



UC Berkeley's LCOEBH Presents:  
Marin Community Clinics Latinx ASW Fellowship in Integrated Behavioral Health

## Frequently Asked Questions

1) *What is the MCC Latinx ASW Fellowship in Integrated Behavioral Health and why did you create it?*

At Marin Community Clinics, we are passionate about all things integrated behavioral health (IBH). IBH blends care in one setting for medical conditions and related behavioral health factors that affect health and well-being. Integrated behavioral health care, a part of “whole-person care,” is a rapidly emerging shift in the practice of high-quality health care. It is a core function of the “advanced patient-centered medical home.” (AHRQ).

We know that 70% of primary care visits are rooted in psychosocial concerns, and that providing integrated behavioral care in a medical setting leads to better health outcomes. IBH is an evidence-based service model that integrates behavioral health services (psychotherapy, psychiatry, substance use disorder counseling, and case management) into primary care. As a “safety net” health center serving a largely Latinx and Spanish-speaking population, we are dedicated to building a diverse IBH workforce that is representative of the patients we serve.

*Our goal is to provide mentorship and support for Latinx-identified and/or bilingual MSW graduates who will complete the Fellowship to become highly skilled, culturally responsive, and trauma aware clinicians that better represent the communities we serve. We believe that a mentored Fellowship represents a critical component of growing the next generation of Latinx/Spanish-speaking IBH clinicians and leaders. Marin Community Clinics has partnered with UC Berkeley and LCOEBH to help us achieve this goal.*

The Fellowship is a two-year paid program designed to meet the requirements for licensure in the State of California. Fellows will be immersed in a medical clinic and obtain hands on training and experience working within an IBH Model. Fellows will become adept at assessment, individual and group treatment, case management, and consultation skills. There are two tracks available for graduates, one Child & Family-focused and the other as an “IBH generalist”. Upon completion of the Fellowship, Fellows will be competitive applicants for positions at Marin Community Clinics as well as other team-based clinical settings.

2) *Do I have to be an LCOEBH student to apply?*

No, you do not need to be an LCOEBH student to apply. This Fellowship is focused on recruiting and training bilingual (Spanish/English) social workers. We require fluency in Spanish for the Fellowship.



### 3) *What is Marin Community Clinics and what is it like to work there?*

At MCC we often say we are a “*family helping other families in our community*”. As the largest community health center in the County, we play a major role in Marin’s health care network, serving patients with Medi-Cal, Medicare as well as those who are ineligible for insurance coverage. MCC provides a full range of primary health care as well as dentistry, behavioral health, obstetrics & gynecology, family planning, optometry, chiropractic, and several medical specialty services. The culture is friendly, welcoming and supportive. Our staff comes from throughout the Bay Area to work here, and all of us identify as mission-driven. We are passionate about the work we do, and the people we serve. In addition to working hard, we also “play hard”- enjoying frequent group activities like potlucks (when there isn’t a pandemic interfering) and other clinic and team gatherings. Many of our employees have formed deep friendships and lasting bonds while working at MCC.

### 4) *Who is served by Marin Community Clinics?*

MCC is the largest federally qualified health center (FQHC) in Marin County, serving nearly 40,000 people – primarily low-income Marin County residents. The majority of our patients (71%) are publicly insured through California’s Medicaid program (Medi-Cal). Others receive coverage from Medicare (8%), other public insurance program (5%), private insurance (2%) or are uninsured (14%). In 2021 approximately 69% of patients were Latinx, 18% Caucasian, 4% Asian/Pacific Islander, 2% Black/African American, and 7% other. Almost 65% are best served in a language other than English; for most of these individuals, Spanish is their first language and many are monolingual Spanish-speakers.

### 5) *Say more about Marin, isn’t it a really wealthy county? Do they even need social workers there?*

Marin County is a beautiful county connected to San Francisco by the Golden Gate Bridge and the East Bay by the Richmond-San Rafael Bridge. Known for its natural beauty and its “health and wealth”, Marin is full of paradoxes. While Marin County has one of the longest life-expectancies in the state of California, it also has one of the worst rates of income and health disparities in the state, largely due to geographic segregation. A recent UC Berkeley study shows that Marin County is the *most* segregated county in the State of California. Neighborhoods such as the Canal neighborhood in San Rafael are home to a large number recent immigrants from Central America, many who work as day laborers, housecleaners or child care providers. The Canal, Marin City, and parts of Novato experience a 9+ year lifespan difference as compared to wealthier neighboring communities in Marin such as Ross. So yes, social workers are definitely needed here. One of the biggest roles MCC plays in the community (from a macro perspective) is working to “level the playing field” of health care in Marin County. We do this through our myriad of services, outreach events in the community, health hubs (where we partner with the SF-Marín Food Bank and extrafood.com to give away healthy food to hundreds of community members each week), case management, and so much more.

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**6) *Is the Fellowship all in-person, or is telehealth an option?***

The Fellowship is two years. The first year is all in-person, on-site delivering direct care via warm handoffs and co-visits with primary care providers (PCPs). We believe building relationships with PCPs, nurses, medical assistants and other team members is a crucial part of integrated and team-based care. The second year, Fellows will have an opportunity to practice a hybrid in-person and telehealth model, including managing a panel of regular psychotherapy patients both in-person and via telehealth.

**7) *I'm interested, but the commute seems really far away from the East Bay! Do other people commute from the East Bay or San Francisco?***

Yes! Our staff comes from across the bay area to work here. Some folks carpool, and those coming from the North Bay sometimes take the SMART train. Our San Rafael clinic is near the first exit off the Richmond-San Rafael Bridge, and the Novato clinic is 15 minutes further north. When coming from the East Bay or San Francisco, these are “reverse” commutes.

**8) *Why a training program and not just hiring full-time staff?***

We are acutely aware that MSW graduates (ASWs) benefit from continued training in the form of mentorship and supervision. We also believe that a cohort model is critical for creating a safe space for ongoing clinical learning. While we occasionally do hire ASWs right out of school, our vision is to build an infrastructure with more training and support than just the traditional 1-hour of weekly clinical supervision.

**9) *Why the focus on Latinx Fellows, and what kind of training, support and mentorship will I get?***

We believe that building the next generation of Latinx IBH clinicians is an issue both of social justice and equity. At Marin Community Clinics, one of our four core values is equity- and this pertains not only to ensuring there is equity for our patients, but in representation on staff. Fellows will participate in weekly group supervision, including a didactic training seminar that covers clinical training topics pertinent to IBH practice (everything from CBT in primary care to understanding the relationship between diabetes and depression). In addition to supervision and seminar, Fellows will be assigned a “professional mentor” on the MCC IBH team. This is a licensed Latinx clinician whom they will meet with on a monthly basis to discuss professional development and other issues pertinent to their learning journey outside the context of seminar or clinical supervision.

**10) *What are the “tracks” or focus areas or the Fellowship? How do I decide?***

The Fellowship has two tracks- Child and Family Track, and Generalist Track. The cohort will train together, but responsibilities will differ between the tracks. You can apply to the

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track that most interests you in your future career. Both tracks will have an opportunity to work with both children and adults, though the proportions of caseloads will differ based on track.

In the Generalist Track, Fellows will learn how to work with adults and families across a broad range of issues presenting to primary care. Responsibilities include: Assessment and triage of patients referred by PCP for warm hand offs, who answer positively on psychosocial screeners or through quality improvement outreach. Fellows will provide assessment, brief interventions, resourcing, and follow up as needed. Fellows will be co-located in a "Pod" with medical providers and will discuss the day's cases in morning huddle to identify which patients the Fellow should push-in to visits. Fellows will have the opportunity to co-lead a behavioral health group. Fellows will also rotate with Complex Care and provide resourcing and case management services to patients within the complex care caseload.

In the Child and Family Track, Fellows will serve as Healthy Steps Clinicians and provide assessment, brief interventions, psychoeducation and case management for an identified caseload of patients 0-5 and their families. Fellow will be co-located in the OB or Pediatrics Pod and will work closely with pediatricians to push-in to Well Visits. Fellows will also provide assessment and triage of child and adult patients referred by PCP for Warm Hand Offs, who answer positively on psychosocial screeners, or through quality improvement outreach.

### ***11) What's the salary, and will I get benefits?***

This is a fulltime, benefited position. The salary is \$90k, and benefits include health insurance, dental insurance, vision insurance, as well as generous CME benefits.

### ***12) Will I automatically get a job at Marin Community Clinics once I'm licensed?***

Fellows will be eligible and competitive applicants for MCC positions upon the completion of the internship. However, participation in the Fellowship is not a guarantee of employment.

### ***13) Sign me up! How do I get an interview?***

Come meet us at career day and sign up for an interview!  
You can find out more about MCC by visiting us at [www.marinclinic.org](http://www.marinclinic.org)