COUNTY OF SAN MATEO HEALTH SYSTEM

Behavioral Health and Recovery Services (BHRS)
Office of Diversity and Equity (ODE)

Theory of Change

Advancing Health Equity in Behavioral Health Outcomes

Embracing Diversity Advancing Equity

Behavioral Health & Recovery Services
SAN MATEO COUNTY
Office of Diversity and Equity

PATHWAY OF CHANGE — Long-Term GOAL (2028) — SAN MATEO COUNTY BEHAVIORAL HEALTH & RECOVERY SERVICES

In collaboration with and for community members, the Office of Diversity and Equity (ODE) advances health equity in behavioral health outcomes of marginalized communities by influencing systems change and prioritizing lived-experience.

Penultimate Goals (2023-28)

Workforce Development & Transformation	Community Empowerment	Strategic Partnerships	Policy & System Change
BHRS' workforce and service provision is transformed and prioritizes cultural humility, inclusion and equitable quality care	**Deliberate opportunities exist for individuals with lived experience, families and community members** to engage in decisions that impact their lives	**Meaningful partnerships in the community exist** to maximize the reach and impact on equitable behavioral health outcomes	**BHRS influences organizational level policies and institutional changes** across San Mateo County agencies to positively impact behavioral health outcomes

BHRS leadership champions equity, cultural humility and inclusion principles	Health equity indicators drive program decisions and quality improvement	Pathway is established for individuals with lived experience in leadership positions	Genuine shared decision making with community members is in place	Meaningful partnerships across service sectors are established to advance health equity	Health equity work is fully funded and sustainable	ODE is a go-to resource and expertise, across county sectors, on equity, cultural humility and inclusion	Model evidence-based health equity policies and practices are developed and replicable

Mid Goals (2018-23)

• Multi-cultural Organization Development (MCOD) is fully established and in action • Equity and inclusion principles are in practice throughout BHRS	• Equity and social determinants of health oriented frameworks are in practice • Wellness, recovery and resilience health indicators are identified and collected	• Programs supporting individuals with lived experience are aligned (OCFA, HAP, LEA, story-telling, community-based) • Individuals with lived experience have consistent and meaningful work opportunities	• Community voice is integrated into key decisions through use of the racial equity tool • Equity tool is incorporated into practices at BHRS and by CBOs	• Non-traditional partners (criminal justice, business) are engaged • Cross departmental stakeholders (Health System, Human Resources) BOS are engaged • Diversity of engaged stakeholders is increased	• Impact of health equity work is communicated broadly • Diversified funding streams are identified to support health equity work	• ODE is an active partner in current key prevention, and health equity efforts • ODE provides technical assistance and capacity building to BHRS, agencies and departments across San Mateo County	• Impact of ODE health equity policies and practices is meaningfully documented and evaluated

Early Goals (2017-18)

• Multi-cultural Organization Development goals are identified • ODE staff demonstrate equity competencies and responsibilities are aligned	Research is conducted on transformative evaluation and equity oriented frameworks for measuring outcomes and improving services	• All ODE community engagement programs are aligned on equity goals • Infrastructure needed to advance community empowerment goals is identified	• Racial equity tool is piloted at ODE • Use of equity tool in contracts is explored • Best practices for community shared decision making are identified	• Power map to identify key stakeholders and decision makers needed to advance health equity • Clear path for key partner engagement is identified	• ODE communication plan is established and aligned with health equity goals • Model program development funding strategies are researched	• Key health equity efforts, initiatives and programs countywide are identified • Technical assistance and plan is established	• Key outcome indicators are identified for ODE • Evaluation plan for current ODE policies and practices is established

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Why a Theory of Change Process

In Spring 2017, San Mateo County's Behavioral Health and Recovery Services (BHRS), Office of Diversity and Equity (ODE) engaged independent consultant Dana Ginn Paredes to facilitate a Theory of Change process. The process convened ODE staff, Health Equity Initiatives (HEI) leaders, and community-based partners (CBOs) to help clarify, shape, and improve the impacts of ODE's efforts in the next ten years.

Theory of Change (TOC) is a comprehensive description of an expected and desired change. It is focused on mapping out what a program does and how this will lead to the desired change. It does this through a process of backwards mapping, identifying outcomes, indicators that demonstrate when the outcomes have been achieved and interventions to bring forth the indicators. Through this process, the link between activities and achievements are better understood. The outcome of a TOC is often a "live" document that a team (or sub-committee) may refer to through the length of time estimated in the plan and often enhances meaningful planning and evaluation.

Because ODE is the lead and central coordinator for transforming BHRS' services to promote equity, cultural humility and inclusion, investing in a TOC process was viewed as a critical step for creating a shared roadmap and understanding of how the various pieces of ODE's work contribute to achieving its goals.

The Office of Diversity and Equity

The Office of Diversity and Equity (ODE) advances health equity in behavioral health outcomes of marginalized communities throughout San Mateo County.

For ODE, achieving health equity means that everyone in San Mateo County has a fair and just opportunity to experience positive behavioral health outcomes. This requires a concerted effort throughout BHRS, community-based partners and other County departments. ODE's focus is to help facilitate this concerted effort through 1) the development of a workforce that prioritizes equity, cultural humility and inclusion; 2) empowering individuals with lived experience, families and community members; 3) fostering strategic and meaningful partnerships; and 4) influencing organizational level policies and systems change across the county, region and state.

History

Before becoming formally recognized in 2009, the origins of ODE began when a few BHRS staff members caucused to discuss issues of race, ethnicity, and culture within their clinical work. The Mental Health Services Act provided dedicated funding through the Prevention and Early Intervention component to address cultural competence and access to mental health services for underserved communities as a key factor to preventing mental health and substance use issues. In San Mateo County this led to the formal establishment of ODE as a resource for trainings, thought partnership, and recommended best practices concerning health disparities,

health equity, cultural competence, and cultural humility for staff and programs within San Mateo BHRS. ODE quickly became more than a resource hub as it took a bold step at a time when there were few models for County departments to address health inequities and social determinants of health; going beyond workforce and service provision to a focus on advancing health equity in behavioral health outcomes.

10-Year Initiative

Since 2009, the impact and influence of ODE has steadily increased, resulting in a need to expand staffing and resources. ODE has developed a strong foundation of relationships in the field, has exceeded initial expectations and understanding of what is needed to create change and meaningful impact and is ready for the next phase of growth to advance the work. ODE proposes to embark on a 10-year initiative toward an integrative model which will optimize the potential to achieve its goals and impact in San Mateo County and deepen alignment with broader system values and strategies, including:

1. Further the five strategic values of BHRS: quality services and supports, wise use of resources, community partnerships, workforce excellence and authentic/responsive organization;
2. Expand BHRS outcomes to improve the quality of life for clients and family members, improve operational efficiency, staff satisfaction/contribution and add value to the community; and
3. Exceed MHSA prevention goals by focusing on in the field best practices related to addressing inequities and social determinants of health;

Lastly, as the country is navigating an unprecedented period of economic instability, climate transition, social discord and racial strife, communities in San Mateo County are not exempt from being impacted by these hard times. With marginalized communities already facing challenges to their health and mental health, we can only imagine the cumulative impact upon these communities will be significant in the years to come. In order to meet this moment, BHRS needs a proactive strategy that prepares us to best serve communities. ODE's 10-year Initiative is a step in this direction as it; meets this unprecedented challenge as an opportunity to strengthen and elevate ODE's health equity work; aims to leverage achievements and the readiness cultivated within the community to advance as a system and in partnership with the community; positions marginalized communities of San Mateo County for increased prospects of wellness, recovery, resilience and empowerment.

Theory of Change (TOC) is a method or approach a group can use to think critically about what it takes to bring about a specific social change and depicts how change will unfold over time. When a group undergoes this method of analysis, inevitably they will:

- Engage new questions for stakeholders;
- Make transparent why and where resources will be used;
- Point to where the change will be tracked and documented;
- Create a shared understanding and greater clarity of what we seek to do together and how we measure success;
- Develop a plan that is lean and agile, allowing a group to revisit and adjust as needed.

The TOC process for ODE was conducted over the course of six months, including an initial survey with stakeholders, two large meetings with over 40 community stakeholders and ODE staff and several additional meetings with smaller groupings of stakeholders and ODE staff. At each meeting, we advanced the TOC process.

1. Pre-TOC survey[1]
2. Context and the Moment; Draft and confirm assumptions/justifications based on the pre-TOC survey; Draft the long-term goal; Initial gather of interventions and indicators
3. Draft of penultimate, mid and early outcomes
4. Refine of long-term, penultimate, mid and early outcomes
5. Draft indicators
6. Refine indicators and draft interventions
7. Review the draft TOC
8. Review and refine the TOC

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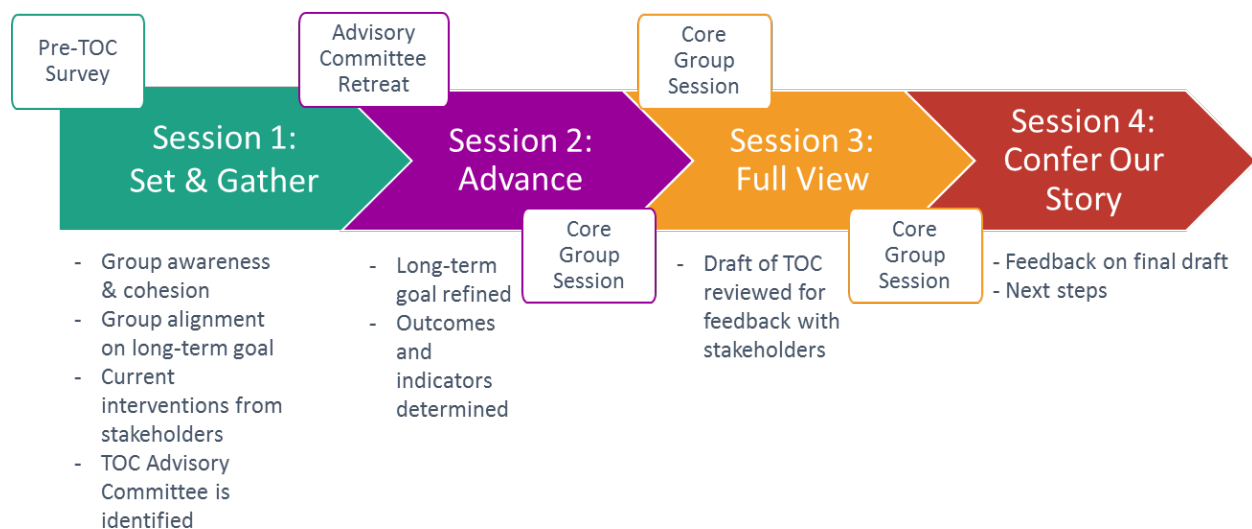
[1] *See Appendix B. Theory of Change Pre-Survey with ODE Staff, HEI Co-Chairs and CBO Partners*

The assumptions and values within TOC are the set of beliefs and/or research behind the initiative's features. The assumptions and values below are based on themes that emerged from the pre-TOC survey[2] and operated as a touchstone throughout the process.

- **Advancing health equity is key.** A key strategy to prevention of mental health and substance use issues requires advancing health equity through a focus on addressing social determinants of health and focusing on upstream approaches.[3]

- **Systems need to be redesigned.** Systems, including services, policies, practices, procedures are built to get the results they get, so systems must be changed and integrated in order to address inequities.

- **Individual, institutional and structural biases must be addressed**. Prejudgments, racism, sexism, genderism, ageism and other inequities and discrimination affect individual actions, institutional policies, practices and procedures across systems leading to inequities across communities.

- **Lived experience must be prioritized.** Diverse marginalized communities require culturally responsive, inclusive and capacity building strategies and services to meaningfully address inequities in health outcomes. Honoring this assumption will require a commitment to system transformation.

- **A values-based approach is needed** for BHRS culture to aim to center i) cultural humility; ii) inclusion that is strength-based and stems from trust and dignity; iii) a commitment to health equity and social justice; iv) cultivation of community that is welcoming and collaborative; v) a focus on wellness, recovery and resilience principles.

- **Stigma must be eliminated.** Shame and fear of judgment are barriers to individuals and communities getting the behavioral health care they need.

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[2] *See Appendix B. Theory of Change Pre-Survey with ODE Staff, HEI Co-Chairs and CBO Partners*
[3] *BARHII Framework on Upstream Approaches to Health Equity, http://barhii.org/framework/*

- **Health Equity**: a state where everyone has a fair and just opportunity to health and acknowledges that health includes access to quality services, healthcare, education, employment, housing, safe environments, social networks and supports.

- **Cultural Humility:** a practice that engages in lifelong commitment to self-reflection and learning, establishing a respectful relationship with others through openness and curiosity.

- **Inclusion:** a practice and culture that values, encourages, affirms and supports full engagement and participation of diverse social and cultural groups, experiences, perspectives and ways of thinking and communicating.

- **Marginalized Communities:** a group that is excluded from mainstream economic, political, cultural and social activities and often lack access to health care, education, employment, housing and other social supports. Marginalized groups can include the poor, victims of gender inequalities, the disabled, monolingual or limited-English speaking individuals.

- **Community Empowerment:** supporting communities and individuals in building capacity to gain access, partner, networks and a voice over factors and decisions that shape their lives. It is more than participation or engagement and is explicitly aimed at social change.

- **Lived Experience:** having first-hand experience of living as a member of a marginalized group. Individuals with behavioral health challenges, and their families, hold unique insights into how services can best respond to needs and promote recovery.

- **Systems change:** a change in the policies, processes, relationships, knowledge, power structures, values, or norms of participants within a system that affects a social issue.

- **Prevention:** efforts to reduce risk factors for developing health issues or build protective factors before onset of the issue (e.g. mental health, substance use).

- **Social Determinants of Health (SDOH**): socioeconomic factors that affect the health of individuals and communities and are the root causes of inequities in health. These factors include where we live and work, the state of our environment and access to quality services, socioeconomic status, income and education level and social networks.

- **Wellness, Recovery and Resilience:** philosophy, principles and practices key to the recovery of individuals with behavioral health issues includes hope, personal empowerment, respect, social connections, meaningful roles, self-determination, acceptance and healing.

- **Behavioral Health Stigma:** prejudicial attitudes and discriminating behavior directed towards individuals with mental health and/or substance use issues. Stigma can also be internalized by the individual with mental health issues and significantly affect feelings of shame and fear of judgment.

Long-term Goal & Outcomes

The long-term goal over the next ten years of the Office of Diversity and Equity (ODE) is: *In collaboration with and for communities, advance health equity in behavioral health outcomes of marginalized communities by influencing systems change and prioritizing lived-experience.*

Based on the assumptions that overall systems need redesign, lived-experience matters and the need to center a value-based approach, ODE selected four streams of outcomes including:

Workforce Development & Transformation
BHRS' workforce and service provision is transformed and prioritizes cultural humility, inclusion and equitable quality care

Community Empowerment
Deliberate opportunities exist for individuals with lived experience, families and community members to engage in decisions that impact their lives

Strategic Partnerships
Meaningful partnerships in the community exist to maximize the reach and impact on equitable behavioral health outcomes

Policy & System Change
BHRS influences organizational level policies and institutional changes across San Mateo County agencies to positively impact behavioral health outcomes

In order to build up toward the long-term goal over ten years (2028), each level of outcomes are designed with the following purpose

- Early Outcomes (2017-2018) ➤➤ "Prime and Position"

- Mid Outcomes (2018 - 2023) ➤➤ "Align and Integrate"

- Penultimate Outcomes (2023 - 2028) ➤➤ "High Impact by Advancing with Those Who are Ready"

Indicators & Interventions

Indicators and interventions were developed by ODE staff and community stakeholders at various working meetings for each of the early, mid and penultimate outcomes, themes are listed below. ODE will maintain a tracking document with details and leads to support implementation.

The indicators and interventions to support

the Early Outcomes (2017-2018) ➤➤ "Prime

and Position" correspond to:
- Use of tools already in production (e.g. race equity tool);
- Plan for increased external communications;
- Research opportunity for providing technical assistance;
- Alignment of staff responsibilities and development through equity trainings;
- Inventory of all aspects of ODE to align with health equity goals;
- Full landscape view of the health equity arena (i.e. potential funding, other equity efforts in the county, current/potential stakeholders and investors in equity in San Mateo County);
- Consistent engagement with consumers and community partners on the development of the early outcomes;
- Draft evaluative metrics based on the purpose and planning of this 10-year Initiative.

The indicators and interventions to support the Mid Outcomes (2018 - 2023) ➤➤ "Align and

Integrate" correspond to:
- Advancement of new programs that support health equity, e.g. Multi-Cultural Organizational Development (MCOD);
- Vibrant practice of equity and inclusion throughout BHRS;
- New sources of funding;
- Diligent tracking and evaluation informing the development of the initiative;
- Consistent engagement with consumers and community partners on the development of the mid outcomes and exploration of new edges to advance health equity;
- Deepen leadership, support and services of ODE in San Mateo county.

The indicators and interventions to support the Penultimate Outcomes (2023 - 2028) ➤➤ "High

Impact by Advancing with Those Who are Ready and Agile/Adaptive" correspond to:
- ODE as a leader of health equity and a model in San Mateo County;
- Secure staffing and capacity to sustain the achieved position;
- Evidence of new health equity achievements inform program development;
- Consistent engagement with consumers and community partners on the development of the penultimate outcomes and meaningful integration of lived-experience;
- Amplify relationships and unity through collaborative campaigns and policy wins that build influence and power for health equity.

The Theory of Change process, along with best practice in the field of prevention and health equity, has reinforced for ODE the need to invest more in strategies that address social determinants of health including community capacity building, strategic partnerships, institutional transformation, policy and advocacy. While health education and awareness campaigns (e.g. stigma reduction, recognizing the signs of mental health issues) continue to be important strategies to decreasing barriers to care, getting to the root causes of inequities such as systemic and community biases and lack of social supports needs to be prioritized.

Some of ODE's programs that address these root causes or social determinants of health include the Lived Experience Academy, Health Ambassador Program and the Health Equity Initiatives (HEI's).ODE will continue prioritizing programs and strategies the get to the core of inequalities in mental health outcomes. ODE is committed to becoming a leader in the field given the long history of work, rooted in community wisdom, by sharing best-practices, providing technical assistance and creating opportunities for partnership. Now more than ever is the time given the current social climate of increased racial divide, uncertainty for immigrant communities and many other marginalized cultural groups.

This work will require a commitment beyond the current structure and funding for ODE's work. It will require strategic partnerships and a long-term investment expecting that the outcomes will come ten, twenty, fifty years out. Given this, and as part of the Theory of Change planning it was important that ODE reach out to current partners from various interests and perspectives including community based organizations, clients, family members, health policy, substance use, public health, education, cultural groups. Through the process, the need for expanding partnership to non-traditional sectors, including diversification of funding to deepen the work, and identifying a clear path for both partner engagement and ODE's engagement in key community initiatives. This theme is in three of the four streams of outcomes, Policy & Systems Change, Community Empowerment and Partnerships & Collaboration.

The dialogue must continue. ODE is committed to showing up at the table to address health inequities as efforts must come from all sectors, government, healthcare, community-driven, non-profits, education, justice system, funders, and others. And, as ODE embarks in a process to achieve the realization of our Theory of Change goals, we invite you to the table. Whether it's as strategic planning partners, getting involved in initiatives and projects like Health Equity Initiatives, Storytelling Series, etc. or developing your own agencies cultural humility and inclusion plans and practices; we can't do this work alone.

Thank you to all our colleagues and partners in this work. We reached out and you responded whether it was as a participant of the Theory of Change launch and follow up sessions, responding to the pre-session survey or in an advisory role… we appreciate you!

Advisory Committee –*Core Group members engaged in additional development of the TOC
*Anthony Ross, Outlet, Adolescent Counseling Services
*Briana Evans, BHRS Office of Diversity and Equity
Cardum Harmon, Heart & Soul
*Doris Estremera, BHRS Office of Diversity and Equity
Erica Britton, BHRS Office of Diversity and Equity
*Jei Africa, BHRS Office of Diversity and Equity
Malissa Netane, Peninsula Conflict Resolution Center
Michelle Vilchez, Peninsula Conflict Resolution Center
Nancy Chen, BHRS Office of Diversity and Equity
Regina Moreno, BHRS Youth Services Center and Pride Initiative
Stephanie Weisner, StarVista
Yolanda Ramirez, BHRS Youth Services

Colleagues and Community Partners
Chenece Blackshear, BHRS Office of Diversity and Equity
Clara Boyden, BHRS Alcohol and Other Drugs
Claudia Saggese, BHRS Office of Consumer and Family Affairs
Colin Hart, BHRS Office of Diversity and Equity
Ellie Dwyer, BHRS Quality Management
Emmy Naranjo-Cabatic, BHRS Office of Diversity and Equity
Erica Hor, California Clubhouse
Eugene Canotal, Daly City Youth Health Center and Filipino Mental Health Initiative
Frances Lobos, BHRS Office of Diversity and Equity
Gerardo Barragan, Free at Last
Gloria Gutierrez, BHRS Adult Services and Native American Initiative
Hillary Chu, BHRS Office of Diversity and Equity
Janette Ochoa, BHRS Office of Diversity and Equity
Jairo Wilches, BHRS Office of Consumer and Family Affairs
Jessica Garner, Health Policy and Planning
Kava Tulua, One East Palo Alto
Kim Gillette,Daly City Youth Health Center
Lisa Putkey, Pride Center
Mai Le, BHRS Office of Diversity and Equity
Maria Lorente-Foresti, BHRS Adult Services
Maribel Rodriguez, Pyramid Alternatives and Diversity and Equity Council
Mary Bier, Pacifica Collaborative
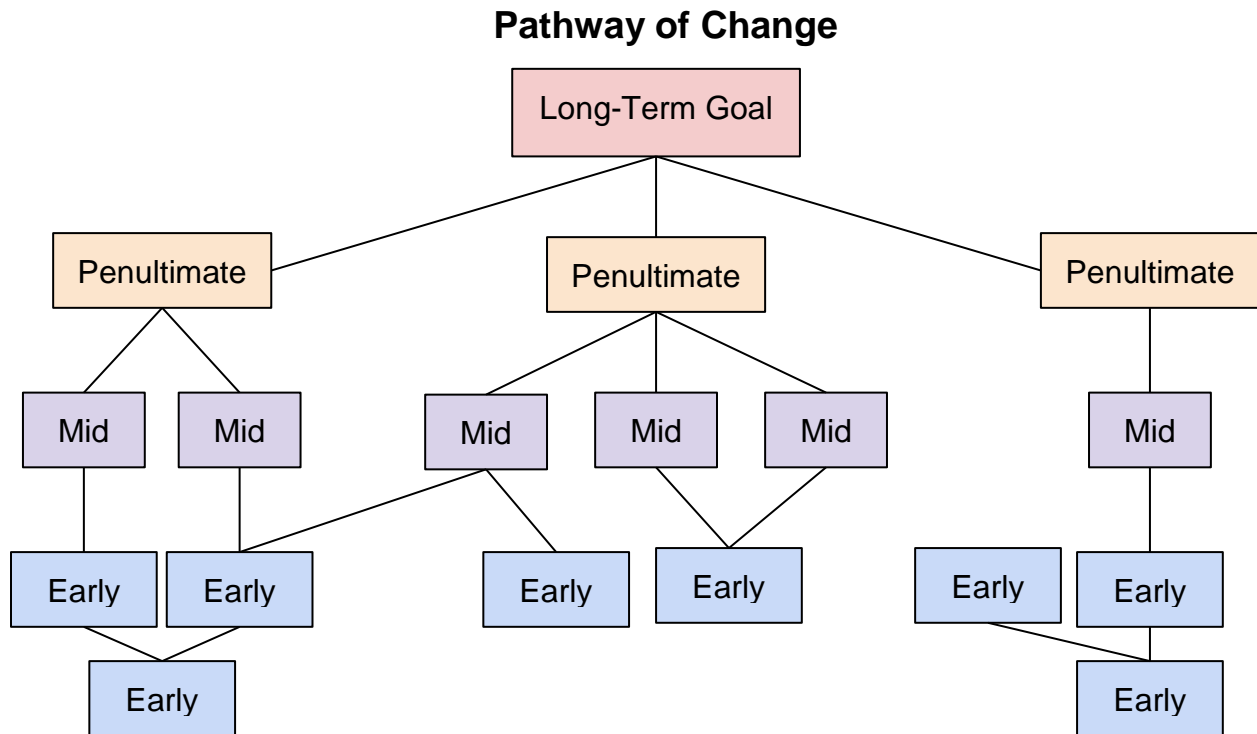Narges Dillon, StarVista and Diversity and Equity Council

Natalie Andrade, BHRS Office of Diversity and Equity
Siavash Zohoori, BHRS Office of Diversity and Equity
Shiyu Zhang, BHRS Office of Diversity and Equity
Suzanne Aubry, BHRS Office of Consumer and Family Affairs
Sylvia Tang (CHI), BHRS Office of Diversity and Equity
Ziomara Ochoa, BHRS Youth Services

A special thank you to the facilitators:

Dana Ginn Paredes has worked for over 18 years and played a strategic role in positioning organizations for growth and success. Her experience on management teams coupled with on-the ground campaign/electoral organizing, training, and technical assistance has led her to develop a deep understanding of what it takes to cultivate dynamic organizations. It wasn't until she was introduced to Forward Stance that she understood there was so much more possibility and potential when we utilize our whole selves— the mind-body-spirit. Dana learned of Forward Stance while at Forward Together, a national multi-racial organization that works with community leaders and organizations to transform culture and policy to catalyze social change. During this time, she coordinated the Forward Stance Leadership Institute and coached individuals and organizations – from throughout California to New Mexico, Oregon, Georgia, and Wisconsin – to develop and deepen their practice.

Dana is a co-author of Looking Both Ways: Women's Lives at the Crossroads of Reproductive Justice and Climate Justice. She currently serves as an associate with Movement Strategy Center, the board treasurer for Mobilize the Immigrant Vote, is a 2008 fellow of the National APAWLI Program of the Center for Asian Pacific American Women, and a 2007 fellow of the Women's Policy Institute, a program of the Women's Foundation of California. Dana holds a BA in Political Science from the University of California, at Berkeley.

Sean Kirkpatrick has worked in the Bay Area non-profit sector for 15 years, with a focus on community-based behavioral health and health equity for un- and underserved immigrant and refugee communities. Before entering the non-profit sector, Mr. Kirkpatrick received a master's degree in Urban and Medical Anthropology, and was a doctoral candidate in Cultural Anthropology at University of Wisconsin-Madison where he focused on Southeast Asian cultures and histories and conducted three years of ethnographic and historical research in Thailand. He has led and supported local needs assessment, evaluation and research projects in the areas of community mental health, health and community engagement, designed, implemented and evaluated behavioral health and community engagement services and programming, and has coordinated systems change policy and advocacy efforts for area immigrant and refugee communities. He is currently the coordinator of the East Bay Refugee Forum and is a co-founder of the Building Home Together collaborative. Mr. Kirkpatrick is also a co-author on four published scientific articles on research conducted with Bay Area API communities.

Pathway of Change

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                        Long-Term Goal

      Penultimate          Penultimate              Penultimate

   Mid      Mid      Mid     Mid     Mid                Mid

 Early    Early         Early    Early        Early    Early

      Early                                        Early
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1. **Pathway of Change**: A map of relationships of actions and outcomes and relationships over time

2. **Long-Term Goal**: What you want to achieve in a specified length of time; generally 1-2 sentences

3. **Pre-Conditions/Outcomes**: What is necessary and sufficient for achieving your long-term goal, usually determined in three phases: penultimate, mid and early outcomes

4. **Indicator**: How we can recognize our success

5. **Intervention**: An activity or program that reveals a web of activity required to manifest the long-term goal; each intervention must be matched with an indicator(s)

6. **Assumption/Values**: A set of beliefs or research that explains the connections in the pathway of change

Before convening initial TOC sessions, the process facilitator distributed a short survey to get a better sense of 1) why the work of ODE is important, and what motives you?; and 2) what are the top 3 influences/contextual factors impacting (positively or negatively) the work of ODE?

Why is the work of ODE important to you and what motivates you?
Pre-survey participant responses revealed several themes reflective of the values and priorities TOC participants brought into the process. These themes included:

Social justice. Many responses discussed commitments to social justice as a driving framework for survey participants. Respondents shared that connection to and involvement in ODE's efforts contribute to "being part of the solution" to a host of social justice issues. ODE participation models the values of multiculturalism and accountability, giving participants concrete ways to use their skills and training while having an impact on the system and community. ODE "challenges me to step outside my comfort zone and to look at my own blindspots/implicit bias and to learn about the experience of others." ODE's values and mission are seen as helping create better services and accountability structures within a social justice frame, addressing the needs of those who are marginalized by systems of oppression. ODE is not only having a positive impact on individual lives, but also transforming systems and institutions.

Reducing Disparities/Increasing Equity. Others prioritized how the work of ODE addresses reducing disparities and increasing equity, noting how cultural competence is central to these efforts. "ODE has challenged me and my biases, awareness, values, commitment more than any other work I have done in this field of addressing health inequities." For some, these issues relate to their and their families' direct experiences. One person noted how ODE and the HEIs work directly addressed the fear being experienced by immigrant communities, and that they were fortunate to be able to working in a place where these issues were at the center. Another noted the work impacting the diversity of BHRS' workforce while building cultural competence/humility among service providers as key to equity goals.

Systems Change. ODE's attention to diversity and equity is concretely connected to changing BHRS. ODE is an investment of resources aimed squarely at systems change and evidence of BHRS' commitment to change. One example of this commitment is the effort to create inclusive work environments and a community where diversity is valued and leveraged.

Meeting the Needs of the Underserved. Others prioritized how ODE's work was helping meet the needs of underserved communities through attention to improving access and growing resources for mental health recovery. ODE's leadership in reducing stigma/fear of mental health issues and services and increasing access was noted, including specific resources, language access, welcoming, cultural humility, and building cultural sensitivity in BHRS' workforce.

Valuing Lived Experience. ODE's efforts to value lived experience were mentioned, including hiring Family Partners who are/were consumers and educational programs for the community and those with lived experience.

Community Change. Seeing positive changes in the communities ODE works with and supports.

Mission, Vision, and Values Alignment with Community Partners. ODE has helped BHRS align with social justice and health equity work in the broader community.

What are the Top 3 Factors Impacting (Positively or Negatively) the Work of ODE?

Leadership. Many identified qualities of leadership in BHRS as critical to the success of ODE's work. Positively, responses identified qualities in a range as important, from "interest...but not necessarily buy-in" from BHRS/Health System to "proactive, relentless, and wise leadership team" to a "passionate and driven leadership." Others identified a need for supportive BHRS leadership and teamwork from the rest of County management. One person called for "greater awareness on the part of BHRS leadership about systemic issues related to poverty, race and injustice." Another noted that "Conservative leadership (County-wide and at BHRS specifically) makes it difficult to do some of the work that really needs to happen." The vision of BHRS' Director is seen as critical to ODE's success.

Legitimacy, Visibility and Capacity of ODE. ODE's legitimacy, visibility and capacity were identified as central to ODE's work and success. ODE is seen as a growing presence in BHRS that is being recognized within BHRS and in the larger community. While staffing resources for ODE have increased dramatically over its history, many positions are still agile (not permanent) positions, or have been contractors with no benefits. HEI co-chairs have limits on their recognized time dedicated to their initiatives work. Limited capacity for ODE's work also means that reach is limited to those who are aware of ODE. The success of ODE is directly related to the adequacy of resources and capacity to support its important culture change work.

Clarity of the Work, Clarity of Values. Responses noted some sense of lack of clarity in roles, expectations for procedures/projects, etc. Some connected this to the quality of communications and clarity of "marketing" for specific audiences. Others would like to have clearer guidelines from their supervisors. However, several stated their understanding of the work – cultural competence, health equity, diversity – in clear terms. One responded stated that "ODE is committed to learning about diversity, becoming culturally competent, and creating inclusive work environments that require focus, introspection, and a humble willingness to consider other perspectives besides our own." Another felt that there is still work needed to deepen understanding: 'Diversity is about lot more than just race and gender conflicts. We hear the word "diversity" and we automatically think racism, bigotry and discrimination against women and people of color. We don't think about all the other issues beneath the surface.' The clearer ODE's work and values are, the more impactful ODE will be.

Behavioral Health System. The behavioral health system impacts the health of ODE's work in many ways, including 1) its capacity to respond to community needs for services, which includes access for underserved and underrepresented communities; 2) limitations of MHSA both in terms of funding and framework/guidelines; 3) its ability to increase diversity in its leadership and workforce; and 4) its ability to truly transform to make diversity and equity a norm.

Political, Social and Cultural Climate and Context. The current political, social and cultural climate and context were identified as a big influence on ODE's work. In particular, the Trump Administration's policy changes affecting immigrants, LGBTQ, and other marginalized communities, threats at the federal level to healthcare, changing community demographics, poverty, continued stigma, and race relations were identified as challenges to ODE's vision and mission. On the other hand, this environment is also bringing the issues of diversity and identity to the fore, and locally (California and the Bay Area) there is a supportive environment and leadership exerting positive influence. Local diversity and a progressive community also support ODE's work.

Personal/Interpersonal. Many identified personal commitment as key to ODE's work. "When bringing unity to a diverse group of individuals, there are competing agendas, missions, and dreams that must be validated and addressed. The eloquent dance that can lead to "real change" is fitting these individual visions into a comprehensive universal vision of a future where connection and empowerment, not division, is actually fostered through diversity." As such, ODE member experiences, history, drive, and empathy are a strong pillar supporting ODE's efforts. The quality and authenticity of interpersonal connections and levels of change are one measure of ODE's success.

Providers. Some identified providers as a top influence on ODE's work, focusing on collaboration between providers in supporting clients and between organizations in an environment that can foster competition for limited resources.

Trust from, and Connection to, Communities, and Community Readiness. The level of trust, connection and readiness in the community are critical to ODE's work. HEI co-chairs and ODE staff working in the communities being served are key communicators of ODE's mission, vision and values. Community involvement in HEIs and BHRS committees will remain important to ODE's future.

Professional Development and Workforce Development. Continued investments in professional development and workforce development are important to ODE's work. Creating a supportive environment for personal and professional growth, providing diverse programs and trainings, and paying attention to building a diverse workforce in BHRS and in partner CBOs to match the County's demographics are an important pillar of ODE's efforts. There is still work to do in achieving racial, gender, and lived experience diversity in BHRS, with one response noting that there is still a lack of defined career paths for persons with lived experience as an example.