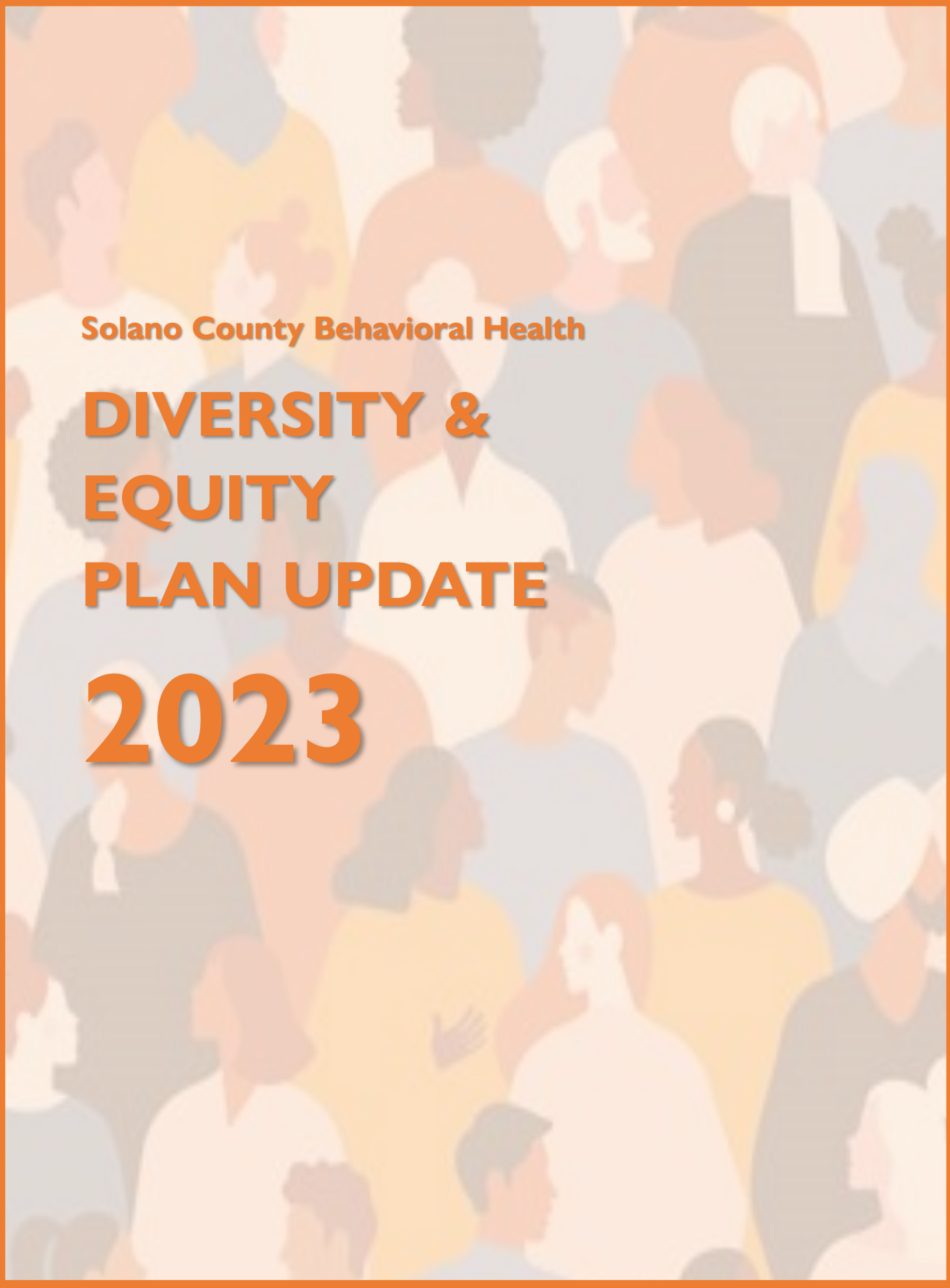

Solano County Behavioral Health

# DIVERSITY & EQUITY PLAN UPDATE

# 2023

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## Special Acknowledgments

To the Diversity & Equity Committee members and community partners that have provided input for this Diversity & Equity Plan Update, we thank you for your input and dedication towards advancing health equity. Your insights continue to be invaluable as Solano County Behavioral Health strives to increase access for underserved communities and to provide equitable quality care.

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# Land Acknowledgement

***As a County that uses the representation of a Native American, Chief Solano, in the County seal, and as we work towards recognizing the history of genocide and inequity for indigenous people, it is important that we are congruent and authentic. The sacrifices of indigenous people on this land can be an invisible hurt and pain that is a reality for Native Americans. We would like to begin this Diversity and Equity Plan by acknowledging the land and the people of the land. We acknowledge the indigenous people of the Suisunes and the Patwin of the Wintun tribes, the Ohlone of the Miwok tribe and the countless other California tribes that traveled this land we live and work on utilizing the Carquinez Strait for trade. We would like to acknowledge the displacement and the lost lives due to colonization and ongoing disparities, in addition to honoring the ancestral grounds.***

***We honor those that have passed***

***and those that continue to live on.***

**As we better understand and recognize the impact of trauma on indigenous people, Solano County Behavioral Health (SCBH) is making the transition from utilizing the term "stakeholder" to reference residents and partners that engage in the local community program planning (CPP) process, as the term holds a violent connotation for Native Indigenous communities. SCBH will now utilize the terms "community partners" and/or "community meetings" instead and we invite our partners to consider making this transition with us.**

# Introduction

## *Inclusion Statement*

Solano County Behavioral Health (SCBH) is committed to equity, diversity, and inclusion. Our services aim to empower all community members throughout their journey towards wellness and recovery. It is also of equal importance for us to improve access to quality care for underserved and underrepresented ethnic and minority populations who have been historically marginalized by health care systems. We value the importance of employing staff who possess valuable life experiences and expertise to ensure our workforce is culturally and linguistically responsive and leverages diversity to foster innovation and positive outcomes for the people we serve.

## *Purpose*

SCBH continues to strengthen its efforts to develop a culturally and linguistically responsive system of care (SOC) in support of the behavioral health and recovery needs of our increasingly diverse population. As contracted by the Department of Health Care Services (DHCS), SCBH is required to submit annual Cultural Competency Plan (CCP) Updates detailing efforts towards reducing disparities for unserved and underserved communities. While this Plan Update is a state regulatory requirement, this document and the equity efforts outlined in this Plan Update are not treated as a simple checkbox strategy, but rather reflects core values and the Plan is used as a guide in the work towards advancing health equity. While our county is rich in its diversity, SCBH recognizes the significant inequities that continue to persist in the communities served. In 2016 SCBH adopted—and continues to implement—the national **Culturally and Linguistically Appropriate Services (CLAS) Standards,** which are used by health care providers as the benchmark for evaluation and are aligned with the U.S. Department of Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2010). This Plan Update provides details regarding recent data and demographic changes in our county, culturally responsive strategies implemented during Calendar Year (CY) 2022, as well as updates on planning, community engagement and ongoing goals to address disparities during CY 2023.

This Plan includes data from various sources to help summarize trends and disparities experienced within the county behavioral health SOC and the Solano community at large. It is important to note, some demographic data referenced throughout this document may not be named consistently which is a result of demographic information being collected and reported out differently on Federal, State, and local levels. As an organization committed to racial equity, it is imperative for SCBH to acknowledge that race is a social construct which continues to be used systemically, institutionally, and individually throughout our society to perpetuate racial inequalities. However, race is currently utilized to identify local disparities, determine funding, and allocate resources for underserved communities. Therefore, demographic data included in this document is intended to assist in identifying gaps in the SOC which informs SCBH's strategies for reducing behavioral health disparities.

## *County Demographics Update for 2023*

Solano County is rich in its variety of cultures and landscape. It is home to some of the nation's most diverse cities within its borders (Vallejo, and most recently Fairfield)[1]. The County is located approximately 45 miles northeast of San Francisco and 45 miles southwest of Sacramento. The County covers 909.4 square miles, including 84.2 square miles of water area and 675.4 square miles of rural land area.

**Vallejo and now Fairfield both rise to the top 6 most diverse cities in the nation.**

Approximately sixty percent of Solano residents identify as people of color and 44% speak a language other than English at home[2]. Based on the most recent data available for local business owners in Solano County in 2017, 29% of businesses were owned by people of color, and 18% were owned by women[3].

Solano County was recently ranked as the 6th most diverse county in America[4]. Approximately 92% of Solano County residents are US citizens, lower than the national averages of 93.4%, and as of 2020, 19.8% of Solano County residents were born outside of the United States, which is higher than the national average of 13.5%[5]. Twenty-nine percent of Solano County residents ages five and older speak a language other than English at home[6].

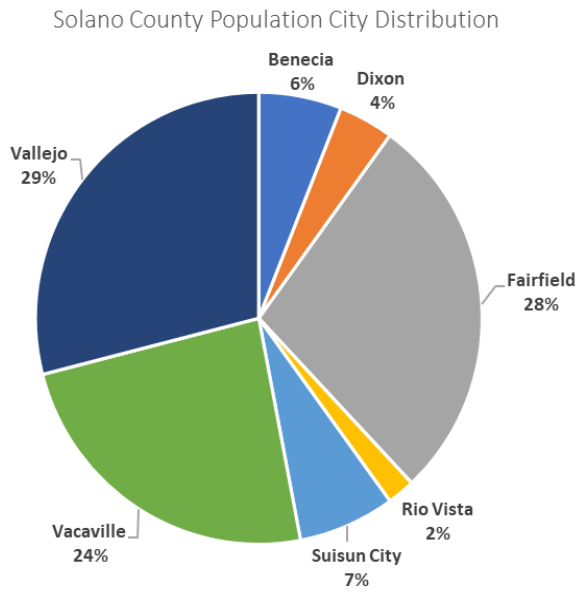
The table below demonstrates the languages spoken by Solano County residents.

| Language Spoken at Home in Solano County | Percent of Total Population |
|---|---|
| Speak only English | 56.1% |
| Speak Spanish | 28.3% |
| Speak Asian or Pacific Island Languages | 10.0% |
| Speak Other Indo-European Languages | 4.5% |
| Speak Other Languages | 1.1% |

Source: United States Census Bureau[7]

### *Population City Distribution*

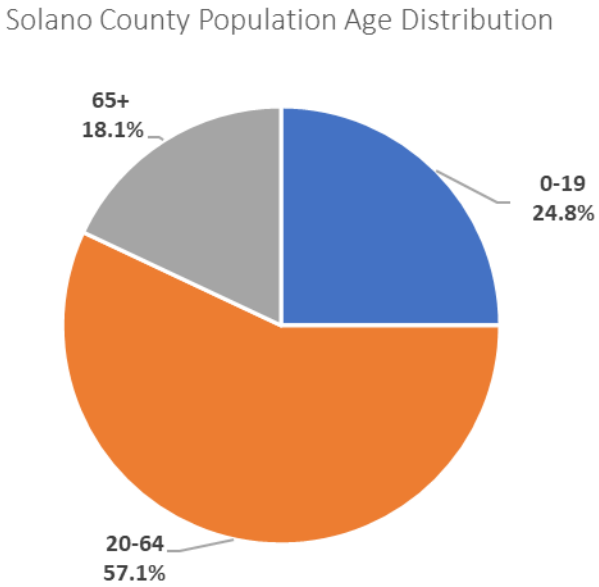
There are seven (7) incorporated cities in Solano County, with Vallejo (29%), Fairfield (28%) and Vacaville (24%) as the most populous cities in the County. The graph below shows the County population by city distribution. Solano County consists of many rural towns such as Rio Vista, Dixon and others which often include residents identified as foreign born or other language speakers. Many of the people in these communities have difficulties with transportation, access to healthcare services, or limited education related to the needs and benefits of treatment. These are critical barriers for SCBH to consider during outreach and engagement efforts.




*Source: U.S. Census Bureau*

***Population Age Distribution***

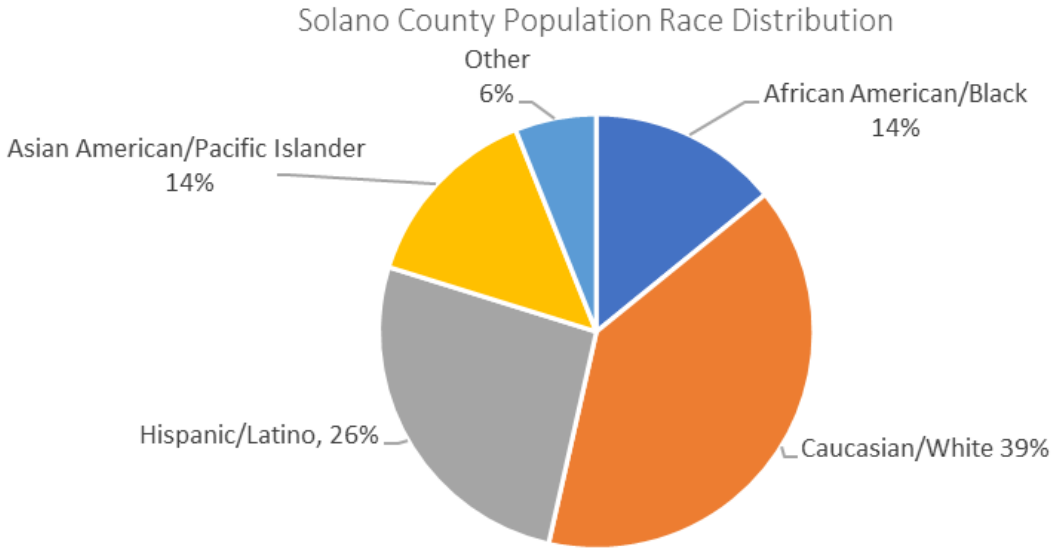
The graph to follow shows the Solano County population separated into three (3) different age groupings. Residents under the age of 19 (24.8%), residents ages 20-64 (57.1%) and seniors ages 65 and older (18.1%). In 2020, the median age of all people in Solano County was 38.3.




*Source: County of Solano 2021 Annual Report*[8]

***Population Race/Ethnicity Distribution***

The graph below shows Solano County's population by proportion of racial/ethnic groups. Approximately 61% of the Solano County population identifies as a race other than White/Caucasian. Persons who are Caucasian/White represent 38.9% of the population; 26.3% Hispanic/Latino; 14.4% African American/Black, 14.2% Asian American/Pacific Islander (AAPI); and 6.2% other race/ethnicity groups[9].




*Source: 2021 Solano County Annual Report*[10]

## *Review of Goals from Calendar Year 2022*

During CY 2022, SCBH leadership, the Ethnic Services Coordinator (ESC) and the Diversity & Equity (DE) Committee utilized the **Implementation Checklist for the National CLAS Standards with a CLAS Action Worksheet** to identify areas for improvement which led to the development of four (4) overarching goals with the following themes: quality improvement and system monitoring for disparities, governance & workforce, increasing access to quality language assistance services, and increasing community engagement efforts. The goals and strategies were overseen by the ESC in partnership with SCBH leadership, the Quality Assurance (QA) Unit and the Diversity & Equity (DE) Committee. Please see the progress towards the goals below:

**Goal 1: Quality Improvement and system Monitoring for Disparities** – Continue to monitor for timely access and culturally and linguistically appropriate services for all consumers served, and particularly for underserved/underrepresented populations.

**Strategy 1:** Continue to monitor for disparities using data made available through the Behavioral Health Plan (BHP) Electronic Health Record (EHR), data dashboards and other mechanisms as needed. The following elements will be monitored with an **equity lens**, e.g., by race, ethnicity, language, gender identity and sexual orientation.

- Calls to Access Line – monitored on a quarterly basis.
- Access Timeliness – first offered intake appointment as well as actual intake appointment monitored on a quarterly basis.
- Service Utilization of both the Children's SOC and Adult SOC – monitored on a quarterly basis.
- Linguistic Capacity – utilization of bilingual staff and interpreter services to meet the needs of non-English speaking consumers monitored on a bi-annual basis.
- Admission Type – monitoring whether a consumers first admission to the BHP was through a routine request for service or through an acute crisis, e.g., admission to the following crisis services: crisis stabilization unit (CSU), crisis residential treatment (CRT), inpatient hospitals and mobile crisis. Admission Type will be monitored on an annual basis.
- Service Retention – monitored on a bi-annual basis.

**Goal Ongoing:** SCBH's Planning Analyst partnered with SCBH leadership and the ESC to develop a data dashboard to monitor calls to the SCBH Access Line, access timeliness, e.g., screening to offered appointment and screening to intake appointment. This dashboard will be enhanced to monitor timeliness from completed assessment to first treatment services and service retention. Data dashboards have been developed for the Children's SOC and Adult SOC and demographic data points have been added which will allow SCBH to monitor service utilization across the SOC by race, ethnicity, language, gender identity and sexual orientation, as well as by program service frequency, etc. Additionally, a dashboard was developed for the homeless outreach team and a dashboard is being developed for crisis and inpatient services. To see samples of the data dashboards please see Appendix pages 72-74. SCBH plans to utilize these tools ongoing to monitor for disparities as each data point can now be filtered by specific demographic categories. Going forward SCBH will strive to include the equity lens demographic data points in all data monitoring dashboards and EHR reports developed. During the reporting period SCBH was not able to evaluate data related to admission type due to the complexity of this particular data pull and limited IT resources available for such a project. The DE Committee and SCBH Administration endorsed maintaining this goal for CY 2023.

**Strategy 2:** Continue to utilize the BHP service verification process to elicit feedback from consumers regarding the provision of culturally and linguistically appropriate services.

**Goal Met/Ongoing:** SCBH continued to gather feedback directly from consumers by utilizing specific questions related to cultural and linguistic capacity developed by the DE Committee during fiscal year (FY) 2018-2019 now included on the Service Verification Survey. The DE Committee and SCBH Administration endorsed maintaining this goal for CY 2023.

**Goal 2: Governance, Leadership & Workforce** – Implement organizational level changes that improves staff recruitment, development, and retention practices to build a more culturally and linguistically diverse workforce.

**Strategy 1:** Incorporate CLAS into the organization's Mission and Vision Statements and/or strategic plans by determining how the organization acknowledges and addresses concepts such as diversity, equity, and inclusion.

**Goal Met:** The DE Committee reviewed the organization's Mission and Vision Statements and provided feedback and suggestions to SCBH's executive leadership who then worked with the AIM (Acknowledge, Inspire, Motivate) Leadership Committee to develop an all staff survey to solicit feedback directly from county staff. SCBH county staff were sent the survey and were able to vote for the new versions of the organization's Mission and Vision Statements which can be found on page 16.

**Strategy 2:** Targeted recruitment efforts to the populations served to increase the recruitment of culturally and linguistically diverse individuals through actions such as: posting job openings on social media; distributing job positing to targeted community organizations geared towards specific diverse populations; and creating career pipelines with local schools including the community college and higher-level academic institutions.

**Goal Met/Ongoing:** SCBH partnered with Solano Community College in April and May to help facilitate presentations between students enrolled in the Human Services and Psychology tracks pursuing careers in the helping professions. County staff from Behavioral Health, Public Health, and Health & Social Services Administration provided an overview of each Division's overarching goals, services, and scope of work and career pathways. SCBH continues making efforts to expand the academic institutions we have agreements with, to broaden the intern applicant pool with an emphasis on recruiting interns that represent diverse communities. As part of SCBH's commitment to racial equity, SCBH has also engaged in communications with Tuskegee University which is one of the nation's most prestigious Historically Black Colleges & Universities (HBCU). SCBH leadership has engaged in preliminary discussions with Tuskegee's Social Work Department about the possibility of partnering in the near future as they develop a master's Social Work program with a behavioral health focus. In addition, SCBH along with the other Bay Area Region counties have reimplemented the loan assumption program which will be available to direct service providers working in both County and contractor-operated programs under the BHP in hard to fill positions and/or for providers who represent Solano County's diverse underserved communities. The DE Committee and SCBH Administration endorsed maintaining this goal for CY 2023.

**Strategy 3:** Create a mentorship program within the BHP that will provide opportunities for individuals in leadership and senior management to share career guidance and tacit knowledge to help foster a more culturally and linguistically diverse workforce.

**Goal Not Met/Ongoing:** SCBH was unable to achieve this goal during CY 2022. However, the DE Committee and SCBH Administration endorsed maintaining this goal for CY 2023.

**Strategy 4:** Promote the inclusion of CLAS related topics in individual supervision and program staff meetings with an emphasis on acknowledging individual or programmatic progress towards cultural humility.

**Goal Met/Ongoing:** The annual Workforce Equity Survey was administered in September of 2022, and 73% of staff positively endorsed that their supervisor or manager provides space (occasionally or frequently) in supervision meetings, staff meetings, case consultation meetings to talk about race and culture (including LGBTQ+) and the impacts of this on consumers served. SCBH continues to contract with Dr. Kenneth Hardy to provide coaching sessions for 46 County and contractor supervisors and managers who participated in two cohorts of *Promoting Cultural Sensitivity in Clinical Supervision* training. Eight coaching sessions were held during the CY. The DE Committee and SCBH Administration endorsed maintaining this goal for CY 2023.

**Strategy 5:** Continue to promote and organize continuous CLAS-related trainings with an emphasis on utilizing existing awareness campaigns such as: Asian American and Pacific Islander Heritage Month, Black History Month, Hispanic Heritage Month, Native American Heritage Month, and Pride Month, in addition to including discussions related to diversity and equity at various All Staff meetings.

**Goal Met/Ongoing:** SCBH shared emails with staff that promoted trainings/webinars that focused on diverse cultural groups, provided space during various meetings (i.e., the What's the Buzz meeting open to all staff, BHP Diversity and Inclusion Approaches to Services Delivery monthly meeting, etc.) to discuss equity topics or review materials related to different cultural awareness months. The DE Committee and SCBH Administration endorsed maintaining this goal for CY 2023.

**Goal 3: Improve Access to Language Assistance**– Ensure all staff—both County and contractor—have been adequately trained to utilize interpreter and/or translation services.

**Strategy 1:** Develop and administer an organizational assessment/survey specific to language assistance to determine how these services can be more effective and efficient.

**Goal Not Met/Ongoing:** SCBH was unable to develop and/or administer a specific organizational assessment/survey specific to language assistance. However, SCBH continues to monitor feedback from consumers about language assistance provided during treatment using the consumer Service Verification forms and consumer perception surveys. The DE Committee and SCBH Administration endorsed maintaining this goal during CY 2023.

**Strategy 2:** Further enhance existing materials that provide individuals with notification that describing what communication and language assistance is available, in what languages the assistance is available, to whom the services are available for, and that language assistance is provided by the organization free of charge. Efforts will be made to ensure that these materials are posted in prominent locations within clinic waiting areas and that materials are developed specifically for field-based programs such as Full-Service Partnerships, Mobile Crisis, etc.

**Goal Not Met/Ongoing:** SCBH was unable to achieve this goal during CY 2022. However, the DE Committee and SCBH Administration endorsed maintaining this goal for CY 2023.

**Strategy 3:** Formalize processes for ensuring all new BHP written materials are translated into Spanish the threshold language, and Tagalog the sub-threshold language when appropriate, and for evaluating the quality of these translations. This may include identifying key BHP representatives to review translated materials.

**Goal Met/Ongoing:** In March 2023, SCBH developed and administered a cultural broker survey inviting members of the DE Committee as well as County and contractor staff to volunteer to utilize their diverse linguistic expertise to help SCBH improve processes to provide culturally linguistically appropriate services for consumers served. Nine (9) staff volunteered to help facilitate linguistic specific community meetings, focus groups, and/or creation of social media videos; translate materials and/or review materials that have already been translated to ensure that translation is accurate and meets the needs of our local community. In addition, SCBH continues to leverage Health & Social Services (H&SS) contract with the Language Link vendor to help translate written materials into threshold (Spanish) and subthreshold (Tagalog) languages and to provide interpreter services to consumers as needed. The DE Committee and SCBH Administration endorsed maintaining this goal for CY 2023.

**Goal 4: Increase Community Engagement Efforts – Partner with community members, peers, staff, and other key community members to implement culturally and linguistically appropriate strategies that will positively impact behavioral health outcomes.**

**Strategy 1:** Include community members in the process of planning programs and monitoring by convening community forums, conducting focus groups, and/or creating advisory groups to ensure services meet the communities cultural and linguistic needs.

**Goal Met/Ongoing:** Engaging community members, partners, and staff is a core value to the SCBH SOC. Approximately 60% of the DE Committee members represent multi-sector community partners (i.e., community members, peers, faith leaders, SCBH/Contractor staff, school district personnel, Public Health, law enforcement, etc.). Committee members partner with SCBH Administration to help develop and monitor the Division's DE Plan Update. SCBH makes concerted efforts to recruit and include peer consumers, family members, providers, and community partners on various BHP committees including the Suicide Prevention Committee, Quality Improvement Committee; the local Mental Health Advisory Board (MHAB); targeted workgroups for special quality improvement projects; and the MHSA community program planning (CPP) process. The DE Committee and SCBH Administration endorsed maintaining this goal for CY 2023.

**Strategy 2:** Identify cultural brokers—which may include staff, consumers, family members, Peer Specialists or community partners—to help improve feedback mechanisms and communication with culturally and linguistically diverse communities within Solano County.

**Goal Met/Ongoing:** In March 2023, SCBH developed and administered a cultural broker survey inviting members of the DE Committee as well as County and contractor staff to volunteer to utilize their diverse cultural lived experiences and expertise to help foster positive outcomes for the people we serve. Nine (9) staff volunteered to help facilitate culturally specific community meetings, focus groups, and/or creation of social media videos. The DE Committee and SCBH Administration endorsed maintaining this goal for Calendar Year 2023.

## *Goals for Calendar Year 2023*

SCBH continues to implement the CLAS Standards across the SOC, including incorporating the CLAS Standards in the contract procurement process, contract language, policy development, and utilizing the standards as a guide for hiring/retention practices and service delivery. SCBH leadership partnered with the DE Committee to develop the following goals for CY 2023. The goals and strategies outlined will be overseen by the ESC in partnership with SCBH leadership, the Quality Assurance (QA) Unit and the DE Committee.

**Goal 1: Quality Improvement and System Monitoring for Disparities** – Continue to monitor for timely access and culturally and linguistically appropriate services for all consumers served, and particularly for underserved/underrepresented populations.

**Strategy 1:** Continue to monitor for disparities using data made available through the BHP EHR, data dashboards and other mechanisms as needed. The following elements will be monitored with an **equity lens**, e.g., by race, ethnicity, language, gender identity and sexual orientation.

- Calls to the Access Line - monitored regularly but no less than quarterly.
- Access Timeliness - first offered intake appointment as well as actual intake appointment monitored regularly but no less than quarterly.
- Service Utilization of both the Children's SOC and Adult SOC - monitored regularly but no less than quarterly.
- Linguistic Capacity - utilization of bilingual staff and interpreter services to meet the needs of non-English speaking consumers monitored on a bi-annual basis.
- Admission Type - monitoring whether a consumer's first admission to the BHP was through a routine request for service or through an acute crisis, e.g., admission to the following crisis services: crisis stabilization unit (CSU), crisis residential treatment (CRT), inpatient hospitals and mobile crisis. Admission Type will be monitored on an annual basis or as resources permit due to the complexity of this data point.
- Service Retention - monitored on a bi-annual basis.
- Suicide and Overdose Deaths – review of data received from the Solano County Sheriff's Office-Coroner for all suicide and overdose deaths of Solano County residents. Suicide and overdose deaths will be monitored on a monthly basis by the MHSA Unit in partnership with the Suicide Prevention Committee.
- Mobile Crisis Utilization - review of mobile crisis data for both the Community-Based and School-Based programs. This data will be monitored on a monthly basis or more frequently as needed.

**Target Date:** Ongoing **CLAS Standard(s):** 1-2,5,9-12 **Person(s) Responsible:** SCBH Administration, ESC, QA Unit, MHSA Unit, Planning Analyst

**Strategy 2:** Continue to utilize the BHP service verification process to elicit feedback from consumers regarding the provision of culturally and linguistically appropriate services.

**Target Date:** Ongoing **CLAS Standard(s):** 1, 10 **Person(s) Responsible:** ESC, QA Unit, BHP Programs

**Goal 2: Governance, Leadership & Workforce** – Implement organizational level changes that improves staff recruitment, development, and retention practices to build a more culturally and linguistically diverse workforce.

**Strategy 1:** Target recruitment efforts to the populations served to increase the recruitment of culturally and linguistically diverse individuals through actions such as: posting job openings on social media; distributing job postings to targeted community organizations geared towards specific diverse populations; and creating career pipelines with local schools including the community college and higher level academic institutions.

**Target Date:** Ongoing **CLAS Standard(s):** 3 **Person(s) Responsible:** SCBH Administration, ESC, BHP Intern Coordinator

**Strategy 2:** Create a mentorship program within the BHP that will provide opportunities for individuals in leadership and senior management to share career guidance and tacit knowledge to help foster a more culturally and linguistically diverse workforce.

**Target Date:** 12/31/2023 **CLAS Standard(s):** 3 **Person(s) Responsible:** ESC, SCBH Administration and Leadership, Contractor Leadership

**Strategy 3:** Promote the inclusion of CLAS related topics in individual supervision and program staff meetings with an emphasis on acknowledging individual or programmatic progress towards cultural humility.

**Target Date**: Ongoing **CLAS Standard(s):** 2,3,4 **Person(s) Responsible** SCBH Administration and Leadership

**Strategy 4:** Continue to promote and organize continuous CLAS-related trainings with an emphasis on utilizing existing awareness campaigns such as: Asian American and Pacific Islander Heritage Month, Black History Month, Hispanic Heritage Month, Native American Heritage Month, and Pride Month, in addition to including discussions related to diversity and equity at various All Staff meetings.

**Target Date**: Ongoing **CLAS Standard(s):** 2,3,4 **Person(s) Responsible:** SCBH Administration, ESC

**Strategy 5:** Utilize the annual performance evaluation to provide SCBH staff feedback related to their individual commitment to equity in their daily work, e.g., trainings attended, culturally relevant interventions utilized, the provision of linguistically appropriate services either by a bilingual staff or use of interpreter services, sensitivity/humility regarding cultural needs of consumers and advocacy.

**Target Date**: Ongoing **CLAS Standard(s):** 2,3,7,9 **Person(s) Responsible** SCBH Administration and Leadership

**Goal 3: Increase Access to Quality Language Assistance Services** – Ensure all staff—both County and contractor—have been adequately trained to utilize interpreter and/or translation services.

**Strategy 1:** Identify an organizational assessment/survey tool specific to evaluating language assistance to determine how these services can be more effective and efficient. This may include the development of a consumer survey.
**Target Date:** 12/31/2023 **CLAS Standard(s):** 8,10, 12 **Person(s) Responsible**: SCBH Administration, ESC, QA Unit

**Strategy 2:** Further enhance existing materials that provide individuals with notification that describing what communication and language assistance is available, in what languages the assistance is available, to whom the services are available for, and that language assistance is provided by the organization free of charge. Efforts will be made to ensure that these materials are posted in prominent locations within clinic waiting areas and that materials are developed specifically for field-based programs such as Full-Service Partnerships, Mobile Crisis, etc.
**Target Date:** 12/31/2023 **CLAS Standard(s):** 5,6,7,8 **Person(s) Responsible:** SCBH Administration QA Unit, ESC, BHP Programs

**Strategy 3:** Formalize processes for ensuring all new BHP written materials are translated into Spanish the threshold language, and Tagalog the sub-threshold language when appropriate, and for evaluating the quality of these translations. This may include identifying key BHP partners to review translated materials.
**Target Date:** 12/31/2023 **CLAS Standard(s):** 13 **Person(s) Responsible:** QA Unit, ESC

**Goal 4: Increase Community Engagement Efforts** – Partner with community members, peers, staff, and other key partners to implement culturally and linguistically appropriate strategies that will positively impact behavioral health outcomes.

**Strategy 1:** Include community members in the process of planning programs and monitoring by convening community forums, conducting focus groups, and/or creating advisory groups to ensure services meet the communities cultural and linguistic needs.
**Target Date:** Ongoing **CLAS Standard(s):** 13 **Person(s) Responsible:** SCBH Administration, ESC, MHSA Unit, QA Unit

**Strategy 2:** Continue identifying cultural brokers—which may include staff, consumers, family members, Peer Specialists, or community partners—to help improve feedback mechanisms and communication with culturally and linguistically diverse communities within Solano County.
**Target Date:** Ongoing **CLAS Standard(s):** 13,14 **Person(s) Responsible:** ESC, MHSA Unit, QA Unit, Wellness Recovery Unit

# Criterion 1: Commitment to Culturally & Linguistically Appropriate Services

*SCBH Vision, Mission and Values*

**Vision**

To provide quality, innovative, culturally responsive care that supports and honors each person's authentic self and unique journey to recovery.

**Mission**

To serve our diverse community impacted by mental health and substance use challenges in holistic ways that reinforces hope, wellness, and empowerment to live a fulfilling life.

**CLAS Standard 1:** Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

**Values**

- Hope
- Resilience & Recovery
- Voice & Choice
- Community Inclusion
- Diversity, Equity, Justice

**Ethnic Services Coordinator (ESC)**

Each county is mandated by the DHCS to have a designated representative who is responsible for the oversight of the BHP's efforts towards equity and addressing the needs of underserved communities. In Solano County the role of the Ethnic Services Coordinator (ESC) has been established for several years and is currently held by Eugene Durrah, LCSW. The ESC leads the DE Committee; participates in program planning, policy development including hiring practices, and reviews grievances related to identified disparities or grievances related to discrimination; sits on various state and local advisory groups/task forces; monitors data related outcomes for race and other culturally diverse populations; and is responsible for developing and monitoring the SCBH annual DE Plan in partnership with the DE Committee and community partners.

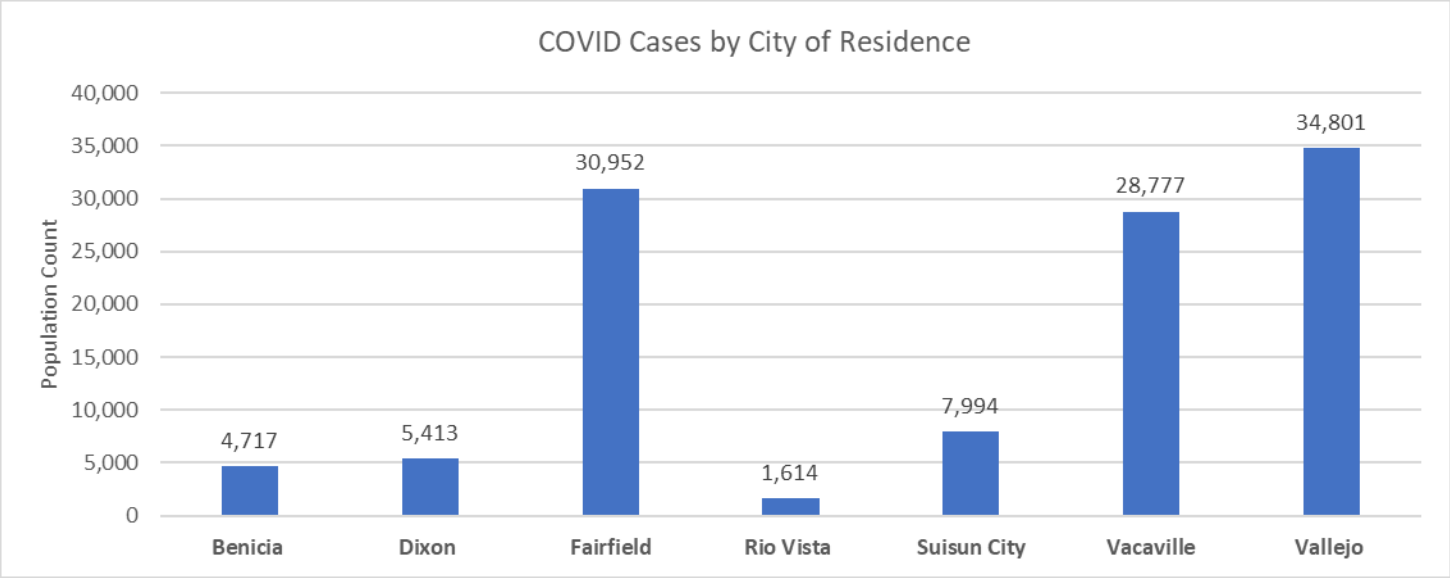
# Criterion 2: Updated Assessment of Service Needs

## *Social Determinants of Health*

Although many community members are thriving in Solano County, there are significant disparities that must be addressed. This section highlights recent local, state, and national disparities. As a BHP, it is important for all staff and providers within the SOC to recognize social inequities and injustices which often trigger and/or worsen mental health symptoms and outcomes particularly for underserved communities. This information gathered throughout this needs assessment is utilized to help inform and strengthen proposed culturally and linguistically responsive strategies deployed by SCBH and its vendors.

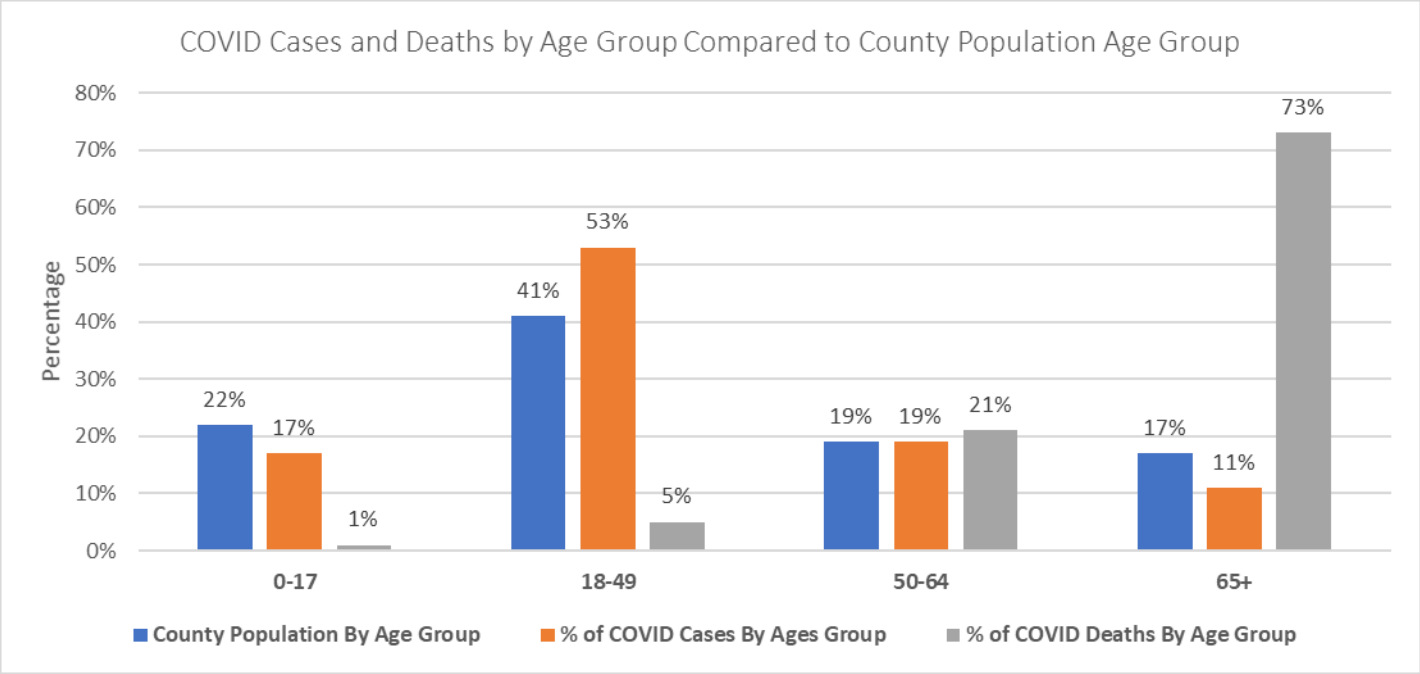
## COVID-19 Healthcare Disparities

The Coronavirus (COVID-19) global pandemic has continued to have significant impacts on the overall community. Solano County was one of the first counties where a resident tested positive for COVID-19, through community transmission in February 2020. Like other California counties, Solano County adhered to the Governor's Stay-at-Home orders starting in March 2020 and continued to adhere to the statewide colored tiered system in order to determine safety guidelines regarding reopening. Solano County Public Health has continued to provide updates since the pandemic began including information on community orders, sharing the data on how the virus is spreading throughout the county through a **COVID-19 Dashboard**[11], testing, masking requirements, and vaccinations. The COVID-19 Dashboard includes demographics related to how COVID has and continues to impact Solano residents including tracking positive cases, hospitalizations, deaths, and vaccination rates by race/ethnicity and age group available in English and Spanish. Additionally, data regarding the impact by gender and city of residence is available. Since the beginning of the pandemic, the local community, like most communities throughout the state and nation, has been significantly impacted by COVID-19. Importantly, as demonstrated in the graphs to follow, certain populations have been disproportionally impacted by COVID-19. The most populous cities in the County—Fairfield, Vallejo, and Vacaville—have been significantly impacted by COVID-19 since the pandemic started.



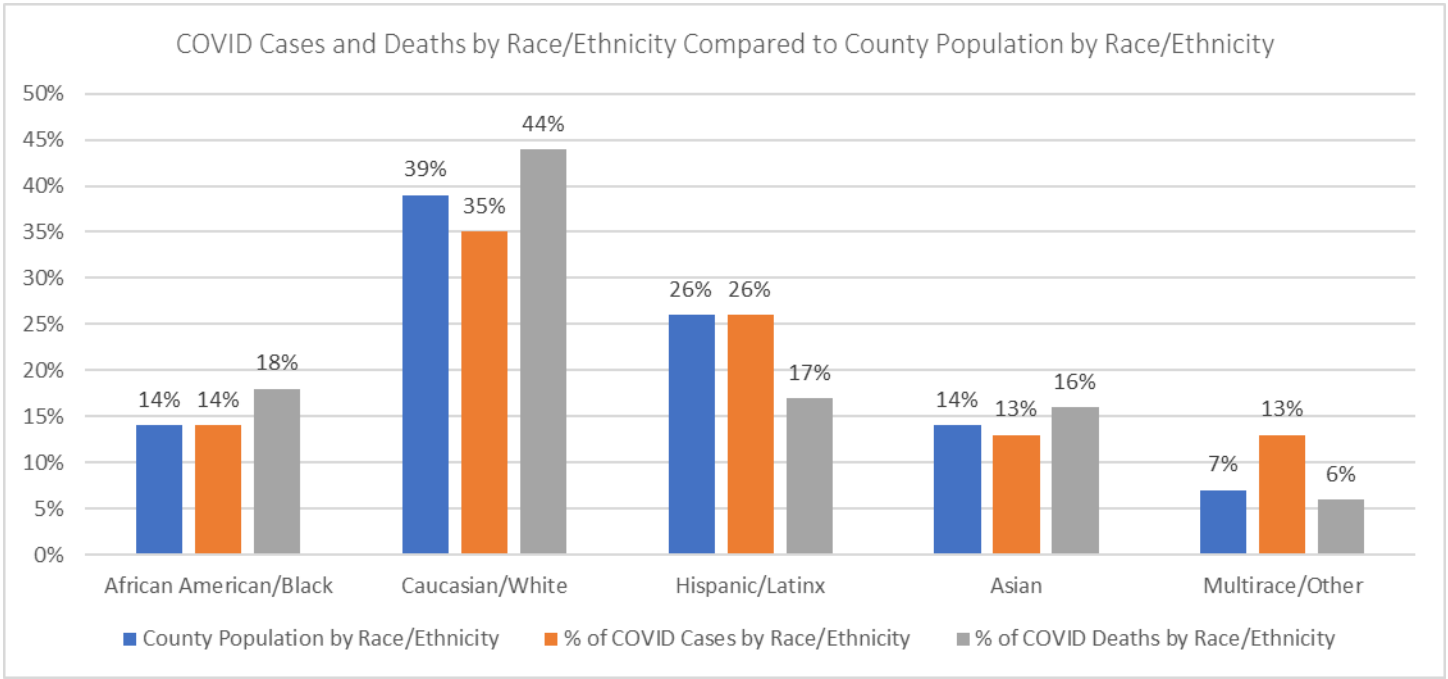

Source: Solano County Public Health Dashboards[12]

The senior community age 65 and older are significantly overrepresented as related to the County's COVID-19 deaths in comparison to this age group's representation per County population with the highest death rate of 425[13].




Source: Solano County Public Health Dashboards[14]

When analyzing the impact of COVID-19 by race/ethnicity African Americans, Asians, Multiracial, and Caucasian/White communities are overrepresented in the county's COVID-19 deaths in comparison to these racial/ethnic groups' representation per the County population. For example, Asians represent 14% of the county population, yet 16% of the County's deaths since the pandemic started. Inferences can be made regarding the impact of socio-economic conditions and disparities related to access to preventative healthcare.




Source: Solano County Public Health Dashboards[15]

**BHP COVID-19 Response**

During CY 2022 the SCBH BHP continued to provide critical behavioral health services and supports for the community of Solano County while continuing to navigate the impacts of COVID-19. Of greatest concern is the impact on the vulnerable populations the system serves; and adding to the complexity, COVID-19 significantly impacted staffing, infrastructure, and other resources creating new challenges to address.

During the reporting period the SCBH BHP, which includes county-operated and contractor-operated programs, continued to successfully provide telehealth services and in-person services with safety measures including masking, increased hygiene practices, vaccinations and boosters.

In response to COVID-19, SCBH implemented a COVID Warmline for any County resident experiencing stress, anxiety and/or depression as a result of dealing with the daily struggles and impacts of COVID. The warmline continues to be operated by staff members embedded in the Access Unit and has been available in both English and Spanish.

For many of the MHSA prevention and early intervention (PEI) funded programs that have core program components focused on community outreach and communitywide education, COVID-19 continued to pose challenges. Efforts were made to reimagine community engagement and education strategies. Many programs who had shifted to the provision of virtual trainings and presentations for the community shifted to a hybrid model of a mix of virtual and in-person outreach and trainings.

A significant unexpected impact of COVID-19 is a statewide workforce crisis particularly in behavioral health which has impacted service delivery and has created capacity challenges across the SOC. Staff vacancies continue to impact both the County and contract providers at significantly higher rates than the pre-pandemic period. For example, SCBH has had vacancy rates ranging from 15-20% with up to 46 vacant positions at one time including leadership positions. Furthermore, there has been a significant reduction in applications for vacant positions for both County and contract providers. SCBH and our contract partners are continuing to explore strategies to improve recruitment efforts and to retain staff.

## *Cost of Being Californian 2021*

The Cost of Being Californian 2021 Report[16] identifies "self-sufficiency" as the minimum income necessary to cover an individual or family's basic expenses such as housing, food, health care, childcare, transportation, and taxes – without public or private assistance. Although Solano County is extremely diverse, there are significant racial disparities. As of 2021, 28% (28,301) of Solano County households did not get paid enough to make ends meet. Black, Latinx, Asian, and Native households make up 59% of the total population in Solano County, but comprise 70% of the households struggling to meet their basic needs. These disparities reflect the many barriers different groups experience in our communities.

**Households That Struggle to Meet Basic Needs, By Race**

| | Solano County | Bay Area | California |
|---|---|---|---|
| Black | 27% | 45% | 44% |
| Latinx | 42% | 52% | 52% |
| AAPI | 25% | 25% | 29% |
| Native | 100%* | 44% | 44% |
| White | 20% | 20% | 24% |

Source: The Cost of Being Californian 2021, Bay Area Key Findings: Solano County[17]

**The California Family Needs Calculator is based on the American Community Survey, a sample of 1% of households. A value of 1,000 households indicates that the actual underlying observations would be around 10 households. Therefore, values less than 1,000 are shaded in red to indicate caution as underlying observations are small.*

In Solano County and the Bay Area, more than 1 in 3 women and 40% statewide are caught in financial precarity due to unequal pay, unpaid care for small children or other family members, underemployment, and workforce discrimination according to the 2021 report[18].

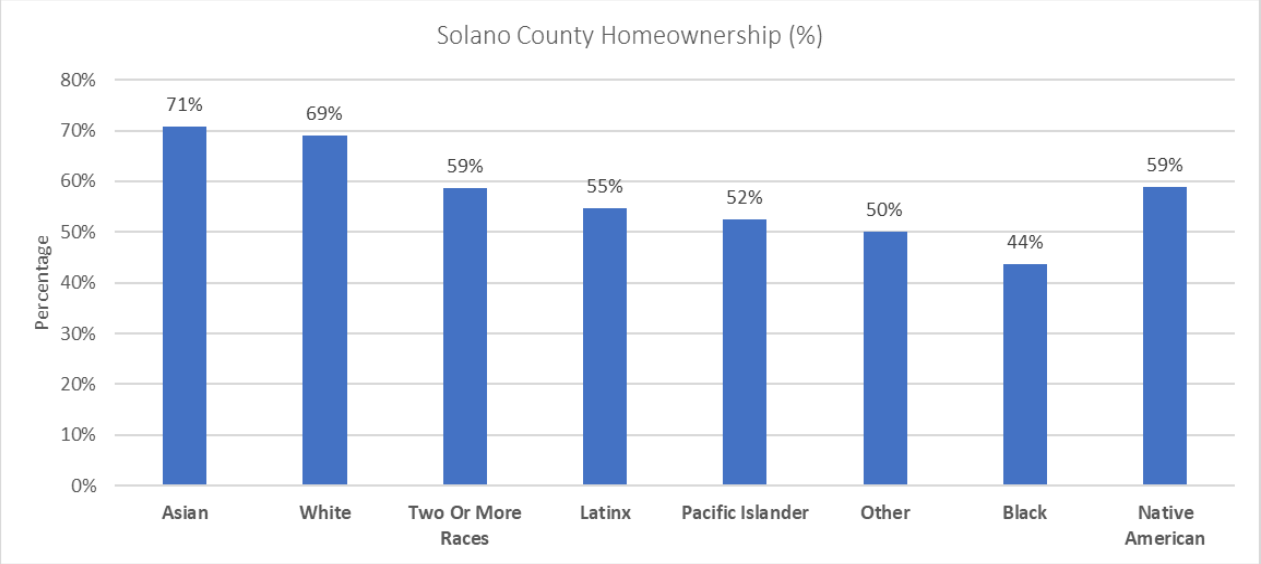
**Households That Struggle to Meet Basic Needs, By Gender**

| | Women | Men |
|---|---|---|
| **Solano County** | 33% | 21% |
| **California** | 40% | 31% |
| **Bay Area** | 34% | 26% |

Source: The Cost of Being Californian 2021, Bay Area Key Findings: Solano County[19]

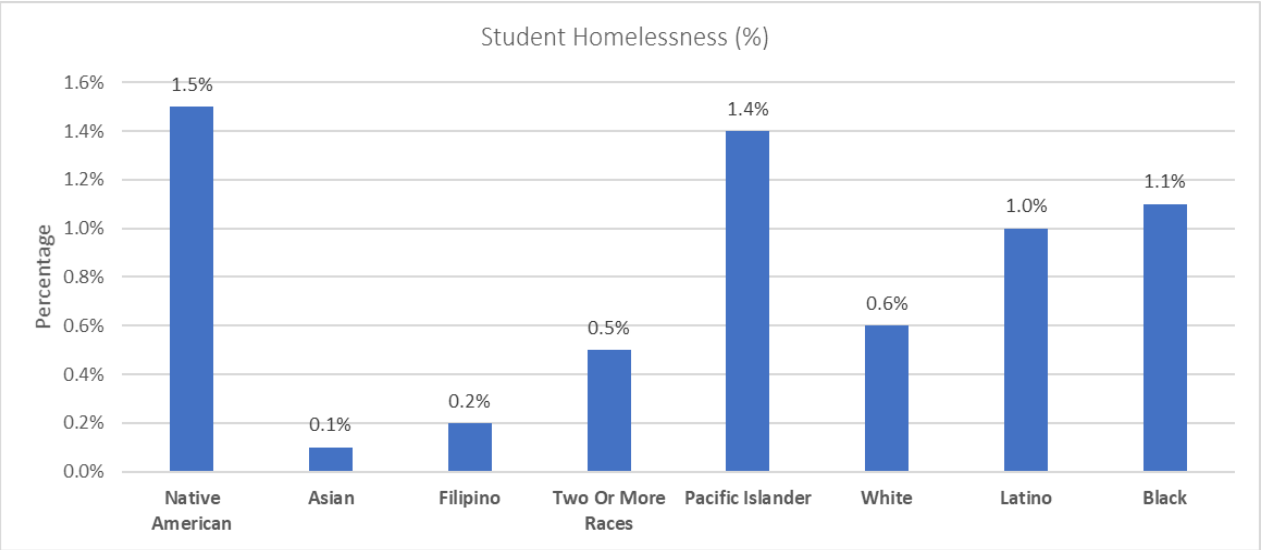
## *Housing*

The self-sufficiency rates referenced above contribute to the disparities Solano County residents experience related to housing as seen in the graphs on the pages to follow. In Solano County Caucasian/White and Asian/Pacific Islander families are more likely to own their homes as compared to Hispanic/Latino, Native American and African American/Black families[20].



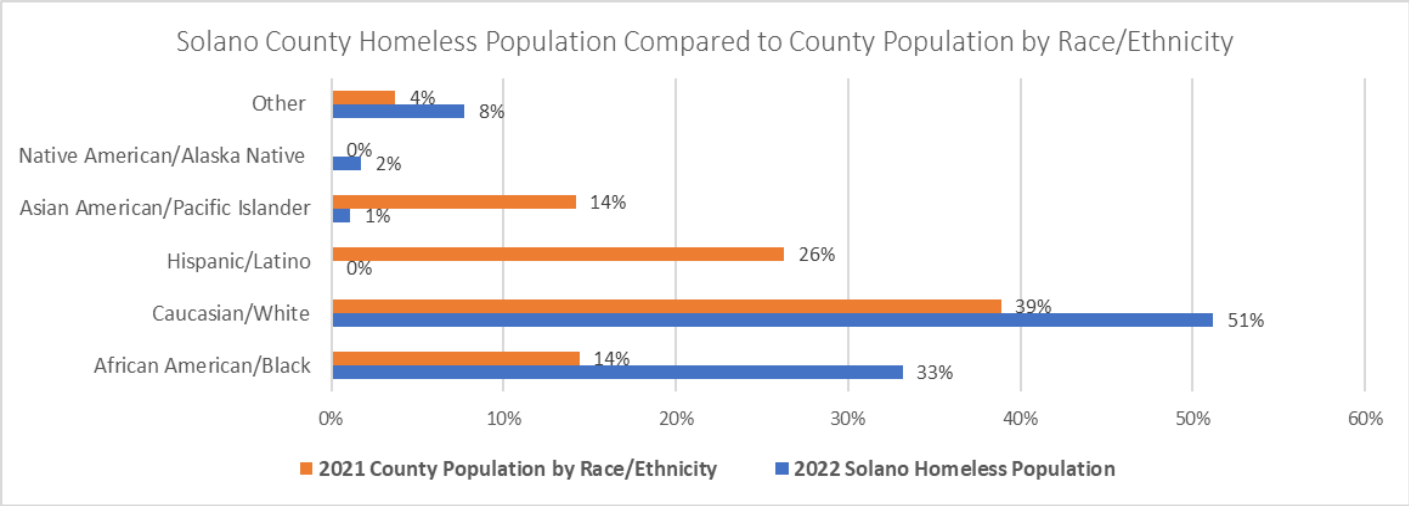

Source: Race Counts: Solano[21]

As evidenced in the graph to follow, Black and Latino students in Solano County experience disproportionate rates of homelessness in comparison to their counterparts.




Source: Race Counts: Solano 2021[22]

According to the Point in Time (PIT) Count[23] for 2022, the most recent data available at the writing of this Plan Update, the number of homeless individuals was 1,179 and 16% were identified as chronically homeless. Approximately 51% of the homeless population identified as White, 33% Black, 8% Other, 2% American Indian/Alaska Natives, and 1% as Asian American/Pacific Islander. When comparing the 2022 homeless population by race/ethnicity to the 2021 County population by race/ethnicity the African American/Black community in Solano County is disproportionally impacted by homelessness which is consistent with national trends throughout the state and country. It is also important to note that when conducting the PIT Count, questions regarding race and ethnicity were asked separately which is why the Hispanic/Latino homeless population is missing from the chart below However, the PIT Count found that 19% of the homeless population identified as Hispanic or Latino.




Source: 2021 Solano County Annual Report & 2022 PIT Count

Seventy-three percent (73%) of those counted via the PIT Count reported experiencing homelessness for the first time in the past year majority of those counted sleep in encampments (44%), vehicle/boat/RV (23%), or on the street/sidewalk (18%). Many individuals self-reported various health conditions such as Mental Health Issues (22%), Alcohol/Drug Use (21%), Chronic Health Issues (16%), Physical Disability (14%), HIV/AIDS Related Illness (1%), and Developmental challenges (5%). Sixty-five (65%) identified as Male, 33% as Female, and 2% as Transgender, Questioning, or Nonbinary.

## *Education*

As the tables to follow illustrate, there are significant disparities within our local educational system as demonstrated by the graduation and suspension rates by race/ethnicity. The percentage of African American/Black, American Indian/Alaskan Natives and Pacific Islander students suspended compared to the percentage of the student population by race/ethnicity demonstrates that these students are not only suspended more frequently but also experience lower graduation rates as a result, in comparison to other groups.

**2020-21 Five-Year Cohort Graduation Rate**

**Cohort Outcome Period:** For the calculation of the five-year Adjusted Cohort Graduation Rate (ACGR)[24], the period for determining cohort inclusion is 07/01/Year1 – 08/15/Year6. This provides LEAs with an additional year beyond the four-year cohort outcome period (07/01/Year1 – 08/15/Year5) to report cohort graduates, including an opportunity to report year 5 summer graduates through 08/15/Year6. All cohort graduation requirements, including the awarding of the diploma, must be completed by the end of the five-year cohort outcome period (August 15). At the writing of this Plan this is the most recent data available.

**Cohort Students:** The five-year cohort graduation rate is a metric that includes the number of students who graduated from high school in Solano County within five years with a regular high school diploma.

| Race / Ethnicity | Cohort Students | Regular HS Diploma Graduates | Cohort Graduation Rate | Graduates Meeting UC/CSU Requirements | Graduates Earning a Seal of Biliteracy | Graduates Earning a Golden State Seal Merit Diploma |
|---|---|---|---|---|---|---|
| African American | 707 | 588 | 83.2% | 164 | 6 | 38 |
| American Indian or Alaska Native | 32 | 25 | 78.1% | 7 | 0 | 2 |
| Asian | 215 | 201 | 93.5% | 130 | 26 | 65 |
| Filipino | 554 | 521 | 94.0% | 310 | 45 | 153 |
| Hispanic or Latino | 1,862 | 1,575 | 84.6% | 547 | 139 | 143 |
| Pacific Islander | 56 | 48 | 85.7% | 24 | 1 | 4 |
| White | 1,204 | 1,112 | 92.4% | 568 | 76 | 195 |
| Two or More Races | 306 | 276 | 90.2% | 128 | 18 | 67 |
| Not Reported | 16 | 12 | 75.0% | 6 | 3 | 1 |

During the 2020-21 Academic School Year, American Indian/Alaskan Natives (78.1%), African American (83.2%) and Hispanic or Latino (84.6%) students had the lowest graduation rates in Solano County in comparison to other groups. Inferences can be made that environmental factors such as poverty and inadequate housing may contribute to such disparities.

### 2020-21 Graduation Rate – Disaggregated by School District

| Name | Cohort Students | Regular HS Diploma Graduates | Cohort Graduation Rate | Graduates Meeting UC/CSU Requirements | Graduates Earning a Seal of Biliteracy | Graduates Earning a Golden State Seal Merit Diploma |
|---|---|---|---|---|---|---|
| Benicia Unified | 438 | 426 | 97.3% | 183 | 39 | 119 |
| Dixon Unified | 305 | 271 | 88.9% | 112 | 0 | 0 |
| Fairfield-Suisun Unified | 1,505 | 1,326 | 88.1% | 499 | 136 | 361 |
| Solano County Office of Education | 78 | 29 | 37.2% | 0 | 0 | 0 |
| Travis Unified | 437 | 422 | 96.6% | 210 | 1 | 135 |
| Vacaville Unified | 953 | 892 | 93.6% | 469 | 78 | 0 |
| Vallejo City Unified | 909 | 692 | 76.1% | 212 | 0 | 0 |
| Solano County | 4,625 | 4,058 | 87.7% | 1,685 | 254 | 615 |
| Statewide Total | 424,500 | 382,679 | 90.1% | 188,044 | 47,618 | 101,884 |

## 2020-21 Suspension Rate – Disaggregated by Ethnicity

| Ethnicity | Cumulative Enrollment | Total Suspensions | Unduplicated Count of Students Suspended | Suspension Rate | Percent of Students Suspended with One Suspension | Percent of Students Suspended with Multiple Suspensions |
|---|---|---|---|---|---|---|
| African American | 8,547 | 10 | 10 | 0.1% | 100.0% | 0.0% |
| American Indian or Alaska Native | 221 | 2 | 2 | 0.9% | 100.0% | 0.0% |
| Asian | 2,512 | 1 | 1 | 0.0% | 100.0% | 0.0% |
| Filipino | 5,185 | 2 | 2 | 0.0% | 100.0% | 0.0% |
| Hispanic or Latino | 25,797 | 31 | 26 | 0.1% | 92.3% | 7.7% |
| Pacific Islander | 681 | 2 | 1 | 0.1% | 0.0% | 100.0% |
| White | 14,380 | 18 | 15 | 0.1% | 93.3% | 6.7% |
| Two or More Races | 5,173 | 9 | 8 | 0.2% | 87.5% | 12.5% |
| Not Reported | 441 | 1 | 1 | 0.2% | 100.0% | 0.0% |

Source: Data Quest: California Department of Education [25]

## 2020-21 Percentage of Suspensions – Disaggregated by Ethnicity

| Race / Ethnicity | Percent of Cumulative Enrollment | Percent of Students Suspended |
|---|---|---|
| African American | 13.6% | 15.2% |
| American Indian or Alaska Native | 0.4% | 3.0% |
| Asian | 4.0% | 1.5% |
| Filipino | 8.2% | 3.0% |
| Hispanic or Latino | 41.0% | 39.4% |
| Pacific Islander | 1.1% | 1.5% |
| White | 22.8% | 22.7% |
| Two or More Races | 8.2% | 12.1% |
| Not Reported | 0.7% | 1.5% |
| **Total** | **62,937** | **66** |

Source: Data Quest: California Department of Education [26]

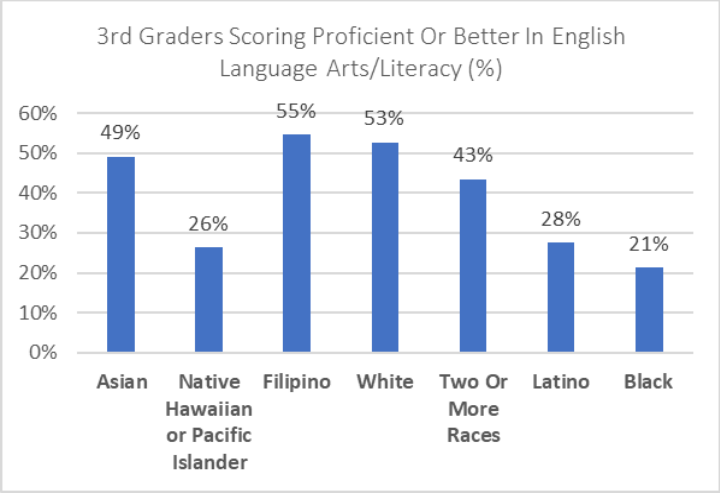
## 2020-21 Expulsion Rate – Disaggregated by Ethnicity

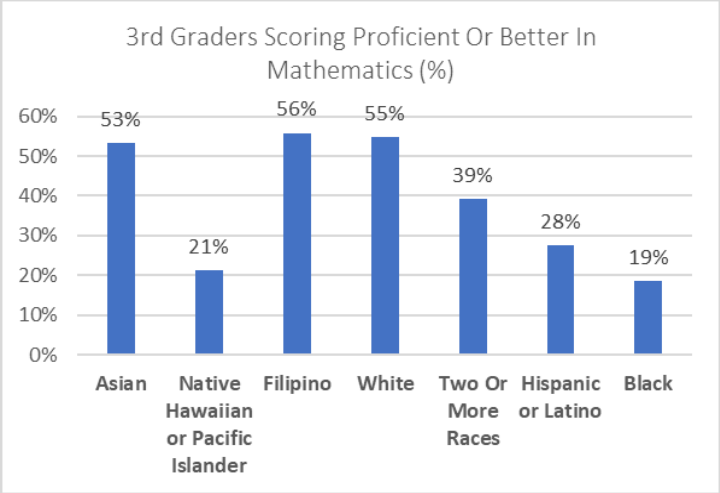
| Ethnicity | Cumulative Enrollment | Total Expulsions | Unduplicated Count of Students Expelled | Expulsion Rate |
|---|---|---|---|---|
| African American | 8,547 | 0 | 0 | 0.00% |
| American Indian or Alaska Native | 221 | 0 | 0 | 0.00% |
| Asian | 2,512 | 0 | 0 | 0.00% |
| Filipino | 5,185 | 0 | 0 | 0.00% |
| Hispanic or Latino | 25,797 | 0 | 0 | 0.00% |
| Pacific Islander | 681 | 0 | 0 | 0.00% |
| White | 14,380 | 1 | 1 | 0.01% |
| Two or More Races | 5,173 | 0 | 0 | 0.00% |
| Not Reported | 441 | 0 | 0 | 0.00% |

Source: Data Quest: California Department of Education [27]

As a result of the statewide physical school closures that occurred due to the COVID-19 pandemic, the 2020 -21 suspension and expulsion data are not comparable to similar data from other academic years; however, the California Department of Education (CDE) has determined that this data is valid and reliable for the period of time that schools were physically open during the 2020-21 academic year.

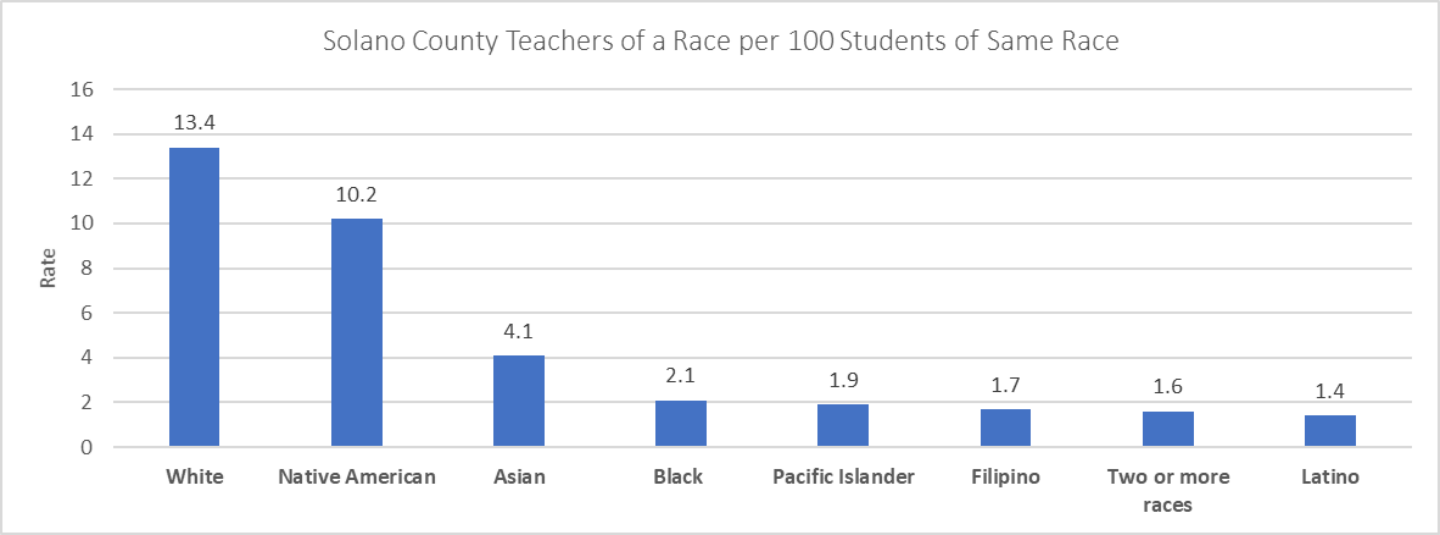
Recent data suggests 3rd grade academic performance related to Mathematics and English Language proficiency, Black, Native Hawaiian/Pacific Islander, and Hispanic/Latino students experience significantly lower scores than their counterparts[28] as demonstrated in the graphs below.



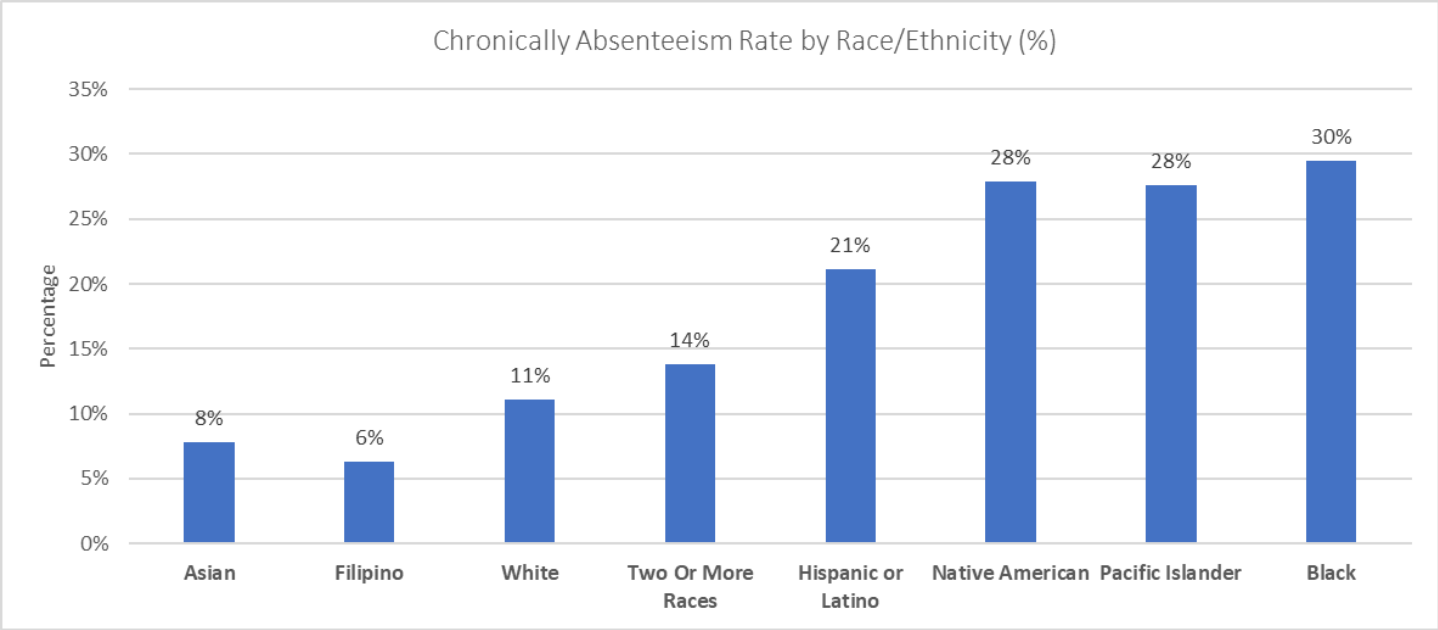

Source: California Assessment of Student Performance and Progress[29]

Further review of the data indicates that there is significant underrepresentation of teachers representing diverse communities in Solano County. For example, the rate of Caucasian/ White teachers per 100 students is 13.4 while the rate for Hispanic/Latino teachers per 100 students is only 1.4.




*Source: Race Counts: Solano*[30]

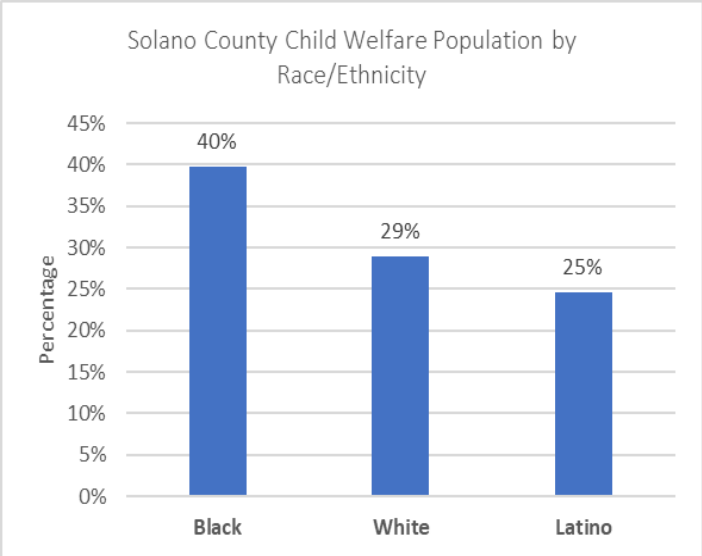
The data demonstrates that in Solano County students of color are experiencing significantly higher rates of chronic absenteeism.

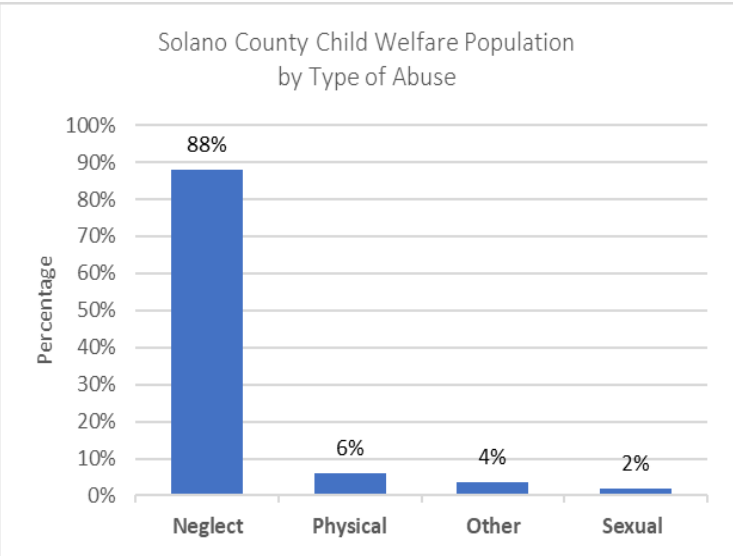



Source: California Assessment of Student Performance and Progress [31]

## *Involvement with Child Welfare*

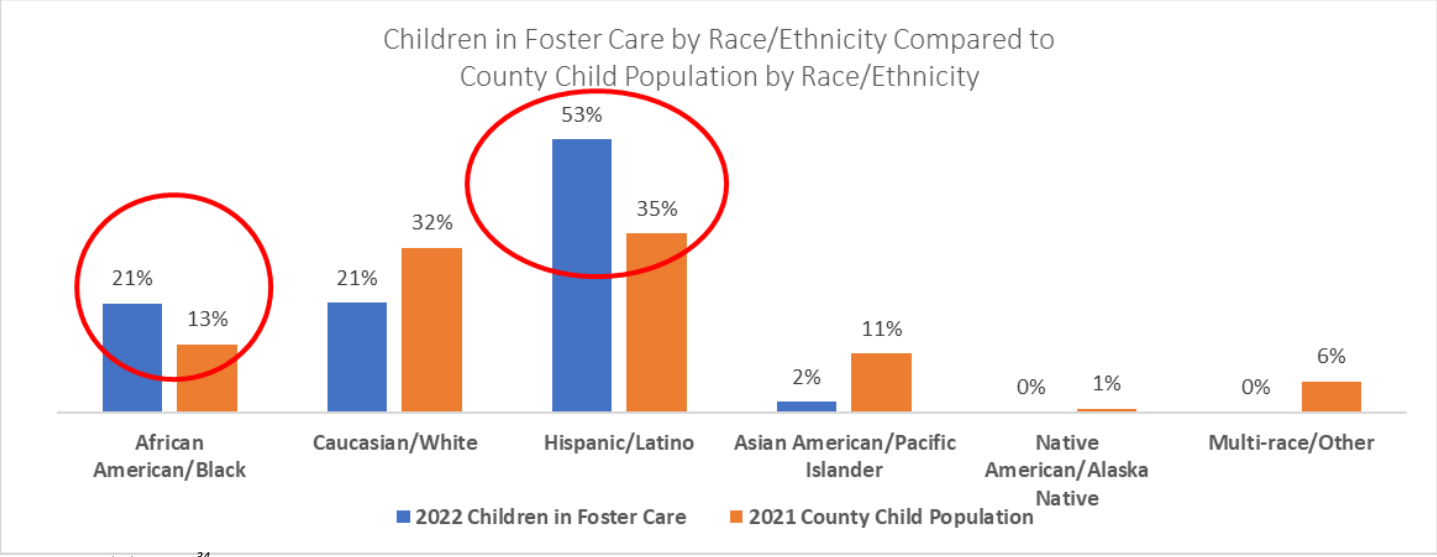
Involvement with the Child Welfare system is known to be a contributing factor for homelessness, commercial sexual exploitation, involvement with the criminal justice system and poor health outcomes including the development of disabling mental health conditions for current and former foster youth. The California Child Welfare Indicators Project (CCWIP) is a collaborative venture between the University of California at Berkeley (UCB) and the California Department of Social Services (CDSS)[32]. The CCWIP collects and publishes data related to the health and wellbeing of children in communities across California. The charts to follow represent the most recent data (July 2022) gathered from the Lucile Packard Foundation for Children's Health which also monitors demographic changes for children involved in the child welfare system which can be seen below.




Source: UC Berkeley Child Welfare Indicators Project (CCWIP)[33]

Upon further analysis when comparing the percentage of children in foster care in 2022 by race/ethnicity to percentage of the child population in the County by race/ethnicity for 2021 (most current data for the County's child population), it is evident that there are significant disparities for the African American and Latino/Hispanic communities. During 2021 in Solano County, African American/Black children comprised 13% of the child population yet 21% of the children in foster care and Latino/Hispanic children comprised 35% of the child population yet 53% of the of the children in foster care as of July 2022.




*Source: Kidsdata.org*[34]

## *Other Relevant Solano County Disparities*

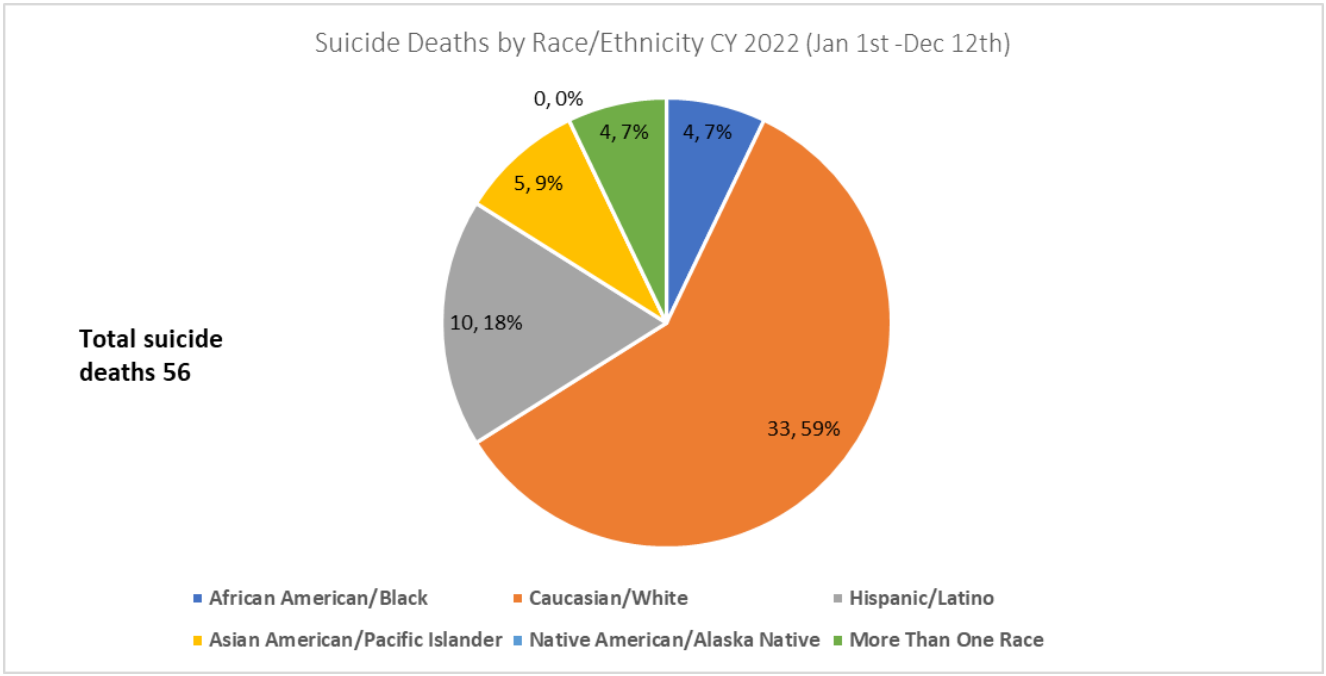
Physical health is a critical determinant for the overall wellness of a community. **According to Race Counts, Solano Black residents are most impacted by racial disparities across all indicators**[35]**.** The website also reported the following physical health indicators for Solano County residents:

- The African American/Black community experiences the most preventable hospitalizations per 100,000 persons.
- African American/Black (10.9%) and Asian American (9.2%) communities experience more low birthweight births in comparison to other racial/ethnic groups.
- African American/Black and Native American residents have the lowest life expectancy in Solano County.
- Pacific Islander (31.8%) and African American/Black (28.5%) residents have significantly higher rates of Asthma than any other group.
- Only 41.5% of Latino and 48.8% of Asian residents sought help for mental health or substance use issues compared to other groups.
- African American/Black residents are incarcerated at 634 per 100,000 people whereas their Caucasian/ White and Hispanic/Latino counterparts are incarcerated at 204 and 192 per 100,000 people respectively.
- Black, Indigenous, People of Color (BIPOC) are significantly underrepresented in the diversity of elected officials and law enforcement.

## *Impact of Suicide*

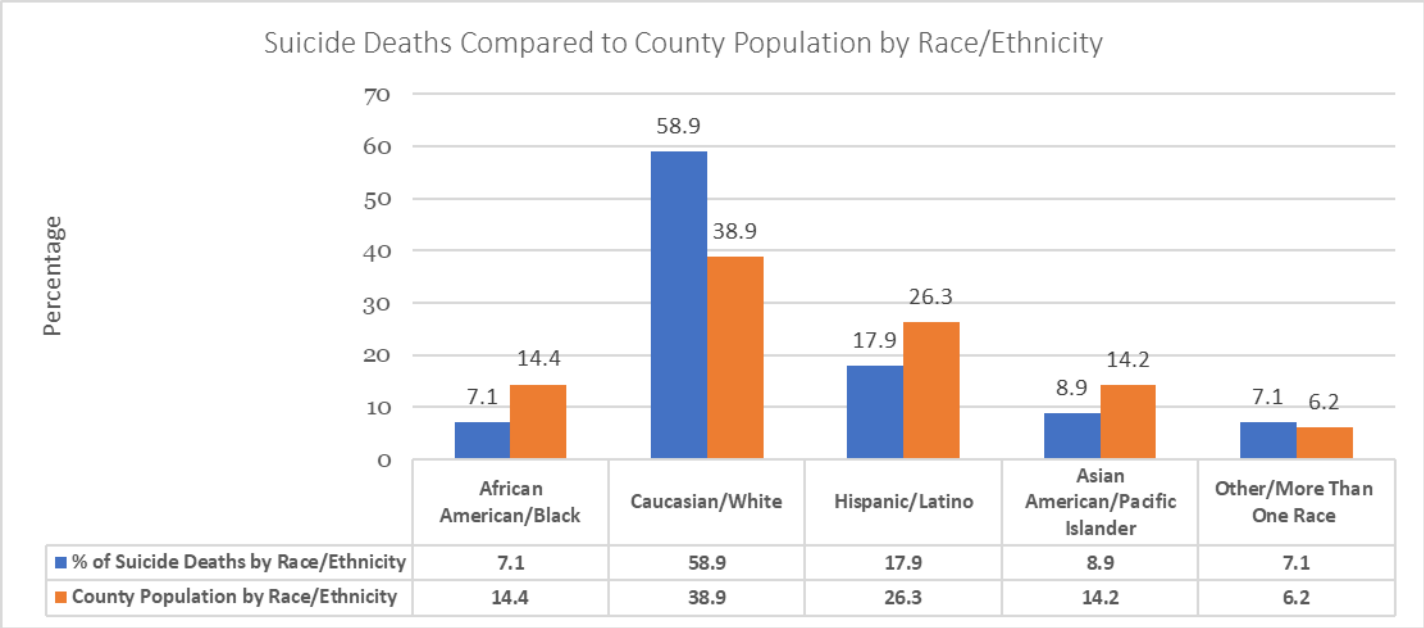
SCBH, in partnership with the countywide Suicide Prevention Committee closely monitors suicide deaths and trends and makes recommendations to the County on strategies to help support the local community. At the writing of this Plan Update there have been 56 suicide deaths in Solano County during CY 2022 as of December 12, 2022, which represents an 11% increase in the number of suicide deaths from CY 2021 for the same time period. Two of the individuals were identified to have been homeless at the time of their death. The Committee monitors various data points related to suicide such as race/ethnicity, gender, age, city of residence, means (method for suicide), veteran status and occupation. For the purposes of this report data related to race/ethnicity has been included in this Plan Update.

An analysis of suicide deaths by race/ethnicity demonstrates that the largest percentage of suicide deaths occurred among White residents at 59% (33) followed by 18% (10) for Hispanic/Latino; 9% (5) for Asian American/Pacific Islander, 7% (4) More than one race, 7% (4) African American/Black, and 0% (0) for Native American/Alaska Native. It is noteworthy that the Suicide Prevention Committee had identified a 267% increase in suicide deaths for the African American/Black community during CY 2020 as compared to CY 2019, and based on the County population by race/ethnicity this represented a marked disproportionate disparity for the African American/Black community believed to have been attributed to the significant impacts of COVID-19, national incidents of racial injustices, and other social determinants of health the African American community experienced during 2020. Since CY 2020, suicide deaths for the African American/Black community decreased by 54%, however, from CY 2021 to CY 2022 to date there has been a 233% increase in Hispanic/Latino suicide deaths. National trends indicate Latinx and Black females ages 15-24 have had the greatest increases in suicide deaths, 133% and 125% respectively, compared to an 88% increase among White and 61% among females in that age group between 1999-2017. Locally in Solano County there has been a 60% increase in African American/Black females dying by suicide from CY 2020 to CY 2022. Such data represents the need to continue suicide prevention efforts for diverse communities[36].




Source: Solano County Sheriff's Office-Coroner Bureau

Upon further analysis, when comparing the percentage of suicide deaths by race/ethnicity to the County population by race/ethnicity the data demonstrates that Caucasian/White residents make up 39% of the county population, yet 58.9% of the total suicide deaths.




Source: Solano County Sheriff's Office-Coroner and Solano County Annual Report 2021[37]

Currently the Sheriff's Office-Coroner only reports on state driven demographic data points: race/ethnicity, gender (sex assigned at birth), city of residence, means (method used) and age. In partnership with the Suicide Prevention Committee the Coroner's Bureau is now collecting veteran's status and occupation. Additionally, data related to homelessness is being captured as well.

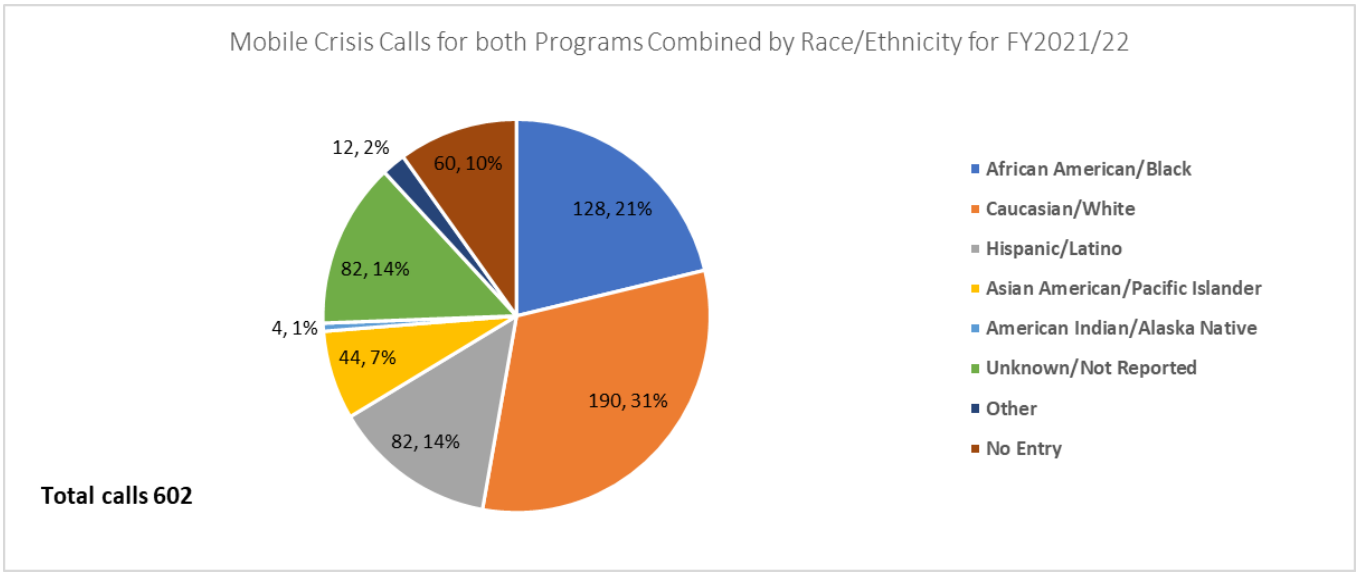

SCBH and the Suicide Prevention Committee continue to work with the Solano County Sheriff's Office to develop a process to collect and report out data related to sexual orientation and current gender identity for residents who die by suicide. This effort is in response to research indicating that LGBTQ+ youth are 4 times more likely to have attempted suicide than straight youth, and Trans people are 12 times more likely to attempt suicide than the general public[38].

Solano County is one of seven California counties to have a suicide prevention plan used as a guide for both private and public sectors to combat stigma and reduce suicide deaths locally. While the initial Plan was developed in 2017, a comprehensive CPP process was conducted in order to develop the ***Solano County Suicide Prevention Strategic Plan Update 2021***. This process included community forums, focus groups and key informant interviews with populations identified to be at increased risk for suicide. Specific focus groups were held with residents and representation from all the racial/ethnic groups in Solano County, the LGBTQ+ community, youth, older adults, etc.

## *Mobile Crisis Utilization*

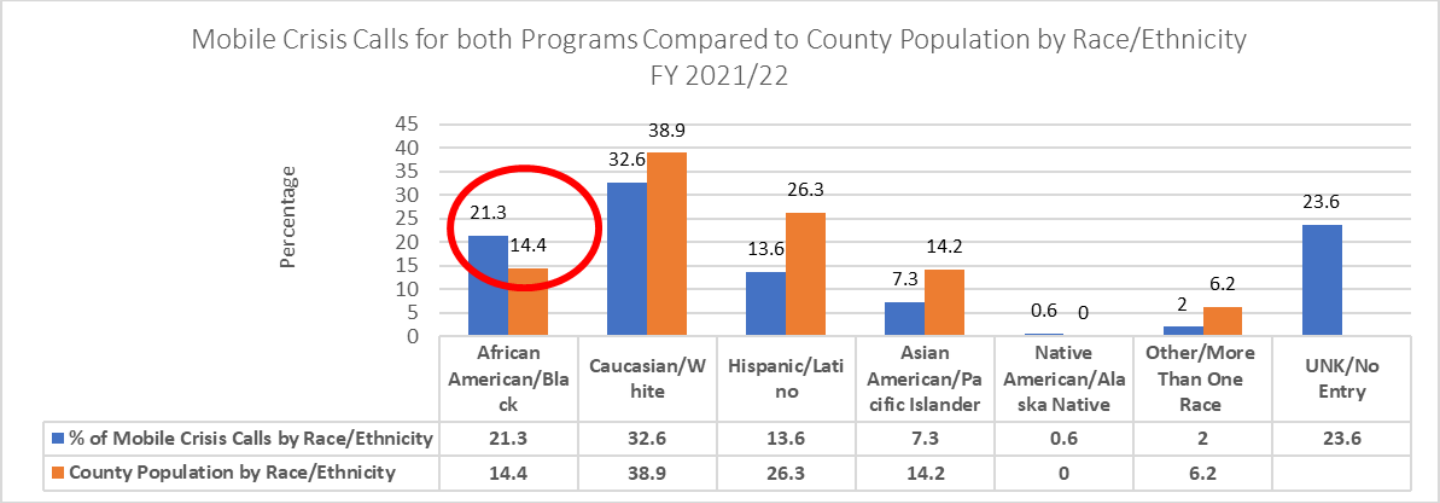
Over the last two FYs SCBH has implemented two Mobile Crisis programs, the Community-Based Mobile Crisis Program which launched in May of 2021 serving residents of all ages regardless of insurance or immigration status, and the School-Based Mobile Crisis Program which launched in August of 2021 serving students experiencing a crisis on K-12 school campus regardless of insurance or immigration status. SCBH and the Suicide Prevention Committee closely monitor the utilization of mobile crisis services including monitoring various data points such as referring party, city of residence, insurance type, age, race/ethnicity, as well as sexual orientation and gender identity/expression (SOGIE). For the purposes of this report data related to race/ethnicity and SOGIE has been included in this Plan Update on the pages to follow. Data will be presented with both programs combined.

The graph below represents data related to race/ethnicity for unduplicated consumers receiving a mobile crisis service for FY 2021/22. This data shows that the largest percentage of crisis calls occurred among Caucasian/White consumers at 31% (190) followed by 21% (128) for African American/Black consumers; 14% (82) for Hispanic/Latino; 7% (44) for Asian American/Pacific Islanders; 2% (12) Other; 1% (4) American Indian/Alaska Native; and 24% (142) for persons with No Entry or Unknown for race/ethnicity.




*Source: SCBH EHR*

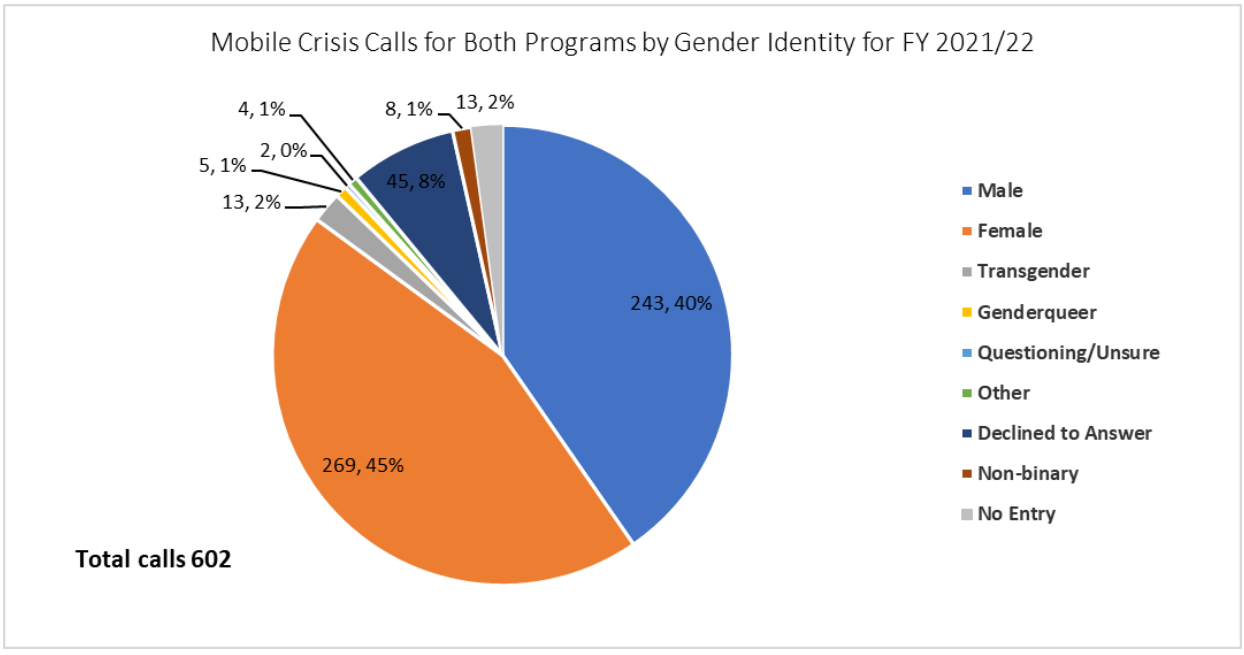
The following graph demonstrates mobile crisis calls by race/ethnicity compared to the County population by race/ethnicity. African Americans residents are disproportionately experiencing acute crises resulting in mobile crisis service compared to County population by race and ethnicity.




| | African American/Black | Caucasian/White | Hispanic/Latino | Asian American/Pacific Islander | Native American/Alaska Native | Other/More Than One Race | UNK/No Entry |
|---|---|---|---|---|---|---|---|
| % of Mobile Crisis Calls by Race/Ethnicity | 21.3 | 32.6 | 13.6 | 7.3 | 0.6 | 2 | 23.6 |
| County Population by Race/Ethnicity | 14.4 | 38.9 | 26.3 | 14.2 | 0 | 6.2 | |

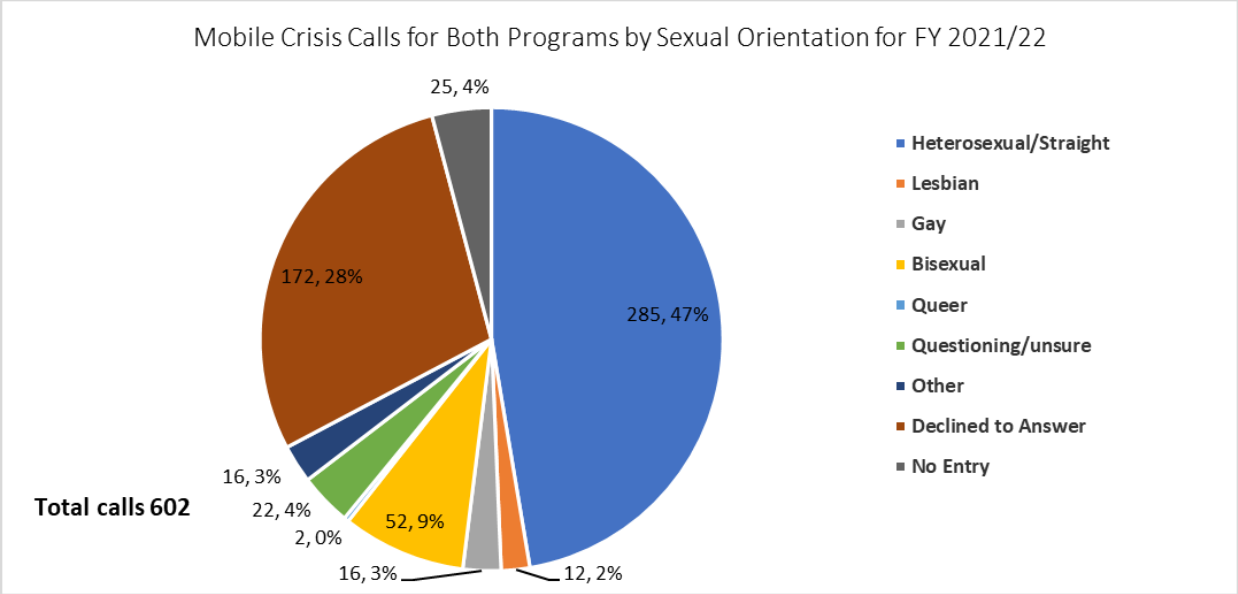
Source: SCBH HER and Solano County Annual Report 2021

The graph below represents data related to gender identity for unduplicated consumers receiving a mobile crisis service for FY 2021/22. 3.9% (32) of the persons served identified as Transgender, Genderqueer, Non-binary or Questioning




Source: SCBH EHR

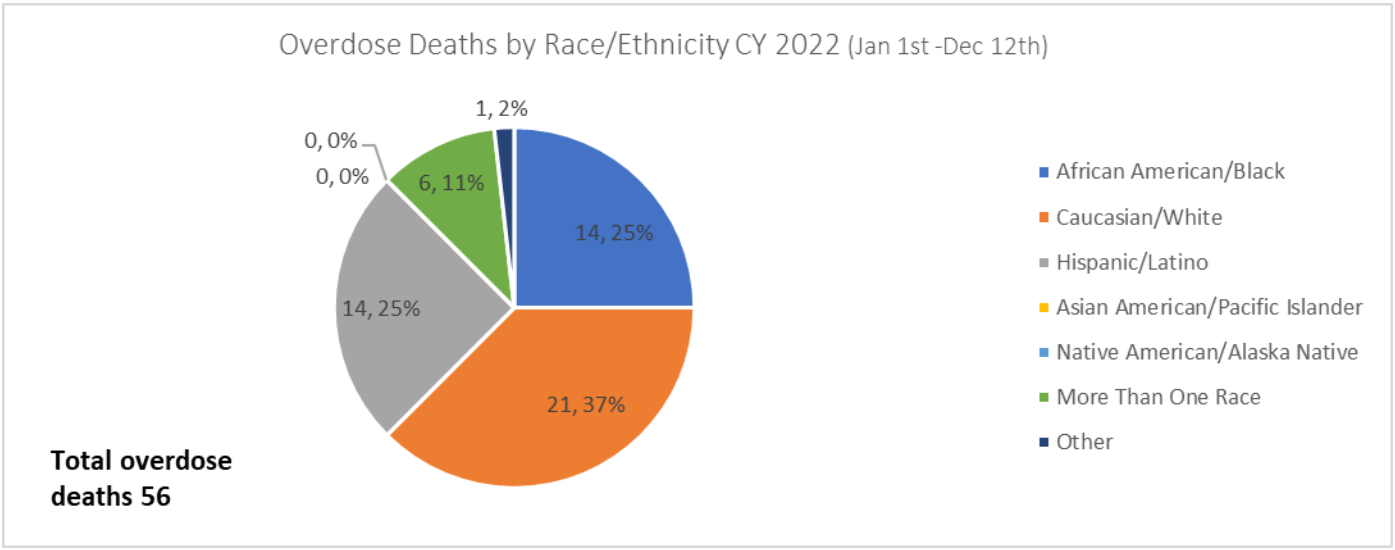
The graph below represents data related to sexual orientation for unduplicated consumers receiving a mobile crisis service for FY 2021/22. 19.9% (120) of persons served identified as LGBQQ+ (non-heterosexual).




Source: SCBH EHR

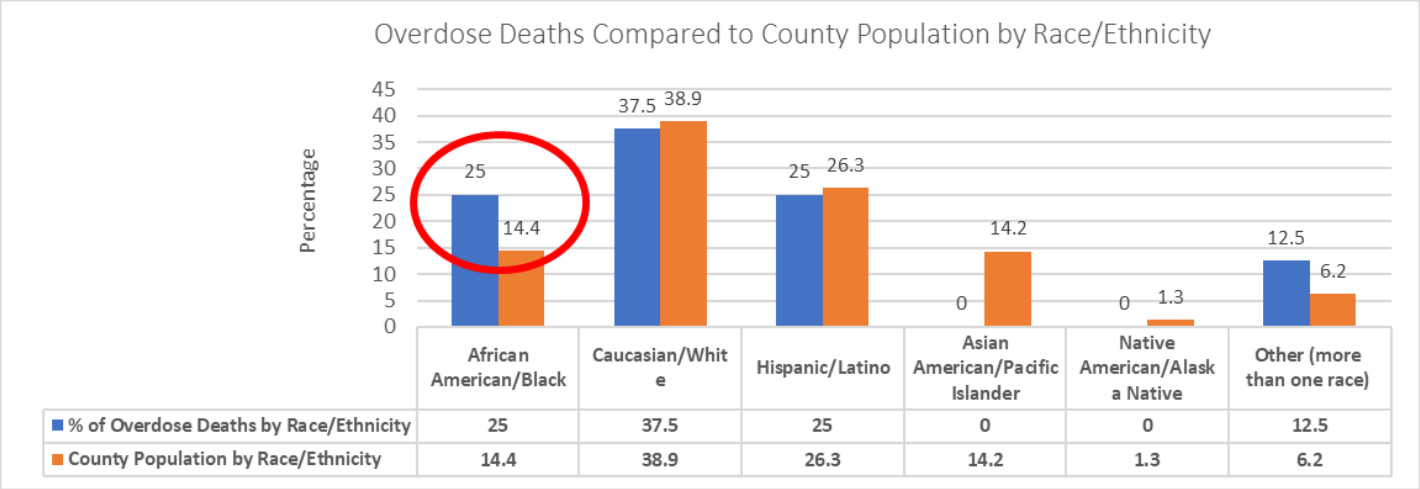
## *Overdose Deaths*

SCBH and the Suicide Prevention Committee have recently started to review overdose deaths for Solano County residents given a portion of these deaths may have been intentional though have been determined to be an accident due to there not being a suicide note or other collateral information verifying that the overdose was in fact a suicide. The data is provided by the Solano County Sheriff's Office-Coroner who captures state driven demographic data points: race/ethnicity, gender (sex assigned at birth), age, city of residence and substance used. In partnership with the Suicide Prevention Committee the Coroner's Bureau is now collecting veteran's status, occupation for individuals who die by overdose, as well as data related to homelessness. For the purposes of this report data related to race/ethnicity has been included for overdose deaths for CY 2022 to date through December 12, 2022.




*Source: Solano County Sheriff's Office-Coroner Bureau*

Upon further analysis, when comparing the percentage of overdose deaths by race/ethnicity to the County population by race/ethnicity the data demonstrates that African Americans residents are disproportionately dying by overdose compared to County population by race and ethnicity




| | African American/Black | Caucasian/White | Hispanic/Latino | Asian American/Pacific Islander | Native American/Alaska Native | Other (more than one race) |
|---|---|---|---|---|---|---|
| % of Overdose Deaths by Race/Ethnicity | 25 | 37.5 | 25 | 0 | 0 | 12.5 |
| County Population by Race/Ethnicity | 14.4 | 38.9 | 26.3 | 14.2 | 1.3 | 6.2 |

Source: Solano County Sheriff's Office-Coroner and Solano County Annual Report 2021

## *Mental Health Indicators*

The American Psychiatric Association[39] highlights the following mental health disparities:

- Only one in three African Americans who need mental health care receives it.
- Hispanics are more likely to report poor communication with their health provider.
- Compared with men, women are twice as likely to experience Post Traumatic Stress Disorder (PTSD).
- Only 8% of Asian Americans seek mental health care, compared with 18% of the general population.
- White Americans are more likely to die by suicide than people of any other ethnic/racial group.
- LGBTQ+ individuals are more than twice as likely as heterosexual men and women to have a mental health disorder in their lifetime.
- American Indian/Alaskan Native children and adolescents have the highest rates of lifetime major depressive episodes.
- Existing data show high rates of adjustment disorder experienced by Muslim Americans seeking MH treatment.

## Consumer Surveys – Cultural & Linguistic Responsiveness

SCBH continues to implement the quarterly Consumer Service Verification Survey which includes questions measuring cultural and linguistic responsiveness by asking consumers about their experiences with the SOC. SCBH collected 1,272 surveys during FY 2021/22. Analysis of the data indicates that consumers are endorsing that BHP providers are demonstrating respect towards consumers' race/ethnicity, religion/ spirituality, and sexuality/gender identity and that there has been an improvement related to the utilization of interpreter services. The table to follow summarize responses to the quarterly surveys which include both county and contractor agencies.

**Fiscal Year 2021-2022**

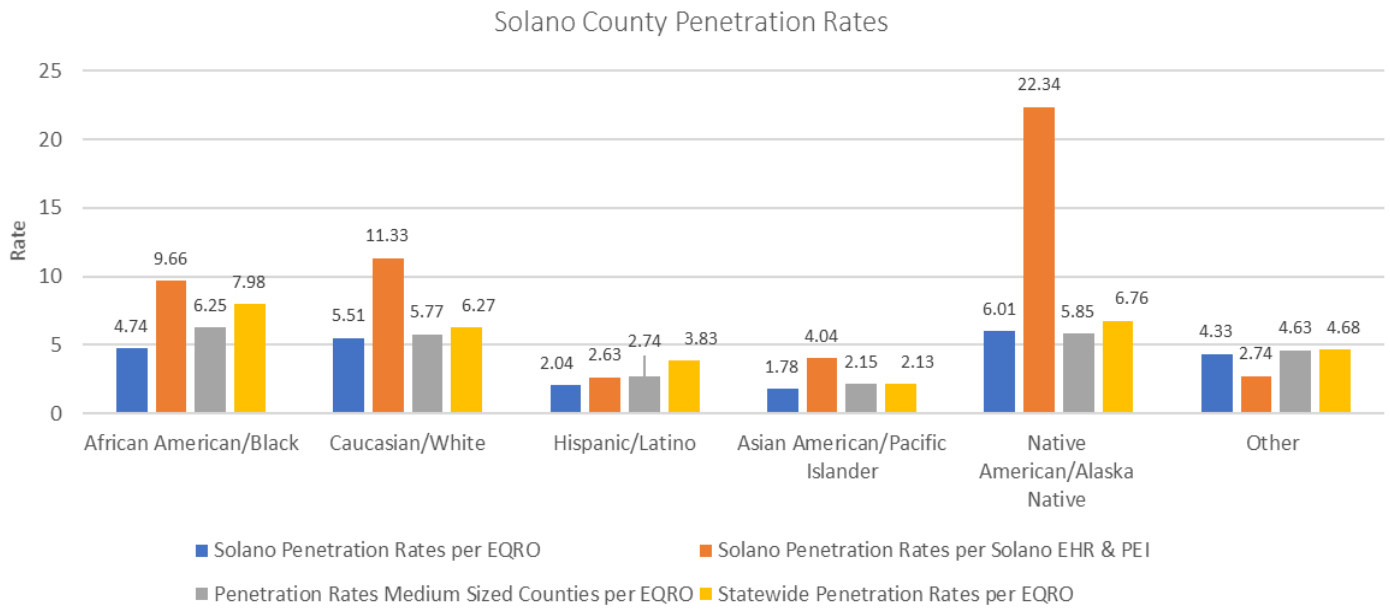
| Survey Verification Client Satisfaction Survey Results for FY 21-22 | # of Surveys: | 1,272 | |
|---|---|---|---|
| Questions: | Yes, definitely | Yes, somewhat | No |
| Did the staff explain things in a way that was easy to understand? | 94% | 5% | 1% |
| Did the staff listen carefully to you? | 96% | 4% | 0% |
| Did the staff show respect for what you had to say? | 96% | 4% | 0% |
| Did you feel the staff was respectful of your race/ethnicity? | 96% | 3% | 1% |
| Did you feel the staff was respectful of your religion/spirituality? | 96% | 3% | 0% |
| Did you feel the staff was respectful of your sexual orientation/ gender identity? | 95% | 3% | 1% |
| | Yes | No, but I'd like one | I don't need one |
| Was an interpreter/bilingual staff provided? | 11% | 2% | 83% |
| | Yes, definitely | Yes, somewhat | No |
| Did the interpreter/bilingual staff meet your needs? (Of those that answered "Yes" to the previous question) | 10% | 1% | 0% |
| Do you feel better? | 71% | 22% | 1% |
| Would you recommend our services to others? | 81% | 9% | 2% |

## *Specialty Mental Health Service Penetration Rates & Consumers Served*

As an BHP, SCBH is required to serve individuals who have serious mental health conditions, show functional impairment that is more "moderate to severe", and have Medi-Cal insurance, or are uninsured. Individuals whose mental health condition is considered more mild-to-moderate are referred to the managed care plan, which is Partnership Health Plan (PHP) in Solano County. PHP then sub-contracts with Beacon Health Options to serve the mild-to-moderate population. It is also noteworthy that Solano County is unique as it is one of only two counties in California that has a Kaiser carve out situation whereby PHP contracts with Kaiser to provide services for a portion of the seriously mentally ill (SMI) population. Additionally, SCBH leverages Mental Health Services Act (MHSA) PEI funding to provide services and supports for the mild-to-moderate population.

In California, penetration rates is another tool used to identify disparities. The state uses this method to highlight disparities and identify gaps in access to behavioral health treatment. Penetration rates are calculated by taking the total number of individuals who receive a Specialty Mental Health Services (SMHS) or Early and Periodic Screening Diagnostic and Treatment (EPSDT) services through County BHPs in a CY based on billing to the state and dividing that by the total number of Medi-Cal eligible individuals in the general population for that same CY. Annual penetration rates are reviewed through the annual External Quality Review Organization (EQRO) review process. EQRO penetration rates do not include consumers accessing services through Beacon, the Kaiser-Medi-Cal carve out, or MHSA PEI funded programs. It is also important to note that EQRO only reviews Medi-Cal billing through DHCS which will not include services that the BHP provides for uninsured indigent consumers. While SCBH continues to monitor state driven penetration rates as determined by EQRO to measure impact reaching underserved communities, SCBH has broadened our perspective as related to addressing disparities and the definition of "underserved" to also include African American, Native American/Indigenous and other Asian American/Pacific Islander groups who continue to be, and have been historically marginalized and/or underrepresented in healthcare systems.

The graph to follow shows penetration rates for populations by race comparing Solano County to other medium-sized counties and the state as reported in the EQRO FY 2021/22 Report (reviewing CY 2020 data). It is important to note that EQRO only reviews Medi-Cal billing through the Department of Health Care Services (DHCS) which will not include services that the BHP provides for uninsured indigent consumers, or consumers served through PEI funded programs that do not bill Medi-Cal. Therefore, SCBH has included data directly from the electronic health record (EHR) and PEI reporting tools for actual services rendered by race, regardless of whether SCBH was reimbursed by the state. This adjustment provides a more accurate depiction of service delivery and disparities. Significant strides have been made related to serving the Hispanic/Latino and Asian American/Pacific Islander communities. Upon review of the differences between the EQRO 2020 penetration rates for Solano versus 2020 penetration rates calculated directly from the BHP's EHR, inferences can be made that there are higher rates of Caucasian/White and African American/ Black uninsured indigent community members which is aligned with the most recent Solano County Point in Time (PIT) Count 2022, assessment of the local homeless population[40]. However, both groups are not equally represented, as Caucasian/White residents in Solano represent 39% of the population while Black/ African American residents represent only 14%[14].

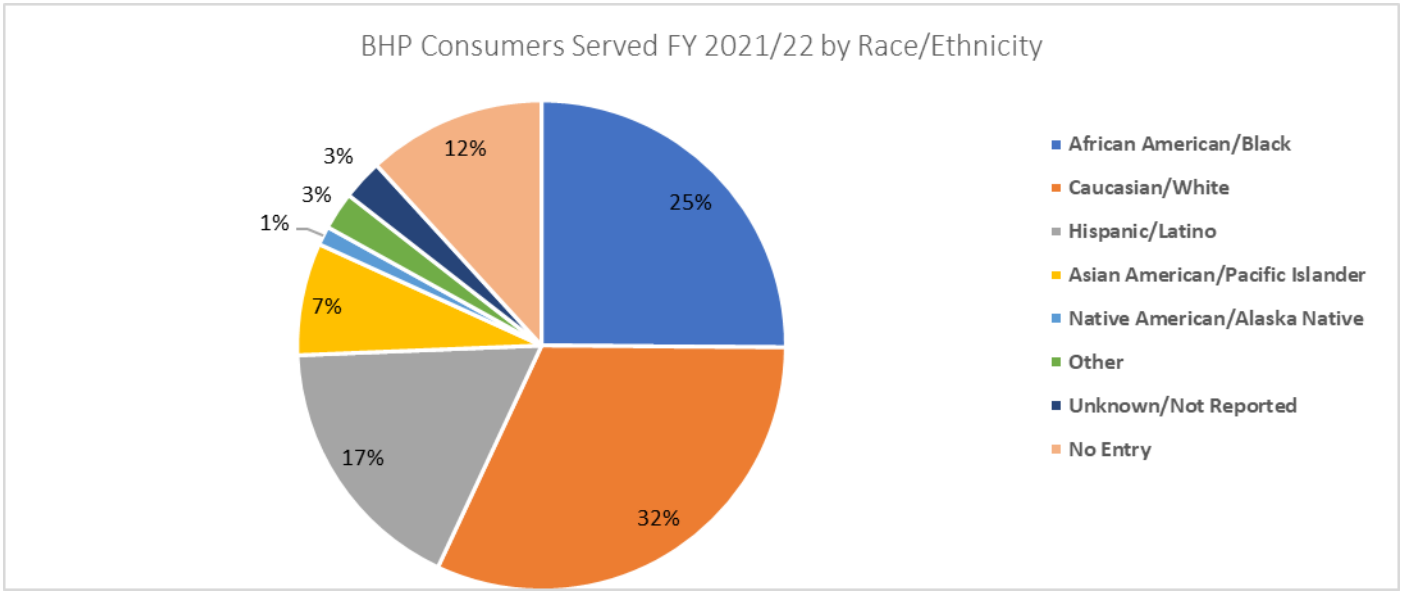



Source: Solano County EQRO Final Report 2020/21, Solano County BHP Electronic Health Record and PEI Demographic Reporting

Although Native Americans are one of the smallest minority groups in the county, they are among the highest utilizers of specialty mental health services, which is one indicator of the many challenges indigenous groups continue to experience. Solano County has historically underserved its Hispanic/Latino and Asian American/Pacific Islander populations—which is largely Filipino in Solano County—and more recently the African American/Black population in comparison to averages of other medium sized counties. Additionally, the Solano BHP has historically underserved the LGBTQ+ community based on not collecting or monitoring sexual orientation and gender identity/expression (SOGIE) data until 2016. **As a result of the Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) MHSA Innovation Project that took place between 2016-2021, significant strides have been made related to improving access to care for the three communities of focus of the ICCTM Project: Hispanic/Latino, Filipino and LGBTQ+ populations.** To learn more about the ICCTM Project see page 49.

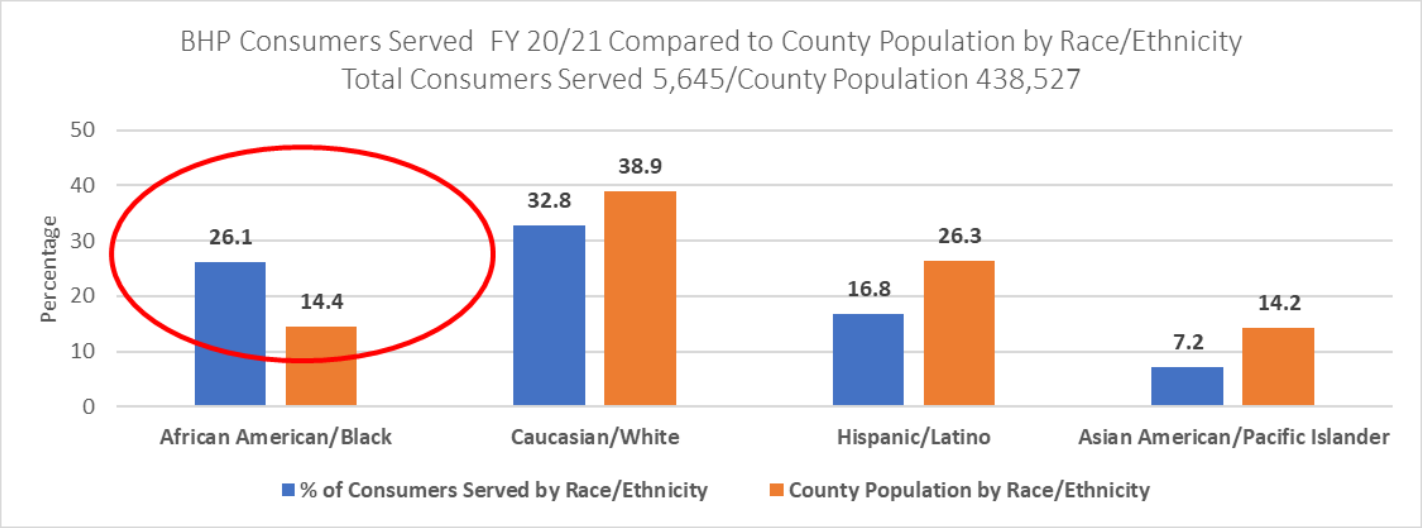
**CLAS Standard 12:** Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

The graphs on the pages to follow show the demographics of the 5,874 consumers served through the BHP during FY 2021/22. This data shows that the largest percentage of consumers served occurred among Caucasian/White consumers at 32% (1,871) followed by 25% (1,476) for African American/Black; 17% (1,021) for Hispanic/Latino; 7% (436) for Asian American/Pacific Islanders; 3% (146) Other; 1% (73) Native American/Alaska Native; 3% (157) for persons with an unknown race/ethnicity; and 12% (694) individuals whereby there was no race entered. SCBH is working with providers and programs to improve demographic data collection.



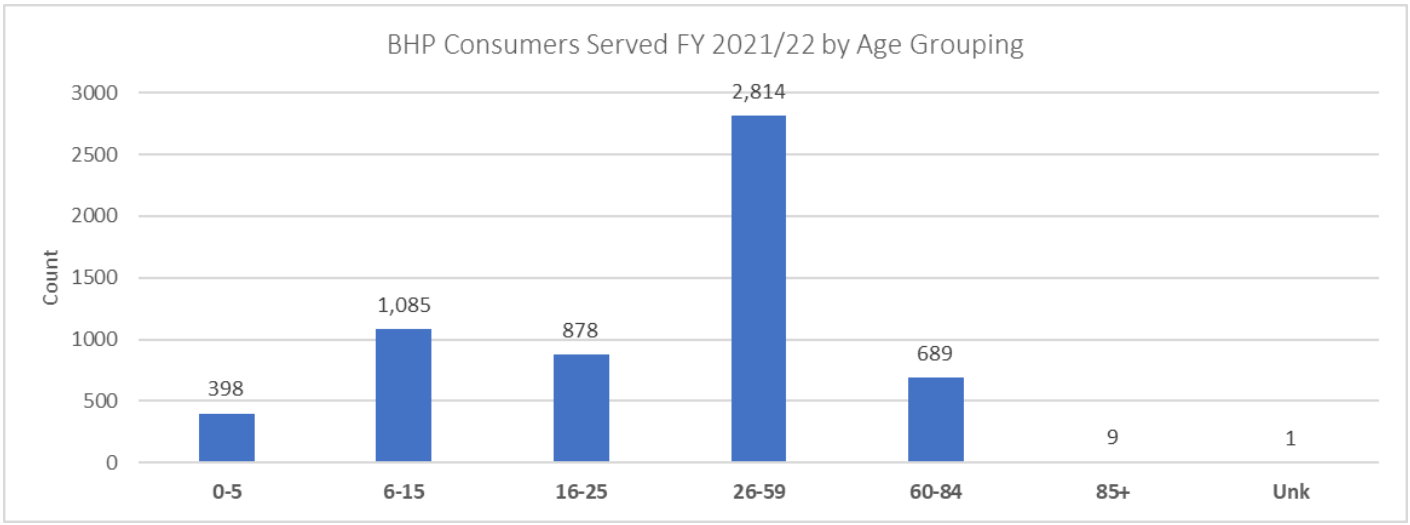

Source: Solano County BHP Electronic Health Record

The graph to follow shows that there is a disproportionate number (26.1%) of African American/Black consumers receiving specialty mental health services through the BHP given this community only represents 14.4% of the county population. There are many contributing factors impacting this including the social determinants of health outlined previously in this document which further highlights the need for SCBH and our partners to make efforts to engage this community in order to combat stigma and increase access to preventative services.



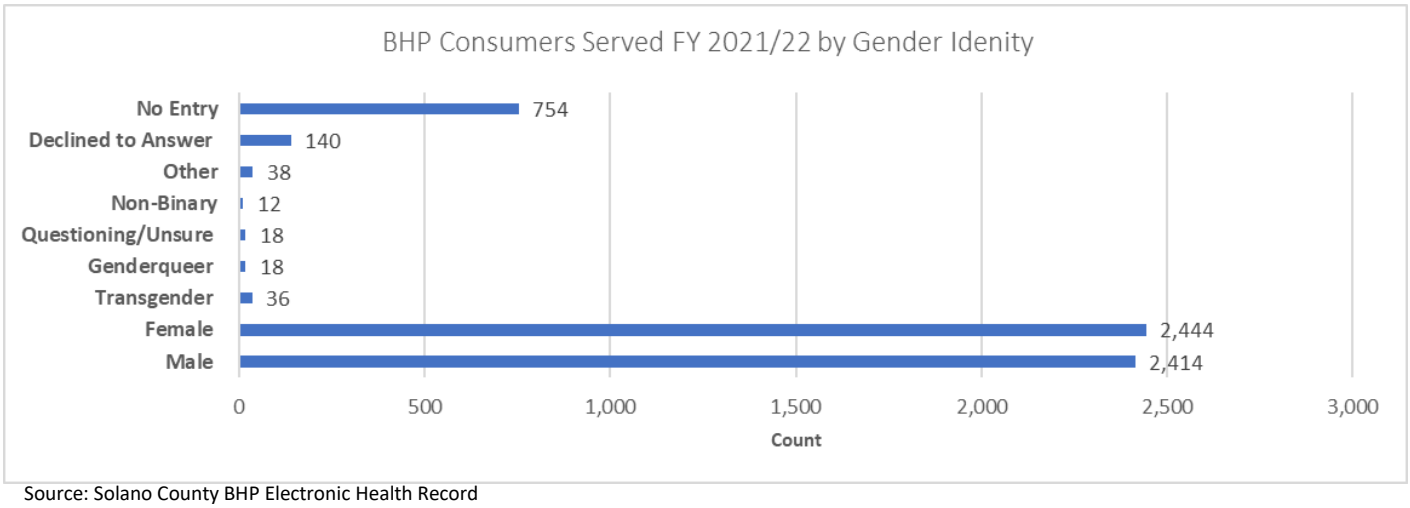

Source: Solano County BHP Electronic Health Record and Solano County's 2021 Annual Report[42]

The data in the graph below shows that the largest percentage of consumers served occurred among individuals ages 26-59 at 48% (2,814) followed by 18% (1,085) ages 6-15; 15% (878) ages 16-25; while 12% (698) were seniors 60 and over; and 7% (398) of the consumers served were between the ages of 0-5.



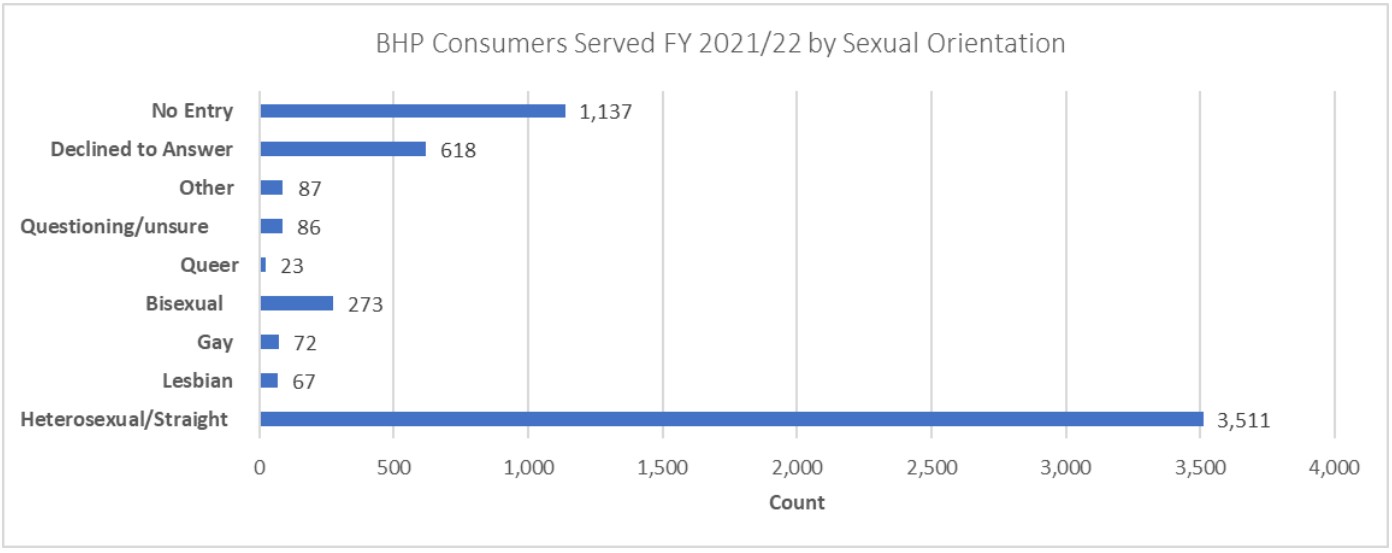

Source: Solano County BHP Electronic Health Record

The data in the graph to follow demonstrates that the majority of consumers served identified as male or female, however 2.08% (122) of the consumers served identified as transgender, genderqueer, non-binary, another gender or questioning. Thirteen percent (754) consumer records are missing data related to gender identity. SCBH will continue to address missing data related to gender identity.



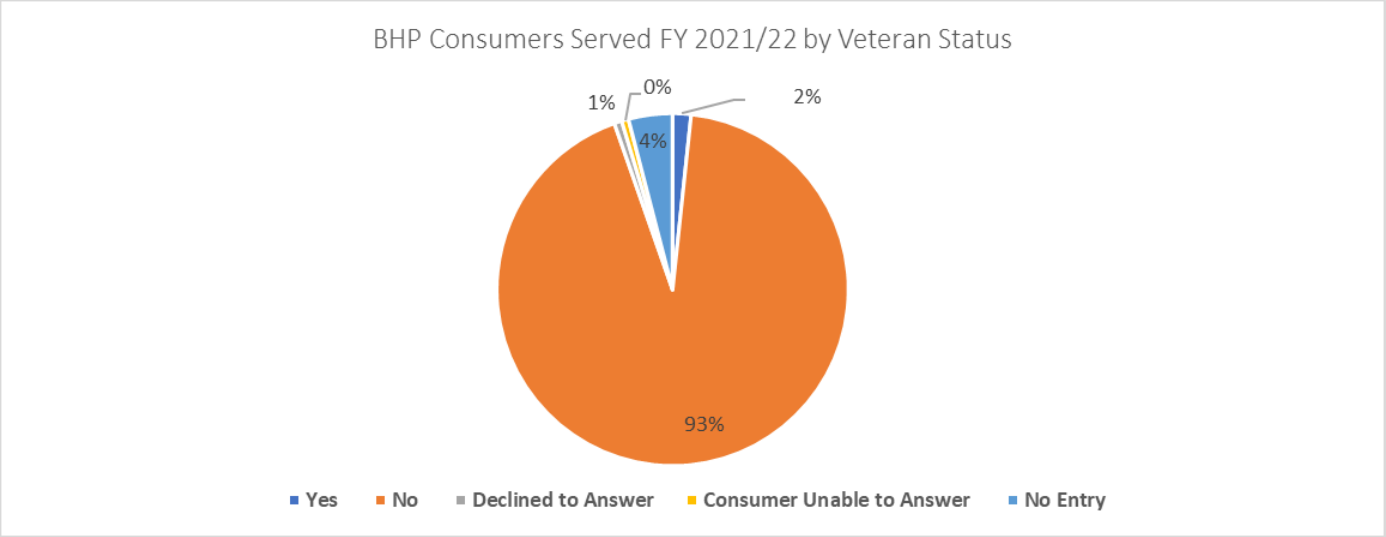

Source: Solano County BHP Electronic Health Record

The data in the graph to follow shows that the majority of consumers served identified as heterosexual, however 10.4% (608) of the consumers served identified as members of the LGBQQ+ community (lesbian, gay, bisexual, queer, questioning, or another sexual orientation). Nineteen percent (1,137) consumer records are missing data related to gender identity. SCBH will continue to address missing data related to sexual orientation.



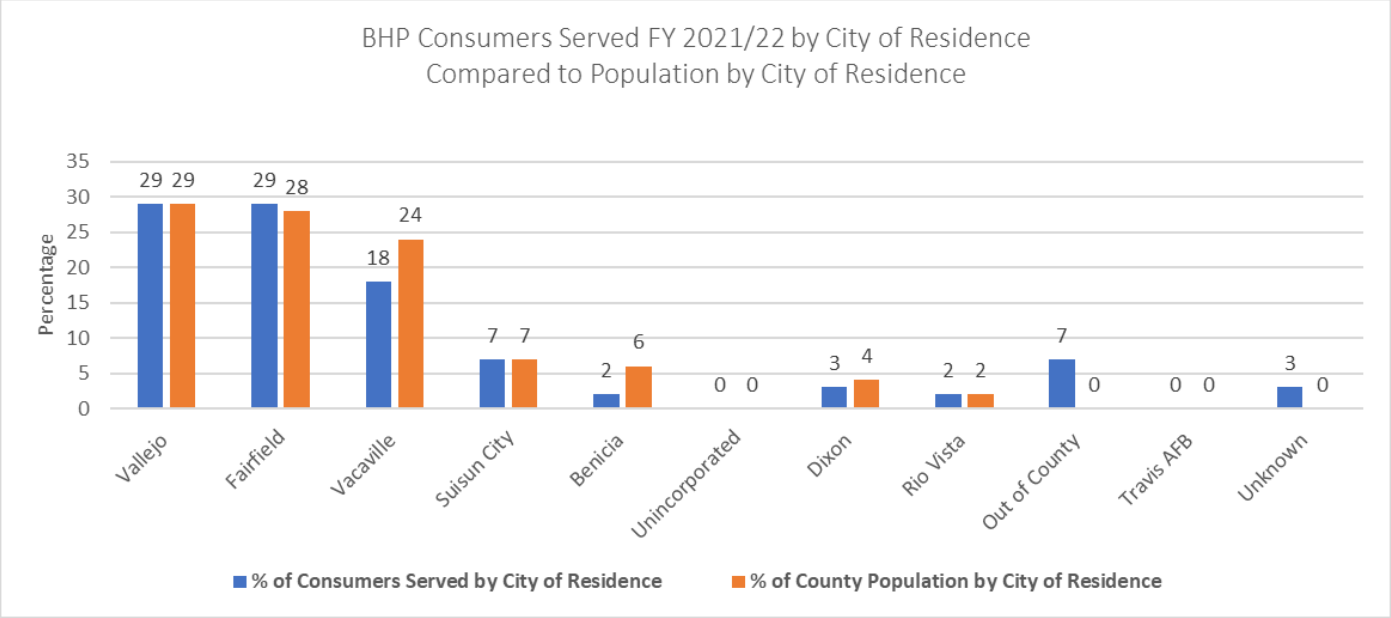

Source: Solano County BHP Electronic Health Record

Ninety-nine consumers served identified as a veteran.




Source: Solano County BHP Electronic Health Record

The graph below demonstrates consumers served by city of residence as compared to the County population by city of residence. This data is ordered by population of each city, with the city with the largest populations (Vallejo) on the left, followed by Fairfield and Vacaville as the next two largest populations. The city populations for Vallejo, Fairfield and Suisun City mirror that of the BHP consumers served by city of residence.




Source: Solano County BHP Electronic Health Record and the Solano County Annual Update 2021[43]

## *MHSA Community Program Planning (CPP) Process*

**Community Engagement**

As aligned with the CLAS Standards and the ICCTM, SCBH continues to increase efforts related to meaningful community engagement beyond what is required per MHSA regulations. During the reporting period of CY 2022, between March and October 2022 SCBH engaged the community in several rounds of CPP meetings with one round focused on the development of new Innovation projects and one round focused on planning for the MHSA Annual Update FY 2022/23. Overall, ten (10) virtual community forums were held; two (2) focus groups were held with consumers served through the adult Wellness Recovery Center sites; and short presentations on MHSA were facilitated at three (3) standing committee meetings. The CPP meetings include representation from: consumers; family members; mental health, substance abuse and physical health providers; law enforcement; local educational agencies; veterans; community organizations; faith-based communities; representatives from the County's underserved and underrepresented communities, etc. For more information related to the MHSA CPP process click **here** to access the MHSA Annual Update FY 2022/23 document.

During the community forums small breakout sessions were held and focused questions were utilized to elicit information regarding the strengths of the SOC and gaps including gaps for underserved communities. These questions were also utilized for the focus groups with adult peer consumers.

**CPP Identified Strengths of the SOC**

Below are the top five strengths identified by community partners:

1. Collaboration between partners including County and contractor partners
2. **Equity efforts to address disparities**
3. The support of SCBH and efforts to build trust and engage the community
4. Strength of the contracted partners
5. Peer-to-Peer Model and Peer staff

**CPP Identified Needs/Gaps**

Below are the top five priorities/needs identified by community partners:

1. Stigma reduction activities and utilization of multi-media, including social media, to educate the community and raise awareness of services.
2. Staff shortages impacting access to care
3. Services and support for children/youth with an emphasis on school-based services, parent education and postvention support for suicides and community violence
4. Services and support for homeless population and access to affordable housing
5. Services for seniors

# Criterion 3: Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities

## *BHP Equity Initiatives and Programs*

SCBH is committed to advancing health equity in Solano County. As discussed in the previous section, the Solano County community is experiencing many of the same disparities that exist throughout the region, state, and nation. **As a SOC, it is important to highlight that the disparities in education, poverty, housing, etc. since such inequities often exacerbate symptoms and leads to poor mental and physical health outcomes.**

SCBH has implemented various initiatives/programs that strive to reduce stigma and improve access to quality behavioral health services that meet the cultural and linguistic needs of the community. These initiatives include:

- Beginning in 2015, MHSA PEI funds were used to implement the **African American Faith-Based Initiative (AAFBI) Mental Health Friendly Communities (MHFC) project**, delivered by consultants, who provided training for faith leaders on the signs and symptoms of mental health conditions, support for faith communities to build internal support systems to address mental health needs of congregants, and training for providers on how to engage the African American community and incorporate a consumer's faith in their mental health treatment.
  The AAFBI Project, which was intended to be a time-limited strategy from its inception, ended December 2021. Over the course of the project 8 faith centers were certified as MHFA and of those 7 continued to carry forward the goals of the MHFC designation. SCBH is working to ensure ongoing partnerships with the faith communities who engaged in the AAFBI strategy.
- Since 2015, MHSA PEI funds have been used to fund a **LBGTQ+ Outreach and Access Program**. Currently, SCBH contracts with the Solano Pride Center, a local LGBTQ+ organization to provide education for the community, social and support group activities, and brief counseling. Starting in FY 2018/19 the program began providing the "Welcoming Schools" training for our local schools to create safe spaces in schools for LGBTQ+ youth. Updates and highlights from FY 2021/22 include:
  - ⇒ The program provided the Welcoming Schools training curriculum for 19 local K-12 schools.
  - ⇒ Support groups were provided for 38 unduplicated LGBTQ+ consumers and individual counseling was provided for 45 consumers.
  - ⇒ The program initiated a Transgender/Non-Binary support group
  - ⇒ The program continued to partner with a local agency serving seniors to provide the Rainbow Seniors support group.
- In response to community feedback, SCBH continues to utilize MHSA community services and support (CSS) funds for **Expanded Bilingual Services**, which included the funding of seven (7) County bilingual positions during FY2021/22, both Spanish and Tagalog-speaking staff. Currently the expanded bilingual staff are embedded in the Access Unit as well as in programs in both the Children's and Adult SOC.
- In order to support the **Native American/ Indigenous Community**, SCBH continues to support strategies that help reduce stigma, increase access and improve treatment outcomes for our local Native American Indigenous population, including continuing to share the Acknowledgement Statement for public meetings and piloting a data collection process that is more culturally sensitive in an effort to support the community and the BHP workforce in self-identifying as an Indigenous person. The pilot data collection process included adding questions to surveys used in the MHSA CPP process as well as the BHP Workforce Equity Survey. A staff member from the local Tribal Temporary Assistance for Needy Families (TANF) program is a member of the DE Committee. Additionally, SCBH is partnering with the Solano Tribal TANF office to plan and facilitate a Native Indigenous Community Forum in May of 2023.

- In 2016 in response to new expanded **MHSA PEI regulations**, SCBH began to collect expanded data for PEI funded programs to include state-defined demographic data: age category, race, ethnicity, primary language, gender assigned at birth, current gender identity, sexual orientation, veteran's status, and disabilities for participants receiving services. SCBH made the decision at that time to also start collecting and reporting out the expanded demographic data for MHSA Community Services and Support (CSS) funded programs. An "**Equity Efforts**" section was added to each MHSA program/strategy report out in the MHSA Annual Update as implemented with the FY 2021/22 Annual Update. Additionally, in the MHSA Annual Update data is included for all PEI consumers receiving direct services by race/ethnicity and city of residence. Similarly, a summary of the demographics of all FSP consumers served by race/ethnicity, city of residence, gender identity and sexual orientation is now included. The most recent MHSA Annual Update FY 2022/23 can be accessed **here**.
- Over the course of the last six years SCBH has continued to improve processes to **collect sexual orientation gender identity/expression (SOGIE) data**. During FY 2016/17 SCBH created fields in the EHR to collect "gender assigned at birth", "current gender identity", and "sexual orientation". In December of 2017, SCBH launched a data collection process to collect the abovementioned data points for all consumers who were already opened to the BHP. This process involved the revision of consumer self-reporting forms in order to add questions related to SOGIE. SCBH worked with LGBTQ+ partners on the development of the questions added to the forms. During FY 2021/22 fields for preferred name and pronouns were added to the EHR.

  **CLAS Standard 11:** Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
- Starting in FY 2020/21, SCBH implemented the **Diversity and Inclusion Approaches to Service Delivery monthly meetings** open to all County Behavioral Health staff to be informed of current equity efforts, provide an opportunity for mini in-services on topics related to equity, and to provide a safe space for team members to share their experiences and feelings related to social injustice. The meeting format promotes opportunities for staff to engage in difficult conversations about injustices impacting oppressed groups, trauma related to community violence and how these acts impact the mental health of marginalized communities.
- The SCBH **Community Integration Services (CIS)** includes homeless outreach and housing programming. Consumer engagement is a core component of outreach efforts which includes engaging individuals who are unhoused using the Housing First best practice approach which focuses on meeting basic needs such as housing, food, etc. before attending to engagement in behavioral health or employment services. SCBH started a Street Medicine Team with a psychiatrist, nurse, and clinician to find and engage people in mental health treatment, medications, and follow up supports where they live. In additional to clinical staff, SCBH funds two Patient Benefit's Specialists who assist individuals in applying for Medi-cal and other government assistance programs. The SCBH Mental Health Service Manager who oversees SCBH's CIS programming participated in a learning collaborative called **Racial Equity Action Lab: Addressing Anti-Black Racism and Racial Disparities in Bay Area Homelessness Response**, which was a six-session program held from October 2020 through April 2021 sponsored by Bay Area Regional Health Inequities Initiative (BARHII), Homebase, All Home and the Federal Reserve Bank of San Francisco. Since that time, locally the **Solano County Racial Equity Action Lab (REAL) Team** multi-sector collaborative has been implemented and consists of participants from SCBH's homeless outreach team, members of local grassroot and non-profit homeless service delivery programs, and board members from the Housing First Continuum of Care. The primary focus of the REAL Team is to address racial inequity as it relates to housing and homelessness.

- SCBH continues to utilize MHSA funding to support **Workforce Development** through an internship program which includes the provision of stipends for master's and PhD/PsyD level students who represent the County's underserved/underrepresented communities. Starting in FY 2022/23 SCBH began participating in the statewide Five-Year Workforce Education & Training (WET) Plan. The Californica Department of Health Care Access and Information (HCAI) is providing $210M and asked California counties to collectively provide a 33% match in order to implement the statewide WET Plan. Counties were organized by region and each region was tasked with developing regional WET Plans with agree upon strategies. Solano County is part of the Bay Area Region which agreed to focus on reinitiating a loan repayment program which will be available for County and/or contractor staff who work in programs under the BHP in hard to fill positions with an emphasis on staff members who represent the County's underserved/underrepresented communities. Additionally, in support of the ICCTM *Cultural Game Changers* QI Action Plan, SCBH will continues to develop a local career pipeline including outreach to middle and high schools as well as the local community college. Recently SCBH, in partnership with the Solano County Office of Education, began to collaborate with Solano Community College to provide opportunities for students enrolled in either the Human Services or Psychology AA certification tracks to volunteer in SCBH programs and/or in the 47 school wellness centers located on K -12 and adult education sites that have been implemented over the last several years as a result of the ICCTM *Takin' CLAS to the Schools* QI Action Plan.

- SCBH continues to enhance our **Social Media Presence** and **Multi-Media Campaigning** efforts. SCBH currently posts on Facebook, Instagram and Twitter platforms and during the last several years has increased the number of posts in Spanish as well as Tagalog. In support of the ICCTM *Bridging the Gap* QI Action Plan, SCBH funded the development of a stigma reduction multi-media campaign that included the development of nine (9) TV commercials in three languages English, Spanish and Tagalog. These commercials included actors that represented diverse communities within Solano County including Latino, AA/PI, Black, White and the LGBTQ+ communities. The commercials ran from July-December 2021. Additionally, social media posts were developed in support of this campaign. As a result of feedback gathered during the suicide prevention CPP process, SCBH has funded and launched a multi-media campaign focused on suicide prevention. Five (5) TV commercials were developed with a focus on communities at great risk for suicide: White/Caucasian, Black/African American, AA/PI, Native American/Indigenous, and the LGBTQ+ community, specifically the Transgender community. Additionally, four (4) radio ads were developed as well as social media content, and materials for bus stands, buses and billboards in Solano County. Several commercials/radio ads were created in Spanish or Tagalog. This campaign ran from December 2021-May 2022. Given this campaign was developed and launched prior to the roll out of the new 988 Suicide and Crisis Lifeline, the videos and materials are currently being updated with the new number. Videos related to both multi-media campaigns referenced above can be viewed on the SCBH **Vimeo account**. More recently SCBH has funded and developed a new multi-media campaign that is focused on advertising the public facing phone number for the Community-Based Mobile Crisis program and is scheduled to be released in 2023.

- In support of the ICCTM *ISeeU* community-defined QI Action Plan and **Culturally Inclusive Spaces**, during FY 2020/21 SCBH provided an opportunity for all SCBH and contractor programs to order wall hangings, books, toys, and other materials representing diverse communities as funded by SCBH MHSA. In November of 2022 the first "**Welcoming Spaces Survey"** was released to gather information directly from consumers about their perceptions of clinic spaces and interactions with staff. This particular survey had a focus on the LGBTQ+ community and there were 118 survey respondents from both county-operated and contractor operated programs. Ninety-four percent of the respondents endorsed that their chosen name was used by program staff, and 85% endorsed that their pronouns were used appropriately. Over half of the survey respondents reported noticing signs and materials that were easy to read and in languages other than English. To review additional findings please use this **link**. SCBH intends to administer this survey annually and/or incorporate the questions piloted in the initial survey into the existing consumer survey processes.
- Efforts continue to be made to improve **Marketing and Outreach** through the enhancement of the SCBH website including a **Diversity & Equity Efforts** page and sub-pages and developing new brochures for SCBH programs with the support of a graphic designer. The brochures include the "Inclusion Statement" developed through the ICCTM *Cultural Game Changers* QI Action Plan and have been translated into Spanish and Tagalog.

Historically SCBH utilized MHSA funding to support two County half-time Clinician positions that were dedicated to conducting outreach with the Hispanic/Latino and AAPI communities with a goal to reduce stigma and discrimination and to increase access to care. Unfortunately, these positions were hard to retain as the Clinicians were often also assigned to other roles half-time. SCBH has decided to contract this strategy out. During FY 2022/23 SCBH will release a Request for Proposal (RFP) to explore new strategies to address the needs of the underserved marginalized communities in Solano County to include the Hispanic/ Latino, AA/PI, African American/Black and Native Indigenous populations.

## *MHSA ICCTM Innovation Project*

**Project Description**

The ICCTM MHSA Innovation Project was delivered in partnership with UC Davis Center for Reducing Health Disparities (CRHD), three community-based organizations (CBOs) Rio Vista CARE, Solano Pride Center and Fighting Back Partnership, and the community. The Project aimed to increase culturally and linguistically responsive services for County-specific unserved/underserved populations with historically low mental health service utilization rates identified as: the Latino, Filipino, and LGBTQ+ communities. The ICCTM Project was anchored in the national CLAS Standards, community engagement practices and quality improvement (QI). The five-year multi-phase project included UC Davis CRHD conducting a comprehensive health assessment during phase 1; the creation of a region-specific curriculum based on the CLAS Standards and the findings from the health assessment and provision of training during phase 2; and the implementation of community-defined QI Action Plans during phase 3. Three (3) training cohorts were completed during FYs 2017/18 and 2018/19. Multi-sector training participants developed ten (10) community-defined QI Action Plans that SCBH began to implement during FY 2018/19. In addition to the 10 QI Action Plans developed by training participants, each of the three CBO partner agencies created their own QI Action Plan and then partnered on a collaborative plan, therefore a total of fourteen (14) QI Action Plans were developed through the ICCTM Project. All of the QI Action Plans are focused on community engagement, workforce development and training. The ***Solano County Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Innovation Project: Final Evaluation Report*** can be accessed **here**. To learn more about the status of the 14 QI Action Plans please use this **link**.

As a result of the ICCTM Innovation Project, SCBH has been asked to present on the project and our local equity efforts to various state entities including the California Quality Improvement Coordinator (CalQIC) Conference (March 2020); Breaking Barriers Conference (October 2020); MHSOAC Commission Meeting (November 2020); CA Pan Ethnic Health Network: Mental Health Briefing (November 2020); California Behavioral Health Directors Association MHSA Committee (February 2021); MHSOAC CLCC Committee (May 2021); Forensic Mental Health Association of California webinar (May 2021), the Regional Ethnic Services Managers Meeting (May 2021, and the Behavioral Health Policy Conference (October 2022). Additionally, other Counties have begun to reach out to request consultation and support regarding their equity efforts including Sacramento, Fresno, Los Angeles, and Marin.

The MHSOAC has allocated COVID-19 funding the Commission received in order to support a statewide ICCTM Learning Collaborative (LC) whereby SCBH, UC Davis CRHD and other expert trainers will be facilitating two training cohorts that will include 11 training sessions over the course of 11 months. The ICCTM LC has been made available to all counties in California, two cities who receive MHSA funding and Behavioral Health Authorities. The ICCTM LC launched in October of 2022 and is covering the core components of the ICCTM Project including the CLAS Standards, community engagement practices and quality improvement as well as trainings on social determinants of health, the impacts of COVID-19 on communities of color, etc. In addition to the eleven (11) training sessions, SCBH has been funded to provide mentorship for four (4) counties: Los Angeles, Fresno, Kern and Marin which will include coaching and consultation.

It is noteworthy that the Solano ICCTM Project has also garnered national attention. In June of 2022 the Solano ICCTM Project was awarded 2nd place for the 2022 "**Innovations that Bolster Community Trust in Science Award**" from the American Association of Medical Colleges (AAMC) and recently was selected to be included as a best practice case exemplar in the upcoming 3rd edition of the ***Principles of Community Engagement*** that is being finalized at the writing of this Plan Update**.** This publication is developed by the National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) and is widely disseminated. The 2nd edition that was made available in English and Spanish, has been downloaded nearly 10 million times since it was posted back in 2011 on the CDC website and has been widely used all over the world by 170 countries whose citizens primarily speak English and 67 countries whose citizens primarily speak Spanish.

## *Policy Changes*

To further promote a system that is culturally responsive and equitable, beginning in FY 2017/18 SCBH began to insert more formal language into contracts with behavioral health vendors to require annual cultural humility training for all staff at every level, a requirement to use the CLAS Standards as a guide in policy and program development, and an emphasis on the provision of culturally and linguistically appropriate services. A sample of the "Cultural Responsivity" section of the contract template can be found in Appendix, pages 75-76. Additionally, SCBH inserted language into all Requests for Proposals (RFPs) to pull for information related to each prospective agency's efforts towards equity and cultural responsivity. A sample of the section of the RFP template can be found in Appendix, pages 77-81. In FY 2019/20 SCBH inserted a new section, "Cultural and Linguistic Considerations" into all revised and new policies. This new section references the CLAS Standards and throughout the policy itself any cultural or linguistic procedures are clearly articulated further demonstrating SCBH's commitment to the implementation of the CLAS Standards systemwide. Additionally, Policy *AAA203 Ensuring and Providing Multi-Cultural and Multi-Lingual Mental Health Services* was reviewed and updated in April of 2020 and can be found in Appendix, pages 82-86.

As mentioned previously, starting FY 2019/20, SCBH inserted a requirement into behavioral health contracts for vendors to develop their own agency Diversity and Equity Plans as aligned with the ICCTM *CLAS Gap Finders* QI Action Plan. In July of 2019, a training was held for key staff from each contract agency to orient participants to the CLAS Standards, share expectations regarding the content of agency plans, and to communicate how the County would support them by providing sample plans and technical assistance. The ESC worked collaboratively with vendors to assist them in finalizing their agency plans and continues to provide support for vendors on their annual plan updates. Thirteen (13) vendors have submitted Plans or Plan Updates.

**CLAS Standard 2:** Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

## *Equity Collaborations & Partnerships*

During FY 2016/17 the Public Health Division coordinated having staff members from across Divisions—including Behavioral Health—attend a Government Alliance on Race Equity (GARE) training. GARE national network of government working to achieve racial equity and is a joint project of the new Race Forward and the Haas Institute for a Fair and Inclusive Society. There were two cohorts of H&SS staff and other community partners (Solano County Library, Solano County Office of Education, Fairfield Police Department) that participated in the GARE training, including a train-the-trainer component. As a result of the GARE training, the H&SS Community Action for Racial Equity (CARE) Team was initiated and is comprised of individuals from various H&SS Divisions and other county entities. The CARE Team was organized to lead the H&SS Department's racial equity efforts to include normalizing discussions about race and racial inequities, the provision of Advancing Race Equity (ARE) trainings and partnering with executive leadership to systemize racial equity strategies throughout the departments systems of care. Additionally, starting in FY 2018/19 the CARE Team began to hold caucuses for three (3) underserved groups: the Latino, African American and the Asian/Pacific Islander communities. These caucuses are attended by H&SS staff—including Behavioral Health staff—on a voluntary basis with a goal to assist team members in identifying the needs of these communities, developing, and implementing strategies that will develop a more diverse workforce, inclusive workplace and reduce racial disparities within Solano County. A component of the GARE training included orientation to a race equity tool intended to be utilized when developing policies, practices and contracting. The SCBH ESC and several other members of the SCBH leadership team are also members of the CARE Team and are working collaboratively to align efforts related to the implementation of processes to strengthen policy development and contracting, as well as support for H&SS's diverse staff.

SCBH provides support for external partners—law enforcement, local education agencies and municipalities—regarding equity and inclusion efforts as requested. In FY 2019/20 at the request of the BH Division, H&SS funded two officers from Fairfield Police Department and a deputy from the Sheriff's Office to attend the GARE train-the-trainer cohort which will allow these law enforcement agencies to incorporate the core concepts of the ARE training into their existing offerings. SCBH collaborated with Fairfield Police Department, the Sheriff's Office and the local National Alliance on Mental Illness (NAMI) chapter to develop a 40-hour Crisis Intervention Team (CIT) training which includes a session titled "Cultural Humility: The Impact of Culture on Behavioral Health" and several sessions with consumer and family member panels. The CIT training had been delayed due to COVID-19; however, the inaugural 40 hour CIT training was held October 3-7, 2022 with officers from several local law enforcement departments.

SCBH works closely with Solano County Office of Education (SCOE) and local school districts to provide mental health services and supports through schools, which includes funding and offering trainings for students, parents/caretakers and school personnel on various topics including wellness, suicide prevention, etc. This has been expanded to include the ARE training for school districts. In August of 2019, H&SS staff provided the ARE training for the leadership of a local school district who had racial tensions on school campuses. The ARE training is currently being offered to the remaining five school districts, however, the COVID-19 pandemic created a barrier to the provision of this training. In addition to funding GARE train-the -trainer slots for law enforcement, H&SS funded one representative from SCOE and one representative from a local school district. By increasing the number of ARE trainers across sectors the goal is to offer this training to all our behavioral health contractors, other law enforcement departments and all school districts. Furthermore, providing support for local education agencies to address disparities within the educational system and providing them with tools to address race equity is intended to promote more inclusive school campuses thus enhancing the ICCTM *Takin' CLAS to the Schools* QI Action Plan which has resulted in culturally responsive wellness centers located on forty-seven (47) K-12 and adult education campuses across Solano County. Furthermore, a race equity lens incorporated into the education system ideally will address disparities outlined earlier in this document related to graduation rates, attendance and suspension/expulsion rates.

Five (5) pilot wellness centers opened pre-COVID, and the remaining centers were launched during last school year 2021/22. Given the challenges with transitioning students back to in-person learning last school year, the school wellness centers did not start collecting data until this SY 2022/23. The data collection includes capturing demographic data for students during the initial check-in of the SY including race/ ethnicity, language, SOGIE (excluding elementary schools) grade level and housing stability. For each visit to a center the following data is collected: referral source, day of week, time of day of check-in, reason for visit, emotional status at check-in, and then at check-out students report the activity the engaged in during the visit and emotional status at check-out. The data is available to each school site and aggregate data is collected and analyzed by SCOE who is funded by SCBH to support the ongoing implementation of the school wellness centers. SCOE creates and provides aggregated dashboard reports for elementary sites, middle school sites and high school/adult education sites. A sample of a dashboard can be found in the Appendix page 87.

The SCBH ESC was selected to participate on the state level Mental Health Services Oversight & Accountability Commission (MHSOAC) Cultural and Linguistic Competence Committee (CLCC) tasked with assisting the Commission in reviewing MHSOAC processes, policies, and contracts in an effort to reduce disparities. Additionally, the CLCC organizes and participates in efforts intended to produce learning related to cultural and linguistic competence.

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

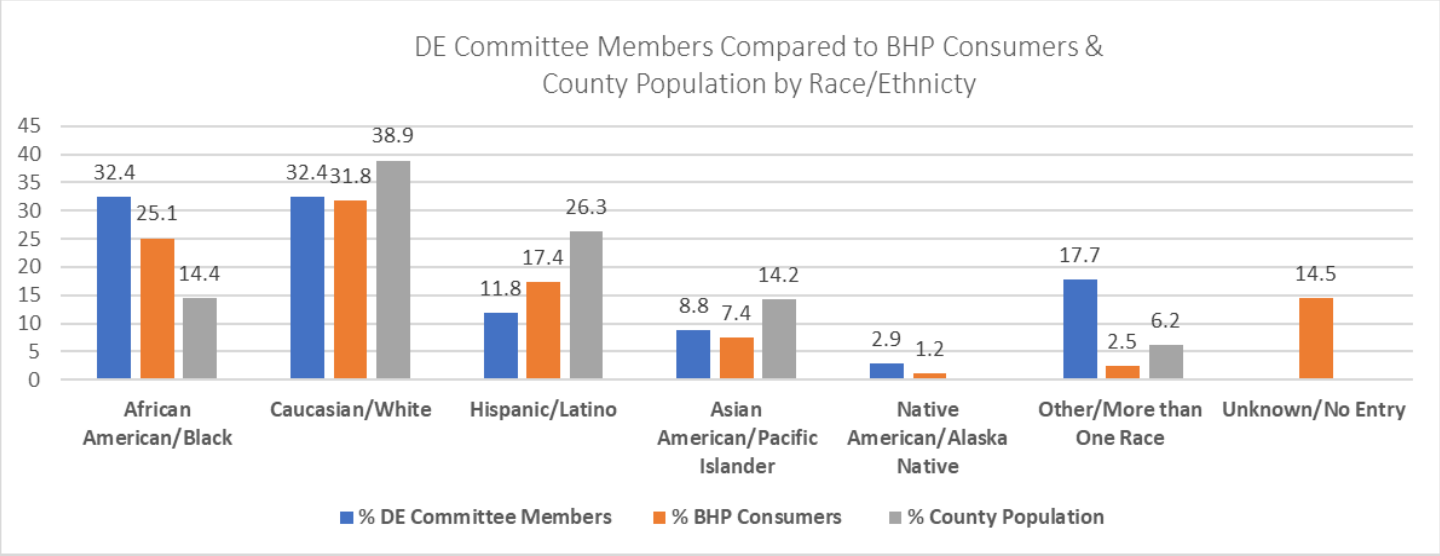
## *Diversity & Equity Committee*

SCBH has an active Diversity and Equity (DE) Committee which works to ensure community members have timely access to equitable and quality behavioral health care that is responsive to their cultural and linguistic needs. The Committee met bi-monthly during CY 2022 and is co-chaired by the ESC and a representative from a local CBO contracted partner. Efforts continue to be made to recruit new members including County and contractor behavioral health providers, consumers, family members and other community partners. The Committee utilizes a *Participant Agreement* form which can be seen in Appendix, page 88. Efforts will be made during CY 2023 to revise this form to allow participants to complete electronically. This form was developed to help garner more consistent participation and to establish a more formal membership process. Committee meetings are primarily held on virtual platforms such as Microsoft Teams and Zoom. SCBH created a subpage on the County website to help ensure that information related to the Committee and SCBH's diversity and equity efforts are more accessible for the general public. The subpage can be found **here**.

The DE Committee is comprised of a diverse representation of community partners which includes:

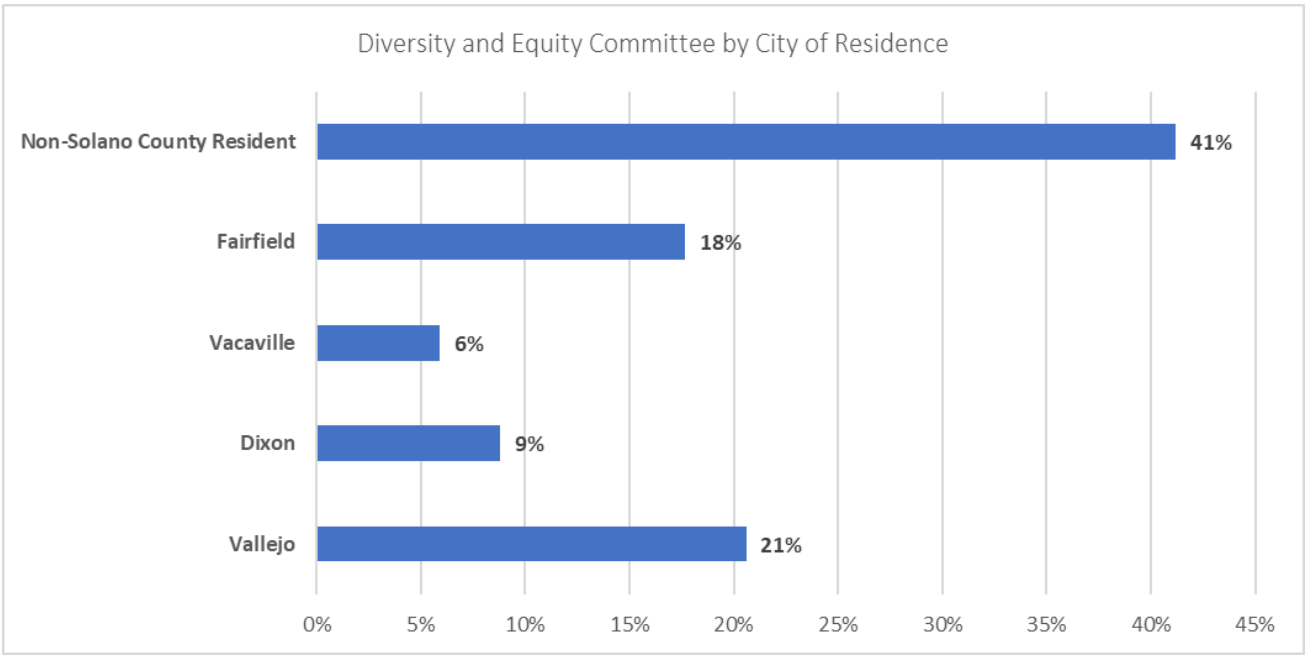
- Solano County Behavioral Health
- CBO Contracted Partners
- Touro University
- Travis Airforce Base
- Solano Community College
- Local Faith Leaders
- Community Members
- Peers
- Solano County Office of Education
- Solano County Public Defender's Office
- Solano County Sheriff's Office
- Solano County Probation Department

The DE Committee is not only a state requirement, but a vital component of the BHP SOC. Members help develop and monitor SCBH's progress towards annual goals and efforts to reduce disparities within the SOC. SCBH makes every effort to ensure Committee participants reflect the demographic profile of Solano's diverse community, which includes representatives from the Hispanic/Latino, Asian American/Pacific Islander, African American, Native American/Indigenous, and LGBTQ+ communities. The graph to follow demonstrates the racial/ethnic diversity of the DE Committee during CY 2022 in comparison to the BHP consumers served during FY 2021/22 and the county population by race/ethnicity. While there appears to be strong representation of African American/Black, Caucasian/White, AA/PI and Native American committee members, there is an underrepresentation of Hispanic/Latino committee members. Efforts will be made to recruit committee members to better represent the Hispanic/Latino community in Solano County.




Source: Committee Survey & Solano County Demographics[44]

The DE Committee also has individuals who are affiliated with the Purepecha and Mississippi Choctaw Indigenous Tribes. Committee members represent diverse racial and ethnic communities including African American/Black, Chinese, Eastern European, European, Filipino, Mexican/Mexican-American/Chicano, Puerto Rican, Salvadoran, Iranian, and South American. Seventy-one percent (71%) of the Committee members identified their gender identity as Female, 24% as Male, 3% as Transgender Female/MTF, and 3% as non-binary. Eighty-eight percent (88%) of the respondents identified their sexual orientation as heterosexual/straight, 6% as bisexual, 3% as gay, and 3% as queer. The Committee has individuals who identified English, Spanish, Italian, and Cantonese as their primarily language. Two percent (15%) of the Committee members identified as veterans and 32% as individuals who have a loved one who served or is currently an active member in the military. Sixty-one percent (68%) of the Committee members identified as an individual with lived mental health experience and 94% have a friend/family member with lived mental health experience. Nine (9%) of the Committee members endorsed having lived experience as a person with a history of substance use and eighty-two percent (82%) also have a friend/family member with a history of substance use. The graph to follow shows Committee members by city of residence which demonstrates that 59% of the Committee members are Solano residents while 41% of the Committee members do not live in Solano County, however they work in Solano.




*Source: DE Committee Survey*

Committee members provide feedback and guidance related to the BHP's implementation of the CLAS Standards, provide input for the annual plan update, formulate, and monitor procedures that evaluate the implementation and effectiveness of the plan in developing culturally responsive services and practices. During CY 2022, Committee members continued to provide guidance and support for many of the goals and strategies referenced on page 13. Several initiatives monitored by the DE Committee are also reported out to the BHP through the Quality Improvement Committee which meets quarterly and is comprised of county and contractor behavioral health providers as well as peers representing the consumer voice. Over the last several years a number of SCBH's contracted vendors have implemented their own internal agency DE Committees, further supporting a systemwide implementation of the CLAS Standards.

Through a recent survey, Committee members identified how they and/or their organization have benefited from participating on the DE Committee:

- "It has allowed me to stay abreast of the most current information about diversity and equity. In turn, it makes me think differently about how I work with clients and how I can be more effective."
- "Have increased my knowledge, language, and stretched my comfort level discussing topics related to diversity and equity matters. In my organization there has been a noticeable growth in discussing diversity and equity issues and topics in open forums and asking questions and confronting concerns."

Committee members identified ways SCBH's equity efforts have made a difference in the community:

- "SCBH has provided an opportunity for ongoing conversations with colleagues and partner organizations to improve outcomes for all Solano residents."
- "SCBH DEI efforts have invited/created a parallel process of experience between program and staff with the clients and community we serve. SCBH's DEI efforts have been an example in the community how to foster and sustain important and healing conversations and reparative experiences."

## Criterion 5: Cultural Humility Trainings

### *SCBH Training Efforts*

Over the last several years SCBH has invested considerable resources into enhancing training for BHP staff including County and contractor staff as well as key community partners (see Appendix, pgs. 90-92 for a list of trainings provided over the course of the last five years). Below is a list of targeted trainings funded and/or offered through SCBH during CY 2022:

- A cohort comprised of SCBH staff and contractor staff developed a ***Diversity and Social Justice Training*** which is an introduction training that is now available on-line at https://vimeo.com/374531348. This training is intended to introduce staff to SCBH's culturally responsive strategies, provide an overview of human diversity, disparities and provide a foundational understanding and shared language around core concepts for social justice education. This training was made available for all SCBH staff in 2020 and in 2021 was made available to contractor behavioral health staff and external partners, and continues to be used for onboarding new staff. The training materials include a discussion guide for facilitators to use to debrief content reviewed during the training. Participants also received additional resources following the training such as links to implicit bias tests, short educational videos, and articles staff can utilize to support their cultural humility efforts. As of December 2022, the online training has been viewed nearly 500 times. See Appendix, pages 93-96 to view discussion questions, pre/post evaluation, and an additional resource guide for staff.

**CLAS Standard 4:** Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

- During FY 2018/19 the first cohort of ***Promoting Cultural Sensitivity in Clinical Supervision*** provided by Dr. Kenneth Hardy was completed as the core component of the ICCTM *Culturally Responsive Supervision* QI Action Plan. During FY 2019/20 a second cohort was completed. Forty-six (46) County and contractor supervisors, managers and senior leaders were trained. Dr. Hardy continues to provide monthly consultation and coaching sessions for the training participants and SCBH has contracted with him to train a 3rd cohort during FY 2022/23.
- A specialized online training titled ***Filipino Core Values & Considerations in Culturally Responsive Care*** was developed by the previous SCBH Kaagapay AA/PI Outreach Coordinator and was made available to BHP staff—both County and contractors—during CY 2021 and has been viewed 230 times as of December 2022.
- UC Davis CRHD developed a training targeted for front desk reception staff in support of the ICCTM ***ISeeU*** QI Action Plan. This training was focused on building skills necessary for these support staff who are often the initial faces of the SOC and will include content related to cultural sensitivity for LGBTQ+ consumers, how to access interpreter services, etc. This training was provided virtually for 3 cohorts with a total of 49 participants from both County and contractor programs. SCBH plans to facilitate the ISeeU training for a 4th cohort during FY 2022/23.
- In April of 2022 Dr. Hardy provided ***Untangling Intangible Loss in the Treatment of Traumatic Grief Training*** During FY 2022/23 in addition to providing the ***Promoting Cultural Sensitivity in Clinical Supervision*** training for a 3rd cohort of supervisors and managers, Dr. Hardy will be providing additional trainings on the impacts of trauma and racism on marginalized communities.
- The Solano County H&SS Department—including the Behavioral Health Division—is currently in the process of implementing the **Trauma Informed Systems of Care (TISC)** model which includes systemwide training for both clinical and non-clinical staff and the development of Trauma Informed Leadership Team (TILT) who will be responsible to develop system improvement projects. The TISC model incorporates topics related to diversity, equity and inclusion.
- In June 2022, SCBH partnered with Dr. Kenneth Hardy to record a webinar titled ***How to Effectively Talk About Racism***. In this training, Dr. Hardy describes the Privilege And Subjugated Task (PAST) Model he developed which details recommended steps for individuals seeking to have authentic relationships and conversations about race. This webinar fulfilled the SCBH cultural humility training requirements for staff during CY 2022. The webinar has been viewed over 200 times and can be accessed **here**.

In addition to the trainings funded and provided by SCBH, many of our contracted vendors also invested in trainings related to cultural humility and social justice to support their team members, demonstrating a commitment to the implementation of the CLAS Standards and the larger SOC equity efforts.

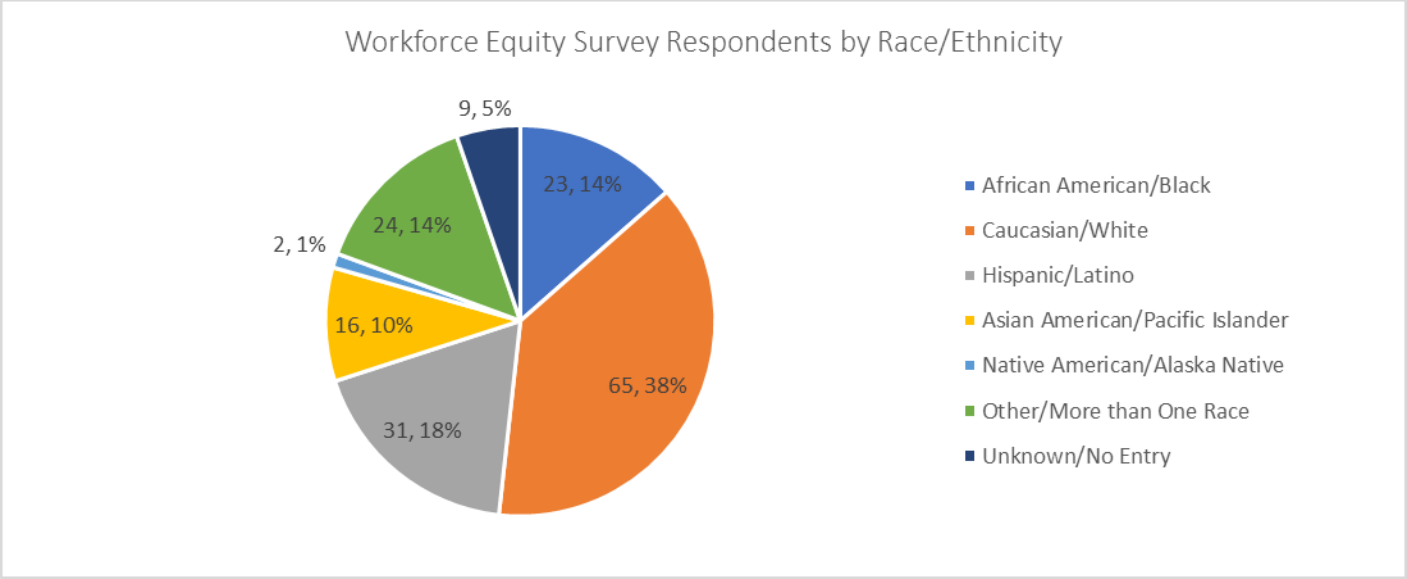
## Criterion 6: County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining

### *Workforce Equity Survey*

Starting in December of 2017, SCBH began to administer a voluntary annual survey of the BHP workforce to gather data related to the diversity of the workforce—both County and contractor—to include employees at all levels to assess the cultural and linguistic diversity of the BHP workforce. In addition to monitoring the demographics of the BHP workforce, the survey collects information related to participation in cultural responsivity trainings, job satisfaction and attitudes towards equity and inclusivity efforts. The annual "Workforce Equity Survey" was administered in September of 2022 and yielded 171 responses. It is worth noting that the BHP is experiencing a significant shortage in the workforce in recent years which may have contributed to less responses from staff this year in comparison to CY 2021.

**Workforce Demographics**

The graph below shows the BHP Workforce Survey respondents by race/ethnicity. This data shows that the largest percentage of survey respondents occurred among Caucasian/White at 38% (65) followed by 18% (31) Hispanic/Latino; 14% (24) Other; 14% (23) for African American/Black; 10% (16) for Asian American/ Pacific Islanders; 1% (2) Native American/Alaska Native; and 5% (9) whereby respondents did not identify their race. Fifty-six percent (96) of the respondents identified with a race/ethnicity other than White/ Caucasian which more accurately reflects the demographics of the communities served in Solano County.

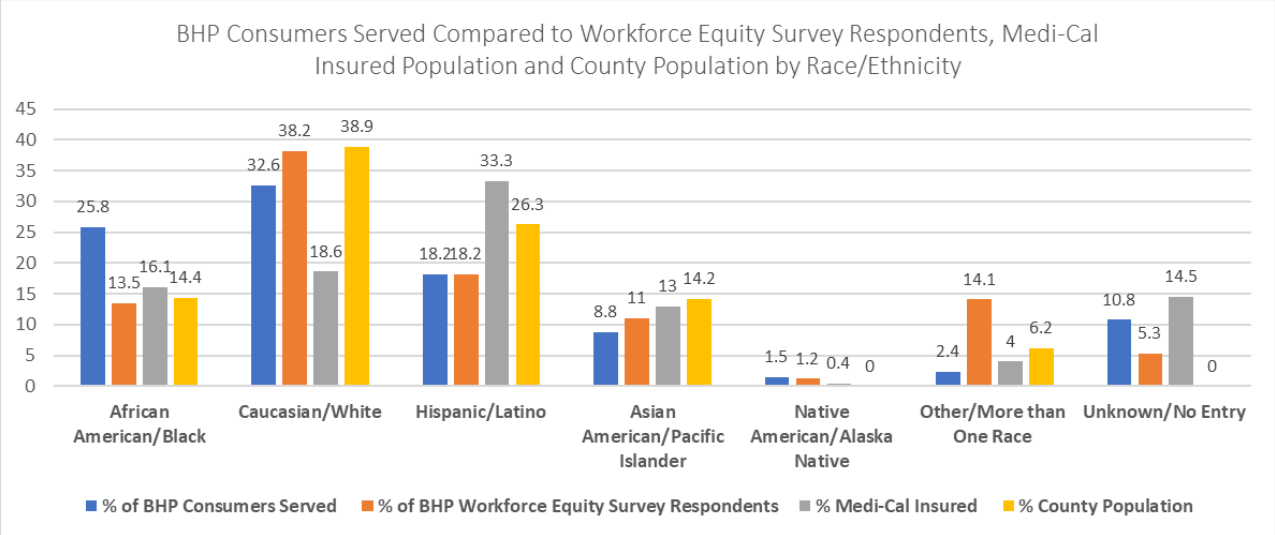



*Source: Solano County BHP Workforce Equity Survey FY 2022/23*

**Community Voice**

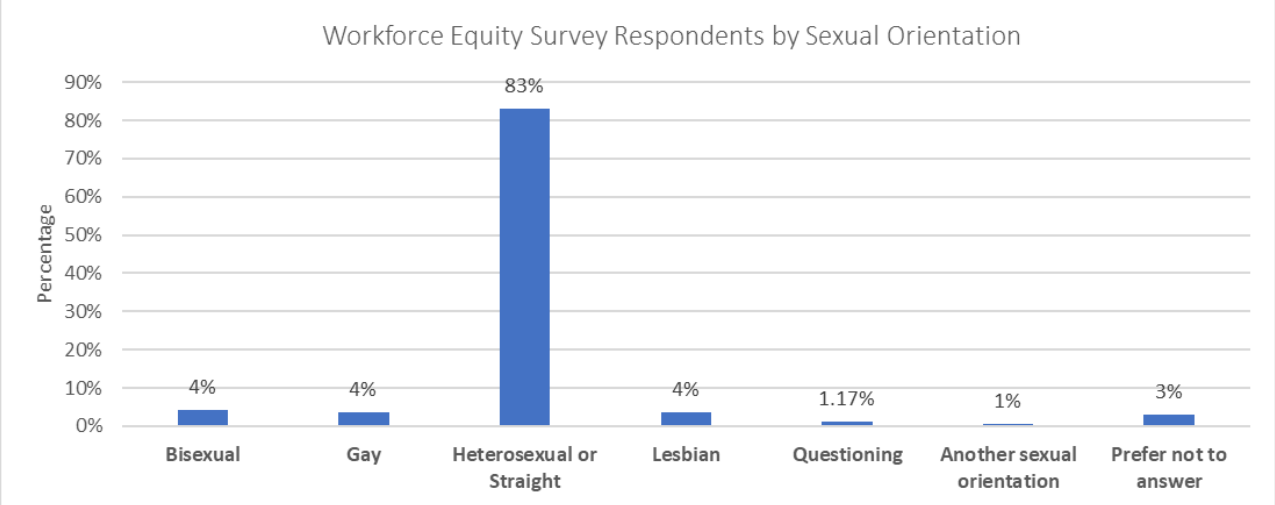
Of the 14% (24) of the respondents that identified as more than one race, 9% (9) also identified as a Native American/Indigenous person representing the Comanche, Cherokee, Lakota Sioux, Blackfoot, Choctaw, Karuk, and unknown tribes. It is important to note that the BHP revised many of its demographic questionnaires after receiving feedback from local Native American/ Indigenous community members on best practices for gathering local data for this population which continues to experience long standing disparities in mental health outcomes and distrust for government entities. The data referenced above is attributed to the community members that continue to partner with the BHP to ensure the workforce reflects the diversity of the community.

The graph to follow shows the consumers served by the BHP during quarter one (Q1) of FY 2022/23, compared to the BHP Workforce Survey respondents (survey administered September 2022), then compared to the Medi-Cal population for Q1 of FY 2022/23, and finally compared to the County's population by race/ethnicity. Findings indicate that two of Solano County's underserved communities, Hispanic/Latino and Asian American/Pacific Islander communities are well represented in regards to the BHP workforce. This is a significant achievement related to SCBH's efforts to build a diverse and equitable workforce. There does however continue to be a disparity related to the percentage of African American/ Black consumers as compared to the BHP workforce. Community partners continue to identify the need to expand the African American/Black workforce in Solano County. As such SCBH and contractors will continue to make efforts to recruit and retain African American/Black BHP staff members.



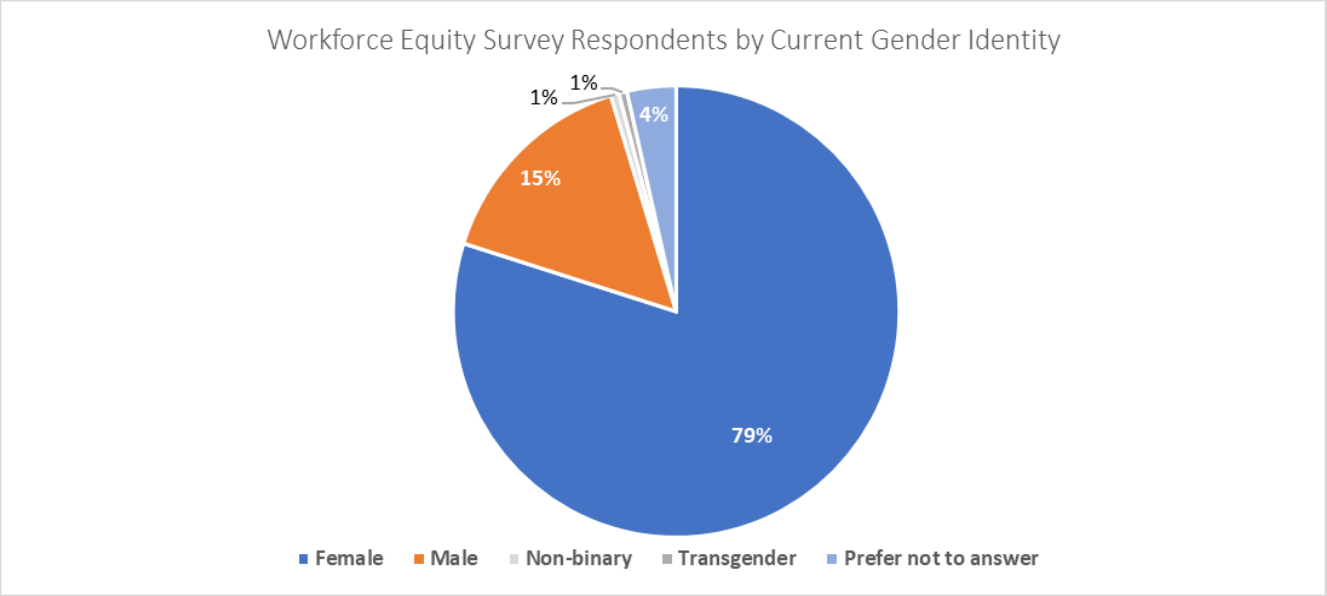

*Source: SCBH EHR, Solano County BHP Workforce Equity Survey FY 2022/23, Solano Employment & Eligibility and the Solano County Annual*[45]

Since the implementation of the ICCTM MHSA Innovation Project in 2016, SCBH has made significant efforts to address the needs of the LGBTQ+ community in Solano County. As such, since the inception of the annual workforce survey, questions related to sexual orientation and gender identity/expression have been included. In addition to a goal of providing culturally responsive services and inclusive spaces for LGBTQ+ consumers, SCBH continues to strive to ensure a more inclusive work environment for LGBTQ+ staff. The following two graphs shows the BHP survey respondents by sexual orientation and gender identity/ expression. The most recent survey showed that 14% (22) of the respondents identified as non-heterosexual or members of the LGBQ+ community.



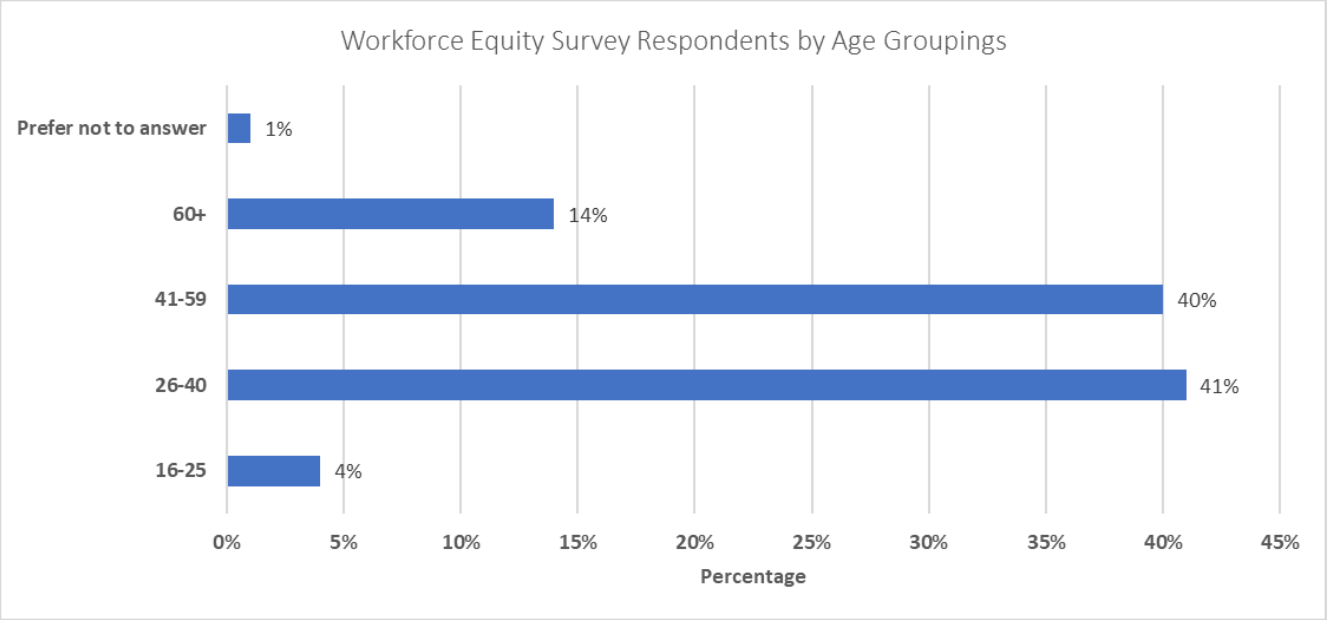

Source: Solano County BHP Workforce Equity Survey FY 2022/23

In regards to gender identity 1.2% (2) of the survey respondents identified as non-binary or transgender.



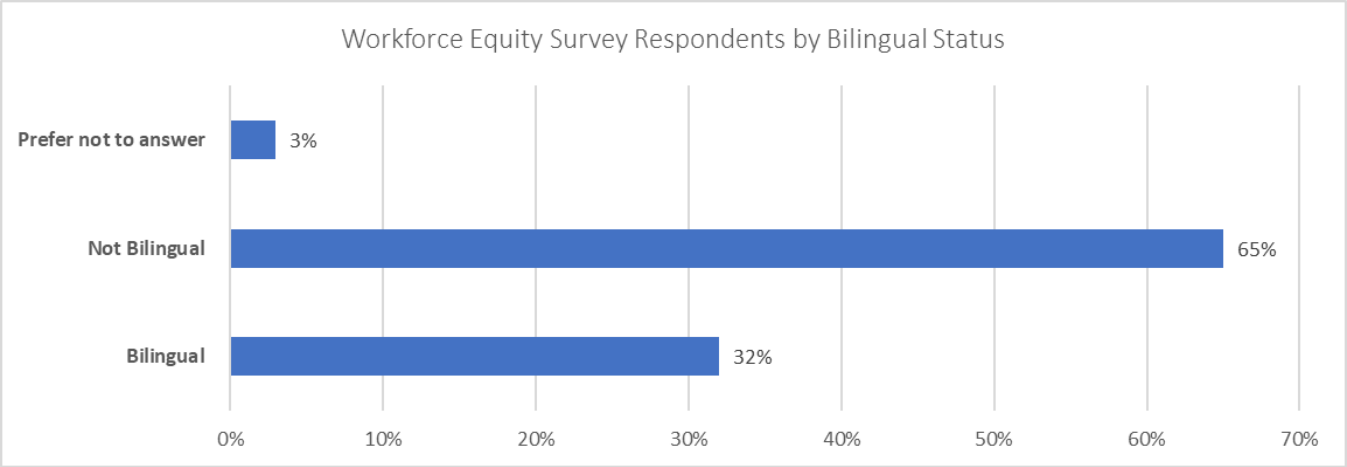

Source: Solano County BHP Workforce Equity Survey FY 2022/23

The following graph demonstrates the age groupings for survey respondents. Four percent (7) of the respondents identified as transitional age youth (ages 16-25), 14% (24) 60 and over, 40% (68) between 41-59, and 41% (70) of the respondents identified as being between the ages of 26 and 40 years old.



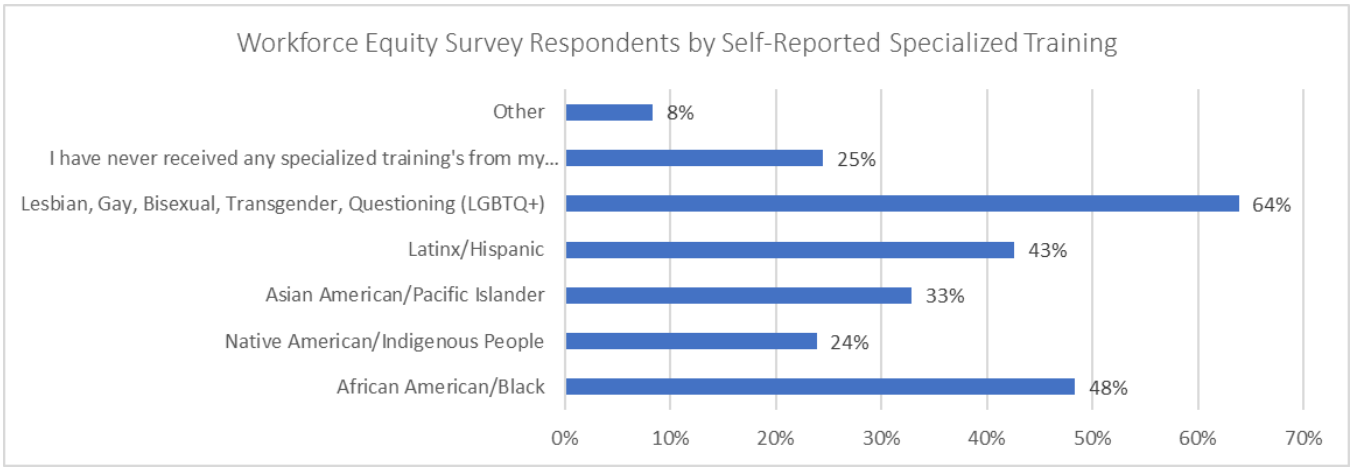

*Source: SCBH BHP Workforce Equity Survey FY2022/23*

The following graph demonstrates bilingual status for survey respondents with 30% (51) of the 171 survey respondents identifying as bilingual, and of those 21% (12) identified as being in bilingual certified positions and compensated for their linguistic skills. Twenty-five percent (14) of the bilingual respondents reported having received formal interpreter training. Bilingual survey respondents identified speaking the following languages: American Sign Language, Arabic, Farsi, Mandarin, Spanish, Tagalog, Hawaiian, Russian, Cebuano, Samoan, Italian, Hebrew, Gujrati, Portuguese, and French. There has been a historical shortage of applicants who speak Spanish and Tagalog, however 78% (38) of the staff who identified as bilingual speak Spanish (threshold language) and 6% (3) speak Tagalog (sub-threshold language).




Source: Solano County BHP Workforce Equity Survey FY 2022/23

Eighty percent (130) of the total respondents reported receiving Cultural Humility training in the past year. Of the 215 respondents who answered a question related to comfortability utilizing interpreter services, 32% (52) endorsed being comfortable using interpreters when necessary. The following graph demonstrates survey respondents' reporting of specialized training received by their employer meet the needs of various underserved populations.




Source: Solano County BHP Workforce Equity Survey FY 2022/23

During FY 2021/22, SCBH added questions to the Workforce Equity Survey to identify staff members who have lived experience with mental health, substance use, trauma (family violence, community violence, intimate partner violence, neglect, etc.), and involvement with the foster care system in an effort to continue to combat stigma and promote the values of recovery and resilience. The results are as follows:

- Fifty-seven percent (96) of the survey respondents identified lived experience of mental health, and 74% (123) have a friend/family member with lived experience of mental health.
- Sixteen percent (26) of the survey respondents identified lived experience of substance use, and 66% (111) have a friend/family member with lived experience of substance use.
- Forty-one percent (99) of the survey respondents identify having experienced significant trauma, and 58% (97) have a friend/family member who have experienced significant trauma.
- Four-percent (7) of the respondents identify as a person with lived experience in the foster care system and 23% (39) have a friend/family member with lived experience in the foster care system.

A number of survey questions were focused on personal belief systems regarding equity efforts and questions regarding the adoption of the CLAS Standards for organizations/employers.

- Ninety-four percent 94% (158) endorsed examining their own cultural backgrounds and biases and that this may influence their behavior towards others.
- Eighty-one percent (133) agreed that their organization is committed to racial equity and reducing disparities for underserved communities.
- Ninety-percent (151) of staff reported that their job is very meaningful to them.
- Seventy-seven percent (125) of staff reported that their organization makes intentional efforts to provide welcoming and inclusive spaces for the consumers served (ex. cultural humility trainings for staff, language assistance services, artwork and materials in lobbies and office spaces that represent diverse cultures including the LGBTQ+ community, as well as materials in different languages, etc.)
- Sixty-three percent (102) of staff reports the office space they work in promotes a welcoming environment for staff (ex. posters or other materials representing diverse cultures).
- Sixty-six percent (107) of staff reported their organization promotes the expression of their cultural identity and being their authentic self.
- For the 161 respondents that answered a question related to the frequency of the topics of race and culture (including LGBTQ+) and the impacts on the consumers being served being discussed in supervision, staff meetings, case consultations, etc. 73% (118) responded positively.

**Peer Workforce**

SCBH continues to demonstrate a commitment to building a workforce that is inclusive of peers and persons with lived experience. Several years ago, SCBH successfully hired three Peer Support Specialists (PSS) who are co-located in programs serving adults. Having PSS embedded within the treatment team has enhanced the programs' ability to better support and serve consumers. In addition to securing several PSS positions, the SCBH operated Wellness and Recovery Unit continues to identify peers and family members who are interested in receiving training to provide peer counseling. A peer volunteer network has been developed in an effort to provide additional opportunities to implement a peer-to peer model within the SOC as well as career pathways should new PSS positions be approved. Additionally, SCBH encourages the employment of persons with lived experience through our contracted programs. These efforts position SCBH well in regards to the recent passage of Senate Bill 803 which supports a training and certification process for PSS.

**BHP Network Adequacy**

In February of 2018, County BHPs were informed by the DHCS that they would need to track and report on the adequacy of the BHP network of services it uses to serve Medi-Cal eligible individuals. This process of certifying to DHCS consists of providing evidence to demonstrate timely access to care, reasonable time, and distance from provider sites to consumers' residences, and an adequate number of outpatient psychiatrist and clinical providers in both the Adult and Children's Services Systems. Evidence to substantiate Network Adequacy includes, but is not limited to, submission of the Network Adequacy Certification Tool (a listing of all mental health programs, site locations, services provided, languages offered, and staff), contracts with mental health programs who provide services in Solano County, policies and procedures, timeliness data from the EHR, Geographic Information System (GIS) maps, data demonstrating use of interpreters, etc. During FY 2021/22, Solano County submitted the annual submission and received the certifications from DHCS endorsing that SCBH is in compliance with all Network Adequacy standards. Starting in FY 2021/22 DHCS initiated a monthly reporting process through a web-based portal that will be used to support the annual certification. SCBH has submitted reports as required and are awaiting notification from DHCS as to the status of the County's Network Adequacy certification.

# Criterion 7: Communication and Language Assistance

## *Linguistic Initiatives*

The threshold language in Solano County is Spanish and Tagalog is a sub-threshold language. For the last several years SCBH has been increasingly focused on improving language assistance for the consumers we serve. This has included several initiatives involving our partners as well as targeted training efforts.

During FY 2017/18 and FY 2018/19 SCBH leveraged Mental Health Block Grant (MHBG) first episode psychosis (FEP) funding to enable U.C. Davis – Behavioral Health Center of Excellence (BHCE), who is the contractor who supports the local Early Psychosis (EP) Treatment Program, to translate materials used in treatment. The translated materials were made available for consumers and their families for the threshold language of Spanish to improve access to care for the Hispanic/Latino population. These translated materials are now being used in the Sacramento County EP Program and will be shared with other counties across California through the *Early Psychosis Learning Health Care Network (EP LHCN)* statewide MHSA Innovation Project which includes San Diego, Solano, Sonoma, Stanislaus, Orange, Los Angeles, and Napa Counties. The app being developed through the EP LHCN is intended for consumer and family member usage to self-report progress in treatment and will be made available in seventeen (17) languages. During FYs 2020/21 and 2021/22 the UC Davis consultation team developed videos on psychoeducation for psychosis in Spanish to be used with monolingual Spanish parents whose children are served by the local EP program. The videos have been well received, and monolingual Spanish-speaking parents have reported how helpful the videos are in assisting parents in understanding their child's illness.

**CLAS Standard 5:** Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

**CLAS Standard 6:** Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

**CLAS Standard 7:** Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

**CLAS Standard 8:** Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

In August 2019, a *Behavioral Health Interpreter Training (BHIT)* for bilingual staff was provided and focused on supporting bilingual staff in learning behavioral health terminology (both in Spanish the threshold language and Tagalog which is a sub-threshold language), learning how to hold the role of interpreter when asked to support English speaking colleagues, and learning laws and ethics related to the provision of interpreting services. Between August 2019 and June 2021 five (5) cohorts of monolingual English-speaking clinical staff attended the BHIT focused on best practices related to using interpreter services, laws and ethics related to the provision of linguistically appropriate services and how to access the County's interpreter services. Additionally, three (3) cohorts of front desk reception staff attended a specialized BHIT developed for the unique needs of these support staff. All sessions of the BHIT trainings included a section on how to access interpreter services through the County's vendor.

SCBH continues to have access to Language Link, the vendor contracted by the H&SS Department, to assist with linguistic needs including translating documents and interpreter services—both in person and phone. Language Link is frequently offered to consumers during initial calls to the Access line and during outpatient treatment.

Beginning July of 2020 SCBH expanded the contract the H&SS Department has with Language Link to allow our behavioral health vendors to utilize the services—both interpreter and translation—for uniformity and to be able track the utilization of interpreter/ translation services to better monitor the linguistic needs of the community.

Additionally, trainings were offered to the vendors and SCBH created a training video on how to access Language Link services intended to be used ad hoc for on-boarding new staff and training existing County and contractor staff.

Beginning in FY 2019/20 SCBH began to make concerted efforts to create videos and social media content in Spanish and Tagalog. SCBH brochures and flyers for different community events and meetings are made available in English, Spanish and Tagalog. As referenced on page 48. SCBH has funded several multi-media campaigns that have also included assets that are in Spanish and/or have Spanish and Tagalog sub-titles.

Data related to primary and preferred language for BHP consumers served during FY 2021/22 is listed in the table to follow. Eighty-seven percent (5,119) of the consumers served identified their "primary language" as English, 7% (400) as Spanish and 1% (57) as Tagalog. In regards to "preferred language" 85% (4,987) of the consumers identified English, 5% (283) Spanish and .6% (35) as Tagalog.

| **Total # of Consumers: 5,874** | | |
|---|---|---|
| **Language** | **# of Consumers by Primary Language** | **# of Consumers by Preferred Language** |
| American Sign Language (ASL) | 5 | 6 |
| Arabic | 4 | 2 |
| Cambodian | 0 | 1 |
| Cantonese | 5 | 5 |
| English | 5,119 | 4,987 |
| Farsi | 1 | 1 |
| Hattian | 0 | 0 |
| Hebrew | 0 | 0 |
| Hindi | 2 | 0 |
| Italian | 0 | 1 |
| Korean | 1 | 2 |
| Laotian | 3 | 2 |
| Lithuanian | 0 | 0 |
| Mandarin | 1 | 1 |
| Mien | 2 | 2 |
| No Entry | 223 | 521 |
| Other Chinese Language | 1 | 0 |
| Other Non-English | 18 | 21 |
| Other Sign Language | 0 | 1 |
| Polish | 0 | 0 |
| Portuguese | 3 | 3 |
| Punjabi | 9 | 0 |
| Samoan | 0 | 0 |
| Spanish | 400 | 283 |
| Tagalog | 57 | 35 |
| Tamil | 0 | 0 |
| Thai | 3 | 0 |
| Unknown/Not Reported | 4 | 9 |
| Vietnamese | 12 | 11 |

The table below includes data related to the BHP's use of interpreter services to provide linguistically appropriate services for FY 2021/22. It is important to note that the data represents individual requests/ utilization of interpreter services not unduplicated consumers.

| **Total Interpreter Services Used:** 963 | **Total In-Person Interpreter Services:** 776 | **Total Phone Interpreter Services:** 186 |
|---|---|---|
| **Language** | **# of In-Person Interpreter Services by Language** | **# of Phone Interpreter Services** |
| American Sign Language (ASL) | 122 | 0 |
| Arabic | 0 | 0 |
| Cambodian | 0 | 0 |
| French Creole | 0 | 0 |
| Hattian | 0 | 0 |
| Hindi | 4 | 0 |
| Japanese | 0 | 0 |
| Korean | 0 | 0 |
| Laotian | 0 | 1 |
| Lithuanian | 0 | 1 |
| Mandarin | 0 | 0 |
| Mein | 0 | 0 |
| Polish | 0 | 1 |
| Portuguese | 0 | 4 |
| Punjabi | 11 | 8 |
| Romanian | | 1 |
| Russian | 0 | 0 |
| Spanish | 619 | 150 |
| Tagalog | 0 | 5 |
| Thai | | 6 |
| Tamil | 0 | 0 |
| Vietnamese | 20 | 8 |

An analysis of Language Link utilization for FY 2021/22 demonstrates that BHP providers are accessing interpreter services primarily for Spanish-speaking consumers and deaf consumers. For FY 2021/22, 80% of the total in-person interpreter services were in Spanish and 16% in American Sign Language (ASL). A review of phone interpreter services for the same FY demonstrates that 81% of these services were in Spanish.

It is noteworthy that while Solano County has the highest Filipino population in the Country[46] based on the rate per capita, a review of interpreter services demonstrates very low utilization of interpreter services in Tagalog—the County's sub-threshold language. An analysis of data from the BHP's EHR provides some insight regarding this finding as there were 221 consumers served who identified their race/ethnicity as Filipino, however 75% (166) of these consumers identified their primary language as English and only 24% (52) identified their primary language as Tagalog, and 1% (3) as "Other non-English Language." The proclivity to have a preference towards the English language is in part due to a cultural belief that speaking English is a sign of status which is deeply entrenched in the Filipino community and is further impacted by stigma and fear that they will be judged for asking for help. Additional contributing factors may include: an individual's acculturation level, age and fear that the interpreter may know them or somehow be connected to their community.

While SCBH extended the Language Link services to all contracted vendors starting July 1, 2020. During fiscal year 2021/22 only one vendor used this service. SCBH will engage in targeted outreach with vendors to ensure that they are aware that they have access to interpreter and translation services through the County's Language Link contract.

Each County BHP is required to have all clinical and legal forms and other relevant BHP documentation translated and available in all threshold languages. As mentioned above Spanish is currently the only Solano County threshold language, while Tagalog is a sub-threshold language. Starting in FY 2019/20 SCBH initiated a project to have all BHP forms and documents translated into Tagalog and to translate any outstanding forms into Spanish as aligned with the CLAS Standards.

| Spanish Translation Expenses FY 2021/22 | Tagalog Translation Expenses FY 2021/22 | Other Translation Expenses FY 2021/22 |
|---|---|---|
| $ 51,000 | $ 120 | $ 18,898 |

## Criterion 8: Engagement, Continuous Improvement, and Accountability

SCBH senior leadership (BH Director, Deputy Director, Senior Manager and ESC) completed a baseline *CLAS Organizational Assessment* during FY 2019/20 and a follow-up assessment again in FY 2020/21. This tool evaluated the organization's implementation of the 15 national CLAS Standards. This assessment was adapted from the Communication Climate Assessment Tool by Matthew Wynia and colleagues and has been endorsed by the US Department of Health & Human Services' Office of Minority Health as well as the National Quality Forum. The initial assessment tool pulled for information related to efforts made within the last six (6) months. The updated tool was modified to pull for efforts made within the last twelve (12) months based off of feedback from SCBH. After completing each of the organizational assessments, UC Davis CRHD provided SCBH a report which highlighted SCBH's strengths and areas for improvement. Based on the report from CRHD, SCBH maintained or improved scores on 87% (13) of the CLAS Standards from the baseline assessment to the follow up assessment. To see more detailed findings related to the initial *CLAS Organizational Assessment* during FY 2019/20 please refer to the **DE Plan Update for CY 2021** starting on page 51, and for detailed findings related to the *CLAS Organizational Assessment* completed in April of 2021 please refer to the **DE Plan Update for CY 2022** starting on page 61. SCBH has continued to track the areas identified for improvement as outlined in the table below.

**CLAS Standard 10:** Conduct ongoing assessments of the organizations CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

| CLAS Standard Addressed | Progress Made<br>CLAS Organizational Assessment Scoring Scale 0-3 with 3 being the highest score |
|---|---|
| **CLAS Standard 2:** Advance and sustain organizational governance and leadership that<br><br>promotes CLAS and health equity through policy, practices, and allocated resources.<br><br>The CLAS Organizational Assessment questions related to Standard 2 measured the organization's mission and vision statements; strategic plan includes CLAS; allocation of annual resources towards the implementation of CLAS; rewarding of staff/departments who improve CLAS communication. | **SCBH maintained the same score (2.50) from 2019 to 2021 for this CLAS Standard.**<br><br>SCBH'S Mission and Vision statements were updated during this reporting period, and they reflect SCBH's commitment to health equity. The annual DE Plan Update, annual Quality Improvement Plan, MHSA Three-Year Plan and Annual Updates, continue to illustrate a commitment to the implementation of the CLAS Standards. Senior leaders have allocated resources annually to meet the cultural and linguistic needs of the consumers served. Additionally, SCBH's senior leadership continue to make concerted efforts to recruit diverse members, including persons with lived experience, for vacant positions, Committees and for the local Mental Health Advisory Board. SCBH's senior leadership recognize ongoing efforts are needed to highlight and reward staff and programs who exemplify CLAS. |
| **CLAS Standard 2:** Advance and sustain organizational governance and leadership that<br><br>promotes CLAS and health equity through policy, practices, and allocated resources.<br><br>The CLAS Organizational Assessment questions related to Standard 2 measured the organization's mission and vision statements; strategic plan includes CLAS; allocation of annual resources towards the implementation of CLAS; rewarding of staff/departments who improve CLAS communication. | **SCBH maintained the same score (2.50) from 2019 to 2021 for this CLAS Standard.**<br><br>SCBH'S Mission and Vision statements were updated during this reporting period, and they reflect SCBH's commitment to health equity. The annual DE Plan Update, annual Quality Improvement Plan, MHSA Three-Year Plan and Annual Updates, continue to illustrate a commitment to the implementation of the CLAS Standards. Senior leaders have allocated resources annually to meet the cultural and linguistic needs of the consumers served. Additionally, SCBH's senior leadership continue to make concerted efforts to recruit diverse members, including persons with lived experience, for vacant positions, Committees and for the local Mental Health Advisory Board. SCBH's senior leadership recognize ongoing efforts are needed to highlight and reward staff and programs who exemplify CLAS. |
| **CLAS Standard 6:** Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.<br><br>The CLAS Organizational Assessment questions related to Standard 6 measured written materials and verbal practices related to informing consumers of language assistance support. | **SCBH maintained the same score (2.0) from 2019 to 2021 for this CLAS Standard.**<br><br>In each clinic lobby—both county and contractor—continues to have signage posted that informs consumers about the availability of no-cost language assistance. SCBH recognizes the need to improve our signage, written materials, and training for staff in how to ensure that consumers with language needs understand what services and supports are available to them. Efforts have been made to update program brochures and written materials, including having them translated in Spanish (threshold language) and Tagalog (sub-threshold language). A training video on the process to access Language Link interpreter services has been made available to all staff and new staff onboarding. Social media posts and the multi-media campaigns have included assets in Spanish and Tagalog. This Plan Update is carrying forward a goal/objectives related to improving linguistic capacity including clinic signage. |

| CLAS Standard Addressed | Progress Made<br>CLAS Organizational Assessment Scoring Scale 0-3 with 3 being the highest score |
|---|---|
| **CLAS Standard 10:** Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.<br><br>The CLAS Organizational Assessment questions related to Standard 10 measured the how both leaders are evaluating the implementation of the CLAS Standards, in addition to how staff in supervisory positions monitor staff consumer engagement and the solicitation of feedback from staff on SOC communication. | **SCBH demonstrated a 3.8 % decrease (2.6- 2.5) in the score from 2019 to 2021 for this CLAS Standard, therefore we continue to address this standard as outlined below.**<br><br>Through the ICCTM Innovation Project, SCBH did engage in a comprehensive pre/ post assessment related to the implementation of the CLAS Standards. During the reporting period SCBH has developed data dashboards that include an equity lens that will allow for system monitoring of CLAS and disparities. The ESC and the DE Committee continue to utilize the **CLAS Action Worksheet** to develop the goals for the Plan Update. Additionally, SCBH continues to require contracted vendors to submit an agency Diversity and Equity Plan/Annual Updates, which is another mechanism to monitor the SOC's implementation of CLAS. The annual Workforce Equity Survey is utilized to assess the organization's implementation of CLAS through the addition of questions soliciting feedback regarding the organization's equity efforts. During FY 2022/23 the process for conducting employee evaluations for SCBH employees was updated to include a review of the staff person's equity efforts. |
| **CLAS Standard 11:** Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.<br><br>The CLAS Organizational Assessment questions related to Standard 11 measured the SOC's policies and practices related to the collection and documentation of consumer demographics and needs directly related to linguistics, access, and engagement. | **SCBH demonstrated a 9.9 % decrease (2.33-2.10) in the score from 2019 to 2021 for this CLAS Standard, therefore we continue to address this standard as outlined below.**<br><br>SCBH has organizational policies and practices in place to document a consumer's race/ethnicity, language preference, sexual orientation, current gender identity/ expression, need for interpreters, desire and motivation to learn, cultural/religious beliefs, emotional barriers, cognitive barriers, physical limitations and need for transportation assistance. SCBH leadership recognizes that despite having policies and processes related to data collection, at times this data is not collected or documented adequately resulting in missing data. On an ad hoc basis SCBH has engaged the SOC in data collection processes to address this issue and the QA Unit will continue to emphasize the importance of culturally sensitive assessment practices in the routine documentation training required for all direct service staff. The development of data dashboards that can be filtered by demographic data point and program will assist in both monitoring for missing data and for disparities within the SOC. |

As referenced early in this document the ***Solano County Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Innovation Project: Final Evaluation Report*** has been made available to community partners and is posted on the SCBH website and can be accessed **here**. This final evaluation report provides a comprehensive overview of SCBH's progress in implementing the CLAS Standards.

SCBH will continue to monitor progress as related to the ongoing implementation of the CLAS Standards and will continue to refine processes to monitor for disparities within the SOC. Furthermore, SCBH will continue to collaborate with other key partners to eliminate racial inequities and systemic racism which negatively impacts the mental health of diverse communities.

**CLAS Standard 15:** Communicate the organization's progress in implementing and sustaining CLAS to all [partners], constituents and the general public.

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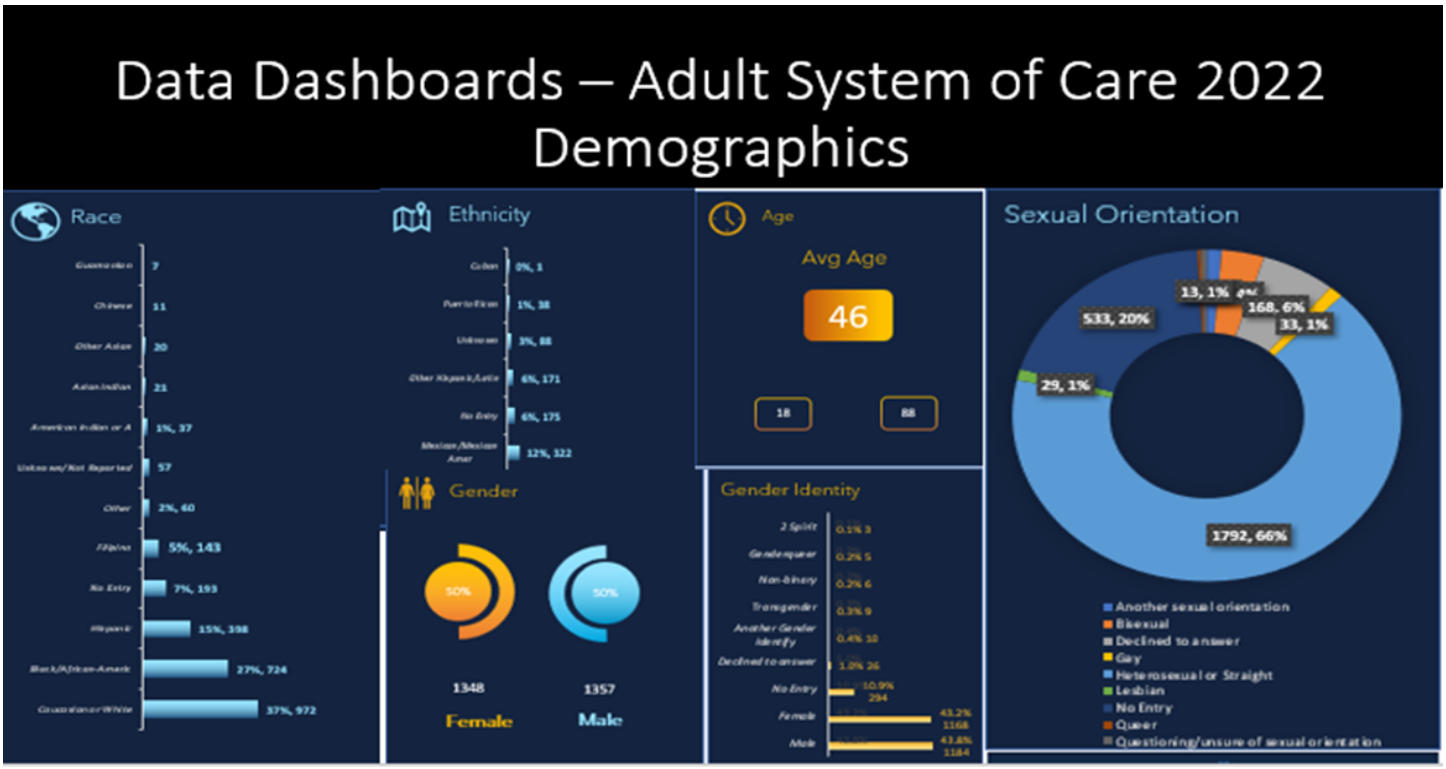
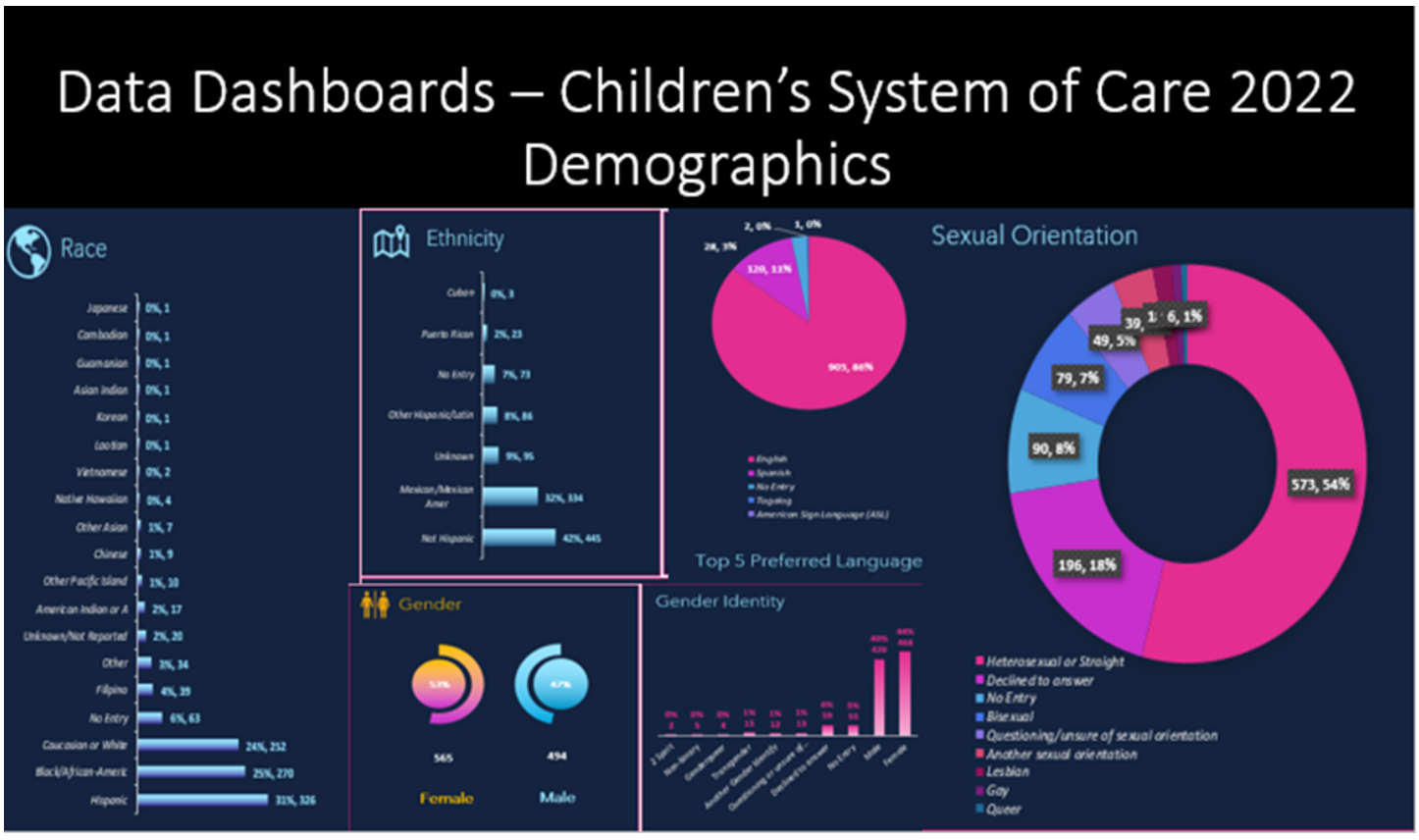
# APPENDICES

SCBH Data Dashboard Samples

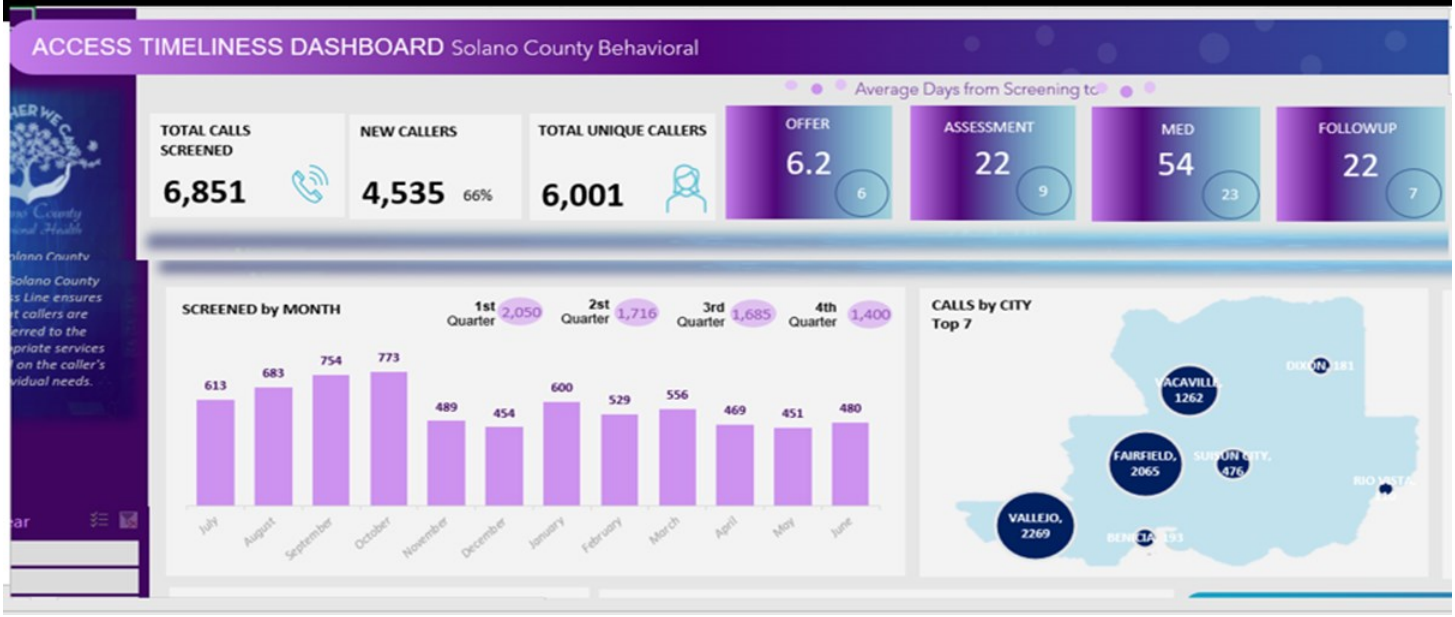


# APPENDICES

SCBH Data Dashboard Samples

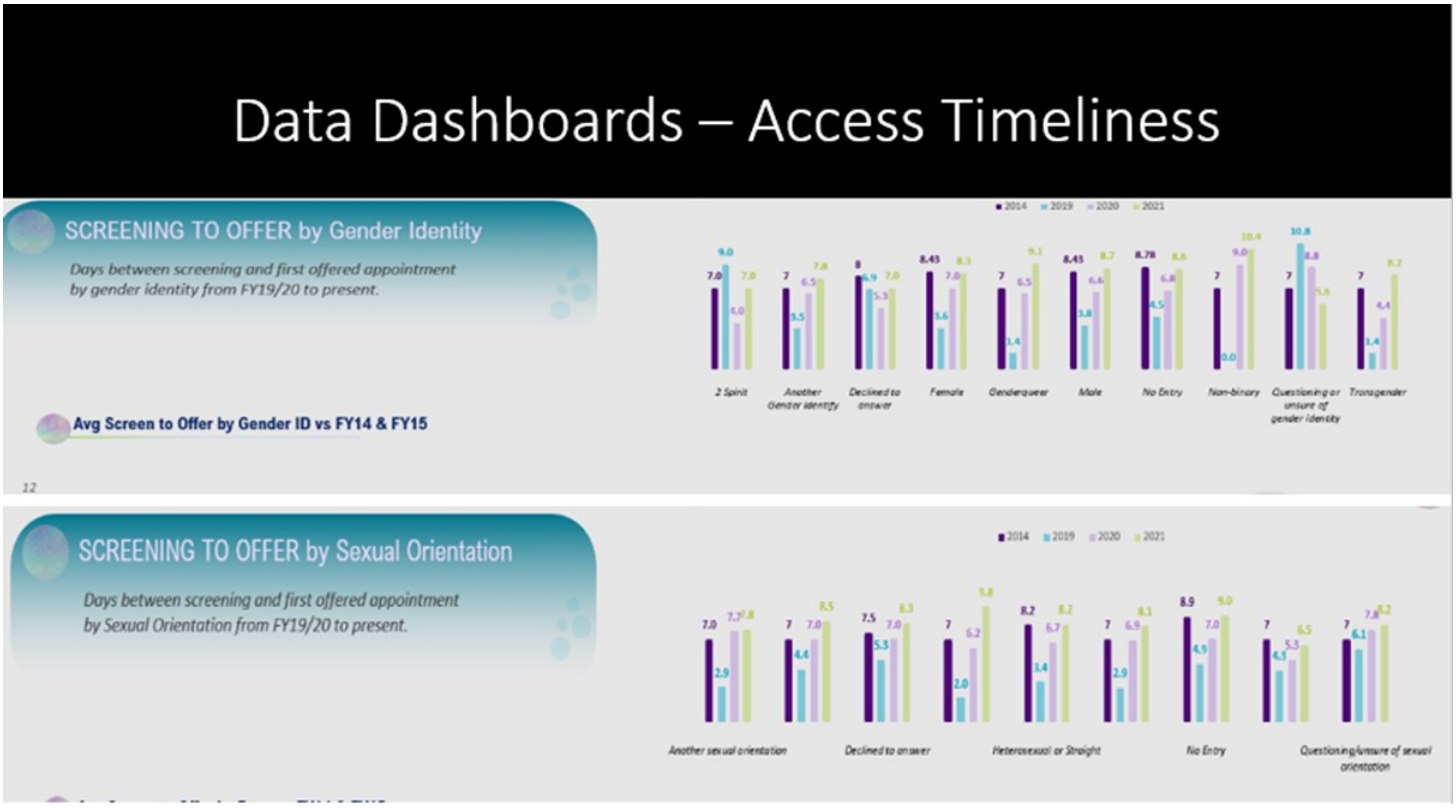
## Data Dashboards – Access Timeliness

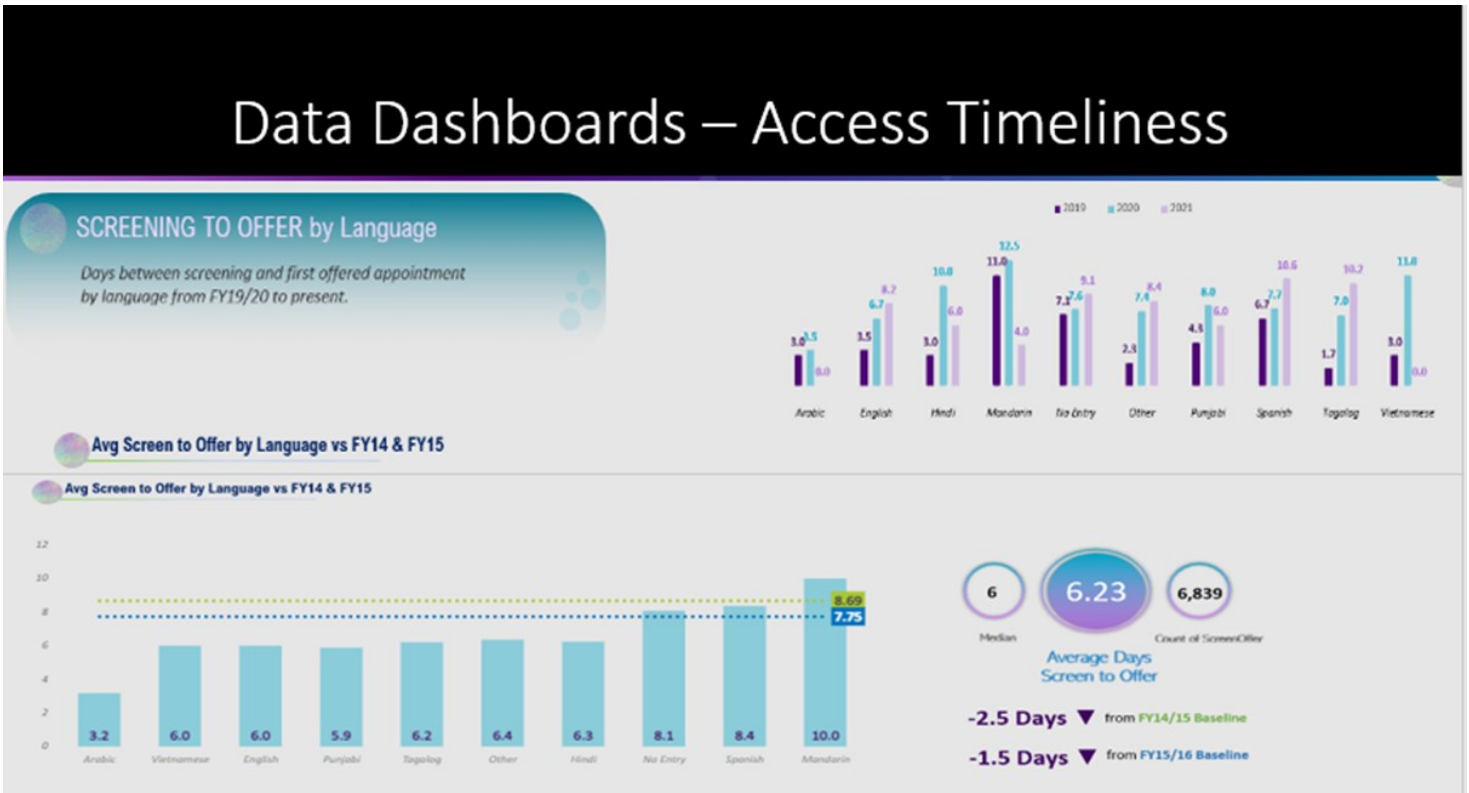



## Data Dashboards – Access Timeliness

# APPENDICES

SCBH Data Dashboard Samples



# APPENDICES

SCBH Sample Contract Template: Cultural & Linguistic Responsivity Section

**EXHIBIT A**
**SCOPE OF WORK**

## CULTURAL & LINGUISTIC RESPONSIVITY

Contractor shall ensure the delivery of culturally and linguistically appropriate services to beneficiaries by adhering to the following:

A. Contractor shall provide services pursuant to this Contract in accordance with current State Statutory, regulatory and Policy provisions related to cultural and linguistic competence as defined in California State Department of Mental Health (DMH) Information Notice No: 97-14, "Addendum for Implementation Plan for Phase II Consolidation of Medi-Cal Specialty Mental Health Services-Cultural Competence Plan Requirements," and the Solano County Mental Health Plan Cultural Competence Policy. Specific statutory, regulatory and policy provisions are referenced in Attachment A of DMH Information Notice No: 97-14, which is incorporated by this reference.

B. Agencies which provide mental health services to Medi-Cal beneficiaries under Contract with Solano County are required to participate as requested in the development and implementation of specific Solano County Cultural Responsivity Plan provisions. Accordingly, Contractor agrees at a minimum:
    1. Utilize the national Culturally and Linguistically Appropriate Services (CLAS) standards in Health Care under the QA/QI agency functions and policy making. For information on the CLAS standards please refer to the following link: https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53
    2. Contractor will use the agency Cultural Responsivity Plan developed during FY 19/20 to guide practices and policies in order to ensure culturally and linguistically appropriate service delivery.
        a. The agency Cultural Responsivity Plan shall be reviewed and updated at least annually, and a copy submitted to County Quality Improvement by July 30th of each Fiscal Year for the current Fiscal Year.
        b. Contractor will submit a revised plan if County determines the plan to be inadequate or not meeting fidelity to the CLAS standards.
    3. **(Only include if vendor has not done initial plan)** During FY 21/22 Contractor will develop an agency Cultural Responsivity Plan to include goals and objectives towards improving cultural and linguist competencies and addressing local disparities. County will provide technical assistance, useful tools and a plan template to be used for organizations that do not already have such a plan.
        a. The Cultural Responsivity Plan shall be submitted to County QI Unit for qualitative review, feedback, and approval no later than September 30, 2021.
        b. The agency Cultural Responsivity Plan shall be reviewed and updated at least annually, and a copy submitted to County Quality Improvement by July 30th of each Fiscal Year for the current Fiscal Year.
        c. Contractor will submit a revised plan if County determines the plan to be inadequate or not meeting fidelity to the CLAS standards.
    4. Develop and assure compliance with administrative and human resource policy and procedural requirements to support the intentional outreach, hiring, and retention of a diverse workforce;
    5. Provide culturally sensitive service provision and staff support/supervision, including assurance of language access through availability of bilingual staff or interpreters and culturally appropriate evaluation, diagnosis, treatment and referral services.

C. Contractor will ensure agency representation for the County Diversity and Equity Committee held monthly in order stay apprised of—and inform—strategies and initiatives related to equity and social justice as informed by the goals included in the County Cultural Responsivity Plan and Annual Updates.
    1. Assign an agency staff member designated to become an active committee member attending meetings consistently. Designee will be required to complete the *Diversity and Equity Committee Participation Agreement* form.
    2. Make an effort to ensure that the designated representative can also participate in ad hoc sub-committee meetings scheduled as needed to work on specific initiatives related to goals in the BHP Diversity and Equity Plan.
    3. Identify a back-up person to attend committee meetings in the absence of the designated person.

# APPENDICES

## SCBH Sample Contract Template: Cultural & Linguistic Responsivity Section

D. Provision of Services in Preferred Language:
    1. Contractor shall provide services in the preferred language of the beneficiary and/or family member with the intent to provide linguistically appropriate mental health services per ACA 1557 45 CFR 92, nondiscrimination in healthcare programs. This may include American Sign Language (ASL). This can be accomplished by a bilingual clinician or the assistance of an interpreter. The interpreter may not be a family member unless the beneficiary or family expressly refuses the interpreter provided.
    2. Contractor may identify and contract with an external interpreter service vendor, or may avail themselves to using the vendor provided and funded through Solano County Health and Social Services.
    3. Contractor shall ensure that interpretation services utilized for communications or treatment purposes are provided by interpreters who receive regular cultural competence and linguistic appropriate training. Training specifically used in the mental health field is recommended.
    4. Contractor shall ensure that all staff members are trained on how to access interpreter services used by the agency.
    5. Contractor will provide informational materials as required by Section 9.D below, legal forms and clinical documents that the beneficiary or family member may review and/or sign shall be provided in the beneficiary/family member's preferred language whenever possible.
    6. Contractor shall at a minimum provide translation of written informing materials and treatment plans in the County's threshold language of Spanish as needed for beneficiaries and/or family members.

E. Cultural Competence Training:
    1. Contractor shall ensure that all staff members including direct service providers, medical staff, administrative/office support, reception staff, and leadership complete at least one training in cultural competency per year.
        a. On a monthly basis, Contractor shall provide County Quality Improvement with an updated list of all staff and indicate the most recent date of completing Solano BHP approved Cultural Competence Training. Evidence, including sign in sheets, training syllabi, certificates of completion, and tracking sheets based on organizational charts, of Contractor staff receiving Cultural Competence training, should also be provided to County Quality Improvement at that time.

F. Contractor will Participate in County and agency sponsored training programs to improve the quality of services to the diverse population in Solano County.

# APPENDICES

SCBH RFP Template: Cultural Responsivity Section

**REQUEST FOR PROPOSALS (RFP)**
**NUMBER: TBD**

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**
**BEHAVIORAL HEALTH DIVISION**

**TBD**

**(name service/program purchasing)**

**RELEASE DATE: TBD**
**RESPONSE DUE: TBD, 5:00 PM, PST**

| SUBMIT PROPOSAL TO: | RFP COORDINATOR |
|---|---|
| Solano County<br>digitally via Bonfire E-Procurement Platform Solano County Portal website at https://solanocounty.bonfirehub.com | Buyer's Name, Title<br>Email@solanocounty.com<br>Phone: |
| Any proposer participating in this solicitation is required to have a vendor application on file with the County. This application may be downloaded from the Solano County website at www.solanocounty.com. Include the application with your proposal. The County will post any changes and information relating to this RFP digitally via Bonfire E-Procurement Platform. **Proposers are responsible for frequently checking the Bonfire Platform at https://solanocounty.bonfirehub.com for any changes or information relating to this RFP.** | |
| "Smoking is not permitted in County Buildings or around Solano County campuses. Thank you in advance for your compliance." | |

### Content Related to Diversity, Equity and Inclusion

1. How the program will demonstrate cultural and linguistic competence as outlined in the national Culturally and Linguistically Appropriate Services (CLAS) standards. In addition, how will the program address the following:
    a. Describe how the program will address the linguistic needs of consumers including Spanish-speaking (Solano County threshold language) and Tagalog-speaking populations.
    b. Provide a plan for providing appropriate services to lesbian, gay, bi-sexual, transgender, and questioning (LGBTQ+) consumers.
    c. Include a plan for how the program will recruit and retain bicultural and bilingual staff reflecting the community served.

# APPENDICES

SCBH RFP Template: Cultural Responsivity Section

**Scoring**

a. Proposal Review Criteria

| Attachment/ Related Questions | Item | Possible Points | Points Total |
|---|---|---|---|
| Attachment 2 | **Qualifications & Experience** | | **20** |
| 1. a, b | Proposer clearly articulates the capacity of their organization to provide the services as outlined in the RFP, including experience with [service we are soliciting]. | **10** | |
| 2. a, b | Proposer has appropriate infrastructure in place to ensure compliance, documentation integrity and maintain medical records appropriately. | **5** | |
| 3 | Proposer has appropriate quality improvement infrastructure and capacity for data and performance outcome tracking. | **5** | |
| 4 | Statement as to whether there is any pending litigation against the Proposer. | **Pass/Fail** | |
| 5 | A list of all current contractual relationships with the County and those within the previous five-year period. | **Pass/Fail** | |
| Attachment 2 | **Program Narrative** | | **60** |
| 1. a-e | Proposer provides a clear description of [service being solicited] activities which includes all the required components including how referrals will be handled. | **20** | |
| 2. a-c | Demonstration of how the program will address the cultural and linguistic needs of the consumers served. | **10** | |
| 3 | Appropriate Evidenced Based Practices (EBPs) or treatment models outlined, including training and oversight of fidelity to the models. | **5** | |
| 4. a | Appropriate goals and outcomes were identified to measure the success of the program, including outcome tools/instruments to measure program impacts are identified. | **5** | |
| 5. a-d | The Staffing Plan is appropriate for services proposed and demonstrates the experience needed to provide the service outlined in this RFP. | **10** | |
| 6. a, b | The Implementation Plan is thorough and demonstrates, a thoughtful plan for strategies to scale the services to full implementation, supervisory support, and the role of leadership and the activities that will ensure successful implementation and ongoing sustainability of the program. | **10** | |
| 7 | Other relevant information that demonstrates that the proposer is specifically qualified to provide the services being solicited in this RFP. | **Pass/Fail** | |
| Attachments 3 & 4 | **Budget/Cost Proposal** | | **20** |
| | The budget and fiscal resources are appropriate to carry out the project are adequately described and clearly connected to the activities in the program description. | **10** | |
| | Proposer has appropriate internal controls, fiscal procedures, and fiscal administration. | **2** | |
| | Proposer's financial situation solvent with no material weaknesses noted. | **8** | |
| | **Total Possible Points** | | **100** |

**ATTACHMENT 2**

COUNTY OF SOLANO
HEALTH AND SOCIAL SERVICES
BEHAVIORAL HEALTH DIVISION
**REQUEST FOR PROPOSALS (RFP) N. TBD- last 2 digits of year**
**TBD SERVICES**

**QUALIFICATIONS, EXPERIENCE & PROGRAM NARRATIVE**
MAXIMUM FIFTEEN (15) PAGES

| | | QUALIFICATIONS & EXPERIENCE |
|---|---|---|
| | | **Provide a description for each of the following:** |
| **1** | | Proposer's background or organizational history and years in business providing community mental health services, emphasizing experience with community-based [Services we are soliciting] services. |
| | **a** | Experience coordinating care and working collaboratively with community partners including other mental health providers, law enforcement, emergency rooms, schools, etc. |
| | **b** | Experience with billing full scope Medi-cal. |
| **2** | | Describe the organization's infrastructure related to compliance, oversight of documentation |
| | **a** | How will the Proposer ensure the security of protected health information (PHI)? |
| | **b** | Training plan related to HIPPA and Compliance. |
| **3** | | Organization's infrastructure related to quality improvement, data collection and performance outcome tracking. |
| **4** | | A statement as to whether there is any pending litigation against the Proposer. |
| **5** | | A list, if any, of all current contractual relationships with the County of Solano and all those completed within the previous five-year period the list must include:<br>Contract number<br>Contract term<br>Core service/s being delivered<br>Description of any corrective action plans that have been in place for any of the associated contracts.<br>(NOTE: Current or prior contracts with the County are NOT a prerequisite to being awarded the maximum available points for the Proposer Qualifications and Experience category.) |

# APPENDICES

SCBH RFP Template: Cultural Responsivity Section

| | | PROGRAM NARRATIVE |
|---|---|---|
| | | **Provide a response or description for each of the following:** |
| **1** | | A brief description of the overall program and its approach to the core service delivery. |
| | **a** | The name of the proposed program and how specifically this program will address the needs of the target population. |
| | **b** | The proposed specific activities to performed by personnel hired through this proposed program. |
| | **c** | An estimate of how many clients will be served each year of the contract based on proposed staffing; and how that estimate was determined. |
| | **d** | TBD specific to narrative and scope of work |
| | **e** | TBD specific to narrative and scope of work |
| **2** | | Describe how the program will demonstrate cultural and linguistic competence outlined in the National CLAS Standards. |
| | **a** | Describe how the program will ensure that the cultural and linguistic needs of consumers will be met including strategies to meet the needs of Spanish-speaking (Solano County threshold language) and Tagalog-speaking populations. |
| | **b** | Plan for providing appropriate services to lesbian, gay, bi-sexual, transgender, and questioning (LGBTQ+) consumers. |
| | **c** | Plan for how the program will recruit and retain bicultural and bilingual staff reflecting the community served. |
| **3** | | Describe evidence-based practices (EBP) or specific models of intervention that will be utilized in the program, including the training and oversight of fidelity to the models. |
| **4** | | Identify goals and intended outcomes of the proposed program, how they will be measured, and the timeframe for accomplishing the goals and outcomes. |
| | **a** | Identify what outcome tools or validated instruments will be utilized to monitor programs and cycle of administration to determine that the services provided made a positive impact. **Include copies of instruments to be used as an Attachment.** |
| **5** | | Provide a Staffing Plan to include number of personnel needed for the proposed program and training plan. This section shall provide the qualifications and experience of the key team member (s) that will work on the project. |
| | **a** | Complete Attachment 9 Key Team Members Reference Sheet |
| | **b** | Describe how staff with lived experience (consumer or family) will participate in the delivery of services. |
| | **c** | Infrastructure and historical data associated with recruitment and retention, including the retention statistics associated with clinical program staff and program management. |
| | **d** | Describe trainings that will be provided for program personnel related to addressing the needs of the target population. |
| **6** | | Provide a detailed Program Implementation Plan which should illustrate the steps needed to start the proposed program including timeframes and milestones. This should include but not be limited to: the critical pre-implementation steps needed to start the proposed program; approach to identify and respond to any anticipated challenges associated with implementation; and the indicators of readiness and strategies spread implementation across the county. |
| | **a** | Describe the supervision plan for staff providing direct. |
| | **b** | Describe how the contract will be managed to ensure contract deliverables are met. |
| **7** | | Other relevant information that demonstrates that the proposer is specifically qualified to provide the services being solicited in this RFP. |

**SOLANO COUNTY DEPARTMENT OF HEALTH AND SOCIAL SERVICES**
**BEHAVIORAL HEALTH DIVISION**
**POLICIES AND PROCEDURES**

**POLICY NUMBER:** AAA203

**SUBJECT:** Providing Services Shaped by Culture, Language, Diversity and Equity

**IMPLEMENTATION DATE:** March 24, 2009

**LAST REVIEWED:** November 30, 2020 **NEXT SCHEDULED REVIEW:** November 29, 2023

**PARTY RESPONSIBLE FOR REVIEW:** Mental Health Services Quality Improvement Unit

**APPLICABILITY:** Solano Behavioral Health Division, Mental Health Programs and Solano Mental Health Plan

**REVISED POLICY** (and renamed)

---

**I. DEFINITIONS**

A. **Beneficiary:** The individual currently receiving or requesting services or supports from a Mental Health Plan (MHP) and/or paid for by an MHP. The term beneficiary is also synonymous with mental health consumer, patient, or client; person who utilizes mental health services from Solano MHP.

B. **Certified Bilingual Employee:** A Solano Mental Health Plan employee who is certified by Solano County Human Resources Department as fluent in a language other than English and uses this bilingual skill to serve Mental Health Plan beneficiaries.

C. **Contract Agency Service Provider:** An agency that contracts with Solano Mental Health Plan to provide services for a fee or rate specified by a contractual agreement.

D. **Culturally Sensitive Services:** Services provided to beneficiaries that take into account a beneficiary's age, ancestry, creed, color, disability, marital status, veteran status, medical condition, national origin, political and/or religious affiliation or lack thereof, race, gender, sexual orientation, etc.

E. **Interpreter:** A person who is either a certified bilingual employee or who is provided by a contracted interpreter services agency to perform the oral or manual (i.e., sign language) transfer of a message from one language to another.

F. **Major Written Communication:** Mental Health Plan publications, forms, and documents that:
   1. Describe services, beneficiaries' rights and responsibilities, or changes in benefits, eligibility, or service; or
   2. Request information from a beneficiary, or a response on the part of a beneficiary or notify a client of an adverse action; and/or
   3. Require a beneficiary's signature or consent for treatment

G. **Mandated Key Points of Contact:** Common points of entry into the Solano County Mental Health Plan system, including but not limited to the 24-hour, toll-free Access telephone line, Crisis Stabilization unit, Office of the Problem Resolution Coordinator and other designated central access or contact locations where there is direct contact with beneficiaries who meet threshold language population criteria.

H. **Mental Health Plan or MHP:** An entity that enters into a contract with the California Department of Health Care Services to provide directly or arrange and pay for specialty

mental health services to beneficiaries in a county. An MHP may be a county, counties acting jointly or another governmental or non-governmental entity.

I. **Preferred Language:** The language identified by the beneficiary as being the preferred or only language for effective communication.

J. **Primary Language:** The language identified by the beneficiary as being their original language spoken at birth.

K. **Threshold Language Population:** 3,000 beneficiaries, or five (5) percent, of the Medi-Cal beneficiary population, whichever is lower, whose primary language is other than English.

L. **Translator** – A certified bilingual person or a person who is provided by a contracted translation services agency to perform the written transfer of information from one language to another.

## II. CULTURAL AND LINGUISTIC CONSIDERATIONS

A. The Solano County MHP utilizes the national Culturally and Linguistically Appropriate Services (CLAS) standards to achieve cultural proficiency in service delivery, reduce health disparities, and provide services that are equitable for all beneficiaries.

B. Assessments and treatment shall be informed by and include information gathered directly from the beneficiary regarding their spiritual beliefs, cultural practices, traditions, customs, and other relevant considerations.

C. All requests for services, assessments and treatment services shall be conducted in each beneficiary's preferred language by using a bilingual staff or an interpreter when needed.

## III. POLICY

A. All Solano MHP programs and mandated key points of contact shall make services available to beneficiaries who need them in a manner that promotes, facilitates, and provides the opportunity for use of such services. Services shall be delivered in ways which recognize, are sensitive to, and are respectful of, individual and cultural differences.

B. In all instances where interpreter services are referred to in this policy this also includes American Sign Language (ASL).

C. Solano MHP shall ensure that all persons who have limited English language proficiency, or who have other language or communication barriers, are afforded equal access to mental health services.
   1. This includes parents or care providers who have limited English language proficiency.

D. This policy is designed to:
   1. Provide effective and timely communication with beneficiaries while taking into account cultural and linguistic considerations.
   2. Provide equal access to appropriate mental health services for persons regardless of culture and/or who have limited English proficiency or who have other language or communication barriers.
   3. Ensure that clinical decisions are based on accurate information, considering cultural/linguistic differences resulting in appropriate treatment and referrals relative to the beneficiaries' concerns.

E. Solano maintains and monitors the MHP's Provider Network in the following manner:
   1. Monitor overall Medi-Cal eligibility and expected service utilization.
   2. Monitor the number and types of providers in terms of training, experience and specialization needed.
   3. Monitor number and types of providers in terms of languages spoken and cultures represented.
   4. Monitor the providers who are not accepting new beneficiaries.

5. Monitor geographic locations to ensure provider coverage and accessibility to beneficiaries in terms of distance, travel time, access to public transportation, and physical access for disabled beneficiaries.
6. Recruit to increase Provider Network in geographic and service areas where deficits exist.

F. Training to provide cultural competence/diversity and equity, as well as interpreter competencies
   1. All MHP staff (county and contracted), at administrative and management level as well as those providing specialty mental health services, will be required to participate in annual cultural competence/diversity and equity training.
      a. Cultural competence/diversity and equity training focus and curriculum will be informed by the Cultural Competence Training Plan and coordinated by the Cultural Competence Committee and Ethnic Services Manager.
      b. Diversity and Equity (cultural competence) Committee and Ethnic Services Manager will maintain an annual training plan and an annual training report related to Cultural Competence, per DMH Information Notice 10-02.
      c. Solano MHP will have tracking. monitoring and reporting systems in place to ensure participation of all county and contracted staff in cultural competence training.
   2. Interpreters who provide services to beneficiaries in Solano's MHP will be competent to provide interpretation services:
      a. Contracted interpreters will pass an initial language competency test and receive ongoing training through their employer.
      b. County staff who are certified by the county as bi-lingual, will pass an initial test given by Human Resources, and will receive additional interpreter training thereafter.
         1) Monitoring of ongoing language competence will occur through random reviews of translated treatment plans and beneficiary surveys re: interpreter competence.

G. Interpreter services will be offered at no cost to the beneficiary.

## IV. PROCEDURES

A. Solano MHP shall maintain a statewide 24-hour toll free telephone line with capacity to provide services in any language at all mandated key points of contact.

B. In addition, staff who speak the county threshold language(s) and/or interpreters shall be made available at all service sites.

C. **Appropriate Use of Interpreter Services**
   1. Beneficiaries with limited English language proficiency and beneficiaries with specific cultural considerations, language or communication barriers shall be identified as early as possible and documented in the medical record.
      a. Documentation shall include whether or not interpreter services were offered and the beneficiary's response.
   2. The beneficiaries' family members, friends or escorts may not provide interpreter services unless expressly requested by the beneficiary.
   3. In emergent situations, a beneficiary's adult family members, friends or escorts may be asked to provide basic information (e.g., name, address, phone number, current reason for seeking services and general health problems) in order for the beneficiary to receive immediate and appropriate mental health services until the County provides an alternative.
      a. Minors may not act as an interpreter.
   4. Interpreter services must be provided in all of the following situations:
      a. An interpreter is requested by the beneficiary or care provider.
      b. An interpreter is requested by a service provider on behalf of the beneficiary.
   5. Interpreter services shall be offered and provided at no cost to the beneficiary.

6. When interpreter, translation or culturally specific services are offered to a beneficiary, the staff person who made the offer shall appropriately document the offer and the beneficiaries' response in the medical record.

D. **Steps for Securing Interpreter Services**
   1. Whenever possible, a Solano MHP certified bilingual, and if possible bicultural, employee shall be used to facilitate bilingual communication.
      a. The names, phone numbers, work locations, and times of availability of certified bilingual, and if possible, bicultural staff shall be placed on a centralized list, which shall be updated the Mental Health Director or designee and distributed at least bi-yearly to all staff.
   2. In the absence of a certified bilingual employee, staff shall offer and secure an interpreter contracted by the department.
      a. The Cultural Competency Coordinator or Mental Health Director or his/her designee shall keep all managers and supervisors advised of the most current information regarding the use of contracted interpreter services.
      b. Each program shall maintain a record of on-site interpreter services.
   3. All interpreter services, where a contracted interpreter is used, including over the telephone, must be documented by completing a Health & Social Services Request for Interpreter/Translation Services Form or other form approved and maintained by individual contract agencies.
   4. When neither a certified bilingual employee nor a contracted interpreter service is available or feasible to provide interpreter services, Solano MHP staff shall access the contracted provider for over-the-telephone interpreter services for language assistance.
   5. California Relay shall be made available for hearing impaired beneficiaries.

E. **Interpreters Provided by Beneficiaries**
   1. Mental Health Plan beneficiaries may secure, at their own expense, the services of their own interpreter.
      a. This does not waive the responsibility of Solano MHP to arrange for interpreter services at no cost to the beneficiary.

F. **Translated Written Materials**
   1. Major written communications of Solano MHP shall be made available in Solano County's identified threshold language(s).
   2. Translations of written communications shall be obtained from official State, Federal or County government publishers or from a contracted language translation agency.
   3. All translated materials produced under the direction of Solano MHP shall be reviewed by county certified bilingual staff prior to public release.
   4. Major written communications usually displayed and easily accessible to beneficiaries in all public reception areas of Solano MHP programs and/or facilities shall be made available in the threshold language(s).
   5. Visually impaired beneficiaries shall be offered recorded versions of Solano MHP major written communications in the threshold language(s).
   6. Major written communications mailed to beneficiaries from Solano MHP shall be made available in the threshold language(s).

G. **Program/Agency Responsibilities**
   1. Solano MHP Administration shall stipulate in contracts with agency service providers that contractors of agency service providers are responsible for obtaining interpreter, translation and cultural services needed to serve beneficiaries in the identified language and that those services be offered at no cost to the beneficiary.
   2. Solano MHP staff and contract agency providers of direct services to beneficiaries shall do the following:
      a. Implement policies and procedures regarding the provision of interpreter and translation services that either meet or exceed the County requirements.

b. Ensure that staff is trained regarding effective communication, cultural competency, and use of interpreter services.
c. Post signs in threshold language(s) in beneficiary reception/waiting areas which explain the availability of interpreter services at no cost to the beneficiary.
d. Assure the appropriate display and/or availability of translated Major Written Communications for use by beneficiaries.
e. Document the offer and use of interpreter services.
f. Assure compliance with obligations under this policy.

H. **Monitoring Linguistic and Multicultural Services**
1. Solano MHP Administration shall annually assess the development of additional threshold language population based on County Medi-Cal beneficiary data.
2. Solano MHP Administration shall be responsible for monitoring the following:
   a. The implementation of the Mental Health Services Cultural Competency Plan as it pertains to language access and the delivery of culturally competent mental health services.
   b. The compliance of county-operated mental health services programs and/or contract agency providers with the obligations under this policy.
3. Monitoring for compliance with this policy and procedure shall be performed as a regular component of the routine review process conducted by the contract monitor/manager.

I. **Monitoring the MHP's Provider Network**
1. Provider Relations Coordinator and Access Supervisor will consider geographic locations and service needs.
2. Provider Relations Coordinator and Access Supervisor will monitor and report data at Quality Improvement Committee.

**V. AUTHORITY**
A. Department of Mental Health Information Notice No.10-02 and 10-17
B. Welfare and Institutions Code 14684(h) §
C. CCR Title 9 §1810.111(a), §1810.410 and §1810.310(a)(5)(B)
D. CFR Title 42 §438.206(c)(2) and §438.206(b)(1)
E. CMS/DHCS §1915(b) Waiver
F. Title VI of the Civil Right Act of 1964
G. Section 504 of the Rehabilitation Act of 1973
H. MHP Contract, Exhibit A, Attachment I

**VI. FORMS**
A. None

**VII. RELATED POLICIES**
A. None

**APPROVALS:**

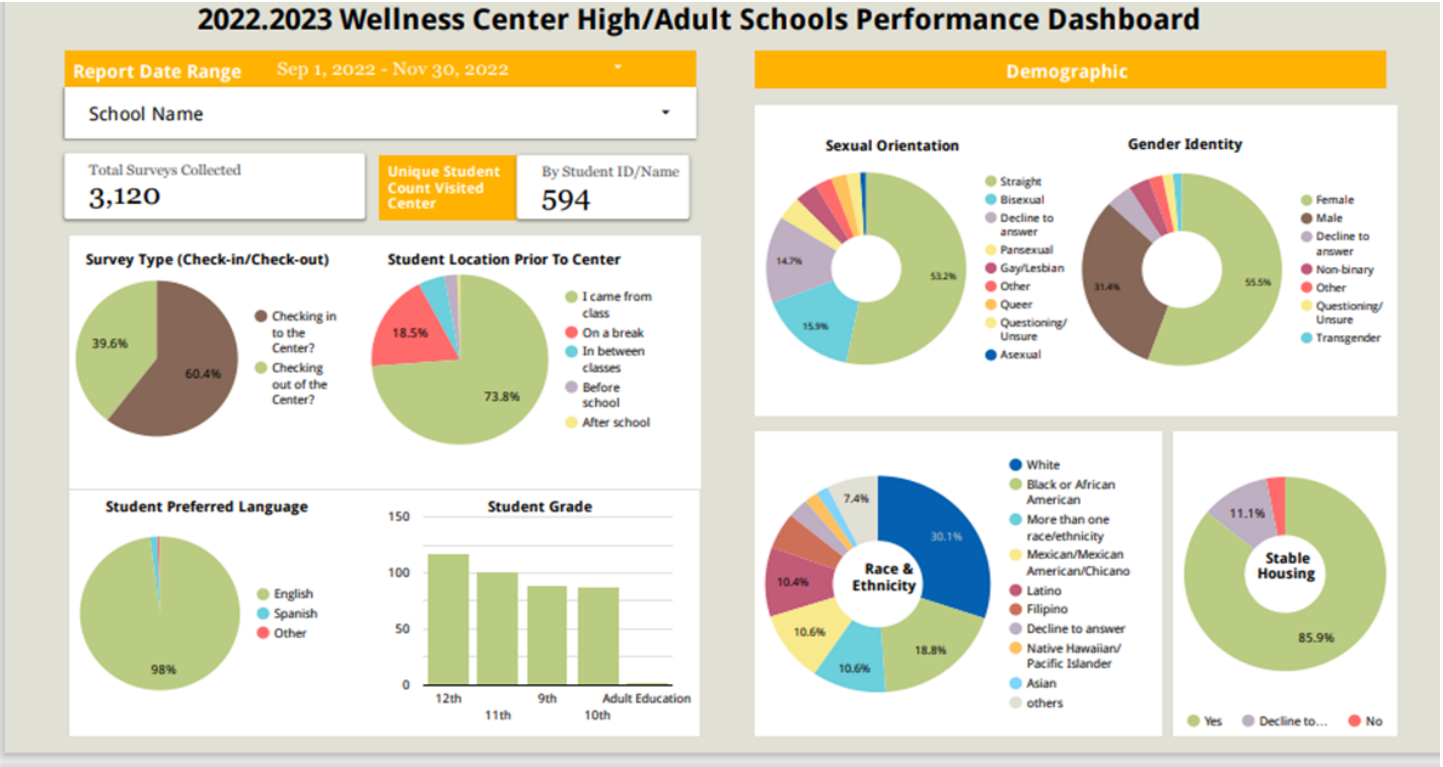
Behavioral Health Services Sr. Manager, Quality Improvement — Date: 12/02/20

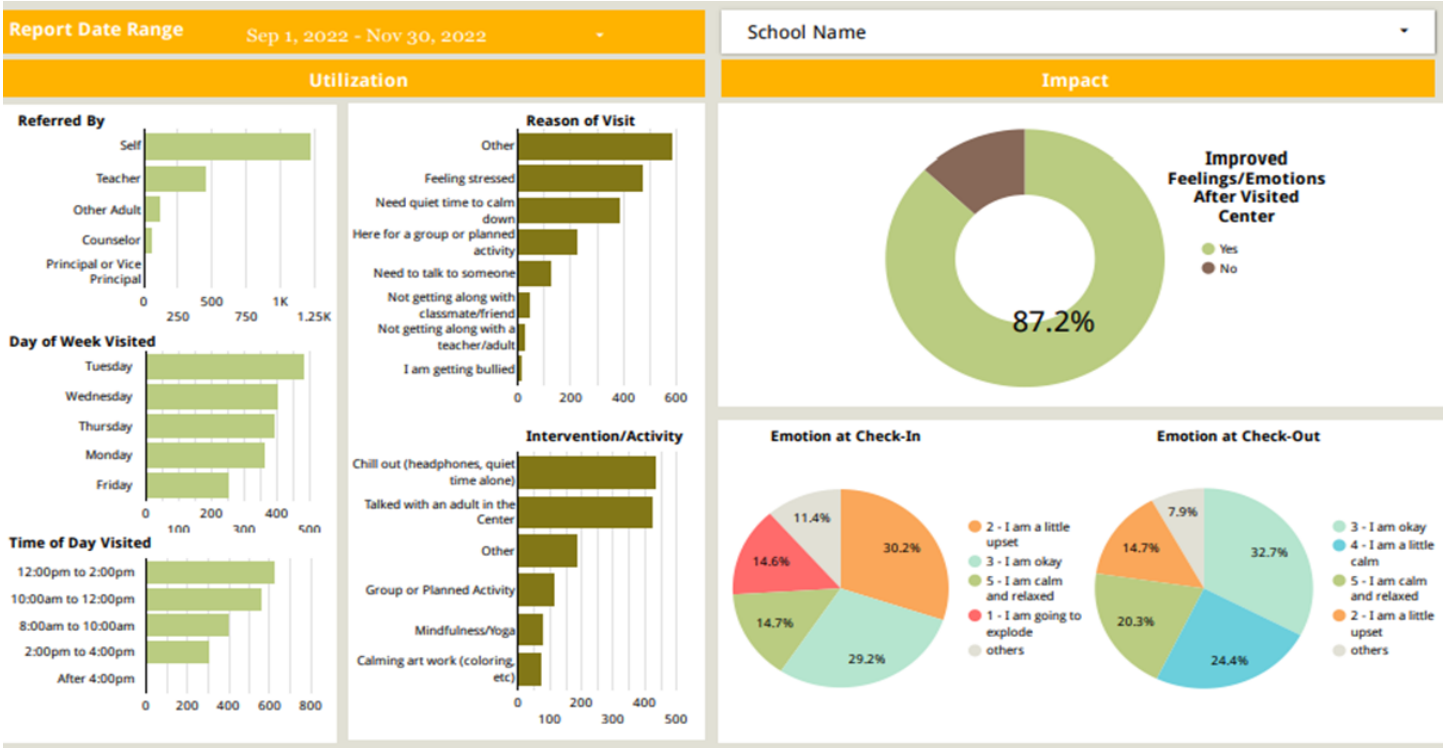
Deputy Director, Behavioral Health — Date: 12/16/2020

**Electronic Distribution Date:**
The signed original is maintained on file in the Mental Health Quality Improvement Unit.

# APPENDICES

Sample School Wellness Center Dashboard



# APPENDICES

## Diversity & Equity Committee Participation Agreement

Dear Potential Committee Member:

The Solano County Behavioral Health (SCBH) Diversity & Equity (DE) Committee is facilitated by the SCBH Ethnic Services Coordinator Eugene Durrah. The Committee is comprised of representatives from County departments, community-based organizations and other key community partners who are committed to producing equitable health outcomes for Solano County residents.

The mission of the DE Committee is to focus on effectively serving our County's diverse population by understanding and respecting the value cultural differences play in providing quality mental health services to our community. Committee members contribute to SCBH's self-assessment process, support the development of the SCBH DE Plan Update, formulate and monitor procedures that evaluate the implementation and effectiveness of the organization's plan in developing culturally and linguistically responsive services and practices.

To fulfill our goal of having adequate representation from our diverse community, we continue to recruit new members who will be able to dedicate time and efforts to the cause. ***We are looking for individuals that can commit to attending bi-monthly meetings and/or sending a representative on their behalf when unable to attend, and who are able to commit additional time to attend ad-hoc sub-committees that are assigned to work on specific projects or to be contributors when reviewing documents that are being developed.*** If you are still interested in participating in SCBH's health equity related activities but are unable to make the commitment to participating on this Committee, please note that there will be opportunities to provide your support through attending community meetings, community survey's, etc.

Thank you for your consideration in joining the DE Committee and your dedication to health equity within Solano County. Please complete the Participation Commitment Form on the following page which covers the specific time commitment you can agree to at this time. Also, please note that for individuals that are representing organizations we are asking that you review this letter and the Participation Commitment Form with your supervisor in order to secure approval to participate in the Committee meetings and other projects as they come up.

Regards,

*Eugene Durrah, LCSW*
MHSA Clinical Supervisor/Ethnic Services Manager
Solano County Behavioral Health
Phone: 707-784-4931 (Office)
Email: EADurrah@solanocounty.com

# APPENDICES

Policy Number AAA203, Providing Services Shaped by Culture, Language, Diversity and Equity

Participation Commitment

| | |
|---|---|
| Name: | |
| Position: | |
| Agency (if applicable): | |
| Email: | |
| Phone #: | |
| Direct Supervisor: | |
| Direct Supervisor's Email: | |

**In the space provided below, please provide a brief statement regarding what interests you, or motivates you to participate in the SCBH Diversity & Equity Committee.**

**Please mark the level of participation you estimate you or your employee can commit to:**

| | | |
|---|---|---|
| Larger Committee (**2.5 hrs per month**) | Attend the bi-monthly **two hour meetings.** The time commitment includes estimated travel time as needed. | ☐ |
| Larger Committee & Sub-Committees (**6 hrs per month**) | Attend the monthly meetings **and additional sub-committees as needed to work on specific initiatives**. The time commitment includes estimated travel time as needed. | ☐ |

New Committee Member Signature Date

Direct Supervisor Signature Date

# APPENDICES

## Diversity, Equity & Inclusion Trainings Provided or Funded by the SCBH BHP

| Title of Training | Date/Month/ Year of Training | Targeted Audience for Training | Training Provided By |
|---|---|---|---|
| ***Cultural Competency (CC) 101*** | FY 2017/18 | Mandated for all County and CBO staff—including non-clinical staff | UC Davis Center for Reducing Health Disparities (CRHD) |
| ***Cultural Competency (CC) 102*** | FY 2017/18 | County and CBO staff including non-clinical staff | UC Davis Center for Reducing Health Disparities (CRHD) |
| ***CC 101 & 102 Train the Trainer Cohort Training*** | FY 2017/18 | County and CBO clinical staff | UC Davis Center for Reducing Health Disparities (CRHD) |
| ***Advancing Race Equity (ARE)*** developed by GARE | FY 2018/19 | Mandated for all County staff—including non-clinical staff | H&SS staff including BH staff |
| ***Gender Diversity – The Transgender Experience*** | FY 2018/19 | Mandated for all County staff—including non-clinical staff | BH staff member |
| ***Promoting Cultural Sensitivity in Clinical Supervision*** | FYs 2018/19 and 2019/20 | County and CBO supervisors and managers | Dr. Kenneth Hardy, Ph.D. |
| ***Ally Training*** | March of 2019 | Teachers, school counselors and school administrators | #Out4MentalHealth a state funded organization |
| ***How to Support LGBTQ Youth Training*** | March of 2019 | Teachers, school counselors and school administrators | #Out4MentalHealth a state funded organization |
| ***A Path Towards Healing: Native American Forum*** | March of 2019 | County and CBO staff | Solano TANF and guest speakers from the Native Indigenous Community |
| ***Diversity and Social Justice Training (online video)*** | FY 2019/20 | Mandated for all County staff—including non-clinical staff | County and CBO staff trained as CC 101 and 102 trainers |
| ***Trauma in the Trenches*** | FY 2019/20 | County and CBO behavioral health providers and other human service workers | Dr. Kenneth Hardy, Ph.D. |
| ***Behavioral Health Interpreter Training (BHIT) included a section on how to access Language Link*** | FYs 2019/20 and 2020/21 | County and CBO bilingual, monolingual and reception staff | National Latino Behavioral Health Association in partnership with Devin Ma a SCBH QI staff member |
| ***3-Day Tulong (Help), Alalay (Assistance), and Gabay (Guidance) (TAG) included a train-the-trainer training*** | October of 2019 | Filipino community members | "Kamalayan" Youth Crisis Intervention Program Staff |
| ***Spirituality 101 with a focus on the African American Community*** | February of 2020 | County and CBO behavioral health providers and other human service workers | African American Faith Based Initiative/Mental Health Friendly Communities |
| ***The Impact of Suicide Locally & Prevention from the Youth Voice*** | September of FY 2020/21 | County and CBO staff, community members | Mayra Montano and Angel Cortes |
| ***Recovery in Indian Country: Cultural Competency Training*** | September of FY 2020/21 | County and CBO staff | Mike Duncan |
| ***Filipino Core Values & Considerations in Culturally Responsive Care*** (online video) | FY 2021/22 | County and CBO clinical staff | Roanne de Guia-Samuels, LMFT |
| ***ISeeU Reception Staff Training*** | March of FY 2020/21 | County and CBO reception staff | UC Davis Center for Reducing Health Disparities (CRHD) |
| ***Cultural Psychiatry: Cultural Humility*** | May of FY 2020/21 | County and CBO psychiatry providers | UC Davis Center for Reducing Health Disparities (CRHD) |
| ***Traumatic Grief: Untangling Intangible Loss*** | May of FY 2020/21 | County and CBO behavioral health providers and other human service workers | Dr. Kenneth Hardy, Ph.D. |
| ***Therapy in Times of Turmoil and Trauma*** | May of FY 2020/21 | County and CBO behavioral health providers and other human service workers | Dr. Kenneth Hardy, Ph.D. |
| ***Untangling Intangible Loss in the Treatment of Traumatic Grief Training*** | April of FY 2021/22 | County and CBO behavioral health providers and other human service workers | Dr. Kenneth Hardy, Ph.D. |
| ***How to Effectively Talk About Racism (online video)*** | FY 2021/22 | County and CBO behavioral health providers and other human service workers | Dr. Kenneth Hardy, Ph.D. |

# APPENDICES

Diversity and Social Justice Training Resources

## DIVERSITY AND SOCIAL JUSTICE TRAINING ADDITIONAL RESOURCES

Please feel free to utilize the links below to learn more about the various social justice topics addressed throughout this training. This content can be utilized to help facilitate ongoing discussions with hopes of normalizing such conversations and promoting an inclusive environment.

**Videos:**

- The Model Minority Myth is a pervasive stereotype of Asian Americans in the United States. The stereotype continues to have a harmful effect on both individuals and Asian American communities.
- Stella Young's Ted Talk on ableism which highlights society's habit of viewing disabled people as inspiration.
- This video provides various perspectives on the different types of Microaggressions and the impacts they have on people of marginalized communities.

**Tests:**

- Project Implicit helps individuals discover their implicit associations about race, gender, sexual orientation, transgender people, and topics related to mental health. Click here to learn more.

**Readings:**

- Mass Shootings and Mental Illness: Click here
- Reflections on cultural humility: Click here

**References:**


- Adams, M. (2018). Reading for Diversity and Social Justice (4th ed.). New York, NY: Taylor & Francis.
- Mental Health Disparities: Diverse Populations. (n.d.). Retrieved July 24, 2019, from https://www.psychiatry.org/psychiatrists/cultural-competency/mental-health-disparities
- National Institute on Drug Abuse. (2019, January 29). Overdose Death Rates. Retrieved July 24, 2019, from https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates

# APPENDICES

Diversity and Social Justice Training Resources

## DIVERSITY AND SOCIAL JUSTICE TRAINING

## POST TRAINING DISCUSSION GUIDE

The following questions can be used as a guide immediately after viewing the video presentation to help facilitate conversations during team meetings and/or during individual supervision for new staff who are onboarding to behavioral health. When facilitating such conversations, it is often helpful to reflect on some of your personal experiences especially if these are not normal conversations for your team/staff. You do NOT need to ask every question listed below but feel free to use these questions as a guide while you facilitate this discussion.

**Recommended Discussion Prompts:**

1) What are your initial thoughts after watching this video? Was there anything that resonated with you about any of the topics reviewed?

**2)** Why is it important for Behavioral Health staff to understand these core concepts of social justice education and the inequities different groups continue to experience in society?

3) Is there anyone willing to share any personal experiences that stand out for you that made you especially aware of a privileged or disadvantaged identity? **(As a facilitator, it helps to model first if the group is unwilling to share)**

4) One of the quotes shared in the training came from a community member who stated, "Staff should treat clients as human beings rather than assume they are potentially violent. I have had no violent history and have never hurt anyone, yet staff assumed I would become violent." What are things we can do as a system and individually to help prevent people from feeling this way about our services?

5) What are some of common stereotypes about people experiencing severe mental illness?

6) What are ways we can help change this narrative?

7) As we learned in the video, microaggressions are the everyday verbal or nonverbal insults that cause harm to target groups such as clinicians stating "That's not my job" when asked to do clerical task or "You're not like the other back people I know. You speak so well." Have you ever observed or overheard a microaggression in the workplace, your neighborhoods, schools, or families?

8) Have you tried to interrupt a microaggression? Can you provide an example of interrupting a microaggression successfully? **(Microaggressions can be directed towards staff and community members so having a discussion amongst your team can help staff address any issues that may arise in the future especially since cultural humility is a lifelong journey for all of us)**

# APPENDICES

Diversity and Social Justice Training Resources

## PRE-EVALUATION SURVEY

| True or false: mark with an "x" next to each statement to select if it is true or if it is false. | | |
|---|---|---|
| TRUE | FALSE | STATEMENT |
| | | People with serious mental illness contribute to about 3% of all violent crimes. |
| | | Compared with men, women are twice as likely to experience PTSD. |
| | | In 2018, nearly 40% of African Americans, Latinx, and Native Americans did not earn enough income to cover their basic needs in Solano County. |
| | | People of color, religious minorities, women, and members of the LGBTQ community live under constant threats of violence in our society. |
| | | Individuals with disabilities are the largest minority group in the world. |
| | | Implicit bias can impact our thoughts and decisions we make about people and groups based on their characteristics (i.e. race, ethnicity, religion, etc.) |

## POST-EVALUATION SURVEY

| True or false: mark with an "x" next to each statement to select if it is true or if it is false. | | |
|---|---|---|
| TRUE | FALSE | STATEMENT |
| | | People with serious mental illness contribute to about 3% of all violent crimes. |
| | | Compared with men, women are twice as likely to experience PTSD. |
| | | In 2018, nearly 40% of African Americans, Latinx, and Native Americans did not earn enough income to cover their basic needs in Solano County. |
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# APPENDICES

Policy Number AAA203, Providing Services Shaped by Culture, Language, Diversity and Equity

| Place an "x" in the appropriate column that reflects your response to the statements | | | | | |
|---|---|---|---|---|---|
| **Statements** | **Strongly** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
| **I am more aware of the disparities different groups experience in Solano County including access to quality behavioral health services.** | | | | | |
| **I learned something new from this training.** | | | | | |
| **I feel more comfortable having conversations** | | | | | |
| **I would recommend other colleagues to** | | | | | |
| **The PowerPoint presentation and training** | | | | | |
| **The instructors were clear and explained top-** | | | | | |

**Any additional comments?**