SOLANO COUNTY BEHAVIORAL HEALTH

DIVERSITY & EQUITY REPORT

2024

Table of Contents

Special Acknowledgements

To the Diversity & Equity Committee members and community partners that have provided input for this Diversity & Equity Plan Update, we thank you for your input and dedication towards advancing health equity. Your insights continue to be invaluable as Solano County Behavioral Health strives to increase access for underserved communities and to provide equitable quality care.

2024 Diversity & Equity Committee Members

Eugene Durrah, LCSW
Equity Services Manager
Solano County Behavioral Health
Co-Chair Diversity & Equity Committee

Caleb Hervey, LCSW
Program Director
Seneca Family of Agencies
Co-Chair Diversity & Equity Committee

Emery Cowan, LPCC
Director of Health & Social Services
Solano County

Jennifer Mullane
Deputy Director
Solano County Behavioral Health

Bryan Stewart
Social Worker II
Solano County Probation

Vicquita Velazquez
Partnership Health Plan

Stefani Brooks
Projects Manager
Solano County Behavioral Health

Kim DeOcampo
Community Member

Camden Webb
Director of Clinical Services
Solano County Office of Education

Nicola Parr, Ed.D.
Senior Director, Student Services & Educational Options
Solano County Office of Education

Veneisha Johnson, Ed.D, LMFT
Clinical Services Supervisor
Solano County Office of Education

Kristian Skillman, LMFT
Clinical Services Coordinator
Solano County Office of Education

Deb Demello
Executive Director, NAMI Solano County

Courtney Davis
Student Intern
Solano County Behavioral Health

Sandra Bolden
Family Liaison
Solano County Behavioral Health

Christine Gomez
Choice In Aging

Valentina Kelly
Touro University

Chynna Bell
Mental Health Clinician
Solano County Behavioral Health

Christina Hatcher
Project Manager
Solano County Behavioral Health

Thedoria Ejimadu
Mental Health Clinical Supervisor
Solano County Behavioral Health

Louis Souza-Fuentes
Projects Manager
Faith in Action

Dae'Jah Foster
Mental Health Clinician
Solano County Behavioral Health

Tracee Stacey
Education & Outreach Specialist
Prevention & Early Access for Seniors Program

Yasmeen Fernandez
Community Services Supervisor
Victor Community Support Services

Dulce Gonzalez
Health Education Specialist
Solano County Behavioral Health

Rocio Medina
Program Director
A Better Way, Inc.

Cutina Maddox, LMFT
Mental Health Clinician
Solano County Behavioral Health

Erin Reynolds
Stanford Sierra Youth and Families

Land Acknowledgement

We should take a moment to acknowledge the land on which we are gathered. For thousands of years, this land has been the home of the Native American tribes of the Suisune, the Patwin of the Wintun tribes, Miwuk, Karkin Ohlone, Yoche Dehe, and the countless other California tribes that are the original stewards of this land. We honor Solano County's ancestral grounds.

We recognize the history of genocide and continued inequities experienced by the Native American People in Solano County. The forced cessation of Native Americans on this land is an open wound. We would like to acknowledge the displacement and lost lives due to colonization and ongoing disparities. We honor those who have passed and those who continue to maintain the traditions of this vibrant culture that benefit us today.

Pronunciation guide:

- Suisune – Sis-SOOn-ee
- Patwin – PUT-win
- Wintun – Win-TUN
- Miwuk – ME-wuk
- Karkin Ohlone – Kar-KEEN Oh-lone-EE
- Yoche Dehe – Yo-CHA De-HEE

Introduction

Inclusion Statement

Solano County Behavioral Health (SCBH) is dedicated to equity, diversity, and inclusion. We aim to help all community members achieve wellness and recovery. We seek to improve access to care for groups that have been historically underserved and those who have faced barriers in the healthcare system. We value staff with lived experience, and we continuously strive to have a workforce that is culturally and linguistically responsive that produces positive outcomes for the people we serve.

Purpose

Solano County Behavioral Health (SCBH) is dedicated to creating a system of care that is welcoming, inclusive, and responsive to the diverse needs of our community. This effort supports the behavioral health and recovery needs of underserved populations in our county.

To achieve this, SCBH submits regular updates to the Cultural Competency Plan (CCP) as required by the Department of Health Care Services (DHCS). These updates outline strategies for addressing disparities in behavioral health care for historically underserved communities. While this is a state-mandated requirement, SCBH views it as much more than a compliance measure. This plan represents our core values and commitment to advancing health equity.

SCBH recognizes the ongoing challenges of inequity in our community and continues to address them through culturally responsive strategies. Since 2016, SCBH has adopted the national **Culturally and Linguistically Appropriate Services (CLAS) Standards,** which guide our work in evaluating and improving care. These standards align with federal goals to reduce racial and ethnic health disparities.

This updated plan highlights recent demographic changes, community engagement efforts, and strategies implemented during, 024, as well as ongoing plans to address disparities through 2025.

Why This Matters

SCBH uses various data sources to understand the trends and challenges in providing equitable behavioral health care. Recognizing that disparities exist, this document guides us in reducing these gaps. Addressing racial and ethnic health inequities is a top priority, as we know systemic factors perpetuate inequalities.

By Collecting and analyzing local data, SCBH can better identify gaps in services and strive to allocate resources where they are needed most. This ensures that our system of care reflects the values of equity and inclusivity while striving to meet the unique needs of all individuals in Solano County.

County Demographics Update for 2024

Vallejo and now Fairfield both rise to the top 6 most diverse cities in the nation.

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.

Over sixty-seven percent of Solano residents identify as people of color and 30% speak a language other than English at home[2]. Based on the most recent data available for local business owners in Solano County in 2017, 1,001 were women-owned employer firms and 1,650 were minority owned employer firms[3].

Solano County was ranked as the 6th most diverse county in America[4]. Approximately 92% of Solano County residents are US citizens, lower than the national averages of 93.4%, and as of 2022, 19.8% of Solano County residents were born outside of the United States, which is higher than the national average of 13.5%[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	66.2%
Speak Spanish	18.6%
Speak Asian or Pacific Island Languages	10.9%
Speak Other Indo-European Languages	3.6%
Speak Other Languages	0.7%

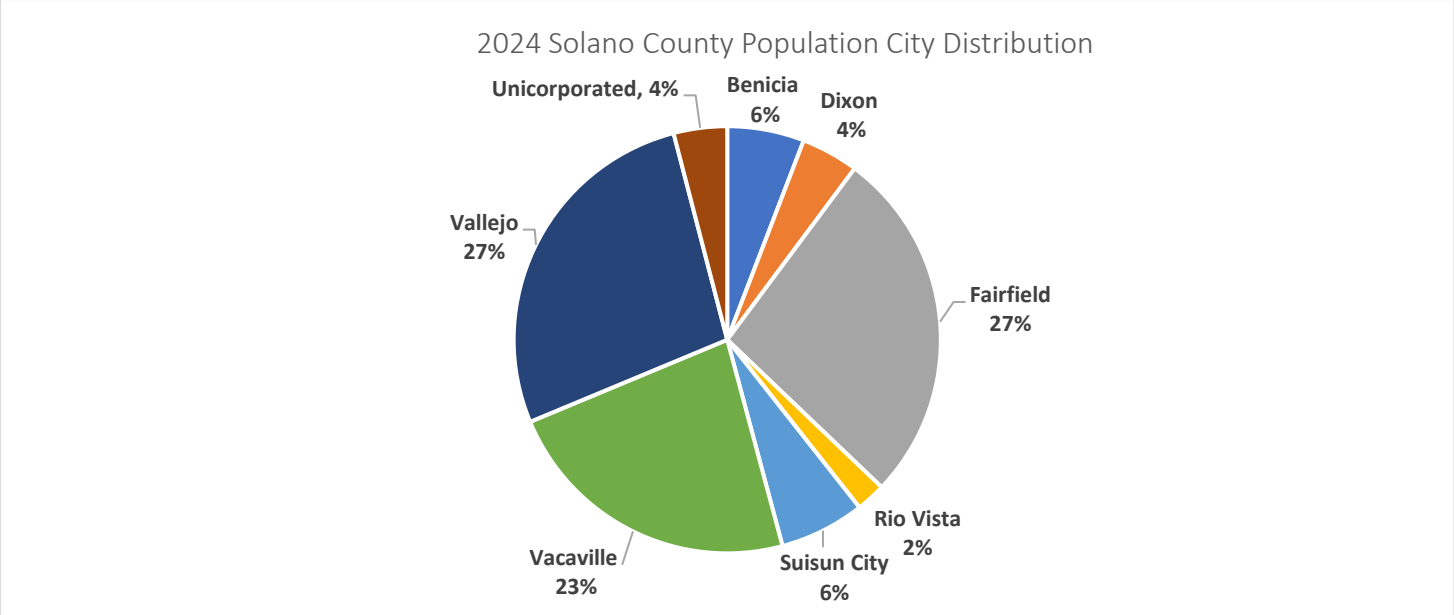
Source: United States Census Bureau[6]

Population City Distribution

There are seven (7) incorporated cities in Solano County, with Vallejo (27%), Fairfield (27%) and Vacaville (23%) 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,

[1] Racially Diverse: (2024, December 2) Retrieved from: https://www.niche.com/places-to-live/search/most-diverse-cities/
[2] United States Census Bureau Solano County 2020. (2024, December 2) Retrieved from: https://www.census.gov/quickfacts/solanocountycalifornia
[3] United States Census Bureau Solano County Businesses 2017. (2024, December 2) Retrieved from: https://www.census.gov/quickfacts/solanocountycalifornia
[4] U.S. News. *The 15 Most Diverse Counties in America.* (2024, December 2). Retrieved from: https://www.niche.com/places-to-live/search/most-diverse-counties/
[5] Data USA: Solano County, CA. (2024, December 2). Retrieved from: https://datausa.io/profile/geo/solano-county-ca/#demogrpahics
[6] United States Census Bureau Solano County 2022. (2024, December 2) Retrieved from: https://data.census.gov/profile/Yolo_County,_California?g=050XX00US06095

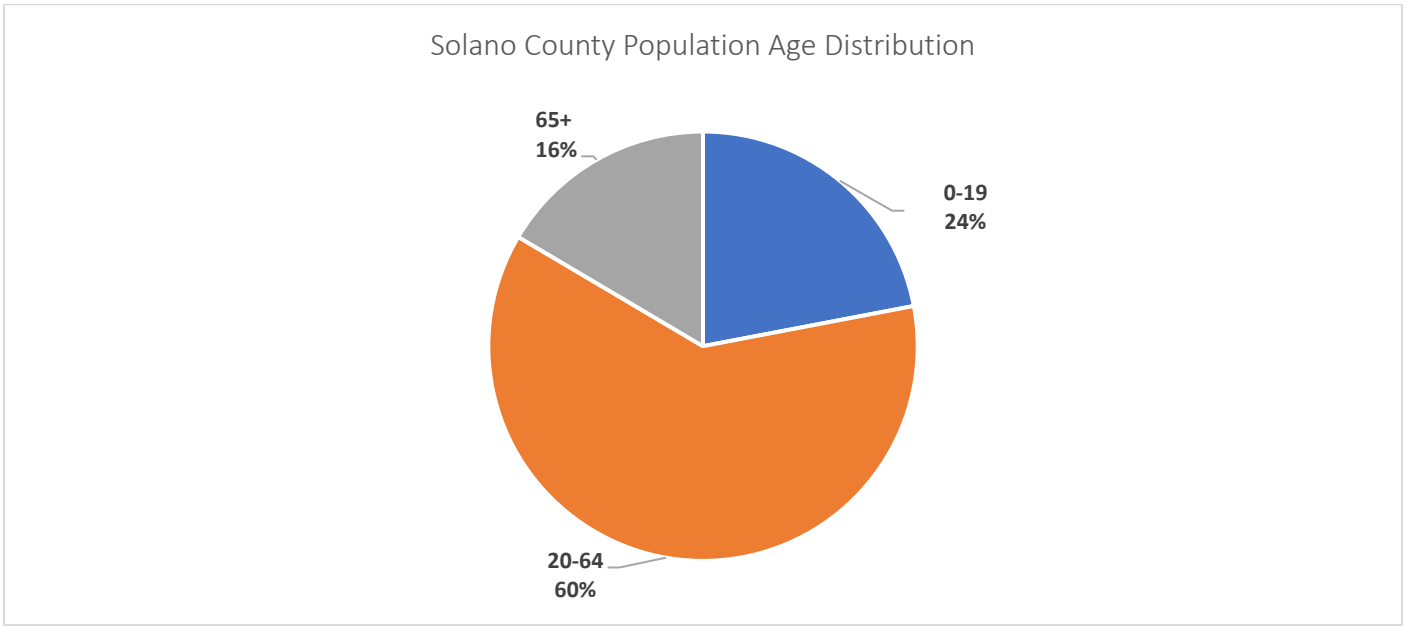
access to healthcare services, or limited education related to the needs and benefits of treatment. These are critical barriers for SCBH to consider during outreach and engagement efforts.



Source: U.S. Census Bureau[7]

Population Age Distribution

The graph to follow shows the Solano County population separated into three (3) different age groupings. Residents under the age of 18 (22.0%), residents ages 18-64 (61.5%) and seniors ages 65 and older (16.5%).



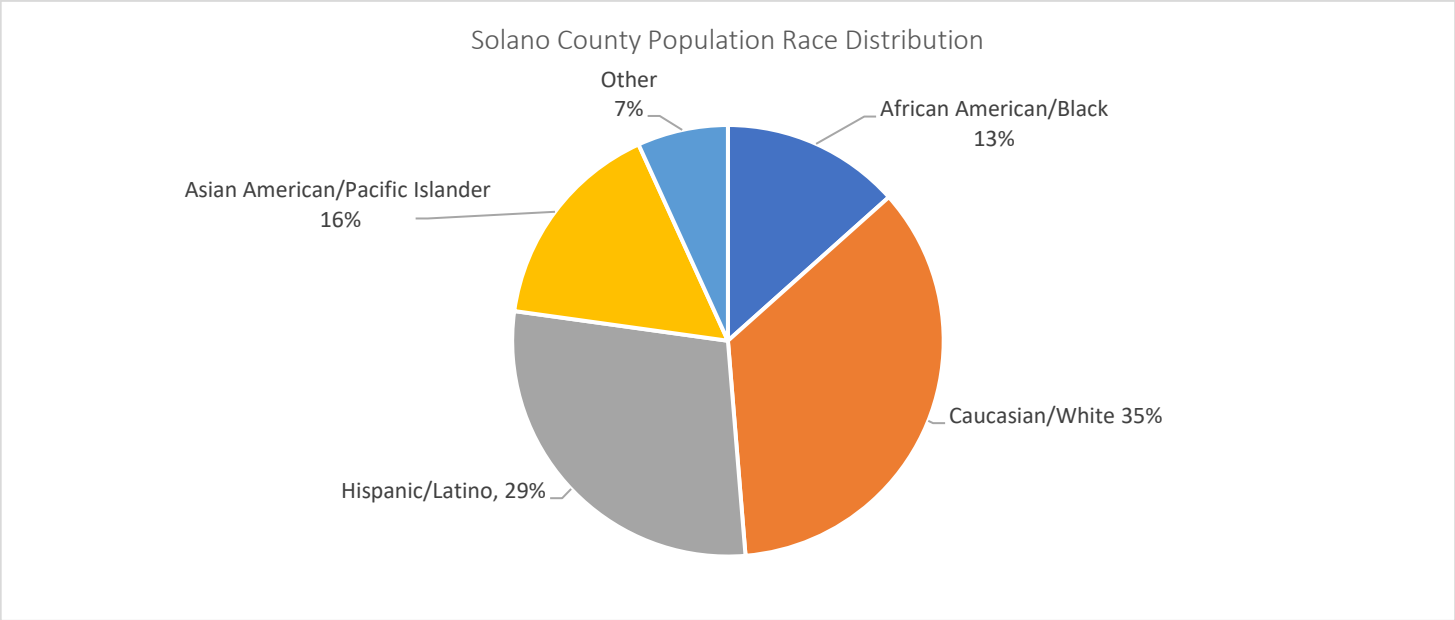
Source: Solano County Statistical Profile FY 2024/25[8]

[7] Solano County Statistical Profile en. (2024, December 2). Retrieved from: https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=43023

[8] Solano County Website: (2024, December 2) Solano County Statistical Profile FY 2022/23. Retrieved from: https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=43023

Population Race/Ethnicity Distribution

The graph below shows Solano County's 2024 population estimates by racial/ethnic groups. Approximately 65% of the Solano County population identifies as a race other than White/Caucasian. Persons who are Caucasian/White represent 35.3% of the population; 28.5% Hispanic/Latino; 13.4% African American/Black, 16% Asian American/Pacific Islander (AAPI); and 6.8% other race/ethnicity groups[9].



Source: County of Solano, FY2024/25 Statistical Profile[10]

[9] Solano County Website: (2024, December 2) Solano County Statistical Profile FY 2022/23. Retrieved from: https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=43023

[10] Solano County Website: (2024, December 2) Solano County Statistical Profile FY 2022/23. Retrieved from: https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=43023

Review of Goals f Calendar Year 2024

SCBH continued to implement the CLAS Standards across the system of care, including incorporating the CLAS Standards in the contract procurement process, contract language, policy development, and utilizing the standards as a guide for hiring/retention practices and service delivery. SCBH leadership partnered with the DE Committee to develop the following goals for CY 2024. The goals and strategies were developed using the National Standards for Culturally and Linguistically Appropriate Services (CLAS) **Action Worksheet** and will be overseen by the Equity Services Manager in partnership with SCBH leadership, the Quality Assurance (QA) 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. SCBH will implement regular reporting during CY 2024. The following metrics will be used to monitor consumers experiences within the System of Care by race, ethnicity, language, gender identity and sexual orientation:

- Calls to the Access Line
- Access Timeliness
- Service Utilization & Retention
- Linguistic Capacity
- Admission Type
- Suicide and Overdose Deaths
- Mobile Crisis Utilization

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

Goal Met/Ongoing: SCBH utilized the access timeliness dashboard developed in recent years by one of the divisions planning analyst to assess data metrics. Due to staffing challenges, SCBH continues to experience difficulties consistently monitoring the dashboard as initially planned. However, committee members have expressed support for retaining this objective in 2025 including establishing an advisory council that can regularly review metrics for trends and disparities and report information to local committees and the Behavioral Health advisory board.

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: Ongoing **CLAS Standard(s):** 1,10 **Person(s) Responsible:** ESM, QA Unit, BHP Programs

Goal Met/Ongoing: SCBH continued to gather feedback directly from consumers by utilizing specific questions related to cultural and linguistic capacity developed by the DE Committee during fiscal year (FY) 2018-2019 now included on

the Service Verification Survey. The DE Committee and SCBH Administration endorsed maintaining this goal for CY 2025.

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: Implement some of the following strategies to ensure SCBH's workforce mirrors the diversity of the communities served: posting job openings and promotional opportunities on social media platforms; partnering with community organizations, professional networks, and academic institutions for the recruitment of staff, interns, and peers; attending and/or hosting job fairs, etc.

Target Date: Ongoing **CLAS Standard(s):** 3 **Person(s) Responsible:** SCBH Administration, ESM, BHP Intern Coordinator

Goal Met/Ongoing: SCBH has expanded its partnerships with academic institutions which has led to a significant increase in the number of student interns within the system of care. SCBH also expanded its workforce recruitment efforts by assigned a Clinical Supervisor to oversee community engagement efforts including job fairs which has increased the divisions presence in the community. SCBH also recently hired its first health education specialist who is developing materials that can be shared via social media platforms and tabling opportunities. SCBH also includes an inclusion statement on each of its job postings which was previously developed during the ICCTM Innovation project to help recruit a workforce that mirrors the diversity of the communities served.

Strategy 2: Implement a Career Insights Forum where staff share their career experiences to enlighten others about the various opportunities that exist within the behavioral health field. Due to limited staffing capacity to develop a mentorship program, the Career Insights Forum would serve as an alternative to provide opportunities for staff at all levels to learn about career opportunities to help foster a more culturally and linguistically diverse workforce.

Target Date: 12/31/2024 **CLAS Standard(s):** 3 **Person(s) Responsible:** ESM, SCBH Administration and Leadership, Contractor Leadership

Goal Not Met/Continuing: SCBH was unable to achieve this goal during CY 2024. However, the Diversity and Equity Committee and SCBH Administration endorsed maintaining this goal for CY 2025. Committee members discussed the possibility of implementing a virtual platform that would be open to all county and contracted staff and provide different staff and leadership opportunities to share information about their role and what types of education/training it requires. This strategy would help increase awareness to various types of career paths in Behavioral Health.

Strategy 3: 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: Ongoing **CLAS Standard(s):** 2,3,4 **Person(s) Responsible** SCBH Administration and Leadership

Goal Met/Continuing: (Pending results of Workforce Equity Survey 2024)

The annual Workforce Equity Survey was administered in November of 2024, and preliminary results indicate that 55% of staff positively endorsed that their supervisor or manager provides space (occasionally or frequently) in supervision meetings, staff meetings, case consultation meetings to talk about race and culture (including LGBTQ+) and the impacts of this on consumers served. SCBH will review results once completed and continue to implement strategies that promote the inclusion of CLAS related topics in supervision and program staff meetings.

Strategy 4: Provide continuous training opportunities and discussions on CLAS related topics for all staff throughout the system of care.

Target Date: Ongoing **CLAS Standard(s):** 2,3,4 **Person(s) Responsible:** SCBH Administration, ESM

Goal Met/Continuing: SCBH expanded trainings for county and contractor staff via Monthly Diversity & Inclusion Talks meetings facilitated by the ESM and contracted consultants that provided staff a wide variety of training topics which included implicit bias in the workplace, trauma-informed and culturally responsive practices in working with AANHPI clients, mental health stigma awareness, intergenerational trauma and intergenerational healing training focused on the Native American community, and trainings centered around Juneteenth and the African American community. Virtual trainings facilitated by consultants have been uploaded to the divisions Vimeo page and some videos have garnered over 1,200 views: https://vimeo.com/showcase/8624461

Strategy 5: Utilize the annual performance evaluation to provide SCBH staff feedback related to their individual commitment to equity in their daily work, e.g., trainings attended, culturally relevant interventions utilized, the provision of linguistically appropriate services either by a bilingual staff or use of interpreter services, sensitivity/humility regarding cultural needs of consumers and advocacy.

Target Date: Ongoing **CLAS Standard(s):** 2,3,7,9 **Person(s) Responsible** SCBH Administration and Leadership

Goal Met/Ongoing: SCBH continues to use the revised annual performance evaluations to incorporate staff feedback related to their individual commitment to equity in their daily work, trainings, culturally relevant interventions, etc. Additionally, SCBH surveys staff's engagement in diversity, equity, and inclusion efforts during the annual workforce equity survey and preliminary results indicate that roughly 56% of staff have participated in discussions regarding diversity, equity, and inclusion during the past year.

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: Identify an organizational assessment/survey tool specific to evaluating language assistance to determine how these services can be more effective and efficient. This may include the development of a consumer survey.

Target Date: 12/31/2024 **CLAS Standard(s):** 8,10, 12 **Person(s) Responsible**: SCBH Administration, ESM, QA Unit

Goal Not Met/Ongoing: SCBH was unable to achieve this goal during CY 2024. However, the Diversity and Equity Committee and SCBH Administration endorsed maintaining this goal for CY 2025.

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: 12/31/24 **CLAS Standard(s):** 5,6,7,8 **Person(s) Responsible:** SCBH Administration QA Unit, ESC, BHP Programs

Goal Met/Ongoing: SCBH purchased Language Link Interpreter Services phone stickers for all county behavioral health staff that were designed to facilitate quick and easy access to interpreter services, ensuring we can meet the diverse cultural and linguistic needs of those we serve. SCBH will continue exploring options for further enhancing existing materials that provide individuals with notification of language assistance services.

Strategy 3: Ensure all new BHP written materials are translated into Spanish the threshold language, Tagalog the sub-threshold language when appropriate, and work with key BHP partners to review materials as needed to assess the quality of translations.

Target Date: Ongoing **CLAS Standard(s):** 13 **Person(s) Responsible:** QA Unit, ESC

Goal Met/Ongoing: SCBH continues to translate all written materials into Spanish which is the threshold language and Tagalog which is the sub-threshold language when appropriate. SCBH also utilizes bilingual certified staff and interpreter services as needed to review translated materials to ensure accuracy.

Goal 4: Increase Community Engagement Efforts – Partner with community members, peers, staff, and other key partners 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, QA Unit

Goal Met/Ongoing: SCBH continues to recruit peers, family members, and community members in committees, focus groups and community program planning processes to ensure services meet the communities cultural and linguistic needs.

Strategy 2: Continue identifying cultural brokers—which may include staff, consumers, family members, Peer Specialists, or community partners—to help improve feedback mechanisms and communication with culturally and linguistically diverse communities within Solano County.

Target Date: Ongoing **CLAS Standard(s):** 13,14 **Person(s) Responsible:** ESC, MHSA Unit, QA Unit, Wellness Recovery Unit

Goal Met/Ongoing: The SCBH continues to identify cultural brokers throughout the Solano community to help improve feedback mechanisms and communication with culturally and linguistically diverse communities within Solano County. As evidenced by the diversity of participants on the Diversity & Equity Committee (8% identified as peers/individuals with lived experience, 52% identified as SCBH staff. 28% identified as Community Partners, and 4% identified as a community member.

Goals for Calendar Year 2025

SCBH leadership partnered with the DE Committee to develop the following goals for CY 2024. The goals and strategies were developed using the National Standards for Culturally and Linguistically Appropriate Services (CLAS) **Action Worksheet** and will be overseen by the Equity Services Manager in partnership with SCBH leadership, the Quality Assurance (QA) 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. SCBH will implement an advisory council to review dashboards and regularly report findings during CY 2025. The following metrics will be used to monitor consumers experiences within the System of Care by race, ethnicity, language, gender identity and sexual orientation:

- Calls to the Access Line
- Access Timeliness
- Service Utilization & Retention
- Linguistic Capacity
- Admission Type
- Suicide and Overdose Deaths
- Mobile Crisis Utilization

Target Date: Ongoing **CLAS Standard(s):** 1-2,5,9-12 **Person(s) Responsible:** SCBH Administration, ESM, QA Unit, MHSA 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: Ongoing **CLAS Standard(s):** 1,10 **Person(s) Responsible:** ESM, QA 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: Continue implementing some of the following strategies to support a diverse workforce: posting job openings and promotional opportunities on social media platforms; partnering with community organizations, professional networks, and academic institutions for the recruitment of staff, interns, and peers; attending and/or hosting job fairs, etc.

Target Date: Ongoing **CLAS Standard(s):** 3 **Person(s) Responsible:** SCBH Administration, ESM, BHP Intern Coordinator

Strategy 2: Develop and implement a virtual Career Insights Forum where County and Contractor staff share their career experiences to enlighten others about the various opportunities that exist within the behavioral health field. Due to limited staffing capacity to develop a mentorship program, the Career Insights Forum would serve as an alternative to provide opportunities for staff at all levels to learn about career opportunities to help foster a more culturally and linguistically diverse workforce.

Target Date: 12/31/2025 **CLAS Standard(s):** 3 **Person(s) Responsible:** ESM, SCBH Administration and Leadership, Contractor Leadership

Strategy 3: 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. This may also include providing specific training for supervisors and managers to support this effort.

Target Date: Ongoing **CLAS Standard(s):** 2,3,4 **Person(s) Responsible** SCBH Administration and Leadership

Strategy 4: Provide continuous training opportunities and discussions on CLAS related topics for all staff throughout the system of care via platforms such as SCBH's monthly Diversity and Inclusion Talks meetings/trainings, online webinars, self-paced online trainings, etc.

Target Date: Ongoing **CLAS Standard(s):** 2,3,4 **Person(s) Responsible:** SCBH Administration, ESM

Strategy 5: Utilize the annual performance evaluation to provide SCBH staff feedback related to their individual commitment to equity in their daily work, e.g., trainings attended, culturally relevant interventions utilized, the provision of linguistically appropriate services either by a bilingual staff or use of interpreter services, sensitivity/humility regarding cultural needs of consumers and advocacy.

Target Date: Ongoing **CLAS Standard(s):** 2,3,7,9 **Person(s) Responsible** SCBH Administration and Leadership

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: Identify an organizational assessment/survey tool specific to evaluating language assistance to determine how these services can be more effective and efficient. This may include the development of a consumer survey.

Target Date: 12/31/2025 **CLAS Standard(s):** 8,10, 12 **Person(s) Responsible**: SCBH Administration, ESM, QA 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: 12/31/25 **CLAS Standard(s):** 5,6,7,8 **Person(s) Responsible:** SCBH Administration QA Unit, ESM, BHP Programs

Strategy 3: Ensure all new BHP written materials are translated into Spanish the threshold language, Tagalog the sub-threshold language when appropriate, and work with key BHP partners to review materials as needed to assess the quality of translations.

Target Date: Ongoing **CLAS Standard(s):** 13 **Person(s) Responsible:** QA Unit, ESM

Strategy 4: Establish protocols and/or policy that outlines how individuals can regularly give feedback about the quality of interpreter services received.

Target Date: 12/31/25 **CLAS Standard(s):** 13 **Person(s) Responsible:** QA Unit, ESM

Strategy 5: Explore opportunities for partnering with interpreter agencies that are trained and/or certified in behavioral health.

Target Date: 12/31/25 **CLAS Standard(s):** 7 **Person(s) Responsible:** QA Unit, ESM

Strategy 6: Provide formal training for bilingual certified staff on how to utilize their bilingual skills as an interpreter.

Target Date: 12/31/25 **CLAS Standard(s):** 7 **Person(s) Responsible:** QA Unit, ESM

Goal 4: Increase Community Engagement Efforts – Partner with community members, peers, staff, and other key partners 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, QA Unit

Strategy 2: Continue identifying cultural brokers—which may include staff, consumers, family members, Peer Specialists, or community partners—to help improve feedback mechanisms and communication with culturally and linguistically diverse communities within Solano County.

Target Date: Ongoing **CLAS Standard(s):** 13,14 **Person(s) Responsible:** ESC, MHSA Unit, QA Unit, Wellness Recovery Unit

Criterion 1: Commitment to Culturally & Linguistically Appropriate Services

SCBH Vision, Mission and Values

CLAS Standard 1: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Vision

To provide quality, innovative, culturally responsive care that supports and honors each person's authentic self and unique journey to recovery.

Mission

To serve our diverse community impacted by mental health and substance use challenges in holistic ways that reinforces hope, wellness, and empowerment to live a fulfilling life.

Values

1. Hope
2. Resilience & Recovery
3. Voice & Choice
4. Community Inclusion
5. Diversity, Equity, Justice

Dedicated Role: Equity Services Manager (ESM)

Every county is required to have someone designated as the Ethnic Services Coordinator (referred to as Equity Services Manager in Solano County) who works to ensure services are fair and accessible for everyone, especially for communities that may not always get the support they need. In Solano County, this role is filled by Eugene Durrah, LCSW, who works to make sure Behavioral Health Services focus on equity, fairness, and serving all people, including those from underserved groups.

The ESM leads efforts to address inequalities and promote diversity, working with the Diversity and Equity (DE) Committee and other partners. This includes:

- Reviewing concerns and issues related to unfair treatment or discrimination.
- Helping shape policies and programs, like hiring practices, to ensure fairness.
- Working with community groups and state teams to improve services for diverse populations.
- Tracking how well services are meeting the needs of different communities.
- Creating and maintaining plans to advance equity in Solano County in partnership with community members.

This role is all about ensuring everyone has access to the mental health support they need in a fair and inclusive way.

Criterion 2: Updated Assessment of Service Needs

Social Determinants of Health

Solano County is recognized as one of the most diverse communities in the nation, but significant challenges remain. Disparities in health outcomes, both locally and nationally, need to be addressed. As part of Behavioral Health Plans (BHP), it's essential for all staff and providers to understand and address social issues and inequalities that impact health. These factors often worsen mental health conditions, especially for underserved communities. The information shared here is meant to guide efforts to strengthen culturally and linguistically responsive services offered by Solano County and its partners.

Cost of Being Californian 2021

The Cost of Being Californian 2021 Report[11] 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[12]

**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.[13]

[11] Insight. (2024, December 2). *The Cost of Being Californian Solano County Fact Sheet.* Retrieved from: https://insightcced.org/the-cost-of-being-californian-solano-county-fact-sheet/

[12] Insight. (2024, December 2). *The Cost of Being California 2021.* Retrieved from: https://insightcced.org/wp-content/uploads/2018/04/SolanoCounty-FactSheet-FINAL.pdf

[13] Insight. (2024, December 2). The Cost of Being California 2021. Retrieved from: https://insightcced.org/the-cost-of-being-californian-solano-county-fact-sheet/

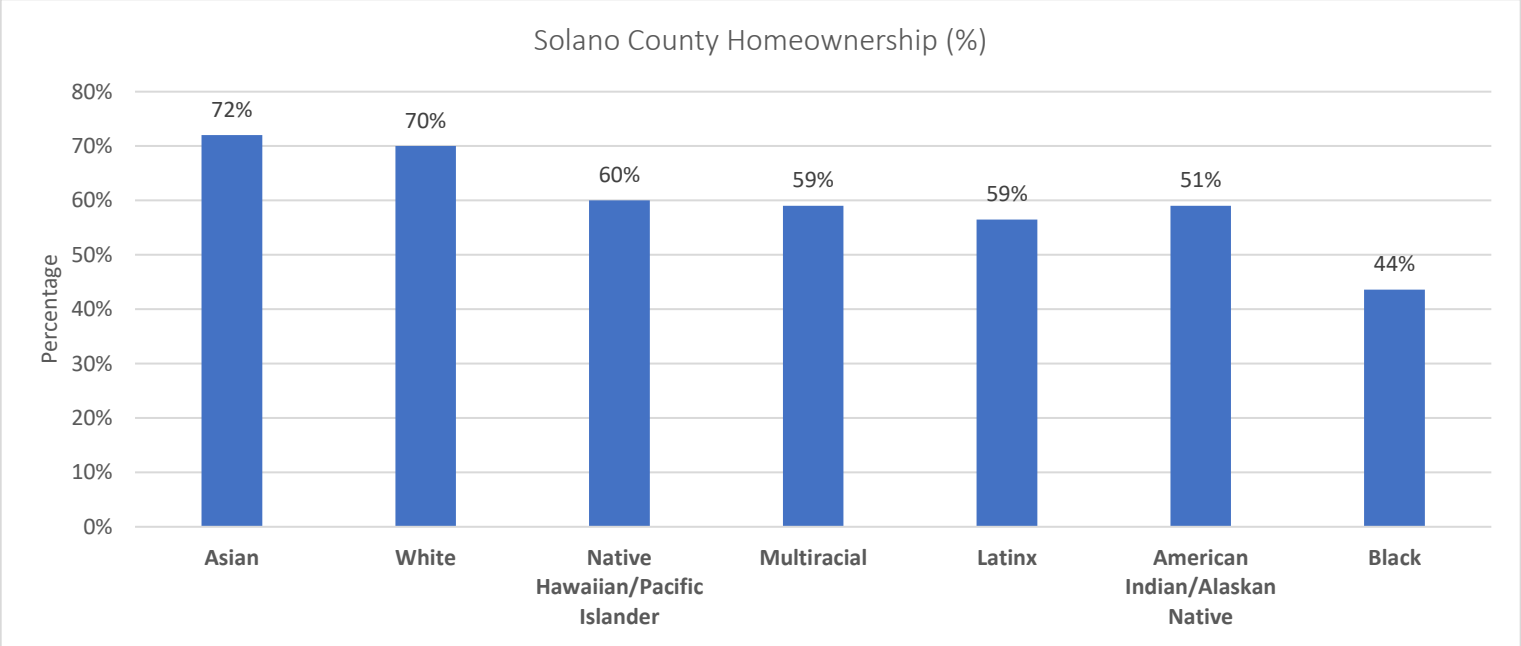
Households That Struggle to Meet Basic Needs, By Gender

	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[14]

Housing

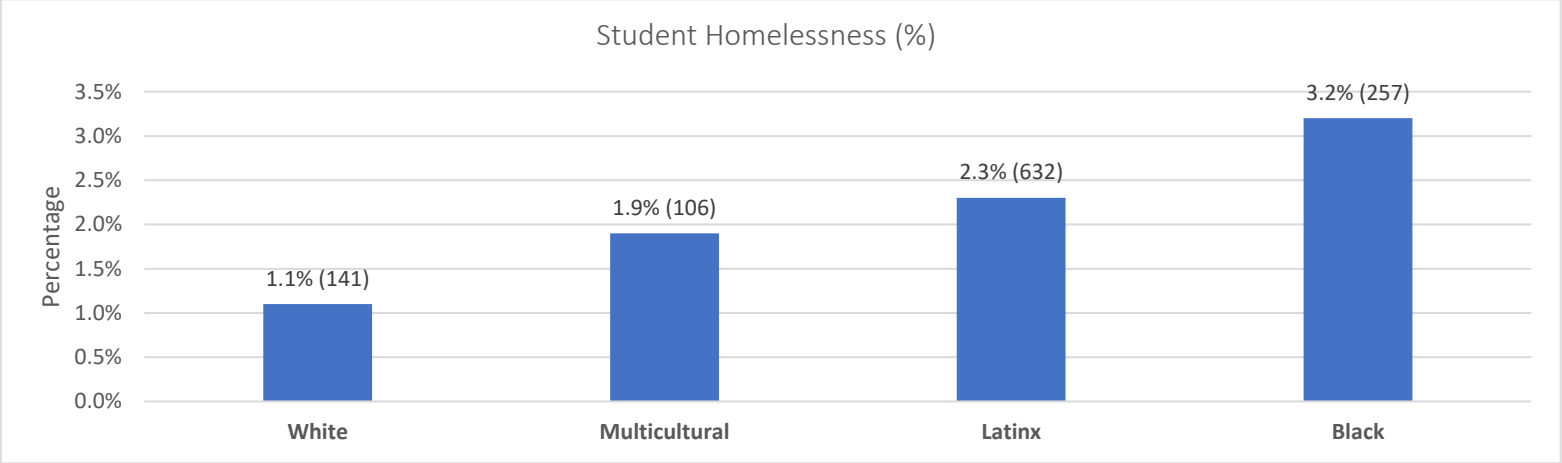
The self-sufficiency rates referenced above contribute to the disparities Solano County residents experience related to housing as seen in the graphs on the pages to follow. In Solano County homeownership rates vary significantly across racial and ethnic groups. Asian and White families have the highest rates of homeownership, while Black and Latino families face the greatest challenges in owning homes, with Black families having the lowest rate at 44%. These differences highlight ongoing disparities in access to housing and the need for targeted support to address these inequities.[15]



Source: Race Counts: Solano[16]

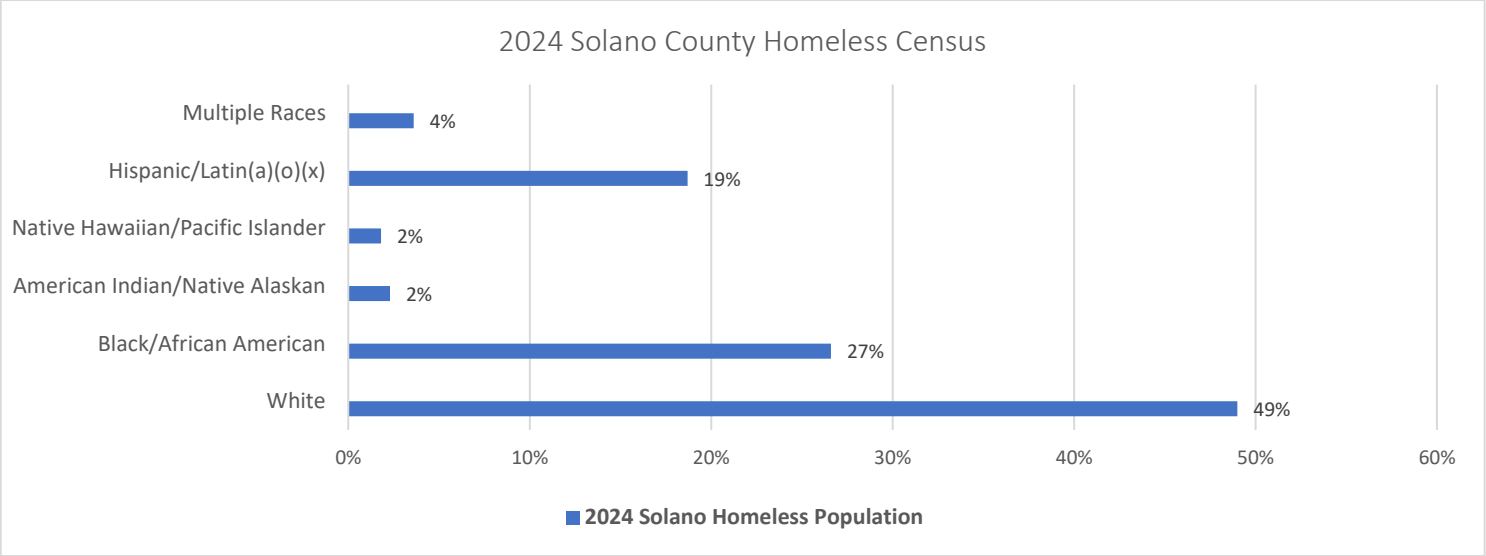
In Solano County, 1.9% of students (a total of 1,225) are experiencing homelessness. However, this challenge affects students from different racial and ethnic groups at varying rates. Black students face the highest rate of homelessness at 3.2% (257 students), followed by Latinx students at 2.3% (632 students and Multiracial students at 1.9% (106 students). White students experience homelessness at 1.1% (141 students). These numbers highlight the unequal impact of homelessness among student groups in Solano County, underscoring the importance of addressing systemic factors that contribute to housing instability for vulnerable populations.

[14] Insight. (2024, December 2). *The Cost of Being California 2021.* Retrieved from: https://insightcced.org/wp-content/uploads/2018/04/SolanoCounty-FactSheet-FINAL.pdf
[15] Race Counts. (2024, December 2). Retrieved from: https://www.racecounts.org/county/solano/
[16] Race Counts. (2024, December 2). Retrieved from: https://www.racecounts.org/county/solano/



Source: Race Counts: Solano[17]

According to the 2024 Point in Time (PIT) Count reveals significant disparities in homelessness across racial and ethnic groups.[18] Of the total homeless population of 1,725 individuals, 27% are Black/African American, despite this group representing only 13% of the county's overall population. Similarly, Hispanic/Latino individuals account for 19% of the homeless population while making up 29% of the county's residents. White individuals represent 49% of the homeless population, compared to their 35% share of the general community. Smaller percentages include individuals identifying as Multiple Races (4%), Native Hawaiian/Pacific Islander (2%), and American Indian/Alaskan Native (2%).



Source: 2024 PIT Count

Key characteristics of the homeless population reveal further challenges:

- Veterans make up 5% of the homeless population.
- Unaccompanied youth account for 3.6%
- Males represent 69% of the homeless population, while females make up 27%
- 46% of individuals report at least one disability that hinders their ability to work or maintain housing, including:

[17] Race Counts: Solano. (2024, December 3). Retrieved from: https://www.racecounts.org/county/solano/

[18] Point In Time Count Report for Solano County (2024, December 3) Retrieved from: https://www.capsolanojpa.org/wp-content/uploads/2024/10/%E2%80%8B2024-Solano-Point-in-Time-Count-Full-Report-%E2%80%8B-revised-August-29-2024%E2%80%8B-.pdf

- 20.5% with physical disabilities,
- 39.3% with substance use challenges,
- 0.5% with HIV/AIDS,
- 29.5% with mental health conditions,
- 6.8% with developmental disabilities, and
- 24.3% with chronic conditions.

Regarding shelter, 28.5% sleep in their cars, 19.9% in RVs, and 13.5% in tents, reflecting the limited availability of stable housing options. Additionally, homelessness places a burden on healthcare systems, with homeless individuals staying an average of 4 days longer (36%) per hospital admission compared to housed patients.

Education

As the tables to follow illustrate, there are significant disparities within our local educational system.

The chart below provides an overview of the most recent 2023-24 five-year cohort graduation rate for Solano County. The County had 4,801 students in the five-year cohort, with an overall graduation rate of 87.5%, slightly below the state average of 88.4%. 36% of cohort graduated meeting University of California/California State University admission requirements. Filipino students had the highest graduation rate at 95.5%, followed by students identifying as Two or More Races (91.3%) and Asian students (91.0%). African American (83.4%) and American Indian/Alaskan Native (71.4%) students had the lowest graduation rates, highlighting areas for targeted support.

2023-24 Five-Year Cohort Graduation Rate

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	604	504	83.4%	135	13	54
American Indian or Alaskan Native	14	10	71.4%	1	0	0
Asian	212	193	91.0%	125	13	89
Filipino	466	445	95.5%	287	32	156
Hispanic or Latino	2,001	1,686	84.3%	543	99	229
Pacific Islander	45	38	84.4%	11	1	4
White	1,101	997	90.6%	492	51	276
Two or More Races	335	306	91.3%	148	13	75
Not Reported	23	21	91.3%	7	2	2

Source: Data Quest: California Department of Education[19]

[19] 2023-24 Four-Year Adjusted Cohort Graduation Rate. (December 3, 2024). Retrieved from: https://dq.cde.ca.gov/dataquest/dqcensus/Coh5YrRateLevels.aspx?agglevel=county&year=2023-24&cds=48

2023-24 Graduation Rate – Disaggregated by School District

Name	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
Benicia Unified	400	384	96.0%	204	12	166
Dixon Unified	272	243	89.3%	99	0	0
Fairfield-Suisun Unified	1,579	1,345	85.2%	528	85	397
Solano County Office of Education	62	24	38.7%	0	0	0
Travis Unified	448	443	98.9%	197	39	145
Vacaville Unified	822	774	94.2%	397	69	123
Vallejo City Unified	833	659	79.1%	171	0	0

Source: Data Quest: California Department of Education[20]

Graduation Rates by District:

Solano County schools are working hard to support students toward graduation, with districts showing varied success:

- Benicia Unified leads with a 96.0% graduation rate, while Travis Unified tops the list at 98.9%.
- Vacaville Unified achieved a 94.2% graduation rate, showcasing strong outcomes.
- However, districts like Vallejo City Unified face challenges, with a 79.1% graduation rate, and the Solano County Office of Education seeing only 38.7%

[20] 2023-24 Four-Year Adjusted Cohort Graduation Rate. (December 3, 2024). Retrieved from: https://dq.cde.ca.gov/dataquest/dqcensus/Coh5YrRateLevels.aspx?agglevel=county&year=2023-24&cds=48

2023-24 Percentage of Suspensions – Disaggregated by Ethnicity

Race/Ethnicity	Percent of Cumulative Enrollment	Percent of Students Suspended
African American	12.5%	28.4%
American Indian or Alaskan Native	0.3%	0.5%
Asian	4.3%	1.2%
Filipino	7.8%	2.3%
Hispanic or Latino	43.3%	41.3%
Pacific Islander	1.0%	1.1%
White	19.9%	15.1%
Two or More Races	9.3%	9.0%
Not Reported	0.7%	1.0%

Source: Data Quest: California Department of Education[21]

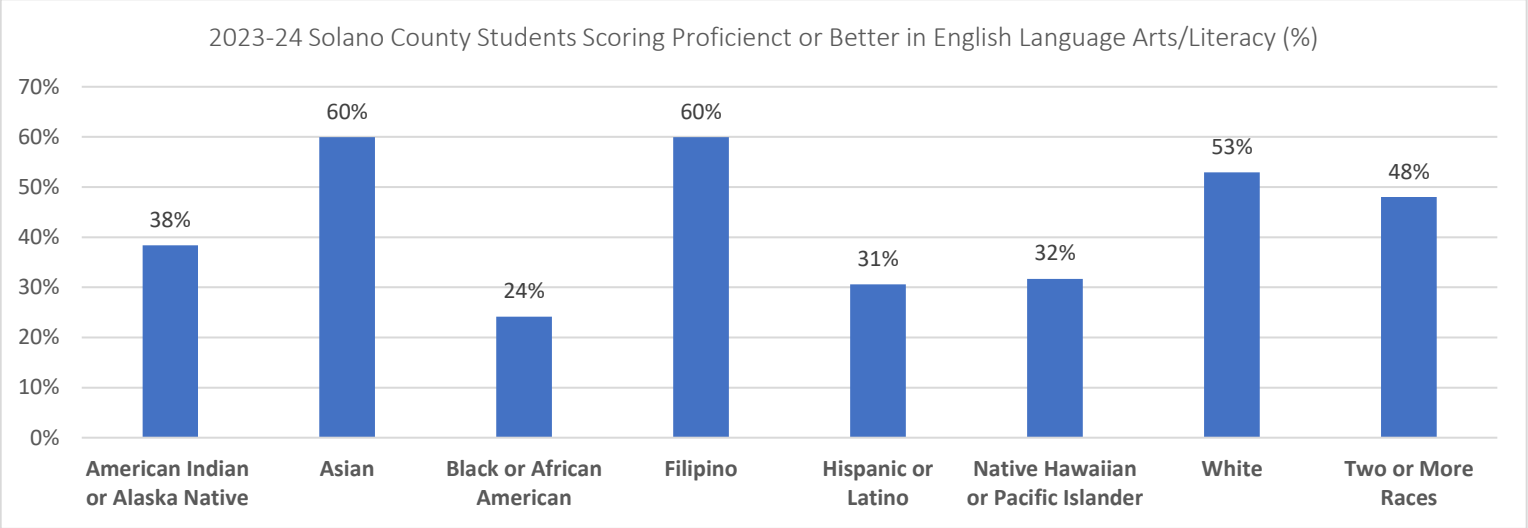
Suspension rates in Solano County show significant disparities when examined by race and ethnicity, underscoring the need for targeted interventions:

- African American students are disproportionately, comprising 12.5% of the student population but accounting for 28.4% of all suspensions. This group also faces the highest individual suspension rate at 11.3%, with 38% of these students experiencing multiple suspensions.
- Hispanic or Latino students make up the largest percentage of the student population at 43.3%, and they account for 41.3% of all suspensions. Their suspension rate is 4.7%, lower than African Americans but still noticeable.
- White students represent 19.9% of the population and contribute to 15.1% of suspensions, with a suspension rate of 3.8%.
- Asian students and Filipino students experience the lowest suspension rates, at 1.4% and 1.5%, respectively, with minimal representation al suspensions.

Overall, the county's suspension rate of 5.0% exceeds the state average of 3.3%, with 32.2% of suspended students experiencing multiple suspensions, compared to 29.4% statewide. Academic performance varies significantly across racial/ethnic groups, highlighting disparities in proficiency rates:

- Asian (60%) and Filipino (60%) students demonstrate the highest proficiency rates.
- White students (53%) and students identifying as Two or More Races (48%) follow closely.
- Black or African American students (24%), Hispanic or Latino students (31%) and Native Hawaiian or Pacific Islander students (32%), have the lowest proficiency rates, indicating an urgent need for targeted support.

[21] 2022-23 Suspension Rate. (December 19, 2023). Retrieved from: Suspension Rate - Solano County (CA Dept of Education)

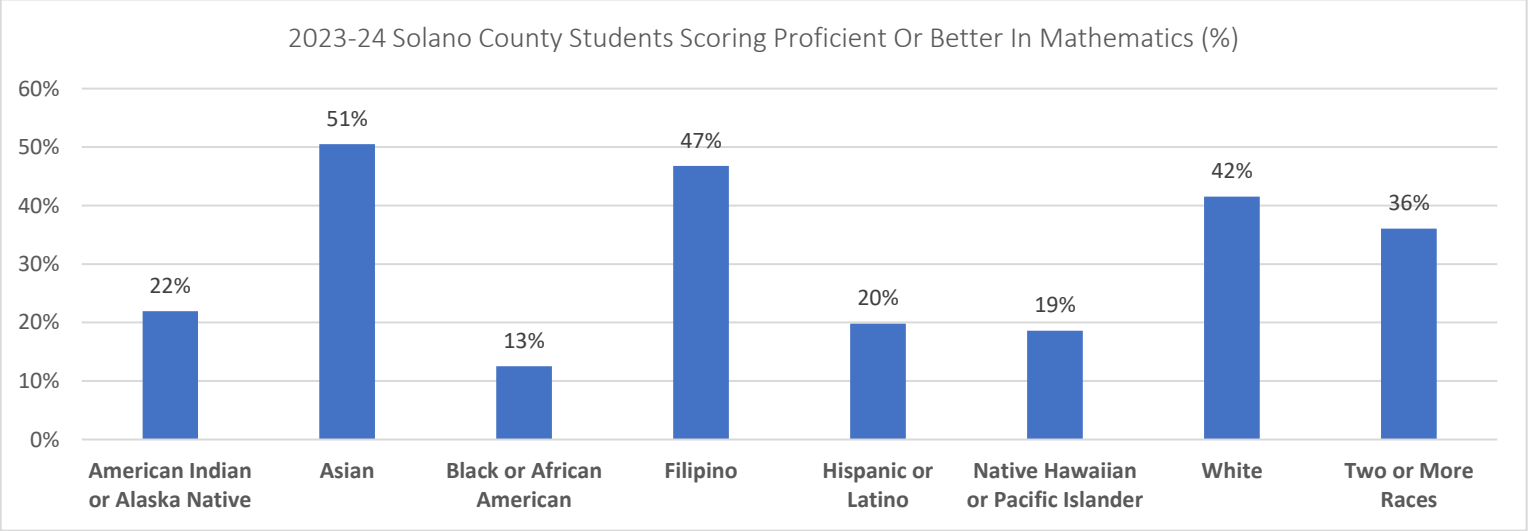


Source: California Assessment of Student Performance and Progress[22]

Mathematics:

- Asian students (51%) lead in math proficiency, followed by Filipino students (47%) and White students (42%).
- Students identifying as Two or More Races (35%) also performed above average.
- However, Black or African American students (13%) and American Indian or Alaska Native students (22%) face significant challenges in math, with the lowest proficiency rates among all groups.

These results show persistent equity gaps, particularly for Black, American Indian, and Hispanic or Latino students, across both core academic subjects.

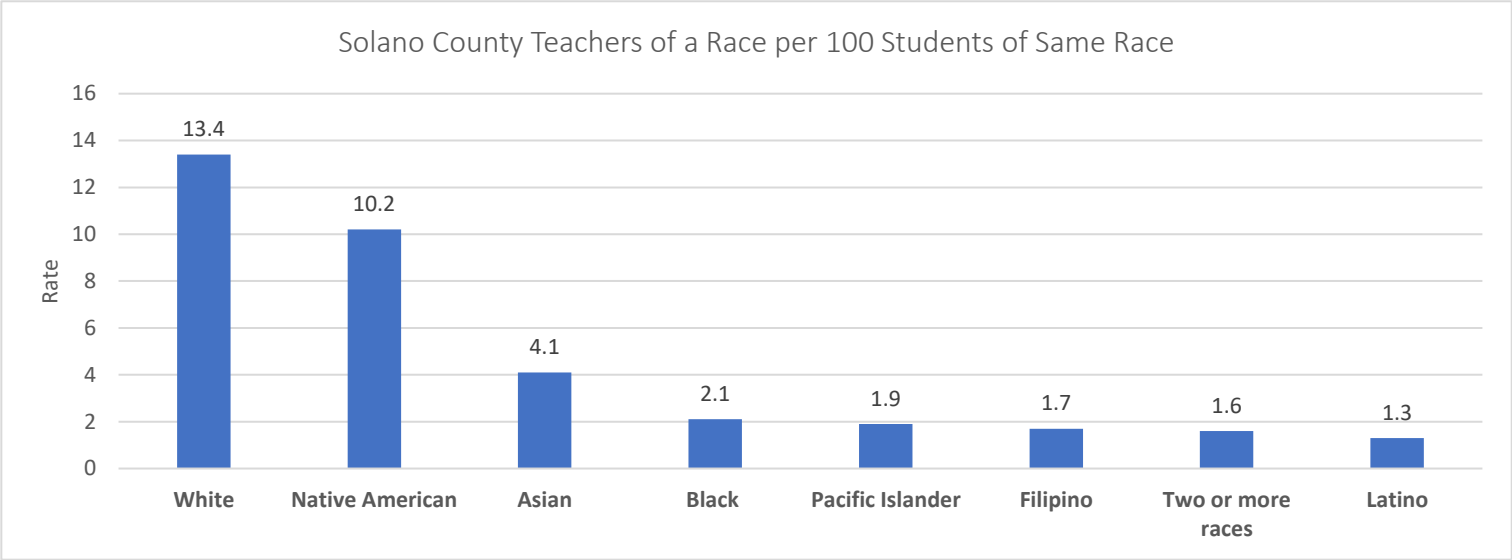


Source: California Assessment of Student Performance and Progress[23]

Representantion of Teachers by Race in Solano County: The data shows that there is a wide disparity in representation of teachers of the same race as their students. For example, White students have 11.4 White teachers per 100

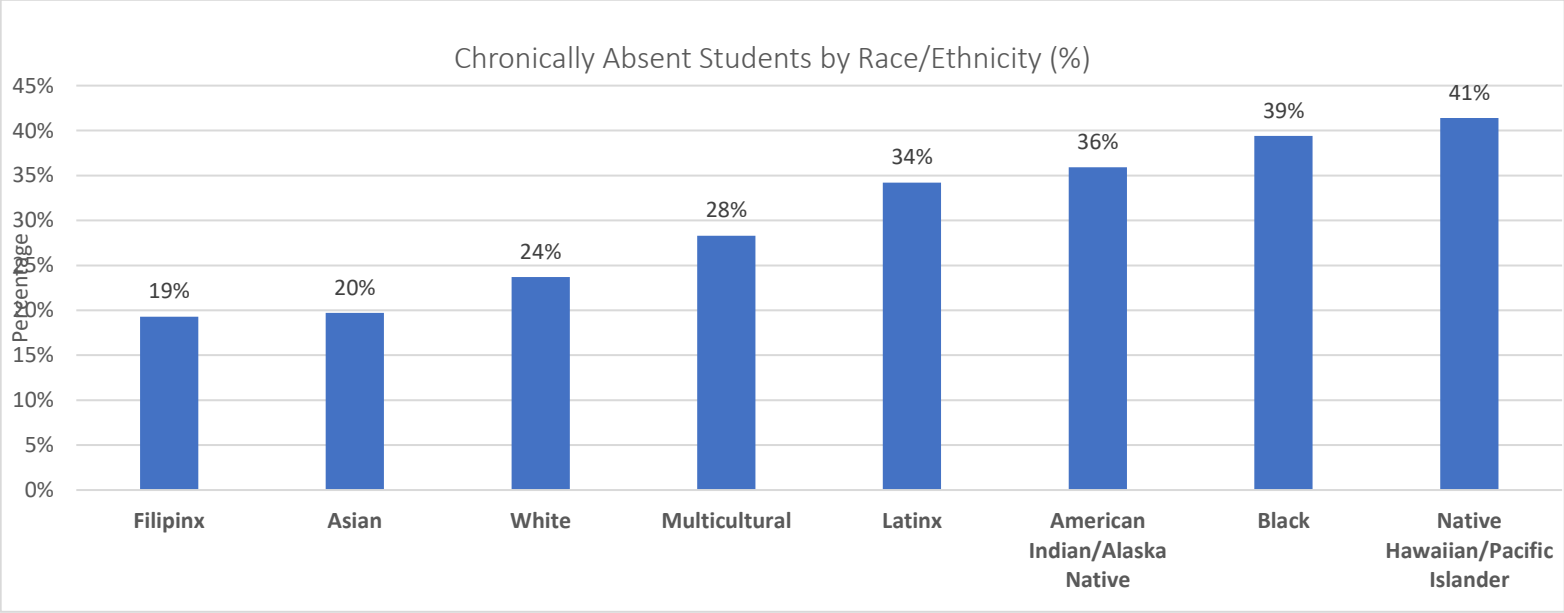
[22] California Assessment of Student Performance and Progress: (2024, December 3). [online] Available at: 2023–24 Smarter Balanced ELA and Mathematics Detailed Test Results – CAASPP Reporting (CA Dept of Education)
[23] California Assessment of Student Performance and Progress: (2024, December 3). [online] Available at: 2023–24 Smarter Balanced ELA and Mathematics Detailed Test Results – CAASPP Reporting (CA Dept of Education)

students, whereas Black and Latino studewnts have significantly fewer teachers of the same race, with only 2.1 Black teachers and 1.3 Latino teachers per 100 students. This highlights a need for more diverse teachers to better reflect the student population.



Source: Race Counts: Solano[24]

Chronic Absenteeism Among Students by Race/Ethnicity: Students of color in Solano County experience higher rates of chronic absenteeism compared to their peers. Native Hawaiian/Pacific Islander students have the highest absenteeism rate at 41%, followed by Black students at 39%, and American Indian/Alaska Native students at 36%. In contrast, Filipino students have the lowest rate at 19%. Addressing the factors contributing to absenteeism is critical to supporting equitable education outcomes for all students.



Source: Race Counts: Solano[25]

[24] Race Counts: Solano. (2024, December 4). [online] Available at: https://www.racecounts.org/county/solano/
[25] Race Counts: Solano. (2024, December 4). [online] Available at: https://www.racecounts.org/county/solano/

Child Welfare in Solano County: Population, Allegations, and Foster Care

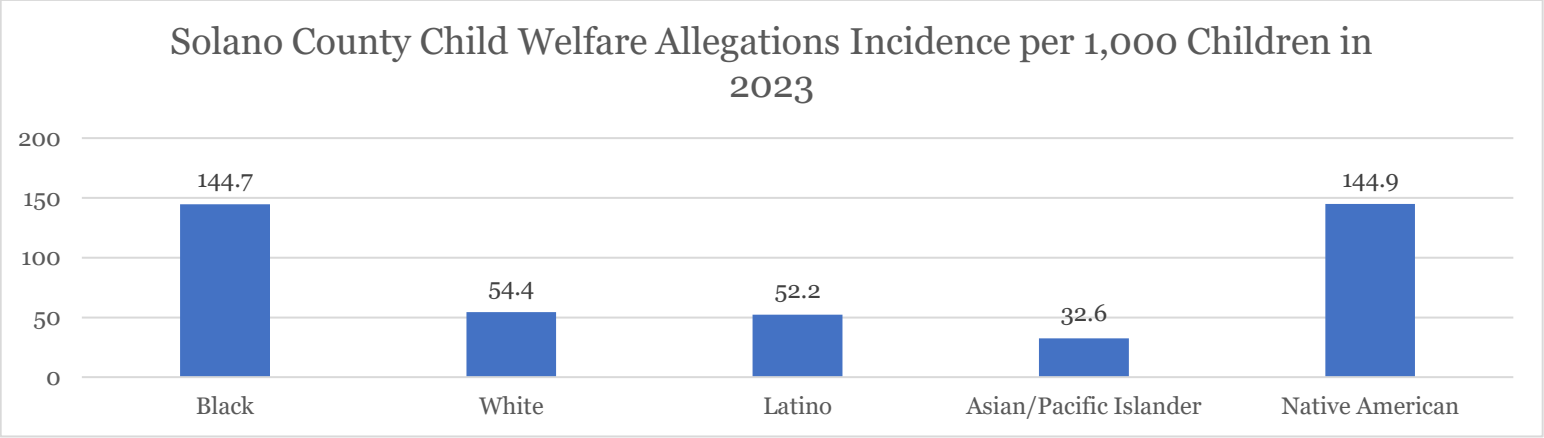
In 2023, Solano County's child population (ages 0-17) totaled 97,009. The racial/ethnic distribution was:

- Latino: 35,517 (37% of total population)
- White: 27,185 (28%)
- Black: 11,805 (12%)
- Asian/Pacific Islander: 12,049 (12%)
- Multi-race: 10,188 (10%)
- Native American: 265 (<1%)

A total of 6,803 children in Solano County were reported with allegations of abuse or neglect in 2023. When adjusted for population size, the rates of allegations per 1,000 children by race/ethnicity reveal significant disparities:

- Black: 144.7 allegations per 1,000 children
- Native American: 1449.9 per 1,000
- Latino: 52.2 per 1,000
- White: 54.4 per 1,000
- Asian/Pacific Islander: 32.6 per 1,000

Black and Native American children experience disproportionately high rates of allegations compared to their representation in the total child population.



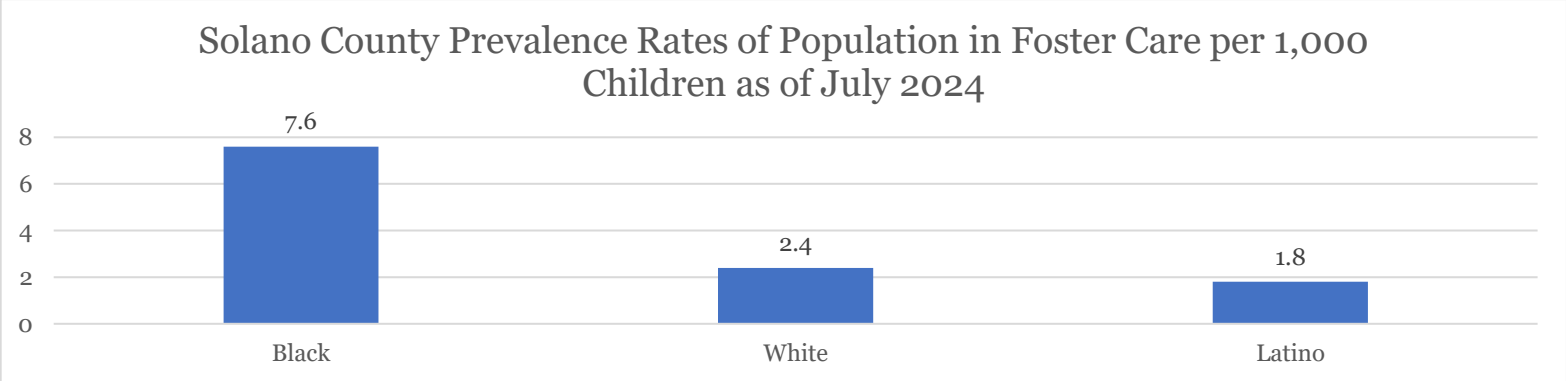
Source: UC Berkeley Child Welfare Indicators Project (CCWIP) [26]

The data on children placed in foster care further underscores disparities:

- Black children are placed in foster care at a rate of 7.6 per 1,000 children, which is significantly higher than other groups
- White children: 2.4 per 1,000
- Latino children: 1.8 per 1,000

[26] California Child Welfare Indicators Project (CCWIP) (berkeley.edu) (2023, December 19). Retrieved from: Entry Rates Report California Child Welfare Indicators Project (CCWIP) (berkeley.edu)

Disproportionality in Allegations and Foster Care: Black and Native American children face significantly higher rates of child welfare allegations and foster care placements compared to other racial/ethnic groups.



Source: UC Berkeley Child Welfare Indicators Project (CCWIP)[27]

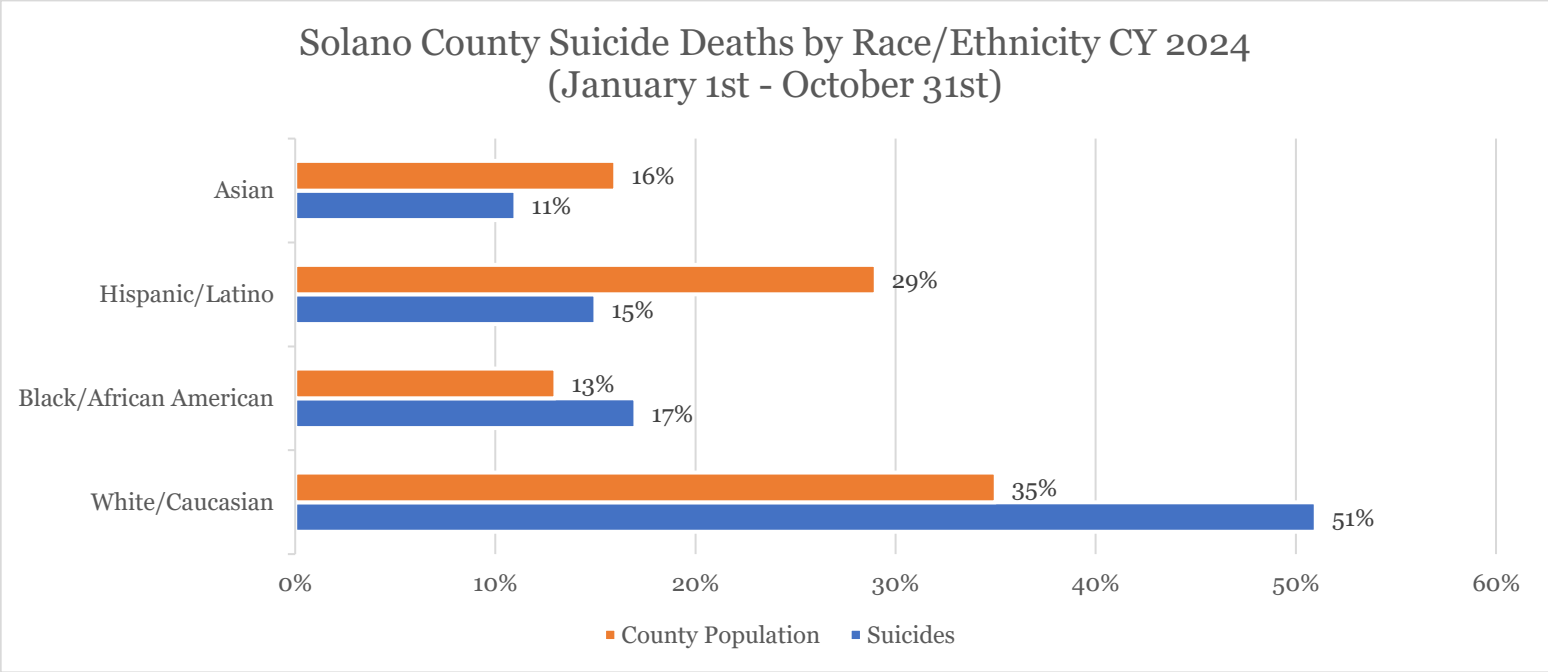
Solano County Racial Disparities in Health and Well-being

1. Health Inequities:
   - African American/Black residents face the highest rates of preventable hospitalizations due to inequitable access to healthcare and chronic condition management.
   - African American/Black (11.8%) and Asian American (8.9%) communities report higher rates of low-birthweight births linked to socioeconomic challenges.
2. Life Expectancy:
   - African American/Black (74.9 years) and Native Hawaiian/Pacific Islander (74.6 years) populations have the shortest life expectancy due to inequities in medical care and socioeconomic conditions.
3. Asthma and Environmental Risks:
   - Native Hawaiian/Pacific Islander (28.7%), American Indian/Alaska Native (28.6%), and African American/Black (26.8%) residents experience the highest asthma rates, driven by exposure to air pollution and housing discrimination.
4. Behavioral Health Access:
   - Mental health service usage is lowest among Latino (43.3%) and Asian (51.9%) residents, highlighting barriers like provider access, insurance coverage, and discrimination.
5. Incarceration Disparities:
   - African American/Black residents are incarcerated at a rate of 634 per 100,000, compared to 204 for Hispanic/Latino and 192 for Caucasian/White residents. These disparities are rooted in systemic over-policing and sentencing biases.
6. Representation in Leadership:
   - Candidates of color remain underrepresented in elected offices due to financial barriers and systemic inequities. [28]

[27] California Child Welfare Indicators Project (CCWIP) (berkeley.edu) (2024, December 4). Retrieved from: https://ccwip.berkeley.edu/childwelfare/reports/PIT/MTSG/r/ab636/s
[28] Race Counts: Solano. (2024, December 4). [online] Available at: https://www.racecounts.org/county/solano/

Impact of Suicide

SCBH, in partnership with the countywide Suicide Prevention Coalition (formerly known as the Suicide Prevention Committee) closely monitors suicide deaths and trends and makes recommendations to the County on strategies to help support the local community. Recent data from the California Department of Public Health indicates that between 2018 and 2020, Solano County had an age-adjusted suicide rate of 14.0 per 100,000 population, which is higher than the state's average of 10.15 per 100,000.[29] As of October 2024, there have been 47 suicide deaths in Solano County during CY 2024. The Coalition monitors various data points related to suicide such as race/ethnicity, gender, age, city of residence, means (method for suicide), veteran status and occupation. For the purposes of this report data related to race/ethnicity has been included in this Plan Update.



Source: Solano County Sheriff's Office-Coroner Bureau

The graph above displays Solano County suicide deaths by race/ethnicity for the year 2024 (January 1st – October 31st) compared to the corresponding population percentages:

1. White/Caucasian individuals:
   - Account for 51% of suicide deaths, while they represent 35% of the county population.
2. Black/African American individuals:
   - Account for 17% of suicide deaths, slightly above their 13% population proportion.
3. Hispanic/Latino individuals:
   - Represent 15% of suicide deaths, compared to 29% of the population.
4. Asian individuals:
   - Account for 11% of suicide deaths, below their 16% population proportion.

[29] California Department of Public Health (2024, December 5). [ONLINE] Available at: Data on Suicide and Self Harm

Suicide rates disproportionately higher for White/Caucasian and Black/African American residents relative to their population size. Hispanic/Latino and Asian residents have lower suicide rates compared to their population proportions. Recent national suicide data highlights significant trends by race and ethnicity:

- Native American/Alaska Native individuals consistently have the highest suicide rates among racial/ethnic groups, with notable increases in recent years, especially among youth and young adults.
- White individuals also experience high suicide rates, particularly among middle-aged men.
- Black and Hispanic populations have shown rising suicide rates, particularly among adolescents and young adults deviating from historically lower rates.
- Asian American and Pacific Islander individuals have the lowest overall rates, but cultural stigma may contribute to underreporting.
- Disparities are often linked to systemic inequities, access to mental health care, stigma, and social determinants of health.[30]

Currently the Sheriff's Office-Coroner 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 Coalition, the Coroner's Bureau is now collecting veteran's status and occupation. Additionally, data related to homelessness is being captured as well.

SCBH and the Suicide Prevention Coalition 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 public[31].

Solano County is one of very few California counties to have a suicide prevention plan which is used as a guide for both private and public sectors to combat stigma and reduce suicide deaths locally. While the initial Plan was developed in 2017, a comprehensive CPP 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. The Coalition is in the process of updating the plan which should completed in the coming weeks.

[30] Centers for Disease Control and Prevention (CDC). (2024, December 4). [online] Available at: https://www.cdc.gov/mmwr/volumes/72/wr/mm7206a4.htm
[31] American Psychiatric Association (APA). (January 21, 2022). Retrieved from: https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts

Mobile Crisis Utilization

Community-Based Mobile Crisis:
The Community-Based Mobile Crisis (Jan 1- Oct 31, 2024) provided services through 607 calls, assisting 444 individuals aged 5-86 years. Here's a snapshot:

- Service Types:
  - 71% (433) were in person responses.
  - 29% (174) were phone triage.
- Outcomes:
  - 79% of cases resulted in safety planning and referrals.
  - 19% (125) led to 5150 psychiatric holds.
- Call Sources: 51% of calls were initiated by individuals, families, and community partners.

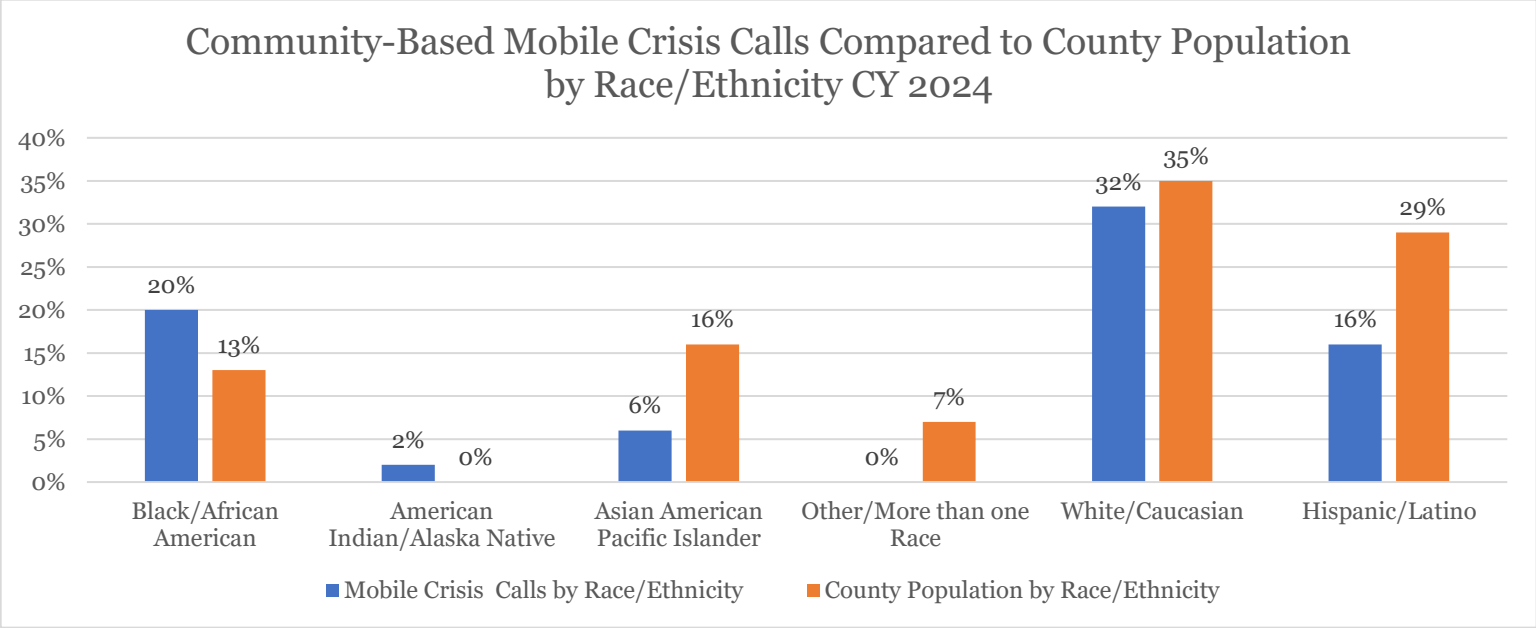
Call Distribution by City:
- Highest call volumes were in Fairfield (255 calls), Vallejo (96 calls), and Vacaville (79 calls).

Demographics:
- Race/Ethnicity:
  - While White/Caucasians make up 35% of the county population, they represent 32% of mobile crisis calls.
  - Black/African Americans, 13% of the population, make up 20% of calls, suggesting a disproportionately higher usage.
  - Hispanic residents (29% of the population) account for 16% of calls, indicating underrepresentation.
  - Asian/Pacific Islanders and Native Americans are also underrepresented compared to their population proportions.
- Ages:
  - 63% of calls involved individuals aged 0-39 years, with the largest group being 31% aged 0-18 years.

The chart below compared Community-Based Mobile Crisis calls in 2023 by race/ethnicity to the county population proportions for each group:

- Black/African Americans:
  - Represent 20% of mobile crisis calls but make up 13% of the county population, indicating this community continues to be significantly overrepresented in crisis service calls relative to their population proportion.
- American Indian/Alaska Native:
  - Make up 2% of crisis calls, with no recorded population percentage, suggesting minimal data for comparison.
- Asian American/Pacific Islanders:

- Account for 6% of calls, but make up 16% of the population, showing underrepresentation in service usage.
- White/Caucasian:
  - Constitute 32% of calls compared to 35% of the population, slightly underrepresented.
- Hispanic/Latino:
  - Represent 16% of calls, lower than their 29% share of the population, reflecting notable underrepresentation.
- Other/More than One Race:
  - Minimal data, with 0% in calls and 7% of the population.



School-Based Mobile Crisis Program:

The school-Based Mobile Crisis Program provides critical support to students experiencing mental health crises within the school environment. Operating during school hours, the hotline ensures timely responses to urgent situations, connecting students with resources and care when they need it most.

Service Period:

August 14th – November 13th, 2024

Key Highlights:

- Hotline Calls: a total of 147 hotline calls were received, showcasing the growing demand for mental health support in schools.

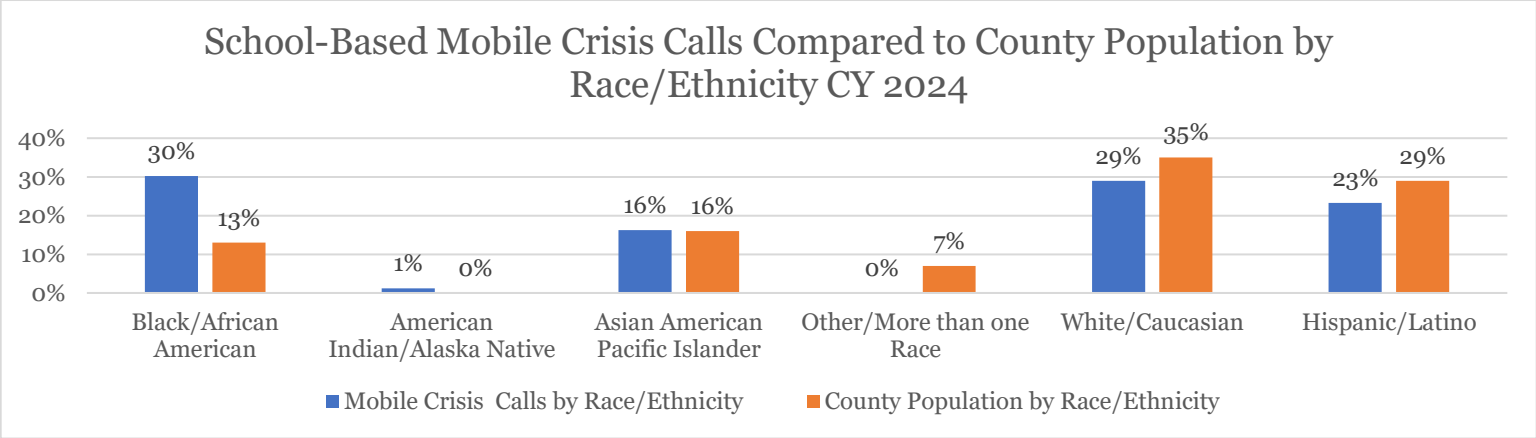
Demographics:

- Race/Ethnicity: The program served a diverse group of students, including:
  - 26 African American students
  - 25 Caucasian students

- 20 Hispanic/Latino students
- 14 Asian American/Pacific Islander students
- 1 American Indian/Indigenous student

- Gender Identity: most students supported identified as:
  - Female (55)
  - Male (28)
  - Nonbinary (1)
  - Transgender (3)

The chart below displays the school-based mobile crisis calls by race/ethnicity (August 14th – November 13th, 2024) compared to the corresponding county population percentages:



Key Findings:

- Black/African Americans:
  - Make up 30% of school-based crisis calls, despite comprising only 13% of the county population. This represents significant overrepresentation in school based mobile crisis calls, pointing to a potential need for targeted mental health resources and support.
- Asian American/Pacific Islanders:
  - Account for 16% of calls, equal to their q6% population share, showing proportional representation.
- White/Caucasians:
  - Represent 29% of calls, slightly unrepresented compared to their 35% share of the population.
- Hispanic/Latins:
  - Make up 23% of calls, slightly underrepresented compared to their 29% population share.
- American Indian/Alaska Native and Other/More than One Race:
  - Minimal data, with 1% and 0% of calls, respectively, while making up negligible to small percentages of the population (0%-7%).

Overdose Deaths

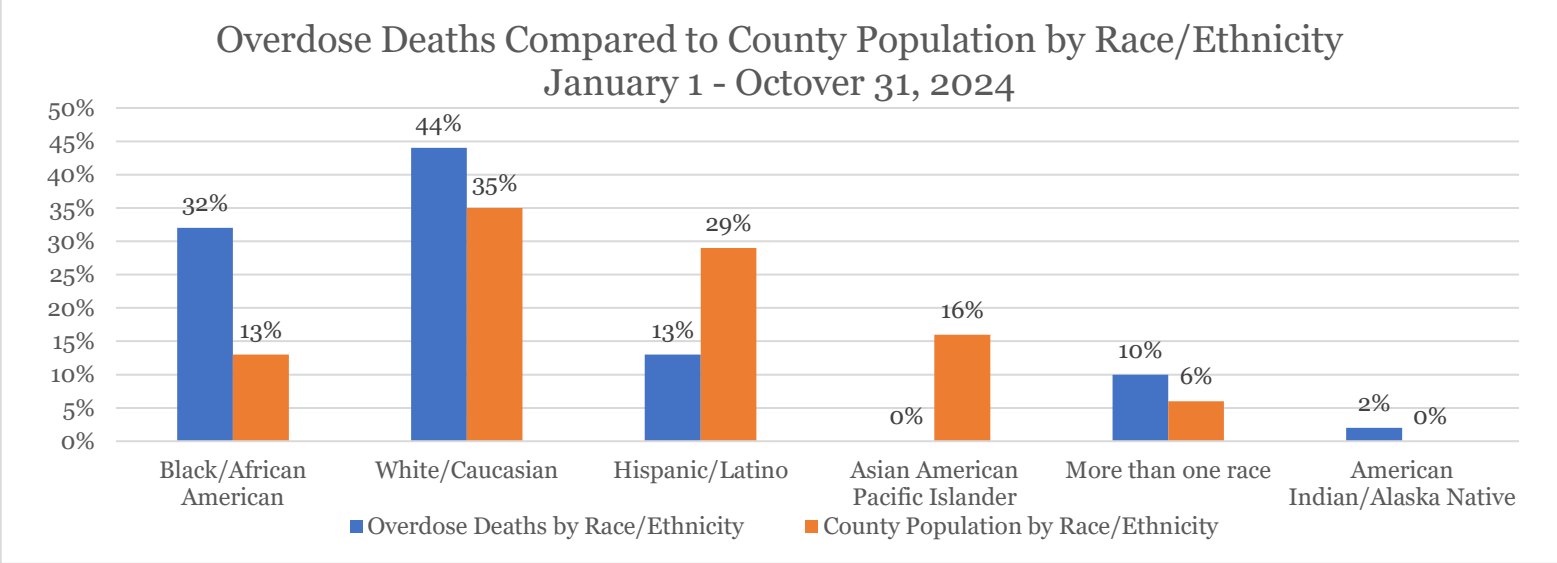
The chart below outlines 98 total overdoses by race/ethnicity and gender from January 1 to October 31, 2024, distributed as follows:

Gender Distribution:

- Males 75 cases (76% of total).
- Females 23 cases (24% of total).

Overdoses by Race/Ethnicity:

- Caucasian:
  - 43 cases (44% of overdoses), while making up 35% of the county population which is moderately overrepresented in in overdose incidents.
- African American:
  - 31 cases (32% of overdoses), while representing 13% of the population which shows significant overrepresentation in overdose incidents relative to their population size.
- Hispanic/Latino:
  - 13 cases (13% of overdoses), compared to 29% of the population which shows notable underrepresentation in the number of overdose incidents.
- Mixed Race/Other:
  - 10 cases (10% of overdoses), with a county population of 7% which is slightly overrepresented.
- American Indian/Alaska Native
  - 2 cases (2% of overdoses), with negligible population representation.



Source: Solano County Sheriff's Office-Coroner 2024

Mental Health Indicators

The American Psychiatric Association[32] highlights the following mental health disparities:

- Ethnic/racial minorities often bear a disproportionately high burden of disability resulting from mental disorders.
- Although rates of depression are lower in Blacks (24.6%) and Hispanics (19.6%) than in Whites (34.7%), depression in Blacks and Hispanics is likely to be more persistent.
- People who identify as being two or more races (24.9%) are most likely to report any mental illness within the past year than any other race/ethnic group, followed by American Indian/Alaska Natives (22.7%), White (19%), and Black (16.8%)
- American Indians/Alaskan Natives report higher rates of posttraumatic stress disorder and alcohol dependence than any other ethnic/racial group.
- White Americans are more likely to die by suicide than people of other ethnic/racial groups.
- Mental health problems are common among people in the criminal justice system, which has a disproportionate representation of racial/ethnic minorities. Approximately 50% to 75% of youth in the juvenile justice system meet criteria for a mental health disorder.
- Racial/Ethnic minority youth with behavioral health issues are more readily referred to the juvenile justice system than to specialty primary care, compared with White youth. Minorities are also more likely to end up in the juvenile justice system due to harsh disciplinary suspension and expulsion practices in schools.
- Lack of cultural understanding by health care providers may contribute to underdiagnosis and/or misdiagnosis of mental illness in people from racially/ethnically diverse populations. Factors that contribute to these kinds of misdiagnoses include language differences between patient and provider, stigma of mental illness among minority groups, and cultural presentation of symptoms.
- People from racial/ethnic minority groups are less likely to receive mental health care. For example, in 2015, among adults with any mental illness, 48% of Whites received mental health services, compared with 31% of Blacks and Hispanics, and 22% of Asians.

Understanding Mental Health Disparities Across Cultural Groups

Mental health affects everyone, but the challenges and disparities faced by specific cultural groups require unique consideration and resources. To promote awareness and support tailored interventions, we invite you to explore the following resources, which provide valuable insights into mental health disparities and needs across diverse communities:

- Mental Health Facts for Diverse Populations
- Mental Health Facts for African Americans
- Mental Health Facts for American Indian/Alaska Natives
- Mental Health Facts for Appalachian People
- Mental Health Facts for Asian Americans/Pacific-Islanders
- Mental Health Disparities for Bisexual Populations

[32] American Psychiatric Association (APA). (January 25, 2023). Retrieved from: https://www.psychiatry.org/psychiatrists/cultural-competency/mental-health-disparities.

- Mental Health Facts for Gay Populations
- Mental Health Facts for Hispanics and Latino/as
- Mental Health Facts for LGBTQ
- Mental Health Facts for Muslim Americans
- Mental Health Facts for Queer Questioning Populations
- Mental Health Facts for Refugees
- Mental Health Facts for Women

These resources highlight critical data, barriers to care, and culturally informed strategies to address mental health needs in these populations. By understanding these disparities, we can work together to foster a more equitable and inclusive mental health care system.

Consumer Surveys – Cultural & Linguistic Responsiveness

SCBH continues to implement the quarterly Consumer Service Verification Survey which includes questions measuring cultural and linguistic responsiveness by asking consumers about their experiences with the SOC. SCBH collected 1,537 surveys during FY 2023/24. 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.

Fiscal Year 2023-2024

Survey Verification Client Satisfaction Survey Results for FY 23-24	**# of Surveys:**	**1,537**	
Questions:	**Yes, definitely**	**Yes, somewhat**	**No**
1. Did the staff explain things in a way that was easy to understand?	93%	5%	1%
2. Did the staff listen carefully to you?	95%	4%	1%
3. Did the staff show respect for what you had to say?	95%	4%	0%
4. Did you feel the staff was respectful of your race/ethnicity?	96%	2%	0%
5. Did you feel the staff was respectful of your religion/spirituality?	95%	3%	0%
6. Did you feel the staff was respectful of your sexual orientation/gender identity?	95%	2%	1%
	Yes	**No, but I'd like one**	**I don't need one**
7. Was an interpreter/bilingual staff provided?	11%	2%	83%
	Yes, definitely	**Yes, somewhat**	**No**
8. Did the interpreter/bilingual staff meet your needs? (Of those that answered "Yes" to the previous question)	11%	1%	1%
9. Do you feel better?	70%	22%	2%
10. Would you recommend our services to others?	80%	9%	2%

Solano County Behavioral Health Plan (BHP) Specialty Mental Health Services (SMHS)

This section examines the demographic distribution of individuals who received Specialty Mental Health Services (SMHS) provided by the Solano County Behavioral Health Plan (BHP) in 2024 as of the writing of this plan on December 5th. As a 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. Additionally, SCBH leverages Mental Health Services Act (MHSA) PEI funding to provide services and supports for the mild-to-moderate population.

SCBH served 5,794 unique clients in 2024 as of the writing of this plan. 2,903 identified as females, 2,888 as males, 38 as transgender, 26 as non-binary, 18 as questioning or unsure of gender identity, 18 as another gender identity, 14 as genderqueer, and 6 as 2 Spirit. 3,293 identified as heterosexual or straight, 50 as lesbian, 35 as queer, 87 as questioning/unsure of sexual orientation, 74 as another sexual orientation, 263 as bisexual, and 70 as gay. A substantial amount of "declined to state" and "no entry" data limits the ability to provide a complete and accurate picture of the demographic distribution. SCBH continues to parter with providers to implement best practices for gathering this information from clients served.

Comparing the racial/ethnic demogrpahics to the overall population demographics of the county identifies patterns of service utilization and potential disparities in access to care. Understanding these trends is critical for ensuring that behavioral health services are equitably accessible and culturally responsive to all residents of Solano County. The findings highlight key areas where certain racial and ethnic groups are either underpresented or overrepresented within the behavioral health system, providing a foundation for targeted outreach and program adjustments.

1. American Indian and Alaska Native:
   - Solano County Behavioral Health: 1.6%
   - Solano County Popualtion (AI/AN is included with Other): 7%
   - Observation: Since AI/AN individuals are included with the "Other" category suggests this group may be underrepresented in receiving specialty mental health services relative to their presence in the county. This may indicate barriers to accessing services, such as limited awareness of available programs, transportation challenges, or systemic distrust in healthcare systems rooted in historical inequities. AI/AN communities often emphasize holistic and community-based approaches to mental health, which may not align with traditional Western treament models. The absence of culturally specific programs could contirbute to lower service utilization. The aggregation of AI/AN data into broader categories like "Other" in the county's population statistics may mask their true representation and specific needs within the behavioral health system. Efforts to better engage the AI/AN population should include culturally tailored outreach, collaboration with tribal leaders, and integration of traditional healing practices into mental health care.

2. Asian and Pacific Islander Groups:
   - Solano County Behavioral Health: 6.3%
   - Solano County Population: 16%
   - Observation: AAPI groups are underrpesented in the behavioral health system of care compared to the population which could be influenced by cultural stigma surround mental health issues, where mental illness may be seen as a family or personal failure. AAPI individuals may prefer traditional or alternative forms of care (e.g., herbal remedies, spiritual healing) rather than accessing formal mental health services.

Limited targeted outreach and culturally competent care tailored to AAPI populations might prevent individuals from seeking services. The "model minority" stereotype could contribute to misperceptions that AAPI individuals do not experience mental health challenges at significant levels, potentially leading to underdiagnosis or lack of referrals.

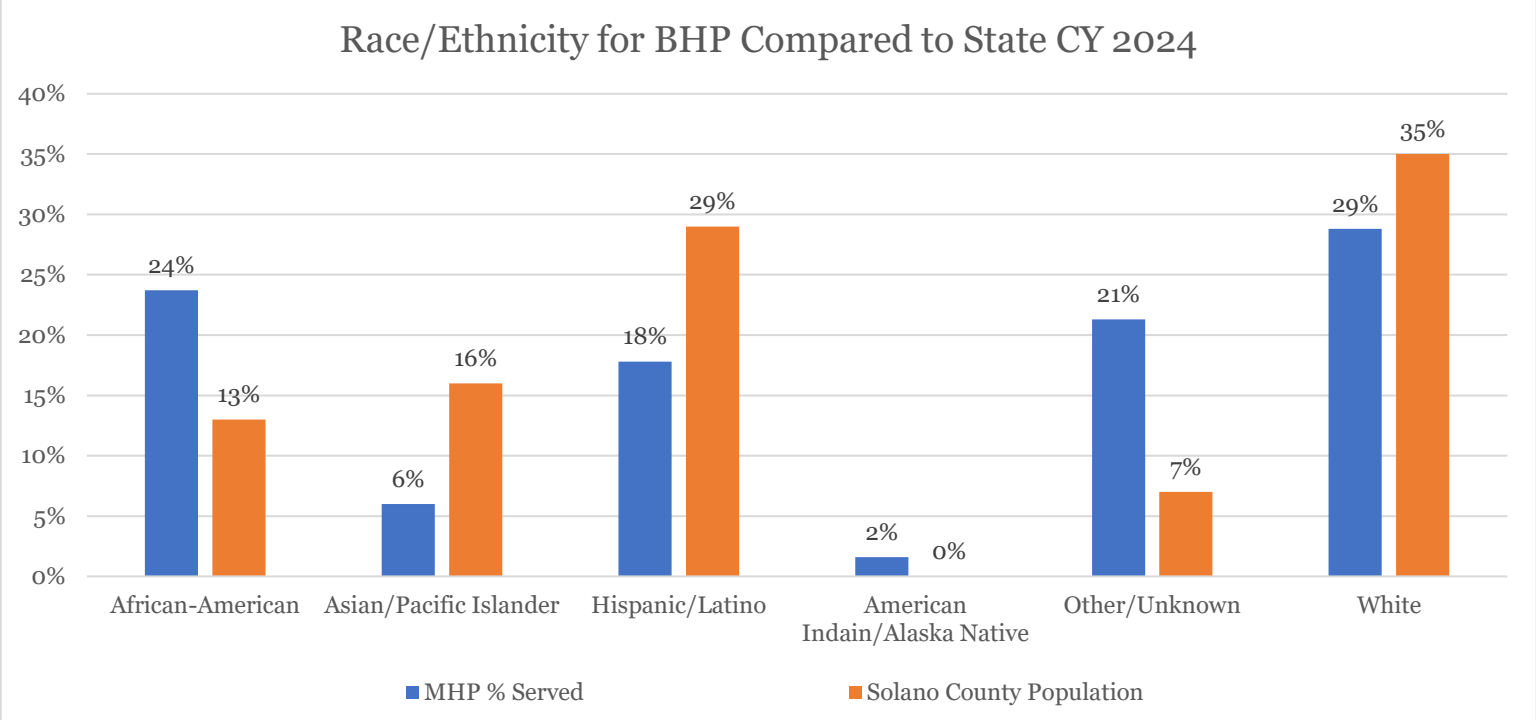
3. Caucasian/White:
    - Solano County Behavioral Health: 28.8%
    - Solano County Population: 35%
    - Observation: White individuals are slightly underrepresented in the behavioral health system of care compared to the population. However, they represent the highest usage percentage compared to all other cultural groups which is closer to their population percentage suggesting they may face fewer systemic barriers to accessing services compared to other groups. White populations may also have greater awareness of available behavioral health services, contributing to their releatively consistent utilization.

4. Hispanic/Latino:
    - Solano County Behavioral Health: 17.8%
    - Solano County Population: 29%
    - Observation: Hispanic individuals are underepresented in the behavioral health system of care compared to the population which may reflect cultural stigmas surrounding mental health within this community or a preference for seeking support through informal networks (e.g., family, community, or faith-based organizations) instead of formal mental health systems. Limited access to Spanish-speaking providers or culturally appropriate services could also contribute to this underrepresentation. Economic disparities might lead to challenges in accessing services due to lack of insurance, transportation, or awareness of available programs.

5. Black/African American:
    - Solano County Behavioral Health: 23.7%
    - Solano County Population: 13%
    - Observation: Black/African American individuals are overrepresented in the behavioral health system of care compared to the population proportion. When a cultural group is overrepresented in receiving specialty mental health services, which are designed for the most intensive community treatment, it suggests that individuals from this group are experiencing higher levels of severe mental health challenges requiring intensive intervention. This overrepresentation could indicate:
        - **Greater Need for Intensive Services:** Members of this group may face disproportionately higher rates of mental health conditions due to systemic factors such as poverty, trauma, discrimination, or lack of early intervention services.
        - **Barriers to Preventative Care:** It may reflect unmet needs in earlier stages of care, such as limited access to preventive or less intensive mental health services, leading to conditions worsening before treatment is sought or provided.
        - **Systemic Inequities:** Structural inequities, such as stigma, cultural mistrust of healthcare systems, or lack of culturally appropriate services, might delay care until the need becomes severe.
        - **Bias in Referrals or Access:** There could be implicit bias in how individuals are referred to or assessed for specialty mental health services, leading to higher proportions of certain groups being directed toward intensive treatment.

6. Other/Unknwon:
    - Solano County Behavioral Health (Other, Unknown, No Entry): 21.3%

- Solano County Population (Other): 7%
- Observation: A significant proportion of clients fall into “Other” or “Unknown”, indicating gaps in data colelction or classification.



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. During the MHSA reporting period of CY 2024, during the month of June, SCBH engaged the community in a few rounds of CPP meetings focused on planning for the MHSA Annual Update FY 2023/24. Overall, two (2) virtual community forums were held and one (1) in-person meeting was held along with a CPP survey that was distributed widely including to consumers served through the adult Wellness and Recovery Center sites. The CPP meetings included representation from: 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 2023/24 document.

During the community forums small breakout sessions were held and surveys were administered with focused questions utilized to elicit information regarding the strengths of the system of care (SOC) and gaps including gaps for underserved communities.

CPP Identified Strengths of the SOC

Below are the top strengths identified by community partners during the MHSA Annual Update CPPP meetings:

Staff
• Multidisciplinary teams that are there to offer support, team approach
• Diverse workforce
• Dedicated, hardworking staff
• Supportive managers
• Clinicians, specialists, medical staff, office assistants, and peers, etc. working together

Providers and Partners
• Increased partnership with organizational providers (community-based resources)
• Services provided by Aldea meet the client and parent's needs and schedule. They have very good communication with parents, accommodate schedules of parents, and provide easy access to services Probation officer – linkages/connection after the youth was released from juvenile detention, we should have more of such Probation officers with genuine concern for youth and knows how to link youth and parents to services

Programs and Services
• Mobile crisis for youth
• Have a lot of programs/services to assist the public
• Commitment to improving and adding programs
• No wrong door
• Use of evidence-based practices and using fidelity reviews

Community
• Community engagement, outreach, and collaboration
• Opportunities for improved community access to services
• Small community groups
• Wellness Day, community events

CPP Identified Needs/Gaps
Below are some of the key issues identified by stakeholders across populations:

1. Children and Families
- Anxiety and depression starting at younger ages, often linked to social media and technology.
- Suicidal behaviors such as self-harm and ideation.
- Challenges in school behaviors and attendance due to high expectations or low self-esteem.
- High risk behaviors including poor coping and decision-making skills.
- Persistent bullying, both in person and online.
- Substance use and lack of housing/resources.
- Family conflicts, abuse, and post pandemic poverty effects.

2. Transitional Age Youth (TAY)
- Increased anxiety, depression, and lack of social skills.
- High rates of suicidal behaviors, self-harm, and substance abuse (e.g., alcohol, fentanyl).
- Bullying via social media and decreased school motivation.
- Unresolved trauma, mental health stigma, and rejection of LGBTQ+ identities.
- Poor social connections and limited vocational/employment training.

- Housing instability and lack of independent living skills.
- Family conflict, poor parenting supports, and lack of transportation.

3. Adults and Older Adults

- Prevalence of anxiety, postpartum depression, and suicidal ideation.
- Challenges with substance use, financial stress, and relationship violence.
- Isolation, particularly for older adults, compounded by stigma and cultural disparities.
- Employment and housing instability, as well as limited vocational training.
- Lack of support for single parenting and multigenerational caregivers.
- Barriers in accessing culturally appropriate health services.

Shared Themes:

- Mental Health Needs: High prevalence of anxiety, depression, and suicidal behaviors across all age groups.
- Substance Use and Housing: Ongoing issues with substance use and lack of stable, affordable housing.
- Social and Family Support: Limited resources for parenting, family conflicts, and social connectivity.
- Access Barriers: Challenges accessing culturally relevant, trauma informed, and multilingual services.

Stakeholders also provided feedback on populations they believed to not receive adequate care from the system of care:

Age Groups:

- 0-5 years: Lack of targeted services for this age group.
- Older adults: Specific challenges include senior Black women, elderly individuals with dementia, and those with coexisting mental health issues.

Race/Ethnicities

- Underrepresentation in staff diversity: Black staff for Black youth and bilingual staff for bilingual clients are lacking.
- Cultural minorities: Native Americans, Pacific Islanders, Muslims, and other minorities face limited culturally relevant services due to insufficient staff and inconsistent engagement efforts.

Other Specific Populations

- Maternal population with depression postpartum depression, or anxiety.
- Single homeless fathers and parents seeking housing/shelter.
- Couples requiring joint housing/shelter.
- Individuals with traumatic brain injury (TBI)
- Caregivers of older adults, including family members dealing with chronic conditions and/or substance use disorders.
- Recently incarcerated individuals, especially youth aging out of foster care at 19.
- Unhoused populations with diverse backgrounds.

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 over the years to reduce stigma and improve access to quality behavioral health services that meet the cultural and linguistic needs of the community. Please see a summary of some of key initiatives and programs supported by MHSA funding below:

1. Expanding Access Through New Prevention and Early Intervention Partnerships:
    - Conducted a comprehensive feedback process with stakeholders to identify gaps in resources and services for underserved communities.
    - Designed and released an RFP tailored to address identified needs, focusing on prevention and early intervention services.
    - Awarded contracts to two qualified vendors specializing in culturally specific programming for African American, Asian American Pacific Islander, Hispanic/Latino, and Native American cultural groups.
    - Vendors will deliver community-based initiatives including culturally tailored events, webinars, and support groups that aim to increase early access to care, reduce stigma, and improve mental health outcomes within underserved communities.
2. African American Faith-Based Initiative (AAFBI):
    - Implemented from 2015-2021, this imitative trained faith leaders to recognize mental health conditions and build support systems within their communities.
    - Certified 8 faith centers as Mental Health Friendly Communities (MHFC), with 7 continuing their efforts after the project ended.
3. LGBTQ+ Outreach and Access Programs:
    - Since 2015, SCBH has contracted with Solano Pride Center to provide community education, support groups, and brief counseling.
    - Introduced “Welcoming Schools” training in FY 2022/23 to create safe spaces for LGBTQ+ youth.
4. Expanded Bilingual Services:
    - Continues to fund Spanish and Tagalog speaking staff positions to improve access in children’s and adult system of care.
5. Native American/Indigenous Community Support:
    - Continues to focus on reducing stigma and improving access via partnerships with key stakeholders, improvements to data collection methods and continued use of a Land Acknowledgement Statement.

6. Demographic Data Collection Improvements:
    - Expanded data collection in 2016 to include demographic information for all MHSA funded programs.
    - Enhanced equity efforts and included expanded demographic data in annual MHSA updates starting in FY21/22.

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.

7. Sexual Orientation and Gender Identity/Expression (SOGIE) Data Collection:
    - Fields for gender identity and sexual orientation were added to the HER in FY16/17.
    - Enhanced forms and processes with input from LGBTQ+ partners, including adding fields for preferred name and pronouns in FY 21/22.
8. Diversity and Inclusion Talks:
    - Monthly staff meetings started in FY 21/22 to address cultural humility, social injustices, and equity efforts, facilitated by the Equity Services Manager.
9. Community Integration Services (CIS):
    - Provides homeless outreach using a Housing First approach.
    - Introduced a Street Medicine Team and participates in the Racial Equity Action Lab to address racial inequities in housing and homelessness.
10. Workforce Development:
    - Supports internships and stipends for students from underserved communities.
    - Engages in a statewide Workforce Education & Training (WET) Plan to offer loan repayment for hard to fill positions.
11. Multi-Media Campaigns and Social Media Outreach:
    - Developed campaigns to reduce stigma and promote suicide prevention, with materials in English, Spanish, and Tagalog. These efforts received the following recognition: We all Struggle Campaign was given the Gold Winner award in 2021 by the Davey Awards; and the 2022 Write What You Feel Campaign was a 2022 Emmy Nominee, 2022 Telly Awards Silver Winner, 2022 Hermes Awards Platinum Winner, 2022 Muse Awards Silver Winner, and 2022 Davey Awards Gold Winner.
    - Recent campaigns focus on advertising the Community-Based Mobile Crisis program.
12. Inclusive Spaces and Marketing:
    - Funded diverse materials for program spaces and developed brochures in Spanish and Tagalog.
    - Enhanced the SCBH website to highlight diversity and equity efforts.

MHSA ICCTM Innovation Project

The ICCTM (Innovation in Cultural Competence and Transformation Model) Innovation Project was implemented in partnership with UC Davis Center for Reducing Health Disparities (CRHD), three community-based organizations (CBOs), and the community. This initiative aimed to enhance culturally and linguistically responsive behavioral health services for underserved populations, including Latino, Filipino, and LGBTQ+ communities.

Key project highlights include:

- Multi-Phase Approach: The project followed a five-year plan anchored in CLAS Standards, community engagement practices, and quality improvement (QI).
- Stakeholder Collaboration: UC Davis CRHD conducted a health assessment, leading to the creation of region specific CLAS Standards and community-defined QI Action Plans.
- Training Cohorts: Delivered training to three cohorts from FY 2017-18 to 2018-19, resulting in 14 QI Action Plans addressing community engagement, workforce development, and quality improvement.
- Dissemination and Recognition: The project has been presented a numerous national and regional conferences and was recognized with awards, including second place for the 2022 "Innovations that Bolster Community Trust in Science Award."
- Statewide Learning Collaborative: The project expanded to include a statewide ICCTM Learning Collaborative, providing 11 training sessions across counties, concluding in September 2023.

For more information, visit: **here**.

Policy Changes to Promote Equity and Cultural Responsiveness

To foster a culturally responsive and equitable behavioral health system, SCBH implemented several key policy changes starting in FY 2017/18:

- Contract Revisions: Language emphasizing the use of CLAS Standards as a guide for programs and policy development was incorporated into behavioral health vendor contracts.
- RFP Enhancements: Requests for Proposals (RFPs) now include requirements for agencies to detail efforts towards equity and cultural responsiveness.
- Policy Additions: SCBH introduce a new section titled "Cultural and Linguistic Considerations" into all policies starting in FY 2019/20, underscoring the organization's commitment to equity.
- Training for Vendors: Key staff from contracted agencies were trained on expectations around CLAS Standards and agency plan submissions.
- Annual Updates: Vendors are required to submit annual Diversity and Equity Plan updates to align with CLAS Standards.

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

Fourteen vendors have completed and submitted their updated plans to date. The appendices section provides templates and examples.

Equity Collaborations & Partnerships

Since FY 2016/17, Solano County Behavioral Health (SCBH) has implemented numerous equity-focused initiatives to address systemic disparities and promote cultural responsiveness. These efforts have included partnerships, training,

and policy changes designed to create a more inclusive and equitable system of care. Key historical and ongoing initiatives include:

- Participation in GARE Training: SCBH staff and community partners, including the Solano County Office of Education and Fairfield Police Department, participated in Government Alliance on Race Equity (GARE) training to build capacity for addressing racial equity. This led to the establishment of the Community Action for Racial Equity (CARE) Team, which continues to lead efforts to reduce racial and ethnic inequities within the Health & Social Services (H&SS) department.
- Crisis Intervention Training (CIT): SCBH Collaborates with local law enforcement agencies, including Fairfield Police Department and the Sheriff's Office, to deliver 40-hour CIT sessions. These trainings emphasize cultural humility and the impact of culture on behavioral health and include consumer and family member panels. CIT resumed in October 2022 after delays caused by COID-19 and continues to engage officers in equity informed mental health crisis response training.
- School-Based Equity Efforts: SCBH partnered with the Solano County Office of Education (SCOE) to provide mental health support in schools, including funding wellness centers and offering training for staff and parents. While much of this work has concluded, the use of CLAS Standards in schools remains a key framework for addressing disparities.
- Ongoing Equity Services Manager (ESM) Leadership:
    - The Mental Health Services Oversight and Accountability Commission's (MHSOAC) Cultural and Linguistic Competence Committee (CLCC): The ESM is a member of this committee and works to align statewide policies and contracts with equity goals under the MHSA framework.
    - California Behavioral Health Directors Association (CBHDA) Leadership: Solano's ESM also serves as the chair of CBHDA's Cultural Competence Equity and Social Justice Committee (CCESJC), coordinating efforts among Ethnic Services Managers (named in Solano as Equity Services Manager) across California to address systemic disparities and promote cultural competence.
        - Additionally, Solano's ESM recent partnered with Fresno County's ESM to establish a workgroup for this committee titled "Black Behavioral Health Equity Workgroup" which aims to improve access to behavioral health care and amplify resources for the Black community throughout the state.

These initiatives reflect SCBH's sustained commitment to advancing racial equity, cultural responsiveness, and mental health access.

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

Diversity & Equity (DE) Committee within the County Behavioral Health System

Solano County Behavioral Health (SCBH) actively supports a Diversity and Equity (DE) Committee to ensure equitable and culturally responsive behavioral health care for all community members. The DE Committee meets regularly and is co-chaired by SCBH's Equity Services Manager and a representative from a local community-based organization.

Committee Repressentation and Impact

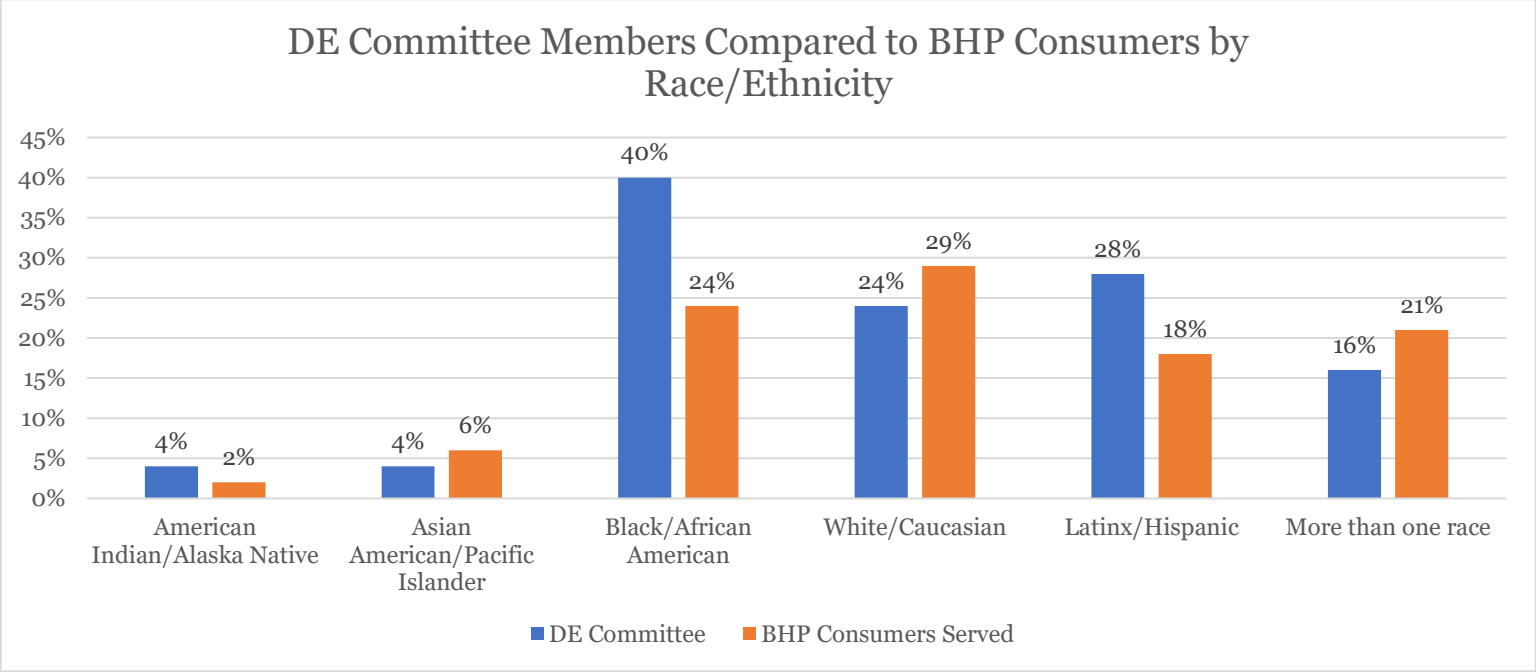
- The committee reflects Solano County's diverse population, including African American, Latino, Asian/Pacific Islander, Native American/Indigenous, and LGBTQ+ communities.
- Members include consumers, family members, and community partners, many of whom bring lived experience with mental health or substance use challenges.
- A key focus is on aligning services with CLAS Standards and monitoring SCBH's progress in reducing health disparities.

Ongoing Efforts and Community Contributions

- Recruitment and Accessibility: New members are continually recruited, and hybrid meeting options ensure broader participation.
- Cultural Responsiveness: Members provide critical feedback to shape SCBH policies, programs, and annual equity updates, ensuring services meet the needs of all cultural groups.
- Community Benefits: Committee work has fostered inclusive conversations, improved mental health outcomes, and inspired healing initiatives within the community.

Representation in Action

The DE Committee's membership strives to reflect the demographics of SCBH consumers, supporting balanced representation across racial and ethnic groups. Efforts to algin member diversity with community needs are ongoing, as shown in comparative data below.



Source: Committee Survey & Solano County Demographics

For more information or to join the DE Committee, visit the Cultural Competency webpage. Together, we are building a stronger more inclusive behavioral health system for all.

Criterion 5: Cultural Humility Trainings

SCBH Training Efforts: Advancing Cultural Humility and Equity

Solano County Behavioral Health (SCBH) has made significant investments in training to enhance cultural humility and responsiveness among staff, contractors, and community partners. These efforts align with CLAS Standards and address the diverse needs of the community.

Highlights of Training Initiatives:

1. Diversity, Equity, and Inclusion Trainings (Available Online):
   - Introduced in 2020, the Diversity and Social Justice Training was developed with the intention of servicing as a core resource for onboarding new staff. The video has gained over 800 views.
   - Filipino Core Values Training was developed to provide staff with understanding how to provide culturally responsive care to Filipino communities. It has garnered over 540 views.
   - How to Effectively Talk About Racism was a webinar recorded in 2022 with Dr. Kenneth Hardy that focuses on building authentic conversations about race which has now been viewed on 1,200 times online.
2. Cultural Sensitivity in Clinical Supervision (2018-Present):

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

- A multi-year initiative led by Dr. Kenneth Hardy, emphasizing trauma informed supervision and implicit bias. Three cohorts of supervisors and managers have been trained to date.

3. Front Desk Sensitivity Training:
   - Focused on reception staff, this training builds cultural sensitivity skills for working with LGBTQ+ and diverse populations.
4. Trauma-Informed Leadership:
   - Ongoing efforts to implement the Trauma Informed Systems of Care model across clinical and non-clinical teams.

New Developments in 2024:
SCBH expanded its Diversity and Inclusion Talks to monthly meetings, incorporating facilitated discussions and external training sessions. In 2024, five sessions were led by outside trainers covering:

- Juneteenth and Mental Health: Focusing on the African American community.
- Trauma-Informed Practices: Addressing culturally responsive care for Asian American, Native Hawaiian, and Pacific Islander clients.
- Mental Health Stigma: Exploring its impact across cultural groups.
- Implicit Bias: Helping staff identify and address unconscious bias.
- Native American Intergenerational Trama and Healing: Highlighting trauma and cultural healing practices.

Through these ongoing training efforts, SCBH demonstrates a steadfast commitment to equity, cultural humility, and fostering an inclusive environment for staff and community members. For access to these online resources, visit the SCBH Vimeo page here: https://vimeo.com/showcase/8624461

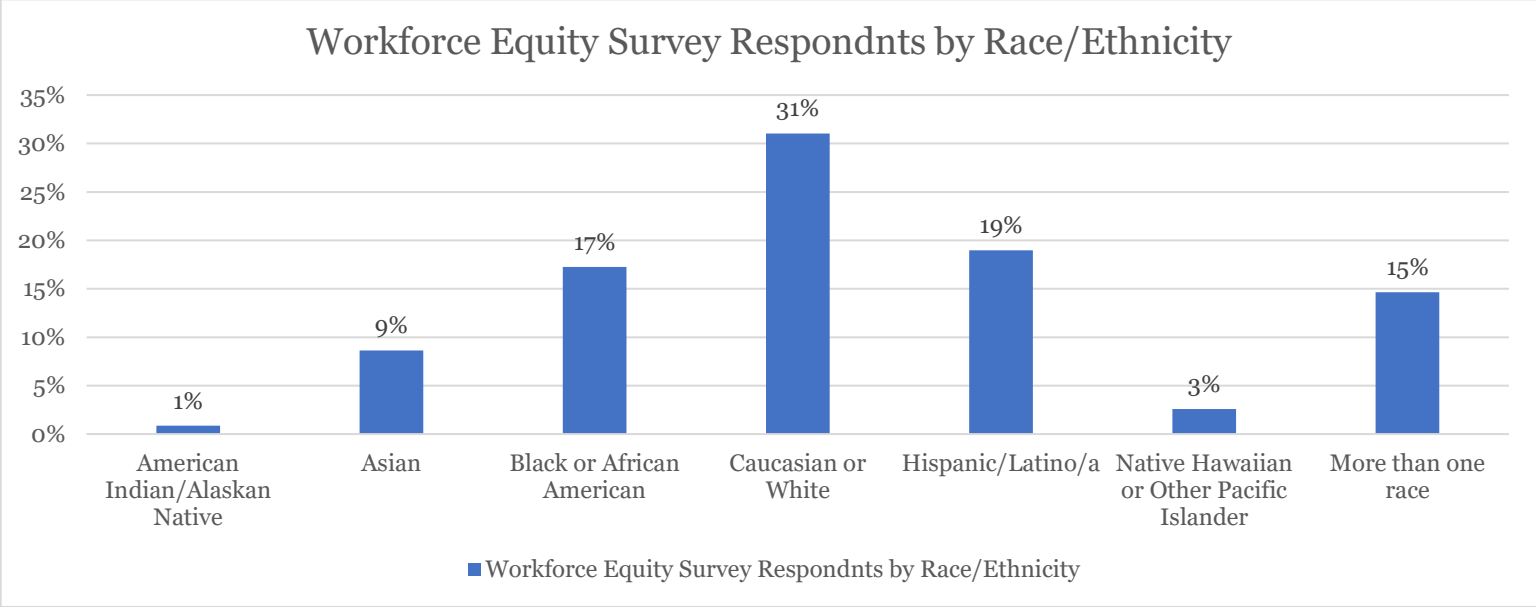
Criterion 6: County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining

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 humility trainings, job satisfaction and attitudes towards equity and inclusivity efforts. The annual "Workforce Equity Survey" was administered in December of 2024 and yielded 118 responses.

Workforce Demographics

The graph below shows the BHP Workforce Survey respondents by race/ethnicity. This data shows that the largest percentage of survey respondents occurred among Caucasian/White at 31% followed by 19% Hispanic/Latino/a; 17% for African American/Black; 15% More than One Race; 9% for Asian; and 1% American Indian/Alaska Native.

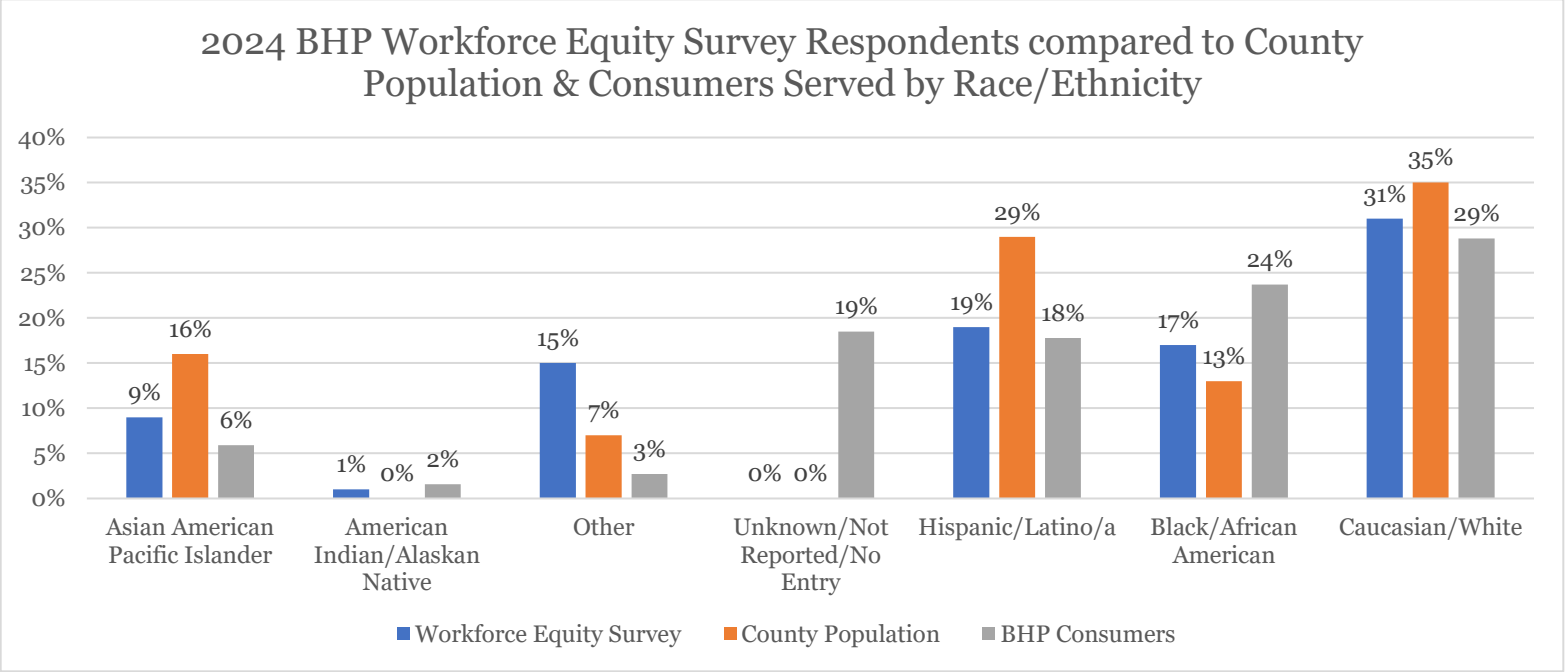


Source: Solano County BHP Workforce Equity Survey FY 2024/25

Although only 1% (1) of staff identified as American Indian/Native Indigenous or Alaska Native, there were several affiliated staff that indicated affiliation with the following Tribes: Cherokee, Te-Moak Tribe of Western Shoshone, Hopi, Turtle Mountain Chippewa of North Dakota, and Comanche. SCBH 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 community members that continue to partner with the BHP to ensure the workforce reflects the diversity of the community.

Community Voice

The graph to follow shows the consumers served by the BHP during CY 2024, compared to the BHP Workforce Survey respondents (survey administered December 2024), then compared to the County's population by race/ethnicity. Findings indicate There is a significant underrepresentation of the Asian American/Pacific Islander and Hispanic/Latino/a groups in the workforce relative to their population. The Black/African American community has a disproportionately higher percentage of consumers compared to their workforce representation, highlighting a need to increase workforce recruitment in this group. The findings suggest that workforce equity efforts must focus on improving representation among underrepresented groups, particularly Black/African American and Hispanic/Latino/a populations.



Source: SCBH EHR, Solano County BHP Workforce Equity Survey FY 2024/25,

The survey reveals a predominantly female workforce (76.9%), with 20.5% identifying as male, and minimal representation in other gender identities. Age distribution shows a concentration in the 41-59 age group (54.7%), followed by 26-40 (29.9%). This indicates a middle-aged workforce with limited representation of younger (16-25: 0%) and older (60+: 12.8%) employees. 59.8% of staff do not speak a language other than English. Among bilingual respondents, Spanish is the most common additional language, followed by Tagalog and other unspecified languages. Despite this, only 38.9% of bilingual staff are in certified positions, and 65.7% have not received interpreter training, limiting the divisions' ability to support non-English-Speaking consumers effectively without the use of third-party interpreter services.

Cultural Humility and DEI Efforts

The survey reveals significant engagement in diversity, equity, and inclusion (DEI) initiatives:

- 85% of respondents received cultural humility in the past year.
- 47.4% prefer in-person workshops, with virtual seminars and self-paced modules receiving less preference.
- Staff highlighted training topics such as racial equity, trauma-informed care, and LGBTQ+ inclusion, though feedback indicates the need for actionable tools and greater focus on disability inclusion.

Respondents reported active involvement in disparity reduction efforts:

- 56.5% participated in DEI discussions.
- 28.3% attended equity-focused committee.
- 21.7% promoted cultural or linguistic materials in workspaces.
- 18.5% developed policies or practices to meet the needs of diverse populations.

However, only 17.4% implemented regular assessments to identify disparities, signaling the need for more structure evaluations of gaps in services.

Job Satisfaction and Retention

Job satisfaction is generally high:

- 92.1% agree that their work is meaningful.
- 87% feel they positively impact others lives.
- 75.3% believe their organization is committed to recruiting and supporting a diverse workforce.

Despite this, 46.5% have considered or applied for other jobs in the past year, citing:

- Workload concerns (46.3%).
- Desire for better pay (32.9%).
- Seeking professional development (32.9%)

Positive contributors to job satisfaction include:

- Strong team dynamics (78.6%).
- Supportive supervisors (70.8%)
- Alignment with the organization's mission (55.1%).

Organizational Culture

Most respondents agree that the organization fosters an inclusive culture:

- 81% agree their organization provides welcoming spaces (e.g., cultural materials in lobbies).
- 68.3% believe their physical office spaces promote a welcoming environment.
- 70.3% feel encouraged to express their cultural identity and be authentic at work.

Training and Leadership Development

Only 45.9% of supervisors have participated in culturally sensitive leadership training, highlighting a need for more trainings to support leaders with the skills needed to guide inclusive practices. Additionally, 31% of staff reported infrequent discussions on race, culture, and LGBTQ+ impacts during supervision meetings, emphasizing the need for more intentional conversations around these topics.

Key Challenges Identified by Staff

1. Workforce Diversity: Limited representation of younger employees, males, and bilingual staff.
2. Linguistic Access: Lack of interpreter training and insufficient bilingual certification among multilingual staff.
3. Workload Management: High workload concerns were a primary reason for staff considering other employment.

4. Leadership Engagement: Inconsistent participation in culturally responsive supervision training and limited discussions on race and culture during meetings.
5. Structured Disparity Assessments: Limited use of systemic tools to measure disparities and track DEI progress.

Peer Workforce

SCBH continues to demonstrate a strong commitment to building a workforce that is inclusive of peers and persons with lived experience. Over the years, SCBH has successfully expanded its peer workforce, now employing six Peer Support Specialists (PSS) in County operated programs and several others with our contracted partners. SCBH also now has a dedicated Peer Workforce Supervisor who provides leadership and oversight over county peer initiatives. These positions are co-located in programs serving adults and youth which enhances the treatment team's ability to better support and serve consumers.

The Peer Workforce Supervisor plays a critical role in helping staff compete the Medi-Cal Peer Support Specialist Certification and coordinating expanded training opportunities to strengthen skills and knowledge. SCBH's Wellness and Recovery Unit continues to identify and train peers and family members interested in providing peer counseling and support. This includes implementing a peer-to-peer model and creating career pathways for peers interested in advancing their roles within the system of care.

Additionally, SCBH partners with Peer Support Specialists across the division to identify best practices and provides coaching support to further enhance the peer role and ensue ongoing development. SCBH encourages and values the employment of persons with lived experience through county and contracted programs.

During Calendar year 2023, SCBH developed new brochures and updated the county's webpage which can be accessed here. The Wellness and Recovery Unit is comprised of a team that includes a Peer Recovery & Resilience Liaison, a Family Liaison, and Peer/Family Support Specialists embedded in county and contracted treatment programs. The team offers supportive services to the community and system of care, focusing on education about mental health, co-occurring substance use challenges, and peer support for individuals and their family members. Services and supports include:

- Peer Support Groups, including peer-led groups
- Family Support Groups
- Short-term support and advocacy, both in-person or by phone, for peers and family members
- Education and linkage to resources
- Facilitation of the Solano Peer Network
- Advocacy and community partnerships
- Stigma Reduction
- Support with CalMHSA Medi-Cal Peer Certification
- Community Outreach and Education
- Speakers Bureau

By expanding its peer workforce, strengthening training opportunities, and fostering partnerships across the division, SCBH remains committed to the ongoing growth and professional development of Peer Support Specialists, further embedding their essential role in the system of care.

Criterion 7: Communication and Language Assistance

Linguistic Initiatives

The County Behavioral Health Division (SCBH) has demonstrated a strong commitment to improving access to linguistically appropriate services for consumers with limited English proficiency (LEP). Below are highlights of significant initiatives:

1. CLAS Standards Implementation:
   - SCBH ensures language assistance services are provided at no cost to individuals with LEP and facilitates timely access to all health care services.
   - Materials are made available in Spanish (the county's threshold language) and Tagalog (a sub-threshold language).
   - Training programs have been provided to improve the competency of staff in accessing and utilizing interpreter services.
2. Behavioral Health Interpreter Training (BHIT)
   - SCBH contracted with Language Link Interpreter Services via Health & Social Services Department to provide consistent interpreter and translation services, including document translations, in-person, and phone-based interpretation.
   - Training videos were developed to help staff and vendors access these services effectively.
   - SCBH monitors the quality of interpretation services and resolves identifies issues regularly.
3. Innovative Initiatives:
   - SCBH expanded multimedia campaigns, ensuring materials are accessible in Spanish and Tagalog, and created videos with subtitles in these languages.
   - Phone stickers listing interpreter service information were purchased and distributed to all staff in 2024 to streamline access to Language Link services.
4. Focus on Consumer-Centered Care:
   - SCBH's initiatives align with improving access to care for Spanish-speaking and other monolingual populations. These efforts ensure consumers receive the support they need in their preferred languages.

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.

By leveraging training, partnerships, and innovative resources like Language Link stickers, SCBH has strengthened its ability to meet the diverse linguistic needs of the community effectively.

Consumer Linguistics

During CY 2024, consumers served by the County Behavioral Health Division identified their primary language preferences as follows: 92% prefers English, while 7% prefer Spanish, 1% Tagalog, and smaller percentages reported using Cantonese and other non-English languages.

Interpreter Services Summary for FY 2023-24

The County Behavioral Health Division utilized interpreter services to ensure linguistically appropriate care for diverse client population during fiscal year 2023-2024. The data reflects the number of interpreter services requests rather than unduplicated consumer counts. Below is a summary of interpreter utilization by language preference:

Top Languages Requested:

- Spanish: 1,297 services
- ASL (American Sign Language): 303 services
- Vietnamese: 60 services

Other Languages with Notable Utilization:

- Punjabi: 15 services
- Romanian: 18 services
- Tamil: 9 services

Languages with Lower Demand:

- Mandarin: 13 services
- Arabic: 5 services
- Haitian Creole, Pashto, Farsi (Persian): 2 services each

A total of 1,792 interpreter service requests were fulfilled during this period at an overall cost of $142,784.09. This reflects the division's commitment to addressing linguistic barriers and promoting equitable access to behavioral health services.

Language	# of Interpreter Services
Amharic	6
Arabic	5
ASL	303
Burmese	2
Cantonese	2
Dari	4
Farsi (Persian)	2
French	2
Haitian Creole	2
Laotian	1
Mandarin	13
Pashto	1
Portuguese	3
Punjabi	15
Romanian	18
Russian	2
Samoan	1
Spanish	1,297
Tagalog	37
Tamil	9
Thai	3
Turkish	2
Vietnamese	60
Total Interpreter Services:	**1,792**

Source: H&SS Fiscal Department

Criterion 8: Engagement, Continuous Improvement, and Accountability

SCBH senior leadership (BH Director, Deputy Director, Senior Manager and ESC) completed a baseline *CLAS Organizational Assessment* during FY 2019/20 and a follow-up assessment again in FY 2020/21. This tool evaluated the 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 feedback from SCBH. After completing each of the

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

organizational assessments, 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 from the baseline assessment to the follow up assessment. To see more detailed findings related to the initial *CLAS Organizational Assessment* during FY 2019/20 please refer to the **DE Plan Update for CY 2021** starting on page 51, and for detailed findings related to the *CLAS Organizational Assessment* completed in April of 2021 please refer to the **DE Plan Update for CY 2022** starting on page 61. SCBH has continued to track the areas identified for improvement as outlined in the table below.

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 were updated during this reporting period, and they reflect SCBH's commitment to health equity. The annual DE Plan Update, annual Quality Improvement Plan, MHSA Three-Year Plan and Annual Updates, continue to illustrate a commitment to the implementation of the CLAS Standards. 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, including persons with lived experience, for vacant positions, Committees and for the local Mental Health Advisory Board. SCBH's senior leadership recognize ongoing efforts are needed to highlight and reward staff and programs who exemplify CLAS.
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. Efforts have been made to update program brochures and written materials, including having them translated in Spanish (threshold language) and Tagalog (sub-threshold language). A training video on the process to access Language Link interpreter services has been made available to all staff and new staff onboarding. Social media posts and the multi-media campaigns have included assets in Spanish and Tagalog. This Plan Update is carrying forward a goal/objective related to improving linguistic capacity including clinic signage.
CLAS Standard 10: Conduct ongoing assessments of the organization's CLAS-related activities and	**SCBH demonstrated a 3.8 % decrease (2.6- 2.5) in the score from 2019 to 2021 for this CLAS Standard, therefore we continue to address this standard as outlined below.**

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.	Through the ICCTM Innovation Project, SCBH did engage in a comprehensive pre/post assessment related to the implementation of the CLAS Standards. During the reporting period SCBH has developed data dashboards that include an equity lens that will allow for system monitoring of CLAS and disparities. The ESC and the DE Committee continue to utilize the **CLAS Action Worksheet** to develop the goals for the Plan Update. Additionally, SCBH continues to require contracted vendors to submit an agency Diversity and Equity Plan/Annual Updates, which is another mechanism to monitor the SOC's implementation of CLAS. The annual Workforce Equity Survey is utilized to assess the organization's implementation of CLAS through the addition of questions soliciting feedback regarding the organization's equity efforts. During FY 2022/23 the process for conducting employee evaluations for SCBH employees was updated to include a review of the staff person's equity efforts.
CLAS Standard 11: Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery. 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, therefore we continue to address this standard as outlined below.** 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 QA 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 data dashboards that can be filtered by demographic data point and program will assist in both monitoring for missing data and for disparities within the SOC.

CLAS Standard 15: Communicate the organization's progress in implementing and sustaining CLAS to all [partners], constituents and the public.

As referenced early in this document the ***Solano County Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Innovation Project: Final Evaluation Report*** has been made available to community partners and is posted on the SCBH website and can be accessed **here**. This final evaluation report provides a comprehensive overview of SCBH's progress in implementing the CLAS Standards.

SCBH will continue to monitor progress as related to the ongoing implementation of the CLAS Standards and will continue to refine processes to monitor for disparities within the SOC. Furthermore, SCBH will continue to collaborate with other key partners to eliminate racial inequities and systemic racism which negatively impacts the mental health of diverse communities.

APPENDICES

SCBH Sample 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:
   https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53

2. Contractor will use the agency Cultural Responsivity Plan developed during FY 19/20 to guide practices and policies 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. Try 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.

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.