FY 2017-2018

Cultural Competency and Culturally and Linguistically Appropriate Plan Services Update

Solano County

Behavioral Health Services

Department of Health and Social Services

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Solano County Behavioral Health 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, 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

Introduction: Cultural Competency Planning Process

In 2014, Solano County Behavioral Health (SCBH) worked directly with the underserved communities who had used the mental health system least, or who had raised compelling issues about care during the past few years to create and implement the Fiscal Year (FY)2014/17 Solano County Cultural Competency Plan. Based on a review of mental health and substance abuse penetration rates for Solano County residents diagnosed as severely mentally ill or substance abusing, and eligible for Medi-Cal services, SCBH determined that two population groups, comprising significant proportions of Solano County residents--Latino/bilingual Spanish residents and Filipino-Americans—showed the greatest disparities between the percentage of eligible residents and those using mental health and substance abuse services (See Goal 1, page 8 and Appendix B). In addition, local anecdotal evidence and California research showed that two other groups whose members are not currently identified by county intake systems— homeless residents and Lesbians, Gays, Bisexuals, Transgender and Questioning/Queer (LGBTQ)— were also very likely under-represented.

SCBH convened three cultural competency advisory workgroups for the LGBTQ, Filipino, and Latino communities to identify the specific needs and barriers to accessing services for these populations. The local African American population utilization rates are comparable to statewide and medium county rates. However, SCBH elected to convene an African American advisory workgroup to improve and increase access to culturally appropriate services for the African American community, and promote the accessing of services at the onset of mental illness to increase better health outcomes for African American clients.

The four workgroups consisted of six to ten individuals knowledgeable about mental health issues, representatives from local non-profit and faith organizations, government agencies, and county behavioral health staff. (See Appendix A, Table-1 for a comprehensive list of attendees). Each group was either co-facilitated by an independent consultant or mental health supervisor/manager, and met four to five times to identify barriers to obtaining services, set goals to overcome barriers, and identify and prioritize specific strategies and activities to reach the goals. The goals and corresponding activities generated by the workgroups continue to serve as the foundation for the Fiscal Year (FY) 2017/18 Solano County Behavioral Health Cultural Competency Plan (CCP). Appendix A, Table-2 provides additional information of the CCP goals and the correlating national Culturally and Linguistically Appropriate Standards (CLAS) used to create this plan.

Cultural Competency Goals

This section of the CCR analyzes each of the seven goals, and includes data and needs identified by the cultural competency workgroups, objectives to address the goal, the current status of County efforts to address the goal, and performance measures to ensure that the objectives are achieved.

Goal 1: ACCESS & SERVICES

Individuals and groups will gain access to and be provided behavioral health services by Solano County in proportion to their representation in the overall county Medi-Cal eligible population. Specific attention will be directed to increasing the number and percentage of clients who are Latino/bilingual Spanish, Filipino-American and LGBTQ.

Strategy: Behavioral Health and its contracted organizations will develop participatory, collaborative partnerships with communities to reach out and facilitate community/client involvement in CLAS.

Why is this Goal Needed?

2016 SCBH Services -Penetration Rates by Race[1]

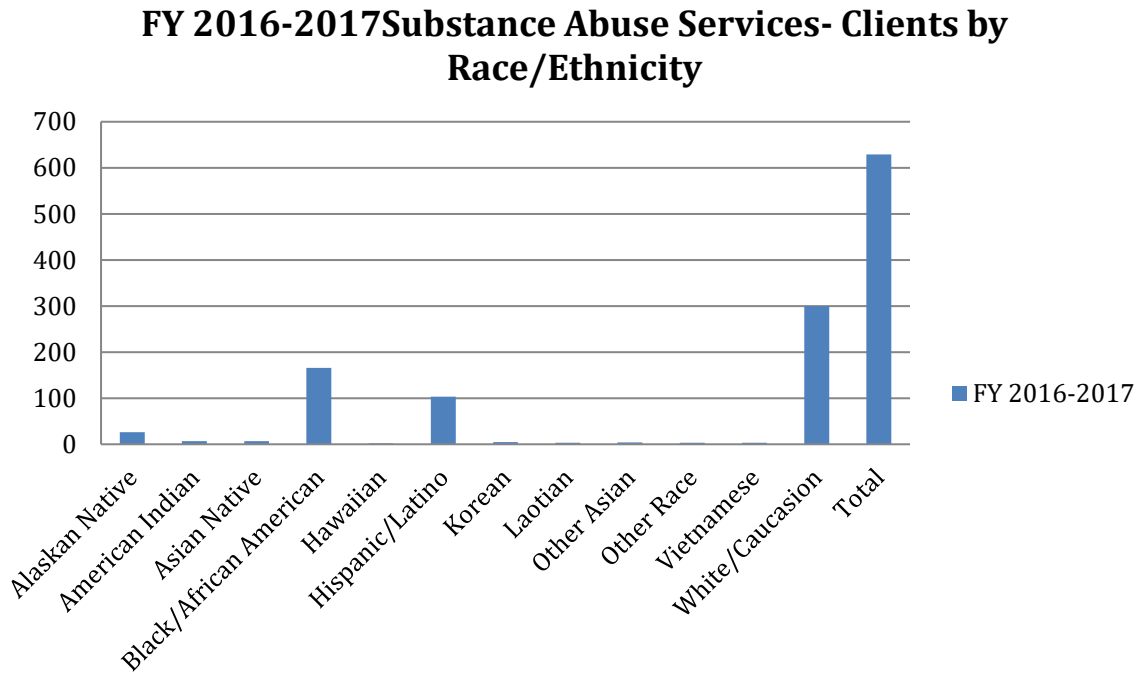
Ethnicity	*Solano*	*Medium County*
White	5.81%	5.69%
Hispanic	2.17%	2.74%
African-American	4.73%	6.48%
Asian/Pacific Islander	1.94%	2.35%
Native American	7.29%	6.41%

Solano County is a diverse county with one of the nation's most diverse cities within its borders (Vallejo). With a rapidly burgeoning Latino population, a populous Filipino and Asian/Pacific Islander (API) population, the county is rich with ethnic and cultural diversity. When compared to the State's estimates for penetration rates in similar medium-sized counties, Solano County appears to receive passing marks.

[1] Behavioral Health Concepts: California External Quality Review Organization (CalEQRO FY 2016/17) - Solano County Medi-Cal Penetration Rates, 2016. *Penetration Rate data does not include Kaiser Permanente Medi-Cal Carve Out beneficiaries served.

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 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; however rates are still lower than state estimates for medium-sized counties. Finally, not represented at all, and of major concern, is the fact that LGBTQ individuals among each of these ethnic populations remain systematically unidentified within our system. Among LGTBQ youth, suicide rates are extremely high and the prevalence of suicidal depression and anxiety are much higher than for heterosexual counterparts.

Among Substance Abuse clients, the following graph illustrates the utilization of services for the Behavioral Health by Race:



With regard to Substance Abuse Treatment Service penetration rates, it appears that Caucasians and African Americans are over-served relative to the population of Solano County, with Latinos and Filipinos being underserved.

To ensure that Solano County is equitably providing services that are culturally sensitive and efficacious, the Goals in this Plan Update have been formulated, using the C.L.A.S standards and results of our Cultural Competence Committee workgroups in each area. Goals identified subsume objectives identified in workgroups that have been held to identify access and engagement issues for each identified population.

Mental Health Services Act (MHSA) Programs. Prevention and Early Intervention programs have demonstrably higher penetration rates among Latino's, African Americans and Whites relative to the general service population. This is attributable to the more flexible, site and community based types of services that are funded through MHSA PEI programs. PEI programs demonstrate that embedding staff in outlying community areas is an effective means of increasing penetration rates as a function of community familiarity, borrowed legitimacy (from the agency hosting the mental health staff), and simple population trends at the given sites. In FY 2015/16, PEI funds were utilized to increase outreach and education efforts to the API and Latino populations. PEI efforts may have contributed to the 85% increase in the API penetration rate; however the program is still early in its development, and continued monitoring of the program will further define the impacts of current outreach efforts on penetration rates.
PEI funds are also being used to partner with the local LGBTQ resource center, Solano Pride, to increase access to culturally appropriate services for LBGTQ residents. The program has co-located a part-time clinician at Solano Pride to provide brief and early-intervention services, and has established a social support framework for youth and adults to decrease isolation, depression, and suicidal ideation in the LGBTQ community.

In addition to targeted outreach and education efforts, SCBH is in the process of revising collection tools that are embedded into the electronic health record to capture data on the number of LGBTQ clients served by the local mental health system. The revised data capture tool will allow SCBH to establish baseline data on the LGBTQ community, and to track the impact of LGBTQ outreach and community engagement efforts on current penetration rates. Overall, MHSA PEI programs in particular do provide good examples of how underserved and unserved individuals in the Solano community can gain improved access through greater site-based, community-oriented services offered by a workforce that is linguistically and ethnically similar to the population being served wherever possible.

Workgroup Recommendations to Address the Barriers

1. Work with community-based partnerships to provide culture-specific outreach and anti-stigma education to faith communities, parents, providers and social/service organizations. Employ bicultural outreach coordinators and systems navigators. – *Active and Ongoing.*
2. Provide services in communities where under-represented groups live, in partnership with trusted groups providing other services (i.e. education, basic needs, domestic violence, LGBTQ services etc). – *Active and Ongoing.*
3. Ensure behavioral health referrals and services are available to uninsured clients. – *Active and Ongoing.*

4. Identify and collect data on LGBTQ clients, preserving client confidentiality. – Initiated and Ongoing.

Performance Measures

1. # Medical Providers who receive training that promotes skills in addressing mental health issues with cultural/ethnic groups.
2. # parents of LGBTQ youth participating in education program, measured by sign-in sheets from training provider.
3. # of consumers referred to the MHP by Primary Care Providers, reflected in Access call data.
4. # of consumers self-identifying as LGBTQ at intake, collected from EHR. (Initiated field in EHR for data collection January 2016).
5. Increase presence on social media, measured by # Likes, Friends, Shares, and Page Views.
6. # of new services requests indicating that they contacted the MHP as a result of outreach or media efforts.

Goal 2: CULTURALLY APPROPRIATE INFORMATION

Consumers will receive information and behavioral health services in their preferred language.

Why is this Goal Needed?

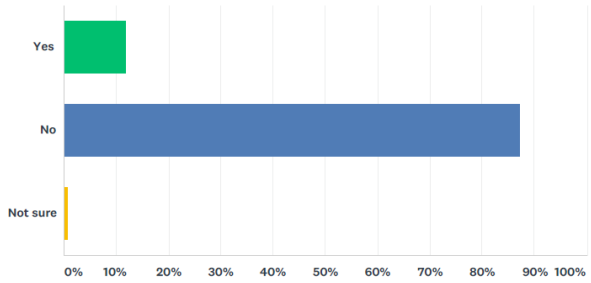
Solano County's Mental Health Plan values the need to identify language/cultural barriers within the system to better provide ease of access to community members. For the most part, community members in need of mental health services may be reluctant to pursue or follow-up with treatment due to misunderstanding or misinterpretation of written and spoken communication. Mental health services and treatment is most effective if written materials and verbal information is offered in their preferred language.

In August of 2017 an online Workforce Diversity Survey (See Appendix E) was disseminated by email as means to capture the workforce demographics of county and contractor staff. 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 level of cultural competency within the system of care.

For county staff for the MHP there were 118 responses and of that 11. 86% identified as being certified bilingual.

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: 118 Skipped: 118

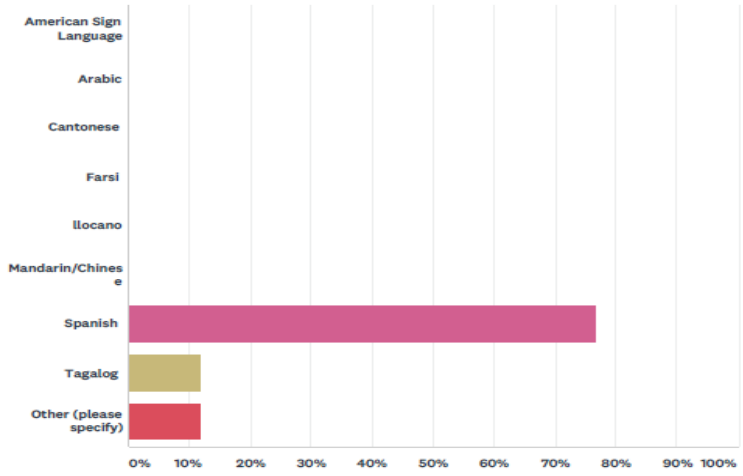


ANSWER CHOICES	RESPONSES	
Yes	11.86%	14
No	87.29%	103
Not sure	0.85%	1
TOTAL		118

Furthermore those that identified as certified, 13 identified as Spanish and 2 as Tagalog.

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

Answered: 17 Skipped: 219



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	76.47%	13
Tagalog	11.76%	2
Other (please specify)	11.76%	2
TOTAL		17

When looking at the organization chart, within Solano Mental Health 26 certified bilingual staff are identified, 22 who speak Spanish and 4 who speak Tagalog[2].

Table 3:

Program	Total Staff	Bilingual Staff – Spanish	Bilingual Staff- Tagalog/Filipino
Administration (Directors, Support Staff, Managers)	16	1(6%)	1 (6%)
Children's Mental Health (Supervisors, Office Assistants, Outpatient and FSP MH Staff)	52	8(15%)	N/A
Adult Mental Health (Supervisors, Office Assistants, FSP/FACT/ICS/Hospital Liaison)	62	7(11%)	N/A
Psychiatrist/Nurses	13	1(7%)	1(7%)
Compliance and Quality Improvement, MHSA, Substance Abuse, Wellness and Recovery	58	5(8%)	2(3%)
Total	**201**	22(10%)	4(2%)

For Contractors 130 responded, 24 answered that they have been identified by their organization as bilingual. A total of 27 contractors identified as being compensated for their verbal language skills; 17 Spanish and 2 for Tagalog. [3] Finally a total of 22 contractors identified that they are compensated for their written bilingual skills, 14 identified Spanish and 2 Tagalog (See Appendix E Pages 16-17).

In 2017, 50 (15%) of 331 county and contractor staff[4] included in the in Solano County Mental Health Plan identified as bilingual. 39 (78%) are bilingual English and Spanish, and 6 (12%) are bilingual English and Tagalog.

Workgroup Recommendations to Address the Barriers

1. Increase and improve language assistance services
2. Offer Mental Health First Aid in Spanish and English
3. Increase bilingual staff (See Goal 6)
4. Ensure literature and signs are culture-specific and in Spanish as well as English*; (See Goals 1 and 5)*

[2] Solano County Behavioral Health Personnel Organization Chart Nov. 16, 2017

[3] Solano MHP Workforce Diversity Survey

[4] Solano MHP Workforce Diversity Survey

Performance Measures

1. # non-English speaking who seek services in their preferred language at the time of the Access call (Measured by pressing 2 for Spanish, Calls to the Hispanic Outreach and Latino Access (HOLA) line, Language Field in Access Screening Tree).
2. # unduplicated clients receiving treatment services in their preferred language.
3. Create a Filipino language Consent and Release Forms.

Goal 3: CULTURALLY APPROPRIATE SERVICES

Clients will receive services from staff that are client-driven, respectful and compatible with clients' cultural beliefs.

Why Is This Goal Needed?

Disparities in access and mental health services/treatment have been identified among the Latino and Filipino American community (Appendix A). In 2013, a total of 62 county staff and contactors completed the CBCMS (California Brief Multi Cultural Competence Scale) 2 day training. In addition to cultural competence training, hiring bilingual/bicultural staff, there is a need to do outreach activities and education to these communities.

Barriers Identified by Workgroups:

Workgroup	High-Priority Barriers
Filipino-American	• Most (non-Filipino) mental health clinicians and other providers (pastors, teachers, social service agencies, elder care agencies, etc.) do not adequately understand Filipino cultural norms and traditions, including the central role of the family, and do not know how to adjust services to better serve Filipino clients
Latino	• Inadequate time and process to assess and engage families (need to establish *confianza* before paperwork, clipboards and computers; 60 day time limit on assessment) • Limitations on serving families rather than individuals • Language barriers: translation ≠ culturally appropriate services • Need to require county and contracted community mental health staff to receive Latino-specific cultural competency training

LGBTQ	• Most providers (county and private) are not culturally competent, need training on LGBTQ issues, culture and appropriate services, • Inadequate confidentiality protocols regarding LGBTQ youth who do not wish to disclose to their parents • Youth who are in the process of self-identifying –and their families—are not supported
All Workgroups	• Consumers are not asked if they are satisfied with services, or how they could be improved

Workgroup and Administrative Recommendations to Address the Barriers:

1. Implement new alternative approaches to assessing and engaging Latino and Filipino-American consumers that incorporate cultural norms related to family, gender, etc.
2. Implement new approaches to ensuring confidentiality around LGBTQ status
3. Provide all staff with mandatory cultural competency training specific to the Latin, Filipino-American, LGBTQ and client cultures
4. Measure consumer satisfaction; report results to consumers.

Performance Measures

1. # unduplicated clients by ethnicity who returns for a second service.
2. Develop individual contracts with self-employed bilingual individuals and train them in interpretation for mental health clients.
3. # of youth who self-disclose as LGBTQ.
4. # unduplicated clients receiving services from a peer support worker or volunteer.
5. Satisfaction scores show no disparity by ethnicity/language, measured twice annually by Consumer Perception Survey.
6. # and % of consumers, by ethnicity, who report satisfaction with behavioral health services, staff and facilities, measured by consumer satisfaction survey administered bi-annually at all county and contractor behavioral health facilities; reports to consumers

Goal 4: SAFE AND WELCOMING ENVIRONMENTS

Consumers will feel safe and welcomed by the physical environments where behavioral health services are provided.

Why Is This Goal Needed?

The Solano community has expressed that environments are not conducive to cultural competency, staff are not reflective of their culture, and there are many disincentives including stigma related to engagement, access and seeking treatment.

Barriers Identified by Workgroups

Workgroup	High Priority Barriers
LGBTQ	• No welcoming symbols (i.e. rainbow) are displayed
All Workgroups	• Clinics and service sites do not feel welcoming; there are inadequate Spanish-language signs, and artwork or videos do not clearly reflect the cultures served.

Workgroup Recommendations to Address the Barriers:

1. Ensure that clinics have artwork, signs and literature reflecting the cultures and languages of the clients they serve.
2. Employ staff or culture-specific volunteer "navigators" to assist clients to enter the systems.

Performance Measures

1. All program sites where clients are seen have artwork, signs and literature reflecting the cultures and languages of the clients they serve.
2. As outpatient program contracts are renewed, the above goal is included as a contractual requirement.

Goal 5: CULTURALLY DIVERSE WORKFORCE

Behavioral Health and its contracting organizations will employ staff and leadership that represent the demographic characteristics of Solano County.

Why Is This Goal Needed?

Table 4 below shows the ethnicity/race of 236 county and contractor staff, as reported using an anonymous online survey, included in the mental health plan in August of 2017 compared to the percentage of total Medi-Cal Eligible individuals (January 2016) and the percentage of the county-wide population (2016 Census Population Estimates). It shows that white and multi-ethnic staffs are over-represented relative to their percentage of Medi-Cal eligibles, while Hispanic/Latino, African-American, Asian-Pacific Islander and Native American staffs are under-represented.

Table 4:

SCMH MHP WORFORCE DIVERSITY SURVEY				
Race and Ethnicity	**Unique Staff Count as of August 2017**	**Overall Percentage of Staff within Mental Health Plan as of August 2017**	**Comparison by Percentage of Total Medi-Cal Eligible for January 2016**	**Percentage of County Wide Population**
	Source: Survey Monkey, Run August 28, 21017	Source: Survey Monkey, Run August 28, 21017	Source: Behavioral Health Concepts – EQRO Performance Measures FY17-18	Source: 2016 Census Population Estimates as of July 16, 2016
	A	**B**	**C**	**D**
White	120	44.44%	22.4%	51.60%
Hispanic/Latino	38	14.07%	24.3%	24%
African American	31	11.48%	20.1%	13.79%
Asian/Pacific Islander	2	0.74%	19.1%	15.67%

Native American	2	0.74%	.6%	0.48%
Other and Identified by two or more	39	16.18%	13.5%	16.02%
Total	232		100%	

Workgroup Recommendations to Address the Barriers

1. Implement hiring and assignment practices that increase # of bilingual, bicultural staff, particularly in locations serving ethnic communities
2. Require contractors to employ staff demographically representative of the communities they serve
3. Implement internship programs to assist Filipino-American, Latino and LGBTQ students to enter behavioral health careers
4. Develop high school, college and university career outreach programs.

Performance Measures

1. Increase annually the number of bilingual and bicultural County staff by classification and language/culture (including volunteers and interns).
2. Increase annually the number of bilingual and bicultural Contractor staff by classification and language/culture (including volunteers and interns).

Goal 6: CLAS STANDARDS AND POLICIES

Solano County Behavioral Health will develop organizational policies and supports to ensure and maintain cultural and linguistic competency, including an active cultural competency strategic plan, needs assessments, community profiles, EHR data collection, analysis of disparities, audits, accountability systems including performance and outcome measures, conflict/grievance procedures, public reporting.

Workgroup and Administrative Recommendations to Address the Barriers

1. Identify and assess disproportionality and disparities in services and outcomes (See Goal 1 and Appendix A)
2. Update cultural competency plan.
3. Collect and update data on clients' race, ethnicity, language in Electronic Health Records and Management Information system

PLAN FOR ACCOUNTABILITY IN ACTION PLANS:

- Quarterly review of activities conducted that impact the measures and goals in this Plan.
- Quarterly review in the CCC performance measures
- Annually evaluate the success of this Plan and update new annual Plan accordingly.
- Quarterly present key indicators and/or significant activities to the QIC.

APPENDICES

Appendix A- CLC Committee and CLAS Standards

Table 1 – Cultural Competency Workgroups: Attendees

Workgroup	**Community Representatives**		**County mental health clinicians and administrators**	
Filipino-American	7	• Filipino-American Historian • Methodist pastor, professor, President, Vallejo School Board • MSW; Planned Parenthood, community volunteer • Chair of Vallejo Together and homeless advocate • Family Resource Center Coordinator with Fighting Back Partnership • Staff at Marina Towers low income residential facility for seniors	4	• Cultural competency manager and clinic director/co-facilitator • 2 clinicians from Children's clinic • 1 clinician working with adults
Latino/Latina	3	• Clinical Director, Vacaville Family Resource Center • SafeQuest • Parent/Consumer	4	• Clinical Supervisor/ Co-facilitator • Clinical Vacaville Children's Clinic, serving children in child welfare services • Mental health specialist, Vacaville, formerly Fairfield Family Resource Center • Clinician, Intensive Services, formerly ALDEA CARES

Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)	7	• Volunteer, Better Vallejo • 2 –Solano PRIDE • 2 – PFLAG; pastor and parents • 2 – Artisan/Art Community; employee at gay gathering place	2	• Cultural competency manager and clinic director/co-facilitator • Mental health clinician

African American	2	• Pastors	7	• Sr. Manager • Cultural Competence Manager • BH Director • CWS Manager • Former CWS Manager, now MH Clinician • Mental Health Clinician • Cultural Competence Committee member, Supervisor

Table -2: Goals and CLAS Standards

Solano County Cultural Competency Goal	Related CLAS Standards
Goal 1: Individuals and groups will gain access to and be provided behavioral health services by Solano County in proportion to their representation in the overall county population. Specific attention will be directed at increasing the number and percentage of clients who are Latino/bilingual Spanish, Filipino-American and LGBTQ.	**Standard #9:** Behavioral Health and its contracted organizations should have ongoing self-assessments of CLAS, identify and assess disproportionality and disparities in services and outcomes, and integrate CLAS into internal audits and evaluations of performance improvement, client satisfaction and outcomes. **Standard #10**: Behavioral Health and its contracted organizations should collect, integrate and periodically update data on clients' race, ethnicity, spoken and written language in the health records and management information systems. **Standard #11**: Behavioral Health and its contracted organizations should maintain current demographic, cultural, and epidemiologic profiles of the community and perform needs assessments to plan and implement CLAS.

Solano County Cultural Competency Goal	Related CLAS Standards
Goal 2: Behavioral Health and its contracted organizations will develop participatory, collaborative partnerships with communities to reach out and facilitate community/client involvement in CLAS.	**Standard #12:** Behavioral Health and its contracted organizations should develop participatory, collaborative partnerships with communities to facilitate community/client involvement in CLAS.
Goal 3: Clients will receive information and behavioral health services in their preferred language.	**Standard #4**: Behavioral Health and its contracted organizations must provide language assistance services at all points of contact, in a timely manner, and during all hours of operation. **Standard #5:** Behavioral Health and its contracted organizations must inform clients verbally, in writing, and in their preferred language about their right to receive language assistance services. **Standard #6**: Behavioral Health and its contracted organizations must assure the competence of language assistance. Family and friends should not be used to provide interpretation services unless requested by the client. **Standard #7**: Behavioral Health and its contracted organizations must make available client-related materials and post signage in the languages of the commonly encountered groups.
Goal 4: Clients will receive services from staff that are client-driven, respectful and compatible with clients' cultural beliefs	**Standard #1:** Behavioral Health and its contracted organizations should provide understandable and respectful care or services compatible with clients' cultural health beliefs and preferred language **Standard #3:** Behavioral Health and its contracted organizations should ensure ongoing education in CLAS delivery.
Goal 5: Consumers will feel safe and welcome where behavioral health services are provided.	**Standard #1:** Behavioral Health and its contracted organizations should provide understandable and respectful care or services compatible with clients' cultural health beliefs and preferred language

Solano County Cultural Competency Goal	Related CLAS Standards
Goal 6: Behavioral Health and its contracting organizations will employ staff and leadership that represent the demographic characteristics of Solano County	**Standard #2:** Behavioral Health and its contracted organizations should implement recruitment, retention and promotion of equal employment opportunity and nondiscriminatory employment practices and leadership that represent the demographic characteristics of the service area.
Goal 7: Solano County Behavioral Health will develop organizational policies and supports to ensure and maintain cultural and linguistic competency, including an active cultural competency strategic plan, needs assessments, community profiles, EHR data collection, analysis of disparities, audits, accountability systems including performance and outcome measures, conflict/grievance procedures, public reporting.	**Standard #8**: Behavioral Health and its contracted organizations should have a written cultural competence strategic plan with goals, policies, operational plans and management accountability to provide CLAS. **Standard #9**: Behavioral Health and its contracted organizations should have ongoing self-assessments of CLAS, identify and assess disproportionality and disparities in services and outcomes, and integrate CLAS into internal audits and evaluations of performance improvement, client satisfaction and outcomes. **Standard #10**: Behavioral Health and its contracted organizations should collect, integrate and periodically update data on clients' race, ethnicity, spoken and written language in the health records and management information systems. **Standard #11:** Behavioral Health and its contracted organizations should maintain current demographic, cultural, and epidemiologic profiles of the community and perform needs assessments to plan and implement CLAS. **Standard #13**: Behavioral Health and its contracted organizations should have conflict/grievance procedures that identify, prevent, and resolve cross-cultural complaints by clients. **Standard #14:** Behavioral Health and its contracted organizations should make information about CLAS implementation available to the public.

Appendix B: Utilization and Penetration Rates by Race and Ethnicity

FY 2015-2016 SOLANO COUNTY MEDI-CAL PENETRATION RATE DATA

Demographics	Unduplicated Medical Eligible Clients Served		Unduplicated # Eligibles				Penetration Rates		Complete System Revised Data & Comparison			Beacon MCP			Kaiser
	Solano - Total Medi-Cal Beneficiaries served (Data includes FY 15-16 Medi-Cal served thru Avatar E.H.R)	BHC EQRO CY 2015 reported # of Medi-Cal Beneficiaries Served per Year for Solano MHP (Data rec'd from BHC)	Solano - Average # of Medi-Cal Eligibles per month (Based on FY 15-16 CALWIN data)	*Kaiser Carve-Out (Data from Partnership HealthPlan-PHC - Totals as of 12/31/12)	Solano MHP FY 15-16 Revised # of Eligibles Served (C - D = E)	BHC EQRO CY 2015 reported Average # of Medi-Cal Eligibles per month for Solano MHP	Solano - Penetration Rate Based only on SD Claims & Eligibles Data from CALWIN (A ÷ C = G)	Solano - Revised Penetration Rate Based on Revised Eligibles minus Kaiser Carve-Out (A ÷ E = H)	BHC EQRO CY 2015 Reported Penetration Rate for Solano MHP (B ÷ F = I)	Medium County	Statewide	Beneficiaries Served	Total Revised Eligibles	Beacon MCP Penetration Rate	*Kaiser Carve-Out (Data from Partnership HealthPlan-PHC - Totals for *FY 15-16*)
	Data Source: Avatar	Data Source: BHC	Data Source: CALWIN Database	Data Source: PHC	Data Source: PHC, CALWIN	Data Source: BHC	Data Source: Avatar, CALWIN	Data Source: Avatar, NextGen, CALWIN, PHC	Data Source: BHC	Data Source: BHC	Data Source: BHC	Data Source: PHC	Data Source: PHC	Data Source: PHC	Data Source: PHC
Column	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Total	5,445	3,742	121,405	12,975	108,430	93,323	4.48%	5.02%	4.01%	4.31%	4.82%	3,624	121,405	2.99%	2,137
Gender															
Female	2,751	1,923	66,185	7,610	58,575	52,547	4.16%	4.70%	3.66%	4.00%	4.38%	2,438	66,185	3.68%	1,346
Male	2,693	1,819	55,219	5,365	49,854	40,777	4.88%	5.40%	4.46%	4.69%	5.36%	1,186	55,219	2.15%	791
Other/Unknown	1	-	1	-	1	-	N/A	N/A	N/A	N/A	N/A	0	1	0	-
Age															
0-5	222	272	14,892	10,772	4,120	15,464	1.49%	5.39%	1.76%	1.56%	2.12%	54	14,892	0.36%	64
6-17	1,135	1,163	29,016	5,181	23,835	29,367	3.91%	4.76%	3.96%	5.07%	6.14%	697	29,016	2.40%	767
18-29	3,567	1,991	64,982	4,894	60,088	37,232	5.49%	5.94%	5.35%	5.19%	5.55%	2,631	64,982	4.05%	1,240
60+	521	316	12,514	1,128	11,386	11,262	4.16%	4.58%	2.81%	3.38%	2.94%	242	12,514	1.93%	66
Race/Ethnicity															
White	2,081	1,242	26,773	3,209	23,564	19,709	7.77%	8.83%	6.30%	6.51%	7.68%	1,248	26,773	4.66%	750
Hispanic	763	567	32,452	2,572	29,880	27,403	2.35%	2.55%	2.07%	2.80%	3.49%	647	32,452	1.99%	290
African-American	1,474	1,020	23,141	4,688	18,453	19,709	6.37%	7.99%	5.18%	7.16%	8.47%	785	23,141	3.39%	532
Asian/Pacific Islander	161	247	23,882	1,823	22,059	14,716	0.67%	0.73%	1.68%	2.60%	2.57%	432	23,882	1.81%	237
Native American	64	35	679	59	620	476	9.43%	10.32%	7.35%	6.71%	7.51%	44	679	6.48%	26
Other	709	631	13,743	43	13,700	11,312	5.16%	5.18%	5.58%	6.24%	5.83%	468	13,743	3.41%	302
Multiple	-	-	-	581	(581)	-	N/A	N/A	N/A	N/A	N/A	0	-	0	
No Med Code			643	-	643										

* As of 10/12/2016, all current eligible Kaiser MediCal members in Solano County = 28,541 (Per PHC 10/2016 data)

Appendix C: FY 2015/16 MHSA Demographic Data

FY 2015/16 Solano County MHSA program and service demographic data can be found in the Solano County MHSA FY 2016/17 Annual Update and FY 2017/20 Three Year Integrated Plan at the website: http://www.solanocounty.com/depts/mhs/mhsa/default.asp

The following table depicts information for the four MHSA funded services that target specific populations that were identified as unserved and underserved communities by the Cultural Competency Plan workgroups:

Targeted Population	MHSA Funded Program and Description	FY 2015/16- Number of Individuals Served
Latino Population	Hispanic Outreach and Latino Access (HOLA) Program – an outreach and education program designed to decrease stigma and increase awareness regarding the mental health services available for the Latino community. Services are provided a part-time Spanish-speaking clinician	697
Filipino Population	KAAGAPAY -educates and provides information to Filipino community on holistic wellness including mental health topics and how to access local mental health services and programs for the Filipino community. Services are provided by a part-time Tagalog speaking clinician.	676
African American Population	African American Faith Based Initiative (AAFBI) - delivered in partnership with three independent contractors and several faith-leaders, with a goal to create mental health friendly communities to support individuals with mental illness and their families at local African American faith communities.	152
LGBTQ Outreach and Access Program	Partnership with the local LGBTQ center (Solano Pride) and Rainbow Community Center of Contra Costa to develop a community-based social support program designed to decrease isolation, depression and suicidal ideation among members of the LGBTQ community.	157

Appendix D: Results of 2016 Consumer Satisfaction Survey (Adults and Older Adults)

Consumer Perception Survey 2016 - Adult

Health and Social Services Department

Mental Health Division

Quality Improvement Unit

275 Beck ● MS 5-250 ● Fairfield, CA 94533

Phone (707) 784-8323 ● Fax (707) 427-2774

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	82%	83%	100%	88%

information about my treatment.				
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
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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.