DIVERSITY & EQUITY PLAN

CALENDAR YEAR 2021

SOLANO COUNTY BEHAVIORAL HEALTH

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Introduction

Purpose

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

SCBH continues to strengthen its efforts to develop a culturally and linguistically responsive system of care (SOC) in support of the behavioral health and recovery needs of our increasingly diverse population. While our county is rich in its diversity, significant inequities continue to be persistent. We continue to work directly with underserved, underrepresented, and marginalized communities using the nationally recognized Culturally and Linguistically Appropriate Services (CLAS) standards used by health care providers as the benchmark for evaluation and are aligned with the U.S. DHHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2010). This report provides updates regarding recent data and demographic changes in our county, culturally responsive strategies implemented by SCBH during Calendar Year (CY) 2020, as well as updates on planning, community engagement and goals to address disparities during CY 2021.

County Demographics Update for 2020

Solano County is rich in its variety of cultures and landscape. It is home to some of the nation's most diverse cities within its borders (Vallejo, and most recently Fairfield)[1]. The County is located approximately 45 miles northeast of San Francisco and 45 miles southwest of Sacramento. The County includes 675.4 square miles of rural land. As of 2019, the census[2] has estimated that our population has grown to an estimated 438,530 with an 9.5% poverty rate[3].

Vallejo and now Fairfield both rise to the top 10 most diverse cities in national reports

The COVID-19 Pandemic has had significant impacts on our overall community. Solano County was one of the first counties where a resident tested positive for COVID-19, which was acquired through community transmission in February 2020. Solano County partnered with Travis Air Force Base to quarantine people traveling from overseas during this time. Our county began Stay-at-Home orders in March 2020, which led to widespread concern about ongoing transmission and significant life changing protocols such as physical/social distancing. Solano County Public Health has provided numerous updates since the pandemic began through the Solano County Public Health Dashboards[4] which has included community orders, recommendations, and sharing the most up to date data on how the virus is spreading throughout the region. These shifts have taken a toll on the economy, employment, access to care as noted in the COVID-19 Census Impact Reports[5]:

[1] https://www.niche.com/places-to-live/search/most-diverse-cities/ & https://www.thestreet.com/personal-finance/most-diverse-cities-in-the-us#gid=ci026cebb3d000270f&pid=2-vallejo-calif-todd-a-merport--shutterstock

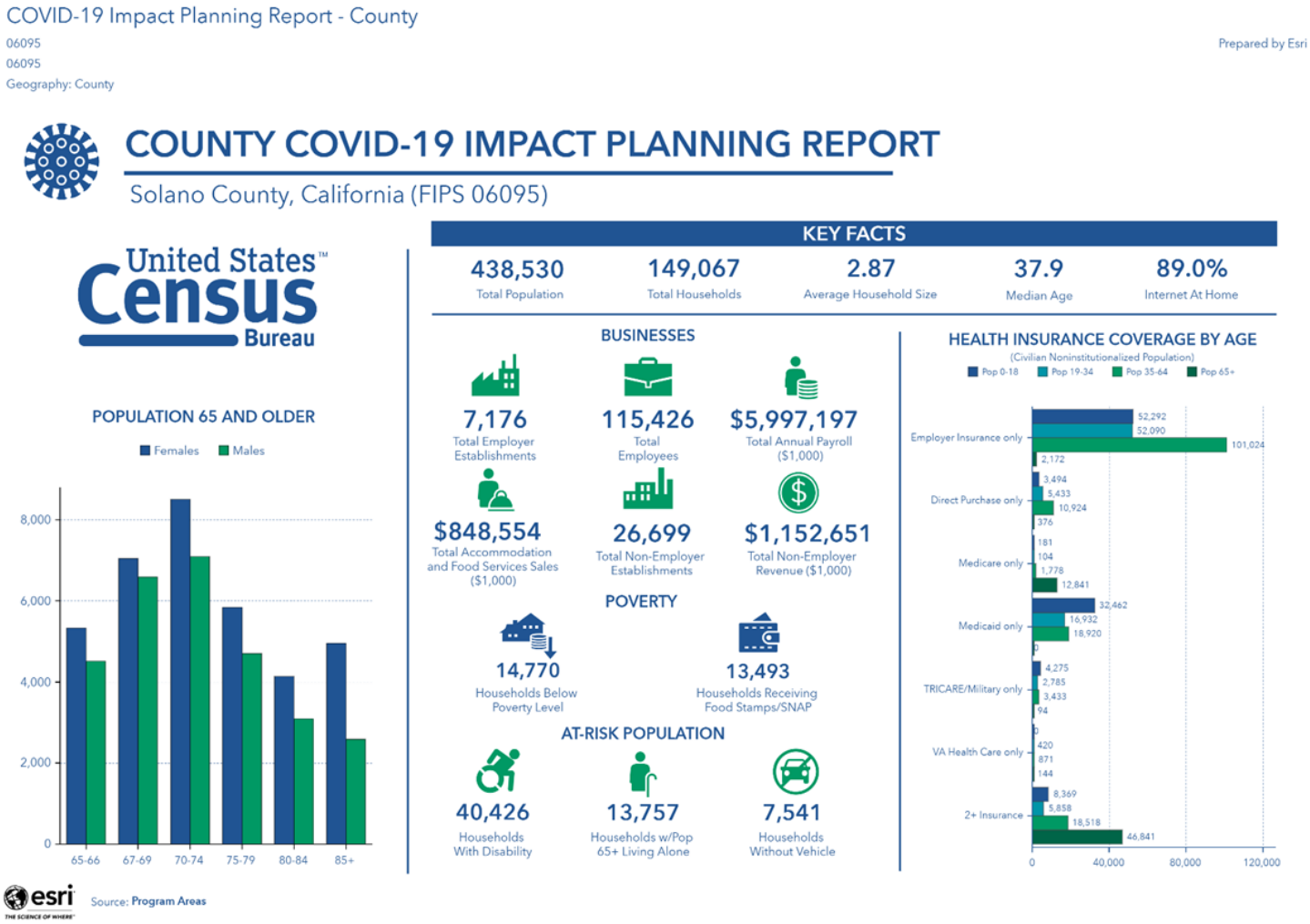
[2] https://www.theatlantic.com/national/archive/2014/04/mapping-racial-diversity-by-county/361388/

[3] https://data.census.gov/cedsci/profile?g=0500000US06095

[4] Solano County Public Health. (2020, December 29). *COVID-19 Dashboard: Summary Data. Retrieved from* https://doitgis.maps.arcgis.com/apps/MapSeries/index.html?appid=055f81e9fe154da5860257e3f2489d67

[5] https://covid19.census.gov/

The following infographic provides County demographics directly related to Solano County's planning and response to COVID-19.



In response to COVID-10 both Solano County Public Health and Behavioral Health stood up COVID-19 warmlines to further support the community.

Review of Goals from Calendar Year 2020

During Calendar Year (CY) 2020, Solano County Behavioral Health (SCBH) planned to achieve 3 goals: 1) community empowerment, 2) policy and systems change, 3) and improving access to language assistance. Please see the progress towards the goals below:

Goal 1: Community Empowerment – Create opportunities for individuals with lived experience, families, community members, staff and key stakeholders to engage in decisions that impact their lives.

- **Strategy 1:** Establish monthly committee meetings as recommended by the California Pan-Ethnic Health Network (CPEHN).
  - ⇒ **Goal Met:** Starting in February 2019, SCBH began holding the Diversity & Equity Committee on a monthly basis, which increased meetings with key stakeholders from 4 times per year to 12 times per year. To adhere to COVID-19 social distancing recommendations, the majority of the meetings were held virtually via Microsoft Teams.
- **Strategy 2:** Post committee membership form online and enhance partnerships with key stakeholders from our local communities.
  - ⇒ **Goal Met:** The Committee's monthly meeting schedule has been posted on the website in addition to content related to how to express interest in joining the Committee. When a potential participant reaches out to SCBH to explore joining the Committee they are sent a *Participation Agreement* form to complete which outlines expectations for committee members. Starting in FY 2019/20, SCBH added language to vendor contracts requiring each agency to identify a designee to participate in the Diversity & Equity Committee. Implementing strategy 1 and 2 significantly increased Committee participation. For example, the September 2019 quarterly meeting had 14 participants compared to 23 participants who attended the monthly Committee meeting in December 2020, representing a 64% increase in attendance. In addition, the Committee now regularly surveys members to monitor demographics to ensure adequate representation from culturally and linguistically diverse groups.
- **Strategy 3:** Create opportunities for genuine shared decision making with community members via subcommittees.
  - ⇒ **Goal Met:** The Diversity and Equity Committee has engaged community members in shared decision making in regards to several key items, including the renaming of the Committee and the Plan document (formerly known as Cultural Competency), narrowing down the data the MHP should monitor for disparities, etc.
- **Strategy 4:** Continue to gather community feedback related to the MHSA Innovation Project *Interdisciplinarity Collaboration and Cultural Transformation Model* (ICCTM) QI action plans by engaging the community members via community forums and focus groups.
  - ⇒ **Goal Met and Continuing:** SCBH in partnership with the three CBO agencies (Solano Pride, Rio Vista CARE, & Fighting Back Partnership) sub-contracted through the ICCTM project continues to engage and solicit feedback from community members regarding media materials developed for the Latino, Filipino, and LGBTQ+ populations. The planned community forums were postponed due to the COVID-19 pandemic. Virtual community forums are being planned for FY 2020/21 to share with the community the final QI action plans and progress made to date.

Review of Goals from Calendar Year 2020

Goal 2: Policy & Systems Change – Influence organizational level policies and institutional changes across Solano County agencies to positively impact behavioral health outcomes.

- **Strategy 1:** Implement quality improvement (QI) Action Plans developed by stakeholders from the MHSA Innovation ICCTM Project.
  - ⇒ **In Progress:** Several of the QI action plans have been fully implemented, while several others are in progress of being implemented. See page 28-34 for further details on the QI action plans.
- **Strategy 2:** Establish specific performance and disparity reduction goals and develop a protocol for monitoring this as recommended by CPEHN.
  - ⇒ **Goal Not Met:** The Diversity and Equity Committee reviewed various reports within the MHP throughout the year. The Committee plans to develop a data dashboard to monitor data more frequently with the intent of identifying specific disparity reduction goals.
- **Strategy 3:** Assess, prioritize and implement the national CLAS Standards across the department and contracted agencies.
  - ⇒ **Goal Met:** Starting in FY 2019/20, SCBH added language to vendor contracts requiring each agency to both attend monthly Diversity and Equity Committee meetings, and also submit annual diversity and equity plans outlining their efforts to adhere to CLAS Standards. Further details on SCBH's strategies to infuse CLAS Standards across the division and contracted agencies can be found starting on page 51.
- **Strategy 4:** Develop a plan to address areas of improvement identified in the CLAS organizational assessment (Standards 3, 4, 5, 7, 8 & 9).
  - ⇒ **Goal Met:** SCBH made significant progress in its adherence to CLAS Standards 3, 4, 5, 7, 8 & 9. Most notably, SCBH extended the Language Link contract to help support all contracted agencies to ensure all consumers have access to language assistance services as well as easy to understand print and multimedia materials and signage in preferred languages. Specific details regarding our adherence to CLAS Standards can be found starting on page 51.

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

- **Strategy 1:** Provide Behavioral Health Interpreter Training (BHIT) training for all providers and front desk reception staff under the MHP.
  - ⇒ **Goal Met:** In June 2020, SCBH provided a BHIT training for 57 clinical providers and 21 clerical staff from both the County and contract partners.
- **Strategy 2:** Develop a process to ensure that all new staff receive training on how to access Language Link during the onboarding process.
  - ⇒ **Goal Met and Continuing:** SCBH developed an online language link training in December 2020 and plan to share the video link with County and CBO partners to ensure all current and new employees understand how to access language assistance services when needed to support non-English speaking consumers.
- **Strategy 3:** Develop a process to better track and analyze data related to the use of Language Link.
  - ⇒ **Goal Partially Met:** SCBH reviewed Language link data in 2020 but still needs to establish a process for analyzing usage including ongoing monitoring for disparities.

Goals from Calendar Year 2021

In partnership with the SCBH leadership and the Diversity and Equity Committee, the following goals were developed for CY 2021. SCBH will continue to implement the CLAS Standards across the SOC, contract procurement process, contract language, policies and procedures, hiring/retention practices, and service delivery.

Goal 1: Policy and Systems Change – Influence organizational level policies and institutional changes across Solano County agencies to positively impact behavioral health outcomes.

- **Strategy 1:** Establish specific performance and disparity reduction goals and develop a protocol for monitoring this as recommended by California Pan Ethnic Health Network (CPEHN).
- **Strategy 2:** Develop a data dashboard for the monthly Diversity and Equity Committee meeting to help monitor for disparities within the MHP.
- **Strategy 3:** Continue to implement quality improvement (QI) Action Plans developed by stakeholders from the MHSA Innovation ICCTM Project.
- **Strategy 4:** Implement open forums for SCBH staff to continue increasing awareness about issues impacting vulnerable populations served and sharing internal equity efforts to help reduce mental health disparities.
- **Strategy 5:** Partner with other community entities to implement community action plans developed by local stakeholders seeking to address anti-Black and racial disparities in homelessness.

Goal 2: Community Empowerment – Create opportunities for individuals with lived experience, families, community members, staff and key stakeholders to engage in decisions that impact their lives.

- **Strategy 1:** Enhance virtual/social media outreach and stigma reduction efforts for underserved/ underrepresented populations.
- **Strategy 2:** Enhance partnerships with key stakeholders from our local communities, including increasing Committee participation of the 16-25 year old transition age youth (TAY.
- **Strategy 3:** Create opportunities for genuine shared decision making with community members via the Diversity and Equity Committee, subcommittees, focus groups, etc.
- **Strategy 4:** Facilitate focus groups and/or surveys to assess trends in suicide, impact of COVID-19 and racial injustices on the local community's mental health.
- **Strategy 5:** Expand the *LGBTQ+ Ethnic Visibility* QI action plan to the African American and Native American communities, which will include the facilitation of focus groups with members of the LGBTQ+ community that intersect with the African American and Native American communities to develop signage to reduce stigma and raise awareness.

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

- **Strategy 1:** Upload and share virtual training with County and CBO staff to ensure that all current and new staff receive training on how to access Language Link services during the onboarding process.
- **Strategy 2:** Increase percentage of staff (County and CBO) who report receiving training on how to access Language Link services from 62% on the 2020 *Workforce Equity Survey* to 70% in 2021.
- **Strategy 3:** Incorporate data related to the use of Language Link onto the data dashboard that the Diversity and Equity Committee will monitor monthly to analyze and track for disparities.

Criterion 1: Commitment to Culturally & Linguistically Appropriate Services

SCBH Vision, Mission and Values

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.

Vision
Individuals of all ages will receive support to optimize their best development, increase their resiliency and recover from mental illness and substance use disorders.

Mission
SCBH seeks to provide mental health and substance use supports in Solano County that are person-centered, safe, effective, efficient, timely and equitable, that are supported by friends and community, that promote wellness/recovery, and that fully incorporate shared decision making between consumers, family members and providers. Furthermore, SCBH and its Diversity and Equity Committee is focused on effectively serving Solano County's diverse population by understanding and respecting the value cultural differences play in providing quality services.

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 responsive 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.

Dedicated Role: Ethnic Services Coordinator

As part of our commitment to equity, diversity, and CLAS standards, Solano County has a dedicated staff member who oversees the Diversity & Equity Plan and other equity efforts. The role of the Ethnic Services Coordinator (ESC) has been established for several years. In 2019, Behavioral Health Director Sandra Sinz appointed Eugene Durrah, LCSW as the new ESC for the MHP. Each county is mandated by the state to appoint a representative who is responsible for the oversight of the MHP's efforts towards equity and addressing the needs of underrepresented and marginalized communities. As such, the ESC role leads the Diversity and Equity Committee; participates in program planning, policy development including hiring practices, and reviews of grievances related to disparities; sits on various advisory groups/task forces; monitors data related outcomes for racially, ethnically and culturally diverse populations; and is responsible for developing and monitoring the Division's annual Diversity and Equity Plan in coordination with the Solano Health and Social Services Department's Community In Action for Racial Equity (CARE) Team goals.

Criterion 2: Updated Assessment of Service Needs

Social Determinants

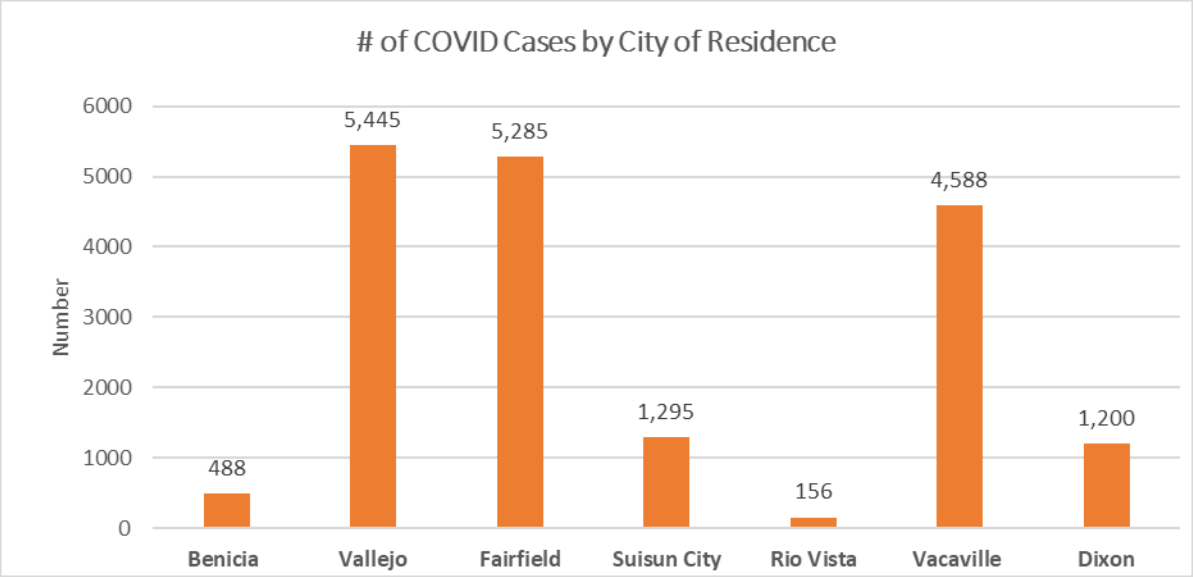
Although many community members are thriving in our county, there are significant inequities we must address. Throughout this section we will highlight some of our most recent local, state, and national disparities. As a MHP, it is important for our SOC to recognize social inequities and injustices which often worsen mental health symptoms and outcomes. This information will be used to help inform culturally and linguistically responsive strategies.

COVID-19 Healthcare Disparities

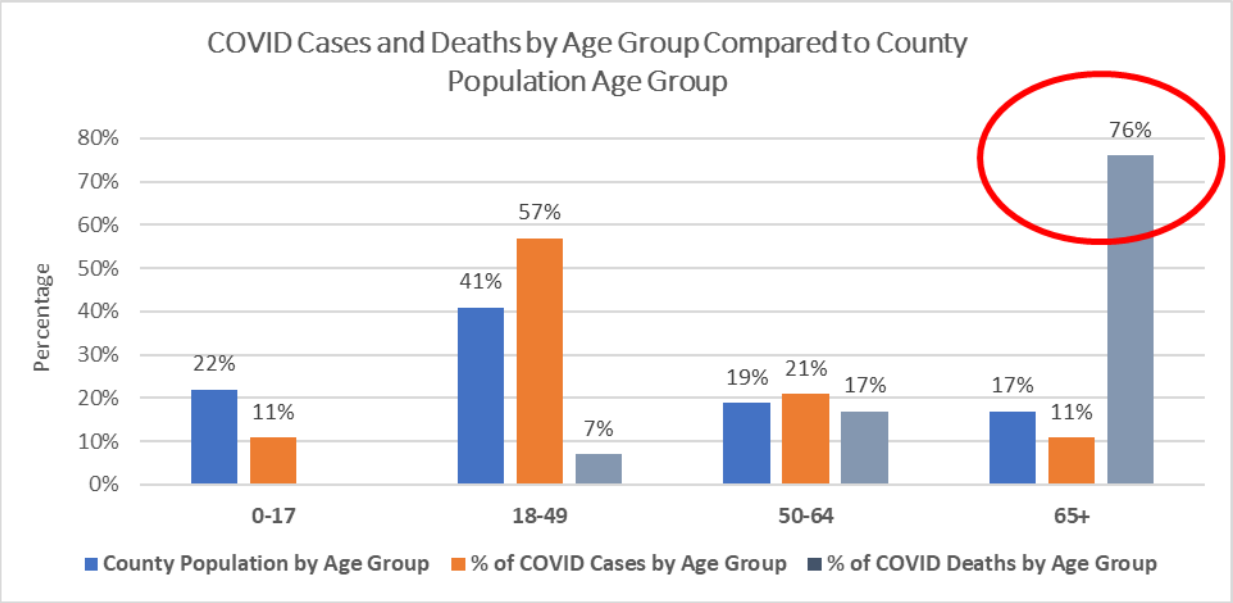
Throughout most of 2020, our local community like most communities throughout the state and nation have been significantly impacted by the coronavirus (COVID-19) pandemic. Importantly, as demonstrated in the graphs below, certain populations have been disproportionally impacted by COVID-19.

The most populous cities in the County—Fairfield, Vallejo, and Vacaville—have been significantly impacted by COVID -19 since the pandemic started.

Vallejo Outpatient Clinic

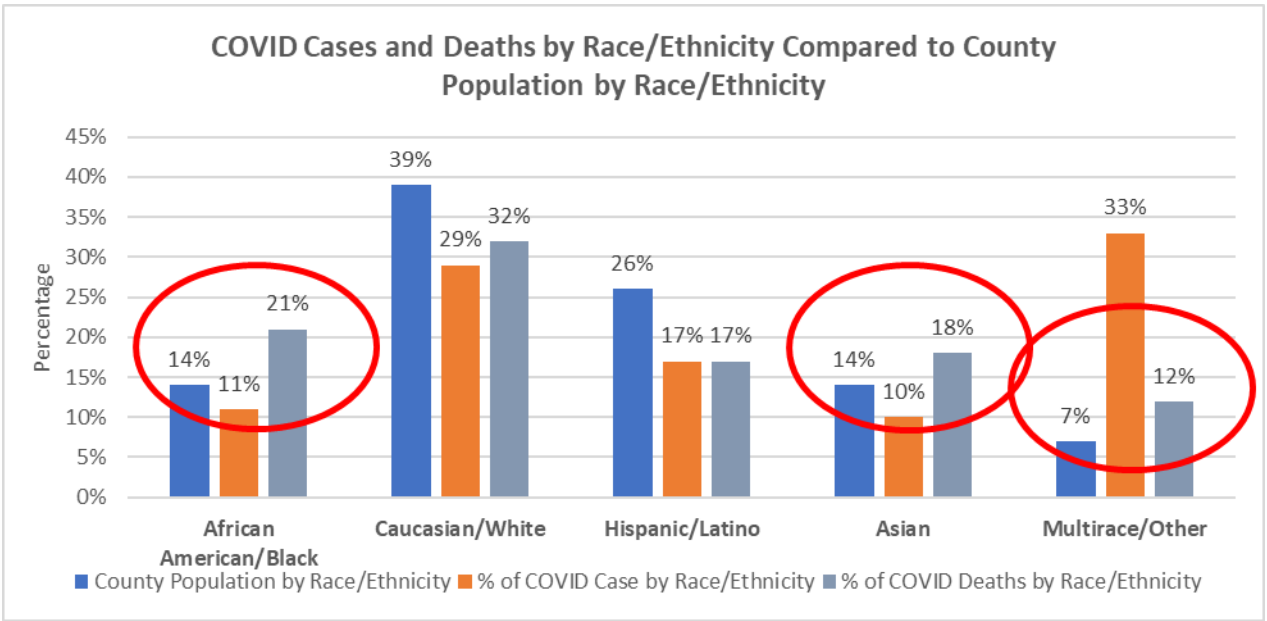


The senior community age 65 and older are significantly overrepresented as related to the County's COVID-10 deaths in comparison to this age group's representation per County population with the highest death rate of 92.7[6].



Source: Solano County Public Health Dashboards

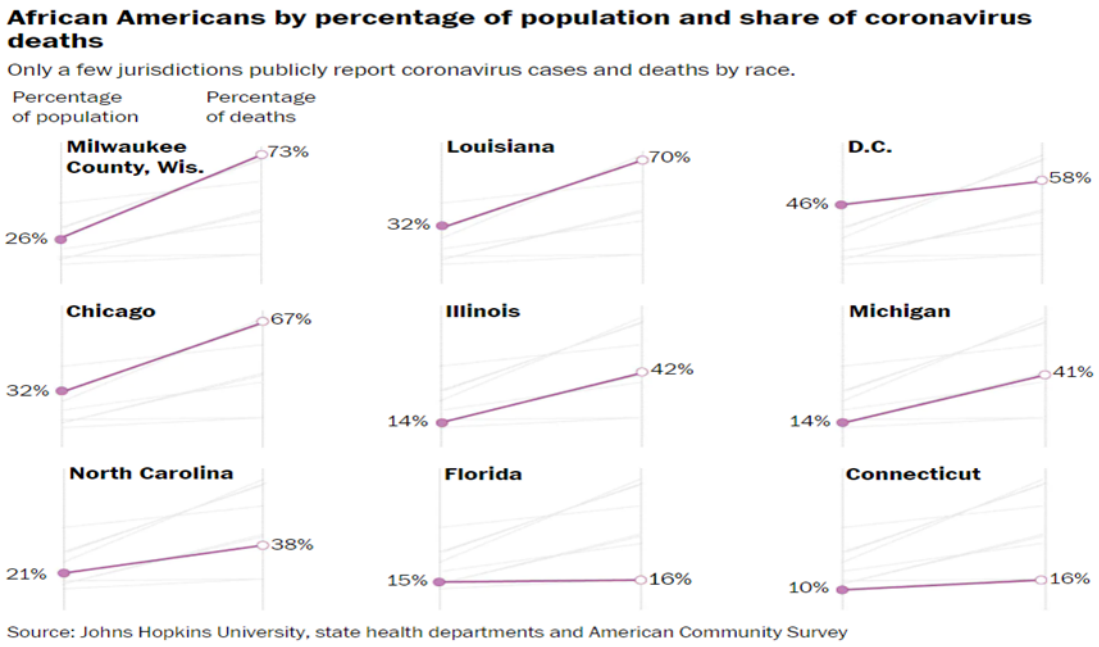
When analyzing the impact of COVID-19 by race/ethnicity African Americans, Asians, and Multiracial communities are overrepresented in the county's COVID-19 deaths in comparison to theses racial/ethnic groups' representation per County population. For example, African Americans represent 14% of the County population, yet 21% of deaths due to COVID-19. Similarly, Asians represent 14% of the county population, yet 18% of the County's deaths since the pandemic started. Inferences can be made regarding the impact of socio-economic conditions and disparities related to access to preventative healthcare.



Source: Solano County Public Health Dashboards

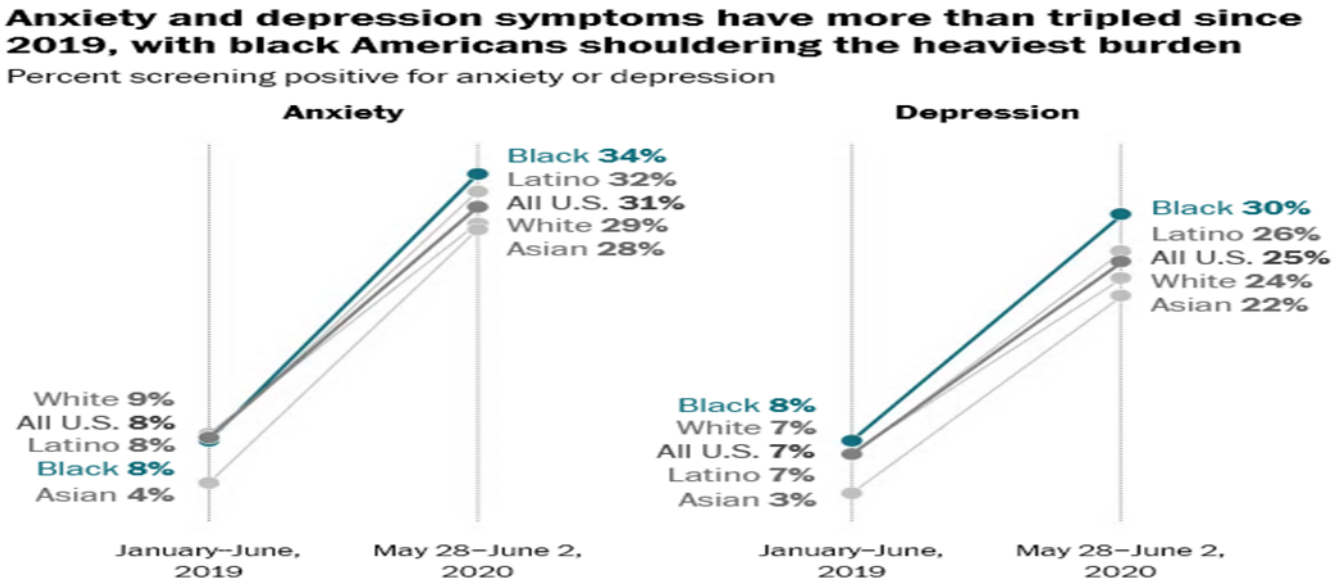
[6]Solano County Public Health. (2020, December 29). *COVID-19 Dashboard: Details/Demographics. Retrieved from* https://doitgis.maps.arcgis.com/apps/MapSeries/index.html?appid=055f81e9fe154da5860257e3f2489d67

In addition to the data reported locally, African Americans are also overrepresented in the percentage of COVID-19 deaths in many states throughout the nation as seen in the graph below.



Source: Washington Post

The **Washington Post**[7] published an article in June 2020 highlighting data from the Center for Disease Control (CDC) that reported an increased prevalence of anxiety and depression symptoms which have tripled since 2019 in the U.S. amongst all racial/ethnic groups. The graph below shows how these symptoms in the African American/Black community have increased the most during that time. Although local data is not readily available, inferences can be made that similar trends may exist here in Solano County.



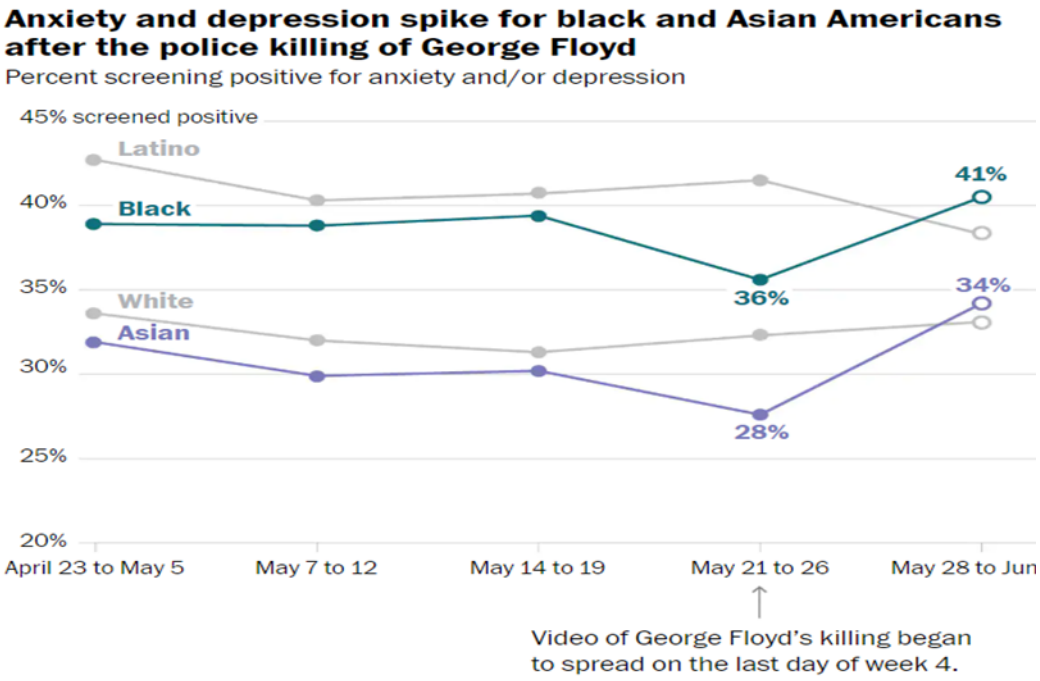
Source: Washington Post

[7]Washington Post. (2020, December 30). *The Coronavirus is Infecting and Killing Black Americans at an Alarmingly High Rate.* Retrieved from (https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarmingly-high-rate-post-analysis-shows/?arc404=true)

Impact of Racial Injustices

When the viral video of George Floyd's murder was released in May 2020, African American and Asian communities saw significant spikes in anxiety and depression symptoms[8]. Simultaneously, there were also significant increases in **hate crimes**[9] targeting Asian Pacific Islander groups. Frequent exposure to acts of violence, discrimination, abuse and other forms of hatred contribute to health disparities. Although local data is not readily available, inferences can be made to suggest such disparities exist locally as the Solano community has endured similar issues in recent years.

The graph[10] below depicts the increase in anxiety and depression for various racial/ethnic groups following the death of George Floyd. In an eleven (11) day period there was a 14% increase in reported symptoms of anxiety and depression for the Black/African American community and a 21% increase for the Asian community. This demonstrates how racial injustice negatively impacts mental health and further supports the need for improving access to mental health services and awareness campaigns to encourage individuals to seek help.



Source: Washington Post

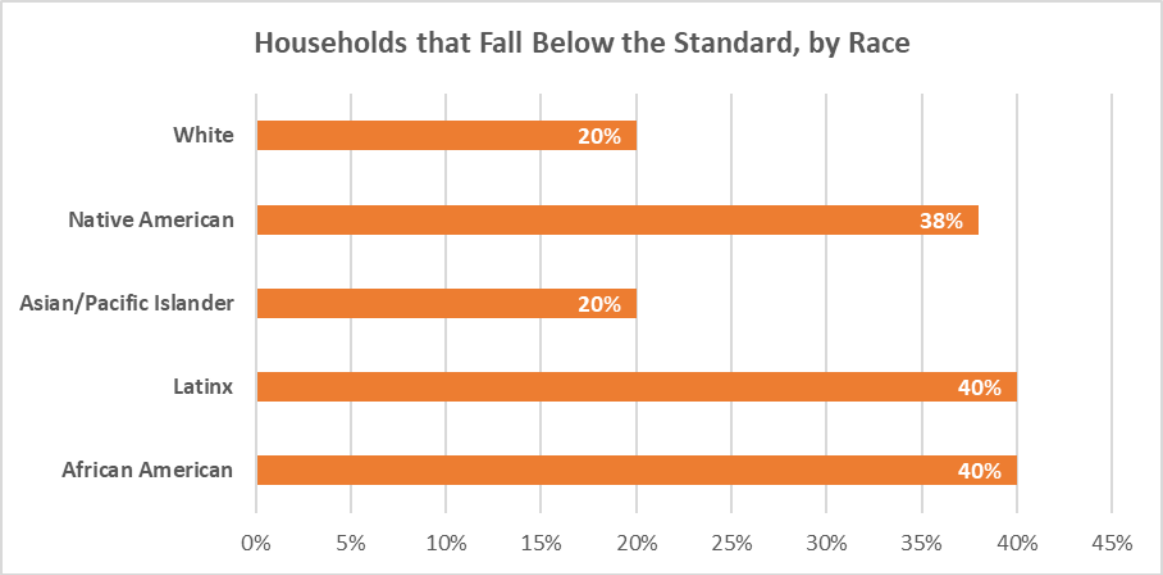
[8]washingtonpost.com. (2020, December 31). Depression and Anxiety Spiked Among Black Americans After George Floyd's Death. [online] Available at: <https://www.washingtonpost.com/health/2020/06/12/mental-health-george-floyd-census/?arc404=true>

[9]Asian Pacific Islander American Public Affairs. (2020, December 31). *Increasing Hate Crimes Against Asian Americans. Retrieved from https://www.apapa.org/increasing-hate-crimes-against-asian-americans/*

[10]Washington Post. (2020, December 30). *The Coronavirus is Infecting and Killing Black Americans at an Alarmingly High Rate.* . Retrieved from (https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarmingly-high-rate-post-analysis-shows/?arc404=true)

Self-Sufficiency Rates

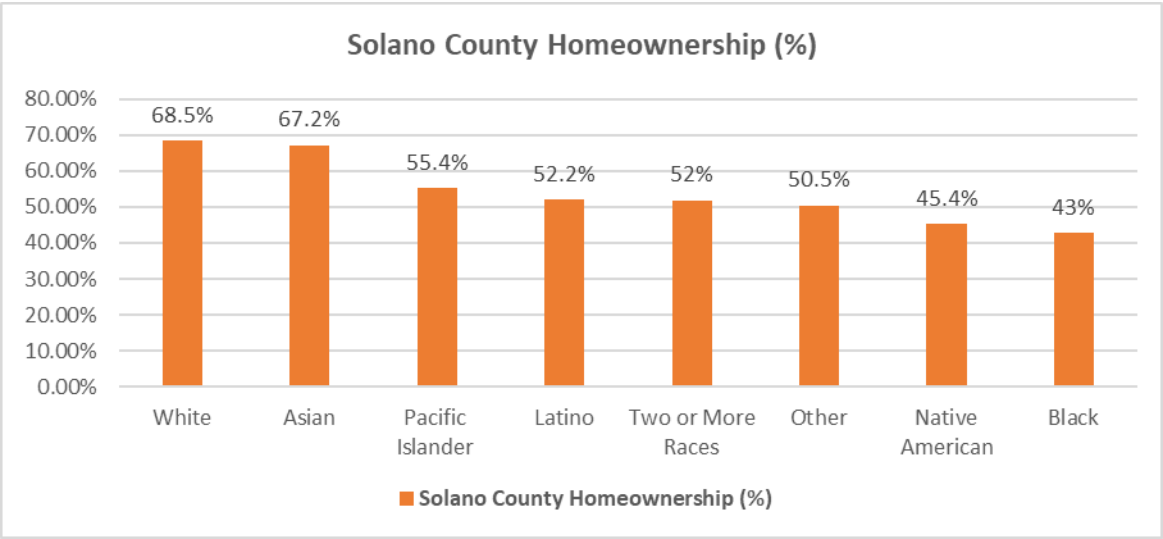
The 2018 California Self-Sufficiency Fact Sheet[11] identifies "self-sufficiency" as the minimum income necessary to cover an individual or family's basic expenses such as housing, food, health care, child care, transportation, and taxes – without public or private assistance. Although Solano County is extremely diverse, there are significant racial disparities. As of 2018, 28% of Solano County households live below the self-sufficiency standard, and nearly 40% of African American/Black, Latinx, and Native Americans did not earn enough income to cover their basic needs which is double the amount for the Asian/Pacific Islander and Caucasian/White families in Solano County. These disparities reflect the many barriers different groups experience in our communities.



Source: California Self Sufficiency Standard Fact Sheet, Solano County Key Facts[12]

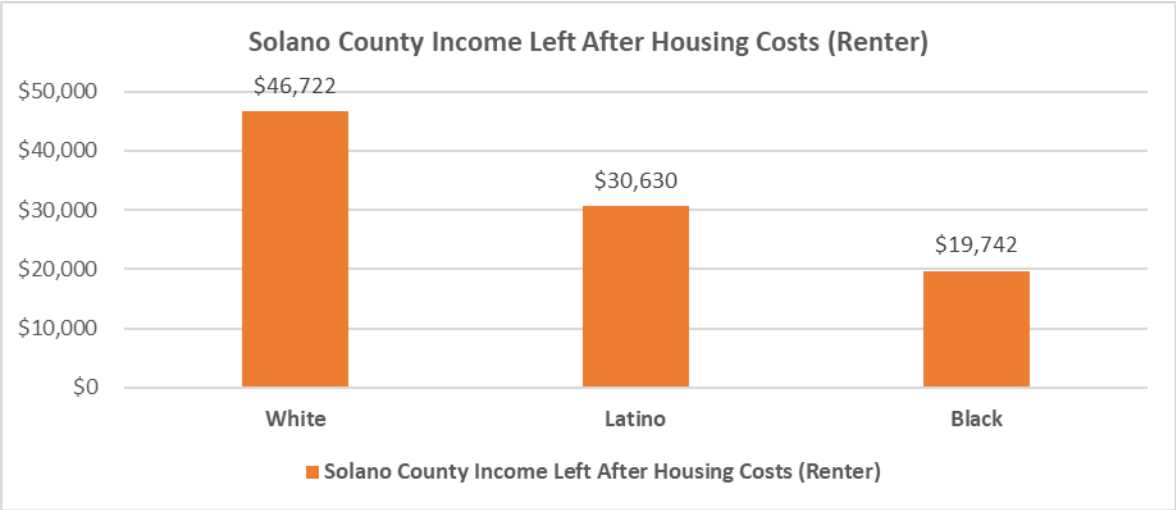
Housing

The self-sufficiency rates referenced above contribute to the disparities Solano County residents experience related to housing as seen in the graphs on the pages to follow. In Solano County Caucasian/White and Asian/Pacific Islander families are more likely to own their homes as compared to Hispanic/Latino, Native American and African American/ Black families.[13]



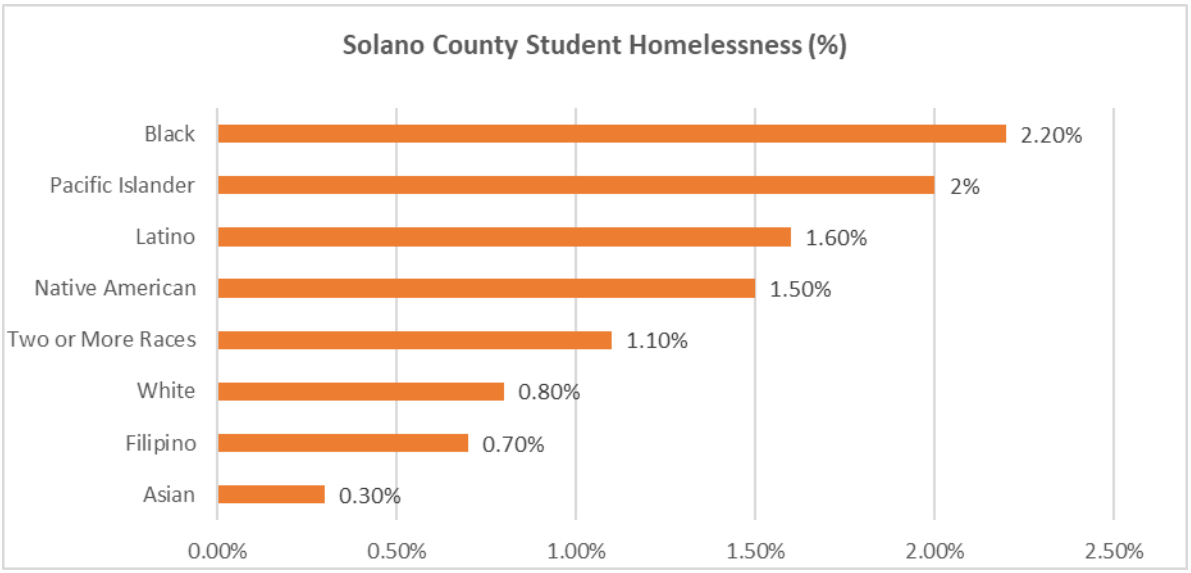
Source: Race Counts: Solano[14]

[11]Insight. (2019, December 12). *California Self-Sufficiency Standard Fact Sheet.* Retrieved at https://insightcced.org/wp-content/uploads/2018/04/SolanoCounty-FactSheet-FINAL.pdf
[12]Insight. (2019, December 12). *California Self-Sufficiency Standard Fact Sheet.* Retrieved at https://insightcced.org/wp-content/uploads/2018/04/SolanoCounty-FactSheet-FINAL.pdf
[13]Source: American Community Survey, 2013-2017 5-year estimate, Table B25003
[14]Race Counts. (2020, December 31). *RACE COUNTS: Solano County*. [online] Available at: https://www.racecounts.org/county/solano/



Source: Race Counts: Solano[15]

African American/Black families with children under 5 years are the most housing cost burdened racial/ethnic group in Solano County. Caucasian/White households who rent property in our local communities have approximately $46,722 left after housing costs compared to $30,630 for Hispanic/Latino and $19,742 for African American/Black householders. As demonstrated in the graph below, African American/Black and Pacific Islander students in Solano County experience homelessness nearly double the rate of Asian, Filipino and White students.



Source: Race Counts: Solano 2020[19]

[15]Race Counts. (2020, December 31). *RACE COUNTS: Solano County*. [online] Available at: https://www.racecounts.org/county/solano/

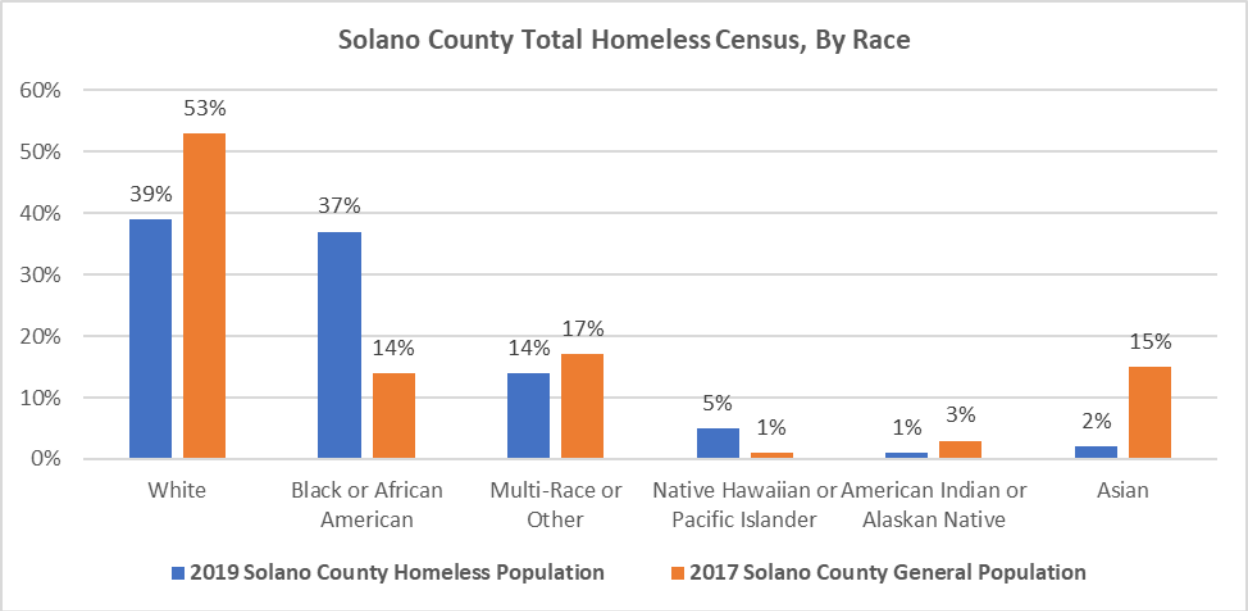
[16]Source: American Community Survey, 2013-2017 5-year estimate, Table B25003

[17]Source: American Community Survey, 2013-2017 5-year estimate, Table B25003

[18]Race Counts: Solano. (2020, December 31). [online] Available at: https://www.racecounts.org/county/solano/

[19]Race Counts: Solano. (2020, December 31). [online] Available at: https://www.racecounts.org/county/solano/

According to the Point in Time (PIT) Count[20] for 2019, the number of homeless individuals was 1,151 (0.25%) and 39% (452) individuals are chronically homeless. Approximately 39% of the homeless population identified as White, 37% Black, 16% Hispanic/Latinx, 14% Multiracial, and 5% as American Indian/Alaska Natives.



Source: 2019 PIT Count[21]

At least 14% of those counted reported having been in the foster care system at some point and 19% of the respondents identified as LGBTQ+. Twenty-nine percent (29%) reported psychiatric/emotional conditions and 22% reported drug or alcohol abuse amongst other chronic conditions. The Neighbors Helping Neighbors: Forward Together 5-Year Regional Strategic Plan to Respond to Homelessness in Solano County is available **here**.

[20]Housing First Solano: HIC and PIT. [online] Available at: http://www.housingfirstsolano.org/hic-pit-count.html

[21]Housing First Solano: HIC and PIT. [online] Available at: http://www.housingfirstsolano.org/hic-pit-count.html

Education

As the tables below illustrate, there are significant disparities within our educational system as demonstrated by the graduation and suspension rates by race/ethnicity. African American/Black, Pacific Islander, Native American and Hispanic/Latino Students are not only suspended at significantly higher rates but also experience lower graduation rates as a result, in comparison to other groups.

2018-19 Four-Year Adjusted Cohort Graduation Rate

Cohort Outcome Period: For the calculation of the four-year Adjusted Cohort Graduation Rate (ACGR)[22], the period for determining cohort inclusion is 07/01/Year1 – 06/30/Year4; however, the period for determining cohort outcomes is 07/01/Year1 – 08/15/Year4. This provides LEAs with additional time to report summer graduates. All cohort graduation requirements, including the awarding of the diploma, must be completed by the end of the cohort outcome period (August 15). At the writing of this Plan this is the most recent data available.

Cohort Students: The four-year cohort is based on the number of students who enter grade 9 for the first time adjusted by adding into the cohort any student who transfers in later during grade 9 or during the next three years, and subtracting any student from the cohort who transfers out, emigrates to another country, transfers to a prison or juvenile facility, or dies during that same period.

Race / Ethnicity	Cohort Students	Regular HS Diploma Graduates	Cohort Graduation Rate	Graduates Meeting UC/CSU Requirements	Graduates Earning a Seal of Biliteracy	Graduates Earning a Golden State Seal Merit
African American	767	603	78.6%	177	6	45
American Indian or Alaska Native	31	24	77.4%	14	2	4
Asian	199	185	93.0%	121	25	80
Filipino	526	501	95.2%	301	38	146
Hispanic or Latino	1,775	1,424	80.2%	523	127	187
Pacific Islander	56	48	85.7%	20	3	4
White	1,208	1,074	88.9%	523	54	252
Two or More Races	297	275	92.6%	127	16	70
Not Reported	21	11	52.4%	5	0	1

[22] https://dq.cde.ca.gov/dataquest/dqCensus/DisSuspRate.aspx?year=2018-19&agglevel=County&cds=48#collapseTwo

During the 2018-19 Academic School Year, African American (78.6%) and American Indian/Alaskan Natives (77.4%) had the lowest graduation rates in Solano County in comparison to other groups. Inferences can be made that environmental factors such as poverty and inadequate housing may contribute to such disparities.

2018-19 Suspension Rate—Disaggregated by Ethnicity

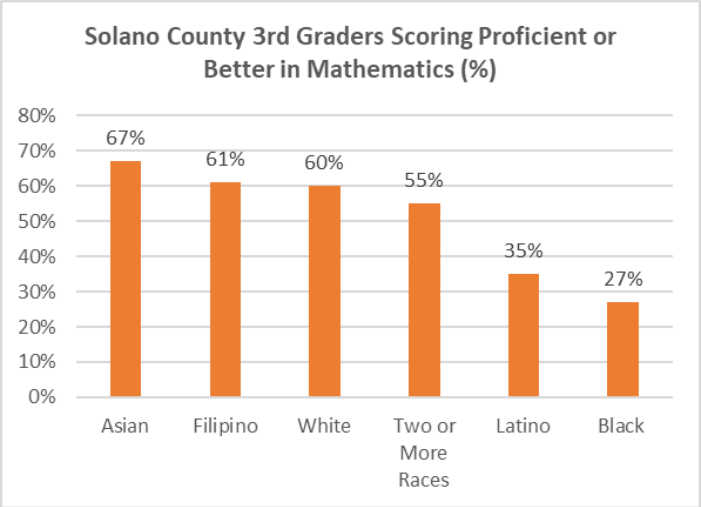
Ethnicity	Cumulative Enrollment	Total Suspensions	Unduplicated Count of Students Suspended	Suspension Rate	Percent of Students Suspended with One Suspension	Percent of Students Suspended with Multiple Suspensions
African American	9,503	2,585	1,336	14.1%	59.1%	40.9%
American Indian or Alaska Native	286	31	14	4.9%	35.7%	64.3%
Asian	2,546	83	63	2.5%	79.4%	20.6%
Filipino	5,584	155	113	2.0%	77.9%	22.1%
Hispanic or Latino	26,172	2,245	1,318	5.0%	66.8%	33.2%
Pacific Islander	748	71	44	5.9%	70.5%	29.5%
White	15,905	1,059	608	3.8%	68.3%	31.7%
Two or More Races	4,972	401	257	5.2%	71.6%	28.4%
Not Reported	424	29	24	5.7%	83.3%	16.7%

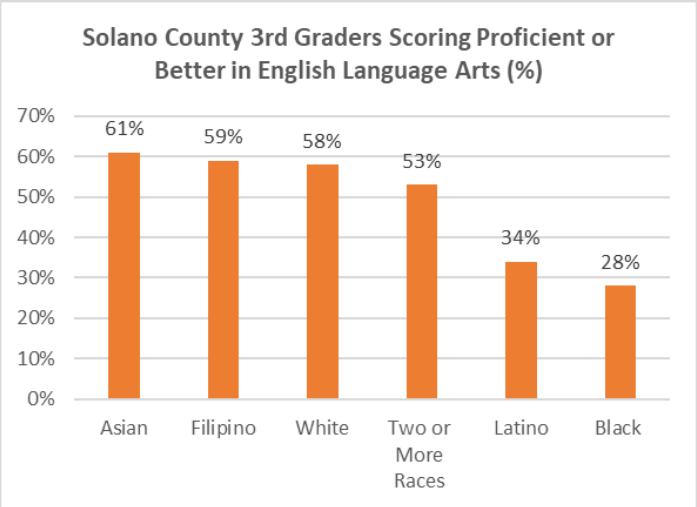
2018-19 Expulsion Rate—Disaggregated by Ethnicity

Ethnicity	Cumulative Enrollment	Total Expulsions	Unduplicated Count of Students Expelled	Expulsion Rate
African American	9,503	42	41	0.43%
American Indian or Alaska Native	286	1	1	0.35%
Asian	2,546	1	1	0.04%
Filipino	5,584	4	3	0.05%
Hispanic or Latino	26,172	13	12	0.05%
Pacific Islander	748	3	3	0.40%
White	15,905	7	7	0.04%
Two or More Races	4,972	6	6	0.12%
Not Reported	424	1	1	0.24%

As the tables above illustrate, African American/Black students are suspended nearly 3.5 times the rate of Caucasian/White students in Solano County (14% and 4% respectively). Additionally, African American/Black students represent the highest number of students expelled from schools in Solano County, providing insight to the challenges African American/Black youth may be experiencing in our local communities.

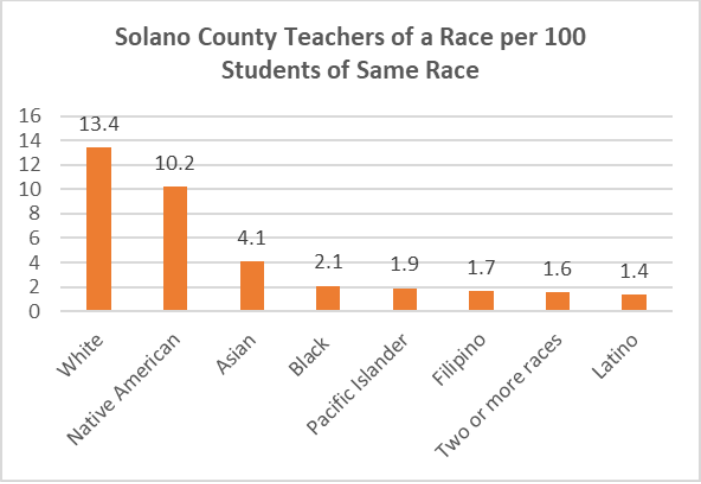
Recent data suggests 3rd grade academic performance related to Mathematics and English Language proficiency, African American/Black and Hispanic/Latino students experience significantly lower scores than their counterparts[23] as demonstrated in the graphs below.

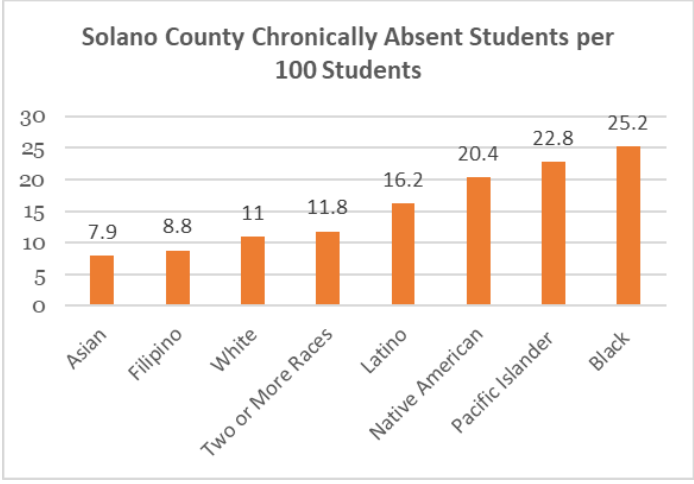




Source: Race Counts: Solano

Further review of the data indicates that there is significant underrepresentation of teachers representing diverse communities in Solano County. For example, the rate of Caucasion/ White teachers per 100 students is 13.4 while the rate for Hispanic/Latino teachers per 100 students is only 1.4. Additionally, students of color are experiencing significantly higher rates of chronic absenteeism.





Source: Race Counts: Solano

[23]Race Counts: Solano. (2020, December 31). [online] Available at: https://www.racecounts.org/county/solano/

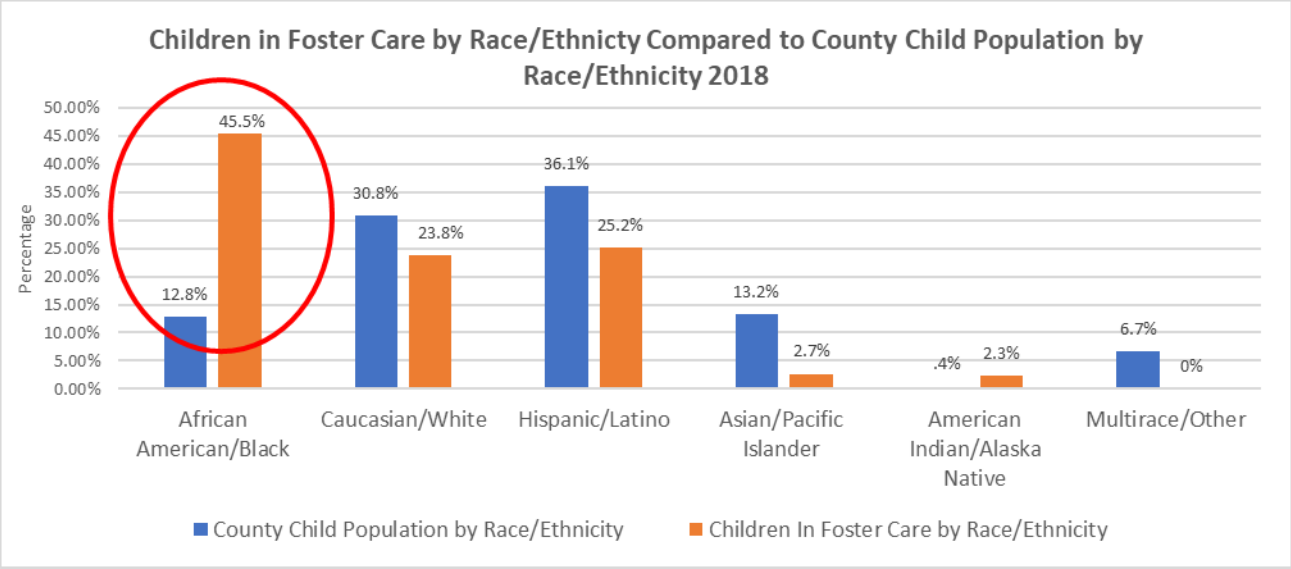
Involvement with Child Welfare

Involvement with the Child Welfare system is known to be a contributing factor for homelessness, commercial sexual exploitation, involvement with the criminal justice system and poor health outcomes including the development of disabling mental health conditions for current and former foster youth. Lucile Packard Foundation for Children's Health[24] collects and publishes data related to the health and wellbeing of children in communities across California. The table below shows Solano County children in foster care by race/ethnicity from 2014 through 2018.

Solano County	Number				
Race/Ethnicity	2014	2015	2016	2017	2018
African American/Black	180	221	234	236	199
American Indian/Alaska Native	9	9	15	11	10
Asian/Pacific Islander	11	7	17	20	12
Hispanic/Latino	122	132	123	99	110
White	139	142	134	106	104
Total Children in Foster Care	463	513	525	474	437

Source: Kidsdata.org

Upon further analysis when comparing the percentage of children in foster care in 2018 by race/ethnicity to percentage of the child population in the County by race/ethnicity for the same time period it is evident that there are significant disparities for the African American community. In 2018 for the child population in Solano County, African American/Black children comprised 12.8% of the population yet 45.5% of the children in foster care.



Source: Kidsdata.org

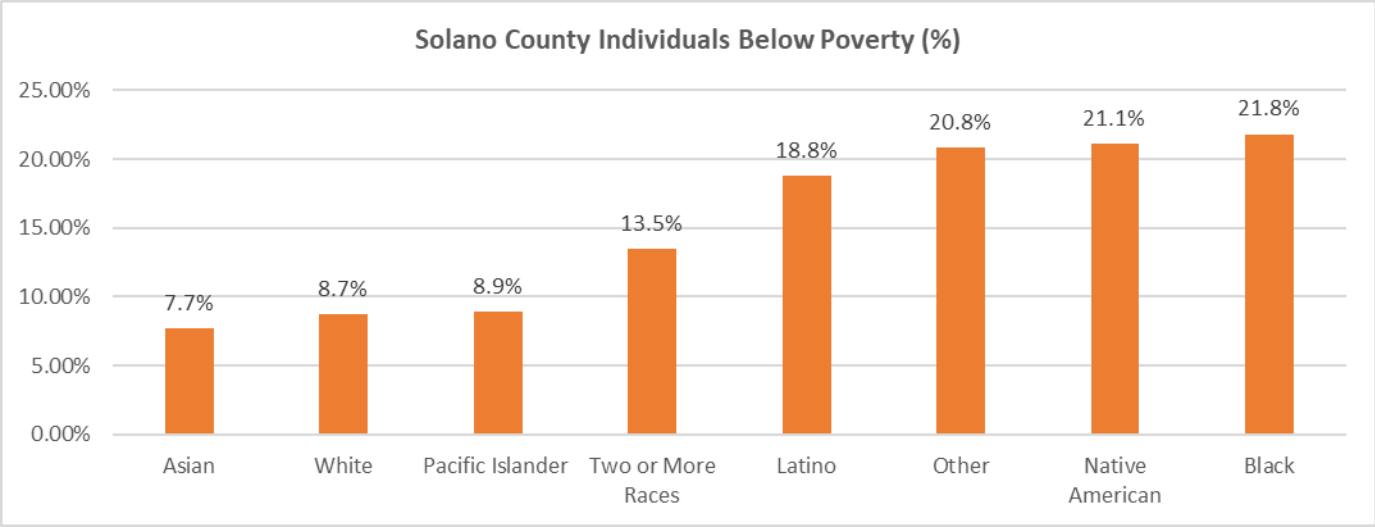
[24]Kidsdata.org. (2020, December 30). Retrieved from https://www.kidsdata.org/topic/22/foster-in-care-race/table#fmt=19&loc=341&tf=79,84,88,95,108&ch=7,11,8,10,9,44&sortColumnId=0&sortType=asc

Other Relevant Solano County Disparities

Physical health is a critical determinant for the overall wellness of a community. The Advancement Project California[25] reported the following physical health indicators for Solano County residents:

- The African American/Black community experiences the most preventable hospitalizations per 100,000 persons.
- Pacific Islander (7.4%), African American/Black (9.4%) and Asian American (9.5%) communities experience more low birthweight births in comparison to other racial/ethnic groups.
- African American/Black community has the lowest life expectancy in Solano County.
- Asian Americans (27.5%) and African American/Blacks (30%) have significantly higher rates of Asthma than any other group.
- African American/Black residents are incarcerated nearly 7 times more often than their Caucasian/White and Hispanic/Latino counterparts.
- Black, Indigenous, People of Color (BIPOC) are significantly underrepresented in the diversity of elected officials and law enforcement.

Recent data from Race Counts indicates that Native Americans (21.1%) and Black/African Americans (21.8%) are significantly below the poverty level as compared to other racial and ethnic groups in the County[26].



Source: Race Counts: Solano

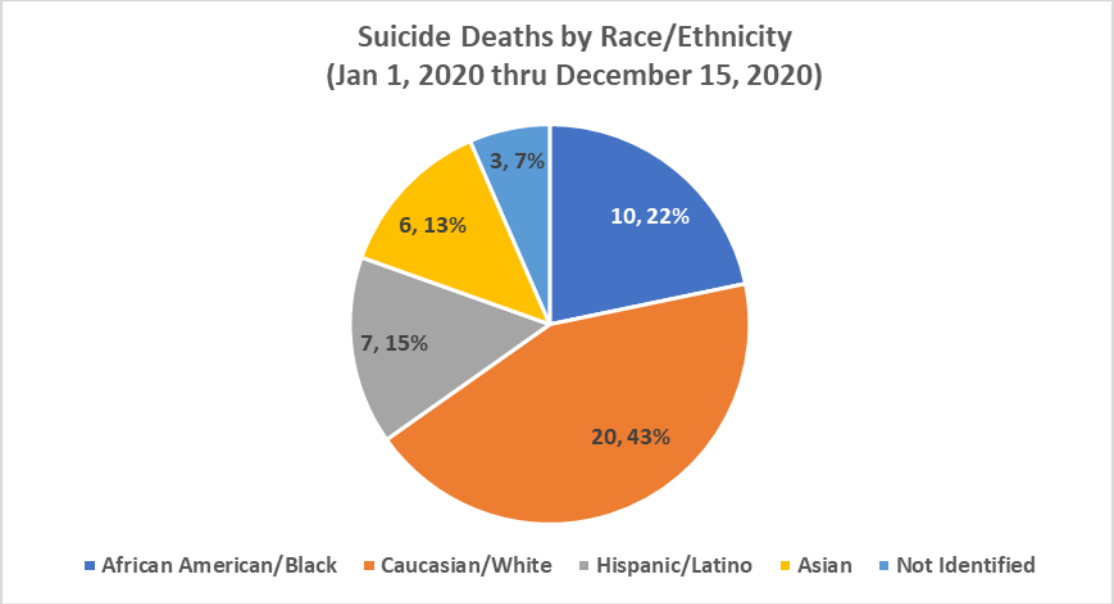
[25]Race Counts: Solano. (2020, December 31). [online] Available at: https://www.racecounts.org/county/solano/

[26]Race Counts: Solano. (2020, December 31). [online] Available at: https://www.racecounts.org/county/solano/

[27]Race Counts: Solano. (2020, December 31). [online] Available at: https://www.racecounts.org/county/solano/

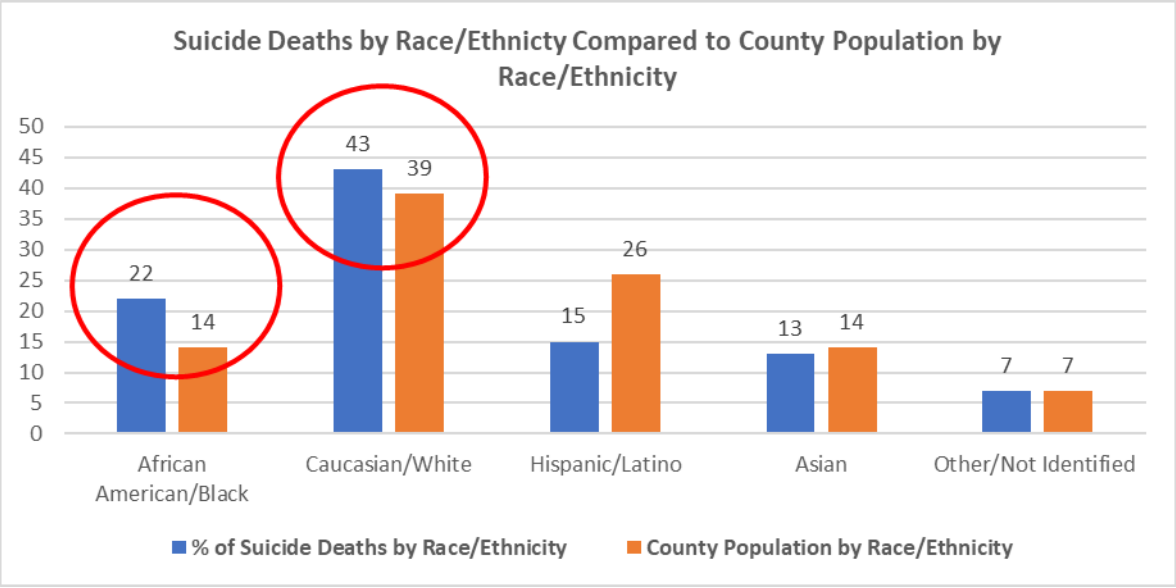
Impact of Suicide

SCBH, in partnership with the countywide Suicide Prevention Committee closely monitors suicide deaths and trends and makes recommendations to the County on strategies to help support the local community. During CY 2020 there were 46 suicide deaths (January 1, 2020 thru December 15th, 2020) in Solano County which was a 23% decrease from the same time period in 2019 whereby there were 60 suicide deaths. The Committee monitors various factors related to suicide such as gender, age, city of residence, means (method for suicide), veteran status and race/ethnicity. While historically there has been an overrepresentation of Caucasian/White residents dying by suicide locally and nationally, during CY 2020 the Committee identified a new disparity related to suicide deaths for the African American/Black community when comparing suicide deaths by race/ethnicity to the county population by race/ethnicity.



Source: Solano County Sheriff's Office-Coroner

Upon further analysis, when comparing the percentage of suicide deaths by race/ethnicity to the County population by race/ethnicity the data demonstrated that Caucasian/White residents make up 39% of the county population, yet 43% of the total suicide deaths. Similarly, African American/Black residents comprise 14% of the population, yet 22% of suicide deaths. Additionally, the Committee noted that the Hispanic/Latino community experiences significantly lower suicide rates per county population in comparison to other racial/ethnic groups. The Committee plans to further explore what protective factors may be contributing to this, in hopes of identifying strategies that our system can help promote to other groups if applicable.



Source: Solano County Sheriff's Office-Coroner

SCBH and the Suicide Prevention Committee have been working closely with the Solano County Sheriff's Office to develop a process to collect and report out data related to sexual orientation and current gender identity for residents who die by suicide. Currently the Sheriff's Office only reports on state driven demographic data points: race/ethnicity, gender, city of residence, means (method used), age and veteran's status. This effort is in response to research indicating that LGBTQ+ youth are 4 times more likely to have attempted suicide than straight youth, and Trans people are 12 times more likely to attempt suicide than the general public[28].

Solano County is one of seven counties to have a suicide prevention plan used as a guide for both private and public sectors to combat stigma and reduce suicide deaths locally. The *Solano County Suicide Prevention Strategic Plan 2017* can be viewed **here**. During FY 2020/21 SCBH will engage the community in a stakeholder process to update the Plan. This process will include community forums and focus groups with populations identified to be at increased risk for suicide. Specific focus groups will be held with residents and representation from all the racial/ethnic groups in Solano County, the LGBTQ+ community, youth, older adults, etc.

Mental Health Indicators

The American Psychiatric Association[29] highlights the following mental health disparities:

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

Consumer Surveys – Cultural & Linguistic Responsiveness

SCBH continues to implement the quarterly Consumer Service Verification Survey which includes questions measuring cultural and linguistic responsiveness by asking consumers about their experiences with the SOC. SCBH collected 1,480 surveys during FY 2019/20. Although there were relatively small numbers of responses indicating dissatisfaction with the SOC, the data indicates SCBH can still make improvements regarding linguistic support, e.g. use of interpretation services and in demonstrating respect towards consumers' race/ethnicity, religion/spirituality and sexuality/gender identity. The tables to follow summarize responses to the quarterly surveys which include both county and contractor agencies**.**

[28]American Psychiatric Association (APA) https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts

[29]https://www.psychiatry.org/psychiatrists/cultural-competency/mental-health-disparities

Quarter 1

Service Verification Agregate Data by Quarter FY 2019/2020	Review Period: # of Surveys:	Qtr. 1 439	
Question	**Yes, definitely**	**Yes, somewhat**	**No**
1. Did the staff explain things in a way that was easy to understand?	95%	4%	0%
2. Did the staff listen carefully to you?	95%	5%	0%
3. Did the staff show respect for what you had to say?	96%	4%	0%
4. Did you feel the staff was respectful of your race/ethnicity?	96%	3%	1%
5. Did you feel the staff was respectful of your religion/spirituality?	96%	3%	1%
6. Did you feel the staff was respectful of your sexual orientation/gender identity?	95%	3%	2%
	Yes	**No, but I'd like one**	**I don't need one**
7. Was an interpreter/bi-lingual staff provided?	10%	2%	88%
	Yes, definitely	**Yes, somewhat**	**No**
8. Did the interpreter/bi-lingual staff meet your needs?	80%	11%	7%
	Yes, definitely	**Yes, somewhat**	**No**
9. Do you feel better?	67%	24%	9%
10. Would you recommend our services to others?	76%	9%	15%

Quarter 2

Service Verification Agregate Data by Quarter FY 2019/2020	Review Period: # of Surveys:	Qtr. 2 417	
Question	**Yes, definitely**	**Yes, somewhat**	**No**
1. Did the staff explain things in a way that was easy to understand?	95%	3%	2%
2. Did the staff listen carefully to you?	94%	4%	2%
3. Did the staff show respect for what you had to say?	95%	3%	2%
4. Did you feel the staff was respectful of your race/ethnicity?	95%	3%	2%
5. Did you feel the staff was respectful of your religion/spirituality?	93%	3%	4%
6. Did you feel the staff was respectful of your sexual orientation/gender identity?	93%	3%	4%
	Yes	**No, but I'd like one**	**I don't need one**
7. Was an interpreter/bi-lingual staff provided?	7%	3%	90%
	Yes, definitely	**Yes, somewhat**	**No**
8. Did the interpreter/bi-lingual staff meet your needs?	100%	0%	0%
	Yes, definitely	**Yes, somewhat**	**No**
9. Do you feel better?	74%	18%	9%
10. Would you recommend our services to others?	82%	9%	10%

Quarter 3

Service Verification Agregate Data by Quarter FY 2019/2020	Review Period: # of Surveys:	Qtr. 3 355	
Question	**Yes, definitely**	**Yes, somewhat**	**No**
1. Did the staff explain things in a way that was easy to understand?	96%	3%	0%
2. Did the staff listen carefully to you?	96%	3%	0%
3. Did the staff show respect for what you had to say?	98%	1%	1%
4. Did you feel the staff was respectful of your race/ethnicity?	98%	2%	0%
5. Did you feel the staff was respectful of your religion/spirituality?	97%	3%	1%
6. Did you feel the staff was respectful of your sexual orientation/gender identity?	97%	1%	1%
	Yes	**No, but I'd like one**	**I don't need one**
7. Was an interpreter/bi-lingual staff provided?	8%	0%	91%
	Yes, definitely	**Yes, somewhat**	**No**
8. Did the interpreter/bi-lingual staff meet your needs?	100%	0%	0%
	Yes, definitely	**Yes, somewhat**	**No**
9. Do you feel better?	70%	24%	6%
10. Would you recommend our services to others?	85%	6%	9%

Quarter 4

Service Verification Agregate Data by Quarter FY 2019/2020	Review Period:	Qtr. 4	
	# of Surveys:	269	
Question	**Yes, definitely**	**Yes, somewhat**	**No**
1. Did the staff explain things in a way that was easy to understand?	88%	10%	2%
2. Did the staff listen carefully to you?	82%	14%	3%
3. Did the staff show respect for what you had to say?	88%	9%	3%
4. Did you feel the staff was respectful of your race/ethnicity?	90%	8%	2%
5. Did you feel the staff was respectful of your religion/spirituality?	87%	11%	2%
6. Did you feel the staff was respectful of your sexual orientation/gender identity?	86%	11%	3%
	Yes	**No, but I'd like one**	**I don't need one**
7. Was an interpreter/bi-lingual staff provided?	5%	1%	93%
	Yes, definitely	**Yes, somewhat**	**No**
8. Did the interpreter/bi-lingual staff meet your needs?	71%	21%	0%
	Yes, definitely	**Yes, somewhat**	**No**
9. Do you feel better?	66%	29%	6%
10. Would you recommend our services to others?	78%	13%	9%

Specialty Mental Health Service Penetration Rates

In California, penetration rates are another tool used to identify disparities. The state uses this method to highlight disparities and identify gaps in access to mental health treatment. Penetration rates are calculated by taking the total number of individuals who receive a Specialty Mental Health Services (SMHS) or Early and Periodic Screening Diagnostic and Treatment (EPSDT) services through County MHPs in a fiscal year (FY) based on billing to the state and dividing that by the total number of Medi-Cal eligible individuals in the general population for that same FY. Penetration rates assess how a county serves its diverse communities.

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

A review of penetration rates shows whether the number of beneficiaries served is keeping pace with averages in other similar sized counties. The table below provides the most recent information regarding local penetration rates for beneficiaries who access mental health services through the MHP. This does not include beneficiaries accessing services through Beacon, Kaiser or MHSA PEI funded programs.

Fiscal Year 2018-2019*

Race/Ethnicity	Solano County	Medium County
White	5.90%	6.08%
Hispanic	2.26%	2.88%
African American	4.59%	6.44%
Asian/Pacific Islander	1.88%	2.41%
Native American	8.45%	6.25%

Solano County has historically underserved its Hispanic/Latino and Asian/Pacific Islander populations, which is largely Filipino in Solano County, and more recently the African American population in comparison to averages of other similar medium sized counties. Additionally, the Solano MHP has historically underserved the LGBTQ+ community based on not collecting or monitoring sexual orientation or gender identity data until 2016. Although Native Americans are one of the smallest minority groups in the county, they are among the highest utilizers of specialty mental health services which is one indicator of the many challenges indigenous groups continue to experience.

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.

MHSA Community Engagement

During FY 2020/21 SCBH engaged community stakeholders in the MHSA Community Program Planning (CPP) process, which included ten (10) virtual meetings attended by 157 participants with representation from consumers; family members; mental health, substance use disorder and physical health providers; law enforcement, local educational agencies; veterans; faith-based communities; and representation from the County's underserved marginalized communities.

Demographic information was collected through an electronic survey at the point of registration for MHSA CPP meetings and then verified against the actual attendance of the meeting. The survey included the following elements: stakeholder type, age range, race, ethnicity, language, current gender identity, sexual orientation, veteran's status, and stakeholder type, and whether the individual had lived experience.

Of the 157 unduplicated meeting attendees, 138 completed the survey questions at the point of registration. 64% were between the ages of 26-59, 15% were over the age of 60, 8% were between the ages of 16-25 and 13% responded "prefer not to answer". With regard to race/ethnicity, 39% of the attendees identified as White, 17% as African American, 9% as Hispanic/Latino, 6% as more than one race, 5% as Asian/Pacific Islander, 4% as "other", 1% as American Indian/Alaska Native and the remaining attendees responded, "prefer not to answer". English was the primary language for 78% of the attendees, 4% Spanish and the remaining declined to answer. Of the 120 attendees who answered the question related to current gender identity, 65% identified as female, 32% as male, 2% as genderqueer and 1% responded "prefer not to answer". Regarding sexual orientation, of the 113 attendees who answered this question 83% identified as heterosexual, 4% as lesbian, 4% as gay, 3% as queer, 2% as bisexual and 4% responded "prefer not to answer". Six percent (6%) of the attendees identified as veterans. In regards to lived experience, 32% of the attendees identified as having lived experience as a consumer and 30% as a loved one of a consumer.

During each CPP meeting there were activities to solicit feedback from stakeholders regarding gaps in the system of care and recommended areas of focus, including how to better serve underserved and marginalized communities.

The following populations were identified as being disproportionally impacted by gaps in care:

- Transition Aged Youth
- LGBTQ+ community members with attention to Trans people of color and seniors
- Homeless individuals
- African Americans
- Uninsured and privately insured community members

The following were strategies the community recommended to support at-risk communities:

- Increase community engagement
- Use social media and other forms of public service announcements for outreach and community education
- Increase prevention efforts particularly with youth and pregnant or new moms
- Distribute resources more widely for example, post the TRUEcare Map and LGBTQ+ Ethnic Visibility posters at transit centers and local businesses
- Increase stigma reduction efforts

Due to the COVID-19 pandemic SCBH—like many other Counties—is experiencing a significant budget shortfall. As such should funds become available, SCBH in partnership with the MHSA Steering Committee will explore increasing funding for existing programs that serve the populations identified through the CPP process as needing additional services and support.

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

MHP Equity Initiatives and Programs

SCBH is committed to advancing health equity in Solano County. As discussed in the previous section, the Solano County community is experiencing many of the same disparities that exist throughout the state and nation. As a SOC, it is important to highlight that the disparities in education, poverty, housing, etc. since such inequities often exacerbate symptoms and leads to poor mental and physical health outcomes. In FY 2014/15 when developing the ICCTM Innovation Project, SCBH identified the Latino, Filipino and LGBTQ+ communities as unserved/underserved populations based on the penetration data available at that time and the absence of data for the LGBTQ+ population being served. While SCBH continues to monitor state driven penetration rates to measure impact reaching underserved communities, SCBH has broadened our perspective as related to addressing disparities and the definition of "underserved" to also include African American, Native American and other Asian Pacific Islander groups who continue to be and have been historically marginalized and/or underrepresented in healthcare systems.

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

- **The Hispanic Outreach and Latino Access (HOLA) initiative**, implemented in 2014, consists of a half-time licensed mental health clinician funded by MHSA designated as the HOLA Outreach Coordinator. The clinician conducts outreach with schools, health clinics, churches, local migrant camps and other key stakeholders on behalf of SCBH to reduce mental health stigma within the Latino community in an effort to increase access and utilization of county behavioral health services. Updates and highlights from 2020 include:

  - ⇒ Provided virtual presentations for community stakeholders on various topics such as *Impacts of Racism on Mental Health*, *Coping with Staying at Home*, *Arts and Mental Health*, *The Impact of Suicide Locally & Prevention from the Youth Voice* (offered in English and Spanish), and facilitated the county's first MHSA CPP meeting held entirely in Spanish.
  - ⇒ Collaborated with Solano County Public Health on videos in Spanish that highlighted mental health impacts on the Latino community during the COVID pandemic.
  - ⇒ Linked community members to mental health services with county and community providers.
  - ⇒ Facilitated a 6-week summer group for mothers of children with mental health needs.

- The **Kaagapay ("Reliable Companion") Asian/Pacific Islander Outreach initiative,** implemented in 2015 consists of a half-time licensed mental health clinician funded by MHSA designated as the Kaagapay Outreach Coordinator. The clinician conducts outreach with health providers, schools, libraries and other key stakeholders on behalf of SCBH to reduce mental health stigma within the Asian/Pacific Islander community in an effort to increase access and utilization of behavioral health services. Previously this initiative was exclusively focused on the Filipino community however, beginning in FY 2020/21 this initiative will expand to include all Asian/Pacific Islander communities in Solano County. Updates and highlights from 2020 include:
  - ⇒ The previous outreach clinician transitioned from her position during the fall of 2019. In November 2020, SCBH filled this vacancy with a clinician who will be leading SCBH's efforts to help support the local API community.
  - ⇒ In December 2020, Kaagapay released a newsletter introducing the new Outreach Coordinator, discussed the impacts of COVID-19 on the API community, and provided insight into Filipino cultural practices in celebration of the holidays.

- Since 2015, MHSA prevention and early intervention (PEI) funds have been used to implement the **African American Faith-Based Initiative (AAFBI) Mental Health Friendly Communities (MHFC) project**, which is delivered by three consultants, funded by MHSA, and includes training for faith leaders on the signs and symptoms of mental health conditions, support for faith communities to build internal support systems to address mental health needs of congregants, and training for providers on how to better engage consumers from the African American community. Additionally, there is a mini-grant program whereby African American faith communities are awarded small grants to facilitate events and/or support groups focused on stigma reduction and suicide prevention. Updates and highlights from 2020 include:
    - ⇒ AAFBI consultants provided 11 trainings for a total of 468 people on topics such as *Mental Health 101* for faith leaders, *Spirituality 101* for MH providers, and *Keepers of the Flock* for congregants.
    - ⇒ The consultants continued to provide support for 7 MHFC certified local faith centers and worked with 5 faith centers in the process of becoming MHFC certified.
- Starting in 2015, MHSA PEI funds have been used to fund a **LBGTQ+ Outreach and Access Program**. Currently, SCBH contracts with the Solano Pride Center, a local LGBTQ+ organization to provide education for the community, social and support group activities, and brief counseling. Starting in FY2018/19 the program began providing the "Welcoming Schools" training for our local schools to create safe spaces in schools for LGBTQ+ youth. Updates and highlights from 2020 include:
    - ⇒ The program provided the Welcoming Schools training curriculum for 16 local K-12 schools.
    - ⇒ Support groups were provided for 129 unduplicated LGBTQ+ consumers and individual counseling was provided for 27 consumers.
    - ⇒ Implemented a new Transgender support group and continued to partner with a local agency serving seniors to provide the Rainbow Seniors virtual support group.
- In order to support the **Native American Community**, during FY 2018/19, a SCBH Clinician, funded by MHSA under the Wellness and Recovery Unit, provided a women's "Talking Circle" group for women who identified as Native American in partnership with the local TANF office. While the group was not continued into 2020, SCBH continues to support strategies that help reduce stigma, increase access and improve treatment outcomes for our local Native American population, including partnering with the local TANF office to facilitated trainings and forums.
- Over the course of the last several years SCBH has developed processes to **collect sexual orientation gender identity (SOGI) data**. During FY 2016/17 SCBH created fields in the electronic health record (EHR) to collect "gender assigned at birth", "current gender identity", and "sexual orientation". In December of 2017, SCBH launched a data collection process to collect the abovementioned data points for all consumers who were already opened to the MHP. In May of 2018, a workgroup was convened with representatives from the Children's system of care to revise and update the demographic collection tool used for parents/caretakers of minor consumers as well as the self-reporting tool used at intake to gather information from parents/caretakers on medical, developmental, substance use history, and presenting problem (symptoms and behavior). The workgroup also developed a youth self-reporting tool to capture the youth's own perspective on gender identity, sexual orientation, and overall functioning. These self-reporting tools are intended to be used at intake and at the annual assessment going forward.

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.

- In response to the murders of Ahmaud Arbery, Breonna Taylor and George Floyd by law enforcement, and the civil unrest that followed highlighting a history of inequity, a collective experience of oppression, and systemic racism impacting the Black/African-American community, SCBH facilitated a **Social Justice Open Space Forum** for all Behavioral Health staff in order to provide a safe space to support all staff members and to process the impact of these events. In addition to the forum, the ESC provided information regarding local disparities for the African American community as well as historical information to assist team members in understanding the historical context of oppression and violence imposed upon the African American community.

⇒ In response to the increased prevalence and exposure to racial injustices that continues to occur both locally and nationally, On June 30, 2020 staff across Divisions from the H&SS Department at four different locations participated in a **Solidarity Event for Black Lives** in honor of African American lives lost at all three clinic sites: "Eight minutes 46 seconds (8:46)" for George Floyd, Breonna Taylor and others that have been victims of similar injustices.

Kneeling for 8:46 seconds with Health & Social Services

During FY 2020/21, SCBH will implement a monthly meeting open to all County Behavioral Health staff to be informed of current equity efforts, use space for mini in-services on topics related to equity, and to provide a safe space for team members to share their experiences and feelings related to social injustice. The intent will be to provide safe spaces for staff to engage in difficult conversations about the intersection of racism and violence, and how these acts impact the mental health of marginalized communities and further contribute to health disparities.

- The SCBH Mental Health Service Manager who oversees SCBH's Community Integration Services homeless outreach and housing programming began a learning collaborative called **Racial Equity Action Lab: Addressing Anti-Black Racism and Racial Disparities in Bay Area Homelessness Response**, which is a six session program held from October 2020 through April 2021 sponsored by Bay Area Regional Health Inequities Initiative (BARHII), Homebase, All Home and the Federal Reserve Bank of San Francisco. This program is intended to support interdisciplinary teams of public health and continuum of care representatives to train and share lessons in racial equity practice in homelessness systems of care. The SCBH Manager participating in this learning collaborative will bring back lessons learned to enhance SCBH's homeless outreach and housing programs. To learn more about this program see **Appendix A**.

MHSA Innovation Project

In addition to the strategies previously listed, SCBH has invested significant resources in the implementation of a comprehensive 5-year MHSA funded Innovation project called the ***Interdisciplinary Collaboration and Cultural Transformation Model*** **(ICCTM).** The County has partnered with the University of California, Davis (UCD) – Center for Reducing Health Disparities (CRHD), three community-based organizations (CBOs) Rio Vista CARE, Solano Pride Center and Fighting Back Partnership, and the community to implement this project which aims to increase culturally and linguistically appropriate services for County-specific unserved and underserved populations with historically low penetration rates: the Latino, Filipino, and LGBTQ+ communities as identified in FY 2014/15 when the Innovation Plan was developed. The Project is anchored in the national CLAS Standards, community engagement practices, and the Quadruple Aim framework.

Long-term Goals

- Reduce shame and stigma related to accessing mental health services
- Increase mental health service timely access, utilization and retention rates for the Latino, Filipino, and LGBTQ+ communities in Solano County
- Develop a culturally responsive and diverse workforce

Quadruple Aim Goals

- Improve consumer outcomes
- Improve consumer satisfaction
- Decrease per capita costs
- Improve provider satisfaction

Phase I of the project included CRHD conducting a comprehensive health assessment of the community and behavioral health SOC which included: key informant interviews, focus groups, community forums, and organizational surveys to gather information regarding the needs of the three target communities. CRHD collated all the information gathered during the health assessment conducted in 2016 into three different narrative reports, one for each target community; **Latino**, **Filipino**, and **LGBTQ+** (click on priority populations listed to review reports). These reports are also posted on the SCBH website in English, Spanish and Tagalog.

Additionally, during Phase I, quantitative data from the County's EHR was used to develop a baseline report regarding access and penetration rates for the three priority communities. Three local CBOs representing each of the three priority communities were identified and sub-contracted by CRHD to help facilitate ongoing community engagement and obtain feedback regarding strategies to address disparities and the overall progress of the project.

Phase II of the ICCTM project included CRHD creating and facilitating a Solano region-specific training curriculum based on the CLAS standards and the local community's perspective on culturally responsive practices that should be integrated into the current local mental health system to increase access for the three priority populations. Three (3) training cohorts have been completed with participants representing multi-sector partners including: county and community-based behavioral health providers; law enforcement; education; health services; child welfare; the legal system; businesses; consumers; family members and representatives of the three priority communities. Each cohort included the development of smaller groups who were then tasked with designing quality improvement (QI) action plans to improve the behavioral health SOC's response and support of diverse communities. Following the training, the cohorts received up to 5 months of coaching from the CRHD team and SCBH to further refine the QI action plans and to ready them for implementation.

Phase III of the project involves the ongoing implementation of the QI action plans and evaluation. Ten (10) QI action plans were developed by training participants and transitioned to the County in June 2019. In addition to the 10 plans developed by training participants, each of the three CBOs created their own QI action plan and the three CBOs then partnered on a collaborative plan for a total of 14 QI action plans. All of the QI action plans are focused on community engagement, workforce development and training. UCD provided a comprehensive report covering each of the QI action plans. This report can be found on the SCBH website **here**.

It is important to note that the COVID-19 pandemic significantly impacted the implementation of the QI action plans causing unforeseen delays in distributing the multi-media materials developed for community engagement and required the postponement of several trainings key to various QI action plan.
The table on the pages to follow summarize the QI action plans developed through the ICCTM. The plans highlighted in gray are the plans developed by the three CBO partners; Rio Vista CARE, Solano Pride Center and Fighting Back Partnership.

Action Plan	CLAS Standards Addressed	QI Action Plan Description
Mental Health Education	Standard 1 Standard 3 Standard 4 Standard 13	This QI action plan aims to train faith leaders on mental health promotion to help support mental health of their congregants from diverse backgrounds (3); highlights ways to bridge culture and mental health (4); and aims to partner with faith-based organization communities to design, implement, and evaluate workshops for youth and trainings for faith leaders (13). **Funding Needs:** Training for Trainers (T4T) trainings for the following curriculums: Applied Suicide Intervention Skills Training (ASIST) safeTALK, and Mental Health First Aid (MHFA) **Status of Plan:** SCBH began the process of contracting with the developers of the curriculums listed above with a plan to provide training for trainers (T4T) trainings in Spring of 2020, however these plans were put on hold due to the COVID-19 pandemic. SCBH hopes to implement these trainings in spring of 2020 provided the developers allow for virtual trainings.
TRUECare Promoter: Roadmap	Standard 1 Standard 6 Standard 8 Standard 13	This QI action plan component will provide information for consumers about the availability of services in their preferred language (6); by creating a resource Roadmap which will utilize easy-to-understand print and signage in Spanish, Tagalog and English as well as developing a web-based version of the Roadmap (8). **Funding Needs:** Graphic designer to design print and signage materials and support development of web-based version. Printing of materials. **Status of Plan:** The paper versions of the TRUEcare Maps have been created in English, Spanish and Tagalog and the web-based versions are being tested. See page 33 to view the English version of the TRUEcare Map.
TRUECare Promoter: Navigator	Standard 1 Standard 3 Standard 4 Standard 5	This QI action plan's Navigator component aimed to recruit people from diverse Communities to become navigators (3) with the hope to train these navigators on CLAS services available for diverse consumers (4), and the plan aimed to identify navigators who are bilingual (5). **Funding Needs: N/A** Solano County Health and Social Services (H&SS) has hired 4 positions to support all Divisions within H&SS including Behavioral Health. **Status of Plan:** This component of the TRUEcare QI Action Plan will **not** be implemented through SCBH with MHSA funding at this time as this is a duplication of County efforts.
LGBTQ+ Ethnic Visibility	Standard 1 Standard 8 Standard 13	This QI action plan aims to develop easy-to-understand outreach and linguistically appropriate signage to LGBTQ+/Filipinx, and LGBTQ+/Latinx communities (8) to combat stigma and discrimination related to mental health and identifying as LGBTQ+. **Funding Needs:** Graphic designer to design signage which will contain QR codes. Printing of signage and distribution including bus stop ads and billboards. **Status of Plan:** Seven (7) posters have been developed in partnership with community stakeholders, SCBH and the graphic designer. These posters will be distributed throughout the County during FY 2020/21. The posters will include QR codes and web shorteners that will navigate community members to a SCBH webpage focused on supporting the LGBTQ+ community. SCBH is also working with community partners to develop posters that will represent the LGBTQ+ African American and LGBTQ+ Native American communities and will use PEI funding for these materials. See page 33 to view samples of the LGBTQ+ Ethnic Visibility posters.

Action Plan	CLAS Standards Addressed	QI Action Plan Description
Bridging the Gap	Standard 1 Standard 8	This QI action plan aims to provide easy-to-understand outreach and linguistically appropriate materials with a focus on holistic wellness to use for tabling at non-health community events (8). **Funding Needs:** Graphic designer to design outreach print materials, and giveaways to include logos for table clothes, backdrops, prize spinning wheel. Printing of materials and ordering of outreach giveaways. **Status of Plan:** The spinning wheel imagery and a Solano County specific backdrop were developed in partnership with community stakeholders, SCBH and the graphic designer. Due to COVID-19 these materials have not been able to be used at community outreach events. See page 33 to view the backdrop and spinner wheel.
Takin' CLAS to the Schools	Potentially: 1–15	This QI action plan aims to open culturally responsive school-based wellness centers/rooms on K-12 and adult education sites across Solano County with a focus on stigma reduction, socio-emotional supports, and will be used as access points for students to be linked to behavioral health treatment. This action plan has the opportunity to embed all 15 CLAS standards into the development of wellness centers/rooms **Funding Needs:** Support the start-up of wellness centers/rooms on school campuses to include furnishings, culturally and linguistically appropriate signage, wellness supplies, and trainings as needed for up to 45 school sites, K-12 and adult education campuses across Solano County. **Status of Plan:** SCBH has funded 35 culturally responsive school-based wellness centers in K-12 and adult education sites across Solano County. SCBH has contracted with the Solano County Office of Education (SCOE) to support the implementation of the wellness center initiative in Solano County. Five (5) pilot centers opened between August-December 2019. The remaining 30 wellness centers have been set up however due to the COVID-19 pandemic schools are closed and therefore the wellness centers are not currently in use. SCOE is currently supporting school districts and wellness center school sites to implement virtual wellness centers for students. SCBH will explore funding 5-10 more wellness centers pending the impact of COVID-19 on our community. See page 34 to view images of some of the wellness centers.
Cultural Game Changers: HR	Standard 2 Standard 3 Standard 4 Standard 7	This QI action plan aims to advance policies and practices that recruit, sustain, and promote a diverse workforce (2); also aims to change the county's job position descriptions to provide better outreach to diverse communities with regard to job postings (3); and address the County's bilingual certification process (7). **Funding Needs:** This QI action plan will not require any specific funding. **Status of Plan:** The QI action plan group developed an "Inclusion Statement" that is used for every job posting for SCBH and three (3) hiring questions focused on equity were developed and are being used for new hires. SCBH Administration will continue to partner with County Human Resources to make changes to job descriptions and to address the bilingual certification process.
Cultural Game Changers: Pipeline	Standard 3 Standard 8	This component of the same QI action plan focuses on mental health workforce recruitment from diverse communities (3) through outreach at career fairs and the development of easy-to-understand outreach materials to use for mental health career fair events (8). **Funding Needs:** Graphic designer to design pipeline outreach materials for middle school, high school, and college pipeline events. Printing of materials. Support pipeline events with middle and high school students in Solano County. **Status of Plan:** The graphic designer has developed outreach materials for career pipelines for the middle school, high school and college levels. Due to COVID-19 there have not been career pipeline events.

Action Plan	CLAS Standards Addressed	QI Action Plan Description
CLAS Gap Finders	Standard 10 Standard 11	This QI action plan aims to establish a position or SCBH internal process that will maintain ongoing CLAS-related and demographic assessments (10, 11), to inform and guide quality improvement. A strategy involves supporting contracted vendors to develop their own agency Cultural Responsivity Plans by both requiring this contractually but also providing technical assistance for agencies in the development of plans. **Funding Needs:** This QI action plan will not require any specific funding. **Status of Plan:** SCBH inserted language in vendor contracts requiring funded vendors to develop their own Cultural Responsivity Plans. During FY 2019/20 eleven (11) agencies submitted Plans. SCBH continues to provide support and technical assistance for partners. During FY 2020/21 SCBH anticipates an additional four (4) Plans to be submitted. SCBH has inserted a new section "Cultural and Linguistic Considerations" in all new and renewed policies.
Culturally Responsive Supervision	Standard 2 Standard 3 Standard 4	This action plan aims to advance and sustain leadership that promotes CLAS through policy changes (2) by making changes to the current supervisory log guidelines, training mid-level leadership and workforce personnel on improving CLAS practices through supervision (4); includes components of how supervisors can support a diverse clinical staff (3); and making changes to the current supervisory log guidelines (2) **Funding Needs:** Contract with Dr. Kenneth Hardy to provide 2 Day "Promoting Cultural Sensitivity in Clinical Supervision" trainings four months apart for at least two cohorts of MHP supervisors and managers providing supervision for direct service staff, and coaching consultation sessions once per month between Day 1 and Day 2 training sessions. Three (3) sessions of "Trauma in the Trenches" will be held to provide training for reception and direct service staff in order to train staff on concepts related to providing trauma-informed care for marginalized communities. **Status of Plan:** During FY 2018/19 the first cohort of "Promoting Cultural Sensitivity in Clinical Supervision" was completed. During FY 2019/20 the second cohort was completed though the 2nd day of the training had to be provided virtually. Monthly consultation calls will be arranged for participants who completed the supervision training. One session of "Trauma in the Trenches" was completed during FY 2019/20, however the final two sessions
ISeeU	Standard 1 Standard 4 Standard 6 Standard 8	This QI action plan aims to train frontline reception staff on CLAS policies and practices that are most relevant (4); develop easy-to-understand print media or imagery to welcome diverse consumers (8); and to train staff how to inform individuals of availability of language assistance (6). **Funding Needs:** Purchasing posters and signage that represents the diverse communities of Solano County to make available for both County-operated and CBO-operated mental health programs. Graphic designer to design materials for lobbies as needed. Printing of materials. Translation of newer forms into Spanish, threshold language and translation of all MHP forms into Tagalog, Solano County's sub-threshold language. **Status of Plan:** SCBH has leveraged the contract with UCD CRHD to develop a training curriculum geared towards supporting reception staff. This training will be provided virtually during FY 2020/21. SCBH will leverage culturally responsive stigma reduction and suicide prevention materials developed through Each Mind Matters for lobbies. Additional materials will be purchased. SCBH has had all newer forms translated into Spanish and have submitted all Mental Health Plan forms for translation into Tagalog.

Action Plan	CLAS Standards Addressed	QI Action Plan Description
Cultural Humility Champions	Standard 4 Standard 6	This QI action plan aims to train staff about consumers from diverse backgrounds which will include the development of unique trainings (4); also aims to inform individuals of the availability of language assistance (6) by incorporating language assistance instruction into their proposed trainings. **Funding Needs:** Contract with training consultants who specialize in the use of interpreters in the behavioral health system of care. Purchase software to develop improved trainings in cultural responsivity. Consider purchase of software to assist in gathering pre/post surveys for trainings. **Status of Plan:** SCBH and contract providers developed an on-line training XX which was completed by all SCBH staff during FY 2019/20. Additionally, an on-line recorded training focused on working with the Filipino community was developed. SCBH funded a "Tulong, Alalay, at Gabay (TAG)" Training which is anchored in the Psychological First Aid (PFA) curriculum and unique to the Filipino community. This 5-day training included 2 days focused on train-the-trainer to promote the expansion and sustainability of the TAG training. During FY 2019/20 SCBH funded 2 sessions of Behavioral Health Interpreter Training (BHIT) as provided by the National Latino Behavioral Health Association. One of the sessions was focused on bilingual staff to enhance skills related to translating terms related to the mental health field. There was a Spanish-speaking trainer and a Tagalog-speaking trainer to meet the needs of our community. An additional 2 sessions of BHIT had been scheduled for the spring but had to be cancelled due to the COVID-19 pandemic. SCBH worked with the trainers and these trainings were rescheduled and provided virtually in FY 2020/21.
Rio Vista CARE's (RVC) QI Action Plan	Standard 1 Standard 3 Standard 4 Standard 8	This CBO QI action plan aims to raise mental health awareness and education in the Latino community by providing trainings in the community, partnering with medical providers, and thru community engagement events. Enhance community outreach and engagement efforts in the Latino community to ensure early access to mental health services and reduce stigma through signage, collaboration with community partners, etc. **Funding Needs:** The funding for this action plan is embedded in the sub-contract between UCD and RVC as funded by SCBH. **Status of Plan:** During FY 2019/20 RVC partnered with NAMI to facilitate the first Family-to-Family teacher training course to have Spanish speaking community members become future certified teachers in Solano County. Unfortunately, the course had to be cancelled due to COVID-19 and was not completed. Due to disparities related to access to technology the course was not able to be held virtually. RVC partnered with 1st Step, a local organization focused on combating stigma related to mental health. RVC participated in the 2nd annual Mental Health Awareness and Suicide Prevention Walk held in the city of Rio Vista. RVC also participated in the 2nd Annual Día de los Muertos celebration. RVC conducted Mental Health 101 presentation at the new Parent Center at Armijo High School and the Mobile Mexican Consulate.

Action Plan	CLAS Standards Addressed	QI Action Plan Description
Solano Pride Center's (SPC) QI Action Plan	Standard 1 Standard 3 Standard 4 Standard 13	This CBO QI action plan aims to establish an alliance between Solano Pride Center and Solano Community College students and faculty through collaborative events and the exploration of an intern program. The plan also aims to establish a relationship between Solano Pride Center and LGBTQ affirming faith-based organizations through training and collaboration. **Funding Needs:** The funding for this action plan is embedded in the sub-contract between UCD and RVC as funded by SCBH. **Status of Plan:** During FY 2019/20 SPC created Q Chat Series which is a discussion on intersectionality, religion, being LGBTQ, mental health and more topics important to the LGBTQ+ communities. SPC hosted Pride and Faith Summit at St. Paul's Episcopal Church in Benicia. SPC has also collaborated with Faith in Action to host the first Rainbow Seniors Luncheon and Book Club. The two organizations continue to co-facilitate a Rainbow Seniors support group that has been very successful and has been vital for this vulnerable population post COVID-19. Support groups continue to be held virtually.
Fighting Back Partnership's (FBP) QI Action Plan	Standard 1 Standard 2 Standard 3 Standard 4 Standard 8 Standard 13	This CBO QI action plan aims to raise community outreach and engagement efforts in the Filipino-American community by talking about stigma and barriers to care; establishing a coalition called Filipinx Mental Health Initiative (FMHI-Solano) which launched in FY 2018/19; and developing a social media page, education materials and workshops. Additionally, FBP aims to raise awareness in communities by working with cities and the county to create counsel proclamations and board resolutions. **Funding Needs:** The funding for this action plan is embedded in the sub-contract between UCD and RVC as funded by SCBH. **Status of Plan:** During FY 2019/20 FBP created #UsapTayo (Let's Talk) Digital Story Telling in Solano County and held filming sessions at FBP. After the filming sessions, the #UsapTayo video series launched on Facebook and YouTube. FBP identified an important training, Tulong, Alalay, At Gabay (TAG) which was developed specifically for the Filipino community. SCBH funded the training series and FBP organized and hosted the training at St. Catherine's church. A component of the TAG training included training trainers and FBP has continued to organize monthly TAG trainings which are now being held virtually. FBP hosted the Filipinx Mental Health Initiative (FMHI)– Solano Core Team Vision Retreat. Out of the retreat, came the first FMHI – Solano newsletter.
CBO Partners' Joint QI Action Plan	Standard 1 Standard 9 Standard 13	This conjoint CBO QI action plan aims to develop, share, and implement strategies for Filipinx and Latinx LGBTQ communities by: creating a Queer Trans People of Color (QTPOC) group, develop marketing materials for the group, and providing co-located groups and activities in each other's spaces. The partners will coordinate a stigma reduction project once a year. **Funding Needs:** The funding for this action plan is embedded in the sub-contract between UCD and RVC as funded by SCBH. **Status of Plan:** The PPOC group is being held in partnership between SPC and FBP. Additionally, the CBOs launched PPOC to collaborate on stigma reduction and awareness efforts. PPOC meets quarterly. Some examples of events include hosting a movie screening for the Latinx community during Pride Month, participating in community events such 'Feria De Regreso a la Escuela' at St. Mark's Lutheran Church, the largest annual community event targeting Pre-school – 12th grade students and families residing in Fairfield – Suisun community. Finally, PPOC launched a Photo Voice project.

On the pages to follow we have shared samples of materials developed to support the QI action plans.

TRUEcare Promoter Roadmap QI Action Plan: English Version

LGBTQ+ Ethnic Visibility QI Action Plan: Samples of Posters

Bridging the Gap QI Action Plan: Backdrop and Prize Wheel Images

Takin CLAS to Schools QI Action Plan: Images of School Wellness Centers

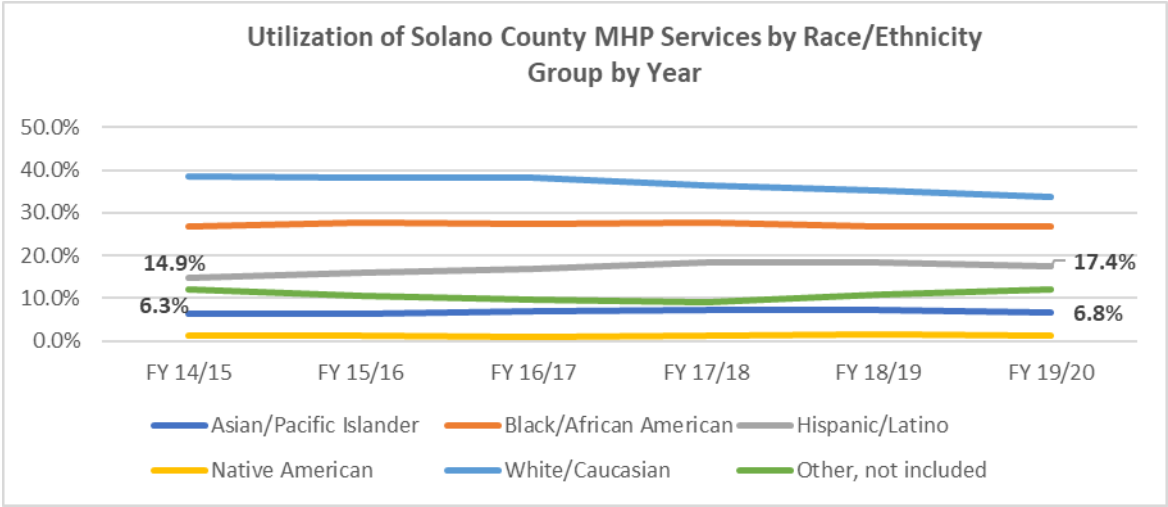
Vallejo Adult Education Site

Golden hills Alternative Education Site

During FY 2020/21, in partnership with CRHD and the CBO partners, SCBH will facilitate virtual community forums with the priority populations to update the community on the overall progress of the ICCTM project. These forums will be the third and final forums held through this specific ICCTM Innovation Project. As SCBH continues to implement the QI action plans, particularly those which involved developing materials for community outreach, efforts will be made to continue soliciting feedback from community members from the three priority populations through focus groups and existing partnerships with CBOs serving these communities. For example, SCBH is already in the process of engaging the African American and Native American communities through focus groups in order to develop LGBTQ+ Ethnic Visibility posters for these communities.

ICCTM Project Outcomes

SCBH has been evaluating the impact of the ICCTM Project and other efforts to address health disparities by monitoring demographics of consumers served through the SCBH MHP which includes all county and contractor delivered services.

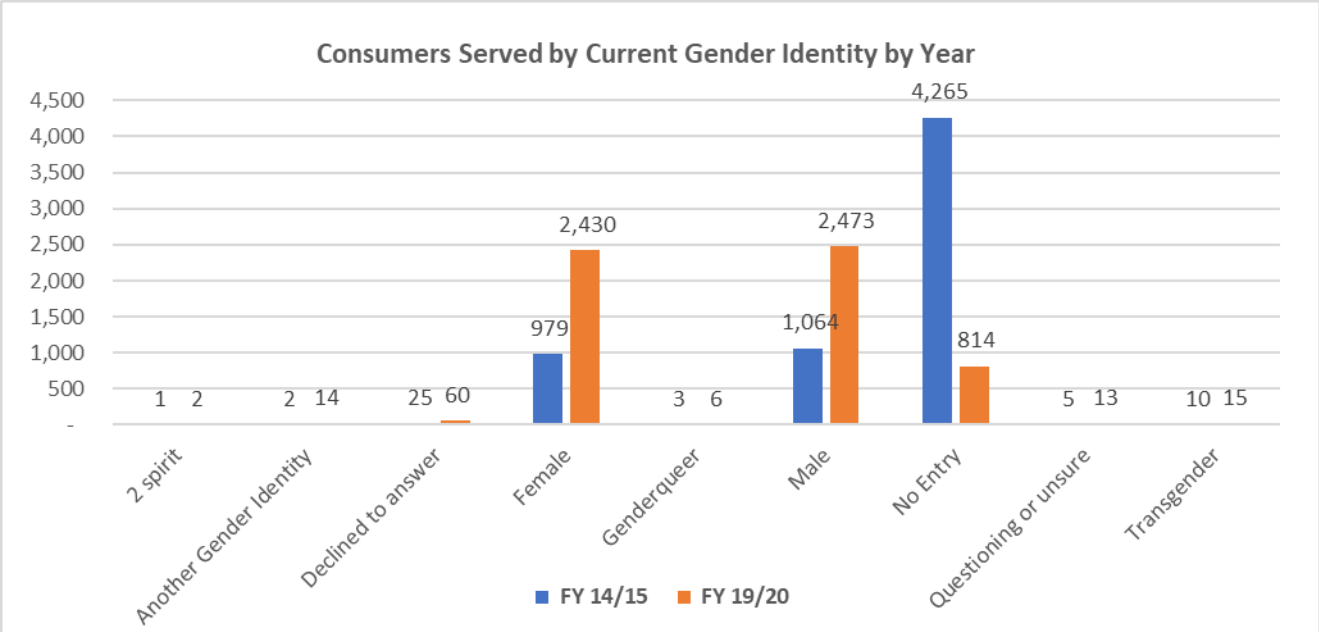


Source: SCBH Electronic Health Record

Race/Ethnicity	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20
Asian/Pacific Islander	403	411	424	436	438	402
Black/African American	1,709	1,752	1,656	1,676	1,639	1,567
Hispanic/Latino	945	1,007	1,018	1,106	1,123	1,016
Native American	80	75	66	78	92	80
White/Caucasian	2,441	2,418	2,313	2,195	2,159	1,960
Other, not included	776	675	580	540	662	698
Total Consumers Served	**6,354**	**6,338**	**6,057**	**6,031**	**6,113**	**5,827**

An analysis of consumers served from FY 2014/15 as compared to those served in FY 2019/20 by race/ethnicity demonstrates that there has been an 7.9% increase in Asian/Pacific Islander consumers served and a 16.8% increase in Hispanic/Latino consumers served. It is important to note that from FY 2014/15 to FY 2019/20 there was an overall 8.3% decrease in the number of consumers served by SCBH, which in part may be attributed to the COVID-19 pandemic. An analysis of the service utilization data for FY 2018/19 prior to the overall decrease in the number of consumers served, demonstrated an 8.7% increase in Asian/Pacific Islander consumers served and an 18.8% increase in Hispanic/Latino consumers served as compared to FY 2014/15.

SCBH has invested significant efforts into training for reception staff and providers—both county and contractor—in the provision of culturally responsive services for LGBTQ+ consumers. An analysis of consumers served in FY 2014/15 compared to FY 2019/20 by current gender identity demonstrates an increase in consumers who identify their current gender identity as something other than "male" and "female". It is important to note that the "current gender identity" field was not added to the SCBH electronic health record (EHR) until FY 2015/16, therefore records for gender identity for FY 2014/15 that are reflected in the charts below are the result of a subsequent targeted SOGI data collection process completed for active consumers at the time of the data collection. Additionally, prior to adding this field to the EHR the primary place gender was captured was a "sex" field which aligned with the consumer's gender according to their Medi-cal insurance. As a result, there is a large number of "no entry" results.

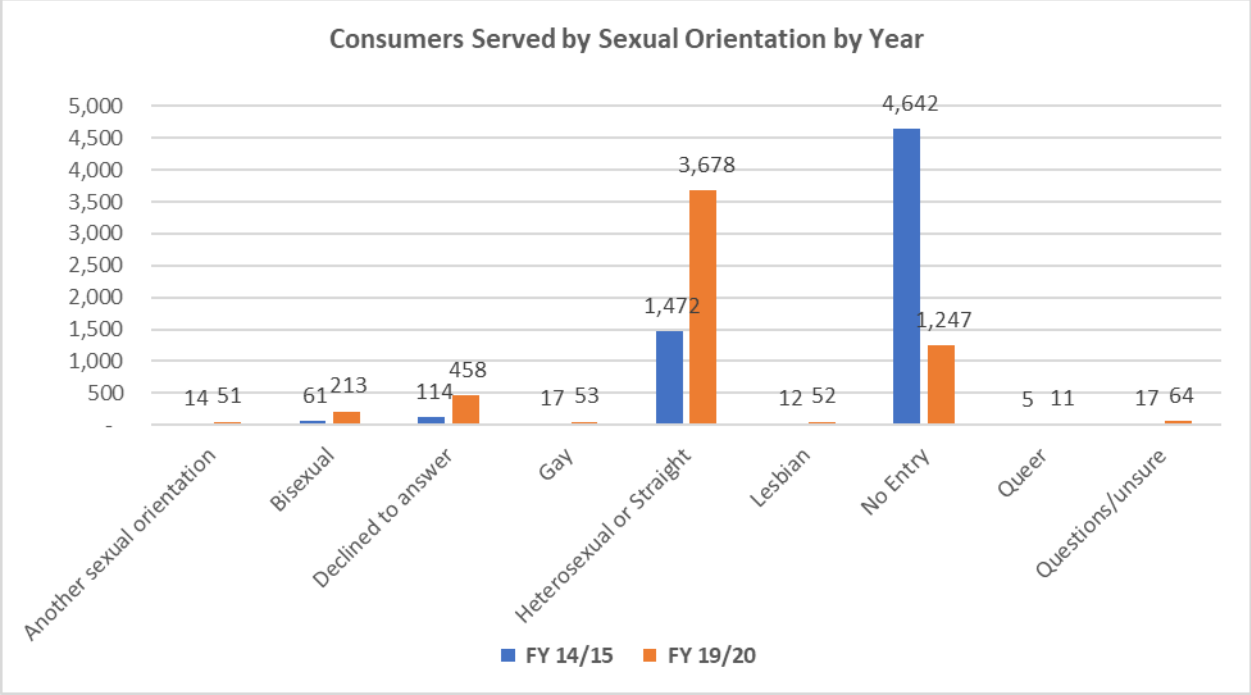


Source: SCBH Electronic Health Record

The following table represents the progress made in collecting current gender identity data from FY 2014/15 through FY 2019/20, which demonstrates improvements in the SCO providing more culturally responsive services for the LGBTQ+ community.

Gender Identity	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20
2 spirit	1	2	2	2	2	2
Another Gender Identity	2	4	4	8	8	14
Declined to answer	25	24	29	30	50	60
Female	979	1,209	1,781	2,242	2,430	2,430
Genderqueer	3	3	8	11	9	6
Male	1,064	1,272	1,910	2,291	2,438	2,473
No Entry	4,265	3,812	2,301	1,424	1,151	814
Questioning or unsure	5	4	9	11	13	13
Transgender	10	8	13	12	12	15
Totals Consumers Served	**6,354**	**6,338**	**6,057**	**6,031**	**6,113**	**5,827**

An analysis of consumers served in FY 2014/15 compared to FY 2019/20 by sexual orientation demonstrates an increase in consumers who identify their sexual orientation as something other than heterosexual. It is important to note that the "sexual orientation" field was not added to the SCBH electronic health record (EHR) until FY 2015/16, therefore records for sexual orientation for FY 2014/15 reflected in the charts below are the result of a subsequent targeted SOGI data collection process completed for active consumers at the time of the data collection.

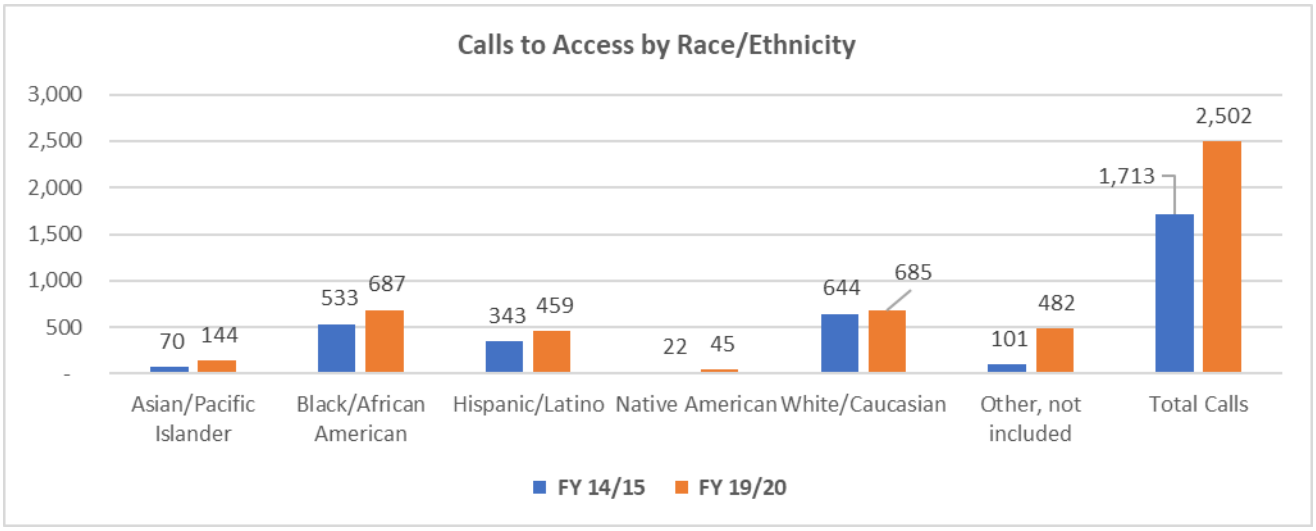


Source: SCBH Electronic Health Record

The following table represents the progress made in collecting sexual orientation data from FY 2014/15 through FY 2019/20, which demonstrates improvements in the SOC providing more culturally responsive services for the LGBTQ+ community.

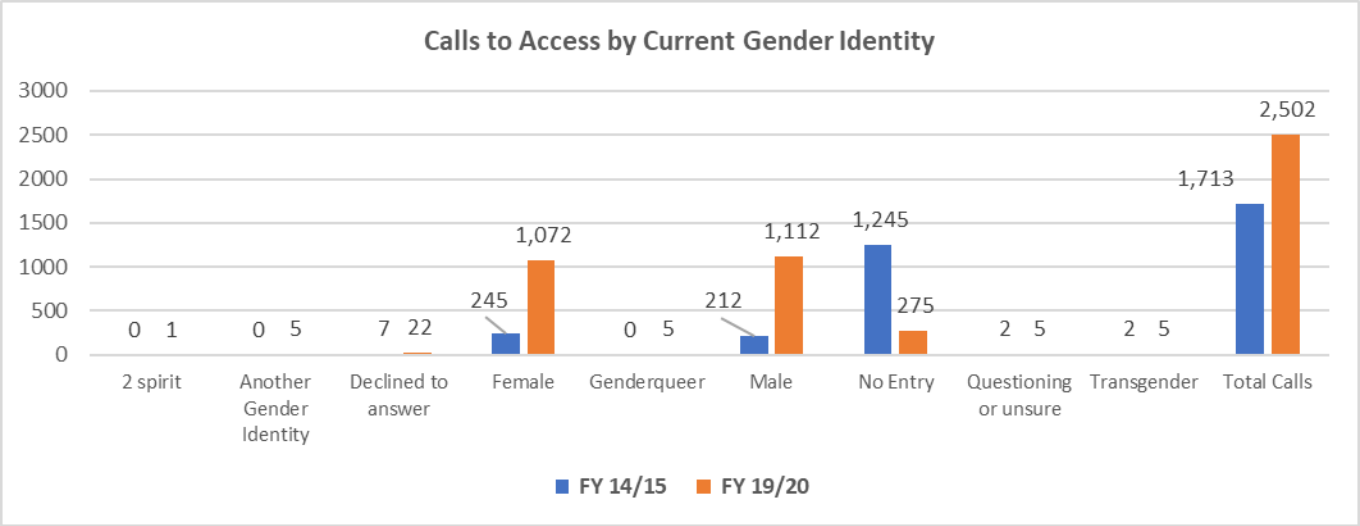
Sexual Orientation					
Unique Clients	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19
Another sexual orientation	14	20	24	29	42
Bisexual	61	76	106	155	216
Declined to answer	114	127	182	269	398
Gay	17	19	33	44	43
Heterosexual or Straight	1,472	1,776	2,757	3,381	3,594
Lesbian	12	23	31	38	43
No Entry	4,642	4,273	2,888	2,053	1,713
Queer	5	5	8	8	9
Questions/unsure	17	19	28	54	55
Total Consumers Served	**6,354**	**6,338**	**6,057**	**6,031**	**6,113**

In addition to monitoring demographics of consumers being served, SCBH also monitors incoming calls to the MHP Access Line requesting new services. The graphs below demonstrate an increase in calls from the Asian/Pacific Islander and Hispanic/Latino community as well as calls from community members who identify as LGBTQ+.



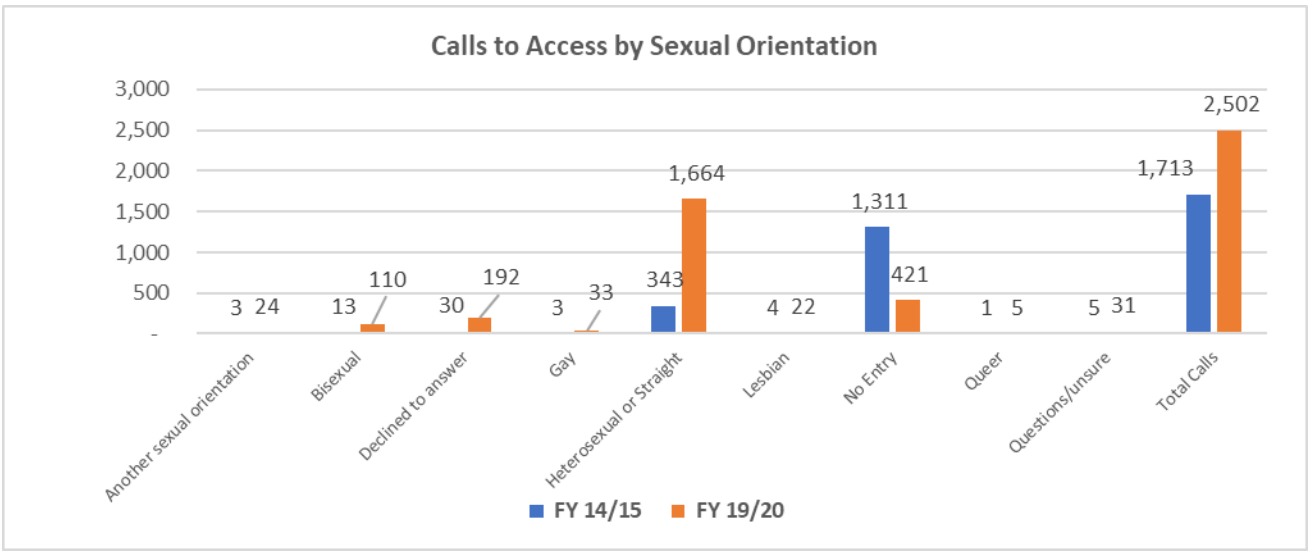
Source: SCBH Electronic Health Record

An analysis of calls to the Access Line in FY 2014/15 compared to FY 2019/20 demonstrates that there has been a 106% increase in calls from Asian/Pacific Islander callers requesting new services and a 33.8% increase in calls from Hispanic/Latino callers requesting new services. Specific to the Filipino community, there was an 86.5% increase in calls requesting new services from FY 2014/15 compared to FY 2019/20. It is important to note that there was a 46.1% increase in total calls to the Access line from FY 2014/15 to FY 2019/20 which is likely in part due to the Affordable Care Act and an overall increase in Medi-cal beneficiaries.



Electronic Health Record

An analysis of calls to the Access Line in FY 2014/15 compared to FY 2019/20 demonstrates that there has been a 425% (from 4 to 21) increase in callers who identified their current gender identity as something other than "male" or "female.



An analysis of calls to the Access Line in FY 2014/15 compared to FY 2019/20 demonstrate that there has been a 666% (from 29 to 222) increase in callers who identified their sexual orientation as something other than "heterosexual".

SCBH and various partners working directly on the ICCTM project are pleased with the progress being made systemwide and anticipate continued gains in the years to come as the QI Action Plans continue to be fully implemented.

Policy Changes

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

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

As mentioned previously, starting FY 2019/20, SCBH inserted a requirement into behavioral health contracts for vendors to develop their own agency Diversity and Equity Plans. In July of 2019, a training was held for key staff from each contract agency to orient participants to the CLAS Standards, share expectations regarding the content of agency plans, and to communicate how the County would support them by providing sample plans and technical assistance. Over the course of the next six months, the ESC worked collaboratively with vendors to assist them in finalizing their agency plans. Eleven (11) CBO vendors submitted Plans by December 2019. SCBH solicited UC Davis CRHD's support to review the Plans submitted to determine how well the vendors had incorporated the CLAS Standards into their Plans. In May of 2020, SCBH provided feedback to vendors who had submitted plans which included identifying strengths and areas for improvement. See **Appendix E** for a sample of the *Solano County Implementation of System of Care Cultural Responsivity Plans: Organization Feedback Report May 2020* (the vendor has been de-identified).

Equity Collaborations & Partnerships

The SCBH ESC and other clinical staff participate in an Equity Collaborative with Solano County Health and Social Services H&SS Divisions, i.e. Public Health, Health Services, Administration, Child Welfare, Employment & Eligibility, and other County Departments including General Services, libraries, First 5 Solano, Probation, etc. The Equity Collaborative meets quarterly 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 address inequities experienced within our communities. For more information on GARE please use the this link.

Several SCBH staff members are part of the H&SS Community Action for Racial Equity (CARE) Team which is a group comprised of individuals from various H&SS Divisions. The CARE Team leads the H&SS Department's racial equity efforts which includes the provision of the Advancing Race Equity (ARE) training; training on the use of a race equity tool intended to be used in developing policies, practices and contracting; and organizing training opportunities to enhance learning regarding marginalized and underserved communities in Solano County. Additionally, starting in FY 2018/19 the CARE Team began to hold caucuses for three (3) priority populations: the Latino, African American and the Asian/Pacific Islander communities. These caucuses are attended by H&SS staff—including Behavioral Health staff—on a voluntary basis with a goal to assist team members in identifying the needs of these communities, developing strategies to better serve the priority communities, and to develop a more diverse workforce and inclusive workplace across the H&SS Department.

SCBH provides support for external partners—law enforcement, local education agencies and municipalities—regarding equity and inclusion efforts as requested. SCBH is collaborating with Fairfield Police Department, the Sheriff's Office and the local National Alliance on Mental Illness (NAMI) chapter to develop a 40 hour Crisis Intervention Team (CIT) training which will include a session titled "The Impact of Culture on Behavioral Health" and several sessions with consumer and family member panels. Additionally, in FY 2019/20 at the request of the BH Division, H&SS funded two officers from Fairfield Police Department and a deputy from the Sheriff's Office to attend the GARE train-the-trainer cohort which will allow these law enforcement agencies to incorporate the ARE training into their training plan.

SCBH works closely with Solano County Office of Education (SCOE) and local school districts to provide mental health services and supports through schools, which includes funding and offering trainings for students, parents/caretakers and school personnel on various topics including wellness, suicide prevention, etc. This has been expanded to include the ARE training for school districts. In August of 2019, H&SS staff provided the ARE training for the leadership of a local school district who had racial tensions on school campuses. The ARE training is currently being offered to the remaining five school districts, however, the COVID-19 pandemic created a barrier to the provision of this training. In addition to funding GARE train-the-trainer slots for law enforcement H&SS funded one representative from SCOE and one representative from a local school district. By increasing the number of ARE trainers across sectors the goal is to offer this training to all our behavioral health contractors, other law enforcement departments and all school districts. Furthermore, providing support for local education agencies to address disparities within the educational system and providing them with tools to address race equity will promote more inclusive school campuses and will enhance the *Takin CLAS to the Schools* QI action plan which has resulted in culturally responsive wellness centers located on 35 K-12 and adult education campuses across Solano County.

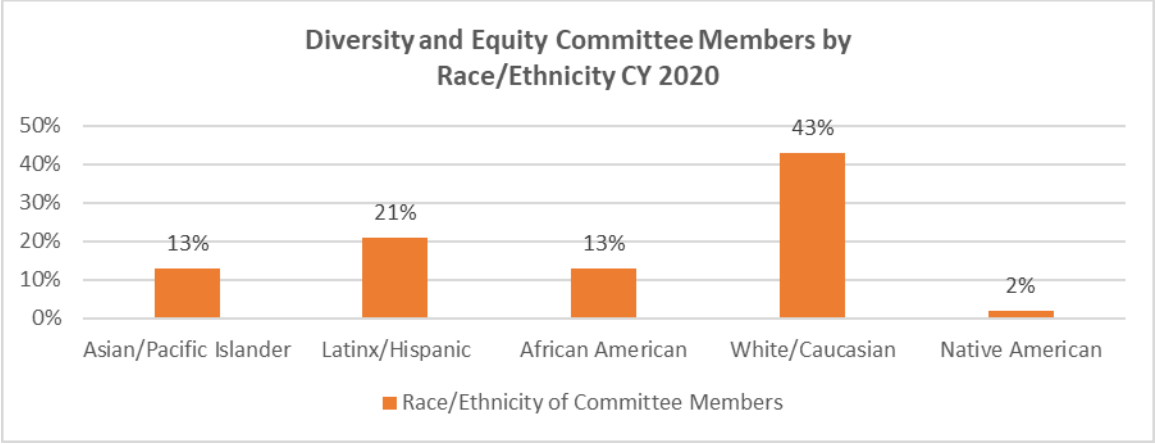
Leaders from the City of Vallejo invited SCBH to co-facilitate a virtual community forum ***A Space for Voice & Healing: Virtual City of Vallejo Town Hall on Community Trauma*** held in August of 2020 which included a presentation on data related to mental health disparities, the local impact of COVID-19 and racial injustices, and behavioral health resources. Additionally, there were breakout sessions whereby SCBH staff facilitated small group discussions related to sharing coping skills and gathering feedback from the community on strategies to address disparities impacting the City of Vallejo. These efforts are in alignment with the Solano County H&SS Department's vision of advancing racial equity.

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

Diversity & Equity Committee

SCBH has an active Diversity and Equity Committee that meets monthly and is facilitated by the ESC. The Diversity and Equity Committee works to ensure community members have timely access to equitable and quality behavioral health care that is responsive to their cultural and linguistic needs. As the CPEHN recommended, the Committee transitioned to a monthly meeting format during CY 2020. In addition, efforts were made to recruit new members including County and contractor behavioral health providers, consumers, family members and other key stakeholders. The Committee utilizes a *Participant Agreement* form which can be seen in **Appendix F**. This form was developed to help garner more consistent committee participation and to establish a more formal membership process. Starting in April 2020, Committee meetings were shifted to a virtual platform in response to COVID-19. Committee participation increased 64% using a virtual platform. Post COVID-19, SCBH will consider a utilizing a mix of in-person and virtual meetings.

The Committee is comprised of county and contractor behavioral health staff, peer specialist, consumers, community members and other key stakeholders. The Diversity and Equity Committee is not only a state requirement but a vital component of the MHP SOC. SCBH makes every effort to ensure committee participants reflect the demographic profile of Solano's diverse community which includes representatives from the Hispanic/Latino, Asian/Pacific Islander, African American, Native American and LGBTQ+ communities. The graph below and image of Committee members demonstrates the diversity of the Committee.



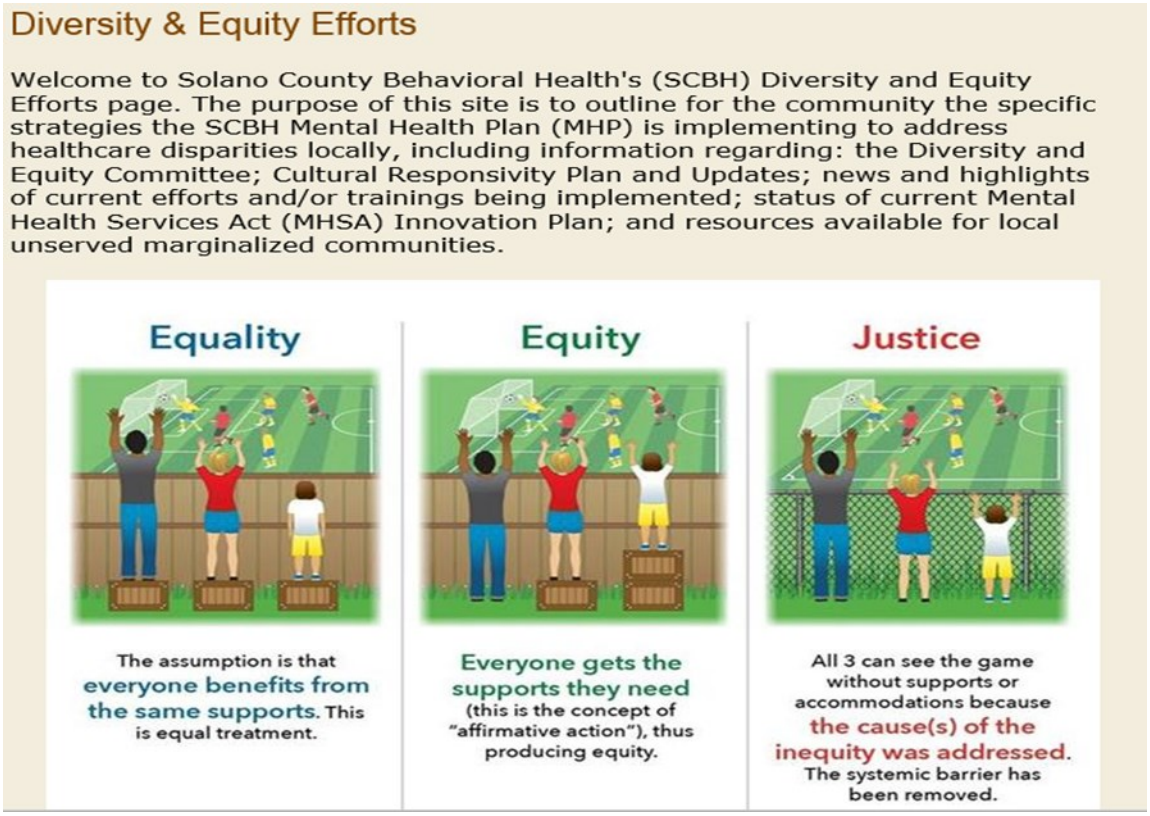
Source: Committee Survey

Source: Committee Meeting via Teams

Seventy-six percent (76%) of the Committee members identified their current gender identity as female, 22% as male and 3% "preferred not to answer". Seventy-eight percent (78%) of the respondents identified their sexual orientation as heterosexual, 14% as bisexual, and 5% as gay. Eighteen percent (18%) of the respondents identified as bilingual with 8% Spanish-speaking (Solano County threshold language), 5% Tagalog-speaking (sub-threshold language), and 5% as other.

Committee members provide feedback and guidance related to the MHP's implementation of the CLAS standards, provide input for the annual diversity and equity plan update, formulate and monitor procedures that evaluate the implementation and effectiveness of the plan in developing culturally responsive services and practices (Substance Abuse and Mental Health Services Administration, 2014). Several initiatives monitored by the Diversity and Equity Committee are also reported out to the MHP through the Quality Improvement Committee which meets quarterly and is comprised of county and CBO behavioral health providers and peers representing the consumer voice.

During CY 2020, committee members provided guidance and support for many of the goals and strategies referenced on page 5. Members also voted on policy changes including changing the title of the committee from Cultural Competency to Diversity and Equity as well supplemental, oral, and hiring interview questions to be used during SCBH hiring processes. Members also worked collaboratively to revise the Committee's mission statement and provided feedback on SCBH's new Diversity and Equity Efforts webpage. An image of the welcome page is included below:



Criterion 5: Cultural Humility Trainings

SCBH Training Efforts

Over the last several years SCBH has invested considerable resources into enhancing training for MHP staff including County and contractor staff as well as key community partners. Below is a list of targeted trainings funded and/or provided by SCBH:

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

- During FY 2018/19 all County staff—including non-clinical staff—were trained in ***Advancing Race Equity (ARE)*** developed by GARE. Solano County H&SS staff—including SCBH staff—have been trained as ARE trainers, and therefore we were able to train the entire Division.
- All SCBH staff were trained in ***Gender Diversity – The Transgender Experience*** during FY 2018/19.
- In March of 2019 SCBH hosted, in partnership with Solano Pride Center and #Out4MentalHealth a state funded organization, both an ***Ally Training*** and ***How to Support LGBTQ Youth Training*** for staff and administrators from local schools. The trainings were specific to school environments with the target audience being teachers, school counselors and school administrators.
- In March of 2019 SCBH funded and co-hosted in partnership with Solano TANF, ***A Path Towards Healing: Native American Forum***, which provided insight into the historical trauma experienced by the community as well as best practices when working with Native American consumers.
- In August of 2019 SCBH provided ***Behavioral Health Interpreter Training (BHIT)*** for both bilingual and English-speaking staff on the use of interpreters. Several sessions of the BHIT training were scheduled for Spring of 2020, however, due to COVID-19 these trainings had to be postponed and rescheduled virtually for later in the year. Two training cohorts for clinical staff were provided and 2 training cohorts for front desk reception staff were held in June of 2020. Fifty-seven (57) clinical staff and 21 reception staff participated in these trainings.
- In October of 2019 a 3-day ***Tulong (Help), Alalay (Assistance), and Gabay (Guidance) (TAG)*** mental health intervention training was held for local Filipino community members in Solano County. TAG follows the simple format of Psychological First Aid endorsed by the World Health Organization (WHO) and the Disaster Crisis Intervention program used in San Francisco, "Kamalayan" Youth Crisis Intervention Program for Filipino students. The training included one day of the basics and two days of a train-the-trainer model to prepare training participants to conduct the TAG training in order to raise awareness in their own communities. Thirty (30) community members attended the TAG training and 18 community members were trained as TAG trainers. Fighting Back Partnership, a CBO partner organizes the implementation of TAG in Solano County. During FY 2019/20, 3 TAG trainings were held for 48 participants.
- During FY 2017/18 a train-the-trainer cohort was identified and trained to provide *Cultural Competency (CC) 101* and *CC 102* trainings which had been developed by UC Davis CRHD in support of the ICCTM MHSA Innovation Project. Since that time the cohort—now called the Diversity and Social Justice Trainers—developed a ***Diversity and Social Justice Training*** which is an introduction training that is now available on-line at https://vimeo.com/374531348. This training is intended to introduce staff to SCBH's culturally responsive strategies, provide an overview of human diversity, disparities and provide a foundational understanding and shared language around core concepts for social justice education.

This training was made available for all County staff in 2020 and included discussion guides for facilitators to use to debrief content reviewed during the training. Participants also received additional resources following the training such as links to implicit bias tests, short educational videos, and articles staff can utilize to support their cultural humility efforts. This training has since been made available to contractor behavioral health staff and external partners. Over 80 county staff viewed and discussed the training during team meetings. As of December 2020, the online training was viewed nearly 200 times. See **Appendix G** to view discussion questions, pre/post evaluation, and an additional resource guide for staff. In addition to this initial training, the Diversity and Social Justice Trainer cohort will be developing additional in-person and on-line trainings to address disparities and to assist staff in better serving underserved and marginalized communities. This cohort will assist with implementing the *Cultural Humility Champions* QI action plan that was developed through the MHSA ICCTM Innovation project.

- During FY 2018/19 the first cohort of ***Promoting Cultural Sensitivity in Clinical Supervision*** provided by Dr. Kenneth Hardy was completed as the core component of the *Culturally Responsive Supervision* QI action plan developed through the ICCTM Innovation project. During FY 2019/20 a second cohort was completed though the 2nd day of the training had to be provided virtually. In addition to the training provided for supervisors/managers, SCBH partnered with Dr. Hardy to develop a 1-day training ***Trauma in the Trenches***—scheduling two sessions specific to direct service providers and one session specific to non-providers—focused on concepts related to systemic trauma experienced by marginalized communities who are often the recipients of County services. These trainings were offered to MHP programs and other human service providers. One session for direct service providers was completed during FY 2019/20, however the final two sessions had to be cancelled due to COVID-19.
- In September of 2020 ***Recovery in Indian Country: Cultural Competency Training*** was offered to MHP staff as well as community members. This training was focused on substance use disorder recovery with the lens of Native American spiritual healing strategies.
- In observance of national Suicide Prevention Week, SCBH funded several trainings focused on suicide prevention including ***The Impact of Suicide Locally & Prevention from the Youth Voice*** which was offered in English and Spanish. Additionally, a session titled ***Stories of Survival and Recovery*** was facilitated by a survivor of a suicide attempt and a family member who lost a loved one to suicide.
- A specialized online training titled ***Filipino Core Values*** was developed by the previous SCBH Kaagapay Outreach Coordinator and will be made available to MHP staff during Calendar Year (CY) 2021.
- UC Davis CRHD is developing a training targeted for front desk reception staff in support of the ***ISeeU*** QI action plan. This training will be focused on building skills necessary for these support staff who are often the initial faces of the SOC and will include content related to cultural sensitivity for LGBTQ+ consumers, how to access interpreter services, etc. This training will be made available in CY 2021.
- A specialized training ***Cultural Psychiatry: Cultural Humility*** is being developed by UC Davis CRHD for SCBH MHP psychiatry providers—both County and contractor. This training is aligned with the *Cultural Humility Champions* QI action plan and SOC needs identified through the MHSA CPP process. While the core component of the training is focused on cultural humility practices there will also be content related to prescribing medication for diverse populations that may have comorbid medical conditions.

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

Workforce Equity Survey

Starting in December of 2017, SCBH began to administer an annual survey to gather data related to the diversity of the MHP workforce—both County and contractor—to include employees at all levels to assess the cultural and linguistic diversity of the workforce. In addition to monitoring demographics of the MHP workforce, the survey collects information related to participation in cultural responsivity trainings, job satisfaction, and attitudes towards equity and inclusivity efforts.

The FY 2020/21 "Workforce Equity Survey" was administered in September of 2020 and yielded 174 responses. Several survey questions included were focused on cultural responsivity training:

- 76% total respondents reported receiving Cultural Responsivity training in the past year
- 63% of the respondents reported having been trained in how to access interpreter services

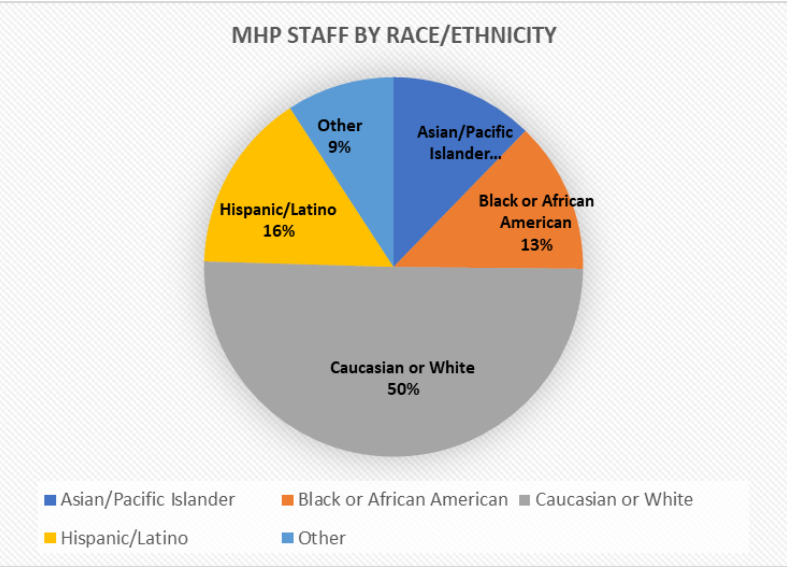
Survey questions designed to elicit the respondent's perspective of their organization's efforts towards implementing the CLAS standards resulted in the following findings:

- 86% of respondents believe that their employer/organization is committed to recruiting, promoting, and supporting a culturally and linguistically diverse governance, leadership and workforce that is responsive to the demographics of our community.
- 94% of the respondents believe their employer/organization is committed to providing culturally responsive services, improving access to treatment and ensuring equitable outcomes for underserved and underrepresented populations.
- 87% of county staff respondents found the social justice open forums helpful which SCBH and H&SS provided to discuss equity efforts and injustices that continue to impact County staff and local communities.

Targeted questions were developed in an effort to evaluate individual commitment to equity and job satisfaction resulting in the following findings:

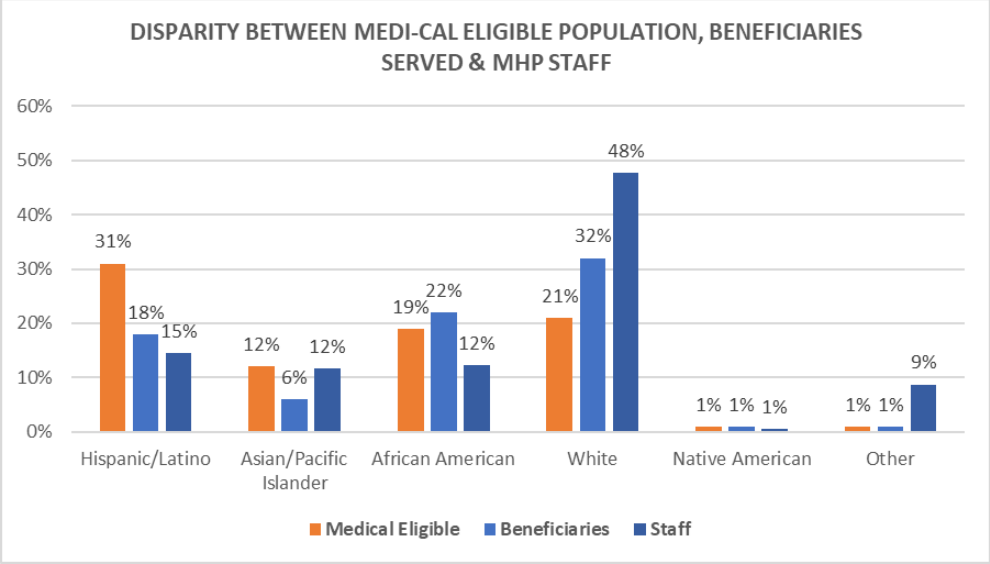
- 92% total respondents report they often think about what they can do to interact more effectively with under-served minority clients/consumers.
- 99% of respondents believe it is important for them to understand the health and social inequities different groups in our community experience.
- 90% of staff respondents believe they are in a position to make a difference in the quality of health care that underserved minority clients/consumers receive.
- 99% of staff respondents believe the work they do on this job is very meaningful to them.

Several survey questions are focused on demographics of the MHP workforce in order to assist SCBH in monitoring our system capacity to serve diverse communities. Below is a chart representing the racial/ethnic makeup of the MHP workforce.



Source: Solano County Workforce Equity Survey 2020

The graph below demonstrates a disparity between the eligible Medi-Cal population (those that receive the Medi-Cal insurance benefit), current beneficiaries/consumers served by the MHP, and the current MHP workforce.



Inferences can be made regarding eligible beneficiaries who might not have engaged with the MHP and are therefore not receiving necessary treatment due either insufficient outreach and/or being discouraged by a system whereby staff do not represent their culture, particularly for the Hispanic/Latino, African-American, and API communities. SCBH hires quality, bi-lingual and bi-cultural staff whenever possible, however this continues to be a workforce challenge generally experienced statewide. There has been a historical shortage of applicants who speak Spanish and Tagalog, our top two non-English languages. Solano County consists of many rural towns such as Rio Vista and Dixon 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 benefits of treatment. These areas are critical for SCBH outreach and engagement efforts.

Eighty-three percent (83%) of the Workforce Equity Survey respondents identified their current gender identity as female, 15% as male and 2% as genderqueer. Eighty-nine percent (89%) of the respondents identified their sexual orientation as heterosexual, 2.3% as bisexual, 2% as lesbian, 1.6% as other and 1% as gay. Twenty-seven percent (27%) of the respondents identified as bilingual with 58% Spanish-speaking (Solano County threshold language), 14% Tagalog-speaking (sub-threshold language), and 28% as other.

Criterion 7: Communication and Language Assistance

Linguistic Initiatives

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

During FY 2017/18 and FY 2018/19 SCBH leveraged Mental Health Block Grant (MHBG) first episode psychosis (FEP) funding to enable U.C. Davis – Behavioral Health Center of Excellence (BHCE), who is the contractor who supports the local Early Psychosis (EP) Treatment Program, to translate materials used in treatment. The translated materials were made available for consumers and their families for the threshold language of Spanish to improve access to care for the Hispanic/Latino population. In addition to the translation of the materials, the County funded BHCE to provide specialized training and support for the implementation of the newly translated materials with the program direct service staff. These translated materials are now being used in the Sacramento County EP Program and will be shared with other counties across California through the *Early Psychosis Learning Health Care Network (EP LHCN)* statewide MHSA Innovation Project which includes Solano, San Diego, Orange, Napa and Los Angeles Counties.

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

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

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

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

In August 2019, a *Behavioral Health Interpreter Training (BHIT)* for bilingual staff was provided and focused on supporting bilingual staff in learning behavioral health terminology (both in Spanish the threshold language and Tagalog which is a sub-threshold language), learning how to hold the role of interpreter when asked to support English speaking colleagues, and learning laws and ethics related to the provision of interpreting services. Between August 2019 and June 2020 three (3) cohorts of monolingual English-speaking clinical staff attended the BHIT focused on best practices related to using interpreter services, laws and ethics related to the provision of linguistically appropriate services and how to access the County's interpreter services. Additionally, two (2) cohorts of front desk reception staff attended a specialized BHIT developed for the unique needs of these support staff.

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

Beginning July of 2020 SCBH expanded the contract the H&SS Department has with Language Link to allow our behavioral health vendors to utilize the services—both interpreter and translation—for uniformity and to be able track the utilization of interpreter/translation services to better monitor the linguistic needs of the community. The SCBH Additionally, trainings were offered to the vendors and SCBH created a training video that can be used ad hoc for on-boarding new staff and training existing County and contractor staff.

Data related to primary and preferred language for MHP consumers served during FY 2019/20 is listed in the table below. Ninety-one percent (91%) of the consumers served identified their "primary language" as English, 6% as Spanish and 1% as Tagalog. In regards to "preferred language" 89% of the consumers identified English, 4% Spanish and .7% as Tagalog.

Total # of Consumers: 5223		
Language	**# of Consumers by Primary Language**	**# of Consumers by Preferred Language**
American Sign Language (ASL)	2	5
Arabic	5	3
Cambodian	1	1
Cantonese	2	3
English	4759	4657
Farsi	1	1
Hattian	0	0
Hindi	2	0
Korean	1	1
Laotian	3	2
Lithuanian	0	0
Mandarin	1	1
Mien	1	1
No Entry	16	259
Other Chinese	1	0
Other Non-English	18	17
Other Sign Language	1	1
Polish	0	0
Portuguese	2	1
Punjabi	8	0
Samoan	0	3
Spanish	325	215
Tagalog	55	34
Tamil	0	0
Thai	1	0
Unknown	5	9
Vietnamese		9

Source: Solano County MHP Electronic Health Record

The tables below include data related to the MHP's use of interpreter services to provide linguistically appropriate services.

Utilization of Interpreter Services FY 2019/20

Total Interpreter Services Used: 563	**Total In-Person Interpreter Services:** 493	**Total Phone Interpreter Services:** 70
Language	**# of In-Person Interpreter Services by Language**	**# of Phone Interpreter Services**
American Sign Language (ASL)	71	N/A
Arabic	7	5
Cambodian	4	0
Hattian	0	1
Hindi	4	1
Laotian	2	2
Lithuanian	0	1
Mandarin	2	1
Polish	0	1
Portuguese	1	5
Punjabi	10	2
Spanish	385	45
Tagalog	1	0
Tamil	0	1
Vietnamese	7	4

Source: Language Link billing

Utilization of Interpreter Services FY 2020/21 Quarter 1 (July 1, 2020-September 30, 2020)

Total Interpreter Services Used: 96	**Total In-Person Interpreter Services:** 74	**Total Phone Interpreter Services:** 22
Language	**# of In-Person Interpreter Services by Language**	**# of Phone Interpreter Services**
American Sign Language (ASL)	8	N/A
French-Creole	0	1
Korean	0	1
Laotian	0	1
Punjabi	4	0
Spanish	59	18 5 of which were by a contracted vendor
Tagalog	1	1
Vietnamese	2	0

An analysis of Language Link utilization for FY 2019/20 and the first quarter of FY 2020/21 demonstrates that MHP providers are accessing interpreter services primarily for Spanish-speaking consumers and deaf consumers. For FY 2019/20, 78% of the total in-person interpreter services were in Spanish and 14% in American Sign Language (ASL). A review of phone interpreter services for the same FY demonstrates that 64% of these services were in Spanish. In quarter one of FY 2020/21, 80% of the in-person services were in Spanish and 11% were ASL; and 82% of the phone interpreter services were in Spanish.

It is noteworthy that while Solano County has the highest Filipino population in the Country, a review of interpreter services for both periods of time demonstrates very low utilization of interpreter services in Tagalog—the County's sub-threshold language. An analysis of data from the MHP electronic health record provides some insight regarding this finding as there were 192 consumers who identified their race/ethnicity as Filipino, however 72% (139) of these consumers identified their primary language as English and only 26% (49) identified their primary language as Tagalog, .5% (1) as Spanish, and 1.6% (3) as "other non-English language". The proclivity to have a preference towards the English language is in part due to a cultural belief that speaking English is a sign of status which is deeply entrenched in the Filipino community and is further impacted by stigma and fear that they will be judged for asking for help. Additional contributing factors may include: an individual's acculturation level, age and fear that the interpreter may know them or somehow be connected to their community.

While SCBH extended the Language Link services to all contracted vendors starting July 1, 2020 an analysis of data for the first quarter of the FY demonstrated that only one vendor has availed themselves to this services. SCBH will engage in targeted outreach with vendors to ensure that they are aware that they have access to interpreter and translation services through the County's Language Link contract.

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

Translation Expenses FY 2019/20	Translation Expenses FY 2019/20
$2,807	$12,727

Criterion 8: Engagement, Continuous Improvement, and Accountability

CLAS Organizational Assessment Report

SCBH senior leadership (BH Director, Adult Administrator, Senior Manager and ESC) completed the *CLAS Organizational Assessment* during FY 2019/20 which is a tool that evaluates an organization's implementation of the 15 national CLAS Standards. This assessment was adapted from the Communication Climate Assessment Tool by Matthew Wynia and colleagues. It has been endorsed by the US Department of Health & Human Services' Office of Minority Health as well as the National Quality Forum. The assessment pulls for information related to efforts made within the last six (6) months, though the tool will be modified to pull for efforts made within the last twelve (12) months based off of feedback from SCBH. After completing the assessment, UC Davis CRHD provided SCBH a detailed report which highlighted SCBH's strengths and areas for improvement. The following pages provide an overview of findings from the CLAS Organizational Assessment including strengths, areas for development and progress made since completing the assessment.

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

CLAS Standard Addressed	6 month period prior to SCBH completing the CLAS Assessment in October 2019	Progress made November 2019 thru December 2020
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.	SCBH has taken steps to create a more welcoming environment for consumers, to promote a more consumer-centered environment and made effective communication with diverse populations a priority.	SCBH has implemented the *LGBTQ+ Ethnic Visibility* QI action plan poster campaign which entailed developing and distributing focused signage specific to the LGBTQ+ Latinx/Filipinx communities. Signage developed has been posted in County clinic lobbies and community locations such as restaurants, grocery stores, libraries, etc. Planning also began to expand this QI action to the African American and Native American communities. Focus groups will be held in 2021 with community members to develop signage for these new communities and will then be distributed in a similar manner. SCBH is in the process of implementing the *TRUEcare Promoter Roadmap* QI action plan resource map. This easy to read resource map has been created in a paper version in English, Spanish and Tagalog and will also be available via an interactive web-based version also in the three languages listed above. Through feedback from the community the TRUEcare Roadmap is being modified to a poster version again in all three languages to be posted at local transit centers and other community locations. Additionally, SCBH has distributed suicide prevention signage in Spanish and Tagalog as well as signage that represents diverse communities including the African American community, youth, older adults, etc. The suicide prevention signage was also distributed to County health clinics and school wellness centers.

CLAS Standard Addressed	6 month period prior to SCBH completing the CLAS Assessment in October 2019	Progress made November 2019 thru December 2020
CLAS Standard 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	SCBH'S mission, vision, and strategic plan illustrates our commitment to culturally and linguistically appropriate care; and senior leaders have allocated resources annually to meet the cultural and linguistic needs of its consumers.	SCBH's senior leaders continue to allocate resources to meet the cultural and linguistic needs of its consumers. SCBH has inserted CLAS language in all requests for proposals (RFPs), behavioral health contracts, and into new and recently revised policies. Additionally, SCBH's senior leadership has made concerted efforts to recruit diverse members for the local Mental Health Advisory Board, Diversity and Equity Committee, and Suicide Prevention Committee, including consumers and family members.
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. **CLAS Standard 3 was identified as an area for improvement via the initial CLAS Organizational Assessment completed in October of 2019.**	SCBH senior leaders had not closely monitored the retention of staff that provide high quality culturally competent services. SCBH senior leaders recognize that efforts need to be made to strengthen the intern program to establish diverse candidate pools by recruiting employees through professional fairs, job boards, publications, and other specialized media networks. For five years MHSA workforce education and training (WET) funds have been allocated to internship stipends, however the stipends have been under-utilized. Starting in FY2019/20 one staff person has been assigned to take on a leadership role to recruit interns. Additionally, the *Cultural Game Changers* QI action plan through the ICCTM project includes a pipeline component including working with local high schools to raise awareness of career paths within Behavioral Health.	SCBH continues to use the Inclusion Statement developed through the *Cultural Game Changers* QI action plan for every behavioral health job posting. SCBH senior leaders approved the use of three new hiring questions developed by the *Cultural Game Changers* QI action plan group and endorsed by the Diversity and Equity Committee. These questions include a question to be asked as a supplemental question submitted with the application, as well as two additional questions to be used for the oral panel and hiring panel. SCBH does track certified bilingual staff and make efforts to ensure that system needs are met. SCBH senior leadership recognizes that additional efforts need to be made to better track retention of bicultural and bilingual staff. SCBH has started to review data related to the demographics of the Division's leadership both supervisory and managerial level. For FY 2019/20 SCBH only had two clinical interns and the internships were ended early at the request of the students' schools due to COVID-19. For FY 2020/21 SCBH was not able to secure any interns and were not able to facilitate any middle/ high school pipeline events due to COVID-19 and school closures.

CLAS Standard Addressed	6 month period prior to SCBH completing the CLAS Assessment in October 2019	Progress made November 2019 thru December 2020
CLAS Standard 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. **CLAS Standard 4 was identified as an area for improvement via the initial CLAS Organizational Assessment completed in October of 2019.**	While efforts had been made to increase cultural competency training SCBH senior leadership was aware that additional efforts needed to be made to provide staff with adequate training on how to ask consumers about their health care values and beliefs, how to ask about their racial/ethnic background in a culturally appropriate way, the impact of miscommunication on consumer safety or ways to check whether consumers understand instructions. The *Culturally Responsive Supervision* QI action plan through the ICCTM project involved training for Supervisors to provide support for staff to provide culturally responsive services.	The CLAS Organizational Assessment tool's questions related to CLAS Standard 4 pulled for trainings offered within the most recent 6 months prior to completing the assessment which ultimately discounted significant training efforts made prior to the 6 month window. As outlined on pages 43-44 SCBH has and continues to make significant efforts to provide various opportunities for trainings related to culturally responsive services, social justice and inclusion. Two cohorts of supervisors/managers have completed the *Promoting Cultural Sensitivity in Clinical Supervision* trainings as aligned with the *Culturally Responsive Supervision* QI action plan. During FY 2020/21 the following training opportunities will be made available for MHP staff: additional sessions of *BHIT, Accessing Language Link* video*, Diversity and Social Justice Training* video*, Filipino Core Values* video*, ISeeU* specific to reception staff, and *Cultural Psychiatry: Cultural Humility* specific to psychiatry providers.
CLAS Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services. **CLAS Standard 5 was identified as an area for improvement via the initial CLAS Organizational Assessment completed in October of 2019.**	While each clinic has signage posted notifying consumers that no-cost language services, SCBH identified a need to train staff to be more intentional in determining if consumers need assistance in filing out organizational forms and determining whether consumers need an interpreter. While staff throughout the system of care have had training in how to utilize Language Link, the vendor for interpreter services, senior leadership recognize that trainings in use of interpreters and how to access Language Link needs to be offered to all staff as a mandatory training and be available for onboarding all new staff. Several trainings related to language assistance were offered in FY 2018/19 and more sessions were planned for FY 2019/20. Additionally, SCBH was developing an implementation plan to extend the Language Link service for contractors. While SCBH is provided data related to the utilization of Language Link efforts need to be made to analyze this data particularly related to how long individuals waited for interpreters.	SCBH invested significant resources into improving our language assistance practices including: the provision of *Behavioral Health Interpreter Trainings* (BHIT) provided for both clinical and reception staff; expanding our Language Link contract to our vendors; ensuring that materials developed through the ICCTM project were translated into Spanish and Tagalog; and utilizing MHSA Innovation reversion funds to translate new MHP documents into Spanish (threshold language) and to translate all existing and new MHP documents into Tagalog (sub-threshold language). SCBH is actively working on developing a system to evaluate the utilization of Language Link by both County and contracted vendors. Additionally, senior leadership is developing a Diversity and Equity Data Dashboard that will include data points related to the delivery of services in languages other than English through bilingual staff or interpreters.

CLAS Standard Addressed	6 month period prior to SCBH completing the CLAS Assessment in October 2019	Progress made November 2019 thru December 2020
CLAS Standard 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	In each clinic lobby—both county and contractor—there is signage that informs consumers about the availability of no-cost language assistance. SCBH plans to enhance efforts to ensure consumers are better informed of the availability of language assistance services.	In each clinic lobby—both county and contractor—continues to have signage posted that informs consumers about the availability of no-cost language assistance.
CLAS Standard 7: Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. **CLAS Standard 7 was identified as an area for improvement via the initial CLAS Organizational Assessment completed in October of 2019.**	SCBH has historically not routinely assessed the competence and skills of its bilingual staff or contracted interpreters. In August of 2019 a *BHIT* session was held for bilingual staff and a component of the training was an evaluation of linguistic competency. The findings of this evaluation will be used to train and support bilingual staff to improve competencies. SCBH will work with our interpreter vendor to better gather information related to their internal assessment of linguistic competencies of their staff.	SCBH has historically not routinely assessed the competence and skills of its bilingual staff or contracted interpreters. During FY 2020/21 SCBH senior leadership and the Quality Improvement QI Unit will re-engage the Human Resource Department and the Union to systemize a process to evaluate linguistic competencies of existing bilingual certified staff. Additionally, efforts will be made to gain clarity regarding Language Link's (interpreter vendor) internal assessment of linguistic competence of their staff.
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. **CLAS Standard 8 was identified as an area for improvement via the initial CLAS Organizational Assessment completed in October of 2019.**	SCBH had not distributed user-friendly guides on community resources to consumers (materials in alternative formats for individuals with varying sensory, developmental, cognitive, or other access needs…such as printed guides for those with limited internet access), had not consistently posted culturally and linguistically appropriate signage in its service area or sought feedback from the community about whether its media materials were culturally and linguistically appropriate. While the majority of consumer forms had been translated into Spanish there were some forms identified that had not been translated. Since that time these forms have been translated and efforts are being made to monitor the translation of forms more closely. Peer Support Specialists co-located in adult clinics are offering support for consumers to complete forms that are long and may be difficult to complete without assistance.	SCBH has implemented the *LGBTQ+ Ethnic Visibility* QI action plan poster campaign which entailed developing and distributing focused signage specific to the LGBTQ+ Latinx/Filipinx communities. Signage developed has been posted in County clinic lobbies and community locations such as restaurants, grocery stores, libraries, etc. Planning also began to expand this QI action to the African American and Native American communities. Focus groups will be held in 2021 with community members to develop signage for these new communities and will then be distributed in a similar manner. SCBH is in the process of implementing the *TRUEcare Promoter Roadmap* QI action plan resource map. This easy to read resource map has been created in a paper version in English, Spanish and Tagalog and will also be available via an interactive web-based version also in the three languages listed above. Through feedback from the community the TRUEcare Roadmap is being modified to a poster version again in all three languages to be posted at local transit centers and other community locations. Additionally, SCBH has distributed suicide prevention signage in Spanish and Tagalog as well as signage that represents diverse communities including the African American community, youth, older adults, etc. The suicide prevention signage was also distributed to County health clinics and school wellness centers. The SCBH social media group has made significant efforts to increase presence on social media platforms including creating and posting videos in Spanish for the Hispanic/Latino community with an emphasis on COVID and safety measures.

CLAS Standard Addressed	6 month period prior to SCBH completing the CLAS Assessment in October 2019	Progress made November 2019 thru December 2020
CLAS Standard 9: Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations. **CLAS Standard 9 was identified as an area for improvement via the initial CLAS Organizational Assessment completed in October of 2019.**	SCBH leadership acknowledged that it would like to improve its signs, maps and interpretation services. SCBH had not established a process for evaluating how well it meets written goals for effective communication.	SCBH has made significant progress in implementing the CLAS Standards into RFPs, contracting and policy development. Additionally, improvements have been made regarding hiring practices, signage in clinics, and the training and use of interpreter services.
CLAS Standard 10: Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	Senior leaders have conducted routine self-assessment/audit of organizational policies, procedures, and practices to evaluate its implementation of the CLAS Standards; SCBH sought feedback from consumers and the community on how the organization can improve its delivery of culturally and linguistically appropriate services through the MHSA CPP process and the ICCTM MHSA Innovation project; utilized the results of CLAS Organizational self-assessment to revise its policies and practice to better provide culturally and linguistically appropriate services. In addition, supervisors have asked for staff suggestions on how to improve communication within the organization and used staff feedback to improve communication within the organization.	In addition to the efforts made in the 6 months prior to the CLAS Organizational Assessment (content in the column to the left), SCBH continues to utilize feedback gathered through the MHSA CPP process to evaluate progress towards the implementation of CLAS related activities. Additionally, the annual Workforce Equity survey is utilized to solicit feedback from MHP staff, and the Diversity and Equity Committee is leveraged to monitor quality improvement activities. Through the ICCTM MHSA Innovation project, SCBH continues to hold focus groups as needed to gather information directly from the community related to various equity efforts.
CLAS Standard 11: Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.	SCBH has an organizational policy and practices in place to document a consumer's race/ethnicity, language preference, sexual orientation, current gender identity (SOGI), need for interpreters, desire and motivation to learn, cultural/religious beliefs, emotional barriers, cognitive barriers, physical limitations and need for transportation assistance.	SCBH continues to collect demographic data for consumers served as listed in the column to the left. The SCBH and CRHD teams are closely monitoring service utilization and calls to the SCBH Access Line by race/ethnicity, sexual orientation, and gender identity. Additionally, SCBH continues to monitor the MHP penetration rates by race/ethnicity. Several of the ICCTM QI action plans involved developing materials intended to reduce stigma and increase access to care. The materials developed contain QR codes and web-shorteners that can be used to monitor the effectiveness of these materials including evaluating whether there is an increase in calls to the Access Line by race/ethnicity and SOGI.

CLAS Standard Addressed	6 month period prior to SCBH completing the CLAS Assessment in October 2019	Progress made November 2019 thru December 2020
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.	SCBH has routinely assessed the needs and assets of its service community through the MHSA CPP process and in partnership with local community and advocacy groups to collect information about new and emerging populations. SCBH has used community needs and assets data to evaluate the accessibility of health services within the community, generated profile reports of its various service community populations, identify and report on potential disparities in care or services to community leaders and stakeholders, improve delivery of culturally and linguistically appropriate services and inform staff about resources for consumers that are available in the community.	SCBH continues to routinely assess the needs and assets of its service community through the MHSA CPP process and in partnership with the Diversity and Equity Committee, the local community and advocacy groups to collect information about new and emerging populations. SCBH conducts a quarterly service verification process that involves consumers completing a brief survey that now includes several questions related to CLAS. These results are then shared during the quarterly Quality Improvement Committee. SCBH has used community needs and assets data to evaluate the accessibility of health services within the community, generated profile reports of its various service community populations, identify and report on potential disparities in care or services to community leaders and stakeholders, improve delivery of culturally and linguistically appropriate services and inform staff about resources for consumers that are available in the community. Specifically, in response to COVID-19 and racial unrest as a result of high profile murders of African Americans, SCBH disseminated data demonstrating local disparities related to the impact of COVID and the impact of social and racial injustice on the mental health of marginalized communities. Additionally, SCBH in partnership with the Solano County Suicide Prevention Committee identified specific disparities related to suicide deaths impacting the African American community in Solano County. Future efforts will include targeted focus groups with the African American community to explore strategies to reduce stigma and suicide deaths in that community.

CLAS Standard Addressed	6 month period prior to SCBH completing the CLAS Assessment in October 2019	Progress made November 2019 thru December 2020
CLAS Standard 13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	SCBH has implemented written plans for developing relationships with consumer communities it serves, designated several individuals to conduct outreach and maintain ties to community partners and unserved/ underserved communities, worked to build alliances and coalitions between different community partners to improve the delivery of culturally and linguistically appropriate services, shared data and findings with community partners to improve service delivery and involved community representations in its planning processes. SCBH has worked with community partners to co-locate staff or provide presentations to educate consumers on how to access social services and available care, to promote health literacy, to educate adults and youth about mental health, schools to educate students about mental health careers, schools to establish volunteer or internship program opportunities in mental health services and faith organizations to advance mental health.	SCBH continues to fund several individuals to conduct outreach and maintain ties to community partners and unserved/underserved communities, maintains alliances and partnerships with community partners addressing equity and social justice including requiring funded vendors to have their own Diversity and Equity Plans. The 14 QI action plans developed through the ICCTM MHSA Innovation project were developed by multi-sector community members and have been community-driven in regards to soliciting feedback on the QI action plans and any materials developed through those action plans. The Diversity and Equity Committee has been tasked with reviewing MHP demographic data, service utilization data and the results of the Workforce Equity survey.
CLAS Standard 14: Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	Staff have communicated with one another respectfully, effectively to ensure high quality care, shown that they care about communicating effectively with diverse populations, communicated well with consumers over the phone, known whom to call if they had a problem or suggestion and spoken openly with supervisors about any miscommunications. SCBH has implemented steps to enhance the grievance resolution process for consumers, to ensure that the process is culturally and linguistically appropriate, tracked linguistic-related grievances and designated a point of contact for community members to submit grievances and feedback.	SCBH has implemented steps to identify grievances that have a cultural or linguistic aspect which then results in the MHP ESC being consulted. For particularly sensitive cases the MHP Quality Improvement Unit will convene review sessions with the providers involved in order to resolve the issue and put in place quality improvement measures to avoid similar situations in the future.

CLAS Standard Addressed	6 month period prior to SCBH completing the CLAS Assessment in October 2019	Progress made November 2019 thru December 2020
CLAS Standard 15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.	SCBH has informed community members about its efforts to implement the CLAS standards through the ICCTM Innovation project in addition to efforts to promote wellness and strategized with community partners on how to report on its progress towards making services more culturally and linguistically appropriate. Avenues to inform the community included use of the MHSA CPP process, community forums held by UC Davis CRHD, and the Diversity and Equity Committee.	SCBH continues to inform community members about its efforts to implement the CLAS standards through the ICCTM MHSA Innovation project and more recently through the MHSA CPP process. Additionally, SCBH has shared efforts to implement and sustain CLAS through meetings with vendors preparing them to develop their own Plans. During the monthly Diversity and Equity Committee meetings SCBH shares our progress with the implementation of CLAS and also provides an opportunity for vendors and partners to share their efforts towards CLAS. In March of 2020 SCBH and UC Davis CRHD presented "Achieving Health Equity Through a Community-based Approach at a County Level" at the California Quality Improvement Coordinator (CalQIC) Conference. In November of 2020 SCBH presented "Solano County Interdisciplinary Collaboration and Cultural Transformation Model Innovation Project" at both the CA Pan-Ethnic Health Network: Mental Health Briefing Program and the Mental Health Services Oversight and Accountability Commission (MHSOAC) meeting. SCBH is motivated to share lessons learned with other Counties and community partners as related to the implementation of CLAS. During FY 2020/21 SCBH in partnership with UC Davis CRHD and three CBO partners, will facilitate a 3rd and final community forum with each of the ICCTM priority populations: Latino, Filipino and LGBTQ+ to review the overall progress of the QI action plans and the ICCTM project in general.

Appendices

Appendix A: Addressing Anti-Black Racism and Racial Disparities in Bay Area Homelessness Response

Program Description and Goals

Over 6 sessions from October 2020 to April 2021, BARHII, Homebase, All Home, and the Federal Reserve Bank of San Francisco will support interdisciplinary teams of public health and Continuum of Care representatives through a training and action program which will instruct and share lessons among participants in racial equity practice in homelessness systems of care and create a space for collective action to further racial equity at both the local and regional levels. The primary goals of the Action Lab are to:

1. **Local Goal:** Within our Local Jurisdictions/Continuums of Care, reduce locally-identified racial and ethnic inequities within homelessness response efforts, especially for people at elevated risk of COVID-19, in ways that contribute to our overarching regional goal.
2. **Regional Goal:** Reduce racial and ethnic disparities and COVID risks among people who are unhoused – especially the disproportionate number of Black people who are homeless across the Bay Area.

Concrete Action Towards Equity: We have convened a leadership team of experts from around the region and nation (with professional and lived experience) who have directed the creation of an Action Menu, which compiles best practices for addressing racial inequities in homelessness response systems. Participants will use this Menu to select a project to pursue as a local team, which will contribute to regional collective action toward ending homelessness among Black and brown people. Each team will leave the program having initiated a project and developed a detailed project plan, informed by data and people with lived experience of homelessness.

Learning and Action Sessions: Sessions will build a collective understanding of the drivers of racial inequities in homelessness, key intervention points for change, and best practices in the field, and will introduce participants to the Action Menu. Each session will also guide teams through the development of their local projects, providing guidance and expertise on data analysis, feedback from people with lived experience, and implementation.

Planned Sessions

October: Challenging Racial Inequities in the Homelessness System of Care
November: Data-Driven Interventions
January: Strategies for Change
February: Expanding Housing Opportunities
March: Developing Leadership for Change
April: Successful Implementation

To Express Interest

Please fill out the Expression of Interest Form here and we will follow up. Please note that completing this form does not guarantee your participation. We will work with each community expressing interest to finalize a diverse team of participants that is well suited to accomplish the goals of the Action Lab. (see below). If you have questions or issues accessing or submitting the form, please contact Will Dominie at wdominie@barhii.org.

BARHII Bay Area Regional Health Inequities Initiative · Homebase · Federal Reserve Bank of San Francisco · All Home

EXHIBIT A
SCOPE OF WORK

CULTURAL & LINGUISTIC RESPONSIVITY

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

A. Contractor shall provide services pursuant to this Contract in accordance with current State Statutory, regulatory and Policy provisions related to cultural and linguistic competence as defined in California State Department of Mental Health (DMH) Information Notice No: 97-14, "Addendum for Implementation Plan for Phase II Consolidation of Medi-Cal Specialty Mental Health Services-Cultural Competence Plan Requirements," and the Solano County Mental Health Plan Cultural Competence Policy. Specific statutory, regulatory and policy provisions are referenced in Attachment A of DMH Information Notice No: 97-14, which is incorporated by this reference.
B. Agencies which provide mental health services to Medi-Cal beneficiaries under Contract with Solano County are required to participate as requested in the development and implementation of specific Solano County Cultural Responsivity Plan provisions. Accordingly, Contractor agrees at a minimum:
    1. Utilize the national Culturally and Linguistically Appropriate Services (CLAS) standards in Health Care under the QA/QI agency functions and policy making. For information on the CLAS standards please refer to the following link: https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53
    2. Contractor will use the agency Cultural Responsivity Plan developed during FY 19/20 to guide practices and policies in order to ensure culturally and linguistically appropriate service delivery.
        a. The agency Cultural Responsivity Plan shall be reviewed and updated at least annually, and a copy submitted to County Quality Improvement by July 30th of each Fiscal Year for the current Fiscal Year.
        b. Contractor will submit a revised plan if County determines the plan to be inadequate or not meeting fidelity to the CLAS standards.
    3. **(Only include if vendor has not done initial plan)** During FY 21/22 Contractor will develop an agency Cultural Responsivity Plan to include goals and objectives towards improving cultural and linguist competencies and addressing local disparities. County will provide technical assistance, useful tools and a plan template to be used for organizations that do not already have such a plan.
        a. The Cultural Responsivity Plan shall be submitted to County QI Unit for qualitative review, feedback, and approval no later than September 30, 2021.
        b. The agency Cultural Responsivity Plan shall be reviewed and updated at least annually, and a copy submitted to County Quality Improvement by July 30th of each Fiscal Year for the current Fiscal Year.
        c. Contractor will submit a revised plan if County determines the plan to be inadequate or not meeting fidelity to the CLAS standards.
    4. Develop and assure compliance with administrative and human resource policy and procedural requirements to support the intentional outreach, hiring, and retention of a diverse workforce;
    5. Provide culturally sensitive service provision and staff support/supervision, including assurance of language access through availability of bilingual staff or interpreters and culturally appropriate evaluation, diagnosis, treatment and referral services.
C. Contractor will ensure agency representation for the County Diversity and Equity Committee held monthly in order stay apprised of—and inform—strategies and initiatives related to equity and social justice as informed by the goals included in the County Cultural Responsivity Plan and Annual Updates.
    1. Assign an agency staff member designated to become an active committee member attending meetings consistently. Designee will be required to complete the *Diversity and Equity Committee Participation Agreement* form.
    2. Make an effort to ensure that the designated representative can also participate in ad hoc subcommittee meetings scheduled as needed to work on specific initiatives related to goals in the MHP Diversity and Equity Plan.
    3. Identify a back-up person to attend committee meetings in the absence of the designated person.

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

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

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

Appendix C: SCBH RFP Template: Cultural Responsivity Section

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DEPARTMENT OF GENERAL SERVICES
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REQUEST FOR PROPOSALS (RFP)
NUMBER: TBD

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BEHAVIORAL HEALTH DIVISION

TBD
(name service/program purchasing)

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

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

Content Related to Diversity, Equity and Inclusion

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

Scoring
a. Proposal Review Criteria

Attachment/ Related Questions	Item	Possible Points	Points Total
Attachment 2	**Qualifications & Experience**		**20**
1. a, b	Proposer clearly articulates the capacity of their organization to provide the services as outlined in the RFP, including experience with [service we are soliciting].	**10**	
2. a, b	Proposer has appropriate infrastructure in place to ensure compliance, documentation integrity and maintain medical records appropriately.	**5**	
3	Proposer has appropriate quality improvement infrastructure and capacity for data and performance outcome tracking.	**5**	
4	Statement as to whether there is any pending litigation against the Proposer.	**Pass/Fail**	
5	A list of all current contractual relationships with the County and those within the previous five-year period.	**Pass/Fail**	
Attachment 2	**Program Narrative**		**60**
1. a-e	Proposer provides a clear description of [service being solicited] activities which includes all the required components including how referrals will be handled.	**20**	
2. a-c	Demonstration of how the program will address the cultural and linguistic needs of the consumers served.	**10**	
3	Appropriate Evidenced Based Practices (EBPs) or treatment models outlined, including training and oversight of fidelity to the models.	**5**	
4. a	Appropriate goals and outcomes were identified to measure the success of the program, including outcome tools/instruments to measure program impacts are identified.	**5**	

5. a-d	The Staffing Plan is appropriate for services proposed and demonstrates the experience needed to provide the service outlined in this RFP.	**10**	
6. a, b	The Implementation Plan is thorough and demonstrates, a thoughtful plan for strategies to scale the services to full implementation, supervisory support, and the role of leadership and the activities that will ensure successful implementation and ongoing sustainability of the program.	**10**	
7	Other relevant information that demonstrates that the proposer is specifically qualified to provide the services being solicited in this RFP.	**Pass/Fail**	
Attachments 3 & 4	**Budget/Cost Proposal**		**20**
	The budget and fiscal resources are appropriate to carry out the project are adequately described and clearly connected to the activities in the program description.	**10**	
	Proposer has appropriate internal controls, fiscal procedures, and fiscal administration.	**2**	
	Proposer's financial situation solvent with no material weaknesses noted.	**8**	
	Total Possible Points		**100**

ATTACHMENT 2

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

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

		QUALIFICATIONS & EXPERIENCE
		Provide a description for each of the following:
1		Proposer's background or organizational history and years in business providing community mental health services, emphasizing experience with community-based [Services we are soliciting] services.
	a	Experience coordinating care and working collaboratively with community partners including other mental health providers, law enforcement, emergency rooms, schools, etc.
	b	Experience with billing full scope Medi-cal.
2		Describe the organization's infrastructure related to compliance, oversight of documentation integrity and maintenance of medical records.

	a	How will the Proposer ensure the security of protected health information (PHI)?
	b	Training plan related to HIPPA and Compliance.
3		Organization's infrastructure related to quality improvement, data collection and performance outcome tracking.
4		A statement as to whether there is any pending litigation against the Proposer.
5		A list, if any, of all current contractual relationships with the County of Solano and all those completed within the previous five-year period the list must include: - Contract number - Contract term - Core service/s being delivered - Description of any corrective action plans that have been in place for any of the associated contracts. (NOTE: Current or prior contracts with the County are NOT a prerequisite to being awarded the maximum available points for the Proposer Qualifications and Experience category.)

		PROGRAM NARRATIVE
		Provide a response or description for each of the following:
1		A brief description of the overall program and its approach to the core service delivery.
	a	The name of the proposed program and how specifically this program will address the needs of the target population.
	b	The proposed specific activities to performed by personnel hired through this proposed program.
	c	An estimate of how many clients will be served each year of the contract based on proposed staffing; and how that estimate was determined.
	d	TBD specific to narrative and scope of work
	e	TBD specific to narrative and scope of work
2		Describe how the program will demonstrate cultural and linguistic competence outlined in the National CLAS Standards.
	a	Describe how the program will ensure that the cultural and linguistic needs of consumers will be met including strategies to meet the needs of Spanish-speaking (Solano County threshold language) and Tagalog-speaking populations.
	b	Plan for providing appropriate services to lesbian, gay, bi-sexual, transgender, and questioning (LGBTQ+) consumers.
	c	Plan for how the program will recruit and retain bicultural and bilingual staff reflecting the community served.

3		Describe evidence-based practices (EBP) or specific models of intervention that will be utilized in the program, including the training and oversight of fidelity to the models.	
4		Identify goals and intended outcomes of the proposed program, how they will be measured, and the timeframe for accomplishing the goals and outcomes.	
	a	Identify what outcome tools or validated instruments will be utilized to monitor programs and cycle of administration to determine that the services provided made a positive impact. **Include copies of instruments to be used as an Attachment.**	
5		Provide a Staffing Plan to include number of personnel needed for the proposed program and training plan. This section shall provide the qualifications and experience of the key team member(s) that will work on the project.	
	a	Complete Attachment 9 Key Team Members Reference Sheet	
	b	Describe how staff with lived experience (consumer or family) will participate in the delivery of services.	
	c	Infrastructure and historical data associated with recruitment and retention, including the retention statistics associated with clinical program staff and program management.	
	d	Describe trainings that will be provided for program personnel related to addressing the needs of the target population.	
6		Provide a detailed Program Implementation Plan which should illustrate the steps needed to start the proposed program including timeframes and milestones. This should include but not be limited to: the critical pre-implementation steps needed to start the proposed program; approach to identify and respond to any anticipated challenges associated with implementation; and the indicators of readiness and strategies spread implementation across the county.	
	a	Describe the supervision plan for staff providing direct.	
	b	Describe how the contract will be managed to ensure contract deliverables are met.	
7		Other relevant information that demonstrates that the proposer is specifically qualified to provide the services being solicited in this RFP.	

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

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

POLICY NUMBER: AAA203

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

IMPLEMENTATION DATE: March 24, 2009

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

PARTY RESPONSIBLE FOR REVIEW: Mental Health Services Quality Improvement Unit

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

REVISED POLICY (and renamed)

I. DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

II. CULTURAL AND LINGUISTIC CONSIDERATIONS

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

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

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

III. POLICY

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

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

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

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

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

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

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

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

IV. PROCEDURES

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

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

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

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

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

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

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

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

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

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

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

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

VI. FORMS
A. None

VII. RELATED POLICIES
A. None

APPROVALS:

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

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

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

Appendix E: Solano County Implementation of System of Care Cultural Responsivity Plans: Organization Feedback Report May 2020

Solano County Implementation of System of Care Cultural Responsivity Plans
Organization Feedback Report- May 2020

Solano County Behavioral Health Division (SCBHD) is requiring all its network contract providers to comply with the national Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care which includes developing an agency Cultural Responsivity Plan. 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.

Content of Report

- **Background on the Cultural Responsivity Plan project**
- **Feedback on your organization's Cultural Responsivity Plan**
- **Recommendations**
- **Next Steps**
- **Resources**

Background on the Cultural Responsivity Plan Project

In January of 2016 SCBHD partnered with the University of California, Davis (UCD) – Center for Reducing Health Disparities (CRHD) to implement the Solano County Mental Health Services Act (MHSA) Innovations Project, *Interdisciplinary Collaboration and Cultural Transformation Model* (ICCTM). This project which aims to increase culturally and linguistically appropriate services for County-specific unserved and underserved populations with low behavioral health service utilization rates: the Latino, Filipino, and LGBTQ communities as identified in 2015 when the Innovation Plan was developed, is anchored in the CLAS standards and a community engagement framework.
In accordance with the Department of Health Care Services (DHCS) Mental Health Plan (MHP) contract, SCBHD has a Cultural Responsivity Plan that is updated annually reporting out progress regarding initiatives and strategies to provide culturally and linguistically responsive services for our beneficiaries, as well as annual goals and objectives to guide efforts in the year to come. SCBHD incorporated the CLAS standards into the MHP Cultural Responsivity Plan Update for fiscal year (FY) 2016/17.

Beginning in July 2019, SCBHD required that all System of Care Community Based Organizations (CBOs) submit an annual Cultural Responsivity Plan by the end of the year. A System of Care CBO is defined as a network of community-based services and supports organized around Solano County that "provides treatment and recovery services to children, youth, transition-age youth, adults, and older adults." Simply put, a system of care that is built on the strengths of communities to overcome challenges by ensuring a network of professionals in the context of a community. The overall purpose of a Cultural Responsivity Plan is to demonstrate a commitment to health equity, diversity, and inclusion and be in alignment with SCBHD service delivery aim to "empower all community members throughout their journey towards wellness and recovery." To achieve this, each CBO's plan would incorporate and implement the 15 National Standards for Culturally and Linguistically Appropriate Services (CLAS) when working directly with vulnerable communities within their organization. The System of Care CBO leaders and their staff were instructed to create their Cultural Responsivity Plans that would:

- Incorporate all 15 CLAS Standards within their plan;
- Concentrate on two to three of the 15 CLAS Standards and successfully address them during FY 2019/20.

We draw on the following three overarching principles from Solano County's Diversity and Equity Committee that are relevant to Cultural Responsivity Plans:

(1) Care is provided to promote self-defined recovery, family and child resiliency as well as positive development of each person (and community) served;
(2) Care is provided in a culturally and linguistically competent way with sensitivity to and awareness of the person's culture, race, ethnicity, language preference, age, gender identity, sexual orientation, disability, religious/spiritual beliefs and socioeconomic status; and
(3) Care that is accessible, available and appropriate to ensure quality of mental health services and eliminate disparities for individuals and communities.

To prepare System of Care CBOs for this effort, SCBHD held a training to review the CLAS Standards and required components to include in the Cultural Responsivity Plans. At the invitation of SCBHD, CRHD introduced and delivered a training on the CLAS Organizational Assessment tool. This tool was designed to assess an organization's integration and implementation of the 15 CLAS Standards. CRHD adopted and modified this assessment tool from the by Matthew Wynia and colleagues' (2010) Communication Climate Assessment Tool. This multi-stakeholder tool is the most comprehensive framework on improving communication to address disparities and provide quality health care. This tool was endorsed by the US Department of Health & Human Services' Office of Minority Health as well as the National Quality Forum.

During CRHD's CLAS Organizational Assessment training and administration, System of Care CBOs were asked to voluntarily participate in completing a CLAS Organizational Assessment. Once each organization completed their assessment, CRHD staff analyzed the responses and produced a report for each organization showing their results for each CLAS standard, with scores ranging from 1 = lowest to 3 = highest. While not all CBO partners completed the CLAS Organizational Assessment, CBO partners did submit Cultural Responsivity Plans directly to SCBHD. To- date, SCBHD has received eleven (11) Cultural Responsivity Plans from CBOs and a few included scores from their CLAS Organizational Assessment results.
SCBHD started the process of embedding the CLAS standards into their system of care and organization network. This is an important development for Solano County, SCBHD and System of Care CBOs because with these Cultural Responsivity Plans in place, it means community members can receive mental health services that are culturally and linguistically appropriate.

With these Cultural Responsivity Plans, SCBHD and the System of Care CBOs are now able to establish each CBO's baseline in providing culturally and linguistically appropriate mental health services, offer training and technical assistance with implementation, and track and monitor organizational efforts to implement and meet their two to three priority CLAS Standards.

Your Organizational Feedback

Upon review by SCBHD found that **[Vendor redacted]** provided a comprehensive Cultural Competency Plan based on the results from their CLAS Organizational Assessment. It appears that [vendor] used the assessment to guide their plan development to improve services based on the CLAS Standard being addressed. Throughout the plan, it was clear that the organization intended to address and implement each standard. SCBHD applauds [vendor] 's transparency in identifying strengths and areas for improvement that were identified during the CLAS Organizational Assessment. SCBHD was impressed by [vendor]'s commitment to providing great quality services that meet the cultural and linguistic needs of our diverse community. By identifying metrics, the intended timeframe and persons/s responsible [vendor] will be well positioned to be a leader in the implementation of CLAS.

SCBHD enlisted CRHD evaluators to provide technical assistance in reviewing the Cultural Responsivity Plans submitted by their System of Care CBOs. CRHD provided a comprehensive report to SCBHD. That report was then utilized by SCBHD to develop this document providing brief feedback for each CBO partner who submitted a plan. The goal of sharing the assessment results report with each of the System of Care CBO participants is to serve as a guide to highlight the CLAS standards being met, partially met and not met. By identifying which CLAS standards are partially or not met, each organization could prioritize and develop a Cultural Responsivity Plan Update around those standards. Figure 1 outlines the methodology used by CRHD evaluators to assess whether each CBO included content in their Plan to support efforts towards implementation of the CLAS standards. It is important to note that CRHD did not evaluate CLAS Standard 1 as this principle standard is the overarching guide for the remaining 14 standards. SCBHD wants to highlight that we did not provide a required format for the Cultural Responsivity Plans, and therefore the following feedback is intended to be utilized as a tool for each CBO partner.

VENDOR CLAS Standard Checklist (CRHD)

CLAS Standard	Not Addressed	Intent to Address	Standard Addressed Comprehensively*	Included Action Steps for Effecting Change	Included Metrics and Indicators	Identified a Responsible Party	Identified a Realistic Timeline	Implementation in Process	Project Refinement, Tracking and Monitoring	Project Rating
2	☐	☒	☒	☒	☐	☒	☒	☒	☐	
3	☐	☒	☒	☒	☒	☒	☐	☐	☐	
4	☐	☒	☒	☒	☐	☒	☐	☒	☐	
5	☐	☒	☒	☒	☐	☒	☒	☒	☐	
6	☐	☒	☒	☒	☐	☒	☒	☒	☐	
7	☐	☒	☒	☒	☐	☒	☐	☐	☐	
8	☐	☒	☐	☒	☒	☐	☒	☒	☐	
9	☐	☒	☐	☐	☐	☒	☐	☒	☐	
10	☐	☒	☒	☒	☐	☒	☒	☒	☒	
11	☐	☒	☐	☒	☒	☒	☒	☒	☐	
12	☐	☒	☐	☒	☒	☒	☒	☒	☒	
13	☐	☒	☐	☒	☐	☒	☐	☐	☐	
14	☐	☒	☐	☒	☐	☒	☐	☐	☐	
15	☐	☒	☐	☒	☒	☒	☒	☒	☒	

Figure 1

^CLAS Standards to be addressed during FY 2019-2020 CRP
‡Addresses 3 or more domains within standard

Summary of CLAS Standards - CRHD

CLAS Standards	Not Met	Partially Met	Met
Standard 2			
Standard 3			
Standard 4			
Standard 5			
Standard 6			
Standard 7			
Standard 8			
Standard 9			
Standard 10			
Standard 11			
Standard 12			
Standard 13			
Standard 14			
Standard 15			

Figure 2

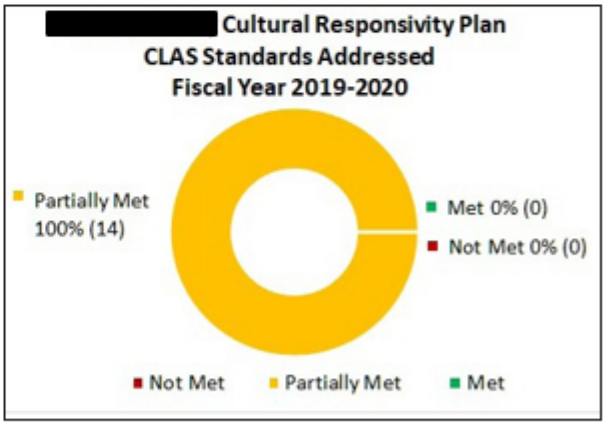

Figure 3

CRHD Cultural Responsivity Plan Observations

[Vendor] addressed the 15 CLAS Standards in their Cultural Responsivity Plan comprehensively. The language included in their plan indicated they are implementing and sustaining efforts over time, however when CRHD reviewed their plan, all the standards fell into the Partially Met rating. Based on the established criterion, [vendor] did not provide enough information on critical components to indicate they were in the implementation or sustainability ratings. Additionally, while all the CLAS Standards have been addressed, the plan did not clearly identify the two to three standards they plan to address during FY 2019/20.

Recommendations

SCBHD recommends [vendor] to review the checklist in Figure 1 to identify the missing criteria within each standard. By including a metric and indicator for CLAS Standard 10, this standard would move to a "Met" rating. For CLAS Standards 12 and 15, adding two additional domains for each of these standards will move their efforts along the trajectory to a "Met" rating. Likewise, by addressing the missing criteria for the remaining CLAS standards, and with close monitoring and fine-tuning of strategies, [vendor] can eventually meet these standards. Finally, SCBHD recommends for [vendor] to revisit your agency's CLAS Organizational Report to identify the lowest scoring standards (6, 8, 12) as possible focal areas for next FY 2020/21. SCBHD is committed to reducing health disparities and are appreciative of [vendor] 's efforts and values the work your organization does to support our most vulnerable populations. As we continue to advance health equity throughout our system of care, we look forwarding to partnering in these efforts.

Next Steps

- Engage with SCBHD to participate in training and technical assistance that will be offered as a result of the collective findings.
- Begin to identify the lowest scoring standards and focus on improving those.
- Submit an updated Cultural Responsivity Plan annually beginning on December 31st, 2020 and every FY thereafter. Please submit the Plan to the Ethnic Services Coordinator and your County Contract Manager.

Resources

National CLAS Standards Blueprint

https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf

Solano BH Cultural Competence webpage: https://www.solanocounty.com/depts/mhs/cc.asp

For any questions, please contact Eugene Durrah, Ethnic Services Coordinator at eadurrah@solanocounty.com

References

1. University of California, Davis Center for Reducing Health Disparities. (2020). *Cultural Responsivity Plan Review Report for Solano County Behavioral Health System of Care Community Based Organizations Plans.*
2. National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice. (2013, April). Retrieved from https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf
3. Solano County - Cultural Competence. (n.d.). Retrieved from https://www.solanocounty.com/depts/mhs/cc.asp
4. National Stakeholder Strategy for Achieving Health Equity. (n.d.). Retrieved from https://minorityhealth.hhs.gov/npa/files/Plans/NSS/CompleteNSS.pdf

Appendix F: Diversity & Equity Committee Participation Agreement

Diversity and Equity Committee Participation Agreement

Dear Potential Committee Member:

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

The Committee works to ensure community members have timely access to equitable and quality behavioral health care that is responsive to their cultural and linguistic needs. Committee members oversee the organizations self-assessment process, develop the cultural responsivity plan, formulate and monitor procedures that evaluate the implementation and effectiveness of the organization's plan in developing culturally responsive services and practices.

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

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

Regards,

Eugene Durrah, LCSW

MHSA Clinical Supervisor/Ethnic Services Manager

Solano County Behavioral Health

Phone: 707-784-4931 (Office)

Email: EADurrah@solanocounty.com

Participation Commitment

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

In the space provided below, please provide a brief statement regarding what interests you, or motivates you to participate in the

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

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

_____

New Committee Member Signature Date

_____

Direct Supervisor Signature Date

Appendix G: Diversity and Social Justice Training Resources

DIVERSITY AND SOCIAL JUSTICE TRAINING

ADDITIONAL RESOURCES

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

Videos:

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

Tests:

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

Readings:

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

References:

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

DIVERSITY AND SOCIAL JUSTICE TRAINING

POST TRAINING DISCUSSION GUIDE

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

Recommended Discussion Prompts:

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

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

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

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

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

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

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

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

PRE-EVALUATION SURVEY

True or false: mark with an "x" next to each statement to select if it is true or if it is false.

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

POST-EVALUATION SURVEY

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

Place an "x" in the appropriate column that reflects your response to the statements					
Statements					
I am more aware of the disparities different groups experience in Solano County including					
I learned something new from this training.					
I feel more comfortable having conversations about social justice at work.					
I would recommend other colleagues to attend this training.					
The PowerPoint presentation and training materials were clear and understandable.					
The instructors were clear and explained topics thoroughly.					

Any additional comments?


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