Solano County Behavioral Health

DIVERSITY AND EQUITY

2022 Annual Update

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Land Acknowledgement

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

Introduction

Inclusion Statement

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

Purpose

SCBH continues to strengthen its efforts to develop a culturally and linguistically responsive 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 persist. 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 Plan Update provides updates regarding recent data and demographic changes in our county, culturally responsive strategies implemented by SCBH during Calendar Year (CY) 2021, as well as updates on planning, community engagement and goals to address disparities during CY 2022.

This Plan includes data from various sources to help summarize trends and disparities experienced within the county behavioral health system of care (SOC) and the Solano community at large. It is important to note that for some data sets referenced throughout this document the racial categories may not be named consistently and/or a category we would expect to see may not be included, which is a result of demographic information being collected and reported out differently on Federal, State, and local levels. As an organization committed to racial equity it is imperative for SCBH to acknowledge that race is a social construct which has historically been used to perpetuate inequalities, however this information is also currently utilized to determine funding and resources for underserved and underrepresented communities. Therefore, demographic data included in this document is intended to assist in identifying gaps in the SOC which informs SCBH's strategies for reducing behavioral health disparities.

County Demographics Update for 2022

Solano County is rich in its variety of cultures and landscape. It is home to some of the nation's most diverse cities within its borders (Vallejo, and most recently Fairfield)[1]. The County is located approximately 45 miles northeast of San Francisco and 45 miles southwest of Sacramento. The County covers 909.4 square miles, including 84.2 square miles of water area and 675.4 square miles of rural land area. According to the 2021 Solano County Annual Report the County's population was 438,527, and 25% of the population are ages 19 and younger, 57% ages 20 to 64 and 18% of the County population is age 65 and over[2].

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

Solano County is one of the most racially diverse counties in the nation. Fifty-five percent of Solano residents identify as people of color and 30% speak a language other than English at home[3]. Forty-four percent of businesses are owned by people of color, and 39% are owned by women[4].

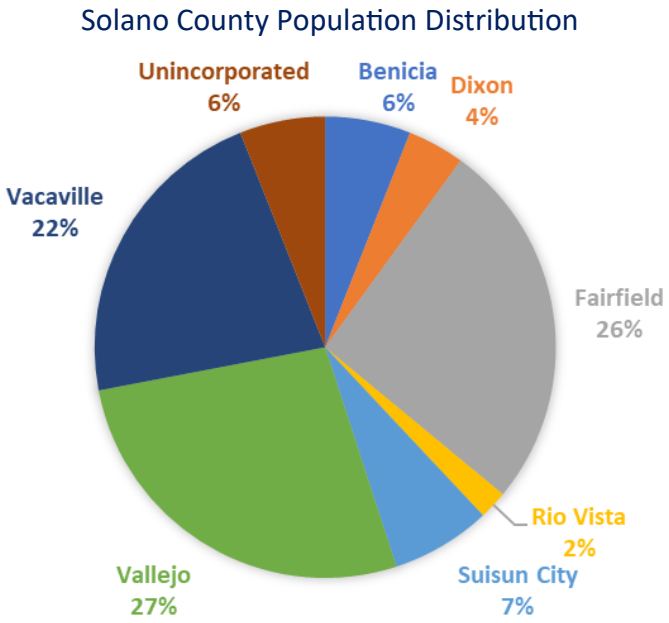
Approximately 92% of Solano County residents are US citizens, lower than the national averages of 93.4%. As of 2019, 44.6% of Solano County residents were born outside of the United States, which is higher than the national average of 34%[5]. The table below demonstrates the languages spoken by Solano County residents.

Language Spoken at Home in Solano County	Percent of Total Population
Speak only English	70.3
Speak Spanish	16.6
Speak Asian or Pacific Island Languages	10.1
Speak Other Indo-European Languages	2.4
Speak Other Languages	0.5

Source: United States Census Bureau[6]

Population City Distribution

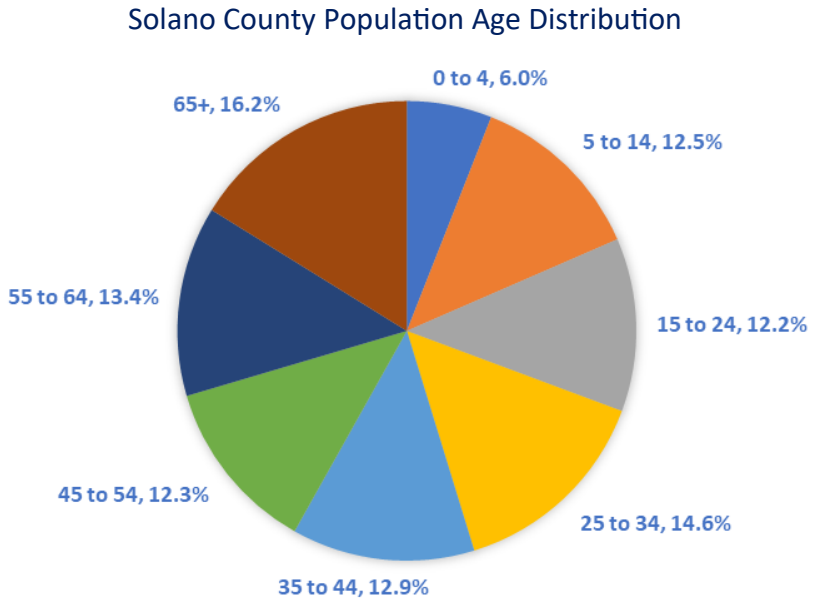
There are seven (7) incorporated cities in Solano County, with Vallejo (27%), Fairfield (26%) and Vacaville (22%) as the most populous cities in the County. The graph below shows the County population by city distribution. Solano County consists of many rural towns such as Rio Vista, Dixon and others which often include residents identified as foreign born or other language speakers. Many of the people in these communities have difficulties with transportation, access to healthcare services, or limited education related to the needs and benefits of treatment. These areas are critical for SCBH outreach and engagement efforts.



Source: United States Census Bureau[7]

Population Age Distribution

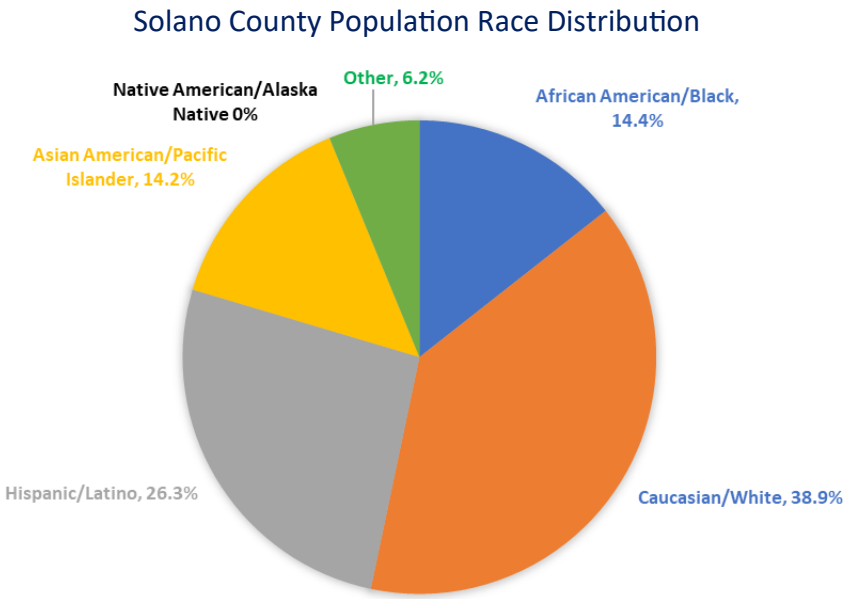
The graph below shows the Solano County population separated into six (6) different ten-year age spans. Between ages 5-14 through 55-64, there is surprising consistency, with a range of 12.2% for persons 15-24 to 14.6% for person 25-34. Older adults 65+ represent 16.2% of the population. Six percent (6.0%) of the population are children ages 4 and under.



Source: United States Census Bureau[8]

Population Race/Ethnicity Distribution

The graph to follow shows Solano County's population by proportion of race/ethnic groups. Approximately 61.1% of the Solano County population is identified with a race other than White/Caucasian. In 2019, Solano County was ranked as the 2nd most racially diverse County in the United States[9]. According to the 2021 Solano County Annual Report, persons who are Caucasian/White represent 38.9% of the population; 26.3% Hispanic/Latino; 14.4% African American/Black; 14.2% Asian American/Pacific Islander (AA/PI); and 6.2% other race/ethnicity groups[10].



Source: United States Census Bureau[11]

Review of Goals from Calendar Year 2021

During CY 2021, SCBH leadership and the Diversity and Equity Committee planned to achieve three (3) overarching goals: policy and system change, community empowerment and improving access to language assistance. Please see the progress towards the goals below:

Goal 1: Policy and Systems Change – Influence organizational level policies and institutional changes across the Solano County BHP 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).

The evaluation conducted throughout the Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Innovation project—including the Solano County Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Innovation Project: Final Evaluation Report (herein referred to as the ICCTM Final Evaluation Report)—has provided the baseline data that SCHB will use to continue to monitor disparities within the SOC. As SCBH develops monitoring reports through the Avatar electronic health record (EHR), efforts are being made to ensure fields are included to allow for the monitoring of disparities, e.g., race, ethnicity, primary language, preferred language, caretaker's preferred language (for minor consumers), sexual orientation and current gender identity. Reports from the EHR are being utilized to build various data dashboard metrics to monitor service delivery and quality of treatment throughout the SOC which will inform future disparity reduction goals.

⇒ **Ongoing:** As a result of the ICCTM project, SCBH identified the following areas to monitor for disparities within the SOC by reviewing various measures by race/ethnicity, language, gender identity and sexual orientation.

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

Strategy 2: Develop a data dashboard for the monthly Diversity and Equity Committee meeting to help monitor for disparities within the BHP.

⇒ **Ongoing:** SCBH recently hired a Planning Analyst to assist with developing metrics for various data dashboards (see sample in Appendix page 75) utilized for system monitoring. The Planning Analyst, in partnership with key stakeholders has drafted dashboard templates and continues to collaborate with leadership to develop an Access and Equity Dashboard that will be used to monitor specific disparity reduction goals. Once the Planning Analyst and SCBH leadership finalize the dashboards, the Diversity and Equity Committee will monitor during bimonthly meetings and assess progress during annual updates.

Strategy 3: Continue to implement quality improvement (QI) Action Plans developed by stakeholders from the Mental Health Services Act (MHSA) Innovation ICCTM Project.

⇒ **Ongoing:** Several of the QI Action Plans have been fully implemented, while several others require ongoing implementation. See pages 39-44 for further details on the QI Action Plans.

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.

⇒ **Goal Met:** SCBH implemented the BHP Diversity and Inclusion Approaches to Service Delivery monthly meeting for SCBH staff in April 2021. These meetings are facilitated by the Ethnic Services Coordinator (ESC) in partnership with leadership. During CY 2021, staff identified documents that needed to be translated, recommended policies to help promote inclusive spaces, engaged in discussions about how to effectively talk about racism and viewed webinars on various culturally responsive strategies.

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.

⇒ **Ongoing:** SCBH participated in a training and action program hosted by Bay Area Regional Health Inequities Initiative (BARHII), about racial equity practices in the homelessness systems of care. This initiative created a space for collective action to further racial equity within homelessness response efforts at both the local and regional levels. Solano County's interdisciplinary team—Racial Equity Action Lab (REAL) Team—consisted of participants from SCBH's homeless outreach team, members of local grassroot and non-profit homeless service delivery programs, and board members from the Housing First Continuum of Care. Please see pages x-x for more information regarding this initiative.

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.

⇒ **Goal Met**: During fiscal year (FY) 2020/21, the SCBH social media following increased by approximately 20% and content was viewed by about 5,000 users. Two hundred and sixty-five users visited the SCBH website at www.solanocounty.com/depts/bh by clicking the website link in a Facebook or twitter post. The primary referral source to the SCBH's social media pages was Google. During FY 2020/21 the Latino/Hispanic Outreach Coordinator participated in 3 outreach activities/events with 56 participants, conducted outreach with 2 individual community partners, recorded 5 videos in Spanish including 2 collaborations between Public Health and SCBH regarding safety and wellness during the COVID-19 pandemic which reached 34,300 people with 5,000 views. Outreach also included 45 posts in Spanish for SCBH social media platforms which reached 454 people. The Asian American/Pacific Islander (AA/PI) Coordinator conducted a total of 55 outreach activities including 8 individual outreach contacts, 28 social media posts, and 19 other engagement activities reaching 4,056 community members. SCBH collaborated with Touro University partners who have been contracted by the Solano County Board of Supervisors to develop an app SolanoConnex to assist residents in finding appropriate behavioral health services offered through both the private and public sectors.

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).

⇒ **Goal Met:** SCBH held two (2) youth focus groups as part of the County's Suicide Prevention Strategic Plan Update. Each group was comprised of a diverse range of ages 16-25 years and one of the groups held was for the lesbian, gay, bisexual, transgender, queer (LGBTQ+) TAY. The youth provided their regarding into risk and resiliency factors as well as discussing ideas for expanding outreach and services to meet their needs. The Diversity and Equity Committee had one TAY participant attend a meeting during the reporting period and the Committee plans to continue working on increasing engagement of TAY participants. The Suicide Prevention Committee had two TAY members who participated in the Committee on an ad hoc basis during the reporting period.

Strategy 3: Create opportunities for genuine shared decision making with community members via the Diversity and Equity Committee, subcommittees, focus groups, etc.

⇒ **Goal Met:** SCBH significantly increased community engagement through several rounds of Mental Health Services Act (MHSA) community program planning (CPP) (see pages 31-32 for more details) and feedback loops related to community-defined quality improvement (QI) Action Plans developed through the MHSA ICCTM Innovation Project (see pages 37-44 for more details). Additionally, the Diversity and Equity Committee provided opportunities for shared decision making on specific strategies to help reduce mental health disparities including the development of the 2022 Annual Plan Update goals.

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.

⇒ **Goal Met:** SCBH engaged the community in a comprehensive CPP process in order to develop the countywide Suicide Prevention Strategic Plan Update 2021**.** The CPP process included ten (10) targeted focus groups and key informant interviews with diverse communities in Solano County that are at increased risk for suicide. The process included the exploration of recent trends in suicide, impacts of COVID-19 and racial injustices on the community's mental health. Focus groups provided recommendations for the County to consider for enhancing support for vulnerable populations.

Strategy 5: Expand the *LGBTQ+ Ethnic Visibility* QI Action Plan to the African American/Black and Native American Indigenous communities, which will include the facilitation of focus groups with members of the LGBTQ+ community that intersect with the African American/Black and Native American/Indigenous communities to develop signage to reduce stigma and raise awareness.

⇒ **Goal Partially Met:** SCBH partnered with Solano Pride Center to schedule a focus group with local LGBTQ+ African American stakeholders, however the focus group was cancelled due to difficulty recruiting participants. Efforts will be made to reschedule this focus group. SCBH did hold a meeting with four local Native American/Indigenous stakeholders to begin the process of gathering feedback regarding how the LGBTQ+ Ethnic Visibility signage campaign could be expanded to the Native Indigenous LGBTQ+ community. Stakeholders advised the County to conduct separate focus groups with stakeholders from each local tribe in order to solicit feedback. Additionally, the stakeholders recommended that the County commission a Native American artist to create images rather than utilizing images of people on the posters. During this reporting period community stakeholders have also recommended that SCBH develop posters for the Caucasian LGBTQ+ community. SCBH will continue to partner with Solano Pride Center and other LGBTQ+ stakeholders to explore culturally responsive strategies for reducing stigma and raising mental health awareness for LGBTQ+-ethnically diverse populations.

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 community-based organization (CBO) staff to ensure that all current and new staff receive training on how to access Language Link interpreter services during the onboarding process.

⇒ **Goal Met:** SCBH funded several rounds of *Behavioral Health Interpreter Training (BHIT)* which included a section on how to access Language Link. Additionally, a QI staff member recorded the training content and uploaded a virtual Language Link training via Vimeo which has been shared with all SCBH staff and CBO partners allowing for access on an as needed basis. SCBH staff also recorded additional videos on the Language Link Video Remote Interpretation (VRI) platform and utilization data on access and personal stories to encourage continued understanding and use.

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.

⇒ **Goal Not Met:** Sixty-one percent (61%) of BHP staff (County and CBO) who completed the annual survey reported receiving training on how to access Language Link services. It is important to note that the survey is voluntary and does not include all BHP staff. Additionally, 216 BHP staff have completed BHIT sessions, and the two online Language Link videos have been viewed 83 times. SCBH will continue promoting language assistance trainings and providing opportunities for staff.

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.

⇒ **Ongoing:** SCBH shared data related to the use of Language Link during Diversity and Equity Committee meetings during CY 2021. SCBH continues to work on developing an Equity Dashboard that will be used to analyze and track for disparities including linguistics. At this time the utilization of Language Link interpreter services is not captured in the BHP's EHR, however the data is made available upon request from the County representative responsible to manage the Language Link contract. Please see page 59 to review interpreter utilization data for CY 2021.

Goals for Calendar Year 2022

SCBH will continue to implement the CLAS Standards across the SOC, contract procurement process, contract language, policy development, hiring/retention practices, and service delivery. In partnership with the SCBH leadership and the Diversity and Equity Committee, the following goals were developed for CY 2022. The SCBH Diversity and Equity Committee utilized the National Standards for Culturally and Linguistically Appropriate Services (CLAS) Action Worksheet to recommend the strategies SCBH plans to implement in CY 2022. The following four (4) goals are focused on: quality improvement and system monitoring; governance, leadership and workforce development; increasing access and quality language assistance; and increasing community engagement. The goals and strategies outlined will be overseen by the ESC in partnership with SCBH leadership, the QI Unit and the Diversity and Equity Committee.

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

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

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

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

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

Target Date: 12/31/2022 **CLAS Standard(s):** 1,10 **Person(s) Responsible:** ESC, QI Unit, BHP Programs

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

Strategy 1: Incorporate CLAS into the organization's Mission and Vision Statements and/or strategic plans by determining how the organization acknowledges and addresses concepts such as diversity, equity, and inclusion.
Target Date: 12/31/2022 **CLAS Standard(s):** 1,2 **Person(s) Responsible:** SCBH Administration and Leadership, ESC

Strategy 2: Target recruitment efforts to the populations served to increase the recruitment of culturally and linguistically diverse individuals through actions such as: posting job openings on social media; distributing job postings to targeted community organizations geared towards specific diverse populations; and creating career pipelines with local schools including the community college and higher level academic institutions.
Target Date: 12/31/2022 **CLAS Standard(s):** 3 **Person(s) Responsible:** SCBH Administration, ESC, BHP Intern Coordinator

Strategy 3: Create a mentorship program within the BHP that will provide opportunities for individuals in leadership and senior management to share career guidance and tacit knowledge to help foster a more culturally and linguistically diverse workforce.
Target Date: 12/31/2022 **CLAS Standard(s):** 3 **Person(s) Responsible:** ESC, SCBH Administration and Leadership, CBO Leadership

Strategy 4: Promote the inclusion of CLAS related topics in individual supervision and program staff meetings with an emphasis on acknowledging individual or programmatic progress towards cultural humility.
Target Date: 12/31/2022 **CLAS Standard(s):** 2,3,4 **Person(s) Responsible** SCBH Administration and Leadership

Strategy 5: Continue to promote and organize continuous CLAS-related trainings with an emphasis on utilizing existing awareness campaigns such as: Asian American and Pacific Islander Heritage Month, Black History Month, Hispanic Heritage Month, Native American Heritage Month, and Pride Month, in addition to including discussions related to diversity and equity at various All Staff meetings.
Target Date: 12/31/2022 **CLAS Standard(s):** 2,3,4 **Person(s) Responsible:** SCBH Administration, ESC

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

Strategy 1: Develop and administer an organizational assessment/survey specific to language assistance to determine how these services can be more effective and efficient.
Target Date: 12/31/2022 **CLAS Standard(s):** 8,10, 12 **Person(s) Responsible**: SCBH Administration, ESC, QI Unit

Strategy 2: Further enhance existing materials that provide individuals with notification that describing what communication and language assistance is available, in what languages the assistance is available, to whom the services are available for, and that language assistance is provided by the organization free of charge. Efforts will be made to ensure that these materials are posted in prominent locations within clinic waiting areas and that materials are developed specifically for field-based programs such as Full Service Partnerships, Mobile Crisis, etc.
Target Date: 12/31/2022 **CLAS Standard(s):** 5,6,7,8 **Person(s) Responsible:** SCBH Administration QI Unit, ESC, BHP Programs

Strategy 3: Formalize processes for ensuring all new BHP written materials are translated into Spanish, which is the threshold language, and Tagalog the sub-threshold language when appropriate, and for evaluating the quality of these translations. This may include identifying key BHP stakeholders to review translated materials.
Target Date: 12/31/2022 **CLAS Standard(s):** 13 **Person(s) Responsible:** QI Unit, ESC

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

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

Strategy 2: Identify cultural brokers—which may include staff, consumers, family members, Peer Specialists or community stakeholders—to help improve feedback mechanisms and communication with culturally and linguistically diverse communities within Solano County.
Target Date: 12/31/2022 **CLAS Standard(s):** 13,14 **Person(s) Responsible:** ESC, MHSA Unit, QI Unit, Wellness Recovery Unit

Criterion 1: Commitment to Culturally & Linguistically Appropriate Services

SCBH Vision, Mission and Values

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.

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.

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 (ESC)

As part of a commitment to equity, diversity, and the CLAS Standards, SCBH has a dedicated staff member who oversees the Diversity & Equity Plan and other equity efforts. The role of the ESC has been established for several years. In 2019, Behavioral Health Director Sandra Sinz appointed Eugene Durrah, LCSW as the ESC for the BHP. Each county is mandated by the state to appoint a representative who is responsible for the oversight of the BHP'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 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 SCBH's annual Diversity and Equity Plan in partnership with key stakeholders.

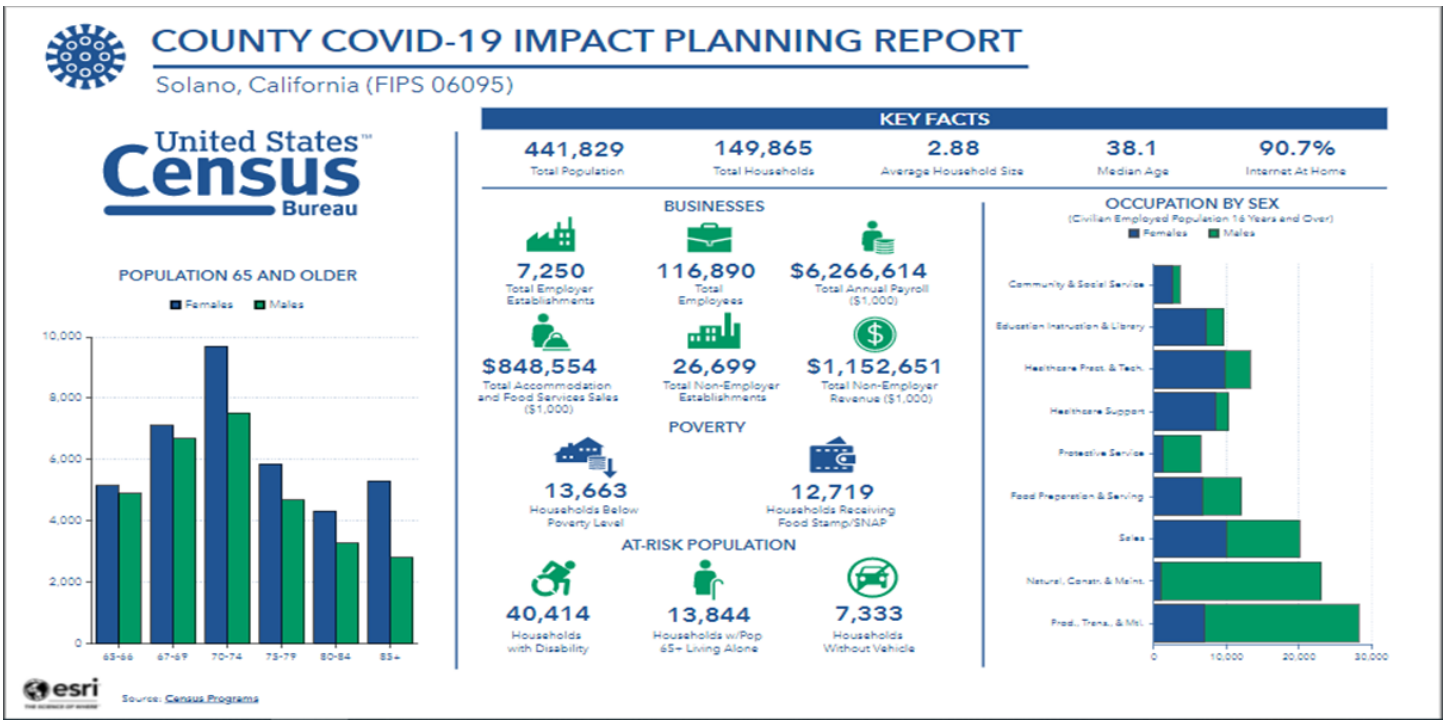
Criterion 2: Updated Assessment of Service Needs

Social Determinants of Health

Although many community members are thriving in our county, there are significant inequities that must be addressed. Throughout this section SCBH highlights recent local, state, and national disparities. As a BHP, it is important for providers within the SOC to recognize social inequities and injustices which often worsen mental health symptoms and outcomes. This information is utilized to help inform culturally and linguistically responsive strategies deployed by SCBH and its vendors.

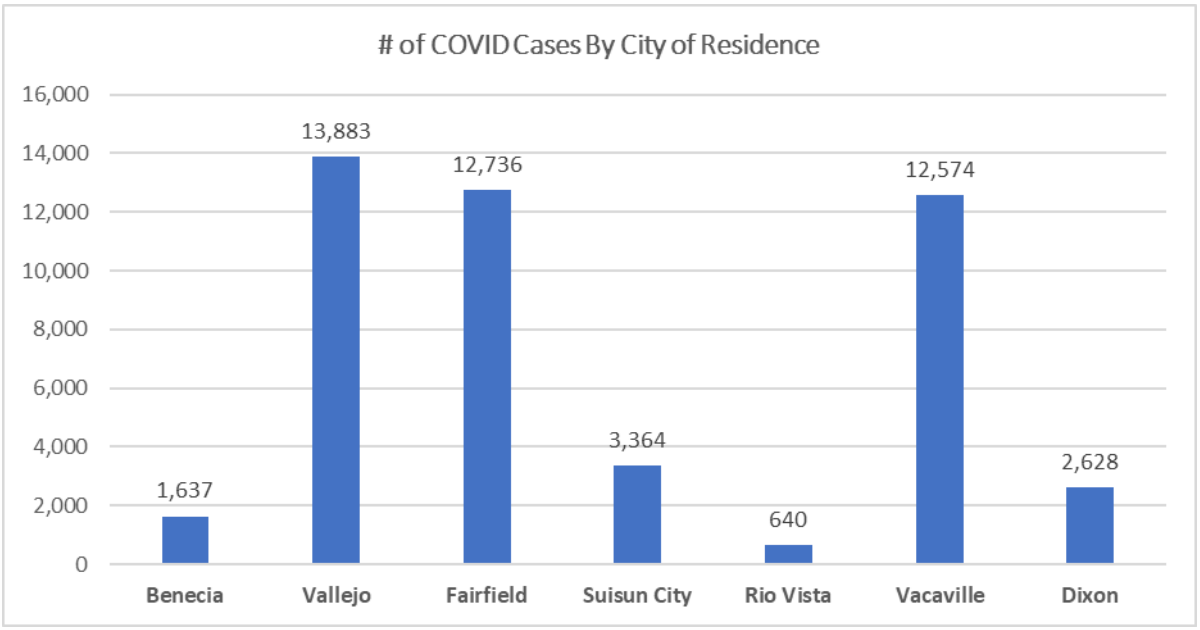
COVID-19 Healthcare Disparities

The Coronavirus (COVID-19) global pandemic has continued to have significant impacts on the overall community. Solano County was one of the first counties where a resident tested positive for COVID-19, through community transmission in February 2020. Like other Californica counties, Solano County adhered to the Governor's Stay-at-Home orders starting in March 2020 and continued to adhere to the statewide colored tiered system in order to determine safety guidelines regarding reopening. Solano County Public Health has continued to provide updates since the pandemic began including information on community orders, sharing the data on how the virus is spreading throughout the county through a COVID-19 Dashboard[12], testing, masking requirements, and vaccinations. The COVID-19 Dashboard includes demographics related to how COVID is impacting Solano residents including tracking positive cases, hospitalizations, deaths, and vaccination rates by race/ethnicity and age group. Additionally, data regarding the impact by gender and city of residence is available. The data is made available in English and Spanish. The impacts of COVID-19 have taken a toll on the economy, employment, access to care as noted in the COVID-19 Census Impact Reports[13].



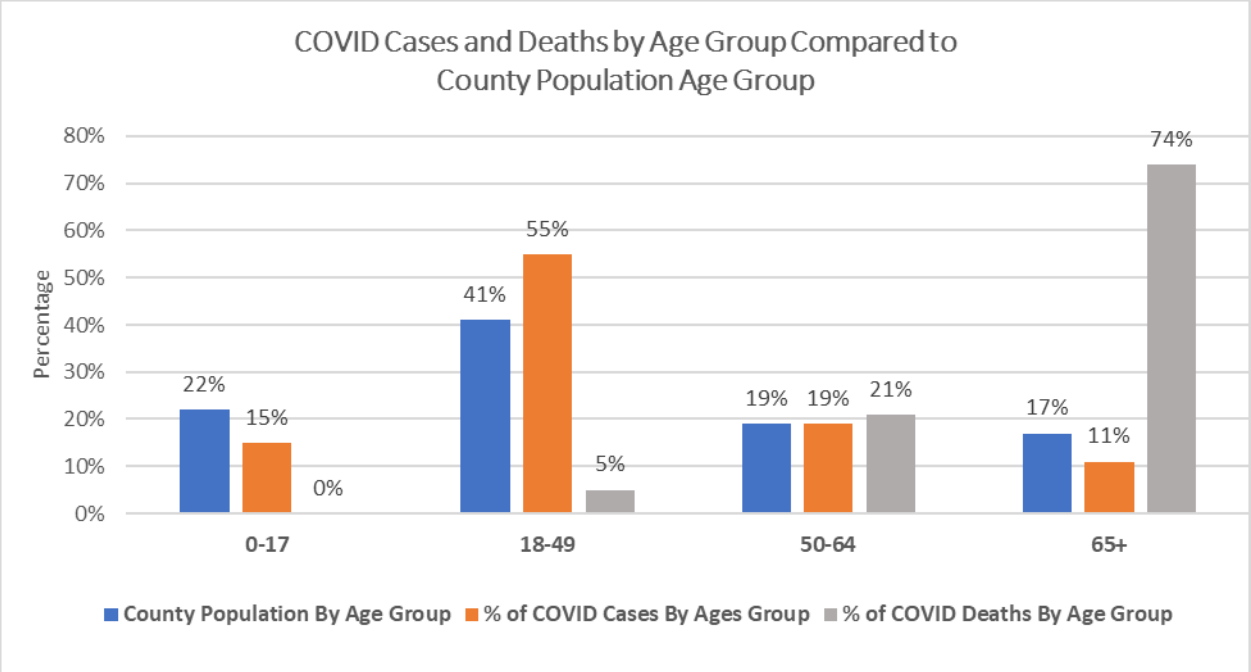
Source: United States Census Bureau COVID-19 Impact Report[14]

Since the beginning of the pandemic, the local community, like most communities throughout the state and nation has been significantly impacted by COVID-19. Importantly, as demonstrated in the graphs to follow, certain populations have been disproportionally impacted by COVID-19. The most populous cities in the County—Fairfield, Vallejo, and Vacaville—have been significantly impacted by COVID-19 since the pandemic started.



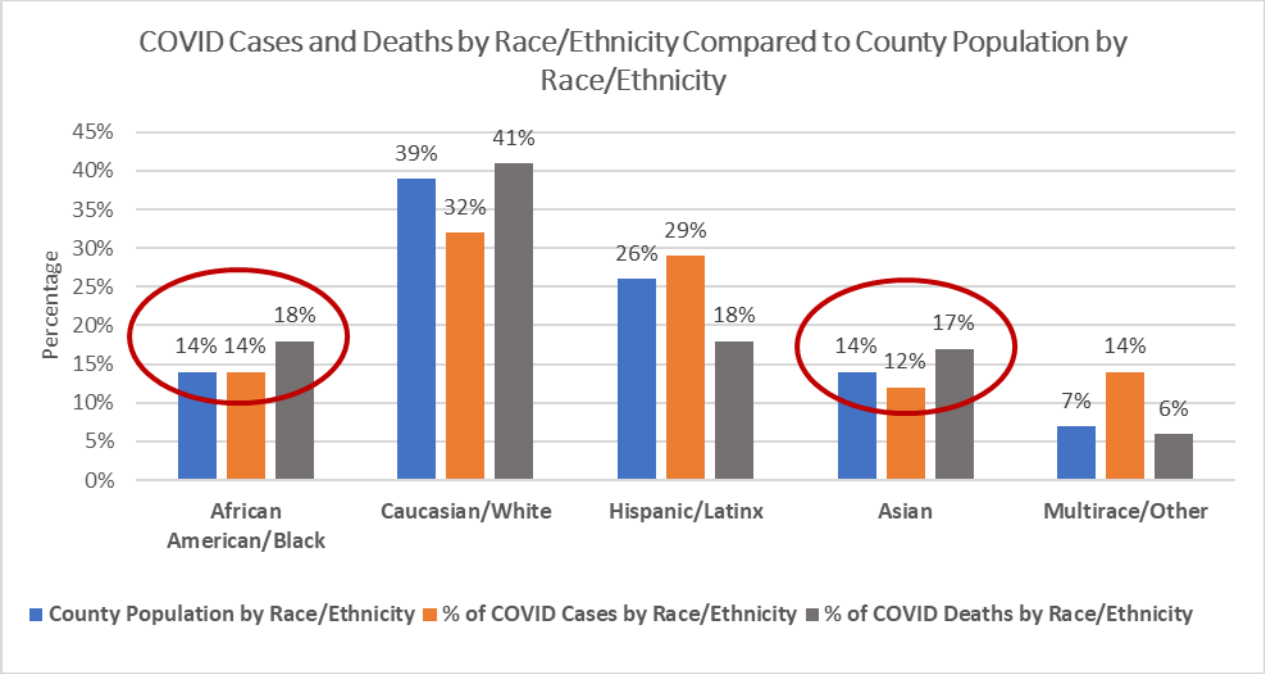
Source: United States Census Bureau COVID-19 Impact Report[15]

The senior community age 65 and older are significantly overrepresented as related to the County's COVID-19 deaths in comparison to this age group's representation per County population with the highest death rate of 336.5[16].



Source: United States Census Bureau COVID-19 Impact Report[17]

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 these racial/ethnic groups' representation per the County population. For example, African Americans represent 14% of the County population, yet 18% of deaths due to COVID-19. Similarly, Asians represent 14% of the county population, yet 17% 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[18]

BHP COVID-19 Response

During CY 2021 the SCBH BHP continued to provide critical behavioral health services and supports for the community of Solano County while navigating the impacts of COVID-19. Of greatest concern is the impact on the vulnerable populations the system serves; and adding to the complexity, COVID-19 economic impacts affected our system's financial, staffing, infrastructure, and other resources, creating new challenges to address. During the reporting period the SCBH BHP, which includes county-operated and contractor-operated programs, continued to successfully provide telehealth services and were able to adhere to the fluid COVID-19 safety measures including masking, increased hygiene practices, social distancing, and vaccinations. Many of the BHP programs continue to provide telehealth services and/or in-person services based on population being served. As a result of telehealth, there were noted reductions in no shows for medication appointments and better engagement for some populations. The telehealth model, however, did pose some barriers for underserved communities without access to equipment or the internet.

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

For many of the MHSA PEI programs that have core program components focused on community outreach and communitywide education, the COVID-19 restrictions posed particular challenges. Efforts were made to reimagine community engagement and education strategies. Many programs shifted to the provision of virtual trainings and presentations for the community.

A significant unexpected impact of COVID-19 is a statewide workforce crisis particularly in behavioral health which has impacted service delivery and has created capacity challenges across the SOC. Staff vacancies are impacting both the County and contract providers at significantly higher rates than the pre-pandemic period. SCBH and our contract partners are exploring strategies to improve recruitment efforts and to retain staff.

Cost of Being Californian 2021

The Cost of Being Californian 2021 Report[19] (see Appendix, pages 76-79) identifies "self-sufficiency" as the minimum income necessary to cover an individual or family's basic expenses such as housing, food, health care, childcare, transportation, and taxes – without public or private assistance. Although Solano County is extremely diverse, there are significant racial disparities. As of 2021, 28% (28,301) of Solano County households did not get paid enough to make ends meet. Black, Latinx, Asian, and Native households make up 59% of the total population in Solano County, but comprise 70% of the households struggling to meet their basic needs. These disparities reflect the many barriers different groups experience in our communities.

Households That Struggle To Meet Basic Needs, By Race

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

Source: The Cost of Being Californian 2021, Bay Area Key Findings: Solano County[20]

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

In Solano County and the Bay Area, more than 1 in 3 women and 40% statewide are caught in financial precarity due to unequal pay, unpaid care for small children or other family members, underemployment, and workforce discrimination according to the 2021 report[21].

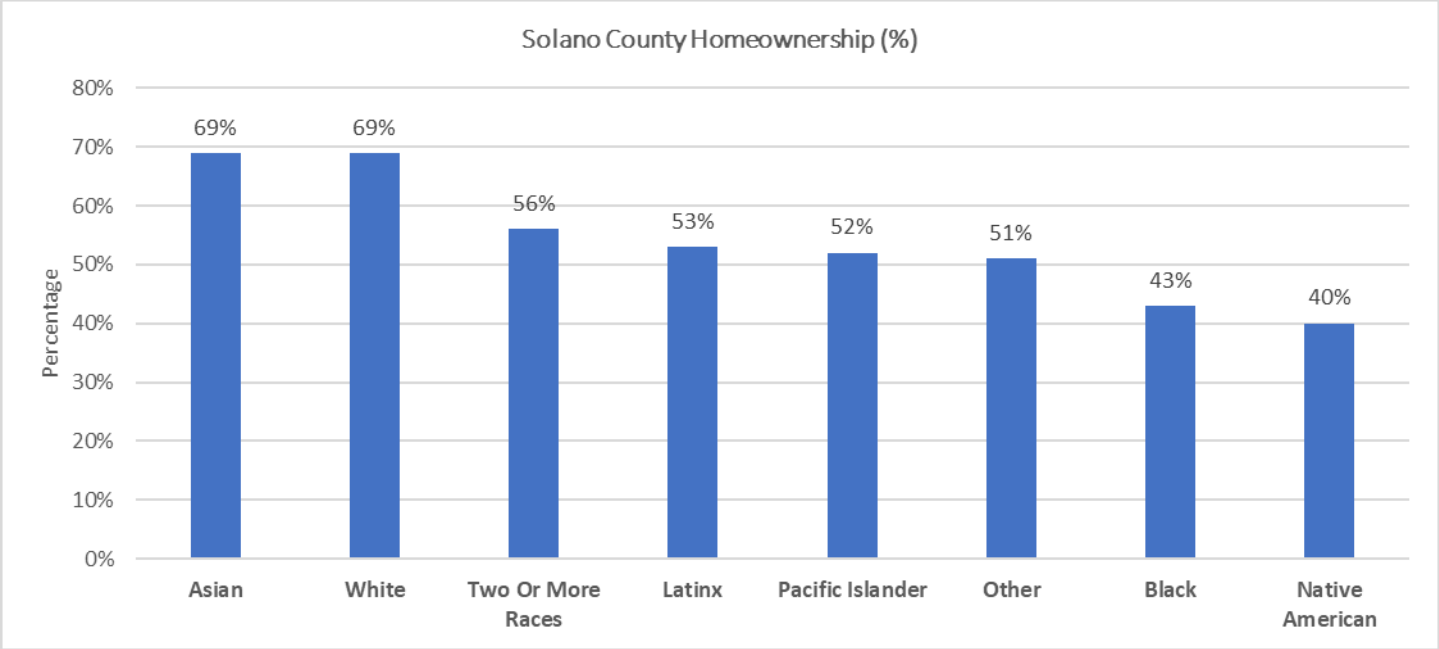
Households That Struggle To Meet Basic Needs, By Gender

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

Source: The Cost of Being Californian 2021, Bay Area Key Findings: Solano County[22]

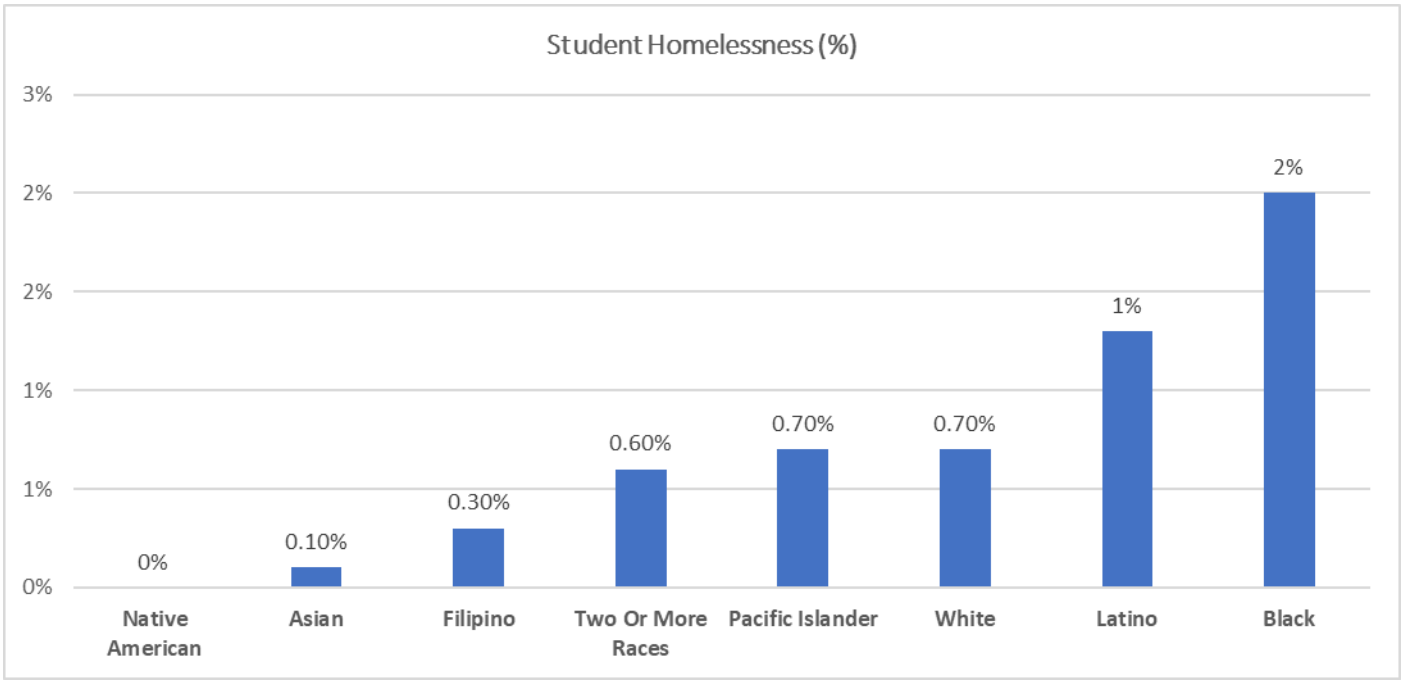
Housing

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[23].



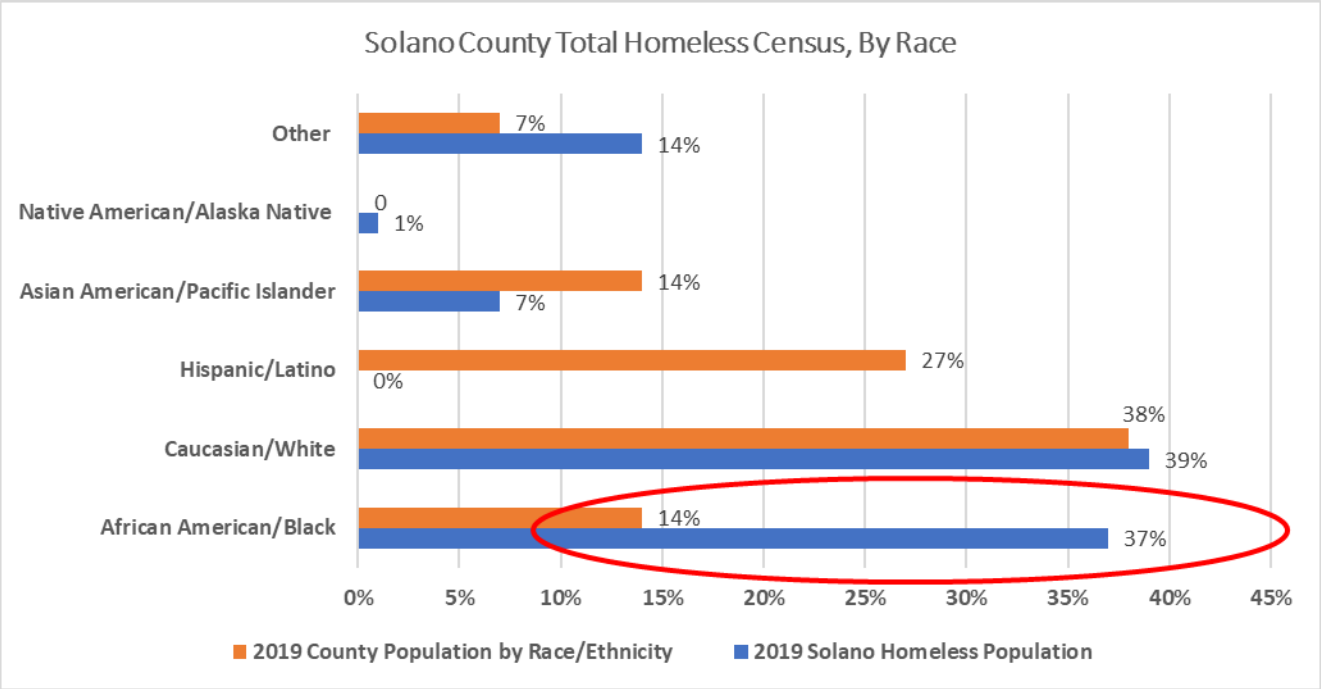
Source: Race Counts: Solano[24]

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



Source: Race Counts: Solano[25]

According to the Point in Time (PIT) Count[26] for 2019, the most recent data available at the writing of this Plan Update, 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. When comparing the 2019 homeless population by race/ethnicity to the 2019 County population by race/ethnicity the African American/Black community in Solano County is disproportionally impacted by homelessness. It is also important to note that when conducting the PIT Count, questions regarding race and ethnicity were asked separately. Per the PIT Count 16% of the homeless population counted identified as Hispanic/Latino.



Source: Race Counts: Solano[27]

At least 14% of those counted via the PIT Count, 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.

Education

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

2019-20 Four-Year Adjusted Cohort Graduation Rate

Cohort Outcome Period: For the calculation of the four-year Adjusted Cohort Graduation Rate (ACGR)[28], 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 Diploma
African American	705	577	81.8%	164	6	38
American Indian or Alaska Native	32	25	78.1%	7	0	2
Asian	215	201	93.5%	130	26	65
Filipino	554	521	94.0%	310	45	153
Hispanic or Latino	1,861	1,547	83.1%	547	139	143
Pacific Islander	56	46	82.1%	24	1	4
White	1,205	1,099	91.2%	569	76	195
Two or More Races	306	275	89.9%	128	18	67
Not Reported	16	12	75.0%	6	3	1

During the 2019-20 Academic School Year, American Indian/Alaskan Natives (78.1%), African American (81.8%) and Pacific Islander (82.1%) students had the lowest graduation rates in Solano County in comparison to other groups. Inferences can be made that environmental factors such as poverty and inadequate housing may contribute to such disparities.

2020-21 Suspension Rate – Disaggregated by Ethnicity

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

Source: Data Quest: California Department of Education[29]

2020-21 Percentage of Suspensions – Disaggregated by Ethnicity

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

Source: Data Quest: California Department of Education[30]

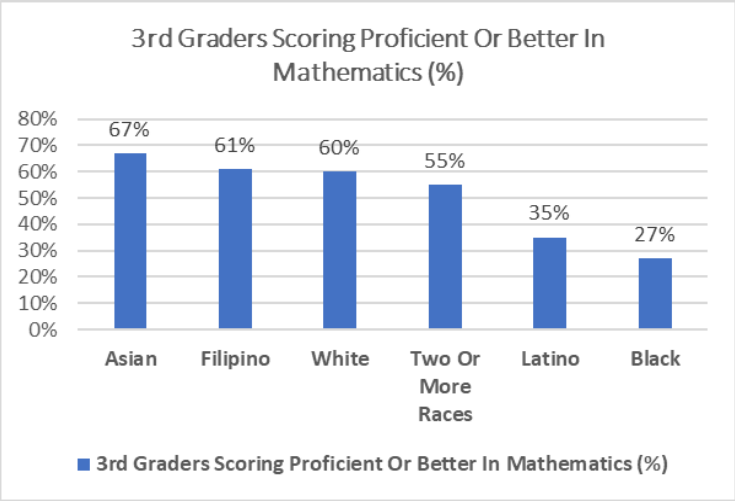
2020-21 Expulsion Rate – Disaggregated by Ethnicity

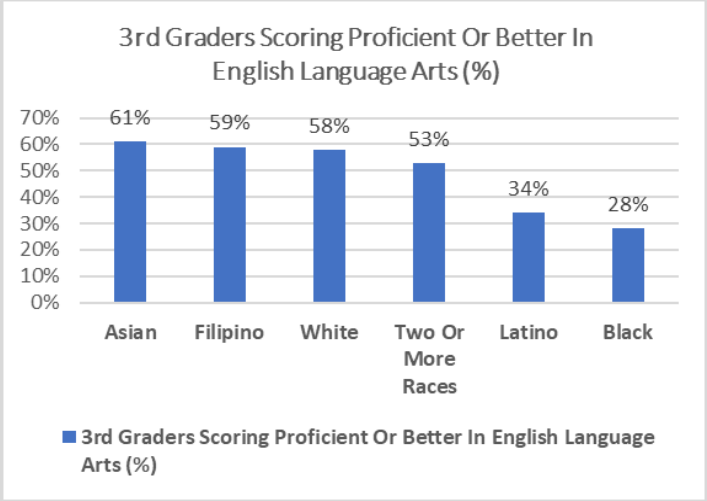
Ethnicity	Cumulative Enrollment	Total Expulsions	Unduplicated Count of Students Expelled	Expulsion Rate
African American	8,547	0	0	0.00%
American Indian or Alaska Native	221	0	0	0.00%
Asian	2,512	0	0	0.00%
Filipino	5,185	0	0	0.00%
Hispanic or Latino	25,797	0	0	0.00%
Pacific Islander	681	0	0	0.00%
White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

Source: Data Quest: California Department of Education[31]

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

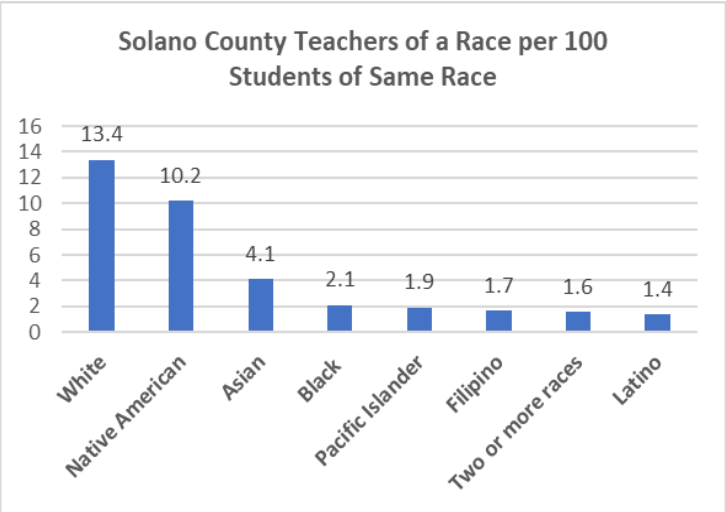
Recent data suggests 3rd grade academic performance related to Mathematics and English Language proficiency, African American/Black and Hispanic/Latino students experience significantly lower scores than their counterparts[32] as demonstrated in the graphs below.

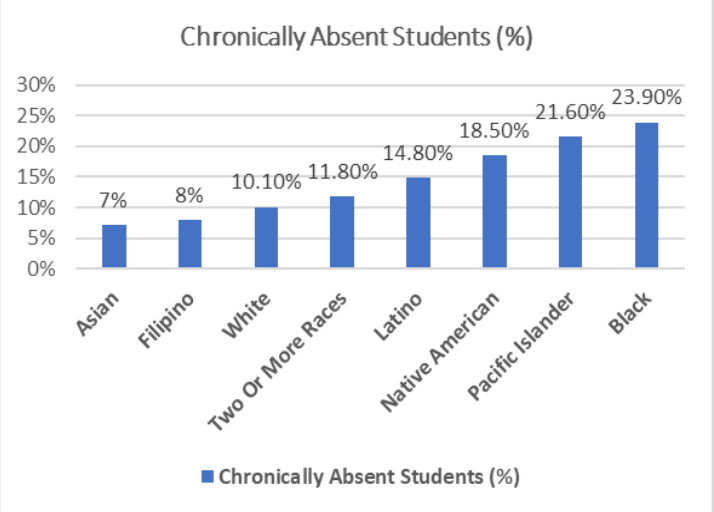




Source: Race Counts: Solano[33]

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.

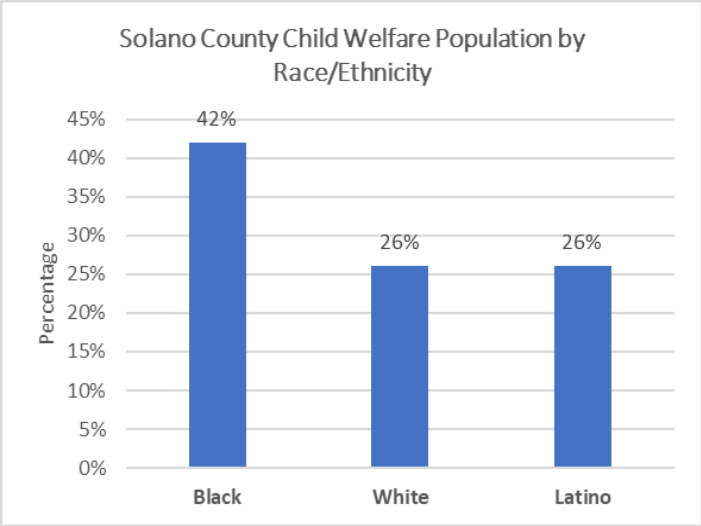


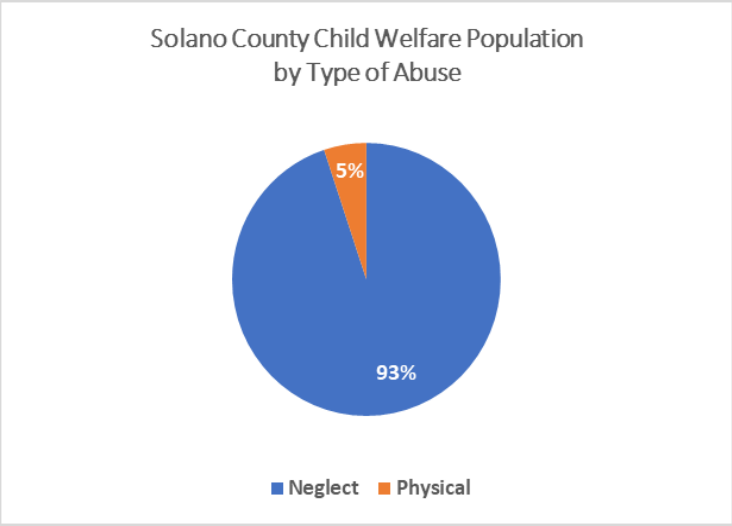


Source: Race Counts: Solano[34]

Involvement with Child Welfare

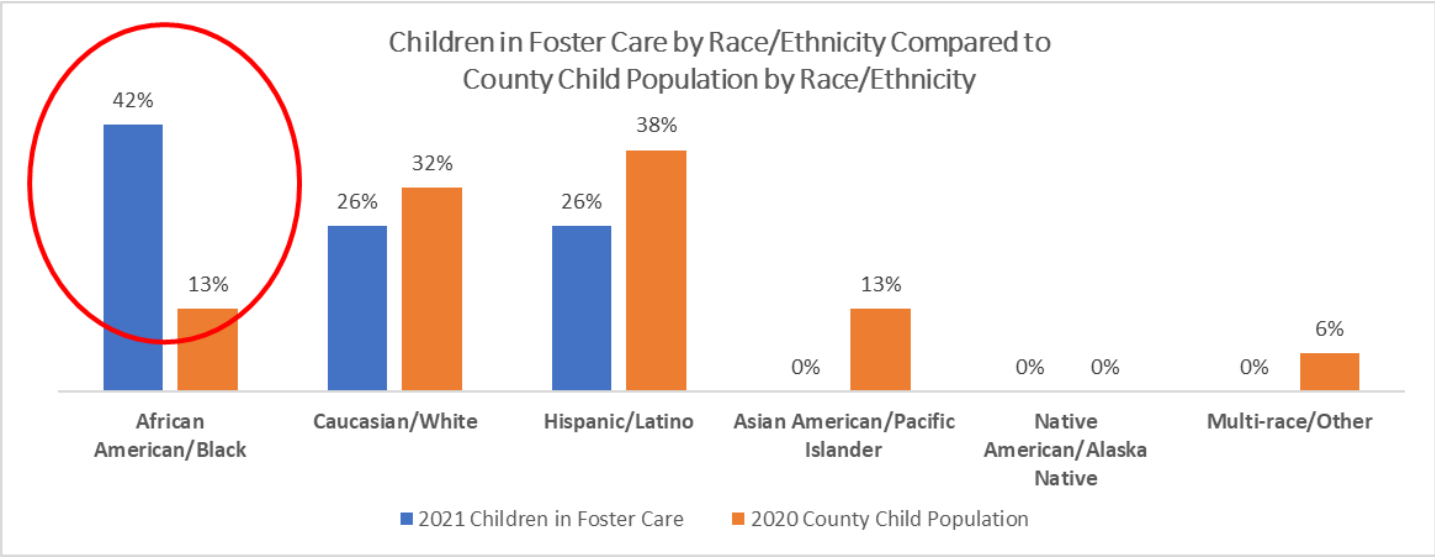
Involvement with the Child Welfare system is known to be a contributing factor for homelessness, commercial sexual exploitation, involvement with the criminal justice system and poor health outcomes including the development of disabling mental health conditions for current and former foster youth. The California Child Welfare Indicators Project (CCWIP) is a collaborative venture between the University of California at Berkeley (UCB) and the California Department of Social Services (CDSS)[35]. The CCWIP collects and publishes data related to the health and wellbeing of children in communities across California. The charts below represent the most recent data (October 2021) gathered from the Lucile Packard Foundation for Children's Health which also monitors demographic changes for children involved in the child welfare system which can be seen below.





Source: UC Berkeley Child Welfare Indicators Project (CCWIP)[36]

Upon further analysis when comparing the percentage of children in foster care in 2021 by race/ethnicity to percentage of the child population in the County by race/ethnicity for 2020 (most current data for the County's child population), it is evident that there are significant disparities for the African American community. In 2020 in Solano County, African American/Black children comprised 13% of the child population yet 42% of the children in foster care.



Source: Kidsdata.org[37]

Other Relevant Solano County Disparities

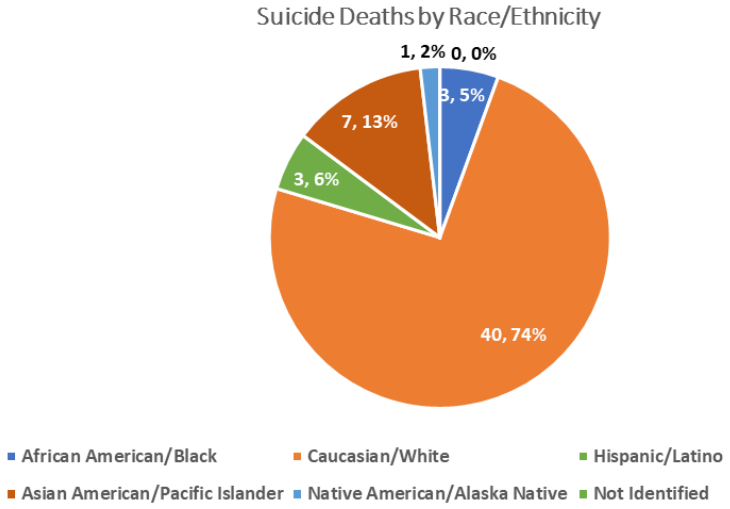
Physical health is a critical determinant for the overall wellness of a community. **According to Race Counts, Solano Black residents are most impacted by racial disparities across all indicators**[38]**.** The website also reported the following physical health indicators for Solano County residents:

- The African American/Black community experiences the most preventable hospitalizations per 100,000 persons.
- African American/Black (10.8%) and Asian American (9.2%) communities experience more low birthweight births in comparison to other racial/ethnic groups.
- African American/Black residents have the lowest life expectancy in Solano County.
- African American/Black residents (29.7%) and Asian Americans (26.4%) have significantly higher rates of Asthma than any other group.
- Only 54% of Native American/Indigenous and 45.4% of Hispanic/Latino community members sought help for mental health or substance use issues comparted to other groups.
- African American/Black residents are incarcerated at 634 per 100,000 people whereas their Caucasian/ White and Hispanic/Latino counterparts are incarcerated at 204 and 192 per 100,000 people respectively.
- Black, Indigenous, People of Color (BIPOC) are significantly underrepresented in the diversity of elected officials and law enforcement.

Impact of Suicide

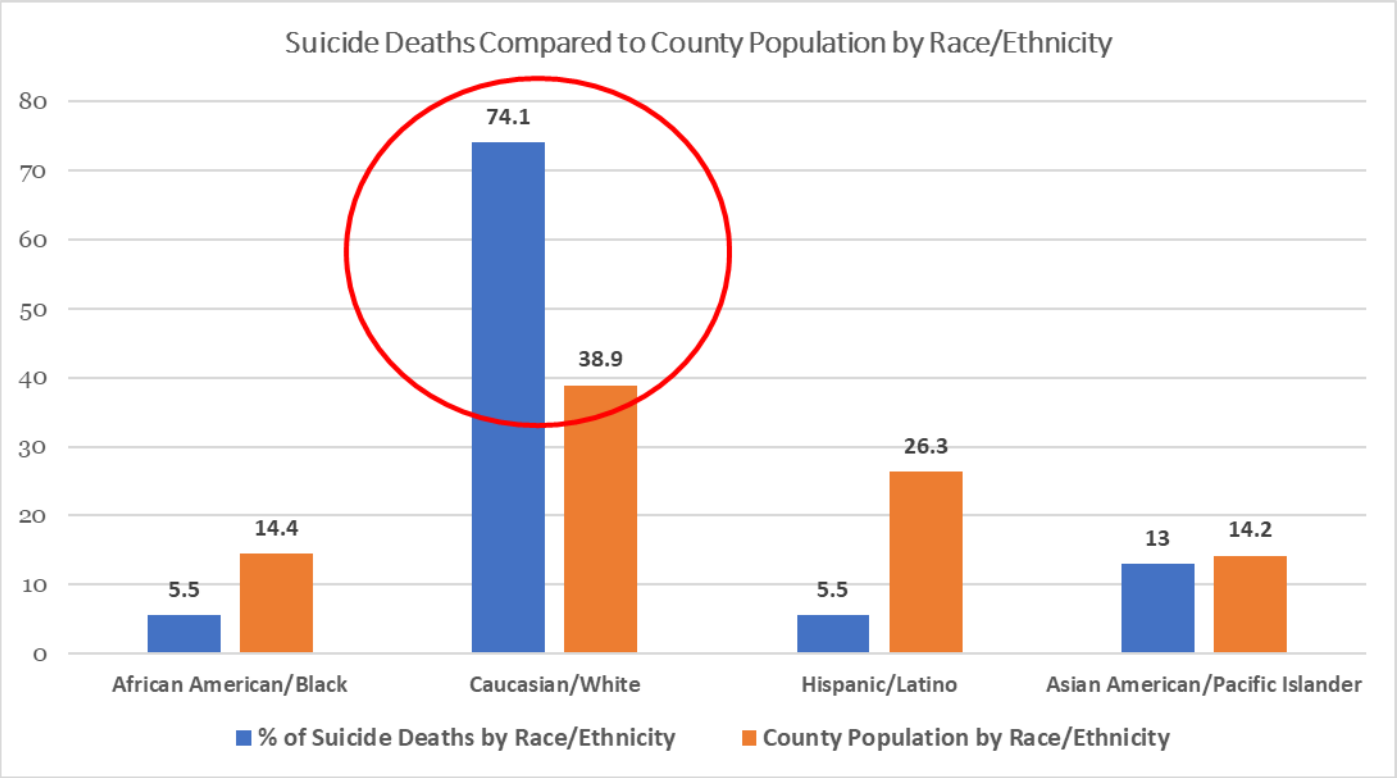
SCBH, in partnership with the countywide Suicide Prevention Committee closely monitors suicide deaths and trends and makes recommendations to the County on strategies to help support the local community. There were 54 suicide deaths in CY 2021, which represents a 7.7% increase in comparison to CY 2020 whereby there were 50 suicide deaths in Solano County. The Committee monitors various factors related to suicide such as race/ethnicity, gender, age, city of residence, means (method for suicide), veteran status and occupation.

An analysis of suicide deaths by race/ethnicity demonstrates that the largest percentage of suicide deaths occurred among White residents at 76% (39) followed by 12% (6) for Asian American/Pacific Islanders; 6% (3) for Hispanic/Latino 4% (2) African American/Black; and 2% (1) for Native American/Alaska Native. It is noteworthy that the Committee had identified a significant increase in suicide deaths for the African American/Black community during CY 2020 which may have been attributed to the impacts of COVID-19 and racial injustice during that year. During CY 2021 suicide deaths for the African American/Black community decreased by 138%. However, national trends indicate Latinx and Black females ages 15-24 have had the greatest increases in suicide deaths, 133% and 125% respectively, compared to an 88% increase among White and 61% among females in that age group between 1999-2017. Such data represents the need to continue suicide prevention efforts for diverse communities[39].



Source: Solano County Sheriff's Office-Coroner Bureau

Upon further analysis, when comparing the percentage of suicide deaths by race/ethnicity to the County population by race/ethnicity the data demonstrated that Caucasian/White residents make up 37% of the county population, yet 76% of the total 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 utilized this data to explore what protective factors may be contributing to this, in hopes of identifying strategies to promote with other groups if applicable.



Source: Solano County Sheriff's Office-Coroner and Solano County Annual Report 2021[40]

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

SCBH and the Suicide Prevention Committee continue to work with the Solano County Sheriff's Office to develop a process to collect and report out data related to sexual orientation and current gender identity for residents who die by suicide. This effort is in response to research indicating that LGBTQ+ youth are 4 times more likely to have attempted suicide than straight youth, and Trans people are 12 times more likely to attempt suicide than the general public[41].

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. A comprehensive CPP stakeholder process was conducted in order to develop the *Solano County Suicide Prevention Strategic Plan Update 2021.* This process included community forums, focus groups and key informant interviews with populations identified to be at increased risk for suicide. Specific focus groups were held with residents and representation from all the racial/ethnic groups in Solano County, the LGBTQ+ community, youth, older adults, etc.

Mental Health Indicators

The American Psychiatric Association[42] highlights the following mental health disparities:

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

Consumer Surveys – Cultural & Linguistic Responsiveness

SCBH continues to implement the quarterly Consumer Service Verification Survey which includes questions measuring cultural and linguistic responsiveness by asking consumers about their experiences with the SOC. SCBH collected 478 surveys during FY 2020/21. While there was a decrease in the number of surveys collected—in part due to COVID—overall an analysis of the data indicates that consumers are endorsing that BHP providers are demonstrating respect towards consumers' race/ethnicity, religion/spirituality, and sexuality/gender identity and that there has been an improvement related to the utilization of interpreter services. The table to follow summarize responses to the quarterly surveys which include both county and contractor agencies**.**

Calendar Year 2021

Survey Verification Client Satisfaction Survey Results for CY 2021	**# of Surveys:**	**478**	
Questions:	**Yes, definitely**	**Yes, somewhat**	**No**
Did the staff explain things in a way that was easy to under-	**93%**	**6%**	**1%**
Did the staff listen carefully to you?	**95%**	**5%**	**1%**
Did the staff show respect for what you had to say?	**96%**	**3%**	**0%**
Did you feel the staff was respectful of your race/ethnicity?	**96%**	**3%**	**1%**
Did you feel the staff was respectful of your religion/	**96%**	**3%**	**0%**
Did you feel the staff was respectful of your sexual orienta-	**95%**	**3%**	**0%**
	Yes	**No, but I'd like**	**I don't need**
Was an interpreter/bilingual staff provided?	**11%**	**2%**	**80%**
	Yes, definitely	**Yes, somewhat**	**No**
Did the interpreter/bilingual staff meet your needs? (Of those that answered "Yes" to the previous question)	**100%**	**0%**	**0%**
Do you feel better?	**70%**	**20%**	**3%**

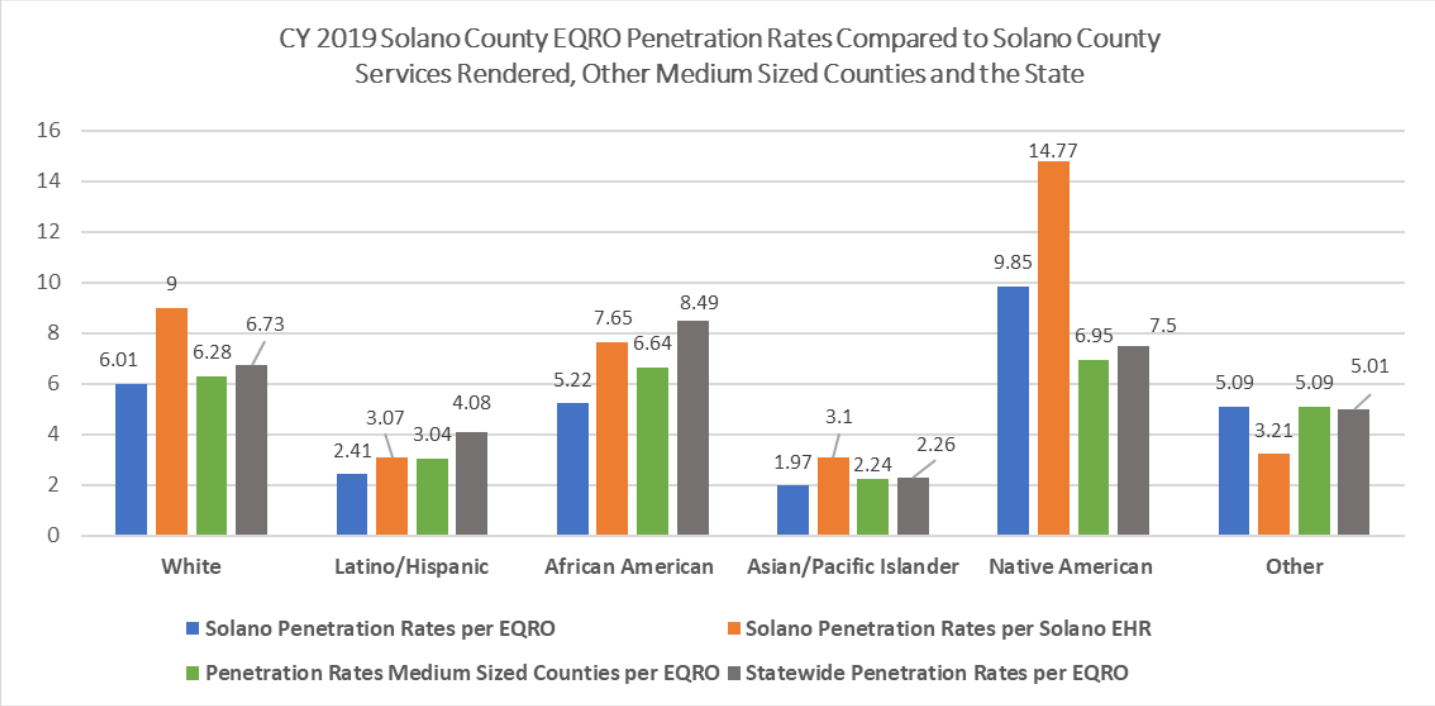
In addition to the Service Verification data, SCBH through the ICCTM Innovation Project was able to evaluate seven (7) years' worth of consumer satisfaction through an analysis of findings from the *Mental Health Statistics Improvement Program (MHSIP) Consumer Survey* which is administered twice a year, in the Spring and Fall, as required by the Department of Health Care Services (DHCS). The MHSIP is utilized to evaluate how the Solano County BHP is meeting the needs of consumers served. In order to accurately report the findings, the evaluators from UC Davis Center for Reducing Health Disparities (CRHD) analyzed data for adults and children separately. Per the *ICCTM Final Evaluation Report* 88% of adult consumers endorsed "general satisfaction with services" and 85% of adult consumers endorsed "cultural responsiveness of services." Ninety-six percent of child/youth consumers and their families endorsed "general satisfaction with services" and 99% endorsed "cultural responsiveness of services." To review comprehensive findings related to consumer satisfaction see pages 39-70 of the report which can be accessed here.

Specialty Mental Health Service Penetration Rates & Consumers Served

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

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 BHPs 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. Penetration rates are determined through the annual External Quality Review Organization (EQRO) Report (CY 2019 is most current data available). Penetration rates do not include consumers accessing services through Beacon, Kaiser or MHSA PEI funded programs. It is also important to note that EQRO only reviews Medi-Cal billing through DHCS which will not include services that the BHP provides for uninsured indigent consumers. While SCBH continues to monitor state driven penetration rates as determined by EQRO to measure impact reaching underserved communities, SCBH has broadened our perspective as related to addressing disparities and the definition of "underserved" to also include African American, Native American/Indigenous and other Asian American/Pacific Islander groups who continue to be, and have been historically marginalized and/or underrepresented in healthcare systems.

The graph below shows penetration rates for populations by race comparing Solano County to other medium-sized counties and the state. Given the EQRO penetration rates do not include services that the BHP provides for uninsured indigent consumers, SCBH has included data directly from the BHP's EHR for actual services rendered by race regardless of whether SCBH was reimbursed by the state. This adjustment—though not including consumers served by Beacon, Kaiser or MHSA PEI programs—provides a more accurate depiction of service delivery and disparities. Significant strides have been made related to serving the Hispanic/Latinx and Asian American/Pacific Islander communities. Upon review of the differences between the EQRO penetration rates for Solano versus penetration rates calculated directly from the BHP's EHR, inferences can be made that there are higher rates of Caucasian/White and African American/Black uninsured indigent community members which is aligned with the most recent Solano County PIT Count assessment of the local homeless population, whereby 39% of the homeless population was Caucasian/White and 37% were African American/Black[43]. However, both groups are not equally represented, as Caucasian/White residents in Solano represent 39% of the population while Black/African American residents represent only 14%[44].

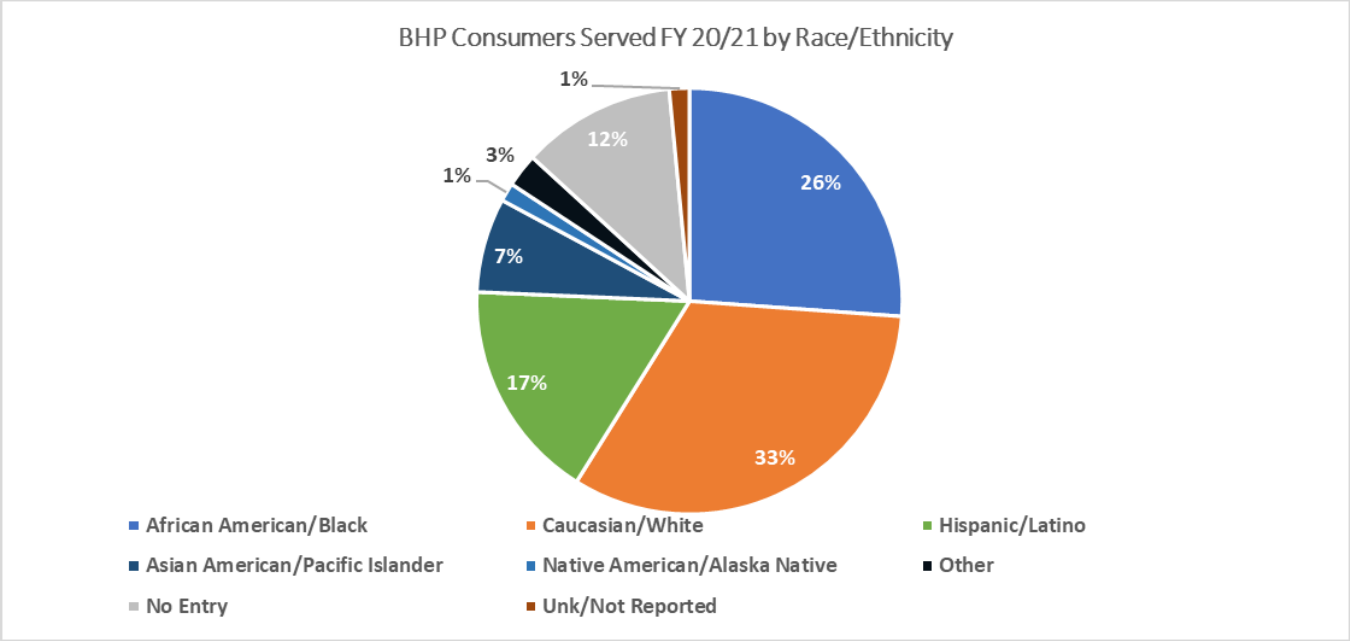


Source: Solano County EQRO Final Report 2020/21 and Solano County BHP Electronic Health Record

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 BHP has historically underserved the LGBTQ+ community based on not collecting or monitoring sexual orientation and gender identity/ expression (SOGIE) data until 2016. **As a result of the ICCTM Innovation Project, significant strides have been made related to improving access to care for the three communities of focus of the project: Hispanic/Latino, Filipino and LGBTQ+ populations.** 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.

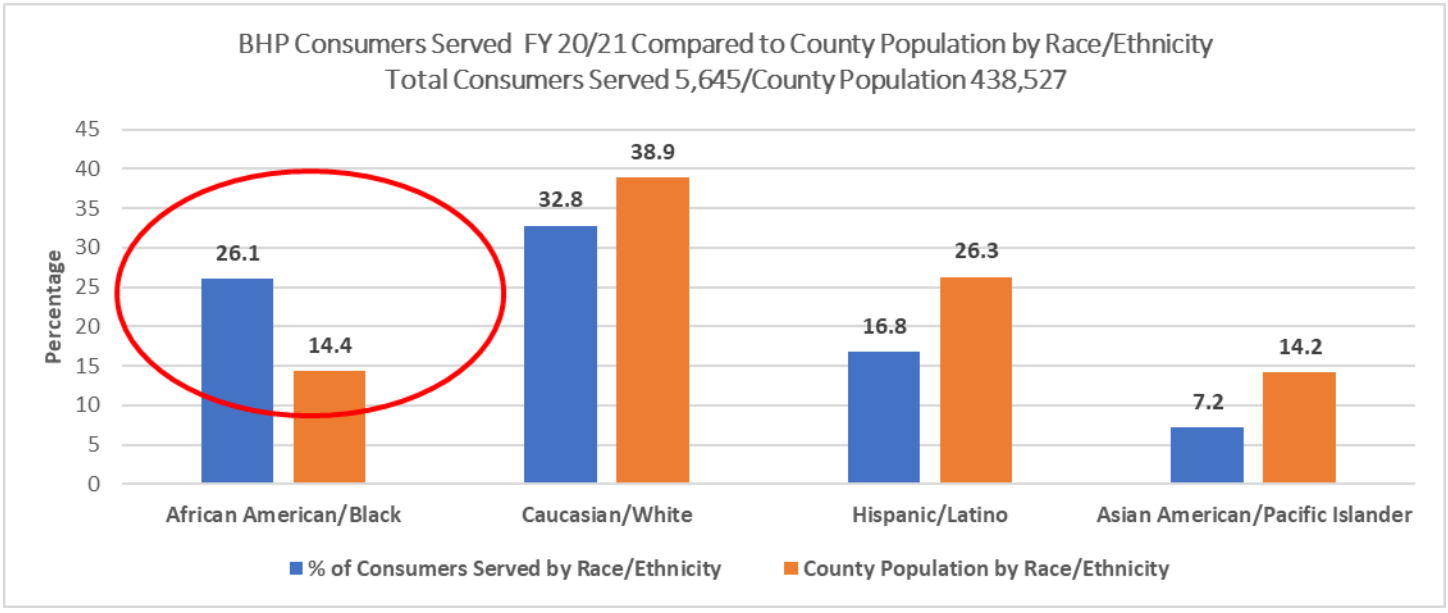
CLAS Standard 12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

The graphs on the pages to follow show the demographics of the 5,645 consumers served through the BHP during FY 2020/21. This data shows that the largest percentage of consumers served occurred among Caucasian/White consumers at 33% (1,849) followed by 26% (1,476) for African American/Black; 17% (947) for Hispanic/Latino; 7% (405) for Asian American/Pacific Islanders; 3% (143) Other; 1% (17) Native American/Alaska Native; and 13% (746) for persons with an unknown race/ethnicity.



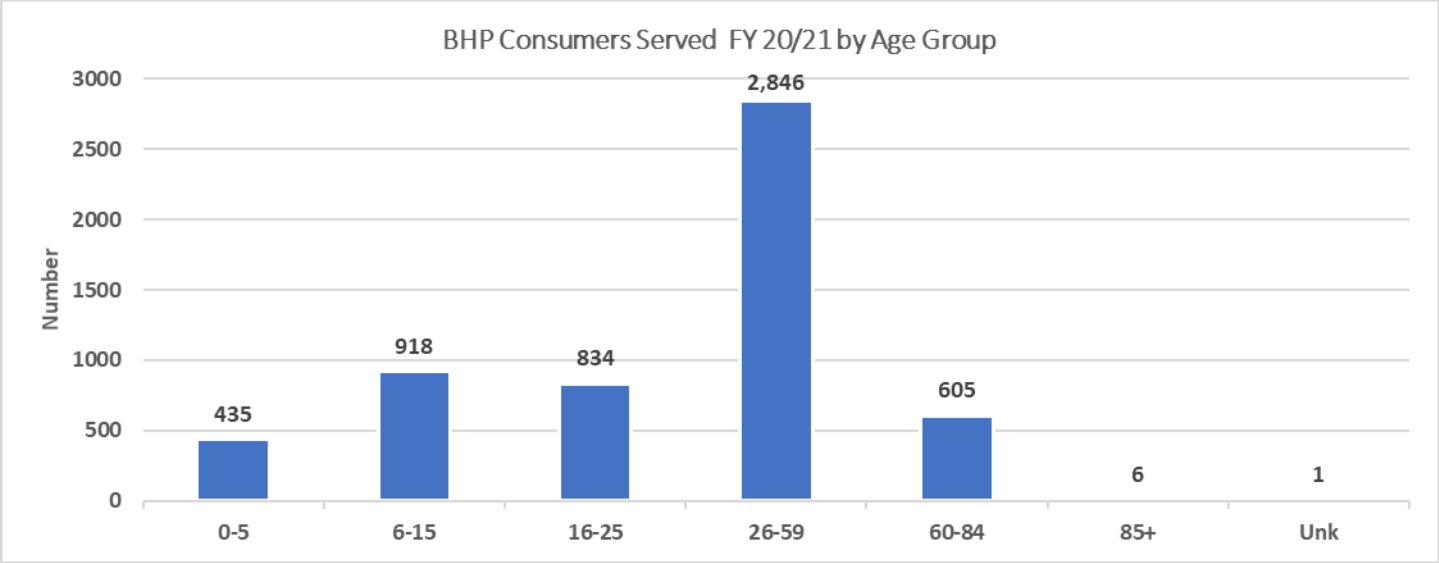
Source: Solano County BHP Electronic Health Record

The graph below shows that there is a significant over-representation of the African American/Black community receiving specialty mental health services through the BHP compared to the county population for the same community. There are many contributing factors impacting this including the social determinants of health outlined previously in this document and further highlights the need for SCBH and our partners to make efforts to engage this community in order to combat stigma and increase access to



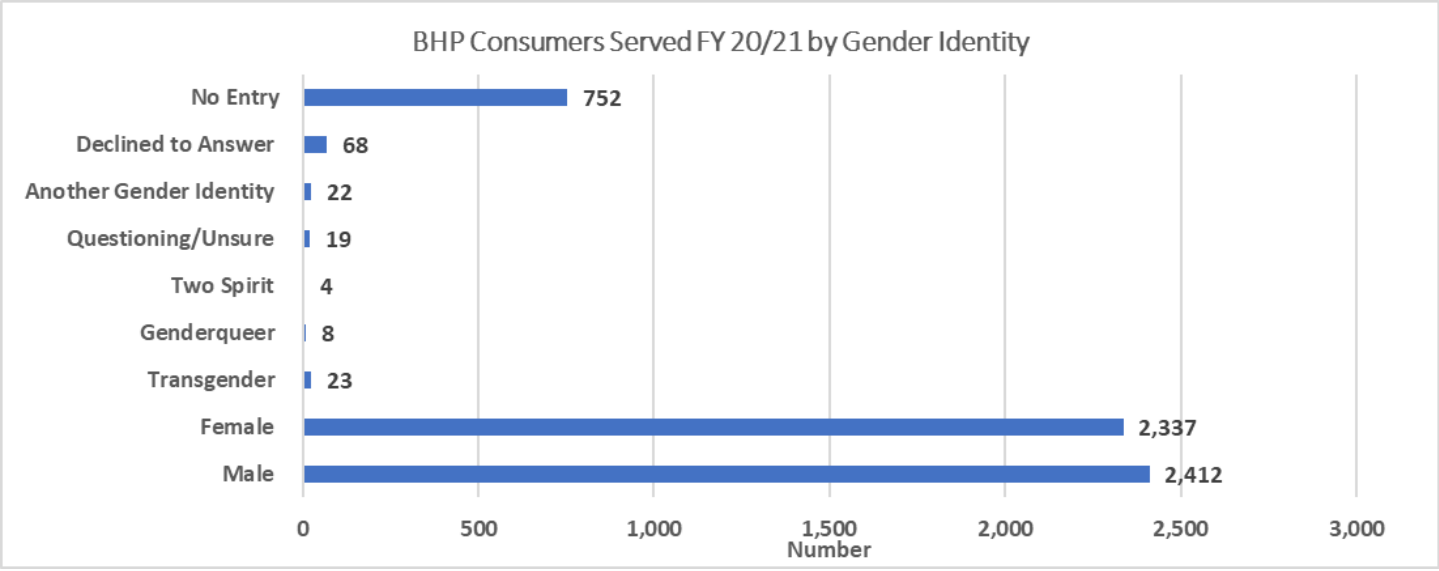
Source: Solano County BHP Electronic Health Record and Solano County's 2021 Annual Report[45]

The data in the graph below shows that the largest percentage of consumers served occurred among individuals ages 26-59 at 50% (2,846) followed by 16% (918) ages 6-15; 15% (834) ages 16-25; while 11% (612) were seniors 60 and over; and 8% (435) of the consumers served were between the ages of 0-5.



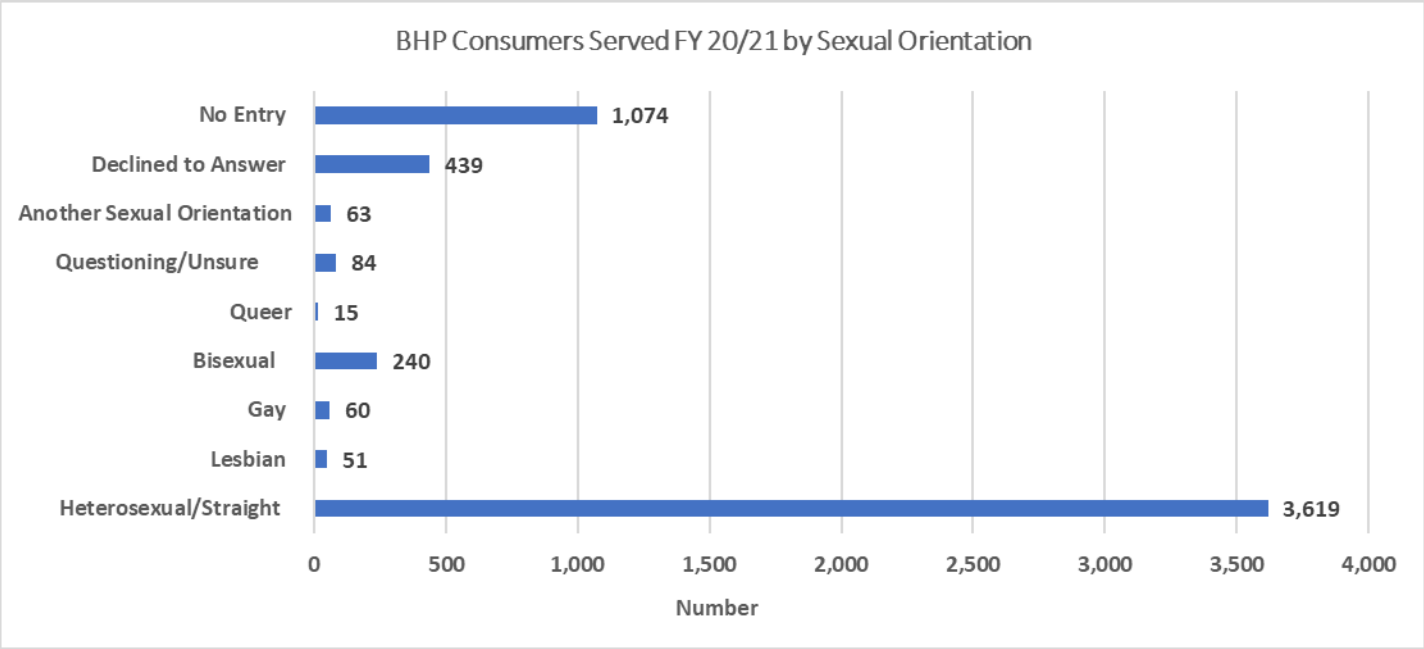
Source: Solano County BHP Electronic Health Record

The data in the graph below demonstrates that the majority of consumers served identified as male or female, however 1.3% (76) of the consumers served identified as non-cisgender. In order to better understand the data presented in this Plan Update as related to gender identity, "non-cisgender" is when gender identity differs from the sex on a person's birth certificate. Cisgender describes a person whose gender identity is the same as their sex assigned at birth. SCBH will continue to address missing data related to gender identity.



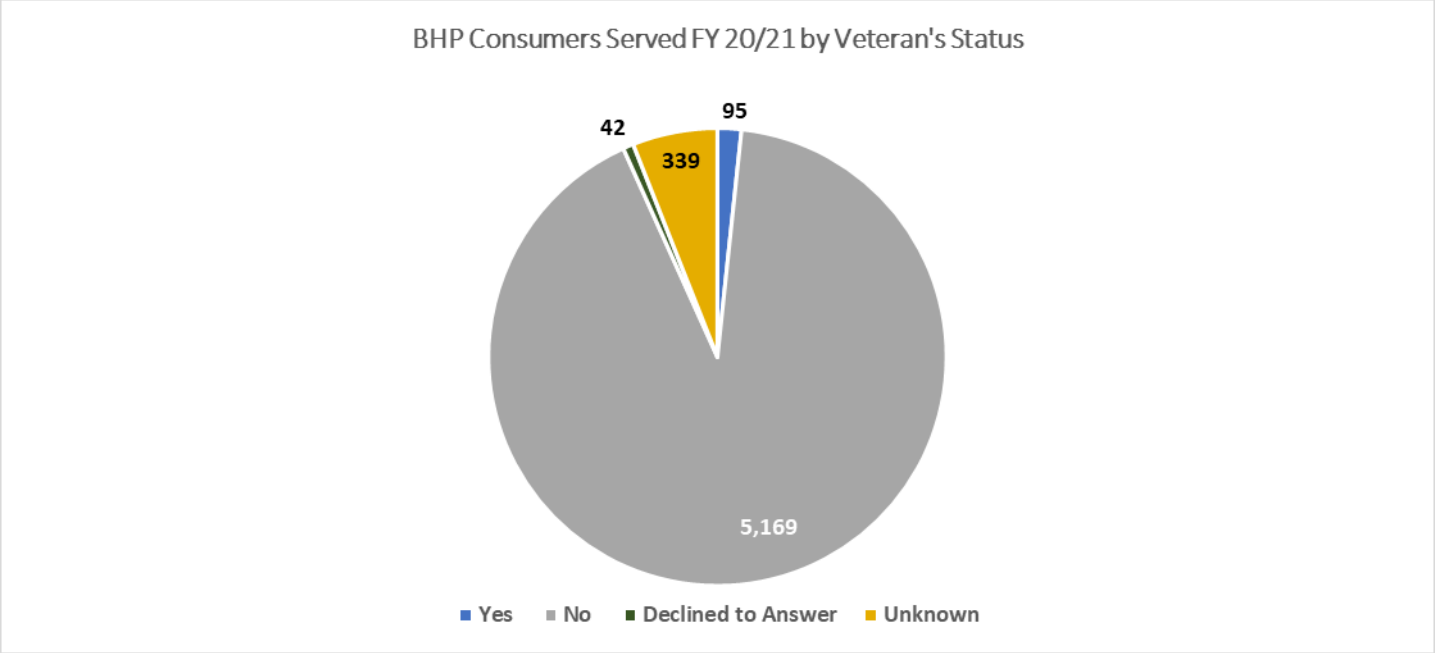
Source: Solano County BHP Electronic Health Record

The data in the graph below shows that the majority of consumers served identified as heterosexual, however 9% (513) of the consumers served identified as members of the LGBQ+ (lesbian, gay, bisexual, queer, questioning, or another sexual orientation) community. SCBH will continue to address missing data related to sexual orientation.



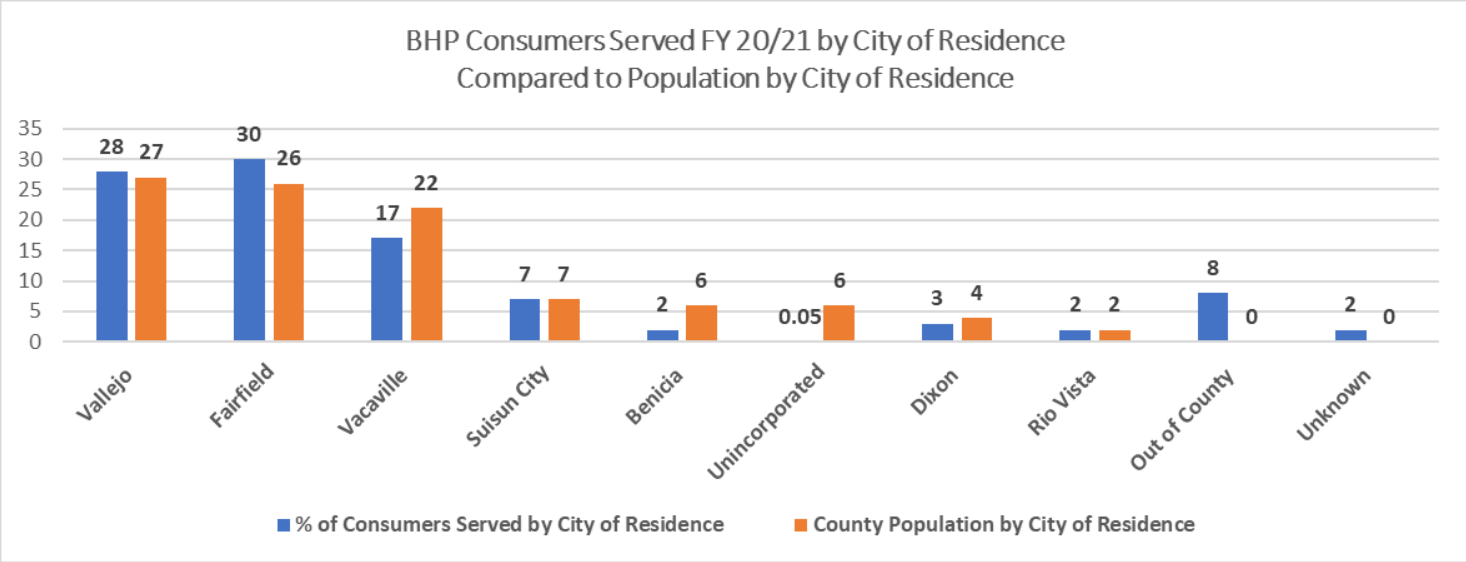
Source: Solano County BHP Electronic Health Record

Ninety-five consumers served identified as a veteran.



Source: Solano County BHP Electronic Health Record

The graph below demonstrates consumers served by city of residence as compared to the County population by city of residence. This data is ordered by population of each city, with the city with the largest population (Vallejo) on the left, followed by Fairfield and Vacaville with the next two largest populations. While Vallejo has the largest population, the highest percentage of consumers served by the BHP live in Fairfield, followed by Vallejo and Vacaville.



Source: Solano County BHP Electronic Health Record and the Solano County Annual Update 2021[46]

MHSA Community Program Planning (CPP) Process

Community Engagement

As aligned with the CLAS Standards and the ICCTM, SCBH continues to increase efforts related to meaningful community engagement beyond what is required per MHSA regulations. In addition to the community engagement efforts via the ICCTM QI Action Plans as outlined pages 39 to 44, over the course of the seven months between March and September 2021 SCBH engaged the community in several rounds of virtual stakeholder meetings with one round focused on suicide prevention to support the update of the countywide *Suicide Prevention Strategic Plan* and one round of CPP meetings focused on planning for the MHSA Annual Update FY 2021/22. Overall, eight (8) virtual community forums were held including one in Spanish, ten (10) targeted focus groups; key informant interviews; and short presentations on MHSA at three (3) standing meetings hosted by community partners followed by an electronic survey to solicit feedback. The CPP meetings include representation from: youth, consumers; family members; mental health, substance abuse and physical health providers; law enforcement; local educational agencies; veterans; community organizations; faith-based communities; representatives from the County's underserved and underrepresented communities, etc. For more information related to the MHSA CPP process click here to access the MHSA Annual Update FY 2021/22

As aligned with this Plan, SCBH conducted focus groups and/or key informant interviews with the following diverse communities that were identified as being at increased risk for suicide:

- Veterans
- Caucasian/White Men, Ages 25-59
- LGBTQ+ Adults
- Seniors/Older Adults over 60 Years (Individual Interviews)
- Family Member Survivors
- LGBTQ+ TAY (ages 15-25)
- TAY (ages 15-25)
- Native American/Indigenous Community
- Law Enforcement and First Responders
- Latino/Hispanic Community (Individual Interviews)
- African American/Black Community
- Asian American/Pacific Islander Community

For the focus groups and key informant interviews, national and local data (see Appendix, pages 80-82) was shared related to suicide risk for each particular group was shared and targeted questions were used to elicit information regarding risk factors for the specific community; strategies to decrease stigma; suggestions for improving coordination across agencies; and suggestions for supporting the family, loved ones and the community after a suicide death. Focus groups and/or key informant interviews were facilitated by individuals who represented the communities of focus.

CPP Needs Identified

The following items were the top priorities identified through the CCP process. SCBH currently funds programs and strategies that address many of the identified needs.

Below are the top five priorities/needs identified by stakeholders during the MHSA Annual Update CPP virtual meetings:

1. Services and access to care for immigrants/indigenous/people of color
2. Services and support for children/youth with an emphasis on school-based services
3. Services and support for homeless population and access to housing
4. Prevention and stigma reduction activities
5. Employment supports

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

BHP Equity Initiatives and Programs

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

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

- **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 holding this position has historically conducted outreach with school, 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. Given this position has been difficult to recruit for and retain, SCBH will be contracting out these services through a procurement process during FY 2021/22.
- The **Kaagapay ("Reliable Companion") Asian American/Pacific Islander (AA/PI) 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 conducted outreach with health providers, schools, libraries, and other key stakeholders on behalf of SCBH to reduce mental health stigma within the AA/PI 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 was expanded to include all AA/PI communities in Solano County. Given this position has been difficult to recruit for and retain, SCBH will be contracting out these services through a procurement process during FY 2021/22.
- 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**, delivered by consultants, who provided training for faith leaders on the signs and symptoms of mental health conditions, support for faith communities to build internal support systems to address mental health needs of congregants, and training for providers on how to engage the African American community and incorporate a consumers faith during mental health treatment. Additionally, there is a mini-grant program whereby African American faith communities are eligible to be awarded small grants to facilitate events and/or support groups focused on stigma reduction and suicide prevention. Updates and highlights from FY 2020/21 include:
    - ◊ AAFBI consultants provided 9 trainings for a total of 287 people on topics such as *Mental Health 101* for faith leaders, *A Bridge Over Troubled Waters* for MH providers, and *Keepers of the Flock* for congregants.
    - ◊ The consultants continued to provide support for six (6) MHFC certified local faith centers and worked with seven (7) faith centers in the process of becoming MHFC certified.
- The AAFBI Project, which was a time limited strategy, ends December 2021. SCBH is working to ensure ongoing partnerships with the faith communities who have been engaged in this initiative.

During FY 2021/22, SCBH intends to initiate a procurement process to identify an organization/s to implement ongoing outreach and stigma reduction strategies that will support the Black/African American community.

- Since 2015, MHSA PEI funds have been used to fund a **LBGTQ+ Outreach and Access Program**. Currently, SCBH contracts with the Solano Pride Center, a local LGBTQ+ organization to provide education for the community, social and support group activities, and brief counseling. Starting in FY 2018/19 the program began providing the "Welcoming Schools" training for our local schools to create safe spaces in schools for LGBTQ+ youth. Updates and highlights from FY 2020/21 include:
    - ◊ The program provided the Welcoming Schools training curriculum for 11 local K-12 schools and held the first Welcoming Schools Summit.
    - ◊ Support groups were provided for 38 unduplicated LGBTQ+ consumers and individual counseling was provided for 37 consumers.
    - ◊ The program continued to partner with a local agency serving seniors to provide the Rainbow Seniors virtual support group.
- In response to stakeholder feedback, SCBH continues to utilize MHSA community services and support (CSS) funds for **Expanded Bilingual Services**, which includes funding seven (7) County bilingual positions, both Spanish and Tagalog. Currently the expanded bilingual staff are embedded in the Access Unit as well as in programs in both the Children's and Adult SOC.
- In order to support the **Native American Community**, SCBH continues to support strategies that help reduce stigma, increase access and improve treatment outcomes for our local Native American Indigenous population, including beginning to pilot data collection process that is more culturally sensitive in an effort to support the community in self-identifying as an Indigenous person. This included adding questions to surveys used in the MHSA CPP process as well as the BHP Workforce Equity Survey. A targeted suicide prevention focus group was held with Indigenous community members and a representative from the community was invited to share her personal story at one of the suicide prevention community forums. As previously reported in the Review of Goals for CY 2021 on page 7, SCBH began engaging the Indigenous community in an effort to expand the *LGBTQ+ Ethnic Visibility* QI Action Plan. SCBH applied for and was awarded a Mental Health Block Grant (MHBG) to focus specifically on training and education on suicide prevention for the Native American Indigenous community. SCBH will partner with the local TANF office in 2022 to implement this grant initiative. Additionally, SCBH will partner with the TANF office and community stakeholders to facilitate trainings related to the Native American Indigenous community.
- Over the course of the last five years SCBH has developed processes to **collect sexual orientation gender identity/ expression (SOGIE) data**. During FY 2016/17 SCBH created fields in the EHR to collect "gender assigned at birth", "current gender identity", and "sexual orientation". In December of 2017, SCBH launched a data collection process to collect the abovementioned data points for all consumers who were already opened to the BHP. The *ICCTM Final Evaluation Report* highlights significant strides related to access and services for the LGBTQ+ community.

CLAS Standard 11: Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

- Starting in FY 2020/21, SCBH implemented the **Diversity and Inclusion Approaches to Service Delivery monthly meetings** open to all County Behavioral Health staff to be informed of current equity efforts, provide an opportunity for mini in-services on topics related to equity, and to provide a safe space for team members to share their experiences and feelings related to social injustice. The meeting format promotes opportunities for staff to engage in difficult conversations about injustices impacting oppressed groups, trauma related to community violence and how these acts impact the mental health of marginalized communities.

- The SCBH **Community Integration Services (CIS)** includes homeless outreach and housing programming. Consumer engagement is a core component of outreach efforts which includes engaging individuals who are unhoused using the Housing First best practice approach which focuses on meeting basic needs such as housing, food, etc. before attending to engagement in behavioral health or employment services. SCBH started a Street Medicine Team with a psychiatrist, nurse, and clinician to find and engage people in mental health treatment, medications, and follow up supports where they live. In addition to clinical staff, SCBH funds two Patient Benefit's Specialists who assist individuals in applying for Medi-Cal and other government assistance programs.
- The SCBH Mental Health Service Manager who oversees SCBH's CIS programming participated in a learning collaborative called **Racial Equity Action Lab: Addressing Anti-Black Racism and Racial Disparities in Bay Area Homelessness Response**, which was a six session program held from October 2020 through April 2021 sponsored by Bay Area Regional Health Inequities Initiative (BARHII), Homebase, All Home and the Federal Reserve Bank of San Francisco. This program was intended to support interdisciplinary teams of public health and continuum of care representatives to train and share lessons in racial equity practice in the homelessness systems of care.
- According to the **2019 Solano PIT Count** , those identifying as Black or African American, Native Hawaiian or Pacific Islander, and American Indian or Alaska Native were overrepresented in the homeless population compared to the general population of Solano County. Thirty-seven percent (37%) of those experiencing homelessness identified as Black or African American, compared to 14% of the general population. With this understanding, the Solano REAL Team enacted the following two projects in 2021:
    - ◊ Served as participants and advisors in the development of a Lived Experience Advisory Committee to the Housing First Solano Continuum of Care. The following actions were taken:
        - ♦ Ensured that committee members are racially representative of the homeless population within Solano County.
        - ♦ Supported open communication to better understand personal experiences and help identify barriers within Solano's homelessness response system.
        - ♦ Identified a goal of building trust and transparency within the homeless community.
        - ♦ Advised that committee member's not just serve as a token role, but rather are a part of the *decision making process*.
    - ◊ Improved access to COVID-19 vaccines, including education about the vaccines, for people experiencing homelessness. This project aimed at reducing racial and ethnic disparities and COVID risks among people who are unhoused–and in particular the disproportionate number of African American individuals who are homeless across Solano County. These efforts included:
        - ♦ Partnering with Solano County Public Health to provide mobile, street-based vaccinations (via contracting with an ambulance company) for people living in homeless encampments, under bridges, behind buildings, in shelters, in temporary housing, etc.
        - ♦ Providing information and education to people experiencing homelessness about the risks of COVID-19 and about the science and safety involved in the COVID-19 vaccines.

    The Solano REAL team plans to merge efforts with the larger Solano County Equity Collaborative. The primary focus of this group in 2022 will be addressing racial inequity as it relates to housing and homelessness.

- SCBH continues to utilize MHSA funding to support **Workforce Development** through an internship program which includes the provision of stipends for master's and PhD/PsyD level students who represent the County's underserved/underrepresented communities. Starting in FY 2021/22 SCBH will begin participating in the statewide Five-Year Workforce Education & Training (WET) Plan. The Californica Department of Health Care Access and Information (HCAI) is providing $210M and asked California counties to collectively provide a 33% match in order to implement the statewide WET Plan. Counties were organized by region and each region was tasked with developing regional WET Plans with agree upon strategies. Solano County is part of the Bay Area Region which agreed to focus on reimplementing a loan assumption program which will provide loan repayment for County and/or contractor staff who work in programs under the BHP with an emphasis on staff members who represent the County's underserved/underrepresented communities. Additionally, in support of the *Cultural Game Changers* QI Action Plan, SCBH will continue to develop a local career pipeline including outreach to middle and high schools as well as the local community college. Recently SCBH began to collaborate with Solano Community College to provide opportunities for students enrolled in either the Human Services or Psychology AA certification tracks to volunteer in SCBH programs and/or in the 45 school wellness centers located on K-12 and adult education sites per the *Takin' CLAS to the Schools* QI Action Plan.
- SCBH continues to enhance our **Social Media Presence and Multi-Media Campaigning** efforts. SCBH currently posts on Facebook, Instagram and Twitter platforms and during the last several years has increased the number of posts in Spanish as well as Tagalog. In support of the *Bridging the Gap* QI Action Plan, SCBH funded the development of a stigma reduction multi-media campaign that included the development of nine (9) TV commercials in three languages English, Spanish and Tagalog. These commercials included actors that represented diverse communities within Solano County including Latino, AA/PI, Black, White and the LGBTQ+ communities. The commercials ran from July-December 2021. Additionally, social media posts were developed in support of this campaign. As a result of feedback gathered during the suicide prevention CPP stakeholder process, SCBH has funded and launched a new multi-media campaign focused on suicide prevention. Five (5) TV commercials were developed with a focus on communities at great risk for suicide: White/Caucasian, Black/African American, AA/PI, Native American/Indigenous, and the LGBTQ+ community, specifically the Transgender community. Additionally, four (4) radio ads were developed as well as social media content, and materials for bus stands, buses and billboards in Solano County. Several commercials/radio ads will be in Spanish or Tagalog. This newer campaign will run from December 2021-May 2022. Videos related to the multi-media campaigns referenced above can be viewed on Vimeo.

- In support of the *ISeeU* QI Action Plan and **Culturally Inclusive Spaces**, during FY 2020/21 SCBH provided an opportunity for all SCBH and contractor funded programs to order wall hangings, books, toys, and other materials representing diverse communities as funded by SCBH MHSA.
- Efforts continue to be made to improve **Marketing and Outreach** through the enhancement of the SCBH website including a Diversity & Equity Efforts page and sub-pages and developing new brochures for SCBH programs with the support of a graphic designer. The brochures include the "Inclusion Statement" developed through the *Cultural Game Changers* QI Action Plan and will be translated into Spanish and Tagalog.

MHSA ICCTM Innovation Project

Project Description

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

Project Indicators

Quadruple Aim Goals:

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

Long term goals for the ICCTM Project included the following:

- 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

ICCTM Project Outcomes

SCBH continued to implement the community-defined QI Action Plans (see pages 39-44 for status of each Plan) developed through the ICCTM Project. Within the last three months of the project SCBH partnered with UC Davis CRHD and the three project CBO agencies to hold two virtual community forums, one session in English and one session in Spanish, to share the status of the QI Action Plans, consumer outcomes related to the ICCTM Project and plans for sustainability.

SCBH, in partnership with UC Davis CRHD, has been evaluating the impact of the ICCTM Project and other efforts to address health disparities over the course of the five-year project. The UC Davis CRHD evaluation team finalized the *ICCTM Final Evaluation Report* which is the is a comprehensive evaluation of the impact of the ICCTM. For the purposes of this Plan Update SCBH will highlight several of the consumer outcomes demonstrating the progress that has been made as a result of the project, however comprehensive data analysis can be reviewed here. It is important to note that these improvements were made in spite of numerous unanticipated barriers experienced over the course of the five-year ICCTM Project including federal changes to immigration laws, efforts at the federal level to reinitiate “don’t ask, don’t tell” practices in the military, efforts to ban same sex marriages, the COVID-19 pandemic and police violence that resulted in significant civil unrest. All of these barriers significantly impacted the project’s three communities of focus: Latino, Filipino and the LGBTQ+ populations.

Calls to Access

Per the ICCTM Final Evaluation Report, overall, the number of Access Line users steadily increased from an average of 1,601 callers per year in the 3 year period before the ICCTM Project (FY 2014/15 through FY 2016/17) to 2,066 callers per year in the 3 year period since the ICCTM Project (FY 2017/18 to FY 2019/20). The total number of callers to the Access line increased for all three communities of focus with Filipino's increasing 32 percent (from 127 to 168 callers); Latino's increasing 41 percent (from 936 to 1,317 callers); LGBQ+ callers increasing 309 percent (from 121 to 495 callers); and non-cisgender callers increasing 165 percent (from 17 to 45 callers). In addition to looking at the communities of focus, the results for all race/ethnicity groups except African-American/Black callers were significantly higher when compared to the White race/ethnicity group. These trends did not appear to vary by the pre-ICCTM, ICCTM period, or during the COVID time periods.

Both the number and the proportion of Access Line callers who identified their sexual orientation as LGBQ+ has increased annually. In the pre-ICCTM period, about 40 callers per year identified as LGBQ+. Beginning in FY 2017/18, the number of LGBQ+ callers increased fourfold, with an average of 165 per year. Relative to the proportion of non-LGBQ+ callers, those identifying as LGBQ+ in the pre-ICCTM years was about 2.5 percent compared to almost 8 percent in the ICCTM period[47]. When analyzing data related to gender identity, both the number and proportion of Access Line callers who identified as non-cisgender has increased annually. In the pre-ICCTM period, about 6 callers per year identified as non-cisgender, including transgender, genderqueer, questioning, two-spirit, or individuals of another identity. Beginning in FY 2017/18, the number of non-cisgender callers increased slightly to 12 callers per year in the ICCTM period. Regarding the proportion of non-cisgender Access Line callers, those identifying as non-cisgender was 0.3 percent in the pre-ICCTM period and 0.7 percent in the ICCTM period[48].

Access Timeliness

According to the ICCTM Final Evaluation Report, the improvement in odds of obtaining an offered intake assessment within 10 business days proved to be greatest among Filipino American Access Line users with a 32% increase; followed by a 9% increase among Latino callers; and a 4% increase for LGBQ+ Access Line callers during the ICCTM period.

Admission Type (Crisis versus Outpatient)

Thirty-three percent (33%) of Hispanic/Latino BHP consumers' first admission was through crisis services pre-ICCTM which decreased to 27% during the ICCTM period; and 51% of Filipino consumers' first admission was through crisis services pre-ICCTM which decreased to 34%. during the ICCTM period. An analysis of admissions through typical outpatient non-crisis programs demonstrated that 17% of outpatient service users identified as Hispanic/Latino during the pre-ICCTM period compared to 19% during ICCTM period, and pre-ICCTM, 3.7% of outpatient service users identified as Filipino compared to 3.9% during the ICCTM period.

Forty-three percent (43%) of LGBQQ+ BHP consumers' first admission was through crisis services pre-ICCTM which decreased to 35% during the ICCTM period; and 50% of non-cisgender consumers' first admission was through crisis services pre-ICCTM which decreased to 26% during the ICCTM period. An analysis of admissions through typical outpatient non-crisis programs demonstrated that 17% of outpatient service users identified as LGBQQ+ pre-ICCTM, compared to 19% during the ICCTM period, and 0.6% of outpatient service users identified as non-cisgender pre-ICCTM, compared to 0.9% during the ICCTM period.

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 aimed to train faith leaders on mental health promotion to help support mental health of their congregants from diverse backgrounds, highlights ways to bridge culture and mental health; and aims to partner with faith-based organization communities to design, implement, and evaluate workshops for youth and trainings for faith leaders. **Status of Plan:** SCBH began the process of contracting with the developers of the *Applied Suicide Intervention Skills Training (ASIST)* and *safeTALK* suicide prevention trainings, and Mental Health First Aid (MHFA) curriculums with a plan to fund the training for trainers (T4T) trainings for faith leaders to take place in Spring of 2020 for each of the curriculums. However, these plans were put on hold due to the COVID-19 pandemic. Unfortunately, the T4T trainings are not offered virtually therefore these plans continue to be on hold. During FY 2020/21 SCBH did purchase 25 licenses for *Livingworks Faith* an on-line web-based self-paced suicide prevention training developed specifically for faith leaders. These licenses were offered to faith leaders through various faith collaboratives.
TRUECare Promoter Roadmap	Standard 1 Standard 6 Standard 8 Standard 13	This QI Action Plan's Roadmap component aimed to provide information for community members about the availability of services in their preferred language; 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. The paper maps include a QR code and web shortener that will navigate community members to a SCBH webpage focused on access to services. **Status of Plan:** The paper versions of the TRUEcare Maps have been created in English, Spanish and Tagalog (see Appendix, pages 83-85) and are available to print out from the website here. Additionally, the interactive web-based version is posted on the SCBH website and can be accessed here. Additionally, posters of the TRUEcare Maps were developed. Six thousand (6,000) paper TRUEcare Maps and 200 posters have been distributed throughout Solano County in clinics, libraries, family resource centers, local jails and the juvenile detention facility, and other public locations. The maps are utilized by the SCBH homeless outreach team. Starting in October 2021 the TRUEcare Map posters were placed in bus stops throughout Solano County.
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 with the hope to train these navigators on services available for diverse consumers, and the plan aimed to identify navigators who are bilingual. **Status of Plan:** Solano County Health and Social Services (H&SS) hired 3 navigator positions to support all Divisions within H&SS including Behavioral Health. Additionally, Solano County Public Health has initiated a Promotoras program through a grant received. SCBH has provided training on our SOC and provided supplies of the TRUEcare Maps in all three language to both aforementioned programs. 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.

Action Plan	CLAS Standards Addressed	QI Action Plan Description
LGBTQ+ Ethnic Visibility	Standard 1 Standard 8 Standard 13	This QI Action Plan aimed to develop easy-to-understand outreach and linguistically appropriate signage to support LGBTQ+, Filipino Americans, and LGBTQ+ Latinos to combat stigma and discrimination related to mental health and identifying as LGBTQ+. **Status of Plan:** Seven (7) posters (see Appendix, pages 86-87) have been developed in partnership with community stakeholders, SCBH and a graphic designer. Specifically, several rounds of focus groups were held with LGBTQ+ Latino community members and LGBTQ+ Filipino community members to identify the languaging and imagery to be used on the posters. The posters include QR codes and web shorteners that will navigate community members to a SCBH webpage focused on supporting the LGBTQ+ community available here. Five hundred of these posters have been distributed throughout Solano County in clinics, libraries, family resource centers and to businesses such as restaurants and grocery stores that cater to the Latino and Filipino communities. SCBH is currently working on a media campaign that will include the placement the LGBTQ+ Ethnic Visibility signage on billboards throughout Solano County. SCBH continues to work with community partners to organize focus groups to develop signage for the African American/Black, Native American/Indigenous and Caucasian/White LGBTQ+ communities.
Bridging the Gap	Standard 1 Standard 8	This QI Action Plan aimed 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. **Status of Plan:** QI Action Plan team members, SCBH and a graphic designer worked to develop imagery (see Appendix, page 88) that promotes holistic wellness in three languages and representing diverse communities including the LGBTQ+ community. The imagery developed was specifically for a spinning prize wheel to be used at outreach events. Additionally, a Solano County specific backdrop was developed to also be used at community outreach events. Due to COVID-19 these materials have not been able to be used at community outreach events. In order to support this QI Action Plan, SCBH funded the development of a stigma reduction multi-media campaign that included the development of nine (9) TV commercials in three languages English, Spanish and Tagalog. These commercials included actors that represented diverse communities within Solano County including Latino, AA/PI, Black, White and the LGBTQ+ communities. The commercials ran from July-December 2021. Additionally, social media posts were developed in support of this campaign.

Action Plan	CLAS Standards Addressed	QI Action Plan Description
Takin' CLAS to the Schools	Potentially Standards 1 –15	This QI Action Plan aimed 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. **Status of Plan:** SCBH has funded the start-up of 45 culturally responsive school-based wellness centers in K-12 and adult education sites across Solano County including Solano Community College and the Juvenile Detention Facility. Start-up included furnishings, culturally and linguistically appropriate signage/wall hangings, yoga supplies, books, art and wellness supplies, iPad for data collection, etc. SCBH contracted with the Solano County Office of Education (SCOE) to support the implementation of the wellness center initiative in Solano County. SCBH and SCOE engaged Solano Youth Voices, a youth council, to conduct focus groups at 4 of the 5 pilot sites, and a student from UC Davis conducted focus groups at the pilot adult education site. The purpose of the focus groups was to solicit information directly from students about what activities, design/color scheme and support should be available through the wellness centers. Five (5) pilot centers opened between August-December 2019 prior to the school closures due to COVID-19. The remaining 40 wellness centers were set up and are currently in the process of soft launches as schools have reopened in Solano County for the 2021/22 school year. During the time period that schools were closed SCOE supported school districts and wellness center school sites to implement virtual wellness centers for students. SCOE launched a Faith Education Collaborative in order to help identify and recruit volunteers to work in the wellness centers to support school sites in staffing the centers. SCOE is funded by SCBH to provide trainings in Youth MHFA and suicide prevention for faith center volunteers.
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; also aims to change the county's job position descriptions to provide better outreach to diverse communities with regard to job postings; and address the County's bilingual certification process. **Status of Plan:** The QI Action Plan group developed an "Inclusion Statement" that is used for every job posting for SCBH as well as three (3) hiring questions focused on equity used throughout the hiring process. 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 through outreach at career and college fairs and the development of easy-to-understand outreach materials to use for mental health career fair events. **Status of Plan:** SCBH in partnership with a 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, however SCBH hopes to attend events in Spring 2022. SCBH continues to build relationships with various academic institutions in order to strengthen the existing intern program. This effort has included engagement of new partners, developing memorandum of understandings (MOUs), etc. More recently SCBH began to partner with Solano Community College (SCC) to explore a collaboration to provide internship or volunteer opportunities SCC students.

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, to inform and guide quality improvement. One strategy involved 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. **Status of Plan:** The BHP ESC role has oversight for the diversity and equity efforts of the BHP. SCBH has inserted language in vendor contracts requiring funded vendors to develop their own Cultural Responsivity Plans. During FY 2019/20 eleven (11) agencies submitted Plans. During FY 2020/21 SCBH received an additional two (2) Plans and vendors who submitted their initial Plans in FY 2019/20 submitted Plan Updates. SCBH continues to provide support and technical assistance for partners in the development of plan updates. SCBH inserted a new section "Cultural and Linguistic Considerations" into all new and renewed policies. During FY 2021/22 SCBH is developing an Equity Data Dashboard that will be used to monitor progress made through the ICCTM Project and other BHP equity efforts.
Culturally Responsive Supervision	Standard 2 Standard 3 Standard 4	This QI Action Plan aims to advance and sustain leadership that promotes CLAS through policy changes by training mid-level leadership and workforce personnel on improving CLAS practices through supervision to better support a diverse clinical workforce. **Status of Plan:** During FY 2018/19 the first cohort of "Promoting Cultural Sensitivity in Clinical Supervision" provided by Dr. Kenneth Hardy was completed. During FY 2019/20 the second cohort was completed though the 2nd day of the training had to be provided virtually. A total of 46 supervisors and managers from county and contractor programs have completed the training. Monthly consultation calls with Dr. Hardy are taking place for participants who completed the supervision training. In order to support this work additional trainings provided by Dr. Hardy have been provided for direct service staff and other partners.
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; develop easy-to-understand print media or imagery to welcome diverse consumers; and to train staff how to inform individuals of availability of language assistance. **Status of Plan:** SCBH leveraged the contract with UCD CRHD to develop a training curriculum "ISeeU" geared towards supporting County and contractor reception staff to build skills necessary to create welcoming environments for all consumers and to ensure that services are culturally and linguistically focused. This training was provided virtually during FY 2020/21 for 3 cohorts with a total of 49 participants. Additionally, the ISeeU QI Action Plan team and a focus group of reception staff in partnership with SCBH and a graphic designer developed an ISeeU logo that was then used to purchase customized materials such as pins, lanyards, etc. In order to ensure clinic lobbies and program spaces are culturally inclusive, all County and CBO funded programs were able to order wall hangings, books, toys, and other materials representing diverse communities as funded by SCBH MHSA. Through this Action Plan SCBH did a thorough review of all BHP forms to ensure all forms were appropriately translated into Spanish, the County's threshold language, and took this opportunity to have all forms also translated into Tagalog the County's sub-threshold language.

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; also aims to inform individuals of the availability of language assistance by incorporating language assistance instruction into their proposed trainings. **Status of Plan:** In response to this QI Action Plan in FY 2019/20 SCBH funded a "Tulong, Alalay, at Gabay" (TAG) training which is anchored in Psychological First Aid 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. Fighting Back Partnership and other community partners continue to provide the TAG training in Solano County. Staff members from SCBH and contracted agencies developed an on-line training *Diversity and Social Justice* which was completed by all SCBH staff during FY 2019/20 and continues to be used for onboarding and was shared with contract providers to utilize with their staff. Additionally, an on-line recorded training *Filipino Core Values & Considerations in Culturally Responsive Care* focused on working with the Filipino community was developed. During FY 2020/21 SCBH leveraged the contract with UCD CRHD to develop a training curriculum *Cultural Psychiatry, Cultural Humility* geared towards supporting County and contractor psychiatry providers to provide culturally and linguistically appropriate psychiatry services. This training was provided in May 2021. Over the course of the last several FYs SCBH has funded multiple rounds of *Behavioral Health Interpreter Training* (*BHIT*) provided by the National Latino Behavioral Health Association. One of the sessions was focused on bilingual staff to enhance skills related to increasing fluency in terminology related to the mental health field that can be difficult to translate into other languages. There was a Spanish-speaking trainer and a Tagalog-speaking trainer to meet the needs of the Solano community. Five (5) rounds of BHIT geared for direct service providers who may need to utilize interpreters when providing services have taken place and three (3) rounds of BHIT adapted for reception staff were completed. In all BHIT training cohorts one section provided training on how to access Language Link the County's interpreter service. Additionally, the training on how to access Language Link was recorded and is used for onboarding new County staff and has been shared with contract providers who have opted to utilize the County's Language Link contract.
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. **Status of Plan:** During FY 2019/20 RVC partnered with NAMI to facilitate the first Family-to-Family (F2F) 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.

Action Plan	CLAS Standards Addressed	QI Action Plan Description
Rio Vista CARE's (RVC) QI Action Plan (cont.)	Standard 1 Standard 3 Standard 4 Standard 8	**Status of Plan (cont.):** Due to disparities related to access to technology the course was not able to be held virtually. Since that time RVC did partner with NAMI to provide the first F2F training in Spanish with 5 participants. 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.
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 (SPC) 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. **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 continues to collaborate with Faith in Action, a CBO partner who provides peer delivered mental health services for seniors, to facilitate the Rainbow Seniors support group that has been very successful and has been vital for this vulnerable population during the COVID-19 pandemic. 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. **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 which has continued.
CBO Partners' Joint QI Action Plan Pride People of Color (PPOC)	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. **Status of Plan:** The QTPOC group is being held in partnership between SPC and FBP. Additionally, the CBOs meet quarterly to collaborate on stigma reduction and awareness efforts. Some examples of events include hosting a movie screening for the Latinx community during Pride Month, prior to COVID 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, this group launched a Photo Voice project.

Policy Changes

To further promote a system that is culturally responsive and equitable, beginning in FY 2017/18 SCBH began to insert more formal language into contracts with behavioral health vendors to require annual cultural humility training for all staff at every level, a requirement to use the CLAS Standards as a guide in policy and program development, and an emphasis on the provision of culturally and linguistically appropriate services. A sample of the "Cultural Responsivity" section of the contract template can be found in Appendix, pages 89-90. Additionally, SCBH inserted language into all Requests for Proposals (RFPs) to pull for information related to each prospective agency's efforts towards equity and cultural responsivity. A sample of the section of the RFP template can be found in Appendix, pages 91-94. In FY 2019/20 SCBH inserted a new section, "Cultural and Linguistic Considerations" into all revised and new policies. This new section references the CLAS Standards and throughout the policy itself any cultural or linguistic procedures are clearly articulated further demonstrating SCBH's commitment to the implementation of the CLAS Standards systemwide. Additionally, Policy *AAA203 Ensuring and Providing Multi-Cultural and Multi-Lingual Mental Health Services* was reviewed and updated in April of 2020 and can be found in Appendix, pages 95-99.

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, pages 100-104 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). During FY 2020/21 SCBH received an additional two (2) Plans and vendors who submitted their initial Plans in FY 2019/20 submitted Plan Updates.

Equity Collaborations & Partnerships

The SCBH ESC and other clinical staff participate in an Equity Collaborative with Solano County 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 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 and other county entities. 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 and other county divisions—including Behavioral Health staff—on a voluntary basis with a goal to assist team members in identifying the needs of these communities, developing and implementing strategies that will develop a more diverse workforce, inclusive workplace and reduce racial disparities within Solano County.

SCBH provides support for external partners—law enforcement, local education agencies and municipalities—regarding equity and inclusion efforts as requested. In FY 2019/20 at the request of the BH Division, H&SS funded two officers from Fairfield Police Department and a deputy from the Sheriff's Office to attend the GARE train-the-trainer cohort which will allow these law enforcement agencies to incorporate the core concepts of the ARE training into their existing offerings. SCBH 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. The implementation of the CIT training was delayed due to COVID-19, however SCBH intends to launch this training in the Spring of 2022.

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 45 K-12 and adult education campuses across Solano County.

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

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

It is noteworthy that during FY 2020/21 there was a significant increase in BHP contracted vendors creating successful and meaningful partnerships to train and educate the community. For example, NAMI Solano and Solano Pride Center partnered to facilitate several community educational virtual events focused on combating the stigma associated with both mental illness as well as being a member of the LGBTQ+ community.

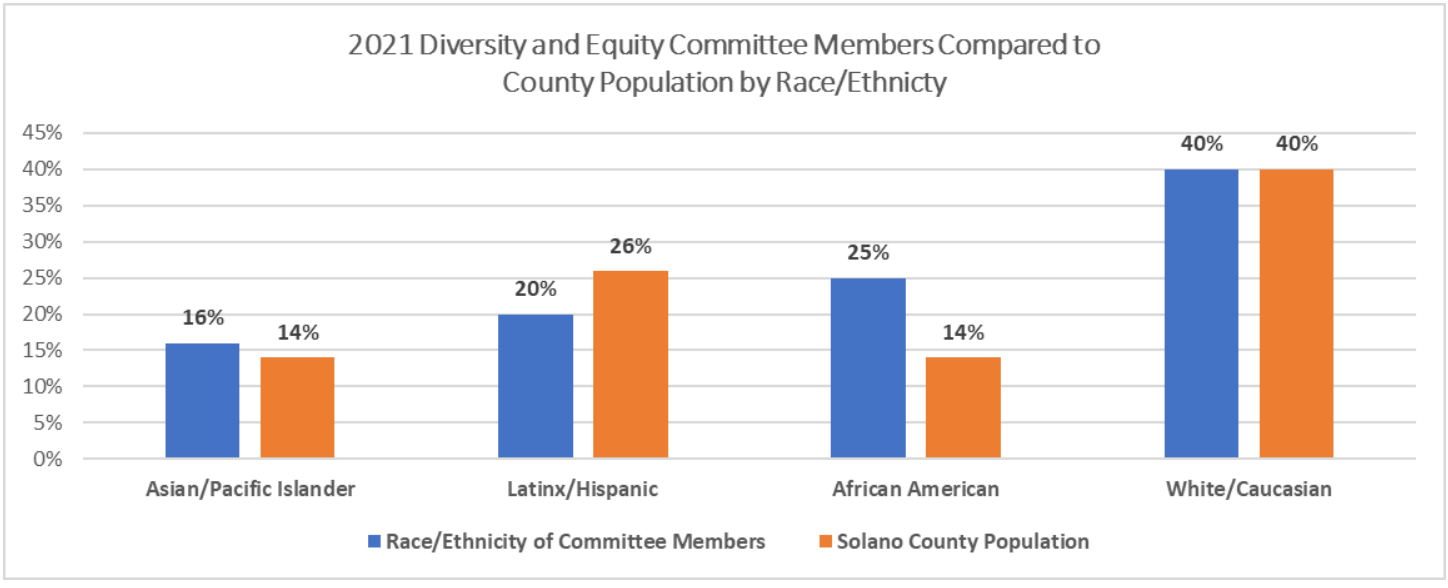
The MHSOAC has allocated COVID-19 funding the Commission received in order to support a statewide ICCTM Learning Collaborative (LC) whereby SCBH, UC Davis CRHD and other expert trainers will be facilitating two training cohorts on which will be available to all counties in California. The ICCTM LC will cover the core components of the ICCTM including the CLAS Standards, community engagement practices and quality improvement as well as trainings on social determinants of health, the impacts of COVID-19 on communities of color, etc. In addition to the eleven (11) training sessions, SCBH will be providing mentorship for four (4) counties: Los Angeles, Fresno, Kern and Marin which will include coaching and consultation.

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

Diversity & Equity Committee

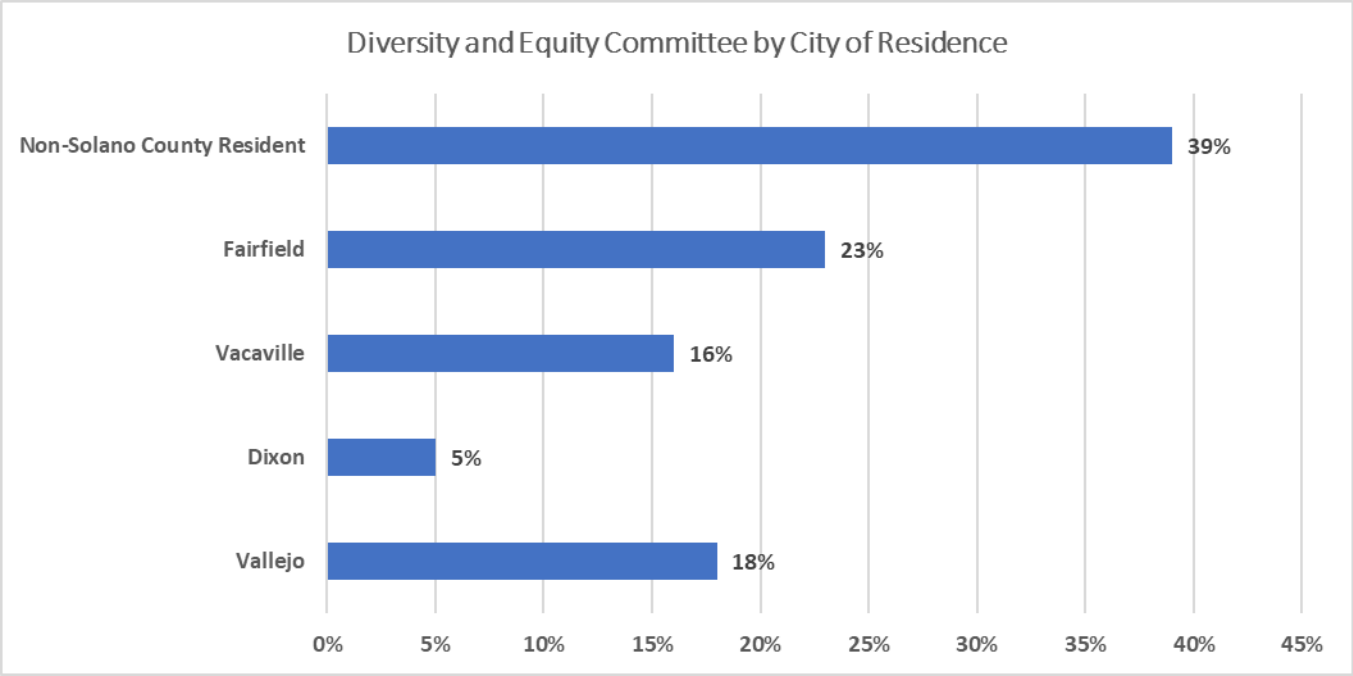
SCBH has an active Diversity and Equity Committee which works to ensure community members have timely access to equitable and quality behavioral health care that is responsive to their cultural and linguistic needs. The Committee met monthly during the reporting period. However, the Committee voted to hold bi-monthly meetings starting CY 2022, which will allow for opportunities for activities to be completed between Committee meetings. In addition, the Committee appointed a representative from a CBO agency to co-facilitate meetings in partnership with the ESC in October 2021. Efforts continue to be 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, pages 105-106. 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 which has continued throughout the current pandemic. Committee participation has significantly increased switching to virtual platforms such as Microsoft Teams and Zoom. 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 specialists, consumers, community members and other key stakeholders. The Diversity and Equity Committee is not only a state requirement but a vital component of the BHP SOC. Members help develop and monitor the SCBH's progress towards annual goals and efforts to reduce disparities within the SOC. SCBH makes every effort to ensure Committee participants reflect the demographic profile of Solano's diverse community, which includes representatives from the Hispanic/Latino, Asian American/Pacific Islander, African American, Native American/Indigenous, and LGBTQ+ communities. The graph below demonstrates the diversity of the Committee.



Source: Committee Survey & Solano County Demographics[49]

Committee members represent diverse racial and ethnic communities including African, Asian Indian/South Asian, Chinese, Eastern European, European, Filipino, Mexican/Mexican-American/Chicano, Middle Eastern, and South American. Seventy-three percent (73%) of the Committee members identified their current gender identity as female, 23% as male, 2% as transgender Male/FTM, and 2% "preferred not to answer". Eighty-two percent (82%) of the respondents identified their sexual orientation as heterosexual, 7% as bisexual, 7% as gay, 2% as queer, and 2% "preferred not to answer". Ninety-eight percent (98%) of the respondents' primary language is English and 2% as Tagalog. Two percent (2%) of the Committee members identified as veterans and 45% as individuals who have a loved one who served or is currently active military. Sixty-one percent (61%) of the Committee members identified as an individual with lived mental health experience and 93% have a friend/family member with lived mental health experience. Eighty-six percent (86%) also have a friend/family member with a history of substance use. The graph below shows Committee members by city of residence which demonstrates that 61% of the Committee members are Solano residents while 39% of the Committee members do not live in Solano County, however they work in Solano.



Source: Committee Survey

Committee members provide feedback and guidance related to the BHP's implementation of the CLAS Standards, provide input for the annual plan update, formulate and monitor procedures that evaluate the implementation and effectiveness of the plan in developing culturally responsive services and practices. During CY 2021, Committee members provided guidance and support for many of the goals and strategies referenced on pages 9-11. Several initiatives monitored by the Diversity and Equity Committee are also reported out to the BHP through the Quality Improvement Committee which meets quarterly and is comprised of county and CBO behavioral health providers as well as peers representing the consumer voice. Over the last several years a number of SCBH's contracted vendors have implemented their own internal agency Diversity and Equity Committees, further supporting a systemwide implementation of the CLAS Standards.

Criterion 5: Cultural Humility Trainings

SCBH Training Efforts

Over the last several years SCBH has invested considerable resources into enhancing training for BHP staff including County and contractor staff as well as key community partners (see Appendix, page 107 for a list of trainings provided over the course of the last five years). Below is a list of targeted trainings funded and/or offered through SCBH during CY 2021:

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

- SCBH continued to fund and provide ***Behavioral Health Interpreter Training (BHIT)*** for both bilingual and English-speaking staff on the use of interpreters. Two training cohorts for clinical staff were provided and one training cohort for front desk reception staff was held in May of 2021.
- 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 new 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 in 2021 was made available to contractor behavioral health staff and external partners. The training materials 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. As of December 2021, the online training was viewed nearly 400 times. See Appendix, pages 108-111 to view discussion questions, pre/post evaluation, and an additional resource guide for staff
- 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. Forty-six (46) County and contractor supervisors, managers and senior leaders were trained. Dr. Hardy continues to provide monthly consultation and coaching sessions for the training participates in FY 2021/22.
- A specialized online training titled Filipino Core Values & Considerations in Culturally Responsive Care was developed by the previous SCBH Kaagapay AA/PI Outreach Coordinator and was made available to BHP staff—both County and contractors—during CY 2021 and has been viewed 144 times as of December 2021.
- UC Davis CRHD developed a training targeted for front desk reception staff in support of the ***ISeeU*** QI Action Plan. This training was focused on building skills necessary for these support staff who are often the initial faces of the SOC and will include content related to cultural sensitivity for LGBTQ+ consumers, how to access interpreter services, etc. This training was provided virtually for 3 cohorts with a total of 49 participants from both County and contractor programs.

- ***Quadruple Aim: Developing a Community of Solutions Through Switch Thinking*** training was provided for 27 participants to support SCBH to sustain quality improvement efforts initiated through the ICCTM Project.
- A specialized training ***Cultural Psychiatry: Cultural Humility*** was developed by UC Davis CRHD for SCBH BHP 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 was also be content related to prescribing medication for diverse populations that may have comorbid medical conditions. This training was provided in May 2021.
- In May of 2021 Dr. Hardy provided the following trainings, ***Traumatic Grief: Untangling Intangible Loss*** and ***Therapy in Times of Turmoil and Trauma.*** During FY 2021/22 Dr. Hardy will be providing additional trainings on the impacts of trauma and racism on marginalized communities.
- The Solano County H&SS Department—including the Behavioral Health Division—is currently in the process of implementing the **Trauma Informed Systems of Care (TISC)** model which includes systemwide training for both clinical and non-clinical staff and the development of Trauma Informed Leadership Team (TILT) who will be responsible to develop system improvement projects. The TISC model incorporates topics related to diversity, equity and inclusion.

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

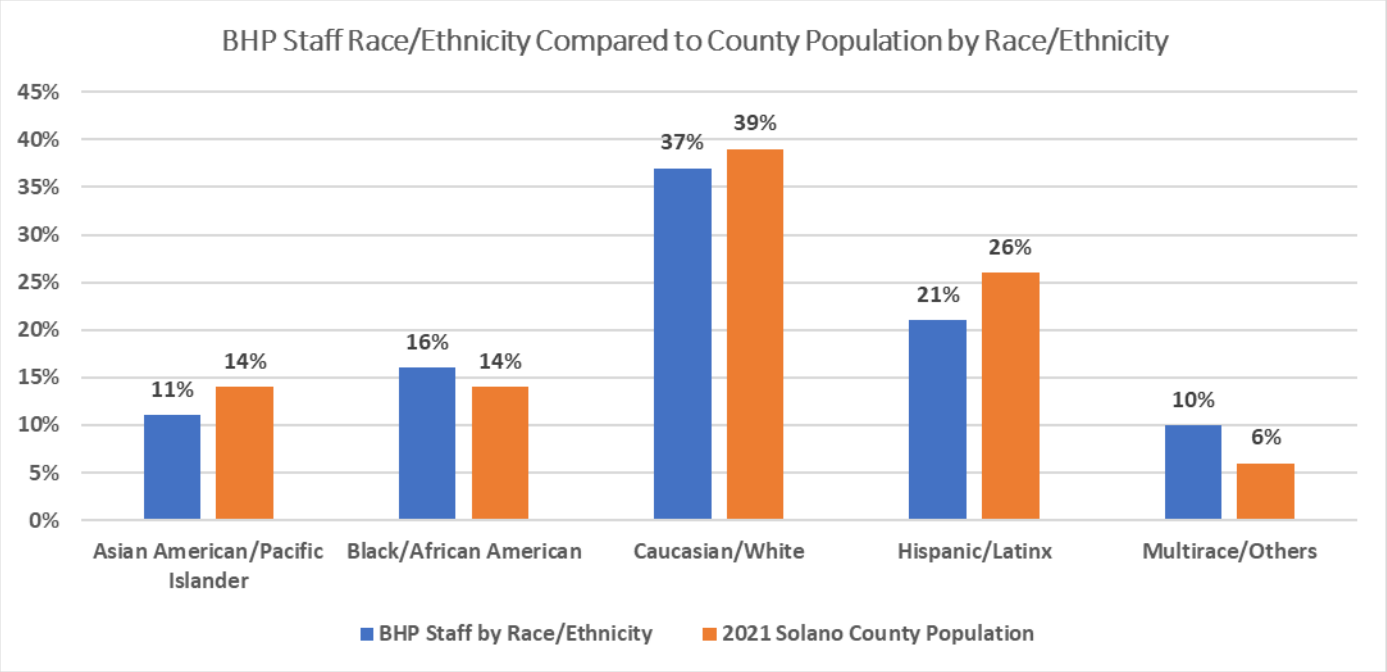
Criterion 6: County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining

Workforce Equity Survey

Starting in December of 2017, SCBH began to administer a voluntary annual survey of the BHP workforce to gather data related to the diversity of the workforce—both County and contractor—to include employees at all levels to assess the cultural and linguistic diversity of the BHP workforce. In addition to monitoring the demographics of the BHP workforce, the survey collects information related to participation in cultural responsivity trainings, job satisfaction and attitudes towards equity and inclusivity efforts. The annual "Workforce Equity Survey" was administered in September of 2021 and yielded 226 responses. It is worth noting that the BHP has seen a 75% increase in responses to the annual survey over the last two FYs, highlighting the BHP's continued commitment to the workforce and the Solano's diverse communities.

Workforce Demographics

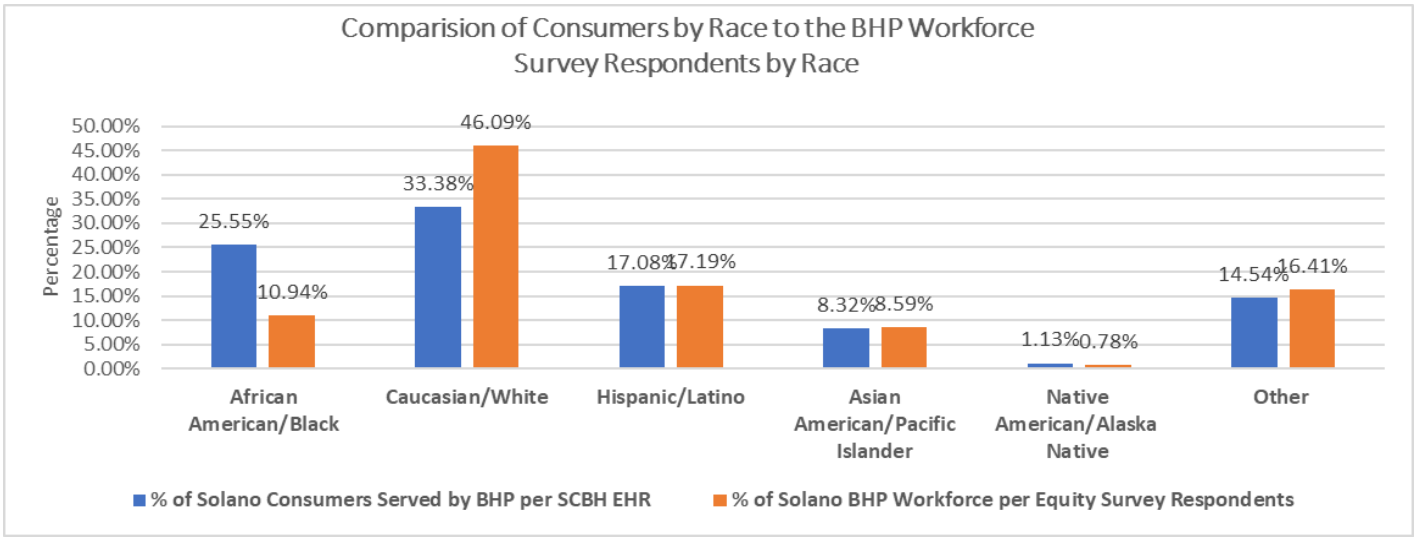
The graph below shows the BHP staff race/ethnicity data (as reflected by the responses to the 2021 Workforce Equity Survey) as compared to the County's population by race/ethnicity. Fifty-eight percent (132) of the respondents identified with a race/ethnicity other than White/Caucasian which more accurately reflects the demographics of the communities served in Solano County. This is a significant achievement related to SCBH's efforts to build a diverse and equitable workforce.



Source: Solano County BHP Workforce Equity Survey and the Solano County Annual Update 2021[50]

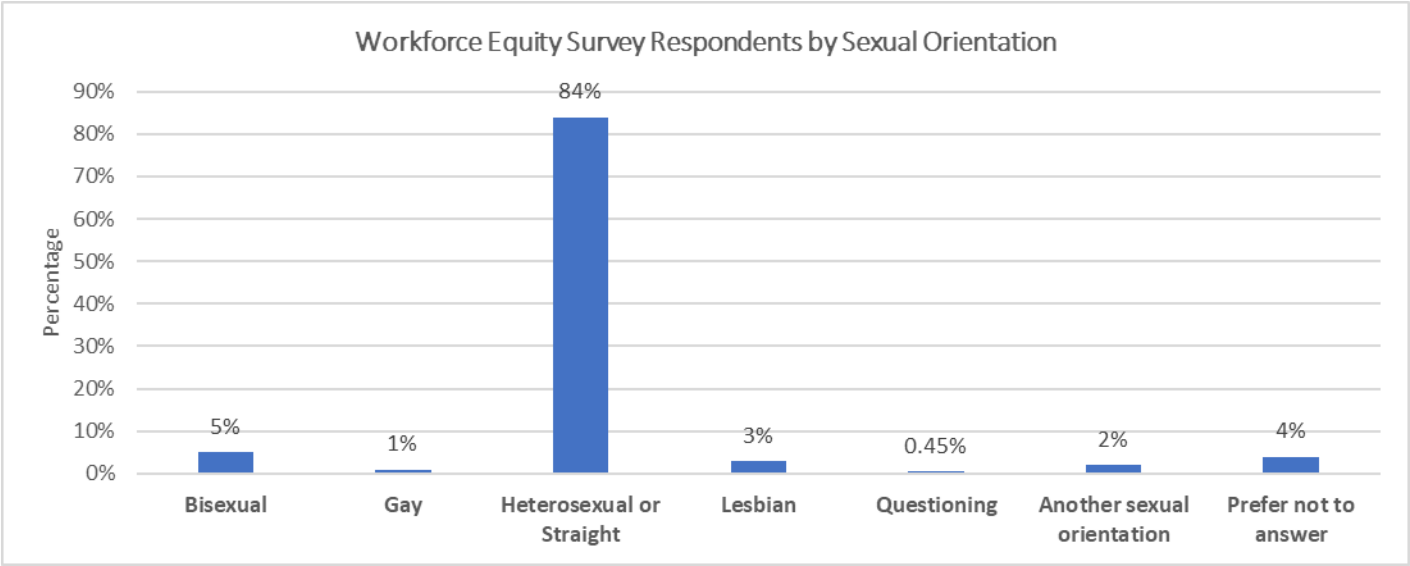
It is important to note, the BHP has experienced a 33% increase in staff representing the African American/ Black community and 40% increase in staff representing the Hispanic/Latinx community based on survey results comparing 2020 findings to 2021 findings. Of the 10% (23) of the respondents that identified as more than one race, 7% (10) also identified as a Native American/Indigenous person representing the Lakota, Maya, Choctaw, Cherokee, Black Foot, Lakota Sioux, Wampanoag, and Long Plan First Nation tribes. It is important to note that the BHP revised many of its demographic questionnaires after receiving feedback from local Native American/Indigenous community members on best practices for gathering local data for this population which continues to experience long standing disparities in mental health outcomes and distrust for government entities. The data referenced above is attributed to the stakeholders that continue to partner with the BHP to ensure the workforce reflects the diversity of the community.

The graph below shows Solano County consumers served, compared to BHP Workforce Survey respondents by race/ethnicity. The survey yielded 226 responses which is a representation of the Solano County BHP workforce. Findings indicate that two of Solano County's underserved communities, Hispanic/Latinx and Asian American/Pacific Islander communities are well represented in regards to the BHP workforce. There continues to be a disparity related to the percentage of African American/Black consumers compared to the BHP workforce. Community stakeholders continue to identify the need to expand the African American/Black workforce in Solano County. As such SCBH and contractors will continue to make efforts to recruit and retain African American/Black BHP staff members.

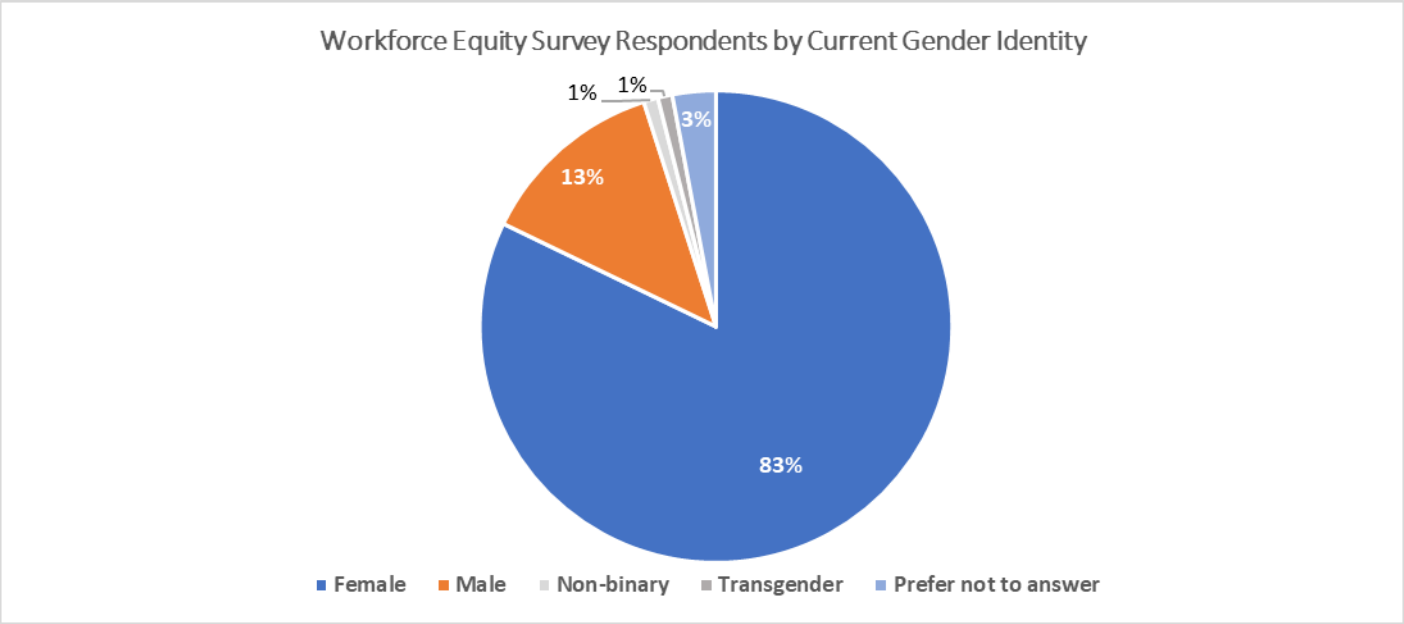


Source: Solano County BHP Electronic Health Record and Workforce Equity Survey

Since the implementation of the ICCTM MHSA Innovation Project in 2016, SCBH has made significant efforts to address the needs of the LGBTQ+ community in Solano County. As such, since the inception of the annual workforce survey, questions related to sexual orientation and gender identity/expression have been included. In addition to a goal of providing culturally responsive services and inclusive spaces for LGBTQ+ consumers, SCBH continues to strive to ensure a more inclusive work environment for LGBTQ+ staff. The following two graphs shows the BHP survey respondents by sexual orientation and gender identity/ expression. The most recent survey showed that 12% (26) of the respondents identified as non-heterosexual which represents a 55% increase from the year before, and 1% (3) of the survey respondents identified as non-cisgender.

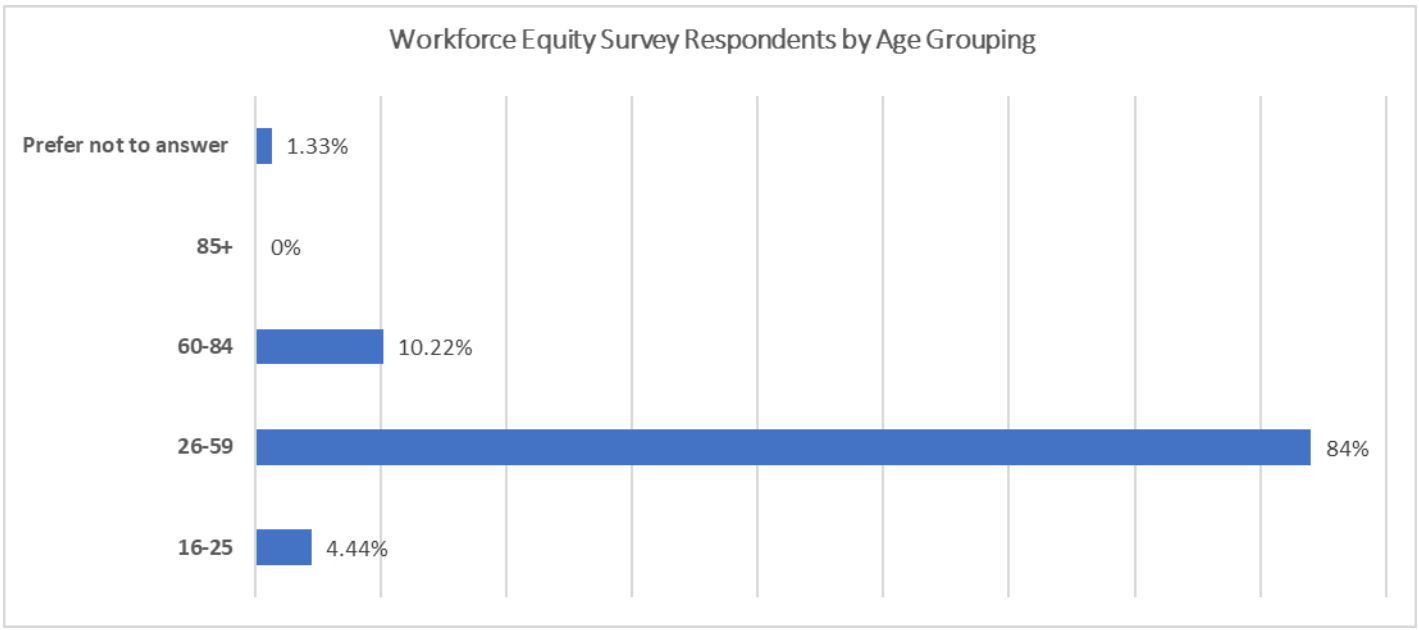


Source: Solano County BHP Workforce Equity Survey



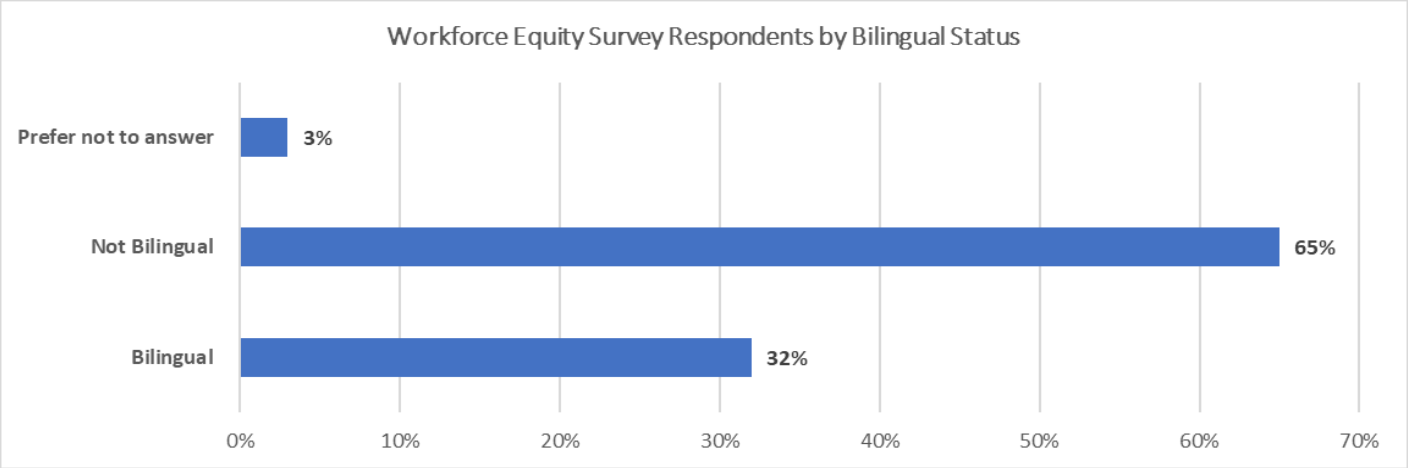
Source: Solano County BHP Workforce Equity Survey

The following graph demonstrates the age groupings for survey respondents. While approximately 4% (10) of the respondents identified as transitional age youth (ages 16-25), 84% (189) of the respondents identified as being between the ages of 26 and 59 years old.



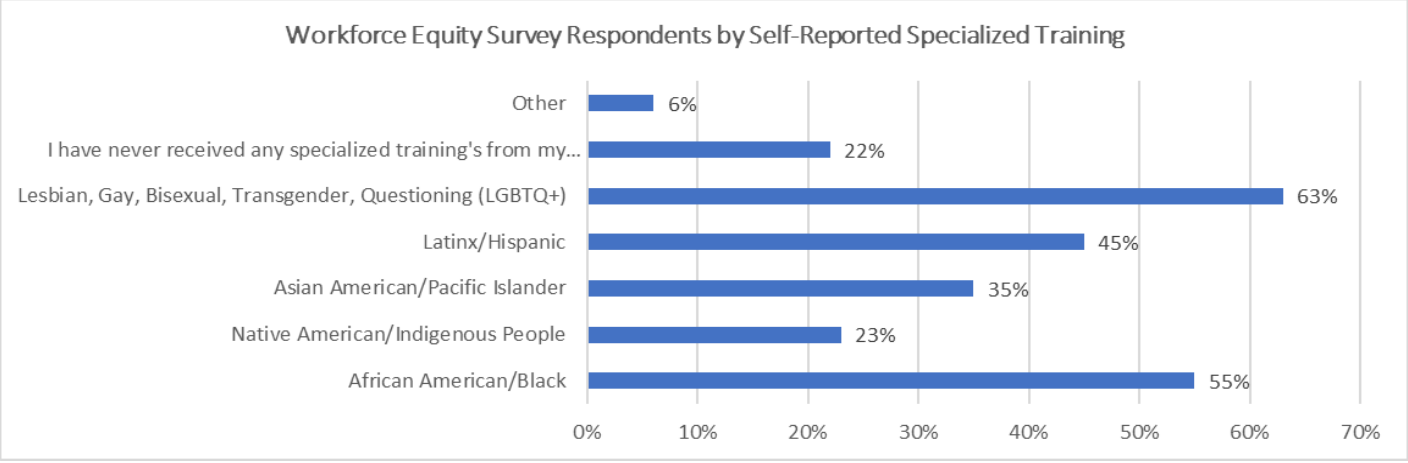
Source: Solano County BHP Workforce Equity Survey

The following graph demonstrates bilingual status for survey respondents with 32% (72) of the 226 survey respondents identifying as bilingual, and of those 28% (20) identified as being in bilingual certified positions and compensated for their linguistic skills. Twenty-eight percent (20) of the bilingual respondents reported having received formal interpreter training. Bilingual survey respondents identified speaking the following languages: American Sign Language, Arabic, Cantonese, Spanish, Tagalog, French, Japanese, Urdu, Punjabi, Russian, Hindi, Ilocano, Pangasinan, German, Armenian, Portuguese, Visayan, Cebuano, Bisaya, Surigaonon, and Surinamese. There has been a historical shortage of applicants who speak Spanish and Tagalog, however 71% (52) of the staff who identified as bilingual speak Spanish (threshold language) and 11% (8) speak Tagalog (sub-threshold language).



Source: Solano County BHP Workforce Equity Survey

Eighty-one percent (173) of the total respondents reported receiving Cultural Humility training in the past year. Of the 215 respondents who answered a question related to comfortability utilizing interpreter services, 62% (134) endorsed being comfortable using interpreters when necessary. The following graph demonstrates survey respondents' reporting of specialized training received by their employer to better meet the needs of various underserved populations.



Source: Solano County BHP Workforce Equity Survey

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

- Fifty-one percent (112) of the survey respondents identified lived experience of mental health, and 75% (166) have a friend/family member with lived experience of mental health.

- Twelve percent (26) of the survey respondents identified lived experience of substance use, and 67% (149) have a friend/family member with lived experience of substance use.
- Forty-five percent (99) of the survey respondents identify having experienced significant trauma, and 65% (143) have a friend/family member who have experienced significant trauma.
- Six percent (14) of the respondents identify as a person with lived experience in the foster care system and 28% (61) have a friend/family member with lived experience in the foster care system.

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

- Ninety-four percent (213) of the respondents endorsed the importance of understanding health and social inequities of in the community and 76% (167) endorsed examining their own cultural backgrounds and biases and this may influence their behavior towards others. Eighty-eight percent (200) of the respondents endorsed thinking about how to interact more effectively with underserved and underrepresented consumers.
- Of the 215 respondents who answered a question regarding their employer's commitment to providing culturally responsive services, improving access to treatment, and ensuring equitable outcomes for underserved and underrepresented populations, 92% (197) responded positively and 81% (175) responded positively to a question related to their employer's commitment to the recruitment of a diverse governance, leadership, and workforce.
- For the 182 respondents that answered a question related to the frequency of the topics of race and culture (including LGBTQ+) and the impacts on the consumers being served being discussed in supervision, staff meetings, case consultations, etc. 69% (125) responded positively.

Peer Workforce

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

BHP Network Adequacy

In February of 2018, County BHPs were informed by the DHCS that they would need to track and report on the adequacy of the BHP network of services it uses to serve Medi-Cal eligible individuals. This process of certifying to DHCS consists of providing evidence to demonstrate timely access to care, reasonable time, and distance from provider sites to consumers' residences, and an adequate number of outpatient psychiatrist and clinical providers in both the Adult and Children's Services Systems. Evidence to substantiate Network Adequacy includes, but is not limited to, submission of the Network Adequacy Certification Tool (a listing of all mental health programs, site locations, services provided, languages offered, and staff), contracts with mental health programs who provide services in Solano County, policies and procedures, timeliness data from the EHR, Geographic Information System (GIS) maps, data demonstrating use of interpreters, etc. During FY 2020/21, Solano County submitted the annual submission and received the certifications from DHCS endorsing that SCBH is in compliance with all Network Adequacy standards. Starting in FY 2021/22 DHCS will be initiating a monthly reporting process through a web-based portal that will be used to support the annual certification.

Criterion 7: Communication and Language Assistance

Linguistic Initiatives

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

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.

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

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

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

Data related to primary and preferred language for BHP consumers served during FY 2020/21 is listed in the table below. Eighty-seven percent (87%) of the consumers served identified their "primary language" as English, 6% as Spanish and 1% as Tagalog. In regards to "preferred language" 84% of the consumers identified English, 5% Spanish and 0.6% as Tagalog.

Total # of Consumers: 5,645		
Language	**# of Consumers by Primary Language**	**# of Consumers by Preferred Language**
American Sign Language (ASL)	4	6
Arabic	8	3
Cambodian	0	0
Cantonese	4	3
English	4,924	4,773
Farsi	1	0
Hattian	0	0
Hebrew	1	0
Hindi	2	0
Korean	1	2
Laotian	3	2
Lithuanian	0	0
Mandarin	0	0
Mien	2	2
No Entry	240	521
Other Chinese Language	1	0
Other Non-English	15	16
Other Sign Language	0	0
Polish	0	0
Portuguese	0	0
Punjabi	9	0
Samoan	0	2
Spanish	352	261
Tagalog	56	35
Tamil	0	0
Thai	3	0
Unknown/Not Reported	8	10
Vietnamese	11	9

Source: Solano County BHP Electronic Health Record 337

The table below includes data related to the BHP's use of interpreter services to provide linguistically appropriate services for FY 2020/21. It is important to note that the data represents individual requests/ utilization of interpreter services not unduplicated consumers.

Total Interpreter Services Used: 683	**Total In-Person Interpreter Services:** 324	**Total Phone Interpreter Services:** 113
Language	**# of In-Person Interpreter Services by Language**	**# of Phone Interpreter Services**
American Sign Language (ASL)	60	N/A
Arabic	1	0
Cambodian	0	0
French Creole	0	1
Hattian	0	0
Hindi	1	0
Japanese	0	1
Korean	0	1
Laotian	0	1
Lithuanian	0	0
Mandarin	2	2
Mein	0	3
Polish	0	0
Portuguese	0	3
Punjabi	5	0
Russian	0	1
Spanish	241	92
Tagalog	1	5
Tamil	0	0
Vietnamese	13	3

Source: Language Link billing

An analysis of Language Link utilization for FY 2020/21 demonstrates that BHP providers are accessing interpreter services primarily for Spanish-speaking consumers and deaf consumers. For FY 2020/21, 74% of the total in-person interpreter services were in Spanish and 19% in American Sign Language (ASL). A review of phone interpreter services for the same FY demonstrates that 81% of these services were in Spanish.

It is noteworthy that while Solano County has the highest Filipino population in the Country, a review of interpreter services demonstrates very low utilization of interpreter services in Tagalog—the County's sub-threshold language. An analysis of data from the BHP's EHR (Report 326) provides some insight regarding this finding as there were 190 consumers served who identified their race/ethnicity as Filipino, however 74% (140) of these consumers identified their primary language as English and only 24% (46) identified their primary language as Tagalog, .5% (1) as Spanish, and 2% (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 demonstrated that only two vendors have availed themselves to this service. SCBH will engage in targeted outreach with vendors to ensure that they are aware that they have access to interpreter and translation services through the County's Language Link contract.

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

Spanish Translation Expenses FY 2020/21	Tagalog Translation Expenses FY 2020/21	Other Translation Expenses FY 2020/21
$3,804	$9,458	$1,597

Criterion 8: Engagement, Continuous Improvement, and Accountability

CLAS Organizational Assessment Report

SCBH senior leadership (BH Director, Deputy Director, Senior Manager and ESC) completed a baseline *CLAS Organizational Assessment* during FY 2019/20 This tool 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 and has been endorsed by the US Department of Health & Human Services' Office of Minority Health as well as the National Quality Forum. The initial assessment tool pulled for information related to efforts made within the last six (6) months. The updated tool was modified to pull for efforts made within the last twelve (12) months based off of feedback from SCBH. During FY 2020/21 the same SCBH senior leadership group completed a follow up *CLAS Organizational Assessment.* After completing the assessment, UC Davis CRHD provided SCBH a report which highlighted SCBH's strengths and areas for improvement. Based on the report from CRHD, SCBH maintained or improved scores on 87% (13) of the CLAS Standards. The following pages provide an overview of findings from the most recent CLAS Organizational Assessment completed in April 2021 including strengths, areas for development and progress made.

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

CLAS Standard Addressed	Progress Made CLAS Organizational Assessment Scoring Scale 0-3 with 3 being the highest score
CLAS Standard 1: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. The CLAS Organizational Assessment questions related to Standard 1 measured policies; programs and procedures related to the CLAS Standards; promotion of welcoming consumer-centered spaces; and prioritizing effective communication with diverse populations.	**SCBH demonstrated a 9.1% increase in the score (2.75-3.0) from 2019 to 2021 for this CLAS Standard.** SCBH continues to implement the CLAS Standards systemwide through improved hiring practices; training and support for the workforce; added a new section "Cultural and Linguistic Considerations" to all newly developed and renewed policies; inserted CLAS language in all requests for proposals (RFPs) and all behavioral health contracts; prioritized training in how to access interpreter services; made concerted efforts to ensure culturally appropriate translation of BHP materials in Spanish (threshold language) and Tagalog (sub-threshold language); improved system monitoring related to disparities; and prioritized the creation of welcoming culturally responsive spaces for all consumers. SCBH's senior leaders and the ESC recognize ongoing efforts and resources are needed to further strengthen access to language assistance.

CLAS Standard Addressed	Progress Made CLAS Organizational Assessment Scoring Scale 0-3 with 3 being the highest score
CLAS Standard 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. The CLAS Organizational Assessment questions related to Standard 2 measured the organization's mission and vision statements; strategic plan includes CLAS; allocation of annual resources towards the implementation of CLAS; rewarding of staff/departments who improve CLAS communication.	**SCBH maintained the same score (2.50) from 2019 to 2021 for this CLAS Standard.** SCBH'S mission and vision statements and system of care plans, such as the annual Diversity and Equity Plan, annual Quality Improvement Plan, MHSA Three-Year Plan and Annual Updates, illustrate a commitment to culturally and linguistically appropriate care. Senior leaders have allocated resources annually to meet the cultural and linguistic needs of the consumers served. Additionally, SCBH's senior leadership continue to make concerted efforts to recruit diverse members for the local Mental Health Advisory Board, Diversity and Equity Committee, and Suicide Prevention Committee, including consumers and family members. SCBH's senior leadership recognize ongoing efforts are needed to highlight and reward staff and programs who exemplify CLAS.
CLAS Standard 3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. The CLAS Organizational Assessment questions related to Standard 3 measured the organization's efforts towards the development of a diverse workforce that is culturally responsive to the consumers served.	**CLAS Standard 3 was identified as an area for improvement via the initial CLAS Organizational Assessment completed in October of 2019. SCBH demonstrated a 13.3% increase in the score (1.88-2.13) from 2019 to 2021 for this CLAS Standard.** SCBH continues to prioritize the recruitment and retention of a diverse workforce both within the County and with contracted vendors. This is particularly important given the current workforce crisis as a result of COVID-19. The Workforce Equity Survey has been administered annually since 2017 and is utilized to monitor the diversity of the workforce and whether the workforce represents the diverse consumers being served. Additionally, the survey includes questions related to job satisfaction and an individual's perception related to CLAS. SCBH has made significant strides in this area as evidenced by the data presented in this document on pages 52-56. 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 hiring questions developed through the aforementioned QI Action Plan group and endorsed by the Diversity and Equity Committee. Efforts will be made to systemize the utilization and refinement of these questions. 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 the demographics related to hiring and retention of bicultural and bilingual staff. SCBH will continue to explore expanding the networks used to recruit diverse staff to include professional fairs, job boards, publications, and other specialized media networks. SCBH has started to review data related to the demographics of the Division's leadership both supervisory and managerial level.

CLAS Standard Addressed	Progress Made CLAS Organizational Assessment Scoring Scale 0-3 with 3 being the highest score
CLAS Standard 3 (cont.): Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. The CLAS Organizational Assessment questions related to Standard 3 measured the organization's efforts towards the development of a diverse workforce that is culturally responsive to the consumers served.	SCBH senior leaders recognize that efforts need to be made to strengthen the intern program to establish diverse candidate pools. MHSA workforce education and training (WET) funds continue to be allocated to internship stipends. Starting in FY 2019/20 an Intern Coordinator was identified to take on a leadership role to recruit interns. The MOU used with academic institutions placing interns was revised and significant strides have been made in developing partnerships with new academic institutions including the local community college. The *Cultural Game Changers* QI Action Plan developed through the ICCTM Project includes a career pipeline component including working with local middle and high schools to raise awareness of career paths within Behavioral Health. SCBH will be participating in a loan assumption program through a statewide 5-Year WET Plan. Loan repayment will be available for County and contracted staff under the BHP who represent underserved and underrepresented communities in Solano County.
CLAS Standard 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. The CLAS Organizational Assessment questions related to Standard 4 measured the training of the workforce in CLAS including assessment practices; consumer engagement; and the provision of linguistically appropriate services.	**CLAS Standard 4 was identified as an area for improvement via the initial CLAS Organizational Assessment completed in October of 2019. SCBH demonstrated a 36.6% increase in the score (1.83-2.50) from 2019 to 2021 for this CLAS Standard.** As outlined on pages 50-51, and Appendix page 107, SCBH has and continues to make significant efforts to provide various opportunities for trainings related to culturally responsive services, social justice, and inclusion. The SCBH QI Unit is now tracking trainings in cultural responsivity for all County and contracted staff on a monthly basis. Areas for improvement related to this Standard include enhanced training related to communication with consumers and strengthening the support direct line staff get from supervisors related to the provision of culturally and linguistically appropriate services.
CLAS Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services. The CLAS Organizational Assessment questions related to Standard 5 measured practices related to collecting demographic data for consumers including language needs and the accessibility of no-cost interpreter services.	**CLAS Standard 5 was identified as an area for improvement via the initial CLAS Organizational Assessment completed in October of 2019. SCBH demonstrated a 28.6% increase in the score (1.75-2.25) from 2019 to 2021 for this CLAS Standard.** 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; developing a video training on how to access Language Link which is a required training for all staff; expanding our Language Link contract to our vendors; ensuring that BHP forms and informing materials have been translated into Spanish and Tagalog. The QI Unit and ESC routinely review the utilization of Language Link by both County and contracted vendors. While each clinic has signage posted notifying consumers that no-cost language services are available, SCBH recognizes the 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.

CLAS Standard Addressed	Progress Made CLAS Organizational Assessment Scoring Scale 0-3 with 3 being the highest score
CLAS Standard 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. The CLAS Organizational Assessment questions related to Standard 6 measured written materials and verbal practices related to informing consumers of language assistance support.	**SCBH maintained the same score (2.0) from 2019 to 2021 for this CLAS Standard.** In each clinic lobby—both county and contractor—continues to have signage posted that informs consumers about the availability of no-cost language assistance. SCBH recognizes the need to improve our signage, written materials, and training for staff in how to ensure that consumers with language needs understand what services and supports are available to them.
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. The CLAS Organizational Assessment questions related to Standard 7 measured the skills and strengths of interpreter services and practices related to children/family members being utilized as an interpreter.	**CLAS Standard 7 was identified as an area for improvement via the initial CLAS Organizational Assessment completed in October of 2019. SCBH demonstrated a 42.9% increase in the score (1.75-2.5) from 2019 to 2021 for this CLAS Standard.** Over the course of the last several years SCBH has invested signification resources in training of providers in the appropriate utilization of interpreter services including clinical considerations. While SCBH has historically not routinely assessed the competence the contracted interpreters through Language Link, during FY 2020/21 the QI Unit was able to obtain information on how the organization evaluates the skills of the interpreters. The QI Unit has communicated to the SOC that children and family members should not be utilized to interpret, with an exception for emergency situations. During FY 2021/22 a new collaboration has been established with Solano Community College related to a language interpreter certificate program which may result in intern opportunities for students.

CLAS Standard Addressed	Progress Made CLAS Organizational Assessment Scoring Scale 0-3 with 3 being the highest score
CLAS Standard 8: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area. The CLAS Organizational Assessment questions related to Standard 8 measured whether written materials including forms and information materials were easy to understand and whether translation services were easily accessible for programs.	**CLAS Standard 8 was identified as an area for improvement via the initial CLAS Organizational Assessment completed in October of 2019. SCBH demonstrated a 191.3% increase in the score (0.80-2.33) from 2019 to 2021 for this CLAS Standard.** In addition to having all the BHP forms and information materials translated into Spanish and Tagalog, SCBH has continued to implement the *TRUEcare Promoter Roadmap* QI Action Plan. This easy to read resource map has been created in a paper version in English, Spanish and Tagalog and is also available via an interactive web-based version in the three languages listed above. The TRUEcare Maps have been distributed across the County including in clinic lobbies, family resource centers, school wellness centers, local jails and the juvenile justice facility, libraries, etc. Additionally, the maps have been printed as posters in all three languages and most recently have been placed in bus transit centers. SCBH continues to implement 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 was in both Spanish and Tagalog and has been posted in County and contractor clinic lobbies and community locations such as restaurants, grocery stores, school wellness centers, libraries, etc. Additionally, SCBH has distributed suicide prevention signage in Spanish and Tagalog as well as signage that represents diverse communities including the African American, Latino, AA/PI, LGBTQ+ communities, youth, older adults, etc. The suicide prevention signage has also been 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 Latino community and in Tagalog for the Filipino community.

CLAS Standard Addressed	Progress Made CLAS Organizational Assessment Scoring Scale 0-3 with 3 being the highest score
CLAS Standard 9: Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations. The CLAS Organizational Assessment questions related to Standard 9 measured the appropriateness of consumer education materials; outreach and linkage practices; and the rating of specific forms (consent forms), signage/maps of the organization, and the translation/ interpreter services overall.	**CLAS Standard 9 was identified as an area for improvement via the initial CLAS Organizational Assessment completed in October of 2019. SCBH demonstrated a 26.3% increase in the score (1.67-2.11) from 2019 to 2021 for this CLAS Standard.** In addition to the materials referenced in relation to Standard 8, during FY 2020/21 SCBH's program brochures were updated to be more community friendly and representative of diverse communities. These materials are being translated into Spanish and Tagalog. Additionally, when developing flyers for trainings/events efforts are being made to ensure they are easy to understand, culturally responsive and are made available in English, Spanish and Tagalog. In FY 2020/21 SCBH funded its first multi-media stigma reduction "It's Okay to Not be Okay" campaign which included three commercials which were run on cable networks as well as streaming. The commercials represented diverse communities and were in three languages, English, Spanish and Tagalog and provided information related to SCBH's services. In December of 2021 a second multi-media "Write What You Feel" campaign focused on suicide prevention was launched and included five commercials (one with Spanish sub-titles and one with Tagalog sub-titles), shorter videos, social media posts, five radio spots (one in Spanish and one in Tagalog), This campaign included diverse actors representing communities at greater risk for suicide based on local suicide data incorporating feedback obtained directly from the community through the suicide prevention focus groups. Commercials were geared towards Caucasian/White men, African American/Black youth, Filipino adult men, Indigenous adult female, and the LGBTQ+ community with an emphasis on the transgender community. SCBH funds several outreach efforts including MHSA PEI programs that engage in outreach and community education activities and several PEI programs are focused on underserved and marginalized communities including the LGBTQ+ and African American communities; county-operated Latino and AA/PI outreach; and homeless outreach. All of the aforementioned efforts are focused on stigma reduction, education and increasing early access to treatment. SCBH leadership recognizes that exterior signage and maps are needed at the three H&SS campuses where the County clinics are located. SCBH plans to further improve translation processes to ensure that these services are accessible and timely. Additionally, SCBH plans to identify a group of stakeholders that represent diverse communities to review and vet materials being developed to ensure materials are culturally responsive and linguistically appropriate including the implementation of reverse translation practices.

CLAS Standard Addressed	Progress Made CLAS Organizational Assessment Scoring Scale 0-3 with 3 being the highest score
CLAS Standard 10: Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities. The CLAS Organizational Assessment questions related to Standard 10 measured the how both leaders are evaluating the implementation of the CLAS Standards, in addition to how staff in supervisory positions monitor staff consumer engagement and the solicitation of feedback from staff on SOC communication.	**SCBH demonstrated a 3.8 % decrease (2.6- 2.5) in the score from 2019 to 2021 for this CLAS Standard.** In spite of demonstrating a decrease for this Standard, SCBH has demonstrated a commitment to addressing health disparities through a systemwide implementation of the CLAS Standards as initially initiated through the ICCTM Innovation Project. The completion of the baseline and follow-up CLAS Organizational Assessments and the utilization of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) Action Worksheet to develop the goals for this Plan Update are examples of how SCBH leadership continue to prioritize the assessment of the implementation of the CLAS Standards. Through the *Gap Finders* QI Action Plan, SCBH continues to require contracted vendors to submit an agency Diversity and Equity Plan and annual updates thereafter, which is another mechanism to monitor the SOC's implementation of CLAS. Additional examples of ongoing monitoring and quality improvement efforts include the annual Workforce Equity Survey; increased community engagement through MHSA and the ICCTM QI Action Plans; and the development of data dashboards which will include monitoring disparities. SCBH's leadership recognizes the need to further support staff in supervisory roles to view themselves as stewards of CLAS with an emphasis on developing feedback loops between direct service staff and their supervisors. SCBH will continue to leverage the *Culturally Responsive Supervision* QI Action Plan, and the ongoing partnership with Dr. Hardy as referenced on page 42.
CLAS Standard 11: Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery. The CLAS Organizational Assessment questions related to Standard 11 measured the SOC's policies and practices related to the collection and documentation of consumer demographics and needs directly related to linguistics, access, and engagement.	**SCBH demonstrated a 9.9 % decrease (2.33-2.10) in the score from 2019 to 2021 for this CLAS Standard.** SCBH has organizational policies and practices in place to document a consumer's race/ethnicity, language preference, sexual orientation, current gender identity/expression, need for interpreters, desire and motivation to learn, cultural/religious beliefs, emotional barriers, cognitive barriers, physical limitations and need for transportation assistance. SCBH leadership recognizes that despite having policies and processes related to data collection, at times this data is not collected or documented adequately resulting in missing data. On an ad hoc basis SCBH has engaged the SOC in data collection processes to address this issue and the QI Unit will continue to emphasize the importance of culturally sensitive assessment practices in the routine documentation training required for all direct service staff. The development of the Equity Dashboard to monitor for disparities will be a tool for SCBH to use to identify particular data points such as SOGIE that are missing.

CLAS Standard Addressed	Progress Made CLAS Organizational Assessment Scoring Scale 0-3 with 3 being the highest score
CLAS Standard 12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area. The CLAS Organizational Assessment questions related to Standard 12 measured how SCBH conducts community health assessments including involvement of stakeholders; efforts to address literacy levels of consumers; transparency related to the findings from community engagement and SOC data; use of findings and data to improve the delivery of culturally and linguistically appropriate service.	**SCBH demonstrated a 22.2% increase in the score (2.25-2.75) from 2019 to 2021 for this CLAS Standard.** 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, local community stakeholders and advocacy groups. Since completing the baseline CLAS Organizational Assessment, SCBH engaged in several rounds of comprehensive community engagement including the gathering feedback from stakeholders regarding the ICCTM CLAS Action Plans, development of the new MHSA Three-Year Plan and two MHSA Annual Updates. The MHSA CPP process includes education for the community, reporting of SOC data/outcomes including reports on the ICCTM Project outcomes and potential disparities. Increased efforts have been made to engage the Latino community including holding several MHSA CPP forums in Spanish. Additionally, during FY 2020/21 targeted focus groups were held with diverse communities at greater risk for suicide in support of the development of the Suicide Prevention Strategic Plan Update 2021. The focus group for the Latino community was held in Spanish. 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 (QIC) meetings which are attended by SCBH and contractor staff members. During QIC meetings additional data is shared related to access timeliness, diversity and equity efforts, use of acute services, problem resolution, full service partnership outcomes, etc. An area of improvement identified per the 2021 CLAS Organizational Assessment was related to generating profile reports of [the SOC's] various service community populations. SCBH leadership recognizes the importance of evaluating the needs for each unique diverse community in Solano County and plans to utilize the data dashboards to improve our reporting processes. In June of 2021 the ***ICCTM Final Evaluation Report*** was completed by UC Davis CRHD and submitted to SCBH. This report is posted on the SCBH website and was disseminated widely to the local community including stakeholders directly involved with the project, all SCBH staff, contracted vendors, the MHSA stakeholder list, leaders within H&SS, and to other Counties. Additionally, the report was submitted to several state entities including the MHSOAC and DHCS.

CLAS Standard Addressed	Progress Made CLAS Organizational Assessment Scoring Scale 0-3 with 3 being the highest score
CLAS Standard 13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. The CLAS Organizational Assessment questions related to Standard 13 measured the depth of community engagement practices including building alliances and feedback loops with community partners, schools and faith communities; promoting health literacy; and engagement with schools related to career pipelines and internships.	**SCBH demonstrated a 6.6 % increase in the score (2.73-2.91) from 2019 to 2021 for this CLAS Standard.** While the MHSA Unit is primarily responsible for community engagement through the MHSA CPP process as outlined throughout this document, several other SCBH teams play key roles in regards to community engagement including the Wellness & Recovery Unit, CIS Homeless Outreach Team, Forensic Triage Team, etc. SCBH continues to strengthen community engagement practices, which has been further enhanced through the ICCTM Project. The 14 community-defined ICCTM QI Action Plans were developed by multi-sector community members and have been community-driven in regards to soliciting feedback on the plans and any materials developed through the plans. Both the Diversity and Equity and Suicide Prevention Committees are comprised of community stakeholders who may include representatives from SCBH, contracted vendors, peers, family members, schools, law enforcement, faith communities, health care providers, etc. The Solano Real Team, referenced on page 35, is focused on addressing disparities in homelessness and is comprised of multi-sector stakeholders including peers with lived experience with homelessness. As previously reported throughout this document, SCBH funds several individuals and programs to conduct outreach and maintain ties to community partners and unserved/underserved communities. SCBH maintains alliances and partnerships with key community partners—including schools, local law enforcement, faith communities, health care providers, local emergency departments (EDs), and other key County entities including Public Health, Child Welfare, Probation, the Courts, etc.—to meet the needs of the community utilizing an equity lens. The implementation of two mobile crisis programs since May of 2021—with one program serving the entire community and one program specifically serving students on K-12 school campuses—involved planning and close collaboration between SCBH, law enforcement, local education agencies (LEAs) and acute crisis providers such as local EDs, the crisis stabilization unit, etc. The 45 school wellness centers opened as a result of the *Takin CLAS to the Schools* QI Action Plan as referenced on page 41, will be utilized as hubs to educate the community on health literacy and suicide prevention, increase access to services, and reduce stigma. As previously discussed SCBH is building an intern program and plans to continue efforts to develop career pathways including with local middle/ high school students, community college students, and with students in master's level and/or PhD/PsyD programs. During FY 2020/21 SCBH's intern program brochures were updated to be more community friendly and representative of diverse communities.

CLAS Standard Addressed	Progress Made CLAS Organizational Assessment Scoring Scale 0-3 with 3 being the highest score
CLAS Standard 14: Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints. The CLAS Organizational Assessment questions related to Standard 14 measured the SOC's problem resolution process, and direct service staffs' communication with each other and consumers.	**SCBH demonstrated a 13.3 % increase in the score (2.33-2.64) from 2019 to 2021 for this CLAS Standard.** SCBH has a strong and long-standing problem resolution process in place through the QI Unit which includes a designated person assigned as the Problem Resolution Coordinator. SCBH has implemented steps to identify grievances and/or serious incidents that have a cultural or linguistic aspect which then results in the ESC being consulted. For particularly sensitive cases the BHP QI 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. Areas for improvement related to this Standard involve further supporting communication practices between team members. The TILT project referenced on page 51 will continue to address this need.
CLAS Standard 15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public. The CLAS Organizational Assessment questions related to Standard 15 measured reporting and accountability including communicating directly with community stakeholders the progress being made regarding the implementation of CLAS.	**SCBH demonstrated a 22.2 % increase in the score (2.25-2.75) from 2019 to 2021 for this CLAS Standard.** SCBH continues to inform local community members about its efforts to implement the CLAS Standards through several avenues including the Diversity and Equity Committee, MHSA CPP process, etc. During FY 2020/21 SCBH in partnership with UC Davis CRHD and three CBO partners, facilitated two community forums (one in Spanish) with stakeholders from each of the ICCTM communities of focus: Latino, Filipino and LGBTQ+ to review the overall progress of the ICCTM Project and QI Action Plans. Additionally, a presentation for a local Latino advocacy group Voces Unidas, was held in Spanish to provide information on the SOC and the ICCTM Project. During the MHSA CPP meetings developing the new Three-Year Plan an overview of the ICCTM Project and preliminary outcomes were reviewed with stakeholders. As previously reported the ***ICCTM Final Evaluation Report*** has been posted on the website and disseminated widely. In addition to providing information regarding the progress being made related to our equity efforts and implementation of CLAS for local stakeholders, SCBH has responded to requests by various partners to share information on the work being done, which has included presentations at conferences, webinars, committee meetings and consultations with other Counties as referenced on page 46. SCBH will be funded by the MHSOAC to deliver the statewide ICCTM Learning Collaborative in partnership with UC Davis CRHD.

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APPENDICES

Sample Data Dashboard

Cost of Being Californian 2021 Report

Insight Center

The Cost of Being Californian 2021

BAY AREA KEY FINDINGS: SOLANO COUNTY

In 2021, the number of struggling California households persists despite policymakers' efforts to tackle poverty.

- **In Solano County, 28% (28,301) of households do not get paid enough to make ends meet.**

Black, Latinx, Asian, and Native households struggle to keep afloat in an economy not built for them to thrive.

In Solano County and across the state, the rules of our economy set by policymakers continue to favor the wealthy and white, while simultaneously preventing Black and brown communities from reaching economic security. **Black, Latinx, Asian, and Native households make up 59% of the total population in Solano County, but comprise 70% of the households struggling to meet their basic needs.**

Households That Struggle To Meet Basic Needs, By Race

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

Cost of Being Californian 2021 Report

Women face unique barriers to reaching economic security due to embedded sexism within the labor market.

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

Households That Struggle To Meet Basic Needs, By Gender

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

In the run up to the pandemic, families saw significant cost increases for housing, child care, and health care.

For Solano County households with two adults, one school-age child, and a preschooler:

- Accounting for inflation, the cost of basic expenses rose by 17% between 2018 and 2021, with housing and childcare now taking up almost half (49%) of a family's monthly budget.
- Childcare costs skyrocketed between 2014 and 2021, increasing by 22% in Solano and by almost 60% in much of the Bay Area.
- Health care expenses, including premiums, deductibles, and out-of-pocket costs under an employer-sponsored health plan rose by 38% between 2018 and 2021.

	NO CHILDREN	1 CHILD	2 CHILDREN	3 CHILDREN
Solano County	18%	28%	39%	65%
California	26%	39%	46%	67%

Far from "the great equalizer," educational attainment fails to lift thousands out of economic insecurity.

The educational attainment of the head of household plays a major role in determining whether or not a household makes enough to afford basic needs.

And yet, in Solano and statewide, obtaining a bachelor's degree is no guarantee that employers will pay enough for families to cover their most basic expenses.

Families Struggling To Make Ends Meet, By Educational Attainment Of Head Of Household

	Solano County	California
Less than high school diploma	68%	69%
HS diploma or GED	27%	50%
Some college or associate's degree	29%	39%
Bachelor's degree	18%	20%
Master's degree or higher	15%	13%

Despite recent increases to the minimum wage, Solano County households must work practically non-stop to just scrape by.

As costs continue to outpace wages, more and more Californians will be an emergency away from long-term financial precarity. **Even in families with one or more working adults, almost 1 in 5 households in Solano County cannot make ends meet.**

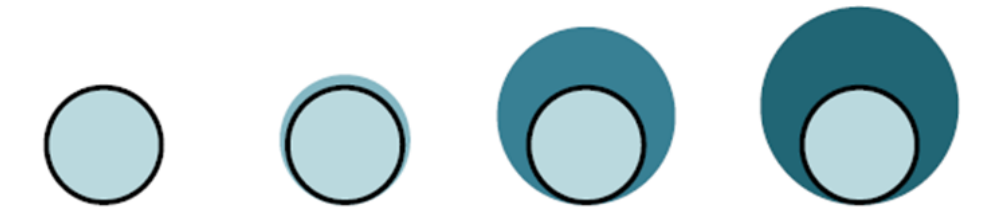
Households Struggling To Afford Basic Needs, By Work Status Of Adults

	Solano County		California	
	One adult in household	Two+ adults in household	One adult in household	Two+ adults in household
Not in workforce	67%	44%	80%	58%
Full-time, full year	21%	19%	25%	26%
Part-week and/or part-year	48%	35%	64%	44%

In Solano County, a single adult employed in a minimum wage position ($14/hour) would have to work at least 47 hours a week to meet basic needs. Single adults with a preschooler must work 88 hours while paid minimum wage - practically nonstop - in a single work week. For single adults with a preschooler and a school-age child, there are not enough hours in a work week (109) to be paid enough to make ends meet.

Cost of Being Californian 2021 Report

Number of hours/week in a minimum wage position 1 adult must work to make ends meet in Solano County.



One 40-hour work week

1 adult **47 hours**

1 adult 1 preschooler **88 hours**

1 adult 1 preschooler 1 school-age child **109 hours**

As Bay Area costs continue to climb, we need an accurate and holistic measure of economic health for all families.

For over 700 family types, the Family Needs Calculator determines the income needed for a household to be economically secure and afford basic needs such as housing, utilities, transportation, and groceries now and in the foreseeable future. Below are selected family types for Solano County to give you a picture of the differences.

Minimum Income to Afford Basic Needs in Solano County, 2021

Family Type	Calculator
Single Adult	$34,196
Single Adult, 1 preschooler	$64,221
2 Adults, 1 school age child, 1 preschooler	$87,259

Minimum Income to Afford Basic Needs in the Bay Area, 2021

Family Type	Calculator
Single Adult	$57,034
Single Adult, 1 preschooler	$95,161
2 Adults, 1 school age child, 1 preschooler	$126,616

Visit www.insightcced.org to learn more about the income needed for family types across all 58 counties.

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

Suicide Prevention Focus Groups—Data Slides

Data slides from Solano County Suicide Prevention Focus Groups

2021

Statistics Related to African Americans & Suicide

During calendar year 2020 there were 49 suicide deaths in Solano County of which 22% (11) were African American residents, while African Americans represent only 14% of the total population in Solano County (Solano County Coroner's Office).

There has been a 114% increase in suicide deaths of African Americans in Solano County from calendar year 2018 to 2020.

Among Black populations, suicide rates peak during adolescence and young adulthood, then decline. This is a different pattern than is seen in the overall U.S. population, where suicide rates peak in midlife (Suicide Prevention Resource Center, 2018).

While the majority of studies show that African American men are more likely to die by suicide; African American women are more likely to attempt suicide (American Association of Suicidology, 2016). Locally in 2020, of the 11 suicides of African American community members 9 were men and 2 were women (Solano County Coroner's Office).

Statistics Related to AAPI Community & Suicide

During calendar year 2020 there were 49 suicide deaths in Solano County of which 10% (5) were Asian Pacific Islander residents (Solano County Coroner's Office).

The suicide rate for Asian Pacific Islanders (7.4 per 100,000) is about half that of the national rate (14.5 per 100,000) (American Association of Suicidality, 2020).

Suicide was the second leading cause of death for Asian-Americans aged 15-34, which is consistent with the national data (the second leading cause for all 15-24 year-olds regardless of race/ethnicity, and the third leading cause for 25-34 year-olds (American Psychological Association).

In aggregate, Asian Americans have the lowest utilization rates of mental health services among ethnic populations, regardless of gender, age, and geographic location. However, Asian Americans who do seek care tend to delay using services until their problems become severe (Javier, J. R., et al., 2010).

Statistics Related to Caucasian/White Males

Of the 49 suicide deaths in calendar year 2020 in Solano County 33% (16) were white adult men between the ages of 23-82. Looking closer 16% (8) were between the ages of 23-35, 12% (6) were ages 36-59, and 4% (2) were seniors over 60 (Solano County Coroner's Office).

Nationally by age and gender, the highest suicide rate is among males ages 65 and older, followed by males ages 45 to 54. (America's Health Rankings, 2020).

In 2019 the suicide death rate for white males was 26.1 representing 32,964 total deaths (American Association of Suicidology 2020).

Statistics Related to Survivors

For each death by suicide 147 people are exposed [for 2019, 6.98 million annually] (*U.S.A. Suicide: 2019 Official Final Data*, American Association of Suicidality)

As many as 40-50% of the population have been exposed to suicide in their lifetime (*U.S.A. Suicide: 2019 Official Final Data*, American Association of Suicidality)

Survivors of suicide are more likely than other bereaved individuals to develop symptoms of PTSD (Tal Young, I., et. al., 2012)

Statistics Related to First Responders

Since 2017 there have been 5 suicide deaths of First Responders in Solano County (Solano County Coroner's Office).

It is estimated that 30% of first responders develop behavioral health conditions, including, but not limited to depression and post-traumatic stress disorder (PTSD), as compared with 20% of the general population (SAMHSA, 2018).

Firefighters were reported to have higher attempt and ideation rates than the general population, and for law enforcement, the estimates suggest that 125 to 300 police officers die by suicide every year (SAMSA, 2018).

Suicide Prevention Focus Groups—Data Slides

Statistics Related to the Latino/Hispanic Community

During calendar year 2020 there were 49 suicide deaths in Solano County of which 14% (7) were individuals who were identified as Latino/Hispanic (Solano County Coroner's Office).

Latino/Hispanic youth are at higher risk of suicide compared to other demographic groups except whites (Each Mind Matters, 2018).

Hispanics and Latinos have the lowest suicide rates among all racial/ethnic groups in the United States, although only slightly lower than blacks and African Americans (Suicide Prevention Resource Center).

Latino/Hispanic individuals in general use mental health services at lower rates (Each Mind Matters, 2018).

Statistics Related to LGBTQ+ Adults

LGBQ adults have a two-fold risk of suicide attempts compared to other adults (Health Resources and Services Administration, 2018).

Suicide risk in LGBTQ people is thought to be highest during the teen years and early 20's. (Health Resources and Services Administration, 2018)

LGBTQ+ populations of all ages disproportionately experience more instances of mental health and substance use disorders, suicidality, and poorer wellbeing outcomes compared to their heterosexual and cisgender peers (SAMHSA, 2020).

In a national study, 40% of Trans adults reported having made a suicide attempt and 92% of these individuals reported having made a suicide attempt before the age of 25 (Trevor Project).

Statistics Related to LGBTQ+ Youth

During calendar year 2020 there were 49 suicide deaths in Solano County of which 18% (9) were youth between the ages of 15-25 (Solano County Coroner's Office).

In 2017-2019, an estimated 16% of California 9th and 11th graders and 17% of nontraditional students seriously considered attempting suicide in the previous year (KidsData.Org, 2020).

Suicide risk in LGBTQ people is thought to be highest during the teen years and early 20's. (Health Resources and Services Administration, 2018)

LGBTQ+ youth seriously contemplate suicide at almost 3 times the rate of heterosexual youth and LGBTQ+ youth are almost 5 times more likely to have attempted suicide compared to heterosexual youth (Trevor Project).

In a national study, 40% of Trans adults reported having made a suicide attempt and 92% of these individuals reported having made a suicide attempt before the age of 25 (Trevor Project).

Statistics Related to the Native Indigenous Community & Suicide

During calendar year 2020 there were 49 suicide deaths in Solano County. None of the individuals who died by suicide were identified to have been Native American/American Indian/Alaskan Native (Solano County Coroner's Office).

American Indian/Alaska Native individuals have the highest suicide rates in the nation at 22.1 per 100,000 people and have seen an 86 percent increase in suicide deaths since 2000 (State Health Access Data Assistance Center, 2020).

Compared with whites, American Indians/Alaska Natives who died by suicide had 2.1 times the odds of a positive alcohol toxicology result and 2.4 times the odds of a suicide of a friend or family member affecting their death (Center for Disease Control, 2018).

Native Americans are generally unserved or underserved in most communities and have high rates of depression and substance abuse and are therefore more at risk for suicide (State Health Access Data Assistance Center, 2020).

Suicide Prevention Focus Groups—Data Slides

Statistics Related to Seniors

During calendar year 2020 there were 49 suicide deaths in Solano County of which 20% (10) were seniors (Solano County Coroner's Office).

Older adults have a higher suicide rate when compared with younger adults and adolescents (America's Health Rankings, 2020).

By age and gender, the highest suicide rate is males ages 65 and older, followed by males ages 45 to 54 and females, ages 45-54, followed by those ages 55-64 (America's Health Rankings, 2020).

Statistics Related to Transition Age Youth

During calendar year 2020 there were 49 suicide deaths in Solano County of which 18% (9) were youth between the ages of 15-25 (Solano County Coroner's Office).

In 2017-2019, an estimated 16% of California 9th and 11th graders and 17% of nontraditional students seriously considered attempting suicide in the previous year (KidsData.Org, 2020).

Students with low levels of school connectedness were much more likely to have serious suicidal thoughts (32%) than their peers with medium (19%) or high (9%) connectedness (KidsData.Org, 2020).

Teens are considered at high risk for suicide, particularly teen boys.

Statistics Related to Veterans

Of the 49 suicide deaths in calendar year 2020 in Solano County **10% (5)** were veterans and of the 65 suicide deaths in 2019, 17% (11) were veterans. (Solano County Coroner's Office).

Veteran's suicides made up about 14 percent of total suicides in America in 2018. (U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, 2020).

Firearms were involved in more than 68% of veteran's suicides in 2018. Among the rest of the American population, the figure was about 48%.

TRUEcare Resource Maps

TRUEcare Map

Culture Matters

Solano Pride Center	707-207-3430
Asian/Pacific Islander Outreach	CLAS@SolanoCounty.com
Hispanic/Latino Outreach	CLAS@SolanoCounty.com
Tribal TANF - Solano	707-421-8379

Crisis Support

National Suicide Prevention Lifeline	800-273-TALK (8255)
TrevorLifeline (LGBTQ support)	866-488-7386
TrevorText Line	Text "START" to 678678
Trans Lifeline	877-565-8860
Crisis Text Line	Text "HELLO" or "START" to 741741
Lifeline for Deaf & Hard of Hearing	800-799-4889
Institute of Aging Friendship Line	800-791-0016
Teen Line	Text "Teen" to 839863
Solano County Crisis Stabilization Unit	707-428-1131

Basic Needs

Solano Food Bank	707-421-9777
Medi-Cal Eligibility	707-784-8050
Help Me Grow Solano	800-501-KIDS (5437)
SolanoCares Network	www.solanocares.org
Solano Public Health	info@vibesolano.com
Women, Infants & Children (WIC)	707-784-8130
Benicia Family Resource Center	707-746-4352
Cleo Gordon FRC-Fairfield	707-421-3961
Dixon Family Services	707-678-0442
Fairfield Healthy Start	707-421-3224
Rio Vista CARE	707-374-5243
Suisun Healthy Start	707-421-4398
Vacaville Family Resource Center	707-469-6608
Fighting Back Partnership-Vallejo	707-648-5230

Access to Behavioral Health Services

Solano County Behavioral Health Access Line*	800-547-0495
Healthy Partnership Substance Use Services	707-355-4059
Beacon Health Options*	855-765-9703

*to request both mental health and substance use services

Support and Advocacy

NAMI Solano County	707-422-7792
Solano County Wellness & Recovery Unit	WRU@SolanoCounty.com
Solano Legal Access Center	FLF@solanocourts.ca.gov
California Peer Run Warm Line	855-845-7415
Legal Services of Northern California	707-643-0054

Housing & Homeless Support

Resource Connect Solano	707-652-7311
County Youth Homeless Outreach	YouthARCH@SolanoCounty.com
County Homeless & Housing Support	Housing@SolanoCounty.com

Abuse Prevention

Solano Child Welfare Services	800-544-8696
Solano Older & Disabled Adult Services	707-784-8259
Solano Advocates for Victims of Violence	707-820-7288
Solano Family Justice Center	707-784-7635
National Domestic Violence Hotline	877-799-7233
Rape, Abuse & Incest National Network (RAINN)	800-656-4673
National Human Trafficking Hotline	888-373-7888

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TRUEcare Resource Maps

TRUEcare Map

Servicios enfocados en cultura

Centro de Orgullo Solano	707-207-3430
Acceso a servicios para asiáticos	CLAS@SolanoCounty.com
Acceso a servicios para latinos e hispanos	CLAS@SolanoCounty.com
Asistencia temporal para familias de tribus americanas	707-421-8379

Servicios de crisis y prevención de suicidio

Línea de vida nacional para la prevención del suicidio	800-273-TALK (8255)
El Proyecto Trevor	866-488-7386
La línea de vida trans	877-565-8860
Línea para sordos y con problemas de audición	800-799-4889
Línea de amistad del Instituto del Envejecimiento	800-791-0016
Unidad de Estabilización de Crisis del Condado de Solano	707-428-1131

Necesidades Básicas

Banco de Alimentos	707-421-9777
Obtenga asistencia para aplicar a Medi-Cal	707-784-8050
Ayúdenme a Crecer	800-501-KIDS (5437)
SolanoCares Network	www.solanocares.org
Solano Public Health	info@vibesolano.com
Mujeres, Infantiles, y Niños (WIC)	707-784-8130
Centro de Recursos Familiares en Benicia	707-746-4352
Centro de Recursos Familiares en Fairfield	707-421-3961
Centro de Recursos Familiares Dixon	707-678-0442
Fairfield Comienzo Saludable "Healthy Start"	707-421-3224
Rio Vista CARE- Centro de Recursos Familiares	707-374-5243
Suisuin Comienzo Saludable "Healthy Start"	707-421-4398
Centro de Recursos Familiares Vacaville	707-469-6608
Fighting Back Partnership en Vallejo	707-648-5230

Acceso a servicios de salud mental

Línea de acceso de Salud Mental del Condado de Solano	800-547-0495
Healthy Partnership- Servicios de uso de sustancias	707-355-4059
Beacon Opciones Saludables	855-765-9703

Apoyo y Abogacía

(NAMI) Solano	707-422-7792
Unidad de Bienestar y Recuperación	WRU@SolanoCounty.com
Centro de Accesso Legal de Solano	FLF@solanocourts.ca.gov
Línea de apoyo de California	855-845-7415
Servicios Legales del Norte de California	707-643-0054

Ayuda para vivienda y personas sin hogar

Resource Connect Solano – Recurso Conectando a Solano	707-652-7311
Vinculación para jóvenes sin hogar	YouthARCH@SolanoCounty.com
Ayuda para vivienda y personas sin hogar	Housing@SolanoCounty.com

Prevención de abuso

Servicios de Protección de Menores	800-544-8696
Servicios para adultos mayores y personas con discapacidad	707-784-8259
Solano aboga por víctimas de violencia	707-820-7288
Centro de justicia familiar en Solano	707-784-7635
Línea nacional contra la violencia domestica	877-799-7233
La Red nacional contra la violación, el abuso y el incesto	800-656-4673
Línea Nacional Contra la Trata de Personas	888-373-7888

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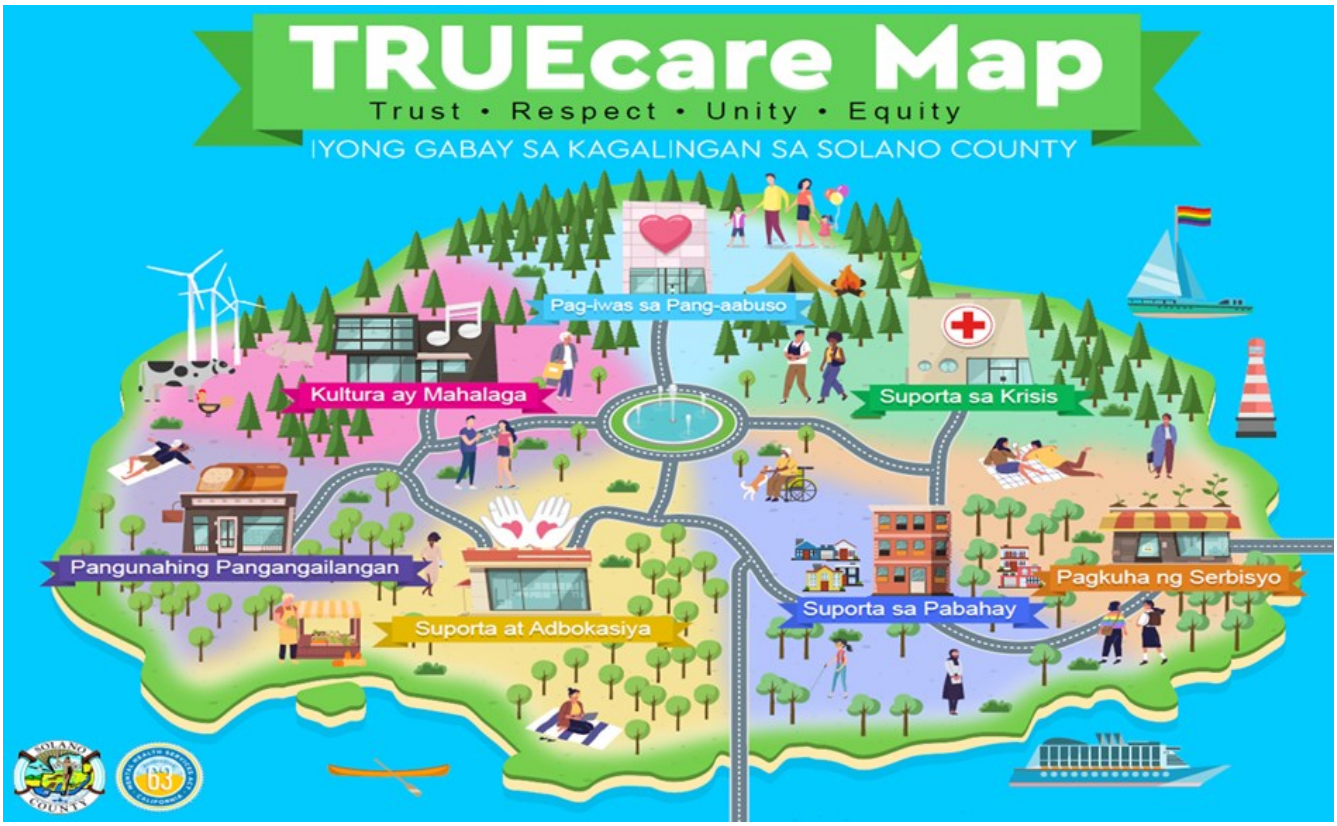
SOLANOCOUNTY.COM/ACCESS

TRUEcare Resource Maps



TRUEcare Map

Kultura ay Mahalaga

Solano Pride Center	707-207-3430
Asian/Pacific Islander Outreach	CLAS@SolanoCounty.com
Hispanic/Latino Outreach	CLAS@SolanoCounty.com
Tribal TANF - Solano	707-421-8379

Suporta sa Krisis

National Suicide Prevention Lifeline	800-273-TALK (8255)
TrevorLifeline (LGBTQ support)	866-488-7386
TrevorText Line	Text "START" to 678678
Trans Lifeline	877-565-8860
Crisis Text Line	Text "HELLO" or "START" to 741741
Lifeline for Deaf & Hard of Hearing	800-799-4889
Institute of Aging Friendship Line	800-791-0016
Teen Line	Text "Teen" to 839863
Solano County Crisis Stabilization Unit	707-428-1131

Pangunahing Pangangailangan

Solano Food Bank	707-421-9777
Medi-Cal Eligibility	707-784-8050
Help Me Grow Solano	800-501-KIDS (5437)
SolanoCares Network	www.solanocares.org
Solano Public Health	info@vibesolano.com
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Rio Vista CARE	707-374-5243
Suisun Healthy Start	707-421-4398
Vacaville Family Resource Center	707-469-6608
Fighting Back Partnership-Vallejo	707-648-5230

Pagkuha ng Serbisyo

Solano County Behavioral Health Access Line	800-547-0495
Healthy Partnership Substance Use Services	707-355-4059
Beacon Health Options	855-765-9703

Suporta at Adbokasiya

NAMI Solano County	707-422-7792
Solano County Wellness & Recovery Unit	WRU@SolanoCounty.com
Solano Legal Access Center	FLF@solanocourts.ca.gov
California Peer Run Warm Line	855-845-7415
Legal Services of Northern California	707-643-0054

Suporta sa Pabahay at Walang Tirahan

Resource Connect Solano	707-652-7311
County Youth Homeless Outreach	YouthARCH@SolanoCounty.com
County Homeless & Housing Support	Housing@SolanoCounty.com

Pag-iwas sa Pang-aabuso

Solano Child Welfare Services	800-544-8696
Solano Older & Disabled Adult Services	707-784-8259
Solano Advocates for Victims of Violence	707-820-7288
Solano Family Justice Center	707-784-7635
National Domestic Violence Hotline	877-799-7233
Rape, Abuse & Incest National Network (RAINN)	800-656-4673
National Human Trafficking Hotline	888-373-7888

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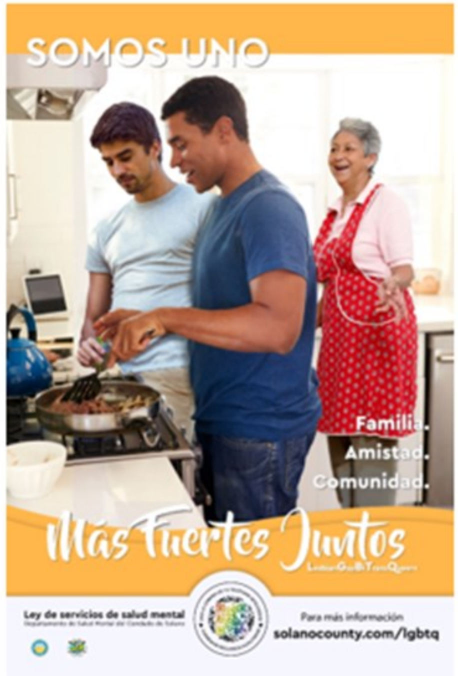
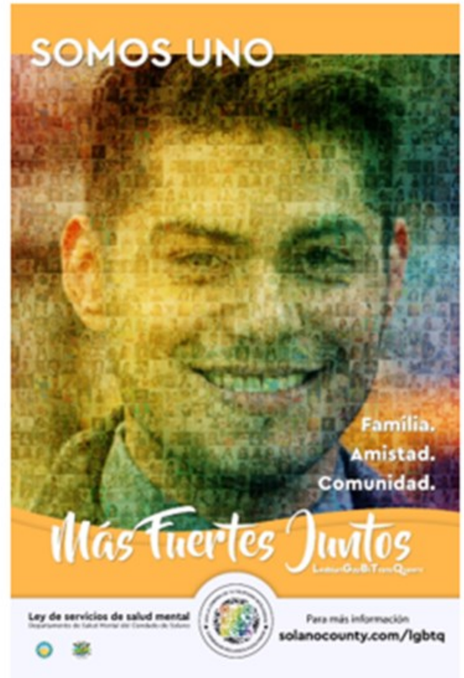
LGBTQ+ Ethnic Visibility QI Action Plan Posters

LGBTQ+ Ethnic Visibility QI Action Plan Posters





Bridging the Gap QI Action Plan

SCBH Contract Template: Cultural & Linguistic Responsivity Section

EXHIBIT A
SCOPE OF WORK

CULTURAL & LINGUISTIC RESPONSIVITY

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

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

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

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

SCBH Contract Template: Cultural & Linguistic Responsivity Section

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

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

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

SCBH RFP Template: Cultural Responsivity Section

DEPARTMENT OF GENERAL SERVICES
Central Services Division

MEGAN M. GREVE
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JAMES M. BEZEK
Assistant Director
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(707) 784-7900

SOLANO COUNTY

LORRAINE TANG
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(707) 784-3426

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Fairfield, CA 94533-6342
Fax (707) 784-6320
www.solanocounty.com

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.

SCBH RFP Template: Cultural Responsivity Section

Scoring

a. Proposal Review Criteria

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

SCBH RFP Template: Cultural Responsivity Section

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.)

SCBH RFP Template: Cultural Responsivity Section

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

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

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

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.

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

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.

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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.

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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.

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 (BHP) 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 BHP Cultural Responsivity Plan Update for fiscal year (FY) 2016/17.

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

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.

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

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

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

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

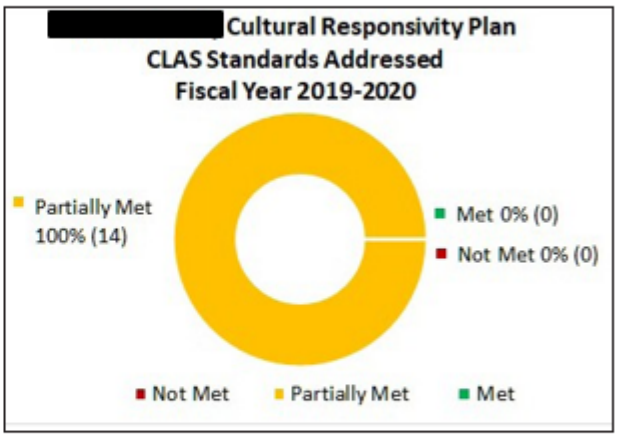

Figure 3

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.

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

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

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

Diversity & Equity Committee Participation Agreement

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 Solano County Diversity and Equity Committee.

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

Larger Committee (2.5 hrs per month)	Attend the monthly meeting two and half hour meeting. The time commitment includes estimated travel time as needed.	
Larger Committee & Ad Hoc Sub-Committees (~ 6	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

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

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

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

Filipino Core Values & Considerations in Culturally Responsive Care (online video)	FY 2021/22	County and CBO clinical staff	Roanne de Guia-Samuels, LMFT
ISeeU Reception Staff Training	March of FY 2020/21	County and CBO reception staff	UC Davis Center for Reducing Health Disparities (CRHD)
Cultural Psychiatry: Cultural Humility	May of FY 2020/21	County and CBO psychiatry providers	UC Davis Center for Reducing Health Disparities (CRHD)
Traumatic Grief: Untangling Intangible Loss	May of FY 2020/21	County and CBO behavioral health providers and other human service workers	Dr. Kenneth Hardy, Ph.D.
Therapy in Times of Turmoil and Trauma	May of FY 2020/21	County and CBO behavioral health providers and other human service workers	Dr. Kenneth Hardy, Ph.D.

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 Resources

DIVERSITY AND SOCIAL JUSTICE TRAINING
POST TRAINING DISCUSSION GUIDE

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

Recommended Discussion Prompts:

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

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

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

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

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

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

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

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

Diversity and Social Justice Training Resources

PRE-EVALUATION SURVEY

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

POST-EVALUATION SURVEY

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.)

Diversity and Social Justice Training Resources

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

Any additional comments?