health Services Act (MHSA) provided dedicated funding to address cultural competence and access to mental health services for underserved communities; in San Mateo County this led to the formal establishment of ODE in 2009. ODE serves as a resource for trainings, thought partnership, and recommended best practices concerning health disparities, health equity, cultural competence, and cultural humility for BHRS staff and partner agencies throughout San Mateo County. Before becoming formally recognized in 2009, the origins of ODE began in the late 1990s when a few BHRS staff members would informally meet to discuss issues of race, ethnicity, and culture within their clinical work. Many of these members now serve on the Diversity and Equity Council, one of the nine Health Equity Initiatives within ODE. (Please see the timeline on the following pages for additional historical information.)

### Vision

As the number of staff within ODE has increased over the years, the vision of the department's work has also grown. While ODE staff and programs bring a lens of cultural humility and health equity when approaching their work, they would like these principles and associated practices to be adopted, implemented, and reflected in all BHRS programs. This also includes acknowledging the impact of systemic and institutional barriers that may be perpetuated within the BHRS system of care and the quality of services community members receive.

## ODE's Health Equity Initiative Strategy

The HEI strategy was created to address access and quality of care issues among

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<sup>2</sup> A full copy of this report is available to download on the ODE website, [www.smchealth.org/ode](http://www.smchealth.org/ode)

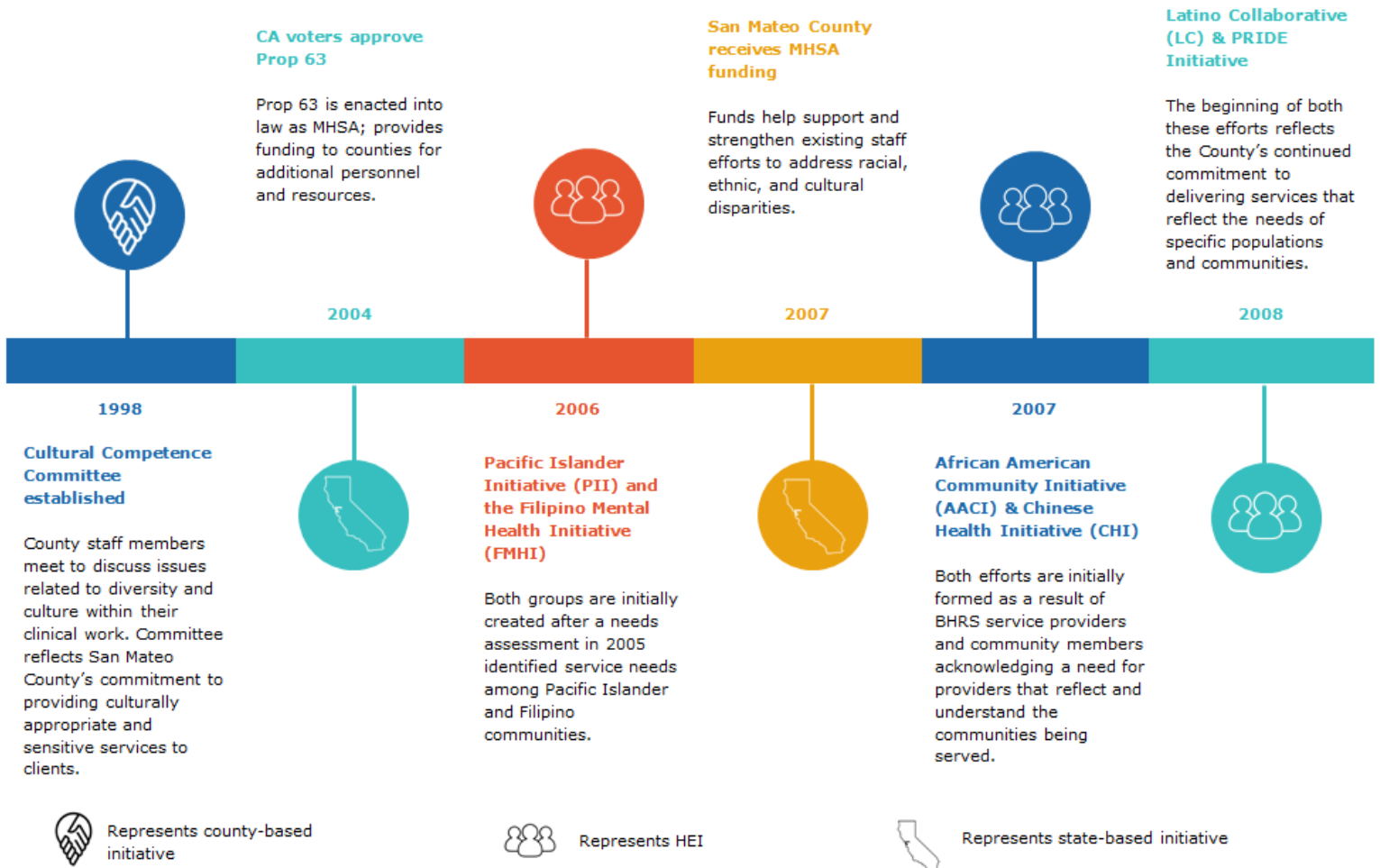
underserved, unserved, and inappropriately served communities. ODE provides oversight to nine Health Equity Initiatives (HEIs) representing specific ethnic and cultural communities that have been historically underserved: African American Community Initiative; Chinese Health Initiative; Filipino Mental Health Initiative; Latino Collaborative; Native American Initiative; Pacific Islander Initiative; PRIDE Initiative; Spirituality Initiative; and the Diversity and Equity Council.

HEIs are comprised of San Mateo BHRS staff, community-based health and social service agencies, clients and their family members, and community members. The HEIs are typically managed by two co-chairs, including BHRS staff and/or a community agency or leader.

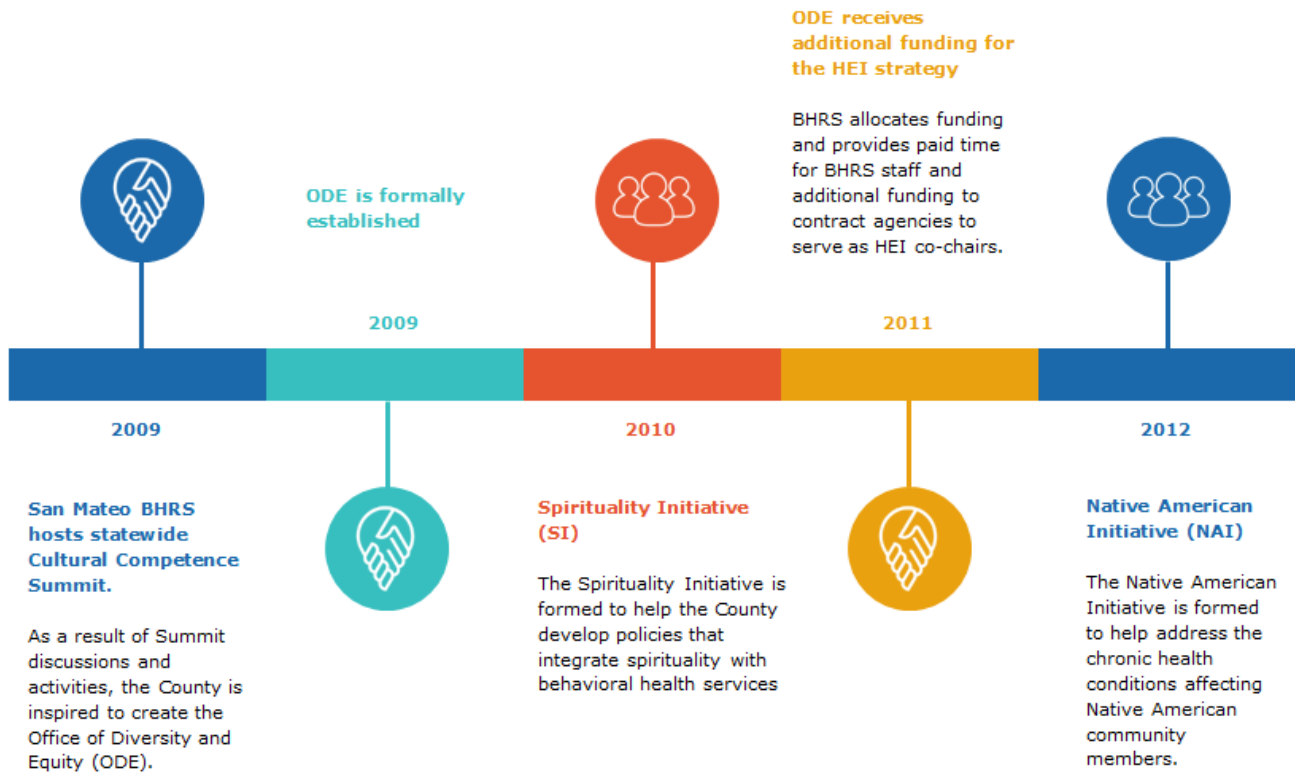
HEIs implement activities throughout San Mateo County that are intended to:

- Decrease stigma
- Educate and empower community members
- Support wellness and recovery
- Build culturally responsive services

# Timeline of ODE & the HEIs







# African American Community Initiative

## Background

African American Community Initiative (AACI) efforts began in 2007 and were led by African American BHRS staff members committed to: increasing the number of African American clinicians working within BHRS; improving the cultural sensitivity of clinicians to better serve the African American community; and empowering African Americans to advocate for equality and access to mental health services. The AACI works towards these goals by providing support and information about mental health and recovery services to BHRS clients and San Mateo County residents.

Prior to formalizing itself as the AACI, the group met informally and in November 2007, hosted a roundtable discussion with BHRS staff, representatives from community-based organizations, service providers, and community members to identify and discuss the mental and physical health needs of African Americans in San Mateo County. Roundtable attendees also considered issues of recruitment, retention, and promotion of African American staff within the San Mateo County Health System. Discussion participants identified a need for more African American clinicians within San Mateo County, as well as clinicians that implement culturally sensitive and appropriate practices.

## Mission, Vision, and Objectives

The AACI has defined its vision as working to improve health outcomes and reduce health disparities for African Americans in San Mateo County and has identified the following objectives as necessary steps towards achieving this vision:

1. Increase **awareness** and **involvement** of community members in the African American Community Initiative
2. Increase **knowledge** and **utilization** of BHRS mental health services among African American community members in San Mateo County
3. Link African American community members to BHRS **education** and **training programs** such as Mental Health First Aid, Parent Project, and the Health Ambassador Program
4. Advocate for the **employment** of at least one African American clinician in each Community Service Area of San Mateo County BHRS
5. Provide San Mateo County BHRS with research regarding the African American community as a result of focus groups, **community-based research**, and surveying through the Office of Consumer Affairs
6. Conduct at least one annual **community-based outreach** event to build support for AACI
7. **Partner** with other organizations and HEIs to support AACI, African American clients, and professionals

## Highlights & Accomplishments

Since its initial formation in 2007, the AACI has organized and participated in a number of events that help advance the objectives described above. Notable achievements include: establishing a partnership with the African American Community Health Advisory Council (AACHAC) which works with businesses, corporations, CBOs, health educators, and the faith-based community to promote health and wellness; consistent engagement of African American BHRS clients in AACI monthly meetings; and ongoing community outreach and wellness and recovery activities.



### Community Outreach & Engagement

- Co-sponsor annual Black History Month Summits with AACHAC
- Attend and host workshops at the annual Family Awareness Night event sponsored by One East Palo Alto (approximately 150 attendees)<sup>3</sup>
- Participate and provide outreach services during the annual AACHAC's Women's Health Conferences and Men's Health Symposia (approximately 500 attendees/event)
- Organized community events, such as Family Day at the Park and African American Parents' Night
- Provide outreach services at various community events, such as Soul Stroll (approximately 1750 attendees) and Stand Up for Mental Health Wellness (approximately 100 attendees)
- Host Digital Storytelling and Wellness Recovery Action Plan® (WRAP) groups for San Mateo BHRS African American clients
- Provide resources and information regarding mental health and recovery services during the annual county-wide Recovery Happens resource fair (approximately 600 attendees)



### Strengthening Cultural Competency and Practice

- Hosted *Upward Mobility in Behavioral Health & Recovery Services* Workforce Education and Training session
- Hosted Brown Bags and presentations for BHRS staff on a variety of topics, such as African American women and depression
- Produced a white paper presenting recommendations for hiring, supporting, and promoting African American staff and managers, as well as recommendations for mental health services for African American community members

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<sup>3</sup> When available, we have included the approximate number of event attendees as noted in HEI quarterly reports

- Supervise Cultural Stipend Interns. Past interns have:
  - Conducted focus groups with African American BHRS clients. As a result of feedback received during the focus group, AACI organized a ten-week support group for African American clients.
  - Researched culturally-based practices for providers and recommend implementing a manual entitled *Empathize, Engage, and Empower: A Training Manual for Mental Health Professionals to Build Individual, Organizational, & System Level Cultural Competence Working with African American Male Youth*

# Chinese Health Initiative

## Background

The Chinese Health Initiative (CHI) efforts began in 2007 by San Mateo BHRS staff members who were committed to providing and advocating for culturally and linguistically accessible and responsive services within the San Mateo County Health System. By collaborating with partners, conducting community outreach, and providing service referrals, CHI members work to empower Chinese residents to seek services for mental health and substance use issues.

## Mission, Vision, and Objectives

The Chinese Health Initiative works to improve engagement and utilization of BHRS mental health and substance abuse services among Chinese community members. In order to ensure the services Chinese clients receive are culturally-sensitive and appropriate, CHI works to increase provider capacity to serve Chinese clients by advocating for the hiring of Chinese staff who are able to reflect the culture and language needs of Chinese clients.

Much of CHI's work is focused on reducing the stigma associated with seeking services for mental health issues and accessing care provided through the County Health System. Recognizing a need for targeted community outreach and engagement, CHI advocated and received funding for a Chinese Outreach Worker position. This work is further described in the case study summary on page 13.

## Highlights & Accomplishments

Since 2007, the Chinese Health Initiative has worked to ensure that BHRS services are culturally and linguistically appropriate, while also working to increase knowledge and utilization of BHRS services among Chinese community members.



### Community Outreach & Engagement

- Organized Qi Gong trainings, a form of complementary medicine which has been found to help to reduce stress, increase vitality, and enhance the immune system
- Regularly solicit information regarding needs and concerns of Chinese community members by partnering with the local Sing Tao newspaper and Chinese radio station, local churches, elderly care facilities, and local high schools
- Conduct formal needs assessments, including supporting the Stanford Psychiatry Department with conducting mental health focus groups for parents and teens, and guiding 1,100 students at Mills High School in San Mateo through a student mental health needs assessment
- Facilitate monthly support groups for family members of individuals living with mental illness

- Provide resources and information to community members attending a number of events, including the California Health and Public Utilities Commission Health, Wellness, and Safety Expo (approximately 28 attendees), Millbrae Health Fair (approximately 30 attendees), Aragon High School Wellness Expo (approximately 150 students), Hillsdale High School Resource Fair (approximately 50 attendees), and various other educational and outreach events
- Provide targeted activities for various sectors of the Chinese community including clients, seniors, parents, students, and the community at large. Activities include:
  - Facilitated Wellness and Recovery Action Plan® (WRAP) in Cantonese and Mandarin for BHRS clients (approximately 8 attendees)
  - Partnered with Self Help for the Elderly to provide depression screenings, education, and referrals to seniors
  - Partnered with Stanford University to facilitate parent-child workshops for Asian families
  - Facilitated Digital Storytelling workshops with students at the College of San Mateo
  - Mentored high school students in developing a skit and accompanying workshop about body image
  - Hosted the *Cultivating Wellness Forum* with San Mateo BHRS employees, community agencies, providers, and community members on topics related to cultivating mental wellness for the Chinese community
  - Organized presentations (e.g., *Achieving Success and Balance in the Modern Day*) at local high schools (approximately 87 attendees) and churches (approximately 50 attendees) to provide information to parents about the importance of mental wellness
- Promoted awareness about careers in mental health by participating at Career Day at local high schools, including collaborating with the Filipino Mental Health Initiative to co-host a Mental Health Careers Question and Answer session for students at Jefferson High School in Daly City



### Strengthening Cultural Competency and Practice

- Host provider and education training workshops, such as *Indigenous Healing: Traditional Chinese Healing Practice (approximately 83 attendees)*, *How to Work Effectively with Chinese Patients*, and *Problem Gambling in the Asian Population* (presented by NICOS-Chinese Health Coalition)

- In collaboration with the Psychiatric Training Program of the San Mateo Health System, offered a training to psychiatry residents on how to assess suicide risk among Chinese American immigrants using culturally-based evaluations (approximately 80 attendees)
- Regularly collaborate with other BHRS to staff to ensure services are culturally appropriate, such as partnering with an Alcohol and Other Drugs (AOD) Program Analyst to develop a focus group survey that was culturally appropriate for the Chinese community and inviting community members to review Chinese translated BHRS documents for linguistic accuracy and cultural sensitivity prior to making them available to clients
- Submitted a white paper entitled, *Recommendations for Improving Access for Chinese Speaking Residents of San Mateo County*
- Supervise Cultural Stipend Interns. Past interns have:
  - Compiled resources gathered during informational interviews with Bay Area service organizations focused on documenting accessible and culturally sensitive mental health resources for the Chinese community

## Influencing Organization-Level Changes to Improve Access to Care

The Chinese Health Initiative (CHI) influenced system-level change in two large healthcare agencies that has led to improvements in serving the Chinese community in San Mateo County. Through a pilot project, which provided funding for a Chinese Outreach Worker, CHI contributed to the creation of a mental health program in a local clinic, and helped develop and establish a screening and referral system within the largest healthcare plan in the County.

CHI first documented the need for a Chinese Outreach Worker position in a 2011 white paper they submitted to the Office of Diversity and Equity, describing the perceived underutilization of BHRS services among Chinese community members. A CHI member that was hired specifically to serve clients preferring to receive services from a Chinese-speaking clinician noted that during her first five years she served less than 10 Chinese-speaking clients. Additionally, clinicians facilitating a Chinese Family Support Group discovered that many Chinese individuals had little knowledge about available mental health and recovery services. During these support group sessions, clinicians came to understand the challenge of overcoming stigma associated with mental health within the Chinese culture. As it is common in Chinese culture to minimize the severity of one's problems or issues, when Chinese clients are asked to explain and describe their issues during intake and assessment sessions, many do not feel comfortable sharing the severity of their issues, resulting in many not meeting eligibility thresholds for services. In light of these factors, CHI advocated for a dedicated position to engage with community members in a culturally-appropriate manner that would hopefully lead to increased service utilization among Chinese residents of San Mateo County.

The first Chinese Outreach Worker was hired in June 2014 and held the position until April 2015. During this time the Outreach Worker created linguistically- and culturally-appropriate outreach materials, conducted outreach and education sessions to community organizations, created strong partnerships with other community based organizations, healthcare agencies and local high schools, and ultimately linked 42 Chinese clients to behavioral health services. The Outreach Worker was also able to establish an important and strategic partnership with North East Medical Services (NEMS) in Daly City. As a result of this partnership, NEMS gained a better understanding of the types of services and programs offered within BHRS and began to refer more clients for services. Additionally, as CHI and NEMS began to discuss the mental health needs of the Chinese population within the County, it became clear that there was a need for services for individuals with mild-to-moderate health issues that fall outside of the targeted scope of Severe Mental Illness (SMI) as determined by MHSA. As a result, **NEMS decided to open their own Mental Health Services program within their Daly City clinic.** The Outreach Worker was eventually hired by NEMS to assist with patient outreach and engagement.

The second Outreach Worker held the position from January 2016 – June 2016 and was able to continue expanding on and establishing key partnerships with agencies, community organizations, and local schools. In particular, a collaboration with the Health Plan of San Mateo (HPSM) and the Access Center of BHRS, led to the development of **a screening and referral system for Chinese-speaking primary care clients.** The Outreach Worker worked with HPSM staff to create a protocol for referring patients to the BHRS Health System, and with the help of HPSM was able to identify all Chinese-speaking primary care providers in San Mateo County. The Outreach Worker personally reached out to each provider and shared information about the referral protocol.

The current Outreach Worker started in October 2016 and continues to build on previous efforts, including expanding upon the referral system to include education to staff regarding mental health screening, training on the use of a Chinese translated depression screening tool, and piloting the usage of an anxiety screening tool in adult, child, and adolescent populations.

CHI members have identified several challenges limiting the success and potential of this position. The Chinese Health Outreach Worker position is funded as a part-time position with no benefits. As such, it has proven to be challenging to recruit and maintain qualified applicants. CHI members would like to see the position funded as a full-time position including benefits with the hope that this will help attract applicants and decrease turn-over.



# Filipino Mental Health Initiative

## Background

The Filipino Mental Health Initiative (FMHI) formed as a result of a series of focus groups conducted in 2005 by San Mateo County BHRS. During these focus groups, community members, providers, and staff members discussed issues pertaining to mental health, stigma, and barriers to accessing care among Filipinos living in San Mateo County. Following these focus groups, in 2006 interested members formed a group with funds made available from the Mental Health Services Act to support Filipino families not yet connected to services. In 2010, FMHI was formally established as one of ODE's nine Health Equity Initiatives.

## Mission, Vision, & Objectives

The FMHI seeks to improve the well-being of Filipinos in San Mateo County by reducing the stigma associated with mental health issues, increasing access to services, and empowering the community to advocate for their mental health. The FMHI works to connect individuals to appropriate health, mental health, and social services through community outreach and engagement. By collaborating and working with providers, the FMHI also works to ensure that culturally appropriate services are available to Filipino residents.

## Highlights & Accomplishments

For over the past ten years, FMHI members have worked with community members and community-based agencies to provide opportunities for young adults, parents, and individuals to discuss mental health issues in the context of Filipino cultural values and traditions. FMHI members also serve on one of three subcommittees focused on addressing the various cross-sections of the Filipino community: youth, elders, and LGBTQ individuals.



### Community Outreach & Engagement

- Regularly provide targeted presentations and workshops on behavioral health related topics for various sectors of the Filipino community, including clients, senior citizens, parents, and students.
  - Collaborate with local high school students to provide mental health workshops, including an 8-week course at Westmoor High in Daly City
  - Facilitated a workshop about identity development and mental health during the *24<sup>th</sup> Annual Uniting Pilipino Students for Success (UPSS)* (approximately 12 workshop attendees)
  - Conducted a mental health awareness presentation and coordinated a Mental Health First Aid training with a local church for Filipino older adults

- Organized and conducted community presentations entitled, *How to be Successful in High School and Beyond*. The presentations provided an overview of the types of mental health challenges that may emerge during adolescence and included information about social media and on-line bullying. Separate community presentations were designed for both students and parents
- Regularly host "Sala Talks" with Filipino youth attending local high schools. These events create an informal space for Filipino youth to discuss issues and challenges they may be experiencing, such as anxiety about college, intergenerational differences with parents/caregivers and coping with social/emotional stressors
- Develop multi-media behavioral health information for the Filipino community
  - Created a PSA available on YouTube titled, *A Family's Cry for Help*, which aimed to show the silent suffering that can exist in multi-generational Filipino households
  - Created a video, *Paving the Way for Community Wellness*, highlighting founding members and the origins of the FMHI; the video is used to in community events to provide information about mental illness in the Filipino community
  - Developed and disseminated over 5,000 community resource directories highlighting Filipino-specific services
  - Facilitated a three month Photovoice project with Filipino youth attending a local high school
- Co-sponsored a variety of community events such as, *Behind the Smiles: Coping with Life's Challenges* (approximately 30 attendees) and a screening of the film, *Mga Anino Ng Kahapon*, depicting a family's struggle with mental illness (approximately 60 attendees)
- Provide resources to community members attending community events, such as the *Filipino Health Day* (approximately 15 attendees), and *Alliance for Community Empowerment (ALLICE)* (approximately 150 attendees)
- In 2016, the FMHI celebrated their ten-year anniversary with a community resource event at the San Bruno Community Center. Community members learned about the signs and symptoms of emotional distress, met with local service providers, and received information about community-based resources



### Strengthening Cultural Competency and Practice

- Conducted the first Filipino LGBTQ needs assessment in San Mateo County to learn how to engage and better serve the community

- Signed an agreement with the Philippine Consulate to support those immigrating from the Philippines, FMHI serves as a primary resource for this community in San Mateo County
- Assisted in establishing a sister-chapter of FMHI in San Francisco
- Initiated a monthly case consultation group for providers to discuss mental health issues specific to the Filipino-American culture
- Supervise Cultural Stipend Interns. Past interns have:
  - Conducted a series of focus groups with Filipino BHRS providers to identify potential barriers Filipinos may experience when pursuing a career in mental and behavioral health
  - Developed and administered a survey to assess stigma within the Filipino community in San Mateo County
  - Collaborated with local colleges to provide mental health forums, education, and information to Filipino students about working in the mental health field
  - Provided regular trainings for providers to learn how to serve Filipino clients with cultural humility, respect, and awareness
  - Coordinated with local faith-based clergy to help them identify signs and symptoms of mental distress and how/where to direct members to seek services

# Latino Collaborative

## Background

While the Latino Collaborative (LC) efforts began in 2008, its founding members have been committed to giving voice to the Latino community since the late 1980s. During these initial meetings, a small group of Latino providers met informally to address issues pertaining to health disparities and access within the Latino community and San Mateo County mental health services.

These meetings continued and in 2004, a core group of Latino providers requested a Latino-specific training for providers. At the time the County did not have the funds to provide the requested training. As a result, Latino providers organized regular meetings for San Mateo BHRS providers to come together to discuss client cases and strategies for serving the Latino population.

Also in 2004, at the request of the State Department of Mental Health, San Mateo County participated in a Latino Access Study, which explored barriers Latinos experience when attempting to access mental health services. Findings from the study, and insight gathered during years of meeting informally, helped Latino providers engage in a dialogue with other County staff and supervisors about how the County could address the needs of the Latino community.

The LC continues to focus on increasing access to services and culturally sensitive treatment. LC members believe that mental health and substance use services that integrate Latino culture, heritage, spirituality, and family values will lead to improved health and well-being among Latino clients.

## Mission, Vision, & Objectives

The LC's mission includes critically exploring the social, cultural, and historical perspectives of Latino residents within San Mateo County. The LC gives a voice to the Latino community by working together to support mind, body, soul and healthcare practices that are culturally appropriate. The LC has defined its mission as:

1. Creating stronger, safer, and more resilient families through holistic practices
2. Promoting stigma-free environments
3. Providing fair access to health and social services, independent of health insurance coverage
4. Appreciating and respecting traditional practices
5. Recognizing and incorporating Latino history, culture, and language into BHRS

## Highlights & Accomplishments

The LC's long-standing commitment to honoring the cultural and historical perspectives of Latinos has resulted in the creation of services, events, and resources that are grounded in the principles of cultural humility.



### Community Outreach & Engagement

- Presented at the Latino Behavioral Health Institute Conference and California State Cultural Summit
- Hosted a drumming event with Drs. Sal Nunez and Concha Saucedo entitled, *Drumming & Spirituality as a Method of Healing* (approximately 80 attendees)
- Regularly partner with community organizations and agencies to host an annual Latino Health Forum, *Sana, Sana, Colita de Rana!* The multigenerational family event includes panel discussions on a variety of topics, including diabetes, nutrition, depression, and anxiety. The forum also provides space for discussion of issues that are of particular concern for Latino community members, such as stigma, immigration, poverty, and oppression (approximately 300+ attendees).
- Collaborated with Peninsula Conflict Resolution Center to host a "generational fishbowl" to address youth gang violence in South San Francisco
- Collaborate with various cross-sector agencies, such as those focusing on housing, to provide support to low-income Latino families in need
- Partner with Alcohol and Other Drug (AOD) Services to decrease the stigma experienced by many in the dual-diagnosis community



### Strengthening Cultural Competency and Practice

- Presentation to providers entitled, *Devils, witches, evil eye, and other themes found in Latino clients who have been diagnosed with a psychotic disorder: Cultural themes or psychosis?*
- In partnership with Workforce Development, supported a mentoring program for staff regarding clinical, administrative, clerical, and management-level professional development
- Presentation to providers entitled, *Clinical Supervision & Consultation: A Multicultural Perspective*
- Presentation to 16 MSW students at Cal State University, East Bay entitled, *Using Culture to Create a Familiar Environment for Clients*
- Ongoing participation in Spanish-speaking county-wide consultation team meetings to discuss clinical cases

# Native American Initiative

## Background

The Native American Initiative (NAI) is one of the newer Health Equity Initiatives, established in 2012. Inherent to their work is building appreciation and respect for Native American history, culture, and spiritual healing practices.

## Mission, Vision, & Objectives

The NAI has defined its mission as generating a comprehensive revival of the Native American community in San Mateo County by raising awareness through health education and outreach events which honor culturally appropriate traditional healing practices.

The NAI's vision is to provide support and build a safe environment for the Native American community in San Mateo. Additionally their goal is to appreciate and respect Native American history, culture, spiritual, and healing practices. The NAI strives to reduce stigma, provide assistance in accessing health care, and establish ongoing training opportunities for behavioral health staff and community partners.

The NAI has further developed and articulated the following objectives:

1. **Increase Awareness:** Improve visibility of the challenges faced by Native Americans and provide support for the Native American community in San Mateo.
2. **Outreach and Education:** Outreach to and educate San Mateo County employees and community partners on how better to serve the Native American community.
3. **Welcome and Support:** Welcome community members, clients, consumers, and family. Assist individuals in accessing and navigating the San Mateo County health care system.
4. **Strengthen our Community:** Provide opportunities for Native Americans to strengthen their skills and create collaboration for guidance, education, and celebration of the Native American community.

## Highlights & Accomplishments

The NAI has not only provided mental health resources to San Mateo County residents, but has also contributed to the professional development of San Mateo BHRS providers through trainings and workshops Initiative members have organized.



### Community Engagement & Outreach

- Provide resources during the annual county-wide Recovery Happens resource fair (approximately 600 attendees)
- Attended the Chico-Historical Trauma and Native Americans conference



## Strengthening Cultural Competency and Practice

- Foster relationships with Native American/indigenous organizations across the region and refer Native American and indigenous clients to culturally appropriate out-of-County resources (when appropriate)
- Organized and facilitated a discussion for BHRS staff, partner agencies, and community members, entitled *Historical Trauma and Native Americans* (approximately 26 attendees)
- Organized and facilitated a discussion of substance use among Native Americans, with a particular emphasis on dispelling myths about how Native Americans were introduced to alcohol
- Wrote *California Reducing Disparities Project: Native American Strategic Planning Work Group Report*, which included recommendations for creating culturally competent prevention and early intervention efforts to promote the well-being of Native Americans in San Mateo County

# Pacific Islander Initiative

## Background

The Pacific Islander Initiative (PII) was initially formed by community members and BHRS staff in 2006 after a needs assessment conducted in 2005 identified particular areas of need among Pacific Islanders living in San Mateo County. The PII focuses on addressing health disparities within the Pacific Islander community by working to make services accessible and culturally-appropriate and by increasing awareness of and connections to existing mental and behavioral health services.

## Mission, Vision, & Objectives

The PII's mission is to raise awareness of mental health issues in the Pacific Islander community in order to address the stigma associated with mental illness and substance abuse.

The PII envisions a healthy community that feels supported by service providers, is accepting of individuals experiencing mental illness or substance abuse challenges, and is knowledgeable of the various resources and services that are available to address mental and behavioral health needs.

The goals and objectives of the PII are organized into three main categories and listed below.

- **Education and Awareness:** Increase the visibility of challenges experienced by Pacific Islanders and promote community resources that support the Pacific Islander community.
- **Prevention:** Actively support activities that promote positive behavioral and physical health through community engagement.
- **Capacity Building and Leadership:** Provide opportunities for service providers and local Pacific Islander leaders to develop their skills and capacity for providing services to Pacific Islanders that are culturally appropriate.

## Highlights & Accomplishments

The PII's commitment to actively supporting and engaging with community members has allowed members to become trusted and valued resources within the community. This is particularly evident in the support they have provided family members and caregivers, as detailed below.



### Community Outreach & Engagement

- To date the PII has facilitated five Pacific Islander-focused Parent Project sessions in East Palo Alto, South San Francisco, Redwood City and San Mateo (approximately 100+ parent participants)
- Co-facilitated East Palo Alto Mental Health Support Groups



- At the request of the San Mateo Police Department, PII members were asked to participate in and provide translation services during a mediation meeting between police officers and family members of a Tongan woman who committed suicide
- Hosted “fishbowl” forums that provide an opportunity for youth and parents to communicate openly with one another. The forums also provide a space for parents and children to discuss differences in Pacific Islander and American cultures (approximately 50+ attendees)
- Collaborate with other community-based initiatives and service agencies, including Journey to Empowerment, Samoan Mental Health Initiative, and the Mouton Center, to provide resources and information to Pacific Islander community members
- Created an Anti-Stigma vignette that focused on stigma of mental health in the Pacific Islander community
- Hosted a Pacific Islander Wellness Resource Fair with presentations on mental health, resources, and screenings



### **Strengthening Cultural Competency and Practice**

- Provided training on Pacific Islander cultural sensitivity to the Youth and Adult Care Teams at Central County Clinic
- Provided “How to serve the Pacific Islander community” trainings to providers
- PII members participated in a training to become Digital Storytelling workshop facilitators and Mental Health First Aid trainers. As part of the Digital Storytelling training, participating members created digital stories presented as part of a community outreach event (approximately 56 attendees)

# PRIDE Initiative

## Background

The PRIDE Initiative was founded in April 2007, and was one of the first LGBTQ-focused efforts in San Mateo County. The Initiative is comprised of individuals concerned about the well-being of lesbian, gay, bisexual, transgender, queer, questioning, and intersex individuals (LGBTQQI) in San Mateo County.

## Mission, Vision, & Objectives

The PRIDE Initiative has defined its mission as being committed to fostering a welcoming environment for the lesbian, gay, bisexual, transgender, queer, questioning, and intersex (LGBTQQI) communities living and working in San Mateo County through an interdisciplinary and inclusive approach. The Initiative collaborates with individuals, organizations, and providers working to ensure services are sensitive and respectful of LGBTQI issues.

PRIDE envisions an inclusive future in San Mateo County grounded in equality and parity for LGBTQI communities across the County.

PRIDE objectives have been defined as:

1. Engage LGBTQI communities
2. Increase networking opportunities among providers
3. Provide workshops, educational events, and materials that improve care of LGBTQI individuals
4. Assess and address gaps in care.

## Highlights & Accomplishments

While the PRIDE Initiative organizes a number of community-based events, one of their most notable accomplishments has been the establishment of an annual county-wide LGBTQI pride celebration. Following the inaugural Pride Parade and celebration in June 2013, the Board of Supervisors formally recognized June as LGBTQ Pride Month in San Mateo County.



### Community Outreach & Engagement

- Hosted Transgender Day of Visibility and LGBTQI Community Nights (approximately 100+ attendees)
- Attend and share resources during the annual county-wide Recovery Happens resource fair (approximately 600 attendees)
- Regularly provide resources and information to community members attending events, such as the Daly City Youth Health Center Health Fair (approximately 120 attendees), the Westmoor High School Health Fair (approximately 200 attendees), and the San Mateo County

Cultural Fair (approximately 200 attendees)

- Support the San Mateo Youth County Commission as “Adult Allies”
- Established the inaugural county-wide Pride celebration and continue to organize Pride events each June. Prior to PRIDE’s work, no formal Pride events took place within the County.



### Strengthening Cultural Competency and Practice

- The PRIDE Initiative regularly provides trainings to other programs within the County about LGBTQI issues and how to better serve LGBTQI clients, such as the *Transgender 102 Seminar Series* (approximately 45 attendees)
- Facilitated an *LGBTQ 101* training for the Mental Health Association (approximately 19 attendees)
- Facilitated a training focused on how to work with LGBTQ seniors for the Daly City Partnership’s Healthy Aging Response Team hotline volunteers (approximately 12 attendees)
- Support Cultural Stipend Interns. Past interns have:
  - Established strong partnerships with other HEIs to help facilitate outreach to other communities
  - Developed a communications plan to increase the PRIDE Initiative’s online and social media presence
  - Created an LGBTQI-focused training manual for behavioral health providers

## Advocating for Culturally Responsive Services

While establishing and organizing annual Pride events has been a key success of the PRIDE Initiative, the more recent success of advocating for funding to open San Mateo County's first LGBTQ Behavioral Health Coordinated Services Center (The Center), has the potential to greatly impact the types and quality of services available to LGBTQI individuals living in San Mateo County.

The PRIDE Initiative was instrumental in the development of a proposal for The Center. The strength of the proposal was a key factor in the County's decision to award MHSIA Innovation funds to open the proposed center.

The proposal explained that LGBTQI individuals are at increased risk for mental health disorders given their experience with stress related to subtle or overt acts of homophobia, biphobia, and transphobia, and as such, need access to service providers and resources that are reflective and sensitive of their experiences and needs. The proposed Center will be a collaboration of multiple agencies that will work to provide support to high-risk LGBTQI individuals through peer-based supports, with the goal of becoming a centralized resource for mental health services. The PRIDE Initiative hopes the Center will promote interagency collaboration, coordination, and communication, which will lead to increased access to mental health services among LGBTQI individuals, and ultimately, improved mental health outcomes.

When reflecting on the MHSIA Steering Committee's decision to pursue Innovation funds for the proposed Center, a PRIDE Initiative member identified three key factors that contributed to the decision. First, the number of people interested in participating in the PRIDE Initiative has increased each year. This increase is in part due to exposure the Initiative receives each year during the annual Pride event, as well as the increased social media presence the Initiative has as a result of the work of PRIDE Initiative interns. Secondly, San Mateo County is supportive of LGBTQI efforts and continues to increase its understanding of why LGBTQI-focused services are needed. Lastly, key leaders at various levels of San Mateo County (e.g., the Health System, Board of Supervisors, LGBTQ Commission, and community-based service agencies) have been supportive of the PRIDE Initiative's advocacy efforts to elevate the importance of providing LGBTQI-sensitive and appropriate services.

While the work of the PRIDE Initiative has contributed to county-wide recognition of LGBTQI issues, the co-chair identified areas the Initiative is working to strengthen in the coming years. Namely, the PRIDE Initiative would like to strengthen its collaboration and partnership with other HEIs and the LGBTQ Commission. By collaborating with other HEIs, the PRIDE Initiative is hoping to increase its knowledge of LGBTQI issues that are present within various cultures and communities. Additionally, the Initiative would like to engage in dialogue with HEI members about issues of intersectionality and how each HEI can work to understand and address topics of intersectionality that community members and BHRS clients may be dealing with.

The PRIDE Initiative co-chair also noted that it would be important to clarify and discuss the roles of the PRIDE Initiative, the LGBTQ Commission, and the type of partnership the two groups envision. While the two have co-sponsored events in the past, the opening of the LGBTQ Center provides an opportunity for both groups to collaborate and contribute to the Center's success.

# Spirituality Initiative

## Background

The Spirituality Initiative (SI) began in 2009, and works to foster opportunities for clients, providers, and community members to explore the relationship that spirituality has with mental health, substance use, and treatment.

As part of their planning process, the SI conducted a survey with clients, family members, and clinicians to assess and understand if and how spirituality plays a part in the lives of people dealing with mental and behavioral health issues. Results from this survey indicated that of the 482 community members that responded to the survey, approximately 80% strongly agreed or agreed with the statement, "Spirituality is important to me". Furthermore, 75% strongly agreed or agreed with the statement, "Spirituality is an important aspect of wellness and recovery and it should be incorporated in my mental health and substance abuse care." Among the approximately 200 BHRS service providers that completed the survey, 77% agreed or strongly agreed with the idea that spirituality is an important aspect of wellness and recovery, and should be incorporated into a client's care; however, only 42% of SMBHRS staff responded that they are encouraged to discuss spirituality with their clients. Results of the survey suggested that while spirituality may be an important part of a client's recovery, clinicians may benefit from resources and trainings about how to best engage clients in discussions about spirituality.

## Mission, Vision, & Objectives

The SI envisions a health system that embraces and integrates spirituality when working with clients, families, and communities. They have defined three core principles that guide their work:

- **Hope.** The Spirituality Initiative recognizes that hope is the simplest yet most powerful tool in fostering healing.
- **Inclusiveness.** The Spirituality Initiative acknowledges that spirituality is a personal journey and that individuals should not be excluded from services based on their spiritual beliefs and practices.
- **Cultural humility.** The Spirituality Initiative encourages an attitude of respect and openness in order to create a welcoming and inclusive space for everyone.

The SI objectives include:

- Promote the vital role of spirituality in the recovery journeys of many who live with mental health and/or substance use conditions, those for whom faith is a key component
- Foster hope, which is a simple yet powerful tool that promotes recovery
- Welcome everyone into recovery regardless of their spiritual beliefs and practices
- Cultivate respect and openness, which are necessary for creating a welcoming space for everyone to recover within the greater community

- Provide basic mental health education to faith-based organizations and connect faith-based organizations with mental health educational classes or resources at BHRS
- Equip congregations to welcome and provide social support to individuals struggling to achieve mental wellness

## Highlights & Accomplishments

The SI has demonstrated how an HEI can work to impact both individual and system-level change. By developing a Spirituality Policy (further described in the case study on the following pages) that shapes the practice of San Mateo BHRS providers system-wide, and offering trainings that work to change individual practices, the Spirituality Initiative is fostering change at multiple levels.



### Community Outreach & Engagement

- Foster ongoing relationships and enable capacity-building with local faith leaders to help them respond to the behavioral health needs of congregation members
- Regularly participate in the annual Recovery Happens resource Fair (approximately 600 attendees)
- Participate in monthly state-wide conference calls with representatives from other counties to discuss strategies for addressing spirituality in mental and behavioral health counseling settings
- Facilitated a Digital Storytelling workshop with community members about spirituality and recovery
- Facilitated a Photovoice workshop with community members focused on exploring stigma and spirituality
- Attended the statewide California Mental Health & Spirituality Conference to provide technical assistance to other Counties that were looking to start a similar spirituality initiative; facilitated two workshops, one provided the history of the Spirituality Initiative in San Mateo County, the second focused on the integration of spirituality into the BHRS system of care
- Organized the first Interfaith National Day of Prayer and Recovery where diverse faiths, faith and secular leaders, and clients came together in the effort to unite in prayer, share information, remove stigma, blame, and fear associated with mental illness and substance use and share stories of faith and recovery



## Strengthening Cultural Competency and Practice

- The Spirituality Initiative has designed and created a number of trainings and events for clinicians, service providers, and community members. Trainings include *Spirituality 101* and *Spirituality 102*, a six-week train-the-trainer program with San Mateo BHRS staff
- Developed a Spirituality Policy that was adopted by San Mateo BHRS to incorporate spiritual understanding into mental healthcare
- Developed various resources for providers including a Spirituality Postcard that lists how providers might explore spirituality with clients
- Presented at a Grand Rounds training, *Bridging Spirituality within Clinical Practice*, for San Mateo County physicians (approximately 70 attendees)

## Creating Department-Level Policies and Trainings

After considering the results of their initial survey and discussing how best to engage San Mateo BHRS staff in spirituality-based discussions, the Spirituality Initiative designed a training program, Spirituality 101. This county-wide training was first conducted in 2011, and was focused on providing information about how the field of psychiatry could incorporate spirituality-related topics in their service models.

As a result of these trainings, the Spirituality Initiative discovered San Mateo BHRS would benefit from a policy that would guide providers as they begin to think about how to integrate spirituality into their work. The policy includes guidelines intended to assist clinical staff as they discuss and address the spiritual beliefs and practices of their clients. The document includes when and how clinicians may assess their clients' experience and beliefs regarding spirituality, and how the information they gather may inform their treatment plans. The policy also includes guidelines about what types of activities providers can and cannot engage in in order to comply with guidelines preventing state-sponsored religious activity.

In order to ensure the policy was understood by San Mateo BHRS staff, members of the Spirituality Initiative met with BHRS programs to review the content and intent of the policy and answer any questions individuals had about how to use the guidelines set forth in the policy. As a result of these meetings, the Spirituality Initiative designed two more county-wide Spirituality 101 and 102 trainings.

As the Spirituality Initiative has continued to strategically plan its work, they have moved away from providing large one-time trainings, and now plan and develop trainings as requested. BHRS programs, clinics, and community partner agencies will often submit a training request based upon their particular client population or program need. The Spirituality Initiative then plans, develops, and delivers a program that is tailored to the learning goals of a specific program or clinic. These trainings have been very well-received and the demand for trainings continues to increase.

The Spirituality Initiative is looking to strengthen and expand its work by continuing to develop and provide trainings for County programs, and hopes that by providing space for clinicians to review case studies, they will develop strategies for initiating spirituality-based conversations with their clients. Additionally, the Spirituality Initiative is hoping to collaborate with other HEIs to learn about the role spirituality plays in other communities and cultures, and how their trainings may be adapted to reflect the cultural context of various populations.



# Diversity and Equity Council

## Background

The Diversity and Equity Council (DEC) works to ensure that topics concerning diversity, health disparities, and health equity are reflected in the work of San Mateo County's mental health and substance use services. The formation of the DEC can be traced back to 1998 when staff members formed the Cultural Competence Committee. This committee later became the Cultural Competence Council in 2009, which played an integral role in the formation of the Office of Diversity and Equity.

## Mission, Vision, & Objectives

The Council serves as an advisory board to assure San Mateo BHRS policies are designed and implemented in a manner that strives to decrease health inequalities and increase access to services.

## Highlights & Accomplishments

The DEC's enduring commitment to promoting the principles of health equity, cultural competency, and diversity within San Mateo BHRS helps ensure service providers and staff are equipped with the knowledge and skills needed to effectively serve the diverse members of San Mateo County. Since its inception, community participation in the meetings has grown and includes BHRS staff, community partner agencies, leaders, clients, and family members.



### Community Outreach & Engagement

- Since 2013, sponsor an Annual Mental Health Awareness kick-off event and coordination of events across the county
- Conduct ongoing outreach to include community-based partners, clients, and family members in DEC meetings and events



### Strengthening Cultural Competency and Practice

- Successfully advocated with the BHRS Director to provide compensation for HEI members that serve as leaders and co-chairs
- Developed internal workgroups (Linguistic Access, Co-Occurring, Workforce Development, and Legitimization) to help align DEC efforts with existing BHRS efforts
- Regularly consult with BHRS regarding contract monitoring and AVATAR assessments

- Regularly provide input and feedback for various San Mateo BHRS efforts, including the MHSA community planning process, and Workforce Education and Training planning
- Reserve time during each DEC meeting for “Diversity Dialogue”; this includes presentations from other DEC members, San Mateo BHRS staff, or community-based service agencies about resources, programs, and tools that are available to help address unmet needs and barriers to services that community members may experience
- In collaboration with Dr. Jei Africa, DEC developed a framework for ODE’s approach to addressing health disparities, health inequities, and stigma associated with mental health and substance abuse. This framework, depicted in a “fish” diagram, illustrates the approach to cultural competency and humility employed by ODE and DEC. The (A copy of the fish diagram is included as Appendix 1)
- Collaborated with other HEIs to create and screen digital stories as a way to showcase diverse experiences with mental health and substance abuse

# Summary of HEI Impact

Supporting the work of the nine Health Equity Initiatives is one way in which the Office of Diversity and Equity and San Mateo Behavioral Health and Recovery Services are working to support the wellness and recovery of under- and inadequately-served communities in San Mateo County. By investing in the HEI strategy, ODE and San Mateo BHRS are promoting efforts to address issues of health equity and social justice at the individual, institutional, and community levels. The cross-cutting themes that reflect the value and impact of the HEI's are summarized below.

## **The Health Equity Initiatives are integral partners in conducting meaningful and authentic community outreach and engagement.**

- Based on the number of community events each of the HEIs have organized and hosted over the past ten years, we can estimate that thousands of individuals and families across San Mateo County have benefitted from the efforts of the HEIs.
- Given each HEI's focus on a specific population or community, targeted outreach efforts have been designed to reach racial, ethnic, and cultural communities that have been historically under-served within behavioral health and recovery services.

## **The knowledge, and lived experience of HEI members allows them to consider and address stigma-related issues that may be specific to certain populations and sub-groups.**

- Having an understanding of how an individual's attitude towards mental health, substance abuse, and accessing services is shaped by their racial, ethnic, sexual, and gender identities allows HEI members to develop outreach materials, resources, and community events that reflect a nuanced understanding of stigma and barriers to accessing services.

## **Given the connections and relationships HEI members have with various community groups and populations, the HEIs have been able to increase awareness of BHRS services among San Mateo County residents.**

- Being able to develop and design resources that reflect the cultural and linguistic needs of a population, allows the HEIs to disseminate information in a manner that reflects the language, values, and beliefs of a given population or community.
- Having access to information and resources that acknowledge an individual's identity and lived experience, provides community members with the opportunity to see their needs and beliefs reflected within the agency working to serve them.

## **The community knowledge and relationships HEI members possess, allows them to strengthen the practice of other San Mateo BHRS staff and community-based service agencies in order to better serve communities in culturally appropriately and respectful ways.**

- HEI members are not only able to use their own experiences when sharing

how to work with a specific community or population, but are also able to draw upon information they gather from individuals and families while participating in community outreach and engagement efforts. This knowledge helps inform and shape San Mateo BHRS policies and practices that are responsive to community needs.

- The HEIs increase awareness and understanding among San Mateo BHRS staff regarding issues that affect the populations they serve by hosting brown bags, provider trainings, and inviting San Mateo BHRS staff to attend community-based events.
- By remaining connected to the community, the HEIs help keep San Mateo BHRS apprised of community issues and concerns in order to develop resources and information that are responsive to changing community need.

# Recommendations & Considerations

In order to further the efforts and impact of each of the Health Equity Initiatives and advance system-level change towards addressing health inequities and racial disparities, we offer the following recommendations and considerations. These include process-type recommendations that will ensure the work and efforts of the HEIs are adequately documented and reported, as well as internal recommendations that consider how San Mateo Behavioral Health and Recovery Services may better support the HEIs.

**Provide resources and supports to the HEIs to help with the development of workplans, quarterly reports, and annual reports.** In speaking with members from some of the HEIs, it became clear that HEI co-chairs and members often do not have the resources needed to create and review workplans, compile quarterly and annual reports, and keep detailed records regarding events and activities.

- **Consider how the new Community Health Planner position may help support the HEIs.** The new Community Health Planner could offer support and capacity building to HEI co-chairs and members in order to better capture the work each of the HEIs produce. The Community Health Planner could meet with HEI co-chairs quarterly to review logic models, workplans, and quarterly reports to ensure HEIs are accurately capturing their efforts. The Community Health Planner could also help facilitate and document event or project debriefs/After Action Reviews.
- **Create dedicated HEI co-chair BHRS staff positions.** Currently, BHRS staff that volunteer as co-chairs are allotted four hours per pay period to support HEI activities and all HEI co-chair related work is performed in addition to co-chairs' full-time positions. While it is voluntary and a decision that is supported by their supervisors, it is often difficult for the co-chairs to consistently implement HEI workplans within the four hours allotted for co-chair duties. Additionally, in order to further promote the impact of the HEIs, it is necessary to commit staff hours to the work. BHRS positions that have integrated HEI responsibilities in their job descriptions will ensure consistency in the work and keep BHRS at the forefront of addressing health disparities, inequities, and stigma while increasing access to mental health and substance use service for communities most in need.
- **Regularly recognize and share HEI accomplishments and successes.** In order to increase support for and recognition of HEI efforts, we recommend highlighting HEI efforts with San Mateo BHRS staff and partners. Similar to the case studies included in this report, sharing key events, programmatic contributions, or HEI-developed materials will not only increase awareness of HEI efforts, but will encourage others to utilize the skills and expertise of HEIs when planning and designing events, activities, resources, etc.

**Strengthen the documenting and reporting process for the Health Equity Initiatives.** In order for the HEIs to make others aware of their accomplishments and efforts, it is important that their activities are consistently and thoroughly captured. Based on our review of the quarterly reports we have included specific recommendations below.

- **Consider revising the quarterly report template.** During our review of each HEI's quarterly reports, we encountered several limitations with trying to gain an accurate understanding of the work and accomplishments each of the HEIs have been responsible for. While this was in part due to the inconsistency of quarterly reports, the information included in the reports varied both within and among the HEIs. We recommend asking the HEIs to provide more information about key events, information related to planning events, and details about any partners they may have collaborated with. We also recommend asking the HEIs to report on workplan progress to date in the quarterly reports.
- **Encourage HEIs to conduct debriefs or After Action Reviews immediately following events or projects.** While the quarterly reports often listed the types of events HEIs organized or hosted, and/or included flyers and agendas from events, details were scarce about the perceived success of an event or project. Some HEIs did include event debriefs as part of their meeting minutes but it would be a helpful tool for all HEIs to conduct debriefs or After Action Reviews (AARs) (see Appendix 2 for a sample AAR). These debriefs or AARs would allow HEI members to celebrate their successes, reflect upon events or projects, document what worked well, and identify areas for improvement. The information gleaned from the AAR's (which should be documented) would be useful when developing workplans and refining HEI goals.
- **Require each HEI to submit a two-year workplan.** Very few HEIs had workplans (when available, most were for 2014-2016). Having the HEIs spend time revisiting their logic model, goals, and objectives will help with understanding how their various activities and events align to their overall goals and desired outcomes. Additionally, having documented workplans will help assess the progress and productivity of each HEI.
- **Consider implementing an annual report.** This report could expand upon the quarterly reports and ask HEIs to reflect on their workplan goals, as well as the goals identified in their logic model. Additionally, it would be valuable to ask the HEIs to reflect and document key successes and highlights from the year, as well as any challenges they experienced. Lastly, HEIs could include information about how the challenges and lessons learned during the year will inform planning for the next year and any potential revisions to their workplan. An annual report would allow the HEIs and the Office of Diversity and Equity to gather in-depth information pertaining to specific efforts or activities of the HEIs, similar to the case studies that are included in this report.
- **Consider conducting a rigorous evaluation of the HEI strategy.** After implementation of the aforementioned recommendations has been underway for a few years, it may be valuable to conduct a follow-up evaluation that is designed to further assess the impact of the HEI strategy. Having robust and consistent data across all of the HEIs, as well as increased capacity among HEI co-chairs, members, and BHRS staff will allow for engagement in additional data collection activities necessary for a more rigorous evaluation. In order to explore the impact the HEI strategy it will also be important to assess the perspectives and experiences of community members, community service agencies, and San Mateo BHRS

staff that have participated in HEI-organized events, trainings, workshops, support groups, etc. This type of data collection will require collaboration among HEI co-chairs and members, BHRS staff, community members, and an evaluator.

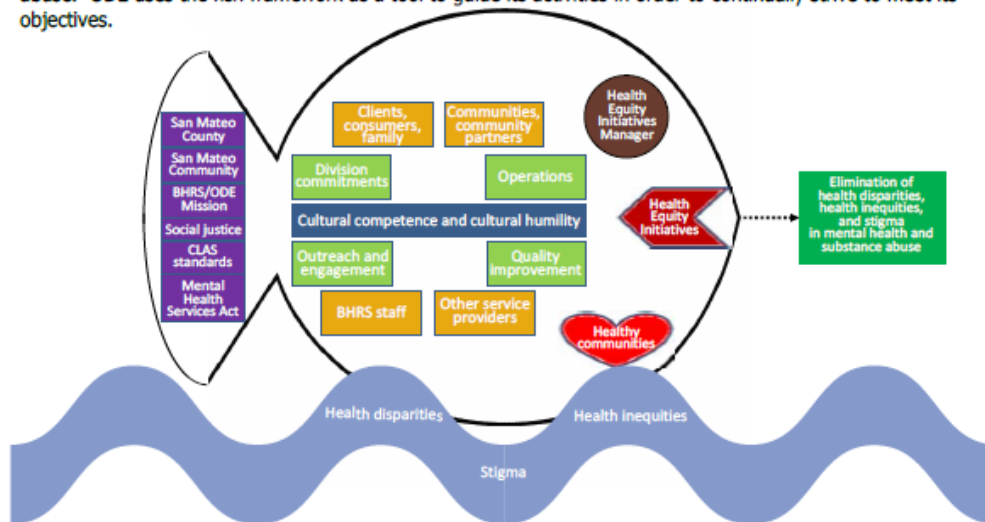
**Provide opportunities for HEIs to regularly contribute to San Mateo BHRS decision-making and planning efforts.**










- **Consider how HEI co-chairs and members can support San Mateo BHRS efforts to develop policies, practices, and programs to support the wellness and recovery of under- and inadequately-served communities in San Mateo County.** Given HEI co-chairs' and members' knowledge, experience, and ties to specific communities and populations, they have the potential to serve as valuable consultants as San Mateo BHRS develops and refines services and programs. San Mateo BHRS should also consider additional resources that can be allocated to help support HEI consulting services.

# Appendix 1: DEC Fish Diagram

## ODE's Framework

Rooted in a Japanese diagram *Ishikawa*, ODE's fish framework comprises elements and metaphors. This framework was adapted from the BHRS fish framework, which was developed through multiple discussions within the BHRS Cultural Competence Council about how to best meet the needs of San Mateo's diverse communities. The fish, a growing and evolving being, represents ODE's evolving and ever-adaptable approach to meet the goal of eliminating health disparities, health inequities, and stigma in mental health and substance abuse. ODE uses the fish framework as a tool to guide its activities in order to continually strive to meet its objectives.



-  The fins of the tail are the drivers of the fish. They propel ODE along on its path. These include San Mateo County, the San Mateo Community, BHRS/ODE's mission and values, social justice, Culturally and Linguistically Appropriate Services (CLAS) Standards, and the Mental Health Services Act.
-  The backbone of the fish is cultural competence and cultural humility. These concepts hold the fish together, and are the basis for all of ODE's work.
-  There are two types of main lifelines or organs of the fish. The first type represents the groups that ODE works with, including clients, consumers, family members, communities, community partners, BHRS staff, and other service providers.
-  The second type of organs represent ODE's activities, including Division commitments, operations and staff, outreach and engagement, and quality improvement.
-  The eye of the fish is the Health Equity Initiatives Manager, who provides the vision and oversight of the rest of the fish's body.
-  At the core or heart of the fish are healthy communities.
-  The mouth of the fish is the means by which it receives its nourishment. The Health Equity Initiatives that developed through staff and community collaboration and advocacy efforts provide numerous opportunities to network, dialogue, and influence system changes and practice.
-  Metaphorically, the fish is swimming upstream in waters filled health disparities, health inequities, and stigma.
-  Success is realized when the goal of eliminating health disparities, health inequities, and stigma for mental health and substance abuse is attained for the San Mateo community.



# Appendix 2: Sample After Action Review Questions

## After Action Review Sample Questions

Sample questions from [betterevaluation.org](http://betterevaluation.org)

1. What was supposed to happen?
2. What actually happened?
3. Why were there differences between what was supposed to happen and what actually happened?
4. What worked?
5. What didn't work?
6. Why?
7. What would we do differently next time?

Sample questions from [Fourth Quadrant Partners](#)

1. What were our intended results?
2. What were our actual results?
3. What caused our results?
4. What will we sustain or improve?
5. What is our next opportunity to test what we learned?







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