2018-2019 Cultural Responsivity Plan

CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES ANNUAL UPDATE

SOLANO COUNTY BEHAVIORAL HEALTH | FAIRFIELD, CA

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SCBH Cultural Competency Mission

Solano County Behavioral Health and its Cultural Competency Committee is focused on effectively serving our County's diverse population by understanding and respecting the value cultural differences play in providing quality mental health services to our community.

Overarching Principles

- Care is provided to ***promote self-defined recovery, family and child resiliency*** as well as positive development of each person served.
- Care is provided in a ***culturally and linguistically competent way*** with sensitivity to and awareness of the person's self-identified culture, race, ethnicity, language preference, age, gender identity, sexual orientation, disability, religious/spiritual beliefs and socio-economic status.
- There are ***no disparities for individuals or groups of individuals*** in accessibility, availability or quality of mental health services provided.

About this Plan

Solano County Behavioral Health (SCBH) is committed to equity, diversity, and inclusion. Our services aim to empower all community members throughout their journey towards wellness and recovery. It is also of equal importance for us to improve access to quality care for underserved and under-represented ethnic and minority populations who have been historically marginalized by health care systems.

We continue to work directly with the underserved and underrepresented communities following the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care: https://www.thinkculturalhealth.hhs.gov/. The CLAS Standards are utilized as the benchmark for evaluation because they are aligned with the U.S. Department of Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2010) and the National Stakeholder Strategy for Achieving Health Equity (National Partnership for Action to End Health Disparities, 2011), which aim to promote health equity by providing clear plans and strategies to guide efforts to improve cultural and linguistic competence. SCBH collaborates with multiple initiatives and funding sources to carry about its mission.

This report provides updates on planning, coordination and activities while highlighting some of the more recent data such as population growth (6.5%) & poverty rates (3%) as well as demographic changes to our county and ways we are actively addressing disparities and incorporating community feedback.

Planning and Collaborative Processes

Demographics

Solano County[1] is rich in its variety of cultures and landscape. It is home to one of the nation's most diverse cities within its borders (Vallejo). We are located approximately 45 miles northeast of San Francisco and 45 miles southwest of Sacramento. The County includes 675.4 square miles of rural land area. As of 2017, our population has grown to 445,458 with an 11.6% poverty rate. and 49.7% of the population is male and 50.3% of the population is female.

Currently, 38.2% of our county residents identify as White, 26.2% as Latino/Hispanic, 14.7% as Asian/Pacific Islander, and 13.9% as Black/African American.

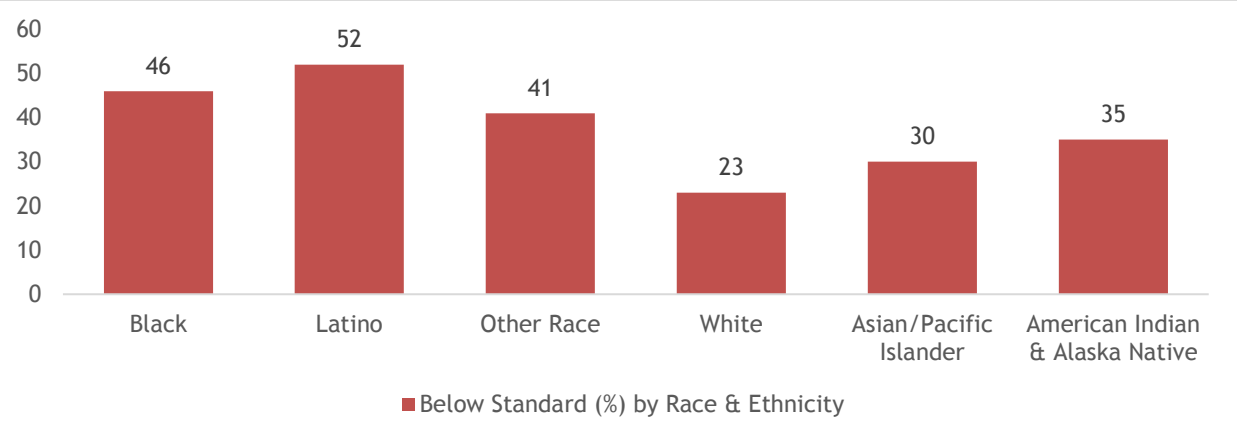
> ***In 2014, Solano County was ranked as the 5th most racially diverse County in the United States.***

Foreign Born Birthplace: At least 20% of the population is foreign born. In 2015, the most common birthplace for the foreign-born residents of California was Mexico, the natal country of 4.32M California residents, followed by Philippines with 878,605 and China with 555,855. At 52,641 Filipinos in the County making up 12% of the population, Solano County has the largest percentage Filipino population of any County in all the United States.

Language: In 2015, the most common non-English language spoken in Solano County, CA was Spanish at 15.2%; 6.29% speak Tagalog and 0.75% speak Chinese. Solano has a relatively high number of residents that are native Tagalog speakers.

Citizenship: Approximately 91.2% of Solano residents are US citizens, lower than the national average of 93%.

Self-Sufficiency Standards: Per the 2018 report, the Cost of Being Californian, the measure of self-sufficiency goes beyond poverty rates and is defined as: *"minimum income necessary to cover … individual or family's basic expenses - housing, food, child care, health care, transportation, and taxes - without public or private assistance"*. Findings[2] show that for Solano County:

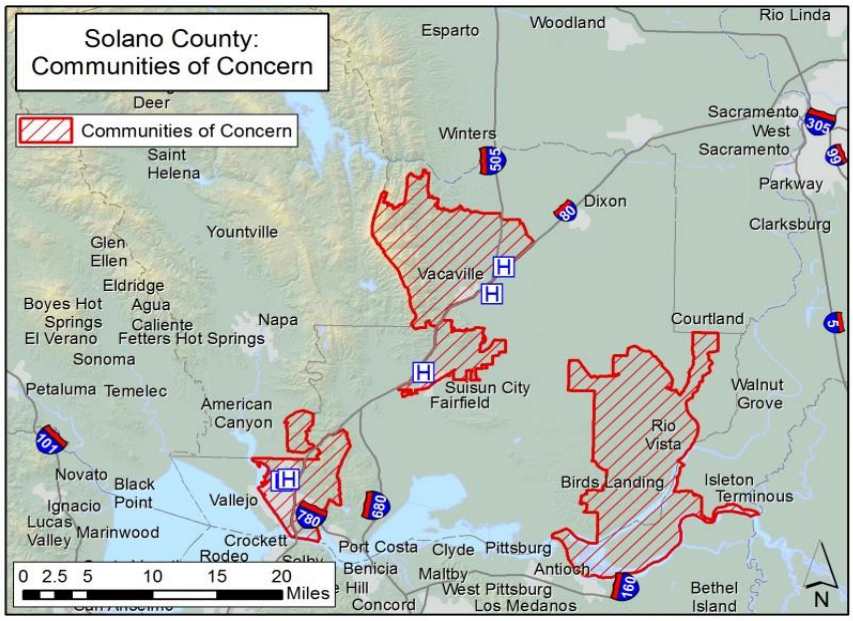


[1] https://www.theatlantic.com/national/archive/2014/04/mapping-racial-diversity-by-county/361388/
[2] https://insightcced.org/2018-self-sufficiency-standard/

Homelessness: According to the Homeless Point in Time (PIT) count[3] for 2017 (updated every two years), the number of homeless individuals is 1,232 (0.3%) where 86% (434) individuals are chronically homeless. Approximately 46% are white, 33% Black, 16% multiracial, and 3% are American Indian/Alaska Natives. At least 21% of hose counted report having been in the foster care system at some point. Related to health conditions, 48% report psychiatric/emotional conditions and 41% drug or alcohol abuse.

Health Outcome Data

According to a Community Health Needs Assessment (March 2013[4]) of the Solano health service area on health outcome data (including Emergency department visits, hospitalizations, mortality rates, mental health and other chronic concerns), *these mapped areas* in our county experience a higher burden of disease and are prone to poor health outcomes relative to other communities in the county.



The report's findings identified the priority health needs which are typically associated with health outcomes:

1. Limited access to healthy foods
2. Personal safety
3. Lack of or limited access to health education
4. Limited access to follow-up treatment and specialty care
5. Transportation
6. Lack of or limited access to dental care
7. Limited access to medications and prescription drugs
8. Limited places to walk, bike, exercise, or play
9. Limited places and social space for civic engagement
10. Lack of preventive services and community programs

Other key findings by groups show insight into their community needs that can help guide our behavioral health system to better address access and retention in treatment:

- ED/Hospitalization is higher for both Blacks and Whites among all racial and ethnic groups.
- Low income families shared that the economic downturn has hurt many families and they struggle to pay for basic needs and cannot afford health care – many lack of Medi-Cal coverage or have no insurance at all.
- Black communities stated that asthma, stroke, and hypertension rates seemed higher
- Latino key informants stated that diabetes was common and that many of the Latinos in rural areas are undocumented and, therefore, lack any health coverage

[3] http://www.housingfirstsolano.org/hic-pit-count.html
[4] http://www.healthylivingmap.com/pdf-Reports/Sutter%20Solano.pdf

- Seniors identified having issues around transportation and health care access in the rural parts of Solano
- Filipinos reported that those living in Vallejo are having poor health outcomes
- Youth report that substance abuse and tobacco use at an early age and many experience asthma
- Homeless individuals mentioned high rates of the homeless in Fairfield and Vallejo

Additionally, the report shows that respondents felt that the biggest health issue in their community in relation to behavioral health was around (1) the stress of having to obtain basic needs and pay for personal and family health care expenses and (2) prevailing substance abuse issues. Many of the challenges faced in Solano include navigating the system of care- knowing where to go, who to talk to, returning to appointments and ensuring that staff that not only speaks the person's language, but is also from the person's culture.

This report serves inform our system of care about health outcome needs by highlighting specific demographic, cultural, and linguistic data to identify areas in which behavioral health disparities exist and ensure that our quality improvement processes address noted disparities.

Strategies to Address Disparities

Solano County ensures that services and supports are available to all individuals and are tailored to meet the needs of the diversity in our county. Many disparities in behavioral health are attributed to factors such as the multicultural interpretations of mental illness, stigma, and description of symptoms. Often, Hispanic/Latino perspectives focus on spirituality and moral characteristics for their understanding of mental illness. Similarly, African Americans often consider mental illness a private family matter. Many ethnic groups often first discuss symptoms with a primary care doctor through somatic complaints, where if not prompted by the physician, underlying behavioral health issues continue to go untreated.

Motivated by a desire to increase competence across our system of care, our Mental Health Plan continues to address overall health and access needs in a holistic manner to support positive mental health outcomes through a variety of ways described below.

Ethnic Services Coordinator

As part of our commitment to equity, diversity, and CLAS, Solano County has a half-time dedicated staff member who oversees the Cultural Responsivity Plan and leads the Cultural Competence Committee, amongst other projects related to diversity and access/engagement. By working under the oversight of Quality Improvement, she ensures that we follow the Mental Health Plan requirements and consistency reviews data to identify disparities, grievances, access issues within the system of care to inform policy and practice.

Cultural Competency Committee

The Cultural Competency Committee (CCC) is led by Solano County and includes local non-profits, faith organizations, government agencies, and county behavioral health staff who lead our efforts to implement the CLAS Standards, leverage community resources and collaborate with SCBH, Health and Social Services (H&SS), and stakeholder processes (See **Appendix A: Cultural Competency Workgroup Attendees**). The committee meets quarterly and is facilitated by the Ethnic Services Coordinator. The CCC currently includes two subcommittees:

1. Language Services Subcommittee- improving access to mental health services by ensuring that all information at various settings (i.e., clinics, community organizations, etc.) is provided with a sensitivity to health literacy and the language needs of the community.
2. Outreach Subcommittee - coordinating outreach efforts across Solano County to increase community awareness of services and consumer engagement.

Each subcommittee meets monthly and is comprised of County and CBO mental health providers, consumers, family members, Public Health staff, Employment and Eligibility Staff, and other key stakeholders who have helped enhance outreach and education efforts for our underserved and underrepresented populations.

The goals, and corresponding activities generated by the subcommittees, serve as the foundation for this plan. Additionally, SCBH has included the CLAS Standards in **Appendix B: CLC Assessment Tool** with implementation activities for each standard to help guide current and future planning.

Health & Social Services (H&SS) Equity Collaborative

The SCBH Ethnic Services Coordinator and other clinical staff participate in an equity collaborative with all H&SS divisions (i.e., General Services, Public Health, Health Services, Administration, Child Welfare, Employment & Eligibility), other County Departments including libraries, First 5 Solano, law enforcement, probation, etc. The Equity Collaborative meets on a quarterly basis and its mission is to foster diversity and inclusion through education, advocacy, policy and systems change throughout Solano County. The Equity Collaborative was developed by H&SS staff who participate in a nationwide network called the Government Alliance on Race and Equity (GARE), which supports local jurisdictions to determine and implement strategies to addressing inequities experienced within our communities.

Advancing Racial Equity Team

The H&SS Advancing Racial Equity Team is a group comprised of individuals from H&SS Divisions (Public Health, E&E, Health Services, Behavioral Health, etc.). The Team focuses on addressing equity issues via the GARE model which includes the provision of training, teaching the Race Equity Tool, and additional efforts to support equity within the H&SS department at a more micro-level than the larger Equity Collaborative which seeks to provide a macro approach to equity issues. Several H&SS staff have been trained as trainers for the Advancing Race Equity (ARE) training, including members of SCBH. To normalize discussions and advance racial equity in the County, the Equity Collaborative has partnered with Behavioral Health as the first division in H&SS to fully train all clerical and clinical staff on "Advancing Racial Equity (ARE)" for their annual cultural competency training. 3 trainings were completed in November 2018 and 6 additional trainings are scheduled for December 2018.

During the ARE 4-hour training, participants gain awareness of the history of race; implicit, and explicit bias; and individual, institutional and structural racism; and how it impacts our lives and community. Participants will gain a deeper understanding of how these social constructs impact the community and person's experiences and will be better positioned to assess organizational structures and practices for ensuring race equity throughout the Solano County Mental Health Plan. Participants will gain a better understanding of the impact on person's life experiences as well as access to and participation in mental health services. SCBH plans to have staff participate in a train the trainer series to help facilitate subsequent advancing racial equity trainings for the division.

Mental Health Services Act Innovation Project

SCBH has partnered with University of California, Davis Center for Reducing Health Disparities (CRHD) three community-based organizations (Fighting Back Partnership, Rio Vista CARE, and Solano Pride

Center), and community stakeholders through the Mental Health Services Act (MHSA) Interdisciplinary Collaboration & Cultural Transformation Model (ICCTM) for a 5-year multi-phase Innovation Project. The ICCTM Innovation Project aims to increase access and utilization of culturally and linguistically appropriate services for County-specific unserved and underserved populations that have historically shown to have low mental health service utilization rates throughout Solano County: the Latino, Filipino-American, and LGBTQ communities. While significant disparities also exist for other ethnic/racial groups, these three populations were selected for this project because they have historically shown more severe patterns of disparities when accessing and utilizing mental health services, compared to other populations in Solano County.

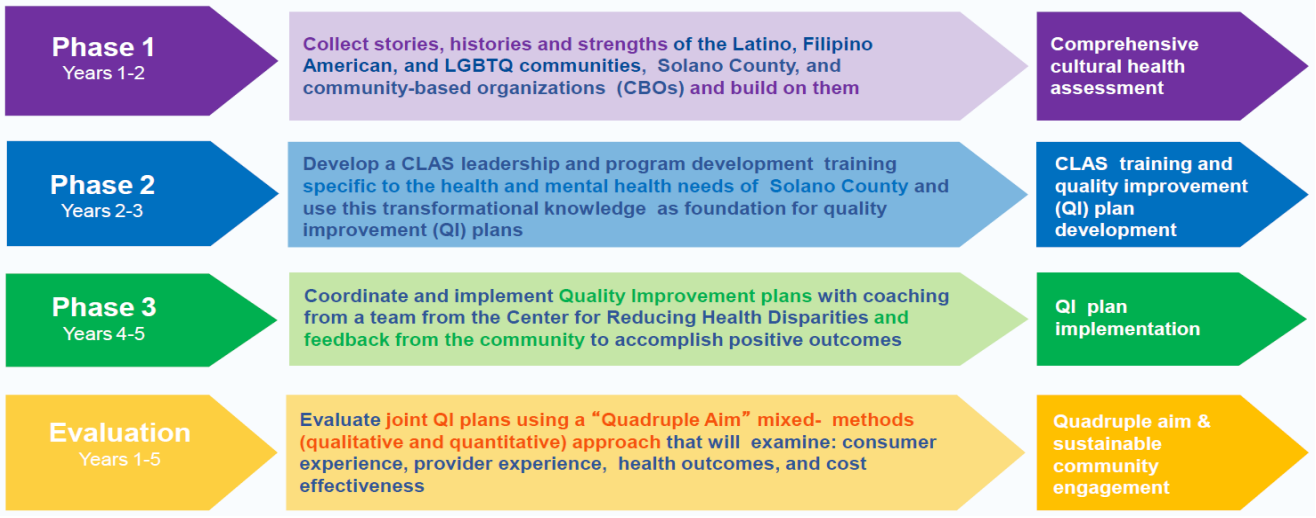
The project includes the creation of a region-specific curriculum using the framework of the Culturally and Linguistically Appropriate Services (CLAS) standards - a set of nationally accepted standards for cultural proficiency in service organizations, and the local community's perspective on community-defined strategies to achieve culturally and linguistically appropriate practices that when integrated into the mental health system can increase access and utilization of treatment for the three target populations.

The core components of the ICCTM project include:

Community-Based Participatory Research (CBPR) – A framework that is used to increase our understanding of mental health disparities associated with race, ethnicity, gender, LGBTQ, and SES, and to increase community engagement to achieve mental health equity and increase access to care (Minkler & Wallerstein, 2008).

Culturally and Linguistically Appropriate Services (CLAS) standards – CLAS standards are designed to ensure that mental health consumers can access, utilize, and benefit from mental health services in the context of their language, race, ethnicity or other personal characteristics.

Quality Improvement (QI) and Sustainability – A focus on systematic and continuous actions that lead to measurable improvement in mental health services and the health status of targeted patient groups that sustain over time. The 5-year project is a multi-phase project as demonstrated in the chart below:

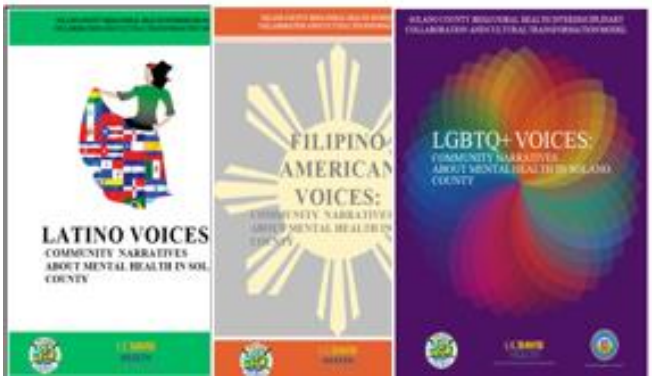


Phase 1 (completed):

CRHD conducted a comprehensive health assessment through: key informant interviews, community forums, focus groups, agency surveys; a data analysis of access and retention rates; and an analysis of

findings from consumer perception surveys. CRHD has provided several types of reports summarizing the findings of the health assessment.

- The findings from the community stakeholder process have been complied into narrative reports for each of the three target communities and are currently available in English and are posted on the County Mental Health website. All three reports will also be made available in Spanish and Tagalog.
    - *Latino Voices: Community Narratives about Mental Health in Solano County*
    - *Filipino-American Voices: Community Narratives about Mental Health in Solano County*
    - *LGBTQ Voices: Community Narratives about Mental Health in Solano County*



- The CRHD evaluation team was provided data related to consumer access, retention, and demographic information from the county electronic health record (EHR). The data was used to develop a baseline report *Baseline Data on Access and Utilization of Mental Health Services by Filipino American, Latino and LGBTQ Populations: Results from the County of Solano*.
- The CRHD evaluation team was provided two cycles of *Mental Health Statistics Improvement Program (MHSIP) Consumer Survey* from the baseline period of the project which was FY 14/15 and a comprehensive analysis was completed. The findings are available online MH Survey Results
    - *Mental Health Statistics Improvement Program Results for Youths and Families Population*
    - *Mental Health Statistics Improvement Program Results for Adult and Older Adult Population*

In addition to completing a health assessment of the system of care, the CRHD team developed Cultural Competency (CC) 101 and 102 training curriculums which they then provided for the MHP. To sustain these efforts SCBH enlisted CRHD to train ten County and CBO staff to be trainers for CC 101 and 102 trainings going forward.

Phase II (completed Fall 2018):

Using the national CLAS standards as a framework and local feedback from the community gathered during the health assessment the CRHD team developed a Solano County specific CLAS Training curriculum. The ICCTM is the first community-initiated project that combines CLAS with community-informed recommendations through a tailored curriculum.

The CLAS Training curriculum consisted of four in-depth training sessions:

Session 1: Overview/Health Disparities:

Session 2: Community Needs/Gaps

Session 3: CLAS Standards

Session 4: Quality Improvement Development

Three CLAS training cohorts were identified and were comprised of individuals from multiple disciplines and inter-sectorial including: mental health providers from county and community-based organizations (CBO), consumers, and community partners such as law enforcement, faith-based organizations, Child Welfare, Public Health, etc. During each of the CLAS trainings small groups were formed and tasked with developing Quality Improvement (QI) Action Plans to improve access and service utilization for the three target populations. CRHD, in partnership with the County, continue to provide coaching sessions to support the groups to further refine the QI Action Plans to prepare for implementation.

During this reporting period the following activities have been completed: The completion of three CLAS training cohorts. Development of 12 CLAS QI Action Plans in total: 4 focused on community outreach and stigma reduction, 4 focused on workforce development, 1 focused on strengthening supervisor support, 1 on focused on co-location (wellness centers on school campuses), and 2 focused on strengthening trainings for providers. Coaching to refine the QI Action Plans and the identification of leadership sponsors from the County for each of the QI Action Plans. The leadership sponsor will provide support to ensure implementation of the QI Action Plans and sustainability of interventions that prove successful.

Phase III (underway):

This next phase will include the implementation of the CLAS QI Action Plans and ongoing evaluation regarding the impact on the system of care and access to services for the three underserved communities.

Cultural Competency Train the Trainer Cohort

Ten staff, from county and CBOs, were trained to provide a basic Cultural Competency training curriculum developed by CRHD. Currently efforts are underway to modify the training that could include additional topics and methods to provide the course, including a web-based version. Specific requirements for taking this course will be geared towards onboarding new staff (i.e., taking course within 30 days of hire). The cohort will also identify additional trainings that may be needed to support the system of care. We have lost 2 trainers to attrition.

MHP Equity Initiatives

Hispanic Outreach Latino Access (HOLA) Outreach Coordinator

This half-time position is MHSA funded and currently staff by a licensed clinician who also holds the position as Ethnic Services Coordinator. This position has been in place since 2014. In this role the clinician has done extensive outreach across the County with Family Resource Centers, Dixon Migrant Camp, Family Justice Center, libraries, schools, medical clinics serving the Latino community, and through community events, etc. Referrals that are generated from outreach efforts are tracked by the Access Line Unit. There is a specific HOLA phone line that is routed to the clinician so she can provide support and navigation for consumers and families accessing our system of care. Mara is at times called upon to provide interpretation services for intake assessments. Additionally, the clinician provides support groups whereby she incorporates information about mental health to reduce stigma. During FY 17/18 the clinician conducted 45 outreach activities reaching 630 community members, and screened 10 individuals.

KAAGAPAY Filipino Outreach Coordinator

This half-time position is MHSA funded and currently staffed by a licensed clinician. The KAAGAPAY (English translation is "Reliable Companion") position has been in place since 2015. In this role the clinician has done extensive outreach across the County with Family Resource Centers, public health and health care providers, libraries, schools, churches, and community events, etc. Referrals that are generated from outreach efforts are tracked by the Access Line Unit. The clinician is at times called upon to provide interpretation services for intake assessments. Additionally, the clinician provides support groups and/or parenting education groups whereby she incorporates information about mental health to reduce stigma. During FY 17/18 the clinician conducted 38 outreach activities and screened 31 individuals. The outcomes were impacted by the clinician being on leave for 6 months.

LGBTQ Outreach and Access Program

MHSA Prevention and Early Intervention (PEI) funds are used to support the Solano Pride Center, a local LGBTQ community-based organization. The program provides the following services: training and education for the community, support groups, social groups/activities to reduce isolation, brief 1:1 counseling. During fiscal year 17/18 the contract was expanded to include the provision of the "Welcoming Schools" program to help create schools that are more inclusive for LGBTQ youth. During FY 17/18 the Solano Pride Center reached 1133 community members through outreach activities and provided counseling services to 36 consumers.

Native American Support Group

The Wellness and Recovery Family Liaison, in partnership with the local California Tribal TANF office, is providing a Women's Talking Circle, a place for Native American women to share their experiences, seek support and create healing opportunities. During FY 18/19 the County will be sponsoring an all-day training for providers on best practices when working with Native American consumers.

African American Faith-Based Initiative

MHSA Prevention and Early Intervention (PEI) funds are used to support 3 individual consultants to train and support the local churches' faith leaders on the signs of mental illness and how to support congregants to access needed services. Once faith centers complete the training process they are deemed Mental Health Friendly Communities (MHFC) and continue to receive technical assistance. Additionally, the consultants provide trainings for mental health providers and community partners on how to better serve and support African American consumers. The primary focus of this project is stigma reduction. During FY 17/18 the program reached a total of 877 community members through outreach events and trainings.

Workforce Development Efforts

Intern Program

MHSA funds are used to support an intern program each year. Efforts are made to recruit master's level 1st and 2nd year students and PsyD/PhD pre- and post-doctoral interns that represent the underserved/underserved in Solano County and/or representative of diverse populations. By recruiting bilingual/bicultural interns the goal is to build a culturally and linguistically competent workforce. Solano County Behavioral Health staff attend intern fairs at universities from several surrounding counties. Additionally, we are CAPIC approved for pre-doctoral interns.

High School Mental Health Career Pipeline Efforts

Solano County was selected by CIBHS to facilitate the first Solano County Mental Health Career Pipeline Event "Bright Young Minds" on May 1, 2018. CIBHS had been awarded a grant and funded this project for our community. Thirty-seven students from Jesse Bethel and Vallejo High attended. CIBHS

has offered to fund another pipeline project in FY 18/19 and we will offer this to the high schools in Fairfield. MHSA reversion funds will be used to facilitate additional Pipeline events to serve all regions of the County.

Mental Health State Survey

Twice a year the MHP administers the *Mental Health Statistics Improvement Program (MHSIP) Consumer Survey*, as required by the California Department of Health Care Services, to evaluate how the Solano County Mental Health Plan (MHP) is meeting the needs of beneficiaries served. There are several questions related to cultural and linguistic competencies that the MHP will continue to monitor closely in partnership with the CRHD and the MHSA Innovations Project.

Trainings for the MHP and/or Community

The County has several staff members that are certified in specialized curriculums and are dispatched across the County to provide trainings for schools, mental health providers, family resource centers, community partners including law enforcement, etc.

- Mental Health First AID (MHFA)
- Commercially Sexually Exploited Children/Youth (CSEC)
- Clinical Competency for LGBTQ Consumers
- Clinical Considerations Working with Transgender Consumers
- Trauma-Informed Care trainings

Crisis Intervention Team (CIT) Training for Local Law Enforcement

MHSA Workforce Education and Training (WET) funds are set aside annually to fund training for local police departments including city forces, Sheriff, and Highway Patrol. Over the last several years the law enforcement departments had opted for the 8hr training and then have identified specific officers to create teams within the department that are then sent to another county's 40hr a week training of which that department funds themselves, which limits officer's ability to learn SCBH's supports and resources. The 8hr introductory training includes information on how to recognize mental health conditions, interventions to use with individuals presenting in crisis, and cultural competency.

SCBH executive leadership recently assigned a clinician to be the county CIT Coordinator and to facilitate partnerships with local law enforcement. The clinician obtained full certification through CIT International. Since January 2018, SCBH has begun facilitating meetings with local law enforcement agencies, county administration, and key stakeholders to engage in developing a Solano CIT curriculum that is in fidelity to the model for the full 40-hours. The development of this training is currently underway. This training will include a larger emphasis on diversity and working with persons and families from various cultures specific to crisis calls.

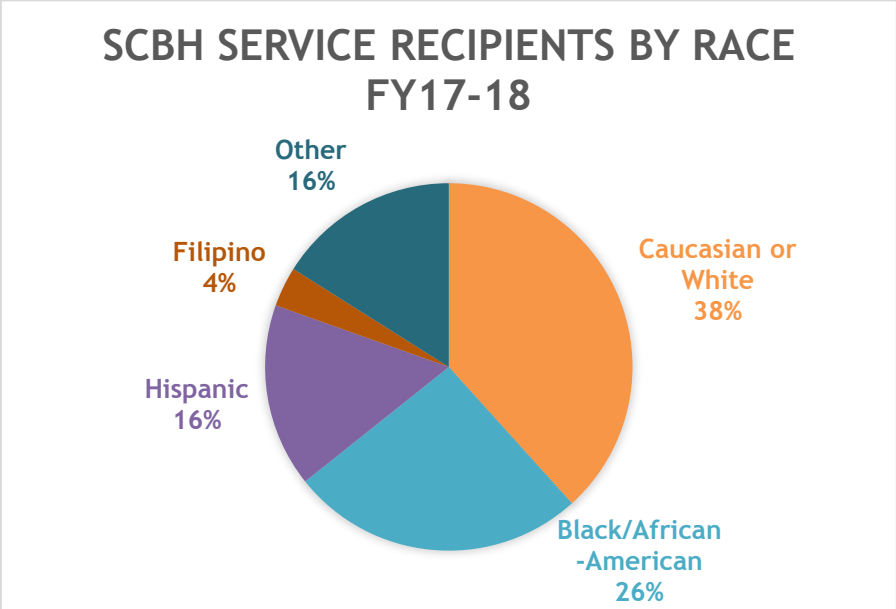
Significant Findings

SCBH consistently reviews engagement, retention, and other quality data to identify disparities. Based on recent data for Solano County residents who experience mental health and substance use challenges, and are served under the Mental Health Plan. Our Annual Report shows findings and activities geared to increase engagement and improve quality services for our population. Upon reviewing our data, SCBH continues to see the following trends:

Persons Served

Solano served **6681** Persons in FY17/18 (children/adults) from a diverse array of cultures that include individuals from the following racial groups:

1. American Indian or Alaska Native
2. Asian Indian
3. Black/African-American
4. Cambodian
5. Caucasian or White
6. Chinese
7. Filipino
8. Guamanian
9. Hispanic
10. Hmong
11. Japanese
12. Korean
13. Laotian
14. Native Hawaiian
15. Other
16. Other Asian
17. Other Pacific Islander
18. Vietnamese



Penetration Rates

FY17/18 MHP data shows that we are underserving Hispanic/Latino, African-American/Black, and Asian/Pacific Islanders- these groups are showing the greatest disparities between the percentage of eligible residents and those using mental health & substance abuse services (See **Goals for FY18-19**).

	SOLANO					MEDIUM		STATEWIDE	
	Average Number of Eligibles per Month (4)	Number of Beneficiaries Served per Year	Approved Claims	Penetration Rate	Approved Claims per Beneficiary Served per Year	Penetration Rate	Approved Claims per Beneficiary Served per Year	Penetration Rate	Approved Claims per Beneficiary Served per Year
RACE/ETHNICITY									
White	26,470	1,515	$7,055,858	5.72%	$4,657	5.60%	$5,412	5.93%	$4,916
Hispanic/Latino	38,279	806	$4,691,831	2.11%	$5,821	2.67%	$4,622	3.35%	$5,278
African-American	23,896	1,113	$6,365,637	4.66%	$5,719	6.11%	$5,367	7.37%	$5,635
Asian/Pacific Islander	15,538	302	$1,275,764	1.94%	$4,224	2.31%	$4,726	2.08%	$5,639
Native American	668	48	$354,741	7.19%	$7,390	5.46%	$5,905	6.38%	$5,468
Other	19,011	1,154	$9,361,518	6.07%	$8,112	7.06%	$10,411	7.23%	$9,948

Community Engagement Improvement Process

SCBH executive leadership and administration has focused efforts on improving retention and engagement at the point of access. In large part due to a significant number of individuals who contact our access hotline seeking services but do not show for their initial appointment after being referred. Similarly, a considerable number of individuals who attend their initial assessments are not returning for subsequent treatment which results in poor retention and engagement outcomes.

In April 2018, Solano County Leadership developed the Quality Improvement (QI) Clinical Projects Team under the SCBH QI Administrator. The team consists of 3 full time licensed mental health clinicians who also provide support to our adult and children's outpatient clinic services. As part of program improvement, the SCBH Quality Improvement Clinical Projects Team was tasked with

completing 100 surveys with adult community members about their interactions and impressions regarding our system of care.

The survey consisted of 8 culturally informed questions related to their experiences. The participants consisted of diverse racial/ethnic groups, ages, genders, sexual orientations, and regions predominantly throughout Solano County. The QI Clinical Projects Team partnered with local community-based organizations (Fairfield Circle of Friends, Vacaville Circle of Friends, Solano HEALS, and others) to gather feedback from key stakeholders. Please see a summary of the significant findings from this community engagement activity below:

- Majority of the community members who participated in the survey expressed a need for additional resources such as housing, finances, transportation, employment, education, food, and other supports. This information correlates with recent data published from Insight Center for Community Economic Development, which states, 28% of Solano County households live below the California Self-Sufficiency Standard. Additional information regarding racial and ethnic self-sufficiency inequities within Solano County can be found here: Solano County Fact Sheet on Poverty.
- A significant number of participants (1 in 2) expressed a preference for receiving supportive services from individuals who represent their culture. Many shared rationales for how this could be helpful for making them feel comfortable and how it could contribute to quality treatment. Inferences can be made that our retention and engagement of some racial and ethnic groups may be due to the lack of diverse representation within our workforce.
- 1 in 4 participants expressed having difficulties findings services in their preferred language or culture. This statistic is relevant as we strive to meet CLAS Standards and improve access and quality of services for underserved and underrepresented populations.
- White/Caucasian participants were more likely than people of color to seek support from the county clinic and primary care doctors. People of color were more likely than white/Caucasian participants to seek support from their families and church.
- The survey also highlights examples of successful service delivery such as "The staff at Solano Mental Health is very supportive" and areas for improvement such as "Have more peers in the county offices to assist in the navigation process of services."

"YOU CAN RELATE BETTER TO SOMEONE WHO LOOKS LIKE YOU AND COMES FROM YOUR SAME BACKGROUND. THEY UNDERSTAND THE CULTURAL IMPACTS."

-SURVEY RESPONDENT

A detailed community survey report based upon interviews with adults in the community can be found in **Appendix C: Community Engagement Survey**. The QI Clinical Projects team will be utilizing this information to support current performance improvement Projects (PIP) aimed to help strengthen our service delivery.

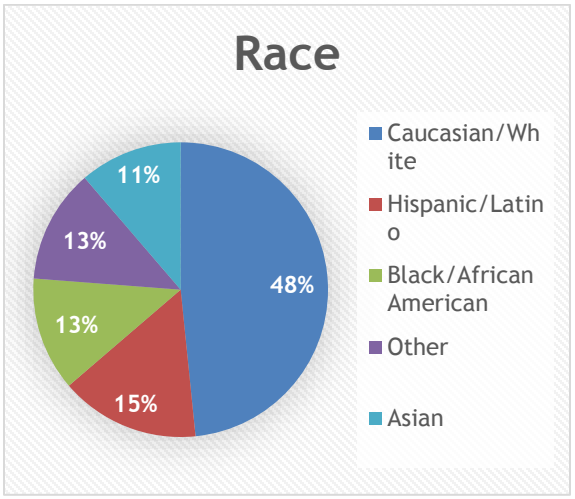
Diversity Workforce Capacity

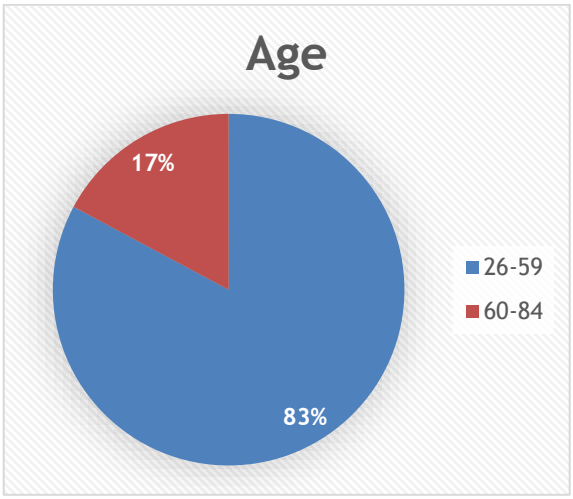
In August of 2017, the committee developed a survey (attached) to assess the demographics of our current workforce. The Diversity Workforce survey was administered for the first time in October of 2017 to all County employees and CBO agencies and yielded **236 total responses**. The purpose was to assess the cultural and linguistic diversity of our the MHP. The results show that:

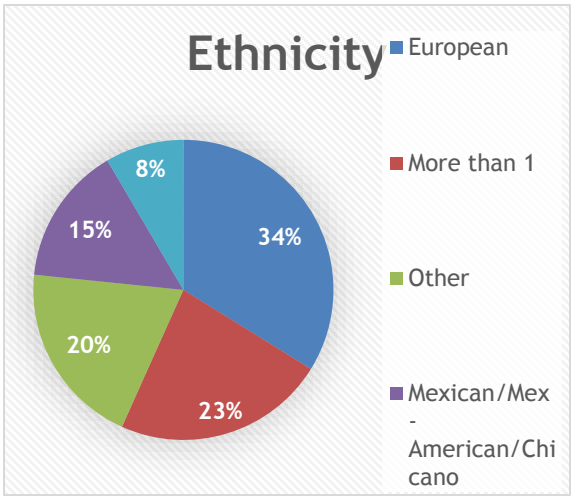
- **75%** total respondent's report receiving Cultural Competency Training in the past year

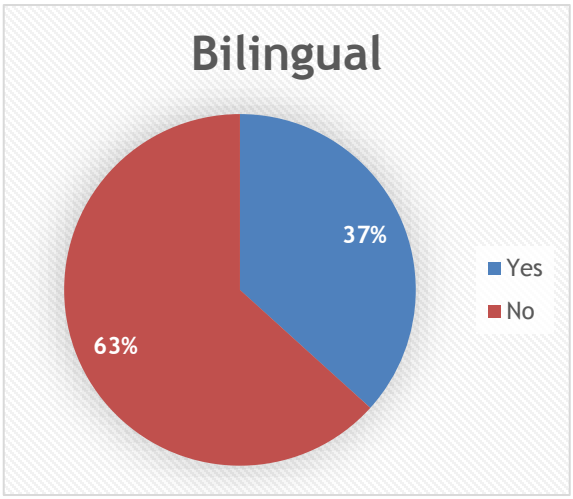
- **11.85%** are certified bilingual county employees through HR
- **18%** of contractors have identified individuals in the organization that are bilingual in Spanish (61.9%), Tagalog (9.5%) and Ilocano (4.76%)

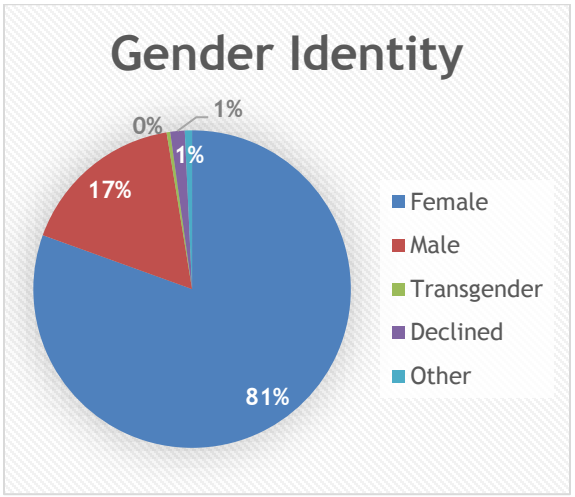
Survey Results:

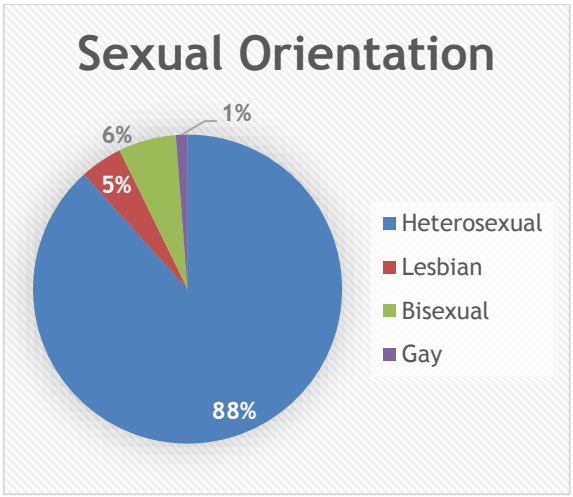




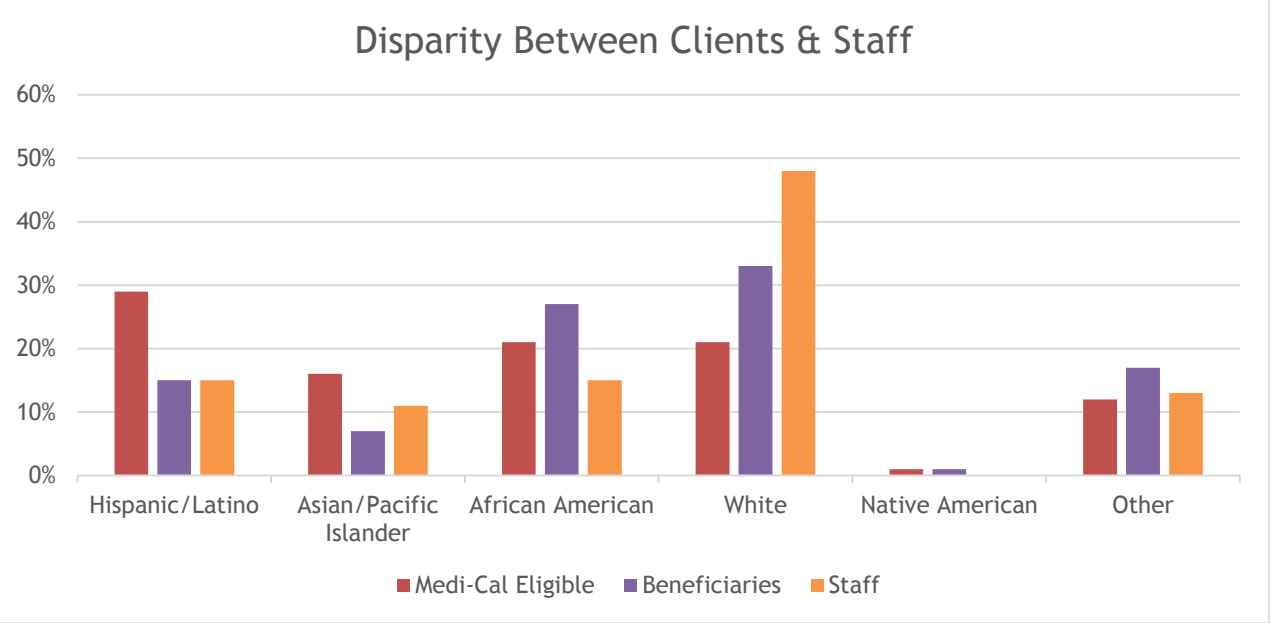








Furthermore, the chart below from FY16-17 shows a disparity between eligible Medi-Cal population, current beneficiaries and our hired Provider/County staff:

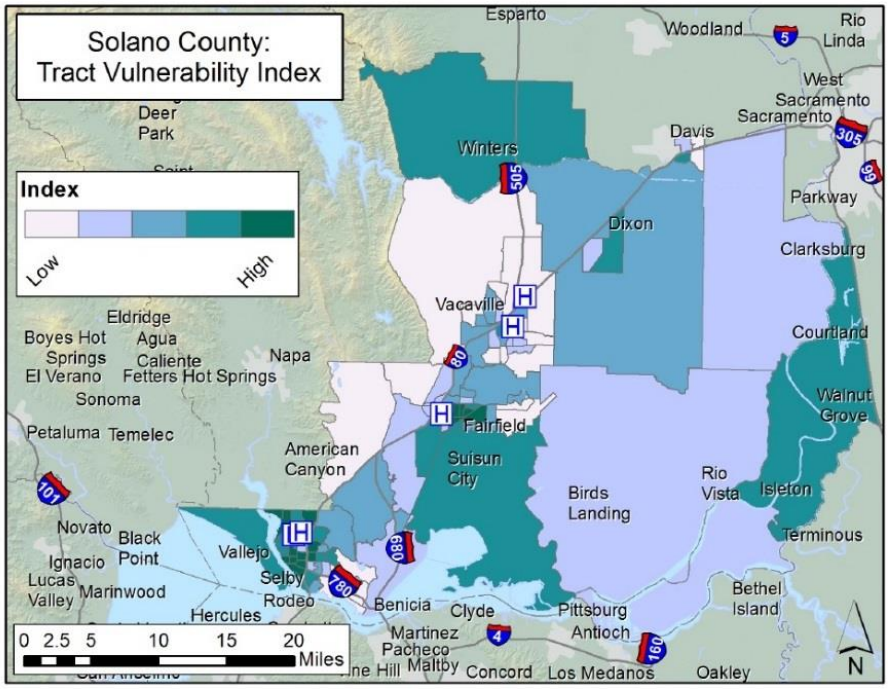


Inferences can be made regarding eligible beneficiaries who might not have culturally competent engagement and are not receiving necessary treatment due to outreach by staff who do not represent their culture, particularly with the Hispanic/Latino, African-American, and Filipino community. SCBH hires quality, bi-lingual staff whenever possible. There's been a historical shortage of applicants who speak Spanish and Tagalog, our top two foreign languages. Solano County consist of many rural towns such as Rio Vista, Vallejo, Suisun and others which often include residents identified as foreign born or other language speakers. Many of the people in these communities have difficulties with transportation, access to healthcare services, or limited education related to the needs and benefits of treatment. These areas are critical for SCBH outreach and engagement efforts. We are currently waiting for results for this year's report and we will continue to monitor our cultural and linguistic workforce capacity annually.

One of the CLAS cohort groups involved with the MHSA Innovations ICCTM Project developed several questions that have been added to the Workforce Diversity Survey to further evaluate workforce recruitment and hiring practices, as well as retention efforts for current bicultural and bilingual staff. This survey is currently being administered, to all County employees and CBO agencies under the MHP. The findings are not yet available for this report.

Goals for FY18-19

SCBH provides services across areas in the county and has made steps to increase its focus to rural towns such as Rio Vista, Vallejo, Suisun, Winters, and others highlighted in the *Vulnerability Index Map*[5]. These towns often include residents identified as foreign born or other language speakers. Many of the people in these communities have difficulties with transportation, access to healthcare services, or limited education related to the needs and benefits of treatment. These areas are critical for SCMH outreach and engagement.



Health service area map of vulnerability for Solano County

SCBH hires qualified, bi-lingual staff whenever possible. There's been a historical shortage of applicants who speak Spanish and Tagalog, our top two foreign languages. However, the chart below shows a disparity between our eligible Medi-Cal Population, current beneficiaries and our hired Provider/County staff. Inferences can be made related eligible beneficiaries who might not have culturally competent engagement and are not receiving necessary treatment due to outreach by staff who do not represent their culture, particularly with the Hispanic/Latino, African-American, and Filipino community.

SCBH is working to engage candidates through hiring incentives, internships, outreach to local forums, and other ventures to increase likelihood of local, bilingual applicants. Consumers and their families with Limited English Proficiency (LEP) are informed of their services, available accommodations or treatment progress in their native language through direct staff or phone translation services as necessary. Accommodations are available and provided to any consumer or family member who needs them. SCBH clinics all have informational brochures in their lobbies and staff offer such technology or accessibility accommodations as necessary.

In order to ensure a good match between consumers and their practitioners, Solano County also has a process in place for requests to change providers. At any point, a consumer can request a new specialist, clinician, physician, etc. The document is displayed in all the clinic lobbies and is called "Request to Change Service Provider Form" and is currently available in English and Spanish; we are in process of updating the forms and creating one in Tagalog. SCBH continues to ensure that materials such as brochures are available in both Spanish and Tagalog, as well as alternative formats upon request at no cost to the consumer or their family. Our staff offer these formats as well as auxiliary aids like TTY services as necessary. Our materials are also being reviewed to ensure the language is easily understood in both the language level and culturally appropriate words/slang.

[5] http://www.healthylivingmap.com/pdf-Reports/Sutter%20Solano.pdf

To this end, the chart below provides an overview of the major goals for this year, and includes data and needs identified by the CCC, objectives, the status of County efforts to address the goal, and performance measures to ensure that the objectives are achieved.

<table>
<tr>
<td>Goal 1: Create and develop strategies to ensure that health literacy principles are culturally responsive.</td>
<td>Why Is This Goal Needed: To date, no baseline has been established to determine if information provided to the community is culturally responsive or incorporates principles of health literacy. Information provided to the community could include information regarding access to behavioral health services, forms which require consumer signatures and understanding, and the organization of the behavioral health system. Per the ACA, health literacy is critical to helping individuals make appropriate healthcare decisions and have informed consent[6].

Strategies:

• Review information that is provided to the community regarding Solano County Behavioral Health services.
• Incorporating QI Action Plans created by the MHSA Innovations Project.
• Measure all CLAS Standards (Appendix B) to verify adherence and challenges.

Outcome Measures:

1. Establishment of a protocol to ensure that publicly disseminated information, including information provided to consumers receiving behavioral health services, meets CLAS standards for health literacy.
2. Establish workgroups to sustain QI Action Plans created by the MHSA Innovations Project.
3. All program sites where consumers are seen have artwork, signs and literature reflecting the cultures and languages of the consumers they serve.
4. Meet at least 60% of the CLAS Standards as reviewed regularly in the CC committee.</td>
</tr>
<tr>
<td>Goal 2: Increase the engagement of the Solano County Medi-Cal eligible populations.</td>
<td>Why Are These Goals Needed: There are disparities in people served upon reviewing the 2017 SCBH Services -Penetration Rates by Race[7]

<table>
<tr><th>ETHNICITY</th><th>SOLANO</th><th>MEDIUM COUNTY</th></tr>
<tr><td>WHITE</td><td>5.72%</td><td>5.60%</td></tr>
<tr><td>HISPANIC</td><td>2.11%</td><td>2.67%</td></tr>
<tr><td>AFRICAN-AMERICAN</td><td>4.66%</td><td>6.11%</td></tr>
<tr><td>ASIAN/PACIFIC ISLANDER</td><td>1.94%</td><td>2.31%</td></tr>
<tr><td>NATIVE AMERICAN</td><td>7.19%</td><td>5.46%</td></tr>
</table>

When compared to the State’s estimates for penetration rates in similar medium-sized counties, Solano County appears to receive passing marks. However, among the groups there is disparity still in the degree of penetration. White Solano residents appear to receive nearly four times the number of services than Asian/Pacific Islander Solano</td>
</tr>
</table>

[6] https://www.cdc.gov/healthliteracy/learn/index.html

[7] Behavioral Health Concepts: California External Quality Review Organization (CalEQRO FY 2017/18) - Solano County Medi-Cal Penetration Rates, 2017. *Penetration Rate data does not include Kaiser Permanente Medi-Cal Carve Out beneficiaries served.

	residents, and three times the number of services than Hispanic/Latino Solano residents. Utilization rates in the African American community are higher than the Latino and API communities; yet when compared to medium-sized counties African Americans too are served less locally. This is a new development our County and efforts will be made to evaluate the root cause of the decrease in the number of African American community members accessing services. In addition to targeted outreach and education efforts, SCBH recently revised collection tools that are embedded into the electronic health record to capture data on the number of LGBTQ consumers served by the local mental health system. The revised data capture tool is currently being implemented which will allow SCBH the opportunity to establish baseline data on the LGBTQ community, and to track the impact of LGBTQ outreach and community engagement efforts on current penetration rates. **Strategies:** 1. Implement the CLAS QI Action Plans developed through MHSA Innovation project. 2. The MHP will create and promote a uniform outreach information guide by involving community partners, stakeholders and other Solano County divisions to ensure proper information is disseminated to the public. 3. Continue to leverage the ICCTM CBO partners who are engaging the Latino, Filipino-American, and LGBTQ communities, as well as the Mental Health Friendly Communities (MHFC) program outreaching to faith communities to improve access for African Americans. Implement a specific referral process to track calls to the Access Unit that are a result of the abovementioned efforts. 4. The MHP will track the number of individuals who are accessing and engaging in mental health services internally, and in partnership with the UC Davis CRHD evaluation team. **Corresponding Outcome Measures:** 1. The number of new service requests to the Access Line that are a direct result of strategies identified in QI Action Plans. Monitor access to services for each of the three target communities as demonstrated by Medi-Cal penetration rates. 2. The number of guides distributed through outreach events. 3. The number of new calls to the Access line based upon referrals through the CLAS project, MHFC program, and the LGBTQ Outreach and Access program.
Goal 3: Identify retention disparities experienced by individuals within the MHP	**Why Is This Goal Needed:** Disparities within Filipino-Americans, Latino, and LGBTQ communities have been identified within the MHSA Innovations ICCTM project (http://www.solanocounty.com/depts/mhs/cc.asp). Community members in need of mental health services may be reluctant to pursue or follow-up with treatment due to lack of culturally responsive services, possibly impacted by a lack of culturally diverse staff (see Goal 5 for further staffing information). **Strategies:** 1. Continue to evaluate the average length of stay for individuals by race/ethnicity, sexual orientation, and gender identity. 2. Continue to engage the community through ongoing Solano Community Survey

	3. Use MHP Service Verification Survey to monitor consumer satisfaction questions related to cultural and linguistic competencies. Identify program specific issues that require interventions and apply accordingly. 4. Evaluate reasons for discharge using discharge codes by race/ethnicity, sexual orientation, and gender identity (baseline will be established during FY 18/19) **Outcome Measures:** 1. Penetration and retention rates for each of the 3 target communities as demonstrated by Medi-Cal penetration and penetration rates. 2. Satisfaction as indicated on the Service Verification Survey.
Goal 4: Implement culturally responsive recruitment and retention strategies, to increase workforce capacity.	**Why Is This Goal Needed:** In October of 2017 an online Workforce Diversity Survey (Diversity Workforce Capacity) was disseminated by email as means to capture the workforce demographics of county and contractor staff working under the MHP. Answers were anonymous and self-reported; therefore, a clear representation of the whole MHP may not be represented, however this survey was done to assess the how diverse the MHP workforce was. In an effort to continue further evaluation of the mental health plan's cultural and linguist diversity among providers, in November of 2018 questions developed by one of the CLAS cohorts, as part of a QI Action Plan, were incorporated into the annual Workforce Diversity Survey. The additional questions focused on the recruitment and retention of bilingual/bicultural staff. Results of the survey are pending for FY 18-19. **Strategies:** 1. The Ethnic Services Coordinator, and other bicultural/bilingual County staff, will attend recruitment fairs targeting culturally diverse communities. 2. Annually administer and analyze data from the Workforce Diversity Survey. 3. Partner with local school districts to host mental health career pipeline events for high school students, and attend career pathway events as invited. 4. Implement CLAS QI Action Plans that were focused on workforce recruitment and retention practices. Implement supportive structures for culturally responsive supervision among culturally diverse staff. **Outcome Measures:** 1. The Ethnic Services Coordinator, and other bicultural/bilingual County staff will attend at minimum 5 recruitment fairs targeting culturally diverse communities. 2. The Workforce Diversity Survey will be administered at least annually and achieve at least a 60% response rate. The goal is to decrease the disparity in the relative presence of staff to beneficiaries served and the community. 3. Hold at least one mental health career pipeline event for Solano County high school students per year. 4. Utilize the inclusion statement, developed through a CLAS QI Action Plan, for all employment postings for SCBH. 5. At least two workgroups will be established to address obstacles in providing culturally responsive supervision for culturally diverse staff.

Contacts

For more information about our Cultural Competency activities, please reach out to:

Mara León Sammartino, LCSW Ethnic Services Coordinator MHSA Hispanic Outreach and Latino Access Coordinator (HOLA) Office: 707-784-8469 Cell: 707-386-5876 MSLeon@SolanoCounty.com	**Emery Cowan, LPCC, LMHC** Mental Health Services Administrator-Adults/Quality Improvement Main: 707-784- ecowan@solanocounty.com

APPENDICES

Appendix A: Cultural Competency Workgroup Attendees

WORKGROUP	TASKS	ATTENDEES/ REPRESENTATIVES
LANGUAGE ASSISTANCE	Evaluate the MHP's capacity to serve non-English speaking clients & families. - Establish the baseline need for professional language services - Train staff in best practices when utilizing professional language services - Expand the use of professional language services across the system of care	Adult Mental Health Youth Mental Health Quality Improvement Rio Vista CARE UC Davis Fighting Back Partnership Solano Pride
OUTREACH	Coordinate outreach efforts & communication across the system of care & the community. - Establish a medium for easy cross-communication between outreach coordinators	Adult Mental Health Youth Mental Health UC Davis MHSA Outreach teams Solano County Public Health Uplift Family Services Rio Vista CARE Quality Improvement Fighting Back Partnership Solano Pride

Appendix B: CLC Assessment Tool

CLAS STANDARDS SOURCE: https://www.thinkculturalhealth.hhs.gov/

Theme 1: Introduction: Principal Standard (Goal of the CLC Plan)

	Statements
CLAS Standard 1: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.	The plan states that the organization offers effective quality care responsive to diverse cultural and health beliefs and practices.
	The plan states that the organization offers understandable quality care responsive to diverse cultural and health beliefs and practices.
	The plan states that the organization offers respectful quality care responsive to diverse cultural and health beliefs and practices.
	The plan states how the organization collects and recognizes cultural health beliefs.
	The plan states that the care provided will be provided in the client's preferred language, recognizing their health literacy and other communication needs.
	The plan acknowledges health literacy and other communication needs, and defines what those are or may be for the organization.

Theme 2: Governance, Leadership, and Workforce

	Statements
CLAS Standard 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	The plan states that the organization annually allocates resources to meeting the diverse cultural and linguistic needs of its clients.
	The plan revisits its policies and management strategies on an annual basis to determine needs that may need addressing or added.
	The plan states how often that the CEO and Board meets to set goals to improve diversity and offer continual cultural competence care and training as a part of the strategic plan.
	The plan details how and when staff members can provide feedback on interactions with LEP and minority populations, to improve interactions and services.
CLAS Standard 3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	The plan has protocols in place for recruiting diverse staff members including leadership and governance positions.
	The plan specifies how organizations place priority on hiring members of staff with added bilingual or multilingual qualifications.
	The plan specifies how the organization will recruit staff members that represent the service population, which includes advertising job opportunities in foreign languages in various outlets (social media networks, publications, professional organizations' email listservs, job boards, local schools, faith based organizations, training programs, minority health fairs, etc.).
	The plan states that the organization recognizes staff who continue to meet the diverse needs of clients by offering the individuals internal promotions and other opportunities for upward mobility before seeking external candidates.
	The plan states that the organization recognizes the diverse cultural beliefs of its employees.
CLAS Standard 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	The plan discusses how staff (workforce, leadership and governance positions) are trained on cultural norms, and how they vary by family (such as youth alcohol consumption or physical punishment).
	The plan states that the organization supports the staff development of its employees, and how it places value on continued education and training in diversity and leadership.
	The plan states how often staff and leaders receive training.
	The plan states that the staff is trained on recognizing and responding to cultural health beliefs.

	The plan states how both internal and external resources are used to educate the governance, leadership, and workforce on cultural beliefs that they may encounter.
	The plan states that cultural competence in incorporated into staff evaluations and performance reviews.
	The plan states what is included in the staff training, and how the training is evaluated.

Theme 3: Communication and Language Assistance

	Statements
CLAS Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.	The plan states that the organization offers language assistance to LEP individuals and/or other communication needs at no cost to the client.
	The plan details the way that clients are made aware of no cost language assistance.
	The plan states that the organization offers language assistance to LEP individuals and/or other communication needs for access to services in a timely manner.
	The plan states how program directors, "point of contact staff" or agency's appointed "gatekeeper" are made aware of and trained in language assistance services, policies, and procedures.
	The plan identifies how language needs are noted in records for individuals seeking care (which may include language needs, "I speak" cards, etc.).
	The plan states the maximum time that it will take to provide an interpreter and the maximum amount of time for service delivery using a certified interpreter.
CLAS Standard 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	The plan states that the organization has the availability of language assistance services clearly displayed.
	The plan states what language assistance services are available at all times.
	The plan states how the organization translates appropriate material.
	The plan states that there is a protocol for verbally informing clients of the availability of services in their preferred language.
CLAS Standard 7: Ensure competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors should be avoided.	The plan states the protocol for ensuring language assistance providers are certified.
	The plan states how the organization ensures interpreter competence, including the interpreter's active listening skills, message conversion skills, and clear and understandable speech delivery.
	The plan states if community brokers are used within the organization.
	The plan states that untrained individuals and minors should NOT be used as interpreters.
CLAS Standard 8: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	The plan states that the organization has clear, easy to understand multimedia materials and signage in the languages used within the service community.
	The plan states what multimedia materials are available in various languages.
	The plan states that there is a formalized process and what the process is for translating materials into languages when the materials are not readily available.
	The plan notes that the materials have been tested with members of the target audience (such as through focus groups, where members may identify content that may be embarrassing or offensive, suggest cultural practices that may be more appropriate examples, and assess whether the graphics are appropriate and reflect the diversity of the community).
	The plan states that easily understandable signage is posted throughout the service area (including, but not limited to diverse languages, minority representation, and responsive to LGBTQ+ (safe space sign), and youth populations).

Theme 4: Engagement, Continuous Improvement, and Accountability

	Statements
CLAS Standard 9: Establish culturally and linguistically appropriate goals, policies, and management	The plan states that the organization will regularly review organizational planning and operations with the purpose of identifying cultural and linguistic needs that are not being met.

accountability, and infuse them throughout the organization's planning and operations.	The plan states how the annual organizational diversity goals will be created and discussed in meetings throughout the year.
	The plan states that cultural and linguistic goals created by the organization will be included in the strategic plan, and will regularly be included as agenda items in staff meetings.
CLAS Standard 10: Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and CQI activities.	The plan ensures that there is an ongoing evaluation of CLAS standards and how they are implemented within the organization.
	The plan states that all staff are provided with CLAS-oriented feedback in their performance reviews.
	The plan states how often CLAS standards are evaluated and revisited for quality improvement.
CLAS Standard 11: Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.	The plan details how and when demographic data will be obtained from the target community, and where the information will be updated and posted within the organization.
	The plan discusses how the community demographic data will be used in program planning and service delivery.
	The plan discusses how the community demographic data will be used to guide translated material and signage in the organization.
	The plan discusses how the community demographic data will highlight any apparent disparities that may exist.
	The plan states that the community demographic data and disparities will be presented to the governance and leadership of the organization annually.
CLAS Standard 12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.	The plan details how and when community health assets and needs are performed.
	The plan will discuss when and if qualitative data will be collected and used (such as focus groups or interviews) to enhance the community health assets and needs.
	The plan discusses how findings from the community health needs assessments are utilized within the organization.
	The plan offers opportunities for collaboration with other community based partners and stakeholders in discussing assets and challenges of the community and sharing best practices related to: 1) meeting needs; 2) capturing community demographics; and 3) strategies on the dissemination of findings.
	The plan discusses how findings from the community health needs assessments are used in program development.
CLAS Standard 13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	The plan details the method of targeting and communicating with other community based organizations that offer services that clients would benefit from.
	The plan recognizes the success of cross-system collaborative efforts and the use of multidisciplinary teams in working with children and families.
	The plan states the organization's policies on ensuring collaborative agencies practice culturally and linguistically appropriate services and adhere to the CLAS standards.
CLAS Standard 14: Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	The plan states the organization's strategies for LEP and others with communication needs to fill out conflict and/or grievances with the organization.
	The plan offers conflict and grievance forms in various languages, including all of the languages that are represented within the target community.
	The plan details the grievance resolution process, and the maximum length of time that grievances will be addressed.
CLAS Standard 15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.	The plan details where the organization's diversity and linguistic policies are posted for the public.
	The plan specifies that information collected from stakeholders is used in training, meetings, and for quality improvement.
	The plan states the organization's policies on open communication to raise concerns of cultural and linguistic needs.
	The plan states the protocol for a clear communication plan that is discussed with the individual seeking behavioral health care services and their family during discharge.

Themes 5 and 6

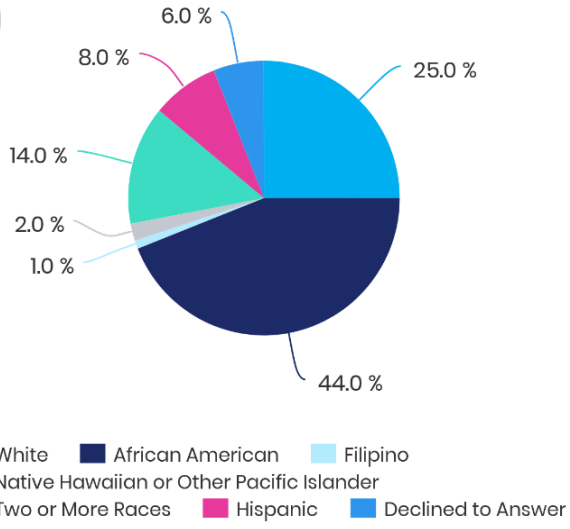
	Statements
Family Acknowledgement	The plan states the organization's policy for including family in the service delivery, including the treatment and discharge of the client.
	The plan details the organization's efforts and strategies towards coordinated, individualized, family-driven and youth guided services.
	The plan should detail how the organization identifies familial preferences for and availability of traditional healers, religious and spiritual resources, alternative or complementary healing practices, natural supports, bilingual services, self-help groups, and consultation from culturally and linguistically competent independent providers, except when clinically or culturally contraindicated.
	The plan acknowledges that treatment plans do not always match family values, and that improved listening to family and youth is suggested.
Spiritual and Cultural Beliefs in Treatment & Discharge	The plan states that cultural and spiritual beliefs are recognized during the intake assessment.
	The plan states that cultural and spiritual beliefs are recognized during the service treatment.
	The plan states that cultural and spiritual beliefs are recognized during discharge of the individual.
	The plan recognizes that traditional and natural supports may be necessary for treatment and interactions with individuals seeking behavioral health care.

Solano County Behavioral Health Community Survey

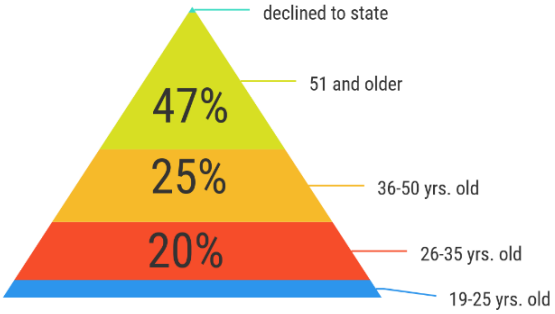
2018

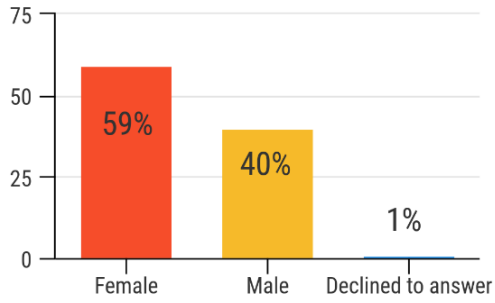
The Solano County Behavioral Health Quality Improvement Clinical Projects Team asked **100** people about their experience with our services.

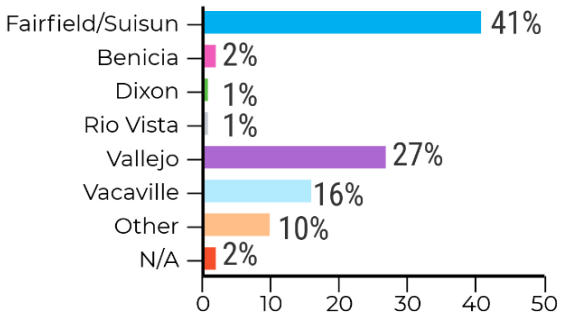
Participant Demographics:

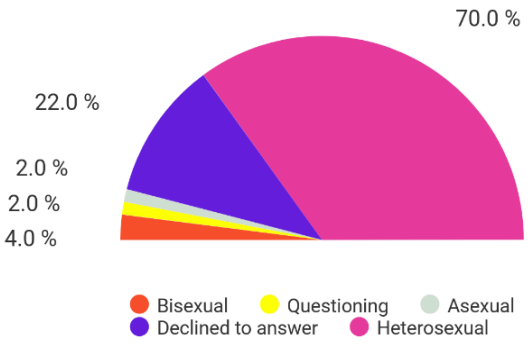


Representation









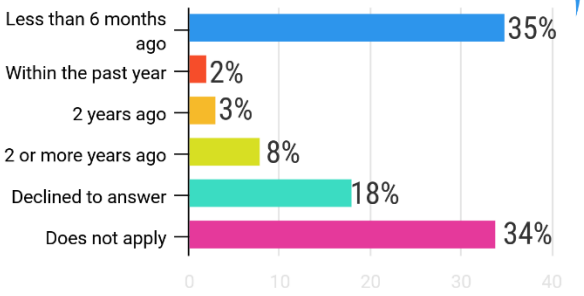
Solano County Behavioral Health Rating

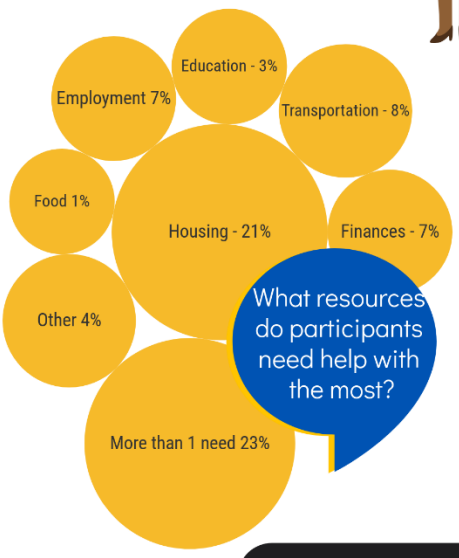
3 stars

61% of participants received support from Solano County Behavioral Health

"My experience with Solano County Behavioral Health was life changing. It started my recovery in 2010-2013."

Most participants received support recently!



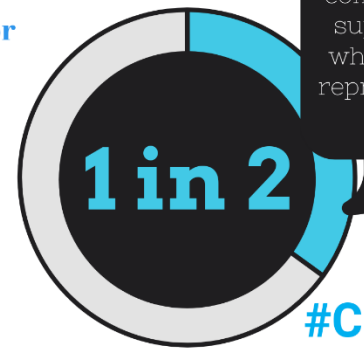


Where would participants go for support first?

Other Internet Church
Family Not Sure Doctor
County Clinic Friend

1 in 4

participants have difficulties finding services in their preferred language or culture.



participants are more comfortable receiving support from people who look like them or represent their culture.

#CultureMatters

Consumer Feedback

"Very beneficial, they offered DBT, and one on one case management."

"The Staff at Solano Mental Health is very supportive."

"Very Good. I feel valued and heard at the clinic. All of the clinicians I've been in contact with are very helpful."

"It's been a pleasure."

"Excellent Professionalism."

"I've liked the experience."

"I attend family support group weekly- it has been a lifesaver for me."

"I was treated with compassion and understanding."

"Your system has what I have been looking for."

Areas for Improvement

"Educate staff on courtesy and cultural awareness when working with families."

"Have more peers in the county offices to assist in the navigation process of services."

"Would be great to have more support. Staff seem overworked and understaffed."

"The front desk staff could be friendlier."

"Treat the patients with more respect."

"Sometimes appointments are hard to make because the doctor is booked."

"It's not enough to receive a diagnosis and medication, recovery depends on finding supportive group. It can't be done alone."

"This experience was traumatic, degrading, and extremely unprofessional. Staff felt people of color had a drug problem or were uneducated and conducted themselves in that manner when interacting with us. We were treated as if we were less than."

"Some people are mean."

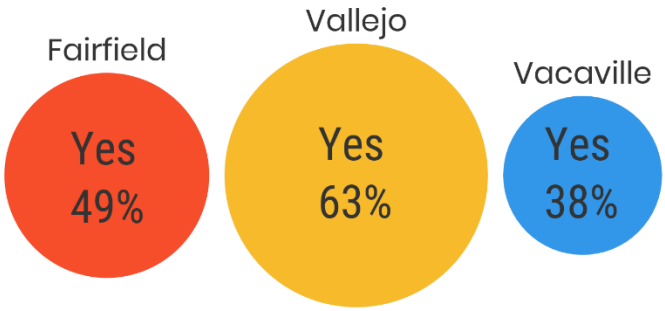
Every time I walk into mental health the staff make me feel like I'm crazy. It's not a welcoming environment."

"Treat clients as human beings rather than assume they are potentially violent. I have no violent history and have never hurt anyone, yet they assumed I would become violent."

"Take more time learning or trying to learn a clients mental health history."

Key Findings

Is it important to you to receive support from people who look like you or represent your culture?



"It's not important to me, but I think it is to some. I wish there was more diversity here."

"You can relate better to someone who looks like you and comes from your same background. They understand the cultural impacts."

White participants were more likely than people of color to seek support from the county clinic and primary care doctors.

People of color were more likely than white participants to seek support from their families and church.

Everything You Should Know:

- Our Team was able to reconnect a few individuals back to treatment as a result of this project.
- The Team will utilize information gathered from community members to support current Performance Improvement Projects (PIP) aimed to help strengthen our service delivery.
- We will do this survey annually to highlight our successes and areas for improvement year to year.
- Our goal is to provide the best quality service and to help empower all members of our community throughout their journey towards recovery.

Thanks for your feedback and participation!

Access Hotline: 800-547-0495
QI Clinical Projects Team - October 2018

Appendix D: 2016 Consumer Satisfaction Survey (Adults & Older Adults)

In accordance with Department of Mental Health, the Solano Mental Health Plan (MHP) administered Consumer Perception Surveys from May 16 – 20, 2016 and from November 14-18, 2016. Surveys were available to all consumers that came into clinic and contractor locations for a service during this time. Completed surveys were collected and then were submitted to the Department of Mental Health. The goal of this survey was to collect data for reporting on the federally determined National Outcome Measures (NOMs). Reporting on these NOMs are required by the Substance Abuse Mental Health Services Administration (SAMHSA), and receipt of federal Community Mental Health Services Block Grant (MHBG) funding was contingent on the submission of this data.

Demographic Overview

Our Consumers	Adult Survey Fall 2015	Adult Survey Spring 2016	Older Adult Survey Fall 2015	Older Adult Survey Spring 2016
Total Surveys Received	**208**	**104**	**23**	8
Submitted by:				
County	49.5%	68.3%	17%	13%
Contractor	50.0%	31.7%	83%	88%
Unknown	0.5%	0%	0%	0%
Gender:				
Male	50%	40%	39%	38%
Female	41%	47%	48%	38%
Other/ Not Answered	8%	13%	13%	24%
Form Language:				
English	97%	99%	100%	100%
Spanish	3%	1%	0%	0%

Our Consumers	Adult Survey Fall 2015	Adult Survey Spring 2016	Older Adult Survey Fall 2015	Older Adult Survey Spring 2016
Total Surveys Received	**208**	**104**	**23**	**8**
Ethnicity: (Identified w/one or more of the following)				
American Indian/Alaskan Native	8%	8%	4%	0%
Asian	5%	8%	4%	0%
Black/African American	29%	33%	22%	0%
Mexican/Hispanic/Latino	22%	15%	13%	13%
Native Hawaiian/Other Pacific Islander	6%	1%	0%	0%
White/Caucasian	44%	40%	48%	50%
Other	11%	12%	13%	25%
Unknown	2%	1%	0%	0%
Agreed that services were provided in preferred language:	85%	89%	78%	50%
Agreed that written materials were provided in preferred language:	81%	86%	83%	63%
How long services have been received:				
First Visit	3%	2%	4%	0%
More than one visit, but less than 1 month	4%	4%	0%	0%
1 – 2 Months	9%	3%	9%	0%
3 – 5 Months	15%	14%	4%	13%
6 Months – 1 Year	19%	26%	9%	0%
More than 1 year	39%	43%	65%	63%

Not answered	10%	8%	9%	25%
Primary reason for becoming involved with this program:				
Decided to come in on own	29%	33%	26%	13%
Someone else recommended	52%	52%	61%	50%
Came against will	10%	5%	0%	0%
Not answered	10%	11%	13%	38%

Survey Results Overview

Our Services (reported as "Strongly Agree" or "Agree")	**Adult Survey Fall 2015**	**Adult Survey Spring 2016**	**Older Adult Survey Fall 2015**	**Older Adult Survey Spring 2016**
Total Surveys Received	**208**	**104**	**23**	**8**
1. I like the services that I received.	91%	89%	96%	88%
2. If I had other choices, I would still get services from this agency.	79%	86%	78%	88%
3. I would recommend this agency to a friend or family member.	82%	84%	91%	100%
4. The location of services was convenient (parking, public transportation, distance, etc.)	86%	81%	83%	88%
5. Staff was willing to see me as often as I felt it was necessary.	82%	78%	91%	88%
6. Staff returned my calls within 24 hours.	75%	77%	87%	88%
7. Services were available at times that were good for me.	88%	85%	91%	100%

8. I was able to get all the services I thought I needed.	81%	80%	87%	88%
9. I was able to see a psychiatrist when I wanted to.	75%	70%	74%	50%
10. Staff here believes that I can grow, change, and recover.	82%	83%	91%	75%
11. I feel comfortable asking questions about my treatment and medication.	88%	87%	96%	88%
12. I feel free to complain.	81%	80%	87%	88%
13. I was given information about my rights.	84%	89%	91%	75%
14. Staff encouraged me to take responsibility for how I live my life.	80%	78%	87%	88%
15. Staff told me what side effects to watch out for.	70%	69%	78%	75%
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	82%	83%	100%	88%
17. I, not staff, decided my treatment goals.	76%	73%	83%	88%
18. Staff were sensitive to my cultural background (race, religion, language, etc.)	76%	78%	87%	75%
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	76%	82%	91%	75%
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)	70%	75%	61%	63%

As a result of services received: **(reported as "Strongly Agree" or "Agree")**	**Adult Survey Fall 2015**	**Adult Survey Spring 2016**	**Older Adult Survey Fall 2015**	**Older Adult Survey Spring 2016**
Total Surveys Received	**208**	**104**	**23**	**8**

1. I deal more effectively with daily problems.	72%	76%	78%	75%
2. I am better able to control my life.	69%	64%	65%	75%
3. I am better able to deal with crisis.	66%	68%	74%	88%
4. I am getting along better with my family.	68%	62%	70%	50%
5. I do better in social situations.	63%	62%	70%	50%
6. I do better in school and/or work.	50%	46%	35%	13%
7. My housing situation has improved.	58%	53%	57%	63%
8. My symptoms are not bothering me as much.	55%	56%	65%	63%
9. I do things that are more meaningful to me.	68%	67%	65%	75%
10. I am better able to take care of my needs.	68%	68%	74%	75%
11. I am better able to hand things when they go wrong.	62%	61%	70%	88%
12. I am better able to do things that I want to do.	65%	62%	57%	50%
13. I am happy with the friendships I have.	66%	67%	70%	63%
14. I have people with when I can do enjoyable things.	66%	70%	70%	75%
15. I feel I belong in my community.	59%	55%	65%	63%
16. In a crisis, I would have the support I need from family or friends.	72%	67%	78%	50%

Quality of Life **(Reported as "Delighted", "Pleased", or "Mostly Satisfied")**	**Adult Survey Fall 2015**	**Adult Survey Spring 2016**	**Older Adult Survey Fall 2015**	**Older Adult Survey Spring 2016**
Total Surveys Received	**208**	**104**	**23**	**8**

1. How do you feel about your life in general?	40%	43%	52%	75%
2. The living arrangements where you live?	52%	48%	57%	75%
3. The privacy you have there?	58%	55%	61%	63%
4. The prospect of staying on where you currently live for a long period of time?	49%	49%	43%	50%
5. The way you spend your spare time?	44%	45%	61%	50%
6. The chance you have to enjoy pleasant or beautiful things?	54%	53%	48%	63%
7. The amount of fun you have?	45%	40%	52%	50%
8. The amount of relaxation in your life?	49%	44%	65%	50%
9. The way you and your family act toward each other?	44%	42%	65%	63%
10. The way things are, in general, between you and your family?	45%	43%	65%	63%
11. The things you do with other people?	48%	51%	61%	50%
12. The amount of time you spend with other people?	43%	46%	52%	38%
13. The people you see socially?	47%	49%	74%	50%
14. The amount of friendship in your life?	44%	46%	70%	25%
15. How safe you are on the streets in your neighborhood?	50%	55%	48%	63%
16. How safe you are where you live?	57%	64%	65%	63%
17. The protection you have against being robbed or attacked?	53%	57%	52%	50%
18. Your health in general?	41%	37%	39%	38%

19. Your physical condition?	40%	34%	35%	25%
20. Your emotional well-being?	39%	36%	48%	38%
21. During the past month, did you generally have enough money to cover the following: (Answered "Yes")				
a. Food?	65%	78%	NA	NA
b. Clothing?	54%	57%	NA	NA
c. Housing?	67%	67%	NA	NA
d. Traveling around for things like shopping, medical appointments or visiting friends/relatives?	57%	54%	NA	NA
e. Social activities like movies or eating in restaurants?	40%	40%	NA	NA

Quality of Life **(Reported as "Delighted", "Pleased", or "Mostly Satisfied")**	**Adult Survey Fall 2015**	**Adult Survey Spring 2016**	**Older Adult Survey Fall 2015**	**Older Adult Survey Spring 2016**
22. In general, how often do you get together with a member of your family?				
At least once a day	25%	33%	NA	NA
At least once a week	16%	17%	NA	NA
At least once a month	18%	21%	NA	NA
Less than once a month	9%	8%	NA	NA
Not at all	8%	11%	NA	NA
Not applicable	2%	5%	NA	NA

Not answered	21%	6%	NA	NA
23. About how often do you visit with someone who does not live with you?				
At least once a day	13%	15%	NA	NA
At least once a week	22%	31%	NA	NA
At least once a month	17%	19%	NA	NA
Less than once a month	11%	12%	NA	NA
Not at all	14%	13%	NA	NA
Not applicable	5%	5%	NA	NA
Not answered	19%	5%	NA	NA
24. About how often do you spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?				
At least once a day	17%	15%	NA	NA
At least once a week	11%	14%	NA	NA
At least once a month	9%	11%	NA	NA
Less than once a month	3%	3%	NA	NA
Not at all	20%	25%	NA	NA
Not applicable	17%	22%	NA	NA
Not answered	24%	10%	NA	NA
25. During the past month, were you a victim of: (Answered “Yes”)				
Any violent crimes such as assault, rape, mugging or robbery?	1%	5%	0%	0%
Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	3%	5%	9%	0%

Quality of Life **(Reported as "Delighted", "Pleased", or "Mostly Satisfied")**	**Adult Survey Fall 2015**	**Adult Survey Spring 2016**	**Older Adult Survey Fall 2015**	**Older Adult Survey Spring 2016**
26. In the past month, how many times have you been arrested for any crimes?				
No arrests	75%	87%	83%	88%
1 arrest	1%	0%	0%	0%
2 arrests	0%	1%	0%	0%
3 arrests	0%	1%	0%	0%
4 or more arrests	1%	1%	0%	0%
Not answered	22%	11%	17%	13%
27. Have you been arrested since you began to receive mental health services (or during the last 12 months if you have been receiving services for more than 1 year)?	9%	7%	9%	0%
28. Were you arrested during the 12 months prior to that?	14%	13%	0%	0%
29. Since you began to receive mental health services (or during the last 12 months if you have been receiving services for more than 1 year), your encounters with the police have:				
Been reduced	19%	14%	9%	0%
Stayed the same	6%	5%	4%	0%
Increased	2%	1%	4%	0%
Not applicable	54%	37%	48%	38%
Not answered	19%	43%	35%	63%

Appendix E: CAEQRO Performance Measures FY 17-18: Solano MHP

BHC **Behavioral Health Concepts, Inc** – California EQRO | www.caleqro.com | info@bhceqro.com
5901 Christie Ave, Ste 502, Emeryville, CA 94608 | Tel: (855) 385-3776 | Fax: (855) 385-3770

CALEQRO PERFORMANCE MEASURES FY17-18 – SOLANO MHP

Table 1: Solano MHP Medi-Cal Enrollees and Beneficiaries Served in CY16, by Race/Ethnicity

Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Enrollees	% Enrollees	Unduplicated Annual Count of Beneficiaries Served	% Served
White	28,389	22.4%	1,650	32.7%
Latino/Hispanic	30,813	24.3%	668	13.3%
African-American	25,520	20.1%	1,208	24.0%
Asian/Pacific Islander	24,263	19.1%	470	9.3%
Native American	727	0.6%	53	1.1%
Other	17,185	13.5%	990	19.6%
Total	**126,895**	**100%**	**5,039**	**100%**

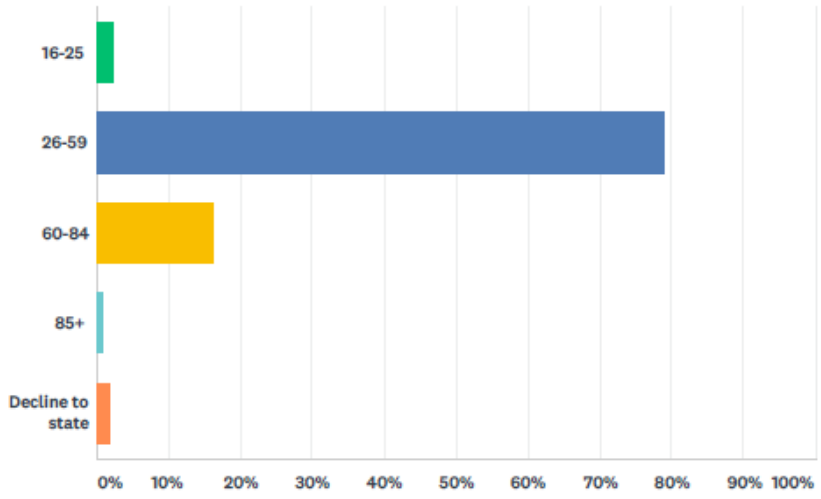
The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it. The averages are calculated independently.

Appendix F: Final MHP Workforce Diversity Data

Solano MHP Workforce Diversity Survey

Q2 Select your age category:

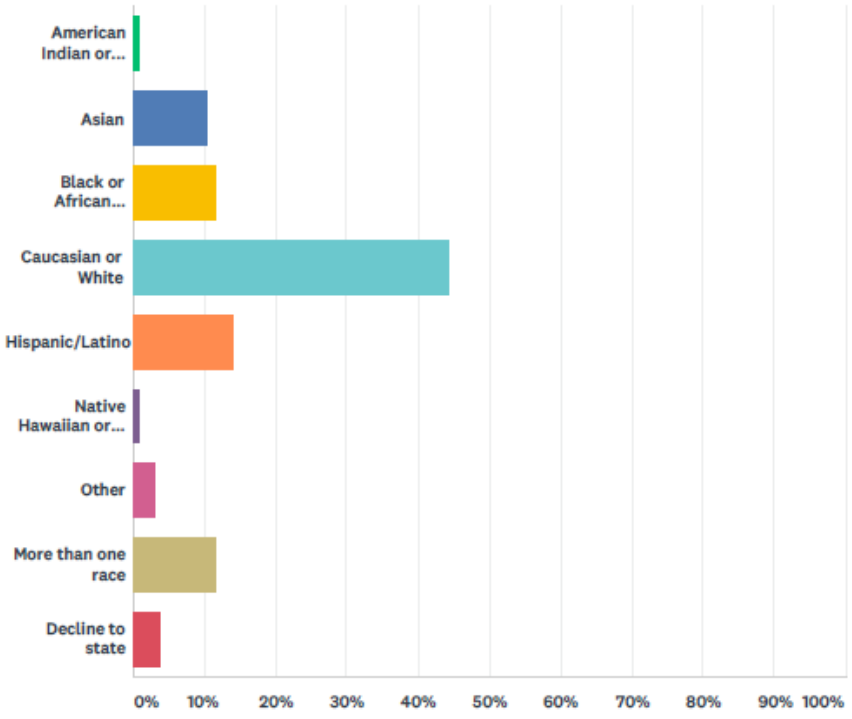
Answered: 269 Skipped: 5



ANSWER CHOICES	RESPONSES	
16-25	2.23%	6
26-59	78.81%	212
60-84	16.36%	44
85+	0.74%	2
Decline to state	1.86%	5
TOTAL		269

Q3 What is your race? Race is associated with biology.

Answered: 270 Skipped: 4

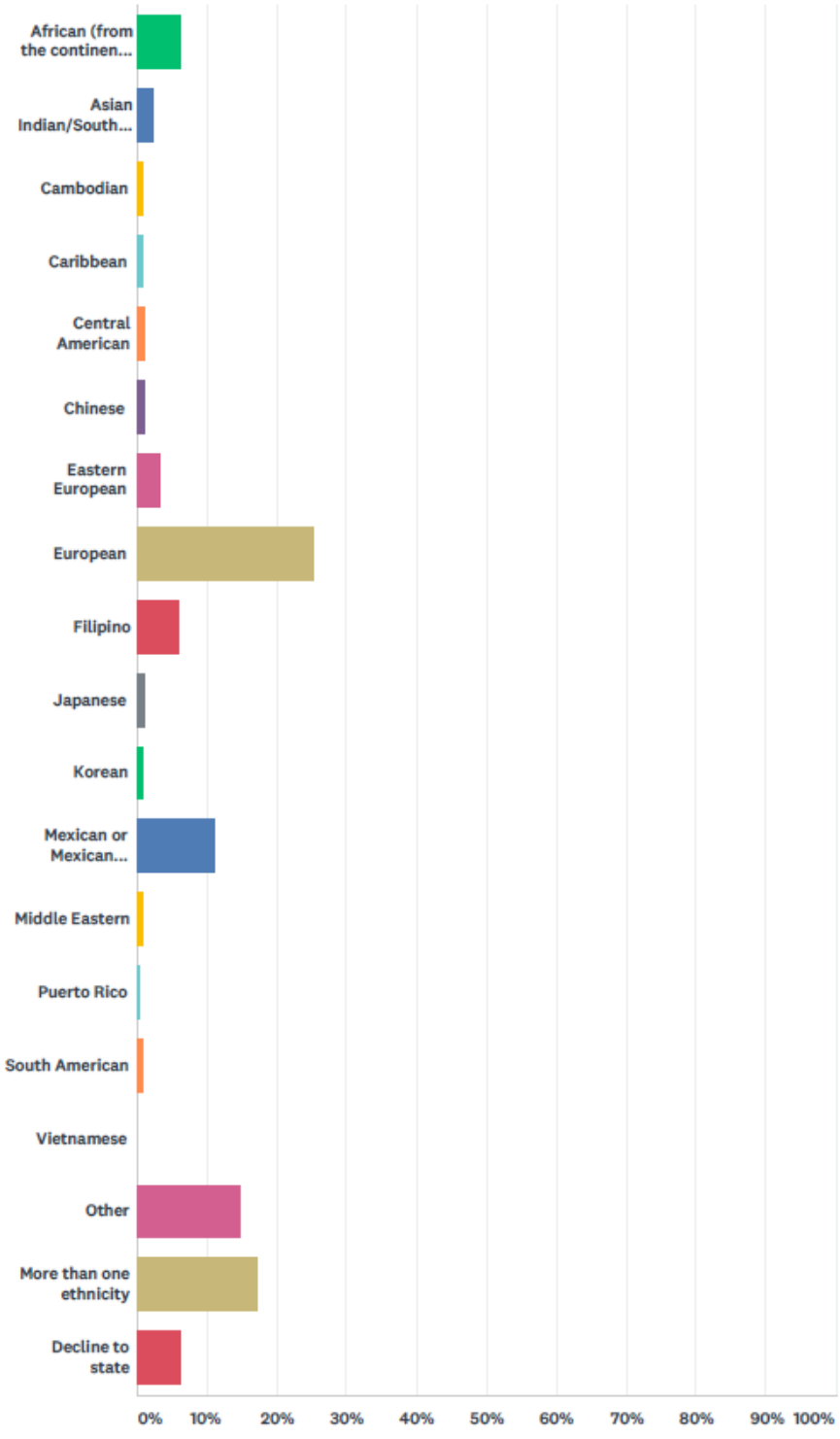


ANSWER CHOICES	RESPONSES	
American Indian or Alaskan Native	0.74%	2
Asian	10.37%	28
Black or African American	11.48%	31
Caucasian or White	44.44%	120
Hispanic/Latino	14.07%	38
Native Hawaiian or other Pacific Islander	0.74%	2
Other	2.96%	8
More than one race	11.48%	31
Decline to state	3.70%	10
TOTAL		270

Q4 What is your ethnicity? Ethnicity is a state of belonging to a social group that has common national or cultural traditions.

Answered: 269 Skipped: 5

Solano MHP Workforce Diversity Survey

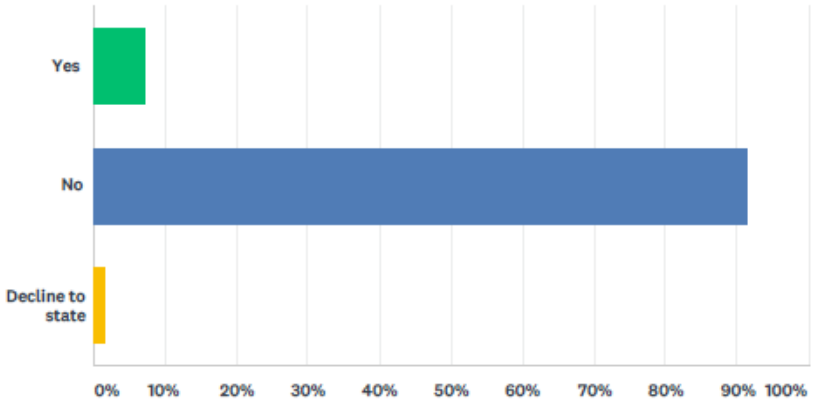


ANSWER CHOICES	RESPONSES

African (from the continent of Africa)	6.32%	17
Asian Indian/South Asian	2.23%	6
Cambodian	0.74%	2
Caribbean	0.74%	2
Central American	1.12%	3
Chinese	1.12%	3
Eastern European	3.35%	9
European	25.28%	68
Filipino	5.95%	16
Japanese	1.12%	3
Korean	0.74%	2
Mexican or Mexican American or Chicano	11.15%	30
Middle Eastern	0.74%	2
Puerto Rico	0.37%	1
South American	0.74%	2
Vietnamese	0.00%	0
Other	14.87%	40
More than one ethnicity	17.10%	46
Decline to state	6.32%	17
TOTAL		269

Q5 Are you a veteran?

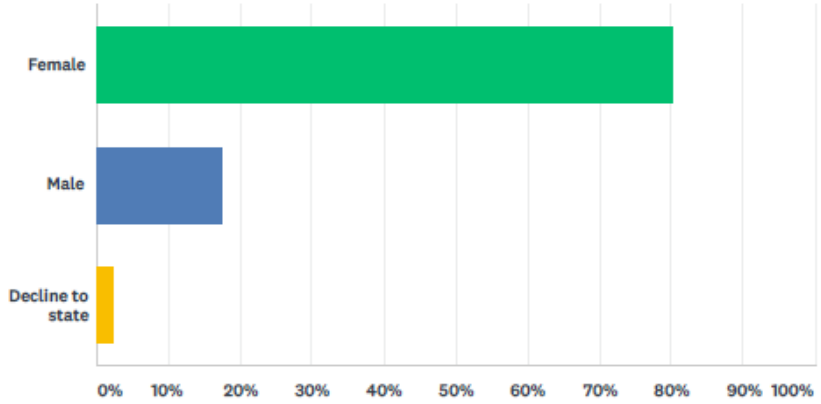
Answered: 268 Skipped: 6



ANSWER CHOICES	RESPONSES	
Yes	7.09%	19
No	91.42%	245
Decline to state	1.49%	4
TOTAL		268

Q6 What was your gender assigned at birth?

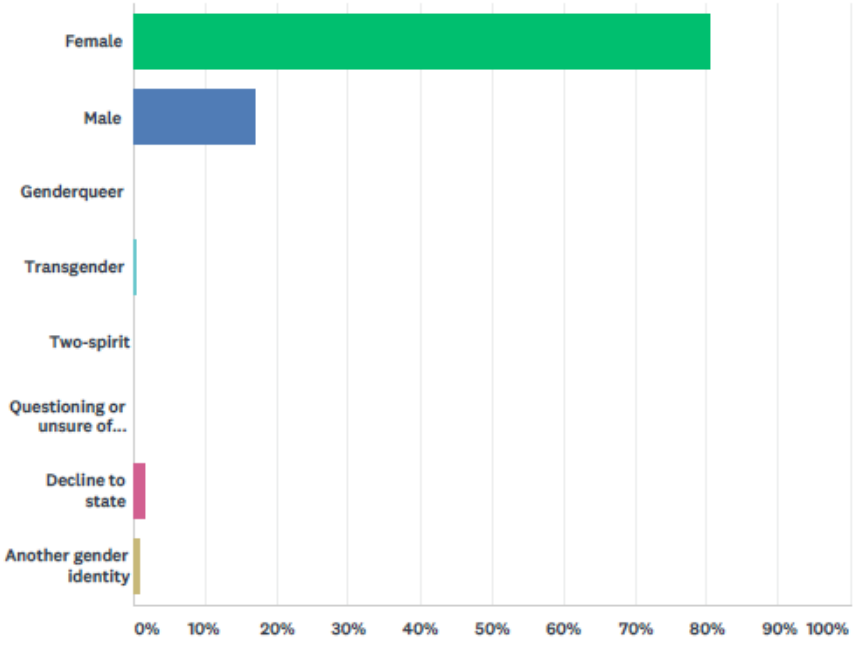
Answered: 263 Skipped: 11



ANSWER CHOICES	RESPONSES	
Female	80.23%	211
Male	17.49%	46
Decline to state	2.28%	6
TOTAL		263

Q7 What is your current gender identity?

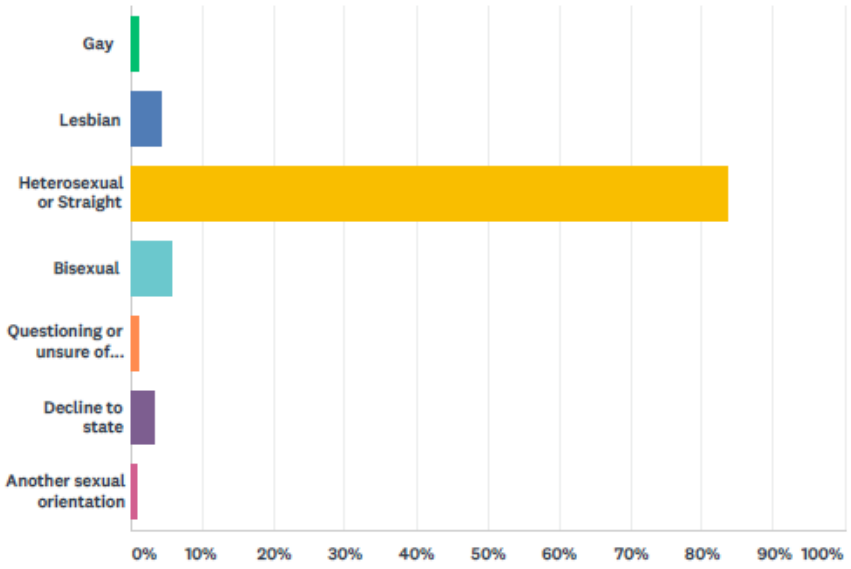
Answered: 272 Skipped: 2



ANSWER CHOICES	RESPONSES	
Female	80.51%	219
Male	16.91%	46
Genderqueer	0.00%	0
Transgender	0.37%	1
Two-spirit	0.00%	0
Questioning or unsure of gender identity	0.00%	0
Decline to state	1.47%	4
Another gender identity	0.74%	2
TOTAL		272

Q8 What is your current sexual orientation?

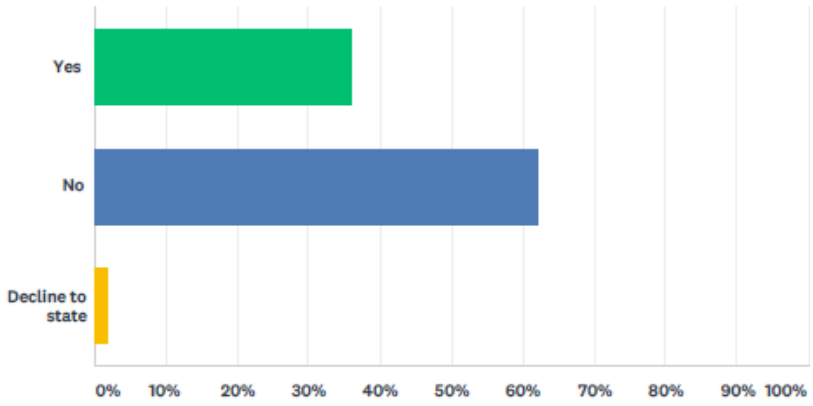
Answered: 262 Skipped: 12



ANSWER CHOICES	RESPONSES	
Gay	1.15%	3
Lesbian	4.20%	11
Heterosexual or Straight	83.59%	219
Bisexual	5.73%	15
Questioning or unsure of sexual orientation	1.15%	3
Decline to state	3.44%	9
Another sexual orientation	0.76%	2
TOTAL		262

Q9 Do you speak a language other than English?

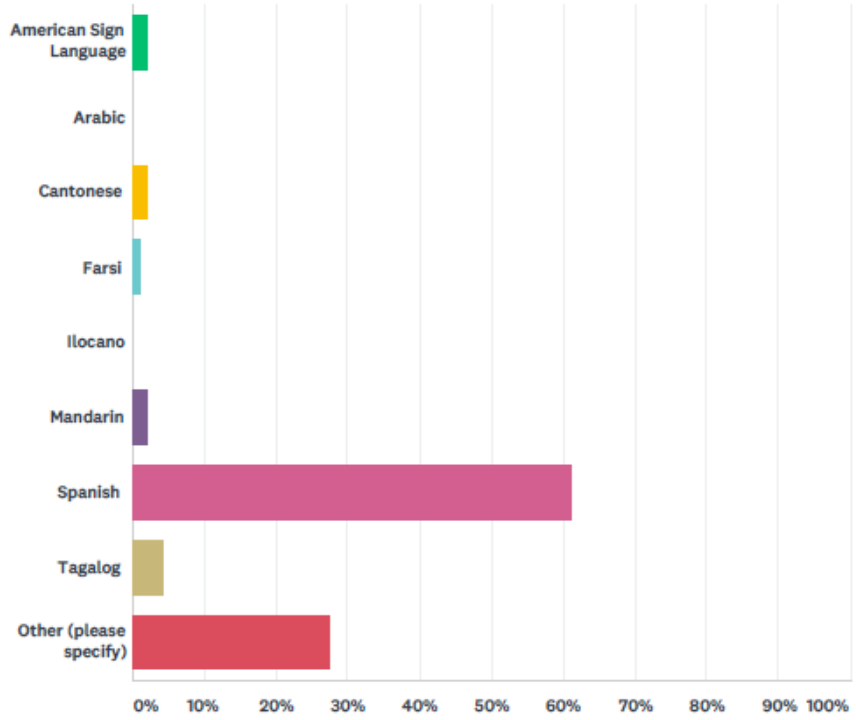
Answered: 272 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	36.03%	98
No	62.13%	169
Decline to state	1.84%	5
TOTAL		272

Q10 If you responded "Yes" to Question 9 please identify the languages other than English that you speak.

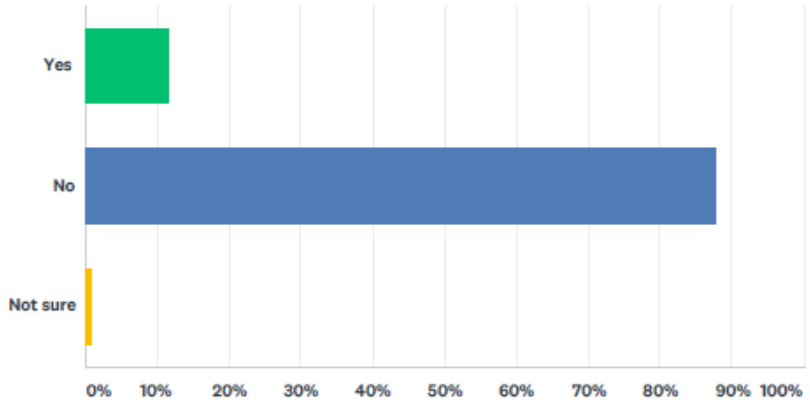
Answered: 95 Skipped: 179



ANSWER CHOICES	RESPONSES	
American Sign Language	2.11%	2
Arabic	0.00%	0
Cantonese	2.11%	2
Farsi	1.05%	1
Ilocano	0.00%	0
Mandarin	2.11%	2
Spanish	61.05%	58
Tagalog	4.21%	4
Other (please specify)	27.37%	26
TOTAL		95

Q11 For County staff only: Are you a currently certified (compensated) as a bilingual County employee as designated by Solano County Human Resources? County certification includes both the ability to speak and write in language other than English.

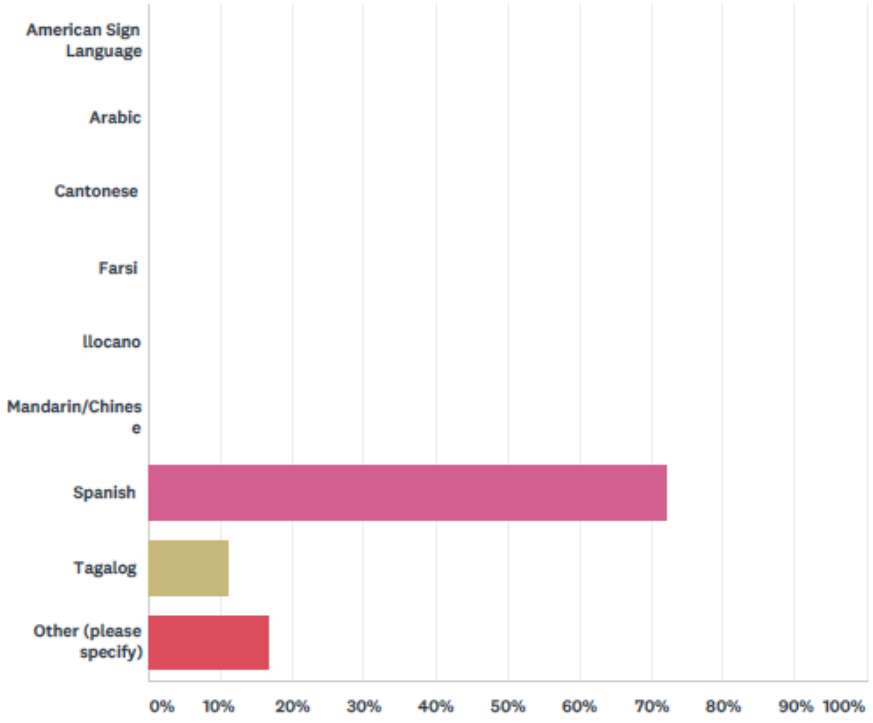
Answered: 121 Skipped: 153



ANSWER CHOICES	RESPONSES	
Yes	11.57%	14
No	87.60%	106
Not sure	0.83%	1
TOTAL		121

Q12 For County staff only: If you are a certified bilingual County employee, what other language do you speak/write in?

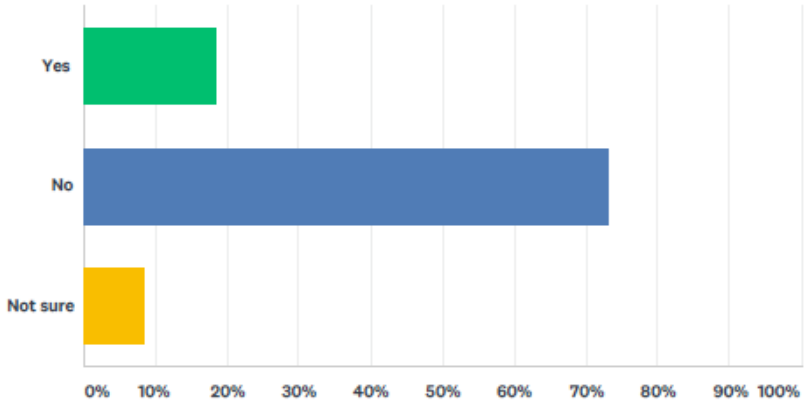
Answered: 18 Skipped: 256



ANSWER CHOICES	RESPONSES	
American Sign Language	0.00%	0
Arabic	0.00%	0
Cantonese	0.00%	0
Farsi	0.00%	0
Ilocano	0.00%	0
Mandarin/Chinese	0.00%	0
Spanish	72.22%	13
Tagalog	11.11%	2
Other (please specify)	16.67%	3
TOTAL		18

Q13 For Contractors only: Have you been identified in your organization as a bilingual staff member that can provide services to clients in a language other than English?

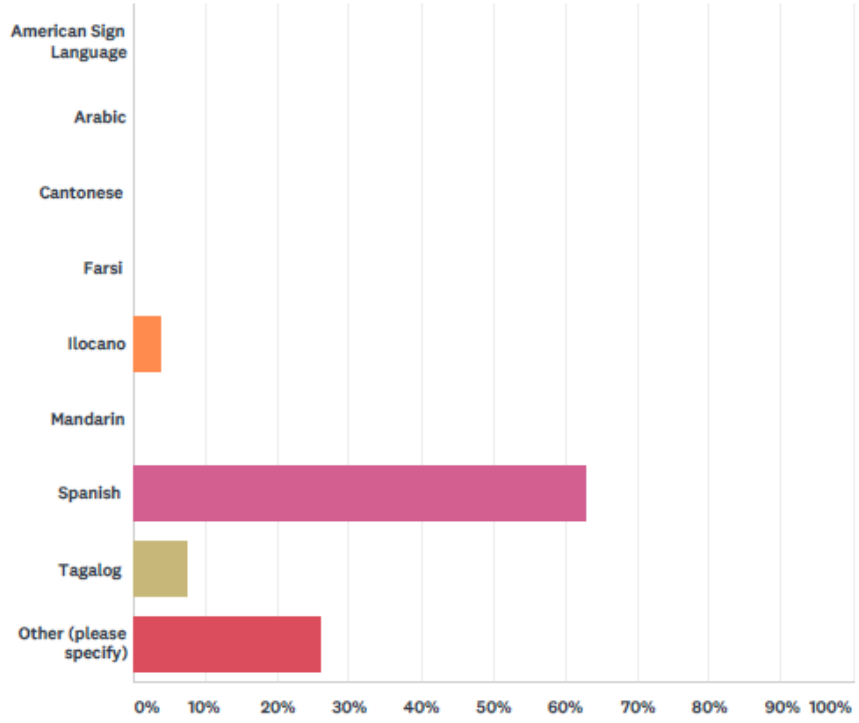
Answered: 130 Skipped: 144



ANSWER CHOICES	RESPONSES	
Yes	18.46%	24
No	73.08%	95
Not sure	8.46%	11
TOTAL		130

Q14 For contractors only: In the event that you are currently compensated by your organization as a bilingual staff member, what other language do you speak?

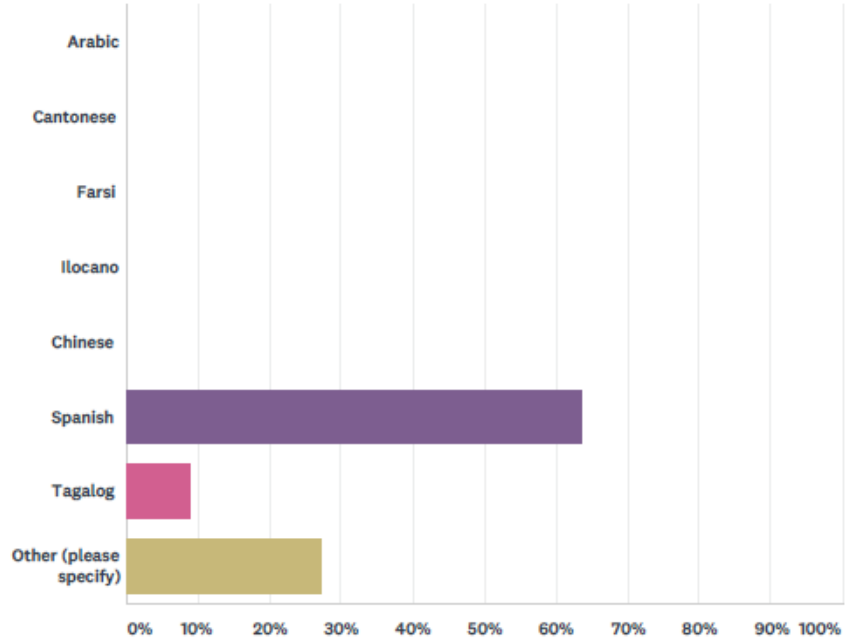
Answered: 27 Skipped: 247



ANSWER CHOICES	RESPONSES	
American Sign Language	0.00%	0
Arabic	0.00%	0
Cantonese	0.00%	0
Farsi	0.00%	0
Ilocano	3.70%	1
Mandarin	0.00%	0
Spanish	62.96%	17
Tagalog	7.41%	2
Other (please specify)	25.93%	7
TOTAL		27

Q15 For contractors only: In the event that you are currently compensated by your organization as a bilingual staff member, in which other languages are you able to write?

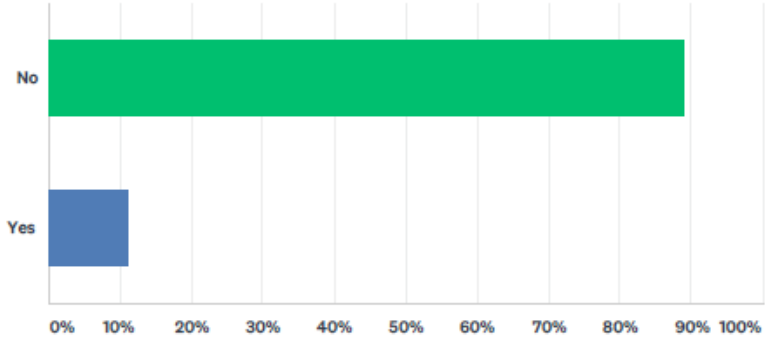
Answered: 22 Skipped: 252



ANSWER CHOICES	RESPONSES	
Arabic	0.00%	0
Cantonese	0.00%	0
Farsi	0.00%	0
Ilocano	0.00%	0
Chinese	0.00%	0
Spanish	63.64%	14
Tagalog	9.09%	2
Other (please specify)	27.27%	6
TOTAL		22

Q16 If you are bilingual, have you received formal interpreter training in the past year?

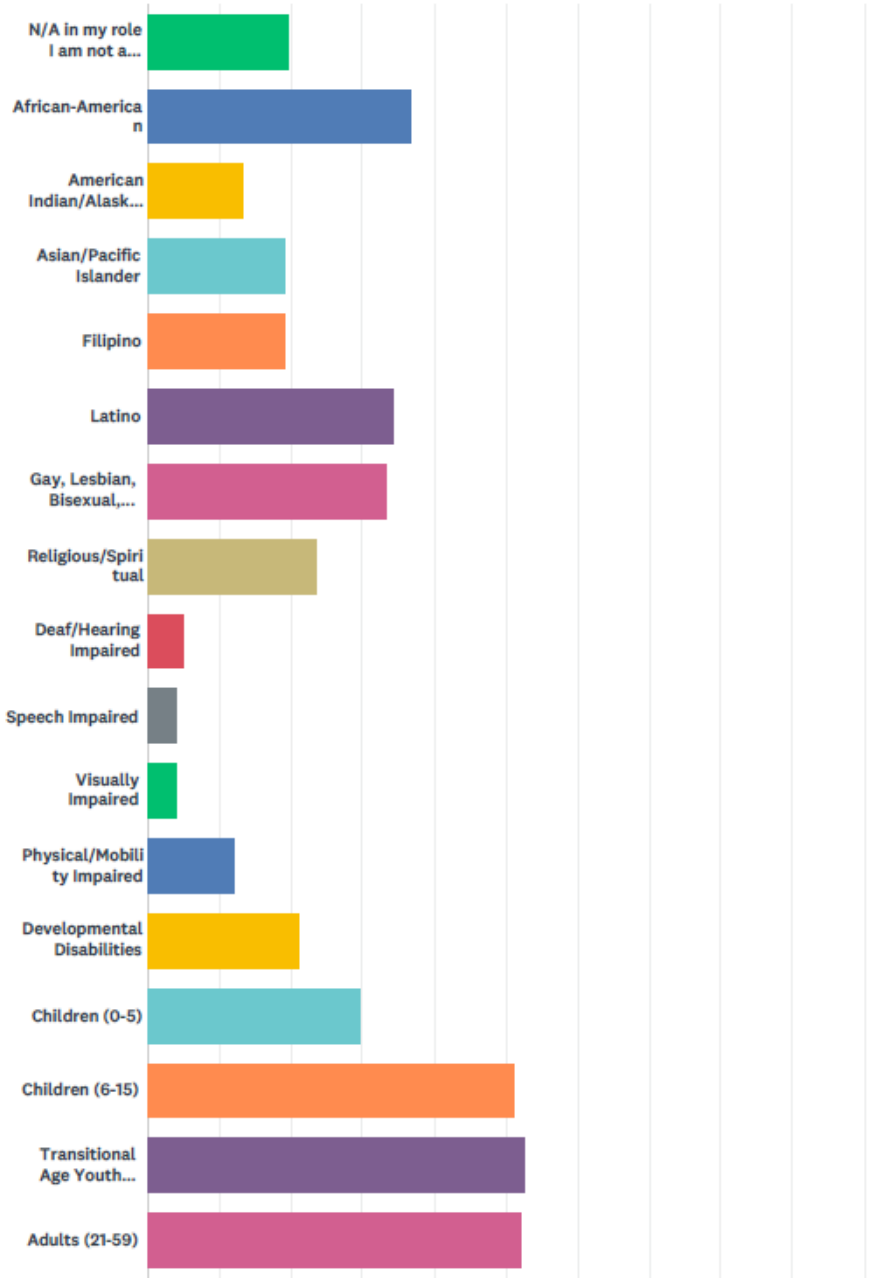
Answered: 81 Skipped: 193



ANSWER CHOICES	RESPONSES	
No	88.89%	72
Yes	11.11%	9
TOTAL		81

Q17 For Direct Service Providers: Please select areas within your scope of practice of which you have clinically competencies and/or specialized training to meet the needs of specific cultural groups or populations (select all that apply).

Answered: 198 Skipped: 76



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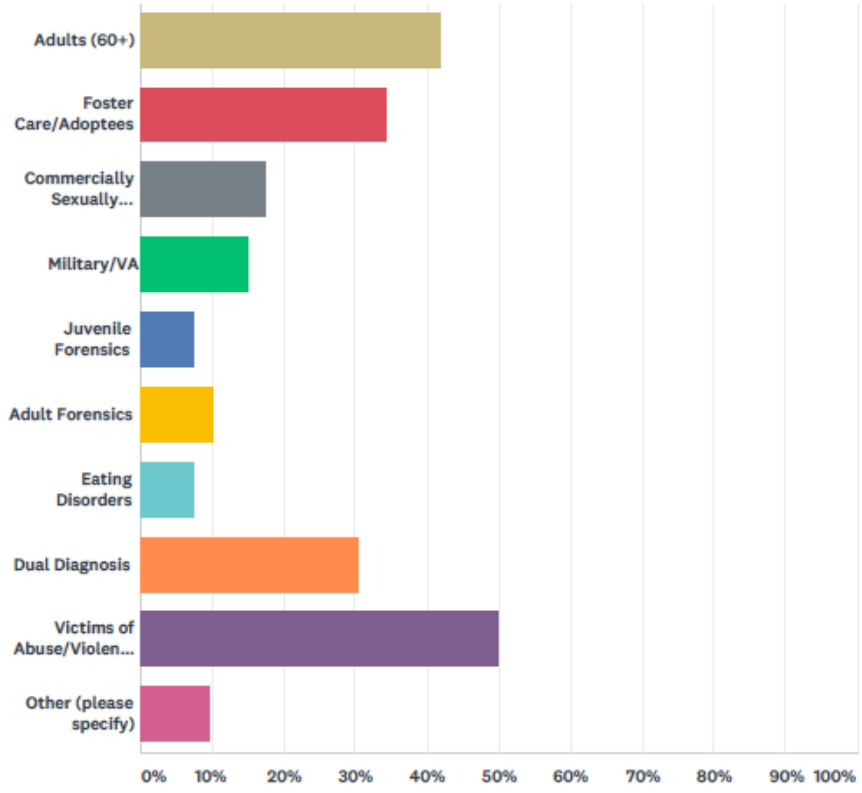
Solano MHP Workforce Diversity Survey

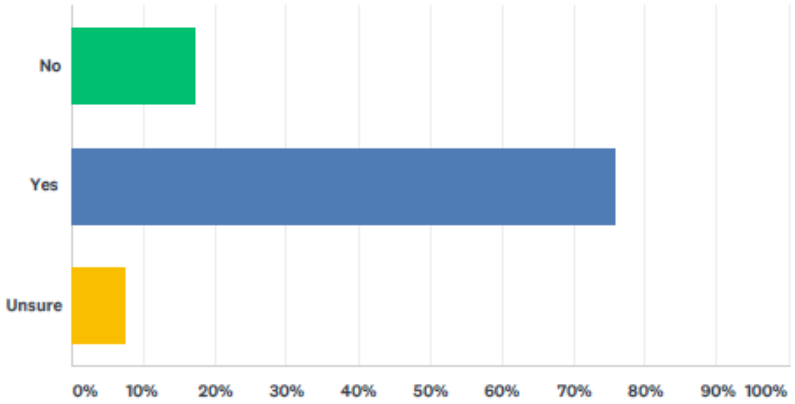


ANSWER CHOICES	RESPONSES	
N/A in my role I am not a direct service provider	19.70%	39
African-American	36.87%	73
American Indian/Alaska Native	13.13%	26
Asian/Pacific Islander	19.19%	38
Filipino	19.19%	38
Latino	34.34%	68
Gay, Lesbian, Bisexual, Transgender, Questioning	33.33%	66
Religious/Spiritual	23.74%	47
Deaf/Hearing Impaired	5.05%	10
Speech Impaired	4.04%	8
Visually Impaired	4.04%	8
Physical/Mobility Impaired	12.12%	24
Developmental Disabilities	21.21%	42
Children (0-5)	29.80%	59
Children (6-15)	51.01%	101

Transitional Age Youth (16-25)	52.53%	104
Adults (21-59)	52.02%	103
Adults (60+)	41.92%	83
Foster Care/Adoptees	34.34%	68
Commercially Sexually Exploited Children/Youth	17.68%	35
Military/VA	15.15%	30
Juvenile Forensics	7.58%	15
Adult Forensics	10.10%	20
Eating Disorders	7.58%	15
Dual Diagnosis	30.30%	60
Victims of Abuse/Violence/Trauma	50.00%	99
Other (please specify)	9.60%	19
Total Respondents: 198		

Q18 Have you received cultural competency training in the past year?

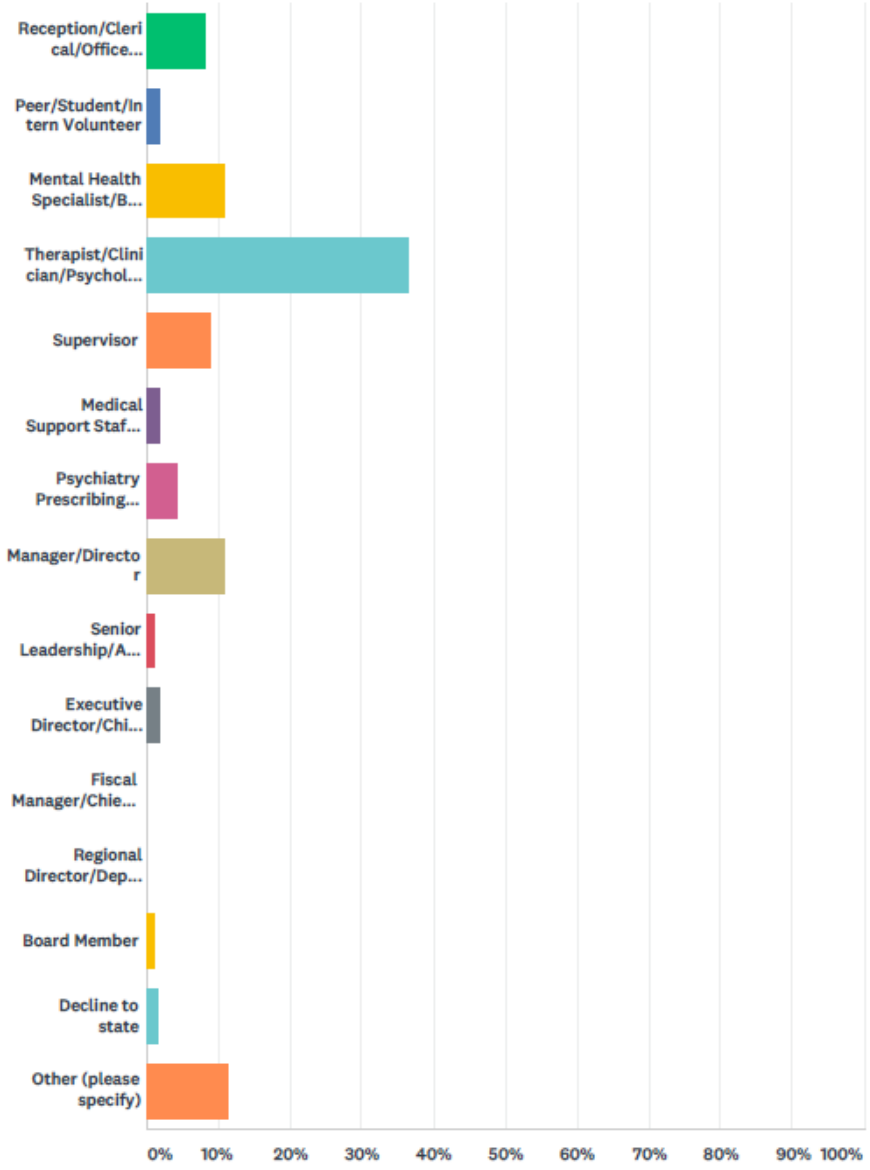
Answered: 263 Skipped: 11



ANSWER CHOICES	RESPONSES	
No	17.11%	45
Yes	75.67%	199
Unsure	7.22%	19
TOTAL		263

Q19 What is your primary role in your organization? Please select the option that fits best.

Answered: 268 Skipped: 6

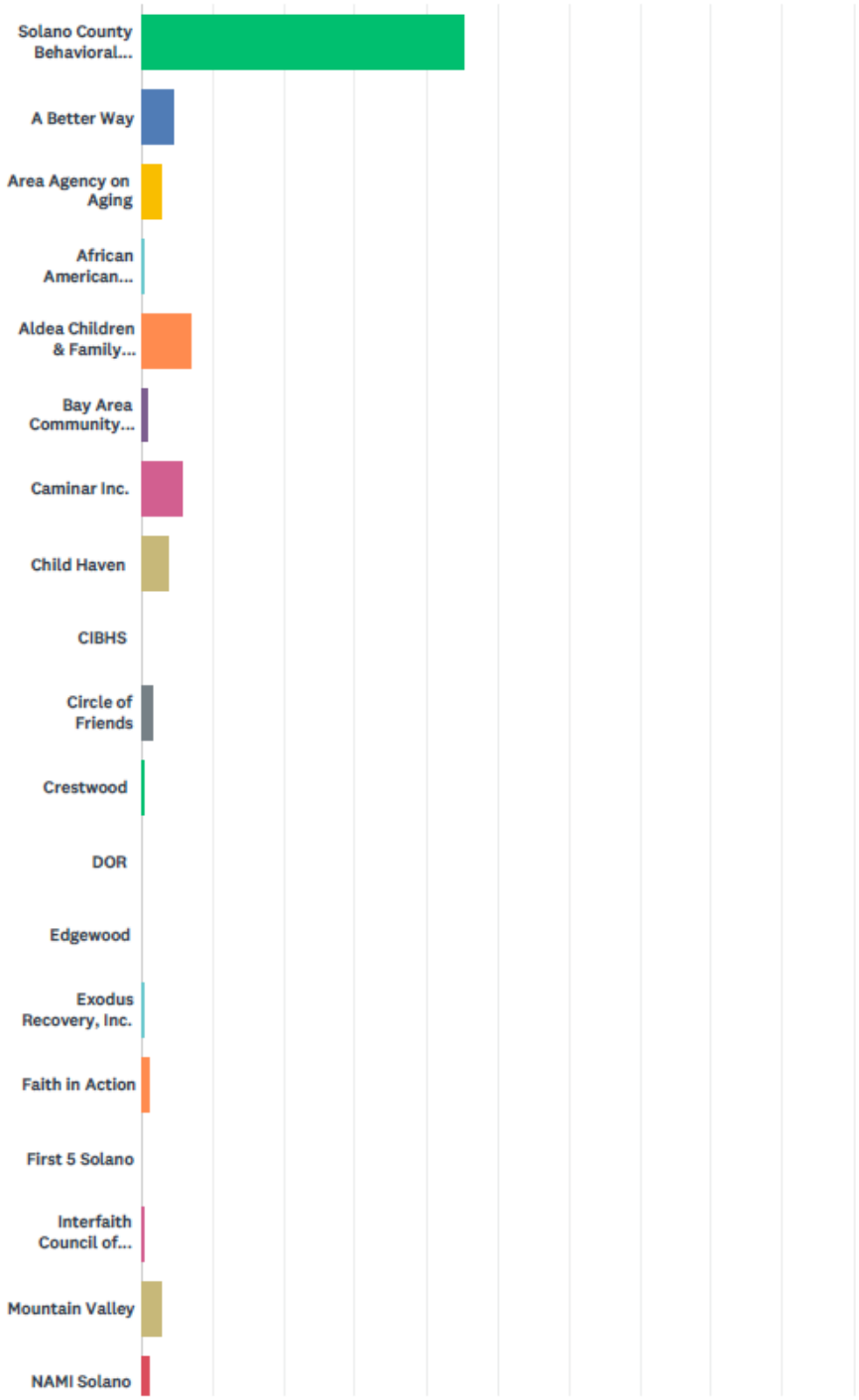


ANSWER CHOICES	RESPONSES	
Reception/Clerical/Office Support (includes fiscal support)	8.21%	22
Peer/Student/Intern Volunteer	1.87%	5

Mental Health Specialist/Behaviorist	10.82%	29
Therapist/Clinician/Psychologist	36.57%	98
Supervisor	8.96%	24
Medical Support Staff: MA/RN/LVN	1.87%	5
Psychiatry Prescribing Staff: PA/NP/MD	4.10%	11
Manager/Director	10.82%	29
Senior Leadership/Administrator	1.12%	3
Executive Director/Chief Executive Officer	1.87%	5
Fiscal Manager/Chief Financial Officer	0.00%	0
Regional Director/Deputy Director	0.00%	0
Board Member	1.12%	3
Decline to state	1.49%	4
Other (please specify)	11.19%	30
TOTAL		268

Q20 Within what agency are you employed?

Answered: 263 Skipped: 11



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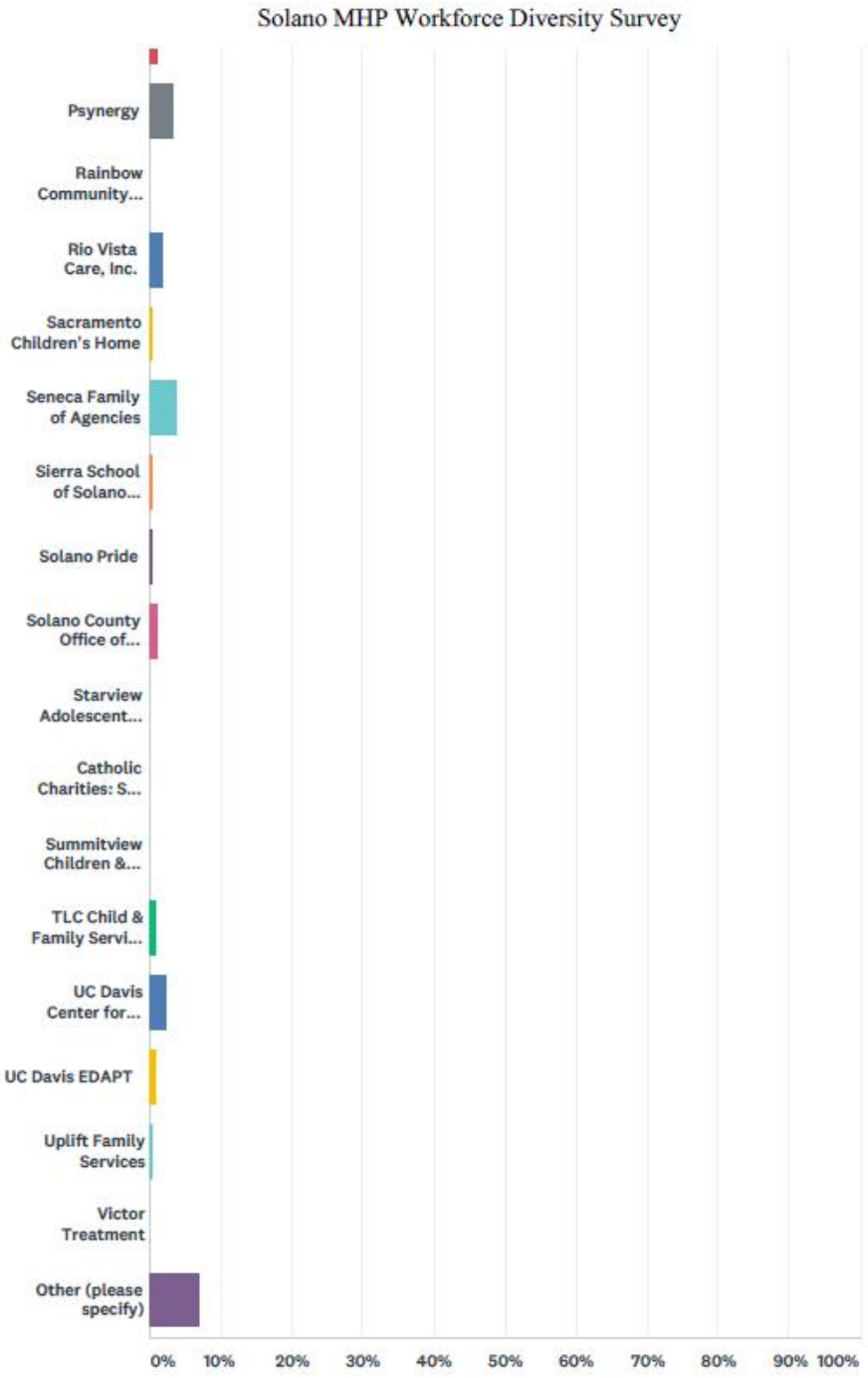

ANSWER CHOICES	RESPONSES	
Solano County Behavioral Health	45.25%	119
A Better Way	4.56%	12
Area Agency on Aging	2.66%	7

African American Faith-Based Initiative	0.38%	1
Aldea Children & Family Services	6.84%	18
Bay Area Community Services	0.76%	2
Caminar Inc.	5.70%	15
Child Haven	3.80%	10
CIBHS	0.00%	0
Circle of Friends	1.52%	4
Crestwood	0.38%	1
DOR	0.00%	0
Edgewood	0.00%	0
Exodus Recovery, Inc.	0.38%	1
Faith in Action	1.14%	3
First 5 Solano	0.00%	0
Interfaith Council of Solano County Heather House	0.38%	1
Mountain Valley	2.66%	7
NAMI Solano	1.14%	3
Psynergy	3.42%	9
Rainbow Community Center	0.00%	0
Rio Vista Care, Inc.	1.90%	5
Sacramento Children's Home	0.38%	1
Seneca Family of Agencies	3.80%	10
Sierra School of Solano County	0.38%	1
Solano Pride	0.38%	1
Solano County Office of Education	1.14%	3
Starview Adolescent Center, Inc.	0.00%	0
Catholic Charities: St. Vincent's School for Boys	0.00%	0
Summitview Children & Family Services	0.00%	0
TLC Child & Family Services	0.76%	2
UC Davis Center for Reducing Health Disparities	2.28%	6
UC Davis EDAPT	0.76%	2
Uplift Family Services	0.38%	1
Victor Treatment	0.00%	0
Other (please specify)	6.84%	18
TOTAL		263