Racial Equity Analysis for Significant Board Items

Board Item Date	2/4/2025
Board Item Name	Public Health Staffing
Department/Agency (Lead)	Department of Health Services
Person(s) Completing Analysis	Rocio Rodriguez- Casquete/Samantha Feld/Brittany Lobo

1. **Overview: Describe your program or policy and the desired results and outcomes?**
   a. What is the program or policy decision under consideration?
   b. What are the desired results (in the **community**) and outcomes (within your own **organization**)?
   c. What does this proposal have an ability to impact?

   ☒ Children and youth   ☒ Health
   ☐ Community engagement   ☐ Housing
   ☐ Contracting equity   ☐ Human services
   ☐ Criminal justice   ☐ Jobs
   ☐ Economic development   ☐ Parks and recreation
   ☐ Education   ☐ Planning / development
   ☐ Environment   ☐ Transportation
   ☒ Food access and affordability   ☐ Utilities
   ☐ Government practices   ☐ Workforce equity
   ☐ Other _____

A) Adopt a Resolution amending the Department Allocation List of the Department of Health Services, adding 4.5 full-time positions, as detailed in the attached resolution, to provide mental health services supporting Home Visiting and Women, Infants, and Children (WIC) programs.

B) Adopt a Resolution authorizing budgetary adjustments to the fiscal year 2024-2025 adopted budget, operational expenditure authority for Health Services by $561,125 to program one-time grant funding from the California Department of Health Care Services, Children and Youth Behavioral Health Initiative - Round Three: Early Childhood Wraparound Services - and the California Department of Public Health - Women, Infants & Children Program.

The proposed services in Home Visiting will support vulnerable populations, particularly Latinx communities, and including Black, Indigenous, and people of color (BIPOC), low-income, and essential workers in these communities, who have faced disproportionate

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challenges due to factors like COVID-19, economic instability, and housing insecurity. Dedicated WIC staff who can provide integrated mental health services within the Home Visiting Program will help meet the unique needs of these populations and reduce barriers to accessing timely mental health care. The Infant and Early Childhood Mental Health Consultation program will also enhance coordination with external mental health services and community providers, strengthening the mental health infrastructure in Sonoma County.

As demand for services continues to rise in the Women, Infants & Children (WIC) Program, the Department is challenged in maintaining sufficient staff capacity to meet the needs of the growing client base. The current staff is operating at full capacity, and without additional resources, the program will not be able to demonstrate increased caseload counts which will impact future funding. This proposal is a high priority due to the additional funding from California Department of Public Health and the pressing need to address staffing shortages and improve service delivery.

2. **Data: What's the data? What does the data tell us?**
   a. Will the proposal have impacts in specific geographic areas (neighborhoods, areas, or regions)? What are the racial demographics of those living in the area?
   b. What does population level data, including quantitative and qualitative data, tell you about existing racial inequities? What does it tell you about root causes or factors influencing racial inequities?
   c. What performance level data do you have available for your proposal? This should include data associated with existing programs or policies.
   d. Are there data gaps? What additional data would be helpful in analyzing the proposal? If so, how can you obtain better data?

- The Home Visiting and WIC programs primarily impact vulnerable populations, particularly low-income families, and those within Latinx communities, as well as Black, Indigenous, and People of Color (BIPOC) communities. These groups have been disproportionately affected by challenges such as health disparities, economic instability, and housing insecurity. The Home Visiting programs support clients, including those in areas designated by the Health Resources and Services Administration (HRSA) as mental health professional shortage areas, particularly in the Santa Rosa ZIP codes. The expansion of mental health services will directly address these needs by enhancing access to critical services in these underserved communities. WIC provides services throughout the county including Sonoma, Santa Rosa, Petaluma, and Guerneville.

- Population data shows a rising demand for services, with WIC caseloads increasing by 30% since 2020. Racial inequities are exacerbated by factors such as economic instability, limited access to health resources, and historical underinvestment in communities of color. These disparities are further compounded by the disproportionate impact of the COVID-19 pandemic on low-income and BIPOC communities. Addressing these inequities requires integrated mental health services and enhanced support systems to overcome barriers to care and improve outcomes for underserved populations.

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- Existing program data shows significant growth in the demand for both Home Visiting and WIC services. Specifically, WIC caseloads have risen by 30% since 2020, which has strained the current capacity to deliver services efficiently. Medi-Cal data from 2023 show that over 6,000 infants and children in Sonoma County are eligible for WIC, but not currently enrolled. In the Home Visiting Program, there is a documented need for mental health support, particularly for clients in areas experiencing a shortage of mental health professionals. Performance data from these programs highlights challenges in meeting growing service demands and underscores the need for additional staffing and resources to maintain quality service delivery.

- Additional data on the direct impact of mental health services within Home Visiting programs could further inform the program, especially in terms of client outcomes and the effectiveness of early childhood mental health interventions. Further qualitative feedback from staff and clients could help assess the specific needs and challenges faced in the targeted communities. Improved data collection processes should be established for tracking these metrics, possibly through enhanced case management tools or follow-up surveys with clients and staff.

3. **Community Engagement: How have communities been engaged? Are there opportunities to expand engagement?**
   a. Who are the most affected community members who are concerned with or have experience related to this proposal? How have you involved these community members in the development of this proposal?
   b. What has your engagement process told you about the burdens or benefits for different groups?
   c. What has your engagement process told you about the factors that produce or perpetuate racial inequity related to this proposal?

- The most affected community members include low-income families, especially Latinx communities and BIPOC populations, as well as pregnant and postpartum women and children under five. These groups face heightened challenges related to access to mental health services and other support services. Community engagement has occurred through collaboration with local health providers, feedback from existing program participants, and input from staff working in the WIC and Home Visiting programs. Expanding engagement through targeted outreach and community forums would help to further refine the program's design and ensure it aligns with community needs.

- The engagement process has revealed that the current workload burden on staff, particularly in the WIC program, has led to inefficiencies and burnout. Additionally, clients face longer wait times and increased difficulty accessing services due to staffing shortages. The proposed positions will reduce these burdens by increasing staffing capacity, which will improve service delivery, reduce burnout, and ensure that families receive timely support. Vulnerable communities will benefit most from these enhancements, as they are disproportionately impacted by the current system's shortcomings.

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> - Key factors contributing to racial inequities include the under-resourcing of health services in underserved communities, limited access to mental health care, and systemic barriers to economic stability. Feedback from staff and community members underscores the importance of integrated mental health support to address these disparities. Additionally, the significant increase in WIC program participation from marginalized communities highlights the growing demand for services, further emphasizing the need for structural investments in staffing and program infrastructure.

4. **Analysis and Strategies: What are your strategies for advancing racial equity?**
   a. Given what you have learned from research and stakeholder involvement, how will the proposal increase or decrease racial equity? Who would benefit from or be burdened by your proposal?
   b. What are potential unintended consequences? What are the ways in which your proposal could be modified to enhance positive impacts or reduce negative impacts?
   c. Are there complementary strategies that you can implement? What are ways in which existing partnerships could be strengthened to maximize impact in the community? How will you partner with stakeholders for long-term positive change?
   d. Are the impacts aligned with your community outcomes defined in Step #1?

> - The proposal will increase racial equity by enhancing access to mental health services for marginalized communities, particularly BIPOC and low-income families, who face systemic barriers to care. The additional positions will directly benefit these communities by improving mental health support in the Home Visiting programs and expanding WIC services to meet rising demand. These enhancements will reduce disparities in mental health care access, improve overall health outcomes, and contribute to greater community stability. These enhancements also align with non-profit goals and advocacy for greater mental health services.
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> - Potential unintended consequences include challenges in recruiting and retaining staff due to high demand and burnout in the healthcare sector. To mitigate this, the program could include additional support for staff wellness programs and targeted retention strategies. Recruitment may take longer to ensure that staff reflect the diversity of the communities served to improve cultural competency and trust in the services provided. New staff will also mean necessary training. Training staff to address potential cultural sensitivities and specific community needs will ensure more equitable service delivery.
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> - Complementary strategies include collaborating with local mental health organizations to strengthen the mental health infrastructure in the county. This would allow for a more holistic approach to supporting families, particularly those in high-needs areas. Strengthening partnerships with community health organizations, schools, and local government agencies will also help ensure long-term sustainability and foster a more integrated, community-driven approach to health and wellness.

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- Yes, the proposed staffing enhancements align with the community outcomes of improving access to health services, particularly mental health care, for vulnerable populations. The positions will directly address the goals of reducing racial disparities in health outcomes, enhancing service delivery, and improving overall community well-being.

5. **Implementation: What is your plan for implementation?**

Describe your plan for implementation:			
The implementation plan includes the recruitment and hiring of the 4.5 FTEs, with a focus on ensuring that the new positions are filled by individuals who are culturally competent and reflect the diversity of the communities served. Staff training will be prioritized to ensure effective delivery of mental health consultation services and to support the enhanced operational efficiencies in the WIC program. The program will be monitored for performance, with regular evaluations and adjustments as needed to ensure that the program is meeting its objectives of reducing service backlogs and improving client outcomes. Community engagement will continue throughout the implementation phase to ensure ongoing input and alignment with community needs.			
Is this implementation plan:	**Yes**	**No**	**I'm Not Sure**
Realistic?	☒	☐	☐
Adequately funded?	☒	☐	☐
Adequately resourced with personnel?	☒	☐	☐
Adequately resources with mechanisms to ensure successful implementation and enforcement?	☒	☐	☐
Adequately resourced to ensure on-going data collection, public reporting, and community engagement?	☒	☐	☐
If the answer to any of these questions is no, what resources or actions are needed? N/A			

6. **Accountability and Communication: How will you ensure accountability, communicate, and evaluate results?**
   a. How will impacts be documented and evaluated? Are you achieving the anticipated outcomes? Are you having impact in the community?
   b. What are your messages and communication strategies that will help advance racial equity?
   c. How will you continue to partner and deepen relationships with communities to make sure your work to advance racial equity is working and sustainable for the long-haul?

- Impacts will be documented through regular performance evaluations, client surveys, and program data tracking. Metrics such as service delivery times, client satisfaction, and staff retention rates will be used to evaluate the success of the new positions and

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services. Feedback loops from community stakeholders will also be incorporated to ensure continuous improvement.

- Communication strategies will emphasize the importance of mental health services and equitable access to care for all communities, particularly BIPOC and low-income populations. Messages will highlight the county's commitment to addressing racial disparities and supporting vulnerable populations through integrated, culturally competent health services.

- Ongoing community engagement, partnerships with local organizations, and regular updates to stakeholders will ensure that the program remains responsive to community needs and continues to advance racial equity. Staff will maintain an open dialogue with the affected communities to ensure long-term sustainability and effectiveness.