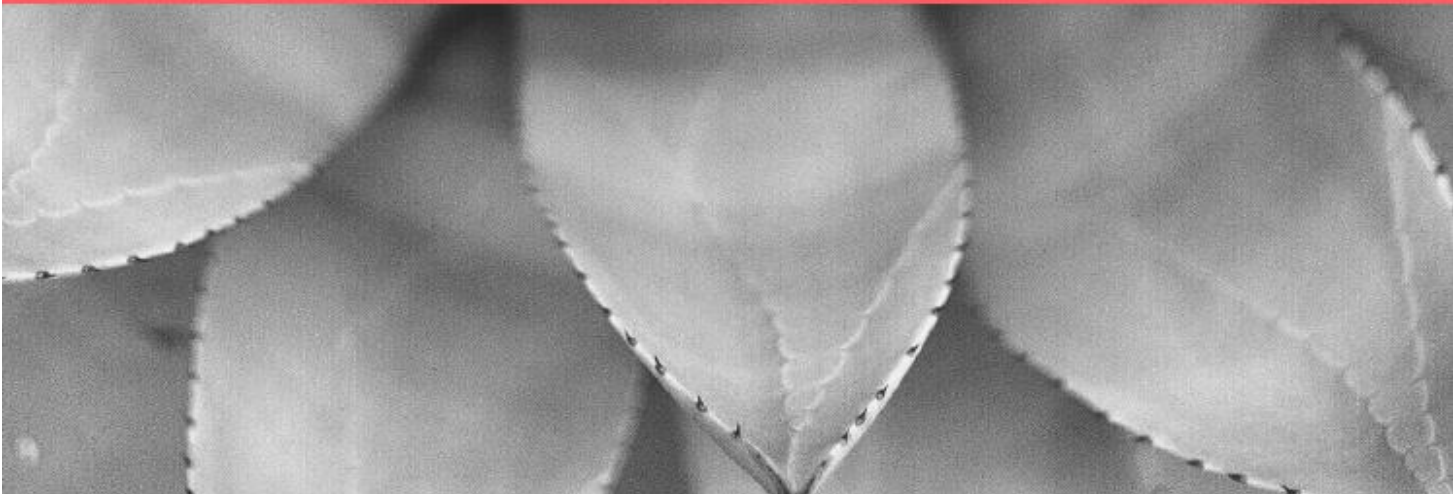




SOLANO COUNTY MENTAL HEALTH SERVICES ACT

ANNUAL INNOVATION REPORT

FY 2019/2020



Introduction

The purpose of this document is an annual update for the community to share information regarding the two current Innovation projects being implemented by Solano County Behavioral Health and our partners.

Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)

In June of 2015 Solano County, in collaboration with U.C. Davis – Center for Reducing Health Disparities (UCD CRHD), was approved for a 5-year Mental Health Services Act (MHSA) Innovations Project to deliver the ICCTM project focused on the underserved communities in Solano County; Latino, Filipino, and LGBTQ communities as identified in 2015 when the Innovation Plan was developed. The project was not started until January of 2016 due to delays in contracting between SCBH and UCD CRHD.

During Phase I of the project UCD CRHD conducted a comprehensive health assessment of our community and behavioral health system of care which included: key informant interviews, focus groups, community forums, and organizational surveys to gather information regarding the needs of the three target communities. UCD CRHD collated all the information gathered during the health assessment into three different narrative reports, one for each target community; Latino, Filipino, and LGBTQ. These reports can be found in English, Spanish and Tagalog on the SCBH website at <http://www.solanocounty.com/civicax/filebank/blobdload.aspx?blobid=30077>. Additionally, during Phase I, quantitative data from the County's electronic health record was used to develop a baseline regarding access and penetration rates for the three target communities.

Phase II of the ICCTM project included the development of a specialized training curriculum based on the information gathered from the community during Phase I of the project and the national Culturally and Linguistically Appropriate Service (CLAS) standards. UCD CRHD facilitated the CLAS Training for three cohorts of up to 30 people each. The cohorts included partners from different sectors including county and community-based behavioral health, law enforcement, education, health services, child welfare, the legal system, businesses, consumers, family members and specific representation from the three target communities. During the training participants designed quality improvement (QI) action plans to improve the behavioral health system of care's response and support of our diverse community. Following the training the cohorts received up to 5 months of coaching from the UCD CRHD team and SCBH to further refine the QI action plans to ready them for implementation. Additionally, three local community-based organizations—Rio Vista CARE, Fighting Back Partnership, and Solano Pride Center—representing each of the three target communities were identified and sub-contracted by UCD CRHD to help facilitate ongoing community engagement to obtain feedback regarding the QI action plans and the overall progress of the project.

Phase III of the project involves the ongoing implementation of the QI action plans and evaluation which will begin during fiscal year (FY) 2019/20. A total of ten (10) comprehensive QI action plans were developed and transitioned to SCBH in June of 2019. UCD CRHD provided a comprehensive report, *Transition Report for Culturally and Linguistically Appropriate Service (CLAS) Training Action Plan: Summary Report October 2019* covering each of the QI action plans. This report is included in this document on pages 5–135.

Early Psychosis Learning Healthcare Network (EP LHCN)

In November of 2018 Solano County, along with three other California counties (Los Angeles, Orange, San Diego), in collaboration with the U.C. Davis – Behavioral Health Center of Excellence (UCD BHCE) and One Mind, were approved for a 5-year Mental Health Services Act (MHSA) Innovations Project to develop the infrastructure for a sustainable Learning Health Care Network (LHCN) for Early Psychosis (EP) programs. The utility of which will be tested through a robust statewide evaluation. This project, led by UCD BHCE in partnership with UC San Francisco, UC San Diego, University of Calgary and a number of California counties, will bring consumer-level data to the clinician’s fingertips, allow programs to learn from each other, and position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis across the US. The evaluation will assess the impact of the LHCN on consumer- and program-level metrics, as well as utilization and cost rates of EP programs. The EP LHCN will also support practice-based research to improve early identification, diagnosis, clinical assessment, intervention effectiveness, service delivery, and health outcomes in clinics offering evidence-based specialty care to persons in the early stages of psychotic illness. This will allow counties to adjust their programs based on lessons learned through multiple research approaches. One Mind, a foundation focused on improving brain health outcomes, has partnered in this project to enhance available resource to support achievement of project goals in a timely fashion. The EP LHCN will leverage technology and the findings will be used at a statewide level to guide EP programs in utilizing outcome-based models to treat consumers. In June of 2019, UCD BHCE provided a report *Summary Report of the Contracting and IRB Process Undertaken to Support the Activities of the LHCN* which detailed the status of implementation for the EP LHCN during FY 2018/19. The second portion of this document pages 136 – page 144 includes this report.

Solano County Behavioral Health Interdisciplinary Collaboration and Cultural Transformation Model



Transition Report for Culturally and Linguistically Appropriate Services (CLAS) Training Action Plans

Summary Report October 2019

**Submitted to the County of Solano Behavioral Health Division
By the University of California, Davis
Center for Reducing Health Disparities**



Center for Reducing
Health Disparities

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About the Center for Reducing Health Disparities

The University of California, Davis, Center for Reducing Health Disparities (CRHD) takes a multidisciplinary, collaborative approach to address the inequities in health access and quality of care. We promote the health and well-being of diverse communities by pursuing research, training, continuing education, technical assistance, information dissemination within a prevention, early intervention, and treatment framework that recognizes the unique cultural and linguistic contexts of underserved populations. For more information, visit <http://www.ucdmc.ucdavis.edu/crhd/>

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Acknowledgments

This project conducted by the UC Davis Center for Reducing Health Disparities (CRHD) in collaboration with the Solano County Behavioral Health Division (SCBHD) represents a comprehensive effort to increase access and utilization of mental health services for three historically underserved populations in Solano County: Filipino American, Latino, and LGBTQ. This report was written in collaboration with members of the CRHD team. We truly thank the **CRHD Team** and we are most grateful for the leadership and direction of **Dr. Sergio Aguilar-Gaxiola** and **Dr. Hendry Ton**.

We are grateful to the Solano County Behavioral Health Division leadership team — **Sandra L. Sinz, Tracy C. Lacey, Rozzana N. Verder-Aliga, Leticia De La Cruz-Salas, Emery Cowan, Rob George, Jacquelyn Holley-Young, and Meredith C. Webb** — for their dedication and support throughout this project and in the development of the action plans. We are particularly grateful to **Tracy Lacey** and **Jacquelyn Holley-Young**, for providing guidance, support, and direction. We add special thanks to **Joecilla J. San Nicolas** for administrative support in scheduling CLAS training rooms and coaching session locations.

We are very grateful and appreciative of our three community-based organization partners: **Fighting Back Partnership, Solano Pride Center, and Rio Vista CARE**. They have been true community partners, and without their participation and collaboration we would not have been able to procure and obtain all the valuable community input that informed the creation of the action plans.

The active participation and thoughtful input from the **51 participants who attended the CLAS Standards Training** were pivotal in the development of the action plans. We thank all of those people who dedicated their time and resources to participate in the trainings and coaching sessions. We also extend our sincere appreciation to the action plan leaders who committed the most time to the development and refinement of the action plans: **Adrian Asbun, Aida Camarillo, Eugene Durrah, Caleb Hervey, Ricardo “Ricco” Iglesias, Devin Ma, Kristian Moore, Nicola “Nikki” Parr, Zoila Pérez-Sánchez, Meredith Webb, and Areli Williams**.

We are also extremely grateful and indebted to the CLAS Training Trainers: **Dr. Hendry Ton, Dr. Swati Rao, and Dr. Puja Chadha-Hooks**, for their leadership in

the training and their dedication to each coaching session. We also thank **Katie Speziale** and **Mauricio Rodriguez** for organizing and coordinating the training sessions and materials. We are indebted to **Jill Lopez-Rabin** for the mentoring role she played with the action plan teams to help move them along and for her leadership during the coaching sessions. We enthusiastically acknowledge the valuable participation of **Dr. Gustavo Loera** in the community forums and his contributions in writing this report, and the interviewing that **Dr. Jeffrey Duong** conducted with the action plan leads that informed this report.

We are most appreciative of **Selena Regalado**, the center’s undergraduate work-study student who has worked tirelessly in support of myriad action plans. In particular, Selena applied her creativity and research skills to the *TRUe Care Promoter* and *Cultural Game Changers Pipeline* action plans, and she additionally conducted background and best practice research for multiple action plans. Her work supported advancement of the action plan, and provided structure to the team members’ vision.

Many thanks to the leadership of **Zuleica Rodriguez Hernandez** in the formative research at the Vallejo Regional Education Center, on behalf of the *Takin’ CLAS to the Streets* action plan. We also extend our appreciation to **Nadia Muñoz** in support of the 2019 Community Forums 2.0, for the Filipino American, Latino, and LGBTQ communities, held in April 2019 in Solano County.

Finally, and most importantly, words alone cannot express our gratitude to the **individuals and communities across Solano County** who participated in the key informant interviews, focus groups, and community forums. We hope that they find their vision for improving mental health services for their communities is well represented in this report. Although the CRHD staff led the process for drafting and reaching the conclusions and recommendations presented in this report, in many ways the Solano County community member participants figuratively wrote this report, for which we are forever indebted. Their involvement was an outgrowth of the trust that was developed and the belief that their message would be presented to mental health decision makers and that their participation will contribute to improvement in access to high-quality care and reductions in mental health care disparities.

Executive Summary

On behalf of the California Mental Health Services Act (MHSA), the UC Davis Center for Reducing Health Disparities (CRHD) is pleased to present this report outlining the action plans created through Solano County's Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) training component. This report has been written for the Solano County Behavioral Health Division (SCBHD) to inform the implementation and sustainability of the ten (10) action plans that consists of community-defined strategies to improve access to and utilization of mental health services for historically underserved populations.

Specifically, this project examines mental health disparities in access to and utilization of mental health services among Solano County's Filipino American, Latino, and LGBTQ underserved communities. Our aim was to develop and implement the ICCTM as an innovative approach grounded in community-participatory research to better understand the cultural and linguistic needs of the three underserved communities and improve their access and utilization of mental health treatment. This community-driven collaborative model addresses unique cultural and language challenges that these three underserved communities face when seeking and using mental health services. To meet the unique cultural and linguistic challenges of these communities, a comprehensive training curriculum titled "Providing Quality Care with CLAS" was guided by and created from the Culturally and Linguistically Appropriate Services (CLAS) standards and information from community-identified stakeholders representing the three target communities. CLAS is a set of nationally recognized standards for achieving cultural proficiency in service delivery.

Mental health consumers, community and organizational leaders, community advocates, and county contractors and staff members were invited to participate in this training. A total of 51 participants were recruited across three cohort groups, with each cohort creating four (4) action plans that address identified barriers that impede access to mental health services among the three priority communities. The model is consistent with the community-based participatory research (CBPR) framework from Wallerstein and Duran (2018). To date, this is the most relevant framework toward attaining a continuum of community involvement that over time

builds and strengthens partnerships to achieve greater community engagement (McCloskey et al., 2011) in community contexts like Solano County.

This Executive Summary presents the following:

- I. Providing Quality Care with CLAS Training Curriculum Overview
- II. Training Process Successes and Challenges
- III. Action Plans and CLAS Standards Summary

Providing Quality Care with CLAS Training Curriculum Overview

The Providing Quality Care with CLAS Training Curriculum consisted of four in-depth training sessions, supplemental activities, and a minimum of five coaching sessions across three training cohorts. Most participants were selected from partnerships forged by SCBHD leadership. A detailed training and coaching schedule by cohort is included in this report; see Exhibit 1, "CLAS Training and Coaching Schedule."

The training outline was as follows:

Session 1: Overview/Health Disparities

Session 2: Community Needs/Gaps

Session 3: CLAS Standards

Session 4: Quality Improvement (Action Plan) Development

Coaching: Action Plan Refinement Process

In general, the training participants: (1) learned about the treatment gap related to the delivery of mental health services in Solano County; (2) shaped the purpose and rationale, and expected outcomes and impact on the three target communities, upon completing the training; and (3) acquired knowledge and skills about the CLAS standards through presentations, group discussions, case studies, personal and professional experiences, and real-life examples of CLAS standards in practice. The training curriculum was designed around community-defined challenges and solutions from Phase 1 of the project. In Phase 1, team members from CRHD collected hundreds of stories using qualitative research methods, and interviewed diverse groups of Filipino American, Latino, and LGBTQ community members regarding the current state of mental health care and access in Solano County. Participants in the CLAS standards trainings

used examples from the Community Narratives that resulted from Phase 1 to create action plans (quality improvement plans) that would help address barriers to access that one or more of those communities identified and/or create action plans that mirrored community-defined solutions.

Following development of action plan teams and completion of the training component, the process continued with a minimum of five monthly coaching sessions (per action plan team) to enable team members to refine their action plan and troubleshoot barriers to refinement. The CRHD Education Team and SCBHD Leadership Sponsors jointly conducted the coaching sessions.

Training Process Successes and Challenges

Successes:

- The Providing Quality Care with CLAS Training Curriculum qualified a total of 51 participants over three (3) cohorts
 1. See Exhibit 2, “Comprehensive CLAS Participation Grid,” for a list of all the training participants.
- Ten action plans were created, several of which comprised multiple components and layers
 1. Mental Health Education
 2. TRUe Care Promoter
 - a. Roadmap Component
 - b. Navigator Component
 3. LGBTQ Ethnic Visibility
 4. Bridging the Gap
 5. Takin’ CLAS to the Streets
 6. Cultural Game Changes (*Culturally Responsive Strategies*)
 - a. HR Component
 - b. High School Pipeline Component
 7. CLAS Gap Finders
 8. Culturally Responsive Supervision
 9. ISeeU
 10. Cultural Humility Champions
- Ten CLAS standards will be addressed through the implementation of those action plans
 1. Standards: 2–6, 8–11, 13
 - a. See “Action Plans and CLAS Standards Summary,” for further details and Exhibit 6, “CLAS Standards Addressed by Action Plan”
- Trainings were able to bring together:
 1. a total of 12 different types of stakeholders within Solano County
 - a. See Exhibit 3, “CLAS Training Participating Stakeholders,” for a detailed list
 2. a total of 14 different community organizations and affiliations, 12 different units within SCBHD, and 4 Solano County partners
 - a. See Exhibit 4, “CLAS Training Participating Entities,” for a detailed list
 3. a total of 26 of the 51 participants representing one or more of the three target communities
 - a. See Exhibit 3, “CLAS Training Participating Stakeholders,” for a breakdown by each community and each cohort
- Additionally, during the action plan refinement portion of the training curriculum, CRHD provided content expertise support across ALL action plans in at least two or more areas, across four areas of support:
 1. Background research support
 - a. Including: providing resources and references on best practices, summarizing findings, drafting templates, and creating prototype and sample materials
 2. Education Team expertise support
 - a. Including: content review, curriculum development support, and material review for CLAS alignment
 3. Evaluation Team expertise support
 - a. Including: creation of survey tools, review of survey tools developed, review to ensure that evaluation tools aligned with content created, and creation of survey links
 4. Community engagement support
 - a. Including: collection of community input, leadership of focus groups and interviews, and creating of reports with summaries of findings.
- See Exhibit 5, “CRHD Action Plan Expertise Support,” for a detailed look at the individual

support that each action plan received from CRHD during the action plan refinement process across the four areas of support.

Challenges:

Clarity — Participants from Cohort 1 expressed a lack of clarity during the action plan development process and coaching session regarding their role, time commitment, magnitude of the scope of the action plans, and implementation roles. CLAS Training trainers made the necessary adjustments in Cohort 2 and Cohort 3 to make the action plan development process clearer. However, with regard to the nature of each action plan and the varying level of scope for each, some uncertainty remains regarding the time commitment needed from participants as action plans move forward and the level of refinement needed for transition, along with ambiguity regarding assessment of implementation success.

Participant Involvement — After the end of the training sessions, many of the participants discontinued active involvement in development of the action plans despite multiple attempts to engage them, or they lacked enough protected time to be as involved as originally hoped. That attrition occurred across all three cohorts. Participants ranged from “extremely engaged” (attended coaching sessions and actively worked outside of each coaching session) to “somewhat engaged” (attended coaching sessions but did not follow up on tasks or did not attend coaching but followed up on some tasks items) to “not engaged” (attended trainings only but did not participate in the action plan development process). Please see Exhibit 2, “Comprehensive CLAS Participation Grid,” which contains a list of all participants along with their training and coaching attendance.

Reductions in participant involvement due to time limitations and other reasons presented challenges in the following ways:

- Burnout among the participants who continued to be involved
- Interpersonal conflict between participants who were upset about inadequate follow-through on tasks
- Some action plans were not developed or refined as thoroughly as others, thereby requiring further work by SCBHD prior to implementation. Some examples include:
 1. TRUe Care Promoter: Required 3 supplemental coaching sessions to adequately prepare

the team to work together, resulting in an underdeveloped Navigator action plan component even one year after they attended their first coaching session.

2. Mental Health Education: Envisioned having workshops developed for youth and for faith leaders. A large amount of work remains in development of their faith leader trainings action plan component.
 3. Cultural Humility Champions and ISeeU: Team members were unable to meet as often as desired after their cohort training ended, and progress was impeded by insufficient follow-up on assigned tasks. Consequently the team’s hope of developing training curriculums before transition was not met; the teams presented only a training idea but did not develop a template or draft of their proposed trainings.
- Quality and quantity of the products produced was limited
 1. Some drafted samples, templates, and prototypes still require further evaluation and refinement, and incorporation of multiple steps to completion.
 - Dissolution of two action plans:
 1. “Co-Location” from Cohort 1
 - a. No team member took the lead to help move this action plan forward, and no one participated in any of the coaching sessions.
 2. “Bilingual Bicultural Staff” from Cohort 2
 - a. Miscommunication and interpersonal conflict, among other factors, prevented the action plan from moving forward after coaching session 2.

Motivation — Before each coaching session, a representative from each action plan was asked to fill out a “Coaching Session Worksheet” that asked questions regarding the progress on action plan development for that month, and questions that pertained to the motivation of the team and its individual members for development of their action plan as well as their perceived level of collaboration. A report was created to help SCBHD gauge the changes in motivation and collaboration across cohorts and visualize individual analysis across each action plan. The graphs in the report, when compared to the level of progress within each action plan and the specific challenges each action plan faces as a result of

lack of clarity and lack of team member participation, can be very telling.

Action Plan Leads — The CRHD staff had hoped that SCBHD’s QI staff would play more of a key role in the development of the action plans to ensure alignment and synergy among current ongoing efforts. SCBHD leadership sponsors participated in the coaching process to assist with collections and input; however, greater involvement by the QI staff would have been instrumental in moving action plans further along.

Solano County Behavioral Health Division (SCBHD) Internal Processes — Recognizing the need for a graphic designer to meet the vision of several action plans, CRHD initiated the request on behalf of the action plans in September 2018 for such a professional consultant. Internal process delays to secure a graphic designer or photographer have resulted in the following shortcomings:

- Some action plan teams were unable to further develop their action plan vision before transition either because participants lacked the technical skills to graphically create that vision or they encountered delays in preparation of workable prototypes to present. Some examples include:
 1. ISeeU was unable to create a logo as they hoped for their frontline staff training brand
 2. LGBTQ Ethnic Visibility was unsuccessful in creating transgender signage prototypes due to a lack of image selection or because they were unable to incorporate Lesbian or Gay Latino mosaic imagery into their designs for technical reasons.
 3. Bridging the Gap was unable to create a sufficiently fleshed out version of their BtG logo or their display board.
 4. Cultural Game Changes encountered difficulty establishing a cohesive look across all of their proposed marketing materials for their high school student mental health career events.
 5. TRUe Care Promoter was unable to bring to life the full vision of their Roadmap component.
- The lack of workable prototypes prevented CRHD from helping to coordinate further community engagement opportunities in a way that would have ensured that all products created had input from each of the three priority communities.

- Thus, SCBHD will experience further delay in implementing those action plans that have graphic element needs as part of their implementation plan.

Internal process delays are not unusual in development of new programs, and other obstacles likely will need to be overcome as the implementation phase advances.

Action Plans and CLAS Standards Summary

Areas of focus

In this report, CRHD has grouped the action plans into three areas of focus: Community, Workforce, and Training. Some people may contend that “workforce” and “training” can be combined in deference to MHSA’s WET grouping (Workforce, Education and Training), but for the interest of this report these two focus areas are separated). The Community, Workforce, and Training categories enable uniform alignment of implementation steps among the various action plans in this report. See Exhibit 6, “CLAS Standards Addressed by Action Plan.”

Community-focused — action plans containing recommendations prioritized in a way that helps SCBHD build better relationships with consumers, CBOs, and other organizations throughout Solano County. These action plans are geared to increasing mental health promotion and wellness by means of many different venues and strategies.

Workforce-focused — action plans containing recommendations prioritized to help build a more diverse workforce within SCBHD and also to help better prepare the SCBHD workforce in “providing quality care with CLAS.” The recommendations in these action plans are geared to transcend HR policy changes, and to accommodate numerous career pathways, and to promote systemic workforce involvement with CLAS standards.

Training-focused — action plans prioritized in a way that helps better train staff members for working with the three priority communities (with the hope to better prepare them for working with any diverse community).

Below is a list of all of the action plans that are being transitioned to SCBHD. The list identifies the potential CLAS Standards that implementation of each plan will help SCBHD meet, and indicates the rationale for their alignment. Exhibit 6 outlines the 10 Action Plans and their alignment to the CLAS Standards through their proposed quality improvement plans.

Solano County Behavioral Health Interdisciplinary Collaboration and Cultural Transformation Model

Three (3) key considerations:

1. All action plans that have an “outreach” or “improving access” section should incorporate components that help them meet Standard 6 (informing individuals of the availability of language assistant services) into their implementation, products, and services.
2. All action plans may qualify for Standard 13 because the process of designing the project for

cultural and linguistic appropriateness inherently incorporates a community partnership aspect.

3. The “Takin’ CLAS to the Streets” action plan has the potential to address all 15 CLAS Standards. Examination of their action plan in more detail to outline their actions and wellness center components to align them with the standards will be important.

Exhibit 6: CLAS Standards Addressed by Action Plan

Focus	Action Plan	CLAS Standard(s) Addressed	Alignment Rationale
Community	Mental Health Education	Standard 3 Standard 4 Standard 13	<ul style="list-style-type: none"> ✓ This action plan aims to train faith leaders on mental health promotion to help support mental health of their constituents from diverse backgrounds (3) ✓ This action plan highlights ways to bridge culture and mental health (4) ✓ This action plan also aims to partner with faith-based organization communities to design, implement, and evaluate workshops for youth and trainings for faith leaders (13)
	TRUe Care Promoter: Roadmap	Standard 6 Standard 8	<ul style="list-style-type: none"> ✓ This action plan component will also provide information for consumers about the availability of services in their preferred language (6) ✓ This action plan’s Roadmap component will utilize easy-to-understand print and signage in Spanish (8)
	TRUe Care Promoter: Navigator	Standard 3 Standard 4 Standard 5 Standard 13	<ul style="list-style-type: none"> ✓ This action plan’s Navigator component aims to recruit people from diverse communities to become navigators (3) ✓ This action plan component also hopes to train these navigators on CLAS services available for diverse consumers (4) ✓ This action plan component also hopes the navigators will be bilingual (5) ✓ This action plan component also aims to partner with community organizations to design, implement, and evaluate the potential for these navigators to be co-located throughout CBOs in Solano County (13)
	LGBTQ Ethnic Visibility	Standard 8	<ul style="list-style-type: none"> ✓ This action plan will provide easy-to-understand outreach and linguistically appropriate signage to LGBTQ Filipino Americans and LGBTQ Latinos (8)
	Bridging the Gap (BtG)	Standard 8	<ul style="list-style-type: none"> ✓ This action plan provides easy-to-understand outreach and linguistically appropriate materials at non-health events (8)
	Takin’ CLAS to the Streets	Potentially: 1–15	<ul style="list-style-type: none"> ✓ This action plan has the opportunity to embed all 15 CLAS standards into the development of wellness centers

Exhibit 6: CLAS Standards Addressed by Action Plan *continued*

Focus	Action Plan	CLAS Standard(s) Addressed	Alignment Rationale
Workforce	Cultural Game Changers: HR	Standard 2 Standard 3	<ul style="list-style-type: none"> ✓ This action plan aims to advance policies and practices that recruit, sustain, and promote a diverse workforce (2) ✓ This action plan also aims to change the county’s position description to provide better outreach to diverse communities with regard to job postings (3)
	Cultural Game Changers: Pipeline	Standard 3 Standard 8	<ul style="list-style-type: none"> ✓ This action plan focuses on mental health workforce recruitment from diverse communities (3) through outreach at career fairs ✓ This action plan provides easy-to-understand outreach and linguistically appropriate materials at mental health career fair events (8)
	CLAS Gap Finders	Standard 10 Standard 11	<ul style="list-style-type: none"> ✓ This action plan aims to establish a position that will maintain ongoing CLAS-related and demographic assessments (10, 11), to inform and guide quality improvement
Training	Culturally Responsive Supervision	Standard 2 Standard 3 Standard 4	<ul style="list-style-type: none"> ✓ This action plan aims to advance and sustain leadership that promotes CLAS through policy changes (2) by making changes to the current supervisory log guidelines ✓ This project aims to train mid-level leadership and workforce personnel on improving CLAS practices through supervision (4) ✓ This project also includes components of how supervisors can support a diverse clinical staff (3)
	ISeeU	Standard 4 Standard 6 Standard 8	<ul style="list-style-type: none"> ✓ This action plan aims to train frontline staff on CLAS policies and practices that are most relevant (4) ✓ This action plan also includes developing easy-to-understand print media to welcome diverse consumers (8) ✓ This action plan aims to inform individuals of availability of language assistance (6) through their comprehensive staff trainings.
	Cultural Humility Champions	Standard 4 Standard 6	<ul style="list-style-type: none"> ✓ This action plan aims to train staff about consumers from diverse backgrounds (4) ✓ This action plan aims to inform individuals of availability of language assistance (6) by incorporating language assistance instruction into their proposed trainings

Purpose for the report

The Solano County Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) is a partnership between the Solano County Behavioral Health Division (SCBHD) and the UC Davis Center for Reducing Health Disparities (CRHD) to improve access to and utilization of mental health services for adults who suffer from mental illness and for severely emotionally disturbed children and adolescents in three historically underserved populations in Solano County: Filipino American, Latino, and LGBTQ communities.

The purpose of this report is to provide SCBHD with a framework to guide the implementation of 10 action plans that resulted from the “Providing Quality Care with CLAS” training component of the ICCTM project. Additionally, this report will help SCBHD in:

1) understanding the scope of work of each action plan and proposed implementation of community-defined strategies to improve mental wellness, 2) forecasting the impact of each action plan and examining the collective impact that will move the county closer to closing the treatment gap, and 3) reinforcing the continued participation of communities in the implementation and evaluation of the action plans, and communication among all community stakeholders as this project moves to the next phase.

This report should be considered a “living document,” one that can and will need to be changed as SCBHD reviews and begins to identify strategies for implementing the action plans.

Rationale for Transition:

“It is important that actions from this project not be stagnant or simply exist in a report . . . we need to see change.” This sentiment was common among community members throughout the many community engagement activities of this project. This project has now reached the point of transition. As this project moves to the

next stage, “transition” has a very specific meaning. It defines the move from concept to implementation of community-defined practices that lead to fulfillment of a shared goal that binds Solano County and the three priority communities. That shared goal is achieving population wellness and full participation in community life, thereby cultivating the ability to thrive as healthy communities.

As these 10 action plans move into their full implementation, they will need guidance and support from the SCBHD leadership to continue to evolve and eventually reach a sustained level of effectiveness in serving the cultural and language needs of Filipino American, Latino, and LGBTQ communities. Commitment by the UC Davis CRHD to help broker multi-directional communication and collaboration among the county and community-based organizations, in order to create a seamless system of care that works for these three priority communities, has led to this point of transition.

For the center, delivering these 10 action plans to the SCBHD means that the three communities call for Solano County to be the driving force behind these 10 transformative efforts and to continue monitoring and supporting them in the absence of CRHD. The center’s role now is to step back and allow the county and its community stakeholders to strengthen their partnership. We believe that the success of these action plans from this point forward is rooted in the county’s leadership and mission to ensure that services are “consumer-centered, safe, effective, efficient, timely and equitable . . . [and community-driven to] . . . promote wellness and recovery . . .” Simply put, the three priority communities are ready to grow alongside and as part of the county and to replace the stale notions of “working in silos” and “business as usual” with shared decision-making and a meaningful, vigorous partnership with their county.

Transition Report for Culturally and Linguistically Appropriate Services (CLAS) Training Action Plans

Community-Focused Action Plan Reports

These reports contain recommendations prioritized in a way that helps SCBHD build better relationships with consumers, CBOs, and other organizations throughout Solano County. These action plans are geared to increasing mental health promotion and wellness by means of many different venues and strategies.



Center for Reducing Health Disparities



Mental Health Education

I. Action Plan Overview

Focal Area	Community Outreach
Priority Communities Addressed	Filipino American, Latino, LGBTQ
Community Needs Addressed	More efforts needed for engaging youth in mental health discussions Stronger partnerships with faith-based organizations More training for faith leaders
Vision	Create stronger ties between SCBHD and faith-based organizations through the education of youth ministries and faith leaders on mental health topics.
Goal	Change the way faith-based organizations discuss mental health with their members, in order to create another venue for decreasing stigma and increasing referrals to services.
Intervention	Develop workshop(s) on various topics related to mental health for youth and create a system to help faith leaders undergo mental health training needed to help their members seek services.
Action Plan Components	Youth mental health workshop(s) Mental health training for faith leaders
Coaching Sessions Received	7
Touch Base Meetings	12

“Spiritual faith-based groups with the Filipinos [are] really important, because so many people in that community will go to their faith leaders if they are experiencing a mental health problem...”

II. Action Plan Summary

The goal of the Mental Health Education (MHE) team's action plan is to promote partnerships with faith-based organizations (FBOs) to increase mental health education both with youth and faith-based leaders. The MHE team seeks to administer workshops that aim to educate Filipino American, Latino, and LGBTQ youth in Solano County on available mental health services and wellness. In addition, the team will explore how their action plan could serve as an outlet for faith-based leaders to receive educational materials and training about strategies to promote mental health and increase awareness of resources and services.

The MHE team recognized that social norms play an important role in determining whether or not members of underserved communities seek mental health services. This observation is aligned with key findings from the three community narrative reports. The MHE team also acknowledges the importance of early detection of signs, symptoms, and risk factors associated with mental disorders. However, many individuals and families from underserved communities will seek help after their mental health condition has reached a crisis. Through education programming, the action plan strives to shift social norms from crisis stabilization to early intervention through adequate and appropriate mental health treatment. To that end, the MHE team specifically seeks to establish partnerships with FBOs to reach these communities earlier and provide education about early signs and risk factors, particularly among children and youth. The intersection of culture, spirituality, and mental health inspired the MHE team to create a workshop to start the conversation.

A novel aspect of this action plan is its reliance on first establishing partnerships with FBOs in Solano County, which will be the primary setting for implementing this action plan. By utilizing this approach, this action plan seeks to facilitate and bridge the gap between individuals' faith, spirituality, and cultural identity. Furthermore, the MHE team envisions development of a series of workshops, which would allow for the continued relationship between Solano County and its FBO partners.

III. Action Plan Component(s)

Youth Mental Health Workshop(s):

The MHE team created a workshop titled *Let's Talk About Mental Health!*

This workshop is specifically focused on the link between social media and depression among youth. The workshop also highlights crucially important resources in Solano County for individuals to access services. A lengthy review process between the action team and the education and evaluation teams from the Center for Reducing Health Disparities (CRHD) helped refine the workshop materials through behavioral health, cultural and linguistic, and evaluation lenses.

Finalized Workshop Materials:

1. Let's Talk About Mental Health! workshop
2. Workshop agenda
3. Pre- and post-surveys to administer before and after each workshop presentation to youth participants
4. Workshop Evaluation Form

Mental Health Training for Faith-Based Organizations:

Across all three priority communities, the community narrative reports highlighted a need to build stronger partnerships with FBOs around mental health. The MHE team would like to expand the partnership so that it not only presents youth workshops but also hosts mental health trainings that teach faith leaders how to recognize when referral of youths to appropriate mental health services agencies is warranted, and builds clerics' knowledge about ways to support their congregants in need of services.

The MHE team would like SCBHD to create a mechanism to ensure that FBOs that are willing to partner receive the training needed, at their faith-based organization facility, to become advocates for mental health services.

To help SCBHD build strong and lasting relationships with FBOs, the action plan team identified some of the best practices for working with FBOs and youth ministries. The team members hope these resources will help guide SCBHD's implementation of the Mental Health Education action plan. See section V. Community Engagement for more information that will help inform how to best partner with FBOs around mental health education.

IV. Action Plan Team Notes to SCBHD

As part of the transition process, a CRHD Evaluation Team representative interviewed the lead for this action plan, eliciting knowledge that helped to inform this transition report and fully captured the goals and vision for the action plan.

Below is a list of key items that the MHE team would like SCBHD leadership and the action plan implementation team to note regarding their plan:

1. The Mental Health Education action plan has multiple logistical components that will require the time and attention of Solano County staff members carrying out the program.
 - a. First, the county officials will need to determine which individuals will be responsible for carrying out the education functions, and how these individuals will be given protected project-specific time and properly compensated or otherwise given incentive to perform those functions.
 - b. Education activities will typically need to occur outside of regular work week hours, such as in the evenings or on weekends.
2. The teams recommend significant investment of effort into establishing successful partnerships with FBOs and leaders throughout Solano County. They found that reaching out to faith-based organizations by email typically was not effective. Rather, faith leaders may be more receptive to in-person meetings in the evenings or during the weekends. Additionally, some faith leaders may lack confidence in county services because these communities may have felt ignored in the past. To overcome this distrust, county agencies must follow through and demonstrate commitment to promises (see “Community Engagement” section for a list of recommendations and suggestions from the community regarding these partnerships).
3. The action plan team hopes that, once workshops have been held, former participants will be able to administer workshops to their communities independently, thus decreasing the reliance on the county to directly engage in education activities. Perhaps a “Facilitator Manual” could be developed for community leaders to educate their peers about mental health. At that point, Solano County key staff members may be responsible for overseeing the quality of programmatic activities.
4. The team advises making workshops interactive. The action plan team believes that encouraging participants to have an open discussion about their experiences with mental health will be an

important step toward addressing and overcoming stigma. In other words, merely making workshops purely informative will not be sufficient. Workshop participants must engage in exercises that involve them looking within themselves in order to understand how their identity may influence their experience and beliefs related to mental health.

V. Community Engagement

Community engagement for the MHE action plan was documented during the Community Forum 2.0 for both the Filipino-American and Latino communities. Community members offered insights about several questions, including:

1. How can Solano County partner with FBOs to better serve the Filipino American and Latino communities?
2. What information about mental health should faith-based leaders know when speaking with Filipino American and Latino individuals?

VI. Implementation Plan

Note: The following is a list of key recommended steps that may be needed for implementation of this action plan. CRHD and SCBHD will jointly discuss these recommendations in June 2019 and will make any necessary adjustments after the review of the full transition report.

Recommended key steps prior to implementation of a workshop:

1. Identify 2–3 youth ministry groups willing to pilot test a workshop.
 - a. The action plan lead can supply a contact list for FBOs interested in participating.
2. Based on feedback from the pilot workshops, make adjustments to the workshop and pre- and post-tests.
3. Determine a mechanism for coordinating and scheduling workshops.
4. Designate a clinical staff pool to co-facilitate these workshops.
5. Partner with Fighting Back Partnership, Rio Vista, CARE, Solano Pride, and other CBOs to help identify faith-based organizations interested in these services.

6. Collaborate with FBOs to determine the number and frequency of workshops that can be conducted (e.g., two per month, four each quarter) and the process for identifying a set schedule (to include evening or weekend options) — or, alternatively, if workshops will be scheduled upon request of the FBO.
7. Create a workshop flyer to engage and promote workshop services.
8. Create a process for:
 - a. Updating workshop materials that incorporate lessons learned.
 - b. Tracking and reporting presentations and survey results.
 - c. Tracking evaluation sheets to incorporate participant feedback.
 - d. Identifying mental health needs for services and tracking referrals from events.

Recommended key steps after implementation of the workshop:

1. Develop a mechanism to solicit further input from youth regarding other possible workshop topics.
2. Create additional workshop topics to establish a workshop “series” service.
3. Develop a slide deck for new workshop topics.
4. Gather the suggestions of community members regarding additional workshops.
5. Continue to promote new workshop topics.

Recommended key steps for providing mental health trainings to faith leaders:

1. Review Filipino American and Latino community forum reports on partnering with faith-based leaders.
2. Solicit input from members of the LGBTQ community on their vision for partnering with FBOs.
3. Consider conducting a focus group with various faith-based leaders to gain their perspectives.
4. Compile a list of training needs that community and faith leaders identify.
5. Determine a mechanism to create a training series that can be offered to faith-based organizations throughout the county.

6. Create a streamlined referral process to connect to services, and pilot test it.
7. Designate a county employee as a faith leader liaison to enable FBOs to have a primary county representative contact person of whom they can ask questions, and who can supply information regarding mental health services.
8. Create a way to capture faith leaders’ suggestions about how to refine the partnership relationship as needed.

VII. Evaluation Considerations

MHE action plan team’s notes about measuring success of their action plan:

1. The success of the MHE action plan may be indicated by the number of workshops that FBOs present and the number of participants in each workshop.
2. The number of topics and targeted audiences of the workshops will also serve to indicate the growing success of the program.
3. The team members hope that these faith-based mental health workshops will become well known as a reputable resource in the community.

Specific evaluation details: to be determined

- [to be discussed and created jointly by SCBHD QI Team and UCD Evaluation Team]

VIII. CRHD Recommendations for Sustainability

While the key to long-term sustainability of the action plans will be in interconnecting the action plan activities and in developing a cohesive implementation approach, CRHD provides the following examples of possible key steps that may be needed to ensure long-term sustainability for the MHE action plan individually. (Further joint discussions between CRHD and SCBHD will occur in June 2019.)

1. We suggest that the county adequately provide protected and dedicated time or compensate the trainers for conducting the workshops. Ideally, this workshop program would be integrated into the county’s existing cultural competence training program to leverage resources, collaboration, expertise, and sustainability.

2. Align training with KAAGAPAY (aka reliable companion), a Filipino American outreach program that focuses on: (a) improving the cultural competence of mental health providers; (b) reducing the stigma of mental health through psychology education within the community; (c) educating schools, health and mental health providers, and other partner agencies on how to best serve the target communities using culturally sensitive approaches; and (d) working in partnership with the faith-based communities to share and maximize resources.
3. Incorporate the Hispanic Outreach and Latino Access (HOLA) program, which has been one of the most successful Solano County programs for increasing the Latino communities' awareness and understanding of mental health services. The HOLA program is also well recognized by non-mental health organizations (e.g., churches, primary health care clinicians, social services agencies, family resource centers, and schools) as a strategic means to inform the Latino communities about mental health services in the county.



Center for Reducing Health Disparities



TRUe Care Promoter

I. Action Plan Overview

Focal Area	Community Outreach
Priority Communities Addressed	Filipino American, Latino, LGBTQ
Community Needs Addressed	Difficulty knowing about available resources and services. Difficulty navigating the mental health system.
Vision	Support consumers and families through their mental health journey.
Goal	Reduce stigma, and increase access, utilization, and retention for the Filipino American, Latino, and LGBTQ populations.
Intervention	Create a mental health Roadmap and peer navigator system (TRUe Care Promoters) to “hand hold” individuals through accessing services from start to finish.
Action Plan Components	“Roadmap” of mental health services and community resources Peer Mental Health Navigator Program
Coaching Sessions Received	8
Touch Base meetings	18

“If you don’t have a house, it’s gonna be hard to get stable mentally. Hierarchy of needs, that’s on the bottom. The homeless population continues to grow, partially because I’ve heard that other cities are sending people here.”

II. Action Plan Summary

The action plan team recognized that although resource guides are available in the community, their utility is severely limited. For example, the team was aware of one resource guide with over a hundred entries, many of which were outdated. Mental health staff members reported feeling uncomfortable using the resource guides because they were obsolete and no longer relevant. In light of the limitations of the extant resource guides, the action plan team wanted to develop a simplified resource guide that could theoretically cater to the needs of diverse people who are unfamiliar with mental health services in the community. In addition, they wanted to tailor the guide to other marginalized groups as well, such as elderly populations.

From the beginning, the action plan team thought that presenting the information using a map would be helpful and more engaging than text alone for users. The map format symbolizes a journey for the individuals using it. The idea came about as a result of a skit that participants did during the CLAS training. A map representation is intended to be more user friendly because each “Stop” on the map represents a need of the community. The action plan team advocated keeping the resource guide simple using a map concept because it could literally guide users to their destinations.

The TRUe Care Promoters team expects that a navigator program can be developed eventually at the county and community-based organization (CBO) level, where the county invests in resources to establish help desks at partner organizations and CBOs. These help desks would be staffed by volunteers, and in the future ideally by paid staff members who have expertise on the content of the resource guide and could help direct consumers to social services that they need.

III. Action Plan Components

“Roadmap” of mental health services and community resources

The vision for a map symbolized for the team the journey that individuals make through their mental health care.

1. Draft prototype of TRUe Care Roadmap:

The action plan team scoured the Internet to find inspiration for a mental health wellness Roadmap, and narrowed their preferences to two sample resources:

- a. Total Wellness’ A Roadmap to Wellness Success <https://www.ehstoday.com/health/roadmap-wellness-success-infographic>
- b. United Way of Weld County’s *Roadmap 4 Kids: A Resource for Families* <https://www.unitedway-weld.org/roadmap4kids/>

The team envisions this map will be available both in print and web-based. The print version would be a single page with a map on one side, and resources listed on the back. As a one-page document, the print version will be more succinct, whereas the web-based version would allow for a more exhaustive list of resources. The team used the two sample templates listed above to create two possible visions for their Roadmap.

- a. Sample TRUe Care Roadmaps (English and Spanish)
 - Version 1: Based on the Total Wellness Roadmap
 - Version 2: Based on the United Way Roadmap
- b. Web-based (to be developed based on <https://www.unitedway-weld.org/roadmap4kids/>)

The Roadmap visual includes a series of color-coded map pins along a route, with a background of a map representing a journey. The map pins indicate “Stops” along the route, and each map pin would be superimposed with a statement describing the type of services available at that “Stop.” These stops represent critical experiences and scenarios that community members may have as they navigate the mental health system.

Each community resource pin is color-coded, corresponding to various service categories in support of specific needs. The community resources will be listed either on the back of the printed map, or as a clickable link through the Stop on the web-based version.

The team identified which “Stops” to include on the map and resources, informed by the community narratives. The nine stops represent services that correspond to the following phrases:

1. I wish I had someone to talk to about how I’m feeling...
2. I’m emotionally stressed!
3. I’m new to Solano County and need mental health services

4. I reached out to my spiritual community and I need more support
5. I stopped taking my medication and need to get back on it
6. I am undocumented and need a safe place to get emotional support
7. I'm worried that mental health services are not covered by my insurance
8. I don't feel like my gender identity or sexual orientation is being acknowledged, and I need to talk to someone
9. Where do I find...

Additionally, the team would like to incorporate a key or legend to highlight services catering to the three target communities: Filipino American, Latino, and LGBTQ.

In January, the action plan team collaborated with project coordinators in gathering community input on the maps from a total of 19 community members. Community members were asked for their insights on the language used in the Stops and any suggested edits, what resources should be listed for the Stops, if any Stops should be added or removed, their preference between the two versions, and where the resources should be available.

Peer Mental Health Navigator Program

The team will seek to partner with the SCBHD and contracted CBOs to create a comprehensive process to train peer volunteers to become "TRUe Care Peer Navigators" to guide consumers through the mental health system.

Draft vision of TRUe Care Peer Navigator:

The team conducted a thorough review of existing programs and current models to narrow down their vision for the navigator program. The team members also shared their vision with their leadership sponsor, who is supportive of their proposed changes.

The action plan team anticipates that the peer navigator will:

1. Work alongside individuals who are experiencing a mental illness
2. Support people in successfully navigating the behavioral health system
3. Help to increase community access, improve social skills, build solid life skills, and fulfill other relevant support needs

4. Utilize the Roadmap to help consumers navigate additional social services
5. Be located in SCBHD as well as CBO sites
6. Represent the three priority communities
7. Be bilingual in Spanish or Tagalog as well as English

To help SCBHD create a strong and lasting peer navigator program, the action plan team identified some of the best practices for health navigator programs. The team members hope these resources will help guide SCBHD's implementation of the TRUe Care Promoter action plan.

See section V. Community Engagement for more information regarding recommendations and suggestions from the community regarding other key components needed for peer navigators.

IV. Action Plan Team Notes to SCBHD

As part of the transition process, a CRHD Evaluation Team representative interviewed the action plan lead for this action plan, asking questions to help inform this transition report, along with questions that helped to fully capture the goals and vision for the action plan.

Below is a list of key items that MHE would like SCBHD leadership and the action plan implementation team to note regarding their plan:

1. The team hopes that the vision of a user-friendly map with a simple resource guide is adopted, in addition to the web-based version
 - a. That a printed version is available at all times for the community
2. The county should invest resources in the peer navigator program:
 - a. County officials should authorize establishment of "TRUe Care Navigator Peer Navigator Help Desks" at partner organizations and CBOs.
3. The county should verify information in the guide at least once every year to ensure that the content is up to date (prior versions of resource guides became outdated while remaining in circulation).
4. Community input must be sought in order to compile a list of updated resources that are valuable to the three communities.
5. Hiring a professional to design the map and producing a high-quality guide has the potential to

reflect positively on the county’s commitment to the community.

6. The action plan team envisions that all SCBHD contracted CBOs should play a role in helping to distribute this resource.
 - a. The action plan team perceives that frontline staff members in some agencies are not well-equipped to use existing resource guides, especially the one that contains more than 100 pages. Consequently, agencies that are distributing the Roadmap should consider training front desk staff members on how to use this new resource to help connect consumers to crucial services.

V. Community Engagement

During the 2019 Latino and LGBTQ Community Forums, a second round of community input was gathered. The Latino community members had an opportunity to see the drafted Roadmap and offer their reactions and ideas. The Latino and LGBTQ community members each had an opportunity to suggest which roles and responsibilities a peer navigator should play to better serve their populations. They were asked the following questions:

1. If members of the Latino community were provided a “Roadmap” of key services, what services should be included? Where should such a Roadmap be available?
2. How might a “mental health buddy” support a Latino or LGBTQ+ person who is new to utilizing services?

VI. Implementation Plan

Note: The following is a list of key recommended steps that may be needed for implementation of this action plan. CRHD and SCBHD will jointly discuss these recommendations in June 2019 and will make any necessary adjustments after the review of the full transition report.

Recommended key steps prior to implementation of TRUe Care Roadmap:

1. Consider soliciting further input from the Filipino community on the current version of the map and resources.
2. Work with a graphic designer to:

- a. Incorporate community input from community forums into the “Roadmap” vision
 - b. Develop a polished print version of the Roadmap
3. Gather community input on the graphic designer version of the print Roadmap:
 - a. Develop or adapt an evaluation tool to collect community input on the print Roadmap
 - b. Analyze and incorporate data from community input
 4. Reproduce a final product
 5. Develop a brief training manual for map use with key community engagement approaches
 6. Consider a gradual approach to dissemination:
 - a. Pilot test the map at various sites, incrementally increasing distribution over time
 - b. Such a controlled rollout enables making adjustments as needed to the tool as well as to training
 - c. Assign responsibility to a staff member or unit for:
 - Planning and organizing pilot testing
 - Collecting and analyzing data
 - Making changes to the process and tools as needed
 7. Large-scale rollout of the print version of the Roadmap.

Recommended key steps after implementation of the TRUe Care Roadmap:

1. Develop sustainable mechanism to:
 - a. Track which organizations are using the TRUe Care Roadmap so that when updates are made, those organizations have the most updated versions
 - b. Reorder printed versions
 - c. tions using them
 - d. Continue gathering community members’ critiques and suggestions as needed
 - e. Annually or biannually review and update the resources on the Roadmap
 - f. Annually or biannually review Solano County demographics to consider adding any emerging languages or cultural groups

2. Contract with a web designer to develop the web-based version of the TRUe Care Roadmap
 - a. Follow similar implementation steps delineated above to finalize the Roadmap

Recommended key steps prior to implementation of TRUe Care Peer Navigator Program:

1. Review the action plan team’s visions for the navigator program and community input from the community forums.
2. Review the current Wellness and Recovery peer program to see how it aligns with the TRUe Care Peer Navigator vision.
 - a. Determine gaps in training based on community input.
 - b. Determine what resources (financial as well as personnel) are available to implement this part of the action plan.
 - c. Strategize on ways to expand the program to meet action plan goals.
3. Draft proposed new program (identifying responsibilities, training, and other elements) to share with action plan team members for their reactions.
4. Consider soliciting suggestions from the community and CBO staff members on key program and training components narrowed down for the TRUe Care Peer Navigator Program.
5. Engage in discussions with contracted CBOs to determine collaboration possibilities for “co-location” of these peer navigators and for the creation of “TRUe Care Navigator Peer Navigator Help Desks.”
6. Consider taking a gradual approach to implementation:
 - a. Pilot test the new program at selected sites, incrementally expanding it over time
 - b. Such a controlled rollout enables making adjustments to the training as needed
 - c. Identify a staff member or unit responsible for:
 - Planning and organizing pilot testing
 - Collecting and analyzing data
 - Making changes to processes and tools as needed
 - d. Large-scale rollout of the new program

Recommended key steps after implementation of TRUe Care Peer Navigator Program:

1. Develop a sustainable mechanism to:
 - a. Continue operating this peer navigator program within both SCBHD and partnering CBOs.
 - b. Track quality of service from peer navigators.
 - c. Track how this program increases access to services or increases likelihood of returning to services.
 - d. Track referrals to community resources.

VII. Evaluation Considerations

TRUe Care Prompter Team notes about measuring success of their action plan:

1. Measurable indicators of success would include the number of venues that are distributing this Roadmap, as well as the referrals received through this resource guide or Roadmap.

Specific evaluation details to be determined

- [to be discussed and created jointly by SCBHD QI Team and UCD Evaluation Team]

VIII. UCD Recommendations for Sustainability

While the key to long-term sustainability of the action plans will be in interconnecting the action plan activities and in developing a cohesive implementation approach, CRHD provides the following examples of possible key steps that may be needed to ensure long-term sustainability for the TRUe Care Promoter action plan individually. (Further joint discussions between CRHD and SCBHD will be held in June 2019.)

1. Create a pathway to the peer navigator program from the pipeline work of Cultural Game Changes.
 - a. Workforce development and recruitment programs (such as Cultural Game Changers) should also seek out peer navigators who may want to advance their careers in mental health.
2. Given that this plan focuses on recruiting from the priority communities and stationing within the communities, developing and sustaining long-term and sustainable relationships with the CBOs will be important. Consider the team’s proposal to have “TRUe Care Navigator Peer Navigator Help Desks” at contracted CBOs.

3. The peer program can provide the county with “eyes on the ground” — insights about the community and partner and family experience.
 - a. Also consider that lack of voice or process for peer navigators to communicate these insights, indifferent supervision, and lack of adequate mentorship may lead to feelings of helplessness, marginalization, and burnout among peer navigators.
4. The supervisor or program lead of the TRUe Care Peer Navigator program should undergo Culturally Sensitive Supervision training, and a process should be in place for navigators to collectively comment on programming to improve community engagement and partner experiences.
5. Consider peer navigators as a resource pool for BtG outreach efforts.
6. Align the peer navigator training curriculum with Cultural Humility Champions and ISeeU training recommendations
7. CRHD recommends that SCBHD leverage the expertise of CRHD in the development of the proposed Solano County training curriculum and processes, in particular to align efforts across all action plans.



Center for Reducing Health Disparities



LGBTQ Ethnic Visibility

I. Action Plan Overview

Focal Area	Community Outreach
Priority Communities Addressed	LGBTQ Filipino American and LGBTQ Latino
Community Needs Addressed	A need to target outreach on the intersectionality between race/ethnicity and sexual orientation/gender identity.
Vision	Create a culture of celebration of the richness of diversity within Solano County.
Goal	Increase visibility in mental health for LGBTQ Filipino American and LGBTQ Latino communities.
Intervention	Create culturally and linguistically appropriate signage to increase visibility of these groups.
Action Plan Components	Lesbian and gay LGBTQ Filipino American and Latino signage
Coaching Sessions Received	5
Touch Base Meetings	5

“For [Filipino-Americans] LGBTQ, it’s, again, lack of resources. I would want to refer for groups or something like that in Vallejo and even here in Vacaville, and there’s no groups in these towns. The only group for LGBTQ youth is in Fairfield...”

II. Action Plan Summary

The LGBTQ Ethnic Visibility action plan was developed in response to the narratives of the LGBTQ community that highlight the longstanding challenge of *in*visibility experienced by individuals of the LGBTQ community residing in Solano County, particularly for LGBTQ Filipino American and Latino people.

In response to these challenges, the LGBTQ Ethnic Visibility action plan team is addressing these concerns through the creation of a social marketing campaign specifically to connect the LGBTQ Filipino American and LGBTQ Latino communities to mental health services. The social marketing activities, including advertisements, billboards, transportation displays, and other potential opportunities, would contain culturally inclusive imagery depicting LGBTQ Filipino American and Latino individuals along with their families. No concerted efforts to shine light and celebrate LGBTQ Filipino American and Latino individuals have taken place previously in Solano County, so such a campaign would be unique. As further evidence of this need, a similar program apparently was conducted in support of LGBTQ Filipino American individuals in San Francisco in the past, but no evidence was found of a corresponding campaign for LGBTQ Latino individuals.

The LGBTQ Ethnic Visibility action plan has the potential to support a culture of celebrating diversity and empowering communities in Solano County. This action plan will elevate the visibility of marginalized individuals, while others residing in the community will be able to take part in celebrating the rich culture of their county.

III. Action Plan Component (s)

Lesbian and Gay LGBTQ Filipino American and Latino Signage:

The LGBTQ Ethnic Visibility team created nine (9) signage prototypes during their participation in the CLAS training process.

1. 3 unique Lesbian/Bisexual Affirming Filipino American signage proofs
2. 3 unique Gay/Bisexual Affirming Filipino American signage proofs
3. 1 unique Lesbian/Bisexual Affirming Latino signage proof
4. 1 unique Gay/Bisexual Affirming Latino signage proof

5. 1 unique LGBTQ Affirming Latino signage proof focused on family
6. Note: the team's concept behind the LGBTQ Latino signs envisions the main images within the proofs made up of a mosaic of smaller images representing the diversity within the LGBTQ Latino community.

To help inform the content and design of the LGBTQ Ethnic Visibility signage, the LGBTQ Ethnic Visibility action plan team held focus groups with members of the LGBTQ Filipino American community and with family and friends of LGBTQ Latino people. This approach allowed the initial concept to come directly from the communities and what matters to them, which the signage is intended to represent.

The team held one LGBTQ Filipino American focus group that helped to identify the prominence of family within the Filipino American culture, which reaffirmed the importance of building the messages on the signage from that perspective. To expand the Latino community input, the team tapped into the established community group *Café con Amigos* ("Coffee with Friends") to ask for their input, some of whom are family members of people in the LGBTQ Latino community.

The action plan team shared some of the best practices for marketing and outreaching to LGBTQ communities of diverse backgrounds in order to help SCBHD strengthen their LGBTQ outreach efforts. The team members hope these resources will help guide SCBHD's implementation of the action plan for the LGBTQ Filipino American and LGBTQ Latino communities.

Special note: This action plan early in its development process also led the Solano Pride Center's initiative to translate some of that group's outreach material into Spanish, and action team members helped translate the center's "We Welcome ALL" sign into Tagalog.

IV. Action Plan Team Notes to SCBHD

As part of the transition process, a CRHD Evaluation Team representative interviewed the lead for this action plan, asking questions to inform this transition report, along with questions that helped to fully capture the goals and vision for the action plan.

Below is a list of key items that the LGBTQ Ethnic Visibility team would like SCBHD leadership and the action plan implementation team to note regarding their plan:

1. The action plan team encountered difficulty in finding representative stock photos to create Filipino American and Latino transgender signage. Additional signage for both the Filipino American and Latino transgender communities is a key component of this action plan.
2. The team is requesting SCBHD work with a photographer to capture needed images. For the Latino community, they will need to capture multiple images of lesbian, gay, and transgender community members and couples, as well as group photos with their family of origin, sharing a meal. Additionally, reach out to transgender county residents as possible models for the Latino transgender signage; suggested image is to have the Latinx transgender person holding the transgender flag.
3. Team members are also asking for funds to hire a graphic artist to refine the prototypes of all the signage. Create a pixelated (mosaic) image of a Latino LGBTQ man and woman from the photographs taken with the Latino community. For the Latino community photos, the community input is to create a pixelated (mosaic) image of a Latino LGBTQ man and woman, from the photographs taken with the Latino community.
4. When developing the marketing tools, getting feedback from community stakeholders is an important approach that the county must maintain following transition.
5. Time, energy, and investment in resources will be required to maintain the LGBTQ Ethnic Visibility action plan over time. The website will require ongoing maintenance, and signs must be kept up to date as well. At the outset of the campaign, some community members may consider these signs provocative. Consequently, county officials should anticipate potential backlash from less accepting groups, and should be prepared to respond to objections, should they arise.
6. County administrators also must determine when and where the signs will be displayed. Should the county engage in periodic social marketing campaigns during which the display of signs throughout the county will dramatically increase? County officials also will need to determine in which areas the signs may be displayed more permanently, including billboards, on transport vehicles, and at clinics schools, and other public sites.

7. Team member Andrea Azurdia, who is available only through the summer, has prior experience in advertising, has contacts with marketing experts, and would be a great resource to utilize immediately.

V. Community Engagement

During the 2019 LGBTQ Community Forum, one of the breakout groups offered community members an opportunity to see the drafted signage and offer their reactions and suggestions. Forum participants were asked the following question:

1. What can be added to these signs to help you as an LGBTQ+ Latino or LGBTQ+ Filipino American (community member) be more likely to seek mental health services?

While many of the community members who commented regarding the signage did not identify as LGBTQ Latino or LGBTQ Filipino American, their observations can help inform key refinements that can apply across all LGBTQ communities and can also help in planning the approach with the next round of community input.

VI. Implementation Plan

Note: The following is a list of key recommended steps that may be needed for implementation of this action plan. CRHD and SCBHD will jointly discuss these recommendations in June 2019 and will make any necessary adjustments after the review of the full transition report.

Recommended key steps prior to dissemination of signage:

1. Incorporate LGBTQ Community Forum input into current drafted signage.
2. Create new signage as needed.
3. Work with a graphic designer to:
 - a. Clean up images and logos
 - b. Create signage based on community input
 - c. Create any further marking strategies and recommendations
4. Work with photographer to:
 - a. Take pictures of LGBTQ Latino people in various settings to create the mosaic images for the LGBTQ Latino signage
 - b. Take pictures of Filipino American and Latino transgender people to create signage

5. Solicit further input from LGBTQ Filipino Americans and Latino communities on new materials created.
6. Reproduce final products.
7. Consider pilot testing signs at a few CBOs or other sites
 - a. Develop a process for measuring the intent and impact of the signs
 - b. Make adjustments to the process as needed
8. Create a countywide marketing plan and campaign
 - a. Develop a mechanism to track and coordinate this plan
9. Determine a mechanism for tracking signage:
 - a. Identify where signs are located
 - b. Ascertain if they are serving their intended purpose
 - c. Tabulate the number of hits on the website
 - d. Determine if signs have led to referrals and access to care
10. Develop mechanisms for:
 - a. Reordering and replacing signage
 - b. Updated signage with most current contact information
 - c. Gathering input from organizations displaying signage
11. In an effort to create a welcoming and safe environment, also provide LGBTQ 101 training to those organizations that will be displaying the signage to ensure a welcoming representation among Solano County service providers.

VII. Evaluation Considerations

LGBTQ Ethnic Visibility action plan team’s notes about measuring success of their action plan:

1. The county should develop and monitor the website to which individuals will be referred.
 - a. The county can then track the number of visits to this website.
2. The county should track how often individuals are referred to local resources listed on the website.

Specific evaluation details to be determined

- [to be discussed and created jointly by SCBHD QI Team and CRHD Evaluation Team]

VIII. CRHD Recommendations for Sustainability

The key to long-term sustainability of the action plans will be in interconnecting the action plan activities to one another and in developing a cohesive implementation approach. CRHD offers some examples of possible key steps that may be needed to ensure long-term sustainability for the LGBTQ Ethnic Visibility action plan individually. (These steps may be examined in detail during further joint discussions between CRHD and SCBHD in June 2019.)

1. Implementation Plan recommendations 8–11 are key to sustainability for this particular action plan. Identifying and empowering a unit or manager to be responsible for updating, modifying, implementing, and evaluating the signage would be important. This person would ideally be connected with the Cultural Competence committee, ethnic services coordinator, and individuals responsible for consumer and family outreach.
2. Identify and empower LGBTQ community champions who are trusted members within the three target communities and will advocate, support, and advance this action plan.
3. Social stigma often translates to the “invisibility” of LGBTQ persons to their families, community, to each other within the LGBTQ community, and in community life in general. A recommendation is to work with local county media to create LGBTQ-appropriate signage that conveys and encourages acceptance, identity, and inclusion.
4. Collaborate continually with the LGBTQ community to create gender-affirming meeting spaces that the county supports. Recognize the importance of respecting the preference of individuals for use of the personal pronouns *he*, *she*, and *they*.
5. Focus on LGBTQ persons across the life span. Recognize that the lived and life experiences and needs of LGBTQ persons differ across the lifespan. In particular, LGBTQ youth and elders are the most vulnerable. Establish a buddy support system for LGBTQ persons, particularly for the transgender population.



Center for Reducing Health Disparities



Bridging the Gap

I. Action Plan Overview

Focal Area	Community Outreach
Priority Communities Addressed	Filipino American, Latino, LGBTQ
Community Needs Addressed	Stigma as a barrier to accessing services.
Vision	Create an outreach strategy for individuals to learn more about mental health and the availability of services through promoting general wellness rather than discussing “mental health.”
Goal	Change the way Solano County outreaches on mental health services and information in the community to slowly break down stigma associated with mental health.
Intervention	Create a “wellness brand” that will be recognized throughout Solano County and expands outreach efforts to non-health related events throughout Solano County.
Action Plan Components	Wellness Outreach Brand Outreach Strategies
Coaching Sessions Received	6
Touch Base Meetings	15

“It’s a cultural problem or our culture that we’ve been dragging to never talk about mental health...the term is relatively new...before it was thought of as nerves...or sadness...or a madness...for people, it is difficult, to first understand it and then to accept it.”

II. Action Plan Summary

The Bridging the Gap (BtG) action plan was created in response to the community narratives that identified stigma as a barrier that prevents individuals in the three target communities from accessing and utilizing mental health services. The concept of “Bridging the Gap” represents both a *strategy* as well as a *brand*. The BtG action plan team envisions the BtG brand as an all-encompassing wellness brand for Solano County. By design, the BtG brand relies on collaboration within county agencies along with the involvement of multiple CBOs and partners in wellness promotion efforts and the marketing of the brand. Such synergy creates opportunities for the county to work more closely with its community partners on engagement opportunities.

After researching several wellness resources and models, the team identified two core strategies to reduce mental health stigma and the obstacles that it causes:

Core Strategy 1. Promote wellness of the mind, body, and spirit through meaningful community connections or by “bridging” individuals to mental health services through community-driven programs and practices.

Core Strategy 2. Create a mental wellness path based on each individual’s unique life experiences that may start with the mind, body, or spirit.

While stigma was identified as a major barrier preventing underserved communities from accessing and utilizing services, the BtG concept is unique in that it expands outreach efforts to non-health related events that encourage individuals to access mental health services via wellness promotion and education activities.

III. Action Plan Components

Wellness Outreach Brand:

Indicative in the name of the brand and strategy of BtG is the idea of **bridging** mental health with wellness. Therefore, the logo and educational campaign envisioned will incorporate a symbolic bridge that connects the mind, body, and spirit to “wellness” in an effort to reduce the stigma associated with seeking “mental” health services.

The BtG team plans to create imagery that embeds behavioral health and wellness into Solano County’s diverse communities by representing the county in the design, which will show diverse people and historic

landmarks and locations that are relatable to Solano County’s communities.

Finally, the BtG team outlined social media and other online platforms that will: (1) increase access to additional resources and bridge the technology interests of younger generations, and (2) increase the support of the BtG brand and strategy.

In support of creating a wellness brand, the BtG team created prototypes of the following materials to be used by SCBHD and contracted with community-based organizations (CBOs) when doing outreach at community events:

1. Mind, Body, and Spirit Brochure
2. Backboard or Poster Display
3. Bridging the Gap Logo

Outreach Strategies:

The BtG action plan incorporates outreach activities that are interactive, engaging, and fun, in order to create a welcoming atmosphere. In support of this, the BtG team created guides with action items for SCBHD and contracted with CBOs to use them when doing outreach:

1. “Outreach Tips Sheet” for successfully outreaching to the communities
2. Wellness “Spin the Wheel” Activity
3. List of promotional Items to have during events

The action plan team shared some of the best practices for engaging diverse communities in order to help SCBHD strengthen its community engagement and outreach strategies. The team members hope these resources will help guide SCBHD’s implementation.

IV. Action Plan Team Notes to SCBHD

As part of the transition process, a CRHD Evaluation Team representative interviewed the action plan lead for this action plan, asking questions to help inform this transition report, along with questions that helped to fully capture the goals and vision for the action plan.

Below is a list of items that BtG would like SCBHD leadership and the action plan implementation team to note regarding their plan:

1. Time will be a barrier.
 - a. SCBHD staff members who implement the program must identify the events at which tabling activities can occur.

- b. Staff members must deliberately make sure that the wellness resources that are being distributed are up to date.
 - c. SCBHD must be prepared to invest adequate time for coordination between the county and the people involved in the program. This includes identifying a volunteer pool of staff members from the county and CBOs, as well as creating a schedule for using the outreach kits.
2. Funding will be another crucial issue. The team recognizes that promoting a brand can be costly, especially because the action plan is dependent on its ability to draw people in with activities like a spinning wheel for prizes, and distribution of promotional materials, all in order to promote wellness as well as the brand.
 3. For long-term sustainability and impact, consider ways to incorporate BtG into the goals and activities of other action plans.
 4. In implementing the BtG action plan, the county must collaborate robustly with its community partners. Doing so would create an opportunity to share resources with CBOs.
 - a. A commitment by the county to invest resources (e.g., stipends for individuals to staff tables at community events) would be helpful in facilitating involvement.
 5. An obvious component of the action plan that must be maintained is the central focus on promoting wellness holistically.
 6. Creation of a high-quality tabling station is important. Ensuring that a table that “displays well” with high-quality promotional materials to distribute can ensure that people will actually use the materials (i.e., wear the T-shirts or hats) and thereby help raise the visibility of the brand.
 - a. The action plan team also stated that tables need to be adequately staffed (i.e., by two or more individuals at a time) to better draw in and engage with visitors.
 7. The county also must hire a graphic designer and other marketing experts to help refine the brand.

V. Community Engagement

This action plan received community input from the Filipino American community during the project’s second annual community forum event on April 4, 2019. Community members provided their insights on two topics:

1. They were asked, “Imagine if you were at a community festival and you saw a table focused on mental wellness. What would make you as a Filipino American likely to approach that table to get more information?”
2. They were shown the prototype poster as a visual for what can represent wellness, and asked for their opinions about it.

VI. Implementation Plan

Note: The following is a list of key recommended steps that may be needed for implementation of this action plan. CRHD and SCBHD will jointly discuss these recommendations in June 2019 and will make any necessary adjustments after the review of the full transition report.

Recommended key steps prior to implementation:

1. Solicit input from members of the Latino and LGBTQ communities on a wellness vision.
2. Work with a graphic designer to:
 - a. Bring to life action plan team members’ vision for branding materials
 - b. Incorporate changes and other recommendations from the Filipino American, Latino, and LGBTQ communities
 - c. Create any further marketing strategies needed for brand creation
3. Solicit further input from the three communities on materials created.
4. Reproduce final products.
5. Determine mechanism and policy changes to ensure that both SCBHD and contracted CBOs utilize outreach materials and incorporate the “BtG brand” into their outreach activities.
6. Work with Solano County CBOs to compile a comprehensive list of non-health related events in which BtG can participate and conduct outreach.

7. Determine mechanisms for:
 - a. Coordinating and tracking those events
 - b. Creating an outreach staff pool to participate in the events
 - c. Updating materials
 - d. Ordering and reordering materials
 - e. Measuring visibility and brand recognition
 - f. Tracking referrals from events

VII. Evaluation Considerations

BtG action plan team’s notes about measuring success of their action plan:

1. To demonstrate the success of the action plan, the action team’s report should focus on the number of members served by the population and the number of those who were referred to Solano County’s Behavioral Health Services through BtG activities or community outreach events.
2. If the brand garners a positive reputation, the action plan team would hope to see that it is being spread to other counties or that its model is otherwise being emulated.

Specific evaluation details to be determined

- [to be discussed and created jointly by SCBHD QI Team and UCD Evaluation Team]

VIII. CRHD Recommendations for Sustainability

The key to long-term sustainability of the action plans will be in interconnecting the action plan activities to one another and in developing a cohesive implementation approach. CRHD offers some examples of possible key steps that may be needed to ensure long-term sustainability of the BtG action plan. (These steps may be examined in detail during further joint discussions between CRHD and SCBHD in June 2019.)

1. Create an educational campaign that will promote the BtG brand throughout Solano County, including schools, community centers, faith-based organizations, and other gathering places.
2. Create partnerships with school-based wellness programs (e.g., wellness centers) that serve adolescents and their families. Schools represent a safe environment to educate families and their children about mental wellness and minimize the negative impact of stigma.
3. Since the BtG action plan includes the three target populations, integrate BtG in other action plans to increase its visibility and the potential of other teams adopting the BtG brand.
4. Strengthen the community engagement component and community participation in feedback and decision-making opportunities to ensure that the brand is relevant to the needs of the communities and continues to be effective. Community contributions can have long-lasting influence on the utility of BtG as a Solano County best practice.



Center for Reducing Health Disparities



Takin' CLAS to the Streets

I. Action Plan Overview

Focal Area	Community Services
Priority Communities Addressed	Filipino American, Latino, LGBTQ
Community Needs Addressed	Limited mental health services in schools for youth. Co-location of mental health services.
Vision	Create mental health wellness centers in schools throughout Solano County.
Goal	Increase access and utilization of mental health services by providing clinical services at school-based wellness centers.
Intervention	Develop a wellness center implementation plan to open five (5) pilot school-based wellness centers—both K-12 and adult education sites—that have the option of having a clinical mental health provider available with a plan to launch additional wellness centers across the county.
Action Plan Components	Wellness Center implementation plan checklist. Identify partner school sites/districts who demonstrate readiness for school-based wellness centers.
Coaching Sessions Received	5
Touch Base Meetings	8

“I think working with the schools trying to catch that early on of how to cope. Not everybody is mentally strong. I can give you a list of the things that I have been through and I have a strong mind. I have had my breakdowns, but I’ve been able to articulate what’s wrong and identify and move on. Not everybody can do that. So, I think schools should offer education on mental health.”

II. Action Plan Summary

The overarching goal of the “Takin’ CLAS to the Streets” action plan is to promote physical and mental wellness in school-based settings through a variety of programmatic activities. One of the key components of the team’s plan is to establish wellness centers on school campuses of K-12 and adult education sites. To further clarify, wellness centers may consist of one dedicated room on a school site, or a space that has multiple adjacent rooms, that will be used solely to promote holistic wellness with varying degrees of staff support and/or services provided. For the purposes of this report, the term “wellness center” will be used henceforth to describe the core intention of the project. By promoting wellness and using this opportunity to educate individuals about mental health, mental health service access and utilization likely will increase. By virtue of being co-located in school settings, school-based wellness centers have the potential to nurture development of relationships between families and care providers, which is essential in responding to the mental health needs of underserved communities. In this way, the establishment of wellness centers via the Takin’ CLAS to the Streets action plan will play an important part in serving the mental health needs of Filipino American, Latino, and LGBTQ communities.

By creating wellness centers in school-based settings, the SCBHD has a major opportunity to establish stronger partnerships between the Solano County Office of Education (SCOE) and the county’s schools and districts, as well as other partner organizations. Recognition that these entities share very similar missions and values is important, because of fruitful opportunities for them to work together in support of each other. Establishing and sustaining wellness centers is one avenue for collaboration. Takin’ CLAS to the Streets has the potential to serve as a template or model for this pivotal type of collaboration. This report focuses *only* on implementation of the Vallejo Regional Education Wellness Center, because SCBHD already is actively involved in the details related to the other three Dixon Unified School-based wellness centers, and clear responsibilities for reporting and activities have been outlined through the California Department of Education grant.

In order to support this effort and secure additional funding, the lead for the action plan team pursued, and was successfully awarded, a California Department of Education (CDE) grant, “Student Support and Academic

Enrichment Competitive Grant Program,” to support wellness centers in K-12 schools, as well as the County Medical Services Program (CMSP) “Health System Development Grant” to support wellness centers at adult education sites. The CDE nine-month grant will be used to develop the infrastructure needed for wellness centers, including consultation with attorneys regarding legal issues, identification of screening tools, and development of a manual for how to open and sustain a wellness center.

The grant funds awarded to SCOE will be combined with local Solano County Mental Health Services Act (MHSA) funds to support opening five (5) wellness centers in Solano County in partnership with three elementary schools in the Dixon Unified School District (DUSD), one SCOE alternative high school in Fairfield, and one adult education site in the Vallejo City Unified School District (VCUSD). The action plan team’s goal is to develop a roadmap that the SCBHD could utilize in partnership with SCOE and local school districts, to launch additional school-based wellness centers beyond the five (5) pilot sites.

III. Action Plan Components

Below is a quick outline of key components that play a role in opening wellness centers that will be used to guide the development of the wellness centers for both K-12 and adult education sites:

1. *Logistics and Structure:*
 - a. *School Partners:* In preparation for applying for the CDE and CMSP grants, the team lead had previously asked Solano County school districts to determine which administrations would be interested and committed to partnering to open school-based wellness centers. Dixon Unified School District (DUSD), SCOE’s alternative high school in Fairfield, and the Vallejo Regional Education Center (adult site) were selected, based on their ability to support and sustain the wellness centers.
 - b. *Wellness Center Checklist:* The action plan team is currently developing a checklist of what needs to be in place before opening and maintaining a wellness center (forthcoming).
 - c. *Community Input:* Team members worked closely with administrators from DUSD, SCOE, and Vallejo Regional Education Center

(VREC) to gather community input to inform the wellness centers. Utilizing established parent groups within the local DUSD, two (2) parent focus groups were held to gather input on what components should be included in the wellness centers. Additionally, in collaboration with Solano Youth Voices, three (3) student focus groups were held at DUSD sites, and the SCOE alternative education site to learn students' needs and interests for their wellness center. The CRHD supported the formative research for the VREC (adult site) where six (6) focus groups were conducted with VREC adult students, staff, and community partners. Working in concert with VREC administration and action plan team members, four (4) student focus groups were conducted, two (2) for the morning classes – one (1) in English and one (1) in Spanish – and two for the evening classes. Additionally, separate focus groups were held to collect input from VREC teachers and staff members, and VREC community partner agencies.

See Section V. Community Engagement for further details on the work being done in this area.

2. *CLAS Training Needs:* In preparation for opening the wellness centers, the action plan team outlined a number of trainings to be held in support of opening a wellness center for staff and CBO contractors that participate in the school wellness centers.
 - a. Positive Behavioral Interventions and Supports (PBIS) for K-12 sites
 - b. Youth-Mental Health First Aid or Adult Mental Health First Aid
 - c. Mindfulness
 - d. Restorative Practices for K-12 sites
 - e. Cultural Humility (for each of the three priority communities, Filipino American, Latino, and LGBTQ)
3. *CLAS Policies and Procedures:* When developing the policies and procedures for the wellness centers, align with CLAS standards. Establish memorandums of understanding with community partners in support of providing mental health services within the school-based wellness centers.

The team also hopes to incorporate policy changes to provide more comprehensive clinical screening tools.

CRHD worked closely with the action plan lead to ensure that CLAS standards are being incorporated into their planning and execution of the wellness centers. However, further work will need to be done to determine if their wellness center checklist incorporates elements of CLAS or cultural humility, or if policies and procedures are aligned with CLAS standards.

In order to help SCBHD move forward with the intent of the action plan to open wellness centers on adult education sites, the action plan team wanted to provide SCBHD with some background research on wellness centers in schools, although no literature was uncovered for adult school-based wellness centers. They hope these resources will help guide SCBHD's efforts as they move into implementation.

IV. Action Plan Team Notes to SCBHD

As part of the transition process, the lead team member for this action plan was interviewed by a CRHD Evaluation Team representative and asked questions to help inform this transition report and to fully capture the goals and vision for the action plan.

Below is a list of key items that Takin' CLAS to the Streets would like SCBHD leadership and the action plan implementation team to note regarding their plan:

1. *School Buy-In:* The Action Plan Team sought to form relationships with schools that had demonstrated strong institutional commitment to the social-emotional development of their students, including buy-in and support from school administrators and parents, an identified space, and a willingness to put forth school site resources, including staffing. Schools demonstrating greater levels of readiness were identified as partners in the establishment of wellness centers. Schools that demonstrated interest in establishing a wellness center but might not have had the support or infrastructure in place for such an endeavor have the option of continuing to work with the SCBHD and SCOE toward attaining that goal in the future.
2. *Community Input:* Community-engaged participation is one of the hallmarks of the Takin' CLAS to the Streets action plan. The action plan

team will work with administrators, faculty, staff, parents, students, and other family members and seek their input on the essential components and services to be offered by the wellness centers. Solano Youth Voices, a 100% youth counsel, will partner with SCOE and SCBHD to conduct focus groups for K-12 sites. SCOE, SCBHD, and other partners will conduct focus groups for adult education sites. Furthermore SCOE, in partnership with the SCBHD, will engage school site, district and Office of Education administrators in planning and implementation of wellness centers.

3. *Multi-sector Partnerships:* Establishment of a wellness center in a school requires a significant investment and coordination among various organizations and agencies. All agencies and individuals involved must be committed to this effort. Many educational organizations undergo shifts in leadership in the spring; those and other changes can be problematic in maintaining continuity and meeting the requirements for development of a wellness center. Failure of new leadership to prioritize ongoing processes to open a wellness center can compromise success. This important consideration highlights the need for partnering organizations such as SCBHD or the Office of Education to be wholly dedicated to the advancement of school-based health and wellness to the extent that changes in staff will not impede the progress that has been made in communities.
 - a. In establishing wellness centers and promoting wellness within schools, it will be important to solicit feedback from the community, including students, parents, and teachers. These individuals should be engaged and allowed to participate throughout the process, in order for a collaborative environment to truly occur.
 - b. A key aspect of the Takin' CLAS to the Streets is that it is not meant to be an exclusive program. For instance, any school stakeholder (i.e., students, parents, faculty, and administrators) should benefit from the wellness center model whether through direct services or trainings offered through this partnership.
 - c. More importantly, however, it will be important for those implementing the action plan to meet our school partners where they are at in terms of their readiness.

4. *Commitment and Sustainability:* Commitment plays an important role in sustaining efforts to promote wellness and establish wellness centers. To that end, attentively coordinating the contribution of resources and funding from multiple organizations will be an important consideration. Such resources might include support from public insurance programs and private health programs. For instance, providers may seek reimbursement for mental health services through billing Medi-Cal for individuals who qualify. In these cases, mental health services may be provided to individuals at little cost to the wellness center. Funding through local, state, and federal grants as well as philanthropic foundations on behalf of school districts may also be needed to sustain wellness center services. In addition, contributions from the school districts themselves will be important. Specifically, participating districts should demonstrate their commitment through their Local Control and Accountability Plans.
 - a. Moreover, restructuring of staff roles and responsibilities may need to occur to ensure the sustainability of the program.

V. Community Engagement

School-Based Wellness Center Community Input

Below is an outline of key community input components that yielded a report for SCBHD and the action plan team members to review and use as a guide for opening the five (5) pilot school-based wellness centers:

1. DUSD and SCOE school sites:
 - a. Solano Youth Voices, SCOE, SCBHD, and DUSD conducted focus groups during the first two quarters of 2019.
 - b. Focus Groups (wellness center needs assessment):
 - Elementary Schools: Two (2) focus groups were held with elementary students from two (2) different schools, in February 2019
 - Alternative High School: One (1) focus group was held with students (forthcoming)
2. Vallejo Regional Education Center (VREC):
 - a. Formative Research (wellness center needs assessment): The Center for Reducing Health

Disparities at UC Davis conducted the formative research during April and May 2019.

- i. Wellness Center Class Presentations (7)
 - One (1) presentation to the school teachers
 - Six (6) presentations to their adult students (done both in English and Spanish)
 - Demographic data was collected and analyzed
 - Wellness Center Worksheet Student Responses were collected
- ii. Focus Groups: Six (6) focus groups: conducted in April and May 2019
 - 2 students focus groups in Spanish
 - 2 students focus groups in English
 - 1 teacher focus group
 - 1 focus group for CBOs that are also partnering in the school
 - Qualitative Reports and Summary Presentation: provided to action plan team members and VREC in July 2019

Community Forum Input

Additionally, during the 2019 Filipino American Community Forums community members had an opportunity to provide input on ways to promote wellness in their community. The following question was asked::

1. If a school were to establish a wellness center available to all children and adults, what would make members of your respective community more likely to seek mental health services at these centers?

VI. Implementation Plan

Note: The following is a list of key recommended steps that may be needed for implementation of this action plan. CRHD and SCBHD will jointly discuss in June 2019 and make any changes/adjustments as needed after the review of the full transition report.

Recommended key steps prior to implementing the VREC wellness centers:

1. Review community input reports provided by Solano Youth Voices and the CRHD team.
2. Ensure the checklist incorporates key recommendations specific to K-12 and adult sites.

3. Ensure the CLAS standards are incorporated into policies and practices related to wellness centers.
4. Collaborate with partners to secure funding for operational supports of wellness centers (e.g., physical environment, furniture, posters, CLAS resources, assessments, software, etc.)
5. Establish contract and/or partnerships to provide on-site behavioral health supports.
6. Schedule trainings for school site staff.
7. Support CLAS standards focused trainings for the three (3) priority communities.
8. Build in CLAS tracking and monitoring for data collected at the wellness centers.
9. Determine a process for:
 - a. Evaluating effectiveness and use of the wellness center
 - b. Re-evaluating resources provided and for updating resources
 - c. Designating a liaison within SCBHD and SCOE to work with participating school sites directly if issues arise.

VII. Evaluation Considerations

Takin' CLAS to the Street action plan team's notes regarding measuring success of their action plan:

1. The successful opening of a wellness center.
2. Measuring utilization of services and health outcomes by community members.
3. Developing ways to measure academic performance, disciplinary problems, and absences by students to determine if the wellness center has made an impact in those areas, if school sites/districts are willing to provide this data.

Specific evaluation details to be determined

- [to be discussed and created jointly by SCBHD QI Team and UC Davis Evaluation Team]

VIII. UC Davis Recommendations for Sustainability

The key to long-term sustainability of the action plans will be in interconnecting the action plan activities and in developing a cohesive implementation approach. CRHD offers some examples of possible key steps that

may be needed to ensure long-term sustainability for the Takin' CLAS to the Streets action plan individually. (These steps may be examined in detail during further joint discussions between CRHD and SCBHD in June 2019)

1. Procure and obtain funding for operational support of the wellness centers.

2. Extend contracts to provide on-site behavioral health supports, as needed.
3. Provide booster trainings to existing personnel and new trainings to new personnel.
4. Establish an evaluation program that measures effectiveness and impact of the wellness centers.

Workforce-Focused Action Plan Reports

These reports contain recommendations prioritized to help build a more diverse workforce within SCBHD and also to help better prepare the SCBHD workforce in “providing quality care with CLAS.” The recommendations in these action plans are geared to transcend HR policy changes, and to accommodate numerous career pathways, and to promote systemic workforce involvement with CLAS standards.



Center for Reducing Health Disparities



Cultural Game Changers

I. Action Plan Overview

Focal Area	Workforce Development
Priority Communities Addressed	Filipino American, Latino, LGBTQ
Community Needs Addressed	<ul style="list-style-type: none"> • Need for a greater pool of diverse mental health providers and staff • Provider burnout • More focus on promoting mental health careers
Vision	Have the diverse composition of Solano County reflected in the SCBHD workforce now and for the future generations.
Goal	Increase SCBHD’s capacity to serve bilingual and bicultural consumers with a diverse workforce.
Intervention	<ol style="list-style-type: none"> 1. Create CLAS-appropriate strategies for recruitment and hiring. 2. Recruit a diverse workforce through pipeline strategies in high schools.
Human Resources Action Plan Components	HR Policies and Procedures Proposal
Pipeline action plan component(s)	Mental Health Career Outreach Campaign Proposal
Coaching Sessions Received	6
Touch Base Meetings	19

“To access and utilize services, it is important to see persons from your own culture and that speak your own language.”

II. Action Plan Summary

The Cultural Game Changers (CGC) action plan team has steadfastly been focused on workforce diversity and inclusion since initially conceiving their action plan, based on the community narratives reviewed. The group identified two approaches for addressing diversity and inclusion within the Solano County Behavioral Health Division (SCBHD) workforce: (1) examine the processes and procedures within Solano County Human Resources in support of this vision, and (2) strengthen pipeline efforts in high school to promote mental health as a career option.

Human Resources

The goal of the CGC action plan team is to increase human resources through workforce development with an emphasis on diversity and cultural expertise within Solano County. Attainment of this goal requires improved recruitment and hiring practices. A key feature of the action plan is to promote systems change such that inclusivity and diversity are integral components of organizational recruitment and hiring. This includes incorporating diversity statements in marketing job announcements and utilizing inclusive language in related documents. Solano County Behavioral Health Division has recognized that recruitment practices need to be improved in order to build a staff that mirrors the composition of underserved communities.

The CGC team also wants to enhance cultural expertise, particularly as part of the hiring process. Namely, the action plan calls for proposed changes to value current and prospective staffs' cultural expertise, knowledge, and experience working with diverse communities. During CLAS coaching sessions, the CGC action plan team joined forces with the Culturally Responsive Strategies (CRS) action plan team. This collaborative effort took place because both teams focus on recommended strategies to strengthen human resources and workforce diversity and inclusion – important components of the CLAS training and coaching sessions.

Overall, the long-term goal of the CGC's Human Resources and Workforce Pipeline action plan, in partnership with Culturally Responsive Strategies, is to improve workforce capacity and diversity within Solano County. Attainment of this goal will yield a two-fold outcome: (1) an improved health care delivery system for consumers, and (2) an increase in the access and utilization of mental health services.

Workforce Pipeline

Building a workforce that could better address the mental health concerns of Solano County's Filipino American, Latino, LGBTQ and other underserved communities is of crucial importance. To that end, having a workforce that mirrors the composition of underserved communities that SCBHD intends to serve will be essential. This reality highlights a need for efforts to incite individuals, youth in particular, to explore opportunities to serve their community through careers in mental health. The action plan members found that young people from the three target populations may not be aware of careers in the mental health field due to lack of knowledge and exposure. Lack of awareness, stigma, and inadequacies in the school-to-career workforce pipeline and promotion of mental health careers elevate the importance of a focus on rectifying Solano County's mental health workforce shortage. Complicating the shortage issue is the high turnover rate among persons working in mental health. Consequently, the CGC's action plan aims to cultivate interest in mental health careers among young people via partnerships with schools. The CGC's team recognized the role that stigma and fear about mental health problems play in youth from underserved communities. Negative portrayal of mental health discourages many youth from exploring careers in mental health.

III. Action Plan Components

Human Resources (HR) Component

1. Human Resources (HR) Policies and Procedures Proposal

The action plan team created a proposal with recommendations to make changes to HR policies and procedures to promote the hiring of and retention of a diverse workforce within SCBHD.

Preparation work for this proposal:

- a. The team created and analyzed survey questions that were included in the Mental Health Plan annual survey as a way to understand issues around support of a diverse and inclusive workforce, and contributions of bilingual and bicultural staff members.
- b. The Culturally Responsive Strategies team helped lead the work by coordinating an "Introductory HR Meeting" on the proposed long-term changes. This meeting took place August 6, 2018, and CGC hopes to build upon

these efforts to have another more detailed meeting with the HR Department to outline their proposal with more specifics.

Proposal:

The CGC team proposes, as part of their action plan, that SCBHD adapt strategies from the University Health Services, University of California, Berkeley, publication *A Toolkit for Recruiting and Hiring a More Diverse Workforce*.

This toolkit would serve as an adopted framework for SCBHD to modify and create changes in:

1. Infusing job announcements and marketing efforts with CLAS standards-related language
2. Incorporating CLAS standards elements in job descriptions
3. Making recommendations for interview protocols and processes
4. Recommending that workforce, education, and training activities are consistent with CLAS Standards

One major accomplishment to date in support of their proposal:

The action plan team finalized an *Inclusion Statement* that is now being used in all job postings for the Solano County Behavioral Health website, as well as edited versions for Solano County at large.

In addition to adapting the UC Berkeley toolkit, the team hopes to recommend the following:

1. That effort is made to recognize outstanding staff members and prospective employees who demonstrate strong cultural expertise.
2. That a special skills classification around cultural expertise is created in job descriptions to place greater emphasis around knowledge surrounding cultural expertise.
3. That SCBHD consider ways to enhance compensation for with greater levels of cultural expertise.

Human Resources Presentation Packet:

In order to help SCBHD work with the HR Department, the action plan team committed to creating a presentation packet that will help explain to HR leaders their vision for changes and rationale for the need for those changes. The presentation packet provided to SCBHD will consist of:

1. Key summary of the major changes within the University Health Services, UC Berkeley publication *A Toolkit for Recruiting and Hiring a More Diverse Workforce* that the action team wishes to implement in SCBHD
2. Examples of other counties, similar in size to Solano County, successfully using diversity and inclusion practices in their hiring process
3. Examination of the cost of using interpreter services with respect to the cost of the bilingual pay differential program

Pipeline Action Plan Components

1. Mental Health Career Outreach Proposal:

To complement their HR efforts in building a diverse workforce, the team created another venue to increase the diversity of mental health providers, a cohesive mental health career pipeline campaign vision for high schools throughout Solano County.

The following is summary of this campaign proposal:

- a. Develop cohesive and unified marketing materials targeted to diverse high school students for a detailed description of their marketing vision.
- b. Ensure that all marketing materials are CLAS ready.
 - Ask SCBHD to create short, easy to read, and engaging brochures for each career available at SCBHD.
 - A brochure for a “Mental Health Specialist 1” position was drafted as the proposed layout template for the rest of the positions.
 - A template with information needed for each position brochure was also drafted.
 - Tailor CLAS focused, encouraging event promotion messaging for students, parents, teachers, and administrators.
 - The team drafted messaging for different stakeholders to promote at career events.
 - Encourage SCBHD to create “SCBHD Ladder for Success,” a short, easy-to-read and engaging one-pager for students and parents, outlining position summaries, years and education needed for mental health careers; one version would be geared toward students and another geared toward parents.

- A template with the information needed to create this one-pager was drafted.
 - Ask SCBHD to create culturally and linguistically appropriate infographics for parents (in English, Spanish, and Tagalog) to help them better understand mental health career paths, with information that they will find relevant.
- c. Create a robust social media marketing strategy.
 - The action plan team recommends creating a social media platform around this marketing program to increase visibility.
 - d. Develop a process for hosting a mental health career event for ALL high schools throughout Solano County.
 - CGC drafted an agenda with proposed changes to be made to the current career events under way within SCBHD now, changes they consider more aligned with CLAS.

IV. Action Plan Team Notes to SCBHD

As part of the transition process, a CRHD Evaluation Team representative interviewed the action plan lead for this action plan, asking questions to help inform this transition report, along with questions that helped to fully capture the goals and vision for the action plan.

Below is a list of items that CGC would like SCBHD leadership and the action plan implementation team to note regarding their plan:

1. Importance of CLAS Training cohorts
 - a. The CLAS Training was important to the development of this action plan because it empowered team members to inspire each other and collaborate to develop actionable objectives toward improving systems of care.
 - b. The members of the team have noted that such an opportunity would not likely have been available elsewhere. A key contribution of the CLAS Training program was that it prompted the CGC's Human Resources action plan team to consider incorporating CLAS Standards in organizational hiring practices.
2. Obstacles to consider regarding the inclusion statement
 - a. A key obstacle to implementing the CGC's Human Resources action plan may be related

to implementation delays and political complications. For example, although the team has already developed an inclusion statement, it has not been fully utilized. This may be related to miscommunications in various departments or could be due to unanticipated bureaucratic barriers.

- b. Another consideration is exploring changes in the bilingual pay differential may require further approval from unions and other organizations, which may need to be involved in activities to enhance the diversity of organizations.
3. Cultural expertise of prospective employees
 - a. Methodology for evaluating the cultural expertise of prospective employees remains to be determined.
 - b. Members of the action plan team tried but were unable to obtain guidance from other counties, officials of which were reluctant to share that information. As a result, Solano County leaders will need to ask other agencies to identify their practices, because these hiring approaches are generally not disclosed.
 4. Staff and community input matters
 - a. The action plan team is grateful that Solano County has allowed staff and community members to contribute to efforts to improve mental health care. The team is eager to see the materials they have developed put to use. They wish to highlight that intentionality behind improving workforce diversity is crucial to rectifying problems with mental health service access and utilization.
 - b. Representation matters, and the advantages it has to offer span beyond just creating welcoming environments for consumers. Workforce diversity greatly expands the range of perspectives represented inside an organization, which is tremendously beneficial for staff development.
 5. More than just a pipeline effort
 - a. This CGC Pipeline action plan is about more than just creating a pipeline. It truly is about changing the beliefs that underserved communities have about mental health. The work involved in introducing young people to mental health careers will entail establishing

partnerships with community-based and faith-based organizations around Solano County, paving the way for collaboration between the county and these organizations on other initiatives in the future.

- b. Therefore, designation of a person or staff to be responsible for coordinating these events is important.
6. Marketing strategy considerations
 - a. Investment needs to be made to improve marketing materials that promote mental health careers to young people. Eventually, it would be worthwhile to expand into social media for further promotion efforts. Such tasks will require a dedicated staff.
 - b. Commitment is another important consideration. Past efforts to establish pipeline and recruitment efforts were not maintained. Avoiding repetition of this cycle is imperative.
7. Internship opportunities
 - a. The long-term aim of the Pipeline action plan is continual expansion of internship opportunities, supported by county promotional activities during pipeline events. Whereas in its present form, the Pipeline action plan comprises mainly educational materials about mental health careers and workshops, the team hopes that robust internship opportunities can be made available to individuals at various stages of their education (e.g., high school, college, and graduate programs).
 - b. Another possibility is for SCBHD to collaborate with other branches (e.g., Public Health Division) in creating internship opportunities for individuals to serve the county.
8. Sustainability considerations
 - a. With regard to sustainability, funding will be a key consideration. The Pipeline action plan is a long-term program that would benefit from funding to support staff and participants in a potential career development program.

V. Implementation Plan

Note: The following is a list of key recommended steps that may be needed for implementation of this action plan. CRHD and SCBHD will jointly discuss these recommendations in June 2019 and will make

any necessary adjustments after the review of the full transition report.

Recommended key steps for the HR component:

1. Follow up with the action plan lead to ensure completion of the HR presentation packet.
2. The leadership sponsor should secure a meeting with Human Resources for the action plan team members to present their project for consideration.
3. Annually conduct the survey questions created, and analyze data around workforce diversity recruitment and retention.
4. Work with HR to determine which of the team's recommendations will be adopted by HR and to agree upon a timeline.
5. Build in a tracking and monitoring component to analyze changes in workforce diversity year over year.
6. Determine possible mechanisms for celebrating diversity of staff.

Recommended key steps prior to implementing Pipeline component:

1. Solicit input from high school students and parents from diverse backgrounds on the following:
 - a. Sample brochure to narrow down key messaging and content
 - b. Sample one-page "SCBHD Ladder for Success" for students
 - c. Sample one-page "SCBHD Ladder for Success" for parents
 - d. Their ideas for what a mental health career day event should look like and what further information and appearance the marketing materials should have
2. Work with graphic designer to:
 - a. Create action plan team's proposed marketing material based on input from the community
 - b. Create any further marketing materials
3. Develop a marketing campaign, including a social media component
4. Conduct additional rounds of community engagement to inform the marketing materials and mental health career day program as needed
5. Request a complete list of high school workforce contacts from SCOE

6. Collect the schedule of career day events held at local schools
7. Identify staff member(s) to lead high school outreach activities
8. Schedule staff to attend career day events to promote pipeline programs
9. Develop the Mental Health Career Event program
10. Create an evaluation tool(s) to track student participation in career day contact activities, attending mental health events, and to document if they enter the field of mental health.
11. Determine schedule of events (e.g., number each year, and identify school sites, with a rotating schedule each year).

VI. Evaluation Considerations

Cultural Game Changers action plan team’s notes regarding measuring success of their action plan:

Human Resources Proposal:

1. The team members hope to see systemic changes in recruitment and hiring practices.
2. A broader use of inclusion statements in job descriptions and recruitment materials is desirable.
3. A long-term indicator of success would involve changes in the workforce to make it more reflective of the surrounding community.

Workforce Pipeline Proposal:

1. A long-term indicator of success would include the number of requests from the community for mental health career pathway workshops, which will demonstrate the establishment of a positive reputation of the pipeline program.
2. In addition, the number of pipeline program participants who return to work for Solano County Behavioral Health in the future will also be a crucial long-term indicator.
3. Measurement of the true success of the Pipeline Action Plan will be difficult until individuals who participated in the program as high school students later become eligible to return to work for the county, but the team members hope that processes can be set in place to capture this information.
4. Additional monitoring would involve recording the number of mental health career pathways workshops and number of workshop participants.

Specific evaluation details to be determined:

- [to be discussed and created jointly by SCBHD QI Team and UCD Evaluation Team]

VII. CRHD Recommendations for Sustainability

The key to long-term sustainability of the action plans will be in interconnecting the action plan activities to one another and in developing a cohesive implementation approach. CRHD offers some examples of possible key steps that may be needed to ensure long-term sustainability for the CGC action plan. (These steps may be examined in detail during further joint discussions between CRHD and SCBHD in June 2019.)

1. Partner and leverage resources with school districts across Solano County.
2. Identify career academies or pathways in schools that have a behavioral health focus, and collaborate to strengthen curricula.
3. Align CLAS standards relevant to this action plan with school core academic standards (e.g., English Language Arts, Social Studies, Spanish).
4. Collaborate with CBOs interested in working with schools to create a work-based learning component that exposes youth to real-life, hands-on experiences under the mentorship of a mental health provider who looks like them
5. Work with a local community college that is already serving students from the local high schools to create a one-year, entry-level mental health worker certificate program that is recognized by Solano County.
6. Strengthen partnerships between a high school, CBO sponsor, community college, and SCBHD to establish a pipeline model from high school to college to SCBHD.
7. Replicate the school-to-college-to-work pipeline model in other Solano County cities to increase the workforce numbers and diversity for each of the three target populations.
8. Consider creating a pathway for TRUe Care Navigator Program for those students interested in getting some experience working within mental health settings.



Center for Reducing Health Disparities



CLAS Gap Finders

I. Action Plan Overview

Focal Area	Workforce Focus
Priority Communities Addressed	Filipino American, Latino, LGBTQ
Community Needs Addressed	A disconnect in providing culturally and linguistically appropriate services.
Vision	Create a fully staffed unit that is dedicated to continuously identifying and addressing gaps in meeting CLAS standards.
Goal	Improve customer service and staff experiences through ensuring that SCBHD is meeting CLAS standards.
Intervention	Develop a vision for the possible creation of a unit that can monitor and address gaps in SCBHD compliance with CLAS standards.
Action Plan Components	“CLAS Gap Finders” Unit Development Vision
Coaching Sessions Received	5
Touch Base Meetings	8

“We need to redesign the whole system...Then, there will be changes. When you have doctors that [are] compassionate, [have] compassion hearts...when you have staff and nurses that they are going to be about compassion and concentrate in the issues of the patient.”

II. Action Plan Summary

Solano County’s historically underserved communities face many complex concerns related to access and utilization of mental health services. Based on interviews with cultural brokers from Solano County, attracting bicultural-bilingual mental health providers is an ongoing challenge for the county and other community-based organizations (CBOs). This insufficiency in a culturally and linguistically appropriate workforce widens the treatment gap and increases the difficulty of reaching the most vulnerable consumers.

The CLAS Gap Finder’s action plan represents a community-defined strategy to help guide the implementation of the CLAS standards and assess the effectiveness of SCBHD’ approaches to putting them into practice. The goal of this action plan is to ensure that the primary responsibility or burden of serving people is put on the service providers (county and contracted CBOs) and not on the individuals and their communities. Presently, systematic approaches to assessing whether organizations are adequately implementing the CLAS Standards are lacking. Unfortunately, underserved communities bear the burden of identifying and highlighting these problems. The CLAS Gap Finders action plan presents a proposal for Solano County and its related community-based partners to remedy this concern and set in motion possible solutions.

While CBOs across Solano County are taking small steps to gathering data and assessing the barriers in accessing and utilizing mental health services, consistent systematic evaluation approaches are still needed. To continuously and effectively evaluate and to identify and address ongoing treatment gaps, SCBHD must take the next steps in putting CLAS Standards and evaluation components into practice.

Hesitation to act on the next steps to adequately assess and appropriately serve vulnerable communities may ultimately lead to greater isolation of vulnerable people from community life and may contribute to decline of their mental health. The responsibility of identifying and overcoming barriers to care should primarily reside with the SCBHD. Additionally, these issues highlight the need for more proactive approaches in identifying gaps in access and utilization. Accordingly, the CLAS Gap Finders’ action plan constitutes a proposal to create a unit within SCBHD that will be devoted to finding these gaps and coordinating efforts to resolve the gaps identified.

III. Action Plan Components

“CLAS Gap Finders” Unit Development Vision

The goal of the CLAS Gap Finders action plan is to establish a process for creating a unit for SCBHD to assess local implementation of the CLAS Standards for the purpose of improving the quality of mental health services. Action plan team members hope that SCBHD can help expand those activities and this model to the county’s contracted CBOs.

The action plan team created a one-page document with the essential key elements of their action plan, which they hope helps SCBHD leaders better understand their action plan proposal.

The team’s proposal for the development of the unit includes:

1. A full-time coordinator to oversee functions and coordinate across departments
2. A team of individuals with roles and responsibilities
3. A review of current evaluation processes and tools to identify information that is already collected, in order to help inform gaps in meeting CLAS Standards.
 - a. CRHD took the liberty to align the Mental Health Plan (MHP) Survey, which staff members must complete, with aspects of CLAS Standards, as the table illustrates.
 - See two sample questions below for alignment of the MHP survey and the Culturally Sensitive Supervision Supervisor Survey questions.
 - b. Once a review of current tools is done and aligned with CLAS Standards, further questions can be developed and added to those tools to meet any CLAS Standard or CLAS Standard components with which current tools do not align.
4. To ensure the feasibility and thoroughness of these functions, the CLAS Gap Finders action plan team proposes that Solano County and its contracted CBOs assess their application of CLAS Standards on a rotating basis, measuring and evaluating only a select few standards periodically (e.g., Year 1: Standards 2–4, Year 2: Standards 5–8, Year 3: Standards 9–15, Year 4: Standards 2–4...). Ideally, this process can become a model for organizations to emulate.

	Survey Question	CLAS Standard(s) #	What component of the standard(s) does it meet?
9	Does your employer or organization have a formal bilingual certification process such as verbal and/or written examination?	3	Assess the language and communication proficiency of staff members to determine fluency and appropriateness for serving as interpreters.
30	All staff: Providing services in a consumer's primary language, or when that is not possible, providing appropriate interpreter services is an important aspect in delivering high-quality treatment.	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 and mental health care services.

- The action plan's strategy recommends development of an onboarding training slide deck with embedded cultural humility gap assessments to support newly hired staff members with identified trainings upon joining SCBHD or contracted CBOs. A potential connection to the Cultural Humility Champions action plan.

IV. Action Plan Team Notes to SCBHD

As part of the transition process, a CRHD Evaluation Team representative interviewed the action plan lead for this action plan, asking questions to help inform this transition report, along with questions that helped to fully capture the goals and vision for the action plan.

Below is a list of key items that CLAS Gap Finders would like SCBHD leadership and the action plan implementation team to note regarding their plan:

- Efforts should emphasize consumers' and families' needs:* Consumers and their families far too often are trying to adapt to fragmented and inefficient mental health systems, as opposed to the systems adapting to the needs of consumers. If this vision is carried out, this unit will initiate substantial steps to promote change in organizations and to improve the "follow-up" with these activities.
- Insufficiency in bilingual-bicultural clinicians:* Many organizations struggle to attract bicultural-bilingual providers with the appropriate background and experience to perform culturally and linguistically competent services for consumers and their families. Limited

understanding about mental health issues are common in underserved communities. In light of the myriad concerns, identifying and monitoring these emergent problems remain particularly challenging.

- Leadership support:* Engaging in these processes will not be easy because they will require leaders to take a position of humility. Obstacles facing organizations may be due to circumstances outside of the control of leadership; however, leaders must be more cautious about defaulting to these explanations. Moreover, identifying weaknesses within one's own organization will paradoxically reflect positively on the organizations and their leaders. Community members will recognize that Solano County and its contracted organizations are making a good-faith effort to improve their services and to ensure that underserved groups do not fall through the gaps.
- Self-identify CLAS organizational gaps:* The hallmark of the CLAS Gap Finders action plan is that organizations are forced to self-identify their weaknesses and take steps to rectify them. Doing so requires organizational leaders to come to terms with problems within their organization, an act that requires humility and acknowledgment of vulnerability. Next, those responsible for this task will need to be proactive in addressing the identified gaps. Thus, an obstacle to improving services could be that organizations lack the capacity to address emergent issues.

5. *Align data collected with CLAS Standards:* In implementing the plan, organizations will need to be prepared to review their systems in an orderly way, which may be time consuming. Specifically, organizations need to invest time in taking stock of all the data they are collecting and should establish an inventory of that data; from there, each organization will need to determine alignment between the applicable CLAS standards with the questions or items collected.
6. **CLAS Unit, not a single position:** The CLAS Gap Finders action plan team members believe that the task of identifying gaps within organizations should not fall onto an individual, but instead should be the responsibility of a team. The team has concerns that individuals coordinating such a task can be overworked.
7. **Community input:** CBOs are key stakeholders and partners in these efforts, and they should be involved early with these processes and provide input on the best way they should monitor their own gaps in meeting CLAS Standards.

V. Implementation Plan

Note: The following is a list of key recommended steps that may be needed for implementation of this action plan. CRHD and SCBHD will jointly discuss these recommendations in June 2019 and will make any necessary adjustments after the review of the full transition report.

Recommended key steps prior to implementation:

1. Create an inventory of all SCBHD data collection tools (surveys) currently used for staff, consumers, CBOs, or other participants, including any data that is collected from contracted CBOs that SCBHD may currently use for reporting.
 - a. If an inventory is not currently available, create one.
 - b. If an inventory is available, ensure that all information is up to date.
2. Review each tool and align questions to CLAS standards and CLAS standard components.
 - a. CRHD Education Team can assist with this process.
3. Work with the Solano County Quality Improvement Department to create further

- questions to be added to evaluation tools if any standards are not adequately addressed by current tools or other processes.
4. Identify the rotating CLAS standards to be considered and the time frame to comply with those standards.
5. Determine feasibility of creating a full “CLAS Gap Finder” Unit.
 - a. Draft proposed alternate approaches, depending on feasibility, that include a team approach.
 - b. CRHD Team can help brainstorm other alternative strategies.
6. CLAS Standards training for any SCBHD staff members who will be working as part of this unit may be critically important, so they can better understand not only the materials and strategies that will address gaps, but also how to align those efforts across multiple standards.
7. Consider also providing CLAS Standards training to multiple departments within SCBHD that will interface with this unit while addressing and problem-solving gaps.
8. Work with the unit, to help establish a plan with processes for resolving identified gap(s).
9. Introduce the purpose of the CLAS Gap Finder Plan to contracted CBOs to get their suggestions on best ways they can replicate those efforts within their own organization.
 - a. Note: recent efforts already may have been made to engage CBOs in examination of how they are meeting CLAS standards.
10. Revisit contracts with CBOs to incorporate language about determining a system for measuring CLAS standards within their own organization.
 - a. Note: CRHD is aware that recent changes to CBO contracts cover aspects of this implementation step. Consider the team’s recommendation to review CLAS Standards on a rotating basis, focusing on several standards at a time, to ensure thoroughness.
11. CLAS Standards training may be critically important to help personnel in contracted CBOs fully understand the rationale and importance of each standard, so that they may be more committed

to making and evaluating changes for long-term success.

VI. Evaluation Considerations

CLAS Gap Finders action plan team’s notes about measuring success of their action plan:

1. Success for this action plan will be measured in how well SCBHD establishes key policies that:
 - a. Identify gaps in CLAS standards
 - b. Decide on an action plan to address the identified gap(s) in the application of CLAS Standards across Solano County.
2. As changes in practices and policies occur, SCBHD must consistently write reports that describe changes being made and follow-up activities for accountability.

Specific evaluation details to be determined

- [to be discussed and created jointly by SCBHD QI Team and CRHD Evaluation Team]

V. CRHD Recommendations for Sustainability

This action plan is unique in that its sustainability is grounded within several functions already started by SCBHD. This action plan could be the pathway that SCBHD uses to monitor all CLAS functions as a result of this project by coordination of the QI evaluation process and to contribute to oversight and accountability based on the results of the evaluations.

The Center for Reducing Health Disparities (CRHD) recommends holding further discussions around sustainability within this particular action plan in conjunction with the SCBHD leadership team. Topics in such discussions could include the feasibility of creating a “CLAS Gap Finding” unit, potential alternative strategies, connections to a Cultural Competency Plan, and further details regarding designation of this action plan as the central hub for all CLAS efforts.

Training-Focused Action Plan Reports

These reports are prioritized in a way that helps better train staff members for working with the three priority communities (with the hope to better prepare them for working with any diverse community).



Center for Reducing Health Disparities



Culturally Sensitive Supervision

I. Action Plan Overview

Focal Area	Staff Training
Priority Communities Addressed	Filipino American, Latino, LGBTQ
Community Needs Addressed	Limited preparedness from staff to work with diverse clients.
Vision	The vision for the Culturally Sensitive Supervision action plan is to improve relationships between clinical supervisors and their clinical supervisees using a highly interactive and lively process.
Goal	The goal of the Culturally Sensitive Supervision plan is to improve supervisors' capacity and level of support to their multilingual and multicultural staff and consumers.
Intervention	Train supervisors to: Perform culturally sensitive supervision Provide appropriate support, mentoring, and guidance to their staff on delivering multilingual and/or multicultural care to consumers
Action Plan Components	Staff Survey: Clinical Supervisors and Supervisees Training 1 with Kenneth Hardy Clinical Supervisor Monthly Reflective Groups Training 2 with Kenneth Hardy Clinical Supervisor Quarterly Reflective Groups Supervisor Log Alignment to Training Tenets
Coaching Sessions Received	6
Touch Base Meetings	5

“The language does have a lot to do with it...it would be worthwhile that...the psychologist, well, the professional in this case, speak the language of the person that they are servicing...[also] to have a little more knowledge of the persons’ life experiences...In other words, know a bit more about one’s cultural upbringing.”

II. Action Plan Summary

The Culturally Sensitive Supervision (CSS) action plan takes a unique approach toward improving the way clinical supervisors and clinical supervisees interact with one another. Dr. Kenneth Hardy will lead a group of supervisors and supervisees through a rigorous interactive workshop highlighting ways in which people can reach a level of introspection combined with their life experiences and thereby can broaden their ability to create meaningful connections with each other. This notion of relationship building guides this action plan and should be sustained over time. This crucial piece of the action plan can lead to improved supervisor-supervisee relationships because through the meaningful discussions and sharing of life experiences, common interests will be discovered. Strengthening these relationships may help alleviate certain workforce problems such as retention and burnout.

In addition, the type of relationship that is modeled between clinical supervisors and supervisees can then be translated into improvements in how providers foster their relationships with their patients, incorporating recognition of their shared history and experiences as a means of connecting with one another. That approach hopefully will improve the care that patients from vulnerable communities will receive, which will increase their mental health service use.

The CSS action plan began as the Culturally Sensitive Supervision plan. As development of the action plan evolved, the team members began incorporating the term “culturally sensitive supervision” into their discussions to reflect the fact that the approach is not merely responsive to concerns, but also is perceptive and empathetic about the sensitivities and customs of various cultural populations. Correspondingly, this report incorporates both terms: “Culturally Sensitive Supervision” (CSS) as well as “Culturally Responsive Supervision.”

III. Action Plan Components

Survey Staff Supervisors and Supervisees

Finalized and distributed to staff on: January 2, 2019

The CSS action plan team drafted and administered surveys to clinical supervisors and supervisees from the Solano County Behavioral Health Department (SCBHD) and contracted community-based organizations (CBOs). The purpose of the survey was to “gather baseline

information regarding current supervisory practices.” Survey results were analyzed and used to inform the training topics or tenets for the first Culturally Sensitive Supervision training, offered to clinical supervisors.

Training 1

Delivered on: February 20, 2019

Action plan team members worked with SCBHD to secure a contract with Dr. Hardy, a leader in the field of Culturally Sensitive Supervision. Tenets drawn from the survey results guided the initial training, held on February 20, 2019. The CSS utilized intervention programming that compelled supervisors to engage in introspective thinking, enabling them to develop a deeper appreciation for their shared histories and experiences, which in turn strengthened their relationships.

Through this training that Dr. Hardy led, the participating supervisors came together in a large group therapeutic workshop, where supervisors were exposed to and practiced this approach. This workshop helped participants change how they saw others as individuals, as well as bring about changes in how they connected with other individuals. Specifically, participants learned to value other individuals by drawing upon their own personal cultural identities and experiences, such as where participants came from and the characteristics of the communities that they have been working to serve.

The action plan team created the following documentation for this training:

1. A flyer to promote the training
2. A training registration form for participants to fill out
3. A participant agreement form for each participant to secure their commitment to the trainings
4. A survey to capture supervisors’ changes in knowledge and attitudes after the training
5. A form to capture participants’ impressions of the training to help inform improvements for Training 2

Monthly Reflective Groups

Began in: April 2019

Ends in: September 2019

Following the first training, the CSS action plan members set up and began facilitating small reflective groups for the supervisor participants. Participants will attend monthly reflective groups, which will allow trained supervisors to continue the psychological and therapeutic work started

in the initial training, and share their experiences of using the tenets in their supervisory sessions.

Reflective groups take place on Mondays and Wednesdays in Fairfield. Group participants are clinical supervisors and managers who work throughout Solano County. Each reflective group has two facilitators leading each discussion.

Training 2

Delivered on: June 18, 2019

Dr. Hardy returned in June 2019 to facilitate a second training with the same group of clinical supervisors who participated in the February 2019 training. This training offered clinical supervisors an opportunity to further explore how they have been able to incorporate the first training's tenets in their clinical supervision.

Quarterly Reflective Groups

To begin in: December 2019

End in: September 2020

Following the second training, the small reflective groups will resume meeting quarterly for twelve (12) months. The reflective groups will continue to bring clinical supervisors together to further incorporate tenets into supervisory sessions.

Supervisor Log Alignment to Dr. Hardy's Training Tenets

To support the cultural change within clinical supervision sessions, the final piece that the action plan team members are requesting is to make critically important changes to the current Supervisor Log used in SCBHD to the training tenets that Dr. Hardy presented to the clinical supervisors.

The Culturally Sensitive Supervision action plan team hopes for a shift in the supervisory culture to place equal importance on culturally responsive care and workload requirements and productivity.

IV. Action Plan Team Notes to SCBHD

As part of the transition process, a CRHD Evaluation Team representative interviewed the lead for this action plan, asking questions to inform this transition report, along with questions that helped to fully capture the goals and vision for the action plan.

Below is a list of key items that CSS would like SCBHD leadership and the action plan implementation team to note regarding their plan:

1. The action plan team would like Solano County leadership to honor the nature of the intervention (keeping the trainings interactive and problem solving) and to recognize how the Culturally Sensitive Supervision workshop goes beyond typically passive presentations or trainings. The intensely interactive and therapeutic nature of Dr. Hardy's workshop is what makes it especially unique and valuable.
2. An imperative consideration is to *avoid* placing supervisors and their supervisees within the same small groups. Ensuring that separation has been difficult because members of the Culturally Sensitive Supervision action plan team were unaware of the need to avoid these conflicts. More senior-level officials might have been more readily able to identify these constraints.
3. The Culturally Sensitive Supervision action plan team believes that its goals of maintaining a diverse workforce as well as shifting the dynamic between supervisors and supervisees are important markers for success. With regard to maintaining a diverse workforce, retention of diverse clinical providers will be an important indicator. Similarly, ensuring that the workforce continues to reflect the community is also important. Discovering what supervisors and supervisees have learned in their workshops and how that has informed their practice of treating patients would be enlightening with regard to the dynamic shift between supervisors and supervisees.

V. Community Engagement

During the 2019 Filipino American, Latino, and LGBTQ Community Forums, one of the breakout groups offered community members an opportunity to comment on best ways to enhance staff trainings to better meet the needs of their communities. They were asked the following question:

1. What changes can be made to staff trainings to improve the experience of your respective community in mental health clinics?
2. How can mental health providers build trust with members of your respective community to reduce stigma?

VI. Implementation Plan

Note: The following is a list of key recommended steps that may be needed for implementation of this action plan. CRHD and SCBHD will jointly discuss these recommendations in June 2019 and will make any necessary adjustments after the review of the full transition report.

Implementation tasks for the SCBHD team:

1. Determine which staff member would be responsible for planning and/or organizing the reflective groups.
 - a. Organize the small groups so that supervisors and supervisees attend different groups.
 - b. Ensure that topics addressed at each group are aligned with tenets that Dr. Hardy outlined on February 20 and the needs of the communities that SCBHD serves.
 - c. Three (3) reflective groups have taken place at this time.
2. Secure a training date for Training 2 (completed).
 - a. Determine if participants from Training 1 want to place greater emphasis on specific tenets or delve deeper into certain topics.Identify a staff member to coordinate all logistics with this second training, including room booking, days off, structure, invitations, and other aspects.
3. Determine which staff member would be responsible for planning and/or organizing the quarterly groups (completed).
 - a. Organize the small groups so that supervisors and supervisees attend different groups.
 - b. Ensure that topics addressed at each group are aligned with tenets outlined by Dr. Hardy's trainings, and with the needs of the communities SCBHD serves.
4. Make the necessary changes to the SCBHD Supervisor Log (led by the quality mental health administrator).
 - a. Review the current Supervisor Log.
 - b. Draft changes to the log that align with the CSS Tenets outlined in both trainings and that were reinforced by reflective groups.
 - c. Seek input from clinical supervisors and their supervisees on proposed changes.

- d. Pilot test use of the new Supervisor Log.
 - e. Determine policies and guidelines around next steps after each Supervisor Log is filled out with regard to meeting each CSS Tenet.
 - f. Roll out policy across SCBHD.
5. Continuous measures:
 - a. Annual survey distribution:
 - The CSS action plan team recommends conducting the clinical supervisor and supervisee survey annually, to monitor the cultural shift from the CSS trainings and reflective groups.
 - b. Annual reassessment of gaps:
 - The CSS action plan team recommends using annual evaluation of the survey results to address gaps in actions and knowledge around training goals and changes in supervisory culture.

VII. Evaluation Considerations

The team's notes about measuring success of their action plan:

1. The Culturally Sensitive Supervision action plan team feels that its goals of maintaining a diverse workforce as well as shifting the dynamic between supervisors and supervisees are important markers for success.
2. With regard to maintaining a diverse workforce, retention of diverse clinical providers will be an important indicator. Similarly, ensuring that the workforce continues to reflect the community is also important.
3. Discovering what supervisors and supervisees have learned in their workshops and how that has informed their practice of treating patients would be enlightening.

Specific evaluation details to be determined

- [to be discussed and created jointly by SCBHD QI Team and UCD Evaluation Team]

VIII. UC Davis Recommendations for Sustainability

The key to long-term sustainability of the action plans will be in interconnecting the action plan activities to one another and in developing a cohesive implementation approach. CRHD offers some examples of possible

key steps that may be needed to ensure long-term sustainability for the CSS action plan. (These steps may be examined in detail during further joint discussions between CRHD and SCBHD in June 2019.)

1. Establish a training plan for new supervisors. This may entail allocating resources for county staff members to become proficient in delivering the model that Dr. Hardy uses, or may require contracts with Dr. Hardy and his colleagues.
2. Adopt the Dr. Hardy training model and, using feedback from participants, make necessary modifications so that it is specific to Solano County.
3. Evaluate and document reflections from training participants on their meaningful connections and putting them into practice with more diverse communities
4. Assess the impact on supervisor and supervisee relationship building as a result of the training, and modify the Supervisor Log as a way to help continuously assess the impact of the trainings on the relationships between supervisors and supervisees.
5. Develop a plan to identify varying topics or themes for each proposed quarterly monthly meeting with clinical supervisors. Incorporate grievance examples or consumer examples for lessons learned.



Center for Reducing Health Disparities



ISeeU

I. Action Plan Overview

Focal Area	Staff Trainings
Priority Communities Addressed	Filipino American, Latino, LGBTQ
Community Needs Addressed	Limited cultural competency trainings among mental health frontline staff that may detract from consumer experiences and may deter consumers from returning
Vision	Change the mental health front office culture to always SEE patients to better serve their mental health care needs
Goal	Improve the customer service experience for consumers of diverse backgrounds to improve consumer satisfaction and likelihood of return for care
Intervention	Develop recommendations for improved cultural and linguistic competency and customer service trainings for mental health clinic front line staff that are linked to an “ISeeU” logo that customers recognize
Action Plan Components	Front Line Staff Training Recommendations “ISeeU” Branding Vision
Coaching Sessions Received	5
Touch Base Meetings	14

“Trainings should include everyone that has any interaction at all with patients, including receptions/ office staff and social workers. Anyone that comes into contact with consumers should have recurring trainings—not just a one-time thing.”

II. Action Plan Summary

Frontline (reception) desk staff members constitute the initial point of contact for people seeking care. These staff members play a vital role in creating a welcoming environment conducive to delivery of health, behavioral health, and social services that can reduce stigma and promote wellness. Additionally, these staff members manage the demands of both providers and consumers, which factors in the overall quality of care provided to consumers. The tone of the frontline staff, customer service, and the office environment plays a major role in shaping the first and subsequent impressions, views, and decisions of consumers about services and the organization. In other words, consumers whose experiences are unpleasant or unproductive may be reluctant to return for services, and their mistrust in mental health organizations may worsen within the community.

Staff members who are dedicated to serving diverse vulnerable populations, but who feel that their preparation is insufficient to perform their jobs adequately and appropriately, may eventually experience a decline in work morale and, eventually, burnout. This pattern may ultimately translate into an unwelcoming environment for consumers, deterring them from returning for services. Therefore, this plan will provide recommendations for more comprehensive training for this frontline staff group to meet the needs of the community and improve SCBHD's reputation within the three priority communities. Although enhancing customer services may be perceived as a simple fix, it is often overlooked. Improving the frontline customer service may bolster the quality of services provided and the consumer's trust in the services that the county and CBOs offer.

III. Action Plan Components

Frontline Staff Training Recommendations

To guide their efforts, the ISeeU action plan team surveyed SCBHD and contracted CBOs frontline staff on their perceptions about appropriate customer service. A total of 19 staff members from the county and CBOs responded to the survey with personal and professional insights and recommendations to improve materials and tools that the ISeeU team advocates. In general, the overarching theme that emerged from the survey data was refinement of verbal and non-verbal communication

as a key skill among frontline staff. To achieve these improvements, recommendations included: (1) having bilingual staff readily available; (2) having access to an interpreter phone line to effectively obtain services when needed; (3) having staff members who greet people warmly and smile; and (4) making sure that the office environment and interactions help all consumers feel safe and comfortable.

Key components for their training(s) recommendations consist of topics and activities that:

1. Bolster any current customer service skills training that frontline staff members receive now by adding more elaborate interactive customer service trainings (e.g., frontline staff members greeting consumers upon entry, or at least acknowledging them by eye contact and a smile while they complete other essential tasks or finish helping another consumer)
2. Contribute to consumers feeling acknowledged and that they matter — hence their name “ISeeU” — and that consumers' needs are not a burden for staff and providers
3. Occur on a regular basis and build on prior knowledge and experiences to ensure that trainings are relevant to the needs of communities. In other words, provide refresher trainings.
 - a. These refresher trainings do not need to be extensive, and may focus on basic or essential “common sense” skills (e.g., warmly greet and attend to a consumer immediately at the reception desk when placing other tasks on hold is possible).
 - b. Conducting recurrent training will convey to frontline staff the value, relevance, and importance of customer-centered service within an organization.

To help SCBHD develop strong CLAS-focused trainings for frontline staff members, the action plan team identified some of the best practices for engaging and training frontline staff. The team members hope these resources will help guide SCBHD's implementation of the ISeeU action plan.

Further recommendations are forthcoming from the action plan team. Also, see Section V. Community Engagement for a list of further training component recommendations from community members.

“ISeeU” Branding Vision

The “ISeeU” action plan team believes that, in order to reinforce those key customer service skills, front office staff members need reminders about their customer-focused service commitment. To reinforce the ISeeU training component, here is the branding vision for the ISeeU action plan:

1. Representation matters. Frontline demographics should mimic consumers’ demographics, and the action plan revolves around a philosophy of “We Welcome All.”
2. The team envisions providing work gear for frontline staff members to wear, unequivocally conveying the message “You Are Welcome” to consumers.
3. Branded marketing materials that are created should be tailored to the target communities of the Solano Project (i.e., posters and signage in Tagalog and Spanish).
 - a. The initial logo concept the team envisioned was a smiley face with the words “ISeeU” on it to start a conversation about the brand and its purpose.
 - b. Because consumers have articulated that they would prefer staff members to make an effort to communicate with them in their preferred language, frontline personnel will be supplied with language reference tools (i.e., a reference sheet or booklet) in order to interact with consumers in their preferred language.
4. The results of the survey conducted among frontline staff members helped further shape the action team’s branding vision. Frontline staff members who responded to the survey placed emphasis and a sense of importance on:
 - a. The county developing materials showing that it is unequivocally making a commitment to improve services to consumers in historically underserved communities.
 - b. Creating materials demonstrating that frontline staff members are valued and recognized for their key role in supporting CLAS consumer-centered care.

IV. Action Plan Team Notes to SCBHD

As part of the transition process, a CRHD Evaluation Team representative interviewed the lead for this action plan, asking questions to help inform this transition report, along with questions that helped to fully capture the goals and vision for the action plan.

Below is a list of key items that the ISeeU action plan team would like SCBHD leadership and the action plan implementation team to note regarding their plan:

1. *SCBHD Leadership Support*: The action plan team commends SCBHD leadership for trying to change the culture around mental health, in addition to their openness to the ideas presented by the various action plans.
2. *Priority Project*: Given the focus on frontline staff, and the minimal focus on systemic changes, many individuals may fail to see this action plan as a priority. The action plan team reminds all that the data the team diligently collected has shown that the frontline office staff plays an influential role in the experience of consumers. That finding may even be evidenced in regular reviews of clinics that consumers typically complete following a visit to their providers. County personnel currently tend to receive one-time training, which is unlikely to meet the needs of the consumers.
3. *Staff Input*: SCBHD leaders are encouraged to engage the front office staff in the development of the training process and solicit insights and suggestions from more frontline staff members regarding training and the branding vision.
4. *Consumer-Centered Culture*: At a minimum, the action plan team believes that ongoing, standardized training for the frontline office staff, as well as efforts to create a welcoming atmosphere in the reception area, are crucial to improving consumers’ service experience.
5. *Sustainability*: Perpetuation of programs and services may be imperiled without commitment to ongoing and recurring costs for developing and disseminating periodically updated refresher trainings and materials.
6. *Staff Appreciation*: Leaders will be encouraged to recognize and incentivize frontline staff members for the quality of services that they are providing to

consumers. The action plan team hopes that their intervention will over time become a model that can be disseminated to clinicians and other care settings.

7. *Word of Mouth*: Failure of services to fulfill the expectations of consumers can influence what they will do in the future. Consumer disappointment can also be detrimental for the county because its reputation can quickly suffer damage through unfavorable word-of-mouth communication.

V. Community Engagement

During the 2019 Filipino American, Latino, and LGBTQ Community Forums, community members had an opportunity to comment about ways to enhance staff trainings — in particular, those related to front office staff. They were asked the following questions:

1. What changes can be made to staff trainings to improve the experience of your respective community in mental health clinics?
2. How can mental health providers build trust with members of your respective community to reduce stigma?

VI. Implementation Plan

Note: The following is a list of key recommended steps that may be needed for implementation of this action plan. CRHD and SCBHD will jointly discuss these recommendations in June 2019 and will make any necessary adjustments after the review of the full transition report.

Recommended key steps prior to implementation of training:

1. Review community input from all three community forums.
2. Outline key recommended training components from the community input, frontline staff survey results, and action plan team vision.
3. Develop a CLAS standards frontline staff training curriculum and process for Solano County and contracted CBOs.
 - a. The curriculum should include evaluation tools to measure skills and knowledge change as a result of the trainings
 - The CRHD team can provide support as needed

- b. Solicit input from frontline staff members on the proposed curriculum
4. Pilot test training with county staff members and initiate a feedback loop process for the next round of trainings.
5. Roll out training to SCBHD staff members and contracted CBOs.
6. Adapt a service verification survey to collect data on customer service satisfaction received at the frontline staff and clinical levels.
7. Determine a process for:

- a. Tracking and monitoring data from the adapted service verification survey to inform potential refresher topics for the frontline staff and determine frequency of training refreshers
 - b. Tracking, monitoring and recording the ultimate outcome of consumer grievances regarding customer services from frontline staff, including corrective action

Identifying changes to staff performance reviews to measure how well staff members are putting into practice the skills they learned during trainings

Evaluating the success of new training components

Recommended key steps prior to implementation of “ISeeU” Branding Material:

1. Work with a graphic design consultant to:
 - a. Develop the ISeeU Brand (smiley face concept)
 - b. Create any further marketing strategies needed for brand creation
2. Test the graphic designer version of the ISeeU brand with target communities and frontline staff members, and solicit their responses
3. Develop and reproduce the ISeeU action team’s proposed list of materials needed
 - a. For any material produced, solicit input from the community and frontline staff before finalizing and deploying
4. Determine a mechanism for:
 - a. Conducting an annual survey of Solano County to determine any emerging languages or cultural groups to include:
 - Updating materials

- Ordering and reordering materials
- Measuring visibility and brand recognition

VII. Evaluation Considerations

The ISeeU action plan team’s notes about measuring success of their action plan:

1. Consumers reporting happier experiences with frontline staff will be a direct indication of success. This may be measured through consumer satisfaction surveys.
2. Improvements or changes may be seen in the reviews that consumers complete about their clinics in surveys of their recently received services.
3. Greater patient retention and improved re-visit rates.

Specific evaluation details to be determined

- [to be discussed and created jointly by the SCBHD QI Team and the UC Davis Evaluation Team]

VIII. CRHD Recommendations for Sustainability

The key to long-term sustainability of the action plans will be in interconnecting the action plan activities to one another and in developing a cohesive implementation approach. CRHD offers some examples of possible key steps that may be needed to ensure long-term sustainability for the ISeeU action plan. (These steps may be examined in detail during further joint discussions between CRHD and SCBHD in June 2019.)

1. Work in collaboration with other action plan teams to develop a CLAS-focused and community-participatory training for frontline staff and that can be endorsed by the county and required for

all contracted CBOs to use. In particular, work with those action plans that have a training needs component:

- a. Cultural Humility Champions’ training vision of providing culture-specific trainings for clinical and non-clinical staff
 - b. LGBTQ Ethnic Visibility’s possible training needs for clinics that display their signage
 - c. Mental Health Education’s faith leader training component
 - d. TRUe Care Promoter’s navigator training component
 - e. Takin CLAS to the Streets’ training vision for school and wellness center staff members
2. CRHD encourages SCBHD leaders to leverage the expertise of CRHD in the development of their proposed training curriculum and process, in particular to align efforts across all action plans.
 3. Secure ongoing funding including from external funding streams for the branding piece and frontline staff incentives.
 4. Update materials regularly to make sure that they are relevant to the changing needs of the target communities.
 5. Measure progress made by focusing on indicators for success.
 6. Work with the HR Department to secure training language requirements based on this team’s recommendations.
 7. Create a team of cultural experts or brokers who represent the three priority communities, consisting of frontline staff champions as well as consumers.
 - a. See the “Cultural Humility Champions” sustainability section for more details.



Center for Reducing Health Disparities



Cultural Humility Champions

I. Action Plan Overview

Focal Area	Staff Training Focus
Priority Communities Addressed	Filipino American, Latino, LGBTQ
Community Needs Addressed	Limited cultural humility trainings.
Vision	Develop a workforce that is trained specifically in the cultural needs of their diverse consumer groups.
Goal	Improve the customer service experience for Filipino American, Latino, and LGBQ and transgender consumers by ensuring that clinical and non-clinical providers have basic knowledge about their cultural and language needs.
Intervention	Develop a framework for culture-specific trainings for clinical and non-clinical staff to better understand the populations they are serving and develop recommendations for general training requirements for staff
Action Plan Components	<ul style="list-style-type: none"> Training curriculum outlines for <ul style="list-style-type: none"> Filipino American community Latino community LGBQ community Transgender community Training requirement recommendations
Coaching Sessions Received	5
Touch Base Meetings	15

“We must be more mindful of who we have in front of us...[mental health providers must] demonstrate humility and [feel] privileged to be able to serve the consumers and families who are trusting us...so to respect that...”

II. Action Plan Summary

There are numerous opportunities for strengthening the culturally and linguistically appropriate care services that the Solano County Behavioral Health Division (SCBHD) administers. To that end, the Cultural Humility Champions action plan team aims to highlight gaps in cultural humility trainings and proposes training activities to help resolve those gaps in training.

Providers would benefit from learning more about the cultural values of the Filipino American community, for example, such as the role of family structures and how that might factor into individuals' mental health as well as their service use. Similarly, understanding the historical background of this community in Solano County would also be important, because it provides context to the issues that Filipino-Americans face. Enriched training would help personnel in service agencies better understand social, cultural, and emotional aspects of this underserved group.

More work likewise needs to be done to develop and maintain trust among the Latino community. Due to ongoing concerns surrounding immigration policies, providers need to develop a safe space for consumers. Yet, the trainings that address key issues, such as rapport building, are lacking. Latinos' low level of confidence in behavioral health services highlights the need for more investment in training activities.

Notable efforts have been made in the past to improve care services for the LGBTQ community; nevertheless, training remains limited. For instance, some people suggest that extant training efforts may be rushed due to time constraints, which may render them inadequate. Furthermore, others have argued that the trainings that are currently in place would benefit from being more consumer-centered.

Finally, training on the provision of culturally and linguistically appropriate services could be improved in certain areas. For example, standardizing trainings on how to access language assistance services might be beneficial for the target populations of the Solano County Project. The training programs for staff members from different units in Solano County lack uniformity in, for example, presentations about availability, access and effective use of language assistance services.

Understanding the variability in how mental health conditions might manifest in different ways in the county's richly diverse cultural groups is essential in

order to better serve these groups and deliver timely access to culturally sensitive, high-quality care that people feel comfortable in accessing. Drawing from their own experience and observations, from a review of current training offered within SCBHD, and from the community narrative reports, the Cultural Humility Champions' action plan aims to help close training gaps regarding how clinical and non-clinical staff members understand and respond to the needs of the three underserved communities of the Solano Project. To that end the action team proposes that SCBHD create comprehensive culture-specific trainings to improve the delivery of mental health services to underserved communities when well-trained culturally responsive providers familiar with that underserved community are not available.

III. Action Plan Components

Training Curriculum Outlines

More detailed outlines of each of the trainings that the CHC team would like to propose are forthcoming. In the meantime, the CHC team seeks to prepare training outlines and sessions for the:

1. Latino community
2. Filipino American community
3. LGBQ community
4. Transgender community

The overall goals for these training sessions include the following:

1. Build on key cultural values and cues for each community, intended to help staff members better understand that community's mental health needs and gain a better appreciation for their cultural backgrounds
2. Develop two training sessions, one for each community that focuses on:
 - a. Non-clinical staff
 - Clinical staff (a more in-depth training)
3. Ensure that each training session highlights the importance of use of language specific to each community

Training Requirement Recommendations

The CHC team also recommends creation of a training framework with specific cultural humility processes to help SCBHD ensure that all staff members receive these

trainings. The team plans to make some policy-level recommendations to ensure that ongoing accountability, monitoring, and systematic coordination are in place for these trainings.

Overall, their key recommendations seek to ensure that:

1. All trainings are mandatory, and recurrent
2. All trainings are done both at SCBHD and county-contracted community-based organization levels
3. Refresher trainings can be offered via recordings or online
4. Language Link Training is also considered as a means for recurrent and mandatory training
5. Processes are developed to require an annual review of trainings to ensure that the most updated information is disseminated within each community

IV. Action Plan Team Notes to SCBHD

As part of the transition process, a CRHD Evaluation Team representative interviewed the lead for this action plan, asking questions to help inform this transition report, along with questions to fully capture the goals and vision for the action plan.

Below is a list of key items that CHC would like SCBHD leadership and the action plan implementation team to note regarding their plan:

1. *Potential Barriers:* The Cultural Humility Champions action plan relies heavily on the buy-in from organizational leaders in order to achieve success. Specifically, organizational leaders have invested effort into collecting data that will highlight gaps in the provision of culturally and linguistically appropriate care to underserved communities. Specific training actions or interventions are needed, however, to resolve those gaps.
2. *Clinical and Non-Clinical Training Components:* Trainings must provide both clinical and nonclinical staff with the knowledge and skills to better serve individuals from different cultural and linguistic backgrounds. In particular, understanding the impact that stigma has on individuals when seeking mental health care is essential. In general, training will enhance clinical and non-clinical staff members' understanding of the "Do's" and "Don'ts" regarding their interactions with diverse

communities. Furthermore, the components of these trainings will equip staff with the skills needed to create safe environments.

3. *Use SCBHD Case Studies in Trainings:* Using case studies from within SCBHD will enhance the cultural humility of mental health providers and staff in Solano County. This will strengthen the relationship between these individuals and consumers of mental health services, which would further encourage consumers to access and utilize mental health services more readily in the future.

V. Community Engagement

During the 2019 Filipino American, Latino, and LGBTQ Community Forums community members had an opportunity to express their ideas about ways to enhance staff trainings. Community members shared their insights on the following questions:

1. What changes can be made to staff trainings to improve the experience of your respective community in mental health clinics?
2. How can mental health providers build trust with members of your respective community to reduce stigma?

VI. Implementation Plan

Note: The following is a list of key recommended steps that may be needed for implementation of this action plan. CRHD and SCBHD will jointly discuss these recommendations in June 2019 and will make any necessary adjustments after the review of the full transition report.

Recommended key steps prior to implementation of trainings:

1. Review community input from the three 2019 community forums.
2. Using the recommendations from the action plan and community forums, develop all CLAS-guided cultural humility trainings for Solano County and contracted community-based organizations (CBOs) on Latino, Filipino American, and LGBTQ and transgender communities:
 - a. Develop four trainings for clinical staff, each one focusing on one of the four communities
 - Engage the Train the Trainer cohort for further support

- b. Develop four trainings for non-clinical staff, each one focusing on one of the four communities
 - c. For each training, include evaluation tools to measure skills and knowledge as a result of the trainings
 - The UC Davis CRHD Team will provide support as needed
 - d. Solicit input on the proposed curriculum from:
 - Solano County Health Equity Ethnic Committees
 - Cultural Competency Committees
 - Members of the four proposed communities on which the trainings will focus
 - e. Make changes to the developed curriculum based on input provided
3. Pilot test training with SCBHD staff members using the feedback loop process for the next round of trainings.
 4. Roll out training to the SCBHD staff and contracted CBOs
 5. Determine a process to:
 - a. Track and monitor data around culturally and linguistically appropriate care
 - b. Track and monitor consumer grievances regarding cultural and linguistic issues, including any corrective action
 - c. Identify changes to staff performance reviews to measure how well staff members are putting into practice the skills they learned during trainings
 - d. Evaluate the success of new training components
 6. Review policy recommendations for cultural humility trainings:
 - a. Present recommendations to the appropriate unit that administers trainings for SCBHD and contracted CBOs in support of providing CLAS-focused care.

VII. Evaluation Considerations

The CHC action plan team’s notes about measuring success of their action plan:

1. Success will be demonstrated through organizational commitments to making changes based on policy recommendations

or the development and implementation of trainings. Commitment may be demonstrated by organizational leaders through their own efforts to identify indicators of success for the actions they have taken to bolster the cultural humility of their staff. In other words, by putting in the work to identify their own markers of success, organizational leaders will be demonstrating their commitment to improving the cultural humility of their organization.

Specific evaluation details to be determined

- [to be discussed and created jointly by the SCBHD QI Team and UC Davis Evaluation Team]

VIII. CRHD Recommendations for Sustainability

The key to long-term sustainability of the action plans will be in interconnecting the action plan activities to one another and in developing a cohesive implementation approach. CRHD offers some examples of possible key steps that may be needed to ensure long-term sustainability for the CHC action plan. (These steps may be examined in detail during further joint discussions between CRHD and SCBHD in June 2019.)

Key steps that may be needed to ensure long-term sustainability for the CHC action plan:

1. Create a team of Cultural Humility Champions (cultural experts or brokers) representing the three target communities
2. Leverage training experience from these cultural experts
 - a. For greater sustainability, consider using the “flipped classroom” approach, which would include online learning to convey culture-specific information (that would require a higher level of cultural expertise to develop) and in class discussions (which can be facilitated by someone with broad cultural humility but with less cultural expertise on the respective community).
 - b. To start transforming the mental health system, champions from the target communities must be: (1) identified and brought together to collaborate and share ideas on an ongoing basis to ensure that mental health services are consistent with the cultural and language needs of communities; (2) empowered within the

county; that is, given autonomy and resources (e.g., training) to carry out their work and facilitate cross-cultural communication among the target groups; and (3) trusted connectors between SCBHD and community members, minimizing distrust while at the same time building trust in government institutions such as SCBHD and the legal, political, and educational system.

3. In collaboration with SCBHD and Solano County Supervisors, this team of champions will lead efforts to help SCBHD develop policies, procedures, and supports to ensure that the county continues moving forward in shaping programs and practices using the CLAS standards.
4. Work with the HR Department to secure training language requirements based on this team's recommendations.
5. Work in collaboration with other action plan teams to develop CLAS-focused and community-

participatory trainings that can be endorsed by the county and required for all contracted CBOs to use. In particular work with those action plans that have a training needs component:

- a. ISeeU's frontline staff trainings and branding vision
 - b. LGBTQ Ethnic Visibility's possible training needs for clinics that display their signage
 - c. Mental Health Education's faith leader training component
 - d. TRUe Care Promoters' navigator training component
 - e. Takin' CLAS to the Streets' training vision for school and wellness center staffs
6. CRHD recommends that SCBHD leverage the expertise of CRHD in the development of their proposed training curriculum and processes, in particular to align efforts across all action plans.

Conclusion

Mental health disparities in access to care and utilization of services are widespread among racial and ethnic groups as a result of barriers that inhibit access to care and equitable service utilization. Culturally and Linguistically Appropriate Services (CLAS) Standards may help reduce mental health disparities by implementing culturally responsive guidelines that can lead to increased patient and provider satisfaction and improvement of treatment outcomes, and accompanying potential cost reductions. This collaborative project aims at developing and implementing innovative, community-initiated, outcome-driven action plans developed by key community stakeholders.

The “Providing Quality Care with CLAS” Training component of this project is focused on delivering cultural competency education — based on the Culturally and Linguistically Appropriate Services (CLAS) standards — to Solano County staff, community partners and representatives of various sectors such as schools, churches, and social services and law enforcement agencies. The project takes a collaborative approach to achieve its goals of developing an effective process for community outreach and engagement by working closely with these three underserved populations. Community engagement includes providing qualitative and quantitative data and participation in CLAS-based trainings to develop culturally relevant action plans designed to improve mental health service delivery for the three target population groups. The effort seeks to enhance inter-agency collaboration by implementing tailored CLAS standards training that incorporates a cross-sector problem-solving approach designed to create accountability while capitalizing on each of the participating partners’ strengths. In addition, this partnership seeks to achieve cultural and linguistic competency and enhance workforce diversity within Solano County’s mental health service delivery system. Three cohorts with a total of 51 participants were trained on the CLAS standards, and 10 action plans were developed and further refined through coaching and are now ready for implementation, evaluation, and impact.

Implementation for Sustainability Considerations:

The sustainability of evidence-based and culturally and linguistically appropriate mental health treatment

is dependent on the support and continued use among populations most impacted by mental illness, including mental health consumers, family members, providers, educators, and the community at large. The interactions among these various groups create unique complexities and interdependencies — a function of remaining relevant and responsive to the cultural and experiential needs of historically underserved groups. Keeping this in mind, the sustainability for the action plans will lie in their interconnection and alignment to a stronger approach to accommodating those complexities in ways that make substantial improvements in mental health services with a CLAS Standards lens.

As overall leaders of CLAS efforts, the SCBHD leadership should support ongoing development and implementation of CLAS efforts, communicate with key stakeholders within and outside of the organization, and hold the organization accountable.

CRHD outlines the following essential pillars for implementation for sustainability:

1. Implementation for sustainability begins with ensuring that action plans are engaged according to the vision of the communities they are trying to serve and that the vision of the people who created the action plans and the implementation steps are aligned with the goals of the project (in particular aligned with the CLAS Standards and Quadruple Aim measures).
 - a. CRHD would be most important in this part of the process as implementation begins and action plans continue to be refined.
2. Implementation for sustainability can be achieved by embedding the action plans as part of the county’s current workflow, processes, and guidelines.
 - a. SCBHD would need to identify maintainable changes that would enable embedding action plans in current activities in a way that does not burden staff.
3. Implementation for sustainability cannot happen without an inter-agency collaboration mechanism that allows for coordination and communication of best practices within these actions plans.
 - a. SCBHD’s involvement in this step will be essential.

4. Implementation for sustainability requires leadership to hold the team accountable for putting the plan into practice and for keeping the goals of the project in mind each step of the way.
 - a. SCBHD would need to provide this leadership support in this next phase of the project.

Some key factors for sustainability that are aligned with the four pillars described above include:

1. **Leadership from SCBHD:** The sustainability of treatment or services that are culturally and linguistically appropriate influences accessibility, availability, affordability, and ultimately consistent utilization. Consequently, SCBHD and community organizations share the responsibility to ensure that treatments are responsive to the needs identified in each of the community narrative reports. Ongoing support from the leadership is critical, particularly during the initial period of implementation.
2. **Funding and resources:** The coaching process revealed that the time limitations constituted a significant impediment to progress in action plan refinement. Staff members must have protected time to carry out responsibilities related to the action plans, some of which can be apportioned though alignment of these action plans with existing responsibilities and processes. Otherwise, staff may become discouraged, experience burnout, or reduce the priority of their CLAS-related responsibilities. Likewise, funding for materials, logistics, and contracts with outside professionals (e.g., a graphic designer) will be needed to ensure success in the implementation and sustainability of the projects.
3. **Workforce, education, and training:** Ensuring adequate and appropriate recruitment, education, and training of staff working with diverse populations with mental health needs is essential to sustainability.
4. **Alignment of CLAS:** Sustainability should be pursued through the alignment or embedment of CLAS efforts and action plans in a way that recognizes the interconnectedness of existing SCBHD programs, while also assigning responsibility to a team or unit specifically for oversight, coordination, and integration of CLAS efforts across programs and practices (such as “CLAS Gap Finders”).

5. **Internal messaging:** Promoting the action plans in a way that demonstrates significant community support via community forums. We suggest that SCBHD leadership communicate and educate the rest of the SCBHD staff regarding the action plans. This will improve visibility, awareness, acceptance, and application of the information, products, and guidelines produced as a result of the action plans, allowing for more meaningful integration of CLAS into all operations of SCBHD.
6. **Community engagement:** A sustained community participatory approach through outreach, awareness and capacity building, and community collaboration and assessments will guide refinement and quality improvement of CLAS-related functions. Additionally, we have found community collaboration to be essential to help maintain and reinforce the importance of CLAS-related activities because that may provide inspiration and rationale for these programs and can help support accountability with critical SCBHD decision-makers.
7. **Evaluation design:** A consumer-participatory evaluation approach can help drive further quality improvement and systematic allocation of resources to CLAS activities, and can provide evidence for support of successful or needed CLAS programs that may ultimately translate to increasing timely access and utilization of services.

CRHD is convinced that sustainability considerations described above should be expended in a way that develops sustainable specific strategies across the three action plans, taking into consideration the three areas of focus: Community, Workforce, and Training. (Some people may contend that “workforce” and “training” can be combined in deference to MHSA’s WET grouping [Workforce, Education and Training], but for the interest of this report these two focus areas are separated.)

Community-focused—action plans containing recommendations prioritized in a way that helps SCBHD build better relationships with consumers, CBOs, and other organizations throughout Solano County. These action plans are geared to increasing mental health promotion and wellness by means of many different venues and strategies.

- *Key sustainability strategies* should be focused on best ways to partner with the community to

implement in a manner that actively engages them in the process and next steps.

Workforce-focused—action plans containing recommendations prioritized to help build a more diverse workforce within SCBHD and also to help better prepare the SCBHD workforce in “providing quality care with CLAS.” The recommendations in these action plans are geared to transcend HR policy changes, to accommodate numerous career pathways, and to promote systemic workforce involvement with CLAS standards.

- *Key sustainability strategies* should be focused on engaging leadership for support and making substantial changes that will be noticeable and yield greater aims in the long term.

Training-focused—action plans prioritized in a way that helps better train staff members for working with the three priority communities (with the hope to better prepare them for working with any diverse community).

- *Key sustainability strategies* should be focused on developing processes for engaging leadership for support, engaging cultural leaders and brokers, and creating cohesive training guidelines across all of SCBHD.

Additionally, SCBHD should explore ways to align action plan recommendations to activities being completed in the community by the project’s three CBO partners: Fight Back Partnership (Filipino American community representative), Rio Vista, CARE (Latino community representative), and Solano Pride Center (LGBTQ community representative). Each CBO has a unique work plan (a list of community-based activities that they want to do in their respective communities to promote mental health wellness and help identify folks in need of services) that very much aligns with the goals of the action plans and leaves sufficient room to partner

with them and link their work plan efforts to action plans. For example, aligning Solano Pride Center’s goal to work with LGBTQ-affirming FBOs aligns perfectly with the MHE action plan, or their Pride People of Color Initiative aligns perfectly with the LGBTQ Ethnic Visibility action plan. These three CBOs bring expertise to the three priority communities and can contribute to further trust building and relationship building between SCBHD and with each of the three communities, thereby helping to fulfill the long-term goals of the action plans. These partnership strategies must allow, however, for bidirectional communication and feedback in how programs can build upon one another.

Next Steps

CRHD feels strongly that detailing discussions about next steps should be done collaboratively with the SCBHD leadership team. These discussions will begin in June 2019 after SCBHD leadership has the opportunity to review this report and the details of each action plan.

CRHD will work jointly with SCBHD to help develop the following:

1. Lay out an overarching implementation plan that aligns all efforts
2. Identify key resources needed (both financial and human resources)
3. Lay out a realistic timeline for implementation
4. Identify key players that should be involved
5. Suggest tasks and assignment responsibilities for those key players
6. Anticipate challenges and troubleshoot
7. Jointly create evaluation indicators to measure each action plan and align with Quadruple Aim
8. Create a dissemination plan (internal to Solano County and external)



Exhibits

Exhibit 1: CLAS Training and Coaching Schedule

Cohort 1	CLAS Trainings	CLAS Coaching Sessions	Action Plan Team Attendance
	Session 1: February 28, 2018 Session 2: March 7, 2018 Session 3: March 21, 2018 Session 4: April 11, 2018	Session 1: May 9, 2018 Session 2: May 30, 2018 Session 3: June 20, 2018 Session 4: July 18, 2018 Session 5: August 15, 2018	Mental Health Education TRUe Care Promoter / Navigator Culturally Responsive Strategies LGBTQ Ethnic Visibility Mental Health Education TRUe Care Promoter / Navigator Culturally Responsive Strategies LGBTQ Ethnic Visibility Mental Health Education TRUe Care Promoter / Navigator Culturally Responsive Strategies LGBTQ Ethnic Visibility Mental Health Education TRUe Care Promoter / Navigator Culturally Responsive Strategies LGBTQ Ethnic Visibility Mental Health Education TRUe Care Promoter / Navigator Culturally Responsive Strategies LGBTQ Ethnic Visibility
Supplemental Coaching Sessions			
		Session A: September 6, 2018 Session B: September 19, 2018 Session C: October 17, 2018 Session D: December 5, 2018 Session E: December 19, 2018	TRUe Care Promoter / Navigator Mental Health Education TRUe Care Promoter / Navigator TRUe Care Promoter / Navigator TRUe Care Promoter / Navigator Mental Health Education

Exhibit 1: CLAS Training and Coaching Schedule *continued*

	CLAS Trainings	CLAS Coaching Sessions	Action Plan Team Attendance	
Cohort 2	Session 1: May 2, 2018 Session 2: May 9, 2018 Session 3: May 16, 2018 Session 4: June 6, 2018	Session 1: June 20, 2018	Cultural Game Changers Bridging the Gap Bilingual Bicultural Staff Culturally Responsive Supervision	
		Session 2: July 18, 2018	Cultural Game Changers Bridging the Gap Bilingual Bicultural Staff Culturally Responsive Supervision	
		Session 3: August 15, 2018	Cultural Game Changers Bridging the Gap Culturally Responsive Supervision	
		Session 4: September 19, 2018	Cultural Game Changers Bridging the Gap Culturally Responsive Supervision	
		Session 5: October 17, 2018	Cultural Game Changers Bridging the Gap Culturally Responsive Supervision	
		Supplemental Coaching Sessions		
		Session A: December 5, 2018	Cultural Game Changers Bridging the Gap Culturally Responsive Supervision	

Exhibit 1: CLAS Training and Coaching Schedule *continued*

	CLAS Trainings	CLAS Coaching Sessions	Action Plan Team Attendance
Cohort 3			Takin' CLAS to the Streets
			CLAS Gap Finders
		Session 1: October 17, 2018	ISeeU
			Cultural Humility Champions
			Takin' CLAS to the Streets
		Session 2: December 5, 2018	CLAS Gap Finders
			ISeeU
			Cultural Humility Champions
	Session 1: August 15, 2018 Session 2: August 22, 2018 Session 3: September 5, 2018 Session 4: September 26, 2018	Session 3: January 30, 2019	Takin' CLAS to the Streets CLAS Gap Finders ISeeU
		Session 4: February 20, 2019	Cultural Humility Champions Takin' CLAS to the Streets CLAS Gap Finders ISeeU
	Session 5: March 27, 2019	Cultural Humility Champions Takin' CLAS to the Streets CLAS Gap Finders ISeeU Cultural Humility Champions	

Exhibit 2: Comprehensive CLAS Participation Grid

Action Plan Team and Cohort	Title	Organization	Attendance		
			Trainings	Coaching	
Cohort 1	Mental Health Education	Clinician	Solano County Behavioral Health: Quality Improvement Unit	4	5
		Clinical Supervisor	Solano County Behavioral Health: Adult Forensic Full Service Partnerships	4	2
		Victims Advocate	Solano County Defense Attorney's Office	4	2
		CBO Project Coordinator [^]	Fighting Back Partnership [*]	4	7
	TRUE Care Promoter / Navigator	Clinical Supervisor	Solano County Behavioral Health: Quality Improvement Unit	4	7
		Sr. Administrative Assistant	Seneca Family of Agencies	4	0
		Volunteer	Solano Pride Center [*]	4	0
		CBO Project Coordinator [^]	Rio Vista C.A.R.E. [*]	4	9
	Culturally Responsive Strategies	Clinical Supervisor	Solano County Behavioral Health: Access Unit	4	3
		Law Enforcement	Fairfield Police Department	2	0
		Clinician	Solano County Behavioral Health: Mental Health Services Act Unit	4	5
		Social Worker	Solano County: Child Welfare	4	4
	LGBTQ Ethnic Visibility	(former) Clinical Supervisor	(formerly of) Solano County Behavioral Health: Mental Health Services Act Unit	4	4
		(former) Executive Director	(formerly of) Solano Pride Center [*]	4	4
		Intern	First 5 Solano	4	1
	Colocation (dissolved)	Student Support Specialist	Solano County Office of Education (SCOE)	4	3
		Mental Health Services Manager	Solano County Behavioral Health: Children's Foster Care and Fairfield Full Service Partnerships Programs	4	0
		Office Assistant III	Solano County Behavioral Health: Vallejo Adult Clinic	4	6
		Clinician	Solano County Behavioral Health: Mental Health Services Act Unit	4	3

Legend:

[^] Community Based Organization (CBO) Project Coordinator

^{*} CBO Innovation Sub-Contractor

⁺ CBO Lead

Exhibit 2: Comprehensive CLAS Participation Grid *continued*

Team and Cohort	Title	Organization	Trainings	Coaching	
Cohort 2	Cultural Game Changers	Clinician	Solano County Behavioral Health: Full Service Partnerships	4	6
		Clinician	Solano County Behavioral Health: (formerly of) Access Unit	4	5
		Sr. Mental Health Manager	Solano County Behavioral Health: Child and Adult Services Vallejo Clinic	4	3
		Clinician	Caminar	2	0
		Outreach Worker	Rio Vista C.A.R.E.*	2	0
	Bridging the Gap	CBO Project Coordinator [^]	Solano Pride Center*	4	5
		Clinician	Solano County Behavioral Health: Mental Health Services Act Unit	4	5
		Youth Coordinator	Solano Pride Center*	4	4
		Educational Liaison	Solano County Office of Education (SCOE)	3	3
		Clinician	Solano County Behavioral Health: Child Services Vallejo Clinic	4	3
	Culturally Sensitive (Responsive) Supervision	Clinical Director	A Better Way, Inc.	4	2
		Clinical Supervisor	Solano County Behavioral Health: Quality Improvement Unit	4	5
		Clinician	Solano County Behavioral Health: Mental Health Services Act Unit	4	4
		(former) Program Director [#]	(formerly of) Fighting Back Partnership*	3	1
	Bilingual Bicultural (dissolved)	Clinician	Solano County Behavioral Health: Quality Improvement Unit	4	3
		Clinician	Solano County Behavioral Health: Adult Psychiatry Fairfield Clinic	4	2
		Consumer	Community Member	2	1
		Faith-based LCSW	Community Member	4	2

Legend:

[^] Community Based Organization (CBO) Project Coordinator

* CBO Innovation Sub-Contractor

+ CBO Lead

Exhibit 2: Comprehensive CLAS Participation Grid *continued*

Action Plan Team and Cohort	Title	Organization	Attendance		
			Trainings	Coaching	
Cohort 3	Takin' CLAS to the Streets...	Manager	Solano Adult Education Consortium	4	4
		Director	Fairfield-Suisun Unified School District	4	3
		Director, Student and Program Support	Solano County Office of Education (SCOE)	4	4
	CLAS Gap Finders	Community Outreach Liaison	Fairfield-Suisun Unified School District: Healthy Start Family Resource Center	4	0
		Program Director	Seneca Family of Agencies	3	5
		Pharmacist	Mercury Pharmacy	4	2
		Clinician	Solano County Behavioral Health: Vallejo Youth Outpatient	4	0
		Supervisor	Bay Area Community Services (BACS)	4	0
	ISeeU	Executive Director [#]	Rio Vista C.A.R.E.*	4	0
		Health Education Specialist	Solano County: Public Health	4	5
		Quality Improvement Clinician	Solano County Behavioral Health: Quality Improvement Unit	4	3
		Mental Health Specialist	Solano County Behavioral Health: Adult Psychiatry Clinic in Vacaville and Vallejo	3	1
	Cultural Humility Champions	Communicable Disease Investigator	Solano County: Public Health	4	4
		Clinician	Solano County Behavioral Health: Family Liaison, Wellness and Recovery Unit	3	0
		Quality Improvement Clinician	Solano County Behavioral Health: Quality Improvement Unit	4	2
		Clinician	Solano County Behavioral Health: Substance Abuse Services	4	2

Legend:

[^] Community Based Organization (CBO) Project Coordinator

^{*} CBO Innovation Sub-Contractor

[†] CBO Lead

Exhibit 3: CLAS Training Participating Stakeholders

Participants by CLAS Cohort	n	Priority Community*		
		Filipino	Latino	LGBTQ
Cohort 1	16	3	4	4
Cohort 2	17	2	4	2
Cohort 3	18	2	4	1
Total Participants	51	7	12	7
Participant Stakeholder Groups**		n		
Solano County Behavioral Health employee	21	<p>*Participants self-identified if they represent any of the priority communities</p> <p>**Participants could self-identify within multiple organizations or stakeholder groups</p>		
Solano County Health Services/Public Health employee	5			
Solano County Child Welfare employee	1			
Mental health service community-based organization employee	11			
Non-mental health service community-based organization employee	7			
Mental health services consumer	0			
Family member of mental health services consumer	3			
Faith community member/leader	4			
School or educational staff member	4			
Law enforcement officer	2			
Underserved community volunteer leader/advocate	5			
Community volunteer leader/advocate	3			

Exhibit 4: CLAS Training Participating Entities

Distinct Community Affiliations	Solano County Behavioral Health (SCBHD) Units	Solano County Partners
n = 14	n = 12	n = 4
A Better Way, Inc.	Access Unit	Defense Attorney's Office
Bay Area Community Services (BACS)	Adult Forensic FSP	Office of Education (SCOE)
Caminar	Adult Mental Health Outpatient Fairfield Clinic	Child Welfare
Community members	Adult Mental Health Outpatient Vacaville Clinic	Public Health
Fairfield Police Department	Adult Mental Health Outpatient Vallejo Clinic	
Fairfield-Suisun Unified School District: Healthy Start Family Resource Center	Mental Health Services Act (MHSA) Unit	
Fighting Back Partnership*	Child and Adult Services Vallejo Clinic	
First 5 Solano	Children's Foster Care FSP	
Mercury Pharmacy	Family Liaison, Wellness and Recovery Unit	
Rio Vista C.A.R.E.*	Quality Improvement Unit	
Seneca Family of Agencies	Substance Abuse Services	
Solano Adult Education Consortium	Vallejo Adult Clinic	
Solano Pride Center*		
St. Vincent's Church		

Exhibit 5: CRHD Action Plan Expertise Support

Action Plan	Brief Description	Center for Reducing Health Disparities Support			Community Engagement Support
		Background Research	Education Team	Evaluation Team	
Mental Health Education	Create stronger ties between SCBHD and faith-based organizations by delivering mental health workshops to youth ministries and training faith leaders to decrease stigma and increase access to mental health services.	<ul style="list-style-type: none"> *Best practices working with FBOs *Background research for depression within the three priority communities *Background research on youth and depression 	<ul style="list-style-type: none"> *Content review of workshop slide deck with feedback and facilitator notes 	<ul style="list-style-type: none"> *Input on pre/post questionnaire, and general workshop evaluation tools *Input on workshop slide deck to incorporate Adolescent Screening objectives and data *Question bank created and aligned with workshop slides and evaluation tools 	<ul style="list-style-type: none"> *Collected input at the Filipino-American and Latino Community Forums 2.0
TRUe Care Promoter / Navigator	In support of a consumers and families mental health journey, create a mental health road map of services and resources, and a peer navigator program to "hand hold" individuals through each step.	<ul style="list-style-type: none"> *Sample Road Maps visuals provided *Example road maps reformatted with TRUe Care Stops and Resources *Research best practices for navigator programs/promotor 	<ul style="list-style-type: none"> *Guidance provided on types of questions to ask for community engagement 	<ul style="list-style-type: none"> *Survey tool created to collect community input *Trained Project Coordinators on evaluation tool to collect preliminary data for initial community input 	<ul style="list-style-type: none"> *Road Map: <ul style="list-style-type: none"> - <u>Round 1</u>: Interviewed 19 community members on the Stops, Language of stops, visual preference, and community locations - <u>Round 2</u>: Collected community input at the Latino Community Forum 2.0 *Navigator: Collected input on the roles and responsibilities of a navigator at the LGBTQ+ and Latino Community Forums 2.0
LGBTQ Ethnic	Create a culture of celebration of the richness of diversity within Solano County by creating culturally and linguistically appropriate mental health signage to increase visibility of the Filipinx and Latinx LGBTQ communities.	<ul style="list-style-type: none"> *Best practices for marketing and advertising for diverse and inclusive imagery 	<ul style="list-style-type: none"> *Input provided on clinical message of ethnic visibility signage 	<ul style="list-style-type: none"> *Survey questions developed for gathering community input 	<ul style="list-style-type: none"> *Input collected on signage at the LGBTQ+ Community Forum 2.0

Cultural Game Changers - Human Resources and Pipeline	Have the diverse composition of Solano County reflected in the SCBHD workforce now and for the future generations, and thereby increase the County’s capacity to serve bilingual and bicultural consumers. Make recommendations to Human Resources to adopt CLAS appropriate strategies for recruitment, retention, hiring and updating policies and procedures. Engage in efforts to recruit a diverse workforce through pipeline strategies in high schools.	<ul style="list-style-type: none"> *Background research on creating diverse and inclusive institutions: University Health Services, University of California, Berkeley - A Toolkit for Recruiting and Hiring a More Diverse Workforce *Best practice research for marketing to high school students, including social media outreach *Templates drafted for administration, student and parent messages around mental health as a possible career field *Sample documents gathered from May 2017 CIBHS forum as a template to adapt to include a CLAS lens and incorporating parents *Revised and adapted student and parent ladders, with SCBHD positions *Student brochure drafted *SCBHD job announcement summaries drafted *Agenda drafted for student mental health career event 	<ul style="list-style-type: none"> *Inclusion statement reviewed, and input provided *Messaging for administrators, students and parents reviewed and provided suggested edits 	<ul style="list-style-type: none"> *Provided input on survey questions and generated report outlining suggested edits 	
Bridging the Gap	Create an outreach strategy for individuals to learn more about mental health and the availability of services through promoting general wellness rather than discussing “mental health.” Create a “wellness brand” that will be recognized throughout Solano County and expand outreach efforts to non-health related events throughout Solano County.	<ul style="list-style-type: none"> *Best practice research for engagement and use of diverse imagery in materials *Research marketing using social media *Review draft materials and request to document references on tri-fold 			<ul style="list-style-type: none"> *Input collected on backboard, wheel, logo , imagery at the Filipino-American Community Forum 2.0
Culturally Sensitive (Responsive)	Enhance relationships between clinical supervisors and their clinical supervisees. Via an interactive training on providing culturally sensitive supervision, supervisors will learn to improve their capacity and support of multilingual and multicultural staff and consumers.	<ul style="list-style-type: none"> *Industry training professionals suggested: Ken Hardy, Jeff Ring 	<ul style="list-style-type: none"> *Websites recommended on culturally responsive care for preliminary research to inform action plan 	<ul style="list-style-type: none"> *Input on Supervisor and Supervisee survey 	<ul style="list-style-type: none"> *Community input collected at the 2019 LGBTQ+, Filipino and Latino Community Forums 2.0

<p>Takin' CLAS to the streets...</p>	<p>Increase access and utilization of mental health services throughout Solano County and provide clinical services at school-based wellness centers. Open a total of five (5) school-based wellness centers with CLAS focus, that have the option of having a clinical mental health provider available.</p>	<p>*Literature review *Communication Climate Assessment Tool (CCAT) survey forwarded to team for review, in support of developing wellness center policies and procedures and aligning them with CLAS standards</p>	<p>*Behavioral health screening tool suggestions provided for use at wellness centers</p>	<p>*Survey created on Qualtrics *Analysis of focus groups and demographic data *Formative research preliminary findings sent via email</p>	<p>*Wellness Center presentations conducted - (1) teacher presentation with requested feedback - (6) student presentations in English and Spanish *Conducted focus groups at Vallejo Adult School: - 4 student groups - 1 Community Based Organizations - 1 teacher focus group *Community input gathered at 2019 Filipinx-American Community Forum 2.0</p>
<p>CLAS Gap Finders</p>	<p>Develop a vision for the possible creation of a unit to monitor and address gaps in SCBHD meeting CLAS standards. Create a fully staffed unit dedicated to continuously identifying and addressing gaps in meeting CLAS standards and addressing gaps with the appropriate units. Improve customer service and staff experiences through ensuring that SCBHD is meeting CLAS standards.</p>	<p>*Shared survey tools created by prior action plan teams from Cohorts 1 and 2 for review *Forwarded to team SCBH surveys around customer satisfaction (adult and child/family surveys) for review *Communication Climate Assessment Toolkit (CCAT) surveys shared for review</p>	<p>*Crosswalk template drafted for aligning CLAS Standards with survey tools *Mental Health Plan survey crosswalk drafted with CLAS standard alignment as an example</p>		
<p>ISeeU</p>	<p>Improve customer service experience for consumers of diverse backgrounds and increase customer satisfaction and likelihood of return for care. Change the mental health front office culture to always SEE patients to better serve their mental health care needs and develop recommendations for improved cultural competency and customer service trainings. Link culture shift to an "ISeeU" brand that customers recognize.</p>	<p>*Shared survey tools created by prior action plan teams from Cohorts 1 and 2 for review *Forwarded to team SCBH surveys around customer satisfaction (adult and child/family surveys) for review *Background research on best practices for Front Line Staff trainings *Frontline staff trainings summaries drafted and sent to action plan team</p>		<p>*Survey created on Qualtrics *Basic analysis of results</p>	<p>*Community input collected at the 2019 LGBTQ+, Filipino and Latino Community Forums 2.0</p>

<p>Cultural Community Health</p>	<p>Improve the customer service experience for Latino, Filipino, LGBTQ and Transgender consumers by ensuring that clinical and non-clinical providers have basic knowledge about their cultural and language needs. Develop recommendations for culture specific trainings (Latino, Filipino, LGBTQ, and Transgender health) for clinical and non-clinical staff to better understand the populations they are serving. Develop policy recommendations for training requirements.</p>	<p>*Shared survey tools created by prior action plan teams from Cohorts 1 and 2 for review *Forwarded to team SCBH surveys around customer satisfaction (adult and child/family surveys) for review *Background research on best practices for Front Line Staff trainings *Policy recommendation template created; completed by action plan team *Training outline template drafted for clinical staff, non-clinical staff, and identified gaps; completed by action plan team</p>			<p>*Community input collected at the 2019 LGBTQ+, Filipino and Latino Community Forums 2.0</p>
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Exhibit 6: Action Plans and CLAS Standards Alignment Chart

Focus	Action Plan	CLAS Standard(s) Addressed	Alignment Rationale
Community	Mental Health Education	Standard 3 Standard 4 Standard 13	<ul style="list-style-type: none"> ✓ This action plan aims to train faith leaders on mental health promotion to help support mental health of their constituents from diverse backgrounds (3) ✓ This action plan highlights ways to bridge culture and mental health (4) ✓ This action plan also aims to partner with faith-based organization communities to design, implement, and evaluate workshops for youth and trainings for faith leaders (13)
	TRUe Care Promoter: Roadmap	Standard 6 Standard 8	<ul style="list-style-type: none"> ✓ This action plan component will also provide information for consumers about the availability of services in their preferred language (6) ✓ This action plan's Roadmap component will utilize easy-to-understand print and signage in Spanish (8)
	TRUe Care Promoter: Navigator	Standard 3 Standard 4 Standard 5 Standard 13	<ul style="list-style-type: none"> ✓ This action plan's Navigator component aims to recruit people from diverse communities to become navigators (3) ✓ This action plan component also hopes to train these navigators on CLAS services available for diverse consumers (4) ✓ This action plan component also hopes the navigators will be bilingual (5) ✓ This action plan component also aims to partner with community organizations to design, implement, and evaluate the potential for these navigators to be co-located throughout CBOs in Solano County (13)
	LGBTQ Ethnic Visibility	Standard 8	<ul style="list-style-type: none"> ✓ This action plan will provide easy-to-understand outreach and linguistically appropriate signage to LGBTQ Filipino Americans and LGBTQ Latinos (8)
	Bridging the Gap (BtG)	Standard 8	<ul style="list-style-type: none"> ✓ This action plan provides easy-to-understand outreach and linguistically appropriate materials at non-health events (8)
	Takin' CLAS to the Streets	Potentially: 1–15	<ul style="list-style-type: none"> ✓ This action plan has the opportunity to embed all 15 CLAS standards into the development of wellness centers

Exhibit 6: Action Plans and CLAS Standards Alignment Chart *continued*

Focus	Action Plan	CLAS Standard(s) Addressed	Alignment Rationale
Workforce	Cultural Game Changers: HR	Standard 2 Standard 3	<ul style="list-style-type: none"> ✓ This action plan aims to advance policies and practices that recruit, sustain, and promote a diverse workforce (2) ✓ This action plan also aims to change the county’s position description to provide better outreach to diverse communities with regard to job postings (3)
	Cultural Game Changers: Pipeline	Standard 3 Standard 8	<ul style="list-style-type: none"> ✓ This action plan focuses on mental health workforce recruitment from diverse communities (3) through outreach at career fairs ✓ This action plan provides easy-to-understand outreach and linguistically appropriate materials at mental health career fair events (8)
	CLAS Gap Finders	Standard 10 Standard 11	<ul style="list-style-type: none"> ✓ This action plan aims to establish a position that will maintain ongoing CLAS-related and demographic assessments (10, 11), to inform and guide quality improvement
Training	Culturally Responsive Supervision	Standard 2 Standard 3 Standard 4	<ul style="list-style-type: none"> ✓ This action plan aims to advance and sustain leadership that promotes CLAS through policy changes (2) by making changes to the current supervisory log guidelines ✓ This project aims to train mid-level leadership and workforce personnel on improving CLAS practices through supervision (4) ✓ This project also includes components of how supervisors can support a diverse clinical staff (3)
	ISeeU	Standard 4 Standard 6 Standard 8	<ul style="list-style-type: none"> ✓ This action plan aims to train frontline staff on CLAS policies and practices that are most relevant (4) ✓ This action plan also includes developing easy-to-understand print media to welcome diverse consumers (8) ✓ This action plan aims to inform individuals of availability of language assistance (6) through their comprehensive staff trainings.
	Cultural Humility Champions	Standard 4 Standard 6	<ul style="list-style-type: none"> ✓ This action plan aims to train staff about consumers from diverse backgrounds (4) ✓ This action plan aims to inform individuals of availability of language assistance (6) by incorporating language assistance instruction into their proposed trainings



Mental Health Services Act

Collaborative Statewide Early Psychosis Program Evaluation

Deliverable 1:

Summary Report of the Contracting and IRB Process Undertaken to Support the Activities of the LHCN

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Background

Multiple California counties, in collaboration with the UC Davis Behavioral Health Center of Excellence, received approval to use Innovation or other Prop 63 funds from 4 counties (Solano, San Diego, Los Angeles and Orange) to develop infrastructure for a sustainable learning health care network for early psychosis (EP) programs. The One Mind Foundation has also contributed \$1.5 million in funding to support the project. This Innovation project seeks to demonstrate the utility of the network via a collaborative statewide evaluation to clarify the effect of the network and these programs on the consumers and communities that they serve. This project, led by UC Davis in partnership with UC San Francisco, UC San Diego, University of Calgary and multiple California counties, will bring consumer-level data to the clinician's fingertips for real-time sharing with consumers, and allow programs to learn from each other through a training and technical assistance collaborative. This Statewide EP Evaluation and LHCN primarily aim to 1) increase the quality of mental health services, including measurable outcomes, and 2) introduce a mental health practice or approach that is new to the overall mental health system. The proposal must comply with the regulatory and funding guidelines for evaluation as stipulated by the applicable MHSA funding regulations, contract deliverables, and best practices.

There will be three components to the data collected for the Learning Health Care Network: County Level, Program Level, and Qualitative data. Each component of the proposal must be reviewed by an Institutional Review Board (IRB) and approved before commencement of data collection. Further, aspects of the data design will be shaped by the input of stakeholders, including mental health consumers and family members.

This proposal was approved for funding using Innovation Funds by the OAC in December of 2018. Following the approval, we began the process of establishing contracts with counties and writing the IRB to support research activities. This is the first deliverable of ten, which is described in the scope of work that each county has or will have with the University of California, Davis team. The first deliverable is as follows:

Deliverable 1:

The contractor will submit a progress report summarizing: 1) submission of the IRB protocol covering all aspects of Learning Health Care Network and statewide evaluation data collection; 2) identification of an external company to develop LHCN platform application; 3) recruitment for external advisory committee and focus groups.

The participating EP Programs will support access to stakeholders for feedback. Support recruitment of external advisory committee. Participate in outcome of interest prioritization process.

The participating Counties will: Participate in outcome of interest prioritization process. Support access to other relevant community- or state-level stakeholders for feedback. Submit report that identifies key staff for data collection and transfer.

Methods:

Writing and submitting the IRB

Starting in January of 2019, staff at UC Davis began preparing an IRB protocol to cover all aspects of work that will be performed as part of the Learning Health Care Network and statewide evaluation. As described above, we will collect three main elements of data for the Learning Healthcare Network.

The main components of the County Level data will be to compare program utilization, emergency department/crisis, and non-EP behavioral health care utilization and associated costs across EP and comparator programs (CG) serving EP consumers (with similar age, diagnosis, services received). We will do this by using de-identified county-level data from each of the participating counties.

The vast majority of the Program Level “Learning Health Care Network” data will be detailed outcome data (symptoms, functioning, satisfaction, etc.) collected on a tablet-based application from consumers receiving care from an EP program in participating counties. We will also assess EP program fidelity as well as consumer and provider skills, beliefs and attitudes around measurement-based care. We will interview consumers and providers to understand the use of LHCN in service delivery (pre- and post-LHCN implementation).

The Qualitative data will come from focus groups, stakeholder meetings & qualitative interviews with consumers, families, county and state staff, relevant community groups, and EP program staff. The results from these interviews and focus groups will be used to inform outcome selection, inform implementation of LHCN and the evaluation, present findings, and assess satisfaction.

During the writing process, the team had several consultations with the IRB staff on how to properly set up the activities for this project. There will be colleagues from at least two other universities (UCSF and UCSD) conducting research activities on this project. The participants will be consumers, families, staff from county EP clinics, and community stakeholders across the state of California. Thus, our IRB was submitted as a single IRB for multi-site research. This is a type of reliance agreement. The IRB will have a CORE (maintained at UCD) with IRBs of record for the participating research sites (UCD, UCSF, UCSD). Any research that will involve all of the sites will be covered by documents in the CORE. If there are additional activities that are unique to a site, they will be submitted to the IRB of record for that site. All of the planned procedures and activities were described in detail and all relevant documentation was submitted with the IRB protocol (see Table 1). This initial application was submitted for review to University of California’s, Davis IRB on April 17th, 2019. UC Davis is actively working with the UC Davis IRB and collaborators at UCSF and UCSD to submit all relevant forms and address questions. IRB approval is pending.

Table 1: Type of data and relevant documentation for IRB protocol

Data Type	Relevant documentation
Self-Reported Clinical Outcomes Collected on Tablet*	
Modified Colorado Symptom Index (CSI)	Electronic Tablet Screening Form; Client-Family Demographic Form
The Questionnaire about the Process of Recovery (QPR)	
Personal Well-being Index	
Glasgow Antipsychotic Side-effect Scale (GASS)	
Systemic Clinical Outcome Routine Evaluation (SCORE-15)	
Burden Assessment Scale (BAS)	
The National Survey on Drug Use and Health (NSDUH) 2014 Questionnaire	
At-Risk of Homelessness Indicator	
MHSIP Youth Services Survey	
Recovery Self-Assessment (RSA)	
Treatment Satisfaction Survey	
Qualitative Interviews	
Evaluation of EP services	Client and Family consent form, Client assent form, Provider consent form for Evaluation Qualitative Interview
Barriers and Facilitators to Tablet Implementation	Client and Family consent form, Client assent form, Provider consent form for Barriers and Facilitators Qualitative interview

Focus Groups	
Wireframe	Focus group guide for Wireframe, client version; Focus group guide for Wireframe, provider version; Client and Family consent form, Provider consent form
Application and Dashboard	Focus group guide for Dashboard, client version; Focus group guide for Dashboard, provider version; Client and Family consent form, Provider consent form
Outcomes Selection	Focus group guide for Outcomes, client version; Focus group guide for Outcomes, provider version; Client and Family consent form, Provider consent form
Cognitive Testing	
Penn Computerized Neurocognitive Battery (CNB)	Client and family consent and client assent forms for surveys and cognitive testing
Matrix Reasoning Test (PMAT)	
Word Memory Test (PWMT)	
Digit Symbol Substitution Test (DSST)	
Surveys	
Perceived Effect of Use	Consent form for Provider surveys; Client and family consent and client assent forms for surveys and cognitive testing; Consent form for Client surveys
Treatment Alliance (STAR-C & STAR-P)	
Comfort with Technology	
Satisfaction with MOBI Platform	
Insight into Illness	

*These are subject to change after the Outcomes Selection focus groups.

Contracting process

County and One Mind Contracts

UC Davis had drafted a common scope of work that encompasses language that is agreeable to each county and the One Mind Foundation. We had decided, in collaboration with the counties, to have a separate contract for each county using the common scope of work with UC Davis, as opposed to one master agreement for all counties. At the time of this deliverable, only Solano county and the One Mind foundation have an executed contract with UC Davis. San Diego, Los Angeles, and Orange County are at various stages of approval for their contracts. San Diego county has submitted their contract to our Office of Research and we are in the process of finalizing the terms of the contract. San Diego and other participating counties have stressed the need for the language in the executed contracts to address data storage and privacy concerns because PHI is involved and MHSA dollars would be used. To that end, we have had multiple consultation meetings between our team and San Diego county and their county run program, Kickstart, to ensure the contract for all counties includes strict protections to meet HIPAA compliance and the data privacy needs required by each county are included in the software development process (see Appendix II). The developer has also been on these calls with IT/data specialists from each county review the language in the scope and contract before approving the agreement. After some discussion, we created a document that covers all human subjects concerns from an IT/data standpoint.

Los Angeles and Orange county have chosen to contract through the Joint Participation Agreement (JPA) with CalMHSA rather than directly with UCD. CalMHSA is working with the counties to draw up a contract that then needs to be approved by each county's board of supervisors. This process has taken longer than anticipated and both counties are actively working to obtain approval by their board of supervisors and develop a contract with CalMHSA. To address the delay, staff here at UCD have amended Los Angeles and Orange county's scope of work to still include the original 10 deliverables but on a compressed timeline so that we hit the

original planned evaluation and research targets. To do this, there will be two deliverables for Los Angeles and Orange county in the first six months of the project, and their total contract length will be reduced by six months.

Application Developer Selection and Contract

One of the goals of the project period was to identify and select an external company to develop the LHCN platform and application. We have proposed Quorum technologies as our developer as they have already built two applications for research purposes with UC Davis. Quorum is a Sacramento-based company that specializes in health care application development and creating integrated specialty applications for large health systems. Additionally, it should be noted that we also reached out to multiple development companies in the past to obtain quotes to develop the prior apps (described below) and no one responded but Quorum.

We have previously contracted with Quorum to build two applications - MOBI and the DUP app - for research purposes. Currently, UCD holds the rights to the MOBI application, which was previously developed by Quorum and will serve as the foundation for the LHCN application. Due to its prior knowledge of MOBI, Quorum has participated in multiple calls with stakeholders and worked with IT teams across the state to address security needs for MOBI to work for this project. Quorum has an established team located in Sacramento that is ready to modify MOBI for the current project. Their knowledge of the healthcare landscape of California, local staff that can be deployed for project meetings or stakeholder engagement related to the project, and intimate knowledge of the MOBI app makes them uniquely capable of executing this project.

The UCD team is working with UCD contracts to determine if we can have a sole source contract with Quorum. While we do have funds in place from One Mind and Solano county to begin paying the developer to begin work on the wireframe and app development, we are not able to spend these funds until the university approves the quote, contract, and sole source justification. This has prevented us from spending funds allocated for the 18-19 fiscal year.

Developing the Advisory Committee

One of the stated goals of the LHCN project is to have an advisory committee. Prior to data collection, an Advisory Committee consisting of 2-3 former consumers, 2-3 family members of service users, EP providers (1 admin, 1 non-management/direct service provider), researchers and county (program monitor + data support person) and state representatives (OAC) will be recruited with the aim of providing input at each stage of the project. This Advisory Committee will convene every 6 months, and additionally when needed, to provide input at the initiation and submission of the major project deliverables detailed below. One of the goals of the advisory committee is to ensure diversity across linguistic, racial/ethnic, sex, gender identity, LGBTQ+, and socioeconomic status factors. During this period, we have begun the process of recruiting for the Advisory Committee. This first step is to create materials to advertise the opportunity to potential volunteers that will fill the role of the family members and service users. We have created a flyer to disseminate to the county programs for them to recruit mental health consumers and family members from their clinics (see Appendix I). This flyer will be distributed in participating clinics after IRB approval.

We have also identified possible members that may fill the other roles on our Advisory committee.

Discussion

Over the past 6 months, the UC Davis-led team has worked hard to address each of these three deliverables. It should be noted that the LHCN represents the first partnership between the University of California, multiple California counties and a foundation to build and implement a collaborative and integrated Innovation project. Through this endeavor, all parties hope that we can have a larger impact on mental health services than any one county can create on their own. While the project has experienced some initial obstacles in contracting and implementing a new IRB method, the team feels confident that we are making excellent progress.

Next Steps

The UC Davis team will continue to collaborate with Los Angeles, Orange County and CalMHSA to establish a contract for the LHCN. Progress with the IRB is ongoing and approval should be obtained in the coming months. Once IRB approval is in place, the team will begin to work with the counties that have established contracts so that progress can be made toward project goals.

Appendix I: Flyer to advertise for advisory committee EPI-CAL California Early Psychosis Collaborative: Learning Healthcare Network and Statewide Evaluation

Are you interested in joining our Advisory Committee?

The clinic is looking for volunteers for a new project's Advisory Committee. This project will develop a learning healthcare network for early psychosis clinics across California. The Committee will include clients, family members, clinicians, researchers and state representatives. The Committee will give feedback on every stage of the project.

What is the Learning Healthcare Network?

The project will bring together early psychosis programs across California to share information and coordinate collection of outcomes data. A customized electronic tablet application will collect data from clients and families in the clinic. Clients and families can see their data when working with the clinical team and use the data to make care choices. The data will help us learn how to support clients to reach their goals.



What does being a member of the Advisory Committee entail?

In the Advisory Committee, a diverse group of clients and family members will share their experiences using mental health services. They will view presentations on the project, review the electronic tablet application and project materials, review findings from the evaluation and provide feedback. The advisory committee will meet for few hours twice a year for 5 years. You would be paid for travel or may join via phone.

If you are interested in joining or would like more information, please contact:

Clinic Contact name, Title
Phone Number, Email Address

Appendix II: Summary of Consultations with County and Program Staff

Date	County/Counties	Attendees	Summary of call
6/21/2019	Solano	Tara Niendam, Valerie Tryon (UCD); Tracy Lacey (Solano County)	Call to discuss delays in spending down first period of Solano County contract funds and plans for moving forward. We will contact the OAC to roll unspent funds over to the next fiscal year.
6/17/2019	San Diego	Valerie Tryon, Brooke Herevia (UCD); Mandi Duarte, Cecily Thornton-Stearns, Elaine Sanders (SD County)	Call to clarify and discuss the terms of the contract between SD county and UCD. Each objective of the deliverable has an invoiceable amount. Invoicing will occur twice annually.
5/24/2019	Solano	Brooke Herevia (UCD), Jacquelyn Holley-Young (Solano County)	Call to discuss how invoicing is to be performed between UCD and Solano county.
5/9/2019	San Diego	Tara Niendam, Valerie Tryon (UCD); Binda Mangat (Quorum Tech); Mary Ellen Baracerros, Hope Graven, Marni Orsbern, Stephany Rogers, Shan Sejkora, Joseph Edwards, Katherine Lee (Pathways); Mandi Duarte, Cecily Thornton-Stearns, Elaine Sanders, Liane Sullivan (SD County)	Call to clarify the data entry process and discuss the security of the MOBI platform and how to test this once a contract is in place. Update on the county contract process.
5/9/2019	Orange	Tara Niendam, Valerie Tryon (UCD); Sharon Ishikawa, Flor Yousefian-Tehrani, Mark Lawrenz, Raquel Tellez (Orange County), Rhonda Bandy (Modoc)	Call with Orange county to check-in on their progress with contracting. We also used the call as a platform to introduce the LHCN project to Modoc county behavioral health representative Rhonda Bandy. Modoc county has expressed interest in joining the LHCN.
4/2/2019	Los Angeles	Valerie Tryon (UCD), Samantha Wettimuny (LA county)	Call between UCD and LA county to discuss amending their scope of work to start 7/1/2019 instead of the original planned 1/1/2019. The call was used to discuss how to update the deliverable timeline and it was decided that the first two deliverables would occur in the first 6 months of the updated scope.
3/1/2019	San Diego	Tara Niendam, Valerie Tryon (UCD); Mandi Duarte, Cecily Thornton-Stearns, Elizabeth Miles, Cara Evans Murray (SD County)	Call to clarify how to proceed with the IRB process for the county programs. This will be a multi-site study with UCD as the "CORE" site containing study-wide documentation. SD county usually does not require IRB for activities such as these.
1/7/2019	San Diego	Tara Niendam, Valerie Tryon, Jessica Hicks (UCD); Mandi Duarte, Cecily Thornton-Stearns, Elaine Sanders (SD County)	Call to discuss how to organize contract between SD county and UCD. The contract will be a fixed price, deliverable based contract. SD county plans to submit a contract template to UCD's Contracts and Grants department for review.



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